

ATMASANMAN MAHARASHTRA

SUSTAINABILITY OF ODF Communities

A Policy Guideline for Rural Maharashtra

September 2017



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1. About the Guideline

This guideline focuses on convergent need of programming considering three aspects: sustaining ODF communities, ODF plus programming and convergent with other state and national flagship programs to further incentivize/motivate the communities//village/GP.

Coverage does not necessarily mean usage and both coverage and usage do not automatically translate into ODF communities, unless the usage of improved sanitation and hygiene is universal within a community.

The Government of India defines an ODF community as one where:

- i.) There is no visible shit (human excreta) in the open;
- ii.) Everyone adopts safe sanitation disposing human excreta safely

The word “toilet” is not even mentioned in the definition of ODF given by GOI. This can be meant to imply that toilet is only a means rather than the end, which is to have a shit free living environment at the community level.

Open defecation is still a socially accepted traditional behaviour if we refer to the findings of NFHS 4 or NSSO 2015 and also independent verifications of NGP GPs (in old TSC, NBA time). Many households and communities consider toilets unclean and the incidence of open defecation (OD) in fields in rural areas supports the continuation of such a belief. And hence the major barrier at the community level has been the widespread social acceptance of the practice of open defecation (OD) by all including rich and poor, women and men, and old and the sick. A new ‘social norm’ to reject open defecation based on collective decisions to abandon open defecation needs to be created as an integral part of the behavior change interventions.

Maharashtra has a rich history of social mobilization in the name of sanitation. Sant Gadge Baba Gram Swachhata Abhiyaan and the recently revised guidelines of Sant Gadge Baba competition further establishes the need of sustaining and maintaining ODF communities. Only the ODF declared GPs under SBM are eligible to apply for Sant Gadge Baba competition. In addition to this untied fund under GPDP and PESA further gives an opportunity to essentially take care of operation and maintenance issue to ensure sustainability of ODF communities. Also, in last three years, districts have conceptualized and internalized the Open Defecation Elimination Planning (ODEP) approach. IPC and Household contact drives have undertaken to reinforce behavioural change messaging at household level by a very strong human resource structure at District and Block level dedicated for sanitation. **However IPC/HH contact drive got restricted in a campaign mode focusing more on enquiry and survey methodology than creating a platform for dialogue and could not translate into a routine community reach out intervention.**

At this crucial juncture where coverage has become 89% in the state, it is important to address the fact that the entire focus of the sanitation work in the state remains

restricted to access to toilets. Despite substantial efforts of behavioural change strategies, the implementation has been less than optimal as there is still 25-30% slip back in toilet usage¹. Hence, IHHL saturation doesn't necessarily mean everyone accepts, appreciates and uses toilets and act as a peer pressure to ensure use by others. Therefore, the current issue plaguing the state is that within these ODF GPs and villages, a considerable section of individuals in the community are struggling and refraining from using the newly constructed toilets leading to slip backs.

2. Swachh Bharat Mission – Gramin: A Performance Overview

Rural Maharashtra has witnessed nearly 4.7 million new individual household toilets constructed between January 2013 to September 2017 with 13 districts and 175 blocks declared open defecation free spread over 19,507 Gram Panchayats with an investment of nearly INR 4,000 crores². This converts to a per day rate of toilet construction of 2,716 toilets i.e. reaching out to nearly 13,600 rural population every day- an impressive progress³. The progress has not been even across the State with few districts and divisions emerging as performers while few districts/divisions are lagging behind. These lagging districts face challenges because of very low starting base since the inception of SBM and other socio-economic and cultural history. The 2011 census records the gap between best and worst performing districts as 77 per cent points in terms of access; whereas on 31st March 2017 it stands reduced by 42 per cent points. Again inter- state variations highlight 16 districts (majority tribal and water stressed) which are less than state average in terms of IHHL coverage and ODF communities, while on the other hand two entire divisions (nearly 50% of total population of Maharashtra) will be declared ODF very soon. Two other divisions are at the current rate, likely, to miss the target of universal coverage by 2 years (probable achievement 2021)⁴. While current estimates of coverage are more than 89% for the state of Maharashtra, the percentage of ODF GPs, blocks and districts across the state self-declared is around 70% out of which only 55% are verified independently.⁵

In a recent data validation study⁶ of water sanitation and hygiene facilities in 1138 Government schools of Parbhani district done by UNICEF with support from a State KRC, it was observed that there are gaps in reported and on field facilities, e.g. 288 schools do not have drinking water provision, no water was available for use in toilets in 441 schools,, no water was available for hand washing after using toilets in 411 schools. Hence the state requires a **second generation of sector reform** which is

¹ Riddhi Foundation and UNICEF Field Studies (2015-17), 340 villages covering 3400 families (Unpublished)

² IMIS, MDWS, GoI, 31st March 2017

³ Authors own analysis

⁴ ibid

⁵ IMIS, MDWS, GoI, July 2017

⁶ Benchmarking and Validation of WASH Facilities in Government Schools in Parbhani district by KRC and UNICEF

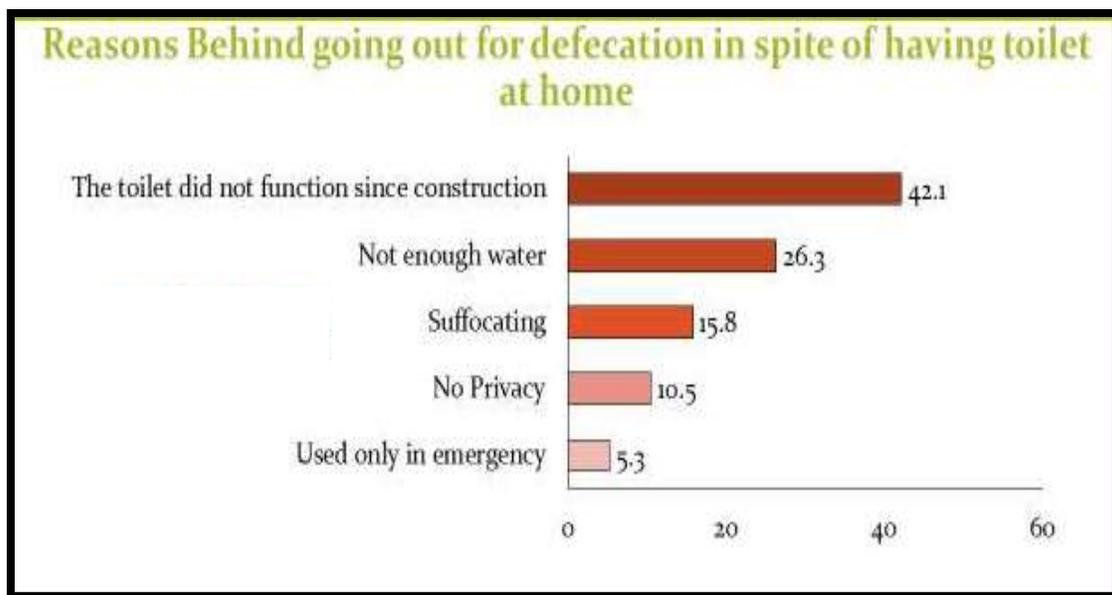
more focusing on **sustainability, service level benchmarking, functional operation and maintenance** and building on the existing infrastructure.

