



## Environment

---

## Water Community



# Solution Exchange for the Water Community Consolidated Reply

**Query:** *Streamlining Sanitation Processes for BPL Families - Advice; Experiences*

Compiled by [Nitya Jacob](#), Resource Person and [Sunetra Lala](#), Research Associate  
Issue Date: 13 May 2011

---

From [Kaushik Pal](#), District Water and Sanitation Mission, Deogarh  
Posted 7 April 2011

I work as the district coordinator with the District Water and Sanitation Committee (DWSC) in Deogarh, Jharkhand. This promotes coordination between government agencies to scale up the School Sanitation and Hygiene Education Programme, the Total Sanitation Campaign and Swajaldhara. It supports the Jharkhand Education Project and provide water and sanitation facilities in schools. The Committee promotes local innovations to improve the physical environment of schools. It also develops monthly progress reports for UNICEF, the state and Central governments.

DWSC prepares and manages the TSC in the district. It selects the private agencies, NGOs and others for in project implementation. It trains stakeholders (including panchayat members, government officials and people from NGOs), advocates for behaviour change, hires professional support for project implementation, manages funds and promotes convergence. It documents progress and share reports with the state water and sanitation mission as well as the Rajiv Gandhi National Drinking Water Mission. The Committee is responsible for monitoring and evaluation of these programmes.

In Jharkhand, NGOs are the implementing agencies for the TSC and run the sanitation production centres. The government incentives for building toilets provided to families below the poverty line is paid to the production centre of the NGO concerned after the block or district level government officials have verified construction of the toilets. This means that people have to first find their own resources to build the toilets and then claim the incentives. This process sometimes creates roadblocks in the TSC. Beneficiaries usually contribute in kind and very rarely in cash.

We would like Community members to suggest:

1. Where can people living below the poverty line find resources to make their own toilets?
2. What role production centres can play to support them? It is viable to provide credit for hardware, for example?
3. How can DWSC, NGOs and sanitation facilitators play a more meaningful role in this process?

Your inputs will help to strengthen the village watsan committees in Deogarh and the rest of Jharkhand, streamline fund flows and strengthen TSC at the grassroots.

---

## Responses were received, with thanks, from

1. [Puran Singh Yadav](#), Haryana Institute of Rural Development and Department of Development and Panchayats
2. [Sanjay Singh](#), Independent Consultant, Bhopal
3. [Johnson Rhenius Jeyaseelan](#), WaterAid India, Lucknow
4. [Manoj Kumar Teotia](#), CRRID, Chandigarh
5. [B K Sharma](#), Gwalior Children's Charity, United Kingdom
6. [G Srinivas Rao](#), Chetna Organic Farmers Association, Kalahandi
7. [Kumar Vaidhyalingam](#), CAN NGO-NET, Pondicherry
8. [Nitya Jacob](#), United Nations Children's Fund (UNICEF), New Delhi
9. [Satish Chandra Raghu](#), RECHA, Betul, Madhya Pradesh
10. [Swati Sharma](#), Saviours, Meerut
11. [Binu K Puram](#), GoI-UNDP DRR Programme, Palakkad
12. [Ravi Nitesh](#), Mission Bhartiyam, Lucknow
13. [Rachna Sarkar](#), PACT, UPWSRP, Lucknow
14. [R. Ramachandran](#), Association for Development through Integration and Cooperation, Cuddalore

*Further contributions are welcome!*

---

[Summary of Responses](#)  
[Comparative Experiences](#)  
[Related Resources](#)  
[Responses in Full](#)

---

## Summary of Responses

Creating a demand for sanitation by motivating people to use toilets is the key to ensuring that below-the-poverty-line (BPL) families also make and use toilets. This, it seems, will overcome the perceived shortage of funds that BPL families face when it comes to making toilets. Production centres can provide hardware on credit to speed the process along. The District Water and Sanitation (DWSC) and sanitation coordinators can ensure the incentives come in on time and toilets are built to certain quality standards.

There are many entry points to create demand. Sanitation coordinators can make BPL families see they are already paying a price for poor hygiene by not having or using toilets through ill-health, loss of work-days and higher mortality. There is plenty of communications material available to this effect, and its proper use can help to raise awareness about the links between open defecation and poor health. There is also the facet of linking women's health to the availability of toilets; they do not have to 'hold on' till dark to relieve themselves if they have a toilet. Emergencies afford an 'opportunity' to promote sanitation, as WaterAid has achieved in [Bihar](#).

This last point ties in with the question of dignity – sanitation for dignity. Women from all households, rich and poor, have dignity which, it can be argued, is lost if they are seen defecating in the open; therefore they cannot be seen in the open during the day. The other aspect here is their safety – defecating in the fields in the dark makes them vulnerable to sexual assault or attack by animals. In Jharkhand, DWSC can train the village headman, or munda, to

become a sanitation motivator since this person is the social arbiter in most villages. Sanitation can also improve community cohesion, as an organization has demonstrated in [Gujarat](#). Several households have bathrooms; these can be converted into bathrooms plus toilets to save on costs.

Another entry point is providing funds for digging the toilet pits from the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) and the local area development funds of the legislator or parliamentarian. This will eliminate the need for voluntary labour by BPL families and provide them start-up credit for making toilets. Also, Jharkhand has a vibrant self-help group (SHG) movement even in fairly remote areas, that can be another source for seed capital. Even though sanitation is not a lending priority, since SHGs lend to members for income-generation activities, it can be argued that better sanitation makes people more productive and generates income indirectly. SHGs have linkages with banks, that they leverage to raise capital for toilet construction by BPL families. However, this can only follow a vigorous demand-creation campaign.

