



SANITATION NEWS

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Dear Readers,

Greetings to all you good people. First thing first, thank you for your generous acknowledgement of the last issue of FINISH Newsletter.

We would also like to place in records our sincere thanks for the contribution received and hope to get more contributions for the next issue of the Newsletter.

Here in this issue of Newsletter, I throw question at you, dear readers, to dwell on and determine how intimately you have thought to promote safe sanitation in your surroundings. So please do pen down your ideas and mail us at csenggmukul@finishsociety.com.

Lastly on behalf of FINISH Society I wish all readers a joyous and prosperous 2012.



Mukul Singhal

From the Chairman's Desk

The general level of sanitation in rural India leaves much to be desired. Despite claims made under the Total Sanitation Campaign of the Government of India, the ground reality is appalling.

A recent visit to some villages in the districts of Sambalpur, Bhubaneswar, Cuttack and Puri of Orissa State was indeed revealing. The density of sanitary coverage in many of the villages visited was pretty low, often less than 20%. Many such villages have pucca houses, with electricity, Dish Antenna and piped water connection but no toilets. In some rare instances, where the density of sanitation was somewhat higher, despite the village being apparently poor, the reason was that the open fields available for open defecation were shrinking!

Clearly, the campaign towards sanitation coverage is lacking in drive and commitment. A task generally assigned to the District Collector, who is otherwise far too preoccupied with sundry other calls of duty, the campaign indeed does not get the attention it truly deserves. With no one of visible authority driving the project, unfortunately, this government project seems to be floundering, except producing thoroughly unreliable data!

FINISH (Financial Inclusion Improves Sanitation and Health) is an innovative project, initiated with support from WASTE, a NGO of the Netherlands. It is built on the premise that there indeed is demand for toilets in the rural areas but this remains unfulfilled for want of access to credit. FINISH project has enlisted the support of some MFIs and NGOs who are persuaded to extend sanitation loans to interested villagers for constructing toilets. Such MFIs and NGOs are supported by the project by way of assistance towards awareness creation, training of village level animators, project managers, masons and providing a modest incentive to such MFIs/NGOs against achieving a minimum level of sanitation density in the village. FINISH project endeavours to ensure that the design of the toilets built is consistent with local conditions with regard to ground water level, distance from source of drinking water, ultimate utilization of fecal matter, etc.

The project has entered its third year of implementation. Over 1.2 lakh toilets have been reportedly built on loans, to the extent of over Rs. 40 crores, provided by partners of FINISH in eight states of India. These figures are now under verification. Meantime, the recent crisis in MFIs has acted as a dampener to the project, with the drying up of flow of funds to the MFIs.

FINISH Society has been established with the intent of further carrying on with the mission of FINISH project, apart from other relevant rural development activities concerned with rural health and sanitation. The Society is establishing contacts with relevant government agencies, NGOs, financial institutions and corporate bodies to mobilize support and resources for further carrying on its activities. It has met with positive response in some states including Orissa and Rajasthan.

It is hoped that in the months and years ahead, the Society will be able to make its presence felt in the rural India in the field of sanitation and health.



A. Sahasranaman

Including disabled people in Sanitation and Hygiene services

The needs of disabled people in developing countries are consistently overlooked when it comes to providing sanitation and hygiene services. This reality has severe and widespread consequences for the health, dignity, education and employment of disabled people and their caregivers.

In March 2011, the SHARE consortium, Water-Aid and the Leonard Cheshire Disability and Inclusive Development Centre (LCD) brought together 22 researchers and policy-makers with expertise in water, sanitation and hygiene (WASH), equity, inclusion and disability to share knowledge and experiences, and develop a research programme for disabled access to sanitation and hygiene services.

This briefing note, prepared with support from WSSCC, explores these issues and indicates the following findings.

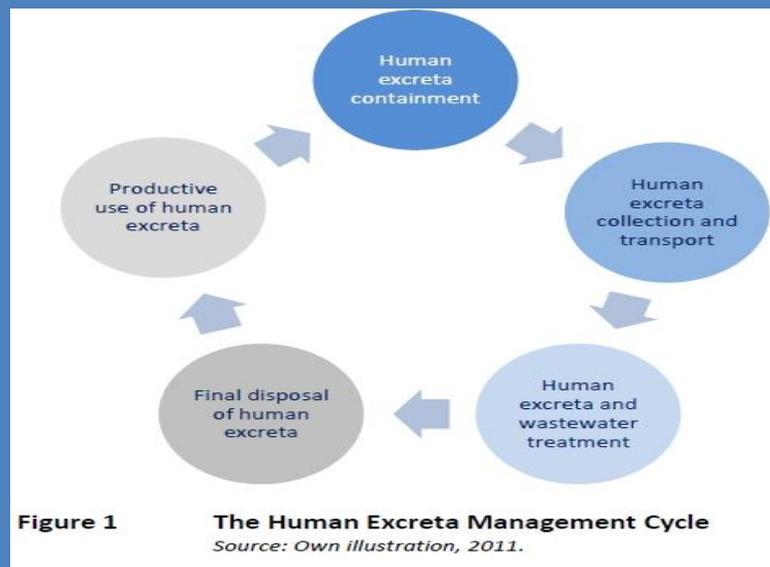
1. Evaluate interventions designed to benefit disabled people within mainstream sanitation approaches, such as community led sanitation, to document good practice.
2. Undertake in-depth quantitative and qualitative research with disabled people, their families and communities in two countries. This comparative approach would help determine if some challenges are universal. The quantitative element will generate facts and figures relating to the type and extent of the challenges.
3. Develop guidelines regarding baseline questions, indicators and outputs for inclusion within national and international monitoring and evaluation mechanisms.
4. Undertake cost benefits analyses of improving access to sanitation and hygiene services for disabled people, and of not taking action.
5. It is unethical to conduct research to understand a problem and then not attempt to alleviate it. After the initial research the team will design interventions to respond to the research findings, and then use similar methodology to assess the impact of intervention.