3. Evidence and Key Learning from the field

Third party verifications of independent agency in Maharashtra in 2015-17 has shown that **overall, 2/5th of the ODF GPs are not ODF as per the definition of MDWS, GoI and GR of GoM⁷.**

The following was reported:

- 42.1% of respondents HHs who practice open defecation in spite of having toilet facility, expresses that their **toilet is defunct** since construction⁸.
- The villagers have reported that during summer, OD becomes rampant due to **scarcity of water**.
- Apart from the above reasons, feeling of suffocation, lack of privacy and other reasons are reported as reasons for not using the toilet



At HH level, most reported washing hands ONLY with water, and soap is not commonly seen. There is no handwashing facility next to the toilets for use after defecation.

3.1 Bottlenecks as observed and reported

To add to the level of difficulty already seen in this transition wherein GPs are being declared as ODF, the following attitudes are hindering prospects of winning over the bottlenecks.

⁷ ibid

⁸ ibid

- Preferences for OD among elderly males above 50 years and children below 12yrs
- ***Belief that toilets are meant largely for women to protect their dignity (an ironic outcome of the women's modesty focused IEC initiatives)***
- Strong opposition in many the families to construct sanitation facilities within/adjacent to their dwelling
- Shortfall in technological know-how of toilet functioning at the HH level, at the mason or GP level

The qualitative field observations, apparently indicate that there are inadequate efforts in behavior change through generating awareness on sanitation and hygiene. Thus, whatever IEC activities are implemented focusing more on access and triggering to change, the results have not been uniform

- Lack of awareness about the correct cleaning materials for pit toilets often result in chocking the pits due to use of chemicals which kills the bacteria in the pit, resulting in over flow of feces leading to toilets becoming defunct
- Pit emptying process is not understood clearly and it creates a negative impact/non usage of single pit toilets once it is filled up. Even in double pit toilet the same is abandoned once both the pits are filled
- Masons still have unclear information on correct way of two-pit construction. Many masons promote construction of larger pits or septic tanks for financial gains. In the absence of proper fecal sludge management and service provider in remote villages septic tank toilets become defunct after some time
- Incorrect design, technological standards not being observed and poor maintenance of sanitation facilities and erratic supply of water in institutions like schools, Anganwadi centres and public places
- **Lack of ownership of the GPs** to ensure access to and use of sanitation facilities within its area as the local government. The involvement of the GP has been confined to performing the tasks assigned in implementation of SBM(G) as a programme imposed from top.
- Another major observation is non-involvement of beneficiaries (or rather 'users' of these facilities) from the beginning. At schools or even in houses, actual users are very rarely consulted / informed about the actual construction / type of toilet / location & above all about their responsibility in O&M of the same
- Program implementers at all levels are not always serious about technological standards. No quality monitoring at any level. e.g. even the simplest component such as right type of pan & trap is found anywhere & no one stresses on making a large number of retailers or suppliers are available

ODF, the meaning of ODF in reality has often been reduced to ensuring that IHHLs are constructed and that everyone has access to toilets (community and shared

toilets) rather than on the use of toilets by each and every member of the household and communities at all times.

In the study mentioned above, majority of ODF GPs, it was discovered that the GP functionaries are not aware of the issues of sustainability and activities to be taken up after becoming ODF. ***This is a major problem since it is imperative that sustainability plans are inbuilt in the intervention right from the start.***

Thus, **achievement of ODF status has not marked the end of a journey**; rather it opens up a new goal for the district administration – from ODF to sustainability and from there to ODF Plus; from toilet construction to achieve overall health and well-being!

3.2 What Worked in the field so far

The first hand feedback received from the motivators and champions, indicates that the following factors were useful in making the GPs ODF:

- Awareness about benefits of ODF process and ill effect of open defecation on the health and nutrition outcome
- Teamwork and committed leadership at village level
- Promotion of twin-pit leach pit toilets
- Government and frontline workers being present and available for the community during ODF process accelerate success rate
- Religious leaders and key persons contribution in the planning, mobilization and implementation process accelerated the adoption of toilets
- Systematic and participatory planning, team work and **involvement of elected representatives** are key factors for making block ODF
- Mahila Mandals, Yuva Mandals actively communicating regarding sanitation and hygiene.
- Women SHGs play a crucial role in bringing about a change in the villager's perception. These SHG groups served as powerful messengers of sanitation to HHs.
- Use of Digital media is instrumental in follow-up and motivating the communities
- Experience exchange between toilet users and non-users was useful for motivation
- Addressing issues in toilet construction at village and individual level helps in community participation
- Collective leadership at GP level and owning responsibility as the local government as assigned under the constitutional statute is crucial for sustainability of the mission and assures returns on investment in village development scheme and projects

Since ALL of the above are enablers and hence are required to be put in action with an extended outreach to ensure sustained ODF conditions.

4. *The Problem Statement*

Research and third party verifications has repeatedly found slippage post-ODF, identified institutional, physical, social and behavioural dimensions leading to acute challenges faced by policy and practice. At the same time, more and more evidence has accumulated of what can be done to enhance sustainability and minimize slippage in a whole variety of contexts. Similarly, there are issues and challenges in institutional water supply and sanitation facilities. Post ODF engagement is vital and must be planned for from the start. There is an obvious the need for a market of appropriate sanitary services and materials as this is important for sustainable toilets and for movement up the sanitation ladder. In areas with dispersed settlements and/or poorly developed markets, external action may be needed to encourage or substitute for the private sector. In closely knit communities there is potential for others to help those least able to build latrines for themselves. However, this ideal cannot be relied on generally and it is precisely the poorer and less able people who have the least sustainable latrines, are least able to maintain them, and bear the highest burden of disease and so are most likely to infect others when they revert to OD.

Therefore, there is a need for differential strategies and programing in terms of increasing the pace of access, which includes adequate supplies of water to meet all personal hygiene needs along with drinking and cooking (sustainability should be in built with accessibility and maintaining quality) and ensuring sustainability of declared ODF communities at all times during drought like situations also. The guideline focuses on a gradual ladder approach from ODF validation to sustainability to ODF plus approach with a mix of regulation and incentivisation fixing accountabilities at different levels. This guideline also is a first step to come out from a programme implementation mind-set to putting in place sanitation as a way of life and making the GPs and other tiers of Panchayats to internalize their roles in the desired transformation. This guideline further elaborates on how the Panchayats should be encouraged to invest their own fund (which includes revenue mobilized by them and untied fund received) in improving sanitation beyond what is provided under SBM to take up activities not permitted under the SBM.

5. *The Unfinished business of ODF*

The goalposts are moving from achieving open defecation free (ODF) communities to post-ODF sustainability as we are reaching closer to the SBM timeline. As there is a tendency to stop at ODF and have very little focus on post-ODF sustainability, the task ahead is critical and monumental.

It is important to insure that 'sustainability' is not confused or used interchangeable with 'ODF +'. The tendency seen in the state is also to declare the community ODF

and then quickly move on to a list of activities claimed to be part of ODF+. **The acute need at this juncture is to stabilize and streamline the efforts made to declare the GP ODF. The focus is going to be to fill in the gaps and sort issues like those of defunct toilets, missing toilets and new families, use of incorrect technology, lack of knowledge & implementation of appropriate O&M as per the technology.**

Dealing with the above issues requires a comprehensive strategy for Sustainability for the district and specific operational plans for the GPs as per the intensity and scale of each problem area.

5.1 Understanding the problem statement – Sustenance of ODF Status

Sustainability of ODF status immediately after ODF declaration is an area of concern and the longer run sustenance is more difficult. In general, the approach is to leave ODF sustainability to take care of itself as there is no immediate follow up, short term follow up and long term follow up. The SBM-G guidelines in the context of ODF sustenance has clearly mentioned a six month, yearly and 18 months of verification and facilitation cycle.

