

MAKING MARYADA REAL

Insights from the Maryada campaign and ideas on how to make sanitation happen in Madhya Pradesh

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April 2014

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EXECUTIVE SUMMARY

After the poor results of the 1999-2012 Total Sanitation Campaign, Madhya Pradesh launched the Maryada Abhiyan, based on the renewed national sanitation campaign Nirmal Bharat Abhiyan. The three relevant changes of the new campaign –as per its guidelines– are: a threefold increase of the latrine construction subsidy (partly using MGNREGA convergence), a renewed focus on collective behaviour change and women’s dignity and an emphasis on demand creation through Inter Personal Communication (IPC), such as the Swachhata Doots (SDs) –or sanitation frontline workers– and triggering methods drawn from the Community-Led Total Sanitation approach. In this report, we share our insights from the field on the recent developments of sanitation in MP and potential ways forward.

One positive change perceived is the higher priority of the sanitation campaign in the political agenda –although still far from the desired level. Moreover, the requisite to complete a latrine for receiving one instalment of housing schemes, coupled with strict verification, is yielding good results. It is also interesting to note that areas where CLTS methods and approach were adopted and delayed the disbursement of subsidies presented impressive progress. Preliminary impressions –the strategy was still being rolled out– about the SDs are mixed, but the initiative seems quite promising.

However, several problems were visible, too, the main one being the gap between the principles in the Maryada guideline and the real practice. For instance, the implementation remains strongly focused on latrine construction and driven by targets and budgets, instead of by behaviour change promotion, which is still low in terms of activities actually taking place. This results in a lack of appropriation of the new latrines by the households. Sanitation is seen as a government issue, which is a serious threat in terms of sustainability. Moreover, the MGNREGA convergence reinforces the construction focus and also creates a serious logjam due to its rigidity, time-consuming procedures and coordination problems. An additional problem is that 25% of MP’s rural households without latrines are ineligible for the construction subsidies, making the aim of making entire villages ODF fairly difficult to achieve. Regarding schools, their maintenance and cleanliness are still issues to be solved. A final ethical concern is the phased strategy which relegates the most challenging and often deprived GPs to the third phase of the campaign.

The deeper causes of these problems are multiple, but three main obstacles to MP’s sanitary revolution stand out. First, the low political priority, especially at the district and block level. Second, the inadequate institutional setting and capacity, in terms of inoperative Water and Sanitation Missions and manpower insufficient in numbers, capacity and motivation. Third, misdirected monitoring and accountability systems which focus on numbers of latrines and thus maintain the focus of the campaign on construction rather than collective behaviour change and –coupled with lax verification– results in high levels of overreporting.

Thus, the strategy for making Maryada real would be to raise its political priority and transform the institutional implementation system so that it fulfils that priority and is coherent with the spirit of the campaign. The political priority needs to be sent down the line, so that SDMs,

collectors, district and block CEOs and others move 'sanitation' up in their priority list and ensure that those reporting to them do the same. Ways to do so include involving higher authorities and media, publicly recognising achievements of the campaign and engage all districts, blocks and villages in Maryada (regardless of the phase of the campaign). The transformation of the implementation system includes four major elements.

First, a thorough review of the institutional setting is required, aligning the government machinery towards the aim of making Maryada real. A bigger and fully devoted state level team is needed, while districts and blocks manpower working on sanitation need to improve qualitatively and quantitatively. Water and Sanitation missions at all levels have to be reactivated and meet regularly and a robust training system is required, too. Coordination with other department (especially education) has to be ensured.

Second, monitoring should focus on behaviour change promotion activities, not only on construction and expenditure. It has to be flexible regarding the achievement of construction targets. Reliability needs to be strengthened through third party verification and negative consequences for over-reporting.

Third, the policy should be community-led and oriented towards collective behaviour change. Regarding the approach to achieve this, we propose walking on two legs: going to scale and at the same time innovating on a local scale, conducting pilot trials in different blocks, resulting in a menu of different approaches. These pilots need to be inspired in the success stories of Guna and Budhni blocks, drawing on CLTS methods and approach. The high construction subsidies are counter-productive (but unchangeable being national policy) and impede replicating the CLTS approach at scale. But most of the sequence and methods in CLTS can be adapted and adopted. We propose thus to generate a diverse repertoire to provoke and promote collective behaviour change, prioritising emotional tools (CLTS methods, theatre and inter-personal communication through SDs and champions). SDs implementation process should be continuously followed-up. Different ways to simplify the procedures for toilet construction (especially MGNREGA) should be explored: discretion to go ahead with no subsidy, without MGNREGA... Finally, mechanisms should be tried that ensure that toilet construction does not happen unless the households firmly decide to change their sanitary habits: direct cash transfer with queuing, subsidies after ODF, after self-built temporary latrine is used...

Fourth and last, learning fast and accurately about what works (or doesn't) where and why should be promoted, in order to address obstacles and spread and scale up sensibly from the pilots. This may include field-intensive research with early feedback, learning orientation of block and district Water and Sanitation Missions, qualitative feedback on grassroots realities by third party suitable research institutions, involvement of universities and colleges...

