



Operational Guidelines **SWACHH SWASTH SARVATRA**

स्वच्छ स्वस्थ सर्वत्र

A joint Initiative of the Ministry of Health and Family Welfare (MoHFW) and the
Ministry of Drinking Water and Sanitation (MDWS)

Under the Swachh Bharat Mission



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BACKGROUND



Diarrhoeal diseases are the fifth most common cause of death in India across all age groups. Unclean water and poor sanitation practices account for a plethora of diseases that both debilitate and greatly reduce economic productivity. Unsafe water, inadequate sanitation and poor hand washing practices contribute to 5% of DALYs (Disability Adjusted Life Years). Unsafe water and inadequate sanitation disproportionately impact the poor. The interconnectedness and the impacts that unsafe water and inadequate sanitation have on human health and general well-being requires intersectoral action.

The Swachh Bharat Mission is a national initiative focused on the twin objectives of constructing toilets and enabling behavioural change with the goal of making India Open Defecation Free (ODF) by October 2nd, 2019. To complement this effort and improve Health outcomes through infection control the MoHFW launched the “Kayakalp Award Scheme” in May 2015. The scheme is intended to encourage and incentivize Public Health Facilities (PHFs) in the country to achieve a set of standards related to cleanliness, hygiene and infection control practices. High performing facilities are given cash awards and Certificate of Commendation based on periodic assessments using the Kayakalp assessment criteria.¹

In the first year, the scheme was introduced in District Hospitals (DH), and from 2016-17 the Kayakalp Initiative is being implemented in Community Health Centres (CHCs)/Sub Divisional Hospitals (SDHs) and Primary Health Centres (PHCs). Awards are given to the best facilities.

One of the key strategies of the Ministry of Drinking Water and Sanitation to achieve the goals of the Swachh Bharat Mission is the Total Swachhata Campaign (TSC), encompassing safe drinking water, proper disposal of human excreta, environmental sanitation, personal and food hygiene, solid and Liquid waste management activities and making Gram Panchayats Open Defecation Free (ODF) through construction of toilets and behavioural Change.

¹ www.Kayakalpindia.com

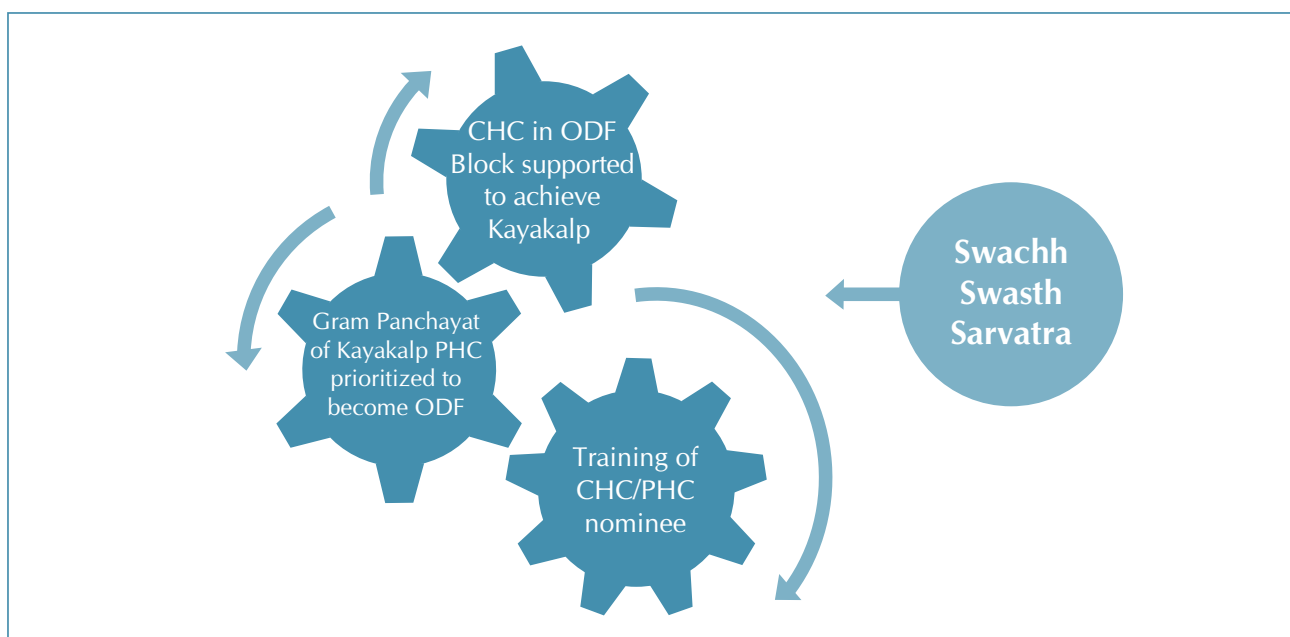


Figure 1: Swachh Swasth Sarvatra scheme

To complement and leverage the gains made so far, the Ministry of Health & Family Welfare and Ministry of Drinking Water & Sanitation, have launched a joint initiative - Swachh Swasth Sarvatra

These operational guidelines are intended for Mission Directors, programme officers of the National Health Mission, District Collectors, Chief Medical Officer and Facility incharges of concerned CHCs and PHCs to guide and support them in implementation of this joint initiative.

The objective of the Swachh Swasth Sarvatra is to maximize gains through convergence and collaboration, funding support and capacity building in

- (i) Enabling Gram Panchayats where Kayakalp awarded PHCs are located to become ODF²
- (ii) Strengthening Community Health Centres (CHC) in ODF blocks to achieve a high level of cleanliness to meet Kayakalp standards through a support of Rs. 10 Lakhs under NHM³
- (iii) Build capacity through training in Water, Sanitation and Hygiene (WASH) to nominees from such CHC and PHCs.

² Declared Open Defecation Free and verified by state through two independent assessments.

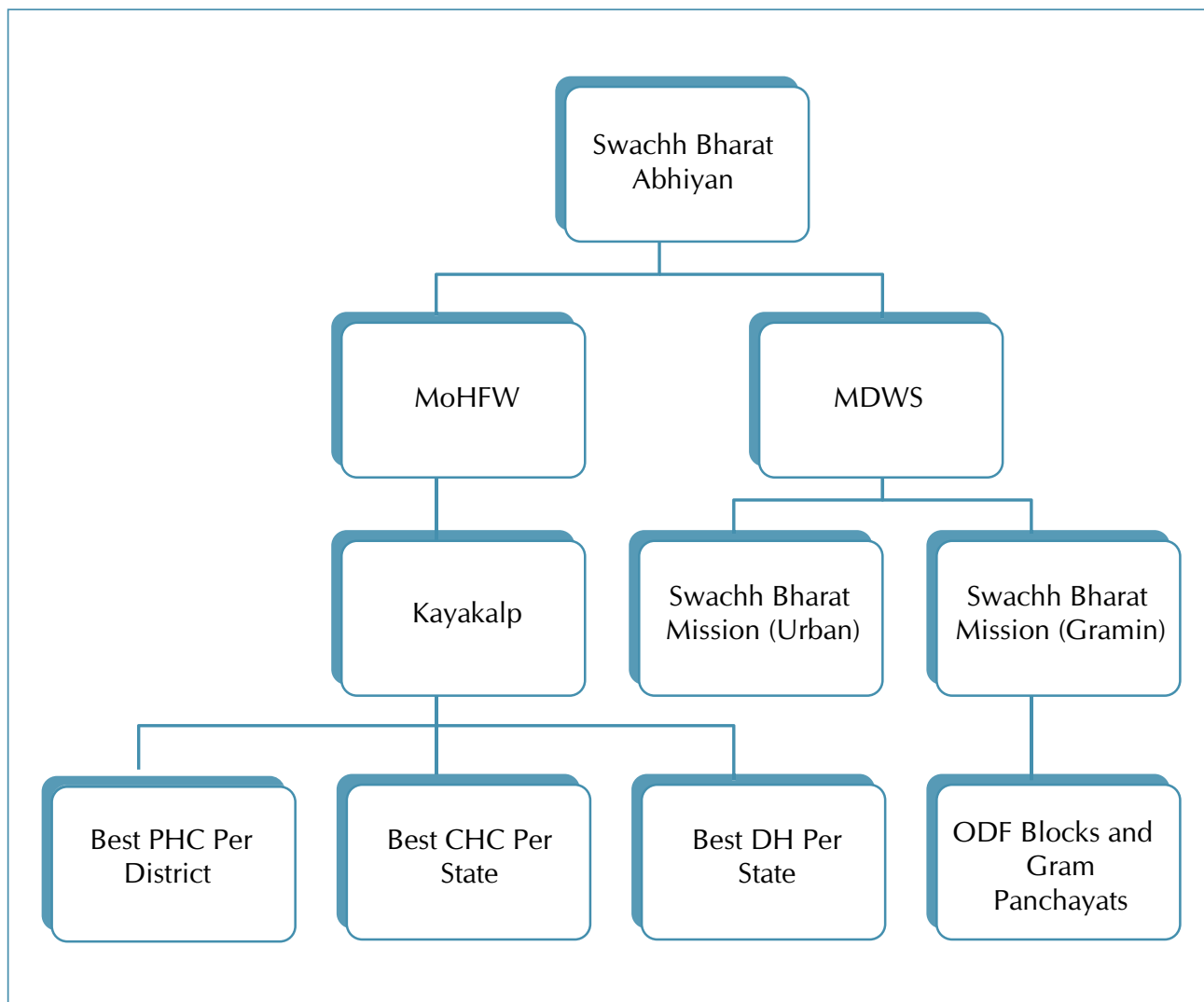
³ 'High level of cleanliness' at Public Health Facilities is achieved by reaching a score of over 70% against Kayakalp criteria in an external assessment

