

GOVERNMENT OF RAJASTHAN
RURAL DEVELOPMENT & PANCHAYATI RAJ DEPARTMENT
(PANCHAYATI RAJ)

NO. F 4() PRD/ PC/ TSC/S.Policy/11/ 989 Jaipur Dated: 14/10/2011

TO WHOM IT MAY CONCERN

Subject :- Consultation for policy and strategy for scaling sustainable rural sanitation

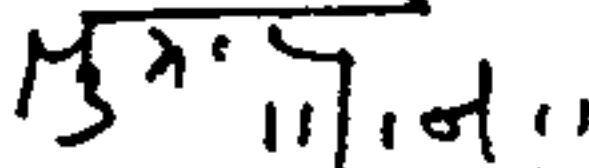
Dear Sir/Madam,

In Rajasthan, the Panchayati Raj Department has recently taken the responsibility of implementing Total Sanitation Campaign. While the State has made considerable progress in terms of sanitation infrastructure over the last decade, it has been observed that scaling sustainable behavior change requires improved policies and strategies at the State level. Therefore the Panchayati Raj Department has initiated a process of preparing a policy and strategy for scaling sustainable rural sanitation and hygiene practices.

The drafts of a policy and strategy have been prepared and released for public consultation. Copies of the drafts are enclosed herewith for your review and suggestions. You are requested to provide your valuable suggestions before 25th October 2011, to the Panchayati Raj Department by email to rajpr_commissioner@rediffmail.com; rajpr_xenp@rediffmail.com or on fax number +91 (0) 141 2227273/2227343. Please mention subject as "Suggestions for Sanitation Policy and Strategy"

Thanks in advance

Enclosed :- As above


(Tanmay Kumar)

Secretary & Commissioner

Rajasthan
Rural Sanitation and Hygiene Policy 2011
(Working Draft October 2011)

1. Introduction :

Total sanitation is a basic building block in the process of fighting health hazards and poverty. It refers to hygienic practices of collection, removal, disposal or recycling of human excreta, garbage and waste water for protecting health and well being of the people and the environment .It also affects livelihood as productive work days of earning members are lost due to their sickness or to take care of sick members of the household, thus they get trapped into the vicious cycle of poverty. This policy presents a roadmap for improving the quality of life of people in rural area by ensuring improved sanitation and promotion of personal hygiene. Nirmal Rajasthan is the dream of a clean and healthy State that thrives and contributes to the well being of the rural population of the State.

Rajasthan has 33 districts with 248 blocks, 9177 Gram Panchayats and 41353 habitations most of them with scattered population. Geography of the state is varying, from desert in western Rajasthan to hilly area in southern part. It has also varied culture, customs, and beliefs and therefore there are varied practices regarding sanitation and personal hygiene. It is therefore apparent that the requirement of each area has to be addressed in different ways as per the need. In terms of sanitation coverage, Rajasthan has made considerable progress over the last decade. There is a steep progress in number of household toilets from the reported coverage of 14.61% in 2001 as per Census data to almost 67% in July 2011 as per DDWS online monitoring data. Presently, all the schools in the State have been provided with toilet facilities, of which approximately 80% of the schools have separate toilet facilities for boys and girls. Almost 60% anganwadis in the State has access to sanitation facilities. But most of the toilets may not been used. For example, in 2008-09, while Total Sanitation Campaign reported that toilets were constructed in almost 40% of the rural households in Rajasthan, a study of National Sample Survey Organization reported percentage of people accessing latrines is less than 18%. Till date "Nirmal Gram Purushkar" has been awarded to 289 Gram Panchayats which is 3% all Gram Panchayat. Some of the NGP winners may have been relapsing back to practices of open defecation.

The Infant Mortality Rate (IMR) in Rajasthan is 59 per 1,000 live births and 69 in rural Rajasthan, which remains much higher than the national average of 50. IMR in Rajasthan is the fifth highest amongst states in India. The Total Fertility Rate at 3.4 (SRS 2007) was higher than the national average of 2.7. The Maternal Mortality Ratio (MMR) at 388 per lakh live berth (SRS 2004-06) is also much higher than the national average of 254. Malnutrition among children of 0-3 years age remains as high as 44% (NFHS-3; 2005-06). These health indicators undeniably reflect the alarming situation of sanitation and hygiene in the State.

Coherent and supportive policy at the government level is critical to provide the basis of planning and implementing initiatives to scale up access to sanitation services. A sound sanitation policy is the foundation on which an implementation strategy and action plan needs to be developed.

Given this, the Panchayati Raj Department, GOR has decided to develop a comprehensive policy framework for rural sanitation, to set priorities and creating an enabling environment in which sanitation can be improved. It will serve as a key stimulus for appropriate local action.

2. Vision

“The day everyone of us gets a toilet to use, I shall know that our country has reached the Pinnacle of progress.”

— Jawaharlal Nehru

A “Nirmal Rajasthan” is the dream of a clean and healthy State that thrives and contributes to the well being of the rural population of the State by improvement in the quality of life of rural people through their improved access to sanitation services in households, institutions and community places and increased adoption of hygienic practices, resulting in good health of the community, thereby enhancing people's productivity and well being.

3. Policy Objectives :

- Make all rural communities 100% free from open defecation and ensuring usage and maintenance of safe sanitation facilities by the year 2015.
- Access to safe sanitation at public places e.g. markets, bus stand, religious/tourist sites in rural Rajasthan by the year 2017.
- Ensuring adoption of personal hygiene practices by the community by the year 2020.
- Fully establish habit of hygienic handling and proper storage of drinking water and food in life of rural population.
- Management of all solid and liquid waste generated in the village and ensuring general cleanliness of village

4. Policy Principles :

- Adopt decentralized and demand driven approach by empowering of Panchayati Raj Institutions.
- Focus on Collective Behavior Change to scale sustainable sanitation using participatory approaches of behavior change communication.
- Focus on total sanitation, with first priority given for achieving open defecation free communities, followed by promoting hygiene practices and solid and liquid waste management.
- Implement sanitation initiatives in an integrated manner by ensuring convergence with other rural development schemes.
- Partial capital cost sharing for community sanitation facilities with responsibility of maintenance with the community
- Protect the human rights i.e. safety, security, privacy and dignity of people particularly of women and children.

5. Policy Norms :

Norms for a sanitary latrine is that :

- it should contain human excreta and prevent fecal coliform from entering the wider environment.
- It should separate human excreta from human contact.
- It should eliminate odour.
- It should not contaminate ground and surface water.
- It should ensure privacy for the user.
- It should promote nutrient recycling by promoting use of fecal compost as manure

Norms for safe hygienic practices :

- All infant excreta is safely disposed in sanitary toilets followed by hand washing with water and soap.
- Hand washing with soap is practiced by everybody at critical times : before cooking and eating, after defecation and post-defecation cleaning of infants and children.
- All schools, aanganwadies should have proper hand washing facilities with water and soap available at all times.

Norms for solid and liquid waste management

- It should promote decentralized waste management systems closer to the source itself
- It should promote nutrient recycling by promoting use of compost for agriculture as well as using liquid waste for kitchen garden and tree plantations.
- Cost of operation and maintenance of any common system should be met by communities/ Gram Panchayats

6. Policy Approach :

- The policy proposes to follow an approach to be progressively achieved over the time by necessary development of a system of institutional strengthening supply chain management, awareness generation and behavioural change, capacity building and human resource development, financing and incentives.
- There will be no upfront hardware subsidy for individual household to construct toilets. For BPL families, incentives shall be provided post construction and assured and continuous use for six months.
- A system of motivation shall be followed in which motivators will be given incentives upon achievement of desired outcomes such as ODF (open defecation free) status at various levels.

7. Policy Focus :

- Bringing collective and sustainable behavior change for completely eliminating the practice of open defecation and for adopting safe hygienic practices.

8. Policy Priorities :

- Institutional development to facilitate effective planning and functioning
- Empowering of PRIs for decision making and implementation of the programme
- Awareness generation and inspiring behavior change using participatory approaches.
- Appropriate selection of technologies and ensuring a strong supply chain.
- Substantial resource allocation and concentrated activities in districts with less progress.
- Capacity development through training and technical assistance to build the capacity of human resources for scaling sustainable sanitation.
- Incentivizing motivators to inspire behavior change
- Comprehensive data base for informed decision making.
- A strong monitoring and evaluation system for learning, adopting corrective measures and accountability by including indicators of behavioral outcomes.
- Sharing good practices and lessons learnt across provinces.

8. Policy Strategy :

- Based on the above, a sanitation strategy for achieving the vision of “Nirmal Rajasthan” by the year 2015 and a “Swachh Rajasthan” by the year 2022, will be in place.

9. Policy Review :

- This policy paper is a long term vision of 10 years and is aligned with the national strategy. The policy may be reviewed midterm with an objective to make suitable shift to respond to the achievements and challenges.

