



Open Defecation Free Sustainability Project

Closure Report



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GLOSSARY

1	WASH	-	Water, Sanitation & Hygiene
2	ODF-S	-	Open Defecation Free - Sustainability
3	NSE	-	National Stock Exchange
4	CSR	-	Corporate Social Responsibility
5	MDWS	-	Ministry of Drinking Water & Sanitation
6	SBM	-	Swachh Bharat Mission
7	GP	-	Gram Panchayat
8	IEC	-	Information, Education, and Communication
9	SLWM	-	Solid and Liquid waste management
10	ZP	-	Zilla Parishad
11	PHC	-	Primary Health Centre
12	IHHL	-	Individual Household Latrine
13	PRI	-	Panchayat Raj Institution
14	CLTS	-	Community-Led Total Sanitation
15	CCs	-	Cluster Coordinators
16	BCC	-	Behavioural Change Communication
17	AWC	-	Anganwadi Centres
18	DPR	-	Detailed Project Report
19	O & M	-	Operation and Maintenance
20	SMC	-	School Management Committee
21	INGO	-	International Non-Governmental Organization



I. INTRODUCTION OF THE PROJECT:

Poor sanitation has been a serious challenge for Innumerable government schemes that have supported sanitation programs over the last several decades, significant desk significant gaps remain. Swachh Bharat Mission launched in 2014 has enhanced the coverage but there have been issues around the sustainability of the sanitation structures and usage, particularly in the rural areas. Ministry of Drinking Water and Sanitation has given a direction to the states on ODF Sustainability (ODF-S) interventions to re-orient rural sanitation programs towards the achievement of outcomes on a sustainable basis acknowledged fact that ODF achievements are sustainable, provided there is a post-ODF intervention with clear implementation arrangements that offer continuous engagement and intervention with ODF communities and motivation through development interventions. It is important to recognize and appreciate the resourcefulness of people to attain and retain their ODF status

in communities and WASH compliant status in institutions. National Stock Exchange (NSE) Foundation, a subsidiary of **National Stock Exchange of India Ltd**, has a CSR program helping the underprivileged sections of the population by improving their quality of life. It has signed a Statement of Interest (Sol) with NITI Aayog to improve citizens' quality of life by providing safe drinking water, sanitation, education, and elder care in three aspirational districts **Ramanathapuram in Tamil Nadu, Karauli in Rajasthan, and Nandurbar in Maharashtra**. These programs are implemented under a district transformation strategy, which is a model known to demonstrate concentrated impact and social change in one particular region over a fixed period. The district transformation plan offers opportunities to have focused, measurable outcomes and balanced, integrated, and meaningful development of the district. Sustainability is an important consideration in all the NSE-supported projects.

II. BACKGROUND

Block Transformation for ODF sustainability and WASH compliant communities, schools and Ashramshalas, and other key institutions. Ministry of Drinking Water and Sanitation has given a direction to the states on ODF Sustainability (ODF-S) interventions to re-orient rural sanitation programs towards the achievement of outcomes on a sustainable basis. It is acknowledged that ODF achievements are sustainable, provided there is a post-ODF intervention with clear implementation arrangements that offer continuous engagement and intervention with ODF communities and motivation through development interventions. There is also an imperative need to recognize and appreciate the resourcefulness of people to attain and retain their ODF status in communities and WASH compliant status in institutions.


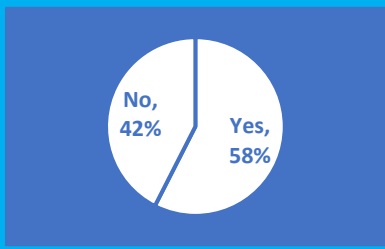
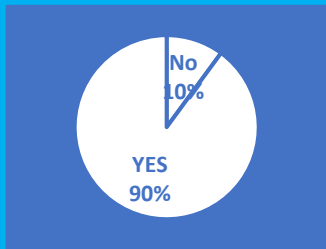
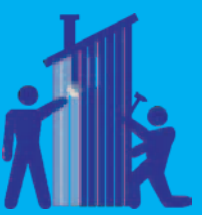
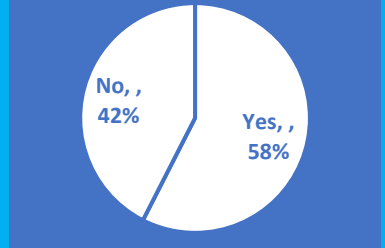
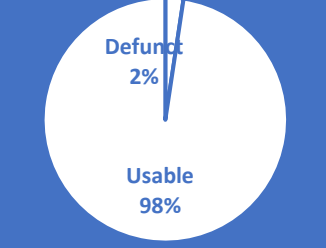

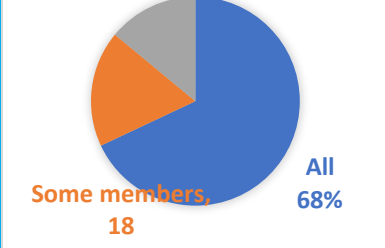
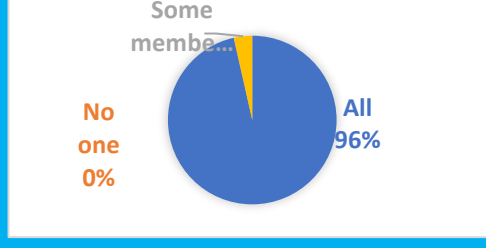

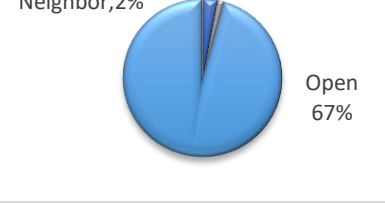
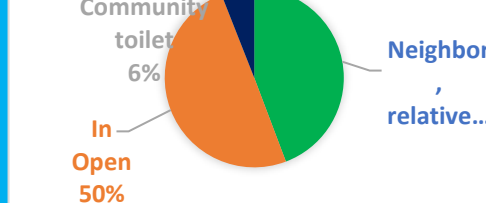
In alignment with the ODF-S approach of MDWS and SBM, ***NSE Foundation is supporting District ODF sustainability and WASH compliant communities, schools, Ashramshalas, and other key institutions and implemented through Centre for Youth Development and Activities in partnership with FINISH Society.*** In the overall phase, the Navapur block has been selected for this purpose. Project WASH-Sustainability aims:

- To help Navapur block sustain ODF status.
- To ensure continuous usage of sanitation facilities and practice safe hygiene.
- To ensure the assets created in GPs are maintained and used.
- Follow the ODF-S guideline and work closely with SBM to help block to prepare a plan.
- Support in Annual Implementation Plan and implement them successfully.
- Continue awareness and behaviour change and community/Institutions.
- Mobilization of usage of toilets.
- Ensure WASH sustainability through IEC/SLWM.
- Improve financing of ODF-S activities including water.


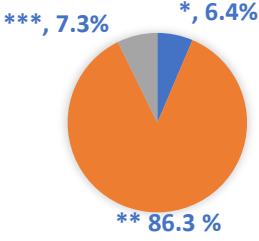
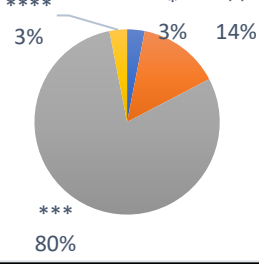

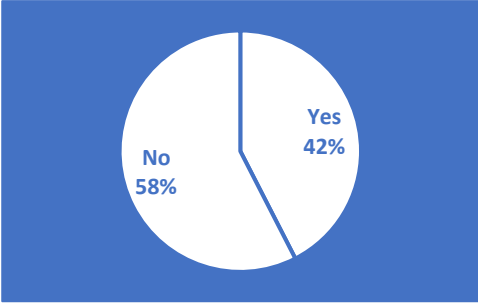
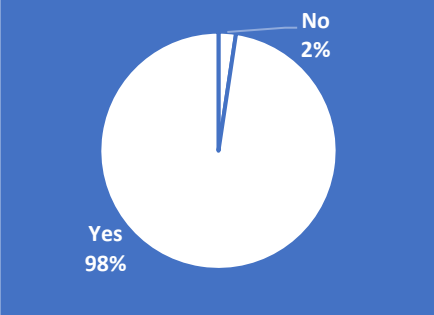
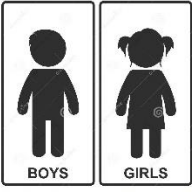
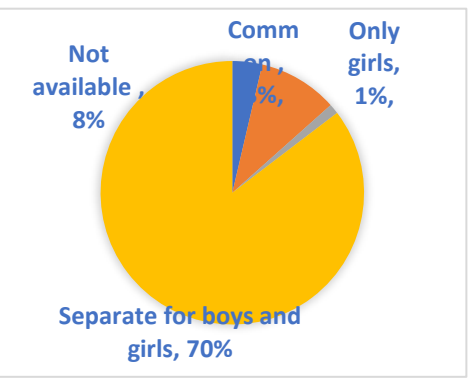
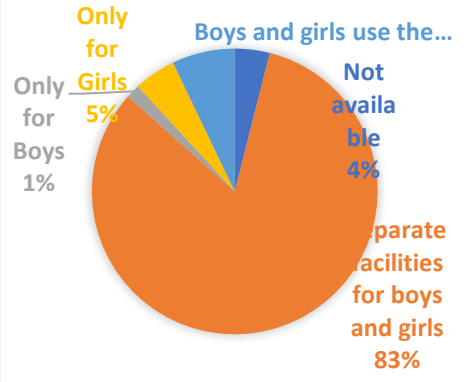

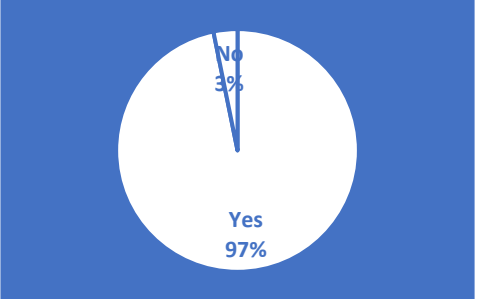
Objective 1 - To ensure the development of WASH compliant institutions:

- a) WASH and hygiene facilities as per benchmarking standards (developed by UNICEF) in all Ashramshalas in the Nandurbar block.
- b) As per the guidelines of Swachh Bharat Swachh Vidyalaya across all ZP schools in the Nandurbar block.
- c) WASH and hygiene facilities as per Government prescribed standards in PHC, Anganwadis in Nandurbar Block.

Objective 2 - To ensure 100% ODF block by mobilizing government resources for 100% Individual Household Latrine (IHHL) construction and developing mechanisms for ensuring usage.

Key Findings		
Indicators	Baseline (2018)	Endline (2021)
Household with toilet		
	 <p>No, 42% Yes, 58%</p>	 <p>No 10% YES 90%</p>
Toilet Functionality		
	 <p>No, 42% Yes, 58%</p>	 <p>Defunct 2% Usable 98%</p>
Members of the family using toilet		
	 <p>No one Members 14 Some members, 18 All 68%</p>	 <p>No one 0% All 96% Some members, 4%</p>
If family does not have a toilet, where do they go?		
	 <p>Open 67% Neighbor, 2% Community 1%</p>	 <p>Open 50% Neighbor, relative... 6% Community toilet 6%</p>

