Rural Sanitation Program
Private Public People Partnership Strengthens the Swach Bharat Mission (Grameen) – SAMERTH Sanitation Intervention in Kutch, Gujarat

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NA
SAMERTH CHARITABLE TRUST, Ahmadabad, Gujarat, India, www.samerth.org

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Bring smiles to rural women today for better India tomorrow
Contents

1. Sanitation Situation in India, especially rural areas.

2. Present Sanitation Program in India – The Swachh Bharat Mission (Gramin):

3. SAMERTH - in rural development from 1992

4. Sanitation Program in Nakhatrana Block of Kutch district
   - Approach and methodology in reaching out to communities and stakeholders to make sanitation program a successful intervention in rural areas

5. Sanitation Unit Model/structure
   - Contribution by SAMERTH and People

6. Achievements: SAMERTH Sanitation Program (case studies of some representative villages and beneficiaries - Village Beru, Mousana, Devisar, Jadodar, Village Jinjai and Village Charkheda)

7. Coordination with stakeholders

8. Learning
Rural Sanitation Program

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SAMERTH Charitable Trust, Ahmedabad, Gujarat (www.samerth.org)

1. Sanitation Situation in India, especially rural areas.

India ranks first in open defecation when we compare the statistics world over. The UNICEF and WHO latest reports have stated that 82% of the one billion people practicing open defecation in the world live in just 10 countries and globally India continues to be highest number of people (600 million people viz almost 60%) practicing open defecation. Other countries in the Top-10 list of countries with the highest number of people practicing open defecation (in absolute terms) are Indonesia, Pakistan, Nigeria, Ethiopia, Sudan, Niger, Nepal, China and Mozambique. The recent studies by WHO and UNICEF also revealed that some countries such as Bangladesh, Vietnam and Nepal have largely overcome the problem of open defecation by arranging toilets and related infrastructure for its people. India is far behind in its policies, programs and practices and still heads the list of countries practicing open defecation even in 2014-15.

In Indian context there are number of reasons are quoted or discussed as to why people respond to their natural calls in open. The reasons are many, the poverty, the culture, lack of water and drainage supply, lack of attractive alternatives and the psyche of the people that human waste has to be away from home. The central government in India tried to overcome the hurdle of poverty by designing number of schemes of construction of toilets both at individual households and public toilets and from 1986 a number of schemes were planned and implemented in rural and urban India with huge subsidy components through DRDA, CAPART, Water Resource and Sanitation Department, etc. But they failed miserably due to varied reasons. The reasons primarily include the designs or structures of toilets were not user friendly and while constructing the availability of water were not thought off. The programs lacked corresponding awareness/education. As a result of this thousands of toilets were constructed but remained unused and instead were used to store fodder, small animals, fuel wood or sometimes even unwanted stuff. With regards to psyche of the people to go out for open defecation has no answer but it is closely related to culture and hygiene issues as some of the studies in Northern Indian states revealed that even if the toilet is constructed and water is available one or two family members, especially elderly men and women still prefer to go out to respond to their natural calls.

The impacts of unhygienic sanitation are many and serious leading to health, safety, psychological and also socio - economic threats. The health and personal safety impacts due to open defecation are predominantly the same as those from lack of sanitation. The open defecation or Lack of sanitation is a major responsible factor in causing various diseases, especially, diarrhea and intestinal worm infections but also killing diseases such as typhoid, cholera, hepatitis, polio, trachoma and others. For example, infectious diarrhea resulted
in about 0.7 million deaths in children under five years old in 2011 and 250 million lost school days. It can also lead to malnutrition and stunted growth in children. Open defecation is a leading cause of diarrheal death; 2,000 children under the age of five die every day, one every 40 seconds, from diarrhea. Research from India has shown that detrimental health impacts (particularly for early life health) are even more significant from open defecation when the population density is high: "The same amount of open defecation is twice as bad in a place with a high population density average like India versus a low population density average like sub-Saharan Africa".

According to another UNICEF report, the economic impact of inadequate sanitation costs India about Rs. 2.4 trillion or about 6.4 per of its gross domestic product. Diarrhea alone claims four lakh lives annually, of which 90 percent are children. But tragically enough, the annual central budget is just Rs. 2000 crore which is just about two percent of the entire budget for Rural Development which is close to Rs.1 lakh crore. Only five states in India - Kerala, Sikkim, Haryana, Himachal Pradesh and Maharashtra - are doing well in sanitation; others have a long way to go. Uttar Pradesh alone accounts for 10 percent of population that suffers on account of inadequate sanitation.

The issue has serious gender implications as well and in Indian context these issues were even discussed and commented in the UN Assembly not lesser than Dy. Secretary General of UN after the Badayun (UP) strangling of two young sisters after suspected sexual exploitation. During a statement on the incidence the Dy. Gen Secretary demanded a ‘strong action’ against the culprits. This is definitely not a proud thing for Indians and the people at policy making institutions. Lack of safe, private toilets makes women and girls vulnerable to violence and is an impediment to girls’ education. Rapes and sexual molestation are taking place when women are searching for places for open defecation that are secluded and private, often during hours of darkness.

