Dignity For Her

Empowering India's adolescent girls through improved sanitation and hygiene

Part I

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December 2015

| Foreword

We at Bank of America are committed to making financial lives better for our customers, our clients and our communities around the globe by connecting them to the resources they need to be successful. This report reflects our firm's global commitment to help women and children in need as we believe, going forward, they will lead the changes happening within their communities.

Our social investment strategy in India is focused on adolescent girls – a demographic often overlooked despite various critical needs, including sanitation and hygiene. The reason for selecting this particular group lies in the fact that the investments in this demographic can have a long-term multi-generational impact. In the years to come, these girls can become conduits of information for the next generation, thus creating higher demand for improved products and services.

Over 50 percent of India's 120 million adolescent girls lack access to private toilets and continue to rely on farms, open dumps or community toilets to address their sanitation needs. Furthermore, around 70 percent of adolescent girls enter puberty without adequate information on what it means and what to expect.

Addressing this deficit, both with regards to infrastructure and information, is the need of the hour. By creating more awareness, we can transform these young women into confident ambassadors of sanitation and hygiene practices as well as empower them to trigger a broader change in their families and communities.

The lack of adequate sanitation facilities leads to serious health issues - both physical and mental. It is evident that access to clean and safe toilet facilities has a positive impact on young minds as it lays emphasis on personal safety, urges these adolescents to go to school without fear and nurtures their health and general well-being.

Recognizing this potential, several non-profits are working to improve India's sanitation and hygiene with special emphasis on adolescent girls, but more needs to be done to consolidate efforts on this sector.

This report applies the 'know your customer' concept to adolescent girls – treating them as consumers instead of beneficiaries and then highlighting the interventions needed. It also lists some of the key non-profit organizations leading the charge in this space through innovative interventions, not only focusing on building appropriate infrastructure but with the objective of trying to overhaul the long-term hygiene behavior.

This is a positive step towards shaping the dialogue around building a robust sanitation ecosystem for adolescent girls. The comprehensive analysis of gaps, solutions and possibilities presented here will persuade fellow funders to leverage this perspective further, fueling grassroots-led sustainable efforts making basic sanitation and hygiene a reality for millions of adolescent girls in India.

- **Kaku Nakhate**
President and Country Head, India
Bank of America

Executive Summary

India's adolescent girl has the odds already stacked overwhelmingly against her – a patriarchal social system that discriminates against her; the resultant maze of exploitation and denied opportunity; the everyday shadow of sexual assault.

Tipping that scale is an added handicap – poor access to sanitation, which has consequences that will play out across the span of her lifetime, affecting:

- **Identity:** Her search for a suitable private sanitation space comes with the constant threat of sexual harassment and rape, which can stunt her confidence, self-esteem and sense of identity.
- **Health:** This fear of sexual assault and the largely poor state of sanitation facilities results in girls controlling their bladders for as long as 13 hours a day. This has significant, long-term repercussions on their overall as well as reproductive and sexual health.
- **Potential:** Girls tend to miss

school an average of six days a month due to the lack of quality sanitation facilities at school. This eventually contributes to almost 23% of them dropping out of school on reaching puberty, which in turn, sharply degrades their potential as individuals and future workers.

Access & Attitude

The problem has two parts: poor access is one – 63 million adolescent girls in India do not have a private toilet they can use. The second is the traditional, almost institutionalized, culture of misinformation and taboo-driven silence around the issue of menstrual hygiene among women and adolescent girls. For many more than 63 million, the introduction to and subsequent experience of menstrual hygiene every month is almost entirely educated by ignorance, guesswork and societal censorship.

Igniting Change

It is increasingly understood that building infrastructure alone will not ensure better sanitation for

adolescent girls in India. To meet this objective, two key steps are required: one, to establish the significance of good sanitation and hygiene among adolescent girls and key influencers in their life; two, to provide solutions that perceive and engage girls as end users rather than beneficiaries, genuinely responding to their needs rather than offering one-size-fits all solutions.

More specifically, Dasra has arrived at the following cornerstones, or strategic areas of focus, that can significantly amplify potential gains from funding:
- Partner with girls to identify and design solutions for their sanitation and hygiene needs
- Prioritize individual toilets over community toilets
- Invest in school-based access and adoption of improved sanitation and hygiene
- Promote sensitivity – not secrecy – towards adolescent girls' sanitation and hygiene needs

These cornerstones are implemented through a host of

interventions or activities, by non-profits in the field. These focus on both, improving access to sanitation infrastructure and promoting softer components such as enhancing sanitation knowledge among key stakeholders.

The most impactful and scalable interventions deal with correcting knowledge and behavior patterns among both adolescent girls as well as the key decision-makers around them. If these groups simply do not see better sanitation as something to aspire to, something with long-term implications for their lives, if they are not educated about the perils of poor sanitation, even the best facilities will not be enough to tilt the scale.

With this in mind, Dasra recommends eight non-profits through this report, shortlisted from a universe of over 300 non-profits working in India's sanitation and hygiene space. These are: Centre For Advocacy and Research; Gramalaya; Gujarat Mahila Housing SEWA Trust; Nidan; Shelter; SVYM; Vatsalya and

Wherever the Need.

Investing Well

Ultimately for donors, both existing and potential, sanitation for adolescent girls is not really about building more toilets, or about technical training programs. It is not so much about improving access to menstrual hygiene products, or advocating with the government. What it really means is the potential to open the flood gates for fundamental social change - change that can carry India's adolescent girls further and higher than their mothers and mothers before them had ever imagined. And this because improved sanitation means better health and safety, higher self-esteem, and a better shot at economic independence and growth.

But all this aside, it is about regaining the virtue of dignity. And even she can't put a number to that.

Photo Credit: Shelter Associates
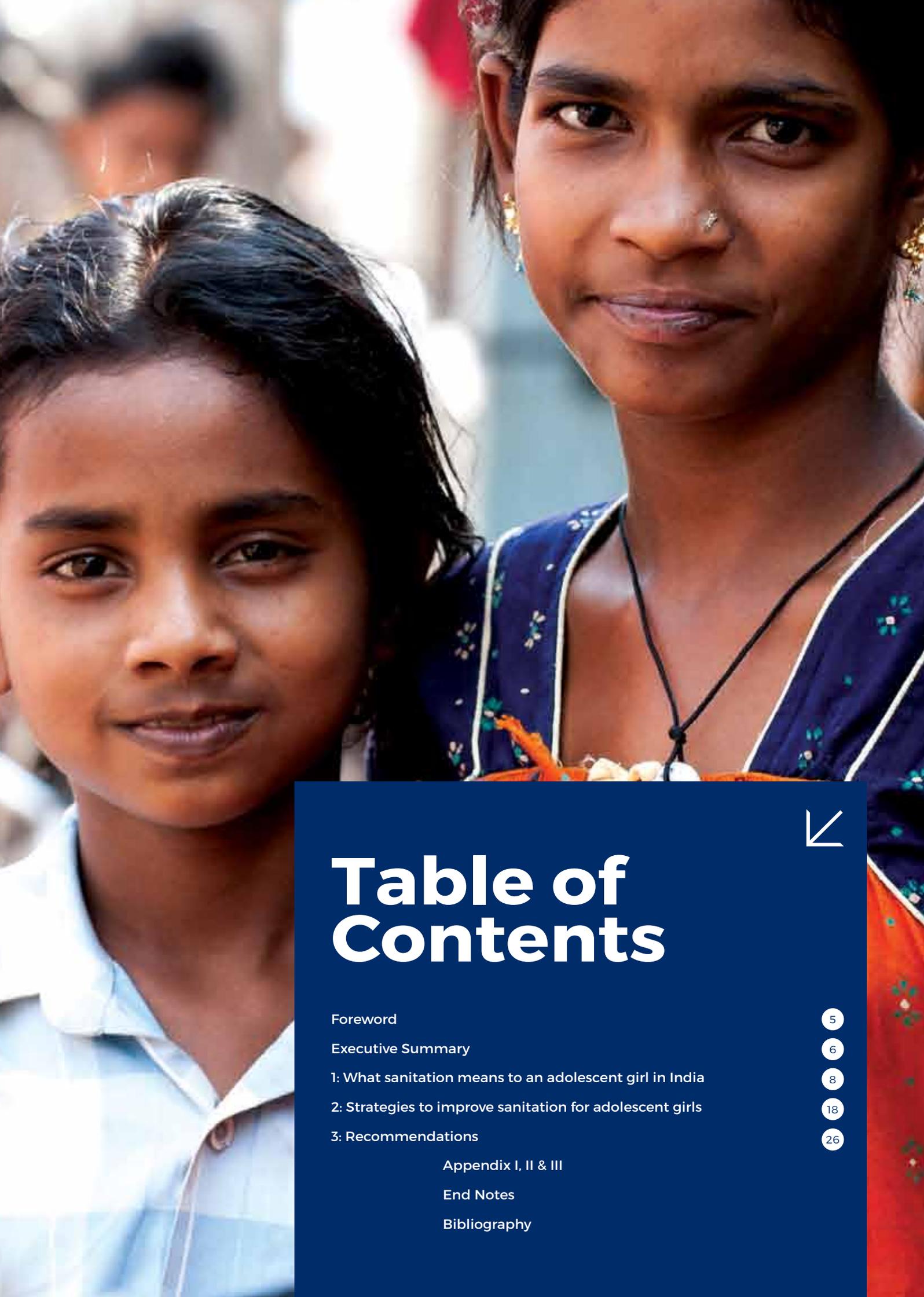
What sanitation means to an adolescent girl in India

63 million out of India's 120 million adolescent girls, lack access to a private toilet. That is more than the population of Italy, and roughly equivalent to the population of the United Kingdom.

Sommer et al. WASH in Schools Empowers Girls' Education: Proceedings of the Menstrual Hygiene Management in Schools Virtual Conference 2012; Woldometers

The story of Radha

Radha*, 13 years old, is the oldest of four siblings. She lives in one of Mumbai's nearly 2,000 densely populated slums. The settlement she lives in is non-notified, or unrecognized by municipal authorities, and hence does not have land security or any assurance of permanence. This has discouraged most people in the community from making any investment in their houses or in communal infrastructure. Some families did invest in pit latrines – toilets that collect human waste in a hole in the ground, built in places where there are no sewage lines laid – but those toilets are now defunct, after the pits filled up and the residents could not afford to have them emptied. Thus, Radha is one of 63 million adolescent girls in India, who do not have access to a private toilet.[1]

*Radha is a representation of young women who have participated as research subjects on sanitation in India's urban slums. Her story is a reflection of the life led by an average girl of the same age.

Worse still, she does not even have reliable access to a community toilet. There is only one toilet within walking distance of her house, located in a neighboring slum, across a busy road. This toilet is a 15-minute walk from Radha's house, and caters mainly to residents of the slum it is built in.[2] In desperate situations, women from the surrounding slums also use it, but the dilapidated structure is unable to handle the demand.[3] It has no electricity, no hand-washing facilities, an unreliable water connection, and of the 16 seats that were originally built, only three still function, making wait times in the mornings and evenings exceedingly long.[4]

But insufficient toilets are not the only factor; attitudes and preferences also count

No one has ever spoken to Radha about her health or hygiene, so she is unaware of good hygiene practices or the health risks associated with open defecation. She is unaware that simply washing her hands gives her strong protection from disease, nor does she follow basic hygiene practices while relieving herself.

She has never had anyone explain to her what bodily changes to expect as she grows older, and cannot recognize signs of a urinary or reproductive tract infection (UTI or RTI), both of which she is extremely prone to because of poor sanitation. She especially dislikes using the toilets in the slums, which are always dirty and smelly and offer no privacy.

The stalls have used sanitary pads and other waste left in them to rot, the doors do not close fully, and the caretaker often refuses to clean the stall or remove the waste.[5] As she describes it, "The toilet here is in terrible shape. There is no water or electricity, but this is the only toilet in the area. Also, accessing the toilet is scary. The queue in the morning forces us to line up next to the men's queue. They pass a lot of lewd comments and try to touch us. We try to avoid standing next to the men and go back home if the men's queue is long and stretches as far as the ladies' toilet. Once we complained to the caretaker and he shouted at them, but how can he stop them from looking at us?"[6]

<u>To end open defecation in India, attitudes towards sanitation are just as important as access to sanitation. People often prefer defecating in the open, sometimes merely because it has become a habit, sometimes because they have concerns about existing sanitation facilities. One survey found that people in rural India did not want to regularly use existing pit latrines as they were worried the pit would fill up too quickly.</u>

Coffey et al. The Puzzle of Widespread Open Defecation in Rural India:
Evidence From New Qualitative And Quantitative Data

The challenges are distinct yet similar back in Radha's village where her cousins have to walk to the fields to 'do their business', as having a toilet within the home is still considered ritually impure and polluting. And so, Radha's female cousins have to walk to the distant fields where people cannot see them defecating. But they are wary of walking to the fields after dark, for fear of being attacked or otherwise harassed. This – along with an increasing realization that health indicators cannot be improved across demographics without controlling diarrheal diseases and open defecation – has led panchayats and frontline health workers such as Accredited Social Health Activists (ASHAs) to convince people to build and use toilets.

- Coffey et al. The Puzzle of Widespread Open Defecation in Rural India: Evidence From New Qualitative And Quantitative Data

Given the sanitation options available to her, Radha, like most others in her slum, chooses to use the vacant land adjoining the slum for her toilet needs, despite acknowledging the many real disadvantages of open defecation.

One survey covering the Indian states of Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh found that 43% of all surveyed households with latrines had at least one member who defecated in the open despite owning a toilet.

Coffey et al. The Puzzle of Widespread Open Defecation in Rural India: Evidence From New Qualitative And Quantitative Data

And she is not in the minority

In India, 334,000 children under age five die every year due to inadequate sanitation. That is 915 children every day.

Jha, D. India has highest incidence of diarrheal deaths

This situation is mirrored across India, with over 50% of Indians defecating in the open.[7] There have been numerous high-profile, nationwide programs aimed at ending open defecation in India, beginning with the Central Sanitation Program in 1986. More recently in 2014, the government launched the Swachh Bharat Abhiyan and Swachh Bharat: Swachh Vidyalaya program to ensure every school has separate toilets for boys and girls.

Despite these programs, India lags the rest of the world in eliminating open defecation. While 67% of rural households and 13% of urban households defecate in the open, the problem is more severe in the slums where over a third of India's urban population resides without access to sufficient space.[8] The supporting sanitation infrastructure is also insufficient, with only 20% of the sewage generated by India's 1.2 billion people being treated safely, while the remaining 80% is left untreated and disposed of in rivers, oceans and water bodies that are sources of drinking water.[9]

URBAN

Inside the home

- Radha* does not have a private toilet.
- Faces increased stigma post puberty, especially during menstruation.

Inside her own community

- Does not have a community toilet.
- It also does not afford her any privacy, or a facility where she can wash and dry her menstrual cloths.

1

2

3
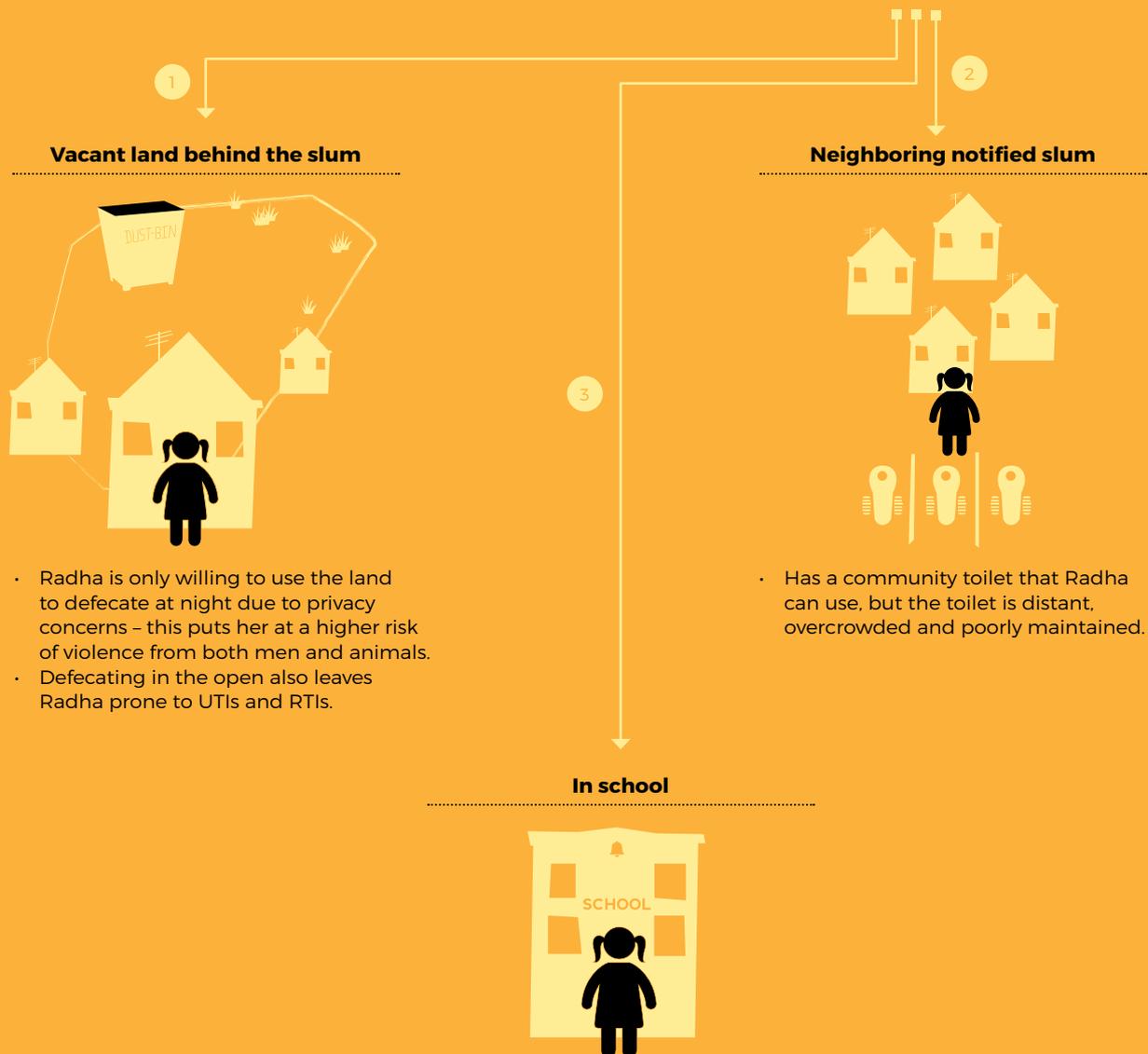
Vacant land behind the slum

DUST-BIN

- Radha is only willing to use the land to defecate at night due to privacy concerns – this puts her at a higher risk of violence from both men and animals.
- Defecating in the open also leaves Radha prone to UTIs and RTIs.

