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Government of India



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A Ward-by-Ward Approach to Eliminating Open Defecation: Experience from Visakhapatnam, India

Capacity building for Swachh Bharat Mission (Urban)



WSUP

Water & Sanitation
for the Urban Poor

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About WSUP Advisory

WSUP Advisory CIC UK is a wholly owned subsidiary of Water & Sanitation for the Urban Poor (WSUP) registered in the UK and India. WSUP Advisory provides technical assistance to those seeking to improve WASH services to low-income urban consumers across the world. By providing a consultancy service covering all aspects of low-income service provision, drawing heavily on WSUP's experience of delivering effective service models through programmes in six countries, WSUP Advisory aims to scale up impact for low-income consumers. Profits generated by WSUP Advisory are transferred to WSUP to support its urban WASH development activities.

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Contents

List of abbreviations.....	4
Introduction	5
Step 1: Sanitation mapping	6
Step 2: A ward-by-ward approach	8
Step 3: Formation of ward-level ODF Coordination Committees	9
Step 4: Toilet delivery analysis	11
Box 1: Timelines for toilet delivery in Vizag	14
Step 5: Ward-level ODF plan	16
Step 6: OD Micro-planning workbook	17
Box 2: Community actors in ward-by-ward approach	18
Step 7: OD hot spot surveillance	19
Step 8: Retro-fitting of community and public toilets	20
Step 9: Declaring ward-level ODF status	22

List of abbreviations

AE	Assistant Engineer
CSU	City Sanitation Unit
CT	Community Toilets
GoAP	Government of Andhra Pradesh
GoI	Government of India
GVMC	Greater Visakhapatnam Municipal Corporation
HH	Household
IHHL	Individual Household Latrine
IEC	Information, Education and Communication
INR	Indian Rupee
MoUD	Ministry of Urban Development
ODF	Open Defecation Free
ODF CC	ODF Coordination Committee
PIU	Project Implementation Unit
PT	Public Toilets
SBM	Swachh Bharat Mission
SLF	Slum-level federation
SI	Sanitary Inspector
TLF	Town-level federation
ULB	Urban Local Body
UMC	Urban Management Centre
USA	Universal Sanitation Accelerator
Women SHGs	Women Self Help Groups
WSUP	Water & Sanitation for the Urban Poor
ZSC	Zonal Level Sanitation Committee

“ODF status is only the first step towards achieving universal sanitation coverage”

Introduction

The Government of India launched the Swachh Bharat Mission (SBM) in 2014 with the ambitious aim to ensure hygiene, waste management and sanitation across the nation by the 150th anniversary of the birth of Mahatma Gandhi on 2nd October 2019. As SBM gathers pace, municipalities across India are responding to the same challenge: how to attain universal sanitation and Open Defecation Free (ODF) status for their city.

Progress under SBM has already been significant: 739 cities are projected to achieve ODF status in the financial year 2016/17. The challenge is now to ensure these massive gains are reflected across India. With the SBM implementation period nearing the halfway point, it is important to reflect on what approaches have been shown to be effective in urban contexts in India to date, and to ask how these approaches can be adapted and replicated in other cities.

This document aims to build on existing knowledge by detailing how the challenge of achieving universal sanitation and ODF status has been approached in Visakhapatnam (Vizag) - a city of over 2 million people and the second largest city of Andhra Pradesh. The document is aimed at Municipal Corporations and WASH-implementing organisations supporting roll-out of SBM in urban contexts. While the document does not claim to provide a manual for scaled-up implementation, WSUP believes aspects of the approach adopted by the Greater Visakhapatnam Municipal Corporation (GVMC) could potentially be replicated in cities across India. The approach outlined in the document is known to be effective: Vizag successfully achieved ODF status in October 2016. In addition, the city has jumped from 44th to 5th position at the national-level Swachh Sarvekshan survey over the past two years, distinguishing Vizag as one of the cleanest cities in India.

The document presents nine stepping stones which together constitute a pathway towards citywide ODF status. They are presented in approximate order of implementation; however, timelines for many of these steps will overlap. The nine steps are:

1. Sanitation mapping
2. A ward-by-ward approach
3. Formation of ODF Coordination Committees (ODF CCs)
4. Toilet delivery analysis
5. Ward-level ODF plan
6. Micro-planning workbook
7. OD hotspot surveillance
8. Retro-fitting of community and public toilets
9. Declaring ward-level ODF status

It is important to bear in mind that achieving ODF status is only the first step towards achieving universal sanitation coverage: sustainable citywide sanitation requires reforms that cover the full length of the sanitation chain including safe treatment and reuse. Having achieved ODF status, WSUP's focus in Vizag is now shifting towards citywide coordination of the septage management market.

Step 1: Sanitation mapping

The first step in achieving ODF status for Vizag was to map baseline patterns of open defecation (OD) in the city and the baseline sanitation situation more broadly. This included the identification of OD 'hot spots' that would need to be targeted to eliminate the practice. The process has three key components:

Ward-level assessment of OD hotspots by Sanitary Inspectors (SIs): 72 SIs were trained to identify OD hot spots in their respective wards. Their primary survey with the help of women Self Help Groups (SHGs) identified 169 locations.

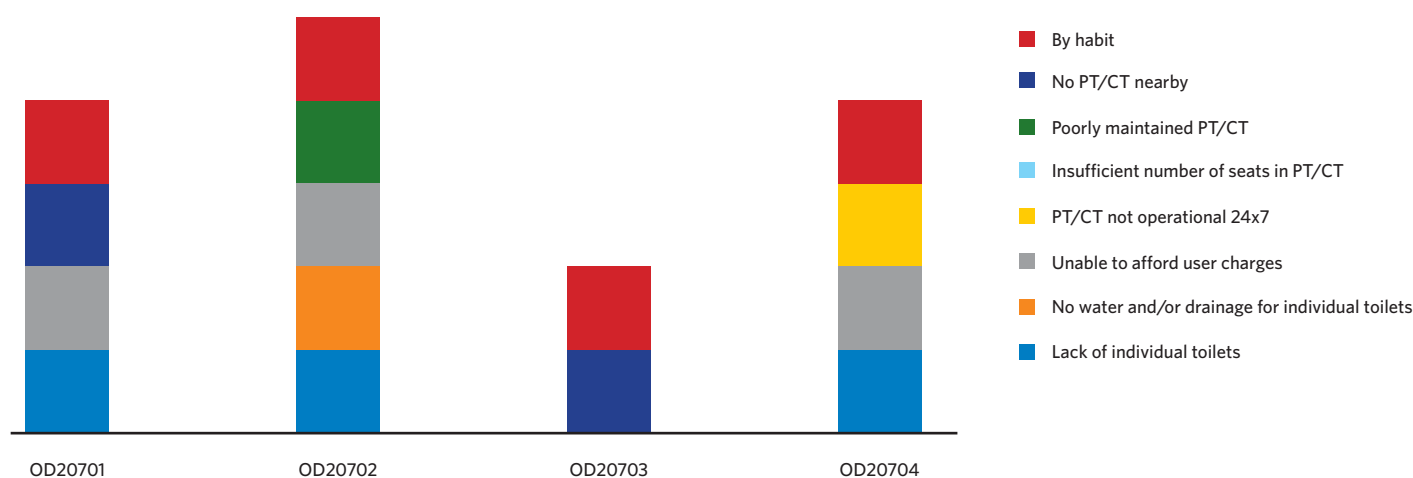
Sanitation mapping: The ward-level assessment was supplemented by a method-based approach implemented by Urban Migrant Centre, Ahmedabad to identify OD hot spots with local assistance of SIs. The primary survey revealed an additional 16 spots, giving a final figure of 193 spots used by 18,585 people from 4,334 households. Of the 72 wards, 13 had zero OD hot spots and 19 only one; the majority had at least two hot spots with 19 wards having three or more.

