

COMMUNITY SANITARY COMPLEXES IN RURAL INDIA

An Assessment for System Strengthening with
Specific Reference to
Swachh Bharat Mission (Grameen) Phase II



સ્વચ્છ ભારત મિશન (ગ્રામીણ)



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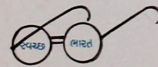
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Foreword

Access to and use of safe sanitary services including toilets is critical for environmental cleanliness, sustained health and wellbeing of the population, and the ensuring dignity of the individual and communities. The *Swachh Bharat Mission* (Clean India Mission) [or SBM-G], the nationwide sanitation program, launched on October 2, 2014, aimed at eliminating open defecation, by providing access to toilets at the household level. It also aimed to encourage a demand for sanitation through a creation of a people's movement or *Jan andolan* to bring about a change in the mind-set and approach of people towards using sanitation facilities. Since 2020, the government has launched phase 2 of the Mission that aims to further ensure sustainability of universal coverage of toilets and usage, by providing access to left out and new created HHs. So far, over 110 million household toilets have been built in rural areas.

In addition to the focus on household toilets, attention is also being placed on the need of build Institutional toilets as well as toilets in public places. Over the last few decades, there has been various opinions on the viability of community and public toilets in rural areas, with the contention being that operation and maintenance of such facilities is difficult. However, the SBM (G) needed to look at the issue of community facilities, to ensure the coverage of universal sanitation at all times and at all places. The SBM (G) has the provision of building Community sanitary complexes (CSCs), which are aimed for use of those households in villages who do not have land space to build toilets at home, as well as for use of

the population visiting villages from elsewhere who do not have access to a local household toilet. Over 2 lakh (200,000) CSCs are now built-in rural areas across India, and many states are planning for further such facilities.

In this context, there was felt need to analyse the functionality and experience of operation of the CSCs and see how they were functioning and whether any improvements could be made. In 2020, a study on CSCs in 3 states i.e., *Assessment of Community Sanitary Complex (CSC): Insights from Bihar, Rajasthan & Uttar Pradesh* was done, and report released by UNICEF. This report was used by the state government for management interventions.

In 2021, UNICEF commissioned a more detailed assessment - "*Community Sanitary Complexes (CSCs) in Rural India: An Assessment for System Strengthening with Specific Reference to Swachh Bharat Abhiyan (Grameen) Phase II*". The assessment was carried out by the Institute of Economic Growth (Delhi), with support from UNICEF teams. This current report is based on that assessment conducted in 2021-22 and synthesizes key findings of the review of the functionality of CSCs across 6 states of India, namely - Andhra Pradesh, Assam, Chhattisgarh, Gujarat, Madhya Pradesh and Maharashtra.

The report assesses the functionality of the CSCs facilities, their design and accessibility, the status and types of Operational and Management (O&M) arrangements of CSCs and comprehends the CSC

usage and satisfaction among the beneficiaries and provides recommendations for strengthening the CSCs operations and maintenance in rural areas. The assessment has used a mixed methods approach including both qualitative and quantitative techniques. In addition to physical inspection of select CSCs, interviews of stakeholders (CSC manager, GP president, GP secretary, and other GP/block officials) and beneficiaries of CSCs, including women, men, elderly, adolescents, and *Divyang jan* were carried out. The report describes the extent of involvement of Gram Panchayats in deciding upon CSC locations and their construction, functioning, and O&M activities. This report also highlights the intricacies and concerns associated with CSC operations, IEC activities, alternative public-private models and focuses on sustainability concerns as elicited through multiple interactions with stakeholders and beneficiaries.

The field assessment for this report was facilitated by the support from the nodal officials of the Department of Drinking water and Sanitation of the selected states. We are thankful to the nodal officials for supporting the field assessment and providing valuable guidance. We also acknowledge and appreciate the efforts of the Institute of Economic Growth (Delhi) and their team of researchers for the successful conceptualisation, implementation of the field survey and the assessment.

I believe this assessment and the findings presented and recommendations made in this report will be important inputs step in strengthening the setting up and management of CSCs in rural areas and thereby enhancing India's efforts in achieving the sustainable development goals.

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Executive Summary

CSCs: Need and Relevance

Sanitation is a broad term that includes the safe disposal of human waste, solid and liquid waste, food hygiene, and other components of personal hygiene. The central aspect of sanitation is the safe disposal of human waste because infections transmitted through human waste cause various diseases. To improve sanitation facilities across the country, the Government of India (GoI) launched the flagship sanitation campaign, Swachh Bharat Mission (SBM), in 2014. The campaign's first phase concluded in 2019, with all Indian villages, states and union territories declaring themselves "open-defecation free" (ODF). Further, the GoI has emphasized the construction of Community Sanitary Complexes (CSCs) along with Solid and Liquid Waste Management (SLWM) in SBM(G) Phase-II to attain the status of ODF plus village. A village is defined as an ODF Plus if it sustains its ODF status, ensures SLWM, and is visually clean. In this regard, CSCs are important as they address the unmet need for sanitation in households that do not have individual household latrines; due to a lack of space or are part of a floating population (for example, at markets, places of worship and related rituals, seasonal fairs, or marriage parties) or areas where a large crowd gathers. CSCs are a necessary rural infrastructure provision to eliminate open defecation in villages.

According to other studies, community/public toilets are not always user-friendly due to their location and design, management (non-operational at night), high cost, poor maintenance, and inadequate water supply. Further, community practices are less accessible for certain groups, particularly women, children, people with disabilities, and low-income areas. In several regions of India, community toilets exist, but monitoring and managing such public good is hard to maintain. Thus, to ensure holistic, safe, and sustainable sanitation in India, the focus should be on the operations and management activities of the CSCs.

Assessment: Objectives and Approach

The SBM has two sub-Missions for rural and urban areas in the form of Swachh Bharat Mission Grameen (SBM-G) and Swachh Bharat Mission Urban (SBM-U), respectively. Our report assesses the community sanitary complexes (CSCs) constructed mainly under SBM(G) Phase II to understand their functionality and management for developing recommendations for strengthening CSC systems. The objective of the study is to evaluate the functionality of the CSCs facilities, their design and accessibility, assess the status and types of Operational and Management (O&M) systems of CSCs, understand the CSC usage and satisfaction patterns among the beneficiaries, and lastly develop recommendations to strengthen the overall operationalization of the CSCs. It includes qualitative and quantitative survey analysis in selected districts and Gram Panchayats (GPs) across six Indian states (Andhra Pradesh, Assam, Chhattisgarh, Gujarat, Madhya Pradesh, and Maharashtra). The surveys included stakeholders (CSC manager, Gram Panchayat (GP) president, GP secretary, and other GP/block officials) and beneficiaries of CSCs, including women, men, elderly, adolescents, and *divyangjan*.^{*} The evaluation used a convergent mixed-method research design that simultaneously collects quantitative and qualitative data and analysed them separately for findings and insights. The quantitative data collection procedure employs a multistage sampling strategy to select CSCs from the six states (384 CSCs and 1424 CSC users across 28 districts). Qualitative analysis used grounded theory approaches widely used in policy research.

^{*} As per the Persons with Disabilities (Equal Opportunities, Protection of Rights & Full Participation) Act, 1995 – A person with a disability can be defined as one with one or more of disabilities falling under any of the categories as follows : blindness, cerebral palsy, low vision, locomotor disability, leprosy-cured, mental retardation, mental illness and hearing Impairment.

Key Findings

Role and engagement of Gram Panchayats:

Community sanitation is a global concern, and efforts to ensure clean and green sanitation facilities are critical for environmental sustainability. The main role in the maintenance of these CSC is played by the Gram Panchayats across India. They have used and displayed Information, Education, and Communication (IEC) materials at CSCs or nearby locations to highlight the importance of toilet usage and inform the community about the negative consequences of open defecation in rural areas. They are responsible for conducting Gram Sabha meetings for site selection, design of CSCs, operation and management of CSCs, and CSC expenditure management. However, it seems that GP representatives play a limited role in selecting CSC designs as the design of CSCs gets finalized by block-level officials. The meetings of Gram Sabha primarily focused on the site selection of CSC and not on the aspects such as design, privacy, and accessibility of CSCs. Thus, there is a lack of participation in deliberations in Gram Sabha meetings by most of the adolescents and *divyangjans*. The availability of *divyangjan* toilets in CSCs was too low across all six states. Out of the sample of 384 CSCs, only 11.4 percentage of CSCs have exclusive units for *divyangjan*. The design for *divyangjan* is restricted to having a ramp in the CSC and western commodes. Even in CSCs with ramps, it is difficult for a wheelchair user to navigate it alone because there is less space to manoeuvre the wheelchair.

CSC locations and facilities: The location of the CSC played an essential role in its utilization. The responses of the surveys indicated that CSC constructed far away from the households/dwellings prevent users from using it regularly. Most of the sampled CSCs were located within the village near various public buildings such as government buildings, panchayat offices, Anganwadi, hospitals, schools, and public roads to encourage greater use of CSCs. However, the bathroom facility is not available in most of CSCs. Out of six states, only Chhattisgarh and Madhya Pradesh have more than 50 percentage of the CSCs that have bathroom facilities. Also, the availability of water and electricity in CSC is found low in the states like Assam, Gujarat, and Andhra Pradesh compared to states such as Madhya Pradesh and Chhattisgarh. Most of the

toilets in the CSCs have doors (92 percent), but some of the doors do not have latches. Availability of doors and latches for the toilets ensures users' privacy and thus needs to be taken care of. Most CSCs are open throughout the day (67 percent) for community use, and other CSCs in or near public offices are closed during the night.

Gaps in CSC functioning: CSCs have played an important role in meeting sanitation needs, particularly for those who do not have a toilet at home, such as floating, tribal, and low-income populations who cannot afford household toilets. Some use CSCs while visiting markets, going to Panchayat offices to attend meetings, etc. However, maintenance of CSCs is another task, including the availability of water, electricity, proper ventilation, and sanitary napkins and pads proper disposal. Even with adequate water supply to the CSC, the lack of buckets or mugs has been cited as a major concern and usually makes it difficult for users. Although most of the CSC had a functional water supply, the same is not true about electricity. All the units had electrical points for bulbs, but in most cases, there were no bulbs or no electric supply. Users expressed the absence of exclusive bathing units in some CSCs in Andhra Pradesh and Madhya Pradesh. Moreover, for the proper functioning of CSCs, other sanitation requirements such as adequate handwash facility, dustbin, and sanitary disposal facility are lacking for all the states. The users can file a complaint about the difficulties related to the functioning of CSCs to the GP head, GP members, caretaker, SHG head, or GP secretary, but there are hardly any complaints by users. One reason can be that most respondents have started using CSCs recently (less than 1 year) and thus lack awareness of CSCs and their functioning.

Better the facilities, greater the use: Next, principal component analysis is done to understand whether better provisioning and availability of services at CSC are associated with its use and functionality. It indicates that the functionality of CSCs and the perception of the users are consistent. More than 80 percent of the respondents who show the highest satisfaction with the CSC services are also among those who report better availability of CSC items and amenities. Functional CSC units have all the requirements and amenities, whereas those that are not functional also lack other facilities. Other facilities

include regularly cleaned, door with latch for toilets, availability of materials like bucket, electricity, water, mug, soap, etc.

Funding for CSC: The SBM phase II was launched in 2020 before the outbreak of COVID-19 pandemic in the country. The scarcity caused during the pandemic has increased the labour and material cost, making the allotted money insufficient for the construction of CSCs. The money allotted for the construction of CSC is 3 lakhs, out of which INR 90,000 is through the 15th Finance Commission grants to the GPs and INR 2.10 lakhs through the SBM and INR 40,000 for labour wages from MGNREGA. These funds were inadequate for the construction of CSCs; thus, often, either the design gets modified or the panchayat raised additional funds. The extra funds were either through fundraising or collecting the local tax. When the funds are inadequate, the bathing rooms and toilets for *divyangjan* are dropped or compromised in terms of quality and features. Thus, the maintenance of CSCs is affected by the lack of adequate funds and dedicated human resources, and the panchayat members feel that having a separate staff just for maintenance is not viable. There is a need for sufficient funds allocation for cleaning purposes. It becomes difficult for the CSC to appoint a caretaker or a person to keep the CSC from the money the panchayat receives. If there is no payment for services, then the maintenance is very unlikely to be done by community members. Collection of local taxes is beneficial for the maintenance of CSC and local SLWM; again, this might not be true for all states.

O&M challenges: Regular cleaning and supply of cleaning materials were available for more than 60 percentage of the CSCs sampled. To sustain the status of ODF plus the operation and maintenance (O&M) of the CSCs is essential. The operation and maintenance of the CSCs are the responsibility of Gram Panchayats, SHGs, and others, including temple committees/trustees, hospitals, schools, etc. Most of the O&M duties of CSCs are taken care of by Gram Panchayat, which highlights that the role of SHGs in the O&M activities of the CSCs is low across all six states. It is crucial for the success of O&M activities that there exists community-level participation in managing CSCs. Most GP presidents are engaged in the monitoring activities along with the panchayat members. They are involved in verifying the payment

made for O&M of the CSCs to the respective SHG. A considerable proportion of GPs is also keen to levy user charges in the near future to meet the financial requirements for O&M activities. The panchayats find it challenging to maintain CSCs without user fees or even handover to SHGs as the panchayats will have to pay them. However, as reported, it is impossible to implement the user fees in all the CSC as villagers are unwilling to pay, and CSCs will be underutilized otherwise. It may again defeat the purpose of having CSCs and making villages ODF in such a scenario.

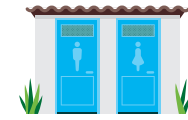
Wages and employment: The employment generation through CSCs is estimated based on the number of people employed and the total number of person-days devoted to O&M activities operation and maintenance of 384 CSCs in a month. Of that, 184 CSCs have appointed a person for cleaning purposes; however, the frequency of the cleaning varies across CSCs. It is estimated that 2918 person-days of employment are provided per month in 184 CSCs. Thus, the CSC is expected to provide cleaners with a monthly 16-day work opportunity. Furthermore, on average, a cleaner receives Rs.2511 per month for cleaning activities. As a result, the functional CSCs employing cleaner services generate a total salary of Rs.30 thousand per year. Andhra Pradesh has the highest monthly payment (Rs.5330), and Chhattisgarh has the lowest (Rs.1075).

CSC usage: CSCs for men and women have a variety of uses, including toilets, urinals, and bathroom facilities. The average number of male and female users of CSCs are estimated to be 10 and 7 per day respectively. The numbers are lower because of wide availability of sanitation facilities at the household level. Nevertheless, urinals were more frequently used when compared to toilets and bathrooms. Men use CSC facilities (toilets, urinals, and bathrooms) more than women. On average, the total users in the men and women category for urinals are 22 and 14, respectively. State-wise usage suggests that Andhra Pradesh has the highest number of users in toilets as well in the urinals category. Assam has the highest number of daily users in the toilet category. The usage of bathroom facilities by both men and women is minimum. The main reason is that bathroom facilities are absent for users in all states. Out of 384 CSCs majority of the CSCs lack bathroom facilities for men (58%), women (54.3%), and *Divyangjan* (97.4%).

Main Recommendations

- More significant efforts from the union and state governments are desirable for creating awareness regarding the funding provisions and the motivation for enhanced funding support to the GPs for sustained O&M activities. If possible, innovative strategies can be employed for augmenting user charges to overcome the limitations of O&M. Further, in rural areas, several SHGs are formed with a wide network of women members who could be supported with GP funds and engage in O&M of CSC. Thus, the GPs should consider engaging more and more SHGs in the O&M activities.
- There is a need to revise overall funding support for CSC construction mainly due to increasing costs of construction material. The cost of construction material is sensitive to inflationary pressures depending upon the regions and conditions. The funding provisions for CSC construction should make some allowance for specific geographies (such as hilly areas) and climatic conditions (such as rainfall, flooding, and drought-prone areas).
- The design component of CSC is essential to ensure dignity, privacy, and safety for all users, especially for *divyangjan* and transgender. Also, the participation of women and *divyangjan* should be improved with greater involvement in the planning, construction, and maintenance of CSC.
- To ensure long-term support for Gram Panchayats and CSC infrastructure, particularly water and electricity supply to CSCs, all state governments should take ownership of provisioning and maintaining these basic amenities through initiatives such as the Jal Jeevan Mission.
- Menstrual hygiene is rarely addressed in CSCs. Menstrual hygiene of the women, including safe disposal facilities (e.g., dustbin with cover) and sanitary napkin vending machine, must be installed in the CSC for the emergency requirement for females.
- IEC activities should be promoted to increase users' awareness of hygiene and safe sanitation practices. Users must be made aware of the complaint procedure when they face difficulties using CSC. It will help proper functioning and maintain the regular supply of O&M facilities of CSC.
- The engagement of public or private sector bodies is also an important area for sustained O&M activities for the CSCs. The GP can provide space to the private sector partner, and they can build and maintain the CSC by generating revenue from small shops and installing supplementary facilities such as a drinking water ATM, a bank ATM, food and beverage vending machine, and a sanitary vending machine.
- Monitoring for CSCs is difficult as it has to be done at each level, from the GP to the state level. Technology-friendly monitoring (such as Clean Andhra Pradesh (CLAP) App) will help in easy monitoring.
- CSCs can be thought of as a way to harness economic activity by creating job opportunities and cleaning up the environment. The CSC should be built with one or two small shops. GPs can assign these shops to villagers willing to pay the shop rent and maintain the CSC.
- Prior to Gram Sabha, meetings should be held on the design and location of CSC among subgroup of women, adolescents and *Divyangjan*. This would help overcoming the barriers to active participation in Gram Sabha. Coordination between monitoring committee at block, sub-district and village level functionaries is imperative for sensitivity regarding community participation in site selection and design finalization.
- The planning and designing of toilets for *Divyangjan* should take into consideration the accessibility for *Divyangjan* and elderly in future and not based on current needs. The reasons given for not constructing separate units was that there were no *Divyangjan* in the village. The directive for this should be included in the design for CSC from the state level.
- Separate funding and guidelines for O&M should be issued to help the panchayats to plan and implement the maintenance schedule for the CSC functioning. Training and capacity building of CSC operators and managers is also recommended to sensitize them regarding scheduling and management of O&M activities.
- Gram Panchayat may engage/contract a person for maintenance and repair of Community Sanitary Complexes (CSCs) at the time of construction rather than look for a person after the toilet becomes dysfunctional.

01 Introduction



1.1. Background

Access to improved sanitation facilities is a long standing health and developmental concern of India. Since independence, there has been several efforts by union and the state governments to expand the coverage and access to safe sanitation facilities to all households. The Water, Sanitation and Hygiene (WASH) sector, however, witnessed the much needed impetus after the launch of the Swachh Bharat Mission (SBM) by the Honorable Prime Minister of India on 2nd October 2014. The SBM is the flagship sanitation campaign of the Government of India aiming at mass scale behavior change, construction of household owned and community owned toilets, their usage and Solid and Liquid waste management (SLWM) thereby establishing an accountable mechanism for achieving ODF Plus India.

The SBM has two sub-Missions for rural and urban areas in the form of Swachh Bharat Mission Grameen (SBM-G) and Swachh Bharat Mission Urban (SBM-U), respectively. Under the Phase 1 of Swachh Bharat Mission, all Villages, States and Union Territories in India declared themselves “open-defecation free” (ODF) by 2nd October 2019, the 150th birth anniversary of Mahatma Gandhi, by constructing over 10 crore toilets in rural India. Following the milestone achievement of ODF Status, the Phase II activities of SBM has expanded its focus to ensure sustainability of ODF gains such that no one is left behind. The SBM(G) Phase II also aims to establish solid and liquid waste management systems for all villages. This concept is referred to as ODF Plus status whereby a village is defined as an ODF Plus if it sustains its Open Defecation Free (ODF) status, ensures solid and liquid waste management and is visually clean.

There are six important components of SBM(G) Phase II viz. a) Construction of individual household latrines; b) Retrofitting of toilets construction; c) Construction of community sanitary complexes

(CSCs); d) Construction of assets for solid waste management; e) Construction of assets for liquid waste management and; f) Faecal sludge management. It is worth noting that the concept of community managed sanitation complex – the CSCs – is an attempt to address the unmet need for sanitation for those households which do not have individual household latrines due to the lack of space or are part of a floating population etc.

Community sanitation is an international concern and is highly relevant for efforts to ensure clean and green sanitation facilities to maintain the environmental sustainability. CSCs can be an important rural infrastructure provision to completely end the practice of open defecation in the village. These are often highly demanded for addressing the sanitation needs of the floating population (for example, at markets, places of worship and related rituals, seasonal fairs or marriage parties) or areas where a large congregation of people takes place.

1.2. Need and Significance of Assessment

The Individual Household Latrine (IHHL) and the aspect of public or community sanitation has greater importance wherever the IHHL is not feasible (due to lack of space for toilet construction), or in situations with a high percentage of floating population (like markets, temples or seasonal fairs). In the initial stage the CSC were focused to provide common sanitary space for a particular community’s people, who struggle to access the toilet facilities (Gupta and Pal, 2018). It is discovered that the community practices are less accessible for certain groups, particularly women, children and differently-abled persons and in low-income geographies (IHUWASH, 2018). WSP (2011) reported that the community-planned and

managed toilets should be planned for groups of households who have constraints of space, tenure or economic constraints in gaining access to individual facilities. While individual latrine facilities are being used largely across India, the community toilet are also imperative to provide sanitation to those who could not access them due to land scarcity to construct IHLT (ADB, 2009; Bonu and Kim, 2009). Community toilets have strong positive impact for women and girls, who value their freedom and privacy (Kar and Katherine, 2005).

The success in sanitation initiated with universal provisioning of toilet infrastructure has to be continued with regular usage and maintenance activities that requires sustainable solutions. Gaps in CSC planning such as geographic coverage, inadequate management and use of latrines facilities are among some of the key concerns. Studies have highlighted that community/public toilets are not always user-friendly due to its design, management (non-operational during night), cost, poor maintenance, etc (Girija et al., 2020). Inadequate water supply stands out to be the most important reason for underutilization of these latrines beside other reasons like unawareness of the presence of facility, castes being a major impacting factors for the CSCs (Bhardwa et al, 2013).

While community toilets are constructed in several areas, the monitoring and management of such public goods is hard to maintain (Aafreen and Akhtar, 2019). Poor performance in the operations and management of the CSC was also a concern which led to greater discussion on promoting the user community to carry out the operations and management activities of the CSCs. It is termed as Community Managed Sanitary Complexes in the second phase of SBM (Gol, 2020). The role of community and external factors plays imperative role in the operation and maintenance of CSCs in India. Mobilization of the village community for any intervention is not an easy task (Gupta and Pal, 2018). McGranahan and Mitlin (2016) identified four key institutional challenges faced in community-driven initiatives to improve sanitation in deprived urban settlements: the collective action challenge of improving community sanitation; the co-production challenge of working with formal service providers to dispose sanitary waste safely; the affordability

challenge of reconciling the affordable with what is acceptable to both users and local authorities; and the tenure challenge of preventing housing insecurity from undermining residents' willingness to commit to sanitary improvement.

The capacity building of respective stakeholders has been a corner stone for the sustainability of CSCs. Different approaches including Participatory Rural Appraisals (PRA) by the Gram Sabha were used to motivate and enrich the community ownership in the sanitary aspect across the country (Kar and Pasteur, 2005). However, the process of implementation of community sanitation is affected with problems such as indifferent attitude of the community and the community leaders (Gram Panchayat President or Members) towards sanitation, lack of social cohesion, belief and perception towards sanitation. Usually, the GP officials emphasize on the need for a substantial government grant for construction of toilets. Besides, humiliation of motivators of community sanitation, neglect on part of the informed people of the villages, and lack of communication, coordination and cooperation between the GP officials and the community also serves as deterrent to effective community sanitation construction and management (Gupta and Pal, 2018). High operation costs (including maintenance expenses) along with poor financial support (direct or indirect) are identified as key concerns both in occupational health as well as sustainability of CSCs (Ssekamatte et al 2018).

Sustained and concerted efforts are required to ensure holistic, safe, and sustainable sanitation in India. Continuous engagement with communities is necessary to create awareness, change old habits, prevent slippage, and create ownership of resources. This calls for sustained efforts by all the stakeholders including governmental organizations, NGOs, CSOs, and local SHGs (Girija et al. 2020, Rao et al. 2021). There have been innovations in terms of technologies, behavior changes, waste disposal, treatment, etc. Gender sensitivity, user-friendly design for the differently abled, implementation models with a public-private partnership, Corporate Social Responsibility (CSR) etc. were also rigorously experimented in past few years for public and community toilets (IHUWASH, 2018) which need to be strengthened further.

The upkeep and operations & management (O&M) of these, infrastructures must be based on innovative ideas (Girija et al. 2020). Donor, government, and NGO supports are needed to scale-up the activity and enhance the sustainability (Kar and Pasteur, 2005). It is also essential for the Panchayat to engage/contract a person for maintenance and repair of Community Sanitary Complexes (CSCs) at the time of construction (rather than look for a person after the toilet becomes dysfunctional). Coordination at village and community level and monitoring committee at block/sub-district level is an imperative.

Across India various initiatives are taking place to address O&M difficulties in the CSCs. While the SBM have separate initiations for rural (Grameen) and urban, the above discussion gave clear-cut issues on the both regions. Against these background, it is imperative to draw upon constructive insights from the field to plan, construct, operate and maintain community sanitary complexes.

1.3. Objectives of the Assessment

This report presents an assessment of the community sanitary complexes (CSCs) constructed after June 2020 under the SBM(G) Phase II. The assessment focuses on understanding the functionality and management of CSCs and aims to develop recommendations for system strengthening. The qualitative and quantitative findings presented in this report are based on the surveys conducted in selected Gram Panchayats across 28 districts from six states of India.

The specific objectives of the study are as follows:

- a. To assess the functionality status of WASH facilities in CSCs such as water supply, toilets seats, urinals, handwashing units and power supply and the change in the last one year or since construction; whichever is earlier
- b. To assess the status of accessibility, utilization and opinion of CSC users with a special focus on facilities for women and adolescent girls and children
- c. To assess the design attributes and functioning - gaps and issues of CSCs with particular emphasis on access for people with disabilities (*Divyangjan*)

- d. To understand the CSC usage patterns and level of satisfaction regarding services provided in CSCs initiative among the beneficiaries
- e. To assess the status and types of Operational and Management (O&M) systems, including of the capacities of the CSC operators/managers/cleaners
- f. To understand the role of women in planning and implementation of the CSC initiative and operation
- g. To identify best and worst performing CSC in terms of their operationalization and management and document them for future learning
- h. Develop a list of recommendations for the Central and State Governments and to the Panchayati Raj Institutions (PRIs) on how to strengthen the overall operationalization of the CSCs

1.4. Data and Methods

1.4.1. Mixed Methods Approach

The assessment is based on a convergent mixed-method research design that involves collection of quantitative and qualitative data simultaneously and analysing them separately for findings and insights. The quantitative data collection procedure adopts a multistage sampling strategy for selection of CSCs across the six selected states viz. Andhra Pradesh, Assam, Chhattisgarh, Gujarat, Madhya Pradesh and Maharashtra. These states represent various geographic zones of India; north, south, east, west, and hilly regions. The selection of states was also based on the number of CSC constructions completed as per the Government Management Information System (MIS) database in the states. Besides, the presence of UNICEF offices in the selected states was also considered to facilitate the assessment.

The qualitative methods used for the assessment is based on the grounded theory approach that is widely applied in policy research. A multi-site case study approach was used to understand the programmatic context, covid-19 impact, practice environment and compliances. The qualitative interviews focused on understanding of the O&M activities, gaps and challenges in CSC functioning and operations, perspective of the CSC users and beneficiaries from various socioeconomic and demographic background, gender-sensitivity issues and capacity building needs.

1.4.2. Sampling Design

A multistage sampling was done to select the CSCs across the 6 states. In the first stage, districts were selected using Probability Proportionate to Size (PPS) from the Government MIS data. For each state, a sample of six districts and three blocks within each district was randomly selected. Further, from each block a sample of five CSCs was randomly selected. The selection of CSCs for survey was based on the list of CSCs from the selected states. The respective state government departments for SBM(G) Phase II, district administration, block administration and UNICEF India and State office teams were also consulted for the sample design. The sample size was estimated using the formula:

$$n = \frac{Z^2 p(1 - p)}{d^2}$$

Where n refers to the estimated sample size, Z is the critical threshold value (1.96) reflecting 95 percent level confidence in the estimate, p is the expected proportion of functional CSCs (assumed to be 50%) and d is the margin of error (set at 5%). With above parameters, the sample size, n, is estimated to be 384 CSCs. However, we considered over-sampling of the CSCs across the states to allow for intra-cluster correlation as well as the need to provide adequate sample size for a district level analysis and estimation of confidence interval in keeping with the central limit theorem.

Since SBM(G) Phase 2 was launched in 2020, a key objective of the assessment is to examine the sustainability aspect of the CSCs and for this purpose the sampling frame was primarily restricted to CSCs that were constructed during 2020-22. Districts with three or more blocks with each block having at least 5 CSCs were included in the sampling frame. This sampling frame was designed to ensure representativeness of CSCs for the assessment for reliable statistical insights.

Certain practical limitations, however, led to some adjustments in the final sample for field work and analysis. In case of Andhra Pradesh, however, only 4 districts were selected with at least 3 blocks with 2 CSCs per block as it does not have an adequate number of eligible districts and blocks. Further, during the field implementation stage, the sample in Assam was restricted to 4 districts only as the remaining two

districts could be not visited due to heavy rainfall and transportation barriers despite two attempts from the survey team. The survey work in Maharashtra was discontinued on request of UNICEF after completion of survey in two districts.

1.4.3. Field Implementation

The survey data was collected through field investigators trained by IEG. The following interview schedules were developed: a) Interview schedule for CSC operations and maintenance activities; b) Interview schedule for functioning and management of CSCs; and c) Interview schedule for CSC users and beneficiaries. The interview schedules were administered to the relevant stakeholder viz. the CSC manager or the person responsible for day-to-day management of the CSC, the GP president (GP member or GP secretary). The CSC users were considered under different categories including women, men, elderly, adolescents and *divyangjan*. The data collection was conducted using the KOBO application.

IEG research team has piloted the tools (Quantitative & Qualitative) in the Bhojpur block of Ghaziabad district as it has maximum constructed CSC during February 2022. The purpose of the pilot testing was to refine the survey instruments, understand the sequencing of questions, the average time taken for interviews, and identify potential problems. The observation guidelines were also tested while visiting the CSCs. The quantitative interview schedule were administered to the person in charge of Operations and Maintenance (O&M) in the sample CSCs and the qualitative interviews were conducted with O&M in-charges, end users, panchayat leaders and representatives as well as district and block level functionaries of SBM. During the pilot survey, UNICEF staff also participated and provided feedback on the assessment tools.

Training workshops were organized for the field investigators as well as IEG staff engaged in monitoring and supervision of the field survey activities. The main objective of the training was to ensure uniformity in field implementation approach and procedures adopted for data collection in various states and districts. The field investigators as well as IEG personnel further organized district-level training workshops in all the selected states and districts. Senior project staff from IEG were the resource persons for the trainings. Data coordinators were trained for editing the questionnaires and for data entry in software.

Table 1.1: Selected sample for the quantitative assessment, 2022

Respondents	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
GP representatives	25	60	90	87	90	30	382
O&M In-charge	26	60	90	88	90	30	384
CSC Users*	63	278	359	321	313	90	1,424
Adolescent Boys	0	49	26	3	32	11	121
Adolescent Girls	4	47	25	62	31	5	174
Adult men	22	99	153	114	132	33	553
Adult women	35	66	129	93	97	25	445
Elderly men	1	16	19	43	17	11	107
Elderly women	1	1	5	6	4	5	22
Transgender	0	0	2	0	0	0	2

*Users: Children (< 10 years), Adolescents (10-19 years), Adults (20-60 years) and Elderly (> 60 years).

Table 1.2: Selected sample for the qualitative assessment, 2022

Respondents	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Total
State official	1	1	1	1	1	5
District official	1	1	1	1	1	5
Block official	2	1	1	1	1	6
GP representatives	2	1	1	2	1	7
O&M In-charge	1	1	1	2		5
CSC Users	3	3	6	5	5	22
Total	10	9	11	12	9	50

Table 1.3: List of districts, blocks and GPs / villages selected for assessment

State	District	Block	Gram Panchayat / Village
Assam	Bongaigoan	Srijangram,	Srijangram, Ambari Baregarh, Chakrabhum, Kakaijana, Deohati
		Boitamari,	Ghilaguri, Dhantola, Oudubi, Khagarpur, South Boitamari
		Tapattary	Nasatra Bagekhaity, Rangapani, Lengtisinga, Santoshpur Dumerguri
	Goalpara	Kirshnai,	Dhaigao, Dhugdahra, Mesolkhowa, Bormohara, Fofonga
		Matai,	Matia GP, Srisuryansiri, Garopara, Bkiare, Sidhabare
		Baliyana	Baliyana, Aigia GP, Koliyampur, Dwarka, Makri
	Dibrugarh	Khuwang,	Dikhari moran, Naharani, Khuwang, Tiliki aamguri, Tiloi nagar
		Panitola,	Chabua pulunga, Rangchangi, Pulunga, Nadua, Dikon
		Tengakhat	Dhoria digholia, Gandhia bhojonia, Nakari bhekulajan, Khermia, Kathalguri
	Lakhimpur	Ghilamora*	Ghilamora, Bordoibam,
		Dhokuakhana,	Madhya dhokuakhana, Singia, Uttar dhakuakhana
		Nawboisa,	Dejoo, Rampur bogibil, Madhya nawboisa, Pohumora, Ranganadi
Lakhimpur		Bogolijan, Kamalaboria, Azad, Uttar telahi, Lakhimpur	

State	District	Block	Gram Panchayat / Village	
Chhattisgarh	Raipur	Dharsiwa	Boriya Kala, Temari, Dhaneli, Charoda, Mohdi Mahadi	
		Tilda	Kodva, Bhibhauri, Mohrenga, Kanki, Pikari dih	
		Abhanpur	Kurra, Dulna, parsulidih, Dhondara, Parsada	
	Mahasamund	Mahasamund	Sirpur, Kona' Kharora, Birkoni, Nartora	
		Basna	Kudekel, chhote patne, bichhiya, salhejhariya, Badedabha	
		Bagbahara	Khallari, Dharampur, Chingariya, Patharimurda, Sunsuniya	
	Dhamtari	Dhamtari	Biretara, Ranwa, Sehra Dabri, Rudri, Parewa din	
		Kurud	Pachpedi, Fusera, Sindhouri khurd, Katalbod, Karro	
		Magarlod	Hasda, Shuklabhata, Kapalphodi, Khisora, Megha	
	Korba	Korba	Bela, Karmandi, Bhaisma, Korkoma, Chachiya	
		Katghora	Nawagaon, Suklakhar, Jenjara, Pausana, Devari	
		Poundi uparoda	Banjari, Budhapara, lakhanpur, Jhinpuri, Rode	
	Koriya	Manendragarh	Maharajpur, Barbaspur, Ujijarpur, Kathotiya, Nagpur	
		Baikuntpur	Jamghana, Bishunpur, Odgi, Nagar, Girjapur	
		Sonhat	Bodar, Pondi, Ghugra, Latma, Kailashpur	
	Raigarh	Raigarh	Chiraye pani (paschim), Tarapur, Naurangpur, Bayanga, Katora	
		Baramkela	Hirri, Dhaunra darha, Jhikipali, Bilaigarh, Katang Pali	
		Kharsia	Paraskol, Parsapali, Nahar pali, Bahman Pali, Navapara	
	Andhra Pradesh	East Godavari	Bikkavolu	Konkuduru, Bikkavolu
			Patha	Kundalapalle, Bellampudi
			Gannavaram	
		Guntur	Thallarevu	Injaram, Georgepeta
			Chebrole	Chebrole
			Kakunanu	Kondrapaturu, Kakunanu
Prakasam		Nekarikallu	Rupenaguntla, Nekarikallu	
		Muppalla	Gollapudi	
		Mundlamuru	Marella, Mundlamuru	
Vizianagaram		Darsi	Botlapalem, Darsi	
		Konakanamitla	Nagarajukunta, Siddavaram	
		Cheepurupalli	Karlam, Cheepurupalli	
		Vizianagaram	Jonnavalasa	
		Balijipeta	Chilakalapalli, Balijipeta	
Gujarat		Amreli	Bobbili	Mettavalasa
	Badangi		Vadada	
	Amreli		Dhoularava, Paniya, Sedabhar, Vakiya, Varsata	
	Aravalli	Bagasara	Balapur, Mavjinjra, Nava vaghuniya, Sapar, Manekvada	
		Kokavow	Amrapur, Bhakhali sathali, Dhudhiya Pipaliya, Kokavow Moti	
		Dhansara	Jasvantpara, Navi shinol, Shinol old, Dhasara, Kheta	
	Junagadh	Malpur	Dodiya, Hamirpur, Khalikpur, Malpur, Molli	
		Modasa	Jalodar, Limbhoi, Sabalpur, Sajupur, Sakaria	
		Junagadh	Mavasa Kamri, Nanugam, Bhindora, Jhanjhari, Murumuth	
	Mehsana	Manavadar	Saradiya, Diwasa, Indra, Plasava	
Mangaroad		Juna Kotata, Mekhti, Nagichuna, Sangwata		
	Mehsana	Hardesan, Dediyaasan, Gokalgadh, Hebua, Karsanpura		

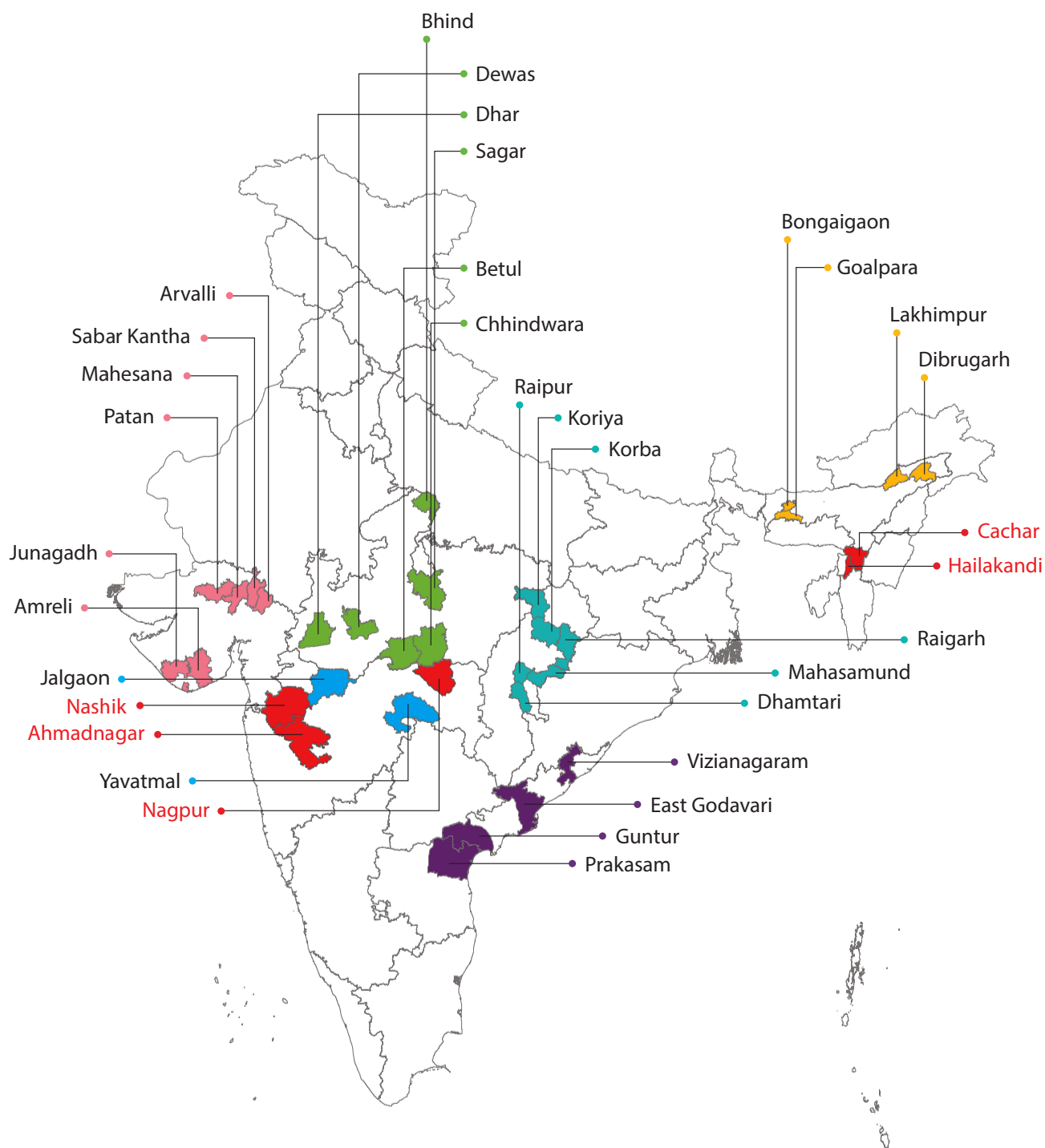
State	District	Block	Gram Panchayat / Village
Madhya Pradesh	Patan	Unjha	Amudh, Hajipur, Karanpur, Pali, Unava
		Vijapur	Bhanpur, Devpura, Kamulpur, Kharod, Vijapur
		Harji	Adiya, Junamanka, Harji, Katra, Roda
		Patan	Der, Kahriavavda, Kharivavda, Manud, Sander
		Saraswati	Siriyat, Siyol, Sugotiya, Sunotarater, Vachlavu
	Sabar Kantha	Himmatnagar	Jamula, Kadoli, Karanpur, Manpur, Vaktapur
		Idar	Daramali, Hinglaj, Laloda, Netramali, Tajpur
		Pranjit	Muhedevpur, Takhtgadh, Dalpur, Piludra, Mahanpur
	Betul	Ghodadongari	Chattarpur, Padar, Sukhadana, Pipari, Bagdane
		Betul	Khedi, Sehra, Kheri klan, Sawaligarh, Kolgaon
		Shahpur	Rampurmal, Babrjhanda, Palaspan, Baretha, Pathai
	Chindwara	Mohkhed	Manalpur, Khunjariklan, Chikhliklan, Jhiriya, Turkikhapa
		Parasia	Umrath, Bhajipani, bhamori, khunjriklan, Patpada
		Junnardeev	Umraithi Dungaria, Panara palachorai ,Bilawerklan
	Bhind	Mehgaon	Mustari ,Konhas, Gigarkhi ,Gkheriyate Duniyapuri
		Lahar	Fardua, Gaintari, Lapura, Tola, Macheran
		Roan	Bada morkhi, Nadna, Dabrgajagir, Machand, Manghar
	Sagar	Sagar	Berkheri , Mokal, Bhagraon, Hanota Kalan, Chandrapur, Amet
		Jaisinagar	Patpada, Richhai, jasinagar, Angariya, Bansa
		Raheli	Mohli, Khejra' Patna Buzurg, Kesli, Berkheri , Mokal, Bhagraon
	Dewas	Dewas	Loharpipliya, Kshipra, Chandana Awaliyapipliya, Bangar
		Sonkatch	Gandharvpuri, Agera, Kumariyarao, Chaubara jagir, Kanka Khajuriya
		Tonk	Chahata dhira, Mandel, Padalya, Sainya jagir, Khareli
	Dhar	Badnawar	Gajnod, Khandigara, Bhamansuta, Nafda, Manasa
Dhar		Piplaya, Dehri saray ,Kabad chakki, Kherod,	
Sardarpur		Amgera, Dasai, Rajpura, Sultanpur, Chotiyabalod	
Maharashtra	Jalgaon	Bhusawal	Achegaon, Anjansonde, Sakari, Pimpalgaon, Varadsim,
		Muktainagar	Halkheda, Khamkeda, Nandwel, Nimkhedi Budruk, Takali
		Yawal	Dahigaon, Pimpri, Ridhuri Vadoda, Takarkheda, Untawad
	Yawatmal	Babhulgaon	Khadaksawanga, Kopra Jankar, Madani, Sawar, Umari
		Kalamb	Gandhinagar, Hiwara, Pimpalshenda, Potgavhan, Taroda
		Yawatmal	Bechkheda, Ghatana, Ratchandana, Saykheda Khurd, Salod heti

About 50 qualitative data collection took place through key informant interviews (KIIs) with various stakeholders such as CSC managers, village/GP authorities closely working on CSCs, O&M managers, etc. Data was collected using in-depth interview guidelines with women, adolescent girls and community users. If there were any differently-abled individuals, then their interviews was also done to understand their perspective. Separate Interview guidelines were developed for CSC managers, O&M in-charge, GP members and CSC users or beneficiaries.

