



भारत सरकार
GOVERNMENT OF INDIA

Report

National Consultation on Developing Skilled Human Resources & Implementation of Swachh Bharat Mission



FAMILY WELFARE TRAINING & RESEARCH CENTRE

(Ministry of Health & Family Welfare)

332, SVP Road, Girgaon, Khetwadi, Mumbai - 400 004



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I. ABBREVIATIONS & ACRONYMS

1	Advanced Locality Management (ALMs)
2	Cluster Level Federations (CLFs)
3	Community investment Fund (CIF)
4	Community-based organization (CBOs)
5	Compost Activator (CA)
6	Family Welfare Training & Research Centre (FWTRC)
7	Government of India (GOI)
8	Integrated Child Development Services (ICDS)
9	Kagad Kach Patra Kashtakari Panchayat (KKPKP)
10	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)
11	Ministry of Health & Family Welfare (MoHFW)
12	National Rural Livelihood Mission (NRLM)
13	National Skills Development Corporation (NSDC)
14	Open Defecation Elimination Planning (ODEP)
15	Open Defecation Free (ODF)
16	Passively Aerated Composting Units (PACP)
17	Pradhan Mantri Kaushal Vikas Yojana (PMKVY)
18	Provincial Medical Health Services (PMHS)
19	Public distribution System(PDS)
20	Rashtriya Kishor Swasthya Karyakram (RKSK)
21	Recognition of prior learning (RPL)
22	Revolving Fund (RF)
23	Short Terms Training (STT)
24	Strengths, Weaknesses, Opportunities and Threats (SWOT)
25	Swachh Bharat Mission (SBM)
26	Swachh Swasth Sarvatra (SSS)
27	Sustainable Development Goals (SDGs)
28	The United Nations Development Programme (UNDP)
29	Universal Health Coverage (UHC)
30	World Summit on Sustainable Development (WSSD)

II. ACKNOWLEDGEMENTS

Family Welfare Training and Research Centre (FWTRC), Mumbai would like to express its sincere gratitude to all who contributed in the success of National Consultation on Developing Skilled Human Resources & Implementation of Swachh Bharat Mission-held on 3rd November 2017.

We are grateful to Dr. Deepak Sawant, Hon. Minister of Public Health and FW, Maharashtra and Dr. Ranjeet Patil, Minister of State, Maharashtra, Dept. Urban Development, Law and Judiciary, Parliamentary Affairs, Skill Development and Entrepreneurship, for gracing the National Consultation meet and bringing forth their concerns and need for the hour in skilled manpower development for the distinguished panelists to deliberate upon during the day.

The mentorship for the Meet provided by Dr. B. D. Athani, Special Director General, DGHS, New Delhi. Shri. Shyamlal Goyal, Add. Chief Secretary, WSSD, SBM (Gramin), GoM and Dr. Yasmeen Ali Haque, Representative, UNICEF, India Country Office is much appreciated.

Furthermore we are thankful to all our technical experts and panelists from diverse fields for actively participating in the National Consultation Meet and engaging in meaningful deliberations to enable us to come up with comprehensive recommendations for Skilled Human Resources development for sustainable Swach Bharat.

We are also grateful to Unicef Maharashtra for their technical and financial support and their inputs in designing an agenda synergistic with different themes of public health and sanitation.

This National Consultation would not have been possible without the support of MoHFW (Training Division) GOI who constantly encourage us into doing new endeavors in building up capacity of human resources in Public Health to achieve Universal Health Coverage in succeeding Sustainable Development Goals in India.



जगत प्रकाश नड्डा
Jagat Prakash Nadda



स्वास्थ्य एवं परिवार कल्याण मंत्री
भारत सरकार
Minister of Health & Family Welfare
Government of India



MESSAGE

My congratulations to the Family Welfare Training & Research Centre, Mumbai for the successful conduction of the National Consultation on Developing Skilled Human Resource & Implementation of Swachh Bharat Mission and launch of MoHFWs Skill Development Programme for the health sector.

Several initiatives by multiple Ministries have been taken up to support our Prime Minister's Swachh Bharat Mission. Kayakalp is a programme of MoHFW to promote cleanliness in public health facilities and converging with MoDS, the **Swachh Swasth Sarvatra** initiative will help combat food and water borne disease like diarrhoea, a disease which is the fifth most common cause of death in India till date.

Effective implementation of cleanliness initiatives requires a cadre of skilled human resource trained not only in WASH but also public health to manage programme implementation at the grass root level. Our Ministry, as part of MoU with Skill Development Mission, has identified 12 courses for training the human resource for profiles like Sanitary Health Inspector, Home Health Aide and First Responder, etc. The cadre of sanitary health inspectors will play an important role in implementation of Swachh Bharat Mission.

I hope the recommendations from the National consultation will provide a tangible direction to the road ahead and help achieve the goal of 'Clean India, healthy India'.

(Jagat Prakash Nadda)

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OW. No. Minister/Pub. Health & Family
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**MINISTER
PUBLIC HEALTH AND FAMILY WELFARE**

GOVERNMENT OF MAHARASHTRA
Mantralaya, Mumbai 400 032.
www.maharashtra.gov.in

Date : 28/03/2018

MESSAGE

I am pleased to send this message of felicitation to Family Welfare Training and Research Centre, Mumbai for organizing "National Consultation on Developing Skilled Human Resources and Implementation of Swachh Bharat Mission" on 3rd November, 2017 and launch of various skilled development programs including Sanitary Health Inspector under Skill Development Program in Health Care Sector of MoHFW, GOI.

For ensuring Hygiene, Waste management and sanitation across the nation "Swachh Bharat Mission" was launched by Prime Minister of India on 2nd October, 2014. Swachh Maharashtra Abhiyan was soon launched in various towns and hill stations in Maharashtra with the participation of both administrations and citizens. I congratulate FWT&RC, Mumbai for taking up this mission of developing the trained and dedicated human resources required for management of sanitation and health at various levels of health care delivery system.

I am sure that this consultation meet will provide new and innovative ideas to the stakeholders that are shaping up the Swachh Bharat Mission to ensure clean India by 2019.


(Dr. Deepak Sawant)



No. MoS.H(U).UD.L&J.,PA.
SD&E, Ex.Ser.W/VIP 33

**MINISTER OF STATE FOR
HOME (URBAN),
URBAN DEVELOPMENT,
LAW AND JUDICIARY DEPARTMENT,
PARLIAMENTARY AFFAIRS,
EX-SERVICEMEN WELFARE,
SKILL DEVELOPMENT AND
ENTREPRENEURSHIP DEPARTMENT**



GOVERNMENT OF MAHARASHTRA
Mantralaya, Mumbai 400 032
www.maharashtra.gov.in

Date : 17 APR 2016

Message

I am happy to know that Family Welfare Training & Research Centre, Mumbai has organized a National Consultation on “Developing Skilled Human Resources & implementation of Swachh Bharat Mission” on 3rd November 2017.

With the launch of Swachh Bharat Mission (SBM) by Government of India on 2nd October 2014, considerable progress has been made towards improving sanitation and solid waste management. While the objectives of making the country open defecation free by the year 2018 is on fast track, yet more than 65% of household, particularly in rural areas are still not covered under the sewerage network. The Swachh Bharat Mission can boost up ODF target by adopting decentralized sanitation approaches which is the need of time.

Sustainable Development Goals (SDGs) 2030, emphasizes provision of clean Water and Sanitation. The Sanitary Health Inspector (SHI) course launched by FWTRC under the Skill Development Program in health sector adopted by the Ministry of Health & Family Welfare will support in developing skilled manpower in sanitation at the state and national level.

I hope the recommendations of this consultation meet will provide a wonderful platform to experts to share their views and experiences that will address the gap in inadequate availability of manpower in sanitation and will be helpful in guiding the nation towards achieving the goal of Swachh Bharat Mission.

I extend my best wishes to FWTRC, Mumbai.

(Dr. Ranjit Patil)

**To,
Director
Family Welfare Training & Research Centre,
332, S.V.P. Road, P.B.No.3593, Mumbai-400004**



प्रीति सूदन

सचिव

PREETI SUDAN
Secretary



भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health & Family Welfare
12th April, 2018

MESSAGE

Heartiest congratulations to team FWTRC for successfully conducting "National Consultation on Developing Skilled Human Resources & Implementation of Swachh Bharat Mission" and launch of MOHFWs skill development programme for health care sectors!

It is well documented that The Swach Bharat mission is a national initiative focused on twin objectives of constructing toilets and enabling behavioural change with the goal of making India Open Defecation free (ODF) by October 2, 2019.

