



# Achieving Open-Defecation Free Telangana

## A MEDIA HANDBOOK





## Definitions

**Open Defecation** refers to the practice whereby people go out in fields, bushes, forests, open bodies of water, or other open spaces rather than using the toilet to defecate.

**Individual Household Latrine (IHHL)** is a toilet which is available within the premises of a household. Operation and maintenance of individual toilet rests with the beneficiary.

**Community Toilets** is a shared facility provided by and for a group of residents or an entire settlement. Community toilet blocks are used primarily in low-income and/or informal settlements / slums, where space and/or land are constraints in providing a household toilet. These are for a more or less fixed user group. Operation and maintenance of shared community toilet block ideally should rest with the beneficiary users under over all supervision of the concerned ULB or RLB, depending upon where it is located.

**Public Toilets** is a facility provided for the floating population / general public in places such as markets, outside railway stations, bus stations, tourist places, near office complexes, or near other public areas where there are considerable number of people passing by.

**Single Pit Latrines** is a toilet with a single pit dug into the ground. The underground of the pit is water permeable, hence there is always a danger of groundwater contamination. When the pit is filled up, it needs to be emptied or closed and relocated. SBM programme, considers single pit latrines as insanitary.

**Insanitary Latrines** is a toilet which requires human excreta to be cleaned or otherwise handled manually, either in situ or an open drain or pit into which the excreta is discharged or flushed out, before the excreta fully decomposes.

**Twin-Pit Latrine** is a toilet with twin pits (the double pit latrine). Excreta is discharged to one pit/chamber until it is full of faecal sludge. Discharge is then switched to the second pit/chamber. Once one pit/chamber is full, it's sealed and, after a year, its contents can be used as manure. Only one pit/chamber is used at a time so the other squat hole is closed. Consequently, the pits can be used more than once. There is also less risk of ground water pollution.

**Bio-digester** is anaerobic multi-compartment tank with inoculum (anaerobic bacteria) which digests organic material biologically. This system converts faecal waste into usable water and gases in an eco-friendly manner. (Developed by DRDO)

## Abbreviations

ASHA	Accredited Social Health Activist
CMS	Center for Media Studies
CRSP	Central Rural Sanitation Program
CLTS	Community-Led Total Sanitation
CSO	Civil Society Organisation
GP	Gram Panchayat
HH	Household
IEC	Information, Education and Communication
IHHLs	Individual Household Latrines
IPC	Inter Personal Communication
MPDO	Mandal Parishad Development Officer
MSO	Mandal Sanitation Officer
NGO	Non-Government Organisation
NRDWP	National Rural Drinking Water Programme
OD	Open Defecation
ODF	Open Defecation Free
PPP	Public Private Partnership
PRI	Panchayat Raj Institutions
RSM	Rural Sanitary Mats
RWSS	Rural Water Supply and Sanitation Department
SBM	Swachh Bharat Mission
SERP	Society for Elimination of Rural Poverty
SDGs	Sustainable Development Goals
SHG	Self Help Groups
SLWM	Solid and Liquid Waste Management
TSC	Total Sanitation Campaign
ULB	Urban Local Bodies
RLB	Rural Local Bodies
UN	United Nations
UNICEF	United Nations Children's Emergency Fund
VWSC	Village Water and Sanitation Committee
VO	Village Organization
WASH	Water, Sanitation and Hygiene

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*"Sanitation is more important than independence."*

*-- Mahatma Gandhi*

# Preface

Open Defecation (OD) is the practice of defecating in open spaces, rather than using the toilet to defecate. This practice is rampant in India, nearly half the population of India (around 564 million) defecates in the open and excretes close to 65,000 tonnes of faeces into the environment each day.<sup>1</sup>

OD has dramatic consequences on human health, dignity and security, social and economic development of the nation and the environment.


Though it is a daily reality for millions of people, it still remains a taboo or unpopular topic of conversation. Sanitation and water are one of the most pressing issues on the development agenda in the country.

Yet, it is one of the under reported and neglected topics by the mainstream media, perhaps due to lack of understanding that sanitation is an important development indicator of the state/country.

Media plays a crucial role in the current endeavour to eliminate OD in India. Reporting on issues related to OD not only highlights its harmful effects but also influences social norms and behaviour to reduce the same. As the efforts and initiatives of various players in this sector take shape, media plays a critical role in tracking and monitoring the progress of these schemes and programmes on ground. Especially positive stories and good initiatives need to be highlighted and shared across the state and country.

This media handbook is an effort by UNICEF and CMS. It is designed for journalists to enable them better understand the importance of elimination of OD and the initiatives taken by the Telangana Government to achieve Open Defecation Free (ODF) under 'Swachh Telangana' Programme. UNICEF is an active player in assisting the nation in achieving ODF status and Sustainable Development Goals (SDGs). CMS is a multi-disciplinary, think tank engaged in the sectors of Social Development, Environment, Governance, Communication and Media.

We hope that this guide will help media professionals to report more frequently and holistically cover issues related to ODF and sanitation in our state of Telangana.

