



Statement by the CLTS Foundation on Adapting NBA for Improved Outcomes.

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Friends, ladies and gentlemen- At the outset we would like to thank Sri Pankaj Jain – Secretary DDWS, Government of India, Sri Vinod Mishra – National Coordinator WSSCC, India and the organizers of the workshop for arranging this important meeting to discuss & explore the possibilities of improving outcome from the NBA program implementation. Although the workshop is on “community led approaches in India” we would like to specifically talk about the community led total sanitation (CLTS) approach and the great possibility it offers to transform the pathetic sanitation profile of our country.

1. India has the largest number of persons defecating in the open in the world. Please remember that there are more than 850 million people using mobile phones. We would also like to underline here that there are people in most economically advanced states like Punjab, Haryana still go for open defecation by car. This raises the question whether these are poor people who need Government subsidy for constructing their toilets or it is a mindset problem associated more to the hygiene behavior practice. Estimates place this number at 635 million representing 58% of the total number of persons defecating in the open in the world. There are states in India, like Jharkhand, where the 2011 census shows that barely 8% of rural households have toilets. The link between sanitation and poor health is well known. Estimates of disease burden due to poor sanitation range from 50% to 70% of all disease burden. The extent of infant mortality due to diarrhoea is usually cited as one of the most important reasons for working on sanitation by organizations like UNICEF. The correlation between Open Defecation and stunting in children, implying the existence of malnutrition caused by the inability to absorb and retain nutrients due to diarrhoea, with its permanent adverse consequences on the mental development of children is less often realized. The elimination of ODF cannot result merely by some households using toilets but only when there is a collective behaviour change by the entire community. Only then the benefits of improved sanitation will be available to all. These relationships have been highlighted in recent work by the American researcher Dean Spears of Princeton University.

2. Serious efforts at improving rural sanitation began in India in the 1980s after the 1981 Census showed that only 1% of rural households in the country have toilets. Subsidies to fund toilets for poor households began in that decade. The results were not impressive. The realization

that toilet use is not about hardware but behaviour began gaining ground in the 1990s. The Total Sanitation Campaign launched in 1999 underplayed subsidy and emphasized the need to concentrate on behaviour change. But government systems were still focused on toilet targets and expenditure. As a result, progress in sanitation appeared to slow down after the introduction of TSC.

3. Thereafter, national rural sanitation policy in India has been marked by a consistent increase in subsidies for toilets in poor households as well as increased funding of toilet complexes in school and public places. At the same time, there has been recognition of the public good dimension of sanitation in the institution of the Nirmal Gram Puruskars, first awarded in 2005. However, the overall results have been far from impressive. Between 2001 and 2011, rural households using toilets went up from 22% to 31%, less than the increase in the preceding decade which lacked a high profile national sanitation programme. The reporting system of the national programme showed that about 70% of rural households had been provided toilets in this period. In effect, most toilets were ‘missing’ in the absence of behaviour change.

4. Even more dismal has been the achievement and sustainability of collective behaviour change as reflected in evaluations of NGPs. Despite almost 10% of rural local bodies having been verified and certified as ODF and ‘sanitized’ over the years, anecdotal evidence and the few surveys undertaken would appear to show that not more than 2% to 3% of these communities have been able to sustain their achievement.

5. The silver lining in this period has been the success of a few States, most notably Himachal Pradesh and to an extent Haryana. The most significant progress in rural sanitation has been exhibited in Himachal Pradesh where household toilet coverage has actually increased from 31% in 2001 to 68% in 2011. High achievement has also been reported in Haryana. It is important to highlight the lessons that can be gleaned from the approach adopted in these States to achieve these favourable results. Himachal Pradesh adopted a strategy seeking to facilitate collective behaviour change in rural communities and explicitly stated that no individual household subsidies would be given for toilets. Instead, communities would only be rewarded on achieving an ODF environment. Consequently, the entire approach in Himachal Pradesh was not driven by the targets of toilets to be constructed and subsidies to be disbursed. The state government instead monitored the districts for the extent to which Gram Panchayats were facilitated through motivators to undergo collective behaviour change, involving a process of self analysis leading to collective action to confine excreta safely. The whole process was undertaken in a campaign mode with clear responsibility and involvement of district administration, proper training and a monitoring structure focused on creating ODF communities and not counting toilets.

6. The approach adopted in Himachal Pradesh was based on the key principles of CLTS – Community Led Total Sanitation. CLTS explicitly recognizes that sanitation is about collective behaviour change which occurs when a community is triggered to engage in self analysis and is reflected in a resolve to undertake collective action to remedy the community’s situation. An enabling policy environment that ensures that this process occurs and is sustained is an essential part of CLTS. A prime requirement is that subsidies should not be disbursed for individual household toilets but at best as a community reward. Himachal Pradesh adopted this as an explicit policy and secured the best results. In states like Haryana, Meghalaya and to some extent

Maharashtra, subsidy was underplayed and district authorities often withheld the subsidies to ensure some achievement. Elsewhere, rural India presents a depressing picture of failure.