Madhya Pradesh is uniquely placed to innovate and lead in the fight against open defecation, having the remarkable foundation of the Maryada guideline. For success, two Ls are vital: Leadership and Learning. The potential of political vision and leadership is there and just needs to be properly articulated. But learning from innovations and about grassroots realities, has been largely missing, resulting in a big policy-practice gap. The recommendations aim at inspiring the decision makers to solve these issues and make MP the leading large State of Northern India in the sanitation campaign.

INTRODUCTION AND METHODOLOGY

The 1999-2012 Total Sanitation Campaign (TSC) yielded very poor results in India, and Madhya Pradesh (MP) was among the states with the lowest performance in terms of sanitation coverage. However, there were some exceptions, such as Budhni block in Sehore district or Guna block in Guna district, where the sanitation campaign was vibrant. Drivers of the good results in these areas are the fact that they aimed at generating collective behaviour change using Community-Led Total Sanitation (CLTS) methods and approach, along with the joint efforts of different actors to make sanitation happen, be it the block administration, UNICEF, a local NGO of sanitation motivators or grassroots Natural Leaders.

In the light of the failure of the TSC, Government of India made some changes in the campaign and renamed it Nirmal Bharat Abhiyan. The MP government has adapted the new campaign to the state, also drawing lessons from the successful experiences mentioned earlier, leading to the creation of the Maryada Abhiyan or Maryada Campaign, which aims at making MP free from open defecation (ODF). The Maryada guideline¹ describes a demand-driven and community- and women-led sanitation campaign. Reports point to a recent improvement of the sanitation interventions in the state, but there is a need of caution, taking into account that the TSC was also presented as a success until 2011 Census data revealed the real picture.

The purpose of this report is to share our insights on the recent developments in household level rural sanitation in MP, as well as what we see as potential ways forward to make Maryada real and unblock the logjam impeding a sanitary revolution in MP. This would bring about a significant change in wellbeing of rural Indians, especially through women's dignity, people's health, and children's nutrition.

The insights used to elaborate this report are based on the authors' visits to MP between October and November 2013. Robert Chambers spent five days in the state and Andrés Hueso spent two weeks. We visited 23 Maryada villages in 8 blocks of 5 different districts (Guna, Rajgarh, Sehore, Raisen, and Hoshangabad). At the district and block level, we interacted with district and block CEOs and NBA coordinators who were implementing the campaign. At the village level, we interviewed Swachchhata Doots, GP Sarpanches and villagers. We also visited schools and anganwadis and inspected dozens of latrines. We finally had several meetings at the state level, both at the Department of Panchayat and Rural Development and at UNICEF. Previously to this recent visit, we had been following the sanitation campaign in MP for several years, including extensive field research by Andrés Hueso in 2011 in the framework of his PhD thesis². Thus, we have been able to observe and reflect on some of the changes that the Maryada Abhiyan has brought about, as well as what its future pathway may look like.

The duration of our study and the state-wide geographical scope of the campaign limit the depth of our analysis and introduce regional biases. Language and cultural gaps also apply.

¹ Available at:

www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/MP_NBA_MARYADA_guidelines.pdf

² "Pathways to Sustainability in Community-Led Total Sanitation. Experiences from Madhya Pradesh and Himachal Pradesh", available at: www.communityledtotalsanitation.org/resource/pathways-sustainability-community-led-total-sanitation-experiences-madhya-pradesh-and

Relevant issues like sanitation beyond the household, accessibility for people with disabilities, menstrual hygiene management or solid and liquid waste management could not be analysed.

Initial findings from our field work were shared in Bhopal with the Government of Madhya Pradesh (GoMP), and a draft version of this report was sent to them in February 2014. Hymavathi Verman, State Programme Officer - Nirmal Bharat Abhiyan, of the Panchayat & Rural Development Department of Madhya Pradesh sent a feedback note on the 21st March 2014 which included the recent and encouraging changes that are being introduced in the Maryada Abhiyan (not necessarily as a consequence of our recommendations). The measures cited in that note have been reproduced verbatim in the related sections, using green boxes.

ANALYSIS OF THE PRESENT SITUATION

Main changes in the Maryada Abhiyan guideline

Analysing what concerns household level sanitation in the Maryada Abhiyan guideline, two main changes stand out.

The most relevant one is the increase in the subsidy for the construction of individual household latrines by three times, which is a national level decision. Approximately half of it is a direct incentive, while the rest is provided in form of labour through the convergence with the MGNREGA rural employment scheme.

Another important set of changes refers to the demand creation through Information, Education and Communication (IEC). There is a stronger emphasis on Inter Personal Communication (IPC), especially in MP, where 60% of the IEC funds are earmarked for IPC. Moreover, MP has also developed the idea of Swachchhata Doots (SDs) or sanitation frontline workers, developing SD guideline and several specific IEC materials for SDs to use during their motivating activities. Triggering tools drawn from and inspired by the Community-Led Total Sanitation approach have also been included in the Maryada guideline. The focus on collective behaviour change –aiming at fully Open-Defecation Free (ODF) villages– has been strengthened, too. Finally, the issue of women’s dignity has been prioritised, both as a justification of the importance of the sanitation crisis and as a driver to advance in solving it.