	<b>TALE OF HANDWASH</b>		HAND WASHING WITH SOAP, PARTICULARLY AFTER CONTACT WITH EXCRETA, CAN REDUCE DIARRHOEAL DISEASES BY OVER 40% AND RESPIRATORY INFECTIONS BY 30%
	OPEN DEFECATION INCREASES COMMUNITIES' RISK OF POLIO INFECTION		
	<b>28% of children under the age of 5 years in the state suffer from stunting</b>	<b>EVERY YEAR DIARRHOEA KILLS 188,000 CHILDREN UNDER FIVE IN INDIA</b>	<b>90% OF DIARRHOEA CASES ARE CAUSED BY FOOD OR WATER CONTAMINATED BY EXCRETA</b>

Source: UNICEF and WHO

# Open Defecation Scenario



## QUICK GLANCE - GLOBAL SCENARIO

- Globally, 2.4 billion people still lack improved sanitation facilities.<sup>1</sup>
- One in eight people worldwide practise OD. (946 million) <sup>5</sup>
- Since last 15 years OD has declined globally, with the most dramatic reductions seen in the least developed countries (from 45 percent in 1990 to 20 per cent in 2015).<sup>5</sup>
- It is estimated that fewer than one billion people (946 million) now practise OD worldwide.<sup>5</sup>
- Nine out of ten people in the world still practising OD live in rural areas.<sup>11</sup>
- Open defecation (poor sanitation) is one of the main causes of diarrhoea, which results in over three quarters of a million deaths (760,000) of children under five annually. It is the second leading cause of death and malnutrition in children under five years old. It is both preventable and treatable.<sup>9</sup>
- Diarrhoeal deaths account for more than those of HIV/AIDS, malaria and measles combined, and result in one death every 20 seconds.<sup>10</sup>



## QUICK GLANCE - INDIAN SCENARIO

- Only one in two people in India use a toilet.<sup>1</sup>
- Globally, India has the largest number of people still defecating in the open. (more than 564 million)<sup>1</sup>
- Half of the Indian population excretes more than 65,000 tonnes of excreta outside every day.<sup>1</sup>
- About 65 percent of people in rural India do not have access to toilets and defecating in the open. In urban India, the percentage of people who defecate in the open is 12 percent.<sup>1</sup>
- In India, round 44 percent of mothers dispose their children's faeces in the open. Eighty percent of the children's faeces are left in the open or thrown into the garbage. This can lead to high risk of microbial contamination of water which causes diarrhoea in children.<sup>1</sup>
- Every year, diarrhoea kills 188,000 children under five in India. A 36 percent reduction in diarrheal morbidity alone can be achieved through improvements in sanitation, if you add handwashing with soap the impact is doubled.<sup>1</sup>
- Children weakened by frequent diarrhoea episodes are more vulnerable to malnutrition, stunting, and opportunistic infections such as pneumonia. About 43 percent of children in India suffer from some degree of malnutrition.<sup>1</sup>
- The faecal-oral route is an important polio transmission pathway. Open defecation increases communities' risk of polio infection.<sup>1</sup>

# Background on Open Defecation (OD)

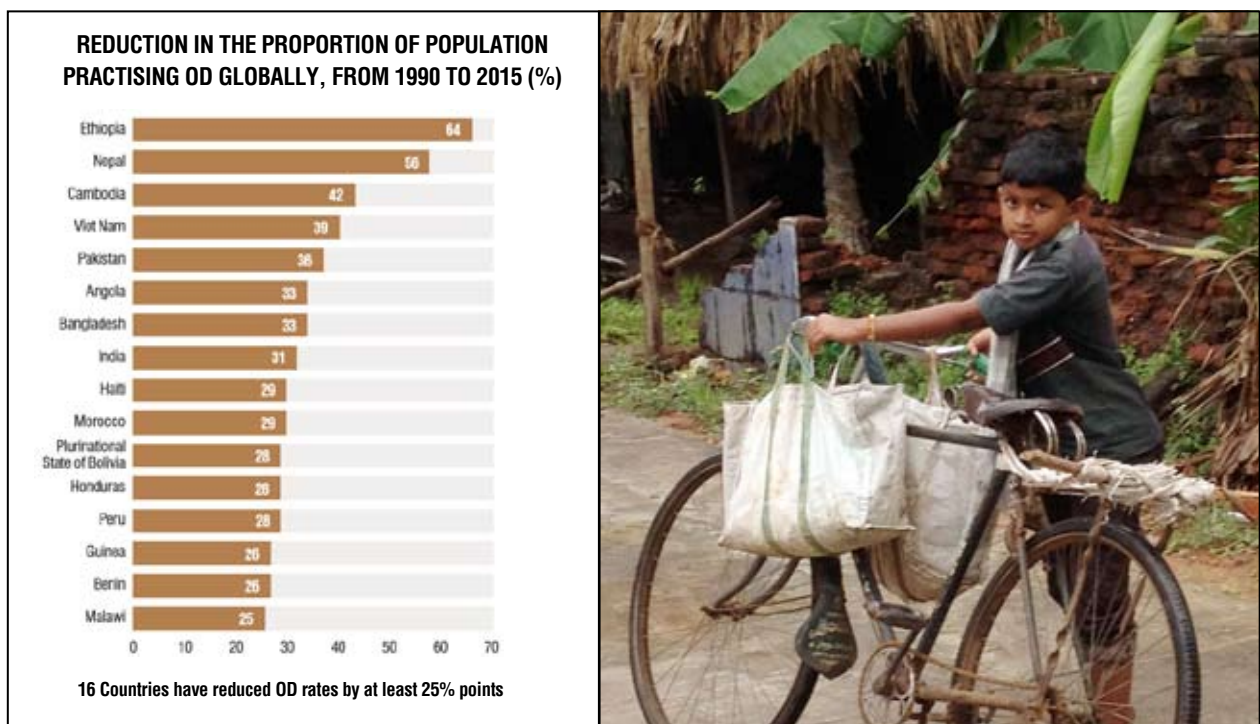
## Sanitation and Open Defecation (OD)

Water and sanitation are fundamental to human development and well-being. Proper sanitation is important not only for the general health point of view but has a vital role to play in our individual and social life too. It is one of the basic determinants of quality of life and human development index. Good sanitary practices prevent contamination of water and soil, thereby preventing diseases. The term 'Sanitation' includes urban planning, solid and liquid waste disposal and treatment, OD, waste segregation and hygiene (food, personal, domestic and environment).

This document's main focus is on OD.

According to UN, around one billion people practice OD in the world still. Twenty countries, mostly in South Asia and Sub-Saharan Africa, account for over 80 percent of OD in the world. India has the highest number of people practicing OD in the world.<sup>3</sup> This is one the clearest indications of global sanitation crisis.