Towards Nirmal Rajasthan
Rural Sanitation and Hygiene Strategy (2012 – 2022)
Department of Rural Development & Panchayati Raj
Government of Rajasthan
(WORKING DRAFT)
OCTOBER 2011

Background of Rural Sanitation Programme in Rajasthan

1.1 Rajasthan, the largest state by area in India, is situated in the north west of the country and comprises 33 districts with 248 blocks, 9177 Gram Panchayats and 41353 habitations. The geography of the state varies, from desert in western Rajasthan to hilly area in southern part with a largely scattered population. It has also varied culture, customs, and beliefs and varied practices regarding sanitation and personal hygiene.

1.2 The Government of India (GoI) initiated its national flag ship programme on sanitation, the Total Sanitation Campaign (TSC) in 1999. The TSC is a restructured version of the Central Rural Sanitation Programme (CRSP). In Rajasthan, the TSC was initially launched in 4 districts in 1999 and scaled up in all the 32 districts in 2004-05. Although significant progress has been made in terms of individual household toilet coverage in the state, usage by the population is still low at 12.9% (DLHS 2007-08). Access to toilets for schools and angawadies has seen a marked increase but rural solid and liquid waste management has seen little or no attention.

1.3 In 2010, the GoR initiated the Community Led Total Sanitation (CLTS) approach in selected districts with the objective of scaling sustainable sanitation in the State.

This document provides a strategy for rural sanitation¹ in Rajasthan and builds on the experiences implementing TSC in the state.

2 Status of Rural Sanitation in Rajasthan

2.1 Regulatory framework - Being a constituent state of India, rural sanitation interventions are planned and implemented within the guidelines set out by the Government of India (GoI) for the Total Sanitation Campaign (TSC). The following documents form the basis for rural sanitation in all states of India

- Rural Sanitation and Hygiene Strategy, July 2011 (www.ddws.nic.in)
- CRSP TSC Guidelines, July 2011 (www.ddws.nic.in)

Currently, there is no state specific strategy document for Rajasthan.

2.2 Institutional Framework and Actors - In 2010, sanitation was devolved from the Public Health Engineering Department (PHED) to the Panchyati Raj Institution (PRI). Key players in sanitation are
Government of Rajasthan :

The subject of Rural Water Supply and Sanitation is under the umbrella of Rajeev Gandhi Water Resources Development & Conservation Mission. The following are the wings of this mission:

- Apex Committee of State Water and Sanitation Mission (SWSM)
- Executive Committee of Sanitation

¹ Sanitation in this document is as defined by TSC

- Apex Committee of State Water and Sanitation Mission (SWSM)
- Executive Committee of Sanitation
- Programme Monitoring Unit & Sanitation Support Organisation (PMUSSO)
- Capacity and Communication development Unit (CCDU)

Panchayati Raj Institutions

- District Water and Sanitation Mission (DWSM) supported by District Support Unit
- Block Water and Sanitation Mission
- Village Health & Sanitation Committee

2.3 Funding is allocated to rural sanitation and hygiene in line with TSC and Gol guidelines. The guidelines stipulate matching funds from GoR and beneficiaries with that provided by Gol. The total project outlay of TSC is RS 878.6 Crores for the state of Rajasthan. The reported expenditure against the approved and released amount is Rs. 273.1 Crores, implying that a committed amount of Rs 605.5 Crores still available for sanitation as on September 2011.

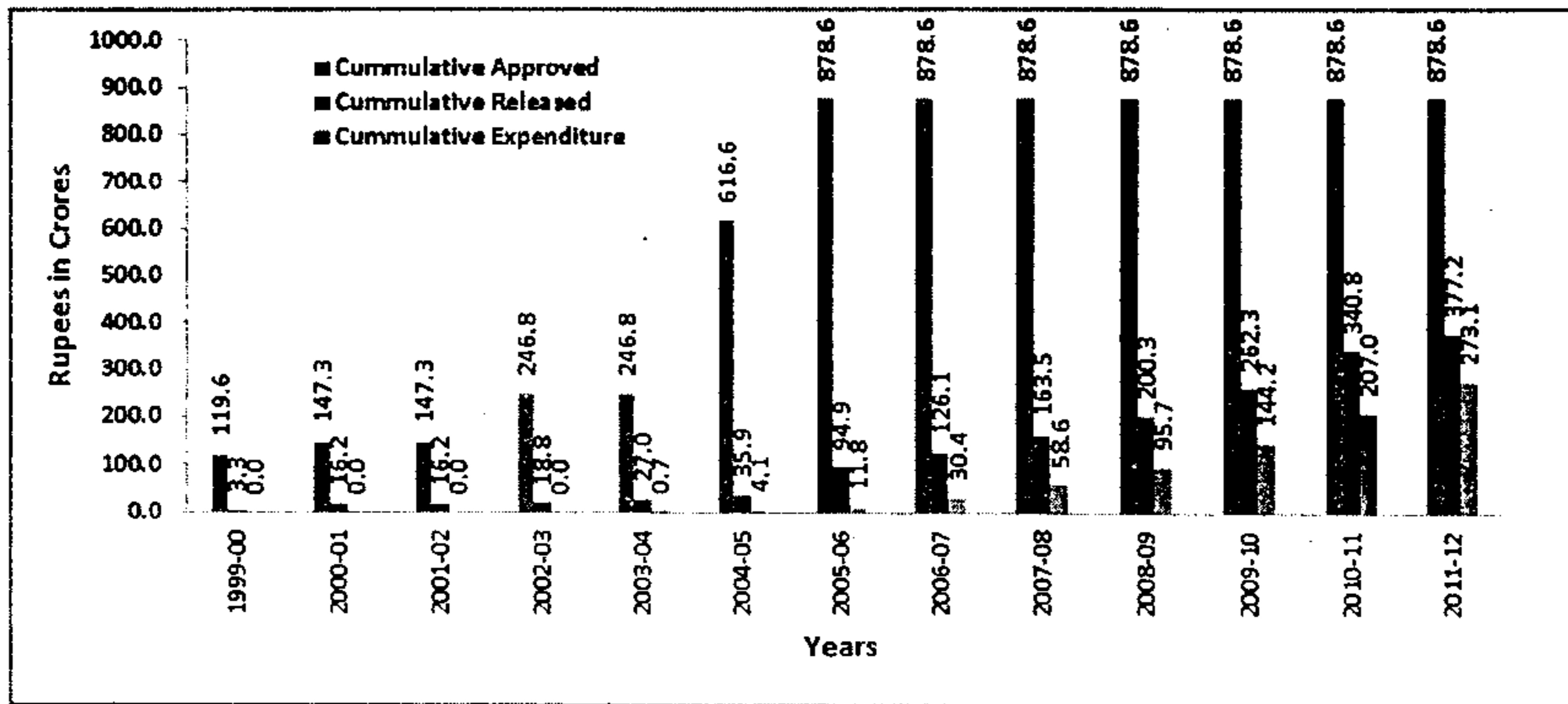


Fig 1: Trend of TSC budgeting: Approved- Released and Expenditures (Source: ddws.nic.in)

2.4 The progress against the different project components of TSC are given below:-

2.4.1 Individual Household Latrines

Individual Household Latrines (IHL) coverage increased from 19.37% to 67.10% from 2005 to 2011 (ddws.nic.in). These coverage figures however do not reflect actual latrine functionality and use; DLHS (2007-08) indicate a toilet usage rate of only 12.9%. There are wide disparities both in terms of coverage and usage in the districts as seen in Fig.2

