

Background Discussion Note on Policy and Practice

prepared on the occasion of the Jaipur Rural Sanitation Sharing Forum

What works at scale? Distilling the critical success factors for scaling up rural sanitation

February 5-7, 2014

This is a statement of what we believe to be the current situation in India, together with practical proposals for ways forward.

As contributions to this workshop will show, there is experience to draw on from many countries (for many sources see www.communityledtotalsanitation.org). In South Asia, remarkable progress has been made in Bangladesh including with the poorest people, and change is fast in Nepal where ten Districts and a quarter of rural communities had been declared open-defecation-free (ODF) at the time of Sacosan V in October last year. Many African Governments which have adopted Community-Led Total Sanitation (CLTS) as national policy are making rapid progress through triggering and supporting community collective behaviour change. Burkina Faso and South Africa stand out as exceptions: both like India have entrenched policies of individual household hardware subsidy which have induced dependence and deterred collective self-help.

Rural sanitation in India now stands out as one of humankind's greatest, gravest and most intractable problems. In 2006, India had 55 per cent of the open defecation in the world. This rose to 58 per cent in 2008 and 60 per cent in 2013. The undernutrition of children, with one third of the undernourished children in the world, is causally linked through multiple faecally-transmitted infections (environmental enteropathy, intestinal worms, diarrhoeas and numerous others). A recent study by Dean Spears comparing over a hundred Demographic Health Surveys internationally found that 65 per cent of undernutrition is accounted for by open defecation taken together with population density, a combination widespread in India, especially in the North, and which explains why Indians are shorter in stature than Africans. It also suggests that Bangladeshis and Nepalis are set to be taller than Indians in coming decades. That is, unless policy and practice in India are radically transformed. Unfortunately, as we all know, OD in India has proved resiliently intransigent, with the cards heavily stacked against its reduction. The failure of the TSC, with more people doing OD at its end than near its start, the much cited 60 million missing toilets, and the heavy skewing of the limited benefits of the TSC against the poorer quintiles who hardly benefited at all – these all point to the enormity of the challenge. The other side of the coin is the vast scope for enhancing human wellbeing, especially that of women and children, if practical ways can be found to achieve ODF conditions and hygienic behaviour.

Reviewing the CRSP, TSC and NGP experience reveals a negative syndrome with three major interlocking impediments:

1. Disbursement and supply-driven , top down, hardware subsidy implementation (despite the community-led rhetoric) and related incentives and disincentives
2. Grossly misleading monitoring and reporting
3. Local-level corruption on a grand scale

These three have now been compounded by the demoralising logjam created by linking NBA with MNREGA.

Of these three impediments, the least difficult to reform is monitoring and reporting, and innovations with ICTs are tackling this. The presentation to the workshop by Upneet Singh will show what has been done and can go to scale. This approach should weaken but may not eliminate corruption unless complemented by universal budget transparency and use of the RTI.

Regarding the subsidy, the ideal would be as in Nepal, Indonesia and many African countries, to abolish it and adopt Community-Led Total Sanitation (CLTS) combined with campaigns for collective behaviour change (CBC).

The capacity does not exist to implement CLTS suddenly at scale, but its approach and methods could be drawn on selectively in campaigns as it has been in Himachal Pradesh and elsewhere. The potential here will be illustrated in the workshop by presentations on Himachal Pradesh, Meghalaya, Madhya Pradesh and some other states. It is notable that many of the examples in the Ministry's landmark joint publication with WSP *From Dreams to Reality* are CLTS. But caution is needed in generalising. Repeatedly we hear about success stories, but usually on a limited scale, and often dependent on individual champions (B.C. Khatua and Nipun Vinayak in Maharashtra, Deepak Sanan in Himachal Pradesh, Amit Agrawal in Haryana and so on) with achievements that do not last after they have been transferred. The challenge is to multiply, encourage and support champions, and to go beyond this to pioneer and spread combined approaches which will work widely in less ideal conditions.

With that in mind, we present below elements in a programme which we believe, if resolutely adopted and well adapted by States, would go a long way to improving performance, and might indeed lay the basis for more radical transformation. Some of these measures are already being implemented in some places. A pervasive theme is collective behaviour change to transform current norms which reflect how many prefer OD and fresh air to using a toilet, and regard it as healthier. Prominent, continuous political vision and leadership is fundamental to going to scale successfully. But even without that, progress can be made. Much that goes far beyond traditional IEC is required. And women can have a key role in spearheading national and state level movements. Drawing on, and going beyond, the [Nainital Statement](#)

Here are ten thrusts:

- 1. Launch dynamic multi-pronged national and state campaigns** raising the status of sanitation and hygiene, dramatising the links between open defecation and undernutrition and stunting for the whole population, and transforming social behavioural norms, ideas of purity and so on, from preferring OD to preferring the use of toilets. See [A checklist of 88 practical actions](#)
- 2. Set up task forces and support champions.** As in the Nainital Statement ' For NBA implementation, Task Forces for Collective Community Behaviour Change should be established as dedicated units in the MDWS and in States to promote, support and

spread community-led approaches. Committed champions in Government should be identified to staff these task forces and assured enough continuity in post to have a lasting impact.'