Table 1. OD hot spot analysis for Vizag by zone

Zones	OD spots by SIs	OD spots by sanitation mapping	OD spot users
Zone 1	16	18	1,650
Zone 2	18	24	2,005
Zone 3	41	42	6,075
Zone 4	35	32	1,725
Zone 5	49	53	4,570
Zone 6	10	11	1,050
Anakapalle	6	7	380
Bheemunipatnam	6	6	1,130
Total	181	193	18,585

The sanitation mapping exercise aimed to gather extensive qualitative information on the reasons behind open defecation at every OD hot spot in Vizag (Figure 1). This information was used to set sanitation priorities and behaviour change strategies for the ward-by-ward approach for achieving ODF status.

Figure 1. Reported reasons for defecating in the open. Analysis of reasons for practicing OD by OD hot spot: Ward 7.



The third aim of the sanitation mapping exercise was to gather information on the prevalence, location and functionality of community and public toilets in Vizag. A total of 20,785 people use 262 PT/CT blocks in the city, of which only six were found to be in

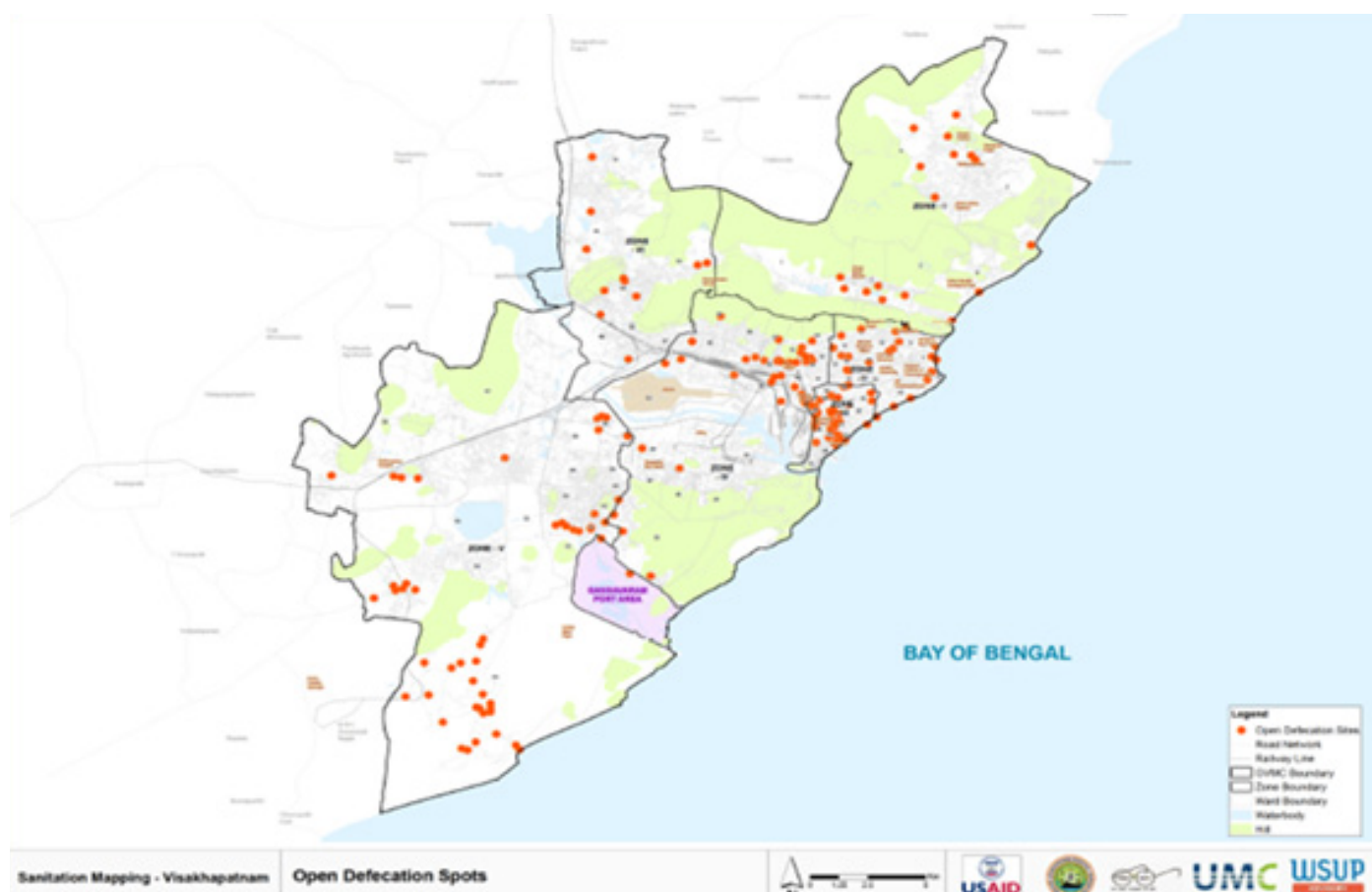
‘good’ condition: as of December 2016, 116 toilet blocks - totalling 905 toilet seats - had been identified by GVMC as requiring retro-fitting. WSUP has helped GVMC to prepare gender sensitive retro-fitting plans for 73 of these blocks, with works completed for eight blocks and underway for a further 62 (see Step 8).

Table 2. Number of public and community toilets in Vizag by zone.

Zones	No. of PT	No. of seats	No. of PT users	No. of CT	No. of seats	No. of CT users
1	0	0	0	4	56	330
2	13	101	1,155	25	320	1,355
3	20	332	4,385	46	684	3,760
4	10	137	465	55	831	3,950
5	2	9	100	32	141	1,940
6	0	0	0	6	68	525
Anakapalle	0	0	0	21	261	1,420
Bheemunipatnam	2	24	170	26	164	1,230

Geo-tagging of OD hot spots: A final component of the sanitation mapping stage reflected a directive of Swachh Andhra Corporation (SAC) to geo-tag OD hot spots. GVMC has started the geo-tagging process allowing a clear representation of OD patterns across Vizag as shown in Figure 2.