Neighboring notified slum

- Has a community toilet that Radha can use, but the toilet is distant, overcrowded and poorly maintained.

In school

SCHOOL

Primary School:
- While enrolled, Radha often tried to restrict her toilet use to the school toilet.

Secondary School:
- Lack of access to sex specific toilets restricted Radha's use of school toilets, especially during her period.
- This inconvenience led to absenteeism, and school drop-outs.

*Radha is a representation of young women who have participated as research subjects on sanitation in India's urban slums. Her story is a reflection of the life led by an average girl of the same age.

▌RURAL

Inside the home

- Has a private toilet, as per a village mandate, but the toilet is kept locked by their family as they fear the pit toilet will fill up too quickly.

- Stigma and restricted freedom during menstruation prevents girls from maintaining hygiene despite having the space and the facilities.

Inside the village

- Lacks a sewage system and an effective garbage disposal system.
- It also lacks a supply chain for MHM products.

1

2
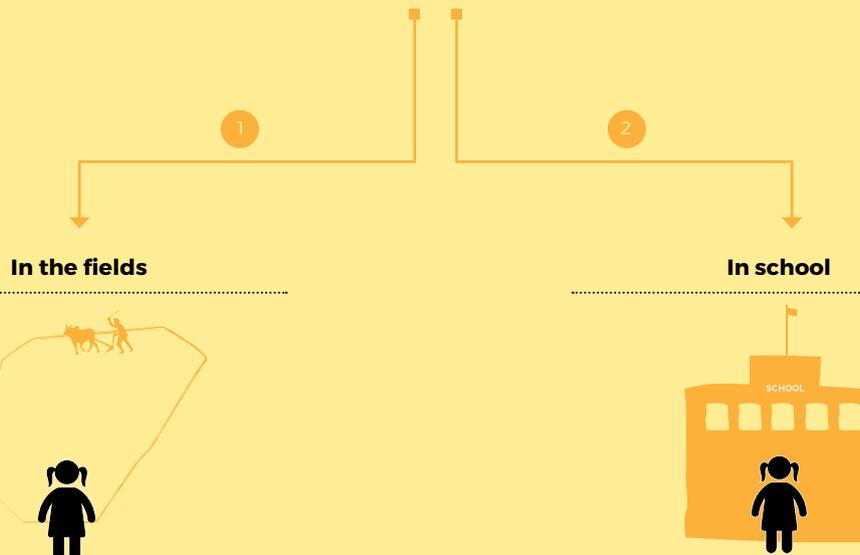
In the fields

- The fields used to defecate are distant and deserted, and walking to the fields puts girls at risk of sexual violence.

In school

SCHOOL

Secondary School:
- A lack of toilets at the secondary school, combined with distance and the lack of security for girls while defecating in the open are some of the factors that encourage parents to stop their adolescent daughters from attending school.

The impact of poor sanitation

Radha's changing identity and the threat of violence

To save time, when her family first moved to the slum, Radha's mother initially had her squat on the drain outside their house. This gradually changed as Radha grew older. She felt embarrassed to be seen squatting on a drain, and her mother too forbade her from it, because she began getting unwanted attention from the men outside her home. So, she switched to defecating behind shrubs and bushes on a patch of land bordering the slum. She sometimes makes the journey alone, but otherwise prefers to go with her friends with whom she feels safer.

At age 13, Radha is already seen as a woman. She talks of walking to find privacy to relieve herself: "Men hide in the bushes and watch the girls defecating. They also sometimes take off their trousers and make lewd comments."[10] She describes an instance when a pregnant woman from her settlement was accosted by two men who tried to carry her away. The woman escaped, but the incident underscores the risk girls and women face when travelling by themselves to find privacy for their sanitation needs.[11] This is not very different from rural India, where women and girls must travel long distances to defecate. While it is easier to find privacy in rural areas, that privacy is never guaranteed, and women must always be wary of the constant risk of sexual violence.

Radha and her friends must also avoid snake and insect bites, as well as guard against stray and wild animals such as dogs and boars.[12,13,14] The adjoining areas come with their own perils: during the monsoon, the bushes and shrubs grow well enough to give the girls some cover, but they also conceal snakes and other insects. In summer, it is much easier to spot snakes, but also much harder for girls to find adequate cover.[15]

Radha's risk of ill-health

Radha's friends living in the surrounding slums have access to different kinds of sanitation facilities. Many use either community toilets or private ones. For Radha, the lack of sufficient, quality facilities meant that open defecation on the adjoining field was her only option, despite its risk of violence and embarrassment.

> ## Poor sanitation also has serious implications for the nutritional status of adolescent girls, as it leaves their bodies susceptible to infections that reduce their ability to absorb nutrients.
>
> Haider, R. and Bhatia, S. 2006. Adolescent Nutrition: A Review of the Situation in Selected South-East Asian Countries

Open defecation also has significant side effects. Radha began to regulate her intake of food and water, compounding existing health problems such as anemia, dehydration and malnourishment caused by gender discrimination practices in her family.[16] She also learned to hold her bladder in order to minimize the number of times she had to relieve herself.

> ## On average, women and girls like Radha hold their bladders for 13 hours a day, leaving them at risk of UTIs and RTIs.
>
> The Huffington Post. 2014. "The "right to pee movement" for access to bathrooms is gaining momentum across India."

A girl like Radha, on average, will hold her bladder for 13 hours a day,[17] which places her at increased risk of urinary and reproductive tract infections, as does defecating in the open.[18] A lack of facilities also means she can't wash her hands, which aggravates the health risks of open defecation – washing hands with soap at critical times can reduce the incidence of diarrhea by 40% and RTI by 23%.[19,20] As they reach puberty, girls like Radha are at an added disadvantage compared to their male peers, as they are burdened with household chores such as caring for siblings and fetching water for the family, while their health needs are least prioritized.[21]

These abovementioned health problems are further intensified by the onset of Radha's first period. Radha did not even know what menstruation was untill the day she got her first period, nor how to deal with blood on her clothing. She concluded that she must have had an injury or a boil that caused the blood. On the pretext of taking a bath, she changed her clothes, only to find more bleeding an hour or so later. Her mother told her it happens to all women, gave her a piece of cloth and told her to keep it in her underwear through the day. Her mother, like many young mothers, had never been taught about menstruation. For example, one study found that almost 70% of surveyed mothers considered menstruation 'dirty'.[22,23] Others were worried that any explanations on the topic would lead to questions about reproduction and sex that they were unprepared to answer.[24] Therefore, Radha – like 70% of all girls in India – had no idea what had happened to her, why it happened, or how to properly manage it when she first reached menarche.[29]

Since Radha was unaware of the importance of hygiene during menstruation, she reused the same piece of cloth over her period cycle. While cloth can be a viable alternative to disposable sanitary napkins, ensuring hygienic use of cloth napkins is critical. When the cloth is not properly washed and dried, it leaves girls vulnerable to RTIs and UTIs that can have long-term repercussions – doctors have seen a 70% increase in incidence of RTIs in these cases.[25]

70% of girls in India do not know what menstruation is before they get their first period.

ICMR annual report

The impact on Radha's future

Loss of productive hours due to time spent trying to access sanitation – amounting to over $10 billion in India – is a significant contributor to the financial losses faced by a country due to lack of sanitation.

Water and Sanitation Program, World Bank, 2007. The Economic Impacts of Inadequate Sanitation in India

The average child needs to relieve herself between six and ten times a day, while the average adult will need to do so between four and seven times a day.[30, 31] The community toilet is a 15 minute walk, during which Radha must be accompanied by an adult. Similarly, walking in search of privacy on the barren piece of land is often almost a 20-minute walk. These distances make it very inconvenient and time-consuming for Radha to relieve herself. As she gets older, she will need to spend a lot more time accessing sanitation facilities as she is given the responsibility of caring for her younger siblings and their sanitation needs. Access is a national problem – wherever there is poor sanitation infrastructure, people lose valuable productive hours searching for a suitable private space. It is estimated that these lost productive hours cost the Indian economy over USD 10 billion a year.[32]

A partial solution to Radha's problem of access is the sanitation complex at her primary school. As she grew older and less willing to defecate openly, Radha began leaving for school early to use the sanitation facilities there. While she would still defecate openly in cases of emergency, as she reached adolescence, she began to prefer to "finish the toilet job" at school.[33] Unfortunately, the secondary school that she switched to at age ten did not have separate sanitation facilities for boys and girls. This meant she could not go to school on days she was menstruating, for fear that somebody would find out, as even the toilets had no privacy. She missed three days a month on average and found that she could no longer keep up with her school work. She dropped out to help her mother with household chores and to care for her younger siblings so her mother could go to work, thus limiting Radha's future earning potential and ability to provide for her own future and security.

Girls are typically absent for 20% of the school year due to menstruation, which is the second biggest reason – after household work – why they miss school.

AC Nielsen and Plan India 2010. Sanitation Protection: Every Woman's Health Right

One study found that out of a sample of 160 girls in rural India, 85% of school-going, adolescent girls faced a range of restrictions during menstruation. Among them, 71% of girls had to avoid any religious event, 50% could not eat, among other things, sour foods, banana, radish and palm. Almost 43% could not play, 34% could not perform any household work, 16% could not attend school and 10% could not attend any wedding ceremony during the menstrual period.

Garg et al. India Moves Towards Menstrual Hygiene: Subsidized Sanitary Napkins for Rural Adolescent Girls – Issues and Challenges

For a range of reasons, 23% of girls drop out of school on reaching puberty. One reason is the lack of facilities for them to manage their menstruation. However, the government has declared that as of 15 August 2015, it has met its target of building over 400,000 toilets in schools across India, to address the issue. But this is not a complete solution – key stakeholders must ensure the regular maintenance and repair of these toilets, which is historically where similar initiatives have faltered.

AC Nielsen and Plan India 2010. Sanitation Protection: Every Woman's Health Right Swachh Vidyalaya 2015.

The issue and impact in summary

While this story of Radha is fictional, adolescent girls like Radha, between ages ten and 19, constitute 10% of India's population today. Investing in their education, health and decision making abilities has the potential to impact future social and economic indicators.

Lack of access to sanitation is one underlying issue that impacts many areas of an adolescent girl's life, because it is only once an individual's basic needs are met that they are able to aspire to larger goals. For example, the socio-cultural perception of a girl's position in society shapes the way she is viewed outside her home, and leads to safety risks when trying to access distant sanitation facilities or scarcely available private locations to defecate.

These concerns also shape her behavior, including eating habits, hygiene practices and sanitation habits, leading to the added risk of illness and infection. And because a girl is disproportionately impacted by insufficient sanitation facilities, it also limits her long-term potential. This means her education, health and economic potential all link back to the presence – or absence – of an accessible toilet. Building stronger sanitation infrastructure can be the first step to a more dignified, healthy and productive life for an adolescent girl.

▌KEY STAKEHOLDERS

There are five key stakeholders that have been instrumental in driving change in the sanitation sector so far, and will drive innovation, impact and collaboration going forward.

International Development Agencies such as the Bill and Melinda Gates Foundation, the Michael and Susan Dell foundation, the World Bank, and USAID among others, have been instrumental in seeding innovation in the sanitation space. They have highlighted the importance of the Water, Sanitation and Hygiene (WASH) sector in the global and Indian development agenda, and by calling attention to its importance, have marshalled much needed resources for important sanitation programs.

The **Government of India** has also played a part in revolutionizing the sector, by reprioritizing sanitation as a national goal. This strong policy commitment has the potential to drive impact and success at a truly large scale. New, high-profile government schemes such as Swachh Bharat Abhiyan have underscored the importance of the issue for India's development. Ambitious targets – in 2014, the Prime Minister committed to ending open defecation in India by 2019 – have brought a sense of urgency to solving the problem of poor sanitation.

The **private sector** has also stepped up. Through strategic and extensive CSR programs, leading institutions such as Bank of America, Tata Consultancy Services, and Reckitt Benckiser, among others, have already committed financial and professional resources to the goal of improving sanitation in India. By bringing these resources to the table, the private sector can bring rigor and achieve excellence through strategic partnerships with high-impact non-profit organizations.

Another vital stakeholder in the field is **academia**. By studying sanitation efforts and behavior change initiatives, academics can provide evidence and data that can steer programs to more effective outcomes.

Finally, the **media** – including print, electronic, and online – have an extremely influential role to play, given its ability to influence opinions and habits. By spreading awareness about the importance of sanitation, media houses have the potential to influence large-scale change.

While progress has already been made, one way to accelerate the benefits of this renewed focus is to support programs designed around the needs and preferences of the key beneficiary – adolescent girls. The next chapter will provide an outline of strategic areas of investment to improve sanitation for adolescent girls.

Key Takeaways

In both urban and rural contexts, over 50% of adolescent girls lack access to adequate sanitation facilities. They also suffer from misinformation and silence that typically surrounds good hygiene practices. This gap has a detrimental impact on many areas of an adolescent girl's life, primarily:

IDENTITY
Adolescent girls are more vulnerable than women since they are at a point where they have to deal with a changing physical identity, and have neither been hardened by experience nor have the ability to deal with how others perceive them. Poor access to sanitation and hygiene facilities makes them even more vulnerable to sexual harassment and rape, undermining their confidence and evolution of their changing identity.

HEALTH
The fear of sexual assault, the need for privacy, and the generally unusable state of sanitation facilities results in girls controlling their bladders for as long as 13 hours a day. This has significant, long-lasting repercussions on their overall as well as reproductive and sexual health.

POTENTIAL
Girls tend to miss school an average of three to six days a month due to the inability to effectively manage their menstrual health at school. This eventually contributes to almost 23% of girls dropping out of school on reaching puberty, and in turn, critically undermines their potential as individuals and future workers.
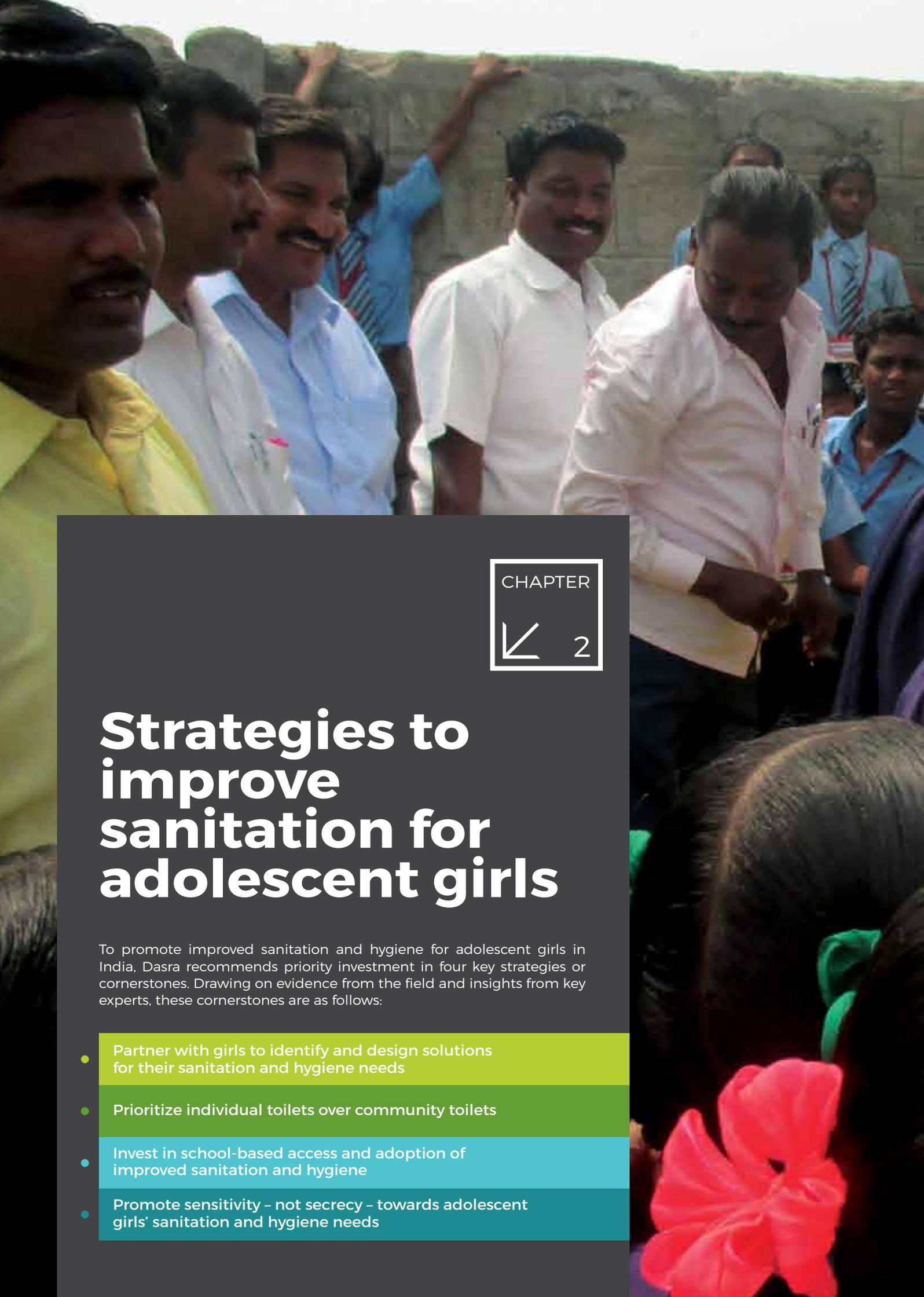
Strategies to improve sanitation for adolescent girls

To promote improved sanitation and hygiene for adolescent girls in India, Dasra recommends priority investment in four key strategies or cornerstones. Drawing on evidence from the field and insights from key experts, these cornerstones are as follows:

- Partner with girls to identify and design solutions for their sanitation and hygiene needs

- Prioritize individual toilets over community toilets

- Invest in school-based access and adoption of improved sanitation and hygiene

- Promote sensitivity – not secrecy – towards adolescent girls' sanitation and hygiene needs

Partner with girls to identify and design solutions for their sanitation and hygiene needs

"Our toilet ventilators face the other building. The uncle there always stands when he sees someone enter the toilet. Sometimes I run out and come back later when he is gone. Sometimes I realize he has been watching standing in his balcony all the while after I am done. Sometimes I just sit on the toilet seat and close my eyes and tell myself that he isn't looking."

The glaring design gap in the toilet discussed above would not have escaped attention had girls been involved in designing the facility. According to the Water Supply and Sanitation Collaborative Council (WSSCC), despite evidence on the effectiveness of this strategy, not enough is done to understand the distinct sanitation and hygiene needs of adolescent girls, and to proactively engage them in designing solutions.[34] This is one of the key reasons why even functional facilities remain unused by girls in schools as well as in communities.[35,36]

A number of non-profits are trying to change this by seeing girls as consumers rather than beneficiaries. These organizations are partnering with girls to assess their needs, identify enablers and disablers, and then co-design responsive solutions for their sanitation needs.

