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Impact Assessment Report

Support for the construction of 1000 Individual toilet blocks in Balangir District in Odisha

Implementing Partner: Habitat for Humanity India Trust (HFHI)

SoulAce
Path to Sustainability
SOULACE CONSULTING PVT. LTD.

CONTENTS

01. EXECUTIVE SUMMARY

PROJECT BACKGROUND

The project involves the construction of 1000 individual toilet blocks in Balangir District, Odisha, undertaken by Habitat for Humanity India Trust (HFHI) in partnership with CSR partner Bharat Petroleum Corporation Ltd. (BPCL). This initiative aims to address sanitation challenges by improving access to clean and hygienic sanitation facilities. The project's focus is on enhancing public health outcomes, promoting better sanitation practices, and contributing to socio-economic development in the local communities of Balangir District.

PROJECT DETAILS

Implementation year
FY 2020-21

Assessment year
FY 2024-25

Implementing Partner
Habitat for Humanity India Trust (HFHI)

Project Budget
₹2,80,00,000/-

Cumulative Project Expenditure
₹2,80,00,000/-

Total Beneficiaries
1000 Households

Project Location
Balangir, Odisha

Sample Size
100

SDG Goals

Project Activities

- Conducted to gather baseline data on sanitation and hygiene practices.
- Organised to educate households on sanitation and health practices.
- Construction of 1000 individual household toilet blocks/sanitation units.
- Conducted to promote the use of soap for hand-washing.
- Provided to households to support hygiene practices.
- Regular visits to ensure the functionality and usage of toilets.
- Facilitated access to water pipelines for sanitation purposes.

Key Outcomes

100.0%
of households received twin leach pit toilets.

92.0%
of respondents attended sanitation and health and hygiene practice workshops.

82.6%
of respondents attended awareness programs were organised through various modes, including poster shows

94.0%
of respondents use soap for hand-washing.

94.0%
of toilets are functional.

96.0%
of respondents reported toilet construction completed on time.

43.0%
of respondents have a pipeline water source outside their house.

90.0%
of respondents have electricity at home.

Key Impacts

91.0%
of respondents reported much better cleanliness around their homes.

76.0%
of females no longer suffer from lower abdomen pain.

56.0%
of adolescent girls and female members started using sanitary napkins.

90.0%
of respondents started purifying their water

60.9%
of respondents adopted hand-washing practices.

59.0%
of respondents visit PHC/CHC for frequent illnesses.

76.0%
of respondents stopped open defecation in fields.

CHAPTER 2

OVERVIEW OF THE PROJECT

Interaction with beneficiaries'

PROJECT BACKGROUND

The project "Support for the Construction of 1000 Individual toilet blocks in Balangir District, Odisha" aims to address sanitation challenges by constructing 1000 household toilet blocks, benefiting as many families as possible. Managed by Habitat for Humanity India, the initiative includes a Behavior Change Communication (BCC) program to promote the adoption of individual toilets, aiming to eliminate open defecation and enhance health and hygiene practices. Homeowners receive support and orientation, with skilled family members engaged in construction work, fostering community empowerment. The project involves rigorous assessment and validation in collaboration with government and local NGOs, ensuring effective logistical and community support for project implementation.

ABOUT BHARAT PETROLEUM CORPORATION LTD. (BPCL)

Bharat Petroleum Corporation Ltd. (BPCL) is a leading integrated oil and gas company in India, engaged in the entire spectrum of activities from exploration and production of oil and natural gas to refining crude oil and distributing petroleum products. Headquartered in Mumbai, Maharashtra, BPCL operates refineries across Maharashtra, Kerala, and Madhya Pradesh. The company's diverse portfolio includes a focus on renewable energy alongside its production of oil products such as light and middle distillates. BPCL markets its products through a vast network of retail outlets, dealers, and distributors under well-known brands like Mak, Speed, and Bharat Gas. Additionally, BPCL plays a crucial role in supplying fuel to both domestic and international airlines, contributing significantly to India's energy sector and economy.

ABOUT NGO PARTNER: HABITAT FOR HUMANITY INDIA TRUST (HFHI)

Habitat for Humanity India Trust (HFHI) is a renowned non-profit organisation dedicated to enhancing strength, stability, and self-reliance through accessible housing and sanitation facilities. Established with the vision of ensuring every person has a decent place to live, HFHI began its journey in 1983 and has since impacted over 38 million individuals across India. Emphasising the importance of affordable housing, HFHI engages in building and improving homes, constructing sanitation units, and providing aid in disaster-stricken areas. With a global presence in more than 70 countries, HFHI promotes community involvement through financial contributions, volunteerism, and advocacy for affordable housing solutions, empowering families to achieve improved living conditions and build brighter futures. Through its initiatives, HFHI continues to demonstrate how shelter can be a catalyst for positive change and sustainable development.

CONSRTUCTED TOILET

CHAPTER 3
RESEARCH METHODOLOGY

OBJECTIVES OF THE STUDY

The primary objective of this study is to comprehensively evaluate the immediate and long-term impacts of the toilet construction project on public health, sanitation practices, and overall community development in Balangir District. Specifically, the research seeks to analyse the effectiveness of improved sanitation facilities in reducing waterborne diseases, enhancing public hygiene, and improving the quality of life for beneficiaries.

RESEARCH DESIGN

This study employs a Mixed-Method Approach, integrating both quantitative and qualitative techniques to provide a comprehensive understanding of the project's outcomes. This approach allows for a balanced exploration of the project's impact from various perspectives, including beneficiaries, community leaders, and health officials.

APPLICATION OF QUANTITATIVE TECHNIQUES

Quantitative methodologies involve structured surveys administered to the beneficiaries, selected through simple random sampling. This method ensures representative data collection and facilitates statistical analysis to measure the project's effectiveness in improving sanitation and hygiene practices in Balangir District.

APPLICATION OF QUALITATIVE TECHNIQUES

Qualitative methods include in-depth interviews conducted with two key stakeholders, including community leaders and project administrators. These interviews aim to gather detailed insights into the project's implementation process, community perceptions, and the socio-economic impact on local residents.

ENSURING TRIANGULATION

To enhance the reliability and validity of research findings, triangulation is employed by integrating data from both quantitative surveys and qualitative interviews. This approach ensures comprehensive validation of findings and provides a robust assessment of the toilet construction project's impact in Balangir District.

SAMPLING FRAMEWORK

The study includes in-depth interviews with two key stakeholders and data collection from 100 beneficiaries through simple random sampling. This sampling strategy is designed to capture a diverse range of perspectives within the beneficiary population, reflecting the socio-economic and demographic diversity of Balangir District.

