

STATUS OF SANITATION & COVERAGE IN DUNGARPUR



OBJECTIVE OF THE STUDY

- To study the access to and usage of toilets in households, Anganwadi Centres, schools, Health Sub-Centres and the Gram Panchayats (GPs) office of the selected districts
- To study the types and quality of toilets and O&M arrangements for judging the suitability for sustained usage.
- The status of IEC/SBCC activities carried for generation of awareness on sanitation.
- Status of hygiene practices (e.g. hand washing in critical times, Menstrual Hygiene Management (MHM) etc.)
- To identify the barriers to ODF sustainability and to suggest interventions to improve the usage of toilets and adoption of other hygienic practices.

Process & Methodology

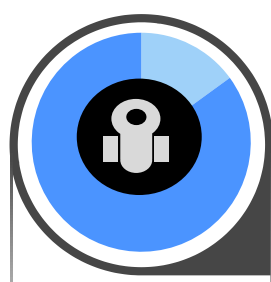
- Phase I – Literature Review
- Phase II – Identifying the samples and developing the questionnaires
 - Development of Questionnaires
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 - Conducting the field survey
- Phase IV – Data analysis and report writing
 - Data cleaning and processing
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FINDINGS FROM HH SURVEY

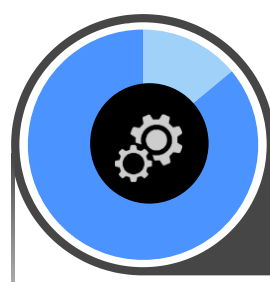


29.5% HHs still practicing open defecation

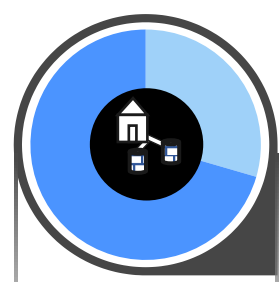
69.3% HHs used own toilet,
1.2% HHs used shared toilet



85%
ACCESS TO TOILET



86%
FUNCTIONAL TOILET



70.5%
USAGE

SAMPLE SIZE

254
HHs

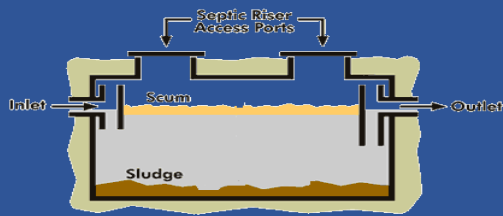
40
Primary Schools

20
High Schools

50
AWCs

10
HSCs

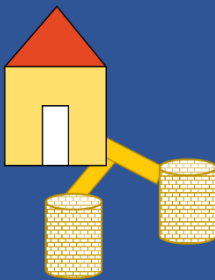
TYPES OF TOILET



60% of the toilets were of septic tank type out of which 8% had open discharge



29% of the toilets had single pit out of which 67% was squatting on pit type



10% of the toilets were of twin-pit type out of which 12% did not have junction chamber

DISPOSAL OF CHILD EXCRETA

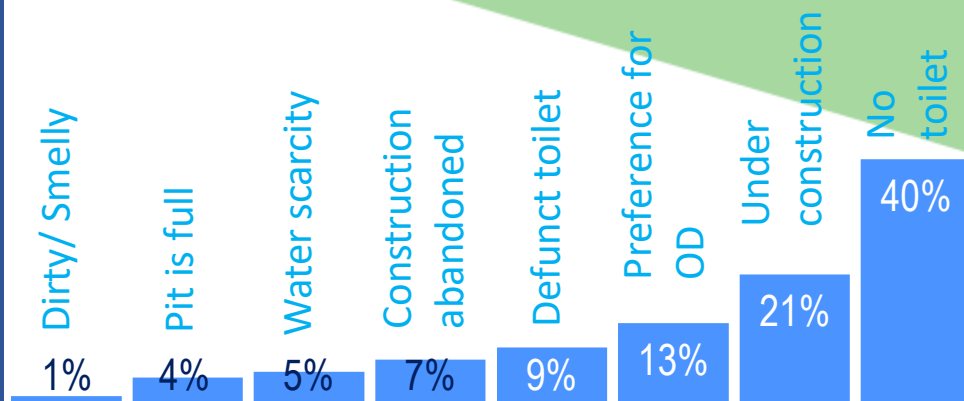
Only 44% HHs disposed child faeces hygienically i.e. either the children used toilets or their faeces were disposed in toilet.



95% IHHLs used urban pans - Requirement of extra having an adverse implication in functionality of toilets

Most of the HHs (39.6%) had spent between Rs 12,000 to Rs. 40,000 for construction of their toilets. In 47% HHs water had to be carried out from outside for toilet use and 34% of the toilets were found to be unclean.

Reasons for practicing OD



Inability of the HHs to mobilize fund to take up the construction was the main reason for not having toilet as told by as 89% of the HHs, who did not own any toilet.

14% of the IHHLs were defunct and in most cases, constructions of the toilets was abandoned (48%)

Leach pit should not be more than 4 ft. deep which has not been followed here in majority of the cases

The campaign did not have effective focus on promotion of twin-pit toilet as from 2015 onwards, share of twin pit toilets increased by just 1%



The survey also covered the status of access to drinking water. 19% HHs had piped water connection within their premises whereas it was striking that 3% HHs used surface water for drinking. Lack of availability of water within the HH premises or close to the house, increased the burden of women in getting water for toilet use as in 33% cases it was the woman folk who fetched the water whereas in 60% cases both men and women shared the burden. Soap for hand washing was found in 55% HHs while majority of the HHs lacked adequate infrastructure for handwashing. Members of 16% HHs washed their hands in stored water and the same water was reused repeatedly by different users which was quite unhygienic.



WASH IN SCHOOLS

WASH IN PRIMARY SCHOOLS

35% Primary schools do not have scope to use toilet

1 urinal for **10** students on average

1 toilet in use for **47** students on average



338

Girls sharing one functional toilet on average

1 urinal for **83** students on average



215

Boys sharing one functional toilet on average

1 urinal for **46** students on average

WASH IN HIGH SCHOOLS

As per the Swachh Bharat Swachh Vidyalaya Guidelines, each school should have separate toilets for boys and girls, with one unit generally having one toilet (water closet or WC) plus 3 urinals. The ratio to be maintained is preferably one unit for every 40 students.

