Government of India's

Total Sanitation Campaign (TSC)

A Study Report

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FINAL REPORT

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Executive Summary

The study 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 has been carried out mainly in terms of unpacking what constitutes the core of TSC program design and inherent policy implications on one hand and understanding what has worked and not worked in TSC so far on the other. The purpose has been to generate strategic learning primarily from a policy perspective, as also from a program design and delivery perspective, which may be used to inform TSC program 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.gov.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. Methods used for generating qualitative information included focus group discussion, in-depth interviews and discussion, and household surveys.

TSC: A Reform Initiative

The study begins with the acknowledgement that 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 lead to a restructuring of the national rural sanitation program in the form of Total Sanitation Campaign (TSC). TSC embodied a shift from a high to low subsidy regime in the provision of rural sanitation services.

The proposed strategy for TSC implementation, as per the TSC Guidelines of 2007, is to make the program '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 mobilization is the key to creating safe and sustainable sanitation services. Rural school sanitation is a major

program 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 ensure the smooth supply of material (such as cement, bricks, pans, squatting plates, foot rest, P-traps etc) for construction of IHHLs and institutional toilets in schools and anganwadis. Solid and Liquid Waste Management component of the program seeks to achieve the general cleanliness of villages.

TSC is proposed to be implemented by Panchayati Raj Instituions (PRIs) at all levels, which are supposed to 'carry out the social mobilization 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.

Policy, Programs, and Progress

The study reveals that there are significant policy variations across states mainly on the issue of subsidy/incentive to individual households. 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.

Besides varying policy positions on the issue of subsidy/incentive, there are also considerable variations across states and districts in terms of approaches and strategies adopted and results achieved. 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 Chattisgarh 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 program 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 utilization exercise.

Some states have their own state specific sanitation programs 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 program 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 Chhattigarh 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%[1] 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.

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 roles and functions of different civil society organizations.

NGOs have been engaged both as community/social mobilization agencies (Chhattisgarh, Haryana, Karnataka and Tripura) 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 mobilization efforts and in credit financing of toilet construction.

NGP

NGP is a post achievement award scheme meant for GPs, individuals and organizations. There is a lot of 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 sanitized. Aspects that constitute the pre-conditions for NGP application include 100% open defecation free status including total coverage of IHHLs, 100% school and anganwadi sanitation and a clean village environment.

NGP apparently 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 have picked up since 2004-05, a year after NGP launch. However, there are concerns around the veracity and sustainability of GPs with NGP award. 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.

Things that work

Supportive policy environment, sound strategy, appropriate institutional arrangement, and suitable and timely training and capacity development interventions have made substantial

[1] 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.

contribution to the success of the TSC program in terms of achieving faster and sustainable results in states like Haryana, Karnataka, and Chhattiagarh.

Things that have been common across all the well performing districts and states like Sarguja (Chhattisgarh), Sirsa (Haryana), and Shimoga (Karnataka) include an intense campaign mode driven by mass mobilization and involvement of a number of civil society organizations like PRIs, NGOs, CBOs, SHGs etc and a dedicated cadre of trained program functionaries and volunteers.

Key Findings

The key study findings are as follows:

- TSC has shown remarkable progress in rural sanitation coverage since 2004-2005; Nirmal Gram Puraskar (NGP), launched in 2004, seems to be the major factor in accelerating the pace of coverage.
- TSC in most of the states 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.
- Approaches and strategies adopted to pursue sanitation vary considerably across states, at times, not really in line with the stated TSC strategy of the program 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, and strategies based on social/community mobilization.
- In states and districts where there is a conscious and visible effort to involve PRIs the success has come fast and voluminous.
- 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 follow the GoI 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 components of the program have been largely neglected in most of the states; hygiene education part of SSHE component of the program has also not received the attention it deserves.
- 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 program.

- Technology innovation has not been given the desired push and "one blanket fits all" policy has been adopted irrespective of geographical, climatic condition and by passing customer preference in most of the cases.
- Overall the focus has been to ensure latrine coverage and the promotional strategy in many states has omitted the linkage between health and improved sanitation.

Recommendations

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

- 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 program truly community led and demand driven as against the state led and target driven approach being adopted in several states and districts currently.
- In line with the stated TSC strategy of the program being 'community led' and 'people centered', community led total sanitation (CLTS) approach and methods are scaled up to get faster and more sustainable results on the ground, as indicated by impressive progress in Haryana, Himachal Pradesh and Maharashtra using CLTS as the major approach to work on TSC.
- IEC should focus more on establishing a link between improved sanitation and its impact on the collective health to ensure sustained use of the sanitation facilities .
- Incentive/subsidy money is used to award rural communities after they are open defecation free and fully sanitized and not to individual households.
- 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 mobilization efforts on one hand and school sanitation and hygiene education on the other.
- Champions and community leaders other than GP Sarpanches are actively considered for felicitation under NGP so as to keep their motivation levels high.
- On line TSC monitoring system is complemented by periodic field based reviews and community monitoring systems to track usage and behaviour change aspects of rural sanitation.
- To design and implement a system to recognize and encourage local technology innovations suitable to particular climatic, social and geographical conditions.
- To include menstrual hygiene as a component of the campaign

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List of Abbreviations

APL	Above Poverty Line
BCC	Behaviour Change Communication
BDO	Block Development Officer
BPL	Below Poverty Line
CCDU	Communication and Capacity Development Unit
CEO	Chief Executive Officer
CLTS	Community Led Total Sanitation
CM	Chief Minister
CSID	Central Statistical Information Department
DDC	District Development Commissioner
DDWS	District Drinking Water and Sanitation
DM &DC	District Magistrate and District Collector
DWSC	District Water and Sanitation Committee
EE	Executive Engineer
E-n-C	Engineer-in-Chief
GoI	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	Jan Pad
KL	Knowledge Links
MDG	Millennium Development Goals
NGO	Non Governmental Organisation
NGP	Nirmal Gram Puraskar

NRHM	National Rural Health Mission
ODF	Open Defecation Free
PHED	Public Health Engineering Department
PRIs	Panchayati Raj Institutions
PR&RDD	Panchayati Raj and Rural Development Department
RGNDWSM	Rajiv Gandhi National Drinking Water and Sanitation Mission
RSM	Rural Sanitary Mart
SDM	Sub Divisional Magistrate
SSHE	School Sanitation Hygiene Education
SWSM	State Water and Sanitation Mission
TSC	Total Sanitation Campaign
UNICEF	United Nations for Children
VWSC	Village Water and Sanitation Committee
WAI	Water aid India
ZP	Zilla Panchayat

Section-1: Review Report

Preface

Sanitation as a matter of development priority gained salience globally in 1980's following declaration of International Water and Sanitation Decade by the United Nations. In view of emerging requirements in the sector and in line with India's commitment to the IWSD, 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 did not deliver the desired results. A baseline survey on water and sanitation conducted by Indian Institute of Mass Communication (IISM) 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 radically revamped and launched as Total Sanitation Campaign (TSC) in 1999. TSC represented a shift from a high to low 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 MDG goals in 2002 following Earth Conference in Johannesberg intensified the sanitation agenda in India as well. But the sanitation uptake in the country still remained fairly slow till about 2003-04. With the institution of 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 recognized as an NGP program with a lot of prestige attached to it, as the award is given to the winning GPs, individuals and organizations by the President of India. NGP goes beyond coverage to identify and award an open defecation free and clean village environment.

TSC has been on for almost a decade now. However, there is hardly any study 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 have significant policy implications and may yield valuable insights for improving the program 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 organizations 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. Meenakshi Sundaram, former Secretary to the Ministry of Rural Development, Government of India provided strategic advice to WAI in the process. 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 GoI's ddws site 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.

The study recognizes 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 program 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 programs in India, which could be of interest and relevance in other similar country contexts as well.

1. 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 GOI is to eradicate the practice of open defecation by 2010. To give fillip to this endeavor, GOI has launched Nirmal Gram Puraskar to recognize 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: www.ddws.gov.in

2. Study Coordinates

An independent country wide study of Government of India's Total Sanitation Campaign (TSC) was commissioned by WaterAid UK 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 program 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 all the key components of the program 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 finalized 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, Harayana, and Karnataka, changes were made in pre-selected sample districts following consultation with the state level program 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 Dhamtri, 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 Zind (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 as the state government officials had no particular suggestion to make. 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, besides a structured questionnaire for the households. The study team also visited schools and *Anganwadis*.

3. TSC: Anatomy of a Reform Initiative

Sanitation, as per the Constitution of India, is a state subject. This implies that all the policy and program 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. Government of India (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 largely as a result of India's commitments to the International Water and Sanitation Decade declared by the UN in 1980s. .

GoI's role in rural sanitation, in initial three decades after independence i.e. 50's, 60's and 70's,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 program in sanitation financially supported by GoI. It focused on creating sanitation infrastructure at the household level in rural areas by subsidizing 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 program 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 (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. TSC, hence 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. Information, education and communication (IEC) and human resource development (HRD) were included as program components. Other components included individual household latrines (IHHLs), school sanitation and hygiene education (SSHE), and community sanitary complexes (CSCs). TSC recognized that total sanitation had to include schools, anganwadis, and community facilities to make it really total. It was acknowledged that mere coverage was not enough, usage and behaviour change aspects were equally or even more important to realize the full benefits of sanitation, particularly public health outcomes.

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 in MDG 7 following the World Conference on Sustainable Development at Johannesburg in 2002.

However, despite increasing policy and program focus on sanitation in recent years, there is no stated national policy on sanitation as yet other than the principles and approaches enshrined in the TSC guidelines. Similarly, 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. The policy perspectives of central and state governments on sanitation are embodied in the national or state level sanitation programs; for example, other than the national TSC program, state governments of Maharashtra and Bihar have their own state level programs as well; these are called Sant Gadge Baba Grameen Swachhata Abhiyan and Lohiya Swachhata Yojana respectively.