OBJECTIVES OF SCHEME



- ❖ To build on and leverage achievements of complementary initiatives under Swachh Bharat Mission and Kayakalp implemented by the MDWS and MoHFW respectively
- ❖ To prioritize convergent actions to achieve ODF in geographical locations where public health facilities have demonstrated the drive and initiative to achieve high standards of cleanliness.
- ❖ To strengthen CHCs in ODF blocks to achieve a high level of cleanliness to meet Kayakalp criteria through a support of Rs 10 Lakhs under NHM
- ❖ To enable knowledge sharing and capacity building at field level between two departments.
- ❖ To enable positive health outcomes through improved sanitation and demonstrating a decline in water borne diseases
- ❖ To enhance involvement of public health care facilities in community cleanliness and hygiene.
- ❖ To incentivize good performing public health facilities and Panchayati Raj Institutions/Urban Local Bodies
- ❖ To sustain the gains of convergent action under Swachh Bharat Mission

Figure 2: Overview of activities under Joint initiative



SCOPE AND STRATEGY



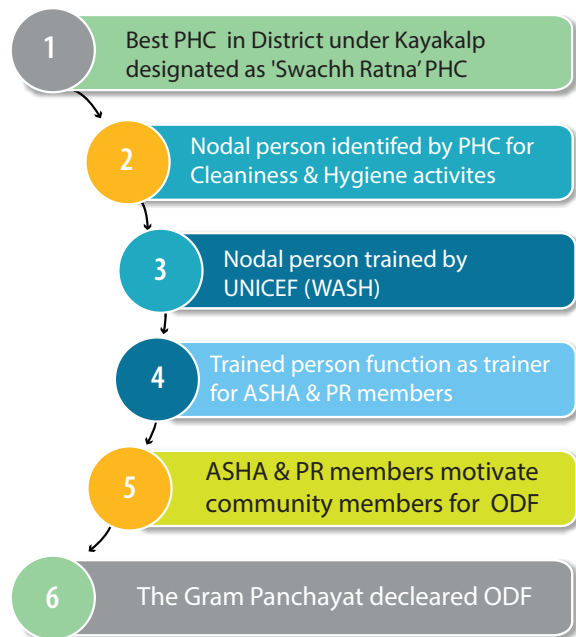
The scheme is aimed to be an inter-ministerial joint initiative involving the Ministry of Health & Family Welfare (MoHFW) and Ministry of Drinking Water & Sanitation (MDWS) to achieve high levels of sanitation and hygiene in and around Public Health Care facilities. In the first phase the activities under the Swachh Swasth Sarvatra will be initiated in CHCs in or nearest to the ODF block and Gram Panchayats in or nearest to Kayakalp award winning PHCs. Thus in the first year of the intervention, (2017-2018) CHCs located in all blocks that have been declared ODF and Gram Panchayats/Nagar Panchayats within which the Kayakalp PHCs are located will be included in the scheme. Subsequently, the scheme may be progressively extended to additional blocks and public health facilities.

The guidance notes from MDWS are integrated into the various sections of these guidelines.

PHC level

Under the Kayakalp scheme, one PHC in each district receives an award for meeting quality standards including for cleanliness and hygiene. The list of such PHCs will be provided to the Department of Drinking Water and Sanitation of the State Government by NHM Mission Directors. MDWS will then undertake to make the Gram Panchayat within which each PHC is located, Open Defecation Free. In cases where the selected PHC is located in urban area, the nearest Gram Panchayat from the PHC will be selected for this purpose.

- ❖ In order to ensure convergence, one nodal officer at the state level will be identified to co-ordinate with her/

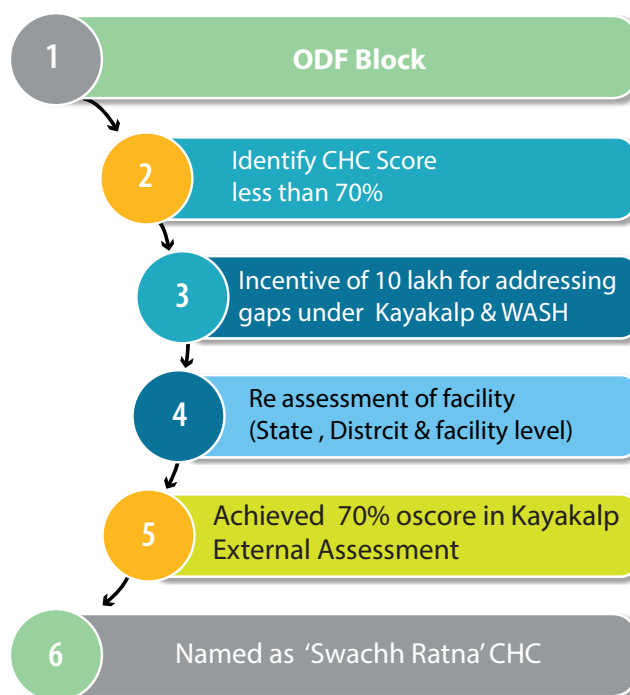


his counterpart in the Department of Drinking Water and Sanitation. The state would also provide directives to each PHC to identify a nodal officer responsible for such convergence efforts

- ❖ A representative from PHC (to be nominated by facility –In charge) will be trained in Water, Sanitation and Hygiene (WASH) related activities facilitated by MDWS. A module has been designed by UNICEF for this training and is appended as a separate chapter of these guidelines.
- ❖ The role of the PHC nodal officer for the Swachh Swasth Sarvatra is to facilitate linkages and promote joint action through community platforms such as the Rogi Kalyan Samities and the Village Health, Sanitation, and Nutrition Committees including the ASHA.
- ❖ Besides the above guidelines issued by MDWS for implementation of Swachh Bharat Gramin, the MDWS in coordination with the state governments will undertake following activities to ensure that these Gram Panchayat become and sustain ODF:
 - Engage with the Pradhans and Mukhiyas to motivate them to make their GPs/ Village ODF.
 - Intensify activities of awareness generation and inter-personal communications in these GPs.
 - Provide training for motivators to initiate behaviours change triggering through CLTS in these GPs.
 - Set up Nigrani Samiti through community mobilization.
 - Ensure cleanliness and maintenance of institutional toilets like Schools, Anganwadis etc.
 - Conduct a state led and third party verification of ODF within three months of declaration of ODF, and sustainability verification six months after the first verification.
 - Set up mechanism for regular monitoring and follow-up on progress pre and post ODF declaration.
 - Engage with other Departments and Ministries to priorities these GPs in other Centrally Sponsored scheme (CSS), beginning with prioritisation for providing piped water supply.
- ❖ If the Gram Panchayat area in which the PHC is located, is already declared ODF, the adjoining GP could be taken up by MDWS.
- ❖ Such PHCs would be designated as **Swachh Ratna PHCs**

CHC Level

- ❖ A large number of blocks have been achieved ODF status through community exercising drive and initiative by MDWS. This effort also contributes to reduced episodes of illness, saving costs and suffering. As a reciprocal gesture, and to complement the community's effort, the MoHFW will support states to ensure that the CHC which serves the community in each of these ODF Block is strengthened to meet high standards of cleanliness and quality.



