FINAL REPORT

MID TERM EVALUATION OF TOTAL SANITATION CAMPAIGN (TSC) PROGRAMME

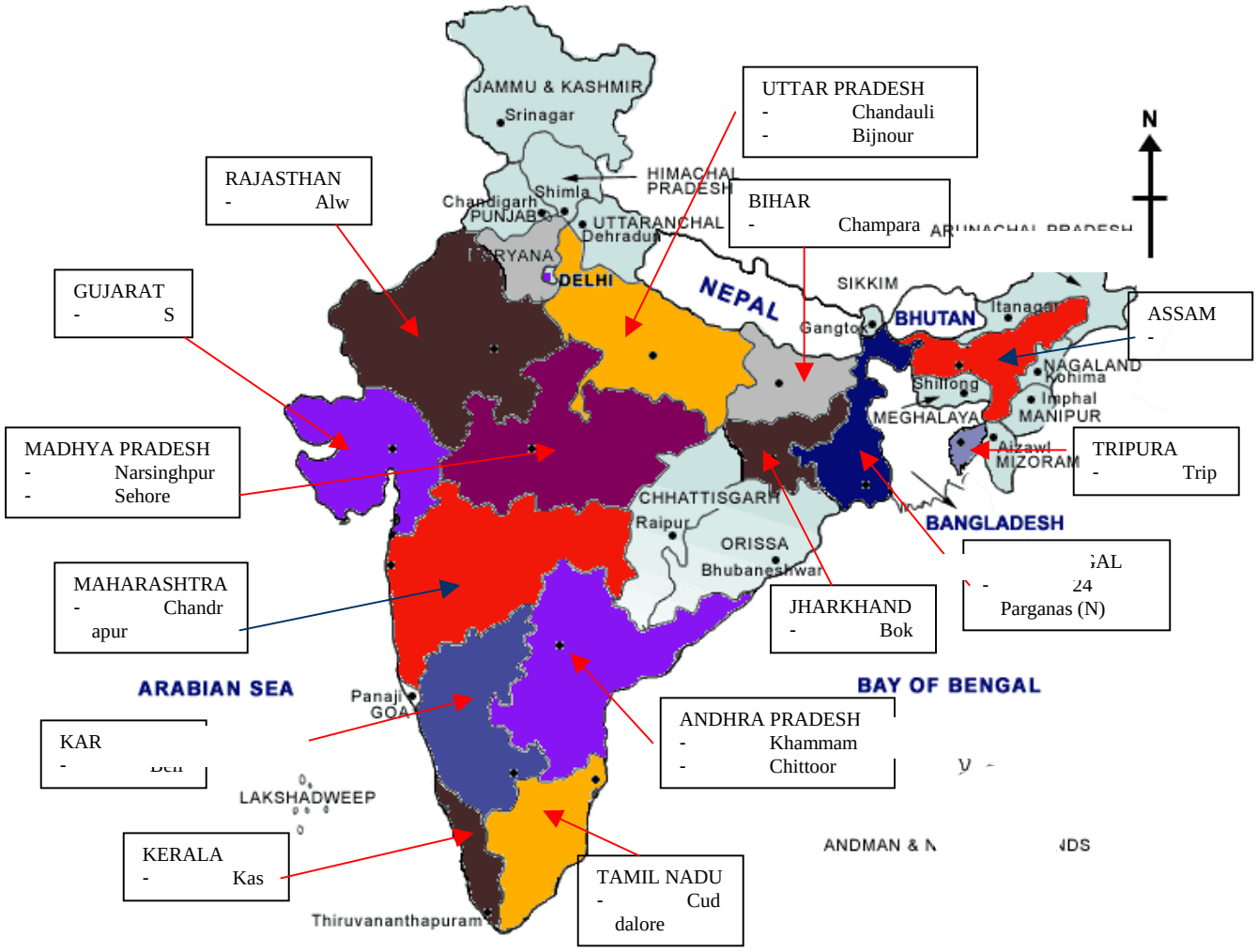
Submitted to :

RAJIV GANDHI NATIONAL DRINKING WATER MISSION (RGNDWM)
DEPT. OF DRINKING WATER SUPPLY,
MINISTRY OF RURAL DEVELOPMENT,
GOVERNMENT OF INDIA

AGRICULTURAL FINANCE CORPORATION LTD.
Northern Regional Office, New Delhi

MARCH, 2005

LOCATION MAP OF SAMPLE DISTRICTS



C O N T E N T S

	Page No.
Preface	
Study Team	
List of Photographs	
List of Graphs	
Executive Summary	i
CHAPTER – I – Introduction	
Background	1
Terms of Reference	5
Approach and Methodology	6
CHAPTER-II – Environment Building for Programme Implementation	
Support Mechanisms at State Level	10
Start-up Activities	16
Human Resource Development	16
Information Education and Communication	17
Financial Incentives for Toilet Construction	26
Pattern of Subsidy	26(a)
CHAPTER-III – Individual Household Sanitation	
Adoption Level of Sanitary Toilets at the Base Line Level	27
TSC Targets & Achievements under IHHL	28
Backlog to be Covered	30
Financial Progress	31
The Sample Households	32
Occupation	34
Family Size & House Types	35

	Reasons for Non-adoption	37
	Desire to Construct Toilets	40
	Access to Community Toilets	41
	Programmes under Which Sanitary Latrines Constructed	43
	Year of Construction of Toilets	44
	Awareness about TSC	44
	Source of Knowledge about TSC	45
	Participation in Special Events	47
	Awareness about Health Issues	47
	Source of Awareness about Health Issues	47
	Awareness about Gender Issues in Sanitation	51
	Source of Knowledge about Gender Issues	52
	Awareness about Safety Aspects of Sanitary Toilets	52
	Awareness about Convenience	52
	Opinion about Unit Cost	56
	Awareness about Low Cost Latrines	56
	Awareness about Leach-Pit Technology	58
	Opinion about Cost of Leach-Pit Latrine	58
	Opinion about Super Structure	59
	Demonstration Effect & Intention to Construct Toilet in Future	60
	Willingness to Pay for Toilet Construction	61
	Motivation & Influence	62
	Types of Latrines Constructed	63
	Number of Pits	64
	Type of Pan and Awareness about Usefulness of Rural Pan	65
	Optimality of Use of Toilets	67
	Source of Sanitary Material	68
	Awareness about RSM	69
	Use of Toilets	70
	Problem Faced in Use of Toilets	71
	Average Maintenance Cost, Source of Water Supply	72

	Cleaning of Toilets	73
	Construction of Toilet by Agency	74
	Extent of Satisfaction	75
	Influence of Children	78
	Personal Hygiene	78
	Material Used for Washing Hands	90
	Material Used for Cleaning Toilets	90
	Drinking Water	90
	Drainage Situation	92
	Use of Smokeless Chullahs	93
	Incidence of Diseases	93

	CHAPTER-IV – School Sanitation and Hygiene Education	
	Introduction	96
	The Base Line Situation	97
	Availability of Toilets in Sample Schools	98
	Ratio of Toilet to User	99
	Programmes under which Toilets Constructed	101
	Location of Toilets	101
	Availability and Source of Water	102
	Source of Drinking Water	104
	Separate Toilets for Boys and Girls / Teachers	105
	Locked Toilets	106
	Cleaning of Toilers	107
	Staggered Recess Practices	109
	Health & Hygiene Education	109
	Monitoring & Maintenance	111
	Effect on Enrolment & Drop out Rates	113
	Construction / Cost Aspect	114
	Case Studies	117

CHAPTER-V – Anganwadi	
The Base Line Situation and Achievements under TSC	120
Location of Anganwadis and Availability of Sanitation Facilities	121
Toilets to Babies Ratio	122
Cleanliness of Toilets	123
Training of Anganwadi Workers	123
Drinking Water	123
Hand Washing Facility	124

CHAPTER-VI – Community Sanitary Complex	
Introduction	125
Progress at District Level	125
Sample of Community Complexes	127
People's Opinion about Raising the Level of Community Contribution	129
Maintenance Expenditure	129
Facilities Available in the Complexes	131
Location of the Complexes	133
Consultation with Villagers	133
Supervision of Construction	134

CHAPTER-VII – Alternate Delivery Mechanism	
Introduction	136
Progress in Implementation of the Component	137
The Sample	138
Location and Area of Operation of RSMs / PCs	140
Activities	141
Volume of Work	142
Overall Profitability	143
Training	143
Replacement / Upgradation	145

Marketing Arrangements	146

CHAPTER-VIII – Conclusions and Recommendations

Performance in Coverage of Rural Households	148
Possible Reasons for Poor Performance in some Districts	149
Reasons for Non-adoption of Toilets	150
Demand for Sanitation	150
Awareness Generation	151
Unit Costs and Financial Incentive	152
Willingness to Share Enhanced Cost	152
Media of Communication	153
Awareness about Rural Pans	154
Super Structure	154
Extent of Satisfaction with Toilets Constructed	155
Social Sanctions against Polluting the Environment	155
Initiatives in Environmental Improvement	155
School Sanitation and Hygiene Education	156
Anganwadi Sanitation	157
Community Sanitary Complexes	157
Alternative Delivery Mechanism	159
Performance Rating of Districts	159

P R E F A C E

The Rajiv Gandhi National Drinking Water Mission (RGNDWM), Department of Drinking Water Supply, Ministry of Rural Development, GOI commissioned AFC to conduct the mid-term evaluation of Total Sanitation Campaign in 20 districts of 14 states viz; Andhara Pradesh, Assam, Bihar, Maharashtra, Gujarat, Rajasthan, West Bengal, Jharkhand, Tamil Nadu, Kerala, Tripura, Karnataka, Uttar Pradesh and Madhya Pradesh.

This report is based mainly on primary data collected on individual household toilets, hygiene & sanitation education in schools, Anganwadi centers, community sanitary complexes etc. from twenty districts of the States. Data and information from secondary sources viz. different stake holders in the implementation of TSC in the states were also collected through a series of discussions with concerned officials. Discussions were also held with the stakeholders at village, block, district and state levels. The impact of IEC activities have been gauged indirectly from the inputs received from adopting as well as non-adopting village households, focus group discussions and interaction with functionaries at different levels.

District/State specific findings and issues are presented in this report along with recommendations bearing on supportive policy framework and implementation procedures. The Executive Summary brings out the major findings and recommendations.

We hope the report would be found useful to the RGNDWM and the State Governments.

March 2005 **(DR. S.N. UPADHYAYA)**
GENERAL MANAGER

STUDY TEAM

Dr. S. N. Upadhyaya	Co-ordinator
Dr. Joseph Viruthiyel (Sociologist)	Team Leader
Shri R. K. Jha (Socio-economist)	Team Member
Er. Balunkeswar Nayak (Sanitation Engineer)	Team Member

Backup Support

Shri S. N. Misra	AGM (EDP)
Shri Anurag Gupta	Junior Programmer
Shri Anuj Tyagi	Computer Operator
Shri Girish Kapoor	Computer Operator

With support from AFC Offices at

Mumbai, Bangalore, Hyderabad, Chennai, Ahmedabad, Kolkata, Patna, Ranchi, Bhopal, Thiruvananthapuram and Guwahati

LIST OF PHOTOGRAPHS

Photo	Title
1	Mass Campaign in Vellore District
2	Amarpur R.D. Block Wall Painting (West Medinipur)
3	Display Board showing TSC Programme in a Remote Area in Chandauli District
4	Pitra High School Wall Writing on TSC (West Medinipur)
5	A Class on Hygiene Education in Bijnour District
6	Wall Paintings under the Programme in Chandauli District
7	Wall Painting under IEC Activities in Chandauli District
8	IEC Activities through Local Artists in Chandauli District
9	Women Masons Trained to construct pits in Vellore District by “Building Centre”
10	Sorting of Garbage for Recycling Vellore District
11	Composting of the Bio-degradable Waste in Vellore District
12	Training of Women Masons to install Toilet seat in Vellore District
13	PC New Gomati Village Amarpur Block (West Medinipur): Training in Platform Construction, Women Masons also being Trained.
14	Training of Motivators in Chandauli District.
15	UNICEF Officials discussing with RSM Managers in Bijnour District
16	Focus Group Discussion in Village Mohad (Narsinghpur) with Excellent Participation by women.
17	Discussion with Men’s Group in Rohini GP (Medinipur West)
18	Discussion with Women’s Group in Rohini GP (Medinipur West)
19	Poor Condition of a Household Sanitary Toilet due to lack of Maintenance in

Chandauli District

20 IHL with Super Structure made of locally available material at South Maharani Village (West Medinipur)

21 IHL with local Super Structure New Gomati Village, Amarpur Block, Tribal Area (West Medinipur)

22 A well maintained household toilet with brick Super Structure of a BPL beneficiary. Village Khokhri, Problem of Water logging is faced during rainy season (Sehore).

23 Child using Household Toilet in Vellore District

24 Privacy Insured in IHL through Local Material in Rohini GP (Medinipur West)

25 Under utilized Toilet at Borda Village (Medinipur West)

26 Poor Maintenance of Toilet in Kultikori GP (Medinipur West)

27 Well Maintained Toilet in Kultikori GP (Medinipur West)

28 School Toilets found under lock and key during school hours. Water tank outside the building was filled with stones & soil. Government Primary School, Village Barha Chota (Narsinghpur)

29 Well maintained school toilet of Government Senior Secondary School, Village Singhpur (Narsinghpur)

30 Baby Friendly Toilet in an Anganwadi in Vellore District

31 Baby friendly latrine at ICDS Centre, Madhya Park Uttar, Chandrapur GP (West Medinipur)

32 Well maintained Community Complex for Women in village Barha Chota (Narsinghpur)

33 Cow dung cakes & Firewood stored in Community Sanitary Complex for Women, Village Barudewa (Narsinghpur)

34 A Close view of Sanitary Pans & Bent in the RSM in Vellore District.

35 RSM operating in Vellore District.

36 Sanitary Items Displayed in a RSM Show-room in Vellore District

37 Sanitary items produced at PC Matabari Block (South Tripura)

38 Mart of TSC, Matabari Block (South Tripura)

39 Mosaic Sanitary Rural Pans produced by Shiv Shakti Self Help Group (Narsinghpur)

40 Sanitary items at RSM Show-room in Bijnour district. The Show-room is at an isolated place.
41 Due to lack of awareness and supervision huge size pits with concrete structure being constructed by BPL beneficiary. Villagers believe that size of pits recommended under TSC is not sufficient to meet their requirements, Village Mohad, Narsinghpur.
42 Lack of proper drainage in village Kamaliya (Sehore)
43 Stagnant Water around Hand pump in Village Kamaliya (Sehore)

LIST OF GRAPHS

Graph **Title**

1 Poverty Category
2 Social Classification
3 Adoption or Non-adoption of Toilets
4 Reasons for Non-Adoption
5 Category-wise Reasons for Non-Adoption
6 Not Aware about TSC
7 Opinion about Average Cost of Construction of a Sanitary Toilet
8 Low Cost Latrine & Source of Knowledge
9 Necessity for Superstructure
10 Motivation for Constructing Toilets
11 Sources of Water Supply for Toilet Use
12 Sources of Drinking Water for HHs
13 Availability of Toilets in Sample Schools
14 Toilets to User Ratio in Sample Schools
15 Sources of Water for Toilet Purpose
16 Sources of Drinking Water
17 Separate Toilets Facility for Teachers / Boys & Girls
18 Improvement of Enrollment, Reduction in Dropouts & Absenteeism

19 Distribution of Anganwadis by Location
20 Availability of Toilets in the Anganwadi

EXECUTIVE SUMMARY

I. Introduction

The Central Rural Sanitation Programme (CRSP) was launched in 1986 primarily with the objective of improving the quality of life of the rural people and providing privacy and dignity to women. In 1999, as parts of reform initiatives CRSP was restructured and renamed as Total sanitation Campaign as a demand driven and people centered programme. The fact that budget proposals for 2005-06 intend to extend the campaign to all districts in the country with an increased outlay of Rs. 630 crore vouchsafes the increased priority being accorded to the programme.

II. Methodology

A mid-term evaluation of TSC was undertaken by Agricultural Finance Corporation Ltd. in 14 states of India on behalf of the Rajiv Gandhi National Drinking Water Mission (RGNDWM). In the selected states, 20 districts, 40 blocks, 80 Gram Panchayats and 2407 individual households were studied to assess the programme efficiency and effectiveness. In addition, one school and one Anganwadi were selected in each of the sample GP for intensive investigation irrespective of the fact whether it had toilets or not. Similarly, one Rural Sanitary Mart (RSM) was also been selected in each district for evaluation.

The Basic objectives of the study are as follows:

- *To obtain consumers responses to current service levels with reference to quality, quantity and reliability*

- *Assess project implementation status*

- *To identify constraints observed in planning, construction, operation and maintenance of the services planned and executed by different agencies*

- *To gauge the perception of consumers, their organizations and PRIs on the steps to be taken in future*

Based on the objectives of the programme, the major findings are given in the following sections:

III. Household Toilets

- *Rate of adoption of sanitary toilets was 61.5% at the all-India level indicating that more than one-third of the rural population does not have sanitation facilities.*

- *South Tripura, Vellore and North 24-Parganas, West Medinipur were on the way to full coverage, while Chittoor, Kasargode Cuddalore, Chandrapur and Ratnagiri were making good progress towards full adoption.*

- *The low adoption rate in Bokaro, East Champaran, Sehore, Surat and Narasinghpur is matter of concern and the concerned agencies need to make concerted efforts to change this situation. In Bokaro only one and in East Champaran only 7 out of 120 households each had toilet facility.*

- *Financial constraint was the most frequently stated reason for non-adoption of this facility. However, it is quite apparent that in the districts which are lagging behind the delivery mechanism failed to create favourable conditions through motivational and communicational campaigns and administrative support.*

- *An overwhelming majority of those who did not have toilets felt the need for this facility. Even in districts like Bokaro and East Champaran, where adoption rate was nil to negligible, need for good sanitation was deeply felt. In many places people without toilets were making efforts to acquire the improved sanitation facility.*

- *The BPL households had better adoption rate than APL in districts like Sehore and Alwar, Khammam, Chandrapur, Chandauli and Bijnour. All BPL households in South Tripura, Chittoor, Vellore, Medinipur West constructed toilets while in 24-Parganas North and Cuddalore there was nearly full adoption of toilet facility.*

- *In the districts of Cuddalore, Vellore, Bellary, Narsinghpur, Chandrapur, Ratnagiri and Kasargode Community toilets, if available, were used by majority of households who did not have toilets in their houses. The main reasons for non-use of community toilets in other places were distance and poor maintenance. In the study areas in Bellary and Bijnour community toilets were not maintained properly.*

- *TSC accounted for 67% of the sample. The proportion of TSC was lower than other programmes in Kasargode, Sehore, Chandrapur and Ratnagiri. People constructed toilets without government support in East Champaran and Kasargode. The other important support sources UNICEF (e.g. Alwar) and DANIDA (e.g. Cuddalore).*

- *Awareness about TSC was well-developed in all the districts except Bokaro and Alwar. In Bokaro the programme was not yet initiated and in Alwar the programme was half-heartedly implemented.*

- *The main sources of conveying the sanitation message to the people were personal contact, motivators, hoardings, posters, Radio, T.V. and printed material such as leaflets and handouts.*

- *In addition to the above, special events like rallies, magic/puppet shows, street plays, public meetings, etc. were organized where a substantial proportion of people participated.*

- *Awareness about the relationship between poor sanitation and water-borne diseases was at a high level in most places with little variation in the awareness about types of diseases.*

- *While motivators and personal contract by officials constitute important information sources on this aspect, Radio and T.V. also played an important role in several districts.*

- *The fact that people everywhere feel ashamed that women-folk are compelled to practice open defecation in the absence of proper toilet facilities, can be made an important base for the motivational campaigns.*

- *The benefits accruing to women was an influencing factor in the decision to construct toilets in respect of one-third of the households at the aggregate level and particularly in Khammam, Surat, Kasargode, Ratnagiri, Vellore, Bellary and East Champaran.*

- *Safety aspect of toilets is well appreciated almost universally except in the case of households without toilets in Khammam.*

- *Convenience as a major benefit of toilets also was a well understood theme in all the districts except among those who did not have homestead toilets. Personal contacts and efforts of motivators were the chief sources of information on this aspect. Radio, T.V., Hoardings, printed material and other activities did not appear to be important in this regard.*

- *People everywhere, except in North 24-Parganas, Narsinghpur, South Tripura and Tamil Nadu, want the per toilet unit cost to be revised upwards to above Rs.2500/-.*

- *Awareness about low-cost latrines was wide-spread except in Bellary, East Champaran, Bokaro and Bijnour.*

- *Awareness about leach-pit technology was common in all the districts except Bokaro, Bellary, Bijnour, Kasargode and East Champaran. Bokaro and East Champaran, of course, are the districts where TSC has not made any significant headway.*

- *Necessity for superstructure was very strongly felt everywhere except Jorhat, Ratanagiri, Bellary and Narsinghpur.*

- *Demonstration effect of fellow villagers constructing toilets and people's high level of motivation evidenced by their willingness to pay for toilet construction were the major strong points for achieving full coverage. This also brings to light the rising demand for sanitation, which the districts such as East Champaran, Bokaro, Surat and Alwar, among others, have not been able to cope up with.*

- *The aspects of convenience, privacy and health were more important for motivating beneficiaries than the availability of subsidy. The major sources which influenced the decision to construct toilets were Gram Panchayats, Motivators and Government officials in that order.*

- *Septic-tank-based latrines were found in about 29% of toilets in Surat, Sehore, Vellore and Ratnagiri. Single pit latrines predominated at the aggregate level.*

- *Rural pans were used in about 55% of the latrines. Use of standard pans predominated in Chittoor, Cuddalore, Vellore and Bijnour. Aesthetics and availability rather than appropriateness appears to have guided the choice in these districts.*

- *Awareness about the usefulness of rural pans, through fairly good at the aggregate level, needs further improvement. The most widely known aspect was ease cleaning.*

- *Awareness of RSM existed only in a little more than 25% of the total number of households. Low awareness exists in the districts of Surat, East Champaran, Bellary, Kasargode, Narsighpur, Sehore, Ratnagiri, Chandrapur, South Tripura, Alwar, Cuddalore, Vellore, Chandauli, Bijnour and Bokaro.*

- *The use of toilets in all seasons, at 70% of the aggregate sample, was on a fairly high level. Non usage in any season was less than one percent. Toilets being not used in all seasons, have been reported mainly from Chandrapur, Ratnagiri, South Tripura and Kasargode.*

- *Problems were encountered by toilet owners in using the toilets due to frequent chocking (14%), inadequate size (7.5%) water scarcity (7%) and other reasons (22%). The other reasons included social inhibitions.*

- *Average maintenance cost was Rs.38/- per month which varies substantially among districts.*

- *The burden of cleaning of the toilet falls on the women of the house in 30% of households.*

- *Only 5% households have reportedly overseen the construction of toilets. This means that they were not actively involved in construction for which responsibility was taken up by field staff.*

- *Extent of satisfaction with the toilets was substantial in all the districts except Chandrapur, Alwar, Kasargode and East Champaran, where it was significantly low. Degree of satisfaction was more among APL households than BPL households. This was probably because of the fact that as the APL households had to invest their own money they made them as per their tastes and requirements.*

- *Sanitation issues were discussed by school going children at home in a large number of households and children appear to be a major influencing factor for the adoption decision. .*

- *Awareness and practice of personal hygiene was found to be existing at a very large extent in almost all the districts.*

- *Drinking water was a major issue in many areas. Healthy practices in garbage disposal appeared to be taking roots. Use of chulhas was becoming popular in Khammam, Chittoor and Bellary. Incidences of water-related issues appear to be on the decline.*

IV. School Sanitation

- *Nearly 94 percent of the sample schools had toilet facilities.*

- *However, most schools had a single toilet and few urinals. On an average, considering the total number of users, the ratio of toilets to user came to 1:164 w.r.t. latrines and 1:153 w.r.t. urinal.*

- *A significant proportion (43%) of the schools had common toilets for both boys and girls.*

- *In some places, school children had to share the toilet facility with children of anganwadis.*

- *52% of the sampled school toilets were supported through TSC, 15% through state govt. funds and the rest through DPEP or SSA.*

- *In the absence of boundary walls in some schools, it was difficult to stop other villagers from using the toilets and in keeping proper cleanliness and privacy.*

- *Water scarcity or non availability was a problem in 32% of schools.*

- *Hand pumps was the major source of water supply. In some instances hand pumps were non functional.*

- *In half the number of schools the toilets were under lock and key even during school hours and student had to request for keys.*

- *Staggered recess is practiced in only 20 % of the schools. School authorities generally didn't feel the need for staggering and children are given permission to go to the toilets when the need arises.*

- *Health and hygiene education has become a universal practice in schools in all the sampled TSC districts.*

- *The impact of SSHE is beginning to be felt in reducing drop out rates (in 64% of sample schools), improving enrollment rates (48%) and decreasing absenteeism (33%). This is the most encouraging aspect of the programme and needs to be consolidated.*

V. Anganwadi Sanitation

- *Targeting of anganwadis for provision of sanitation facility was done only in Kasargode, Sehore, Ratnagiri, South Tripura, Cuddalore and Vellore. It is necessary for the other districts to begin to take initiatives for sanitation improvement in the pre-school institutions.*

- *70 % of the anganwadis operated from govt. buildings, of which 25% had no toilet facilities.*

- *A little over half the number of sampled anganwadis had toilet facilities. But this included anganwadis which operated from school buildings and shared the school's sanitation facilities (Bijnore, Chandauli and Alwar)..*

- *All except one anganwadi which operated from private building were without toilets. There has been little effort in inducing private individuals, who hire out their buildings for operating anganwadis, to equip the buildings with toilets.*

- *Sanitation facility in most anganwadis was restricted to a single latrine.*

- *The babies to toilet ratio was as high as 170 in North 24 Parganas and 144 in Medinipur (West). In the other places the ratio was at acceptable level.*

- *Cleanliness was by and large satisfactory.*

- *Training of anganwadi workers in health and hygiene education was done in all anganwadis at least to some extent.*

- *Drinking water was made available utilizing various sources such as hand pumps, tube wells, open well and in a few case piped water supply.*

- *No hand washing facility was observed in any of the anganwadis.*

- *Baby friendly design was also conspicuous by its absence in most places.*

VI. Community Sanitary Complexes

- *Community sanitary complexes provided yeoman service to poor people especially women who could not afford toilets in Cuddalore, Vellore, Kasargode, Bellary, Ratnagiri and Chandrapur.*

- *The responsibility for maintenance of sanitary complexes was entrusted to SHGs in Vellore and Cuddalore. These complexes were immaculately clean and well maintained. Sufficient funds were made available to the SHGs towards maintenance.*

- *In most other places, the maintenance and usage of this basic common utility left much to be desired as people were of the opinion that the onus of maintaining the toilets is with the GP or government agencies.*

- *The practice of training women as masons in Vellore and Cuddalore is quite commendable. The women masons proved to be very efficient not only in construction but also in motivating other villagers to adopt toilets and best practices in health and hygiene.*

VII. Alternative Delivery Mechanism

- *This component was not implemented in Surat, Bellary, Kasargode, Chandrapur, Ratnagiri and Bokaro. Physical achievement was very good in South Tripura, Khammam, North 24 Parganas, West Medinipur, Chittoor and East Champaran. The W Bengal districts and S. Tripura, in fact, exceeded the targets by several times.*

- *Of the total RSMs studied, 40% were operated by NGOs and one fourth by SHGs. In fact the NGO or SHG managed ventures were more successful than the others as they combined IEC and motivation work with business. The RSMs operated by private individuals in Maharashtra were functioning as commercial enterprises and made profits.*

- *While the RSM managers by and large had some training, there is need for further training in entrepreneurial and marketing skills.*

- *In Tamil Nadu and West Bengal women were imparted training and these trained masons did a commendable job.*

- *In Tamil Nadu masons, whether male or female, constituted important source of information and motivation to rural households to adopt household toilets.*

- *Replacement/upgradation services from RSMs were available only Medinipur West, Vellore and Chittoor.*

- *There was insufficient linkage between RSMs and PCs as it was observed that the RSMs tended to procure material from private traders rather than from PCs even when both operated in the same block.*

VIII. Pattern of Subsidy

- *Different opinions were expressed by the district officials regarding the adequacy of the subsidy. Almost all the district implementing agencies pleaded that the present amount of subsidy is inadequate for a complete and satisfactory execution of the scheme because of super structure factor. However, in Medinipur (West), Sehore, 24 Parganas (North) and South Tripura, the DIAs supported the ongoing subsidy structure.*

- *The subsidy, inclusive of superstructure for the individual households, as suggested by the DIAs was in the range of Rs.1000/- to Rs.3000/-. Most of the DIAs suggested that the subsidy amount should be shared jointly by the Central and the State Governments. However, they have not clearly indicated about the sharing pattern of the subsidy.*

IX. Recommendations

- *In the districts which are lagging behind, a massive programme of retraining and orientation of staff, equipping the administrative machinery with adequate human resources, leadership and motivation needs to be initiated. Special teams for reorienting the administrative machinery of these districts must be deployed to initiate appropriate reorientation activities.*

- *At district level every State must have a special sanitation cell within the implementing agency with the mandate of planning, implementing and supervising the programme and in carrying out social mobilization activities.*

- *The field staff of TSC must be trained in participatory methodologies of planning with people and joint implementation of the programme so that the present level of awareness of people regarding sanitation can be converted into practice, by helping to find solutions to the constraints that prevent them from adopting the practices. The solutions may not always lie in individual household domain but in community level initiatives.*

- *While the low-to no subsidy regime may be acceptable as a long term policy goal, in order to achieve the objective of full coverage of rural households through appropriate sanitation systems, providing financial incentives to BPL households will have to be continued as a strategy. The quantum of subsidy as well as unit costs need to revised suitably and made area specific rather than uniform all across the country, through a realistic assessment of material and construction*

costs, availability of material and practicability. People are willing to pay for sanitation and this needs to constitute the major strength of the programme.

- *While designing the content of IEC, the roots in Indian culture regarding handling food, home and public places with the approach of purity, needs to be built upon. IEC material may include content drawn from our folklore, mythology and literature on this aspect. Other facilitating programmes like the programme of adult education, operated through several thousands of voluntary Preraks, Assistant Preraks and resource persons must be made adequate use of. Properly developed IEC literature on sanitation and personal hygiene should be made available at every rural library operated by the National Literacy Mission. In fact adult literacy centres of the District Saksharata Samitis should be given as important a place in the programme as rural schools as a vehicle for the spread of the sanitation message.*

- *The extension staff and motivators must be made fully aware of the benefits of rural pans so that they can fully convince rural people about their usefulness. IEC material should specifically focus on this aspect in the manner that people can understand.*

- *It is suggested that the feasibility of providing superstructure for individual household toilets be considered and the same may be taken into account while deciding the financial incentive.*

- *Indirect social sanctions need to be developed and enforced at community level for not only open defecation but also for dumping household and industrial waste into public places. But in rural areas it would be necessary to empower PRIs to make proactive decisions in this regard through community level consultations.*

- *Success stories like the Vellore Solid Waste Management Project must be publicized in the entire country and every TSC project must include such innovative projects. A portion of the TSC allocation can be set apart for this purpose.*

- *The decision of Andhra Pradesh Government to vest the responsibility for school sanitation and hygiene education to the Educational department appears to be reasonable and we suggest that this be adopted in all the states. However, this should be within the framework of the SSHE action plan developed in the State,*

with a system of joint planning, information sharing, supervision and monitoring and evaluation.

- *The funds available from different sources, including TSC, SSA and the normal funds of the education department should be dovetailed to establish sanitation facilities keeping in view the student and teacher population, future development needs, boundary walls, landscaping and tree plantation. An inadequately developed facility is not a useful facility at all.*

- *Hygiene education appears to have been universally accepted as part of the school curriculum and this is a major achievement. The gains in this respect need to be consolidated through organizing inter district and inter state competitions for students on sanitation and hygiene related issues.*

- *It is suggested that in the matter of equipping Anganwadis with toilets combined action should be taken by the Women and Child Development department so as to dovetail expertise and funds for creation of durable infrastructure and their adequate use.*

- *Community complexes play a very useful role for meeting the sanitation requirements of those who cannot afford homestead toilets. However, these should be constructed on plans based on present and future requirements, and after entering into proper maintenance and operation arrangements with the users and putting in place resource mobilization plans.*

- *SHGs and other CBOs may be closely involved in planning, executing and maintaining the complexes.*

- *RSMs and PCs need to be established in all the districts where hard ware availability is a problem. RSMs and PCs so established should be able meet the standards of production and meet the installation and post installation support of village people. The lead taken by Tamil Nadu and West Bengal in training women masons may be emulated by other States.*

Chapter-I

INTRODUCTION

The basic elements needed to improve the living conditions of people comprise of primary education, basic health care and access to safe drinking water and appropriate sanitation facilities. Provision of such services is treated as an element of the social contract between civil society and citizens in the context of achieving millennium development goals. Adequacy (in terms of quantity) and sustainability (in terms of quality) are prime considerations in making sure that these services are of use to the people for whom they are meant. Their easy availability (in other words accessibility), keeping in view the size of the clientele (i.e. coverage) are two important considerations to determine as to how far these services are reaching and are being made use of by the poor. The objectives, in real terms, are achieved, if the service delivery agencies – government, private and voluntary sectors - adopt appropriate policies and strategies and work in unison to reach out to the poor habitations. The reach of the benefits to the intended communities depend not only on the efficiency and effectiveness of the delivery mechanism, decentralization of decision making but also on peoples' participation and evolution of a demand for such services from the communities. For example, availability of good infrastructure for primary education must be matched by the willingness of parents to send their children to school.

By the World Health Organisation's (WHO) definition, sanitation is the safe management of human excreta and includes the provision of latrines and the promotion of personal hygiene. Environmental sanitation is a broader term, encompassing excreta disposal, solid waste management, waste water disposal, vector control, and drainage. Personal hygiene includes practices such as washing hands with soap after defecation and before contact with food, and in a broader sense, extends to the collection, storage and handling of safe water.

In 2002, about 1.7 million deaths worldwide were attributed to unsafe water, poor sanitation and hygiene, mainly through diarrhea. Nine out of ten such deaths occurred among children, and virtually all of the deaths were in developing countries. The burden of illness weighs most heavily on the poorest members of society. Inadequate water supply and sanitation services affect the lives of billions of poor people in the developing world. Two out of every ten people, lack access to safe water supply, five have inadequate

sanitation, and nine do not have their wastewater treated. This translates to an estimated 1.1 billion people without access to safe water and 2.4 billion without adequate sanitation[1].

UNDP's Human Development Report 2003 shows that in the year 2000, only 28% population in India had access to improved sanitation which is much below the average of 51% for developing countries and 61% for the world.

Along with malnutrition, lack of clean water, inadequate sanitation and poor hygiene practices are among the underlying causes of child deaths and illness. Many children, particularly girls, do not attend school either because of unavailability of proper toilet facility, lack of water in the school premises or concern for their privacy and modesty. A report from UNICEF shows that one gram of faeces can contain 10,000,000 viruses, 1,000,000 bacteria, 1,000 parasite cysts and 100 parasite eggs. The various waterborne diseases that are caused by improper hygiene include diarrhoea, typhoid, viral hepatitis A, cholera and dysentery (those transmitted by the faecal–oral route). No wonder, water contaminated with faecal matter causes diarrhoea (with proper sanitation, the risk level can drop by 40 per cent); malnutrition, anaemia or retarded growth (60 per cent); blindness (25 per cent); schistosomiasis (77 per cent); and cholera (72 per cent)[2]. The low awareness of the potential health benefits of better hygienic practices among rural poor is a real matter of concern in our country.

Water supply and sanitation were added to the national agenda during the country's first five year plan (1951-56). In 1954, when the first National Water Supply Programme was launched as part of the Govt.'s Health Plan, sanitation was mentioned as a part of the section of water supply. However, the programme picked up momentum during early eighties. India's first nationwide programme for sanitation, the Central Rural Sanitation Programme (CRSP) was launched in 1986 under the Ministry of Rural Development. CRSP was restructured into Total Sanitation Campaign (TSC) in 1999 with the goal to eradicate the practice of open defecation by 2010. It lays more emphasis on Information, Education and Communication (IEC), capacity building and hygiene education activities to increase awareness among the rural people with involvement of PRIs, NGOs and various CBOs to generate demand for sanitary toilets. The core idea behind the programme has been a demand driven approach with "low to no subsidy". However, a nominal subsidy in forms of incentive has been given to the rural poor to construct sanitary toilets.

[1] *(Ref: WHO/UNICEF JMP, www.childinfo.org /eddb/water.htm)*
[2] (*Ref: www.Unicef.org/ Sanitation for all-Promoting dignity and human rights*)

The main objectives of TSC are:

- ❒ Bring about an improvement in the general quality of life in the rural areas ;
- ❒ Accelerate sanitation coverage in rural areas ;
- ❒ Generate felt demand for sanitation facilities through awareness creation and health education ;
- ❒ Cover schools/ Anganwadis in rural areas with sanitation facilities and promote hygiene education and sanitary habits among students ;
- ❒ Encourage cost effective and appropriate technologies in sanitation ;
- ❒ Eliminate open defecation to minimize risk of contamination of drinking water sources and food ; and ,
- ❒ Convert dry latrines to pour flush latrines, and eliminate manual scavenging practice, wherever in existence in rural areas.

The major components of Total Sanitation Campaign (TSC are:

- ♦ **Start-up Activities**

The start-up activities include initial publicity, motivational campaign, conducting of preliminary survey to assess the demand with the aim to prepare the District TSC project proposal for seeking Government of India assistance. Total cost for the start up activities is fully from Government of India assistance.

- ♦ **IEC Activities**

Information, Education and Communication (IEC) are the important components of the Programme. These intend to create the demand for sanitary facilities in the rural areas for households, Schools, Anganwadi, Balwadies and Women Complexes. The activities carried out under this component are area specific and also involve all sections of the rural population in a manner where willingness of the people to construct latrines is generated. The motivator is given incentive from the funds earmarked for IEC. The incentive is performance based i.e. in terms of motivating the number of households and schools to construct latrines and soakage pits and also use the same subsequently. The IEC also focus on health and hygiene practices and

environmental sanitation aspects. Under IEC, wall painting on a community building or hoarding display the details of activities undertaken in that Panchayat. Further, audio / video clippings in AIR, Doordarshan and cable TVs are screened for demand generation.

- **Rural Sanitary Marts and Production Centres**

The Rural Sanitary Mart (RSM) is an outlet dealing with the materials required for the construction of not only sanitary latrines but also other sanitary facilities required for individuals, families and the environment in the rural areas. RSM should have those items, which are required as a part of the sanitation package. It is a commercial enterprise with a social objective. The main aim of setting up an RSM is to provide materials and guidance needed for constructing different types of latrines and other sanitary facilities, which are technologically and financially suitable to the rural areas. Production Centres are the means to improve the production of cost effective and affordable sanitary materials. The Production Centres / Rural Sanitary Marts may be opened and operated by NGOs / SHGs/ Panchayats and there is a provision of revolving fund to enable the RSMs to meet the start up activities. A portion of the revolving fund is to be refunded to the government once the RSMs reach sustainability.

- **Individual Household Latrines**

The aim is to enable even the poorest households to construct sanitary toilets within their homestead areas. As an initial step, the household builds its own basic low cost unit without superstructure, for which a post construction incentive is paid by government ranging from 70 to 80% depending on the cost. The balance amount has to be contributed by the participating household in the form of labour. Incentive amount is paid only to Below Poverty Line Households. Even for BPL households, units costing more than Rs.1000 are not to be subsidized. Only pour flush latrines are permitted and all existing dry latrines have to be converted into pour flush latrines.

- **Community Sanitary Complex**

Village Sanitary Complex for community is an important component of the TSC. These Complexes are to be set up in a place in the village acceptable to women and

accessible to them. The maintenance of such complexes is very essential for which Gram Panchayat must own the responsibility or make alternative arrangements at the village level. The beneficiary contribution can be given by the Panchayat. There is no maximum cost prescribed for a community complex. However, it is approved by the National Scheme Sanctioning Committee based on the detailed design and estimates.

- **School Sanitation**

Children are more receptive to new ideas and the school is an appropriate institution for changing the behaviour, mindset and habits of children from open defecation to the use of lavatory through motivation and education. The experience gained by children through use of toilets in school, and sanitation education imparted by teachers is reach home and influence parents to adopt good sanitary habits. School Sanitation, therefore, forms an integral part of every TSC Project. Toilets in all types of Government Schools i.e. Primary, Upper Primary, Secondary and Higher Secondary constructed. Emphasis is given on toilets for Girls in Schools.

- **Anganwadi Sanitation**

As anganwadis are an infant's most important first introduction to society, inculcating good sanitary habits among anganwadis children is an appropriate platform of behavioural change in wider society. Good sanitation is also most crucial for the physical health and growth of children in this age group. So TSC has a provsion to construct baby friendly toilets costing upto Rs 5000 of which Rs 3000 can be paid as incentive, the excess expenditure being borne by State Government/ Panchayats or the community.

TERMS OF REFERENCE (TOR)

The terms of reference of for the mid-term evaluation study are the following:

1. To obtain consumers responses to current service levels with reference to quality, quantity and reliability:

- Proportion of people using latrines
- Reduction of sanitation related diseases specially (a) absenteeism in workplaces leading to loss of productivity (b) dropout of students especially girls students.

2. Assess project implementation status with reference to:

- Number of Community Sanitary Complex (CSC) Constructed, Average cost of per unit (WTC) and cost sharing pattern, Number of women using the CSC in the project district and the system of O&M.
- Type of latrines constructed l(single/double pit) – Material used for base and super structure – Unit Cost of each type;
- Number of Individual Household Latrine (IHHL) Constructed under TSC – Average cost of per unit (STC) and the subsidy given to the BPL families;
- Number of School Toilet Complex (STC) Constructed under TSC – Average cost of per unit (STC) and cost sharing pattern – Contribution by Students, Parents and Teachers, system of O&M, hygiene education imparted leading to demand generation in the community.

3. To identify constraints observed in planning, construction, operation and maintenance of the services planned and executed by different agencies employing both traditional and innovative approaches:

- Existing main political will, State level support and legislative framework for implementation of TSC project;
- Proper understanding of the project concepts at the State, District and Gram Panchayats;
- Capacity of the District level to take up social mobilization and awareness campaign and human resource development programme in Gram Panchayat;
- Capacity of the existing NGOs, CBOs and Social Organisations etc. to implement the reform initiatives;
- The Process/approach adopted for IEC required for creating/generating demand (social mobilization and awareness campaign), human resource capacity development and implementation strategy.

4. To gauge the perception of consumers, their organizations and PRIs on the steps to be taken in future:

- Convergence of water supply and sanitation;
- Pooling up resources from programmes of Health, Education and Women & Child Development Departments for improved sanitation.

APPROACH AND METHODOLOGY

I. Selection of Project Districts

A multi-staged sampling procedure was adopted for the evaluation study, with State as the first stage, district as the second stage, blocks within districts as the third stage, Gram Panchayats as the fourth stage and individual households, schools and anganwadis as the final stage. States were selected in consultation with the Department of Drinking water Supply, Government of India, the total number of States coming to 14. A list of districts implementing TSC for more than 36 months was obtained from the DDWS and it was agreed that Andhra Pradesh, Madhya Pradesh, Maharashtra, Tamil Nadu, Uttar Pradesh and West Bengal will have 2 sample districts each as the programme was being implemented in larger number of districts in these States compared to the other States. For the other States, one district each was to be selected. Selection of districts within the states was done on a random basis from the list of districts implementing the programme since more than 36 months. Out of 78 such districts, 20 were selected randomly for evaluation. Details of the sample districts selected representing 14 states across the country are given in ***Table-1.1***.

Table-1.1:

State	**Sample Districts**
ANDHRA PRADESH	KHAMMAM
	CHITTOOR
ASSAM	JORHAT
BIHAR	CHAMPARAN (E)
GUJARAT	SURAT
JHARKHAND	BOKARO
KARNATAKA	BELLARY
KERALA	KASARGODE
MADHYA PRADESH	NARSINGHPUR
	SEHORE
MAHARASHTRA	CHANDRAPUR
	RATNAGIRI
TRIPURA	SOUTH TRIPURA
RAJASTHAN	ALWAR

TAMILNADU	CUDDALORE
	VELLORE
UTTAR PRADESH	CHANDOULI
	BIJNOUR
WEST BENGAL	24 PARGANAS (N)
	MEDINIPUR WEST

II. Selection of Blocks and Gram Panchayats (GPs)

In each of the selected districts, 2 community development blocks had to be selected in consultation with the implementing agency. For this purpose, and to gain preliminary understanding of the project implementation process, meetings were organised with various stakeholders of the programme at the district head quarters before commencing the field work. On the basis of the discussion in the meeting, two blocks in each district were selected.

Within the selected Blocks 2 GPs were randomly selected in each block from the list of GPs where the programme had been implemented. Details of the selected blocks and GPs are given in ***Annexure-I***.

III. Selection of Individual Households, Schools and Anganwadis

According to TSC philosophy the entire village community is a participant in the programme irrespective of whether the people have constructed household toilets under the programme or not. For, the IEC component of the programme targets the entire village community, though the benefit of post-construction incentive (subsidy) is available only to BPL households. Therefore in each of the GPs selected for evaluation, 30 households were selected randomly irrespective of whether they had homestead toilets or not. The households have been interviewed on various subjects i.e. awareness regarding TSC, interest in the programme, effectiveness of IEC activities and importance of toilet in the house etc.

In addition one school and one anganwadi were selected in each sample GP for intensive investigation irrespective of the fact whether it had toilets or not.

IV. Study Tools

Several technical reports, literature, web sites have been referred for design of various tools for evaluation work. Nodal offices at the state and district levels were contacted for information regarding their respective organisation structure and the implementing and executing procedures.

Qualitative information was collected from various sources at state, district, block and GP levels. Focus group discussions were held with village groups to understand the grass root details of the programme. Discussions were held with various committees i.e. VWSC, School sanitation committee, Parent –Teacher Association etc. at the GP level. Similarly, discussions with officials of government and non-government agencies were held at block, district and state levels.

Quantitative and qualitative information were gathered from individual households, schools, Anganwadis, RSMs etc. based on the designed schedules. The following schedules have been used for the collection of qualitative and quantitative information:

i)	Individual household schedule (IHH)	AFC / TSC-01
ii)	Community Sanitary Complex schedule	AFC / TSC-02
iii)	Rural Sanitary Mart (RSM) / production centers (PC)	AFC / TSC-03
iv)	School Sanitation schedule	AFC / TSC-04
v)	Anganwadi schedule	AFC / TSC-05
vi)	Checklist for Focus Group Discussion	AFC / TSC-06
vii)	Checklist for discussions with NGO	AFC / TSC-07
viii)	Checklist for discussions with Block Level Officials	AFC / TSC-08
ix)	Checklist for discussions with Gram Panchayats	AFC / TSC-09
x)	Checklist for discussions with motivator	AFC / TSC-10
xi)	Checklist for discussions with masons	AFC / TSC-11
xii)	Checklist for discussions with parent-teacher association / village education committee / Village Water & Sanitation Committee members	AFC / TSC-12
xiii)	Checklist for discussion with stakeholders at state level	AFC / TSC-13
xiv)	Checklist for discussions with District Implementing Agency	AFC / TSC-14

xv)	Swot analysis for a district	AFC / TSC-15
xvi)	Checklist for discussions with nurse / community health worker / doctor at health sub-centre / Public Health Centre	AFC / TSC-16

INTERNATIONAL DEVELOPMENT TARGETS FOR WATER SUPPLY AND SANITATION COVERAGE

Indicative targets for water supply and sanitation coverage were developed by the Water Supply and Sanitation Collaborative Council (WSSCC) as part of the process leading up to the Second World Water Forum, The Hague, 17–22 March 2000. The targets were presented in the report *VISION 21: A shared vision for hygiene, sanitation and water supply and a framework for action (1)*. The targets to be achieved are:

- **By 2015 to reduce by one-half the proportion of people without access to hygienic sanitation facilities, which was endorsed by the Second World Water Forum, The Hague, March 2000.**
- **By 2015 to reduce by one-half the proportion of people without sustainable access to adequate quantities of affordable and safe water, which was endorsed by the Second World Water Forum and in the United Nations Millennium Declaration.**
- **By 2025 to provide water, sanitation, and hygiene for all.**

The VISION 21 report stresses the indicative nature of these targets and the need to consider them in local context. Such targets are nevertheless helpful in assessing the magnitude of the task ahead in meeting the water and sanitation needs of the poor. These targets build upon the target of universal coverage established for the International Drinking Water Supply and Sanitation Decade 1981–1990, which was readopted as the target for the year 2000 at the World Summit for Children in 1990.