DATA COLLECTION

Primary data collection involves structured surveys administered in person, supplemented by in-depth interviews conducted face-to-face with key stakeholders. This approach ensures accuracy, efficiency, and real-time insights into the project's implementation and impact on the ground.

STAKEHOLDERS

Key stakeholders involved in the study include Habitat for Humanity India Trust (HFHI), Bharat Petroleum Corporation Ltd. (BPCL), community leaders, project beneficiaries, and local authorities in Balangir District. Their participation and perspectives are integral to understanding the project's effectiveness and identifying areas for further improvement.

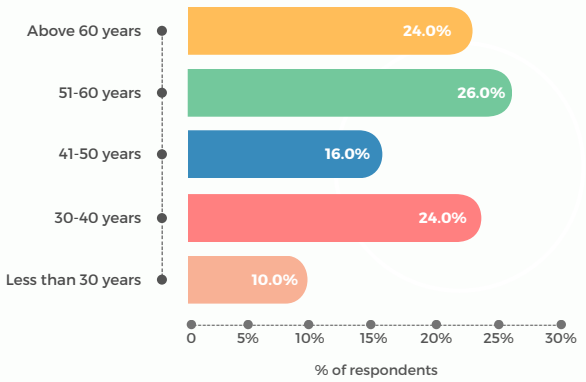
COMMITMENT TO RESEARCH ETHICS

The research adheres to strict ethical guidelines to protect participant confidentiality, ensure informed consent, and uphold data security throughout the study in Balangir District, Odisha. Ethical considerations are paramount to maintaining the integrity and validity of the research process and respecting the rights and privacy of all stakeholders involved.

INTERACTION WITH BENIFICARIES

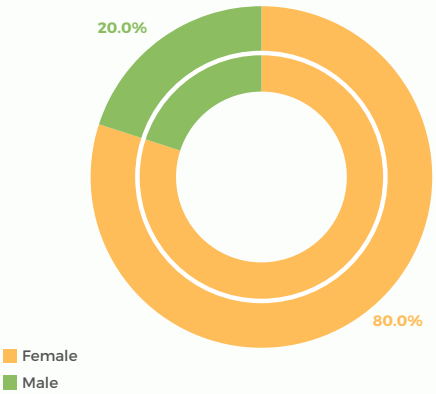
CHAPTER 4
KEY FINDINGS

CHART 1: AGE-GROUP-WISE DISTRIBUTION OF RESPONDENTS



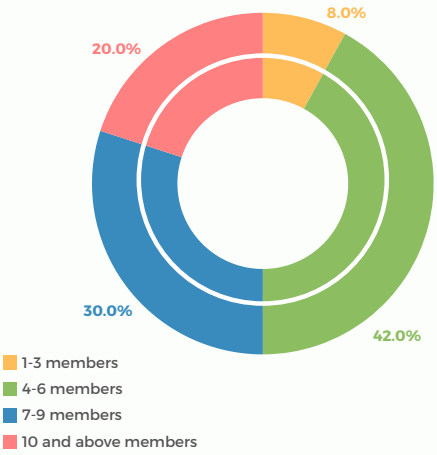
The respondents are from different age groups. The largest groups are those aged 51-60 years and those aged 30-40 years, each making up a significant portion of the respondents.

CHART 2: GENDER-WISE DISTRIBUTION OF RESPONDENTS



The respondents are from different age groups. The largest groups are those aged 51-60 years and those aged 30-40 years, each making up a significant portion of the respondents.

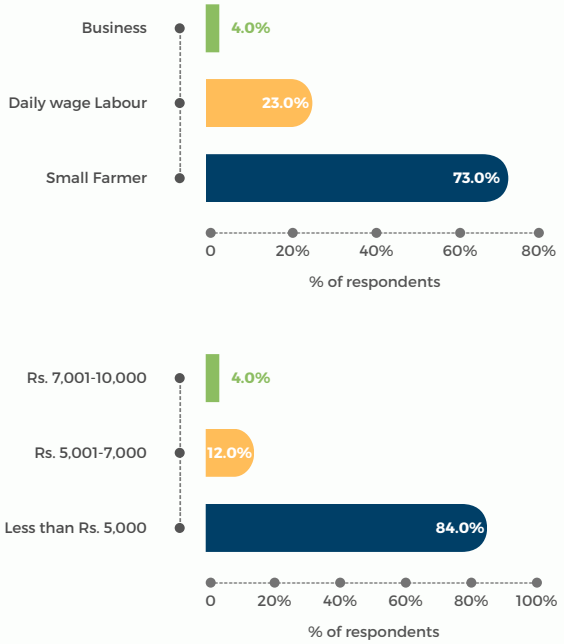
CHART 3: FAMILY SIZE-WISE DISTRIBUTION OF RESPONDENTS



The study reveals that most respondents come from medium-sized families, followed by large families. Smaller and very large families are less common. This indicates a community where extended family living is typical.

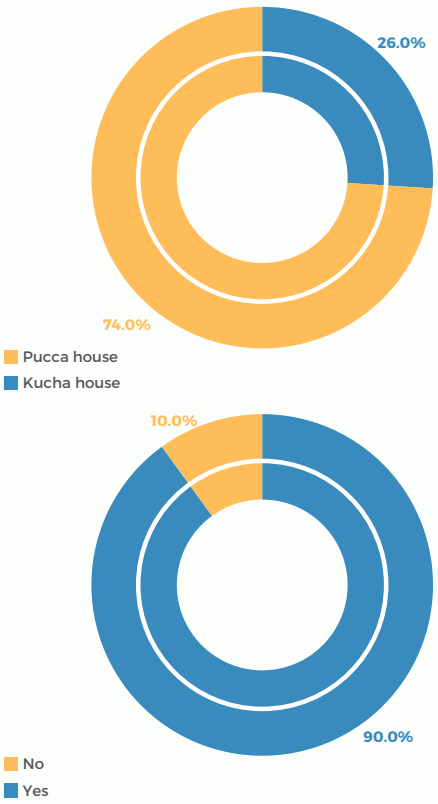
BENIFICARIES OF THE TOILET CONSTRUCTION

CHART 4: FAMILY PRIMARY OCCUPATION AND MONTHLY INCOME



The majority of families rely on small farming as their primary occupation, with daily wage labour being the next most common occupation. Only a small fraction is engaged in business. Additionally, most families have a low monthly income, primarily below Rs. 5000, suggesting economic challenges and limited financial stability within the community.