In 2005, when Water for People began providing sanitation facilities in schools in rural West Bengal, uptake was not very high. During periodic reviews, when girls revealed not-so-obvious reasons such as a hesitation to walk past several classrooms to use the toilet, the non-profit realized that no one could judge the sanitation needs of growing girls better than girls themselves. Since then, Water for People and its partners have revisited the strategy for designing toilets in schools. Teachers are now trained to conduct a needs assessment in class, with girls and boys separately discussing and submitting their list of needs and expectations from a good toilet facility. Teachers then analyze submissions across classes and decide the ideal design and location of the facility. This is vetted by school management and checked for technical soundness by engineers, before the designs are finally executed.

Besides involving girls in the design of school toilets, non-profit organization Water for People India also forms Water and Sanitation (WATSAN) committees including students and teachers, to monitor operations and maintenance of the facilities. These committees are also encouraged to decide on a system to stock menstrual hygiene products for students. Additionally, some committees train student members to be peer educators who can advise their fellow students on hygiene.[37,38] By engaging girls in the process of understanding their needs, and identifying and executing solutions, the program ensures that the solutions are not only responsive to girls' needs, but are also carried out through them, in turn building their confidence to problem-solve and ensuring solution sustainability.[39] One case study showcases 10th grader Noor-e-naksima, secretary of a WATSAN committee at Pabdana Hifzul Ullum High School in West Bengal, and explains, "The students now have a new perspective on hygiene, and regular menstrual hygiene education has decreased absenteeism rates among girls."

The potential to engage and empower girls through these committees is evident in the ripple effect Naksima can trigger. "Girl students now get to use sanitary napkins and are aware of how to maintain menstrual hygiene discipline and feel more confident in sharing our issues with teachers," Naksima explains[40]

CASE STUDY
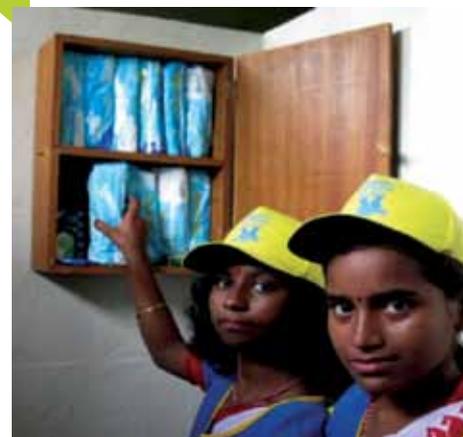
Water for People India

Prioritizing private toilets over community toilets

"We must not tolerate the indignity of homes without toilets"

-Prime Minister Narendra Modi at the launch of Swachh Bharat Abhiyan

It has been sufficiently established that one of the toughest daily experiences for adolescent girls in India is the experience of going out to relieve themselves, be it to community toilets or to open defecation spots.[41,42] The newness of being perceived as a sexual being due to the changes in their physical appearance makes this experience even tougher for growing girls than it is for women who have been hardened by experience. To bring more dignity, comfort and safety to this everyday need of girls, it is critical to prioritize investment in private toilets over community toilets.

According to Water Aid, an international donor organization focused on improving access to water and sanitation, the time is ripe for pushing this agenda as there is growing consensus in the sector to intensify focus on private toilets over community toilets. This is not only because private toilets offer a better sanitation solution for girls and women but also because they are more viable than community toilets. Pratima Joshi, founder of non-profit organization Shelter Associates, explains that individual toilets can be built within a week while a ten-seat community toilet can take up to a year due to bureaucratic red tape. Further, individual toilets prove to be cheaper and more scalable than community toilets in just a few years' time. Finally, private toilets prove more sustainable as they are privately used, owned and maintained, as compared to community toilets that languish due to lack of ownership.[43]

While private toilets seem like an improbable dream in crowded urban slums, some non-profits are working hard to make this a reality in the most unimaginable spaces.

In settlements where Shelter Associates implements its One Home, One Toilet project, houses typically measure no more than 200 sq ft, are built with either solid or makeshift materials, share walls with other houses, and open into cluttered, narrow lanes. One such settlement – Kishkindha Nagar in Pune in Maharashtra state – sits atop a hill.

Settlement dwellers, including young girls, mostly defecate in the garbage dumping area on the hill, as the community toilet block is at the foot of the hill, making it hard to access. Besides being filthy, this open defecation spot also has snakes and scorpions lurking out of sight. However, Mrs. Dabde, a resident and mother of three growing girls, says the more important concern is the men "loitering everywhere around the place of defecation," making it an embarrassing experience for her and her daughters, and preventing them from going there at night. So when Shelter Associates offered Mrs. Dabde's family its cost-sharing model for building a toilet in their house, the family needed no convincing.[44]

Shelter works closely with the community and the municipal corporation to plan and execute individual toilets. Before design, it quickly surveys an area to map out, among other things, existing infrastructure such as sewage networks, ground incline, existing sanitation options, and open defecation spots. It also collects household-level data on parameters including hygiene behavior, existing sanitation facilities, health problems and related expenses, water access, and school days missed due to illness.[45] Both data sets are linked to assess the viability and design of toilets for each home. Before starting toilet construction, Shelter identifies all repairs and modifications needed for the sewage system to support the new

CASE STUDY

**Shelter Associates:
One Home,
One Toilet Project**

toilets, and works with the municipal corporation to ensure these activities follow schedule. Toilet construction then begins, with each household paying around 25% of construction cost, while the non-profit bears the rest.[46]

Since 2010, Shelter has built close to 3,300 individual toilets in these 200 sq. ft. houses, in slums across Pune, Pimpri-Chinchwad and Sangli. Families living in lanes with no sewage lines have been inspired to use Shelter's cost-sharing model to lay down this infrastructure and then have individual toilets constructed in their house, bearing 30% of the cost of both projects.[47]

Mrs. Dabde, and several mothers like her who had toilets built in their house, say the "most important problem has been resolved," now that they have a toilet in their home. They are relieved about both the safety of their daughters, and their own ability to access sanitation at a time of their choice.

To make private toilets in every household a reality, the government is mandating the construction of sewage lines even in non-notified slums. Also, for houses in rural areas or where a sewage network is not available within 30 meters of a house, twin-pit septic tanks are being recommended for construction within the household, offering on-site treatment of the sludge.

More innovation is needed to develop cheaper and more efficient private toilet systems that can be installed in a variety of households, overcoming constraints of space, inadequate drainage and insufficient water, among others. Attention also needs to be paid to improving utilization of these private toilets by all members of the household on all days of the month, not only to promote the cause of girls but to also address the problem of open defecation in the country.

Investing in school-based access and adoption of improved sanitation and hygiene

In a country where 63 million adolescent girls live without toilet facilities in their home, and where 70% of mothers believe menstruation is 'dirty', schools can play a critical role in providing access to improved facilities, in bridging the knowledge gap, and in facilitating the adoption of good sanitation and hygiene practices.[48,49,50,51,52]

The strength of the school platform comes from its ability to make girls part of a collective other than their family, and to promote alternative behaviors and practices through this collective. Effective school-based programs typically begin by helping girls realize that their sanitation concerns are shared by their peers, thereby forging a bond and reducing inhibitions of being stigmatized or mocked by each other. Such programs then work with girls to prioritize these concerns and identify simple solutions that can have significant impact. Once girls see a better alternative to what they have always considered to be the 'norm', the impact is deep and long-lasting.[53]

Convincing even a classroom of girls to adopt improved sanitation and hygiene practices is often equal to building a movement of change agents. Once they step out of the school, they often share their knowledge and alternative experiences not only with their out-of-school peers but also at home. While they may or may not succeed in improving sanitation and hygiene practices in their homes, at least the cycle of ignorance is broken and prevented from being passed on to the next generation.

School-going girls (age 6-17) in Mumbai's Nirmal Nagar slum asked that their schools get separate toilets for girls, which were better than the ones that they already had. "[in cases where schools do have toilets,] school-going girls use their community toilets only in emergencies, mostly setting out for school early to use the school toilets before beginning their day."

Tiwari, P. n.d. Toilet Torture in Mumbai's Slums. Observer Research Foundation

A case study that effectively demonstrates the potential of school-based programs to not only change sanitation and hygiene practices, but attitudes as well, is the UNICEF menstrual hygiene management program, piloted in Tamil Nadu.

Asha, a topper in her class, would have dropped out of school and been married had it not been for a school-based menstrual hygiene management program initiated in 2009, by the Sarva Shiksha Abhiyan program, the Tamil Nadu government and UNICEF, in eight high schools in Krishnagiri, Tamil Nadu. Myths about the 'impurity' of menstruation, poor access to sanitary napkins, and the lack of privacy in unisex toilets were seeing two out of three girls in classes eight and nine miss school during their period. According to Asha's headmaster, a third of these girls would eventually drop out.

To address this, the school-based program targeted menstrual hygiene practices and attitudes through intensive counseling. A counseling team of two female teachers and four female students was trained to teach adolescent girls how to better manage the menstrual process, and dispel myths around menstruation. To help girls practice what they learnt, the program installed vending machines in the girls' toilets to give them private access to sanitary napkins at a subsidized price of INR 2 per piece. It also installed low-cost incinerators and ensured the availability of water and other key sanitation facilities in these toilets.

The program was termed a success by teachers, students and the school management. This was because it not only drastically reduced girls' absenteeism to negligible levels and improved their performance, it also converted girls into change agents, empowered through knowledge and experience.

The intense discussions during the counseling sessions not only dispelled myths around menstruation, it also gave girls the confidence to openly discuss the subject with their family and peers. The improved sanitation and hygiene facilities at school strengthened their conviction that a better alternative to managing their period was possible and available. This led girls to demand toilets at home as well. Their persistence led to over 30 households constructing toilets in the vicinity. While that number may not be big, this girl-led advocacy showed that menstrual hygiene was no longer a taboo subject for the girls to be apologetic or ashamed about. Also, the girls were not content with merely improving their own situation; they began transferring their knowledge to family and peers. Says Ramiah, Asha's peer and a member of the school counseling team,

"(We) feel free to discuss the issue with our mother, elder sisters and other girls in the community. We can guide girls in our community and schools in preparation for their first menstruation cycle. We feel empowered."

At the end of the pilot, the program was scaled up to 150 high schools in Krishnagiri.[54]

CASE STUDY

UNICEF Menstrual Hygiene Management Program

Promoting sensitivity – not secrecy – towards adolescent girls' sanitation and hygiene needs

All the strategies mentioned so far can fail to address girls' sanitation and hygiene needs if those co-habiting with them in school, at home and in the neighborhood are insensitive to these needs or do not know how to react to them. For girls' sanitation and hygiene needs to be understood well and accepted as normal bodily processes, the culture of secrecy surrounding these processes needs to be overhauled.[56]

Numerous efforts are being made to address the taboo with older women of the household who often uphold this culture of secrecy. But too few efforts are directed towards young boys and men who hold a significant place in the lives of growing girls as peers and decision makers, and can help improve the sanitation and hygiene situation for them, if adequately involved. One of the few organizations that has implemented and evaluated this strategy in India is the Lucknow-based non-profit, Vatsalya.[57]

In Lucknow district in Uttar Pradesh, as in most other patriarchal societies in India, girls and women share little about their bodily processes and sanitation needs with men. Processes such as menstruation are considered solely female issues that boys and men do not need to know about. Despite this knowledge vacuum, men in charge of households and schools act as decision makers on the sanitation and hygiene facilities that affect girls and women. To address this, in 2011, Vatsalya partnered with Water Aid to initiate a community-based program on menstrual hygiene management (MHM) and WASH in Lucknow. The program aimed to dispel the culture of silence, and engage men and boys as equal partners in the targeted villages.

Separate groups for boys, men, girls and women were formed in each village. To facilitate open discussion between the project team and stakeholder groups, support groups were formed at the school and community levels. The support groups were sensitized on gender, MHM and WASH issues. They conducted focused group discussions to gather information on each stakeholder group's existing MHM knowledge, attitudes and practices. The support groups then began awareness building on MHM through a host of Information, Education and Communication (IEC) materials.

Vatsalya's WASH brigade

The program initially struggled to broach the subject of MHM with men and boys. By way of course correction, it began by talking about gender issues in general, helping men and boys understand the importance of MHM for girls and women, and the significance of their role in this. For instance, communication in men's groups appealed to their role as guardians of their family, and encouraged them to proactively provide adequate facilities within the household that would help their female family members manage their sanitation and hygiene needs with dignity. Male teachers and school management committee members were engaged through training and awareness-building sessions on how to be intuitive and supportive, rather than hostile to the MHM needs of girls. Boys were engaged through games and videos not only to build their awareness on the subject, but also to cultivate them as change agents within the community.

By 2014, the program was operational in 66 villages in Lucknow. In two and a half years, the program has trained 456 boys and 470 men to support MHM in villages where the topic had previously been taboo. Sanitation facilities were improved in 20 schools, impacting approximately 2,000 adolescent girls and improving their school attendance by 40%. Households began budgeting for sanitary napkins, and unlike in the past, men were open to buying these on behalf of their female family members. Says 20-year old Mohit Gupta from Raitha village in Lucknow: "I feel a welcome change within

myself as I can now talk with the women of my village on the subject of MHM. Women and girls need privacy to change, wash and dispose of sanitary materials during menstruation. As I realized the paramount importance of a toilet, I discussed the issue with my family and now we have a toilet in our home. The women and girls of my family are safe, healthy and above all, can exercise their reproductive health rights without apprehension. I now motivate families and community members about the importance of building toilets in their homes. Now, we have 34 toilets in my village."

Engaging men and boys, and simultaneously training girls and women to replace myths with adequate information on MHM helped break the culture of silence around the issue. Girls and women gradually began to see menstruation as a routine bodily process. The increasing openness of both men and women to discuss the subject with each other, and together implement solutions has helped push the needle from secrecy to sensitivity around MHM in Lucknow.[58]

While the cornerstones discussed above engage the problem from diverse angles, they all advocate for a different approach to addressing adolescent girls' sanitation and hygiene needs. This approach views adolescent girls as end users rather than beneficiaries. It invests in understanding, appreciating and responding to their preferences and constraints, instead of offering them a one-size-fits-all solution.
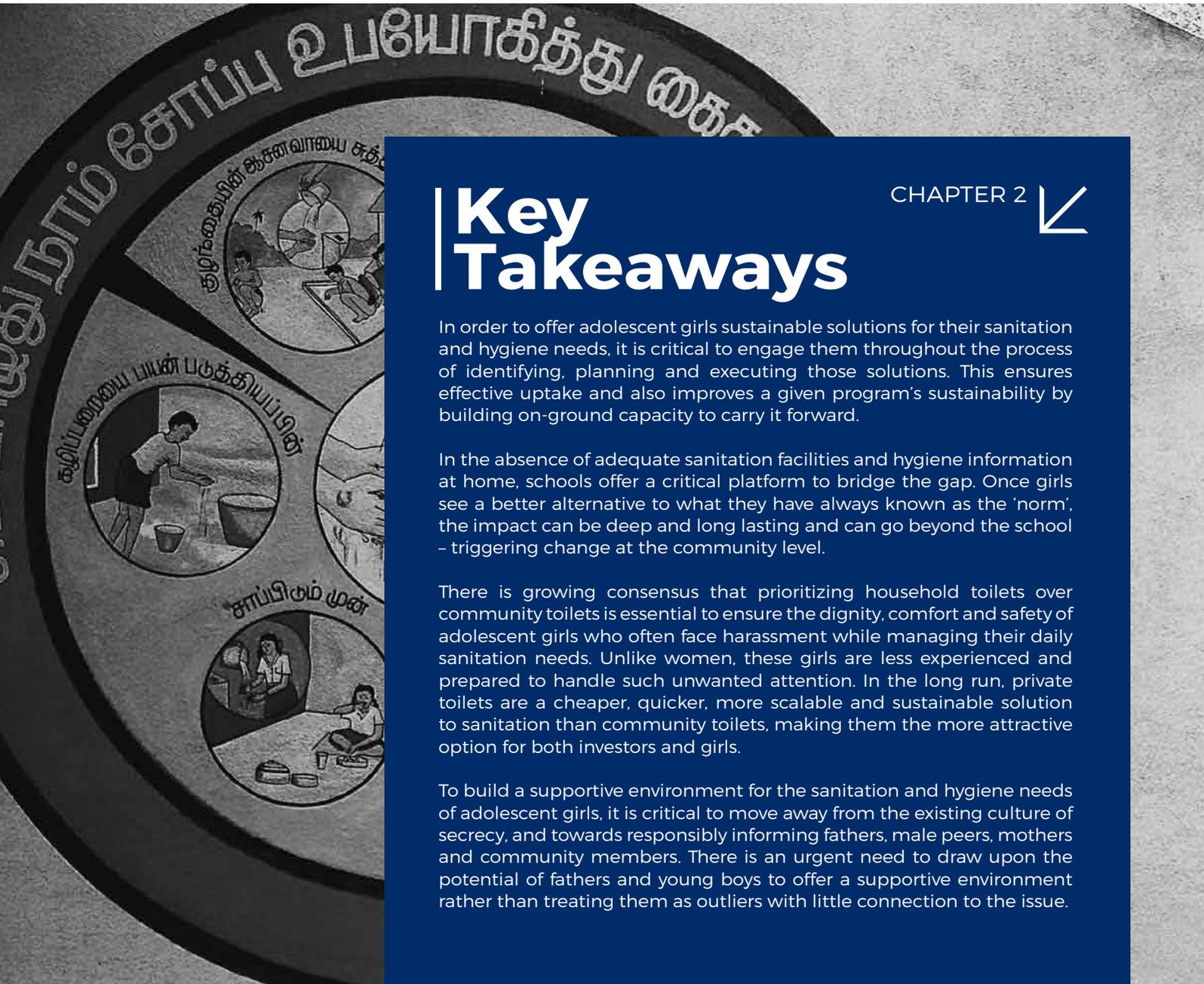
Key Takeaways

In order to offer adolescent girls sustainable solutions for their sanitation and hygiene needs, it is critical to engage them throughout the process of identifying, planning and executing those solutions. This ensures effective uptake and also improves a given program's sustainability by building on-ground capacity to carry it forward.

In the absence of adequate sanitation facilities and hygiene information at home, schools offer a critical platform to bridge the gap. Once girls see a better alternative to what they have always known as the 'norm', the impact can be deep and long lasting and can go beyond the school – triggering change at the community level.

There is growing consensus that prioritizing household toilets over community toilets is essential to ensure the dignity, comfort and safety of adolescent girls who often face harassment while managing their daily sanitation needs. Unlike women, these girls are less experienced and prepared to handle such unwanted attention. In the long run, private toilets are a cheaper, quicker, more scalable and sustainable solution to sanitation than community toilets, making them the more attractive option for both investors and girls.

To build a supportive environment for the sanitation and hygiene needs of adolescent girls, it is critical to move away from the existing culture of secrecy, and towards responsibly informing fathers, male peers, mothers and community members. There is an urgent need to draw upon the potential of fathers and young boys to offer a supportive environment rather than treating them as outliers with little connection to the issue.