Designs of these programs, their various components and elements contained therein carry the inherent policy perspective. TSC has IHHL, SSHE, IEC, and HRD as its key program components. These are supported by Rural Sanitary Marts (RSMs) and Production Centers (PCs). IEC is based on the policy assumption that awareness would generate demand and demand would ensure safe and sustainable sanitation. 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.

Assumptions that inhabit the program design and its implementation strategy constitute the building blocks of various program 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, P-traps etc.

A broad look at the structure of the program suggests a perspective where state agencies are supposed to be driving both the demand and supply sides of the program by stimulating awareness and demand on one hand and by streamlining the delivery chain for hardware supply on the other. Though the program does envision a multi-stakeholder involvement in the provision of sanitation as a public good, there are significant variations across states in terms of specific approaches, strategies and instruments used for implementing TSC.

- The sanitation strategy in Bihar has been one of subsidy which is extended to APL households as well. Efforts at social mobilization have been largely missing from the program implementation strategy. The line department and its fleet of 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 Chhattisghar, like in a number of states, TSC had a very 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 individual household latrine (IHHL) coverage went up from 6% to 29%, which is a remarkable improvement on the past performance of the program in the state. Around 8.5 Lakh toilets have already been completed and the state has won 12 and 90 awards under Government of India's post achievement award 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 program 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, 3 years ahead of the MDG deadline.

  The encouraging progress is attributed by program functionaries 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 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 priority programmes, which the Chief Minister himself directly reviews every quarter- it is one of the 7 programmes on the CMs review list. Besides, it is also 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 program across districts. TSC has acquired a priority status both at political and administrative level over 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.

- 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 realized that progress under TSC was very slow in the state. '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). The state has made the most remarkable progress in coverage, which almost doubled in a matter of two years, from around 39% in 2005-06 to more than 70% in current year i.e. 2007-08. Besides., whereas 60 GPs received NGP during 2006-07, some 1600 GPs have been nominated this year (2007-08) for NGP award. Sirsa, a district in Haryana with its 333 GPs has declared itself to be totally open defection free.

  The efforts started in 2006-07 with the capacity development on Community-Led Total Sanitation with support from WSP-SA to scale up Total Sanitation Campaign in Haryana. CLTS was initiated through a Training of Trainers workshop in Bhiwani district with the understanding that decision to use the approach across other districts in the state would eventually be taken after seeing the results of the workshop. The workshop resulted in a remarkable increase in the number of Open Defecation Free villages in the district, following the workshop. The trainings were subsequently carried out in other districts as well in a demand responsive fashion after receiving specific request from the concerned districts.

  A series of workshops in different districts created many champions at the state and district levels. The state government supported the districts in terms of providing freedom to help them work out their own local strategies and plan of action.. There has been varying degrees of success depending on the nature and quality of interest and involvement of senior development officials in the district….

- 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); this 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 mobilize communities and educate them on the inter-linkages between sanitation, health and hygiene. It is the only state of the 5 visited where the practice of open defecation has been limited to tribal pockets only, which constitute a small portion of the total population in the state.

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.

4. 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 program 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

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 in MDG 7 following the World Conference on Sustainable Development at Johannesburg in 2002.

Sanitation has been a matter of policy concern for Government of India (GoI) since the first five year plan in 1951. Sanitation being a state subject, GoI's role, in initial three decades i.e. 50's/60's and 70's,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.

However, despite increasing policy and program focus on sanitation in recent years, there is no stated national policy on sanitation as yet other than the principles and approaches enshrined in the TSC Guidelines. Similarly, 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. The policy perspectives of central and state governments on sanitation are embodied in the national or state level sanitation programs;

Designs of these programs, their various components and elements contained therein carry the inherent policy perspective. TSC has IHHL, SSHE, IEC, and HRD as its key program components. NGP is the post achievement community award instituted in 2003 and made operational in 2004. 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. IEC is based on the policy perception that awareness would generate demand and demand would ensure safe and sustainable sanitation. HRD is based on the understanding that human and institutional capacities are critical for achieving the desired sanitation outcomes.

The most significant and contentious policy issue has been one of subsidy or incentive to individual households for construction of latrines. TSC Guidelines 2004 did not use the term subsidy. Money given to households is called incentive. As per TSC Guidelines 2007, incentive money is available only for below poverty line (BPL) households, in case required.

However, at the same time, the incentive money is increased in 2008 by Rs 1000/ making it Rs 2200/ now against the earlier Rs 1200.

However, 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. Both these states are driven by the dominant policy perspective that subsidy for hardware is one of the key drivers of the program. 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 (not there in TSC) subsidy, even to APL households, such as in the states of Bihar and Chhatisgarh 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.

The other major policy issue is one of technology. There is a clear lack of appreciation at the policy and program implementation level about technology being a major factor in safe sanitation. The idea is not 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.

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.

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, 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 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 dalit communities.

Approaches and Strategies

A well thought out and executed strategy has emerged as a major factor in making TSC work on the ground; states such as Haryana and Himachal Pradesh since 2005-06 are a case in point. Strategy here is understood as an innovative plan of action especially designed to achieve the TSC objectives. 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.

In most of the places there has been no conscious and visible attempt on the part of the program managers to develop a strategy to implement the program. In places like Sirsa, Sarguja, and Shimoga, where there have been well articulated implementation strategies for the program, results have been remarkable. One of the common factors in strategies in all these places has been the element of 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 implementation has also been one of the features of these program implementation strategies.

Though TSC envisions a multi-stakeholder involvement in the provision of sanitation as a public good, there are significant 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 mobilization have been largely missing from the program implementation strategy. The line department and its fleet of 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, like in a number of states, TSC had a very 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 individual household latrine (IHHL) coverage went up from 6% to 29%, which is a remarkable improvement on the past performance of the program in the state. Around 8.5 Lakh toilets have already been completed and the state has won 12 and 90 awards under Government of India's post achievement award 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 program 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, 3 years ahead of the MDG deadline.

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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.

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 two key strategy elements, as suggested by GoI, include IEC and HRD, conceived and implemented as per the local context and requirements. However, TSC guidelines allow a considerable amount of freedom and flexibility to concerned districts and states to devise their own local strategies.

Review has revealed that places (such as in Sirsa district in Haryana and Shimoga district in Karnataka) where TSC has been implemented in an intense campaign mode mobilizing a wide variety of government and non-government actors, results have been remarkable not only in terms of sanitation coverage, but also in terms of usage and maintenance of the sanitation facilities created.

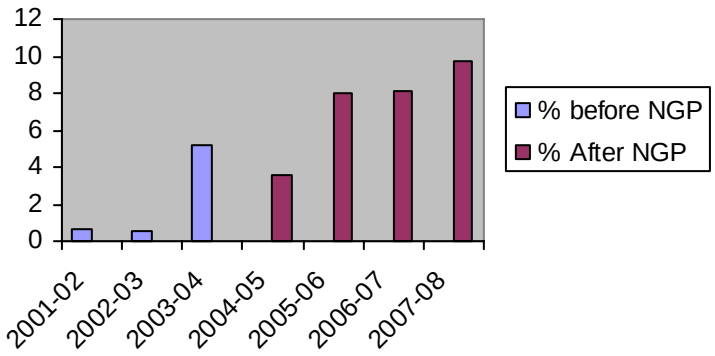
5. What has worked and what has not

TSC has been the most ambitious rural sanitation program in the country and has been on for almost a decade now. Its predecessor CRSP had not been able to deliver the desired results, but it took more than a decade to learn from it and launch a community based, demand driven initiative in the form of TSC. Hence it is imperative to study and draw insights about what has worked and what has not during the process of implementation itself to fine tune the current programme implementation strategy and draw lessons for future learnings.

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 the following in terms of what has worked and not worked in the program so far:

What has worked:

- Nirmal Gram Puraskar (NGP), the post achievement award scheme introduced in 2003 and operationalised in 2004, has really worked in terms of accelerating the pace of sanitation coverage as suggested in the graph below



  Thus NGP has given much needed impetus to TSC since 2005-06, which was practically a non-starter in the first five years with a disappointing growth rate of sanitation coverage.

- 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.
- Individual champions, 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 sanitized 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 program functionaries and volunteers has made things work on the ground, particularly in terms of effective mass mobilization and program implementation and monitoring support.
- Community Led Total Sanitation (CLTS) approach has triggered communities successfully into self analysis and collective local action leading to open defecation free GPs and district in Chhattisgarh and Haryana respectively; Maharashtra and Himachal Pradesh have also achieved impressive results using CLTS approach. Use of this approach has not only resulted in good coverage, but also in sustained use of the facilities created.

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.

6. Subsidy and Social Mobilization: Perceptions and Realities

Traditionally subsidy has been central to sanitation initiatives in India. Idea of social mobilization to do sanitation is relatively new. TSC, the GoI's reform initiative in sanitation, has subsidy or incentive to individual households as one of its defining features, and at the same time mentions the need for the campaign to be community based and people centered. TSC Guidelines 2004 do not use the term subsidy and money given to households for construction of house hold latrine is called incentive. As per TSC guidelines, incentive money is available only for below poverty line (BPL) households.

Before TSC, subsidy for hardware was the core of sanitation programs 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 realize that the assumption did not really work out in reality. Hence, TSC represented a shift from a high to low subsidy regime in provision of sanitation services.

However, 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. Both these states are driven by the dominant policy perspective that subsidy for hardware is one of the key drivers of the program. However, actual results do not really warrant the belief that subsidy works and leads to the desired sanitation outcomes .

The stated policy position of TSC is that sanitation, in order to be really sustainable, has to be community led and people centered. This is the major reform element of TSC as opposed to the earlier Central Rural Sanitation Program that focused on construction of individual household latrines in a supply driven fashion. The current policy perspective, as embodied in TSC, seems to be carrying an inherent recognition that sanitation is essentially a public good and that its provision can be effectively ensured through collective efforts of rural communities; however, it doesn't really show through in actual practice on the ground.