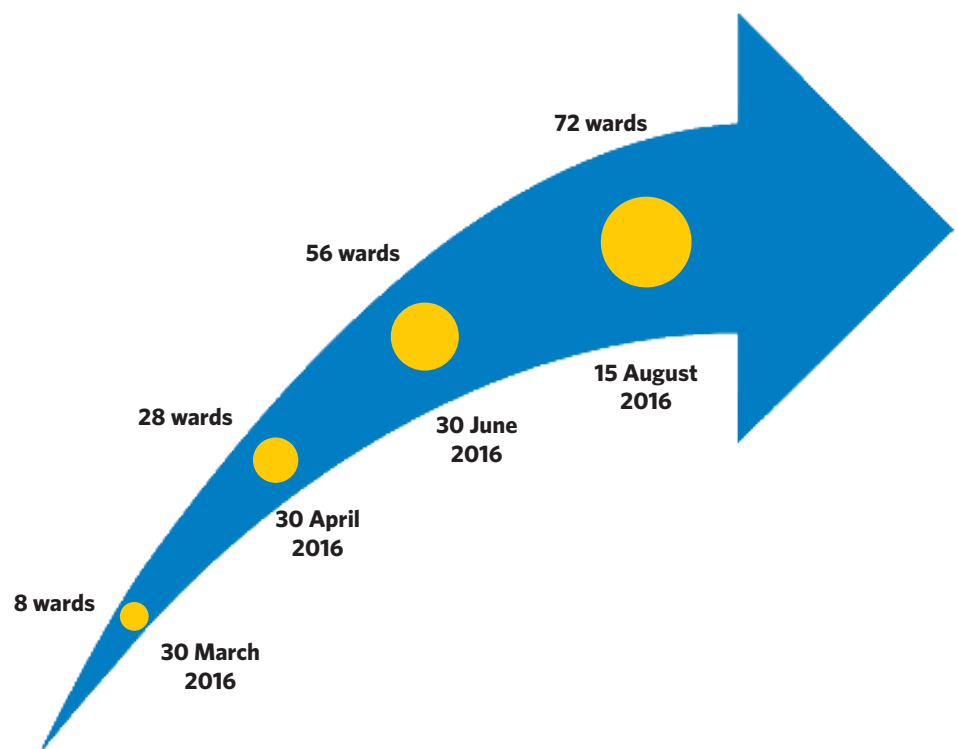
Figure 2. OD hot spots in Vizag.



Step 2: Ward-by-ward approach

In working towards attaining ODF status, Vizag's ward-by-ward approach has been fundamental to the progress achieved. The approach begins by mapping open defecation levels in every ward to establish the baseline situation, using 1) the OD hot spot analysis outlined under Step 1; and 2) publicly available data from the 2011 census. Those wards with low levels of OD can be targeted first to achieve ODF status relatively quickly: this sets an example for other wards by demonstrating that ODF status is attainable, and helps build momentum as the focus moves to areas of the city with progressively higher levels of OD. These latter wards require more time for implementation, as reflected in the staggered implementation timeline for Vizag: one month was allocated to achieve ODF status for 20 of the initial wards and two months for the next group of 28 wards (see Figure 3).

Figure 3. Phasing of implementation in Vizag. Implementation was followed by a process of internal verification and external evaluation before ODF status was declared.



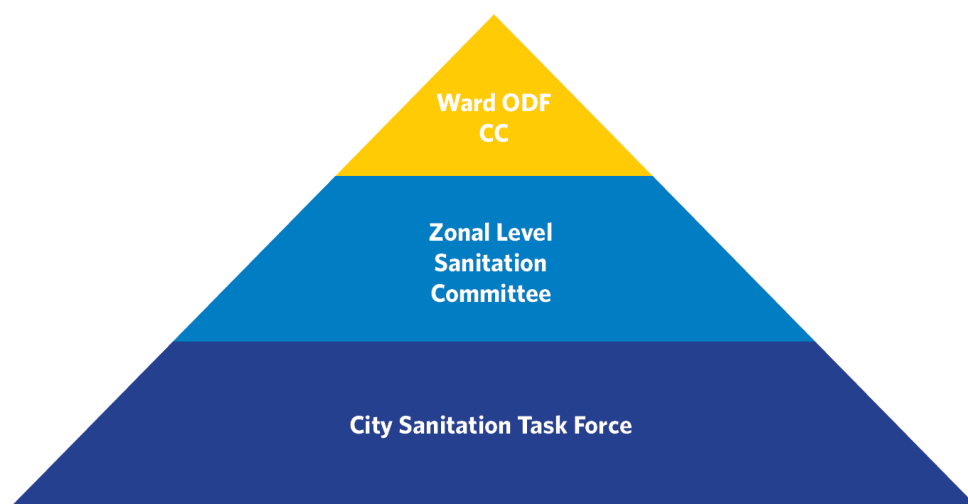
Key point: Achieving citywide ODF status requires a ward-by-ward approach

By disaggregating OD data using a ward-by-ward approach - moving from the meta (city) to meso (ward) level - the task of achieving citywide ODF status is made more manageable than if the city were tackled as one unit.

Step 3: Formation of ward-level ODF Coordination Committees

A critical step in attaining ODF status at the ward level is the formation of ODF Coordination Committees (ODF CCs). The importance of a ward-level coordinating mechanism was confirmed in Vizag by the issue of a Circular by GVMC requiring its formation in every ward (Figure 5, p. 10). Each committee is convened by the Sanitary Inspector and has 16 members representing community stakeholders (Figure 6, p. 10). The function of the ODF CC includes oversight of Women SHG and Sadhimpu (see Box 2, p. 18) interaction with community members to establish sanitation needs - including micro surveys to establish requirements for Individual Household Toilets, community toilets and public toilets - and promoting behaviour change through Information, Education and Communication (IEC) programmes, public announcements and group discussions.

Figure 4. Institutional structure for SBM, Vizag.



The ODF CC is responsible for reporting to the Zonal Commissioner on the progress made in achieving ODF status. In parallel with the creation of ODF CCs, Zonal-level Sanitation Coordination Committees (Figure 4) have been established to convene ODF CC members in a given zone on a bimonthly basis.

Figures 5, 6. GVMC circular seeking formation of ward-level ODF CCs.

Greater Visakhapatnam Municipal Corporation, Visakhapatnam
 Q/o the Commissioner, GVMC
 Visakhapatnam

RC No. 234/2015/SBM/CMOH/GVMC
 Dt: 11.04.2016

Urgent Circular

Sub: Request to form ODF – Co-Ordination Committee in all wards – Reg.

Ref: WSUP- Advisory letter Dt: 07.04.2016.

It is to inform that, in the ref subject cited, GVMC has already taken a decision to make all its wards as ODF (Open Defecation Free), by the end of August -2016 and in this regard there is a need to form ODF Co-Ordination committees for all the wards.