Recommendations

In order to achieve improved sanitation and hygiene for adolescent girls, Dasra recommends that funders prioritize programs that adopt the following strategies and approaches:

View girls as end users, not beneficiaries

This report advocates that adolescent girls must be understood as critical end users rather than beneficiaries of sanitation and hygiene services. This involves a shift from the commonly prevailing top-down approach to a targeted one that studies the distinct needs of adolescent girls and offers responsive solutions, while keeping them engaged through the process. In making this shift, non-profits and the government can learn much from the business sector about how it effectively targets a market segment: studying, appealing and responding to the distinct aspirations of the segment, rather than offering a one-size-fits-all product or service.

Target adolescent girls to boost India's sanitation and hygiene achievements

Businesses also often target the market segment that is most likely to adopt its offering. With this perspective, India should be targeting its sanitation and hygiene efforts towards adolescent girls – a cohort that bears the greatest brunt of poor sanitation and hygiene services in India, and is desperate for change. So targeting adolescent girls not only holds the potential to trigger India's achievements in this space in the near future, it also promises intergenerational benefits. Having learnt about and experienced positive alternatives to manage their sanitation and hygiene needs, adolescent girls not only share this in their communities and homes, but also pass this on to the next generation, bringing India a step closer to aspiring to, and achieving, better sanitation and hygiene.

Move beyond the "menstruation hypothesis"

Amidst the dominating conversation about the detrimental educational impacts of poor sanitation on menstruating girls, its varied effects on girls during other days are neglected. Even when not menstruating, girls can exhibit psychosocial stress due to lack of privacy and fear for personal safety as a result of inadequate access to toilets. The absence of clean toilets at school can also prevent girls from eating or drinking during the day, resulting in a number of poor health outcomes such as malnourishment. Given this evidence, we need to expand our current narrow focus on the impact of poor sanitation on menstruating girls, to reflect the crucial role that sanitation plays in the health, safety and privacy of young girls every single day of their lives.

Engage boys and men in addressing girls' hygiene and sanitation needs

Information pertaining to the distinct bodily processes of adolescent girls, and their sanitation and hygiene needs, is often kept away from men and boys, prompting misplaced curiosity and unwanted behaviors such as harassment and mocking of girls. Boys as peers, and men as fathers or guardians, can become critical partners in supporting girls' sanitation and hygiene needs, if they are adequately informed and made aware of their potential contributions.

Engaging, rather than alienating the opposite sex, is especially critical in patriarchal societies like India, where spending decisions affecting girls' sanitation and hygiene status are made by male members of a family. It is also critical to engage young boys whose perception of and reaction to girls significantly affects their self-confidence and perception of self. This crucial yet under-tested component needs greater attention from both non-profits and donors, to push for less secrecy and more support around girls' sanitation and hygiene needs.

Build data for the sector from the ground

Large gaps and inadequacies exist in the scope, depth and quality of data currently available for sanitation and hygiene programs. Still less is known about how these programs affect adolescent girls. There is a need for consensus-building across donors and non-profits, on what constitutes milestones of progress on adolescent girl sanitation and hygiene.

Each program must then use this big picture to identify which of those milestones it seeks to achieve and how. For India to be thinking about sanitation and hygiene for adolescent girls as a sector, it is essential to build a common vision which is then pursued and accounted for by individual stakeholders, using a common language. For sector building, it is also critical that individual programs not only develop evidence pursuing the common vision and language, but also that they make their data available in the public domain, in a form consumable by diverse stakeholders.

| Appendices

Appendix II

Acronyms

ASAL	Ahmedabad Sanitation Action Lab
ASHA	Accredited Social Health Activists
AWASH	Association for Water Sanitation and Hygiene
CAF	Charities Aid Foundation
CBO	Community-based Organization
CBSG	Community Based Savings Group
CII	Confederation of Indian Industry
DCAF	Dasra Capacity Assessment Framework
ECOSAN	Ecological Sanitation
FANSA	Fresh Water Action Network South Asia
GIS	Geographic Information Systems
IAAAG	Improving Awareness and Safe Sanitary Practices among Adolescent Girls
IEC	Information, Education and Communication
MFI	Microfinance Institution
MHM	Menstrual Hygiene Management
MHS	Menstrual Hygiene Scheme
NASS	National Alliance for Social Security
NASVI	National Association of Street Vendors of India
NIWAS	National Institute for Water and Sanitation
PCPNDT	Pre-Conception and Pre-Natal Diagnostic Testing
PMC	Pune Municipal Corporation
RSM	Rural Sanitation Mart
SDMC	School Development and Monitoring Committees
SEWA	Self Employed Women's Association
SHG	Self Help Group
SIDA	Swedish International Development Cooperation Agency
SuSanA	Sustainable Sanitation Alliance
RTI	Reproductive Tract Infection
UNICEF	The United Nations Children's Fund

USAID	United States Agency for International Development
UTI	Urinary Tract Infection
WASH	Water, Sanitation and Hygiene
WATSAN	Water and Sanitation
WSSCC	Water Supply and Sanitation Collaborative Council

Appendix III

Glossary

Accredited Social Health Activists (ASHAs) are community health workers instituted by India's Ministry of Health and Family Welfare as part of its National Rural Health Mission.

Ecological Sanitation (ECOSAN) is an approach which is characterized by a desire to safely "close the loop" (mainly for the nutrients and organic matter) between sanitation and agriculture. ECOSAN systems safely recycle excreta resources (plant nutrients and organic matter) to crop production in such a way that the use of non-renewable resources is minimized.

School Management Committee (SMC) are statutory bodies constituted by the RTE Act of 2009, to act in a supervisory and management capacity for government and government aided schools. The composition of a SMC is as follows:

- Three fourths (75%) of the members of the SMC will be elected from the parents/ guardians of school children. From them 50% will be women. Weaker sections will be represented in the SMC in proportion to their population in the village.
- The remaining strength of the body (one fourth, or 25%) will be local authorities, school teachers, and students.

Rural Sanitation Mart (RSM) is a one-stop-shop in rural areas that provides access to products needed to construct sanitation facilities, maintain these and to maintain personal hygiene. It also acts as a hotspot to motivate villagers to adopt good sanitation and hygiene practices.

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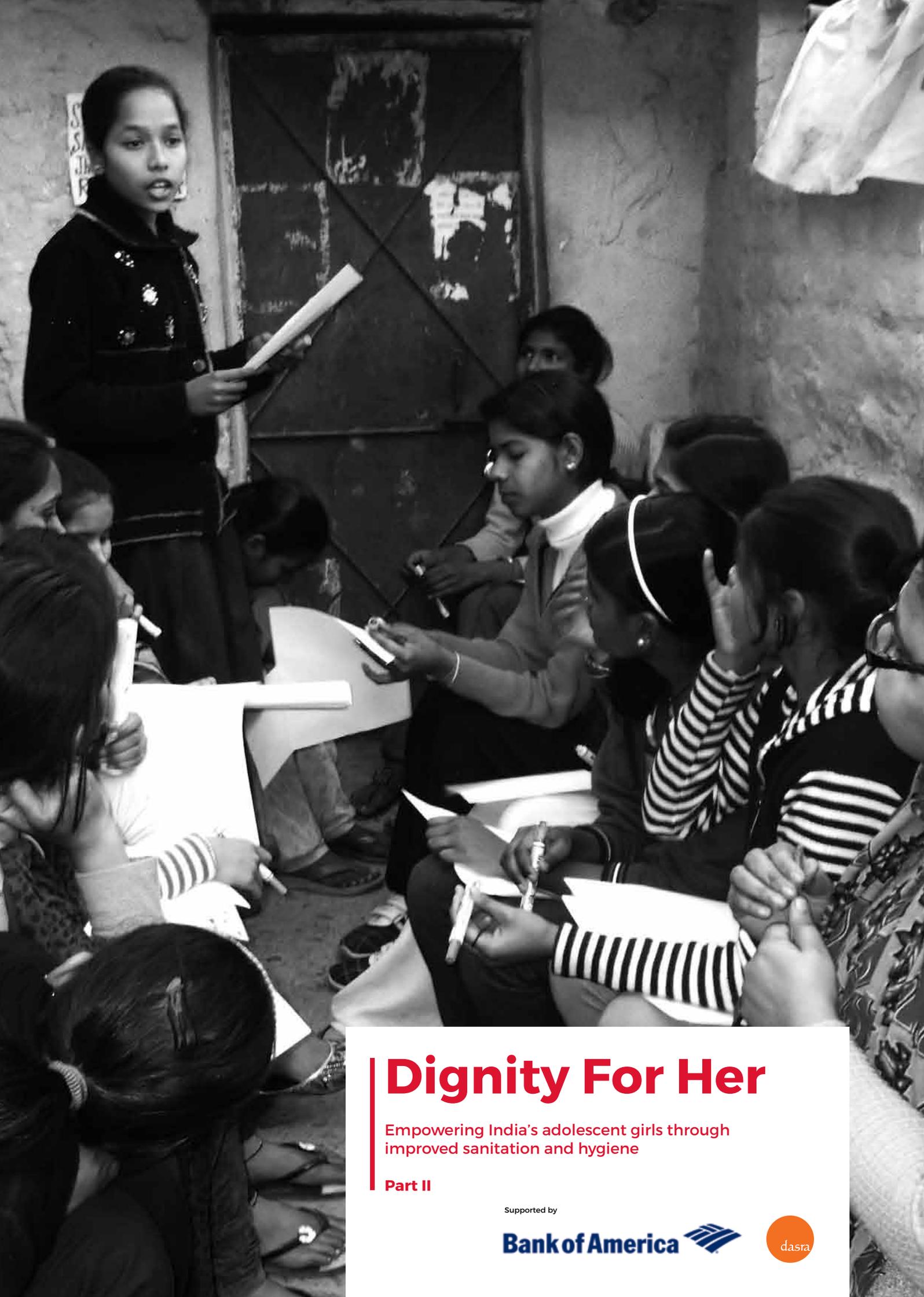
Dignity For Her

Empowering India's adolescent girls through improved sanitation and hygiene

Part II

Table of Contents

Key interventions to spark change

Recognizing that any intervention carried out in isolation will fail to affect sustainable advances in sanitation for adolescent girls, most effective non-profits in India currently focus on both, facilitating access to sanitation infrastructure, and enhancing local motivation and knowledge to drive bottom-up change. With a focus on improving sanitation for adolescent girls, this report has identified 11 key interventions being implemented on the ground.

These interventions have been mapped on the grid on the next page to depict their impact and scalability, relative to each other. Each of these interventions is important in its own right, and required to improve sanitation and hygiene for adolescent girls in India. This grid should be seen as an indicative tool to analyze the potential impact and scalability of each of these interventions. The grid has been created based on field insights, discussions with non-profit leaders and interviews with other key experts.

1.

Providing hygiene education to adolescent girls

2.

Building an enabling environment at the home, school and community level

3.

Providing technical training to key professionals

4.

Facilitating construction of toilets in households

5.

Facilitating construction of community toilets

6.

Facilitating construction of girls' toilets in schools

7. ↙

Building ownership through school and community-based groups

8. ↙

Enabling access to menstrual hygiene management products

9. ↙

Enabling access to funds for construction and repair of sanitation facilities

10. ↙

Disseminating information about a program's effect on adolescent girls

11. ↙

Advocating with the government on policy and plans

For the purpose of mapping interventions on the impact-scalability grid, the following sub-criteria have been considered:

Criteria for Impact:
· Proximity to adolescent girls
· Duration of engagement
· Evidence of effectiveness

Criteria for Scalability:
· Resource intensity
· Gestation period
· Partnerships leveraged

1. Providing hygiene education to adolescent girls
2. Building an enabling environment at the home, school and community level
3. Providing technical training to key professionals
4. Facilitating construction of toilets in households
5. Facilitating construction of community toilets
6. Facilitating construction of girls' toilets in schools
7. Building ownership through school and community-based groups
8. Enabling access to menstrual hygiene management products
9. Enabling access to funds for construction & repair of sanitation facilities
10. Disseminating information about a program's effect on adolescent girls
11. Advocating with the government on policy and plans

SCALABILITY

HIGH

MEDIUM

LOW

IMPACT ON ADOLESCENT GIRLS

LOW   MEDIUM   HIGH

Eight of the eleven interventions have been categorized as medium to high on the combined criteria of impact and scalability, highlighted in the shaded area of the matrix. The most impactful and scalable interventions deal with cultivating the right knowledge and behaviors among adolescent girls and among the key influencers or decision-makers around them. Without developing the aspiration and know-how, it would be impossible to utilize even the best facilities well.

This section elaborates on each of these interventions and showcases relevant learning and case studies from the ground.

1.

Providing hygiene education to adolescent girls
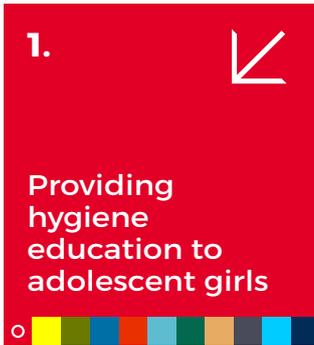
Building infrastructure without educating adolescent girls about the importance of good sanitation and hygiene practices often leads to poor health and hygiene in this group.[1] To address this, effective non-profit programs provide hygiene education to girls, with a specific focus on menstrual hygiene management. This intervention not only informs girls about the strong correlation between hygiene and health, it also educates them on best practices to adopt using available resources.

Non-profits may provide this education through the school platform or may use rallies, posters, street plays and door-to-door visits to raise awareness among out-of-school girls. While in some cases the non-profits themselves conduct these activities directly, most programs work through existing local actors, such as teachers, WASH committees, self-help groups and gram panchayats, which makes the intervention more scalable and sustainable. This is also a highly impactful intervention as it works with the girls themselves to build their know-how and dispel myths that can hold them back from adequate management of their hygiene during and beyond menstruation.

CASE STUDY

Swami Vivekananda Youth Movement (SVYM)

The Swami Vivekananda Youth Movement (SVYM) provides hygiene education, including MHM education, in both schools and communities. In schools, SVYM runs fortnightly hygiene education sessions, with specially developed curriculum that includes songs and games created to impart sanitation teachings. SVYM also trains teachers in these schools to impart the curriculum, and mentor students in the school parliament – especially the health minister that serves as a peer educator for hygiene education sessions.

In communities, SVYM uses rallies, posters, street plays and door-to-door visits to impart hygiene education.

-Site visit to SVYM, 2015

ARSH consultant-NHM discussing our girls on International menstrual hygiene day 28th May 2014

2.

Building an enabling environment at the home, school and community level

To achieve improved sanitation for adolescent girls in India, it is vital to build capacity at the school, home and community levels to understand a girl's distinct sanitation needs and respond to them sensitively. To this end, non-profits often work with mothers, teachers, and community members – and some with fathers and young boys – to build awareness and dispel myths around girls' sanitation and hygiene needs. The ultimate aim is to enable these stakeholders to identify ways to address these needs rather than approach them with ignorance or hostility.

Most programs sensitize teachers towards MHM and train them to transfer this knowledge to students. They work with mothers to address taboos around MHM and with fathers and community-level decision makers to appeal to their role as guardians and mobilize their support for construction of sanitation infrastructure in homes, schools and communities.

Some non-profits also educate adolescent boys on the specific sanitation and hygiene needs of their female counterparts, teaching them to show support rather than insensitivity towards these needs. Creating an enabling environment around adolescent girls is one of the most impactful interventions, without which girls will be unable to practice the knowledge that they have gained. The sensitization process is not very resource-intensive either, making this a highly scalable intervention as well.

CASE STUDY

Water for People India

Through their "Everyone Forever" program, Water for People India provides clean water and improved sanitation facilities to everyone in their program areas, including at the home, school and community levels, in a sustainable way. To this aim, Water for People India brings together a wide range of stakeholders to promote sanitation and hygiene awareness in a holistic way. This approach is able to convince each stakeholder, including teachers and parents, as well as businesses and community leaders to foreground the issue of sanitation, and address girls' needs rather than approach them with hostility.

-Site visit to Water for People, 2015

3.

Providing technical training to key professionals

Successful implementation and sustainability of sanitation programs largely depends on the level of technical know-how within the community. The non-profits profiled in this report train a variety of stakeholders to implement sanitation and hygiene-related activities effectively.

For instance, some non-profits train shopkeepers to feel comfortable stocking and selling sanitation products and encourage them to proactively share best practices on MHM with customers. Some train masons to recognize the relative pros and cons of various hardware models and to build these in a sustainable manner. Others train toilet cleaners in effective operations and maintenance of facilities in schools and communities.

Although some programs generate income from providing these trainings, most conduct them as part of their regular program activities. While highly scalable, this intervention has a medium-level impact on the sanitation and hygiene of adolescent girls, as it engages professionals who do not fall in the first circle of influencers or decision-makers around the girl.

CASE STUDY

Gramalaya

In 2015, the Government's Ministry of Drinking Water and Sanitation recognized Gramalaya as a key resource center to provide training and capacity building to a host of stakeholders in four states in India in the sanitation space. One example is Gramalaya's training to masons to understand the various types of toilet models available, how to ensure cost-effectiveness through local sourcing of materials, and how to construct each model with technical soundness. It does this by conducting lectures and interactive discussions, as well as inviting masons to its toilet technology park, which displays a wide range of toilet models. Such training eventually improves sanitation through the construction of toilet facilities customized to local needs.

- Gramalaya. Strategic Directions 2015-19: Shared Vision, Empowered Communities.
- Site visit to Gramalaya, 2015

4.

Facilitating construction of toilets in homes

A number of non-profits are prioritizing construction of household toilets over community toilets, especially keeping women and girls in mind. Some programs survey existing infrastructure, such as sewage and water pipes in the community, to identify which households are covered by it and which are not.

Households are then sensitized to the need for individual toilets, and a needs assessment is conducted with interested households to assess the family's sanitation needs and preferences. Programs may also offer affordable building materials, work with masons and sometimes community members to ensure quality construction and repair. The most comprehensive programs accompany the construction of household toilets with information on operating and maintaining them to ensure maximum durability.

Household toilets directly impact the adolescent girl by providing her a safer, more private place to manage her needs compared to open outdoor spaces or community toilets, making this a high-impact intervention. However, it is a relatively more resource-intensive intervention and less scalable than those impacting knowledge and behaviors.

CASE STUDY

Shelter Associates

Shelter Associates focuses solely on building household toilets in slums in Pune, Pimpri Chinchwad and Sangli. It uses a highly data-driven approach for its 'One Home One Toilet' project, making individual facilities available within slum dwellings as small as 200 sq ft. It first identifies existing settlements using municipal information, conducts surveys to understand physical conditions in the settlement and the resources available.

