

“Adarsh Grams” - ITC’s Programme for Sanitation & WASH in Schools

- **Background**

The broad dimensions of India's massive sanitation challenge are well known. More than 67% of the rural population had no access to toilets and were defecating in the open according to the 2011 Census. While the figure for urban households was lower – approximately 12.64% of 78.8 million households – this still translates to 9.96 million households defecating in the open, along with 4.74 million households using public/community latrines. This appalling lack of focus on sanitation and hygiene results in some of the highest incidences of diarrhoeal and other diseases among adults and children leading to unacceptably high mortality rates.

Children are particularly affected – research and studies are increasingly emphasising the link to repeated bouts of diarrhoea and persistent infections, leading to malnutrition and stunting due to their inability to absorb and retain nutrients, with permanent adverse impacts on mental development. From school attendance of both boys and girls to women’s safety to water resource management to environmental pollution – there is a complex matrix of multiple interrelated challenges that need to be tackled through a range of sanitation interventions to bring about real and sustained change in India’s sanitation scenario.

A study was conducted by ITC two years back to gain insights into its core project areas, the socioeconomic challenges and stakeholder and aspirations. Sanitation featured as one of the top needs identified pan India and there was a gap of over 1,30,000 IHHTs in the core habitations covered through the survey.

Where Sanitation in Schools is concerned, a preliminary assessment showed that even where Sanitation Infrastructure was available, there was no mechanism for its cleaning/ maintenance and limited awareness on good Water, Sanitation and Hygiene(WASH) practices leading to lack of use and dis-repair of the infrastructure very quickly.

ITC’s interventions therefore focus on expanding access to sanitation facilities, putting in place systems and strategies to ensure the sustained usage and maintenance of these facilities and building awareness and knowledge about health, sanitation and pollution issues to bring about real behavioural change, the vital key in improving health profiles for India’s population at present and in the future.

- **Location, Date**

Tamil Nadu, Andhra Pradesh, West Bengal, Karnataka, Telangana, Bihar, Madhya Pradesh, Maharashtra, Punjab, Himachal Pradesh, Uttarakhand, Uttar Pradesh, Odisha; 2013 onwards

- **Areas**

Rural

- **Stage/Scale**

Operational in 21 districts across 13 states, over 20,000 family-owned toilets have been built and over 61,000 children have benefitted from WASH in Schools interventions. Started in year 2000-01, the project scaled by year 2013. The programme is currently on-going.

- **Objective of the assignment**

The overall objective of ITC's sanitation interventions is to ensure that even the poorest and most vulnerable live in a clean and hygienic environment by enabling access to, and driving usage of, toilets. The intended outcome is that habitats should become open defecation free areas, supporting a reduction in morbidity in target communities, especially among women and children. Over time, this should lead to improved health profiles and thus better quality of life and more robust capacity to be economically productive.

In terms of the Programme's two components, the specific objectives are as follows:

- **Individual Household Toilets**

- Mobilise a community-led health agenda to enable demand generation from target communities to construct family-owned household toilets on a cost sharing basis along with sustained usage by all family members to transform project areas into open defecation free zones and ensure that they remain so.
- Increase levels of awareness on the causality between open defecation and diarrhoeal diseases and drive adoption of WASH practices in the community through targeted IEC activities.
- Reduction in diarrhoeal diseases and therefore in morbidity and mortality arising from such diseases.
- Convergence with government schemes wherever feasible.

- **WASH in Schools**

- Enable improvement in WASH facilities in government schools through the construction of adequate, child and gender-friendly facilities in adherence to agreed norms.
- Inculcate the habit of regular usage of facilities and development of regular hand washing habit through interactive and hands-on training sessions/demonstrations for students, teachers and school staff.
- Enable improvement in attendance for both boys and girls.
- Involve and build capacities of School Development & Management Committees, with a special focus on developing strategies for sustained operations and maintenance of infrastructure created through

generation of maintenance funds, leveraging PRIs, and convergence with other local community-based organisations.

- **What was done**

Implementation and key activities of the 2 components of the Programme are provided separately below:

- **Individual Household Toilets**

The intervention was aimed at galvanising a people's movement to trigger collective behaviour change. Communities were encouraged to join together to adopt safe and hygienic sanitation behaviour and ensure that all households used and maintained their sanitation facilities to achieve open defecation free status in the area.

This was done by

- building awareness and educating communities so that they themselves realise the adverse consequences of open defecation, poor sanitation and personal hygiene practices leading to demand for better sanitation facilities (pre/during/post-construction)
- actively involving individuals, community-based groups, local government bodies & other agencies as facilitators and enablers of demand generation, monitoring, etc.
- building in a financial stake for participating households through mandatory monetary contribution for construction of toilets and to ensure sustained usage and maintenance

NGO project implementation partners and SHGs conducted visits to individual houses, identified beneficiary households and collected mandatory household contribution. Their responsibilities also included supervision of toilet construction, ensuring their proper usage by all family members and maintenance as well as the adoption of good health and hygiene practices. They also motivated community members – men, women and children – who show leadership qualities to act as champions of the cause by spreading the message, keeping vigil on those who persist in open defecation and convincing them to give it up.