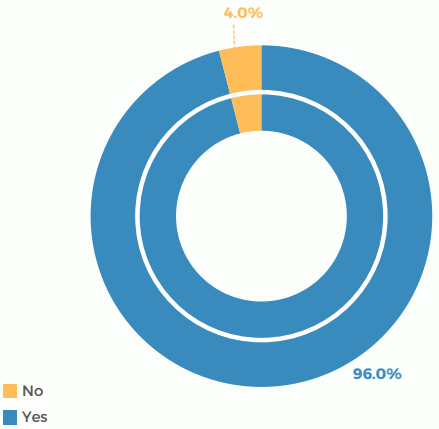
CHART 5: TYPE OF THE HOUSE AND ELECTRICITY CONNECTION AT HOME



A significant majority of respondents live in pucca houses, suggesting relatively stable housing conditions within the community. Regarding electricity, the majority of respondents have access to electricity at home, indicating widespread availability of basic utilities.

INTRERACTION WITH BENIFICARY OF COMMUNITY AWARNESS PROGRAM

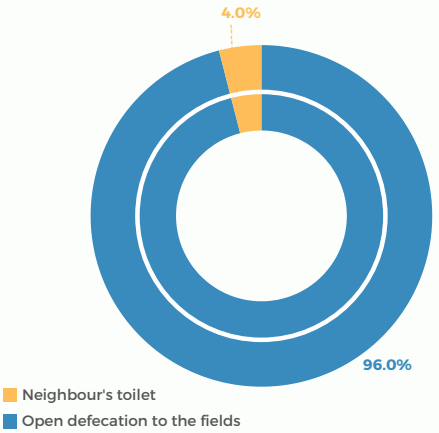
CHART 6: WHETHER HAVE BPL CARD



The data indicates that a significant majority of project beneficiaries possess a Below Poverty Line (BPL) card, which underscores the project's relevance in supporting economically disadvantaged households.

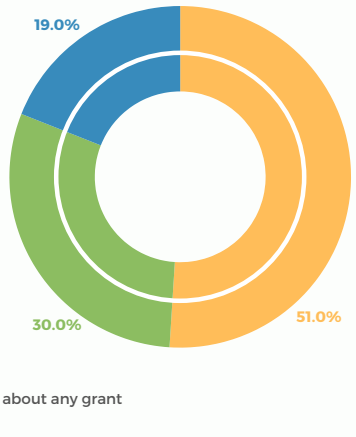
STATUS BEFORE THE INTERVENTION

CHART 7: PLACE OF DEFECATION BEFORE THE PROGRAM



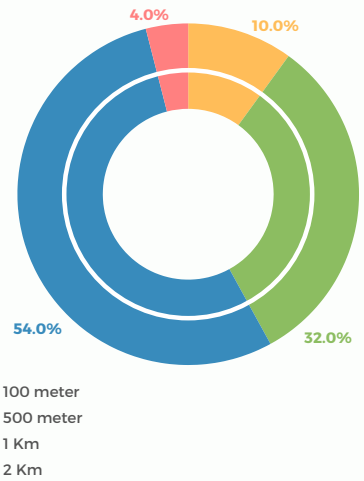
Before the program, the vast majority of respondents practised open defecation in fields, indicating a critical need for improved sanitation infrastructure. This underscores the program's importance in promoting hygienic practices and providing access to individual household toilet blocks.

CHART 8: WHETHER EVER APPLIED FOR THE TOILET FROM THE PANCHAYAT UNDER THE SWACHH BHARAT MISSION PROGRAM



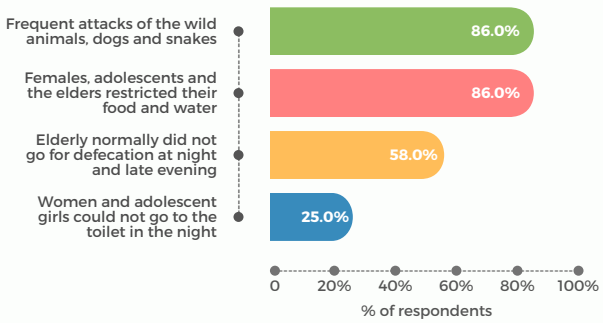
Many respondents have not applied for toilets through the panchayat under the Swachh Bharat Mission program, with a significant portion indicating no knowledge of such grants. This highlights potential gaps in awareness or accessibility to government sanitation initiatives within the community.

CHART 9: DISTANCE TRAVELLED FOR OPEN DEFECATION OR NEIGHBOUR'S TOILET



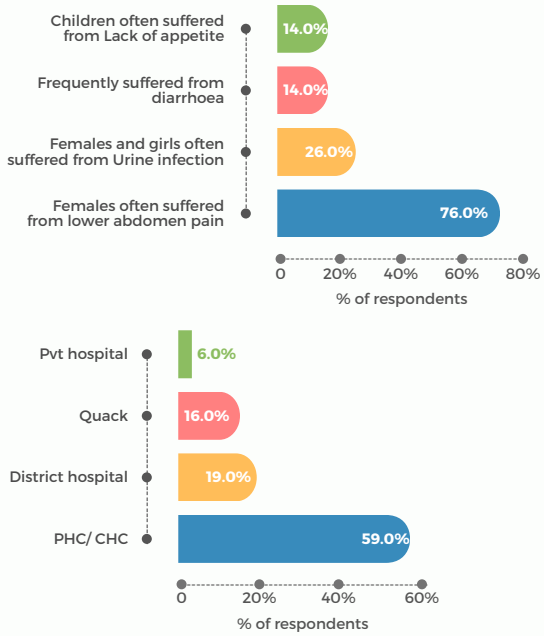
Respondents typically travelled varying distances for open defecation or to use a neighbour's toilet, with the majority covering distances up to 1 kilometre. This suggests that access to sanitation facilities was often inconvenient and underscores the need for closer.

CHART 10: CHALLENGES OF INACCESSIBILITY OF HOUSEHOLD TOILET



Significant challenges have been reported regarding the lack of household toilets. Women, adolescent girls, and elderly individuals face difficulties accessing toilets at night, impacting their safety and convenience. Additionally, restrictions on food and water intake indicate health concerns due to limited access to sanitation facilities. The presence of wild animals, dogs, and snakes further exacerbates the risks associated with open defecation or using shared facilities..