Coverage targets themselves have been criticized as failing to focus on the changes that contribute progressively to health and development and as being too simplistic, dividing the world into those who "have" and those who "have not." The Assessment 2000 report represents a first step in moving towards a breakdown according to means of provision, in addition to overall coverage estimation.

Chapter-II

ENVIRONMENT BUILDING FOR PROGRAMME IMPLEMENTATION

The participatory nature of the suggested implementation strategy presupposed creation of a favourable environment to launch the programme in rural areas as a mass campaign. This included creation of effective implementation mechanisms, undertaking of start-up activities, capacity development of human resources and launching intensive IEC activities. This chapter makes an overall assessment of the processes involved in this phase.

2.1 SUPPORT MECHANISMS AT STATE LEVEL

As a community led, people centred and demand driven programme, TSC places great emphasis on awareness creation and demand generation for sanitary facilities in houses, schools and in the village community environment. Providing a menu of technology options, making sanitary material and services accessible to rural people through a chain of alternative delivery mechanisms, active participation of PRIs, NGOs and community based institutions like SHGs, provision of back-ended incentives to below poverty line households and motivating all sections of the rural community to adopt sanitation facilities and improved hygiene practices are cornerstones of the strategy.

TSC is to be implemented in a project mode with the district as the unit, the project cycle consisting of 4 years closing with a completion report. The District has to submit a project proposal and a project implementation plan to the State Government to avail of central funding. Starting with a few districts, the aim is to cover all districts eventually.

For providing administrative and policy support each State is required to establish appropriate institutional arrangements to facilitate project implementation by districts and

monitor implementation. Specialist Consultants from the fields of communication, HRD, Monitoring and School sanitation and hygiene education can be appointed as consultants at State level.

In all the States state level Drinking Water and Sanitation Missions have been set up to act as the main think tank and supervising body for implementation of the Drinking Water and Sanitation programmes in districts. It is interesting to observe that those states which have shown good achievement in different components of TSC are the ones in which the State Water and Sanitation Missions are pro active with respect to policy guidelines, administrative support and technical support in both software and hardware components.

In some states specialized bodies have been set up composed of experts in the field to guide the programme and provide required technical support. This includes Kerala, Andhra Pradesh and West Bengal.

KERALA TOTAL SANITATION AND HEALTH MISSION

A report of the task force appointed by the Government of Kerala on the environment sanitation needs of the state, in its report submitted in February 1998 recommended an enabling sectoral policy for achieving total sanitation through a people-centred campaign with focus on capacity building of local self government institutions and community structures like neighbourhood groups. Acting on the recommendation, Government of Kerala set up the Kerala Total Sanitation and Health Mission, which was registered as a not-for profit Society in February 2000. The Mission's activities started in June 2000 when 5 members of the Technical Support unit joined.

The mission is implementing the Total Sanitation Campaign as well as UNICEF supported programmes. The role of the mission is to provide technical/managerial support to local self government institutions and not monetary assistance. The broad objective of the Mission is to improve the quality of life of the people of Kerala through a self-sustained health and environmental sanitation programme, managed and replicated by local initiative. The specific objectives are:

- ***Enable all households and communities to acquire adequate and appropriate facility for safe disposal of human excreta and solid and liquid wastes;***
- ***Develop and promote cost-effective, location specific and appropriate technology options***
- ***Strengthen local capacities to plan, implement and manage Panchayat environmental sanitation and health programme;***
- ***Integrated implementation of water supply, environmental sanitation and hygiene awareness***
- ***Adopt a community driven, demand responsive approach, enabling users for informed choices and self-reliance.***

The interventions of the mission cover conceptualization and strategy planning (40 GPs and 2 Blocks, Nirmal 2000, TSC and District IEC for 3 districts), consultancy (to Planning Board and Vypeen Block eco-restoration and employment generation project) , collaborative studies (well pollution study with CED), review and monitoring of CRSP, model village programme, district IEC Nirmal and Unicef cooperation plan), documentation (unicef cooperation plan), training support, technology support and evolving of models (like Nirmal 2000 and Alappad Gram Panchayat model) and material production. It was initially planned to cover gram

Panchayats in the entire state in three phases. But with the district focus under TSC, KTSHM also changed its focus of attention to the districts selected under TSC, at the same time continuing to provide support to 40 Panchayats and Blocks with which it had worked earlier and to show case them as models for the districts. The programme is being implemented at present in 13 districts. The Drinking Water component is looked after by Kerala Water Authority.

In Kerala, all the guidelines and circulars regarding various policy aspects and implementation have been printed in book form and circulated among all agencies and line departments related to TSC, including PRIs. This has helped to create continuity and clarity. The IEC material in Kasargode has been printed in Malayalam as well as Kannada as the latter language is also widely spoken in the district. Sanitation committees exist and generally function effectively at district and Gram Panchayat levels. Each Panchayat makes its own action plan under the people's planning programme. A major feature of the Kerala programme is the considerable extent of decentralization of powers and responsibilities to the Gram Panchayats, close involvement of NGOs and CBOs like neighbourhood groups of women.

In Andhra Pradesh the Water and Sanitation Mission functions as an Apex Body under the chairmanship of Principal Secretary Panchayati Raj and Rural Development with membership from secretaries of the departments of Finance and Planning, Health, Education, L&PR, CMD, AP TRANSCO, Commissioner APARD, Commissioner, PR &RE, Engineer in Chief and Chief Engineer, PR Engineering Department, Advisor, Technology Mission RGNDWM, representatives from Central Ground Water Board, National Geophysical Research Institute, National Remote Sensing Agency, Director State Ground Water Department and Representatives of donor agencies. Additional Secretary, PR& RD department is the convenor. The State Water and Sanitation Mission is supported by a Project Monitoring Unit, headed by Secretary, PR & RD. Day to day activities of the PMU is looked after by a Director assisted by a core group of consultants in HRD, IEC, School Sanitation and Hygiene Education, Community Management and Monitoring. The Nodal Officer is Chief Engineer (RWS) as sanitation and water are closely related. It is his responsibility to provide technical guidance to District Water and Sanitation Committees, establish an HRD cell for sector reform projects, collect and compile progress reports and prepare technical reports on hardware and water quality.

In this State, Water and Sanitation Committees also exist and function effectively at district, Mandal,GP and habitation level and with clear cut decentralization of powers and responsibilities. Funds are released to Gram Panchayats directly as per agreed upon action plans. All districts have action plans and these have been incorporated into the

state level action plan. The committees at every level function more or less effectively and this has resulted in good social mobilization and peoples' participation.

In Maharashtra, State Water and Sanitation Mission has an apex committee headed by Chief Secretary, which provides guidance and policy support for TSC in the State. It has an executive committee under the Chairmanship of Principal Secretary, W.S&S.D, Government of Maharashtra, which supports formulation and implementation of state action plan. RSPPMU under the Director and Deputy Secretary of WS&S Department acts as the think tank. There is also the CCDU under the leadership of Project Coordinator. Its responsibility is capacity building of staff at different levels.

Inter-sectoral linkages are sought to be facilitated by the inclusion of Secretaries of all relevant departments in the Apex Committee and Deputy Secretaries in the Executive Committee. Similar integration exists in the committees at district and downwards.

At District Level there is a Water Management and Sanitation Committee (DWMSC), headed by President Zilla Parishad. It has an Executive Committee under the Chairmanship of C.E.O and is responsible for appraisal, sanctioning and monitoring of village projects. At the district level there is also a sanitation cell consisting of a group of experts which provides field support in technical matters, I.E.C and capacity building. At village level, there is the Village Water & Sanitation Committee under section 49 of B.V.P Act 1958. Down to the habitation level there are beneficiary level sub-committees to which powers are delegated by the Gram Sabha. State level Action Plan for Drinking Water supply is ready and the one for rural sanitation is under preparation. 20 districts have completed PIP and Action Plans. Baseline Survey work is in progress in 13 districts. Activities are going on as per preliminary plan. State level Action plan for school sanitation and Hygiene education is under preparation.

The major thrusts of the proposed action plan would be to provide water supply and sanitation facilities to all schools in rural areas within two years and to make rural areas free of open defecation by the year 2012. Other areas of focus are to inculcate the habits of sanitation among the rural masses, reduce water borne diseases and improve community health through community participation. The State level action plans will be firmed up after all districts complete the PIP.

The Apex Committee has discussed the Vision statement and a proposal is being submitted to the state cabinet. The proposed Vision Statement is the following:

"Empower rural communities in the state of Maharashtra, especially the poor and vulnerable sections, to identify, plan and manage their water and sanitation resources and assets so as to facilitate better access to adequate/appropriate standards of service delivery in a sustainable, equitable and just manner."

At present about 57% of rural schools are having water and sanitation facilities. It is planned to cover all schools by the year 2006-07.

In Tamil Nadu the implementing agency at State level is the Department of Rural Development and at District level the District Rural Development agencies. The nodal agency provides the required policy, administrative and financial support to DRDAs. The State is in the process of developing action plants for Drinking Water Supply, Sanitation and School Sanitation and hygiene. The vision of the Government is to achieve 100% sanitation coverage of schools by March, 2005 and households by March, 2007. The state has made significant progress in this regard as coverage of individual households has increased from 15% in 2000-01 to over 40% in 2003-04. All the districts have prepared action plans for the sanitation programme and the inputs from these have been incorporated into the State Action Plan. The coverage of schools achieved so far has been 51%. Full coverage of schools will be possible only by 2008.

The role played by state level authorities in Tripura and Wes Bengal have been proactive to a considerable extent and this has enabled the districts to make good progress.

In Karnataka, State Government attaches high priority to development of Rural Water Supply and Sanitation Programme. GOK has framed policies, guidelines for implementation of the programme in three districts. GOK has issued from time to time Guidelines/Instructions to the concerned Panchayati Raj Institutions. At State level, the Karnataka Rural Water Supply and Sanitation Agency is the SWSM (State level Water and Sanitation Mission) of Government of Karnataka is the Implementing Agency. The SWSM at its apex level has Governing Council headed by Additional Chief Secretary and Development Commissioner. The SWSM also has an Executive Committee.

District Level Water and Sanitation Mission (DWSM) under Zilla Panchayat is the implementing agency. Similarly Taluka Level Water and Sanitation Committees (TWSC) are formed and at Village Level, Village Water Sanitation Committee in respect of each village where water supply scheme is taken up has been constituted. VWSC is a sub committee of the Gram Panchayat and is constituted by the Gram Panchayat. Thus, the

Government is actively involved in making TSC a successful programme by extending more powers to WSM at district level, Block level and Village levels.

In Jharkhand, State level Water & Sanitation Mission with an apex committee and an executive committee has become operational, under the chairmanship of Chief Secretary. Secretaries in Charge of Finance, Rural Development, Education, Health, DWSD, Welfare and I &PR are members of the apex body. Secretary DWSD chairs the executive committee. This body also draws representative from the line departments, UNICEF, NIC and Doordarshan. The Mission's responsibilities include formulation of policies and strategies, development of IEC strategy, organizing workshops and seminars and capacity building activities, liaising with Central Government and bilateral and multilateral agencies, facilitating inter sectoral coordination, and conducting monitoring and supervision. At district level also District Water and Sanitation mission has been set up to oversee and coordinate the implementation of Total Sanitation campaign in districts. This body is headed by the Deputy Commissioner.

Jharkhand state has developed action plans for drinking water supply, sanitation and SSHE. The thrust of the action plans at the hardware related areas include plans for sanitation, water supply, hand washing, drainage improvement, waste disposal and tree plantation. On the software side the thrust is on hygiene education, school-community linkage, demand creation through school, HRD, IEC and community management. The SWSM has stated that all districts have prepared action plans and these have been incorporated into state level action plans. Only about 4-5% of the schools in the state has been covered under the programme, but the SWSM is confident that full converge will be achieved by 2005-06. In Bokaro, however, the shifting of responsibility for project implementation from the Rural Development Department to the PHED caused a major break in programme planning and implementation. It was reported that even file transfer has not yet been completed. Even base line survey could not be completed.

Administrative changes affected programme implementation adversely in Chandauli district. The district of Chandauli was merged into Varanasi district in December 2003. But in July 2004 Chandauli got back its status as a District. In the intervening period no work relating to TSC and other development programmes could be taken up. Even now staff from Varanasi holds additional charge of Chandauli also. The present DPRO took charge in July 2004. The CDO, PD (DRDA) and other officials are also newly posted to the district. The meetings of DWSM and DWSC are yet to be held on a regular basis. Another major administrative problem has been the wholesale transfer of Panchayat Secretaries. Many of the newly appointed secretaries were even not knowing the location of the villages they were made responsible for let alone being in a position to know about TSC implementation.

2.2 START-UP ACTIVITIES

This programme component, eligible for about 5% of the total central outlay, is an important element to prepare a favourable environment for the full scale launch of the programme. This activity includes conducting the baseline survey on sanitation status in households, schools and anganwadis as well as knowledge, awareness and practice of hygiene habits. This information is necessary to assess the demand for sanitation and form the basis of planning. After analysing the baseline survey, the project implementing agency has to prepare a Project Implementation Plan and conduct initial orientation and training of key programme managers at the district level.

Initial activities included holding conventions at block levels, holding meetings with line departments, NGOs and other stakeholders in most of the districts. Base line survey has been completed in all districts and except Bokaro analysed data compiled in all places except Jorhat, Bokaro and Alwar. In Bokaro the survey was said to be in progress at the time of field work. In Jorhat data compilation is in progress and in Alwar data errors were found which are being rectified. In West Medinipur a resurvey is planned to be taken as the district has been bifurcated, number of households have increased substantially since the previous survey.

On the basis of the baseline survey Project Implementation Plans were prepared by all districts and sent to the Government of India. In the absence of survey data, the PIP of Alwar and Jorhat were prepared on arbitrarily fixed targets.

2.3 HUMAN RESOURCE DEVELOPMENT

Adequate availability of staff for programme implementation, their proper motivation through appropriate training and orientation programmes are essential for the successful out come of any development activity. In most districts, the existing staffs of the implementing agency is given additional work of TSC implementation. Staffs exclusively recruited for implementation of TSC are available at district level only at Khammam, Chittoor, 24 Parganas (N), West Medinipur, Vellore and Cuddalore. Kasargode has proposed recruiting of 2 consultants for TSC at district level. Orientation training of field staff took place in most districts but the level of knowledge, awareness and motivation of the staff can be rated as satisfactory only in Khammam, Chittoor, Vellore, Cuddalore, Kasargode, Bijnore and South Tripura. The knowledge, awareness and motivation levels of staff in South Tripura can be rated as excellent. This rating is arrived at through our discussions with DIA and the field staff in sample villages.

A problem with departmental staff is of continuity, especially when there is wholesale transfer as happened in Bijnore and Chandauli. In Bokaro the implementation responsibility was transferred from one department to the other and this created a situation where the agency in charge of implementation at present does not have all the files and information.

Though school sanitation and hygiene education is an important component of TSC, the DIET was involved only in Khammam, Chittoor, Surat, Kasargode, Sehore and Narsinghpur.

Exposure visits by field staff/ NGOs/ staff of other departments and representatives of village community was arranged only in South Tripura, Chittoor, Vellore and Cuddalore, North 24 Parganas and West Medinipur. Exposure visits by Chief executive of the DIA did not take place only in Sehore, Alwar, Bijnore, Chandauli, East Champaran and Bokaro. The incumbents in Bijnore, Bokaro and Chandauli are new.

On the whole there was little awareness about the capacity development manual prepared and circulated by RGNDWM.

2.4 INFORMATION EDUCATION AND COMMUNICATION

Emphasis on Information, Education and Communication as the main vehicle for making sanitation and hygiene as the basis of improved standard of living in the rural community as a whole has been the main distinguishing feature of TSC compared to the earlier programmes. The objective of making rural sanitation as a demand driven peoples' programme will be met only when IEC component becomes effective and efficient in delivering the message of self-directed and sustainable sanitation decision by the rural community.

Various methods and tools of IEC was adopted across the states, regions and districts of India, employing various media like newspapers, radio, television, rallies, public meetings, magic and puppet shows, audio and video programmes etc. Door to door campaign by a voluntary category of village motivators, staff of NGOs, school children and teachers and Government functionaries was the most effective and direct means of spreading the message. Community based organizations like SHGs, neighbourhood groups, cultural clubs etc also played a major role. In the following section we attempt t to present an overview of the IEC campaigns in different districts, drawing inferences on the linkage between IEC and adoption rates wherever possible.

- The IEC component really took the shape of a campaign in South Tripura, North 24 Parganas, West Medinipur, Khammam, Chittoor, Cuddalore, Vellore and

Kasargode. In S. Tripura the campaign was able to effect a kind of missionary approach among all stakeholders resulting in 100% coverage among BPL households and almost full coverage among APL households.

- In South Tripura, Vellore, Cuddalore, North 24 Parganas, West Medinipur and Kasargode, the involvement of SHGs and NGOs in IEC as well as other aspects of the programme was the major strength, with the result that the feeling of the village community that defecating in a corner of the homestead, albeit in a sanitary toilet, is desecrating the sanctity of the house was overcome to a great extent and good progress has been made in sanitation coverage of households.

- Reasonably good NGOs are available in Narsinghpur. Approval for engaging 3 NGOs sent to the GoI in 2000 but the approval has not been received till date and no NGOs were engaged so far. There does not appear to be any need to seek GoI approval for this local decision. In Sehore on the other hand engaged NGOs and they are reported to have done good work.

- In Khammam it was not possible to locate any NGO capable to carrying on IEC. In Chittoor 21 NGOs did exemplary service to popularize TSC.

- Participatory Rural Appraisal (PRA) exercises were adopted on a wide scale successfully in Kasargode, the four sample districts in AP and Tamil Nadu, Bellary, South Tripura and West Bengal and these provided a sense of belonginess among the villagers in planning and executing village level sanitation plans.

- Laminated photographs and drawing related to sanitation and hygiene were displayed on “sanitation on wheel” which toured the villages in Cuddalore.

- **Women and SHGs were effectively used** in spreading the sanitation message in Cuddalore, Vellore, South Tripura, Kasargode, North 24 Parganas and West Medinipur and to a lesser extent in Sehore and Narsinghpur.

- NGO involvement in IEC was a major strength of the programme wherever NGO collaboration was sought and obtained. With their intimate knowledge of the local milieu, rapport with people and technical knowledge the NGOs did a good job and in Tamil Nadu some of them were able to improve technologies. Some of the initiatives went beyond toilet construction and extended to garbage recycling (in Vellore) and smokeless Chulhas (in North 24 Parganas and West Medinipur) and (low cost superstructure with local material (South Tripura).

IEC CAMPAIGN IN KASARGODE

In Kasargode, IEC campaigns, suitable for different phases of programme implementation (preparatory, mobilization, construction and post construction) were designed and implemented through active participation of PRIs and Community based organizations like neighbourhood groups and NGOs. The plan contained activity calendar for all the above activities. In addition, a training calendar for imparting one day training to DRTs, master trainers, motivators, NGOs, GP functionaries, women masons and anganwadis workers was also provided in the IEC plan.

These plans did not remain on paper and was carried out at very Panchayat. The publicity campaigns were spearheaded by the Panchayat Presidents and ward members, ably supported by Women Neighbourhoods, cultural clubs, NGOs and school sanitation forums. The GPs produced their own IEC material including audio cassettes in which the Panchayat Presidents addressed the village community about the need for good sanitation and hygiene practices, importance of minimizing use of plastic bags, interspersed with songs and other local cultural elements. Each GP formulated its own IEC action plan and calendar of activities. The major highlights of the activities were the following:

- ***Women Sanitation Convention on 3-4 October 2003: 133 conventions were organized and 7500 women participated. Information about various sanitation related topics were provided.***
- ***One day work-shop for VEOS and LVEOs (officers in charge of the IHHL component), BDOs and EOs***
- ***Anti-plastic campaign from January 1 to 31, 2004. Plastic removal day was organized through out the district on 27th January, 2004.***
- ***Workshop for media persons in February 2004.***
- ***One day workshop for TSC motivators on 20th January 2004.***
- ***One day workshop for representatives of voluntary organizations (10000 participants) with a view to sensitize them and use them as a strength to the programme.***
- ***Creative workshop for artists in February 2004-09-21; Vacation camps for school children in April 2004-09-21***
- ***Essay writing and quiz competition in February 2004-09-21 poster painting competition in February 2004;***
- ***Message writing at Railway stations, public toilets, public places markets etc***
- ***Advertisement display boards on roads; School and college health clubs***
- ***Message display through local cable networks; Slide shows in cinema halls***
- ***Printing of posters, booklets, notices, calendars; Formation of Cultural troop***
- ***News Bulletin; One day training programme for anganwadi workers***

- **In Bijnore** the motivators (one per GP), working in a voluntary capacity took up IEC effectively through distributing printed literatures like leaflets, hand bills and calendars etc and through door to door contacts. Awareness generation was also facilitated through folk theatre, magic and puppet shows, *Nukkad Natak, Kathputli dance*, video film shows etc by motivated staff of PR department. The previous district administration also took great interest in motivating people, especially of the minority community to convert dry latrines into water seal latrines.

- The institution of the award of Nirmal Gram Puraskar also acted as a significant motivating force in many areas. The impact had been significantly marked in the sanitation adoption rate by APL families without the benefit of subsidy. (28% APL families and 58% BPL families were adopted sanitary toilets in Bijnore district). Some multinational detergent companies also chipped in by distribution soap to the villagers where toilets were being constructed (as a marketing strategy of course) and conducting tests among school children regarding their awareness of personal hygiene. These test forms were used by the DIA as a tool for hygiene education.

INNOVATIVE IEC ACTIVITES IN SOUTH TRIPURA

- ***Advertisement of TSC slogans, plays, skits and special bulletins on AIR and cable TV network, newspaper advertisements***
- ***House to house campaigns; installation of hoardings***
- ***Booklets, leaflets, pamphlets in Bengali and Kakborok***
- ***Block, subdivision and district level competitions- logo drawing, quiz, debate, slogan writing, music, recitation***
- ***District level 3 day cultural organized by ICAT involving 55 cultural activists from 9th-11th September, 2002; Block level workshop for 3 days in September 2002***
- ***Jute bags, caps, telephone index, calendars etc with TSC slogans in Bengali and Kakborok distributed in GPs; stickers with TSC logo***
- ***3000 school bags with TSC logo distributed to students of Class II and III who secured top 3 positions in the academic year 2002; TSC slogans o school notebooks***
- ***Drama and film shows in all market places***
- ***School level discussions***
- ***Block level mass rally; wall paintings***

- Competitions at different levels viz; among students, youth, women and public were adopted as a major tool in South Tripura, Kasargode, Cuddalore and Vellore and these helped in generating awareness.

- In South Tripura every family was personally contacted; PRIs, NGOs, clubs, SHGs, village sardars, tribal leaders, village influentials, schools and colleges were effectively brought into to undertake IEC. Women volunteers, anganwadis workers, trained motivators, school mothers, MPWs of health department etc provided strong support. The programme was decentralized up to the "para" (hamlet) level.

- **In Chittoor, a mela called "*MARUGUDODLLA MAHOSTAVAMs"* (Grand Mela on Sanitation) were organized during September, 2003 for a period of 10 days. All line departments participated in the mela. Similar melas are organised regularly in Bijnour where exhibition are made regarding different technology option and models to spread the sanitation message.**

- **In Alwar no significant IEC activities** was taken up under TSC. Whatever progress has been made in the individual and school sanitation components has been due to the good IEC activities done under the UNICEF programme. The Zilla Parishad in this district has not been proactive with respect to any area of TSC planning and implementation. The task of IEC was entrusted to Panchayat Secretaries who were not adequately oriented for the task. None of the TSC villages in these districts had motivators. Though a large network of local NGOs are operating under the UNICEF programme, they were not brought into the TSC fold due to absence of vision in the DIA.

- **In Narsinghpur and Sehore**, IEC started 3 years after sanction of project by GOI; and as a no time activity instead of being a continuous and repeated campaign. GOI share was held in fixed deposit as matching share from state was not made available. Interest earning was used to purchase vehicles, as this is not permitted under the normal funding arrangement by the Government. Senior officials from State levels rarely visited project areas to assess programme directions.

- The RSMs managed by the NGOs or SHGs play a significant role in motivating the rural folk to adopt good sanitation practices and infrastructure in the districts where they have a good presence.

- The districts which did not give IEC its due importance are Bokaro, Bellary, Jorhat, Bijnore, Surat, East Champaran, Sehore, and Narsinghpur. These are precisely the districts the progress in meeting project aims are least satisfactory.

- **The low adoption rate of sanitary toilets in Bellary district** (5% BPL families and 5% achievement in school sanitation) is a reflection on the ineffectiveness of IEC Few years back Zilla Saksharata Samiti (District Literacy Society) had conducted street plays and public meetings in the GPs in which good sanitation and hygiene practices was a major message. Unfortunately this agency was not given any role in TSC.

- In Chandrapur district, Maharashtra though motivators were engaged, only a few of them received any IEC material. Therefore, their usual strategy was person to person contact. The little progress (i.e. 14% BPL IHH toilets constructed) can be seen as the result of the efforts by motivators drawing on their own resources.

SANT GANGEBABA CLEAN VILLAGE CAMPAIGN: MAHARASHTRA

In Maharashtra, State level authorities reported that a massive IEC programme was taken up in districts through Sant Gangebaba Clean Village Campaign (SGBCVC), a state government initiative. Under the SGBCVC, 10 marks are allocated to a village in the matter of personal hygiene. The top Scoring villages are household and incentives provided. School children are advised to carry the message of hand washing and personal hygiene to their homes. About 5 families are allotted to each student for weekly visits, during which the child reviews the sanitation status of the household and maintains its health record. This exercise is named as "Swatchata doot". Video films entitled Sonpawale" and "Swatchatadut" and "Arogya Laxmi" have been produced to motivate people to adopt toilets and good practices of personal hygiene. The insistence of villagers meeting the full cost of maintenance of community sanitary complexes and other public utilities and improving village environment through soak pits, (while discouraging major drainage works) are also good strategies. However, what was worrying was the lack of training of motivators and non provision of IEC material to many of them.

- Effective use of the audio visual medium in many districts, but most prominently in Tamil Nadu had good impact. A snap shot of the contents of the videocassettes produced and shown in every nook and corner of rural areas in Tamil Nadu is produced in the box below to show how professionally the sanitation and hygiene message is disseminated through

the audio-visual medium. The pervasive social stigma attached to having a toilet in the house premises has been overcome to a great extent through skillful use of this important medium.

DARKNESS AND LIGHT

The visual medium has been effectively utilized in Tamil Nadu to spread sanitation message to the masses. Two video cassettes entitle "Darkness and Light" and "Latrine? No Problem" are good examples of motivating people in the format they understand. The first one shows how sanitation and hygiene play crucial roles in family life through the story of two neighbouring families. In the first one the school going girl child has to wake up her sleeping parents with tea. The drunken father refuses to wake up, the cursing mother hastily gets up, wiping her running nose and also the faces of her baby with her sari. She coughs violently while drinking tea and make her other two little children drink tea from the same cup. The father sends the girl out to buy beedi in spite of her protestation that she has to finish her homework. The camera then focuses on the neighbour's house where the mother combs the hair of her daughter, the father packs her school bag and checks if her nails are clean.

Both the girls go out together to school, one sparkling in her tidy uniform, the other poorly dressed. On the way both girls fall into day dreaming – the neatly dressed girl about becoming a doctor and treating poor patients, the other one chasing bootleggers in her police uniform. At school the poor girl gets reprimanded for not doing homework and not dressing properly. As the two girls take lunch together, the poor child's younger brother comes to announce that her youngest brother is dying of diarrhoea. As she reaches her she sees her dead brother and her friend's father telling her father that the child's life could be spared if he ensured proper sanitation and personal hygiene.

The second cassette shows the relentless effort of a young lady doctor to persuade her grand mother to construct a toilet. She is told that to defecate in one's own house or the house compound is a sacrilege. She also has also to overcome opposition from the community represented by an old man who thinks that latrines are a source of stench and the freedom of the open is heavenly. Ultimately she succeeds in her efforts and even the old man who was a staunch opponent stealthily uses her toilet at night when he had an upset stomach. The girl tells him she is happy he used the toilet instead of polluting the common environment and demonstrates him the technology of water sealing which prevents stench and obviates the need for using chemical for cleaning the toilet. Being convinced about the convenience and dignity offered by the toilet the man becomes the instrument to convince all villagers to construct toilets. He goes to the extent of demanding from the prospective in-laws of his daughter that he will give his daughter in marriage only to a man who lives in a house with toilets. This film is also interspersed with comic presentation of diseases caused by ring worm, tape worm and mosquitoes

- The fact that innovative and people centred programmes can have a great impact in motivating people, improve environment and enhance employment and income is illustrated by the solid waste management project in Kaniyambadi block of Vellore district. What is required is proactive leadership and vision of the district administration, support of competent NGOs and wide people's participation.

WASTE FROM WEALTH: SOLID WASTE MANAGEMENT PROJECT KANIYAMBADI BLOCK, VELLORE.

The Solid Waste Management project in Kaniyambadi block is the brainchild of District Collector and DRDA project director , Vellore and implemented through an NGO. It attacks the problem of garbage accumulation in peripheral villages where composting yards have become dumping ground for used polythene bags, broken glass pieces and other garbage. Temporary employees appointed by Panchayats either burn the waste on site or dump them in unused wells and water bodies causing environmental problems.

At the launch of the programme in a GP, the Panchayat President and ward members and other volunteers visit each house to tell the people about the programme and motivating them to attend the awareness camps. At the awareness camps, personally attended by the Collector and senior Officials, the benefits and technology of the programme are explained. Each house is given two bins – one red and the other green. The non-biodegradable material is placed in the red bin and kitchen waste in the green one. Every day uniformed women and men workers collect the garbage from each house. The garbage is brought to the treatment yard. The inorganic waste is sent for recycling. The biodegradable waste is placed evenly in a green compartment made of casuarina poles. Cow dung and water sprayed over each layer of the garbage. When the compartment is full, the garbage is covered with polythene sheets helping the temperature to rise. After some weeks the composed manure is taken from the tank, dried in shade, packed in gunny bags and sent to the market for sale.

In some of the GPs improved manure is obtained through the additional element of vermi-composting. Biogas plants have also been attached to the compost units. Each participating family pays Rs.10 per month to the volunteers.

This project is implemented in 4 Panchayats at a cost of about Rs.13 lakhs. Already manure worth Rs.8 lakhs has been sold. It has benefited 3500 households and shops The project has helped to protect the air and water sources, improve the general health of the community, create employment and generate income to the Panchayat. Waste has become wealth.

- It is the absence of administrative vision and continuity and not peoples' attitudes that make a development programme less result oriented than

desired. This is evident from our interactions with villagers in Chandauli district.

A VILLAGE IN CHANDAULI UNTOUCHED BY TSC

In the Sanghati village of Sakaldiha block, the only TSC component implemented was the school toilet. The village environment was not neat and there was serious drainage problems. The waste water drained into the pond at the centre of the village. Most people have to resort to open defecation in the absence of proper facilities. The village meeting here was attended by 120 men and women, including members of two SHGs, Sarpanch, Panchayat members, ADO Panchayat, Gram Panchayat Vikas Adhikari, ANM and NGO representatives. This GP has two villages with a combine population of 311 persons in 918 households. 168 households belong to the BPL category. The total number of toilets in the village is 38, all of which are self financed with costs ranging from Rs. 10000 to 150000. All the villagers were under the impression that toilets cannot be made with lesser cost, but when the DPRO explained the availability of low cost and hygienic construction technologies, people were surprised and evinced interest to construct such toilets even if they have to spend from their own pockets. They requested the DPRO to adopt this village under TSC. It is apparent that it is not difficult to convince people about sanitation if programme contents are explained to them in some detail and their doubts are cleared.

- It is useless to have motivators if they are not trained and are not provided adequate IEC material. This is illustrated by the example of some villages in Warera Block of Chandrapur district in Maharashtra. In East Champaran also though motivators were trained and provided motivator kits, the motivators we interacted with reported shortage of IEC material.

NON-PROVISION OF IEC MATERIAL TO MOTIVATORS

Motivators play an important role in spreading the message of sanitation and motivating villagers. However, it was reported by one of the female motivators, who was working as a Prerak in the Total Literacy Campaign, in Chandrapur (Madheli village Warora Block) from 1994, that she has not received any IEC material, nor any training under TSC. In Ghonad village of Bhadravati block in Chandrapur, the motivator who was the Sarpanch himself, and another motivator in Nandori village of Bhadravati (an ex president of a village committee) also did not get any IEC material or training. These people use their own knowledge and contacts to perform their duties. It was also apparent that many motivators are relatives of village

functionaries. Only the motivator in Borda village of Chandrapur received some pamphlets and posters.

2.5 FINANCIAL INCENTIVES FOR TOILET CONSTRUCTION

Under TSC financial incentive can be paid up to the extent of 80% of the cost of the basic unit for single pit models having a cost of Rs. 625 and up to 60% for models costing more than this. This incentive is given only to BPL households constructing household sanitary latrines.

In practice there is a wide variation across states regarding the unit costs and subsidy given. The highest amount of subsidy of Rs. 2000 obtains in Kasargode, Khammam and Chittoor. Though for central funding purposes only the prescribed rate of subsidy is quoted, Government of Andhra Pradesh provides additional funds to GPs in the form of cereals under SGRY and cash payments under EFC funds so that poor households can construct toilets without difficulty. In Andhra Pradesh the "bath-cum-toilet" model with a two pit latrines is promoted, which costs Rs.2750-3000/- to construct. The BPL beneficiary has to pool in Rs.750 from his pocket. In Kasargode, in view of the high cost of labour and material in hard rock areas of the district beneficiaries have to spend about Rs.10000/- to construct a toilet (no one wants one without superstructure). Out of this the Panchayat through allocations under Peoples' planning programme and TSC funds provides Rs.2000/- to the BPL family. The balance 80% is contributed by beneficiary himself.

The lowest amount of subsidy of Rs.125/- obtains in Narsinghpur and Sehore, which appears to be very low. Most of the DIAs, except the one in Jorhat, North 24 Parganas and West Medinipur wanted the subsidy regime to be continued and to be increased, though supporting the low to no subsidy regime as a principle.

As the subsidy amount of Rs.500 per IHHL has been felt to be insufficient the UP government has decided to increase the subsidy to Rs.1500 and individual's share

to Rs.400 making the unit cost Rs.1900. Unit cost of school toilet has been increased to Rs.20,000 (subsidy Rs.18000) and that of anganwadi toilets to Rs.5000.

2.6 PATTERN OF SUBSIDY

Different opinions were expressed by the district officials regarding the adequacy of the subsidy. Almost all the district implementing agencies pleaded that the present amount of subsidy is inadequate for a complete and satisfactory execution of the scheme because of super structure factor. However, in Medinipur (West), Sehore, 24 Parganas (North) and South Tripura, the DIAs supported the ongoing subsidy structure. DIA, Jorhat opined that the present subsidy amount should be brought down to 50% so that the amount could be given to all categories of people and institutions.

Low to no subsidy policy for 100% sanitation coverage through effective IEC only was not supported by most of the districts except for South Tripura, Jorhat, Medinipur (West) and 24 Parganas (North). However, these districts acknowledged for a through and rigorous IEC activities at different levels. Involvement of SHGs, women groups and children are very important for an effective IEC activity.

No definite and conclusive opinion could emerge from the DIAs for a complete coverage of programme in the districts. The opinion ranged from 1 to 15 year. The average period indicated for 100% coverage was 5 years.

The subsidy, inclusive of superstructure for the individual households, as suggested by the DIAs was in the range of Rs.1000/- to Rs.3000/-. Most of the DIAs suggested that the subsidy amount should be shared jointly by the Central and the State Governments. However, they have not clearly indicated about the sharing pattern of the subsidy.

So far as the disbursement of subsidy is concerned, almost all the districts follow a similar pattern viz. DIA to Block to Gram Panchayat. Detailed amount of subsidy disbursed for different components is given in the ***Table-2.1***.

Table-2.1: Component-wise Subsidy Disbursed

Sr. No.	District	IHH	School	Anganwadi	Community Complexes
1	Chandrapur	60%	90%	90%	80%
2	Vellore	500	20000	4500	Rs.2.00 lakh (As per Chief Education Officer
		500	1800	4500	Rs.80,000 (As per DRDA)
3	South Tripura	@Rs.550/- to Rs.600/-	@Rs.18000/-	@Rs.4500/-	@Rs.2.00 lakh (For women complex)
4	Khammam	Rs.2000/-	-	-	No community complexes were taken up
5	Bijnour	Rs.500/-	Rs,11700/-	Nil	41200
6	Bokaro	500	1800	1800	16000
7	24 Parganas (N)	225	13950	-	64000
8	West Medinipur	225	1500-22000 (Primary) (UP)	12000	75000
9	Kasargode	2000	20000	5000	Rs.2.00 lakh
10	Surat	500	1800	4500	160000
11	Chittoor	2750	-	-	-
12	Alwar	-	-	-	-
13	Narsinghpur	500	18000	-	120000
14	Sehore	125	2000	-	-
15	Jorhat	80% BPL families	90%	-	-
16.	Bellary	625	1800	-	Rs. 55000
17.	Ratnagiri	600	10800	7200	24000
18.	Cuddalore	550	36000	-	-
19.	Chandauli	625	10000	-	No community complexes were taken up

Chapter-III

INDIVIDUAL HOUSE HOLD SANITATION

3.1 ADOPTION LEVEL OF SANITARY TOILETS AT THE BASE LINE LEVEL

Data on baseline survey was available only in the districts of Khammam, Chittoor, Surat, Bellary, Kasargode, Narsinghpur, Sehore, Chandrapur, South Tripura, Vellore, Cuddalore, Chandauli, Bijnour and North 24 Parganas. In Jorhat the baseline survey has been completed but the information has not been compiled. In this district 400 BPL households have been selected from each block on an ad-hoc basis for coverage under TSC till the time the baseline data become available. In Alwar baseline survey is to be redone as the initial survey contained many inaccuracies. In West Medinipur, the baseline survey was conducted for the undivided Medinipur district and the break-up of the households into the two new districts will take time. Bokaro and East Champaran are the other districts where no baseline survey has been done. In Ratnagiri Baseline Survey got completed on 28-04-2004 but data are still not available.

Table-3.1: No. of Households having Homestead Toilets as per Base Line Survey

Districts	Total Households			HH having Toilets			Percent of HH with Toilets		
	APL	BPL	Total	APL	BPL	Total	APL	BPL	Total
Khammam	165279	317976	483255	160419	140976	301395	97.1	44.3	62.4
Chittoor	162715	534026	696741	55645	107645	163290	34.2	20.2	23.4
Jorhat	NA	NA	NA	NA	NA	NA	NA	NA	NA
Champaran East	NA	NA	NA	NA	NA	NA	NA	NA	NA
Surat	193764	212280	406044	86527	40853	127380	44.7	19.2	31.4
Bellary	121291	103858	225149	35437	8258	43695	29.2	8.0	19.4
Kasargode	23358	82202	105560	17259	67933	85192	73.9	82.6	80.7
Narsinghpur	110237	73068	183305	16326	16194	32520	14.8	22.2	17.7
Sehore	86863	47267	134130	16034	11412	27446	18.5	24.1	20.5
Chandrapur	106334	148697	255031	20203	37954	58157	19.0	25.5	22.8
Ratnagiri			331961			105988			31.9
South Tripura	60607	108406	169013	16491	5133	21624	27.2	4.7	12.8
Alwar	NA	NA	NA	NA	NA	NA	NA	NA	NA
Cuddalore	104369	242992	347361	31746	50720	82466	30.4	20.9	23.7
Vellore	305181	208781	513962	178897	179390	358287	58.6	85.9	69.7
Chandouli	133844	142389	276233			0	0.0	0.0	0.0
Bijnour	310492	80010	390502	87923	47996	135919	28.3	60.0	34.8
N.24 Parganas	466712	383746	850458	24664	94245	118909	5.3	24.6	14.0
Medinipur West	308463	370697	679160	234883	82266	317149	52.9	NA	40.1
Bokaro	NA	NA	NA	NA	NA	NA	NA	NA	NA

According the baseline survey data, APL households having toilets ranged from a high of 97.1% in Khammam to a low of about 5% in 24 Parganas and less than 20% in Narsinghpur, Sehore, Chandrapur ***(Table-3.1)***. The district which had more than 50% adoption rates were Kasargode (74%) and Vellore (59%). In Surat about 45% of APL households had toilets, in Chittoor 34% and in Bellary 29%. Among BPL households adoption of sanitary toilets at the baseline level was nearly 83%, in Kasargode, in Vellore 86%, and in Bijnour 60%. A moderate adoption level of 44% obtained in Khammam and very low levels in the other districts.

While considering all households Kasargode topped with nearly 81% adoption, followed by Vellore (70%) and Khammam (62%). West Medinipur had adoption rate of 45% and Surat 31%.

3.2 TSC TARGETS AND ACHIEVEMENTS UNDER IHHL

According to TSC principles all households irrespective of their poverty status, are to be treated and targeted as potential beneficiaries even if only BPL households are eligible for payment of incentives for toilets construction. But the practice of setting targets for APL households does not exist in Jorhat, East Champaran, Surat, Bellary, Ratnagiri, Alwar and Bokaro. This may be due to the fact that for claiming central assistance the amount required for providing incentives to BPL households only need to be taken into account. However, setting physical targets for APL households would be necessary as a guide post for field functionaries, clearly demonstrating to them that all households, irrespective of their economic status need to be brought into the fold of good sanitation to achieve the objective of total sanitation.

In the districts of Khammam, South Tripura, Ratnagiri, Vellore and West Medinipur the target set in PIP for coverage of BPL households has been exceeded. Coverage of BPL households was 87% in Chittoor, 60% in Bijnour, 58% in Cuddalore and about 50% in North 24 Parganas. The coverage was negligible in Surat (0.3%). Jorhat (4.3%), East Champaran (1%). Bellary (5.2%), Chandrapur (14.3%) and Alwar (17.1%). In Bokaro the IHHL component has not been implemented at all.

Table-3.2: Physical Targets and Achievements under TSC.

Districts	Households not having Toilets			Physical Target for TSC			Physical Achievement under TSC			Percent of Achievement to Target		
	APL	BPL	Total	APL	BPL	Total	APL	BPL	Total	BPL	APL	Total
Khammam	4860	177000	181860	4860	68160	73020	0	88215	88215	129.4	0	120.8
Chittoor	107070	426381	533451	107070	156600	263670	0	135580	135580	86.6	0	51.4
Jorhat	NA	NA	NA	0	18000	18000	350	767	1117	4.3		6.2
Champaran East	NA	NA	NA	0	180000	180000	0	1809	1809	1.0		1.0
Surat	107237	171427	278664	0	31636	31636	4449	86	4535	0.3		14.3
Bellary	85854	95600	181454	0	100000	100000	0	5218	5218	5.2		5.2
Kasargode	23358	82202	105560	6099	82200	88299	8801	20564	29365	25.0	144.3	33.3
Narsinghpur	93911	56874	150785	93911	67857	161768	0	18350	18350	27.0	0	11.3
Sehore	70829	35855	106684	70829	8683	79512	176	2668	2844	30.7	0.2	3.6
Chandrapur	86131	110743	196874	86131	120000	206131	2789	17182	19971	14.3	3.2	9.7
Ratnagiri	0	0	0	0	90000	90000	76658	20527	97185	22.8		108.0
South Tripura	44116	103273	147389	44116	100858	144974	43502	109168	152670	108.3	98.6	98.4
Alwar			0	0	93600	93600	0	16016	16016	17.1		17.1
Cuddalore	72623	192272	264895	72623	86000	158623	0	49663	49663	57.7	0	31.3
Vellore	126284	29391	263534	126284	125000	251284	179997	138898	318895	111.1	142.5	126.9
Chandouli	133844	142389	263534	116846	62000	178846	13385	19731	33116	31.8	11.5	18.5
Bijnour	222569	80010	577441	22569	80000	102569	88188	47996	136184	60.0	390.7	132.8
N.24 Parganas	442048	289501	731549	220048	300000	520048	118750	148549	267299	49.5	54.0	51.4
Medinipur West	308463	370697	679160	308463	370697	679160	106364	392549	498913	105.9	34.5	73.5
Bokaro			0	0	104627	104627	0	0	0	0.0		0.0

3.3 BACKLOG TO BE COVERED

During the intervening period between the conduct of baselines survey and the present, the number of households has increased considerably. Ignoring this fact and assuming the TSC achievement from its inception as the addition to the number of households having toilets, we have attempted to calculate the backlog. For even those districts where excellent achievement level has been reported, the sheer size of the backlog yet to be covered is staggering. For example in Chittoor there is a backlog of 3.98 lakh households yet to be covered, of which 1.03 lakh belong to the APL category and the rest to the BPL category ***(Table-3.3)***.

Table-3.3: Backlog to be Covered

Districts	Households without Toilets			Backlog		
	APL	BPL	Total	APL	BPL	Total
Khammam	4860	177000	181860	4860	88785	93645
Chittoor	107070	426381	533451	107070	290801	397871
Jorhat	NA	NA	NA	NA	NA	NA
Champaran(E)	NA	NA	NA	NA	NA	NA
Surat	107237	171427	278664	102788	171341	274129
Bellary	85854	95600	181454	85854	90382	176236
Kasargode	23358	82202	105560	14557	61638	76195
Narsinghpur	93911	56874	150785	93911	38524	132435
Sehore	70829	35855	106684	70653	33187	103840
Chandrapur	86131	110743	196874	83342	93561	176903
Ratnagiri	NA	NA	225973	NA	NA	128788
South Tripura	44116	103273	147389	614	Nil	614
Alwar	NA	NA	NA	NA	NA	NA
Cuddalore	72623	192272	264895	72623	142609	215232
Vellore	126284	263534	389818	-53713	124636	70923
Chandouli	133844	142389	276233	120459	122658	243117
Bijnour	222569	80010	302579	134381	32014	166395
N.24 Parganas	442048	289501	731549	323298	140952	464250
Medinipur West	308463	370697	679160	202099	-21852	180247
Bokaro	NA	NA	NA	NA	NA	NA

In North 24 Parganas the backlog exceeds 4 lakhs of which ¾th belong to the APL category. In Surat the backlog is 2.74 lakh households and in Chittoor 3.98 lakhs. Only Sourth Tripura in an exception and seems to have achieved almost full coverage of households in the district. It is apparent that re-doubled efforts are needed to achieve full coverage and this is true for both APL and BPL categories.

3.4 FINANCIAL PROGRESS

In keeping with the slow progress in meeting the physical targets under various components, the financial achievements were also not satisfactory in the districts of Bokaro, East Champaran, Jorhat, Bellary, Sehore and Alwar.

Table-3.4: District-wise Financial Progress (as on 31-12-2004)

(Rs. in Lakhs)

Sr. No.	District	Sanction Date	Total Project Outlay	Funds Available	Expenditure Incurred	% Expenditure Incurred
1	Khammam	28-Mar-2000	918.8	900.3	912.6	101.4
2	Chittoor	28-Mar-2000	2042.2	1829.7	1561.1	85.3
3	Jorhat	7-Feb-2000	217.5	50.2	13.9	27.6
4	Champaran(E)	22-Mar-2001	2087.3	465.7	137.2	29.5
5	Surat	7-Feb-2000	491.3	128.9	109.1	84.7
6	Bellary	7-Feb-2000	1001.6	303.5	34.9	11.5
7	Kasargode	15-Jan-2001	1111.9	622.1	654.8	105.2
8	Narsinghpur	30-Aug-2000	941.7	471.8	478.7	101.5
9	Sehore	3-Aug-2000	369.1	200.2	322.5	161.1
10	Chandrapur	2-Mar-2001	2302.1	2619.7	582.3	22.2
11	Ratnagiri	2-Mar-2001	1795.8	624.4	560.3	89.7
12	South Tripura	18-Sep-2001	1689.9	1094.2	1465.1	133.9
13	Alwar	28-Mar-2000	2038.6	472.7	30.3	6.4
14	Cuddalore	25-Nov-1999	1148.6	888.3	805.0	90.6
15	Vellore	3-Mar-2000	1885.6	1472.6	1612.4	109.5
16	Chandouli	3-Mar-2000	607.8	311.9	221.5	71.0
17	Bijnour	2-Mar-2001	846.8	431.1	505.2	117.2
18	N.24 Parganas	30-Mar-2001	2487.9	850.7	743.7	87.4
19	Medinipur West	30-Aug-2000	721.0	1338.4	830.1	62.0
20	Bokaro	22-Mar-2001	1073.0	214.1	0.0	0.0

3.5 THE SAMPLE HOUSEHOLDS

The sample size of households under the component "Individual Household Toilets" came to 2407 against the designed size of 2400. The sample size was more than the designed size by 10 and 5 respectively in Medinipur West and North 24 Parganas and short by 8 in Chittoor. Of the total respondents, nearly 70 percent were males and 30 percent females. In districts like Khammam, Chittoor, Vellore and North 24 Parganas, women outnumbered men, but this is due to the fact women were mostly available at home when the research team made the visit, and men had gone out for work or were not available ***(Table-3.5)***.