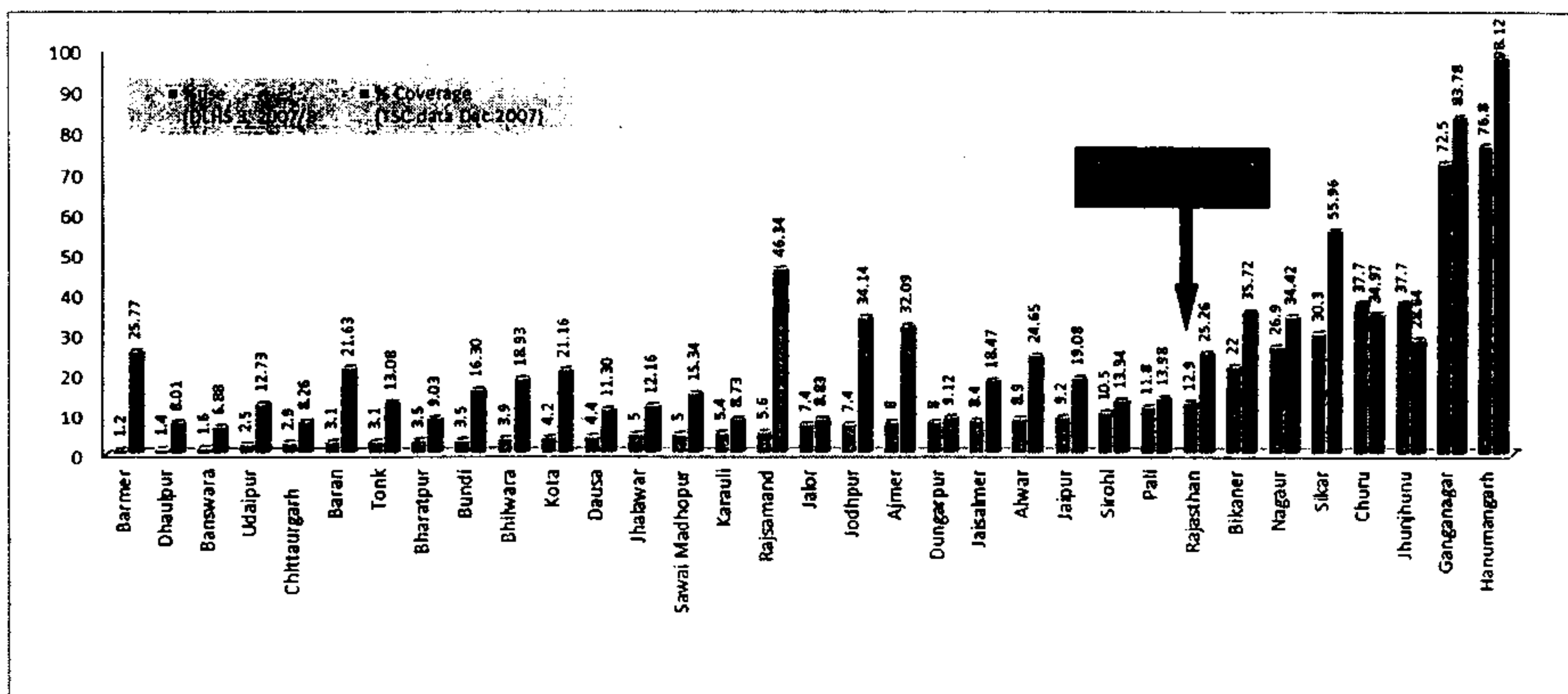


Fig.2 District wise Percentage Coverage and Usage for IHHL

The GoR is constructing approximately 10 lac houses for BPL families under Mukhyamantri Avas Yojna Programme during 2011-2014; the houses will also be provided with toilets under TSC. This is a conscious step by GoR to increase latrine coverage. Similarly the MGNREGS programme has been linked with TSC to provide labour component (from material component) for toilet construction for BPL, SC and ST Households, schools, Anganwadies and Community toilets.

2.4.2 School and Angawadie Toilets

Significant progress has been made in coverage of school latrines, increasing from 20.24% (2005) to 89.89% (2011) (source www.ddws.nic.in): Now, 97% of schools have common toilets, but only 85% of the schools have separate toilets for boys and girls (source Rajasthan Rural Education Council- August 2011); however, norms on pupil to drop hole ratio are yet to be defined. Coverage for latrines in Angawadies increased from 1.66% (2005) to 57.43% (2011) (source www.ddws.nic.in).

2.4.3 Solid and Liquid Waste management (SLWM)

SLWM is still in its infancy stages in rural Rajasthan and funding for SLWM has only been recently made part of the TSC financial allocation. In Rajasthan, 57.8% of rural households have no drainage facilities and only 19.4% have garbage disposal arrangements (NSS 65th Round). SLWM can now be funded by up to 10% of TSC funds. Since the achievement of Nirmal Gram Puraskar (NGP) status requires that all solid and liquid waste is properly managed and disposed off, SLWM funding was previously taken up from other developmental schemes.

2.5 Hand washing with Soap (HWWS)

HWWS can reduce incidence of diarrhoea by up to 44%. Diarrhoea is one of the leading causes of death in children and Rajasthan has one of the highest IMR in India at 59 per 1000 live births (SRS Bulletin Vol 45, No 1). HWWS needs to be prioritised as cost effective public health intervention; the practice is not generally widespread and a sample survey in six districts in Rajasthan indicated that only 31.8% of households reported using soap after defecation. 68% and 61% respectively of the sampled schools and angawadies had hand washing facilities near the toilets. (Hygiene Practices and Water and Sanitation Infrastructure in selected districts, SRI/MRB 2008)

2.6 Nirmal Gram Puraskar

The Nirmal Gram Purushkar (NGP) was launched by Gol to recognize PRIs or institutions that have ensured full sanitation coverage in their areas. In Rajasthan, 289 Grand Panchayati (GP) have been awarded the NGP against a total award of 25,145 GPs in 27 states across India.

3. Vision

"The day everyone of us gets a toilet to use, I shall know that our country has reached the Pinnacle of progress."

— Jawaharlal Nehru

3.1 Vision: A Nirmal Rajasthan

A 'Nirmal Rajasthan' is the dream of a clean and healthy State, where everyone practices personal hygiene and maintain a clean environment that contributes to the well-being of a thriving and healthy population

To achieve this, the PR & RD Department is committed to:

- Ensuring that whole communities are open defecation free in a sustainable manner
- Ensuring appropriate systems for the environmentally safe management of solid and liquid waste are operationalised
- Provide support for the adoption of key evidence based hygiene behaviors and practices
- Optimising adequate financing within the Gol guidelines for sanitation and hygiene in rural Rajasthan
- Ensuring that providers and facilitators have the capacity and resources within a enabling policy and institutional environment to deliver sanitation services
- Facilitating partnerships with business, academia, civil society and voluntary organizations, to achieve the goals of the strategy including good governance and accountability within the sanitation sector

Furthermore, PR & RD Dept. will

- Facilitate the creation of demand for sanitation services and facilities
- Ensure that a viable supply chain system is in place for sanitation products
- Address inequalities in access to the sanitation facilities with special attention to women, children, aged and disabled persons
- Stimulate and enable cooperation and convergence across public sector agencies concerned with rural development programmes dealing with health and environment

4. The Sanitation Strategy

This document views the achievement of the sanitation vision in two parts; short to medium term and medium to long term. In the short to medium term (2012 -17), the focus will be on the following:

- Strengthening of PRIs for planning, implementation and monitoring of sanitation
- Ensuring adoption of a community approach to total sanitation statewide
- Completing scale up of sanitation coverage for IHL, institutions and SLW management
- Ensuring adequate financing, including convergence and fund leveraging from other programmes, for sanitation scale up
- Improved monitoring systems including concurrent monitoring

- Learning and knowledge management
- Advocacy for a community approach to total sanitation
- Awareness raising for sanitation, including increased knowledge on hygienic practices

Medium to long term (2017 -22)

- Scale up usage of sanitation facilities
- Ensure operation and maintenance systems are fully established and functional
- Hygiene practices are adopted and sustained

Partial achievement of sanitation outputs is not effective in bringing desired health outcomes. Whilst the initial priority is 100% open defecation free (ODF) communities as Open Defecation is the most difficult to tackle and carries the highest risk in terms of health impact, other components of sanitation will also be addressed to attain total sanitation. Once ODF is achieved, this can be used as a foundation to bring behaviour change in hygiene practices, solid and liquid waste management and other components of total sanitation.

Aligned with the Government of India's strategy for rural sanitation, it is envisaged that communities will go through the sanitation spectrum as shown in Fig 3. Since behaviour change is a gradual process, the stages of the spectrum overlap each other; different GPs, blocks, Districts will progress at different rates through the spectrum. The momentum created for achieving ODF status will strengthen attainment of ODF+ activities such as improved hygiene and management of solid and liquid waste.

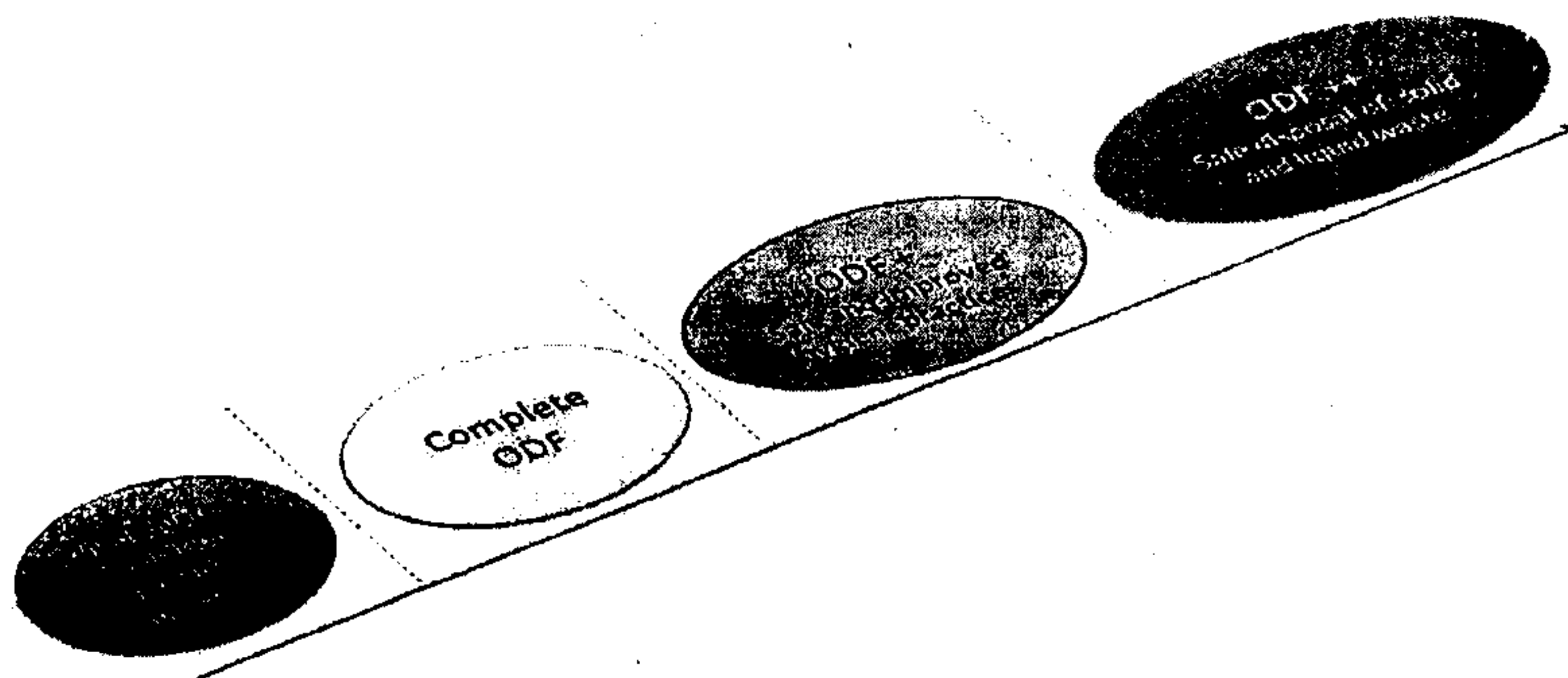


Fig 3: Progression of a Community through the Total Sanitation Spectrum (TSS)