DWSC and local NGOs can train people from BPL families to construct toilets, that is another entry point. This can convert a cost into an opportunity since other villagers can hire them as masons. Women from SHGs can also be trained in this occupation in addition to earn a living or extra income; they can become trainers in turn. Several state governments have schemes to promote hygiene or cleanliness in villages such as the Nirmal Vatika scheme in Madhya Pradesh, the Sant Gadge Baba Swachata Abhiyan in Maharashtra, etc. Sanitation coordinators can leverage funds from these for BPL families. In Jharkhand, gram sabhas (in the absence of panchayats, these are the governance institutions at the village level) get annual grants from the government that they can use for financing these toilets. Additionally, they can prepare village sanitation plans and send them to the block development officer.

Some of the reasons for resisting the construction and use of toilets are:

- Schemes for toilet construction do not reach the BPL families
- There is poor inter-departmental cooperation, dissipating the sanitation message on the ground since each department is concerned only with its own programmes
- People consider the time for defecation in the fields as time for communal talk and ideating
- The toilets made under the Total Sanitation Campaign are too small and suffocating
- People are not aware of the positive effects of sanitation or how to use toilets
- Toilets need water, further burdening women or whoever provides for water in the house. However, as the experience of [Aga Khan Rural Support Programme](#) has showed in Gujarat, there are other ways to reduce the load on women.
- People need grain stores more than toilets; they convert toilets into grain stores
- People do not contribute to, and feel no ownership of, toilets

Production centres can certainly help BPL families to construct toilets by providing hardware on credit, repayable as soon as they get their incentive amounts. Alongside, the centres can help create a demand for sanitation by emphasizing the health, hygiene, safety and dignity aspects. The production centres can provide other services such as trained masons for constructing toilets, low-cost yet comfortable toilet designs and advice on locating toilets so as not to pollute water sources. The last is an important consideration since pit latrines retain faeces and bacteria travel for several metres through the soil (depending on the soil, bacteria and groundwater flow) before being neutralized. Production centres can also provide appropriate sanitation options depending on the local climate, geology and geography. For example, in hard rock areas, it can suggest shallow pits or ecosan toilets. In areas where the water table is high, it can suggest elevated toilets or, again, ecosan toilets.

SHG federations can set up and run production centres. If their village level constituents have been successful in running motivation campaigns and creating demand, the business of

constructing toilets can flow to the production centre of the block or district. Trained women masons from SHGs can construct the toilets; this creates a vertically integrated business model for sanitation. Production centres, instead of manufacturing all the components, can source them from cheaper places that specialize in the manufacture of pans, squatting plates and other toilet components. They can provide these to villages by opening extension counters.

On their part, DWSC, sanitation coordinators and NGOs can help streamline the sanitation campaign in the district. They can do this by helping departments work together from the district to the village level and ensuring the subsidy for toilet construction reaches the correct beneficiaries in time. They can also help maintain the quality of toilets, since people are reluctant to use inferior toilets for fear the squatting plates will collapse, or the pit walls will cave in. All three have a major role in creating demand, planning and execution of the district sanitation campaign. DWSC can help leverage funds from the legislators' and parliamentarians' local area development funds. Along with sanitation coordinators, it can catalyse setting up village water and sanitation committees as a unit of the gram sabha. NGOs can help monitor the sanitation programme by conducting a baseline survey and regularly monitoring the campaign's progress.

---

## Comparative Experiences

From [Sunetra Lala](#), Research Associate

### Bihar

#### **Sanitation facilities reduces morbidity and mortality due to water-borne diseases, Madhubani, Darbhanga, Samastipur, Muzffarpur and Sitamarhi Districts**

WaterAid India launched an emergency preparedness programme with the objective of setting up models of flood preparedness in 25 villages in the five districts of Bihar. The activities included awareness of communities and construction of flood-proof water and sanitation structures. When the floods hit the programme reduced morbidity and mortality due to diarrhea and people access water and sanitation facilities. Read [more](#)

### Gujarat

#### **Community cohesion leads to promote total sanitation, Bhavnagar District**

There was low awareness about sanitation in this district till Lok Bharti, an NGO started work. It started a total sanitation campaign in 70 villages in which it promoted toilet-linked biogas plants, starting with the upper castes. People contributed in kind by providing labour, land and water. The NGO initiated behaviour change communication for the entire community. The programme covers 70 per cent of the community in these villages now. Read [more](#).

#### **Toilet-linked biogas plants introduced by Aga Khan Rural Support Programme (AKRSP) India reduce women's drudgery, Surat District**

AKRSP India found women spent most of their time collecting firewood and lacked the place to defecate in south Gujarat. AKRSP initiated a programme to build, with community involvement, toilet-linked biogas plants that would address both issues. It ran a mass campaign for community mobilisation and linked sanitation to livelihoods, ensuring its success. It kept costs down by leveraging funds under different government programmes. Read [more](#).