All these issues, facts and figures immediately called for certain and definite action to promote comprehensive sanitation practices in India supported by strong policy and program measures and importantly not merely sanitation but Community Led Total Sanitation (as coined by WHO and UNIFEM) with adequate water provisions or adequate bio-technologies. This can be achieved but need Key initiatives, especially, strong Political will, a focus on behavior change, sanitation solutions that offer a better value than open defecation, stronger public sector local service delivery systems and creation of the right incentive structures.

After the UNICEF Report in 2011 that India’s highlighted that over 60% population of India still practicing open defecation, the then RD Minister (with additional charge of Drinking Water and Sanitation), GoI said “India is a world’s Capital for Open Defecation and it is a matter of shame anguish, sorrow and anger. He announced the total rural sanitation program by setting up Nirmal Bharat Abhiyan (NBA) in early 2012 to construct toilets in rural areas and even giving subsidies to APL and BPL families to ensure its success. Further feeling the seriousness of the poor sanitation conditions and its gender dimensions in the country, the newly elected PM even addressed the issue in his historical speech of Independence Day (15th August 2014 from Red Fort) and called for ‘Clean India’ by 2019. Hon. PM even earlier had said that building toilets is

1 indiatoday.intoday.in/story/jairam-ramesh-toilet-sanitation-system-badaun-incident/1/365609.html
a priority over temples. Showing the commitment to the issue his finance minister, GoI immediately allocated one month’s budget (in a special budget session (for the year 2014-15)) to set a goal of ending defecation in the open by 2019 which happens to be the 150th year of the birth of Mahatma Gandhi, who had said good sanitation was more important than independence. The new program is called Swach Bharat Mission (Gramin) with effect from October 2014 onwards.

Government of India has taken up the challenge to free India from open defecation but the task is not easy as 131 million households (as per 2011 Census) need toilets/latrines. In Gujarat state alone 31.31 lakh such sanitation units are required and in arid district Kutch 102,758 households are yet to have units. The social and environmental scientists argue and argue rightfully that construction of cemented structures alone is not an answer to the sanitation issues. It has to accompany with public awareness, behavioral change and other adaptation measures. Locally suitable socio-environmental sanitation technologies need to be developed along with necessary infrastructure on the principles of Community Led Total Sanitation (CLTS). Further the mammoth task government cannot achieve it alone all similar minded organisations, agencies, corporate, PSUs need to work together with the public to make this happen and offer true Shardhanjali Mahatma on 2nd October 2019.

On this background an initiative undertaken by a Ahmadabad based civil society organisation SAMERTH on construction of sanitation units in Nakhatrana block of Kutch district is a real model of CLTS and their work can show a way forward to all concerned. SAMERTH’s work is a true picture of participatory model which involves people, local donors, government departments and civil society. This document captures the work done by the organisation and benefits as
perceived by the beneficiaries viz. the families from far flung areas of Nakhatrana district located between small and big run of Kutch.

References:
- Wikipedia.org/open defecation.
- www.indiasanitationportal
- Some WHO reports
- UNICEF Reports (Open _defecation#note_UN2015-7)
- Websites of State and central government – Department of Drinking Water and sanitation
- The Economist – An article on Sanitation in India - The final frontier - Fixing dreadful sanitation in India requires not just building lavatories but also changing habits (Jul 19th 2014 | DELHI
2. Present Sanitation Program in India – The Swach Bharat Mission (Gramin):

The Nirmal Bharat Abhiyan (NBA) which was set up in early 2012 has been restructured as Swach Bharat Mission (Gramin) (SBM – G) from October 2, 2014 by Ministry of Drinking Water and Sanitation (GoI). The SBM – G has introduced various funding patterns and provisions for different parts of the country and defines the central government and state governments share in implementation and has given correctly a very less emphasis on beneficiary/people’s contribution except for community sanitary Complexes where the mission seeks only 10% local contribution, although concerned government machinery is expected to encourage beneficiaries to contribute in whatever form they can. As per the new provisions, the enhanced incentives are of Rs. 12,000 for Below Poverty Line (BPL) /identified APLs Individual Household Levels (IHHLs) which also includes provisions for water for hand washing and toilet cleaning facilities. The sanctions given prior to October 2, 2014, however will have to be implemented as per the old provisions of Rs. 4600 per sanitation unit for BPL Rs. 2000 for APL IHHLs families.

Incentive as provided under the Mission for the construction of Individual House Hold Latrines (IHHL) shall be available for all Below Poverty Line (BPL) Households and Above Poverty Line (APL) Households restricted to SCs/STs, small and marginal farmers, landless laborers with homestead, physically handicapped and women headed households.

The information of restructuring has been communicated by the central DWS ministry to all states through its notification No. W.11013/08/2014nba (PART) GoI dated 14th Oct 2014 and is available on its website also. The SBM-G major activities and the central, state and local contribution provision stated are as given below:

- IEC, start up activity and capacity building of all concerned viz. government departments, Gram Panchayats and communities (GoI 75%, State 25% & IHH/community 0%)
- Setting up of Revolving Fund up to Rs. 50 Lakh per district (80%, 20% & 0%).
- Individual household latrines (of the actual amount required for the full coverage - GoI, Rs. 9000, State Rs. 3000 and IHH 0%) (Extra provision for J&K, NE and special category states).
- Community sanitary complexes (of the actual amount required for the full coverage - GoI, 60%, State Rs. 30% and IHH 10%)
- Administrative charges – up to 2% of the total project cost (GoI 75%, State 25% and IHH/community 0%).
- Solid / Liquid Waste Management (Capital Cost) (of the actual amount of the SLWM project within prescribed limits – GoI 70%, State 30% and IHH/Community 0%).