Achievement of sustainable ODF is a key step in attaining sanitation at scale. The strategy proposes the use of the community based approach to enable communities become ODF. Key, in this approach, will be a self-analysis of the sanitation profile of the whole community through participatory processes, thus leading to behavior change and demand for sanitation by the communities themselves. Secondly, the approach will target entire and whole communities rather than focusing on individuals i.e. **total sanitation for whole communities.**

Components of the Strategy

5. Enabling Environment

5.1 Social Norms- Open defecation is widespread in rural Rajasthan (87.5%, DHLS 2007/8). Although the GPs that have attained NGP status have sustained the status relatively well compared to other states, there is a real threat of ODF communities reverting to the old practice of open defecation. Various reasons exist for communities reverting to open defecation; amongst these is that open defecation is still an acceptable practice. Thus for sustainability of ODF status, interventions will also address sanitation from the perspective of social norms, ensuring that open defecation becomes an unacceptable social behavior.

Studies on the norms associated with open defecation will be conducted and serve to provide corrective feedback and information on motivating communities to adopt sustained latrine use.

5.2 Institutional Framework - Water and Sanitation is under the umbrella of the existing Water Development and Conservation Mission which is chaired by the Chief Minister of Rajasthan. After the transfer of the sanitation programme to the Panchayati Raj Department in 2010, strategic revisions have been made as follows:

- The Secretary Panchayati Raj is the member Secretary for the Apex committee for Water and Sanitation. This is to ensure that sanitation is appropriately addressed and discussed in the meeting
- There is an executive committee of the mission, exclusively for sanitation
- A separate Programme Monitoring Unit and Sanitation Support Organization (PMUSSO) and Communication Capacity Development Unit (CCDU).
- There will be a District Sanitation Mission which will be chaired by Zilla Pramukh. The district collector is the co-chairperson so that there is no discontinuity of functions.

6. Capacity Building

6.1 Capacity Building - Building capacity of institutions and strengthening of human resource to scale up 'people centred' sanitation programs is of critical importance, particularly as sustained sanitation behaviour change requires a multi-disciplinary approach comprising socio-economic, cultural as well as technical interventions.

6.2 CCDU at the State Level- The State has established a dedicated Communication and Capacity Development Unit (CCDU) at the State Level. It will facilitate capacity building to support Districts and Panchayats build their human resource and institutional base for sanitation, behaviour change communication, delivery of sanitation services and monitoring. CCDU will work with the DWSMs to develop a human resource development (HRD) program for capacity building at various levels, in order to carry out awareness generation and behaviour change communications.

The CCDU will ensure availability of high-quality standardized training materials and methodologies as well as showcasing of best practices developed in the State. It will also develop technology manuals focusing on ODF, hygiene practices and waste management.

6.3 Developing Capacities at District Level- Orientation and capacity building of district level administrative staff is essential for effective change in strategy from conventional centralised and supply driven approaches to community led and participatory approaches. The State will facilitate orientation workshops, training programs and exposure visits for officials at the district level. Training programs will also focus on developing capacities for outcome based planning and monitoring sanitation programs.

The proposed approach of Total Sanitation with community involvement will have a significant interpersonal component as part of the IEC activities to ensure latrine construction and use, and safe disposal of solid and liquid waste. This will require a critical mass of trained motivators within each

district to facilitate communities achieve and maintain ODF status and adopt key hygiene practices including safe disposal of solid and liquid waste.

A District Resource Group (DRG) at district level will be developed through a training of trainers (TOT) of motivators who are shortlisted based on potential skills to act as participatory trainers and implementers of approaches with community participation. They will be selected by the DSWM.

A module for motivators training will be developed by CCDU based on the experiences from the field. DRG members will work with DWSM and any other agents of the DWSM to create sanitation demand in villages and also identify and participate in the training of additional motivators.

Since behavior change requires constant interaction between facilitator and community, the District Resource Group will have to be engaged by the DWSM. DRG members will also be suitably paid for training motivators.

6.4 Developing Capacities at Field Level

Training and capacity building at community level will be facilitated to ensure a pool of skilled motivators for directly implementing sanitation; the motivators will monitor progress towards ODF in their villages/GPs and also trigger other villages/GP to become ODF. They may work independently to monitor or in groups to trigger communities using participatory community approaches.

Government field functionaries will be trained to support sanitation activities. Thus, training curriculum of health personnel, particularly of field staff, will be periodically reviewed and improved to develop the required skills for the promotion of sanitation and hygiene.

Schools will be a major focal point for sanitation promotion and hygiene education. Water, sanitation and hygiene are to be given more emphasis in the curriculum of primary and secondary schools as well as teacher training courses. Global hand washing day (GHD) will continue to be used for advocacy and accelerating implementation of hand washing programmes as well as other WASH interventions. In service training of teachers on sanitation and hygiene will be promoted.

6. Expanding Partnerships

The expertise of academic institutions in teaching and research can be harnessed to support the sanitation sector. Academic institutions will be encouraged to develop specialised teaching and training programs to develop a cadre of people who have the capacities in social mobilization and demand generation for appropriate sanitation practices as well as designing and usage of sanitation technologies. Academia can also contribute to research into innovative and emerging approaches in various components of sanitation including sanitation technology; social norms and approaches of community and individual behaviour; outcome based monitoring and evaluation; and assessment of impacts.

7. Supplies

7.1 Supply Chain Management - A functioning supply system that provides affordable sanitation products, whether as a whole or in component parts can contribute to scaling up sanitation. The strategy will include use of a commercial marketing strategy, Supply Chain Management (SCM) to ensure that the demand for sanitation is adequately met. Key marketing principles for SCM are:

- Through marketing, households know where to access sanitary products and are able to have Sanitary Products (either whole or in components) delivered at their house in a timely manner

- Quality of sanitation product is high with established system for technical support, operation and maintenance
- Choice of options available depending on user preference, with options for upgrading at a later date

7.2 Production Centers (PC) for sanitation product - PCs will be established at a minimum in each block. PCs will operate a SCM system in financially viable mode. The PCs will be run by a private entrepreneur/SHGs/PRIs or other implementing agency with capacity and technical and financial inputs provided by DWSM. DWSM with support from CCDU will develop training plans for ensuring a sufficient number of PC operators are available within each district. Existing training manuals for PC operators will be revised to include solid and liquid waste management. Funding for setting up of PC will be provided through revolving funds in accordance with TSC guidelines and existing PC operational guidelines set up by Government of Rajasthan.

7.3 Availability of Masons - To ensure adequate quality of constructed IHL and technical support for solid and liquid waste management at household level, a programme for the training of masons will be developed by each district with support of CCDU. A group of masons will be linked to each established Production Center. Training manual will be developed by CCDU.

7.4 Once communities are triggered to stop open defecation, there is an urgent demand for latrines. The CATS approach coupled with SCM provides for an immediate response to this demand, by facilitating a wide range of cost of latrines, ranging from 'no cash' to 'low cost', using local materials only, to high cost convenience toilets. Thus, burdensome financial outlays for individual households are minimized.

8. Technology and Systems

8.1 It is important that the users have sufficient options to choose the most appropriate sanitation system for their financial situation and needs. Different options are required due to technical and demand factors. Technical factors relate to physical parameters such type of terrain, soil characteristics, ground water table level, availability of space, and risk of flooding. On the other hand demand factors relate to customs, culture and socio economic conditions of the target communities such as affordability, hygiene behaviours and preparedness for maintenance. Therefore, GoR will encourage developing a range of sanitation options to suit each local situation. While promoting a variety of options, it will be ensured that selection and construction of a particular technology or sanitary system is made considering safety, use friendliness, environmental impact, affordability and appropriateness to local context.

8.2 Safe Sanitation – The adopted technology should provide an effective and complete barrier against disease transmission without polluting the environment.