---

## Related Resources

### *Recommended Documentation*

Financing Sanitation People Based Solutions Building Local Capacities (from [Johnson Rhenius Jeyaseelan](#), WaterAid India, Lucknow)

Presentation; by WaterAid India; New Delhi;

Available at <ftp://ftp.solutionexchange.net.in/public/wes/cr/res-07041101.pdf> (PDF; Size: 1.3MB)

*Documents WaterAid's experience of providing sanitation services based on the work with communities and with the of officials at district and state levels*

From [Sunetra Lala](#), Research Associate

### **Studies from the Water and Sanitation Program Library**

Books; by Water and Sanitation Programme;

Available at [http://www.wsp.org/index.cfm?page=page\\_disp&pid=1507](http://www.wsp.org/index.cfm?page=page_disp&pid=1507)

*The page has links to studies conducted by the Water and Sanitation Program on sanitation in South Asia*

### **Burden of Inheritance**

Book; by WaterAid India; New Delhi; October 2009;

Available at [http://www.wateraid.org/documents/plugin\\_documents/burden\\_of\\_inheritance.pdf](http://www.wateraid.org/documents/plugin_documents/burden_of_inheritance.pdf) (PDF; Size: 1.1MB)

*Analyses the incidence of manual scavenging and the work that different organizations are doing to eliminate it*

### **Impact Assessment Of Nirmal Gram Puraskar Awarded Panchayats**

Report; by TARU; UNICEF; New Delhi; August 2008;

Available at [http://indiasanitationportal.org/ngp/ngpdata/NGP\\_IAFR220808.pdf](http://indiasanitationportal.org/ngp/ngpdata/NGP_IAFR220808.pdf) (PDF; Size: 3.5MB)

*Discusses the reasons for slippages in sanitation coverage and use, especially among villages that have received the Nirmal Gram Puruskar*

### **Study on Perception and Practice of Hygiene and impact on Health in India**

Study; by Kumar Jyoti Nath, Barenyo Chowdhury, Anish Sengupta; New Delhi; February 2010;

Available at

[http://www.irc.nl/redirect/content/download/147452/482756/file/Nath\\_SulabhInternational\\_Study%20and%20perception%20and%20practice%20of%20hygiene.doc](http://www.irc.nl/redirect/content/download/147452/482756/file/Nath_SulabhInternational_Study%20and%20perception%20and%20practice%20of%20hygiene.doc) (DOC; Size: 100KB)

*This research paper assesses the level of health awareness and hygienic practices and its health impacts in urban vis-à-vis rural areas in the five select states of Eastern India*

### **Designing Water Supply And Sanitation Projets 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: 284KB)

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

### **Manual on the Right to Water and Sanitation**

Book; Centre for Housing Rights and Evictions; 2008

Available at <http://www.cohre.org/manualrtws>

*Designed to assist policy makers and practitioners in adopting the human right perspective to water and sanitation*

### **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: 1.24MB)

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

### **Recommended Organizations and Programmes**

From [Sanjay Singh](#), Independent Consultant, Bhopal

#### **National Rural Employment Guarantee Scheme (NREGS), New Delhi**

Ministry of Rural Development, Krishi Bhawan, New Delhi 110001; Tel: 91-11-23063581,23034922; Fax: 23385466; [singhrp@sansad.nic.in](mailto:singhrp@sansad.nic.in); <http://nrega.nic.in/guidelines.htm>;

*Provides for 100 days of work per year to each person in a family below the poverty line; works taken up under the scheme include construction of water structures*

#### **United Nations Children's Fund (UNICEF), New Delhi**

73, Lodhi Estate, New Delhi 110003; Tel: 91-11-24690401/24691410; Fax: 91-11-24627521, 24691410; [newdelhi@unicef.org](mailto:newdelhi@unicef.org); [http://www.unicef.org/wes/index\\_emergency.html](http://www.unicef.org/wes/index_emergency.html)

*An international development agency, UNICEF works to provide better sanitation and water facilities across India*

#### **WaterAid India, New Delhi** (from [Johnson Rhenius Jeyaseelan](#))

C-3 Gate 1, Above Nursery School, Nelson Mandela Marg. Vasant Kunj, New Delhi 110070; Tel: 91-11-46084400; Fax: 91-11-46084411; [wai@wateraid.org](mailto:wai@wateraid.org);

<http://www.wateraid.org/india/default.asp>

*Has worked with women SHGs, and developed a successful model for successful sanitation coverage for women and girls who are the most affected by lack of sanitation*

#### **Gwalior Children's Charity, United Kingdom** (from [B K Sharma](#))

14, Magdalene Road, Walsall, West Midlands. WS1 3TA, United Kingdom; Tel: 44-1922-629842; Fax: 44-1922-632942; [Gwalior.Hospital@care4free.net](mailto:Gwalior.Hospital@care4free.net); [www.helpchildrenofindia.org.uk](http://www.helpchildrenofindia.org.uk)

*Has initiated the Snehalaja project, which works with homeless children and women, and provides basic services, including water and sanitation*

From [Sunetra Lala](#), Research Associate

#### **Lok Bharti, Bavnagar, Gujarat**

Sanosara, Taluka - Sihor, District Bhavnagar, Gujarat, India; Tel: 91-2846-283322; <http://www.lokbharti.org/>

*The NGO ran a total sanitation campaign in 70 villages and works on a holistic concept of education through an inter-disciplinary approach*

#### **Aga Khan Rural Support Programme (India), Ahmedabad**

Choice Premises, Swastik Cross Road, Navrangpura, Ahmedbad, Gujarat; Tel: 91-79-6427729, 6427025, 6733384

*Using a livelihoods approach, it has promoted sanitation in large parts of south Gujarat that has also reduced the drudgery of women*