Key Findings

Indicators	Baseline (2018)	Endline (2021)
Star rating School (
		
Students wash their hands before lunch		
		
Separate toilets for boys and girls		
		
School is disinfected regularly considering Covid requirements		
		

III. INTERVENTION AREAS:

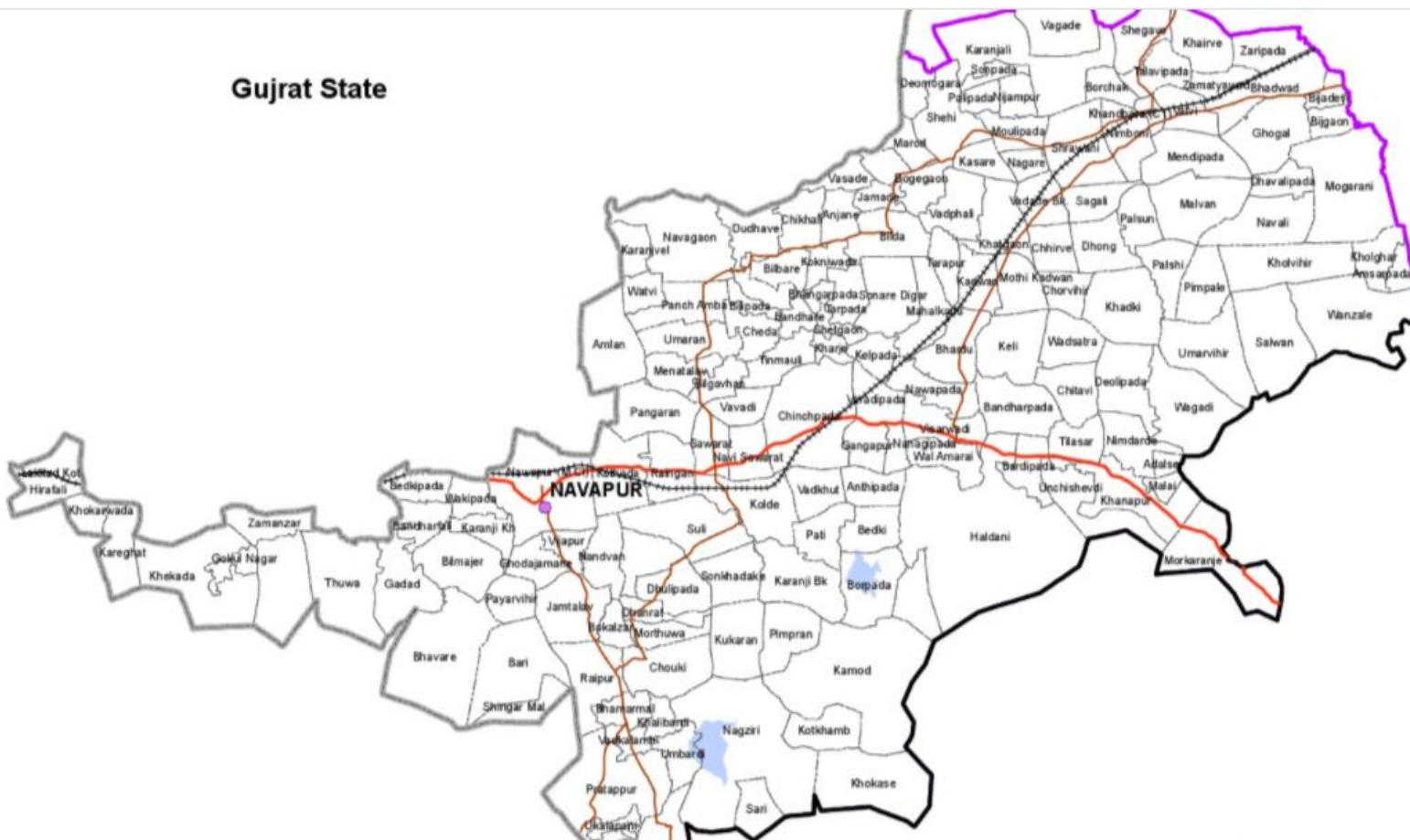
The concept of Block and District Transformation through WASH Secure Panchayats is to address various aspects of Water, Sanitation, and Hygiene issues not only for the households but also in the educational institutions like Schools and Ashramshalas. This requires a comprehensive intervention in the Panchayats including Capacity Building of the front-line workers, PRI members, Teachers of Schools, creation and regular functioning of Child Cabinet/WASH clubs as well as identifying gaps in technical issues to ensure the usage of WASH facilities.

There would be an intensive component in the project where all Aashramshalas, Zilla Parishad Schools, and Gram Panchayats at Navapur block will be intervened on the components of Water, Sanitation, and

Hygiene issues. The project would include both hardware and software components in schools and ensure ODF sustainability of the block.

As per the planned schedule, during the first year, the Centre for Youth Development and Activities and FINISH Society identified **43 panchayats, the second year 45 Panchayats, and the third year 26 panchayats for intensive engagement, thus covering all the 114 panchayats in the block during the three years of this intervention.** While the intensive engagement in the community is undertaken, the institutional sanitation issues also will be addressed. The focus was to get leverage funds from the government departments as well as people's contributions. The project invests in innovations as well as creates a model panchayat in the block.

Gujrat State



IV. PROJECT METHODOLOGY:

The concept of Block and District Transformation through WASH Secure Panchayats was to be addressed through various aspects of Water, Sanitation and Hygiene solutions not only at the households' level but also at the institutions like Schools and Ashramshalas. This required a comprehensive intervention in the Panchayats including the Capacity Building of the front-line workers, PRI members, Teachers, creation and regular functioning of Child Cabinet/WASH clubs as well as identifying gaps in technical issues to ensure the usage of WASH facilities. Special attention was given to the activation of Nigrani samitis and taking up issues during the gram sabha meetings through WASH champions.

As the program reached the final year of implementation, there was an intensive engagement with institutions including all Aashramshalas, Zilla Parishad Schools, and all PHCs in Navapur which was focussed on Water, Sanitation, and Hygiene issues. This was very critical in the context of the Covid-19 pandemic. A major challenge was to improve the defunct toilets and WASH facilities at community and institutional levels. Therefore, **year 3 was focused more on hardware and software components in all institutions and communities.** The focus is to leverage funds from various government departments, schemes, and communities. The project also intends to invest in innovations to create model panchayats in the block.





V. KEY ACTIVITIES ARE UNDERTAKEN THROUGH THE PROJECT:

Community Intervention:

BASELINE SURVEY (SHASHVAT SWACHCHTA ARAKHADA):

Baseline Survey is part of the entire process to develop a thorough understanding of the sanitary and hygiene situation in the target villages. Hence, a baseline survey was conducted across all **114-gram** panchayats of Navapur block during the **first two quarters of the first project implementation year**. It has been quite comprehensive covering **114 GPs, 50150 households, 252 schools, 347 Anganwadi centers, 12 PHC/Sub centers, and public areas of 114 GPs.**

District personnel of the Swachh Bharat Mission had designed a template for conducting the baseline survey. Before the actual implementation of the survey, a meeting was organized with the core members of Gram Panchayat, Sarpanch, Panchayat body members, and villagers, where the purpose and outline of the baseline template were discussed. To initiate the baseline survey, a gram panchayat support group was formed, who had supported the project team throughout the baseline survey.

This group included young people, ASHA workers, GP Shipai (GP Peon), and other volunteers. The datasheets for this extensive survey have been thoroughly discussed with the members of the support group. The members of this support group collected information as per the

datasheet from each of the households. Cluster Coordinator of Centre for Youth Development and Activities monitored the entire process and cross-verified the data collected by the support group.

BRIEF ON BASELINE

There are 156 villages in the Navapur block of the Nandurbar district of Maharashtra. The baseline survey was conducted covering 53464 households, 252 Schools, 48 Health centers, 335 Anganwadis, 114 Gram Panchayats, and Public spaces of the 114 Gram Panchayats.

It was observed that out of the 53464 households in the 114 Gram Panchayats of Navapur only 30747 have functional toilets while the toilets of the 6784 households are defunct and 15933 households have no toilets. Data pointed out that 22717 households practiced open defecation.

Under the Waste Water Management, it is noted that 4825 used wastewaters for a kitchen garden, 4166 households had soak pit installed, 2802 households let the wastewater flow into the drains, while 41015 households left the waste-water run in open spaces. This signifies that people are not aware of the consequences of wastewater which is, in turn, had an adverse impact on their health conditions.

There are only 252 schools in the 114 Gram Panchayats of Navapur tehsil. The survey conducted in the 252 schools shows that the total number of students in the school is 11584 out of which 5938 are boys, while 5646 are girls. Out of the 233 schools, there are about 221 constructed toilets, 419 retrofitting toilets, 116 urinals, 1080 Retrofitting urinals, 36 solid waste management facilities, 53 liquid waste management facilities, 107 hand-wash stations, 156 drinking water facilities, and in one school availability of sanitary pads are noted. It is observed that most of the schools are ignorant about the requirement of solid & liquid waste management.

There are 18878 students in 347 Anganwadis of Navapur, out of which there are 9962 boys and 9216 girls. For these students, the teachers, and workers there are 308 toilets, out of which only 14 toilets are functional while 294 toilets are dysfunctional. Among them, 10 are children friendly. In 27 Anganwadis, no toilets construction was observed. Only 59 drinking water facilities are available in Anganwadis while 276 sites remain unattended. There are no handwash stations in Anganwadis, although there is a requirement of 322 stations. The liquid and solid waste management are in a dire state. Out of 335 sites, only 17 sites have a liquid management system, however, the remaining 318 sites are unattended. Similarly, waste management is conducted only on 10 sites while in 324 sites, it is completely ignored.

The study also shows that there are only 29 functional and 92 dysfunctional toilets in 50 PHCs/sub-center of Navapur Block, while there is no toilet in PHC of Dhanrat village. Similarly, there are only 55 functional Handwash stations while the actual need for 58 hand wash stations is not met. It is noted that the centers are only 15 drinking water facilities are available in the PHCS, whereas in 38 sites such facility was absent. Similarly, only 9 PHCs have liquid waste management facilities whereas in 41 sites such facilities were not present. The solid waste management facility is available only in one PHC at Gadad village, while in the remaining PHCs the facility is absent. Only in 3 PHCs, the medical hazardous garbage is managed while the remaining 47 PHCs remain unattended. In 11 PHC sanitary pad disposal facility is installed while the final arrangement is underway in 3 more PHCs. The poor status of water & sanitation facilities at the PHCs confirms the obliviousness of the concerned authorities and people of the Tehsil.

MEETINGS WITH KEY STAKEHOLDERS/YOUTH/WOMEN

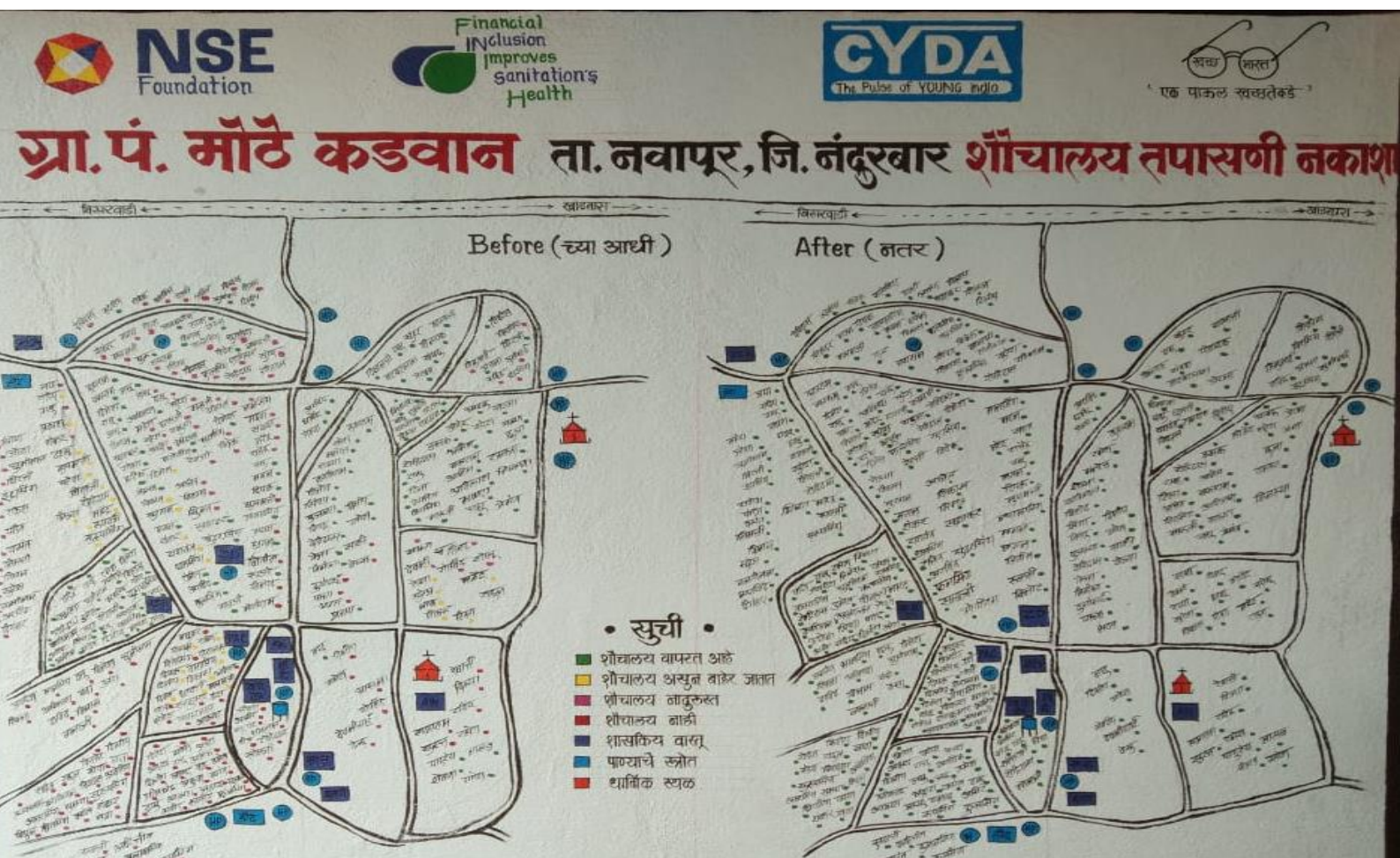
The project conducted meetings with key people at different times before and after the baseline survey. The purpose of such meetings was to ensure and educate them about WASH issues, seek their ideas and support to address the issues of open defecation in their villages. The project team mainly focussed on women, as they are the ones most affected by open defecation in particular and poor sanitation in general.