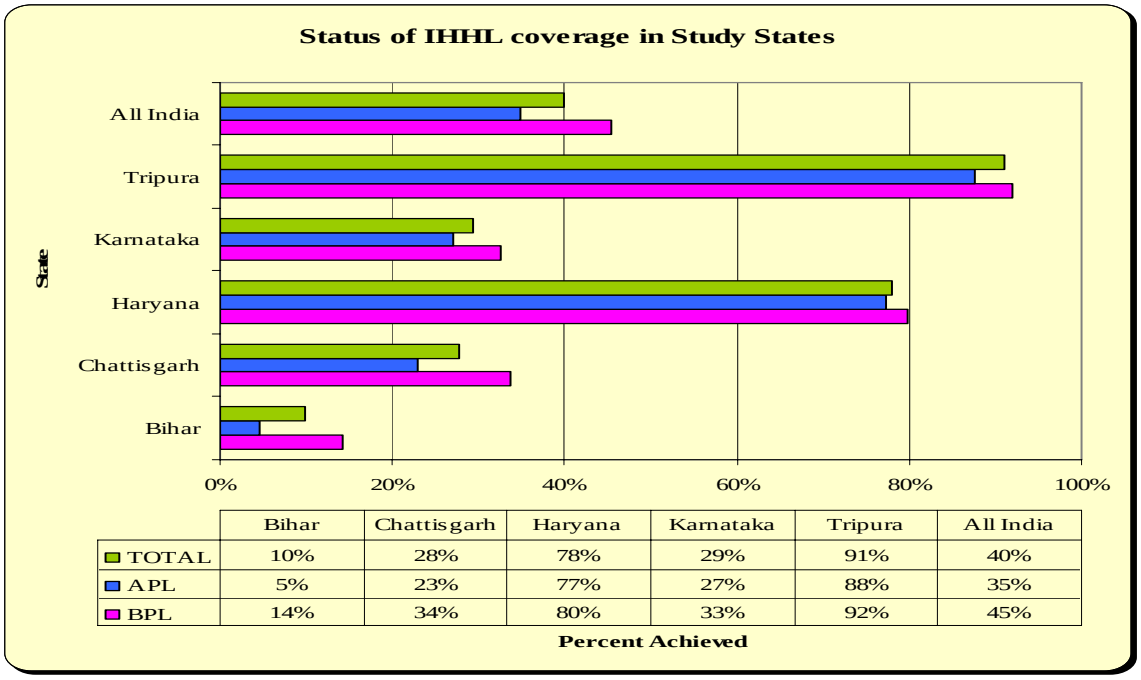
Interactions with stakeholders across 5 states and 10 districts in India, particularly policy makers and program managers, revealed that there are two broad approaches of looking at the subsidy issue. The dominant and more wide spread approach is the one that considers subsidy to be essential for the success of TSC. Another fast emerging approach with few followers, but staunch supporters, is one of no subsidy. 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. No subsidy approach considers subsidy to be subversive of community processes and hence as a hindrance to achieving the goal of total

sanitation; this approach views sanitation primarily as a community issue and as a public good.

In Haryana, where CLTS approach has been used with exceptional results on the ground, there are staunch believers of a no subsidy approach; their contention is that subsidy is more of a hindrance than help in achieving total sanitation outcomes at the community level. And hence there has been a conscious downplay of the subsidy/incentive provided within GoI's TSC program in Haryana.

A large part of the subsidy money, as available in TSC funds, is not really used in Haryana. The option of using the individual subsidy/incentive money for providing community incentive to ODF GPs is being actively considered and an approval to do the same is reportedly sought from GoI, which has yet to come through.



	Bihar	Chattisgarh	Haryana	Karnataka	Tripura	All India
TOTAL	10%	28%	78%	29%	91%	40%
APL	5%	23%	77%	27%	88%	35%
BPL	14%	34%	80%	33%	92%	45%

Available data clearly suggests that high subsidy has not worked at all in the case of TSC: states such as Bihar and Chhattigarh even with a high subsidy regime have the current coverage of IHHLs only at 22.17% and 32.63% respectively, which is much lower than Haryana, which has the current coverage at more than 70% and where there has been no talk of subsidy at the community level at all. Bihar and Chhattisgarh sanitation coverage is also much less than the country average of 55.69%[2].

As per the TSC program design, IEC is envisaged to create awareness and generate demand. As part of IEC, a range of communication techniques have been used in different states and districts that include folk theatre, radio, TV, and communication campaigns involving

[2] 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.

posters, pamphlets, wall writings etc. In some places social mobilization efforts have been made using PRA and CLTS techniques through trained community facilitators.

It is found that social mobilization methods may include IEC, but IEC does not necessarily involve an attempt at social mobilization. Social mobilization and IEC are not automatically inclusive of each other, though inter-personal communication techniques often form a part of social mobilization efforts.

While there is some evidence to the effect that conventional IEC involving posters, pamphlets, and wall writing on one hand and TV and radio on the other do create some kind of awareness among the people, it has been hard to measure and establish its real role in achieving sanitation results on the ground. If investment is taken as one of the indicators, most of the IEC investments have taken place in the first few years, and the uptake of sanitation coverage till 2004-05 has been fairly insignificant. There has been no evidence to the effect from anywhere that conventional IEC of the type used in most states has mobilized communities into analysis and action on their own, as was found in the case of PRA and CLTS methods in Haryana and Chhattisgarh[3].

In case of Haryana, where CLTS has been used extensively in districts including Sirsa[4], the one visited during the study, subsidy is seen as inimical to social mobilization efforts. 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 mobilizing communities for sanitation.

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?

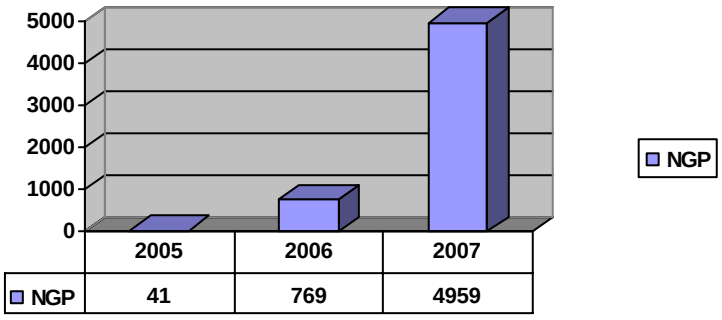
[3] However, in cases where literacy rates have been high such as in Shimoga in Karnataka, IEC seem to have worked to some extent in terms of creating necessary awareness and action at the local level.

[4] The rural areas of the district of Sirsa have been reportedly made open defecation free in a matter of 90 days using CLTS approach and methodology

7. Nirmal Gram Puraskar (NGP)

Nirmal Gram Puraskar (NGP-Clean Village Award) was instituted by the Government of India on 2nd 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 program 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.



	2005	2006	2007
NGP	41	769	4959

NGP has succeeded in introducing a healthy competition among GPs and has imparted a visible momentum to the TSC program 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 a much greater speed, but has also helped in drawing attention to the crucial significance of 'ODF and fully sanitized 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 30000 nominations have been received. However there is also a flip side to the NGP story that requires attention and intervention.

During FGDs and in-depth discussion with community members and program 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 'open defecation free (ODF) and fully sanitized' 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 individual household latrines (IHHLs), which is only one of the components of TSC programme design. There is currently very little attempt at the state or district level to verify and certify the ODF and fully sanitized 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).

Further, 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 GoI team, it is believed that the applying GP 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 GoI 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 sanitized', 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 mobilization 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.

Independent verification of the proposed NGP villages being carried out by agencies working on behalf of GoI is also suspect as 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 GoI following the DC's report and recommendation.

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 Government of India.

8. Inclusion, Equity and Gender relations

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 interest. Lack of sustained access to safe sanitation has a bearing on avoidable morbidity and mortality, particularly infant mortality. Within the TSC program 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. Poor often are excluded and marginalized having limited or no access to essential services including water and 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 a 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 in several cases, as reported from Haryana and elsewhere.

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'

In the state of Haryana women have played a very important role in securing safe defecation practices across several districts. Adolscent girls along with elderly ladies have joined the overall effort by participating in the various vigilance committees, which adopted Gandhian way of persuasion to the community members 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

There is a need to include the poor, the marginalized and women into total sanitation campaign as active agents of change. It is important to engage them as stakeholders and not as beneficiaries in the process.

9. Emerging Directions: Targets, Triggers and Total Sanitation

Given the experience of rural sanitation program 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 program 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.

Thus there is an emerging need to have more triggers of behaviour change than targets for toilet construction or even ODF villages. As the processes of external verification are liable to manipulation and mis-appropriation, community processes with their focus on community empowerment leading to community monitoring and internal verification of clean village environment need to be promoted. The possible directions leading to total sanitation include:

- Having a national sanitation policy defining the basic principles and positions on issues of subsidy/incentive, technology, role of civil society organizations including PRIs/NGOs/CBOs/SHGs, sustainable management of environmental resources etc.
- Creating an enhanced focus on development and operationalisation of locally appropriate implementation strategies capable of translating the stated policy into practice.
- Creating a sound national data base not only on sanitation coverage status, but also on sustained usage of facilities created and corresponding behaviour change aspects.
- Designing a sector wide knowledge management system capable of collecting, collating, documenting and disseminating learning from across the sector in terms of good practices, case studies, success/failure stories on a continuous basis.
- Promoting good quality fundamental and applied research on issues of importance such as subsidy/incentive; technology; water quality; linkages between sanitation; health and hygiene; role of institutions; monitoring and evaluation etc.

A major gap both in sanitation policy and practice in relation to TSC has been the conspicuous absence of looking at sanitation in emergencies created due to impact of climate change and natural disasters. In multi-hazard prone regions of the country (that include the states of Assam, Andhra Pradesh, Bihar, Orissa, Himachal Pradesh, Uttarakhand, J&K, Rajasthan, and Tamil Nadu) facing constant threat of floods, drought, earthquake, cyclone, landslides etc, creation of sanitation infrastructure at the household, community, and school/anganwadi levels have to be approached and addressed from a disaster risk reduction perspective.