Improving sanitation in the villages has been one of India's greatest development challenges. Three out of five people in rural India suffer the indignity of defecating in the open.<sup>4</sup> One in every ten deaths in India is linked to poor sanitation. The worst affected are women and children.<sup>4</sup>



Source: 25 Years Progress on Sanitation and Drinking Water. 2015 Update and MDG Assessment. UNICEF and WHO JMP Report



<p>An average person urinates about 500 litres and defecates 72.5 kilograms of excreta annually. <b>Human beings produce approx. 3,500 billion litres of urine and 507.5 billion kilograms of faeces annually</b></p>	<p><b>CHILD FAECES CONTAIN MORE GERMS THAN ADULTS'</b></p>	 <p><b>TALE OF HUMAN FAECES</b></p>
<p><b>THERE ARE 40,000 ACTIVE GERMS PER SQUARE INCH ON A PUBLIC TOILET HANDLE</b></p>		
<p><b>100% of all Indian currency notes and 96% of coins carry pathogenic bacteria responsible for various gastric and respiratory diseases</b></p>		

Source: UNICEF, WHO, Study by Manipal University, 2011

## How is OD a Problem?

When a person defecates in the open, the pathogens (disease causing agents) present in the faeces travel from the hand to the mouth (See Figure 1): Flies, rainwater, contaminated water, wind, hoofs of domestic animals, shoes, children's toys, footballs, etc. are different agents or pathways through which faeces can enter one's home.

Human faeces can get into the mouth via hands and fingernails, flies on food, fruits and vegetables that have been fallen on or been in contact with faeces and have not been washed, utensils washed in contaminated water, dogs licking people, skin contact with an infected dog etc. Intestinal worms (helminths) are transmitted when people ingest faecal matter or step on it with bare feet.<sup>7</sup>

1 gram of excreta is home to:

10 million viruses

1 million bacteria

1,000 parasites

100 worm eggs.

90% of diarrhoea cases are caused by food or water contaminated by excreta

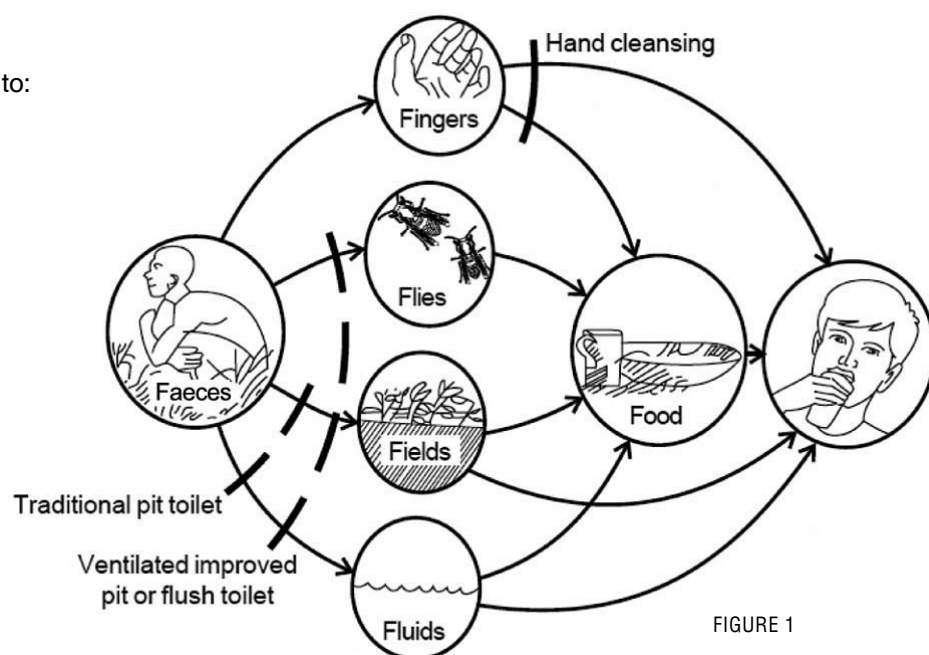


FIGURE 1

Source: CLTS Handbook

Source: UNICEF and WHO

## Why OD is Rampant in India?

In response to question asked in the Parliament in March 2016, the Minister of Drinking Water and Sanitation said “*The main reason for open defecation is behaviour and mindset of the people who have continued the practice for centuries.*”

In India, OD is a well-established traditional practice deeply ingrained from early childhood and has persisted as a norm for many Indians. In addition to tradition and the communication taboo, the practice still exists due to poverty; many of the poorest people will not prioritise toilets and besides, many are living in rented homes without toilets. Construction of toilets is still seen as the government's responsibility, rather than a priority that individual households should take responsibility for. Many households and communities consider toilets attached to households unclean and dirty which makes the household impure. The practice of OD continues in the rural areas even though access to improved sanitation has increased. The challenge is to motivate people to see a toilet as fundamental to their social standing, status and well-being.



## Impact of OD on Children

Children in developing countries often experience four to five debilitating bouts of diarrhea per year, which can cause and worsen malnutrition. More than one-third of under five deaths are attributable to under nutrition.<sup>1</sup>

Globally, the lack of improved sanitation largely contributes to the fact that a child dies every two and a half minutes from preventable diarrhoeal diseases.<sup>11</sup>

In India, every year diarrhoea kills 188,000 children under five.<sup>1</sup> Children weakened by frequent diarrhoea episodes are more vulnerable to malnutrition, stunting, and opportunistic infections such as pneumonia. In rural India, nearly 44 million children under five remain stunted, robbed of the chance to achieve their full potential.<sup>4</sup>

Adequate sanitation and hygiene can prevent most of the diseases affecting especially children and adults. Open defecation leads to transmission of many infectious diseases including cholera, typhoid, hepatitis, polio, diarrhoea, intestinal worm infestation (helminths), reduced physical growth, impaired cognitive function and under-nutrition. Transmission of intestinal worms, Trachoma, and other skin and eye infections are also greatly impacted by sanitation and handwashing interventions.