CHART 11: HEALTH ISSUES DUE TO LACK OF PROPER TOILETS



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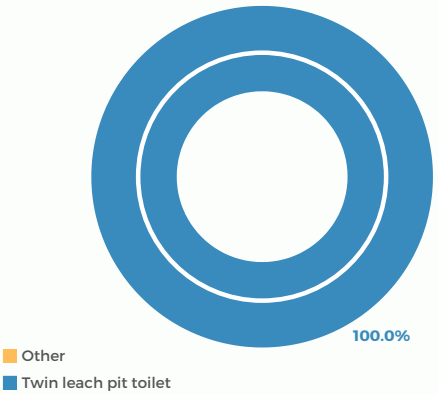
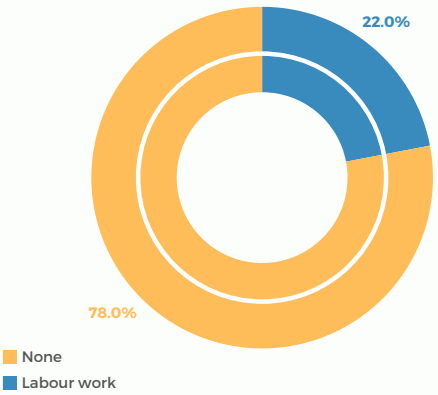
INTRERACTION WITH BENIFICARY OF COMMUNITY AWARNESS PROGRAM

STATUS AFTER THE INTERVENTION

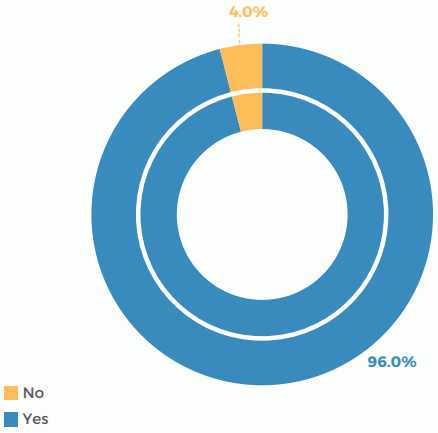
CHART 12: TYPE OF TOILET FACILITIES PROVIDED TO THE HOUSEHOLD





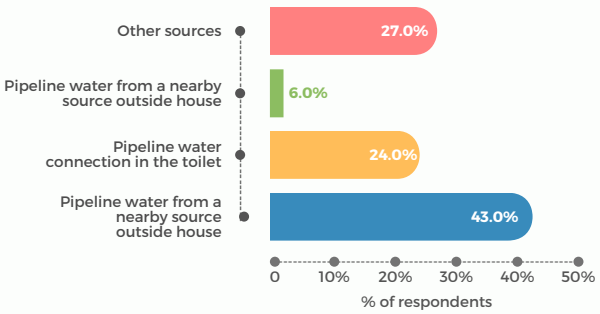
All respondents received twin leach pit toilets, indicating uniformity in the sanitation facilities provided. Regarding contributions to construction, the majority did not make cash contributions but contributed through labour work, such as cleaning surroundings and levelling the ground. This suggests a collaborative effort within the community to support the project's implementation and underscores community involvement in improving local sanitation conditions.

CHART 13: WHETHER THE DRAINAGE/WASTE DISPOSAL CONSTRUCTION PROVIDED WITH THE TOILET



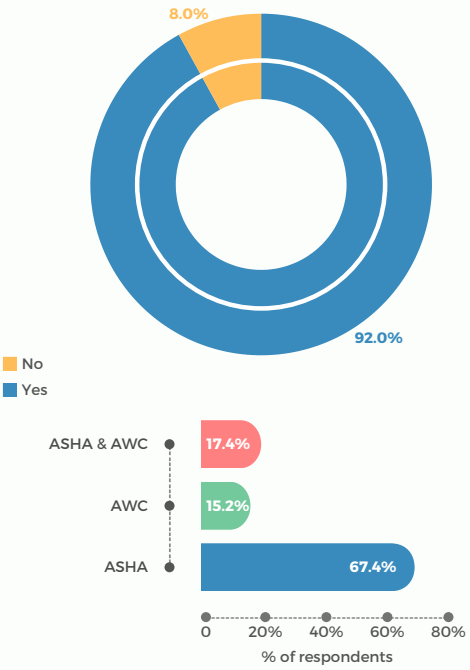
The vast majority of respondents have had drainage or waste disposal construction provided along with their toilets, indicating comprehensive sanitation infrastructure implementation. This ensures proper waste management and hygiene practices.

CHART 14: SOURCE OF WATER USED FOR TOILET USAGE



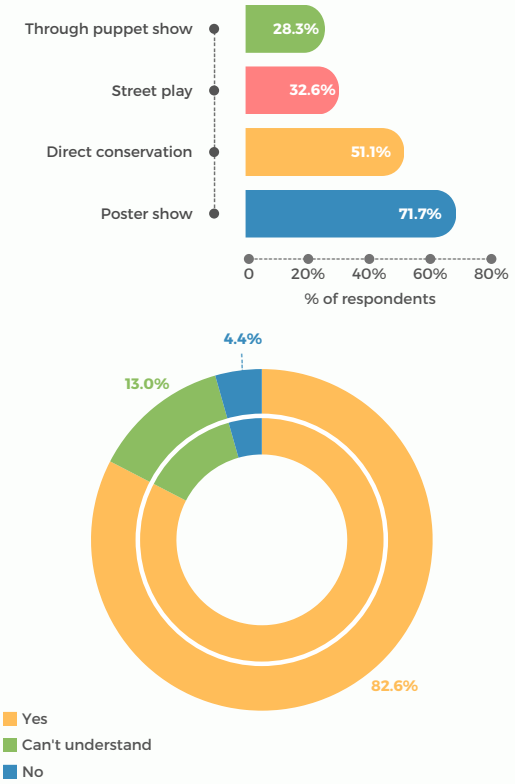
Respondents primarily use pipeline water for toilet usage, sourced either directly from a nearby outside location or through connections specifically installed in the toilet. A smaller number utilise alternative sources for water, highlighting varying access and infrastructure challenges related to sanitation facilities.

CHART 15: WHETHER ATTENDED THE SANITATION AND HEALTH AND HYGIENE PRACTICE WORKSHOPS AND ORGANISER OF THE WORKSHOPS



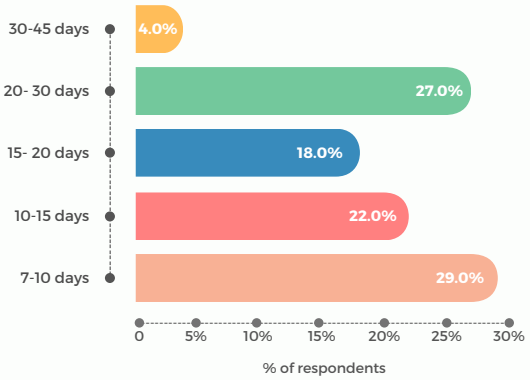
The majority of respondents attended sanitation, health, and hygiene practice workshops, organised primarily by Accredited Social Health Activists (ASHA) or Anganwadi Centers (AWC), or jointly by both ASHA and AWC. This participation underscores the community's engagement in learning and implementing improved sanitation practices.