97.5%	67.5%	65%
Schools had toilet	Schools had functional toilets	Schools had at least one toilet in use

100%	70%	60%
Schools had toilet	Schools had functional toilets	Schools had at least one toilet in use

100%	75%	65%
Schools had toilet	Schools had functional toilets	Schools had at least one toilet in use

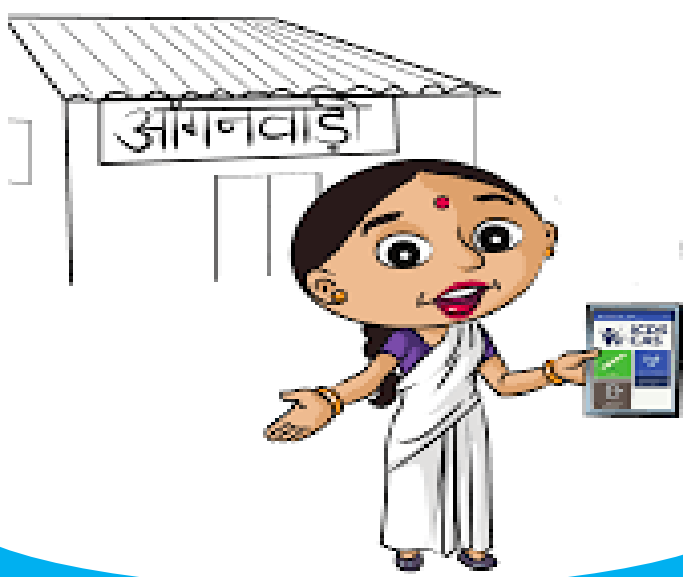
The sanitary status of the high schools was found to be comparatively better than that of the primary schools. Most common type of toilet in the primary schools was single pit toilets whereas it was septic tank toilets in case of high schools. In 93% of primary schools and 65% of high schools, water had to be brought from near or far away sources or water was not available at all. Toilets were found dirty in 38% primary schools and 35% high schools.

Separate toilet blocks were available in **56%** of the primary schools and **75%** of the high schools









Twin pit toilets, which was most desirable, had the lowest share



60% of the adolescent students did not use commercial pads during the period of menstruation



FINDINGS from survey of Anganwadi & Health sub-centres

	Indicators	AWC	Health sub-centres
	Availability of toilets	72% had access to toilets	80% had access to toilets
	Functionality of toilets	14% of the toilets were defunct (60% had damaged super-structure, 20% did not have water seal while another 20% pits were filled up)	38% of the toilets were defunct due to broken pan
	Usage of toilets	68% of the functional toilets were in use, while 16% of the toilets were locked, 10% were dirty and 7% did not have any access to water	80% of the functional toilets were being used while 20% did not use due to fear of snake and the pans were filled with sand
	Incidence of OD	Children of 36% of the AWCs practiced OD	
	Urination	Children of 40% AWCs were urinating in open	
	Access to water for toilet use	7% did not have access to water	100% had access to water for toilet use
	Availability of soap	72% had soap for hand washing	40% had soap for hand washing
	Occasion of handwashing	Children of 22% AWCs used soap for handwashing at all critical occasions	
	Frequency of toilet cleaning	27% toilets were cleaned daily while 20% toilets were cleaned once a week	10% toilets were cleaned on alternative days while 10% were cleaned once a week
	Disposal of medical waste		Medical waste of 10% health centre was burnt in incinerator Medical waste was collected by agent in 70% centres Medical waste of 20% was burnt in open



FUNCTIONING OF GPs IN SUSTAINING ODF STATUS AND STATUS OF IEC/ SBCC

Role of GPs

-Capacity of the GPs to assess their status of sanitation/ODF sustainability was **weak**

-**Poor understanding** of the toilet technology by the GP functionaries

Facilities in GP office and public places

-Only **one** toilet for common use was found in GP office of all the surveyed GPs and all those toilets were found functional

-**Public urinal** was found near the bus stand and the same were functional only in **10%** of GPs surveyed

Involvement of the community

-VWSCs were functional in **80%** of the surveyed GPs though their effectiveness was reportedly good in **30%** GPs

-All the visited GPs had VHSNCs and **two of those committees were highly active**

Human resources with the GPs

-**40%** GPs did not have any Swachhagrahi

-Only one Swachhagrahi was found in 40% surveyed GPs, while two Swachhagrahis were found in 10% GPs

Planning for ODF sustainability

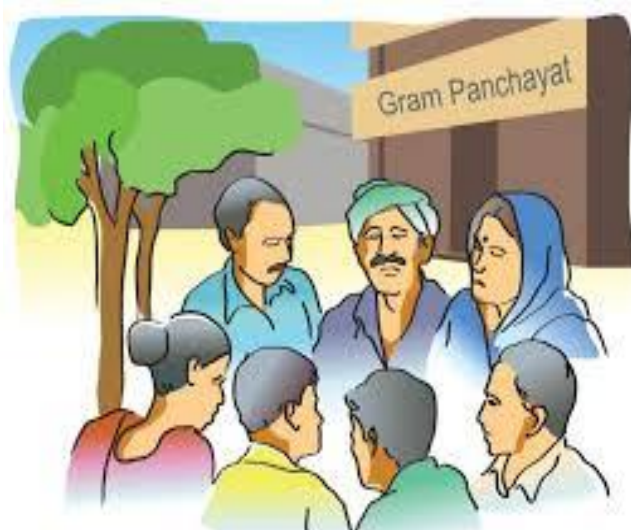
-Did not have any plan for ODF sustainability

System of waste management

-Some system of garbage collection in six out of the ten GPs

-Pucca uncovered drains were observed in 9 out of the 10 GPs

-Almost 77.6% of surveyed households informed that there was no arrangement of cleaning of the roads and drains in their locality



LOW INVESTMENT ON IEC/SBCC

Actual level of **awareness** of HHs on sanitation was **poor**

30% of them **did not have knowledge** that their GP was declared as ODF

Poor understanding of the basic issues of sanitation

Gap in critical awareness among most of the villagers for taking the community approach to establish social norm of no tolerance to open defecation

- **Hardly any Swachhagrahi** in the district
- **30% HHs** confirmed of the functioning of the **Nigrani Samity**

Human resources



- **Public announcement or Rally** were the most common method of receiving messages, as told by **30.5% HHs**
- **Dialogue** as the mode of communication of the messages, was there in **26.1% cases** only

Methods of communication



- **44% HHs** could be reached through **IEC activities** during the **last one year**
- The messages in the post ODF phase should be different from that required during pre-ODF phase but in maximum cases, the message was on **construction of toilets (29%)** followed by **use of toilet (22%)**

Messages



- **IEC materials like posters, banners and stickers** were found in **37%** of the visited schools
- **68%** surveyed schools mentioned that sanitation/ODF sustainability drive was organized within **last three months**
- **HH visits and rally** were the most common activities performed by teachers.

