

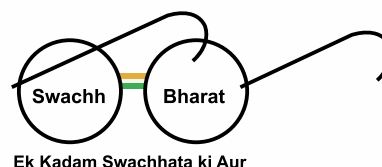


सत्यमेव जयते
Ministry of
DRINKING WATER & SANITATION
and Ministry of
URBAN DEVELOPMENT

 **WaterAid**



Solutions for
Swachh Bharat



REPORT ON THE INDIA WASH SUMMIT

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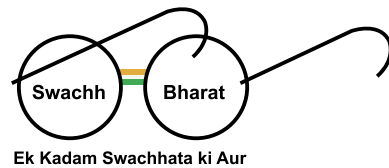
16 - 18 February 2015 • New Delhi



Launch of the
India WASH Summit
India International Centre, New Delhi



Solutions for
Swachh Bharat



REPORT ON THE INDIA WASH SUMMIT





“It gives me immense pleasure to present the key recommendations and discussions from the India WASH Summit: Solutions for Swachh Bharat held in February 2015. About 600 participants joined us from nine Ministries, from every state in India as well as from across the globe. It was indeed inspiring to be gathered together with so many people committed to sustainable development and a world where everyone has access to water, sanitation and hygiene.”

.....

The launch of the Swachh Bharat Mission by the Indian government was a courageous and visionary step and has the potential to transform the lives of the poorest and the most marginalised communities who are currently living without basic amenities.

Access to water, sanitation and hygiene (WASH), is essential to poverty eradication and to sustainable economic and social development. To achieve universal coverage the public, private and civil society sectors have a critical role to play and WaterAid was very keen to organise the Summit to bring together a wide variety of organisations to foster collaboration. Innovative collaboration will undoubtedly enhance the quality of the efforts towards ensuring a clean India as well as expanding the knowledge and research base.

The Summit provided a great platform to debate, analyse and to come up with solutions for achieving success in the goals laid down by Swachh Bharat Mission.

2015 is an important milestone as it marks the deadline for the Millennium Development Goals. While great progress has been made in many of these goals, sanitation coverage is way behind target. The world is now debating the Sustainable Development Goals and the goal of eradicating poverty by 2030. The Swachh Bharat Mission is the most significant pledge by the government with the aim for every house to have a toilet by 2019. If implemented effectively and sustainably this initiative will be an enormous step towards realising the goal of ending poverty.



As we all know building toilets alone is not enough. Safe removal and disposal of human waste and behaviour change to drive demand are critical ingredients to sustainable services.

My colleagues at WaterAid India along with our partners are persevering towards addressing the pressing issues of hygiene behaviour change and our focus is on the most marginalised communities to help them raise their voice and ensure equitable access to water and sanitation services.

We plan to assist the government in terms of provisioning of data to help effective monitoring of coverage, and criticality of usage, so that we know what works and what we need to do differently going forward. The India Sanitation Map developed by WaterAid India that was showcased during the Summit is one such attempt towards this. We will continue our engagement with civil society organisations who are working with some of the most marginalised communities and with the private sector harnessing their understanding of behaviour change.

Innovation and new partnerships are key to ensuring the sustainability of the Swachh Bharat Mission. The aim is not to just build toilets but to bring about change in the lives of the poor and marginalised, helping them become socially and economically independent and to ultimately protect our planet by ensuring proper removal of waste.

WaterAid India has very ambitious plans of working in collaboration with the government, civil society, the private sector and various other

institutions to bring about long term change and offer sustainable services. We will continue to focus on inclusion of the poorest and the most marginalised, making sure that facilities are accessible to everyone, everywhere.

This report contains key recommendations that were highlighted in the various sessions grouped under nine themes, namely:

- Hygiene behaviour change
- Water security
- WASH in schools
- WASH in health and nutrition
- Gender, caste and class
- Technology
- Institutional and capacity development issues
- Monitoring
- Research and learning

Key highlights of the recommendations were submitted to the Ministry of Drinking Water & Sanitation and the Prime Minister's Office shortly after the Summit.

I am delighted I was able to attend this Summit and hear from experts in India how we can all collaborate towards solving this enormous challenge of lack of safe water and sanitation. I wish to convey my sincere thanks to the Indian government, the team at WaterAid India, the co-conveners and partners and all the speakers and participants for making this Summit a landmark event in the WASH space in India.

And now together let's "Make it Happen".

Barbara Frost
Chief Executive, WaterAid

ACKNOWLEDGEMENTS



Improving water-hygiene-sanitation in India remains central to improving the standards of living in both rural and urban areas, especially among the poor. Recently, the Government of India launched the Swachh Bharat Mission (SBM) to address the crisis of sanitation in its widest sense. This means ensuring overall cleanliness, hygienic behaviour, availability of water and toilets as well as their regular use. The approach has been restructured into a mission from a campaign.

in New Delhi. The Summit brought together a plethora of organisations and experts working on WASH to debate, deliberate and arrive at a concrete set of recommendations and commitments.

I thank all the speakers and participants who helped make the Summit a success. WaterAid UK provided us with requisite strategic support. The regional offices coordinated participation of partners

..... THE CHALLENGE

To make 112 million toilets by 2019

The challenge is to make 112 million toilets by 2019 which has an estimated cost of about INR 1,960 billion. The challenge throws up issues of resources, hygiene, sustainability and technology. This is a formidable task that would require participation and engagement of a wide range of players from different spheres. WaterAid in collaboration with the Ministry of Drinking Water & Sanitation and the Ministry of Urban Development organised the first ever India WASH Summit on 16-18 February, 2015

and supported the Country Office with administrative and other support. The Country Office administration team provided critical logistical support; the communications team branding and visibility; and the finance team efficient mobilisation and handling of the financial resources. Lastly, the policy team planned, designed and led the Summit.

Neeraj Jain

Chief Executive, WaterAid India



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Our Technical Partners

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Coalition for Food and Nutrition Security

Global Sanitation Fund

Indian Institute of Technology, Delhi

International Resource Centre

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Tata Trusts

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Water Supply and Sanitation Collaborative Council

Wells for India

World Food Programme

World Vision



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EXECUTIVE SUMMARY



With the [Swachh Bharat Mission](#) the Government of India has committed to achieving safe sanitation throughout the nation and, in the process, transform the lives and environment of hundreds of millions of people. The Swachh Bharat Mission (SBM), launched by the Prime Minister on 2nd October 2014, is the largest sanitation programme in the world, covering both rural and urban India. Achieving household and environmental sanitation requires new, sustained hygiene practices on a massive scale, combined with the provision of millions of new facilities. Strong institutional and management arrangements must also be in place to support this transformation.

This formidable task requires consistent collaboration among a wide range of institutions. To this end, WaterAid, supported by the Ministries of Drinking Water & Sanitation and Urban Development organised the India WASH Summit: Solutions for Swachh Bharat in New Delhi. The first event of its kind, it brought together thought leaders, the private sector, government officials and NGOs. The Summit's 600 participants came from nine Ministries, from every State and from five countries. In 150 presentations and discussions, the Summit examined ways to make Swachh India a reality by 2019 in an equitable and sustainable manner.

The Summit focused on three main milieu within which the sanitation effort hoped to be realised : rural areas, cities & towns and education & health institutions

In all three contexts, experience has shown the crucial importance of a strong enabling environment with clear and systematic operational procedures and the creation of institutional support structures dedicated solely to sanitation and waste management. This enabling environment, it was agreed, includes capacity building and concurrent

monitoring which is used to improve on-going implementation.

The Summit's objectives were to

1. Assess existing and upcoming programmes in taking forward India's WASH agenda with a focus on Swachh Bharat Mission (SBM) by addressing
 - Sustainability of behaviour change and centrality of hygiene
 - Models of service delivery of water, sanitation and hygiene at scale in rural and urban areas
2. Bring together experts from different sectors to share expertise and build innovative models in order to ensure access to water and safe sanitation
3. Bring resources and leadership together in finding solutions in concrete ways forward

600

PARTICIPANTS
AT THE SUMMIT

The Summit discussed SBM from the project life-cycle perspective of planning, implementation and sustainability.

Sessions were designed to highlight issues of hygiene behaviour change, water, WASH in schools, WASH in health & nutrition, gender, technology, equity and monitoring. It set up the following questions for the speakers to answer:

1. What institutional transformations are required to achieve universal WASH coverage in urban and rural areas?
What resources are needed?
2. What could be the nature and extent of collaboration and aligning with diverse forces?
3. How to make people central to the engagement with WASH services?
4. What are the drivers of hygiene and how can they be mainstreamed?
5. What lessons can the WASH sector take away from the experiences of others to do its job better?
6. How can water security be ensured?

These questions include the universal use and maintenance of toilets, personal hygiene practices and waste separation/disposal

Consistent and sustained hygiene behaviours are central to the success of SBM. Stimulating these sanitary behaviours is labour-intensive, demands mobilisation and capacity building of an adequate human resource base. Behaviour change communication, it was noted, needs to be coupled with programme communication, to inform consumers and programme workers clearly at all levels about technologies, operating procedures and finance.

Summit participants analysed in detail a plethora of issues that are critical to achieve success in SBM programmes, including robust implementation and sustained outcomes at scale. During the Summit it was evident that a common understanding has emerged that to shift from a construction or supply-driven focus to a demand-driven approach implies that it cannot be business as usual. In the deliberations, six cross-cutting principles were identified for a successful national sanitation effort in rural, urban and institutional settings:



Swachh
Bharat Mission
should aim at collective
behaviour change to
ensure open-defecation
free communities

- Sanitation and hygiene require consistent hygienic behaviour for improvements in nutrition and health
- Sustainable sanitation requires community-led approaches including those based on gender, equity and rights
- Water security is essential for sanitation and hygiene. Urgent steps are needed to eliminate contamination of water bodies and aquifers with waste water and faecal sludge
- Sustainability means ensuring continued safe practices and operational facilities are key to achieving the goals of SBM
- Collaboration is crucial among government programmes and their staff as well as civil society, partner organisations and the private sector. Structured collaboration can increase the human resource base, enhance the quality of the total sanitation effort and expand the research knowledge base

This report details the Summit presentations and discussions on the sanitation programmes in rural settings,

urban areas and institutions, summarised as follows:

Critical issues identified for a successful rural SBM were:

- Sanitation programme experience in rural areas has reflected that without the motivation for safe sanitation, facilities will not be used consistently. Demand creation must precede physical implementation and new sanitation practices must continue to be promoted after construction. The focus is not on individual households but on making communities free from open defecation, going beyond hardware to regular, universal use
- Supply chain: The supply chain should provide adequate quality of products with design options (not restricted to one model) that reflect consumer demand. It is crucial to ensure the technical capacity and knowledge of all involved in the programme
- Management: Committed leadership and adequate human resources are key along with simplified procedures/rules and a

professionally qualified support system for panchayats, with continuing capacity development

- There is a clash of interest in monitoring SBM as the planners and implementers are tasked with keeping tabs. These functions need to be separated
- Solid and Liquid Waste Management (SLWM) is usually undertaken after open defecation status is achieved, starting at the household level (subsidiarity) with separation of waste and extracting the maximum practical benefits for solid waste and improved drainage around water sources

These principles are illustrated by a sample road map which combines the examples of successful programmes described at the Summit (see page 47).

