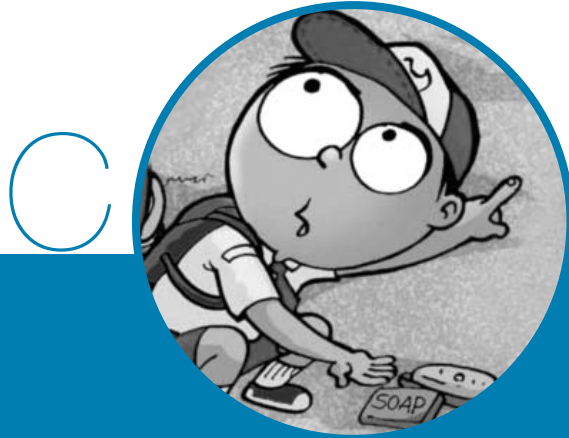


# Frequently Asked QUESTIONS



Rural Sanitation and Hygiene Practices



# C N T E N T S

The FAQs are divided thematically as follows:

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# I Approaches to SANITATI



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1. Why is it important to stop open defecation?
2. Which are the three key hygiene behaviors that lead to the greatest reduction in diarrheal diseases?
3. Why did the Central Rural Sanitation Program of the 1980s fail?
4. How is the Total Sanitation Campaign approach different from the Central Rural Sanitation Program?
5. What is Community-driven Total Sanitation?
6. Is there a difference between Community-driven Total Sanitation and Total Sanitation Campaign?
7. Why focus on collective rather than individual behavior change?
8. How can below poverty line families afford latrines without subsidy?
9. What is the *Nirmal Gram Puraskar*?
10. What is the role of *Gram Panchayats* in the Total Sanitation Campaign?

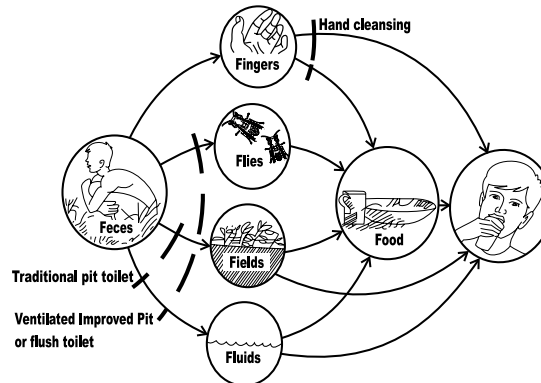
## 1. Why is it important to stop open defecation?

Some of the harmful impacts of open defecation are as follows:

- Spread of diarrheal diseases:** Preventable diseases such as diarrhea linked to open defecation are among the highest causes of illness and death, especially of children, in developing countries (see Box). Feces defecated in the open come back to us through many ways, as shown in the F-diagram on fecal-oral transmission routes
- Loss of human dignity:** Open defecation results in loss of privacy and dignity, especially for women and girls. Safe and sustainable school latrines have been proven to be linked with continued education enrollment of teenage girls and young women, particularly at puberty (Government of the Philippines *et al.*, 2005)
- Environmental pollution:** Improperly disposed human waste is a major polluter of soil and water bodies. This contributes to the spread of disease and depletes waters of oxygen that is needed to sustain aquatic life

### F-Diagram on Fecal-oral Transmission Routes

Dotted lines indicate barriers to block transmission of feces



Source: PHAST Manual, after Wagner and Lanoix, 1958

### Diseases Linked to Poor Sanitation

- Diarrhea kills nearly two million people each year, mostly children under the age of five
- Intestinal worms affect nearly 30 percent of the population in developing countries
- Trachoma causes blindness in ~8 million people
- Hookworms cause malnutrition
- Bilharzia, linked to anemia, affects ~200 million people.