IEC activities in schools



- Different types of IEC material were found in **64%** of the AWCs surveyed
- Posters, banners and stickers were found in **63%** AWCs
- Some sanitation drive was organized in the locality within last three months as responded by **68%** AWWs

IEC activities in AWCs



- Staffs (ANM and ASHA workers) of **90%** sub-centres visited were aware that their GP had been declared as ODF
- Different types of IEC material were found in **80%** sub-centres.
- ANM and ASHA workers of all these **seven HSCs** visited HHs for generation of awareness on sanitation and hygiene issues.

IEC activities in HSCs



KEY FINDINGS



&

WAY FORWARD



SANITATION IN THE HH DOMAIN

- **Universal access to functional toilet** - Failure in delivery system & bottlenecks at HH domain needs to be addressed
- **IHHLs for the left out HHs**- Construction of toilets along with some alternative arrangement for the poor is required
- **Removing the observed barriers**- Barriers should be removed in order to increase the usage to toilets
- **Addressing the construction defects**- Sensitizing the HHs as well as training the masons for repairing the toilets is required
- **Promotion of twin-pit toilets**- There should be strong advocacy to construct only twin pit toilets by the HHs as well as all the village level institutions
- **Access to water for use in toilets**- GPs need to play their role in order to make appropriate interventions for improving access to water in use in toilets
- **Ensuring equity and social inclusion**- Inequity in ownership and use of toilets in respect of HHs living in the fringe villages needs to be addressed through planning
- **Strengthening practice of hygiene**- Appropriate IEC/BCC needs to be taken up for adopting and developing hygiene behavior among HHs

PROMOTION OF WASH IN SCHOOLS

- **Strengthening WASH infrastructures**- (i) Assessment of the gaps (ii) Repairing of defunct toilets (iii) Drive for upgradation of single pit to twin pit toilets
- **Maintenance of the school toilets**- Proper maintenance and cleaning of WASH facilities with involvement of Education Department & SMCs is required
- **Promoting MHM in schools**- (i) Ensuring availability of water & soap in girls toilet (ii) Sensitizing adolescent girls of maintaining hygiene during menstruation
- **Access to water and soap in schools**- Coordination should be established with Education Department for availability of soap & water for improving handwashing practices
- **Coverage of piped water supply**- (i) Plan for providing piped water supply in all schools (ii) System of regular testing of water used for drinking needs to be developed
- **Sensitization of the SMCs/Teachers**- Need to sensitize teachers, members of SMCs and GP functionaries so that they appreciate required sanitary infrastructures

PROMOTION OF WASH IN AWCs

- **Strengthening WASH infrastructures**- (i) Assessment of the gaps AWC wise (ii) Repairing of defunct toilets (iii) Drive for upgradation of single pit to twin pit toilets
- **Maintenance of the school toilets**- Proper maintenance and cleaning of WASH facilities with involvement of Social Welfare Department is required
- **Access to water, soap & handwashing**-Arrangement for handwashing, soap and safe handling of drinking water along with a system of monitoring water quality should be developed
- **Capacity building of the AWWs**- (i) Fresh orientation of the Anganwadi workers and their supervising officials for explaining their roles in strengthening ODF sustainability (ii) Taking up ODF plus activities and reaching the mothers and children in adoption of sanitary behaviour

PROMOTION OF WASH IN HSCs

- **Strengthening WASH infrastructures**- Need to strengthen the WASH infrastructures of the HSCs and ensure maintenance of the facilities along with sensitizing the health workers

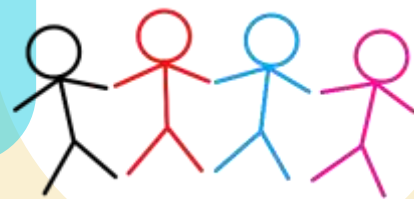
IEC/ SBCC

- **Strengthening & Planning for IEC/SBCC**- (i) Substantial gap in awareness on sanitation and hygiene (ii) District should come out with a IEC/SBCC plan in conformity with the strategy to be adopted for ODF sustainability
- **Strengthening & Planning for IEC/SBCC**- (i) Higher emphasis on inter-personal communication and local interventions (ii) Availability of adequate human resources and building their capacity on planning and implementing IEC/SBCC activities is the requirement

ROLE OF GPs

- **ODF sustainability plan of each GP**- Need for change in mindset of the GP functionaries to own the responsibility of delivering WASH services
- **Public services for sanitation** -Management of solid and liquid waste and providing sanitary facilities in the public places
- **Strengthening capacity for IEC/SBCC**- GP should be the focal point for carrying out the 2nd generation IEC/SBCC activities
- **Augmenting capacity of the GPs** - GPs need to give leadership in strengthening WASH services within its area and ensure coordination and convergence of all activities
- **Strengthening community ownership**
- **Convergence for WASH in institutions**