The above notification received from Centre has been forwarded by respective states to its RD departments at District and block level and in turn the later have forwarded to Gram Panchayats and local development officials (Talathi/Patwari) and Gram Sewaks. The local DOs are supposed to reach this information to local communities at the level of Gram Panchayats. In Gujarat, especially in Kutch district, noticeably, the administration is taking keen interest in implementing the SBM-G supported by members /office bearers of elected bodies at block (taluka Panchayat and district (Zilla Panchayat) and also some present and past people’s representatives (MLAs).
3. SAMERTH - in rural development from 1992:

SAMETH Charitable Trust (Acronym SAMERTH) is a registered voluntary (trust and society) organisation was established in 1992 with an aim of enhancing people’s capacities and strengthening their institutions to help them get access to development programs and services. The focus of work of SAMERTH is to influence the development policies for the betterment of people and also to reach to the excluded and marginalized communities by advocating appropriate models of development suitng local geo-environmental conditions. SAMERTH also strives for gender just and equitable development models through collective, participatory and empowering actions. It is operational in urban and rural areas of Gujarat especially in the districts of Ahmadabad and Kutch and amongst the primitive tribal groups of Chhattisgarh state in central India. Since inception it has worked in the areas of livelihood, education, health, natural resource management (land water and forests), disaster risk reduction and management, sanitation and overall empowerment of poor and marginalized.

SAMERTH had started working in Kutch just before the Gujarat earthquake in January 2001 for the welfare and development of Koli tribals especially focusing on their children’s education and livelihood with a view to stop their out migration. It established a small training center at Gagodar in Rapar block to cater to the needs of Koli and other poor and marginalized communities.

Some of the programs implemented are:

- Disaster Management (Earthquake 2001): Socio-economic and housing rehabilitation of 50 vands of Kolis in Rapar block of Kutch district after January 2001 disastrous earthquake.
- Talim (Training) Kendra and Day Care Center for Children with Special Needs (Ahmadabad) (from 2006) At present 34 children are given various types of education and training. Two children (90% and 75% with disabilities) own gold and silver medals while participating in Special Olympic (Maha Kumbh Mela) organized by Govt. of Gujarat in December 2013.
- Empowering women and adolescent girls from minority and backward community through legal and health education (from 2010) through which we have reached up to 2000 women and girls giving them legal education about their property rights, domestic violence, health and personal hygiene.
- Hostel for girls at Gagodar (Rapar from 2008): Where each year we provide facilities for girls of migrating parents from Koli and other poor communities to help them continue their education. Up till 400 girls are benefitted and have completed their education till 10th standards before entering the junior college at other places. Besides providing hostel, food and education related material we also give them training in personal health and hygiene.
- Drinking water facilities and Check Dams in Rapar Block of Kutch district (2009): Converging with MGNREGS, SAMERTH developed and improved water harvesting assets such as ponds and Check Dams meeting the drinking water and irrigation facilities for 1348 households from 15 villages of Rapar block covering a population of 43,314
men women and children who used to face harsh climatic conditions in this one of the most backward blocks of the Gujarat. We facilitated job cards for 6285 adults who accessed the employment work to the tune of Rs. 63,00,750 during the last five years at their door step while developing their water assets. Besides drinking water the work has addressed issues of livelihoods through agriculture, animal husbandry, health and sanitation practices.

- Sanitation program in Nakhatrana block (from 2010): Up till December 2014, we have constructed 1547 sanitation units in 19 villages with active participation of local communities, NRI family and local TDO office. The construction of toilets have addressed age old problem of sanitation restoring dignity and confidence of women and girls and primarily a health problem amongst 8300 women men and children.

**The present document elaborates the process and learning from the Nakhatrana sanitation program and explores possibilities of replication with a view to contribute in the process of Clean India by October 2019.**
4. Sanitation Program in Nakhatrana taluka of Kutch district: 

- Approach and methodology in reaching out to communities and stakeholders to make sanitation program a successful intervention in rural areas

Nakhatrana is one of the 10 blocks of Kutch district and is known for its harsh climatic conditions, not different from other parts of Kutch and in fact much more harsh life due to the arid nature of lands/topography besides falling in the vicinity of Motha run of Kutch. It receives around 300 ml rainfall from south west monsoon. Water scarcity is a common feature although in recent times state government has reached the Narmada waters to some of the villages. Poor productive lands, lack of employment, severe summers and scanty or erratic rainfall are common features leading to out migration, especially amongst landless labours, small and marginal lands holders and cattle keepers (shepherding communities such as Rabaris). People go out to work as construction workers or agriculture labourers/ salt making or collie work in towns and cities. The population of block is about 129,249 (census 2011) spread over 28,749 households. There are 127 Gram Panchayats comprising 142 villages. As per NBA 2013 data the taluka has 4226 BPL families of which 914 are with sanitation facilities. Of the APL 10,104 are with sanitation and 13,505 are without the facility. This leaves a requirement of 17,731 latrines for the two categories HH together of which 11,000 odd are in rural areas alone.