The challenges of achieving a sustainable "Clean India" run beyond infrastructure development. It requires an enabling environment. An integrated approach to sanitation with linkages to Public Health and complete community involvement along with a dedicated and skilled human resource. The Capacity augmentation needs to be supplemented with awareness generation and development of sustainable cost effective technology based upon modern and scientific methods.

Operational research advocates a need for dedicated motivated trained manpower at grassroot level for implementation of the mission. Majority of the workforce in India lack formal skill training as compared to 68% to 80% in developed countries. Keeping in view the paradox of large human resource available in the country with the dearth of skilled manpower, the National Skill Development Mission is created in order to have convergence across sectors and States in terms of skill training activities.

The success of any programme in meeting its objective is largely dependent upon the implementation strategies and skill of the human resources. The vision of sustainable "Clean India" requires a designated human resource skilled in WASH and public health especially at grassroots and mid managerial levels. The cadre of sanitary health inspectors being trained under skill development programme can play an important role in implementation of Swach Bharat mission.

It is hoped that the objective of the National Consultation Meet to identify and develop the Human resource and bring convergence between different stake holders are met well and the recommendations suggested by the report provides insight into Developing Skilled Human Resources for effective Implementation of Swachh Bharat Mission.


(Preeti Sudan)



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सत्यमेव जयते

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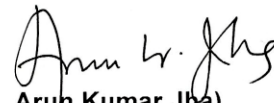


MESSAGE

I am glad to know that Family Welfare Training & Research Centre, Mumbai has organized "National Consultation on Developing Skilled Human Resources & Implementation of Swachh Bharat Mission" on 3rd November, 2017 as a part of Diamond Jubilee Year Celebration.

Hon'ble Prime Minister of India launched the Swachh Bharat Mission on 2nd October, 2014 to accelerate the efforts to achieve universal sanitation coverage. There is a need for dedicated, trained and properly incentivized sanitation workforce in India. FWTRC, Mumbai took initiative to fulfil this need and announced the launch of skilled development programs for e.g. Diabetes Educator, First Responder, Home Health Aide, General Duty Assistant and Sanitary Health Inspector Courses. Sanitary Health Inspectors trained by FWTRC will add to the much needed required sanitation workforce in rural as well as urban areas.

I am optimistic that the recommendations of consultation meet will provide a very useful actionable points for the stakeholders. This will help in to achieve the dream project of Swachh Bharat.


Arun Kumar Jha)

Dated: 27th April, 2018

Place: New Delhi

Healthy Village, Healthy Nation



एड्स - जानकारी ही बचाव है
Talking about AIDS is taking care of each other



डॉ. दिपक राऊत
एम. बी. बी. एस., एमडी
निदेशक

DR. DEEPAK RAUT,
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DIRECTOR



सत्यमेव जयते



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Message

Family Welfare Training & Research Centre, Mumbai, one of the Pioneering Central Training Institute of Ministry of Health and Family Welfare, Government of India is starting Skill Based Courses for the youths. These courses are very unique to requisite skills to those youth who are interested to serve in the field of Public Health. As per the directives of Ministry of Health & Family Welfare, FWT&RC is launching Skill Development Training in the Health Care Sector developed in collaboration with Ministry of Skill Development and Entrepreneurship (MSDE).

Access to safe, accessible, acceptable and affordable sanitation facilities is a basic human right. It is right that everyone should be entitled, yet it is not enjoyed by everyone. Swachh Bharat Mission (SBM) would accelerate the efforts to achieve universal sanitation coverage and subsequently improve the quality of life in rural areas. FWT&RC organized the National Consultation to expedite the efforts of Govt. of India in encouraging all stake holders to join together for the success of SBM. The role of Sanitary Health Inspector will be crucial in supporting the implementation of SBM in rural, and urban areas, municipalities, corporations, industries and also in trade and workplaces.

The National Consultation meet, organized along with the launch of the Skill Based Training Program on 3rd November 2017 is an effort to disseminate the determination of Ministry of Health & Family Welfare towards SBM. The suggestions and recommendations of experts in the field of Public Health, Sanitation, and Swachh Bharat Mission will be guiding principle for the improvement of the program to make it more successful.

I am confident that the deliberations will be useful in giving directions to implementation of Skill based courses in India and successful implementation of SBM.

Dr. Deepak Raut
DIRECTOR

1. SUMMARY



Swachh Bharat Mission is a flagship programme launched by Govt. of India on 2nd of October, 2014 with an aim to make India clean by providing sanitation facilities to every family, eradication of open defecation system in the country, waste management and provision of safe and adequate drinking water for all.

Sustainable Development Goals (SDGs), emphasizes provision of “Clean Water and Sanitation”. Millions of people die every year due to water and sanitation related diseases. Hence, Govt. of India has given special importance to sanitation by observing Drinking Water & Sanitation Decade and implementing Total Sanitation Campaign in the past.

Swachh Bharat Mission objective of “Clean India by 2019” can only be achieved by developing strong linkages between the Public Health and Water & Sanitation. A skilled taskforce is necessary to be developed and recruited to manage the concerns of sanitation and public health on war footing basis in urban as well as rural areas.

India has large population of over 62% in the working age group (15-59 years). Out of this, only 2.3 % of the workforce in India have formal skill training as compared to 68% to 80% in most countries. Hence, it requires a concerted efforts from consortium of stakeholders to develop and capitalize on the human resource advantage of the nation and build a strong and skilled manpower to handle the future needs of sanitation and hygiene.

It is essential to make people aware of healthy sanitation practices by bringing behavioural changes in them and link people with the programmes of sanitation and public health in order to make Swachh Bharat Mission successful. Mahatma Gandhi ji always emphasised the need to educate people on importance of maintaining good personal and public hygiene and proper sanitation which would help to prevent and control diseases.

Central Rural Sanitation Programme (CRSP) was started by Govt. of India in 1986 all over the country which focused to construct individual sanitary latrines for personal use of people living below the poverty line, especially for rural women. It was targeted that all the provided facilities should be properly maintained by the village Panchayats. Total Sanitation Campaign (TSC) in India was started in 1999 by the Government of India in order to restructure the Rural Sanitation Programme. Later on, an incentive scheme, Nirmal Gram Puraskar was started in 2003 to boost the Total Sanitation Campaign and the Nirmal Bharat Abhiyan (NBA) in 2012.



The National Skill Development Corporation (NSDC) has estimated that health sector had an employment base of 35.90 lakh in 2013 projected to expand to 74 lakh in 2022. However, there is shortage of skilled allied health professionals at various levels. The Government has taken several steps to address skilled manpower needs of health care sector. An MOU has been signed between Ministry of Skill Development & Entrepreneurship and Ministry of Health and Family Welfare for training of allied health professionals.

The Ministry of Skill Development & Entrepreneurship has identified 27 job specific programme for standardization and implementation of skill development training in the Health Sector. Out of these, 12 programme have been adopted by MoH&FW. FWTRC, Mumbai has begun 5 skill development programmes namely i) Sanitary Inspector, ii) First Responder, iii) Diabetes Educator, iv) Home Health Aide and v) General Duty Assistant; that will develop skill manpower in the Health Care Sector and will help generate employment opportunities for youths in the country.

During the National Consultation, Dr. Deepak Sawant, Hon. Minister Public Health and Family Welfare, Maharashtra delivered the inaugural speech in presence of other prominent personalities from Govt. of India; state government, UNICEF, faculties from Medical Colleges, and NGOs. Dr. Deepak Sawant ji urged the concerned departments to come forward and join hands to promote Swachh Bharat Mission.

Technical sessions on important issues e.g. Session I- Swachh Bharat Mission: Innovative to clean India, Session II- Skill Based Training Programme for Swachh Bharat Mission, Session III- Swachh Bharat Mission and Linkages with Public Health & WASH for Primary Health Care were conducted. Eminent speakers from Govt. of India, State government, UNICEF and NGOs spoke on various important topics related to Sanitation and Health.

The programme ended with Panel discussion held on “Need for Mainstreaming Human Resources in Swachh Bharat Mission and Convergence with Public Health and WASH”. Training Division of MoH&FW should be the main stake holder for development of human resources. Important recommendations regarding development of Technical Group for SHI, Pedagogy for SHI training, positioning of SHI, streamlining of SHI certification process and up-dating of SHI curriculum emerged during the programme. Moving towards Universal Health Coverage (UHC) and achieving

Sustainable Development Goals (SDG's) requires strengthening health system. Improving health service coverage and health outcomes depends on the availability, accessibility and capacity of health workers to deliver quality people-centered integrated care. Investments in the Primary healthcare workforce is needed and cost effective in improving equity in access to essential health services. Skilled SHI will be important manpower in reducing diseases and deaths due to poor environmental sanitation and public health practices.