While the changes regarding IEC are undoubtedly positive for the sanitation campaign in MP, the increased subsidisation of latrine construction is a double-edged sword: as much as it may reduce the problem of partially-built latrines pervasive during the TSC, it may increase the money-driven and construction focused character of the campaign that inhibits changes in mindset and behaviour. Moreover, there is always a gap between the theory –the guideline– and the practice –the implementation–, mediated by institutional issues such as political priority and the accountability and monitoring systems.

We share in the next sections our insights over all these aspects.

Insights from the field

Starting with the positive developments, the biggest change observed is the higher priority of the sanitation campaign in the political agenda. Although it may still be far from what is needed, the difference is striking when compared to the situation a few years ago. The inclusion of sanitation in the Chief Minister's speeches and the increasing relevance of the sanitation crisis in the media are both symptoms and drivers of this increased priority. In words of a block CEO: *"The priority [of sanitation] has risen in MP, because the CM was positive on it"*. At all the administrative levels from the state to the GP level and both among elected political leaders and government officers, it was clear that the knowledge and interest about sanitation was higher.

Interesting developments could also be found in areas where CLTS methods and approach were used. Although still with contradictions and challenges, they have to some extent 'managed' the subsidy issue by making it post-ODF (in order to move up the sanitation ladder³) or post-construction, thus ensuring the willingness of the households to change their sanitary behaviour. Further research about this is needed, as these experiences may draw valuable lessons for other areas.

Another positive development is the fact that latrine construction is one of the requisites for the disbursement of one of the instalments of the housing schemes Indira Awas Yojana and Mukhya Mantri Abhiyan. There, where the fulfilment of these conditions has been followed strictly, the outcomes are very positive. In contrast, before it was common to see houses built with the Indira Awas Yojana that did not include a latrine.

The idea of Swachchhata Doots (SDs) is also very promising, but the strategy was still being rolled out at the time of the research. SDs had been selected in most of the villages included in the first phase of Maryada. However, the incentives system had not started yet and the training and distribution of sensitisation tools had not taken place. As a consequence, most of the SDs were just starting their motivation work timidly. In contrast, there were also a few of them that were very pro-active and enthusiastic, especially in areas where they had been already involved in sanitation awareness raising (e.g. Natural Leaders in CLTS areas). For instance, a SD from Sanchi block named Pappu, shared that he used his own story to motivate others: *"I was rejected twice just before the rings ceremony (Sagai) for not having latrine. After I built a latrine I finally got married!"*. To what concerns the selection of SDs, the selection



³ For instance, in Guna block, 2300 Rs were given to the eligible households once ODF status was achieved. Once they made shift from kacha to pucca toilet, the other 2300 Rs of the NBA incentive were disbursed.

criteria were not always followed, especially to what concerns the obligation to have 50% women if there is more than 1 SD in the village. Sometimes it was an issue of men taking all the publicly relevant roles. But many times it was related to aspects such as that few women complying with the other selection criteria, lack of willingness to or social/family pressure not to participate. Finally, the 50% figure being at the village level allows for cases such as one GP with 4 small villages, where all the SDs were men. In the recommendations we broach this issue and ideas about the training and incentive system.

Moving on to the problems observed, the overall picture is that the principles outlined in the Maryada guideline have yet to happen in practice and the process seems to be stagnant in many areas.

One important problem is that the sanitation campaign in MP remains strongly focused on construction and driven by latrine construction targets and budgets. This reflects inertia inherited by the TSC, but has to some extent been reinforced by the MGNREGA convergence – which is discussed later.

Apart from this, there is little evidence of behaviour change promotion activities at the grassroots, especially if we talk about IPC. This may change to some extent when the SDs finally take off, but there are other interesting tools included in the campaign (CLTS triggering tools, local theatre, etc.) that do not seem to be in the path to being developed, in terms of building capacities, training, strategy.

The result of the previous two issues that was observed is the lack of appropriation of their new latrines by many households. Sanitation is not perceived by villagers as their own problem, but as a government issue. Therefore, they neither make a decided and truly change of behaviour nor are ready to supervise the construction or make much effort to improve or maintain the latrines built in the frame of the Maryada Abhiyan, which poses a worrying threat in terms of sustainability. This story from one village may illustrate this:

Near a big multi-family house and relatively close to each other, six latrines had been built some months ago in the frame of the campaign for the eligible families living there. Three latrines presented different minor problems that made them unusable and remained unrepaired. One latrine was being used, but still the owner said that he wanted the government to repair a tiny and easily-reparable hole between the stones on the top of the pit. The last couple of the toilets were not completely built, reportedly because the MGNREGA funds had not arrived, although some family members were blaming the GP secretary and saying that there had been corruption, too. Open defecation was visible in the surroundings of the latrines and the house.



Building on the issue of the MGNREGA convergence, it must be said that it is creating a serious logjam in most of the areas. There were uncountable complains about its rigidity in terms of latrine options or for implying very time-consuming procedures. But the biggest problem highlighted was the coordination issues between those working in the sanitation campaign and those working for MGNREGA (who see sanitation as a minor issue), leading to delays in

payments of over a year in some cases, affecting the credibility of the campaign and the willingness of villagers to participate and listen to the sanitation motivators. The only exception to this are relatively urbanised areas where there are no 'big' infrastructure works pending and sanitation is seen as a way to spend the MGNREGA money. In any case, it must be reminded, that even in those areas where MGNREGA works, it reinforces the construction focus and reduces appropriation.