Sustainability of ODF is an inclusive term that includes a combination of ODF and ODF plus indicators (practices). It would mean the adoption and maintenance of all water, sanitation and hygiene (WASH) related behaviours and practices including use of toilets, hand washing with soap in critical times, food hygiene, safe drinking water storage and handling, SLRM, institutional and public sanitation, and sustained water for sanitation and hygiene throughout the year.

The enthusiasm and support that can be generated by setting short-term targets to achieve ODF needs to be balanced by establishing and embedding strong institutional frameworks, building adequate capacity, and securing finance to ensure long-term sustainability

The Sustainability Guidelines discussed here will be referring to sustained ODF as per the ODF definition and criteria laid out for the state of Maharashtra. It will speak more of transition from declared to verified ODF status and the essential elements that are needed to have a sustained ODF status. These guidelines do recognize both types i.e. self-declared ODF GPs and verified ODF GPs and hence the need to plan and ensure sustainability measures becomes even more imperative and mandatory. This process of ensuring efforts towards sustainability becomes the lifeline of the entire mission to avoid mistakes of the past flagships like Total Sanitation Campaign where Nirmal Gram, most of which relapsed in practicing open defecation.

Post-ODF engagement remains challenging. Despite recognition of the importance of follow-up to, and monitoring of, the sustainability of the new sanitation facilities and

practices generated by successful triggering efforts and local interventions, few local governments allocate the budget, resources, and capacity needed for long-term support. There is a struggle to support ever-growing numbers of triggered and ODF communities with local governments far from ready to take on the longer-term support role. All too often, the ODF gains prove fragile, with disadvantaged households in poor communities often the first to revert to open defecation (OD)

5.2 Key dimensions necessary post ODF sustainability

Combination of the following six key factors and or functions that are vital to sustain the overall efforts on ODF and post ODF sustainability are:

| | |
|---|--|
| <i>Enabling environment</i> | Strengthen capacity and systems to enable all actors to contribute effectively |
| <i>Accountability</i> | Support transparency, monitoring and people’s participation as anchors of good governance; effective <i>Nigrani Samiti</i> |
| <i>Working inter-sectorally (Convergence)</i> | WASH linking and contributing to education, health, nutrition and other outcomes, including WASH in institutions |
| <i>Gender & Equity</i> | Inclusion; gender and disability dimensions are needed to be considered |
| <i>Leverage resources for WASH</i> | Public and private financing for scaled-up, sustainable programmes |
| <i>Strengthening Local Government</i> | Regulation and incentivisation |

5.2.1 Enabling Environment

Activities aiming for sustainable sanitation need to be integrated with and supported by existing systems. **Government leadership, commitment, and efficient public investment**, have shown to be central to achieving sustained sanitation for all. Government systems are the only channels through which whole-country populations can be reached and long-term follow-up can be provided. However, a lack of planning and investment for scaling-up is a challenge to sustainability, potentially leading to compromises in quality, inclusion, and sustainability.

Both government and civil society organizations like Key Resource Centers tend to lack long term institutional commitment and financial and other resources for follow up and capacity building, but there is more continuity, mandate and obligation associated with the government staff than with the KRCs. Existing social and administrative structures and groups within communities and government need to

be identified in advance to the implementation (of ODF sustainability plans), and integrated into the process.

Understanding the motivations of and incentives for natural leaders, community health workers, Master Trainers, Champions, motivators etc can help to make efforts more sustainable. Ensuring suitable incentives (financial and non-financial, such as praise, recognition, or training) are in place to encourage and motivate people, and reward them for their essential work, would be central to success.

Supporting capacity building of staff at different government levels on management of post-ODF status is critical to create an enabling environment.

Hosting or attending events which bring key actors at different levels together for sharing and learning would be one way to begin exploring the possibilities about how to effect this institutional change, and assess the incentives needed to ensure the change is sustained. Exposing people to the realities of challenges might be another way of adding value to such events. Experiential learning such as ‘immersions’ and reflection on such realities might move them to taking radical decisions that can support and sustain change

Women’s groups often come together to support each other socially and economically; they are a force to reckon with in the community as they are respected, trusted, and influential, and have access to various households, including the poorest and marginalized. The engagement of these groups can facilitate an enabling environment to sustain behavior change.

5.2.2 Accountability

Establishing a state monitoring system to track progress and outcomes is a key element needed for sustainability along with fixing of accountability

- ***At the state level a high powered committee on the lines of EGS committee and PRC committee must be formed. It has to be headed by an elected representative other than the Minister of the department and having as its member the Secretary of the Department along with the head of state level agencies viz, Director WSSO, Mission Director(SBM), GSDA Director as well as MS MJP. It must include few MLAs as well as accomplished national level sanitation champions who are based out of state. The committee must have power to take complaints and recommend actions to the government.***
- Similar committees must be constructed at the ZP and Panchayat Samiti level. At the village level a *Nigrani Samiti* and a *swachhagrahi* has to be appointed as soon as possible.

5.2.3 Working Inter-sectorally (Convergence)

- ***Sanitation affects the outcome of every human development initiative. The causal link between stunting in children, overall health status of the community, education, infant/maternal mortality, malnutrition etc has been established beyond doubt. Every rupee spent on sanitation gives 4.4 rupees worth of returns in form of lowered expenditure on healthcare.***
- All the departments working in the human development sectors viz education, healthcare, employment guarantee, Women and Child welfare etc will have to work synergistically, harnessing the resources at their disposal towards one common goal.
- VWSC's will have to be reenergized and reformed, working as mentors of or themselves as the *Nigrani Samitis* of the village. They must be refurbished with technical training and support to oversee the technologically sound solutions being implemented as well as maintained in the field of Water Supply and Sanitation

5.2.4 Gender and Equity

Adolescent girls and boys, older men (ill, disabled), women (young, pregnant, disabled, ill, older), lesbian, gay, bisexual, and transgender groups (ill, disabled, young, and older) are not separately consulted or asked about their daily sanitation and hygiene experience, how they cope and what solutions they can offer. Asking them what they need and want and resourcing them to partner in the design and development of inclusive services is a prerequisite for sustainable behaviour change.

Sustainability planning needs to integrate age, gender, and varying physical impairments across public toilets and WASH facilities in health centres, educational establishments, government buildings, marketplaces, transport hubs, and other public spaces. Ensuring that WASH services, their use, and maintenance are guaranteed for generations to come is impossible without recognition of the diversity and needs of the users who will use and maintain these services