- For achieving ODF, the strategy will promote technology options that effectively contain the human waste, completely eliminate the faecal oral transmission routes through water, air, insects and other vectors.
- For solid and liquid waste management (SLWM), the strategy will promote options that effectively segregate, reuse and recycle refuse, without causing or spreading diseases.

8.3 User friendliness - The sanitation systems must be acceptable to the users. The special needs of women, children, disabled people and the elderly will be considered in the design of facilities. The strategy shall undertake research to design and promote toilet options for difficult areas, for the disadvantaged and elderly and other special requirements. Development of various technologies for sanitation and SLWM for different geo-climatic areas will be undertaken. Any system should be designed considering the special needs of the users so that it will be convenient and safe for long term usage.

8.4 Environmental Impact - Sanitation systems will be environmentally friendly and sustainable. Adoption of innovative technologies that minimise negative environmental impact and promote reuse of waste will be promoted based on robust evidence. Also, given the water shortage in Rajasthan, water efficient sanitation technologies and systems will be encouraged.

8.5 Solid and Liquid Waste Disposal - For SLWM, the strategy shall encourage households to segregate and process waste themselves. SLWM will be part of the TSC IEC strategy and appropriate communication material developed by CCDU. The liquid waste generated in a house can be directed to kitchen gardens or trees or soak away pits. Similarly household level composting should be encouraged to manage biodegradable solid waste. Separation of waste at household level will be promoted. Community Level Waste Management shall be undertaken for waste that cannot be managed at household level; in this case also, waste should be segregated at the household level itself. The Panchayat may select a body for collection and recycling of waste e.g. SHG group, youth group and systems should be developed to generate a regular income from waste management. The safety measures for handling of waste should be given utmost priority. For transporting waste, safely covered carts and tricycles may be used, depending on the size and density of the population.

8.7 Operation and Maintenance – Latrines in public buildings shall be managed by the agency residing in the building. The agency shall make appropriate arrangements for the proper maintenance of the latrines in line with the general operation of the rest of the building. For any community sanitation facility. The overall management responsibility for any community sanitation facility will be either by a user committee or the Gram Panchayat. Such systems will collect user charges or develop other sources of income for sustainable maintenance.

9. Financing

9.1 Funding for sanitation in Rajasthan is jointly funded by the GoI, GoR, and beneficiary population in some cases, as stipulated in the TSC guidelines. Funding will be done as per TSC guidelines. Necessary financing will be made available for awareness generation, behaviour change communication, capacity building and institutional support for PMUSSO, CCDU, DSU and motivators. Various incentives and awards will be instituted for scaling up rural sanitation.

9.2 Financing Construction

- **Construction of Individual toilet for BPL**
The state government will supplement the allocation of Government of India under TSC. The incentive component for construction of toilet is available under TSC to BPL families. The Government of Rajasthan has also included this activity in MNREGS.
- **Construction of separate toilets for boys and girls in school**
These toilets are being constructed by utilizing TSC funds through the SMC. The action plan for identification of schools where the toilet are to be constructed in a particular year shall be prepared by SSA district level after getting the list finalized in Zilla Parishad after due consultation with Gram Panchayats through SMC and Panchayat Samiti. Allocation will be made from TSC at State level to SMC after getting the list from all districts SSA. The Government of Rajasthan has also included this activity in MNREGS.
The maintenance of school toilet shall be done by utilizing funds at the disposal of Gram Panchayat from various sources like TFC and SFC.
- **Construction of Separate toilet in AWC functioning in government buildings**

The action plan of construction of toilet in AWC shall be prepared by Zilla Parishad in consultation with Gram Panchayat, Block Panchayat and DWCD. Fund from TSC will be provided to Gram Panchayat directly. To meet additional requirement, funds can be sourced from MP/MLA, LAD. The Government of Rajasthan has also included this activity in MNREGS.

- Construction of toilets in AWC functioning in private building
This may be done as per provision of TSC reproduced below
“Those Anganwadis, which are in private buildings, the owner must be asked to construct the toilet as per design, and, he/she may be allowed to charge enhanced rent for the building to recover the cost of construction. Alternatively, the toilet may be constructed from revolving fund component under the TSC and, suitable deductions made from the monthly rental paid to the owner to recover the cost over a period of time.”
- Construction of community toilet
The prerequisite of construction of community toilet is lack of space for individual toilets or hard rock areas that may not permit construction of pit. Additionally, these toilets will only be constructed if the Gram Panchayat is fully committed to its upkeep with plan and funding in place for regular maintenance. Under MNREGS, 85 skilled man days and 250 unskilled man days are allowed for community toilets with minimum 10 seats.
- Construction of drainage for liquid waste and disposal of solid waste will be as per TSC guidelines
“The Gram Panchayat will be the institutional responsible for the overall management of solid and liquid waste management. Within this responsibility, it may outsource responsibility of operation and management to other institutions such as CBOs/SHGs/private operators, etc. Capital expenditure required, wholly or partially, for the establishment of community based approaches to waste management shall be funded. The operation and maintenance costs of the operations shall be borne by the households / village itself; public funding shall be explored to finance part of the operating costs.”

10. Awards and Incentives

10.1 The state will provide incentives on the basis of achievement of sanitation outcomes to individual who contribute to sanitation outcomes in their home environment or work place and to communities demonstrating commitment to sanitation outcomes. The approach of incentivizing outcomes will be based on a transparent and robust monitoring process, which will serve to further accelerate the pace of scaling up rural sanitation.

10.2 Incentives for Motivating Behaviour Change - Result based incentives will be provided to motivators and NGOs for undertaking awareness programs and behaviour change communication, with the unit of intervention being the GP. Such incentives will be provided upon achievement of desired results using community based approaches. Payment upon results will not only ensure focused efforts, but also promote innovation, use of variety of behaviour change (IEC) tools and location specific strategy. This is aligned with the National TSC guideline which states “*Motivators can be engaged at the village level for demand creation and taking up behaviour change communication. The motivators can be given suitable incentive from the funds earmarked for IEC. The incentive will be performance based...*”

The incentive should be designed in such a way that an average performing motivator should be able to earn a considerable amount. For each Gram Panchayat (GP), a fixed amount will be allocated, depending on the size of the GP, to meet the costs of engaging motivators to undertake demand generation using CLTS or other participatory IEC tools. The amount available for demand generation will be paid to the motivators or NGO at various stages, subject to verification of results.

The strategy reiterates that allocation of the fund for demand generation for a particular GP will be calculated in such a way that an average performing motivator will be eligible to earn a considerable amount after meeting all operational costs such as travel and costs of using IEC tools.

The achievement of ODF status of a village shall be verified through a social audit process involving the stakeholders especially the GP leadership, community representatives, DWSSM etc. Proper recording of the proceedings of the social audit and the verification process shall be recorded for administrative purpose.

10.3 Utilising Incentives for BPL families – The GoI TSC provides incentives for BPL households for the construction and use of individual household latrines. Districts may choose to have the incentive paid directly to the beneficiary in his bank account upon verification of usage of toilets only with no upfront payment for construction or may give a whole sum to the Panchayati Raj for constructing toilets for everyone; in this second case, any deficit in cost will be met by the Panchayati Raj.

10.4 Incentives for PRIs - Awards and incentives will be given to those Gram Panchayats, Blocks Panchayats and District Panchayats that have made outstanding progress in rural sanitation. In addition to Nirmal Gram Puraskars, the incentives will include priority in allocating government's development schemes. Moreover, new awards will be instituted to recognise those PRIs that have made sustainable systems for maintaining the sanitation outcomes.

10.5 Incentives for Outstanding Contributors/Sanitation Champions - Recognition of 'sanitation champions' at all levels will foster an enabling environment for sanitation. Champions are persons or agencies who have pushed the agenda of sanitation in their work or home environment. Annual certification of sanitation champions will be done by the SWSSM and standard criteria will be defined. Sanitation champions may include entrepreneurs, district officials, teachers, NGOs, SHG etc. Annual certification of schools and angwadies as 'Sanitation Model' will be done based on specified criteria.

11. Convergence, Monitoring and Evaluation

Coordination and Convergence – Coordination amongst the various flagship rural programmes will be promoted. Possibility of accessing of funds for sanitation from other programmes or financial sources such as the 13th Finance Commission will also form part of the strategy.

Monitoring and Evaluation – Monitoring will be done at the different tiers of the PRI. The Sanitation Activity mapping as annexed (Annexure-1) will provide the frame work for monitoring activities and outcomes.

Sanitation will be made an agenda item for all SWSSM and DWSSM meetings. The agenda points for SWSSM and DWSSM along with the indicators for functioning of Village Level Committees have been enclosed (Annexure-2). These agenda points provide a suitable tool at each level for monitoring with measurable indicators and providing opportunity for mid time corrections. Regular reviews will be held, with greater focus on districts with low sanitation coverage. A system for concurrent monitoring of toilet usage and hygiene practices will be developed.

12. Goals

The goals and associated milestones for sanitation in rural Rajasthan are based on the following factors:

- There is wide variation in toilet coverage and use in the various districts. Reasons for the disparity include terrain and soil type, accessibility, population density, cultural factors and water availability. The districts with the highest coverage have been envisaged to achieve sanitation goals earlier within the strategy due to their advanced status. For those with lower coverage, the strategy will provide for accelerated intervention in terms of funds, software activities and more frequent reviews at the different levels with later dates for achieving the goals
- The milestones are aligned with those set out in the GoI Rural Sanitation and Hygiene Strategy of 2011(www.ddws.nic.in)

Goal 1 Creation of an Open Defecation Free State

End of open defecation and achievement of a clean environment where human faeces is safely contained and disposed off.