SAMERTH started working in the block on sanitation program from August 2010 on the suggestion of a local NRI Namely Mr. Narendrabhai Popat (and his wife Jyotiben Popat who lives and USA) who used to visit SAMERTH’s water development program in Rapar block through India Development Relief Fund (IRDF – an America based donor agency set up by like-minded Indians/NRIs). Perceiving the need of proper sanitation in his neighboring block (from where he hails originally) Nakhatrana, he requested SAMERTH to work in the villages to address the issue of sanitation and expressed willingness to support the construction of toilets. SAMERTH, which was aware of this serious issue, agreed to take up the challenge and joined hands with Mr. Narendrabhai Popat.

SAMERTH with its past community development experience was aware that the programs such as sanitation would be successful only if there is active participation of local people, cooperation from Gram Panchayats and concerned government departments at block and district level. To begin with SAMERTH contacted WASMO and TDO offices and obtain list of villages where the work was needed most. It set up an objective of providing basic sanitation facilities to the most poor and marginalized people who lacked the resources to invest to have their own toilet and would be the first generation users of toilets.

SAMERTH also conducted a spot survey of the villages to get acquainted with communities and sanitation issues perceived by people and their willingness to participate in the program. This entire process helped to identify the villages and approach that need to be developed to effectively implement the sanitation program.
After a series of meetings with identified villages and Gram Panchayats, SAMERTH adopted an approach which ensured participation of all concerned. Keeping in view the gender dimensions of the issue, separate meetings were held with women to understand their special needs. These meetings brought forward many issues faced by women, especially lack of privacy for bathing, washing clothes, health/hygiene and safety issues which called for urgent requirement to construct bathrooms also besides latrines. After testing in a couple of villages and success, SAMERTH specifically adopted the following approach to work on sanitation program:

- Two to three village awareness and capacity building meetings with communities in the presence of Sarpanch and GP level Mahatma Gandhi Grameen Water and Sanitation Samiti (Committee) to explain the need and importance of sanitation program, present sanitation system, gaps, government policies, water supply and drainage system/situation, in the village, role of Gram Panchayat and selection criteria of beneficiaries and identify the potential beneficiaries. Other equally important points are:
  - Encouraging people to construct the bathrooms given the need of women and other family members as well.
  - Formation of village level community group and identification of leaders with equal participation of women to work with SAMERTH team to oversee/monitor the construction work, follow up with Gram Panchayat, TDO office and vendors of material supply and obtain subsidy for the beneficiaries under government total sanitation program under NBA and now SBM-G. Recording proceedings of meetings signed by all present.
  - Information sharing on SAMERTH support to identified beneficiaries in the form of required toilet construction material (to the tune of Rs. 7600 per household) needed for construction and finalized by villagers.
  - Appeal to beneficiaries to contribute their voluntary labour for construction. Local villagers also have basic civil engineering and construction skills and are encouraged to help each other. The voluntary labour of IHHs is the local contribution and which when calculated comes to around Rs. 4500 per sanitation unit construction.
  - Finalisation of list of beneficiaries of sanitation program by community leaders from the village group.

Followed by this is a door to door survey to collect the proof of residence, ensure water availability, deciding construction place and awareness on use of toilets with hand wash facilities and cleaning material.

This follows verification of the list of beneficiaries at Gram Panchayat by Sarpanch and Talathi and then forwarding the same to TDO office at Nakhatrana.

Local vendors were identified and the program was discussed with them. Encouraged by the efforts of Mr. Narendrabhai Popat and his family and SAMERTH the vendors too agreed to provide the raw material in time, the quantity required, quality staff and
minimum profit as they felt that it a good work is taking place in their taluka and wanted to join hands.

- On approval of list of beneficiaries by local Gram Panchayat Sarpanch and Talathi, SAMERTH team plans the distribution of material and gives the list with required material to the vendors.

- Vendors then supply the material to the village which is monitored by local leaders including Sarpanch and the vendor himself/his labour as per the list. The families who are constructing bathrooms also order construction material from the same vendor.

- Construction is monitored by local leaders and SAMERTH team. The water tap connections are also fitted in the latrine/bathroom to ensure supply and cleaning facility. At some places SHGs have also monitored the collection and distribution of material and also the construction.

- Once the soak pits are installed then a pipe is connected to the village main drainage pipe line which opens far off from the village. These pipe lines are laid down by Gram Panchayat with the help of WASMO.

- The use is then monitored by village committee.

- On completion of construction, SAMERTH facilitates preparing an application by individual beneficiary household to seek a subsidy from Drinking Water and Sanitation Department through approval and forwarding by local Gram Panchayat where Sarpanch and Talathi discuss the applications with members of water and sanitation committee and give their approval. Talathi then forwards the application to TDO office for payment.