Table-3.5: Distribution of Respondents by Gender and Poverty Categories

State / District	Total	By Gender				By Poverty Category			
		Male		Female		APL		BPL	
		No.	%	No.	%	No.	%	No.	%
Khammam	120	40	33.3	80	66.6	16	13.3	104	86.6
Chittoor	112	45	40.1	67	59.8	9	8.0	103	91.9
Jorhat	120	81	67.5	39	32.5	33	27.5	87	72.5
Champaran East	120	117	97.5	3	2.5	13	10.8	107	89.1
Surat	120	87	72.5	33	27.5	31	25.8	89	74.1
Bellary	120	85	70.8	35	29.1	34	28.3	86	71.6
Kasargode	120	69	57.5	51	42.5	59	49.1	61	50.8
Narsinghpur	120	85	70.8	35	29.1	9	7.5	111	92.5
Sehore	120	118	98.3	2	1.6	82	68.3	38	31.6
Chandrapur	120	87	72.5	33	27.5	41	34.1	79	65.8
Ratnagiri	120	90	75.0	30	25.0	41	34.1	79	65.8
South Tripura	120	94	78.3	26	21.6	49	40.8	71	59.1
Alwar	120	91	75.8	29	24.1	75	62.5	45	37.5
Cuddalore	120	100	83.3	20	16.6	12	10.0	108	90.0
Vellore	120	36	30.0	84	70.0	6	5.0	114	95.0
Chandouli	120	115	95.8	5	4.1	43	35.8	77	64.1
Bijnour	120	85	70.8	35	29.1	90	75.0	30	25.0
24 Parganas North	125	61	48.8	64	51.2	30	24.0	95	76.0
Medinipur West	130	72	55.3	58	44.6	57	43.8	73	56.1
Bokaro	120	114	95.0	6	5.0	107	89.1	13	10.8
Overall	**2407**	**1672**	**69.4**	**735**	**30.5**	**837**	**34.7**	**1570**	**65.2**

About 65% of the respondents were households below the poverty line. The proportion of BPL households predominated in most districts except Alwar, Bijnour, Sehore and Bokaro. In Bijnour the proportion of APL households was as high as 75%, in Bokaro 89%

and in Narsinghpur 68%. In Kasargode there was an almost equal distribution between APL and BPL households.

Nearly 38% of the household were drawn from Scheduled Castes and Scheduled Tribes ***(Table-3.6)***. In Vellore, Chandauli and Khammam the proportion of SCs was very high, in Surat, Khammam and South Tripura ST proportion was significant and in most other places OBCs predominated. In Medinipur West 60% of the respondents belonged to the general category.

Table-3.6: Distribution of Households by Social Classification

State/District	Total	Classification by Social Categories								Literates	
		SC		ST		OBC		Others			
		No.	%	No.	%	No.	%	No.	%	No.	%
Khammam	120	48	40.0	40	33.3	25	20.8	7	5.8	75	62.5
Chittoor	112	30	26.7	0	0.0	56	50.0	26	23.2	26	23.2
Jorhat	120	20	16.6	21	17.5	35	29.1	44	36.6	100	83.3
Champaran East	120	18	15.0	19	15.8	62	51.6	21	17.5	32	26.6
Surat	120	14	11.6	51	42.5	54	45.0	1	0.8	41	34.1
Bellary	120	26	21.6	16	13.3	72	60.0	6	5.0	55	45.8
Kasargode	120	6	5.0	1	0.8	88	73.3	25	20.8	100	83.3
Narsinghpur	120	45	37.5	23	19.1	44	36.6	8	6.6	53	44.1
Sehore	120	28	23.3	3	2.5	65	54.1	24	20.0	91	75.8
Chandrapur	120	21	17.5	15	12.5	81	67.5	3	2.5	93	77.5
Ratnagiri	120	13	10.8	0	0.0	88	73.3	19	15.8	77	64.1
South Tripura	120	33	27.5	41	34.1	10	8.3	36	30.0	118	98.3
Alwar	120	40	33.3	11	9.1	43	35.8	26	21.6	67	55.8
Cuddalore	120	34	28.3	3	2.5	45	37.5	38	31.6	53	44.1
Vellore	120	75	62.5	4	3.3	36	30.0	5	4.1	75	62.5
Chandouli	120	52	43.3	3	2.5	36	30.0	29	24.1	83	69.1
Bijnour	120	36	30.0	2	1.6	64	53.3	18	15.0	57	47.5
24 Parganas North	125	45	36.0	23	18.4	17	13.6	40	32.0	79	63.2
Medinipur West	130	20	15.3	1	0.7	31	23.8	78	60.0	115	88.4
Bokaro	120	42	35.0	1	0.8	33	27.5	44	36.6	87	72.5
Overall	**2407**	**646**	**26.8**	**278**	**11.5**	**985**	**40.9**	**498**	**20.6**	**1477**	**61.3**

Literacy rate of the respondents was nearly 62%, but there was low literacy rate in Chittoor (21%), East Champaran (27%), and Surat (34%). Literacy rate was 44% each in Narsinghpur and Cuddalore and about 48% in Bijnour.

3.6 OCCUPATION

Agricultural wage earners constituted 27.5 percent of the total sample, and non agricultural wage labour contributed livelihood of 27.4%. Another 20.4% were cultivators ***(Table-3.7)***. Business, manufacturing and service provided employment to the rest of the sample. The variation to this general pattern was as follows:

Table-3.7: Percentage distribution of respondents by occupation

District	Wage earner in agriculture	Wage earner outside agriculture	Self employed in agriculture	Salaried	Others
Khammam	93.3	1.7	4.2	0.0	0.8
Chittoor	23.2	12.5	45.5	2.7	16.1
Jorhat	7.5	15.0	36.7	0.8	40.0
East Champaran	2.5	87.5	4.2	0.0	5.8
Surat	89.2	0.83	0.0	0.0	10.0
Bellary	19.2	25.8	45.0	0.0	10.0
Kasargode	38.3	26.7	1.7	0.0	34.3
Narsinghpur	20.0	57.5	2.5	0.0	20.0
Sehore	42.5	25.8	15.8	0.0	15.8
Chandrapur	40.8	0.0	21.7	0.8	25.8
Ratnagiri	19.1	0.0	59.2	0.0	21.7
South Tripura	12.5	18.3	35.8	10.0	22.3
Alwar	28.3	17.5	15.8	2.5	35.8
Cuddalore	45.0	4.2	10.8	0.0	40.0
Vellore	0.0	71.7	2.5	0.83	25.0
Chandouli	25.0	27.5	24.2	2.5	20.8
Bijnour	1.7	50.8	15.0	0.8	31.7
24 Parganas N.	12.0	56.8	4.0	0.0	27.0
Medinipur West	24.6	35.4	0.0	0.0	40.0
Bokaro	5.8	9.2	66.7	0.0	18.3
All Districts	**27.5**	**27.4**	**20.4**	**2.3**	**23.8**

- in Khammam and Surat, 93% and 89% respectively of the sample composed of agricultural labourers
- in Chittoor 45.5% were cultivators; in Bellary 45%, in Ratnagiri 59% and in Bokaro 66.7%.
- in East Champaran (87.5%), Narsinghpur (57.5%), Vellore (71.7%), Bijnour (50.8%) and North 24 Parganas (56.8%), non-agricultural labourers predominated.

3.7 FAMILY SIZE AND HOUSE TYPES

The average size of the households at the aggregate level was 4.89. E Champaran, Bellary, Sehore, Alwar and Chandauli had average household size above 5.

About 43% of the households had Kacha houses, 27% had semi-pakka houses and the rest had pakka houses ***(Table-3.8)***. The districts where Pakka houses were less were Surat, Narsinghpur, South Tripura, Sehore, Cuddalore, Vellore, Chandauli, both districts in West Bengal, Bokaro, Ratnagiri and Jorhat.

Table-3.8: Percentage Distribution of households by average households size and type of house.

District	Average size of household	Type of house		
		Kacha	Semi Pakka	Pakka
Khammam	4.0	2.5	8.3	89.2
Chittoor	3.6	0.9	5.4	93.8
Jorhat	4.6	60.0	17.5	21.7
East Champaran	5.9	56.7	39.2	4.1
Surat	3.9	25.8	74.2	0.0
Bellary	5.5	28.4	30.8	40.8
Kasargode	4.5	12.5	33.3	54.2
Narsinghpur	4.5	85.0	12.5	2.5
Sehore	5.0	58.3	31.7	10.0
Chandrapur	4.8	19.2	34.2	46.6
Ratnagiri	4.7	25.8	47.5	26.7
South Tripura	3.5	81.7	17.5	0.8
Alwar	5.9	21.7	10.0	68.3
Cuddalore	4.8	50.0	38.3	11.7
Vellore	4.9	32.5	45.8	21.7
Chandouli	5.8	45.8	7.5	42.5
Bijnour	6.4	13.3	20	66.7
24 Parganas N.	4.7	76.8	18.4	4.8
Medinipur West	4.7	83.1	16.1	0.8
Bokaro	4.9	64.2	23.3	12.5
All Districts	**4.8**	**42.6**	**27.0**	**30.4**

3.8 ADOPTION OF SANITARY TOILETS

At the all India level 61.5 % of the sample has adopted improved hygiene practices represented by construction of sanitary toilets. The adoption rate has been almost universal in South Tripura (99.2%), Vellore (97.5%), 24 Parganas (95.1%) and West Medinipur (92.3). The adoption rate has been quite good in Khammam (83%), Chittoor (83%), Kasargode (80%), Chandrapur (70%), Ratnagiri (71%) and Cuddalore (86%). Bellary, Jorhat and Bijnour also had adoption rates above the all India average ***(Table-3.9)***. In South Tripura only one household failed to have a toilet and he is unwilling too.

However, Bokaro and East Champaran have very negligible adoption rate at less than one percent and 4 percent respectively of the sample. In fact only one individual in Bokaro and 7 in East Champaran had toilets. In Sehore the adoption rate is less than 17 percent, in Alwar less than 30%, in Surat just about a third of the sample and in Narsinghpur a little over one third. The poor adoption rate in these districts reflects on the motivation work done by the implementing machinery and efforts in providing the necessary favourable conditions as shall be seen in the subsequent sections.

Table-3.9: Distribution of Households by Adoption or Non Adoption of Sanitary Toilets

District	APL				BPL				HH having sanitary toilets		HH not having toilets	
	Having Toilets		Not Having Toilets		Having Toilets		Not Having Toilets		No.	%	No.	%
	No.	%	No.	%	No.	%	No.	%				
Khammam	11	68.7	5	31.2	89	85.5	15	14.4	100	83.3	20	16.7
Chittoor	9	100.0	0	0.0	84	81.5	19	18.4	93	83.0	19	17.0
Jorhat	23	69.7	10	30.3	55	63.2	32	36.7	78	65.0	42	35.0
E. Champaran	3	23.0	10	76.9	4	3.7	103	96.2	7	4.8	113	94.2
Surat	26	83.8	5	16.1	14	15.7	75	84.2	40	33.3	80	66.7
Bellary	25	73.5	9	26.4	52	60.4	34	39.5	77	64.2	43	35.8
Kasargode	49	83.0	10	16.9	47	77.0	14	22.9	96	80.0	24	20.0
Narsinghpur	3	33.3	6	66.6	39	35.1	72	64.8	40	35.0	80	65.0
Sehore	12	14.6	70	85.3	8	21.0	30	78.9	20	16.7	100	83.3
Chandrapur	25	60.9	16	39.0	59	74.6	20	25.3	84	70.0	36	30.0
Ratnagiri	36	87.8	5	12.2	49	62.0	30	37.9	85	70.8	35	29.2
South Tripura	49	100.0	0	0.0	70	98.5	1	1.4	119	99.2	1	0.83
Alwar	19	25.3	56	74.6	16	35.5	29	64.4	35	29.2	85	70.8
Cuddalore	11	91.6	1	8.3	92	85.1	16	14.8	104	85.8	16	14.2
Vellore	6	100.0	0	0.0	111	97.3	3	2.6	118	97.5	2	2.5
Chandouli	19	44.1	24	55.8	42	54.5	35	45.4	61	50.8	59	49.2
Bijnour	60	66.6	30	33.3	23	76.6	7	23.3	83	69.2	37	30.8
24 Parganas N.	29	96.6	1	3.3	90	94.7	5	5.2	119	95.1	6	4.8
Medinipur West	57	100.0	0	0.0	63	86.3	10	13.7	120	92.3	10	7.7
Bokaro	1	0.9	106	99.0	0	0.0	13	100.0	1	0.8	119	99.2
All Districts	**473**	**56.5**	**364**	**43.4**	**1007**	**64.1**	**563**	**35.8**	**1480**	**61.5**	**927**	**38.5**

It would be interesting to know if the economic status of a household has any influence on their motivation to construct sanitary toilets. Though the benefit of financial incentive (subsidy) is available only for BPL households, the motivational efforts are addressed towards the entire community.

The survey results show that BPL households have better adoption rate than APL households. The adoption rate of sanitary toilets is about 57% among the households

above poverty line, compared to 64% among BPL households at the aggregate level. In East Champaran the adoption rate among BPL households is less than 4%, in Surat less than 16%, in Sehore 21% and in Alwar 36%. In Sehore adoption rate which is low among BPL households is also low among APL households at about 15%. The other districts which have low adoption among APL are East Champaran (23%), Narsinghpur (33%), Alwar (25%) and Chandauli (44%). In Bokaro of course only one household has a toilet and he happens to be above poverty line. ***(Table-3.10)*** and less than 1% of the APL households in this district have toilets.

3.9 REASONS FOR NON-ADOPTION

Inability to mobilize the necessary finance was the main reason for non adoption (80% of the cases at aggregate level). This was the case in all the districts except Vellore, 24 Parganas North and to a lesser extent in Ratnagiri and Chandrapur. Absence of felt need was significant in Ratnagiri, Chandrapur, North 24 Parganas and to some extent in East Champaran ***(Table-3.10)***.

Table-3.10: Distribution of Non-adopting Households by Reasons for Non-adoption

District	Reasons for not constructing toilets(% of respondents not adopting)			
	No felt need	No finance	No space	Other reasons
Khammam	0.0	100.0	0.0	0.0
Chittoor	5.3	94.7	0.0	0.0
Jorhat	7.1	57.1	0.0	33.3
E. Champaran	23.0	76.9	0.0	0.0
Surat	2.5	97.5	0.0	0.0
Bellary	11.6	58.1	30.2	2.3
Kasargode	8.33	62.5	29.0	4.17
Narsinghpur	2.5	88.5	5.1	2.6
Sehore	4.0	96.0	0.0	0.0
Chandrapur	30.6	33.3	27.8	8.3
Ratnagiri	54.3	40.0	2.9	2.6
South Tripura	100.0	0.0	0.0	0.0
Alwar	21.2	74.1	4.7	0.0
Cuddalore	17.7	58.8	23.5	0.0
Vellore	100.0	0.0	0.0	0.0
Chandouli	0.0	96.6	3.4	0.0
Bijnour	0.0	83.8	5.4	10.8
24 Parganas N.	33.3	16.7	50.0	0.0
Medinipur West	0.0	70.0	30.0	0.0
Bokaro	5.0	92.4	2.5	0.0
All Districts	**11.0**	**79.8**	**6.4**	**3.3**

Shortage of space within the homestead was reported by 6.4%, this being serious in 24 Parganas (50%), Kasargode (29%), West Medinipur (30%), Ratnagiri (28%) and Bellary (30%). In the case of Kasargode this result is surprising as the villages there do not have clustered type of habitation and space should not be a problem. **Some people in Sehore stated that inspite of the space problem, they intend to dismantle a portion of the living space to construct a toilet.** Some people want to have bigger and better toilets than those being promoted under TSC and are in the process of mobilizing money for that. "Other reasons" for not being able to construct toilets as yet were important in Jorhat and Bijnour. These included drainage problems, lack of consensus among family members regarding construction etc.

In Sehore three of the respondents had paid their share under TSC for toilet construction to the local functionaries one year back and are still waiting for go-ahead from them. In this is true, this is a serious lapse.

There was no significant difference between APL and BPL households regarding the reasons due to which they could not construct toilets except that lack of finance was cited by APL households by 3 percent points more than big BPL households ***(Table-3.11)***.

Table-3.11: Distribution of Non-adopting Households (APL & BPL) by Reasons for Non-adoption & Poverty Category

State/District	Reasons																			
	Not aware of the need				No Finance				No Space				Others				No Response			
	APL	%	BPL	%	APL	%	BPL	%	APL	%	BPL	%	APL	%	BPL	%	APL	%	BPL	%
Khammam	0	0.0	0	0.0	5	100.0	15	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Chittor	0		1	5.3	0		18	94.7	0		0	0.0	0		0	0.0	0		0	0.0
Jorhat	2	20.0	1	3.1	1	10.0	23	71.9	0	0.0	0	0.0	7	70.0	7	21.9	0	0.0	1	3.1
Champaran East	3	30.0	23	22.3	7	70.0	80	77.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Surat	0	0.0	2	2.7	5	100.0	73	97.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Bellary	1	11.1	4	11.8	5	55.6	19	55.9	3	33.3	10	29.4	0	0.0	1	2.9	0	0.0	0	0.0
Kasargode	1	10.0	1	7.1	4	40.0	9	64.3	4	40.0	4	28.6	1	10.0	0	0.0	0	0.0	0	0.0
Narsinghpur	0	0.0	2	2.8	6	100.0	63	87.5	0	0.0	4	5.6	0	0.0	2	2.8	0	0.0	1	1.4
Sehore	4	5.7	0	0.0	63	90.0	29	96.7	2	2.9	0	0.0	1	1.4	1	3.3	0	0.0	0	0.0
Chandrapur	5	31.3	6	30.0	7	43.8	6	30.0	4	25.0	5	25.0	0	0.0	3	15.0	0	0.0	0	0.0
Ratnagiri	3	60.0	16	53.3	2	40.0	12	40.0	0	0.0	1	3.3	0	0.0	1	3.3	0	0.0	0	0.0
South Tripura	0		0	0.0	0		0	0.0	0		0	0.0	0		0	0.0	0		1	100.0
Alwar	13	23.2	5	17.2	39	69.6	24	82.8	4	7.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Cuddalore	0	0.0	3	18.8	1	100.0	9	56.3	0	0.0	4	25.0	0	0.0	0	0.0	0	0.0	0	0.0
Vellore	0		0	0.0	0		0	0.0	0		0	0.0	0		0	0.0	0		3	100.0
Chandouli	0	0.0	0	0.0	22	91.7	35	100.0	2	8.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Bijnour	0	0.0	0	0.0	25	83.3	5	71.4	2	6.7	0	0.0	3	10.0	2	28.6	0	0.0	0	0.0
N. 24 Parganas	0	0.0	0	0.0	0	0.0	1	20.0	0	0.0	3	60.0	0	0.0	0	0.0	1	100.0	1	20.0
Medinipur West	0		0	0.0	0		7	70.0	0		3	30.0	0		0	0.0	0		0	0.0
Bokaro	5	4.7	1	7.7	100	94.3	10	76.9	1	0.9	2	15.4	0	0.0	0	0.0	0	0.0	0	0.0
Overall	**37**	**10.2**	**65**	**11.6**	**292**	**80.2**	**438**	**77.8**	**22**	**6.0**	**36**	**6.4**	**12**	**3.3**	**17**	**3.0**	**1**	**0.3**	**7**	**1.2**

3.10 DESIRE TO CONSTRUCT TOILETS

A very positive signal about increased awareness and demand for sanitation is available from the findings which shows that even among those who do not have household toilets there is a felt need for it as only 11% responded that they did not feel the need for constructing toilets ***(Table-3.12)***. This is true even in Bokaro where TSC has not been implemented or in East Champaran where the adoption rate has been very poor (7 individuals out of 120). In Sehore where some households could not construct toilets due to problem of space availability are willing to dimantly a portion of their houses to construct toilets.

It is also significant that at the aggregate level 8 percent points more of APL households compared to BPL households wish to possess toilets in the future. 94% APL households without toilets want toilets while 86% of BPL households in this category desire to have toilets. Jorhat, East Champaran, Surat, Bellary, Sehore, Ratnagiri, Cuddalore, Chandauli and Bijnour are the districts where more of APL than BPL households wish to have toilets.

Table-3.12: Desire to Own Household Toilets

State/District	Wish to constract one in the future					
	APL	%	BPL	%	TOTAL	%
Khammam	5	100.00	15	100.00	20	100.00
Chittor	0		19	100.00	19	100.00
Jorhat	10	100.00	25	78.13	35	83.33
Champaran East	9	90.00	72	69.90	81	71.68
Surat	5	100.00	75	100.00	80	100.00
Bellary	9	100.00	24	70.59	33	76.74
Kasargode	7	70.00	10	71.43	17	70.83
Narsinghpur	6	100.00	62	86.11	68	87.18
Sehore	66	94.29	30	100.00	96	96.00
Chandrapur	15	93.75	18	90.00	33	91.67
Ratnagiri	5	100.00	29	96.67	34	97.14
South Tripura	0		0	0.00	0	0.00
Alwar	46	82.14	25	86.21	71	83.53
Cuddalore	1	100.00	11	68.75	12	70.59
Vellore	0		0	0.00	0	0.00
Chandouli	24	100.00	35	100.00	59	100.00
Bijnour	30	100.00	6	85.71	36	97.30
N. 24 Parganas	0	0.00	4	80.00	4	66.67
Medinipur West	0		10	100.00	10	100.00
Bokaro	104	98.11	13	100.00	117	98.32
Overall	**342**	**93.96**	**483**	**85.79**	**825**	**89.00**

This means that in most places sufficient demand for appropriate sanitation facilities has arisen and the delivery mechanism needs to cope up with the demand particularly in Surat, Bokaro, East Champaran, Jorhat and Bellary. In these districts the implementing machinery needs to gear up its facilitating activities so that sufficient demand for sanitation is generated. The onus of responsibility on the implementing agency is very high in Surat as only one third of the village community has been covered under sanitation facilities whereas demand generation is to the extent of nearly 98% of the uncovered population.

3.11 ACCESS TO COMMUNITY TOILETS

Community toilets are a major utility that is provided for the benefit of those members of the community who do not have or cannot afford household toilets. At the aggregate level Only in Bellary (91%), Chandrapur (72%), Cuddalore & Vellore (100%) a majority of the respondents not having toilets reported their availability in their villages. In Bijnour a little less than one third reported their availability. Other districts where respondents report availability of community toilets are Narsinghpur (19%), Ratnagiri (14.3%), Alwar (2.3%) and East Champaran (3.5%), Kasargode (17%).

Even where people are aware about the existence of community toilets only about 29% of the respondents actually use them. Significant proportion of people without household toilets use the community facility in both districts of Tamil Nadu, Bellary, Narsinghpur, Chandrapur, Ratnagiri and Kasargode.

Table-3.13: Percentage Distribution of Households not having toilets by access to and use of Community Toilets.

State/Districts	No. of households not having toilets	% of Households Reporting avalability of community toilets	Using community toilets		Reasons for not using the community toilets					
			Yes	No	Dirty	Big queue	Too far	No separate partitions for men & women	Prefers fields	Others
Khammam	20	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chittoor	19	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Jorhat	42	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Champaran East	113	3.5	0.0	100.0	75.0	0.0	0.0	0.0	0.0	25.0
Surat	80	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Bellary	43	90.7	15.4	84.6	24.2	6.1	15.2	33.3	15.2	9.1
Kasargode	24	16.7	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Narsinghpur	78	19.2	40.0	60.0	0.0	0.0	66.7	0.0	0.0	33.3
Sehore	100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chandrapur	36	72.2	15.4	84.6	13.6	0.0	59.1	0.0	9.1	18.2
Ratnagiri	35	14.3	40.0	60.0	0.0	0.0	33.3	0.0	0.0	66.7
South Tripura	1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Alwar	85	2.4	0.0	100.0	50.0	0.0	0.0	0.0	0.0	50.0
Cuddalore	17	100.0	64.7	35.3	0.0	16.7	0.0	50.0	0.0	33.3
Vellore	3	100.0	67.0	37.0	100.0	0.0	0.0	0.0	0.0	0.0
Chandouli	59	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Bijnour	37	32.4	0.0	100.0	0.0	0.0	75.0	0.0	0.0	25.0
24 Parganas N.	6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Medinipur West	10	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Bokaro	119	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Overall	**927**	**13.7**	**29.1**	**70.9**	**16.5**	**3.1**	**37.4**	**15.4**	**7.7**	**19.9**

3.12 PROGRAMMES UNDER WHICH SANITARY LATRINES CONSTRUCTED

At the aggregate level 67% of the toilets have been constructed under TSC, 3.9% under Indira Awas Yojana, 7.4 % under CRSP and the rest under other programmes or independently by the respondents. In Bokaro, no toilet has been constructed under any programme and in E. Champaran none under TSC. TSC and CRSP are the major contributors in the other districts except Kasargode (34%), Sehore (25%) and Alwar (40%). In Alwar UNICEF has been the major contributor.

Table-3.14: Programmes under which Sanitary Latrines Constructed

District	Total with toilets	CRSP	TSC	IAY	SC/ST Plan	Others or without assistance
Khammam	100	1.0	81.0	0.0	0.0	18.0
Chittoor	93	1.1	83.9	0.0	0.0	15.1
Jorhat	76	0.0	59.0	5.1	0.0	35.9
Champaran East	7	14.3	0.0	0.0	0.0	85.7
Surat	40	0.0	77.5	0.0	0.0	22.5
Bellary	76	5.2	57.1	1.3	1.3	35.1
Kasargode	96	13.5	20.8	0.0	1.0	64.6
Narsinghpur	40	40.5	57.1	0.0	0.0	2.4
Sehore	19	5.0	20.0	5.0	0.0	70.0
Chandrapur	84	25.0	20.2	31.0	2.4	21.4
Ratnagiri	83	41.2	31.8	4.7	0.0	22.4
South Tripura	97	0.0	92.4	0.0	0.0	7.6
Alwar	35	0.0	40.0	0.0	0.0	60.0
Cuddalore	103	1.0	70.9	0.0	0.0	28.2
Vellore	116	0.0	99.2	0.0	0.9	0.0
Chandouli	61	6.6	59.0	1.6	0.0	32.8
Bijnour	82	0.0	57.8	24.1	0.0	18.1
24 Parganas North	76	0.8	95.8	0.0	0.0	3.4
Medinipur West	4	8.3	90.8	0.0	0.0	0.8
Bokaro	1	0.0	0.0	0.0	0.0	100.0
Overall	**1289**	**7.4**	**67.0**	**3.9**	**0.3**	**21.4**

3.13 YEAR OF CONSTRUCTION OF TOILETS

Majority of the toilets were constructed after 1999-2000, coinciding with the launching of the TSC. Exceptions where sizeable proportions of toilet construction took place before this period were Kasargode (52%), Chandrapur (49%), and Narsinghpur (40%)

Table-3.15: Percentage Distribution of Toilets Constructed Year-wise

District	Before 1999	1999-2000	2000-01	2001-02	2002-03	2003-04
Khammam	1.0	3.0	2.0	7.0	4.0	83.0
Chittoor	1.0	0.0	3.2	18.2	77.4	0.0
Jorhat	25.6	2.5	0.0	1.2	26.9	43.5
Champaran East	14.2	14.2	0.0	42.8	28.5	0.0
Surat	2.5	85.0	0.0	7.5	0.0	0.0
Bellary	10.3	11.6	6.4	9.0	61.0	1.3
Kasargode	52.0	16.6	6.2	11.4	6.2	7.2
Narsinghpur	40.4	0.0	2.3	4.7	7.1	45.2
Sehore	30.0	10.0	0.0	15.0	30.0	10.0
Chandrapur	48.8	3.5	11.9	16.6	15.4	3.5
South Tripura	0.8	1.6	0.8	0.8	33.6	61.3
Alwar	25.7	11.4	2.8	28.5	14.2	17.1
Cuddalore	12.6	9.7	6.8	12.6	36.8	21.3
Vellore	0.0	0.0	1.7	3.4	47.8	47.0
Chandouli	29.5	11.4	6.5	9.8	16.3	26.2
Bijnour	18.0	1.2	2.4	24.1	19.2	32.5
24 Parganas North	5.8	11.7	25.2	51.2	4.2	1.6
Bokaro	0.0	0.0	0.0	0.0	0.0	0.0
Overall	**18.3**	**8.2**	**6.2**	**17.6**	**24.1**	**24.7**

3.14 AWARENESS ABOUT TSC

Awareness about TSC is widespread among respondents – both with and without toilets in most of the districts, except Alwar and Bokaro. In the latter, as TSC has not been implemented none of the respondents are aware about it. In Alwar 46% of the respondents having toilets and 71 percent of those not having toilets are unaware about the programme. In Bellary about one third and in Ratnagiri a little less than one fourth of the respondents who do not have toilets are unaware about the programme.

Table-3.16: Percent of Households not aware about TSC

District	HH with toilets	HH without toilets
Khammam	0.0	0.0
Chittoor	0.0	0.0
Jorhat	1.2	2.3
Champaran East	0.0	0.0
Surat	0.0	7.5
Bellary	3.9	32.5
Kasargode	12.5	4.1
Narsinghpur	7.1	14.1
Sehore	5.	1.
Chandrapur	3.5	8.3
Ratnagiri	1.1	22.8
South Tripura	0.0	0.0
Alwar	45.7	70.5
Cuddalore	0.0	0.0
Vellore	0.0	0.0
Chandouli	0.0	1.6
Bijnour	1.2	2.7
24 Parganas N.	0.0	0.0
Medinipur West	0.8	0.0
Bokaro	100.0	100.
Overall	**2.9**	**24.3**

3.15 SOURCE OF KNOWLEDGE ABOUT TSC

There are multiple media through which the respondents have gained knowledge about TSC in general and about sanitary latrines in particular except Bokaro, where the programme has not been implemented. At the aggregate level, personal contact by officials of the implementing agencies constituted the major source of information (58% of the respondents having toilets and 38% of those not having toilets). In Khammam, Chittoor, Bellary, Chandrapur, Ratnagiri and South Tripura and Chandauli personal contact was reported by more than 80% of the respondents having toilets and a very large proportion of those not having toilets. In East Champaran it appears that personal contact was absent. Motivators comprised a very important information transmitting source in all districts except Khammam, Surat, Alwar, Narsinghpur, Bijnour and Chandauli. Radio and Television appears to be important only in Kasargode, Cuddalore, East Champaran and Bellary.

Pamphlets and other publicity material were reported as important information transmitting devices only in Khammam and Chittoor.

Table-3.17: Percentage Distribution of Respondents by Source of the Knowledge about Sanitary Toilets

State	Radio / TV		Posters / Painting		Pamphlets		Personal Contact		Motivator		Others	
	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine
Khammam	0.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	0.0	0.0
Chittoor	1.0	0.0	91.0	100.0	98.9	100.0	98.9	15.7	0.0	94.7	0.0	0.0
Jorhat	28.2	11.9	60.2	59.5	1.2	0.0	46.1	26.1	76.9	88.1	19.2	9.5
Champaran East	42.8	45.1	0.0	48.6	0.0	46.0	0.0	0.0	57.1	76.9	14.2	0.8
Surat	2.5	1.2	100.0	96.2	7.5	2.5	97.5	98.7	0.0	0.0	0.0	1.2
Bellary	36.3	18.6	15.5	11.6	15.5	20.9	81.8	60.4	40.2	23.2	11.6	2.3
Kasargode	54.1	25.0	8.3	0.0	2.0	0.0	41.6	25.0	54.1	33.3	25.0	54.1
Narsinghpur	11.9	5.1	19.0	12.8	9.5	1.2	47.6	30.7	7.1	10.2	26.1	28.2
Sehore												
Chandrapur	10.7	5.5	20.2	25.0	3.5	2.7	88.1	86.1	51.1	55.5	26.1	8.3
Ratnagiri	15.2	0.0	36.4	34.2	0.0	0.0	88.2	65.7	60.0	45.7	11.7	5.7
South Tripura	18.4	0.0	92.4	0.0	19.3	0.0	80.6	100.0	84.0	100.0	16.8	0.0
Alwar	0.0	8.2	0.0	0.0	0.0	0.0	5.7	2.3	31.4	8.2	11.4	8.2
Cuddalore	51.4	52.9	32.0	35.2	0.0	0.0	50.4	41.1	67.9	100.0	0.0	0.0
Vellore	27.3	33.3	15.3	0.0	11.9	0.0	11.1	0.0	76.9	100.0	4.2	0.0
Chandouli	0.0	0.0	9.8	1.6	9.8	1.6	68.8	93.2	29.5	1.6	0.0	16.9
Bijnour	4.8	0.0	24.1	0.0	2.4	0.0	8.4	0.0	6.0	2.7	90.3	94.5
24 Parganas N.	0.0	0.0	3.3	0.0	1.6	0.0	21.8	16.6	92.4	100.0	7.5	0.0
Medinipur West	0.0	0.0	0.0	0.0	0.0	0.0	1.6	10.0	56.6	100.0	45.0	0.0
Bokaro	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Overall	**17.1**	**17.6**	**37.0**	**26.3**	**17.9**	**11.8**	**53.8**	**38.4**	**48.9**	**33.5**	**17.8**	**12.8**

3.16 PARTICIPATION IN SPECIAL EVENTS

As part of the IEC activities, the implementing agencies organize special events where the message of good sanitation and hygiene practices are communicated at village, block and district levels. These include rallies, magic/puppet shows, street plays, public meetings etc. Public meetings appear to be the most important medium inviting maximum participation in most districts except E Champaran, Bokaro, Alwar and Vellore. Rallies invited participation in Surat, Vellore and Chandrapur, Soth Tripura and to a limited extent in Kasargode and Sehore. Magic/puppet shows invited wide participation in Khammam, Chittoor and Surat (only those having toilets) and Cuddalore (mainly of those not having toilets). Street plays played a major role in Khammam, Chittoor, Surat and Sehore. ***(Table-3.18)***.

3.17 AWARENESS ABOUT HEALTH ISSUES

The effectiveness of IEC activities can be gauged from the level of awareness about health issues by the people. But it may not be correct to attribute the level of awareness or otherwise to IEC activities under TSC alone, since the IEC activities under various other programmes, general education, traditional knowledge and common knowledge of the people would also play their role. Still the importance of TSC IEC cannot be gainsaid as content of the IEC activities focus greatly on the health benefits of sanitation, safe drinking water and good personal hygiene.

There is a surprisingly high level of awareness about waterborne diseases like cholera, typhoid, jaundice, diarrhea and malaria in the sample at the aggregate level. Though the level of awareness is a little more among those who have toilets, the others are also aware to a very significant extent ***(Table-3.19)***. The exceptions to this general trend is that in Khammam people do not appear to be aware of cholera and the proportion of people aware about it is low in Sehore & East Champaran and very low in Bokaro. In East Champaran, Alwar, Bijnour and Bokaro the percent of people knowing about typhoid is low. Awareness about jaundic is low in Alwar, Bijnaur. Knowledge about malaria is on the low side in East Champaran. The relation between poor hygiene and diarrhoea is not widely recognised in Sehore and Vellore.

3.18 SOURCE OF AWARENESS ABOUT HEALTH ISSUES

The responses regarding source of awareness about health issues is on the same pattern as about the source of awareness about sanitary toilets, except that the importance of Radio and Television has moved up by a few percentage points ***(Table-3.20)***. Radio and Television are significant information dissemination media in Sehore, Bokaro, Cuddalore, Kasargode and Jorhat but they seem to be not important in Khammam, Chittoor, Surat, Narsinghpur, Chanrapur, Ratnagiri, Alwar, Chandauli, Bijnour and in both districts of West Bengal.

Table-3.18: Percentage of Households witnessing special events organised in the Villages Regarding Sanitation

District	Rally		Magic/Puppet Show		Street Play		Public Meeting		Others	
	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine
Khammam	0.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0
Chittoor	4.3	0.0	95.7	0.0	95.7	5.2	95.7	100.0	4.3	0.0
Jorhat	0.0	0.0	0.0	0.0	10.2	16.6	82.0	76.1	5.1	0.0
Champaran East	0.0	19.4	0.0	19.4	0.0	4.4	0.0	33.6	85.7	2.6
Surat	97.5	98.7	62.5	3.7	37.5	53.7	100.0	100.0	0.0	0.0
Bellary	5.1	0.0	14.2	6.9	32.4	48.8	68.8	41.8	9.0	11.6
Kasargode	32.2	16.6	0.0	0.0	36.4	29.1	64.5	25.0	35.4	50.0
Narsinghpur	14.2	29.4	7.1	1.2	14.2	8.9	66.6	37.1	4.7	5.1
Sehore	30.0	33.0	10.0	10.0	50.0	62.0	55.0	65.0	0.0	5.0
Chandrapur	67.8	55.5	8.3	2.7	1.1	5.5	80.9	77.7	10.7	22.2
Ratnagiri	20.0	5.7	7.0	25.7	1.1	0.0	82.3	65.7	15.2	14.2
South Tripura	51.2	0.0	0.0	0.0	22.6	0.0	97.4	100.0	1.6	0.0
Alwar	2.8	2.3	2.8	0.0	2.8	0.0	22.8	4.7	11.4	14.1
Cuddalore	18.4	5.8	26.2	52.9	13.5	5.8	65.0	58.8	0.9	0.0
Vellore	89.7	100.0	0.0	0.0	1.7	0.0	6.8	0.0	1.7	0.0
Chandouli	0.0	1.6	14.7	0.0	0.0	0.0	72.1	57.6	11.4	15.2
Bijnour	3.6	0.0	18.0	16.2	0.0	0.0	72.2	78.3	4.8	5.4
24 Parganas North	5.8	0.0	0.8	16.6	12.6	16.6	90.7	83.3	0.0	0.0
Medinipur West	0.0	20.0	0.0	0.0	2.5	0.0	99.1	90.0	0.0	0.0
Bokaro	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Overall	**24.3**	**20.7**	**20.0**	**9.1**	**23.7**	**19.0**	**75.3**	**48.5**	**6.7**	**19.8**

Table-3.19: Percent distribution of Households aware about common diseases

District	Cholera		Typhoid		Jaundice		Diarrhoea		Malaria		Others	
	With	Without	With	Without	With	Without	With	Without	With	Without	With	Without
Khammam	0.0	0.0	100.0	95.0	100.0	95.0	100.0	100.0	100.0	100.0	0.0	0.0
Chittoor	94.7	91.0	94.6	78.9	95.7	36.8	94.6	31.5	98.9	31.5	5.3	78.9
Jorhat	98.7	97.6	97.4	97.6	98.7	97.6	98.7	97.6	100.0	97.6	1.2	7.1
Champaran E.	28.5	34.5	0.0	29.2	100.0	90.2	100.0	99.1	14.2	27.4	0.0	0.0
Surat	97.5	100.0	95.0	98.7	77.5	61.2	100.0	100.0	100.0	97.5	5.0	1.2
Bellary	62.3	37.2	59.7	51.1	16.8	9.3	77.9	48.8	83.1	60.4	5.1	2.3
Kasargode	95.8	83.3	88.5	75.0	82.2	79.1	94.7	83.3	78.1	58.3	39.5	29.1
Narsinghpur	64.2	52.5	59.5	51.2	71.4	65.3	78.5	75.6	88.1	80.7	0.0	8.9
Sehore	25.0	10.0	80.0	87.0	95.0	88.0	45.0	21.0	100.0	98.0	25.0	44.0
Chandrapur	84.5	77.7	84.5	77.7	95.2	75.0	100.0	97.2	92.8	83.3	36.9	16.6
Ratnagiri	92.9	100.0	97.6	82.8	92.9	85.7	100.0	94.2	97.6	85.7	40.0	28.5
South Tripura	98.3	100.0	81.5	0.0	84.0	0.0	98.3	100.0	94.9	100.0	21.0	0.0
Alwar	65.7	40.0	31.4	14.1	17.1	17.6	57.1	48.2	45.7	29.4	2.8	5.8
Cuddalore	94.1	100.0	91.2	52.9	66.0	5.8	83.5	23.5	97.0	76.4	7.7	0.0
Vellore	99.1	100.0	89.7	100.0	59.8	100.0	17.9	0.0	51.2	33.3	5.1	0.0
Chandouli	91.8	72.8	86.8	69.4	88.5	72.8	91.8	71.1	90.1	69.4	4.9	3.3
Bijnour	86.7	94.5	19.2	5.4	8.4	5.4	69.8	51.3	83.1	91.8	4.8	0.0
24 Parganas N.	96.6	100.0	81.5	100.0	48.7	83.3	96.6	100.0	65.5	83.3	0.8	16.6
Medinipur West	100.0	100.0	99.1	100.0	96.6	100.0	100.0	100.0	99.1	100.0	0.0	0.0
Bokaro	0.0	5.8	0.0	72.2	0.0	88.2	100.0	100.0	100.0	98.3	0.0	1.6
Overall	**78.1**	**52.2**	**82.4**	**62.5**	**73.1**	**66.9**	**85.6**	**74.4**	**86.4**	**73.7**	**11.3**	**11.2**

Table-3.20: Percent Distribution of Households by medium of Awareness about Common Diseases

State/District	Sources of the knowledge													
	Radio/TV		Posters / hoardings		Pamphlets		Personal contact		Motivator		Special function		Others	
	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine
Khammam	0.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	1.0	0.0	99.0	100.0	0.0	0.0
Chittoor	0.0	0.0	100.0	100.0	100.0	100.0	100.0	5.2	0.0	94.7	100.0	0.0	0.0	0.0
Jorhat	55.1	47.6	16.6	19.0	0.0	0.0	28.2	11.9	42.3	45.2	0.0	0.0	30.7	14.2
Champaran E.	42.8	86.7	0.0	50.4	0.0	50.4	14.2	0.0	100.0	93.8	0.0	0.0	85.7	1.7
Surat	2.5	0.0	97.5	95.0	2.5	3.7	97.5	96.2	0.0	0.0	95.0	97.5	0.0	2.5
Bellary	53.2	44.1	36.3	53.4	28.5	32.5	89.6	48.8	19.4	4.6	7.7	2.3	7.7	13.9
Kasargode	53.1	29.1	16.6	33.3	4.1	0.0	62.5	45.8	66.6	37.5	36.4	12.5	21.8	25.0
Narsinghpur	23.8	29.4	33.3	16.6	2.3	3.8	30.9	41.0	4.7	7.6	0.0	7.6	26.1	14.1
Sehore	80.0	69.0	0.0	3.0	25.0	8.0	60.0	54.0	30.0	51.0	5.0	0.0	30.0	22.0
Chandrapur	15.4	13.8	19.0	25.0	0.0	5.5	76.1	77.7	52.3	33.3	2.3	2.7	32.1	41.6
Ratnagiri	7.0	0.0	37.6	37.1	0.0	0.0	81.1	71.4	56.4	34.2	0.0	0.0	15.2	8.5
South Tripura	22.6	0.0	76.4	0.0	32.7	0.0	36.9	0.0	86.5	100.0	34.4	0.0	59.6	0.0
Alwar	0.0	4.7	0.0	1.1	0.0	0.0	0.0	0.0	14.2	12.9	0.0	0.0	62.8	48.2
Cuddalore	50.4	52.9	34.9	58.8	1.9	0.0	56.3	41.1	66.9	100.0	28.1	0.0	0.0	0.0
Vellore	33.3	66.6	15.3	0.0	5.1	0.0	18.8	0.0	79.4	100.0	5.1	0.0	0.8	0.0
Chandouli	0.0	0.0	0.0	1.6	9.8	0.0	32.7	57.6	4.9	3.3	0.0	0.0	80.3	77.9
Bijnour	31.3	21.6	1.2	0.0	0.0	0.0	1.2	0.0	1.2	0.0	0.0	0.0	96.3	78.3
24 Parganas N.	0.0	0.0	0.8	0.0	0.8	0.0	18.4	16.6	94.1	100.0	0.8	0.0	4.2	0.0
Medinipur West	0.0	0.0	0.0	0.0	0.0	0.0	0.8	10.0	66.6	90.0	0.0	0.0	35.0	20.0
Bokaro	100.0	99.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8
Overall	**22.2**	**41.2**	**33.6**	**28.1**	**18.9**	**13.5**	**47.9**	**34.2**	**46.3**	**30.6**	**23.7**	**11.7**	**25.9**	**20.7**

3.19 AWARENESS ABOUT GENDER ISSUES IN SANITATION

Table-3.21 below shows that an overwhelming majority of the people feel ashamed of the fact that ladies are compelled to go out into the fields to attend to the call of nature as they do not have access to sanitary toilets within house premises.

Table-3.21: Percent of Households Aware about Gender-specific Problems

State/District	Open Defecation by feel ashamed of ladies		Inconvenience to Women		Awareness of diseases of women		HH having no Toilet and Willing to construct the toilet	Benefit to women considered important
	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine		
Khammam	100.0	100.0	100.0	100.0	88.0	95.0	90.0	100.0
Chittoor	100.0	100.0	100.0	100.0	95.7	89.5	89.5	0.0
Jorhat	93.6	92.9	34.6	35.7	15.4	0.0	64.3	7.1
Champaran East	100.0	91.2	100.0	92.0	100.0	90.3	88.5	46.9
Surat	100.0	100.0	100.0	100.0	0.0	2.5	100.0	100.0
Bellary	72.7	46.5	77.9	58.1	40.3	39.5	69.8	39.5
Kasargode	99.0	83.3	84.4	75.0	37.5	58.3	75.0	54.2
Narsinghpur	100.0	94.9	97.6	94.9	42.9	43.6	76.9	2.6
Sehore	95.0	97.0	95.0	97.0	75.0	88.0	92.0	15.0
Chandrapur	86.9	75.0	78.6	75.0	56.0	36.1	97.2	33.3
Ratnagiri	96.5	71.4	85.9	57.1	62.4	20.0	88.6	54.3
South Tripura	99.2	100.0	28.6	0.0	7.6	0.0	0.0	0.0
Alwar	80.0	49.4	80.0	60.0	51.4	15.3	51.8	30.6
Cuddalore	100.0	100.0	100.0	100.0	77.7	58.8	70.6	41.2
Vellore	86.3	100.0	84.6	100.0	98.3	100.0	66.7	100.0
Chandouli	100.0	96.6	100.0	91.5	96.7	66.1	98.3	32.2
Bijnour	100.0	97.3	100.0	97.3	73.5	62.2	73.0	2.7
24 Parganas North	100.0	100.0	100.0	100.0	6.7	0.0	0.0	0.0
Medinipur West	100.0	100.0	97.5	100.0	0.0	0.0	20.0	20.0
Bokaro	100.0	99.2	100.0	99.2	0.0	0.0	100.0	0.0
Overall	**95.5**	**87.8**	**84.6**	**85.7**	**50.4**	**43.3**	**83.3**	**31.5**

This is irrespective of the fact whether the household has a toilet or not. People every where are also aware about the inconvenience that open defecation causes particularly to women, the only exception being South Tripura and Jorhat. This is probably due to the fact uninhabited and secluded locations are still available in these sparsely populated areas. Awareness that open defecation subject women specifically to various types of diseases is widespread except in Jorhat, Surat, South Tripura and among those who do not have toilets in 24 Parganas North, Medinipur West, Bokaro & Ratnagiri.

While constructing toilets, about one third of the households considered the benefit accruing to women. But in Chittoor, Jorhat, Narsinghpur, Sehore, South Tripura, Bijnour, 24 Parganas North, Bokaro and Medinipur West. This did not appear to be consciously a deciding factor.

3.20 SOURCE OF KNOWLEDGE ABOUT GENDER ISSUES

Table-3.22 shows that source of information on this aspect also follows the same trend as on other aspects.

3.21 AWARENESS ABOUT THE SAFETY ASPECTS OF SANITARY TOILETS

One of the important messages of IEC material is that sanitary toilets are needed not only on account of its health benefits but also due to the safety it provides to children. A large proportion of the respondents across districts are well aware of this message whether they possess homestead toilets or not ***(Table-3.23)***.

At the aggregate level the motivator is the major source for dissemination of this message, their importance being very high in AP, Kasargode, South Tripura, both districts of Tamil Nadu and both districts of W Bengal.and East Champaran.

3.22 AWARENESS ABOUT CONVENIENCE

The positive effect of sanitary toilets on convenience and comfort for the elderly is on a very high level in all the districts except in South Tripura and among those who do not have homestead toilets in Khammam ***(Table-3.24)***.

