Key initiatives under Swachh Bharat Mission-Grameen [SBM-G] in Maharashtra: 2011-2015

Maharashtra is third largest state in India in terms of geographical size and second largest by population. Administratively, the state has six divisions comprising 34 rural districts, 352 blocks and 28, 813Gram Panchayats. 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.

Situation of Sanitation in Maharashtra

Out of 61.6 million rural households, about 48% had access to sanitation[1], as per baseline survey done by Government of Maharashtra in November 2012. While this is better than the national average of 39%. However there are significant regional variations in the state. Aurangabad division[2] (also referred to as Marathwada region) had as high as 76%% households resorting to open defecation. The state government and the UNICEF as development partner have focused on conceptualizing and implementing some innovative approaches for improving the sanitation status of this division (particularly the districts of Jalna, Osmanabad and Latur were identified for this). 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

The 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 poin increase among all divisions in the state. (IMIS, MDWS).

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

"The development partners have played an important role in providing end to end support in all technical areas for implementation of initiatives including planning, implementation, monitoring and capacity building for the state program. The innovations and initiatives in Maharashtra are commendable and should be replicated in other states also.

- Mr. Rajesh Kumar,IAS, Principal Secretary, DWSS, GoM

The state has an institutional arrangement for SBM-G, which comprises of Water Supply and Sanitation Department (WSSD) as overall responsible for implementing the SBM-G mandate in the state. The Principal Secretary, WSSD is responsible for the entire program and is supported by a Dy. Secretary cum Project Director. The Water Supply and Sanitation Organisation (WSSO), a special purpose vehicle established at state level, is responsible for overall coordination and monitoring of the implementation of SBM-G. As rural administration in Maharashtra is highly devolved, the Zilla Parishad (ZP) i.e. district governments are responsible for most of the rural development programs, including SBM-G. A newly created unit – the District Water and Sanitation Mission (DWSM) Cell, manages the overall planning, execution and monitoring of SBM-G at district level. The Dy. CEO, WATSAN is the overall manager and reports to the CEO of the ZP.

The BDO is the overall in charge at the block level and is supported by Block Resource Centres (consisting of 2-3 professionals hired from market). At the GP level, the Sarpanch, members of Village Water and Sanitation Committee (VWSC) and Gram Sevak are key persons to drive the SBM-G activities. They are supported by the FLWs like ASHA, Anganwadi Sevika, teachers, Self Help Groups (SHG), youth groups and other volunteers in the community.

Besides this regular structure, WSSD also hires services of Key Resource Centres (KRCs) to support the implementation of SBM-G at both state and district levels. Currently, the state has empanelled 105 KRCS (22 at state level, 83 at district level) to provide specific technical support in implementation.

In addition other professional organizations are also roped in with assistance from UNICEF. These are: (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,

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[1] *The rural sanitation coverage in 2015 is about 47%- Website of Ministry of Drinking Water and Sanitation, Government of India*
[2] *Aurangabad division consists of eight districts: Aurangabad, Beed, Hingoli, Jalna, Latur, Nanded, Osmanabad and, Parbhani*

Lucknow for formative research and developing IPC and Social and Behaviour Change Communication tools, resource material and games.

Interpersonal Communication (IPC)

The state introduced IPC approach as a key tool for enhancing understanding on sanitation and hygiene among the households, encouraging actual toilet construction and usage, hand washing and active participation in eliminating the practice of open defecation by the community. Appropriate behaviour change messages were targeted at individuals as well as community by engaging and training frontline workers, community leaders and volunteers.

The activities at district, block and village level were further strengthened through the state level initiatives like serial on sanitation (Nirmal Dhaara) and talk shows on Marathi TV channel of Door Darshan during 2013-14, and TV and radio spots on key channels throughout the year during campaigns. Some key initiatives consist of:

> *"The initiatives (IPC, ODEP, Monitoring and Institutional Strengthening) have helped in strengthening the SBM-G in Maharashtra. Also, IPC as a strategy to communicate the message of WASH has been more effective than any of the mass media tools since sanitation is still a personal subject even now for most of the people".*
>
> - *Mr. B.K.Sawai, Director, WSSO*

Training needs assessment for IPC: Two studies were undertaken to understand the effectiveness of existing IEC interventions, gaps and training requirements for the same. These were:

- **Training Needs Assessment (TNA):** It was conducted to understand the perception and role of IEC (Information, Education and Communication) officers with regards to Behaviour Change Communication (BCC) and IEC activities. The study revealed limited awareness among the staff about BCC as a tool and dearth of creative and engaging IEC/ BCC materials as key gaps.