Interview guidelines were developed for in-depth interviews. There were separate guidelines for CSC managers, O&M in charge, GP secretary and women and adolescents as the information required are different. The interviews were recorded after obtaining consent from the participants.

Finally, quantitative data were analyzed using statistical software Stata 16.0. Qualitative data was translated, transcribed and coded. Qualitative data were analyzed in software Qualcoder. Results from

Figure 1.1: States and districts selected for assessment



Assam

Bongaigaon
Goalpara
Dibrugarh
Lakhimpur

Andhra Pradesh

East Godavari
Guntur
Prakasam
Vizianagaram

Chhattisgarh

Raipur
Mahasamund
Dhamtari
Korba
Koriya
Raigarh

Gujarat

Amreli
Arvalli
Junagadh
Mehsana
Patan
Sabar Kantha

Madhya Pradesh

Betul
Chhindwara
Bhind
Sagar
Dewas
Dhar

Maharashtra

Jalgaon
Yavatmal

Note: The survey has not been conducted in the five districts marked in RED colour – 2 districts of Assam due to flood and 3 districts of Maharashtra due to UNICEF's instruction to stop the survey.

the qualitative component were analyzed separately and then integrated in the quantitative component. This integration are in the form of keeping them separate or using the qualitative findings to explain the quantitative component's results.

The Mission Directors (SBM) of all the selected states were approached to implement the survey in the districts of the states. State Mission Director designated a few state officials (Deputy Directors, Swachh Bharat Mission (SBM), Chief Engineers-sanitation, and Programme Coordinators) to support the implementation team for the study at the State level. At the district level, District Collector and District Coordinators with the help of block coordinators and cluster coordinators supported the study team in the selection GPs. The Gram Panchayat level officers also helped the study team while they were visiting the selected CSC for a successful data collection exercise for the research study.

The fieldwork in each state was carried out by interviewers hired by IEG specifically for the conduct of the study. The selection aimed to consider aspects such as local language and conditions. The quantitative questionnaires were translated in the local languages of Marathi, Hindi, Telugu, and Gujarati in selected states. The GPs across various districts were approached to understand local contexts for the survey. The field survey was conducted across the various states and districts during April 2022 to May 2022.

1.4.4. Ethics Committee Approval

The study was reviewed and approved by the Ethics Committee of the Institute of Economic Growth, Delhi. It may be noted that anonymity of the respondents was a major concern. Our findings do not specify the source of suggestions, complaints and feedback to ensure that the respondents' privacy and anonymity are respected. Confidentiality of the data gathered was also kept in mind when storing and sharing with other collaborators/analysts. The study team found that there was an implicit pressure felt by respondents to answer positively, the effect of which could not always be nullified by assuring anonymity acknowledgment. Thus, there is acknowledgment on the part of the research team that some sensitive feedback may not have made its way into the findings due to the participants' unwillingness to share it on

record. Similarly, prior notice was given to districts and GPs in many cases. This could have had an impact on the observations and findings. For example, many GPs prepared for the research team's visit beforehand. Besides, lack of time and a tight schedule also meant wrapping up interviews quickly sometimes, sacrificing a more thorough and nuanced gathering of data. However, questions about the major themes and areas of inquiry were prioritized in such situations.

1.5. Report Outline

The report is organized in eight chapters. Chapter 1 provides the background and objectives of CSC program in SBM-2 along with the methodology for the selection of the districts, blocks, and CSCs for the evaluation. Chapter 2 describes the construction mechanism as well as the management practices involved in operationalization of CSCs constructed in SBM(G). It also covers the Central and state government guidelines, socioeconomic background of the OM in-charge, Gram Sabha participation for the strengthening CSC program as well as locational accessibility of CSCs in the selected villages. Chapter 3 presents analysis on the availability and functioning of Community sanitary complexes and their facility features including the usage of toilets, bathrooms, hand-wash units, and urinals in selected six states. The chapter also highlights the availability of running water and electricity connections in CSCs as well as the employment and income generation in CSCs. Chapter 4 contains details regarding management, operation and maintenance of CSCs which includes socio-economic characteristic of O&M in-charge's background, maintenance activities, and expenditure and payment mechanism in selected CSCs. Chapter 5 documents the perception of the community members regarding functioning, facilities of the CSC, awareness and usage of CSC initiative among beneficiaries, sanitation preference before CSC program. Chapter 6 reports the insights from program officials and GP representatives on the construction, functioning, and maintenance of CSCs. Likewise chapter 7 includes the qualitative insights of beneficiaries on the construction, functioning, and maintenance of CSCs. Chapter 8 summarizes the key findings and main recommendations for improving various aspects of CSC program in terms of its functioning and maintenance.

02

Community Sanitary Complexes Construction and Management Practices



2.1. Background

The key objective of SBM (G) Phase II is to sustain the ODF status of villages and to improve the levels of cleanliness in rural areas through solid and liquid waste management activities, making villages ODF Plus. This includes: (a) ODF Sustainability: That all household in a village, as well as the Primary schools, Panchayat Ghar and Anganwadi Centre, have access to a toilet and that continued behaviour change communication is ensured in the village. At least five Information, Education and Communication (IEC) messages on specified themes should be prominently displayed in the village. If the village has more than 100 households, it should have a Community Sanitary Complex (CSC). Later government changed the criteria of 100 households residing in the village for CSC construction

SBM (G) Phase-II strongly focuses on Solid Liquid Waste Management (SLWM) whereby components such as solid waste management, Gobar Dhan, plastic waste management, greywater management and Faecal Sludge management would be given impetus. Under SBM, the swachhagrahis are also appointed to ensure ODF sustainability including their involvement in motivation for CSC construction and its operation and maintenance.

2.1.1. CSC Construction and Monitoring Guidelines

Guidelines for SBM(G), 2018 provides detailed information about the strategy, planning, implementation, components of SBM (G), role of PRIs, release of funds etc. It further states that CSCs with appropriate seats, bathing cubical, washing platforms wash basin can be built in the villages wherein it will be easily accessible for the rural population. The maintenance of these CSC will be the ultimate

responsibility of the Gram Panchayat. It is also suggested that the users - when CSCs are specifically meant for households - may contribute a reasonable monthly users charge for cleaning and maintenance.

The guidelines on monitoring mechanism warrants monthly reporting of physical and financial progress status regarding the implementation of the program through the management information system (MIS). It is prescribed that at the District level, the District Collector /Deputy Commissioner/Magistrate/CEO Zilla Panchayat shall review the progress of the Mission in each Gram Panchayat from time to time. Similarly, Secretary in-charge of rural sanitation in the State must review progress with the district officials on a regular basis. Moreover, for an effective monitoring of the programme geo-tagging of community assets constructed under the programme is also prescribed through the SBM(G) mobile app.

2.1.2. CSC Construction Budget

CSC constructions in its prior avatar was allocated a sum of Rs. 2 lakh per CSC whereby 10 percent of the sanctioned amount was required to be borne by the GP. However, in SBM-II the fund allocation for CSC was increased up to Rs. 3 lakh per CSC and 30% of which will be borne by GP. From a funding perspective, The World Bank has also provided performance incentive grant to the States against the disbursement linked indicators (DLIs) as per the results of the National Annual Rural Sanitation Survey. These guidelines made clear that the States have flexibility to use these grants for making the villages ODF through IHLS, community sanitary complexes (CSCs), School/ Anganwadi toilets, rural sanitary marts, SLWM activities including collection, segregation, and safe disposal, household composting and biogas plants,

safe disposal of menstrual waste, low cost drainage, soak pits etc.

To ensure the transparency, accountability, and effective monitoring of the funds government notified that REAT (Receipts, Expenditure, Advance, and Transfer)/ DBT module on PFMS should be used for all payments. It is also suggested that all States/ UTs will operate a single saving bank account in any scheduled commercial bank or Bank authorised by the State government for receipts of SBMG. Unspent amount in this programme should be transferred to the state nodal account and all existing accounts for SBMG at district/block/GP level will be closed. All implementation agencies and below level agencies in the States/UTs ought to register in PFMS and need to map with linked state codes for SBMG and to the State nodal account. Document related to PFMS under Swachh Bharat Mission provides detailed instructions and guidelines on how to use PFMS so as to facilitate the procedure at all levels of administration. Guidelines are also provided regarding modalities for utilization of this grant.

Operational guidelines for the implementation of the recommendations of the 15th Finance Commission notified that that commission has recommended Rs. 71,042 crore tied grants that should be utilised for sanitation and maintenance of ODF status, it also includes the management and treatment of the household waste, and human excreta and faecal sludge management as well. It is also suggested that these tied grants can be utilised in convergence with any other scheme aided by the Central Government.

2.1.3. IEC Activities

The objective of SBM(G) is not only to construct toilets but also bring about behavioral and attitudinal change among masses with respect to hygiene and sanitation practices. Since open defecation has been a long-standing developmental concern, the SBM has emphasized on behavioural change issues with adequate focus on IEC activities. The role of the State in IEC is suggested under three major activities namely, fund allocation for IEC/BCC, planning for IEC/ BCC activities and operationalize IEC/BCC related activities. As per the program guidelines, 8% of the overall SBM(G) budget should be spent on IEC activities, of which 5% is to be used by the states, plus

matching allocation from State governments is to be made. Further, states should spend at least 60% of their IEC allocation (both Central and State share) on inter-personal communication. This condition is also reviewed prior to release of funds from the union government.

2.1.4. Convergence

The union government amended the MGNREGA Act to include the provision for using the MGNREGA funds for the unskilled wage component to construct Community Sanitary Complexes in convergence with Swachh Bharat Mission (Grameen) to achieve open defecation free status, and solid and waste management as per the norms. In this light, the Government's order on July 20, 2020 stated that up to 230 person days from MNREGA can be employed to construct CSC in rural areas and paved way for convergence of SBM and CSC initiatives. (L-13060/48/2019/-RE-VII (e-369455)).

This provision can be critical because of both increased contribution of the GP in CSC construction budget as well as the mandate for ensuring adequate sanitation coverage of all relevant public spaces to ensure ODF Plus status of the village. In particular, these are specifically outlined under the programmatic concepts under ODF Plus viz. aspiring village, rising village and model village. They are defined as follows (S-11011/2/2020-SBM-DDWS dated 9th September 2021):

1. **ODF Plus** - Aspiring village where a) all households in the village has access to functional toilet facility, b) all schools/ anganwadis/ Panchayat Ghar has access to functional toilets with separate toilets for male and female, and c) village has arrangement for Solid Waste Management (SWM) or Liquid Waste Management (LWM).
2. **ODF Plus** - Rising village where a) all HH in the village has access to functional toilet facility, b) all schools/ anganwadi centres/ Panchayat Ghar has access to functional toilets with separate toilets for male and female, c) village has arrangement for SWM, and d) village has arrangement for LWM.
3. **ODF Plus** - Model village where a) all HH in the village have access to functional toilet facility, b) all schools/ anganwadi centres/ Panchayat Ghar has

access to functional toilets with separate toilets for male and female, c) all public spaces in the village need to have minimal litter, minimal stagnant watershade, and no plastic waste dump in public spaces, d) village has arrangement for SWM, and e) village has arrangement for LWM.

Functioning in a convergence mechanism with judicious use of union and state government resources for the program, as well as GP's own funds and those made available through convergence guidelines can be critical to expand the ODF Plus status of villages.

2.1.5. Operation and Maintenance of CSCs

The SBM(G) mandates that the O&M should include the provisions to ensure the continued usage of the CSC as:

1. Electricity, running water in toilets/ bathrooms (where applicable) and for hand washing
2. Cleaning material viz. brush, toilet cleaning powder/ solution, disinfectant, soap, waste bin etc. for regular cleaning of the CSC
3. For O&M state can engage a person/SHG/agency for day to day maintenance in CSC
4. To ensure the safety of CSC

The guideline on operation and maintenance of CSCs state that the states/district are free to use any O&M model. However, the government of India suggested few alternative to make the CSC initiative sustainable (S-110011/3/2020-SBM-DDWS). These include:

- a. Contracting:** GP may contract out entire O&M or specific activities to SHG/ agency. However, the provision of electricity and water supply, provision of cleaning material and one-time repair works remains the GP's responsibility.
- b. Leasing:** the entire CSC facility may be rented out to a private entity/ (individual/ SHG/Agency) by the Gram Panchayat. The private entity in this regard will take care of all aspects of O&M and charge user fee to cover its operational cost. It is made clear that the user fee should be reasonably low to cover the sanitation needs of the rural population.
- c. Community management:** community also can manage the day-to-day operations in CSC on a

rotation basis with the electricity and water supply support by GP and one-time repair work. The operational cost may be divided into the users' family.

- d. Public Private Partnership:** A community level federation (CLF) / local industry/ commercial entity/external agency may be used for regular O&M. Such partnerships may also be formalised at Block/District level to ensure revenue generation.

It is also advised that GP can consider building shop mart or small shop attached to CSC selling daily household items. The shopkeeper in this case, can be made responsible for maintenance of the complex and monthly rent can be paid to GP. Outer walls of CSC can also be used for advertisements and GP can generate revenue.

2.2. State-level Implementation

2.2.1. Andhra Pradesh

In Andhra Pradesh a meeting regarding CSC construction was held on 26th June 2020 with the officers of technical committee for the finalization of CSC program implementation. The committee suggested to build the conventional type sub structure with piles/columns. Super structure with brick masonry and required sanitary, water supply and electricity connection with soak pit/septic tank. The estimated cost is Rs. 300000/- per unit with one seat and separate urinals for men and women.

The 70% share of total CSC expenses were spent through SBM and 30% amount was spent from 15th Finance commission's grants. The responsibility of operation and maintenance of constructed CSC is with GP. GPs are allowed to charge usage fee from users for the O&M activities.

For the CSC construction in SBM-II the Swachha Andhra Corporation (SAC) suggest by the order dated 4th August 2020, to build CSC in village secretariat. However, the CSC area was also given administrative and technical sanction at public health centres, Backward Class welfare and Tribal welfare hostels. The priority is also given to those areas where SC/ST population resides and tries to make villages ODF free in Andhra Pradesh. However, Gram Sabha's proposal regarding CSC location was also considered.

2.2.2. Assam

Fund related activities to SBM (G)-II at village, 70% is transferred in two instalments to GP account by district water and sanitation committee. Also it is stated that 30% amount on the Community Managed Sanitary Complexes (CMSC) should be spent through 15th Finance Commission tied funds. For operation and maintenance it is suggested that the involving of SHG or local NGO would be fruitful for the sustainability of the program. In this regard GP may enter into bipartite agreement with local SHGs/NGO.

Standard operating procedure for construction CMSC in Assam includes six steps:

- 1. Preliminary work with GP:** In this stage, Panchayat and rural development (P&RD) prepares the list of district-wise CMSC requirement and share it to SBM(G) through District Water and Sanitation Committee (DWSC). Based on the requirement SBM(G) prepares the annual implementation plan. GP President conducts the site selection processes with the Gram Sabha. Similarly, the site for SLWM is also finalized.
- 2. Execution and funding:** Having selected a site for the CMSC construction, the DWSC demand 70% fund for the construction to SBM (G) Assam.
- 3. Transfer and handling of funds with GP:** For the fund transfer process, the DWSC collects account numbers of selected GP in which CMSC will be constructed and same is collected by SBM(G) Assam. The DWSC is the construction agency in Assam and accordingly the respective GPs transfer the mandated share of 30% to DWSC along with the 70% share transferred by SBM(G). For the new CMSC the DWSC initially transfer 50% of SBM(G) share to GP accounts for ensuring continuity of CMSC construction and remaining 50% will be transferred for purchase of vehicle for SLWM and maintenance of Material Collection Facility (MCF).
- 4. Utilization certificate submission to DWSC:** Standard format of UC is provided by P&RD and SBM. GP provides the utilization certificate to DWSC that contains expenditure information and details regarding CMSC, MCF, soak pit construction activities. Before submission of the utilization certificate, the GP representatives and DWSC jointly conduct the monitoring of assets constructed

and also submit their report to Member Secretary of DWSC. Having found all constructions criteria and meeting up of all technical specification the remaining 50% amount is transferred to GP.

- 5. Asset sustainability:** Assets created through SBM will be maintained by GP. For CMSC the GPs are free to use model that may generate revenue and help sustain the program. Remuneration, wages for drivers and workers will be met by GP.
- 6. Operation and Maintenance:** It is also suggested that GP can use 15th Finance Commission's tied fund for the operation and maintenance and on convergence in CMSC and SLWM. This includes expenditure on electricity, chemical, wages / payment of operator, etc.

2.2.3. Chhattisgarh

Under the SBM(G) CSC construction plan, the Mission Director SBM(G) in Chhattisgarh has suggested that initial priority for CSC construction should be given to state or national highways in the state. In this regard, one CSC need to be constructed per 10 km distance interval along the state or national highways in Chhattisgarh. The targets for each districts were decided accordingly. For example, CSC targets for Dhamtari, Bilaspur, Gariyaband were 810, 299 and 400, respectively for 2020-21. In addition, the GPs in Chhattisgarh can also request for CSCs in their village areas and accordingly submit the proposal to Chief Executive Officer, Zilla Panchayat. The location for CSC construction is decided through the Gram Sabha. The technical and administrative sanction is given to GPs if they fulfil all the necessary criteria according to the SBM(G) program guidelines.

The fund limit on CSC construction was Rs.3 Lakh as per the SBM(G) revised guidelines. The 70% share (Rs. 210,000) is provided by SBM(G) and 30% (Rs.90,000) share is allocated by GP through the 15th Finance Commission grants. State guidelines on convergence suggested that about Rs. 50000/- can be spent through MNREGA funds toward wage bill.

The World Bank supported SBM program through its performance-based incentive fund whereby it is notified by the Mission Director SBM (G) that GP can utilize the entire Rs. 3 Lakh provided through this fund to construct CSC as prescribed by SBM –II operational

guidelines. There are three types of CSC constructed in Chhattisgarh according to the amenities and features of the sanitary complex. These alternatives range from a construction budget of Rs.3.5 Lakh, Rs.4.5 Lakh and Rs.5.5 Lakh. The cost variations are mainly on account of number of toilet seats and urinals as well as specific provisions for *divyangjan* or transgender. Shop marts are also included for construction in higher cost alternatives.

The specific fund sharing plans for these alternatives are as follows:

- CSC with 3.5 lakh estimated cost get Rs. 210,000 (70%) fund from SBM (G), Rs. 90,000 (30%) from 15th FC grants and 320 man-days (Rs. 50,000) from MNREGA.
- CSC with 4.5 lakh estimated cost get Rs. 210,000 (70%) fund from SBM (G), Rs. 90,000 (30%) from 15th FC grants and 320 man-days (Rs. 50000) from MNREGA and Rs. 100,000 from World Bank Performance Grant.
- CSC with 5.5 lakh estimated cost get Rs. 500,000 from World Bank Performance Grant and 320 man-days (Rs. 50000) from MNREGA.

2.2.4. Gujarat

CSC construction activities under SBM(G) Phase I is nearing completion in Gujarat. The procedure of CSC construction involves five steps as follows: a) selection of village, b) submission of proposal, c) location

of CSC, d) technical and administrative sanction, and e) fund allocation. The implementation of CSC construction under phase one involves a three-tier administrative process in the state involving district, block and GP level officials. District officials initiate the activity by notifying that community sanitary toilets need to be constructed in the respective districts. On this notification, an awareness campaign is organised by the district and block Panchayats. The Gram Panchayats are invited to submit their proposal to the Block Panchayat for CSC construction. The GP's proposal is discussed and approved through the Gram Sabha meeting which involves community participation including women, adolescents, GP members, Secretary and President of the GP. The resolution passed in the GS becomes the proposal for CSC construction. Technical sanctions (site verification, documents verification) are conducted by Block panchayat. Following the verification activities, the proposal is reviewed against prescribed norms that are decided by SBM(G) Phase I guidelines and accordingly administrative sanction is provided by the district panchayat. Before providing the technical sanction, it is ensured that the GP can provide water and electricity connectivity to CSC and can take charge of its routine operation and maintenance.

Budget allocation for the community toilets construction in the first phase was Rs. 2 Lakh per CSC. Of which Rs. 180,000 is granted by SBM-I and remaining Rs. 20,000 is borne by GPs. The officials prepared the measurement book (MB) which contains

Table 2.1. CSC Construction Budget Slabs (Rs. in Lakhs), Chhattisgarh

Specifications	Rs. 3.5 Lakh		Rs. 4.5 Lakh		Rs. 5.5 Lakh
	Alternative 1	Alternative 2	Alternative 1	Alternative 2	Highway
Toilet seats (Female)	2	1	2	1	3
Toilet seats (Male)	2	1	2	1	3
Urinals (Female)	1	2	1	1	2
Urinals (Male)	1	2	1	1	2
Seat (<i>Divyangjan</i>)	–	–	–	–	1
Seat (Transgender)	–	–	–	–	1
Bathrooms (Female)	–	–	1	2	1
Bathrooms (Male)	–	–	1	2	1
Electricity and water	Yes	Yes	Yes	Yes	Yes
Shop Mart	–	–	Yes	–	Yes

details regarding design, measurement and materials required for construction of CSCs. GPs can build CSC according to their need and estimates, however, the amount granted for CSC is maximum of Rs.180,000 which is transferred to the GP. The CSC related information is uploaded on the program MIS for review and monitoring.

2.2.5. Madhya Pradesh

The planning process in Madhya Pradesh involves the steps including selection of villages, finalization of location, proposal to Zilla Panchayat, technical and administrative sanction and fund disbursement.

GPs having fulfilled the required criteria prescribed by SBM (G), submit a proposal to Zilla Panchayat for CSC construction. This proposal is reviewed for consistency with the program specifications and accordingly the administrative and technical sanctions are granted. The priority for CSC construction is given to GPs or villages with a) more than 2500 population, b) considerable floating and migrant population, c) religious spots and places of spiritual importance, d) villages where CSC is direly needed.

In addition, the official guidelines suggest that the sanitation needs of the poor, scheduled castes and tribes and floating population is addressed through CSC. Government encourages a CSC construction with a shop mart. For example, in the Chindwada district of Madhya Pradesh, 200 CSCs were constructed and CEO Chindwada directed the construction of a Sanitation mart and Swacchhata mart for which Rs. 24,000 can be spent on Mart construction. The aim of such Mart construction is to provide work and employment avenues for women with focus on cleaning and sanitary materials. CSC can be constructed nearby market, bus stand, railway station, SC/ST hamlets.

Gram Panchayat selects the location of CSC construction through Gram Sabha meetings. Design is prepared according to fund availability, the ZP assists in preparing the design, implementing the design etc. Guideline in MP indicates that construction/ design of CSC should be usable and appropriate for children, women and *Divyangjan* and CSC will have separate opening /entrances for men and women, urinals, wash basin, as well as bathing cubicles as per the demand of villagers. In addition, the display board,

security, availability of water, water storage, plumbing, electricity and wiring has to be installed in each CSC. While constructing CSCs attention needs to be given to walls, windows, adequate ventilation, tiles, terrace / roof, doors and lighting arrangements.

With respect to the excreta containment arrangements, the twin leach pit model is found to be feasible though the GPs can consider building septic tank if desired subject to budget constraints as per the program guidelines. About Rs. 2.10 lakh is allotted through SBM (G) and GP allots Rs. 90, 000 from 15th Finance Commission grants. Also, the GP can utilize wage bill of up to 230 person days of unskilled labour for CSC construction through the MGNREGA funds.

GPs were advised to appoint a person or SHG or agency to carry out the operation and maintenance activities in CSCs. These maintenance activities include electricity, plumbing, water supply, cleaning material (soap, powder, dustbin, broom, brush, etc.). Also maintenance and cleaning septic tank and excreta management is given to a person/agency/SHG. GP have different alternatives for O&M viz. contracting, leasing, community management, private-public partnership or community level federation.

2.2.6. Maharashtra

The plan of SBM-II was prepared in two stages. The Water Supply and Sanitation Department (WSSD) implemented and monitored the planning process and provided training to Block resource coordinator (BRC), Circle resource coordinator (CRC), GP secretary, president and vice-president of GP. A visit schedule is prepared for GPs and Villages by the BRC and CRC to disseminate the programme related information as well as to give GPDP related information. This includes information on demographics, institutions such as schools, AWC, health centre etc. In addition, the team visits the market places, barren spaces, bus stand, and public spaces where there is high requirement for solid and liquid waste management. Thus, the team collects all relevant information that can be used for effective functioning of the programme.

The each concerned district department asked the GPs to apply for CSC wherever it was needed and District Annual Action plan was prepared and the villages according to their demand were selected for

CSC construction. To meet the SBM(G) objectives, the state guidelines also emphasize that CSC sites should be selected in such a manner that these toilets are easily accessible to those in greater need including the migrants and the floating population. Before construction the GPs need to take administrative and technical sanction from Block panchayat and Zilla Panchayat.

The number of seats in toilet is determined by the number of users a day and it is suggested that 40 users can use one seat. It is recommended that the following provisions should be ensured in CSC: electricity, running water in toilets/bathrooms and for hand washing, cleaning materials such as brush, cleaning powder, disinfectant, soap waste bins, a person/agency or SHG for daily maintenance, maintenance of structure, regular dislodging of drains and tanks connected to it. Furthermore, it is recommended that CSC should have twin pit technology to economize the expenditure however, in case of septic tank adequate sewage management should be ensured. The central government guidelines, however, provides flexibility to decide on the O&M model.

Maharashtra government tried to follow Centre's guidelines and no separate guidelines were provided. While selecting village for CSC villages with at least 100 households were selected, villages where people gathered for ritual or religious congregation were the priority so as to sanitation needs of floating population could be addressed. All GPs who applied for CSCs were made mandatory to provide the electricity, water facility, maintenance of CSC. The Gram Sabhas were contacted to select the location of CSCs as well as SC/ST, poor hamlets were targeted so as to make CSC available to them.

Standard procedure of construction of CSC involves the following steps.

- 1. Selection of village:** Villages with at least 100 households were selected for CSCs. The priority was given to those villages where CSC was not constructed. In addition, villages where market / bazaar is conducted, with migrant population as well as floating population have been focused.
- 2. Selection of location:** Gram Sabha in each village selects the location of CSC. The SC/ST hamlets,

areas with high poverty and deprivation, and dense market places are considered suitable points for CSC construction.

- 3. Proposal submission and sanction:** Each district invites the GPs to apply for CSCs as per their needs and requirement. The District Annual Action plan is prepared and the villages according to their demand are selected for CSC construction. After meeting all administrative and technical criteria for the CSC construction, the administrative sanction and technical sanction is granted.
- 4. Execution and funding:** The fund limit on CSC construction was about Rs. 300000. Of which 70% amount (Rs. 210000) was provided by SBM-II and 30% (Rs. 90000) amount was spend through 15th finance commission grants.
- 5. Operation and maintenance:** It is expected from the Gram Panchayat that it will provide electricity and water supply to CSC. It is suggested that GPs will appoint SHGs or community based organisation for operation and maintenance of these CSCs or GP can use pay and use model for the sustainability perspective.
- 6. Availability of ancillary facilities:** Facilities such as availability of water and electricity, cloth washing space, hand-wash unit, *divyangjan*/children/old-age friendly design, separate units for women, IEC, visibility board mentioning expenditure; facilities, are made compulsory in the CSC. Maharashtra government notified that bathroom facility, availability of sanitation equipment and other washing materials for CSCs would be optional.

2.3. Insights from GP Officials

To understand operational and maintenance activities under CSC initiative the Gram Panchayat Presidents/ officials/ members were interviewed during the field visits. Overall, the GP sample comprises 64.4 percent males and 35.6 percent females. State-wise background characteristics of the GP officials/ members covered in the sample are provided in Table 2.2. More than one-third of the respondents are in the age group 40-60 years. Most of the interviewed GP officials belong to OBC (44.8%) followed by General (22.6%), Scheduled Tribes (20.2%), and Scheduled

Castes (11.8%). In Chhattisgarh, Madhya Pradesh, and Assam considerable proportion of GP officials are from ST background.

One-third of the GP officials/members have completed their graduation (34.4 %). In Assam and Maharashtra, most of the interviewed officials/

members have completed higher education (45.0% and 41.4%, respectively). About 2.4 percent of the respondents are illiterate. About one-fourth of the respondents had secondary education. The distribution of education across states suggests that above 45 percent of the respondents in Chhattisgarh and Gujarat are graduates.

Table 2.2: Background characteristics of Gram Panchayat officials/ members

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Sex							
Female	11 (44.0)	28 (46.7)	42 (46.7)	19 (21.8)	26 (28.9)	10 (33.3)	136 (35.6)
Male	14 (56.0)	32 (53.3)	48 (53.3)	68 (78.2)	64 (71.1)	20 (66.7)	246 (64.4)
Age							
Below 30	1 (4.0)	3 (5.0)	9 (10.0)	17 (19.5)	2 (2.2)	5 (16.7)	37 (9.7)
31-40	9 (36.0)	17 (28.3)	46 (51.1)	29 (33.3)	26 (28.9)	14 (46.7)	141 (36.9)
41-50	7 (28.0)	32 (53.3)	24 (26.7)	27 (31.0)	38.0 (42.2)	9 (30.0)	137 (35.9)
51-60	7 (28.0)	7 (11.7)	10 (11.1)	10 (11.5)	21 (23.3)	2 (6.7)	57 (14.9)
Above 60	1 (4.0)	1 (1.7)	1 (1.1)	4 (4.6)	3 (3.3)	0 (0.0)	10 (2.6)
Social Group							
General	10 (40.0)	16 (26.7)	1 (1.1)	39 (44.8)	20 (22.2)	0 (0.0)	86 (22.5)
OBC	9 (36.0)	23 (38.3)	54 (60.0)	40 (46.0)	32 (35.6)	13 (43.3)	171 (44.8)
Scheduled Caste	5 (20.0)	6 (10.0)	7 (7.8)	7 (8.1)	15 (16.7)	8 (26.7)	48 (12.6)
Scheduled Tribe	1 (4.0)	15 (25.0)	28 (31.1)	1 (1.2)	23 (25.6)	9 (30.0)	77 (20.2)
Education							
Illiterate	3 (12.0)	0 (0.0)	0 (0.0)	3 (3.5)	3 (3.3)	0 (0.0)	9 (2.4)
Up to 5th/primary	5 (20.0)	0 (0.0)	7 (7.8)	4 (4.6)	8 (8.9)	0 (0.0)	24 (6.3)
Up to 8th/middle	1 (4.0)	4 (6.7)	10 (11.1)	5 (5.8)	11 (12.2)	2 (6.7)	33 (8.6)
Up to 10th/secondary	3 (12.0)	20 (33.3)	14 (15.6)	12 (13.8)	23 (25.6)	9 (30.0)	81 (21.2)
Up to 12th/ HSC	3 (12.0)	27 (45.0)	18 (20.0)	22 (25.3)	21 (23.3)	12 (40.0)	103 (27.0)
Graduation & above	10 (40.0)	9 (15.0)	41 (45.6)	41 (47.1)	24 (26.7)	7 (23.3)	132 (34.6)

Table 2.3: Role of the Panchayat members/officials in the construction of CSC

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Role of Panchayat Members							
Planning	4 (16.0)	8 (13.3)	78 (86.7)	80 (92.0)	84 (93.3)	25 (86.2)	279 (73.2)
Design	6 (24.0)	0 (0.0)	11 (12.2)	25 (28.7)	30 (33.3)	0 (0.0)	72 (18.9)
Site selection	19 (76.0)	52 (86.7)	86 (95.6)	82 (94.3)	86 (95.6)	26 (89.7)	351 (92.1)
Expenditure	2 (8.0)	2 (3.3)	82 (91.1)	64 (73.6)	79 (87.8)	22 (75.9)	251 (65.9)
Finalization of CSC Design							
Block officials	4 (16.0)	18 (30.0)	88 (97.8)	84 (96.6)	71 (78.9)	28 (96.6)	293 (76.9)
Gram Panchayat	3 (12.0)	3 (5.0)	17 (18.9)	19 (21.8)	35 (38.9)	0 (0.0)	77 (20.2)
People in the village	0 (0.0)	0 (0.0)	4 (4.4)	5 (5.8)	16 (17.8)	1 (3.5)	26 (6.8)
SHGs	0 (0.0)	0 (0.0)	3 (3.3)	1 (1.2)	0 (0.0)	0 (0.0)	4 (1.1)
Others	22 (88.0)	45 (75.0)	6 (6.7)	1 (1.2)	2 (2.2)	0 (0.0)	76 (20.0)
Response Related to Expenditure in CSCs							
Availability and awareness on expenditure guidelines for O&M	6 (24.0)	46 (76.7)	43 (47.8)	17 (19.5)	55 (61.1)	0 (0.0)	167 (43.8)

Table 2.3 provides information regarding the roles played by GP representatives in planning, design, site selection, and expenditure management of CSCs. The field survey finds that GP members play a significant role in site selection (92.1%), planning (73.2%), and expenditure management (65.9%). However, they have limited role in selection of CSC design (18.9%). Majority of the respondents reported that

the design of CSCs was finalized by the block level officers (76.9%) followed by the GP representatives (20.2%) and others (20%) including district-level departments for public works or engineering. Around 43.8 percent of the respondents reported that there is an expenditure guideline for O&M. Higher level of awareness regarding these guidelines is reported in Assam (76.7%) followed by Madhya Pradesh (61.1%).