- ❖ The list of these blocks is already in the public domain and would be provided to the State Health Mission by the MDWS.
- ❖ The States would undertake, on a priority basis, an assessment of the CHCs in these specific blocks under the Kayakalp scheme. If there is no CHC in the block, then the CHC that caters to the maximum population of the ODF block would be selected for assessment.
- ❖ MDWS may also get a gap analysis undertaken, within the facility, using WASH specific criteria,
- ❖ All selected CHCs will be provided with an additional funding of Rs. 10,00,000 through the Programme Implementation Plan (PIP) route under the National Health Mission (NHM), to address gaps identified through Kayakalp where conducted). The state and district Quality Assurance committees under National Health Mission will support the CHC in closing such gaps and enable the facility to achieve a score of at least 70%.
- ❖ The verification of the score will be done through existing of external assessment under Kayakalp
- ❖ A representative from CHC (to be nominated by Facility –In charge) will be trained in Water, Sanitation and Hygiene (WASH) Related activities facilitated by MDWS

- ❖ Conditionality for Financial support:
 - Financial support would not be provided, if the CHC has already been declared a Kayakalp Awardee or has received a commendation under the Kayakalp scheme.
 - The financial support will be a one-time grant only.
- ❖ Where the CHC located in the ODF block is already a Kayakalp award winner (prize or commendation Award) it will not be eligible under this Initiative. In such cases, the adjoining CHC could be taken up
- ❖ Such CHCs would be designated as **Swachh Ratna CHCs**

KEY ACTIVITIES



At PHC level

- ❖ Identifying nodal institutional points between State Health Mission and counterparts in the MDWS, within existing mechanisms.
- ❖ Exchange of lists of Kayakalp awardees and Gram Panchayats.
- ❖ MDWS to facilitate training of PHC representatives. Venue & date of training will be decided by UNICEF & communicated to PHCs.
- ❖ State to provide enabling order to MO I/C PHCs to support such training.
- ❖ Nodal officer to orient ASHA and ANM to the scheme to enable coordination at community level with MDWS interventions as required.

At CHC Level

- ❖ Map CHC located within ODF blocks or CHC catering to most population of the ODF block.
- ❖ Facility to undertake internal assessment using Kayakalp assessment
- ❖ Based on assessment, gaps need to be identified & action plan generated.
- ❖ State to validate internal assessment and provide the financial support of Rs. 10 lakhs to meet gaps so as to meet requirement of Kayakalp.
- ❖ Once the facility has an average score of over 70%, in internal assessment, peer assessment will be carried out.
- ❖ District award nomination committee would collate and analyse peer assessment score & recommend for external assessment if facility receives a score of over 70%.

- ❖ External assessment of facility would be carried out by team nominated by state level award committee under Kayakalp Scheme as per guidelines.
- ❖ Once these facilities achieve a score of 70% based on Kayakalp assessment scores, they are expected to aspire for the National Quality Assurance Standards (NQAS) Certification

Scaling up and Sustaining Kayakalp and ODF status:

The Swachh Swasth Sarvatra can only be considered successful if all activities are sustained in selected blocks, GPs, CHCs and PHCs are sustained and scaled up to adjoining areas. While the Initiative would be scaled up to other Blocks in the next phase, both Ministries would focus on scaling up its own interventions as this also offers an opportunity for convergence and showcasing best practices at such convergence.

For scaling up the activities and maintaining motivation, the state and district will enable partnership between awarded/felicitated facilities and ODF blocks and GPs to improve performance using existing resources.

ACTIVITIES



Selected Community Health centres (CHCs) in ODF blocks will be provided Rs. 10 Lakhs by Ministry of Health Family Welfare (MoHFW) for enabling them to move to the next higher level of Swachhata parameters.

Prioritise activities for spending the incentive amount for CHCs would be

Drinking Water:

- ❖ Regular maintenance of water treatment units, water tanks and pipelines.
- ❖ Regular testing of water.
- ❖ Ensure 24X7 water supplies.

Hand washing:

- ❖ Good hand washing practices by staff and ensure counselling on key WASH behaviour to patients.
- ❖ Display of hand washing instructions.
- ❖ Ensure functionality of hand washing stations at OPDs, Labour Room, Post Natal wards etc.
- ❖ Ensure availability of soap at hand washing stations.

Toilets and Infrastructure:

- ❖ Ensure availability of separate male and female toilets facilities in all areas of the facility.
- ❖ Ensure proper operation, repair/ maintenance of toilets.
- ❖ Ensure uninterrupted supply of cleaning materials.
- ❖ Ensure to display guidance for disposal of sanitary pad at all points of use.

Waste Management:

- ❖ Ensure availability of colour coded bags and liners at every point of waste generation.
- ❖ Ensure proper segregation and disinfection of Bio Medical Waste at the point of generation.

Staffing:

- ❖ Ensure system for maintaining cleanliness, disinfection and infection control in the facility.
- ❖ Ensure training on awareness regarding sanitation and hygiene for the staff and attendants.

The selected CHCs may also conduct their own “Gap Assessment” for WASH Compliance culminating in a comprehensive Action Plan for addressing the gaps of each health facility including Labour Room, SNCU, Post-natal/ Maternity ward, General Ward and OPD area.

The facility must ensure that these areas have following things:

- ❖ Drinking water supply: Access;24X7;Quantity and Quality including water testing;
- ❖ Toilets and Infrastructure: Access;24X7;Water Supply; Functional
- ❖ Hand washing facilities: On site access point; 24X7 water availability; Soap; Towel/Tissue;
- ❖ Waste Management: Bio Medical Waste Management Systems; Colour coded bins and liners
- ❖ Operation and maintenance, as well as monitoring and reporting on WASH compliance status
- ❖ General Cleanliness

Incentive amount of Rs. 10 Lakh may also be utilized for following activities:

1. Improving the aesthetic of the hospital building including painting, cladding of exterior and minor repair work
2. Improving housekeeping activities

3. Procurement of cleaning equipment and materials
4. Improving condition of toilets and use of housekeeping checklist
5. Construction of new toilets/urinals if required
6. Improving drainage/ sewage system of the facility.
7. Implementing uniform signage system, the facility
8. Printing and display of IEC material regarding sanitation & Hygiene.
9. Facility management activities such as pest and animal control, removal of junk material, landscaping, correction of water logging, improving illumination level and maintenance of open areas/ corridors.
10. Biomedical and General waste management activities including of procurement of additional equipment required waste management.
11. Equipment and material liquid infectious waste management
12. Waste disposal services
13. Maintenance / repair for furniture and fixtures
14. Installation of water storage/ water conservation system
15. Procuring materials for improving infection control practices such as hand rub, personal protective equipment, disinfectants etc.
16. Monitoring activities of cleaning, waste management and infection control practices
17. Instituting hospital infection surveillance activities
18. Training of staff on Hygiene, infection control & waste management
19. Improving support services, related to laundry, kitchen and security.