- **IEC Needs Assessment:** This led to further understanding the specific areas for capacity building of stakeholders. It highlighted that usage of IEC for outreach activities was limited and also suggested specific aspects for capacity building of the IEC officers.

IPC tool kit developed and disseminated: IPC tool kit was developed based on the understanding that creative tools were required for better messaging. This involved:

- Review of available IEC tools in four states

- Rapid needs assessment for IPC tools in Latur and Chandrapur districts in Maharashtra.

- In-depth formative research in eight villages of Latur and Chandrapur districts to gain insights into existing situation of the water supply and sanitation sectors for developing specific tools. This study highlighted the issues and themes to be focused through the IPC tools.

Usage and Adaptation of Toolkits

The IPC toolkit is mainly used by BRCs / CRCs during household visits and group meetings. It has been found very useful for communicating targeted messages. Community has better response and recall for the messages if the tools are used effectively (UNICEF study on usage of tools, 2015). Cost-effective local adaptations have also been made in the toolkit in Jalna and Latur.

Based on the findings, forty IPC tools were developed and pre-tested in Chandrapur, Latur, Solapur and Nandurbar districts. The tools were aligned with the guidelines of Nirmal Bharat Abhiyan (NBA, now SBM-G) and National Rural Drinking Water Program (NRDWP). Among these, 16 were finalized and one kit per block was disseminated across the state.

Communication Strategy developed at state level: The Maharashtra Sanitation and Hygiene Advocacy and Communication Strategy (MSHACS) was developed through consultations with key stakeholders. It provided a detailed guideline for preparation of District Communication Plans for effective implementation of the communication strategy towards WASH. The roles and responsibilities of Zilla Parishad CEOs, Deputy CEOs, DWSM Cells, BRCs / CRCs and other key stakeholders were specified in MSHACS.

District-level Communication Plans prepared: Based on MSHACS, District Communication Plans were prepared for Chandrapur and Latur on pilot basis and further scaled up across the state. The plan charts month wise activity for all the GPs, detailing out local activities and events, awareness strategies to be adopted as per target audiences and carrying out drives against open defecation. The DWSM cells engaged local NGOs and field motivators for training on the preparation of the communication plan at the GP level.

Household Contact Drive introduced: The concept of household contact drive was introduced in 2014 to engage target households and influence them to adopt toilets and sanitary behaviour in a focused manner. WSSO also developed a 'planning tool' to help the front line workers in planning their household contacts in a systemic way. After initial testing, use of these tools has been scaled up across the state and is effectively being used in target villages.

Further details of the key initiatives are provided in a separate note on Interpersonal Communication initiatives under SBM-G in Maharashtra.

Vyom Gagan Bharari – IPC initiative through Third Gender Team, Osmanabad

In Osmanabad, a third gender team of 12 members was formed by the ZP for saturating IPC activities in Lohara block in 2014. The team was trained in concepts of sanitation, IPC and Operation and Maintenance (O & M) of toilets. DWSM officers provided identity cards and vehicle to this team and also accompanied them to the villages during their campaigns.

The team conducted household and community level IPC effectively and contributed towards strengthening communication activities towards ODF in the block. The initiative has helped in achieving dual purpose of providing dignified livelihood to the third gender community and accelerating ODF efforts.

Solapur and Latur districts have approached Osmanabad DWSM team for assistance in replicating this innovation in their districts. Besides, Madhya Pradesh and Chattisgarh states are also in the process of replication of the same.

The Project contributed to strengthen the local IPC initiatives in Lohara. The Community could recall the messages given by the team regarding importance of building toilets and maintaining hygiene in the village. The messages of the team were also reinforced by the other IEC activities in the community.