It then records this information in a computerized database, capturing indicators such as number of existing toilets, ground incline, availability of sewage networks. Next, Shelter prepares ward, zone and city-level maps and integrates the data into a Geographical Information System, in which they can be efficiently analyzed to assess appropriate solutions for each dwelling. Before starting construction, Shelter identifies repairs needed to the existing infrastructure to support the new toilets, and works with the municipal corporation to ensure this. It then begins household toilet construction, bearing approximately 75% of the cost, sourcing the remaining funds from households.

- Site visit to Shelter Associates, 2015

CASE STUDY

Sabuj Sangha

To develop a sustainable delivery mechanism for sanitation materials in rural West Bengal, Sabuj Sangha operates Rural Sanitary Marts (RSM) that sell materials for construction and maintenance of household toilets at subsidized rates. Individuals entitled to government subsidies for setting up household toilets are served through these marts, while the ineligible get technical guidance and support from the outlets. Sabuj Sangha also trains community members stationed at the marts to encourage safe sanitation and hygiene practices among customers and to provide technical advice on installation and maintenance of toilets. Adjacent to the RSM, it creates a gallery displaying a variety of toilet models for prospective customers to choose from, depending on their design preferences and financial capacity. So far, Sabuj Sangha has facilitated the construction of 7,486 household toilets through its RSM model.

- Site visit to Sabuj Sangha, 2015

5.

Facilitating construction of community toilets

While ideally private toilets should be prioritized over community toilets, sometimes the latter is the only option, given space constraints or lack of basic infrastructure for household toilets. This is more so the case in urban slums in India, and there community toilets may offer the only alternative to open defecation, which is even more dangerous from a girl's dignity, safety and health perspective.

To facilitate construction of community toilets, non-profits work to get permission from local government agencies, assess the most appropriate sanitation solution for the given community, provide masons with building materials and technical training on methods of construction, and in some cases, even directly take on construction. This is the least impactful among infrastructure-related interventions, due to its poor response to a girl's need for privacy and adequate infrastructure. It is also low on scalability, given the time and resources it takes to first get government sanctions, and then frequently repair the facility – which soon becomes defunct due to overuse and lack of ownership resulting in poor maintenance.

CASE STUDY

Wherever the Need

Wherever the Need (WTN) identifies highly congested urban slums across Tamil Nadu and Puducherry that lack adequate sanitation infrastructure. It then employs staff from the local community to manage the day-to-day running of the program, training them in areas such as maintenance of toilets, health and safety, and monitoring and evaluation.

Next, it designs and constructs EcoSan community toilets within the slums. These are non-flushing toilets that transform human waste into compost, which WTN then provides to farmers to fertilize crops. It has developed permanent EcoSan toilets in rural areas and portable versions for urban slums. The portable nature of these toilets greatly benefits slum dwellers who hesitate to invest in permanent sanitation structures due to uncertainty of their land tenure and space limitations.

The model is beginning to test sustainability through sale of the compost by-product and employment of paid maintenance staff from the community. In 2014-15, WTN constructed 34 EcoSan toilets, benefiting over 1,200 urban slum dwellers.

- Site visit to Wherever the Need, 2015

6.

Facilitating construction of girls' toilets in schools

The absence of girls' toilets in schools significantly restricts their chances of continuing education post-puberty, and contributes to the 23% school dropout rate among girls reaching puberty in India. Distinct needs in terms of desired hygiene and cleanliness levels, a safe space to manage their hygiene needs and access to facilities such as running water and bins, make it difficult for adolescent girls to use sex-neutral toilet facilities in schools.

Some non-profits address this by facilitating the construction of school toilets that are not only sex-specific but also geared to the distinct needs of adolescent girls. Some programs may approach the school management directly, while others first get buy-in from local government bodies to ease their entry into local schools, as well as expedite reimbursement of construction costs.

While some programs engage female students and teachers to identify toilet design preferences, others encourage the school to adopt the design mandated by the government for girls' toilets, which include facilities such as incinerators. Programs then oversee construction of facilities according to a given design, and the most effective programs supplement this with development of robust, in-house committees for operations and maintenance of these facilities. This is a highly impactful intervention, directly addressing girls' sanitation and hygiene needs in a targeted manner. It is also most scalable among infrastructure-related interventions as it leverages existing government funds mandated for school toilets, is able to work with multiple schools by engaging with one local government body, and can therefore, reach more girls through each construction, compared to household toilets.

CASE STUDY

Swami Vivekananda Youth Movement (SVYM)

As part of its Nirmalya Vahini program, Swami Vivekananda Youth Movement (SVYM) works to build sex-specific toilets in schools across Karnataka. Its model begins with liaising with government officials for permission to implement the program in government schools. Once the schools are identified, SVYM works with headmasters to get their buy-in and decides on the location and design of toilet facilities. Next, it mobilizes workers and funds to begin construction, helping the school management compare the various government schemes they can avail of. It then works with School Development and Monitoring Committees, which include students, teachers and parents, to plan operation and maintenance of these school toilets. So far, SVYM has built approximately 460 sex-specific toilets in schools across Karnataka, reaching 27,828 adolescent girls.

- Site visit to Swami Vivekananda Youth Movement, 2015

7.

Building ownership through school and community-based groups

Despite large investments in building sanitation systems, a considerable proportion of them fall out of use soon after their construction. The reasons include poor needs-assessment and design, and the lack of accountability among users as well as operators.[2] To address this, some non-profits have organized members into school and community-based groups that can be engaged in the planning, design, operations and maintenance of constructed infrastructure. The objective is to enable the community to identify solutions for their own sanitation needs and to take ownership of such solutions, so the program can be sustained even after the non-profit exits the site.

At the school level, non-profits create or leverage existing water and sanitation (WATSAN) committees that engage adolescent girls and female teachers in designing facilities sensitive to girls' needs. WATSAN committees are also entrusted with planning and ensuring smooth operations and maintenance of these facilities, continually seeking support from school management committees. In some programs, WATSAN committee members are trained as peer educators, to inculcate good sanitation and hygiene behaviors among their peers.

Some non-profits build ownership through creating or leveraging existing community-based organizations (CBOs). With sustainability in mind, these programs enable CBOs, often led by women and adolescent girls, to mobilize community support, liaise with the government to get their entitlements, plan and undertake construction of facilities, delegate and supervise operation and maintenance of facilities, and create and manage project funds.

This intervention is high on impact and scalability as it builds local capacity to adequately understand and respond to the sanitation and hygiene needs of adolescent girls, creating greater independence and sustainability.

CASE STUDY

Gramalaya

Gramalaya works to empower communities in Tamil Nadu by helping to create and train Association for Water Sanitation and Hygiene (AWASH) committees, comprising community members including adolescent girls, and led by an elected member of the gram panchayat. After three days of training from Gramalaya, these committees act as change agents and conduct daily household visits for the first year, after which they conduct monthly visits.

Gramalaya also conducts focused group discussions with community members, including groups of adolescent girls. These visits and discussions are focused on educating the community about the importance of good sanitation and hygiene practices, and generating demand for adequate sanitation infrastructure.

The organization also connects individuals to Microfinance Institutions (MFIs) such as its sister organization, Guardian MFI, to enable loans for the construction of toilets, and provides information to individuals about relevant government schemes for obtaining reimbursements post-construction. Gramalaya field workers regularly monitor the activities and progress made by AWASH workers.

- Site visit to Gramalaya, 2015

8.

Enabling access to menstrual hygiene management products

Inadequate access to safe, convenient, affordable and culturally appropriate methods for managing menstruation has significant implications for the physical, social and mental wellbeing of adolescent girls. Non-profits in India address this by establishing a supply chain to facilitate access to sanitary napkins to the end user. These napkins – disposable or reusable – may either be produced in-house, through schools or SHGs, or be sourced from a vendor at wholesale prices. These are then made available to adolescent girls by encouraging schools, government health workers and/or local shopkeepers to sell these products. Given how directly this intervention affects a girl's hygiene needs, it is highly impactful. However, its resource intensity and the number of partnerships needed to maintain smooth functioning of the supply chain makes the intervention much harder to scale.

CASE STUDY

Gujarat Mahila Housing SEWA Trust (MHT)

To facilitate better menstrual hygiene management in the slums of Ahmedabad, Gujarat Mahila Housing SEWA Trust (MHT) launched a pilot in 2015 to test the uptake – with mothers and daughters – of washable cloth pads sourced from the social enterprise, EcoFemme. With the success of the pilot, MHT decided to establish a supply chain to source these pads from EcoFemme, and make them available to all girls and women in the community, through local shops. Women and girls are now trained as social entrepreneurs to stock and sell these pads in the community. In 2-3 years, MHT aims to expand the program to all the seven states that it covers.

- **Site visit to Gujarat Mahila Housing SEWA Trust**

9.

Enabling access to funds for construction and repair of sanitation facilities

Funding is a significant barrier for households looking to invest in sanitation infrastructure. While funding from government schemes is an option, this amount is often reimbursed post-construction. This is why non-profits play a major role in facilitating upfront access to funds, and may also help cover costs that are not paid for by the government.

Programs typically do this through a cost sharing model with communities and schools, in which they facilitate access to a portion of the funds and mobilize the community to invest the balance. Some non-profits also provide loans either directly or by liaising with MFIs. Even among non-profits providing loans themselves, some assign the loan through the non-profit entity itself, others operate through a distinct but associated Microfinance Institution (MFI).

Loans are usually provided for less than three years, with 12 months being a commonly encountered tenure for MFIs. Loan amounts are typically around INR 10,000, although this could be higher for larger investments. Repayment rates for private loans have been consistently high, recording over 96% in 2011.[3]

This intervention's scalability is largely affected by the gestation period, which is the time this intervention would take to demonstrate impact on sanitation and hygiene among adolescent girls. It is also affected by the various partnerships that need to be struck and managed to ensure smooth flow of funds to schools and households. This intervention also holds the promise of impact, which can however only be fulfilled if the funds are adequately utilized for construction of quality household or school toilets.

CASE STUDY

Nidan

Nidan, in collaboration with Aga Khan Foundation, creates and supports Community-Based Savings Groups (CBSGs) across Bihar, to facilitate community access to funds for a range of purposes including construction of toilets.

Each CBSG usually comprises 15 to 25 individuals who deposit savings, which are pooled together and then lent out internally at a mutually

agreed upon interest rate. A management committee is elected to establish policies about savings. At the end of a one-year cycle, the group closes its books. Members' savings, plus some amount of interest earned from the group's internal lending, are then returned to its members, and the group either disbands or reconstitutes itself to begin another cycle of saving and lending.

To facilitate the savings and lending process, Nidan delivers a Financial Literacy Training package, imparting messages on financial planning, cash flow, budgeting, savings and debt to CBSG members through a comprehensive, story-based, interactive curriculum. It has also established an MFI called Nidan Microfinance Foundation. Nidan also holds discussions with various CBOs to generate awareness about the process of obtaining reimbursements for toilet construction through relevant government schemes.

- Site visit to Nidan, 2015

10.

Disseminating information about a program's effect on adolescent girls

Although the sanitation dialog in India has been active for years, with some programs even addressing adolescent girls among other cohorts, there is very little information available in the public domain on how different approaches and activities affect sanitation and hygiene outcomes among adolescent girls.

While a number of non-profits record output-level data for their program – such as number of adolescent girls reached or number of female toilets constructed in schools – outcome-level programmatic evidence is harder to find. Outcome-level data includes indicators such as percentage increase in girls using school toilets, or increase in number of girls who have adopted safe menstrual hygiene practices. Still fewer non-profits record long-term impact evidence that documents, for instance, improvement in girls' health outcomes due to better access and utilization of school toilets.

While creating robust evidence across levels needs significant human and capital resources; it is an investment worth prioritizing, as it allows data-driven decisions for the future course of a non-profit program. The potential impact of this intervention is further leveraged when this evidence is made available in the public domain, in an easily consumable form, so that aspiring programs can learn from tested approaches that may have succeeded or failed.

CASE STUDY

Vatsalya

In addition to gathering quantitative data on its program outreach, Vatsalya also collects qualitative information on the outcomes of its Breaking Silence program through focus group discussions, individual interviews and case studies, and makes these available on its website. This includes information such as usage of toilets, reduction in girls' absence in school, and increase in awareness of menstrual hygiene management (MHM) after conducting hygiene education sessions.

In partnership with other scholars, Vatsalya has published an article "Putting the men into menstruation: the role of men and boys in community menstrual hygiene management" in the Waterlines Journal, documenting its success in engaging boys and men in MHM awareness sessions through its program in Uttar Pradesh. Vatsalya's founder - Neelam Singh - regularly speaks about her organization's work at a number of forums and meetings attended by government officials, investors, and other non-profits.

-Site visit to Vatsalya, 2015

11.

Advocating with the government on policy and plans

Non-profits play a pivotal role in interfacing with all levels of the government – local, state and national – to negotiate for policies and plans that respond to girls' sanitation needs, even in the most underprivileged of communities. While some non-profits directly advocate using their research and program findings, other programs educate community members – including adolescent girls – on their entitlements, and build their capacity to negotiate for them in formal and informal settings. While advocacy takes a long time to demonstrate impact, it is an important intervention that allows learning from the ground to influence policy, which in turn can create positive impact at scale.

CASE STUDY

Gujarat Mahila Housing SEWA Trust (MHT)

Recognizing the weak voice that marginalized women have in shaping city-level development plans, Gujarat's MHT decided to develop grassroots women's leadership, and empower these women to participate in framing policies, laws and schemes that determine the development of their communities.

Through its Parivartan program in Ahmedabad, MHT organizes women and girls into CBOs at the slum level, provides mentorship and consolidates them into city-wide federations called Vikasinis. It then holds regular meetings and workshops with these federations to provide them information about various government schemes and mentor them to advocate for pro-poor, city-level development plans. So far, it has trained 1,239 adolescent girls to influence city-level plans through these Vikasinis.

- Site visit to Gujarat Mahila Housing SEWA Trust, 2015

Changemakers

During the course of this research, Dasra mapped over 300 organizations in the sanitation and hygiene sector in India. Following a comprehensive diligence process that evaluates the program, leadership and organizational strengths of these entities, eight non-profits have been shortlisted and profiled in this report. The chart on the next page maps these organizations to the interventions discussed in the preceding section.
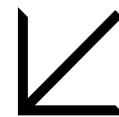
	CFAR	Gramalaya	Gujarat Mahila Housing SEWA Trust	Nidan	Shelter Associates	SVYM	Vatsalya	Wherever the Need
Providing hygiene education to adolescent girls	●	●	●	●	●	●	●	●
Building an enabling environment at the home, school and community level	●	●	●	●		●	●	●
Providing technical training to key professionals	●	●	●	●	●	●	●	
Facilitating construction of toilets in households		●	●	●	●	●		●
Facilitating construction of community toilets	●	●					●	●
Facilitating construction of girls' toilets in schools		●	●	●		●	●	●
Building ownership through school and community-based groups	●	●	●	●	●	●	●	●
Enabling access to menstrual hygiene management products		●	●				●	●
Enabling access to funds for construction & repair of sanitation facilities		●	●	●	●	●	●	●
Disseminating information about the program's effect on adolescent girls		●	●	●			●	●
Advocating with the government on policy and plans	●	●	●	●	●	●	●	●

Centre for Advocacy and Research (CFAR)
www.cfar.org.in

Centre for Advocacy and Research
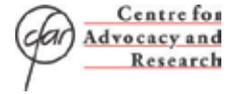
Organization Overview
Founded: 1998 | **Head Office:** New Delhi | **Coverage:** 10 states across India | **Full Time Staff:** 122
Budget (2014-15): INR 8 Crore (USD 1.2 Million)

CFAR is committed to advancing the rights of marginalized groups including girls, the urban poor, and sexual minorities through research and advocacy. It develops synergies between these marginalized groups, the media and local government bodies through partnerships and capacity building at various levels. CFAR ensures that engagement between the above stakeholders is founded on strong evidence and research.

Program Overview: Coverage: New Delhi, Rajasthan, West Bengal **Full Time Program Staff:** 32
Budget (2014-15): INR 1 Crore (USD 150,000)

THE PROBLEM
Despite rapid urbanization, the basic sanitation needs of millions of women and girls in urban slums have remained unmet. A lack of access to adequate sanitation and low awareness of healthy hygiene practices, leads to women and girls being extremely vulnerable to several diseases and disorders.

CFAR'S RESPONSE
CFAR addresses the sanitation and hygiene needs of young girls in urban slums by raising awareness through focused group discussions. It mobilizes communities to generate demand for sanitation and at the same time, works with the state local bodies and government to sensitize and push them to effectively respond to needs.

How did it evolve?

1998	2000	2006	2012
Began with a focus on empowering women through media advocacy; leveraged media influence on popular and political consciousness to influence gender issues.	Expanded focus to integrate public and policy advocacy. Focused on issues such as the representation of women in decision making bodies.	Enabled women in slums in Delhi to identify issues, form Community Based Organizations (CBOs) to interact with and demand rights from local bodies and the government, and conduct community monitoring. Sanitation is identified as a key concern.	Intensified work in WASH across 8 clusters in Kolkata, 27 slums in Delhi and 9 slums in Jaipur with support from Bill and Melinda Gates Foundation. Created adolescent girl groups to act as community change agents.

What does it do?
CFAR's WASH program, active in the slums of Delhi, Kolkata and Jaipur, is a community mobilization initiative consisting of the following steps:

- **Creating forums, groups and CBOs:** CFAR field workers create women groups, youth groups and adolescent girl forums to sensitize members on the need for sanitation, basic hygiene and maintaining adequate infrastructure.

  - Adolescent girl forums (comprising 15-16 girls on average) are conducted once a week to discuss issues specific to menstrual hygiene management, usage of toilets and hand-washing. These forums also address other issues such as eve teasing, child marriage and girl-child education.
  - CFAR engages girls as change agents by encouraging community interaction through street plays and interactive games.

- **Providing capacity building support:** CFAR works with these groups and builds their capacity to liaise with the government, by helping them write petitions and applications, and directing them to the right urban bodies. Simultaneously, it interacts with government officials, sensitizing them towards the needs of slum dwellers with the aim of catalyzing action.

- **Facilitating interaction:** CFAR facilitates interactions between these forums and relevant local bodies, by actively leveraging research and evidence such as from surveys and report cards, as tools to drive discussions between these two parties on WASH entitlements such as sewage connection and community toilets.

Key Interventions
The interventions undertaken by the organization are highlighted in orange below:

1) **Providing hygiene education to adolescent girls**
2) **Building an enabling environment at the home, school and community level**
3) **Providing technical training to key professionals**
4) Facilitating construction of toilets in households
5) **Facilitating construction of community toilets**
6) Facilitating construction of girls' toilets in schools
7) **Building ownership through school and community-based groups**
8) Enabling access to menstrual hygiene management products
9) Enabling access to funds for construction & repair of sanitation facilities
10) Disseminating information about program's effect on adolescent girls
11) **Advocating with the government on policy and plans**

What has it achieved?