Funds may not be utilized for:

1. As this will be one time grant, this amount should not be used for hiring or paying salary to existing staff.
2. Major construction or purchases, purchasing of drugs etc.
3. Purchase of any type of diagnostic, therapeutic & rehabilitation equipment, etc.
4. Grant will not be used for any pending payments of contractual agencies under various programs /scheme.

Records of expenses and Utilization Certificate are to be maintained separately.



TIME LINE

The initiative is to be implemented in each FY. A tentative activity wise chart is given:

Sl. No.	Activity	Responsibility	Dec	Jan	Feb	Mar	
1	Defining the institutional Framework	MoHFW-MDWS					
2	Formal Launch and dissemination of the program	MoHFW-MDWS					
3	Sharing of list of Blocks & PHC	MoHFW-MDWS					
4	Issue of instructions and guidelines to states	MoHFW-MDWS					
5	Gap Assessment and action planning	Facility level					
6	Submitting PIP and Obtaining approval under NHM	MoHFW					
7	Training & Capacity Building	MoHFW-MDWS-UNICEF					
8	Implementation of facility improvement plans to address the identified gaps	Facility level					
9	Verification and Award of ODF/ Swachh Ratna CHC	State level					
10	Scaling up and sustaining	MoHFW-MDWS					



Introduction

This chapter is designed to inculcate understanding of Open Defecation Free (ODF) Gram Panchayats (GP) in to health functionaries at PHC level. It also emphasizes importance of Health workers in supporting GP efforts in declaring their respective gram panchayats ODF free.

It provides information and approaches for orienting key stakeholders towards improving WASH infrastructure and adapts hygienic behaviour. This is aligned with the national standards (IPHS 2012, Swachhata guidelines 2015, NRDWP 2013, Maternal and new-born health toolkit 2013, BMW guideline as per the revised rule March, 2016, uniform drinking water quality guidelines, Swachh Bharat Mission- Garmin) and aims equipping and capacitating health functionaries towards reducing the risk of infectious diseases as well as health care associated infections.

It also suggests convergent planning approaches among various village level committees for making Gram Panchayats Open Defecation Free (ODF) and strengthen community led monitoring and supervision to ensure WASH Compliance in institutions.

The module contents are as follows:

- ❖ Brief information about Swachh Bharat Mission and ODF
- ❖ Definition and criteria for declaring ODF free villages and GPs
- ❖ Tool to assess the existing WASH conditions and gaps at Community, Schools, Anganwadi Centres and Health Care Institutions.



- ❖ Roles, and responsibilities of key officials
- ❖ Approaches for supporting communities in becoming Open Defecation Free

Objective

The SSS aims to sensitize and orient Health Care Functionaries for convergent planning with key stakeholder departments to contribute in making the Gram Panchayat ODF. The module has been designed to achieve the following objectives:

1. To orient health care providers on ongoing flagship program Swachh Bharat Mission- Gramin
2. To use the trust of communities in health care providers for motivating them to use toilets.
3. To percolate understanding to the most grass root level workers such as ANM, ASHA etc. on importance of elimination of open defecation and also for ensuring that they construct to use toilets within their own houses as they serve as role models for communities.
4. To motivate health care workers to provide stewardship at local level in facilitating ODF free status to their respective Gram Panchayat or villages.

Brief introduction of programs

At the beginning of this module, it is important to outline basic information about relevant programs related to this initiative in order to improve overall understanding of health care workers. Present section provides brief information regarding two important components namely Swachh Bharat Mission- Gramin and Open Defecation Free village.

Swachh Bharat Mission- Gramin

As per the 1981 Census, rural sanitation coverage was 1% only. In order to improve the sanitation in rural areas various programs have been initiated in last 4 decades such as Central Rural Sanitation Programme (CRSP), Total Sanitation Campaign (TSC), Nirmal Gram Puraskars (NGP) and Nirmal Bharat Abhiyan (NBA).

To accelerate the efforts to achieve universal sanitation coverage, the Prime Minister of India launched the Swachh Bharat Mission (SBM) on 2nd October 2014.

Swachh Bharat Mission (SBM) is the flagship program of Government of India under Ministry of Drinking Water and Sanitation (MDWS). This mission is sub divided in to two parts Swachh Bharat Mission Gramin (SBM-Gramin) and Swachh Bharat Mission Urban (SBM-Urban).

Aim: to achieve Swachh Bharat by 2019, as a fitting tribute to the 150th birth anniversary of Mahatma Gandhi.

Objectives of SBM-Gramin:

- a. Bring about an improvement in the general quality of life in the rural areas by promoting cleanliness, hygiene and eliminating open defecation
- b. Accelerate sanitation coverage in rural areas to achieve the vision of Swachh Bharat by 2nd October 2019.
- c. Motivate communities and Panchayati Raj Institutions to adopt sustainable sanitation practices and facilities through awareness creation and health education
- d. Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation
- e. Develop wherever required, community managed sanitation systems focusing on scientific solid & liquid waste management systems for overall cleanliness in the rural areas.

Open Defecation Free Villages and Gram Panchayats

Open Defecation Free villages and Gram Panchayats is the primary objective of SBM-G. Many villages across India are now declaring themselves as ODF. The achievement of ODF involves to a great extent work of behaviour change, sustenance of which requires concerted efforts at community level.

ODF is the termination of the faecal -oral transmission defined by

1. No visible faeces found in the environment/ village; and
2. Every household as well as public/community institutions using safe technology options for disposal of faeces.

(Tip: Safe technology option means no contamination of surface soil, ground water or surface water; excreta inaccessible to flies and animals; and freedom from odour and unsightly condition)

SBM (G) aims developing Open Defecation Free (ODF) Gram Panchayats. The focus is on creation of complete ODF villages, rather than only on construction of individual toilets. This entails triggering the entire village community for changing their behaviour rather than dealing individually with beneficiaries. It has also been brought out that “collective action” by the village in making itself ODF yields faster results than an attempt to target individual households. But more importantly, there is scientific data to show that reduction in diarrhoea and improved health parameters results only when the village (Entire community) becomes completely ODF. I.e. 100% of villagers use toilet 100% of the times.

ODF process at Gram Panchayat level

This section provides detailed information regarding ODF process at GP level. It is important to understand this process in detail in order to further train GP functionaries to undertake activities outlined in following sections. Checklists for ODF verifications at household, institution and transect walk are placed in annexure D to F.

Start-Up Activities

The start-up activities include:

1. The preliminary survey to assess the status of sanitation and hygiene practices, analysis of the quantitative and qualitative data for situation analysis.
2. GP ODF Plans are prepared in coordination with the monitoring team.

IEC/SBCC Activities

IEC (Information, Education and Communication) and Social and Behaviour Change Communication (SBCC) are very important component of the Programme. The SBCC strives to bring about community-wide behaviour change and to trigger the demand and ensure usage of sanitary facilities in the rural areas at households, Schools, Anganwadis, Health Centres, Community Sanitary Complexes.

The activities carried out under these components are ‘area specific’, ‘community specific’ and should also



involve all sections of the rural population. SBCC/IEC is not a one-time activity. SBCC/IEC strategy focuses on creation of demand leading to behaviour change, construction and usage of toilets in a sustained manner. Initially the focus should be on triggering of community action for provision of toilet access to every household.

Triggering' or 'Nudging' of Communities for Behaviour change leading to usage of toilets leading to an open defecation free environment is the first step. Effective use of available manpower, information, technology and media is made to communicate the message of the benefits of safe sanitation and hygiene.

Interpersonal communication, door to door contact and triggering are recognized as the most effective and significant tools and approaches for achieving sanitation goals. The responsibility for interpersonal communication, door to door contact and triggering lies with the swachhagrahis (sanitation motivator), field functionaries like Bharat Nirman Volunteers, ASHA, Anganwadi workers, School Teachers and CSOs, NGOs, SHGs and other organizations as identified by the district administration.