DHaAL (Daily Handwashing for Ailment-free Life) Project, Jalna

A WASH initiative was piloted in 50 schools in Jalna in 2014. It involved promotion of WASH behaviour and introduction of innovative models for WASH through creation of WASH infrastructure and capacity building of teachers, sessions with schools (teachers and

children) on WASH and Menstrual Hygiene Management (MHM), convergence and advocacy with stakeholders to sustain the activities. A total of 7509 students (3656 boys and 3893 girls) were covered through the project, over a period of one year. Total 1021 School Management Committee (SMC) members, 78 teachers and 2234 members of Meena-Raju Manch (Cell at school level for imparting life skills) were trained. Also, 49 group handing wash stations were created through the project.

Open Defecation Elimination Planning (ODEP)

The ODEP evolved as a tool to facilitate villagers to develop their own plans to make their villages ODF. This also includes other environmental sanitation aspects like WASH in Institutions, Solid and Liquid Waste Management (SLWM) and Menstrual Hygiene Management (MHM). The ODEP was conceptualized in 2011 by WSSO and UNICEF as a community based approach to make villages Open Defecation Free (ODF). The concept emphasizes active involvement of the community (and the key stakeholders) throughout the process of planning and implementing ODF activities for its village.

As per the ODEP Circular issued by GoM in January 2015, the process is required to be undertaken in two days in GPs with up to 250 households and in three to four days where households are more than 250. A provision of INR 10,000 is made by the ZP for all target villages (in case the process is carried out by Key Resource Centres (KRC)). The ODEP process was initially pilot tested in 110 villages in Chandrapur and Latur districts and later scaled up to the entire state.

Training Module prepared for ODEP: Given the positive response in pilot phase of implementation of ODEP, a comprehensive training module for ODEP was developed. The concepts related to IPC and IHHL contact drives were integrated in the module. This was shared with WSSO to formalize the ODEP and to upscale it to other districts in the State.

Recognition of ODEP by MDWS: The significance of ODEP in SBM was recognized by the MDWS, GoI, in 2014 which introduced ODEP under SBM-G. The concept and training modules for ODEP (for Master Trainers and other functionaries / stakeholders) were shared by GoM with the GoI for its consideration as a good practice.

Guidelines and operational manual for ODEP issued by WSSD

The implementation of ODEP was strengthened by issue of requisite guidelines and notifications by WSSD. This helped in institutionalisation of ODEP and ODF interventions across all AIP GPs in the state.

ODF definition issued by WSSD through GR (June 2015)

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 State technical guidelines for toilet construction issued in May 2015).

Guideline / GR	Objective / Content	Year
Operational guidelines for KRCs	Process for selection of KRCs, roles, responsibilities and tasks to be undertaken by KRCs	2014
GR for mandatory ODEP in AIP GPs	Delineation of the roles of master trainers and KRCs, capacity building and ODEP monitoring process	2015
State Operational Manual	Facilitate ODF activities in the state	2015
ODF Verification Guidelines	Facilitate sustenance of ODF status of the GPs / NGPs, generate awareness regarding sanitation, and induce healthy competition for ODF among GPs, increase awareness in maintaining quality of facilities created under SBM-G.	2015

ODEP implementation: Workshops were conducted for orientation of all concerned district level senior officials and BRC / CRCs followed by training of Gram Sevak on ODEP and ODF communication drives. The implementation was initiated in Latur and Chandrapur on pilot basis. To support the ZP in this activity, an external technical agency and 11 local NGOs for support in field implementation were engaged across 110 GPs. It was further up scaled in 300 GPs selected in Phase I of SBM-G implementation in 2012. Further details are provided in the note on ODEP initiatives in SBM-G in Maharashtra.

*The ODEP was **scaled up to 5000 AIP GPs** in 2015-16. It is being implemented in 2000 GPs at present.*

Programme Monitoring

The monitoring initiatives evolved along with the IPC and ODEP implementation, mainly to address the need to monitor the ODF activities at all levels, aid in planning and decision making and support in course correction if required. Both offline and online systems were introduced on pilot basis and scaled up to division or state level as applicable.