#### **Arghyam, Karnataka**

Number 599, 12th Main, HAL 2nd Stage, Indiranagar, Bangalore 560008, Karnataka; Tel: 91-80-41698941; Fax: 91-80-41698943; [info@arghyam.org](mailto:info@arghyam.org); <http://www.arghyam.org/ASHWAS>

*Conducted a participatory water and sanitation survey that covered 28 districts of Karnataka covering more than 17,200 households across 172 gram panchayats*

**Nirmal Gram Puraskar, New Delhi**

9th Floor, Paryavarn Bhawan, CGO Complex, Lodhi Road, New Delhi 110003; Tel: 91-11-24366372; Fax: 91-11-24364113; [nirmalgrampuraskar@nic.in](mailto:nirmalgrampuraskar@nic.in);

<http://nirmalgrampuraskar.nic.in/nirmalgrampuraskar/index.jsp>

*Incentive scheme to promote sanitized and "open defecation free" Gram Panchayats, Blocks, and Districts, which has led to better management of solid and liquid waste*

**The World Bank, New Delhi**

69-70, Lodi Estate, New Delhi 110003; Tel: 91-11-4617241; Fax: 91-11-4619393; [info@worldbank.org](mailto:info@worldbank.org);

<http://www.worldbank.org.in/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/INDIAEXTN/0,,menuPK:295589~pagePK:141159~piPK:141110~theSitePK:295584,00.html>

*International agency, works in the area of water and sanitation across India, including decentralised water management systems at the gram panchayat levels*

**School Sanitation and Hygiene Education (SSHE) Programme, New Delhi**

Office of Joint Secretary, Department of Drinking Water Supply, (Rajiv Gandhi National Drinking Water Mission), Ministry of Rural development, Govt. of India, 9th Floor, Paryavarn Bhawan, CGO Complex, Lodhi Road, New Delhi 110003; Tel: 91-11-24361043; Fax: 91-11-24364113;

[jstm@water.nic.in](mailto:jstm@water.nic.in); <http://ddws.nic.in/ssheindex.htm>

*Programme to ensure water supply, toilet and hand washing facilities in schools which helps to facilitate school enrolment for girl children in particular*

**Sulabh International Social Service Organisation, New Delhi**

Mahavir Enclave Palam-Dabri Road, New Delhi 110045; Tel: 91-11-25031518; Fax: 91-11-25034014; [sulabhinfo@gmail.com](mailto:sulabhinfo@gmail.com); <http://www.sulabhenviv.in/>

*Has conducted a study which focuses on leadership development of women for ensuring effective and gender-sensitive WATSAN services*

**Gram Vikas, Orissa**

Mohuda Village, Berhampur-760 002, Ganjam, Orissa; Tel: 91-680-2261866; Fax: 91-680-2261862; [iinfo@gramvikas.org](mailto:iinfo@gramvikas.org); <http://www.gramvikas.org/>

*Works to bring about sustainable improvement in the quality of life of 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](mailto:gramalaya@airtelbroadband.in); <http://gramalaya.org/contactus.html>

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

**Ministry of Rural Development, New Delhi**

9th Floor, Paryavarn Bhawan, CGO Complex, Lodhi Road, New Delhi 110003; Tel: 91-11024361043; Fax: 91-11-24364113; [jstm@water.nic.in](mailto:jstm@water.nic.in); <http://www.rural.nic.in/g1.htm>

*Central government ministry in charge of all rural development schemes, including sanitation, drinking water, rainwater harvesting employment and other welfare schemes*

**National Rural Health Mission (NRHM), New Delhi**

Ministry of Health and Family Welfare, 401 & 404 A Wing, Nirman Bhawan, Maulana Azad Road, New Delhi 110011; Tel: 91-11-23061647; [health@hub.nic.in](mailto:health@hub.nic.in); <http://mohfw.nic.in/>

*Adopts a synergistic approach to improving rural health services by relating health to determinants of good health namely, nutrition, sanitation, hygiene and drinking water*

**Sarva Shikha Abhiyan (SSA), New Delhi**

Department of School Education, Ministry of Human Resource Development, Shastri Bhawan, New Delhi 110001; Tel: 91-11-23074113; [webmaster.edu@nic.in](mailto:webmaster.edu@nic.in); <http://ssa.nic.in/>

*Seeks to open new schools and strengthen existing school infrastructure through provision of additional class rooms, toilets, safe drinking water, etc*

***Recommended Portals and Information Bases***

From [Sunetra Lala](#), Research Associate

**IRC International Water and Sanitation Centre , Netherlands**

<http://www.irc.nl/page/5982>; Tel: +31-70-3044000

*The organization plays a crucial role in bridging the knowledge gap and joint learning with partners for improved, low-cost water supply, sanitation and hygiene*

**India Water Portal, Arghyam, Bangalore**

<http://www.indiawaterportal.org>; Contact Mr; Deepak Menon; Tel: 91-80-41698941; [deepak@arghyam.org](mailto:deepak@arghyam.org)

*This is the leading repository of information related to water, sanitation and water-related governance in India*

***Related Consolidated Replies***

**Research on Sustainable Sanitation, Prakash Kumar, Stockholm Environment Institute-United Nations Children's Fund, New Delhi (Examples, Advice). Water Community, Solution Exchange India,**

Issued 19/03/2010. Available at <ftp://ftp.solutionexchange.net.in/public/wes/cr/cr-se-wes-25011001.pdf> (PDF, Size: 210KB)