Other methods of Communication may also be used to spread the message of safe sanitation utilizing various forms of media. Keeping within the strategy framework, three main approaches, namely (i) awareness generation (ii) advocacy (iii) social & behaviour change communication (SBCC).



Capacity building

Capacity building of stakeholders and sanitation workers, the Swachhagrahis/Sena, members of PRIs, VWSCs, ASHA, Anganwadi workers, SHG members, masons, CSOs/NGOs is important. The training includes IEC/SBCC, triggering (Community Led Total Sanitation), School Led Total Sanitation (SLTS), Inter Personal Communication (IPC) and House to House communication, masonry work, plumbing, as well as for construction and maintenance of toilets and for Solid and Liquid Waste Management activities.



Construction of Individual Household latrines

Access to sanitary toilet is the necessary requirement and condition for enabling households to use the facility and stop open defecation. Under SBM(G), an ODF status would encompass availability of toilets to all HHs (Households) covered under Base Line Survey, HHs not covered under Base Line Survey, HHs in areas of village where HH members do not have any land, migrants labour, area of village



near highways, restaurants. To ensure elimination of open defecation, all families and communities should have access to toilets and use regularly. If the families are not covered under the SBM-G and outside baseline survey, the provision to construct toilets in other areas can be made using convergence of other government schemes like MGNREGA or using external fund sources like CSR or from the State SBM(G).

Community toilets or public toilets can be built wherever useful, especially in areas where people of village pass by or congregate frequently, such as fairs, haats, temples, shrines etc. Proper assignment of role and responsibility for operations and maintenance of these cluster toilets should be ensured for long term utilization by community.”

There are various models of toilets available based on safe sanitation technologies like the Twin Leach Pit, Bio toilets in rural context. A duly completed household sanitary latrine comprises of a Toilet Unit 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 hand wash unit for cleaning and hand washing. Appropriate information is generally provided to the beneficiary regarding the maintenance of the toilets.

Community led ODF movement

Sanitation is everybody’s business hence all key stakeholders should be involved and actively engaged for ODF movement planning for the GP/Village. The elected PRIs and SMT members should take the lead to organize meetings involving women and children, grass roots functionaries of service delivery sectors, key opinion makers and natural leaders. Through triggering and social mobilization, demand for sanitation should be generated promoting and emphasizing on collective behaviour change aspect and not in a supply- driven mode. The self-declaration of

ODF village should be based on a confirmation by the Nigrani Samiti of the village that nobody is going for open defecation. (To be monitored during early morning and evening community vigilance).

Rigorous ODF verification

- ❖ ODF verification is a regular activity that has to be done by the Nigrani Samiti of village. Based on the report that nobody is defecating in the open, the GP has to organize the Gram Sabha meeting to get this endorsed and request the block officials to conduct the verification. The ODF verification must capture the essential parameters of the ODF as per the national and state guideline.
- ❖ At least two verifications should be carried out. The first one within three months and the second one after six months of the first verification to ensure whether community has retained its open defecation free status.

ODF Plus activities

The district administration/ SBM (G) implementation machinery has to engage with ODF villages for at least nine months after ODF declaration. (3 months till first verification and another 6 months thereafter till the second verification.) During these nine months following types of activities may be undertaken/ coordinated in ODF village.

ODF Plus activities: Inter departmental convergence

Sr. No	Name of the Department	Activity	Assigned person	Resources
1	Health and Family Welfare Department	Cleanliness of water sources and public drinking water sources	MPHWs	NHM, SSS
		Maintenance of Primary Health Centre's toilet	Medical Officer	
		Counselling of the community for use of toilet, hand hygiene during VHND	ASHA, ANM	

Sr. No	Name of the Department	Activity	Assigned person	Resources
2	SarvaSiksha Abhiyan	Maintenance of school toilets	School Management Committee	SSA, RMSA
		Hand washing in school before mid-day meal		
3	Women and Child Development Department	Maintenance of Anganwadi toilets	Anganwadi Workers	ICDS
4	Commissioner of Rural Development/ Lead Department for SBM-G	Decentralized solid and liquid waste management, 3Rs (Reduce, Recycle and Reuse)	Sarpanch, PRI members	SBM-G 14th FC MGNREGA NRDWP
		Hand- washing and personal hygiene		
		Awareness and training on pit emptying and faecal sludge management		

Role of PHC staff in “Swachh Swasth Sarvatra”:

PHC Medical Officer and other staff have very important role in supporting “Swachh Bharat Mission”, as communities have due regard for their health related advice, which makes them adopt this advice. Staff at health facilities can support in two ways by guiding patients from non ODF communities about using toilets for better health and if possible by utilizing opportunities to address community meetings to motivate people to use toilets for example during village, health, nutrition sanitation days and whenever community health camps are organized. The potential of advice from health facility staff can be used in bringing about a behaviour change in communities practicing open defecation and can motivate them to change their behaviour for using toilet and following hand washing with soap at all times. Primary Health Centre staff can thus act as catalytic force to initiate ODF process in their respective Gram Panchayats or Villages.

PHC Medical officer may be nominated as nodal person for taking this initiative forward and for building capacity of Panchayati Raj functionaries.

Roles and responsibility of nodal person:

- ❖ Understand process of Open Defecation Free (ODF) village through training with support of UNICEF.
- ❖ Train PHC staff and Sub Centre staff to maintain Kayakalp standards for PHC and strive for ensuring implementation of facility and community level activities defined for health care workers.
- ❖ Build capacity of ASHA to work as front line messengers promoting sanitation and supporting GP members in efforts for ODF.
- ❖ Discuss ODF with GP members to build their capacity and motivate them to initiate baseline assessment if already not started.
- ❖ Provide stewardship to ongoing ODF activities and partake in ODF review meeting at GP level
- ❖ Discuss ODF and its benefits with the people in the village and encourage to adopt better sanitation practices.
- ❖ Support the Doctors/paramedical staff in advising patients during daily medical support visits for OPD

Institutional activities by Health Care Workers

1. Counselling of OPD and IPD patients for use of toilet and hand washing as well as water borne diseases and menstrual hygiene management.
2. Prescription to patients for use of toilets during defecation and urination, and hand washing with soap after toilet use, prior to cooking, serving and eating food, feeding young children, and after changing sanitary pads.
3. The medical officer should have a session on WASH in monthly meetings to review the status of ODF and WASH compliance.
4. Ensure display of IEC material like hand washing with soap and usage of toilets.
5. Ensure access and functionality of WASH facilities within the Institutions.



6. Supervise the quality assurance of the operation and maintenance of the WASH in Health facility including hospital waste management using the check lists and report the sustainability of WASH compliance status.

Outreach activities by Health Care Staff

1. Along with regular monthly visits to village and institutions the health care staff needs to take along checklists to monitor the ODF Sustainability at Community level.
2. Directing MPHWS (multipurpose health worker)/ or any other State specific name to conduct the assessment of Water Quality (bacteriological and chemical) of the public drinking water sources of the village. The bacteriological water quality test should be conducted by MPHWS twice in a year (pre and post monsoon) while chemical water quality test should be carried out once in a year.
3. Health workers can also observe if there is display of IEC material on key messages for WASH Compliance at institution and village level.
4. Along with regular home visits by ASHA, they can counsel and motivate families for use of toilet and water borne disease.
5. Along with ongoing counselling to households ASHA / ANMs can sensitize communities on oral faecal contamination routes, human faeces, water, hygiene and the diseases correlations.
6. During group discussions the ASHA / ANM can ask one of the participants who had suffered from Diarrhoea, about the suffering and cost involved for treatment to highlight the importance of usage of toilets for prevention of water-borne diseases
7. The importance of use of toilet for defecation will be emphasized by ANM/ ASHA by explaining how contaminated human faeces get into water and food from open defecation through flies.
8. During group discussions ASHA / ANM should ask the participants about actions to prevent from diarrhoea. The ASHA / ANM should ask what the VHNSC members should do to prevent diarrhoea – prod on handwashing with soap, safe drinking water and use of toilets.
9. For the above exercise, ASHA may test water from it's source using the field test kit (H₂S vials), should be available with the gram panchayats or panisamitis. The result of the test is available in 24 hours. The result can be declared during the above exercise.