Critical issues identified for a successful urban SBM were:

- Innovations are needed to strengthen the capacity of Urban Local Bodies (ULB's). For example sanitation planning based on geo-mapping leading to standard

operating procedures. Innovation is also relevant to strengthen the presence of loan providers for household toilets

- SBM guidelines suggest five technologies for household toilets that provide significant benefits but have limitations related to maintenance, costs and space. It was concluded that sound technical knowledge for construction is crucial among city staff, those doing construction and users
- Urban sanitation planning is blind to the needs of informal cities. This poses problems in providing quality and sustainable infrastructure or services. Creative solutions were discussed and some should be adopted by the government. These solutions try to reduce the generation of faecal sludge and also the problem of its disposal
- Case studies underscored the critical need for manpower and coordination through Municipal Waste Departments headed by Deputy Commissioners, joint planning and implementation with other departments, NGOs and Community Based Organisations (CBOs)



Critical issues identified for WASH in education and health were:

- Balanced emphasis on both hardware (facilities) and software (education, training, participation, maintenance) inputs. Maintenance and monitoring of facilities is a persistent challenge that has not been sufficiently prioritised
- Active participation among children begins with hygienic practices in schools, specifically, use of clean toilets, washing hands with soap after using the toilet and before eating, and safe food preparation/storage
- Menstrual hygiene management requires facilities, but also supportive educational information for girls. It should also include educating boys and men
- Prerequisite to integrate WASH into public health services with an emphasis on handwashing and cleanliness of facilities as well as rapid monitoring surveys



RECOMMENDATIONS

Given below are the main recommendations from the different sessions grouped by themes. These were submitted to the Ministry of Drinking Water & Sanitation (MDWS) and the Prime Minister's Office shortly after the Summit.



Hygiene behaviour change

- SBM should aim at collective behaviour change to ensure open-defecation free communities and villages and not just toilets constructed
- Continuous hygiene promotion through the project life cycle from planning to sustainability, is necessary to enable and sustain toilet use and other hygiene behaviour
- Hygiene should be the driver for integrated WASH programmes and address in a phased manner a broad range of behaviours including the safe disposal of child faeces, drinking water handling, menstrual hygiene and washing hands at the correct time
- Community-Led Total Sanitation tools can be used to enable and protract toilet use from a village-wide perspective

- A dedicated cadre of frontline workers is necessary to promote hygiene, ensure usage and reduce slippages in addition to merely promoting construction
- Interpersonal communication includes selling and sensitising communities. Messages per phase should be limited to one or two key points. Behaviour change should also target men with specific messages
- Rewards should be staggered to ensure accountability and use over a period of one year or more. These can take the form of individual or community rewards both in cash or citations promoting construction

Continuous hygiene promotion through the project life cycle from planning to sustainability, is necessary to enable and perpetuate toilet use and other hygiene behaviour

Water security

- Policy and legislation around drinking water and sanitation must ensure equity and justice, given the potential conflicts surrounding the use of a common pool resource by multiple users for multiple uses
- The scale of intervention is vital and should be based on geology, culture, geographical conditions, administrative and political boundaries. Planning needs to combine traditional and modern knowledge
- Facilitating robust community participation is an important aspect of the process and should be given statutory status
- Community-led decentralised planning that includes solid and liquid waste management needs to be promoted to reduce water contamination

WASH in schools

- Suitable funding and monitoring of the operation and maintenance of school's toilets and water points is a high priority
- The government has to take the lead and agencies can provide structured and well-planned technical and advisory support. The government has the prime responsibility of implementation while specialist agencies can help to make planning, execution and monitoring more robust
- The mandates and accountability of agencies working on WASH in schools at all levels from the local to the national has to be spelt out clearly
- Ensure facilities are accessible to people with disabilities
- Local management capabilities have to be developed as envisaged in the government schemes and the committees/ councils adequately resourced
- Menstrual hygiene management should form an integral part of the behaviour change messages in schools and suitable infrastructure should be provided

WASH in health & nutrition

- Sanitation is essential to nutrition security as it affects infants and children in their ability to absorb nutrients from food. Poor sanitation is one of the leading causes of diarrhoea and in turn one of the leading yet preventable causes of child mortality
- WASH is a key determinant of the health of mothers and neonates before, during and after birth
- WASH in healthcare facilities needs to be ensured, with adequate planning, funding and monitoring

Gender, caste and class

- Sanitation must be viewed as a fundamental human right and situated in the broader horizon of other rights e.g., to food, education, livelihoods and health
- WASH campaigns must be co-terminus with other rights such as the right to food and right to education. Other campaigns must recognise the importance of WASH in achieving their goals
- Gender is central to the discourses on WASH. Women are consumers, producers and managers. This fact needs to be central to the SBM planning and implementation processes
- The execution of SBM should recognise the relationship between gender, caste and class. For this to happen, data should be disaggregated along these factors

As per a study conducted in 2014,
62 per cent women in 49 cities had no knowledge of
menstruation before their first period

Technology

- SBM-U should promote non-networked solutions for reducing the discharge of untreated waste water and related pollution. These can be promoted through financial and non-financial incentives
- Technology should be people-centric. This means that people's needs, choices and acceptability should drive technology and design of WASH facilities rather than the other way around
- Quality checks, designs, supply chains must be improved, especially in geographically remote areas
- A life-cycle cost approach is prerequisite to determine technology choice and appropriateness

- While planning sanitation, it must be ensured that the toilet pit is not near water source, the choice of technology eliminates handling/disposing of unsafe faecal sludge, pits should have a depth of at least 1.2 meters below the intake pipe, there is adequate distance between twin pits, toilets use the rural trap and pan which uses less water for flushing and vent pipes are not installed
- Each district should have a technical helpline that can be referred to by end users and implementers/planners of SBM



Convergence with other governmental programmes, especially the National Rural Livelihoods Mission and self-help groups will help create demand for monitoring



Institutional and capacity development issues

- Create champions especially from administrators who, if well briefed and trained, can quickly push forward the sanitation programme based on experiences from several states and districts
- Public-public partnerships should be the preferred route for institutional transformation and improved service delivery for SBM (U)
- ULBs (Urban Local Bodies) and PRIs (Panchayati Raj Institutions) should be held accountable through suitable institutional and cultural shifts especially by separating monitoring from planning and implementation
- Institutional management should be adaptive and use action research and learning to make suitable changes in planning and implementation

Swachhata Doots should be the focus of training

- To improve the execution of SBM, the mission directors at the state, district and block should meet at least as frequently as mandated
- A massive training effort is needed to enhance capacity, ensure vacancies are filled and create competent leadership. In addition, the army of sanitation workers will need timely and good quality training. Swachhata doots, community motivators and natural leaders should be the focus of training
- PRIs play a pivotal role in hygiene promotion and need to be strengthened in addition to the administrative machinery
- Key staff positions should be filled quickly with relevant and qualified/ trained personnel. These include full-time managers and full-time financial officers at state and district and block levels, and change agents. Efforts are required to reduce the turnover of contract workers¹ and speed up the recruitment processes for vacancies. Natural leaders can be considered for regular employment
- Convergence with other governmental programmes, especially the National Rural Livelihoods Mission and self-help groups will help to create demand for monitoring
- A framework for strategic and constructive engagement with partner agencies, NGOs, universities and the private sector is required

¹ In part, high attrition rates were reportedly due to the greater remuneration (100% to 120% higher) and the longer contract periods (3 – 4 years compared to 1 year) that are provided by other Government programs such as the National Rural Livelihoods Mission (NRLM) and the National Rural Health Mission (NRHM).

Monitoring

- Hygiene behaviour indicators have to be developed and integrated into the government MIS (Management Information System) as well as in NFHS (National Family Health Survey), DLHS (District Level Household & Facility Survey) and other surveys
- For SBM-G, annual national level random sample surveys are requisite for third party verification that ensures accuracy of coverage and data use
- MDWS should monitor the maintenance of facilities beyond the household level especially that of community sanitation centres, WASH facilities in health centres, anganwadis and nutrition centres. This may later be extended to schools to present an integrated picture
- Citizens should be included in monitoring through the use of mobile phones for improved accountability and governance
- A monitoring strategy for urban sanitation needs to be developed with a focus on faecal sludge and wastewater management and flows
- Given the devolution of finance and planning charge to the states, it is imperative to establish technical quality assurance cells at state and central government level for regular feedback
- Make verification of construction quality part of the monitoring process

Research and learning

- Rapid Action Learning Units are key to understanding the ground realities of implementation of SBM and can be an effective concurrent learning tool
- SBM implementation and outcomes should become a research priority in the country with an emphasis on cross-learning across urban, rural and peri-urban areas
- Research and learning insights need to be reflected in SBM programming in real time



INTRODUCTION



The **Swachh Bharat Mission** campaign launched by the Government of India has the potential to transform the lives of hundreds of millions in the country. The use of toilets, safe treatment and disposal of human body waste and handwashing with soap are essential for the country to progress. In the process, India will also shed the unenviable tag of being home to the largest number of people worldwide who practice open defecation. WaterAid has committed itself to support SBM through research, policy and advocacy work. However, to realise the vision of a clean India, a multi-sector effort is required, with strong involvement of many departments and ministries. To this end, WaterAid supported by the Ministries of Drinking Water & Sanitation and Urban Development, organised the India WASH Summit with an aim to identify ideas and recommendations to strengthen SBM. In discussions and through 150 presentations, the Summit focused on ways to make Swachh India a reality by 2019 in an equitable and sustainable manner.