PANCHAYAT RAJ INTERVENTION (PRI)

Post to the consolidation of the baseline survey, the project team identified PRI leaders and core members as key stakeholders for the project and conducted practical orientation sessions with them, where the collected data was discussed and validated. These sessions supported the project team to discuss all the aspects of WASH and highlight the importance of positive hygiene behaviour and community-led approaches for sustainable changes. Cluster Coordinators delivered practical demonstrations to the members – proper posture to sit on toilets, steps of handwashing after using toilets, and flush out. This strategy motivated the PRI to make Ratri Choupals more effective.

INFORMATION EDUCATION COMMUNICATION (IEC)

The project strongly believed that Information, Education, and Communication (IEC) can contribute to the mobilization of the masses for behaviour change. Many of its works on the ground center on Inter-Personal Communication (IPC). Its bouquet of IPC activities included door-to-door visits, community events, school workshops, competitions and cleanliness (swachhata) rallies.



Other IEC activities included the use of wall paintings, posters, and banners in large numbers. One interesting idea was wall monitoring of toilet access.

A village map was drawn on a large wall with all the houses showing households with toilets in green color and houses without toilets in red color. The map was updated on a regular basis in presence of villagers. **Common people found it interesting.** It has selectively used films and video clips for influencing behavior. The project has creatively used wall paintings, posters and banners to promote positive messages and generate awareness. These have been strategically located so that they can be viewed by maximum number of people. School walls have been specifically chosen so that children get positive messages and become messengers for their families and neighbours. These have messages around the need for safe sanitation, the utility of twin pits, good hygiene practices and hand washing methods.

RATRI CHAUPAL

Ratri Chaupal /Ratri Sabha is a key tool used to mobilize target communities. CYDA introduced *Ratri Chaupal* to reach out to key decision-makers in the house. It was observed that most of the male members in the households keep themselves busy during the daytime engaged in some or the other work in their fields or outside that the households' level and chores and looking after kids. The project felt that it is important to reach out to the maximum number of d , including the Capacity Building of the front-line workers, PRI members, Teachers, creation and regular functioning of Child Cabinet/WASH clubs, and discussions and audio-visual shows was conducted during the late evenings/nights hours as per the convenience of community members (and continued into late night in some cases). This has proven to be the key strategic tool for community mobilization, awareness generation, and behaviour change. The structure of Ratri Chaupals remained informal but highly participative.

The baseline information gathered for the concerned village was shared with the participants and were also informed them about the challenges in their village. Further, based on the information discussions were held for making improvements. A range of audio-visual tools have been used to raise awareness, motivate and mobilize them for positive sanitation actions in their village.

Presentations were made to show the actual situation (*compiled data from the baseline survey and photos taken to show the toilet conditions, toilet usage, and open defecation areas*) to the participants. Selected portions of the film **'Toilet Ek Prem Katha'** was shown to provoke discussions about the actual situation in the village. Post to every short films and videos, cluster coordinator facilitated discussions among participants to assess the learnings. Short films and video clips were the most impactful ones. Most people remembered the pictures, that created an impact on their minds.

The Ratri Chaupal was truly a triggering exercise which helped people to reflect on their situation and making up their minds to seek changes, thus helping the project staff to introduce collective actions. **One of the key outcomes desired from the Chaupal was the formation of Nigrani Samiti, to make sure that open defecation is stopped.** The membership for this Samiti was voluntary. In most Ratri Chaupals Nigrani Samitis decide about their morning follow-up exercise to discourage open defecation.

NIGRANI SAMITI

CYDA considers Nigrani Samiti as an important component of the journey for a community to become ODF. Usually, an active Nigrani Samiti shows active participation in the concerned community and usually delivers positive results.

Nigrani Samiti is formed mostly during the Ratri Chaupal or sometimes shortly after the Chaupal. A typical Nigrani Samiti includes volunteers from all sections (women, men, youth, and children) and parts (different areas/hamlets) of a village. Members of women Self Help Groups (SHG) play an active role in Nigrani Samitis. The size of this Samiti varies from GP to GP. It usually monitors open defecation, identifies open defecators and mobilizes them for toilet use and construction.

Almost all of them conduct 'Good Morning Pathak (morning follow up group)', which goes around the village at dawn, particularly visiting open defecation sites, meets open defecators with sanitation messages. **The project has conducted Ratri Chaupal in all the 110 GPs but out of those GPs, Nigrani Samiti has been formed in 103 GPs and has active Good Morning Pathak's.** In all of these GPs, Nigrani Samitis were quite active and deserved credit for their contribution in making their GPs Open Defecation Free (ODF). **In Nimboni GP the Nigrani Samiti observes 'Swachhata Diwas' on the 6th of every month when Nigrani Samiti members clean the entire GP.**



COMMUNITY TRIGGERING

CYDA staff is well versed with CLTS techniques for community triggering. In the initial stage, external experts helped in the orientation of basic techniques to the project team. CCs have conducted triggering exercises in several GPs with low responses.

Usually, this is carried out, after the Nigrani Samitis are formed and they have done rounds of Good Morning Pathak. That is a good stage when villagers can better relate to their own situation. CLTS triggering has helped in motivating villagers to enhance the usage of their toilets and start repairing defunct toilets. Some people without toilets resorted to the cat method after taking part in the triggering activities.

MASON ORIENTATION

Based on the findings of the baseline survey, it was found that many of the toilets of older generations have been supported by schemes, as previously SBM have single pits and have problems with the superstructure. Most of the toilets supported under SBM were not constructed as per the guidelines of SBM.

Therefore, the project team felt the need for orientation sessions to with the masons who have been involved in constructing toilets. **Towards the end of October 2021, the project team organized orientation session. More than 770 masons participated in the session in the targeted GPs.** This session has helped the participants to learn more about the techniques of constructing toilets as per SBM specification (soak pits, chamber fixing) and repairing old structures. Furthermore, practical training was delivered on various technical aspects, which has given an opportunity to work in Swachhata Express.

EXPOSURE VISIT:

Most people learn by seeing and experiencing first-hand. That stirs possibilities of hope and confidence in their minds. CYDA saw a huge value in helping key people learn first-hand. Keeping this mind, an exposure visit was organized to Patoda GP in Aurangabad village. A team of 50 people comprising Sarpanches and natural leaders from other villages has been a part of exposure visit. Patoda is famed for its success in achieving and sustaining total village development demonstrating



exemplary work on cleanliness, sanitary behaviour, solid & liquid management (mostly black water treatment), revenue collection and many other things. All the participants were highly impressed by what they saw at Patoda. Some of the sarpanches got hugely motivated by seeing the successes achieved by Mr. Bhaskar Rao Pere Patil, a fellow Sarpanch in Patoda GP. The exposure trip resulted in enhanced involvement of Sarpanches and played a major role in making some of the GPs, ODF within a short time.

The Sarpanch of village Dhong got so motivated by the exposure trip to Patoda, that he organized an exposure trip for 50 women and men with funding from his GP to learn from successful examples in Patoda in Aurangabad and Ralegaon Sidhi in Ahmednagar.

CONSTRUCTION AND REPAIR OF TOILETS:

As per the baseline data, about 30% (i.e.)15045 of 50150 households had no toilets and another 13% (i.e.) 6520 of households found themselves with defunct toilets. These numbers show a huge problem of a significant number of households without regular access to toilets. CYDA realized that filling this gap was critical, in order to improve the sanitation status in the target villages and make them free from open defecation.

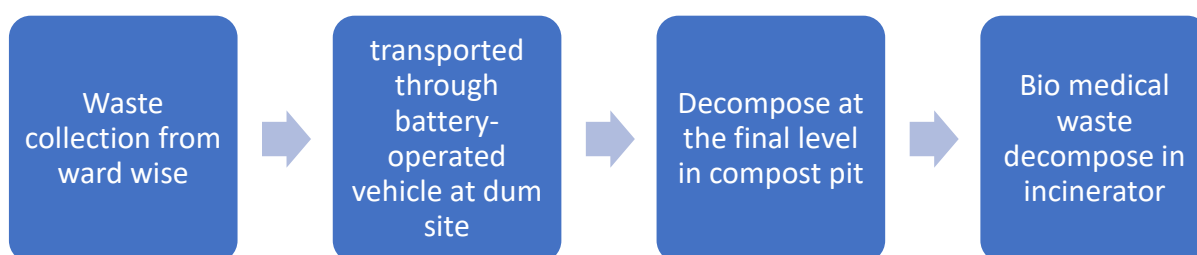
It is a complex issue to determine the actual eligibility for such a large number of households to get any kind of support under current government schemes. Many of them were probably covered under earlier schemes promoting household sanitation. Their names may have been included in government records making them ineligible for support either for repair or for new toilets.

CYDA has put in considerable efforts to work with the GPs to identify households eligible for new toilets under the SBM scheme. Towards the end of January, 2022 in all, 10,660 new toilets have been constructed/repared with the strong support of CYDA. Repairing/retrofitting has been more of a challenge as it involves motivating concerned households to find their own resources for the repair of their defunct toilets. Many of them are in a very poor state. In response to the challenges, **CYDA piloted a novel idea to start 'Swachhata Express', which is a one-stop solution to repair/retrofit defunct toilets in a short span of time.** The idea was that, CYDA would provide a team of masons and technicians who would go around in a vehicle with tools providing services for free to repair/retrofit defunct toilets. The material required has to be provided by the concerned household or the GP. The pilot idea has generated interest among the few villages visited but needs to be implemented at scale to determine its actual viability.



SOLID AND LIQUID WASTE MANAGEMENT (SLWM)

Solid and Liquid waste management is very critical for ODF sustainability. 01 big panchayats have been identified for the pilot. SLWM in villages is one of the key aspects of the ODF sustainability plan. SBM at the district level in Nandurbar is still preparing a model plan for SLWM implementation. In order to demonstrate effective implementation of SLWM, it was provided support for 01-gram panchayats. This GP developed detailed project plan and implement them so that the project demonstrates effective SLWM strategy to the district as well as the state SBM department. CYDA constructed the vermicompost pit for decomposing purpose, a battery-operated vehicle for waste collection, IEC on SLWM and door-to-door awareness on waste segregation, collection and it decompose system. They developed further whole year plan accordingly.



School, Anganwadi and Ashramshala Intervention

BEHAVIOUR CHANGE COMMUNICATION

BCC activities in schools and Anganwadi centres (AWC) are critical interventions by CYDA. Before and after the Covid 19 pandemic and lockdown, 13406 schools' students, 5070 AW children's and 2560 Ashramshalas students have been trained during the project year. Undertaken with the permission of the district officials and the school authorities, the key activities cover a range of issues pertaining to WASH. These activities are covered under 3 modules adapted by CYDA and conducted by its staff in a series of sessions. The lessons covered in these sessions include the following.

- Importance of WASH through storytelling,
- Demonstration of the correct process of Hand Washing (including all 6 steps),
- Toilet use demonstration
- Personal and school hygiene. Personal hygiene covers aspects such as Nail cutting, Mouth Wash, daily Bath, Hair combing with hair oil, washing of clothes and wearing clean clothes etc. School hygiene covered keeping the school surrounding clean, use of garbage bins, garbage disposal etc.

Efforts are made to form Child Cabinets in each school. In those cabinets various ministers are appointed to look into various aspects. The Health Minister, Sanitation Minister and Chief Minister have been given orientation and support to lead fellow students to improve the overall WASH situation in their schools.



HARDWARE INTERVENTION

Facilitating WASH compliant institutions is one of the objectives of the project. Schools are the key institutions existing in large numbers and across all the GPs covered. For the first year CYDA has targeted 12 Zilla Parishad (ZP) schools and 8 AWC to be developed as models. And the second year, 10 ZP Schools Wash infrastructures were retrofitted or renovated as planned, and in the last year, we took 10 ZP schools for the retrofitting and renovating work.

For the targeted educational institutions (school and AWCs) in a particular GP, a single Detailed Project Report (DPR) was developed in consultation with the teachers. After the DPRs were approved CYDA started the work of augmenting and, retrofitting WASH infrastructure in the educational institutions targeted. CYDA has been in discussion with the school, the SMC, and the GP about the O&M issues. Together with the structured lessons that CYDA has provided, these facilities are likely to go a long way to make these institutions WASH compliant. We observed during the project, low cost hand wash stations are primarily responsibility of the School and Anganwadi after the Covid. We supported low cost hand wash stations in 30 ZP Schools and 30 Anganwadi during the last phase.

ADDRESSING THE GAPS

CYDA Technical Officer prepared item wise intervention needed (augmentation, retrofitting or new construction). He helped in developing a budget for augmentation and retrofitting works. Once the DPRs have been approved, CYDA started the work of augmenting and retrofitting WASH infrastructure in the planned educational institutions. The works included construction of new handwash stations, supplying water storage tanks, augmenting urinals for boys and girls, addressing plumbing issues, fixing new tiles and other work. These were only the basic facilities, also more importantly have revived the functionality of structures and have enhanced access for the school children. CYDA has been in discussion with the school, SMC and the GP about the O & M issues. Together, with the structured lessons that CYDA

has provided, these facilities are likely to go a long way to make these institutions WASH compliant.