Table-3.22: % of Source of the knowledge about the Awareness of the Women Diseases

State/District	Sources of the knowledge															
	All India Radio / Doordarshan		Posters and wall painting		Pamphlets		Personal contact by official		Motivator		Special function like mela		RSM		Self	
	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine
Khammam	0.0	0.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	100.0	100.0	0.0	0.0	0.0	0.0
Chittoor	0.0	0.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	100.0	100.0	0.0	0.0	0.0	0.0	0.0
Jorhat	91.6	0.0	8.3	0.0	0.0	0.0	8.3	0.0	16.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Champaran East	71.4	84.3	0.0	45.1	0.0	50.0	28.5	4.9	100.0	91.1	0.0	0.0	0.0	0.0	57.1	0.0
Surat	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0	100.0
Bellary	29.0	11.7	25.8	5.8	12.9	5.8	70.9	52.9	16.1	23.5	12.9	0.0	0.0	0.0	19.3	35.2
Kasargode	27.7	28.5	30.5	35.7	8.3	0.0	52.7	64.2	38.8	42.8	11.1	0.0	0.0	0.0	33.3	28.5
Narsinghpur	5.5	11.7	11.1	14.7	5.5	5.8	33.3	20.5	5.5	14.7	11.1	11.7	0.0	0.0	38.8	38.2
Sehore	66.6	70.4	0.0	0.0	6.6	3.4	40.0	43.1	53.3	62.5	0.0	0.0	0.0	0.0	46.6	22.7
Chandrapur	14.8	38.4	17.0	30.7	4.2	7.6	76.6	76.9	34.0	46.1	6.3	7.6	0.0	0.0	44.6	30.7
Ratnagiri	1.8	0.0	13.2	14.2	0.0	0.0	86.7	100.0	56.6	71.4	0.0	0.0	0.0	0.0	39.6	0.0
South Tripura	11.1	0.0	0.0	0.0	44.4	0.0	0.0	0.0	66.6	0.0	33.3	0.0	0.0	0.0	77.7	0.0
Alwar	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	92.3
Cuddalore	63.7	30.0	40.0	30.0	0.0	0.0	47.5	60.0	78.7	100.0	18.7	0.0	5.0	0.0	6.2	0.0
Vellore	31.3	33.3	13.0	0.0	10.4	0.0	11.3	0.0	76.5	100.0	11.3	0.0	1.7	33.3	0.0	0.0
Chandouli	1.6	0.0	0.0	0.0	10.1	0.0	10.1	25.6	5.0	2.5	0.0	0.0	0.0	0.0	98.3	92.3
Bijnour	6.5	21.7	1.6	0.0	0.0	0.0	1.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	93.4	69.5
24 Parganas N.	0.0	0.0	0.0	0.0	12.5	0.0	25.0	0.0	87.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Medinipur West	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Bokaro	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Overall	**19.7**	**42.8**	**35.1**	**25.1**	**28.2**	**23.4**	**50.2**	**29.9**	**33.5**	**51.1**	**29.6**	**6.4**	**0.8**	**0.2**	**29.8**	**28.1**

Table-3.23: Percentage Distribution of HH by Awareness about Safety Aspect of Sanitary Toilets & Source of Knowledge thereof.

State/District	Aware		Sources of the knowledge															
			Radio / TV		Hoardings		Pamphlets		Personal contact by official		Motivator		Special function like mela		RSM		Self	
	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine
Khammam	99.0	15.0	0.0	0.0	100.0	33.3	100.0	33.3	1.0	0.0	98.9	33.3	100.0	33.3	0.0	0.0	0.0	0.0
Chittoor	100.0	100.0	0.0	0.0	100.0	100.0	100.0	100.0	0.0	15.7	100.0	94.7	96.7	0.0	0.0	5.2	0.0	0.0
Jorhat	88.4	83.3	68.1	60.0	10.1	0.0	0.0	0.0	18.8	11.4	50.7	48.5	0.0	0.0	5.8	5.7	10.1	11.4
Champaran East	100.0	50.4	0.0	92.9	0.0	35.0	0.0	12.2	0.0	0.0	57.1	80.7	0.0	0.0	0.0	0.0	42.8	10.5
Surat	100.0	98.7	2.5	0.0	100.0	97.4	90.0	5.0	95.0	100.0	0.0	0.0	2.5	59.4	0.0	0.0	0.0	1.2
Bellary	87.0	55.8	25.3	16.6	23.8	20.8	8.9	8.3	67.1	75.0	26.8	16.6	28.3	0.0	1.4	0.0	31.3	4.1
Kasargode	88.5	66.6	51.7	37.5	15.2	25.0	3.5	6.2	58.8	56.2	72.9	37.5	38.8	12.5	0.0	0.0	14.1	25.0
Narsinghpur	73.8	78.2	6.4	8.2	48.3	26.2	3.2	3.2	25.8	18.0	6.4	14.7	0.0	11.4	0.0	0.0	25.8	31.1
Sehore	95.0	94.0	57.8	39.3	10.5	1.0	0.0	4.2	36.8	41.4	36.8	41.4	0.0	0.0	0.0	0.0	31.5	23.4
Chandrapur	100.0	100.0	5.9	13.8	4.7	16.6	0.0	0.0	65.4	83.3	57.1	36.1	3.5	0.0	0.0	0.0	44.0	36.1
Ratnagiri	96.4	91.4	1.2	6.2	23.1	18.7	0.0	0.0	81.7	81.2	42.6	50.0	0.0	0.0	0.0	0.0	43.9	40.6
South Tripura	93.2	100.0	17.1	0.0	57.6	0.0	36.9	0.0	39.6	0.0	85.5	100.0	33.3	100.0	0.0	0.0	50.4	0.0
Alwar	97.1	77.6	5.8	22.7	0.0	1.5	0.0	0.0	0.0	1.5	14.7	12.1	0.0	0.0	0.0	0.0	76.4	57.5
Cuddalore	99.0	58.8	52.9	50.0	31.3	10.0	1.9	0.0	57.8	60.0	67.6	100.0	23.5	0.0	0.9	0.0	0.0	0.0
Vellore	100.0	100.0	9.4	33.3	10.2	0.0	9.4	0.0	14.5	0.0	83.7	100.0	6.8	0.0	1.7	0.0	0.0	0.0
Chandouli	93.4	98.3	0.0	0.0	0.0	0.0	0.0	1.7	0.0	12.0	1.7	1.7	0.0	0.0	0.0	0.0	84.2	94.8
Bijnour	89.1	94.5	6.7	20.0	0.0	0.0	0.0	0.0	1.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	98.6	91.4
24 Parganas N.	99.1	100.0	0.0	0.0	0.8	0.0	0.0	0.0	14.4	16.6	94.0	100.0	3.3	0.0	6.7	0.0	2.5	0.0
Medinipur West	97.5	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	63.2	90.0	0.0	0.0	0.0	10.0	38.4	10.0
Bokaro	100.0	100.0	100.0	75.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	23.5
Overall	**95.0**	**82.4**	**15.6**	**32.8**	**29.6**	**20.5**	**20.7**	**5.3**	**29.9**	**30.7**	**60.7**	**27.0**	**22.6**	**7.5**	**1.1**	**0.5**	**27.0**	**31.0**

Table-3.24: Percentage Distribution of Households by Awareness about Convenience and Source of Knowledge thereof.

State/District	Aware		Sources of the knowledge															
			Radio / TV		Hoardings		Pamphlets		Personal contact by official		Motivator		Special function like mela		RSM		Self	
	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine
Khammam	100.0	5.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chittoor	100.0	100.0	0.0	0.0	0.0	15.7	0.0	36.8	100.0	15.7	0.0	31.5	0.0	0.0	0.0	0.0	0.0	0.0
Jorhat	91.0	85.7	61.9	52.7	0.0	0.0	0.0	0.0	8.4	0.0	15.4	33.3	0.0	0.0	4.2	0.0	7.0	13.8
Champaran East	100.0	55.7	0.0	1.5	0.0	0.0	0.0	0.0	14.2	0.0	28.5	98.4	0.0	0.0	0.0	0.0	42.8	0.0
Surat	100.0	100.0	0.0	1.2	0.0	0.0	0.0	0.0	100.0	96.2	0.0	0.0	0.0	2.5	0.0	0.0	0.0	0.0
Bellary	93.5	74.4	4.1	3.1	1.3	0.0	1.3	0.0	54.1	59.3	11.1	3.1	12.5	12.5	0.0	0.0	20.8	21.8
Kasargode	88.5	66.6	7.0	0.0	3.5	12.5	1.1	0.0	17.6	12.5	50.5	50.0	2.3	0.0	0.0	0.0	18.8	25.0
Narsinghpur	97.6	88.4	4.8	1.4	29.2	17.3	2.4	1.4	17.0	14.4	0.0	11.5	0.0	2.9	0.0	0.0	31.7	34.7
Sehore	90.0	93.0	27.7	21.5	0.0	0.0	0.0	2.1	33.3	39.7	5.5	9.6	0.0	0.0	0.0	0.0	16.6	16.1
Chandrapur	100.0	100.0	4.7	13.8	0.0	0.0	0.0	0.0	53.5	61.1	10.7	11.1	0.0	0.0	0.0	0.0	30.9	13.8
Ratnagiri	97.6	94.2	0.0	3.0	0.0	0.0	0.0	0.0	62.6	51.5	18.0	27.2	0.0	0.0	0.0	0.0	19.2	18.1
South Tripura	44.5	0.0	5.6	0.0	0.0	0.0	18.8	0.0	3.7	0.0	49.0	0.0	5.6	0.0	0.0	0.0	5.6	0.0
Alwar	100.0	98.8	0.0	5.9	0.0	0.0	0.0	0.0	0.0	1.1	11.4	16.6	0.0	0.0	0.0	0.0	88.5	76.1
Cuddalore	97.0	52.9	25.0	0.0	0.0	0.0	0.0	0.0	10.0	0.0	54.0	100.0	14.0	0.0	3.0	0.0	0.0	0.0
Vellore	99.1	100.0	6.9	0.0	2.5	0.0	2.5	0.0	0.8	0.0	84.4	100.0	1.7	0.0	0.8	0.0	0.0	0.0
Chandouli	100.0	98.3	1.6	0.0	0.0	0.0	0.0	0.0	3.2	22.4	0.0	0.0	0.0	0.0	0.0	0.0	95.0	77.5
Bijnour	98.8	97.3	0.0	0.0	0.0	0.0	1.2	0.0	1.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	97.5	100.0
24 Parganas N.	99.1	100.0	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.0	80.5	83.3	0.0	16.6	15.2	0.0	3.3	0.0
Medinipur West	99.1	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	65.5	90.0	0.0	0.0	0.0	10.0	34.4	0.0
Bokaro	100.0	100.0	0.0	74.7	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.0	100.0	23.5
Overall	**93.1**	**86.6**	**7.3**	**17.8**	**1.4**	**2.2**	**1.2**	**1.2**	**30.4**	**25.1**	**32.2**	**19.9**	**2.1**	**1.1**	**1.8**	**0.1**	**22.8**	**29.7**

3.23 OPINION ABOUT UNIT COST

53 percent of the respondents with homestead toilets and 72% without toilets feel that the average cost of construction of a sanitary toilet would be above Rs.2500. Perception of the unit cost being below 1500 is obtained mainly from Vellore, Medinipur west, Narsighpur, Jorhat and South Tripura.

Table-3.25: Percentage Distribution of Households by Opinion about Average Cost of Construction of a Sanitary Toilet

District	Below Rs.1500		Rs.1500 - 2000		Rs.2000 - 2500		Above Rs.2500	
	with	without	with	without	with	without	with	without
Khammam	0.0	0.0	0.0	0.0	33.0	0.0	67.0	100.0
Chittoor	0.0	0.0	0.0	5.3	0.0	0.0	100.0	94.7
Jorhat	56.5	47.7	13.2	31.0	4.0	7.1	26.3	14.3
Champaran E.	0.0	22.2	0.0	15.9	0.0	11.1	100.0	50.8
Surat	0.0	0.0	2.5	5.0	25.0	23.8	72.5	71.3
Bellary	4.0	0.0	2.6	2.5	15.8	20.0	77.6	77.5
Kasargode	1.0	0.0	0.0	0.0	0.0	0.0	99.0	100.0
Narsinghpur	82.5	58.1	2.5	10.8	10.0	9.5	5.0	21.6
Sehore	5.3	1.1	5.3	1.1	0.0	13.7	89.5	84.2
Chandrapur	20.2	20.6	10.7	14.7	10.7	20.6	58.3	44.1
Ratnagiri	3.6	7.1	15.7	21.4	12.1	17.9	68.7	53.6
South Tripura	83.6	0.0	6.2	0.0	1.0	0.0	8.3	0.0
Alwar	5.7	2.4	2.9	0.0	0.0	0.0	91.4	97.6
Cuddalore	54.3	0.0	22.3	20.0	10.7	20.0	12.6	20.0
Vellore	26.7	66.7	1.7	0.0	70.7	33.3	0.9	0.0
Chandouli	0.0	0.0	0.0	0.0	1.6	0.0	98.4	100.0
Bijnour	0.0	0.0	20.7	0.0	0.0	18.9	78.1	81.1
24 Parganas N.	34.2	0.0	27.6	100.0	34.2	0.0	4.0	0.0
Medinipur West	25.0	100.0	0.0	0.0	25.0	0.0	50.0	0.0
Bokaro	0.0	0.9	0.0	0.0	0.0	0.0	100.0	99.2
Overall	**23.2**	**12.2**	**8.3**	**6.5**	**15.8**	**9.8**	**52.7**	**71.5**

3.24 AWARENESS ABOUT LOW COST LATRINES

Awareness about the low cost nature of the latrines being promoted under TSC appears to be widespread in the sample at the aggregate level as 82% of those having toilets and 54% of those not having toilets are aware of this aspect. Low awareness districts are Bellary, East chamaparan, Bokaro & Bijnour. In Khammam none of those whoe do not have toilets are aware about this. As expected those who have toilets are better aware than those who not (except in East Champaran, Bellary, Narsinghpur, Sehore and Chandrapur).

Table-3.26: % of HHs knowing about low cost latrine & source of knowledge about the same

State/District	Aware		Sources of the knowledge															
			Radio / TV		Hoardings		Pamphlets		Personal contact by official		Motivator		Special function like mela		RSM		Self	
	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine	HH with Latrine	HH without latrine
Khammam	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	99.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chittoor	100.0	84.2	0.0	31.2	0.0	18.7	0.0	31.2	98.9	0.0	0.0	18.7	0.0	0.0	0.0	0.0	0.0	0.0
Jorhat	97.4	97.6	0.0	2.4	6.5	29.2	0.0	0.0	5.2	4.8	67.1	60.9	5.2	2.4	0.0	0.0	15.7	0.0
Champaran East	0.0	41.5	0.0	4.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	95.7	0.0	0.0	0.0	0.0	0.0	0.0
Surat	100.0	97.5	0.0	0.0	0.0	1.2	0.0	0.0	100.0	98.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Bellary	16.8	20.9	0.0	0.0	0.0	0.0	7.6	0.0	76.9	77.7	0.0	0.0	0.0	0.0	0.0	0.0	23.0	0.0
Kasargode	43.7	25.0	19.0	0.0	4.7	0.0	0.0	0.0	16.6	0.0	52.3	50.0	0.0	0.0	0.0	0.0	4.7	50.0
Narsinghpur	69.0	74.3	0.0	0.0	31.0	24.1	0.0	1.7	31.0	20.6	3.4	17.2	0.0	0.0	0.0	0.0	31.0	34.4
Sehore	70.0	71.0	7.1	2.8	7.1	1.4	0.0	0.0	71.4	46.4	7.1	39.4	0.0	0.0	0.0	0.0	7.1	7.0
Chandrapur	80.9	83.3	1.4	0.0	1.4	0.0	0.0	0.0	89.7	90.0	4.4	0.0	0.0	0.0	0.0	0.0	2.9	10.0
Ratnagiri	90.5	77.1	0.0	0.0	0.0	0.0	0.0	0.0	90.9	85.1	9.0	14.8	0.0	0.0	0.0	0.0	0.0	0.0
South Tripura	96.6	100.0	1.7	0.0	20.8	0.0	2.6	0.0	16.5	0.0	52.1	100.0	0.0	0.0	0.0	0.0	3.4	0.0
Alwar	71.4	48.2	0.0	4.8	0.0	2.4	0.0	0.0	4.0	7.3	32.0	39.0	0.0	0.0	0.0	0.0	56.0	46.3
Cuddalore	84.4	35.2	0.0	0.0	0.0	0.0	0.0	0.0	28.7	0.0	64.3	100.0	10.3	0.0	0.0	0.0	0.0	0.0
Vellore	91.4	33.3	3.7	0.0	0.0	0.0	0.0	0.0	3.7	0.0	87.8	100.0	4.6	0.0	0.0	0.0	0.0	0.0
Chandouli	90.1	67.8	1.8	0.0	0.0	0.0	0.0	0.0	96.3	57.5	0.0	27.5	0.0	0.0	0.0	0.0	1.8	15.0
Bijnour	38.5	24.3	0.0	0.0	0.0	0.0	3.1	0.0	9.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	71.8	88.8
24 Parganas N.	98.3	100.0	0.0	0.0	0.0	0.0	0.0	0.0	2.5	0.0	81.2	100.0	12.8	0.0	0.0	0.0	3.4	0.0
Medinipur West	100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	64.1	90.0	0.8	10.0	0.0	0.0	35.0	0.0
Bokaro	0.0	5.8	0.0	14.2	0.0	0.0	0.0	0.0	0.0	42.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	28.5
Overall	**81.7**	**54.3**	**1.4**	**2.5**	**3.4**	**6.3**	**0.4**	**1.1**	**42.1**	**41.6**	**39.2**	**33.3**	**2.8**	**0.4**	**0.0**	**0.0**	**9.6**	**13.1**

3.25 AWARENESS ABOUT LEACH PIT TECHNOLOGY

Under TSC toilets based on low cost and simple technology is to be promoted to ensure more coverage and use. The leach pit technology allows water and gas of the excreta to get absorbed through the pores of the pit and the solid to get decomposed as manure. The system is hygienic as it is free from odour and insect free. The models commonly used are direct pit (unlined), direct pit (lined), direct ventilated improved latrine (for water scatrce areas) and pour flush toilet with two pits(lined) with squatting pan and water seal latrine (for areas where water is plentiful). Acording to the guidelines septic tanks are to be avoided and only leach pit to be used, with the size of the pit being 3'wide and 4' deep. The benefits of leach pit is its longevity, low depth, avoidance of vent pipe, anaerobic decomposition of excreta making it bacteria free, non-possibility of water to overflow and low cost.

From the responses it is apparent that nearly 82% of those having homestead toilets and 53% of those not having toilets are aware of the leach pit technology at the aggregate level. But there is variation among the districts. The awareness level is comparatively low in Bokaro, Bellary, Bijnour, Kasargode and East Champaran and at a high level in the other districts. In Khammam and E. Champaran, none of those who do not have toilets are aware the technology.

The most important sources which transmitted this information are the motivators and personal contacts.

However, very few of the respondents were able to describe the benefits derived from leach pit latrines.

3.26 OPINION ABOUT COST OF LEACH PIT LATRINE

The opinion regarding the average cost of constructing a leach pit latrine ranged from a high of over Rs.5,000/- to a low of less than a Rs.500/-. The districts reporting high average costs are both distrcts in AP, Jorhat, Kasargode, Ratnagiri and Bijnore. In hard rock aeas like Kasargode and Ratnagiri and parts of Alwar the higher cost may be realistic and a raising of unit cost was strongly argued for by GP officials, respondents and officials of the implementing agency in Kasargode.

3.27 OPINION ABOUT SUPER STRUCTURE

Necessity for superstructure is felt by majority of the people in most districts except in Jorhat, Bellary, Chandrapur, Ratnagiri and Narsinghpur. In most places this necessity is more among those who already have the base structure.

Table-3.27: Opinion about Average Cost of Leach Pit Latrine and the Necessity for Superstructure

State/District	Average Cost of leach pit latrine	Feeling necessity for superstructure	
		% of HH with	% of HH without
Khammam	4479	98.0	40.0
Chittoor	5612	100.0	26.3
Jorhat	5930	8.9	4.7
Champaran East	2000	100.0	3.5
Surat	1645	95.0	97.5
Bellary	1292	24.6	18.6
Kasargode	4294	92.7	70.8
Narsinghpur	846	33.3	50.0
Sehore	1310	80.0	45.0
Chandrapur	2865	26.1	22.2
Ratnagiri	4967	14.1	2.8
South Tripura	1101	84.0	100.0
Alwar	2857	97.1	78.8
Cuddalore	769	77.6	17.6
Vellore	614	96.5	100.0
Chandouli	816	96.7	89.8
Bijnour	3021	97.5	8.1
24 Parganas North	394	94.9	16.6
Medinipur West	413	96.6	60.0
Overall	**2224**	**75.0**	**38.1**

**** Bokaro omitted as there is only one individual***

3.28 DEMONSTRATION EFFECT AND INTENTION TO CONSTRUCT TOILETS IN THE FUTURE

The demonstration effect of neighbours constructing toilets has been a great motivating factor for the people who have constructed toilets in districts of Andhra Pradesh and Maharashtra and in Jorhat, Surat, Alwar, Vellore and Bijnore ***(Table-3.28)***.

Demonstration effect was more on BPL households at the aggregate level at 39.3% of APL respondents and 54.5% of BPL respondents. However in Narsinghpur, Sehore & Chandrapur it appears that influence of neighbours was substantially more among BPL households than among APL households. However in Jorhat and Tripura demonstration effect had little influence on APL households.

Table-3.28: Distribution of HHs constructing toilets following Neighbours

District	APL		BPL		HHs constructed toilets on seeing others	
	No.	%	No.	%	No.	%
Khammam	11	68.7	89	85.5	98	98.0
Chittoor	9	100.0	84	81.5	92	98.9
Jorhat	23	69.7	55	63.2	45	57.6
Champaran East	3	23.0	4	3.7	5	71.4
Surat	26	83.8	14	15.7	37	92.5
Bellary	25	73.5	52	60.4	23	29.8
Kasargode	49	83.0	47	77.0	33	34.3
Narsinghpur	3	33.3	39	35.1	24	57.1
Sehore	12	14.6	8	21.0	14	70.0
Chandrapur	25	60.9	59	74.6	57	67.8
Ratnagiri	36	87.8	49	62.0	46	54.1
South Tripura	49	100.0	70	98.5	1	0.8
Alwar	19	25.3	16	35.5	22	62.8
Cuddalore	11	91.6	92	85.1	48	46.6
Vellore	6	100.0	111	97.3	112	95.7
Chandouli	19	44.1	42	54.5	13	21.3
Bijnour	60	66.6	23	76.6	45	54.2
24 Parganas North	29	96.6	90	94.7	19	15.9
Medinipur West	57	100.0	63	86.3	0	0.0
Bokaro	1	0.9	0	0.0	0	0.0
Overall	**473**	**56.5**	**1007**	**64.1**	**734**	**49.5**

3.29 WILLINGNESS TO PAY FOR TOILET CONSTRUCTION

An even more positive aspect is that people are willing to bear a good portion of the cost of construction. The average amount of contribution that they can pay is Rs.1437. In Bokaro the committed amount is Rs.2716/- and in Vellore Rs.2500/-. However, willingness to pay is not evident in both the districts in West Bengal and by the lone respondent in S. Tripura (who also does not want to construct toilet in the future). In West Bengal of course a very low cost regime obtains.

The willingness to pay is slightly more among APL households at the aggregate level (Rs.1710/- among APL compared to Rs.1191/- among BPL). This is so among APL in all districts except Kasargode where BPL households are willing to pay upto Rs.2227/- whereas APL households can contribute only Rs.1416/-. In Sehore & Chandauli there is only marginal difference between the two categories.

Table-3.29: Average Amount Respondents Wishing to have Toilets can Spent on Toilet Construction

(Amount in Rs.)

District	Average money they can spend to construct a toilet		
	APL	BPL	Combined
Khammam	1700	1025	1114
Chittoor	-	1682	1682
Jorhat	1428	181	504
Champaran East	2050	1296	1350
Surat	1400	1186	1200
Bellary	914	696	769
Kasargode	1416	2227	1941
Narsinghpur	550	369	380
Sehore	1808	1801	1806
Chandrapur	1187	905	1034
Ratnagiri	1320	972	1023
South Tripura	0	0	0
Alwar	856	448	716
Cuddalore	2000	1433	1476
Vellore	0	2500	2500
Chandouli	293	291	293
Bijnour	153	225	163
24 Parganas North	0	0	0
Medinipur West	0	0	0
Bokaro	2919	1076	2716
Overall	**1710**	**1199**	**1437**

3.30 MOTIVATION AND INFLUENCE

Convenience, privacy and health were the chief factors that prompted the respondents to construct toilets across districts except in East Champaran, where health was the prime consideration. Dignity was not a major consideration in most districts except Khammam, Chittoor and Bijnour. Subsidy as a motivating factor played a significant role only in Khammam, Chittoor, Jorhat, Surat, Bellary and South Tripura.

Table-3.30: % by Distribution of HHs by Motivation for Constructing Toilets

District	Items of Motivation					
	Convenience	**Dignity**	**Privacy**	**Health**	**Subsidy**	**Others**
Khammam	100.0	100.0	100.0	100.0	85.0	0.0
Chittoor	100.0	98.9	100.0	100.0	83.8	0.0
Jorhat	80.7	37.1	88.4	65.3	62.8	0.0
Champaran East	0.0	0.0	0.0	100.0	0.0	0.0
Surat	97.5	0.0	57.5	92.5	55.0	0.0
Bellary	50.6	10.3	48.0	70.1	51.9	6.4
Kasargode	42.7	15.6	94.7	94.7	17.7	1.0
Narsinghpur	90.4	21.4	54.7	40.4	28.5	0.0
Sehore	95.0	50.0	85.0	55.0	10.0	5.0
Chandrapur	61.9	14.2	53.5	71.4	42.8	1.1
Ratnagiri	65.8	30.5	77.6	74.1	18.8	1.1
South Tripura	84.8	7.5	89.9	95.8	57.1	7.5
Alwar	48.5	37.1	60.0	28.5	45.7	2.8
Cuddalore	75.7	30.1	56.3	98.0	4.8	1.9
Vellore	13.6	2.5	5.9	93.1	1.7	0.8
Chandouli	98.3	49.1	96.7	32.7	31.1	0.0
Bijnour	51.8	87.9	97.5	63.8	1.2	0.0
24 Parganas North	6.7	3.3	8.4	96.6	5.0	0.0
Medinipur West	0.8	2.5	5.0	96.6	0.0	1.6
Bokaro	0.0	0.0	0.0	0.0	0.0	0.0
Overall	**58.3**	**31.5**	**61.6**	**82.5**	**32.0**	**1.6**

Motivators, Government Officials and Gram Panchayat functionaries influenced the decision making to varying degrees in different districts. At the aggregate level, GP functionaries influenced 55% of the respondents, motivators influenced 44% and Government functionaries influenced 38%. Children's influence was considerable in Champaran E, Surat, South Tripura, Kasargode, Alwar, Cuddalore and Vellore.

Table-3.31: % by Distribution of HHs by Persons who influenced in Constructing Toilets

District	Influenced by						
	Motivator	G.P	Official	NGO	Children	RSM	Others
Khammam	100.0	100.0	100.0	0.0	0.0	0.0	0.0
Chittoor	98.9	100.0	100.0	0.0	0.0	0.0	0.0
Jorhat	50.0	25.6	21.7	0.0	28.2	11.5	5.1
Champaran East	85.7	0.0	28.5	28.5	57.1	0.0	0.0
Surat	5.0	80.0	30.0	27.5	82.5	0.0	0.0
Bellary	3.9	57.1	40.2	36.3	5.1	0.0	9.0
Kasargode	27.0	43.7	36.4	3.1	25.0	0.0	18.7
Narsinghpur	9.5	47.6	7.1	19.0	2.3	0.0	7.1
Sehore	5.0	25.0	15.0	10.0	20.0	0.0	5.0
Chandrapur	20.2	79.7	19.0	2.3	2.3	0.0	16.6
Ratnagiri	4.7	74.1	27.0	0.0	2.3	0.0	17.6
South Tripura	78.9	85.7	84.8	0.8	31.0	0.0	28.5
Alwar	5.7	5.7	2.8	25.7	31.4	0.0	17.1
Cuddalore	46.6	8.7	1.9	67.9	26.2	0.9	12.6
Vellore	69.2	19.6	11.9	39.3	9.4	0.0	0.0
Chandouli	0.0	60.6	1.6	6.5	9.8	0.0	18.0
Bijnour	0.0	1.2	3.6	1.2	6.0	0.0	81.9
24 Parganas North	29.4	42.0	52.1	6.7	0.8	6.7	2.5
Medinipur West	65.8	88.3	41.6	0.0	0.0	0.0	0.0
Bokaro	0.0	0.0	0.0	0.0	0.0	0.0	100.0
Overall	**42.7**	**55.1**	**38.4**	**13.1**	**13.1**	**1.2**	**13.3**

3.1 TYPE OF LATRINES CONSTRUCTED

Pour flush latrines constituted 52% at the aggregate level, septic tank based latrines 29%, VIP type 10 % and the rest were of other types. Pour flush latrines predominated in Khammam, Jorhat, Bellary, Kasargode, Chandrapur, South Tripura, Alwar, Chandauli, 24 Parganas and Medinipur West. VIP type predominated in Champaran, Narsinghpur and Bijnour. Chittoor, Surat, Sehore, Ratnagiri and Vellore went in for Septic tank based toilets and this was against the guidelines.

Table-3.32: Types of the Latrine Accessed by the HHs

State/Districts	Respondents having toilets	Type of latrine							
		Pour flush		Ventilated improved pit		Septic tank		Others	
		No.	%	No.	%	No.	%	No.	%
Khammam	100	78	78.0	0	0.0	19	19.0	3	3.0
Chittoor	93	13	13.9	1	1.0	79	84.9	0	0.0
Jorhat	78	56	71.7	0	0.0	22	28.2	0	0.0
Champaran East	7	0	0.0	4	57.1	3	42.8	0	0.0
Surat	40	0	0.0	0	0.0	39	97.5	1	2.5
Bellary	77	67	87.0	8	10.3	0	0.0	2	2.6
Kasargode	96	71	73.9	22	22.9	1	1.0	2	2.0
Narsinghpur	42	3	7.1	37	88.1	1	2.3	1	2.3
Sehore	20	6	30.0	2	10.0	12	60.0	0	0.0
Chandrapur	84	47	55.9	23	27.3	9	10.7	5	5.9
Ratnagiri	85	15	17.6	0	0.0	64	75.2	6	7.0
South Tripura	119	109	91.6	3	2.5	6	5.0	1	0.8
Alwar	35	21	60.0	2	5.7	11	31.4	1	2.8
Cuddalore	103	0	0.0	0	0.0	25	24.2	78	75.7
Vellore	117	9	7.6	2	1.7	104	88.8	2	1.7
Chandouli	61	40	65.5	5	8.2	16	26.2	0	0.0
Bijnour	83	18	21.6	46	55.4	18	21.6	1	1.2
24 Parganas North	119	118	99.1	0	0.0	1	0.8	0	0.0
Medinipur West	150	111	74.0	0	0.0	9	6.0	30	20.0
Bokaro	1	0	0.0	0	0.0	0	0.0	1	100.0
Overall	**1510**	**782**	**51.7**	**155**	**10.2**	**439**	**29.0**	**134**	**8.8**

3.2 NUMBER OF PITS

About 54% latrines were single pit lined and about 16% single pit unlined. About 15% were double pit lined and 6% double pit unlined. Single pit lined latrines were the most common occurrence in Surat, Bellary, Sehore, Kasargode, Cuddalore, Bijnor, Chandauli, Medinipur West and 24 parganas. South Tripura had mostly single pit unlined latrines.In Khammam, singlepit and double pit unlined latrines were 42% each. Chandrapur and Ratnagiri had mostly double pit unlined latrines.

Table-3.33: Number of Pits

State/Districts	Respondents having toilets	No. of Pits									
		Single pit lined		Single pit unlined		Double pit lined		Double pit unlined		Others	
		No.	%	No.	%	No.	%	No.	%	No.	%
Khammam	100	0	0.0	42	42.0	16	16.0	42	42.0	0	0.0
Chittoor	93	55	59.1	8	8.6	26	27.9	4	4.3	0	0.0
Jorhat	78	55	70.5	0	0.0	0	0.0	1	1.2	22	28.2
Champaran East	7	4	57.1	2	28.5	1	14.2	0	0.0	0	0.0
Surat	40	39	97.5	0	0.0	0	0.0	0	0.0	1	2.5
Bellary	77	67	87.0	4	5.1	2	2.6	0	0.0	4	5.1
Kasargode	96	75	78.1	12	12.5	9	9.3	0	0.0	0	0.0
Narsinghpur	42	23	54.7	3	7.1	14	33.3	0	0.0	2	4.7
Sehore	20	18	90.0	1	5.0	1	5.0	0	0.0	0	0.0
Chandrapur	84	4	4.7	2	2.3	77	91.6	0	0.0	1	1.1
Ratnagiri	85	2	2.3	28	32.9	49	57.6	0	0.0	6	7.0
South Tripura	119	17	14.2	95	79.8	0	0.0	0	0.0	7	5.8
Alwar	35	12	34.2	8	22.8	6	17.1	9	25.7	0	0.0
Cuddalore	103	101	98.0	2	1.9	0	0.0	0	0.0	0	0.0
Vellore	117	16	13.6	24	20.5	0	0.0	0	0.0	77	65.8
Chandouli	61	43	70.4	0	0.0	6	9.8	9	14.7	3	4.9
Bijnour	83	50	60.2	3	3.6	3	3.6	22	26.5	5	6.0
24 Parganas North	119	118	99.1	0	0.0	1	0.8	0	0.0	0	0.0
Medinipur West	150	111	74.0	0	0.0	9	6.0	0	0.0	30	20.0
Bokaro	1	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0
Overall	**1510**	**810**	**53.6**	**234**	**15.5**	**220**	**14.5**	**87**	**5.7**	**159**	**10.5**

3.3 TYPE OF PAN AND AWARENESS OF USEFULNESS OF RURAL PAN

Rural pan was used in 55% of the cases, standard pan in 38% and other types in 7%. Rural pan predominated in 24 Parganas north, Medinipur West, Chandauli, Khammam, Jorhat, E. Champaran, Surat, Bellary, Chandrapur, Ratnagiri, South Tripura and Alwar. Cuddalore, Vellore, Bijnour, Narsinghpur mostly used standard pans. Ksargode had a mix of rural pans (about 49% and standard pans (50%). Sehore had a mix of all the three types in the ratio of 30:50:20.

Table-3.34: Distribution of Households by Type of Pan used

State/Districts	Respondents having toilets	Type of pan					
		Rural		Standard		Others	
		No.	%	No.	%	No.	%
Khammam	100	98	98.0	1	1.0	1	1.0
Chittoor	93	0	0.0	93	100.0	0	0.0
Jorhat	78	56	71.7	2	2.5	20	25.6
Champaran East	7	7	100.0	0	0.0	0	0.0
Surat	40	39	97.5	0	0.0	1	2.5
Bellary	77	72	93.5	3	3.9	2	2.6
Kasargode	96	47	48.9	48	50.0	1	1.0
Narsinghpur	42	16	38.1	23	54.7	3	7.1
Sehore	20	6	30.0	10	50.0	4	20.0
Chandrapur	84	52	61.9	30	35.7	2	2.3
Ratnagiri	85	59	69.4	18	21.1	8	9.4
South Tripura	119	79	66.3	12	10.0	28	23.5
Alwar	35	19	54.2	12	34.2	4	11.4
Cuddalore	103	3	2.9	99	96.1	1	0.9
Vellore	117	2	1.7	115	98.2	0	0.0
Chandouli	61	40	65.5	21	34.4	0	0.0
Bijnour	83	1	1.2	80	96.3	2	2.4
24 Parganas North	119	118	99.1	0	0.0	1	0.8
Medinipur West	150	111	74.0	8	5.3	31	20.6
Bokaro	1	0	0.0	0	0.0	1	100.0
Overall	**1510**	**825**	**54.6**	**575**	**38.0**	**110**	**7.2**

Awareness about the usefulness of rural pan was very high in Khammam, Chittoor, Surat, Cuddalore, Vellore, Chandrapur and both the West Bengal disricts. In the other districts the awareness level was very low. Ease of cleaning was the most widely known feature, followed by water conservation ability. Durability of the pan was known mostly in Ratnagiri only.

Table-3.35: Distribution of Households by Awareness about Usefulness of Rural Pan

State/Districts	Respondents having toilets	Awareness about the usefulness of rural pan					
		Ease of cleaning		Water conservation		Durability	
		No.	%	No.	%	No.	%
Khammam	100	1	1.0	99	99.0	0	0.0
Chittoor	93	92	98.9	1	1.0	0	0.0
Jorhat	78	30	38.4	40	51.2	0	0.0
Champaran East	7	3	42.8	0	0.0	4	57.1
Surat	40	38	95.0	1	2.5	0	0.0
Bellary	77	15	19.4	39	50.6	21	27.2
Kasargode	96	11	11.4	40	41.6	7	7.2
Narsinghpur	42	15	35.7	9	21.4	0	0.0
Sehore	20	5	25.0	6	30.0	0	0.0
Chandrapur	84	52	61.9	9	10.7	19	22.6
Ratnagiri	85	25	29.4	0	0.0	54	63.5
South Tripura	119	42	35.2	40	33.6	0	0.0
Alwar	35	12	34.2	2	5.7	0	0.0
Cuddalore	103	96	93.2	5	4.8	1	0.9
Vellore	117	94	80.3	22	18.8	1	0.8
Chandouli	61	41	67.2	1	1.6	3	4.9
Bijnour	83	4	4.8	0	0.0	0	0.0
24 Parganas North	119	118	99.1	0	0.0	1	0.8
Medinipur West	120	116	77.3	0	0.0	0	0.0
Bokaro	1	0	0.0	0	0.0	0	0.0
Overall	**1480**	**810**	**53.6**	**314**	**20.7**	**111**	**7.3**

3.4 OPTIMALITY OF USE OF TOILETS

Sanitary toilets can have value addition if it is connected to a biogas device. Only in about 15% of the cases was any arrangements made for using the residue as manure and in 8% of the cases the toilets were connected to bigas devices. Only Chittoor in 24 Parganas, Medinipur and East Champaran, Sehore and Bellary some efforts were made to increase the optimality of sanitary toilets. It is worth mentioning that in Chittoor 88% of the toilets were connected to bio-gas devices.

Table-3.36: Distribution of Household Toilets by Optimality of Toilet Usage

State/District	Optimality of uses					
	Connected to compost pit		Connect to biogas devices		None	
	No.	%	No.	%	No.	%
Khammam	2	2.0	0	0.0	98	98.0
Chittoor	0	0.0	82	88.1	11	11.8
Jorhat	0	0.0	0	0.0	78	97.4
Champaran East	4	57.1	1	14.2	2	28.5
Surat	0	0.0	0	0.0	40	95.0
Bellary	25	32.4	1	1.3	51	55.8
Kasargode	1	1.0	0	0.0	95	47.9
Narsinghpur	1	2.3	0	0.0	41	57.1
Sehore	8	40.0	0	0.0	12	50.0
Chandrapur	1	1.1	2	2.3	81	92.8
Ratnagiri	2	2.3	2	2.3	81	87.0
South Tripura	0	0.0	4	3.3	115	55.4
Alwar	1	2.8	0	0.0	34	88.5
Cuddalore	22	21.3	0	0.0	81	40.7
Vellore	14	11.9	4	3.4	99	77.7
Chandouli	2	3.2	2	3.2	57	88.5
Bijnour	0	0.0	0	0.0	83	97.5
24 Parganas North	67	56.3	16	13.4	36	6.7
Medinipur West	68	56.7	1	0.8	51	42.5
Bokaro	0	0.0	0	0.0	1	0.0
Overall	**218**	**14.7**	**115**	**7.8**	**1147**	**77.5**

3.5 SOURCE OF SANITARY MATERIAL

More than a third of household toilets were material purchased from the open market, less than one third were supplied the material through the RSM by the implementing agency and the rest through other sources.

Table-3.37: Distribution of Respondents by Source of Sanitary Material

State/District	Open market		RSM / Implementing Agency		Others	
	No.	%	No.	%	No.	%
Khammam	57	57.0	41	41.0	2	2.0
Chittoor	27	29.0	49	52.6	17	18.2
Jorhat	21	65.6	7	21.8	4	12.5
Champaran East	7	100.0	0	0.0	0	0.0
Surat	36	90.0	3	7.5	1	2.5
Bellary	19	61.2	5	16.1	7	22.5
Kasargode	2	100.0	0	0.0	0	0.0
Narsinghpur	18	45.0	3	7.5	19	47.5
Sehore	5	33.3	0	0.0	10	66.6
Chandrapur	39	92.8	1	2.3	2	4.7
Ratnagiri	15	65.2	0	0.0	8	34.7
South Tripura	6	17.6	0	0.0	28	82.3
Alwar	17	73.9	4	17.3	2	8.7
Cuddalore	1	3.0	1	3.0	31	93.9
Vellore	24	20.5	36	30.7	57	48.7
Chandouli	10	17.2	16	27.5	32	55.1
Bijnour	15	51.7	2	6.9	12	41.3
24 Parganas N.	3	6.9	36	83.7	4	9.3
Medinipur West	1	1.6	50	84.7	8	13.5
Bokaro	0	0.0	0	0.0	1	100.0
Overall	**323**	**39.2**	**254**	**31.0**	**245**	**29.8**

3.6 AWARENESS ABOUT RSM

At the aggregate level only 27% of the households were aware about RSM / PC. Awareness level was high in Khammam, South Tripura and both West Bengal districts. It was moderately high in Chittoor & Jorhat. In the other districts these was negligible or no awareness.

Table-3.38: Distribution of Respondents by Awareness about RSM/PC

State/District	Total No. of Respondent	Awareness about RSM/PC	
		No.	%
Khammam	120	100	83.3
Chittoor	112	65	58.0
Jorhat	120	60	50.0
Champaran East	120	0	0.0
Surat	120	0	0.0
Bellary	120	22	18.3
Kasargode	120	4	3.3
Narsinghpur	120	1	0.8
Sehore	120	5	4.1
Chandrapur	120	6	5.0
Ratnagiri	120	0	0.0
South Tripura	120	109	90.8
Alwar	120	2	1.6
Cuddalore	120	31	25.8
Vellore	120	10	8.3
Chandouli	120	6	5.0
Bijnour	120	4	3.3
24 Parganas N.	125	112	89.6
Medinipur West	130	112	86.1
Bokaro	120	0	0.0
Overall	**2407**	**649**	**26.9**

3.7 USE OF TOILETS

In most districts all the family members use the latrine. Non use of latrine was reported mainly in Chandrapur (45%), Alwar (26%), Chandauli (26%). In Bellary 34% of the cases only women use the latrine.

In about 70% of cases at the aggregate level, the toilets are used in all seasons. In Chandrapur, Ratnagiri, South Tripura and Karargode, Narsinghpur and Sehore majority of the people use the toilets only in the rainy season, preferring open defecation during the other seasons.

Table-3.39: Seasonality of use and problems being faced by Households in Operating

State/District	Respondents having toilets	Seasonality of use									
		All seasons		All except rainy season		Winter only		Summer only		Rainy season only	
		No.	%	No.	%	No.	%	No.	%	No.	%
Khammam	100	99	99.0	0	0.0	0	0.0	0	0.0	1	1.0
Chittoor	93	92	98.9	0	0.0	0	0.0	0	0.0	1	1.0
Jorhat	78	71	91.0	1	1.2	1	1.2	0	0.0	5	6.4
Champaran East	7	7	100.0	0	0.0	0	0.0	0	0.0	0	0.0
Surat	40	39	97.5	0	0.0	0	0.0	0	0.0	1	2.5
Bellary	77	56	72.7	1	1.3	1	1.3	1	1.3	18	23.3
Kasargode	96	23	23.9	0	0.0	2	2.0	0	0.0	71	73.9
Narsinghpur	42	14	33.3	0	0.0	0	0.0	0	0.0	28	66.6
Sehore	20	8	40.0	0	0.0	0	0.0	0	0.0	12	60.0
Chandrapur	84	4	4.7	1	1.1	0	0.0	0	0.0	79	94.0
Ratnagiri	85	9	10.5	0	0.0	0	0.0	0	0.0	76	89.4
South Tripura	119	4	3.3	0	0.0	0	0.0	0	0.0	115	96.6
Alwar	35	22	62.8	0	0.0	0	0.0	0	0.0	13	37.1
Cuddalore	103	101	98.0	1	0.9	0	0.0	0	0.0	1	0.9
Vellore	117	112	95.7	3	2.5	1	0.8	0	0.0	1	0.8
Chandouli	61	60	98.3	0	0.0	0	0.0	0	0.0	1	1.6
Bijnour	83	82	98.8	0	0.0	0	0.0	0	0.0	1	1.2
24 Parganas North	119	108	90.7	0	0.0	0	0.0	0	0.0	11	9.2
Medinipur West	120	118	98.3	0	0.0	1	0.8	0	0.0	1	0.8
Bokaro	1	0	0.0	0	0.0	0	0.0	0	0.0	1	100.0
Overall	**1480**	**1029**	**69.5**	**7**	**0.4**	**6**	**0.4**	**1**	**0.0**	**437**	**29.5**

3.8 PROBLEMS FACED IN USE OF TOILETS

Some households faced problems while using toilets. The problems include chocking, small size and water scarcity.

Table-3.40: Distribution of households by problems being faced in Operating the toilets

State/District	Problem faced by HH Members							
	Gets choked frequently		No water		To small for the household		Others	
	No.	%	No.	%	No.	%	No.	%
Khammam	0	0.0	0	0.0	0	0.0	0	0.0
Chittoor	0	0.0	0	0.0	0	0.0	0	0.0
Jorhat	1	1.2	0	0.0	12	15.3	4	5.1
Champaran East	0	0.0	0	0.0	7	100.0	0	0.0
Surat	4	10.0	0	0.0	0	0.0	0	0.0
Bellary	19	24.6	38	49.3	9	11.6	12	15.5
Kasargode	3	3.1	0	0.0	0	0.0	18	18.7
Narsinghpur	4	9.5	2	4.7	1	2.3	4	9.5
Sehore	0	0.0	3	15.0	8	40.0	2	10.0
Chandrapur	3	3.5	5	5.9	1	1.1	38	45.2
Ratnagiri	1	1.1	0	0.0	1	1.1	40	47.0
South Tripura	0	0.0	0	0.0	0	0.0	68	57.1
Alwar	3	8.5	4	11.4	0	0.0	15	42.8
Cuddalore	60	58.2	0	0.0	0	0.0	0	0.0
Vellore	78	66.6	50	42.7	5	4.2	2	1.7
Chandouli	0	0.0	0	0.0	25	40.9	35	57.3
Bijnour	0	0.0	0	0.0	0	0.0	82	98.8
24 Parganas N.	30	25.2	10	8.4	20	16.8	0	0.0
Medinipur West	8	6.6	0	0.0	12	10.0	0	0.0
Bokaro	0	0.0	0	0.0	0	0.0	0	0.0
Overall	**214**	**14.4**	**112**	**7.5**	**101**	**6.8**	**320**	**21.6**

3.9 AVERAGE MAINTENANCE COST, SOURCE OF WATER AND AVAILABILITY OF JUG

At the aggregate level the average maintenance cost of the toilets comes to Rs.38/-. This ranges from the lowest of less than Rs.10/- in 24 Parganas. Chandauli and Medinipur west to more than Rs.50/- in Khammam, Chittoor, Jorhat, East Champaran, Surat, Karargod, Sehore and Vellore ***(Table-3.41)***.

Hand pumps supply water to the toilets in most of the districts except Surat and Ratnagiri (storage tanks), open wells (Karargode) or ponds (Jorhat).

A jug is available in the toilets of most households except in 24 Parganas (24%), Medinipur west (57%), Bellary (77%) and Narsinghpur (88%).