Source: WHO & UNICEF, 2000

## 2. Which are the three key hygiene behaviors that lead to the greatest reduction in diarrheal diseases?

The F-diagram on fecal-oral transmission routes shows that safe sanitation is a combination of facilities and hygiene behaviors. The following three hygiene behaviors lead to the greatest reduction in diarrheal diseases:

- Safe disposal of feces, including infants' feces
- Handwashing at critical times, after defecation, after cleaning children's feces and before eating or handling food
- Proper and safe handling of drinking water at source and at point of consumption

## 3. Why did the Central Rural Sanitation Program of the 1980s fail?

- The Central Rural Sanitation Program (CRSP) assumed that people defecate in the open because they are too poor to construct a toilet. Therefore, the government provided subsidies for identified below poverty line (BPL) families to construct toilets of a

specified design. This assumption was proved wrong because open defecation is a traditional behavior in rural areas where open space is readily available and safe sanitation is not a felt need. Therefore, the key issue of motivating behavior change to end open defecation and *use of constructed toilets* was not addressed by the CRSP, leading to its failure

- Other key reasons for the failure of the CRSP include:
  - Poor community participation
  - Limited attention to hygiene education or school sanitation
  - Target-oriented and supply-driven approach
  - Promoted single standard design of latrines that was often of high cost relative to household incomes
  - Latrine construction took place largely through coercion, often as an obligatory condition for access to water supply projects
  - Offered relatively high hardware subsidies that could not be sustained by the government or donor
  - Was not effective in reaching the poorest members of the communities

#### 4. How is the Total Sanitation Campaign approach different from the Central Rural Sanitation Program?

The main differences are summarized below:

Elements	Central Rural Sanitation Program	Total Sanitation Campaign
<b>Planning</b>	Centralized planning at state level	Decentralized planning with district and <i>Gram Panchayat</i> as the main unit of implementation
<b>Focus</b>	Latrine construction	Improve quality of life in rural areas and eliminate open defecation
<b>Technology choice</b>	Limited	Range of options
<b>Motivation</b>	Individual subsidy	Creation of felt need for safe sanitation through awareness creation and health education
<b>Construction</b>	Through local contractors	Households construct latrines on their own with help from trained local masons
<b>Financial</b>	Individual, upfront hardware subsidy given to below poverty line households for latrine construction	Latrine construction to be undertaken by below poverty line household itself and on completion and use of the latrine by the below poverty line household, cash incentive of Rs. 1,200/- can be given to the below poverty line household as recognition of its achievement
<b>Incentive</b>	No incentive to reward communities for achievement of safe sanitation outcomes	<i>Gram Panchayats</i> eligible for a cash reward – <i>Nirmal Gram Puraskar</i> – upon achievement of safe sanitation at the community level
<b>Monitoring</b>	Focus on number of toilets constructed	Focus on meeting open defecation free outcome at the community level

## 5. What is Community-driven Total Sanitation?

Through a process of facilitation, Community-driven Total Sanitation focuses on identifying triggers that lead to self-realization among community members of serious public health risks posed by the failure to prevent open defecation by some individuals. On the one hand, this approach empowers the community to take action to find solutions to poor sanitary practices without relying on external subsidies. On the other hand, it recognizes the importance of local governments and private sanitation suppliers/entrepreneurs to achieving scale and sustainability. The key principles of Community-driven Total Sanitation can be summarized as follows:

- Focus on outcomes rather than building toilets
- Focus on collective behavior change rather than mobilizing individual households
- Informed choice on a variety of technological options to get people on the sanitation ladder
- Promote private suppliers/entrepreneurs to respond to demand
- Promote the role of appropriate institutional frameworks in achieving scale and sustainability
- Focus on incentives that reward outcomes rather than provide upfront hardware subsidy

## 6. Is there a difference between Community-driven Total Sanitation and Total Sanitation Campaign?

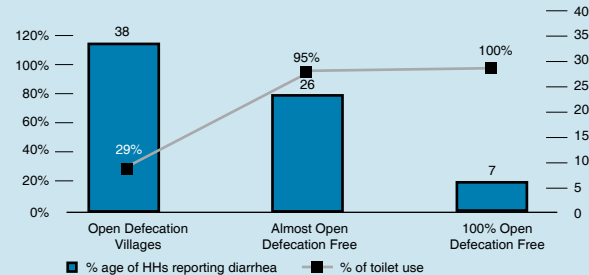
Both Total Sanitation Campaign (TSC) and Community-driven Total Sanitation have the same goal, that is, Total Sanitation. The only difference is that TSC is a program and Community-driven Total Sanitation is an approach which can be used to strengthen the TSC. At the heart of TSC and Community-driven Total Sanitation, is a demand-led methodology to total sanitation, which stresses on awareness creation and health education to create demand for safe sanitation. Both TSC and Community-driven Total Sanitation place the onus on community action without reliance on external subsidies. Similarly, both Community-driven Total Sanitation and TSC advocate for informed technology choice and an outcome-based strategy based on elimination of open defecation.

