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[se-watr] CONSOLIDATED REPLY: Preparation of Strategic Plan for Sanitation by DDWS
Assessing the Current Situation - Advice [message #46995]

Wed, 25 August
2010 16:05

Nitya Jacob

You can download the PDF version of the Consolidated Reply at
ftp://ftp.solutionexchange.net.in/public/wes/cr/cr-se-wes-06_071001.pdf (348 KB)



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Solution Exchange for the Water Community Consolidated Reply

**Query: Preparation of Strategic Plan for Sanitation by DDWS
Assessing the Current Situation - Advice**

Compiled by [Nitya Jacob](#), Resource Person and [Sunetra Lala](#), Research Associate

Issue Date: 25 August 2010

From [Vijay Mittal](#), Department of Drinking Water and Sanitation, Ministry of Rural Development, Government of India, New Delhi

Posted 6 July 2010

This is the second in the series of three queries the Department of Drinking Water and Sanitation (DDWS), Ministry of Rural Development, Government of India, is posing to the Community to seek inputs for the strategic plan for rural sanitation up to the year 2022. The first query dealt with the aspirations, purposes and functions of DDWS and we thank you all for the responses. As mentioned earlier, the stress now is on a community-led flexible approach that accommodates the local geo-hydrological, climate and cultural variations. The sanitation programme emphasizes behaviour and social change in favour of using toilets. Additionally, there is a strong emphasis on community mobilization for creating a demand for better sanitation services. This is carried forward in the proposed new strategic plan for sanitation.

There is a need for accelerating the process of behaviour change at the individual and community level to increase the usage of toilets. The stress is on acceptance of the toilets by communities backed by an

information education and communications strategy. The school sanitation and hygiene education programme has to be further strengthened to ensure all government school and anganwadis have separate toilets for boys and girls, and an assured water supply. The Department is reviewing the NGP scheme to assess how it can be made more effective and how it has fared. There are several technical innovations in the pipeline as well.

The process of preparing the plan has been divided into four stages – defining the aspirations, assessing the situation, developing the strategy and plan implementation. **This query addresses the second stage – assessing the situation.** Accordingly, we are seeking inputs from you on the current situation. The discussion paper ([ftp://ftp.solutionexchange.net.in/public/wes/cr/res-04061003 .pdf](ftp://ftp.solutionexchange.net.in/public/wes/cr/res-04061003.pdf) (PDF, 230 Kb)) provides the details on the current status of sanitation, while the second row of the template ([ftp://ftp.solutionexchange.net.in/public/wes/cr/res-04061004 .pdf](ftp://ftp.solutionexchange.net.in/public/wes/cr/res-04061004.pdf) (PDF, 44 Kb)) gives the approach we are following. Kindly respond to the questions below:

- I. What are the challenges in achieving these goals based on field experiences from practitioners
- II. Who are the key stakeholders in the area of rural sanitation
- III. On what terms can the Department engage with them, based on comparative strengths

Responses were received, with thanks, from

1. [Shashikant Kumar](#), Green Eminent Research Centre, Vadodara
2. [Abhishek Mendiratta](#), Jupiter Knowledge Management and Innovative Concepts Pvt. Ltd, New Delhi
3. [Binu K Puram](#), Gok-UNDP DRR Programme, Kerala
4. [Puran Singh Yadav](#), Haryana Institute of Rural Development, Karnal
5. [Debasish De](#), Society for Natural Resource Management and Community Development, Ghaziabad
6. [Rajesh Shah](#), Peer Water Exchange, Bangalore
7. [Depinder Kapur](#), India WASH Forum, New Delhi

Further contributions are welcome!

[Summary of Responses](#)

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Summary of Responses

The Department of Drinking Water and Sanitation, Ministry of Rural Development, Government of India (DDWS), are preparing their Strategic Plan for Sanitation. Responses to the second discussion brought out the main challenges to achieving India's sanitation goals as a rapid increase in population, low awareness and lack of effective behaviour-change communication. Institutional challenges included a shortage of personnel and inadequate payments to people and organisations working on sanitation.

Members identified key stakeholders as the NGOs, community based organisations, village motivators and religious leaders. More importantly, panchayat representatives and community leaders often hold the reigns of the local sanitation programme. Suggestions for DDWS to engage with them included working with NGOs to identify the gaps in knowledge and capacity and working with communities to develop a wider range of toilet options.