Objective 1.1: Ensure all households have knowledge on the benefits of living in open defecation free communities

Strategy: Multi channel communication based on formative research will be used to increase knowledge about the benefits of ODF. Due to the low toilet usage in Rajasthan, an intensive campaign to increase awareness on the benefits of ODF will be launched as an initial step.

Activities:

- Undertake orientation for key stakeholders (district frontline workers from health and other relevant departments, opinion leaders and PRI) on ODF ensuring they function as role models and have toilets of their own
- Based on Rajasthan specific scenario and evidence design/modify and implement an intensive six month communication campaign on increasing awareness and knowledge on OD. Opinion leaders, politicians previously oriented to be at forefront of campaign
- Activity based hygiene learning in all schools incorporating the principles of ODF communities to be done in all schools
- Regular State and district wide profile raising of sanitation and OD through the meetings of Gram Saba, regular state wide declaration from GoR, and observation of key sanitation events including Annual Swatchha Ustav, Global Hand washing Day and World Toilet Day

Objective 1.2 Ensure all rural households have access to and use individual or community toilets² -

Strategy

To ensure access and use of individual house hold latrines, consensus building on CATS will be built in the state. The CATS will ensure demand for latrines is generated and met with a suitable supply chain system that provides affordable, locally appropriate options that are environmentally safe and water efficient. Training, facilitation and supervision for CATS and SCM will form a key strategy component

² For households, individual toilets are the preferred option. Community toilets can be used where IHL are not feasible and plans have been made for the operation and maintenance of any installed community toilets

Based on current coverage and use, phased targeting of districts to complete scaling up of IHL coverage and use will be done.

- By 2013 (all districts with latrine coverage and usage >70%)³
- By 2014 (all districts with latrine usage > 20%)
- By 2015 (all districts with latrine coverage >20%)
- By 2017 (all districts with latrine usage <10%)

Main Activities

- Review/ revise and issue guidelines/orders for implementing CATS and SCM in Rajasthan and organize training and orientation sessions in all districts for key stakeholders
- Form and train district and block level CATS resource group in line with District Sanitation Action plans
- Training and engagement of motivators for CATS from communities
- Establish Production centers for sanitary wares including toilets as whole product
- Regular training of masons for toilet construction; also to include analysis of material availability to ensure functional supply chain management system
- Triggering communities to stop OD based on using CATS and a district plan based on current usage data
- Monitoring for coverage and use and implementing district league table for state rewarding of districts
- Nigrani Samities are in place to observe that open defecation practice is not followed.

Objective 1.3: All schools, Anganwadi and government institutions have functional toilets.

Strategy: The strategy will ensure that sufficient funds are available for construction of separate toilets in all schools and angawadies. The latrines will be child friendly and state will also define drop hole-pupil ratio. Construction of toilets in public places will be the responsibility of the PRIs; for government buildings, this will be the responsibility of the particular institution residing in the premises

Main Activities:

- Mapping of available toilet facilities done and action plan for full coverage is in place.
- Construction of toilets for full coverage incorporating convergence of funds from TSC with other developmental activities
- Guidelines developed for the maintenance of sanitation facilities in public offices, schools and angawadies with provisions for water supply, soap and other material to ensure hygienic practices.

3.2.2 Goal 2

Adoption of Improved Hygiene Behavior – The entire rural population, especially children and caregivers have knowledge on and adopt safe hygiene practices at all times.

Objective 2.1 all rural households have knowledge on key hygiene practices

Strategy The strategy will ensure that all communities are reached with key hygiene messages through different media channels selected on evidence and research. Schools and angawadies will form a special focus, bearing in mind that children can be agents of change.

Main Activities

- Review and collate available material on IEC for sanitation and hygiene

³ Latrine usage from DHLS 2007/8, coverage from TSC data

- Develop and implement hygiene outreach activities for schools children
- Have dedicated VHN days focusing on hygiene
- All front line health and sanitation workers receive orientation on key hygiene practices, with regular refresher sessions
- Ongoing information campaign including mass media and visual material

Objective 2.2 All households adopt and sustain key hygiene and sanitation practices

Strategy Adoption and sustenance of ODF environment will be approached by ensuring behavior change for this practice by whole communities instead of focusing on behavior change at the household level only. Social norms that make OD acceptable will be addressed for ensuring sustainability of adopted practices. Intensive interpersonal communication will be done to ensure that hygienic practices are sustained

Main Activities

- Undertake studies on social norms to inform barriers and triggers of sustainability for key hygienic practices
- Ongoing information campaign using different media channels including folk media
- Develop pool of motivators per district to carry out inter personal communication for sustainability

3.2.3. Goal 3

Environmentally safe disposal of Solid and Liquid Waste - Solid and liquid waste are effectively managed and disposed of safely and the village environment is kept clean at all times.

Objective 3.1: Households, PRIs and sanitation functionaries are aware about and have knowledge on the importance of SLWM.

Strategy: Targeted messaging will be done for the different stakeholders in SLWM to raise awareness and knowledge on SLWM. Various Audience segment will comprise PRIs and District officials, Households and others, and Schools

Front line health and sanitation workers who already as part of their work interact with and raise community awareness on health issues will be capacitated to provide information on SLWM to their target audience

Main Activities

- Develop orientation modules on SLWM for PRI, District Officials and front line workers respectively
- Develop key messages and identify communication channels for raising awareness on SLWM in households with monitoring framework
- Build Capacity of PRI, district sanitation functionaries and front line workers on SLWM through training sessions, and exposure visits to observe good practices in SLWM
- Carry out folk media events on SLWM, TV and radio spots

Objective 3.2: Rural Households manage and dispose of SLW in an environmentally safe manner to protect and improve their health and quality of life

Strategy All household solid and liquid waste will be managed at the household level as a first option to ensure sustainability. Components that cannot be managed at household level will be managed at community level.

Management of SLW must be done through participatory planning and demand responsive approaches, involving all stakeholders and ensuring transparency in management and decision making process.

Recycling, reuse and environmentally friendly technologies will be promoted, particularly in the context of Rajasthan's water scarcity. The technologies adopted must be suited to the needs of the household and communities and all sections of the community must have equal access to safe and appropriate SLWM.

Main Activities

- Develop guidelines and template(s) for use by GPs to come up with activities for SLWM within their sanitation plans
- Capacity building trainings for stakeholders (at state, district and GP level) on SLWM

Objective 3.3 To create an enabling environment for communities to able demand and access SLWM options including deriving economic and environmental benefits of SLWM.

Strategy

The capacity of institutions relevant to SLWM will be strengthened and partnerships with stakeholders expanded

Activities

- CCDU will be strengthened to provide technical support to districts for SLWM.
- Partnerships will be formed with research organisations for development of suitable technologies.
- Capacity building of implementers on technology options, engagement with research organisations for the promotion of suitable technologies.
- Develop appropriate partnerships with research institutions for promotion of sustainable and safe technologies for SLWM.
- Establish partnerships with NGOs, Women' SHG and private sector for creating employment through SLWM.

Key Issues

13.1 Sanitation coverage for floating population – There is a need to ensure toilet usage also by nomads who been transient in nature, do not build latrines for themselves.

13.2 Project Implementation Plan (PIP) has been revised to cover new households/habitations as per census 2011. Although the rural sanitation coverage has increased exponentially in the last decade, the impact is reduced due to increase in the total number of rural households. The PIP has been revised to reflect the most recent census and increase in the cost of individual toilets. Thus, financial incentive for IHL has been increased to Rs.3,200/- per unit.

13.3 Sufficient focus has not been addressed to SLWM in the TSC in Rajasthan, possibly as a consequence of the priority attached to OFD. The strategy needs to increase the profile of SLWM on par with toilet construction and use in the ODF + mode.

13.4 Lack of use of constructed toilets is emerging as a barrier to attaining sanitation outcomes. In addition, slippage of ODF communities to the practice of defecating in the open continues to be a threat.