**SAMERTH attributes success of its sanitation program to above detailed process and approach adopted by it which ensured participation of all stakeholders. SAMERTH is also of the opinion that if one follows this approach there is no reason why sanitation program should not be successful.**
5. Sanitation Unit Model/structure:

SAMERTH, taking into consideration local socio-economic and geo-ecological conditions did not pursue any particular model of toilets unit. It decided to go with suggestions of communities because it felt that local communities can decide better for them as they are aware of local geo-environmental conditions and what best can work for them. A simple four wall room structure with front door comprising 3 ½ x 3 sq ft base and 6 feet height was constructed. The ceramic sanitation blocks are fitted in cemented floor and roof top is fitted with 6 x 4 feet cemented sheets. The Biosoni doors (of size 6 x 3 feet) are used which are all weather proof and friendly and do not get warm (hot) even during the summer and is widely used in Kutch and other parts of India which faces severe summers or monsoons or winters. The walls are constructed of solid cement blocks.

![Sanitation Unit Diagram]

The material required for construction of above size sanitation block is as given below (does not include bathroom as it a family voluntary initiative and its contribution):

- Cement blocks 120,
- Cement bags 3,
- Biosoni Door of 6 x 3 feet size (weather proof)
- PVC Pipeline 3 inch diameter 15 feet
- Water tap inside the latrine
- Cement sheet (6 x 4 feet) for roof
- Sealing material (standard size small bag 1)
- Ventilation mesh (Jali)
- Gas ventilation pipe (T pipe) (6 feet)
- Cement chamber (for Soak pit) and cover standard size (one each)

The chamber connection is then released to the village drainage system. On the introduction of the sanitation program by SAMERTH the Gram Panchayats sought permission and funds from DRDA and District Collector through resolutions to lay down the drainage pipeline to a decided village disposal place. Accordingly the funds are provided by government to all Gram Panchayats for this infrastructure.

The houses where sanitation program is implemented have assured present water source/connection and a provision for side or overhead cemented tank with pipeline supply to latrines and bathroom and the cost is laid down. These costs are invested by people themselves along with their voluntary labour. This demonstrates their liking for the program and full participation. Provision has also been made for hand wash, bath, washing clothes, cleaning material (Phenyl or other chemicals, broom, etc) to make the toilet – bathroom a complete comprehensive unit. Some people have also put up attractive tiles inside and outside of the constructed bath and WC room which makes the construction not only attractive but easy to clean and maintain. A little awareness and push brings people out of inertia to go for construction of the toilets.

Thus the structure seen in villages is proposed, constructed and adapted by people themselves which is suitable to local geo-environmental conditions for round the year use. It is appreciated on the part of government that it has worked hard to provide water to these far flung villages in Nakhatrana block located in arid areas. The availability of water made SAMERTH to introduce the sanitation program without difficulty. Lack of water is the main hurdle in constructing latrines and bathrooms in residential areas.

**Contribution by SAMERTH and People:** The cost of each unit is around Rs. 9,000 including material and labour (skilled and unskilled) costs. SAMERTH provided material of Rs. 7600 fixed for every identified individual household and the family members contributed their voluntary labour to the tune of Rs. 4000 to 4500 (skilled and unskilled).

Beneficiary families in the villages help each other in constructing toilets which have definitely enhanced the community development spirit amongst the villagers in general and beneficiaries in particular. As and where women SHGs are operational they were activated and encouraged to participate in the program from planning to completion of construction and further to ensure the use of the units by all family members. SHGs discuss the water and sanitation issues in their monthly meetings. High emphasis is given on maintenance of the units and cleanliness.
6. Achievements: SAMERTH Sanitation Program:

Following the approach of people’s participation and coordination with government SAMERTH with active financial support from NRI Family of Mr. Narendrabahi Popat, has constructed over 1500 sanitation blocks in 14 villages. The details are tabulated below:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Village</th>
<th>No. of families in village</th>
<th>Number of units constructed</th>
<th>No. of beneficiaries</th>
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<td>Phase I 2010-2012</td>
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<tr>
<td>1</td>
<td>Beru</td>
<td>193</td>
<td>155</td>
<td>785</td>
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<td>2</td>
<td>Mota angia</td>
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<td></td>
<td>Total of phase I</td>
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</table>

It could be said that of the total requirement of 11,000 rural toilets in rural Nakhatrana block, SAMERTH has achieved about 13% target by constructing 1547, covering 8 ½ % households (2575 of 28749) and 7% population (8360 of 1.29 Lakh). This is one of the few largest programs after Sulabh Shouchalya operating Pan India and Grama Vikas in Orissa.
SAMERTH Sanitation program came at very opportune time when entire India is speaking about Total Sanitation with direct subsidy is given by government to APL and BPL families to encourage construction the toilets. After series of discussion with state, district and block level authorities and their visits to the program government has agreed to count the SAMERTH sanitation program under its NBA or SBM – G. SAMERTH has facilitated submission of subsidy forms of all its beneficiaries to TDO office at Nakhatrana for the subsidy. Up till now 162 HHs comprising 9 APL and 153 BPL HHs have received subsidy from state government to the tune of Rs. 721,800.00 which has given further encouragement to other families to go for construction and seek government subsidy.

SAMERTH would like to share representative examples and responses of some of the women and men who have participated in sanitation program. The responses are very encouraging giving a sigh of relief to them and their family members as the facility has addressed their health issues to a large extent. All of them are first generation users of the toilets and have now given up age old practice of open defecation completely.

