DEFINING AND MEASURING SWACHHATA

Verification workshop 13-14th April, Yashada, Pune, Maharashtra
Summary of Key Outcomes
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This note is prepared by WSSCC and summarizes the main outcomes of the jointly convened workshop by GOI and WSSCC on verification of sanitation outcomes under Swachh Bharat. It is accompanied by a summary power point presentation (Prepared by WSSCC) and a detailed workshop report (prepared by the rapporturing team of Vijeta Rao and Anjali Verma). The workshop report captured all discussions and observations by participants including differing points of view, observations and further questions for analysis. This summary note presents key agreed principles together with recommendations for meaningful measurement of progress.

WORKSHOP OBJECTIVES:

1. Agree what we are trying to measure (and why)
2. Define What is Open Defecation Free – (general & special conditions)
3. Whether this should be considered in phases or stages
4. How (where, when) this should be measured (key indicators and processes)
A. What we are trying to measure (and why)

*Definitive behavior change where safe sanitation and hygiene are universal habits*

1. Everyone is disposing human excreta safely
2. Everyone is washing hands with soap and water at critical times
3. No harmful effluents or solid waste are in the open

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*So that the fecal-oral chain is broken, the safety of human and environmental health and water sources ensured and human dignity and safety guaranteed.*

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*Living in an Open defecation free environment is the basic condition of Swachhata and means:*

- There is no human excreta in the open
- Everyone is using a safe toilet
- Everyone is *washing hands with water and soap* after defecation or handling child faeces, before cooking, feeding or eating
- *Visitors and migrants use safe, accessible, adequate, gender & disabled friendly* public and institutional toilets
- Solid and liquid waste, including human excreta is safely disposed and managed.

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*But behavior change is a complex process – we cannot tick off all these outcomes in one go. For full safety we must break this up into manageable bits and understand fully what is safe.*
What is Safe?

- **Safe for health**- Human faeces does not come into contact with food in any way so that the fecal oral chain is broken.
- **Environmentally safe**- human excreta does not pollute drinking water, surface or ground water
- **Safe for use**- Human beings young and old, women, girls and men and boys, persons with disabilities, chronic illness of all class, caste and occupation are able to use sanitation and hygiene facilities with full confidence and without danger or risk to their dignity or person in any way.

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*ODF is not about counting toilets but about ensuring safety for human health.* Deepak Sanan

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What to measure and when- Progress towards ODF status and beyond

- Achieving open defecation free status (no resident is defecating in the open)
- Achieving ODF with health, dignity and safety for all (MHM, disabled access, floating populations)
- Staying ODF with collective responsibility so that fairly resourced systems for cleaning, maintenance and upgrading are put in place that do not disproportionately burden women, girls and/or certain castes and classes.
- Going beyond ODF to achieve Swachhata- solid and liquid waste (household and public) is safely confined and managed; all institutions, work places, markets transport hubs, dhabas, etc. make available clean, well maintained accessible toilets with water and soap for sanitation and hygiene that safeguard human health, dignity and the environment.
- Areas with high human density linked to seasonal migration, mobile labour, harvests, religious festivals or gatherings make available decent, safe facilities for sanitation and hygiene.
Where must we measure?

- The minimum national unit of certification must be the Gram Panchayat
- However, ODF achievement can also be recognized for villages, habitations by the State.
- Accessible, gender friendly toilets, water and soap must be available in public spaces, markets, dhabas, petrol pumps, in addition to schools, colleges, health centres, government buildings.
- Special focus is required for religious centres, high density areas (markets), seasonal migration (EGS, sugarcane harvest), and worksites.

Who will measure, how?

- Cross disciplinary, gender balanced team
- Cross block and cross village monitoring
- Block officers, community must be involved
- Behaviour change (toilet use, hand washing) checked through surprise visits
- Institutional verification will require TORs, standards, checklists and specific skills
- Institutional licenses and contracts should be linked to maintenance of swachhata standards
- Verification teams must be trained and sensitive to encourage & facilitate learning

When will verification take place?

- Through a resolution of the Gram Sabha, the Panchayat Samiti will be requested to initiate verification, after which regular progress checks encourage and guide the process.