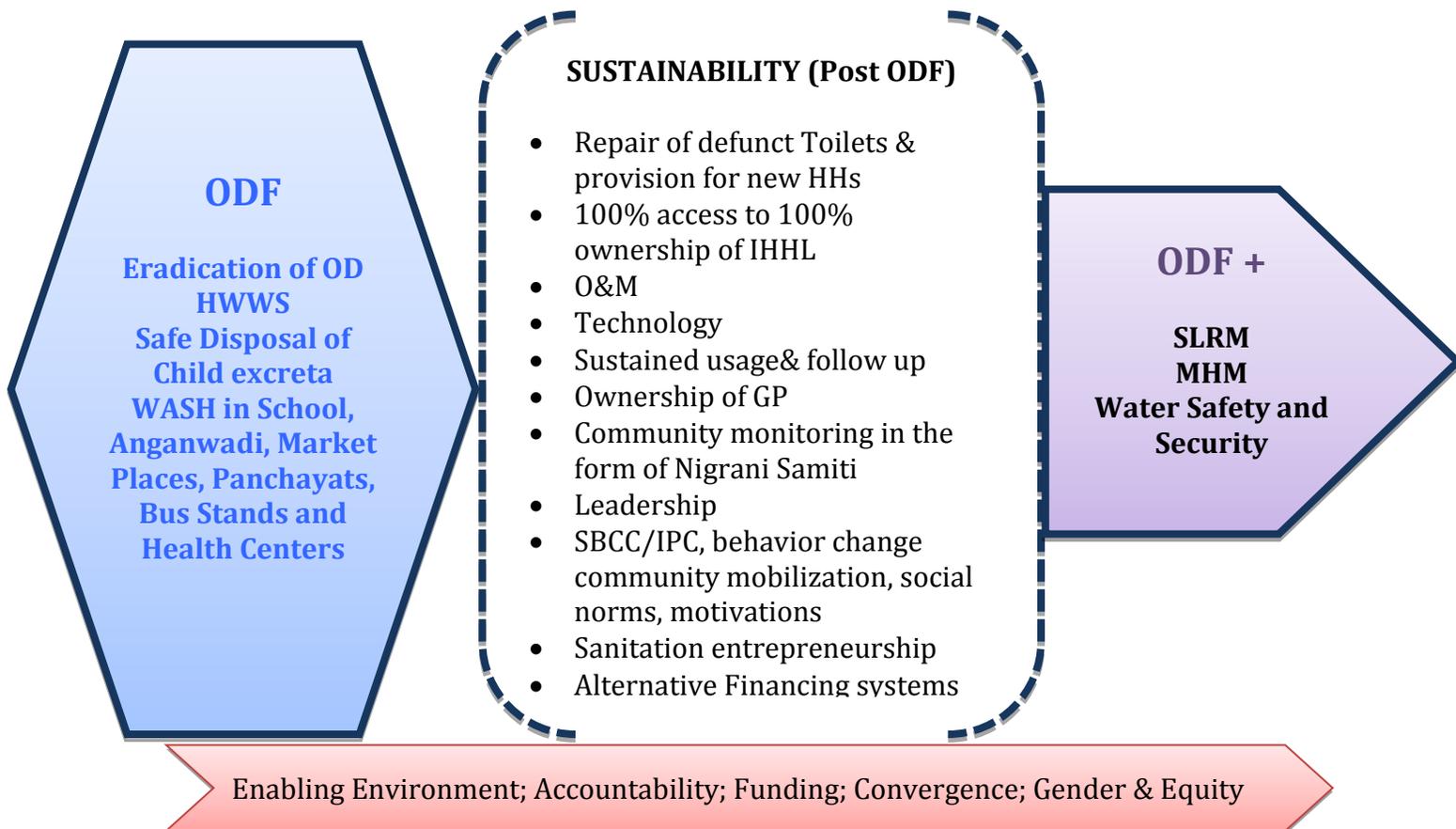
5.2.5 Leverage resources - Funding

The quantum of work needed to sustain ODF will demand requisite resources. Additional funding needs to be made available to communities to carry out activities such as post-ODF and long-term monitoring and follow-up. Funding can help provide incentives to stimulate entrepreneurs to develop technologies which will meet the varied needs of households and individuals. 14th FC, PESA and WB DLI fund are few options in addition with aligning with MSRLM and MAVIM's financial platform. Though the estimated amount will be contextualized based on local situation and this needs to be worked at district, block and village level. The funding must be supported and energized following a Gram Panchayat Development Plan exercise which puts Sanitation as well as Solid Liquid Resource Management as the priority of planning and expenditure

5.2.6 Strengthening local government

Creation of enabling environment is a local action which cannot be performed well from above. Only a strong local government can not only build required local environment but can sustain the same without much expenditure. There is a strong case for strengthening the GPs to be able to take ownership for sustaining ODF status and required capacity has to be imparted to enable them to discharge such functions. The GPs to be empowered to regulate building plans so that no residential building is constructed without adequate sanitation facilities.

6. Components of Sustainability of post ODF



Sustainability is a multi-faceted issue, and solutions must be holistic in nature, encompassing not just one or two criteria such as technology choice or community management arrangements, but the entire range of factors that affect sustainability. These include all the above as shown in the framework below.

6.1 Operation and Maintenance (O&M)

Ongoing systems providing replacement supplies, toilet repairs, and pit-emptying services are essential to sustained ODF situations. Fecal sludge Management of the septic tank toilets should be taken on priority.

Regular system of maintenance and cleanliness of toilets at community and institutional level (School, Anganwadis, Panchayat, Health Centers, Market Places) is a key programme activity for sustained ODF. Community participation and also participation of staff of institutions as well as the school children would be of prime importance for success in O&M. This participative approach has worked wonders in the village of Hiware Bazaar which acts as a model for others to follow.

Maintenance, cleaning, upgradation, and sludge management are the bedrock of sustainability. Slipping back into old, bad habits is so much easier when facilities are blocked, smelly, unclean, locked, too far away, or too difficult to use safely.

6.2 Technology: Focus on quality and appropriateness

Having definitions for what constitutes a 'quality' toilet is important; however, any definition has to be contextually defined. Quality toilet should refer to safe and improved containment of feces with no chance of ground water or surface water contamination with superstructure providing dignity, safety and privacy and which can stand shocks like heat, rainfall, hailstorm or strong wind.

Quality and durability of toilets are critical to long-term sustainability. Investment priority should be more on sub structure than the super structure, though the user must also be happy with the superstructure to ensure usage. Larger pits tend to be less stable and increase the risk of collapse. Poorly built toilets and bad quality of materials used are a significant threat to sustainability. Poor quality toilets without proper sealing and ventilation are bound to smell, attract flies and feel claustrophobic.

These toilets are abandoned in the long run. It fails to convince those who prefer OD as their natural response. Satisfaction with the current defecating place plays an important role as well. Leaching of pit latrine contents in high water table areas is another problem. It is very important to have multimode approach. There can be situations where the conventional models are not suitable. Post ODF program must take this into consideration. A rapid third party assessment with respect to technology should be an integral part of ODF+ activity. All the parameters of the existing toilets including impact on environment should be studied. Some R&D work on newer types is essential. FSM is a very important area to look into.

6.3 Use of manure from toilet pits: This should be given priority in the post ODF program. It can be in the form of training, demonstrations and field trials on farms. A protocol for pit emptying also needs to be developed. Demystification about use of manure & pit emptying is also essential. **We can train SHGs or unemployed youth in the process of pit emptying and commercializing of the manure created out of it.**

6.4 Training of Masons:

A large number of masons have been trained in the State in last one decade (100 or more masons per block supported by UNICEF). Even in few districts the ZP did

accreditation of masons for blocks. Still large number of pit-toilets have vent pipes (insisted by families and in few cases by mason in fear of smell or bursting of pit) which is a clear evidence of lack of knowledge of the Masons and awareness of the users. Hence it is clear there has been inadequate follow up and putting them to use. The major concern here is the wage difference and the profit made by the masons and guarantee of sustained job. Therefore, the supply chain requires a paradigm ***shift from mason driven approach to turnkey service provider approach with development of skill based entrepreneurs*** which aligns with the mandate of skill development initiative taken up by the Government.