Monitoring IEC/SBCC Activities Across Five States in India

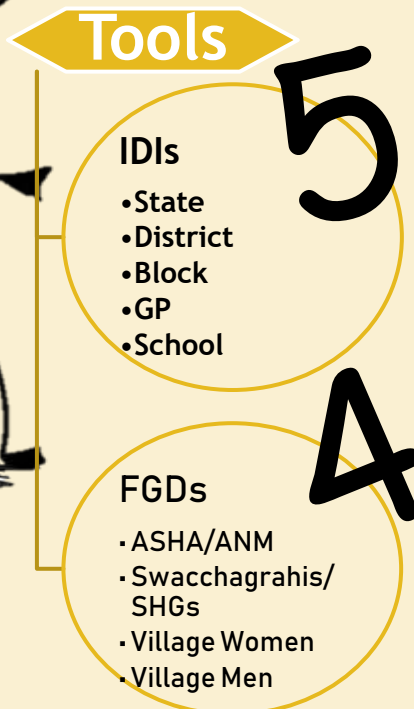
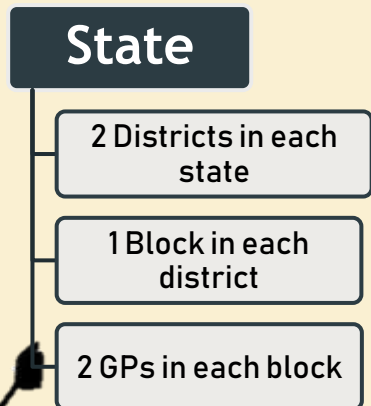
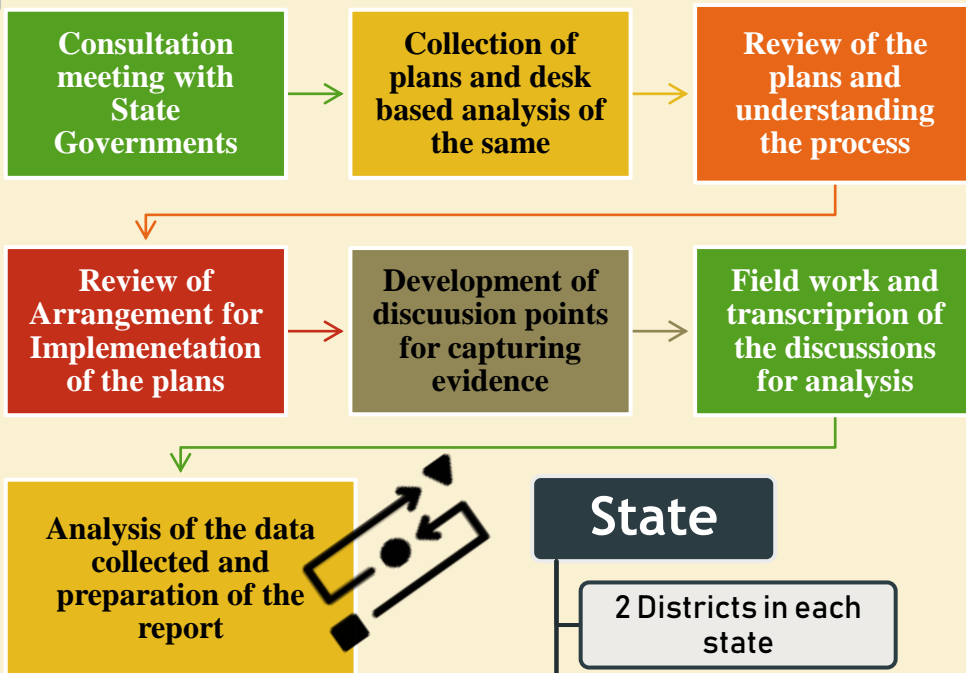


Objective:



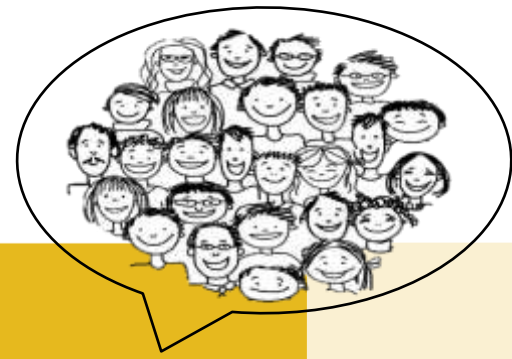
- To inform MDWS and state governments on the effectiveness of IEC/SBCC planning exercise as part of the AIP and its inclusion in policy guidelines
- To provide insights on accelerating SBM (G) IEC budget utilization and increase effectiveness of IEC/SBCC activities at state and district level
- Provide insights on emerging issues of communication for ODF sustainability and ODF plus to strengthen SBCC policy guidelines
- To support system strengthening by developing a comprehensive SBCC monitoring framework based on the findings of the assessment

Methodology



*In **Maharashtra**, the continuing third-party evaluation of ODF sustainability in 12 districts of the state was used to capture the status on the ground.

Key Findings



Plan Quality

- The template helped all the states and districts to prepare their IEC plans. The plans covered awareness/ advocacy/ SBCC and also capacity building.
- The plans for some of the districts were only the list of activities without narration/explanation of the purpose and expected outputs.
- There was inadequate consultation to assess the need for communication, which was to be done on a bottom up basis. Plans were prepared mostly based on understanding of the key functionaries.
- In some cases the activities were not costed/ did not have specific timeline. There was lack of adequate focus on 2nd generation of IEC.
- Plans were not communicated to the Blocks/GPs & only the activities to be carried out was communicated – not always with enough time before the event
- Heavily centralized plan: - much higher share for state. In some cases, the districts were dependent on the state to take up the activities.
- There was no allotment of fund for Block/ GPs
- There was inadequate focus on SBCC.