The specific suggestions are given below:

1. Main challenges in achieving these (sanitation) goals

- a. Targets for construction of IHHLs under TSC were approved between 2000-2006 but there has been an increase in the number of households; there is need to revise targets in keeping with population growth through a fresh baseline survey

- b. Low levels of awareness about programme at grassroots both among implementers and beneficiaries; there is a shortage of institutions for conducting these activities
- c. Lack of sustainability of sanitation, most visible as slippage of NGP villages. Figures show 70% of rural population prefers open defecation even though 10-15% have low cost toilets. Reasons included
 - i. government assistance does not reach 65-70% of the poor
 - ii. there is no attention given to providing water for sanitation
 - iii. people do not the available models of toilets acceptable
 - iv. Floating populations have no incentive to make or use toilets
 - v. Poor maintenance of IHHL, school and anganwadi toilets
- d. Lack of effective behaviour change communication, especially in difficult areas. Further, there is no support for NGOs for undertaking this
- e. Institutional issues
 - i. Very small team to implement TSC
 - ii. Underpaid and uncertain jobs demotivate team
 - iii. NGOs that undertake toilet construction are underpaid
 - iv. More effective monitoring is needed
- f. Mechanism for identifying and scaling up successful pilot initiatives

2. Key stakeholders

- a. Non-government organisations, community-based organisations and self-help groups
- b. Community leaders
- c. Village motivators
- d. Research and development organisations
- e. Panchayati raj institutions
- f. Rural communities and youth clubs
- g. Trusts and religious centres
- h. Commercial and industrial establishments, public establishments like PHCs, educational institutions
- i. Mass Media
- j. Government – national, state and local – and international agencies

3. On what terms can DDWS engage with them

- a. NGOs can identify critical knowledge gaps, suggest and deliver appropriate behaviour change communication and/or capacity building at the grassroots. The focus has to be building the willingness to pay for appropriate technology.
- b. Provide suitable toilet options for areas with a high water table, hard rock areas, water-scarce areas, etc
- c. PRIs and CBOs can control open defecation especially in areas where there is a high percentage of migrants
- d. Reputed knowledge networks for learning at the national/regional level can help identify and document lessons learnt, as well as the development of quality knowledge products
- e. Engage mass media to raise awareness about health and hygiene
- f. Private sector for construction of toilet under PPP model
- g. Village motivators, through a better system of incentives

Related Resources

Recommended Documentation

From [Sunetra Lala](#), Research Associate

Designing Water Supply And Sanitation Projects to Meet Demand: The Engineer's Role

Report; Water Engineering Development Centre and UK Department for International Development; 2001

Available at

<http://web.mit.edu/urbanupgrading/waterandsanitation/resources/pdf-files/DemandResponsiveApproach.pdf> (PDF, Size: 284 KB)

Investigation of design strategies to effectively address demands for better sanitation based on a review of literature and field studies in Tanzania, Nepal and India

Ecological Sanitation

Book; by Steven A. Esrey; Swedish International Development Cooperation Agency; Stockholm; 1998
Available at <http://www.gtz.de/ecosan/download/sida-ecosan-en.pdf> (PDF; Size: 1.24 MB)

Describes alternatives to conventional approaches to sanitation, approaches based on an ecosystem perspective and new technologies for constructing toilets

Profiling "Informal City" of Delhi - Policies, Norms, Institutions and Scope of Intervention

Report; by Kishore Kumar Singh and Shikha Shukla; WaterAid India; New Delhi; 2005;

Available at http://www.wateraid.org/documents/delhi_study.pdf (PDF; Size: 2.51MB)

It attempts to understand the context in which the urban poor live in Delhi, and the role of slum women in providing water and sanitation services in their dwellings

Tiruchirappalli Shows the Way - Community-Municipal Corporation-NGO Partnership for City-wide Pro-poor Slums' Infrastructure Improvement

Report; by Gramalaya and WaterAid; New Delhi; September 2008;

Available at

http://www.wateraid.org/documents/plugin_documents/tiruchirappalli_shows_the_way.pdf (PDF;

Size: 613KB)

Describes the work done by Gramalaya where community toilets are managed by local communities and the economic viability of such toilets

Recommended Organizations and Programmes

Ministry of Urban Housing and Poverty Alleviation, New Delhi(from [Debasish De](#), Society for Natural Resource Management and Community Development, Ghaziabad)

Nirman Bhawan, Maulana Azad Road, New Delhi 110011; Tel: 91-11-23061928; Fax: 91-11-23061780; www.mhupa.gov.in