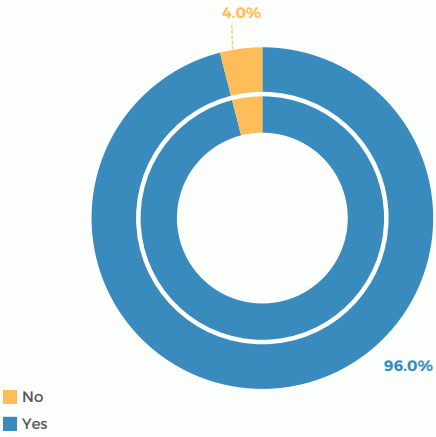
CHART 16: MODE OF AWARENESS PROGRAM AND HEALTH HYGIENE ORIENTATION



The awareness programs were organised through various modes, including poster shows, direct conversations, street plays, and puppet shows, with respondents often exposed to multiple formats. The program teams effectively oriented the majority of respondents and their families on health and hygiene topics, demonstrating a comprehensive approach to community education and engagement.

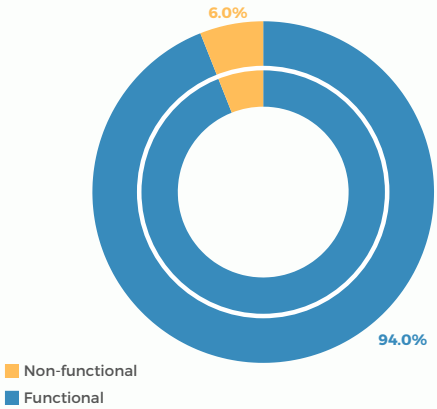
CHART 17: DURATION OF TOILET CONSTRUCTION





Construction for most respondents was completed within a reasonable timeframe, with the majority reporting completion within 7-30 days. Almost all respondents indicated that their construction was completed on time, reflecting efficient project management and timely delivery of sanitation facilities.

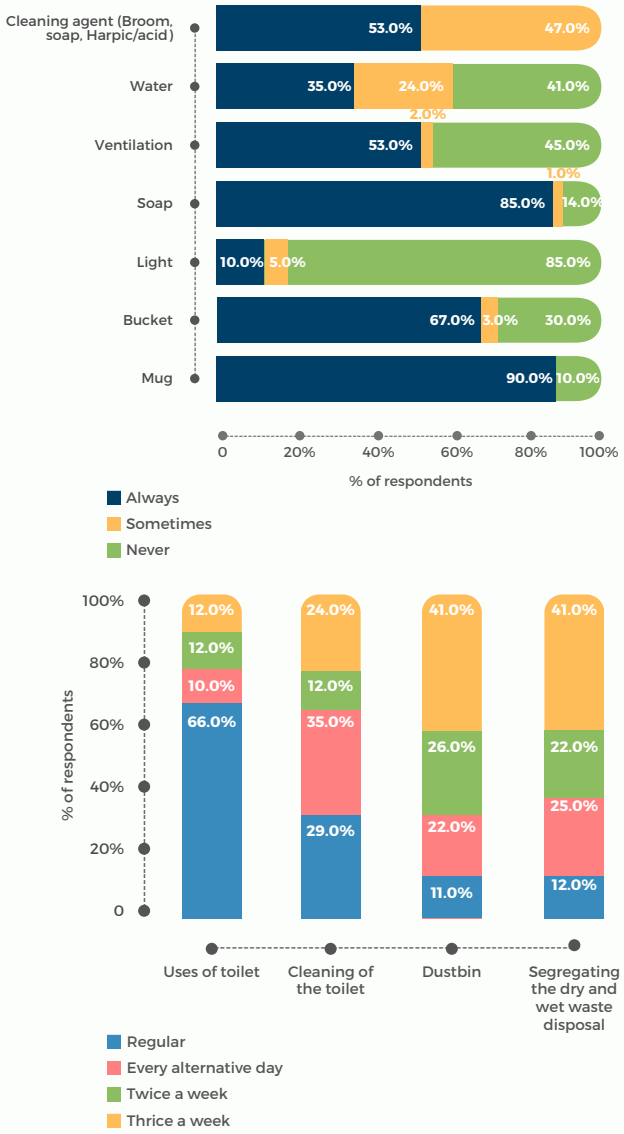
CHART 18: PRESENT STATUS OF THE TOILET



The majority of respondents reported that their toilets are currently functional, indicating successful implementation and ongoing usability of the sanitation facilities provided.

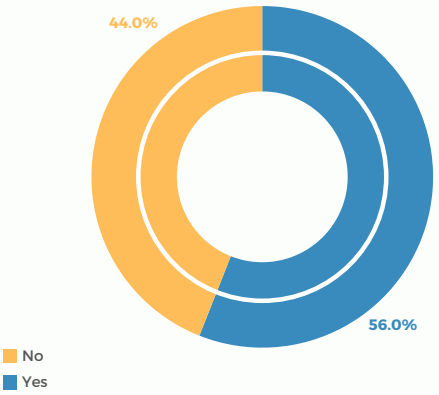
INTERACTION WITH BENIFICARY

CHART 19: AVAILABILITY OF OTHER FACILITIES AND FREQUENCY OF USAGE/CLEANLINESS



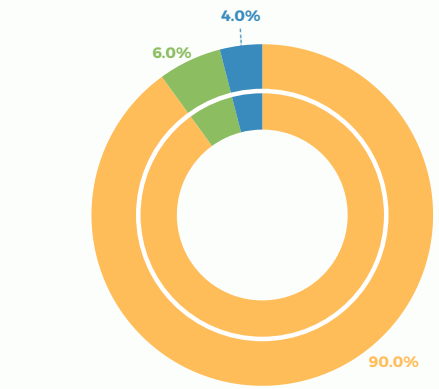
The study reveals that most respondents have essential facilities like mugs, buckets, and soap readily available in their toilets, supporting daily hygiene practices. In terms of usage and maintenance, regular toilet use is prevalent among respondents, with varying frequencies of cleaning practices observed. Some respondents actively segregate dry and wet waste, indicating awareness of environmental hygiene. The findings underscore the importance of well-equipped and well-maintained sanitation facilities for promoting health and hygiene within communities.

