

Project Profile

Urban Community toilet block



Gujarat CSR Authority

Project Profile – Urban Community toilet block

Background & rationale

“Sanitation is more important than independence”

– Mahatma Gandhi

According to Census 2011, India’s urban population is 377 million (31% of the total population) and it is expected to increase to 600 million by 2031. The Census 2011 also showed that in 4,041 statutory towns, close to eight million households do not have access to toilets and hence they resort to open defecation. Weak sanitation has significant health costs and untreated sewage from cities is one of the sources of water pollution in India.

Half of India's population defecates in the open & over 30 per cent urban slums across India have no toilets or drainage facilities.¹

Access to community toilets is an important aspect of safe sanitation especially for urban slum dwellers. It not only restores dignity, privacy, safety and social status to the socio-economically disadvantaged but also has strong bearings on the aspects of child mortality, maternal health, primary education, gender equity, environmental sustainability, and overall improvement of quality of life. Openly left human waste helps in breeding and transmission of pathogens that increases the incidence of diseases. The problem is especially acute for children, women and young girls. Children, especially those under 5 years of age, are most susceptible to diarrhoea and can even lose their lives. In case of women, lack of sanitation facilities (with security & safety related concerns) often forces them to restrict themselves from going for defecation, which leads to health impacts.

In urban Gujarat, **8.74%** of the 5,416,315 households defecate in the open in the absence of any usable or functional toilets. This suggests that roughly **22.48 lakh of the state’s urban population do not have access to either private or public toilets.**²

Definition of slums:

“A compact area of at least 300 population or about 60-70 households of poorly built congested tenements, in unhygienic environment usually with inadequate infrastructure and lacking in proper sanitary and drinking water facilities.”

- Census 2011

Table 1: Status of Gujarat in comparison to India

India/ Gujarat	Towns		Total identified slums
	Statutory towns	Slum reported towns	
India	4,041	2,613	2,28,28,135
Gujarat	195	103	16,680,095

Source: Census 2011

Although Gujarat is one of the progressive states on many development aspects, its sanitation coverage is low. Every day, an estimated 100,000 tonnes of human excreta is deposited in the open along rivers and streams, in open fields, on road sides and farms to contaminate water sources. According to UNICEF, each gram of human excreta contains 10 million viruses, one million bacteria, 1,000 parasite cysts and 100 parasite eggs. As many recent reports suggest, this unacceptable lack of sanitation has been responsible for high malnutrition in India.³ Few statistics of note are:

¹ National Sample Survey Organisation (NSSO)

² indiastpend.com/cover-story/swachh-bharat-urban-toilet-plan-76-behind-schedule-34029

³ UNICEF report -2011

Figure 1: Urban population without Toilets in major states (%)

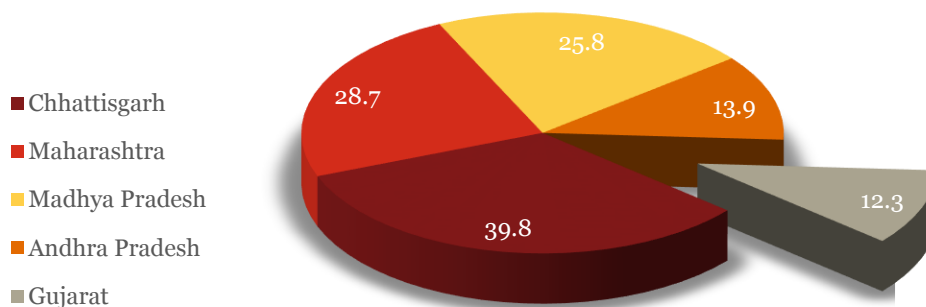


Table 2: Slum Population in India by major states (All figures in crores)

State	2011	2017 (Projected)
Maharashtra	1.81	2.05
Uttar Pradesh	1.10	1.20
Andhra Pradesh	0.81	0.86
Madhya Pradesh	0.64	0.71
Gujarat	0.46	0.52
Delhi	0.31	0.37

