

# Feeling the Pulse

A Study of the Total Sanitation Campaign in Five States





WaterAid's mission is to overcome poverty by enabling the world's poorest people to gain access to safe water, sanitation and hygiene education

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This report is the outcome of a study undertaken to understand the principles of what has worked and what has not worked in TSC which is the national programme on reforms in rural sanitation launched by the Government of India in 1999. The focus of this study is to draw learning lessons from the implementation experience so far, for improved effectiveness in the future.

The study team is immensely grateful to women, men and children of 40 Gram Panchayats in 20 blocks of 10 districts across 5 states of Bihar, Chhattisgarh, Haryana, Karnataka, and Tripura, who spared their valuable time to share their stories of sanitation. We say a big 'thank you' to the engineers and functionaries of line departments in all the study districts and states, who invested energy and time in identifying study blocks and GPs and

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## Preface

Sanitation as a matter of development priority gained importance globally in 1980s following the declaration of the International Water and Sanitation Decade (IWSD) by the United Nations. In view of emerging requirements in the sector and in line with India's commitment to the IWSD and national requirement, the Rajiv Gandhi National Drinking Water Mission (RGNDWM) was set up by Government of India (GoI) in 1985. Along with rural water supply, RGNDWM was also given the mandate to streamline rural sanitation initiatives in the country. Given the global and national developments in the sanitation sector, Central Rural Sanitation Programme (CRSP) was conceived and launched as a country wide initiative in 1986.

CRSP aimed at creating sanitation infrastructure at the individual household and community level by providing full subsidy for the purpose. The inherent policy perception entailed looking at people as beneficiaries and provision of sanitation goods and services primarily as state responsibility. However, despite one and a half decades of CRSP being in place, rural sanitation coverage in the country was a meager 22%, as per Census of India 2001. It was clear that CRSP had not delivered the desired results. A baseline survey on water and sanitation conducted by the Indian Institute of Mass Communication (IIMC) in 1998 revealed that only 2% of the beneficiaries found subsidy to be a motivating factor for construction of toilets and around 55% of the people having private toilets were self motivated. It also indicated that around 60% of the people were willing to pay for sanitation services in the rural areas of the country.

In response to the emerging learning in the sector, CRSP was revamped and launched as the Total Sanitation Campaign (TSC) in

1999. TSC represented a shift from a high to low and no subsidy regime in the provision of rural sanitation services to begin with. This was taken further and the term subsidy was dropped in TSC Guidelines of 2004 to be replaced by the term incentive. As per the latest TSC Guidelines of 2007, 'incentive as provided under the scheme may be extended to Below Poverty Line (BPL) families if the same is considered necessary for full involvement of the community'. The stated strategy of TSC is to make the Programme 'community led' and 'people centered'.

Inclusion of sanitation as one of the Millennium Development Goals (MDGs) in 2002 following the Earth Conference in Johannesburg intensified the sanitation agenda in India as well. But the sanitation uptake in the country still remained fairly low till about 2003-04. With the institution of a post achievement reward scheme called Nirmal Gram Puraskar (NGP) in 2003, the pace of sanitation coverage accelerated in the following year. Beginning with first NGP awards in 2004-05, TSC has come to be increasingly recognised as an NGP programme with a lot of prestige attached to it, as the award is given to the winning GPs, individuals and organisations by the President of India. NGP goes beyond coverage to identify and award an open defecation free and clean village environment. The number of NGPs awarded has dramatically shot up from 41 in 2005 to 10,094 in 2008.

TSC has been on for almost a decade now. However, there are few studies to indicate whether TSC has been delivering the results it set out to in general and what has worked or not worked in TSC so far in particular. It was felt that a study of this nature would yield significant policy learning and generate valuable insights for improving the programme

implementation strategy for TSC at the national and state levels in the years to come. In view of this felt need, the idea of a rapid qualitative assessment of TSC was conceived by WaterAid India (WAI) in the beginning of 2008. As WAI has been working closely with the government and civil society organisations on innovative people led initiatives in water and sanitation in India since mid eighties, the decision to commission this study was taken with the objective of generating strategic learning on rural sanitation initiatives at the national level in the country.

The terms of reference for the study was developed by WAI through an iterative process involving multi stakeholder consultation including Government of India. Dr. S.S. Meenakshisundaram, former Secretary to the Ministry of Rural Development, Government of India provided strategic advice. Knowledge Links was engaged to undertake the study across 5 sample states selected in consultation with the Government of India. Criteria for selection of states included good and bad performing states in terms of achievement in sanitation coverage as per the data available on the web site of Department of Drinking Water Supply and also the regional representation from across the country.

The study draws heavily on the secondary data available on Gol's DDWS website and

the existing literature in the sector comprising review reports, studies, country papers, and other relevant documents. It also builds on the primary qualitative data generated during field visits to 40 GPs in 20 blocks across 10 districts of 5 states (2 each from a state) in India. Study states included Bihar, Chhattisgarh, Haryana, Karnataka, and Tripura. In each state, consultations were held with the state governments to begin with. Periodic discussions were held with WaterAid staff in the Country office and the Regional Offices as well.

The study recognises that TSC has been the most significant rural sanitation initiative at the national level in India so far and carries a wealth of learning on policy and programme issues about doing sanitation on scale.

Various approaches and strategies adopted for the implementation of TSC across states and districts have a lot to tell about what works and what does not work in different contexts and conditions.

We believe that the study findings and recommendations carry useful insights about emerging issues and challenges in the implementation of rural sanitation programmes in India, which could be of interest and relevance in other similar country contexts as well.

**WaterAid India**

# Acronyms

ADC	Additional Deputy Commissioner
APL	Above Poverty Line
ASHA	Accredited Social Health Activist
BCC	Behaviour Change Communication
BDO	Block Development Officer
BP	Block Panchayat
BPL	Below Poverty Line
CBO	Community Based Organisation
CC	Climate Change
CCDU	Communication and Capacity Development Unit
CEO	Chief Executive Officer
CLTS	Community Led Total Sanitation
CM	Chief Minister
CRSP	Central Rural Sanitation Programme
CSID	Central Statistical Information Department
DDC	District Development Commissioner
DDWS	Department of Drinking Water Supply
DM & DC	District Magistrate and District Collector
DRR	Disaster Risk Reduction
DWSC	District Water and Sanitation Committee
EE	Executive Engineer
E-n-C	Engineer-in-Chief
Gol	Government of India
GO	Government Order
GP	Gram Panchayat
HSL	Household Sanitary Latrine

ICDS	Integrated Child Development Scheme
IEC	Information Education Communication
IHHL	Individual HouseHold Latrine
JP	Janpad
KL	Knowledge Links
MDG	Millennium Development Goals
NGO	Non-Governmental Organisation
NGP	Nirmal Gram Puraskar
NRHM	National Rural Health Mission
ODF	Open Defecation Free
PC	Production Centres
PHED	Public Health Engineering Department
PRIs	Panchayati Raj Institutions
PRA	Participatory Rural Appraisal
PR & RDD	Panchayati Raj and Rural Development Department
RGNDWM	Rajiv Gandhi National Drinking Water Mission
RSM	Rural Sanitary Mart
SDM	Sub Divisional Magistrate
SHG	Self Help Group
SSHE	School Sanitation and Hygiene Education
SWSM	State Water and Sanitation Mission
TSC	Total Sanitation Campaign
UNICEF	United Nations International Children’s Emergency Fund
VWSC	Village Water and Sanitation Committee
WAI	WaterAid India
ZP	Zilla Panchayat

# Executive Summary

The study, commissioned by WaterAid India, carries an independent qualitative assessment of Government of India's Total Sanitation Campaign (TSC) launched in 1999. TSC is a country wide, community based and demand driven sanitation initiative aimed at improving the quality of life in the rural areas of the country.

The inquiry seeks to unpack what constitutes the core of TSC programme design and inherent policy implications on one hand and understand what has worked and not worked in TSC so far on the other. The purpose has been to generate strategic learning from a policy and programme design and delivery perspective, which may be used to inform TSC programme implementation strategy at the national and state levels in the years to come.

The study draws heavily on the available data at Government of India's web site 'ddws.nic.in' and the existing literature in the form of country papers, review reports, studies, and other documents. Besides, field visits were made to 40 GPs in 20 blocks across 10 districts in 5 states selected on the basis of a stratified purposive random sampling. The criteria for state selection included good and bad performance and adequate regional representation. Field study began with discussions at the state level. Methods used for generating qualitative information included focus group discussions, in-depth interviews and discussions. Throughout, discussions were held with WaterAid staff in Delhi and the regions.

## TSC: A Reform Initiative

TSC has been the most significant reform initiative in the rural sanitation sector in India so far and has the potential to transform the

sanitation scenario in the rural areas of the country resulting in positive public health outcomes.

Lessons learnt from Central Rural Sanitation Programme (CRSP) implemented in India during 1986-1998 made it clear that subsidy for toilet construction does not automatically result in desired sanitation coverage and the resultant public health benefits. This was amply borne by the fact that even after more than a decade of CRSP being in place, rural sanitation coverage in India remained a meager 22%, as per the Census of India 2001. A process of radical rethinking had already begun in late 90's that led to a restructuring of the national rural sanitation programme in the form of Total Sanitation Campaign (TSC). TSC embodied a shift from a high to low and no subsidy regime in the provision of rural sanitation services.

The proposed strategy for TSC implementation, as per the Guidelines of 2007, is to make the programme 'community led' and 'people centered'. A demand driven approach is to be adopted with increased emphasis on awareness creation and demand generation for sanitary facilities at the household, community and institutional levels. The end objective is to have a clean and safe village environment. It is assumed that community mobilisation is the key to creating safe and sustainable sanitation services. Rural school sanitation is a major programme component and an entry point for wider acceptance of sanitation by people in the rural areas.

The TSC is designed to take care of both demand and supply sides of rural sanitation: while IEC activities are supposed to generate demand by creating awareness, Rural Sanitary Marts (RSMs) and Production Centers (PCs)

are envisaged to supply material (such as cement, bricks, pans, squatting plates, foot rest, P-traps etc) for construction of IHHLs and institutional toilets in schools and anganwadis and other sanitary facilities and provide related guidance. Solid and Liquid Waste Management component (included in the TSC Guidelines of 2007) of the programme seeks to achieve the general cleanliness of villages.

TSC is proposed to be implemented by Panchayati Raj Institutions (PRIs) at all levels, to 'carry out the social mobilisation for the construction of toilets and also maintain the clean environment by way of safe disposal of wastes'. NGOs' role is conceived to be in terms of their active involvement in IEC activities on one hand and in provision of required hardware for toilet construction through RSMs and PCs on the other.

Given that TSC is almost a decade old now and the campaign will come to an end in 2012, a review at this stage provides scope for means of accelerating progress and making corrections if needed.

## Policy, Programmes, and Progress

The study reveals that there are significant policy variations across states. For instance, of the 5 sample states studied, while Karnataka, and Tripura follow TSC Guidelines to offer suggested incentive only to BPL households, Bihar and Chhattisgarh have made additional provision for subsidy to APL households as well from their own resources. Haryana has consciously down played subsidy/incentive as they perceive it to be subversive of community processes in general and the spirit of collective local action in particular.

There are variations across states and districts in terms of approaches and strategies adopted and results achieved as well. There are three broad type of approaches in use: one that relies on conventional IEC with tools like posters, pamphlets, wall writing, TV, radio, folk media, and inter-personal interaction and which has been popular in most of the states and districts; two where some states like Haryana and Chhattisgarh have adopted innovative participatory approach called Community Led Total Sanitation (CLTS) aimed at creating open defecation free communities by engaging them in participatory analysis of their sanitation situation leading to collective local action; *three* in which the programme including the IEC activities has been implemented in a state led and target driven fashion without any conscious effort to create required awareness at the community level. In this category IEC activities have been undertaken in a routine administrative fashion as more of a fund utilisation exercise, not organically linked to awareness creation and demand generation processes.

Some states have their own state specific sanitation programmes as well, like Maharashtra and Bihar have Sant Gadge Baba Swachata Abhiyan (SGBSA) and Lohiya Swachata Yojana (LSY) respectively. While SGBSA is based on the strategy of healthy competition among GPs to promote clean villages, LSY is a subsidy driven programme aimed at accelerating the pace of sanitation coverage in rural areas.

Available data suggests that high subsidy has not really worked in the case of TSC: states such as Bihar and Chhattisgarh even with a high subsidy regime have the current coverage of IHHLs only at 22.17% and 32.63%

respectively, which is lower than the country average of 55.69%<sup>1</sup> on one hand, and much lower than Haryana, which has the current coverage at more than 70% and where subsidy element has been apparently under played to achieve faster results.

However percentages, while suggesting a definite trend in effort and achievement, may not tell the entire story, as there would be important variations in terms of the absolute number of people achieving access to basic sanitation across states depending on the size of population involved to begin with.

## Institutional Arrangements

There are two broad trends by way of institutional arrangements in place at the level of state governments for TSC implementation, In some states (Haryana and Karnataka) TSC is being implemented by Panchayati Raj or/and Rural Development Departments, whereas in some other states (Bihar, Chhattisgarh and Tripura) it is being implemented by Department of Drinking Water Supply and Sanitation or Public Health Engineering Department.

Role of Panchayati Raj Institutions (PRIs), NGOs and Community Based Organisations (CBOs) such as Self Help Groups (SHGs) of women in TSC implementation on the ground also varies across states and districts. PRIs have been spearheading the campaign in states like Haryana and Karnataka, but in states like Bihar, Chhattisgarh and Tripura, their role have been relatively limited. Moreover, there are significant variations across districts within states in terms of the

<sup>1</sup> Percentages in the paragraph are worked out on the basis of data available on Gol's website ddws.nic.in as on 10 October 2008.

roles and functions of different civil society organisations.

NGOs have been engaged both as community/social mobilisation agencies (Chhattisgarh, Haryana, Karnataka and Tripura) involved in IEC activities and hardware suppliers and construction contractors (Bihar). In some places there has been an apparent mistrust in NGOs capacities to deliver, as also in their integrity such as in Durg and other districts of Chhattisgarh. SHGs have been involved in social mobilisation efforts and in credit financing of toilet construction.

## Nirmal Gram Puraskar (NGP)

NGP is a post achievement award scheme meant for GPs, individuals and organisations. There is considerable prestige attached to it, as it is given by the President of India to winning entities. GPs that qualify are those, which have become open defecation free and fully sanitised. Aspects that constitute the pre-conditions for NGP application include 100% open defecation free (ODF) status including total coverage of IHHLs, 100% school and anganwadi sanitation and a clean village environment.

NGP seems to have worked in accelerating the coverage, as it was introduced in 2003-04 and the pace of sanitation coverage in most of the states has picked up since 2004-05, a year after NGP launch. However, there are growing concerns around the veracity of ODF status of GPs with NGP award and its sustainability. There have been reports of manipulations and misrepresentations that also get past the verification process thereby undermining the credibility of the award in many cases.

## Key Findings

The key study findings are as follows:

### *Guidelines and their Adoption*

- There is significant disconnect in terms of intent and action: whereas the TSC guidelines mention that the programme has to be community led and people centered, actual implementation on the ground is largely state led and target driven with the line departments functioning as major drivers of the programme.
- There has been limited involvement of other stakeholders such as PRIs and Civil Society Organisations (CSOs) in TSC implementation, though there has been relatively better involvement of PRIs in Chhattisgarh and Karnataka, and CSOs in Haryana.
- Though there are exceptions, there has been a general mistrust about the role of NGOs in TSC, though more pronounced in Bihar and Chhattisgarh.

### *Results and Realities*

- TSC has shown remarkable progress in rural sanitation coverage since 2004-2005; NGP, launched in 2004, seems to be the major factor in accelerating the pace of coverage.
- A large number of NGP villages are neither (ODF) nor fully sanitised, which is one of the qualifying criteria for NGP application. This suggests that NGP verification processes are not always sound and are open to manipulation or/and errors.
- TSC is getting increasingly state led and target driven; one of the stated reasons has been the pressure of achieving sanitation MDG targets ahead of time i.e. by 2012.

- Approaches and strategies adopted to pursue sanitation vary considerably across states, at times, not really in line with the stated TSC strategy of the programme being ‘community led’ and ‘people centered’.
- States that have done relatively well have inspired leadership at the state and district levels; committed champions and community leaders; strategies based on social/community mobilisation; and, effective monitoring of TSC activities at the district and village level.
- In states and districts where PRIs have been actively involved in TSC, the results have been quicker and more sustainable.
- There is a lack of awareness of disaster risks related to floods, droughts, earthquakes, landslides, cyclones and other events, and their possible impact on sanitation facilities at the household and community levels. Similarly, climate change and the resultant adaptation needs of people are also not considered and addressed in planning and creating sanitation facilities.
- There are threats of inappropriate technology options for construction of toilets contaminating sub-surface water sources, thereby increasing the risk of avoidable morbidity and mortality. In fact, technology has emerged as a major factor in safe sanitation, and has yet to get the attention it deserves.
- Inclusion of women, poor and the marginalised in total sanitation is skewed and undertaken on fairly unequal terms: in places visited in Bihar for example, no consultation with the poor dalit communities even in NGP villages had taken place and women were not even aware of the programme.

## What has worked

- Supportive policy environment, sound strategy, appropriate institutional arrangement, and suitable and timely training and capacity development have made substantial contribution to the success of the TSC programme in terms of achieving faster and sustainable results in states like Chhattisgarh, Haryana and Karnataka, and
- Commonalities across all the well performing districts and states like Sarguja (Chhattisgarh), Sirsa (Haryana), and Shimoga (Karnataka) include an intense campaign, driven by mass mobilisation and involvement of a number of civil society organisations like PRIs, NGOs, CBOs, SHGs and a dedicated cadre of trained programme functionaries and volunteers.
- Meticulous planning and close monitoring in districts that have done well in all the 5 states.
- Mobilised communities and community leaders have made a great difference in inspiring other communities to act and achieve total sanitation in their villages.
- Widespread use of community led total sanitation (CLTS) approach across districts (Bhiwani, Panipat, Sirsa and others) in Haryana has worked well, leading to an increase in the pace of coverage from around 39% to more than 70% between 2006-08.
- School sanitation in Sarguja district of Chhattisgarh with its features of monitoring chart for daily monitoring of sanitation and hygiene practices of children, bamboo fencing to protect the school toilet from cattle and other intruders, and use of force lift pumps to ensure the availability of water in school toilets has worked well with a marked improvement in sanitation behaviour change of school going children.

## What has not worked

- Subsidy for hardware to individual households has not worked in promoting sanitation. The connection between subsidy and sanitation coverage is weak as the states such as Bihar and Chhattisgarh with a higher subsidy regime (both have provision of additional state subsidy for APL households as well) have a relatively reduced rate of coverage than other states such as Haryana, Karnataka, and Tripura, which have kept themselves limited to the Gol norm of incentive money only for BPL households.
- In states and districts where civil society engagement has been weak, the pace of sanitation coverage has been slow, and the construction and usage of sanitary facilities have been of poor quality.
- Solid and liquid waste management and hygiene education components of the programme have yet to pick up, as they have been largely neglected in most of the states as a result of TSC being seen primarily as an IHHL construction programme.
- Focus on school sanitation without adequate emphasis on hygiene education as a part of the SSHE component of the programme has not resulted in required behaviour change in most of the places.
- Financial and physical monitoring as an indicator of safe environment.

## Monitoring and Learning

- The thrust simply on coverage seems to be inspired by the current monitoring indicators at both state and national level which is based on numbers or percentage of coverage. It is not designed to capture either usage or behaviour change, which is the stated thrust of the programme. Neither has the outcome been monitored. Overall the focus has been to ensure

latrine coverage and the promotional strategy in many states has omitted the linkage between improved sanitation leading to improved water quality and improved health.

- Technology innovation has not been given the desired push and ‘one size fits all’ approach has been adopted irrespective of geographical and climatic conditions by-passing customer preference in some cases.

### Emerging Requirements

- Well designed implementation strategy, dedicated cadre of staff and volunteers, and close monitoring are emerging as major requirements, for success of TSC.
- Quality of construction of toilets is emerging as one of the critical factors in ensuring usage and sustained behaviour change. However, technology has yet to be recognised as a major factor in safe sanitation at the guideline and programme implementation level.
- Approximately 50 per cent of the population in the country are women. Though extremely important, menstrual hygiene is not included as a part of the TSC programme design. It has been taken up as a part of programme activity in Haryana, where it has received overwhelming response from women’s groups. SHGs have been trained to produce and market sanitary napkins for women and make it available to them on affordable prices.
- Rural Sanitary Marts that have facilitated people’s access to pans, P-traps and other hardware components mobilised from different suppliers as per local need and demand have done much better than Production Centers, which have been promoting uniform designs of squatting plates and other hardware, without much room for local innovation.

- Ecological sanitation or ecosan has been conspicuous by its absence in all the study states. Ecosan holds promise for the future, as it offers eco-friendly solutions by treating human waste as resource. In states like Tamil Nadu ecosan has been successfully tried out.

### Recommendations

In view of the findings of the study, the following recommendations are made to optimise the benefits of TSC:

#### *Policy*

- TSC is currently a guideline. A national sanitation policy that clearly articulates Government of India’s policy and position need to be in place. This policy needs to address various issues such as inclusive processes, investment priorities, expected public health outcomes and their monitoring, menstrual hygiene, subsidy/ incentive, institutional arrangements including role of PRIs, CSOs, and communities, community mobilisation approaches, technology as a factor in safe sanitation. In the current context, possible impacts of disaster including climate change on provision of sanitation services and appropriate solutions needs to be identified.

#### *Programme Design and Delivery*

- TSC implementation strategy is revisited and revised to focus more on usage of sanitation facilities created and the related behaviour change so as to achieve the objective of improvement in the quality of life of people in rural areas. The revision needs to be made in terms of making the programme truly community led and demand driven as against the state led and

target driven approach being adopted in several states and districts currently.

- States and districts could place greater emphasis on strategy development and effective action planning for TSC implementation followed by monitoring, follow up and corrective action, as required.
- In line with the stated TSC strategy of the programme being ‘community led’ and ‘people centered’ and in view of the success of CLTS in Haryana, community led total sanitation (CLTS) could be one of the approaches explored for faster and more sustainable results on the ground.
- Ecosan could be one of the options while sharing technology options with the communities in the process of planning for ODF and fully sanitised environment.
- Planning for total sanitation at the community level is also based on hazard and risk assessment at the local level related to possible disasters and emergencies such as floods, drought, earthquake, landslides and cyclones. An assessment of the possible impact of climate change and the resultant adaptation needs of communities to provision of sanitation facilities.
- The IEC component of the programme is re-oriented to engage in more effective behaviour change communication (BCC) strategies, which have been more of rhetoric than reality so far. IEC needs to focus more on establishing a link between improved sanitation and its impact on the collective health to ensure sustained use of the sanitation facilities created.
- Incentive/subsidy money is used to award rural communities after they are open defecation free and fully sanitised and not to individual households.
- Special focus on engagement with and meeting the needs of marginalised groups such as women, tribals, Scheduled Castes the disabled and the aged.

- Menstrual hygiene is included as a programme component of the campaign.

### ***Institutional Actors and Agencies***

- Effective and timely realisation and utilisation of funds allocated for sanitation through the removal of bottlenecks and wherever needed, capacity building.
- PRIs are oriented and strengthened to engage communities in self analysis of their sanitation situation followed by collective local action to achieve the objectives of total sanitation.
- NGOs and CBOs such as SHGs are actively involved in community/social mobilisation, school sanitation and hygiene education, monitoring of programmes and outcomes.
- Champions and community leaders other than GP Sarpanches are actively considered for felicitation under NGP so as to keep motivation levels high. These champions could also include government officials.

### ***Monitoring and Learning***

- Deepening of monitoring by taking it beyond coverage to include usage, behaviour change, and health benefits accrued because of TSC. This could be done by complementing on line TSC monitoring system with periodic field based reviews and community monitoring systems. Community based water quality monitoring through convergence with the Rajiv Gandhi National Drinking Water Quality Monitoring and Surveillance Programme could provide data on immediate impact of sanitation.
- Design and implement a system to recognise and encourage local technology innovations suitable to particular climatic, social and geographical conditions.
- Develop an effective community strategy that mobilises communities, addresses all concerns and offers cross learning.

# **Section 1**

## **Main Report**



## Total Sanitation Campaign (TSC)

*‘Total Sanitation Campaign is a comprehensive programme to ensure sanitation facilities in rural areas with broader goal to eradicate the practice of open defecation. TSC as a part of reform principles was initiated in 1999 when Central Rural Sanitation Programme was restructured making it demand driven and people centered. It follows a principle of “low to no subsidy” where a nominal subsidy in the form of incentive is given to rural poor households for construction of toilets. TSC gives strong emphasis on Information, Education and Communication (IEC), Capacity Building and Hygiene Education for effective behaviour change with involvement of PRIs, CBOs, and NGOs etc. The key intervention areas are Individual household latrines (IHHL), School Sanitation and Hygiene Education (SSHE), Community Sanitary Complex, Anganwadi toilets supported by Rural Sanitary Marts (RSMs) and Production Centers (PCs). The main goal of the Gol is to eradicate the practice of open defecation by 2010. To give fillip to this endeavor, Gol has launched Nirmal Gram Puraskar to recognise the efforts in terms of cash awards for fully covered PRIs and those individuals and institutions who have contributed significantly in ensuring full sanitation coverage in their area of operation. The project is being implemented in rural areas taking district as a unit of implementation’.*

Source: [ddws.nic.in](http://ddws.nic.in)

# 1. Study Methodology

An independent country wide study of Government of India's Total Sanitation Campaign (TSC) was commissioned by WaterAid India in April 2008. Supported by WaterAid the study was undertaken by Knowledge Links, India during May-August 2008. The purpose of the study has been to generate strategic learning by identifying triggers, barriers and key challenges in achieving TSC objectives, define options for ensuring long term sustainability of TSC outcomes, and identify policy implications.