*The Offline MIS has been **scaled up to 5000 AIP GPs** in 2015. Trainings were conducted for M & E Experts of DWSM Cells at state level and BRC / CRC / Gram Sevak at district level followed by distribution of registers. Some GPs and block offices have initiated preparation of MPR based on Offline MIS and use it for reviews.*

Offline MIS: It was introduced to improve monitoring of target families without latrines, toilets built, incentives released, use of toilets, various IEC/IPC activities carried out at village level. It was piloted in 52 villages in Jalna by UNICEF and FINISH for a year in 2014 and subsequently scaled up to entire state. The features are as follows:

- This is done through a set of three printed record books. The household wise records related to Baseline Survey 2012 data and its updating, progress in construction of toilets, release of incentives, etc. are maintained and updated manually by Gram Sevak or other active FLW.
- The data is captured from village level and then consolidated to form Monthly Progress Report (MPR) at GP level. The GP MPRs are further collated at block and district level.

Monitoring through Factsheets at district and state level: A Fact Sheet is a 3-4 page report consisting of analysis of offline data provided by the district, presented through tables, charts and color-coded graphs. It provides information about the achievement of annual, monthly and cumulative targets; Individual Household Level (IHHLs) toilets constructed across different groups during the given month; poor performing GPs; Percentage of saturation and the pace of progress.
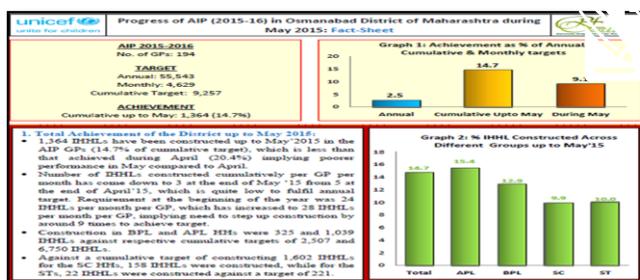

Factsheets are found useful at district level

Fact Sheets have been very useful to district authorities as a decision support tool for steering activities related to SBM (G). These are used for planning and monitoring during Monthly Review Meetings at district level.

Process documentation of WASH initiatives

Online MIS System: Total 76 blocks in Aurangabad division are covered through the system (www.nirmal.washgis.org). It captures data related to demographic indicators (population and literacy), status of coverage of household level toilets, status of saturation, etc. It also includes a dashboard for generating thematic maps and charts for data visualisation as a decision support tool. This has been developed by Riddhi Foundation.
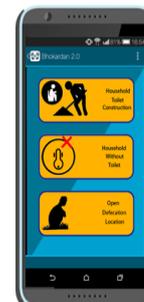
Android-based monitoring system: It is a real-time GIS enabled system for monitoring status of toilet uses and open defecation sites in the villages.The application was developed in 2015 and is being piloted in 10 GPs of Jalna district (Bhokardan block). The application works on a regular smart phone with GPS application. The system captures geo-tagged real-time pictures of toilets, details of construction and usage for every target household and defecation sites in entire village.

Quality Assurance System (QUAS) in Aurangabad Division: It was introduced in 2014 to monitor the quality of toilet construction and usage in Aurangabad division. The district level authorities are required to visit sample households across the district for monitoring the construction and usage of toilets. In case of Latur, an external technical agency is supporting in implementation of the same while in other four districts, the DWSM Cell itself undertakes the QUAS activities.

Community-based monitoring: The initiative has been launched on pilot basis in December 2015 in AIP villages after issuance of Operational Guideline for Community Monitoring by WSSO. 'Swachata Jagran Manch (SJM)' (Sanitation Awareness Group) is established at village level with representation from all stakeholders in community. The group is responsible for monitoring the ODF status of the GP and motivate community to build toilets. The activities involve:

- Monitoring households through visits and tagging these with colour coded stickers, based on the situation of access to toilet and usage. (Green – HH has toilet and all members use it regularly; Yellow – HH have toilets but some members continue open defecation; Orange – HH with defunct toilet; Red – household without toilet). The village level status is updated on colour coded score card) fixed in centralized place in village.

- Awareness generation regarding sanitation, motivating community to build and use toilets, and organising ODF related activities.

Institutional Strengthening

Institutional framework strengthened: WSSD has taken efforts to design and appoint competent and devolved institutional framework to promote rural sanitation. Almost all the institutions, except the WSSD, were established since 2011 and are evolving based on their experiences. While these units have been well integrated with the existing governance structures at all levels, most of the officers working in these units have been hired from market on contract.