## Impact of OD on Adolescent Girls and Women

Around 1 in 3 women world-wide risk shame, disease, harassment and even attacks because they have no safe access to toilets. As women are usually the caretakers of the house, they stay at home when their relatives fall sick from sanitation related diseases, thereby increasing their own risk of contracting the infection.<sup>8</sup>

An estimated, 44 million women have helminth infections at any one time – resulting in increased anaemia rates, low infant birth weight, and increased intrauterine growth retardation – all of which contribute to increased child and maternal mortality.<sup>2</sup>

Lack of separate toilets in schools is a major reason why girls do not continue their education once they enter puberty. In India, 23 percent of girls drop out of school when they reach puberty because of inadequate toilet facilities.<sup>6</sup>

Open defecation puts at risk the dignity of women especially in rural India. Women feel constrained to relieve themselves only under the cover of dark for reasons of privacy to protect their dignity. Under these circumstances, they are exposed to the danger of harassment, physical attacks and encounters such as mosquitoes and snake bites.

## Impact of OD on the Growth of the Country

Sanitation is a crucial human development indicator which directly affects the achievement of national goals. According to UN, every US \$1 spent on sanitation brings a \$5.50 return by keeping people healthy and productive. Poor sanitation, on the other hand, costs countries between 0.5 and 7.2 percent of their GDP poor sanitation and practice of open defecation result in economic losses estimated at \$260 billion annually in developing countries.

Poor sanitation also cripples national development- workers produce less, live shorter lives, save and invest less, and are less able to send their children to school. Thus, in the course the country loses the equivalent of 6 percent of GDP due to inadequate sanitation.

## Impact of OD on the Environment

In regions where a large proportion of the population does not have adequate water supply and sanitation, sewage flows directly into streams, rivers, lakes and wetlands, which affect coastal and marine ecosystems, environment and poses risks of diseases. In the context of urbanization, improperly discharge domestic waste water, sewage and solid waste presents a range of problems such as breeding grounds for communicable diseases, loss of valuable biodiversity, etc. Improved sanitation reduces environmental hazards, increases sustainability of environmental resources and results in a healthier and secure future for the population.



# Sanitation Schemes and Programmes by Government

The rural sanitation programmes in India were introduced in the year 1954 as a part of the First Five Year Plan of the Government of India. Since past 30 years, government has been implementing rural sanitation programmes with an aim to eliminate OD in the rural areas. The government has been constantly putting efforts to ensure feasible and affordable sanitation facilities to the people particularly of rural areas. In this regard it has launched several noteworthy programmes which are chronological mentioned below:

**1986** - India's first nationwide programme for rural sanitation 'Central Rural Sanitation Programme' (CRSP) was launched in 1986 by the Ministry of Rural Development with the objective of improving the quality of life of the rural people and for providing privacy and dignity to women. The programme was supply driven, highly subsidized and placed emphasis on a single construction model.

**1999** - Later in 1999 CRSP was restructured and launched as 'Total Sanitation Campaign' (TSC) a "demand driven" approach which emphasized more on Information, Education and Communication (IEC), Human Resource Development (HRD), capacity development activities to increase awareness among the rural people and generation of demand for sanitary facilities.

**2005** - In 2005, Government of India launched 'Nirmal Gram Puraskar', an incentive award scheme in order to recognise the achievements and efforts made at the Gram Panchayat (GP) level in ensuring full sanitation coverage and achieving other indicators of open defecation free GPs. The award was given to the GP which attained 100 percent ODF environment. This award publicized the sanitation programme significantly all across the country.

**2012** - Encouraged by the response to the incentive award scheme and also to address the sustainability issues of GPs, the TSC was revamped and renamed as 'Nirmal Bharat Abhyan' with the objective to accelerate the sanitation coverage in the rural areas through renewed strategies and saturation approach.

**2014** - Though the initial efforts had been successful to an extent, universal sanitation coverage was yet a distant goal. Thus with this agenda, Government of India launched the '**Swachh Bharat Mission (SBM) on October 2nd, 2014**'. It has two sub-missions, the Swachh Bharat Mission (Gramin) and the Swachh Bharat Mission (Urban), which aims to achieve Swachh Bharat by 2019, as a fitting tribute to the 150th birth anniversary of Mahatma Gandhi. The mission of this programme is to ensure hygiene, waste management and sanitation across the nation.

*"It is our social responsibility as citizens of India to help fulfil Gandhiji's vision of Clean India, by his 150th birth anniversary in 2019. Though it is a difficult task, it can be achieved and for that people will have to change their habits."*

*- Shri. Narendra Modi*

# Implementation of Swachh Bharat Mission in Telangana

In line with Swachh Bharat Mission, the Government of Telangana has launched the '**Swachh Telangana Mission**' with a goal of achieving 'Swachh Telangana' by 2019.

## Swachh Telangana Mission- (Urban)

Commissioner and Director of Municipal Administration Government of Telangana is the nodal agency for implementation of SBM in urban areas of Telangana. Urban Local Bodies (ULBs) are responsible for implementation of the SBM in their respective urban localities. In Telangana, there are 72 ULB which include 6 Municipal Corporations, 37 Municipalities and 25 Nagar Panchayaths.

As per the census report of 2011, 91.12 percent of urban Households(HHs) in Telangana had access to toilets as compared to national figure of 81.4 percent. Open Defecation in Urban Telangana was 8.98 percent which was lower than the national average of 12.6 percent.

Government of Telangana's goal is to achieve "Open defecation free cities" by 2019.