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Our strategy was called **SHADE: Safety, Health, Ambience, Dignity and Economy** and verification was not a one off but a process to measure collective behavior change against clear milestones with mixed teams that included reporters for transparency. Sudhir Thakre
• Verification is a process to ensure outcomes not just measure that a village has one toilet per household. Verification seeks to ascertain that every single individual has a safe option for sanitation and personal hygiene inside or outside the home. As such any rewards or recognition may be linked in phases that recognize progress rather than a mere pass or fail option.

• Initially regular verification at 3, 6 and 12 month points may be needed to measure progress towards ODF, verify inclusive use, cleanliness and maintenance.

• After achieving ODF- verification needs to focus on hand washing at critical times for all members inside and outside the home, around the year as well as safe storage and handling of drinking water, bathing and menstrual hygiene management for 12 months to 3 years.

• The post ODF phase will also focus on health, educational institutions, government buildings, market places, all areas of high density.

• Verification of solid and liquid waste management options chosen, household and institutional will be a key focus of this phase given the complexity of population size, resource base, technologies available and appropriate for the community.

• Ensuring equitable systems for maintenance and cleaning free of caste or gender bias is an important area of checking in order to ensure dignity and sustainability.

• A cycle of 3 months to 3 years is the minimum period for verification to ensure equity and sustainability dimensions.
Achievement will have to be broken up into a minimum of two stages- Stage 1: will verify some basic non-negotiable sanitation and hygiene behaviours. Stage 2 will verify how inclusive and sustainable this change is in the community including special human density conditions, migrants, etc. and ensure that public institutions are all brought into the safe sanitation and hygiene loop.

Swachhata Verification STAGE I: Open defecation free

Stage 1: 3 months to 12 months– led by GP

- No human excreta (adult and child) in the open
- 100% usage of safe toilets (fly proof, safe confinement); no misuse of toilets
- Soap and water near toilets
- Safe, accessible structures with superstructure for safety, privacy, dignity of women and girls
- All households and key institutions have safe facilities water, soap, gender/disabled friendly toilets

It is not easy to measure behavior change. It is tempting to count toilets. But this time around we must learn from the past and try and measure what we treasure- behavior change outcomes that guarantee human rights, health and dignity and also safeguard the environment. However difficult this may be.
Swachhata Verification Stage 2: Definitive, enduring behavior change and cleanliness

Stage 2: 12 months to 3 years—external verification- built into systems, standards, licenses.

- 100% hand washing with soap and water at critical times
- Everyone has a safe toilet (visitors, floating population, workers)
- 100% adequate, gender & disabled friendly toilets, hand washing in public spaces, institutions (schools, colleges, health centres, government buildings).
- Menstrual hygiene management (hygiene & disposal aspects are integrated into public & institutional spaces with systems for collection, disposal & waste management)
- No untreated effluents, safe technologies, distance from water sources, no e-coli in drinking water.
- HH and institutional collection and treatment of effluents, solid waste, covered drains, cleaning and maintenance systems
- Public toilets are affordable, well lit, accessible by elderly, disabled users, safe for women & girls, clean & well maintained.

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*Process indicators give us early warning and tell us if we are on track.*
*Santosh Mehrotra*

*So it is important to measure progress along the way to ODF and beyond-in order to ensure inclusion, quality and sustainability. Toilets with over flowing septic tanks are no more than fixed spot open defecation. Toilet use without hand washing with soap will contaminate food and drinking water. Poorly lit, unclean public toilets are a health and safety hazard for women, adolescent boys and girls and older people.*

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*Key lessons for the journey ahead- from what has already worked well at scale in India*

- Political commitment at the state level where *swachhata* must be a state goal fully supported by a committed administration at all levels as a non-negotiable ingredient
- Depoliticize sanitation to make it a social development programme- Sant Gadga Baba in Maharashtra cut across party lines.
- The administration must be oriented and fully trained before triggering and village level work can start at community level in order to achieve cohesion and scale.
• All stages- 40%. 60% are valid critical stages to achieve 100%. It’s more than a simple pass or fail.
• Once a critical mass of behavior change is reached, ensure that laggards sign into community goals and progress through regulation that informs, encourages and ensures.
• Reward achievement in stages, ensure learning and encouragement – rather than simply success or failure. Do not give all the money at once- recognize the different stages of ODF, movement up the sanitation and hygiene ladder, household versus institutional and public dimensions. Stagger rewards to ensure sustainability prioritizing community incentives over individual.

Swachhata is the goal. The first, most essential element of this is stopping open defecation. But toilet use on its own, without hygiene, will not eliminate the pathogens present in the environment and the food chain.