Conducted a study on the status of open defecation in rural India, which indicated that more than 70 per cent of the rural population still prefers to defecate in the open

Arghyam, Karnataka(from [Depinder Kapur](#), India WASH Forum, New Delhi)

#599, Rohini, 12th Main, Indiranagar, Bangalore 560038 Karnataka; Tel: 91-80-41698941; Fax: 91-80-41698943; <mailto:info@arghyam.org>; <http://arghyam.org/content/view/63/92/>

Seeks to support strategic and sustainable efforts in the water and sanitation sector that address basic water and sanitation needs for all citizens

From [Sunetra Lala](#), Research Associate

Sulabh International Social Service Organization, New Delhi

Sulabh Gram, Mahavir Enclave Palam-Dabri Road, New Delhi 110045; Tel: 91-11-25031518; Fax: 91-11-25034014; sulabh1@nde.vsnl.net.in; <http://www.sulabhinternational.org>

Provides sanitation services across India, and has built 1.2 million Sulabh Shauchalayas, which are used by 6 million people

Gram Vikas, Orissa

Mohuda Village, Berhampur-760 002, Ganjam, Orissa; Tel: 91-680-2261866 ; Fax: 91-680-2261862

iinfo@gramvikas.org; <http://www.gramvikas.org/>

Works to bring about sustainable improvement in the quality of life of the poor, pioneered the cause of good quality toilets for the rural poor in Orissa

Gramalaya, Tamil Nadu

12, 4th Cross, Thillainagar West, Tiruchirappalli 620018, Tamil Nadu; Tel: 91-9443161263; Fax: 91-431-4021563; gramalaya@airtelbroadband.in; <http://gramalaya.org/contactus.html>

Implements sanitation projects and promotes community-managed toilet systems in the slums of Tiruchirappalli

Saath, Gujarat

Initiatives for Equity in Development, O/102 Nandanvan V, Near Prerana Tirth Dehrasar, Jodhpur, Ahmedabad 380015, Gujarat; Tel: 91-79-26929827; Fax: 91-79-26929821; mail@saath.org;

http://www.saath.org/saath/index.php?option=com_content&view=article&id=99&Itemid=71

Implemented the Ahmedabad Slum Networking Project, which is aimed at capacity building of women to build and maintain sanitation facilities

WaterAid, New Delhi

1st Floor, Nursery School Building, C-3, Gate-1 Nelson Mandela Marg, Vasant Kunj, New Delhi 110070;
Tel: 91-11-46084400; Fax: 91-11-46084411; wai@wateraid.org;
http://www.wateraid.org/india/what_we_do/default.asp

Initiated a project in Madhya Pradesh where women were encouraged to initiate and manage self help groups, and were trained in the construction and maintenance of toilets

Recommended Portals and Information Bases

From [Sunetra Lala](#), Research Associate

Both ENDS, Amsterdam

<http://www.bothends.nl/index.php?page= &Language=en>; Tel: 31-20-5306600;
info@bothends.org

Provides resources on funding opportunities for water and sanitation initiatives, along with descriptions of some 30 organizations worldwide providing assistance in the area

GlobalGiving, The GlobalGiving Foundation, Washington DC

<http://www.globalgiving.com/aboutus/partners.html#36>; Tel: 1-202-2325784

Provides descriptions of various corporate/institutional partners, project partners, and funding partners cooperating with GlobalGiving in sanitation projects

Related Consolidated Replies

Preparation of Strategic Plan for Sanitation by DDWS, Vijay Mittal, Department of Drinking Water and Sanitation, Ministry of Rural Development, Government of India, New Delhi (Advice). Water Community, Solution Exchange India,

Issued 15/06/2010. Available at <ftp://ftp.solutionexchange.net.in/public/wes/cr/cr-se-wes-04061001.pdf> (PDF,Size: 329KB)

Seeks inputs on the required goals and aspirations for the DDWS for the preparation of the strategic plan for rural sanitation sector

Responses in Full

[Shashikant Kumar](#), Green Eminent Research Centre, Vadodara

I. What are the challenges in achieving these goals based on field experiences from practitioners

(a) Success Total Sanitation Campaign: Though the print and digital media had aggressively advertised the campaign related to the TSC there is partial success. The agencies who innovated on the socially and cultural relevant methods of campaigns on the ground succeeded mostly in the rural India. People tend to take the campaign seriously, often fail to carry forward due to lack of facilities, orientation and cultural acceptance. This challenge is huge given the infrastructure is in place but practise is absent at least in Western, Northern and Eastern India.

