Technical Report on Capacity Building for PRIs Members on water and sanitation in Kendrapara District

Organised by

INSTITUTE FOR RURAL DEVELOPMENT AND PLANNING (IRDP)

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UNOPS and Cap-Net
Sustainable Water, Sanitation & Hygiene and Role of PRIs

Introduction:
Individual health and hygiene is largely dependent on adequate availability of drinking water & proper sanitation. There is, therefore, a direct relationship between water sanitation and health. Consumption of unsafe drinking water, improper disposal of human excreta, improper environment sanitation and lack of personal and food hygiene have been major cause of many diseases. Prevailing High Infant Mortality Rate is also largely attributed to poor sanitation. It was in this context that the Central Rural Sanitation Programme (CRSP) was launched in 1986 primarily with the objective of improving the quality of life of the rural people and also to provide privacy and dignity to women. However in the initial years the strategy was a target based approach in which the Dept. through its nodal agencies in the districts mainly District Rural Development Agency (DRDAs) constructed toilets for eligible beneficiaries (mainly the BPL families). But this programme failed to achieve the desired results as there was neither ownership nor sufficient awareness for using a toilet for defecation.

CRSP Programme
The concept of sanitation was earlier limited to disposal of human excreta by cesspools, open ditches, pit latrines, bucket system etc. Today it connotes a comprehensive concept, which includes liquid and solid waste disposal, food hygiene, and personal, domestic as well as environmental hygiene. Proper sanitation is important not only from the general health point of view but it has a vital role to play in our individual and social life too. Sanitation is one of the basic determinants of quality of life and human development index. Good sanitary practices prevent contamination of water and soil and thereby prevent diseases. The concept of sanitation was, therefore, expanded to include personal hygiene, home sanitation, safe water, garbage disposal, excreta disposal and waste water disposal. This document is not very different from the earlier TSC Guideline 2007 except increase of incentives for various toilet types including individual and institutional toilets.

Total Sanitation Campaign
It was later realised that the target based approach has largely failed to achieve the desired objective of providing good sanitary condition to the people. So after some deliberations and research inputs the Total Sanitation Campaign (TSC) was launched with emphasis on demand driven approach against the earlier target based approach. The policy document was a well-
conceived one with detailed roles and responsibilities for various stakeholders to achieve the goal of universal access by 2012. However, despite best of intention the programme relapsed into again to a target-based approach and there were several bottlenecks including low-quality design and lack of super structure in the constructed toilets. TSC underwent significant changes in 2007 resulting in a more comprehensive guidelines with enhanced allocation to the sector and also increased incentives for construction of toilets. These initiatives resulted in a little more accelerated construction of household toilets but again failed to achieve the desired objective of universal access.

**Nirmal Bharat Abhiyan, 2012**

Again the Total Sanitation Campaign underwent a change in template in 2012 with the launch of Nirmal Bharat Abhiyan (NBA). The strategy is to transform rural India into 'Nirmal Bharat' by adopting the 'community led' and 'people centered' strategies and community saturation approach. A "demand driven approach" is to be continued with emphasis on awareness creation and demand generation for sanitary facilities in houses, schools and for cleaner environment. Alternate delivery mechanisms would be adopted to meet the community needs. The provision of incentives for individual household latrine units to the poorest of the poor households has been widened to cover the other needy households too so as to attain community outcomes. Availability of water in the Gram Panchayat shall be an important factor for sustaining sanitation facilities created. Rural School Sanitation remains a major component and an entry point for wider acceptance of sanitation by the rural people. Wider technology options are being provided to meet the customer preferences and location-specific needs. Intensive IEC Campaign is the corner stone of the programme involving Panchayati Raj Institutions, Cooperatives, ASHA, Anganwadi workers, Women Groups, Self Help Groups, NGOs etc. A roadmap for engagement of corporate houses is being introduced. More transparent system involving social audit and active people’s participation in the implementation process of NBA is being introduced. Convergence with MNREGS shall also be important to facilitate the rural households with fund availability for creating their own sanitation facilities. It also talked about WSSO for undertaking IEC, communication and other software activities for creating an enabling environment for accelerated sanitation programme.

**Swacch Bharat Abhiyan, 2014**

The entire template on sanitation underwent a massive change with the address of the Prime Minister to the Nation on Independence Day of 2014 when he called upon from the remnant of
the historic Red Fort for **Swachh Bharat** by the year 2019. With this clarion call WASH, especially issue of sanitation hot unprecedented importance in the corridors of power as well as among the corporate sector.