Finally, to what concerns the collective focus, the campaign has an important contradiction. Over 25%⁴ of the rural households without latrines in MP are BPL households that reportedly got a latrine during the Total Sanitation Campaign (TSC) and are thus ineligible for the NBA construction subsidies. Therefore, it is easy to find in every village households without latrines that are not going to receive any economic support. Some of them may have received a full latrine and not maintained it... but most never got any latrine or only got a half built one. And now they see that their neighbours –even some APL ones– are receiving a very high subsidy for their latrines. Naturally, more if we take into account the low level of behaviour change promotion, they are generally unwilling to construct a latrine and many times angry with the GP authorities and the campaign as a whole. This poses serious challenges –even in areas where a strong collective stand is taken (inspired in CLTS) – and the aim of making entire villages ODF becomes thus fairly difficult to achieve.

Clarification from GoMP regarding the equity concerns

The idea of selecting piped water villages in the first phase is to ensure the sustainable use of the constructed toilets as water plays a major role in the use of toilets.

The instructions are given at district and block level to include other villages and habitation of GPs where piped water supply coverage is not present but demand is there to ensure equitable access to even deprived communities residing in the selected GPs.

This strategy does not stop the other villages getting benefited from campaign and instructions have been issued to district authorities to release the funds and run sanitation campaign wherever demand comes from the other villages also.

A final concern is the phased strategy in the Maryada which relegates the most challenging and often deprived GPs (without piped water and with less favourable conditions) to the third phase of the campaign. Although it makes some sense to start with the 'easier' GPs having piped water, it must be taken into account that the implementation process of the campaign is much slower than planned and thus it may take up to 5 years to reach the difficult GPs very late, when the priority of the sanitation campaign may have decayed. These phases are thus very questionable in terms of equity, as they contribute to widen the gap between GPs with plenty of infrastructures and services and the 'less developed' ones.

Although the focus of the research was at the household level, some schools were visited, too. The situation is very diverse, but one common issue observed is that the maintenance and cleanliness of the school latrines are still problematic issues.

⁴ According to the TSC monitoring system, 85% of rural households had latrine in 2011, but the Census reduced this figure to 13%. This means almost 6 million households (72%) with missing latrines. Half of them are BPL and, as they reportedly got the incentive during the TSC, not eligible in the NBA. These represent over 25% of the 11 million rural households in MP.



The responsibilities over these issues are not clearly enough established and many times the toilets either are not cleaned regularly or remain under the exclusive responsibility of a – generally underpaid– sweeper. Similarly, there is no robust source of funds for toilet maintenance. It is even very common that toilets built very few years with minor problems go unrepaired and new toilets are built instead, as the funds for toilet construction are easier to access.

Obstacles to the sanitary revolution in MP

The issues discussed in the previous section are not easy to solve as one may think. They happen in specific context and through different mechanisms, which need to be considered. Changing the guideline won't be enough to solve them, as shows the existing policy-practice disconnection. Therefore, to see a way forward, it is important to have a deeper look and try to understand the deeper causes of the problems of the sanitation campaign, the obstacles to making Maryada real. These are multifaceted, interrelated and complex, but we believe three main set of obstacles stand out: low political priority, inadequate institutional setting and capacity and misdirected monitoring and accountability systems.

To what concerns **low political priority**, the very promising increase described earlier has not been able yet to eliminate the concern that sanitation is no high enough in the government's agenda, especially at the district and block level. Very few block and district CEOs, district collectors or sub-divisional magistrates are vocal about sanitation. They have many competing priorities and too many times they tend to focus on other areas that seem less complex and are more popular, such as bigger infrastructures and MGNREGA. Taking into account that their power in their jurisdiction is very strong, this neglect of sanitation goes down the line up to the GP level. Similarly, sanitation is generally not in the agenda of political leaders. District, block and GP leaders do not envisage sanitation as something that will make them get elected or re-elected so they rarely address the issue.

The second set of obstacles, strongly related with the low political priority, is the **inadequate institutional setting and capacity**. The water and sanitation missions at the different administrative levels are not taking place. The district ones, for instance, are thus neglecting their task of planning, monitoring and following up the implementation of the yearly projects in the NBA.

Moreover, the manpower devoted to the sanitation campaign seems to be insufficient at all levels and lacks the capacity and motivation to bring forward a campaign such as the Maryada.

For instance, we observed that in some blocks no NBA coordinator was posted. In some other blocks, the NBA coordinators did not seem to be very proactive or even have much knowledge of the sanitation campaign. Where we encountered motivated NBA coordinators, they many times reported lack of support from their superiors or from other departments (e.g. for MGNREGA or for school sanitation).

The lack of training was visible not only at the level of the block coordinators but also at the district and village level. And what is more problematic, there is no clear and strategically planned state level training system. This relates to the lack of a team at the Panchayat and Rural Development Department that is big enough, specialised and devoted exclusively to sanitation, very much needed for the scale of the challenge of sanitation in MP.