(b) Technology acceptance and implementation: The low cost sanitation technology has received varied response from the villagers, some have added extra finance to improvise from the basic design. The most of the villagers does not feel comfortable and user friendly given the family structure, social customs like purity pollution, Purdah system and generation gap.

(c) Low Maintenance and Negligible awareness: Though the TSC campaign could install infrastructure in most of the villages and BPL or APL houses, it could not train people on the maintenance of infrastructure. As a result the toilets used for some time collapses in public schools, bus stands, and even households. The people do not tend to clean it properly themselves, they keep on relying on the

community to undertake this job. This approach by the community would not make them understand the concept of Sanitation, which has to be self sufficient at the unit or household level. The school students, public and users of toilets are never been taught about the its cleaning. Now we have to depend on the large workforce which is not available at all locations to maintain such infrastructure. All these also leads to poor upkeep and failure of system. In some manner we need to follow saying of Mahatma Gandhi that 'It needs a heroic effort to eradicate age-long insanitation.'

(d) Water Scarcity: The design though thought to be less water comsumptive in reality requires lots of flushing in order to maintain the hygiene. In addition the use of cleaning agents increases the water requirements. The water availability situation is limited to less then 40 lpcd in villages were tapped water is being supplied. Else, water earmarked for Sanitation requirement has not been properly estimated in the villages. A villages with 100 household with sanitation facility would at least require 70 lpcd (liters per capita per day) of water. Whether is absence of water TSC can survive?

II. Who are the key stakeholders in the area of rural sanitation

- (a) The villagers and the community leaders
- (b) NGOs involved with livelihood and social integration
- (c) The Panchayats
- (d) The district, state and centre departments cannot focus on the village level policy framework. Except facilitating the panchayats to implement the TSC objectives in their socially relevant framework.

III. On what terms can the Department engage with them, based on comparative strengths

- (a) Grassroots innovation should be welcomed from all the panchayats in dealing with the TSC in their respective areas.
- (b) Community Leaders – first needs to be sensitised, trained and educated about the TSC framework and objectives.
- (c) Involving NGO or community organisation in the TSC who are working with village level institutions are desirable in order to sustain the scheme.
- (d) The present awards for TSC for the panchayats have shown encouraging results, and more grants should be given to such panchayats where they have been successful.
- (e) Independent evaluation of TSC should be mandatory in all the panchayats before with proper monitoring of panchayats on periodic basis.
- (f) Village level officers should be actively involved in the socially relevant schemes.

Abhishek Mendiratta, Jupiter Knowledge Management and Innovative Concepts Pvt. Ltd, New Delhi

The inputs on assessing the current situation are given below:-

Some of the challenges to consider while assessing the current situation are:

1. How can we improve our indicators and monitoring systems?
2. How can the water and sanitation sector learn more from other human development sectors (e.g. health, education)?
3. What are the great new ideas, approaches and technologies that could make really big contributions to water and sanitation for all?
4. How can we change our mentality from doing projects to providing sustainable services?
5. Can pilot projects actually be successfully scaled up, or should we instead plan to work at scale in the first place?
6. How can we close the gap between the numbers of people who have water and those who have sanitation?
7. What were the achievements and shortfalls of the International Year of Sanitation & Nirmal Gram Puraskar and how can we build upon them now?
8. How can we make sanitation a tool for economic development, both as a service industry itself and in its positive impact on people's economic position?

Brief listing of community and social aspects challenges:-

Demand; Participation in planning; Contribution to implementation; Community ownership; Community cohesion; Management system; Committee; Gender components; Collection of fees/contribution; Ability to pay; Willingness to pay; Equity of supply; Access / exclusion; Impact; User satisfaction; Hygiene awareness; Water use and ; Community water quality management.

- While the government is giving increasing recognition to the importance of hygiene promotion and the use of mass and local media (wall paintings, etc.) is helpful in raising awareness, behaviour change requires person-to-person communication.
- If the use of motivators continues, their work should be linked more effectively to other water and sanitation-related activities undertaken at village level. The system of incentive payments should be reviewed, since few people earn enough to keep them active and motivated and activity-based incentives tend to encourage misreporting.
- Hygiene promotion strategies should be designed to respond to the specific objections to latrine use by the different groups in a community.
- Identify critical knowledge gaps relevant to the programme purpose and make these the basis for any research or piloting activity undertaken.
- Inculcate a culture of ongoing, open and rigorous progress review. There are already regular multi-state reviews but they should focus on the effectiveness of the work undertaken by the programme or of its wider significance to the water and sanitation sector;
- Establish roles and responsibilities for knowledge management within the programme, at national level and in the states, and ensure that the identification and documentation of lessons learned
- Establish mechanisms for the development of quality knowledge products both for internal use and for target audiences, indicating what should be managed in-house and what should be outsourced.