Implementation Arrangement

- There was lack of expertise on IEC at district and below level in all states – posts of IEC Consultants not filled up in many districts
- UNICEF Support at state & some districts bridged the HR gap partly
- There was substantial capacity gap of available persons
- Swachhgrahis were not well managed, not adequately trained and not given remuneration on time
- There was lack of monitoring

“Successful Strategies adopted for effective IEC/SBCC at the Community Level”



- **Pulse mode of Communication has been implemented well in general**
- **Strong GPs have better facilitated IEC/SBCC activities as GPs were able to take up such activities of their own but with little guidance from above**
- **The community level workers (ASHA/AWW and the SHGs) have worked voluntarily in most places which had been very helpful in reaching the people.**
- **Direct communication in interactive mode like IPC and small group discussions were preferred by the community members**



Key Challenges



Capacity Building Issues

- **State Level:** HR available but they need more capacity to plan/monitor IEC/SBCC activities. They lack capacity to guide all the districts on 2nd generation IEC/SBCC.
- Needs assessment of training need before planning for CB
- **District Level**
 - Inadequate HR as well as lack of training/orientation of the key functionaries at district/block/GP level
 - Lack of ToTs to build Master Trainers
 - Lack of expert organization for building capacity on 2nd generation IEC/SBCC
 - Lack of adequate training of the Swachhgrahis on 2nd generation IEC/SBCC



Bottlenecks & Barriers

- Inadequate HR and those available are busy with programme management - lack of priority on IEC/SBCC
- Lack of capacity to take up 2nd generation issues
- Inadequate ToT and training on 2nd Generation IEC
- Lack of confidence on district/block/GPs leading to centralized approach – GP's role not institutionalized
- Lack of monitoring system
- Lack of proper management/capacity of Swachhgrahis
- Language as a barrier to communication for some people
- Inequity in communicating - marginalized people not reached
- Barriers faced at the GP level:
 - GP had little guidance on IEC/SBCC
 - Plan was not shared with them
 - GPs not sensitized on their role on delivering services like SLWM, sanitation in public domain, water safety etc.



As per IEC Plan 2018-19

Messages

- Construction & usage of toilets
- Promotion of twin pit toilets
- Faecal Sludge Management
- Impact of open defecation on ill health
- Practice hand washing
- Handling child faeces
- Overall cleanliness
- Solid & Liquid Waste Management (SLWM)
- Menstrual Hygiene Management
- Storage & handling of drinking water

Tools

- Mass media
- State Level Conference
- Hoardings/ posters
- Rally/ Van (Rath)
- CAS
- Community functions
- Film Show
- Social Media
- IPC with Flip book/flip card



- People were found to be generally aware of ill effect of open defecation on health
- Many people were not aware of digestion of excreta and evacuation of the pits
- Knowledge gap was observed in respect of toilet technology and retrofitting
- In some states, people were aware about the segregation of waste
- Women lacked knowledge on safe disposal of menstrual waste.

“Feedback from the Community”

Means of Communication found to be effective by the people

- ✚ IPC through Swacchagrahis / SHG members/ community level workers/
- ✚ Gram Sabha Meeting
- ✚ TV Advertisement/ Swacchata Rath
- ✚ Display of banners/wall writing

Recommendation





The Way Forward

Key Recommendations		
1.	State to have specifics communication strategy for ODF- S and ODF- Plus activities based on evidence on the ground to guide IEC plans	
2.	The strategy should cover the messages to be communicated under every theme of ODF-S and ODF Plus, the tools of communication and the target groups as well as the expected outcome from the communication activity	
3.	All activities to be taken up are to be categorized using a standard format under certain broad heads like: Awareness, SBCC through community mobilization, SBCC through IPC, Advocacy, Special events, Capacity building, HR & Admin for easier appraisal and monitoring.	
4.	The roles and responsibilities of carrying out various IEC activities by different tiers from state to GP should be decided to guide their planning	
5.	The planning has to be truly bottom up starting from the GP level and the same should be started well before to prepare the state plan on time – all concerned need to be oriented before starting the planning exercise	
6.	Pulse mode of communication may be planned well ahead and if possible as a part of the annual plan	
7.	Total funds to be available to the districts/blocks should be intimated before beginning of the year for them to plan for the next year	
8.	Involvement of the GP should be strengthened and GPs may be issued clear guidelines as well as some funds to take up SBCC activities	
9.	The plans are to be prepared and disseminated to all the stakeholders before beginning of the financial year, funds to be released in advance to any authority responsible to incur expenditure as per plan	
10.	The quality of the plan document needs to be improved using standard formats with costed activities and exact timeline and monitorable output	
11.	The vacancies at the district and blocks in posts designated for SBM(G) and related IEC needs to be filled up urgently	
12.	More attention needed for capacity building. There should be TNA every year and plans to be prepared for both TOT and training of those associated with IEC/SBCC including the partner organizations/NGOs	
13.	Need for fresh orientation of the district and block level functionaries responsible for planning and implementing 2 nd generation IEC/SBCC	
14.	There is need to improve management of the cadre of Swachhgrahis, to give them training on 2 nd generation IEC and ensuring payment on time.	
15.	Appropriate strategies to be adopted for continuous engagement of the community level workers like AWWs/ASHA/ SHG members and upgrading their skill for carrying 2 nd generation IEC	
16.	There should be procurement norms for engaging professional agencies and partnership with such agency be strengthened	
17.	Need to have arrangement for monitoring of IEC activities and conduct 3 rd party evaluation every year for giving feedback on quality of IECs	

& COVERAGE IN MALDAH

Process & Methodology

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- To study the access to and usage of toilets in households, Anganwadi Centres (AWCs), schools, Health Sub-Centres (HSCs) and the Gram Panchayats (GPs) office of the district.
- To study the types and quality of toilets and O&M arrangements for judging the suitability for sustained use.
- The status of IEC/SBCC activities carried for generation of awareness on sanitation.
- Status of hygiene practices (e.g. hand washing in critical times, Menstrual Hygiene Management (MHM) etc.)
- To identify the barriers to ODF sustainability and to suggest interventions to improve the usage of toilets and adoption of other hygienic practices.