CHART 20: WHETHER THE ADOLESCENT GIRLS AND FEMALE MEMBERS HAVE STARTED USING SANITARY NAPKINS



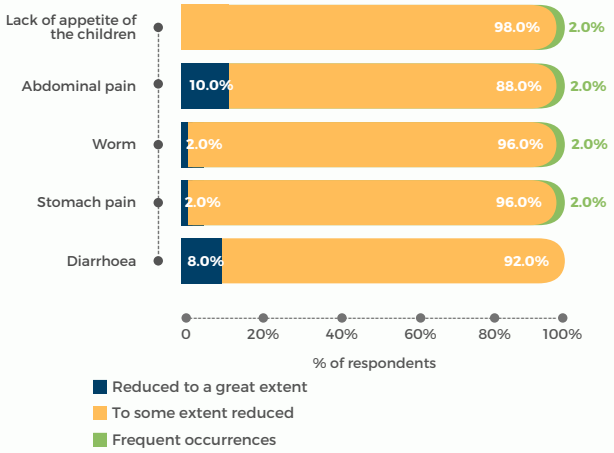
The study finds that a significant majority of adolescent girls and female members have started using sanitary napkins, reflecting an improvement in menstrual hygiene practices among the respondents.

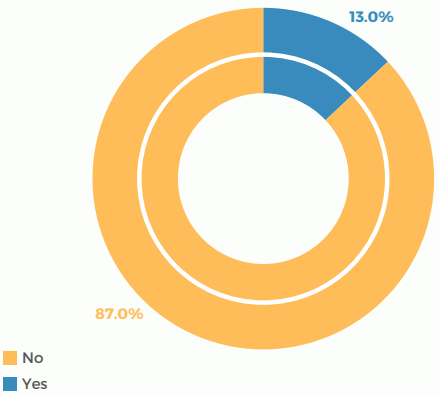
CHART 21: WHETHER STARTED PURIFYING WATER



A large majority of respondents have started purifying water, highlighting a positive change towards ensuring safe drinking water.

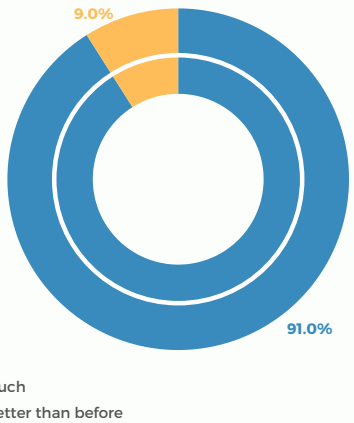
CHART 22: FREQUENCY OF DISEASES AND IMPACT ON TREATMENT COST





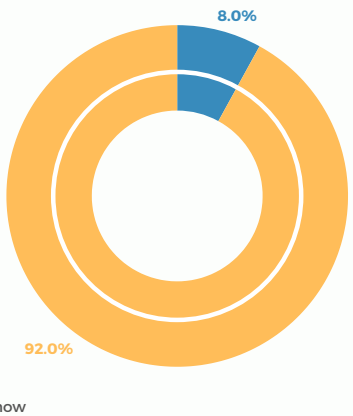
The study reveals positive health impacts since the introduction of sanitation facilities diseases such as diarrhea, stomach pain, and worm infections have notably decreased among respondents. Regarding treatment costs, a majority of respondents report no reduction in overall treatment costs for diarrhoea, worms, and abdominal pain despite improved sanitation facilities. These findings underscore the ongoing health benefits of improved sanitation while highlighting the need for continued efforts to address residual health challenges and associated treatment costs.

CHART 23: CHANGE IN CLEANLINESS OF THE SURROUNDINGS



A significant improvement in the cleanliness of surroundings following the implementation of sanitation facilities has been reported by the majority of the respondents. This suggests that the initiatives have successfully enhanced hygiene, contributing to a healthier and more pleasant living environment for the respondents.

CHART 24: AWARENESS OF THE AUTHORITY WHO SUPPORTED THE PROGRAM



The majority of respondents are aware that BPCL and Habitat for Humanity India supported the program, demonstrating effective communication and visibility of these organisations' contributions.

Case Study 1

Ashanand Tandy
Project Manager

The project aimed at improving sanitation in the Balangir district of Odisha by constructing 1,000 twin-pit toilets across four blocks: Balangir, Muribahar, Khaprakhol, and Devgaon. Supported financially by BPCL, this initiative targeted Below Poverty Line (BPL) families, with a preference for widows, physically challenged individuals, and vulnerable households. The beneficiaries were mobilised through local panchayats, which played a crucial role in educating them about the health and hygiene benefits of proper sanitation facilities. Despite initial resistance, continuous engagement and awareness campaigns led to community acceptance and participation.

The project was meticulously planned and executed in phases, ensuring systematic progress. Local NGOs were engaged to oversee the construction, with funds disbursed upon completion and verification of each phase. The toilet units, built with RCC roofs and Odisha seats, were constructed on land owned by the beneficiaries, ensuring their investment in maintaining the facilities. Regular monitoring and evaluation were conducted by both the NGO partners and the project team to ensure quality and adherence to timelines, though the project experienced minor delays due to the COVID-19 pandemic and restrictions on the labour movement.

The project's impact has been profound, with a significant reduction in open defecation by 70-75% in the community. Improved sanitation practices have led to a noticeable decrease in related health issues and a safer environment for women and children. Additionally, the project fostered better hand-washing practices and water storage techniques, contributing to overall community health. The establishment of Village Development Committees ensured ongoing monitoring and sustainability of the project's outcomes, highlighting the importance of continuous community engagement and the need for complementary facilities like water supply to maximise the benefits of such sanitation programs.

CHAPTER 5
SUGGESTIONS / RECOMMENDATIONS

Alternate electricity supply sources can be explored to provide a reliable and consistent power supply to household toilet facilities.

The water supply infrastructure needs improvement, especially the pipeline connections, to ensure a consistent and adequate water supply for Household toilets.

INTRERACTION WITH BENIFICARY OF COMMUNITY AWARNESS PROGRAM

06. OECD FRAMEWORK

The project to construct 1000 individual toilet blocks in Balangir District, Odisha, aligns with the Sustainable Development Goals (SDGs) by addressing critical aspects of health, sanitation, and community development. It supports SDG 3: Good Health and Well-being by reducing waterborne diseases through improved sanitation. It advances SDG 6: Clean Water and Sanitation by providing access to safe and private toilets, ensuring dignity and hygiene for the residents.