ORIENTATION FOR TEACHERS AND SMC MEMBERS ON WASH & COVID:

Prior to the Covid – 19 pandemic and lockdown, as per the planned activities, cluster coordinator of CYDA conducted orientation on Water, Sanitation and Hygiene for the teaching and non-teaching staff at respective ZP schools. Post to the pandemic, CYDA conducted online sessions on WASH and Covid management. As a result, 623 teachers and SMC members have understood the importance of handwashing, use of masks, social distancing, and related techniques as per the government guidelines.

ORIENTATION ON MENSTRUAL HYGIENE MANAGEMENT:

In order to give special focus to women’s health issues, discussion on Menstruation Hygiene Management was taken up with adolescent girls and women. 873 adolescent girls and women were oriented on this topic and also guided them with effective disposal systems of sanitary napkins. CYDA organized zoom session of 90 minutes, in which approximately, 130 adolescent girls and women from the Navapur block of Nandurbar district had actively participated. It was a breakthrough moment as the sensitive topic of menstruation was discussed openly with rural and tribal women. The women asked questions about irregular periods and age-old myths of restrictions on menstruating women. Male members also rendered their cooperation in lending their android phones to the family.



Health Facility Intervention

HEALTH CARE STAFF TRAINING ON KAYAKALP

CYDA and FINISH Society collaboration with NSE foundation is planned and conducted WASH Assessment in 12 health facilities. It is related to Bio Medical waste, Water, Sanitation and Hygiene, IEC and more related to Kayakalp guidelines as per the Gov of India suggested. The project looks for ensure institutional WASH compliance in the Nandurbar district. So, through the assessment detects to support retrofitting of WASH infrastructures to ensure Public Health facilities adhere to the COVID 19 Pandemic guidelines. The assessment was completed with the help of a consultant in Khandbara, Visarwadi, Chinchpada, Umaran, Pratappur, Jhamanjhar, Gatadi, and Navapur health centers. The assessment report was shared with this district and discuss to improve in Kayakalp score in the short, mid, and long-term plans.

As per the objective of the project, CYDA organized training on WASH in Health Centres across Nandurbar districts. The training was specifically on WASH keeping in mind of Covid - 19 pandemic situations. There were 140 participants who joined and discussed on the online Zoom platform after the Covid hit the Nandurbar district and all over the world. Total 503 people were trained on Kayakalp overall the project periods. We had a special trainer for training with us, Mr. Shakti Rathi and Mr. Pradip Patil (Head of Quality & Assurance dept., Nandurbar). The Kayakalp guideline was shared with them and after that, Covid situation; understanding, and Wash important in Health centers topic were shared. The most affected part of the Covid was the health center and it needs to be relooked from the WASH perspective. In the end result, the second and third assessment was completed in 12 PHCs. CYDA gave importance to improve the scoring as per the guidelines of Kayakalp of 12 health facilities.

We provided the bio medical waste materials such as trolley for transport, colour coded dustbin ward wise, IEC for segregation and elbow operated tap for smooth hand washing for the medical staff in 08 PHCs.

After the training of health workers and staff, 08 health facilities scoring improved and scored above 50%.

The image shows a Zoom meeting interface. At the top, it says "Zoom Meeting". The main area displays a video call with a woman in a pink shirt in the foreground. Above her are four smaller video thumbnails for participants: Amol Shewale CYDA, DR RV Awate, Pravin CYDA, and Ramesh Deshpande. To the right, there is a "Participants (79)" list with a search bar and names of participants, including Amol Shewale CYDA (Host, me), rema mohan (Co-host), Appasaheb (Co-host), DR RV Awate (Co-host), dr. pradeep patil real... (Co-host), Pravin CYDA (Co-host), 992519AMON i ACE, a247d5f6, Aruna valvi, Babu Suka Jagtap, baburao vasave, and Bhusaheb Shetty sinner. At the bottom, there is a OneDrive notification that says "Screenshot saved" and "The screenshot was added to your OneDrive."



ACHIEVEMENT OF ODF

Among 114 target GPs, 103 have become free from open defecation as of October 2021.

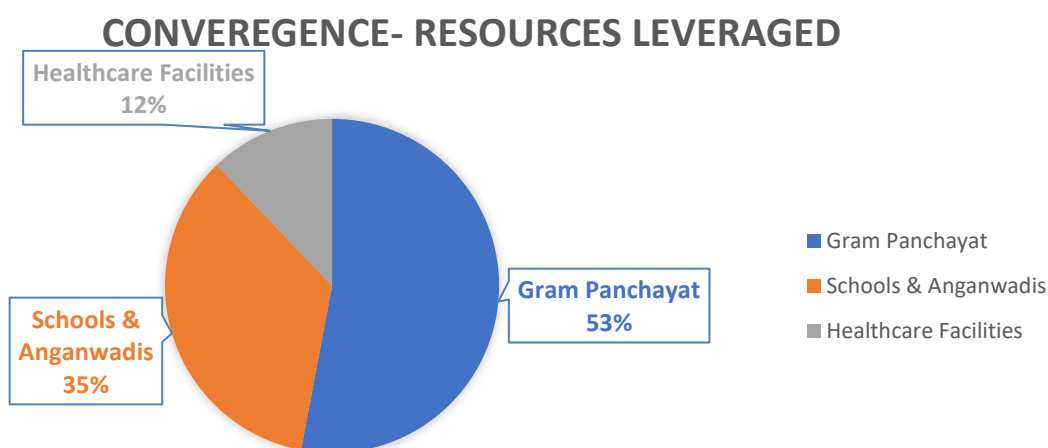
Achieving ODF status is not new to some of the GPs. As per government records, all the GPs are ODF since 2016. Some GPs remember that they had been declared as ODF back in 2005. Obviously, the problem has been either declaration itself (ODF verification not properly done) or the slipping back. Sustaining ODF status is a big challenge. It is important to motivate communities to sustain the change in behaviour, develop systems to identify rule-breakers and bring them to the line, plan for the addition of new households and maintenance needs of sanitation

facilities and instill pride among communities to continue to remain ODF.

CYDA has been trying to follow all these. In all the GPs that have achieved ODF, communities have been motivated, Nigrani Samitis have remained active and vigilant even after ODF declaration, GP officials have introduced some mechanisms so that when new households are added or new toilets are needed, concerning households would build their toilets before construction of new houses. **CYDA has also instilled a sense of 'tribal pride' by way of encouraging ODF celebrations using local cultural practices.** Starting with the ODF celebration in Lahan Kadwan GP, the Kalash Yatra heralded a new beginning for the GPs.

CONVERGENCE THROUGH THE GOVERNMENT SCHEME:

- Effective BCCs and IECs were part of motivating people to use the toilets.
- Total 17,846 people were part of various BCC programs.
- Ratri Chaupal and CLTS approaches were used to change the behaviour of people who were open defecating.
- At the end of the intervention period, it was assessed that out of 114 GPs, 103 panchayats (i.e.) more than 95% of the people are making use of toilets.
- The total fund leveraged during this intervention period was Rs.9, 39,59,200.00.



COVID SUPPORT

Covid – 19, pandemic had badly affected the lives of the people, due to lockdown. Reaching communities and organizing various programs such as Ratri Chaupal, CLTS was difficult. In order to keep in touch with the communities, the teachers, the PRI members, Frontline workers, CYDA used online platforms and introduced videos, audios to make people aware of the consequence of the Covid – 19. Moreover, the online sessions was focussed on the protocols – (*importance of handwashing, social distancing and wearing masks*) to be followed during the pandemic.

The following sessions was carried out successfully.

- Menstruation Hygiene Management and Covid Session for adolescents
- WASH and Covid for Teachers and SMC members
- WASH and Covid for Nigrani Samiti members
- WASH and Covid for PRI/Frontline Workers
- Kaykalp and Covid for Health care staff
- WASH and Covid for staff



CELEBRATION OF WASH DAY:

Every phase we took opportunity to celebrate WASH days such as Global hand wash day, World toilet day, Women’s day and support to campaign on sanitation of Govt. of Maharashtra and Govt. of India.

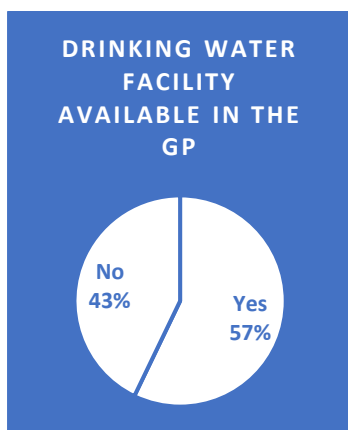
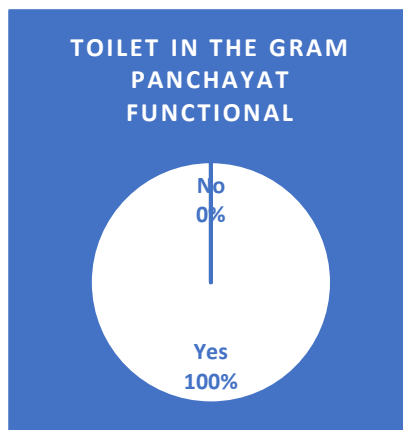
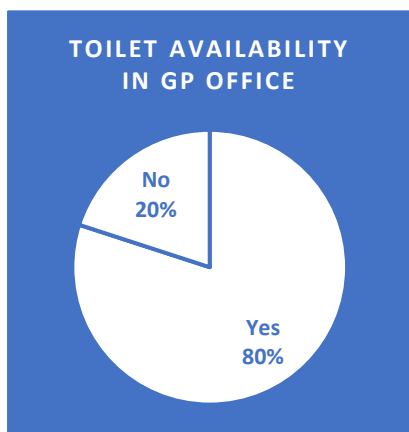
Special days were organized to reinforce the concept of sustainable WASH practices. Global Hand WASH Day and World Toilets Day were celebrated to motivate people on the importance of safe water, improved sanitation, and hygiene. During these events, we collaborated with various National and International INGOs as well as district and block-level officials. **62,110** people from the Nandurbar district participated during the World Hand wash day and World Toilet Day. As part of this, the team also supported Swachh Bharat Mission to organize Clean India Campaign for 7 days. Through this program, villagers were motivated to take up cleaning of their premises, collect plastics, plant trees, etc. **A total of 95 villages participated in this event.**

Following institutions have been surveyed to assess the prevailing situation after efforts made during the past couple of years:

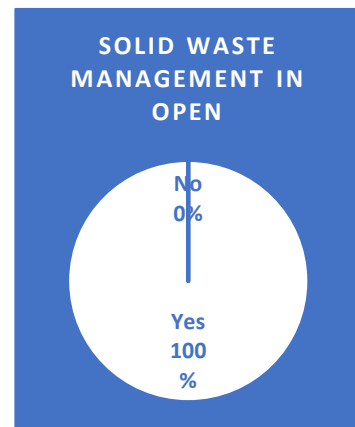
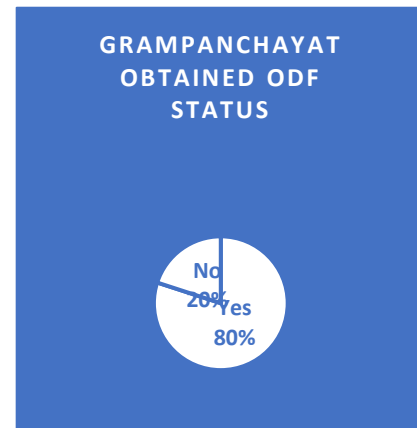
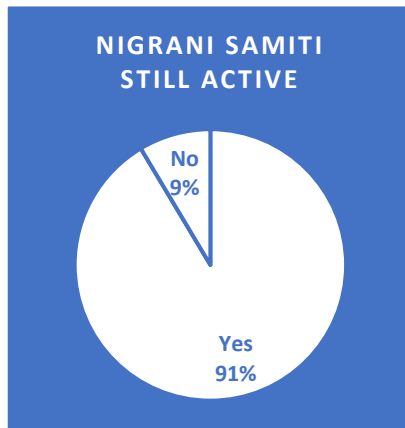
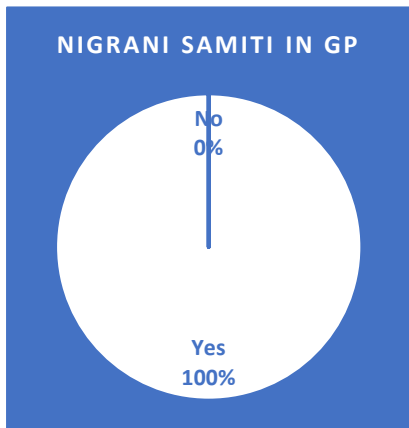
- Gram Panchayat: 35
- Schools: 253
- Anganwadi: 71
- Households: 10678