**Sanitation Program Case Studies:**

**Village Beru:**
This is the first village where SAMERTH started its sanitation program intervention. There are 193 HHs and major population belongs to Rabari, Harijan and Bagi who largely work as agriculture labours or unskilled construction workers on roads or buildings in the vicinity of village or Nakhatrana town. Government has provided village approach road and water facility about 8 years back. Of the 193 almost 155 families did not have toilets. After completing the process of formation of community groups and activating women SHGs SAMERTH covered all 155 HHs. One can see clean villages. The road side areas which were once filthy due to open defecation all over are now clean and people now can move freely along the roads. The road is busy as people catch bus / transport to go to the Nakhatrana or other places. Before SAMERTH, Navjeevan Trust/Aashpura Foundation worked on water conservation program (desilting of village pond), formation of SHGs, health awareness but sanitation was not touched upon by them.

After SAMERTH’s intervention Gram Panchayat became very active and enhanced its interactions with block and district authorities for various schemes. Beru was the first village which received government support for village drainage pipeline to carry the sewage to disposal spot away from residential area. Village now has PDS shop and residents receive food grain quota regularly. The village now has road light and Tower.
Some of the common responses of villagers were:
- “The construction of toilets has created most useful facility at our doorstep”.
- “We can now respond to our natural calls even in the nights which was a big challenge for all of us especially women and girls. Many times men or other elderly persons had to accompany women for their safety”.
- “Earlier, we had to use road side during the nights due to fear of snakes, etc”
- “SAMERTH Sansthanu Aabhar (Thanks to SAMERTH”).

Deviben Kalla, a local resident (widow 45) says “SAMERTH came first and then government brought other development activities to our village”.

Deviben Kalla with her constructed toilet and bathroom with adequate handwash and cleaning facilities.

Expressing similar heartfelt feelings, Lakhiben Rupabhai Rabari said “Before this we had problem of bathing also. Women and girls used to set up a cover of sarees around four sticks and then bath. Now we have bathroom and toilet together and we feel proud of this. Not a single woman or girl has to go out”

Village Mousana:
Village has 93 households and all are from Rabari community. Village represents typical Rabari culture of dress, language and cattle keeping occupation as one can see cattle around. People earned their livelihood from agriculture labour work and cattle keeping. People sale milk to dairy but both the means are uncertainties due to proneness of area to recurrent drought conditions. Thirty five (35) households fall under BPL category. Village has water supply through a bore well provided by WASMO and Water Supply Board, arranged six – seven years back and almost
every house has water tap connection from the source. Mousana has Primary school and Anganwadi and have sanitation and water facilities. It also has 4 SHGs of women formed by a local voluntary organisation. The PDS shop is operating and people are happy with the service.

When SAMERTH made intervention, Of 93, twenty one households already had toilets. It has completed construction of 35 houses and 37 are yet to be constructed. Families which showed willingness were given support on priority. The work with remaining families will also be started soon.

**Bacchiben Rana** (F 35) is a housewife and also looks after the dairy animals at home. She has five members in family comprising husband and wife (self) and three children and all of them use the toilet facility since it is constructed.

*Bacchiben says* “We have good water facility hence we do not have to go outside any more. Our children also use the toilets so you see cleanliness around our house, toilet and water tank”.

*Bacchiben from village Mousana with her children and a relative near constructed sanitation unit.*

**Jassiben Rabari** (F 40) works as agriculture labour and has 6 family members (the couple and 4 children). She said “When we used to go out for work etc. our children used to go out anywhere defecating in open which was creating the village unhygienic. Now even if we are not in the house children use the toilets. Village health and hygiene has improved significantly” Although she says she is not much aware of NBA or SBM-G she says she has filled in application for subsidy from government.

**Village Devisar:**
Devisar is a large village with 450 mixed population households comprising Patidar, dalits, Rabaris and few Muslim. Of the 450, 300 houses are only occupied as some families have migrated out – either permanently (although they come back mostly for festivals) or temporarily
due to lack of local employment and poor productive lands. SAMERTH started its sanitation intervention in 2010-11 and worked closely with Gram Panchayat and PHC – sub center (ASHA WORKER) to conduct the survey of families. It was found that most of the higher castes HH have toilets and mostly lower castes lack the facility due to poverty. Eighty three (83 HHs) were identified for the construction of toilets mostly belonging to dalits and Rabaris. The village has water facility, PHC sub center, PDS shop, good approach road and electricity but lacked toilets and local employment facilities. The village is a good example where people, local gram panchayat, Talathi and health department worked together and cooperated with SAMERTH in successfully executing the sanitation program.

Nanuben Gopalbahi Parmer (F 45) has 7 members in the family which is primarily involved in agriculture labour work (the couple and five children). She has water connection and water storage tank as well. She quotes “Previously we had to go early in the morning to respond to natural calls and many a times we had to wait for other village fellow women. It used to give us very shy feeling. We now have water connection, toilet, bathroom and clothe washing facilities in our house and we can use them any time we want”.

Nanuben G. Parmar and her husband – residents of village Devisar

Shri Kantilal Mhavji Parmer (M45) works as agricultural labourer and sometimes on masonry work as unskilled labour, has six family members (the couple and 4 children). He was one of the first persons to demand toilet in the village and completed the construction 3 years back.