14. Abbreviations

| | |
|---|--|
| Capacity and Communication development Unit | CCDU |
| Central Rural Sanitation Programme | CRSP |
| Community Led Total Sanitation | CLTS |
| District Resource Group | DRG |
| District Water and Sanitation Mission | DWSM |
| Global hand washing day | GHD |
| Government of India | GoI |
| Government of Rajasthan | GoR |
| Grand Panchyat | GP |
| Individual Household Latrine | IHL |
| Member of Legislative Assembly | MLA |
| Member of Parliament | MP |
| Nirmal Gram Puraskar | NGP |
| Panchyati Raj Institution | PRI |
| Production Center | PC |
| Project Implementation Plan | PIP |
| Project Monitoring Unit Sanitation Support Organisation | PMUSSO |
| Public Health Engineering Department | PHED |
| Solid and Liquid Waste Management | SLWM |
| State Water and Sanitation Mission | SWSM |
| Supply Chain Management | SCM |
| TFC | 13 th Finance Commission |
| Total Sanitation Campaign | TSC |

ISSUES FOR DISCUSSION IN SWSM

1. Review of physical and financial progress of total sanitation campaign
2. Review of sustainability of TSC including usage of constructed toilets.
3. Review of schemes submitted in SLSSC, approval accorded and pending schemes
4. Review of the performance of WSSO
5. Convergence of other programmes and departments in water and sanitation sector
6. Review of formation of DWSM, VWSCs and performance indicators

TEMPLATE OF AGENDA FOR SWSM MEETING -QUARTERLY**Total Sanitation Campaign:**

- Reviewing the fresh guidelines/circulars/order received from the DDWS, MoRD/ others- The SWSM will review the fresh guidelines/circulars/orders received from the GoI and take necessary action.
- Review and initiate IEC activities based on local requirements to promote TSC
- Identify institutions, NGOs, youth and womens organizations and experts to assist in formulating IEC campaigns
- To take decisions and issue instructions to various government departments for dove tailing of funds/activities of other relevant government schemes for improved and sustainable sanitation
- Review steps taken to ensure sustained use, O&M and behavior change.
- Progress of NGP and status of sustainability in NGP villages.
- Reviewing the physical and financial progress under TSC against the targets set by GoI and State Govt. and to take appropriate decisions for improving progress
- Document best practices in the State undertaken for TSC
- Status of furnishing online data on TSC in GoI website

CONVERGENCE OF ACTIVITIES OF VARIOUS DEPARTMENTS AT STATE LEVEL**A. ENSURING HEALTH OF COMMUNITY, SPECIALLY CHILDREN****Health Department**

- Review of number of health check up of children, with special reference to water borne diseases and disease caused by poor sanitation facilities.
- Review of incidence of diarrheal diseases and other water borne infestations
- Review of status of availability of disinfectants for public water bodies

Education Department

- Review of provision of water supply for drinking, hand washing and toilet cleaning in all Govt. schools under NRDWP etc
- Review of provision of toilets and urinals separate for boys and girls in co-ed schools, in proportion to number of students in schools with water facility for cleaning in all Govt. schools
- Review of availability of water supply, separate toilets for girls and urinals in private aided and unaided schools with management funds
- Review of construction of WASH facilities in the new Govt. schools under SSA (Where funds are not available in the TSC)
- Guidelines regarding use of SSA maintenance grants/school grants in schools for operation and maintenance of WASH facilities
- Review of mechanism suggested to schools for upkeep and cleanliness of toilets and urinals
- Inspection of sanitation facilities in schools regarding their cleanliness and functionality as a part of school inspection and its proper documentation for review.

Agriculture Department

- Exploring possibilities and initiate studies/projects for Ecosan toilets and linking toilets, solid and liquid waste conversion to biogas and fertilizer/manure production

B. IEC FOR BETTER HEALTH BETTER HEALTH TO COMMUNITY THROUGH WATSAN

Education Department

- Review of activity of Health and hygiene education in schools under IEC activity.
- Review of efforts being made to use students as messengers of cleanliness for their households.

Other Programmes

- Activities related with water and sanitation works.

ISSUES FOR DISCUSSION IN DWSM

- Review of district plans for Total Sanitation Campaign
- Review of physical and financial progress of TSC and NGP programmes
- Review of sustainability status of sanitation programme, TSC and NGP
- Review of IEC activities
- Review of capacity building and training activities
- Review of formation of VWSSC and its performance indicators
- Review of incidence of diarrhoea and other water borne diseases
- Review of schools - sanitation ,water supply and hygiene education
- Review of aanganwadis - sanitation ,water supply and hygiene education
- Review of functionality of drinking water supply systems and toilets
- Review of convergence with other programmes

TEMPLATE OF AGENDA FOR DWSM MEETING - ANNUAL

TOTAL SANITATION CAMPAIGN

- Documentation of best practices in the district
- Requirement of rural sanitary marts or production centers
- Quality of construction of toilets
- Usage of individual toilets and community blocks including schools and Anganwadi

1. Review of data uploading on IMIS

2. Bank Account

- Opening of separate bank account in a nationalized Bank to receive the central funds.

3. Selection of Support Agencies

- Selection of agencies and/NGOs
- Entering into MoUs for social mobilization, capacity development, communication, project management and supervision.
- Deciding and review of the parameters for performance of NGOs.

E. Convergence of activities of various district level officers for

- Ensuring health of community specially; children:
- Ensuring good sanitation environment for better health:
- IEC for better health to community through sanitation

TEMPLATE OF AGENDA FOR DWSM MEETING – MONTHLY

Total Sanitation Campaign

- Review of progress of construction of IHHLs, toilets in School, Anganwadis and Community Sanitary Complex (CSCs).
- Review of O&M of individual and community latrines constructed and adequacy of mechanism adopted; usage of individual toilets; no. of community toilets in usable condition.
- Education and training activities: No of events and kinds of activities undertaken to promote construction and usage of toilets in
- Solid and liquid waste management]
- Coverage of SC, ST, minority habitations under TSC
- Availability of masons or SHGs for construction activity
- Availability of sanitary materials for toilets and arranging for the same
- Usage of Panchayat, school and other funds for O&M

OTHER ISSUES -

1. Review of data uploading on IMIS

3. Bank Account

- Review balances in DWSM and VWSCs, critical examination of abnormal balances /reasons for unspent balance.

4. IEC Activities

Review of the activities taken up by IEC agency for creating awareness among public representatives, officials and the general public about the NRDWP & T.S.C. Programmes.

- Efforts made to disseminate information, education and communication materials.
- No. and locations for organizing melas, , slogan-writing, song and drama activity, street plays, painting and elocution competitions, etc., for generating interest in cleanliness, general health awareness and personal hygiene.
- Involvement of school cabinets/PTAs for operation, maintenance and usage of school toilets

5. Monitoring of VWSC

- Formation of Village Level Water & Sanitation Committee (VWSC) as a standing committee of the Gram Panchayat for all villages in the District with 50% women & proportionate representation for SC,ST & Minorities.
- Review of functioning and performance of VWSC.

6. Capacity Building

- No. and types of training programmes for capacity development of PRI members, VWSC members, and grassroots level workers.
- No. and types of professional development programmes for engineering/technical staff
- Preparation of Training modules and communication materials for further distribution.

E. CONVERGENCE OF ACTIVITIES OF VARIOUS DISTRICT LEVEL OFFICERS

Function:

2. ENSURING HEALTH OF COMMUNITY SPECIALLY; CHILDREN :

a. Health Department :

- Whether health check up of children with special reference to water borne disease caused by poor sanitation is carried out?
- Whether timely review and documentation of incidence of diarrhoea and other water borne disease is done
- Whether identification of stagnant water bodies and other unsanitary conditions causing health problems has been done?

b. Education Department :

- Whether inspection of sanitation facilities regarding their cleanliness and functionality as part of school inspection and its proper documentation is carried out and documented?

c. MNREGS & Other Programmes :

- Whether solid and liquid waste management structures are taken up under various programmes.
- Whether Aanganwadis have safe water supply and baby friendly toilets.

3. ENSURING GOOD SANITATION ENVIRONMENT FOR BETTER HEALTH :

a. Health Department :

- Whether inspection of toilet facilities in schools and community is a part of inspection by Health Officers?
- Whether specific consideration for disease like; hookworm and other sanitation related infestations is done for its probable cause?

b. Education Department :

- Whether review of water availability for toilets (different for girls and boys) is a part of inspection along with its usages and cleanliness?
- Whether SSA funds are appropriately utilized for construction of sanitation blocks and its maintenance in schools, if TSC funds are not available?

c. Other Programmes :

- Whether arrangements for toilets are available at near work sites of MNREGS?

4. IEC FOR BETTER HEALTH TO COMMUNITY THROUGH WATSAN

a. Health Department :

- Whether linkages of safe water and sanitation with overall health of community are appropriately addressed in the IEC of the department?
- Whether causes of water borne and sanitation related infestations explained when the patients are treated?

b. Education Department :

- Whether health and hygiene including hand washing before and after meals and defecation education is propagated in schools through inclusion in curriculum, message board, sermon after prayers.
- Whether efforts made for using students as messengers of cleanliness for their households.

c. MNREGS & Other Programmes :

- Whether a system can be in-built for propagating importance of water related works and/or sanitation related works in the programme.

d. Agriculture Department :

- Whether efforts are made to convince cultivators for selection of appropriate crop for water scarce areas?
- Whether reward mechanism for cultivators is in order to encourage shifting to less water consuming crops?

MEASURABLE INDICATORS FOR EFFECTIVE FUNCTIONING OF VWSSC

- Formed as per byelaw and there is representation from all sections, including group connection holders.
- Meetings are taking place at least once in a month.
- Participation of members is 90-100%.
- All members have good understanding of byelaw and role clarity.
- 100% user charges collected.
- User charges are paid as per the actual budget.
- Water point drainage is maintained well.
- Books of accounts are maintained up to date and accurately.
- Good relationship between VWSSC,GP and village community.
- 100% community contribution.
- VWSSC account opened in the nearest bank.
- All illegal connections and pit taps were closed.
- Annual OPERATION AND MAINTENENCE budget prepared, revised and understood by all the households of the village.
- Water person appointed his /her activities monitored and paid salary regularly.
- Regular payment of Electricity bill.

