

Project Profile

Individual toilet block



Gujarat CSR Authority

Project Profile - Individual toilet block

Background & rationale

A household toilet is the most important aspect of sanitation. It not only restores dignity, privacy, safety, and social status 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. Open defecation, a prevalent practice in rural areas, pose significant social, economic and environmental challenges. Openly left human waste helps in breeding and transmission of pathogens, which help carry diseases and infections. The problem is most acute for children, women and young girls. Children, especially those under 5 are most susceptible to diarrhoea and can even lose their lives. In case of women, lack of sanitation facilities (with obvious security & safety related concerns) often forces them to restrict themselves by reducing and controlling their diet, which leads to nutritional and health impacts. The table below highlights the households' status on available sanitation facilities in rural- urban India and Gujarat.

Table 1: Indicators on households with sanitation facilities

State/UT	number per 1000 households					
	without latrine facility		having exclusive use of latrine		having access to improved source of latrine	
	rural	urban	rural	urban	rural	urban
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Gujarat	587	62	366	743	407	936
all-India (2012)	594	88	319	639	388	896
all-India (2008-09)	652	113	279	581	*	*

*.comparative figure for 2008-09 (NSS 65th round) is not available

#Source NSSO 69th Round 2012¹

India has already achieved its Millennium Development Goal (MDG) water target, but is falling far short on sanitation goals, which is a significant challenge as progress is held back by the massive open defecation problem in India². 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 toilets under the same still remains a huge concern. The National Sample Survey Organisation (NSSO) published the Swachhata Status Report³ earlier this year. Findings listed in the report, especially those concerned with water use and drainage of liquid waste³, highlight the following areas of gaps persist in the service delivery of sanitation⁴:

- Limited access of 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 no water provision, lack of cleaning & maintenance staffs, inadequate lighting, etc. The issues are more evident in the creation/maintenance of public conveniences - repair and maintenance, non-functionality of public toilets in slums, for either the differently abled users or for assisted users, absence of community toilets

¹ http://www.mospi.nic.in/mospi_new/upload/kve_indi_of_water_Sanitation69rou 24dec13.pdf pg 24

² http://www.unic.org.in/items/India_and_the_MDGs_small_web.pdf

³ <http://epaperbeta.timesofindia.com/Article.aspx?eid=31808&articlexml=Toilets-aplenty-but-no-water-to-use-them-30052016008021#>

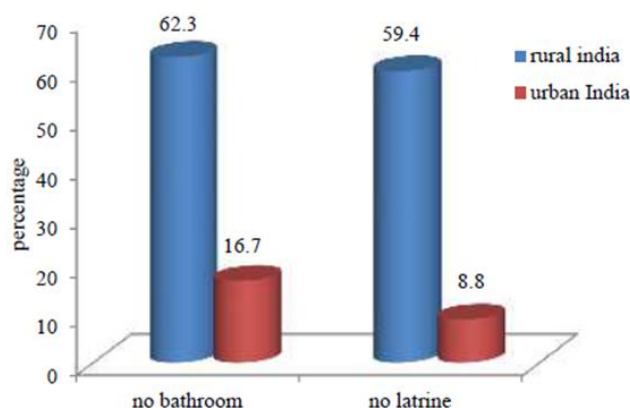
⁴ http://egovamc.com/downloads/sanitation/Draft_CSP_Report_Part_1.pdf, City Sanitation Plan, June 2012

in the proximity to households without access to individual toilets. In some cases, the cleaning staff (*Safai Karmacharis*) either do not receive proper equipments, or do not use it. A weak mechanism of monitoring further increases the problem.

- Open defecation - lack of awareness of public health and hygiene is one of the important factors of open defecation.

W.r.t. sanitation, in order to reduce / end the incidence of open defecation, intensifying the Swachh Bharat Abhiyan along with supplementing public and private partnerships is an option worth consideration that may include: **scaling up awareness-raising programmes** involving communities and local governments; **mass-communication** platforms; and focusing efforts on and the excluded and marginalised social groups. In the medium term, shortages in human resources in critical areas such as (i) inter-personal communication and household based sanitation; (ii) skilled personnel for toilet construction; and (iii) monitoring and evaluation of programmes, must be addressed⁵.