Table-3.41: Average Maintenance cost per month, Source of Water supply and availability of the Tub/Jug in the toilets / latrines

State/District	Average maintenance cost (Rs.)	Source of water supply								Availability of tub/jug	
		Hand pump		Pond		Well		Storage tank			
		No.	%	No.	%	No.	%	No.	%	No.	%
Khammam	50	100	100.0	0	0.0	0	0.0	0	0.0	100	100.0
Chittoor	51	92	98.9	0	0.0	0	0.0	0	0.0	92	98.9
Jorhat	83	19	24.3	46	58.9	1	1.2	9	11.5	75	96.1
Champaran East	100	7	100.0	0	0.0	0	0.0	0	0.0	7	100.0
Surat	90	16	40.0	0	0.0	0	0.0	23	57.5	38	95.0
Bellary	32	51	66.2	1	1.3	0	0.0	22	28.5	59	76.6
Kasargode	53	1	1.0	1	1.0	82	85.4	12	12.5	94	97.9
Narsinghpur	21	32	76.1	0	0.0	2	4.7	1	2.3	37	88.1
Sehore	82	17	85.0	0	0.0	2	10.0	0	0.0	19	95.0
Chandrapur	30	19	22.6	0	0.0	1	1.1	34	40.4	45	53.5
Ratnagiri	26	3	3.5	1	1.1	19	22.3	48	56.4	68	80.0
South Tripura	17	61	51.2	26	21.8	28	23.5	3	2.5	113	94.9
Alwar	34	22	62.8	0	0.0	4	11.4	1	2.8	22	62.8
Cuddalore	23	97	94.1	0	0.0	0	0.0	5	4.8	101	98.0
Vellore	54	26	22.2	61	52.1	10	8.5	20	17.0	116	99.1
Chandouli	7	48	78.6	0	0.0	12	19.6	0	0.0	59	96.7
Bijnour	11	82	98.8	0	0.0	0	0.0	0	0.0	82	98.8
24 Parganas North	5	7	5.8	110	92.4	1	0.8	1	0.8	24	20.1
Medinipur West	4	57	47.5	56	46.6	0	0.0	0	0.0	86	71.6
Bokaro	0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Overall	**38**	**757**	**51.1**	**302**	**20.4**	**162**	**10.9**	**179**	**12.0**	**1237**	**83.5**

3.10 CLEANING OF TOILETS

The toilet is cleaned mostly by women of the house in Surat (98%), Bellary (45%), Kasargode (49%), Narsinghpur (64%), Sehore (60%) and Alwar (51%), Vellore (84%) and Chandauli (96%). At the aggregate level burden of cleaning falls on women in 30% of the cases.

Table-3.42: Distribution of Households by Cleaning of Toilets

State/District	Toilets Cleans by					
	Each user		Women members		Paid cleaner	
	No.	%	No.	%	No.	%
Khammam	100	100.0	0	0.0	0	0.0
Chittoor	92	98.9	0	0.0	1	1.0
Jorhat	74	94.8	0	0.0	4	5.1
Champaran East	6	85.7	1	14.2	0	0.0
Surat	0	0.0	39	97.5	1	2.5
Bellary	37	48.0	35	45.4	5	6.4
Kasargode	49	51.0	47	48.9	0	0.0
Narsinghpur	11	26.1	27	64.2	4	9.5
Sehore	7	35.0	12	60.0	1	5.0
Chandrapur	34	40.4	10	11.9	40	47.6
Ratnagiri	65	76.4	3	3.5	17	20.0
South Tripura	117	98.3	1	0.8	1	0.8
Alwar	6	17.1	18	51.4	11	31.4
Cuddalore	80	77.6	21	20.3	2	1.9
Vellore	5	4.2	99	84.6	13	11.1
Chandouli	0	0.0	59	96.7	2	3.2
Bijnour	55	66.2	27	32.5	1	1.2
24 Parganas North	6	5.0	40	33.6	73	61.3
Medinipur West	0	0.0	12	10.0	108	90.0
Bokaro	0	0.0	0	0.0	1	100.0
Overall	**744**	**50.2**	**451**	**30.4**	**285**	**19.2**

3.11 CONSTRUCTION OF TOILET BY AGENCY

According to TSC guidelines the toilets have to be constructed under the personal supervision of the household itself. But in Jorhat, Surat, Bellary, Kasargode, Narsinghpur, Sehore, Chandrapur, Ratnagiri, Alwar, Vellore and both districts in West Bengal, this task was done by the agency concerned. These may include latrines constructed underother programmes as well.

Table-3.43: Distribution of Households by who Constructed the Toilets

State/District	Respondents having toilets	Latrine constructed by			
		Self		Agency	
		No.	%	No.	%
Khammam	100	100	100.0	0	0.0
Chittoor	93	92	98.9	1	1.0
Jorhat	78	29	37.1	49	62.8
Champaran East	7	6	85.7	1	14.2
Surat	40	8	20.0	32	80.0
Bellary	77	32	41.5	45	58.4
Kasargode	96	43	44.7	53	55.2
Narsinghpur	42	8	19.0	34	80.9
Sehore	20	12	60.0	8	40.0
Chandrapur	84	30	35.7	54	64.2
Ratnagiri	85	40	47.0	45	52.9
South Tripura	119	94	78.9	25	21.0
Alwar	35	14	40.0	21	60.0
Cuddalore	103	27	26.2	76	73.7
Vellore	117	108	92.3	9	7.6
Chandouli	61	17	27.8	44	72.1
Bijnour	83	82	98.8	1	1.2
24 Parganas North	119	4	3.3	115	96.6
Medinipur West	120	8	6.6	112	93.3
Bokaro	1	0	0.0	1	100.0
Overall	**1480**	**754**	**50.9**	**726**	**49.0**

3.12 EXTENT OF SATISFACTION

Most people appear to be satisfied (66%) or highly satisfied (25%) with their toilets. Extent of dissatisfaction was significant only in East Champaran (29%), Kasargode (23%), Chandrapur (39%) and Alwar (37%). Degree satisfaction was more among APL households. With 43% being highly satisfied (compared to 16% among BPL) on the other hand 51% of BPL households were “Satisfied” compared to 76% of BPL.

Table-3.44: Distribution of Households by Extent of Satisfaction about Toilets

State/District	Respondents having toilets	Extent of satisfaction					
		Highly satisfied		Satisfied		Not satisfied	
		No.	%	No.	%	No.	%
Khammam	100	0	0.0	100	100.0	0	0.0
Chittoor	93	0	0.0	90	96.7	0	0.0
Jorhat	78	34	43.5	40	51.2	0	0.0
Champaran East	7	0	0.0	5	71.4	2	28.5
Surat	40	9	22.5	30	75.0	0	0.0
Bellary	77	15	19.4	51	66.2	11	14.2
Kasargode	96	41	42.7	31	32.2	22	22.9
Narsinghpur	42	1	2.3	30	71.4	4	9.5
Sehore	20	6	30.0	11	55.0	2	10.0
Chandrapur	84	27	32.1	22	26.1	33	39.2
Ratnagiri	85	30	35.2	37	43.5	11	12.9
South Tripura	119	30	25.2	87	73.1	0	0.0
Alwar	35	10	28.5	9	25.7	13	37.1
Cuddalore	103	59	57.2	42	40.7	1	0.9
Vellore	117	3	2.5	112	95.7	1	0.8
Chandouli	61	18	29.5	40	65.5	0	0.0
Bijnour	83	65	78.3	15	18.0	1	1.2
24 Parganas North	119	18	15.1	100	84.0	0	0.0
Medinipur West	120	0	0.0	120	100.0	0	0.0
Bokaro	1	0	0.0	0	0.0	0	0.0
Overall	**1480**	**366**	**24.7**	**972**	**65.6**	**101**	**6.8**

Detailed APL & BPL distribution of extent of satisfaction is given in ***Table-3.45***.

Table-3.45: Distribution of HHs by Extent of Satisfaction

State/District	Respondents having toilets			Extent of satisfcation											
				Highly satisfied				Satisfied				Not satisfied			
	APL	BPL	Total	APL	%	BPL	%	APL	%	BPL	%	APL	%	BPL	%
Khammam	11	89	100	0	0.00	0	0.00	11	100.00	89	100.00	0	0.00	0	0.00
Chittor	9	84	93	0	0.00	0	0.00	9	100.00	84	100.00	0	0.00	0	0.00
Jorhat	23	55	78	21	91.30	13	23.64	2	8.70	42	76.36	0	0.00	0	0.00
Champaran East	3	4	7	0	0.00	0	0.00	2	66.67	3	75.00	1	33.33	1	25.00
Surat	26	14	40	7	26.92	2	14.29	19	73.08	12	85.71	0	0.00	0	0.00
Bellary	25	52	77	8	32.00	7	13.46	13	52.00	38	73.08	4	16.00	7	13.46
Kasargode	49	47	96	24	48.98	17	36.17	16	32.65	17	36.17	9	18.37	13	27.66
Narsinghpur	3	39	42	0	0.00	1	2.56	3	100.00	34	87.18	0	0.00	4	10.26
Sehore	12	8	20	5	41.67	1	12.50	7	58.33	5	62.50	0	0.00	2	25.00
Chandrapur	25	59	84	15	60.00	12	20.34	4	16.00	20	33.90	6	24.00	27	45.76
Ratnagiri	36	49	85	19	52.78	11	22.45	15	41.67	29	59.18	2	5.56	9	18.37
South Tripura	49	70	119	17	34.69	13	18.57	32	65.31	57	81.43	0	0.00	0	0.00
Alwar	19	16	35	10	52.63	0	0.00	5	26.32	6	37.50	4	21.05	10	62.50
Cuddalore	11	92	103	10	90.91	49	53.26	1	9.09	42	45.65	0	0.00	1	1.09
Vellore	6	111	117	0	0.00	3	2.70	6	100.00	107	96.40	0	0.00	1	0.90
Chandouli	19	42	61	16	84.21	2	4.76	3	15.79	40	95.24	0	0.00	0	0.00
Bijnour	60	23	83	48	80.00	17	73.91	12	20.00	5	21.74	0	0.00	1	4.35
N. 24 Parganas	29	90	119	4	13.79	14	15.56	25	86.21	76	84.44	0	0.00	0	0.00
Medinipur West	57	63	120	0	0.00	0	0.00	57	100.00	63	100.00	0	0.00	0	0.00
Bokaro	1	0	1	0	0.00	0		1	100.00	0		0	0.00	0	
Overall	**473**	**1007**	**1480**	**204**	**43.13**	**162**	**16.09**	**243**	**51.37**	**769**	**76.37**	**26**	**5.50**	**76**	**7.55**

3.13 INFLUENCE OF CHILDREN

School going children appear to a major influence on sanitation related issues as 64% of respondents having toilets and 60% of those who do not have toilets reported that children discuss these issues with them. Khammam, East Champaran, and Bellary were the only exceptions where children appeared not to be a major influencing factor.

Table-3.46: Percent of Households Reporting Sanitation issues being Discussed by School going Children

State/District	Total Respondents		Children discuss with HH members	
	Having toilets	Not having toilets	Having toilets	Not having toilets
Khammam	100	20	0.0	0.0
Chittoor	93	19	0.0	100.0
Jorhat	78	42	84.6	71.4
Champaran East	7	113	14.2	15.0
Surat	40	80	95.0	98.7
Bellary	77	43	28.5	23.2
Kasargode	96	24	64.5	54.1
Narsinghpur	42	78	40.4	35.9
Sehore	20	100	75.0	74.0
Chandrapur	84	36	59.5	41.6
Ratnagiri	85	35	57.6	42.8
South Tripura	119	1	68.0	100.0
Alwar	35	85	85.7	91.7
Cuddalore	103	17	78.6	82.3
Vellore	117	3	96.5	100.0
Chandouli	61	59	73.7	91.5
Bijnour	83	37	97.5	97.3
24 Parganas N.	119	6	55.4	83.3
Medinipur West	120	10	95.0	100.0
Bokaro	1	119	100.0	58.8
Overall	**1480**	**927**	**62.9**	**61.6**

3.14 PERSONAL HYGEINE

Hand washing before and after eating, hand washing after defecation, safe storage of drinking water, safe handling of drinking water and use of footwear etc are aspects of good personal hygiene, which are as important as good sanitation. These form the contents of the IEC component of TSC as also part of the school oriented campaign under TSC. Thought most Indian households pay attention to these aspects, the TSC campaign

should be able to reinforce the existing knowledge base and improve practice of personal hygiene. As awareness is the first step towards adoption of good personal hygiene practices, an attempt was made to understand the extent of peoples awareness in this regard and how these result in adoption of the practices.

The responses show that as expected these practices are known to most of the respondents even in a district like Bokaro where the IEC campaign has not really taken off. The only exception to this general trend is the low level of awareness about safe storage and safe handling of drinking water (using a vessel with handle to draw out water from the water pot) in E Champaran, Khammam, Chittoor, Jorhat, Surat, Bellary, Narsinghpur, Cudddalore, Vellore and Chandauli. Surprisingly, the awareness about the need to wear footwear is good except in Bellary and Surat.

(a) Hand washing before eating

There is almost a universal awareness about the need for hand washing before eating. This awareness is slightly more among those having toilets than those not having toilets. The awareness matches practice in most places except Bijnour. ***(Table-3.47)***

Table-3.47: Awareness and Practice of Hand washing before Eating

State/District	Households aware				Households practicing			
	Having toilets		Not having toilets		Having toilets		Not having toilets	
	No.	%	No.	%	No.	%	No.	%
Khammam	99	99.0	19	95.0	99	99.0	15	75.0
Chittoor	93	100.0	19	100.0	92	98.9	19	100.0
Jorhat	78	100.0	42	100.0	76	97.4	41	97.6
Champaran(E)	7	100.0	113	100.0	7	100.0	107	94.6
Surat	39	97.5	58	72.5	39	97.5	57	71.2
Bellary	77	100.0	41	95.3	77	100.0	40	93.0
Kasargode	96	100.0	22	91.6	96	100.0	22	91.6
Narsinghpur	41	97.6	77	98.7	40	95.2	77	98.7
Sehore	19	95.0	98	98.0	19	95.0	98	98.0
Chandrapur	84	100.0	36	100.0	83	98.8	35	97.2
Ratnagiri	84	98.8	35	100.0	84	98.8	34	97.1
South Tripura	118	99.1	1	100.0	117	98.3	1	100.0
Alwar	35	100.0	83	97.6	35	100.0	82	96.4
Cuddalore	102	99.0	17	100.0	101	98.0	17	100.0
Vellore	117	100.0	3	100.0	116	99.1	3	100.0
Chandouli	56	91.8	58	98.3	55	90.1	58	98.3
Bijnour	80	96.3	35	94.5	36	43.3	8	21.6
24 Parganas N.	119	100.0	6	100.0	117	98.3	5	83.3
Medinipur West	120	100.0	8	80.0	120	100.0	8	80.0
Bokaro	1	100.0	119	100.0	1	100.0	119	100.0
Overall	**1465**	**98.9**	**890**	**96.0**	**1410**	**95.2**	**846**	**91.2**

(b) Hand washing after eating

Awareness and adoption of this good practice is almost universal among the sample shown in ***Table-3.48***.

Table-3.48: Awareness and Practice of Hand washing after Eating

State/District	Households aware				Households practicing			
	Having toilets		Not having toilets		Having toilets		Not having toilets	
	No.	%	No.	%	No.	%	No.	%
Khammam	99	99.0	19	95.0	99	99.0	15	75.0
Chittoor	93	100.0	19	100.0	92	98.9	19	100.0
Jorhat	78	100.0	42	100.0	76	97.4	41	97.6
Champaran(E)	7	100.0	113	100.0	7	100.0	107	94.6
Surat	40	100.0	75	93.7	40	100.0	73	91.2
Bellary	77	100.0	42	97.6	77	100.0	41	95.3
Kasargode	96	100.0	22	91.6	96	100.0	22	91.6
Narsinghpur	42	100.0	77	98.7	41	97.6	77	98.7
Sehore	19	95.0	98	98.0	19	95.0	97	97.0
Chandrapur	84	100.0	36	100.0	83	98.8	35	97.2
Ratnagiri	84	98.8	35	100.0	84	98.8	34	97.1
South Tripura	118	99.1	1	100.0	117	98.3	1	100.0
Alwar	35	100.0	84	98.8	35	100.0	83	97.6
Cuddalore	102	99.0	17	100.0	101	98.0	17	100.0
Vellore	116	99.1	3	100.0	114	97.4	3	100.0
Chandouli	56	91.8	58	98.3	55	90.1	58	98.3
Bijnour	83	100.0	37	100.0	83	100.0	37	100.0
24 Parganas N.	119	100.0	6	100.0	117	98.3	5	83.3
Medinipur West	120	100.0	10	100.0	120	100.0	10	100.0
Bokaro	1	100.0	119	100.0	1	100.0	119	100.0
Overall	**1469**	**99.2**	**913**	**98.4**	**1457**	**98.4**	**894**	**96.4**

(c) Hand washing after defecation

Both awareness and practice of hand washing after defecation is also at a high level though a little less than hand washing before and after eating in some districts as shown in ***Table-3.49***.

Table-3.49: Awareness Practice of Hand washing after Defecation

State/District	Households aware				Households practicing			
	Having toilets		Not having toilets		Having toilets		Not having toilets	
	No.	%	No.	%	No.	%	No.	%
Khammam	66	66.0	15	75.0	66	66.0	14	70.0
Chittoor	93	100.0	19	100.0	92	98.9	19	100.0
Jorhat	78	100.0	42	100.0	76	97.4	41	97.6
Champaran(E)	7	100.0	112	99.1	7	100.0	106	93.8
Surat	39	97.5	61	76.2	38	95.0	58	72.5
Bellary	77	100.0	40	93.0	77	100.0	36	83.7
Kasargode	96	100.0	22	91.6	96	100.0	22	91.6
Narsinghpur	42	100.0	77	98.7	41	97.6	77	98.7
Sehore	16	80.0	74	74.0	16	80.0	71	71.0
Chandrapur	84	100.0	36	100.0	83	98.8	35	97.2
Ratnagiri	84	98.8	35	100.0	84	98.8	33	94.2
South Tripura	118	99.1	1	100.0	117	98.3	1	100.0
Alwar	35	100.0	84	98.8	35	100.0	83	97.6
Cuddalore	102	99.0	17	100.0	101	98.0	17	100.0
Vellore	103	88.0	2	66.6	100	85.4	2	66.6
Chandouli	56	91.8	58	98.3	55	90.1	58	98.3
Bijnour	83	100.0	37	100.0	83	100.0	37	100.0
24 Parganas N.	119	100.0	6	100.0	118	99.1	5	83.3
Medinipur West	120	100.0	10	100.0	120	100.0	10	100.0
Bokaro	1	100.0	119	100.0	1	100.0	119	100.0
Overall	**1419**	**95.8**	**867**	**93.5**	**1406**	**95.0**	**844**	**91.0**

(d) Safe storage of drinking water

The need for safe storage of drinking water exists among 93% of respondents with toilets and 84% without toilets at the aggregate level. This is accompanied by practice by 91% of respondents having toilets and 81% not having toilets. However the situation needs to improve in East Champaran, Vellore and Bellary.

Table-3.50: Safe Storage of Drinking Water

State/District	Households aware				Households practicing			
	Having toilets		Not having toilets		Having toilets		Not having toilets	
	No.	%	No.	%	No.	%	No.	%
Khammam	98	98.0	19	95.0	97	97.0	15	75.0
Chittoor	93	100.0	19	100.0	92	98.9	18	94.7
Jorhat	76	97.4	42	100.0	74	94.8	41	97.6
Champaran(E)	0	0.0	7	6.1	0	0.0	6	5.3
Surat	35	87.5	75	93.7	34	85.0	69	86.2
Bellary	56	72.7	27	62.7	45	58.4	20	46.5
Kasargode	96	100.0	22	91.6	96	100.0	22	91.6
Narsinghpur	41	97.6	75	96.1	40	95.2	75	96.1
Sehore	19	95.0	97	97.0	19	95.0	96	96.0
Chandrapur	84	100.0	35	97.2	83	98.8	34	94.4
Ratnagiri	84	98.8	33	94.2	84	98.8	31	88.5
South Tripura	118	99.1	1	100.0	116	97.4	1	100.0
Alwar	35	100.0	79	92.9	35	100.0	78	91.7
Cuddalore	102	99.0	17	100.0	101	98.0	17	100.0
Vellore	58	49.5	3	100.0	51	43.5	2	66.6
Chandouli	56	91.8	58	98.3	55	90.1	58	98.3
Bijnour	83	100.0	37	100.0	83	100.0	37	100.0
24 Parganas N.	119	100.0	6	100.0	114	95.8	5	83.3
Medinipur West	120	100.0	10	100.0	120	100.0	9	90.0
Bokaro	1	100.0	119	100.0	1	100.0	119	100.0
Overall	**1374**	**92.8**	**781**	**84.2**	**1340**	**90.5**	**753**	**81.2**

(e) Use of footwear

The need of wearing footwear is known to 88% and 73% of respondents with and without toilets respectively. This good practice is followed by 81% and 70% of the respondents in the two categories respectively. Some slight variation among districts can be observed in ***Table-3.51***. Bellary is low in both awareness and practice and needs to improve in Surat, Cuddalore & Vellore.

Table-3.51: Use of Footwear

State/District	Households aware				Households practicing			
	Having toilets		Not having toilets		Having toilets		Not having toilets	
	No.	%	No.	%	No.	%	No.	%
Khammam	66	66.0	15	75.0	66	66.0	14	70.0
Chittoor	93	100.0	11	57.8	92	98.9	9	47.3
Jorhat	68	87.1	35	83.3	64	82.0	35	83.3
Champaran(E)	7	100.0	83	73.4	7	100.0	76	67.2
Surat	23	57.5	37	46.2	19	47.5	29	36.2
Bellary	30	38.9	11	25.5	20	25.9	7	16.2
Kasargode	96	100.0	22	91.6	96	100.0	22	91.6
Narsinghpur	37	88.1	69	88.4	35	83.3	68	87.1
Sehore	18	90.0	88	88.0	17	85.0	86	86.0
Chandrapur	83	98.8	32	88.8	80	95.2	31	86.1
Ratnagiri	80	94.1	30	85.7	76	89.4	27	77.1
South Tripura	115	96.6	1	100.0	66	55.4	0	0.0
Alwar	35	100.0	77	90.5	33	94.2	76	89.4
Cuddalore	82	79.6	9	52.9	81	78.6	9	52.9
Vellore	88	75.2	2	66.6	79	67.5	2	66.6
Chandouli	55	90.1	56	94.9	53	86.8	55	93.2
Bijnour	81	97.5	37	100.0	80	96.3	37	100.0
24 Parganas N.	117	98.3	6	100.0	114	95.8	5	83.3
Medinipur West	120	100.0	10	100.0	120	100.0	9	90.0
Bokaro	1	100.0	77	64.7	0	0.0	50	42.0
Overall	**1295**	**87.5**	**708**	**76.3**	**1198**	**80.9**	**647**	**69.8**

(f) Safe handling of drinking water

Under TSC, hygiene and sanitation education focuses on the need to handle drinking water safely by covering the lid of the pot and using a vessel with handle to draw water from the pot. Both awareness and practice of this important element in personal hygiene was at a very low level in both the districts in Andhra Pradesh, Jorhat, East Champaran, Surat, Bellary, Vellore and Narsinghpur.

Table-3.52: Awareness and Practice about Safe Handling of Drinking Water

State/District	Households aware				Households practicing			
	Having toilets		Not having toilets		Having toilets		Not having toilets	
	No.	%	No.	%	No.	%	No.	%
Khammam	2	2.0	0	0.0	1	1.0	0	0.0
Chittoor	2	2.1	1	5.2	0	0.0	0	0.0
Jorhat	28	35.9	1	2.3	22	28.2	1	2.3
Champaran(E)	0	0.0	5	4.4	0	0.0	2	1.7
Surat	9	22.5	15	18.7	8	20.0	8	10.0
Bellary	19	24.6	5	11.6	8	10.3	3	6.9
Kasargode	96	100.0	22	91.6	96	100.0	22	91.6
Narsinghpur	16	38.1	35	44.8	12	28.5	31	39.7
Sehore	14	70.0	59	59.0	13	65.0	57	57.0
Chandrapur	82	97.6	32	88.8	78	92.8	31	86.1
Ratnagiri	82	96.4	31	88.5	80	94.1	29	82.8
South Tripura	110	92.4	1	100.0	70	58.8	1	100.0
Alwar	23	65.7	42	49.4	7	20.0	9	10.5
Cuddalore	56	54.3	4	23.5	51	49.5	4	23.5
Vellore	44	37.6	2	66.6	40	34.1	2	66.6
Chandouli	32	52.4	31	52.5	18	29.5	3	5.0
Bijnour	69	83.1	35	94.5	5	6.0	2	5.4
24 Parganas N.	115	96.6	6	100.0	87	73.1	4	66.6
Medinipur West	120	100.0	10	100.0	120	100.0	10	100.0
Bokaro	1	100.0	75	63.0	0	0.0	46	38.6
Overall	**920**	**62.1**	**412**	**44.4**	**716**	**48.3**	**265**	**28.5**

(g) Scrubbing of vessel

Awareness and practice of this good habit was very good in most places except Bellary, and among those who do not have toilets in Jorhat. In Bijnour awareness was good but this does not seem to be accompanied by practice. But it is not unusual for village women to spend time in carefully scrubbing and cleaning their cooking vessels.

Table-3.53: Regular Scrubbing of Vessels

State/District	Households aware				Households practicing			
	Having toilets		Not having toilets		Having toilets		Not having toilets	
	No.	%	No.	%	No.	%	No.	%
Khammam	98	98.0	19	95.0	98	98.0	15	75.0
Chittoor	92	98.9	19	100.0	91	97.8	19	100.0
Jorhat	40	51.2	8	19.0	31	39.7	7	16.6
Champaran(E)	7	100.0	111	98.2	7	100.0	105	92.9
Surat	40	100.0	78	97.5	40	100.0	77	96.2
Bellary	20	25.9	10	23.2	13	16.8	6	13.9
Kasargode	96	100.0	22	91.6	96	100.0	22	91.6
Narsinghpur	41	97.6	77	98.7	40	95.2	76	97.4
Sehore	14	70.0	63	63.0	13	65.0	60	60.0
Chandrapur	84	100.0	36	100.0	83	98.8	35	97.2
Ratnagiri	84	98.8	35	100.0	84	98.8	33	94.2
South Tripura	116	97.4	1	100.0	112	94.1	1	100.0
Alwar	25	71.4	47	55.2	22	62.8	44	51.7
Cuddalore	97	94.1	15	88.2	94	91.2	14	82.3
Vellore	55	47.0	2	66.6	46	39.3	2	66.6
Chandouli	42	68.8	48	81.3	38	62.3	46	77.9
Bijnour	72	86.7	35	94.5	3	3.6	3	8.1
24 Parganas N.	119	100.0	6	100.0	92	77.3	4	66.6
Medinipur West	120	100.0	10	100.0	120	100.0	10	100.0
Bokaro	1	100.0	117	98.3	1	100.0	116	97.4
Overall	**1263**	**85.3**	**759**	**81.8**	**1124**	**75.9**	**695**	**74.9**

(h) Taking bath

This is one practice whose awareness and practice is almost universal. It is not unusual for Indian men and women to take bath early morning even in severe winter even under conditions of water scarcity and absence of personal privacy.

Table-3.54: Regular Bath

State/District	Households aware				Households practicing			
	Having toilets		Not having toilets		Having toilets		Not having toilets	
	No.	%	No.	%	No.	%	No.	%
Khammam	98	98.0	19	95.0	97	97.0	15	75.0
Chittoor	93	100.0	19	100.0	92	98.9	19	100.0
Jorhat	78	100.0	39	92.8	76	97.4	37	88.1
Champaran(E)	7	100.0	113	100.0	7	100.0	108	95.5
Surat	40	100.0	78	97.5	40	100.0	76	95.0
Bellary	56	72.7	31	72.0	53	68.8	23	53.4
Kasargode	96	100.0	22	91.6	95	98.9	22	91.6
Narsinghpur	41	97.6	77	98.7	40	95.2	76	97.4
Sehore	19	95.0	94	94.0	19	95.0	91	91.0
Chandrapur	84	100.0	36	100.0	83	98.8	35	97.2
Ratnagiri	84	98.8	35	100.0	83	97.6	34	97.1
South Tripura	118	99.1	1	100.0	117	98.3	1	100.0
Alwar	34	97.1	79	92.9	33	94.2	78	91.7
Cuddalore	100	97.0	17	100.0	99	96.1	17	100.0
Vellore	106	90.6	3	100.0	101	86.3	3	100.0
Chandouli	56	91.8	58	98.3	55	90.1	57	96.6
Bijnour	83	100.0	37	100.0	83	100.0	37	100.0
24 Parganas N.	119	100.0	6	100.0	116	97.4	5	83.3
Medinipur West	120	100.0	10	100.0	120	100.0	10	100.0
Bokaro	1	100.	119	100.	1	100.0	119	100.0
Overall	**1433**	**96.8**	**893**	**96.3**	**1410**	**95.2**	**863**	**93.1**

(i) Wearing of clean clothes

Whenever they can afford people like to wear clean clothes. The respondents in our sample are no exception. But the absence of affordability may be the reason why about nearly half the sample (having toilets) in Vellore do not wear clean clothes.

Table-3.55: Wearing of Clean Cloths

State/District	Households aware				Households practicing			
	Having toilets		Not having toilets		Having toilets		Not having toilets	
	No.	%	No.	%	No.	%	No.	%
Khammam	66	66.0	16	80.0	66	66.0	14	70.0
Chittoor	93	100.0	19	100.0	92	98.9	19	100.0
Jorhat	71	91.0	38	90.4	70	89.7	34	80.9
Champaran(E)	7	100.0	113	100.0	7	100.0	108	95.5
Surat	36	90.0	73	91.2	35	87.5	68	85.0
Bellary	74	96.1	40	93.0	72	93.5	39	90.7
Kasargode	95	98.9	22	91.6	94	97.9	22	91.6
Narsinghpur	33	78.5	63	80.7	31	73.8	61	78.2
Sehore	19	95.0	95	95.0	19	95.0	94	94.0
Chandrapur	83	98.8	33	91.6	81	96.4	31	86.1
Ratnagiri	84	98.8	35	100.0	83	97.6	34	97.1
South Tripura	118	99.1	1	100.0	115	96.6	1	100.0
Alwar	34	97.1	83	97.6	33	94.2	80	94.1
Cuddalore	102	99.0	17	100.0	101	98.0	17	100.0
Vellore	65	55.5	3	100.0	58	49.5	3	100.0
Chandouli	56	91.8	58	98.3	55	90.1	56	94.9
Bijnour	83	100.0	37	100.0	83	100.0	37	100.0
24 Parganas N.	119	100.0	6	100.0	115	96.6	5	83.3
Medinipur West	120	100.0	10	100.0	120	100.0	10	100.0
Bokaro	1	100.0	119	100.0	0	0.0	118	99.1
Overall	**1359**	**91.8**	**881**	**95.0**	**1330**	**89.8**	**851**	**91.8**

(j) Dental hygiene

The survey finding shows that rural people generally brush their teeth every morning though local herbs like neem sticks or burnt rice husk, pepper and salt may be used as the brushing medium instead of chemical pastes.

Table-3.56: Daily Brushing of Teeth

State/District	Households aware				Households practicing			
	Having toilets		Not having toilets		Having toilets		Not having toilets	
	No.	%	No.	%	No.	%	No.	%
Khammam	66	66.0	15	75.0	66	66.0	14	70.0
Chittoor	93	100.0	19	100.0	92	98.9	19	100.0
Jorhat	78	100.0	40	95.2	76	97.4	39	92.8
Champaran(E)	7	100.0	113	100.0	7	100.0	108	95.5
Surat	21	52.5	34	42.5	15	37.5	22	27.5
Bellary	74	96.1	38	88.3	73	94.8	32	74.4
Kasargode	91	94.7	21	87.5	88	91.6	19	79.1
Narsinghpur	41	97.6	77	98.7	40	95.2	77	98.7
Sehore	18	90.0	94	94.0	17	85.0	88	88.0
Chandrapur	84	100.0	35	97.2	82	97.6	34	94.4
Ratnagiri	83	97.6	34	97.1	83	97.6	30	85.7
South Tripura	117	98.3	1	100.0	116	97.4	1	100.0
Alwar	34	97.1	80	94.1	34	97.1	76	89.4
Cuddalore	99	96.1	17	100.0	98	95.1	17	100.0
Vellore	110	94.0	3	100.0	104	88.8	2	66.6
Chandouli	56	91.8	58	98.3	55	90.1	57	96.6
Bijnour	82	98.8	37	100.0	82	98.8	36	97.3
24 Parganas N.	119	100.0	6	100.0	117	98.3	5	83.3
Medinipur West	120	100.0	10	100.0	120	100.0	10	100.0
Bokaro	1	100.0	118	99.1	1	100.0	118	99.1
Overall	**1394**	**94.1**	**850**	**91.6**	**1366**	**92.3**	**804**	**86.7**

(k) Cutting of Nails

This practice does not appear to be as universal as the other good practices, possibly due to the inability to afford nail cutters. Surat, Bellary and Vellore are the districts where the awareness and practice on this count are least developed.

Table-3.57: Regular Cutting of Nails

State/District	Households aware				Households practicing			
	Having toilets		Not having toilets		Having toilets		Not having toilets	
	No.	%	No.	%	No.	%	No.	%
Khammam	64	64.0	15	75.0	64	64.0	14	70.0
Chittor	92	98.9	14	73.6	90	96.7	11	57.8
Jorhat	74	94.8	38	90.4	73	93.5	36	85.7
Champaran(E)	6	85.7	96	84.9	6	85.7	89	78.7
Surat	2	5.0	11	13.7	2	5.0	6	7.5
Bellary	23	29.8	7	16.2	13	16.8	4	9.3
Kasargode	67	69.7	20	83.3	44	45.8	15	62.5
Narsinghpur	31	73.8	64	82.0	27	64.2	60	76.9
Sehore	12	60.0	75	75.0	12	60.0	65	65.0
Chandrapur	83	98.8	33	91.6	81	96.4	29	80.5
Ratnagiri	83	97.6	31	88.5	82	96.4	29	82.8
South Tripura	103	86.5	1	100.0	96	80.6	1	100.0
Alwar	21	60.0	46	54.1	19	54.2	36	42.3
Cuddalore	62	60.1	9	52.9	60	58.2	9	52.9
Vellore	50	42.7	2	66.6	40	34.1	1	33.3
Chandouli	46	75.4	50	84.7	40	65.5	46	77.9
Bijnour	76	91.5	36	97.3	57	68.6	23	62.1
24 Parganas N.	119	100.0	6	100.0	111	93.2	5	83.3
Medinipur West	118	98.3	10	100.0	117	97.5	10	100.0
Bokaro	1	100.0	118	99.1	1	100.0	118	99.1
Overall	**1133**	**76.5**	**682**	**73.5**	**1035**	**69.9**	**607**	**65.4**

3.15 MATERIAL USED FOR WASHING HANDS

Soap is the major medium of hand washing in Khammam, Jorhat, Kasargode, Sehore, Chandrapur, Medinipur west and Bijnour.

Mud is most commonly used in East Champaran, Alwar, Ratnagiri, Chandauli and 24 Parganas. In Chittoor, Surat, Bellary and Cuddalore most people use water only.

3.16 MATERIAL USED FOR CLEANING TOILETS

Use of Phenyl or other chemicals for cleaning the toilet is taking place in Khammam, Kasargode and Vellore. In other district, people mostly use only water.

3.17 DRINKING WATER

Public well provided drinking water to about 39% of the households, 28% depended on protected water supply and the rest on other sources. Open well dependency was most in Kasargode (70%), Bokaro (64%) and Chandauli (36%). The most important source of both the districts in Madhya Pradesh was public well (more than 80%). Public water supply schemes was available in both districts in Andhra Pradesh (more than 70%), Bellary (70%), Surat (65%), Chandrapur (54%) and Vellore (53%).

Table-3.58: Source of Drinking Water for households

State/District	Total Respondents	Sources													
		Own hand pump		Public Hand pump		Water supply		Open well		River or pond		Rain water harvesting		Other	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Khammam	120	1	0.8	7	5.8	89	74.1	3	2.5	0	0.0	0	0.0	0	0.0
Chittoor	112	1	0.8	12	10.7	94	83.9	5	4.4	0	0.0	0	0.0	0	0.0
Jorhat	120	34	28.3	41	34.1	19	15.8	5	4.1	15	12.5	0	0.0	5	4.1
Champaran East	120	97	80.8	21	17.5	0	0.0	1	0.8	0	0.0	0	0.0	0	0.0
Surat	120	2	1.6	40	33.3	78	65.0	0	0.0	0	0.0	0	0.0	0	0.0
Bellary	120	18	15.0	21	17.5	85	70.8	0	0.0	2	1.6	0	0.0	0	0.0
Kasargode	120	3	2.5	1	0.8	29	24.1	84	70.0	1	0.8	0	0.0	1	0.8
Narsinghpur	120	8	6.6	100	83.3	8	6.6	1	0.8	0	0.0	1	0.8	0	0.0
Sehore	120	6	5.0	101	84.1	2	1.6	7	5.8	1	0.8	0	0.0	0	0.0
Chandrapur	120	8	6.6	34	28.3	65	54.1	11	9.1	0	0.0	0	0.0	2	1.6
Ratnagiri	120	4	3.3	2	1.6	51	42.5	57	47.5	0	0.0	0	0.0	4	3.3
South Tripura	120	30	25.0	50	41.6	34	28.3	0	0.0	0	0.0	1	0.8	2	1.6
Alwar	120	12	10.0	92	76.6	2	1.6	14	11.6	0	0.0	0	0.0	0	0.0
Cuddalore	120	27	22.5	44	36.6	44	36.6	0	0.0	0	0.0	0	0.0	1	0.8
Vellore	120	8	6.6	40	33.3	64	53.3	4	3.3	2	1.6	0	0.0	1	0.8
Chandouli	120	59	49.1	17	14.1	0	0.0	43	35.8	0	0.0	0	0.0	0	0.0
Bijnour	120	106	88.3	14	11.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
24 Parganas N.	125	1	0.8	123	98.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Medinipur West	130	2	1.5	115	88.4	9	6.9	0	0.0	0	0.0	0	0.0	3	2.3
Bokaro	120	1	0.8	60	50.0	1	0.8	58	48.3	0	0.0	0	0.0	0	0.0
Overall	**2407**	**428**	**17.7**	**935**	**38.8**	**674**	**28.0**	**293**	**12.1**	**21**	**0.8**	**2**	**0.0**	**19**	**0.7**

Composting as a method for garbage disposal was adopted by 63% households in Bellary, 50% in Kasargode, 58% in East Champaran more than 90% in both Maharashtra districts and 71% in South Tripura. Garbage pits were common in both Andhra Pradesh, Sehore, Alwar, Cuddalore, Vellore, Bijnour, Chandauli and Medinipur West. Bittering was most frequent in Bokar (76%) and to significant extent in Surat (46%), Narsinghpur (25%), Sehore (30%) and 24 Parganas (31%).

Table-3.59: Methods of Garbage Disposal adopted by Households

State/District	Total Respondents	Thrown into the street		Put into garbage dumping site		Composted		Other	
		No.	%	No.	%	No.	%	No.	%
Khammam	120	0	0.0	100	83.3	0	0.0	20	16.6
Chittoor	112	2	1.7	109	97.3	0	0.0	1	0.8
Jorhat	120	0	0.0	51	42.5	32	26.6	37	30.8
Champaran East	120	23	19.1	25	20.8	69	57.5	3	2.5
Surat	120	55	45.8	25	20.8	40	33.3	0	0.0
Bellary	120	5	4.1	39	32.5	76	63.3	0	0.0
Kasargode	120	3	2.5	13	10.8	60	50.0	44	36.6
Narsinghpur	120	30	25.0	46	38.3	7	5.8	37	30.8
Sehore	120	37	30.8	75	62.5	2	1.6	6	5.0
Chandrapur	120	2	1.6	4	3.3	114	95.0	0	0.0
Ratnagiri	120	1	0.8	0	0.0	113	94.1	6	5.0
South Tripura	120	0	0.0	26	21.6	86	71.6	8	6.6
Alwar	120	10	8.3	104	86.6	3	2.5	3	2.5
Cuddalore	120	12	10.0	102	85.0	1	0.8	5	4.1
Vellore	120	2	1.6	71	59.1	26	21.6	21	17.5
Chandouli	120	1	0.8	103	85.8	12	10.0	4	3.3
Bijnour	120	2	1.6	118	98.3	0	0.0	0	0.0
24 Parganas N.	125	39	31.2	26	20.8	58	46.4	2	1.6
Medinipur West	165	35	21.2	86	52.1	41	24.8	3	1.8
Bokaro	85	65	76.4	19	22.3	0	0.0	1	1.1
Overall	**2407**	**324**	**13.4**	**1142**	**47.4**	**740**	**30.7**	**201**	**8.3**

3.18 DRAINAGE SITUATION

Drainage situation was stated to be poor in Kasargode, Bellary, Ratnagiri, Chandrapur, 24 Parganas & Medinipur west. Only in South Tripura, Cuddalore and Chandauli drainage was rated as good at least by half the member of households.

Table-3.60: Assessment of Drainage Situation the Village and Adoption of Smokeless Chulhas

State/District	Total Respondents	Drainage situation						Smokeless chullahs adopted	
		Poor		Average		Good			
		No.	%	No.	%	No.	%	No.	%
Khammam	120	0	0.0	120	100.0	0	0.0	69	57.5
Chittoor	112	10	8.9	102	91.0	0	0.0	80	71.4
Jorhat	120	16	13.3	92	76.6	12	10.0	10	8.3
Champaran East	120	58	48.3	61	50.8	1	0.8	48	40.0
Surat	120	16	13.3	100	83.3	4	3.3	1	0.8
Bellary	120	82	68.3	36	30.0	2	1.6	73	60.8
Kasargode	120	104	86.6	7	5.8	9	7.5	10	8.3
Narsinghpur	120	30	25.0	81	67.5	9	7.5	1	0.8
Sehore	120	52	43.3	48	40.0	20	16.6	2	1.6
Chandrapur	120	66	55.0	53	44.1	1	0.8	1	0.8
Ratnagiri	120	116	96.6	1	0.8	3	2.5	13	10.8
South Tripura	120	0	0.0	30	25.0	90	75.0	9	7.5
Alwar	120	52	43.3	68	56.6	0	0.0	5	4.1
Cuddalore	120	5	4.1	50	41.6	65	54.1	15	12.5
Vellore	120	0	0.0	118	98.3	2	1.6	12	10.0
Chandouli	120	1	0.8	60	50.0	59	49.1	0	0.0
Bijnour	120	2	1.6	116	96.6	2	1.6	1	0.8
24 Parganas N.	125	118	94.4	5	4.0	2	1.6	8	6.4
Medinipur West	165	161	97.5	3	1.8	1	0.6	0	0.0
Bokaro	85	66	77.6	19	22.3	0	0.0	2	2.3
Overall	**2407**	**955**	**39.6**	**1170**	**48.6**	**282**	**11.7**	**360**	**14.9**

3.19 USE OF SMOKELESS CHULLHAS

Though at the aggregate level only 14% households used smokeless chullhas, they appeared to be popular in both Andhra Pradesh districts and Bellary.

3.20 INCIDENCE OF DISEASES

Malaria, Typhoid and diarrhoea were the most frequent reported diseases but their number was not significant. East Champaran appeared to be the most disease prone.

Table-3.61(a): % of Adults Affected by Water Borne Diseases

State/Districts	Total Respondents	Cholera			Typhoid			Jaundice			Diarrhoea			Malaria			Others		
		Once	Twice	Thrice	Once	Twice	Thrice	Once	Twice	Thrice	Once	Twice	Thrice	Once	Twice	Thrice	Once	Twice	Thrice
Khammam	120	0.8	0.0	0.0	1.6	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chittoor	112	0.8	0.8	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Jorhat	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Champaran East	120	1.6	0.0	0.0	38.3	0.0	0.0	21.6	0.0	0.0	23.3	0.0	0.0	50.0	0.0	0.0	6.6	0.0	0.0
Surat	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Bellary	120	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.0
Kasargode	120	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Narsinghpur	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sehore	120	0.0	0.0	0.8	17.5	0.0	0.0	0.8	0.0	0.0	0.8	0.0	0.0	40.0	0.8	0.0	0.0	0.0	0.0
Chandrapur	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ratnagiri	120	0.0	0.0	0.0	0.0	0.0	0.0	1.6	0.0	0.0	0.8	0.0	0.0	32.5	0.0	0.0	15.8	0.0	0.0
South Tripura	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Alwar	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0
Cuddalore	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.6	0.0	0.0	0.0	0.0	0.0
Vellore	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chandouli	120	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Bijnour	120	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
24 Parganas North	125	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Medinipur West	165	0.6	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0	5.4	0.0	0.0	2.4	0.0	0.0	0.0	0.0	0.0
Bokaro	85	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.5	0.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0
Overall	**2407**	**0.2**	**0.1**	**0.0**	**2.9**	**0.0**	**0.0**	**1.2**	**0.0**	**0.0**	**1.8**	**0.0**	**0.0**	**6.4**	**0.0**	**0.0**	**1.1**	**0.0**	**0.0**

Table-3.61(b): % of Children Affected by Water Borne diseases

State/Districts	Total Respondents	Cholera			Typhoid			Jaundice			Diarrhoea			Malaria			Others		
		Once	Twice	Thrice	Once	Twice	Thrice	Once	Twice	Thrice	Once	Twice	Thrice	Once	Twice	Thrice	Once	Twice	Thrice
Khammam	120	0.0	0.0	0.0	1.6	0.0	0.0	0.0	0.0	0.0	4.1	0.8	0.0	0.8	0.0	0.0	0.0	0.0	0.0
Chittoor	112	1.7	0.0	0.0	2.6	0.8	0.0	0.8	0.0	0.0	1.7	2.6	0.0	0.8	0.0	0.0	0.0	0.0	0.0
Jorhat	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Champaran East	120	0.8	0.0	0.0	24.1	0.0	0.0	25.0	0.0	0.0	43.3	0.0	0.0	42.5	0.0	0.0	3.3	0.8	0.0
Surat	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Bellary	120	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.0
Kasargode	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.8	0.0	0.0	0.0	0.0	2.5	0.0	0.0
Narsinghpur	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sehore	120	0.8	0.0	0.0	16.6	0.0	0.0	1.6	0.0	0.0	4.1	0.0	0.0	30.0	0.0	0.0	0.0	0.0	0.0
Chandrapur	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ratnagiri	120	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.8	0.0	0.0	16.6	0.0	0.0	9.1	0.0	0.0
South Tripura	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Alwar	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Cuddalore	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0	0.0	0.0	0.0	0.0
Vellore	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Chandouli	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Bijnour	120	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
24 Parganas North	125	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Medinipur West	165	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.2	0.0	0.0	0.6	0.0	0.0	0.0	0.0	0.0
Bokaro	85	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Overall	**2407**	**0.1**	**0.0**	**0.0**	**2.2**	**0.0**	**0.0**	**1.4**	**0.0**	**0.0**	**2.8**	**0.2**	**0.0**	**4.6**	**0.0**	**0.0**	**0.7**	**0.0**	**0.0**

Chapter-IV

SCHOOL SANITATION AND HYGIENE EDUCATION

4.1 INTRODUCTION

We consider them "**the future citizens of India**" but never seriously bothered about their proper protection and care. As a socializing institution the school has great importance after the family stimulating learning environment and play the cognitive and creative development of the children. As long as basic hygiene practices, sanitary facilities and water supply are missing in schools, improved health and quality learning are not possible. And if children do not have the basic knowledge, attitude and habit of good hygiene or cannot practice them, education is neither complete nor effective. An unsafe school environment may damage their health, particularly of girl children, who are more Vulnerable to malnutrition in most of the cases leading to low enrolment and high drop out rates. There is evidence that the lack of proper toilet facilities in schools has a definite and significant bearing on the drop-out rate of girls, particularly around the time they reach Class VIII. In 2000, barely 10 per cent of Tamil Nadu's 40,000 government schools had usable toilets; the figure is much lower for the country as a whole. (V. Balkrishan, Tamil Nadu Primary Schools improvement Campaign). According to UNICEF sanitation and female literacy are closely related.

A SANITATION EMERGENCY

Want of toilets in schools is one of the reasons for drop-out of girls from schools as is seen from the statement of Susheela, an 11 year old girl: "I was always first in the class. I am very much interested in studies. I want to become a lawyer. But my mother stopped me from going to school after Class V as the middle school I was attending, 5 km from my house, had no toilet. Can someone help me?"

(The Frontline, Volume 20 - Issue 24, November 22 - December 05, 2003)

School Sanitation and Hygiene Education (SSHE) was introduced in the RCRSP programme in 1999. It's a comprehensive programme to ensure child friendly water supply, toilet and hand washing facilities in the schools and promote behavioral change by hygiene education. At present, SSHE is implemented under Total Sanitation Campaign (TSC) with shares of Central Government, State Government and Parent Teachers/GP in the ratio of 60:30:10.