VWSSC Agenda

- Confirming at least 80% attendance in last three meetings and attendance of women
- Perusal of records
 1. Register of Minutes.
 2. Receipt book.
- Rapport with villagers/Gram Sabha.
- Tariff collection - Collection of Charges for O&M of community toilets
 - Ensure all VWSC and GP members paying Tax
 - Households paying TAX AND CHECK IF BEING DEPOSITED IN THE BANK AN TIME
 - Households not paying tax-initiate actions
- Status and steps to ensure involvement of other departments and convergence with other development work
- MAINTAINING TRANSPERENCY in sharing expenditure ,revenue and receipt of funds from various budget heads with community
- No. of households having Latrines and its usage
- Issues of village Sanitation i.e. no garbage points ,no water stagnation around water points and ensuring that platforms are not misused for washing and bathing
- Status of school sanitation units and community sanitary complexes
- Steps towards NGP
- Cases of water borne diseases –if any
- Identification of general problems
- Support required from various levels
- Suggestions for improvements

| Sn | Functions/Activities | Functionaries | Funds | Accountability | Performance Indicator | Remarks |
|--|---|---|--|----------------------|-------------------------------------|---|
| 2 | Anganwadi Centres Construction of toilets with hand washing facilities in AWC and regular upkeep and usage of toilet in AWC ensuring availability of soap and water | Sarpanch- Ensure construction and provide funds for O & M | Anganwadi worker- Upkeep AWC toilet | TSC/SFC/unt led fund | Sarpanch | Responsibilities for ensuring availability of consumables is assigned |
| | Counselling for hygiene practices among mother & child visiting AWC and special counselling on MCHN days Taking special care of appropriate sanitation standards during cooking and handling of food | Sarpanch- To monitor | Secretary | Secretary/AWW | DPO/TSC coordinators | Construction agency finalised Counselling schedule is in place |
| | | | Secretary | Sahayika/AWW/A SHA | Ensure counselling as per schedule | |
| 3 | Schools Construction of separate school toilets with hand washing facilities for boy & girls and upgradation/repair of existing facilities to make these child friendly Ensuring usage of constructed toilets by keeping necessary material in the toilet like bucket, soap cake etc and regular monitoring through children participation | Sarpanch-To monitor construction Sarpanch- To monitor & provide additional funds | School Management committee- Construction of school toilets Secretary/Head master | SSA/TSC SSA | Head Master Head Master/Teachers | Work order issued Responsibilities for making consumable available is assigned |
| | Inculcating hygiene practices by daily interaction with the students & Parent Teacher Association meeting and monitor behaviour change | | | SSA/TSC | Teacher | Hygiene indicator chart prepared and are in place |
| 4 | Health Ensure availability and upkeep of toilets in building of health centres to act as model of cleanliness & hygiene. | Sarpanch/Wardpanch- To monitor | Secretary/ANM | NRHM | Medical officer | Cleaner identified and process of procurement of consumables is set |
| | Ensure reference of benefits of sanitation and personal hygiene when prescribing medicine and dispensing medicine | | Secretary/ANM | | Medical officer | Observation on next visit ensures hygiene practices |
| | Conducting sanitary surveillance on a monthly basis including all water points and its disinfection | Sarpanch- To monitor | Medical officer | | ASHA/ANM | Calendar of activities- pre monsoon and post monsoon is available |
| Block Level Activities | | | | | | |
| Outcomes | | | | | | |
| 1. Functional institution available to sanitation programme | | | | | | |
| 2. Creating enabling environment through enhanced community awareness and capacity to attain ODF and attain NGP status | | | | | | |

| Sn | Functions/Activities | Functionaries | Funds | Accountability | Performance Indicator | Remarks |
|--------------------------------|--|---|---|----------------------------------|--|---------|
| | 3. All Schools and Anganwadi Centres, Panchayat in the block have sanitation facilities are functional and used | | | | | |
| | 4. Achieving general cleanliness by management of solid liquid waste in the block | | | | | |
| Sn Functions/Activities | | | | | | |
| 1 | Block Sanitation Mission | Elected Representative | Funds | Accountability | Performance Indicator | |
| | Development, management and implementation monitoring of Block Plan for sanitation in all Panchayats | BSM-Approval Pradhan-Monitoring | Block Development Officer/Block Co-ordinator of BRC - Development & implementation | Pradhan | Plans are received from all GPs and compiled and forwarded to districts. | |
| | Establishing linkage between DSM and Gram Panchayats and to coordinate & converge with other schemes. | Pradhan- leve aging funds | Block Development officer- plan con | Pradhan | Monitoring format received from district and monitoring plan finalised | |
| | Organise monthly meetings of standing committee social service and review status of the TSC in the block and identifying performance gaps and to develop capacity | Pradhan- to review | Block Development Officer- to convene & ensure agenda for TSC | NRHM/MNR Pradhan | Integrated framework of convergence available | |
| | Ensure leveraging funds from District and timely disbursement of funds to Gram pachayats from block and sending Utilization Certificate to District Sanitation Mission | Pradhan- to ensure receipt & disbursement | Accountant/Block Development Officer--ensure disbursement on time | Pradhan | Monthly meeting organised and action point identified | |
| | Engaging partners for demand generation and supply of sanitation products in the block | Pradhan- to conclude agreements | Block Development officer- to formulise the process | Pradhan | Funds received and utilized | |
| | Capacity building of field functionaries & PRIs on water and sanitation issue | Pradhan- to ensure | BDO | Pradhan Block Resource Centre | Identified and MOU signed with partners | |
| 2 | Women & Child Development Department | | | | | |
| | Reconciliation & review of sanitation facilities status of AWC | Pradhan & elected female members | Child Development Project Officer | Block coordinators | Training need assessed and modules are designed | |
| | Providing funds and arrangement for operation & Maintenance of sanitation facilities | Pradhan- to ensure receipt & disbursement | Child Development Project Officer | ICDS | Reviews are satisfactory | |
| | Formulating action plan for counselling of monther visiting AWC on sanitation & hygiene | Pradhan- to monitor | Child Development Project Officer | TFC/SFC | | |
| | Supportive supervision for water, sanitation & hygiene facilities and its maintenance & use | Pradhan | Lady Supervisor | | | |
| 3 | Education | | | | | |
| | Reconciliation & review of sanitation facilities and spot check status of Schools | Pradhan - Monitor | BEO/BRC- Conduct meetings | | | |
| | Ensuring funds and arrangement for operation & Maintenance of sanitation facilities | Pradhan- to leverage funds | BEO/BRC | TFC/SFC | | |
| | Ensuring Personal hygiene practices and encouraging use of sanitary pads | Elected female members | Cluster co-ordinator/Block Resource Co-ordinator | | | |
| 4 | Health | | | | | |

| Sn | Functioners/Activities | Functionaries | Funds | Accountability | Performance Indicator | Remarks |
|----|---|---|--------------------------|------------------------------|---|---------|
| | Developing of policy paper and vision document for sanitation programme | MGSM | NRDWP support fund | Secretary Panchayati Raj | Plan Developed and Shared | |
| | State strategic convergence plan | MGSM- to approve | | | | |
| | State IEC strategy & Plan | MGSM- to approve State Co-ordinator TSC- To develop plan PMSSO to Implementation IEC consultant, CCDU to prepare strategy & plan PMSSO to approve CCDU- to implement | | | | |
| | Convene quarterly meeting of MGSM, Apex committee & Executive Committee | Member Secretary | Secretary Panchayati Raj | | | |
| | Convene monthly review meeting with District Sanitation Mission | PMSSO | Secretary Panchayati Raj | | | |
| | Developing of communication materials | CCDU- to design | | IEC Consultant/Director CCDU | | |
| | Developing Process Monitoring format- M & E of physical and financial performance Total Sanitation Campaign | PMSSO- M & E Consultant | Consultant M&E | PMSSO- M & E Consultant | | |
| | Co-ordination with various department of state government and other partner in sanitation integrating communication and capacity development etc. | PMSSO/State co-ordinator- to co-ordinate State Co-ordinator TSC- Overall support | | PMSSO- M & E Consultant | State Co-ordinator TSC- Overall support | |
| | Regular interaction with districts | HRD consultant CCDU, Capacity building IEC consultant, CCDU- ensure implementation developing of district IEC plan | | | | |
| | Maintenance of accounts for programme fund and support fund for GOI, getting it audited and submission of UC to GOI | Accountant/State Co-ordinator TSC- Ensure uniformity in accounting/MIS (Developing of accounting/MIS software for TSC) | | Accountant | Monitoring Done every month | |
| | Plan for expenditure of support fund for GOI through PMSSO, CCDU and activities at PMSSO level | PMSSO/Secretary PR | | PMSSO/Secretary PR | AAP Approved and requisition sent to PHED | |
| | Planning for organisation of Nirmal Gram Purushkar Ceremony and other activities for promotion of sanitation programme | PMSSO/Secretary PR | | PMSSO/Secretary PR | Dates and agenda finalised | |