Therefore, all the ZCs of all Zones including Anikapalli and Bheemili are instructed to select members from the Annexure-I (Sl No. 1 to 16) in the ODF – Co-ordination committee vide ODF annexure -I is enclosed herewith and after formation of Co-Ordination committees with S.No.1 to 16 members and the members nominated may be informed to CMOH office in the format Annexure – II in duplicate duly signed by the concerned Zonal Commissioner for further reviews and office ODF – SBM record purpose.

For COMMISSIONER

Encl: As Above
 To: All ZC's/ AMOH/ SSV/S.I./OSD (IT)/ Soukarayam
 Copy to ADC (G)/ADC (F)/ADC (P)
 Copy submitted to Commissioner's Table for favor information,
 Copy to City Project Officer, WSUPA.

GREATER VISAKHAPATNAM MUNICIPAL CORPORATION
 Open Defecation Free Ward Level Co-ordination Committee

ZONE No. _____ WARD No. _____
 Proposed member in the Committee

Annexure - I

1	Ward Sanitary Inspector as Convener			
2	Swachh Ambassador			
3	Smart Ward Partner			
4	Atleast one member from each SLF in the Ward			
5	Federation Facilitator/2			
6	Janmabhoomi Member/s			
7	CRP's of Mepma in the Ward			
8	Religious Leaders			
9	Representation from Municipal/Govt School/s			
10	Representation from Private School/s			
11	Anganwadi teacher/s			
12	Adopted NGO representative/s			
13	Area Police Constable			
14	Member/s from MASS Mahila Arogya Samithi			
15	Member from RWA			
16	Ward Swachh Doot			

Annexure - II

S.No	Name of the member	Designation	Mobile Number	Signature

For Commissioner

Key point: Enhanced role of Sanitary Inspectors

Sanitary Inspectors have played a central part in helping wards attain ODF status in Vizag. Prior to the intervention SIs had an understanding of OD as an important public health issue but lacked the knowledge, training and support to take action against those who defecated in the open: the intervention represents the first time SIs have been required and empowered to report OD hot spots. By making SIs responsible for convening ODF CCs, the intervention placed SIs at the centre of activities, enhancing their role and making better use of their knowledge and standing within the community.

Step 4: Toilet delivery analysis

SBM guidelines stipulate that all households with space to construct a toilet must have one constructed: the provision of individual household latrines (IHHLs) is therefore the core activity of SBM implementation in Vizag as for the Swachh Andhra Mission. The sanitation mapping conducted by UMC identified 21,127 households in Vizag without access to a toilet, distributed across the city's six zones. As of January 2017, 11,025 of these households had a new toilet installed. The procedure for provision of IHHLs - based on guidelines from Ministry of Urban Development (MoUD) - has been implemented as part of the ward-by-ward approach with the involvement of ODF CCs and under the supervision of the City Sanitation Unit (CSU). The process for construction of toilets is set out below.

4.1 Identification of scheme beneficiaries

Following the announcement of the SBM scheme through various media, surveys are conducted at the ward level by field workers of GVMC (slum-level federation, Sanitary Inspector, Assistant Engineer and Work Inspector) to identify the target households. Those households wishing to participate in the scheme are then encouraged to submit an application to the CSU for a toilet to be constructed. All applications are scrutinised and verified by the CSU - once authenticated, the Assistant Engineer will then visit the prospective site to confirm land availability and the exact siting of the toilet, geo-tag (thereby issuing a unique ID for the toilet) and photograph the location. This stage of the process is completed when the Municipal Commissioner publishes the consolidated list of beneficiaries for the ward. In Vizag, completion of this stage has taken longer than the construction process in some wards (see Box 1, p. 14).

Figure 7. Process for identification of scheme beneficiaries.



Applying for community and public toilets

Many of the target areas in Vizag are densely populated and land is not always available. Where this applies, SBM guidelines require that occupants of those households have access to a community toilet within a walking distance of 500 metres. In addition, all commercial areas must have public toilets within a distance of one kilometre. Needs for community and public toilets are initially discussed at the ward level, and if they cannot be resolved, escalated to the Zonal Sanitation Committee or the City Sanitation Taskforce. The Municipal Commissioner or their designate approves all applications.

4.2 Collaboration with the local work force

All participating households have the option of receiving technical assistance from the Project Implementation Unit (PIU) and ancillaries through SLF/TLF. Households can choose to 1) lead the construction process themselves, with technical assistance if desired; or 2) hand over control of the process to SLF/TLF. The size and type of the toilet and disposal system will be agreed by both parties and conform to SBM guidelines: these state each toilet must have a sub-structure and super-structure with a minimum ground cover of 7.25 square feet. If the sewerage system is within 30 metres of the proposed location, only the super-structure will be constructed complete with all necessary fittings. If no sewerage system exists then an on-site treatment system (twin pit/soak pit/bio-digesters/bio-tanks) will be constructed. Currently there is no specified timeline from the point at which participation is confirmed to commencing construction of the toilet.

Figure 8. Process for issuing work order.



4.3 Construction and financial assistance

Under the Swachh Andhra Mission a total of INR 15,000 per toilet is allocated to participating households to cover the costs of toilet construction: INR 4,000 from Gol supplemented by INR 11,000 from GoAP (one of the highest state government supplements for SBM in India). Actual construction costs in Vizag have varied significantly depending on the lay of the land: while toilets built on flat land might be expected to cost in the region of INR 15,000, toilets built on slopes may cost anywhere between INR 29,000 - INR 50,000. Many low-income households are therefore required to contribute to construction costs, emphasising the need for improved provision of micro-finance as SBM Urban (SBM-U) continues to gather pace.

The total of INR 15,000 is transferred directly into Aadhar card-linked bank accounts in installments based on phase of construction. In cases of SLF/TLF-led construction, a separate bank account is opened to operate funds released under Swachh Andhra. The phasing of disbursement differs depending on if construction is led by SLF/TLF or by the household themselves, as illustrated in Figures 9 and 10 below.

Figure 9. Disbursement schedule for household-driven toilet construction.



Upon issue of the work order for household-driven construction, the household is required to complete construction to the basement or sub-structure level - verified, geo-tagged and photographed by the Assistant Engineer - before release of the first installment of INR 5,000. Construction of the super-structure is then completed prior to release of the second installment, including all necessary sanitary, plumbing and electrical fittings. No verification is required to process the second installment; however, the AE will visit the toilet again upon completion to authenticate, photograph and geo-tag prior to release of the final installment. For expenditures over and above the amount sanctioned by the government, the household is expected to meet their own expenses. A mandatory water supply connection or provision certificate should be issued to avoid any loopholes in the toilet construction process. As noted, no timeline is specified for the completion of any phase: in Vizag the average time taken for construction is around two months (see Box 1, p. 14).

Figure 10. Disbursement schedule for SLF/TLF-driven toilet construction.