2. INTRODUCTION

Family Welfare Training and Research Centre (FWTRC), Mumbai, started in 1957, is a Central Training institute of Ministry of Health and Family Welfare (MoHFW), Government of India (GOI). It conducts regular courses and training program for doctors and paramedical personnel on various National Health Programmes, Health Promotion, Community Health Care, Qualitative Research, Scientific Writing workshops, etc. It is also involved in conducting research on priority public health challenges like HIV/AIDS, Malaria, Maternal and Child health; tuberculosis.



The success of any programme is largely dependent on the implementation strategies and skill of the human resources. The MoH&FW, GOI has launched several skill development courses in health care sector to meet the gaps in skill manpower. The National Skill Development Mission aims to align demands of the employers for a well-trained skilled workforce. It strives to create convergence across sectors and States in terms of skill training activities and achieve the vision of 'Skilled India' creating Sustainable livelihoods by leveraging public infrastructure.

The Swachha Bharat Mission, a flagship project of Honourable Prime Minister Shree. Narendra Modi ji, dreams of ensuring good hygiene, waste management and sanitation across the nation. To achieve the mission objective of “Clean India by 2019” strong linkages need to be built up between the Public Health and Water & Sanitation. A skilled taskforce is essential to be developed to manage the concerns of sanitation and public health on war footing in urban and rural areas.

India has large group of population below 25 years of age and over 62% of the population in the working age group (15-59 years). Out of this only 2.3 % of the workforce in India have formal skill training as compared to 68% to 80% in most countries. Hence it requires a concerted efforts from consortium of stakeholders to develop and capitalize on the human resource advantage of the nation and build a strong and skilled manpower to handle the future needs.

A Consultation meet was planned for the different stake holders to bring convergence towards public health and Water & Sanitation to mitigate the challenges in developing skilled manpower for Swachh Bharat Mission.



3. OBJECTIVES

The objectives of the National Consultation was as follows:

1. To comprehend the challenges in achieving Swachh Bharat Mission
2. To identify and develop the Human resources for implementation of Swachh Bharat Abhiyan in rural and urban areas.
3. To identify the role of different stakeholders and bring convergence in implementation of Swachh Bharat Mission.

4. INAUGURAL SESSION & LAUNCH OF SKILL DEVELOPMENT PROGRAMME

The National Consultation and Launch of Skill Development Programme was inaugurated by lighting of lamp in presence of the following eminent dignitaries-

1. Dr. Deepak Sawant, Hon. Minister of Public Health and FW, Maharashtra.
2. Dr. Ranjeet Patil, Minister of State, Maharashtra, Dept. Urban Development, Law and Judiciary, Parliamentary Affairs, Skill Development and Entrepreneurship, Ex-Servicemen Welfare.
3. Dr. B. D. Athani, Special Director General, DGHS, New Delhi.
4. Shri. Shyamlal Goyal, Add. Chief Secretary, WSSD, SBM (Gramin), GoM.
5. Dr. Yasmeen Ali Haque, Representative, UNICEF, India Country Office.
6. Dr. Deepak Raut, Director, FWTRC, Mumbai.

Skill Based Programs Will Increase Employment



Dr. Deepak Raut
Director, FWTRC, Mumbai

Dr. Deepak Raut, Director, FWTRC, in his welcome address introduced the Institute; FWTRC, Mumbai which was established in 1957 and has successfully completed 60 years. He informed that FWTRC, Mumbai is the first organization in India which is launching Skill Development Training Programs in Health Care Sector. He further highlighted the importance of Linkages to be established between Public Health and Water, Sanitation and Hygiene (WASH).

Sustainable Development Goals (SDGs)-6 is on Clean Water and Sanitation. To Ensure availability and sustainable management of water and sanitation for all. Millions of people die every year due to water and sanitation related diseases. Hence, Govt. of India has given more importance to sanitation by observing Drinking Water & Sanitation Decade and implementing Total Sanitation Campaign in the past. Honorable Prime Minister, Shri. Modiji has launched Swachh Bharat Mission (SBM) on 2nd October 2014 to achieve Universal Sanitation Coverage and has put focus on the aspect of sanitation. Maharashtra state has also done pioneering work in the field of sanitation by starting Sant Gadge Baba Gram Swachha Abhiyaan in the year 2010.

Dr. Deepak Raut in his address further stated that the MoHFW signed a MOU with the Ministry of Skill Development & Entrepreneurship for Skill development mission under the MoU 27 job profile identified for specific programme out of which 12 programme have been adopted by Ministry of Health & Family Welfare (MoH & FW). As per the MOU, MoHFW has designed skill-based curriculum for these 12 courses to be rolled out for skill development training in health care sector. MoHFW requested FWTRC to take steps to conduct these skill development training courses. FWTRC, Mumbai has proposed training on 5 skill development programmes namely i) Sanitary Inspector, ii) First Responder, iii) Diabetes Educator, iv) Home Health Aide and v) General Duty Assistant. These trainings will develop skilled manpower in the Health Care Sector and will help to generate employment opportunities for youths.

He said that the Sanitary Health Inspector course which has been already started by FWTRC, Mumbai is of 12 months duration and will help to achieve Prime Minister's Swachh Bharat Mission. Students trained in the course should be utilized to provide services in Departments of the Swachh Bharat Mission; Departments of Drinking Water and Sanitation, Public Health and Railways, Defence, Municipal Corporation, Gram panchayats and other Public & Private Organizations. Dr. Deepak Raut, Director, FWTRC on behalf of the institute welcomed all the dignitaries on the dias, Speakers and participants of the Consultation Meet.



Maharashtra Needs More Sanitation Workers



Shri. Shyamlal Goyal

Add. Chief Secretary, WSSD,
SBM (Gramin), Govt. of Maharashtra

Shri Shyamlal Goyal in his address as guest of honour said that many programmes related to Sanitation have been sanctioned after Swachh Bharat Mission. Solid waste management as well as liquid waste management projects have been sanctioned in urban areas. However, rural areas are still lagging behind in solid and liquid waste management.

Shri Shyamlal Goyal informed that on sanitation aspect, progress of Maharashtra state is good as compared to other states of India. Maharashtra state has been declared as Open Defecation Free (ODF) in urban areas and rural areas are likely to achieve ODF status in next 2-3 months. The target of state government is to make entire Maharashtra ODF by March 2018.



Shri Shyamlal Goyal further stressed that there is a need to come out with a scale of Health Index for each village, taluka and district on monthly basis to keep track on their performance. He said that large sum of money is spent on public utility toilets but they are not properly maintained in the long run. The state need large number of workers for building toilets and carry out sanitation work and strong model is required to be built up to maintain the toilets after they are built.

Cleanliness Is Importance For Swasthya



Dr. B. D. Athani

Special Director General
Directorate General of Health Services,
New Delhi

Dr. B.D. Athani at the outset complimented Dr. Deepak Raut, Director, FWTRC for launching Skill Development Programmes in Health Care Sector in India. He said, India is one of the most populous country and is nearly going to overtake the population of China. In India, over population has led to various problems like air, water and noise pollution which have deleterious effect on health of the people.

Dr. B.D. Athani said that the terms Swachh and Swasthya are interlinked with each other. For maintaining Swasthya, cleanliness is of utmost importance. We need to inculcate the habit of cleanliness in individuals at every level in the community by which we will be able to prevent majority of communi-cable diseases.



Dr. B.D. Athani further said that inter-sectoral coordination with different sectors is must to achieve hygiene and prevent diseases. There are presently, 3.50 million workforce doing the work related to sanitation. The target of Govt. of India is to increase this workforce to 8 million by inducting more & more health workers for sanitation. He requested FWTRC, Mumbai to train and deploy more & more Sanitary Health Inspectors for this purpose. He further informed that Directorate General of Health Services, New Delhi is willing to provide technical assistance in this endeavor.

Skill Development Courses Is Need Of An Hour



Dr. Ranjit Patil

Minister of State, Maharashtra,
Dept. Urban Development, Law Judiciary,
Parliamentary Affairs, Skill Development
and Entrepreneurship, Ex-Servicemen Welfare

Dr. Ranjit Patil congratulated Dr. Deepak Raut, Director, FWTRC for launching Skill Development Courses in Health Care Sector. He said that sanitation is an important aspect for leading a good life. Saint Gadge Maharaj did counselling of people on sanitation and Saint Tukdoji Maharaj wrote Gram Geeta for sanitation. Success can be achieved only by seeking co-operation from the people.

