

Guidelines for engagement of

SWACHCHHATA DOOT

UNDER TOTAL SANITATION CAMPAIGN (TSC)

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1. BACKGROUND:

Total Sanitation Campaign is a 'community led' and 'people centred' Programme with a 'demand driven' approach. It is designed to be adopted with increased emphasis on awareness creation and effective demand generation for sanitation facilities in individual households, schools, Anganwadis in particular and for the community as a whole in general with the objective to make a cleaner environment and better livelihood for rural population. Alternate delivery mechanisms are adopted to meet the community needs. Incentives are provided to the poorest of the poor households for construction and use of Individual Household Latrines (IHHLs). The campaign has the objective of universal sanitation coverage by covering all rural households, rural schools and anganwadis with suitable sanitation facilities. The campaign also envisages construction of Community Sanitary Complexes (CSCs) to cover landless households, floating population, others visiting public places etc. so as to provide complete sanitation coverage in the rural areas.

The TSC is implemented in a demand driven project mode. The physical implementation gets oriented towards satisfying the felt-needs generated through an intensive Information, Education and Communication (IEC) campaign. The strategy involves location specific intensive campaign involving Panchayati Raj Institutions, Co-operatives, Women Groups, Self Help Groups, NGOs, schools, etc. to generate effective demand. It addresses all sections of rural population to bring about the relevant behavioural changes for improved sanitation and hygiene practices and meet their sanitary hardware requirements in an affordable and accessible manner.

The TSC guidelines also place emphasis on community and culture specific plans to achieve cent per cent sanitation coverage. It provides for engagement of motivators at the village level for demand creation and taking up behaviour change communication. The motivator can be provided with suitable incentive from the funds earmarked for IEC. The block Panchayats and Gram Panchayats can be provided with funds from IEC for execution of such works. The activities would include pro-active role by the Panchayati Raj Institutions, Village Water, Health & Sanitation Committees, engaging local NGOs for interpersonal communication; selecting motivators; executing works like wall paintings, street plays etc. The BP/GP can also develop material which can be standardized by the district or the WSSO/CCDU.

Interpersonal communication and door to door to door contact are recognised as the most significant tools for attaining the programme goals. In order to strengthen communication machinery at the village level with participatory social mobilization, engagement of village level motivators (Swachchhata Doot / Sanitation Messengers) may be undertaken by the States in accordance with these guidelines.

2. OBJECTIVES:

The main objectives of engaging “Swachchhata Doot” for sanitation activism/mobilization are as under:

- (i) Provide a local person as consultant in the Gram Panchayats for sustainable TSC and to catalyse behavioural changes in individuals in respect of open defecation, hygiene, water safety, safe disposal of solid and liquid waste.
- (ii) Develop a cadre of trained volunteer for working in sanitation, water and hygiene in village for sustainable sanitation and for making the villages ‘open defecation free”
- (iii) Strengthen coordination amongst various stakeholders including the rural households, community, members of Panchayat, Members of VWSCs, ASHA, Anganwadi workers, SHGs, Block and Cluster Coordinators.
- (iv) To ensure sustained sanitation through awareness about quality control in construction and maintenance of sanitation facilities and developing a team of mesons.
- (v) To assist in generating awareness in schools and anganwadis for bringing out behavioural changes in school children and safe disposal of child excreta.
- (vi) To facilitate social audit of TSC
- (vii) Strengthen monitoring mechanism under TSC

3. STRATEGY:

To fulfil the above objectives, engagement of Swachchhata Doot may be undertaken by the DWSM in all the Gram Panchayats on the terms and conditions specified in these guidelines. The image of Swachchhata Doot is to be projected in the GP as a high profile key functionary and link between the GP and the CRC/BRC/DWSM. He should also be projected to be the key representative for sanitation in the GP for every beneficiary and their voice for reaching to relevant officials. This is necessary to create a high social value to the position of Swachchhata Doot attracting people with good social relations and other public figures to come up for seeking the position.

The position of Swachchhata Doot shall be an honorary position with high visibility with motive of social service than a post of profit. The message has to be clearly spread in the GP during the selection process.

Once on rolls, the Swachchhata Doot has to be provided with adequate training and skills for undertaking works expected from him. He has to be given due importance in various functions, meetings and gatherings. He is to be kept informed of the programme details, strategy and the latest developments under the programme with all related issues. He has to be allowed access for communication to all the beneficiaries in the GP and the functionaries

at all levels including the elected representatives, the District Collector and CEOs of District Panchayats.

Provision of awards for exemplary work done by the Swachchhata Doot will be made at District and State level to be distributed on special occasions like Republic Day, Independence Day, Gandhi Jayanti, International/National/State Sanitation Day, or during sanitation, health and education related special events. The states may also introduce suitable awards with citation for “Swachchhata Doots” for making a village “open defecation free”, on being awarded NGP.

4. PROCEDURE FOR ENGAGEMENT OF SWACHCHHATA DOOT:

4.1 Gram Panchayat with a population of less than 2000 will have at least ONE Swachchhata Doot and the GPs with more than 2000 people will have minimum TWO Swachchhata Doots. Preference should be given to Female candidates. In GPs with two or more Swachchhata Doots, at least one should essentially be a female. However, the numbers are not fixed and districts will have the flexibility to select appropriate Swachchhata Doot as per their needs.

4.2 The designation may be suitably customized in non-Hindi speaking States in respective regional language, with meaning/focus remaining unaltered.