Section-2: State Reports

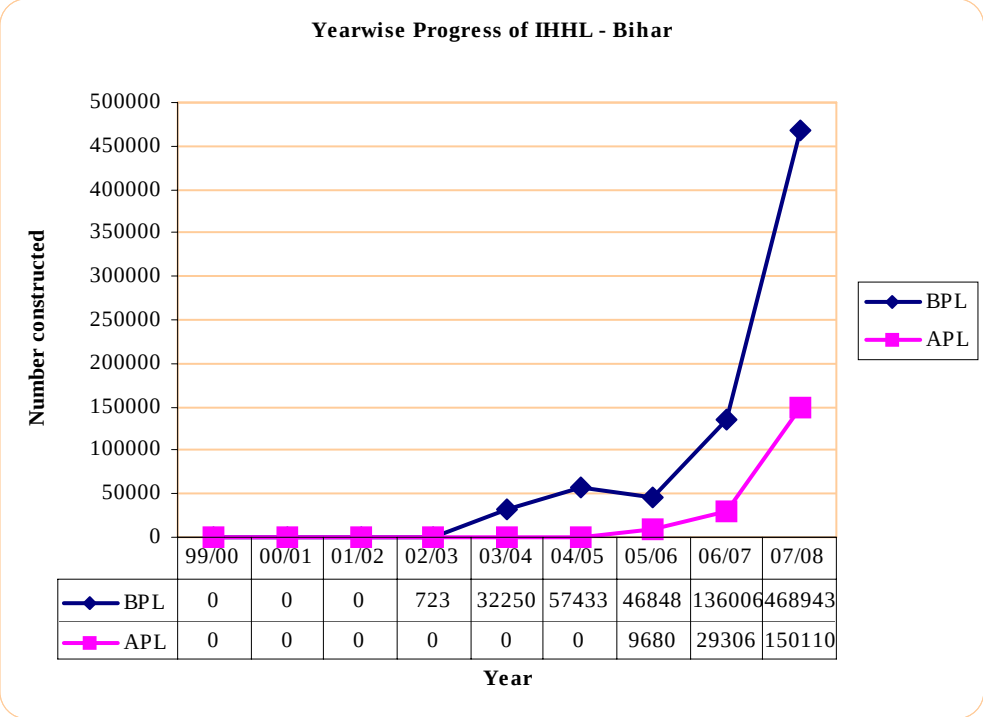
2.1 Bihar

Background

Bihar, which is the 12th largest state in terms of geographical size and 3rd largest by population, has close to 85 per cent rural population. There are 8471 Gram Panchayats spread over 534 blocks across 38 districts.

Bihar is one of the slow moving states in terms of rural sanitation with the current coverage of 22.56%, which is less than half of the current national average of 56.19%. As per Census of India 2001, sanitation coverage was 13.91%. Since the inception of TSC in 2000-2001 in the state, there has been roughly around 8% of increase in sanitation coverage over a period of 8 years. This comes to be around 1% increase in sanitation coverage per year. As per available information there are some 1,08,61,603 households not having toilet facilities of which 58,27,919 fall in below poverty line (BPL) category and remaining 50,33,684 are in above poverty line (APL) category.

Table below summarizes the year-wise progress made in toilet construction. During first three years viz., 99/00 through 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.



	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08
BPL	0	0	0	723	32250	57433	46848	136006	468943
APL	0	0	0	0	0	0	9680	29306	150110

Construction of toilets in schools has steadily been on the rise since 2005-06. Till March 31, 2008 some 24741 toilets have been constructed in schools, and 618 toilets have been constructed in Anganwadi as against proposed targets of 76581 and 6595 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 house hold would receive Rs 1500/- and BPL would receive Rs 500/- over and above the incentive provided for under TSC. Thus the total amount of subsidy for APL is 1500 and for BPL it is 1700.
- 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.2000/-,.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 mobilize huge amount of resources both physical and financial. This would require constructing some 2.07 lakh toilets per month as tabulated below.

IHHL	Total	Per Year	Per Month
BPL	5085716	1271429	105952
APL	4844588	1211147	100929
Total	**9930304**	**2482576**	**206881**

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

IHHL	Total	Per Year	Per month
BPL	406.86	101.71	8.48
APL	726.69	181.67	15.14
Total	**1133.55**	**283.39**	**23.62**

- To take care of all training and capacity development requirements of the state 'Pranjal' – 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 Crores. Some six

consultants, from disciplines like health, IEC, software, human resources etc., would be placed within the institution.

- A unique **Mass Awareness Campaign**,was launched by the Chief Minster 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 559170 toilets was generated – 276992 in Phase-1 and 282178 in Phase-2.
- Under IEC initiatives about 50 wall writings of size 3ft.x2ft 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 program. 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 programs have been organised where more than 4000 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 10000 schools.
- It is felt that there is lack of capacity at the level of the PHED to carry out and supervise mobilization/ 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:

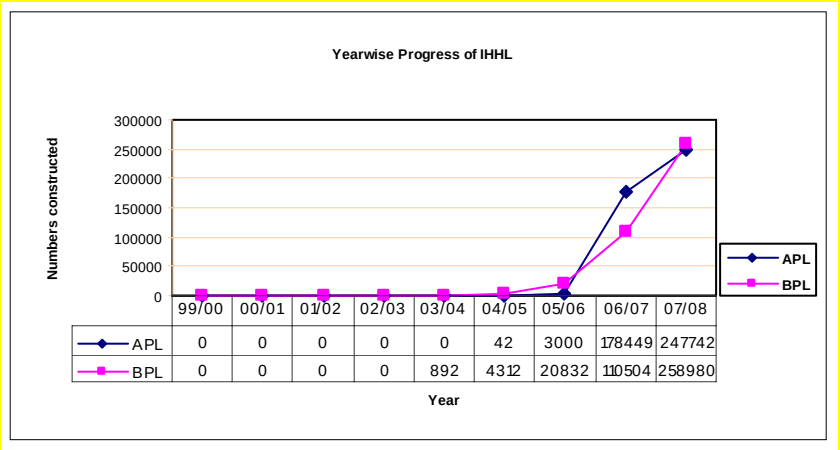
- There is an urgent need to revisit the current program implementation strategy, as it has not only not been able to achieve the desired coverage, but has also been incapable of taking care of usage and behaviour change aspects of sanitation. As the state is lagging behind in sanitation coverage at 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 GOI 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 enhanced to strengthen the program implementation.
- Active involvement of PRIs and self help groups of women need to be ensured in awareness creation and community mobilization 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 was carved out of the state of Madhya Pradesh, Chattisgarh has one of the lowest levels of urbanization in India and has the second highest percentage of tribal population in the country after 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 Dhurvaa, the Bharias (Bhumiars), the Bhattras 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 in the state in 2001, is being implemented by the Public Health Engineering Department (PHED). The multi-pronged strategy implemented by the state involves capacity-building, awareness creation, 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 Chattishgarh at 3393578 out of which 169460 HHs had access to sanitary latrine and 3184518 hhs who defecated in the open. Getting people to switch to indoor toilets, abandoning age-old practice of open defecation, reportedly presented a major challenge for government officials implementing the TSC.



	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08
APL	0	0	0	0	0	42	3000	178449	247742
BPL	0	0	0	0	892	4312	20832	110504	258980

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 a notable improvement as compared to the performance of the program during the years 2001-2006 in the state. 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 program 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 is a combination of factors influencing the performance of the state under the TSC program and key factors are summarized below:

- The keenness of the state leadership to accord priority to sanitation as one of the major development objectives has provided the much appreciated administrative and political push to the program. 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 program is one of the seven priority program, which the Chief Minister himself directly reviews every quarter. The program 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."
- Other factors that seem to have contributed to an improved performance of the program 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 program 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 program across districts.

- 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. 2200 for BPLs . In fact, over and above the 'incentive' of Rs 1200 for below poverty line (BPL) households by the Government of India, the state government has introduced an additional subsidy of Rs. 1000 for BPL and Rs 1900 for above poverty line (APL) households. This additional amount is being resourced from the 12th 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 subsidized.
- 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.
- The designs of school toilets are innovative and in many cases 'child friendly' seats have been used. 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 closed 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 program. 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 (Healthy GP).
- RSMs and Production Centers have been promoted only in a very limited manner. Centralized 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 stabilize prices of raw material like bricks and cement.
- The spread of naxalism has reportedly restricted the outreach of government officials in many areas of Dantewara, Narayan pur, Rajnandgaon and Kanker creating functional problem s in program 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 program at the village level. There is apparent confusion among officials about the legality of transfer of TSC funds to VWSC which is not a recognised body under the constitution.

District Sarguja – key findings

Surguja district is located in the northern part of Chhattisgarh State of India. Borders of Uttar Pradesh, Jharkhand, Orissa and Madhya Pradesh States are adjoining to the district. There are 19 blocks in the district and 1090 Gram Panchayats. The district got its project sanctioned under TSC on 31.07.2006. The project information available on the DDWS website reveals that out of the total 357912 rural HHs (Census 2001) only 15212 had sanitary latrine and the rest 342700 households had no access to toilet. Under the project the district sought to achieve IHHL coverage for 371105 households.

Project performance against objectives

IHHL		**School Toilets**		**Balwadi Toilet**	
Proposed	**Achieved**	**Proposed**	**Achieved**	**Proposed**	**Achieved**
371105	90740	4565	2474	498	498

The district has been able to achieve 24.45 %, 54% and 100% of IHHL, School toilet and Balwadi toilet coverage objectives within a span of two years. The district has sent 256 nomination for NGP during the year 2008.

- The strategy has been to cover all the 1090 GPs phase-wise within a period of 4 years..
- The district collector has led from the front 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 program is important and everyone has to do the best to make it successful.
- The cars of the four officials in the district (DM, DDC, Executive Engineer PHED, and Regional Coordinator) are equipped with loud speakers (public addressing system). These are used during corner meetings in villages and have helped in accessing the community members in the villages.
- Fortnightly reviews have been undertaken at the level of the collector where all concerned including CEO *Janpad Panchayat*, (BDO), *Tehsildar*, SDM, and the line department officers have been present
- A special task force for first hand monitoring has been constituted that includes the regional coordinator and sub-engineers. The task force would visit villages and present their assessment of the situation during the review meetings along with photographs.
- Convergence of different departments has been made possible by creating a situation where line departments' officials see the program useful in terms of achieving their

departmental objectives for which they are directly responsible. For example, in the case of *Satat Shiksa Abhiyan*, the confidence level of concerned *preraks* has gone up and their interaction with parents has improved, resulting in increased school attendance.