In a note circulated by the Ministry of Drinking Water, GoI it outlines that The present goal under NBA is to achieve 100% access to sanitation for all rural households by 2022. Under Swachh Bharat Abhiyan(SBA), the Goal is now pre-poned to make India Open Defecation Free (ODF) India by 2019 by construction of individual, cluster & community toilets; and villages will be kept clean, including through solid and liquid waste management through Gram Panchayats. Water pipelines have to be laid to all villages enabling tap connection into households on demand by 2019. In this matter, co-operation and convergence of all Ministries, Central & State schemes, CSR & bilateral/multilateral assistance may become necessary as well as new & innovative ways of funding such interventions.

**Access to Water and Sanitation: The Present Scenario**

India is a home to more than 1.25 billion people which constitute about one-sixth of the world’s entire population. Though the country has made great strides in the past few years economically, still there is huge problem as far as social index in development is concerned. There are close to one third of the entire population which lives below the poverty-line who struggle to arrange two square meals a day for self and family. Similarly, a significant number of people, especially women and children are mal-nutrient and suffer from morbidity. One of the main reasons of a high level of Infant Mortality Rate in the country is high unsanitary condition and no access to potable water.

The rural sanitation coverage in the country was as low as 1% at the beginning of the 1980s. With the launch of Central Rural Sanitation Programme (CRSP) in the year 1986 and the introduction of the Total Sanitation Campaign in 1999, the coverage rose to 22% as per 2001 census. According to the Census 2011, about 72.2% of the Indian population in 16.78 crore households stay in around 638,000 villages. Out of this, only 5.48 crore households (32.7%) had access to toilets which means that 67.3% of the rural households in the country still did not have access to sanitation facilities. Later as per the Baseline Survey, 2012-2013, carried out by
the Ministry of Drinking Water through the States, 40.35% rural households have been found to have access to toilets. 4

Even the Ministry itself admits that due to a number of factors even this figure of a little more than 40% having household toilets may be a little exaggerated. This figure includes also those people who had availed the incentive to build toilets from 1999 to 2006 when the amount of incentive was between Rs. 500 to Rs. 1,200/- resulting of low-quality construction most of which have been damaged, but are reported under coverage.

The baseline data undertaken by the MoDWS reveals that more than 11 crore toilets have to be constructed to reach the goal of Swachcha Bharat by 2019. The following table gives an idea regarding the requirement of toilets needed to be covered for universal access.

Table 1

Toilets Need to be Constructed to achieve Swachha Bharat

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Toilet Type</th>
<th>Total Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Individual Toilets</td>
<td>11.11 crore (8.85 falls under eligible category)</td>
</tr>
<tr>
<td>2.</td>
<td>School toilets</td>
<td>56,928</td>
</tr>
<tr>
<td>3.</td>
<td>Anganwadi Toilets</td>
<td>107,695</td>
</tr>
<tr>
<td>4.</td>
<td>Community Complexes</td>
<td>114,315</td>
</tr>
</tbody>
</table>

Source: Swatch Bharat Mission, Draft Note Distributed among States for Discussion, 25th August 2014, Ministry of Drinking Water and Sanitation

Current Pace of Coverage

Even though Total Sanitation Campaign was started in the year 1999 and has been revised many times for achieving the targets of universal access has been painstakingly slow. The slow down is severe from 2011-12. The following table gives an idea regarding the pace of coverage since 2008.

Table 2

Pace of Coverage of Toilets

<table>
<thead>
<tr>
<th>Year</th>
<th>Household Latrines</th>
<th>Sanitary Complex</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-08</td>
<td>1,15,27,890</td>
<td>3006</td>
</tr>
<tr>
<td>2008-09</td>
<td>1,12,65,882</td>
<td>3245</td>
</tr>
<tr>
<td>2009-10</td>
<td>1,24,07,778</td>
<td>2230</td>
</tr>
<tr>
<td>2010-11</td>
<td>1,22,43,731</td>
<td>3377</td>
</tr>
</tbody>
</table>

4 Swatch Bharat Mission, Draft Note Distributed among States for Discussion, 25th August 2014, Ministry of Drinking Water and Sanitation
The above table shows that coverage has considerably slowed down from 2011-12 coverage has slowed down considerably. This can be attributed for the convergence model under which the good intention of maximization of resources despite very well intended could not be made workable at the ground level. There were a host of operational problems which resulted in delays in getting the funds transferred and unwillingness of officials to release funds in time under the convergence component. So this led to overall under achievement under NBA.