6.5 Universal Household level access – households left out in baseline survey, new and additional families

Maharashtra has high number of HHs (5%) using shared toilets. In many cases such sharing arrangement may not be continued for a longer run and the families will revert to practice open defecation. There should be 100% ownership of IHHLs for ensuring 100% access on a sustainable basis. New house construction and family division/expansion processes need to include installation of new latrines. There are also families, households having space constraint, families who encroach and migrate that are not recognized by the GP and no provision is made for their access to toilets. All these are problems even in GPs declared ODF and needs immediate attention. In districts where there are a high number of shared and community toilets, the need to transition to IHHL is imperative, of utmost importance from ODF sustainability perspective and people will need resources, facilitation and motivation to build their own IHHL

This area of post ODF sustainability requires continued mapping of households with, shared toilets, using community toilets, households with space constraint, migrant families, market places, religious place, public spaces, etc. Follow up efforts are also required to ensure accessibility not just at HH level but also at institutional level.

6.6 Defunct toilets

Many districts have a significant number of defunct toilets. Understanding the various reasons of toilet being defunct is important as presence of even a single family with defunct toilet that will prefer to defecate in open poses a major threat to sustainability and health hazard. **Presence of defunct toilets for longer periods is a clear indicator of 'slipback'**. Addressing this means redoing the work done in the phase of attaining ODF status. Hence, assessment of defunct toilets, its' nature or degree of damage and preparation of action plan is very crucial... Unfortunately a toilet with broken pan or a dismantled door is also considered under defunct category. People expect government to repair these. This attitude is detrimental to sustainability. There can be two very distinct categories of defunct toilets such as toilets gone defunct due to incorrect technology/ construction & those which have developed some problems due to ageing. This calls for a policy decision in near future or dovetailing with other programs. Government should at the most support only the first type.

6.7 Child Excreta Management

Handling of child excreta is one of the major concerns which is supposed to be addressed under ODF process. However, this issue will need constant advocacy through various platforms like meetings at SHG level, Anganwadi centres, using platforms like VHND, awareness amongst the siblings in the schools, etc. Deviating and shifting from the regular practice of indiscriminate dumping of child excreta to safe practices shall be a game changer for young mothers and citizens in making. This changed behavior of young mothers would be a peripheral impact with guaranteed sustenance.

People must be educated to dispose of child excreta safely in the IHHL being used by the family. In case the child is trained to defecate on its own then it should be made to use the family toilet with adult supervision lest the child should fall in the toilet. Similarly children must be trained to clean themselves properly after defecating and also wash their hands with soap afterwards. This has to become the mandatory part of all the IEC initiatives being undertaken by the government.

6.8 Sustained use of toilets & Advocacy

Behavior changes are more likely to be sustained in communities with continued behavior monitoring and incentives as well as sanctions against open defecation. Functional Nigrani Committee after declaration of ODF is very crucial. This can be aligned with VHNSWC's in place of creating a parallel structure to ensure accountability and bring authority to the committee; by issuance of amended notification under the Bombay Village Panchayat Act 1960(?). **However, positive discrimination should be promoted in place of any coercive technique.** A SOP to engage the Nigrani Committee up to a year after declarations is very useful to keep motivation levels high.

6.9 Follow up post ODF

Follow up and reinforcement are critical for sustainable ODF status but it is not uniform in all the cases. This concept needs to include-

- More and frequent targeted HH visits by government frontline cadre, champions, village leaders, etc.
- Regular re-verification drives/programs
- Formalized systems of support to natural community/village leaders
- Promotion to encourage local leadership, community contribution
- Incentive structures like that of Sant Gadge Baba Abhiyaan, SMART village (100% access and 100% usage principle)

Continuity and commitment are essential to sustaining ODF status, and it is vital that the community leads the post- ODF follow-up.

6.10 Institutional Responsibility, Ownership of GP and building its capacity:

The GPs have a role to play as the local government in sustaining ODF status. Also, the entire responsibility of maintaining cleanliness in the public domain as well as management of solid and liquid waste rests upon the GP. So, the GPs should not be

driven by the mere programme launched from above but by their duties in providing access to sanitation, maintaining cleanliness and even regulating community behavior for maintaining sanitation and hygiene. The GPs need to give due priority to sanitation and their capacity should be enhanced to deliver public services related to sanitation and hygiene. A well-defined module can be inserted in the GPDP plan development process and sensitization events. ***We need to create, train and incentivize a cadre of Village Sanitary Officers much on the lines of Sanitary Inspector found in the Municipal Corporations. This functionary must be trained thoroughly in the desired technologies as well as attitude to construct, maintain and sustainably used sanitation facilities, both private as well as public.***

6.11 Leadership:

GP functionaries/Community leaders/champions who want their villages to remain ODF shall tend to mobilize all community sub-groups to participate in the ODF sustenance process. The process must envisage triggering, reinforcing the triggering effects through community institutions and community level events thereafter, and monitor progress effectively. They also ensure that all households change their OD practices and do not slip back to OD. On the other hand, villages do struggle to stay ODF in many instances due to people not showing interests and involvement.

It is therefore important that government functionaries utilize available institutional mechanisms for generating a competitive spirit among village leaders and raise demand from them for interventions, especially at the post ODF stage, to help make their villages sustainably ODF.

Success in sustaining ODF is seen where community leaders and respected / credible persons of the community encourage people to maintain and improve on the new behavior and facilities. Community leaders / champions supported by sanitation program staff often are people who already command respect among their neighbors. The efforts of program staff serve to expand their influence beyond their immediate villages. Some with exceptional powers of persuasion are encouraged to visit other places, both to learn and to teach about the importance of giving up open defecation.

Passionate, committed champions whether government officials, elected representatives, or other natural leaders, can have significant contribution to ODF sustainability.

Collective leadership at GP level is crucial for sustainability of the status and assures returns on investment in village development scheme and projects.

6.12 SBCC/IPC, behavior change, community mobilization, social norms, motivations

The State hopes to achieve (once the community has agreed to abandon OD, takes action, and declares itself ODF) a new social norm, whereby it is best (easier) for individuals and the community as a whole to follow the norm and hygienically

separate human waste from human contact through toilet use, handwashing with soap, and safe management of children's excreta.

By taking these actions, community stabilizes the new social norm and ensures it is sustained over time. Following ODF declaration, communities can also create local by-laws to prevent OD in their village, thus aligning social norms with legal norms. Such systems may be important to monitor, regulate, and sustain the social norm, as it indicates to all (including newcomers to the community) that the normative expectation in that community is that everyone uses toilets. It is also important that people's ideas about the future contain the social norms we want to maintain.

The State is required to always create a vision of what comes after ODF from the start, as also envisaged in SBM-G guidelines. If not done, instability of the new norm can be found in the form of OD 'slippage' or reversion.

Moreover, continuous behavior change activities for developing health-seeking behavior and preventing slip back to OD are needed to be implemented in systematic and coherent manner. IEC interventions have to continue post ODF declaration. **Thus, the IEC fund cannot be dependent or linked to just construction of IHHLs rather on sustained use by all in the community.**

Motivational factors for toilet adoption and sustaining ODF behaviour include positive social pressure like prestige and perceived benefits – convenience, safety, saving time, health benefits, privacy, dignity, disgust, stigma and discrimination when OD is not appreciated by those around are also motivational factors.

The social behavior change communication (SBCC) need to continue as follow up visits to the GPs to encourage sustained use of toilets, establishing use of correct technologies, encourage and felicitate model behavior, affirm appropriate WASH practices, funnel peer pressure, evolvement of social norms against OD

6.13 Community Monitoring

Monitoring lies at the heart of post-ODF sustainability. It helps identify slippage. Community and participatory monitoring enables to find not only problems in the sustainability efforts but also enables the community to figure out solutions and systems together.