Figure 1: Percentage of households without bathroom and latrine in rural and urban India during 2012



*Source: #Source NSSO 69th Round 2012⁶

The Rapid Survey on Swachhta Status conducted by NSSO (May-Jun 2015)⁷ on key indicators indicated that:

- 8.9% of households (HHs) in urban India, as opposed to 4% in urban Gujarat while 55.4% of HHs in rural India as opposed to 48.1% in rural Gujarat contribute to open defecation. Hence, rural Gujarat (even though better than the national statistics) has ample scope for improvement.
- access to water (for use in toilets) in rural and urban areas is 42.5% and 87.9% in India while the figures are 52.6% and 93.5% in Gujarat; indicating an ample scope for improvement in rural areas again
- 64.4% of wards in Gujarat and 36.8% in India have liquid waste disposal system for community/ public toilets;
- 64.2% of wards in India while 84.2% in Gujarat have a dumping place for solid wastage. Not cleaning the dump place stood at 4.9% for all India and 3.3% in Gujarat

⁵ http://www.unic.org.in/items/India_and_the_MDGs_small_web.pdf

⁶ http://www.mospi.nic.in/mospi_new/upload/kye_indi_of_water_Sanitation69rou_24dec13.pdf pg 26

⁷ Ibid Appendix A pg 49-72

Objectives of the project:

The objectives of the Individual toilet block project, in line with the guidelines suggested in the Swachh Bharat Mission (Gramin) is as follows:

- accelerate sanitation coverage in rural areas with an emphasis on making all Gram Panchayats open defecation free (ODF) ;
- behavioural change among households regarding healthy sanitation practices
- improvement in the levels of cleanliness in rural areas through solid and liquid waste management activities, in partnership & engagement with the rural communities ;
- construction of Individual Household Latrines (IHHL) i.e completed household sanitary latrine comprising a toilet unit including a super structure for all such households who do not have access to individual household toilets (irrespective of the BPL/APL restrictions) with a complete sanitation package for consistent utilisation of toilet facility among household; and
- improvement in the general quality of life

Expected Benefits

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

<i>Tangible Benefits</i>	<i>Intangibles</i>
<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 healthcare coverage goal of the National Health Mission as well as the Swacch Bharat Mission

Opportunities for CSR intervention

The key challenge in achieving total sanitation in villages is to provide sustainable & affordable sanitation technology, even for poor families in different geographical conditions and also bring about a change in the knowledge, attitudes and age—old practices of the villagers towards open defecation. To address this challenge, it is important to provide easy access to a toilet and then motivating the people to use it.

Under the Swachh Bharat Mission (Gramin), construction of individual toilets is an option which households both BPL and APL (with certain restrictions) can avail. However not all households are covered under the scheme and that makes it difficult for accessibility to individual toilet facilities by such household family members who are in need of toilets yet are not covered under the purview of the scheme. Additionally, the amount assigned for each toilet unit provides a very basic model of toilet but does not have provisions for water, sewerage and other subsidiary components, such as hand washing and lighting facility, which are important aspects of facilitating desired sanitation behaviours but are not available with the model.

Funding requirements are proposed for supporting the following:

- construction of IHHL (for a package of minimum 10 households within each Taluka), who do not have access to toilets and may/may not be eligible under the Swachh Bharat Mission selection criteria
- provide a complete package of toilet facility with all subsidiary elements required for the consistent use of the toilet by household members i.e. water supply, hand washing facilities & lighting etc.
- sustained awareness campaigns on the use of the toilets, to promote and stimulate demand

Potential project area

Potential project areas are those rural pockets with a prominent incidence of open defecation, where the individual toilet block construction could be introduced. The unit size (from a financing perspective) has been kept at a minimum of 10 households who do not have access to individual toilets irrespective of their economic status. Those districts having a higher incidence of open defecation shall be targeted, with Talukas proposed to be chosen as priority based on local need assessment. Universal coverage of the access to total sanitation should be the guiding factor in choosing to operate in the district.

Target group

The programme is aimed at covering all the rural families who do not have access to household toilets. In addition to the incentive as provided under the Swachh Bharat scheme which is extended to all Below Poverty Line (BPL) Households and Above Poverty Line (APL) Households but restricted to SCs/STs, small and marginal farmers, landless labourers with homestead, physically challenged and women headed households, all other households are also proposed to be covered within Talukas with IHHL support under this initiative.

