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Rajasthan Rural Sanitation and Hygiene Strategy (2012– 2022) (draft), 2011

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

OCTOBER 2011

Background of Rural Sanitation Programme in Rajasthan

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

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

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

This document provides a strategy for rural sanitation ¹ in Rajasthan and builds on the experiences implementing TSC in the state.

2 Status of Rural Sanitation in Rajasthan

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

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

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

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

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

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

¹ Sanitation in this document is as defined by TSC

- Programme Monitoring Unit & Sanitation Support Organisation (PMUSSO)
- Capacity and Communication development Unit (CCDU)

Panchayati Raj Institutions

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

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

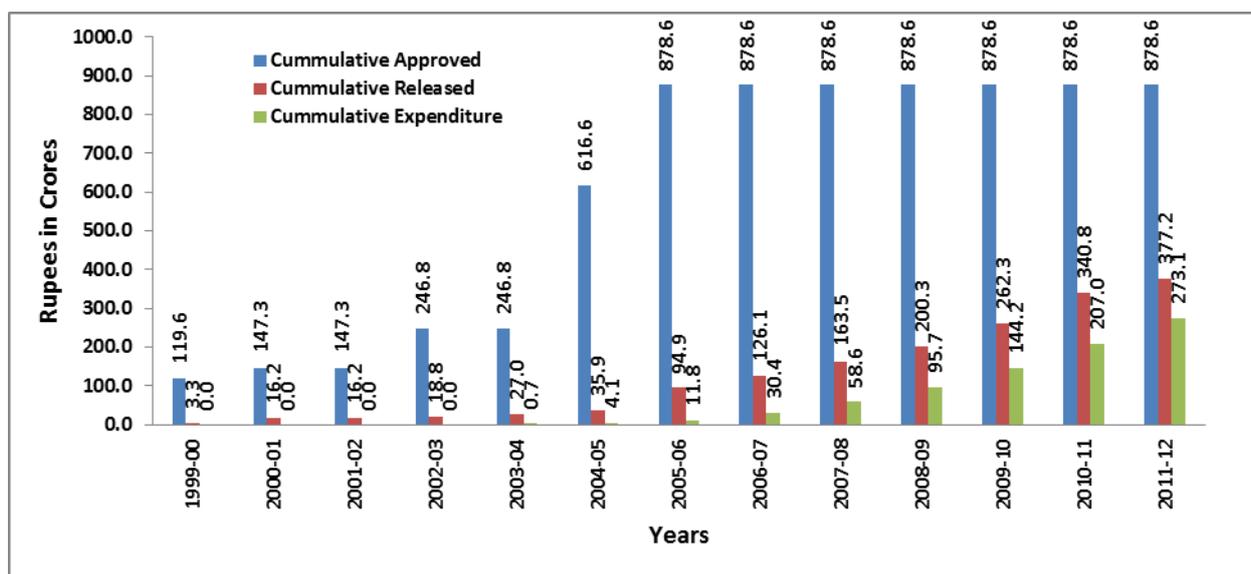


Fig 1: Trend of TSC budgeting: Approved- Released and Expenditures (Source: ddws.nic.in)