Gram panchayat Level facilities:

The surveys suggest that 80 % of the GP offices have toilets and about 20% of GPs offices do not have toilets, which is an issue of concern. All the existing toilets are functional. On the other hand, only 57% of the GPs however, have drinking water facilities

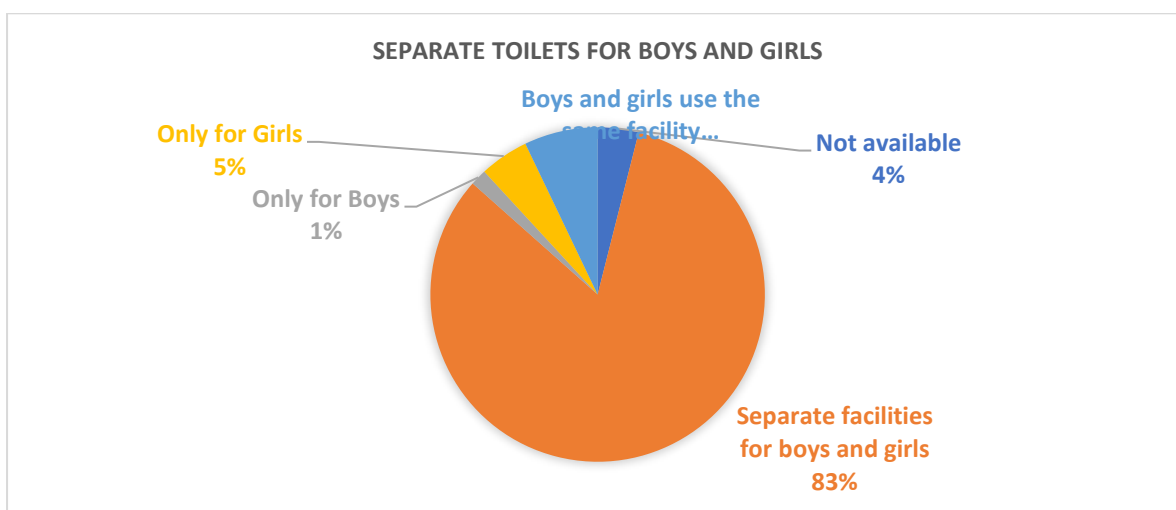


Handwashing facilities are available in 71 % of the GP offices. None of the GP offices have any facility for managing solid waste and therefore all GPs have to dump solid waste in open.

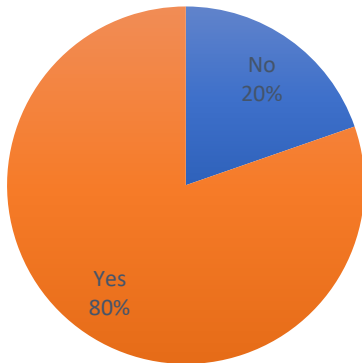


All of the GPs have Nigrani Samitis in place; of which 91% of these samitis are active and the remaining are not active. Though all the GPs have reported being ODF, 80% of them have obtained ODF status, and the remaining 20% have not.

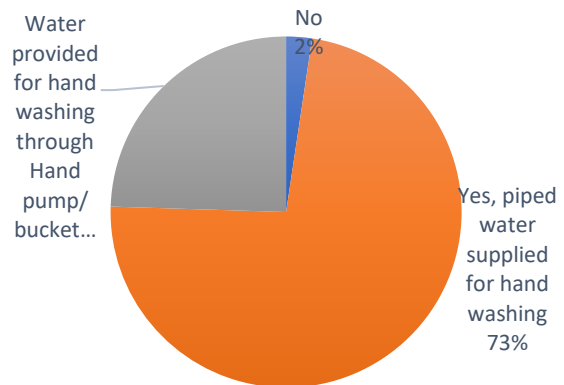
School Level facilities:



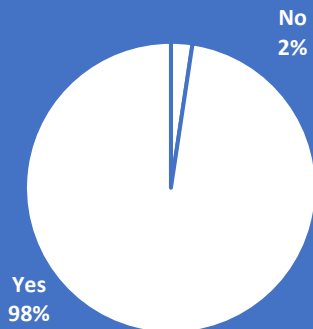
HAND WASHING FACILITY AVAILABLE NEAR TOILET FOR HAND WASHING WITH SOAP



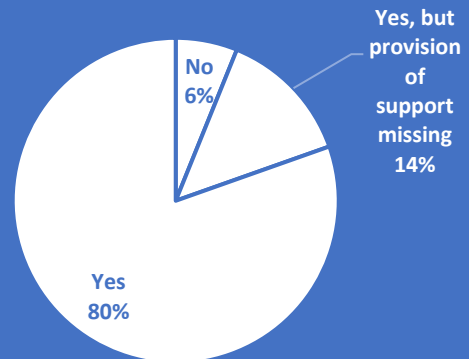
HAND WASHING FACILITY AVAILABLE TO WASH AT A TIME, BEFORE MID DAY MEAL OR LUNCH



STUDENTS WASH THEIR HANDS BEFORE LUNCH

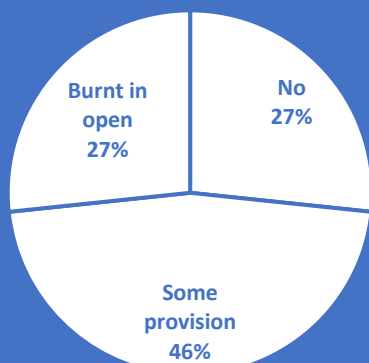


HEIGHT OF HAND WASH FACILITY SUITABLE FOR ALL AGE GROUPS

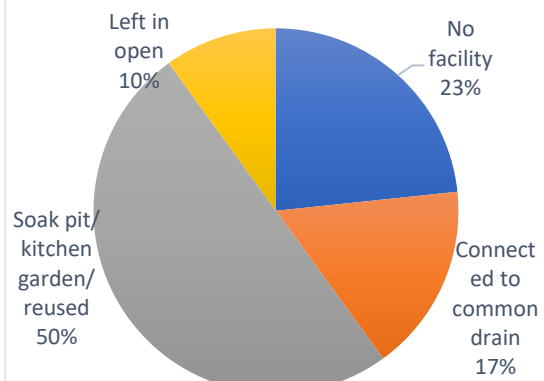


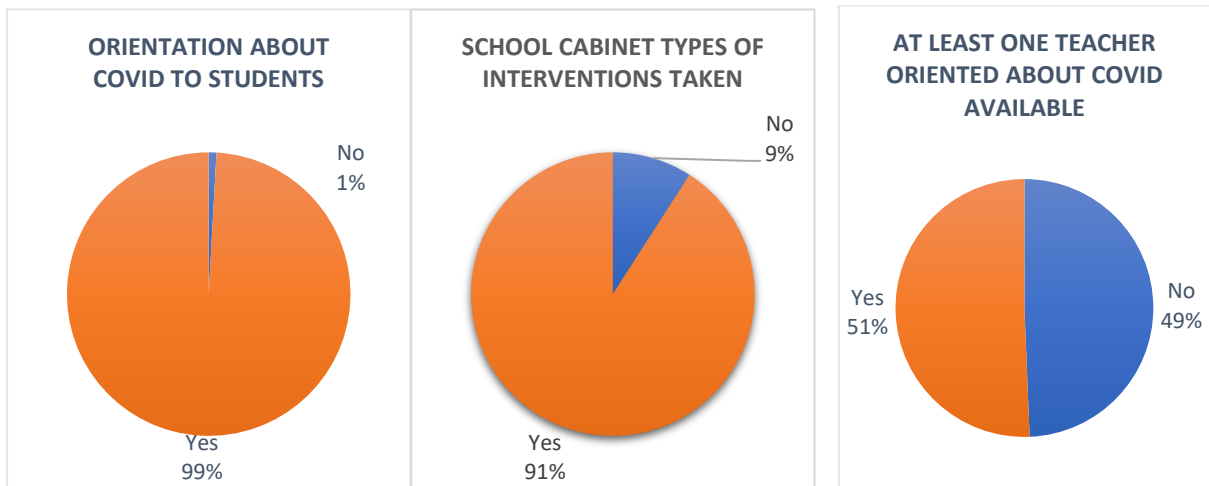
Students from most of the schools (98%) practice washing hands before lunch, whereas 2% of the schools don't follow such practices. The height of the handwashing facility is suitable for use in 94% of the schools but 14% of these schools have support missing and thus making them inconvenient, 6% of the schools do not have hand wash facilities with suitable height.

GARBAGE MANAGED IN SCHOOL

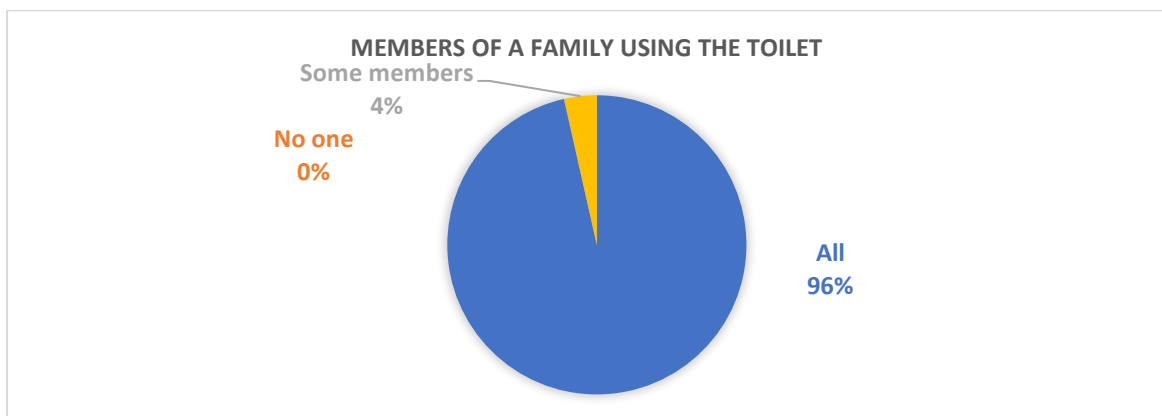
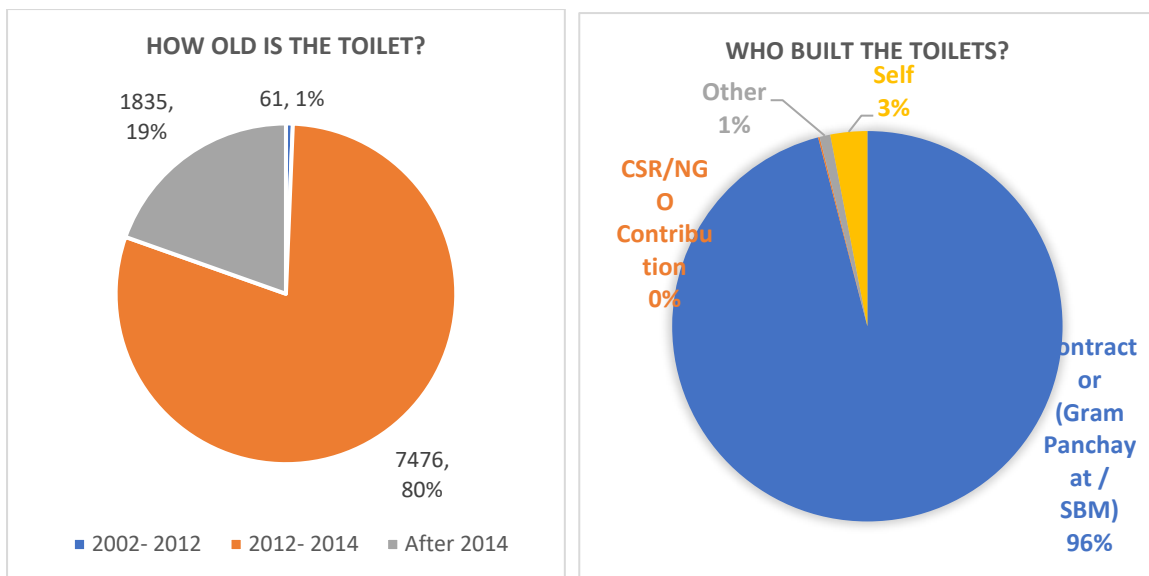


How waste water managed in school





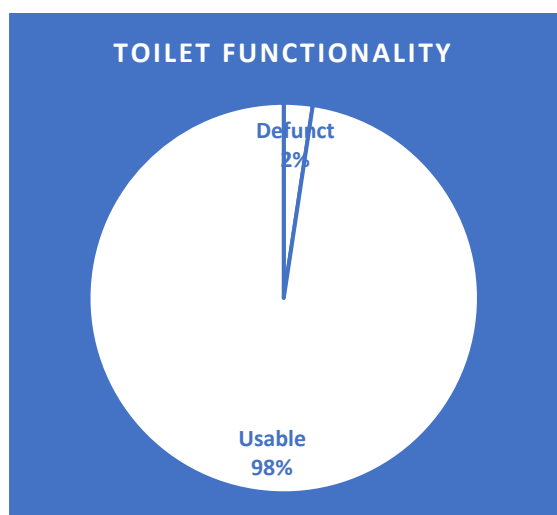
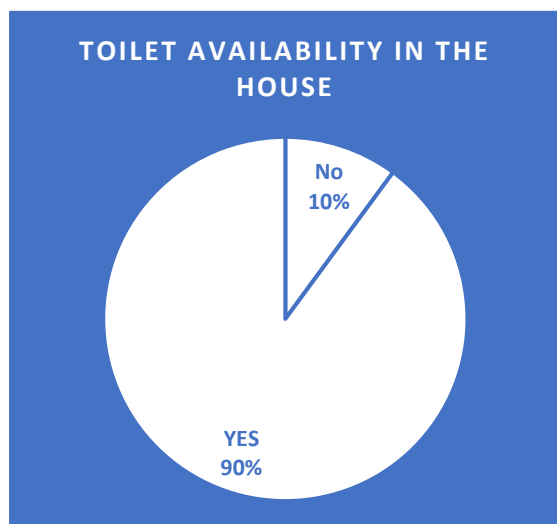
Majority of the toilets (80%) have been built during 2012 -2014, 19% were built after 2014 and just 1% were between year 2002-2012. Majority of the toilets (96%) were built with Government support under Nirmal Bharat Abhiyan, about 3% were self-built and about 1% were supported by CSR and other sources.