Table 2.4: Distribution of the CSCs by location and accessibility

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Location of the CSC							
Within the village	22 (84.6)	54 (90.0)	73 (81.1)	44 (50.0)	53 (58.9)	13 (43.3)	259 (67.5)
CSCs located outside habitation but easily accessible	2 (7.7)	6 (10.0)	15 (16.7)	39 (44.3)	31 (34.4)	16 (53.3)	109 (28.4)
CSCs located outside habitation and difficult to access	2 (7.7)	0 (0.0)	2 (2.2)	5 (5.7)	6 (6.7)	1 (3.3)	16 (4.2)
CSCs Located Near Public Buildings/Spaces							
Public Market	0 (0.0)	4 (6.7)	26 (28.9)	8 (9.1)	31 (34.4)	1 (3.3)	70 (18.2)
Bus stand/Auto stand	0 (0.0)	2 (3.3)	12 (13.3)	9 (10.2)	15 (16.7)	2 (6.7)	40 (10.4)
Government buildings/offices	2 (7.7)	3 (5.0)	33 (36.7)	16 (18.2)	11 (12.2)	1 (3.3)	66 (17.2)
Panchayat Bhavan	15 (57.7)	7 (11.7)	27 (30.0)	26 (29.6)	36 (40.0)	1 (3.3)	112 (29.2)
Anganwadi	1 (3.9)	3 (5.0)	18 (20.0)	7 (8.0)	24 (26.7)	0 (0.0)	53 (13.8)
Hospital	3 (11.5)	5 (8.3)	13 (14.4)	0 (0.0)	3 (3.3)	0 (0.0)	24 (6.3)
Schools	1 (3.9)	11 (18.3)	19 (21.1)	13 (14.8)	28 (31.1)	3 (10.0)	75 (19.5)
Roads/Highways	1 (3.9)	2 (3.3)	45 (50.0)	10 (11.4)	15 (16.7)	15 (50.0)	88 (22.9)
None of the above	6 (23.1)	24 (40.0)	6 (6.7)	34 (38.6)	6 (6.7)	7 (23.3)	83 (21.6)
Total	26 (100)	60 (100)	90 (100)	88 (100)	90 (100)	30 (100)	384 (100)

Selection of the location for the CSC construction is an important factor ensuring the accessibility. The table 2.4 shows more than 67 percent of the CSCs are located within the village followed by the CSCs located outside, which is just away from the hamlet/ households and easy to access (28.4%). Around 4 percent of the CSCs were also reported as located outside to the household/hamlet and are difficult to access by the community. It is also found that less than 22 percent of the CSCs are not located near any public buildings/spaces and other CSCs are located near various public buildings including government buildings, panchayat office, Anganwadi, hospitals and schools.

In Andhra Pradesh, all selected CSCs are directed to construct in the panchayat secretariats in the SBM phase II. Most of the CSCs in SBM I were constructed near temples. In Assam, most of the CSCs were constructed near temples and managed by the temple trusts. In several cases the CSCs are constructed near public roads to promote greater use.

Figure 2.1a: Distribution of CSCs located outside the village and difficult to access

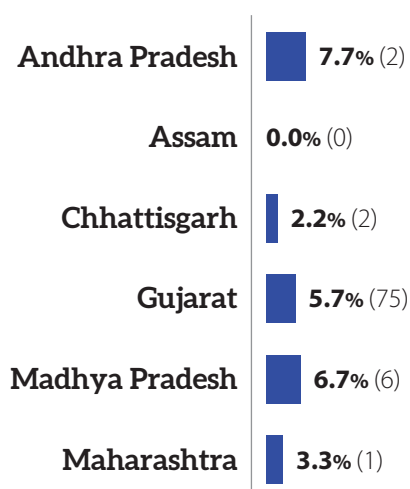


Figure 2.1b: Distribution of CSCs located outside the village but easily accessible

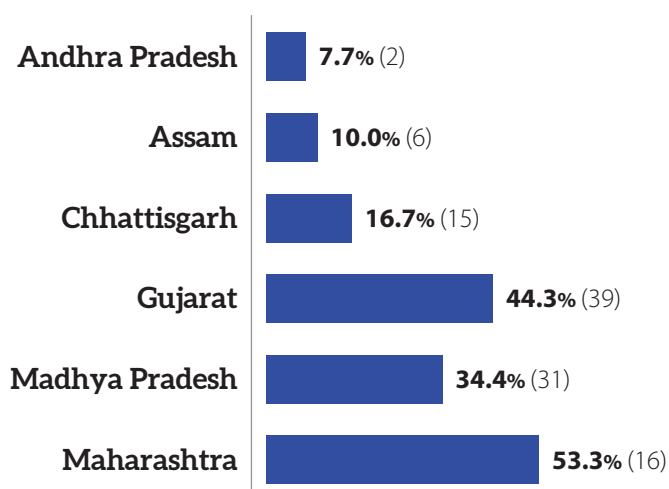


Figure 2.1c: Distribution of CSCs located within the village

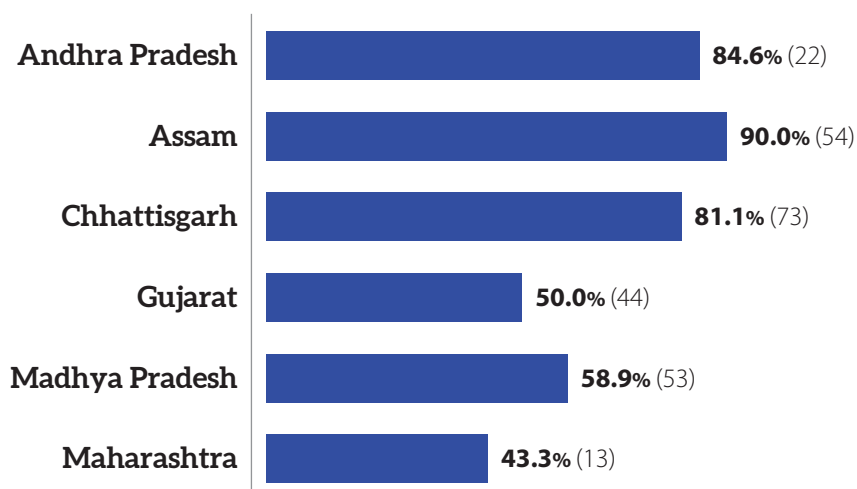


Table 2.5: Details of meeting held before CSC construction in six states, India, 2022

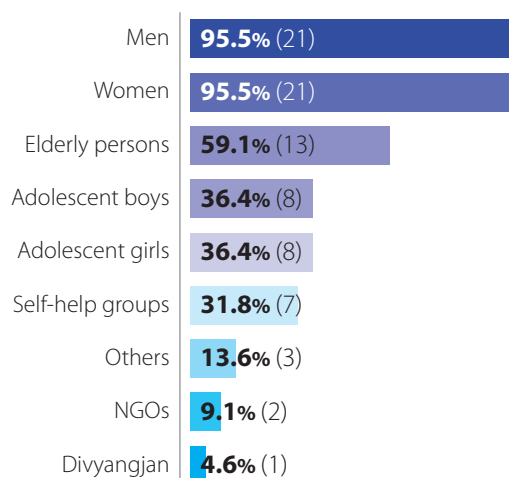
Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Meeting Conducted Before Construction of CSC							
Meeting conducted	22 (88.0)	59 (98.3)	89 (98.9)	86 (98.9)	90 (100.0)	30 (100.0)	376 (98.4)
Meeting not conducted	3 (12.0)	1 (1.7)	1 (1.1)	1 (1.2)	0 (0.0)	0 (0.0)	6 (1.6)
Number of Meetings Held							
Min / Max	0 / 4.0	1.0 / 3.0	1.0 / 5.0	1.0 / 6.0	1.0 / 20.0	1.0 / 2.0	0 / 20.0
Mean (std)	2.4 (1.2)	1.4 (0.7)	2.2 (0.9)	1.9 (1.1)	2.5 (2.2)	2.0 (0.2)	2.1 (1.4)
Numbers of Participants in the Meeting for CSC Construction							
Men	21 (95.5)	58 (98.3)	86 (96.6)	86 (100.0)	89 (98.9)	17 (58.6)	357 (95.2)
Women	21 (95.5)	58 (98.3)	86 (96.6)	85 (98.8)	83 (92.2)	17 (58.6)	350 (93.3)
Adolescent boys	8 (36.4)	4 (6.8)	15 (16.9)	46 (53.5)	45 (50.0)	12 (41.4)	130 (34.7)
Adolescent girls	8 (36.4)	4 (6.8)	13 (14.6)	45 (52.3)	39 (43.3)	9 (31.0)	118 (31.5)
Divyangjan	1 (4.6)	2 (3.4)	16 (18.0)	29 (33.7)	52 (57.8)	2 (6.9)	102 (27.2)
Elderly Persons	13 (59.1)	33 (55.9)	72 (80.9)	78 (90.7)	74 (82.2)	14 (48.3)	284 (75.7)
Self Help Groups	7 (31.8)	5 (8.5)	73 (82.0)	40 (46.5)	43 (47.8)	6 (20.7)	174 (46.4)
NGOs	2 (9.1)	0 (0.0)	8 (9.0)	1 (1.2)	22 (24.4)	0 (0.0)	33 (8.8)
Others	3 (13.6)	0 (0.0)	79 (88.8)	2 (2.3)	8 (8.9)	20 (69.0)	112 (29.9)

Deliberations through public meetings of the Gram Sabha is important for the site selection for construction of CSC. This practice is suggested to ensure the participation of community members and users to decide upon the place of construction as per need and requirements of the village. Table 2.5 shows that around 98.4 percent of the GPs conducted the meeting before the construction. However, in some cases, it is observed that there is no separate meeting conducted regarding this matter in the Gram

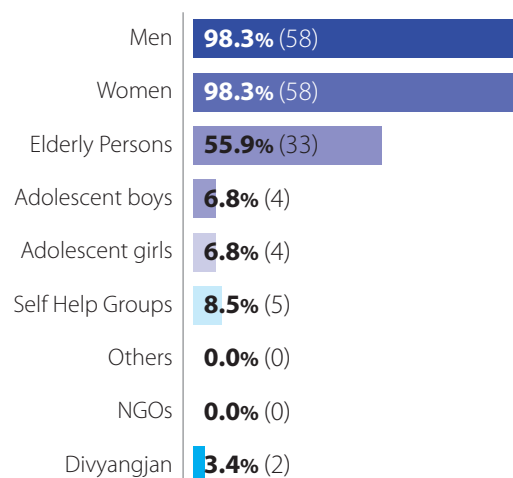
Panchayats. The survey also collected information on participation of different community users during the meeting. Participation among men, women and elderly persons was observed to be highest (95.2%, 93.3%, and 75.7% respectively) compared to younger population or the *divyangjans*. The pattern was consistent across the six states. Considerable participation of SHGs (82%) was noted in Chhattisgarh followed by Madhya Pradesh (47.8 %), Gujarat (46.5 %) and Andhra Pradesh (31.8 %).

Figure 2.2: Details of participation meeting held before CSC construction in six states, India, 2022

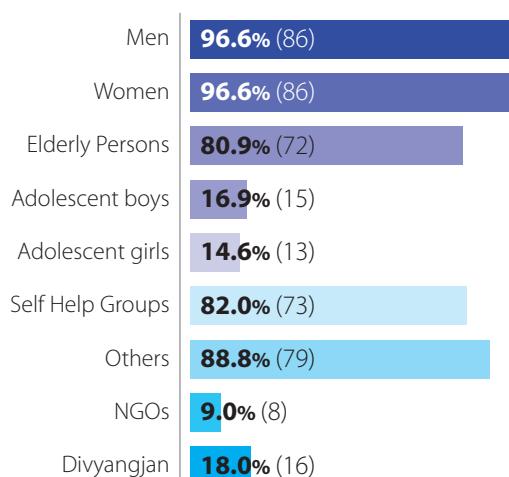
Andhra Pradesh



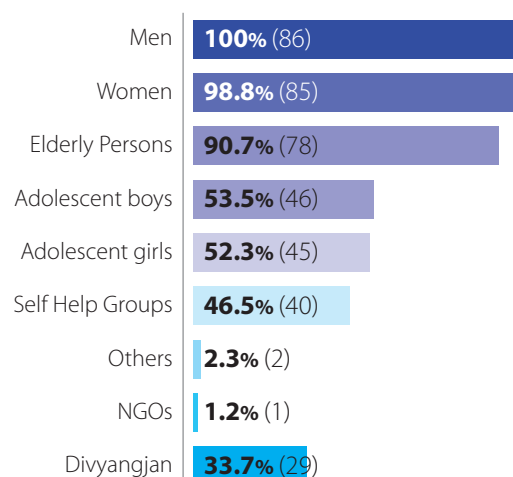
Assam



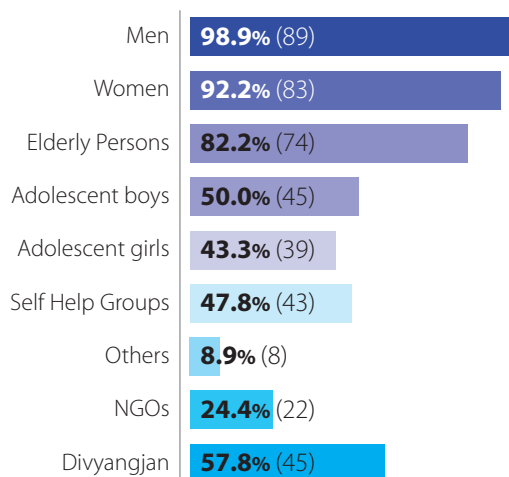
Chhattisgarh



Gujarat



Madhya Pradesh



Maharashtra

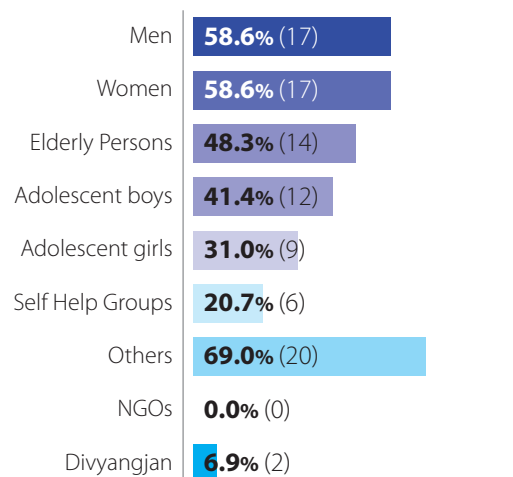


Table 2.6: Information, Education and Communication (IEC) materials in the selected Gram Panchayats

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
IEC practiced	12 (48.0)	55 (91.7)	87 (96.7)	80 (92.0)	89 (98.9)	30 (100.0)	353 (92.4)
IEC not practiced	13 (52.0)	5 (8.3)	3 (3.3)	7 (8.1)	1 (1.1)	0 (0.0)	29 (7.6)
Types of IEC Material Practiced							
Wall painting	9 (36.0)	46 (76.7)	89 (98.9)	83 (95.4)	88 (97.8)	23 (76.7)	338 (88.5)
Display of hoardings/ banners	2 (8.0)	11 (18.3)	5 (5.6)	21 (24.1)	66 (73.3)	27 (90.0)	132 (34.6)
Awareness campaigns – road plays/nukkat natak etc.	6 (24.0)	13 (21.7)	12 (13.3)	50 (57.5)	74 (82.2)	29 (96.7)	184 (48.2)
Others	8 (32.0)	6 (10.0)	35 (38.9)	7 (8.0)	12 (13.3)	2 (6.7)	70 (18.3)
Fund Source for IEC Materials							
GP fund	3 (23.1)	13 (22.8)	65 (72.2)	19 (22.4)	52 (59.1)	16 (55.2)	168 (46.4)
SBM fund	8 (61.5)	36 (63.2)	31 (34.4)	58 (68.2)	55 (62.5)	1 (3.5)	189 (52.2)
SHGs managed	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.2)	2 (2.3)	0 (0.0)	3 (0.8)
Others	7 (43.8)	13 (22.4)	9 (10.0)	19 (22.1)	8 (8.9)	21 (72.4)	77 (20.9)

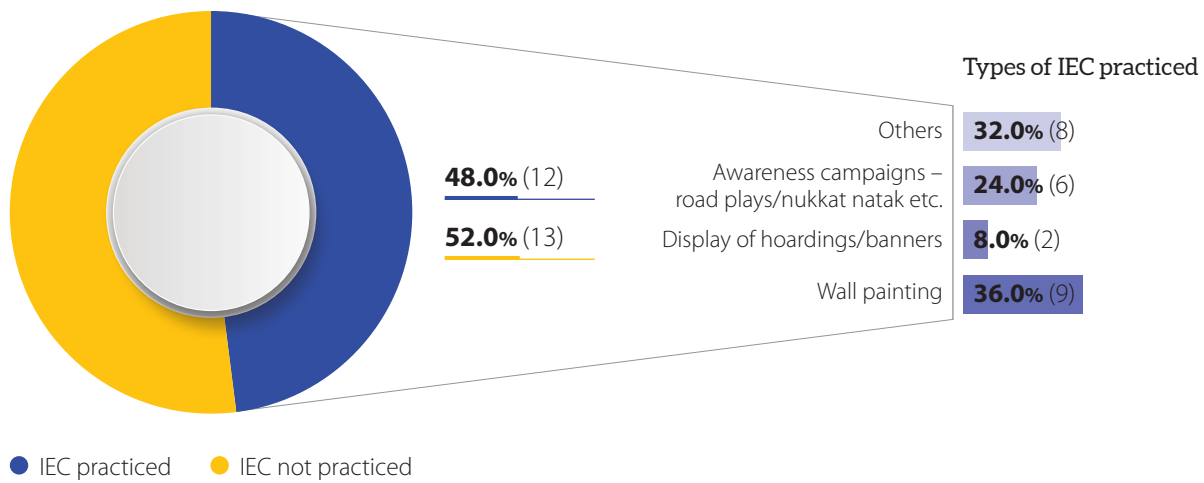
The practice of displaying IEC materials across villages, particularly near people gathering places are imperative to make the community knowledgeable about the negative consequences of open defecation and to highlight the importance of toilet usage in the rural areas. Table 2.6 shows that more than 92 percent of the Gram Panchayats have used and displayed IEC materials at CSCs or nearby locations.

Some variations are also observed across States. In Andhra Pradesh only 52 percent of the sampled Gram Panchayat were effectively practicing IEC

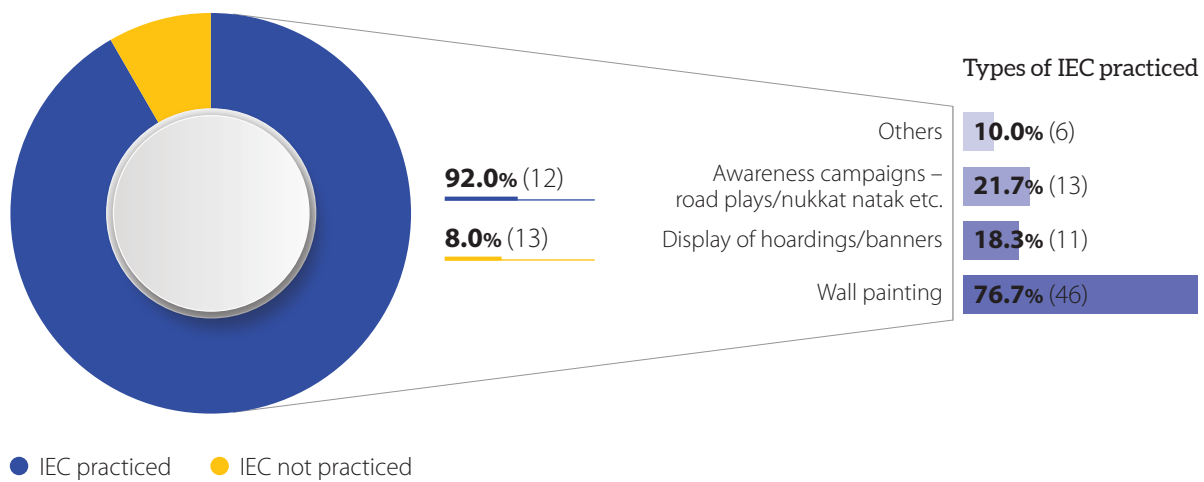
activities. There are different types of IEC activities and materials that are used such as wall painting, display of hoardings/banners, awareness campaigns along with road plays/nukkad natak and so on. Wall painting is a major IEC material (91.8%) followed by awareness campaigns (50%), hoardings/banners (35.9%) and other (19%) methods. Most of the GPs were utilizing the SBM and finance commission funds, 52.2 and 46.4 percent respectively for these purpose. Mostly there is no SBM fund directly given to Gram Panchayats, only IEC material is supplied from the block and district level offices for display purposes.

Figure 2.3: Information, Education and Communication (IEC) materials in the selected Gram Panchayats

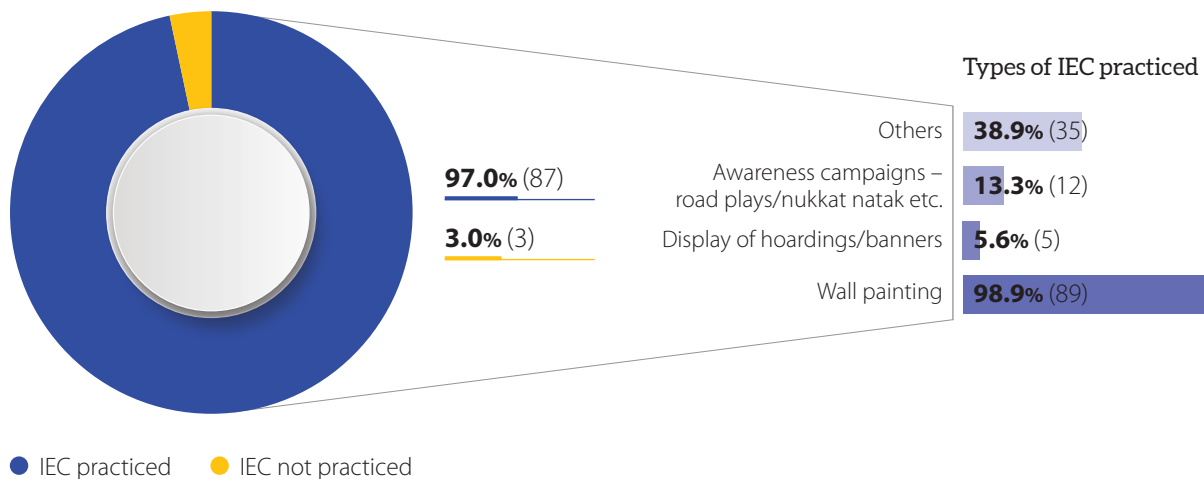
Andhra Pradesh



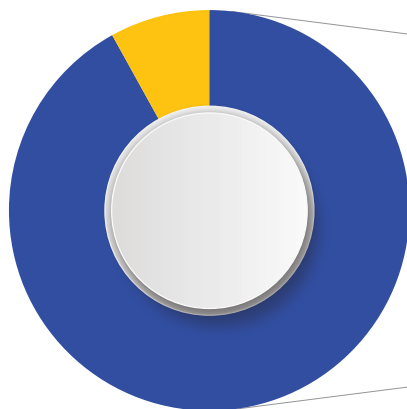
Assam



Chhattisgarh



Gujarat

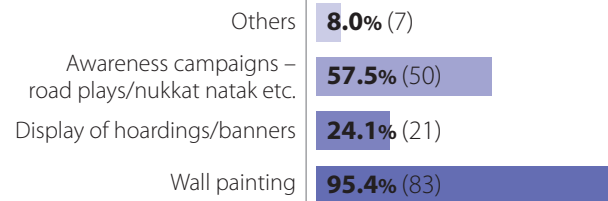


● IEC practiced ● IEC not practiced

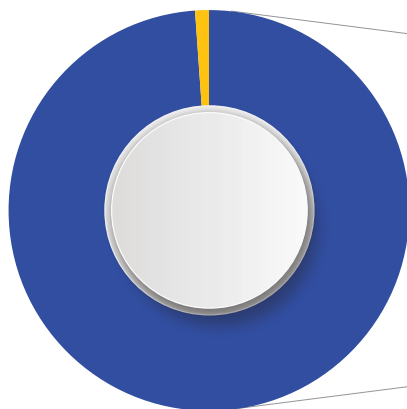
92.0% (80)

8.0% (7)

Types of IEC practiced



Madhya Pradesh

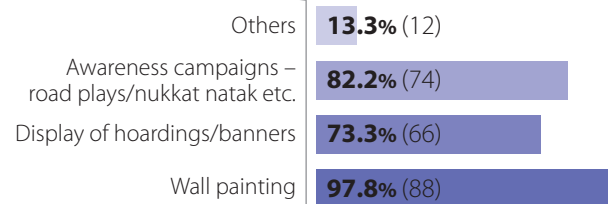


● IEC practiced ● IEC not practiced

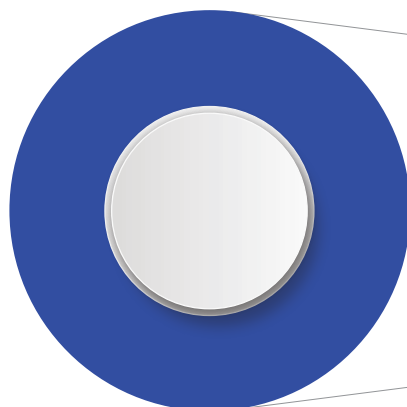
99.0% (89)

1.0% (1)

Types of IEC practiced



Maharashtra

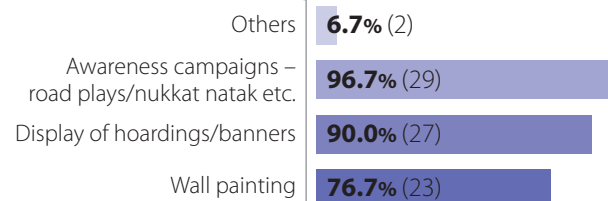


● IEC practiced ● IEC not practiced

100% (12)

0.0% (0)

Types of IEC practiced



03 Functioning of Community Sanitary Complexes and Facility Features



3.1. Introduction

The CSC's status in terms of functionality and facility-features such as number of toilets, bathrooms, handwashing units and specificities for Divyangjan are presented in this chapter. Along with these, the operation and functioning of the CSCs. In general, the Union Government provides fund for the construction of CSCs and the expenses related to O&M of the CSCs has been advised to be utilized from the GP funds as well as through other mechanisms such as the collection of user fee from the community.

However, each state has its own pattern for O&M practices and funding arrangements.

The functional status of CSC is assessed in three ways, namely, a) CSC with all functional units: when all toilets in the CSC are in use, b) CSC with few functional units: when at least one toilet in the CSC is not in use, and c) CSC with no functional units: when all toilets in the CSC are not in use.

Table 3.1: Functional status and location of Community Sanitary Complexes across selected states, India, 2022

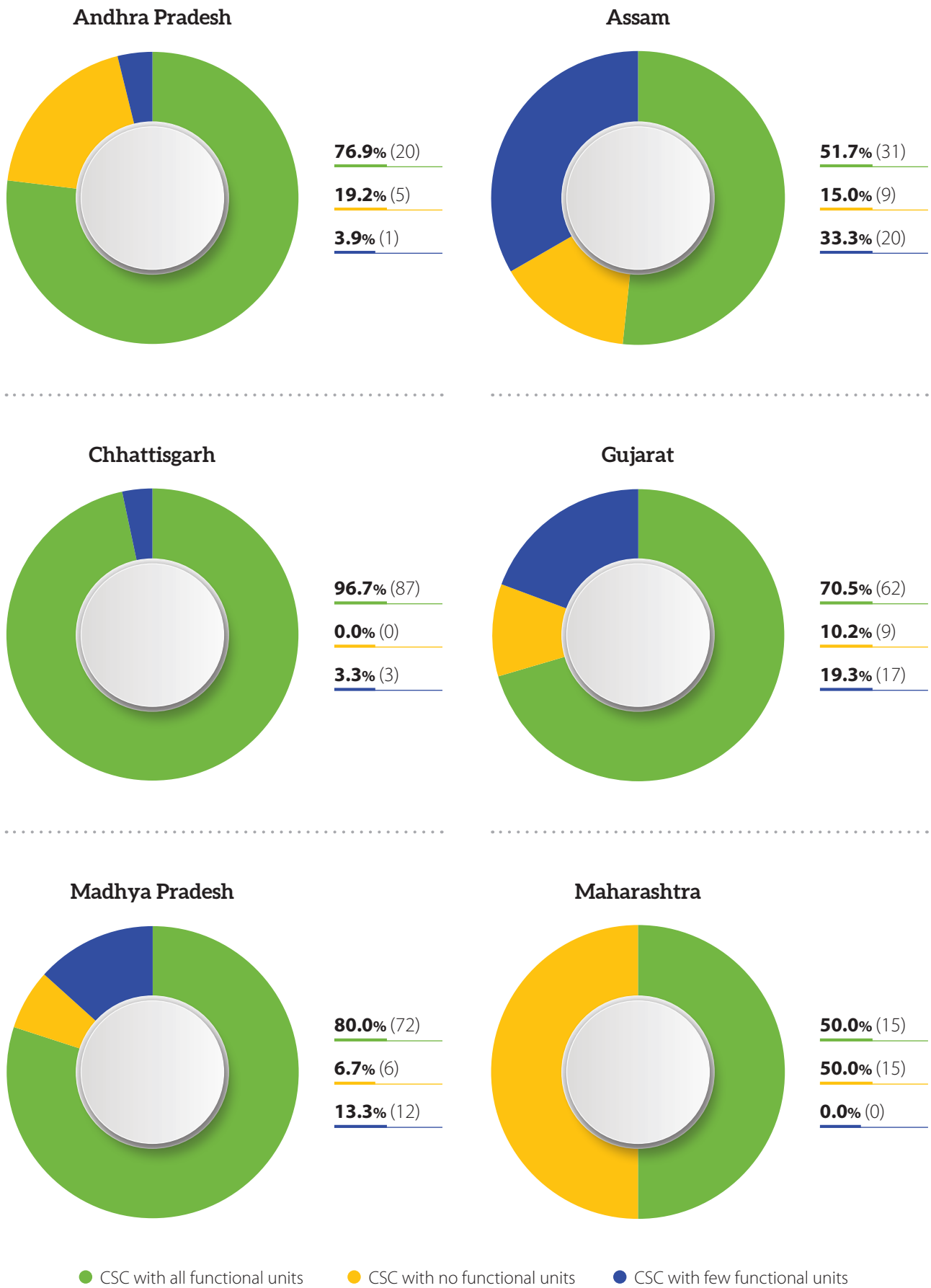
Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
CSC with all functional units	20 (76.9)	31 (51.7)	87 (96.7)	62 (70.5)	72 (80.0)	15 (50.0)	287 (74.7)
CSC with few functional units	1 (3.9)	20 (33.3)	3 (3.3)	17 (19.3)	12 (13.3)	0 0.0	53 (13.8)
CSC with no functional units	5 (19.2)	9 (15.0)	0 0.0	9 (10.2)	6 (6.7)	15 (50.0)	44 (11.5)

Note: CSCs in Gujarat and Andhra Pradesh includes the CSCs constructed in the first phase of SBM well as second phase of SBM

Table 3.1 describes the functional status of the CSC and its toilet units. Around 75 percent (284) of the surveyed CSCs were in use with all toilet units functional. Around 13.8 percent of the CSC's (53) however, had few units functional in them. About 12 percent of the CSCs were not functional as they

are yet to be used. It is observed in some states like Andhra Pradesh that some of CSCs were constructed a year ago but it was not handed over to the Gram Panchayat from the contractor due to delays in fund release.

Figure 3.1: Functional status and location of Community Sanitary Complexes across selected states



3.2. Facility Features of CSCs

Table 3.2: Availability of gender-wise and *Divyangjan* specific toilets per CSC unit across selected six states, 2022

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Men's Toilet							
1 toilet	15 (57.7)	60 (100.0)	63 (70.0)	4 (4.6)	45 (50.0)	2 (6.7)	189 (49.2)
2 toilets	3 (11.5)	0 0.0	15 (16.7)	79 (89.8)	34 (37.8)	11 (36.7)	142 (37.0)
3 or more toilets	6 (23.1)	0 0.0	10 (11.1)	5 (5.7)	5 (5.6)	12 (40.0)	38 (9.9)
No toilets	2 (7.7)	0 0.0	2 (2.2)	0 0.0	6 (6.7)	5 (16.7)	15 (3.9)
Women's Toilet							
1 toilet	16 (61.5)	58 (96.7)	68 (75.6)	5 (5.7)	43 (47.8)	1 (3.3)	191 (49.7)
2 toilets	2 (7.7)	0 0.0	9 (10.0)	74 (84.1)	34 (37.8)	13 (43.3)	132 (34.4)
3 or more toilets	8 (30.8)	0 0.0	12 (13.3)	6 (6.8)	4 (4.4)	12 (40.0)	42 (10.9)
No toilets	0 0.0	2 (3.3)	1 (1.1)	3 (3.4)	9 (10.0)	4 (13.3)	19 (5.0)
Divyangjan Toilets							
1 toilet	1 (3.9)	1 (1.7)	11 (12.2)	4 (4.6)	28 (31.1)	4 (13.3)	49 (12.8)
2 toilets	0 0.0	0 0.0	0 0.0	0 0.0	1 (1.1)	3 (10.0)	4 (1.0)
No toilets	25 (96.2)	59 (98.3)	79 (87.8)	84 (95.5)	61 (67.8)	23 (76.7)	331 (86.2)

Majority of the CSCs have 1 toilet each for men (49.2 %) and women (49.7 %). However, on an average, only one in every ten CSCs were having toilet facility for *divyangjans*. The status of availability of *divyangjan* toilets was too low across all the six states. According to union government guidelines for the construction of CSCs under SBM phase II, special facilities like ramp and rails need to be attached. However, it is found in most of CSCs and the officials themselves report that the *divyangjan* are not able to visit CSC for their day-to-day sanitation needs. Hence, emphasis is given to the construction of IHHL for the *divyangjans*. The majority of the CSCs in Assam, Chhattisgarh and Andhra Pradesh have only one toilet each for men and

women. The state government of Assam's guidelines also states that one unit for men and women each should be constructed. The majority of CSCs in Gujarat had two units for male and female whereas more than 40 percent CSCs in Maharashtra had more than two units for male and female.

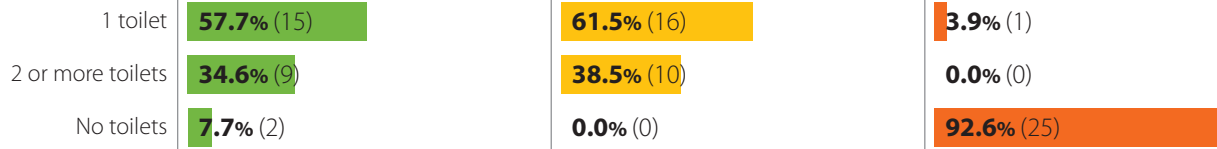
In some cases, about three or four CSCs are merged and constructed near areas such as temples and other public places. It is reported that the CSCs are used regularly in such cases by the visitors or the devotees who visit the temple during temple festivals. Usage of CSCs by the *divyangjan* is found to be a rare practice across states.



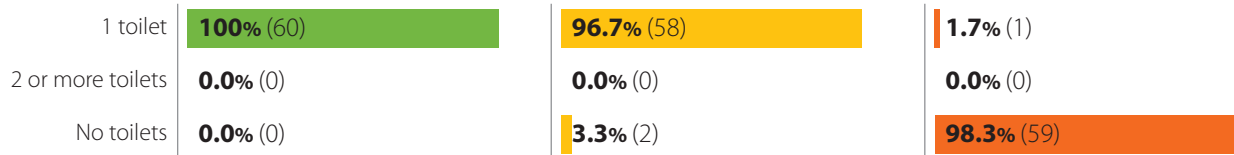
Figure 3.2: Availability of gender-wise and *Divyangjan*-specific toilets per CSC unit across selected six States, 2022



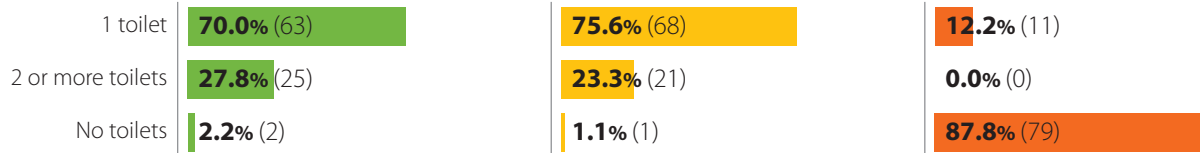
Andhra Pradesh



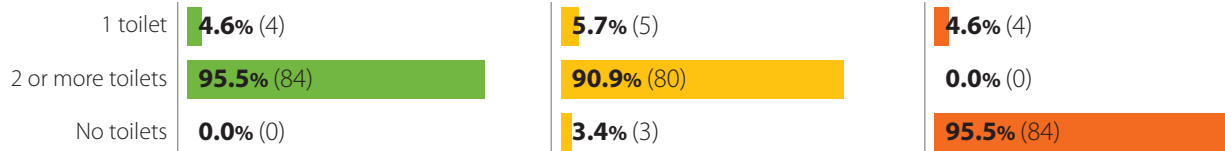
Assam



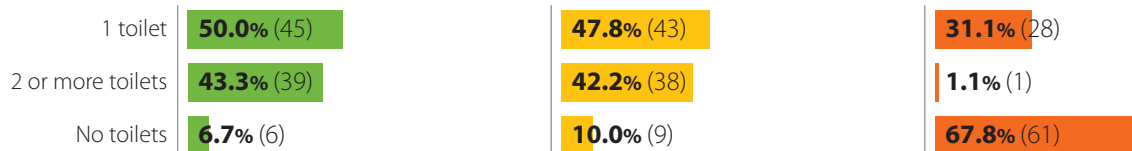
Chhattisgarh



Gujarat



Madhya Pradesh



Maharashtra

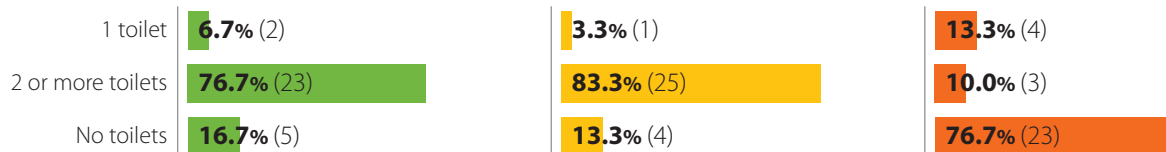


Table 3.3: Availability of gender-wise and *Divyangjan* specific bathroom per CSC

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Men's Bathroom							
1 bathroom	2 (7.7)	1 (1.7)	65 (72.2)	20 (22.7)	49 (54.4)	2 (6.7)	139 (36.2)
2 bathrooms	1 (3.9)	0 0.0	3 (3.3)	4 (4.6)	10 (11.1)	0 0.0	18 (4.7)
3 or more bathrooms	1 (3.9)	0 0.0	1 (1.1)	0 0.0	1 (1.1)	0 0.0	3 (0.8)
No bathroom	22 (84.6)	59 (98.3)	21 (23.3)	64 (72.6)	30 (33.3)	28 (93.3)	224 (58.0)
Women's Bathroom							
1 bathroom	2 (7.7)	0 0.0	70 (77.8)	24 (27.3)	49 (54.4)	4 (13.3)	149 (38.8)
2 bathrooms	1 (3.9)	0 0.0	1 (1.1)	8 (9.1)	14 (15.6)	0 0.0	24 (6.3)
3 or more bathrooms	1 (3.9)	0 0.0	1 (1.1)	0 0.0	0 0.0	0 0.0	2 (0.5)
No bathroom	22 (84.6)	60 (100.0)	18 (20.0)	56 (63.6)	27 (30.0)	26 (86.7)	209 (54.4)
Divyangjan Bathroom							
1 bathroom	0 0.0	0 0.0	2 (2.2)	1 (1.1)	6 (6.7)	0 0.0	9 (2.3)
2 bathrooms	0 0.0	0 0.0	0 0.0	0 0.0	1 (1.1)	0 0.0	1 (0.3)
No bathroom	26 (100.0)	60 (100.0)	88 (97.8)	87 (98.9)	83 (92.2)	30 (100.0)	374 (97.4)

One of the aspects of CSC is to provide bathroom facility to users. Out of 384 CSCs majority of the CSCs do not have bathroom facilities for men (58%), women (54.3%) and *Divyangjan* (97.4%). Chhattisgarh and Madhya Pradesh had more than 72 percent and 54.4 percent of the CSCs which have bathroom

facilities, respectively, for men and women. Non-availability of bathroom for men and women were high in Assam (98.3% for men, 100% for women), Maharashtra (93.3% for men, 86.7% for women), Andhra Pradesh (84.6% for men, 84.6% for women) and Gujarat (72.6% for men, 63.6% for women).