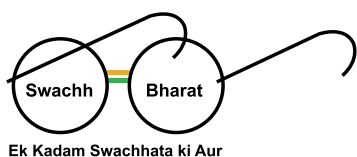


To achieve **water security**,
the scale of intervention
is critical and should
be based on culture,
geographical conditions
and administrative and
political boundaries

The Summit was inaugurated by **Shri Chaudhary Birender Singh**, Union Minister of Rural Development, Panchayati Raj, Drinking Water and Sanitation, who noted that around 11 crore rural households do not have toilets. It is crucial to reach out to each un-covered household. The Minister raised questions about the extent to which existing toilets are used and how solid/liquid waste management can be rolled out in rural areas. He stressed the need to make hygiene the driver of integrated

opinion that new partnerships and innovations are needed. To achieve SBM goals, it is essential to focus on the entire project life-cycle from planning through implementation and beyond, to post-implementation support for sustained safe practices and sludge management.

About 150 presentations were made in the 18 sessions. The following report captures the main points of the presentations and discussions and has been structured



To achieve SBM goals, it is essential to focus on the entire project life-cycle from planning through implementation and beyond

WASH programmes. Mr Singh said states have been given considerable flexibility in the implementation of SBM. The minister said monitoring is critical to the success of the programme. The Minister asked participants to work out and suggest how the national sanitation programme could be made more effective.

Barbara Frost, Chief Executive of WaterAid, emphasised in the inaugural session that the Summit would focus on finding solutions, especially stimulating behaviour change among 600 million people so that use of toilets is ensured. **Neeraj Jain**, Chief Executive of WaterAid India, said collaboration is essential for this. They were collectively of the

by theme rather than chronologically. The report focuses on the strategies as well as on specific recommendations for implementation of SBM activities. Six cross-cutting principles are described first that infused the deliberations and also had dedicated sessions. This is followed by three chapters drawn from the presentations and discussions: 1) rural sanitation programme; 2) urban sanitation; and 3) WASH in education and health.

During the Summit it was evident that a common understanding had emerged of the shift from a construction or supply-driven focus to a demand-driven approach which implied that it could not be business as usual.



BASICS OF SBM

Sanitation with hygienic behaviour improves nutrition and health²

WASH is a key determinant of the health of mother and child before, during and after birth. Poor hygiene and sanitation are major contributors to diarrhoeal diseases, respiratory infections, trachoma (causing blindness) and nematode (worms) infections. Speakers quoted recent

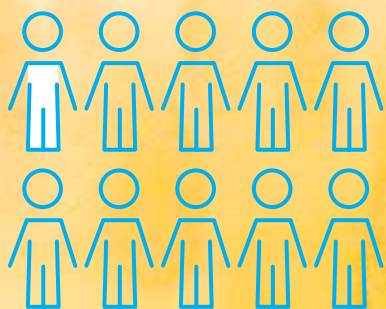
studies showing how poor sanitation and hygiene led to persistent infections and repeated bouts of diarrhoea associated with under-nutrition and stunting. This happens because of repeated infections, young children are unable to absorb nutrients efficiently (called environmental enteropathy). This is one of the primary reasons why roughly one in three children is estimated to be underweight in India³. Consistent hygiene practices are needed to help ensure health through, for example,

2 Presentations by Rashmi Avula (Integrating WASH, health & nutrition); Oliver Cumming (WASH and maternal neonatal health); Julien Eyrard (The missing link: lack of sanitation and its impact on the nutritional status of the under 5 years old population); Nand Wadhwani (HealthPhone: Knowledge is the enemy of disease) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

3 International Food Policy Research Institute (2014) Global Hunger Index: the challenge of hidden hunger. Data is based on a national survey conducted by the Ministry of Women and Child Development with support from UNICEF in 2013-14.

safe water, sustained use and maintenance of the toilet, handwashing with soap at key times and safe disposal of child's stools. For this to be internalised, single messages must be sent out to the masses repeatedly.

Among the
poorest 40% of
the population in India



only 1/10 people
had access to toilets
in 2008

Equity to ensure sustainable and universal service provision

Equity implies that everyone will have access to a safe toilet. Serving the poor and marginalised must be a priority. WHO/ UNICEF data showed that in India in 2008, among the poorest 40% of the population, only 1 out of 10 people had access to a toilet; while in richest 20%, more than 9 out of 10 households had toilets⁴. The government has to treat everyone equally in providing water and sanitation services. This session strongly recommended that sanitation is a fundamental human right and needs to be situated within the larger context of the rights discourse.

One of the important ways to ensure that this happens is to disaggregate data by gender, class and caste and review SBM against simple indicators of inequalities. Equity also means ensuring equal spaces in all stages (planning, implementation and monitoring) for the disabled and senior citizens, which will also help their care-givers to participate and decide. In the long run, exclusion costs more than good implementation.

⁴ Joint Monitoring Program. Progress on Drinking Water and Sanitation, updated 2012, UNICEF & WHO.
<http://www.unicef.org/media/files/JMPReport2012.pdf>

Gender-based equity in WASH⁵

Speakers and participants deliberated on how programmes can be organised to open space for real support to women. Gender discrimination is strong in sanitation programming. First, the demand for sanitation tends to be greater among women, while men tend to decide on the design of facilities and, in the family, on sanitation investments. Technical orientation as well as decision-making points about technology and design should specifically be aimed at women as well as men.

A second gender difference is that women bear most of the workload for managing sanitation/hygiene at home. SBM should include specific communication to stimulate greater sharing of household work between women and men. In addition, simple design features can help women. For example, the “country” pan and trap to reduce the amount of water needed for flushing. In urban areas, the convenient location of dust bins that are systematically emptied, reduces the work of women. It was also suggested that in the SBM-G, further attention is needed for the design of bathing areas and their drainage.

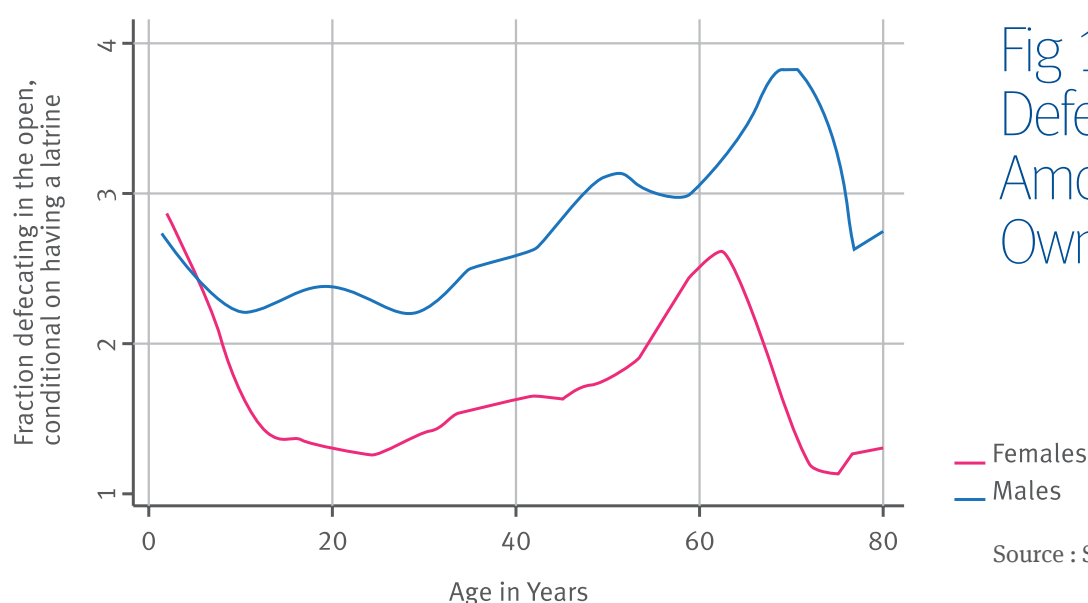


Fig 1: Open Defecation Among Toilet Owners

Source : Sangita Vyas⁶

⁵ Presentations by Sujoy Mojumdar (GoI approach on hygiene behaviour– SWLM focus under SBM-G– IEC/BCC approaches); Max Wilson (Wells for India: importance of small-scale water harvesting in dryland regions of NW India); Kanika Kaul (How important will be magnitude and composition of budgetary resources for the success of SBM?); Lyla Mehta (‘Shitizens’/citizens: why culture and social dynamics matter); and Sangita Vyas (All you have to do is ask: Why a national latrine use survey is necessary and feasible) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

⁶ Sangita Vyas (All you have to do is ask: Why a national latrine use survey is necessary and feasible) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

A third issue relates to the roles of women as workers and professionals in sanitation programming. In rural sanitation, women are assigned much of the worst paid or unpaid work, as members of self-help groups (SHGs), Swachhata Doots (SDs, or motivators), among others. Participants questioned the expectation of indefinite voluntary work. In some districts, active SDs and women natural leaders have been inducted into the programme as workers in block/district support teams and area motivators, and paid monthly.

The Summit summarised that since women play multiple roles of consumers, producers and managers, SBM should address the issue of sanitation taking into account these dimensions of gender roles.

Fourthly, there are significant gender differences in the use of sanitation facilities. Research in five states of northern India has shown that in households with toilets, men on average defecate in the open twice as frequently as women (See Figure 1). It was emphasised that men need motivation and that specially targeted hygiene promotion should also be tailored to men⁷.

Managing the linkage between water and sanitation⁸

At least 1 billion Indians use groundwater every day. As much as 80 per cent of the water used for drinking and domestic purposes, including sanitation in rural areas, is groundwater. While this is a small amount (around 0.3%) of the total ground water abstracted, it is essential to ensure source sustainability and acceptable quality of water supply. Sanitation also impacts the water supply. Aquifers are vulnerable to contamination from toilet pits, open defecation, fertilizers, among many others. One report noted, for example, that the majority of the shallow wells sampled in a study in Kerala contained bacteriological contamination mainly of faecal origin.

Speakers advocated strongly for safe management of faecal sludge from toilet pits and liquid waste management to ensure that health outcomes become a reality and do not jeopardise water resources. It was proposed that capacity be developed for supporting robust local planning, which also integrates traditional with modern knowledge. Water security planning and liquid waste management go hand in hand and can be integrated. This

7 Getting hygiene messages with your tea | Sanitation Updates
www.sanitationupdates.wordpress.com/2013/07/24/getting-hygiene-messages-with-your-tea

8 Presentation by V. Kurian Baby (Water security-sanitation nexus: key to sustainable future); Himanshu Kulkarni (Groundwater in India's water and sanitation security) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

water security planning needs to be based on the understanding of the local needs identified by a community driven process. Integration of traditional and scientific knowledge must be a part of this planning process. Lastly, facilitating a robust Gram Sabha resolution driven by science, knowledge and community participation is an important aspect of the process.