- There is a growing understanding among all the stakeholders that active involvement of PRIs is the key to the long term sustainability of improved sanitation and this has a positive impact on the programme performance.
- Attempt has been made to ensure quality of construction of the sub-structure of toilets by training local masons and supervision by PHE engineers.
- Toka-Toki Samitis which is a 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
- The district has been vigilant in controlling prices of construction material by making appeal to brick kiln owners, cement suppliers and allocating different vendors for different areas based on an assessment of the emerging demand. All this has been done informally by discussing issues in meetings at the level of collector and arriving at a consensus with the suppliers.
- Involvement (both physical and financial) 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 in general is good as it blends with the rest of the house, sustainable, spacious and well ventilated.
- 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.
- Capacity building of all stake holders has been one of the important steps in the district strategy. Trainings were carried out under the direct supervision of the DDC and the regional coordinator, CCDU. Quality of training has been maintained by ensuring that all trainings have been conducted by the key decision-makers in the district. This had been useful in sending uniform message down the line, reduce transmission loss during the process and provide credibility to the decisions being taken during training events.
- Children have been groomed to act as change agents in the 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, institutionalization of daily monitoring of sanitation and hygiene habits of children through monitoring charts developed for the purpose etc.
- Reportedly, there has been an increase in attendance of students due to better sanitation and cleanliness in schools. For example, GP Belkota of block Batauli, the

attendance of girl children in the village school has increased from 60-70% to 95% in less than a year. However the efforts do not end here. The achievements have given rise to extension activities like social fencing in schools by teachers and students with bamboos so as to ensure cleanliness in the school premises. There is also a marked sense of pride in showing the school to the outsiders.

- TSC is now on the agenda of most of the departments with their frontline functionaries involved in the program on the ground such as patwaris from the revenue department. Preraks of Satat Shiksha Abhiyan have also been used as preraks for TSC for two reasons – one it establishes a linkage between the related programs, and secondly, it would enhance sustainability and continued facilitation in the future.
- Hand washing and safe handling of water has been given a priority in the IEC messages and as a result there is majority of the population wash their hand using soap and /or ash. In the villages visited, safe practices in water handling and usage are being followed e.g. pots are being covered and water being taken by bowing the earthen pot or by ladle.

Findings specific to District Dhamtari

District Dhamtari is situated in the fertile plains of Chhattisgarh Region. Dhamtari district is officially formed on 6th July 1998 dividing the Raipur district currently the capital of Chhattisgarh along with Mahasamund. It consists of 4 blocks and 299 Gram Panchayats as per 2001 Census. However the NREGS baseline estimated the total no of GPs at 339. The district received sanction of its project under TSC on 15.07.2005.

The project information placed in the DDWS website reveals that out of the total 112799 rural HHs (Census 2001) only 5956 had access to sanitary latrine and the rest 106843 households were without it. Under the project the district sought to achieve IHHL coverage for 111991 households.

Project performance against objectives

IHHL		School Toilets		Balwadi Toilet	
Proposed	**Achieved**	**Proposed**	**Achieved**	**Proposed**	**Achieved**
111991	59955	1810	1445	321	190

The district has achieved 53.53%, 79.83% and 59.19% of the proposed IHHL, school toilet and balwadi toilet targets. However the momentum of coverage of IHHLs picked up during 2006-07 and 2007-08 and in the case of school and balwadi toilets during 2007-08 and 2008-09. 29 GPs have applied for the NGP during 2007-08.

- Sanitation has yet to be accepted by people as their own agenda, as they largely do not perceive the end of open defecation or use of toilets as of any particular significance for their lives
- The district has followed a selective implementation approach under TSC by focusing only on 24 GPs to begin with.

- The top officials including the district collector felt that the understaffing at the PHED and multiple responsibilities of the available staff related to supervision and maintenance of water supply schemes has been the main hurdle in the implementation of TSC. In addition it is felt that there is an apparent lack of capacity and skills for community mobilization in the PHED staff. In his opinion, the Panchayati Raj and Rural Development Department is the right department for this job.
- There is no significant involvement of line departments in TSC, which is largely seen as a baby of PHED.
- Quality of construction of the sub-structure of toilets has been found to be poor in some cases in these 24 GPs and in many cases in other villages. In one village (Devpur), the pits are exposed above the ground and are of smaller size and almost all of them have never been used since last one year when they were constructed. People reported that they were waiting for government money for superstructure.
- The superstructures of toilets have been neglected and in many cases the GP provided polythenes that were found to be torn out and unusable. Many toilets are not being used or only used occasionally in the villages visited. While the usage percentage was found better in the focus GPs, it was almost missing in or very low in the other villages.
- Sarpanch and Sachiv of GPs have primarily ensured that somehow the toilets get constructed in the households. They generally achieved limited success in ensuring community resolve to end open defecation. The toilet superstructures are neglected and speak of lack of belongingness.
- The NGOs involved failed to deliver. There are also reports to the effect that the NGO staff were frequently changed and had limited understanding of participatory processes and cases were found where they threatened the community members for non-construction of toilets.
- The district administration has limited appreciation and experience in partnering with the NGOs. The program was generally left on their mercy without any close monitoring or efforts at building their capacities.
- The collector has visited each of the 24 GPs where focused efforts have been made for implementation. Therefore, there has been relatively better implementation in these GPs as compared to the rest of the district.
- Though in some villages Nigrani Samitis have been formed, they have not been very effective. Many GP members even did not know as to who all were there in the committee.
- In the focus GPs visited, there has been improved water handling and usage practices e.g. pots are being covered and water being taken by bowing the earthen pot or by ladle. But in other GPs, cases were found where people dip their fingers in the process of taking out water.

- In the focus GPs visited, hand washing by mud is largely not being practiced, (a few are using mud, as found out during interactions with households) and large numbers of community members are using soap or ash for hand washing. However, in other GPs the situation was not so good.
- Peer pressure has been the main trigger for construction of toilets in most cases.
- Child friendly toilets have been used in Anganwadi toilets that have new toilets.

Emerging issues

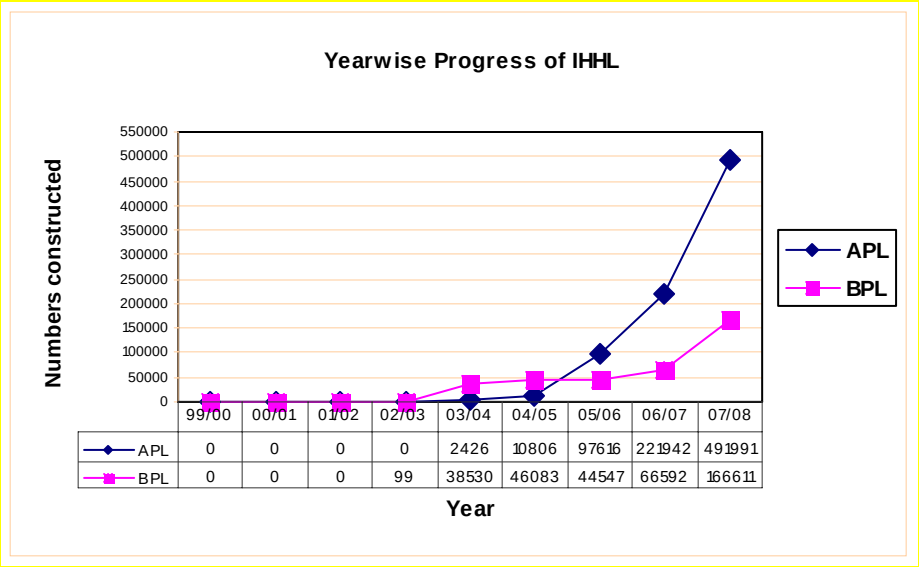
- TSC has acquired a priority status both at political and administrative level over last one year. However, TSC has become synonymous with NGP and the focus continues to be individual household latrine (IHHL) coverage. As a result, coercive rather than promotive methods are more in use at the Gram Panchayat level, which raises questions about the sustained use and maintenance of the toilets.
- SWSM, though set up in the state, has yet to be fully functional. There is now a move to activate SWSM with support from UNICEF. It is felt 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 internalization 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.
- There is a fair amount of ambivalence regarding the state position and actual practice in some districts on subsidy: whereas subsidy/incentive money has been made available both to APL and BPL households at the state level, in case of Sarguja, this has been consciously under played to promote greater community involvement in toilet construction and adoption of safe sanitation practices.
- 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 TSC 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 & 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.

The project information on the DDWS website reveals that out of the total number of 2611842 rural households (Census 2001) only 743226 (28.46%) owned sanitary toilets and the remaining 1868616 households had no such access. Against this backdrop the state set out to achieve a physical target of covering 1785097 rural households under the TSC program. Out of the total 20 districts the program began the implementation in 2 districts during the year 2000, 11 districts during 2003, 4 districts during 2004 and one district during 2006.



	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08
APL	0	0	0	0	2426	10806	97616	221942	491991
BPL	0	0	0	99	38530	46083	44547	66592	166611

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	7029	7137
Anganwadi toilet	6531	5637

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 Purashkar.

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 remarkably well in Total Sanitation Campaign in the past two years following community led total sanitation (CLTS) approach.
- 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 mobilization, meticulous planning, and day to day monitoring of the program.
- 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 internalizes 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 mobilized and actual demand springs up from within it.
- The major trigger that made people change their behaviour included the realization 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 program. 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 program community led.
- There has been an intelligent mix of CLTS and reinforcing interpersonal contact in mobilizing 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.