Source: Census of India 2011

- India has already achieved its Millennium Development Goal (MDG) water target, but is falling far short on sanitation goals⁴. While the Swachh Bharat Mission has been one of the leading campaigns of national importance, the planned focus on maintenance of the toilets and access to individual/community toilets under the same still remains a huge concern.
- Limited access of urban households to toilets, in terms of-delays or non-approval of provision of sewerage network in slum areas
- Infrastructural and basic functioning support - acute shortage of water or total lack of water, lack of cleaning & maintenance staffs, inadequate lighting, etc. The issues are more evident in the creation/maintenance of public conveniences – which are faced with insufficient repair and maintenance as well as, absence of community toilets in the proximity to households without access to individual toilets. In some cases, the cleaning staff (*Safai Karmacharis*) either do not receive proper equipment, or do not use it. A weak mechanism of monitoring further increases the problem.
- Lack of awareness of public health and hygiene is one of the important factors of open defecation.

Table 3 below highlights the status of district wise household sanitation facilities in Gujarat including availability of toilets, alternative sources of sanitation and open defecation.

⁴ http://www.unic.org.in/items/India_and_the_MDGs_small_web.pdf

Table 3: Indicators of HHs with sanitation facilities in major districts

District	No. HHs (Urban)	% of HHs not having latrine facilities within the premise	% having alternative source (Public/ community latrine)	Open defecation (%)
Ahmadabad	12,65,770	7.90%	4.07%	3.82%
Amreli	75,180	21.63%	2.78%	18.84%
Anand	1,30,095	16.97%	2.38%	14.59%
Banas Kantha	81,820	22.00%	1.21%	20.79%
Bharuch	1,18,070	10.62%	2.23%	8.38%
Bhavnagar	2,38,737	18.45%	3.34%	15.11%
Dohad	34,875	28.25%	2.59%	25.66%
Gandhinagar	1,26,740	19.17%	2.18%	16.99%
Jamnagar	1,94,041	16.18%	16.18%	11.68%
Junagadh	1,79,735	14.31%	3.25%	11.06%
Kachchh	1,58,770	12.06%	1.34%	10.72%
Kheda	1,04,002	21.51%	3.01%	18.50%
Mahesana	1,07,867	15.00%	2.56%	12.44%
Narmada	13,034	25.27%	2.82%	22.45%
Navsari	90,561	14.30%	5.73%	8.57%
Panch Mahals	68,129	15.91%	1.68%	1.68%
Patan	58,581	17.57%	3.63%	13.95%
Porbandar	61,216	22.56%	5.28%	17.27%
Rajkot	4,68,918	13.55%	3.75%	9.80%
Sabar Kantha	74,294	23.34%	3.25%	20.09%
Surat	10,36,237	6.18%	4.03%	2.14%
Surendranagar	1,00,506	29.98%	5.86%	24.12%
Tapi	16,621	22.54%	3.25%	19.28%
The Dangs	4,606	42.21%	7.86%	34.35%
Vadodara	4,61,270	8.10%	1.62%	6.48%
Valsad	1,46,640	23.98%	7.01%	16.97%
Gujarat	54,16,315	12.30%	3.56%	8.74%

Source: Census 2011

Objectives of the project:

The objectives of the community toilet block project in urban slums, in line with the guidelines suggested in the Swachh Bharat Mission, are as follows:

- accelerate sanitation coverage in urban slum areas with an emphasis on making all the slum clusters of Gujarat open defecation free (ODF)
- provision of water supply for sanitation services in slum settlements located in major municipalities in the state to eradicate open urination and defecation at all public places, markets and along canal bunds
- eradication of manual scavenging
- positive behavioural change among households regarding healthy sanitation
- improvement in the levels of cleanliness in slum areas through solid and liquid waste management activities (in partnership & engagement with community members)

The above objectives are to be fulfilled through the construction of community toilet blocks i.e. completed community sanitary latrine comprising 11 toilet units, bathing and clothes washing facilities including a super structure for all such households who do not have access to individual toilets (irrespective of the BPL/APL restrictions) with a complete sanitation package for consistent utilisation of the constructed toilet facility among slum households.