Sustainability

Sustainability means sanitation facilities continue to be used and maintained, and hygiene practices such as handwashing with soap are internalised. However, sustainability in sanitation has been a challenge. For example, a study of 162 panchayats across 6 states done for two to four years after they won the NGP⁹ found less than 5 per cent remained open defecation free. A similar study was carried out by other institutions in 2010 giving similar results¹⁰. Another recent research study (2014) in 5 northern states found 48 per cent of the households with a working latrine had at least one household member defecating in the open¹¹. To address this crucial issue, speakers pointed to the

need for strong communication starting before and continuing after construction of facilities, together with construction of adequate facilities.

Collaboration and Convergence

Collaboration is crucial among government programmes. Intergovernmental collaboration and interdepartmental convergence was detailed in the Summit between the SBM (G), the National Rural Livelihood Mission and other rural schemes. For SBM (U), case studies demonstrated the importance of collaboration among departments of urban local bodies. For both rural and urban settings, the sanitation effort can be empowered by working together with elected representatives. Several innovative case studies and research studies were provided by civil society institutions, partner organisations and the private sector groups. Structured collaboration among these and SBM can increase the human resource base for the sanitation programme while enhancing the quality and expanding the research knowledge base.

9 Nirmal Gram Puruskar

10 UNICEF and Taru (2008), Impact assessment of Nirmal Gram Puruskar awarded panchayats. http://www.indiawaterportal.org/sites/indiawaterportal.org/files/Impact%20Assessment%20of%20Nirmal%20Gram%20Puraskar%20awarded%20panchayats_TARU_2008.pdf. Dept. of Drinking Water and Sanitation, Govt. of India, CMS, Research House, New Delhi, (2011), Assessment Study of Impact and Sustainability of Nirmal Gram Puruskar.

11 Sangita Vyas (All you have to do is ask: Why a national latrine use survey is necessary and feasible) at the India WASH Summit, New Delhi, 16-18 Feb 2015.



RURAL SANITATION

SWACHH BHARAT MISSION–GRAMIN (SBM–G)



The SBM-G framework has four basic components:

1. Behaviour change communication
2. Construction of hardware
3. Post-construction support
4. Household and community solid and liquid waste management (SLWM)

Within this framework, it provides considerable freedom to the states to design their programmes.



Theme 1

Communication, hygiene promotion and demand

Motivating for construction and use of household toilets¹²

The focus of the SBM-G is on motivating the whole community as collective behaviour change is key, using participatory rural appraisal (PRA) or derived techniques including CLTS¹³. The objective is collective behaviour change through participatory activities, leading to individual and collective pledges and preparation of action plans. This requires trained facilitators who can adapt activities to local situations. It is commonly understood that most initiation activities try to motivate people through disgust and the impacts of open defecation. PRA techniques focus more on positive motivations and visioning the future of a clean community. In practice, the two approaches often merge. These activities get individuals to examine their current reality and commit to change. In the MPWASH programme, for example, triggering is carried out in cycles of four village meetings: (1) mapping

open defecation in the community and calculating the total faecal load; (2) “walk of shame” through the community, examining faecal flow chart and related medical expenses; (3) learning about the sanitation ladder of technology and design options with programme information; (4) action planning for an open defecation free community and monitoring mechanisms. In general, successful motivation activities have not emphasised availability of incentives.

Drivers of behavioural change¹⁴:

Experience has shown that triggering should be followed immediately by continuous interpersonal communication. This is to convince women and men on the consistent use of facilities based on issues that interest them. Summit speakers quoted research that shows these positive motivations for men and women differ. For men motives to build may include the cost of a toilet, improved house value, dignity and safety of women, while women may be swayed by arguments such as good parenting, education or marriage chances of children, safety and convenience. Research shows people do not usually change their behaviour for health reasons.

¹² Presentations by Khairul Islam (Bridging the gap between hygiene and health); Robert Chambers (Reframing under-nutrition inclusively: FITs and the 5As); Sujoy Chaudhary (Public pledging for sustainable sanitation behaviour change); Prabhakar Sinha (Engaging communities for promoting WASH: Gram Varta) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

¹³ Community-Led Total Sanitation

¹⁴ Presentations by Joep Verhagen (Sanitation Campaigns: a glimpse); Jithamithra Thathachari (A market led evidence based approach to rural sanitation); Jane Bevan (SaniFOAM Behavior change framework: an overview) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

A photograph of three children in school uniforms washing their hands at a public water station. The child in the foreground is a young boy with a wide smile, looking towards the camera. Behind him, a girl is also smiling and washing her hands. In the background, another child is partially visible. The water station has multiple faucets and a yellow container of soap. The scene is set outdoors with a metal fence in the background.

49%

schools have
no designated
handwashing
space

Only

12%

had soap for
handwashing

For example, a study in Bihar showed that only 1 per cent of the respondents indicated health was an important motivator for having a toilet. Experience also shows in neighbourhoods where toilets are prevalent and people are satisfied with them, it becomes easier to motivate other households.

Interpersonal communication is also needed on technical matters¹⁵. Consumers should understand how a toilet works, how it is built, design options and how to pay for construction. In one of several studies on toilet use, Arghyam found in almost half the households the adults used their toilet only part of the time. One reason given was lack of familiarity with the technology and the feeling that the pits would fill up quickly. Communication about technology was added to the programme including a participatory activity where people guessed the time it takes for a pit to fill up and saw a demonstration about emptying the double-pit toilet¹⁶.

Consumers need information on the steps of the programme, financing and financial flows, eligibility as well as actions they can take if there are complaints or payment

delays. Research shows that encouraging people to invest their own resources encourages use of toilets¹⁷.

Solid waste disposal also requires new practices within the household and community. Motivations mentioned in the Summit included: being a good neighbour, pride in home and community, and that (if the programme is well organised) it is easy.

Promoting hygienic behaviour

In line with international best practices, SBM-G has targeted four groups of hygiene practices: (1) Building, maintaining and using household toilets; (2) Safe disposal of children's excreta; (3) Hand washing with soap after defecation and before eating or serving food; and, (4) Safe storage and handling of drinking water. These should not, however, be promoted all together, but only one practice at a time because people usually try out and adopt new practice at a deliberate pace. Thus, hygiene promotion works best when done steadily, on a prolonged basis. One study showed a 31 per cent increase in handwashing with soap after a six-month intervention that focused only on promoting handwashing

15 Presentations by Jithamithra Thathachari (A market led evidence based approach to rural sanitation); Shrikant Navrekar (Technologies for IHHL: reflections from rural sanitation programme); Vijay Krishna and Balaji Gopalan (10 Years: Arghyam) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

16 Presentation by Vijay Krishna and Balaji Gopalan (10 Years: Arghyam) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

17 Presentation by Jithamithra Thathachari (A market-led evidence-based approach to rural sanitation) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

with soap¹⁸.

Another study¹⁹ showed that people tended to perceive handwashing as a behaviour of the rich or for people not engaged in manual labour

Respondents also stated only the poor and lowest castes clean or empty toilets. Thus, there is a need to address people's attitudes, with attention to as well as their feedback about problems they encounter with new practices²⁰. This reflects that improving practice takes time and promotion should be universal in households, group meetings, in schools and clinics.

Promoting sanitation and hygiene is labour intensive. Participants at the Summit agreed that this is an area requiring more personnel and better training. It was noted that there will be greater attention paid to behaviour change communication and IEC

in planning and implementation processes when there is a competent human resource base²¹.

Theme 2 Technology and Supply Chain

Sanitation requires good supply chains to quickly serve demand that has been created. A strong supply chain consists of technologies and customised designs, quality materials and outlets, trained personnel and masons as well as efficient finance. If households build their own toilets, the supply chain provides technical know-how and helps them access adequate materials. Special attention is also needed to repair or replace the large number of households having defunct toilets²².

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- 18 Presentation by Pavani Ram (Remembering the 'HH' in Swachh Bharat: focus on hand hygiene behavior and measurement challenges) at the India WASH Summit, New Delhi, 16-18 Feb 2015.
 - 19 Presentation by Depinder Kapur (Behaviour change research in WASH and lessons for practice) at the India WASH Summit, New Delhi, 16-18 Feb 2015.
 - 20 For example, the decision on where to put soap (location) may be challenging, so that it can be easily used but will not be lost or stolen.
 - 21 Presentation by Frank Odhiambo (Challenges in human resources for achieving SBM) at the India WASH Summit, New Delhi, 16-18 Feb 2015.
 - 22 Presentations by Prabhakar Sinha (Engaging communities for promoting WASH: Gram Varta); Jithamithra Thathachari (A market led evidence based approach to rural sanitation) at the India WASH Summit, New Delhi, 16-18 Feb 2015.
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Technology and design choice²³

The Summit participants strongly felt the need for a range of technologies for consumer households within the SBM-G. Technology choice, it was noted, deserves far more attention in most districts.

There was consensus around the crucial importance of safe technologies that do not pollute water on site or through unsafe sludge disposal, and facilities that can be used throughout the year, including the rainy season. Toilet designs must be suitable for difficult hydrogeological areas with high water tables, rocky areas and coastal areas

The technologies discussed in the Summit included single pit toilets, septic tanks and toilets connected to bio-gas tanks, all of which required faecal sludge to be periodically emptied. Models described that do not require removing fresh faecal sludge (when correctly built) were: double pit toilets, raised double-pit or double-vault toilets for high water table areas, ecosan

and bio-digester toilets. For every menu of technical options offered, consumers need training on use, maintenance, cleaning and repair. It was noted that personalisation of



“Implementation of SBM is the prime responsibility of the government while specialist agencies can help make planning, execution and monitoring more robust”

23 Presentations by Anand Shekhar (Hygiene technologies and links to current hygiene policies); Shrikant Navrekar (Technologies for IHHL; reflections from rural sanitation programme); Depinder Kapur (Behaviour change research in WASH and lessons for practice); Aditi Parang (Design Studio @ SPAID); KR Prakash (Ecological sanitation as household option) ; >



WaterAid/ Poulomi Basu

toilets can encourage consistent use. These consumer preferences can include, for example, light in the cubicle, ventilation, space for storing water and soap as well

as designs for children and people with disabilities.

Aditya Sakhuja (Bio digester technology for rural and urban India); and PK Jha (Toilet linked biogas plant) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

The Summit's participants strongly recommended technical capacity building for all district and State district personnel and those involved in communication/IEC in addition to masons and plumbers. Demonstration toilets in communities could be made to help people understand the technology and construction requirements

Construction quality²⁴

As one participant noted: "Every toilet constructed under SBM should be technologically sound and should meet minimum quality standards." Technical quality needs to be assured, particularly for the substructure. For example, a checklist of minimum standards was suggested to ensure technical quality of double-pit toilets.