4.3 The Swachchhata Doot will be issued an identity card and a suitable kit that may include stationary such as pen, diary, register etc as required, with Caps and Shirts with TSC logo and suitable design through IEC funds.

4.4 Qualifications for engagement as Swachchhata Doot

- The individual must be a resident of the GP in which he is being engaged.
- Must have access to toilet and should not be practicing Open Defecation
- Should possess good command over local language/dialect

In addition, the individual should have good communication skill, should hold a good reputation in the GP, should be apolitical, should possess leadership quality and community mobilization skills.

4.5 Engagement of Swachchhata Doots:

- (1) Swachchhata Doots can be engaged by Gram Panchayat with the approval of Gram Sabha.
- (2) Apart from the above, District Collector / Chief Executive Officer of the District may also nominate eminent persons of repute as Swachchhata Doots of identified Gram Panchayats.
- (3) The engagement can be cancelled by either side (candidate or GP).

5. RESPONSIBILITIES:

- (i) To create awareness in community towards safe sanitation by personal household contact, organizing meetings and events like (a) Social mapping (b) defecation

mapping with defecation mobility (c) Walk of shame (transact walk to open defecation areas) (d) Changes and trend of village water sanitation situation (f) information Possession of toilets by different groups (g) Excreta calculation (amount of excreta added to village by open defecation) (h) Contamination mapping (pollution caused by excreta and faecal-oral contamination links) etc

- (ii) Collection of habitation-wise detailed information of each HHs of the village, with details regarding APL/BPL/disability status, caste, age, sex, qualification, profession etc. of each members of HHs, availability of toilet and use by members, quality of toilets, open defecation by members of family, way of disposal of child excreta, use of filter, if any, use of soap for hand washing before eating and after defecation, Incidence of water borne disease, the method of disposal of waste, method of handling water from source, lifting water from container, storage etc.
- (iii) Coordination with GP/BRC/Block in formation of VWSC, if not formed and providing guidance for annual village plan, weekly meeting of VWSC on a fixed day, on sanitation and drive on community led sanitation by VWSC .
- (iv) Coordinating with Panchayat Members for **monthly meeting of Gram Sabha** (Sanitation Day) every month for evaluating status of sanitation, hygiene, safe drinking water, disposal of solid and liquid waste etc.
- (v) To visit School and the Anganwadi at regular intervals for discussion on cleanliness, maintenance and use of toilets, pursue introduction of **discussion after prayer meeting** about the need for installation of toilets and use, safe disposal of child excreta in toilets, hand washing at critical times and introducing “Child Cabinet”. Coordinate with schools for competitions (poster, essay, quiz, play, music on the theme of sanitation, hygiene etc.) among students during special campaign like “Yearly Sanitation Week/ Fortnight”.
- (vi) Mobilizing schools for Health Walk, Rally in the village, Focussed Group Discussions and door-to-door drive by students
- (vii) Coordinate with SHGs, peruse for fixing a day every fortnight for discussion on Sanitation, Hygiene and Water, motivate for offering loans to members for installation of IHHLs, purchase of water filters etc. and persuading them to meet women members of HHs for constructing IHHLs, using and maintaining, disposing child excreta in toilets, safe handling of water etc.
- (viii) Interacting with ASHA and Anganwadi workers for disseminating messages on sanitation, safe handling of water, disposal of child excreta, hand washing, cleanliness etc. while they visit HHs.
- (ix) Co-ordinate, display and use of **reminder media** (e.g. wall paintings, wall writings, Posters, Tin Plates etc.) on issues of sanitation, hygiene and safe drinking water in **each of the habitations** of the village and in schools, Anganwadis and important places of the village.

- (x) Coordinate capacity building of masons for construction of quality IHHLs etc. in GP/Block.
- (xi) To encourage Households (HHs) to go for construction of IHHL themselves by engaging masons, as per recommended specification and get incentive (if BPL or physically handicapped), so that they can have toilet as per their choice and ensure standards and sustainability.

6. CAPACITY BUILDING FOR SWACHCHHATA DOOT:

Immediately after engagement as Swachchhata Doot, **induction training will be conducted for 5 days** preferably in the Block or District level or as decided by DWSM. Out of 5 days, 2 days will be devoted in field, in demonstrating methods of effective social mobilization, organizing FDGs, IPC, Awareness Campaign etc. followed by practical involving trainees (to point out deficiencies in skills and encourage improvement etc.). The induction training should include suitable modules to be provided by SWSM/DWSM. The Identity card, caps and shirts mentioned earlier may be given immediately after the training. State Institutes of Administration/ SIRDS may be asked to devise suitable 3-5 day orientation programmes where Swachchhata Doots may participate in groups for advanced training.

7. MONITORING:

Monitoring of the performance of Swachchhata Doot should be incorporated in the system of programme monitoring in respect of GPs as per suggested common developed criteria mentioned below:

- (i) No. of HHs visited and surveyed
- (ii) No. of HHs not having IHHLs visited and perused amongst APL, BPL, Physically disabled, SCs, STs.
- (iii) No. of HHs motivated to install IHHLs amongst APL, BPL, SCs, STs, Physically Handicapped
- (iv) No of FDGs organized & number of persons involved
- (v) VWSC meetings organized on sanitation ,hygiene and drinking water
- (vi) Community meetings organized in coordination with VWSC
- (vii) No .of times schools visited
- (viii) No. of times Anganwadi visited
- (ix) Demand available in hand with RSM and supply ensured in the period