Binu K Puram, Gok-UNDP DRR Programme, Kerala

In the last few years I have been working in Kerala, Andhra Pradesh and Karnataka and have visited various places in the second and Third places. Being a Keralite, I am proud about the sanitation status of the state. Here, there is no difference between rural or urban areas.

Around 95% of people are using the toilet facilities. But an alarming situation is coming up in the shape of migrants from Tamil Nadu, Bihar, Orissa, West Bengal, etc. These migrants live in poor conditions and usually use streets and the verandahs shops to spend their night. In Kerala rather than any agencies or campaigns, the situation of these people forces them to use toilets instead of going out. The availability of land area is a major issue for open defecation (in some cases).

The rural areas of Andhra Pradesh and Karnataka are not used to toilets because they have more land. Even in Bangalore walking in the morning is very difficult due to the presence of excreta. Here some legal measures have to be adopted to stop this habit. Community latrines or Individual toilets have to be provided in the areas to stop this and on finding of open defecation some penalty will be imposed.

The roads and ponds are using by thousands of people in these places and the same water is being used for bathing and even for drinking through piped water systems without adequate purification. Here a community police force or paid community workers can stop this practice with the support of Police and Local Administration. Some stringent laws could be used for the timely intervention to stop this open defecation. Awareness creation in these villages brings slow results and leads to communal clashes as well as fight between younger and older people.

Water should be provided in latrines through pipelines and rainwater tanks or water storage tanks should be attached to community latrines.

Local Self help Groups are the best option to monitor and stop the open defecation issue. In the same time community bonding with the local administration will increase the authority of these groups in the local government bodies.

Periodical interventions from the stakeholders are another measure to eradicate the shortcomings of

environmental sanitation. A monitoring group in the Ward level to GP level will boost the actions against open defecation and other social issues related to sanitation.

Puran Singh Yadav, Haryana Institute of Rural Development, Karnal

The Total Sanitation Campaign was launched in the year 1999. The objective is to accelerate sanitation coverage in rural areas to access to toilets to all by 2012. Accordingly, the Department of Drinking Water Supply, Ministry of Rural Development, Government of India has taken on this enormous challenge by pledging to provide sanitation facilities in all rural areas and ensure an open defecation free rural India by 2012 through TSC.

While JMP 2010 figures based on 2008 data states that rural India has achieved sanitation coverage of 31 per cent, the Online Reporting Data from Department of Drinking Water Supply states that India has achieved 65.8% sanitation coverage as of now. First of all, there is two years gap in the JMP figures and DDWS online data with regard to sanitation coverage. So the difference of percentage coverage can be justified to some extent. Secondly, the targets of Individual Household Latrines under most of TSC projects were approved between the years 2000-2006. Since then there has been a sizable increase in the number of households in rural areas due to increase in population and division of families. Therefore, the achievement of online data may not be true representative of coverage because it is shown against the earlier approved targets. Hence, a fresh baseline survey is required to be conducted to assess the actual situation about the coverage.

Challenges

- The ever increasing population and number of households.
- Sustainability.
- Institutional structures
- Secondly, providing sanitation facilities to the floating population (industrial workers, construction workers including road construction, brick kiln laborers and agriculture workers). In one of the villages in Haryana situated near a large industrial estate, majority of the families have rented out rooms to industrial worker families. But they are not allowed to use exiting toilet in the household. These families had no option but to defecate in the open.
- The roadside dhabas and commercial establishments are also posing challenge.
- High water table areas, water scarce areas, hilly areas pose another challenge.
- Appropriate toilet construction technology. For example; some families construct septic tank toilets which allow black water to flow in the open drains. Secondly, where the sludge will be emptied when these are full is an area of concern. Contamination of ground water also needs to be taken care of.
- Creating critical awareness among the masses about the importance of sanitation in such a vast area in itself is a big challenge.
- School Sanitation and Hygiene education and maintenance of school and Anganwadi toilets.
- Scarcity of quality capacity building institutions and personal.
- Scarcity of state level and district level champions.
- Lack of political will.