**Access to Drinking Water**

As compared to sanitation situation there seems to be a fairly good coverage of drinking water. As per latest available data more than 90% of the population seems to have access to drinking water even though quality and net available quantity of water might be an issue. From about 70% converge of drinking water now the coverage of drinking water stand at about 92% of the entire population.

**Table 3**

*Trends in Drinking Water Coverage*

<table>
<thead>
<tr>
<th>Year</th>
<th>Urban (%)</th>
<th>Rural (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>89</td>
<td>64</td>
<td>70</td>
</tr>
<tr>
<td>2000</td>
<td>92</td>
<td>76</td>
<td>81</td>
</tr>
<tr>
<td>2011</td>
<td>96</td>
<td>89</td>
<td>92</td>
</tr>
</tbody>
</table>

Source: WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation; *Figures calculated by WSSCC based on the JMP.

Only a quarter the total population in India has drinking water on their premise. Women, who have to collect the drinking water, are vulnerable to a number of unsafe practices. Only 13 per cent of adult males collect water. Sixty seven per cent of Indian households do not treat their drinking water, even though it could be chemically or bacterially contaminated.

**Challenges in WASH Sector and Contextual Relevance**

The MoDWS recognizes huge challenges that will come up for reaching the goal of Swachha Bharat by the year 2019. The following problems will have to be addressed in the proper perspective in the coming years and on a priority basis.

**Changing the Mindset:** About 590 Million persons in rural areas defecate in the open. The Mindset of a major portion of the population habituated to open defecation needs to be
changed. Many of them already have a toilet but prefer to defecate in the open. The biggest challenge therefore is triggering behaviour change in vast section of rural population regarding need to use toilets.

**Problem of Convergence:** The problem and negative impact of convergence between MNREGS and NBA is well known. So in future any convergence aspect has to be treated very carefully as any miscalculation can impinge the entire programme altogether.

(a) **Need for Water Availability for Toilet Usages:** The biggest reason of lack of usages of toilets is non-availability of water. So any attempt for universal coverage must have a co-joint programme of water and sanitation as one component rather than two separate ones.

(b) **Dealing with Missing/Defunct Toilets:** As per MoDWS own estimation there are more than 1.5 crore toilets which have become defunct (built in early 2000s) because of low quality and also due to ghost reporting. As the same number of households cannot be re-incentivised again, it will be a huge challenge for all the stakeholders to address this issue to reach the target of Swachha Bharat by 2019.

(c) **Lack of Skill Manpower at Field Level:** Clearly there is a severe lack of motivated and skilled manpower at the field level to implement the well-intended policy. With the anticipated acceleration of WASH programme post Prime Minister’s clarion call for Swachha Bharat by the year 2019, more skilled and motivated manpower will be needed to achieve the goal.

**Relevance of Stakeholders for attaining Capacity Building programme**

WASH, more importantly sanitation never received so much attention at the highest level. With the personal intervention by the Prime Minister now sanitation has become the talk in the power corridor. Suddenly, there is a scout for ‘talent’ in the WASH sector who can contribute to achieve the target. But it is obvious that govt. efforts alone cannot be sufficient to achieve the target. Every stakeholders including the govt., non-govt. sector and corporate bodies have shown active interest to work in this sector.

**Facts on Sanitation:**

Here are 20 facts about sanitation that might make you sit up and take notice. Nearly 1.5 million children under the age of five die every year from diarrhea globally.

- Diarrhoeal diseases are the second most common cause of death of young children in developing countries, killing more than HIV/AIDS, malaria and measles combined, and resulting in 1 death every 20 seconds.
Toilets have added 20 years to the human lifespan over the past 2 centuries.

In rich nations, 30% of clean water is used to flush poo into sewers.

No toilet, so they have to defecate in the open: 1.1 billion.

40% of people worldwide don’t have a safe and healthy way to defecate.

90% of diarrhea cases are caused by food or water contaminated by feces.

Feces is responsible for more than 50% of the 9 million preventable child deaths each year.

The estimated number of grams of fecal matter consumed everyday by people without a toilet is 10 grams.

One gram of poo is home to 10 million viruses, 1 million bacteria, 1,000 parasites and 100 worm eggs.

2.5 billion People do not have access to a clean and safe toilet.

There are 40,000 active germs per square inch on a public restroom toilet handle.

