

# Community Approaches of Open Defecation Elimination Planning (ODEP) Initiative in Swachh Bharat Mission-Grameen (SBM-G) in Maharashtra

Maharashtra is third largest state in India in terms of geographical size and second largest by population. The total population of Maharashtra is about 112 million (Census 2011) out of which about 55% people reside in rural areas. About 30% of rural Maharashtra comprises of Below Poverty Line (BPL) families. Administratively, Maharashtra state is divided into six divisions comprising 34 rural districts. The districts further consist of about 352 blocks and 28, 813 Gram Panchayats (refer Exhibit 1).

## Situation of Sanitation in Maharashtra

As per the baseline survey of 2012, about 48% households in Maharashtra had access to sanitation<sup>1</sup>, as compared to the national average of 39%. Further, as per the MDWS reported data, toilet coverage for rural households was 60% for the state in Dec 2015, which has increased by 12 percent points from the baseline 48% in Nov 2012. The corresponding increase in Aurangabad has been by 15 percent points, from 28.3% in Nov 2012 to 43.1% in Dec 2015. Aurangabad has shown the highest percent point increase among all divisions in the state (refer Exhibit 2).

Aurangabad division<sup>2</sup> (also referred to as Marathwada region) had emerged as the weakest division, as about 76% households resorted to open defecation, the highest in the state. Based on discussions with Water Supply and Sanitation Department (WSSD), Government of Maharashtra (GoM), United Nations Children's Education Fund (UNICEF) decided to focus its attention on addressing the challenges within this division specifically, the districts of Jalna, Osmanabad and Latur were identified for UNICEF's focused support. UNICEF and WSSD designed and implemented several innovations in these districts starting from 2011 and still continuing. These innovations are related to Interpersonal Communications (IPC) under State Sanitation Hygiene Advocacy and Communication Strategy and district communication plans, Community Approach of Open Defecation Elimination Planning (ODEP), programme monitoring and institutional strengthening. These initiatives have evolved organically throughout the transition of rural sanitation programmes since 2011 till date and complemented the programmatic interventions of SBM-G. Majority activities were demonstrated in 8 districts of Aurangabad Division and Chandrapur District and were gradually scaled up across the state.

## Institutional arrangements for SBM-G

**State level:** WSSD is responsible for overall coordination of the Mission. The Water Supply and Sanitation Organisation (WSSO), a special purpose vehicle has been established for overall coordination and monitoring of the implementation of Swachh Bharat Mission- Gramin (SBM-G).

**District level:** Zilla Parishad (ZP) i.e. district governments are responsible for most of the rural development programs, including SBM-G. The District Water and Sanitation Mission (DWSM) Cell has been newly formed in every district to manage SBM-G.

**Block level:** The Panchayat Samiti supported by Block Resource Centres (BRC) (consisting of 2-3 professionals hired from market) implements SBM-G at block level.

Exhibit 1: Political map of Maharashtra

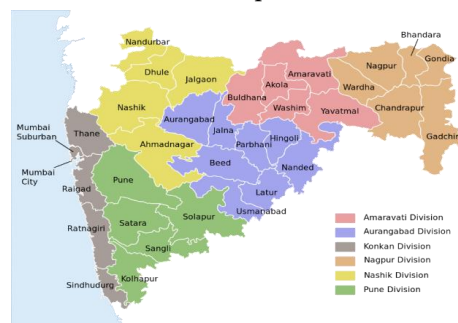
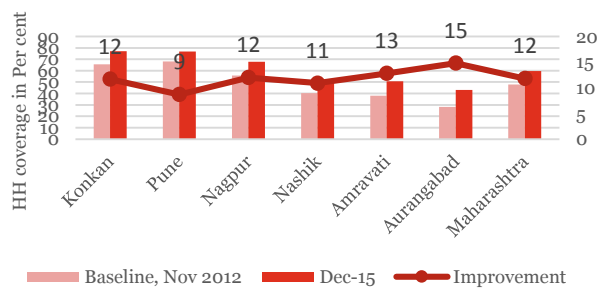


Exhibit 2: Division-wise Household Toilet Coverage in Maharashtra



### Institutional Setup in Maharashtra

Maharashtra has unique, decentralised institutional setup for implementation of SBM-G and the mechanisms for implementing the initiatives have been integrated with it. It is supported by technical agencies for implementation. Technical support of UNICEF has been vital to incorporate systematic approaches, maintaining consistency in implementation of activities throughout the programmatic transitions in rural sanitation and effective replication and scaling up of initiatives up to state level.