## 7. Why focus on collective rather than individual behavior change?

Open defecation is a private behavior that has public consequences. Therefore, even if a few individual households switch to safe, fixed point defecation, the overall risk of disease and contamination continues to be high (see case study below). Most conventional sanitation programs promote sanitation from the supply-side, focusing on toilet construction for individual households. By contrast, the total sanitation approach focuses on mobilizing demand for safe sanitation at the community level rather than establish individual household contacts.

### Why target collective behavior change to end open defecation?

A rapid assessment in Himachal Pradesh reveals that in villages with around 30 percent household toilet use, the incidence of diarrhea was reported as being around 40 percent. Even in villages with around 95 percent household toilets, still reported around 25 percent diarrheal incidence. Only open defecation free (ODF) villages with 100 percent toilet usage have reported significant drop in diarrhea to less than 10 percent. The key finding is that even if a few households continue to practice open defecation, the overall risk of bacteriological contamination and incidence of disease may continue to be high (Sanan & Moulik 2007).



Source: Formative Research by WSP-SA and Knowledge Links for IEC Manual (Himachal Pradesh), 2005



## 8. How can below poverty line families afford latrines without subsidy?

Experience with community-based approaches to creating ODF villages shows that:

- Subsidy is not effective in creating demand for safe sanitation as people defecate in the open not because they can't afford latrines but because safe sanitation is not a felt need
- Providing subsidies to few households in a village breaks community spirit and drive for collective action which is essential for total sanitation
- Government of India (GoI) has spent a huge amount of money on subsidies in the past two decades, but around 80 percent of people in rural India still continue to defecate in the open (2001 Census)
- Stopping open defecation does not require large sums of money as there are a variety of affordable technological options available

## 9. What is the *Nirmal Gram Puraskar*?

To accelerate achievement of TSC objectives, in 2004, GoI initiated an incentive scheme called the *Nirmal Gram Puraskar* (or Clean Village Prize) (NGP) to motivate *Gram Panchayats* (GPs), Blocks, and Districts to achieve fully

sanitized and open defecation free status. The incentive pattern under the NGP scheme is as follows:

### Incentive pattern under *Nirmal Gram Puraskar* (in Rs. lakh)

Particulars	Gram Panchayat					Block			District
	Less than 1,000	1,000 to 1,999	2,000 to 4,999	5,000 to 9,999	10,000 and above	Up to 50,000	50,001 and above	Up to 10 lakhs	Above 10 lakhs
<b>Panchayati Raj Institutions</b>	0.50	1.00	2.00	4.00	5.00	10.00	20.00	30.00	50.00
<b>Individuals</b>	0.10					0.20			0.30
<b>Organizations other than Panchayati Raj Institutions</b>	0.20					0.35			0.50

Source: DDWS Web site – <http://ddws.nic.in> Accessed October 31, '07

The incentive provision is for *Panchayati Raj* Institutions (PRIs) as well as individuals and organizations that are the driving force for full sanitation coverage. The following are eligible for the NGP:

- (1) GPs, Blocks and Districts, which achieve 100 percent sanitation coverage in terms of:
  - 100 percent sanitation coverage of individual households
  - 100 percent sanitation coverage of schools and *Anganwadis*
  - Free from open defecation

- Clean environment maintenance including safe disposal of liquid and solid wastes
- (2) Individuals and organizations, who have been the driving force for effecting full sanitation coverage in the respective geographical area

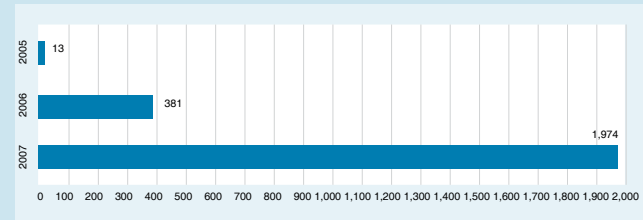
### 10. What is the role of *Gram Panchayats* in the Total Sanitation Campaign?