Dr. Ranjit Patil further said, the target of Swachh Bharat Mission has to be achieved by the year 2019. He said Maharashtra will achieve ODF status very soon. Sanitary services should reach to the doors of every citizen. He stressed that inculcating good habits of sanitation among the poor people of the country is much required.



Dr. Ranjit Patil stressed the need for conducting Skill Development Courses and said they are very much important and need of an hour. Skill Development Programmes will generate employment which will be helpful for our society as a whole. He further added that he will extend any kind of help to FWTRC to carry out these courses whenever necessary.

Swachh Bharat Mission Should Become Mass Movement



Dr. Yasmeen Ali Haque

Representative, UNICEF, India

Dr. Yasmeen Ali Haque said that UNICEF is a partner to Swachh Bharat Mission and committed to support the National & State government in this mission. Though Maharashtra has made substantial achievement in the field of sanitation, sustaining behavior of community is a challenging task. She stressed that more focus should be on Behavior Change & sustainability, excreta disposal particularly of the babies and washing of hands with soap at critical times.

Dr. Yasmeen said that water & hygiene has been a mega agenda under National Health Mission. She stressed that institutional strengthening is required to increase human resources so that dedicated cadre is available even after Swachh Bharat Mission. She expressed that Swachh Bharat Mission should convert into a mass movement. Sanitary Inspectors cadre are recruited within the urban bodies, however, there is a need to increase dedicated Public Health and Sanitation persons at Primary Health Care level in the rural areas.



She further said, available resources need to be identified in urban as well as in rural areas and single platform for convergence should be developed. Only 12% professional in sanitation field are women. Employment opportunities should be increased and more women need to be admitted for Sanitary Inspector course. She also expressed the need to identify role of different stakeholders for Swachh Bharat Mission.

Cleanliness & Hygiene Messages To Reach Villages



Dr. Deepak Sawant

Hon. Minister Public Health &
FW, Maharashtra

Dr. Deepak Sawant in his inaugural address urged all the three department i.e. Health & Family Welfare, Water Supply & Sanitation and Skill Development & Entrepreneurship to join hands to promote Swachh Bharat Mission launched by the Honorable Prime Minister.

He said, cause of many diseases is generally related to poor hygiene and open defecation. Hence, initiative should come from people themselves for maintaining proper sanitation. He said that people practicing open defecation should be approached and should be made aware regarding its consequences.

Advertisements on hand washing should be encouraged and knowledge of hand washing technique should be spread to the people.

Dr. Deepak Sawant further expressed that, SHI training should be carried out in vernacular medium so that more & more local people will join the course. Maharashtra has low Infant Mortality Rate because of maintenance of good hygiene. He further added that Skill Development programmes initiated by FWTRC should solve problem of unemployment to some extent. UNICEF has big contribution in implementation of Swachh Bharat Mission. He said that student should take messages of cleanliness and hygiene to each and every village of the country to understand its importance.

The inaugural session ended with the vote of thanks from FWTRC, Mumbai to all the dignitaries on the dais, chairpersons, speakers and participants of the National Consultation.



4.1 - TECHNICAL SESSIONS

Session I: Swachh Bharat Mission – Innovation to clean India



Chair persons

1. Dr D. L. Ingole Dean Govt Medical College (GMC) Govt of Maharashtra (Former)
2. Prof Mukesh Kanaskar, Dy Dir. General, All India Institute of Local Self Government (AIILSG)

4.1.1- RURAL MODEL

(A) - Maharashtra State Rural Livelihoods Mission



Ms. R. Vimla

CEO of State Rural Livelihood Mission
R&D Department

The salient features of the mission are building of institutions for poor like Women Self Help Groups (SHGs), Village Organizations (VOs) of SHGs, Cluster Level Federations (CLFs) of VOs. It aims for one women of every poor household to be enrolled in these SHGs. The mission is implemented at village level through Community Resource Persons (CRPs).

It offers Sustainable Livelihoods and Credit linkages for SHGs through Revolving Fund (RF) /Community investment Fund (CIF) / Bank through dedicated, sensitive and independent staff. The four pillars of National Rural Livelihood Mission (NRLM) are social inclusion, financial inclusion, sustainable livelihoods and access to entitlements. The social inclusion included formation of Self Help groups (SHG)s and their federation at village or block level. The financial inclusion involves disbursement of revolving fund and community investments with access of the beneficiaries to farm and non-farm livelihood and promotion of job placement and skill development along with access to entitlements under PDS, MGNREGAs and pension schemes being run by the government. She then spoke in short about the central model of PANCHSUTRA, which has been innovated in Maharashtra as DASHSUTRA model.

She elaborated upon the wide outreach of the scheme and stated that about 34 districts in Maharashtra have been covered under this scheme.

She then spoke at length about the convergence of the UMED programme with Health at community level and its impact at the grass root level. She mentioned that under WASH promotion of bathroom with toilets for safety of Women, hand washing promotion, community procurement of sanitary-ware is encouraged. Under the ASMITA scheme sanitary napkins are given to schoolgirls at affordable price.



Suggestions:

She also suggested a need for a development of dedicated Community Cadre for Sanitation at Village Level and Community Training Consultant and Convergence Sakhi at grass root level. Though it is in process of developing master trainers for training of community cadre on Health Nutrition and Wash but it needs to be streamlined further.

The FWTRC has a key role of in developing short term training programmes of 1 to 2 weeks or one to three months for WASH and Health and nutrition for master trainers and community health cadre.



Suggestions:

1. Development of dedicated Community Cadre for Sanitation at Village Level and Community Training Consultant and Convergence Sakhi at grass root levels.
2. Key role of FWTRC for developing master trainers and community health cadre.

(B) - UTKARSHA Model of Sindudurg



Dr. Anil Bagal

Dy CEO, ZP Sindhudurg

Dr. Anil Bagal started his presentation with a short brief about demographic features of Sindudurg and then shared his experiences regarding the success of WASH initiatives in Sindudurg. He showed a slide in his presentation giving a SWOT analysis of the district. He said the factors responsible for the success were community participation, technology development and sustainable use of facilities coupled with behavior change communication. Community mobilization was done through in different events like Ganpati mandals, Bachat Gat, street plays and night sabhas. The Partnership with other organizations/ stakeholders and PRIs with flexibility in SBM implementation helped in success of the programme. The sustainability of the behavior change was worked by continuous reinforcement of “benefits of using toilets” among the stakeholders.



Technology innovations included development of low cost toilets using locally available materials like coconut leaves and direct seat over the pit – tackling land problem. Regular monitoring of the programme was done by gram sabhas and panchayats and corrective measures were taken post evaluation for villages showing slow progress.

UTKARSHA is the scheme for solid waste management which runs on similar model. Besides solid waste management it also includes other components like Menstrual Health Management (SBM, ICDS), prevention and management of Critical health issues – like haemoglobin (HB), body mass index (BMI). The workers and their family members were also provided other services like career options beyond junior college, including aptitude based career counseling (Education), Vocational training, financial literacy and SHG – need and demand based Self-defence and legal awareness of women related laws – Domestic violence, dowry, Personality Development Education, etc.

Use of Catchy slogans like “Utkarsha – Utkarsh Kishorincha, Vikas Sindhudurgcha” helped in the popularity of the programme. The funding for the project is jointly from government cess, municipal funds, community contribution, user fees and from non-governmental agencies like UNDP.

4.1.2 - URBAN MODEL

(A) - Advanced Locality Management Requires Skilled Manpower



Dr. Seema Redkar

Consultant Tata Trust

Dr. Seema Redkar spoke of her experiences in Mumbai while working with Municipal Corporation of Greater Mumbai on solid waste management. With 53% of the Mumbai's population living in slum areas there are issues of basic amenities like water sanitation, hygiene and rehabilitation. Though there are many schemes for rehabilitation but they lack proper implementation. She said that now with waste segregation being made mandatory by MCGM a new human resource recruits needs to be built skilled in solid waste management which knows not only about segregation of waste, but also has knowledge about recycling, reusing and waste minimisation etc. They need to be trained on management of septic tanks, cleaning and management of Community toilets.