SAMPLE SIZE

250

HHs

50

Primary Schools

10

High Schools

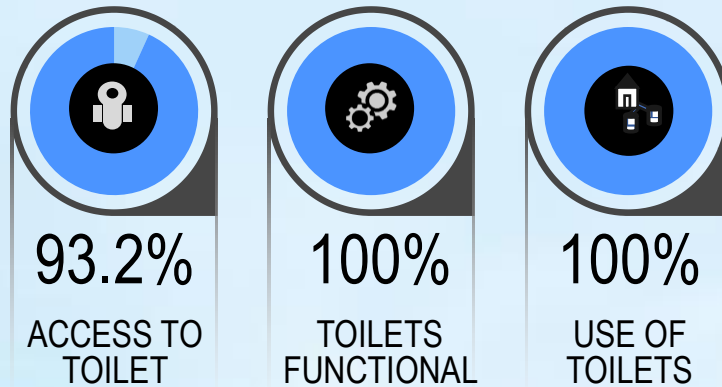
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AWCs

10

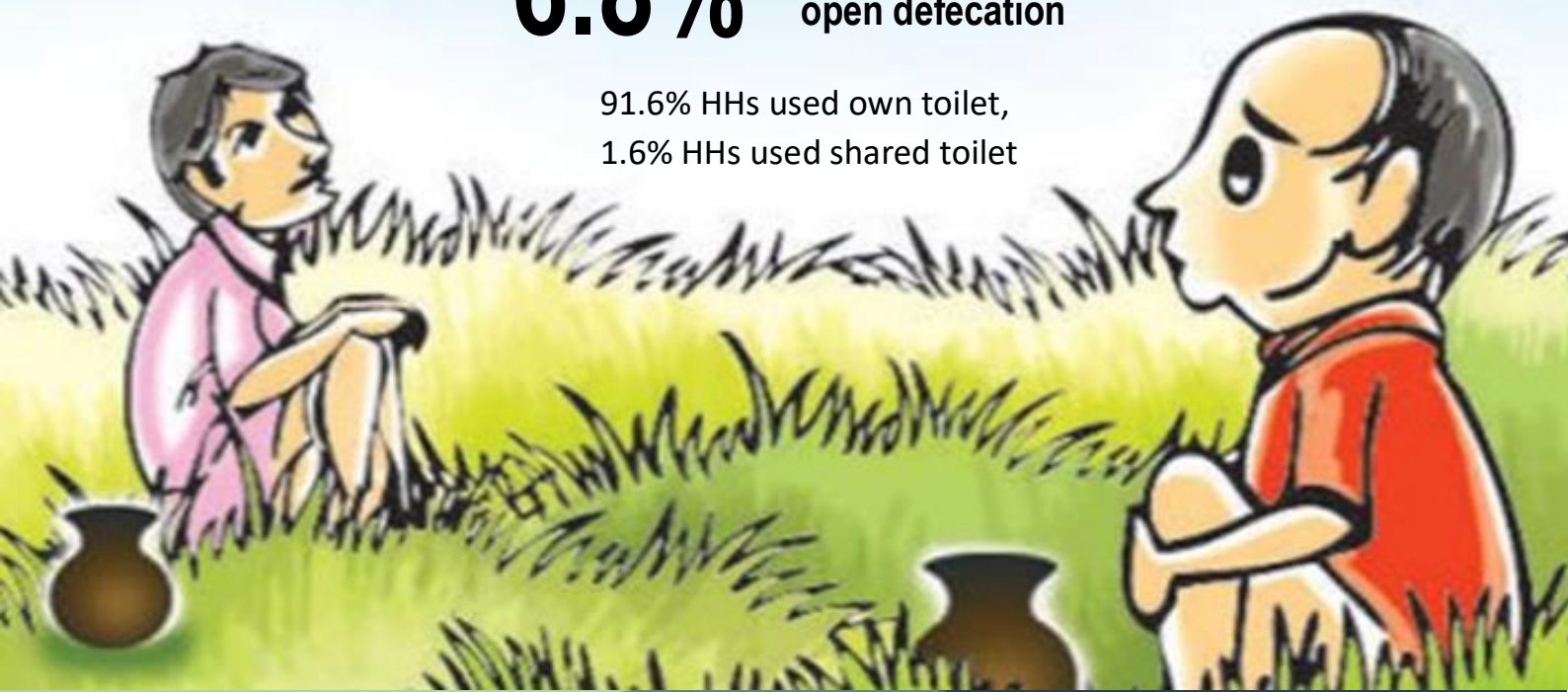
HSCs

FINDINGS FROM HH SURVEY



6.8% HHs still practicing open defecation

91.6% HHs used own toilet,
1.6% HHs used shared toilet

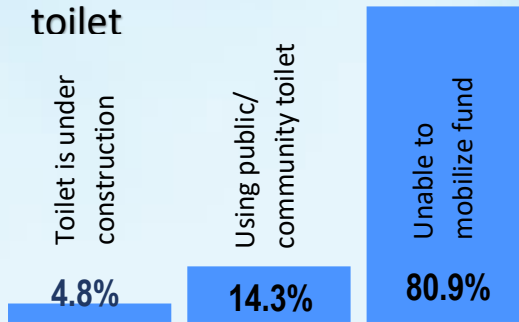




TYPES OF TOILET



Reasons for not having toilet



45% of the toilets had single pit out of which 46% was squatting on pit type

45% of the toilets were of twin-pit type with junction chamber

10% of the toilets were of septic tank type

Cleanliness of 64% toilets were found to be of average standard and almost 16% toilets were in poor status of cleanliness. Only 20% toilets were very clean.

Soap was found to be available near handwashing basins in 55% HHs while majority (96%) of the HHs lacked adequate infrastructure for handwashing. Members of 3.6% HHs did not wash hands in any of the critical occasions.

Only 45% HHs disposed child faeces hygienically i.e. either children used toilets or their faeces were disposed in toilet



While construction of twin pit toilets was advocated, large number of people could afford to construct only single pit with their own fund. Poorer people had much higher share of single pit toilet and the difference in share of single pit toilet among the APL and BPL HHs is statistically significant

The survey also covered the status of access to drinking water. 11.2% had **piped water connection** within their premises whereas 2% HHs still used sources such as uncovered well, surface water for drinking. The burden of carrying water from outside was shared by **both women and men** in all the cases.