The key is to use the potential of the community and peer support groups to monitor and promote sustained maintenance, improvement and use of toilets.

- Preparation of special tools for ODF sustainability assessment (?)
- Activation and Capacity building of *Nigrani Samitis*

Children and teachers; youth clubs, SHGs have a very important role to play in monitoring OD

Nigrani Samiti: Through the monitoring plan Nigrani Samiti is to be evolved. The composition of Nigrani Samiti to be the following persons- Sarpanch and GP Members, VWSC Chairman & Members, CBO representatives, paraprofessionals, Community Leaders, Faith Leaders, government department staff. The number of Nigrani Samiti members could be based upon the size of the GP (but not less than 12). Women, Youth and vulnerable communities must be included. The resource team members who have worked for community assessment (part of ODEP process) need to be included in the Nigrani Samiti.

There should be active and sensitized Village Health Sanitation and Nutrition Committee (VHSNC) in each village/hamlet as prescribed under the National Health Mission to perform several tasks related to sanitation and other proximate factors of health. Generating awareness, ensuring adoption of sanitary habits by each person and mobilizing the community to establish the new social norms related to ODF sustainability are to be performed by the Committee. These Committees need to be activated and strengthened by building capacity of the members.

6.14 Alternative financing systems

For household to sustain use of toilets, funds are usually needed for operation and maintenance, to replace and upgrade toilets, or to move out of shared arrangements. In addition, new comers and expansion of households will always create a need for funds for new toilets. This calls for some dependable financial models/systems accessible to the HHs like micro credit, savings groups, etc. This can increase the likelihood of sustained toilet use.

Additional sanitation finance support system, should be created, to accelerate progress and reward improved sanitation behavior while aligning with programs like MSRLM, MAVIM or other micro finance and alternative banking projects. However, it needs to be conditioned and built up on community commitment to ODF status and hygiene improvement as evidenced by verification of ODF status. It should be carefully targeted to those most in need of assistance, to build and use durable and hygienic sanitation facilities while carefully negotiating the rate of interest and the burden on the respective families. Options like NABARD or District Lead Bank for alternative financing can be explored by districts.

6.15 Social Entrepreneurship and One Stop Shop

Twin Pit latrines need emptying mineralized fecal waste i.e. compost or manure. Pit emptying could be a service provided or commercialized which could include Search for, innovate with, and introduce light, cheap pit-emptying technology like the Oxfam gulper⁹ that does not require manual contact with decomposed excreta. Learning from the Bangladesh experience could be useful here. ***Perhaps subsidizing pit-emptying hardware for local entrepreneurs*** will be needed. Identifying

⁹ The Gulper is a simple direct lift pump which operates in a similar way to a borehole pump. It is designed to partially empty existing pit latrines of the supernatant layer at the top of the pit. The standard gulper will reach 1m-1.5m in to the pit and the Extendable Gulper will reach up to 2m in to the pit.

entrepreneurs who have already started emptying pits and giving them prominent recognition would initiate this effort.

Innovative O&M systems can be converted into income generation models. And if it is sustainable income generation model, the way for ODF sustainability is paved to a certain extent or full extent if the O and M affordability is worked upon. Institutional WASH can also be aligned with WASH Entrepreneurship.

The purpose is to create demand and also to support organized and unorganized sanitation entrepreneurs in a locality or block head quarter to strengthen supply chain, service delivery and operation and maintenance of day to day sanitation and wastes management related services. We can term this One Stop Shop, which is a virtual space supported by a 24 hours call center and a roster of empaneled, trained and motivated suppliers and service providers.

One stop shop: where the consumers would get relevant information and know-how on

- technological options for toilet and other sanitary facilities
- Toilet construction material
- personal hygiene items including soap and sanitary napkins, and food and kitchen hygiene,
- services of trained masons/plumbers to facilitate construction of facilities, repairing of pumps, cleaning of water tanks, regular plumbing job, retrofitting and O&M facilities of household/institutional/community toilet,
- Professionals and materials to design and manage household and community level solid and liquid wastes management structures including cleaning and emptying of toilets, drains etc .
- At this shop, facility of upgrading the existing toilets should also be available to the consumers with emphasis on after sales service.

This one stop shop will work as an alternate delivery mechanism along with service center. The outsourcing of O&M of institutional sanitation can also be linked.

It implies that One Stop Shop: the Call Centre must have following

- A call center where all sanitation related hardware and software information are available
- A marketing team, which would create awareness, engages in community consultations and motivates families to adopt better sanitary and hygiene practices. In short, these teams will be responsible for demand generation using social platform, different communication technologies and organizing time to time camps in the colonies
- An empaneled team of trained masons, plumbers, waste management service providers, suppliers, distributors who can travel to the communities and construct different toilet models and can also guide / counsel families on toilet options, and pit emptying services

- Financial sustainability and provision of initial support for attaining financial sustainability

The call center team must have following capacities and abilities:

- Have leadership and communication qualities
- Ready to take risks
- Understand financial management
- Be patient
- Have basic understanding of business
- Work with commitment
- Understand the principles of adult learning
- Understand process of behavior change
- Understand importance of sanitation
- Management skills to handle different stakeholders like: Masons, Plumbers, suppliers and other service providers
- A marketing and social network team to organize time to time camps

This can be either aligned with RSM model or can be promoted under CSR platform as a public Private partnership or can be outsourced to a business house.

7. *Link with Gram Panchayat Development Plan (GPDP)*

The 14th Finance Commission has awarded a substantial grant exclusively for the Gram Panchayats to be devolved over a period of five years. For optimum utilization of these massive resources for the benefit of their citizens, integrated development plans by GPs known as Gram Panchayat Development Plan (GPDP) are in the process of finalization.

Sustainability planning needs to consider the financial and human resources already available/expected to be available along with the resources that can be potentially generated.

A dependable source of funding for institutional sanitation including O&M can be linked with the GPDP. In fact, 10% of the awards of the 14th FC which is an important source of fund for GPDP is earmarked on maintenance. Water and sanitation under SBM are tied resources. The planned activities on WASH under GPDP need to be matched with the resources. As per the resource envelop of GPDP it is mandated that at least 10 to 20% of the resources should be sought to be locally mobilized.

GPDP calls for assessment of the situation before allocation of resources. This is in line with the sustainability plan that will need to be prepared for each GP. Also, as per the GPDP guidelines, the panchayat is required to also identify people who are willing to work for the development of the GP and make a list of them. Through this process, the GP should be able to find the human resource needed to carry out activities related to preparation of GPDP and later implementation of planned activities.

8. Way forward for ODF Sustainability: Action Planning

To ensure sustainability the following **tasks are suggested to be incorporated** in the above phased approach that would aim to protect the ODF process, but also introduce incentives to progress beyond ODF status to broader environmental sanitation outcomes

8.1 Planning and Development of Team

- District level core team on Sustainability to be established developed with clear activities and output with involvement of NGOs/ CSOs, Media/ Private parties/Corporates. The team to provide implementation oversight and guidance for ODF sustainability
- District level Sustainability Plan and Calendar in place. This can be further linked with Development of *sanitized healthy village plan* once village is declared ODF. Revisiting ODEP and deciding the further action can be the motif of the plan
- Block and village level monitoring committee (*Nigrani Samiti*) developed with social audit system in place and a calendar for sustainability checks along with sustainability benchmark checklist.
- District level Communication and Sustainability Plan on sustaining ODF to be developed aligned with ODF calendar with mass campaign and IPC in place with clear activities and output with allocation of budget from SBM/other programmes like GPDP. Leveraging of Non-Government Funds for various components under sustained ODF (CSR, civil society organization, funding bodies, etc). Exploring and development of local funding mechanisms.
- GP level plan developed and rolled out. These plans include the village-level targets and actions to be taken, who are responsible for these actions, the timelines, the monitoring activities, and resource mobilization
- Plan in place for HH contact drive for targeted families - Continued regular visits by the local government officials, champions, village leaders, etc.