The study was planned and carried out as a rapid qualitative assessment of TSC, which has been in implementation for a little more than 8 years now since its inception in 1999-2000. It entailed comprehensive literature survey followed by study visits to 5 sample states of Bihar, Chhattisgarh, Haryana, Karnataka, and Tripura during May-August, 2008. The study was carried out by a team from Knowledge Links comprising 6 professionals, joined by 2 representatives from WaterAid, one each in states of Bihar and Tripura respectively.

The core objective of the exercise was to examine the approaches and strategies adopted by various states for implementation of the programme and assess their performance in terms of what has worked and what has not worked in the respective states. More specifically the study was designed to focus on: effectiveness of the campaign; barriers and drivers of the campaign; status of NGP villages; and policy implications for improved implementation. The study has tried to address key components of the programme in terms of activities at all the levels of planning, management and implementation.

## Sample Selection and Methodology

Five sample states were identified after discussions with Rajiv Gandhi National Drinking Water Mission (RGNDWM), on the basis of the key performance indicator of individual household latrine (IHHL) coverage (DDWS data base). Both the better performing and poor performing states were selected. Thus, Bihar, Chhattisgarh, Haryana, Karnataka and Tripura were identified for the study. Across each state, two districts, four blocks and eight Gram Panchayats were selected again on the basis of good and bad performance. However, the final districts and their sub-regions were finalised in consultation with the concerned state officials; approach to sampling was kept open and flexible so as to appreciate and capture state specific dynamics.

Whereas in Chhattisgarh, Haryana and Karnataka, changes were made in pre-selected sample districts following consultation with the state level programme managers, in Bihar and Tripura, districts remained the same as selected through the agreed sampling methodology to begin with.

In Chhattisgarh although the study team had initially short listed Korba as the best performing district and Durg as the poorest performing one, this was eventually changed to Sarguja and Dhamtari, because the former, although an average performance district, had shown impressive progress over the last one year and the later, as per the DDWS data was the best performing district.

Similarly in Haryana, initially selected districts were Panipat (best performing) and Jind (worst performing), which were replaced by Sirsa (the entire district being reportedly open

defecation free) and Mewat (the most difficult district) on the advice of the State Coordinator TSC, Haryana. In Karnataka, Mandya was replaced by Bidar on the suggestion of the concerned secretary, Government of Karnataka.

In Bihar and Tripura, originally selected districts were retained. District visits in Bihar to Vaishali and Nalanda and in Tripura to North Tripura and Dhalai were made.

The study was undertaken within a specifically constructed framework that included interviews with multiple stakeholders at the state, district, block and gram panchayat level including discussions with the community and visits to the project villages; semi structured questionnaires and checklists were prepared for the various interviews including the ones at the community level. The study team also visited schools and Anganwadis.

## 2. TSC: Coordinates of a Reform Initiative

*'The strategy is to make the programme 'community-led' and 'people centered'.  
- TSC Guidelines Jan 2004/Dec 2007*

Sanitation in India is a state subject. This implies that all the policy and programme decisions and investments regarding sanitation are supposed to be made primarily by the state governments. However, the fact that sanitation has been a matter of major policy concern for Government of India (GoI) for more than two decades now underscores its growing importance at the level of central government. The GoI launched Central Rural Sanitation Programme (CRSP) in 1986 soon after setting up of Rajiv Gandhi National Drinking Water Mission in 1985. The Mission itself came about in the wake of India's commitments to the International Water and Sanitation Decade declared by the UN in 1980s and national priorities.

GoI's role in rural sanitation, in initial three decades after Independence i.e. '50s, '60s and '70s, was limited to making some financial provision for construction of latrines in rural areas and urging state governments to take necessary steps to promote rural sanitation.

CRSP was the first country wide programme in sanitation financially supported by GoI. It focused on creating sanitation infrastructure at the household level in rural areas by subsidising the construction of latrines/ toilets. To begin with, CRSP was conceived as an initiative to strengthen the State Rural Sanitation Programmes (SRSPs), being implemented by state governments. In 1993, GoI revised the CRSP guidelines to provide higher budgetary allocations to accelerate the pace of coverage. But despite 15 years of CRSP being in place, rural sanitation coverage in 2001, as per Census of India, remained a disappointing 22%.

It had already become increasingly clear that CRSP was not being able to deliver the desired results. And this was further validated by a study undertaken in 1998 (*Water and Sanitation: A baseline Survey; Indian Institute of Mass Communication*), which made three critical observations that are as follows:

- 55% of the private toilets existing at that time were self motivated
- Only 2% state that subsidy was the motivation for constructing a toilet, whereas 30% were motivated by the convenience and 21% privacy that a toilet in the house offered.
- Most importantly, 40 % of the rural households were also willing to contribute about Rs. 500 for the construction of a toilet, while some 20% households were even willing to pay more.

Based on these key findings CRSP was radically redone to launch a community based, people centered and demand driven programme called Total Sanitation Campaign (TSC). TSC was launched in 1999 across 400 districts in the country to begin with and was extended to 200 more districts over next 5-6 years. Thus TSC now covers 600 of total 611 districts in the country across 28 states and 7 union territories.

Besides, throughout the 1990s some critical bilateral and international agency supported projects were also being implemented in several parts of the country (for example, Dutch supported projects in UP, AP, Kerala, Karnataka; World Bank supported projects in Karnataka and UP, etc.), wherein community participation and minimum subsidy were key strategic inputs.

## Addressing Demand and Supply

TSC made a shift from a supply led to a demand driven approach with focus on creation of awareness and demand generation as the basis for providing rural sanitation. Though TSC was launched a year before millennium development goals (MDGs) were declared by the United Nations in 2000, it acquired a greater sense of urgency and purpose after the inclusion of sanitation as a part of Target 10 in MDG 7 following the World Conference on Sustainable Development at Johannesburg in 2002.

A broad look at the structure of the programme suggests a perspective where state agencies are supposed to be driving both the demand and supply sides of the programme by stimulating awareness and demand on one hand and by streamlining the delivery chain for hardware supply on the other.

Designs of these programmes, their various components and elements contained therein carry the inherent policy perspective. Information, education and communication (IEC), individual household latrines (IHHLs), community sanitary complexes (CSCs), school sanitation and hygiene education (SSHE), and rural sanitary marts and production centers (RSMs/PCs) are the key programme components. IEC is based on the policy assumption that awareness would generate demand and demand would ensure safe and sustainable sanitation. Two more components namely solid and liquid waste management and provision of revolving fund in the districts were included in the TSC Guidelines 2007. TSC recognised that institutional toilets in schools, anganwadis, and community facilities are important to make sanitation really total. It is acknowledged that mere coverage is not enough, usage and behaviour change aspects

are equally or even more important to realise the full benefits of sanitation, particularly public health outcomes.

Though human resource development (HRD) is not a separate programme component, CCDUs set up in states with the financial help from Government of India are supposed to undertake upgradation of knowledge and skills of existing human resource across different states for the national programmes in water and sanitation including that for TSC. This is because HRD is based on the understanding that human and institutional capacities are critical for achieving the desired sanitation outcomes. NGP is the post achievement community award instituted in 2003 and made operational in 2004-05.

Besides the national TSC programme, some of the state governments have their own state specific sanitation programmes: for example, Maharashtra and Bihar have their own state level programmes as well. These are the Sant Gadge Baba Grameen Swachhata Abhiyan (SGBGSA) and Lohiya Swachhata Yojana (LSY) respectively. While SGBGSA aims at creating clean villages through community action following a spirit of competition, LSY intends to increase sanitation coverage by offering monetary subsidy/incentives to APLs not originally provided in TSC. Andhra Pradesh and Himachal Pradesh have also their own state specific sanitation incentive programmes called Shubhram and MVSSP (Maharishi Valmiki Sampurna Swachhata Puraskar) respectively.

Assumptions that inhabit the programme design and its implementation strategy constitute the building blocks of various programme components that address both the supply and demand side of sanitation as a service. Subsidy for IHHL construction for

BPL households suggests the policy position and the related assumption that the poor need financial help/incentive to construct toilets. SSHE positions school sanitation and hygiene education as an integral component of a total sanitation initiative.

While IEC, HRD, and SSHE take care of the demand side of sanitation, RSMs and PCs are there to strengthen the supply side by matching the expected growth in demand for sanitary hardware like bricks, cement, pans, squatting plates and P-traps.

### 3. Key Findings

The study spanned many issues that included coverage, quality of sanitation facilities created, usage, behavior change, inclusion, equity, and gender relations. But the overall findings from a national perspective of the programme are presented in four broad categories of policy, strategy, institutional arrangements, and implementation practice. As most of the issues are inter-connected, they run through many of the study findings in a fairly inclusive fashion.

#### Policy

*‘...India will take the necessary steps towards formulation of a new National Sanitation Policy.’*

*- India Country Paper titled ‘Total Sanitation and Hygiene: A challenge for India’ presented by Government of India at SACOSAN I, Dhaka October 2003*

Sanitation has been a matter of policy concern for Gol since the first five year plan in 1951. Sanitation being a state subject, Gol’s role, in initial three decades, that is between 1950-1970 was limited to making financial provisions for construction of latrines in rural areas and urging state governments to take necessary steps to promote rural sanitation.

**1. Despite Gol’s stated intent to have a national sanitation policy, there has yet to be a national policy on sanitation in India. However, Gol’s policy position on rural sanitation is enshrined in the principles and approaches described in the TSC Guidelines.** Most of the state governments also do not have a stated state policy on sanitation. None of the sample states visited had a state level sanitation policy.

2. A contentious policy issue has been one of subsidy or incentive to individual households for construction of latrines. **There has been considerable amount of ambivalence in stated policy position and prevalent practice on the subsidy/incentive issue.**

TSC Guidelines over the years and India’s Country Papers presented in SACOSAN I (2003 in Dhaka) and SACOSAN II (2006 in Islamabad) have consistently reiterated Gol’s commitment to the shift from a high to low to no subsidy approach. At the same time, the subsidy/incentive money for BPL households has been consistently on the rise: Rs. 500 during 1999-2004; Rs. 1,200 during 2005-2007; Rs. 2,200 in 2008. The incentive money is reportedly increased recently to Rs. 2,200 against the earlier Rs. 1200, though, official confirmation is still awaited.

In two of the five study states, namely Bihar and Chhattisgarh, state governments have made provisions for subsidy/incentive money for above poverty line (APL) households as well, besides providing additional incentive money to below poverty line (BPL households). Both these states are driven by the dominant policy perspective that subsidy for hardware is one of the key drivers of the programme. However, actual results do not really ascertain the belief that subsidy works and leads to the sanitation results that one wants.

The policy of providing additional subsidy, even to APL households, such as in the states of Bihar and Chhattisgarh seems to be based on this implicit assumption that lack of sanitation in rural areas is largely due to people’s lack of resources to construct latrines, and hence they need to be financially supported to have one. Another related assumption that seems to inform subsidy

policies is that once individual households have a latrine, all the members of the household would use it.

**3. Technology has yet to be recognised as a major factor in safe sanitation at the policy and programme implementation level.** The idea is not only to have only sanitary latrines at the individual household level, but to have a safe pathogen free environment to ensure an improvement in the quality of life of people through significant reduction in avoidable morbidity and mortality, specially infant and maternal mortality. While the stated position on technology is one of promoting local innovations, in most of the states and districts, there is little effort on making this happen.

Single pit and off set latrines are being promoted with uniform hardware models in many districts. For example, in Bihar and Tripura, squatting plates being prepared by Production Centers and line departments are being provided for latrine construction with little room for user preference.

In many places in Haryana for example, people carry this perception that smaller pits would fill up quickly and hence toilet pits should be as wide and deep as possible. There is emerging evidence to suggest that deeper pits are quite likely to cause faecal contamination of sub-surface water sources making things even worse in certain cases. This underscores the need to educate people and present to them a range of safe technology options for toilet construction as per local conditions and context.

**4. Quality of construction of toilets is emerging as one of the critical factors in ensuring usage and sustained behaviour change.** In Vaishali district of Bihar, many members of Scheduled

Caste households expressed their reluctance and resistance to use the toilets, as they found them to be very badly constructed resulting in bad smell and mosquitoes. Though some women used these toilets some times, most of the men and children still went out for defecation, as they found toilets to be dirty, disgusting, and disagreeable. *'Ghin lagati hai- we find it disgusting'* was the usual response of many a women, men, and children from their communities.

## Approaches and Strategies

Approaches and strategies to implement TSC across districts and states vary with varying results.

**1. The study indicates that a well thought out and executed strategy has helped achieve faster and more sustainable results.** Strategy here is understood as an innovative plan of action especially designed to achieve the TSC objectives. In places like Sirsa (Haryana), Sarguja (Chhattisgarh), and Shimoga (Karnataka), where there have been well articulated programme implementation strategies, results have been remarkable. Common factors includes some kind of a campaign mode focusing on people as the key actors and change agents in the process; involvement of school children and youth in active planning and implementation; and, daily monitoring of planned activities.

**In most of the places TSC is being implemented in a routine administrative fashion without any conscious and visible attempt to strategise the implementation of the programme.** In states and districts where there has been no clear strategy, there have been problems in translating the policy into practice. In TSC, a variety of approaches and

strategies have been followed across different states and districts in India with varying degrees of successes and failures.

**2. Though TSC envisions a multi-stakeholder involvement in the provision of sanitation as a public good, there are noticeable variations across states in terms of specific approaches, strategies and instruments used for its implementation.** Examples from 5 study states are as follows:

- The sanitation strategy in Bihar has been one of subsidy which is extended to APL households as well. Efforts at social mobilisation have been largely missing. The line department and its engineers have been made responsible for overseeing the implementation of TSC on the ground. NGOs have been engaged primarily as construction contractors and their payment is linked to the number of toilets constructed by them. The strategy adopted has apparently not worked so well, as Bihar has the slowest rate of sanitation coverage (currently at 22.56%) of the 5 sample states studied.
- In Chhattisgarh, TSC made slow progress in the first 5 years (2001-2006), when toilet coverage remained limited to 6% till the end of 2006. However, TSC has picked up since then and in the last one year i.e. 2007-2008, IHHL coverage went up from 6% to 29%, which is a remarkable improvement on the past performance of the programme in the state. Around 8.5 lakh toilets have already been completed and the state has won 12 and 90 awards under Gol's post achievement award, the Nirmal Gram Puraskar (NGP) in 2005 and 2006 respectively. In 2007, 938 GPs and 5 blocks have been nominated for NGP. As per the current growth rate under the programme the state is one of the 5 better performing states in the country. According

to state officials, the state would be able to achieve MDG target related to sanitation by 2012.

**Programme functionaries attribute the encouraging progress to the priority being accorded to rural sanitation by the state government now.** The Chief Minister declared about two years ago that 10 lakh toilets would be completed by December 2008 and an amount of Rs. 50 crore was allocated in the current year for school sanitation. He himself directly reviews progress every quarter since it is one of the 7 programmes on his review list. Besides, progress is regularly reviewed by the Chief Secretary, Secretary of PHED and the Engineer-in-Chief. There has been a general shift from involvement of NGOs to increased involvement of government functionaries and PRIs, particularly the Sarpanch and the Panchayat Secretary at the Gram Panchayat (GP) level in the implementation of the programme across districts.

Unfortunately though TSC has acquired a priority status both at political and administrative level it has become synonymous with NGP and the focus continues to be IHHL coverage. As a result, coercive rather than promotive methods are more in use at the Gram Panchayat level, which raises questions about the sustained use and maintenance of the toilets.

- Haryana has adopted the innovative community centered approach widely known as Community-Led Total Sanitation (CLTS) to scale up the TSC after the state government realised that progress was slow. 'Sanitation has now become a silent revolution in the rural areas of the state' (*Urvashi Gulati, Financial Commissioner and Principal Secretary, Development and Panchayats, Government of Haryana*). In a

matter of two years, progress has jumped from around 39% in 2005-06 to more than 70% in 2007-08. Whereas 60 GPs received NGP during 2006-07, some 1,600 GPs have been nominated in 2007-08 for NGP awards. Sirsa district, with its 333 GPs, has declared itself to be totally open defecation free.

The efforts started in 2006-07 with the capacity development on Community-Led Total Sanitation (CLTS) with support from Water and Sanitation Programme-South Asia to scale up TSC in Haryana. This resulted in a significant increase in the number of open defecation free villages in the district. The trainings were subsequently carried out in other districts as well in a demand responsive fashion.

- In Karnataka the adoption of a ‘campaign’ approach has been effective. Intense, defined and planned activities have been undertaken over a limited period. There is clarity about need to change mind set and attitudes (‘transformation of a culture’ according to EO, Thirthelli), which has led to a focus on IEC rather than construction of toilets. Conscious efforts have been made to reach a critical mass during the campaign period with an understanding that the remaining households would

follow as a result of emulations and peer pressure.

- In Tripura, PRIs in general and GPs in particular have been the key implementing agency for TSC on the ground. NGOs in certain cases have been involved to mobilise communities and educate them on the inter-linkages between sanitation, health and hygiene.

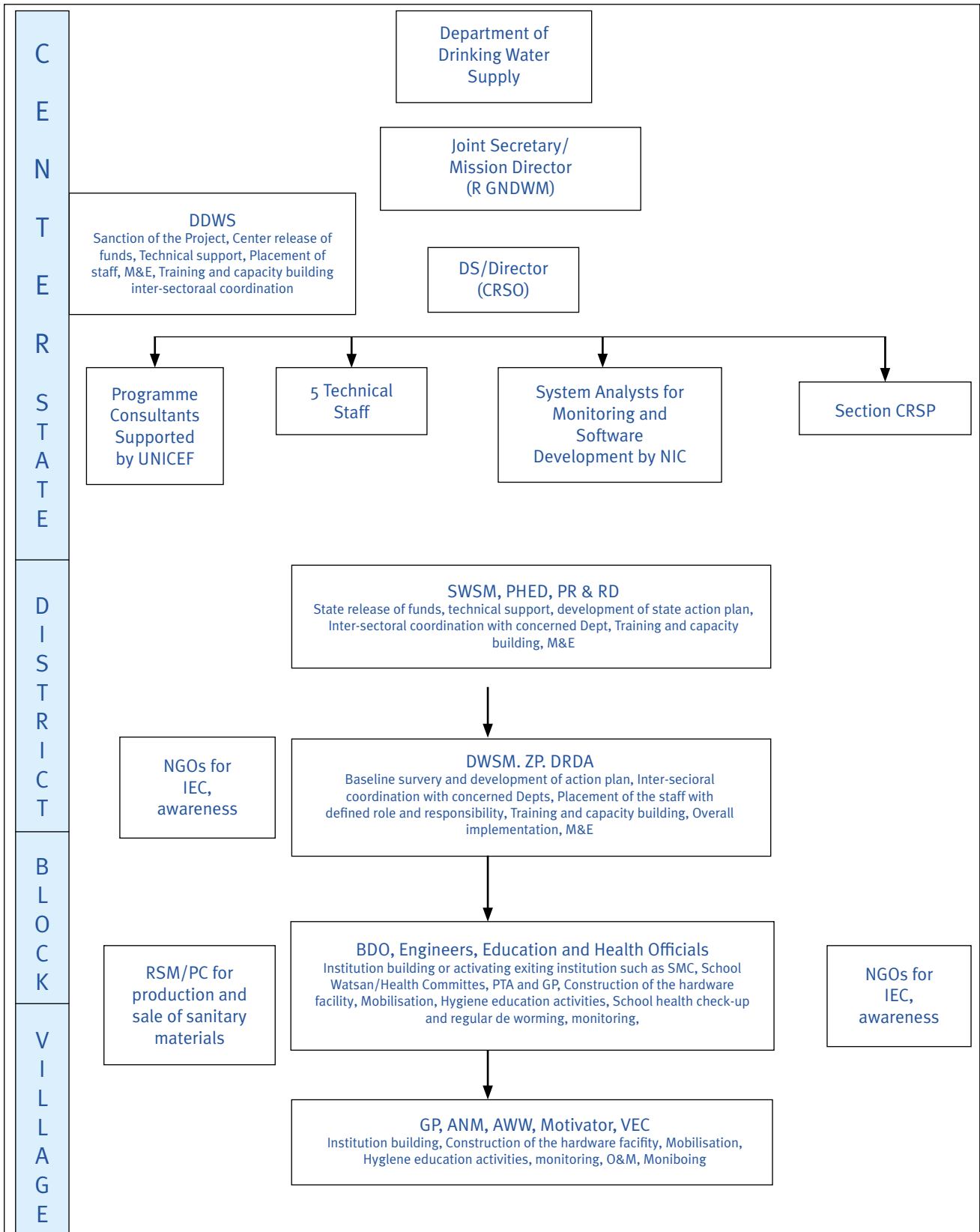
It is thus obvious that the different states have accorded different levels of priority to the campaign and accordingly commensurate efforts to develop an effective policy, progress of TSC and coverage has been varied across the states.

## Institutional Arrangements

TSC is being implemented as district projects with funds directly flowing to districts from Government of India; state governments have more of a supportive and facilitative role with the added responsibility of contributing the state share of the TSC district projects in time.

The generic institutional arrangement termed as ‘delivery structure’ within the TSC framework is given below:

### Delivery Structure of Total Sanitation Campaign



Source: [ddws.nic.in](http://ddws.nic.in)

**1. Though there is a broad delivery structure given for TSC implementation, there are variations across states in terms of actual institutional arrangement used for programme implementation.** For example in Karnataka, Karnataka Rural Water Supply and Sanitation Agency (KRWSSA), set up in early 90s to manage externally funded projects, has been the nodal agency for programme implementation. In some states such as Bihar and Chhattisgarh, TSC is being implemented by Public Health Engineering Departments. In Haryana, TSC is being implemented by the Department of Panchayati Raj and Rural Development. In Tripura, responsibility for TSC implementation has been transferred from the Department of Rural Development to the Department of Drinking Water Supply and Sanitation.

**2. The Communication and Capacity Development Units (CCDUs) set up at the state level by Gol are supposed to build required institutional and human capacities for effective implementation of TSC in states and districts, along with other national programmes. But CCDUs have yet to come up as capable and reliable agencies for building capacities required for effective TSC implementation in their respective states.** Interestingly, Haryana has done well without a CCDU being in place, which has been sanctioned by Gol recently and is yet to be established in the state.

**3. Presence of a team of dedicated staff/ volunteers and institutional mechanisms to manage and monitor their work on a regular basis has made things work in Haryana. Wherever staff with multiple responsibilities such as in Bihar has been engaged in TSC work, progress has been relatively slow and results have been hard to come through.**

**In districts where there has been a dedicated team of trained staff with their roles and functions clearly defined and their performance regularly monitored, results have been relatively much better than the cases where TSC has been implemented in a routine administrative fashion.**

In several districts that include Sirsa (Haryana), Shimoga (Karnataka), and Sarguja (Chhattisgarh), innovative institutional mechanisms to implement and monitor TSC have been put in place leading to much better results than other districts such as Mewat (Haryana), Bidar (Karnataka), and Dhamtari (Chhattisgarh), where no such separate attempt was made. Though in Dhamtari, a TSC Cell has been created and a couple of staff have been engaged, they are largely involved in providing secretarial support like preparation of reports etc, without any substantive engagement in programme planning and implementation.

## Implementation

**1. In TSC implementation on the ground the predominant focus has been on achieving coverage measured by the number of IHHLs constructed. Though being open defecation free (ODF) and fully sanitised is one of the qualifying criteria for NGP application, even in the case of NGP villages, 100% toilet coverage is deemed to be good enough for NGP application at the district level in most of the study states.**

In terms of sanitation coverage in India, available data suggest that to achieve the objective of total coverage a total of 119 million IHHLs would be required to be constructed (some 59 million for BPL and 60 million for APL households) out of which

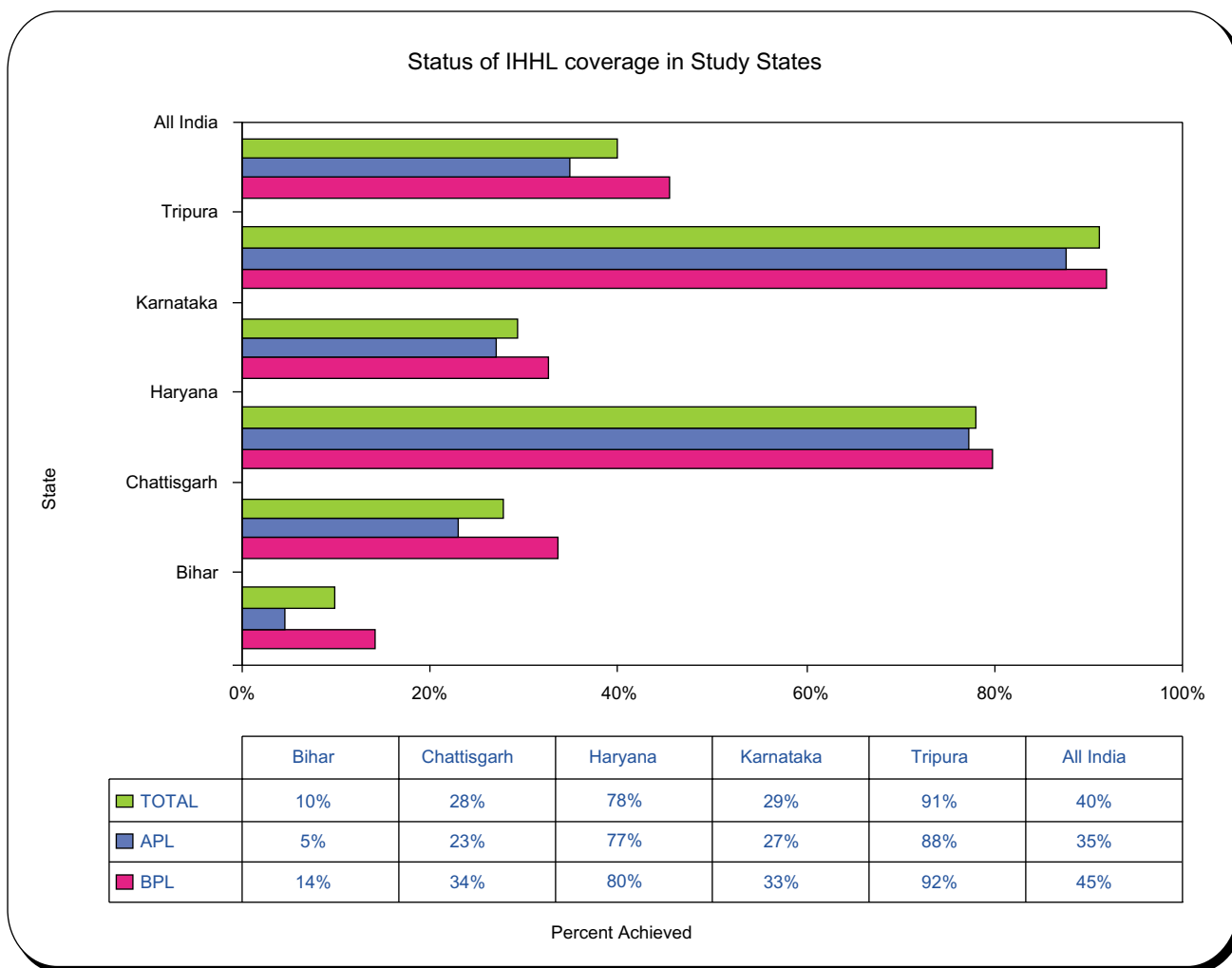
48 million have been already constructed. TSC was initiated in Tripura and Karnataka in 2002-2003, while in remaining study states it was initiated in year 2003-2004. Chhattisgarh has taken a leap in progress in 2006-07. In terms of percentage, overall progress in IHHL has been 40%, around 45% for BPL and 35% for APL families. Haryana (78%) and Tripura (91%) have reported higher percentage achievements as against targets as suggested in the Graph 1 below.