Figure 3.3: Availability of gender-wise and *Divyangjan*-specific bathrooms per CSC unit across six States, 2022



Men

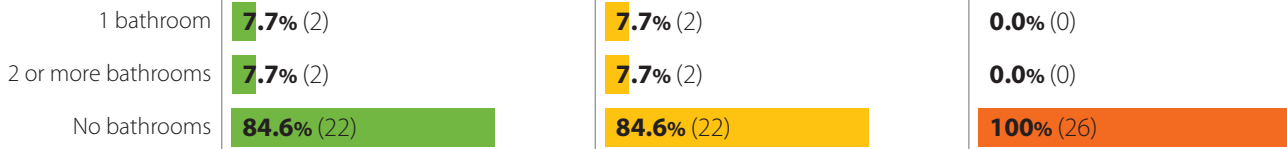


Women

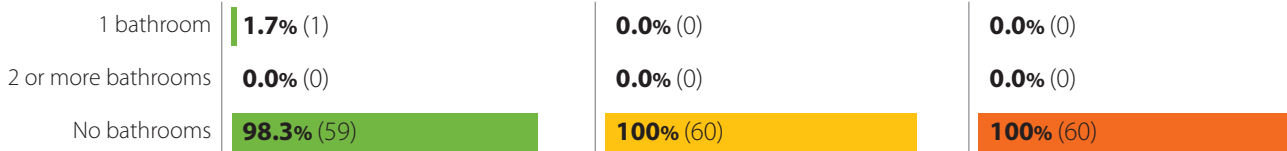


Divyangjan

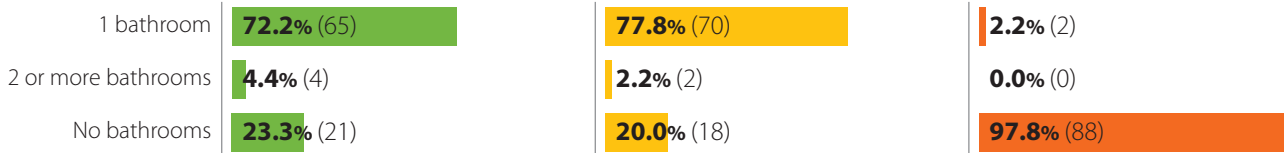
Andhra Pradesh



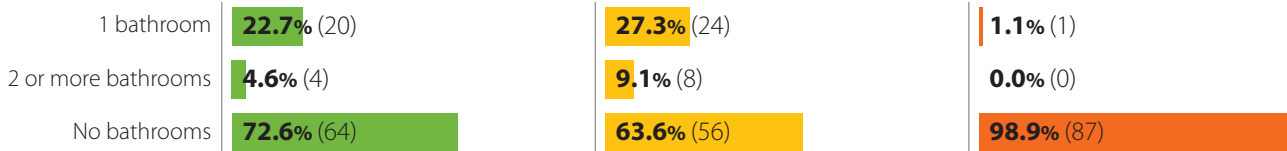
Assam



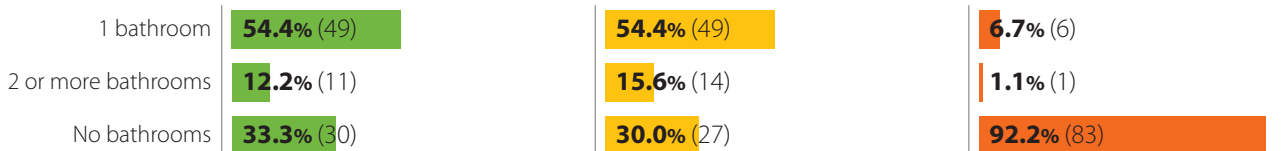
Chhattisgarh



Gujarat



Madhya Pradesh



Maharashtra

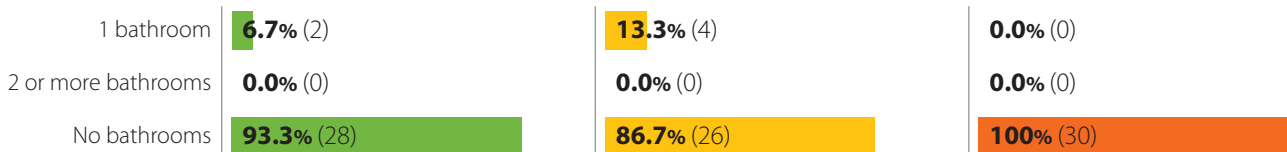


Table 3.4: Availability of gender-wise urinals per CSC unit across six selected states, 2022

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Men's Urinal							
1 urinal	8 (30.8)	11 (18.3)	49 (54.4)	4 (4.6)	28 (31.1)	4 (13.3)	104 (27.1)
2 urinals	7 (26.9)	45 (75.0)	13 (14.4)	38 (43.2)	32 (35.6)	0 0.0	135 (35.2)
3 or more urinals	1 (3.9)	4 (6.7)	12 (13.3)	32 (36.4)	12 (13.3)	0 0.0	61 (15.9)
No urinals	10 (38.5)	0 0.0	16 (17.8)	14 (15.9)	14 (20.0)	26 (86.7)	84 (21.9)
Women's Urinal							
1 urinal	8 (30.8)	6 (10.0)	49 (54.4)	10 (11.4)	42 (46.7)	5 (16.7)	120 (31.3)
2 urinals	7 (26.9)	48 (80.0)	14 (15.6)	22 (25.0)	17 (18.9)	0 0.0	108 (28.1)
3 or more urinals	0 0.0	3 (5.0)	8 (8.9)	16 (18.2)	8 (8.9)	0 0.0	35 (9.1)
No urinals	11 (42.3)	3 (5.0)	19 (21.1)	40 (45.5)	23 (25.6)	25 (83.3)	121 (31.5)

It is observed that about 80 percent and 70 percent CSCs have urinals for men and women, respectively. Majority of CSCs have 2 urinals for men (35.2%) and 1 urinal for women (31.2%). Madhya Pradesh, Andhra Pradesh and Maharashtra are the states where most

CSCs had no separate urinal facility whereas most of the CSCs in Assam have separate urinals. In Andhra Pradesh, most of the CSCs constructed in the SBM(G)-I do not have urinals and the reasons are mostly attributed to insufficient funding.



Figure 3.4: Availability of gender-wise urinals per CSC unit across six selected States, 2022



Andhra Pradesh



Assam



Chhattisgarh



Gujarat



Madhya Pradesh



Maharashtra



Availability of hand wash units are reported in Table 3.5 that shows that around 77 percent of the CSCs have at least one hand-wash unit for men and 75 percent of the CSCs for women. CSCs with two hand wash units were found to be 5.2 percent and 4.1

percent for men and women respectively. It is found that only 6.3 percent of the CSCs have divyang-friendly hand wash units with highest proportion in Madhya Pradesh (20%).

Table 3.5: Availability of gender-wise and Divyangjan specific hand-wash units per CSC unit across six states, 2022

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Men's Hand-wash Unit							
1 hand wash	15 (57.7)	57 (95.0)	76 (84.4)	73 (83.0)	70 (77.8)	6 (20.0)	297 (77.3)
2 hand wash	1 (3.9)	0 0.0	6 (6.7)	2 (2.3)	11 (12.2)	0 0.0	20 (5.2)
3 or more hand wash	0 0.0	0 0.0	1 (1.1)	1 (1.1)	2 (2.2)	0 0.0	4 (1.0)
No hand wash unit	10 (38.5)	3 (5.0)	7 (7.8)	12 (13.6)	7 (7.8)	24 (80.0)	63 (16.4)
Women's Hand-wash Unit							
1 hand wash	15 (57.7)	53 (88.3)	76 (84.4)	70 (79.6)	70 (77.8)	6 (20.0)	290 (75.5)
2 hand wash	1 (3.9)	0 0.0	5 (5.6)	0 0.0	10 (11.1)	0 0.0	16 (4.2)
3 or more hand wash	0 0.0	0 0.0	1 (1.1)	0 0.0	2 (2.2)	0 0.0	3 (0.8)
No hand wash	10 (38.5)	7 (11.7)	8 (8.9)	18 (20.5)	8 (8.9)	24 (80.0)	75 (19.5)
Divyangjan Hand-wash Unit							
1 hand wash	1 (3.9)	0 0.0	2 (2.2)	3 (3.4)	18 (20.0)	0 0.0	24 (6.3)
No hand wash	25 (96.2)	60 (100.0)	88 (97.8)	85 (96.6)	72 (80.0)	30 (100.0)	360 (93.8)

Table 3.6: Distribution of functional toilets across states, India, 2022

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Functional Toilets for Men							
Mean (std)	1.6 (1.5)	1.0 (0.2)	1.4 (0.7)	1.6 (0.8)	1.6 (0.9)	1.8 (1.7)	1.5 (0.9)
Min / Max	0 / 5.0	0 / 2.0	0 / 3.0	0 / 3.0	0 / 6.0	0 / 6.0	0 / 6.0
Functional Toilets for Women							
Mean (std)	2.2 (2.2)	0.9 (0.3)	1.4 (0.7)	1.6 (0.8)	1.5 (0.9)	1.6 (1.6)	1.5 (1.0)
Min / Max	0 / 8.0	0 / 2.0	0 / 3.0	0 / 3.0	0 / 4.0	0 / 6.0	0 / 8.0



Figure 3.5: Availability of gender-wise and *Divyangjan*-specific handwash units per CSC unit across six States, 2022



Andhra Pradesh

Handwash Unit Availability	Men	Women	Divyangjan
1 handwash	57.7% (15)	57.7% (15)	3.9% (1)
2 or more handwash	3.9% (1)	3.9% (1)	0.0% (0)
No handwash unit	38.5% (10)	38.5% (10)	96.2% (25)

Assam

Handwash Unit Availability	Men	Women	Divyangjan
1 handwash	95.0% (57)	88.3% (53)	0.0% (0)
2 or more handwash	0.0% (0)	0.0% (0)	0.0% (0)
No handwash unit	5.0% (3)	11.7% (7)	100% (60)

Chhattisgarh

Handwash Unit Availability	Men	Women	Divyangjan
1 handwash	84.4% (76)	84.4% (76)	2.2% (2)
2 or more handwash	7.8% (7)	6.7% (6)	0.0% (0)
No handwash unit	7.8% (7)	8.9% (8)	97.8% (88)

Gujarat

Handwash Unit Availability	Men	Women	Divyangjan
1 handwash	83.0% (73)	79.6% (70)	3.4% (3)
2 or more handwash	3.4% (3)	0.0% (0)	0.0% (0)
No handwash unit	13.6% (12)	20.5% (18)	96.6% (85)

Madhya Pradesh

Handwash Unit Availability	Men	Women	Divyangjan
1 handwash	77.8% (70)	77.8% (70)	20.0% (18)
2 or more handwash	14.4% (13)	13.3% (12)	0.0% (0)
No handwash unit	7.8% (7)	8.9% (8)	80.0% (72)

Maharashtra

Handwash Unit Availability	Men	Women	Divyangjan
1 handwash	20.0% (18)	20.0% (6)	0.0% (0)
2 or more handwash	0.0% (0)	0.0% (0)	0.0% (0)
No handwash unit	80.0% (24)	80.0% (24)	100% (30)

Table 3.7: CSCs specially designed for *divyangjan* across the six states, India, 2022

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Exclusive units for Divangjan with special needs	1 (3.9)	0 0.0	7 (7.8)	4 (4.6)	32 (35.6)	0 0.0	44 (11.5)
Enclosed within toilet for men and women	0 0.0	1 (1.7)	0 0.0	2 (2.3)	7 (7.8)	12 (40.0)	22 (5.7)
Not available	25 (96.2)	59 (98.3)	83 (92.2)	82 (93.2)	51 (56.7)	18 (60.0)	318 (82.8)
Divyang-friendly Design							
Availability of ramp	3 (11.5)	13 (21.7)	4 (4.4)	11 (12.5)	61 (67.8)	10 (33.3)	102 (26.6)
Usable ramp with wheelchair or crutches	2 (7.7)	4 (6.7)	2 (2.2)	4 (4.6)	26 (28.9)	7 (23.3)	45 (11.7)
Hand rails installed	1 (3.9)	2 (3.3)	2 (2.2)	2 (2.3)	40 (44.4)	0 0.0	47 (12.2)
Spacious entrance for a wheelchair	0 0.0	1 (1.7)	11 (12.2)	9 (10.2)	27 (30.0)	8 (26.7)	56 (14.6)

Table 3.7 portrays specification for divyang-friendly community toilets. Only 11.5 percent of CSCs have exclusive units for *divyangjan* in all 384 selected CSCs. Around 6 percent of the CSCs have divyang-friendly toilets which were enclosed /constructed in the men's or women's toilets. Around one-fourth of the CSCs had ramp. However, ramp with handrails and usable ramp with crutches or wheelchair were found

to be 12.2 percent and 11.7 percent respectively in the sample. Very few CSCs in Andhra Pradesh, Assam, Chhattisgarh, and Gujarat had divyang-friendly toilets compared with CSCs in Madhya Pradesh and Maharashtra. It is also reported that priority was given to individual toilets in villages and *divyangjans* are provided with individual toilets at household in most of the GPs.

Table 3.8: Availability of menstrual hygienic facilities and privacy in CSCs across six states in India, 2022

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Dustbin with lid	0 0.0	3 (5.0)	2 (2.2)	1 (1.1)	12 (13.3)	0 0.0	18 (4.7)
Dustbin without lid	0 0.0	1 (1.7)	1 (1.1)	1 (1.1)	5 (5.6)	0 0.0	8 (2.1)
Incinerator	0 0.0	1 (1.7)	2 (2.2)	0 0.0	8 (8.9)	1 (3.3)	12 (3.1)
Privacy for women	25 (96.2)	56 (93.3)	84 (93.3)	83 (94.3)	81 (90.0)	25 (83.3)	354 (92.2)

Availability of menstrual hygiene facilities at CSCs is critical for addressing hygiene and sanitation needs of women users. In this respect Table 3.8 provides information on menstrual facilities at CSCs. About 92.2 percent CSCs ensures the privacy for women. The availability of dustbins and incinerator is important for disposal of napkins and pads but only

6 percent of CSCs had dustbins and 3 percent of CSCs had installed an incinerator. CSCs in Madhya Pradesh had highest proportion of dustbin and incinerators installed at the CSCs.

There was no specific facilities to address menstrual hygiene needs in the CSCs of Andhra Pradesh.

Table 3.9: Status of electricity and water tap connection in CSCs across the six states, India, 2022

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Functional Water Tap Connectivity							
Available for all units	16 (61.5)	30 (50.0)	70 (77.8)	47 (53.4)	59 (65.6)	7 (23.3)	229 (59.6)
Partially available	1 (3.9)	25 (41.7)	7 (7.8)	25 (28.4)	15 (16.7)	6 (20.0)	79 (20.6)
Not available	9 (34.6)	5 (8.3)	13 (14.4)	16 (18.2)	16 (17.8)	17 (56.7)	76 (19.8)
Electricity Connection							
Available electricity	14 (53.9)	34 (56.7)	77 (85.6)	42 (47.7)	67 (74.4)	8 (26.7)	242 (63.0)
Functional electricity (day/night)	10 (38.5)	28 (46.7)	63 (70.0)	34 (38.6)	60 (66.7)	8 (26.7)	206 (53.7)
Provision of Electricity							
Gram Panchayat	14 (100.0)	11 (32.4)	34 (44.2)	41 (97.6)	62 (92.5)	8 (100.0)	170 (70.3)
Private connection	0 0.0	23 (67.7)	43 (55.8)	1 (2.4)	5 (7.5)	0 0.0	72 (29.8)
Availability of Door and Latches in Toilets							
Toilets with Doors	25 (96.2)	57 (95.0)	89 (98.9)	84 (95.5)	83 (92.2)	19 (63.3)	352 (91.7)
Doors with latch		57 (92.3)	70 (77.8)	84 (95.5)	82 (91.1)	16 (53.3)	328 (85.4)
Adequate Ventilation	21 (80.8)	57 (95.0)	80 (88.9)	72 (81.8)	80 (88.9)	25 (83.3)	335 (87.2)
Availability of Sitting Space for Caretaker in the CSCs							
Available	1 (3.9)	1 (1.7)	26 (28.9)	4 (4.6)	14 (15.6)	0 0.0	46 (12.0)

Table 3.9 shows the availability of functional water tap and electricity connection in the selected CSCs. About 59.6% of the CSCs have functional water taps connection for all units whereas, about 20.6% of the CSCs were found to be having tap water connection in few units. Total 19.8% of the CSCs had no tap water connectivity. Highest proportion of tap water for all units were found in Chhattisgarh (77.8%) followed by Madhya Pradesh (65.6%), Andhra Pradesh (61.5%). Availability of electricity during both day and nighttime is necessary for a functional CSC but only 53.7% in the sampled CSCs had such connections.

Availability of water and electricity is found to low in the states like Assam, Gujarat and Andhra Pradesh when compared to states such as Madhya Pradesh and Chhattisgarh. In Andhra Pradesh and Maharashtra all the electricity connections were provided by the

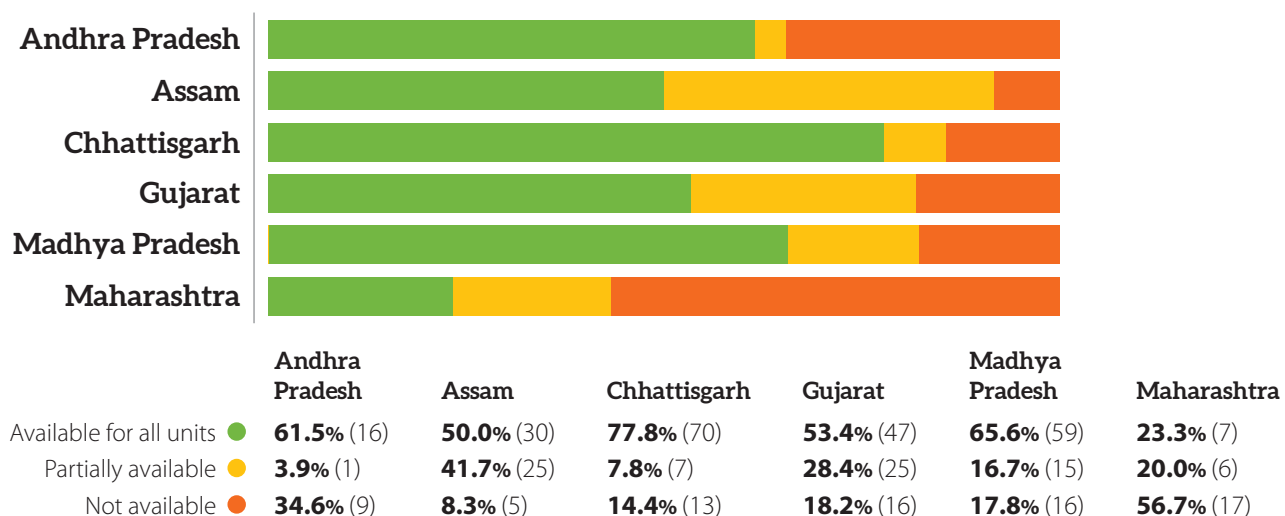
Gram Panchayat for all the CSCs. Private electricity connections, including temple trusts etc., were reported in Assam (67.7%) and Chhattisgarh (55.8%).

Availability of doors and latches for the toilets ensures the privacy of users and it also encourages regular use of user communities. Table 3.9 shows that around 92% of the toilets in the CSCs have doors but only 85% of the doors have latches. It is also necessary to make ventilation spaces in the CSCs. The study found that around 87% of the CSCs have adequate arrangements such as windows for ventilation in the toilets across six states in India.

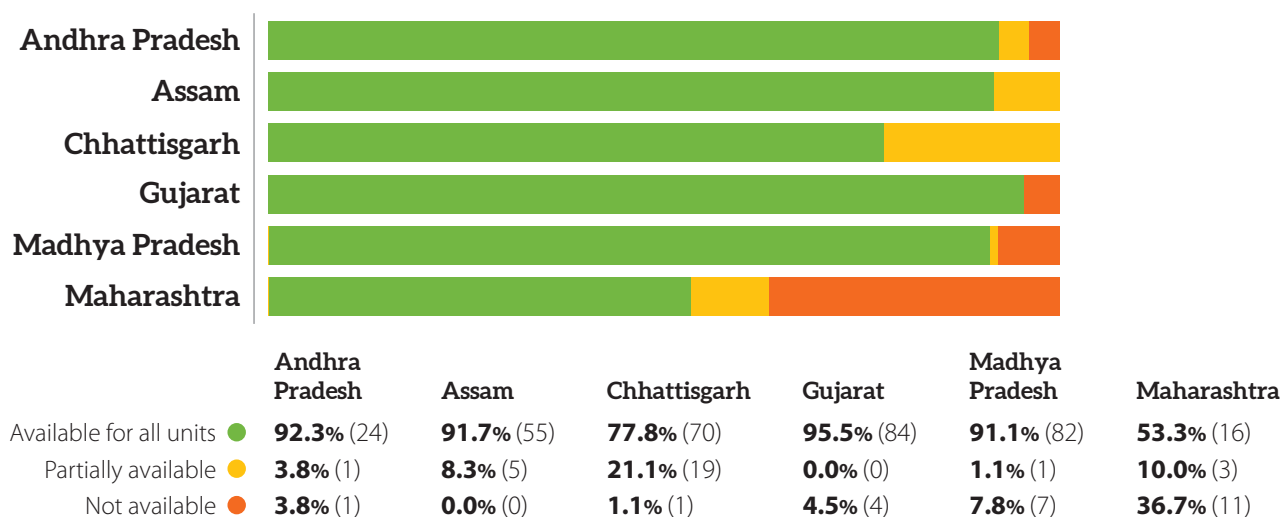
Out of 384 sample CSCs only 46 CSCs (12.0%) has sitting space for the CSC caretaker. Such provisions were much better in Madhya Pradesh (15.6%) and Chhattisgarh (28.9%) than other states.

Figure 3.6: Status of electricity and water tap connection in CSCs across the six states, India, 2022

FUNCTIONAL WATER TAP CONNECTIVITY



ELECTRICITY CONNECTION



AVAILABILITY OF DOOR AND LATCHES

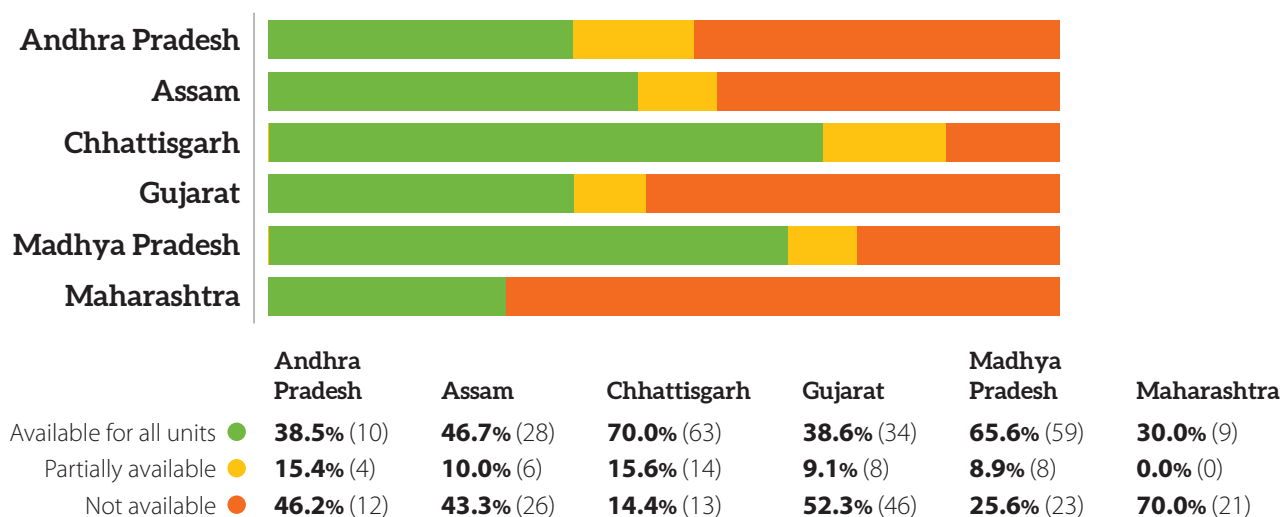


Table 3.10: Availability of supply materials in CSC

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Air Freshener	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.1)	0 (0.0)	1 (0.3)
Apron	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	3 (3.3)	0 (0.0)	3 (0.8)
Broom	10 (38.5)	1 (1.7)	6 (6.7)	45 (51.1)	35 (38.9)	21 (70.0)	118 (30.7)
Brush	4 (15.4)	6 (10.0)	65 (72.2)	22 (25.0)	39 (43.3)	13 (43.3)	149 (38.8)
Bucket	17 (65.4)	46 (76.7)	71 (78.9)	67 (76.1)	59 (65.6)	0 (0.0)	260 (67.7)
Duster	0 (0.0)	0 (0.0)	1 (1.1)	2 (2.3)	4 (4.4)	0 (0.0)	7 (1.8)
Gloves	0 (0.0)	0 (0.0)	1 (1.1)	0 (0.0)	13 (14.4)	0 (0.0)	14 (3.7)
Mask	0 (0.0)	0 (0.0)	1 (1.1)	0 (0.0)	11 (12.2)	0 (0.0)	12 (3.1)
Mug	18 (69.2)	42 (70.0)	80 (88.9)	66 (75.0)	83 (92.2)	6 (20.0)	295 (76.8)
Soap	4 (15.4)	15 (25.0)	49 (54.4)	12 (13.6)	38 (42.2)	3 (10.0)	121 (31.5)
Sponge	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	7 (7.8)	0 (0.0)	7 (1.8)
Toilet cleaner	6 (23.1)	9 (15.0)	63 (70.0)	17 (19.3)	51 (56.7)	0 (0.0)	146 (38.0)
Washing powder	0 (0.0)	3 (5.0)	2 (2.2)	3 (3.4)	9 (10.0)	1 (3.3)	18 (4.7)
Wiper	0 (0.0)	9 (15.0)	53 (58.9)	6 (6.8)	17 (18.9)	0 (0.0)	85 (22.1)

Note: Supplies in the CSC for as per researcher observation.

Figure 3.7: Supplies in the CSC for maintenance across six States, India, 2022



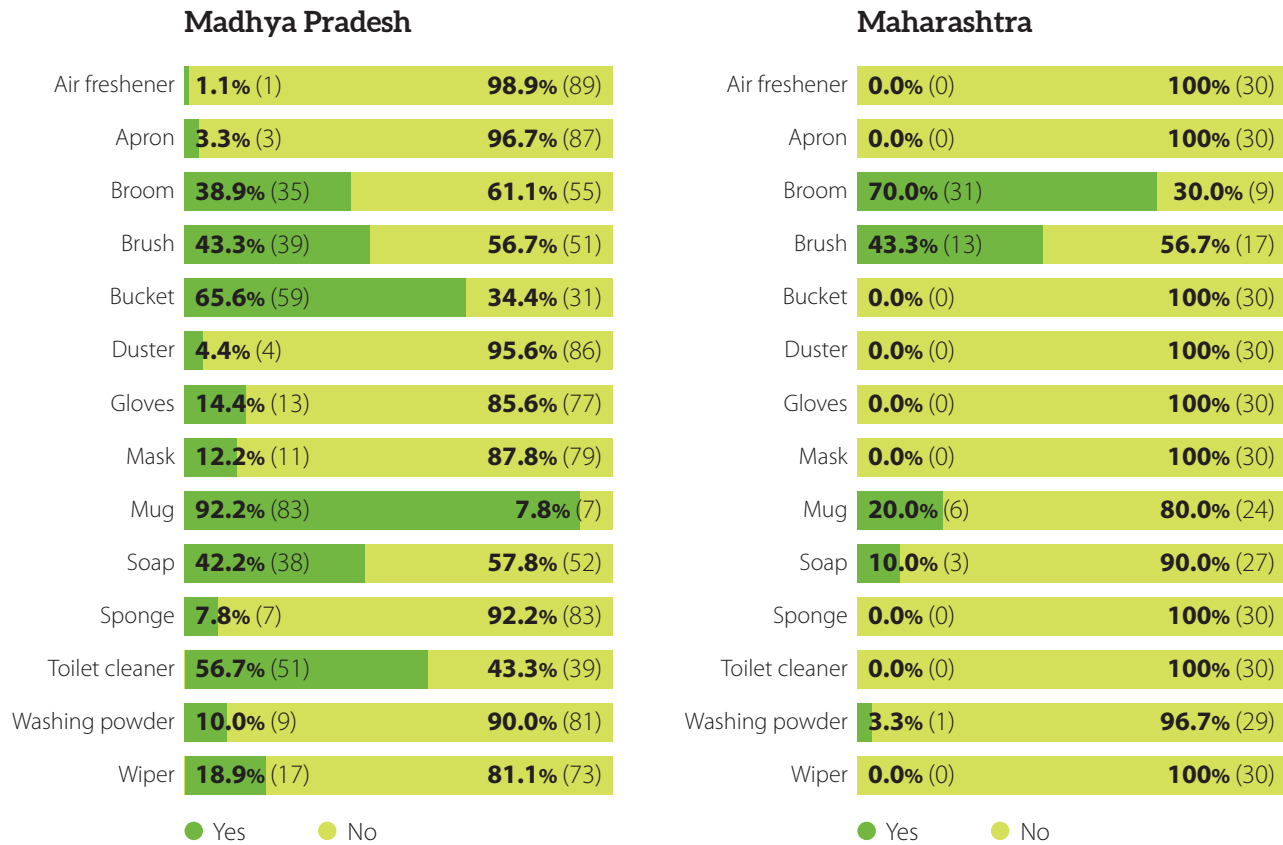


Table 3.11: Operation and maintenance of CSCs according to the status of functionality, 2022

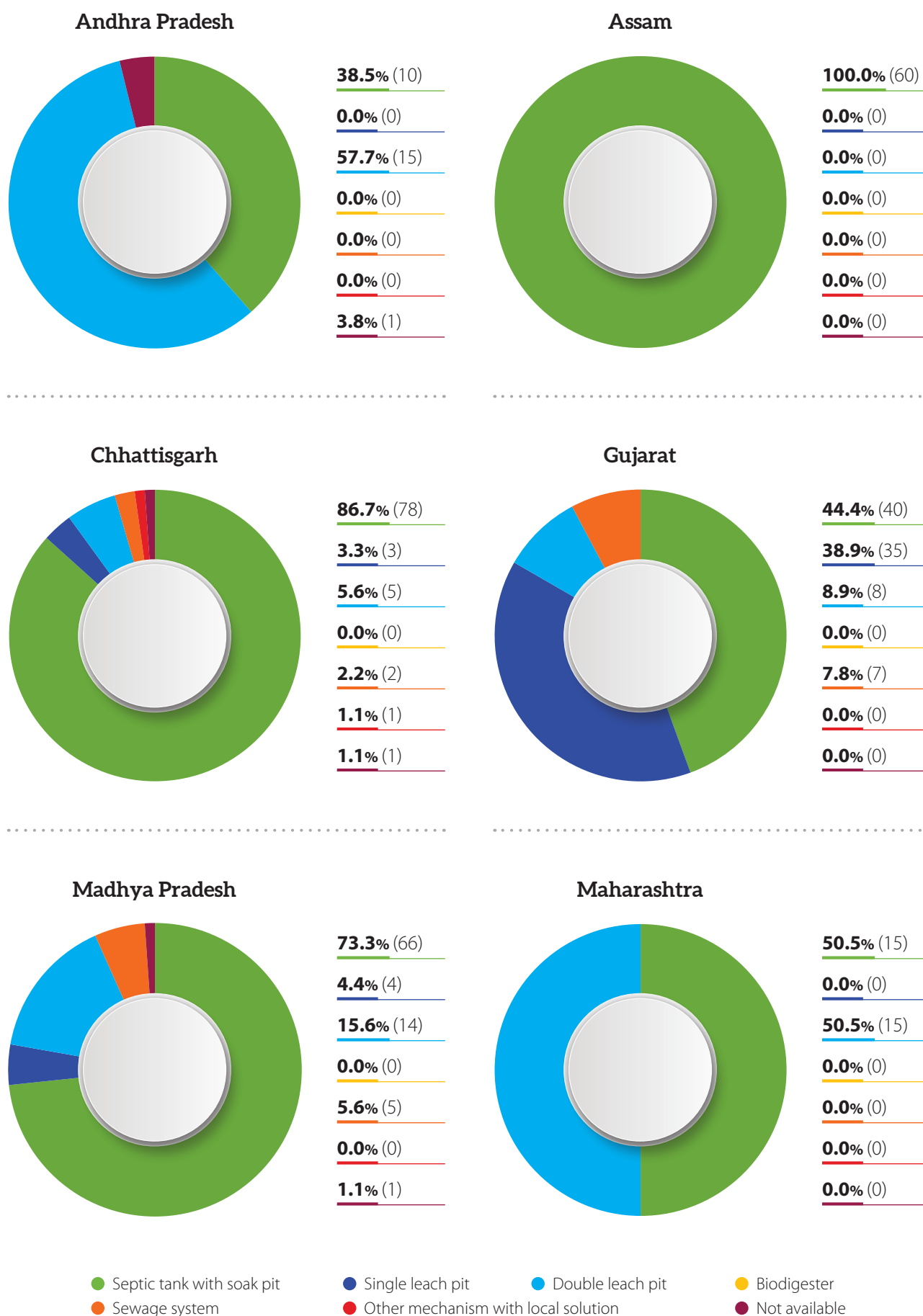
Functional Status	Gram Panchayat	Self Help Groups (SHG)	GP & Households	GP & Others	Households & Others	Others	Total
CSC with all functional units	230 (75.9)	5 (83.3)	6 (100.0)	10 (76.9)	0 (0.0)	35 (63.6)	286 (74.5)
CSC with few functional units	33 (10.9)	1 (16.7)	0 (0.0)	1 (7.7)	1 (100.0)	17 (30.9)	53 (13.8)
CSC with all no functional units	40 (13.2)	0 (0.0)	0 (0.0)	2 (15.4)	0 (0.0)	3 (5.5)	45 (11.7)
Total	303 (100)	6 (100)	6 (100)	13 (100)	1 (100)	55 (100)	384 (100)

Note: (i) Some of the CSCs were managed by two categories, which is given separately.
(ii) Others includes temple committees, schools, hospitals etc.

The survey also assesses the functionality of the CSC in terms of their usage, construction, and management activities. Three categories were broadly classified for this purpose: CSC's construction completed with all units in use, CSC's construction completed with few units in use, and CSC's construction completed but no unit is functional. It is found that about 74.5 percent

of the CSCs were functional with all units followed by 13.8 percent of the CSCs with few functional units and 11.7 percent of the CSCs have had no functional units. Operation and maintenance of these CSC is critical for the long- terms sustainability. Table 3.11 also shows data on the management of CSC. Most of the CSCs are managed by GPs (78.9%), followed by Others

Figure 3.8: Excreta Containment System in the CSC across the States, India, 2022



(14.3%), SHG (1.6%). Few CSCs were jointly managed by GP and households (1.6%), GP and others (3.4%), and households and others (0.3%). About 75.9 percent of the CSCs managed by GP were found to be having all functional units, 13.2 percent of CSCs with non-functional units and 10.9 percent of the CSCs with a few functional units.

Only 6 CSCs were managed by SHGs, of which 5 CSC's construction was completed and all units were functional. Nearly, 63 percent of the CSCs and 5.5 percent of CSCs which were managed by Other bodies (temple committees, schools, PHC, etc.) were found to be completed with all functional units and non-functional units respectively. (Table 3.11)

Table 3.12: CSC Location and functionality

Functionality	CSCs Located within the Habitation	CSCs Outside the Habitation and Easily Accessible	CSCs Located Outside the Habitation but Difficult to Access	Total
CSC with all functional units	197 (76.1)	79 (72.5)	10 (62.5)	286 (74.5)
CSC with few functional units	38 (14.7)	13 (11.9)	2 (12.5)	53 (13.8)
CSC with no functional units	24 (9.3)	17 (15.6)	4 (25.0)	45 (11.7)
Total	259 (100.0)	109 (100.0)	16 (100.0)	384 (100.0)

The location of CSC may influence the quality of construction, maintenance, and functionality of CSC units. Table 3.12 presents locational ease of access and CSC functionality status. Majority of the CSCs were constructed within the village (259), followed by outside but easily accessible (109) and outside the village but difficult to access (16) across. Overall, it could be stated that the CSCs with all functional units are high in all three locations like within village, outside the village but easily accessible and outside the village but difficult to access.

It is also clear from the above table that around 76 percent of the CSCs located within the village are functional, 14.7 percent of the CSCs are functional with few unit and no functional units in 9.3 percent of the CSCs. In CSCs located outside the village and difficulty to access, 25 percent of the CSCs work were completed but all units are not functional for the use of community.

Table 3.13: CSC's functionality when CSCs located near/within public institutions

Function-ality Status	Market Place	Bus/ Auto Stand	Govt. Build-ings	GP Office	AWC	Health Centre	Schools	Roads	Parks	None of Any Public Institution	Total
CSC with all functional units	63 (90.0)	33 (82.5)	59 (89.4)	84 (75.0)	41 (77.4)	23 (95.8)	59 (78.7)	75 (86.2)	7 (100)	55 (65.5)	499 (80.7)
CSC with few functional units	2 (2.9)	5 (12.5)	5 (7.6)	16 (14.3)	9 (17.0)	1 (4.2)	10 (13.3)	6 (6.9)	0 (0.0)	12 (14.3)	66 (10.7)
CSC with no functional units	5 (7.1)	2 (5.0)	2 (3.0)	12 (10.7)	3 (5.7)	0 (0.0)	6 (8.0)	6 (6.9)	0 (0.0)	17 (20.2)	53 (8.6)
Total	70 (100)	40 (100)	66 (100)	112 (100)	53 (100)	24 (100)	75 (100)	87 (100)	7 (100)	84 (100)	618 (100)

Note: There are CSCs which is located near multiple public institutions.