<sup>1</sup> The rural sanitation coverage in 2015 is about 47%- Website of Ministry of Drinking Water and Sanitation, Government of India

<sup>2</sup> Aurangabad division consists of eight districts: Aurangabad, Beed, Hingoli, Jalna, Latur, Nanded, Osmanabad and, Parbhani

**Gram Panchayat (GP) level:** The Sarpanch, members of Village Water and Sanitation Committee (VWSC) and Gram Sevak drive the SBM-G activities supported by field functionaries from other departments such as ASHA, Anganwadi Workers and Sevika, and teachers; Self Help Groups (SHG), youth groups and other volunteers in the community.

**Technical Support:** Total 105 Key Resource Centres (KRCs) (22 at state level, 83 at district level) have been hired by WSSD to provide specific technical support in implementation. Additional agencies were engaged by UNICEF to support in implementation of the initiatives<sup>3</sup>.

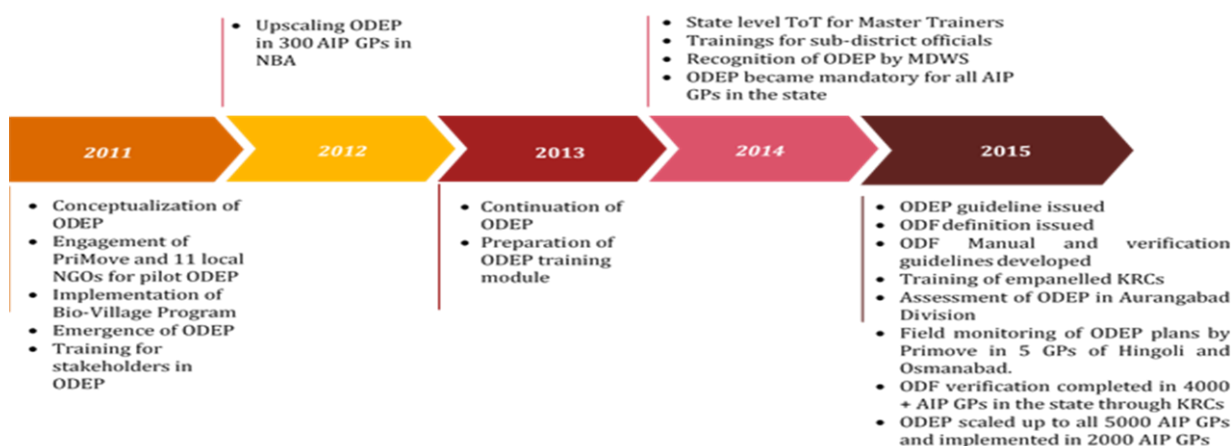
### The Context

Under the SBM-G, GoI has declared 2019 as the year to make Swachh India by attained 100% Open Defecation Free (ODF) villages. The process of making villages ODF<sup>4</sup> is at the centre of the SBM strategy. Based on past experiences and lessons learnt, GoM developed an innovative tool – village level Open Defecation Elimination Planning (ODEP), which is being implemented in phases since 2011 in the state, and is now also included in the GOI guidelines under SBM-G.

*By December 2015, ODEP has been scaled up to 5000 AIP GPs in the state. Out of these, 2000 plans were sanctioned and are being implemented.*

The ODEP evolved on this background as a tool to facilitate villages to develop their own plans to make their villages ODF. This also includes other environmental sanitation aspects like Solid and Liquid Waste Management (SLWM). The process of development of ODEP tool and its implementation is explained in chronological order in Exhibit 3.