8.2 Training, Capacity Building and informed Participation

- VWSC activated and made responsible to help the GP in discharging its responsibility related to sanitation while aligning with platforms like GPDP and VHND.
- VHSNCs activated and strengthened for intensive community level actions for ODF sustainability and carrying out other allied activities.
- Enabling equal participation of people living with disabilities, females, and households living in poverty is of concern, particularly in the post-ODF scenario, if access for all is to be sustained
- Capacity Building Plan with training calendar and supportive handholding for the various levels
- Trainings and sensitizations of Gram Sevak, AWW, ANM, ASHA, Jalsurakshak, SHGs, Teachers, youth groups on communication related drives and messages.

- Lists of trained master trainers and motivators to support issues related to sustainability on ground as well as IPC/BCC in place
- Motivating ODF GPs to take up the Sant Gadge Baba Campaign to participate in ODF plus activities

8.3 Facilitation and Supply Chain

- Update Lists of uncovered HH, ineligible HHs, new/additional HHs and HHs with defunct toilets by name for each village available. Including those with shared toilets; data
- Resource material, IPC and IEC materials related to sustainability issues to be prepared and made available. The IEC kit and tools already available to be modified to suit the context and sustainability needs. Printing and distribution of relevant resource and IPC materials
- Mobilization of NGOs/CSOs/Social organizations/Communicators other partners for the IPC/SBCC drive to push for sustainability. Gram Sevak, AWW, ANM, ASHA, Jalsurakshak, SHGs, Teachers, school children, youth groups engaged with specific tasks for motivation and communication on sustained usage and long term adoption of hygiene practices. NGOs/CSOs/Social organizations/Communicators other partners for the IPC/SBCC drive and community mobilization for sustaining ODF mobilized and implementation initiated
- Elected representatives and PRI members to be involved in Sustainability issues and monitoring as per their constituencies.
- Monthly review of progress at district level, PS level and GP level
- Block and village level monitoring committee functional with a review and sharing system in place
- Linking with public health technicians, government frontline staff, artisans, entrepreneurs, to improve facilities at the community level.
- Making re-verification as a norm in implementation of post ODF activities and processes after 6 months to 1 year
- Facilitating sharing and reflection meetings within and between communities
- Regular scheduled engagement with the Village committee and Nigrani Samiti at the Block level for at least 12-18 months after ODF declaration

9. ODF Plus: Forward Link to ODF Sustainability

ODF+ components should be integrated into ongoing flagships and a committee can recommend how to do it. The following components should be considered under ODF Plus:

9.1 Solid Liquid Resource Management (SLRM)

- Within a Gram Panchayat area, solid and liquid waste related issues are not uniform as it varies with the habitation type, density, topography and socio-economic condition. The magnitude of the problem will depend on the density

of population, Location of the GP i.e. vicinity to railway station, national or state highways, places of tourist importance, etc.

- In villages, health hazard from liquid wastes also need to be addressed along with Solid Wastes. Presently, more stress is given on Solid Waste Management. Issues like drainage system is difficult to address in the plan as it should be covered under regional drainage plan prepared at Block and District level. Though regular cleaning drains can be included as one of the action point under SLRM project. In addition, action plan should be prepared for point-sources like community Hand-pumps, stand-post under SLRM project. Special attention needs to be given for de-polluting and conserving the surface water bodies of a village like small and medium ponds.
- While preparing any future estimation on hand-pumps or any standing water points (street-hydrant), it is advisable to include cost of soakage pit along with other components. **A joint circular from RDD and WSSD can be issued. Use of funds under MGNREGS for construction of structures like soakage pits is to be encouraged.**
- Communities engaged in agricultural activities and some open space in homestead land, should be motivated to manage household waste at household level itself.
- It is advisable to prepare a comprehensive GP level Action plan, but intervention can be phase-wise depending on distribution of habitation, chances of acceptance from the community, location of the dumping site and existing resources.
- There is a possibility that SHG members might not be eager to involve with the waste collection, transportation, segregation and disposal of solid wastes as it is considered to be a dirty job. Therefore, proper identification of sanitary workers and awareness generation are very important
- Provision for community contribution, contribution from the shops must be explored. Representatives from the Shop and Market Owners' Association should be invited
- In addition, a preliminary household level and community level survey on waste generation must be conducted to know exact amount of total waste generated in a GP. This can be done before a GP level Planning workshop which will help in planning or it can be included as one of the initial activities in the PoA
- GPs which are sharing a common boundary with Municipal Towns, a joint PoA is recommended for safe disposal of solid and liquid wastes, and where land is a problem, trans-Panchayat plan can be developed sharing a common composting place.
- Public-private partnership is an effective tool towards success of this SLRM project.

Suggestive interventions

- Just like IHHL promotion and installation, SLRM should follow demand driven approach and promoted at household level (on site waste management)

- Availability of land needs to be considered and may need policy interventions
- There should be appropriate IEC on community participation for managing solid and liquid waste and ensuring cleanliness of the village. There should be self-evaluation of status of village cleanliness as per indicators to be prescribed (to work out a Village Cleanliness Index) and the same is to be placed before the Gram Sabha. There should be competition among GPs in improving their Village Cleanliness Indices.
- A detail locational mapping of all the GPs (GIS) is required on the basis of vicinity to urban local bodies and market places. In many states GPs are located adjacent to Urban Local Bodies. Those GPs are having urbanized features. In addition, many GPs due to vicinity of market, important railway stations and bus-stands are in transition phase and slowly becoming a small town. Therefore, PoA on SLRM for such GPs will be different from rest of the GPs. GPs need to be categorized as
 - Urbanized GP
 - GP under transition
 - Rural pockets including tribal habitation
 - Cluster approach can also be promoted for group of GPs both for collection and treatment, especially the inorganic wastes
- Life cycle costing approach of entire sanitation value chain with clearly defined output parameters can be the basis for selection
- For rural pockets with dispersed population, stress should be given on on-site waste management at household level
- Stress should be given on capacity building at all the levels.
- Trainings will be broadly categorized into:
 - Skill development for intervention at GP level
 - Supervision/Facilitation at GP level
 - Coordination and Managerial Intervention at District Level/Block Level
- Technology selection can consider both capital and O&M costs and also the capacity issues.
- Promotion of biogas technology for management of animal as well as human excreta. ***This will prove especially useful in villages large cattle population and universal cattle ownership. The individual as well as Community toilets can be linked to Bio gas plants. It has been successfully in many villages of Kolhapur and Satara.***
- Decentralized Liquid waste management: Promotion of kitchen gardens & HH scale leach pit.
- Rural livelihood based on alternative material to plastic : Pattals, paper plates etc