Mostly, the CSCs were located within or nearby public institution like panchayat office, schools, anganwadi, marketplaces, and public health centres. Majority of the CSCs (112) were located within or near panchayat bhavan, out of which, 75 percent of the CSCs are functional with all units, 14.3 percent of the CSCs are functional with few units and 10.7 percent of the CSCs are not having a functional unit as seen in Table 3.13. About 75 percent CSCs were found to be fully functional which were located near or within

Panchayat offices (112 CSCs). As the table shows, considerable number of CSCs are constructed near public roads (87) out of which, 86.2 percent of the CSCs are functional with all units, 6.9 percent of the CSCs are functional with few units and 60.9 percent of the CSCs are not having any functional unit. There are 84 CSCs, which are not located near any public institutions or places also have high number of CSCs with all functional units (65.5%).

Table 3.14: Availability of cleaners and functionality of CSC

Functional Status	CSC without Cleaners	CSC with Cleaners	Total
CSC with all functional units	149 (74.5)	137 (74.5)	286 (74.5)
CSC with few functional units	25 (12.5)	28 (15.2)	53 (13.8)
CSC with no functional units	26 (13.0)	19 (10.3)	45 (11.7)
Total	200 (100)	184 (100)	384 (100)

In general, availability of a cleaner or sweeper at the CSC ensures the functionality status of the facility through regular cleanliness and management practices. More than 74 percent of the CSCs with all functional units status has cleaners, 15.2 percent of the CSCs with few functional units have sweepers and cleaners. Further, 10.3 percent CSCs having sweepers however it is not functional. This may be because the CSCs were constructed only recently, and they are yet

to be used by the community. It should be noted that CSCs without cleaners or sweepers, we meant that GP/CSC O&M in-charge did not employ a person for cleaning. The evidences from the field survey indicates that cleaning is done by community participation.

Since there is no separate fund for the O&M from the government, most of the GPs do not have a separate cleaning person. The cleaning activities are carried out infrequently with casual labor on a need basis.

Table 3.15: Number of cleaners and functionality of CSC

Functional Status	1 cleaner	2 cleaners	More than 2	Total
CSC with all functional units	114 (74.0)	15 (75.0)	8 (80.0)	137 (74.4)
CSC with few functional units	27 (17.5)	1 (5.0)	0 (0.0)	28 (15.2)
CSC with no functional units	13 (8.4)	4 (20.0)	2 (20.0)	19 (10.3)
Total	154 (100)	20 (100)	10 (100)	184 (100)

Most of the CSCs (154) have single cleaning persons, followed by 2 cleaning persons (20) and more than 2 cleaning persons for the O&M activities. The table

indicates that the availability of cleaning persons ensures the functional status of CSCs with all functional units.

Table 3.16: Excreta Containment System in the CSC across the states, India, 2022

Excreta System	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Septic tank with soak pit	10 (38.5)	60 (100.0)	86 (95.6)	71 (80.7)	72 (80.0)	15 (50.0)	314 (81.8)
Single leach pit	0 (0.0)	0 (0.0)	3 (3.3)	22 (25.0)	4 (4.4)	0 (0.0)	29 (7.6)
Double leach pit	16 (61.5)	0 (0.0)	5 (5.6)	42 (47.7)	16 (17.8)	15 (50.0)	93 (24.2)
Sewage system	0 (0.0)	0 (0.0)	2 (2.2)	9 (10.2)	5 (5.6)	0 (0.0)	16 (4.2)
Other mechanism with local solution	0 (0.0)	0 (0.0)	1 (1.1)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.3)
Not available	1 (3.9)	0 (0.0)	1 (1.1)	2 (2.3)	1 (1.1)	0 (0.0)	6 (1.6)

Majority of the CSCs (81.8 %) were constructed with a septic tank with soak pit for the excreta disposal followed by a double leach pit (24.2 %) and single leach pit (7.6 %) across selected states. With regard

to Andhra Pradesh majority of the CSCs used double leach pit (61.6 %) and all the CSCs in Assam used septic tank with soak pit due to geographical factors.

Table 3.17: Operation of CSCs during Covid-19 pandemic

	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
CSCs followed covid-19 instructions	14 (53.9)	14 (23.3)	0 (0.0)	44 (50.0)	61 (67.8)	22 (73.3)	155 (40.4)
CSCs closed during covid-19	2 (7.7)	31 (51.7)	7 (7.8)	27 (30.7)	53 (58.9)	0 (0.0)	120 (31.3)

The survey also enquired about the functionality status of the CSCs during the covid-19 period. The table informs that more than 40 percent of the CSCs were functional and followed covid-19 instructions. Generally, sanitization, use of mask and social distancing were instructed and followed. Around 31 percent of the CSCs were closed during the Covid-19 pandemic period across six states. State wise distribution demonstrates that greater number of CSCs were closed in the states like Madhya Pradesh and Gujarat (58.9% and 30.7%, respectively).

3.3. Employment and Income Generation

The employment generation through CSCs is estimated based on the information regarding number of persons employed and the total number of person-days devoted for O&M activities of 384 CSCs in

a month in the following table. It is noted that about 184 CSCs have appointed a cleaner for the CSC. The frequency of the cleaning, however, varies across the selected CSCs. For estimation of the number of person days of employment generation, the information on the frequency of cleaning is used. For instance, in CSCs that reported daily cleaning by the CSC, the number of employment generated is estimated by multiplying the number of such CSCs with 30 days per month. In case of cleaning frequency of alternate days the number of such CSCs is computed by multiplying it with 15 days of cleaning per month. Overall, it is estimated that a total of 2918 person-days of employment is provided per month in these 184 CSCs. Based on this estimation, it is inferred that the CSC generates a 16-day work opportunity for cleaners on a monthly basis.

Table 3.18: Details of cleaners employed in the CSCs for cleaning activities

Frequency of Cleaning	Number of CSCs Employed Cleaners	Number of Cleaners Employed*	Number of Man Days Used for Cleaning Activities per month
Alternate days	31	35	525
Daily	50	61	1830
Never	8	11	0
Once a month	11	11	11
Once a week	39	44	176
Once in two weeks	16	20	40
Twice a week	29	42	336
Total	184	224	2918

Note: *Some GPs employed two/three cleaners.

Table 3.19: State-wise income and employment generated in per CSC through cleaning activities

States	Number of labour days generated month		Amount in (in Rs.) received by cleaners per month		Number of labour days generated year		Amount in (in Rs.) received by cleaners year	
	(N)	(%) difference	(N)	(%) difference	(N)	(%) difference	(Rs.)	(%) difference
Andhra Pradesh	21	0.3	Rs. 5330	1.1	251	0.3	Rs. 63960	1.1
Assam	10	-0.4	Rs. 2112	-0.2	116	-0.4	Rs. 25344	-0.2
Chhattisgarh	13	-0.2	Rs. 1075	-0.6	156	-0.2	Rs. 12900	-0.6
Gujarat	14	-0.1	Rs. 2284	-0.1	170	-0.1	Rs. 27408	-0.1
Madhya Pradesh	17	0.1	Rs. 1952	-0.2	205	0.1	Rs. 23424	-0.2
Maharashtra	17	0.1	Rs. 5083	1.0	208	0.1	Rs. 60996	1.0
Total	16	0.0	Rs. 2511	0.0	190	0.0	Rs. 30132	0.0

*Amount in rupees per month was calculated based on the cleaners' response

The annual year-wise calculation thus suggests that a total of 190 days of employment is provided to each cleaner per year. The figures range from a minimum of 116 person days in a year in Assam to a maximum of 251 person days in a year in Andhra Pradesh. The survey also finds that on average a cleaner receives Rs. 2511 per month for the cleaning activities. This amounts to a total of Rs. 30 thousand

per year generated as salary for the cleaners through the functional CSCs employing cleaner services. The monthly payment is noted to be highest in Andhra Pradesh (Rs. 5330) and lowest in Chhattisgarh (Rs. 1075). Accordingly, the highest annual pay is also noted in Andhra Pradesh (Rs. 63960) and the lowest in Chhattisgarh (Rs. 12900).

Table 3.20: State-wise daily usage of Community Sanitary Complexes

Units	Daily Users	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Toilets (Men)	Total	361	557	1042	553	754	222	3489
	Average	17.2	10.7	11.6	6.3	8.4	15.9	9.8
Toilets (Women)	Total	454	528	550	338	436	226	2532
	Average	21.6	10.2	6.1	3.8	4.8	16.1	7.1
Urinals (Men)	Total	455	1077	1790	1976	2077	580	7955
	Average	21.7	20.7	19.9	22.5	23.1	41.4	22.4
Urinals (Women)	Total	636	874	989	865	1060	420	4844
	Average	30.3	16.8	11.0	9.8	11.8	30.0	13.6
Bathrooms (Men)	Total	35	0	245	334	74	0.0	688
	Average	1.7	0.0	2.7	3.8	0.8	0.0	1.9
Bathrooms (Women)	Total	85	0	206	181	31	0.0	503
	Average	4.0	0.0	2.3	2.1	0.3	0.0	1.4
Functional CSCs		21	52	90	88	90	14	355

The daily usage of the CSC is depicted in Table 3.20. The estimated daily number of CSC users across 6 states are 3489 men and 2532 women users. The average number of male and female CSC-toilet users accounted for 10 and 7 daily respectively. It is noted that CSCs are mostly used for urinating purpose. On an average, total users in men and women category for urinals are 22 and 14 respectively. The bathroom facilities are used by least one person daily on an average. State-wise usage suggest that Andhra

Pradesh has highest users in toilet as well in urinals category. Assam has highest number of daily users in toilet category (17 male, 21 female). In Maharashtra most of the CSCs are used for urinating. Maharashtra shows that highest urinal users in male (41) and female (30). The bathroom is mostly used in Gujarat using 4 males and 2 female. It is also noted that at least 4 females in Andhra Pradesh used bathroom facilities daily for bathing and washing clothes purposes.

04 Community Sanitary Complexes Management, Operations and Maintenance



4.1. Introduction

Government guidelines for operation and maintenance suggest few alternatives that has been discussed in chapter 2. We found eight alternative approaches for the CSC O&M activities. These are as follows: a) GP managed CSCs b) Joint management by GP-Community c) SHG managed CHCs d) GP-SHG joint management of CSCs e) Corporate/PPP model of CSC management f) Direct management by community g) CSCs managed by Schools or Hospitals h) CSCs managed by temple committee / Trusts. About 69 CSCs under the specification as 'others' involve O&M operations carried out by schools/hospital/temple committees, trust etc.

a. Fully managed by GP: Direct management by the GPs is the dominant form of approach used for O&M activities. In 322 of the GPs the day-to-day management including repair work and other maintenance is the direct responsibility of the GPs. The GPs do not receive any earmarked fund for the maintenance of CSCs. The GP representatives often employ a person for cleaning activities on a piece rate or daily wage basis. Low frequency of cleaning activities is a limitation of the model because of lack of daily engagement for cleaning activities. Nevertheless, few GPs have engaged a sweeper on a regular basis.

b. Jointly managed by GP and the community: The second most used alternative approach of O&M activities is management by GPs with community participation. In this model, while cleaning activities are carried out by user households, GP focuses on the maintenance activity including repairing work, provision of running water and electricity. In the absence of any other mechanism, this model serves the better alternative so as to avoid the burden of paying for cleaning. It also

ensures the community participation in sustaining ODF status in the villages. It is reported that Gujarat and Andhra Pradesh have such management system in six and one CSCs respectively.

c. SHG managed: In order to ensure women's participation and empowering small business or retail units run by women, the SHG managed CSCs are exemplary for O&M activities wholly managed by women. In six CSCs in Madhya Pradesh and Chhattisgarh, daily activities at CSC including cleaning, management, purchasing of cleaning material are carried out by SHG. These SHGs employ a sweeper and collect user fee. The cleaning activities are done regularly in CSCs and beneficiaries showed high level of satisfaction. Beneficiaries while interacting with field investigators, however, reported that they prefer monthly usage fee instead of paying daily charges in these CSCs. Such preferred change in the usage fee would minimize the burden of economic cost of CSC usage.

d. GP-SHG joint management: Joint management of CSCs by GP and SHGs is another model in use and is observed in few CSCs in Madhya Pradesh and Chhattisgarh. These CSCs are constructed along with the shop marts in Chhindwara district in Madhya Pradesh. They are partially managed by SHGs since day-to-day activities including cleaning, opening and closing of CSC, pumping water to the tanks are carried out by SHGs since the shops are given on rent to SHGs. These SHGs do not collect user fee but serve the purpose of cleaning and maintenance. The provision of electricity and water availability in such CSCs are responsibility of GPs. Community members showed the satisfactory perception with this O&M system.

e. Private/corporate management: It is found that operation and management of few CSCs are direct responsibility of private agency/party/ person. This model is practiced in Madhya Pradesh and Chhattisgarh where the contract is given to a private party who collects user fee and has the sole responsibility of maintenance and cleaning of CSCs on daily basis. The cleaning and maintenance is reported to be satisfactory in these CSCs. However, these CSCs are accessed only by few people. For instance, CSC built on the highways in Chhattisgarh is used only by passengers or passer-by paying the usage fee. It is reported by few respondents that they cannot use CSC due to the user charges and left no alternative but to openly defecate. A sweeper and manager is employed in these CSCs and the daily maintenance activities are reported to be satisfactory by the respondents.

f. Community management: Direct community management is also a feature practiced at some of the CSCs which are found in Assam. It is decided by community members that all CSC using households will collect money on monthly or weekly basis to maintain daily expenses on cleaning material. In this approach, it is found that community members either employ a person for cleaning or they decide among themselves the cleaning alternative. For instance, at one CSC we found that households are engaged in cleaning activities on rotation basis by preparing the cleaning schedule. The respondent showed higher satisfaction level in such management system and they also feel a part of CSC initiatives.

g. Managed by School/Hospitals: Few CSCs are constructed in schools and hospitals in Andhra Pradesh and Maharashtra since there was a demand from the villagers through the Gram Sabha resolution that was tabled to the competent authority in the CSC construction process. The daily maintenance is done by the respective staff in school or hospital which were employed. Though such constructions serve the purpose of sanitation needs of patients and students, the villagers who might need CSC cannot utilize this facility. The material needed for maintenance is the responsibility of these schools and hospitals. Since

CSCs are constructed in schools and hospitals there is less possibility of theft and damages in CSC.

h. Managed by temple committee or trust: Given the paucity of resources at GP level, and inability of maintenance of CSCs, there is another alternative system of O&M activities which is managed by temple trusts or committees are prevalent in many places. For instance, some of the CSCs in Assam, Chhattisgarh, Gujarat, and Madhya Pradesh had temple committees that re engaged in day-to-day activities of CSCs. It is reported by beneficiaries that the cleaning expenses are incurred by these trusts or committees while they do not charge user fees. The maintenance is found to be satisfactory in these CSCs. One challenge in utilization of CSCs when they are constructed in temple vicinity is that they are used only when people visit temples or by floating population when there is spiritual gatherings. These CSC management alternatives with several characteristics in terms of managerial, maintenance capacities as well as advantages and disadvantages are summarized in Table 4.10.

4.2. Background Characteristics Related to Operation and Maintenance

Information related to operation and maintenance of the CSC's has been gathered from the person who is responsible for these activities. The background characteristics of the O&M in-charge has been provided in the Table 4.1. Most of the O&M in-charge (83.3%) are males. The distribution of the O&M in-charge by social group shows that around 43 percent belong to OBC followed by SC (26.3%) and ST (16.7%). However, there are some variations in the background characteristics across the states. In Andhra Pradesh, most of the O&M in-charge belong to general category (38.5%), whereas in Gujarat (44.3%) and Madhya Pradesh (38.9%) most of the O&M in-charges are from SC background. Distribution of the O&M in-charges by education qualification indicates that the one-third O&M's have completed primary and middle school (32.3%) whereas one-fifth of them have higher education or diploma (22.4%) and a similar proportion with higher secondary education (16.4%).

Table 4.1: Background characteristics of O&M in-charge for the CSC

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Sex							
Male	17 (65.4)	56 (93.3)	66 (73.3)	73 (83.0)	86 (95.6)	22 (73.3)	320 (83.3)
Female	9 (34.6)	4 (6.7)	24 (26.7)	15 (17.1)	3 (3.3)	8 (26.7)	63 (16.4)
Transgender	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (1.1)	0 (0.0)	1 (0.3)
Social Group							
General	10 (38.5)	11 (18.3)	2 (2.2)	8 (9.1)	19 (21.1)	1 (3.3)	51 (13.3)
OBC	9 (34.6)	26 (43.3)	54 (60.0)	37 (42.1)	27 (30.0)	13 (43.3)	166 (43.2)
Scheduled Caste	6 (23.1)	8 (13.3)	5 (5.6)	39 (44.3)	35 (38.9)	8 (26.7)	101 (26.3)
Scheduled Tribe	1 (3.9)	14 (23.3)	29 (32.2)	3 (3.4)	9 (10.0)	8 (26.7)	64 (16.7)
Others	0 (0.0)	1 (1.7)	0 (0.0)	1 (1.1)	0 (0.0)	0 (0.0)	2 (0.5)
Education							
No formal education	0 (0.0)	2 (3.3)	8 (8.9)	11 (12.5)	2 (2.2)	0 (0.0)	23 (6.0)
Up to primary schooling	2 (7.7)	3 (5.0)	4 (4.4)	19 (21.6)	3 (3.3)	0 (0.0)	31 (8.1)
Primary and middle school	2 (7.7)	29 (48.3)	28 (31.1)	32 (36.4)	28 (31.1)	5 (16.7)	124 (32.3)
Secondary	3 (11.5)	12 (20.0)	13 (14.4)	12 (13.6)	8 (8.9)	7 (23.3)	55 (14.3)
Higher Secondary	2 (7.7)	6 (10.0)	22 (24.4)	8 (9.1)	20 (22.2)	7 (23.3)	65 (16.9)
Higher education/ diploma	17 (34.0)	8 (16.0)	15 (30.0)	6 (12.0)	29 (56.0)	11 (20.0)	86 (22.4)

Table 4.2: Background characteristics of O&M in-charge for the CSC

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Operation and Maintenance							
Gram Panchayat	24 (96.0)	20 (34.5)	69 (77.5)	80 (93.0)	87 (96.7)	28 (96.6)	308 (81.7)
SGHs	1 (4.0)	0 (0.0)	23 (25.8)	1 (1.2)	1 (1.1)	1 (3.5)	27 (7.2)
Others	2 (8.0)	44 (73.3)	24 (26.7)	13 (14.9)	10 (11.1)	0 (0.0)	93 (24.4)

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Selection of Person for O&M – CSCs Managed by Panchayat							
GP meeting	3 (12.0)	39 (65.0)	84 (93.3)	45 (51.7)	78 (86.7)	28 (96.6)	277 (72.7)
Decided by GP president	19 (76.0)	11 (18.3)	42 (46.7)	53 (60.9)	23 (25.6)	3 (10.3)	151 (39.6)
Others	4 (16.0)	5 (9.1)	13 (14.6)	7 (8.1)	2 (2.4)	0 (0.0)	31 (8.5)
Selection of Person for O&M CSCs managed by SHG							
GP meeting	0 (0.0)	11 (61.1)	68 (88.3)	17 (43.6)	48 (90.6)	NA	144 (74.6)
Decided by GP president	0 (0.0)	4 (22.2)	47 (61.0)	29 (74.4)	15 (28.3)	NA	95 (49.2)
Suggested by Govt. officials	0 (0.0)	0 (0.0)	5 (6.5)	3 (7.7)	3 (5.7)	NA	11 (5.7)
Others	6 (100.0)	4 (22.2)	14 (18.2)	1 (2.6)	0 (0.0)	NA	25 (13.0)
O&M Monitoring Person							
Panchayat member	14 (58.3)	17 (35.4)	52 (61.9)	69 (80.2)	47 (55.3)	29 (100.0)	228 (64.0)
Panchayat president	11 (45.8)	23 (47.9)	66 (78.6)	71 (82.6)	58 (68.2)	24 (82.8)	253 (71.1)
SHG leader	0 (0.0)	0 (0.0)	7 (8.3)	1 (1.2)	1 (1.2)	0 (0.0)	9 (2.5)
Others	5 (20.0)	22 (36.7)	24 (26.7)	9 (10.3)	15 (16.7)	0 (0.0)	75 (19.7)
O&M Monitoring Person							
Panchayat member	14 (58.3)	17 (35.4)	52 (61.9)	69 (80.2)	47 (55.3)	29 (100.0)	228 (64.0)
Panchayat president	11 (45.8)	23 (47.9)	66 (78.6)	71 (82.6)	58 (68.2)	24 (82.8)	253 (71.1)

Table 4.2 shows the role of Gram Panchayats, SHGs and others including temple committees/trustees, hospitals, schools and so on in the operation and maintenance activities of the CSC. It shows that majority of the CSCs were managed by the Gram Panchayats (81.7%) followed by others (24.4%) and SHGs (7.2%). Considerable proportion of the SHGs managed CSCs (25.8%) were found only in Chhattisgarh. In Assam more than 73 percent of the CSCs were managed temple committees.

In CSCs managed by Gram Panchayats, the selection process for the O&M in-charge is carried out through GP meeting (72.7%) followed by the Gram Panchayat president's decision in some cases (39.6%). Almost a same trend is observed with regards to the CSCs managed by the SHGs. Majority of the work for O&M

is carried out during the Gram Panchayat meeting (74.6%) followed by GP president's decision (49.2%).

Monitoring of the O&M activities is an important factor for the sustainability of the CSCs. Most of the GP presidents (71.1%) are engaged in the monitoring activities along with the panchayat members (64%). Around 39 percent of the Gram Panchayat officials/members are involved in the verification of the payment made for O&M of the CSCs to the respective SHGs.

Gram Panchayat officials/members also have raised plans for the revenue generation through pay and use approach. A considerable proportion of GPs are also keen to levy user charges in the near future to meet the financial requirements for O&M activities.

4.3. O&M Activities and Payment Mechanism

Table 4.3: O&M in-charge and cleaning activities in the CSCs

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
O&M Person and Cleaning							
GP member/official	19 (73.1)	1 (1.7)	73 (81.1)	85 (96.6)	28 (31.1)	30 (100.0)	236 (61.5)
SHG members	1 (3.9)	2 (3.3)	21 (23.3)	8 (9.1)	2 (2.2)	2 (6.7)	36 (9.4)
Others	7 (26.9)	58 (96.7)	0 (0.0)	0 (0.0)	50 (55.6)	0 (0.0)	115 (30.0)
Involvement of O&M person in cleaning	1 (3.9)	33 (55.0)	29 (32.2)	42 (47.7)	18 (20.0)	0 (0.0)	123 (32.0)
Cleaners/Sweepers hired for O&M	25 (96.2)	13 (21.7)	27 (30.0)	39 (44.3)	70 (77.8)	10 (33.3)	184 (47.9)
One sweeper	12 (48.0)	13 (100.0)	27 (100.0)	29 (74.4)	66 (94.3)	8 (80.0)	155 (84.2)
Two sweepers	8 (32.0)	0 (0.0)	0 (0.0)	8 (20.5)	2 (2.9)	1 (10.0)	19 (10.3)
More than 2 sweepers	5 (20.0)	0 (0.0)	0 (0.0)	2 (5.1)	2 (2.9)	1 (10.0)	10 (5.4)
Attendant available in CSC	1 (3.9)	0 (0.0)	74 (82.2)	21 (23.9)	21 (23.3)	0 (0.0)	117 (30.5)

Note: Others category includes the responsible persons from the temple, hospital, school etc.

While there are a number of elected members, and officials from including health and sanitation at the Gram Panchayat level, there is no proper in-charge found for the operation and maintenance activities in majority of the CSCs across six selected states. Out of total O&M responsibilities of CSCs, around 61 percent are GP members followed by SHGs members (9.4%) and others (30%). It clearly portrays that the role of SHGs in the operation and maintenance activities of the CSCs are low across six selected states. In Madhya Pradesh 94.4 percent of the CSCs are managed by GPs (Table 4.5) 5) and about 93.4 percent of the CSCs have one sweeper (Table 4.3). However, evidence gathered from the field suggested that community level participation in managing CSCs are crucial for the success of O&M activities. It is reported that the operation and maintenance of 50 CSCs (55.6%) in Madhya Pradesh is done with the help of local community by the GP.

In Madhya Pradesh most of the GPs are maintained by the local community or by the temple trusts attached to the CSCs. Regarding O&M, a best practice found in Madhya Pradesh was that a number of CSCs were constructed with shops attached to the complex. The person who was interested in running the shop was also required to take care of the O&M activities of the CSC. Around 32 percent of the persons involved for O&M activities are also involved in the cleaning activities. More than 84 percent of the O&M in-charge employed one sweeper and around 10 percent of CSCs were engaging two sweepers for cleaning purposes. Availability of a person as an attendant in the CSCs was found to be 30.5 percent across six states and it was found to be highest in Chhattisgarh (82.2%).

Table 4.4: Role of Village Water and Sanitation Committee for operation and maintenance of CSCs

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Village Water and Sanitation Committee (VWSC)							
Established VWSC	23 (88.5)	6 (10.0)	47 (52.2)	60 (68.2)	59 (65.6)	28 (93.3)	223 (58.1)
Site selection	15 (65.2)	6 (100.0)	41 (89.1)	54 (90.0)	51 (86.4)	28 (100.0)	195 (87.8)
CSC management	15 (65.2)	6 (100.0)	44 (93.6)	48 (80.0)	52 (88.1)	2 (7.1)	167 (74.9)

Generally, the VWSC communities were involved for the various activities related to water and sanitation in the villages. It is observed that out of 384 CSCs located in GPs, 58.1 percent of the GPs were having the VWSC.

These committees were engaged in site selection process for the CSC construction (87.8%) and take part in CSC management (74.9%) across six states.

Table 4.5: Working of the CSC across the six states, India, 2022

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
O&M Authority for CSCs							
Gram Panchayat	25 (96.2)	15 (25.0)	84 (93.3)	83 (94.3)	85 (94.4)	30 (100.0)	322 (83.9)
SHGs	0 (0.0)	0 (0.0)	4 (4.4)	0 (0.0)	2 (2.2)	0 (0.0)	6 (1.6)
Households in the village	1 (3.9)	0 (0.0)	0 (0.0)	6 (6.8)	0 (0.0)	0 (0.0)	7 (1.8)
Others (temples committee etc.)	5 (19.2)	46 (76.7)	2 (2.2)	13 (14.8)	3 (3.3)	0 (0.0)	69 (18.0)
Opening of CSCs							
Certain hours	7 (26.9)	28 (46.7)	54 (60.0)	29 (33.0)	25 (27.8)	4 (13.3)	147 (38.3)
Throughout the day	19 (73.1)	32 (53.3)	36 (40.0)	59 (67.1)	65 (72.2)	26 (86.7)	237 (61.7)
User Fee Collection							
User fees collected	1 (3.9)	1 (1.7)	11 (12.2)	1 (1.1)	18 (20.0)	0 (0.0)	32 (8.3)

Majority of the sampled CSCs (61.7%) were open throughout the day for community use and 38.3 percent of the CSCs were open for certain hours. The CSCs are mostly closed during the night times. This is particularly the case with CSCs located in public

offices such as the GP offices, schools and so on. Less than 9 percent of the CSC practice user fee collection from the community. This proportion was around 20 percent in case of the CSCs in Madhya Pradesh.

Table 4.6: Cleaning status of CSCs in India

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Cleaning Status							
CSCs cleaned regularly	21 (80.8)	33 (55.0)	47 (52.2)	69 (78.4)	55 (61.1)	10 (33.3)	235 (61.2)
Frequency of Cleaning							
Alternate days	1 (3.9)	0 (0.0)	16 (17.8)	14 (15.9)	17 (18.9)	3 (10.0)	51 (13.3)
Daily	9 (34.6)	10 (16.7)	23 (25.6)	13 (14.8)	35 (38.9)	1 (3.3)	91 (23.7)
Once a week	3 (11.5)	23 (38.3)	29 (32.2)	28 (31.8)	16 (17.8)	9 (30.0)	108 (28.1)
Once in two weeks	3 (11.5)	3 (5.0)	4 (4.4)	14 (15.9)	4 (4.4)	11 (36.7)	39 (10.2)
Twice a week	6 (23.1)	3 (5.0)	14 (15.6)	10 (11.4)	10 (11.1)	0 (0.0)	43 (11.2)
Once a month	0 (0.0)	11 (18.3)	2 (2.2)	7 (8.0)	6 (6.7)	0 (0.0)	26 (6.8)
Never	4 (15.4)	10 (16.7)	2 (2.2)	2 (2.3)	2 (2.2)	6 (20.0)	26 (6.8)
Provision of Cleaning Materials							
Gram Panchayat	22 (84.6)	14 (23.3)	85 (94.4)	78 (88.6)	85 (94.4)	30 (100.0)	314 (81.8)
SHGs	22 (84.6)	14 (23.3)	85 (94.4)	78 (88.6)	85 (94.4)	30 (100.0)	314 (81.8)
Households in the village	0 (0.0)	0 (0.0)	0 (0.0)	6 (6.8)	0 (0.0)	0 (0.0)	6 (1.6)
O&M Purchases	1 (3.9)	1 (1.7)	3 (3.3)	7 (8.0)	6 (6.7)	0 (0.0)	18 (4.7)
Cleaner purchases	0 (0.0)	2 (3.3)	1 (1.1)	5 (5.7)	0 (0.0)	0 (0.0)	8 (2.1)
Others	3 (11.5)	45 (75.0)	1 (1.1)	10 (11.4)	1 (1.1)	0 (0.0)	60 (15.6)
Cleaning Materials							
Received cleaning materials regularly	20 (76.9)	25 (43.1)	75 (84.3)	75 (86.2)	39 (43.8)	13 (59.1)	247 (66.6)

The cleaning of CSCs is critical for its usage and sustenance. Around 61.2% of the CSCs are being cleaned on daily basis in the sample. Majority of the CSCs were cleaned once in a week (28.1%) or daily (23.7%) across six states. In Maharashtra most of the CSCs were cleaned once in two weeks. Overall, around 7 percent of the CSCs were never cleaned and the state wise distribution shows higher figures

for Maharashtra (20%), Assam (16.7%) and Andhra Pradesh (15.4%). Regular supply of the cleaning materials was ensured in 247 CSCs (66.6%) across six states. States such as Gujarat, Chhattisgarh, Andhra Pradesh and Maharashtra reported high proportion of CSCs with regular supplies (86.2 percent, 84.3 percent, 76.9 percent and 59.1 percent, respectively).

Figure 4.1: Frequency of CSC Cleaning in six states, India, 2022

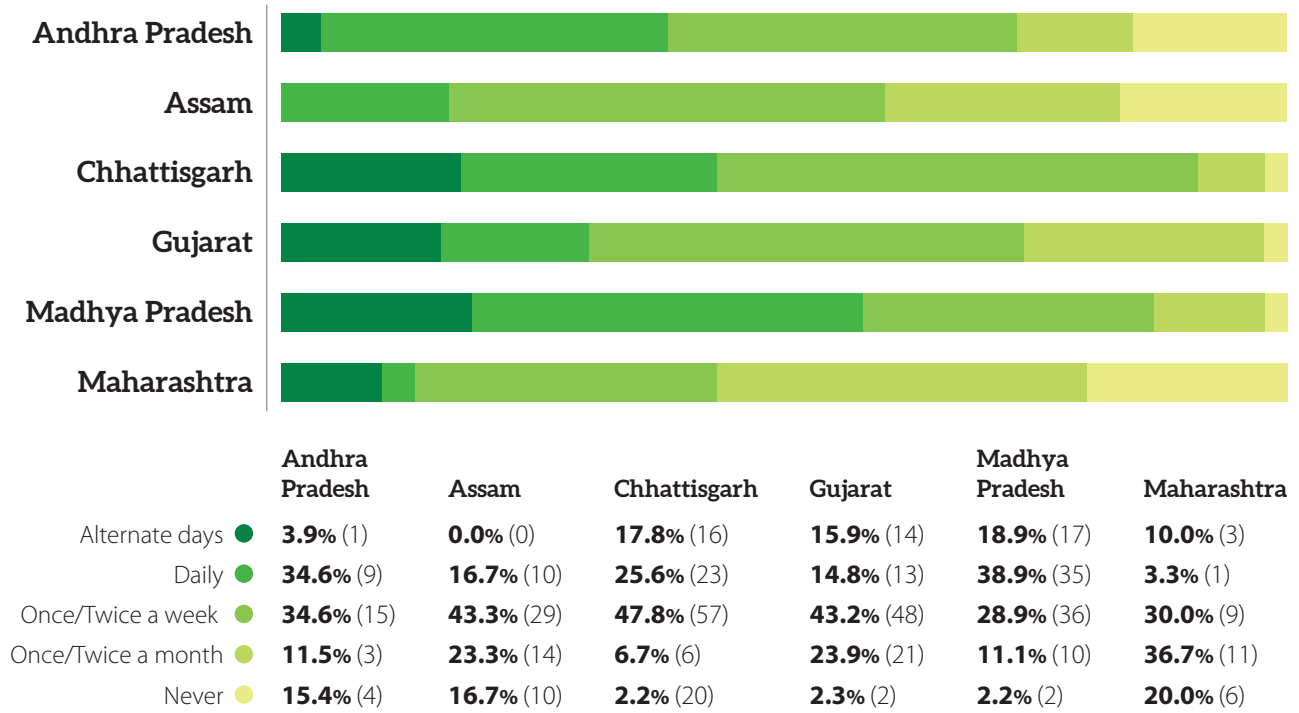


Figure 4.2: CSCs receiving cleaning materials regularly in six states, India, 2022

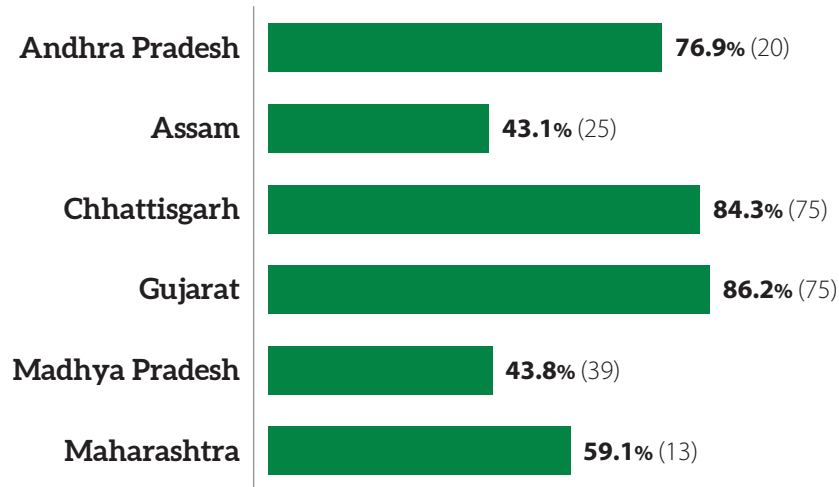


Table 4.7: Payments for operations and maintenance by six states, India, 2022

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Amount Paid for O&M							
Min / Max	0/ 11000.0	0/ 4000.0	0/ 8000.0	0/ 82000.0	0/ 344000.0	0/ 6000.0	0/ 344000.0
Mean (sd)	4681.8 (3329.3)	426.2 (871.4)	1675.3 (1276.2)	4419.4 (10624.6)	9563.0 (39335.0)	992.9 (2076.4)	4148.2 (19865.4)
N	22 (3)	50 (10)	89 (1)	80 (7)	77 (13)	14 (15)	332 (49)
Frequency of Payment to O&M							
Monthly	19 (86.4)	9 (30.0)	84 (95.5)	66 (78.6)	57 (72.2)	3 (33.3)	238 (76.3)
Quarterly	1 (4.6)	1 (3.3)	1 (1.1)	1 (1.2)	2 (2.5)	0 (0.0)	6 (1.9)
Halfyearly	1 (4.6)	1 (3.3)	0 (0.0)	0 (0.0)	1 (1.3)	0 (0.0)	3 (1.0)
Yearly	0 (0.0)	2 (6.7)	0 (0.0)	8 (9.5)	8 (10.1)	0 (0.0)	18 (5.8)
No fixed schedule	1 (4.6)	17 (56.7)	3 (3.4)	17 (20.2)	13 (16.5)	6 (66.7)	57 (18.3)

Note: It represents the number of O&Ms received payment not the total sample.

Table 4.7 shows the expenditure including payment made for materials purchased and salary/wage paid for the O&M person. Overall figure shows that an average payment for O&M was Rs.4148. Among six states, the highest amount of Rs.9563 was made for the O&M in Madhya Pradesh and the lowest amount was noted in case of a CSC in Maharashtra at Rs.992.

Overall observation shows that most of the payments for the O&M were made on a monthly basis (76.3%) but in many instances there was no fixed interval (18.3%). In Maharashtra and Assam majority of the payments were made without any fixed intervals (66.7% and 56.6% respectively).

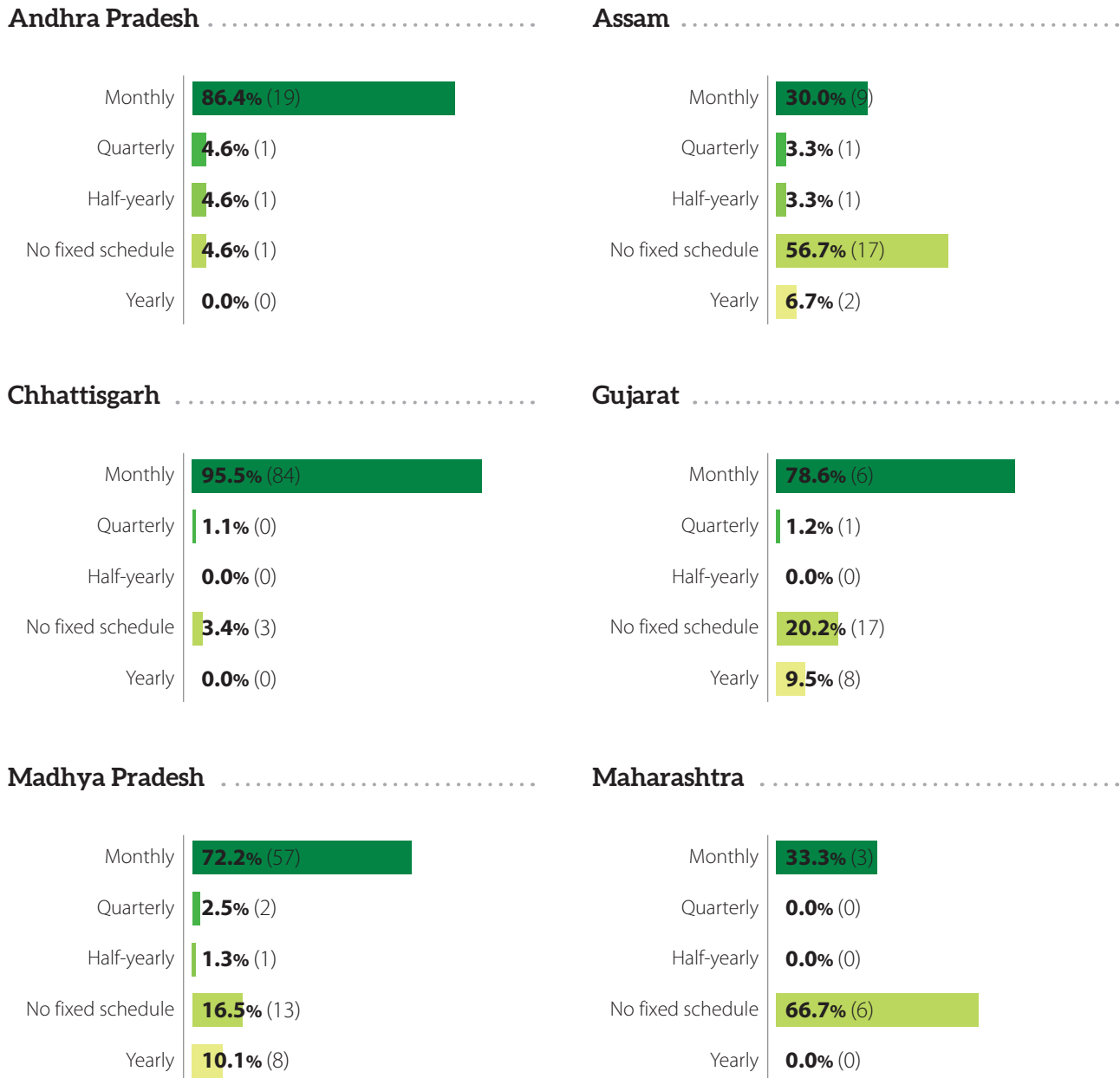
Table 4.8: Payments to received and paid for O&M

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Average expenditure	4415.3	493.3	1082.7	1389.7	1841.6	766.6	1439.8
Frequency of Payment to O&M							
Monthly	2 (66.7)	14 (82.4)	58 (96.7)	31 (81.6)	75 (92.6)		180 (90.5)
No fixed interval	0 (0.0)	3 (17.7)	2 (3.3)	7 (18.4)	6 (7.4)		18 (9.1)
Once in three months	1 (33.3)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)		1 (0.5)
Total	3 (100)	17 (100)	60 (100)	38 (100)	81 (100)		199 (100)

State wise average expenditure for each CSC is presented in the table 16. Overall, Rs. 1439 was the expense per CSC towards salary/wage for the cleaner per month. A maximum of Rs.1841 was paid to the

cleaners in Madhya Pradesh followed by Gujarat (Rs.1389), Chhattisgarh (Rs.1082). The table also shows that the majority (19.5%) of the cleaners received payment on a monthly basis for cleaning activities.