You can download the briefing note click on the following link

<http://www.wsscc.org/resources/resource-publications/including-disabled-people-sanitation-and-hygiene-services>

Sanitation financing models for the urban poor

The provision of sanitation services in low-income urban areas is one of the greatest challenges in development. Population growth in developing countries currently outpaces sanitation growth, especially in urban areas for a large part of the world's population, especially for adolescent girls and women.



Consequently, in urban areas where poor people reside, and where “formal” sanitation services are not available to them, they experience the compounded effect of serious economic disadvantages such as high risk to public health; a dirty and contaminated environment; no basic human dignity and safety.

This paper catalogues existing financing models that can help the urban poor get access to complete sanitation services. It examines each model based on an analytical framework that comprises six criteria: applicability,

It offers a recommendation for mixing financing mechanisms to meet the urban poor's needs, and makes a plea for developing poor-specific and full-cycle specific plans for sanitation. Although financing mechanisms include matched funding from national governments, the focus is on financing at and below city level. The contents give an overview of ways that the urban poor and others (e.g. national and local government, NGOs, external donors) have (co-)financed improved sanitation, and the advantages and limitations of each option.

The overview is subdivided by service level and builds on the work of IRC's WASH Cost project on [sanitation service levels](#).

Source: The Hauge: IRC International Water and Sanitation Centre; Web link <http://www.irc.nl/top25>

Economic aspects of Sanitation in developing countries

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BACKGROUND: Improved sanitation has been shown to have great impacts on people's health and economy. However, the progress of achieving the Millennium Development Goals (MDGs) on halving the proportion of people without access to clean water and basic sanitation by 2015 has thus far been delayed. One of the reasons for the slow progress is that policy makers, as well as the general public, have not fully understood the importance of the improved sanitation solutions. This paper, by gathering relevant research findings, aims to report and discuss currently available evidence on the economic aspects of sanitation, including the economic impacts of unimproved sanitation and the costs and economic benefits of some common improved sanitation options in developing countries.

METHODS: DATA USED IN THIS PAPER WERE OBTAINED FROM DIFFERENT INFORMATION SOURCES: international and national journal articles and reports, web-based statistics, and fact sheets. We used both online search and hand search methods to gather the information.

RESULTS: Scientific evidence has demonstrated that the economic cost associated with poor sanitation is substantial. At the global level, failure to meet the MDG water and sanitation target would have ramifications in the area of US\$38 billion, and sanitation accounts for 92% of this amount. In developing countries, the spending required to provide new coverage to meet the MDG sanitation target (not including program costs) is US\$142 billion (US\$ year 2005). This translates to a per capita spending of US\$28 for sanitation. Annually, this translates to roughly US\$14 million. The evidence compiled in this paper demonstrates that investing in sanitation is socially and economically worthwhile. For every US\$1 invested, achieving the sanitation MDG target and universal sanitation access in the non-OECD countries would result in a global return of US\$9.1.

CONCLUSION: Given the current state of knowledge, sanitation is undeniably a profitable investment. It is clear that achieving the MDG sanitation target not only saves lives but also provides a foundation for economic growth. Please click on the following link for Full Text. [Full-text](#)

Source: *Environ Health Insights*, 2011; Oct 18

UPDATE- FINISH PROJECT

FINISH- New model of Implementation

FINISH Project has been under implementation in 38 districts of 7 States of India in the last over two years in close coordination with our 7 implementing partners and as per Reports received from them we had got constructed over 100,000 SS during this period. Our Strategy was to engage with a few big MFIs/NGOs to undertake the task of generation of demand for sanitation with financial assistance from FINISH and then address the same by mobilizing microfinance needed for the construction. Experience of the last two years has however shown the Office of the Programme Director could not oversee and supervise the working of the Partner organizations second, it also became clear that the big partners also carry their big problems which at times can adversely affect the implementation of FINISH programme in the wake of unforeseen situations. It was therefore decided after detailed discussions to change the strategy of implementations. Briefly it involves creation of a Project implementation Team in the field to support the efforts of FINISH Office at Delhi. The team has 6 members (**Mr. Pardeep Mohanty, Mr. Sarojkant Chawdhary, Mr. Saurabh Pandya, Mr. Saurabh Agnihotri and Ms. Suneetha Valleti**) to function as regional coordinators with one Member-Mr. Abhijit Banerjee to function as the Chief Implementing Officer.

The other important part of the new Strategy is to engage with large number of small Partners who would adopt moderate levels of sanitation targets.

Loan sanctioned to RDO under Rural Innovation Fund by NABARD

NABARD has sanctioned loan of Rs. 1, 000, 000 to Rural Development Organization (RDO) for following activities.

- Training on Sanitation, Health and Hygiene for 60 participants
- Livelihood Training Programme for 60 participants
- Development of SHGs
- Loan for sanitation for 50 beneficiaries
- Monitoring of construction of toilets