With the **misdirected monitoring and accountability systems** we primarily refer to the fact that there is a strong inertia in terms of how success is measured in sanitation and what those working in the Maryada Abhiyan are held into account for: through numbers of latrines built. Despite the rhetorical shift towards behaviour change and ODF villages, the monitoring system is still primarily about counting latrines. When reviewing the progress of the campaign in the different levels, numbers of latrines built is what will make an NBA coordinator look as a hard worker or not. We were able to see several evidences of this. For instance, all the NBA block coordinators in MP received in October 2013 a letter from their district urging them to get 500 toilets built in one month, otherwise they would not get their monthly payment. Several block coordinators complained about this and feared that it would lead to over-reporting and rushed implementation of the campaign. Another example was a divisional progress review meeting we were able to attend in Bhopal, where the debate was exclusively focused on the physical and financial progress, as compared to the targets, and no talk was there about demand creation. These dynamics maintain the focus of the campaign on construction rather than collective behaviour change promotion and the achievement of open defecation free conditions in entire villages. This is reflected in and reinforced through the monitoring system, which only monitors disbursement and toilet construction. Moreover, and partly consequence of the misdirected accountability system, there is a lot of overreporting. Although the recent introduction of photographs in the monitoring system has reduced, technology alone won't be able to counter the pressures that favour overreporting. Mechanisms for verifying ODF Gram Panchayats, like the State Quality Monitors, are positive initiatives, but our limited insights point to the fact that they need refinement and increased capacity.

WAYS FORWARD

Consistent with the analysis above, our suggestions and ideas on ways forward focus not only on the approach of the campaign but also on these three structural issues.

*The overall **strategy** for making Maryada real is to raise its political priority and transform the institutional implementation system so that it fulfils that priority and is coherent with the spirit of the campaign. This has four major implications. First, a thorough review of the institutional setting, increasing the manpower involved in the campaign and enhancing its capacity. Second, getting the monitoring and accountability systems right. Third, innovations, piloting different approaches in different places. And fourth, and most importantly, learning fast and accurately about what works (or doesn't) where and why, in order to spread and scale up sensibly.*

The following recommendations should not be understood as a recipe to be followed, but as a set of ideas and suggestions that, from our point of view, can sensibly contribute to the strategy defined above these lines.

Political priority

Visible political priority needs to be sent down the line, so that SDMs, collectors, district and block CEOs and others move 'sanitation' up in their priority list and ensure that those reporting to them do the same. This would also constitute a message to rural villages that sanitation is an important issue. Ideas on how to do that:

- Encourage **higher authorities** (Chief Minister and Heads of Departments) to publicly address the issue of sanitation, as this has proved to be very powerful and inspiring in the past.

- Involve the **media** in reporting about sanitation: the situation, the development of the campaign, the success stories...

- Make frequent **use** of video conferencing with collectors and CEOs, NBA divisional review meetings and others, with involvement of high profile PRD officials. Direct instructions (through the phone or personally) should complement letters.

- **Recognise** sanitation achievements through celebrations and functions with presence of higher authorities. Competitive awards with cross verification and given by higher authorities (such as the MVSSP awards in Himachal Pradesh⁵) could also be useful, and may be piloted in one district

- **Engage** all districts, blocks and villages in the Maryada campaign, even if they are not targeted for construction in the present implementation phase.

- Review and revise the inequitable priority in terms of the current targets to those villages already privileged through having water supplies. Priority in the Maryada Campaign should be given to the **poorest** and most marginalized communities.

Measures reported by GoMP for prioritizing sanitation issues in political agenda

1. A comprehensive plan for development of capacities of District and block level

⁵ Guidelines available in http://hprural.nic.in/MVSSP_2009_Guidelines.pdf

political leaders is put in place to ensure higher political priorities for sanitation campaign at every level.

2. State is organizing awareness rallies/workshops with the help of PRI and other public representatives. Our Hon'ble Chief Minister in his speech after swearing-in the month of Dec'13 clearly mentioned that every house in M.P. will have a toilet and it is in the priority list of the Government and is now being monitored regularly at the top level .
3. At national level, in India Today Conclave 2014, our hon'ble CM participated in the discussions on sanitation emphasizing the importance of toilets in comparison to temples clearly stating his Government's priority on sanitation.
4. State has recently organized the "Sanitation Awareness Campaign" from 20th to 25th Feb. 2014 which was focused on building awareness about sanitation in all over Madhya Pradesh. The campaign has adapted 360 degree media campaign using mix of mass media (TV and Radio), outdoor media such as theatre and Interpersonal communication at household level in the State.
5. National Doordarshan(T.V.) Channel covered success stories of some of the villages of Madhya Pradesh. We are organising workshops for media persons, youth networks and other CBOs/Social workers on a large scale.
6. Department has already started a program for recognition of sanitation achievements through individual awards, celebrations and functions in the presence of higher authorities/Political leaders.

Effective institutional setting

There is a need to put the government machinery to work effectively and efficiently in the Maryada campaign, creating the capacity required and with sufficient manpower. Specific measures which may be considered:

- Create a bigger **state level team** working on sanitation, incorporating government officers with good record on the sanitation campaign.

- Insist that **sanitation missions** meet regularly and work at all administrative levels, especially at the district level, where the district strategy and implementation should be designed and reviewed thoroughly, not as a mere procedure.