CAPACITY BUILDING PLAN FOR SSS

The most important component of SSS is to build capacity of health care workers and GP members to strive for ODF village and GPs. Present module has elaborated capacity building plan as well as content for the capacity building. Brief summary of the plan is as follows.

Resource Group

- ❖ A cadre of Master Trainer from Health Care Facilities trained by the experts.
- ❖ From each district, 2 master trainers (1 from district level and 1 from each sub divisional level) will be designated by the concerned bodies.

Training Material and methodology

- ❖ Lecture – through power point presentations
- ❖ Case Studies – Sharing of experience and success stories in other States/ districts; sample cases will be discussed among the participants to analyse and arrive at the key learning.
- ❖ Group Work – A group of participants work together on identifying the responsibilities of the different stakeholders and framing the plan of actions against the defined key activities for achievement and verification of ODF Status.
- ❖ Group presentations and discussion – Discussion on the group work.

Target Audience

The module is designed to enhance the capacity of the technical and non-technical group who are responsible to achieve sustainable ODF status of Gram Panchayat.

Group A– Technical

- ❖ Medical and Paramedical staff (district, sub division and block level)
- ❖ Health managers/ administrative staff (district, sub division & block level)
- ❖ PHE/ PWD Asst Engineers
- ❖ RKS members (at block level)

Group B – Non Technical

- ❖ PRI members
- ❖ Outsource agencies for sweepers/ scavengers
- ❖ Cleaning supervisors/ Sanitary Inspectors
- ❖ SHGs
- ❖ Milk/ Dairy co operatives

Note: Number of the participants in each batch of the training should be preferably 30.

Agenda of the training and Duration

This training shall be of half day and may be organised alongside regular meeting at Primary Health Centre. Efforts should be made to ensure that Panchayati Raj Members are also invited on the same day for training to improve co-ordination between GP and health workers. Following topics shall be covered in half day workshop.

- ❖ Importance of sanitation and hygiene and its impact on health
- ❖ Detailed plan for Swachh Bharat Mission – Gramin
- ❖ Description of Open Defecation Free (ODF) village and criteria of it
- ❖ In detailed explanation of Swachh Swasth Sarvatra (SSS) program and responsibility of health care workers under this program
- ❖ Group discussion to understand current situation of GP with reference to ODF
- ❖ Tentative plan development for further discussion and approval at GP level.

Expected Learning Outcomes

The SSS scheme is inter- ministerial joint initiative. One of the key strategies of the program is to achieve the goals of Swachh Bharat Mission by encompassing sanitation, safe drinking water, safe disposal of human excreta, environmental sanitation, personal and food hygiene, solid and liquid waste management activities and making Gram Panchayats ODF through ensuring access and use of toilets and sustained behavioural change. The module is designed with the aim of following learning outcomes to achieve the above mentioned goals:

- ❖ Improved capacity of PRI members and Health Care Officials for implementation, monitoring and review of ODF status of Gram Panchayat.
- ❖ Enhanced knowledge of health functionaries on required interventions to achieve and sustain ODF status
- ❖ Improved understanding on gap assessment, developing convergent action plans to make the Gram Panchayat ODF.
- ❖ Enhanced knowledge about resource availability under various development programmes, need for effective convergence for resource mobilization and implementing the action plans for ODF.
- ❖ Clarity on roles and responsibilities of key stakeholders achieving ODF status
- ❖ Improved understanding on importance of operation and maintenance of toilets for ODF sustainability at community and institutional level.

SANITARY INSPECTION

Objective

1. To inform the participants about the preventive measures to be taken to keep water supply free from contaminations and also curative measures for upgrading the quality of water conforming to drinking water standard.
2. To share the tools to be used while carrying out the sanitary survey

Significance

It is customary to carry out sanitary survey (Annexure C1 to C5) only after water-borne disease epidemic (diarrhoea, gastroenteritis, jaundice, etc.) has occurred in an area. In water quality surveillance programme, the approach of sanitary survey has to be radically different. The surveillance team should try to collect as much information as possible of all the water sources with area and keep them recorded in a systematic fashion. This will serve as an inventory of water related data of the area. Basic data can be collected as follows:

- ❖ Record the population of the area.
- ❖ List the water sources which are being used and for what purpose.
- ❖ Summarize the existing water quality data, if available.
- ❖ List the water related diseases/epidemics that have occurred in the past.
- ❖ Match the water sources/water quality data with disease outbreak.

Risk factors (such as construction of a latrine near a tube well or absence of platform around the tube well) are to be assessed by visiting all spot sources in the villages. It is logical that the greater the number of risk factors the greater the possibility that the community will be subjected to poor water quality and as a consequence suffer from increased water related diseases

Separate platform for sanitary survey may be used for different water sources. Scoring system may be adapted which can help the surveillance team in assessing the risk.

Lessons for the Participants

In order to carry out sanitary survey for the assessment of risks of contamination of drinking water sources the surveillance team must be trained with field practice. Standard Performa can be used for collection of information during sanitary survey.

Following type of water supply facilities will be discussed in the session:

- a. Dug well
- b. Shallow and deep hand pump fitted with tube well.
- c. Deep bore well
- d. Gravity feed piped water supply
- e. Roof top rain water harvesting
- f. Piped water supply with treated surface water.

Checklists for assessment of risks of contamination of drinking water sources through sanitary survey are annexed from C1toC5.

SANITARY SURVEY FOR THE ASSESSMENT OF RISKS OF CONTAMINATION OF DRINKING WATER SOURCES

A. Type of facility : DUGWELL

General Information :

1. Location : Village
- : Gram Panchayat
- : District
2. Code No. / /
3. Water Authority/Panchayat Pradhan/Community Representative's Signature.....
4. Date of visit

Water Quality

5. Is water sample taken ? Sample No. Acceptable/Rejectable

B. Specific Diagnostic Information for Assessment

Risk	Yes/No
1. Is there a latrine within 10 m of the well?	<input type="checkbox"/> <input type="checkbox"/>
2. Is the nearest latrine on higher ground than the well?	<input type="checkbox"/> <input type="checkbox"/>
3. Is there any other source of pollution within 10 m of the well (e.g. animal excreta, solid waste)	<input type="checkbox"/> <input type="checkbox"/>
4. Is the drainage condition poor causing stagnant water within 2 m of well?	<input type="checkbox"/> <input type="checkbox"/>

5. Is there a faulty drainage channel? Is it broken, permitting ponding?
6. Is there an inadequate parapet (less than 1 m) around the well which would allow surface water to enter the well?
7. Are the walls of the well inadequately sealed at any point up to 3 m below ground?
8. Are there any cracks on the cement floor around the well which could permit water to enter the well?
9. Are the rope and bucket left in such a position that they may be contaminated?
10. Is the well uncovered (To prevent contaminants)

Total Scores of Risks/10

Contamination risk score: 9-10 = V, High: 6 – 8 = high; 3 – 5 = intermediate: 0 – 2 = low

Number of "YES" to be counted

C. Results and Recommendations

The following important point of risk (serially from the top) were noted (List nos. 1–10) and the authority advised on remedial action

Signature of Investigator

SANITARY SURVEY FOR THE ASSESSMENT OF RISKS OF CONTAMINATION OF DRINKING WATER SOURCES

A. Type of facility : SHALLOW AND DEEP HANDPUMPS (TUBEWELL)

General Information :

1. Location : Village
- : Gram Panchayat
- : District
2. Code No. / /
3. Water Authority/Panchayat Pradhan/Community Representative's Signature.....
4. Date of visit

Water Quality

5. Is water sample taken ? Sample No. Acceptable/Rejectable

B. Specific Diagnostic Information for Assessment

Risk	Yes/No
1. Is there a latrine within 10 m of the hand pump?	<input type="checkbox"/> <input type="checkbox"/>
2. Is the nearest latrine on higher ground than the hand pump? (a pit latrine that percolates to soil)	<input type="checkbox"/> <input type="checkbox"/>
3. Is there any other source of pollution within 10 m of the hand pump? (e.g. animal excreta, solid waste , waste water)	<input type="checkbox"/> <input type="checkbox"/>

- 4. Are the drainage condition poor causing stagnant water within 2 m of the cement floor of hand pump?
- 5. Is the hand pump drainage channel faulty? Is it broken, permitting ponding? Does it need cleaning?
- 6. Is the cement floor (platform) is absent?
- 7. Is there any ponding on the cement floor around the hand pump?
- 8. Are there any cracks on the cement floor around the hand pump?
- 9. Is priming of tube well required during dry season?
Is the hand pump loose at the point of attachment to base (which could permit water to enter the casing)?