Household Level Facilities

Analysis and result of the household Survey in 10678 households in 35 Gram Panchayat with an average family size of 4.4 are given and discussed in the following section.

As indicated in the following graph, about 90% of the households have toilets. Almost 98% of the toilets are functional and 2% are defunct. Gram Panchayat wise proportion of households having and not having toilets is also given in the graph below.





VI. CHALLENGES:

CYDA experiences show that the following can prove barriers to ODF sustainability. These can manifest differently in different contexts but by and large, each of them has the potential to derail the journey towards ODF achievement and sustainability. They are not insurmountable but need careful observation and appropriate intervention, both of which may need more and prolonged effort.

- a. Inadequate and inappropriate sanitation facilities
- b. Inadequate availability of water
- c. Lack of leadership by the GP functionaries
- d. The large size of GPs
- e. Frequent and large-scale out-migration

VII. SUMMARY KEY RESULTS

Quantitative Output Indicators:

Indicators	Target Year 1	Achieved Year 1	Target for Year 2	Achieved Year 2	Target Year 3	Achieved Year 3
1.No. of Children reached at Schools: 15000	6000	7840	3000	8700	6000	1425
2. No of Children at Ashramshalas: 3500	1000	1000	1500	1560	1000	0
3. No of people PRI members and frontline workers trained	1000	1020	740	729	310	361
4. District level stakeholders meeting	1	1	1	1	1	1
5. No of WASH champions identified, trained and capacitated 114	43	43	45	60	26	26
6. No of Frontline workers trained 2740	1096	1096	1096	1248	396	554
7. No of community members directly impacted with ODF measures: 15000	6000	6000	6000	11400	3000	17846
8. Number of PRI members participated in the Exposure	50	50	50	0	35	0
9. No of GP's sustain Open Defecation Free Status: 114	43	13	45	55	46	35
10. Number of GP developed as model	5	10	5	10	6	10
11. Number of ZP school become WASH complaint	63	33	100	67	89	107
12. Number of Ashramshalas become WASH complaint	5	5	10	10	0	0

Qualitative Output Indicators

Indicators	Target in MoU Year 1	Achieved Year 1	Target for Year 2	Achieved Year 2	Target Year 3	Achieved Year 3
252 schools become WASH compliant	63	33	100	67	89	107
12 health centres (PHC/CHC) become WASH compliant	0	0	6	4	6	4
347 Anganwadi's become WASH compliant	88	59	159	77	101	110
114 Gram panchayats where a participatory, community-led WASH approach targeted	43	35	45	45	26	26
15000 Number of people receive hygiene education.	6000	23932	6000	11400	3000	17846
2740 Number of Frontline workers trained	1096	1096	1096	1248	396	554
15000 Number of school children reached through hygiene education	6000	9221	3000	8700	6000	1425
114 Number of WASH Champions trained	43	43	45	60	26	26
3500 Number of Ashramshala students trained	1000	1048	1500	1560	1000	0



Outcome Indicators:

Indicators	Target in MoU Year 1	Achieved Year 1	Target for Year 2	Achieved Year 2	Target Year 3	Achieved Year 3
1. No of institutes WASH Compliant	43 GPs 63 Schools 88 AWs 12 PHCs	13 GPs 33 Schools 59 AWs 0 PHCs	45 GPs 100 Schools 129 AWs 6 PHCs	55 GPs 67 Schools 77 AWs 04 PHCs	26 GPs 89 Schools 130 AWs 06 PHCs	24 GPs 107 ZP Schools 110 Aws 04 PHCs
2. No of communities sustainable	43	13	45	55	30	35

Qualitative Impact Indicators

Beneficiaries	Indicators	Target in MoU Year 1	Achieved Year 1	Target for Year 2	Achieved Year 2	Target Year 3	Achieved Year 3
1.	Communities play a greater role in decision making and get organized to demand and access WASH rights in all intervened GPs	43	43	45	45	26	24
2.	Community based monitoring mechanism developed to sustain ODF status	43	43	45	45	26	24
3.	Gram Panchayats and other local institutions strengthened to actively plan and implement WASH related interventions.	43	43	45	45	26	24

ODF - Key Indicators of the project – September, 2018 to January, 2022				
Sr.No.	Indicators	Planned	Achieved	Source of Verification
1	Number of children reached across 252 schools	15000	17432	Photographs and attendance register
2	Number of children reached across 15 Ashramshalas	3500	2608	Photographs
3	Number of PRI/frontline workers trained	2050	2073	Minutes of the meeting, photographs
4	Number of WASH Champions trained	203	250	Training report & photographs
5	Number of Community members directly impacted with ODFS measures	15000	31771	Various activities, meeting minutes and photographs
6	Number of PRI members participated in Exposure	20	50	Exposure visit report
7	Number of GPs sustain open defecation free status	114	103	Tracker sheet, nigrani samiti activation status, letter of declaration
8	Number of GPs developed as model	16	20	Registers and tracker sheet
9	Number of ZP Schools become WASH complaint	30	32	Completion, handover letter and photographs, tracker sheet
10	Number of Ashramshalas become WASH complaint	15	15	
11	PHC centers become WASH complaint	12	8	Tracker sheet
12	No. of GPs with SLWM solutions	01	01	DPR, Before and after photographs
13	IEC messages on ODF	114	114	Photos and report



WE CAN DEFEAT THE CORONAVIRUS...!"

Palsun is a small village in Navapur Taluka in the Nandurbar District of Maharashtra State, India. It comes under Palsun Panchayat. It belongs to Khandesh and Northern Maharashtra of Nasik division. It is located 28 kms towards west from District headquarters Nandurbar, 46 KM from Navapur and 424 KM from State capital Mumbai. Shrawani (4 KM) , Khatgaon (6 KM) , Khandbara (6 KM) , Navali (7 KM) , Chitavi (8 KM) are the nearby Villages to Palsun. Palsun Local Language is Kokani Adivasi. Palsun Village Total population is 1547 and number of houses are 403. Female Population is 48.9%. Village literacy rate is 54.2% and the Female Literacy rate is 22.6%. And the 45+ above age population is 563 in numbers.

Covid 19 first wave has not affected to Palsun village but the second wave did. The second wave of Corona get affected 45+ patients in this village. There was tremendous pressure on the health department, Gram panchayat and local authorities. There were huge of panic as the villagers were scared of testing, included policemen, gram panchayat members and anganwadi sevikas. Villagers went to their farm and refused to talk on it. The village had to be lockdown immediately as to stop spread of virus in nearby villages. There has to be patients quarantine centre in primary health centre. The vaccination of total village population is the only one way to break the chain of Covid - 19.

There was need to lockdown the village during the first wave and as per the order of Mr. Mandar Kulkarni, Tehsildar (Revenue Inspector of Navapur Block), every villager has to undergo test. Presently, Mr. Santosh Gavali Sarpanch of GP was newly appointed. He and Mr. Yogesh Valvi, medical officers – Valvi, (Palsun Health Facility) tried to mobilize the people to get the test done, but the villagers were hesitating as they were scared.



Considering the issues of the villagers, Sarpanch encouraged other core members to carry out with the hypochlorite solution (disinfection spray), in whole village including ZP School, Anganwadi, Gram panchayat office and primary health centre. He distributed masks and sanitizers to all people of palsun village. And decided to make quarantine centre in the village itself to observe the patients, quarantine them and send to Nandurbar civil hospital during emergency. The effect of quarantine centre was so effective that people realized the effect of corona virus and its implications. Patients affected with corona virus have been given proper treatment, food and lodging at the quarantine centre.

Meeting with Villagers - Quarantine Centre

To trace the suspected people and get the tests done, a village committee was formed with the core members - policemen, gram panchayat members and anganwadi sevikas.

He set up a quarantine centre at the local school run by the Zilla Parishad. Visitors to the village were compulsorily quarantined for 14 days. *"We banned outside vendors, imposed curfew twice a week and closed down the shops. Goods were delivered at doorsteps,"* says Mr.Gavali. ZP School has functional toilets, hand wash station and drinking water available which was retrofitted by CYDA in 2019.

On the other hand, it was a challenging task to convince the people to get the vaccinated, as there was several myths and misconceptions among the people regarding vaccine - like death has been occurred, vaccination is harmful, developed for killing people, will become impotent to child birth and many other negative concepts in their mind.

Mr. Santosh Gavali approached CYDA (Centre for Youth Development & Activities) and requested to support their village to create vaccine awareness among people. CYDA had innovative ideas and started Covid -19 vaccination awareness (#Yes2 Vaccination and NO2 Ventilator) to boost vaccination and support health administration in Nandurbar district.

To motivate the people and make them understand about the importance of vaccines, With the support of IEC van, awareness was spread among villagers, which was the one of the best ways to curb Covid 19 ratio down. The vaccination awareness vehicle was continuously moving around the gram panchayat, ZP school, Anganwadi and primary health centre for two days. Moreover, CYDA along with core members conducted door to door visits and discussed with the senior citizens about vaccines.

Mr.Gavali gathered local youths and organized an awareness campaign on Covid testing. The team also distributed sanitizers and masks to people. "It was not an easy task, considering the resistance among villagers, but we did not give up," he says. Gavali led by example on the vaccination front too. He convinced senior people of their family to take the jab first. In all, 300 people above age of 45 came forward for vaccination. The percentage of vaccination increased from 55% to 90% in upcoming vaccination camp.

The gram panchayat staff screened all 1,500 residents. The symptomatic villagers were tested. Visitors to the village were quarantined for seven days. Villagers who visited district places were tested after three days. A fine of Rs.200/- was imposed on those roaming without masks.

He added, "Since all patients underwent corona test at an early stage, no patient needed expensive treatment such as oxygen or remedicir injection. On that occasion all the patients were released corona at the village level today." He thanked to primary health centres doctors and Para medical staff. Palsun has not recorded a new Covid case since May 15.

YOU SAVED OUR LIVES...!

Mandawa village is situated in hilly terrain of Satpuda range near Narmada River. Mandawa village is located in Akkalkuwa Tehsil of Nandurbar district in Maharashtra, India. It is situated 91 kms away from sub-district headquarter Akkalkuwa and 114km away from district headquarter Nandurbar. Danel is the gram panchayat of Mandawa village. The total geographical area of the village is 504.98 hectares. Mandawa has a total population of 1,212 peoples. There are about 142 houses in Mandawa village. Nandurbar district is one of the Aspirational districts identified by the Central Gov. and Nandurbar district known as tribal district in the Maharashtra state.

CYDA is an organization working in Nandurbar district from the last 3.5 years on Water, Sanitation, Hygiene and Nutrition with the various CSR funding projects. CYDA has innovative ideas and started Covid 19 vaccination awareness (#Yes2 Vaccination and NO2 Ventilator) to boost vaccination and support to health administration in Nandurbar district. The idea is that the Vaccination vehicle contains IEC messages on it which go to villages and discuss & motivate people to take vaccines because the vaccine is the best way to curb Covid 19 ratio down.

Akkalkuwa has done only 1.1 % vaccination and Dhadgaon has been 0.6% due to many reasons. The hilly areas, no proper roads, no network, no electricity and other issues.. The fear of vaccination and its misconception was the major reason among tribal population. CYDA has taken initiative and visited Mandawa village to boost vaccination. Vaccination numbers in nearby villages was very disquieting: Pimpalkhuta 25, Roshmal 11, Chimalkhedhi 18 etc.