While drawing conclusions on the coverage one should bear in mind that the total number

of toilets to be constructed in the sample states varies considerably with population. For example in Bihar the number of toilets to be constructed under the TSC programme is close to around 112 lakh while that for Chhattisgarh it is 33.6 lakh; Haryana it is 17.8 lakh; Karnataka -54.2 lakh and Tripura is close to 6 lakh.

2. In terms of allocation and use of funds, the available figures suggest that Gol has released only 38% of the approved outlay till October 2008 against which 29% expenditure has been reported. Out of the study states, Tripura and

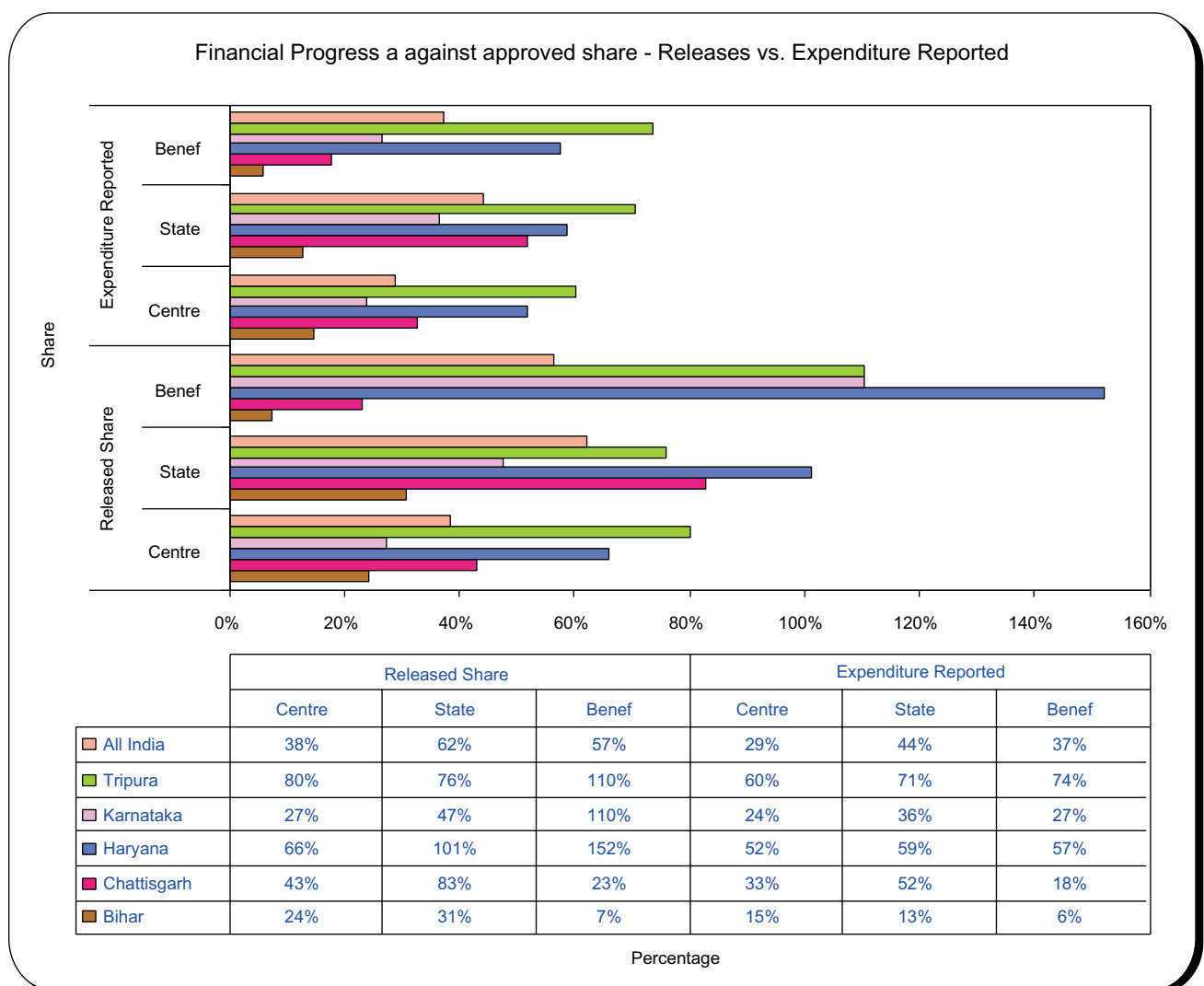
**Graph 1: IHHL coverage in states of the current TSC study**



Haryana have been the leading states, which have secured 80% and 66% respectively of the Gol's share and reported expenditure of 60% and 52% against such release. While Bihar and Karnataka with 24% and 27 % of Central release respectively are at the lower end, Chhattisgarh has managed to secure 43% of the Gol share. The country level data suggest that states have cumulatively released 62% of the approved outlay against which expenditure up to 44% has been reported as indicated in Graph 2.

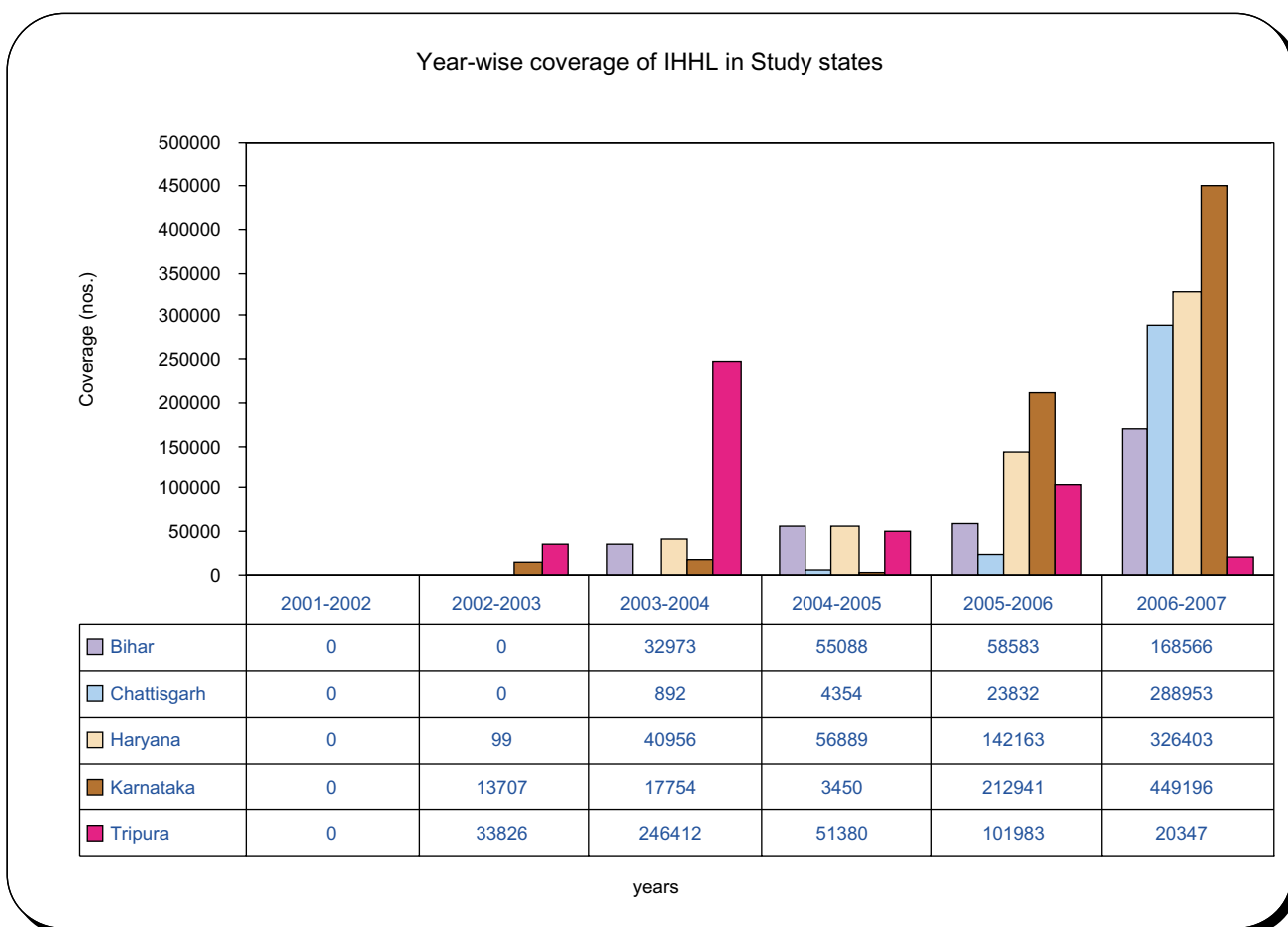
3. TSC has picked up since 2005-2006. Though the programme was launched in 1999-2000, progress during first five years was slow with an average annual growth rate of 7.14% in sanitation coverage. The growth rate in sanitation coverage has picked up in many states since 2005-2006 resulting in average annual growth rate of 20.21%. This has been a 13.06% increase in the overall annual growth rate at the country level. The same has been true for the 5 study states whose IHHL coverage status is given in Graph 3.

**Graph 2: Financial progress against approved share in states of the current TSC study**



Note: Benef: Beneficiaries

**Graph 3: Year-wise coverage of IHHL in states of the current TSC study**



However, within states there have been variations across districts in terms of sanitation coverage, usage and behavior change, as revealed during the study.

4. As against the stated policy position of TSC being community led and people centered, the actual implementation of the programme in most of the districts and states focuses on construction of individual household latrines (IHHLs).

5. Other components of TSC such as solid and liquid waste management and hygiene education have been largely neglected in actual programme implementation on the ground. As field visits indicate, in many cases

in Bihar, Chhattisgarh, and Karnataka, in order to take care of the situation during Gol verification of NGP applicant GPs, general cleanliness of village has been ensured by GPs one time, without any system to sustain it on a continuing basis.

The concept of total sanitation in TSC, besides IHHLs, also entails components of solid and liquid waste management, hygiene education, and school and anganwadi sanitation. While there has been a visible change in the school and anganwadi sanitation scenario across all the study districts, hygiene education and solid and liquid waste management are largely ignored in most of these places in TSC implementation.

**6. In some places, convergence with on-going programmes in other sectors such as ICDS and health has been successfully tried out to deepen the implementation and impact of total sanitation outcomes. However, monitoring of hygiene behaviour change among children was found to be carried out only in Sarguja district of Chhattisgarh.**

Another related implementation issue is one of inter-departmental coordination, which has been tried out in some states that include Bihar, Chhattisgarh, and Karnataka; this has been really possible and effective where there have been local champions with keen interest in the implementation of the programme.

**7. There is clear evidence emerging from the sample studied that places where faster results have been achieved, there has been greater mass mobilisation with rural communities involved into participatory analysis and action without any allurements of**

**subsidy; these places include Sirsa, Sarguja and Shimoga.**

**8. A target driven approach to getting as many NGP nominations and awards as possible at the state and district level could prove detrimental.** As NGP awards are mainly being given to GPs, it has emerged as a matter of status for GPs in general and concerned pradhans/sarpanches in particular. This has resulted in a desperate rush to secure the NGP status for the GP rather than in a community initiative to get the GP really open defecation free and fully sanitised. The number of practices characterising this rush include construction of inappropriate and unsafe IHHLs, school toilets and community complexes without any creation of genuine demand or involvement of community members; usage and behaviour change aspects of sanitation being totally ignored and manipulated during presentation to the visiting verification teams and people being pressurised or threatened to construct IHHLs within tight time schedules.

## 4. Subsidy and Incentive: Perceptions and Realities

*‘Subsidy for individual household latrine units has been replaced by incentive to the poorest of the poor households... The programme is aimed to cover all the rural families. Incentive as provided under the scheme may be provided to Below Poverty Line (BPL) families, if the same is considered necessary for full involvement of the community...’*

*- TSC Guidelines Jan 2004/Dec 2007*

Traditionally subsidy has been central to sanitation initiatives in India. Idea of social mobilisation for sanitation is relatively new. TSC, the GoI’s reform initiative in sanitation, has subsidy/incentive to individual households as one of its defining features, and intends the campaign to be ‘community led’ and ‘people centered’, which invariably require social mobilisation efforts.

TSC Guidelines 2004 and 2007 do not use the term subsidy and funds given for construction of individual household latrine is called incentive, which is available only for BPL households. There is no provision of any incentive money for APL households under TSC.

Before TSC, subsidy for hardware was the core of sanitation programmes in India in general and Central Rural Sanitation Programme (CRSP) in particular. Though not stated, the inherent assumption seemed to be that

availability of sanitary latrine at the household level would entail its usage and the resultant health benefits. It took more than a decade to realise that the assumption did not really work out in reality. Hence, TSC represented a shift from a high to low and no subsidy regime in provision of sanitation services.

Study states of Bihar and Chhattisgarh, where state governments have made provisions for subsidy/incentive money for above poverty line (APL) households as well, seem to be driven by the dominant policy perspective that subsidy for hardware is one of the key drivers of the programme. However, actual results do not really warrant the belief that subsidy works and leads to the desired sanitation outcomes.

TSC Guidelines prescribe an incentive structure for two models as given in Table 1 below:

**Table 1: Incentive structure for various low cost toilet models**

Basic Low cost Unit Cost	Contribution Percentage					
	GoI %		State%		HH%	
	APL	BPL	APL	BPL	APL	BPL
Model 1: up to Rs. 1,500 (Including Superstructure)	Nil	60	NIL	20	100	20
Model 2: Between Rs. 1,500/- and Rs. 2,000/-	Nil	30	Nil	30	100	40
Above Rs. 2,000/-	Nil	Nil	Nil	Nil	100	100

1. The TSC Guidelines do not define the models in terms of technology, which means there is flexibility in adoption of technology. As per the Guidelines, the incentive given by the Central Government will continue to be admissible with reference to the cost of the basic low cost unit as given in the above Table and in no case will the overall quantum of Central incentive exceed the admissible amount.

The TSC Guidelines do not prescribe any incentive when the unit cost of the model is beyond Rs. 2,000. The central incentive scheme does not offer incentive to the APL households under the assumption that these take up construction of the latrines on their own.

2. The Guidelines allow liberty to the state governments to provide for more incentive for household toilet than the minimum amounts of Rs. 300 and Rs. 600 for toilets costing Rs. 1,500 and Rs. 2,000 (Models I

& II respectively), from its own funds. The governments of Chhattisgarh and Bihar have provided higher amounts of subsidy/incentive from their own budgets under their respective state incentive schemes as given in Table 2. These include additional subsidy to the BPL families and to APL households as well. Tripura, Karnataka and Haryana are making their minimum contributions as expected by Gol guidelines. However, Haryana has downplayed subsidy/incentive components in actual delivery of the programme.

3. Though the Guidelines prescribe the incentives as a percentage of the cost of the unit, it is silent on the process/responsibility for estimating the cost of the low cost unit on which the incentive is to be provided. It is assumed that the state/district would estimate the cost of each of the IHHL so constructed for the purpose of release of the incentive.

**Table 2: Incentive structures in Bihar and Chhattisgarh**

Sl No	BPL			APL		
	Centre	State	Household	Centre	State	Household
<i>Contributions (in Rs.) as per Gol guidelines</i>						
IHHL Unit cost Rs. 1,500	900	300	300	-	-	1,500
IHHL Unit cost Rs. 2,000	600	600	800			2,000
<i>Contributions (in Rs.) as prevalent in states</i>						
Bihar – Lohiya Swachhata Yojana						
IHHL Unit cost Rs. 2,000	600	1,100	300	-	1,500	500
Chhattisgarh						
IHHL Unit cost Rs. 1,500	900	300 + 1,000 for superstructure	300	-	900+ 1,000 for superstructure	600
Haryana	Same as provided in Gol guidelines					
Tripura	Same as provided in Gol guidelines					
Karnataka	Same as provided in Gol guidelines					

4. The stated policy position of TSC is that sanitation, in order to be really sustainable, has to be community led and people centered and the guidelines seem to carry an inherent unstated recognition that sanitation is essentially a public good and that its provision can be effectively ensured through collective efforts of rural communities. Unfortunately, this doesn't really show through in actual practice on the ground.

Interactions with stakeholders across 5 states and 10 districts in India, particularly policy makers and programme managers, revealed that there are two broad approaches of looking at the subsidy issue:

- a. The dominant approach is the one that considers subsidy to be essential for the success of TSC. In Bihar, Chhattisgarh, Karnataka, and Tripura, there were not only strong supporters of a subsidy regime, but also those who argued in favour of increasing the subsidy amount, which they found to be highly inadequate for latrine construction in view of the increased cost of required hardware for the purpose.  
**Subsidy approach to sanitation looks at sanitation primarily as a matter of latrine/toilet construction and hence as a private good.**
- b. Another fast emerging approach with few followers, but staunch supporters, is one of no subsidy.

**No-subsidy approach considers subsidy to be detrimental to community processes and hence as a hindrance to total sanitation. This approach views sanitation primarily as a community issue and a public good.**

In Haryana, where CLTS approach has been successfully used there has been

a conscious downplay of the subsidy/incentive provided within TSC. All the CLTS facilitators in the district were therefore trained to engage communities in analysis and action without mentioning any kind of monetary support at any stage in the process of mobilising communities for sanitation. The option of using the individual subsidy/incentive money for providing community incentive to ODF GPs is being actively considered is pending approval with the GoI.

Available data as indicated in Table 1 in the previous chapter clearly suggests that high subsidy has not worked at all in the case of TSC: states such as Bihar and Chhattisgarh even with a high subsidy regime have the current coverage of IHHLs only at 22.17% and 32.63% respectively, which is lower than the country average of 55.69%<sup>1</sup> and much lower than Haryana, which has the current coverage at more than 70%. However, it is important to note here that comparison in terms of coverage, though fairly indicative, may conceal major differences in terms of absolute number of people covered.

5. The key issues in subsidy are as follows:
  - Whether subsidy works in promoting sanitation in rural communities including the desired behaviour changes?
  - If subsidy works, how does it work and in what ways to get what specific results?
  - If subsidy has to be given, what should be the appropriate amount and how can it be arrived at?

<sup>1</sup> Percentages in the paragraph are worked out on the basis of data available on GoI's website ddws.govt.in as on 30 September 2008.

Response to these questions is generally determined by assumptions rather a reality check in implementation practice. What appears to be the consistent policy position at the GoI, not really matched by practice in all the states, is the availability of incentive only for the poorest of the poor.

The following excerpts are relevant in this regard.

- a. 'Low to no subsidy: One of the key aspects of the reform agenda was reduction of central and state subsidy levels from as high as Rs. 2,000 to household toilets to Rs. 500 for rural households below the poverty line and zero subsidies to those above the poverty line. Even among the poor the subsidy was reduced for people opting for high cost technology options. This met with initial skepticism and resistance from many but over a period of time the rationale has been realised by majority of states and country is fast moving in this direction.'

- India Country Paper titled 'Total Sanitation and Hygiene: A challenge for India' presented by Government of India at SACOSAN I, Dhaka October 2003

- b. 'While the low-to no subsidy regime may be acceptable as a long term policy goal, in order to achieve the objective of full coverage of rural households through appropriate sanitation systems, providing financial incentives to BPL households will have to be continued as a strategy. The quantum of subsidy as well as unit costs need to be revised suitably and made area specific rather than uniform all across the country, through a realistic assessment of material and construction costs, availability of material and practicability. People are willing to pay for sanitation and this needs to constitute the major strength of the programme.'
- Mid term evaluation of TSC programme by Agriculture Finance Corporation, Northern Regional Office, New Delhi, March 2005

## 5. IEC and Behaviour Change

*“Information, education and communication (IEC) is one of the key programme components of TSC. It is envisaged to create awareness and generate demand...”*

*- TSC guidelines, Dec 2007*

Under IEC a wide variety of messages and communication tools and techniques have been used to create awareness at the community level across different states and districts. The communication techniques used include folk theatre, radio, TV, and communication campaigns involving posters, pamphlets, wall writings, etc. In some places social mobilisation efforts have been made using PRA and CLTS techniques through trained community facilitators.



*Slogan painted on wall in Kailashahar, Tripura*

**1. Inter-personal communication involving persuasive dialogues and discussions with individual members of the household during door-to-door visits has been the most effective communication tool within the IEC framework.**

It has worked particularly well in cases where due to some resistant households, communities have been facing difficulties in achieving full sanitation coverage in their villages. There are instances of this working both from Chhattisgarh and Haryana.

2. Written messages in posters, pamphlets, and wall writings have largely not made any visible impact, as few of the respondents admitted these messages as the source of inspiration for adoption of sanitary practices. Inquiry revealed that most of these messages have been designed without any audience analysis or/and communication needs assessment in most of the districts and states.

**However, messages highlighting damage to family honour due to adolescent girls and women defecating in the open have worked in terms of hitting at the self-esteem of men during one to one individual and group interactions in places with strong patriarchal societies such as in Haryana.**



*Wall painting in Chhattisgarh*

**3. The key message of public health impact of sanitation is largely subsumed.**

This has sometimes led to toilets getting constructed and even used by those who need them, but does not necessarily result in instilling sustained behavior change by all the members of the community, which is critical to achieve public health outcomes,

which remain the fundamental objective of improved sanitation.

4. There has been little evidence to show that conventional one time standalone IEC methods, used in most of the states have actually mobilised communities into self-analysis and action on their own, as was found in the case of PRA and CLTS methods in Haryana and Chhattisgarh<sup>1</sup>.

5. The content and delivery modes of IEC messages has, in some cases, resulted in the construction of unsafe toilets, which can lead to contamination of water bodies. Gaps in awareness about technology options and related engineering aspects, hardware maintenance issues, handwashing and hygiene awareness both at school and community level, also raise question about the efficacy of the content and delivery of IEC adopted in almost all the states visited.

6. Haryana has successfully used a mix of CLTS and Gandhian technique of winning over the wrong doer through compassion. In Sirsa, wherein the focus has been on

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<sup>1</sup> However, in cases where literacy rates have been high such as in Shimoga in Karnataka, IEC seem to have worked to some extent in terms of creating necessary awareness and action at the local level.

interpersonal communication and the use of mass communication for reinforcement of messages after triggering community for collective behaviour change has yielded results. These included mass media campaign through print and visual mode, Swachhata Rath, exposure tours, Swachhata Saptah in addition to the conventional tools such as posters, wall writings etc. The innovative feature of Haryana type IEC is that the traditional tools of IEC have been used as reinforcement measures rather than stand alone activities as has been the case in some other states.

In order to negate the adverse consequences of poor sanitation and to secure the benefits envisaged from improved sanitation, it is important to ensure collective action motivated primarily by the need to change behaviour. **Behaviour change can only be sustained if collective action is the result of self-realisation by the community of the adverse consequences of prevailing defecation practices.** Igniting self-realisation in the community about the negative effects of open defecation along with the adoption of improved and hygienic practices that ensure a safe, sanitary, and open defecation-free environment is another critical element generally lacking in the IEC approaches.

## 6. Inclusion, Equity and Gender Relations

*‘Separate toilets for girls and boys should be provided in all co-educational schools...School toilet designs should...comply with benchmarks set for “child friendliness” and “Gender responsiveness” and to provide access opportunities to children with special needs...’*

*- TSC Guidelines, Dec 2007*

The first stated objective of TSC is to ‘bring about an improvement in the general quality of life in the rural areas’. As sanitation is essentially about people’s lives, their health and well being, it obviously involves men, women, children, old, sick and the challenged, who carry differential needs and interests. Lack of sustained access to safe sanitation has a bearing on avoidable morbidity and mortality, particularly infant mortality. The stated strategy of TSC ‘addresses all sections of rural population to bring about the relevant behavioural changes for improved sanitation and hygiene practices and meet their sanitary hardware requirements in an affordable and accessible manner by offering a wide range of technological options’. **Within the TSC programme framework, concerns for inclusion, equity and gender relations are not clearly articulated.** As a result, even at the state level, there has been no conscious attempt or strategy to address these issues in an integrated and inclusive fashion.

Sanitation is ‘life with dignity’ and hence directly linked to issues of inclusion, equity, and gender relations. The poor are often excluded and marginalised having limited or no access to essential services including water and sanitation. Tribals and women are two distinctive categories of people, who have been culturally and socially excluded and marginalised in a number of ways. Hence, involving them as active participants and change agents in the development processes, as also in service provision, requires special efforts, which have been largely missing from

implementation plans and strategies of most of the states and districts.