The objective of SSHE component of TSC is to promote sanitation and hygiene in and through schools to bring about behavioral change that will have a lasting impact through:

(i) involvement of child as a change agent to spread the sanitary practices in the proven route of Teacher - Children - Family – Community;

(ii) emphasis on attitude and behavioral change through hygiene education using life skill approach;

(iii) Child friendly, especially girl child and disabled friendly, water and sanitation design options;

(iv) inter-sectoral coordination through alliance building with concerned Ministries and Departments; and

(v) Involvement of community and Parent Teacher Association (PTAs) as equal partners.

Govt. of India is committed to cover all uncovered rural schools with water and sanitation facility and also imparting hygiene education by 2005-2006. As on 3rd December, 2004, 117554 schools have benefited under the programme against a target of 385526 (30.5%).

4.2 THE BASELINE SITUATION

Availability of Sanitation facility in schools was at a fairly satisfactory level at the time of the baseline survey in the districts of Surat (74%), Alwar (78%), Chandauli (97%), Bijnour (67%) and Kasargode (56%). In all the other districts the situation was unsatisfactory. During the TSC phase the coverage of schools with sanitation facilities increased from 46.4% of the schools to 90.6%. The districts lagging behind are Khammam, Chittoor, Jorhat, East Champaran, Bellary, Narsinghpur and Bokaro ***(Table-4.1)***. The fact of good coverage of course does not mean that the sanitation facility is adequate for the student population.

Table-4.1: District-wise Status of School Toilets

Sl. No.	Districts	Base Line Survey Report				Physical progress till date		% Achieved	Cumulative percent of schools covered
		No. of Schools	With Latrines	Without Latrines	% Coverage	Approved	Achieved	(col. 8 / col.7)	((col. 8 + col.4)/ col.3)
1	2	3	4	5	6	7	8	9	10
1	Khammam	3885	726	3159	18.7	3159	1188	37.6	49.3
2	Chittoor	5157	268	4889	5.2	2345	2180	93.0	47.5
3	Jorhat	NA	-	-	-	150	13	8.7	8.7
4	Champaran East	NA	-	-	-	1090	0	0.0	0.0
5	Surat	2332	1736	596	74.4	1015	500	49.3	95.9
6	Bellary	NA	-	-	-	900	47	5.2	5.2
7	Kasargode	6427	3620	2807	56.3	281	166	59.1	58.9
8	Narsingpur	1885	552	1333	29.3	993	335	33.7	47.1
9	Sehore	1898	995	903	52.4	1141	423	37.1	74.7
10	Chandrapur	1836	747	1089	40.7	1420	775	54.6	82.9
11	Ratnagiri	NA	NA	-	-	2168	1339	61.8	-
12	Tripura (S)	902	305	597	33.8	597	570	95.5	97.0
13	Alwar	2772	2164	608	78.1	650	607	93.4	100.0
14	Cuddalore	1415	512	903	36.2	1055	1035	98.1	109.3
15	Vellore	2515	1773	742	70.5	2707	1986	73.4	149.5
16	Chandouli	1071	1039	32	97.0	101	48	47.5	101.5
17	Bijnour	1879	1259	620	67.0	900	536	59.6	95.5
18	24 Praganas (N)	3624	1747	1877	48.2	1243	1135	91.3	79.5
19	Medinipur (W)	NA	-	-	-	3830	3724	97.2	97.2
20	Bokaro	NA	-	-	-	5	0	0.0	0.0
	Total	**37598**	**17443**	**20155**	46.4	**25750**	**16607**	**64.5**	**90.6**

4.3 AVAILABILITY OF TOILETS IN SAMPLE SCHOOLS

A total of 80 schools in 20 districts were visited during the concurrent evaluation exercise. of these, 75 schools (94%) had toilets ***(Table-4.2)***. Toilet was not available in one school each in Vellore, Jorhat, Surat, Bokaro and Champaran (E) districts. In the 5 schools where toilet facility is not available, children per force have to do open defecation. In the absence of toilets children in these schools are compelled to use whatever space is available to attend to the call of nature. Discussions and observations also showed that in many schools, which have toilets, urinating in the open is practiced.

Table-4.2: District-wise Availability of Toilets in Sample Schools

Sr. No.	Districts	Availability of Toilets		Total
		Yes	No	
1	Khammam	4	-	4
2	Chittoor	4	-	4
3	Jorhat	3	1	4
4	Champaran East	3	1	4
5	Surat	3	1	4
6	Bellary	4	-	4
7	Kasargode	4	-	4
8	Narsingpur	4	-	4
9	Sehore	4	-	4
10	Chanderpur	4	-	4
11	Ratnagiri	4	-	4
12	Tripura (S)	4	-	4
13	Alwar	4	-	4
14	Cuddalore	4	-	4
15	Vellore	3	1	4
16	Chandouli	4	-	4
17	Bijnour	4	-	4
18	24 Praganas (N)	4	-	4
19	Medinipur (W)	4	-	4
20	Bokaro	3	1	4
Total		**75**	**5**	**80**
%		**93.75**	**6.25**	

4.4 RATIO OF TOILET TO USER

According to the recommendations of the ministry of health, all day schools must be provided the facility of latrines, urinals and also water supply. The norms include one urinal for 60 students, one latrine for 100 students and one source of water supply within the vicinity of 40 meters from the school as the bare minimum requirement. The fact that a large number of children have to depend on a single toilet points to the need for planning school sanitation keeping in view student strength rather than a standard norm of one or two toilets per school. Most sample schools had one to two toilets. In most schools there was no separate toilets for students and teachers / other employees. Considering the total number of users the ratio of toilet to user came to 1:164 with respect to latrines and w.r.t. 1:153 per urinal. In the schools in East Champaran and Chandauli there was no urinal.

Table-4.3: Toilet to User Ratio in Sample Schools

Sr. No.	Districts	Total Toilets	Total Urinals	Total Users	Average Users Per Toilet	Average Users per urinal
1	Khammam	5	6	1182	236	197
2	Chittoor	4	4	358	90	90
3	Jorhat	3	7	3992	1331	570
4	Champaran East	6	0	1151	192	
5	Surat	8	6	558	70	93
6	Bellary	20	8	1362	68	170
7	Kasargode	22	25	447	20	18
8	Narsingpur	8	17	853	107	50
9	Sehore	7	11	1362	195	124
10	Chanderpur	7	14	2442	349	174
11	Ratnagiri	4	7	1286	322	184
12	Tripura (S)	6	14	1296	216	93
13	Alwar	5	12	943	189	79
14	Cuddalore	10	8	463	46	58
15	Vellore	13	7	1193	92	170
16	Chandouli	7	4	1282	183	321
17	Bijnour	4	0	1678	420	
18	24 Praganas (N)	4	8	709	177	89
19	Medinipur (W)	4	4	849	212	212
20	Bokaro	8	4	2038	255	510
Total		**155**	**166**	**25444**	**164**	**153**

Of the schools studied about 38% were primary schools, 22% upper primary and 20% were middle or secondary schools ***(Table-4.4)***. Among the schools, which had no toilet facility, 3 were primary schools and one each was upper and high schools.

Table-4.4: Availability of Toilets in the Schools

Category of Schools	Availability of Toilets in the Schools		Total
	Yes	No	
Primary	35	3	**38**
Upper Primary	21	1	**22**
Middle and Higher	19	1	**20**
Total	**75**	**5**	**80**
%	**93.75**	**6.25**	

4.5 PROGRAMME UNDER WHICH TOILETS CONSTRUCTED

A number of agencies have been involved in providing finance for construction of toilets ***(Table-4.5)***. Major financial assistance came from SSHE component in TSC (52 %) followed by state govt. fund (15%) and District Primary Education Programme (DPEP) / Sarva Siksha Abhiyan (SSA) (13%).

Table-4.5: Agency Providing Financial Assistance

Sl. No.	Districts	Agency					Total
		TSC	DPEP / SSA	State Govt. Fund	UNICEF	Not Aware	
1	Khammam	3	-	-	-	1	4
2	Chittoor	-	3	-	-	1	4
3	Jorhat	1	-	1	-	1	3
4	Champaran East	-	2	1	-	-	3
5	Surat	-	2	1	-	-	3
6	Bellary	4	-	-	-	-	4
7	Kasargode	4	-	-	-	-	4
8	Narsingpur	4	-	-	-	-	4
9	Sehore	-	-	-	3	1	4
10	Chanderpur	3	-	1	-	-	4
11	Ratnagiri	1	-	2	-	1	4
12	Tripura (S)	2	-	1	-	1	4
13	Alwar	1	2	-	-	1	4
14	Cuddalore	2	-	1	-	1	4
15	Vellore	2	-	-	-	1	3
16	Chandauli	2	-	1	-	1	4
17	Bijnour	2	1	-	-	1	4
18	24 Praganas (N)	3	-	-	-	1	4
19	Medinipur (W)	4	-	-	-	-	4
20	Bokaro	1	-	2	-	-	3
Total		**39**	**10**	**11**	**3**	**9**	**75**
%		**52.0**	**13.3**	**14.6**	**4.0**	**12.0**	

4.6 LOCATION OF TOILETS

Location of toilets in the schools has always been a matter of concern from the point of privacy, safety and all weather accessibility particularly for girls. Toilets within the school boundary provide a sort of comfortable environment for the students. Generally, the toilets were found constructed at a corner of the school compound. But absence of boundary walls limited privacy and tendency of the generally village population to use the school facility for attending to the call of nature.

4.7 AVAILABILITY AND SOURCE OF WATER

Though 68 percent of the sample schools had adequate supply of water for use in toilets, 21% had scarce water availability and nearly 11% had no water at all. Details are given in ***Table-4.6***. Two out of 4 sample schools in Narsinghpur and one each in East Chamaparan, Bokaro, North 24 Parganas, Alwar, Jorhat and Ratnagiri had no water. And scarcity of water was experienced by 3 out of 4 schools each in Bellary & Sehore and one each from Ratnagiri, Kasargode, Cuddalore, Vellore, Chandauli, Medinipur West, Chittoor and Bokaro and 2 schools in South Tripura. This is a matter of serious concern as without water **using a toilet poses as serious health hazard as open defecation**.

Table-4.6: Availability of Water in Sample Schools

Sl. No.	Districts	Adequate	Scarce	Not Available	Total
1	Khammam	4	-	-	4
2	Chittoor	3	1	-	4
3	Jorhat	2	-	1	3
4	Champaran East	2	-	1	3
5	Surat	3	-	-	3
6	Bellary	1	3	-	4
7	Kasargode	3	1	-	4
8	Narsingpur	2	-	2	4
9	Sehore	1	3	-	4
10	Chanderpur	4	-	-	4
11	Ratnagiri	2	1	1	4
12	Tripura (S)	2	2	-	4
13	Alwar	3	-	1	4
14	Cuddalore	3	1	-	4
15	Vellore	2	1	-	3
16	Chandauli	3	1	-	4
17	Bijnour	4	-	-	4
18	24 Praganas (N)	3	-	1	4
19	Medinipur (W)	3	1	-	4
20	Bokaro	1	1	1	3
	Total	**51**	**16**	**8**	**75**
	%	**68.00**	**21.33**	**10.67**	

Majority of schools have been using water from hand pumps (32%) followed by water tank (25 %) as the source of water for toilet purpose ***(Table-4.7)***.

Table-4.7: Sources of Water for Toilet Purpose

Sr. No.	Districts	Source						Total
		Tap / Covered pot or Vessel Drum	Water Tank	Hand Pump	Tube well	Children bring their own water	Others	
1	Khammam	1	2	-	1	-	-	4
2	Chittoor	-	2	1	1	-	-	4
3	Jorhat	-	-	2	-	-	-	2
4	Champaran East	-	-	2	-	-	-	2
5	Surat	-	3	-	-	-	-	3
6	Bellary	3	-	-	-	-	1	4
7	Kasargode	2	2	-	-	-	-	4
8	Narsingpur	-	-	2	-	-	-	2
9	Sehore	-	-	4	-	-	-	4
10	Chanderpur	1	2	-	-	1	-	4
11	Ratnagiri	2	1	-	-	-	-	3
12	Tripura (S)	-	3	1	-	-	-	4
13	Alwar	-	-	3	-	-	-	3
14	Cuddalore	3	1	-	-	-	-	4
15	Vellore	2	1	-	-	-	-	3
16	Chandouli	-	-	4	-	-	-	4
17	Bijnour	-	1	3	-	-	-	4
18	24 Praganas (N)	-	1	-	2	-	-	3
19	Medinipur (W)	-	-	-	3	-	1	4
20	Bokaro	-	-	2	-	-	-	2
Total		**14**	**19**	**24**	**7**	**1**	**2**	**67**
%		**20.8**	**25.3**	**32.0**	**10.4**	**1.4**	**3.0**	**100.0**

4.8 SOURCE OF DRINKING WATER

The major sources of drinking water comprised of hand pumps (34%). Water collected from different sources and stored in covered pot, was available in about 30% and tube well water was available is about 21% ***(Table-4.8)***.

Table-4.8: Sources of Drinking Water

Sr. No.	Districts	Source						Total
		Tap / Covered pot or Vessel Drum	Open Well	Hand pump	Tube well	Children bring their own water	Others	
1	Khammam	1	-	-	3	-	-	4
2	Chittoor	2	-	1	1	-	-	4
3	Jorhat	-	-	1	-	1	-	2
4	Champaran East	-	-	-	2	-	-	2
5	Surat	2	-	1	-	-	-	3
6	Bellary	4	-	-	-	-	-	4
7	Kasargode	-	2	-	-	2	-	4
8	Narsingpur	1	-	1	-	-	-	2
9	Sehore	-	-	4	-	-	-	4
10	Chanderpur	3	-	1		-	-	4
11	Ratnagiri	3	-	-		-	-	3
12	Tripura (S)	1	-	2	1	-	-	4
13	Alwar		-	3		-	-	3
14	Cuddalore	3	-	-	1	-	-	4
15	Vellore	1	-	-		1	1	3
16	Chandouli	-	-	4		-	-	4
17	Bijnour	-	-	4		-	-	4
18	24 Praganas (N)	-	-	1	1	1	-	3
19	Medinipur (W)	-	-	-	3	-	1	4
20	Bokaro	-	-	-	2	-	-	2
Total		**21**	**2**	**23**	**14**	**5**	**2**	**67**
%		**31.3**		**34.3**	**20.8**	**7.4**	**3.0**	**100.0**

(i) Hand pumps inside the premises frequently get chocked and further availability of water becomes a problem for the children. Agencies responsible for the water supply should look into these matters since negligence in water supply might create unhygienic conditions inside the premises.

(ii) In Verawali village of Lanja block in Ratnagiri district, Maharastra, students bring water from a private water pipe located 1 Km away. Therefore, a permanent solution to the water supply should be there before any work to be taken up in the schools.

4.9 SEPARATE TOILETS FOR BOYS AND GIRLS / TEACHERS

About 43% of schools had common toilets for both boys and girls. Separate toilets for teachers were available only in 18% of schools. In schools having common toilets for both boys and girls toilet use by girls was limited. In many places investigators noticed long queues for toilets. Separate toilet places for boys and girls should be considered before constructing toilets in schools so that the girls won't hesitate to use them. Details of the toilet availability of toilets for students are given in ***(Table-4.9)***.

Table-4.9: Toilet Facility for Teachers / for Boys & Girls

Sl. No.	Districts	Separate Toilets for Teachers			Separate toilets for Boys & Girls			
		Yes	No	Total	Yes	No	Not Required	Total
1	Khammam	-	4	4	-	4	-	4
2	Chittoor	-	4	4	-	4	-	4
3	Jorhat	1	3	4	1	2	-	3
4	Champaran East	-	4	4	-	3	-	3
5	Surat	3	1	4	3	-	-	3
6	Bellary	-	4	4	3	1	-	4
7	Kasargode	3	1	4	3	1	-	4
8	Narsingpur	2	2	4	3	1	-	4
9	Sehore	1	3	4	4	-	-	4
10	Chanderpur	-	4	4	4	-	-	4
11	Ratnagiri	-	4	4	3	1	-	4
12	Tripura (S)	-	4	4	3	1	-	4
13	Alwar	1	3	4	3	1	-	4
14	Cuddalore	1	3	4	3	1	-	4
15	Vellore	1	3	4	2	-	1	3
16	Chandouli	1	3	4	1	3	-	4
17	Bijnour	-	4	4	1	1	2	4
18	24 Praganas (N)	-	4	4	3	1	-	4
19	Medinipur (W)	-	4	4	-	4	-	4
20	Bokaro	-	4	4	-	3	-	3
Total		**14**	**66**	**80**	**40**	**32**	**3**	**75**
%		**17.5**	**82.5**		**53.3**	**42.6**	**4.0**	**100.0**

Teachers and other employees in 86% of the schools share the toilet facility with students ***(Table-4.10)***. The teachers pleaded that since there was no separate toilet for them, they are bound to use the existing toilets in the schools.

Table-4.10: Space Used by Teachers for Urination

Sl. No.	Districts				Total
		Children's Toilet	Open Defecation	Others	
1	Khammam	4	-	-	4
2	Chittoor	4	-	-	4
3	Jorhat	3	-	-	3
4	Champaran East	4	-	-	4
5	Surat	1	-	-	1
6	Bellary	3	1	-	4
7	Kasargode	1	-	-	1
8	Narsingpur	2	-	-	2
9	Sehore	3	-	-	3
10	Chanderpur	2	1	1	4
11	Ratnagiri	3	1	-	4
12	Tripura (S)	4	-	-	4
13	Alwar	2	1	-	3
14	Cuddalore	3	-	-	3
15	Vellore	2	1	-	3
16	Chandauli	3	-	-	3
17	Bijnour	1	2	1	4
18	24 Praganas (N)	4	-	-	4
19	Medinipur (W)	4	-	-	4
20	Bokaro	4	-	-	4
Total		**57**	**7**	**2**	**66**
%		**86.3**	**10.6**	**3.0**	**100.0**

4.10 LOCKED TOILETS

In half the number of schools, the toilets were under lock and key even during school hours ***(Table-4.11)***. The teachers in these schools pleaded that if the toilets are kept open, other people from the villages will also use the toilets (as most schools did not have a boundary wall or gate) and make them dirty. Even some schools which had good boundary walls resorted to this practice probably to obviate the hassle of cleaning and maintenance. The children have to get the keys from the head teacher if they want to use the toilets

Table-4.11: Toilets Found under Lock and Key

Sl. No.	District	Toilets under Lock and Key		Total
		Yes	No	
1	Khammam	1	3	4
2	Chittoor	1	3	4
3	Jorhat	1	2	3
4	Champaran East	2	1	3
5	Surat	3	-	3
6	Bellary	3	1	4
7	Kasargode	4	-	4
8	Narsingpur	3	1	4
9	Sehore	4	-	4
10	Chanderpur	3	1	4
11	Ratnagiri	3	1	4
12	Tripura (S)	1	3	4
13	Alwar	2	2	4
14	Cuddalore	3	1	4
15	Vellore	3	-	3
16	Chandauli	-	4	4
17	Bijnour	-	4	4
18	24 Praganas (N)	-	4	4
19	Medinipur (W)	-	4	4
20	Bokaro	1	2	3
Total		**38**	**37**	**75**
%		**50.6**	**49.4**	

4.11 CLEANING OF TOILETS

In the schools where the toilets were used, mostly students clean daily. In more than half of the cases, school students clean the toilets and in one fifth of these schools hired persons are engaged ***(Table-4.12)***. In such cases the toilets were found cleaned almost daily or once in 2 days. However, there were instances where the toilets were not cleaned.

Table-4.12: Cleaning of Toilets in the Schools

Sr. No.	District	School Children	Hired Person	None	Others	Total
1	Khammam	2	1	-	1	4
2	Chittoor	4	-	-	-	4
3	Jorhat	1	1	-	1	3
4	Champaran East	1	1	-	1	3
5	Surat	3		-	-	3
6	Bellary	1	3	-	-	4
7	Kasargode	1	1	-	2	4
8	Narsingpur	-	4	-	-	4
9	Sehore	-	3	-	1	4
10	Chanderpur	3	-	-	1	4
11	Ratnagiri	4	-	-	-	4
12	Tripura (S)	4	-	-	-	4
13	Alwar	3	-	1	-	4
14	Cuddalore	1	-	1	2	4
15	Vellore	1	-	-	2	3
16	Chandauli	4	-	-	-	4
17	Bijnour	1	-	-	3	4
18	24 Praganas (N)	2	2	-	-	4
19	Medinipur (W)	4	-	-	-	4
20	Bokaro	1	-	1	1	3
Total		**41**	**16**	**3**	**15**	**75**
%		**54.6**	**21.3**	**4.0**	**20.0**	**100.0**

(i) Theft of buckets and mugs from the toilets was a major problem in the schools in Mednipur (West) district in West Bengal. That's why the teachers hesitate to put toilet accessories in the toilets.

(ii) In Khammam district, Andhra Pradesh, Cleaning of the toilets was done mostly by the students by pouring water only. No other disinfectants were found in any school. The cleaning was not upto the mark.

4.12 STAGGERED RECESS PRACTICES

The practice of allowing staggered recess was conspicuous by its absence in majority of the schools (80%) and only 15 out of 75 schools (20%) resorted to the practice of staggered recess ***(Table-4.13)***. These were mostly upper primary to middle schools. Children are allowed to go the urinal in between the classes with the permission of the teacher. Therefore most of the teachers did not find the need to have recourse to the practice of staggered recess.

Table-4.13: Staggered Recess Practices in the Schools Having Toilet Facility

Sr No.	District	Staggered Recess practices		Total
		Yes	No	
1	Khammam	1	3	4
2	Chittoor	-	4	4
3	Jorhat	-	3	3
4	Champaran (E)	-	3	3
5	Surat	3	-	3
6	Bellary	-	4	4
7	Kasargode	-	4	4
8	Narsingpur	-	4	4
9	Sehore	-	4	4
10	Chanderpur	-	4	4
11	Ratnagiri	-	4	4
12	Tripura (S)	-	4	4
13	Alwar	1	3	4
14	Cuddalore	2	2	4
15	Vellore	2	1	3
16	Chandouli	4	-	4
17	Bijnour	1	3	4
18	24 Praganas (N)	-	4	4
19	Medinipur (W)	1	3	4
20	Bokaro	-	3	3
Total		**15**	**60**	**75**
%		**20**	**80**	**100**

4.13 HEALTH AND HYGIENE EDUCATION

Providing health and hygiene education to students is an important element of the SSHE component of TSC. All the schools studied had introduced health and hygiene education as part of the normal school curriculum using various methods of communication. These included special lectures and talks, address by the head teacher during school assembly, addresses by invitees from various departments etc. In Bijnour district children were given

tests to understand their comprehension of personal hygiene. Audio-visual medium was rarely used. Important topics covered under the programme include personal hygiene, communicable diseases and their prevention, safe drinking water etc. However, not many teachers were observed with special and exclusive training on health and hygiene education.

As a part of health education, health check ups including up weight and height measuring were being organized in the schools for the students. Doctors / nurses from the nearby locality come to the schools mostly once in a year for health check ups. 59% of the schools reported that health check ups were conducted once a year. In 26% of the schools half yearly check ups were conducted. In Bokaro none of the 4 schools had health check ups and in Jorhat one school has no check up ***(Table-4.14)***.

Table-4.14: Health Check Ups in the Schools

Sr No.	Districts						Total
		Once in a year	Half Yearly	Quarterly	Monthly	Not Available	
1	Khammam	2	1	1	-	-	4
2	Chittoor	4	-	-	-	-	4
3	Jorhat	1	2	-	-	1	4
4	Champaran East	4	-	-	-	-	4
5	Surat	-	2	1	1	-	4
6	Bellary	2	1	1	-	-	4
7	Kasargode	3	-	1	-	-	4
8	Narsingpur	3	1	-	-	-	4
9	Sehore	3	1	-	-	-	4
10	Chanderpur	1	3	-	-	-	4
11	Ratnagiri	1	3	-	-	-	4
12	Tripura (S)	3	1	-	-	-	4
13	Alwar	3	1	-	-	-	4
14	Cuddalore	2	1	1	-	-	4
15	Vellore	2	1	1	-	-	4
16	Chandauli	3	1	-	-	-	4
17	Bijnour	3	1	-	-	-	4
18	24 Praganas (N)	3	1	-	-	-	4
19	Medinipur (W)	4	-	-	-	-	4
20	Bokaro		-	-	-	4	4
Total		**47**	**21**	**6**	**1**	**5**	**80**
%		**58.7**	**26.25**	**7.5**	**1.2**	**6.2**	**100.0**

4.14 MONITORING AND MAINTENANCE

At the school level, monitoring systems were also developed to look after the sanitation condition in the school premises. 15 out of 80 schools had no sanitation monitoring systems in place. Headmaster of the school, in most of the cases (43%), followed by teacher's committee (30%) was responsible for the overall sanitation and cleanliness of school toilets ***(Table-4.15)***. Only in 3 cases PTAs were involved in monitoring and in 2 cases GPs were involved. Health and sanitation charts (17%), school environment monitoring by students and teachers (34%) were and health and sanitation charts (48%) were used. Group of students were also assigned to look after the sanitation condition of the schools on alternate days.

Table-4.15: Monitoring of Cleanliness in Schools

Monitoring Systems followed in School	No Monitoring System	Head Master	Teachers Committee	PTA	GP	Students Committee	Others	Total	%
Health and Sanitation Charts	-	14	13	1	1	1	1	**31**	**47.69**
Health and Sanitation Maps	-	8	1	-	-	1	1	**11**	**16.92**
School Environment Monitoring by Students and Teachers	-	5	6	2	1	3	5	**22**	**33.85**
Others	-	1	-	-	-	-	-	**1**	**1.54**
Total	**15**	**28**	**20**	**3**	**2**	**5**	**7**	**65**	
%		**43.08**	**30.77**	**4.62**	**3.08**	**7.69**	**10.77**		

The associations involved in monitoring of cleanliness mostly (69%) meet once in a month and the rest met for more times in month. ***(Table-4.16)***.

Table-4.16: Frequency of Meetings of Institutions Associated with Schools where Monitoring System Exists (N = 65)

Sr. No.	Districts	Once in a month	Twice in month	Thrice in month	Others	Total
1	Khammam		1	-	3	4
2	Jorhat	1	-	-	3	4
3	Champaran East	3	-	-	-	3
4	Surat	3	-	-	-	3
5	Bellary	1	1	1	1	4
6	Kasargode	2	2	-	-	4
7	Narsingpur	3	1	-	-	4
8	Sehore	3	-	-	-	3
9	Chanderpur	3	-	-	-	3
10	Ratnagiri	1	2	-	-	3
11	Tripura (S)	4	-	-	-	4
12	Alwar	3	-	-	-	3
13	Cuddalore	1	2	-	1	4
14	Vellore	1	1	1	-	3
15	Chandouli	2	-	-	-	2
16	Bijnour	3	-	-	-	3
17	24 Praganas (N)	4	-	-	-	4
18	Medinipur (W)	4	-	-	-	4
19	Bokaro	3	-	-	-	3
20	**Total**	**45**	**10**	**2**	**8**	**65**

Various institutions involved in different activities of the programme include GP, Education department, PTA, Teachers, BDO and School Sanitation Committee / Health Committee. However, participation of community and BDO was found to be minimum.

(i) Teachers and PTA were very active in the Kasargode district, Kerala. They were mostly responsible for the maintenance works and annual recurring expenditure on sanitary materials.

(ii) Water during rainy season enters the latrine due to lack of proper drainage system in a school in Sarkari Kheri of Kiratpur block in Bijnour district.

(iii) In Bharuki GP of Mohammadpur Devmal block in Bijnour district, the latrine was found to be on the verge of breaking. According to the teachers nobody has taken notice of the report launched by school authorities. No coordination was found in the committees also. Village Education Committee says that the school has put demand but the Sarpanch denies any such demand.

(iv) No coordination was found in the district of Alwar in implementing the programme in schools. In Roopwash village in Tijara block, Alwar, the school has 3 units of toilets but all were under lock and key. The teachers pleaded that since the area is Muslim dominated, students do not prefer to go to the toilets. The fact was that location of the toilets did not meet the criterion for privacy for girl children.

(v) Role of GPs in School sanitation and drinking water supply was very passive in Alwar district. Neither the Sarpanch listens to the problems of the schools nor were the committee active in the area.

4.15 EFFECTS ON ENROLMENT AND DROP OUT RATES

It is expected that availability of good sanitation is a facilitating condition for increasing school enrolment and reducing drop out rates. About 48 percent of the schools with sanitation facility reported improvement in enrollment rate. Similarly there is a considerable reduction in drop out rates in 64% of the Sample Schools ***(Table-4.17)***. Improvement in enrollment rate is much higher among girls and boys. Impact on drop out rate reduction was found mostly in Chandauli, Cuddalore and Tripura (south) districts. 33% of the schools reported reduction in absenteeism.

Table-4.17: District-wise Improvement of Enrollment

Sr. No.	Districts	Improvement of Enrollment		Total	Drop Outs		Total	Reduction in Absenteeism		Total
		Yes	No		Yes	No		Yes	No	
1	Khammam	2	2	4	2	2	4	2	2	4
2	Chittoor	3	1	4	2	2	4	1	3	4
3	Jorhat	3	-	3	1	2	3	2	1	3
4	Champaran East	2	1	3	3	-	3	2	1	3
5	Surat	3	-	3	1	2	3	1	2	3
6	Bellary	3	1	4	3	1	4	-	4	4
7	Kasargode	2	2	4	4	-	4	2	2	4
8	Narsingpur	2	2	4	2	2	4	-	4	4
9	Sehore	4	-	4	2	2	4	1	3	4
10	Chanderpur	-	4	4	4	-	4	-	4	4
11	Ratnagiri	1	3	4	3	1	4	1	3	4
12	Tripura (S)	1	3	4	1	3	4	3	1	4
13	Alwar	2	2	4	3	1	4	1	3	4
14	Cuddalore	2	2	4	1	3	4	3	1	4
15	Vellore	3		3	3	-	3	2	1	3
16	Chandauli	2	2	4		4	4	3	1	4
17	Bijnour	1	3	4	3	1	4	-	4	4
18	24 Praganas (N)	-	4	4	4	-	4	1	3	4
19	Medinipur (W)	-	4	4	4	-	4	-	4	4
20	Bokaro	-	3	3	2	1	3	-	3	3
Total		**36**	**39**	**75**	**48**	**27**	**75**	**25**	**50**	**75**
%		**48.0**	**52.0**	**100.0**	**64.0**	**36.0**	**100.0**	**33.3**	**66.7**	**100.0**

In vattathur GP of Keerapalayam block in Cuddalore district, Tamil Nadu, the enrollment in the school has been decreasing because of stiff competition from the privately managed schools. Teachers were using the existing toilets for the students.

4.16 CONSTRUCTION / COST ASPECT

Most of the schools constructed the toilets from government subsidy /grants-in–aid funds. Contribution from the PTA or any other institutions was insignificant. In Alwar it was reported that for the sake of depositing committee funds to get further subsidy, share of the committees was reported to be contributed by the contractor.

Major technology used in the construction of toilets was pour flush (in 65% cases) and septic tank (32% cases). All the schools in Surat district of Gujarat were found to be septic tank type. The toilets in Khammam, Medinipur (W) and Bijnour district were of pour flush type. ***(Table-4.18)***.

Table-4.18: Technology Used in Construction of Toilets

Sr. No.	Districts	Technology used				Total
		Pour Flush	Ventilated Improved Pit	Septic Tank	Others	
1	Khammam	4	-	-	-	4
2	Chittoor	2	-	2	-	4
3	Jorhat	-	-	3	-	3
4	Champaran East	-	-	3	-	3
5	Surat	-	-	3	-	3
6	Bellary	4	-	-	-	4
7	Kasargode	3	-	1	-	4
8	Narsingpur	4	-	-	-	4
9	Sehore	3	-	1	-	4
10	Chanderpur	2	-	2	-	4
11	Ratnagiri	1	-	3	-	4
12	Tripura (S)	2	-	2	-	4
13	Alwar	4	-	-	-	4
14	Cuddalore	-	-	2	2	4
15	Vellore	3	-	-	-	3
16	Chandauli	4	-	-	-	4
17	Bijnour	4	-	-	-	4
18	24 Praganas (N)	2	-	2	-	4
19	Medinipur (W)	4	-	-	-	4
20	Bokaro	3	-	-	-	3
Total		**49**	**-**	**24**	**2**	**75**
%		**65.4**	**-**	**32.0**	**2.6**	**100.0**

However, standard flat (59%) pan was most popular than that of the rural pan (35%) in the school toilets. Rural pan has been popular in Bellary, Surat and Medinipur (W) districts. Detailed adoption of different types of pans in the districts is given in ***Table-4.19.***

Table-4.19: Types of Pan Used in the Toilets

Sr. No.	Districts	Types of Pan			Total
		Rural	Standard Flat	Others	
1	Khammam	-	4	-	4
2	Chittoor	3	1	-	4
3	Jorhat	-	2	1	3
4	Champaran East	3	-	-	3
5	Surat	3	-	-	3
6	Bellary	4	-	-	4
7	Kasargode	2	2	-	4
8	Narsingpur	-	4	-	4
9	Sehore	2	2	-	4
10	Chanderpur	2	2	-	4
11	Ratnagiri	1	3	-	4
12	Tripura (S)	-	4	-	4
13	Alwar	-	3	1	4
14	Cuddalore	-	4	-	4
15	Vellore	-	3	-	3
16	Chandauli	-	4	-	4
17	Bijnour	-	4	-	4
18	24 Praganas (N)	1	1	2	4
19	Medinipur (W)	4	-	-	4
20	Bokaro	1	1	1	3
Total		**26**	**44**	**5**	**75**
%		**34.6**	**58.6**	**6.6**	

The average cost of the school toilets in Bellary was Rs.50,000/-. Out of that 10% of the contributions were from PTA and the rest was given as govt. grant/subsidy.

4.17 CASE STUDIES

(I) SCHOOL TOILETS AND THE GENERAL SANITATION SITUATION IN A CHANDAULI VILLAGE

Sadalpura Village, of Sakaldilia Block in Chandauli district is a fairly developed village with well paved streets, good drainage, two inter colleges, a PHC, 3 Primary Schools, 2 Junior schools, veterinary centre, post office, homeopathic hospital, 2 anganwadis and 2 private middle schools. Except the harijan basti the village looked very clean. Drinking water sources are public hand pumps and wells. Disinfectants are used for well water. Of the 657 households, 103 have toilets of which 50 are under TSC and the rest are self-financed.

Members of the GP, parents teachers association, water and sanitation committee, health committee and a large number of villagers (about 150 in number) attended the village meeting organized y the study team in the presence of DPRO. People appeared very interest in sanitation and in constructing sanitary toilets. They assured that within a very short time this village become a full sanitation village and will become eligible for Nirmal Gram Puraskar. It also came to our notice that almost all those people who had completed the base structure through TSC assistance had made superstructure with plastic sheets or straw. The self financed toilets had brick and cement wall with concrete or GI sheet roofs. These were mostly of septic tank type. Every one is using the facility, water availability is not a major issue. The people in the SC habitation could not construct toilets since they do not have adequate space. There was a strong demand from these people for community toilets, but according to DPRO, administration is not encouraging construction of community toilets due to the poor record of maintenance in many parts of UP. The school toilet in this village was constructed under CRSP and the facility is being used and properly maintained. According to the headmaster, construction of toilets has helped to improve enrolment of girl students. Water is available from the hand pump, the school compound is very clean and the children were neat and tidy. The anganwadi is operating from the school building and the babies avail of the school toilet facility.

(II) PILIKODE GOVERNMENT HIGH SCHOOL IN KASARGODE DISTRICT

The school has a total of 934 children – 413 boys and 521 girls, 30 teachers (equally distributed among men and women) and 4 non teaching staff. A school toilet complex has been constructed under TSC at the demand of the PTA. Unfortunately the site of the complex does not meet the demand for privacy and safety particularly for the girls. Pour flush, rural pan based technology has been adopted. The awareness about the usefulness of rural pan (ease of cleaning, water conservation Mand durability) seem to be good among school management and the users. The design does not appear to be child friendly for children in the elementary classes. There are only two latrines and two urinals earmarked separately for boys and girls. There are 10 buckets, 10 mugs and 1 soap tray for girls, but none for boys. One bar of soap, a bottle of phenyl, and one scrubber is available. There is no proper drainage around the complex. One wash basin is also available. Teachers have separate toilets. The toilet is kept under lock and key after school hours.

Obviously the sanitation facility is not adequate for the size of the student population, yet no staggered recess is practiced, perhaps for considerations of order and discipline. But children who need to attend to the call of nature are permitted to go to the toilet during teaching hours. Water is stored in a tank but availability of water is scarce in summer. The source of drinking water is an open draw well. The toilets were neat and tidy on the day of the visit and it is cleaned daily. School children themselves clean the toilets. Children were mostly using the toilets on the day of the visit and only a few were seen urinating outside.

Health education is a part of normal school curriculum. In addition special talks were organized by TSC personnel. The topics covered included personal hygiene and household sanitation. None of the teachers received any special training in sanitation and hygiene. One health check up camp was held in the school during the last 12 months. School environment monitoring is being done by teachers and students but the other instruments like health and sanitation charts, health and sanitation maps etc were conspicuous by their absence.

Interaction with students showed that students generally practice sound sanitation and hygiene practices at home also. Children are well aware and practice good practices like nail cutting, use of footwear, combing of hair, hand washing before and after eating, hand washing after defecation, use of soap for hand washing and proper disposal of waste water.

A teachers committee has been formed to monitor cleanliness of toilets and environment. The PTA meets once in a month to discuss school sanitation issues; it has also taken the responsibility for maintenance and repair, but fund availability is a constraint. The annual recurring expenditure on maintenance is Rs.5000, which is mobilized by the PTA. The GP, PTA, village watsan committee, community and teachers are active in school sanitation and hygiene, but there appears to be no involvement of the education department in this very important sphere of elementary education.

Though there is no garbage available in the school compound, the environment and class rooms are neat and clean. There does not appear to be any improvement in enrolment rate or reduction in drop out rate or absenteeism after provision of sanitation facility.

Sanitary materials were acquired from local market. The total cost of construction was Rs.1.2 lakhs, of which one third was contributed by PTA by taking donations from parents.

The children clean not only the toilets, but also the class rooms and the school compound. Not a bit of paper or plastic was seen in the compound. They deposit the wastes in two garbage pits. Cleaning jobs is assigned to different classes

The children clean not only the toilets, but also the class rooms and the school compound. Not a bit of paper or plastic was seen in the compound. They deposit the wastes in two garbage pits. Cleaning jobs is assigned to different classes at a fixed time table. During the school assembly some time is invariably devoted to enlighten children on sanitation and hygiene. The School Harita Sena (Green Army) and Scouts and Guides have planted trees in the school compound. Mr. Shiva Prasad, a renowned environmentalist took a class on health sanitation and diet under the auspices of the Health Club. The children of this school participated on several sanitation related competitions and secured first position in the district. The school has submitted a project for school sanitation to District sanitation samithi, so that the limited sanitation facilities presently available can be expanded.

Chapter-V

ANGANWADI

5.1 THE BASELINE SITUATION AND ACHIEVEMENTS UNDER TSC

Baseline information on anganwadis was available only for the districts of Khammam, Chittoor, Narsinghpur, Kasargode, Sehore, Chandrapur, Bijnour and 24 Parganas North. At the baseline level there was 74% coverage in Khammam, 80% in Cuddalore, 90% in Bijnour and 86% in 24 Parganas. In Vellore the coverage was 42%. All the other districts had negligible sanitation coverage in anganwadis.

Targets for coverage of anganwadis under TSC existed only in Khammam, Kasargode, Sehore, South Tripura, Cuddalore and Vellore. Achievement of physical target was to the extent of nearly three times in Sehore and the performance of South Tripura, Cuddalore and Vellore have been very good.

Table-5.1: District-wise Status of Anganwadi Centres

Districts	Base Line Survey Report				Physical Progress		
	With Toilets	Without Toilets	Total	%age Coverage	Targeted / Approved Units	Achieved Units	%age Coverage
Khammam	1731	607	2338	74.0	607 (Proposed)	0	
Chittoor	413	2105	2518	16.4	0	0	
Jorhat	NA	-	-	-	-	-	-
Champaran (E)	NA	-	-	-	-	-	-
Surat	NA	-	-	-	-	-	-
Bellary	NA	-	-	-	-	-	-
Kasargode	437	430	867	50.4	665	50	7.5
Narsinghpur	34	667	701	4.9	-	-	-
Sehore	0	591	591	0	200	572	286.0
Chandrapur	0	2007	2007	0	0	0	0
Ratnagiri	NA	-	-	-	0	145	-
South Tripura	54	1205	1259	4.3	1205	1094	90.8
Alwar	76	1884	1960	3.9	NA	-	-

Cuddalore	920	223	1143	80.5	1126	927	82.3
Vellore	696	968	1664	41.9	1296	831	64.1
Chandauli	74	1417	1491	5.0	-	-	-
Bijnour	1269	130	1399	90.7	-	-	-
24 Parganas (N)	3460	580	4040	85.6	-	-	-
Medinipur (W)	NA	-	-	-	-	-	-
Bokaro	NA	-	-	-	249	0	0

5.2 LOCATION OF ANGANWADIS AND AVAILABILITY OF SANITATION FACILITIES

A total of 68 anganwadis from 20 districts were studied during mid-term evaluation to understand the sanitation situation in these institutions which are the gateways to a learning society and the first introduction of future citizens to social living outside the family.

Out of the total number of anganwadis studied, 70 percent were in government or Gram Panchayat buildings and the rest operated from private buildings. The anganwadis which operated from private buildings existed mainly in Khammam, Chittoor, North 24 Parganas, Jorhat, W. Medinipur, Alwar, Ratnagiri, Bokaro and East Champaran.

Only 54.4 percent of the anganwadis studied had toilets. All except one anganwadi, which operated from private buildings, had no toilet facility whereas 25 percent of the anganwadis which operated from Government buildings had no toilets. The anganwadis which had no toilets also were found in those districts in which they functioned from private buildings. In Chandrapur, none of the 4 anganwadis which operated from government buildings had toilets. In Surat, 3 out of 4 anganwadis operating from government buildings had no toilet facility. In this district no toilet construction under TSC has taken place. In Chandauli and Bijnour all the 8 anganwadis operated from the village schools and the babies shared the school toilets with children of the school. Most of these schools had a single toilet and the load on the toilets can be imagined. In Bijnour, Alwar, Bokaro and East Champaran, one anganwadi in each which functioned from government buildings had no toilets. In these districts also anganwadis toilet construction under TSC has not yet been initiated. The anganwadi in Alwar has only a urinal and no latrine.

Table-5.2: Distribution of Anganwadis by Location and Availability of Toilets

District	Location		Total	Toilets Available	Toilets not Available	
	Govt.	Private			Govt.	Private
Khammam	0	4	4	0	-	4

Chittoor	1	2	3	1	-	2
Jorhat	1	3	4	1	-	3
Champaran East	1	1	2	0	1	1
Surat	4	0	4	1	3	0
Bellary	4	0	4	3	1	0
Kasargode	4	0	4	4	0	0
Narsingpur	2	0	2	2	0	0
Sehore	1	0	1	0	0	1
Chanderpur	4	0	4	0	4	0
Ratnagiri	1	1	2	1	0	1
Tripura (S)	4	0	4	4	0	0
Alwar	3	1	4	2	1	1
Cuddalore	4	0	4	4	0	0
Vellore	4	0	4	4	0	0
Chandouli	4	0	4	4	0	0
Bijnour	4	0	4	3	1	0
24 Praganas (N)	1	3	4	1	0	3
Medinipur (W)	0	4	4	2	0	2
Bokaro	1	1	2	0	1	1
Total	**48**	**20**	**68**	**37**	**12**	**19**

5.3 TOILETS TO BABIES RATIO

The sanitation facility in all the anganwadis was limited to a single latrine. One toilet served as many as 170 babies in North 24 Parganas and 144 in West Medinipur. In the other districts (except Chandauli which depended on school toilets and Alwar which had only a urinal) the baby to toilet ratio, ranging from 30 to 63 was acceptable.

Table-5.3: Babies to Toilet ration for anganwadis having toilets

District	No. of Anganwadis having Toilets	Average Students Strength in school having toilets			No. of Toilets	No. of Students per Toilet
		Boys	Girls	Total		
Chittoor	1	20	10	30	1	30
Jorhat	1	20	20	40	1	40
Surat	1	25	12	37	1	37
Bellary	2	55	50	105	2	53
Kasargode	4	79	83	162	4	41
Narsingpur	2	44	50	94	2	47
Ratnagiri	1	10	14	24	1	24

Tripura (S)	4	131	122	253	4	63
Alwar	1	20	20	40	1	40*
Cuddalore	4	78	83	161	4	40
Vellore	4	49	56	105	4	26
Chandauli	4	108	92	200	4	50
Bijnour	3	54	66	120	3	40
24 Praganas (N)	1	73	97	170	1	170
Medinipur (W)	2	150	137	287	2	144

* *One Anganwadi has only a urinal and no latrine.*

5.4 CLEANLINESS OF TOILETS

All the anganwadi toilets appeared to be clean on the day of the visit with the exception of one each in Narsinghpur and Alwar. In Narsinghpur the pan was broken and the toilet did not appear to have been cleaned for at least a month. In Alwar, where the anganwadi children shared with school children, the toilet was under lock and key.

Daily cleaning was reported in 57 percent of the anganwadis toilets, and in the others the toilets were cleaned once in a week. In most cases the anganwadis helper does the cleaning.

5.5 TRAINING OF ANGANWADIS WORKERS

In Chittoor and Kasargode, one anganwadi worker in each unit has received special training in health and hygiene. In Khammam only one anganwadi worker has received special training in health and hygiene. In Surat, South Tripura, Jorhat and Alwar also the anganwadi teachers have undergone health and hygiene education.

In the districts of Tamil Nadu and Maharashtra the Anganwadi teachers have received special training in health and hygiene.

In North. 24 Parganas no anganwadi worker in any of the four units has received training in health and hygiene.

In West Midnapore, one anganwadi worker has received special training in health and hygiene. In Bijnour the teacher of one of the anganwadis and in Chandauli teachers of 2 of the anganwadis have received training in health and hygiene,

5.6 DRINKING WATER

In Chittoor, one anganwadi gets drinking water from tube well and in two other units water has been storedt in covered pots.

In Khammam, one anganwadi gets water for drinking purpose from a storage tank. The other three anganwadis have no source of drinking water.

In the Tamil Nadu districts, two anganwadis have hand pumps, five have covered pot to keep drinking water and one anganwadi received water from tube well for drinking water purpose.

One Anganwadi in Jorhat uses water from tube well, one has hand pump and in one the Anganwadi worker brings water from a distance for drinking purpose. In one Anganwadi children bring water from their homes.

Three anganwadis in North 24 Parganas received drinking water from tube well. One anganwadi kept covered pot for drinking water.

Three anganwadies in West Medinipur received drinking water from tube well and one anganwadi has piped water supply.

The source of drinking water in all the anganwadis in the UP districts are hand pumps.

In Alwar, two Anganwadis have hand-pumps for drinking water purpose and the other two unit have earthen pot in which water from the village hand pump is stored for drinking.

In Surat, hand pump was provided in three Anganwadies and one Anganwadi has earthen pot in which drinking water is kept after bringing water from other hand pumps.

In South Tripura, in three Anganwadis drinking water was provided by tube well and one Anganwadi has covered pot to keep drinking water.

In Kasargode, three Anganwadis depend on water from the nearby open well and one anganwadis is getting pipe water from the Panchayat water supply scheme for drinking purpose.

Three of the 6 Anganwadis in the two Maharashtra districts have covered pot in which drinking water is kept and one Anganwadi has hand pump and the other one has open well for drinking purpose. One unit has no source for drinking water.

5.7 HAND WASHING FACILITY

No handwashing facility was observed in any of the anganwadis except that in places like Chandrapur and Khammam, a small tub with stored water was available. No soap or other detergent was available in most places.

Chapter-VI

COMMUNITY SANITARY COMPLEX

3.1 INTRODUCTION

The component of providing community sanitary complexes fulfills the need of poor households, usually living in a cluster, to enjoy a minimum level of elementary sanitation facilities when they cannot construct individual household latrines due to lack of space within their house premises or due to other reasons. The practice of using community complexes is expected to inculcate the sanitation habit among the users and ultimately prompt them to construct toilets within their premises. However, as the aim of TSC is to motivate all rural households to adopt individual household latrines, there is a need to properly justify the construction of community complex in a village. The site has to be acceptable to and accessible to both women and men in the locality, especially the poor and the landless. The complex may also be located at places where large congregation of the village community takes place such as public places, markets etc. Before construction is taken up the community, either the Panchayat or a representative body of the users have to own up the responsibility for maintaining the complex properly.