Expected Benefits

The support provided by companies would result in tangible and intangible benefits for the sponsor company as outlined below:

Tangible Benefits	Intangibles
<ul style="list-style-type: none"> ❖ Community support & appreciation ❖ Social license to operate, through cooperative community engagement ❖ High levels of employee satisfaction through social responsibility towards sanitation ❖ Recognition through awards for the impact created and spill overs to other areas 	<ul style="list-style-type: none"> ❖ Enhanced reputation by way of supporting projects benefitting communities at the 'bottom of the pyramid' ❖ Social branding ❖ Enhanced credibility within community and sector ❖ Contribute towards the universal sanitation coverage goal of the Swachh Bharat Mission

Opportunities for CSR intervention

Urban slums lack access to safe drinking water and have poor sanitation systems with almost negligible levels of household hygiene. Shrinking urban spaces make defecation further difficult and unhygienic. Most slum dwellers including women (who suffer the most) usually live without access to proper toilet facilities.⁵ Unsanitary practices (primarily open defecation) and the use of contaminated water remain major concerns affecting the poor. Hence, improving the use of community toilets is closely linked to improving personal, home and community hygiene practices across society.

Therefore, providing proper sanitation facilities, through construction of community toilet blocks in urban slums having no access to individual or community toilet, is a requirement in slum settlements of Gujarat.

Funding requirements for construction of community toilet blocks for urban slum dwellers proposed are as follows:

- Construction of community toilet block comprising the subsidiary facilities i.e. toilet units both urinal and bathrooms, water supply and clothes washing facility for slum settlements on 'Pay & use' basis.
- Assistance in operation and maintenance of community toilet to ensure uninterrupted operation and use of toilet facilities
- Conducting sustained awareness campaigns for behaviour change on the use of toilets, to promote and stimulate demand

Potential project area

The urban community toilet block project aims at improving the health and hygiene conditions of people living in slum areas. Table 4 lists out the major municipalities of different districts which could be targeted for intervention. The project shall aim to cover the municipalities having more than 1,000 HHs in initial phases, and thenceforth, move to slums where there are less than 1,000 HHs. However, the project shall have a flexibility of implementation at those locations where funding partner is willing to invest, irrespective of the locations proposed by GCSRA.

12 districts i.e. *Anjar, Jhunagadh, Gandhidham, Nadiad, Navsari, Vapi, Bhavnagar, Jamnagar, Vadodara, Rajkot, Ahmedabad, and Surat* have the highest number of slum HHs in Gujarat as these districts collectively covering more than 75% of slum dwellers of the state.

Table 4: Potential areas (municipalities) for CSR intervention

Particulars	District	No. of HHs	Male	Female	Total (M+F)	Age Group (0-6)- Male	Age Group (0-6)- Female	Age group (0-6) Total
Amod	Bharuch	1,000	2,604	2,474	5,078	305	275	580
Valsad	Valsad	1,020	2,460	2,291	4,751	229	184	413

⁵ Source: National Sample Survey Organisation (NSSO)