In the case of SLF/TLF-driven construction, the first installment is released to the TLF/SLF account in advance, based on the preliminary survey and geo-tagging. The second payment is released after construction of the sub-structure with no survey verification required. In the third phase, construction of the super-structure must be completed and the toilet should be ready to use, at which point the AE will visit the facility to authenticate, photograph and geo-tag before the payment is released by the Municipal Commissioner. As per household-driven construction, a mandatory water supply connection or provision certificate should be made to avoid any loopholes in the toilet construction process, and expenditures over and above the amount sanctioned by the government must be met by the household.

In Vizag, SLF/TLF-driven construction has taken slightly longer on average to complete than household-driven construction. One option currently being explored to accelerate construction is contracting in bulk to a single supplier. In one zone in Vizag a group of 350 toilets was assigned to a single provider - such contracts must be approved by the commissioner.

Key point: Developing a Quality Assurance checklist

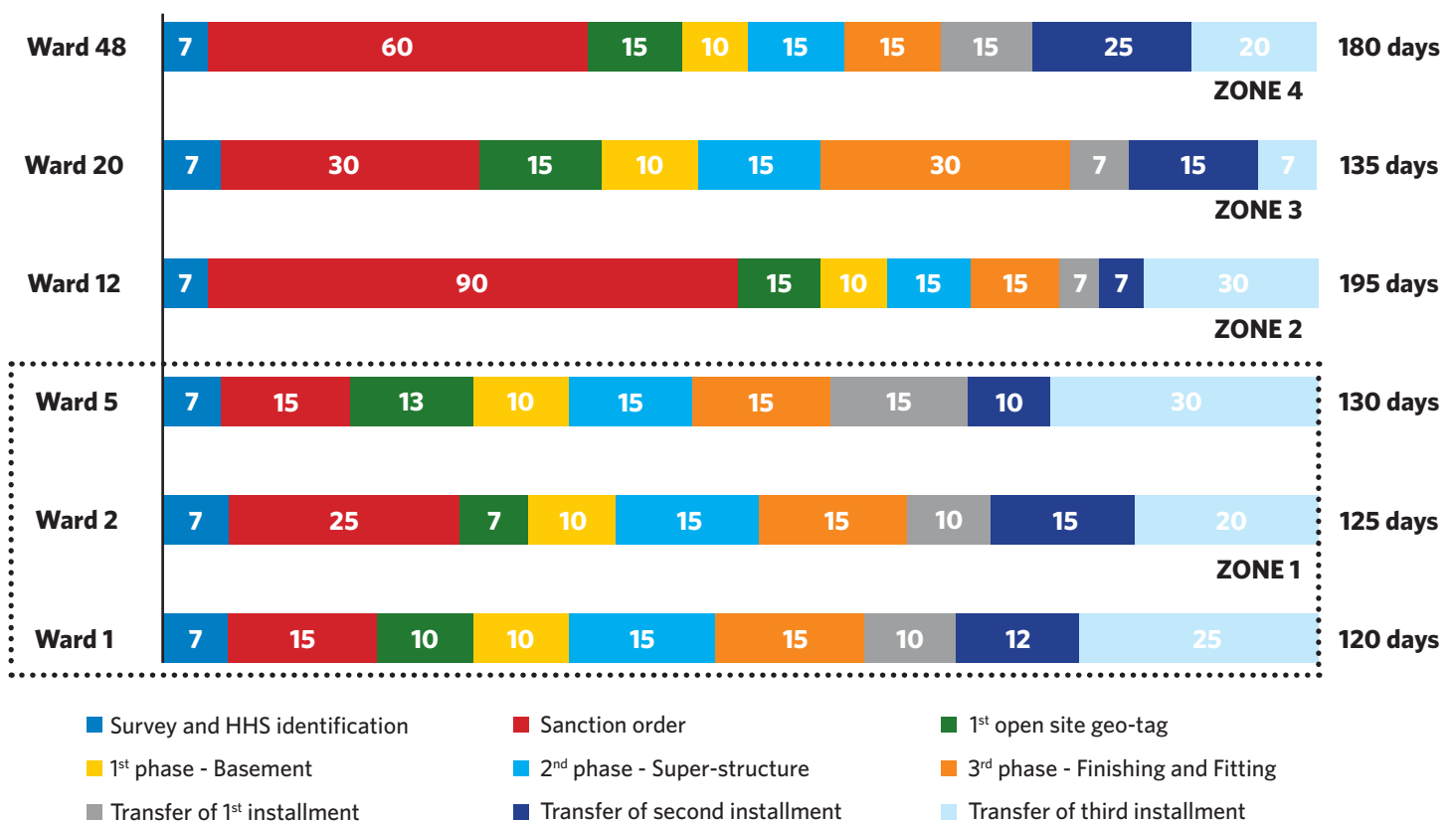
Currently, there is no formal process in place for quality assurance of completed toilets under SBM. This is an important gap that is being addressed. WSUP is working to resolve this situation in Vizag by developing a fit-for-use checklist and certificate for the Work Inspector (working alongside the AE) to complete in each instance before the final payment is released, possibly through the use of a custom-designed mobile app.

Box 1: Timelines for toilet delivery in Vizag

In the absence of formal guidelines, the time taken to construct toilets under SBM-U will vary by location. In Vizag, the average time taken from the initial survey to completion is 140 days. Figure 11 shows that in some zones finalisation of the sanction order alone has taken between 2-3 months. Huge discrepancies can be seen in the time taken to complete this phase between individual wards, influenced by staffing inefficiencies among other factors. One option being considered to accelerate this stage of the process is the introduction of scheduled and publicised 'one-stop shops' where the Sanitary Inspector, Assistant Engineer and Commissioner are available in the ward: this would allow qualifying households to express interest and potentially have their site surveyed, geo-tagged and approved by the Commissioner on the same day.

From the point the sanction is issued the construction period has taken around two months - or 60 days - on average. Delays to this stage of the process have included availability of raw construction materials, notably sand.

Figure 11. Construction scenario by ward in Vizag.



Universal Sanitation Accelerator App: an online Android-based application

Building on the field-level work on toilet delivery analysis in the city of Vizag, and the considerable time being taken to deliver a complete IHHL to a family, a set of barriers (at the user end) and bottlenecks (at the systems end) were identified by the WSUP team. Both sets of barriers and bottlenecks contribute to the delay in achieving physical progress of the SBM-U targets on IHHLs.

At the national level, as of September 2016, SBM-U has progressed to achieve 23 percent of the total IHHL target. The Universal Sanitation Accelerator (USA) App has been developed by WSUP to assist in self-assessment of the barriers and bottlenecks by municipal bodies. The App recommends a range of solutions and best practice for dealing with each recognised barrier and bottleneck, enabling municipal bodies to rapidly address these challenges and accelerate the process of IHHL construction.

The USA app is now being rolled out for use by officials in municipal bodies across India to self-assess their implementation progress under SBM-U. This will help municipal functionaries working for SBM-U to identify constraints and possible solution and to generate an instant plan of action which is then sent via email to accelerate SBM implementation.