These skilled manpower will eventually need to be employed by Advanced Locality Management (ALMs) teams of housing society to handle waste at local level. She also mentioned about lack of trained resource not being available near the site of waste dumping source. The need is to have the hands on training available near the dumping ground as the workers or pickers will not travel distance on account of loss of wages. She also spoke at length about lack of mandate for cleaning of toilets to any agency besides MCGM which owns only 19% of the community toilets in Mumbai. Thus there is an urgent need to develop other partners for management of toilets at community level.

Suggestions:

She spoke that FWTRC can contribute by developing short term training programmes in waste management for urban and rural areas separately. The role of SHI in these activities and his need for knowledge of public health issues was highlighted. There is also sensitization need for leaders so institute can work for Orientation and motivational trainings to leaders eg cricket club etc for spreading awareness about cleanliness.

Integrating The Informal Sector For Waste Management



Adv. Harshad Barde

Member of KKPKP

Mr. Harshad Barde spoke about “Integrating the Informal Sector in Municipal Waste Management” and his experiences in Pune. SWACH Cooperative is a Public-Private Partnership. The organization is the joint effort of Pune Municipal Corporation and the waste picker trade union Kagad Kach Patra Kashtakari Panchayat (KKPKP), a first cooperative in India started in 2007 and wholly owned by waste pickers.

The members of the cooperative are in charge of door-to-door waste collection for 250-350 households. They sort the dry recyclable waste (40+ categories) and send material for recycling (20%). Waste pickers drop off wet waste and non-recyclable waste at city-run feeder points (transfer to vehicles). Members are not paid by local body for this work but collect user fee for door step collection from citizens. Sale of scrap is their other source of income. The Pune municipal corporation bears the equipment and management costs and provides space for sorting.

The model has not only saved Municipal Corporation running costs and labour management issues but has also empowered the community and the waste pickers providing them with many intangible benefits at the same time ensuring environmental sanitation.



4.1.3 - MUNICIPAL MODEL

Linkages With Public Health & Wash



Dr. Padmaja Keskar

Executive Health Officer, PMD, MCGM

Madam spoke about the “Linkages with Public health & WASH” in MCGM. She mentioned about the global burden of disease attributable to WASH and the Indian scenario. She said that WASH work is focused on five key areas namely 1) Making Water Safe to Drink and Use 2) Improving Hygiene and Sanitation 3) Responding to Complex International Emergencies and Outbreaks 4) Controlling and Eliminating Disease and 5) Educating and Training about Water, Sanitation, and Hygiene.

She said that immediate objective of the WASH programme is to raise awareness and change existing perceptions about the importance of sanitation and hygiene practices. The long term objective is to change social norms making open defecation unacceptable and promoting the practice of safe disposal of child faeces, hand washing with soap and safe storage and handling of drinking water. The Public health disease concerned with WASH are Diarrhoea, dysentery, cholera, Hepatitis A & E, Infectious skin and eye diseases.

She highlighted the different department involved for WASH activities in MCGM which are

1) Water Work Department 2) Solid Waste Management 3) Maintenance Department 4) Public Health Department and 5) Education Department. She also highlighted the activities done by these departments for water, sanitation and hygiene to maintain public health.

A brief description of the cadre of human resource viz Sanitary Inspector, Disinfectant Sub Inspector (DSI), Hydraulic engineer etc. working for WASH in MCGM and their job responsibilities for WASH were given. She also mentioned the activities done under school health for WASH where regular health talks and maintenance of sanitation is stressed. The MCGM is also doing regular IEC for water, sanitation and hygiene with preparation of innovative IEC material with catchy slogans. Regular surveillance of water and food borne diseases, chlorination of water, health education is done by public health department of MCGM.



Recommendation of the Session:

She identified the role of FWTRC in trainings of health workers for different health issues. FWTRC can also help in IEC activities with MCGM.

The Chair persons Dr D.L.Ingole Dean Govt Medical College (GMC) Govt of Maharashtra (Former) & Prof Mukesh Kanaskar, Dy Dir.General, All India institute of Local Self Government (AIILSG) summarised the session at the end. Prof Mukesh Kanaskar spoke that emphasis has to be on upgrading technical and skill aspects. There has to be increased awareness with involvement of the marginalised group and gender sensitisation. The children should also be included to spread the awareness. There should be increased community mobilisation with involvement of agencies like Unicef etc. Greater focus should also be given in trainings for development of soft skills. Dr D.L.Ingole mentioned that education and motivation is necessary for implementation of waste segregation. Both the chairpersons spoke about the need for skill development and training programmes.

The session concluded with the felicitation of the speakers and the chairpersons with the presentation of mementos by the Director, FWTRC Mumbai.

4.2 SESSION II

4.2.1. Skill Based Training Programme for Swachh Bharat Mission

CHAIRPERSONS:

1. **Dr Sangeeta Saxena**, Deputy Commissioner (Training), Ministry of Health & Family Welfare, Govt. of India.
2. **Dr Khanindra Kumar Bhuyan**, Health Specialist, UNICEF office, Mumbai.

The chairperson Dr. Sangeeta Saxena introduced the two speakers of the session.

1. **Mr. Sobin Kuriakose**, Head, State Govt. and Citizen Engagement, National Skill Development Corporation: He discussed about the opportunities, functions, implementation, structure & component of Pradhan Mantri Kaushal Vikas Yojana (PMKVY) (Ministry of Skill Development Entrepreneurship).

The components of Pradhan Mantri Kaushal Vikas Yojana is all about improving Transparency, quality & improving the outcomes of skill development. Improving quality standards is in terms of training quality, training books & accessories, improving outcomes through linkage with placement as well as livelihood increment. It also carries out short term training and special Projects (Special Target groups, special areas, Govt. bodies, and industries). Recognition of prior learning (RPL) is another important component of Pradhan Mantri Kaushal Vikas Yojana. This can help recognizing of skills that are already acquired by the workforce especially for the informal sector wherein the individual does not possess any Govt. approved certificate.

The implementation of PMKVY is either through NSDC (the Central Component) and State Skill Development Missions in partnership with Private or Govt Training Partners, Sector Skill Councils and NGOs.

PMKVY requires that every enrolled candidate is linked with her or his Aadhar Number to track their attendance, certificates & avoid duplication. Secondly, monetary benefits to the candidates as well as training providers is through bank transfer directly into their bank account to avoid mis-utilisation.

The State component of the PMKVY scheme is implemented by State Skill Development Missions, wherein the Scheme has allocated a total of 25% of the financial outlay to the states. The States are not required to contribute any share as is found in other central government schemes.

Under the Recognition of prior learning (RPL) project, benefits are given like payment of INR 500 to each successful candidate on certification, exposure to the concept on digital and financial literacy, aspiration aspects with safety Gears (T-Shirt/Caps, jacket, gloves) in industrial sectors etc. Special Projects are also carried out like Fresh Skilling Training.

Summary:

1. Pradhan Mantri Kaushalya Vikas Yojana under Govt. Of India is providing skill training programme for school and college dropout or unemployed people.
2. The Financial allocation for the scheme mandates 75% of the total financial budget to be implemented by Ministry of Skill Development & Entrepreneurship through National State Development Commission (NSDC) and the remaining 25% of the budget is allocated to the States to implement through respective State Skill Development Missions.
3. PMKVY provides the cost for training, assessment and certification of candidates to undertake Short Terms Training (STT) and Recognition of Prior Learning (RPL).
4. Scheme is implemented through NSDC and SSDMs.

2 Dr. S.Y Bodkhe, Principal Scientist, National Environmental Engineering Research Institute (NEERI), M.Tech., Ph.D, (Env. Eng.), DAAD Fellow Germany.

He discussed about developing Skills in Human Resource in implementation of Swachh Bharat Mission. He also discussed about projects like scientific management of plant and algal biomass in Rural areas, development of bamboo diversity on degraded or waste or barren land, skill development in rapid composting technology in selected villages of Vidarbha and Mass scale spirulina protein production and food supplement for common men at paanchgaon, Nagpur.

He discussed about the Demonstration of rapid composting technology in solid waste generation in rural areas. Most commonly available solid waste material in rural areas are Cow dung or animal waste, agriculture residues (dry), leaves, vegetable waste (wet), dead animals, wood/ dry stems, domestic waste (kitchen waste).

The objectives of composting technology in rural area is to design & construct Passively Aerated Composting units (PACP) in selected villages in Maharashtra, to demonstrate preparation & application of Compost Activator (CA) in PACP, to monitor composting process & to find out the efficiency of PACP process and to analyse compost maturity, stability & quality.