Table 1: Comparative analysis between a centralized SLRM and decentralized SLRM implementation approach

| Centralized SLRM approach | Decentralized SLRM approach |
|---|---|
| Require initial capital support for arranging infrastructural set-up | No such capital grant is required |
| A centralized waste processing land is required | Land is not required |
| Incur monthly operation and maintenance cost | Minimal maintenance cost at household level |
| Advisable for urbanized or congested places | Advisable for sparsely populated locations |
| Community level awareness generation | Inter-personal communication |
| Less time taking to initiate but higher time taking to make it sustainable | Higher time taking to convince and initiate but less time taking to make it sustainable |
| Possibility of earning a good amount of resources by selling compost at centralised level | Largely compost can be utilized for household purposes |
| Market wastes problem can be addressed | Difficult to manage market wastes in decentralised manner |
| Trained wastes collectors and processors are required | Trained mason's need to be developed at local level |
| Opportunity to manage accumulated Non-biodegradable recyclable and non-recyclable matters | Difficult to manage at household level |
| Demand generation is required towards monthly household collection | Demand generation is required for adopting household level SLRM technologies |

9.2. Menstrual Hygiene Management (MHM)

Field studies by UNICEF, Maharashtra suggest only 13% of menstruating adolescent girls between 11-19 years of age were aware about menstruation before menarche and 60%-70% adolescent girls do not attend school during the time of menstruation (UNICEF-GfK Mode, November 2011). Also, 84% report the absence of place to change absorbents at school. Women and girls refrain from discussing menstruation, not even in family circles. This makes it even more important to normalize menstruation. Hence holistic MHM programming goes beyond mere facilities for washing and disposal in school.

A big game-changer for Maharashtra has been the release of the State MHM Guidelines in May 2016 (by the Department of Water Supply and Sanitation, Government of Maharashtra) focusing at creating an enabling environment for girls in schools which includes awareness generation, facilitating behavior and attitudinal change, creating access to hygiene products, improved WASH facilities, with appropriate disposal facilities, and thereby empowering the girls with knowledge and

skills to manage their menstruation, boosting their morale, self-esteem and their ability to demand quality menstrual hygiene products.

The overall vision is to work towards institutionalizing the intervention at various levels for greater reach and sustainability

Highlights of the MHM intervention model:

- Leadership provided by the district administrative head (CEO). District level coordination team / Resource Group established and meetings held under the leadership of the administrative head
- Convergence between various departments and relevant programs (Education, Health, SBM, ICDS, DRDA) with one department being the nodal department
- Budget allocation and detailed operational plan ensuring necessary action, accountability and financing is given at the district level. The operational plan entailed meticulous planning.
- A demographical profile of adolescent girls in the districts with detailed information on the number of schools in a block, number of girls in schools, listing of girls out of school and so on
- Building a pool of master trainers at state and especially at the district level to assure training of trainer (ToT) at scale;
- Engagement of various government frontline cadres who are the touch points in the community for the girls. The aim being that there should exist a MHM nodal teacher in each school. Schools with no female teacher were connected to trained Anganwadi/health personnel. Also they were engaged in order to support schools having large number of girls
- Behaviour change communication drive focusing on IPC for MHM among adolescent girls for an extended period of time – it is not just about information giving rather equipping with correct knowledge, provide support and enable them to adopt appropriate hygiene practices and attitude towards MHM. Six sessions with the girls/once per month. Activity based session. IEC materials on MHM and puberty to be used for facilitation of sessions and for distribution to read, and share with their families
- Reach covering school going, out-of-school girls as well as those in residential schools. Efforts have also been made to reach out to girls who are enrolled in schools but do not regularly attend school.
- School clubs (like MRM) strengthened and equipped to take forward the mandate along with the nodal teacher
- Covers mothers, parents as well as boys entailing regular meetings with mothers at the school by teachers and with families in the community by frontline functionaries of other line departments/programs like ICDS, health, etc. Sensitization of boys and encouraging supportive behavior
- Supportive supervision and monitoring across the departments throughout the implementation of the intervention including regular reviews, spot checks, etc.

- Dovetailing of MHM with current district level Zilla Parishad (ZP) initiatives
- It is the need of the hour to promote sanitary napkins without plastics & gels. This will have a great impact on disposal practices. Promotion of reusable napkins can also be thought of

9.3 Sustained Water for Sanitation and personal Hygiene

During independent third party monitoring in Maharashtra from 2015-17 of ODF communities, 26 per cent households reported scarcity of water as the main reason for not using toilet (42.1% are reported defecating in open). There exists strong statistical relationship between water availability and usage of toilet. This was also confirmed qualitatively by the recent drought assessment done by UNICEF in two drought hit districts of the state. 70.6% of the HHs in the drought hit areas who didn't use the toilet, reported lack of sufficient water round the year. Thus, scarcity of water is limiting the use of toilets. Out of 353 rural blocks of Maharashtra 145 blocks are drought prone (16% of India's total drought prone blocks are from Maharashtra)¹⁰. Maharashtra has more than 200 over exploited and critical watersheds covering 10,000 villages¹¹. 2011 census data also shows that in households having drinking water within premises irrespective of the type, the adoption of toilets is 2 times more likely as compared to households with drinking water near or away the premises. Hence sanitation program should not be seen in isolation and it requires a strong programming of functional water supply for sanitation and hygiene throughout the year.

Hence there is a need to align ODF plus with NRDWP and other state water supply schemes focusing on water security planning and implementation at watershed/GP level while prioritizing and allocating the drinking water, sanitation and hygiene need. Further to this with increased coverage of individual toilet, especially in densely populated villages and villages dependent on point sources like hand pump, wells etc there is a high chance of ground water contamination as maintaining distance between pit and water sources has been a challenge. Therefore sanitary surveillance of all public water sources at least twice in a year (Pre and Post monsoon) and timely mitigation measures with testing of drinking water sources with community referral are key activities to be taken forward under post ODF in a sustained manner. There is also need to promote low water consuming designs and technologies

10. Role of the State Government:

It is important to investigate the complex causes of poor sustainability by monitoring key indicators in the institutional, social, financial and behavioural spheres before any

¹⁰ GSDA

¹¹ ibid

planning is initiated or implemented. It is clear that scaling up sanitation requires programs with built-in incentives and checks to support sustainable behavior change.

- Creating vision and policy guidance Defining what post-ODF means;
- Strengthening local governance for acquiring capacity to ensure ODF sustainability
- Ensuring inter-agency coordination primarily for WASH in Institutions
- Providing budget support and disbursement, post ODF declaration for ODF sustainability and ODF + initiatives, like SLRM.
- Linking devolved governments to funding opportunities;
- Connecting post-ODF activities with the larger development agenda;
- Supporting knowledge management
- Supporting local solutions and initiatives that support post-ODF sustainability, for example participatory design of sanitation solutions;
- Supporting evidence-based research for instance on the cost-effectiveness of post- ODF activities

11. Terminology

- Open defecation (OD): Defecation in bushes or fields or other outdoor locations.
- Coverage: In this study, coverage refers to the usage of latrines.
- Open Defecation Free (ODF): all households had latrine facilities confining feces. Confinement of feces from the environment i.e. use of a latrine that separates feces from human contact is the first step on the way to becoming ODF. ODF thus means that all households in a location avoid both open defecation and using a toilet.
- Sustained ODF: This term is defined both statistically (high percentages of households using sturdy and well-maintained latrines) and socially (broad awareness and commitment to maintaining ODF throughout multiple locations and social groups). Verified problem-solving activities and formal or informal enforcement of local rules against open defecation are also considered as positive evidence of sustained practice.

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