

Model Terms of Reference: Films on Septage Management

Location..... India

Issued on: Date....

TECHNICAL SUPPORT UNIT:

iihsTM
INDIAN INSTITUTE FOR
HUMAN SETTLEMENTS

IN ASSOCIATION WITH:



Keystone

CD Consortium for
DEWATS
Dissemination
Society

TERMS OF REFERENCES

Films on Septage Management

1. Background

Lack of adequate sanitation poses one of the greatest barriers for Tamil Nadu in achieving her full development potential, and ensuring high standards of public health for her citizens.

There are severe deficits along the urban sanitation chain in the State:

- Every one in six to eight urban households or nearly 4-5 million people are forced to defecate in the open.
- One in every ten households is dependent only on public toilets.
- Only about 27 per cent of urban household toilets are connected to sewer (UGD) systems, mostly in larger cities. UGDs are difficult to scale up to all urban areas due to financial and capacity constraints.
- About 38 per cent of the household toilets are connected to septic tanks, and 7 per cent are improved pit latrines (45 per cent on-site systems), but their construction, maintenance and regular cleaning needs attention.
- Treatment capacities (for sewage and septage) and their operational efficiencies need enhancement so that 100% of human excreta is treated.
- Urban Local Bodies (ULBs) and institutions responsible for ensuring sanitation infrastructure and services delivery need to be strengthened considerably so that they can manage the full cycle of sanitation—from safe containment in toilets, safe conveyance, to disposal/re-use after treatment.
- Citizens, community groups, informal and private sector stakeholders need to be mobilised to play an active role in improving the full cycle of sanitation.

While sewerage and treatment plants have received policy attention and investments in larger cities of the State, on-site systems that are the predominant household arrangements across the State, have received limited attention. Foremost, the pits and septic tanks are not built properly; hence fecal matter leaks out untreated from these structures into drains, water bodies and open areas. These septic tanks are also not de-sludged regularly creating major health and environmental hazards.

Limited data is available on the coverage and effectiveness of these de-sludging services as these are mostly operated by the informal sector. The



sludge collected from septic tanks is often disposed into either natural storm water drainage systems or a nearby surface water body, especially in the absence of any treatment facilities. Sewerage (UGD) systems in many locations suffer from problems of maintenance; the sewage generated does not reach the treatment plants in many instances, and the existing sewage treatment plants are unable to treat the waste received. Finally, Urban Local Bodies (ULBs) and other urban sector agencies have not recognised the full cycle of sanitation, especially on-site installations, as an item needing their attention.

The Govt. of Tamil Nadu (GoTN) has been a pioneer in not only recognising the above challenges as core to improved standards of public health, but also has prioritised the full sanitation chain, including the strengthening of septage management as an economical and sustainable complement to network-based systems. The Govt. has clearly articulated the need to address sanitation in the coming years. Following this, in the urban areas, the “Namma Toilet” (“Our own Toilet”) or Public Toilets were rolled out. The GoTN issued Septage Management Operative Guidelines in September 2014. In addition to GoTN’s own investments in urban sanitation, the current policy environment in India prioritises urban sanitation at scale. Septage management has become eligible for funding under AMRUT, and Swachh Bharat Mission aims at improving access to toilets.

Include any other relevant information which is necessary.

[MENTION ULB NAME] wishes to commission two 10-minute films on **‘Septage Management as a viable alternative’** to address the bias in the decision makers’ thinking that Underground Piped Sewerage (or UGD – under-ground drainage) and STPs (Sewage Treatment Plants) are the ideal and/or only solution; and there is no effective alternative to this underground sewerage system for fecal sludge management.

Only UGD and STPs as solution-sets are not practicable owing to the huge demand on financial resources and technical complexities that these require. The wait for “ideal” and inaction implies – **human excreta goes untreated into the environment causing people to be endangered and the environment polluted.** Moreover, it is not just excreta management on which the focus continues to be inadequate. This spills over into the larger sanitation mindset itself, which focuses on solid waste management instead of **100% Treatment of all human excreta, across the full chain of sanitation.**

2. Objectives

The objectives of the films are:

1. Bringing Human Excreta into the topic of Sanitation, that at present remains focused on mainly on solid waste management (garbage removal, eliminating use of plastic bags, etc.)
2. Showing how it is the end-to-end Excreta Management (Full Cycle Sanitation or FCS) that is critical for Public Health success, not just building Toilets or eliminating Open Defecation (OD).
3. Addressing the bias in the decision makers' thinking that Underground Piped Sewerage (UGD) and STPs (Sewage Treatment Plants) are the ideal and/or only solution; and there is no effective alternative to this solution.

Approach: Films for different target segments

Two separate films shall be made: one for senior decision makers, second for ULB and frontline officers.

Both films to be only of 10 minutes each, and a shorter version **[INSERT DURATION]**.

For senior decision makers, emphasis shall be placed on:

- a) Image of the State
- b) Economic impacts of unsafe sanitation
- c) Additional load on public systems (due to bad health etc.) –only passing reference to households
- d) Long-term health impacts in terms of mal-nutrition and stunting

For ULB officers, the film shall emphasise on:

- a) Impact of city, and on the individual
- b) Outbreaks e.g. Dengue - additional efforts are required.
- c) What happens when fecal matter mixes in storm water drainage
- d) Issues of high ground water level for the ULB
- e) Additional load on the public system, and how ULB executives have to spend time in an unproductive way.
- f) Economic losses e.g. cholera –years earning can go on treatment

For both films: a. both with films to begin with short emphasis on

- a) Linkage between water quality and health,

- b) Developed nations like the US, Australia, etc. have hybrid systems, i.e. Fecal Sludge and Septage Management along with sewerage and STPs – this needs to be highlighted.