Under the 73rd and 74th Constitutional Amendments, states can pass the responsibility and powers for water supply and sanitation down to the PRIs. In most states, prior to the TSC, few GPs were aware of their responsibility for sanitation. However, experience with the TSC implementation has shown that GPs are ideally placed to promote total sanitation in order to ensure public benefits. In addition, local governments are in a good position to undertake or facilitate the long-term monitoring and support of rural sanitation services which is essential for sustainability. Civil society interventions have been successful in demonstrating the total sanitation approach but experience shows that local government involvement in partnership with civil society organizations accelerates scaling up.

### Total Sanitation: Why do *Gram Panchayats* Matter?

In 2003, prior to implementation of total sanitation program in Maharashtra, not even one GP had an ODF village or 100 percent sanitation coverage, while today, with the involvement of local governments in promotion of total sanitation, there are around 1,974 GPs (as of June 2007) which have received the NGP of the GoI.

Maharashtra – *Nirmal Gram Puraskar* Performance



Source: Government of India, Department of Drinking Water Supply  
 <[http://ddws.nic.in/TSC/crsp/TSCPhy\\_st.asp?Form=ALL](http://ddws.nic.in/TSC/crsp/TSCPhy_st.asp?Form=ALL)> Accessed June 2007

# III Community MOBILIZATION



11. Every household in this village has a toilet. Can we declare our village as open defecation free?
12. Why doesn't the government or external agency build latrines for us?
13. This is a backward area, people are too poor to construct a latrine...
14. The community doesn't want toilets, they say defecating in the open is an excuse for a morning walk. Or Nobody in this village uses a latrine but they are healthy. Why should they build latrines now?
15. How can we motivate the community elders to start using latrines?
16. We will stop open defecation in the *Panchayat* but what do we do about the open defecation by migrant workers? Or  
We do not have funds to build a permanent latrine. Is there a temporary low-cost one that we can start using for now?

## 11. Every household in this village has a toilet. Can we declare our village as open defecation free?

A village is considered ODF only when safe disposal of human fecal matter is ensured at all times. *This means that even if every household in a village has a toilet, the village would **not** be ODF if:*

- Individual household toilets have been constructed but are not used
- Individual household toilets do not provide safe containment of excreta
- Villagers defecate in the open while working in the fields or forests
- Children defecate in open drains or nearby fields as a matter of convenience or habit
- Outsiders (migrant laborers, people from neighboring villages, etc.) defecate in the open within village boundaries
- Villagers use toilets only when convenient, for example, during night-time, rainy season, winters, hot afternoons, etc.
- Infants' feces is thrown in the open

## 12. Why doesn't the government or external agency build latrines for us?

Traditionally, external agencies and government-funded sanitation programs focused on providing subsidized toilets rather than motivating their usage. It was assumed that people defecate in the open because they were too poor to construct toilets and, hence, once toilets were provided, open defecation would stop and public health outcomes would be achieved. However, evidence from the field shows that despite significant investment, latrines built in this way were often not used or used for alternative purposes, for example, storage (see picture).

Unlike subsidized latrines provided by external agencies, wherever people have constructed toilets because of a felt need for safe sanitation, they have used and maintained these facilities. This is why, under the TSC, the focus has shifted from providing subsidized toilets to awareness creation and health education to motivate people to construct latrines on their own and use them. In addition, the TSC provides a post-construction cash incentive to BPL households that have built and are using a latrine.



### 13. This is a backward area, people are too poor to construct a latrine...

The issue here is poverty of the mind because not only the poor but even relatively well off families defecate in the open. Some ways to deal with this are:

- In rural areas, expenditure on consumption items like *beedi*, *gutka*, *pan masala*, alcohol or luxury expenses, for example, on festivals or weddings, are commonplace. Therefore, the issue is not 'doesn't have the money to spend' but 'doesn't have the will to spend' because of the lack of a felt need for safe sanitation
- The availability of a variety of affordable technological options means that a latrine can cost as little or as much as a person is willing to spend based on their preference and status
- A small investment in safe sanitation can reap large benefits in terms of health and environmental cleanliness
- Bangladesh, one of the poorest countries in the world, is a pioneer of community-led approaches to safe sanitation

#### 14. The community doesn't want toilets, they say defecating in the open is an excuse for a morning walk.

*Or*

#### Nobody in this village uses a latrine but they are healthy. Why should they build latrines now?

Open defecation involves no cost, is convenient and it is likely that community members feel that their health is not in danger because of this traditional practice. Even in communities where some households use toilets, it is likely that the individual household toilet users do not realize that their health is at risk because others defecate in the open. Studies have shown that about two-third of the rural population think that exposed excreta is harmful to health but less than 25 percent understand the fecal-oral danger (DDWS 2007).