Speakers said simple information pamphlets could be provided to explain the construction, maintenance and quality of toilets. Lastly, they said in some communities, households, monitoring construction and accountability has been ensured through public postings and complaint systems.

Incentives and organising construction

A range of approaches are being taken by districts, blocks and panchayats for construction and transfer of incentives. In some areas, households construct toilets on their own before incentives are given, or incentives are given in instalments for poorer households. Some districts/panchayats use intermediaries such as RSMs (Rural Sanitary Mart) or SHGs to create demand and for construction with the PRIs. Some panchayats provide lump sum payments to individuals or groups for construction. In the past, some have relied on MGNREGA for construction money. A few panchayats have hired temporary construction supervisors. A few states such as Rajasthan have provided standard operating procedures for construction and transfer of incentives in their guidelines. To deal with the difficult issue of defunct

²⁴ Presentations by Meena Nair (Driving change management for accountability and better service delivery); Shrikant Navrekar (Technologies for IHHL: reflections from rural sanitation programme); Depinder Kapur (Behaviour change research in WASH and lessons for practice) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

toilets, it was reported that a few panchayats have developed local solutions to include these households, usually through loans or sharing incentives.

Group latrines and CSCs (Community Sanitary Complexes)²⁵

In crowded areas where there is insufficient space for a household toilet, group toilets can be made with, for example, shared pits attached to two or more cubicles. Some newer technologies that require less space are also being tested in urban settings. This is because people prefer individual toilet cubicles. However, management continues to be a challenge for operation and maintenance.

Solid and liquid waste management and faecal sludge management (FSM)

When raw faecal sludge is extracted from toilet pits, its disposal is frequently hazardous for both those who empty the pits and for the environment, resulting in “deferred open defecation” or dumping sludge in water bodies and public spaces. Speakers presented two general approaches to FSM.

The first is through toilet technologies that transform the sludge safely. The second concerns regular emptying of single pit latrines with safety precautions for people who empty pits. The sludge should then be safely discarded or, preferably, processed into a value-added product for sale as fertilizer or compost.

Speakers reiterated principles of solid waste management, as suggested by the SBM-G starting at the household level (subsidiarity). The process starts with the separation of waste and extracting the maximum practical benefits from the sale of products such as paper, metal, plastics and glass. Successful examples of SLWM came from several cities and towns. However, there were islands of success in FSM and SLWM in rural settings that deserved careful investigation and dissemination. A few examples from rural and peri-urban areas were: SLWM (Dakshina Kannada District, Karnataka and Atili Gram Panchayat, Andhra Pradesh); plastic-free zone (Dhansura block, Sabarkanta district); Sewerage management (Khadoor Sahib Village, Taran Taran District and Baba Bakala village, Amritsar District); Solid waste management (Valod Gram Panchayat, Tapi District and Sanwla village, Kurukshetra District)²⁶.

25 Presentations by Shubhagato Dasgupta (CSR in urban sanitation: What will it take?); Anand Shekhar (Hygiene technologies and links to current hygiene policies) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

26 Sources: MDWS and WSP (2014) Pathways to success: compendium of best practices in Rural Sanitation in India and G. Manjula (2014) Solid & Liquid Waste Resource Recovery Project of Dakshina Kannada District, presented at the Knowledge Sharing Forum: What works at scale? in Jaipur.

Theme 3

Management to scale up the programme at the state and district level

The basic institutional structure for SBM-G in most States consists of a State Water and Sanitation Mission with a Project Management Unit and a Communication and Capacity Development Unit (CCDU). Given the flexibilities of the SBM, some states have developed their own guidelines and standard operating procedures (SOPs), simplified procedures for regulating financial transfers and have structured new approaches to institutional strengthening²⁷. But many states have yet to take advantage of SBM-G's opportunities to develop their own practical approaches for implementation.

*Leadership and human resources*²⁸

Speakers said leadership and human resources are the two greatest challenges to the utilisation of SBM funds and implementation of a robust programme. Experience in states such as Maharashtra, Meghalaya, Rajasthan and West Bengal have shown that District Collectors and Sanitation Missions (DSBMs), working in campaign mode can bring about rapid change in sanitation through mobilisation of manpower and resources. One way forward is to create champions especially from administrators who, if well briefed and trained, can quickly push forward the sanitation programme.

In states and districts, the lack of dedicated human resources and the substantial number of vacant posts limit efficacy of SBM as well as its predecessors. In one state, for example, a survey showed that between a third and half the respondents were ignorant of the programme.

27 Presentations by Joep Verhagen (Sanitation Campaigns: a glimpse); and Abhirup Bose (Sabar Shouchagar: the community led transformation of a district to ODF status) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

28 Presentations by Kanika Kaul (How Important will be the Magnitude and Composition of Budgetary Resources for the Success of Swachh Bharat Mission); Vijeta Rao Bejjanki (Extending the reach of the public sector and panchayats to the natural leaders and SHGs-reflections from Madhya Pradesh and Chhattisgarh); Goutam Mahato (Operationalizing district Swachh Bharat Missions (G) - District Water and Sanitation Mission); Frank Odhiambo (Challenges in human resources for achieving SBM) at the India WASH Summit;); Depinder Kapur (Behaviour change research in WASH and lessons for practice) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

Three over-lapping approaches to increasing the human resource base were highlighted in the Summit:

1

Fill key staff positions efficiently and quickly.

Specific examples of staffing gaps in sanitation were: Full-time managers and financial officers at state and district, district/block support staff and change agents. Efforts are required to reduce the turnover of contract workers²⁹ and speed up the recruitment for vacancies. Rajasthan and Meghalaya have made good progress in setting up mobile resource groups to provide management and behaviour change support to panchayats. These are composed of government staff on secondment and contract workers. In some cases, the latter have included natural leaders who were inspired to start the activities on their own and have subsequently been inducted into the support teams.

2

Convergence with other government programmes,

in particular, the National Rural Livelihoods Mission (NRLM) and self-help groups was highlighted for demand creation activities and oversight of construction with the PRIs. Some questions were raised about the uneven presence of SHGs, their willingness to work with members, and the mechanisms for providing capacity building and management support. SBM-G has been delinked from the school sanitation programme and MGNREGA, although it may be called upon to provide software inputs, according to its guidelines. Collaboration at state/district levels would make their work easier.

3

Speakers felt there was a need to **develop a formal mechanism to collaborate with partner agencies**, NGOs, universities and private companies. For example, Maharashtra has assigned NGOs to each district to work on sanitation. Many of the externally-supported programmes such as MPWASH of WaterAid work closely with NGOs on a structural basis. In addition, enhanced private sector involvement was described, particularly for services to schools and above-poverty line households using private loan mechanisms. For Corporate Social Responsibility interventions, participants noted that guidelines may be needed, focusing on software as well as hardware inputs.

29 In part, high attrition rates were reportedly due to the greater remuneration (100% to 120% higher) and the longer contract periods (3 – 4 years compared to 1 year) that are provided by other Government programs such as the National Rural Livelihoods Mission (NRLM) and the National Rural Health Mission (NRHM).




Capacity building³⁰

Capacity building of those involved in the programme is crucial for success, including structured field visits and continuous (as against one-off) training sessions. The challenges in human resources capacities to achieve the goals of the SBM were duly

recognised and acknowledged during the discussions. It was felt that the existing officials have to be trained and empowered for designing, planning and implementing and sustaining the SBM program beyond the 2019 deadline. For the collectors, heads of state and district SBM's this includes

30 Presentations by Nagesh Patidar (Enabling grassroots level behaviour change promotion by increasing human resources at the block level); Prabhakar Sinha (Engaging communities for promoting WASH: Gram Varta) at the India WASH Summit, New Delhi, 16-18 Feb 2015.



“To achieve the goal of a Swachh Bharat, the government cannot stop toilet construction while other organisations should simultaneously focus on changing beliefs and attitudes. We must paint the plane while it’s flying”

learning from promising practices from India and abroad. Careful and extended training, with field practice, is also required for support teams of motivators and NGOs in CLTS and in all programme aspects. The need and creation of champions to further the sanitation cause

was emphasised upon for the successful implementation of SBM. It was noted in the Summit that focusing on capacity development will slow progress initially but will speed up the programme in the medium and long term. One approach to reduce the transmission loss inherent in cascade training, mobile team members can be upgraded to trainers/master trainers. This has the added advantage that capacity building is done by people aware of field realities. In MPWASH, village training tools have been developed for PRIs, SDs and the ODF monitoring team. As mentioned earlier, technical training is needed because programme implementers are often not aware of the technical aspects or how to monitor the quality and use of toilets.

Finance and funds flow³¹

Summit presentations indicated that funds flow should be rapid and accurate, including accurate financial transfers for households and community awards. Opinion was divided on the latter with some speakers favouring household incentive transfers after construction, some saying it should be need based and a third group saying transfers should happen pari pasu with construction. This crucial point deserves further examination. It was suggested that the provision of incentives for ODF should not be provided to those who monitor the ODF status. The

31 Presentations by Deepak Sanan (How to build capacity to deliver sanitation: the experience from Himachal Pradesh); Kanika Kaul (How important will be magnitude and composition of budgetary resources for the success of SBM?); and Jayesh Bhatia (Role of CSR in urban SBM) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

political and bureaucratic structure, it was felt, needed to be more accountable for outcomes in addition to mere accounting for the targets (to go beyond mere assessment of the state performance on the soft fund utilisation and number of toilets constructed). The need to understand why the financial outlays were not leading to outputs and outcomes, such as usage, sustained behaviour changes, integration of handwashing at critical times within lifestyle, etc.

Speakers said the current funding for software aspects was too low for effective behaviour change (about US \$1 per capita as against global best practice of US \$8 to \$20 per capita) and might impede the programme's achievements. In addition, more funds are needed for monitoring and supervision.

SBM-G reportedly spends about 2 per cent of its budget on human resources while other successful large-scale sanitation programmes in Thailand and Bangladesh spent as much as 22 per cent to 51 per cent on software³²

The importance of corporate funding and investments was recognised. However, it was felt that the focus and contribution of CSR funds need to be beyond the hardware and should focus on knowledge, attitude and practices (that is on behaviour change and sustainability of SBM). It was also proposed that the funds for SBM implementation from various sources like government, corporate and multilateral agencies should be channelised through a single agency in order to avoid overlapping and duplication. A need for a Sanitation Coalition for enabling CSR investments was underlined. An appraisal system may be devised for involving non-governmental partners through the CSR channel in the sanitation domain.