Leach pit should not be **more than 4 ft. deep** which has not been **followed** in construction of **majority** of the **single pit (40%)** and **twin pit (37%)** toilets

4% HHs had to carry water for toilet use from a distance of more than 500 ft





WASH IN PRIMARY SCHOOLS

8%

Primary schools do not have access to functional toilet

1 urinal for **65** students on average

1 toilet in use for **86** students on average

WASH IN HIGH SCHOOLS

508

Girls sharing one functional toilet on average

1 urinal for **133** students on average

393

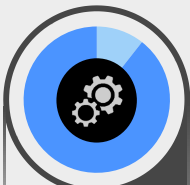
Boys sharing one functional toilet on average

1 urinal for **111** students on average



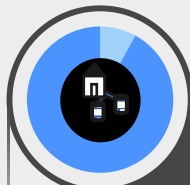
96%

SCHOOLS HAVE TOILET



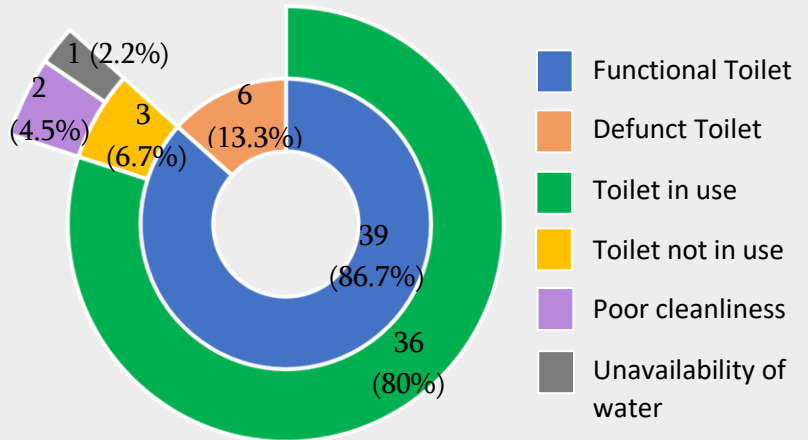
92%

SCHOOLS HAD ATLEAST ONE FUNCTIONAL TOILET



92%









SCHOOLS HAD ATLEAST ONE TOILET IN USE



Inadequacy and non-functionality of the toilets were very high both in primary and high schools. Most common type of toilet in the primary schools was single pit toilets (46%) which adds to risk of sustainability of using those whereas it was septic tank toilets (60%) in case of high schools. Separate toilet blocks were available in 52% of the primary schools and in all the high schools. In 75% of primary schools, water had to be brought from near or far away sources and all the high schools had piped water supply inside toilets. Toilets were found dirty in 12% primary schools and 20% high schools. Soap was not available inside the toilet of 79% of the primary schools and 40% of the high schools respectively and wash basin with running water was found in only 20% primary schools while all the high schools had wash basins with running water. The status of MHM needs to be improved as surveyed students of 40% schools felt uncomfortable during menstruation due to poor cleanliness of toilets and poor privacy.



FINDINGS from survey of Anganwadi & Health sub-centres

Indicators	AWCs	Health sub-centres
	<p>Availability of toilets</p> <p>Functionality of toilets</p> <p>Usage of toilets</p>	<p>9 HSCs had access to toilets</p> <p>1 toilet out of total 10 toilets was defunct due to broken pan</p> <p>7 out of the 9 functional toilets were being used while 2 toilets had poor cleanliness and was not in use</p>
	<p>Incidence of OD</p>	<p>Children of 4.0% of the AWCs practiced OD</p>
	<p>Urination</p>	<p>Children of 28.0% AWCs were urinating in open</p>
	<p>Access to water for toilet use</p>	<p>100% had access to water for toilet use</p>
	<p>Availability of soap</p>	<p>100% had soap for hand washing</p>
	<p>Occasion of handwashing</p>	<p>Anganwadi Workers of 32.0% AWCs used soap for handwashing at all critical occasions</p>
	<p>Frequency of toilet cleaning</p>	<p>3 toilets were cleaned on alternative days, 2 toilets twice a month, 3 toilets once a month while 1 toilet was cleaned once in 2-3 months</p>
	<p>Disposal of medical waste</p>	<ul style="list-style-type: none"> • Medical waste of 1 health centre was burnt in incinerator • Medical waste was collected by agent in 7 centres • Medical waste of 2 centres were burnt in open



FUNCTIONING OF GPs IN SUSTAINING ODF STATUS AND STATUS OF IEC/ SBCC



❖ Role of GPs

- **Monitoring ODF status/ other aspects of sanitation**

Six out of ten GPs had taken measures like counselling persons who were found defecating in the open and another GP had introduced a system of collection of penalty for practicing open defecation. Although progress of construction was monitored, but not the type of toilets HHs were constructing.

- **Facilities in GP office and public places**

All the ten GP offices had functional toilets. Four GPs had public toilet in market/bus stand with separate latrine (WCs) and urinal, whereas in two GPs there was only urinal for public use. Four GPs had community toilets, one in each GP.

- **Community engagement for sanitation**

VWSCs and VHSNC were functional in nine GPs though their effectiveness was reportedly good in three GPs only. Community Facilitators (CFs) were available in eight GPs. Nigrani Samities (Para Najardari Committee or PNC) in the villages to keep vigil in their areas to prevent open defecation was present in all villages and habitations in eight GPs.

- **Capacity of GPs and need for further training**

The Pradhan and the EAs of 60% GPs felt that they were in need of training on ODF sustainability. Seven GPs had organised public function to celebrate the declaration of ODF which are helpful to inform the villagers about their responsibilities to follow the new social norm and to sustain the ODF status.

- **Planning for ODF sustainability**

Eight out of ten GPs informed that they were briefed about the ODF sustainability plan by the block and they were clear about what activities were to be taken up for ODF sustainability. Seven GPs had formulated IEC/BCC plan for ODF sustainability

In none of the GPs there was any system of solid and liquid waste management and collection of garbage from the HHs

IEC/SBCC

Although the awareness of people on sanitation has increased substantially due to the requirement of demand generation through triggering after the CLTS approach was adopted but there remains a huge need for strengthening human resources for planning and implementation of the 2nd generation IEC/SBCC.

- There were **295** volunteers in eight GPs who have received training on sanitation aspects
- There was **Inter-Personal Communication (IPC)** in less than **40%** cases **against** the **norm** of having at least **60%** expenses to be on IPC

Human resources



- **Public announcement or Rally** were the most common method of receiving messages, as told by **41% HHs**
- **Dialogue** as the mode of communication of the messages, was there in **26.1% cases** only

Methods of communication



- **80%** HHs could be reached through IEC activities and out of those **62%** got the messages as recently as last three months
- The messages in the post ODF phase should be on sustainability of ODF status and bridging gap in infrastructure for sustained use of toilet and various practices which was not the case here

Messages



- **IEC materials like posters, banners and stickers** were found in **27%** of the visited schools
- In **68%** schools, **no IEC materials** were found.
- **90%** surveyed schools mentioned that sanitation/ODF sustainability drive was organized within **last three months**
- **HH visits and rally** were the most common activities performed by teachers.