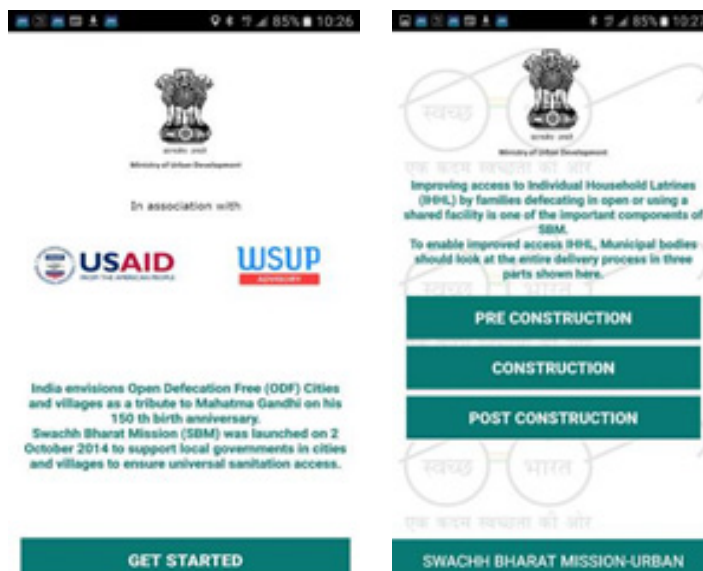
The USA app facilitates the process of construction by providing solutions during all phases: pre-construction, construction and post-construction, and by suggesting agencies which the ULB can engage with to provide support at every stage of the process.

The three phases outlined by the App are detailed in Figure 12 below:

Figure 12. Construction phases outlined by USA App.



Figure 13. Screenshots of app. The USA App can be downloaded from play store without any fee via <https://play.google.com/store/apps/details?id=com.wsup.sanitation>.



Step 5: Ward-level ODF plan

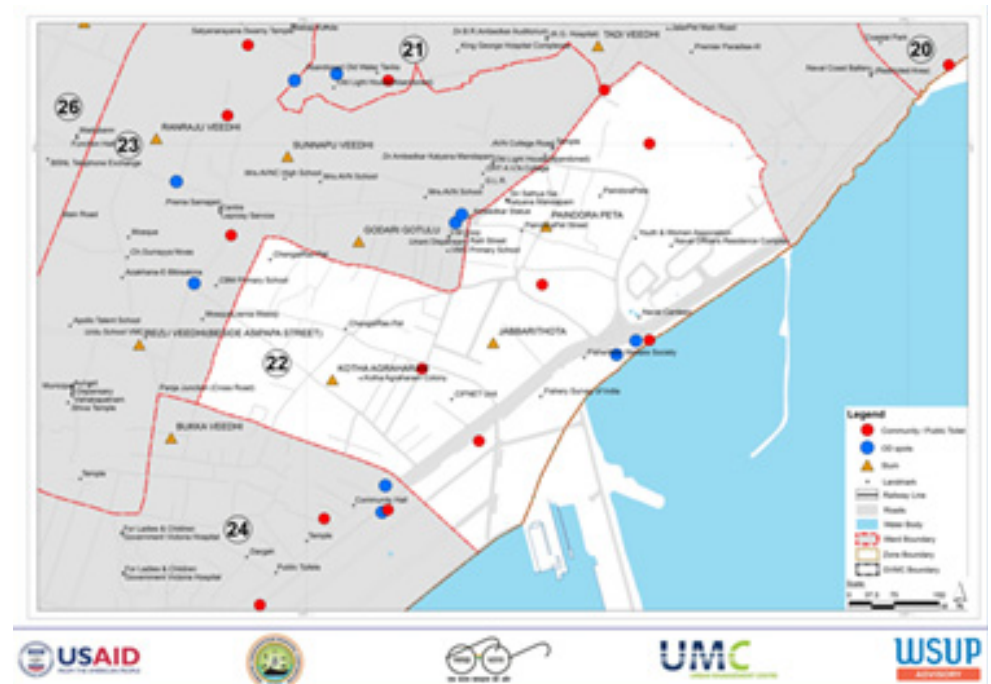
To oversee the transition to ODF status each ward will benefit from an ODF plan: a document that sets out the current sanitation situation in the ward - including the location of OD hot spots and community and public toilets (Figure 14) - and provides guidance to the ODF CC on procedures to follow in striving for ODF status. In Vizag, WSUP has led the development of these plans; however the technical nature of the task is well suited to AEs who are integral to the toilet provision process and should be involved from the outset. WSUP therefore recommends that Assistant Engineers lead the development of ODF plans in collaboration with the ODF CC, who can bring to bear a micro-level understanding of the requirements in the ward. The ODF plans developed for Vizag include the following information:

- Ward profile based on census of India (2011) data (see Table 3)
- GVMC staffing at ward level
- OD hot spot profile
- SMB IHHT applications to date and proposed timelines
- List of SHGs
- Guidance for use of micro-planning workbook (Step 6) and OD hot spot surveillance (Step 7)

Table 3. Ward 22 at a glance - extract from Ward-level ODF plan.

As per census 2011				As per calculation		As per Rajiv Awas Yojana (2014-15)		
Population	No. of HHs	Population practicing OD	HH practicing OD	Average HH size	Floating population (5% of total) (SBM)	No. of slums	Slum population	No. of slum HHs
20,013	4,718	741	189	4.2	1,001	3	2,610	580

Figure 14. Map attached to ward-level ODF plan for Ward 22, Vizag.




Step 6: OD micro-planning workbook

WSUP has developed a micro-planning workbook as a practical tool in helping ODF CCs target individual households and OD hot spots. The workbook consists of five pages: the first three pages are for completion by women SHGs and the final two for completion by the ODF CC. The function of each page is set out below.

- **Page 1:** Women SHGs (Box 2, p. 18) conduct a micro-level survey and enter data on toilet access by household in the by-lane of the slum/ward.
- **Page 2:** Women SHG members complete a map of the area they are responsible for, highlighting the location of OD hot spots and households practicing OD.
- **Page 3:** One nominated member of the SHG enters details of households practicing OD. At this point, the workbook is transferred to the Sanitary Inspector, convener of the ODF CC. Using the data captured and regularly updated on this page, the Sadhimpu committee (Box 2, p. 18) plays a critical role in regularly visiting the households with one or more family members practicing OD and encouraging them to acquire a toilet.
- **Pages 4, 5:** In consultation with ODF CC and women SHG members, the Sanitary Inspector plans and begins behaviour change activities. These activities include morning surveillance of OD hot spots, community meetings, home visits to households practicing OD by Sadhimpu members, developing slogans and advertising materials, and ward visits by GVMC officials. The data collected in the workbook also acts as a record of activities conducted in the respective ward.

Figure 15. Page 1 of micro-planning workbook.