*Seeks inputs on India-specific research papers for evidence-based advocacy that links sanitation with health, livelihoods, education, agriculture and energy*

**New Approaches to Better Sanitation during Emergencies, Rajeev R. Rana, United Nations Children's Fund, Supaul, Bihar (Examples, Advice) . Disaster Management and Water Communities, Solution Exchange India,**

Issued 16/09/2009. Available at <http://www.solutionexchange-un.net.in/environment/cr/cr-se-wes-drm-19080901.pdf> (PDF, Size: 116KB)

*Seeks inputs on the new examples/approaches to sanitation that can improve access and usage during normal times and emergencies*

**Cost-effective and Financially Sustainable Urban Water Supply and Sanitation Services, from Tushaar Shah, International Water Management Institute (IWMI), Gujarat (Comparative Experiences). Water Community, Solution Exchange India,**

Issued 16 June 2005. Available at <http://www.solutionexchange-un.net.in/environment/cr/cr-se-wes-16060501.htm>

*Provides examples and experiences in context of cost-effective approaches for urban water supply and sanitation services*

**Solid Waste Management in Urban Settings, from Nidhi Prabha Tewari, Sanket Information and Research Agency, New Delhi (Advice). Water Community, Solution Exchange India,**

Issued 16 August 2005. Available at <http://www.solutionexchange-un.net.in/environment/cr/cr-se-wes-16080501.htm>

*Highlights successes and failures of recycling and revenue generation potential of solid wastes through case studies*

**Ecological Sanitation, from S. Janakarajan, Madras Institute of Development Studies (MIDS), Chennai (Examples; Experiences). Water Community, Solution Exchange India,**

Issued 30 June 2007. Available at <http://www.solutionexchange-un.net.in/environment/cr/cr-se-wes-05060701.pdf> (PDF, Size: 180KB)

*Details members' experiences in promotion of ecosan across India, sharing their understanding, analysis of current problems and suggestions for scaling up the same*

---

## Responses in Full

**Puran Singh Yadav, Haryana Institute of Rural Development and Department of Development and Panchayats**

Sanitation is really a ticklish issue. The dynamics of sanitation are not easy to understand but once understood, these really work well.

1. Regarding the capacity of BPL families to pay for sanitation, I would like to point out that they are already paying heavily for the lack of sanitation in the form of health hazards, treatment and loss of health, man-days, dignity and safety. The only thing is that we have to have to make them understand only this fact. They will create their capacities to pay for that. When a poor person can spend on smoking and occasional/daily drinks, why not for sanitation facilities. We have to create critical awareness among them to generate demand that is a very very tough job and only dedicated and disciplined facilitators can do this.
2. Implementation of the programme like TSC should not be a routine affair. Supply driven toilet construction has proved to be not-so-beneficial. So build a strong team of motivated and dedicated and disciplined workers to work amongst the poor and leave rest to them! They will take care of themselves. Though it is very tough! Build/construct minds, not toilets. This means working for behaviour change. Regular follow-ups must be part of strategy. I hope we can succeed. Try!
3. Create demand. Strengthen supply chain through RSMs or any other mechanism but really at competitive and reasonable rates. Local production of hardware can also be taken up. But it requires training of SHGs or any group. Also train masons in the technology of construction of low cost sanitary facilities. They will also prove to be helpful in promoting sanitation.
4. The DWSC should act as facilitator. It should assume the role of a facilitator and coordinator. The DWSC should devise a strategy to access the people for collective behaviour change through Inter-personal communication and other suitable measures by strengthening its team.

---

**Sanjay Singh, Independent Consultant, Bhopal**

**Where can people living below the poverty line find resources to make their own toilets?**

If resources means financial support to the weaker section then one can take help of MNREGA programme like MP Government where a Nirmal Vatika programme has been initiated within MNREGA which includes construction of two pits for organic manure and distribution of 5 fruit bearing plants, it also includes the maintenance of the same for the certain duration, TSC and Nirmal Vatika Has been integrated at the household level. The only draw back is the two

programmes are being implemented by different agencies TSC by PRD and MNREGA by RES and becomes very difficult to coordinate between two departments.

The construction of toilets for the weaker section can also be handled by dissemination of low cost toilet designs. I have been to many villages where single pit toilet up to substructure can be built within Rs 2500 and the sub structure can be built through the available materials with the households.

But truly speaking no financial support can ensure the construction of toilets and its usage unless the community has the feeling of disgust towards ' SHIT' and have understanding of its effect on health.

**What role production centres can play to support them? It is viable to provide credit for hardware, for example?**

It is easy to identify the existing vendors in the area instead of establishing new production centres. It is a simple economics if the vendor gets the demand he will always be ready for supply. Therefore support should be limited for only initial period may be you can provide 500 or 1000 number of toilet seats and rest of the energy should be put on generating demand for toilets construction ensuring availability of trained masons and the business of the vendor will automatically grow but if there is no demand from the community no production centre can survive whatever support you provide. It doesn't mean that the programme should become toilet centric instead of community centric.

**How can DWSC, NGOs and sanitation facilitators play a more meaningful role in this process?**

DWSC, NGOs and the facilitators have very important role in proper implementation of the sanitation programme. DWSC in its regular meetings should ensure that the incentives should reach to the beneficiary on proper time decided by them, develop an appropriate mechanism for monitoring of the construction and usage of the toilet, quality control and Quality assurance of the construction. I would like to quote one study done by UNICEF that out of total unused toilet 72% are not being used because of the poor construction which surpasses the reason of behaviour change for not using toilets.