- In 2014-15, the program reached out to 1,076 adolescent girls directly through interactions in forum groups and trainings; over 400 girls were trained on interpersonal skills, and interfacing with government systems.
- It has reached out to over 5,600 girls, providing them with low-cost sanitary napkins and life skills education across Delhi, Kolkata and Jaipur.
- As a result of interactions between the community and local urban bodies, CFAR has consistently advocated for the construction and repair of 73 community toilets in Delhi, serving a population of over 1 lakh.

What next?

- In the next three years, CFAR plans to expand to two towns in Tamil Nadu as well as intensify its work in Delhi, Jaipur and Kolkata, increasing its outreach to 108 settlements.
- It is looking to intensify its focus on menstrual hygiene management in the expanded areas.
- CFAR is piloting the concept of 'positive deviance' in one slum; this entails leveraging existing healthy sanitation and hygiene practices within a given community, to transfer them to others in the community. Over the next three years, subject to the success of the pilot, it plans to make positive deviance a core element of its interventions.

Adolescent girl training organized by CFAR on Menstrual Hygiene in the slum of Jhalana Kunda, Jaipur.

Quality Indicators

Leadership
Akhila Sivadas, Founder and Executive Director, CFAR
- Received an MPhil degree from Jawaharlal Nehru University.
- Developed a framework for "Media Engagement on Human Rights, Sexual Orientation and Gender Identity in South Asia" in partnership with UNDP.

Partnerships
- **Partners:** J-PAL has partnered with CFAR to facilitate community interactions for Project Samman (2015).
- **Funders:** BMGF, Ford Foundation and the Government of Delhi.

Endorsements
- CFAR is a member of the Rajasthan State Committee and of the District Committees in Delhi South and South West districts for Inspection and Monitoring of pre-conception and pre-natal diagnostic testing (PCPNDT).

Voices from the Ground

"I was told by my mother that it's not healthy to bathe while menstruating. She said that bathing during such days can lead to severe headache. However, after attending the CFAR session I learnt about the importance of cleanliness especially while menstruating. Now I bathe regularly on the days I am menstruating and take special care to keep myself clean."

– **Gulfasha, 17 years old, JP Colony, Jaipur**

Voices from the Team

"CFAR's vision is to embed deliberations on policy, program and interventions to advance strategies for adolescent girls on sanitation and hygiene, in particular menstrual hygiene management and life skill training. What differentiates us is our ability to make effective communication the cornerstone of our work with both policy - makers and community, and ensure timely and meaningful interactions between them."

– **Akhila Sivadas, Executive Director**

Gramalaya

www.gramalaya.in

Gramalaya - Tiruchirappalli
கிராமாலயா - திருச்சிராப்பள்ளி

Organization Overview

Founded: 1987 | **Head Office:** Tiruchirappalli,Tamil Nadu | **Coverage: :** Tamil Nadu, Karnataka, Andhra Pradesh, Telangana | **Full Time Staff:** 39 | **Budget (2014-15):** INR 1.8 Crore (USD 270,000)

Gramalaya envisions a society in which all people have equal rights and access to water and sanitation, health and improved income status without gender discrimination. Gramalaya has implemented innovative models such as micro-finance for sanitation, child friendly toilets, and school health programs primarily across five districts in Tamil Nadu. It provides WASH training to government officials in Karnataka, Andhra Pradesh and Telangana.

Program Overview: Coverage: Tamil Nadu | **Full Time Program Staff:** 39
Budget (2014-15): INR 1.1 Crore (USD 165,000)

THE PROBLEM
Open defecation is widespread in India and creates serious risks for adolescent girls. It leads to safety concerns as girls have to walk far from home to defecate as well as increased health issues such as bladder infections as girls avoid relieving themselves regularly due to lack of privacy outdoors.

GRAMALAYA'S RESPONSE
Gramalaya works directly and through partner NGOs with communities and schools to design and construct WASH facilities. They use a community led approach, to encourage ownership of toilets and develop sustainable hygiene practices. They build the capacity of government officials to implement effective WASH interventions.

How did it evolve?

1987-1989	1990-2002	2002-2007	2008-2015
Started its work providing safe drinking water supplies to rural areas in Tamil Nadu. It realized that open defecation was contaminating the ground water supplies and there was a need to build toilets.	WaterAid came in as a core donor and supported Gramalaya to develop WASH programs focused on community led approaches in schools and communities.	Water.org started to fund Gramalaya in 2002 and helped develop its individual loan model for toilet construction through interaction with Micro-Finance Institutions (MFIs). In 2007, Gramalaya created a sister MFI called Guardian.	Increased focus on capacity building and technical support to partners in addition to program implementation; became a nodal agency to government officials in 3 southern states in 2015.

What does it do?

Gramalaya's three year NGO-MFI model aims to provide sustainable sanitation solutions. It works directly and through partners to implement a Community Led Total Sanitation (CLTS) approach to mobilise communities and schools to eliminate open defecation.

- Gramalaya enters a community and conducts meetings about the importance of WASH. It performs a mapping exercise with the community to help them identify basic sanitation needs. Together they develop a strategy to eliminate open defection.

- Gramalaya assists with the creation and training of Association for Water, Sanitation and Hygiene (AWASH) committees, consisting of community members including adolescent girls, who conduct household visits and focused group discussions to educate the community about WASH using materials developed by Gramalaya. They connect individuals to MFIs such as Guardian to enable loan provision for the construction of toilets. Gramalaya monitors AWASH committees and provides technical assistance to individuals in terms of toilet design and location.

- Simultaneously, it conducts weekly hygiene education sessions in schools and trains teachers to do the same. Gramalaya facilitates the formation of School Health Clubs, run by adolescent school children, who monitor sanitation behaviors. Gramalaya aids construction or repair of these facilities in schools.

- Gramalaya links schools and communities with the Swachh Bharat Abhiyan to enable reimbursement for toilet construction.

Key Interventions

The interventions undertaken by the organization are highlighted in orange below:

1) Providing hygiene education to adolescent girls

2) Building an enabling environment at the home, school and community level

3) Providing technical training to key professionals

4) Facilitating construction of toilets in households

5) Facilitating construction of community toilets

6) Facilitating construction of girls' toilets in schools

7) Building ownership through school and community-based groups

8) Enabling access to menstrual hygiene management products

9) Enabling access to funds for construction & repair of sanitation facilities

10) Disseminating information about program's effect on adolescent girls

11) Advocating with the government on policy and plans

What has it achieved?

- In 2014- 2015, Gramalaya reached around 21,000 adolescent girls through hygiene awareness and provision of sanitation infrastructure in communities and schools. It has built more than 100,000 toilets till date.
- In 2015, the Ministry of Drinking Water and Sanitation, Government of India appointed Gramalaya as the National Key Resource Centre for providing WASH training and capacity building to senior government officials and NGOs in Andhra Pradesh, Karnataka and Tamil Nadu. Gramalaya has also established its own training and demonstration center, the National Institute for Water and Sanitation (NIWAS) in Tiruchirappalli district.
- Has assisted 47 rural villages and 100 slums to become open defecation free in Tiruchirappalli District.

What next?

- Gramalaya plans to construct 10 million toilets across 10 states in the next five years in line with the Government of India's Swachch Bharat Abhiyan. To meet this target it plans to identify non-profits and MFIs in India working in the WASH space and provide them with capacity building in the areas of technical skills, professional development and financial support to accelerate effective toilet construction. This will provide 10 million families with safe and sustainable sanitation infrastructure.
- Gramalaya will continue to act as a national nodal agency to mobilize funds and extend technical support to NGOs, government and others. It will also invest time in advocacy efforts at the community, district and national level to promote effective WASH policies.

A family posing with their individual toilet which was built with
Gramalaya's support - Tiruchirappalli, Tamil Nadu

Quality Indicators

Leadership

Mr. S. Damodaran, Founder and Director
- Previously country director for Water.org in India.
- Established NIWAS, a WASH training resource center approved by Government of India.
- Member of the national-level Task Force, Ministry of Urban Development, Government of India.

Partnerships

- **Partners:** Ministry of Drinking Water and Sanitation - Government of India, Government of Tamil Nadu, Guardian MFI, and over 100 NGOs and MFIs through providing capacity building support.
- **Funders:** UNICEF, WaterAid - UK, Water.org, Arghyam, Charities Aid Foundation (CAF), Confederation of Indian Industry (CII).

Endorsements

- Awarded the National Urban Water Award – Runner Up (2010) for its urban sanitation initiatives.

Voices from the Ground

"I learnt menstrual hygiene messages from the health session organized at our school by Gramalaya. I felt the importance of privacy for myself and my family. We have constructed a toilet with bathroom with the motivation given by Gramalaya."

– G.Thenmozhil , adolescent girl, Sennagarai Village, Tamil Nadu.

"I have motivated my mother to build a toilet since I faced the problem of venomous insects when I defecate outdoors. My mother constructed a toilet with a loan from Guardian."

- A. Jeeva, adolescent girl, Sennagarai Village

Voices from the Team

"Sanitation provides safety, security and privacy for women and children. Gramalaya envisions a society in which all people will have safe sanitation, adequate water and hygiene facilities that empower individuals and communities. Gramalaya has successfully demonstrated sanitation models over the past 25 years and plans to expand these to other parts of India including capacity building and support services to other organizations interested in the sector. The support from donor organizations will help Gramalaya to achieve its goals."

– S. Damodaran, Founder

Gujarat Mahila Housing Sewa Trust (MHT)
www.mahilahousingtrust.org

Organization Overview
Founded: 1994 | **Head Office:** Ahmedabad | **Coverage:** Gujarat, Bihar, Madhya Pradesh, Delhi, Rajasthan, Jharkhand and Odisha | **Full Time Staff:** 70 | **Budget (2014-15):** INR 3 Crore (USD 450,000)

MHT was established in 1994 as an autonomous organization promoted by the Self Employed Women's Association (SEWA) to convert slums into residential societies. A key aspect of this objective is to ensure adequate water and sanitation in slums. MHT works to achieve this through community-based organizations (CBOs) led by women and adolescent girls.

Program Overview:
Coverage: 7 states | **Full Time Program Staff:** 56 | **Budget (2014-15):** 1.3 Crore (USD 195,000)
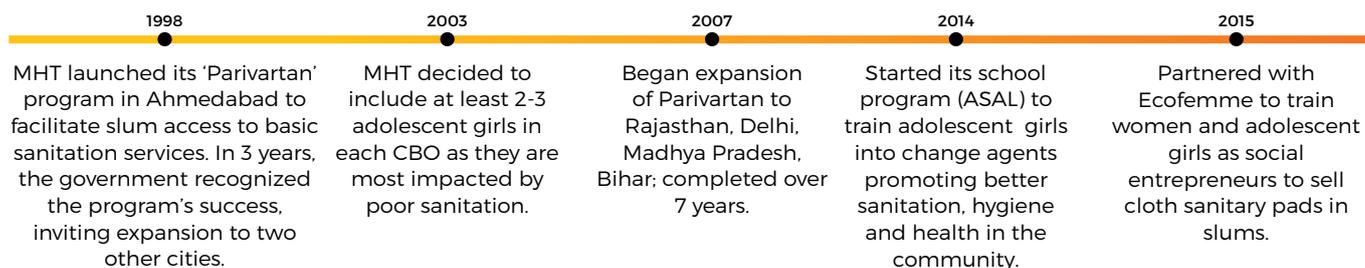
THE PROBLEM
Government infrastructure in urban slums is restricted to notified slums and to building community toilets, which are mostly dilapidated. Poor knowledge of the issue and entitlements, as well as limited finances, prevents building of private sanitation facilities; this affects women more than others.

MHT'S RESPONSE
MHT implements a two-pronged strategy that:
(a) mobilizes and empowers the women and girls to advocate for improved water and sanitation services
(b) demonstrates change through direct construction of water and sanitation infrastructure in slum households through leveraging Government funds.

How did it evolve?

1998	2003	2007	2014	2015
MHT launched its 'Parivartan' program in Ahmedabad to facilitate slum access to basic sanitation services. In 3 years, the government recognized the program's success, inviting expansion to two other cities.	MHT decided to include at least 2-3 adolescent girls in each CBO as they are most impacted by poor sanitation.	Began expansion of Parivartan to Rajasthan, Delhi, Madhya Pradesh, Bihar; completed over 7 years.	Started its school program (ASAL) to train adolescent girls into change agents promoting better sanitation, hygiene and health in the community.	Partnered with Ecofemme to train women and adolescent girls as social entrepreneurs to sell cloth sanitary pads in slums.

What does it do?
MHT works in slum communities and schools to improve the sanitation and hygiene status of the poor, especially women and girls.

- Parivartan is MHT's largest sanitation endeavor. It is a community program that is committed to providing six basic services to each household, including an individual toilet, sewer connection and water connection, among others. For this, the program organizes women and adolescent girls into CBOs, conducts demand generation activities and trains members to plan and undertake construction of the infrastructure based on a needs-assessment. Each household pays one-third of the cost while MHT facilitates the remainder from municipal funds. Since 2004, the program has developed 413 CBOs in 895 slums with 4892 CBO leaders.

- MHT further consolidates and mentors CBOs into city-wide federations called Vikasinis that provide pro-poor inputs to city-level development plans. 1239 adolescent girls have been trained in influencing city-level plans through these Vikasinis.

- MHT is also training women and adolescent girls into social entrepreneurs to sell washable cloth pads produced by Ecofemme, to ensure better MHM for females in their slum.

- MHT has piloted a program in 5 schools of Ahmedabad, to train adolescent girls in health, sanitation and hygiene with the aim of converting them into change agents for their communities.

Key Interventions
The interventions undertaken by the organization are highlighted in orange below:

1) Providing hygiene education to adolescent girls
2) Building an enabling environment at the home, school and community level
3) Providing technical training to key professionals
4) Facilitating construction of toilets in households
5) Facilitating construction of community toilets
6) Facilitating construction of girls' toilets in schools
7) Building ownership through school and community-based groups
8) Enabling access to menstrual hygiene management products
9) Enabling access to funds for construction & repair of sanitation facilities
10) Disseminating information about program's effect on adolescent girls
11) Advocating with the government on policy and plans

What has it achieved?

- MHT works with 20 municipal corporations across India.
- Since 2004, Parivartan has provided 88,266 adolescent girls with access to household sanitation facilities across 12 cities and seven states of India, of which ~5,000 were reached in 2014-15.
- Adolescent girls and their families have benefited through MHT's schools and community- based sanitation programs, witnessing a 56% reduction in medical expenses pertaining to these girls and an increase in their school attendance from 66% to 72%, as per an internal review.
- CBOs led by women and adolescent girls have so far mobilized ~INR 42 crores from the community, to build household sanitation facilities. Another INR 20 crores have been mobilized through government subsidies by the CBOs.

What next?

- MHT is working to build a more comprehensive sanitation program centered around youth and adolescent girls. Going beyond infrastructure development, it seeks to train youth in water scarcity management and in addressing sanitation-related diseases, among other components, to build more resilient communities for the future.
- Over the next 3 years, MHT plans to expand its school program to the Bharuch district and its social entrepreneurship program (for sale of cloth sanitary pads) to all 7 states it covers.

Adolescent girls are being trained on formation of CBOs and on good sanitation and hygiene practices

Quality Indicators

Leadership

Bijal Brahmbhatt, Director
- A civil engineer with over 15 years of experience in water, sanitation and housing development.
- She has been selected for the Global Fellowship Program on Social Innovation, 2015.

Partnerships

- **Partners:** 20 municipal corporations across India, Ecofemme, WEIGO, Asian Coalition of Housing Rights Public Health Foundation of India, among others.
  Funders: Gates Foundation, Dell Foundation, Sir Ratan Tata Trust.

Endorsements

- Awarded the 'Dubai best practices award' in 2006.
- MHT won the "Asian Urban Resilience Award 2014" presented by USAID, UN Habitat, UNDP and Pulse Lab Jakarta in October 2014.
- Selected as one of the winning teams of the Global Resilience Challenge (an initiative of the Rockefeller Foundation, USAID & SIDA).

Voices from the Ground

"Earlier, I used to go to the toilet in the forest, a kilometer away from my home. Early mornings were dark and fearful. Now I don't have to go out anytime of the day, because I have all the facilities at home. I can give more time to my studies."

- Adolescent member of a CBO

Voices from the Team

"We ENGAGE, We ENABLE, We EMPOWER (women as well as girls) to get a Dignified home, Dignified work and therefore a Dignified life"

- Bijal Brahmbhatt, Director

Nidan
www.nidan.in

nidan

Organization Overview
Founded: 1995 | **Head Office:** Patna | **Coverage:** : Bihar, Jharkhand, Haryana, Uttar Pradesh, Madhya Pradesh, Delhi, Uttarakhand, Rajasthan, Punjab | **Full Time Staff:** 315 | **Budget (2014-15):** INR 14 Crore (USD 2.1 Million)

Nidan works to empower poor and marginalized communities through community based and pro-poor participatory interventions in the fields of education, livelihoods, health, sanitation and financial services. It actively works with the government to advocate for policy changes to influence government funding across all these areas. Over the last 18 years, it has expanded from Bihar to eight other states.
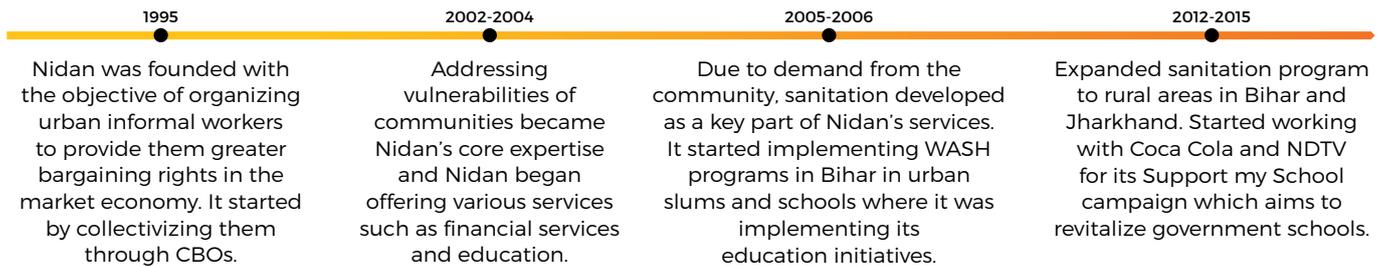
Program Overview: Coverage: Bihar, Jharkhand | **Full Time Program Staff:** 25
Budget (2014-15): INR 4.2 Crore (USD 630,000)

THE PROBLEM
Open defecation and poor hygiene practices are prolific in India due to a lack of sanitation infrastructure and awareness about these issues. This leads to serious health and safety consequences, especially for girls, such as increased risk of diarrhoea and harassment when relieving themselves outdoors.

NIDAN'S RESPONSE
Nidan leverages community-based organizations (CBOs) to spread sanitation and hygiene awareness in communities. It links CBOs to relevant government schemes to enable construction of sanitation facilities in individual households. Nidan also works in schools to improve WASH awareness and construction.