Greater Visakhapatnam Municipal Corporation - Visakhapatnam & WSUP Advisory India

Open Defecation Free Micro Planning Work Book at the Community Level

Name of the City: Visakhapatnam. Name of the Zone: _____ Ward No. _____

Name of Neighborhood: _____ Name of the Lane: _____ Date: _____

Total Number of HHs: _____ Total Persons: _____ Total Number of IHHL: _____

S.No	Head of HHs	Property No	Owner/Tenants	Total Access			Toilet Use			Adult Man		Adult Women	Under 6 years Child	Under 10 years	Elderly	Pregnant Women's
				SHS	CT	OD	SHS	CT	OD	Toilet	OD					

Key point: Training of women SHG members is essential

The OD micro-planning workbook is central to the concept of the ward-by-ward approach to achieving ODF. The workbook provides a simple self-maintaining tool through which community members can gather the micro-data required to effectively identify and target individual households. Significant time must be allocated for individual training of women SHG members and the Sanitary Inspector to ensure they are comfortable completing and updating the worksheets on a regular basis.

Box 2: Community actors in ward-by-ward approach

The ward-by-ward approach places community structures at the centre of ODF and SBM activities while municipal bodies and functionaries play an enabling and facilitation role. In addition to the ODF CC the key groups tasked with implementation are outlined below.

The SBM campaign in Vizag has sought to harness the potential of **women Self-Help Groups (SHGs)** as an existing, well-functioning community structure. SHGs in urban slums usually consist of 10-12 women aged between 18-55, married and living below the poverty line. Women SHGs meet regularly once a month to discuss savings made by the group and key issues in their locality. In Vizag, there are 23,557 women SHGs - as such the groups form a major pivot for community-led initiatives.

Slum-Level Federations (SLFs) are designated as one of the agencies involved in toilet construction under SBM. There are 883 SLFs in Vizag, each of which comprises around 20 SHGs. Some of the SLFs further constitute a Town-Level Federation (TLF) - one TLF generally comprises 25-35 SLFs. Under the programme in Vizag, 232 SLF members have been trained as Master Trainers, each of whom trains 50 other women: as a result 5% of the qualifying population in Vizag has been trained to contribute to the campaign.

The **Sadhimpu** committee consists of elderly women who are also members of the SHGs. As highly respected members of the local community, elderly women have the standing required to influence the behaviours of those around them. In recognition of this position, they were identified by WSUP as potentially powerful agents of change in persuading households to invest in toilets and stop practicing OD. The term 'Sadhimpu' - meaning to tap another person's shoulder to encourage them to perform a certain task - is easily understood by the communities in relation to SBM.

Sadhimpu has become a key vehicle for informing households about the subsidy provided under SBM for the construction of IHHTs. Other activities they perform include visiting OD hot spots to interact with community members practicing OD; conducting IEC programmes; speaking during SHG and other community meetings; and bringing influence to bear on family members practicing OD through household visits.

Step 7: OD hot spot surveillance

In addition to visits by Sadhimpu, OD hot spots in Vizag are monitored as part of the ward-by-ward approach by a surveillance squad comprising eight two-wheelers and eight drivers. The vehicles are accessorised with a loud speaker and horn: the loud speaker plays a recorded voice warning people not to defecate in the open. The speaker and horn are triggered by the squad member every time they spot a person defecating in the open. The visibility of the surveillance squad simultaneously raises the profile of the ODF campaign in the ward and aims to shame those practicing OD into changing their behaviour. The work is conducted by an outsourced agency under contract with GVMC.

Each of the OD sites has been made free from defecation in gradual steps with continuous surveillance by these squads. Each zone has one such squad and the GVMC nodal person prepares a weekly plan for the site visits.

Figure 16. Surveillance squad in Vizag.



Step 8: Retro-fitting of community and public toilets

While the retro-fitting of community and public toilets is not at first sight integral to SBM, sustained quality and functionality of these toilets will be necessary to ensure continuous coverage and accessibility for all. In the second half of 2016, WSUP issued a toilet inventory for all 256 community or public toilets to field-level staff of GVMC's Engineering Department. All Assistant Engineers and Sanitary Inspectors were provided with training on retro-fitting and conducted an initial survey using a gender-sensitive design checklist to ensure the specific needs of women and girls were met. Subsequent to this survey, the Municipal Commissioner issued instructions to the Engineering Department to execute all retro-fitting works in phases: a total of 116 toilet blocks were identified in the first phase. As of December 2016, WSUP has helped GVMC to prepare gender sensitive retro-fitting plans for 73 of these blocks - including 438 improved toilet seats for women and girls - with works completed for eight blocks and underway for a further 62 blocks. Timelines for each form of retro-fitting are decided in coordination with the Engineering Department. Figures 17 and 18 provide an example of the proposed retro-fitting to a public toilet at the main harbour in Vizag.

Figure 17. Existing plan of public toilet at fishing harbour.