He emphasized about the scope of work among unemployed youth in rural areas in composting technologies like Entrepreneurship opportunities in composting for rural communities, and Organic farming & income generation.

He also discussed about Conventional Composting process like Pit composting and Heap composting. The advantages of Passively Aerated Composting Technique (PARCT) is that farmers would be able to convert agricultural or crop residues into quality compost more frequently (instead of one, 4 cycles per year). It would also encourage farmers not to burn agricultural residues in farm adding pollution to air, but to convert into compost for their fields. Continued supply of compost would help reducing chemical fertilizer input and transforming plough layers into organic farms. It will also lessen the financial burden on the farmers.

Salient features of the speech:

1. Entrepreneurship opportunities in composting for rural communities.
2. Composting is safe & Hygienic for environment.
3. Improving better farming (organic) and income generation among the rural people.

4.3 Session III

4.3.1. Swachh Bharat Mission and Linkages with Public Health & WASH for Primary Health Care

Chairpersons-

Mrs. Seema Redkar, Consultant (Sanitation), TATA Trust, Mumbai.

Moderator-

Dr. Arvind Manjrekar, AICO (Air borne Infection Controller Officer), SHARE India.

Mr. Yusuf Kabir and Dr. Deepesh Reddy were speakers for this session.

While introducing the session Dr. Arvind Manjrekar as the moderator emphasized on prospectus of Sanitary Health Inspectors (SHI) for the training institutes like FWTRC and AIILSG. He referred to the address by Dr. Padmaja Keskar, EHO, MCGM that except for Mumbai and Trivandrum SHI working in all other municipal corporations have to work with various departments including public health. Therefore we look forward to Mr. Kabir's session for the future prospect of SHI. He also look forward to Dr. Deepesh Reddy's session on Prospects of HR in Water & Sanitation as SHI in various municipal corporations have very little knowledge about WASH.

4.3.2. Prospects of Sanitary Health Inspector in Public Health

Mr. Yusuf Kabir started his session expressing happiness to be a part of this national consultation meet. He showed an innovative prescription developed by Z.P. Latur for rural hospitals. According to him doctors are not only for treating the diseases but also have the responsibility for prevention of diseases. He added that while treating a patient of diarrhoea doctors should ask about availability of latrine in his house and washing of hands with soap. He showed the message written on the prescription of rural hospital of Latur- "Construct and Use toilets" and "Hand washing in critical Times". He said poor sanitation and unsafe water kills 1.5 million children under 5 years every year globally and India shares a big proportion of it.

Water sanitation and hygiene is a life cycle approach and linked with public health. It is a right based approach. He added that we are nuclear state and nation but it is surprising to note that water and sanitation not considered as human right issue in India but it is in Afghanistan and Bangladesh.

When Water sanitation and hygiene starts from every individual it brings dignity and should be seen as a human right issue. In the cycle of adolescent, pregnancy, labour, neonatal and childhood, water sanitation and public health are linked.

He referred to Swachh Bharat Mission rural guidelines objectives "Bring about an improvement in the general quality of life in the rural areas by promoting cleanliness, hygiene and eliminating open defecation". Ultimately public health, sanitation & hygiene have impact on health, children & women, environment and economy.

Referring to a research study conducted by UNICEF in 2017 an interesting observation was made due to improvement in sanitation and hygiene practices the total savings was Rs.52292/- per family per year. Even among poorest group each family saved Rs.48249 per year on the medical cost.

Bill and Gates Foundation India study shows 46 % higher cases of diarrhoea, 78 % higher cases of worms in stool of children, 58% higher cases of stunting amongst children and 48% higher cases of women with lower BMI in ODF areas as compared to non-ODF areas. This is a vicious cycle. In India we can prevent 1.1 million deaths of under 5 children with improved water, sanitation & hygiene.

Other Comprehensive Nutritional Studies in Maharashtra have shown that improved access to improved toilet facility can reduce stunting by 16 to 39 % amongst children aged 0-23 months and practice of washing hands with soap before meals and after defecation amongst mothers and care givers can reduce stunting by 15 %.

Similarly with regard to menstrual hygiene management as per UNICEF data 60 to 70 % adolescent girls do not attend school during menstrual period and 50 % state that menstruation has no relation to reproduction.

A Lancet study based on Meta-analysis about effectiveness of WASH intervention shows that improvement in water quality, sanitation and hygiene can reduce 57 % diarrhoea morbidity among under 5 children.

Under Swachh Bharat Mission in rural areas in many villages septic tanks are built like water tanks. In absence of service providers these are cleaned occasionally and faecal matter is dumped outside the village which is as good as open defecation. Hence it required lot of service providers in terms of operation and maintenance of toilets.

In Maharashtra availability of water has been a constraint for non uses of toilets so new techniques needs to be developed where less water is required for cleaning and usage of toilets.

He mentioned about various flagship programmes addressing WASH and public health like – Swachh Bharat Mission. Swachh Bharat Vidyalaya, Swachhta guidelines and Kayakulp, RKSK & PMHS and National Rural drinking water programme. Under these programmes certain key personnel are assigned to look after WASH and public health but the question is what will happen after these flagship programmes are over? Who will take care of WASH and public health, what will happen to the sustainability?

Mr. Kabir said mentioning all flagship programmes and schemes that we have very good platforms, schemes but the problem is with the service delivery. Therefore SHI can play a key role to link these services at state, district and institute level. Ministry of Health & Family Welfare under Swachh Swasth Sarvatra (SSS) has been giving Rs.10 Lakh to each public health facility for implementation of WASH. However this is not being implemented due to lack of human resource.

Recommendations:

1. There is need to develop a public health policy linked with WASH.
2. To create a cadre of entrepreneur instead of Sanitary Health Inspector.
3. Bringing / positioning rural public health component in present SI course.
4. Increase the number of centres offering SHI courses with one nodal centre at State.
5. Making SHI portfolio aspirational with a policy of incentives.
6. Aligning with other courses to fill-up vacancies.
7. Changing the name of SHI course as we required facilitator's and managers instead of inspector.
8. To create a cadre of SHI at state, District and Block level irrespective of urban and rural area as Maharashtra is highly urbanized.

4.3.3. Prospects of Human Resource in Water & Sanitation

Dr. Deepesh Reddy started the session keeping water and sanitation at the backdrop of scenario before proceeding to what can be aspirations to get into this sector and its future prospects. He explained the water supply and excreta management in the rural and urban areas.

After explaining the water and sewage disposal he explained changing times as a back drop in this sector. Policies have changed to demand driven which is a challenge to provide human resources to fulfil the demands. Aspirations of the youth at present needs to be seen before offering them employment in this sector. On the development side government is looking forward to Health for all to sustainable development goals.

He presented his concept of GST in sanitation. G-goods to be in place, quantity along with quality, S-services to be appropriate and T-training across needs.

While explaining the HR dynamics he divided them into top level (Political, administration and financial), mid-level (multiple agencies, government & NGO's) and ground level (urban bodies and panchayat Raj)

Talking on skill spectrum of HR- requirement in government sector is done with specific skills. Social skills which are required for demand driven approach to work are available with NGO and CBO's and international agencies like UNICEF. He emphasized on ideal set of skills with confidence and motivation to have smart mix of people i.e. engineers also having social skills.

He explained the supply chain of HR. Colleges and institutes supply fresher's to government. Government agencies, private agencies & NGO'S supply experienced HR to external agencies and NGO's.

In urban areas 30-35 % sewage is released untreated into the water bodies. There is need to have more sewage treatment plants. In urban areas NGO's are working on creating awareness for maintaining community toilets there is need to support them and to create a dedicated workforce for the IEC activities in the community.

Training programmes should be there on structured skills for masons. Community people should be trained on surveillance and monitoring.

Faecal sludge management is the core of the problem. We need skilled masons to construct septic tanks, proper maintenance of septic tanks and sewage disposal with appropriate methods. There is stigma in the community to use the compost made from sewage. We need to do social marketing to remove the stigma so that people can accept to use the compost in agriculture. Soft skill development is required for workers involved in the evacuation of the septic tanks. So skill development and certified courses can be designed for giving these skills.

At mid-level HR prospects include water quality testing labs should be made available. Combining of courses with biology, chemistry, engineering and social sciences should be done to create prospects of HR in sanitation. At top level IAS officers and politicians should be involved through various platforms to have exchange of ideas on issue based specific topics.