The responsibility of the sanitation facilitator is to have the information of household level which should include the access to toilet usage of toilet and if the toilet is not used what are the reasons? The reasons could be faulty construction, broken seat uncovered superstructure or the behaviour of the individual person may be elderly etc.

NGOs could also play important role provided they are properly trained and well staffed. The NGOs could be used for collecting base line survey, and their motivators placed at GP level can educate, motivate and convert the open defectors in toilet users.

---

**[Johnson Rhenius Jeyaseelan](#), WaterAid India, Lucknow**

Motivating people to invest in sanitation is a challenge. Now it will be more challenging with election fever in states like Tamil Nadu where freebies from televisions to mixies and even washing machines are offered for free which will kill community contributions.

Hygiene promotion with right set of IEC activities and a good strategy will help in demand creation and thereafter construction of household latrines. WaterAid India (WAI) has had very positive experiences of working through the women SHGs, a successful model for successful sanitation coverage for women and girls are the most affected for lack of sanitation.

**Making available easy credit for sanitation:** Demand generation is important. Creating a team of women SHG TOTs will help in demand generation and reaching larger areas. Today SHGs have easy access to credit and so linking it with sanitation is important. Some useful lessons we learnt are:

- SHG loans are available to those who have HH latrine
- Loan for a HH latrine are interest free for members
- Credit rating of the SHGs includes the no of members having a HH latrine
- These above helped increase coverage and this was possible because of a very strong IEC campaign that was done preceding this. Thus the first step is intensive IEC

Promote sanitation as a business model. To do this, I suggest the following:

- **Linkage with banks:** In Cuddalore, the first TSC district, banks were ready to offer loan to SHGs for latrines because banks saw the demand for latrines were more
- **Production centres:** Help women federations run production centres. Once the women federation groups run production centres, bank gives loan the SHG members with the credit given can purchase the sanitation related materials at one go from the production centre. So sustainability of the production centre is ensured.
- **Linkage with schemes:**
  - NREGS has a component for 5 days' labour for constructing household toilets and this is a window of opportunity
  - MPLAD: Advocate with MPs and MLAs to invest in sanitation through their local area funds. In Kanpur, one MLA through his fund has supported for construction of a community toilet
  - Role of DWSC: Finally the role of DWSC is to have inter departmental coordination with Min of Rural Development for leveraging NREGS funds for sanitation, working closely with MPs and MLAs to leverage fund through their MPLAD schemes and liaison with NGOs having strong CBOs and WASH experience for demand generation, link with banks to give loans for sanitation and create production centres.

I am attaching a presentation on "Financing sanitation" which will throw light on this more. (<ftp://ftp.solutionexchange.net.in/public/wes/cr/res-07041101.pdf>, PDF, 1.3 Mb)

---

#### **Manoj Kumar Teotia, CRRID, Chandigarh**

People can contribute some money as well as labour. In addition they can form neighborhood sanitation/improvement committees and register them as legal entities. They can then apply for annual grants from the Municipal Corporation, national and international agencies to take care of the task. The schemes such as "*Sochalyon ke Nirmaan Mein Jan Sahyog*" (People's Cooperation in Construction of Toilets) and "*Sochalyon ke Rakh Rakhav Mein Jan Sahyog*" (People's Cooperation in Maintenance of Toilets) based on a PPP model could also be started.

---

#### **B K Sharma, Gwalior Children's Charity, United Kingdom**

All said and done, I find it difficult in our circumstances especially concerning financial resources. Yes there are lot of schemes and funds but these do not reach users on the ground in a meaningful way since a lot is pocketed by agencies or their own people without making any toilets.

People in villages are mostly not used to toilets; they prefer to defecate in the open. Nearly 50 per cent of our adult workers in Snehalya in spite of four years of its existence with facilities and toilets, still go to open fields for defecation. They do not want to change and say can't do it though we have tried. Hence we had to accept their practice and educate them to cover the faeces with soil as an alternative.

Snehalaya an autonomous project of Gwalior Children's Charity (formerly known as Gwalior Children's Hospital Charity having started as a Children's Hospital in 1998. It grown into Snehalaya since with much more than only Children's Hospital, hence the change of name) in association with the Gwalior Hospital and education Charitable Trust. It is a unique place for community living in India, generally considered as an orphanage (we prefer to call it a care home) for disabled and destitute children, homeless women and the aged with a school and hospital on site.

---

**G Srinivas Rao, Chetna Organic Farmers Association, Kalahandi**

It is good to know that the process of sanitation for families below the poverty line is being streamlined as P S Yadav has said, but we have to appreciate the fact that they also need to have space for their kitchens in their homes.

---

**Kumar Vaidhyalingam, CAN NGO-NET, Pondicherry**

The Gandhi Rural Education and Development Society is working on a WATSAN project in the Manadipattu village in rural Pondicherry. The rural sanitation coverage is 7 to 12 per cent even though Pondicherry's literacy rate is very high. However, hygiene and sanitation promotion is very low. The Government of Pondicherry supports BPL families in rural areas with varying subsidy amounts through the District Rural Development Agency of Rs. 2,500, the Pondicherry Slum Clearance board gives a subsidy amount of Rs.10,000 and the Department of Adhidraida Development subsidy is Rs.20,000. The subsidy amount is limited and subsidy application form issued from the office of the local MP and MLA. There is no coordination between the above departments and civil society organisations.