32 In Thailand's successful national rural sanitation program, between 22% to 51% of the total budget was spent on software each year from 1987 to 1996, including staffing which ranged from 18% to 35% of the total expenditure (Cf. WaterAid: Evaluating the effectiveness of household sanitation in rural Thailand). The large-scale BRAC WASH program in Bangladesh from 2006-2011 spent 48% of its total budget on software, including 0.8% on monitoring and evaluation (data from the project).

Monitoring³³

“What gets measured is what gets done.”

There was a strong confirmation by the speakers at Summit of the current efforts to shift from measuring construction and discrete IEC activities/materials to funds flow linked to outcomes. There was a strong suggestion to measure the use of facilities. Two of the examples of monitoring use were provided:

- Measure use by the whole household by asking balanced questions, preferably to an adult woman, about each household member: “When at home, does (name of person) use the toilet or defecate outside?” Loaded questions (such as: do you always use a toilet?) elicit less accurate responses
- Physically verify if the toilet is being used. Check if the (a) path to toilet is clear and walked on, (b) water seal is in place (optionally, pour water into the pit to see if water seal is working), (c) toilet cubicle not used for storage, there is no visible rubble or faeces on the floor. All three items must be in place for a toilet to be considered used

The presenters strongly urged communities to be engaged in monitoring to improve accountability and governance through simple processes through all stages of the programme. One well-known example is the *nigrani* committee that monitors open defecation. Other examples were provided of complaint systems, consumers monitoring construction (both below and above ground) using simple checklists, and more elaborate formats such as citizen’s report cards and a gross toilet index. The point they made is household members (along with SDs, PRIs, self-help groups and/or field staff) can check and verify ongoing activities provided they own the sanitation process.

Other types of monitoring were discussed such as social audits and ODF verification with simple guidelines. Mobile phone-based monitoring, being tried based on WSP’s experience tracks location, existence, functionality of toilets and handwashing. Summit presentations also advocated for third-party, independent monitors.

Research and learning for adaptive management

Several speakers spoke about the need to incorporate relevant research findings into

33 Presentations by Shiv Kumar (Measuring outcomes: practices and possibilities); Sangita Vyas (All you have to do is ask: Why a national latrine use survey is necessary and feasible); Upneet Singh (Nirmal Gram Puruskar: assessment of sustainability in 2009-11 winners) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

the SBM. Additionally, the need for cross-learning between the rural, urban and peri-urban environments was stressed. At the same time, it was also realised that the need to unlearn is as important as learning and incorporation of new research findings into the action plan. Some of these warrant immediate further investigation to determine how SBM can be made more contextual and effective. As was mentioned frequently during the Summit, research, studies and field experience should be used for planning and adaptive management to improve implementation. A few relevant examples from the presentation were related to methods of monitoring, drivers for demand creation and for sustained toilet use, technological innovations and improving transparency.

One approach to learning from experience and best practices being proposed is the Rapid Action Learning Unit (RALU)³⁴. The idea is to use and embrace adaptive management as a tool to utilise learnings and action research to improve the field implementation of projects and programs. As part of the session, it was proposed to set up units, composed of 4 to 6 people at different levels which will give rapid feedback from the field, and how this feedback can be integrated into the project cycle to make necessary changes to adapt the project implementation.

Opinion was divided on the utility of studies on the health impact of SBM. While some speakers felt more studies were needed, three felt otherwise³⁵. They emphasised the difficulties of monitoring health impacts in an on-going project. Because there are too many intervening variables and insufficient control groups, health impact studies are more relevant for controlled research interventions which are expensive and take several years to be completed. Furthermore, some studies of intervention programmes that reported no health effects created only small functional changes in practices. However, there is no disagreement about a clean environment and personal hygienic practices contributing to good health.

Example of programme cycle where demand is low³⁶

Figure 2 illustrates steps in a systematic sanitation programme at both District and panchayat levels, drawing on the information arising in the Summit presentations. Within the panchayat, construction of facilities is the fourth of six steps because the goal is improved sanitation behaviour as opposed to toilet construction. Obviously, the duration and details of each step vary significantly depending on local requirements and circumstances.

34 Based on discussions in session.

35 Presentations by Purnima Menon (Data harmonisation for WASH and Nutrition); Oliver Cumming (WASH and maternal neonatal health); Depinder Kapur (Behaviour change research in WASH and lessons for practice) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

36 Presentations by Joep Verhagen (District wide approach to sanitation); Chandi Charan Dey (Flying together towards Swachh Bharat-a district wide approach); Sunetra Lala (Engaging at the district-level: challenges and opportunities); Nagesh Patidar (Enabling grassroots level behaviour change promotion by increasing human resources at the block level); Abhirup Bose (Sabar Shouchagar: community led transformation of a district to ODF status) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

Figure 2a : An illustration of the SBM-G programme cycle

Example of building capacity of the district for SBM-G



Figure 2b : An example of a sanitation campaign



Preparation

At the start of the campaign in a district, the more motivated communities are selected first. This selection may be based, for example, on demand, willingness to organise credit for the program; or the existence of active groups such as SHGs and VWSCs (Village Water & Sanitation Committees). Once the first group of Panchayats has achieved ODF in a block, then implementation moves to the next set of panchayats. Support groups visit each selected panchayat and may organise GP level awareness camps or visits to other successful panchayats. Collaborating groups (VWSCs, SHGs and so on) in the panchayat are initially identified to help organise the subsequent motivation activities.



Motivation

The support groups carry out triggering or PRA activities with as many people as possible in each village or habitation followed by pledging and planning for an ODF community. Swachhata Doots, and natural leaders are identified during these activities. An agreement is signed with PRI, including agreement on simple monitoring criteria for ODF and toilet construction.



Mass mobilisation and preparation for construction

When our motivation for sanitation is high in the community, the triggering activities are rolled rapidly into door-to-door communication and small group meetings led by the VWSC/ PRI, motivators and volunteers. Households are given a menu of technical options (and a fact sheet about the toilet) and information about the programme, encouraging them to put in their own resources. Model latrines are built during mason's training sessions. Monitoring (Nigrani) committee and a sanitation technical coordinator are identified. Partnerships are made for supply chain management through SHGs or RSMs. Some households begin their own construction. Material supplies are checked.





Construction and credit

Toilets are constructed according to preferences of the family. No incentives or only partial incentives particularly for poorer families are paid at this point. The names of those receiving credit are publically listed before credit is given. All households contribute either money, materials or labour. Other community members may be involved in construction, such as youth groups to help pit digging or guarding stored materials for group purchases of materials. Progress may be publicly posted on the Panchayat notice board. The household, PRI and external support group check the quality of construction (below the ground level) and there is an independent monitoring visit during construction that gives a public report to the gram sabha. Based on this, payment of incentives are deposited into household accounts upon sending ICT (Information & Communication Technology) photo with short checklist.



Post-construction sustainability of household sanitation and continued hygiene promotion

When the village declares itself open defecation-free, then a rapid third-party verification is arranged by a dedicated monitoring team. If ODF is achieved for household toilets, then districts release part of the incentive for solid and liquid waste management, including a small amount to continue incentivising SDs on a monthly basis. SDs are helped to make plans for continuing hygiene promotion and solid waste management promotion. PRI and local leaders are oriented by support team and visit a successful SLWM practice in another community. Planning with PRI, support group and block staff is undertaken for SLWM.



Solid waste management begins with construction and use of household waste pits

Liquid waste management begins with household drainage channels and improved drainage around public water points. The remaining activities are designed based on local conditions.





URBAN SANITATION

SWACHH BHARAT MISSION-URBAN (SBM-U)



THE TARGETS

12 million household toilets

250,000 public toilets

300 million people
to be provided with
solid waste management practices.

SBM-U is the first urban development scheme to provide households access to safe latrines, public toilets and solid waste management

The targets, set for 2019, include 12 million household toilets, 250,000 public toilets and 300 million people to be provided with solid waste management practices. Other components of the programme are IEC/public awareness activities and capacity building. The programme includes unauthorised colonies and slums and delinking land tenure from programme benefits. It targets not only households that lack toilets but also those having single pit or insanitary latrines. SBM-U calls for a special focus on manual scavengers, informal sector workers in waste management (rag pickers), who should be given priority to upgrade their work conditions. It also seeks to provide toilets for migrants, construction workers and the homeless.

Speakers³⁷ noted that more than half (53 per cent) of open defecation in urban areas around the world occurs in India, which has 11 per cent of the global urban population. However, within the country, there is much less open defecation in urban than in rural areas, with an estimated 13 per cent (of about 49 million people) in urban areas lacking a toilet. Smaller municipalities tend to have higher rates of open defecation.

Operational challenges to toilet provision and solid waste management are substantial. They include lack of space for facilities, weak land use planning, expense and affordability for consumers, rental housing, lack of faecal sludge disposal infrastructure, maintenance of toilet facilities and lack of skilled human resources

As many as 23 speakers covered diverse aspects of urban sanitation. Interestingly, several presentations described urban liquid waste treatment and disposal, although this is not a component of SBM-U.

37 Presentations by Meera Mehta (Emerging lessons from – and for- action research); Shubhagato Dasgupta (CSR in urban sanitation: What will it take?); Anand Shekhar (Hygiene technologies and links to current hygiene policies) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

Theme 1

Planning and management

Institutional strengthening³⁸:

Case studies highlighted the critical need for leadership, manpower and coordination. Strong leadership is needed and it was recommended that all municipal corporations should have waste departments headed by officers from the administrative service.

Partnerships and collaboration: These are needed among government departments, NGOs/CBOs, private sector and knowledge organisations. For example, in Delhi, the government has launched the 'Mission Convergence' with 130 NGOs focusing on gender issues, IEC, training related to household and environmental sanitation.

Capacity: It was concluded that sound technical knowledge for sanitation is crucial among city staff, those responsible for construction and consumers. Systematic training and information is needed on technologies for household and group toilets in space-saving configurations and quality parameters for monitoring.

Planning: Case studies³⁹ were presented describing the steps in preparing city-wide strategies and actionable plans with all stakeholders to support accountability in planning and implementation at each level. Participants agreed spatial mapping (using geo-tagging) improves planning and measurement of progress. For example, accurate GIS mapping data in one city differed by more than 50 per cent from municipal data and also clearly identified problems spots. In Pune, mapping showed how to connect to a good sewage system at about half the cost of constructing community toilets. In Warangal, Telangana, and Agartala, Tripura, (with populations of 600,000 and 500,000, respectively) comprehensive planning is undertaken including mapping, financial and manpower planning for household and community toilets, institutions, solid and liquid waste management. This planning leads to developing standard operating procedures (SOPs) for sanitation workers and training of SHGs/CBOs as well as government and elected officials.