Particulars	District	No. of HHs	Male	Female	Total (M+F)	Age Group (0-6)- Male	Age Group (0-6)- Female	Age group (0-6) Total
Jetpur Navagadh	Rajkot	1,025	2,677	2,400	5,077	392	375	767
Dabhoi	Vadodara	1,051	2,834	2,648	5,482	373	363	736
Talaja	Bhavnagar	1,053	3,345	3,166	6,511	478	452	930
Chhota Udaipur	Chhota Udaipur	1,054	2,811	2,760	5,571	339	326	665
Anklesvar	Bharuch	1,126	2,769	2,693	5,462	361	356	717
Morvi	Morbi	1,183	3,130	2,744	5,874	506	456	962
Dholka	Ahmedabad	1,239	3,402	3,098	6,500	623	561	1,184
Kapadvanj	Kheda	1,274	3,448	3,227	6,675	526	487	1,013
Ode	Anand	1,275	3,341	3,051	6,392	529	461	990
Amreli	Amreli	1,318	3,569	3,197	6,766	466	460	926
Sidhpur	Patan	1,393	4,074	3,786	7,860	651	592	1,243
Jasdan	Rajkot	1,422	3,763	3,628	7,391	591	536	1,127
Mahuva	Bhavnagar	1,441	4,270	3,932	8,202	674	641	1,315
Kalol	Gandhinagar	1,442	3,899	3,730	7,629	575	512	1,087
Padra	Vadodara	1,450	3,510	3,239	6,749	501	453	954
Bilimora	Navsari	1,579	3,849	3,508	7,357	500	440	940
Khambhat	Anand	1,603	4,686	4,408	9,094	611	571	1,182
Deesa	Banaskantha	1,640	4,753	4,223	8,976	865	727	1,592
Dohad	Dahod	1,719	5,701	5,402	11,103	1,086	966	2,052
Karjan	Vadodara	1,751	4,230	3,994	8,224	580	566	1,146
Vyara	Tapi	2,038	4,912	4,806	9,718	658	620	1,278
Rajpipla	Narmada	2,411	5,835	5,636	11,471	669	611	1,280
Gandhinagar	Gandhinagar	2,446	6,213	5,720	11,933	1,013	896	1,909
Anand	Anand	2,448	6,540	6,186	12,726	950	884	1,834
Petlad	Anand	2,469	6,592	5,904	12,496	834	706	1,540
Bharuch	Bharuch	2,742	6,708	6,435	13,143	883	794	1,677
Porbandar	Porbandar	2,958	7,953	7,611	15,564	1,095	955	2,050
Palanpur	Banaskantha	3,530	9,315	8,667	17,982	1,473	1,407	2,880
Anjar	Kutch	4,116	9,958	9,205	19,163	1,644	1,576	3,220
Junagadh	Junagadh	5,017	13,099	12,046	25,145	1,680	1,577	3,257
Gandhidham	Kutch	5,492	14,262	10,652	24,914	2,376	2,240	4,616
Nadiad	Kheda	6,040	15,628	14,832	30,460	2,121	1,853	3,974
Navsari	Surat	7,187	17,528	16,160	33,688	2,199	2,022	4,221
Vapi	Valsad	10,005	24,641	16,280	40,921	3,051	2,757	5,808
Bhavnagar	Bhavnagar	12,119	32,111	29,521	61,632	4,746	4,284	9,030
Jamnagar	Jamnagar	14,077	37,272	34,225	71,497	4,591	3,980	8,571
Vadodara	Vadodara	18,180	44,425	40,379	84,804	5,961	5,290	11,251
Rajkot	Rajkot	38,557	99,840	89,520	1,89,360	14,405	13,029	27,434
Ahmedabad	Ahmedabad	51,451	1,32,084	1,18,597	2,50,681	19,757	17,800	37,557
Surat	Surat	1,00,038	2,75,358	1,92,076	4,67,434	34,268	30,796	65,064
Gujarat		3,45,998	9,12,571	7,67,524	16,80,095	1,26,331	1,14,258	2,40,589