- The 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 program. 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; organize rallies in the village etc..
- There has been a conscious and visible attempt to involve women as well in the program 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 mobilized 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 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 by-passed 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 popularizing 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 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 districts such as 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 GoI has been reportedly made for seeking permission to use that money to ODF GPs for other development purposes, which has yet to come through.

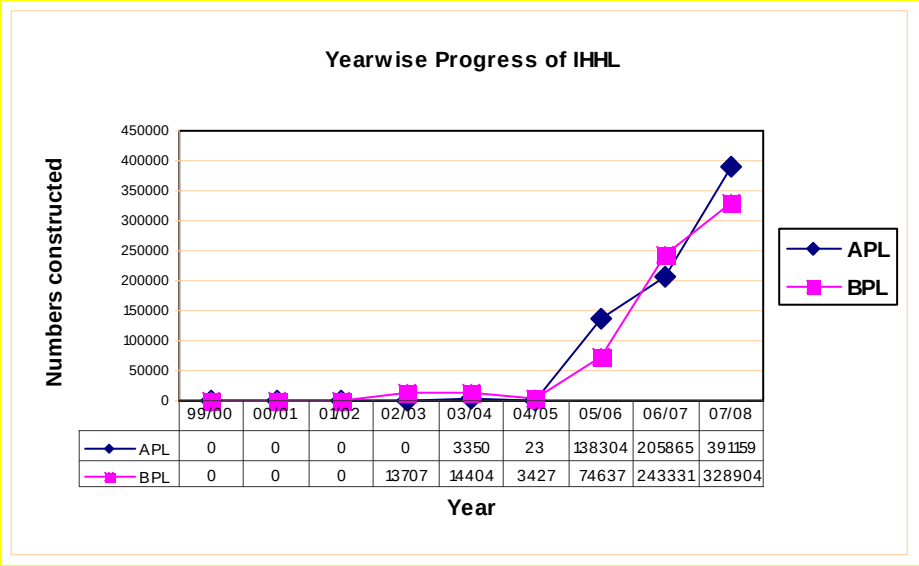
- There is a widespread practice in most of the districts across Haryana to dig large and deep pits (including *dhamaka* latrines in Sirsa) for toilets as they are believed to take longer in filling up. This carries a real risk of contaminating ground water. This issue needs to be examined in depth and 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 responsbile for Project Management. Dedicated multidisciplinary District Support Units (DSUs) have been set up under the ZPs to assit the ZPs and to act as facilitators.Out of the total 27 districts the program 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 2nd October, 2005.

The project information in the DDWS website reveals that out of the total number of 6687839 rural households (Census 2001) only 1205170 (18.02%) owned sanitary toilets and the remaining 5482669 households had no such access. Against this backdrop the state set out to achieve a physical target of covering 5427370 rural household under the TSC program.



	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08
APL	0	0	0	0	3350	23	138304	205865	391159
BPL	0	0	0	13707	14404	3427	74637	243331	328904

The year wise progress as presented in the above graph 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. However, if one looks at the overall percentage of IHHL coverage which is 29.27 (about 1588658 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

Program in "Jal Nirmal" which had a strong focus on sanitation long before the launch of TSC.

However, 100 percent (35836 as against 35698) of the schools and over 95 percent of anganwadis (22998 as against 24086) have been provided with sanitary toilets. TSC is currently being implemented in 5654 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 thoughout 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 program 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 minimizing 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.2000/-) and TSC (Rs1200/-) has the made mobilizing the community much more difficult. **In district Shimoga** flexibility has been given to GPs to use some funds from their own resources (including 12th FC) to provide support, even to some APLs (Rs. 500/-). However both beneficiaries as well as supply side stakeholders feel that Rs. 1200/ 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.
- Mobilising 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 super-structure, 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.
- 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.

EMERGING ISSUES

- There is a need to have a program 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

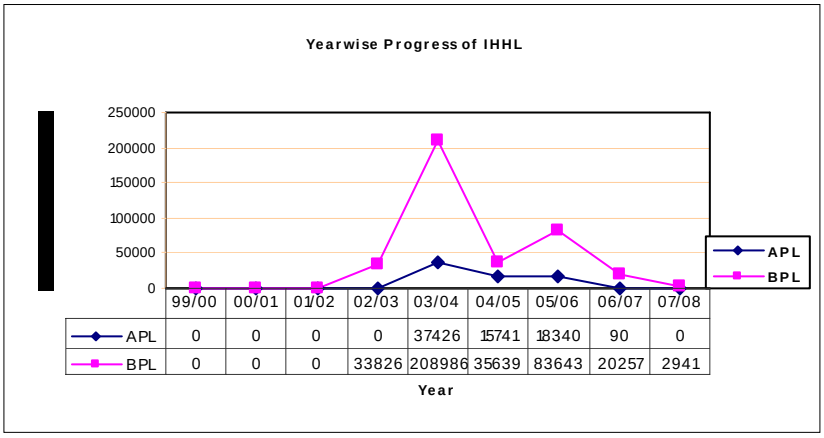
Other issues include:

- 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 marginalized

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. 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.



	99/00	00/01	01/02	02/03	03/04	04/05	05/06	06/07	07/08
APL	0	0	0	0	37426	15741	18340	90	0
BPL	0	0	0	33826	208986	35639	83643	20257	2941

The project started with an objective of achieving physical coverage of 559063 toilets for 124747 APL and 434316 BPL households. The above graph suggests the year wise coverage of the IHHLs. Till The end of September 2008 the state has managed to achieve construction of 509160 toilets (109281 APL and 399879 BPL) which is 91.07 % of the proposed target. Further the state has constructed 3652 school toilets and 4163 anganwadi toilets as against the target of 4939 and 6024 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 emphasized. Cement and steel for manufacturing of RCC squatting plate are provided by the state RD Department. This helps in reducing retail procurement thus stabilizing the cost of the RCC squatting plate.
- The state Government earlier used to provide the RCC Squatting plate costing Rs.1200/- . PVC Squatting plate at the cost of Rs. 1500/- 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 10ft., 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 optimize 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 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 mobilization and hygiene promotion activities.

Annex-1: 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 TCS – 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 minimize 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 TCS – 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	**T-01**: Discussion guide for State level consultation	SWSM/ UNICEF/ WAI Representative	45-60 minutes with different informants
District	**T-02**: 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	**T-03**: 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	**T-04**: 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	**T-05**: FGD guide for community level consultation	Community/ focus group – one per GP or 8 per state	90-120 minutes with focus group
Household	**T-06**: 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– - With toilets (3 nos.) - With non-functional toilets (3 nos.) - Without toilets (4 nos.)	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 available resources	Effectives of TCS campaign	**Coverage** • IHHL/SSC/AWSC/WSC • APL/BPL • SC/ST • Women headed family	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	**Achievement vis-à-vis targets** • Physical • Financial • Gap (With respect to sanction date)	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	**Resource Availability** • Envisaged human resources at all level of operation. • Timely release of budgeted (GoI/State) annual funds	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/
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	**Awareness & Understanding** • Recall of key messages • Reasons for having & using toilets. • What is safe drinking water in opinion of HH • Collection, storage & handling of drinking water – how & why • Hand washing practice – when & why • No open defecation - how & why • Disposal of solid/liquid waste at HH level – how & why • Cleanliness of village lanes &	Community/ Household	Tools available Reports documents	Community/ Household	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
		drains – arrangement and status • Platforms and water-logging around drinking water sources				
	Induced Behaviour Change	**Adoption of Practices** • Toilet availability & usage • Hand washing practice • No open defecation • Solid & liquid waste management	Community/ Household	Tools available Reports documents	Community/ Household	T-05/ T-06
	Impact/ Outcome	• Prevalence of water borne diseases • DD incidences amongst U5 children • Expenditure on health • Status of environmental sanitation	CMHO/ CMO/ BMO/ MO-PHC Community	Monthly Progress Report; Tools	District/ Block GP	T-03/ T-04/ T-05/ T-06
Obj-3: NGP villages	Assessment of NGP village	**Refer** Obj-2 for HH level **School/ AWC** • Separate toilets blocks for boys & girls • Adequate water supply in toilets • Funds availability for O&M • Arrangement for cleaning of toilets • Hygiene education for children	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	• Attitude (resistance to change) and mindset towards sanitation in general and TSC in particular – government officials, NGOs, Partners, PRI & community • Govt. policy vis-à-vis subsidies • Target based approach • Availability of technology options & supplies • Preference of the community • Availability of water supply • Funds for toilet construction at HH	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
		level				
	Drivers	• Institutional Frame Work – SWSM/ CCDU/ SPMU/ DWSC/ DPMU/ BWSC • Communication & Capacity Building Strategy • SSHE Action Plan • State Strategy for technology options & supplies • Plan for tribal areas. • Involvement of NGOs/CBOs • Community led & demand driven approach • Govt. subsidies vis-à-vis TSC targets • Reward & incentive schemes • Review & reporting mechanism • Support from Partners (Unicef/WAI etc.)	Different stakeholders	Tools Monthly Progress Report;	District/ Block GP	T-03/ T-04/ T-05
Obj-5: role of women	Participation/ Involvement of Women	• Women CBOs – number & initiatives on sanitation • Community initiatives on sanitation in women headed GPs • Women headed HH having & using toilets • Role & influence of women in adoption & promotion of safe hygiene practices at the HH level	Community/ Household	Tools available Reports documents	Community/ Household	T-05/ T-06
	Impact on Women	• Safety, security, convenience & privacy for women • Change in daily routine for additional tasks like water availability and cleaning of toilets	Community/ Household	Tools available Reports documents	Community/ Household	T-05/ T-06
Obj-6:	Policy	• Vision document and/or National	Different	Tools	State/ District	T-01/ T-02

Study Objective	Parameters to be measured	Indicators/Sub Parameters	Informants	Information Source/Document	Level at which it would be measured	Reference to Tools
policy implications for improved implementation	Implications for improved implementation	Sanitation Policy • How to create demand for sanitation and bring about behavioural change in large numbers of households and individuals/ community • How to bridge the gap between the small government incentives available and the actual cost of building latrines – a problem for low-income households • How to make the best use of available resources and bridge the resource gap to achieve targets within timeframe	stakeholders	available Reports documents	Block/ Village/ community/ Household	T-03/ T-04/ T-05/ T-06
Obj-7: TSC vis-à-vis MDG commitments		• Overlap of commitments. • Trajectory of TSC.	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 2: Strategy for Sampling

Based on the initial consultations with WAI and feedback on selection of states from GOI, the states identified for the study were revisited. Looking into the diversity of the country's geographical expanse, performance of TSC pragramme, socio-political environment, past experiences, known success and failure stories about the TSC the programme were factored into the selection. The states that would now be visited under the study are:

1. Bihar
2. Chhattisgarh
3. Haryana
4. Karnataka
5. Tripura

Available information on DDWS's website was used for further selection of the districts in the identified states. Age and physical performance as of March 31, 2008 has primarily been considered for selection of the district.