Shri Kantilal bhai and his daughter with adequate water facilities at toilet and bathroom.
SAMERTH recognizes the cooperation of Sarpanch (Chairperson Shri Dhanji Viram Aahir (from June 2013). He informed that he and his newly formed committee namely Mahatma Gandhi Gram Swachhata Samiti (formed at all GPs now in Gujarat under SBM-G) approved the list of APL and BPL families who constructed the toilets for subsidy under NBA and now SBM-G and has been forwarded to TDO office for approval.

Village Jadodar:
With 284 HHs comprising 150 Muslim, 60 Harijan and other 74 HHs mainly includes Soda Rajput, Pardhi, Kandhar, Koli and Thakur. People largely earn their income from agriculture and construction labour work and weaving (especially Harijans are involved). Village has good road connectivity, water supply and PDS. Water is available in ample and water connections are given to each house and public places. There are about 12 operational SHGs promoted by other voluntary organisations. SAMERTH has covered 32 HHs up till now.

Ratanben Suza (F 60) from a dalit family and is very active in SHG work in the village and is also a beneficiary of the program. Working as a construction worker her family has 11 members. She worked very actively with SAMERTH and was the first person to demand and construct the toilet in her backyard about 3 years back. She quotes “Earlier village had separate places for men and women to use for open defecation around the village and the river side. Women used to go mostly either early in the morning or late night in a group. We now have good water supply and toilet at our doorstep. All households have constructed Bathrooms as well”,

Ratanben quotes “With increase in family members family has constructed one more toilet and bathroom with adequate hand wash, bathing and cleaning facilities”.

Ratanben also tells proudly that “with adequate sanitation facility at our home for all our health expenditure has come down significantly”.

Ratanben Suza (Jadodar village) with 2 bathrooms and 2 toilets (in background) displaying toilet cleaning material.
Her young daughter in law Ramilaben says “Earlier we used to fear to go out in the night even a group of 4 – 5 women go together we always feared and felt shy to walk along the village to river side. Situation used to be bad for us during rains and river was flowing. Sometimes I had to take my husband with me for safety and security leaving children at home. But now, we are happy that most of us have toilet facility at the home”.

Village Jinjai: The village has 156 HHs with mixed population comprising 90 HH belonging to Patidar and Patels, 40 Muslims and remaining Koli tribals and Harijans. The poor families such as muslims, kolis, harijans work as agriculture labourers and also earn some income by keeping cattle. They sale milk to district and or Mother dairy. Village has regular water supply, road connectivity round the year, PDS shop and active Gram Panchayat. SAMERTH entered the village in mid 2013 and worked closely with local SHGs promoted by other operating voluntary organisation. With regards to sanitation, the rich people already had the facilities at their home but the poor lacked the same. The poor used to go out in the forest (means shrubs of mad acacia trees – ganda babal). The list of beneficiaries was prepared by the local SHGs and was finalized by Gram Panchayat Sarpanch and Talathi.

SAMERTH has constructed 56 toilets up till now mostly covering Muslim and Koli families. A usual process of people’s participation was followed and was responded well by men and women and GP.

Rahimaben Alimohammad (F 40) works as agriculture labourer and also has couple of buffaloes. She has 6 family members (the couple and 4 children). She says “Women, especially young girls have good facility of toilets now. They now have easy access to toilets and bathrooms and donot have to go to Jungle any more. Girls can now go to school in time and women can also reach to work places in time”.

Aammbai Salema, her neighbor also said that our village is now clean and you won’t see filth anywhere in the village. SAMERTH has given us great relief and has also trained us in health and hygiene. Not a single man or woman or child from our families goes out for open defecation now. Our Sarpanch is very cooperative”. 

Ramilaben Alimohammad (F 40 village Jinjai) with constructed bathroom, toilet, water connection and hand wash facility.
Village Charkheda: Husainbhai (M 43) here never thought that he will have toilet in his house because of poverty. He started attending meetings when SAMERTH intervened in the village to propagate the program. He said “I realized the importance of having sanitation unit at home after attending the meetings. I had never thought that we can have so many health problems if this facility is not there at home”. He and his family members actively contributed their voluntary labour in constructing toilet.

Hussainbhai, Charkheda village

Women members from Charakhada village community group

Sustainability of the sanitation program:
The program can be said sustainable only when the local people take charge of their development processes. With regards to sanitation program to sustain the processes SAMERTH is encouraging village women (whose families have constructed the toilets) to form their SHGs and monitor the use and maintenance of the sanitation units constructed. The women have started forming the groups and SAMERTH team is giving need based inputs to them during their visits to villages.
7. Coordination with stakeholders:

SAMERTH works closely with district and taluka administration to make the total sanitation program a success. The team members are invited by the administration for consultation during their discussion on implementation of policy decisions and to speak to the participants of meetings and training organized by district (DRDA) and taluka officials (TDO) working on promotion of the SBA-G. SAMERTH This dialogue has resulted in promoting convergence with SBA – G (earlier NBA) where state government has agreed to include the SAMERTH constructed toilets in its sanitation program. This is a great encouragement for the villagers and the SAMERTH team. Villagers have started getting subsidy transferred in to their bank accounts from the state. Number of district and taluka officials and policy makers have visited our sanitation program which includes DDO, TDO, elected chairpersons of the district and taluka Panchayats (Sabhapaty) and also Sarpanchas.