*Total **207 trainings** on various themes were conducted by WSSO and project partners at state level. Over **13,800 participants** across all cadres benefitted from the trainings. In addition to this, training were also organised by Zilla Parishad in Aurangabad division with support of project partners for staff and FLWs related to sanitation, ODF and monitoring.*

Capacity building undertaken at all levels for staff and key stakeholders: A lot of efforts have been put in to recruit, train and retain these professionals. Capacity building activities at district, block and GP level have played an important role in providing orientation to the stakeholders for introducing new concepts and initiatives. UNICEF has been continuously

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Supply Chain Model set up on Pilot basis at Bhokardan

A supply chain model for toilet construction has been piloted at Bhokardan. A Rural Sanitary Mart (RSM) for supply of cost-effective rural pans (and other similar material) and Production Centre (PC) for producing pre-cast toilets have been set up. A Sanitation Park has also been developed in the Panchayat Samiti premises to provide information on various technology options for toilet construction. The beneficiary has been provided the facility of group accident insurance coverage by TATA-AIG and personal health insurance coverage by New India Assurance as an incentive. Further details are provided in a note on Institutional strengthening initiatives for SBM-G in Maharashtra.

Rural Sanitary Mart

Sanitation Park

Production Centre

supporting these efforts. In addition, effective collaboration with technical agencies and implementation partners facilitated pilot interventions and scaling up efforts.

Guidelines and notifications issued for systematic implementation and institutionalisation: The implementation of various initiatives was supported by issuance of about 12 guidelines and notifications. This helped in setting up institutional structures, recruitment of personnel, operationalising activities and subsequent scaling up at state level.

Supply Chain Management Plans prepared for Latur and Chandrapur: Encouraged with the learnings from Bhokardan supply chain model, the Latur and Chandrapur ZPs prepared detailed Supply Chain Management Plans in 2014-15. The plans were prepared based on supply chain survey and detail discussions with stakeholders. Various models were proposed in the plans to be adopted depending on the local geological conditions and financial situation of the beneficiaries.

Learnings

Integrated communication approaches are important for effective outreach

- Integrated communications approach involving mass communications, institutional communication and interpersonal communication is effective for reaching diverse set of citizens.
- Communication approach needs to be guided by sound understanding of the community requirements based on empirical evidence.
- The messages have to be appropriate, customized and targeted to achieve the desired results.
- Apart from toilet construction and consistent use, messages and information related to SLWM, WASH in schools, and MHM in school and community are important.

Effective financing mechanisms for beneficiaries accelerates ODF

The process of ODF may be accelerated if client friendly financing mechanisms are established such that the beneficiary is not required to pay the amount of construction upfront or pay in part. For this purpose, collective purchase of material, facility of credit by supply chains, routing incentives through supply chains, revolving funds, loans through SHGs, etc. may be explored subject to due diligence.

Regular monitoring is critical for effective implementation

- Monitoring is an important part of the overall project management cycle and the quality, depth and timeliness of monitoring is very vital. It aids in identifying and rectifying deviations in the overall processes and facilitate course corrections.
- Synthesizing and presenting information generated through monitoring process is a key contributing factor for timely decision making.

Appropriate technological options and O & M ensures quality and usage of toilets

Adoption of appropriate models considering the local context is critical.

Masons working in villages require training on appropriate technologies for construction of toilets.

Quality of construction and adherence to the technical norms needs to be monitored.

Orientation of households regarding operation and maintenance of the toilets is essential for sustained use of toilets.

Efficient supply chain for toilet construction helps in ensuring timely and quality construction of toilets

- Routing of incentives through institutional supply chains (after due diligence) is more beneficial for poor households that cannot invest in advance, until they receive the government incentives.
- It helps the ZP / block level functionaries in financial management for timely disbursal of incentives to beneficiaries and recovery of credit by service providers.

Sound institutional set up is essential to reach the last mile

Reaching a large scale, diverse set and remotely located households require an effective institutional set up to perform different functions ranging from policy framing, project design to reaching the remotely located target households.

Adoption of community-based approaches for ODF are critical for sanitation

Active involvement of community in the process of planning ODF activities and ownership for interventions is essential for undertaking sanitation activities and inducing sustained behaviour change. For facilitating this process, design of requisite user-friendly tools and guidelines for planning at village level, capacity building of FLWs and handholding for implementation is necessary.