Source: Census 2011

Target group

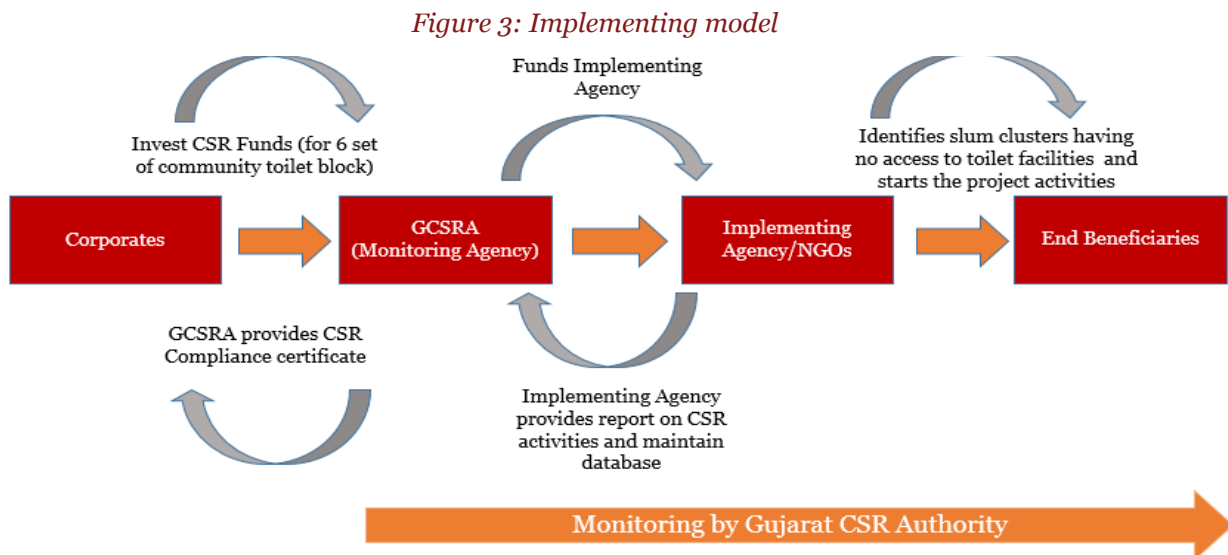
The target group would be the slum dwellers in urban areas having no access to community toilets and engaged in open defecation practices (irrespective of their caste and economic categories - BPL or APL).

Project implementation

The detailed implementation plan for the urban Community toilet blocks provided below.

A. Implementation

Companies affiliated with GCSRA can hire its services to target a particular municipality or few municipalities to take up construction of community toilet blocks. The investment could be considered for 6 set of community toilet block across a municipality/few municipalities for feasible implementation, considering the economies of scale with reference to the financial costs involved. The implementation model is described in the figure



Process of implementation:

1. Stage 1 : PLANNING

- Investment by corporates on construction of the Community toilet block (6 sets)
- GCSRA identifies local NGO/ implementing agency for the implementation, who would then be engaged as an implementing agency to do the baseline survey of different districts/slums for need assessment and identify the suitable location/site selection for construction of community toilet complex to cover an average of 300 HHs for one complex.
- Local NGO to create awareness about safe sanitation & hygiene in the slum settlements, its positive impacts through community mobilisation
- Consultations with officials of Municipal corporation and other local Govt. officials
- GCSRA orients the NGO to the community toilet block model and provides them with technical inputs on implementing the programme.

2. Stage 2 IMPLEMENTATION

- After identification of the slum / cluster, the implementing agency shall initiate the construction of community toilet at the identified location.
- GCSRA provides the NGO/implementing agency with technical, follow up and monitoring support on the following:
 - structural design, building construction, Operation & Maintenance (O&M) guidelines
 - maintenance support and generating awareness on cleanliness and hygiene conditions for plausible behaviour change

CONSTRUCTION

A duly completed community toilet block shall comprise of separate toilet units, including a substructure which is sanitary (that safely confines human faeces and eliminates the need of human handling before it is fully decomposed), a super structure with water facility and a hand wash unit for cleaning and handwashing. The components of the community toilet block for slum dwellers would entail the following:

- independent space for men and women with separate entries from a lobby and toilet units for children in the section of women. There shall be a privacy for women with separate entrance and a provision for hygienic disposal
- urinal facilities for men (women may use toilets)
- provision of standalone separate wash basin with soap dispenser in each section to promote hand wash habit and ensure hygiene
- circulating area in each section (men & women) of community toilet block i.e. free area for users to move inside the toilet block
- lobby for entry into the toilet block and also to seat the caretaker
- separate bathing cubicles for men and women
- separate places for washing clothes in the male and female sections
- water supply, electricity, waste water disposal system
- a store for keeping the cleaning materials and equipment

The following components would comprise building of a toilet block depending upon the availability of space in the selected area.