Exhibit 3: Chronology of Key Activities under ODEP



### Conceptualisation of ODEP

The ODEP was conceptualized in 2011 as a community based approach for achieving ODF targets. The concept emphasizes active involvement of the community (and the key stakeholders) throughout the process of planning and implementing ODF activities for its village. The learnings from Sant Gadgebaba Gram Swachata Abhiyan\* were also drawn for developing the ODEP concept.

The ODEP activities are targeted at the following:

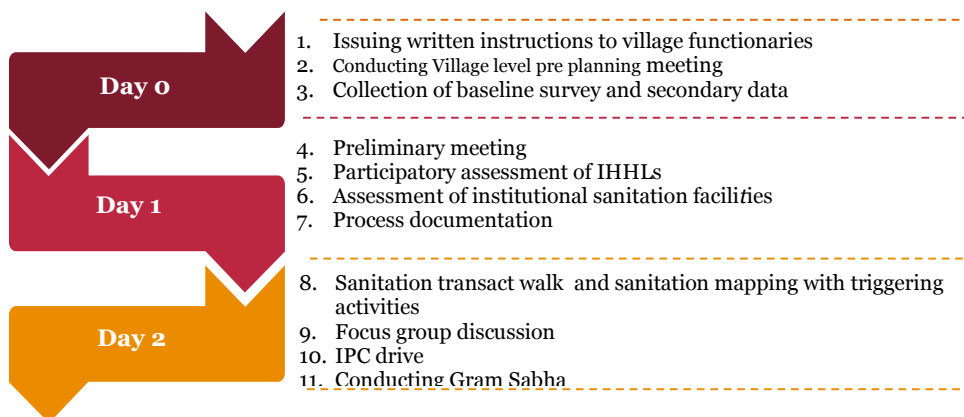
- Individual Household Latrine (IHHL): Households without toilets and households not using and disseminate exclusive IPC messages for ODF
- Institutional Sanitary Facilities: Sanitation facilities in schools and Anganwadi and public buildings like Gram Panchayat Office
- SLWM: Management of solid and liquid waste generated at household and community level as a result of open defecation

<sup>3</sup> (i) Riddhi Foundation, Kolkata engaged for developing and piloting monitoring systems with understanding of bottlenecks, (ii) PriMove, Pune for technical support in SBM-G implementation at State level with special focus on support in district approach and monitoring in Latur and Chandrapur, (iii) FINISH (Financial Inclusion Improves Sanitation and Health), Lucknow for piloting a holistic model involving supply chain and sanitation marketing linked with health insurance in Bhokardan block, Jalna (iv) Abhivyakti, Nashik for assessing IEC materials and conducting IEC Training Needs Assessment, and (v) Innovations, Lucknow for formative research and developing IPC and SBCC tools, resource materials and games.

<sup>4</sup>The GR issued by Ministry of Drinking Water and Sanitation (MDWS) defined ODF village as one where human faeces is not visibly present and safe and technologically appropriate management systems are used for disposal of human faeces at public/household level.

The ODEP process requires at least three days and is to be primarily facilitated by BRCs / CRCs along with other village level functionaries. A typical ODEP process takes about 2-3 days depending on the size of the village (refer Exhibit 4 for sequence of steps)

Exhibit 4: ODEP Process at GP level



### ODEP scaled up to 5000 AIP GPs

The ODEP concept was piloted in select GPs and up scaled thereafter based on the learnings.

- Workshops conducted for orientation of all concerned district level senior officials and BRC / CRCs followed by training of the cadre of Gram Sevak on ODEP and ODF communication drives.
- ODEP piloted in 110 GPs in Latur and Chandrapur districts with support of PriMove and other 11 local NGOs engaged by UNICEF.
- A comprehensive training module for ODEP prepared by UNICEF and PriMove integrating components of IPC and household contract drives. Following trainings were conducted:
  - Training of Trainers (ToT) by WSSO for Master Trainers i.e. SBM-G and IEC experts, HRD consultants, social experts, sanitation experts and BRC / CRC members from all districts.
  - District level trainings by Master Trainers in two phases; covering 19 districts and 1338 AIP GPs in first phase and remaining 12 districts in second phase.
  - Training of all empanelled KRCs to support GPs in developing ODEP.
- ODEP up scaled in 300 GPs selected in Phase I of SBM-G implementation in 2012. By 2015, all 5000 AIP GPs have been covered.
- An orientation was conducted by PriMove in 4 large GPs in Latur and Chandrapur (2015) involving district and block level teams for demonstrating the process and preparation of model ODEP reports for large GPs.