CYDA team reached Mandawa village on 22nd May 2021, five days prior with a vaccination vehicle. The objective was to vaccinate as much as many Mandawa community members. Firstly, we prepared a rough map and finalized the vaccination camp date on 26th May in Mandawa health centres through discussing Dr. Swapnil Malkhede Block level health officer, Dr. Gholave Medical officer and Mr. Ishwar Valvi, dy. Sarpanch of Danel gram panchayat. And with the plan, CYDA initiated the first meeting with the community members but the response was worthless; none of them came forward to discuss the topic of vaccination. The tremendous misconception, fear & rumours about vaccination were there. In fact, many people went to hilly areas to avoid discussion. Wherever, we go people start running or hide in their houses. We stayed in Mandawa village.

On the second day, a small meeting was organized once again and approximately 15 people came gathered at Dy. Sarpanch house. The objective of the meeting was only to discuss and clear the myth on vaccination. One of the members told that vaccination is harmful, developed for killing people and will become impotent to child birth and many other negatives. We understood their misconceptions and discussed individually with one by one to clear their myths. We showed our vaccination certificate to our team and asked to show it to Anganwadi workers, Asha workers and primary teachers. After one meeting, we got positive response from them and we moved forward to other hamlet (ward) Sujava pada to

take the same meetings. We tried to call Anganwadi worker, ASHA worker and teacher but they refused and told, people do not understand and had no use by conducting meetings with them. While we talked, one of our team members was threatened with an axe and sickle by the unknown person near our vehicle. We panicked at first then we conveyed the motive with them peacefully and made them understand.

On the third day - 23rd May, we participated in the meeting which was called jointly by the health department, education department, ICDS and gram panchayat jointly. UNICEF block coordinator Mr. Jitu Valvi facilitated a meeting with 56 frontline workers. We took responsibility for vaccination awareness, crowd management on the camp, supporting ZP teachers, ASHA workers and Anganwadi workers for the meeting where actual information can be given. UNICEF and CYDA decided the role of gram panchayat and their responsibility around vaccination camps. The responsibility of AWW, ASHA and ZP teachers were fixed in the meeting.

After that, we continued with small meetings which were taken with the help of local staff and gram panchayat members especially Dy. Sarpanch Ishwar Valvi. The confidence was built after meeting at Hintaipada, Kundidongar pada, Bamni village- Khalpada, bubapada, hakdipada under the Danel gram panchayat. We announced through the local language about myths surrounding vaccination and adding that Mandawa camp place, date etc. We had taken key stakeholders meeting, key persons like (Dayas) were present and the meeting took place at the particular hamlets, we undertook a meeting where there were 25 youths present and convinced them about the importance of vaccination and carry the message forward to their respective families and simultaneously, we did door to door visits to convince people for vaccination. Our vehicle and team went to market areas at Molgi and spoke there regarding vaccination.

On the last day, we did preparation work for the vaccination camp site. We planned 15 youths to work and help the task force in the registration room, counselling room, observation room, transportation, serving food and snacks to vaccinated people at the campsite. The camp started at 10.00 am with the presence of Block health officer, key person from the Danel gram panchayat, Panchayat Samiti member, UNICEF and CYDA.

CYDA decided to transport 20/25 people directly at the camp site whoever agreed to take the vaccine. Transportation was one of the major reasons which hindered vaccination. We were not assigned any specific one padas (hamlet), we were monitoring the demand and we went there for transporting people.

The response was so good, 112 people were vaccinated under Mandawa health center. The block health officer said, "While nearby village vaccination camps are going slow, Mandawa village created such a remarkable example which helps them. It's not only above 100 it is more than 1000 considering the trouble in hilly areas"

“You saved our lives...you came for us, we live far from the city. Our tribal people are so afraid of vaccination doses but understood from the meetings conducted the importance of vaccination.” - said Bhausing Valvi, member of Mandawa village.

“The vaccination awareness work was done by CYDA at the Mandawa and nearby village, they did small scale meeting pada wise and it boosted the vaccination drive, we right now stand where no one wants to work in Satpuda range but the team has done great job.” - Medical officer, Mandwa PHC.

We went to one of the villages but there are many villages in Akkalkuwa block which need to vaccinate people right now. We saw women are going into the valley for water, we saw the infant mortality rate, we saw child marriage and there are many livelihood problems around these villages. We want to work more in upcoming days but we need your help in whichever kind.



THE CHANGE AFTER THE STRUCTURE

“Now a days, I love to go school every day and I want to become an engineer “said Prince 4th standard student, in Zilla Parishad School while taking a session on personal hygiene. This school is situated in Kadwan lahan in Navapur block, district Nandurbar 40 kms. Away from Nandurbar headquarter.

ZP School has strength of more than 100 students with 60 boys and 40 girls of 1st to 7th standard. School has one playground, drinking water available and separate toilet, urinals for boys & girls.

A baseline survey was conducted at Navapur, by CYDA and Finish society with the supported by NSE foundation in Navapur block as assessed that the toilets and urinals were defunct. There was no facility available for solid & liquid waste management. The school has not proper hand wash station for students. Children accessed drinking water from a small steel tank without filter. The students were not aware about the steps of hand wash and mostly not aware about the diseases caused due to open defecation.

In the year 2018, CYDA, engaged students through our interactive Behaviour Change Communication sessions. First, took a primary meeting with school teachers and explained them about projects. Students were introduced by playing story of germs’. The response was so fantastic and active participation of the children. That was great experience to watch students to do each activity with full of energy and enthusiasm. After that many sessions were conducted and intense discussion happened on personal hygiene, sanitation, water, cleaning and use of toilets. Focus of next session was engage students in the game of snake & ladder and make them aware about personal hygiene. After that we sang a song with the demo of hand wash. Then we did demo of unhygienic water and explained students about clean & safe water.

“Amhala khup avdte gan gat gat hat dhutana ani mla tr ata savay jali ahe hat dhunyachi, me shauchala gelyanantr, jevanyachya adhi, jevana nantr ani khelun alayvr hat dhute.” Said Pooja. (We love to sing a song while hand wash with the proper steps. I use to hand wash after using toilet, before & after eating, after playing.)

NSE foundation support to CYDA & FINISH created child friendly hand wash station with inbuilt liquid soap structure to motivate students for hand wash in just one month. While moving forward we also renovated toilet & urinals for boys and girls. Provided a drinking water filter for use clean & safe drinking water by students.

Now, the students are most aware of the hygiene disease and leading a rally to the village through a slogan of “jay Swachhta”, explaining parents about open defecation threats and support activity with Nigrani Samitis.

Teachers in schools expressed that, “Really thanks to NSE foundation, CYDA & FINISH Society for doing a great work. Students are coming in the school continually. The graph of students becoming weak is seen low in our school. Mostly, our neighbour schools teacher are also asking the question how was the behaviour change happened.” ZP School has followed the guideline of Swachhta Vidyalaya and improved a star in rating system from 1st star to 3rd star. We think this is very important gain for them.



CHINCHPADA PHC IS REJUVENATING...

Primary Health Care centres play a very vital role in the health care system of the rural population of our state and the country. They are expected to serve as centres for promotion of positive health, make people health conscious and ensure their full participation. Primary Health Care centre is a multipurpose unit which renders curative, preventive and promotive health care services to people living in defined geographical areas. A primary health centre provides accommodation for out-door clinics, MCH/FP clinic, minor surgery room, small laboratory and a ward of 6 beds, 4 being reserved for maternity. PHC is known for offering its services as a health team. There will be one PHC for 20,000 population in tribal, hilly areas and for 30,000 population in non-tribal and non-hilly areas.

Chinchpada PHC is a Panchayat village located in Nasik division of the Khandesh region of Maharashtra state in India. Administratively, Chinchpada PHC is under Navapur block, Nandurbar district. It is about 100 kms from Dhule and 50 kms from Nandurbar district headquarters. The PHC has medical officers, health assistant, ANM, lab technician, pharmacist and other Non-technical staff.

The first assessment of Chinchpada PHC was under **Block Transformation for ODF sustainability and WASH compliant communities, schools, Ashramshalas and other key institutions** project supported by NSE Foundation in Navapur block with implementation by CYDA and FINISH Society in February 2019. The assessment subject was on Kayakalp started by the Govt. of India. The Swachh Bharat Abhiyan launched by the Prime Minister on 2nd October 2014, focuses on promoting cleanliness in public spaces. Cleanliness and hygiene in hospitals are critical to preventing infections and also provide patients with a positive experience and encourage moulding behaviour related to clean environment.

The assessment result was very low at first time which was 26.4% only. The marks obtained by PHC on multiple parameters like- PHC upkeep, Sanitation & hygiene, Waste Management, Infection control, Hygiene Promotion and Support Services. This shows that the PHC is lagging behind on all parameters as per the Kayakalp guidelines. PHC staff were also unaware about details of safe hygiene and sanitation in the PHC. The non-technical staff were also given non-appearance information about cleanliness in the PHC. There were no posters or sign boards in the rooms. There was one IEC poster up on the wall but it was outdated and not as per the new Govt. rules. There was also a dysfunctional rain water harvesting system in the PHC and toilets were not cleaned frequently.

CYDA and Finish Society is working on ODF Sustainability and supporting the Government for making WASH complaint institutions in Navapur block as mentioned earlier. We have a consultant on PHC WASH and we have completed the 2nd PHC assessment in June 2019 with the head of Kayakalp and Quality & Assurance department of Nandurbar Mr Pradip Patil. The result was not so impressive on scale but it is improving bit by bit. The score was 48.3% in Kayakalp assessment.

[The PHC assessment was on Kayakalp](#)

Before the assessment, the plan was to improve scores on multiple levels with the support of PHC staff. The training was arranged on Kayakalp guidelines for PHC staff in Navapur block in May 2019. The main motive behind the training was to promote cleanliness, hygiene and Infection Control Practices in public Health Care Facilities along with other related objectives.

After the training and follow up, the plan was to improve PHC score by firstly constituting a Cleanliness and Infection Control Committee in the PHC. This would be followed by maintenance of all registers on a regular basis. Non-technical staff checklists were also prepared. The updated IEC was provided by CYDA and Finish Society. The drinking water system is now functional and fixed. And toilet is cleaned and ready for frequent use.



Now, the PHC has been nominated to Kayakalp from Nandurbar district in the PHC category. The result is yet to be announced and was delayed due to the lockdown situation but progress is clearly seen. There is a lot of work that still needs to be done and one can say it is a work in progress. One now needs to focus efforts on a rainwater harvesting system, sharp pit, and other operation & maintenance work.

Dr. Survanshi, Medical Officer

“Chinchpada PHC is highly efficient and ready to move forward but there is much much-needed on the infrastructure level. We are demanding more funds on the Government side and need support from non-government organizations”

Dr. Pradip Patil Head, Kayakalp Quality & Assurance Department

“There was no drastic change immediately but we must admit that there is an initial positive change started Kayakalp in Nandurbar district. Hope it will continue”

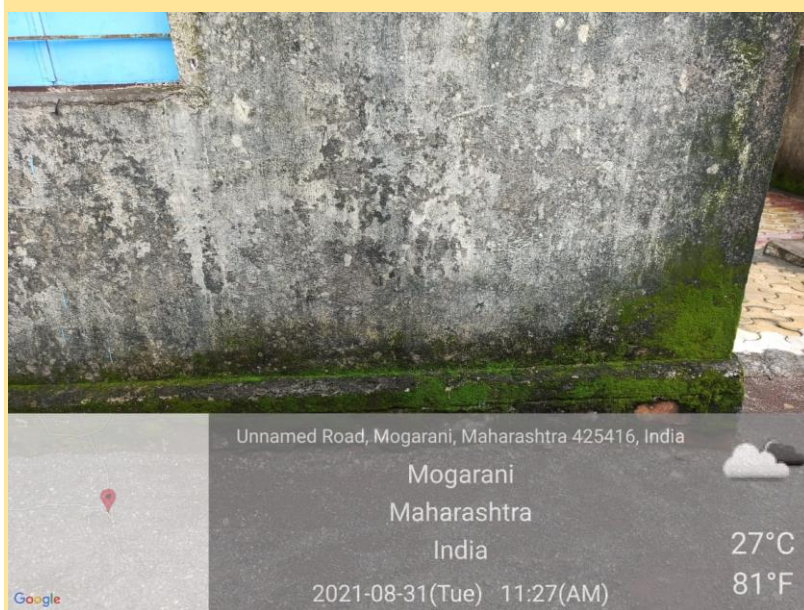
Harnipada Anganwadi WASH complaint case study

Introduction:

The NSE Foundation support to the Block Transformation for ODF sustainability and WASH compliant communities, schools, Ashramshalas and other key institutions project with the implementation partners Finish Society and CYDA in the Navapur block, Nandurbar district, Maharashtra. The project aims to transformation for ODF sustainability and WASH complaint institutions in the Navapur block. To achieve project aims and project needs to assess the Institutions gaps for WASH complaint. The common gaps where found most of the institutions for example unavailability of Hand wash station, drinking water station, dysfunctional toilet, urinals etc. The Anganwadi institution under the ICDS (Integrated Child Development Services) department represents one of the world's largest and unique programmes for early childhood care and development found same gaps which was identified earlier.