Total Scores of Risks/10

Contamination risk score: 9-10 = V, High: 6–8 = high; 3–5 = intermediate: 0–2 = low

Number of “YES” to be counted

C. Results and Recommendations

The following important point of risk (serially from the top) were noted
(List nos. 1 – 10) and the authority advised on remedial action

Signature of Investigator

SANITARY SURVEY FOR THE ASSESSMENT OF RISKS OF CONTAMINATION OF DRINKING WATER SOURCES

A. Type of facility : DEEP BOREWELL

General Information :

1. Location : Village
- : Gram Panchayat
- : District
2. Code No. / /
3. Water Authority/Panchayat Pradhan/Community Representative's Signature.....
4. Date of visit

Water Quality

5. Is water sample taken ? Sample No. Acceptable/Rejectable

B. Specific Diagnostic Information for Assessment

Risk	Yes/No
1. Is there a latrine or drain within 10 m of the pump house?	<input type="checkbox"/> <input type="checkbox"/>
2. Is the nearest latrine unsewered? (a pit latrine that percolates to soil)	<input type="checkbox"/> <input type="checkbox"/>
3. Is there any other source of pollution within 10 m of the well? (e.g. animal excreta, solid waste)	<input type="checkbox"/> <input type="checkbox"/>
4. Is there an uncapped well within 100 m of the borehole?	<input type="checkbox"/> <input type="checkbox"/>

- 5. Is the drainage area around the pump house faulty?
(permitting ponding, and/or leakage to ground?)
- 6. Is the fencing around the installation damaged in any way
which would allow Animal access or any unauthorized entry?
- 7. Is the floor around the bore well permeable to water?
- 8. Is the hand pump loose at the point of attachment to base
(which could permit water to enter the casing)?
- 9. Does the chlorination record show any interruption in dosing?
(if there is no record of chlorination, risk (yes) should be recorded)
- 10. Is the free chlorine residual at the sample tap less than 0.2 mg/l?

Total Scores of Risks/10

Contamination risk score: 9-10 = V, High: 6-8 = high; 3-5 = intermediate: 0-2 = low

Number of "YES" to be counted

C. Results and Recommendations

The following important point of risk (serially from the top) were
noted (List nos. 1 – 10) and the authority advised on remedial action

Signature of Investigator

SANITARY SURVEY FOR THE ASSESSMENT OF RISKS OF CONTAMINATION OF DRINKING WATER SOURCES

A. Type of facility : GRAVITY FEED PIPED SUPPLIES

General Information :

1. Location : Village
- : Gram Panchayat
- : District
2. Code No. /..... /.....
3. Water Authority/Panchayat Pradhan/Community Representative's Signature.....
4. Date of visit

Water Quality

5. Is water sample taken ? Sample No. Acceptable/Rejectable

B. Specific Diagnostic Information for Assessment

Risk	Yes/No
1. Is there any point leakage between the source and the reservoir?	<input type="checkbox"/> <input type="checkbox"/>
2. Are there any pressure break tanks, are their covers insanitary?	<input type="checkbox"/> <input type="checkbox"/>
3. Is the inspection cover on the reservoir insanitary/dirty	<input type="checkbox"/> <input type="checkbox"/>
4. Are any air vents insanitary?	<input type="checkbox"/> <input type="checkbox"/>

- 5. Do the roof and walls of the reservoir allow any water to enter (is the reservoir cracked?)
- 6. Is the reservoir water non-chlorinated?

Distribution Pipes

- 7. Does the water entering the distribution pipes have less than 0.2 ppm (free residual chlorine (<0.2 mg/l))?
- 8. Are there any leaks in any part of the distribution system?
- 9. Is pressure low in any part of the distribution system?
- 10. Does any sample of water in the distribution pipes have no free residual chlorine?

Total Scores of Risks/10

Contamination risk score: 9-10 = V, High: 6–8 = high; 3–5 = intermediate: 0–2 = low

Number of “YES” to be counted

C. Results and Recommendations

The following important point of risk (serially from the top) were noted (List nos. 1 – 10) and the authority advised on remedial action

Signature of Investigator

SANITARY SURVEY FOR THE ASSESSMENT OF RISKS OF CONTAMINATION OF DRINKING WATER SOURCES

A. Type of facility : RAIN WATER TANK CATCHMENT

General Information :

1. Location : Village
- : Gram Panchayat
- : District
2. Code No. / /
3. Water Authority/Panchayat Pradhan/Community Representative's Signature.....
4. Date of visit

Water Quality

5. Is water sample taken ? Sample No. Acceptable/Rejectable

B. Specific Diagnostic Information for Assessment

Conduction pipe to reservoir

Risk

Yes/No

- | | | |
|----|---|---|
| 1. | Is there any contamination of the roof catchment area (e.g. plants, dirt or bird drop?) | <input type="checkbox"/> <input type="checkbox"/> |
| 2. | Are there gutter channels which collect water dirty? | <input type="checkbox"/> <input type="checkbox"/> |
| 3. | Is there any deficiency in the filter box at the tank inlet? (e.g. lacks fine gravel) | <input type="checkbox"/> <input type="checkbox"/> |

4. Is there any other point of entry to the tank which is not properly covered?
5. Is there any defect in the walls or top of the tank (e.g. cracks) which could let water in?
6. Is the tap leaking or otherwise defective?
7. Is the floor under the tap defective or dirty?
8. Is the water collection area inadequately drained?
9. Is there any source of pollution around the tank or water collection area? (e.g. excreta)?
10. Is the water bucket left in such a position that it may be contaminated?

Total Scores of Risks/10

Contamination risk score: 9-10 = V, High: 6-8 = high; 3-5 = intermediate: 0-2 = low

Number of "YES" to be counted

C. Results and Recommendations

The following important point of risk (serially from the top) were noted (List nos. 1-10) and the authority advised on remedial action)

Signature of Investigator

PROTECTION OF PUBLIC DRINKING WATER SUPPLY SYSTEM

Objective

1. To discuss how public drinking water supply system may get contaminated.
2. To highlight how drinking water sources can be protected by adopting appropriate preventing and curative measures.
3. To discuss how disinfection could be undertaken to provide bacteriologically safe water.

Significance

Public water supply sources may get contaminated due to presence of pollutional source in the vicinity of the spot sources. The ground water coming out from tube wells may be bacteriologically contaminated if waste water percolates through the annular space around the tube well. As pollution can travel through soil strata, so the tube wells must be at a safe distance from pollutional sources. Normally 12 to 15% tube wells (spot sources) are found to be bacteriologically contaminated due to presence of toilet or manure pit close to the source, non-existence a platform around the tube well, absence of lead drain, etc. In piped water supply system bacteriological contamination may enter in the pipe line through the leakage points during non-supply hours. The overhead reservoirs may get contaminated if not regularly cleaned or disinfected.

Thus protection of public water supply system is necessary is safe guarding public health. The community needs to involve in the process with active participation in Gram Panchayat Health Departments, etc.