### Women

Women are the major stakeholders in sanitation initiatives, as their lives and the lives of their family members get critically affected by the adverse consequences of poor and unsafe sanitation. There is overwhelming evidence to the effect that women in rural areas have to suffer the most due to lack of sanitation facilities at home; as a result they have to walk long distances in the dark before dawn and after dusk in search of place for defecation in the open. This practice has serious implications for their health and well being. They lose out on their privacy, productivity, and dignity and run the risk of even rape and molestation.

**One major issue that the guidelines fail to address is that of menstrual hygiene.** Given that 50 per cent of the population comprises of women and that menstrual hygiene is critical for the health of women over a large span of their lives, this omission needs to be urgently addressed.

**In places where women have been included as key actors and community sanitation activists, results have been significant.** In Haryana for instance, women have played a very important role in securing safe defecation practices across several districts. Adolescent girls along with elderly ladies have joined the overall effort by participating in the various vigilance

committees, to dissuade the community from defecating in the open. Women SHGs have come forward to support construction of individual household toilets financially and has contributed significantly to collective local action in many parts of Karnataka, Chhattisgarh and Haryana. In Haryana there is a visible attempt to ensure better menstrual hygiene and management by provision of sanitary napkins to women in rural areas through women SHGs.

## Poor

**The sanitation needs of the poor in general and the poorest of the poor in particular have been the biggest challenge in TSC implementation on the ground.** TSC Guidelines (2007) propose monetary incentive only for the poorest of the poor, which is the only given programme instrument to include them in sanitation campaign as participants. But entry of poor in rural sanitation initiative as recipients of incentive positions them as beneficiaries divesting them of their agency as sanitation activists and change agents in a process of collective local action as equal participants.

There are instances from many districts and states where triggered and mobilised



*Latrine in Dalit household in Nalanda*

communities have worked out their own ways and mechanisms to cross subsidise the poor for construction of their sanitation facilities.

But at the same time there is a strong argument in favour of providing financial help to the poor, especially the poorest of the poor. In the villages visited in Vaishali and Nalanda districts of Bihar, a large number of poor households had no knowledge about the sanitation programme in the village, which included an NGP awarded village, where some 500 people from 45 households of a Majhi Tola (dalit locality of 'musahars' translated as rat-eaters) were provided with a community toilet complex, which they never used. It is not surprising as these people were since it was near religious place never involved in any analysis, decision and action regarding sanitation in the village.

This instance and many similar instances underline the need to include the poor, the tribals, the women and the marginalised in community processes as active agents of change. It is important to engage them as stakeholders and not as mere beneficiaries in the process.

## Tribals

Of the 5 study states, Chhattisgarh and Tripura are the two states with a fairly sizable population (as described in respective state reports later) of tribal communities. However, tribals in these states represent quite contrasting attitude and behaviour regarding sanitation.

Whereas in Chhattisgarh, general cleanliness and hygiene levels are fairly well advanced in tribal communities, which have emerged as sanitation leaders in their respective areas, in tribal areas of North Tripura and Dhalai districts of Tripura, getting tribal people to

## Toilets of tribals in Sarguja and Dhamtari districts in Chhattisgarh

Tribal villages in Sarguja district of Chhattisgarh are clean. Traditionally, they keep their houses painted with mud and use colours to decorate them. Safe water handling practices are adopted.

Regarding the superstructure of toilets, villagers were encouraged by programme functionaries to build their toilets like their houses with no monetary support from outside. Thus the tribals had an opportunity to use their creativity in designing the superstructure of their toilets. Involvement (both physical and financial) of households in the design and construction of superstructure has ensured that their preferences are taken into account. As a result, the super structure of toilets is like any other room in the house spacious and well ventilated. Wild animals are painted on the toilet walls in spirit with the tribals' close association with nature.

On the other hand, in tribal village Chinwarri, of Nagri block, Dhamtari district, Chhattisgarh, temporary superstructures made of bamboo and polythene sheets, as provided by GP, were found to be broken and in disuse. In some cases, some of the members (particularly young women) were using the toilets more often, while others were using it selectively during nights. Most of the people in the village were of the view that the temporary structures are not good and the panchayat should have built pucca superstructure rather than providing polythene sheets. An old woman remarked *'Hamar man ke nahin kare han. Mola koi fayada nahin lagat hai.'* (They have not done it as per our expectations. I do not see any benefit in it). Similarly, a young man in his 30 named Prabhu, whose house was adjacent to the school, admitted that he was going out in the open for defecation. The thatched superstructure of his toilet was broken and the pan was dirty and gave an impression that it was not being used for quite sometime. Almost all the toilets in the village did not have roofs.



Anganwadi Toilet in Sarguja

make a shift from open defecation to safe fixed point defecation has been difficult to come through. In Tripura, tribal households are the only ones practicing open defecation currently, as all others, have been practicing fixed point defecation, though not always safe, for as long as they can remember.

DC, Dhalai, who himself is from a tribal community in the same district during the study visit, said that **'sanitation behaviour change is a matter of habit and culture, and not of money or technology'**. In order to make this

happen, he highlighted the critical significance of educating children in sanitation and hygiene practices, which has the potential to bring about fundamental social transformation.

Within the TSC programme design and delivery framework, there is no conscious attempt to engage with tribals, as marginalised and excluded communities. It is probably implicitly assumed that community involvement approach would end up including the tribals as well, which may or may not be the case depending on the local context.

## 7. Technology and Safe Sanitation

*One of the key objectives of the TSC is to ‘encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation’*

*- TSC Guidelines 2007*

Earlier sanitation hinged around technology, as it focused on construction and construction meant primacy of technology. But the paradigm shift, represented by TSC, positions sanitation primarily as a people’s issue. As the ultimate objective of the reform programme in sanitation is to improve the quality of life of people in the rural areas of the country, technology needs to be addressed as a concern for safe sanitation, and not as an issue of engineering excellence.

Safe sanitation systems need to include two essential components: one, change of behaviour arising out of shifts in attitude and perception; two, cost effective, eco friendly and appropriate technology choices.

**1. In order to be safe and sustainable, selection of sanitation technology has to be based on an informed understanding of local terrain, soil quality, precipitation levels, water table and weather conditions.** There is a growing realisation in the sector that users should be able to choose from a range of options or steps in latrine technology as part of a promotion strategy, in contrast to a uniform model. This implies the possibility for incremental improvements, moving ‘up the steps of the sanitation ladder’ driven by local needs, capacities and innovations.

Study findings suggest popular myths around technology based on people’s lack of awareness about technology aspects and their implications for safe sanitation. One of the most widespread myths is around the cost of the technology itself. In most of the districts and states visited, people in general believe latrine construction to

be an expensive proposition costing anything between Rs. 5,000-50,000. Another prevalent myth is about the size of the pit to be dug for a long lasting latrine. Like for instance, in Haryana, people think that pits should be as wide and deep as possible to prevent it from filling up quickly, and to offset the need to clean it up in their life times. There is hardly any substantive attempt to dispel these myths by undertaking appropriate IEC activities to create the required awareness among the potential user communities.

**2. In many places, non-involvement of people in the design and execution of projects has led to incomplete construction, sub-standard quality of materials being used, poor workmanship and inadequate and inappropriate maintenance.** In most of the states visited, there is no visible attempt to promote an informed choice of technology option by people. In few cases, though the efforts have been made at the macro level, the same has not percolated down to the village/community level. Perhaps this may be because the GoI subsidy or incentive is based on only two models (basic unit with superstructure), up to Rs. 1,500 and between Rs. 1,500-2,000. In most of the cases the latrine designs have been prescribed by the implementing agencies without leaving much scope for local innovations. Though there have been some attempts to use different pit linings with local materials (Shimoga district, Karnataka, Sarguja district, Chhattisgarh) to reduce the cost, these instances are limited to few pockets only. In some districts of Tripura, no honey combing or pit lining is provided due to escalated cost of the material.

3. Wherever there is an attempt to innovate designs involving the community members and in view of their specific preferences, it has brought good results. For example, in Sarguja district of Chhattisgarh involvement of households in the design and construction of superstructure has been ensured so that their preferences are taken into account. The super structure of toilets here in general is more user friendly and acceptable, as it is designed by people themselves keeping in view their traditional housing practices and preferences involving features such as sufficient space and provision for cross ventilation. As a contrast in Dhamtari district of the same state where the designs have been prescribed by the implementing agencies the quality of construction is not up to the mark, with torn and mutilated superstructures and unused substructures.

**In Shimoga and Bidar districts of Karnataka many latrines lacked junction chambers and the owner lacked awareness about emptying pits. Numerous latrine structures have been erected with temporary superstructures. An incomplete structure because of shortage of funds with households is also a fairly common sight in many of these places.**

#### **4. Quality of construction of toilets is emerging as one of the critical factors vis-à-vis usage and sustained behavior change.**

But for a few exceptions, the quality of construction in general is neglected and toilets are constructed apparently to meet targets by erecting structures. Many of the installations are in an unfinished state and without superstructure, exposing the people to public gaze with no privacy or dignity. **One of the probable reasons is poor facilitation of community processes and the resultant lack of community capacity and motivation to undertake sanitation in the right earnest.**

In Vaishali district of Bihar, where NGOs have been engaged to carry out the responsibility of construction, many members of Scheduled Caste households expressed their reluctance or/and resistance to use the toilets, as they found them to be badly constructed resulting in foul odour and mosquitoes. Though some women used these toilets some times, most of the men and children still went out for defecation, as they found toilets to be dirty, disgusting, and disagreeable. '*Ghin lagti hai*-we find it disgusting' was the usual response of many a women, men, and children from dalit communities.

#### **Toilet construction and water quality**

In Rani Sarai village of Ghosra wana GP, Giryak block, Nalanda district in Bihar, most toilets in the village were found to be closed (5-10 feet from the toilet pit) to the shallow hand pumps that were being used for drinking water. This poses a serious problem of groundwater contamination in the long run. When the issue was discussed at the district level, Madan Mohan Kumar, Executive Engineer, Nalanda said that it was not a problem. However, one NGO functionary present there mentioned it as a potential threat. Another NGO functionary was of the view that a sand cushion around the pit could solve this problem.

On sharing the attendant risk of water contamination of ground water in case of leach pit toilets being constructed close to hand pumps, the Secretary, PHED, acknowledged the risk being there, but maintained that it is bound to happen because of non-availability of space with the poor households.

5. In some states, designs which by-pass standard norms of technology safeguards and have the potential of contaminating ground water have been adopted under the programme. In Sirsa district of Haryana, traditionally deep dry pit toilets are used. These toilets (known as 'kui' or 'Dhamaka' in the area) are usually around two and a half feet wide and some 20-40 feet deep. There is a general apprehension in the district that smaller size pits would get filled up early. These pits contain no safety lining and there are instances of these collapsing or caving in. The district team apparently responsible for generating demand have by-passed the need to promote safe technology measures during the campaign period.

Similarly in Tripura traditionally deeper pits (more than 10 ft) without safe linings have been used and in many cases the same has been adopted under TSC also. People in this region also feel that smaller pits would fill up quickly. The state government reportedly has been alarmed about the vulnerability of groundwater to contamination due to these pits. Furthermore, with the growing thrust on the squatting plate with water seal and P-trap, the larger community has started using it after removing the P-trap and making it similar to the traditional toilets. This is a common behaviour across the state of Tripura and reportedly is a result of a strong belief among community to avoid looking at one's own faeces.

#### Unaware about technology options

A toilet, which was under construction in Parmila's house in village Pilkhi, Block Rajgir, District Nalanda in Bihar, is a costly on pit toilet. The household has spent more than Rs. 5,000 and the toilet is yet to be completed. The household had no idea about off set pits and other technology choices otherwise, as stated by Pramila, they would have gone for better options keeping in view the kind of investment they wanted to make.

Parmila shared a case of Mithlesh who had constructed a septic tank toilet in her house, whose tank was wrongly constructed and it was leaking. This foul water of the toilet was passing through the street that used to stink and therefore often there was a quarrel with neighbours. Finally, her mother-in-law asked her to go for open defecation and stop using the toilet.

Lack of awareness about available technology options has resulted in excess expenditure and reversal to the practice of open defecation.

#### 6. Results of training of masons for improving construction quality is dependent on their engagement.

In Bihar, where more than 4,000 masons have been trained so far, a visible impact on the ground in terms of improved quality of construction is yet to be seen. This seems to be due to an apparent lack of mechanism to engage them in toilet construction. As a contrast, in Sarguja district of Chhattisgarh the attempt to train local masons in toilet technology has brought



Toilet in a tribal village of Sarguja

encouraging results in terms of good quality of construction of IHHLs. In this case, it seems to have worked as this has been supplemented by dedicated supervision of construction and its quality by the PHED engineers.

**7. There is apparently little thrust on promoting technology options for solid and liquid waste management.** Barring a few cases in Chhattisgarh and Haryana compost pits were rare. Traditional disposal methods of emptying the solid waste outside the house compound in open space or street appears to be a common practice. However, there have been sporadic cases of use of waste bins and emptying in paddy fields with no large scale community level behaviour change. Disposal of liquid waste in open space or in unused water body is the most common practice used by households with few cases of soak pits and community drainage. **Proper drainage, and solid and liquid waste management are largely ignored in most of these places in TSC implementation.**

**8. Maintenance of the facilities also is an emerging concern in the light of lack of understanding about the intricacies of adopted technology options.** For example, in some regions (Karnataka) there was clear lack of information about the utility of second pit, the emptying of pits, the use of junction chamber, etc. **There is an urgent need to build in technology concerns and related information in the IEC messages to ensure sustained usage and to arrest slippages.**



*Pans piled up in Vaishali district for distribution*

Also there is a need for encouraging local technological innovation to convert existing unhygienic latrine such as Dhamaka/Kui latrine in Haryana and deep pit latrine in Tripura into safe and hygienic options.

9. The importance of supply chain mechanism is vital to the success of the sanitation programme. Quality and skills for construction are essential at all outreach locations (RSMs and PCs) and needs to be integrated in the communication/IEC plans.

10. Ecosan has been conspicuous by its absence in all the study states. Ecosan with its focus on treating human waste as a resource to be used in an eco-friendly manner holds a lot of promise for safe and sustainable environmental sanitation and could be promoted as one of the options in the process of presenting technology options to people under TSC.

## 8. Nirmal Gram Puraskar (NGP)

*'To add vigour to TSC implementation, Government of India has separately launched an award scheme called the "Nirmal Gram Puraskar" for fully sanitised and open defecation free Gram Panchayats, Blocks and Districts...'*

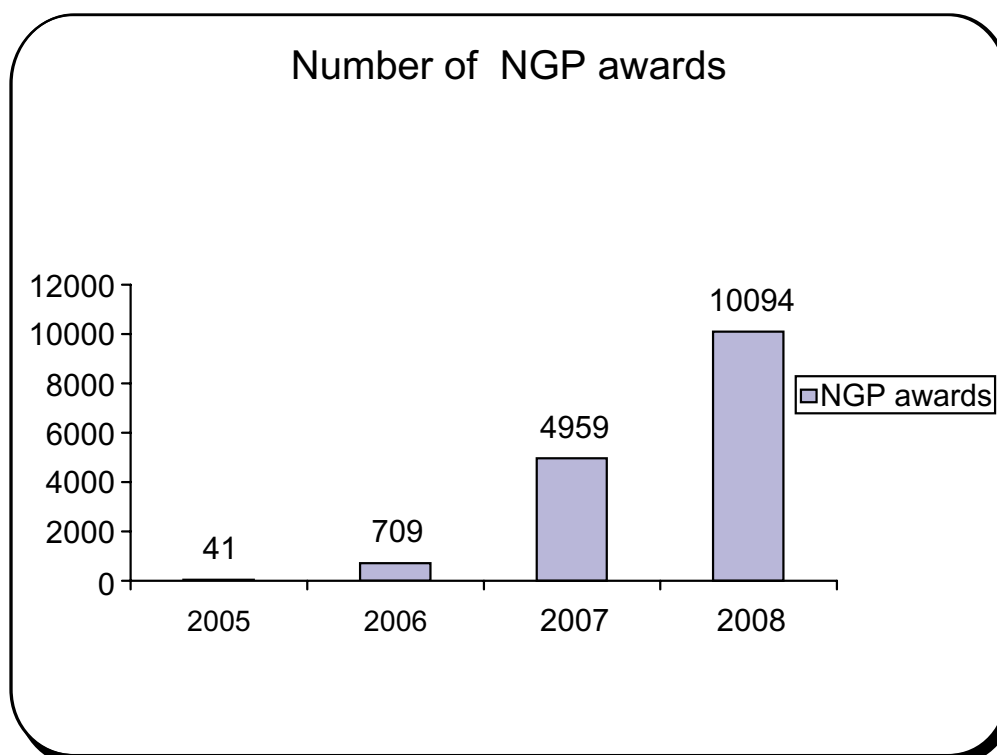
*- TSC Guidelines Jan 2004*

Nirmal Gram Puraskar (NGP-Clean Village Award) was instituted by the Government of India on 2<sup>nd</sup> October 2003 to recognise, encourage and facilitate PRIs and those individuals and organisations that work with them to achieve total sanitation. Using outcome based financial incentives in the form of NGP to promote sanitation and hygiene behaviour changes in rural communities has been an innovative programme implementation strategy. This model has demonstrated how an incentive strategy can motivate the PRIs in taking up sanitation promotion activities by shifting their priorities from hardware to behaviour change aspects of sanitation.

For NGP application, eligible village panchayats, blocks, and districts are those that achieve (a) 100% sanitation coverage of individual households, (b) 100% school sanitation coverage, and are (c) free from open defecation and (d) maintain environmental cleanliness. Also eligible for the award are individuals and organisations, which have been the driving force for effecting full sanitation coverage in their respective geographical areas.

The rapid annual rise in NGP villages is given in Graph 1 below.

**Graph 1: Number of NGP villages from 2005-2008**



*Source: DDWS website*

**1. NGP has succeeded in introducing a healthy competition among GPs and has imparted a visible momentum to the TSC programme since its introduction in 2003-04. As is evident from the above graph the number of NGPs is growing each year since 2005.** The award has been instrumental not only in increasing the sanitation coverage at greater speed, but has also helped in drawing attention to the crucial significance of ‘ODF and fully sanitised status’ of rural communities as a matter of public good. The pride and honour associated with receiving an award from the President of India has been extremely attractive for elected heads of GPs to take a personal interest in TSC covering all households and schools with sanitation facilities as well as solid and liquid waste management in villages. This year more than 30,000 nominations have been received.

2. However there is a flip side to the NGP story that requires attention and intervention. **During FGDs and in-depth discussion with community members and programme functionaries across all the 5 states, this came through clearly that certain sections of the stakeholders believe that the NGP has become an agenda of the government officials and the office bearers of the Gram Panchayat and lacks ownership at the community level.**

There is evidence to suggest that despite ODF and fully sanitised’ status of villages being one of the qualifying conditions for the eligibility of making an application for NGP, the actual TSC implementation and monitoring is largely limited to construction of IHHLs, which is only one of the components of TSC programme design. There is currently little attempt at the state or district level to verify and certify the ODF and fully sanitised status of villages applying for NGP strictly. In fact, in certain cases ‘NGP’ appears to have taken a precedence over ‘TSC’, as is evident from

two practices observed in the states of Bihar, Haryana and Karnataka: (i) the programme itself is popularly referred to as NGP rather than TSC (Bihar); and (ii) there is a tendency for districts to identify potential NGP GPs (soft targets) and focus on them in their annual plan (Haryana and Karnataka).

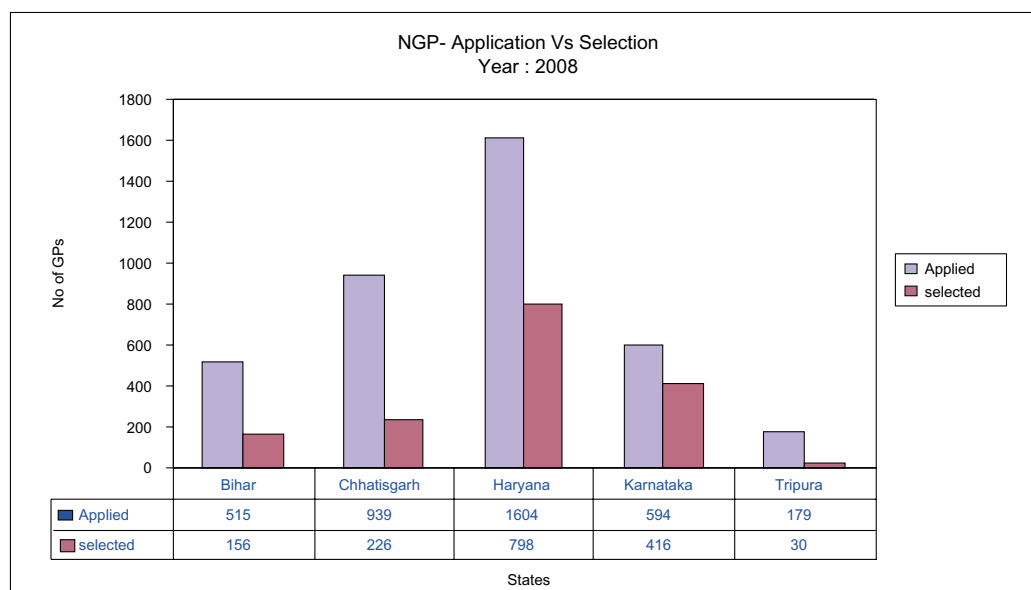
**3. Rates of reduction of NGP applications is high.** Only a few GPs out of the total number of applicants are getting selected for nomination into NGP, as suggested in Graph 2.

The rejection rate has been 69.71, 75.93, 50.24, 29.96, and 83.24% for Bihar, Chhattisgarh, Haryana, Karnataka and Tripura respectively. These alarming rates of rejection indicate either there is a total absence of a proper system of monitoring at the district/State level while selecting the GPs for nomination into NGP or the efficacy of such system (if any) is debatable. Gol has been hiring independent agencies for evaluation of the applications for NGPs and reportedly been paying Rs. 4,000 per GP towards the evaluation. **A proper system of monitoring and screening at the state/district level would help to save considerable amount of money, energy and time which has hitherto been invested in the NGP verification process.**

**4. Sustainability of open defecation free status attained by the GPs is a matter of concern.**

There are allegations that in the rush to win NGP, behaviour change is not accorded the importance it merits. As per available reports from most of the states, a range of methods are applied to attain 100% latrine coverage for GPs, which also include false and over reporting at times. As there is invariably a time gap (usually 2-3 months), between declaration of ODF status by the concerned GP and its verification and confirmation by Gol team, it is believed that the applying GP

**Graph 2: Number of villages selected for NGP as against the number of applications**



Source: DDWS website

would be able to achieve what they have reported in advance. However, this is not always the case. As a result, at times, NGP verification on the ground by Gol team is manipulated or/and stage managed leading to a number of NGP awardees not being even fully covered by IHHLs and certainly not being ‘open defecation free and fully sanitised’, as revealed during field visits to NGP villages in Vaishali district of Bihar.

**Another concern has been about the slippage of NGP villages to the age old practice of open defecation.** The processes of community mobilisation have a critical bearing on the sustainability of the open defecation free status achieved. It needs to be seen whether GPs relapse to their earlier ways once the initial euphoria of an NGP award has died down.

UNICEF has undertaken a country wide study on NGP conducted by an independent agency which indicates that a large number of NGP GPs and villages are neither open defecation free nor fully sanitised. This has also been

confirmed during the field visits to 10 districts across 5 states during this review exercise.

5. In the independent verification of the proposed NGP villages being carried out by agencies working on behalf of Gol there are reported cases of agencies seeking bribe and favours from the concerned GPs to recommend them for NGP award. In one such case in Sarguja district, the concerned district collector (DC) caught the hired agency in the process of trying to strike a deal with one of the GP Sarpanches. The matter was shared by the DC in a press conference. The concerned agency is reportedly removed and blacklisted by the Gol following the DC’s report and recommendation.

6. While NGP has been the single most important factor in giving a much needed push to TSC, there is an emerging need to revisit the NGP award process and redo it in a manner that it does not undermine the credibility of the award. Efforts of this nature are reportedly on within Gol.

## 9. Role of Civil Society Organisations

TSC provides for multi stakeholder participation in designing and carrying out the campaign at the community, GP, district, and state levels. States have considerable amount of freedom and flexibility to devise their own innovative institutional arrangements involving civil society organisations at various stages of programme planning and implementation.

In most of the states which include study states of Bihar, Chhattisgarh, Haryana, Karnataka, and Tripura, role of CSOs, particularly NGOs, has been in the area of information, education, and communication (IEC) activities including wall writing, making posters and pamphlets, organising street plays, etc. They have also been involved in start up activities such as collection of baseline survey data; training programme functionaries and community facilitators, undertaking CLTS triggering in villages, and providing hand holding support for monitoring, etc.

**1. The relationship of line department programme functionaries and NGO colleagues have not always been smooth due a prevalent feeling of mutual mistrust or distrust.** For example, in Bihar, Chhattisgarh and Tripura, an apparent mistrust in the capacity of NGOs to perform and deliver was seen to be there. In Bihar, NGOs are involved in TSC also as contractors responsible for toilet construction at scale to make up for lost time in achieving coverage.

2. In states like Haryana and Karnataka, where NGOs have been involved as partners in programme planning and implementation, energy and enthusiasm levels have been high, results have been encouraging and easy to sustain. However, in most of the places, there has been very little attempt

to build the capacities of functionaries involved.

**3. There is a lack of a partnership approach.** Sahadat Hasan Mantoo, DDC, Nalanda, shared that there has been no attempt to build the capacity of NGOs in programme implementation. The NGOs are working as contractors. Choice of NGOs for toilet construction was preferred as handling a few NGOs was seen as a better option than to deal with a large number of individual households.