3. Schedule of Work and Deliverables

The films shall be made according to the following schedule:

No	Activity and Outputs	Elapsed Time from Start	Date of Deliverable
1	Work on pre-shoot script		
2	Approval of Pre-shoot Script		
3	Production work (shooting the film)		
4	Work on pre-edit script begins and final approval from IIHS		
5	Rough Cut for Film 1 -		
6	Delivery of final Film 1 in various formats -		
7	Rough Cut for Film 2		
8	Delivery of final Film 2 in various formats		

4. Film Making Team

The work shall be carried out by a qualified team of film makers with:

- At least 10 years of experience in making documentary films on development projects, aimed at decision makers.
- In-house film production unit which can work on short notice with strict deadlines.
- Ability to independently carry out pre-production research and produce scripts capturing the dynamics of the intervention.
- Fluency in written and spoken Tamil and English

5. Reporting and Coordination

The film producing company will coordinate with **[ADD CONTACT DETAILS]**.

6. List of Resources to be provided by [INSERT ULB NAME]

Provide the list of resources here

7. Suggested Story-line

Act 1 Sc. 1: Reaffirm the current status which is actually poor.

Show how bad the current situation really is in Tamil Nadu. This is an incongruity and *surprisingly so, compared to the economic and social indicators in the state*¹. Portray the current failure points and fault lines in the Full Cycle of Sanitation:

- Toilet and Use Deficits: Practice of Open Defecation (OD); and practice of OD even when there is a toilet at home.
- Unsafe containment: Poor quality of septic tank design and construction.
- Unsafe and impartial conveyance: Haphazard de-sludging and transport.
- Unsafe disposal without treatment: Utterly chaotic disposal in the open or into the waterbodies.

Therefore, Tamil Nadu is actually far from being an ***Open Defecation Free State***. There is a sizeable urban population defecating in the open. However small it may be, fecal matter is present in the environment, and is a reality at every other point in the chain till the fecal sludge finally spills into the drains and open areas.

Act 1 Sc. 2: Revise notions of what people will put up with

- Today *more than half of Tamil Nadu's population is urban* (~ 49% according to the 2011 census), the highest in India.
- The State's successes in the last 50 years in affirmative action and education has created newer aspirations which are aptly reflected in the electoral manifestos and promises.
- The aspirations are big; the perspective is global. Even before the IT era, TN has been the most global part of India, with strong linkages to Malaysia, Singapore etc. History also shows that the Tamil rulers with maritime strengths, had established bases Cambodia, Indonesia etc.
- In effect, Tamil Nadu just *has* to be world-class and reclaim the global leadership of the old.

¹ It may be noted here that India lost about 6% of her GDP due to inadequate sanitation, 2006-07 estimates – could gain 3% back if sanitation were improved.

Act 2 Sc. 1: Reflect the current mindset and challenge it

- There is an entrenched opinion or a bias that the best solution for urban sanitation is the UGD / Sewerage system.
- True, the UGD/ Sewerage systems may be the best solution under *ideal conditions*, but are neither practical nor affordable at the scale needed. Septage management offers a proven method that can work as a stand-alone in smaller towns and as a supplement in large urban centres, or in any case a smart interim solution. And an opportunity to actually solve the problem at hand.
- While many developed countries aspire to provide and maintain sewer systems (e.g. Europe), there are many that use a mix of sewerage and septage management or Faecal Sludge Management solutions (e.g. US, and many middle income countries). So it is simply not true that Septage is some *inferior third world thing*, while the developed world defecates in luxurious sewerage networks.
- Septage Management offers an elegant and do-able solution via improvements in septic tank construction, regular septic-tank cleaning, safe conveyance and handling of the fecal sludge, treatment and safe disposal of the fecal sludge – in other words, addressing the full cycle of sanitation without having to invest in large infrastructure.
- This can be done immediately and at a reasonable cost. Only management improvements will be needed. And it is a very job-friendly technology which can promise employment for a large number of people.

Act 2 Sc. 2: Reframe the septage idea.

- Septage offers this opportunity to take Tamil Nadu to the next level. Becoming fully sanitized, while we keep on upgrading the infrastructure and services to sewer-based ones, as and when finances and management capacities become better.
- The idea of septage management is neither new nor unknown to the people here. So we need to acknowledge it and frame it differently.
 - For instance, As the context changes, *opportunities emerge for new ways of using an old thing*. For example, changeover from powerful Mainframes to networks of PCs., changeover from Central ACs to a network of split ACs, and now changeover from desktops to laptops / tablets / and smartphones. Change over from poorly managed disparate systems in the fecal chain – to hard-wired systems to secure the chain completely – thus delivering public health and economic benefits, plus employment.
 - In every such change it was from a status that everyone saw as the 'best' or 'better' solution to one that was widely seen as a 'weak' solution in itself.

- 
- Success stories from Malaysia (and Senegal too) in implementing septage management.

Act 3 Sc. 1: Re-Programme the thinking on Sanitation

- Today Sanitation continues to be confused with Solid Waste Management. We believe that the *real* problem cannot be solved and hence, we will not address it. Toilets are the only excreta-related idea that is broached. No one really knows (or cares) about what happens beyond the toilet.
- Deliver a clear set of 'Ask's, i.e. the actions that is sought from the viewer. These should be appropriate to the geographic stratum (state, local etc.).
- Show how the current practice in urban Tamil Nadu is weak (or non-existent) at all links in the chain. Also, how to change this into an opportunity to be at the cutting edge of the field, by using the Operative Guidelines for Septage Management.
- Septage offers a chance to make a big difference. It enables the state to peel off from the other states in sanitation metrics. It also contributes to a personal sense of achievement, recognition etc. And help increase the GDP (Gross State Domestic Product) of the state, which has been steadily falling over time.