- **WASH in Schools**

WASH in Schools initiative is aimed at promoting and instilling good sanitation, health and hygiene practices among children in their formative years. The intervention focuses on three areas - creation of infrastructure including sanitation facilities for boys and girls, drinking water and hand-wash stations; mechanisms for sustained operations and maintenance of infrastructure provided; and, WASH capacity building of teachers, headmasters and children in government primary schools.

This was done through:

- A participatory approach in planning, implementation and maintenance involving teachers, students, School Development Management Committees (SDMC), with the NGOs, technical/professional agencies and ITC playing a facilitating role.
- A mechanism in place to ensure the sustainable operations and maintenance of the infrastructure created through institutional mechanisms.
- Educating students and school staff on sanitation, health and hygiene to bring about a sustained improvement in these aspects. The initiative is also a powerful trigger for ITC's larger community health agenda with children playing a crucial role as potential behaviour change agents in terms of eradicating open defecation and improving personal health and hygiene practices in their families and communities.

Post completion of the feasibility study and need assessment exercises, an implementation plan for construction and/or improvement of facilities along with the budget and tenders from local vendors is developed with the SDMC and school staff. Monitoring of construction work is primarily their responsibility with regular checks by the implementing NGO, technical agencies, ITC and local bodies like the PRI.

● **Impact**

Commencing in 2000-01, and significantly scaled up since 2013, a total of 20,093 individual household toilets have been constructed through company's direct contribution and through leveraging government funds. Cumulatively 950 sanitation awareness programmes have been conducted covering 46,716 people.

The WASH in Schools intervention has benefitted 61,255 children in 525 government schools through the provision of WASH infrastructure and awareness building programmes. 255 School Development & Management Committees have been operationalised. 1,079 teachers in have undergone capacity building in WASH practices, operations and maintenance.

ITC's Programme has so far achieved Open Defecation Free status in 96 project villages out of 402 covered currently (approximately 24%). a recent study revealed an enormous improvement in terms of reduction in incidence of disease among children post-construction of household toilets.

● **Challenges and Issues**

- Behaviour change to ensure sustained usage and maintenance of facilities constructed coupled with consistent adherence to hygiene practices.
- Ensuring a shift from "dependent development" syndrome to driving mandatory beneficiary contribution,

- Empowering Community Based Organizations to take ownership for improving their habitations.

- **Innovation**

Sanitation interventions have progressed from a largely construction focused model to focusing on behaviour change to drive usage of toilets and achieve open defecation-free catchments. It adopts the community-led total sanitation approach through IEC interventions, demand generation, beneficiary contribution and leveraging funds under the government's Swachh Bharat Mission. The innovation includes driving mandatory upfront contribution by the Beneficiary, enabling linkage with Government Scheme under Swachh Bharat Abhiyan to create a Sanitation Corpus.

Interventions aimed at improving school infrastructure, have similarly moved to creating a more child-friendly infrastructure coupled with strengthening institutions at the community, school and students' level. Innovations in specific locations include leveraging of Panch Parmeswar Yojana for maintenance, convergence with the Women involved in Solid Waste Management to clean the school toilets in the catchment thereby enabling higher earnings for women whilst meeting the need of cleanliness, starting Soap Banks in school, and Child Cabinet members leveraging film shows/skits, etc. as a route to collect funds for maintenance of infrastructure.

- **Lessons learnt**

- Mobilizing and capacity building of Community based organizations such as SHGs, SDMCs,
- WATSAN Committees / Child Cabinets and PRIs is critical for participatory planning, ownership and therefore sustainability.
- Approach of demand generation should be through targeted and high impact IEC campaigns for awareness creation and messaging for desired outcomes of contribution, usage and sustainability.
- It is better to target the poor and the marginalized in the community with focus on asset creation for the community, rather than the individual
- Project execution should be done in partnership with NGOs (both thematic experts and with grassroots experience) to enable mobilization
- Leveraging Government schemes, where feasible
- Ensuring that all interventions are in Project mode, long term, committed and not once-off so that all stakeholders take a long-term approach rather than focus on short term results.

- **Financials**

The planned budget till year 2016-17 was INR 21.99 Crores.

- **Economic sustainability/Revenue Model**

Financial sustainability has been ensured through demand generation and building a mandatory financial stake on the part of communities as a key element in each model.

Families must make an upfront financial contribution and agree to a schedule of repayment of the loan covering the remainder of the cost, which is provided by ITC in the form of an interest-free bridge loan and routed through SHGs/NGOs. These loan repayments go towards forming the corpus of a Sanitation Fund which is used to extend further loans for toilet construction and for repair and maintenance for sanitary facilities in schools in the area which have been unable to establish a WATSAN Fund. Since 2014-15, till Dec-16, the community contribution stands at INR 443 lacs and repayment of loans are regular.

For WASH in Schools projects, SDMCs are encouraged to ensure the development of a concrete plan for WATSAN fund generation/corpus creation for Operations & Maintenance prior to commencement of construction. Finances are generated from small monthly contributions from students as well as by tapping government schemes. Currently, 57% of SDMCs have systems in place to collect contributions regularly for their WATSAN Funds. These accounts are maintained separately in the interests of transparency and accountability.

- **Implementer Contact Persons**

- **Mukul Rastogi**
Vice Presidents – Social Investments
ITC Limited
Mukul.rastogi@itc.in

- **Sources and References**

- Study submitted by ITC Limited
- Company Website