Toilets have added 20 years to the human lifespan over the past 2 centuries.

You will spend 3 years of your life on your toilet.

Washing hands could save 3.5 million kids lives every year.

Together, all of us produce 7 billion liters of poo every day.

Estimated annual gain in economic productivity if everyone had a toilet: $225 billion.

$9.5B would give a toilet to half (1.3 billion) the people who need one. The annual gain from that INVESTMENT would translate to $63B.

A whopping 600 million or 53 per cent of India’s population take a dump in the open.

The economic burden of not having adequate sanitation facilities drains the Indian economy of $54 billion annually.

Rationale: The Nirmal Bharat Abhiyan (NBA) renamed as SBA or the Clean India Campaign is an ambitious programme of the Government of India for sanitation, that aims to revamp the Total Sanitation Campaign (TSC) to make India Open Defecation Free by 2022. NBA envisages an integrated approach to Water, Sanitation and Hygiene (WASH). With NBA, the roles of District level Sanitation coordinators, who were an integral part of TSC, have undergone a major shift. Now known as Swachhata Preraks, they are the catalysts of the programme at the district level, facilitating Gram Panchayats to achieve the Nirmal Gram (100% Open Defecation Free-ODF) status. To achieve the ODF status, Swachhata Preraks will spearhead the activities of NBA by
planning, coordinating, monitoring, and executing the annual implementation plan for sanitation in their respective districts

Objective(s) of the Capacity Building programme:

- Bring about an improvement in the general quality of life in the rural areas.
- Accelerate sanitation coverage in rural areas to achieve the vision of Nirmal Bharat by 2022 with all gram Panchayats in the country attaining Nirmal status.
- Motivate communities and Panchayati Raj Institutions promoting sustainable sanitation facilities through awareness creation and health education.
- Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation.
- Develop community managed environmental sanitation systems focusing on solid & liquid waste management for overall cleanliness in the rural areas.

Scope and content: Provision of Individual Household Latrine (IHHL) of both Below Poverty Line (BPL) and Identified above Poverty Line (APL) households within a Gram Panchayat (GP). It is therefore in this context it has been felt to train the Sarapanch, Naib Sarapanch and Ward councilors to train on various aspects of water and Sanitation and other areas to discharge their duties satisfactorily to bring about good governance and overall development in the rural areas.

Kendrapara district is very much lagging behind in water and sanitation as per the Government report.

Approach: To give a fillip to the TSC, Government of India also launched the Nirmal Gram Puraskar (NGP) that sought to recognise the achievements and efforts made in ensuring full sanitation coverage. The award gained immense popularity and contributed effectively in bringing about a movement in the community for attaining the Nirmal Status thereby significantly adding to the achievements made for increasing the sanitation coverage in the rural areas of the country. Encouraged by the success of NGP, the TSC is being renamed as “Nirmal Bharat Abhiyan” (NBA). The objective is to accelerate the sanitation coverage in the rural areas so as to comprehensively cover the rural community through renewed strategies and saturation approach. Nirmal Bharat Abhiyan (NBA) envisages covering the entire community for saturated outcomes with a view to create Nirmal Gram Panchayats. 230 numbers of Sarapanches, and 3000 ward councilors will be trained in a year in different phases. The training will be imparted in four different themes by the resource persons, experts and practioners on the following themes.
I. Roles and responsibilities of PRIs on Water and Sanitation

II. Development Programmes under Gram Panchayat

III. Cost effective and appropriate technologies for ecologically safe and sustainable sanitation

IV. Community managed environmental sanitation systems focusing on solid & liquid waste management

**Training Material preparation:** Study materials were collected from various sources. Panchayati Raj, State Water and Sanitation Mission, UNICEF, Water AID, Rural Development, Agriculture and other departments and compiled for final training module was developed. As per the agreed TOR training material was prepared and distributed among the participants and copy enclosed for your reference.

**Training Plan: Training Plan/schedule**

As per TOR 230 participants were planned and trained in 7 locations.