#### Key Findings from Field Monitoring and Desk Review of ODEP

**Field Monitoring of ODEP** by PriMove (2015) in 10 sample GPs in Higoli and Osmanabad revealed:

- The ODEP is being attempted in the GPs with appropriate stakeholder participation.
- Community mobilisation and trigger activities are undertaken.
- Variation was observed in the sequence of activities and duration.

**Desk review of 75 sample ODEP Reports** from Aurangabad Division was conducted by PriMove (2015). It indicated:

- The GPs are adopting the fomats provided.
- Majority (60% to 70 %) are able to capture the key issues, relevant data required for planning and prepare budgets.
- Appropriate BCC strategies were provided by 40%

It is anticipated that with increasing awareness in community, consistent capacity building at block and GP level and streamling implementation process will furhter strengthen the ODEP.

### MDWS and DWSM recognised ODEP as effective tool for Community Mobilisation in Sanitation -

- The DWSM issued GR regarding ODEP in January 2015 delineating the roles of master trainers, KRCs, trainings for planned implementation of the program and monitoring systems at the state, district, block and GP level. Preparation of ODEP plan was made mandatory for all GPs selected under SBM Phase I in the state.
- Draft State Operational Manual towards Open Defecation Free Rural Maharashtra was developed with support from PriMove (January 2015). This was disseminated to districts and blocks to strengthen ODF activities.

- ODF definition was issued by DWSM through GR (June 2015) whereby a GP may be declared ODF if there are no open defecation sites in the GP, all households have access to individual or community toilets and the toilets constructed are technically correct (with reference to technical guidelines for toilet construction issued in May 2015).
- The Operational Guidelines for KRCs were issued by DWSM (2014) elaborating on the roles, responsibilities and tasks to be undertaken by the KRCs. The KRCs have a mandate to undertake ODF verification at village level, research related to ODF status and provide inputs to the ZP for strengthening ODF activities.
- ODF Verification Guidelines (June 2015) were issued for facilitating sustenance of ODF status of the GPs / NGPs, generate awareness regarding sanitation and ODF, induce healthy competition for ODF among GPs, increase awareness in maintaining quality of facilities created under SBM-G and create a conducive atmosphere for promoting sanitation in the state. The process involves three tier verification criteria applicable for all GPs in the State and NGP awardees.



### Recognition of ODEP by MDWS

The significance of ODEP in SBM was recognized by the MDWS, GoI, which introduced ODEP under SBM-G. The concept and ODEP training modules for Master Trainers and other functionaries / stakeholders were shared by GoM with the GoI as a good practice in SBM-G.

***ODF verification was completed for more than 4000 AIP GPs in the state through KRCs.***

## Learnings



### ODEP is an effective for bottom-up planning and identifying solutions at GP level

ODEP has proved to be a simple tool for triggering action against open defecation at village levels by:

- Generating awareness regarding sanitation through trigger activities
- Mobilising community for identifying issues and local solutions.
- Guiding the stakeholders in planning and assigning responsibilities.



### ODEP is vital for ODF sustainability

ODEP helps in mobilising the community, raise awareness about issues and motivates to take ownership for making the village ODF. This is critical for sustainability of the initiatives.



### Following all steps is necessary for effectiveness of ODEP

For effective implementation of ODEP, it is necessary to follow all the intermittent steps in the process. Also, adequate time needs to be given especially in case of large GPs. Handholding by BRCs / CRCs and application of guiding tools is important element.



### Capacity building essential for successful implementation and scaling up ODEP

Intensive capacity building has been undertaken at all levels prior to introduction and during implementation of ODEP. This has proved to be instrumental in disseminating the concept, operationalisation and scaling up at mass level.