Recommendations:

1. Create a cadre of environmental health with multi disciplinary aspects including social dimensions instead of the conventional SHI course.
2. Develop technology driven solutions.
3. Social marketing should be done.
4. 24 hour water supply to be given to the community.
5. Develop leadership development & capacity development programmes.
6. Separate cadre for preparedness of disasters.

Session ended with thanks to the speakers by the chairperson. Dr. Deepak Raut, Director, FWTRC felicitated the chairperson, moderator and speakers with momentous.

4.4 Session IV - Panel Discussion

Panel discussion was held on “Need for Mainstreaming Human Resources in Swachh Bharat Mission and Convergence with Public Health and WASH”.

Speakers-

1. Dr. Bipin Das, Prof. TISS, Tulajapur.
2. Mr. Paschim Tiwari, Technical Director, All India Institute of Local Self Govt. Bandra, Mumbai.
3. Mr. Sobin Kuriakose, Head Pradhan Mantri Kaushalya Vikas Yojana.
4. Dr. Deepak Raut, Director, FWTRC, Mumbai.
5. Mr. Yusuf Kabir, WASH Specialist, UNICEF.

Moderator-

Dr. R. R. Shinde, Prof & Head, Dept. of Community Medicine, Seth GS Medical College & KEM Hospital, Mumbai.

Dr. R. R. Shinde started the discussion by raising the importance of need to prepare draft policy for Sanitary Inspectors for implementation of WASH under Swachh Bharat Mission (SBM) for Social Development of the country.

1. Ownership of development of human resources

Dr. R. R. Shinde said that multiple sector like Ministry of Health & Family Welfare, Water Supply & Sanitation, Rural & Urban Development and Environment Ministry have role in implementation of SBM. However, he rose the question of who should take the ownership of development of human resources. Dr. Yusuf Kabir, WASH Specialist, UNICEF suggested that human resource development is a committed approach as health & non-health agencies come together with the sole aim to improve quality of life by maintaining proper hygiene and sanitation. He further added, the Public Health Department of MoH&FW should be the main stake holder for development of human resources.

2. Approach to be adopted (System based or community based approach)

Mr. Paschim Tiwari, Technical Director, All India Institute of Local Self Govt. suggested that indices focusing on development of panchayat as a unit for implementation of SBM should be developed. Technical group supported by Block Development Office (BDO) needs to be constituted to work in development of Panchayat Plans. Technical group should include representative from Public Health, Skill Development & Entrepreneurship and Sanitation department.

3. Employment opportunity for SHI -

Dr. Deepak Raut, Director, FWTRC, Mumbai suggested that human resource need for SHI in different sectors like Braham Mumbai Corporation (BMC) and other Municipal Corporation in India, Port/ Air Port / Medical Colleges etc. is required to be identified. SHI are required in all spheres of life and their role is multi-faceted. As is being done by MoHFW, the other Ministries should also identify requirement of SHI, especially in the Railway Industry and Hotel Industry.

Mr. Paschim Tiwari, Technical Director, All India Institute of Local Self Government said that there is tremendous potential for SHI in all the Ministries. They can also become Green Job Workers to protect

environment and the ecosystem.

4. Scope of SHI-

Mr. Yusuf Kabir, WASH Specialist, UNICEF recommended that development of pedagogy for SHI training is urgently required. The certification process for SHI training also needs to be streamlined. He further recommended that though the course is conducted in vertical way, placement of students needs to be done in horizontal manner in various departments.

Dr. Deepak Raut, Director, FWTRC, Mumbai informed that assessment of skills can be done by conducting monthly tests, observation during field visits, spot evaluation and hands on assessment for validation of learning.

Dr. Deepak Raut further suggested that Recruitment Rules (RR) for SHI needs to be framed and the Ministry of Skill Development & Entrepreneurship should take responsibility of framing RR.

5. Positioning of SHI-

It was recommended that the institutional arrangement of health care services at various levels need to be looked into and placement / positioning of SHI can be done at panchayat (block level), CHC level and district level.

Dr. Bipin Das, Prof. TISS, Tulajapur suggested that priority should be on training of SHI, Behavior change and Advocacy of the community. He further suggested that curriculum of SHI should also include training on transforming SHI as per need and requirement of the people so that they can serve the people in a better way.

6. Demand for SHI-

Mr. Yusuf Kabir, suggested that demand for SHI should have entrepreneurial touch to bring about change among the people and should receive support of the government. He further suggested the need for Sanitation Entrepreneurship which should be linked with service provider (local government) preferably at district level. He also suggested that Social

Marketing skills need to be adopted so that more and more people take up the course. Start up or seed money should be given to start small business with support of the government.




Dr. Deepak Raut, Director, FWTRC in his concluding remarks said that recommendation of National Consultation meeting will be put up to various Ministries for their information and needful action. He said Swachh Bharat Mission is not only about building toilets but also include Solid & Liquid Waste Management in urban as well as rural areas and reducing the disease burden. Dr. Deepak Raut further said that FWTRC will come out with a proposal for recognition of Sanitary Inspectors in coming years.

4.5 Recommendations

1. Ministry of Health & Family Welfare should be main stake holder for development of human resources for the cadre of Sanitation & Health Inspectors.
2. Family Welfare Training & Research Centre, Mumbai to frame Recruitment Rules for recruitment of Sanitary Health Inspector in Health Sector.
3. State Health Ministry to appoint one Sanitary Health Inspector at each Public Health Centre, Community Health Centre and District Hospital level to cater the need of Sanitation and hygiene in the area.
4. Ministry of Drinking Water and Sanitation to appoint one Sanitary Health Inspector to be posted at Block levels to monitor and maintain water and sanitation issues in rural areas.
5. Similarly recruitment of Sanitary Health Inspectors shall be made in urban areas by respective Municipalities, Corporations, Industries, Factories, Railways, Ordinance factories, Shipping Corporations, Port Health & Airport Health Organisations and other agencies which recruits around 100 staff in the establishment, manufacturing units or service providers to maintain sanitation and hygiene in the organization.
6. Necessary amendments shall be made in the by laws/ acts to make provisions for recruitment of Sanitary Health Inspectors in respective organizations where Factory Act is applicable or establishment, organisations where around 100 person are employed or agencies where enforcement of laws related to food safety, biomedical hazards, municipal laws, pollution control laws, water supply and testing, environmental sanitation are applicable; to facilitate implementation of Swachh Bharat Mission (SBM)
7. Curriculum of Sanitary Health Inspector should be reviewed and amended as per the needs of the appointing authorities so that they can serve the organisation in a better way. e.g. Ordinance factories, Nuclear Power, etc.
8. Sanitation Entrepreneurship is required, which should be linked with service provider preferably at district level and should receive support of the state government.
9. Social Marketing skills should be adopted so that more and more people take up the course.

National Consultation Meet concluded with the vote of thanks from FWTRC, Mumbai to all the Dignitaries, Chairpersons, Speakers and Participants of the National Consultation Meet.

5.1 Programme Invitation

GOVERNMENT OF INDIA
(Ministry of Health & Family Welfare)

FAMILY WELFARE TRAINING & RESEARCH CENTRE, MUMBAI
332, S.V. P. Road, Khetwadi, Mumbai - 400 004

INVITATION

You are cordially invited for the Inaugural Function
**Launch of Skill Development Training
in the Health Care Sector
&
National Consultation**
“Developing Skilled Human Resources in implementation of Swachha Bharat Mission”

Fri. 3rd, Nov, 2017 | 09.00 am - 4.30 pm.
Yashwantrao Chavan Hall, Sahyadri Guest House, Malbar Hill, Mumbai.

in the Presence of
Chief Guest
Dr. Deepak Sawant
Minister for Public Health and Family Welfare,
Maharashtra

Honourable Guest
Dr. Ranjeet Patil
Minister of State Home (Urban), Urban Development,
General Administration, Law & Judiciary, Parliamentary affairs,
Skill Development and Entrepreneurship

Guest of Honour
Shri. Shyamlal Goyal
Addl. Chief Secretary, WSSD, SBM (Gramin.),
Maharashtra.

Special Invitee
Dr. B. D. Athani,
Special Director General
Directorate General of Health Services
MOHFW, GOI, New Delhi

Ms. Yasmin Ali Haque
Representative UNICEF
India Country Office
New Delhi

RSVP
Dr. Deepak Raut
Director, FWTRC Mumbai

5.2 Technical Programme Schedule

Annexure: 1

NATIONAL CONSULTATION

Developing Skilled Human Resources in Implementation of Swachh Bharat Mission

Venue: Yashwantrao Chavan Auditorium, Sahyadri Guest House, Malabar Hills, Mumbai.