- (a) **Circulating area:** Adequate circulating area (free area for users to move inside the toilet block) should be available. Usually it shall be 2-3m wide depending upon the land area available and also adequate lighting and ventilation arrangements should be provided.
- (b) **Store Room & Pump House:** A store room cum a caretaker room should be available for caretaker to ensure that the toilet is functional at night as well. A pump house may also be provided wherever required.
- (c) **Superstructure:** Superstructures should be well ventilated and should provide convenience and privacy to the users as well as ease in operation and maintenance.
- (d) **Adequate Water Supply:** Lack of an adequate and continuous supply of water has been observed as one of the contributory factors to the unhygienic conditions in community toilets. It is therefore necessary that each community toilet is provided with a dependable water supply system. Wherever an uninterrupted supply of water cannot be provided by municipal water supply system, a tube well should be constructed exclusively to meet the requirements of the toilet block. A RCC or a PVC water storage tank could be provided with provision of automatic sensor tap to minimize the wastage of water.
- (e) **Sanitary and water supply fixtures:** Fixtures (like ceramic wash basin, pans, traps and foot-rests) to be provided. Wash basins should be provided in both, male and female, compartments.
- (f) **Lighting Arrangement:** The toilet block should have proper lighting arrangements (both inside and outside). One common light point may be provided for, in each pair of toilet cubicles by limiting the partition wall to door height. The bathrooms, pump house and the lobby and the caretaker room should have separate light points. Areas for circulating, washing and urinals with the outside of the toilet should be well lit. The lobby and the caretaker room should be provided with ceiling fans.
- (g) **Disposal system:** There can be four alternative for disposal of wastewater from community block depending on the requirement -
 - (1) **Sewer:** If a sewer is available within a distance of one kilometer and it is feasible to connect the toilet block to it, disposal to sewer should be preferred due to the advantage of minimized costs and problems associated with wastewater treatment and disposal.
 - (2) **Septic tanks:** If a sewer is not available or if it is not feasible to connect the toilet to a sewer network, a septic tank will need to be provided. It is important that only the toilet and urinal wastes should be connected to the septic tank. Wastewater from bathrooms and washing area

should be discharged into an open channel (storm water drains) covered with slabs and not in septic tanks. If open channel is not available, soakage pits may be provided.

- (3) **Leach Pits:** If it is not feasible to connect the toilet to a sewer or a septic tank, leach pits can be used for small community toilets up to 100 users. It is preferable to have two sets of twin pits, each pit having sufficient capacity for half the number of likely users.
- (4) **Digester:** A digester can be an option for disposal of waste (in place of septic tank) to generate biogas which can be used for lighting and cooking purpose directly or for generating electricity.

Layout plan of community toilet:

Based on the type of waste disposal and water supply arrangements, the number of toilet units, baths, urinals and washing area to be provided, a layout plan of major components of community toilet including disposal system may be prepared, keeping in view the land area where community toilet block is proposed to be constructed. The primary objective of a community toilet is to provide toilet facilities. In case of space constraints, the priority should be given to the provision of adequate number of toilet units and urinals. Thereafter, subject to the availability of space, provision for washing area and bathrooms can also be considered.

Operations and Maintenance:

In order to ensure the sustainability of the community toilet project, maintenance of the toilet block is important to ensure that it is operational and clean. For the same, it is proposed to set certain parameters of cleaning and maintaining standard of the toilet block in the O&M manual which shall be followed by cleaning and maintenance staffs, caretaker and community members.