- Improve qualitatively and quantitatively the **district and block manpower** working on sanitation:

- Identify the ineffective district and block level NBA coordinators and advertise for and recruit as replacements only people who are passionate (with fire in their belly) about sanitation, hygiene and women's empowerment. Similarly, recruit people in the many blocks where there is no NBA coordinator yet.

- Hire at least one extra person per block and district exclusively dedicated to behaviour change promotion.

- Provide an extensive and high quality training to all newly posted block and district CEOs, along with existing CEOs who demonstrated high interest for sanitation.

- At all levels, from the block to the state, ensure that those working on sanitation devote **all their time** to this mission and are not diverted towards other administrative tasks. Much of their time should be spent in the field, interacting with villagers (adequate resources should be provided, such as transportation).

- Devise a robust **training system** based on the SQC principles of Strategy, Quality and Continuity. All the trainings should be carefully planned and be an integral part of a wider capacity building strategy, have good quality resource persons and include reinforcement through follow-up events. A person of the state level team should be fully devoted to plan and realise this strategy. One of its aims could be to muster a central team of facilitators available to work in blocks/districts which opt for them. The trainings should stress the links between OD and lack of hygiene and child undernutrition, women's anaemia and other health impacts, along with more immediate benefits such as convenience, privacy and pride.

- Ensure the involvement of the Education Department and **coordinate** effectively. Responsibilities for school sanitation cleanliness and maintenance should be clarified and fulfilled. Good school sanitation and hygiene is a powerful tool both to bring practices into the household and to send an institutional message about the importance given to sanitation by the government.

Measures reported by GoMP regarding School and Anganwadi Sanitation

1. A person(Safai Karmi) is being deployed by the Panchayats from their Panchparmeshwar Scheme (State scheme) for regular cleaning of school and anganwadi toilets.
2. Hand washing stand/platform in each school is being constructed to provide proper place for group hand washing with soap before Mid Day Meals .
3. Availability of soap for hand washing and other sanitation supplies are ensured from Mid Day Meal scheme.
4. At school level Child cabinet have been structured for monitoring WASH in school activities.
5. Policy for Clean school Award is also initiated since 2012 to ensure WASH in school benchmarking and recognition for sustaining proper WASH in school facilities and hygiene education.
6. Incinerators are being provided in girls' toilets.

Reliable monitoring system

Monitoring should be reliable and not solely focused on construction and expenditure. It should also be flexible enough, acknowledging the complexity of generating behaviour change. Suggested specific changes:

- Include **targets for behaviour change promotion** activities organised by the districts and blocks (triggering, follow-up, functions, theatre, school activities...). In review meetings and regular communication make these the main focus. Avoid setting short-term construction targets and using them to hold into account those working in the NBA.

- Accept **flexibility** in achieving construction targets, as long as behaviour change promotion is taking place and the obstacles to progress are analysed and reported. Reward honest reporting when targets are not achieved.

- Engage a third party to periodically conduct random sample based ground checks and **verification**, as a way to measure and control over-reporting.

- Institute negative consequences for significant **over-reporting**.

Measures reported by GoMP regarding the monitoring system

1. A robust system of monitoring is being developed to ensure effective monitoring of behaviour change promotion activities by district and block level activities, monitor SDs interventions and also restrict over reporting and only reporting toilet construction. The monitoring system also includes verification of ODF villages, usage of toilets, behavior changes of different age groups and triangulation with third party periodical sample based ground checks and verification. The monitoring system developed is online real time support and with geo tagging wherever required.
2. Mobile based real time monitoring system is now being done in one district on pilot basis which will be scaled up after seeing the results
3. Social audit is being done every year since 2012-13.
4. Third party concurrent monitoring system on periodical basis is being started.

Intervention approaches and innovations

Before moving to the specific recommendations about the approaches, it is important to reflect about scaling up approaches and past lessons.

The common tendency in States is to seek to go to scale instantly with an approach. This is necessary for scale and speed of impact. It is liable, though, to inhibit innovation and learning. We propose walking on two legs: going to scale and at the same time innovating on a local and pilot scale with continuous learning. This should apply to Maryada as a whole, and in particular learning from experience of supporting women to be drivers of change. Pervasively, women as agents of change are part of what we propose.

As per the NBA guideline and reaffirmed in the Nainital Statement⁶, the core of policy should be community-led and oriented towards collective behaviour change. A basic element is to prioritise promoting collective behaviour change over constructing latrines. Another significant lesson is that for collective behaviour change, there is no single known approach that can realistically be applied everywhere. Rather the key is to sponsor and learn from local innovation and to pilot and generate a range of experiences. The intervention approach we propose includes conducting pilot trials in different blocks, resulting in a menu of different approaches that could be drawn on later for state level policy and in different districts.

⁶ The Nainital Statement presents the main conclusions and recommendations from the National Workshop on Community-Led Approaches to Sanitation in the context of the Nirmal Bharat Abhiyan held at the Uttarakhand Academy of Administration, Nainital from the 16th to 18th April 2013, available at: http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Nainital_statement.pdf

We believe that the current high levels of financing construction of individual household latrines are counter-productive disincentives for collective behaviour change. The ideal, as shown in recent extensive progress in Nepal, is a policy of no central subsidies at all. However, while Madhya Pradesh follows national policy, and national policy remains unchanged, the challenge is to reduce the adverse effects of the subsidies. Adequate timing, procedures and conditionality may partly offset some of the negative consequences of subsidisation.

