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Dear

The Government of India runs the 'Total Sanitation Campaign (TSC) being administered by the Ministry of Drinking Water and Sanitation that aims to provide access to individual toilets to all rural households as a major component of the scheme.

Good sanitation is now universally recognised as a major proximate determinant for health indicators. The impact on human health of poor sanitation and unhygienic practices are significant, with links to spread of waterborne diseases and intestinal infections that are among leading causes of malnutrition, illness and death. It is estimated that one in every ten deaths in India is linked to poor sanitation and hygiene, and diarrhea accounts for every twentieth death, mostly in children under five. Lack of proper sanitation increases the disease burden and impacts the economic productivity of individuals. According to a UNICEF-WHO (2010) estimate, close to 58% of all open defecation in the world is in India and nearly 60% of India's population still practices open defecation.

The Accredited Social Health Activist (ASHA), is one of the key components of the National Rural Health Mission (NRHM) who works as an interface between the community and the public health system to promote health care at household level. Behaviour Change Communication (BCC) is critical for adoption of good sanitation practices by communities wherein ASHAs can contribute significantly. There are 8.1 lac ASHAs in the country and each one of them can play a key role at the village level, in creating awareness for demand generation for sanitation facilities. Some States like Madhya Pradesh, Rajasthan and Maharashtra are already utilising their services successfully for advocating the cause of good sanitation.

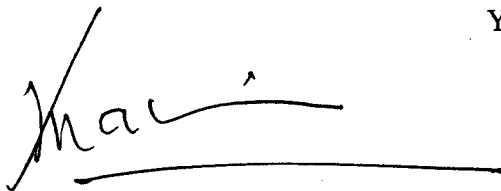
Under the scheme of Total Sanitation Campaign, motivators may be engaged at the village level for demand generation of facilities and sustaining good sanitation practices. TSC Guidelines (Para 5.3.2) provide for a suitable incentive for motivators, for their role in creating awareness and demand in the community for sanitation.

ASHAs may be given an incentive for their role in motivating households to construct and use a toilet. The Ministry of Drinking Water and Sanitation has permitted an incentive of Rs 75/- per household toilet to ASHA workers for promoting toilet usage. Payment of the incentive may be made from the 15% of the District Project outlay that is earmarked for IEC activities under TSC.


As such, States may encourage ASHAs who are also convenors of Village Health, Sanitation and Nutrition Committees, as grass-root motivators to play a proactive role in making door to door contact and motivating village communities to construct and use toilets. Looking to the close link between health and sanitation, you may issue necessary instructions to involve ASHAs for demand generation and use of sanitation facilities.

With regards,

Yours sincerely,



J.S. MATHUR
Joint Secretary
MDWS



MANOJ JHALANI
Joint Secretary
MH&FW

To

All the State Secretaries in-charge of Rural Sanitation & Health