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Block Name</th>
<th>No of Sarapancha</th>
<th>Batch</th>
<th>No of Participants</th>
<th>Schedule Training Date</th>
<th>Location of Training Programme(venue)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aul</td>
<td>32</td>
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<td>32</td>
<td>8&lt;sup&gt;th&lt;/sup&gt; AND 9&lt;sup&gt;th&lt;/sup&gt; NOVEMBER, 2014</td>
<td>Aul</td>
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<td>26</td>
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<td>36</td>
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<td>27</td>
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<td>27</td>
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<td>7</td>
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<td>30</td>
<td>6</td>
<td>29</td>
<td>21&lt;sup&gt;st&lt;/sup&gt; AND 22&lt;sup&gt;nd&lt;/sup&gt; NOVEMBER, 2014</td>
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<tr>
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<td>Rajkanika</td>
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<td>7</td>
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<td>27&lt;sup&gt;th&lt;/sup&gt; AND 28&lt;sup&gt;th&lt;/sup&gt; NOVEMBER, 2014</td>
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<tr>
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<td>18</td>
<td>7</td>
<td>38</td>
<td>27&lt;sup&gt;th&lt;/sup&gt; AND 28&lt;sup&gt;th&lt;/sup&gt; NOVEMBER, 2014</td>
<td>Rajnagar</td>
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</tbody>
</table>
Techniques used During Training Programme: The following method was adopted during the 2 days training programme.

- Classroom lecture-cum-interaction
- Group Discussion cum exercises
- Case Study
- Exposure visit
- Audio-Visual Show

Resource Person for the training programme:

The following are the resource persons engaged during the training programme:

1. Ranjan Kumar Mallick
2. Bebek swain, Local NGO
3. Saroj Satpathy, EE, RWSS
4. Anil Lenka, Project coordinator, RWSS
5. Mr B. Mohapatra, PD, DRDA, Kendrapara

Topics covered During Training Programme:

1. 73rd Constitutional Ammendment, Gram Sabha, Palli Sabha, Role & Responsibilities of elected representatives and officials, on water and sanitation.
2. Programmes on Drinking Water & sanitation and how integration of cross sector development can happen.
3. cost effective and appropriate technologies for ecologically safe and sustainable sanitation
4. community managed environmental sanitation systems focusing on solid & liquid waste management
5. Exposure visit to Mahakapada, Marshaghai, pattamundai, Rajnagar, Aul, Rajkanika, and Derabish,

After exposure groups presented their finding, few findings are as follows:

Problems at Village level:

1. Inadequate hygiene materials
2. Non availability of Changing Room Facility with sanitary napkins
3. Absence of Lady Teacher in post primary schools
4. Non availability of Water Facility in Toilets
5. Limited hygiene literature
6. Inadequate First Aid Kits facility
7. No Separate sanitary block (toilet, Urinals, hand washing etc) for boys and Girls
8. No waste Disposal(Solid and Liquid Disposal) system at school level
9. Inadequate Water Storage facility
10. Inadequate Hand wash Facility
11. No School Boundary Wall in some schools
12. Limited provisions for Hygiene Awareness
13. No Water Quality Testing kit
14. No Washing Platforms for cleaning utensils
15. Inadequate infrastructure & Permanent Building in Anganwadi centers with provision for water and Toilet Facility
16. No water filters in Anganwadi Centers
17. No provision of operation and Maintenance of School Toilet

Solutions

1. Proper maintenance of Hygiene Materials (urgent need of MHE)
2. Construction of Change Room Facility
3. Appointment of Lady Teacher
4. Provision of Water Facility in Toilets
5. Impart Training on Hygiene Literature
6. Provision of First Aid Kits in Schools
7. Requirement of Separate Urinals for boys and Girls
8. Proper disposal Waste Disposal(Solid and Liquid Disposal)
9. Proper Water Storage
10. Proper Hand wash Facility
11. Construction of School Boundary Wall
12. Create Hygiene Awareness Practice
13. Ensure Water Quality Testing
14. Construction of Washing Platforms for cleaning utensils
15. Create Permanent Building in Anganwadi centers with provision for water and Toilet Facility
16. Provide Water Filters in Anganwadi Centers
17. Operation and Maintenance of School Toilet
After the completion of training, the participants were able to internalize

a) Their roles and responsibilities in water and Sanitation;

b) The implementation mechanism of various programmes meant for socio-economic up-liftment of poor, under privileged and other marginalized sections; and

c) community managed environmental sanitation systems focusing on solid & liquid waste management

d) cost effective and appropriate technologies for ecologically safe and sustainable sanitation

Photo Album:

Photos

Activity:
Block Level Training center

Activity:
Training participant registration
Activity: Training Participant

Activity: Resource Person on discussion

Activity: Participant Interaction with the resource person
Activity: Focus Group Discussion

Activity: Village visited
Activity: Resource Person discussion

Activity: Resource Person interaction