Monitoring and research⁴⁰: Sanitation in ULBs requires strong monitoring systems. Tracking and citizen feedback can be used

38 Presentations by Pratima Joshi (Leadership and coordination among different government wings in Pune); Government of NCT of Delhi (Mission convergence: Samajik Sudvidha Sangam); Anand Rudra (Ahmedabad Sanitation Action Lab (ASAL)); and Abhishek Chandra (Waste management in Agartala, Tripura) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

39 Presentations by V Srinivas Chary (Promoting non-networked innovative options across sanitation value: case study of Warangal); Pratima Joshi (ICTs for accountable planning at the city level); Abhishek Chandra (Waste management in Agartala, Tripura) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

40 Presentations by Vandana Bhatnagar (Accounting for citizens perspective in sanitation technology interventions) and >

to improve planning and operations. One speaker said MoUD and WSP had developed service level benchmarks for 1,200 ULBs that can help inform/refine sanitation interventions by providing integrated data on the condition of toilets, water supply, habitations and management of faecal sludge. Several topics for further research were also identified: Toilet designs (below superstructure for space constraints), improved and at-scale credit for household toilets, testing and capacity building for newer toilet technologies in slum areas, design and financial planning support for solid/liquid waste management.

Sources of financing

The SBM-U guidelines estimated the programme will cost about INR 620,000 million of which about one-fourth will come from the Centre and an equal amount from the states and urban local bodies (ULBs). For household toilets, incentives from Central sources are INR 4,000 per household to be electronically deposited in two instalments into the beneficiary bank account after final verification. A 40 per cent contribution is to be provided for community toilets and a maximum of 20

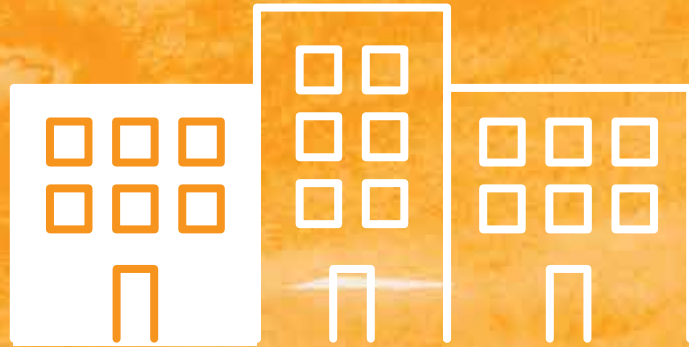
per cent contribution for each solid waste management project. There is no Central funding for public toilets.

Other financial sources may include the Swachh Bharat Kosh (a government fund for private contributions to sanitation) and Corporate Social Responsibility funds. Several speakers⁴¹ noted that CSR also has the potential to serve as a catalyst for developing new designs, IEC components and mechanisms for O&M. Interesting examples were presented of programmes supported through CSR funds as well as international public-public partnerships (PPPs) and private institutions.

For household and community toilets, INR 8,000 – 15,000 may be needed over and above what the government provides. These are to be generated from household payments, private sector funds and market borrowings. For household credit, it was emphasised that an enabling environment is crucial to strengthen the presence of loan providers for household toilets. These loan providers include self-help groups, microfinance institutions, credit societies, banks and home finance corporations. It was proposed innovations be stimulated to

Meera Mehta (Urban sanitation: emerging lessons from – and for – action research) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

41 Presentations by Bhomick Shah (CSR, policy practice and partnerships); Jayesh Bhatia (Role of CSR in urban SBM); Ajay Sud (Cultivating conscience: how good laws make good citizens- the CSR perspective in WASH); Neelima Khetan (Role of CSR in achieving Swachh Bharat: experiences from Coca Cola) at the India WASH Summit, New Delhi, 16-18 Feb 2015.



“Estimates from cities and towns show **less than a third** of the sewerage from households, institutions and bulk consumers pass through treatment plants”

facilitate financing so that credit providers are able to strengthen their presence in toilet financing to unlock latent demand. One such example is the GUARDIAN (Gramalaya Urban and Rural Development Initiative and Network), a micro-finance institution in Tamil Nadu that provides short-term, unsecured loans for toilets of up to INR 14,000.

Theme 2

Technology and supply chain

SBM-U guidelines suggest five technologies for household toilets: twin-pit toilets, septic tanks with soak pits, bio-digester toilets, bio-tank toilets and connections to sewerage systems within 30 metres. These provide significant benefits but may have problems of maintenance, costs to the consumer and space requirements. It was recommended that testing and pilot programmes are needed for newer toilet technologies in crowded areas together with the development of simple monitoring criteria for construction. Training and orientation are urgently needed to remediate the spotty knowledge of technology which limits capacities within the ULBs for planning and monitoring.

Community toilets are meant to serve urban households facing land and space constraints. SBM-U estimated that 20 per cent of urban households who currently practice OD will need community toilets. Households are to be identified by ULB and involvement of civil society is encouraged. The plan also includes repairing and converting defunct community toilets particularly in view of space constraints within slum areas. For repairing, simplified administration procedures may be needed. Discussions highlighted the fact that consumers prefer to own their household toilet cubicles. Experiences in two cities of Maharashtra showed how groups of 3-4 families made and maintained their own cubicles connected to a common collection point.

Although no SBM incentive is to be provided to public toilets that serve public centres with floating populations, presentations highlighted the need for maintenance of these facilities. It was recommended that for these public toilets, special attention is required to make them gender-friendly designs to avoid rapid deterioration⁴².

42 Presentations by Meera Mehta (Urban sanitation: emerging lessons from and for- action research); Administrative Staff College of India (City-wide delivery of sustainable and equitable sanitation services for Warangal city); and Bindeshwar Pathak (Sanitation technologies: a tool for sustainable development) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

Solid waste management

The approach advocated by SBM-U for urban solid waste management was segregation of waste at source; primary and secondary collection and transportation; recovery and treatment; reuse and sale; landfill of inerts. The point is to extract maximum benefits from products and generate minimum waste through integrated waste management systems. The solid waste management system in Agartala, Tripura⁴³, illustrated these

and drains, collects and transports, segregates and processes waste, and maintains sanitary landfills. Solid waste collection and processing is done through private companies, CBOs, NGOs, PRIs, schools. There are also 700 strategically-placed refuse bins in the city. The larger collection vehicles are tracked by GPS to reduce fuel consumption. De-siltation of drains to reduce water logging is done with a desilting machine. Bio-medical waste is collected for special incineration.

Timely information should be disseminated to the consumers on the steps of the programme, financing and financial flows, eligibility as well as actions they can take if there are complaints or payment delays

principles. In Agartala, about 250 metric tonnes of waste a day is generated. Each waste generating unit pays a collection charge. Processed commercial waste products, which are sold include recycled plastic, fine grade compost, RDF (refuse derived fuel for boilers/furnaces/turbines) and eco-paver construction blocks. The municipality sweeps and cleans streets

Monitoring is done by the Municipal Waste Department, headed by a member of the administrative service, and the sanitary inspectors and councillors. There is now a plan to clean out 6,000 to 6,500 septic tanks out of total of 70,000 each year mechanically and take the septage for treatment.

43 Presentation by Abhishek Chandra (Waste management in Agartala, Tripura) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

*Waste water and faecal sludge management*⁴⁴

Estimates from cities and towns showed less than a third of the sewerage from households, institutions and bulk consumers passes through treatment plants and only about 60 per cent of this sewage treatment meets required standards. Speakers concluded alternatives are needed to the water-borne disposal of human excreta that serves only a small part of the population. Surveys found about up to two-thirds of urban households use septic tanks which must be emptied⁴⁵. The septage sludge is usually disposed in garbage dumps, drains, wastelands, agricultural fields and outskirts of cities. A significant amount of sewerage finds its way into rivers and reservoirs, contaminating water resources.

In principle, no untreated wastewater should be discharged into water bodies. This challenge has been neglected in the sanitation chain but is currently receiving more attention. The Summit deliberations advocated decentralised treatment with reuse as an alternative to water-based

sewerage systems, which will not provide full coverage in the foreseeable future. There is successful practical experience to draw upon. Speakers gave examples of decentralised containment and treatment of sewage and industrial effluents to high standards with reuse/recycling. For example, beginning in the 1960s in Mumbai, high-rise buildings and some housing colonies converted waste water and human excreta into a safe, usable products. Other examples were provided of decentralised wastewater treatment systems (DEWATS) with anaerobic treatment through root zone systems, duckweed, and water stabilisation ponds. In view of the high contamination of water bodies and rivers and extreme dangers posed by fresh sewerage, it was concluded that such decentralised treatment options, often powered by the private sector, should be an integral part of planning processes and the SBM-U.

⁴⁴ Presentations by Vinod Tare (Zero discharge options for sustainable on-site sanitation); Shubhagato Dasgupta (CSR in urban sanitation: What will it take?); and V Srinivas Chary (City-wide delivery of sustainable and equitable sanitation services for Warangal city) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

⁴⁵ Census 2011 reported that 38% of urban HH reported using septic tank as on-site sanitation facility.

Theme 3

Communication, hygiene promotion and demand

The burden of some diseases such as typhoid and cholera is greater when people live in crowded conditions⁴⁶. Thus, the SBM-U guidelines have earmarked 12 per cent of the total central government allocation for States/ULBs to undertake massive public awareness campaigns on sanitation and its link to public health, hygiene and the environment. In addition to mass media, at least half must be used for IEC at grass root levels. An action plan is needed. However, those preparing the plans may need support in conceptualising an effective communication programme.

In some cases sanitation and hygiene promotion may be linked to other activities, an example of which was the provision of appealing hygiene promotion messages during house-to-house survey activities for the ULB mapping activities.

The deliberations at the Summit advocated programme communication should become part of a robust communication effort. The uptake and sustainability of household latrines will be improved if consumers understand the technical options (the

technology and design options, how the toilet works and is maintained, how it is built and at what cost). It will also help them to understand the financial arrangements (how the SBM incentive payment can be accessed and how to find out loans, for example, from reputable credit institutions). The absence of programme communication, linking service to consumers, can slow progress of the programme, reducing accountability and quality of construction.

For solid waste management, presenters spoke of the importance of making serious efforts to educate the public and institutions to minimise and segregate the waste at source.

Summit participants noted the need for capacity building of those involved in communication and management at all levels, including exposure visits to ULBs that have tackled their sanitation and waste problems. More active programmes in the SBM-G have dedicated trainers who are promoted from the ranks of workers successfully involved in the programme, rather than training officials with other full-time jobs, thus avoiding some of the problems of cascade training.

⁴⁶ Presentation by Saravanan Subramanian (Urbanisation, sanitation and health: a spatio-temporal approach) at the India WASH Summit, New Delhi, 16-18 Feb 2015.