To respond to Clean India Mission or SBM-G Shri Chabilbhai Patel (Ex. MLA Nakhatrana, Abdasa and Rapar) has committed himself to make 3 talukas open defecation free and has sought support from SAMERTH to make his mission successful. Our team has shared with him the approach adopted at village level in making the program successful where villagers/women’s groups, GP, TDO office, private parties such as vendors have contributed in the process.

Nakhatrana TDO office has provided cooperation to the SAMERTH. Present TDO Shri A. V. Gadhvi is very cooperative and has visited some of the villages under the program. His office now wants to work on awareness to change behavior of people about open defecation, meetings with Gram Panchayats and talathis to introduce concept of SBM-G, linking MGNREGS with SBM-G to cover some work of sanitation especially digging of soak pits and other common work which involves labour work. Mr. Gadhvi further said that “in Nakhatrana we will make SBM-G successful by entering into Public Partnership and in this we wish support from SAMERTH”.

Nakhatrana TDO Shri A. V. Gadhavi  
Nakhatrana Taluka Panchayat Sabhapati
Both TDO and taluka Chairperson have good vision to work on total sanitation program. They also want to work with Shri Chabbilbhai Patel in his mission of making the Nakhatrana, Abdasa and Rapar free from open defecation.

The program was also successful due to support of vendors without whose cooperation and understanding of program the sanitation program would not have taken off so speedily. Dhanani Timbers and Godavari Buildwares of Nakhatrana worked with SAMERTH which reduced not only the transport costs, manpower and time consumption but also took keen interest to reach the material to the doorstep of the beneficiaries.

Shri Chaganbhai Dhanani (Vendor” Dhanani Timbers, Nakhatrana.

The media has given good coverage to the program. Local newspapers covered the events of visits of government officials and our donors.

SAMERTH was invited by Charities Aid Foundation to participate in Global Hand Washing Day even under ‘Banega Swacch Bharat’ campaign jointly sponsored by Dettol and NDTV at Ahmedabad on 15th October 2014. SAMERTH participated with posters on its work and also mobilized 1000 children (in the age group 5 to 14) form its Ahmadabad city operational area. The program was live telecast by NDTV channel at national level. Children draw posters and paintings depicting theme of hand washing and hygienic India.
Last but not the least this program would not have been successful without support of Shri Narendra and Mrs. Jyotiben Popat. Both of them have provided not only the funds for the sanitation program but also the guidance and encouragement to work on this important issue which is core of people’s health and the national health. Their visits from time to time has given us much encouragement to work with zeal and confidence.

Mrs. Jyotiben Popat and Mr. Narendra Popat visiting some villages and beneficiaries of sanitation program. Also seen in below photo is SAMERTH Trustee Ms. Gazala Paul:
8. Learning:

Through the sanitation program SAMERTH has tried to reach to poor and marginalized rural communities mostly from PBL families who could construct toilets at their own due to poverty and lack of awareness even about the government sanitation programs. All sanitation units are used 100% by almost every member of the family. The women beneficiaries shared their happiness about the program and that there has been a reduction in incidences of water borne diseases and general rise in quality of health. There is also behavioral changes such as hand washing and arranging cleaning facilities at units. The toilet facility is secluded and safe.

SAMERTH will continue constructing sanitation units with support from Shri Narendra Popat and Mrs. Jyotiben Popat. But given the scale of the requirement of the units and gravity of situation who ever feel concerned about the issue need to work on addressing it. There is positive environment and commitment from the national and state governments to the cause. In-depth involvement in the implementation of sanitation program and interactions with stakeholders has given us certain learning and suggest how to go about it. We would like to share some of the learning and suggest way forward if we all want to make this program a great success:

- There is need of Proper survey of existing toilets and its repairs and cover the program in to a total rural sanitation program.
- Identify the households without sanitation facilities by organizing the talukas/blocks into cluster and plan the intervention accordingly.
- Government need to be flexible in giving permissions and grants to local people. With its strong administration right up to village level in the form of Gram Pachayat/Talathi/Gram Sevak/Health Workers (ASHA)/Anganwadi Sevika, etc. government can think of giving advance to people for starting construction. The condition of first construct the toilet and then access subsidy need to be made flexible. The advance system or material giving can enhance the confidence of people to construct the unit.
- Avoid long delays in transferring the program subsidises. This will motivate other fellow villagers to opt for sanitation units and seek benefits of subsidies. The delays are causing even after verification reports submitted by Gram Panchayats to higher authorities.
- Give the entire program planning to gram Panchayats and then plan appropriate monitoring and evaluation mechanism.
- Develop different models taking into the consideration the local social and geo-environmental conditions.
➢ It is necessary to support the campaign with awareness material, audio-video – posters, etc.

➢ Six monthly reviews of SBA – G and effect modifications if required in policy and in monitoring system.

➢ Ensure Water supply before introduction of the sanitation program where bio-technology is not useful. People in rural areas prefer more of water supply with sanitation than other technologies.

➢ Most importantly, to make the SBM – G successful there is need of creating a separate mechanism to implement the program. At present the concerned departments at district and block level are severely understaffed who are unable to plan and go ahead with speedy implementation. With separate mechanism in place, government can think of advancing the money and implement the program with speed.

➢ Coordinate with CSR to motivate them to invest in “Clean India Mission” (Banega Swacch Bharat).