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

2.4.1 Individual Household Latrines

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

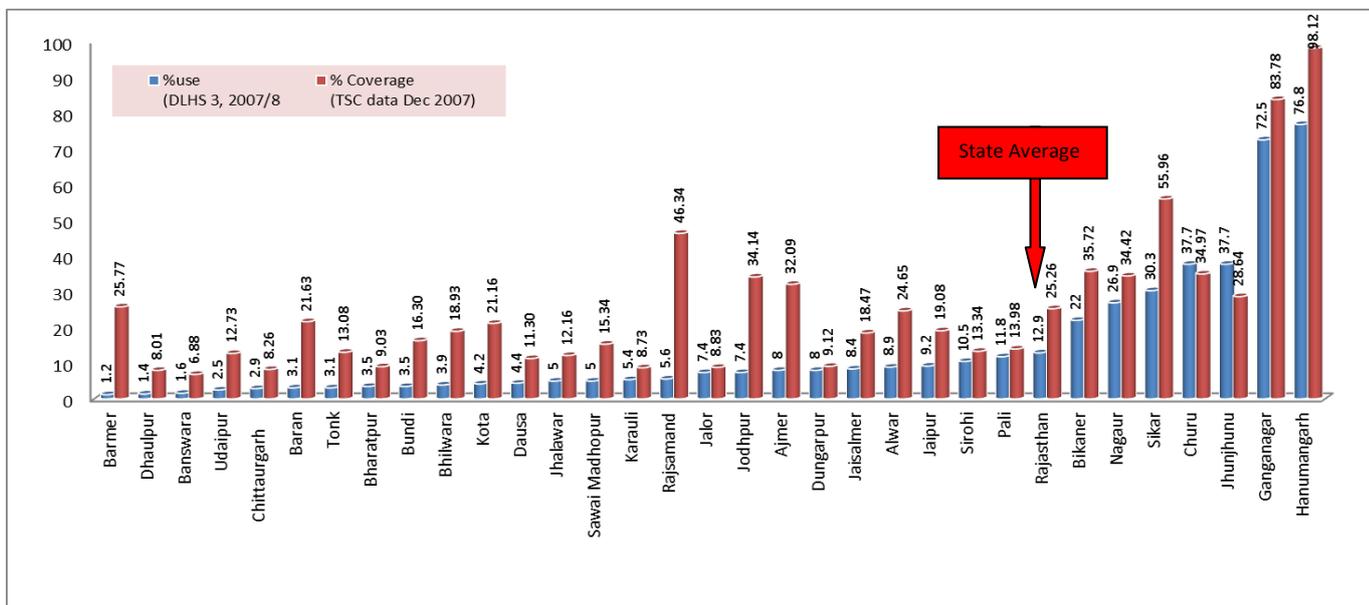


Fig.2 District wise Percentage Coverage and Usage for IHHL

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

2.4.2 School and Angawadie Toilets

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

2.4.3 Solid and Liquid Waste management (SLWM)

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

2.5 Hand washing with Soap (HWWS)

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

2.6 Nirmal Gram Puraskar

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

3. Vision

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

— Jawaharlal Nehru

3.1 Vision: A Nirmal Rajasthan

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

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

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

Furthermore, PR & RD Dept. will

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

4. The Sanitation Strategy

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

- Strengthening of PRIs for planning, implementation and monitoring of sanitation
- Ensuring adoption of a community approach to total sanitation statewide
- Completing scale up of sanitation coverage for IIHL, institutions and SLW management
- Ensuring adequate financing, including convergence and fund leveraging from other programmes, for sanitation scale up
- Improved monitoring systems including concurrent monitoring
- Learning and knowledge management
- Advocacy for a community approach to total sanitation
- Awareness raising for sanitation, including increased knowledge on hygienic practices

Medium to long term (2017 -22)

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

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

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

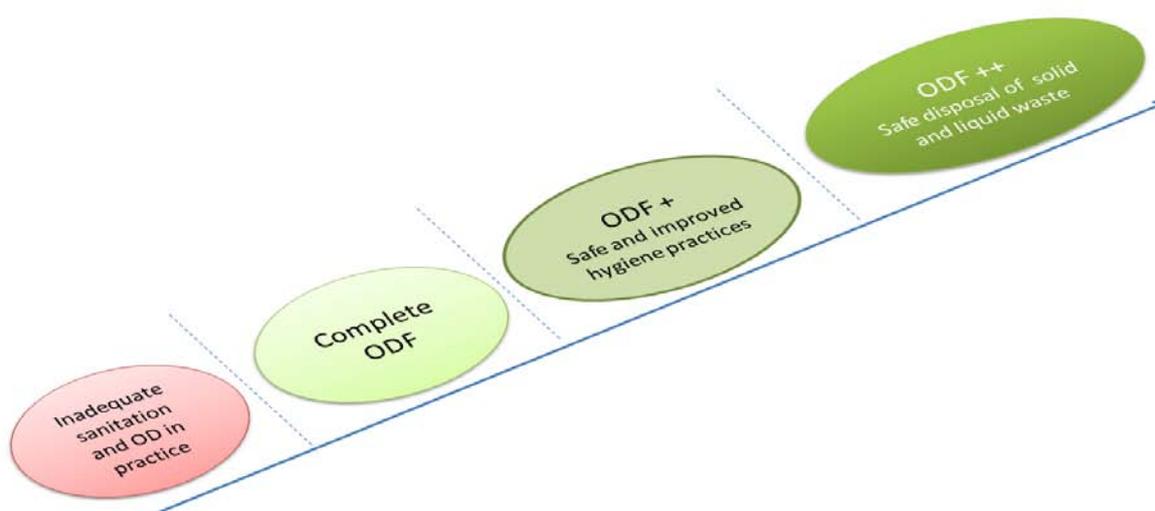


Fig 3: Progression of a Community through the Total Sanitation Spectrum (TSS)

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

Components of the Strategy

5. Enabling Environment

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

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

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

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

6. Capacity Building

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

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

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

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

The proposed approach of Total Sanitation with community involvement will have a significant interpersonal component as part of the IEC activities to ensure latrine construction and use, and safe disposal of solid and liquid waste. This will require a critical mass of trained motivators within each district to facilitate communities achieve and maintain ODF status and adopt key hygiene practices including safe disposal of solid and liquid waste.

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

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

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

6.4 Developing Capacities at Field Level

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

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

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

6. Expanding Partnerships

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

7. Supplies

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

- Through marketing, households know where to access sanitary products and are able to have Sanitary Products (either whole or in components) delivered at their house in a timely manner
- Quality of sanitation product is high with established system for technical support, operation and maintenance
- Choice of options available depending on user preference, with options for upgrading at a later date

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

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

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

8. Technology and Systems

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

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

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

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

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

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

safety measures for handling of waste should be given utmost priority. For transporting waste, safely covered carts and tricycles may be used, depending on the size and density of the population.