WASH IN EDUCATION AND HEALTH PROGRAMMES

During the India WASH Summit, dedicated session focused on WASH in schools and health facilities as an important element of the total national effort for achieving Swachh India.

The vision of WASH in schools in these presentations and discussions had seven elements

1. Safe water in sufficient quantities
2. Consistently-used toilet facilities that are child friendly and gender specific
3. Personal and menstrual hygiene materials
4. Development of safe behaviour and hygiene education for children through lessons and group activities
5. Washing hands before eating and food hygiene
6. Solid waste safe disposal
7. Other vector control measures such as deworming

To make this vision a concrete reality, the Summit deliberations identified areas that can be built upon to achieve lasting success.



WASH IN SCHOOLS



The discussions and presentations clustered around the following sub-headings:

Leadership and coordination⁴⁷

Behind each WASH-in-schools successful case study at the Summit, there was government commitment and inter-sector coordination. This was stimulated in Madhya Pradesh, for example, by the re-invigoration of the District Water and Sanitation Missions in the context of the MPWASH/WaterAid programme. The District Collectors, elected

representatives, education authorities and, subsequently, school principals were involved, raising the priority of WASH in schools. Another programme in Ahmedabad, stimulated leadership and coordination through training programmes for key elected officials, sanitation workers, SHG/CBO members and education staff through the school-focused Ahmedabad Sanitation Action Lab. Presentations emphasised the importance of clarifying mandates among

⁴⁷ Presentations by Gautam Mahato (Operationalising district Swachh Bharat Missions – District Water and Sanitation Mission) and Anand Rudra (Ahmedabad Sanitation Action Lab- ASAL) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

various groups and accountability across all levels.

Management⁴⁸

Behind each successful example, planning emphasises both software and hardware inputs. Successful programmes are typically planned within a framework that includes standard operational procedures (SOPs), manuals of designs, training and frameworks for monitoring. An example of monitoring that simultaneously stimulates improvement, originally launched in Tamil Nadu, is a simple “five star” system for publicly rating the progress of WASH in each school.

Maintenance and sustainability

Participants agreed that management of infrastructure is the single most important challenge for safe WASH in schools. Because there is no statutory budget for maintenance, budget allocations by schools themselves are crucial for good operation and maintenance. Examples were provided of survey and baseline data collected from schools being used to help the school management committees’ prioritise the most urgent and pressing issues including sanitation and water supply. Motivation of education staff is key. There are a significant number of non-operational, defunct facilities as new

toilets tend to be constructed without repair of previous facilities. There was a request for simpler administrative systems to enable repair of existing facilities. Additionally, a lack of cleaning staff, or payment to those employed as sweepers, were other problems.

Active participation of children is globally accorded high priority for the development of safe hygiene behaviour. Examples were provided of school health clubs and child cabinets supported by capacity building, often by external institutions, for teachers and children. The clubs stimulate children to keep the class, surroundings and toilets clean as well as encouraging handwashing and helping girls’ understand menstrual hygiene. In many active schools, children take pledges to end open defecation and maintain personal hygiene. Other elements include gardening and activities to promote WASH in the community.

One principle is to make WASH as easy and appealing as possible for teachers, for example, by infusion in the curriculum, showing improved school performance, creating a sense of pride in being a model school, and receiving recognition from the PRI. There has been good experience with teacher exposure visits to other successful schools from which the idea emerges: If they did it, so can we⁴⁹.

48 Presentations by V Srinivas Chary (City-wide delivery of sustainable and equitable sanitation services for Warangal city) at the India WASH Summit, New Delhi, 16-18 Feb 2015. P. Amudha (2006) Management and monitoring of SSHE in Tamil Nadu, Unicef and IRC.

49 Presentations by Abhirup Bose (Sabar Shouchagar: the community-led transformation of a district to ODF status); Dr. M R Seetharam (School WASH – lessons for sustainable changes); S. Chatterjee (Sulabh school sanitation club: connecting the dots) at the India WASH Summit, New Delhi, 16-18 Feb 2015.



WaterAid/Dieter Telemans

Handwashing⁵⁰

One survey found that that 49 per cent schools have no designated handwashing space and only 12 per cent had soap for handwashing⁵¹. The thrust should be to make handwashing into a habit and a social

norm among children after using the toilet and before the midday meal. Awareness campaigns have been conducted by the Government, UNICEF, by external donors and CSR programmes. These programmes can be effective. The Superkid/SuperAmma

50 Presentations by Pavani Ram (Remembering the 'HH' in Swachh Bharat: focus on hand hygiene behavior and measurement challenges), Unilever (Handwashing with soap at scale); S. Chatterjee (Sulabh school sanitation club: connecting the dots) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

51 National University of Educational Planning and Administration (2014) Elementary education in India: progress towards UEE, DISE 2013-14, New Delhi.



The thrust should be to put handwashing into practice as a habit among children after use of the toilet and before the midday meal

programme in Andhra Pradesh, for example, resulted in a 31 per cent increase in handwashing with soap after six months of intervention. It also focused on ways to reduce the cost of soap (using soapy water) and water conserving devices.

Mid-day meals⁵²

Hygiene in school should support school nutrition. WASH integrated into the midday meals programme can help achieve this but requires both infrastructure and capacity. The specific inputs include: continuous water supply and handwashing with soap, toilets, bins, clean food storage and regular training of cooks.

Menstrual hygiene management⁵³

The report of a 2014 study of women in 49 cities showed that 62 per cent women interviewed had no knowledge of menstruation before their first period; more than half (52 per cent) prefer to stay at home and one-third of the families (35 per cent) treat daughters as impure during periods. Simple school facilities can help girls manage menstrual hygiene, helping reduce absenteeism. It was concluded in the Summit, however, that the provision of facilities must be coupled with support from teachers and simple positive information about the use of the facilities and meaning of menstruation.

52 Presentation by Shariqua Yunus (Mid-day meal programme outcomes & WASH in school interventions) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

53 Presentation by Arundati Muralidharan (Unpacking the policy landscape for menstrual health and hygiene management in schools) at the India WASH Summit, New Delhi, 16-18 Feb 2015.



WASH IN HEALTH



Sanitation and hygiene in health facilities has been largely overlooked within the WASH sector⁵⁴. Thus, the presentations and discussions on this topic provided a preliminary overview on convergence of WASH within the health sector. Hygienic WASH practices can improve maternal, infant and neonatal health by reducing infections: during delivery (unclean hands, surfaces and so on) as well as after delivery from poor hygiene among caregivers, unclean areas, contacts and due to unhygienic breast feeding. It was noted that within the formal health system, focus is only beginning on interventions to ensure sanitation and its linkage to community-based health care and nutrition.

54 Presentations by Khairul Islam (Bridging the gap between hygiene and health); Sue Coates (Working at the district level for taking sanitation to scale); Vikas Yadav (Integrating sanitation and hygiene indicators into maternal and child health outcomes); Oliver Cumming (WASH and maternal neonatal health); Angela Chaudhuri (WASH in healthcare facilities: getting to the DNA of the matter) at the India WASH Summit, New Delhi, 16-18 Feb 2015.

Sanitation is essential to nutrition security as it affects infants and children in their ability to absorb nutrients from food. Poor sanitation is one of the leading causes of diarrhoea and in turn one of the leading yet preventable causes of child mortality

One survey of 27 health care facilities rated all as poor in terms of knowledge, practice, infrastructure and systems for sanitation and hygiene; and, none of the nurses or cleaning staff made the connection between unhygienic practices and infections/mortality. It was noted that further rapid surveys would be useful to establish baselines for subsequent interventions.

Four practical sanitation interventions which were discussed in relation to public health facilities were:

Clean hands, clean surfaces/wards, use of safe water and clean toilets. Because of the significant health advantage

of handwashing and need to reduce healthcare-associated infections, handwashing among medical staff and birth attendants has been the focus of many intense campaigns in countries such as the United States, Australia and the UK⁵⁵. In rural India, the same people often work on WASH and health in the community: therefore, coordination between the MDWS and Ministry of Health is important. It was recommended that steps be taken to integrate WASH in health schemes, including menstrual hygiene, putting WASH within the continuum of care of health programmes.

55 See, for example, "Hand hygiene Australia" <http://www.hha.org.au> "National handwashing campaign improved hygiene in medical facilities" <https://www.ucl.ac.uk/news/news-articles/May2012/03052012-Cleanyourhands> and "Hand Hygiene" at John Hopkins Medicine http://www.hopkinsmedicine.org/heic/infection_surveillance/hand_hygiene.html



CONCLUDING SESSION



The Government of India cannot execute Swacch Bharat Mission on its own as it entails reaching out to every uncovered household in the country. Collaboration and partnerships are vital to the success of the Mission. The Summit is one example of how this can be achieved. For actual realisation of the goals of SBM, conventional ways of working must change. For instance, the Central Government has devolved planning and strategies to the states for reaching the Mission's outcomes to be useful to their context. It has prioritised the need for Gram Panchayats to work with partners, such as NGOs, institutions, CSOs (Civil Society Organisations), SHGs, and so on, for planning, implementing, and for post implementation interventions. These partners will contribute to the army of foot soldiers that are so desperately needed right now as well as pool their learnings on the basis of their experience and interest in the field.



Our approach cannot just focus on women and girls, as they would use toilets if they were given access to them. We must integrate the mind-set of men and elderly boys into our approach. Our messaging should be robust. We can reach the masses if we are realistic, and give them a simple framework to work with. Together, we can mainstream sanitation



Interventions must focus on government models from the village to the district. One starting point is orienting district collectors on a more inclusive definition of real change and leading the sanitation charge. This can accelerate progress at the panchayat level. Monthly reviews can reinforce this, as well as provide a clear picture of which expert agency is partnering with the community in any particular field. We build in accountability with enhanced monitoring and data analysis.

Our approach also cannot just focus on women and girls, as they would use toilets if they were given access to them. We must integrate the mind-set of men and older boys into our approach.

For SBM to make a powerful and sustainable impact, we need to first create a demand for toilets from both men and women. Second, we need to create markets, making sure consumers have a choice and feel empowered to exercise their choice of toilet; and finally, we need to build capacity at all levels from the Gram Panchayat to the national level. The secret to success is the sequence in which this happens – we cannot jump to building before working on creating demand and markets. By modifying our current policy framework to this, we can have a better chance at sustainable results.

We must keep it simple. We can reach the masses if we are realistic, and give them a simple framework to work with. Together, we can mainstream sanitation.





“Getting people to the loo”
session in progress at the
India WASH Summit



Co-conveners



Partners