Lessons can be drawn from UNICEF-supported experiences in Guna and Budhni blocks. Both of these drew on and used CLTS methods and approach. This relies on pre-triggering preparation of communities, then triggering and follow up, leading to communities declaring themselves ODF, then independent verification, and post-ODF continuing support to ensure sustainability, providing conditions in which households can move themselves up the sanitation ladder. Of this sequence of activities, triggering has received the most attention, facilitating as it does community members' own appraisal and analysis of their habits of open defecation, 'facing the shit' as it is put, and reacting with disgust and embarrassment when they recognise that they are 'eating one another's shit'. As observed in many GPs in Guna and Budhni⁷, well facilitated in favourable conditions (which include no upfront hardware subsidy), CLTS often leads to a collective decision and immediate action to dig latrines and stop open defecation.

The full CLTS approach and methods are not replicable at scale, primarily because of the NBA subsidy, which makes the conditions highly unfavourable for CLTS in its full and proper form. Moreover, past extensive CLTS trainings have also yielded poor results. However, the approach provides pointers for making the Maryada campaign more successful, and its most of its sequence and methods can be adapted and adopted. How well this can be done at scale is unknown. At local levels, it is one of the areas for innovation and pilot testing.

Based on these ideas and bearing in mind the importance of encouraging local innovation and adaptation and of supporting champions, we propose for consideration:

- use a **diverse repertoire to provoke and promote collective behaviour change**, which should be the main focus of the campaign. In order to do so, prioritise and research emotional tools such as CLTS methods, theatre and inter-personal communication through Swachchhata Doots and other champions. These approaches are significantly different from traditional rational IEC tools (speech, posters, wall-painting, etc.). These activities need to be viewed as a continuous component which does not finish with the construction of a toilet.

- **Swachchhata Doots** (SDs) being a recent and very promising innovation on a state-wide scale, the implementation process should be provided with continuous support and capacity building, with feedback on approaches and methods that work. Some key elements are:

- training for all SDs to stress their behaviour, attitudes, and a repertoire of varied activities they can facilitate and carry out.

⁷ A short video on the experience in Budhni is available at <https://www.youtube.com/watch?v=j7zO3D9S7nM&feature=c4-overview&list=UU-PhoMIVWsstY-VvtUIe-Og&noredirect=1>

- sub-block meetings where successes and difficulties are shared, and where innovations are encouraged and recognised.

- remuneration of all SDs for their work in a fair and timely fashion.

- selection criteria for SDs to be reviewed in order to ensure that enough female SDs are selected.

- a study to be commissioned to identify what SDs are doing and what they can reasonably be expected to do and how. This applies to such activities as convening community meetings, gaining local political and administrative support, and using triggering methods to induce collective behaviour change. Experience in other states and countries should be drawn on.

- To the extent possible, **procedures should be simplified** and within reason local discretion encouraged. In particular, the complexity and rigidity of the present construction procedures should be simplified, especially to what concerns the MGNREGA convergence. We suggest four ways to do this, in decreasing preference order (although all of them could be pilot tested):

- Give discretion to blocks and districts to go ahead in a CLTS mode with no subsidy if they so opt, or as in the NBA guideline and the Nainital Statement, with payment of subsidy postponed until after a habitation has been verified as ODF.

- Give discretion to go without MGNREGA, using just the Rs 4600 NBA incentive for construction if they so opt.

- Give discretion as above, but compensate the loss of the MGNREGA money partially (e.g. with Rs 2000) through the Backward Region Grant Fund (BRGF) or similar suitable funds.

- Give discretion as above, but with full compensation of the MGNREGA component (Rs 4400) from suitable funds.

Measures reported by GoMP regarding MGNREGA issues

1. NBA block coordinators are given training about the procedures to be followed for convergence with MNREGA.
2. MGNREGA software issues are resolved now and process is decentralized up to GP level to speed up the progress. Where at GP level Rojgar Sahayak are being empowered to raise request, issue of muster rolls and feeding DPR for household toilets, where demand generated for speedy processing of MGNREGA payments.
3. Regular meeting between NBA staff and MGNREGA staff is now being held to resolve the issues immediately at every level.
4. Govt. also issued instructions to construct toilets with total component of MGNREGA i.e. Rs. 10000 from MGNREGA for family toilet without NBA convergence.
5. Government has also given the flexibility of using the incentives of NBA amount only without using the MNREGA component if the beneficiary wants so.

- With the aim of ensuring that toilet construction does not happen unless the household has firmly taken the decision to change their sanitary practices, different approaches could be tested in different blocks. For example:

- Combine direct cash transfer with queuing: ask women, on behalf of their families, who would like to join the programme. Take the first ten who come forward in a village (habitation). Make direct payments in advance to their bank accounts of enough money for the completion of the substructure. Pay in the remainder on verified successful completion of that stage. When complete construction is verified in these 10, repeat with the next 10 in the queue. Ensure fair queuing if several groups want to be part of the programme. In big villages, the batch might be larger than 10.
- Use CLTS methods to motivate collective behaviour change. When all the households have constructed latrines (even if temporary ones) and use consistently, the NBA cash would be disbursed (in two instalments) and used for constructing a pucca twin pit latrine.
- Other innovations for testing could be invited from different levels.