Key component of this programme is elimination of OD. In order to achieve OD free towns and cities, the scheme emphasizes adequate construction of toilets at individual, community and public levels and effective operations and maintenance of it. Public awareness and development of IEC to support behavioral change are also equally important components of the programme.

### Main Objectives:

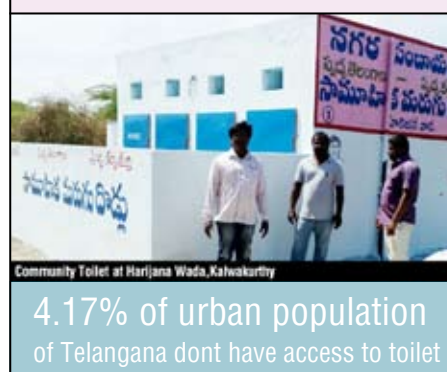
Providing sanitation and household toilet facilities with ecologically safe and sustainable sanitation systems for urban households of all statutory towns in the state.

To bring about behavioural change by promoting cleanliness, hygiene and to eliminate OD among the urban households.

Effective operation and maintenance of public and community toilets on sustainable basis.

To create an enabling environment for private sector participation for community and public toilets.

**5 ULBS HAVE BEEN DECLARED ODF: SIDDIPET, SURYAPET, HUZURNAGAR, SHADNAGAR AND ACHAMPET**



### Main Components:

Construction of IHHLs including conversion of insanitary and pit toilets into sanitary toilets.

Construction of community toilets for households where ever space is a constraint.

Construction of public toilets in public spaces where ever required, through PPP.

Public awareness activities, capacity building of stakeholders and development of IEC to support behavioral change.



## Swachh Telangana Mission- (Gramin)

Rural Water Supply and Sanitation Department is the nodal agency for implementation of SBM (Gramin) in rural Telangana. Society for Elimination of Rural Poverty and Department of Rural Development are responsible to ensure early completion of the targets.

The Government of Telangana has focused on providing sanitation facilities to the rural community of the state in line with Swachh Bharat Mission (Gramin). Currently under the sanitation campaign, the priority of the state is to achieving ODF Panchayats. ODF is the state approach towards sanitation problems in the rural areas. All the households are intended to be covered in all the GPs over a period of next four years. At the end of the programme, it is aimed that all the individuals would use toilets at all times for defecation.

The key component of this programme is construction of IHHLs.

### Main Components:

In August 2015, Government of Telangana launched a state wide flagship programme called '**Gram Jyothi**' and lot of emphasis has been given for total sanitation with the community participation. Accordingly, there has been a tremendous effort by the District Collectors, GP institutions and the people to create massive awareness besides ensuring holistic participation through the functional committees.

In view of the surge in demand for toilets as a sequel to the Gram Jyothi Programme, one of the urgent actions to be taken up is to facilitate and ensure the desired support to sustain the motivation among GPs to undertake the construction of toilets in the Panchayat as a whole. Accordingly the Government of Telangana has developed a comprehensive guideline for elimination of OD statewide (G.O.Ms.No.92).



Source: data and photos taken from SBM Website, August, 2016. Above mentioned number change everyday

## **Current implementation mechanism for SBM(G) in the State**

**The Mandal Parishad Development Officer (MPDO) is the Mandal Sanitation Officer (MSO)** and is the nodal point for receipt of all proposals under SBM(G) or NREGA. All proposals for toilets are processed only through the MPDO regardless of the funds.

Each village constituted its own **Water and Sanitation Committees (VWSC)**, which is a 12 member team with the Sarpanch being the chairperson. VWSC are responsible to anchor the ODF program at village level.

The **Self-Help Groups (SHGs)** mainly run by women are expected to play a vital role in achieving the targets. Women were brought into the picture since they play a pivotal role in the family. The strategy is to make them understand the importance of toilet at home and motivate them to construct and use it.

**The following Sub-Committees under VWSC may be constituted for effective implementation of the programme:**

Mobilization and Vigilance Committee (**Avagaahana Mariyu Nigha Committee**) members are responsible for

coordinating IEC activities, for spreading awareness, reviewing and monitoring the construction of toilets, ensuring usage of toilets and developing ways to monitor the usage of toilets. The members for this sub-committee include a woman Ward Member; village officer (VO), youth activist and one active member from the community.

**Procurement Committee (Konugolu Committee)** members look after the bulk procurement of raw materials, MOUs between VO and different stakeholders like masons, raw material manufactures etc. The sub-committee is also responsible for storage of the material. They handle the payments to each of these for the services and material they provide. The members for this sub-committee include the Sarpanch, VO President, woman Ward Member and one active member from the community.

**Construction Committee (Nirmana Committee)** members look after the construction status and quality of toilets and ensure that the toilets are constructed in the stipulated time. The members of this sub-committee include Ward Member, VO, office bearer, youth activist and one active member from community.

Funding for construction of toilets is under two main streams of funding namely Swachh Bharath Mission – Gramin and the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) programme.

### **Steps: Implementation of ODF Plan**

Every GP develops an ODF plan through the VWSC for that particular GP. The ODF plan gives the details of the total number of households, number of households which need a toilet and also identifies households which have been sanctioned a toilet but has not been put to use or constructed. This is achieved through a comprehensive survey by the VWSC.

Sanction for toilets is done by the District Collector through Superintending Engineer Rural Water Supply and Sanitation as per request of MSO/MPDO.

An account is opened for VWSC in any Nationalized Bank, with Sarpanch, VO President and the Panchayat Secretary as the joint signatories.

A total amount of Rs.12000 is given to the eligible beneficiary as incentive for construction of IHHL.

Once the work commencement order is given to the VWSC by the MPDO, funds are released in three installments by the MSO/MPDO based on geo-tagged photographic evidence. Photographs are uploaded online through the special mobile application developed by the department.

The first installment of 50 percent (Rs. 6,000) of funds is released only after photographs are uploaded of the toilet site.