How did it evolve?

1995	2002-2004	2005-2006	2012-2015
Nidan was founded with the objective of organizing urban informal workers to provide them greater bargaining rights in the market economy. It started by collectivizing them through CBOs.	Addressing vulnerabilities of communities became Nidan's core expertise and Nidan began offering various services such as financial services and education.	Due to demand from the community, sanitation developed as a key part of Nidan's services. It started implementing WASH programs in Bihar in urban slums and schools where it was implementing its education initiatives.	Expanded sanitation program to rural areas in Bihar and Jharkhand. Started working with Coca Cola and NDTV for its Support my School campaign which aims to revitalize government schools.

What does it do?
Nidan facilitates construction of sanitation facilities and builds WASH awareness in urban and rural areas in Bihar and Jharkhand.

Community WASH Intervention
· Nidan enters a community and conducts a needs assessment to assess the status of sanitation facilities and usage.
· Nidan facilitates monthly meetings with various CBOs such as adolescent girl groups to educate the community about WASH.
· Nidan helps form community Water and Sanitation Committees who conduct household visits to educate families about WASH and provide linkages with loans through community saving cooperatives to enable toilet construction. Nidan facilitates linkages with Swachh Bharat Abhiyan to enable reimbursements of INR 12,000 to individuals post toilet construction
· Nidan identifies masons in the communities and trains them to effectively construct and maintain toilets.

School WASH Intervention
· Nidan facilitates construction and maintenance of sanitation infrastructure and builds awareness in 285 schools. It conducts hygiene education sessions, trains teachers to do the same and forms WATSAN committees consisting of children, including adolescent girls responsible for the maintenance of sanitation facilities. It also works in 15 schools through Coca Cola's and NDTV's Support My School campaign to improve sanitation awareness and WASH and school infrastructure.

Key Interventions
The interventions undertaken by the organization are highlighted in orange below:

1) **Providing hygiene education to adolescent girls**
2) **Building an enabling environment at the home, school and community level**
3) **Providing technical training to key professionals**
4) **Facilitating construction of toilets in households**
5) Facilitating construction of community toilets
6) **Facilitating construction of girls' toilets in schools**
7) **Building ownership through school and community-based groups**
8) Enabling access to menstrual hygiene management products
9) **Enabling access to funds for construction & repair of sanitation facilities**
10) **Disseminating information about program's effect on adolescent girls**
11) **Advocating with the government on policy and plans**

What has it achieved?

- Through its sanitation program, Nidan currently reaches out to 125 slums, 400 villages and 300 schools across eight districts in Bihar and two districts in Jharkhand. The district of Dhanbad in Jharkhand has engaged Nidan as a technical expert to make the entire district 100% open defecation free by 2017.
- In 2014-2015, Nidan reached more than 20,000 adolescent girls through WASH awareness and construction of toilets in communities and schools. It has engaged with 64 adolescent girl groups comprising of more than 400 girls to spread sanitation awareness
- Since 2005, it has constructed 10,000 toilets in communities and more than 300 toilets in schools.

What next?

- Nidan is looking to expand its community and school sanitation programs in the districts they are already present in and to new states. Nidan already has a presence in nine states through other community programs and will leverage existing infrastructure to implement safe sanitation in these areas.
- Nidan plans to create a micro-finance institution (MFI) fund and integrate this with its sanitation program to allow loan provision to individuals looking to construct a toilet.
- Nidan is looking to develop its menstrual hygiene interventions; for example it wants to set up incinerators alongside its school toilets to avoid problems caused by improper disposal of sanitary pads.

Standing next to her household toilet which was built with Nidan's help, Patna, Bihar.

Quality Indicators

Leadership

Arbind Singh, Executive Director

- Eisenhower Fellow, Ashoka Fellow and received the Social Entrepreneur of the Year award by the Schwab Foundation (2009).
- Co-ordinator of the National Association of Street Vendors of India (NASVI) and Convener of the National Alliance for Social Security (NASS), a network of trade unions of informal workers.

Partnerships

- **Partners:** Various departments within the Government of Bihar such as Urban Development, Education, Drinking Water and Sanitation.
- **Funders:** WaterAid, Global Sanitation Fund, Plan India, Finnish Society, Coca Cola and NDTV (for the Support my School campaign), Charities Aid Foundation.

Endorsements

- Awarded the Skoll Award for Social Entrepreneurship (2012).

Voices from the Ground

"Bhaiya from Nidan has made us aware about the ill effects of open defecation and the diseases that can be caused. Now even villagers have started thinking about the importance of constructing toilets at home, and are taking loans from banks to do so."

- **Anjali Kumari, Child Club member, Bihar**

"Earlier we did not think about cleanliness and sanitation issues but after joining the children's club we are aware of these issues – now we wash our hands with soap and use toilets."

- **Ajay Kumar, Child Club monitor, Bihar**

Voices from the Team

"While mobilizing resources for our work is a constant challenge, we find inspiration in the communities we engage to grow and expand our initiatives, and the strength to overcome the challenges we face. We do not view the community and the government as 'stakeholders' but rather as relationships to be fostered towards the socio-economic empowerment of all. This has been, and will continue to be, Nidan's driving force in the coming future"

- **Ratnish Verma, State Program Manager – Bihar**

Shelter Associates
www.shelter-associates.org

Organization Overview
Founded: 1993 | **Head Office:** Pune | **Coverage:** Maharashtra | **Full Time Staff:** 40
Budget (2014-15): INR 2.1 Crore (USD 315,000)

Shelter Associates, based in Pune with operations in four cities of Maharashtra, works to improve the quality of life of the urban poor in India through the delivery of low-cost housing and sanitation solutions in urban slums. Shelter has a unique data driven approach, facilitated by a strong technology platform, where GIS (Geographic Information System) technology is used to map urban slums to identify critical gaps in the infrastructure.

Program Overview: **Coverage:** Maharashtra | **Full Time Program Staff:** 40
Budget (2014-15): INR 2.1 Crore (USD 315,000)

THE PROBLEM
80 million Indians living in urban slums do not have access to safe toilets. Defecating in the open puts women and girls at the risk of sexual harassment and physical assault. To reduce the need to defecate, many girls restrict their food and drink intake, severely impacting their health and cognitive development.

SHELTER ASSOCIATES' RESPONSE
Shelter's 'One Home One Toilet' model provides individual household toilets in urban slums. While providing safe sanitation, Shelter also undertakes health and hygiene workshops with women, adolescent girls and children, for behavior change.

How did it evolve?

1993	1996-2009	2010	2014-2015
Founded by a group of architects and planners who wanted to improve the quality of life of the urban poor.	Rehabilitated urban poor by providing housing and constructing community toilets in urban slums.	Identified the need to focus on individual toilets as a safer, healthier and more convenient sanitation solution for urban communities. Started to provide toilets to households in Pune.	Signed MoUs with 3 urban local bodies, scaled 'One Home One Toilet' project to 4 cities of Maharashtra; provided toilets to over 4,200 families; started impact evaluation study to assess gender related outcomes of program.

What does it do?

- **Working with the local government:** Shelter works very closely with urban local bodies to construct and repair drainage infrastructure in slums, and to enable the construction of individual toilets.

- **Use of technology and robust data:** Shelter undertakes city-wide GIS (Geographic Information Systems) mapping followed by a slum and household level socio-economic survey. Later on, every family that is provided with a toilet is marked out on the map, making it a transparent system of service delivery.

- **Construction of individual toilets:** Families in vulnerable urban slums are provided individual toilets using a cost-sharing model (~75% cost borne by Shelter and ~25% by the household) to build the family's sense of ownership over the toilet. Having a toilet inside the home allows the women and girls of the household to use it at their convenience without having to worry about their safety.

- **Understanding challenges faced by women and girls:** Shelter conducts focus-group discussions with women and girls to better understand problems faced by them in the community. This information enables Shelter to target the most vulnerable households and educate them about WASH.

- **Measuring the impact on women and girls:** Shelter has undertaken a third-party evaluation to measure the impact of its program on women's and girls' safety, hygiene practices, prevalence of water-borne diseases, and attitude towards sanitation.

Key Interventions
The interventions undertaken by the organization are highlighted in orange below:

1) **Providing hygiene education to adolescent girls**
2) **Building an enabling environment at the home, school and community level**
3) **Providing technical training to key professionals**
4) **Facilitating construction of toilets in households**
5) **Facilitating construction of community toilets**
6) Facilitating construction of girls' toilets in schools
7) Building ownership through school and community-based groups
8) **Enabling access to menstrual hygiene management products**
9) Enabling access to funds for construction & repair of sanitation facilities
10) **Disseminating information about program's effect on adolescent girls**
11) **Advocating with the government on policy and plans**

What has it achieved?

- Over the past five years, Shelter has provided individual toilets to 4,200 families from vulnerable slums across four cities of Maharashtra, directly impacting the lives of over 4,000 adolescent girls and over 20,000 individuals, who would otherwise defecate in the open or depend on unhygienic or dilapidated community toilet blocks.
- Shelter has completed city-wide GIS mapping of 3 cities in Maharashtra, which enables Shelter, other NGOs and the local government to better plan sanitation interventions and other urban development projects.
- Shelter's advocacy efforts over the past year has resulted in the Pune Municipal Corporation (PMC) allocating over INR 2 crores of its own budget for individual toilets in the slums of Pune.

What next?

Over the next three years, Shelter Associates aims to:

- Scale Shelter's presence to 10 cities, thereby magnifying its influence in the urban sanitation sector, by directly impacting 6,600 families and leveraging support for many others through government programs. This will ensure better safety and health outcomes for over 8,000 adolescent girls.
- Leverage significant government funds available through Swachh Bharat Mission for building household toilets, enabling Shelter to scale rapidly and have greater penetration.
- Build a technology platform that will hold city, slum and household data across cities, for more efficient and transparent interventions. This system will be handed over to the government in the long-term.

A woman from a slum in Pune uses her new household toilet for the first time.

Quality Indicators

Leadership

Pratima Joshi, Founder, Executive Director

- Has 25 years of experience in low-cost housing and sanitation.
- Is an Ashoka Fellow, Aga Khan Scholar, only Indian to speak at the 24th World Congress of Architects (Tokyo).

Partnerships

- **Partners:** Urban local bodies of four cities in Maharashtra for program implementation; Gokhale Institute (Pune) to measure the impact of the program, particularly on women and girls.
- **Funders:** Google, Tata Trusts, Alfa Laval, Yardi, Dasra, HT Parekh Foundation.

Endorsements

- Google Earth Heroes' for their pioneering use of Google Earth and winner of Google Impact Challenge.
- Best Practices Award for Low Cost Sanitation solutions by Housing & Urban Development Corporation.
- Dasra Giving Circle winner on Urban Sanitation in India

Voices from the Ground

"We were afraid of defecating in the open and we worried for the safety of the young girls in the family, since there are men loitering around the place of defecation. Now, we can use the toilet in the night as well. It is a great relief. Now we do not have to worry for the safety of our daughter anymore."

- Tukaram Edage, Kishkindha Nagar Slum, Pune.

Voices from the Team

"Partnerships, behavior change and the use of technology are at the core of Shelter's intervention for better and safer sanitation in urban slums of India. Our data driven systems and processes will enable government programs, such as the Swachh Bharat Mission, to be more effective, impactful and transparent."

- Pratima Joshi, Founder and Executive Director.

Swami Vivekananda Youth Movement (SVYM)
www.svym.org

Organization Overview
Founded: 1984 | **Head Office:** Sargur, Karnataka | **Coverage:** Karnataka
Full Time Staff: 387 | **Budget (2014-15):** INR 29 Crore (USD 4.4 Million)

SVYM runs 8 institutions including schools and hospitals and has more than 50 programs in the areas of health, education, and community development across Karnataka. It facilitates community efforts toward sustainability, self-reliance and empowerment by engaging in research, implementation, training of local groups, capacity building, and government advocacy. Its WASH programs are undertaken as part of its broader health initiatives.

Program Overview: **Coverage:** Karnataka
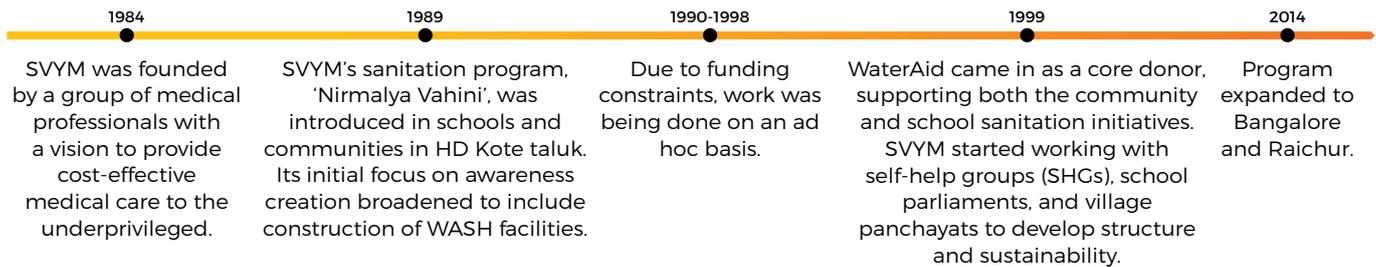**Full Time Program Staff:** 42 | **Budget (2014-15):** INR 1 Crore (USD 150,000)

THE PROBLEM
Lack of sanitation infrastructure and poor awareness about the importance of healthy sanitation and hygiene practices lead to poor health outcomes, frequent harassment of girls who are forced to defecate in the open, and absence from school for an average of 5-6 days per month during girls' menstruation.

SVYM'S RESPONSE
SVYM works in communities and schools to create awareness about WASH, facilitate the construction of sanitation infrastructure, and build the capacity of local groups to operate and maintain facilities. To promote sustainability, it encourages them to take ownership of facilities and activities.

How did it evolve?

1984	1989	1990-1998	1999	2014
SVYM was founded by a group of medical professionals with a vision to provide cost-effective medical care to the underprivileged.	SVYM's sanitation program, 'Nirmalya Vahini', was introduced in schools and communities in HD Kote taluk. Its initial focus on awareness creation broadened to include construction of WASH facilities.	Due to funding constraints, work was being done on an ad hoc basis.	WaterAid came in as a core donor, supporting both the community and school sanitation initiatives. SVYM started working with self-help groups (SHGs), school parliaments, and village panchayats to develop structure and sustainability.	Program expanded to Bangalore and Raichur.

What does it do?
The program in its current stage is present in Bangalore and Raichur. It aims to generate demand for WASH infrastructure and facilitate access to improved sanitation facilities in schools and communities over a period of 3 to 5 years through:

- **Conducting a needs assessment:** SVYM carries out baseline and endline surveys to understand students' and communities' needs, knowledge and practices around WASH.
- **Creating awareness:** SVYM builds awareness about WASH amongst school and community members by engaging them in activities such as street plays, songs and rallies. In schools, it conducts fortnightly hygiene education sessions including menstrual hygiene management sessions for girls, and trains teachers to do the same. In communities, it works largely through village panchayats to spread this awareness.
- **Facilitating construction of sanitation facilities:** SVYM engages in a cost sharing agreement with communities and schools, providing partial monetary support for constructing sanitation facilities and helping them to mobilize funds. SVYM also assists in identifying and training masons for constructing facilities.
- **Building capacity for operation and maintenance of facilities:** SVYM builds ownership for maintaining sanitation facilities in schools and communities. It trains school parliaments (with a 50% membership of adolescent girls), School Development and Monitoring Committees (SDMCs), SHGs, and village health committees on technical aspects of operation and maintenance.

Key Interventions
The interventions undertaken by the organization are highlighted in orange below:

1) Providing hygiene education to adolescent girls

2) Building an enabling environment at the home, school and community level

3) Providing technical training to key professionals

4) Facilitating construction of toilets in households

5) Facilitating construction of community toilets

6) Facilitating construction of girls' toilets in schools

7) Building ownership through school and community-based groups

8) Enabling access to menstrual hygiene management products

9) Enabling access to funds for construction & repair of sanitation facilities

10) Disseminating information about program's effect on adolescent girls

11) Advocating with the government on policy and plans

What has it achieved?

- Till date, SVYM has reached 27,828 adolescent girls in 460 schools by facilitating the construction of facilities and generating hygiene awareness. It reached 15,427 girls in 211 schools in 2014-15.
- Through its community based program, SVYM engaged 17,000 community members in awareness building and training on technical aspects of maintaining facilities, and facilitated the construction of 531 toilets in 2014-15.
- In 2014-15, SVYM trained 518 teachers and 1,847 government officials in the technical aspects of operating and maintaining facilities and spreading awareness about sanitation issues.

What next?

- SVYM plans to expand its Nirmalya Vahini program to areas in northern Karnataka, beginning with Bijapur, Yadgir and Koppal districts, which currently demonstrate very poor WASH indicators.
- The organization envisions a stronger integration between its sanitation and education programs. This involves formalizing and digitizing its hygiene education curriculum and rolling it out to a greater number of schools.
- SVYM aims to develop at least 50 model schools in each taluk in Raichur by 2018. Within sanitation, model schools are defined by having features such as adequate water supply and sanitation facilities, sex specific toilets, functional school parliaments and SDMCs.

Adolescent girls using a hand wash facility at a government high school in Goraguntepalya, Bangalore

Quality Indicators

Leadership

Dr. M. A. Balasubramanya, CEO
- Anesthesiologist by training and founding secretary of the Indian Medical Association, Sargur branch.
- Recipient of the Paul Harris Fellow award from Rotary International.

Partnerships

- **Partners:** Ministry of Drinking Water and Sanitation, Government of India and Government of Karnataka.
- **Funders:** Government of Karnataka, Government of India, WaterAid India, Fresh Water Action Network South Asia (FANSA).

Endorsements

- Received the Best NGO India Award by The Resource Alliance (2015).
- Received an award from Credibility Alliance India for transparency and integrity in program reporting.
- Received the Karnataka State Child Welfare Award (2008).

Voices from the Ground

"My daughter has made a pit outside the house, and whatever waste or dust collects inside the house, she will clean it, put it in that and burn it. She will say that in our school they do it like this. After that she will come inside the house and wash her hands with soap and water. She will tell us to cut our nails and then wash our hands with soap".

- Geeta Shanthu, HD Kote District, Mysore

Voices from the Team

"The learnings and success from our WASH interventions at HD Kote taluk, one of the most backward taluks in Karnataka, has allowed us to replicate the program in Raichur District. We want to leverage our credibility and trusted position within the community and government to scale up our field interventions to other parts of Karnataka and our capacity building initiatives to national level."