Problems:

Many Anganwadi Centers (AWCs) in the Nandurbar district don't have a water tank, thereby forcing the helpers or Anganwadi Sevikas, to travel a minimum distance of 1 to 2 Km, almost daily to fetch water for hand wash, drinking and other use. During summer, the problem worsens as the scorching heat makes it impossible for the sevikas to take on the physically gruelling task of carrying water to the centre. After the SBM intervention, most of Anganwadi have the sources of Water but have not the platform of hand wash station, not connected in toilet also. The absence of water either for drinking or washing hands not only affects the functioning of the centre but also the health and life of the children (in the age group of 0-6 years) who spend the maximum time there. Global studies have shown that hand washing at critical times such as before eating, and after using the toilet can reduce diarrhoea rates by almost 40 per cent. In India, 400,000 children die every year due to diarrhoea alone, clearly calling for an increased awareness on the importance of washing hands, especially in AWCs, which are vulnerable to water shortage.



Solution:

Under the retrofitting support to ZP Schools and Anganwadi, CYDA, decided to raise awareness on the importance of washing hands every day with soap, among the helpers and children at the Anganwadi centres, located in remote tribal areas where project run. Expanding further, the team conceptualized, designed, and built Hand Wash Stations that were placed at the centres.

Created entirely by CYDA after an intense on-ground research, these stations were built in house: using raw material supplies, good quality material for better durability, reliability and easy to use models. Hand wash station have saved time of AWC helpers, at least every alternate day to fetch water and seen rise in demand from other centres as well. CYDA believe that through this simple initiative of setting up hand wash stations at AWCs, they could prevent one out of four deaths due to water borne diseases among the children, who already suffer from malnutrition.

Harnipada Anganwadi has the functional toilet and hand wash station now.

"Most of the times children forget to wash their hands, so we have made it a point to accompany all of them before any food/meal. In the long run, we are sure that washing hands will become a habit. Before we got the hand wash stations at the centre, there used to be a lot of absenteeism because of illness, but now not so much." Jayvanti Kokani, Anganwadi Sevika explained.



What Next:

The simple act of washing hands and building a better hygiene infrastructure at the Anganwadi level can help save one third of children in India from diseases such as: diarrhoea, intestinal worms, respiratory infections, and other diseases that can be avoided by improved hygiene. The next gradually step from ICDS department with the help of Grampanchayat, to build such hand wash station in the entire block as soon as possible. The community members ready to do small magic pit in the Anganwadi premises for liquid waste management.

IX. PHOTOS





कोरोना बलूनद्वारे जनजागृती करून लसीकरणाचे पटवले जातेय महत्त्व

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राष्ट्रीय सेवा योजनेचा स्वयंसेवक प्रतीक माधव कदम याने बलून परिधान करून कोरोना जनजागृती अभियानात सहभाग नोंदवला. सीवायडीए संस्था, राष्ट्रीय सेवा योजना, जिल्हा परिषद आणि एनएसई संस्थेतर्फे कोरोना लसीकरण जागृती अभियानाला जिल्हाधिकारी डॉ. राजेंद्र भारुड यांच्या हस्ते हिरवी झेंडी दाखवून सुखात करण्यात आली. सीवायडीए विभागाकडून मिळालेला कोरोना बलून आकर्षणाचा केंद्र ठरला. शहादा येथील विज्ञान वरिष्ठ महाविद्यालय व एनएसईतर्फे जिल्हाभर लसीकरण जनजागृती अभियान राबवण्यात येत आहे. या वेळी उपजिल्हाधिकारी महेश पाटील, जिल्हा शल्यचिकित्सक



जनजागृती अभियानाला प्रारंभ करताना जिल्हाधिकारी डॉ. राजेंद्र भारुड.

डॉ. आर. डी. भोये, जिल्हा माहिती अधिकारी डॉ. किरण मोघे, शहादा विज्ञान महाविद्यालयाचे प्राचार्य डॉ. शांताराम बडगुजर, सीवायडीए शाखा व्यवस्थापक अमोल शेवाळे, राष्ट्रीय सेवा योजनेचे जिल्हा समन्वयक प्रा. डॉ. माधव कदम, सीवायडीए या संस्थेचे शहादा,

नंदुरबार, नवापूर, घडगाव, तळोदा, अस्कलकुवा तालुका समन्वयक उपस्थित होते. शहरातील अंधारे स्टॉप, मंगळ बाजार, हाट दरवाजा या ठिकाणी प्रबोधन करण्यात आले. तसेच गुरुवारी सिंधी कॉलनी, माळी वाडा, सिव्हील हॉस्पिटल या भागात जनजागृती झाली.

लोकमत



लव्कडकोट, ता. नवापूर येथे कोरोना प्रतिबंधक लसीकरण शुभारंभप्रसंगी लोकांमध्ये लसीकरणाबाबत लक्ष वेधण्यासाठी व जनजागृतीसाठी कोरोना विषाणूची भोवी प्रतिकृती देण्यात आली होती. या वेळी उपस्थित आमदार त्रितीय नारडक, तहसीलदार मंदार कुलकर्णी, जलप्रसंग गावीत, तानाजी वळकी, डॉ. अविनाश मावडी, डॉ. प्रवीण पाडवी, दिलीप गावीत, भरत गावीत, प्रकाश गावीत, विनायक गावीत, परमेश्वर मोडे, किशोर रायते, नीलेश देवरे.

लव्कडकोटला आमदारांच्या उपस्थितीत शुभारंभ

लोकमत न्यूज नेटवर्क नवापूर : लव्कडकोट येथे आमदार त्रितीय नारडक यांच्या उपस्थितीत कोरोना प्रतिबंधक लसीकरणचा शुभारंभ करण्यात आला. कार्यक्रमास तहसीलदार मंदार कुलकर्णी, कोरेसचे तालुकाध्यक्ष जालमसिंग गावीत, तानाजी वळकी, तालुका आरोग्य अधिकारी डॉ. अविनाश मावडी, डॉ. प्रवीण पाडवी, लव्कडकोटच्या सरपंच मिलका गावीत, कारभारटचे सरपंच दिलीप गावीत, भरत गावीत, प्रकाश गावीत,

तालाठी विनायक गावीत, ग्रामसेवक परमेश्वर मोडे, केंद्रमुख किशोर रायते, आदर्श शिक्षक भगवान सोरोनगे, जय नरे, सारिका तांबोळी, शांत मावची, नीलेश देवरे आदी उपस्थित होते. यावेळी आमदार नारडक म्हणाले की, कोरोना लस सुरक्षित अस्तु, ही लस सर्व पात्र ग्रामस्थांनी घेतली पाहिजे. कारण कोरोनापासून बचावासाठी या लसीमुळे मोठे सुरक्षा कवच मिळणार आहे. लसीबाबत ग्रामस्थांनी कोणतीही शंका मनात

आणू नये. आपण सुरक्षित तर आपले कुटुंब व गाव सुरक्षित राहणार आहे. नवापूर शहर व तालुका कोरोनामुक्त व लसीकरणयुक्त करण्यासाठी प्रयत्न असून, यासाठी सरपंच-उपसरपंच यांनी ग्रामस्थांना लसीकरणासाठी प्रोत्साहित करावे, असे आवाहनही त्यांनी केले. तहसीलदार कुलकर्णी व आरोग्य अधिकारी डॉ. मावची यांनीही मार्गदर्शन केले. सूत्रसंचालन भागवान सोरोनगे यांनी तर आभार ग्रामसेवक परमेश्वर मोडे यांनी मानले.

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एनएसई फाउंडेशन, सीवायडीए संस्थेने जिल्हासाठी दिले ५० फाऊलर बेड

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एनएसई फाउंडेशन आणि सीवायडीए संस्थेतर्फे जिल्हासाठी ५० फाऊलर बेड भेट देण्यात आले. जिल्हाधिकारी डॉ. राजेंद्र भारुड यांच्या उपस्थितीत प्रतिनिधीक स्वरूपात हे बेड जिल्हा शल्य चिकित्सक डॉ. रघुनाथ भोये यांच्याकडे सुपूर्द करण्यात आले. या वेळी मुख्य कार्यकारी अधिकारी रघुनाथ गावडे, अतिरिक्त जिल्हा शल्य चिकित्सक डॉ. के. डी. सातपुते, सीवायडीएचे सचिव मंथु मट्टम, समन्वयक अमोल शेवाळे आदी उपस्थित होते. जिल्हाधिकारी डॉ. भारुड यांनी सीवायडीएला ग्रामीण भागात लसीकरणविषयी जनजागृती करण्यासाठी संस्थेकडून चांगले सहकार्य मिळेल, अशी



बेड लोकार्पणप्रसंगी उपस्थित जिल्हाधिकारी डॉ. राजेंद्र भारुड व पदाधिकारी.

अपेक्षा व्यक्त केली. फाऊलर बेडचा उपयोग रुग्णांवर उपचार करण्यासाठी चांगल्यारितेने होईल असे ते म्हणाले. गावडे यांनी सीवायडीएतर्फे जिल्हात स्वच्छता आणि आरोग्यासंदर्भात चांगले काम होत असल्याचे सांगितले. कुपोषण कमी करण्याच्या प्रयत्नात संस्थेचे सहकार्य स्वागतार्ह असल्याचे

त्यांनी सांगितले. मंथु यांनी नंदुरबार जिल्हात संस्थेतर्फे सुरू असलेल्या प्रयत्नांची माहिती दिली. सॅम आणि मॅम बालक असलेल्या २००० कुटुंबांना पोषण आहाराचे कौट वितरीत करण्यासोबत ग्रामीण भागात कोरोना लसीकरणबाबत जनजागृतीचे नियोजन संस्थेतर्फे करण्यात येत असल्याचे ते म्हणाले.

कोकणीपाडा ग्रा.पं. ठरली हगणदरी मुक्त

नवापूर प्रतिनिधी।

शाश्वत स्वच्छता अभियाना अंतर्गत नंदुरबार जिल्ह्यातील पहिली शाश्वत उपड्यावरील हगणदरी मुक्त ग्रामपंचायत कोकणीपाडा ही उपमुख्य कार्यकारी अधिकारी डॉ. सारिका बारी आणि गटविकास अधिकारी नंदकुमार वाळेकर यांच्या उपस्थितीत जाहीर करण्यात आली. ग्रामपंचायत सुरुवातीला एन.एस.ई. फाउंडेशन यांच्या मदतीने सीवायडीए संस्थेच्यामार्फत शाश्वत स्वच्छता आराखडा तयार करण्यात आला. त्यानंतर गावातील ग्रामपंचायत आणि ग्रामस्थ, युवक मंडळ यांच्यामार्फत गावात उपड्यावरील हगणदरी मुक्तीसाठी विविध उपक्रमांद्वारे लोक प्रबोधन करण्यात आले. त्यानंतर ५ महिन्यांच्या अथक परिश्रमाने ग्रामपंचायत ही शाश्वत हगणदरी मुक्त करण्यात आली. कार्यक्रमाप्रसंगी उपमुख्य कार्यकारी अधिकारी डॉ. सारिका बारी, नवापूरचे गटविकास अधिकारी नंदकुमार



वाळेकर, स्वच्छ भारत मिशनचे योगेश कोळ्यकर, विस्तार अधिकारी किरण गावीत, कुवरा नाना, सहायक विस्तार अधिकारी आर.के. गावीत, स्व.भा.मि.चे योगेश नेरपार, कोकणीपाडाचे सरपंच दुर्जनसिंग कोकणी, कोकणीपाडाचे ग्रामविकास अधिकारी सुभाष पवार, एसवायडीएचे जिल्हा व्यवस्थापक मुनील सहाय, क्षमता बांधणी समन्वयक मंगेश निकम यांच्यासह ग्रामस्थ उपस्थित होते.



Nawapada, Maharashtra, India
 5XM5+W6R, Nawapada, Maharashtra 425426, India
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 Long 73.958219°
 26/02/22 02:31 PM



Visarwadi, Maharashtra, India
 5XJ7+XXP, Visarwadi, Maharashtra 425426, India
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Visarwadi, Maharashtra, India
 5XJ7+HVP, Visarwadi, Maharashtra 425426, India
 Lat 21.181483°
 Long 73.964757°
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X. ABOUT CENTRE FOR YOUTH DEVELOPMENT AND ACTIVITIES:

Centre for Youth Development and Activities (CYDA) is a Youth-led Voluntary organization registered under Society Registration Act 1860 in the year 1999. Centre for Youth Development and Activities works with all age group people as well as through their engagement ensure the empowerment of the marginalized in society. Centre for Youth Development and Activities believes that 'youth' is a potential force, if mobilized and channelized in the right manner and invested in, could serve as agents of social change and transformation.