The second installment of 40 percent (Rs. 4800) is released only after photographs are uploaded showing the progress of works which should be more than 50 percent.

The third and final installment of 10 percent (Rs.1200) is released only after photographs are uploaded showing full construction and a utilization certificate is submitted.

# Open Defecation- Success Stories in Telangana

**Ibrahimpur Village (Medak District) is a 'Nirmal Gram' (ODF village) with 100 percent sanitation including effective solid and liquid waste management system.**

A few years ago, this village was in an unsanitary condition, with overflowing drains, garbage discharges and rampant OD. The village had colonies of mosquitos and flies; as a consequence cholera and malaria were rampant. In 2013, this village achieved 'Nirmal Puraskar' Award for 100 percent construction of IHHL.

This happened only with the collective efforts of the men, women and youth in the village, village elected leaders and the government.

The first step taken was to construct toilets for every household in the village. Usage of toilets was properly ensured by the village committee through effective monitoring system and continuous efforts of the GP.

The village started proper household waste collection. All the households were distributed two dustbins in the village and properly oriented on the segregation of the degradable and non-degradable waste at household level.

Every household in the village constructed individual water conservation soak pits (Inkudu gunta) for proper management of liquid waste. The concept of magic pits was adopted by the village.

Every household planted at least five trees. This village has 266 households and a total population of 1119. As a result of proper sanitation the village has seen overall development, better roads, better quality of life and 100 percent enrolment of schools.

*Ibrahimpur village in Siddipetmandal is a perfect model for following high standards of cleanliness. No garbage strewn around, not even the ubiquitous plastic covers and pet bottles. The village boasts of well-maintained lanes and good sanitary practices. The roads here are cleaned thrice a day and this is being done for the past two years. The village has not reported any viral fever cases for the past several months and the credit goes to the sanitation drive that has become a regular practice now. And it is not surprising to note that four Registered*



**A water conservation pit at Ibrahimpur village in Medak district. -PHOTO: Mohd Arif**

*Medical Practitioners (RMP) out of five who worked in the village left for other places in search of patients for the simple reason that not a single viral fever case was reported here. No dirty water is seen flowing on the lanes and bylanes as this water is channelized to plants and trees.*

*"Once upon a time, water from a hand pump and overhead tank used to stagnate at the entrance*

*of the village. Now it is not possible to even find a drop because they flow into the water pits. We are able to grow saplings where we constructed these pits," says Mr. Yella Reddy, son of Sarpanch K. Lakshmi Yadamma and is an automobile engineering diploma holder from the Jawaharlal Nehru Technological University.*

*Source: some parts of this story has been taken from-Ibrahimpur, 'A Model to be Replicated', article by R. Avadhani, September 28, 2015*



### **Singapur Village (Karimnagar District) has Achieved 100 Percent Toilets Construction.**

Singapur Gram Panchayat is working towards attaining “Open defecation” free status. The efforts started with construction of two pit latrines in all houses in the village.

In order to achieve this, several initiatives were taken at different levels - awareness programmes were conducted with children, Self Help Groups were enrolled, discussions were held in the Gram Sabha, along with cultural programmes and street plays (Burakathas). Paintings on Individual Sanitary Latrines plans, Rain Water Recharge Pits plan, Government Subsidy benefits and schemes were made on the Panchayati Building.

Inter Personal Communication Teams, which included village level functionaries and Ward Members were formed to motivate people to construct sanitary latrines. NGOs and the Youth Groups coordinated for the construction of toilets and ensured they are being used. Early morning monitoring groups went round the village to keep a watch on people to prevent them from OD. In the entire process, the GP members also played active role.

Today, all households in the village are covered with Rain Water Structures and Toilets. The village has 502 households and a population of 2448. The result of having IHHLs in the village has improved overall quality of life of the village people.

*Among the benefitted, here is a story of a villager named Narsaiah, who was earning his livelihood as a thadi climber. He had got disabled after falling from a tree. He even needed assistance for responding to nature's call. Since they had no toilets, the family had to face many hardships. Narsaiah's wife, Laxmi could not go for work as she had to look after her ailing husband. But after having a sanitary latrine constructed adjacent to their house, Narsaiah could manage his personal needs himself and his wife could regularly go to work and earn a decent living.*



*Twin-Pit Latrine is a toilet with twin pits (the double pit latrine). Excreta is discharged to one pit/chamber until it is full of faecal sludge. Discharge is then switched to the second pit/chamber. Once one pit/chamber is full, it's sealed and, after a year, its contents can be used as manure. Only one pit/chamber is used at a time so the other squat hole is closed. Consequently, the pits can be used more than once. There is also less risk of ground water pollution.*

# Story Idea - One

## STORY REPORTED: 'Six Indian Brides Leave Husbands Due to Lack of Toilets'

Aug 25, 2014 | Zoomin.TV World News | Duration: 1 min and 30 sec | 562,955 views

**SYNOPSIS:** Six newlywed women from a small village in northern India left their husbands homes due to the absence of toilets. They promised to come back if their husbands got the toilets built. An NGO came to the rescue. The story focused on the fact that the women are vulnerable to attacks when they go out in the open.

**COMMENTS:** This story already has an interesting headline to draw the attention of the viewers. Culturally for Indian women to leave her husband and home is a daring step. Hence, it already draws attention to the importance of toilet in the home. Based on audience profile, the story could also have highlighted few relevant issues given below that could make this story more impactful.



### WHAT COULD HAVE BEEN THE STORY'S FOCUS?

- The story could have focused on the interconnectivity of using a toilet, safe disposal of faeces, hygiene and health of the women and other members of the household.
- Since there is an infant in the house the story could have focused on the fact that OD can lead to common diseases, including diarrhoea and diarrhoea can be life threatening.
- The importance of proper disposal of children's faeces. Children's faeces can also be harmful and has toxins.
- Government incentives to build IHHL and how to avail them.
- The NGOs in the village who are helping build the toilets and how they are doing it.