The district administration is heavily dependent on NGOs for programme implementation. The district by way of its functioning style has not been able to create a partnership approach based on mutual trust. Moreover, most of the NGOs and the PHED staff are not trained in participatory and innovative approaches to implement sustainable sanitation projects. There is no mechanism of learning from experiences of others by sharing on a regular basis, either within the district or from outside.

On the issue of the staff cost for NGOs and their capacity building, Secretary, PHED was of the view that if they have to be provided staff cost, one might as well engage professionals from the open market directly. However, he admitted that the capacity building of NGOs is an area that needs to be addressed by the department.

The story in Nalanda district is no better. Nalanda, being the poorest performing district in terms of household sanitation coverage, is somehow trying to improve the achievement in terms of achieving numbers and there is apparently no focus on qualitative aspects of the programme. The executive engineer said that though

the programme should ideally be demand driven, it has actually become target driven and therefore the approach is '*Kisi tarah bana dijiye*' (just somehow construct.). In reply to a question that the focus is on construction and

it is not on generating effective demand as its precursor, the executive engineer stated that '*Sab ideal ho jaye tab dena hai, ye nahi hoga*' (it is not possible to wait for ideal situation to provide toilets.

### **NGOs in Bihar: Terms of engagement and results**

As regards the quality of construction and related supervision and guidance, Rajendra Prasad, DDC, Vaishali in Bihar stated that NGOs construct toilets and concerned junior engineers verify them. Town Area Chairman Babloo Singh, present in the chamber of the DDC during discussion, commented that the policy of government is responsible for poor quality of construction of toilets. The district does not provide them (NGOs) staff cost. As only Rs. 25 per toilet are made available to NGO staff for constructing one toilet, the NGOs are compelled to compromise with the quality of construction as they spend much more in making visits to mobilise beneficiaries, procure material and construct toilets. They also do not spend adequate time in hygiene education as they have to somehow construct and report the number along with toilet details and photographs to get their payment released. They also do not get sufficient advance for construction and have to make upfront investment from their own resources to complete the work, the cost of which is reimbursed to them later.

## 10. What has worked and what has not

TSC, which has been the most ambitious rural sanitation programme in the country and has been on for almost a decade now, was almost a non-starter during the first five years and has experienced uneven progress across different states and districts since 2004-05. While some things have worked in some places, some things have not worked to the extent expected.

Eight years down the road, it is imperative to study and draw insights about what has worked and what has not to learn and fine tune the programme implementation strategy to achieve the desired objectives.

A study of available data and secondary literature on one hand and primary data generated during field visits to Bihar, Chhattisgarh, Haryana, Karnataka, and Tripura on the other reveals what has worked and not worked in the programme so far.

1. While NGP emerges as the major factor in accelerating the pace of sanitation coverage in general, champions have made a difference in achieving remarkable progress in places where TSC has done really well. The table below suggests that champions have really made a difference.

The table clearly shows that out of 10 districts across 5 states visited during field study, three districts had local champions, all of whom were government officials responsible for TSC implementation at the district level. These are Sarguja (Chhattisgarh project sanctioned in 2006.): Sirsa (Haryana, project sanctioned in 2003); and Shimoga (Karnataka project sanctioned in 2005). These are incidentally the districts having both the highest sanitation coverage and maximum number of NGP GPs.

Interaction with two of the three champions<sup>1</sup> (Ritu Sen and Khyaliya from Sarguja and

**Table 1: Champions make a difference**

State	District	Date of sanction	Coverage			NGP (Total)	Champion
			Target	Achievement	%		
Bihar	Vaishali	25/11/99	3,85,923	127,615	33.07	53	None
	Nalanda	12/03/03	3,10,799	6,020	1.94	3	None
Chhattisgarh	Sarguja	31/07/06	3,71,105	95,815	25.82	112	Ritu Sen (DDC) Rohit Yadav (District Collector, Sarguja)
	Dhamtari	15/07/05	1,11,991	59,995	53.57	17	
Haryana	Sirsa	20/02/03	63,511	63,511	100.00	270	Yudhvir Singh Khyaliya (ADC, Sirsa)
	Mewat	12/10/06	1,20,899	29,929	24.76	0	None
Karnataka	Bidar	17/05/05	1,67,539	46,064	27.49	0	None
	Shimoga	11/03/05	1,39,579	145,288	104.09	171	Boragauda, CEO of Shimoga
Tripura	Dhalai	29/01/02	71,296	67,435	94.58	4	None
	North Tripura	18/09/01	80,903	78,137	96.58	6	None

Sirsa respectively, revealed that they had attended training and exposure visits and were driven by the desire to make a difference. However, on the basis of this it would be naive to conclude that training and exposure visits can create champions, but there is no doubt that those carrying an innate desire to make a difference are more likely to grow into champions given the right training and exposure.

2. Other common factors across these districts like innovative institutional arrangement, sound strategy, systematic planning, and close monitoring can also be attributed to the presence of these champions and their ingenuity and inspiration as leaders and change makers. If champions are the ones who make things work, the question is as to how do they get created and what can be done to have many more of them.

3. In states like Bihar, Chhattisgarh, and Karnataka, there are reported to be sanctions and government orders to the effect of making IHHL a mandatory condition for elected representatives and community level workers to be able to continue in their offices. But these sanctions do not seem to have worked as evident from a very lukewarm response from the concerned functionaries and weak enforcement on the part of the concerned authorities.

A brief of what has worked and not worked in TSC is given below.

## What has worked

- NGP has worked in accelerating the pace of sanitation coverage in general, though the pace of coverage has varied significantly across states and districts.

- Wherever PRIs (such as in Chhattisgarh, Haryana, and Karnataka) have been actively involved in the campaign as major stake holders the results have been encouraging.
- Inspired leadership, individual champions<sup>5</sup>, particularly within government (both at state and district levels), and motivated community leaders have made a huge difference, as borne by the experience of Sarguja (Chhattisgarh), Sirsa (Haryana), and Shimoga (Karnataka).
- Strategic planning and day-to-day monitoring of planned activities have helped create open defecation free and fully sanitised communities at scale with speed: Sirsa district in Haryana declared itself to be open defecation free in a matter of 90 days following this strategy.
- A dedicated cadre of trained programme functionaries and volunteers has made things work on the ground, particularly in terms of effective mass mobilisation and programme implementation and monitoring support.
- Community Led Total Sanitation (CLTS) approach has triggered communities leading to open defecation free GPs.
- School sanitation in Sarguja (Chhattisgarh) has innovative features like monitoring chart on hygiene practices, force-lift pumps for ensuring water availability in school toilets and bamboo fencing for ensuring that stray cattle do not enter into school premises and cleanliness could be maintained.

<sup>1</sup> A champion is understood here to be an inspired person/functionary who goes beyond her normal call of duty to put in additional energy and effort in implementing TSC as a professional agenda of great urgency and importance.

## What has not worked

- Subsidy has not worked as states like Bihar and Chhattisgarh with a high subsidy regime including subsidy provision for APL households has not really worked, as the rate of growth in sanitation coverage of these states has been much slower than the ones with a lower or no subsidy approach such as Haryana.
- Conventional IEC with activities like wall writings, posters, pamphlets etc have not been able to create the kind of awareness that generates demand for sanitation services. None of the respondents from 40 GPs in 20 blocks across 10 districts in 5 states mentioned any of these as a source of inspiration or motivation for adoption of sanitary practices.
- A primarily state led and supply driven approach such as in Bihar has not worked even in terms of achieving good coverage; usage and sustainability aspects have suffered further with practically no impact on behaviour change.
- The assumption that sanitation needs of all sections of society will be addressed, without any specific emphasis on the needs of the marginalised groups such as women, Scheduled Casts and Scheduled Tribes, the aged, disabled and people with HIV AIDS.
- Financial and physical monitoring as an indicator of safe environment.

# 11. Emerging Directions: Targets, Triggers and Total Sanitation

*‘One of the objectives of TSC is bringing about an improvement in general quality of life in rural areas. This objective cannot be met if general cleanliness of villages is not maintained properly. PRIs are required to put in place mechanisms for garbage collection and disposal and for preventing water logging...’*

*- TSC Guidelines Dec 2007*

Given the experience of rural sanitation programme initiatives of more than two decades in the country, it has become increasingly clear that state led, supply driven approaches to rural sanitation do not really work in terms of increased sanitation coverage, usage and behaviour change. Another learning as per the findings of this study has been that monetary incentives can work only in a limited manner, but are not enough to bring about fundamental shifts in attitudes and mind sets leading to sustained behaviour change for adoption of safe sanitation practices.

Though the policy principles of the programme being community led, people centered, and demand driven are enshrined in the TSC Guidelines, it has been hard to translate them into practice due to deep rooted individual and institutional orthodoxies and mind sets around issues of subsidy, technology, involvement of NGOs etc. This has resulted in a deep disconnect between policy and practice/intention and action on one hand, and action and outcomes on the other.

Some of the key challenges in the programme are as follows:

- Striking a balance between triggers (of behaviour change) and targets (of coverage and NGPs).
- Ensuring active involvement and provision of services to women, poor, and the marginalised such as SCs, STs, the disabled, aged etc.

- Making PRIs active stakeholders in the process of achieving the objectives of total sanitation and sustaining it.
- Measuring outcomes.

## Recommendations

In view of the findings of the study, the following recommendations are made to optimise the benefits of TSC:

### Policy

- TSC is currently a guideline. A national sanitation policy that clearly articulates Government of India’s policy and position need to be in place. This policy needs to address various issues such as inclusive processes, investment priorities, expected public health outcomes and their monitoring, menstrual hygiene, subsidy/ incentive, institutional arrangements including role of PRIs, CSOs, and communities, community mobilisation approaches, technology as a factor in safe sanitation. In the current context, possible impacts of disaster including climate change on provision of sanitation services and appropriate solutions needs to be identified.

### Programme Design and Delivery

- TSC implementation strategy is revisited and revised to focus more on usage of sanitation facilities created and the

related behaviour change so as to achieve the objective of improvement in the quality of life of people in rural areas. The revision needs to be made in terms of making the programme truly community led and demand driven as against the state led and target driven approach being adopted in several states and districts currently.

- States and districts could place greater emphasis on strategy development and effective action planning for TSC implementation followed by monitoring, follow up and corrective action, as required.
- In line with the stated TSC strategy of the programme being ‘community led’ and ‘people centered’ and in view of the success of CLTS in Haryana, community led total sanitation (CLTS) could be one of the approaches explored for faster and more sustainable results on the ground.
- Ecosan could be one of the options while sharing technology options with the communities in the process of planning for ODF and fully sanitised environment.
- Planning for total sanitation at the community level is also based on hazard and risk assessment at the local level related to possible disasters and emergencies such as floods, drought, earthquake, landslides and cyclones. An assessment of the possible impact of climate change and the resultant adaptation needs of communities to provision of sanitation facilities.
- The IEC component of the programme is re-oriented to engage in more effective behaviour change communication (BCC) strategies, which have been more of rhetoric than reality so far. IEC needs to focus more on establishing a link between improved sanitation and its impact on the collective health to ensure

sustained use of the sanitation facilities created.

- Incentive/subsidy money is used to award rural communities after they are open defecation free and fully sanitised and not to individual households.
- Special focus on engagement with and meeting the needs of marginalised groups such as women, tribals, Scheduled Castes the disabled and the aged.
- Menstrual hygiene is included as a programme component of the campaign.

### ***Institutional Actors and Agencies***

- Effective and timely realisation and utilisation of funds allocated for sanitation through the removal of bottlenecks and wherever needed, capacity building.
- PRIs are oriented and strengthened to engage communities in self analysis of their sanitation situation followed by collective local action to achieve the objectives of total sanitation.
- NGOs and CBOs such as SHGs are actively involved in community/social mobilisation, school sanitation and hygiene education, monitoring of programmes and outcomes.
- Champions and community leaders other than GP Sarpanches are actively considered for felicitation under NGP so as to keep motivation levels high. These champions could also include government officials.

### ***Monitoring and Learning***

- Deepening of monitoring by taking it beyond coverage to include usage, behaviour change, and health benefits accrued because of TSC. This could be done by complementing on line TSC monitoring system with periodic field based reviews and community monitoring systems. Community based water quality monitoring through convergence with

the Rajiv Gandhi National Drinking Water Quality Monitoring and Surveillance Programme could provide data on immediate impact of sanitation.

- Design and implement a system to recognise and encourage local

technology innovations suitable to particular climatic, social and geographical conditions.

- Develop an effective community strategy that mobilises communities, addresses all concerns and offers cross learning.

# **Section 2**

## **State Reports**



## 2.1 Bihar

### Background

Bihar, which is the 12<sup>th</sup> largest state in terms of geographical size and 3<sup>rd</sup> largest by population, has close to 85 per cent rural population. There are 8,471 Gram Panchayats spread over 534 blocks across 38 districts.



### Bihar Rural Sanitation Coverage: An Overview

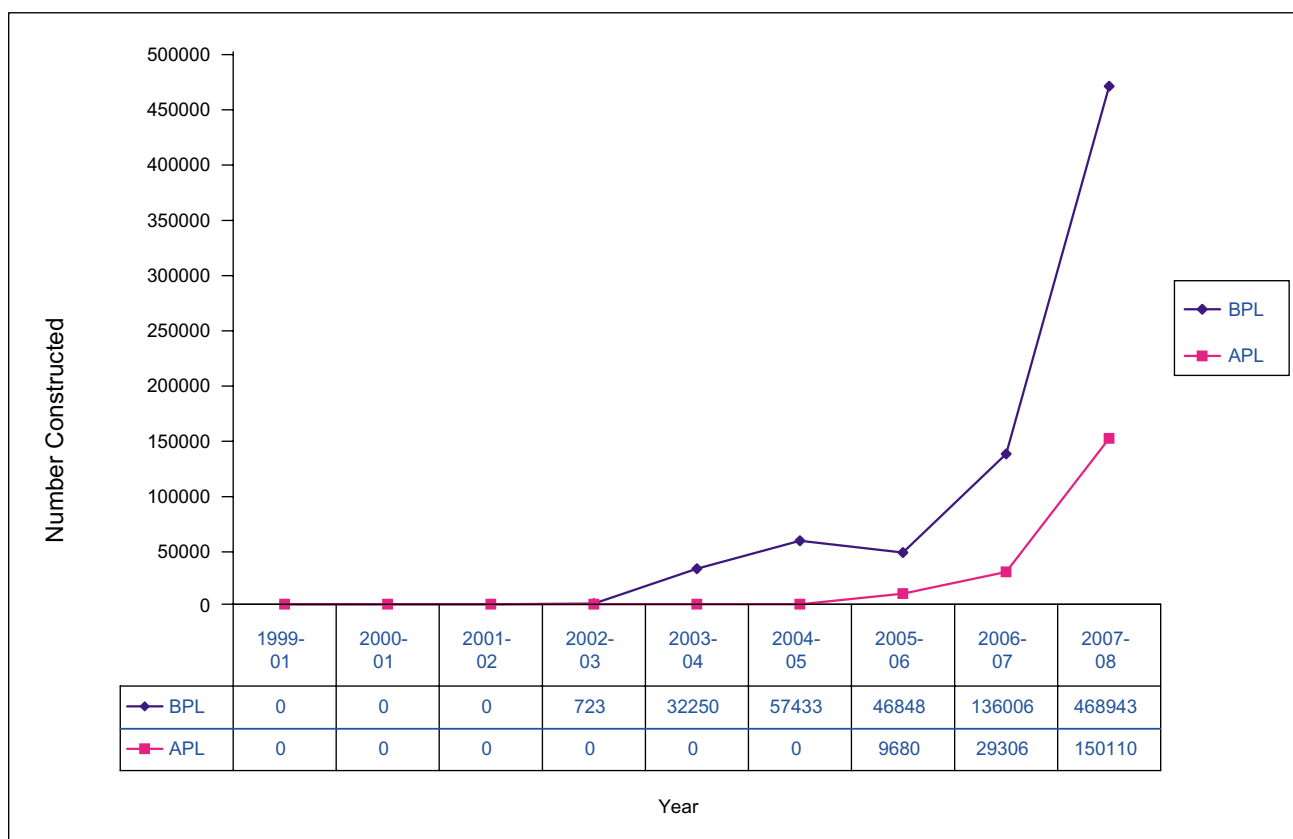
Status At census			TSC Target	Achievement against TSC target		Overall Achievement
Total No of Rural HHs	HHs with Toilet	HHs without Toilet		Numbers	Percentage	Percentage
12,757,830	1,765,061	10,992,769	11,171,314	1,151,177	10.30%	22.54%

Source of data: DDWS website, 15<sup>th</sup> October 2008

In Bihar as per Census of India 2001, sanitation coverage was 13.83% with 17,65,061 households having toilet out of the total 1,27,57,830 rural households. TSC

commenced in 2000-01 with an objective to achieve coverage of 1,11,71,314 households. The current coverage stands at 10.30% as against the physical target.

### Graph 1 Year wise progress of IHHL in Bihar



The graph summarises the year-wise progress made in toilet construction. During first three years 01/02 no progress was reported. In all 7,42,203 (13%) BPL category households and some 1,89,096 (4%) APL category households have been provided with toilets, making an overall progress of 9,31,299 toilets or 9%. About 534 community toilets have also been constructed till end March 2008.

Construction of toilets in schools has steadily been on the rise since 2005-06. Till March 31, 2008 some 24,741 toilets have been constructed in schools, and 618 toilets have been constructed in Anganwadi as against proposed targets of 76,581 and 6,595 respectively.

### Key Findings

- TSC is now one of the priority programmes of Government of Bihar especially after its inclusion in **five-point agenda** of the Chief Minister. The fact that sanitation is high on the state agenda is also borne by the fact that the state has launched '*Lohia Swachta Yojna*' (LSY) that is being implemented in all the 38 districts of the state.
- Subsidy is perceived to be the foremost driver for toilet construction, thus the state government under LSY has sought to provide additional subsidy in the nature of promotional amount to both APL and BPL households. APL household would receive Rs. 1,500 and BPL would receive Rs. 500 over and above the incentive provided for under TSC. Thus the total amount of subsidy for APL is 1,500 and for BPL it is 1,700.
- Beneficiary share for BPL families remains the same as before (Rs. 300), while for APL families it is kept as Rs. 500. This is based on the total cost of off-the-pit design of toilets estimated to cost around Rs. 2,000

which is being promoted after the launch of LSY in year 2007.

- With a physical target of around 99.3 lakh toilets to be constructed by end of 2012 there is a need to mobilise huge amount of resources both physical and financial. This would require constructing some 2.07 lakh toilets per month as tabulated below.

**Table: Target of Toilets in Bihar**

	IHHL	Per Year	Per Month
BPL	50,85,716	12,71,429	1,05,952
APL	48,44,588	12,11,147	1,00,929
<b>Total</b>	<b>99,30,304</b>	<b>24,82,576</b>	<b>2,06,881</b>

- Given these targets to be achieved with the current subsidy pattern, some Rs. 1133 crore (as summarised in the table below) would be required in next 4 years. This means mobilising Rs. 283.39 crore every year or Rs. 23.62 crore every month. And, accordingly supply chain has to be maintained.

**Table: Financial Requirement**

	Rs. Crore	Per Year	Per Month
BPL	406.86	101.71	8.48
APL	726.69	181.67	15.14
<b>Total</b>	<b>1,133.55</b>	<b>283.39</b>	<b>23.62</b>

- To take care of all training and capacity development requirements of the state Pranjali an autonomous training institute has been established within PHED. It is being set-up on some 3 acres land with a budget of around Rs. 5 crore. Some six consultants, from disciplines like health, IEC, software, human resources etc., will be part of the institution.
- A unique **Mass Awareness Campaign**, was launched by the Chief Minister and the concerned Cabinet Ministers. Under

this campaign vehicles with sanitation messages displayed all over its body plied in each block for 5 days and demand for constructing toilets was registered through a pre-designed requisition form. This campaign took place in two phases - during 10-14, January, 2007 covering 20 districts and 336 blocks and during 12-16 March, 2007 covering 18 districts and 198 blocks. With this effort demand for 5,59,170 toilets was generated. 2,76,992 in Phase-1 and 2,82,178 in Phase-2.

- Under IEC initiatives about 50 wall writings were planned for every GP. Though wall writings were observed in the villages visited, size of display was not enough to catch people's attention. At many locations it has been done on narrow cement electricity poles making it totally unreadable. It was explained that households do not allow painting walls with messages. However stakeholders at the district level feel that these messages are not effective to draw attention of the community and follow them in practice.
- Efforts have been made to include PRIs in the programme. Capacity building of PRIs (GP, BP and ZP level) have been undertaken to help develop better understanding about the issues related to improved sanitation.
- On the supply side extensive training programmes have been organised where more than 4,000 masons have been trained and identity cards issued to them. Five volunteers per panchayat have been trained for water quality monitoring. Awareness and orientation has been done both at panchayat and block level targeting beneficiaries, ward members etc.
- To ensure usage and get a feedback on the same a system of providing incentive to motivators has been designed. The incentive of Rs. 20 per household with

toilet is provided in two parts – Rs. 15 for motivating household for toilet usage, and balance Rs. 5 after six months for ensuring usage. However, in practice the entire amount is being paid in a single installment.

- There is an apparent push for construction of latrines bypassing the behaviour change aspects. Lack of demand can be considered as an indicator of poor IEC efforts. The health aspect of improved sanitation is missing from the promotional strategy.
- Many feel that the non-availability of committed NGOs has been a major gap in implementation of TSC in Bihar. NGOs have been mainly engaged to take care of construction of IHHLs, and not for awareness creation or community mobilisation.
- The coverage rate for school sanitation has also suffered reportedly for non-availability of land for construction of toilet in some 10,000 schools.
- It is felt that there is lack of capacity at the level of the PHED to carry out and supervise mobilisation/motivation, awareness creation, demand generation, construction and supervision, cost sharing and MIS etc. Even the account maintenance is cumbersome, and accounts people need training to present the accounts as per TSC Guidelines.
- There are 39 Executive Engineers in position to take-up responsibilities in 38 districts and state headquarters. Many feel that the TSC work is an additional burden over and above the regular departmental work and without any additional benefits and staff. There is a demand for forty more EEs.
- PHED has its internal review system for routine works and TSC is also being reviewed with Executive Engineers under this system. There is no dedicated review and monitoring system at the district level for TSC.

- Officers are being sent to nearby states on exposure trips to learn and use the learning for accelerating the pace of toilet construction. It is proposed to establish a separate structure at district level by July 2008. One data manager is proposed to be placed at every division for information and data management.
- At village level convergence of resources like ASHA, AWC, pump operators, BLW etc. would also be made with PHED initiatives. Greater emphasis is now being laid on capacity building.

## Emerging Issues

In view of the above findings, the issues that emerge to be of significance from the point of TSC implementation strategy in the state are as follows:

- There is an urgent need to revisit the current programme implementation strategy, as it has not been able to achieve the desired coverage, but has also been incapable of taking care of usage and behaviour change aspects of sanitation. As the state is lagging behind in sanitation coverage at 22.56%, which is less than half of the current national coverage of 56.19%, the new strategy has to be built around the objective of doing sanitation at scale with speed to make up for lost time.
- Ensuring timely availability of funds is another important issue that needs to be addressed; as the delay in release of payment from Gol has been reportedly due to lack of availability of agreed state share, the state government has to make arrangements to make its share available in time.
- Staff capacity both in terms of numbers and upgradation of existing knowledge, skills and attitude have to be



*School Toilet in Nalanda*

enhanced to strengthen the programme implementation.

- Active involvement of PRIs and self help groups of women need to be ensured in awareness creation and community mobilisation efforts so as to create a sense of ownership of sanitation agenda at the local level.
- Coordinated efforts including inter departmental coordination at all levels are required for strengthening school sanitation and hygiene education.
- There is also a need to revisit the content and delivery of IEC activities to ensure the inclusion of health issues in message design and positioning.
- Quality of construction emerges as a major issue to be addressed, as in many places people even from the poorest of the poor communities such as dalits find the constructed toilets disgusting and unusable. Hence, a strong mechanism for monitoring construction quality needs to be devised and put in place, besides strengthening the supply chain management.
- There is a strong need to shift focus from mere coverage to creation of ODF communities in line with the true spirit of TSC and its objectives.

## 2.2 Chhattisgarh

A relatively new state populated by 20,795,956 people (census-2001), which separated from the bigger Madhya Pradesh state, Chhattisgarh has one of the lowest levels of urbanisation in India and has the second highest percentage of tribal population in India after the state of Madhya Pradesh. The Scheduled Tribes constitute around 43.4% of Chhattisgarh's population, mostly concentrated in the southern, northern and north-eastern districts of the state. The highest concentration of tribals are found in the district of Dantewara (79%), the erstwhile Bastar district has the second largest tribal population (67%), followed by Jashpur (65%), Sarguja (57%) and Kanker (56%). The Gonds, the Oraons, the Abhuj Maria, the Bison Horn Maria, the Muria, the Halbaa, the Kawars, the Halbis, the Dhurva, the Bharias (Bhumiards), the Bhatras and the Napesias are the main tribes of Chhattisgarh. Literacy rate has improved steadily from 42.91% in 1991 to 64.7% in 2001; registering a growth of 21.79%.

The Total Sanitation Campaign (TSC), launched under the aegis of the Ministry of Rural Development's Department of Drinking Water Supply, is being implemented in the state by the Public Health Engineering Department (PHED). The multi-pronged strategy implemented by the state involves capacity-building, awareness, logistics and participation and is overseen by a core committee under District Magistrates with members from the PHED and the Departments of rural Development, Public Education,



Panchayat and tribal Affairs. Out of the total 16 districts 1 received sanction during 2001, 5 during 2003, 4 during 2005 and 6 districts during 2006.