Role of different stakeholders in O&M of community toilet block:

- **Implementing agency** shall train the cleaning staffs and caretaker to follow the O&M manual as per schedule and shall also conduct the health awareness building programme through community mobilisation & demonstrating the importance of hygienic practices among the community members to be followed for cleaning and maintenance of toilet block.
- **Caretaker:** Caretaker in community toilet block shall be responsible for overall up-keep, operation and maintenance of community toilet block, wherein s/he shall be expected to maintain the adequate stock of cleaning material and responsible for carrying out routine repairs and replacement work.
- **Cleaning staff/attendant** shall be responsible for keeping the community toilet clean by carrying out most of the day-to-day activities and shall be available during the usage hours.
- **Community member**, in order to make the toilet block a self-sustainable model, shall play vital role in operation and maintenance of toilet blocks.

Behaviour Change Communication

Behaviour change communication (BCC) activities would be conducted to ensure that safe sanitation practices are mainstreamed with the general public at large. It should cover issues of open defecation, prevention of manual scavenging, hygiene practices, proper use and maintenance of toilet facilities (household, community or otherwise) etc., and its related health and environmental consequences. Information, Education and Communication (IEC) material for behaviour change shall be designed which should be in sync with the material being used under SBM. In order to ensure hygienic practices by community members across the community, it is important to make the community members realize about the importance of maintaining hygiene and health benefits. Hence, efforts at both individual and community levels are a must to achieve the optimum sanitation levels.

Following BCC activities would be carried out by implementing agency/NGO for slum dwellers:

- awareness building activities related to health and hygiene for sensitising the slum community
- distribution of IEC materials i.e. pamphlets, setting up hoardings and banners for information dissemination regarding hygiene practices to be followed

- sensitisation activities by NGOs for training of staff (cleaning staff) and capacity building of slum dwellers for maintenance of community toilet block

3. **Stage 3: MONITORING & REPORTING**

- NGO/implementing agency will monitor regularly on the stages of construction till completion and report back to GCSRA on the progress on a fortnightly basis and maintain a beneficiary database. They would additionally follow up on quarterly basis on the use and maintenance of the constructed toilets
- Monitoring of sanitation work in the district by NGOs/ implementing agency
- NGO/implementing agency will report on the physical and financial progress to GCSRA, collated on a monthly and annual basis and also provide GCSRA with a draft report on the CSR activities under the corporate sponsorship
- GCSRA shall undertake an impact assessment study after 1 year of the completion of the project in the district, with select indicators aggregated on a unit level.

List of Success Indicators

Project outputs

- Total no. of households to be covered under this project
- Total no. of beneficiaries accessing the community toilet facility
- Reduction in the no. of absentees among children in the schools due to reduction in diseases and improvements in health

Desired Outcomes

- Achieve 100% eradication of open defecation in urban slums
- Improve sanitation and health of the slum dwellers with no access to toilets
- Reduction in the hospital expenditure for treatment of persons exposed to the dangers of open defecation

Potential Impact

- Improve quality of life and provide basic dignity for the needy
- Improved human productivity due to better health status and cost savings due to lower incidence of diseases as a result of improved sanitation

B. Implementing agency

The Project shall be implemented by GCSRA as an oversight & monitoring agency, with support from NGO/Implementing agency (having expertise in the field of water, sanitation and hygiene) being tasked with the responsibility of grass root implementation. The GCSRA/implementing agency shall work in collaboration with Corporates and local communities in construction of the community toilet.

Roles and responsibilities

- **GCSRA:** advisory and monitoring agency for the CSR activities i.e. strategic plan for the project, coordination between donors and implementing agency/NGO, monitoring & evaluation, documentation and (physical/financial) reporting for the Project, issuing compliance certificate for the CSR activities.
- **NGO:** implementation and community mobilization, identification of HHs in need of toilets, technical support for construction and household use monitoring, progress reporting as per the results framework
- **Local Government:** linkages with concerned department, municipal corporations and local district officials responsible for sanitation
- **Corporates:** funding the initiative

C. Partnerships

- **Government Institutions:** Department of Drinking Water & Sanitation and Department of Urban Development, Govt. of Gujarat
- **NGOs/Civil Society:** NGOs working in the respective districts in the sanitation sector