Coherence

4

Relevance

The project's relevance is underscored by the acute need for improved sanitation in Balangir District, where many households lack access to basic toilet facilities. This deficiency not only poses health risks but also impacts the dignity and daily lives of residents, particularly women and children. By addressing these needs, the project directly responds to the community's most pressing issues, ensuring that interventions are both timely and essential for improving public health and overall quality of life.

4.5

Effectiveness

The effectiveness of the project can be seen in its potential to deliver tangible benefits in a relatively short time frame. By constructing 1000 toilet blocks, the project aims to significantly reduce open defecation, which is a major cause of health problems in the area. Effective project management and community involvement are critical factors that ensure the toilets are built to standard and maintained properly, thereby delivering sustained health benefits, and improving hygiene practices.

4.5

Sustainability

Sustainability is a cornerstone of this project, ensuring that the benefits of improved sanitation are long-lasting. The involvement of local communities in the construction and maintenance of toilet blocks fosters a sense of ownership and responsibility. Additionally, the project includes education on hygiene practices, which helps sustain behavioural changes that are critical for long-term health benefits. The continued partnership between HFHI and BPCL also ensures ongoing support and resources to address any emerging challenges.

4.5

Efficiency

Efficiency in this project is achieved through streamlined processes and resource management, ensuring that the construction of toilet blocks is cost-effective and timely. Habitat for Humanity India Trust (HFHI) and BPCL's combined expertise and resources facilitate efficient project execution. The utilisation of local labour and materials not only reduces costs but also promotes local economic development, further enhancing the project's overall efficiency.

4

Impact

The impact of this project extends beyond the immediate provision of sanitation facilities. By improving access to clean and private toilets, the project enhances public health, reduces healthcare costs, and promotes gender equality by providing safe sanitation options for women. Moreover, the reduction in open defecation leads to cleaner environments, which benefits the entire community. The project's success can serve as a model for similar initiatives in other regions, amplifying its impact on a larger scale.

4.5

Index : 5 Points - Very High ; 4 Points - High ; 3 Points - Moderate ; 2 Points - Low ; 1 Point - Very Low

CHAPTER 7
CONCLUSION

The construction of 1000 individual toilet blocks in Balangir District, Odisha, by Habitat for Humanity India Trust (HFHI) in collaboration with CSR partner BPCL represents a significant stride towards improving sanitation and public health in the region. This initiative addresses the critical need for sanitation facilities, particularly in rural and underserved communities. By providing individual toilet blocks, the project not only enhances the quality of life for residents but also contributes to broader public health objectives by reducing the prevalence of waterborne diseases. The implementation of these toilet blocks ensures that families have access to clean and private sanitation facilities, thereby promoting dignity, hygiene, and overall well-being.

The impact of this initiative extends beyond immediate health benefits. Improved sanitation facilities contribute to social and economic development by enabling a healthier and more productive community. With better health outcomes, individuals, particularly women and children, can participate more effectively in educational and economic activities. Access to sanitation facilities also reduces the time and energy spent on seeking open defecation sites, thereby increasing productivity, and allowing individuals to focus on other essential activities. Moreover, the project supports the government's Swachh Bharat Mission, which aims to make India open defecation-free, aligning local efforts with national priorities.

STUDY TOOLS

QUESTIONNAIRE, INTERVIEW SCHEDULE, FGD POINTS

BPCL_HABITAT FOR HUMANITY INDIA_HOUSEHOLD TOILET_TOOL

1. Name of the respondent	
2. Age	
3. Contact number	
4. Gender	1. Male 2. Female
5. Name of the village/ City	
6. Panchayet	
7. Total numbers of family members -	a. Adult male – b. Adult female- c. Adolescent girls - d. Adolescent boys – e. Elderly female- f. Elderly male- g. Female child- h. Male child -
8. Occupation	a. Small Farmer b. Business c. Job d. Daily wage Labour e. Farm labour f. Animal husbandry
9. Monthly income	a. Less than 5000/- b. 5001-7000/- c. 7001-10,000/- d. 10,001- 12,000/- e. 12,001- 15,000/- f. 15,001-17,000/- g. 17,001-20,000/- h. More than 20,000/-
10. Type of the house	a. Pucca house b. Kucha house c. Semi-pucca house
11. Do you have electricity at home	a. Yes b. No
12. Do you have the BPL card?	a. Yes b. no
Previous status before the intervention	
13. Before the program, where did you/ other family members go for defecation?	a. Open defecation to the fields b. Neighbours' toilet c. Community Toilet
14. Did you ever apply for the toilet grant from the panchayat under the Swachh Bharat Mission program/or other?	a. Yes b. No c. No idea about any grant
15. How far did you go for defecation?	1. Within 100 meters 2. Within 500 meters 3. Within 1km

	4. Within 2kms 5. More than 2 kms
16. What challenges did you encounter before the intervention? (multiple options)	1. Women and adolescent girls could not go to the toilet in the night 2. Elderly normally did not go for defecation at night and late evening 3. Females, adolescents and the elderly restricted their food and water 4. Frequent attacks of the wild animals, dogs and snakes?
17. Did you and your family members often suffer from diseases? (multiple choice options)	1. Frequently suffered from diarrhoea 2. Children often suffered from Lack of appetite 3. Females often suffered from lower abdomen pain 4. Females and girls often suffered from Urine infection
18. In case of frequent illnesses experienced by you, your child, or another family member, where did you go for medical care?	1. Home remedies 2. Quack 3. PHC/ CHC 4. Local medical store 5. Pvt hospital 6. Pvt clinic 7. District hospital
19. How often did you or your child and other family members experience the mentioned diseases in a month?	1. Regularly 2. Sometimes 3. Rarely 4. Can't say
20. How much did you use to pay for the treatment due to the diseases regularly?	Exact amount
21. Did the females and adolescent girls often face teasing and abuse due to open defecation?	1. Yes, regularly 2. Nothing as such
22. What other challenges did you use to face? (multiple choices)	1. Faeces and filthy smell were all around 2. Additional responsibility of the women to clean the surroundings
After the program intervention (Input indicators-related questions)	
23. What type of toilet facility was provided to your household?	a. Twin Leach Pit b. Bio Toilet c. Septic Tank d. Soak pit e. Twin Pit pour flush toilet
24. Did you contribute any amount for toilet construction?	a. Yes b. Free
25. In the case of contributions, what	a. Cash contribution b. Labour work c. Both