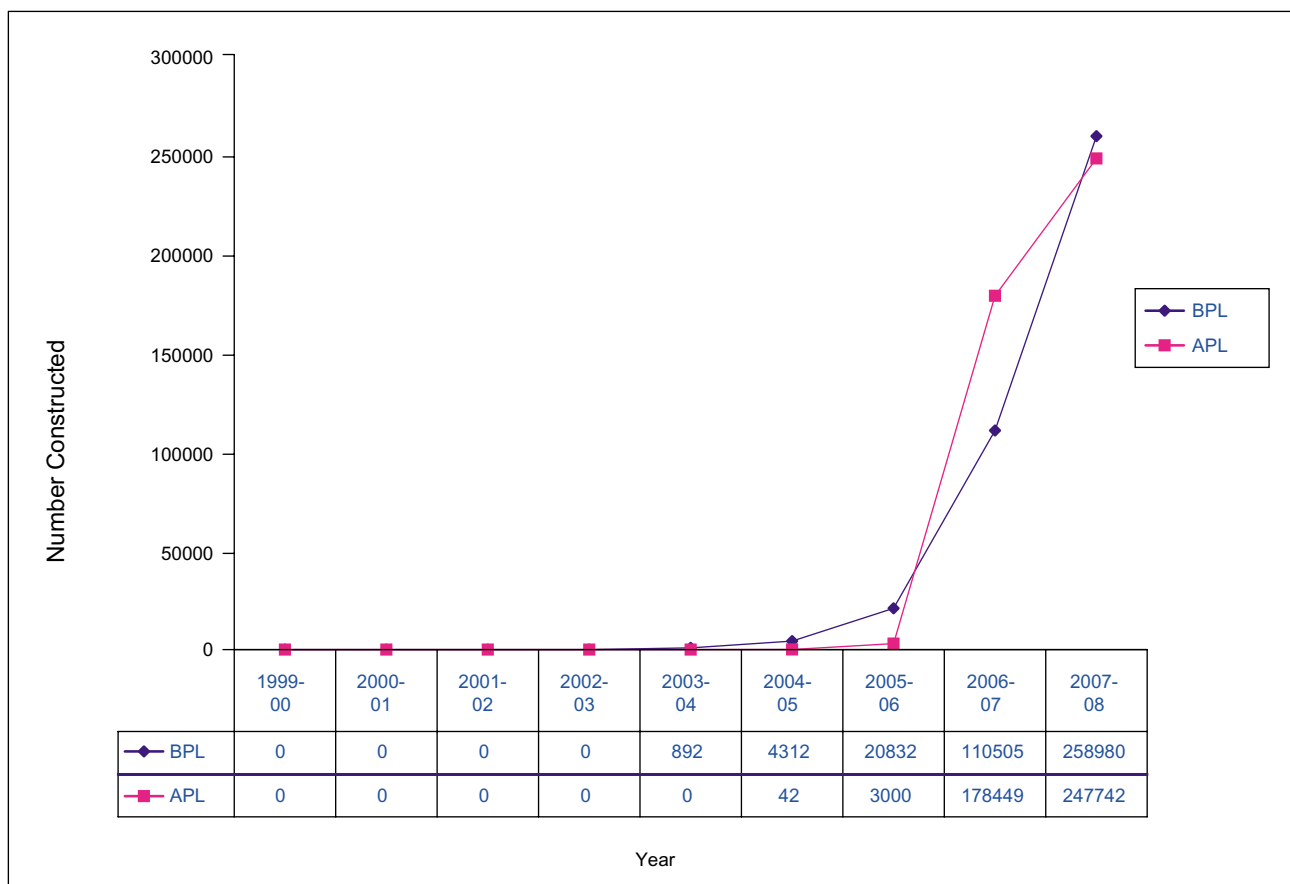
The 2001 census estimated the total number of rural households in Chhattisgarh at 33,53,978 out of which 1,69,460 HHs had access to sanitary latrine and 31,84,518 HHs who defecated in the open. Getting the people in Chhattisgarh to switch to indoor toilets, thereby abandoning age-old practices, reportedly presented a major challenge for government officials implementing the TSC. Against an overall objective of achieving a physical target of 33,65,426 the project has achieved the figure of 9,37,881 which is 27.86%.

TSC had a very slow progress in the state in the first 5 years (2001-2006), when toilet coverage remained limited to 6% till the end of 2006. However, it has picked up during the years 2006-2007 and 2007-2008. During this period individual household latrine (IHHL) coverage has gone up from 6% to 30%, which is notable improvement as compared to the performance of the programme during the years 2001-2006

### Chhattisgarh Rural Sanitation Coverage: An Overview

Status At census			TSC Target	Achievement against TSC target		Overall coverage
Total No of Rural HHs	HHs with Toilet	HHs without Toilet		Numbers	Percentage	Percentage
33,53,978	1,69,460	31,84,518	33,65,426	9,37,881	27.86%	32.90%

**Graph 1: Year wise progress of IHHL in Chhattisgarh**



in the state (See Graph 1). Apart from the incremental coverage the state has bagged 12 and 90 nominations under Government of India’s prestigious Nirmal Gram Puraskar (NGP) in 2005 and 2006 respectively. In 2007, 938 GPs and 5 blocks have been nominated for NGP. Reportedly, as per the current growth rate under the programme the state is counted as one of the 5 better performing states in the country. According to state officials, the state would be able to achieve MDG target related to sanitation by 2012, 3 years ahead of the MDG deadline.

### Key Findings

Interactions, interviews, and discussions with a range of stakeholders have revealed that

there are a combination of factors influencing the performance of the state under the TSC programme and key factors are summarised below:

- The keenness of the state leadership to accord priority to sanitation as one of the major development objective has provided the much appreciated administrative and political push to the programme. The chief minister declared about two years ago that 10 Lakh toilets would be completed in the state by December 2008 and an amount of Rs. 50 crores has been allocated in the current year for school sanitation. Besides the programme is one of the seven priority programme, which the Chief Minister himself directly reviews every quarter. The programme is also regularly reviewed by

the Chief Secretary, Secretary of PHED and the Engineer-in-Chief. TSC has also acquired many champions at the state and district level. The following statement of the Engineer-in-Chief, PHED, R.N. Gupta, exemplifies this point: “about 6-7 years ago TSC was not my priority, as I had no belief that it would ever be possible to change the behaviour of people. But now TSC has become my top priority as I saw it happening in places like district Sarguja where the young and energetic collector and his wife who is the DDC of the district have made a difference.”

- In some districts, the District collectors have led from the front in initiating the drive and monitoring the progress in a very committed manner. The district collector of Sarguja and visited each of the 256 GPs undertaken for implementation in the first phase. This has sent the message among the officials as well as the communities that the programme is important and everyone has to do the best to make it successful. Fortnightly reviews have been undertaken at the level of the collector where all concerned including CEO janpad panchayat, (BDO), Tehsildar, SDM, line department officers used to be present
- Other factors that seem to have contributed to an improved performance of the programme in last one year include application of community led total sanitation (CLTS) approach in Bilaspur district and Nirmal Agraha i.e. development of a cadre of committed volunteers in Rajnandgaon district of the state. Both these initiatives have been facilitated by UNICEF, which has been providing strategic support for TSC implementation in some selected districts in the state, apart from sector wide support in terms of staff and capacity building.
- Organisations like WAI are trying to give increased momentum to the campaign by supporting the State in organising events to mark the International Year of Sanitation at the state and district levels. While workshops have been held, a sanitation week is being planned across Chhattisgarh.
- The CCDU is fully established and is believed to be one of the reasons for the programme as a whole picking up across the state.
- There has been a general shift from involvement of NGOs to increased involvement of government functionaries and PRIs, particularly the Sarpanch and the Panchayat Secretary at the Gram Panchayat (GP) level in the implementation of the programme across districts. There is a growing understanding among all the stakeholders that active involvement of the PRIs is key for the long term sustainability of improved sanitation and this has a positive impact on the programme performance.
- A conscious effort has been made to make community monitoring an integral part of the overall strategy along with departmental monitoring. For example in district *Sarguja Toka-Toki Samitis* (village level monitoring and vigilance committee) inclusive of ward members, women and other members of the community (at least 2 per ward) have been formed in the villages with the aim to stop the villagers going out for open defecation. A fine of Rs. 500 has also been fixed for the defaulters but it has worked more as a threat as no one has been actually fined as yet
- Government of Chhattisgarh has a strong subsidy regime to promote total sanitation in the state. Initially the amount was pegged at Rs. 3600 which has been subsequently brought down to Rs. 2,200

for BPLs. In fact, over and above the ‘incentive’ of Rs. 1,200 for below poverty line (BPL) households by the Government of India, the state government has introduced an additional subsidy of Rs. 1,000 for BPL and Rs. 1,900.00 for above poverty line (APL) households. This additional amount is being resourced from the 12<sup>th</sup> Finance Commission funds by the state, and being justified on the grounds of extreme poverty in large parts of the tribal dominated state. School sanitation is fully subsidised.

- However in the District Sarguja the district administration has consciously downplayed the subsidy as provided under the state subsidy plan for superstructure. The underlying assumption of such a step has been that participation of the beneficiary would enhance ownership and would result in improved usage of the toilet.
- There is an enhanced focus on school sanitation and hygiene education (SSHE) component of TSC in the state. There is reportedly a SSHE draft state plan submitted to the state cabinet for its approval (copy of the state plan could not be accessed by the review team as it is apparently not in the public domain as yet). Some 14 workshops have been conducted in 14 districts where DWSC and line departments have been trained on SSHE action plan. In some schools the concept of Bal Sansad (Child Cabinet) has been introduced.
- Children have been groomed to act as change agents in the whole process and there has been a conscious attempt to initiate sanitation promotion from the schools. Greater focus has been placed on School Sanitation and Hygiene Education (SSHE). The innovative measures include installation of child friendly toilets, school toilets having painted with pictures of animals, institutionalisation of daily monitoring of sanitation and hygiene habits of children through monitoring charts developed for the purpose etc.
- Toilets have also been constructed in Anganwadis, including those that are being run out of rented buildings, on the basis of cost sharing arrangements with the landlord. However, use of these toilets is suspected to be poor. The state has a plan to install force-lift pumps (started with support from UNICEF to begin with) in all the schools. A provision of around Rs. 40 crores has already been made for this in the budget of the current year.
- There has been an atmosphere of general mistrust regarding the involvement of NGOs in TSC work. One of the contributory factors seems to be the experience of Durg district where the work remained stopped for around 2-3 years due to irregularities and mismanagement of IEC funds by NGOs in the erstwhile Sector Reforms Project, amongst other reasons. Actions were taken against NGOs and departmental officers and this also had an impact on the TSC programme. The district is back on track now. Some 21 GPs have been proposed this year for NGP.
- Government of Chhattisgarh is now moving towards convergence with NRHM, where they are preparing Gram Swasthya Evam Swachta plan (village health and sanitation plan) which is proposed to be piloted in 20% of the GPs in each block in the first phase. The state is making efforts to facilitate NGP gram panchayat to move towards swastha gram panchayat (GP).
- RSMs and Production Centers have been promoted only in a very limited manner. Centralised purchase of toilet pans is presently being made and procurement is carried out as per the CSID rate list. Some

districts like Sarguja have taken initiatives to stabilise prices of raw material like bricks and cement.

- Involvement (both physical and financial) of households in the design and construction of superstructure has been ensured in district like Sarguja so that their preferences are taken into account. At the same time Quality of construction of the sub-structure of toilets has been found to be poor in some cases in district Dhamtari. Technology gaps is also apparent in construction of IHHL in many cases.
- The spread of naxalism has reportedly restricted the outreach of government officials in many areas of Dantewada, Narayan pur, Rajnandgaon and Kanker creating functional problems in programme implementation.
- There are issues of institutional legitimacy and legality stemming from the current strategy of making village Water and sanitation Committee (which does not form part of the GP) responsible for implementation of the programme at the village level. There is apparent confusion among officials about the legality of transfer of TSC funds to VWSC.

### Emerging Issues

- TSC has acquired a priority status both at political and administrative level over the last one year. However, TSC has become synonymous with NGP and the focus continues to be individual household latrine (IHHL) coverage. As a result, coercive rather than promotive methods are more in use at the Gram Panchayat level, which raises questions about the sustained use and maintenance of the toilets.
- SWSM, though set up in the state, has yet to be really functional. There is now a

move to activate SWSM with support from UNICEF. It was reported that it is difficult to really activate the SWSM because it consists of high profile officials who have other priorities and pressures on their time.

- An area of concern in the state is also the inadequate attention being given to the quality of construction of toilets. Technical supervision, given the shortage of engineering staff at the district level- the PHED or the RES- is inadequate. Poor quality of construction may affect the ground water conditions on one hand and may lead to the collapse of the structure on the other. There is also a veritable threat of households reverting back to open defecation if they are unable or unwilling to spend on maintenance.
- Linkages of adequate sanitation with health is conspicuously absent in the strategy being adopted and consequently in the understanding of the community. Toilets are at present seen as a matter of convenience rather than as a means for ensuring better health. While convenience as a motivating factor for the use of sanitation is sufficiently powerful to be used as tool, the internalisation of health benefits is expected to bring about sustainable behavior change. Currently the toilets appear to be used only during particular times in the year and by only some members of the household.
- While subsidy may be justified in some of the poorest pockets and communities, subsidy in its present form would be counter productive in ensuring ownership and usage of toilets.
- The need for champions amongst the key officials at the district level is evident, given the better performance of some of the districts as well as innovative approaches being adopted here.

- There is a clear trend towards transferring the responsibility for implementation on to the GP – more specifically the sarpanch and the secretary. While on one hand this requires increased capacity building of the functionaries, it also needs to have an inbuilt process of information sharing, community participation and monitoring.

Total sanitation is being construed mainly as coverage of sanitation infrastructure in terms of IHHLs. Following from this, the linkage between sanitation and health is also conspicuous by its absence, as also a planned effort to sustain use and maintenance. The thrust is almost completely on construction of toilets and ensuring an ODF village in the short term.

## 2.3 Haryana

Haryana is a state situated in the northern part of India surrounded by Uttar Pradesh on the east, Punjab on the west, Uttaranchal, Himachal Pradesh and Shivalik Hills on the north and Delhi, Rajasthan on the south. Haryana's economy is largely dependent on agriculture. About 70% people of the total population are engaged in farming. It consists of 20 districts and 119 development blocks.



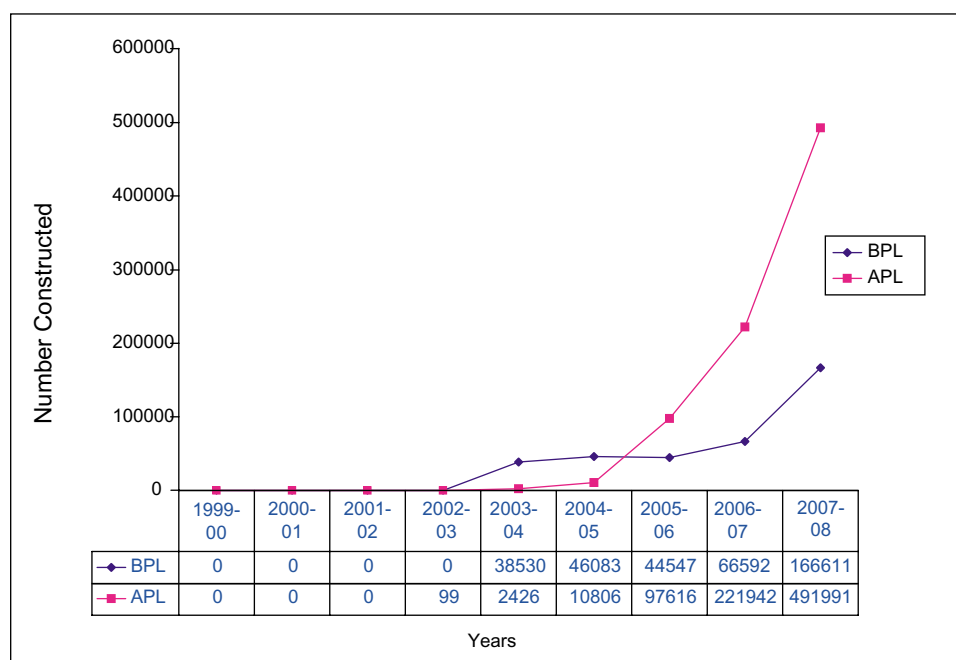
### Haryana Rural Sanitation Coverage: An Overview

Status At census			TSC Target	Achievement against TSC target		Overall coverage
Total No of Rural HHs	HHs with Toilet	HHs without Toilet		Numbers	Percentage	Percentage
26,11,842	7,43,226	18,68,616	17,85,097	14,05,066	78.71%	84.96%

The project information on the DDWS website reveals that out of the total number of 26,11,842 rural households (Census 2001) only 7,43,226 (28.46%) owned sanitary toilets and the remaining 18,68,616 households had no such access. Against this backdrop the state set out to achieve a physical target of covering

17,85,097 rural households under the TSC programme. Till 15<sup>th</sup> of October 2008 the project had achieved 78.71% physical coverage as against the target. Out of the total 20 districts the programme began the implementation in 2 districts during the year 2000, 11 districts during 2003, 4 districts during 2004 and one district during 2006.

**Graph 1: Year wise progress of IHHL in Haryana**



Despite an early start in most of the districts the progress was very slow till the year 2006-07. The state has reportedly achieved an impressive coverage of more than 70 % of the target set out to be achieved by the project in a matter of two years.

Progress of coverage under school sanitation and anganwadi sanitation has also been impressive as suggested by the following figures available on the website of DDWS.

	Proposed	Achievement
School toilet	7,029	7,137
Anganwadi toilet	6,531	5,637

The state has bagged 60 NGPs during the year 2007 and for the year 2008 the state has sent nomination of 1604 GPs, 8 BPs and one ZP for selection for the prestigious Nirmal Gram Puraskar.

## Key Findings

- The State Government in view of the slow progress took a decision of using the innovative community centered approach widely known as Community-Led Total Sanitation (CLTS) to scale up the TSC. The first CLTS orientation workshop rolled out during July 2006 in Bhiwani district. Haryana has done well in TSC in the past two years following this.
- District Sirsa has successfully demonstrated that open defecation free (ODF) environment can be achieved on scale and with speed, as the entire district was made ODF in a matter of 90 days. This was reportedly made possible by undertaking TSC in a campaign mode with massive mass mobilisation, meticulous planning, and day to day monitoring of the programme.
- The strategy has been to engage the communities in target GPs to carry out self analysis of their own sanitation profile. This is based on the perception that once the community understands and internalises the adverse impact of open defecation, on the collective health, it would seek solution on its own through local collective action.
- The emphasis of the strategy has been on ensuring sustained behaviour change rather than on construction of toilets. The stakeholders across all levels feel that there is no point in constructing toilets until and unless the community is fully mobilised and actual demand springs up from within it.
- The major trigger that made people change their behaviour included the realisation that open defecation practically meant eating each other's shit.
- Sanitation workers in all the districts of the state have been trained in the CLTS approach through a 5 Day training module. The first such training was held in the Bhiwani district way back in July 2006 and the success of the approach led to demand from other district as well.
- Champions from within the district administration have contributed considerably to the success of the programme. As observed by the state coordinator, strategy and leadership has been the key for success achieved under the programme.
- There has been a strong ownership of the programme at the State level. Conviction and support of the Principal Secretary and the commitment of State TSC Coordinator have provided enabling environment for making the programme community led.
- There has been an intelligent mix of CLTS and reinforcing interpersonal contact in mobilising collective action which is a

unique aspect of strategy adopted in the state.

- In some cases the use of mass communication for reinforcement of messages after triggering community for collective behavior change has yielded results. Swachhta Rath, (sanitation chariot), mass media campaign using print and visual media focusing on the hazards of open defecation have been very effective in fanning the fire.
- Exposure visits, to ODF GPs in Maharashtra, Tamil Nadu and Kerala as part of state initiative, were useful in creating conviction among the Gram Pradhans about the feasibility of achieving sanitation outcomes.
- Wall paintings displaying sanitation messages in specific part of the districts have been installed. However, the State TSC Coordinator is of the view that the wall paintings have not been able to create much impact. The interpersonal communication as part of CLTS has made the difference.
- In most of the districts, the strategy has been to target students (both children and adolescents) as change agents, which many in the state and district circle feel to be one of the factors that contributed to the success of the programme. *Chhatra Jagruk Dals* (Student vigilance cell) have been formed who would blow whistle (provided to them from the project IEC funds) on people defecating in the open; organise rallies in the village etc..
- There has been a conscious and visible attempt to involve women as well in the programme through their groups or otherwise by having meetings in their respective clusters or by participating in surveillance to check open defecation as members of Nigraani Committee. In Sirsa the women collectives functioned

as torchbearers and mobilised collective action to stop open defecation.

- Shortage of staff, lack of motivation among available staff, and lack of involvement of line departments in the implementation of the TSC have been the main reasons for poor performance in district Mewat.
- Subsidy focused approach to sanitation by NGO working in the Mewat district has created a dependency syndrome and spirit of local collective action is lost.
- Inclusion is not an issue as wherever CLTS has been facilitated, care has been taken to involve people from all castes and religions in the process.
- Lack of water has not been a barrier in adopting construction and use of toilets and stopping open defecation. For example, GP Ferozpur Rajput in district Mewat where people purchase drinking



*Individual Household Latrine in Mewat*

water for drinking from private vendors has become open defecation free. Largely, the toilets are being maintained properly.

- Reportedly the progress has been comparatively slow in villages inhabited by the “Mev” community, which is a martial race with a closed society that does not believe in education, particularly female education. These communities look up to the government for everything, as the role of government and NGOs acting in the area has been more of a provider rather than facilitators of empowerment process.
- Villages not dominated by “Mev” community ( for example GP Bajada Pahari and Ferozpur Rajput of district Mewat) were found to be more receptive to behaviour change than those having large number of Mev community. High rate of literacy, exposure and connection to cities have been important favorable factors in these cases.
- In some of the villages where CLTS was triggered, efforts have been made by communities to construct and maintain community toilets for migrant agricultural laborers. However, the issue needs to be addressed in many other villages.
- Technology safeguards have been bypassed in many a toilet constructions in Sirsa district. The thrust on providing options of technology to the community was deliberately postponed and it has led to adoption of traditional dry pit latrines, commonly known as Kui (the depth of which ranges from 20 to 40 ft. also known as Dhamaka latrines) causing a threat to ground water quality. The DRDA & ADC admitted this deliberate decision, as the entire focus of the campaign was to facilitate the complete stoppage of open defecation through collective decision and ownership.
- The campaign has resulted in the attainment of ODF status of the entire Sirsa

district but in absence of the systematic institutional arrangements, the efforts of continued surveillance, monitoring behaviour change indicators and handling the deviants at the community level are not being taken care of.

- The inadequacy of the funds under TSC has impacted the follow-up activities aimed to sustain the collective ownership, facilitate other safe practices related to hygiene and sanitation.
- Some of the recent steps of the state government have opened new dimensions in TSC. These include:
  - Launching a state incentive scheme to promote competition among GPs.
  - Steps undertaken to improve menstrual hygiene by making available sanitary napkins through women SHGs.
  - Appointment of *Safai Karmi* (sanitation worker) in each Gram Panchayat
  - Efforts to control mosquitoes by popularising gambusia fish that eats the larvae of mosquitoes.
- Villages where CLTS has been triggered, there has been some change in the practice of disposal of solid waste such as cow dung etc... Some households have started disposing it in compost pits. However, more robust efforts are



*Village surrounding in Mewat*

needed to promote solid and liquid waste management.

- Hand washing and personal hygiene is another area where concerted efforts need to be given.

## Emerging Issues

In the context of Haryana, some of the emerging issues in TSC implementation are as follows:

- In district Sirsa where subsidy/incentive factor is being under played to promote community processes, use of unspent incentive money has come up as an issue to be addressed. A request to Gol has been

reportedly made for seeking permission to use that money to ODF GPs for other development purposes, which has yet to come through.

- There is a widespread practice in most of the districts across Haryana to dig large and deep pits (including *dhamaka* latrines in Sirsa) for toilets as they are believed to take longer in filling up. This carries a real risk of contaminating ground water. This issue needs to be examined in depth and appropriate cost effective and safe technology options need to be worked out and presented to people as per local conditions. IEC campaigns also need to address this issue by educating people on implications of inappropriate technology.

## 2.4 Karnataka

Karnataka is the eighth largest state in India in both area and population. It was formerly known as Mysore. On 1 November, 1973, the name Mysore was changed to Karnataka. Geographically, Karnataka occupies three natural regions like the Coastal strip, the Sahyadris and the Deccan plateau. They are known in Kannada as Paschima Karavali, Malnad and Maidan respectively. The state consists of 27 districts.



The Total Sanitation Campaign (TSC), launched under the aegis of the Ministry of Rural Development's Department of Drinking Water Supply, is being implemented in the state by the Karnataka Rural Water Supply and Sanitation Agency (KRWSSA). At the district level, the Zilla Panchayats (ZPs) are made responsible for Project Management. Dedicated multidisciplinary District Support Units (DSUs) have been set up under the ZPs to assist the ZPs and to act as facilitators. Out of the total 27 districts the programme began implementation in 3 pilot districts viz, Mysore, Dakshina Kannada and Bellary from 2000 and in the remaining 24 districts the scheme is being implemented from 2<sup>nd</sup> October, 2005.

The project information in the DDWS website reveals that out of the total number of 66,87,839 rural households (Census 2001) only 12,05,170 (18.02%) owned sanitary toilets and the remaining 54,82,669 households had no such access. Against this backdrop the

state set out to achieve a physical target of covering 54,27,370 rural household under the TSC programme.