The community is expected to meet about 20% of the construction cost, 60% being contributed by the Centre and 20% by the state. The maximum cost allowed under the revised guideline is Rs 2.00 lakh. (for purposes of availing 60% central assistance; the implementing agency can exceed this cost if they are able to mobilize resources from other sources). However the cost is to be approved by the National Scheme Sanctioning Committee based on detailed design and estimate submitted by the implementing agency.

3.2 PROGRESS AT DISTRICT LEVEL

In Khammam, Chittoor and South Tripura, where there has been wide adoption of individual household toilets, no need was felt for including community toilets in the action plan and consequently no complex has been constructed in these districts.

In Surat, Chandauli, Bokaro and East Champaran, where adoption rate has been poor, the construction of community complexes could have been a very good entry point to motivate the villagers to go in for sanitary toilets, but this opportunity was not availed of. (In East Champaran one complex was constructed under TSC against a target of 360). Though Surat city became a pioneer in sanitation in the after math of the plague epidemic,

the rural hinter land appears to have been ignored both in respect to individual and community sanitation.

In Kasargode, though 100 complexes were planned, only 7 have been constructed so far. All the complexes constructed were in rural market centres and this appears the right decision in the Kerala context. Considering the scattered nature of habitations in Kasargode, planning for 100 complexes appear to us unnecessary as the number of rural market centres are limited.

Ratnagiri, West Medinipur and Vellore have equalled or exceeded the targets and some progress has been made by Bijnour, Narsinghpur and Chandrapur.

Table-6.1: District-wise Status of Community Complexes

Sl. No.	Districts	Physical progress till date		
		Approved	Achieved	% Achieved
1	2	3	4	5
1	Khammam	0	0	0
2	Chittoor	0	0	0
3	Jorhat	0	0	0
4	Champaran East	625	1	0.31
5	Surat	0	0	0
6	Bellary	50	7	14.00
7	Kasargode	100	7	7.0
8	Narsingpur	31	18	58.06
9	Sehore	4	0	0
10	Chandrapur	66	20	30.30
11	Ratnagiri	200	200	100
12	Tripura (S)	0	0	0
13	Alwar	61	0	0
14	Cuddalore	30	19	63.3
15	Vellore	25	26	104.0
16	Chandouli	0	0	0
17	Bijnour	107	65	60.74
18	24 Parganas (N)	1100	140	12.73
19	Medinipur (W)	198	297	150.00
20	Bokaro	360	0	0

3.3 SAMPLE OF COMMUNITY COMPLEXES.

A total of 34 community complexes were studied during mid-term evaluation. Community complexes were under construction in 4 GPs in Tripura (outside TSC) and one in West Medinipur at the time of study. In 24 Parganas, though a large number of complexes were constructed in different parts of the district, none existed in any of the GPs studied. In Khammam Chittoor, Surat, Bokaro and other districts where this component was not implemented naturally the sample also did not include any complex. In East Champaran, though the progress reports mention only one sanitary complex in the entire district, all the 4 GPs studied had community complexes, though not necessarily under TSC.

Table-6.2: Average unit cost and public contribution on Community Toilet complexes

District	No of samples	Average Exp (Rs.)	Community /Panchayat Contribution		Average Govt. Contribution Amount (Rs.)
			No of units where community contributed	Average Amount contributed (Rs.)	
East Champaran	4	20000	4*	4000	16000
Bellary	4	69500	4	9500	60000
Kasargode	1	238757	1**	47752	191005
Narsinghpur	1	150000	1	30000	120000
Ratnagiri	8 (4GPs)	24161	5	4762	19399
Chandrapur	4	205209	4	25382	128525
Vellore	4	218750	0	0	218750
Cuddalore	4	187500	2	67500	120000
Bijnour	3	23333	3	5429	17904
24 Parganas North	1	10000	0	0	10000*

* *Funds from BDO office.*
** *Panchayat Peoples Planning Fund.*

In Ratnagiri, though the unit cost appears to be low, many of the wards in the same GP have been provided small toilet complexes for the benefit of about 8-10 households, who cannot afford to have household toilets. These households regularly use and properly maintain the units. This appears a wise decision

MIXED EXPENDITURE IN MAHARASHTRA

In the Chandrapur sample of 4 GPs community complexes are available in three GPs. In Majhal Gram Panchayat, there are 7 complexes located in different wards for the benefit of people in those wards. In Virawali Gram Panchayat, there are two units in two different wards.

In Gram Panchayat Madheli the complex was constructed under Dalit Basti Fund, the community complex is maintained through Panchayat funds which has employed cleaners on contract basis. It has latrines, urinals, hand washing facility, bathing and cloth washing facility. Approximately 500 users were using the complexes. Water is available from a water tank. Since the road to the complex was not a pucca one, all weather use is problematic. So far as total sanitation is concerned, the cleaning of surrounding should also be taken into account. Due to political interference, one of the complexes in Beghar colony had been closed.

In Ghonad village of Chandrapur district, no CSC could be constructed though there is a dire need felt by the villagers for this facility. The reason cited in non-availability of water for use in the toilet.

Contribution by the community or the Panchayat was forthcoming for construction in almost all areas except in Vellore, and Cuddalore, where the complexes were fully subsidized under various Government schemes like IWSC and MLA funds. In Cuddalore, the sanitary complex in Vattathur GP was funded entirely through MLA fund (Rs.2.00 lakh). In T. Nedumcheri GP, the complex was constructed entirely through IWSC contribution of Rs.2.00 lakh. In these two GPs, therefore, there was no community contribution. ***In Kasargode, 25% of the cost was borne equally by the community and the Panchayat.*** In two GPs in East Champaran there was community contribution and in the other two only Panchayat contribution. In Narsinghpur community contribution was moblilized through public collections.

TOTAL NON SANITATION DISTRICT

In Surat district, people are living in clustered villages and habitations having no toilets within their house premises. Due to increase in population density secluded place for open defecation is no more available in most villages in this district. People in general and women in particular have to wait till late in the evening or get up early morning for relieving themselves and for bathing. In such circumstances people in the low income group need community complexes. This component was not implemented in the district. The stated reason for not achieving the target was - non-release of second installment by GoI. The delay of course was due to the poor level of progress in implementation of any of the project components in the district.

3.4 PEOPLE'S OPINION ABOUT RAISING THE LEVEL OF COMMUNITY CONTRIBUTION

Out of a sample of 34 CSCs studied, people benefiting from 21 CSC (about 62%) were not in favour of raising the requirement of community contribution upwards from the existing level. In 9 cases people felt that raising the level of contribution to 20% is possible and in 3 up to 30%. The willingness to contribute more existed mostly in Ratnagiri, Chandrapur, Cuddalore and East Champaran.

Table-6.3: People's Opinion increasing community contribution

Districts	Increase upto			No Increase possible
	15%	20%	30%	
East Champaran	-	2	-	2
Bellary	1	-	-	3
Kasargode	-	-	-	1
Narsinghpur	-	-	-	1
Ratnagiri	-	3	2	3
Chandrapur	-	2	1	1
Vellore	-	-	-	4
Cuddalore	-	2	-	2
Bijnour	-	-	-	3
24 Parganas (North)	-	-	-	1
Total	1	9	3	21

3.5 MAINTENANCE EXPENDITURE.

According to TSC principles, the community toilet complexes have to be maintained well for optimum use and hygiene and the responsibility for this vests in the community and its representative body, the Panchayat. Panchayat resources, which are meager in most parts of India, except perhaps in the Southern States, can be augmented by collecting of user charges. A condition for setting up a CSC in a given village is that proper arrangements for operation and maintenance must be worked out and agreed to by the community before land.

The evaluation findings show that in 28 out of 34 sample CSCs, some funds were generated to meet the cost of maintenance of sanitary complexes, either from Panchayat's own resources or through user charges. The average expenditure incurred on maintenance ranged from a low or less than Rs.1000 in East Champaran, Chandrapur, and Bijnour to more than Rs.10000 in Vellore and Cuddalore.

The Panchayats in Tamil Nadu had adequate resources for maintenance through the funds made available to Panchayats under grants from 11th Finance Commission. Therefore the need for levying user charges did not arise here. The responsibility for maintaining the complexes was given to Women SHGs in the village and the maintenance fund was deposited into SHG accounts. With this the SHGs employed cleaners and efficiently supervised the work. Only one village did not have the facility of grant from 11th Finance Commission.

SHGs MAINTAIN CSC, GOVT. GRANT FOR CSC MAINTENANCE

In Velangipatu village (Cuddalore), as 11th Finance Commission grant was not available, the SHGs in the village took the initiative to collect Rs 10 per month from 75 user families to maintain the complex. The amount thus raised comes to about Rs 9000 per annum, and with this SHGs are able to maintain the complex in a neat and hygienic condition, encouraging people to use the facility optimally. Even in the other villages where Government support is available for maintenance, user fees are levied in order to enable proper maintenance and repair. This practice needs to be emulated everywhere.

Table-6.4: Annual expenditure on maintenance

District	No of RSMs incurring Maintenance cost	Total (Rs.)	Average (Rs.)	Panchayat Funds	User Charges	Others
East Champaran	2	800	400	500	300	
Bellary	3	5000	1667	5000		
Kasargode	1	4600	4600		4600	
Narsinghpur	1	5000	5000	2000	3000	
Ratnagiri	8	4800	600		600	
Chandrapur	3	13601	4534	13601		
Vellore	3	36000	12000	12000		
Cuddalore	4	45000	11250		9000	24000
Bijnour	2	1400	700	1400		
24 Parganas	1	2000	2000			2000
Total	**28**	**112001**	5600	**34501**	**8510**	**24000**

In Ratnagiri, where a number of small community toilets were established in different parts of the same village, the users themselves contributed material like soap and phenyl, the cost of which came to about Rs 600 per year per unit. The number of users per unit was about 8-10 households. All these complexes were newly constructed and therefore did not need any major repair till now.

In Bellary, all except one of the three complexes was maintained by the Panchayat with average annual expenditure of Rs 1667.

CSC NOT USED DUE TO POOR MAINTENANCE

In Doroji GP of Sandur Block in Bellary, neither the Panchayat nor the users made any initiative to properly maintain the complex. The absence of maintenance made it non usable and no one is presently using the facility. In Bijnour also poor maintenance resulted in the complex becoming very dirty, the doors were broken and sign of open defecation was noticeable right in front of the complex.

User groups themselves took up the responsibility for maintenance in the case of 11 complexes (2 in East Champaran, 1 in Kasargode, 8 in Ratnagiri). SHGs were in charge of maintenance of all the complexes in the two Tamil Nadu districts and in one case in Bijnour. In the other cases the Gram Panchayats did the major maintenance works but routine maintenance was left unattended.

The condition of maintenance can be rated as excellent in the matter of 13 complexes (1 in Kasargode, 8 in Ratnagiri, 1 in Chandrapur, 1 in Vellore and 2 in Cuddalore). Maintenance situation is good in 12 instances (2 in Bellary, 2 in E. Champaran, 1 in Narsinghpur, 1 in Chandrapur, 3 in Vellore, 2 in Cuddalore and 1 in Bijnour). In the remaining 9, the complexes are very poorly maintained with the result that many are not being currently used by the people.

In most places, except Ratnagiri and Kasargode, the complexes are used exclusively by women only. This may be a hang over from the previous pattern of constructing “Women Complexes”. In Bijnour, it was observed that one of the complexes was exclusively being used by school children.

3.6 FACILITIES AVAILABLE IN THE COMPLEXES

All except two of the complexes were being used by people, though not always to the optimum capacity. Average number of users per day ranged from the lowest of 16 in Ratnagiri to more than 100 people in Bellary, Kasargode, Chandrapur and Vellore.

Average number of toilets per complex ranged from on in the case of Ratnagiri , 2 in Champaran East, 4 in Narsinghpur and 5 each in Bijnour and 24 Parganas to more than 10 in the other districts.

Table-6.5: Facilities available in the complexes

Districts	Total complexes	Functioning	Average Nos. of users/ day	Average no of toilets per complex	No. with Urinals	NGO with hand washing facility	No. with bathing facility	No. with clothe washing
East Champaran	4	4	45	2	2	4	2	2
Bellary	4	3	150	6		1		1
Kasargode	1	1	150	10		-		-
Narsinghpur	1	1	60	4		1	1	1
Ratnagiri	8	8	16	1	4	-		-
Chandrapur	4	4	172	15	2	-		-
Vellore	4	4	120	11	3	1	3	3
Cuddalore	4	4	83	10			2	3
Bijnour	3	2	40	5	1		2	1
Medinipur (W) 24 Parganas	1	1	70	5		1	-	-
Total	**34**	**24**	**77**		**14**	**8**	**10**	**11**

COMMUNITY SANITARY COMPLEX IN VERAWALI PANCHAYAT

In Ratnagiri district, the community sanitary complex in the village was constructed near the SC/ST habitation and is functioning well. The land for construction was donated by one of the villagers. The villagers were consulted before constructing the complex in the village. Responsibility for maintenance is with the user group. Since there was no water facility nearby the complex, users have to bring water from their houses for use. The cost of the community sanitary complex was Rs.38098/-. Out of that governments contribution was Rs.24000/- and rest was community contribution (i.e. Rs.14098/-). The complex has 4 toilets, 4 urinals, washing, bathing and cloth washing facilities. Approximately, 65 users were using the complex. The complex was newly constructed during June 2003. Therefore, no major maintenance work was required till now.

14 of the complexes had urinals, 8 had hand washing facility, 10 had bathing facility and 11 had clothe washing facility. None of the complexes was attached to biogas plants.

3.7 LOCATION OF THE COMPLEXES.

The largest number of the complexes, 25 in number, were located on land belonging to the village Panchayat, 6 were located on land donated by landowners in the village and 3 were located on land belonging to other public agencies. All the four complexes in East Champaran and 2 in Ratnagiri were constructed on private donated land.

A VILLAGER CONTRIBUTES LAND FOR CSC
In Poonthottam colony, Keerapalayam block of Cuddalore district, space was not available for construction of Community toilet Complex. So the PU Chairperson, a lady, motivated one villager to donate 3 cents of land for the purpose. A toilet complex was constructed on this land and it is working very well. One of the users has been contracted for the maintenance job at a remuneration of Rs.100/- per month.
In East Champaran in one village. A big land owner contributed land to construct CSC in a Harijan Basti.

Majority of the complexes, 23 in number, were located in habitations where the SC/ST and poor communities were concentrated, 5 were located in market place or near the bus stand and the rest were located at other public places like near a place of worship.

3.8 CONSULTATION WITH VILLAGERS

In making a decision to construct a community sanitary complexes, in 14 Panchayats no consultation took place. This was the case in 2 cases of East Champaran, all 4 cases of Bellary, 3 cases of Chandrapur, 1 case in Vellore, 3 cases in Bijnour and 1 in North 24-Parganas. Women were specifically consulted in 3 cases of Vellore and 1 case in Ratnagiri. In the case of construction of two complexes in East Champaran the poor/ SC communities were consulted. Consultation with the entire village community or major segments of it took place in Kasargode, Narsinghpur, 1 case each in Ratnagiri and Chandrapur and all the 4 cases in Cuddalore.

However, it appears that only in the Tamil Nadu districts any type of agreement was arrived at with the village community with respect to operation and maintenance of the

complexes. The chief mode of consultation was Gram Sabha meetings. There were habitation level consultations in addition to the above in Kasargode and two GPs in East Champaran.

Almost all the sanitary complexes are easily accessible except that 2 cases each in East Champaran, Bellary and Chandrapur have access problem during the rainy season.

3.9 SUPERVISION OF CONSTRUCTION

The construction of the complexes was done under the joint supervision of the GP and the implementing agency in most cases. **Apart from this, the day to day monitoring and supervision of the construction activity was performed by the SHGs operating in the villages of Cuddalore and Vellore.**

SHGs TAKE CHARGE OF CONSTRUCTION & MAINTENANCE
In Cuddalore district, the unit cost of the four sanitary complexes studied (Kothattai & Velangipattu at Parangipet block, Vattathur and T. Neduncheri at Keerapalayam block) range from Rs.1.80 to 2.00 lakh. The Parngipettai complex was constructed under TSC and both had community contributions of about Rs.35,000/- each. The complexes in Keerapayalam were constructed under MLA fund and IWSC schemes and had no public contribution and had unit cost of Rs.2.00 lakh each. Annual maintenance expenditure was Rs.900/- in Velangipatti and Rs.12000/- the 3 others. Except in Velangipattu the maintenance cost is reimbursed under the 11th Finance Commission provisions. In Velangipattu user charges of Rs.10/- per user per month is levied. Each of the complexes has 5-6 toilets each along with bathing and cloth washing facility. All the complexes are constructed in locations where the poor or SC people live. All the complexes are functioning well and it was constructed after consulting all sections of the village community in Gram Sabha meetings. Three of the complexes are easily accessible to the people in all seasons, while the one in Vattathur is accessible only in fair weather. It was heartening that construction work was handled and supervised by SHGs and NGOs. Maintenance is also taken up by SHGs and situation of maintenance was excellent in Velangipattu and Kothathai while it was good in the other two places. In Vattathur the doors were slightly damaged. All though the complexes are connected to bore well with pump set, water availability or damage to pump set forces people to use water from public hydrants in all the cases. Our team observed that due to close involvement of SHGs the upkeep and use of the complexes is remarkable but there is need to handle the waste water properly.

CSC IN VELLORE

In Vellore district, community toilet complexes in Ariyoor, Ussoor (both in Vellore block) and Viruthanpatti and Sensoor (in Katpadi block) were studied. 10 to 30 men and women participated in the discussion held with our team. Both the complexes in Vellore block were sanctioned in 2001 and completed in 2002. The Vituthampatti complex was sanctioned in 2002 and also completed in 2002 while the Sensoor complex was sanctioned in 2003 and completed in 2004 under MLA scheme. The cost of construction ranged from Rs.2.00 lakh for one complex to Rs.2.25 lakhs for 3 complexes. There was no community contribution in any instance. Annual maintenance expenditure is Rs.12,000/- in each case. This expenditure is met fully by the village panchayat. The number of toilets in each complex ranges from 10 to 14 and urinals from none to 3. Only two of the complexes have facilities of hand-washing and bathing. None of the complexes are attached to compost or biogas plants. The number of daily-users ranges from 75 to 200. All the complexes are easily accessible to the users and are located in areas predominated by SC/ST people and on panchayat land. In all the above mentioned 4 sites the construction of the toilets was needed as people of the area were poor and could not afford construction of toilets in their households. Toilets in all the 4 complexes were functioning well and used by the people. According to the participants in the discussion, women were consulted while selecting the sites in 3 cases while the panchayat applied its own mind in Viruthampatti. People are generally happy about site selection in all the four cases. In Ariyoor, the chairman of Gram Panchayat was in charge of construction whereas in Usoor a sub-committee of panchayat and in Viruthampatti Government officials had supervised the work. In all the villages except Usoor, The Gram Panchayats are in charge of maintenance. In Usoor the use group maintains the complex. The monthly cost of maintenance inclusive of remuneration to cleaning staff, is Rs.1000/-. Maintenance was excellent in Ariyoor and good in the other three cases. Water is supplied through bore wells fitted with pump sets in all the four cases. As there is no separate enclosure both men and women can access the complexes any time and this aspect might restrict the use by women. All in all the community toilets complexes in Vellore can be treated as a grand success as these provide most needed sanitation facility to the deprived sections of the village community.

Chapter-VII

ALTERNATIVE DELIVERY MECHANISM

7.1 INTRODUCTION

As the objective of the Total Sanitation Campaign is to make the basic low cost model of sanitary latrine available and affordable to every household and to provide basic sanitation facilities in schools and anganwadis in rural areas, the need was felt for establishing alternative delivery mechanisms for production and sale of low cost sanitary material along with the required technical support and servicing facilities. Thus this became an important component of TSC. This component has two elements – Rural Sanitary Mart and Production Centre. Rural Sanitary Mart is an outlet for materials required for construction of sanitary latrines as also other sanitary facilities required for households and the environment. The main aim of the RSM is to provide, on a commercial basis, materials, services and guidance needed for constructing different types of latrines and other sanitary facilities which are technologically and financially suitable to the area in its operation. On the other hand, Production Centres produce cost effective material and supply to the RSMs or market them on their own.

The production centres and sanitary marts can be opened and operated by NGOs, SHGs, Women Organizations or Panchayats. A maximum amount of Rs 3.5 lakh can be provided per RSM/PC, managed by the organizations above. The cost of constructing the shed show room and training of masons is provided as a grant and the rest is treated as a revolving fund which is to be refunded to the implementing agency when the RSM/PC reaches a level of sustainability.

But before providing the funds an MOU has to be entered into between the agency and the implementing agency. The functioning has to be monitored jointly to ensure that they are successful as enterprises and function in accordance with the objectives of the programme. The people who manage the PCs/RSMs have to be given appropriate training.

7.2 PROGRESS IN IMPLEMENTATION OF THE COMPONENT

The 20 districts selected for mid-term evaluation had planned to establish 190 RSMs. Against this, the achievement has been zero in Surat, Bellary, Kasargode, Chandrapur, Ratnagiri and Bokaro. *In Kasargode one is to be established shortly. Though Alwar has reported having established 13 RSMs against the target of 10 all these were established under UNICEF programme and none was funded under TSC.* Though Surat planned 7, later on the administration decided not to establish any in the district as ceramic pans and other sanitary items are easily available in the district. In fact pans produced in Surat are reported to be used for the sanitation programme in Tamil Nadu, Uttar Pradesh and other areas. Low cost rural pans do not appear to be popular here as people prefer ceramic pans.

Table-7.1: Physical Targets and Achievements under RSM/PC in Sample Districts

Sr. No.	District	Target	Achievement	Percentage
1.	Khammam	10	25	250
2.	Chittoor	10	11	110
3.	Jorhat	6	3	50
4.	Champaran (East)	10	23	230
5.	Surat	7	0	0
6.	Bellary	2	0	0
7.	Kasargode	4	0	0
8.	Narsinghpur	6	6	100
9.	Sehore	5	3	60
10.	Chandrapur	12	0	0
11.	Ratnagiri	10	0	0
12.	South Tripura	10	334*	3340
13.	Alwar	10	13	130
14.	Cuddalore	10	10	100
15.	Vellore	10	10	100
16.	Chandauli	10	10	100
17.	Bijnour	10	7	70
18.	24 Parganas (North)	30	97	323.33
19.	Medinipur (West)	10	29	290
20.	Bokaro	8	0	0
	Total :	**190**	**572**	**301**

**11 RSMs and 323 PCs. Some of them require more capital.*

The performance in Southern Tripura North 24 Parganas, West Medinipur East Champaran, Khammam and Chittoor exceeded targets. This was several times over the target in Tripura and West Bengal. In the districts where low or no progress is recorded in

the implementation of this component, the customers/implementing agency has to rely on individual traders. In those districts where RSMs function merely as sales outlets (e.g. Bijnour, Chandauli) and no production centres operate, the implementing agency procures sanitary items from wholesalers who have been short listed by the district administration at pre-determined rates or they depend on production centres operated under donor-supported PCs.

7.3 THE SAMPLE

In the Gram Panchayats studied, only 25 RSMs/PCs were operating and their details were collected.

Table-7.2: Who Operates RSM/PC

District	Sample	Who Operates					Whether RSM/PC or both		
		NGO	SHG	Panchayat Udyog	Individual	Others	RSM	PC	Both
Chandauli	1	-	-	-	-	1*	-	-	1
Chandrapur	2	-	1	-	1	-	2	-	-
Ratnagiri	1	-	-	-	1	-	1	-	-
Medinipur (West)	2	2	-	-	-	-	1	-	1
24 Parganas (North)	3	2	-	-	-	1**	1	-	2
Bellary	1	-	-	-	-	1	-	-	1
Jorhat	2	2	-	-	-	-	-	-	2
Narsinghpur	1	-	1	-	-	-	-	-	1
Sehore	1	1	-	-	-	-	1	-	-
Bokaro	1****	-	-	-	1	-	-	1	-
Vellore	2	2	-	-	-	-	2	-	-
Cuddalore	2	1	1	-	-	-	1	1	-
Khammam	2	-	-	-	-	2	2	-	-
Chittoor	1	-	-	-	1	-	1	-	-
Bijnour	2	-	-	-	-	2***	-	-	2*
South Tripura	1	-	1	-	-	-	-	-	1
Total :	**25**	**10**	**4**	**-**	**4**	**7**	**12**	**2**	**11**

* *Panchayat Udyog*
** *WBC ADC*
*** *Used to produce mosaic pans but stopped this activity as people prefer ceramic pans. Only item produced now is squatting plates.*
**** *Not commenced operation*

Out of the total sample of 25 RSMs, 10 (40%) were operated by NGOs. Four each were operated by SHGs, private entrepreneurs and “others”. Three (1 in Chandauli and 2 in Bijnour) were managed by Panchayat Udyog, a body promoted by the state government

to promote village industry operating under District Panchayats. The RSMs in Cuddalore and South Tripura were managed by SHGs. Similarly, private entrepreneurs managed one RSMs in Chandrapur, Ratnagiri, Bokaro and Chittoor.

RSMs A SUCCESS IN A.P. & SOUTH TRIPURA

In South Tripura the implementing agency is promoting RSMs in interior tribal areas. The existing RSMs/PCs have reached some level of sustainability due to the rising demand in the district for improved models and equipment.

In Khammam and Chittoor Mandal Water and sanitation Committee through the Mandal organizer operates RSMs/PCs. Besides stocking and selling material required for water supply and sanitation they also function as a platform or training various stakeholders. All RSM managers, motivators, most masons, village surpanches and village secretaries have been trained. All the RSMs together in the district have installed 6700 toilets. RSMs also stock baby friendly toilet utilities. The RSMs operate in 10 strategic mandals in Khammam and 11 in Chittoor. They have functioned quite effectively to generate demand, motivate community, providing masonry services and clearing peoples' doubts about the technology and cost effectiveness of TSC models. In Chittoor adequate stock material is not always available. By developing the capability for repair and maintenance of public water supply schemes and hand pumps many of the RSMs in A.P. have improved their sustainability.

Out of the total sample, 12 operated as RSMs, 2 operated as PCs and 11 served both the functions.

PRODUCTION CENTRE PARADUR

A production centre based at Paradur GP, Keerapalayam Block and an RSM based at Villianallur GP, Parangipettai block were studied in Cuddalore district. The PC is operating since July, 2004 and is managed by Nehru Self Help Group. Paradur village and it caters to 4 GPs of Keerapalayam block. The total investment on the PC was Rs.75,000 to produce rural pans. The cost of production of a pan is Rs.65/- and it is sold at Rs.80/-. The total turnover during the first three months of operation was Rs.4800/-. The SHG confirms that the activity has been slightly profitable so far. The rural pans of this production centre have been used in the construction of 60 IHHL. The production activity is done by members of the SHG who have received training in the production process. A major drawback is that this PC is not linked to any RSM and it sells its products directly to users who approach it. The SHG is unable to extend any credit to the customers at present. Products are used in programmes other than TSC also. The PC manager feels that the members need training in polishing of the pan and production of P traps. She also wants to increase sale cost of a pan to Rs.100/- so that the PC can achieve sustainability.

RSM VILLIANALLUR, CUDDALORE

The Villianallur RSM is also a new one which started operating from the village in September, 2004. It services 41 Gram Panchayats in Parangipettai block. The total investment was Rs.1.00 lakh received from DRDA as revolving fund. The RSM is aware that part of this amount is refundable on reaching sustainability. The RSM sells sanitary items, provides counseling and motivation as well as masonry services. It also stocks and sells seeds and organic manure. Eight masons are attached to the RSM. The person managing the RSM has received training. The total turnover during two months from inception was Rs.8000/-. Door to door canvassing as well as sale at shop are the main marketing mechanisms. No credit is extended. Within a very short span, this RSM supplied material to 375 IHHL, 7 anganwadis and 3 schools. The RSM manager feels that availability of a transport vehicle will help in more effective service. It was also reported that the pans supplied by this RSM come from Gujarat. Inspite of the fact that a PC operates in the same district.

7.4 LOCATION AND AREA OF OPERATION OF RSMS/PCS

60% of the RSMs/PCs were strategically located in market places and this fact ensured their accessibility and marketability. 16 of the RSMs covered whole of a block, 4 covered more than one block and 5 covered part of a block. The average number of GPs serviced by them ranged from the lowest of 3 in South Tripura to the highest of 144 in Sehore.

Table-7.3: Location and Area of Operation

District	No. of Sample RSMs	Location		Area of operation			Average No. of GPs serviced
		In Market	Not in market	Whole Block	More than one Block	Part of the Block	
Chandauli	1	1	0	1	0	0	78
Chandrapur	2	2	0	2	0	0	14
Ratnagiri	1	1	0	1	0	0	50
Medinipur (West)	2	1	1	1	1	0	88
24 Parganas	3	2	1	1	2	0	15
Bellary	1	0	1	0	1	0	102
Jorhat	2	1	1	2	0	0	11
Narsinghpur	1	1	0	1	0	0	20
Sehore	1	1	0	1	0	0	144
Bokaro	1	1	0	1	0	0	25
Vellore	2	2	0	0	0	2	28
Cuddalore	2	0	2	2	0	0	23
Khammam	2	2	0	2	0	0	31
Chittoor	1	0	1	0	0	1	1
Bijnour	2	0	2	1	0	1	25
South Tripura	1	0	1	0	0	1	3
Total :	**25**	**15**	**10**	**16**	**4**	**5**	

7.5 ACTIVITIES

While all the RSMs/PCs are engaged in the sale of sanitary articles they purchase/ produce, only 14 were engaged in providing counselling and motivation, including IEC, and 9 were providing masonry services. Replacement and upgradation services were provided only by 4 RSMs (1 in Chandauli, 2 in Medinipur West, 1 in Vellore). Besides sanitary material, most of the RSMs stock cleaning liquids, soap, toiletries, notebooks etc, but the sales off-take of these items appeared to be poor. The RSM/PCs in Bijnore have stopped producing rural pans as people prefer the ceramic pans available in the market as they look more glossy. The RSMs purchase such pans from short listed wholesalers and sell them to villagers keeping a margin of about 5 per cent to meet administrative costs.

Table-7.4: Activities undertaken, Total Investment and Awareness about Revolving Fund

District	Sale	Counseling /motivation	Replacement/ upgradation services	Masonry services	Average investment on RSM/PC (Rs.)	Agency aware that revolving fund is refundable or not
						Yes
Chandauli	1	1	1	1	63,780	1
Chandanpur	1				50,000	
Ratnagiri	1				70,000	
Medinipur West	2	2	2		53,166	
24 Pargana	3	3		3	15,300	
Bellary	1	1			70,000	1
Jorhat	1	2			3,14,500	1
Narsinghpur					1,00,000	1
Sehore	1				2,00,000	1
Bokaro	1			1	1,10,000	
Vellore	2	1	1		1,00,000	2
Cuddalore	1	1		1	87,500	2
Khammam	1	1		1	1,75,000	2
Chittoor	1				30,000	1
Bijnour	2	2			3,46,500	2
Tripura					1,50,000	-
Total:	**25**	**14**	**4**	**9**		**14**

The private entrepreneur operating an RSM in Bokaro is of the view that due to the inordinate delays and contradictory guidelines received by him he may no longer be interested to operate the mart.

Only 14 of the RSMs were aware of the fact that a portion of the funds they obtained from the implementing agency was to be used as a revolving fund, which is to be refunded when the operations become financially sustainable. The pattern of funding itself appears to be erratic and not matching the financing requirements of a commercial enterprise. The scale of operations has not reached any level of commercial growth. This will be evident from the data on the sanitary units for which the RSMs have been able to supply material:

RSMs IN CHANDAULI

It was found that the functioning of the two RSMs studied in this district and operated by Panchayat Udyog was not satisfactory. They have no role in motivating people or make them aware of sanitation related issues. As they do not have adequate capital base they cannot stock items demanded by villagers and they cannot compete with local traders. Being outside market areas their visibility is also poor.

7.6 VOLUME OF WORK

Table-7.5 shows a wide variation in the average number of toilets/complexes which the RSMs helped to construct through supply of materials and providing services of masons. The volume of work executed by the RSMs in both districts of West Bengal is quite high. The private traders in both Maharashtra districts also appear to be doing good business. The Bijnour RSMs have also have sufficiently large turnover, mainly due to the fact that the work orders are given directly by the implementing agency.

Table-7.5: Number of Toilets which RSMs/PCs helped to construct

District	No. of Sample RSMs	Average No. of units			
		Individual HH	Community Complexes	Anganwadi	School Toilet
Chandauli	1	873	90	6	10
Chandarpur	2	10750	50	12	28
Ratnagiri	1	2000	29		187
Medinipur West	2	24158	14		6
24 Parganas	3	14577	1		50
Bellary	1	102			
Jorhat	2	465	-		-
Narsinghpur	1	580		-	
Sehore	1	400			
Bokaro	1	No Activity has been started			
Vellore	2	626			
Cuddalore	2	217		7	1
Khammam	2	129			6
Chittoor	1	312		22	3
Bijnour	2	6843	7		42
Tripura	1	19443	-	143	35

* *Consolidated for 4 blocks latrine installed till March, 04 because the agency is operating activities in four blocks.*

7.7 OVERALL PROFITABILITY

As none of the RSMs kept any detailed accounts, it was very difficult to ascertain their financial position. But according to approximate calculations made on the spot by the RSM managers with the survey team, the investments, including the available stocks, ranged from Rs.50,000 to over Rs.3 lakhs.

Out of the sample, only 10 were said to be commercially profitable, 4 were incurring losses and 11 were operating on a no-loss no-profit basis.

DELAY IN PAYMENT AFFECTS OPERATIONS

In Chotasehara GP, Sandeshkhali-I block in North 24 Parganasas (an island block), RSM cum PC is operating under Sarvik Vivekananda Gram Seva Sansthan. The mart was set up in 1995-96. In addition to pan, p-trap, squatting plate etc., it also manufactures and sells smokeless chulhas. 31 masons including 6 females are attached to the mart. The RSM manager received training from Lok Shiksha Parishad and also from Debanga CADC regarding school sanitation. The centre has helped construct 12746 household latrines and 18 school complexes. Turnover has been good and the centre is operated on a no loss no profit basis. The squatting plates of 4 household latrines were reported to have broken, but no replacement has yet been made. Being an island block, production of sanitary articles is taken up according to the local demand. The major constraint faced by this centre is the inordinate delay (upto 6 months) in receiving payment from the block development office due to which production gets affected and the centre is not able to meet the demand from villages in time. The complaint regarding late payment was received also from the mart in Keshpur Gram Panchayat, Keshpur Block of West Medinipur. This mart is operated by Keshpur sahid khudiram seva samithy. In Sehore the work of the RSM has come to a stand still as the district implementing agency refused to make payments for the reasons that the RSM supplied standard pans in place of rural pans.

7.8 TRAINING

In 5 out of 25 RSMs, the RSM managers did not receive any training. This was so in Chandrapur, Ratnagiri, Sehore, Bokaro and Chittoor. Similarly in Chandrapur, Sehore, and South Tripura, no mason was attached to the RSM. In Medinipur West, North 24 Parganas, Vellore and Cuddalore trained women masons were operating with the RSMs. This is a laudable initiative which needs emulation.

Table-7.6: Training of RSM managers and availability of trained mason

District	No. of Sample RSMs	Whether RSM/PC managers received training		Average No. of units			
		Yes	No	Trained		Untrained	
				Male	Female	Male	Female
Chandauli	1	1	-	6	-	-	
Chandarpur	2	-	2	-	-	-	-
Ratnagiri	1	-	1	12	-	-	-
Medinipur West	2	2	-	8	3	59	18
24 Parganas	3	3	-	34	6	31	-
Bellary	1	1	-	50	-	125	-
Jorhat	2	2	-	10	-	4	-
Narsinghpur	1	1	-	22	-	-	-
Sehore	1	-	1	-	-	-	-
Bokaro	1	-	1	2	-	2	-
Vellore	2	2	-		12	-	-
Cuddalore	2	2	-		8	-	-
Khammam	2	2	-	153	-	-	-
Chittoor	1	1	-	4	-	-	-
Bijnour	2	2	-	42	-	-	-
Tripura	1	1	-	10	-	-	-
Total:	**25**	**20**	**5**		**-**	**-**	**-**

The usual practice is that a few master masons are given training with respect to technology and models under TSC. These trained masons, in turn appoint his assistants to execute the jobs. The contract is between the master mason and the implementing agency/NGO. The assistants are given some training by the master mason in construction of toilets.

WOMEN MASONS

It was very heartening that both the masons contacted in Cuddalore were women. Both received 7 days of training at Building Centres. The knowledge about construction of low cost leach-pit latrine was imparted during this training. Both these masons participated in exposure visits and gained rich experience from them. While Smt. Susheela of Keerapalayam has already constructed 200 toilets in 15 villages, Smt. Kanmani has not yet initiated the work as she has completed training only in October, 2004. Susheela gets work orders from the NGO "BLESS" and gets paid by the BDO. She has trained 22 masons of whom 10 work under her. In Susheela's opinion, people in the area prefer standard pans. Susheela also feels that within the unit cost allowed it is not possible to construct toilets but she has been able to motivate many of the users to borrow money from SHGs to meet the financial requirements for toilet construction.

MASONS SPEAK

Mr. Arjunan of Karsamangulam village in Katpadi block of Vellore district works as a mason under TSC and received training a few months ago. He attended two training courses but had no occasion to participate in any exposure visit. During the training he learnt the technique for constructing low-cost latrines. He has covered 7 villages and constructed 7 latrines each in 7 schools and 7 anganwadis. He gets the contracts through Block officials. 15 masons work under him to whom he has imparted training. At the time of construction of toilets in schools and anganwadies, many people of the adjoining areas came into his contact to whom he explained the usefulness of the low-cost latrines and tried to motivate them to adopt good sanitation practices. He follows the designs suggested by the officials. The main constraint regarding the TSC, in his opinion, is that it is difficult to convince people about the need for household latrines as they are in the habit of using open space for the same. He also feels that the unit cost is insufficient to build toilets of good standard.

7.9 REPLACEMENT/UPGRADATION

Instances of replacement/ upgradation of sanitary utilities in individual households or schools were reported only in Medinipur West, Vellore and Chittoor. In Medinipur accessories of 187 individual household toilets and 2 school toilets were replaced by 2 RSMs. In Vellore, 821 units were provided some post installation support by 2 RSMs.

RSMs IN NORTH 24 PARGANAS

In North 24 Parganas, out of 97 RSMs established only two have been funded out of TSC as stated by the implementing Agency. Most of the RSMs were established under UNICEF programme and are being operated since about 10 years by NGOs/West Bengal CADC Deganga and Gaisatha. The implementing agency is of the opinion that RSMs/PCs in Haroa, Baserghat-I, Sandeshkhah-I and II, Gaighata, Deganga and Barcackpur-I are more successful than others due to the higher quality of their products, political will, good IEC efforts and service oriented and non-profit approach.

The NGO managed RSMs in West Bengal are deeply involved in IEC activities, they know the pulse of the people. As a result sufficient demand has been created in rural areas. Moreover the masons attached to these RSMs provide efficient post installation support to rural households and institutions.

The district administration in West Medinipur was also all praise for the RSMs/PCs managed by NGOs/SP. The officials in West Medinipur feel that institution working both as PC and RSM have more potential to become sustainable.

7.10 MARKETING ARRANGEMENTS

In Tamil Nadu, West Bengal, South Tripura and Andhra Pradesh the RSMs do a lot of motivation and IEC work in the villages as a result of which they get sufficient orders for sanitary items. In Khammam, the RSMs also meet the requirement of the water supply programme, as also undertake repair and maintenance of hand pumps and public water supply schemes. In Chandrapur and Ratnagiri the private traders who in effect perform the functions of RSM use their marketing skills to get work orders.

In U.P. sales take place due to the patronage the RSMs get from the District Implementing agency and most Gram Panchayats prefer the RSMs whenever they are operating in reasonable vicinity. The RSMs in most places deliver the material upto the office of the GP. In West Bengal and Andhra, people also go to the RSMs to procure the material. Mobile delivery has just recently started in Khammam. Credit facility for a short period in available in Vellore and Khammam.

In Chittoor sales turnover is not good due to stiff competition from private traders.

TOILET USE LINKED INCENTIVE TO SHGS IN SOUTH TRIPURA

In South Tripura a number of production centres were set up by SHGs and where SHGs were weak, by panchayats. These centres mainly produce squatting plates and pans. In addition to this the SHG managing the PC has to motivate villagers. Collect applications from BPL families, deliver the toilet sets at the door-step of the villager and ensure that the toilets are actually used. In addition to the value of the material, the SHG receives an incentive to the extent of Rs.20 per household if the toilet was used at least for 3 months. An additional amount of Rs.10 was paid to the SHG if the household used the toilet for six months and Rs.10 more for more than 6 months of usage. The use pattern was closely monitored and verified by Panchayat secretary and BDO. To improve quality of private masons, they were provided adequate training.

CHANDAULI: VILLAGERS NOT AWARE OF LOW-COST LATRINE

In the focus group discussion in Majhwar village in Chaudauli block of Chaudanli district around 70-80 people participated in the presence of DPRO, ADO and Gram Panchayat Vikas Adhikari. Two toilets were constructed under TSC in the primary school. They were neat and clean. An Anganwadi is also running in school campus and the babies use the toilet facility of the school. Anganwadi workers are responsible for cleaning of school toilet. BPL families expressed the inability to construct toilets in their houses due to financial constraints, though they desire for one. The opinion of the villagers was that the amount of Rs.500/- given as subsidy is not sufficient to construct the toilet. Drainage system was good in the village. Hand pumps and wells are the main source of drinking water. There are 25 hand pumps in the village. There is a Harijan basti in the village where drainage system is not good. Wells in harijan basti are never disinfected. School children were well aware of personal hygiene practices. All families who have toilets are using them regularly. Some of the BPL families had constructed superstructure also with assistance of Gram Panchayat, against which their services were utilized in making village drains.

In the Sonaidile vilage of Bazatan GP 30 BPL households have made toilets under TSC. Many APL households have constructed toilets an their own, spending Rs.10-15000. The people in this village as well as those in Majhwar village had the belief that toilets cannot be made in less than Rs.10000/-. In the meeting DPRO clarified that low cost leach pit latrines could be made at a cost of less than Rs.1000/-. This was a revelation to the people and at the end of the meeting there was a consensus that an attempt will be made to construct toilets in all village homes if they get continued guidance and support from Government. The conclusions that the team drew from discussions in Chandauli villages is that much more needs to be done on the IEC front. People still lack the knowledge about technology and costs and believe that toilet construction requires heavy investments.

Chapter-VIII

CONCLUSIONS AND RECOMMENDATIONS

8.1 PERFORMANCE IN COVERAGE OF RURAL HOUSEHOLDS

As per secondary data, achievement of physical targets for BPL households has been excellent in Khammam, South Tripura, Vellore and West Medinipur. Success rate was good in Chittoor, Bijnour and to some extent in 24 Parganas. Kasargode, Khammam, Chittoor, Narsinghpur, Ratnagiri, South Tripura, Bijnour and North 24 Parganas succeeded in motivating a large number of APL households to construct homestead toilets without any financial incentive. South Tripura's success is unique in the sense that this district has achieved full coverage of BPL households and there is a backlog of only 614 APL households to be cleared. In all the other districts there is a heavy backlog of uncovered households, both APL and BPL and it may take several years of intensive efforts to achieve full coverage, even ignoring the increase in the number of households.

According to the sample survey, coverage of households with the basic sanitation facility was to the extent of 61.5% of the aggregate sample. BPL households had better adoption rate (64.1%) than APL households (56.5%), probably due to the financial incentive available and more intensive attention paid to the former by field functionaries. In some districts (East Champaran, Surat, Bellary, Kasargode, Ratnagiri, Cuddalore, Vellore and West Medinipur) adoption rate by APL households was better than that by BPL households. Some variations between the findings based on secondary and primary data does exist, but it may be remembered that the choice of sample block was left to the DIA while village selection within block was done randomly by the research team. The DIA might have selected the best blocks for the sample.

The general trend that emerges from both sets of data is that better adoption rates obtain in the Southern (except Bellary) and Eastern parts of the country (except Jorhat) for which the general rise in literacy and attitudes to basic living standards may be partly responsible apart from the proactive and participatory approaches adopted under TSC. In the successful states support and leadership from the top most level of the administrative set up was evident.

8.2 POSSIBLE REASONS FOR POOR PERFORMANCE IN SOME DISTRICTS

The low level of performance in East Champaran, Sehore, Surat and Narsinghpur, Alwar and Jorhat is a matter of serious concern. And unless a major impact can be made on the heartland of India, it may not be possible to reach the goals of the programme on a nationally significant level in the near future.

One of the factors responsible for the low achievement level in Bokaro is the uncertainty and discontinuity caused by transfer of implementation responsibility to the PHED from DRDA and the reported non availability of previous files and documents with the PHED. The PRI institutions are in a moribund state and all decisions are centred on the implementing agency. Motivation level in the implementing machinery was apparently absent in this district.

In East Champaran also administrative problems, lack of political and administrative will and the moribund state of the PRI institutions contributed to low levels of achievements in most of the programme components.

In Sehore and Narsinghpur, it took almost 3 years for the State Government to release its matching share with the result that the Central share was kept in fixed deposits. The interest on fixed deposits helped the DIA to purchase vehicles.

In Surat the programme has not really taken off the ground. Perhaps the required human resources in the DRDA and low priority allotted to sanitation within the DRA are responsible for this state of affairs. An APO supported by a clerk within DRDA is the only resource available, though technically Taluka and village level officials are available for programme implementation.

In Jorhat also the programme suffered due to insufficient administrative and political will. In Alwar administrative weaknesses, low level of motivation of staff and low importance assigned to TSC compared to the UNICEF programme could be assigned as possible reasons for low performance levels.

The poor performing districts are the ones in which start up activities were not done in earnest, HRD has been poor and IEC activities were not carried out as a mass campaign. The involvement of NGOs and SHGs was also not focused on.

One of the features common to most of these projects is that the Water supply component received priority, sidelining the sanitation component. With their engineering orientation PHED, which is the implementing agency (except in Surat where DRDA is responsible) was more oriented towards works that show visible achievements like water tanks,

pipelines, flowing water etc. And priorities of the PRIs also was in congruence with the priorities of officials as visible improvements in the water supply situation would fetch more votes. People also preferred to have safe drinking water even it they had to postpone sanitation for a while. The intended convergence between water supply and sanitation did not take place.

RECOMMENDATION-1

In the districts which are lagging behind, a massive programme of retraining and orientation of staff, equipping the administrative machinery with adequate human resources, leadership and motivation needs to be initiated. Special teams for reorienting the administrative machinery of these districts must be deployed to initiate appropriate reorientation activities.

RECOMMENDATION-2

At district level every State must have a special sanitation cell within the implementing agency with the mandate of planning, implementing and supervising the programme and in carrying out social mobilization activities.

8.3 REASONS FOR NON ADOPTION OF TOILETS

Financial constraints constituted the main reason for not constructing toilets, both among APL and BPL households. Absence of space within the homestead was a problem mainly in Bellary, Kasargode, Chandrapur, Cuddalore, North 24 Parganas and West Medinipur. These are mostly SC and landless poor households. It may be remembered that about 38% of the sample households belonged to the SC and ST category and about 43% had kacha houses. People who live in kacha houses in populated and poorer habitations in the village, belonging to the landless labour and SC category have this as a major and genuine problem. For them existence of a usable community toilet would be a major benefit.

8.4 DEMAND FOR SANITATION

The most positive signal obtaining from the findings of this study is that there is sufficient motivation among rural households both above and below poverty line to adopt toilets and to have the bare minimum level of sanitation facilities. This is true even in those districts where TSC achievements have been zero or at a very level (Bokaro, East Champaran). It was also reassuring that many people came forward to construct toilets with their own financial resources.

It was also found that people who do not have homestead toilets make use of community toilets wherever they are available. Wherever community toilets are not being used, the main reasons are poor maintenance and distance. Focus group discussions revealed the need felt by the poor to have community toilets in their villages but the demand being not accepted for reasons of non availability of site, water scarcity or the past record of poor maintenance of community toilets elsewhere. It does not appear reasonable to deny people the right for this very useful facility. Rather the attempt should be to remove the constraints through proper management, consultations and linkages with water supply component as well with line agencies and institutions.