Lessons for the Participants

How drinking water supply system may get bacteriologically contaminated and how these sources can be protected by adopting preventing and curative measures and the process of disinfection have been highlighted for the following type of water supply systems.

- (i) Dug well
- (ii) Tube wells (spot sources)
- (iii) Piped water supply

Protection of Public Drinking Water Supply System

- ❖ Drinking water sources should be fenced and well protected.
- ❖ Toilets with leach pit or soak pits must be beyond safe distance (10 Metre) from water sources (Bore wells/dug wells).
- ❖ Piped water supply
- ❖ Rural toilets with leach pits or soak pits must be beyond safe distance (10 meters) from water sources (borewells/dugwells)
- ❖ No open defecation should be permitted in the village.
- ❖ Pollution from domestic, industrial and agricultural wastes should not find access to water sources.
- ❖ Solid waste should not be dumped in a near surface water sources. The waste from solid waste should not pollute ground water. Solid waste management system must be as per scientific guidelines for protection of surface and ground water sources.
- ❖ Untreated or partially treated sewage and other wastewater should not be discharged in water sources. These should be diverted away from water sources for treatment or recycling.
- ❖ Bathing, washing etc. should not be practiced near wells, hand pumps and other drinking water sources.
- ❖ Ponds and lakes used as drinking water sources should not be used for bathing of cattle's and washing of vehicles.

- ❖ Open wells and hand pump should have apron or platform. There should be drainage system with soak pits located at some distance from the source.
- ❖ Localized priming of hand pump with pond water or bacteriologically contaminated water is prohibited.
- ❖ There should not be any cesspool around the hand pump.
- ❖ Leakage in pipelines must be minimized as maximum as possible.
- ❖ Water logging or flooding should not be allowed over underground reservoir

CHECKLIST FOR ODF VERIFICATION (HOUSEHOLD TOILETS)

Checklist Format for Verification of Open Defecation Free Village/ Panchayat: Verification of Toilets (Household/Village)

Respondent Profile

District _____ Block _____

GP _____ Village _____

1. Name of HH/ Head of family _____
2. **Sex:** (1) Male (2) Female
3. **Age:** (1) 15-19yrs (2) 20-25yrs (3) 26-35 yrs (4) 35-49 yrs
(5) 50 & above (Tick any one)
4. APL HH BPL HH Others (Please tick whichever box applies)

Definition of ODF: The definition of Open Defecation Free (ODF) has been communicated vide MDWS letter No S-11011/3/2015-SBM dated 9th June 2015. The Ministry of Drinking Water and Sanitation defines ODF as below:

ODF is the termination of faecal-oral transmission, defined by

- (a) *No visible faeces found in the environment/ village; and*
- (b) *Every household as well as public / community institutions using safe technology* option for disposal of faeces.*

*(*Safe technology option means no contamination of surface soil, groundwater, or surface water; excreta inaccessible to flies or animals; no handling of fresh excreta; and freedom from odour and unsightly condition)*

A. Toilet Verification: Household

Sl. No	Question	Response (Tick any one)		Remarks
		Yes	No	
1.	Is Toilet available in house			
2.	Is toilet is pour flush toilet			
3.	Is toilet appears to be used			
4.	Is toilet used by all member of family			
5.	Is toilet clean			
6.	Is water bucket or mug available in toilet			
7.	Is any type of door available at toilet			
8.	Is toilet having ventilation			
9.	Is toilet pan clean			
10.	Is there any traces of open defecation in the compound, back and front space, drain at household and outside surrounding and road near the house hold			
11.	Is toilet well maintained i.e. door, wall, roof are in good shape			
12	Do all members of family wash hand with soap after defecation and before meals			

CHECKLIST FOR ODF VERIFICATION (INSTITUTIONAL TOILETS)

**Checklist Format for Verification of Open Defecation Free Village/ Panchayat
Verification of Toilets (Institute Level) (Use Separate form for each institution)**

Institution detail (SCHOOL, AWC, Health centers, Panchayat and others)

District _____ Block _____

GP _____ Village _____

Name of Institute _____

A. Toilet Verification: *Institute*

Sl. No	Question	Response (Tick any one)		Remarks
		Yes	No	
1.	Is Toilet/ Toilet complex available			
2.	Is toilet pour flush toilet			
3.	Is toilet appears to be used			
4.	Is toilet and complex clean			
5.	Is water available near the toilet			
6.	Is water container available to use water i.e. either bucket or mug or any other			

7.	Is any type of door available at toilet, toilet complex			
8.	Is toilet having ventilation			
9.	Is toilet pan clean			
10.	Is there any traces of open defecation in the compound, back and front space, drain at institute and outside surrounding and road near the Institute			
11.	Is toilet well maintained i.e. door, wall, roof are in good shape			
12.	Is any mechanism of operation and maintenance of toilet complex is in place			

B. Hand washing facilities and practices: Institute (schools and Anagwadis)

Sl. No	Question	Response (Tick any one)		Remarks
		Yes	No	
1.	Is Hand washing place available at or near the toilet complex			
2.	Is soap available at hand washing place			
3.	Is water available at hand washing place			
4.	Is water mug or bucket available at hand washing place			
5.	Is waste water after hand washing drained properly			
6.	Is hand washing place is maintained properly			
7.	Is hand washing place is clean			

CHECKLIST FOR ODF VERIFICATION (TRANSECT WALK)

**Checklist Format for verification of Open Defecation Free status: Village level:
Transect Walk**

Sl. No	Question	Response (Tick any one)		Remarks
		Yes	No	
1.	Are there any traces of open defecation at any place of village			
2.	Are water sources well protected and have proper			
3.	Is toilet complex / Urinals available near market place or crowded places			
4.	Is environment of village odour free			
5.	Is environment of village having Clean and pleasant appearance			
6.	Solid and Liquid waste is disposed properly			

Any other observations and comments:

Name of Verifier:

Place:

Date:

LIST OF ABBREVIATIONS

ANM	:	Auxiliary Nurse Midwifery
ASHA	:	Accredited Social Health Activist.
BMW	:	Bio Medical Waste
CHC	:	Community Health centre
CLTS	:	Community Led Total Sanitation
SMT	:	School Monitoring Teams
CRSP	:	Central Rural Sanitation Programme
CSO	:	Civil Service Organizations
DALYs	:	Disability adjustment life years
DH	:	District Hospital
GP	:	Gram Panchayat
HH	:	Household
IEC	:	Information, Education and Communication
IPC	:	Inter Personal Communication
IPHS	:	Indian Public Health standards
MDWS	:	Ministry of Drinking Water and Sanitation
MGNREGA	:	Mahatma Gandhi National Rural Employment Guarantee Act
MoHFW	:	Ministry of Health and family welfare
MOIC	:	Medical Officer in charge

MPHW	:	Multipurpose health worker
NBA	:	Nirmal Bharat Abhiyan
NGP	:	Nirmal Gram Puraskars
NHM	:	National Health Mission
NQAS	:	National Quality Assurance Standards
NRDWP	:	National Rural Drinking Water Program
ODF	:	Open Defecation Free
OPD	:	Outpatient Department
PHC	:	Primary Health centre
PHFs	:	Public health facilities
PIP	:	Programme Implementation Plan
RMSA	:	Rashtriya Madhyamik Shiksha Abhiyan
SBCC	:	Social and Behaviour Change Communication
SBM	:	Swachh Bharat Mission
SDH	:	Sub district Hospital
SHG	:	Self Help group
SLTS	:	School Led Total Sanitation
SNCU	:	Special New-born Care Units
SSA	:	Sarva Shiksha Abihyan
SSS	:	Swachh Swasth Sarvatra
TSC	:	Total Sanitation Campaign
ULBs	:	Urban Local bodies
UNICEF	:	United Nations Children's Fund
VWSCs	:	Village Water and Sanitation Committee
WASH	:	Water, Sanitation and Hygiene

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