- Dr. M. A. Balasubramanya, CEO

Vatsalya
www.vatsalya.org.in

Organization Overview
Founded: 1995 | **Head Office:** Lucknow | **Coverage:** Uttar Pradesh | **Full Time Staff:** 51
Budget (2014-15): INR 3.15 Crore (USD 472,500)

Vatsalya strives to improve health and social development outcomes of communities, with a focus on uplifting women and children. It achieves this through research, advocacy, program implementation, trainings and capacity building of Community Based Organizations (CBOs). It works on issues such as preventingsex-selective abortion, nutrition, child-rights protection, child survival and sanitation.

Program Overview: **Coverage:** Uttar Pradesh | **Full Time Program Staff:** 34
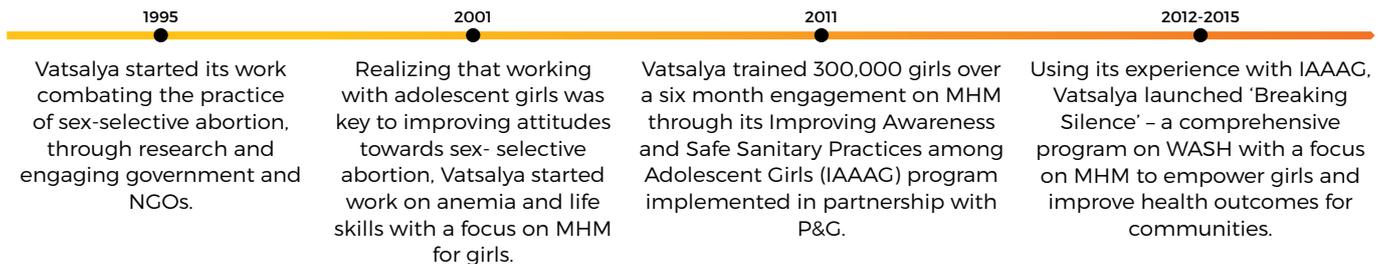**Budget (2014-15):** INR 57 lakh (USD 85,500)

THE PROBLEM
Communities and schools lack toilets, safe water and hygiene education programs meaning that adolescent girls have low awareness on menstrual hygiene and are compelled to manage their menstrual cycles without the privacy of toilets. This results in poor health, girls dropping out of school and loss of dignity.

VATSALYA'S RESPONSE
Vatsalya works in communities and schools to increase the awareness of girls, women, boys, and men on WASH and menstrual hygiene management (MHM) issues. It assists in the construction and repair of toilets and safe water facilities. It also enables access to sanitary napkins by training women shopkeepers.

How did it evolve?

1995
Vatsalya started its work combating the practice of sex-selective abortion, through research and engaging government and NGOs.

2001
Realizing that working with adolescent girls was key to improving attitudes towards sex- selective abortion, Vatsalya started work on anemia and life skills with a focus on MHM for girls.

2011
Vatsalya trained 300,000 girls over a six month engagement on MHM through its Improving Awareness and Safe Sanitary Practices among Adolescent Girls (IAAAG) program implemented in partnership with P&G.

2012-2015
Using its experience with IAAAG, Vatsalya launched 'Breaking Silence' – a comprehensive program on WASH with a focus on MHM to empower girls and improve health outcomes for communities.

What does it do?
The 'Breaking Silence' program, implemented in two districts - Lucknow and Jaunpur – has reached out to over 20,000 adolescent girls with the aim of improving the health and dignity of girls and women through the following model:

- **Enabling behavior change:** Vatsalya engages groups of adolescent girls and boys, women and men through interactive sessions to raise awareness about sanitation and menstruation.

- **Facilitating access to sanitary napkins:** Vatsalya encourages women shopkeepers to sell sanitary napkins. These shopkeepers are trained, alongside government health workers (ASHAs), to serve as experts in MHM and share best practices with the girls.

- **Constructing and repairing sanitation facilities in schools and communities:** It helps communities construct and take ownership of WASH facilities by providing financial incentives and helping communities access subsidies under relevant government schemes. It also funds and constructs toilets and incinerators in schools and facilitates the creation of student led 'Wash Brigades' to champion and monitor WASH activities in school.

- **Building Government Capacity:** Vatsalya works with the Health and Education departments, Government of Uttar Pradesh to build the capacity of mid-level government officials as well as frontline health workers and teachers to improve the implementation of the central government's Menstrual Hygiene Scheme (MHS).

Key Interventions
The interventions undertaken by the organization are highlighted in orange below:

1) **Providing hygiene education to adolescent girls**
2) **Building an enabling environment at the home, school and community level**
3) **Providing technical training to key professionals**
4) **Facilitating construction of toilets in households**
5) Facilitating construction of community toilets
6) **Facilitating construction of girls' toilets in schools**
7) **Building ownership through school and community-based groups**
8) **Enabling access to menstrual hygiene management products**
9) **Enabling access to funds for construction & repair of sanitation facilities**
10) **Disseminating information about program's effect on adolescent girls**
11) **Advocating with the government on policy and plans**

What has it achieved?

- In 2014-15, the Breaking Silence program reached more than 56,000 people (more than 50% being adolescent girls) and improved WASH infrastructure in 143 schools.
- Vatsalya has helped 119 women establish outlets to sell sanitary napkins and provide education on safe MHM.
- In 2014-15, Vatsalya also trained and formed 20 WASH Brigades. In the previous year, 34 toilets were constructed as a result of activities conducted by the WASH brigades.
- There has been a 40% decrease in girls missing school due to menstruation after the program.
- Vatsalya also trained over 2000 government officials in 2015-16, on implementation of the MHS scheme.

What next?

- Vatsalya is currently in talks with the Health Department, Government of Uttar Pradesh to expand their support to the MHS scheme from two to eleven districts. Vatsalya will train mid and frontline government workers on the importance of MHM and improve their capacity to implement the MHS program.
- They are in the final stages of finalizing a collaboration with the Education Department to provide training for teachers on menstrual hygiene management across the district of Lucknow.
- Vatsalya is looking to develop a district wide approach to the Breaking Silence program, currently being implemented in its entirety in two blocks; the program will be scaled across the districts of Lucknow and Juanpur.

School students part of Vatsalya's
Breaking Silence program in Lucknow.

Quality Indicators

Leadership

Neelam Singh, Founder
- Member of the advisory committee of the National Commission for Protection of Child Rights and National Inspection.
- Recipient of several awards including Women Achievers Award (2013) and Vinoba Bhave Volunteer Award.

Partnerships

- **Partners:** Vatsalya is an active member of the State Health Partners' forum co-created by the state Government of Uttar Pradesh. The forum provides strategic technical assistance for the National Health Mission in Uttar Pradesh.
- **Funders:** Water Aid, UNICEF, Action Aid, Plan India and the Government of Uttar Pradesh.

Endorsements

- Received the National Rotary Award for working on issues related to the girl child.

Voices from the Ground

"I share the learnings gained during community meetings with my colleagues, friends and peer groups with a belief that they too shall similarly become more knowledgeable, conversant and self-reliant, in their practices and attitudes and recognize their sexual and reproductive health rights. The best part of this is that they are much happier, during menstruation than before."

- **Chandini Singh, Duggor Village, Lucknow**

Voices from the Team

"In our Indian community interventions around menstruation are very insufficient due to existing social stigma around the issue. The dilemma also becomes frightening due to our patriarchal society and nature which undermines the need and problems of adolescent girls and women. Therefore it is essential to create an enabling environment around the issue and mainstreaming the message in a society with support from men is of paramount importance."

- **Dr. Neelam Singh, Founder**

Wherever The Need India Services (WTN)

www.whereovertheneed.org.in

Organization Overview
Founded: 2007 | **Head Office:** Pondicherry | **Coverage:** 8 states, primarily focused on Tamil Nadu and Pondicherry
Full Time Staff: 12 | **Budget (2014-15):** INR 1.4 Crore (USD 210,000)

WTN provides comprehensive sanitation solutions to the poor in India, primarily in Tamil Nadu and Pondicherry. It works in schools and communities to generate demand for sanitation, and builds waterless compost (ECOSAN) toilets in these areas. Further, WTN engages communities on human waste management, by encouraging use of treated compost as fertilizer. It has reached 45,000 students and 7,000 households till date.

Program Overview: **Coverage:** Tamil Nadu and Pondicherry | **Full Time Program Staff:** 12
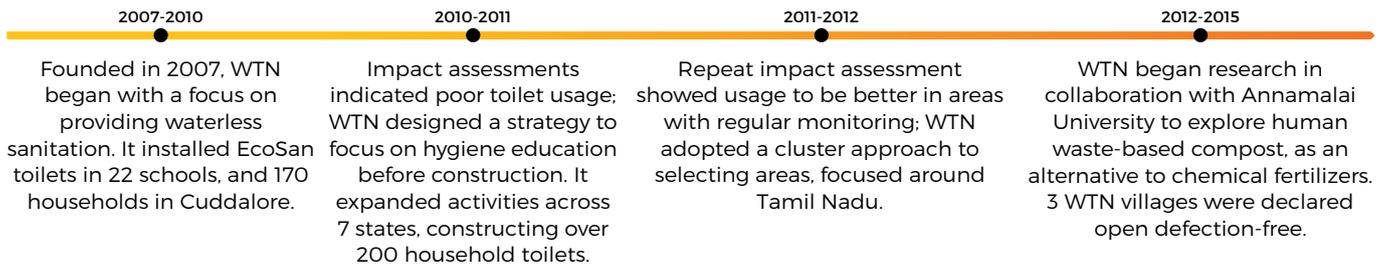**Budget (2014-15):** INR 1 Crore (USD 150,000)

THE PROBLEM
Nearly 75% of Tamil Nadu's nine million rural households lack direct access to sanitation. Further, the prevalence of poor hygiene practices amongst the rural and urban poor adversely affects the health, safety, education and livelihood options of the populace, notably impacting women and girls.

WTN'S RESPONSE
WTN creates awareness on improved hygiene, and builds EcoSan toilets in schools, villages and urban slums. By providing these services in schools, WTN improves retention rates, especially amongst adolescent girls, and also increases demand for good hygiene and adequate sanitation at the household level.

How did it evolve?

2007-2010	2010-2011	2011-2012	2012-2015
Founded in 2007, WTN began with a focus on providing waterless sanitation. It installed EcoSan toilets in 22 schools, and 170 households in Cuddalore.	Impact assessments indicated poor toilet usage; WTN designed a strategy to focus on hygiene education before construction. It expanded activities across 7 states, constructing over 200 household toilets.	Repeat impact assessment showed usage to be better in areas with regular monitoring; WTN adopted a cluster approach to selecting areas, focused around Tamil Nadu.	WTN began research in collaboration with Annamalai University to explore human waste-based compost, as an alternative to chemical fertilizers. 3 WTN villages were declared open defection-free.

What does it do?
At the school level, WTN engages children with the aim of achieving long-term sustained societal change, using the following approach:

· Engaging with, and gauging interest of school administration to ensure their approval for and involvement in activities, and their participation in maintaining facilities.
· Creating demand amongst children by conducting hygiene education classes once a week led by WTN field workers or teachers trained by WTN staff. These include special sessions with girls focused on menstrual hygiene.
· Constructing EcoSan facilities in schools following 2-3 months of communication activities focused on hygiene. Post construction, WTN trains students on how to use the waterless toilets. It also started a sanitary production unit in a Pondicherry slum to provide napkins to schools in Pondicherry.

At the community level, WTN's approach consists of:
· Engaging in behavior change communication and relationship building activities, conducted with authorities and community heads at the village and slum level over a period of 3 months.
· Constructing EcoSan facilities in a phased manner, beginning with the most marginalized households.
· Developing contextual sanitation solutions, such as permanent structures in villages, and portable facilities in slums.
· Collecting compost for agricultural use that may be sold, or provided free-of-charge to farmers.

Key Interventions
The interventions undertaken by the organization are highlighted in orange below:

1) Providing hygiene education to adolescent girls

2) Building an enabling environment at the home, school and community level

3) Providing technical training to key professionals

4) Facilitating construction of toilets in households

5) Facilitating construction of community toilets

6) Facilitating construction of girls' toilets in schools

7) Building ownership through school and community-based groups

8) Enabling access to menstrual hygiene management products

9) Enabling access to funds for construction & repair of sanitation facilities

10) Disseminating information about program's effect on adolescent girls

11) Advocating with the government on policy and plans

What has it achieved?

- Since 2007, WTN has created or repaired sanitation facilities in 88 schools, covering 45,000 students, of which 60% are girls. At the household level, WTN has helped rural and urban children gain access to sanitation facilities, impacting over 4,000 girls till date. In 2014-2015, it directly impacted 2,700 adolescent girls in schools.
- Preliminary data indicates improvement in girls' attendance by up to 15% following the construction of school toilets.
- All households in three villages of Mel-Bhuvanagiri block near Cuddalore district now have EcoSan toilets; over 80% of these facilities are regularly used.

What next?

In the next three years, WTN aims to undertake a range of activities, including:

- Scaling its school program to 25 secondary schools in the next three years, with an estimated reach of 7,500 girls and 5,500 boys.
- Scaling its urban program beyond Pondicherry and Cuddalore, to include Chennai.
- Researching and working on solutions around human waste management; it is currently piloting distribution of compost as fertilizer, and plans to explore commercializing the same.

An ecological sanitation block in Sri Ramalingar High School, Subramaniapuram, Cuddalore district.

Quality Indicators

Leadership

Mr. S. Paramasivan, Country Director

- Previously country representative for Water Aid in India (1994-04).
- Advisor to Care India Tsunami Response Programme, specifically provided guidance to housing construction (2004-07).

Partnerships

- **Partners:** District Rural Development Agency, Sustainable Sanitation Alliance (SuSanA).
- **Funders:** Wherever The Need UK, ACT Foundation UK.

Endorsements

- The Vice-Chairman of the State Planning Commission, Tamil Nadu, has recognized the progress made by WTN in its operating areas, and committed to support the organization financially, beginning January 2016.

Voices from the Ground

"My school did not have a toilet and my parents were not happy with me going to the river side; they asked me to come home every time I needed to use the toilet and it was impossible to manage going home and back to school in the interval time. When I started menstruating, my parents asked me to stop studying. Thankfully a new sanitary block was built in our school, by Wherever The Need. I brought my parents to school to see it for themselves, seeing the facility they agreed to let me study."

- **Maharunisha, Chandra Girls Higher Secondary School, Coimbatore**

Voices from the Team

"The toilets we build in schools have helped greatly in reducing girl dropouts. We are also undertaking hygiene education classes with a focus on menstrual hygiene. This awareness is not only transforming lives of girls but also of their mothers and sisters. Our construction is the key differentiator, my expertise in WASH have led me to believe that in areas where water is so heavily contaminated, ecosan is the most sustainable option, despite challenges with social acceptance our high engagement model has ensured >80% usage."

- **Mr. S. Paramasivan, Country Director**

❙ Appendices

Criteria used to define 'impact' and 'scale'

Defining 'impact'

- **Proximity to end beneficiary:** Measures that involve direct contact with a beneficiary, such as teaching in class, more deeply impact individuals than indirect activities, such as revising the curriculum and developing evaluation systems.

- **Duration of engagement:** Interventions that involve engagement with beneficiaries over a longer period may potentially have a greater impact on their lives and situations than a one-off awareness building session or other such short-term engagements.

- **Evidence for effectiveness:** Interventions may be effective on paper, but the ground reality may be quite different. For example, using IT for distance learning modules can ideally have a major impact on improving teaching and learning. However, at present most rural schools do not have electricity and internet to implement these solutions. Such an intervention is therefore rated lower on impact.

Defining 'scale'

- **Resource intensity:** This would include human and financial resources. For example, the need for skilled teachers may be a factor limiting an increase in scaling alternative schooling models. On the other hand, relatively few resources are required to train community members to deliver a service, such as transportation, inherently making it a more scalable intervention.

- **Gestation period:** This refers to the time required to realize impact once a program has started. For example, it takes longer for evidence-based advocacy to provide benefits to the girl child (owing to the need for gathering data, analyzing information, advocating for change by the government, securing acceptance of change and implementing legislation) than, for example, well-distributed financial incentives. Consequently, interventions with longer gestation period are deemed less scalable.

- **Partnerships leveraged:** This refers to the use of partnerships and other organizations to reach out to more people. For example, interventions that train or build the capacity of other organizations have the potential to affect more beneficiaries in a shorter time than those that implement the program in communities directly. They are also less expensive to deliver and will therefore qualify as more scalable.

Appendix V

Dasra's expertise lies in recognizing and working with non-profits that are most impactful and scalable in their fields. Dasra strongly believes that the strength of any organization comes from its people, and has ingrained this philosophy in its due diligence process whereby an organization is assessed not just on the basis of its program strength but also on the potential of its team, leadership, and management.

In order to identify successful organizations that have the potential to create impact at scale Dasra follows a comprehensive three stage due diligence process.

Phase I – Sector Mapping
- The process involves undertaking an exhaustive sector mapping and compiling a list of all the non-profit organizations working in the sector
- Based on quantitative and qualitative secondary research, references from previous experience, and inputs from sector experts, the work carried out by the organizations is categorized under specific interventions
- Organizations having programs with the most scalable and impactful interventions are screened from this universe against criteria such as – program focus, outreach, team, budget, scale and impact, and growth plan

Through sector mapping for this report, Dasra mapped ~300 non-profits across India.

Phase II – Detailed Assessment of Organizations based on phone calls and site visits
- Dasra conducts a detailed assessment on the screened organizations by making a one- two day site visit to understand the work being done on the ground and spend time with the leadership and management of the organization
- An organization profile is prepared to capture the current work and achievements of each organization and provide a sense of the future growth of the organization as a whole
- Organizations are rated using the Dasra Capacity Assessment Framework (DCAF), a tool that Dasra has developed over the years to evaluate organizations against three key areas – leadership potential, organization strength, and program effectiveness.

Through phone calls, Dasra assessed 25 non-profits working on sanitation and hygiene for adolescent girls. 12 of these were chosen for site visits.

Phase III – Final Shortlisting
- Dasra Capacity Assessment Framework (DCAF) and organizational profiles are used to discuss the program strength, organization potential, and areas where Dasra can add value through its capacity building support
- Members from Dasra's advisory research and diligence team as well as senior management participate in the shortlisting process to identify 8-10 high impact and scalable non-profits to be profiled in the report. In the case of this report, Bank of America- the donor- also participated in the final shortlisting process.

8 non-profits were shortlisted for being profiled in this report, based on the strength of their programs to improve sanitation and hygiene for adolescent girls, the potential of their organization and vision of their leadership.

Dasra re-engages with the final shortlisted organizations to create robust growth plans, and works with the organizations to explore funding opportunities. Dasra also offers peer learning and capacity building opportunities to these organizations through Dasra's two-three day, residential workshops.

| End Notes

1	WaterAid, WSSCC. n.d. We Can't Wait: A Report on Sanitation and Hygiene for Women and Girls.
2	Prasad, U. 2015. Expert Interview with Urvashi Prasad..
3	Trémolet and Kumar . 2013. Evaluating the potential of microfinance for sanitation in India.

www.dasra.org