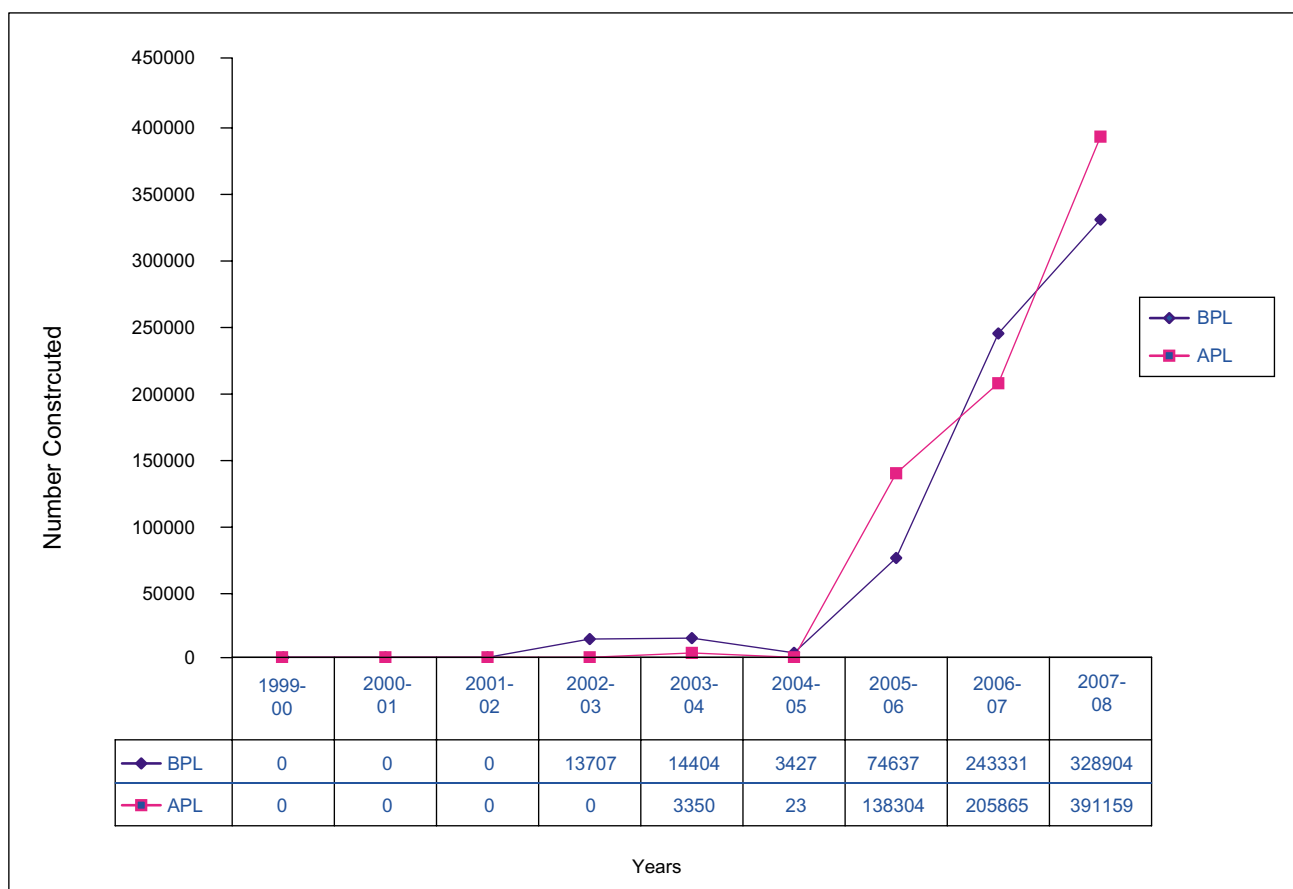
**As against this the programme as on October 15, 2008 had achieved 29.66% physical coverage with 16,09,914 toilets constructed.**

The year wise progress as presented in the graph given below, suggests that the momentum started picking up in 2004-05 and has been steadily rising since then through the years of 2005-06, 2006-07 and 2007-08 (See Graph 1). However, if one looks at the overall percentage of IHHL coverage which is 29.27 (about 15,88,658 households), it is evident that the journey so far has not been very impressive despite the fact that the state had the benefit of a World Bank supported Programme in Jal Nirmal which had a strong focus on sanitation long before the launch of TSC.

### Karnataka Rural Sanitation Coverage: An overview

Status At census			TSC Target	Achievement against TSC target		Overall coverage
Total No of Rural HHs	HHs with Toilet	HHs without Toilet		Numbers	Percentage	Percentage
66,87,839	12,05,170	54,82,669	54,27,370	16,09,914	29.66%	42.10%

**Graph 1: Year wise progress of IHHL in Karnataka**



However, 100 percent (35,836 as against 35,698) of the schools and over 95 percent of anganwadis (22,998 as against 24,086) have been provided with sanitary toilets. TSC is currently being implemented in 5,654 gram panchayats. While 121 NGPs have been awarded to the state so far, almost 639 GPs and 12 Taluk panchayats have submitted applications for the award for the year 2007-08. In fact the coastal and Malnad districts of the state are reportedly heading towards being declared as ODF districts.

### Key Findings

- Adoption of a ‘campaign’ approach has been effective. Intense, defined and planned activities have been undertaken

over a limited period. The focus has been on change of collective mind set and attitudes (‘transformation of a culture’ according to EO, Thirthelli) through well thought out IEC rather than construction of toilets. Conscious efforts have been made to reach a critical mass during the follow up as a result of emulations and peer pressure. District Shimoga is a true example of what concerted IEC could achieve. The experience of the project has been that once the community and the key functionaries are involved in IEC resistance is relatively less.

- Dedicated and willing leadership at the district level has been a critical factor in initiating and sustaining the campaign and enabling commitment to percolate down to the block and GP level.

- Synergy at all level (Departmental, PRI, community) has been one of the important aspects of programme implementation. Establishing multi level, multi-stakeholder teams for IEC; integration of officials and functionaries (education, ICDS, Adhyaksha, Upadhyaksha etc.) especially at the block and GP level, ensured better implementation and sustainability of school and anganwadi sanitation and hygiene.
- Interdepartmental coordination has been sought throughout. Functionaries of health, education and other line departments have been roped in. 3000 Grameen Dak Sevaks (post man) have been trained as sanitation ambassadors. Department of Information carried out a multi media campaign simultaneously in 27 districts over a period of 40 days covering 2100 villages.
- Capacity building of TSC staff, PRI functionaries and other stakeholders received priority. CCDU has been set up and took the right initiatives in training and developing communication strategy.
- There has been a conscious effort to bring in commitment from all strata of the society i.e. women through SHGs, Youth through NSS.
- In progressive districts the strategy adopted focused on the “village as a whole” thereby minimising the issues of exclusion. The CEO of district Shimoga however, felt that the government generated BPL list is a constraint rather than a help because it did not always reflect the ground situation.
- Community participation and social responsibilities have reportedly been the two major factors responsible for the success of the campaign. Slogans like ‘one temple for each village’, ‘one toilet for each house’ and ‘toilet is important to protect ones honour’ have been successful in driving home the importance of usage of toilets in everyday life, thus managing to convert the mindset of the people thereby radically transforming old habits.
- Production centers have been set up at the grass root level. In district Shimoga supply chain has been ensured through negotiations with local dealers; some GPs have cast concrete rings for the pit locally. Local stones have also been used for lining pits and some material has been purchased from outside the taluka. Cost of pan- mostly purchased from Gujarat- has reduced from Rs. 210 to Rs. 180 apparently because of bulk orders.
- The strategy of “*my ward, my responsibility*” has ensured improved sense of commitment and ownership at the GP level and the GP teams have taken lead in all the related activities. The block team focused on IEC while GP level action plan was prepared by the GP level teams as part of the training.
- Soft target based approach has been adopted and progressive GPs have been handled first so as to convert them into potential NGP villages. This was reportedly with an aim to lend visibility, encourage competition etc. NGP has been the focus of the strategy- Even the action plan prepared as part of the training output was focused on developing a potential NGP village, with all sanitation inputs including household toilets, solid and liquid waste management, etc.
- In Bidar district the stakeholders feel that the disparity between the subsidy amount under Jal Nirmal project ( Rs. 2,000) and TSC (Rs. ,200) has made mobilising the community much more difficult. In district Shimoga flexibility has been given to GPs to use some funds from their own resources

(including 12<sup>th</sup> FC) to provide support, even to some APLs (Rs. 500/-). However both beneficiaries as well as supply side stakeholders feel that Rs. 1,200/as subsidy is less as the cost of materials have since been escalated, although block officials are eager to point out that the money is only an post achievement incentive/reward.

- The impact/legacy of the Jal Nirmal project has served both as boon and bane: The base structures and strategy are in place but previous levels of higher subsidy have come up as an obstacle to promote TSC with a lesser subsidy.
- To ensure smooth fund flow, GPs have given temporary grants for TSC when release of funds from the centre/state is delayed. The GPs have also taken loans from SHGs to cover gaps due to delay in release of funds.
- Mostly single on-pit/off pit toilets have been promoted. Different kinds of pit linings were promoted to reduce costs of construction and make it affordable though at times by-passing technological safeguards. Some latrine options do not have junction chambers; there seems to be gaps in awareness about emptying pits, etc. A number of latrine structures have been erected with temporary superstructures. One can also find some incomplete structures because of shortage of funds with households.
- By and large community toilets were discouraged because of potential maintenance issues. But in Bidar district there are plans to construct community toilets in certain areas where the settlement pattern is very congested.
- Mobilizing households to repair and use their existing toilets (constructed under previous programmes), was an effective part of the campaign except in Bidar where

the district feels constrained in absence of any brief to repair old toilets. The present CEO suggested that pits should be constructed with NREG funds and the funds released for improved superstructure, but the PRED Engineers refused to do so.

- In Karnataka the PRIs do not generally belong to any political parties and hence political interference is relatively less
- There is no institutional mechanism for monitoring usage, but in some blocks this responsibility have been handed over to SHGs.



*Reconstructed school toilet in Bidar*

- There are apparent gaps in maintenance of the school toilet facilities. For example school in Meenkera GP, of district Bidar has 3 blocks of toilets (provided under DPEP/SSA/TSC) all of which are in a poor state of maintenance and are not being used. Stakeholders feel that the state has provided a rigid design and hence there has been a lack of ownership (though reportedly due to lack of funds) at district level to innovate on this design. The district CEO of Shimoga is of the opinion that GPs should use part of their development funds to meet the incremental costs. Some private schools

have been persuaded to construct at their own cost by enforcing a clause that made toilets mandatory for obtaining recognition. All anganwadis in government buildings are covered with toilets and the maintenance is proper.

- In many of the school toilets the needs of girls have not been addressed. Poor arrangement for water in the school has added to the woe.
- There are gaps in both understanding and practice of handwashing amongst children.
- Funds earmarked for solid and liquid waste management have been not been utilised as yet in some districts.



*Upgraded toilet in Shimoga*

### Emerging Issues

- There is a need to have a programme implementation strategy at the state level including IEC and HRD strategy, which is not yet clear.
- CCDU needs to be strengthened by filling up vacant posts and training the staff
- There is a need to revisit and revise district specific strategies in the light of good practices from within the state such as Shimoga to facilitate smooth scaling up of TSC.

- In Jal Nirmal project villages TSC has to be either gradually phased in or totally kept out, especially where a significant section of the community has already been provided with toilets under Jal Nirmal
- Technical improvements in HH and school toilet units need to be undertaken to ensure safe sanitation.
- Improved community based technical supervision and monitoring is required for community ownership of the sanitation agenda.
- There is an urgent need to establish community based sanitary risk assessment and water quality monitoring systems.
- To include pit maintenance and cleaning in the information strategy- plan for construction of a second pit

### Other Issues Include

- Focus on hand washing and hygiene promotion in schools and anganwadis,
- Integrate menstrual hygiene component in schools and community hygiene awareness activities, even if not included at present in TSC guidelines
- Arrangements for maintenance of school toilets- convergence with Education Department
- Facilitate GPs to decide on innovative use of subsidies
- Provide flexible guidelines for DWSC/GPs to innovate according to local needs
- Encourage completion/up-gradation of HH toilets
- Planned follow-up phase to be put in place to ensure sustained use and maintenance
- No specified strategy to ensure inclusion of girls and marginalised

## 2.5 Tripura

Tripura is one of the seven states in the north eastern part of India. It is bound on the north, west, south and south-east by Bangladesh whereas in the east it has a common boundary with Assam and Mizoram. Administratively it is divided into 4 Districts, 38 Rural Development Blocks, and 962 GPs.

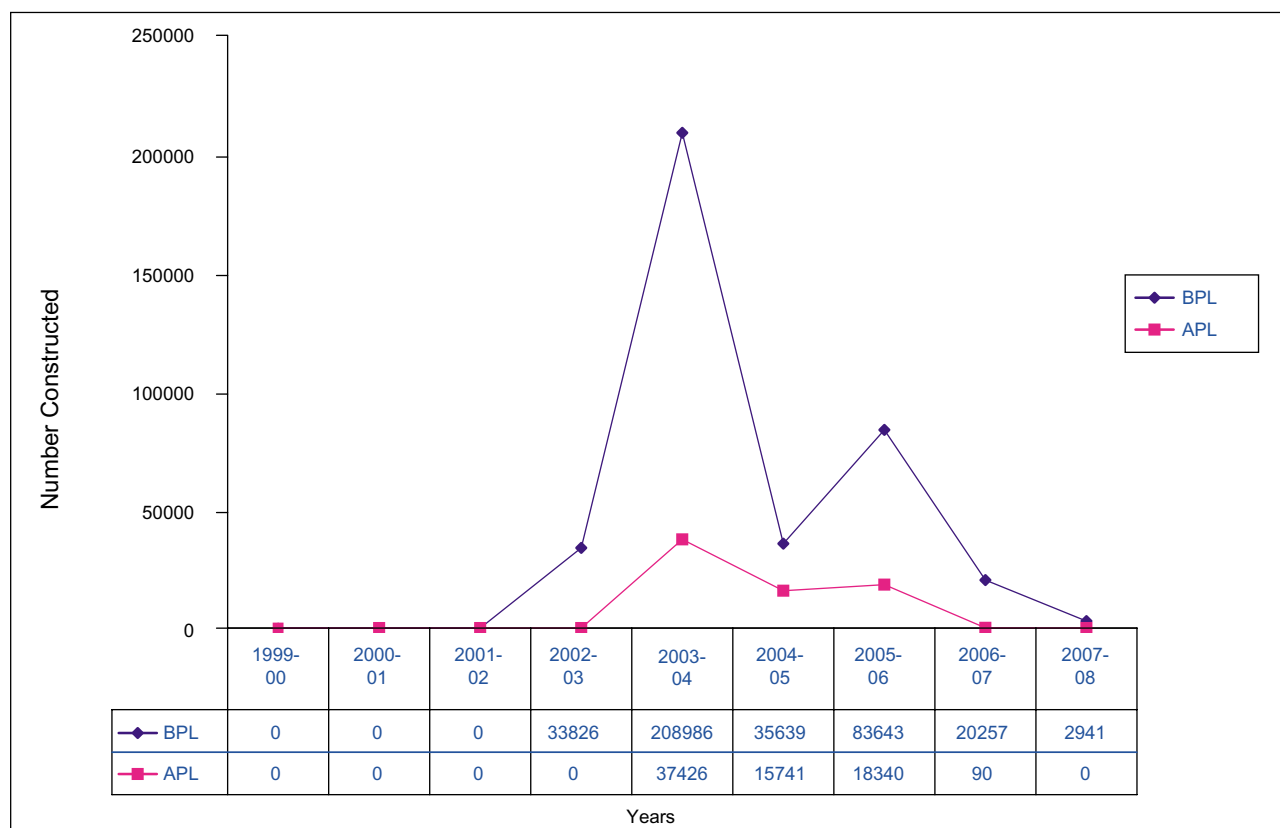
Largely all the TSC projects in the state received sanction during the years 2001 and 2002. The State Government started focusing on providing desired strategic support to TSC implementation in 2002-2003 onwards.



### Tripura Rural Sanitation Coverage: An Overview

Status At census			TSC Target	Achievement against TSC target		Overall coverage
Total No of Rural HHs	HHs with Toilet	HHs without Toilet		Numbers	Percentage	Percentage
5,39,680	4,20,584	1,19,096	5,59,063	5,09,160	91.07%	91.07%

Graph 1: Year wise progress of IHHL in Tripura



As per data available in the Government of India's DDWS website, state of Tripura has been registering 100% coverage continuously since 2003-04. However, TSC funding is still on in the state. 100% coverage as per the online monitoring system refers to the baseline figures of 2000-01, when TSC was launched in the state. Since then revised project proposals have been sanctioned and TSC intervention is on-going in the state. The programme aimed to achieve physical target of 5,59,063 against which 91.07% achievement is registered as on 15<sup>th</sup> October 2008.

The project started with an objective of achieving physical coverage of 5,59,063 toilets for 1,24,747 APL and 4,34,316 BPL households. The above graph suggests the year wise coverage of the IHHLs. Till September 2008 the state has managed to achieve construction of 509160 toilets (1,09,281 APL and 3,99,879 BPL) which is 91.07 % of the proposed target. Further the state has constructed 3,652 school toilets and 4,163 anganwadi toilets as against the target of 4,939 and 6,024 respectively. The impressive performance has won the states 01, 36,46 NGP awards during 2004-05, 2005-06 and 2006-07 respectively. The State has applied for 179 GP and 2 BP nominations during the year 2007-08 under NGP.

## Key Findings

- As per the Census of India 2001, the coverage of the individual household toilet in Tripura was 77.93%, which was much above the national average of 21.92% that time. The practice of fixed point defecation in dry pit latrines was prevalent prior to the TSC with a shortfall of some 28% population of the tribal areas especially the backward areas of Dhalai and some part of North Tripura, Dhalai having a larger share.
- The state government of Tripura has conveyed to Government of India, DDWS that due to the distant location of the state and cost escalation involving high transportation cost, the amount allocated for the IHHL was insufficient.
- Prior to April 2008 the Department of Rural Development was responsible for the implementation of the programme. Beyond April 2008 the department of Drinking Water and sanitation has been roped in to look after the implementation. This seems to be inspired by the perception at the state level that the technical problems related to sanitation can be better handled by an engineering line department. Thus sanitation in the state is being seen primarily as a technical issue. However, some of the top level functionaries at the district level, such as the District Magistrate, Dhalai see it as an issue of habit and culture, therefore requiring greater attention on IEC activities.
- The EEs and JEs are rather perplexed, as they are still trying to come to grips with the issue of sanitation in a predominantly engineering domain. The EEs at the district and JEs at the block level were not quite familiar with the TSC norms and were not aware of the revised proposal.
- There has been a traditional practice among the population to dispose the faecal matter in the dry pit as the open defecation in public spaces and forest has been against the prevalent social norm in the area. However, among the interior areas of Dhalahi and North Tripura, some tribes still practice open defecation.
- The IHHLs constructed under TSC in the state have not been provided the honeycombing or brick lining in the pit due to the escalated cost of the material.

- In view of subsidy regime and poverty among the beneficiaries the beneficiary contribution in terms of money has not been emphasised. Cement and steel for manufacturing of RCC squatting plate are provided by the state RD Department. This helps in reducing retail procurement thus stabilising the cost of the RCC squatting plate.
- The state Government earlier used to provide the RCC Squatting plate costing Rs. 1,200. PVC Squatting plate at the cost of Rs. 1,500 also has been provided to the beneficiaries residing in the difficult terrain as the RCC squatting plate weighs more than 1 quintal and therefore difficult to transport. The pan with P-trap is fitted in each squatting plate placed on the unlined pit on bamboo frame.
- With the growing thrust on the squatting plate with water seal and P-trap, the larger community has started using it after removing the P-trap and making it similar to the traditional toilets. This has been a common practice across the state. Apart from that there is a strong belief among community to avoid looking at one's own faeces and this was also mentioned as one of the reasons for removal of P-trap in the squatting plates provided under TSC. The other reason shared by the community are greater quantum of water requirement for flushing the faecal matter in P-trap fitted pan.
- The dry pits are dug deeper than 10 ft., as it is a general belief that the deeper pits will last longer. There is a general practice of taking water for drinking purposes from the shallow RCC wells. This is primarily due to the high iron content in IM-II and IM-III Hand pumps, as reported by people in villages. The water sources generally being at a distance, the communities are inclined to use less water for cleaning after defecation, also because they fear that excessive water use would fill up the direct pit quickly.
- The state government is not currently concerned about the deep unlined pits (made traditionally and also under the TSC) posing threats to groundwater. There is a high incidence of intestinal worms' infestation among the villagers, which could be the result of widespread practice of using water from shallow well for drinking purposes.
- With the growing number of direct pits, there is reportedly a high incidence of malaria due to breeding of mosquitos.
- The efforts to converge TSC with other line departments have not really begun in the state so far; the line departments are involved with TSC as members of the DWSC and BWSC but the inter departmental coordination is yet to take place.
- Hand washing with soap or ash by people including children is a common practice, though many schools and Anganwadi toilets in district Dhalai were in dilapidated condition with no facilities for hand washing. There have been no systematic interventions to promote hygiene education through school and Anganwadi
- The villages in the state were found to be clean in general but with no proper system for solid and liquid waste management. As a result, animal waste is seen on village paths in some villages. The communities also dispose the animal excreta in the field in which perennial farming activities continue.
- In certain pockets of the North Tripura district there is a practice of open defecation among the tribes that undertake Jhoom (shifting) cultivation and keep shifting their place of residence accordingly. The villagers in district Dhalai

largely use latrines except in certain pockets where tribes like Debbarman and Riang prefer to go for open defecation in the interior areas of the district

- The Gram Panchayat, GPVA, NGOs & WSHGs are being involved in the construction activity as per the demand, while quality control is the responsibility of AEs & JEs. The DWS is quite liberal in promoting the TSC with greater involvement of the PRIs and community institutions at the Gram Panchayat level.

## Emerging Issues

As against the Census of India 2001 target population, the state achieved 100% sanitation coverage in rural areas in 2004-05 itself. But as per revised base line survey, the state has achieved a coverage of 91.07% by the end of September, 2008. Despite the impressive coverage, a lot still needs to be done to optimise the full benefits of TSC in the rural areas of the state by way of desired public health outcomes. The emerging issues in this regard are as follows:

- Linkage between sanitation, health and hygiene needs to be more sharply addressed through communication campaigns and capacity development initiatives.
- Sustainability and maintenance of the dry pit toilets with out water seal



*Fixed point defecation in North Tripura*

and P-traps is an issue of concern and attention.

- Working out and presenting a range of technology options suited to local conditions is essential to help people make informed choices.
- There are visible gaps in hand washing and hygiene promotion that underscore the need for added emphasis on hygiene education.

As the responsibility for sanitation has been recently (in April 2008) transferred to the Department for Drinking Water Supply and Sanitation (DDWS) from Department of Rural Development, DDWS staff needs to be oriented in demand driven approaches and trained in community mobilisation and hygiene promotion activities.

## References

1. AFC, (2005), TSC Mid-Term Evaluation Study, March <http://ddws.nic.in/publications.htm>
2. Caroline Hunt; Human Development Report (2006); (Occasional paper) Sanitation And Human Development
3. Department of Drinking Water and Sanitation website [www.ddws.nic.in](http://www.ddws.nic.in)
4. Ferroni Marco and Ashoka Mody, World Bank (2002), International Public Goods: Incentives, Measurement and Financing
5. GoI (2003), Towards Total Sanitation and Hygiene: A Challenge for India, India Country Paper at South Asian Conference on Sanitation, Dhaka, Bangladesh, October
6. GoI, RGNDWM, DDWS, MoRD, (2004); Revised TSC Guidelines, January <http://ddws.nic.in/publications.htm>
7. GoI, RGNDWM, DDWS, MoRD (2007); Guidelines, Central Rural Sanitation Programme, Total Sanitation Campaign, December <http://ddws.nic.in/publications.htm>
8. Human Development Report (2006) Beyond Scarcity – Power, Poverty and the Global Water Crisis
9. IIMC (1998), Water and Sanitation: A Baseline Survey; Indian Institute of Mass Communication, January
10. Millennium Development Goals; Indian Country Report (2005)
11. Water Aid, India (2005); Drinking Water and Sanitation Status in India – Coverage; Financing and Emerging Concerns.
12. WHO (2004) Publication The Sanitation challenge: Turning Commitment into Reality
13. WSP-SA (2005) Scaling-Up Rural Sanitation in South Asia: Lessons Learnt from Bangladesh, India and Pakistan, May

## Glossary

Total Sanitation Campaign (TSC)	National reform programme in rural sanitation launched by Government of India in 1999.
Block Panchayat/Janpad Panchayat	Intermediary tier of local self government that contains a number of GPs
Central Rural Sanitation Programme (CRSP)	The first national rural sanitation programme launched by Government of India in 1986.
Civil Society Organisations (CSOs)	People's institutions including NGOs and community based organisations (CBOs) such as self help groups (SHGs) of women, Mahila Mandals, Youth Clubs etc.
Community Led Total Sanitation (CLTS)	An integrated approach to achieving and sustaining open defecation free (ODF) status of communities. CLTS entails the facilitation of the community's analysis of their sanitation profile, their practices of defecation and the consequences, leading to collective local action to become ODF.
Communication and Capacity Development Unit (CCDU)	A unit set up at the State level with funding from Government of India to provide communication and capacity building support for water and sanitation sector
<a href="http://ddws.nic.in">ddws.nic.in</a>	Official website of Department of Drinking Water Supply, Ministry of Rural Development, Government of India
Gram Panchayat (GP)	Foundation of local self government. It may consist of one or more revenue villages as recognised by revenue administration that could further comprise of one or more habitations.
Information, Education and Communication (IEC)	Information, Education and Communication (IEC) is an important component of the TSC programme, which intends to create the demand for sanitary facilities in the rural areas. It seeks to educate the public; create awareness among them regarding good health and proper hygiene; provide solutions to areas in need; build alliances with like minded organisations and the community as a whole; and create long term success by facilitating community involvement and ownership.
Lohiya Swachchhata Yojana (LSY)	State sanitation scheme of Government of Bihar to provide incentive to households, both APL and BPL, for construction of latrines
National Rural Health Mission (NRHM)	National Rural Health Mission is a flag-ship programme launched by Government of India for the period 2005-2012 to be implemented in 18 states with weak public health indicators & infrastructures. The mission adopts a synergistic approach by relating health to determinants of good health namely, segments of nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian systems of medicine to facilitate health care.