- Surveys have found that people value sanitation facilities close to or at their homes, not so much for the health benefits but for other reasons such as:
  - A household latrine is convenient, especially for the elderly, sick or children, as it eliminates the need to walk long distance to find a suitable spot to defecate. A properly maintained latrine also does away with bad odor, ugly scenes of fly nuisance or even of the excreta itself

- Adequate sanitation provides privacy which gives a sense of dignity to people, especially women
- A household latrine provides safety and protection during dark night/early morning, hot afternoon, rainy season and cold winter days
- Households often link ownership of latrines with status, for example, families are ashamed when they cannot offer guests proper toilet facilities

#### 15. How can we motivate the community elders to start using latrines?

- Elders can be convinced if they realize how lack of safe sanitation affects the health of their children and/or grandchildren
- Some elders may be of the opinion that a latrine is very costly, produces bad odor and creates fly nuisance, etc. However, there is a wide range of affordable technology options available which are able to control odor/fly nuisance
- A latrine at or close to the house is convenient for the elderly as they don't have to walk long distances to an open defecation site, especially during ill health
- In addition, household latrines provide many benefits such as privacy and safety (see answer to Q13)

**16. We will stop open defecation in the *Panchayat* but what do we do about the open defecation by migrant workers?**

*Or*

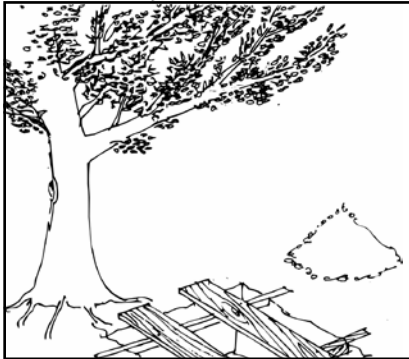
**We can't afford a permanent latrine. Is there a temporary low-cost one that we can start using for now?**

The first issue here is of priority. In any *Panchayat*, open defecation by the fixed population of humans is a bigger problem than that posed by animals or migrants defecating in the open. Further, open defecation by migrant workers is usually a seasonal issue. Therefore, it is important that the community focuses on the bigger issue rather than using smaller problems as an excuse for inaction. Once community initiative to change its sanitation status gathers momentum, it can easily tackle the other smaller problems related to sanitation.

For migrant workers, a temporary trench latrine can be built for short-term use, as follows:

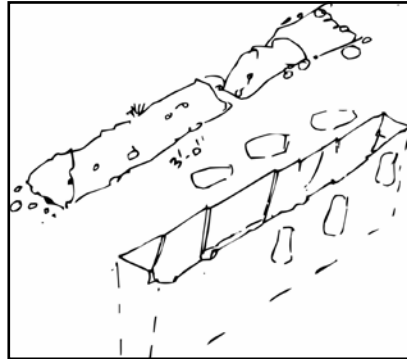
- Choose a convenient site that is at a safe distance from water sources
- Dig a shallow pit or trench which is about 0.75m deep. The length of the trench will depend on the number of users
- Boards can be placed along each side of the trench for people to stand on. Screens from local material can be made to provide privacy
- Leave the dirt from digging the pit in a pile near the trench with a *khurpi* (trowel). Each person should cover their feces with dirt after defecating to reduce fly nuisance and odor
- Close the trench when it is getting filled close to the ground level (say around 0.25m till ground level remains). Cover with earth and this area should not be disturbed for at least two years (See diagrams on next page)

**Pit latrine built under a fruit tree**

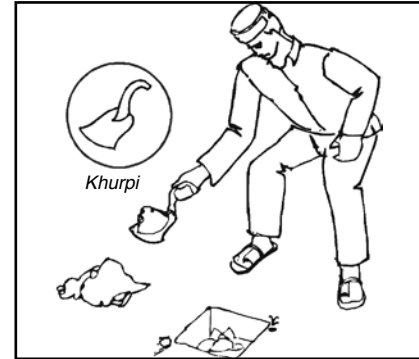


Source: WSP-Knowledge Links 2005

**Trench method**



**Covering with soil**





# III

## School Sanitation and Hygiene EDUCATION



17. I've heard that children's feces are harmless. Is this true?
18. Why focus on School Sanitation and Hygiene Education?
19. How can I teach my child to use a toilet?