Figure 4.3: Frequency of payment O&M in six states, India, 2022



4.4. Role of Women in CSC Initiatives

Empowering women and recognizing their role in participatory planning and governance can be regarded as a social indicator of development. The assessment shows that 64% of the interviewed panchayat members/officials are males whereas more than one-third (35.6%) are females. We find that women representatives played an active role in matters such as site selection for CSC construction (Table 4.9). Women's level of involvement is found to be as good as that of their male counterparts. For instance, as community leaders or GP functionaries, women members reported similar levels of involvement in expenditure management and planning of CSC construction when compared to the male members. However, both men and women GP representatives reported low involvement in design selection component of CSCs and this is more or less similar across settings.

The study also assessed women's role in CSC initiative through their participation in the meetings held before the CSC construction. In more than 93% of GPs, it is reported, that women participated in such meetings whereas the participation of adolescent boys and girls were 34.7% and 31.5%, respectively

(Table 2.5). In rural areas, there are considerable cultural barriers that hinder greater participation of women in community level discussions. For instance, it also emerged that female participation was restricted because it is unconventional for them to attend meetings with male members of the community. Also, this would not be appreciated by their concerned households. Despite invitations from community leaders, such perceptions dissuade effective participation by women in important community concerns including discussion around hygiene and sanitation issues in the community.

Nevertheless, in case of work related to O&M activities of CSCs, it is observed that 16.4% of CSCs are operated and maintained by women. A greater involvement of women in O&M activities is reported in Andhra Pradesh (34.6%) followed by Chhattisgarh (26.7%) and Maharashtra (26.7%) where women are found be O&M in-charge. However, it is worthwhile to note that 7.2% CSCs are managed by SHGs. Relative involvement of women in overall CSC initiatives in terms of their role in planning, design, management in O&M alternatives, and participation in Gram Sabha is summarized in Table 4.11.

Table 4.9: Role of GP members and officials at planning stages at CSC by gender

Particulars	Male		Female		Total	
	N	%	N	%	N	%
Planning	189	76.8	91	66.9	280	73.3
Design	51	20.7	21	15.4	72	18.8
Site Selection	224	91.1	128	94.1	352	92.1
Expenditure	160	65.0	92	67.6	252	66.0

Table 4.10: CSC management system in selected CSCs 2021-22

O&M Systems	Advantages	Disadvantages	Capacity for			Remarks
			Management	Maintenance	Cleaning	
GP managed CSCs	GP has Own source of revenue that can be in turn, used for O&M.	Given unavailability for separate grants for maintenance small GP which have less revenue may not maintain CSCs	Low	Medium	Medium	Since GPs do not receive additional amount for O&M, the management capacity of these CSCs are low, Nevertheless, few GPs employ a person for cleaning twice/thrice a month
GP-Community management	This initiative is good for participatory governance.		Low	Medium	Medium	
SHG	The cleaning activities and scheduling are better. Management is satisfactory.	SHGs have small financial capacity, however they charge user fee. User fee may hinder poor population from utilising the CSC.	Medium	Medium	Medium	CSC management and cleaning is better because SHG charge user fee but it may hamper the universal usage of toilets in villages.
GP-SHG joint management	The cleaning and scheduling activities are found to be better	In case of paucity of grants for maintenance, CSCs that are partially managed by SHG found to be without cleaning materials.	Medium	Low	High	Since there is no fund for purchasing cleaning material, it is recommended that GP should provide the required material for cleaning. It is conceived to be better management system as less cost is involved.
Corporate/ PPP model	The cleaning and maintenance as well as and scheduling activities are better	This model can only be used in market places or highways only owing to the inability and willingness to pay usage fee by community members,	High	High	High	Cleaning, management is reported to be better. Such model is workable in market settings of urban area or CSCs built nearby highways. The rural poor may stop CSC usage in case of user fee.
Direct Community management	Cleaning activities and maintenance through collection of user families are in practice	Repairing work is not possible because of less resources	High	High	High	This model is suitable for villages where small amount of usage fee is being charged by community members for cleaning and maintenance.
School/ Hospitals	Cleaning, maintenance is better.	Only patients or students can use it	High	High	High	Cleaning, maintenance is good in schools, hospitals since cleaners are available.
Temple committee/ Trusts.	The cleaning and scheduling activities are found to be better	Only floating population or devotees use the CSC.	Low	Medium	High	Cleaning is done regularly and these trust usually employ a person for cleaning and maintenance of CSCs

Table 4.11: Women's relative involvement /role at various stages of CSC initiatives in selected CSCs, 2021-22

Relative Level of Involvement	Reasons	Action Points
Planning	Low Less involvement is observed in the planning process compared to male members. Field level interaction indicates that in female headed GPs Sarpanchpati has more involvement. Such practice is also socially ingrained and has wider social acceptance.	Mandatory training related to the operation and management of administrative processes as well as any governmental programme is needed.
Design	Low Low involvement of male and female is found in design selection. Design is generally selected by officials.	A separate female village committee is needed to understand women's perspective, their opinion related to design of CSCs.
Site Selection	High Women GP members' involvement in site selection is greater compared with male counterparts.	Women ought to have greater say about the location of CSCs because the less CSC usage by women reported wherein CSCs built near govt. offices or public markets.
Financial management	Low Involvement in expenditure in CSC construction has no gender differences. However, there is a low level of involvement among women in financial management which might be due to lack of awareness related to expenditure guidelines. The GP has no funds available for O&M of CSCs.	Training regarding financial management is required which help GP representatives understand the resources at GP level as well as to learn ways to tap resources at GP level.
Gram Sabha Participation	Medium Overall female participation in GS is moderate and average number of women participants is less compared to male counterparts. Patriarchal norms and social stigma with respect to women's role in public spaces restrict their participation, even if women participated in GS their role in deliberations and suggestions are less than male members.	IEC regarding women's role for social development is needed, the awareness can be raised with help of frontline (ASHA, AWW) workers in villages. Separate statutory women's council/ committee is required to discuss women's issues regarding WASH practices as well as to increase female participation which might help transform societal attitude regarding women.
O&M when CSC is managed by GP	Low When CSCs are managed by GPs, the proportion of male managers is higher, it might be due to both reluctance and unavailability of women. Most of the CSCs are still operated by the GP members and the percentage of the SHG lead CSCs are low that limits women participation in the CSC's maintenance in total.	IEC regarding the women's participation at managerial level as well as several layers participation.
O&M when SHG manage	High High involvement is found at managerial level as well as number of female cleaners when CSCs are managed by SHGs	It is therefore, recommended that in order to benefit from women's agency, the SHGs might be utilized for O&M
Beneficiaries	Low Compared to men, the women showed low usage of toilet. It might be due to several causes that includes provision of IHHL, feeling of shame in using toilets when they are constructed near public spaces, govt. building, and non-functionality of some of the toilets.	More CSCs are needed to improve the sanitation and to continue the ODF status in villages. It is suggested that separate fund is needed to continue the usage of non-functional CSCs. It may eventually increase the number of users.
Cleaners	Low Very few CSCs have female cleaners given the scarcity of financial resources at GP level and males are usually employed as cleaners.	Engagement of SHGs (women) can enhance participation

05

Beneficiary Perspectives on Community Sanitary Complexes Usage and Facilities



5.1. Introduction

The assessment of CSC phase two was carried out in 6 states of India namely, Andhra Pradesh, Assam, Chhattisgarh, Gujarat, Madhya Pradesh, and Maharashtra. One of the main focus of the assessment was the perspective and the experience of the village members who are the beneficiaries of the CSC. A total of 1424 individual respondents were interviewed in the process across different

states. The respondents comprised of females, males, adolescents, *divyangjans*, and elderly persons. Information collected from the respondents included the socio-economic and demographic characteristics, household size and characteristics, awareness and usage related to CSC, functioning and maintenance of the CSCs, complaint mechanism and availability of facilities in the CSC.

Table 5.1: Background characteristics of beneficiaries using CSC

Particulars	Male		Female		Transgender		Total	
	%	N	%	N	%	N	%	N
Age								
Below 15	(7.4)	58	(11.7)	75	(0.0)	0	(9.3)	133
16-25	(15.9)	124	(25.1)	161	(0.0)	0	(20.0)	285
26-35	(20.0)	156	(21.1)	135	(100.0)	2	(20.6)	293
36-45	(19.3)	151	(22.9)	147	(0.0)	0	(20.9)	298
46-55	(16.3)	127	(10.8)	69	(0.0)	0	(13.8)	196
55 and above	(21.1)	165	(8.4)	54	(0.0)	0	(15.4)	219
Social Group								
General	(15.8)	123	(17.8)	114	(0.0)	0	(16.6)	237
OBC	(52.4)	409	(46.5)	298	(100.0)	2	(49.8)	709
Scheduled Caste	(14.3)	112	(17.5)	112	(0.0)	0	(15.7)	224
Scheduled Tribe	(17.5)	137	(18.3)	117	(0.0)	0	(17.8)	254
Marital Status								
Divorced	(0.3)	2	(0.0)	0	(0.0)	0	(0.1)	2
Married	(72.6)	567	(63.3)	406	(100.0)	2	(68.5)	975
Unmarried	(25.5)	199	(34.2)	219	(0.0)	0	(29.4)	418
Widowed	(1.7)	13	(2.5)	16	(0.0)	0	(2.0)	29
Education								
Illiterate	(14.0)	75	(8.7)	127	(0.0)	0	(11.6)	202
Up to primary	(9.6)	131	(19.8)	85	(0.0)	0	(14.2)	216
Up to 8th/ middle	(21.9)	160	(21.8)	131	(0.0)	0	(21.8)	291

Particulars	Male		Female		Transgender		Total	
	%	N	%	N	%	N	%	N
Education								
Up to 10th/SSC	(17.3)	171	(15.9)	140	(100.0)	0	(16.8)	311
Up to 12th/HSC	(16.8)	135	(13.3)	102	(0.0)	2	(15.2)	239
Graduation & above	(20.5)	109	(20.4)	56	(0.0)	0	(20.4)	165
State								
Andhra Pradesh	(2.9)	23	(6.2)	40	(0.0)	0	(4.4)	63
Assam	(21.0)	164	(17.8)	114	(0.0)	0	(19.5)	278
Chhattisgarh	(25.4)	198	(24.8)	159	(100.0)	2	(25.2)	359
Gujarat	(20.5)	160	(25.1)	161	(0.0)	0	(22.5)	321
Madhya Pradesh	(23.2)	181	(20.6)	132	(0.0)	0	(22.0)	313
Maharashtra	(7.0)	55	(5.5)	35	(0.0)	0	(6.3)	90
Total	(100)	781	(100)	641	(100)	2	(100)	1,424

The interviewed respondents are mostly adolescent females followed by young adults and elderly males. About one-half of the respondents belong to the OBC category. More than two-thirds of the respondents were married. Female respondents were largely illiterate whereas more than half of the male respondents had completed matriculation. Gender-wise distribution shows that greater number of male

respondents participated in the interviews. The female respondent participation was higher in Andhra Pradesh (63%) and Gujarat (50%). Other states saw greater participation from male respondents.

The following table shows the family distribution of various individuals in different categories.

Table 5.2: State-wise household size and other characteristics

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
	Family Size						
1 to 5	57 (90.5)	197 (70.9)	196 (54.6)	203 (63.2)	157 (50.2)	69 (76.7)	879 (61.7)
6 to 10	5 (7.9)	78 (28.1)	139 (38.7)	109 (34.0)	140 (44.7)	20 (22.2)	491 (34.5)
11 to 15	1 (1.6)	2 (0.7)	22 (6.1)	9 (2.8)	12 (3.8)	1 (1.1)	47 (3.3)
More than 15	0 (0.0)	1 (0.4)	2 (0.6)	0 (0.0)	4 (1.3)	0 (0.0)	7 (0.5)
Less than 19 Years of Boys							
0	20 (45.5)	28 (15.5)	140 (39.2)	97 (34.3)	60 (19.2)	13 (18.3)	358 (28.7)
1 to 3	24 (54.6)	152 (84.0)	211 (59.1)	185 (65.4)	242 (77.6)	57 (80.3)	871 (69.8)
4 to 6	0 (0.0)	1 (0.6)	6 (1.7)	1 (0.4)	8 (2.6)	1 (1.4)	17 (1.4)
More than 6	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (0.6)	0 (0.0)	2 (0.2)

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Less than 19 Years of Girls							
0	22 (50.0)	35 (20.8)	141 (39.5)	119 (43.1)	94 (30.3)	24 (41.4)	435 (35.9)
1 to 3	22 (50.0)	133 (79.2)	204 (57.1)	152 (55.1)	207 (66.8)	33 (56.9)	751 (61.9)
4 to 6	0 (0.0)	0 (0.0)	10 (2.8)	4 (1.5)	9 (2.9)	1 (1.7)	24 (2.0)
More than 6	0 (0.0)	0 (0.0)	2 (0.6)	1 (0.4)	0 (0.0)	0 (0.0)	3 (0.3)
Home toilet	41 (65.1)	261 (93.9)	351 (97.8)	292 (91.0)	292 (93.3)	61 (67.8)	1298 (91.2)
TV availability	55 (87.3)	196 (70.5)	333 (92.8)	269 (83.8)	256 (81.8)	70 (77.8)	1179 (82.8)

Around 91.1 percent of the respondents have access to toilets in their homes. About 82.8 percent of the respondents have a television (TV) set in their homes. The interview enquired about access to toilets at home, usage of the CSC, duration of their usage and how they manage their sanitation needs under different conditions. Table 5.2 shows that about 69% of the respondents have used the CSCs for sanitation needs. 28% of the respondents reported that they were regular users of the CSC facility for sanitation needs.

In this section, the respondents were asked about their access to toilets at home, usage of the CSC, duration of their usage and how they manage their sanitation needs under different conditions. The respondent's awareness related to the availability of CSC in their village, timings of opening and closing of CSC and awareness related to the meetings held in the village for CSC construction were analyzed.

5.2. Awareness and Usage of CSC

Table 5.3: Awareness and usage of CSC initiative among beneficiaries, 2022

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Aware about CSC	52 (82.5)	228 (82.0)	336 (93.6)	310 (96.6)	272 (86.9)	85 (94.4)	1283 (90.1)
Aware of CSC timings	52 (91.2)	70 (25.7)	247 (70.0)	273 (85.9)	177 (58.2)	77 (86.5)	896 (64.3)
Aware CSC meeting	29 (46.0)	75 (27.2)	78 (21.8)	186 (57.9)	140 (45.2)	13 (14.6)	521 (36.8)
Reasons for CSC Construction							
Sanitation needs	1 (1.6)	23 (8.3)	118 (33.0)	310 (96.6)	169 (54.3)	77 (85.6)	698 (49.2)
To ODF village	28 (45.2)	42 (15.2)	327 (91.3)	252 (78.5)	180 (57.9)	58 (64.4)	887 (62.5)
For floating populations	13 (21.0)	60 (21.7)	115 (32.1)	223 (69.5)	40 (12.9)	21 (23.3)	472 (33.3)
NA/unaware	5 (8.1)	2 (0.7)	3 (0.8)	1 (0.3)	8 (5.8)	10 (11.1)	39 (2.8)

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Usage of CSC							
HH members	52 (82.5)	134 (48.2)	230 (64.1)	299 (93.2)	189 (60.4)	77 (85.6)	981 (68.9)
Regular use	21 (33.3)	66 (23.7)	191 (53.2)	40 (12.5)	38 (12.1)	47 (52.2)	403 (28.3)
Usage of CSC in Years							
Less than 1	31 (49.2)	181 (65.1)	166 (46.2)	107 (33.3)	208 (66.5)	74 (82.2)	767 (53.9)
1 to 2 years	14 (22.2)	83 (29.9)	185 (51.5)	190 (59.2)	97 (31.0)	11 (12.2)	580 (40.7)
2 to 3 years	13 (20.6)	5 (1.8)	0 (0.0)	11 (3.4)	1 (0.3)	0 (0.0)	30 (2.1)
>3 years	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.3)	0 (0.0)	1 (0.1)
Not used/NA	5 (7.9)	9 (3.2)	8 (2.2)	13 (4.1)	6 (1.9)	5 (5.6)	46 (3.2)
Total	63 (100.0)	278 (100.0)	359 (100.0)	321 (100.0)	313 (100.0)	90 (100.0)	1,424 (100.0)

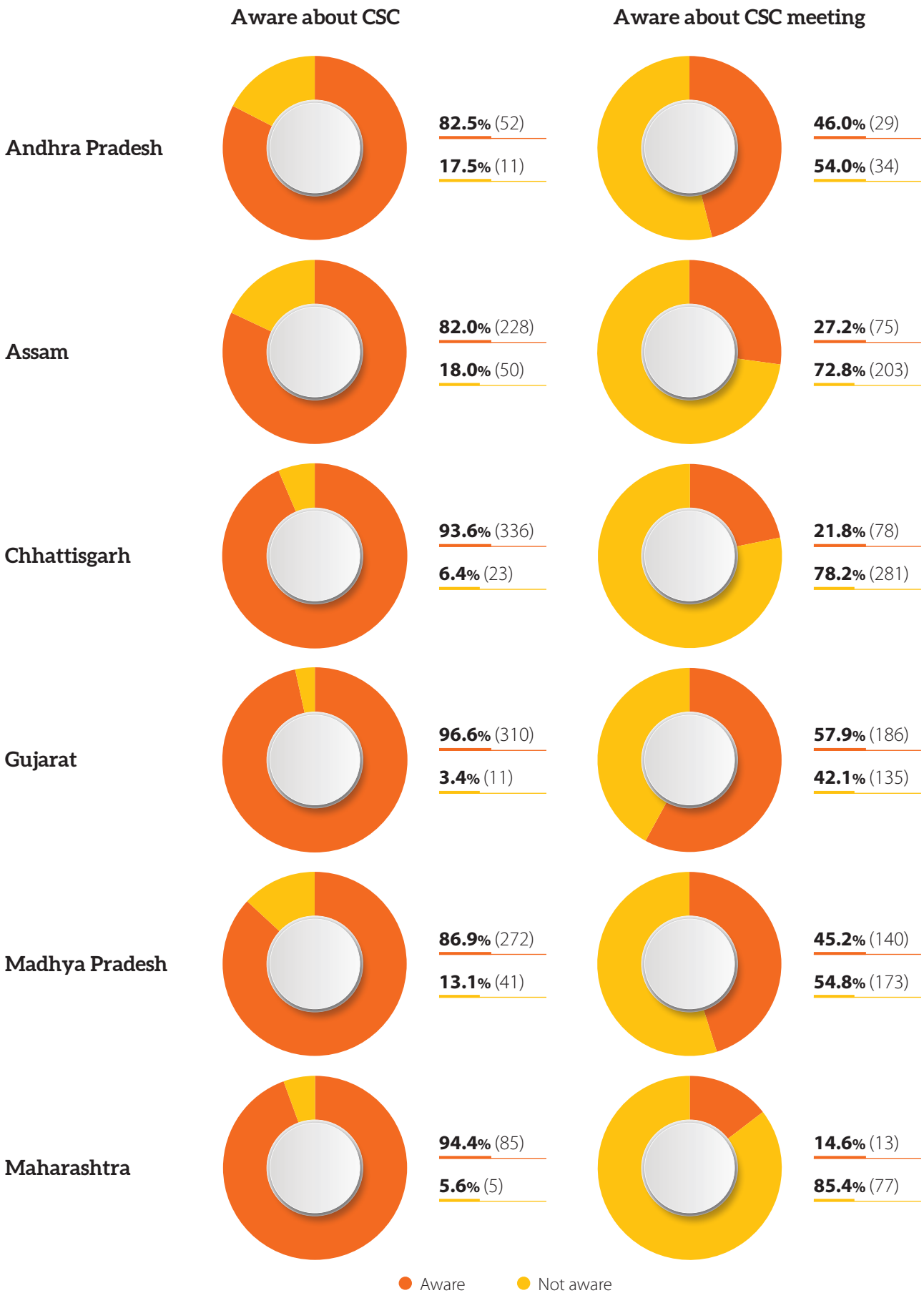
From all 6 states, about 90.1% of the respondents know about the availability of CSC in their village area. The knowledge levels are higher among both female and male respondents. Older population groups and those with higher educational qualifications are more well-informed than those who are young or less educated. The awareness of the CSC opening and closing time is lowest among adolescents. The knowledge about CSC functioning time varied across the surveyed states (highest in Andhra Pradesh at 91.2% and to lowest in Assam at only 25.7%). Table 5.3 also shows the perspective of respondents as users of the CSC. 49.2 percent agreed that the CSC was constructed to meet the sanitation needs of the people in the village. 63 percent of the respondents agreed that the CSC was constructed to stop open

defecation in and around their village. About 33 percent agreed that the CSC is beneficial for public use and use by visitors. The table also encompasses the distribution of regular CSC users. Overall, from 6 states, 28% of the sample are using the CSC regularly. About 72 percent of the respondents have either used CSC a few times or used it rarely or never used. Table 5.3 also shows the data on the duration of CSC usage of the respondents interviewed. About 54 percent of the user have used the CSC for less than 1 year. About 41 percent of the respondents have used the CSC for 1 to 2 years, and 2 percent of users have said that they are using CSC for 2 to 3 years. Less than 1 percent have said that they were using CSC for more than 3 years.

Table 5.4: Distribution of CSC users by social group

Particulars	General	OBC	SC	ST	Total
CSC household use	187 (78.9)	481 (68.0)	149 (66.5)	162 (63.8)	981 (68.9)
No toilet at home	20 (8.4)	53 (7.5)	25 (11.0)	28 (11.0)	126 (8.9)
CSC use if no toilet	12 (60.0)	41 (77.4)	15 (60.0)	18 (64.3)	86 (68.3)

Figure 5.1: Awareness about CSC and meeting among beneficiaries, 2022



In case of households without a toilet facility, about two-thirds of the SC and ST respondents reported use of CSCs to meet their sanitation needs. More than three-fourths of the OBC or general category respondents from such households were using CSCs. It is reported that about 68.9% of the household have at least one member who uses the CSC facility with highest proportion of users belonging to General

category (78.9%) followed by OBC (68.0%), SC (66.5%) and ST (63.8%). From households without a toilet facility, 77.4% of OBCs, 64.3% of STs and about 60% from General category and SCs utilized CSC facility (Table 5.4).

The following section covers the perspective of users regarding the functioning and maintenance of CSC.

Table 5.5 Users' perspective on the functioning and maintenance of CSC across six states, 2022

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Cleaned regularly	46 (73.0)	135 (48.6)	295 (82.2)	256 (79.8)	234 (74.8)	65 (72.2)	1031 (72.4)
Difficulties faced in usage	15 (23.8)	57 (20.5)	182 (50.7)	99 (30.8)	90 (28.8)	41 (45.6)	484 (34.0)
Nature of Difficulty at CSC							
Irregular opening	0 (0.0)	44 (15.8)	35 (9.8)	9 (2.8)	57 (18.2)	6 (6.7)	151 (10.6)
Not hygienic	4 (6.4)	17 (6.1)	50 (13.9)	2 (0.6)	59 (18.9)	4 (4.4)	136 (9.6)
Water problem	10 (15.9)	28 (10.1)	70 (19.5)	40 (12.5)	79 (25.2)	23 (25.6)	250 (17.6)
Electricity issues	9 (14.3)	22 (7.9)	53 (14.8)	72 (22.4)	68 (21.7)	17 (18.9)	241 (16.9)
Ventilation issues	3 (4.8)	1 (0.4)	4 (1.1)	7 (2.2)	8 (2.6)	2 (2.2)	25 (1.8)
Congested	0 (0.0)	0 (0.0)	3 (0.8)	4 (1.3)	6 (1.9)	0 (0.0)	13 (0.9)
Safety concerns	0 (0.0)	0 (0.0)	27 (7.5)	3 (0.9)	12 (3.8)	1 (1.1)	43 (3.0)
Sanitary disposal issues	2 (3.2)	0 (0.0)	80 (22.3)	25 (7.8)	13 (4.2)	6 (6.7)	126 (8.9)
Bulb	4 (6.4)	0 (0.0)	66 (18.4)	66 (20.6)	19 (6.1)	8 (8.9)	163 (11.5)
Latch working	52 (82.5)	270 (97.5)	263 (73.5)	312 (97.2)	240 (77.4)	74 (82.2)	1211 (85.3)
Theft in CSC	8 (12.7)	0 (0.0)	124 (34.5)	18 (5.6)	69 (22.0)	20 (22.2)	239 (16.8)
Total	63 (100.0)	278 (100.0)	359 (100.0)	321 (100.0)	313 (100.0)	90 (100.0)	1,424 (100.0)

About 73 percent of the respondents stated that the CSC is cleaned regularly though in Assam the reported perception is much lower. Of the total respondents, 34 percent reported that they experience difficulties in usage of the CSC. Around 51 percent of respondents from Chhattisgarh have faced difficulties while using CSC in their respective villages,

while 46 percent of respondents from Maharashtra have faced similar challenges. A wide range of reasons is stated. 18 percent of the users state that they experience water unavailability problems while using the CSC. 26 percent in Maharashtra and 25 percent in Madhya Pradesh stated the difficulties related to water availability especially during the summer season.

Figure 5.2: Users' perspective on the maintenance of CSC across six states, 2022

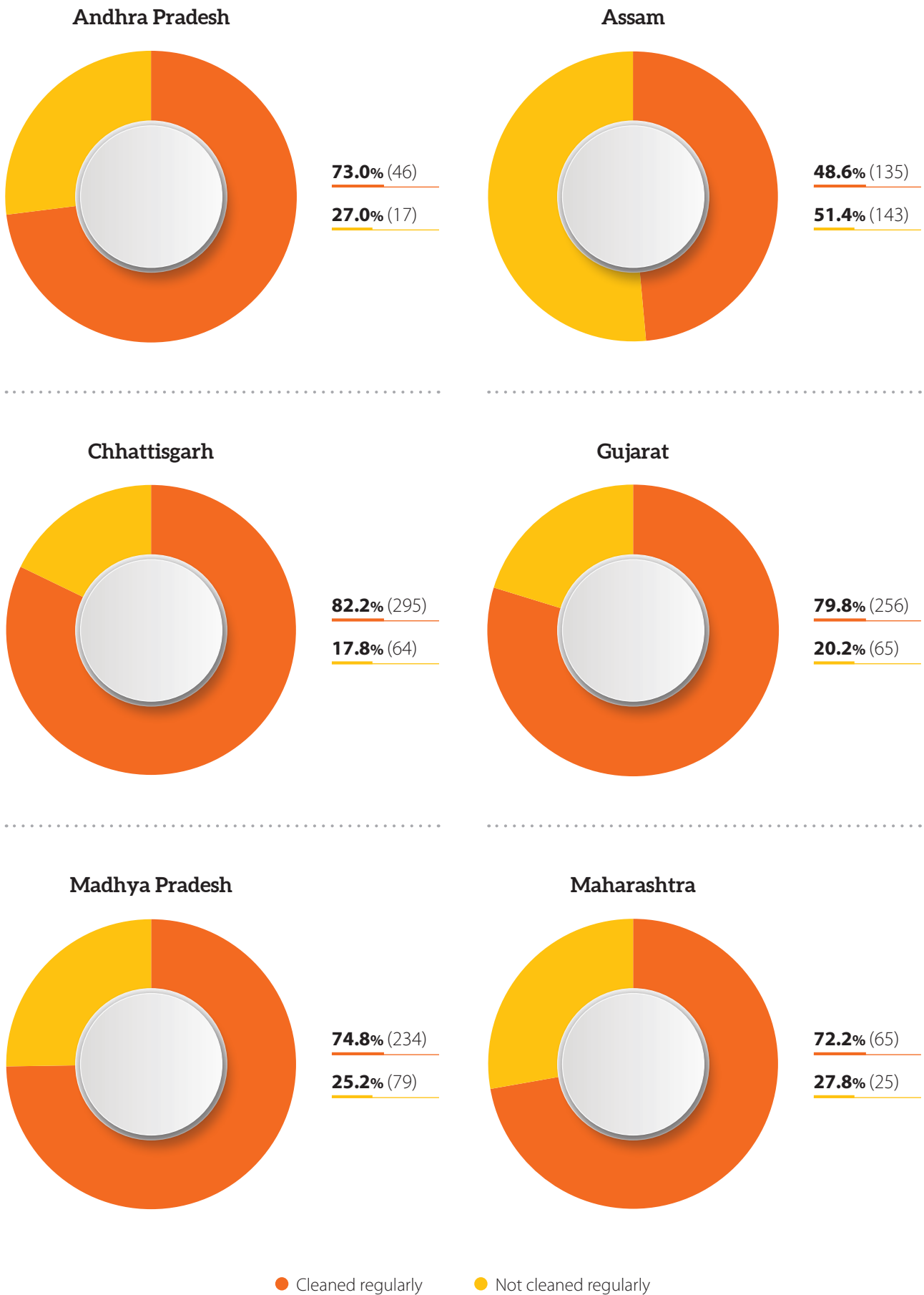
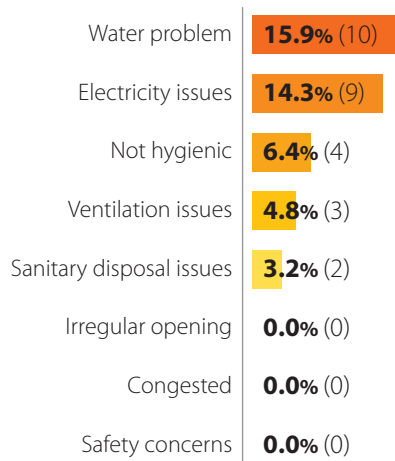
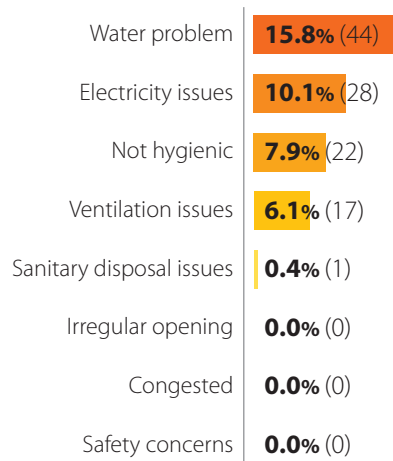


Figure 5.3: Users' perspective on the nature of difficulty in the functioning of CSC across six states, 2022

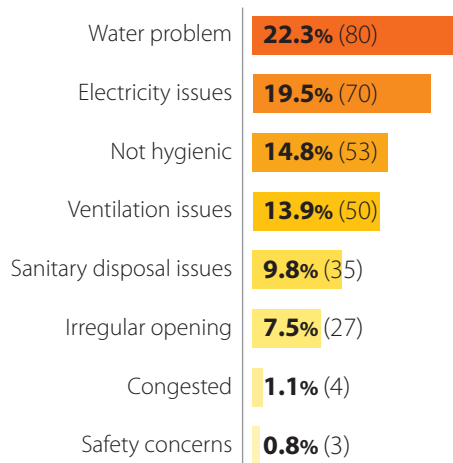
Andhra Pradesh



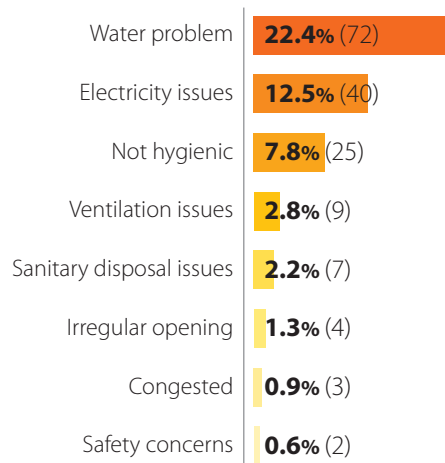
Assam



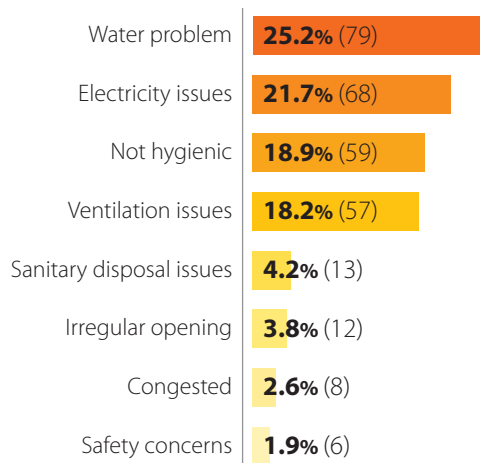
Chhattisgarh



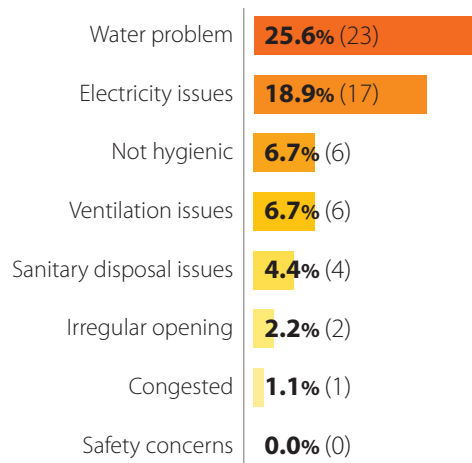
Gujarat



Madhya Pradesh



Maharashtra



In other states such as Chhattisgarh, Andhra Pradesh, and Gujarat, 20 percent, 16 percent and 12 percent of respondents face water difficulties respectively. About 17 percent of all the respondents from 6 states face difficulties due to the unavailability of electricity in the CSC. Nearly 22 percent of respondents of both Gujarat and Madhya Pradesh have this problem in their CSCs. In Maharashtra, 19 percent of the users face a lack of electricity connection in their CSC. This is followed by 15 percent in Chhattisgarh and 14 percent in Andhra Pradesh. Less than 2 percent of total respondents have difficulties relating to inadequate ventilation in the toilet units of the CSC. Congestion at the CSC was a problem for some of the respondents, and about 3 percent of the respondents also complained about safety concerns at the CSC.

Sanitary napkins and pad disposal was another major requirement raised by 9 percent of the respondents. About 22 percent of respondents from Chhattisgarh were concerned with improper or lack of disposal facility for their sanitary needs. Around 34 percent of respondents from all six states stated that CSC usage was difficult due to a lack of electric bulbs or lighting. Instances of theft of CSC items were also reported. About 85 percent of the respondents stated that the CSCs have a proper working latch and doors. Chhattisgarh had 74 percent of respondents who reporting a proper functioning door latch.

The following section shows the sanitation preference of respondents before CSC construction and the reasons why people still defecate in the open.

Table 5.6: Sanitation preference before CSC construction and reasons for open defecation, 2022

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Sanitation Preference Before CSC							
Home toilet	37 (64.9)	268 (97.8)	278 (77.7)	301 (93.8)	140 (44.9)	30 (34.1)	1054 (74.8)
Relatives/friends' home	0 (0.0)	2 (0.7)	5 (1.4)	18 (5.6)	6 (1.9)	0 (0.0)	31 (2.2)
Open Defecation	20 (35.1)	7 (2.6)	105 (29.3)	93 (29.0)	205 (65.7)	60 (68.2)	490 (34.8)
OD practiced	47 (74.6)	17 (6.2)	144 (40.2)	87 (27.2)	72 (23.2)	59 (65.6)	426 (30.1)
Reason for Open Defecation							
No toilet	38 (80.9)	15 (93.8)	67 (48.2)	81 (95.3)	44 (65.7)	29 (49.2)	274 (66.3)
Used to going out	12 (25.5)	0 (0.0)	68 (48.9)	20 (23.5)	25 (37.3)	20 (33.9)	145 (35.1)
Water issues	0 (0.0)	0 (0.0)	51 (36.7)	5 (5.9)	8 (11.9)	34 (57.6)	98 (23.7)
Others	1 (1.6)	0 (0.0)	4 (1.1)	1 (0.3)	7 (2.2)	5 (5.6)	18 (1.3)

According to Table 5.6 most of the respondents (75 percent), used home toilets before the CSC was constructed. About 35 percent of respondents use to go for open defecation and 2 percent of respondents relied on relatives and friends for toilet use. According to 30 percent of respondents from all states, open defecation happens in some parts of the village. Lack

of access to toilet facility is a common reason cited for such instances. About 35 percent of respondents stated that some have habit of open defecation and continue to go outside. Water-related issues accounts for 24 percent of the reason for open defecation in cases with no individual latrines.

Table 5.7: Availability of items in CSC

Materials	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Water	47 (74.6)	249 (89.6)	283 (78.8)	268 (83.5)	264 (84.4)	66 (73.3)	1177 (82.7)
Bulb	28 (44.4)	215 (77.3)	274 (76.3)	145 (45.2)	163 (52.1)	55 (61.1)	880 (61.8)
Sanitary disposal	10 (15.9)	115 (41.4)	15 (4.2)	186 (57.9)	7 (2.2)	24 (26.7)	357 (25.1)
Dustbin	5 (7.9)	125 (45.0)	158 (44.0)	129 (40.2)	64 (20.5)	5 (5.6)	486 (34.1)
Handwash	1 (1.6)	64 (23.0)	175 (48.8)	45 (14.0)	58 (18.5)	3 (3.3)	346 (24.3)
Soap	11 (17.5)	162 (58.3)	229 (63.8)	106 (33.0)	133 (42.5)	4 (4.4)	645 (45.3)
Mug	49 (79.0)	236 (84.9)	340 (94.7)	220 (68.5)	233 (74.4)	24 (26.7)	1102 (77.4)
Bucket	51 (81.0)	220 (79.1)	326 (90.8)	263 (81.9)	189 (60.4)	34 (37.8)	1083 (76.1)

The availability of buckets and mugs at the CSC was reported by 77 percent of the respondents. Availability of proper handwashing facility was reported in less than one-fourth of the CSCs.