Date: 3rd November 2017

Inaugural Programme Agenda

Time	Programme	Resource Person
9.00 to 10.00am	Registration	
10.00 to 10.05am	Welcome of Dignitaries	
10.05 to 10.15am	Welcome Address	Dr. Deepak Raut , Director, FWTRC, Mumbai
10.15 to 10.20am	Lighting of Lamp	All Dignitaries
10.20 to 10.25am	Address by the Guest of Honour	Mr. Shyamlal Goyal , Addl. Chief Secretary, WSSD, SBM (Gramin), Maharashtra.
10.25 to 10.30am	Address by the Special Invitee	Dr. B. D. Athani , Special Directorate General, DGHS, MoHFW, Gol, New Delhi
10.30 to 10.35am	Address by the Special Invitee	Ms. Yasmeen Ali Haque , Representative UNICEF, India Country office, New Delhi
10.35 to 10.40am	Address by the Honorable Guest	Dr. Ranjeet Patil, Minister of State, Urban Development, Law and Judiciary, Parliamentary Affairs, Skill Development and Entrepreneurship, Ex-Servicemen Welfare, Maharashtra
10.40 to 10.45am	Launch of Skilled Development Training in Health Care Sector	Dr. Deepak Sawant, Hon. Minister Public Health and Family Welfare, Maharashtra and All Dignitaries
10.45 to 10.55am	Inaugural Address by Chief Guest	Dr. Deepak Sawant, Hon. Minister Public Health and Family Welfare, Maharashtra
10.55 to 11.00am	Vote of Thanks	Mrs. Rosy Joseph, P.H.N.O, FWTRC, Mumbai

Technical Programme Agenda

11.15 - 1.00 PM	Session I: Swachh Bharat Mission – Innovation to clean India Chairpersons- Dr. D. L. Ingole Dean GMC Govt of Maharashtra (Former) Prof. Mukesh Kanaskar, Dy. Director General, AILSG.
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Technical Programme Agenda

	Speakers-	
11.15 - 12.00 PM	A. RURAL MODEL	Mr. Shyamlal Goyal, Addl. Chief Secretary WSSD, SBM (Gramin), Maharashtra Ms. R. Vimla CEO, Maharashtra state Rural Livelihood Mission, Rural Development Dept. Dr. Anil Bagal, Dy. CEO, ZP, Sindhudurg
12.00 - 1.00 PM	B. URBAN MODEL	Mrs. Seema Redkar, Consultant (Sanitation) TATA Trust. Adv. Harshad Barde, consultant Pune.
	C. MUNICIPAL MODEL	Dr. Padmaja Keskar, Executive Health Officer, MCGM (Public Health & WASH linkages in MCGM).
	Discussion	
01.15 - 2.00 PM	Lunch	
2.00 – 2.30 PM	Session II: Skill based training programs for Swachh Bharat Mission Chairpersons- Dr. Sangeeta Saxena, Dy. Commissioner MoHFW, New Delhi. Dr. Khanindra Bhuyan, UNICEF, Mumbai.	
	Speakers- Mr. Sobin Kuriakose, Head Pradhan Mantri Kaushalya Vikas Yojana. Dr. S. Y. Bodkhe, Principal scientist, NEERI, Mumbai.	
2.00 – 2.30 PM	Session III: Swachh Bharat Mission and Linkages with Public Health & WASH for Primary Health Care Chairman: Shri Shyamlal Goyal, Addl. Chief Secretary, WSSD, SBM (Gramin.), GoM. Dr Satish Pawar. Director, Health Services, Maharashtra Moderator : Dr. A. S. Manjrekar, AIC Officer, SHARE India.	
	Speakers- Prospect of SI in Public Health: Yusuf Kabir, WASH Specialist, Unicef Prospect of HR in Water & Sanitation: Dr. Deepesh Reddy, ORF, Mumbai	
3.15 –4.00 PM	Session IV: Panel discussion- Need for Main streaming Human Resources in Swachh Bharat Mission and Convergence With Public Health and WASH	
	Moderator: Dr. R. R. Shinde, Prof & Head, Dept. of Community Medicine, Seth GS Medical College & KEM Hospital, Mumbai	
	Speakers- Dr. Bipin Das, Prof. TISS, Tulajapur Mr. Pashim Tiwari, Technical Director, All India Institute of Local Self Govt. Bandra, Mumbai. Mr. Sobin Kuriakose, Head Pradhan Mantri Kaushalya Vikas Yojana, Ministry of Skill Development & Entrepreneurship Dr. Deepak Raut, Director FWTRC	
4.00 - 4.15 PM	Valedictory Session : Dr. Deepak Raut, Director FWTRC	
4.15 - 4.30 PM	High Tea	

5.3 List of Resource Person

Ministry of Health & Family Welfare, GoI, New Delhi

1. Dr. B. D. Athani, Special Director General, DGHS, MoHFW, GoI, New Delhi
2. Dr. Sangeeta Saxena, Deputy Commissioner (Training); MoHFW, GoI, New Delhi

Ministry of Skill Development & Entrepreneurship

1. Mr. Sobin Kuriakose, Head, Pradhan Mantri Kaushalya Vikas Yojana, Ministry of Skill Development & Entrepreneurship

State Government

1. Dr. Deepak Sawant, Hon. Minister Public Health and Family Welfare, Maharashtra
2. Dr. Ranjeet Patil, Minister of State, Urban Development, Law and Judiciary, Parliamentary Affairs, Skill Development and Entrepreneurship, Ex-Servicemen Welfare, Maharashtra
3. Shri Shyamlal Goyal, Addl. Chief Secretary, WSSD, SBM (Gramin), Maharashtra
4. Dr. Satish Pawar, Directorate of Health Services, Maharashtra

UNICEF

1. Ms. Yasmeen Ali Haque, Representative, UNICEF, India Country office, New Delhi
2. Dr. Khanindra Bhuyan, Health Specialist, UNICEF, Mumbai
3. Yusuf Kabir, WASH Specialist, UNICEF, Mumbai

MCGM, Mumbai

1. Dr. Padmaja Keskar, Executive Health Officer, MCGM (Public Health & WASH linkages in MCGM), Mumbai
2. Dr. R. R. Shinde, Prof & Head, Dept. of Community Medicine, Seth G S Medical College & KEM Hospital, Mumbai

Autonomous Organisations

1. Dr. S. Y. Bodkhe, Principal Scientist, NEERI, Nagpur
2. Dr. Bipin Das, Professor, Tata Institute of Social Sciences, Tulajapur

Non-Government Organisations

1. Prof. Mukesh Kanaskar, Dy. Director General, AIILSG, Mumbai
2. Mrs. Seema Redkar, Consultant (Sanitation), TATA Trust, Mumbai
3. Adv. Harshad Barde, Consultant, Pune
4. Dr. A. S. Manjrekar, AIC Officer, SHARE India, Mumbai
5. Dr. Deepesh Reddy, ORF, Mumbai
6. Mr. Pashim Tiwari, Technical Director, All India Institute of Local Self Govt, Mumbai

Other Organisations

1. Dr. D. L. Ingole, Dean, GMC Govt of Maharashtra (Former)
2. Dr. Anil Bagal, Dy. CEO, ZP, Sindhudurg

Family Welfare Training & Research Centre, MoHFW, Gol, Mumbai

1. Dr. Deepak Raut, Director
2. Dr. N.R.K. Behera, Additional Director
3. Dr. Dhaval Thorat, Deputy Commissioner
4. Dr. (Mrs.) Suparna Khera, CMO (NFSG)
5. Dr. Sudhir Wanje, Joint Director
6. Dr. Amol Ade, Medical Officer
7. Dr. Satyajit Sen, CMO (NFSG)
8. Mr. A.K. Mohata, Training Officer (Sanitation)
9. Mrs. Rosy Joseph, P.H.N.O
10. Mrs. Asha Khandagale, P.H.N.O
11. Mrs. Kamini Puthran, Social Worker Instructor

Technical Assistance

1. Mr. Sanjay Bhonge, Social Worker, F.W.T. & R.C., Mumbai
2. Mrs. Nakusha Saindane, Social Worker Instructor, F.W.T. & R.C., Mumbai
3. Mr. Rajaram Gavade, Statistical Assistant, F.W.T. & R.C., Mumbai
4. Mrs. Minakshi Mantri, Computer, F.W.T. & R.C., Mumbai

Committed to the
SWACHH BHARAT ABHIYAN
एक कदम स्वच्छता की ओर