## 17. I've heard that children's feces are harmless. Is this true?

Many people believe that feces from babies or children are harmless. This is not true. A child's feces contain just as many pathogens as an adult's feces and must be disposed of safely in a latrine or by burying in the ground. Great care should be taken to wash the infant with soap and water after defecation and to wash hands after handling an infant's feces.

## 18. Why focus on School Sanitation and Hygiene Education?

Some of the benefits of investing in School Sanitation and Hygiene Education (SSHE) are as follows:

- **Promotes better learning:** children are likely to learn better in a clean and hygienic environment
- **Increases enrollment of girls:** school latrines have been proven to be linked with continued education enrollment of teenage girls and young women, particularly at puberty
- **Health benefits:** school sanitation and hygiene facilities reduce the risk of spread of diarrheal diseases and worm infestations. It also limits health

hazards and promotes environmental cleanliness at the community level

- **Links to home and community:** through SSHE, key health and hygiene education messages and behaviors flow to the home and community at

### Child-friendly Toilet: Design Considerations

Children of different ages have different physical strength and motor skills. Therefore, the following aspects must be considered while selecting an appropriate 'child-friendly' design:

- Ease of access to toilet location
- Weight of the doors
- Strength needed to open taps, fetch water, etc.
- Height of door handles, locks, steps, handrails of stairs, electricity switch, handwashing facilities
- Width of pan and distance between footrests of squatting platforms
- Diameter of the squatting hole (important also due to psychological considerations such as fear of falling through)

large. Children can set an example for adults and have been found to be effective change agents, for example, by participating in community-led monitoring of safe sanitation initiatives in Maharashtra

- **Investment in the future:** children are more receptive to new ideas and it is usually much harder to get adults to start using latrines and change their hygiene habits

### 19. How can I teach my child to use a toilet?

Many children will not use a toilet. This could be because they are scared (for example, the toilet has a deep pit or a dark interior) or because of misconceptions (for example, many children believe that monsters or snakes live in the pit). It is very important to help children overcome fears and misconceptions and develop the habit of using a latrine from an early age.

To encourage children to use toilets, the following points can be considered:

- SSHE should be approached from the perspective of developing life skills, rather than an academic subject, for example, in addition to learning about health and hygiene, children may also develop respect for the opposite sex and for those less fortunate than themselves
- Teaching can incorporate participatory learning methods such as games and group exercises so that learning is both interactive and fun
- Hardware components of school sanitation and hygiene education can be adapted to children's needs by adopting child- and gender-friendly technical design of sanitation facilities, for example, smaller pan or lower height of walls and stairs
- The interiors can be made airy and bright and the facility can be decorated with visuals that appeal to the children



*Children may be scared to use a toilet...*



*...but a child friendly toilet design can help them overcome these fears.*

# IV Sanitation TECHNOLOGIES



20. Why provide a variety of technological options?
21. Lack of space is a problem in this area and that is why people do not construct latrines.
22. There is a severe water problem in our block/district.
23. What type of latrine can be built where there is hard rock close to the surface?
24. What type of latrine can be built where there is a high water table?
25. What is the difference between a leach pit and septic tank?
26. Doesn't a shallow pit latrine get filled up very fast?
27. Is the compost derived from latrine pits safe?

## 20. Why provide a variety of technological options?

In the past, rural sanitation programs provided limited technological options. Decisions were made by technical experts and handed down to community members, who typically contributed by providing labor for the construction of a predecided design. This top-down approach, with no community participation in decision making, has proven unsustainable in India and elsewhere because toilets built in this way were either not used or used for alternative purposes, for example, storage. The lesson learnt from this experience is that the choice of sanitation technology adopted has to come from the people using the latrine. In addition, informed choice

**Shared Toilets: Two-seater community toilet blocks shared by two families**



about feasible technical options and the trade-offs between them is essential to support a demand-led approach to rural sanitation.