8.5 AWARENESS GENERATION

Awareness about TSC was fairly well developed in most districts except Bokaro and Alwar. This awareness has emerged to a highly significant extent through the effect of awareness campaigns launched under TSC. Very good awareness levels obtained in those districts where IEC campaigns have been systematic, widespread and intensive and where SHGs and NGOs are active. These include the districts in Southern (except Bellary) and Eastern states. The positive aspects are:

- High level of awareness about water borne diseases,
- Sense of shame about women being compelled to do open defecation due to absence of sanitation facility
- Awareness about benefits accruing to women from sanitary toilets
- Awareness about safety, convenience and dignity.
- Knowledge of good practices of personal hygiene
- Increasing trend toward practice of personal hygiene

The general rise in educational standards, influence of school children, the influence of adult education campaigns by the National Literacy Mission, the demonstration effect of people already possessing toilets as well as those who have improved their living standards due to the general improvement in economic conditions etc may have played important roles in this overall effect in addition to IEC campaigns under TSC and the general cultural strengths pre existing in the rural community. It is not necessary to isolate the differential influences exerted by these factors in a cause effect manner. What is important is that we incorporate all these crucial factors in improving the content and methodology for an efficient IEC package for any development programme in the future.

RECOMMENDATION- 3

The field staff of TSC must be trained in participatory methodologies of planning with people and joint implementation of the programme so that the present level of awareness of people regarding sanitation can be converted into practice, by helping to find solutions to the constraints that prevent them from adopting the practices. The solutions may not always lie in individual household domain but in community level initiatives.

8.6 UNIT COSTS AND FINANCIAL INCENTIVE

One forceful conclusion that emerges from the study is that though people are convinced, in varying degrees, about the technology being propagated and promoted under TSC, they feel that unit cost prescribed for the different models are wholly inadequate. Apart from the general rise in prices of material and labour there are other aspects like the workload in digging on hard soil, non availability and high cost of sand, desire to have superstructure for optimum use etc that have pushed up costs in practice as well as in peoples' perception. At the aggregate level of the sample of respondents, the average unit cost in the opinion of the respondents is Rs.2500. People also feel that the absence of subsidy they will not be able to have the benefit of the minimum level of household sanitation.

People at various levels of implementation, from the field to state levels, also veer round to the view that though low-to no subsidy regime is desirable as a principle and goal, in practice subsidies have to continue and at a higher level than at present. In Kerala, Andhra Pradesh and Uttar Pradesh State Governments have accepted the need for higher unit cost and higher levels of subsidy and provided funds through their own resources for the enhanced cost.

8.7 WILLINGNESS TO SHARE ENHANCED COST

A very encouraging aspect of the findings is that people are willing to share a good share of the cost of construction of toilets. At the aggregate level, this works out to Rs.1437, with APL households willing to contribute Rs.1910 and BPL households Rs.1199. Though the APL households generally have higher paying ability and willingness, in some districts like Kasargode, BPL households have more willingness. This may be explained by the better cash liquidity of BPL households due to availability of comparatively well paid wage work (which may of course be seasonal). This increased willingness to pay for sanitation will be the major pillar of strength for the programme.

RECOMMENDATION-4

While the low-to no subsidy regime may be acceptable as a long term policy goal, in order to achieve the objective of full coverage of rural households through appropriate sanitation systems providing financial incentives to BPL households will have to continue as a strategy. The quantum of subsidy as well as unit costs revised suitably and made area specific rather than uniform across all parts of the country through a realistic assessment of material and construction costs, availability of material and practicability. People are willing to pay for sanitation and this needs to constitute the major strength of the programme.

8.8 MEDIA OF COMMUNICATION

Personal contact, work of motivators, Radio and Television and printed material constituted effective media of information dissemination. Folk theatre, magic and puppet shows, rallies, exhibitions etc also played their role. But the findings cannot reveal which medium was the most effective. What can be stated is that the strategy of using multiple media is appropriate and that personal contact and committed work by motivators, PRIs, SHGs and NGOs are highly effective in motivating village people to adopt toilets.

One of the inner strengths of the rural community that can be used to further strengthening IEC campaigns is the awareness of the need for cleanliness while eating food, praying and maintaining the house. For example every one in rural areas would like to wash his/her hand and clean the utensil before starting to eat, spray some water around the plate before food etc remove sandals while entering the house, cleaning the house compound every morning etc. What constrains is the absence of facility or the resource. This was evident from the response of the respondents regarding source of awareness of various sanitation and personal hygiene issues. The typical response was "we are supposed to know this", "no one needs to tell us about their things" etc.

RECOMMENDATION-5

While designing the content of IEC, the roots in Indian culture regarding handling food, home and public places with the approach of purity, needs to be built upon IEC material may include content drawn from our folklore, mythology and literature on this aspect. Other facilitating programmes like the programme of adult education, operated through several thousands of voluntary Preraks, Assistant Preraks and resource persons must be made adequate use of. Properly developed IEC literature on sanitation and personal hygiene should be made available at every rural library operated by the National Literacy Mission. In fact adult literacy centres of the District Saksharata Samitis should be given as important a place in the programme as rural schools as a vehicle for the spread of the sanitation message.

8.9 AWARENESS ABOUT RURAL PANS

At the aggregate level 55% of the sample respondents are aware about the usefulness of rural pans. Thus aspect needs considerable improvement. However it may be mentioned that awareness is related to availability and the extent of marketing drive by RSMs and explaining the benefits at the time of doing IEC activities. There was also a tendency to prefer ceramic pans sold by private sanitary malts as the better off in the village used fancy toilet sets. The low awareness levels obtained more in those states where rural sanitary marts under TSC or other aided projects did not exist or were not managed efficiently.

RECOMMENDATION-6

The extension staff and motivators must be made fully aware of the benefits of rural pans so that they can fully convince rural people about their usefulness. IEC material should specifically focus on this aspect in the manner that people can understand.

8.10 SUPERSTRUCTURE

TSC operates on the assumption that once people are motivated to construct the base structure, they will eventually construct superstructure from their own resources. The finding is that the opinion converges on the fact that superstructure is absolutely necessary for privacy, convenience, dignity, optimum use, aesthetics and cleanliness. The aspect of privacy is very crucial in thickly populated cluster villages which are more closely built around each other than the houses in urban areas. People's estimation about unit cost of toilets also may be related to the cost of superstructure. The optimum use of the toilets with only base structure has also been not obtaining. People in South Tripura and Medinipur have made superstructure with bamboo reeds, jute bags, mud plaster etc. In Chandauli plastic sheets were used to temporarily cover the structure. In some districts (like Bijnour), people had made brick structures without roof but these structures stood as awkward projections. The implementing agencies were also of the unanimous opinion that once the basic objective of providing the basic amenity is achieved, upgrading to superstructure is a must and the BPL households should be given adequate financial incentives for this.

RECOMMENDATION-7

It is suggested that the feasibility of providing superstructure for individual household toilets be considered and the financial incentive should have suitable provision for constructing the superstructure.

8.11 EXTENT OF SATISFACTION WITH TOILETS CONSTRUCTED

General satisfaction level of the toilets was good in most places except in East Champaran, Bellary and Chandrapur. But there was a major difference in the extent of satisfaction, with 43% of the APL households being highly satisfied compared to only 16% among BPL. This differential may be due to the fact that APL households could afford to make at higher cost, including pacca superstructure.

8.12 SOCIAL SANCTIONS AGAINST POLLUTING THE ENVIRONMENT

In Maharashtra, in order to motivate people to construct toilets a condition has been made that to make people eligible for some programmes of rural development, the beneficiary has to agree to construct a homestead toilet before receiving the next instalment of assistance. In some places (e.g. Bijnore, Cuddalore), there is an informal agreement that possession of a homestead latrine is a condition for being elected to the local bodies. While these may look slightly coercive at first sight, open defecation is an activity that pollutes the environment and all polluters must be made to pay for the harm they do to the health of the community.

RECOMMENDATION-8

Indirect social sanctions need to be developed and enforced at community level for not only open defecation but also for dumping household and industrial waste into public places. But in rural areas it would be necessary to empower PRIs to make proactive decisions in this regard through community level consultations.

8.13 INITIATIVES IN ENVIRONMENTAL IMPROVEMENT

Vellore district has pioneered the recycling of household and industrial waste in Panchayat areas through scientific collection and processing of garbage to produce wealth from waste. This experiment has not only created a clean environment but also enhanced employment and income. It has also created mass awareness and enhanced the demand for sanitation. In Kasargode, the drive against use of plastic and dumping them on public places has been a major element of IEC.

RECOMMENDATION-9

Success stories like the Vellore Solid Waste Management Project must be publicized in the entire country and every TSC project must include such innovative projects. A portion of the TSC allocation can be set apart for this purpose.

8.14 SCHOOL SANITATION AND HYGEINE EDUCATION

The pre TSC level sanitation coverage in rural schools in the 20 sample districts was 46.4%, which increased to about 65% in at the time of field survey. Performance against physical targets was very good in Chittoor, South Tripura, Alwar, Cuddalore, Vellore, North 24 Parganas and Medinipur West. In the sample villages there was nearly 94% coverage of schools studied. However this does not mean that all these schools had adequate facilities in proportion to the strength of the student population. At the aggregate level the ratio of students to toilets and urinals was at an unacceptable level in most schools. Separate toilets for boys and girls existed in only 53% of co-ed. schools. TSC support was provided for toilet construction in only 52% of the sample schools. In Alwar only I out of the 4 schools studied was funded out of TSC and the district's claim to have achieved 93% of physical target for SSHE looks doubtful. Scarce water supply plagued 21% of the sample schools (the most acute problem being in Bellary, Sehore and South Tripura). The major source of drinking water in the schools was hand pumps and in many places these were not functional. In 50% of schools toilets were kept under lock and key even during school hours. In 55% of the sample children themselves cleaned the toilets after every use and this provides a good lessons in the practice of personal and community hygiene. Cleaning rarely took place in 3 schools. Staggered recess was practiced n only 80 schools. TSC has facilitated the introduction of personal hygiene and sanitation as part of the school curriculum, holding of frequent health check ups and using the school as a spring board for reaching the message to the community. Absence of boundary wall, overcrowding, problem of drinking water etc continue to cause problems in educational institutions in rural areas.

RECOMMENDATION-10

The decision of Andhra Pradesh Government to vest the responsibility for school sanitation and hygiene education to the Educational department appears to be reasonable and we suggest that this be adopted in all the states. However, this should be within the framework of the SSHE action plan developed in the State, with a system of joint planning, information sharing, supervision and monitoring and evaluation.

RECOMMENDATION-11

The funds available from different sources, including TSC, SSA and the normal funds of the education department should be dovetailed to establish sanitation facilities keeping in view the student and teacher population, future development needs, boundary walls, landscaping and tree plantation. An inadequately developed facility is not a useful facility at all.

RECOMMENDATION-12

Hygiene education appears to have been universally accepted as part of the school curriculum and this is a major achievement. The gains in this respect need to be consolidated through organizing inter district and inter state competitions for students on sanitation and hygiene related issues.

8.15 ANGANWADI SANITATION

At the baseline level, toilet facilities existed in 74% of Anganwadis in Khammam, 80% in Cuddalore, 91% in North 24 Parganas, , 86% in West Medinipur, 91% in Bijnore and 50% in Kasargode. During field visits it was found that many anganwadis in Bijnore and Chandauli operate from school buildings and rely on the school toilet facility. This fact may not have been taken into account while depicting the anganwadis sanitation situation and this may be true in many other districts. Providing toilet facilities in anganwadis was planned only in Sehore, Kasargode, South Tripura, Cuddalore and Vellore. In Sehore where none of the 591 anganwadis previously had toilets, during TSC implementation 572 have been provided toilets. This is a remarkable achievement. In Cuddalore, Vellore, South Tripura and Ratnagiri also there were remarkable achievements.

Of the sample anganwadis, only 54% had toilet facility. Of the 20 anganwadis running from private buildings only 1 had toilet facility. Babies to toilet ratio in the anganwadis having toilet facility was acceptable. Hand washing facility was absent. Training of anganwadi workers in hygiene education appear to have been attended to properly. Drinking water continued to be a problem.

RECOMMENDATION-13

It is suggested that in the matter of equipping anganwadis with toilets combined action should be taken by the Women and Child Development department so as to dovetail expertise and funds for creation of durable infrastructure and their adequate use.

8.16 COMMUNITY SANITARY COMPLEXES

As there is movement towards full sanitation coverage of households in Khammam, Chittoor and Tripura, construction of community sanitary complexes was not found necessary in these district. In Surat where there is very little adoption outside or within TSC, there was large scope for community sanitary complex as entry point for making people accustomed to toilet use but the component was not planned for. In Chandauli the administration did not take up this component due to not so encouraging experience with

operation and maintenance of community toilets. Achievement of physical targets has been good in W Medinipur, Vellore and Ratnagiri.

Community contribution to construct the complexes has been forthcoming in all areas except where funds were available through other sources like MLA fund or IWSC programme. The largest share of contribution has been in Kasargode where both the Panchayat and the community together contributed upto 25% of the total cost in only one complex that was constructed in the district.

Almost all the complexes (except in Ratnagiri and Chandrapur) are meant for women only. Men do not have access to the facility defeating the purpose of universal sanitation.

In the Maharashtra districts, a number of small public latrines meant for 8-10 families were constructed in the same village with the total fund made for that village. These families were responsible for their maintenance and in fact all the units were maintained and used very well. This appears a wise strategy wherever the disadvantaged sections are residing in different locations.

Though an amount of Rs. two lakh can be spent on a community complex, very small amounts were spent in Bijnour, East Champaran and Bellary.

There was mixed experience about use and maintenance of the complexes, with those being managed by SHGs (as in Cuddalore and Vellore) being very clean. These SHGs were, however, provided adequate funds for maintaining the complexes. In these districts SHGs were also closely involved in supervision of construction.

RECOMMENDATION-14

Community complexes play a very useful role for meeting the sanitation requirements of those who cannot afford homestead toilets. However, these should be constructed on plans based on present and future requirements, and after entering into proper maintenance and operation arrangements with the users and putting in place resource mobilization plans.

RECOMMENDATION-15

SHGs and other CBOs may be closely involved in planning, executing and maintaining the complexes.

8.17 ALTERNATIVE DELIVERY MECHANISM

States have been rather slow in implementing this component. RSMs/PCs were not set up in Surat, Bellary, Chandrapur, Ratnagiri, and Bokaro. In terms of number of RSMs/PCs established against targets, there was very good achievement in East Champaran, Chittoor and Khammam, Narsinghpur, South Tripura, Cuddalore, Vellore and Chandauli, North 24-Parganas and West Medinipur.

It was observed that RSMs/PCs established by NGOs/SHGs in South Tripura, 24 Parganas, Medinipur, Vellore and Cuddalore were doing a very good job, though financial sustainability may take some time to take effect. In South Tripura and the two West Bengal districts, the RSMs and PCs were required to spearhead the IEC work also and since it was in their commercial interest to generate demand for their products/ articles, they did this job. A major feature of the functioning of the RSMs in West Bengal and Tamil Nadu was that in both the States care was taken to train women masons. These ladies did a commendable job in motivation as well as toilet construction. It was also observed that delayed payment of dues to RSMs constitute a major constraining factor for the proper working of RSMs. Though TSC guidelines provide for adequate capital infusion from TSC funds in the RSMs, this was not actually taking place and under capitalization was the norm. There was also some mismatch between the tie up between RSMs and PCs. For example, in Tamil Nadu, though PCs operated in the same or nearby block, the RSMs procured goods from as far away as Gujarat.

RECOMMENDATION-16

RSMs and PCs need to be established in all the districts where hard ware availability is a problem. RSMs and PCs so established should be able meet the standards of production and meet the installation and post installation support of village people. The lead taken by Tamil Nadu and West Bengal in training women masons may be emulated by other States.

8.18 PERFORMANCE RATING OF DISTRICTS

An attempt was made to rank the sample districts on 28 indicators regarding various aspects such as programme policies, planning and implementation processes, effectiveness and impact. These indicators are:

1. Policy support in terms of State Priority
2. Funds Flow Availability
3. Motivation of PIA
4. Decentralized Decision Making

5. Involvement of PRIs
6. Availability of Good NGO
7. Initial Capacity of PRIs & NGOs
8. Capacity Development and IEC Plan
9. Community Participation
10. Demand Driven Approach and Sanitation Need
11. User Contribution and Paying Ability
12. Willingness to Pay.
13. Stake holder Involvement in Operation and Maintenance
14. Coverage of Hardware Components
15. Usage and Maintenance of Hardware Sanitation
16. Practice of Hygiene Both at Personal and community Level
17. Social Mobilisation
18. IEC Campaign
19. Human Resources (Availability and Training)
20. Delivery Mechanism
21. Suppliers Availability
22. Maintenance Support
23. Constraints in Inter Sectoral Coordination
24. Technological Options
25. Water Availability
26. Trained Masons
27. Cost Effectiveness of the Hardware
28. Monitoring at all Levels

South Tripura topped the ranking with excellent policy and administrative support at State level, comfortable levels of financial support, excellent motivation levels of human resources and almost every other aspect. Cuddalore came at second position indicating the excellent levels of leadership and support including support from NGOs and peoples participation.

Vellore and North 24 Parganas came at third position Medinipur West came 4th and Kasargode came at the 5th place. Sixth and seventh positions go to Chittoor and Khammam respectively, the support by NGOs tipping the scales slightly in favour of Chittoor.

These 8 districts exemplify what is best in TSC implementation. All the other districts range from mediocre to very poor and, in our opinion, the delivery mechanism in these districts and the States they form part of need to be geared up.

Rating of Sample Districts on Performance Indicators

Rank	District	1*	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
VII	Khammam	10	8	8	8	6	2	6	8	6	4	5	5	7	6	8	6	6	8	6	4	6	4	6
VI	Chittoor	10	6	8	8	6	7	7	7	7	7	5	5	7	6	8	6	6	8	6	4	6	4	6
IX	Jorhat	5	6	5	5	5	6	5	5	5	5	6	4	5	3	5	5	5	4	4	4	4	3	6
XVI	Champaran East	3	5	2	0	0	3	0	2	5	4	5	7	5	2	5	6	2	2	4	6	5	2	2
XIV	Surat	3	7	2	0	2	2	2	3	3	4	6	7	4	2	5	5	3	2	3	4	8	2	2
XIII	Bellary	5	5	5	5	5	5	4	3	4	5	3	5	3	5	5	4	4	4	4	0	3	2	2
V	Kasargode	8	8	9	10	10	6	7	7	6	6	6	7	6	6	8	8	8	8	8	3	5	5	7
XV	Narsinghpur	4	3	4	4	4	2	4	3	2	2	3	4	4	4	5	4	3	3	4	4	4	0	4
XV	Sehore	4	3	4	4	4	4	4	3	2	2	3	4	4	4	4	4	3	3	4	4	4	0	4
XI	Chandrapur	6	5	6	5	5	5	4	6	5	4	5	5	6	5	6	4	5	5	4	3	4	4	4
X	Ratnagiri	6	5	6	5	5	5	4	6	5	5	5	5	5	5	6	4	5	5	4	3	5	4	4
I	South Tripura	9	10	10	9	9	8	8	10	10	8	8	8	8	9	9	8	9	9	8	8	7	7	7
XVII	Alwar	4	8	2	4	4	7	7	1	3	1	0	4	2	2	1	3	1	0	4	3	4	0	3
II	Cuddalore	9	9	8	8	8	8	8	8	7	7	6	6	8	8	8	8	8	8	8	8	8	8	8
III	Vellore	9	9	8	8	5	8	5	8	8	5	8	8	5	5	8	5	5	5	8	8	8	5	5
XII	Chandauli	7	6	5	4	4	4	3	4	4	5	5	4	4	4	4	5	4	4	3	3	4	2	4
VIII	Bijnour	7	7	7	7	6	2	3	6	5	5	5	4	4	5	5	5	5	5	5	5	7	3	5
III	24 Parganas North	7	7	6	8	8	8	7	6	6	6	5	5	7	5	7	8	8	8	8	8	8	7	7
IV	Medinipur West	7	7	6	7	7	7	6	7	5	6	5	5	7	5	7	8	8	8	8	7	8	8	7
XVIII	Bokaro	2	7	0	0	0	0	0	0	0	0	0	6	0	0	0	4	0	0	0	0	0	0	0

Annexure-I

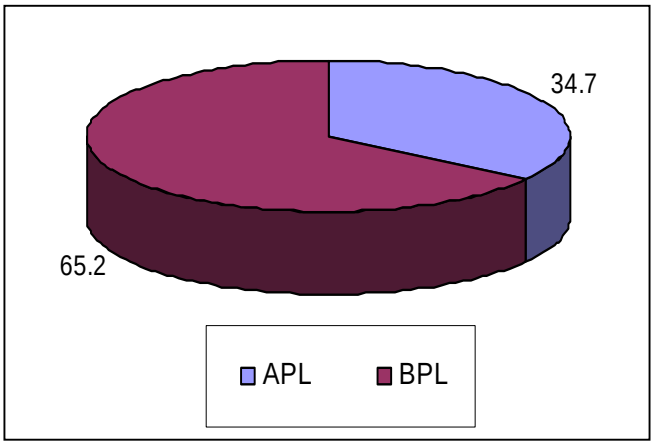
State	District	Block	Gram Panchayat
ANDHRA PRADESH	KHAMMAM	Kusumanchi	Gattu Singaram
			Kusumanch
		Sathupalli	Rejerla
			Siddaran
	CHITTOOR	Bangerpally	Bangarupalem
			Mogihi
		Chondepalli	Durgasamudram
			Pudipatla
ASSAM	JORHAT	Jitabar	Babejia
			Raidangjuri
		North West Jorhat	Pachim chanigaon
			Raja howly
BIHAR	CHAMPARAN EAST	Kotwa	Kararia
			Machhargawa
		Turkaulia	Raghunathpur
			Sapahi
GUJARAT	SURAT	Choryasi	Suvali
			Vasva
		Kamrej	Kamrej
			Kholvad
KARNATAKA	BELLARY	Bellary	Moka
			Sanganakallu
		Sandua	Hosadaroji
			Thoranagallu
KERLA	KASARGODE	Kanhangad	Madikkei
			Uduma
		Nileshwer	Kayyoor-cheemeni
			Pilicode
MADHYA PRADESH	NARSINGHPUR	Kareli	Boraha Chota
			Mohad
		Narsinghpur	Khamtara
			Singhpur Bada
	SEHORE	Ashta	Dodi
			Mehatwada
		Sehore	Jatakhera
			Khamaliya
MAHARASHTRA	CHANDRAPUR	Bhadravati	Ghonad
			Nandori (BK)
		Warora	Borda
			Madheli
	RATNAGIRI	Lanja	Majal
			Verawali (BK)
		Sangameshwar	Asurde

			Wayangane

Annexure- (Contd…)

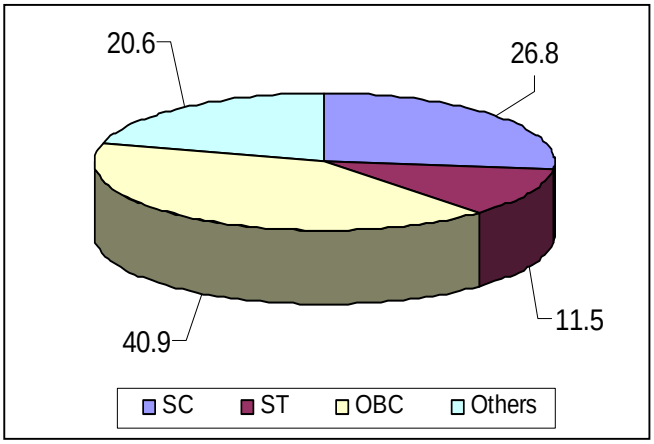
State	District	Block	Gram Panchayat
TRIPURA	SOUTH TRIPURA	Amarpur R.D.	East Rangamati
			New Gomti
		Matabari R.D.	Peratia
			Uttar Chandrapur
RAJASTHAN	ALWAR	Thanaganji	Nagalbani
			Nathusar
		Tizara	Hengwahena
			Roopwas
TAMILNADU	CUDDALORE	Keerappalayam	T Neduncheri
			Vattathoor
		Parangipettai	Kothattai
			Velangipattu
	VELLORE	Katapadi	Senur
			Viruthampet
		Vellore	Ariyur
			Ussoor
UTTAR PRADESH	CHANDOULI	Chandauli	Bajaha
			Mazhawar
		Sakaldiha	Sadalpura
			Sanghati
	BIJNOUR	Kiratpur	Bhojpur
			Kheri
		Mohmadpur	Baruki
			Khuraheri
WEST BENGAL	24 PARGANAS NORTH	Haroa	Bakguri
			Shalipur
		Sandeshkhali-1	Nazat-2
			Sehora Radha Nagar
	MIDNAPUR WEST	Keshopur	Kalagram
			Mugboshan
		Sankril	Kultikori
			Rohini
JHARKHAND	BOKARO	Chandan kyari	Chandra Barjora
			Sabra
		Chas	Kura
			Olgarha

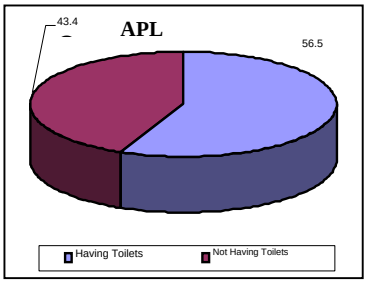
Graphs

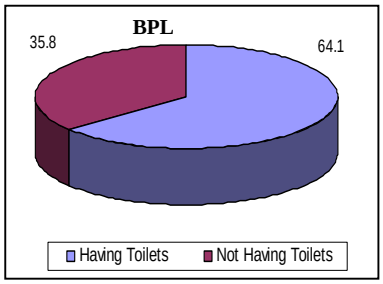


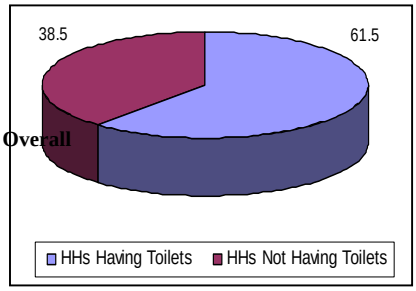
Graph-1:
Poverty Category ***(Table-3.5)***

Graph-2:
Social Classification ***(Table-3.6)***

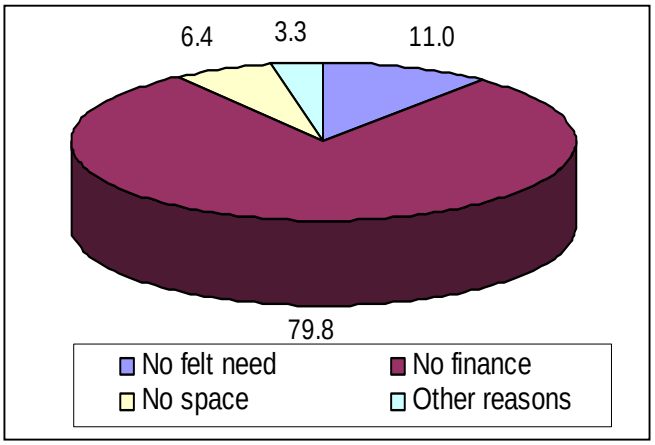






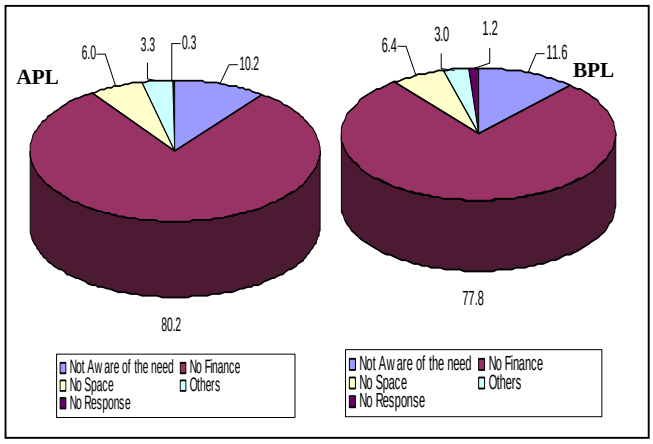


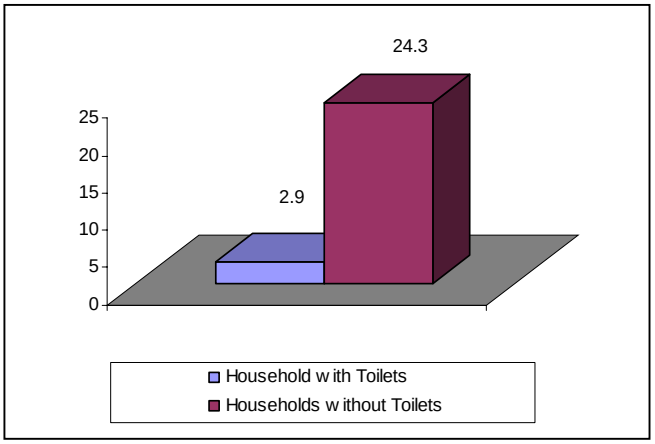
Graph-3:
Adoption or Non-adoption of Toilets
(Table-3.9)



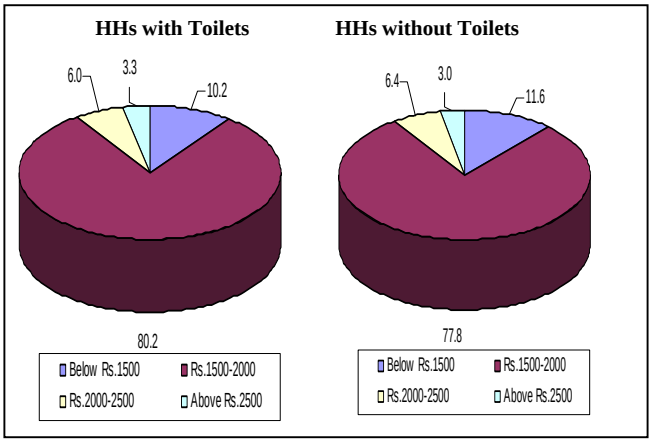
Graph-4:
Reasons for Non-Adoption ***(Table-3.10)***

Graph-5:
Category-wise Reasons for Non-Adoption ***(Table-3.11)***



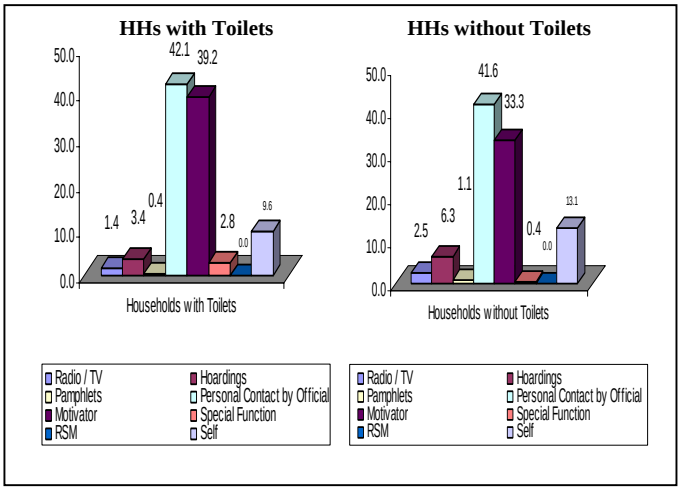


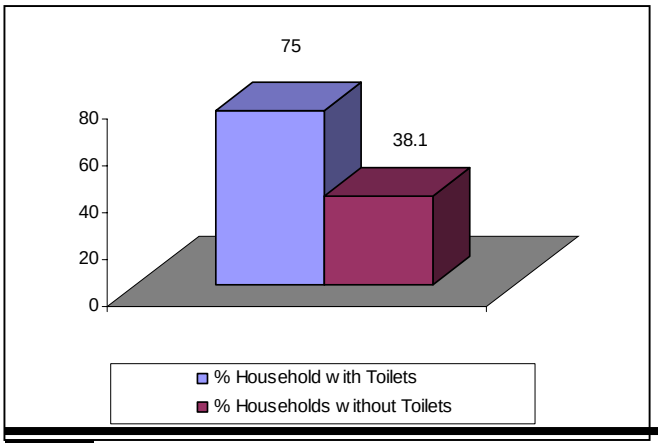
Graph-6:
Not Aware about TSC ***(Table-3.16)***



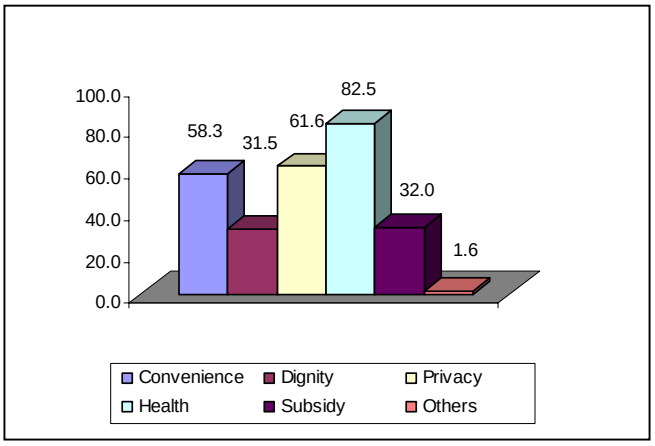
Graph-7:
Opinion about Average Cost of Construction of a Sanitary Toilet ***(Table-3.25)***

Graph-8:
Low Cost Latrine & Source of Knowledge ***(Table-3.26)***



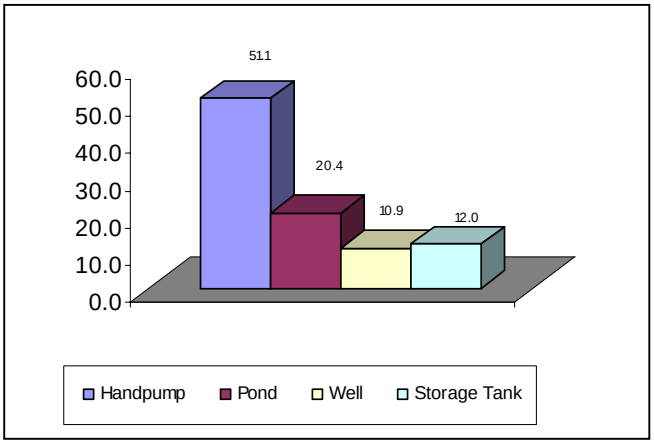


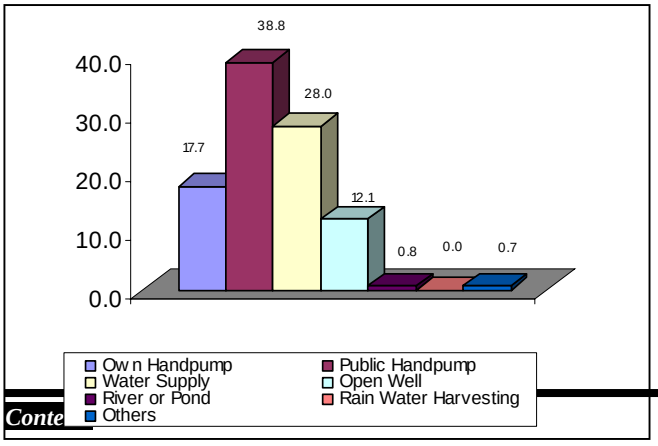
Graph-9:
Necessity for Superstructure ***(Table-3.27)***



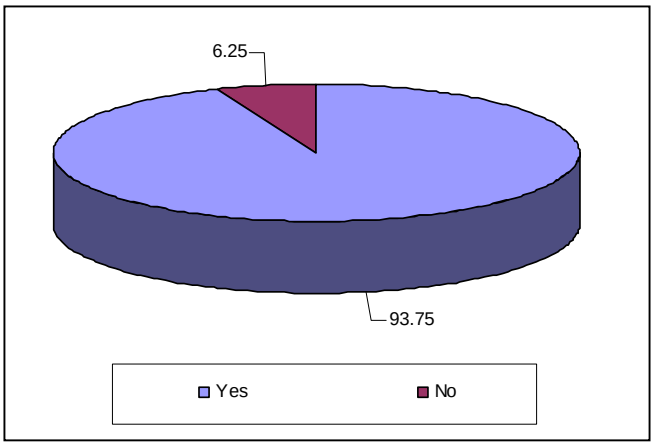
Graph-10:
Motivation for Constructing Toilets
(Table-3.30)

Graph-11:
Sources of Water Supply for Toilet Use
(Table-3.41)



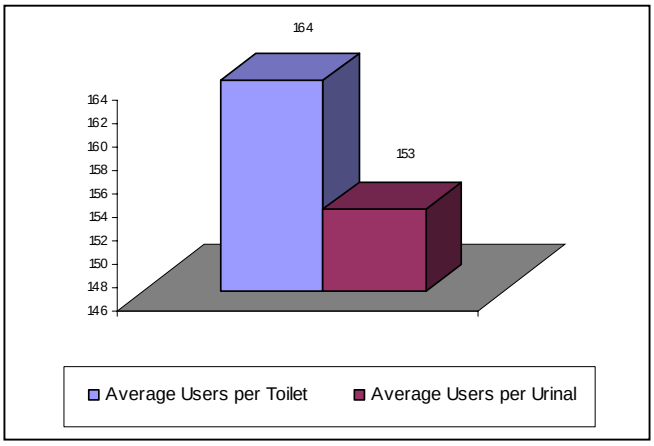


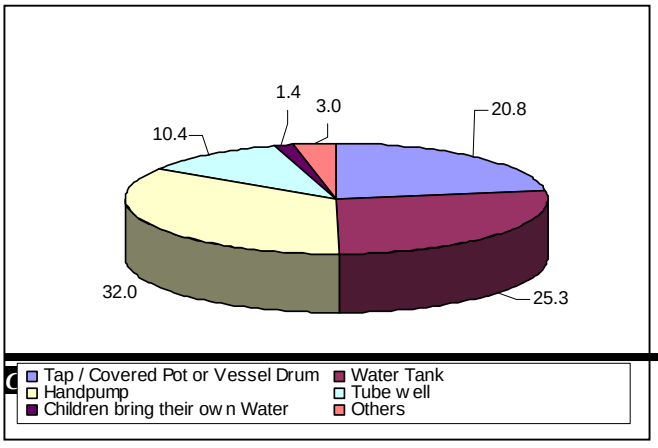
Graph-12:
Sources of Drinking Water for HHs ***(Table-3.58)***



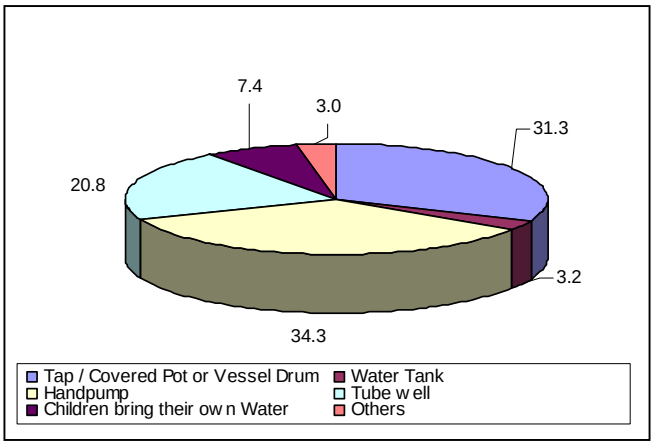
Graph-13:
Availability of Toilets in Sample Schools ***(Table-4.2)***

Graph-14:
Toilets to User Ratio in Sample Schools ***(Table-4.3)***



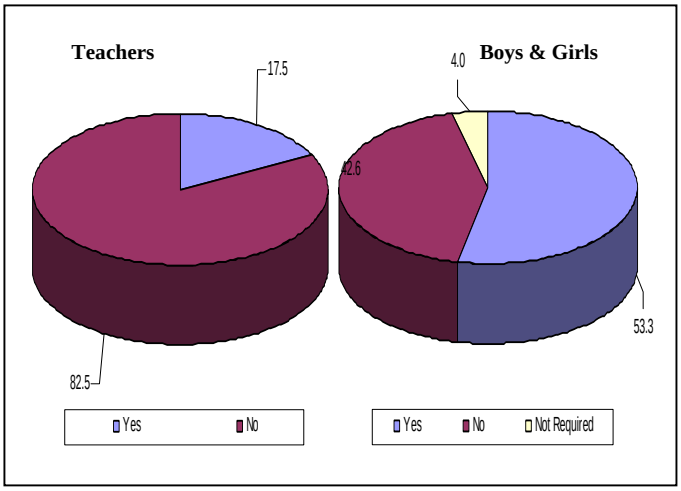


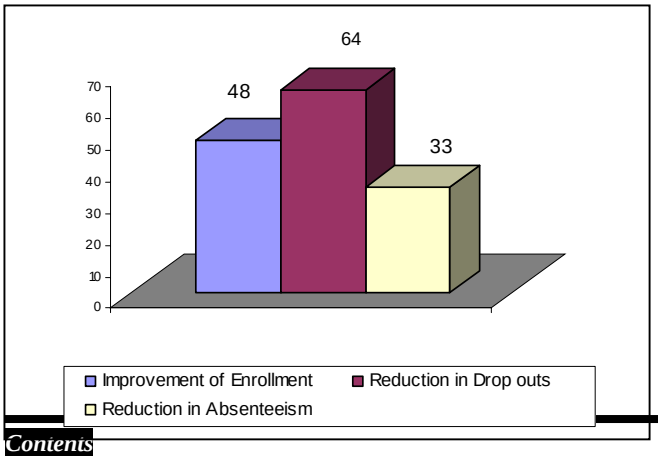
Graph-15:
Sources of Water for Toilet Purpose ***(Table-4.7)***



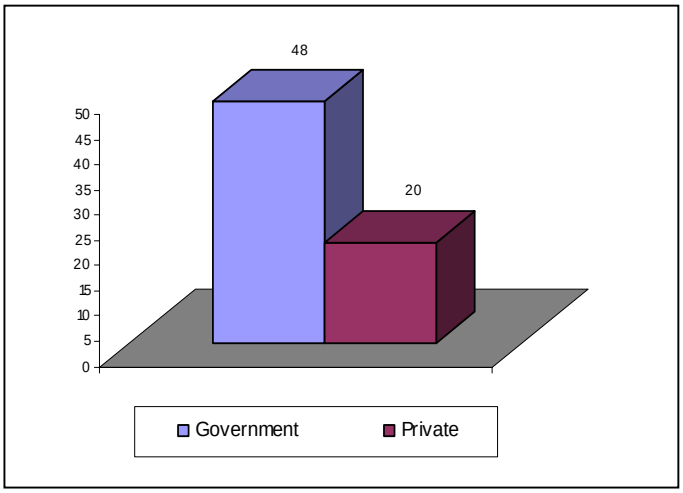
Graph-16:
Sources of Drinking Water
(Table-4.8)

Graph-17:
Separate Toilets Facility for Teachers / Boys & Girls ***(Table-4.9)***



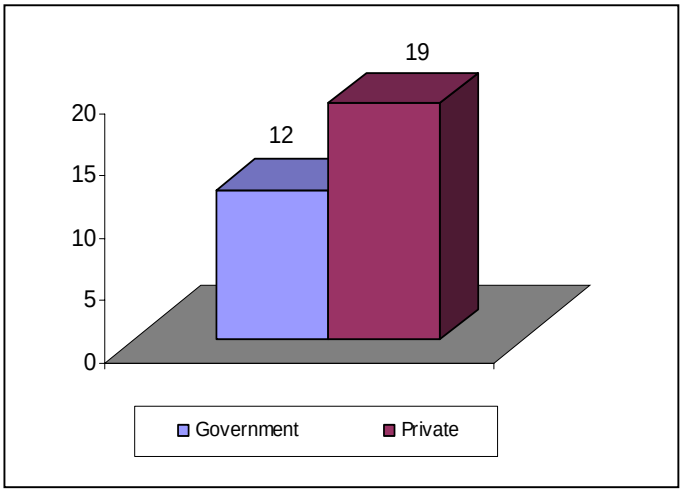


Graph-18:
Improvement of Enrollment, Reduction in Dropouts & Absenteeism ***(Table-4.17)***



Graph-19:
Distribution of Anganwadis by Location ***(Table-5.2)***

Graph-20:
Availability of Toilets in the Anganwadi ***(Table-5.2)***



Photographs

Photo: 1
Mass Campaign in Vellore District

Photo: 2
Amarpur R.D. Block Wall Paintings (Medinipur West)

Photo: 3
Display board showing TSC programme in a remote area in Chandauli District

Photo: 4
Pitra High School Wall Writing on TSC (Midnapur West)

Photo: 5
A class on Hygienic Education in Bijnour District

Photo: 6
Wall paintings under the programme in Chandauli District
Wall painting under IEC activities in Chandauli District

Photo: 8
IEC activities through local artists in Chandauli District

Photo: 9 Women Masons Trained to construct pits in Vellore District

Photo: 10 Sorting of garbage for recycling in Vellore District

Photo: 11 Composting of the bio-degradable waste in Vellore District

Photo: 12 Training of Women Masons to install toilet seat in Vellore District

Photo: 13 PC New Gomati Village, Amarpur Block (Midnapur West); training in platform construction; women masons also being trained

Photo: 14 Training of motivators in Chandauli District

Photo: 15 UNICEF Officials discussing with RSM managers in Bijnour District

Photo: 16 Focus Group Discussion in village Mohad. (Narsinghpur)

Photo: 17 Discussion with Men's Group in Rohini GP (Medinipur West)

Photo: 18 Discussion with Women's Group in Rohini GP (Medinipur West)

Photo: 19 Poor Condition of a household Sanitary Toilet due to lack of Maintenance in Chandauli District

Photo: 20 Individual Household Latrine with super structure made of locally available material at South Maharani Village (Medinipur West)

Photo: 21 Individual Household Latrine with local super structure in New Gomati Village, Amarpur Block, Tribal Area (Medinipur West)

Photo: 22 A well maintained household toilet with brick super structure of a BPL beneficiary. Village Khokhri, Problem of Water logging is faced during rainy season. (Sehore)

Photo: 23 Child using household toilet in Vellore District

Photo: 24 Privacy Insured in IHL through local material in Rohini GP (Medinipur West)

Photo: 25 Under utilized Toilet at Borda Village (Medinipur West)

Photo: 26 Poor Maintenance of Toilet in Kultikori GP (Medinipur West)

Photo: 27 Well Maintained Toilet in Kultikori GP (Medinipur West)

Photo: 28 School toilets found under lock and key during school hours. Water tank outside the building was filled with stones & soil. Government Primary School, Village Barha Chota. (Narsinghpur)

Photo: 29 Well maintained School toilet at Government Senior Secondary School, Village Singhpur. (Narsinghpur)

Photo: 30 Baby Friendly Toilet in an Anganwadi in Vellore District

Photo: 31 Baby friendly Latrine at ICDS Centre, Madhya Park Uttar, Chandrapur GP (Medinipur West)

Photo: 32 Well maintained Community Complex for Women in village Barha Chota. (Narsinghpur)

Photo: 33 Cow dung cakes & firewood stored in Community Sanitary Complex for Women, Village Barudewa. (Narsinghpur)

Photo: 34 A Close View of Sanitary Pans & Bent in the RSM in Vellore District

Photo: 35 RSM operating in Vellore District

Photo: 36 Sanitary Items displayed in a RSM Show room in Vellore District

Photo: 37 Sanitary item produced at the PC, Matabari Block (South Tripura)

Photo: 38 Mart of TSC, Matabari Block (South Tripura)

Photo: 39 Mosaic Sanitary Rural Pans produced by Shiv Shakti Self Help Group. (Narsinghpur)

Photo: 40 Sanitary items at RSM show room in Bijnour district. The show room is at an isolated place.

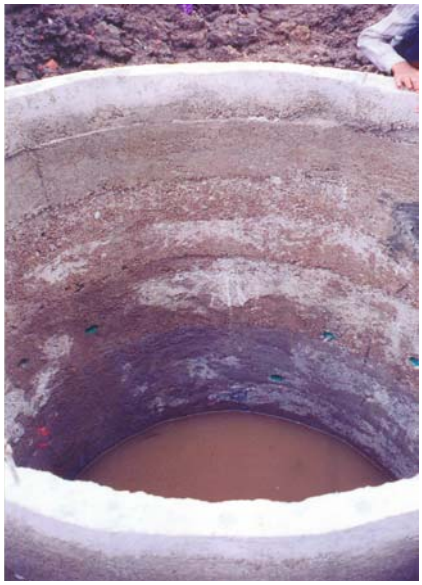


Photo: 41 Due to lack of awareness and supervision huge size pits with concrete structure being constructed by BPL beneficiary. Villagers believe that size of pits recommended under TSC is not sufficient to meet their requirements, Village Mohad.(Narsinghpur)

Photo: 42 Lack of proper drainage in village Kamaliya. (Sehore)

Photo: 43 Stagnant water around Hand pump in village Kamaliya (Sehore)