IEC activities in schools



- **Posters, banners and stickers** were found in **28%** AWCs surveyed
- **Some sanitation drive** was organized in the locality within last three months in **62%** AWCs
- **Nature of IEC/SBCC activities** with which the AWWs were associated was **mostly inter-personal in nature** and mothers were the main persons whom they communicated.

IEC activities in AWCs



- **All Staffs** (ANM and ASHA workers) of sub-centres visited **were aware** that their GP had been **declared as ODF**
- **Different types of IEC material** were found in **70%** sub-centres.
- There is **scope for intensifying engagement** of the village health functionaries to spread the messages related to sanitation

IEC activities in HSCs



Universal access to functional toilet

- Toilets should be constructed for the **8.4%** HHs who are yet to have toilet
- Absence of any defunct toilets and 100% usage of available toilets indicates very intense mobilization and sensitization of the people as well as highlights the success of demand driven approach through CLTS

Ensuring equity and social inclusion

- In spite of intense campaign there were some very poor HHs who failed to construct their toilet/ took time to start construction
- The community need to be triggered to come out with appropriate community-based solution in such cases

Promotion of twin-pit toilets

- As poorer people had more single pit toilets as a low-cost option, district should embark on a special drive to upgrade the single pit toilet into twin pit toilets

Addressing the construction defects

- Higher depth of the pits than recommended along with existence of vent pipes shows that adoption and dissemination of right technology need to be improved
- 24% IHHLs did not have adequate ventilation which makes the toilets inconvenient for use
- There is need to improve construction of toilets

**Access to water for use in toilets**

- Need for improving access to water for use in toilet which will not only help in sustaining use of toilet but will also relieve the women, who were found to carry 64.5% of water for toilet needs from outside

Strengthening practice of hygiene

- Need for focused attention to improve hand washing by strengthening IEC/SBCC on handwashing and motivating the HHs to develop infrastructure for handwashing
- Use of soap and water for handwashing after cleaning child post-defecation, before taking food and before feeding child were poor
- Need to emphasize more on cleanliness of the toilets

Promotion of WASH in schools**Strengthening WASH infrastructures**

- Urgent need to develop adequate sanitary infrastructures for both primary and more so for high schools
- Availability of functional toilets for girl students in high school was even worse, which requires urgent attention

Maintenance of the school toilets

- Need to sensitize the school authorities as well as to make provision for cleaning toilets every day.

Access to water and soap in schools

- Supplying piped water in all the school toilets needs to be arranged in a planned manner along with bridge the gap in infrastructure as early as possible
- Lack of adequate handwashing facility needs to be bridged early

Sensitization of the SMCs/Teachers

- Need to sensitize the teachers, the members of the SMCs, GP functionaries and the officials of school education

Promoting MHM in schools

- A drive for improving the quality of girls' toilet in adequate number with availability of running water and soap inside the toilets and system of disposal of sanitary napkins along with IEC/SBCC on MHM in all high schools need to be launched.

Promotion of WASH in AWCs**Strengthening sanitary infrastructures**

- Anganwadi centres had more gaps in availability of sanitary infrastructure and practices compared to that of the primary schools.
- Need for a special drive with support of the Woman and Child Development Department and the Panchayats for providing universal access to toilet and ensuring proper maintenance of those for regular use in all the AWCs if possible making it baby friendly

Maintenance of the toilets

- Cleanliness in AWCs should be addressed as it was found to be poor
- AWWs and AWHs need further orientation on keeping the AWCs clean and adoption of proper handwashing practices

Access to water, soap & handwashing

- Development of the said infrastructures in all AWCs should be given a priority. The GPs may also take up those as a part of their Gram Panchayat Development Plan (GPDP)

Promotion of WASH in HSCs

WASH infrastructures & maintenance

- There should be a special drive to have toilets in all the health facilities and to keep those very clean through daily cleaning with access to running water and soap.
- The risk of unhygienic practices and poor sanitation on the health of the children should be highlighted in the messages to be communicated through wall writing/hoarding, etc. in HSCs

Strengthening IEC/SBCC

Capacity building for IEC/SBCC

- Huge need for strengthening human resources for planning and implementation of the 2nd generation IEC/SBCC. The existing Community Facilitators and other field level workers need to be trained again on 2nd generation IEC/SBCC

Orientation of all the service providers/ secondary stake holders on IEC/SBCC

- All the district and block officials, Panchayat functionaries, SHG leaders need to be oriented afresh on 2nd generation IEC/SBCC. The GP should be enabled to take up low and no cost IEC/SBCC activities of their own in a planned manner.
- District should prepare and implement appropriate plan for 2nd generation IEC/SBCC along with developing capacity for the same
- The panchayat functionaries on being elected should be given an orientation on WASH. Nirman Sahayak should be trained using a dedicated module on engineering aspects of sanitation.

GPs to play a critical role

ODF sustainability plan of each GP

- In order to take specific actions, there is need to know the problem being faced specifically by each HH and the particular institution. Therefore, a critical requirement is to assess the ground reality in each GP through a participatory survey. The findings will help to prepare a plan for all the components of WASH for every GP

Ownership and motivation of GPs

- GPs need to be sensitized and enabled for becoming more proactive in supporting ODF sustainability and ODF-plus activities for providing sanitary services

Solid and liquid waste management

- None of the GPs there was any system of solid and liquid waste management and collection of garbage from the HHs. The GP as the civic body has to provide appropriate solid and liquid waste management services

Public services for sanitation

- Need to have more sanitary facilities in public places in nine out of the ten GPs
- GP functionaries need to be oriented to bridge the gaps in sanitary infrastructures

Strengthening human resources of the GP

- The GPs are to be motivated to strengthen the village level team of functionaries for promoting activities related to ODF-S and ODF-plus

Finance for investment on sanitation

- The GPs need to plan how the amount available can be used for strengthening ODF sustainability and taking up ODF-plus activities