## 21. Lack of space is a problem in this area and that is why people do not construct latrines.

The issue is not availability of space but lack of felt need for safe sanitation. Some innovative ways to tackle this issue are:

- In many villages, latrines have been constructed on land donated by the GP or wealthy members of the community
- Two neighbors can have separate superstructures and squatting slabs but share a common pit

**Internal Toilet: Creating space for a toilet inside the house**



- Households which do not have adequate space in the house for building toilets can come together to construct community or group latrine facilities
- In case of *pucca* house construction, the latrine squatting slab and superstructure can be on the roof of the house but the pit can be under the main room of the house

## 22. There is a severe water problem in our block/district.

Communities have built and are using toilets even in drought-prone areas. Therefore, the issue is not availability of water but lack of a felt need for safe sanitation. This is because:

- Using a toilet takes a little bit more water than what people use for anal cleansing when they defecate in the open
- The slope of the pan can be designed with a steep gradient so that it uses minimal water
- Pouring a little water in the pan before defecating, combined with the slope of the pan, will ensure that feces does not stick and also maintain cleanliness

## 23. What type of latrine can be built where there is hard rock close to the surface?

It can be difficult and costly to dig a pit where hard rock is close to the surface. To overcome this problem, a raised pit latrine can be built where the pit is partially above the ground level.

**Raised Toilet Pits in rocky areas**



## 24. What type of latrine can be built where there is a high water table?



If water table is high and groundwater is used for water supply, a number of solutions can be applied to prevent contamination of groundwater, such as:

- **Raised pit latrine** (see pix on page 21): the bottom of the pit should be **at least 1.5m** above water table level. It is important to know how many people will be using the pit so that it can be sized accordingly. A large number of small capacity latrines, wide rather than deep, are preferable to fewer large capacity latrines
- **Sand enveloped pit latrine/raised pit latrine:** a sand envelope can be constructed around a lined pit to reduce risk of groundwater pollution. This envelope is usually 0.5m thick

## 25. What is the difference between a leach pit and septic tank?

The differences between a septic tank and leach pit are summarized.

	Septic Tank	Leach Pit
<b>Cost</b>	High	Low
<b>Space Required</b>	More	Less
<b>Design Life</b>	10-20 years	Varies, but around 3-5 years
<b>Time for construction</b>	7-10 days	1 day
<b>Sludge</b>	Unsafe	Safe

Despite the differences between a leach pit and septic tank, it is important to note that a leach pit has lower initial cost and requires practically nil periodic maintenance. The decomposed excreta becomes harmless biofertilizer and needs to be removed once in three to five years and not daily, making this advantageous from an environmental point of view. By contrast, wastes are not decomposed in a septic tank and need to be pumped out mechanically once the tank is full. The sludge deposited in the tank needs to be safely disposed of.



## 26. Doesn't a shallow pit latrine get filled up very fast?

- A 1x1m depth pit latrine which is used daily by five to six people, will take four to five years to get filled up. This is because 80-90 percent of feces is water which soaks away while the solids accumulate in the pit
- In a dual pit latrine, the second pit can be used once the first pit is nearly full. The first pit is then filled up with soil. After two years, feces in the first pit will have completely decomposed and even the most

persistent pathogens will have been destroyed.

The contents of the pit may be used as fertilizer

- When another pit is required, the contents of the first pit can be dug out (it is easier to dig than undisturbed soil) and the pit can be used again

## 27. Is the compost derived from latrine pits safe?

Yes. Left for 12-18 months in the pit, the excreta turns into biofertilizer. In a dual pit latrine, it can be safely taken out without the risk of health hazards provided there is no seepage of effluent from the adjoining pit which is in use.

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## Abbreviations

<b>BPL</b>	below poverty line
<b>CLTS</b>	community-driven total sanitation
<b>CRSP</b>	Central Rural Sanitation Program
<b>GoI</b>	Government of India
<b>GP</b>	<i>Gram Panchayat</i>
<b>NGO</b>	nongovernmental organization
<b>NGP</b>	<i>Nirmal Gram Puraskar</i>
<b>ODF</b>	open defecation free
<b>PHAST</b>	participatory hygiene and sanitation transformation
<b>PRIs</b>	<i>Panchayati Raj</i> Institutions
<b>SSHE</b>	School Sanitation and Hygiene Education
<b>TSC</b>	Total Sanitation Campaign
<b>VIP</b>	ventilated improved pit
<b>WSP</b>	Water and Sanitation Program



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**WSP-SA welcomes your comments/suggestions on the FAQ. Write to [wpsa@worldbank.org](mailto:wpsa@worldbank.org)**

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