Project implementation

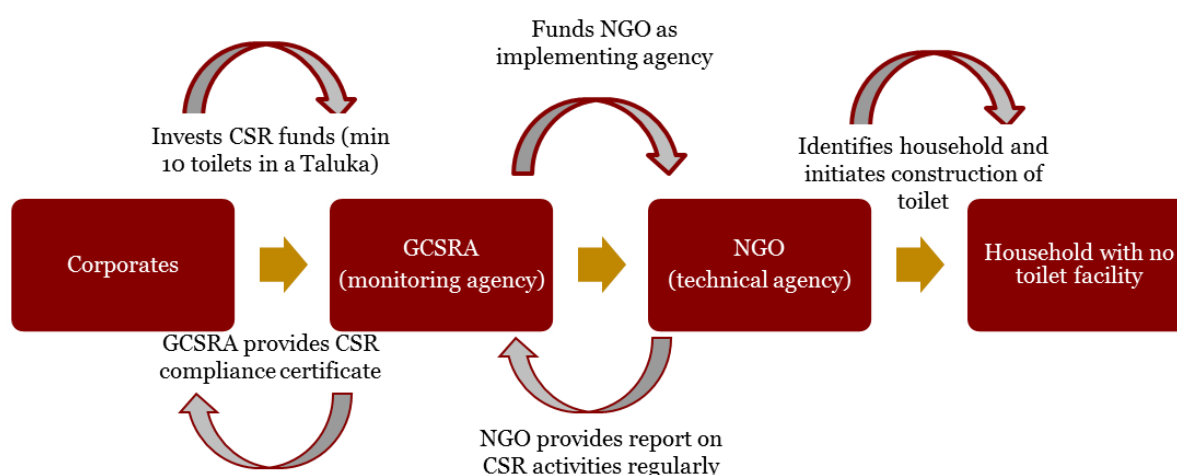
The detailed implementation plan for the IHHL is provided below.

A. Implementation

Companies affiliated with GCSRA can hire the Authority's services to target a particular taluka or few talukas to take up construction of toilet blocks. The minimum investment would be for 10 toilets across a taluka for feasible implementation, considering the economies of scale w.r.t. the financial costs involved. GCSRA would act as the advisory and monitoring agency for the entire project and ensure all compliance requirements are fulfilled by the implementing agency including reporting. GCSRA would issue a CSR compliance certificate to the corporate.

The implementation model is described in the figure below:

Figure 2: Implementing model



Process of implementation:

1. Stage 1 : PLANNING

- investment by corporates on construction of the IHHL package (of 10 toilets)
- GCSRA identifies local NGO/ implementing agency for the implementation, who would then be engaged as an implementing agency to do need assessment and identify the households who do not have access to IHHL
- local NGO to creates awareness about the sanitation in the village, its positive impacts , followed by community mobilisation to make them agreeable for construction and contribution of 10% of the total construction of the toilet
- consultations with Gram Panchayat and other local Govt. officials monitoring sanitation work in the district by local NGO/implementing agency
- GCSRA orients the NGO to the 10-toilet block model and provides them with technical inputs

2. Stage 2 IMPLEMENTATION

- identified HH initiates the toilet construction with support from NGO/ implementing agency
- NGO/implementing agency provides the household with technical and follow up support on the following:
 - structural design, building construction, alongwith hand wash and lighting facility additions
 - maintenance support and generating awareness on cleanliness and hygiene conditions
 - use of toilet as per hygiene standards for longer sustainability
- joint visits by GCSRA with village officials on the completion of the project

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

- NGO/implementing agency will report on the physical and financial progress to GCSRA, collated on a monthly and annual basis and then report
- provide GCSRA with a draft report on the CSR activities under the corporate sponsorship
- GCSRA to then undertake an impact assessment study after 1 year of the completion of the project in the Taluka, with select indicators aggregated on a unit level

List of success indicators

Project Outputs

- Number of IHHL built (from baseline levels) over project period
- Increase in usage of IHHL by the beneficiaries with specific focus on female children, senior citizens patterns over project period (from baseline levels)
- Incidence of children who drop out of school due to lack of sanitation facilities over the project period

Desired Outcomes

- Increased awareness on good sanitation practices and linkages with disease outcomes, leading to improved adoption of better & hygienic sanitation practices across the project area
- Decline in disease incidence within the beneficiary HH who has access to IHHL
- Decreasing trends of drop out in school, particularly girl students, due to access to toilets at both home & school

Potential impacts

- Improved health status of the community, validated by decrease in morbidity and even mortality
- Better socio-economic status of the beneficiary household, both in terms of human productivity and cost savings due to improved health

B. Implementing agency

The Project shall be implemented by GCSRA as an oversight & monitoring agency, with support from NGO/Implementing agency (having expertise in setting up IHHL within rural communities) 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 household latrines.

Roles and responsibilities

- **GCSRA:** advisory and monitoring agency for the CSR activities i.e. strategic plan for the project, coordination between donors, technical service providers, 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 Gram Panchayat and local district officials responsible for sanitation
- **Corporates:** funding the initiative

C. Partnerships

- **Government Institutions:** Department of Drinking Water & Sanitation, Govt. of Gujarat
- **NGOs/Civil Society:** NGOs working in the respective districts in the sanitation sector
- **Community:** Households to contribute 10% of the overall toilet construction cost as a margin money
- **Microfinance institutions:** for financing of the margin money component (if required)

D. Anticipated benefits from the project

There are three types of areas around which benefits are structured

- **Health benefits** - reduction in diarrhoeal diseases and improvement in underweight conditions and stunting in children.
- **Financial returns** - decline in the numbers of lost working days due to treatment and care for own and children affecting the labour market participation of adults, and hence household income.
- **Other lifestyle improvements** - increased convenience, less exposure to uncomfortable environments (stinky areas), safety and less embarrassment when guests come visiting.