Key Stakeholders

- Panchayati Raj Institutions and rural communities.
- State and District administration.
- Schools and Anganwadi Centers.
- Government of India/International agencies.
- Non-Government Organizations.
- Dhaba owners, owners of commercial industrial establishments, institutions in rural areas.
- Mass Media

How to engage them

- Capacity building and training of the PRIs and rural communities for sustainable sanitation.
- Critical awareness creation.
- Facilitation of the PRIs for management of Solid and Liquid Waste.
- Technological support for different regions such as high water table areas, water logged areas, water scarce

areas.

- Monitoring and follow up.

Debasish De, Society for Natural Resource Management and Community Development, Ghaziabad

I have already seen the suggestions posted by some esteemed professionals. I very much agree with the points [P S Yadav](#) has mentioned. Personally I was a consultant to the All-India study on Integrated Low Cost Sanitation (ILCS) Programme of Ministry of Urban Housing and Poverty Alleviation, Government of India. The study result are very revealing – more than 70 percent of the rural population still prefer to defecate in the open. It is true that about 10-15 percent of these people have low cost toilets installed in their household. But they use those for other purposes: some have made them into bathrooms, others into store rooms and yet others, into extensions for their kitchens. This indicates we are not able to generate the mass awareness about the programme.

It is observed that -

1. Even the poorest of the poor can afford paying for sanitation if the process suits them
2. Successful pro-poor sanitation programmes must be scaled up. Government assistance is still not reaching to about 65-70% of the poor
3. More cost-effective programmes must be explored. Sanitation scientists and engineers must be consulted for better design and low cost options
4. Community led sanitation programme must be encouraged and be adopted wherever possible

The challenges under the programme are

- Lack of awareness among the beneficiaries and also the local level implementers
- Lack of low cost and innovative options
- Lack of grant or easy credit facility for the poor
- Presence of differentials - state based, religion based, caste based and education based
- Political injustice and bias
- Huge coverage of about 700 million people who live in the villages and in the urban slums
- Lack of media appeal

The Key Stakeholders in the programme should be

- Panchayati Raj Institutions (PRI)
- Rural communities and youth clubs
- Schools and Anganwadi Centers
- Trusts and religious bodies like ashramas, temples, mosques, churches etc
- State and District administration
- Government of India
- International agencies
- Non-Government Organizations
- Eateries
- Commercial & industrial establishments like malls, factories, cinema halls, community markets, commercial places, etc
- Institutions in rural areas like hospitals, primary health centers, Panchayat Bhawans, Schools & colleges, moratorium, etc
- Mass Media

First thing to do is to raise awareness about health and hygiene amongst the masses, especially backward sections. A mass awareness programme by using mass media, distribution of leaflets and pamphlets the way election contestants do can help achieve this. Additionally, capacity building is needed for those involved with the programme with mid-course refresher courses after each quarter for brushing up the issues.

Local NGOs/ CBOs should be entrusted for awareness generation among the masses and conducting training programmes on capacity building for empowering the rural people and the local implementers. Implementation should be done in PPP mode and business houses and large establishments should be made a stakeholder of the programme.

Indian households, even poor ones are willing to pay for sanitation if the right technology is adopted, the message will be disseminated to the poor in the right way, reasonable financing is offered and traditional thinking is to be shifted to rational and hygienic thinking. These people must be incorporated while preparing the Strategic Plan.

People should be discouraged from defecating in the open. Instead those without sanitation facilities should be encouraged to use toilets in the schools, panchayat offices, hospitals and primary health centres (PHCs). More Pay-&-use toilets can be installed in common places like markets, bus stops, train stations, cinema halls etc.

[Rajesh Shah](#), Peer Water Exchange, Bangalore

I have two points to make regarding this query (the first point is the same as in my response to the Drinking Water query).

The first may seem somewhat brusque, but I feel that we need to see the aspirations before assessing the current situation. What are the aspirations? Have they changed with the input provided by this community (and others)? What is the buy-in and the commitment towards the aspirations?

Once we are clear about the aspirations and our resolve, we can decide what situation to assess accurately. We need not fall into mechanically completing the four-step process.

The second point is regarding assessment. As stated by the Department and agreed by all, we have rushed into construction. Though we know that it's how we handle the soft issues, the behavior changes, the adoption of the technology, the transfer of ownership, and the passage of lots of time that decide whether something works. And we also know that independent verification is a must. So are we ready to truly assess the situation and see the reports on the projects already 'completed'?