In Andhra Pradesh and Maharashtra 2 percent and 3 percent of respondents respectively suggested that the handwashing facilities were available in the CSC's they visited. Only 34% respondents mentioned on the availability of a dustbin at the CSCs with such proportion being notably lower in Maharashtra and Andhra Pradesh (6 percent and 8 percent, respectively). According to the respondents, the sanitary disposal facility was available in 25% of the CSCs, with the states of Madhya Pradesh and Chhattisgarh reporting a very low percentage

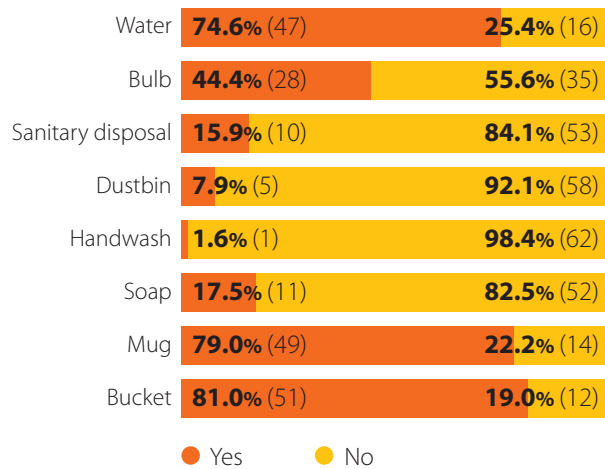
compared to the other states at 2% and 4% respectively.

The table also shows that the bulb facility was available for 62 percent of respondents in the CSCs visited. In Andhra Pradesh, only 44 percent of respondents reported the availability of bulbs in the CSCs they visited. The availability of water was reported by 83 percent of the users all over the six states, with the highest in Assam 90 percent, and the lowest in the state of Maharashtra 73 percent.

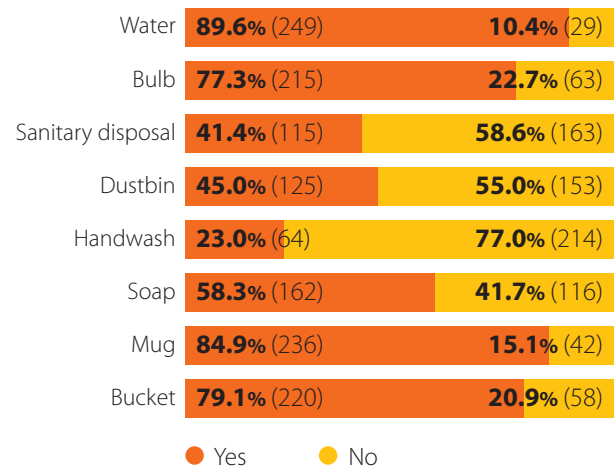
The respondents were asked if they ever complained regarding any difficulties they faced with the CSC. If said yes, they were asked to whom the complaint was addressed and then if the complaint was addressed.

Figure 5.4: Availability of items in CSC

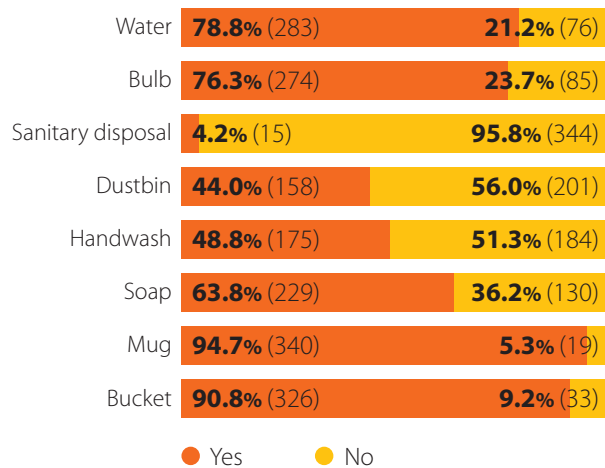
Andhra Pradesh



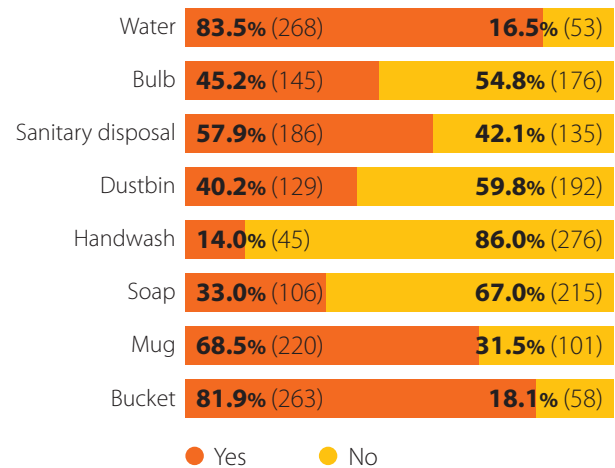
Assam



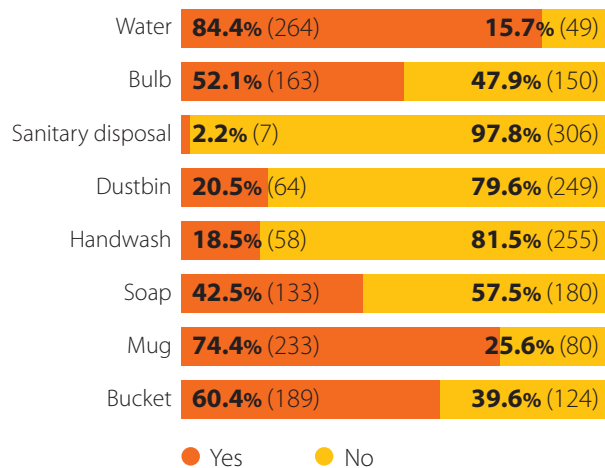
Chhattisgarh



Gujarat



Madhya Pradesh



Maharashtra

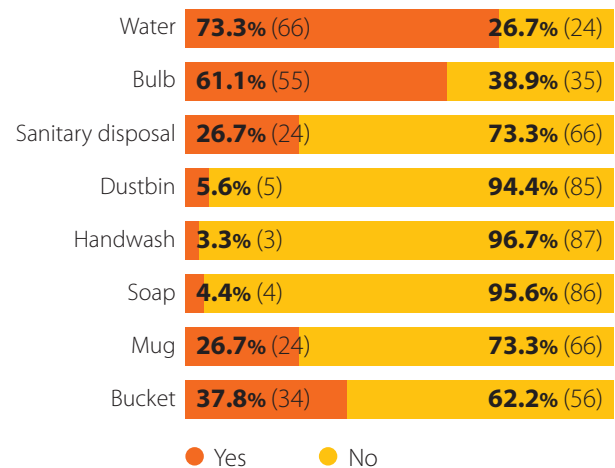


Table 5.8 Complaining mechanism about difficulties in CSC

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
Complained	0 (0.0)	1 (0.4)	83 (23.1)	20 (6.2)	32 (10.2)	16 (17.8)	152 (10.7)
To Whom Respondents Complain							
Caretaker	0 (0.0)	0 (0.0)	28 (7.8)	3 (0.9)	5 (1.6)	1 (1.1)	37 (2.6)
SHG head	0 (0.0)	0 (0.0)	16 (4.5)	10 (3.1)	1 (0.3)	0 (0.0)	27 (1.9)
GP head	0 (0.0)	0 (0.0)	24 (6.7)	3 (0.9)	14 (4.5)	5 (5.6)	46 (3.2)
GP Member	0 (0.0)	0 (0.0)	13 (3.6)	10 (3.1)	12 (3.8)	5 (5.6)	40 (2.8)
Secretary	0 (0.0)	0 (0.0)	10 (2.8)	0 (0.0)	5 (1.6)	4 (4.4)	19 (1.3)
Complaints are being addressed	0 (0.0)	1 (100.0)	33 (41.8)	14 (70.0)	17 (53.1)	10 (62.5)	75 (50.7)

In Andhra Pradesh, none of the respondents had any complaints regarding the difficulties they faced at the CSC. The Table 5.8 indicated that only 11% of the respondents ever complained about the difficulties faced at the CSC.

The table suggests that in case of complaints, it is usually raised with the GP head (3 percent), the GP members (3%), caretaker (3 percent), SHG head (2 percent) or the GP secretary (1 percent).

Table 5.9: Perception on ease and safety while using CSC the night

Particulars	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	Total
CSC usage at night	51 (89.5)	270 (98.2)	316 (88.8)	306 (95.3)	226 (72.9)	82 (94.3)	1,251 (89.0)
Reasons for not going to CSC Alone							
Place not safe	1 (16.7)	0 (0.0)	13 (33.3)	0 (0.0)	21 (27.3)	1 (25.0)	36 (25.9)
CSC far away	0 (0.0)	0 (0.0)	24 (61.5)	6 (54.6)	41 (53.3)	1 (25.0)	72 (51.8)
Not feel safe for women	1 (16.7)	0 (0.0)	17 (43.6)	2 (18.2)	13 (16.9)	0 (0.0)	33 (23.7)
Other reasons	4 (66.7)	2 (100.0)	0 (0.0)	3 (27.3)	21 (27.3)	2 (50.0)	32 (23.0)

Of the total respondents from six states, 6% of the respondents from 5 states said that they have to pay for CSC usage. The highest number of respondents who pay for CSC usage is in Chhattisgarh with 11

percent followed by 9 percent in Madhya Pradesh. Table 5.9 suggests that about 89 percent of the respondents use CSC during the night

Table 5.10: Opinion of the GP member on sustainability of CSC across six states, India, 2022

Particulars	Opinion on CSC Sustainability						Total
	Andhra Pradesh	Assam	Chhattisgarh	Gujarat	Madhya Pradesh	Maharashtra	
GPs with ODF status	19 (76.0)	28 (46.7)	52 (57.8)	83 (95.4)	85 (94.4)	29 (100.0)	296 (77.7)
GPs with no ODF status	6 (24.0)	32 (53.3)	38 (42.2)	4 (4.6)	5 (5.6)	0 (0.0)	85 (22.3)
Opinion on CSC Sustainability							
CSC beneficial to the community	25 (100.0)	58 (96.7)	88 (97.8)	86 (98.9)	88 (97.8)	29 (100.0)	374 (98.2)
Sustain for the next 510 years	22 (88.0)	59 (98.3)	85 (94.4)	80 (92.0)	83 (92.2)	29 (100.0)	358 (94.0)
Construction based	5 (31.3)	57 (98.3)	85 (96.6)	80 (95.2)	83 (92.2)	28 (100.0)	338 (92.9)
Operations/ functioning based	8 (44.4)	8 (40.0)	69 (78.4)	53 (77.9)	80 (88.9)	29 (100.0)	247 (78.9)
Maintenance	22 (95.7)	37 (77.1)	73 (83.0)	63 (82.9)	78 (86.7)	29 (100.0)	302 (85.3)
Payment	6 (37.5)	3 (21.4)	17 (20.0)	10 (16.7)	69 (80.2)	1 (3.7)	106 (36.8)
Cleanliness	16 (76.2)	16 (59.3)	39 (45.9)	64 (90.1)	80 (93.0)	27 (93.1)	242 (75.9)
Usage	12 (60.0)	3 (20.0)	60 (69.0)	61 (83.6)	84 (97.7)	26 (92.9)	246 (79.6)

5.3. User's Score and Availability of Facilities at CSC

With the help of user provided information on availability of certain common CSC items and amenities, a principal component analysis is conducted to understand whether better provisioning and availability of services at CSC is associated with

its use and functionality. The variables included for the PCA analysis are as follows: regularly cleaned, door with latch for toilets, availability of materials like bucket; mug; soap; hand-washing unit; dustbin; facility for sanitary disposal; bulb: 24x7 opening of CSCs, adequate ventilation, distance from home, running water, electricity, privacy and security, caretaker behavior, satisfaction on maintenance.

Table 5.11: User's score on availability of facilities in CSCs and the status of functionality

Functional Status of CSCs	5 quintile of score obtained from facilities in CSC from users perspective					Total
	1	2	3	4	5	
CSC with all functional units	183 (64.2)	215 (75.4)	223 (78.3)	238 (83.2)	232 (82.0)	1091 (76.6)
CSC with few functional units	54 (19.0)	34 (11.9)	39 (13.7)	39 (13.6)	37 (13.1)	203 (14.3)
CSC with no functional units	48 (16.8)	36 (12.6)	23 (8.1)	9 (3.2)	14 (5.0)	130 (9.1)
Total	285 100	285 100	285 100	286 100	283 100	1424 100

First row has frequencies and second row has column percentages

Table 5.11 distributes the number of Principal Component Analysis (PCA) score from respondents' on various facilities available in the CSCs with its functional status. The tables shows that where the CSCs construction was completed and all units are functional, the users have also confirmed that with higher degree of concordance regarding availability of the various CSC items and amenities. CSC units which are not functional also have lower user-based amenities index score. It indicates that the

functionality of CSCs and the perception of the users are consistent. It also implies that functional units have all the requirements and amenities whereas those which are not functional are lacking in terms of these facilities. However, it is noted that few CSCs in the sample were constructed with required facility features and amenities but not yet to put in use at the time of survey. These patterns are found to similar across the surveyed states.

Table 5.12: State-wise User's score and the functionality of the CSCs

Functional Status	1	2	3	4	5	Total
Andhra Pradesh						
CSC with all functional units	9 (50.0)	2 (100.0)	13 (81.3)	19 (100.0)	8 (100.0)	51 (81.0)
CSC with few functional units	3 (16.7)	0 (0.0)	1 (6.3)	0 (0.0)	0 (0.0)	4 (6.4)
CSC with no functional units	6 (33.3)	0 (0.0)	2 (12.5)	0 (0.0)	0 (0.0)	8 (12.7)
Total	18 100	2 100	16 100	19 100	8 100	63 100
Assam						
CSC with all functional units	7 (16.7)	19 (37.3)	29 (64.4)	45 (64.3)	44 (62.9)	144 (51.8)
CSC with few functional units	18 (42.9)	14 (27.5)	12 (26.7)	23 (32.9)	26 (37.1)	93 (33.5)
CSC with no functional units	17 (40.5)	18 (35.3)	4 (8.9)	2 (2.9)	0 (0.0)	41 (14.8)
Total	42 100	51 100	45 100	70 100	70 100	278 100
Chhattisgarh						
CSCs with all functional units	26 (81.3)	29 (100.0)	42 (100.0)	103 (98.1)	146 (96.7)	346 (96.4)
CSCs with few functional units	6 (18.8)	0 (0.0)	0 (0.0)	2 (1.9)	5 (3.3)	13 (3.6)
Total	32 100	29 100	42 100	105 100	151 100	359 100
Gujarat						
CSC with all functional units	30 (53.6)	59 (79.7)	85 (81.0)	38 (74.5)	20 (57.1)	232 (72.3)
CSC with few functional units	20 (35.7)	11 (14.9)	16 (15.2)	11 (21.6)	6 (17.1)	64 (19.9)
CSC with no functional units	6 (10.7)	4 (5.4)	4 (3.8)	2 (3.9)	9 (25.7)	25 (7.8)
Total	56 100	74 100	105 100	51 100	35 100	321 100

Functional Status	1	2	3	4	5	Total
Madhya Pradesh						
CSC with all functional units	98 (93.3)	84 (87.5)	43 (76.8)	31 (81.6)	14 (77.8)	270 (86.3)
CSC with few functional units	7 (6.7)	9 (9.4)	10 (17.9)	3 (7.9)	0 (0.0)	29 (9.3)
CSC with no functional units	0 (0.0)	3 (3.1)	3 (5.4)	4 (10.5)	4 (22.2)	14 (4.5)
Total	105 100	96 100	56 100	38 100	18 100	313 100
Maharashtra						
CSCs with all functional units	13 (40.6)	22 (66.7)	11 (52.4)	2 (66.7)	0 (0.0)	48 (53.3)
CSCs with no functional units	19 (59.4)	11 (33.3)	10 (47.6)	1 (33.3)	1 (100.0)	42 (46.7)
Total	32 100	33 100	21 100	3 100	1 100	90 100

First row has *frequencies* and second row has *column percentages*

Table 5.13: Overall operation & maintenance of CSCs and beneficiaries' score

Operation and Maintenance of CSCs	5 quintiles of users score					Total
	1	2	3	4	5	
Always	41 (15.2)	118 (42.0)	193 (68.7)	223 (78.8)	236 (84.0)	811 (58.1)
Never	42 (15.6)	4 (1.4)	0 (0.0)	1 (0.4)	0 (0.0)	47 (3.4)
Often	93 (34.4)	47 (16.7)	15 (5.3)	3 (1.1)	1 (0.4)	159 (11.4)
Sometimes	60 (22.2)	29 (10.3)	4 (1.4)	2 (0.7)	0 (0.0)	95 (6.8)
Very often	34 (12.6)	83 (29.5)	69 (24.6)	54 (19.1)	44 (15.7)	284 (20.3)
Total	270 100	281 100	281 100	283 100	281 100	1396 100

First row has *frequencies* and second row has *column percentages*

Finally, it is worth noting that users were found to be more satisfied with the O&M of the CSCs in cases where the availability of various CSC facilities and amenities were at better levels. It is critical that the CSCs pay greater attention toward the availability of its facilities and other mandated features as these are deemed critical by the user community who have shown clear and consistent preferences for better functioning CSCs .

For instance, more than 80 percent of the respondents who show highest satisfaction with the CSC services are also among those who report better availability of CSC items and amenities. In CSCs with lower user scores on availability of items and amenities also have lower ratings regarding the O&M activities of the CSC. In case of operation and maintenance of CSCs which was carried out often, sometimes, and never, a lowest beneficiary score (first quintile) was reported by 34%, 22.2%, and 15.6% of the beneficiaries respectively.

06

Construction, Functioning and Maintenance of CSCs

Insights from Program Officials and Gram Panchayat Representatives



6.1. Planning Phase

Awareness About CSC

Creating widespread awareness and sensitivity toward hygiene and safe sanitation practices was the biggest challenge for the stakeholders. To stop open-defecation and to change hygiene and sanitation practices of rural population required concerted effort of various Gram Panchayat (GP) and government functionaries before conferring ODF status to the villages. The construction of a CSC was a move toward ODF Plus status of the villages. In this regard, most of the community members were found to be knowledgeable about the facilities provided in CSC and the main objectives of constructing the CSCs in the villages.

“First of all, our objective was to change the mindset of the people in the village, for which we made people aware of cleanliness and encouraged them to use toilets initially, but many of the senior citizens still not ready to accept the change, but later after making them aware and strictly restricting them their attitude has changed little towards open defecation and use of toilets”.

..... District Programme Manager

“We know that the government has constructed CSC, so that the villagers who don’t have individual household toilets can use it and stop defecating in open. In case any household has any function or too many guests come together in that case also CSC is used by them. During the marriage seasons or any other community religious or cultural program is

taking place, GP focuses of regular water supply and electricity to the CSC”.

..... Gram Panchayat Member

Criteria for Allocating CSCs

SBM(G)-II guidelines initially mandated that villages with at least 100 households or those with floating or migrant population should be prioritized for the construction of CSCs. Subsequently, this requirement of 100 households residing in a village was removed and GPs were allowed to construct CSCs in areas with left behind households as well as villages with considerable floating and migrant population, those having religious or spiritual destinations or have other community events with large gatherings. Identification of GPs for the construction of CSCs is similar across the states since the scheme is demand based. GPs demanded CSCs wherever they felt the need. Priority is given to those villages where there were significant number of households who do not have individual toilets. In addition to this, while providing CSCs in Madhya Pradesh, GP’s potential to manage the CSCs was also considered.

“Community sanitary complexes are for communities. So, until we make community sanitary complexes on the demands of the community, they won’t be interested in using and managing the CSC”.

..... State Official

“We have made the CSC only where their Panchayat can manage it. Also, where the water and electricity should be provided by the GP”.

..... State Official

Although the purpose of constructing CSCs is for households who don't have access to toilets and in areas with a large gathering or high mobility, the latter was given more prominence to construct CSCs.

In MP, CSC will be very useful, because the demand is high in market area, Haat bazaar, Mandir, functions in villages, Shaadi, Jagraata function etc. When there is large gathering or high mobility area, the demand will be there, and people need toilets. That may be small or large but, in the village, these weekly market or normal market always be there so demand for sanitary complex will be needed.

..... State Official

"CSC should be such a place where people can use it. We constructed CSC in those places. Places where maximum people have to come and go like Primary health Centre where at least 50-100 people come every day, or tourism Centre, haat-bazaar and markets where people keep coming and going".

..... State Official

However, there are places where the CSC was constructed for the exclusive use of the community where the individual's household toilets have been damaged or households don't have toilets. In some cases, the families have split.

"Like in the CSC in village-1, there are 20 families belonging to Scheduled Castes, their toilets are damaged and they needed it, so we built the CSC in that area and they are using it completely. CSC are required and useful when families split, or if their toilet is damaged".

..... Block Official

Role of Gram Panchayat and People Participation in CSC Construction

The members of the Gram Panchayat were involved in the entire process from generating the demand, and finalizing the design and construction to completing and maintaining the CSC. However, varied degree of involvement was observed in each of these activities. People's participation in the consultative process took place mainly for deciding the location of CSCs, design for women and Divyangjan.

The people's participation greatly differed across the states in the planning process of CSCs. For instance, the Gram Sabha meetings happened prior to CSC constructions and based on Gram Sabha's resolution, the Gram Panchayats submitted their proposal to Block Panchayat. Block Panchayat and District Panchayats granted the necessary resources after reviewing all SBM(G) guidelines. While granting the resources, district panchayat ensures the design and place of CSC by sending civil engineer.

"Yes!, we have organized the Gram Sabha and maximum villagers have participated in the meeting, adolescent girls don't come to the meeting but all boys, male, female and senior citizen attended the meeting". (The CSC is built out of the mandir Parisar but at the end of the village)

..... Sarpanch, Gram Panchayat

Conduct of Gram Sabha or community consultations was not necessarily practiced by all the GPs for the design aspects.

"There was no meeting regarding the design as the Centre had a guideline in which we had to make the western seat for the differently abled".

..... State Official

It is mentioned that villagers did not provide major inputs, suggestions in Gram Sabhas while finalizing the CSCs though these meetings aim at the participative planning.

"At least 90 percent people came to the entire meeting. We have not received any such big suggestion from the public. We had asked a lot but no such big suggestion was received. There was no big suggestion from the side of women and children either".

..... Gram Panchayat Member

When people are less aware about the governments' programs and schemes activities and when they are indifferent in their attitude, they won't be in position to responds in meetings like Gramsabha. It happens most of the time that we call Gramsabha meeting people gather also but do not speak a single word. They just

listen what is the agenda of the meeting. Very less people suggest something important".

..... Panchayat Secretary

The lack of suggestions from *Divyangjan* was attributed to less number of *Divyanjan* in the villages. Women's less participation and lack of active role in discussions and suggestions in Gram Sabhas were also attributable to their low education and lack of awareness regarding the overall initiatives. It also unravels the gendered roles and norms in the society where women are less likely to share their views in community forums, especially in rural settings.

.....
"Because women in our village are not so educated that when they are told that the design will be like this, it will look like this, that is why they did not understand much, and did not even suggest any means".

..... Gram Panchayat Member

.....
"Even if we invite female to Gram Sabha meeting, they usually don't come as they feel hesitation to speak in the presence of other male of the community. They think that it would give a bad impression of the family in the village".

..... GP Female Member

Site Selection

GPs had no major difficulties in identifying and acquiring the sites for CSC constructions as the property used for this purpose belonged to the GP or was associated with other public buildings. For instance, CSCs are mostly constructed near Panchayat Bhavans, schools, health centres, market places and places of large gatherings such as where mela or village fair, spiritual gatherings are conducted.

.....
"We decided to build the CSC in the panchayat area. As there would be no land acquisition related problems. There is Mandir, weekly Bazaar, panchayat office and nearby hospital and the Archaeological Centre. People from different societies and communities come here and there is a lot of movement of people, that's why we have selected this place to build CSC".

..... Gram Panchayat Member

Nevertheless, in few instances the GPs experienced some challenges because of property disputes with locals. In a few instances, the local households also objected to the construction of CSCs as they did not want it to be built near their houses as it would be unhygienic and may also pollute or contaminate their surroundings. It is reported that small vendors are generally reluctant to vacate the public space since they used it for shops or selling petty things.

.....
"...in 4 or 5 villages, there was opposition to the acquisition and selection of the site. Some of these were technical and some were social rejection against the conditions for CSC. Therefore, even some changes were made in final decision stages as well".

..... State Official

.....
"We have faced these land acquisition problems with the CSC in the market area, the small petty shops/ Panwadi were settled and were not ready to leave... In few villages we have faced the criticism against building the CSC within the village regarding the foul smell and contamination"

..... Block Official

Along with CSC construction, waste management is one of the priority area for GPs. While GPs in MP did not face challenges in land acquisition for CSC constructions, it is reported that, few GPs faced difficulties in land acquisition for segregation sheds for waste management. Officials attributed these two sets of varied response to the limited knowledge and awareness regarding sanitation needs of the community. They attributed the reluctance for segregation sheds is due to the bad/foul smell and the mosquitoes it can attract. Wherever there is unavailability of land for CSC constructions, the challenges were experienced in land acquisition. For instance, it is reported that in Maharashtra land acquisition was challenging for districts closer to main cities which had premium rates, and the funds were inadequate to purchase the land in case of GP did not own the land.

.....
Land prices are almost touching the skies...prices have gone up drastically... you already may know it. Where land with gram panchayat is available,

CSCs are constructed in that land. But there are few places where gram panchayat has no land and faces problems in land acquisition for CSC construction. Gram panchayats near Pune city faces this land issues.
..... State Official

Design

The state governments have provided the specifications regarding the design, expenditure, and guidelines for operation and maintenance but they emphasized the local based need according to communities' requirements.
.....

"For the CSC we have given designs and set of SOP guidelines including components: women friendly, child friendly and Divyang-friendly like adding ramp and railing. This arrangement has made according to the GP and Blocks. But we have mandated that the entrance should be separate for both men and women. The basic model included at least one toilet and one urine with washbasin and the washing facility. Even the flexibility is given to GPs to choose and modify the design accordingly".
..... State Official

Community members in few villages felt that they had not much say in the design of CSCs construction. For instance, In Chhattisgarh, it is reported that district magistrates/collectors of few districts modified the design insisting on separate entrances for men and women and the designs was finalized at the block level. Few Panchayat Presidents opined that they had no role in deciding CSC designs.
.....

"We got the designs of CSC from Block. We could not change the design of the CSC. The locations we had to choose and the designs were as per the block and we could not change that".
..... Gram Panchayat Member

Financial Challenges in Constructing CSC

"Is it possible to construct a CSC with all the specification mentioned in the guidelines in 3 lacs rupees? The government should increase the funds for construction".
..... State Official

The money allotted for the construction of CSC is three lakhs out of which INR 90,000 is through the 15th Finance Commission grants to the GPs and INR 2.10 lakhs through the SBM and INR 40,000 for labour wages from MGNREGA. These funds were inadequate for the construction of CSCs and either the design was modified or the panchayat raised additional funds. The extra funds were either through fundraising or using the local tax collected. In Maharashtra and Chhattisgarh, the expenditure for constructing CSC has gone up to INR 7 to 8 lakhs. When the funds are inadequate the bathing rooms and toilets for *Divyangjan* are dropped or compromised in terms of quality and features.
.....

The amount we are getting for the construction of CSC is not enough. For example, the bathroom, urinals, toilets, electrical materials, putting handwash unit is more expensive and cost more than three lakh rupees. The labour cost also higher and it is challenging to construct CSC with all government guidelines.
..... Block Official/Panchayat Secretary

Because of lack of fund or say insufficient fund for these [CSC] construction, Swachh Andhra Corporation [government agency] decided the one seat each for men and women.
.....

After corona the prices of cement, sand, and other construction material has gone up and it is increasing day by day. It is difficult to manage all expenses while incorporating all suggestions in CSC construction. Government should raise the fund for community toilet and individual toilets in future.
..... President, Andhra Pradesh GP

"No, it wasn't enough, but people tried to build within the estimates, and if required then GP have contributed to these funds on their own"
..... Block Official

Design Issues Specific to *Divyangjan*

All stakeholders mentioned that CSC designs specific to *Divyangjan* included the ramps and western toilets. Relaxation was made to these requirement in GPs where they felt that there were no *Divyangjan*

in the villages with a physical disability and such resolution was passed in Gram Sabhas. All the officials mentioned three components, namely ramp, railing and western toilet seat, as the component for *Divyangjan* but nothing about the specifications like the width, doors or handles inside which are specific to such toilets. The implementation of toilets for *Divyangjan* was different across the states with the presence of a ramp and railings, some of which are not easily accessible by a person on crutches or wheelchairs.

"In our drawing for the Divyangjan toilet, there was a mention that there will be at least one English/Western toilet, and Ramp & Railing in the CSC. In our block we have taken care of these three things strictly. We also assumed that the western toilet is not for divyang only but also the senior citizens can use it".

..... Block Official

"For the Divyangjan there must be some sitting arrangements. We have not made any specific requirements for the Divyangjan. There were no special guidelines for it. We were given instruction to add the ramp in the design. Now we are also thinking of adding the handle and front door. Limited fund was also a concern, it was not possible to add so many specifications in the limited amount".

..... Block Official-2

In addition, they mentioned that GPs have provided individual toilets for *Divyangjan* therefore specially designed toilets for them are not desirable. The toilets designed for *divyangjan* would also be beneficial for the elderly and it is very important for a country like India undergoing demographic changes. Very few officials expressed the potential usability of CSC for the elderly.

In our village there are nearly fifty families wherein old people... more than 60 years old reside. And I think 5-6 divyangjan in the village. But only few households having own toilets. Last year, Grampanchayat has built toilets which has seat for for the divyangjan people. But not all old and divyangjan uses this CSC because many of them are cannot get adapted to this

new change. Few says that the distance is long and feel awkward using CSC.

We have provided individual toilets for many families, the elder people in these families use these individual toilets. Divyang also use their own toilet.

Meeting Attended for CSC Planning

Since women were GP members they mentioned that meetings were held at the GP level for the planning of the CSC related to selection of place, construction, etc. and they participated in such meetings.

"There has been a meeting of Sarpanch and secretaries at the block level regarding the CSC scheme and meetings have been held at the panchayat level with the Panchayat members, women and men of the village, elderly persons, teachers, health workers, Aanganwadi workers, ASHA workers, and government staffs. We don't invite adolescent girls in the meeting, because they are not legally adult. So we not call them".

..... Gram Panchayat Secretary

Only those women come for the Gram Sabha meeting who are members of Gram Panchayat. In general women from the community don't participate in any of the meeting organized by Gram Panchayat.

"It is general tendency among the village women that if meeting is called by us, they think that it is mainly for men as men take part in decision making."

..... Pradhan, Gram Panchayat

6.2. Operation and Maintenance of CSC

Responsible Authority for CSC Maintenance

The guidelines of SBM prescribed that the responsibility of O&M will be of the Gram Panchayats and also recommended that GP may charge user fee for implementation and maintenance of the CSCs. In the current evaluation, the majority of CSCs are managed by the GPs except few GPs in Chhattisgarh and Assam where many CSCs were handed over

to SHGs and other community organizations such as temple trusts respectively. In Madhya Pradesh, operation and maintenance responsibility is taken over by GPs but it is reported that few GPs may hand over CSCs to the SHGs for maintenance.

"The government has given us the target of CSC construction, but there is no guideline that how CSC will be maintained, what will be the timings for CSC's opening and closing, monitoring system etc."

..... Block Officer

"We have not handed over the CSC to any SHG till now, in future we are planning for it. Now the maintenance is managed by the GP only. And the cleaning person for CSC is the GP officer person".

..... Sarpanch, Gram Panchayat

In the absence of SHG or any agency to maintain the cleanliness at CSCs, the task of cleaning is assigned to cleaners or sweepers who were sometimes paid extra amount of around five hundred rupees.

"Gram Panchayat is responsible for the operation and maintenance of the CSC. We withdraw funds from the Flexi fund provided to GP and give some additional money to the GP peon for the maintenance of CSC. Usually, Panchayat peon gets Rs 2500 as a monthly salary and additionally, we gave him Rs.500 for one-time cleaning of the CSC. All the materials for the cleaning and maintenance we provide funds separately to peon".

..... Sarpanch, Gram Panchayat

The panchayats find it challenging to maintain CSCs without user fees or even handover to SHGs as the panchayats will have to pay them. However, as reported, it is impossible to implement the user fees in all the CSC as villagers are unwilling to pay and CSCs will be underutilized otherwise. It may again defeat the purpose having CSCs as well as making villages ODF in such scenario.

"The women of SHGs are not ready because they are not getting any benefits. We do not have any separate funds for it".

..... Panchayat Member

Few exceptions were reported of managing CSCs, for example, CSCs in MP which are managed by transgender people and in Chhattisgarh, a small shop has been constructed which is attached to the CSC and the maintenance of CSC is done by the shopkeeper. Such CSCs are located on the highways, and main roads, likely to generate revenue and will be able to sustain in the long term.

"In the district, our CSC is on the road and a shop has also been made in CSC itself. The shopkeepers pay 300 Rs. rent and also look after the CSC and this way the CSCs are easily maintained".

..... State Official

Having a shop or a small commercial establishment along with the CSC may work in busy areas or highways, benefitting the shopkeepers as well as the users but such initiatives are less likely to generate revenue in the community. The onus is on the panchayats to maintain them.

Timings of CSC

The purpose of CSC is that the members of the community can access the facilities as per their needs and at any time of the day. Although it is intended to be opened throughout the day, the reality on the ground is different in some cases.

"It depends upon the Gram Panchayat how they are managed, we intend that the CSCs would be open 24 hours, not locked and also the washing facilities would be accessible always".

..... State Official

But in practice most of the CSCs are closed at night due to fear of theft, property damages as well as other inconveniences or misuse.

"Opening CSC 24/7 is not possible, some people stealing items and management also becomes a big challenge".

..... State Official

.....
"CSCs are not locked everywhere. In some places, the toilet becomes dirty and cannot be cleaned. In public spaces, the toilets are open only on market days".
.....

Block Official

The timings of the CSC are influenced by the availability of a cleaner or any dedicated person to stay around to oversee the CSC. The units constructed close to the panchayat bhavan and in public spaces primarily constructed in the second phase make it difficult for the left-behind population to access the CSC and often they end up urinating or defecating in the open during the night.

6.3. Barriers in Usage of CSC

Women and adolescent girls are more prone to ill health due to open defecation when compared to men and the CSC is very important for those who don't have access to toilets in households and public spaces. However, the considerations for gender sensitivity in CSCs has been mainly on the design and having separate entrance points as expressed by officials at various levels.

.....
"For gender sensitivity, we have partitioned the CSC and have made separate washroom toilets for men and women".
.....

Block Official

Having separate spaces for washing clothes has been considered gender sensitive, although this notion subscribes to society's traditional gender roles and responsibilities. The presence of a separate washing space for men can also be considered for those who wish to use similar facilities.

.....
"Earlier we were planning to add a common space for washing and cleaning, but due to gender sensitivity we have made separate washing units in the separately. If we want to increase the women's participation then it's the women's meaningful thing like washing".
.....

State Official

The one crucial component missing in the narratives of higher and lower-level officials is the importance

of providing bins or facilities related to menstrual hygiene. Only one official at the block level in MP expressed the plans to install incinerators for sanitary napkin disposal.

.....
"We are also planning the incinerator for decomposing the sanitary disposal using funds from the 15th Finance Commission".
.....

Block Official-2

Even though women are part of meetings in the villages or Gram Sabhas, there is little importance given to their suggestions or requirements. As mentioned earlier, the women in few villages were considered uneducated to be able to offer any kind of suggestions. But when it comes to maintenance of the CSC or being involved in solid waste management, then the responsibility of cleaning is given to SHGs comprised of women. Even the officials highlight the operation and management of CSCs given to SHGs as women's participation in the Swachh Bharat program.

.....
"in MP, we tried to involve women. Firstly, we tried to engage the SHG women. All the CSC units are segregated, separate for men and women...The fascinating aspect of our work is that we have engaged the Women in the SLWM level for segregation levels to give them livelihood, then to create awareness among women during waste collection activities".
.....

State Official

Some officials questioned handing over the CSCs to SHGs for maintenance, saying that the program should involve men or other people in the village who should be engaged in O&M rather than only women.

.....
"Why should only the women or SHGs be involved in O&M, why not men? Why not any other groups who might take up the job?... why is that women are always called for cleaning purposes. They are not paid well and we expect them to do a lot of work?".
.....

State Official

6.4. Challenges Faced in the Operation and Management of CSC

One of the challenges is the operation and management of the CSC. Most of the respondents mentioned the poor management of CSC.

While some of the female respondents quoted that the distance of CSC is another challenge in its use. Many elders understand the benefits of CSC, they added that when the family got split at that time they are using CSC for their bathing and defecation purposes.

Some structural factors also affect the use of the CSC. Some of the female respondents quoted that the entrance to the CSC is common for both men and women, so they are hesitant in using the CSC ever if they want to use it.

.....
"The site selection and land acquisition were the major issue we have face in the villages, people are not ready to give us the illegally acquired Gram Panchayat land".

"In our village, they come out to be in red zone, where the water table is too low that the borewell constructed before the construction of CSC got failed when the CSC construction was over, now nobody is using it because water is not available through borewell".

..... Block Coordinator

.....
"Many areas of Chhattisgarh come under plateau area, due to which water is not available even after boring 500 feet below. In Jhinpuri Panchayat of Korba district, bore wells were dug 10 times but no water was found".

..... Panchayat Secretary

.....
"Target based CSC construction is the biggest challenge for us because in the case the site selection, manpower, awareness, fund sanctions and the construction of CSC was not that perfect that should be"

..... Block Coordinator

.....
"The cases of land acquisition in site selection of the CSC gone so far that that had to be resolved and also in some cases we have changed the final place at last moment for the CSC to be constructed".

..... Block Coordinator

.....
"During summer season, there is a scarcity of water in most parts of the state. Usually, Gram Pradhan closes the CSC during summers, otherwise people will use it and make it dirty in the absence of water".

..... Sarpanch, Gram Panchayat

.....
"Due to the Covid 19 epidemic, many challenges were faced in the construction of CSC such as lack of labour and construction materials. Along with these difficulties, at the same time, the cost of CSC construction was much higher than what was fixed before Covid 19, because the cost of the materials became high after Corona"

..... Gram Pradhan Member

.....
"The entire money for CSC construction is not received at once. The block office says, that till the provision of electricity and water is not available in CSC, they will not be in a position to give the full amount of construction. Panchayat secretary said that complete information should have been given in the guideline which was not given. CSC construction has to be done in 3 lakhs rupees, but it was not mentioned in the guideline what will be the criteria of the payment for CSC construction. Now it is a headache for us how we will get the money from the district office for completing the construction of CSC".