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

9. Financing

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

9.2 Financing Construction

- **Construction of Individual toilet for BPL**
The state government will supplement the allocation of Government of India under TSC. The incentive component for construction of toilet is available under TSC to BPL families. The Government of Rajasthan has also included this activity in MNREGS.
- **Construction of separate toilets for boys and girls in school**
These toilets are being constructed by utilizing TSC funds through the SMC. The action plan for identification of schools where the toilet are to be constructed in a particular year shall be prepared by SSA district level after getting the list finalized in Zilla Parishad after due consultation with Gram Panchayats through SMC and Panchayat Samiti. Allocation will be made from TSC at State level to SMC after getting the list from all districts SSA. The Government of Rajasthan has also included this activity in MNREGS.
The maintenance of school toilet shall be done by utilizing funds at the disposal of Gram Panchayat from various sources like TFC and SFC.
- **Construction of Separate toilet in AWC functioning in government buildings**
The action plan of construction of toilet in AWC shall be prepared by Zilla Parishad in consultation with Gram Panchayat, Block Panchayat and DWCD. Fund from TSC will be provided to Gram Panchayat directly. To meet additional requirement, funds can be sourced from MP/MLA, LAD. The Government of Rajasthan has also included this activity in MNREGS.
- **Construction of toilets in AWC functioning in private building**
This may be done as per provision of TSC reproduced below
“Those Anganwadis, which are in private buildings, the owner must be asked to construct the toilet as per design, and, he/she may be allowed to charge enhanced rent for the building to recover the cost of construction. Alternatively, the toilet may be constructed from revolving fund component under the TSC and, suitable deductions made from the monthly rental paid to the owner to recover the cost over a period of time.”
- **Construction of community toilet**
The prerequisite of construction of community toilet is lack of space for individual toilets or hard rock areas that may not permit construction of pit. Additionally, these toilets will only be constructed if the Gram Panchayat is fully committed to its upkeep with plan and funding in place for regular maintenance. Under MNREGS, 85 skilled man days and 250 unskilled man days are allowed for community toilets with minimum 10 seats.

- Construction of drainage for liquid waste and disposal of solid waste will be as per TSC guidelines “The Gram Panchayat will be the institutional responsible for the overall management of solid and liquid waste management. Within this responsibility, it may outsource responsibility of operation and management to other institutions such as CBOs/SHGs/private operators, etc. Capital expenditure required, wholly or partially, for the establishment of community based approaches to waste management shall be funded. The operation and maintenance costs of the operations shall be borne by the households / village itself; public funding shall be explored to finance part of the operating costs.”

10. Awards and Incentives

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

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

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

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

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

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

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

10.5 Incentives for Outstanding Contributors/Sanitation Champions - Recognition of ‘sanitation champions’ at all levels will foster an enabling environment for sanitation. Champions are persons or agencies who have pushed the agenda of sanitation in their work or home environment. Annual

certification of sanitation champions will be done by the SWSM and standard criteria will be defined. Sanitation champions may include entrepreneurs, district officials, teachers, NGOs, SHG etc. Annual certification of schools and angawadies as 'Sanitation Model' will be done based on specified criteria.

11. Convergence, Monitoring and Evaluation

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

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

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

12. Goals

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

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

Goal 1 Creation of an Open Defecation Free State

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

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

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

Activities:

- Undertake orientation for key stakeholders (district frontline workers from health and other relevant departments, opinion leaders and PRI) on ODF ensuring they function as role models and have toilets of their own
- Based on Rajasthan specific scenario and evidence design/modify and implement an intensive six month communication campaign on increasing awareness and knowledge on OD. Opinion leaders, politicians previously oriented to be at forefront of campaign

- Activity based hygiene learning in all schools incorporating the principles of ODF communities to be done in all schools
- Regular State and district wide profile raising of sanitation and OD through the meetings of Gram Saba, regular state wide declaration from GoR, and observation of key sanitation events including Annual Swatchha Ustav, Global Hand washing Day and World Toilet Day

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

Strategy

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

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

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

Main Activities

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

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

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

Main Activities:

- Mapping of available toilet facilities done and action plan for full coverage is in place.
- Construction of toilets for full coverage incorporating convergence of funds from TSC with other developmental activities

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

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

- Guidelines developed for the maintenance of sanitation facilities in public offices, schools and angawadies with provisions for water supply, soap and other material to ensure hygienic practices.

3.2.2 Goal 2

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

Objective 2.1 all rural households have knowledge on key hygiene practices

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

Main Activities

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

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

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

Main Activities

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

3.2.3. Goal 3

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

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

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

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

Main Activities

- Develop orientation modules on SLWM for PRI, District Officials and front line workers respectively

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

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

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

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

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

Main Activities

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

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

Strategy

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

Activities

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

13. Emerging Issues

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

13.2 Project Implementation Plan (PIP) has been revised to cover new households/habitations as per census 2011. Although the rural sanitation coverage has increased exponentially in the last decade, the impact is reduced due to increase in the total number of rural households. The PIP has been

revised to reflect the most recent census and increase in the cost of individual toilets. Thus, financial incentive for IIHL has been increased to Rs.3,200/- per unit.

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

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

14. Abbreviations

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