---

**Nitya Jacob, United Nations Children's Fund (UNICEF), New Delhi**

It seems the Total Sanitation Campaign is not out of joint in Jharkhand. In most other states, people below the poverty line also get the subsidy (or incentive) soon after construction and they have to find their own resources to build the toilet. In an ideal world an aggressive motivation campaign would precede the actual toilet construction phase, but we don't live in an ideal world. This motivation campaign would spur everybody, not just the poor, to make and use toilets.

The poor need some start-up capital to pay for the hardware, it is argued. I agree, and there are plenty of existing instruments for this in Jharkhand. I have found a vibrant self-help groups movement, the revolving fund for sanitation, government schemes (in the absence of working panchayats in Jharkhand) which are routed through the village administration (gram sevak). In the absence of panchayats, the state government in 2005 issued a notification to constitute gram sabhas in all villages, comprising of all villagers over 18. On formation, each got a bank account with Rs 50,000 that was raised to Rs 55,000 a year later. Most were using this money to improve wells or community buildings but there is no reason why this cannot be used for sanitation.

Gram sabhas also have to meet regularly and decide on village-related work, that is then sent onto the block development officer, who can sanction projects up to Rs 250,000 (2007 data). A village sanitation plan with toilets for everybody can be easily executed within this budget; the catch is it will probably be executed by a contractor. This begs the question – who will make people use the toilets. I have found very active self-help groups in remote, tribal and poor villages who are an excellent source of seed capital for toilets. The SHG movement and kishori mandals – collectives of young girls – can both help bridge the credit gap. For example in the

Hurandah village (Saraikela-Kharasawa district of Jharkhand) there are several SHGs of adivasi women with an average savings of Rs 5,000 per person.

If the poor can get credit from SHGs and the like, production centres will not need to provide hardware on credit. This can be another source of seed capital, rather than supplementing sources like SHGs. More than hardware credit, production centres should take up hygiene promotion as an activity to generate demand for, and promote use of, toilets. If they take a business approach, they will be better able to promote sanitation than the conventional welfare approach.

The sanitation facilitators, and others working on sanitation in the district, can support production centres to create demand. They can also work with SHGs to develop specific credit line for sanitation. In many of the tribal villages, the traditional munda (headman) system continues; this person or his deputy is the undisputed social heads of their village. The facilitators can work with them to promote TSC since they are the key social mobilisers in the village. They have local knowledge and have to act in consultation with the gram sabha, making them an ideal vehicle for effecting behaviour change.

---

### **Satish Chandra Raghu, RECHA, Betul, Madhya Pradesh**

Greetings from Recha, in Betul, Madhya Pradesh. I had visited Deogarh while conducting a training programme on the India Mark III handpump for assistant engineers, joint engineers and mechanics from the Public Health Engineering Department. Even women participate in the training.

After going through the query, there are a few suggestions that can be looked into:

1. The rural sanitary mart can have an extension counter at the Panchayat level or near a group of villages where the community can easily approach it for their needs
2. DWSC, PHED and UNICEF in collaboration can form Village Water and Sanitation Committees who will look after WATSAN activities. Their bank or post office accounts can be opened for transaction for timely payments for toilet construction materials
3. A joint venture by TSC and MGNREGA can be implemented by the WATSAN committee and trained masons can put into service of the community.
  - a. The design and type of material do not require production centres but requires a requisition window (extension counter) for supply and IEC and expert advice pertaining to the local needs for suitable toilet design
  - b. SHGs are a good vehicle construction and finance as they are better organized groups that can be engaged in these activities and create an IGA for continuity and monitoring purpose
4. The DWSC, NGOs and sanitation facilitators can select and promote villages for NGP and other projects as model villages.
  - a. The awareness and capacity building activities are the responsibility of DWSC and NGO team who can play the role of motivators and mobilisers
  - b. As per the soil conditions and water table (saturation point) suitable toilet designs can be promoted, and if extra funds are required, then people should be supported by the NGOs, Watsan Committee or the SHGs.

---

### **Swati Sharma, Saviours, Meerut**

The Total Sanitation Campaign (TSC) seems to have become yet another target-oriented scheme aimed at toilet construction. This has undermined the basic objective – to promote sanitation and

a better quality of life. If it is marketed as such, I see no reason why the poor cannot find the initial resources to make toilets and then claim the incentive. The District Water and Sanitation Committee, NGOs and sanitation facilitators in villages have to motivate people to demand better hygiene and toilets and then use them. If this is done successfully, people below the poverty line will find their resources to construct toilets. If they are really hard up for cash, the production centres can provide hardware on credit. Anyway people contribute by digging pits, and there is a provision in the Mahatma Gandhi National Rural Employment Guarantee Scheme for this, so they do not need to do this gratis any more.

The point I am making is, hard sell the concept and the demand will follow. Then people will find and fund the means to make their toilets. Use the communications budget in TSC to develop and delivery message that resonate with people, not the mass produced over-used ones in the kitty currently. A little bit of intelligent market research will help develop these messages that sanitation facilitators can effectively use to create a demand for sanitation and better hygiene.

---

**Binu K Puram, GoI-UNDP DRR Programme, Palakkad**

For the last several years we are spending lot of human and financial resources for better sanitation facilities. But I am doubtful about its improvement in various states in India. I think there are three reasons for people to avoid sanitation facilities in their house hold or premises

1. Availability of open land and covering of bush (If it is not available, women will wait until night to relieve themselves)
2. Non-availability of water to use in toilets
3. Financial and attitudinal reasons.