First of all age (duration of programme from the date of sanction) of TSC programme as of March 31, 2008 was calculated for all districts and for all the identified states. Weighted average of age of TSC across the identified states is 4.0 years and depicted in the table below.

Table: Average age of TSC programme in identified study states

Particulars	Number of Districts	Average age	NGP Awards*
Bihar	38	3.8	44
Chhattisgarh	16	3.4	102
Haryana	20	4.9	60
Karnataka	27	3.6	121
Tripura	4	6.4	83
Wt. Average		***4.0***	

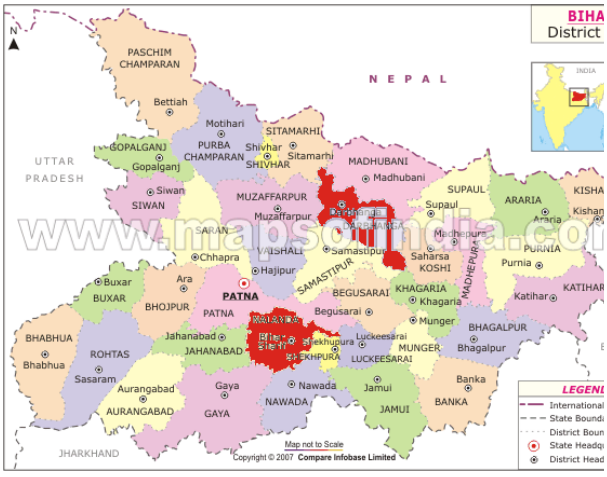
* No awards made in year 2006/07 and 2007/08 for the sample states – Bihar, Chhattisgarh, Karnataka. NGP awards for Haryana where made during 2006/07 only.

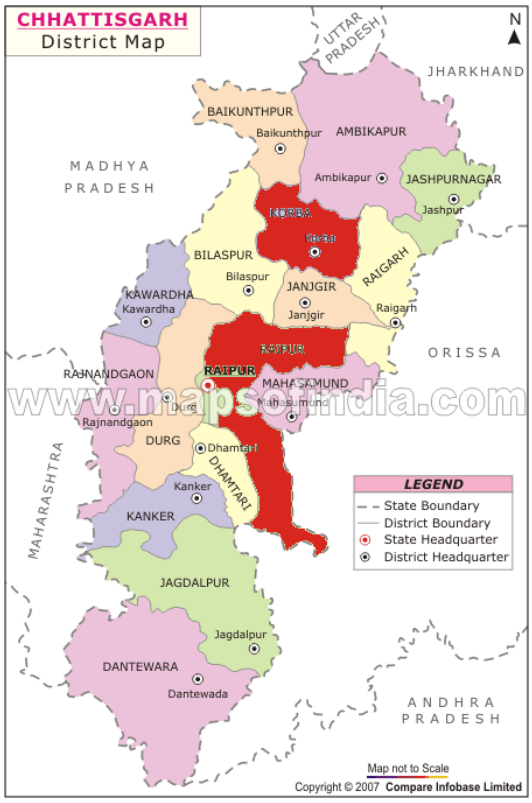
Therefore first the districts falling between 3-5 years of age were filtered from the main list for each state, and later physical performance (in percent) as of March 31, 2008 was looked for all such filtered districts. As it was proposed to select maximum two districts from each of the identified states the criteria formulated was to select best and least performing district. Following the process following districts was selected. The only

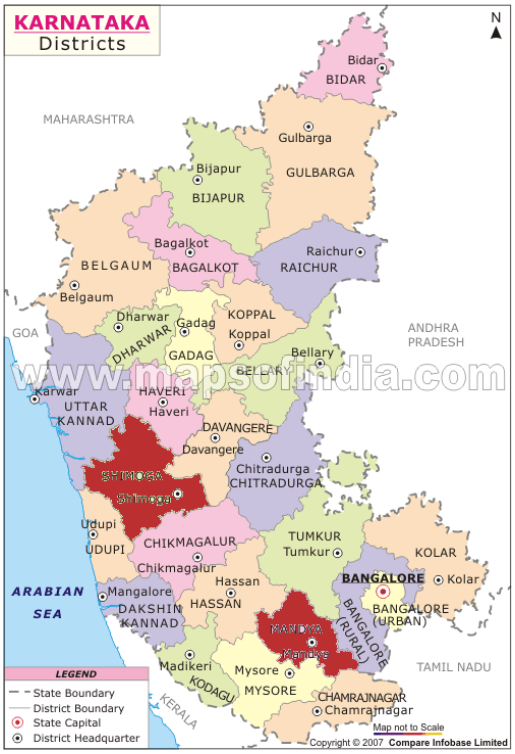
exception has been in case of Tripura where age criteria could not be applied; average age being 6.4 years.

Table: Sample districts selected for study states

State	Sample District	Date of Sanction	Age (as of March 31, 2008)	Physical Performance
Bihar	DARBHANGA	3-Dec-03	4.3	3%
Bihar	NALANDA	3-Dec-03	4.3	0%
Chhattisgarh	KORBA	11-Mar-05	3.1	47%
Chhattisgarh	RAIPUR	7-Nov-03	4.4	25%
Haryana	PANIPAT	11-Jul-03	4.7	97%
Haryana	JIND	14-Jan-04	4.2	17%
Karnataka	MANDYA	11-Mar-05	3.1	9%
Karnataka	SHIMOGA	11-Mar-05	3.1	104%
Tripura	NORTH TRIPURA	18-Sep-01	6.5	93%
Tripura	DHALAI	29-Jan-02	6.2	69%