Nirmal Gram Puraskar	A national award scheme of Government of India (initiated in June 2003) to award GPs, Block Panchayats and Zila Panchayats for sanitation outcomes in terms of achieving open defecation free and fully sanitised environment. Eligible Gram Panchayats, Blocks and Districts will be those that achieve (a) 100% sanitation coverage of individual households, (b) 100% school sanitation coverage, (c) free from open defecation, and (d) clean environment maintenance.  Also eligible for the award will be the individuals and organisations, which have been the driving force for effecting full sanitation coverage in their respective geographical areas.
Open Defecation (OD)	Defecating in the open and leaving the stuff exposed.
Open Defecation Free (ODF)	ODF means safe confinement of human excreta; where no faeces are openly exposed to the air. A direct pit latrine with no lid is a form of open defecation (fixed point open defecation), but with a fly-proof lid (with or without the use of ash to cover the faeces after defecation) qualifies as ODF.
Panchayati Raj Institutions PRA	Institutions of local self government in India,  Participatory rural appraisal (PRA) is an approach used by non-governmental organisations and other agencies involved in international development. The approach aims to incorporate the knowledge and opinions of rural people in the planning and management of development projects and programmes.
(PRIs)	Comprising GP, Block Panchayat and Zila Panchayat as its lowest, middle and upper tiers.
Production Center (PC)	Production Centers are production units for cost effective affordable sanitary materials.
Rural Sanitary Mart (RSM)	Rural Sanitary Mart is an outlet dealing with materials required for construction of not only sanitary latrines but also other sanitary facilities required for individuals, families and schools in the rural areas. The main aim of having a RSM is to provide materials and guidance needed for constructing different types of latrines and other sanitary facilities, which are technologically and financially suitable to the rural areas.
Sant Gadge Baba Swachchhata Abhiyan (SGBSA)	State sanitation scheme of Government of Maharashtra to reward GPs based on certain indicators related to sanitation and good governance
South Asia Conferences on Sanitation (SACOSAN)	South Asia Conferences on Sanitation are high-powered ministerial conferences held in South Asian region, devoted solely to the subject of sanitation.
Sarpanch	Elected head of a GP



# Annexes



## Annex I: List of GPs visited

Date	District	Block	GP	Village
<b>Chhattisgarh</b>				
29 <sup>th</sup> May 2008	Sarguja	Bhaiyathan	Rai	Peepar Para
30 <sup>th</sup> May 2008	Sarguja	Lundra	Purkela	Purkela
30 <sup>th</sup> May 2008	Sarguja	Lundra	Mahora	Mahora
31 <sup>st</sup> May 2008	Sarguja	Bhaiyathan	Kaskela	Kaskela
1 <sup>st</sup> June 2008	Dhamtari	Dhamtari	Gujara	Gujara
2 <sup>nd</sup> June 2008	Dhamtari	Nagri	Chinwarri	Chinwarri
2 <sup>nd</sup> June 2008	Dhamtari	Nagri	Deopur	Deopur
3 <sup>rd</sup> June 2008	Dhamtari	Dhamtari	Kharenga	Kharenga
<b>Bihar</b>				
3 <sup>rd</sup> July 2008	Vaishali	Raja Pakar	Rampur Ratnakar	Fatehpur Phulwariya
3 <sup>rd</sup> July 2008	Vaishali	Raja Pakar	Bhulai	Alipur
4 <sup>th</sup> July 2008	Vaishali	Bidupur	Mayil	Mayil
4 <sup>th</sup> July 2008	Vaishali	Bidupur	Daud Nagar	Daud Nagar
6 <sup>th</sup> July 2008	Nalanda	Giriyak	Ghosrawan	Rani Sarai
6 <sup>th</sup> July 2008	Nalanda	Giriyak	Giriyak	Giriyak
8 <sup>th</sup> July 2008	Nalanda	Rajgir	Pilkhi	Pilkhi
8 <sup>th</sup> July 2008	Nalanda	Rajgir	Nahu	Newada
<b>Haryana</b>				
23 <sup>rd</sup> July 2008	Mewat	Hathin	Bajada Pahari	Bajada Pahari
24 <sup>th</sup> July 2008	Mewat	Hathin	Ferozpur Rajput	Ferozpur Rajput
24 <sup>th</sup> July 2008	Mewat	Hathin	Malokhada	Malokhada
25 <sup>th</sup> July 2008	Mewat	Nagina	Nautki	Nautki
25 <sup>th</sup> July 2008	Mewat	Nagina	Santhawadi	Santhawadi
28 <sup>th</sup> July 2008	Sirsa	Raniya	Sultanpuria	Sultanpuria
29 <sup>th</sup> July 2008	Sirsa	Raniya	Fatehpuria	Fatehpuria
29 <sup>th</sup> July 2008	Sirsa	Raniya	Dhani Pratap Singh	Dhani Pratap Singh
29 <sup>th</sup> July 2008	Sirsa	Alnabad	Ummedpura	Ummedpura
30 <sup>th</sup> July 2008	Sirsa	Baraguda	Burj Karam Garh	Burj Karam Garh
30 <sup>th</sup> July 2008	Sirsa	Baraguda	Mallewala	Mallewala
<b>Karnataka</b>				
11 <sup>th</sup> July 2008	Shimoga	Shikaripura	Nellavagellu	Nellavagellu
11 <sup>th</sup> July 2008	Shimoga	Shikaripura	Churchiyundi	Churchiyundi
12 <sup>th</sup> July 2008	Shimoga	Thirthelli	Melinakurravali	Melinakurravali
12 <sup>th</sup> July 2008	Shimoga	Thirthelli	Mullubagilu	Mullubagilu
15 <sup>th</sup> July 2008	Bidar	Homnabad	Mana-e-khelli	Mana-e-khelli
15 <sup>th</sup> July 2008	Bidar	Homnabad	Ghatboral	Ghatboral

<b>Date</b>	<b>District</b>	<b>Block</b>	<b>GP</b>	<b>Village</b>
16 <sup>th</sup> July 2008	Bidar	Aurad	Torna	Torna
16 <sup>th</sup> July 2008	Bidar	Aurad	Hedgapur	Hedgapur
<b>Tripura</b>				
19 <sup>th</sup> Aug 2008	North Tripura	Gournagar	Bhagaban Nagar	Bhagaban Nagar
20 <sup>th</sup> Aug 2008	North Tripura	Kumarghat	Radha Nagar	Radha Nagar
20 <sup>th</sup> Aug 2008	North Tripura	Kumarghat	Betchera	Betchera
20 <sup>th</sup> Aug 2008	North Tripura	Kumarghat	Darchavi	Tatipara
21 <sup>st</sup> Aug 2008	Dhalai	Salema	Barlottama	Barlottama
21 <sup>st</sup> Aug 2008	Dhalai	Salema	Salema	Salema
22 <sup>nd</sup> Aug 2008	Dhalai	Ambassa	Jawaharnagar	Jawaharnagar
22 <sup>nd</sup> Aug 2008	Dhalai	Ambassa	Jagannathpur	Jagannathpur

## Annex II: Primary Data on Household Toilets and Usage

Percentage (%) of Households having toilets, using toilets and defecating in the open

SI No	District	Block	GP	% HHs having toilet	% HHs using toilets out of those who have toilets	% HHs defecating in open
<b>Bihar</b>						
1	Vaishali	Raja Pakar	Rampur Ratnakar	90	70	37
2	Vaishali	Raja Pakar	Bhulai	38	20	92
3	Vaishali	Bidupur	Mayil	90	50	55
4	Vaishali	Bidupur	Daud Nagar	44	65	71
5	Nalanda	Giriyak	Ghosrawan	90	50	55
6	Nalanda	Giriyak	Giriyak	10	70	93
7	Nalanda	Rajgir	Pilkhi	10	60	94
8	Nalanda	Rajgir	Nahu	13	60	92
<b>Chhattisgarh</b>						
9	Sarguja	Bhaiyathan	Rai			
		100	100	0		
10	Sarguja	Lundra	Purkela	100	100	0
11	Sarguja	Lundra	Mahora	100	100	0
12	Sarguja	Bhaiyathan	Kaskela	100	94	6
13	Dhamtari	Dhamtari	Gujara	99	70	30
14	Dhamtari	Nagri	Chinwarri	100	75	25
15	Dhamtari	Nagri	Deopur	95	0	100
16	Dhamtari	Dhamtari	Kharenga	99	40	60
<b>Haryana</b>						
17	Mewat	Hathin	Bajada Pahari	96	100	0
18	Mewat	Hathin	Ferozpur Rajput	100	100	0
19	Mewat	Hathin	Malokhada	10	40	96
20	Mewat	Nagina	Nautki	24	30	92
21	Mewat	Nagina	Sanhawadi	10	50	95

SI No	District	Block	GP		% HHs having toilet	% HHs using toilets out of those who have toilets	% HHs defecating in open
22	Sirsa	Raniya	Sultanpuria	NGP-07-08	99	100	1
23	Sirsa	Raniya	Fatehpuria	NGP-07-08	99	100	1
24	Sirsa	Raniya	Dhani Pratap Singh	NGP-07-08	97	100	0
25	Sirsa	Alnabad	Ummedpura	NGP-07-08	100	99	1
26	Sirsa	Baraguda	Burj Karam Garh	NGP-07-08	100	100	0
27	Sirsa	Baraguda	Mallewala	NGP-07-08	97	100	3
<b>Karnataka</b>							
28	Shimoga	Shikaripura	Nellavagellu		100	100	0
29	Shimoga	Shikaripura	Churchiyundi	NGP-06-07	98	100	2
30	Shimoga	Thirthelli	Melinakuravali	NGP-06-07	100	100	0
31	Shimoga	Thirthelli	Mullubagilu		100	100	0
32	Bidar	Homnabad	Mana-e-khelli		54	60	68
33	Bidar	Homnabad	Ghatboral		18	50	91
34	Bidar	Aurad	Torna		39	25	92
35	Bidar	Aurad	Hedgapur		54	85	54
<b>Tripura</b>							
36	North Tripura	Gournagar	Bhagaban Nagar		100	100	0
37	North Tripura	Kumarghat	Radha Nagar		100	100	0
38	North Tripura	Kumarghat	Betchera		100	100	0
39	North Tripura	Kumarghat	Darchavi		100	100	0
40	Dhalai	Salema	Barlottama		100	100	0
41	Dhalai	Salema	Salema		100	85	15
42	Dhalai	Ambassa	Jawaharnagar		100	88	12
43		Ambassa	Jagannathpur	NGP-06-07	100	100	0

## Note

1. The data in the above table is compiled from FGD responses of groups of men, women, and children from the 40 GPs. There were FGDs with women, men, and mixed groups of men and women. However, all FGDs could not be held in all the locations. In some places there were FGDs with children as well.
2. In case of Tripura, all the GPs visited in North Tripura district, there was no evidence of open defecation and all the households had fixed point defecation in what was locally being called 'kuccha latrines'. These are single direct pit latrines with no wall linings and water seals/P-traps and cannot be considered safe confinement of human excreta. However, for the purposes of coverage, these households have been regarded as covered, as all the members of the household use these toilets and do not go out in the open for defecation. In Salema GP (Salema Block) and Jawahar Nagar (Ambasa Block) of Dhalai district, there was found some evidence of open defecation in tribal and Bihari migrant communities respectively.
3. Under TSC in Tripura, 'kuccha toilets' are being replaced by 'pucca toilets' for which pre-fabricated concrete cement/plastic squatting plates along with pans with P-traps have been provided to BPL households with some monetary help for superstructure as well in some places.
4. Out of 15 NGP GPs, 6 GPs were found to be open defecation free, while in 9 GPs the practice of open defecation was still on. Within this limited sample size, 60% of the NGP GPs are still not open defecation free.

## Annex III: Study Framework and Tools

### Objectives of the Study

1. effectiveness of the campaign in taking forward the goal of total sanitation in a given time frame and with available resources
2. extent to which the campaign has succeeded in conveying the intended benefits of sanitation to the community and inducing the required behaviour change for the sustainability of the campaign
3. NGP villages
4. barriers and drivers for the campaign
5. role of women
6. policy implications for improved implementation
7. TSC vis-à-vis MDG commitments

### Objectives of TSC – January 2004 Guidelines

The main objectives of the TSC are as under:

- Bring about an improvement in the general quality of life in the rural areas.
- Accelerate sanitation coverage in rural areas.
- Generate felt demand for sanitation facilities through awareness creation and health education.
- Cover schools/Anganwadis in rural areas with sanitation facilities and promote hygiene education and sanitary habits among students.

- Encourage cost effective and appropriate technologies in sanitation.
- Eliminate open defecation to minimise risk of contamination of drinking water sources and food.
- Convert dry latrines to pour flush latrines, and eliminate manual scavenging practice, wherever in existence in rural areas.

### Objectives of TSC – December 2007 Guidelines

The main objectives of the TSC are as under:

- a. Bring about an improvement in the general quality of life in the rural areas.
- b. Accelerate sanitation coverage in rural areas to access to toilets to all by 2012.
- c. Motivate communities and Panchayati Raj Institutions promoting sustainable sanitation facilities through awareness creation and health education.
- d. In rural areas, cover schools by March 2008 and Anganwadis by March 2009, with sanitation facilities and promote hygiene education and sanitary habits among students.
- e. Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation.
- f. Develop community managed environmental sanitation systems focusing on solid & liquid waste management.

## Study Tools

There are six set of tools that would be used to capture information from lowest to highest level of implementation. Though the review is qualitative in nature however,

some emphasis has also been laid to **capture quality data** through the designed tools and at the same time also ensuring **coverage of desired sample** to support the findings/observations. The tools are:

Level	Tool	Informants	Estimated Time
State	<b>T-01:</b> Discussion guide for State level consultation	SWSM/UNICEF/WAI Representative	45-60 minutes with different informants
District	<b>T-02:</b> Discussion guide for District level consultation	Member Secretary-DWSC/District TSC Coordinator/DEO/CMHO/PO-ICDS– one each to be covered per district	45-120 minutes with different informants
Block	<b>T-03:</b> Discussion guide for Block level consultation	BDO/Block TSC Coordinator/BEO/CDPO/BMO – one each to be covered per block	30-45 minutes with different informants
Village	<b>T-04:</b> Discussion guide for Village level consultation	School Teacher/AWW/GP Member – one each to be covered per GP	30-45 minutes with different informants
FGD	<b>T-05:</b> FGD guide for community level consultation	Community/focus group – one per GP or 8 per state	90-120 minutes with focus group
Household	<b>T-06:</b> Discussion guide for Household level consultation	10 households per GP or 80 per state with purposive selection of three women headed HH; one from each category– <ul style="list-style-type: none"> <li>• With toilets (3 nos.)</li> <li>• With non-functional toilets (3 nos.)</li> <li>• Without toilets (4 nos.)</li> </ul>	45-60 minutes with each household

## Logical Framework for Information Collection

Study Objective	Parameters to be measured	Indicators/Sub Parameters	Informants	Information Source/ Document	Level at which it would be measured	Reference to Tools
Obj-1: Effectiveness of the campaign in taking forward the goal of total sanitation in a given time frame and with avai esources	Effectives of TCS campaign	<b>Coverage</b> <ul style="list-style-type: none"> <li>IHL/SSC/AWSC/WSC</li> <li>APL/BPL</li> <li>SC/ST</li> <li>Women headed family</li> </ul>	SWSM Member Secretary DWSC, District TSC coordinator,	Monthly Progress Report (as of March 31, 2008)	State/District Block/Village/ community/ Household	T-01/T-02 T-03/T-04/T-05/T-06
	Timeframe	<b>Achievement vis-à-vis targets</b> <ul style="list-style-type: none"> <li>Physical</li> <li>Financial</li> <li>Gap (With respect to sanction date)</li> </ul>	SWSM Member Secretary DWSC, District TSC coordinator,	Monthly Progress Report; Annual Audit Report (as of March 31, 2008)	State/District	T-01/T-02
	Available resources	<b>Resource Availability</b> <ul style="list-style-type: none"> <li>Envisaged human resources at all level of operation.</li> <li>Timely release of budgeted (GoI/ State) annual funds</li> </ul>	SWSM Member Secretary DWSC, District TSC coordinator,	PIP/ Institutional Framework, Communication and Capacity Building Plan (CCBP)	State/District Block/Village	T-01/T-02 T-03/T-04/

Study Objective	Parameters to be measured	Indicators/Sub Parameters	Informants	Information Source/ Document	Level at which it would be measured	Reference to Tools
Obj-2: Extent to which the campaign has succeeded in conveying the intended benefits of sanitation to the community and inducing the required behaviour change for the sustainability of the campaign	Intended Benefits	<p><b>Awareness &amp; Understanding</b></p> <ul style="list-style-type: none"> <li>Recall of key messages</li> <li>Reasons for having &amp; using toilets.</li> <li>What is safe drinking water in opinion of HH</li> <li>Collection, storage &amp; handling of drinking water – how &amp; why</li> <li>Hand washing practice – when &amp; why</li> <li>No open defecation - how &amp; why</li> <li>Disposal of solid/liquid waste at HH level – how &amp; why</li> <li>Cleanliness of village lanes &amp; drains – arrangement and status</li> <li>Platforms and water-logging around drinking water sources</li> </ul>	Community/ Household	Tools available Reports documents	Community/ Household	T-05/T-06
	Induced Behaviour Change	<p><b>Adoption of Practices</b></p> <ul style="list-style-type: none"> <li>Toilet availability &amp; usage</li> <li>Hand washing practice</li> <li>No open defecation</li> <li>Solid &amp; liquid waste management</li> <li>Prevalence of water borne diseases</li> <li>DD incidences amongst U5 children</li> <li>Expenditure on health</li> <li>Status of environmental sanitation</li> </ul>	Community/ Household	Tools available Reports documents	Community/ Household	T-05/T-06
Impact/ Outcome			CMHO/ CMO/BMO/ MO-PHC Community	Monthly Progress Report; Tools	District/Block GP	T-03/T-04/ T-05/T-06

Study Objective	Parameters to be measured	Indicators/Sub Parameters	Informants	Information Source/ Document	Level at which it would be measured	Reference to Tools
Obj-3: NGP villages	Assessment of NGP village	<p>Refer Obj-2 for HH level School/AWC</p> <ul style="list-style-type: none"> <li>• Separate toilets blocks for boys &amp; girls</li> <li>• Adequate water supply in toilets</li> <li>• Funds availability for O&amp;M</li> <li>• Arrangement for cleaning of toilets</li> <li>• Hygiene education for children</li> </ul>	DEO/PC-SSA/BEO Community	Monthly Progress Report; Tools	District/Block GP	T-03/T-04/T-05
Obj-4: barriers and drivers for the campaign	Barriers	<ul style="list-style-type: none"> <li>• Attitude (resistance to change) and mindset towards sanitation in general and TSC in particular – government officials, NGOs, Partners, PRI &amp; community</li> <li>• Govt. policy vis-à-vis subsidies</li> <li>• Target based approach</li> <li>• Availability of technology options &amp; supplies</li> <li>• Preference of the community</li> <li>• Availability of water supply</li> <li>• Funds for toilet construction at HH level</li> </ul>	Different stakeholders	Tools Monthly Progress Report;	District/Block GP	T-03/T-04/T-05
	Drivers	<ul style="list-style-type: none"> <li>• Institutional Frame Work – SWSM/CCDU/SPMU/DWSC/DPMU/BWSC</li> <li>• Communication &amp; Capacity Building Strategy</li> <li>• SSHE Action Plan</li> <li>• State Strategy for technology options &amp; supplies</li> <li>• Plan for tribal areas.</li> <li>• Involvement of NGOs/CBOs</li> <li>• Community led &amp; demand driven approach</li> <li>• Govt. subsidies vis-à-vis TSC targets</li> <li>• Reward &amp; incentive schemes</li> <li>• Review &amp; reporting mechanism</li> <li>• Support from Partners (Unicef/WAI etc.)</li> </ul>	Different stakeholders	Tools Monthly Progress Report;	District/Block GP	T-03/T-04/T-05

Study Objective	Parameters to be measured	Indicators/Sub Parameters	Informants	Information Source/ Document	Level at which it would be measured	Reference to Tools
Obj-5: role of women	Participation/ Involvement of Women	<ul style="list-style-type: none"> <li>Women CBOs – number &amp; initiatives on sanitation</li> <li>Community initiatives on sanitation in women headed GPs</li> <li>Women headed HH having &amp; using toilets</li> <li>Role &amp; influence of women in adoption &amp; promotion of safe hygiene practices at the HH level</li> </ul>	Community/ Household	Tools available Reports documents	Community/ Household	T-05/T-06
	Impact on Women	<ul style="list-style-type: none"> <li>Safety, security, convenience &amp; privacy for women</li> <li>Change in daily routine for additional tasks like water availability and cleaning of toilets</li> </ul>	Community/ Household	Tools available Reports documents	Community/ Household	T-05/T-06
Obj-6: policy implications for improved implementation	Policy Implications for improved implementation	<ul style="list-style-type: none"> <li>Vision document and/or National Sanitation Policy</li> <li>How to create demand for sanitation and bring about behavioural change in large numbers of households and individuals/community</li> <li>How to bridge the gap between the small government incentives available and the actual cost of building latrines – a problem for low-income households</li> <li>How to make the best use of available resources and bridge the resource gap to achieve targets within timeframe</li> </ul>	Different stakeholders	Tools available Reports documents	State/District Block/Village/ community/ Household	T-01/T-02 T-03/T-04/T-05/T-06

Study Objective	Parameters to be measured	Indicators/Sub Parameters	Informants	Information Source/ Document	Level at which it would be measured	Reference to Tools
Obj-7: TSC vis-à-vis MDG commitments		<ul style="list-style-type: none"> <li>• Overlap of commitments.</li> <li>• Trajectory of TSC.</li> </ul>	Different stakeholders	Tools  available Reports documents	State/District Block/Village/ community/ Household	T-01/T-02 T-03/T-04/T-05/T-06

# Annex IV: FGD Guide for Community Level Consultation

(Can be used for Men/Women/Children)

## Profile

- F1. General profile of the village – population, houses, caste structure, occupation structure, crop pattern etc.
- F2. Facilities in the village – electricity, school, anganwadi, health center, PDS shop etc.

## Understanding

- F3. Understanding of a clean village – what, why, components.
- F4. Disease profile – water borne diseases, occurrence rate, reasons, expenses involved, impact on health, economic & social status.
- F5. Way out – safe drinking water, toilets, hygiene practices, garbage & waste water management.
- F6. What is ODF community/Nirmal Gram? Is it required? Why? How?

## Drinking Water

- F7. Drinking water – availability, accessibility, quality & quantity.
- F8. O&M of sources – mechanism, frequency, cost, contributions.

## Household Toilets

- F9. Toilet availability & usage - extent, reasons & benefits of usage.
- F10. Type of toilet – pit, pan, superstructure.
- F11. Cost of toilet – free, subsidised– labour/cash/kind, personal cost, when built.
- F12. Problems faced in construction. Money, material, design, mason.
- F13. Usage pattern – who uses, who does not & why, who cleans.
- F14. Problems faced in maintenance – water, cleansing agent, technical, other.
- F15. Reasons and risks of not having/using toilets.
- F16. Future plans–did someone reinforce, intention, help needed–what & why.
- F17. Any support extended by CBO/SHG/GP.

## Hygiene Practices

- F18. Hand washing practice – when why, cleansing agent.
- F19. Water handling practice – collection, storage, handling, who does it.
- F20. Household cleanliness – garbage, wastewater, food, who does it.
- F21. Village sanitation – garbage & wastewater.

## Communication

- F22. Who motivated? Message, incentive, attraction, frequency. (Explore IPC).
- F23. Communication activities – when, who did them, message, frequency.

## Anganwadi Sanitation

- F24. Number of AWC in the village? Number of children?
- F25. Does all the AWC have child friendly toilets, water supply & hand washing facility?
- F26. Are toilets accessible for students or are under lock and key? How the children use it?
- F27. Who cleans the toilets in anganwadi? What is the O&M arrangement in the anganwadi?
- F28. How many supervisors/AWW/Sahayika have and use toilets?

## School Sanitation

- F29. Till what level is the village school – primary, secondary, higher secondary?
- F30. Number of students in the school – boys/girls.
- F31. What facilities are available in the school – toilet, water supply & hand washing?
- F32. Are toilets accessible for students or are under lock and key? How the children use it?
- F33. Who cleans the toilets in schools? What is the O&M arrangement in the schools?
- F34. How many teachers, PTA/MTA/VEC members have and use toilet?
- F35. Are the hygiene education classes held? What is the content?

## Notes

## Notes



WaterAid – Water for Life

The UK's only major charity dedicated exclusively to the provision of safe domestic water, sanitation and hygiene education.

## WaterAid

Recognising water and sanitation as basic human rights and the foundation for overall development

WaterAid is an international charity established in 1981. Its vision is to enable poor communities gain access to safe and adequate water and sanitation. Presently, WaterAid works in 17 countries across Asia, Africa and the Pacific region. It operates through local partners, helping them set up low cost sustainable projects that can be managed by the community themselves.

WaterAid believes that water, sanitation and hygiene education are vital for the health, well being and dignity of poor people and provide the foundation for development and poverty reduction.

## WaterAid in India

WaterAid started working in India in 1986. Since 2003, WAI shifted its focus from Southern India to include the poorer states in the north to better target India's most vulnerable communities. Keeping that in mind, the country office was shifted to the nation's capital, New Delhi.

Currently, WaterAid India (WAI) works in the ten states of Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Jharkhand, Karnataka, Madhya Pradesh, Orissa, Tamil Nadu and Uttar Pradesh.

## WAI's objectives are to

- Enable improved access to sustainable, safe and adequate water supply and sanitation through water, sanitation, health and hygiene projects
- Creation of a knowledge base for promotion and dissemination of best practices and advocacy at different levels for policy improvement towards sustainable health and hygiene benefits
- Develop and foster an enabling environment for effective programme implementation, in-country funding, organisational learning and growth

WAI also has liaison offices in Bhopal, Bangalore, Bhubaneswar and Lucknow



## India WASH Forum

India WASH Forum (IWF) is a Trust affiliated to the Water Supply & Sanitation Collaborative Council, Geneva, Switzerland. It is a membership based coalition of Indian organisations and individuals working on water, sanitation and hygiene.



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