..... Panchayat Secretary

.....
"Electricity has commercial rates. Panchayat does not have the funds to pay the electricity bills".

..... Panchayat Secretary

Theft Issue

Few instances of theft and damages of CSC equipment have been noticed. Since there is no O&M in-charge in many of the CSC are kept locked in night in the fear of theft and damaging the property.

.....
"Opening CSC 24/7 is not possible, some people stealing items and management also becomes a big challenge"

..... State Official MP

.....
"Public toilets are not locked though door were fitted, someone tried to damage the seat. This is a problem in rural area because you cannot monitor many things. In some places, people did not wait for the completion of construction.

..... Block Official

.....
"Most of the CSC constructed near highways, market places, temples etc., due to which there are many cases of theft. The water tank and bore well of the CSC of Bhaisma Panchayat of Korba district were stolen three times. Many times drunker also damage to CSC goods or materials".

..... Secretary, Bhaisma Panchayat

Monitoring Problem

Monitoring is another challenge faced by district and block level officials for checking the status of CSC.

.....
"Block Coordinator Salary is Rs. 10000 per month. Around 75-100 panchayats come under one Block coordinator and the distance of last panchayat is about 150 kms from the block office. Vehicle facility is not provided, so it is not possible to monitor every Panchayat in every month".

..... Block Coordinators

6.5. Suggestions and Recommendations

.....
"All villages do not need CSC because, under the Prime Minister's Swachh Bharat Mission, toilets have been built in every house. CSC should be given to the village which needs it. CSC construction is not a big deal, its maintenance is a big problem".

..... Gram Panchayat Member

The main barrier to the longevity and sustainability of the CSC is maintenance. If it is not maintained,

the people in the community will not use it and the building becomes unusable, as is the case with CSCs in previous programs. The panchayat handles electricity, water and building maintenance in the current program, which requires periodic maintenance. The panchayat also manages the O&M either through its staff or by outsourcing it to SHG and the maintenance needs to be done regularly, which involves funds and human resources.

The main barrier for maintaining CSC is the lack of adequate funds allocation for cleaning purposes. It becomes difficult for the CSC to appoint a caretaker or a person to keep the CSC from the money the panchayat receives.

.....
"In current times if somebody has to work as a cleaner, they demand around Rs 5000-6000 and then only they will work. How can we pay so much money".

..... District Official

.....
"The caretaker should have some fixed monthly salary so that he can sit near CSC and fix 8 hours duty. By getting a salary, the caretaker will be responsible for looking after CSC along with all its related arrangements".

..... Secretary, Gram Panchayat

.....
"The SHG member can also be given the responsibility of maintenance of CSC, then they should also get some cash or incentives, like Hiri Panchayat of Raigad district has given some land to a SHG group for the maintenance of CSC on behalf of the Panchayat, the land on which the women of SHG are doing kitchen garden and the fruits and vegetables they grow on this land, they sell it to villagers and the money which they receive from selling of these fruits & vegetables, they usually use that money for the maintenance of CSC".

..... District Coordinator

In the absence of cleaners from the panchayat, nearby schools or primary health centers are asked to clean the CSC and pay a small amount for the same from the panchayat.

.....
"Yes, it is the same, we do not get sanitation workers here, but we have also talked to the cleaning staff of the school but the school staff will also take money for cleaning the CSCs".

..... District Official

The problem of not having dedicated cleaners is that the CSCs are not maintained regularly. Thorough cleaning of the CSC takes place only occasionally, which affects the maintenance. Gram Panchayats also face difficulties in finding people to clean the CSC especially in Chhattisgarh and even when it is handed to SHGs, they further outsource it to get the CSC cleaned.

.....
"Cleaning of CSC is done daily with water, which is cleaned by panchayat peon but once in 15 days the CSC is cleaned with Harpic for which we have to call sweeper from far away. Sweepers are not available here quickly. One-time sweeper charges Rs.500 for cleaning".

..... Gram Panchayat Member

The maintenance of CSCs is affected by the lack of adequate funds and dedicated human resources and the panchayat members feel that it is not viable to have a separate staff just for the purpose of maintenance. The reason behind this is the average numbers of users in the village. If the toilet is built in

the community, there are fewer users as individual toilets have been constructed in the first phase of SBM and are ongoing.

In states like Madhya Pradesh, funds raised from the collection of taxes at the lower level helps in the maintenance of CSC but the percentage of households paying taxing makes it difficult to generate adequate funds. Collection of local taxes is beneficial not only for the maintenance of CSC but also for local SLWM. The same cannot be said for other states that still utilize the 15 FC grants to maintain CSCs.

.....
"In CSC, whenever there is any damage or need of repair, we solve it with the funds of the Panchayat. Although no such big expenditure has been incurred so far, but if there is any big expenditure other than cleanliness, then we will repair it only with the tax coming in the panchayat office".

..... Gram Panchayat Member

Officials at the state and district level expect the community to manage the CSCs collectively. They blame the people for poor maintenance. Although the expectation is that the community should maintain the CSC, the reality in India is that the onus for cleaning falls on the lower class or caste of people. If there is no payment for services, then the maintenance is very unlikely to be done by community members.

07

Construction, Functioning and Maintenance of CSCs

Views and Perceptions of Beneficiaries



7.1. People's Participation before the Construction of CSC

There was a mixed response from the users when asked about their participation in the meetings held before the construction of CSCs in the village. Most of the adolescents were not aware of the meeting being held in the village for CSC construction.

"We didn't know about CSC being constructed it. When the CSC construction was going on, I saw it and asked what is being built there. Then I got information that toilets are being made here"

..... Adolescent Female

"I don't know if the meetings happened"

..... Adolescent Male

However, there are few instances where few participants remembered that a meeting about CSC construction was held through parent's conversations who attended that meeting.

"Yes, we were called in that meeting also. They told us that the Gram Panchayat will construct toilet here nearby. I didn't go to the meeting but my parent went there"

..... Adolescent Girl

Many families are working in farm, many are agricultural laborer. Many people did not attend the Gram Sabha meeting. I also was not present that day because I was working in our agricultural land. I heard while others were speaking about the meeting otherwise I had not any idea of the meeting happened.

..... Adolescent Girl

Although Panchayati Raj Institutions (PRI) envisage community participation as a bottom-up approach for participatory governance, the low participation of youths in Gram Sabha conducted for developmental activities by GPs suggested a long way to achieve this goal. It is evident that the adolescents and youths had low participation in CSC construction processes and even if they were aware, they did not contribute much to the deliberations.

"Yes 2 to 3 meeting happened here to build the CSC here near the temple. Many people came to the meeting, like GP members some men and women and temple people. Some young adults also came to the meeting, but not responded much"

..... Elderly Person

The main reason for lack of participation or involvement in deliberations is that the Gram Sabha meeting largely focused on the matter of site selection of CSC but there was not much discussion around specifications related to design and measurement Both adolescents and even other adult members mentioned that aspects such as design, privacy and accessibility of CSCs was ignored in the deliberations.

"I attended the meeting and there was a discussion regarding the choice of place in CSC Construction"

.....35-year-old Male

Few girls remembered that a meeting was held to decide the construction of CSC and they got this information through their parents who had attended the meeting.

"Yes, we were called in that meeting also. They told us that the Gram Panchayat will construct toilet here nearby. I didn't go to that meeting, but my parent went there."

..... Adolescent Girl

7.2. User Perspectives on the Need and Use of CSC

Respondent may differ in their views according to need and utilization of CSCs, however, there are few common perspectives and opinions. These views include from making village open defecation free (ODF), to factors such as creating greater awareness regarding hygiene and safe sanitation practices.

"Yes, I use the CSC regularly for sanitary needs. The CSC is convenient for access as well as usage for the women and children"

..... Middle-aged Man

Toilet Use Prior to CSC

The majority of the respondents reported that although individual toilets are available in the households, the CSC provides access when people are outside their households. In its absence, the practice of urinating in open or at times open defecation was rather common in case of nature's call. Some respondents also mentioned that prior to the construction of the individual toilets for the households, the practice of open defecation was quite prevalent.

"We are using the CSC for the past three years, this is when the CSC was constructed. Before CSC construction in the village, I used to go for open defecation. Not only me and my family members, but almost 80 percent of the villagers practised open defecation"

..... Women User

"We used to wake-up before sunrise for the purpose of defecation and would use places like agricultural lands. It was also not easy for us, the agriculture land-owners used to abuse us for defecating in their lands"

..... Middle-aged Woman User

Purpose of Constructing CSC in the Village

There was a mixed opinion on the construction of CSC. Some perceived that CSCs are primarily for lower caste, labour class, and migrant population. While others said that there is no such difference. In general, most of the participants had an opinion that CSC is meant for floating, tribal, and lower economic populations as they can't afford household toilets. And also reported that the CSC is built for the outsider and visitors.

"In our village, most of the people depend on the daily wage and they are not aware of the use of toilets. The majority of the people defecate on agricultural lands or roadsides. Due to the open defecation in and around the main road leading to the village, it is so filthy. Later, some of the people from our village gave a request letter to the collector's office, and hence the CSC was constructed to stop open defecation and prevent diseases and ensure the health of the people"

..... Male User

"I don't know the exact reason for the purpose for the construction of CSC but as per my knowledge the government is constructing CSC to solve the open defecation issue and solve the health related diseases in villages. Of course the people who do not have the individual toilets are using the CSC for their sanitation and it ultimately stops open defecation"

..... Male User

Users who were interviewed had heard of Swachh Bharat Mission (SBM) and mentioned that it aims to end open defecation practices, change sanitation behaviour, and works on Solid and Liquid Waste Management (SLWM). They were of the opinion that these programs are helpful for women's safety and health and well-being of the community. Excepting a few respondents, most of them were aware of provisions made under CSC.

"It (CSC) is important and essential for females. Like if there is any function like marriage in the village then this CSC is very helpful. This CSC can accommodate 5 to 7 people in one go for sanitation needs. Like in the home toilet it's not possible. Like in monsoon due to

the water blockage going on field for sanitation is not possible, and it is also not hygienic to go in the open. Then this CSC is very beneficial".

..... Adolescent Boy

"Because if there is any function like Tika, Jagrata, Karwa Chauth, Teej Vrat or Ganesh Pooja anything like this, when people gather, community toilets come in handy to meet their toilet needs. If there is such a function, then a lot of crowd gathers, in such a situation it is not easy to go to the toilet in the house and it is far away, so people either go out and use others toilets. Having a community toilet solved this problem".

..... Adolescent Girl

Reason for Using CSC

Most of the adolescents, women and men preferred using CSC while visiting markets, going to Panchayat offices for attending meetings etc. Some added that they used the CSC very occasionally.

"I am using the CSC regularly and it is accessible for me as it is located near to my home".

..... Adolescent Boy

"Yes, its nearby people can come and use it. I don't use it regularly, only if emergency arises".

..... Divyangjan

My house has toilet. We all in the family uses this individual toilet. CSC I use when I come to market or whenever there is some meeting or program in the area where CSC is constructed.

..... Female User

7.3. User Perspective on Design Attributes and Functioning

User Fees and Timings in CSC

"In my opinion, the CSC should be open for 24 hours, which will be useful for people who are in need. Mostly

villagers having a practice of open defecation during the night times, so CSC should be in the open during the night time".

..... Middle-aged Male

Most of the CSCs were open throughout day to use. However, CSCs constructed in Panchayat Bhavan, schools, and health centers close down after the office hours.

"CSC is opened from 8 in the morning to 8 in the evening. But it is closed in the night because people who are drunk occupy that place and create nuisance".

..... 35-year-old Male

Although, understandably, the CSCs near public spaces are closed at night because probably there are no visitors. This may also affect usage among households without toilet and those dependent on CSCs. Another reason for the CSCs to be locked in the night is the fear of items being stolen or to prevent misuse of CSC premises during night time such as for alcoholic activities or similar. Some GP have made alternate arrangements when the CSC is locked in the evening. The key is handed to a household near the CSC and the users can get the keys from them. Although this arrangement is better than being locked, it is not practical as it is impossible to wake people in the household for keys in the middle of the night.

"By the way, this CSC is sometimes open even at 10:00 at night, so people use it when they need it. Here it has all the facilities, there is tap, there is water, and everything is connected. If someone needs it at night, they open the lock because the key is always around, so they can open it and go inside. People ask who has the key nearby, and go to them. Suppose there is a function in someone's house at night, then those people take the key and open it for use"

..... Adolescent Girl

Opening and closing time of the CSC has implications for levying user fees. Without any O&M attendant it may not be possible to charge user fees. All the users expressed that they used the CSC without paying user

fees and that the concept of user charges does not exist in their village. The exception was seen in few places in Chhattisgarh where users were charged two rupees for using the CSC and this was located next to the panchayat office in a public area.

"To use the CSC we have to pay two rupees"

..... Adolescent Girl

However, the users had a different take on CSCs charging user fees in the present or future. Since the buildings were built by the government, they had to be free and open for all to use. Some felt there was no reason for the panchayat to start charging as they were not cleaning it.

"Why would they charge when nobody cleans it?"

..... Divyangjan Male User

How is it possible to pay for the toilet use? First, government asked people to stop open defecation and encouraged toilet use. Now we started using toilets and they asking us to pay for toilet use. Now you tell me who will pay and use it.

..... Male User

Few panchayats in MP charge money from households but not users for using CSC especially when there is a function and the payment is made to the panchayat, which then it uses for getting the CSC cleaned once the function is over.

"Yes, we do not take money from users to use sometimes, but when there is a function, then for that function people charge ₹500 for it. No, I don't have to pay any money for separate use. Those who have a function in their house, they give money to the Gram Panchayat"

..... Adolescent Female, MP

Water and Electricity in the CSC

Most users reported that there was water supply in the CSC and it was connected through the bore-well except in one CSC in MP where the users had to carry their own water to the CSC.

"There's no water available. We have to carry water for our own convenience"

..... Male User

Even when there is adequate water supply to the CSC, the lack of bucket or mugs has been cited as a major concern and usually makes it difficult for users.

"A water facility is always available in the CSC. However there is no enough buckets and mugs available in the CSC. Because of that, we are unable to pour water properly after using the toilet"

..... Female User

Although most of the CSC had a functional water supply, the same cannot be said about electricity. All of the units had electrical points for bulbs but in most of the cases there are no bulbs or there was no electric supply to them.

"The fitting is there for bulbs but the bulbs are missing. This is because there is the issue of theft and stealing"

..... Adolescent Male

"It is impossible to verify if there is electricity in the CSC even when there is power in the village as there is no bulb in the CSC"

..... Male User

The CSCs that did not have a bulb were constructed near the panchayat offices or in public spaces as they were locked and not used at night. CSCs in the community without electricity posed a disadvantage for women who often used torch lights to use the CSC and were concerned for their safety.

"I also would like to highlight an issue that there is no proper electricity available in the CSC. We use mobile torch lights in the night times for the using CSC. The sad thing is that the place surrounding the CSC is not clean and snakes roam around those places"

..... Female User

.....
"There is an electricity connection but in the night the bulbs don't lighten up. So, we get a little scared of using the toilet in the night".
.....

..... Adolescent Female

Functional Units in the CSC

Most users mentioned installing Indian toilets in the CSC and wherever there was a unit for *Divyangjan* then a commode for just that unit. Users expressed the absence of exclusive bathing units in some CSCs in AP and MP. Some of the men use the bathroom for taking bath in the absence of separate bathing units.

.....
"There is no bathing or shower facility in the CSC. Only it has a latrine".
.....

..... Male User

.....
"First, there is bathroom available in the CSC. Some of the households do not have bathroom in their households and they are taking bath in the open space near to their households".
.....

..... Female User

Similarly, exclusive handwashing units were reported as being absent by users in a few CSCs of AP although there is a mixed response for the presence of soap for handwashing. Some of the interviewed users in MP and Chhattisgarh did not find soap in the CSC and often washed hands at home or used sand for washing hands.

.....
"Yeah, whenever we go to toilet, we wash our hands. Sometimes soap is not there, so we wash our hands with soil".
.....

..... Adolescent Boy

.....
"There is no handwash unit or soap in the CSC, we used to wash hands properly after reached to home".
.....

..... Female User

One reason cited for not keeping soap in the CSC is that they get stolen.

.....
I noticed there was soap in the toilet but the very next day I did not see it.
.....

..... Female User

.....
Some people even steal soap.
.....

..... Female User

Sanitary Waste Disposal for Women

All users reported the absence of adequate place or waste bin for disposing sanitary waste in the CSC, (which is one of the program's major lacunae). In the absence of a disposal arrangement the users either burn it or throw it in the open.

.....
"There is a dustbin available in the toilet however there is no special dustbin for sanitary waste disposal. Even though most depend on the CSC for our menstrual needs, it is not made available. We throw the sanitary waste just behind the CSC or just burn it sometimes".
.....

..... Female User

.....
"Sometimes the dustbin is not there, so we have to burn the pads in the plastic bags that they came in".
.....

..... Adolescent Girl

7.4. User perspective on the Challenges in Using CSC

Location and Accessibility

The location of the CSC played an important role in its utilization. As mentioned earlier most of the CSCs constructed during SBM(G)-II are located in communities without access to individual toilets or in public spaces like health centres or panchayat buildings. CSCs in public spaces are accessible for households close to these places, making it difficult to access for households far from the CSC. This results in people preferring open defecation than using the CSC.

.....
"I think people are defecating in the open space, particularly those people who do not have the individual toilets and also those who cannot access the CSC because it is far away. So, the people living
.....

near CSC use it regularly and who stays far away from CSC are going for open defecation”.

..... Female User

Most users reported ease of access when the CSCs were located very close to their dwelling. They even reported that such arrangement was safe for women and young girls in the household to access the facility without fear.

“I use the CSC regularly as it is located close to my house. The CSC is convenient to access as well as for the use for requirements of women and children”.

..... Female User

“The CSC is located near to our households which is beside to primary health centre hence it is convenient and accessible for usage. I regularly use the CSC in the evening time like, that lot of people use the CSC on regular basis”.

..... Male User

Clearly, the responses indicated that CSC constructed far away from the households/dwellings prevented users from using it regularly.

“I don’t use the CSC regularly because it is far away from my house which is about half a kilometre”.

..... Male User

Safety and Privacy

Most users, especially women, reported that the CSC was safe to access and didn’t face any issues. However, few women users in Andhra Pradesh reported that in spite of the CSC being located close to the house they felt unsafe while using CSC in the night because the access road didn’t have any lamps or lights. There is also the fear of snakes or poisonous insects. The absence of bulbs or functional electricity was also a safety concern for women in the night and they had their friends or household members accompany them in the night.

“During the daytime we can go to the CSC alone, but night time it feels a bit odd and we take our close

friends or someone from the family along with us to the CSC. Rarely someone will go alone to the CSC at night. I also would like to tell an issue that there is no proper bulb available in the CSC. We use mobile torch lights in the night times for the using CSC”.

..... Female User

None of the users reported any issues with privacy while using the CSC but it was interesting to note that a few users in Andhra Pradesh reported that the CSC were built only for women and there were no toilet units for men due to which they didn’t face any privacy issues. However, this disadvantages the men who would defecate in the open without a CSC unit.

“We are not facing any issues with our privacy because this CSC is meant for use only by girls and women”.

..... Female User

Cleanliness

The users had mixed responses regarding the cleanliness of the CSC. This is expected with different models of Operations and Maintenance across states. In few CSCs the regular users were cleaning the CSC and faced no issues.

“Since the CSC cleaning activities has been carried by us (user community), the CSC is being cleaned regularly. No issues related to the cleaning of the CSC”.

..... Female User

However, some CSCs were not being cleaned and prevented few users from utilizing it.

“The CSCs aren’t cleaned properly. They’re dirty and stinky. These notions make it uncomfortable to use the CSCs”.

..... Male User

I went to public toilet twice or thrice. I don’t remember how many times. . . .but whenever I went there it was uncleaned and stinky then I stopped going there.

..... Male User

Problems for Divyangjan

As mentioned in the previous chapter, the design for Divyangjan is restricted to having ramp in the CSC and western commodes. Width of the ramp, the angle, width of the doors and the handles inside the toilets are not considered. Even for CSCs with ramps, divyangjan people are not able to access it without a supportive person since there is less space to maneuver the wheelchair.

"The ramp is not very smooth, even railing is not there so I need help from someone. It's rough I need efforts to get to the washroom. My wheelchair is large size, it can't accommodate to the door properly; I have to arrange myself in a congested way to go to toilet. It's not easy to go to the toilet in wheelchair, but have to walk around the wall to support myself".

..... Male Divyangjan

One of the reasons attributed for this is that the concerns of the Divyangjan in the village for the design of CSC was not considered. The design were according to the convenience of the majority and even the panchayat felt there was no need for the CSC to have a separate unit for the Divyangjan.

"The facilities of CSC are not according to me, but they are definitely according to the villagers. The CSC should have been designed in such a way that those who are handicapped can reach CSC from a wheelchair and accordingly there should be a toilet seat and wash basin for them".

..... Male Divyangjan

7.5. Recommendation from Users

The majority of the respondents gave suggestions for the operation and management of CSC. Their main concern is towards the cleanliness of CSC, regular supply of water and electricity.

"A permanent cleaning person needs to appoint for the cleaning of the toilets for CSC. Presently appointed cleaner is getting Rs.3000 per month however, it will be good if the regularized person is available in the CSC. Further, CSC may be constructed with more facilities with some extra funds".

..... Man User

"Water and electricity should be there. The size of the door should be broader like more than 3 or 3.25 feet".

..... Divyangjan

Some of the women and adolescent users of CSC also highlighted the problems they faced while using CSC during menstrual time.

"Due to non-availability of individual latrines in some households the women from such families are facing more problems, particularly during their menstrual period. Women are struggling to use the CSC during their menstrual time. We are expecting to get sanitary napkins from the government side which will be very useful. Also this will be very helpful for the adolescent girls who are studying in the schools and also married women. Hand wash facilities is also needed for the toilet for minimum sanitary and hygiene standards. As the newly constructed CSCs in other villages have the hand wash basins, necessary action needs to be taken to attach hand wash facilities in the CSC".

..... Woman User

Incinerator: Majority of women respondents reported not having separate waste bin for pads.

"There is no dustbins in CSCs where we can put pads nor is there any facility to burn them. In this situation most of us throw them on the roads or in the field [agricultural land].

..... Woman User

08

Conclusion and Recommendations



8.1. Overall Conclusions

Insights from GP Persons

The survey found that the GP members play a significant role in site selection, planning, and expenditure management. However, their role is limited in selecting CSC design as it is mainly done at the block level. Around 98.4 percent of the GPs conducted the meeting before the construction of CSCs. In some cases, no separate meeting is conducted regarding this matter with the GPs. The location of CSCs is important for its utilization. The majority of the CSCs are constructed within the habitation, while 28% of the CSCs are constructed slightly away from the habitation, which is easy to access by community people. More than 92 percent of Gram Panchayats have used and displayed IEC materials at CSCs or nearby locations to generate awareness about sanitation and CSC utilization.

Functioning of CSCs and Facility Features

Out of 384 surveyed CSCs, around 75 percent of them were in use with all toilet units functional. Assam, Chhattisgarh, and Andhra Pradesh mostly have only one toilet each for men and women. Most CSCs were constructed with urinals and hand-wash, not with bathroom facilities for men and women. Thus, the least usage of CSC is for bathroom facilities. Moreover, the availability of *divyangjan* toilets was too low across all six states. On average, only one in every ten CSCs has a toilet facility for *divyangjan*. There were very few CSCs that had *divyang*-friendly toilets with ramps and railings.

About 92 percent CSCs ensure privacy for women. The availability of dustbins and incinerators is important for disposing napkins and pads. However, only 6 percent of CSCs had dustbins, and 3 percent of CSCs had installed an incinerator.

More than half of the surveyed CSCs have functional water taps connection for all units, whereas about 20.6 percent of the CSCs have tap water connections in a few units across six states in India. The highest proportion of tap water for all units was found in Chhattisgarh (77.8%), followed by Madhya Pradesh (65.6%) and Andhra Pradesh (61.5%).

Availability of electricity during both day and night is necessary for a functional CSC, but only half of the sampled CSCs had such connections. Most of the toilet units in the CSCs have doors, but only 85 percent of doors were with latches.

Most of the CSCs were located within or near panchayat bhavan, out of which 75 percent of the CSCs are functional with all units, 14 percent of the CSCs are functional with few units, and 10.7 percent of the CSCs do not have a functional unit. More than 74 percent of the CSCs with all functional unit status have cleaners. During covid-19, more than 40 percent of the CSCs were functional and followed covid-19 instructions. Generally, sanitization, mask use, and social distancing were instructed and followed. Around one-third of the CSCs were closed during the Covid-19 pandemic period across six states.

The average number of male and female CSC-toilets users accounted for 10 and 7 days, respectively. Most use of CSCs is for urination purposes. On average, the total users in the men and women category for urinals are 22 and 14, respectively. State-wise usage suggests that Andhra Pradesh has the highest number of users in toilets as well in the urinals category. Assam has the highest number of daily users in the toilet category.

CSCs Management, Operations and Maintenance

While different authorities are taking care of O&M activities across states, most CSCs are managed by GPs, followed by others, including temple committees

and SHG. For example, a considerable proportion of the SHGs managed CSCs (25%) were found in Chhattisgarh. In Assam, more than 73 percent of the CSCs were managed by temple committees. Most GP presidents are engaged in the monitoring activities along with the panchayat members. However, no proper in-charge was found for the O&M activities of the CSCs.

Most of the sampled CSCs were open throughout the day for community use, and 38 percent of the CSCs were open for specific hours. The CSCs are mostly closed during the night times.

Regular cleaning was found in most of the CSCs. Most CSCs were cleaned once a week or daily across six states.

Beneficiary Perspectives on CSC Usage and Facilities

Out of 1424 respondents, about 90% of them know about the availability of the CSC in their village area. The knowledge levels are higher among both female and male respondents. The awareness of the CSC opening and closing time is lowest among adolescents. About 72 percent of the respondents have either used CSC a few times or used it rarely or never. CSCs are used by about two-thirds of SC and ST respondents who do not have toilet facilities at home. CSCs were used by more than three-fourths of the OBC or general category respondents from such households.

Before the CSCs constructed, about 35 percent of respondents used to go for open defecation, and 2 percent of respondents relied on relatives and friends for toilet use. According to 30 percent of respondents from all states, open defecation still happens in some parts of the village. Water-related issues account for 24 percent of the reason for open defecation in cases with no individual latrines.

About 73 percent of the respondents stated that the CSC is cleaned regularly across surveyed states in India. Most respondents stated that the CSCs have a proper working latch and doors. Of the total respondents, one-third reported that they experience difficulties in using the CSC. A wide range of reasons included the unavailability of water and electricity in the CSCs.

PCA Findings

It is found that where the CSCs construction was completed, and all units are functional, the users have also confirmed that with a higher degree of concordance regarding availability of the various CSC items and amenities. It indicates that the functionality of CSCs and the perception of the users are consistent. More than 80 percent of the respondents who show the highest satisfaction with the CSC services are also among those who report better availability of CSC items and amenities. Thus, CSCs should pay greater attention to the availability of their facilities and other mandated features as these are deemed critical by the user community, who have shown clear and consistent preferences for better functioning CSCs.

8.2. Main Recommendations

Revising overall funding support for CSC

Construction: The construction of the CSCs with suitable design for ease of access by *Divyangjans* and with all other necessary features requires an increase in financial support either through the SBM (G) funds or other collaborations. The grass-root level stakeholders perceive that support of Rs.3 lakh per CSC is inadequate to incorporate all the design features and amenities as specified in the program guidelines. One of the important concerns was increasing costs of construction material which also differed across regions and conditions. For example, the market rate for materials needed for CSC construction is sensitive to inflationary pressures that further aggravate the situation.

Funding provisions for special needs and conditions:

The funding provisions for CSC construction should make some allowance for specific geographies such as hilly areas and difficult-to-reach areas. The provisions should also take into account climatic conditions such as extreme winters, rainfall and flooding as well as water scarcity in drought-prone areas.

Convergent action for water and electricity

connection to CSCs: Availability of running water supply in the CSCs along with electricity is a must to ensure that the CSCs are well-lit and convenient for use 24x7 by all, especially women and *divyangjans*. The water supply issues are a key concern for CSCs located in drought-prone areas as well as hilly terrains

and remote villages (including tribal areas). The Jal Jeevan Mission can provide critical support to the CSC infrastructure by enhancing the scope of the Har Ghar Jal initiative. Similarly, the scope of rural electrification should be augmented with clear guidelines and protocols regarding connection set up and payment of user charges. Greater ownership of the State government in provisioning and maintenance of these basic amenities should be built in for sustained support to the Gram Panchayats and the CSC infrastructure.

Estimation of requirements for Divyangjan friendly design: CSCs are built with a ramp at many places as a part of a Divyang-friendly design. However, it should be made to ensure that such designs can be used by divyang person (visually impaired, lame etc.). In this regard, the ramps are needed to install rails as well as flooring tiles, hand railing, toilet room, and seats must be disabled-friendly. Thus, guidelines for divyang-friendly design include all financial as well as physical aspects while constructing CSCs. Further, the western seat in toilets should have a railing to hold for divyang. For visually impaired people, Assam state has initiated sign language in the corridors or on the ramp. The same can be replicated in other GPs where CSC services are required for those visually impaired.

Menstrual hygiene: Many women are involved in the formal and informal sectors. Community toilets are available under the Swachh Bharat Mission in almost all the villages, highways and public places but the extent to which they should also meet other menstrual hygiene needs is mostly unknown in these CSCs. CSC constructed under SBM should be more responsive to the menstrual hygiene of the women like – safe disposal facilities (e.g., dustbin with cover). The Sanitary napkin vending machine would be feasible alternative that can be installed in the CSC for maintaining menstrual hygiene of women. It may be chargeable or free of cost. Women often struggle while traveling, but this facility will provide them clean, safe and hygienic facilities through pay and use basis. In Raipur district, Chhattisgarh state, under state CSR innovation, a Sanitary napkin vending machine was installed in the CSC. It is near Raipur airport, and this provisioning is appreciated by adolescent users both for availability as well as economical charges.

Transgender friendly CSCs: Gender-sensitive toilet design should meet the needs of all the genders like

women, men and transgender community. This design component is essential to ensure dignity, privacy and safety for transgender individuals. The design must also include a waiting area for transgender individuals where they can queue up in case the WCs/bathing areas are occupied as well as the performance of their societal and cultural obligations.

The Swachh Bharat Mission has the flexibility to construct CSC depending on local conditions, material availability, and an innovative design to make provision a separate unit for transgender within the community toilet complex. The toilets don't need different designs. But having a separate entry makes them comfortable to use the CSC. A reserve or isolated unit can also serve the purpose of SBM but it will make transgender feels that they are not part of the community.

For instance, Madhya Pradesh has built community toilets in a transgender-sensitive manner in the Shajapur district, enlivening the spirit of the transgender persons. In the Shajapur district the proportion of the transgender population is relatively high and while finalizing the CSC design, locality and other aspects, the district office invited members of the transgender community to participate in the meeting and share their ideas and suggestions for the CSCs construction.

Awareness campaign for GP officials: The GPs are responsible for the O&M activities of the CSCs. This includes funding support through resources of the GP. While the 15th Finance Commission has outlined the scope for supporting O&M activities through the grants for the local bodies, there is a perception among GPs that the current arrangement does not provide adequate or clear conditional support for O&M. The 15th Finance Commission observes that the tied grants can be used for the basic services of (a) sanitation and maintenance of open-defecation free (ODF) status and (b) supply of drinking water, rainwater harvesting and water recycling. The local bodies shall, as far as possible earmark one-half of these tied grants each to these two critical services. Greater efforts from the union and the state governments is desirable for creating awareness regarding the funding provisions and the motivation for enhanced funding support to the GPs. This is important for informing all the stakeholders as well as the community members of the nature of support

from the government and for greater deliberations on opportunities for sustained O&M activities.

Engaging SHGs for O&M activities: The GPs can consider engaging the SHGs for the O&M activities. The GPs are less effective in direct engagement with O&M activities as they have limited staff support for various work responsibilities as often the GP secretary is occupied with administrative activities of multiple GPs. Many GPs cannot generate the required Own Source Revenue (OSR) for daily maintenance activities and also have limited opportunities to pool funds from the community for the CSC O&M purposes. In rural areas several SHGs are formed with a wide network of women members who could be supported with GP funds and other permissions to engage in O&M of CSC as well as to conduct small-scale economic activities that are crucial for the viability of SHGs. While it provides economic benefits to women, it also recognizes women's effort at village/grass-root level. SHG are involved in several welfare activities for women and the community and are suitably placed to be engaged in O&M activities of the CSC. None of the states has clear-cut guidelines for the involvement of SHG in the O&M of CSC. As a pilot, Chhattisgarh and Madhya Pradesh have started initiatives with the involvement of SHG. The pilot assessment in Uttar Pradesh also revealed involvement of SHGs in O&M activities of CSCs.

Leveraging PPP model and CSR funds for CSC construction and O&M activities: The PPP model provides space for the construction of Public Toilet Utilities (PTUs) along with some additional space, which the private sector can use for revenue generation. While SBM (G) aims at focus was to construct CSC for the population where individual household toilets cannot be constructed due to lack of space, funds and the population duration of stay. In rural areas, CSC are constructed to support the unprivileged population to stop open defecation. In this scenario, revenue generation from the CSC constructed within the community is not possible.

GP can leverage PPP for O&M of those CSC which are constructed near temples, community halls, panchayat Bhawan and highways. These are the areas where the floating population have considerable need for CSCs. GP can provide space to the private sector partner; and the private sector partner can construct and maintain the CSC by generating revenue from opening small

shops of daily essentials, by installing appurtenant facilities such as drinking water ATM, bank ATM, Food & beverages vending machine and sanitary vending machines. Engagement of public or private sector bodies is also an important area for sustained O&M activities for the CSCs. For example, in Assam, under SBM, CSC was constructed near Tea Garden Estates and the employees of Tea Garden use the facilities of CSC. The operation and maintenance of these CSC are done by the owner of the Tea gardens by hiring a person for its O&M. In Chhattisgarh also, many CSCs are constructed in the vicinity of industrial areas and factories, and its O&M is entrusted to the management committee of these factories.

The Corporate Social Responsibility (CSR) provisions of the Companies Act, 2013, provide the opportunity for industries, corporate houses, and private/public limited companies to support the government in effectively upscale planned interventions through channelized and targeted funds. District could discuss with the states to give preference to the O&M of CSC to the local areas and areas around where the company operates. For instance, in Chhattisgarh, Bhilai Steel plants are doing O&M of rural as well as urban CSCs.

Innovative strategies for augmenting user charges: SBM- Grameen's main focus was to construct CSC for the population where individual household toilets cannot be constructed due to lack of space, funds and the population duration of stay. In rural areas, CSC are constructed to support the unprivileged population to stop open defecation. In this scenario, revenue generation from the CSC constructed within the community is not possible. The CSC may be operated and maintained either free of cost or by levying a user fee depending on the location and requirements. To overcome the limitations of O&M, GP can assign the O&M responsibilities to an external agency (contractor or NGO). The agency can operate on a 'pay-and-use' basis to ensure good quality conditions defined as per the SBM guidelines. User's charges could be collected from the CSC which are constructed near temples, community halls, panchayat Bhawan and highways.

Promoting IEC activities: IEC is static and mostly one-time affair. It should be systematic continued and varied. In order to be effective in IEC, it is critical that the IEC visual messages are simple, uncluttered, attracting and catchy. The IEC should focus on the

need to overcome sociocultural norms and barriers that may be discouraging the use of toilets. The language of IEC has to be kept simple. This helps in ensuring that the message reaches all regardless of their educational level, age, caste, class, and religion. It should also ensure that the message is easily understood and remembered for future action.

Slogans could be very effective because they are short, catchy and easy to remember. Subtle humour could be used to deal with the personal and sensitive issues surrounding toilet use. Humour could be successfully tapped through cartoon characterizations of toilet fixtures such as wash basin, toilet bowl and litter bin. An additional benefit of cartoon characters is that they can be used with minimal text. Similarly, local famous personalities could be showcased for achieving success and sustainability of the program. Assam has developed many short video advertisements and movies by involving local film stars, cartoons etc. to make people more aware of, health, hygiene and sanitation. Posters showing awareness messages and other visuals could be used on the external walls of the structure to increase user awareness and education. General messages on good practices and knowledge of the facility should be used on the external walls.

Gram Sabha meeting agenda and CSC: The various sociocultural and psychological factors, such as the feeling of embarrassment in front of men, lack of practice at being vocal and responsive, and lack of confidence often prevents women from effectively participating in the Gram Sabha meetings. Women participation should be improved with greater involvement in planning, construction and maintenance of CSC. The meeting time and venue should be convenient to ensure greater participation among women. More women should be involved in operation and management activities. The Gram Panchayat should encourage involvement of women in social audits and during monitoring of CSC construction activities.

Green rickshaw for SWM including from CSC: There is a need for synergy among different programs and CSC activity cannot be regarded as different activity. For Solid and waste management initiatives, GPs in Assam, Chhattisgarh, and Maharashtra have purchased or procured vehicles (battery-operated rickshaws etc.) that are engaged in door-to-door

collection of solid and plastic wastes. Such initiatives will give momentum for overall sanitation and hygiene-related programs as well as SLWM activities in the villages to help them sustain ODF plus status. Some of these should also cover the CSCs for SLWM.

Recommendation for strengthening monitoring:

Monitoring and quality check is an important aspect for the usage and sustainability perspective. CSC related monitoring can be done through three channels namely, at GP level to cluster level, from cluster level to block level, and from block level to district level. Lastly from district to state level. At one block there are many GPs who are located far from the block office and in such cases it will be difficult for the Block Coordinator to monitor all the GPs and accordingly Cluster Coordinators can be considered for smooth monitoring of CSCs and other related activities for the GPs. Technology-friendly monitoring can also be done for CSCs. In Andhra Pradesh, Clean Andhra Pradesh (CLAP) App was developed by the state for monitoring the SBM program activities. The information is collected by CLAP Mitra official, who is an employee of GP under the state sanitation program. Based on regular review and monitoring of CSC, GPs can reward CSCs for their performance in O&M as it can be source of motivation for the efforts put in by the GP members and the community.

Harnessing economic activity and employment generation potential of CSCs:

Swachata Mart is a social innovation associated with some CSCs in Chhindwada district of Madhya Pradesh. The Swachata Marts are retail shops for selling cleaning related items along with some grocery items. GPs provide approvals for the shops to interested residents and community members who are willing to run the shop and do the maintenance of CSC. This type of innovation creates employment as well within the community. The idea behind this is that villagers need daily essential items and both shopkeepers and buyers need toilets during the daytime and buyers also need a hygienic place for sanitation during the shopping period. This generates employment and revenue both for GP. Simultaneously CSC is managed efficiently. The government of Chhattisgarh with state CSR funds has done an innovation, that CSC should be constructed with one or two small shops. GPs can allocate these shops to any villagers who are interested to pay the rent for the shop and maintaining the CSC.

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जान है तो जहान है ॥
खुले में शौच नहीं जा वही
हमारी पहचान है।

स्वच्छ शौचालय बनाना है,
गांव से गंदगी मिटाना है।

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सफाई का रखे पुरा ध्यान।
तभी हीगा रोगों का निदान॥

सूचना पटल

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