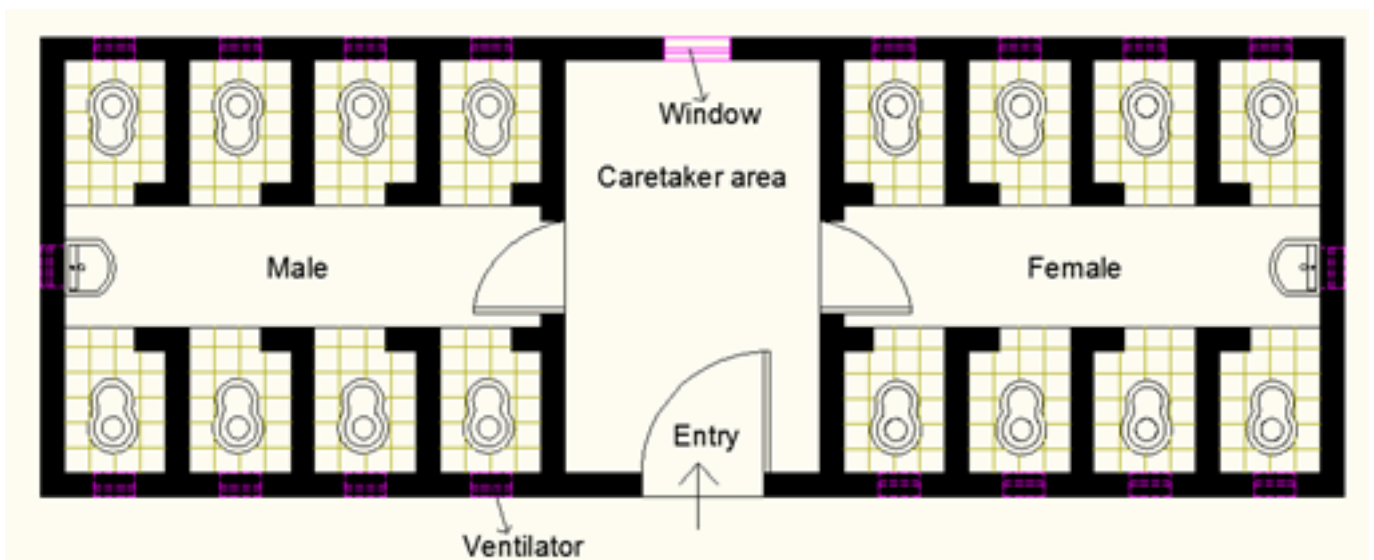
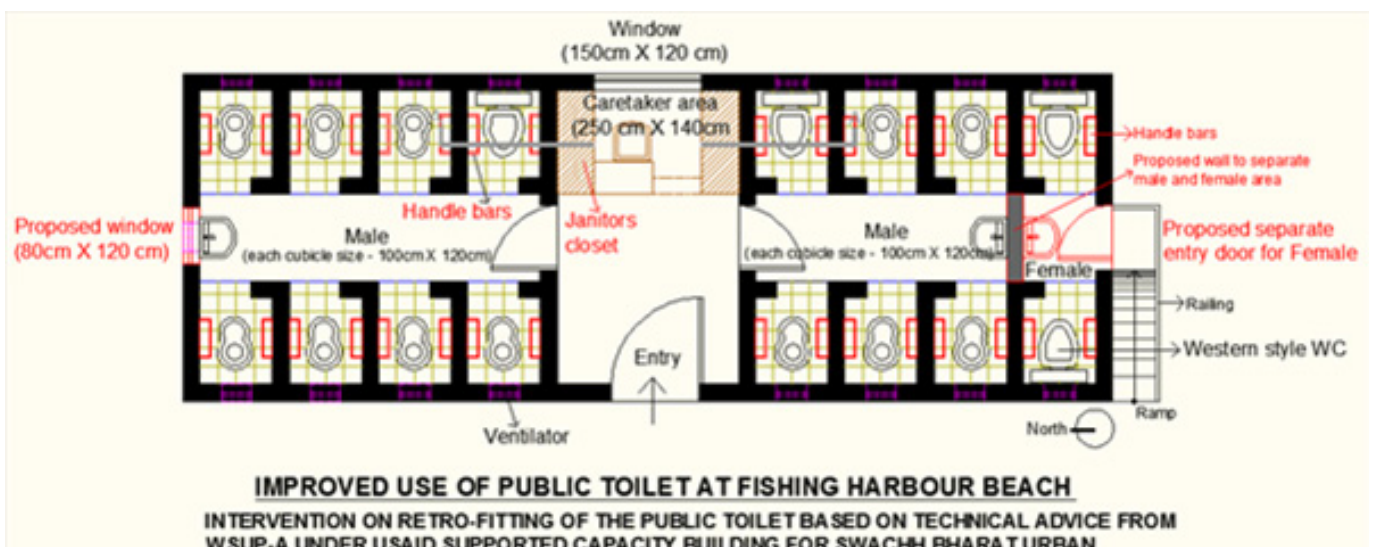


Figure 18. Proposed plan of public toilet at fishing harbour.



Improving the state of communal and public toilets in this way is essential to attract people to the toilets, improve the user experience and ensure continued functionality and utilisation of the facilities. Regular and responsible monitoring of toilets is then required to ensure the gains in coverage and usage are sustained over time.

Figure 19. Aspects of retro-fitting.



Step 9: Declaring ward-level ODF status

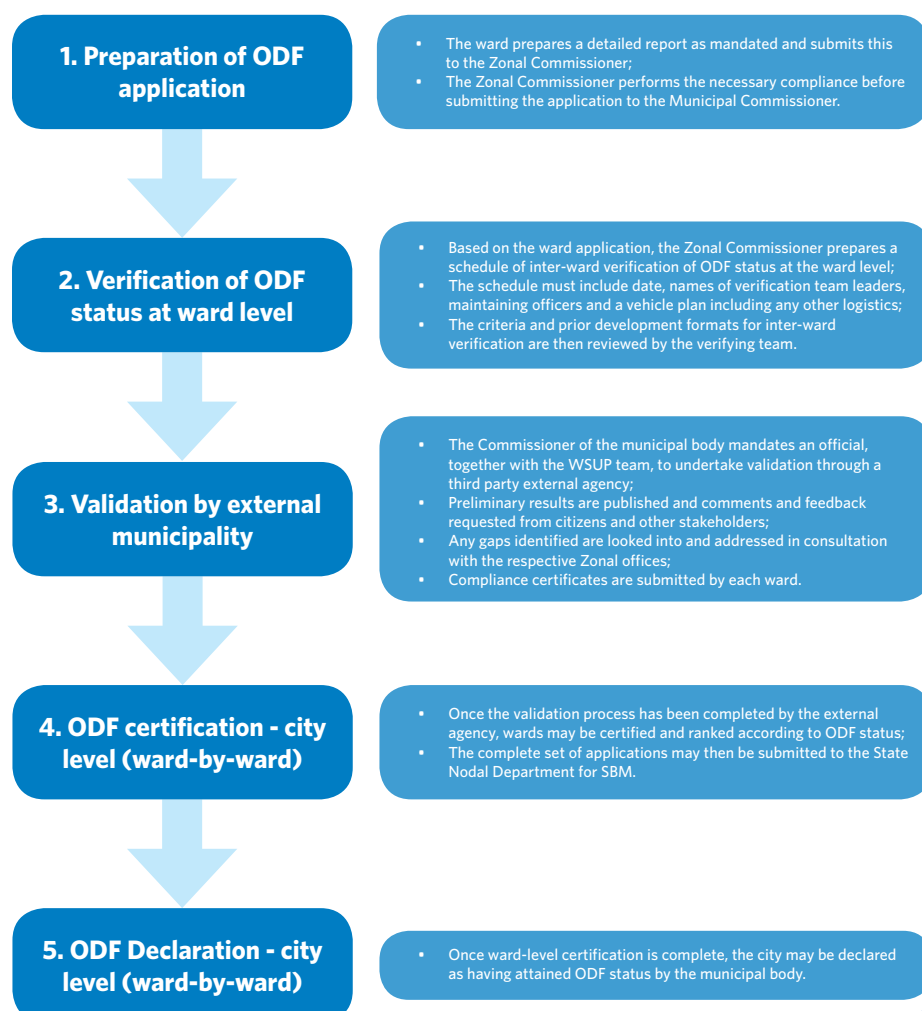
Having conducted the above set of activities, wards will aim to declare ODF status. Figure 20 outlines the process for declaring ODF status. The SBM circular sets out the following indicators to declare a ward as ODF:

- a) All households that have space to construct a toilet have constructed one.
- b) All occupants of those households that do not have space to construct a toilet have access to a community toilet within 500 metres.
- c) All commercial areas have public toilets within a distance of one kilometre.
- d) The city has a mechanism in place through which they impose fines on persons who defecate in the open (Vizag has already introduced such a mechanism).

Swachh Andhra Corporation has also issued circulars outlining step-by-step procedures to declare a ward as ODF:

- e) All school children in the ward declare in the morning assembly that they are not practicing OD.
- f) All school teachers in the ward declare their school children are not practicing OD.
- g) All women groups and Sanitary Inspectors in the ward implement a similar procedure when conducting their group/SLF meetings.

Figure 20. Process for declaring ODF status.





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