Additional measures reported by GoMP regarding networking

1. State had discussions with youth networks such as National Service Scheme(NSS), Bharat Scouts and Guides(B S&G) (Network of school going children), Nehru Yuva Kendra Sangathan(NYKs) and Jan Abhiyan Parishad(JAP- Network with presence at village level self help committees) to engage for promotion of sanitation behaviours at village level and also provide third party feedback of implementation of the campaign and one workshop was already organized in this direction and finalized the interventions.
2. The Panchayat and Rural Development Department of Government of Madhya Pradesh (PRD, GoMP), Hindustan Unilever Limited (HUL) and UNICEF pooled their expertise to implement a first-of-its-kind hand washing with soap program “School of five” in the Madhya Pradesh in the year 2013. The program aimed to inculcate the hand washing with soap practices at critical times among school going children and their families. The program covered 5712 schools, targeting the headmasters, teachers and the approximately 600,000 enrolled students and their families of Guna, Shivpuri and Tikamgarh district of Madhya Pradesh in first phase. After seeing the impact, now the program is being scaled-up to cover all the schools of Madhya Pradesh.

Rapid and realistic learning and feedback

A vital key component and the most important innovation, is that such pilot trials and Maryada as a whole should be accompanied by field-intensive research and early and realistic feedback to policy to understand what works where and how. Continuous learning and research is needed, be it to learn from and adapt and evolve the pilots or to understand and solve the problems of the current implementation of the campaign. To achieve this, we recommend:

- Encourage block and district missions to be learning oriented, providing a safe space to discuss the difficulties faced and observed on the ground, and noting and reporting what they have learnt.

- Commission suitable research institutions and/or NGOs, to provide continuous qualitative feedback on grassroots realities. One element in this could be say 10 researchers living for short periods in different communities in order to get a sense of what is really happening, and then comparing notes⁸.

- Pay special attention to learning from the pilots, with combining qualitative and quantitative insights.

- Raise the profile, status and funding of Maryada and sanitation in universities and colleges, involving teachers, and motivating and supporting students to conduct relevant residential field research. In addition to direct benefits this would set an important standard nationally, with wider impacts outside Madhya Pradesh.

MADHYA PRADESH'S UNIQUE OPPORTUNITY

In our view, Madhya Pradesh is uniquely placed to innovate and lead in the fight against open defecation and lack of hygiene, and their bad effects. MP has the remarkable foundation of Maryada to build on. It has been widely argued that women will have to lead in India in the fight for sanitation and hygiene. In the words of the Nainital Statement: 'Women, women's movements and women's organisations have a vital role at all levels in the campaign for Nirmal Bharat'. In this respect, having launched Maryada, MP is ahead of the game. To our knowledge no other state has a similar policy. MP also has the potential of political vision and leadership, and vision and leadership in the Government, which can drive major shifts to transform the lives and wellbeing of many millions of women, children and men. If the recommendations we have made can inspire and be adapted with energy and widespread commitment at all levels and across political divides, and with Government departments fully engaged in a campaign mode, MP can leap from being a backward state in sanitation to leading the field among the large States of Northern India. For success, two Ls are vital: Leadership and Learning. Leadership is obvious, essential, and widely recognised, but Learning less so. However, learning and learning from innovations and about grass roots realities, has been largely missing, and is a major reason why progress has been so dismally slow and why the theory-practice gap is so persistent. If MP can demonstrate the power of these two Ls together, it will bring huge benefits to the people of the State and, at the same time, stand tall among other States and provide them with lessons and approaches from which many millions more, especially in North India, will benefit.

⁸ For a model of this, see the Reality Check Approach used in Bangladesh: <http://reality-check-approach.com/approach/the-approach>

References and useful sources

CLTS Campaigns: a checklist of 88 practical actions, available at

<http://www.communityledtotalsanitation.org/resource/clts-campaigns-checklist-88-practical->

Community-Led Total Sanitation Handbook, by Kamal Kar and Robert Chambers (2008), available at

<http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/media/cltshandbook.pdf>

Community-Led Total Sanitation Website: <http://www.communityledtotalsanitation.org>

Maryada Abhiyan Guideline, available at <http://washurl.net/42kkyn>

Nainital Statement, available at:

http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Nainital_statement.pdf

Pathways to Sustainability in Community-Led Total Sanitation. Experiences from Madhya Pradesh and Himachal Pradesh, by Andrés Hueso (2013), available at

<http://www.communityledtotalsanitation.org/resource/pathways-sustainability-community-led-total-sanitation-experiences-madhya-pradesh-and>

List of abbreviations

BPL	Below Poverty Line
CEO	Chief Executive Officer
CLTS	Community-Led Total Sanitation
GP	Gram Panchayat (lowest level administrative unit, formed by one or several villages)
IEC	Information, Education and Communication
IPC	Inter-Personal Communication
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act
MP	Madhya Pradesh
NBA	Nirmal Bharat Abhiyan (Clean India Campaign)
NGO	Non-Governmental Organisation
OD	Open Defecation
ODF	Open-Defecation Free
SD	Swachchhata Doot
SDM	Sub-Divisional Magistrate
TSC	Total Sanitation Campaign
UNICEF	United Nations Children's Fund