### WHAT COULD BE POSSIBLE QUESTIONS AND WHOM TO ASK?

**Gram Panchayat/Officials** - why there is a delay in building IHHL? What are the problems- lack of water, materials, etc.

**Women in the Village** - what are the problems they are facing? Voices of the community are important. If possible, meet the Husband to understand barriers in building / using toilets in their homes.

**NGO Building Toilets** – who are the NGOs working in the village and how they are helping build the toilets.

Bytes of various stakeholders gives a good holistic picture.

# Story Idea - Two

## STORY REPORTED: 'India Tackles Public Defecation'

Sep 17, 2012 | CNN, New Delhi | Duration: 3 minute 30 sec | 113,254 views

**SYNOPSIS:** Most Indians own a mobile phone, but don't have access to private toilets. The government and activists hope to help. They showed bytes of different stake holders- person living in the basti, Government official and NGOs.

**COMMENTS:** This story gives a good overall picture about the present scenario of a developing city and its inadequacies to handle sanitation. It's a good news story, supported by data and bytes of stakeholders. However, based on audience profile, the story could have looked at some of the below mentioned points to bring policy or behaviour change.



## WHAT COULD HAVE BEEN THE STORY'S FOCUS?

- The story could have focused on the interconnectivity of sanitation with urban planning, OD, disposal of solid and liquid waste etc.
- The importance of proper disposal of children's faeces, which too are harmful and have toxins.
- For women going far away from home for OD is not only health a hazard, it also makes them vulnerable to harassment, rape, disease and accidents.
- Community toilet scheme under SBM and its maintenance.

## WHAT COULD BE POSSIBLE QUESTIONS AND WHOM TO ASK?

**Urban Planners** – sanitation planning and issues for growing cities.

**City Commissioner/Elected Representative** – government schemes and incentives for eliminating OD.

**NGOs** – how to handle maintenance and usage issues.

Bytes of various stakeholders gives a good holistic picture.



# Story Idea - Three

## ARTICLE: Making Karimnagar Open Defecation-Free

K. M. Dayashankar | August 24, 2016 | The Hindu | Karimnagar, Telangana

Union Government recognises District Collector Neetu Prasad's work; invites her for Swachh Bharath Champions' Meet

The campaign launched by the District Collector, Neetu Prasad, to ensure that the entire district was declared open defecation-free (ODF) by effectively implementing Individual Sanitary Latrine (ISL), has been recognised by the Union Government.

Ms. Neetu Prasad has been invited to participate in the Swachh Bharath Champions' Meet, which would be organised by the Union Ministry of Panchayat Raj and Rural Development in New Delhi on August 25. Among the 22 District Collectors selected to participate in the meet, Ms. Neetu Prasad is the only one from the Telangana State.

The Collector had won accolades for declaring three Assembly segments – Sircilla, Vemulawada and Peddapalli – as ODF in the recent past. She has also been taking measures to declare Huzurabad and Manakondur Assembly segments of ODF by October 2. Also, construction of ISL and educating people on the use of toilets were continuing with the authorities taking all measures to declare the entire district as open defecation-free by this December-end.

Ms. Neetu Prasad said that ISL at each household was an excellent scheme. There have been many government schemes, but ISL has directly been impacting the lifestyle of the beneficiaries, she said. The Collector would be sharing her success story with others during her visit to New Delhi at the Champions' Meet. It may be recalled that the Collector had involved all elected representatives right from the Zilla Parishad Chairperson, ZPTC members, MPPs, MPTCs, Sarpanches, Ministers, MPs, MLAs and MLCs in construction of ISLs as a movement and reviewing its progress regularly.



PHOTO: Thakur Ajay Pal Singh

**Synopsis:** Article covers success of Karimnagar District Collector in achieving ODF in three assembly constituencies and the leadership of the District Collector in making Telangana ODF.

**Comments:** This story talks about District Collector's initiatives in making three assembly constituencies ODF status and her being invited to the capital to share her success stories. This is indeed a big achievement! However, the article could also have highlighted few relevant issues given below that could have made more impact.

### WHAT COULD HAVE BEEN THE STORY'S FOCUS?

- The story could have focused on how the District Collector achieved ODF status in the three assembly constituencies. What were her strategies? Positive experience, help inspire others.
- What were the unique initiatives taken by the Collector and her team?
- What was the strategy of the Collector in building and using IHHLs?
- What were the behaviour change activities undertaken to build and use toilets?
- Why ODF is so important for the state and the nation.

### WHAT COULD BE POSSIBLE QUESTIONS AND WHOM TO ASK?

**District Collector/Gram Panchayat/Officials** – how did they achieve this herculean task? How did they bring about behavioural change in this district?

**Villager** – are they using the household toilets? What motivated them to build toilets? This experience sharing can help address misconceptions and traditional belief systems of readers.

**NGO Building Toilets** – what efforts went into making thousands of toilets?

Quoting various stakeholders gives a good holistic picture.

# Story Idea - Four

## ARTICLE: No More Open Defecation!

TNN | Aug 22, 2016 | The Times of India | Vadodra, Gujarat

Nearly half of the 538 villages in Vadodara district have been declared free of open defecation by the district administration. The village panchayats have been given the status of a Nirmal Gram.

A baseline survey conducted in the year 2012 had revealed that 92,594 families in the Vadodara district did not have toilets. Against these, 60,000 families have been given aid under various categories under the Swachh Bharat Mission (Rural) of the central government and the Nirmal Gujarat scheme of the state government.

Officials said that 258 villages had constructed toilets in households that did not have one so far. In all, the district has 538 villages.

In an attempt to motivate men to build toilets in their homes, the District Rural Development Agency (DRDA) had recently decided to celebrate Rakhsabandhan in a unique way. Women connected with the self-help groups, christened Sakhi Mandals, were roped in to tie rakhis on the wrists of men whose homes did not have toilets.