There are many new ways of assessing any situation if we use the public and remain transparent. From web and SMS technology to crowd sourcing urban and rural students and others (such as this community), we can create a program to get a true handle on any situation (environmental or social | urban or rural).

[Depinder Kapur](#), India WASH Forum, New Delhi

Input to the DDWS Sanitation Discussion Paper – Part 2 Assessing the Situation:

We welcome DDWS' initiative of inviting inputs for the Sanitation strategy 2010-22. Inputs have been invited for identifying key challenges in attaining the sanitation goals for India that are based on experience, the key stakeholders and the terms of engagement of DDWS with them. This submission is made on behalf of all the Trustees of the Indian WASH Forum.

Please find our responses for

Identifying key challenges to meet sanitation goals for India based on experience;

1. Criticality of water for sanitation

The JMP and the DDWS estimates for sanitation coverage show a wide difference. Perhaps the difference has to do with usage vs. toilet construction differences. There is a general feeling that many more toilets have been built under TSC, than are being used and the Arghyam report of 2009 for Karnataka shows a massive slippage of NGP villages not having 100% ODF status. The recent reversal of drinking water coverage from 96% to 69%, has important lessons for the sanitation sector too. Infrastructure for both drinking water and sanitation alone will not deliver sustainable improvements in water and sanitation. The current estimate of sanitation coverage are also likely to be moderated if considered for usage.

Identifying critical elements of slippage is therefore critical. The DDWS Discussion Paper unfortunately accords a very low priority to criticality of water for sanitation. As is evident from the Sanitation Discussion Paper being completely silent on this issue and the Drinking Water Discussion Paper mentioning the criticality of ensuring water for sustainable sanitation in the last page only. If there is a slippage by drying of water sources, its impact on sanitation will be significant. This aspect needs to be highlighted in the Discussion Paper.

EcoSan and CLTS are being promoted as an alternative to water saving/using toilets. Both are good options but for different reasons. CLTS without water will be difficult to work. EcoSan is not likely to work where people have not been using toilets (and need motivation and water), to first start using toilets. While we fully support EcoSan as an improved sanitation model, what is required under TSC is to revive the thrust on the twin pit model of water based latrines, that are more acceptable to the people.

All other models that NGOs have worked hard and achieved with full credit to their efforts – rely on motivation that their staff do for rural people to build toilets and use them, by channeling government subsidies effectively and in a timely manner for the BPL families. But in the absence of water for sanitation, at least some of these facilities are not used for some months in a year, leading to no village becoming ODF.

2. Behaviour change – experience from the ground and lessons

Some sanitation professionals believe that sanitation is a “lifestyle issue” for the people and not a health issue that can be addressed by lecturing to them about health benefits. Hence, commercial advertising type behavior change messages are more appropriate for achieving sanitation behavior change – by creating a desire for improved social status and position when they build toilets.

In some of the poorest rural areas with predominantly daily wage workers, migrants in stone quarries and for women who are stretched to their physical limits – toilet construction and usage is found to be low. Only the old, sick and sometimes women use the toilets. Few of them, especially women, have the energy and time to fetch water for toilets every day, and particularly in summer when the hand pumps go dry, or to clean the toilets every day. Few of us would want to do that same after 12 hours back breaking manual work. With entire habitations deserted during the day, except for old people and children when everyone goes to work, there is no one to take care of children who play in the open and defecate in the open, nor for the sick and the aged. In these conditions, can behaviour change communication alone, make people build and use toilets?

In the CLTS workshop in May 2008 in Panipat, the District Collectors present in the meeting were saying that water is an absolute must for the success of their CLTS initiative, that people are all wanting to make toilets but are concerned that we will not be able to supply water for toilets. In the smaller hilly states of Himachal Pradesh and perhaps Sikkim also, people need pucca toilets and bathrooms, given the weather/cold and the need for a secure space for toilet and bathing. These toilets are very expensive to build. Demand exists but willingness to pay is not there. Those who cannot afford to do this, who do not own land, are not doing this.

Behaviour change is important and hardware facilities alone are not enough, this is absolutely true. Yet it will be wrong to say that hardware facilities(affordability) do not matter at all in changing behaviour.

3. Improving the structure of the TSC delivery

The TSC implementation currently wrests with a very small team of state level and district coordinators. Most of them being consultants on short term contracts, working under a team of Engineers deputed from the PHED or other departments. This structure is only doing monitoring of latrine construction. NGOs are often contracted for toilet construction. They are paid a low sum per toilet constructed as an incentive from and are not given any support(financial and technical) for undertaking awareness generation and campaign.