Workplan

#	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 Talukas (developing a baseline)													
3.	Entry point interventions - Community sensitization and mobilisation													
4.	Consultations with local stakeholders and identification of the HHHs who need toilets													
5.	Construction work for toilets													
6.	Monitoring of NGO on the toilet construction and maintenance on monthly basis													
7.	Joint visits with local officials on completion of toilet construction													
8.	Monitoring of CSR activities by GCSRA													
9.	Reporting													
10.	Impact Assessment													

Estimated Financial Costs

An indicative cost an individual toilet block is approx. Rs. 22,000/- for all Below Poverty Line (BPL) Households and identified Above Poverty Line (APL) Households but restricted to SCs/STs, small and marginal farmers, landless labourers with homestead, physically challenged and women headed households.

The estimates of 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 IHHL construction with additional facilities of handwashing, lighting facility and other facilities made available. Table 2 highlights budget estimate as per the Gujarat state's abstract costing provided by Ministry of Drinking water and Sanitation, Govt. of India.

Table 2: Estimated budget for construction of IHHL

S. no.	Item	Quantity	Unit	Rate	Amount
A TOILET					
1.	Earth work excavation in foundation	1.39	m3	78.00	108.34
2.	Brick work in Foundation	0.67	m3	1050.50	703.50
3.	Earth Filling in plinth	0.21	m3	38.00	7.98
4.	Brick work in Plinth level	0.44	m3	1250.00	550.00
				2416.00	1369.82
5.	Brick masonry in cement mortar(1:6)	0.91	m3	2719.00	2474.29
6.	Non-Asbestos (GI sheet) for Roof covering	5.48	m2	160.00	876.80
7.	12 mm thick Cement plaster in C.M. 1:6	9.22	m2	62.00	571.64
8.	12 mm thick Cement plaster in C.M. 1:6	13.05	m2	62.00	809.10
9.	10 cm thick dry brick khoa	0.96	m2	367.00	352.32
10.	2.5 cm thick A.S. flooring with punning	1.50	m3	105.00	157.50
11.	White washing	22.27	m2	4.70	104.67
12.	Ferro cement Door	1	Nos.	450.00	450.00
13.	Pan & piping	LS		LS	750.00
B INSPECTION CHAMBER					9285.96
14.	Earth work excavation in ordinary soil	0.06	m3	61.00	3.36
15.	Sand filling at base	0.02	m3	41.80	0.67
16.	P.C.C for Base of inspection chamber (1:3:6) using 40mm metals	0.02	m3	2649.00	42.00
17.	Brick masonry in cm 1:6	0.09	m3	2719.00	241.99
18.	12 mm thick Cement plaster in C.M. 1:6	0.88	m2	62.00	54.56
19.	RCC cover plate for inspection chamber	0.02	m3	4400.00	83.47
20.	Reinforcement 0.60qntl/cum.	0.011	Qntl	4500.00	49.50

S. no.	Item	Quantity	Unit	Rate	Amount
C	SOAK PIT				475.54
21.	Earth work excavation in ordinary soil	5.21	m3	61.00	317.93
22.	Honeycomb Brick work	7.79	m2	120.75	940.28
23.	R.C.C 1:2:4 in cover plate	0.033	m3	4400.00	145.20
24.	Reinforcement for cover slab	0.111	Qntl	4500.00	499.50
25.	1 feet dado tiles for flooring	12.00	Nos.	166.66	2000.00
					1902.91
	Total toilet construction estimated cost⁸				12300.00
	Additional components costing for toilet-wash basin facility, lighting facility, paint work etc.				8000.00
	Contingency expenses (10%)				2030.00
	Total project cost for 1 toilet				22,330.00
	Total project cost for 10 toilets*				2,23,300.00

*Budget inclusive of GCSRA administrative costs (@4% of project cost)

Monitoring

- GCSRA will act as the monitoring agency for the CSR project implementation and ensure compliance as per requirements, and will issue CSR compliance certificate to company against the investment made
- 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 over a 2-3 year horizon, 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 2 years on sanitation status of the districts post 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 and follow up and updation of records in the database 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.

⁸ http://www.mdws.gov.in/sites/default/files/Final_Handbook.pdf pg. 44-45