The rakhis were specifically designed to spread the message of sanitation. The women were also asked to impress upon the men the difficulties faced by sick persons, women and the elderly if their houses did not have a toilet. As a rakhi gift, the women were asked to take a promise from the heads of the families that they were construct and use a toilet at their homes.

The Vadodara city is also eyeing an open defecation free status. Around 21,000 toilets have been constructed in the city.

**Synopsis:** Vadodara district has been declared ODF. The story captures a recent initiative to motivate men to build toilets in their households.

**Comments:** This story has a positive headline and captures well in short a success story related to ODF. However, the story could also have highlighted few relevant issues given below that could make more impact on the readers and help in behavioural change.

### WHAT COULD HAVE BEEN THE STORY'S FOCUS?

- The story could have focused on the benefits that the villages are seeing as a result of achieving ODF. Although too early to see the benefits, sharing of positive experiences, help inspire others to follow.
- Why women are taking a lead in this 'rakhi initiative'- impact of toilets on women and their household health.
- How did these villages plan and execute the drainage system.
- How the NGOs/Govt. building the toilets managed to get good results. Who were all the stakeholders involved in this process of building toilets?
- What awareness campaign was used by the villages to get the desired behavioural change.

### WHAT COULD BE POSSIBLE QUESTIONS AND WHOM TO ASK?

**Gram Panchayat/Officials/DRDA Officials** – how and why did they come upon the rakhi initiative? How did they bring about behavioural change in the district and sustain the initiative?

**Women tying the rakhi** – how many rakhies did women tie and what inspired her to join this initiative?

**Villager (men)** – are they having any problems using the toilets in the house? Is everyone in the household feeling comfortable using toilets at home instead of going in the open?

**NGO Building Toilets** – what efforts went into constructing so many toilets?

Quoting various stakeholders gives a good holistic picture.

# Important Websites

Swachh Bharat Mission-Gramin | [www.sbm.gov.in](http://www.sbm.gov.in)

Swachh Telangana- Urban | [www.swachhts.cgg.gov.in](http://www.swachhts.cgg.gov.in)

Swachh Telangana- Gramin | [www.sbmgramin.telangana.gov.in](http://www.sbmgramin.telangana.gov.in)

Swachh Telangana- Urban | Commissioner & Director of Municipal Administration Govt. of Telangana | [www.cdma.telangana.gov.in](http://www.cdma.telangana.gov.in)

Ministry of Drinking Water and Sanitation | [www.mdws.gov.in](http://www.mdws.gov.in)

National Rural Drinking Water Programme | [www.indiawater.gov.in/IMISReports](http://www.indiawater.gov.in/IMISReports)

National Urban Sanitation Policy | [www.urbanindia.nic.in](http://www.urbanindia.nic.in)

India Open Sanitation Portallinks | [www.indiasanitationportal.org](http://www.indiasanitationportal.org)

UNICEF India | [www.unicef.in](http://www.unicef.in)

WHO India | [www.who.int/water\\_sanitation\\_health](http://www.who.int/water_sanitation_health)

The United Nation Water | [www.unwater.org](http://www.unwater.org)

Sustainable Sanitation: The Drive to 2015 | [www.sanitationdrive2015.org](http://www.sanitationdrive2015.org)

Community-Led Total Sanitation | [www.communityledtotalsanitation.org](http://www.communityledtotalsanitation.org)

The World Bank | [www.worldbank.org](http://www.worldbank.org)

Simavi | [www.simavi.org](http://www.simavi.org)

Arghyam- Safe, Sustainable Water for All | [www.arghyam.org](http://www.arghyam.org)

South Asian Conference on Sanitation (SACOSAN) | [www.sacosanv.gov.np](http://www.sacosanv.gov.np)

India Water Week | [www.indiawaterweek.water.tallyfox.com](http://www.indiawaterweek.water.tallyfox.com)

World Water Week | [www.worldwaterweek.org](http://www.worldwaterweek.org)

World Water Day (March 22) | [www.unwater.org/worldwaterday](http://www.unwater.org/worldwaterday)

World Toilet Day ( November 19) | [www.worldtoiletday.org](http://www.worldtoiletday.org)

World Environment Day (June 5) | [www.unep.org/wed/about](http://www.unep.org/wed/about)

Global Handwashing Day (October 15) | [www.globalhandwashing.org](http://www.globalhandwashing.org)

Global Forum on Sanitation | [www.wsscc-global-forum.org](http://www.wsscc-global-forum.org)

## REFERENCES

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2. A Study Published by Simavi ([www.simavi.org](http://www.simavi.org))
3. Water and Sanitation Report on MDGs States, 2014
4. Worldbank ([www.worldbank.org/en/news/feature/2015/12/15/ending-open-defecation-achieving-clean-and-healthy-rural-india](http://www.worldbank.org/en/news/feature/2015/12/15/ending-open-defecation-achieving-clean-and-healthy-rural-india))
5. 25 Years Progress on Sanitation and Drinking Water. 2015 Update and MDG Assessment. UNICEF and WHO JMP Report
6. Study by Plan India - AC Nielson
7. Center for Legislative Research and Advocacy ([www.clraindia.org/admin/gallery/documents/03032016051112-00DpolicybriefFinal.pdf](http://www.clraindia.org/admin/gallery/documents/03032016051112-00DpolicybriefFinal.pdf))
8. Water-Aid
9. WHO ([www.who.int/mediacentre/factsheets/fs266/en/](http://www.who.int/mediacentre/factsheets/fs266/en/))
10. UNICEF-WHO Joint Monitoring Programme, 2010
11. United Nations ([www.un.org/millenniumgoals/endopendefecation.shtml](http://www.un.org/millenniumgoals/endopendefecation.shtml))
12. UN Estimates





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