- 3. Set up units or organisations for learning and sharing.** This is a linchpin for all the other thrusts. Misinformation, turning blind eyes on corruption and false reporting, and failing to know what is really going on, have been pervasive sources of poor practice and bad performance. New grounded research methods, such as those of Reality Checks (now in five countries) are needed for keeping realistically and honestly in touch and up to date, warts and all. Understanding what is happening with innovations and their spread, and action research to improve them are a vital part of this. Committed staff in learning and sharing units either in research institutions or in Government, in each State, should make a crucial contribution here. Accurate and timely feedback of the sort they could provide would greatly enhance the prospects of other actions working and working well.
- 4. Make wide-ranging and intensified use of IEC funds** (as recommended in the Nainital Statement): 'Funds for IEC should be increased for extensive use for awareness raising and capacity building at all levels, and new additional activities including - training for Collective Community Behaviour Change triggering and follow up; training and remuneration of Swachchhata Doots/Natural Leaders as an army of footsoldiers dedicated to WASH; and monitoring activities at state and other levels.'
- 5. Support women's groups, organisations, movements and leadership.** It is notorious how current social norms discriminate inhumanely against women, and how much women have to gain from the privacy and convenience of good sanitation. Women champions can spearhead change and lead the way to a Nirmal Bharat. Their commitment and energy have much to contribute. They can have vital roles at all levels in the campaign for a Nirmal Bharat. Indeed, they can and should lead it. At the community-level, women's self-help and savings groups can provoke and catalyse action. The National Rural Livelihoods Programme, Mahila Samakhya, and other movements, programmes and organisations can all have roles. Some women's organisations have already been active, and there will be much to learn from them. As recommended in the Nainital Statement of April 2013, 'women should be triggered and supported to lead the drive for ODF and hygienic conditions including menstrual hygiene. In sanitation at least one third of staff at all levels should be women'.
- 6. Innovate. Pilot innovations and then if suitable test taking them to scale.** The NBA can be progressively transformed through innovations which are tested and then evolved to be feasible at scale. More of much the same as with the TSC, as with the current NBA, could lead to a 2022 much like 2012. To avoid this, every State could devise and test two or three innovations. A number are already in hand. These would be experiments and pilots with built in learning, adapting and improving. CLTS is a key case but for all its successes the scale of its spread has been small, and is likely to continue to be limited as long as the hardware subsidy continues. In parallel with CLTS proper, other approaches should be piloted and learnt from. An example is up-front cash transfers to the bank accounts of women in a group, with other

groups queuing and qualifying in sequence when earlier groups have completed their toilets, as may be being considered in Madhya Pradesh. Another is the modification of NBA proposed in Odisha to follow and complement CLTS.

- 7. Postpone subsidy until a whole habitation has been credibly verified as ODF.** As a policy this is not new, but its practice has been limited. This is critical for provoking and mobilising self-help as against dependency.
- 8. Make habitations the unit for declaring and verifying ODF.** For collective community behaviour change, the habitation and not the GP is the natural unit.
- 9. Delink MGNREGA and NBA.** The link with MGNREGA has complicated and delayed implementation. Like anything difficult, heroic efforts can make it work, and these may be reported to the workshop, but it has to be asked at what cost this is in delay and demotivation. Options for delinking MGNREGA and NBA should be explored with learning from cases where this has already been done under the radar. Unless this problem can be cracked, the prospects of a Nirmal Bharat seem dismal indeed.
- 10. Be passionate.** At the end of the day one thing will make more difference than any other. Passion. The energy, drive and commitment that come from passion, from recognising the enormity of the challenge and the vast potential for enhancing wellbeing through overcoming it are the drivers that will make a difference. The vision of a Nirmal Bharat – just thinking of what life in India would be like without faecally-transmitted infections, with a tall, healthy population – can energise and inspire the passionate champions without whom little will change.

We pose three questions:

1. Would these actions help to realise the dream of an ODF rural India?
2. If not, what are better suggestions?
3. But if so, how could they be strengthened, and who can and should take action, how, and how soon?

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