In this scenario, capacity building alone, that too for the higher and middle level government functionaries, will not help. The structure of the TSC delivery mechanism at the district and block level needs to be strengthened. Strengthening of the TSC delivery mechanism therefore requires strengthening this delivery team with the staff at the state level and District level in the CCDU/WSSOs is supported for;

- Better working conditions, longer term contracts.
- Motivation and support for leading behavior change campaign and coordinating hardware and software subsidy. Not just monitoring and record keeping.

4. *Village level incentives in place of household subsidy*

The focus in the Sanitation Strategy is towards motivation and self-financing of household toilets. While this is ideal and it is not possible to make the government to make toilets for people, if you see the total official coverage of sanitation as per the DDWS records, there are more BPL toilets than APL toilets. The new strategy proposed by DDWS aims at replacing household level toilets subsidy with village level 100% ODF-village incentives. While this sounds reasonable, the experience of massive slippage in the NGP awarded villages and the dramatic reduction in NGP awards for 2009 as a result of this needs to be factored in. In the above context, if village level incentives in place of household toilet subsidy are considered, TSC may need to look into this option not from a cost cutting perspective but from affordability and equity in access for all.

5. *Securing a Right to Sanitation.*

This has been defined and committed to as a higher level aspiration in the SACOSAN 3 Declaration by India. It includes

- Identifying desired changes and a road map for moving towards a Right to Sanitation
- Including accountability standards for service delivery providers
- Moving towards achieving a meaningful Right to Sanitation as a Constitutional guarantee.

The aspiration of the Sanitation Strategy paper should highlight this prominently. While household toilets construction and usage cannot be made enforceable since there are issues of incomes and behaviour change, the enabling environment including the responsibility of the state and other development agencies in developing on the national Policy and in implementing Programmes to ensure that there is no leakages in the delivery system. Developing norms to promote rural and urban household toilets that do not pollute ground water. Identifying accountability and penalties for non-delivery.

Develop appropriate behaviour change communication, that will help people realize their rights and help them in performing the tasks required for maintenance of the toilets and other environmental sanitation, hygiene and menstrual hygiene improvements.

Terms of Engagement with key stakeholders

6. Join up working with civil society, research and development organizations – in different aspects of programme delivery and monitoring, in awareness generation and demand creation, in monitoring sustainability after the toilets are made and in learning and knowledge dissemination – will greatly help in ensuring the campaign and peoples lead TSC programming objectives are met. Broaden the TSC for engagement with national and regional NGOs and research institutions on a regular basis.

Work done by DDWS in facilitating a joint NGO-Govt coordination for SACOSAN 3 conference organization was very good, and needs to be taken forward as a regular feature. There is a need to explore other opportunities and regular engagement processes. There are many agencies, initiatives, networks and experts who are working on sanitation. A coordinated initiative by DDWS/TSC on a regular basis to facilitate sharing and sector coordination by promoting a "network of networks", will help.

Support NGOs and research institutions by inviting them to be part of national and regional Steering Groups of DDWS. Engage with them in undertaking research and studies to identify the cost of providing water for sanitation, in different locations in the country. Support them for

capacity building and for TSC implementation not just as contractors for toilet construction. Engage NGOs in monitoring progress and behavior change post completion of toilets.

- Recognise, support and work with reputed knowledge networks and resource institutions that are in a position to provide platforms for learning at the national and regional level for sanitation and hygiene.

Support the knowledge networks to provide support and expand their reach through research, documentation and learning events. Revamp with DDWS website to provide links with the reputed networks websites. Invite national and regional CSO Networks to the quarterly and annual review workshops of DDWS. Use these workshops for advocacy and learning, in addition to and just for not simple for monitoring progress.

Many thanks to all who contributed to this query!

If you have further information to share on this topic, please send it to Solution Exchange for the Water Community in India at se-wes@solutionexchange-un.net.in with the subject heading "Re: [se-watr] Query: Preparation of Strategic Plan for Sanitation by DDWS Assessing the Current Situation - Advice. Additional Reply."

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[\[se-watr\] CONSOLIDATED REPLY: Preparation of Strategic Plan for Sanitation by DDWS Assessing the Current Situation - Advice](#)

By: Nitya Jacob on Wed, 25 August 2010 16:05

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