KARNATAKA
Districts
N
Bidar
BIDAR
MAHARASHTRA
Gulbarga
GULBARGA
Bijapur
BIJAPUR
Bagalkot
BAGALKOT
Raichur
RAICHUR
BELGAUM
Belgaum
Dharwar
DHARWAR
Gadag
GADAG
KOPPAL
Koppal
BELLARY
Bellary
GOA
ANDHRA PRADESH
Karwar
UTTAR KANNAD
HAVERI
Haveri
DAVANGERE
Davangere
SHIMOGA
Shimoga
Chitradurga
CHITRADURGA
Udupi
UDUPI
CHIKMAGALUR
Chikmagalur
TUMKUR
Tumkur
KOLAR
Kolar
BANGALORE
BANGALORE (URBAN)
BANGALORE (RURAL)
ARABIAN SEA
Mangalore
DAKSHIN KANNAD
HASSAN
MANDYA
Mandya
Madikeri
KODAGU
Mysore
MYSORE
CHAMRAJNAGAR
Chamrajnagar
KERALA
TAMIL NADU
LEGEND
State Boundary
District Boundary
State Capital
District Headquarter
Map not to Scale
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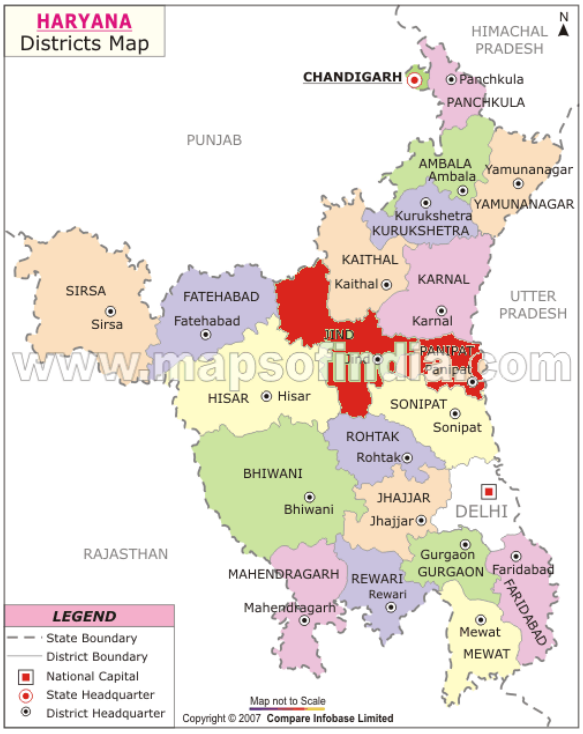
HARYANA
Districts Map
N
HIMACHAL PRADESH
CHANDIGARH
Panchkula
PANCHKULA
PUNJAB
AMBALA
Ambala
Yamunanagar
YAMUNANAGAR
Kurukshetra
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SIRSA
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FATEHABAD
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Karnal
UTTER PRADESH
JIND
PANIPAT
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JHAJJAR
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Gurgaon
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MAHENDRAGARH
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Rewari
Mewat
MEWAT
LEGEND
State Boundary
District Boundary
National Capital
State Headquarter
District Headquarter
Map not to Scale
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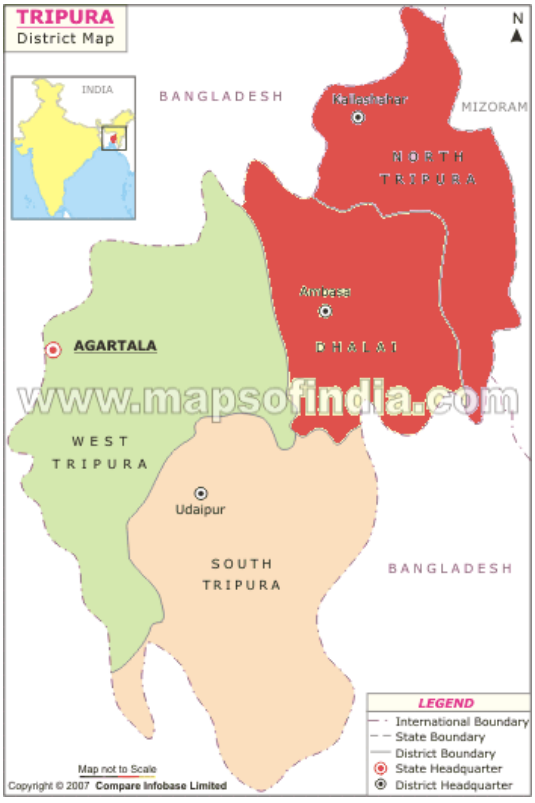
TRIPURA
District Map
N
INDIA
BANGLADESH
Kailashahar
MIZORAM
NORTH TRIPURA
Amtesal
DHALAI
AGARTALA
WEST TRIPURA
Udaipur
SOUTH TRIPURA
BANGLADESH
LEGEND
International Boundary
State Boundary
District Boundary
State Headquarter
District Headquarter
Map not to Scale
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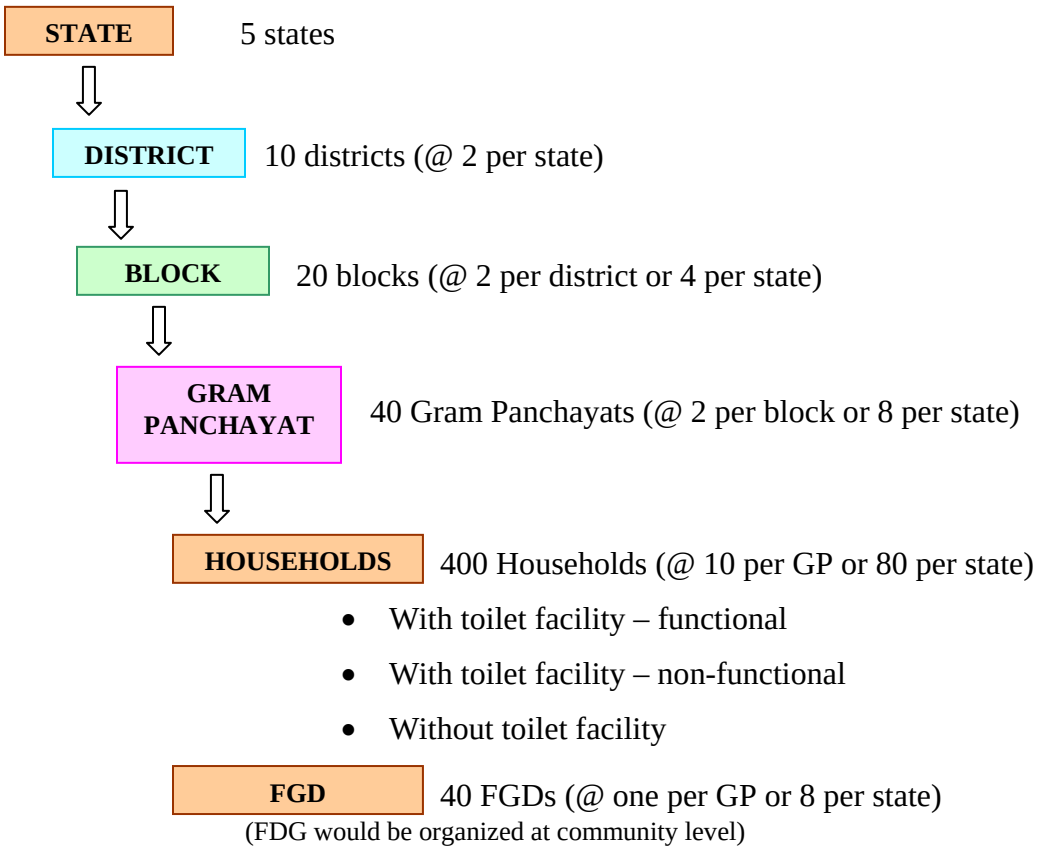
The selection of the block would be done after reaching the selected district and in consultation with WAI regional unit staff and concerned district/ state authorities. In addition to the criteria followed for selection of the district following factors would further be investigated prior to the selection of a sample block.

- Social (population by caste representation)
- Gender
- Economic (APL and BPL families)
- Location (Terrain, distance and accessibility)
- Performance (physical achievements)
- Number of NGP awards
- Water scares area
- Areas with shall water table
- Fund utilization pattern

Sampling scheme



T-06

Annex-3: Discussion Guide - Household level

Name of State:	**Date of Discussion:**
Name of District:	**Name of Block:**
Name of Gram Panchayat:	**Name of village/ hamlet:**
Name of Respondent (with whom discussion is taking place);	**Position of respondent in household:** (e.g. head of family) **Gender of head of family:** male/ female
Age of respondent (completed years)	**Name of Interviewer:**

Parameters – Col.1	**Sub-parameters – Col.2**	**Information – Col.3**	
H.1. Economic category – as per records	BPL		
	APL		
H.2. Caste that HH belongs to – indicate name	SC		
	ST		
	OBC		
	General		
H.3. Family size (number of members)	***Disaggregate***	***Members nos.***	***Literate nos.***
	Male		
	Female		
	Children (below 15 yrs)		
H. 4 Occupations in family *(List occupations in col.2 if other than listed below)* *1: Agriculture; 2: Agriculture labour, 3: Trade/ Small business; 4: Small shop; 5:*	***List occupations***	***Earning members nos.***	***Av. Annual income Rs.***

T-06

Parameters – Col.1	Sub-parameters – Col.2	Information – Col.3	
Craftsman; 6: Private job; 7: Govt. job; 8: Remittance			
H. 5 Does your household own toilet facility?	Yes, Observe toilet condition – cleanliness, water availability, soap, light, ventilation, location/ site		
	No, Why? What are the future plans? Has anybody approached you again? Location/ site of defection, time consumed, risks and problems? (Skip to Q.23)		
	Yes, but not functional Why ? (skip shaded rows)		
H. 6 Type of toilet?	Dry Pit		
	Single Pit latrine – on/ off		
	Double Pit latrine – on/ off		
	Ecosan		
	Septic tank (details)		
	Other – specify		
H. 7 If pit latrine – type of pit	Unlined		
	Brick/ stone Lined/ stabilized pit		
	Cement rings		
	Drum/ Bamboo		
	Others		

T-06

Parameters – Col.1	Sub-parameters – Col.2	Information – Col.3
H.8 if off- site pit latrine- how is it connected to the pit	Direct	
	Through junction Chamber	
H.9 If Pit latrine- type of pan	Rural pan India pan	
H. 10 If pit latrine – type of pan -	Cement / mosaic	
	Ceramic	
	PVC/ fiber	
	Fly ash	
	Others	
H.11. If pit latrine – super-structure	Kuccha mud structure	
	Pucca brick structure	
	Sack/ gunny bags	
	Tin/ asbestos	
	Others	
H 12.How is the waste stored and then disposed of?	Connected to sewerage system	
	Septic Tank that can be emptied (by tanker/pump)	
	Pit that is emptied (by hand when decomposed)	
	Pit that is abandoned when full	
	Other	
H 13 .How much did toilet construction cost?	HH contribution – Rs.	
	HH contribution-Labour	
	HH contribution –Material	
	Subsidy amount – Rs.	
	Total amount – Rs.	
H.14 Facilities during construction	When constructed (date)	
	Who contracted mason/ labour – e.g. panchayat, block, NGO, VWSC, own	
	Who suggested the design of toilet – e.g. mason, NGO, motivator, BDO, own	
	Mason/ labour available within village – yes/ no; where in NO and distance from village/ mode of transport	
	Material available within village – yes/ no; where in NO and distance	

T-06

Parameters – Col.1	Sub-parameters – Col.2	Information – Col.3
	from village/ mode of transport	
H 15. Record the satisfaction level (in col.3)	**Codes**: 1: Highly satisfied, 2: Satisfied, 3: Neither satisfied nor dissatisfied, 4: Dissatisfied, 5: Highly dissatisfied	
H 16.Discuss the reasons/ justification for constructing /		
H. 17 Did any body motivate you – yes/ no. Who motivated the HH? What has triggered (intensive/ attraction) construction – please record in brief		
H. 18 Problems faced in construction - money, material, design, mason		
H. 19. Benefits as viewed by respondent for constructing a toilet. What has been your experience after starting to use toilet facility? Does this anyway support your livelihood options	Women	Men
H 20Who all in the household use the toilet facility? Who use and WHY? Who does not uses and WHY? Where Infant feaces are disposed? Do children also prefer to use toilets? Note reasons if toilet not used/ non-functional		

T-06

Parameters – Col.1	Sub-parameters – Col.2	Information – Col.3
H. 21Who is responsible for cleaning/ maintaining toilets? What cleaning agent is being used?		
H 22 What are the problems faced in maintaining/ cleaning toilets? Expenses, water availability etc.		
H 23.Collection, storage and handling practices for drinking water?		
H. 24 Hand washing practice	Hand washing with water only	

T-06

Parameters – Col.1	Sub-parameters – Col.2	Information – Col.3
you or your household members adopt?	Hand washing with both soap water	
	Hand washing with water and ash	
	Hand washing with water and mud	
	No hand washing	
	Other practices	
H 25. How do you dispose off the hh waste?	Thrown outside and left	
	Thrown outside and burnt	
	Put in pit and left	
	Put in pit and burned	
	Put in pit and covered	
	Stored for collection to community dump	
	Stored and taken to community dump	
	Segregated before disposal	
H 26. What is the arrangement for waste water disposal?		

T-05

Annex-4: 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, subsidized– 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.

T-05

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?