Project plan and Timelines

#	Activity Description	Q1			Q2			Q3			Q4			Q5
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13
1	NGO/implementation agency on-boarding													
2	Situational assessment of the project location/Municipality (developing a baseline)													
3	Consultations with local stakeholders and identification of the slum clusters who need toilets													
4	Entry point interventions - Community sensitization and mobilisation													
5	Construction work for toilets													
6	Hiring attendant & caretaker and their training													
7	Distribution of pamphlets, setting up hoardings and demonstration activities to sensitise the communities													
8	Monitoring by the PIA on the toilet construction and maintenance on monthly basis													
9	Joint visits with local officials on completion of toilet construction													
10	Monitoring of CSR activities by GCSRA													
11	Reporting													
12	Impact Assessment													

Estimated Financial Costs

Indicative cost of one set of 'Pay and use' community toilet block comprising 11 toilet units (10 toilets for men and women and 1 for children), 2 urinals, bathrooms and clothes washing facility has been estimated in

Table 5. The estimated cost of constructing a toilet varies significantly depending upon the size of the pits and materials used for superstructure. There are several options for super structure specially materials for doors and roof. The detailed estimates are provided below for a typical community toilet block construction with additional facilities of handwashing, lighting facility and other facilities made available.

Table 5 highlights budget estimated as per Gujarat’s abstract costing provided by Ministry of Drinking water and Sanitation, GOI.

Table 5: Indicative cost of one and six set of Community toilet blocks

#	Description	Amount (INR)	
A	Indicative cost of construction of 1 set of community toilet block (comprising toilet, urinal, bathing and clothes washing facilities)	20,00,000	
Tentative Annual O & M cost for 1 community toilet block			
#	Description	Cost Monthly (INR)	Annual cost
1	Staff Salary		
	a. Attendants	5,000	60,000
	b. Caretakers	10,000	1,20,000
2	Cost of printing, pamphlet distribution and banners & hoardings	3,000	36,000
3	Cleaning materials, tools, equipment and soap powder etc.	3,000	36,000
4	Water supply and electricity charges	LS	50,000
5	Day-to-day repairs and replacements	LS	1,00,000
6	Annual repairs (1.50 % of building cost)*		30,000
B	Total (indicative cost of O & M for 1 toilet block)		4,32,000
	Tentative cost of 1 toilet block (A+B)		24,32,000
a	Other recurring expenditure @ 5% of the project		1,21,600
b	GCSRA Administrative cost @ 4% of project cost		1,02,144
	Indicative budget for 1 community toilet block		26,55,744
	Indicative budget for 6 community toilet block (26,55,744*6)		1,59,34,464

*Annual repair cost could be low during the first two years. Thereafter it may be in the range of 2.5% to 3% of the capital cost of the toilet block

Note: Estimated cost may vary depending upon the quality of material used and other facilities. Number of toilet units and other facilities can be reduced as per the requirement, which depends on the no. of HHs to be covered.

Monitoring:

- GCSRA will act as the monitoring agency for the CSR project implementation.
- Based upon the perceived progress over the years, GCSRA will provide support to the company to develop a results framework, under which, performance indicators shall be defined and the baseline levels as well as targets defined on an annual basis. Once defined, the targets can then be broken down into half-yearly input-output-outcome targets, with impact criteria defined over 1 year on the sanitation status of the districts post the project implementation.
- Once the framework is finalised, GCSRA will conduct monitoring/impact assessment of the projects

Reporting

The implementing agency would be responsible for the following:

- ensure regular monitoring, follow up, updation of records and generate progress reports for GCSRA and company as per agreed timelines
- ensure reporting on CSR activities to GCSRA on monthly, quarterly and annual basis as against the funds disbursed to them

GCSRA would be responsible for collating the data and then reporting on the overall CSR activity management and annual compliance, followed by the issue of a compliance certificate on the same to the sponsor company.