An ordinary person who is living with adequate sanitation facilities especially latrines cannot walk through some cities/towns in India because of the odour where people are used to defecating in the open. So what kind of actions, not simple actions but stringent actions, needs to be taken to mobilise the BPL families and others who are not using latrines for their basic needs.

In India subsidies or grants are not at all an issue. At the same time attitudes are an issue along with space constraints and availability of water. So we need to reassess the strategies adopted by any agencies and to think about various measures to construct individual or community latrines in all over India.

I would like to suggest some measures according to the query.

1. Giving credit for materials is a good thing but the same time at least a margin amount would be collected form the households
  2. Skills training might be given to BPL families (Women and Men) to enable them to construct their own latrines (Shallow two-pit Latrines are viable)
  3. Community groups and women& child teams would be constituted to make slogans or campaign against open defecation (Clearing of usual open defecation spots is a good movement)
  4. Fencing in the banks of rivers, ponds, etc., will help to improve the environmental sanitation
  5. Threats emerging from open defecation to cultivation/agriculture products need to be communicated to the community.
- 

**Ravi Nitesh, Mission Bhartiya, Lucknow**

Sanitation is very important in terms of health as well as necessary for maintaining a healthy environment and all other works of daily life. My suggestions are given here

**1. Where can people living below the poverty line find resources to make their own toilets?**

Resources may be found by people as per design of toilets. However a simple design is necessary at low cost, which further needs continuous improvement regarding cost. However, resources too may be arranged near the project site.

**2. What role can production centres play to support them? It is viable to provide credit for hardware, for example?**

Credit for hardware is good because primarily it motivates people to build their own toilets and to pay the amount after some time. Other support may also be given in terms of motivation, awareness, employment in sanitation campaign and subsidy in credits.

**3. How can DWSC, NGOs and sanitation facilitators play a more meaningful role in this process?**

DWSC and NGOs may work on consultancies, better planning and management of resources with awareness and motivation. They may authorize some vendors to supply the materials and can negotiate the rates in case of bulk consumption of the toilets. However, a panel of these may act as a vigilance committee at the local level to ensure given standards of material and execution.

---

**[Rachna Sarkar](#), PACT, UPWSRP, Lucknow**

I did a review of a sanitation programme run by the Indo-Dutch government programme in Varanasi and Rae Bareilly Districts of Uttar Pradesh with the help of NGOs sometime in 1993-94. Though it is an old story but some of the observations of that review seem very relevant here which I must share at this forum.

We did the survey of villages where sanitary latrines were constructed and the non-project villages also where latrines were not constructed. In the villages of Varanasi district, we found that the people didn't use latrines out of habit and they had a culture of not doing so as well. Although they had latrines in their homes (constructed under the project) they did not use it due to the following reasons:

- The size of latrines were very small due to which they felt very suffocated in it
- These latrines if used needed a lot of water and villagers were not ready to fetch a couple of bucket of water for use of latrines
- Using latrines was not in their priority list
- Most of the cases the constructed latrines were being used as grain stores
- They were not aware about the benefits of their or even how to use them
- Going to the fields in the morning is not only a routine, rather it is a time when they share their thoughts and experiences with each other since they go in groups; they feel more relaxed
- Some of them were of the view that instead of latrines the project people could have constructed store rooms for grains
- The cost was also not shared with the community

From the above experience the following points must be taken into consideration:

- First of all awareness about the benefits of using latrines and the harm of not using it should be created among the villagers
- Before creating any infrastructure demand generation is necessary so that sanitation agenda can come in their priority list
- Community consultation and participation at each step of the project right from the beginning of problem identification to planning, implementation and monitoring should be ensured for its adoption and sustainability

- Toilets the need little of no water should be promoted in the villages as availability of water is one of the major problems
  - Active participation of the community in each activity and cost sharing can also be promoted
- 

### **R. Ramachandran, Association for Development through Integration and Cooperation, Cuddalore**

Many Indian houses have bathrooms or similar place for bathing; these can be converted into a bathroom-cum-toilet. SHGs can fund toilets through bank loans. It is not always necessary to make a concrete structure. Banks, production centres and SHGs can collaborate to provide finance to people for making toilets. The DWSC should not stick to work only on paper or follow routine government methodology. It should support the stock holders practically and should not think of itself as super checking power. It should focus also on implementation.

NGOs should take this up whole-heartedly, giving prizes or honouring people who have household toilets to create demand. With villages that have a large Muslim population, the religious leaders can help create awareness for sanitation. Women-headed households and those will girl children should be approached first for household, not community toilets.

---

*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](mailto:se-wes@solutionexchange-un.net.in) with the subject heading "Re: [se-watr] Query: Sanitation Processes for BPL Families - Advice; Experiences. Additional Reply."*

**Disclaimer:** *In posting messages or incorporating these messages into synthesized responses, the UN accepts no responsibility for their veracity or authenticity. Members intending to use or transmit the information contained in these messages should be aware that they are relying on their own judgment.*



*Copyrighted under Creative Commons License "[Attribution-NonCommercial-ShareAlike 2.5](https://creativecommons.org/licenses/by-nc-sa/2.5/)". Re-users of this material must cite as their source Solution Exchange as well as the item's recommender, if relevant, and must share any derivative work with the Solution Exchange Community.*



*Solution Exchange is a UN initiative for development practitioners in India. For more information please visit [www.solutionexchange-un.net.in](http://www.solutionexchange-un.net.in)*

---