contribution did you make to this project?	d. None
26. In the case of cash contribution, how much did you pay?	Text fill
27. In the case of any labour, work was done by you, mention the same- (multiple options)	a. Cleaning the surroundings b. Labelling the ground c. Others (text fill)
28. Was the drainage/wastage disposal construction provided with the toilet?	a. Yes b. No
29. Mention the construction	a. Toilets connected to leach pit construction b. toilet with drainage facility c. Not yet connected with the drainage
30. What is the source of water used for toilet usage?	a. Pipeline water connection in the toilet b. Pipeline water from a nearby source outside house c. Other sources
Participation and awareness program	d.
31. Did you attend the sanitation and health & hygiene practice workshops?	a. Yes e. No
32. Who organised the program?	Text fill
33. How did they organise the awareness program?	a. Through puppet show b. Poster show c. Street play f. Direct conservation
34. Did the program team orient you and your family on health hygiene topics?	a. Yes b. No c. Can't understand
35. Which topics are you oriented toward, along with other family or female members in your household?	a. Hand washing practices b. Cleaning of the toilets c. Waste disposal (kitchen/household) d. Cleanliness surrounding your house e. How to store drinking water f. Purification of water g. Uses of sanitary products
36. How did they orient you about the topics?	a. Through lecture b. Through audio visual method c. Through interactive discussion
Efficiency of the project	g.
37. Did the program team visit your house before the construction of the toilet?	h.

38. How long did the construction take to complete?	a. 7-10 days b. 10-15 days c. 15- 20 days d. 20- 30 days e. 30-45 days f. More than
39. After how many days of the selection did the construction start?	a. Immediately after the selection b. After one month c. After two to three months d. After three to four months e. After 6 months
40. Did the construction complete on time?	a. Yes b. No
Process indicator-related questions	
41. Present Status of the toilet?	A. Functional i. Non-functional
If not functional, reasons for the same	j. Text fill
42. How do you practice hand washing?	a. Mud b. Soap c. Ash d. Other material

43. Availity of the items in the toilet	Items	Always	Sometimes	Never
	Mug			
	Bucket			
	Light			
	soap			
	Ventilation			
	Water			
	cleaning agent (Broom, soap, Harpic/acid)			

Output Indicators (Toilet and health and hygiene)	a.

44. Frequency of toilet usage and cleaning	Topics	Regular	Every alternative day	Thrice a week	Twice a week
	Uses of toilet				
	Cleaning of the toilet				
	Dustbin				
	segregating the dry and wet disposal				

45. Have the adolescent girls and female	a. Yes b. No

members started using sanitary napkins?				
46. Have you started purifying water?	a. Yes b. No c. Sometimes			
Impact indicator-related questions				
47. Frequency of the disease occurrences	Disease	Reduced to a great extent	Frequent occurrences	To some extent reduced
	Diarrhoea			
	Stomach pain			
	Worm			
	Abdominal pain			
	Lack of appetite of the children			
48. Has the overall treatment cost reduced due to frequent diarrhoea, worm, lower abdominal pain, etc, since having access to the toilets	a. Yes b. No			
49. Has the women's workload been reduced due to cleaning the faeces in your home's surroundings since they have access to the toilet facility?	a. Yes, great extent b. Remains the same			
50. Has the cleanliness of your surroundings improved compared to before?	a. Much better than before b. Not as such			
51. Do your relatives visit your house without hesitation?	a. Yes b. No			
Branding of the company				
52. Do you know who supported the program?	a. Yes b. no			
If yes, mention the name of the company				
Recommendations				
53. Do you have any recommendations for the project?				

HFHI_household Toilet stakeholder tool Implementing tool

1. Name of the respondent	
2. Designation	
3. Contact number	
4. Give a brief introduction to the program.	
5. How did you select the beneficiaries?	Field Notes
6. How did you mobilise the beneficiaries?	Field Notes
7. How did you execute the entire toilet construction program? Give the phase-wise intervention- Reference points for discussion – 1. How did you conduct the construction (phase wise how many of the toilet's construction took place at a time) 2. How did you engage the vendor for the construction 3. How did you disburse the amount?	Field Notes
1. What was the cost allocated for each toilet?	Field Notes
2. What are the features of the toilet?	Field Notes
3. Did the beneficiary own the place where the toilets were constructed? What criteria did you use to select the right beneficiaries and location?	Field Notes
4. Did you take any cash contribution from the beneficiary?	Field Notes
5. Did you disburse the amount to the beneficiary, or did you engage a third party for the civil work?	Field Notes
6. Was the construction completed on time? If no reason for the same	Field Notes
7. How did you involve the beneficiaries in the program? In what activities were they engaged?	Field Notes
8. What was the monitoring mechanism during the construction?	Field Notes
9. How frequently was your team used to check the work progress?	Field Notes
10. Did you use any app for monitoring or data capture in the program?	Field Notes
11. What kind of data were captured for monitoring and evaluation?	Field Notes
12. How did you conduct the awareness program?	Field Notes
13. What types of material did you use for the awareness program?	Field Notes
14. How has the use of the toilets increased? What parameters did you check?	Field Notes

15. Has the open defecation been reduced in the community?	Field Notes
16. Did you check on the illness related to open defecation recorded in the sub-centre, PHC, CHC?	Field Notes
17. Have you formed a water and sanitation committee in the community to monitor the reduction of open defecation?	Field Notes
18. What kind of behavioural changes have you observed so far? For example, have you noticed a reduction in open defecation, reduced animal attacks at night, reduced abuse of the women during the night improved water purification and storage, better hand washing practices, decreased waste disposal on the roads, reduced stagnant water, and fewer cases of diarrhoea, stomach pain, dengue, and malaria over time?	Field Notes
19. How frequently have you checked the toilet condition post-construction?	Field Notes
20. Have adolescent girls and adult females started using safe, sanitary products?	Field Notes
21. Have the myths and taboos related to menstruation hygiene reduced?	Field Notes
22. Has the awareness about menstrual hygiene improved when visiting the doctor if any concerns arise?	Field Notes

ANNEXURES

LIST OF FIGURES

ABBREVIATIONS

BCC	Behavior Change Communication
SDGS	Sustainable Development Goals
ASHA	Accredited Social Health Activists
AWC	Anganwadi Centers
PHC	Primary Health Centers
CHC	Community Health Centers
BPL	Below Poverty Line
RCC	Reinforced Cement Concrete
NGO	Non-Governmental Organization
CSR	Corporate Social Responsibility
HFHI	Habitat for Humanity India Trust