7. CLTS has been adopted in over 50 countries world-wide and displayed remarkable results. The evidence from within India, wherever policy has allowed its practice, is also clear. Without an enabling policy environment that has benefited from the lessons of significant achievement elsewhere, it is unlikely that significant positive change can be achieved in India. The key issue is, therefore, amendment of existing policy to enable such achievement- primarily the manner in which the guidelines of the central funding mechanism, currently the Nirmal Bharat Abhiyan (NBA) require adaptation so that the focus actually shifts from a landscape of toilets to a landscape without open defecation.

Adapting the NBA

8. The Nirmal Bharat Abhiyan (NBA) has one positive feature. It builds on the NGP component of the TSC in reinforcing collective adoption of sanitation for achieving results and seeks to keep this responsibility at the local community level of the Gram Panchayats. However, the process and guidelines of the NBA can end up defeating this objective if not adapted in an appropriate manner. The NBA can easily lead to an even greater focus on toilet construction and supply driven implementation than its predecessor, the TSC. This can happen because the key feature of the NBA is the emphasis on funding a toilet saturation plan (with high subsidies for households) in selected priority Gram Panchayats. This is supplemented by funding for toilets in schools, anganwadi and government buildings and a provision for leveraging more funds for household toilets through MGNREGA. This means that the entire attention of the implementing agency and the key targets to be monitored are the number of toilets to be constructed and the funds to be disbursed. At the same time, the selection of Gram Panchayats to be taken up under the NBA is not demand driven in any manner. It explicitly seeks prioritization of Gram Panchayats which already have piped water supply. In another words, the NBA can end up giving more funds to those who have performed poorly on sanitation in the past (by having less toilets) or even suggest to Gram Panchayats, that showing less existing toilets will result in more funds for construction! At the same time, Gram Panchayats which have already benefited from government schemes earlier in terms of piped water supply will be given more benefits through funds for toilet construction. In such an environment, no stakeholder will have the incentive to work on behaviour change and collective action by the community at its own level. The programme implementation machinery and community will both emphasize toilet construction to reap financial benefits from government and as in the past, the gap between reported and actual coverage will remain large. It is, therefore, imperative that sanitation policy clearly de-emphasize this feature of NBA and adapt the guidelines in a manner which will ensure that facilitated communities resolve and take collective action by themselves to secure improvement in sanitation. The entire incentive structure guiding the behaviour of the programme implementation machinery and the community must undergo a change.

9. It is essential that the NBA be amended to provide states the incentive to achieve improved sanitation and not simply spend on toilets, which are not used. Furthermore states

should have the flexibility to design and implement NBA in a manner that creates the environment for rural communities to secure and sustain collective behaviour change and for programme managers to monitor this process rather than follow up on targets of toilets constructed and expenditure incurred.

i) It is not clear how NBA allocations to states are decided at present. Possibly it is based on projects for saturation of priority Gram Panchayats. This is clearly a supply side selection of Gram Panchayats with an incentive for them to show as many households as possible, without toilets. It also works against states, which have already shown considerable achievement. These perverse incentives can be avoided if the NBA assistance is divided into two compartments. The first can be a normative grant (based on rural population figures) to each state each year for any support that states' wish to make for sanitation in any form (infrastructure, communication, training, subsidy, etc.). The second compartment would be a performance grant, which can further comprise of two segments. One segment would reward the proportion of rural population covered by certified ODF/Nirmal communities. The second segment will reward improvements in critical health and nutrition related indicators (IMR/CMR) and child nutrition status/extent of stunting. With adequate weight for the performance compartment, the NBA can then truly be both an aid for support to sanitation and a reward for the outcomes that improved sanitation aims at.

ii) The critical requirement for such a reformed NBA programme to succeed will be a credible system of verification and certification of ODF/Nirmal status of communities and of the information on the health/nutrition indicators. The existing system for NGP verification has not covered itself with glory. The Department will have to invest in and devise a credible third party verification and certification system with assistance from both donors and responsible civil society organizations including natural leaders and community consultants from true ODF villages. For the health indicators, the NSSO has demonstrated an ability to secure district wise data for 11 backward States. This can easily be extended countrywide to get the annual data for each State and district. This structure will create an appropriate incentive for States to explore the appropriate approach for achieving required outcomes. It will become possible to convince them of the potential inherent in CLTS and they will have the freedom to engage the capacity for delivering CLTS which has been built across States in the country in the last decade.

iii) The current NBA guidelines on various matters need modification to ensure state level autonomy and flexibility. Most important, states should be at liberty to decide on whether to disburse funds earmarked for subsidy for individual household toilets as such or as community rewards.

iv) There should be no pre selection of priority Gram Panchayats based on availability of piped water supply or any other criterion. Instead States should emphasize creating an army of motivators to reach every Gram Panchayat and let the priority be exhibited as achievement by the Gram Panchayats facilitated by the motivators. This will then become a priority in securing rewards by ODF Gram Panchayats (after verification) out of NBA funds.

v) There should be no direct linkage between toilets to be constructed and the amount to be given to a GP (preferably as a post ODF reward). Instead a normative amount should be specified for different sizes of Gram Panchayats (based on number of households) in the same way as the NBA proposes funding for solid and liquid waste management.

vi) The various funds for toilets in school, anganwadi and public places should flow after verification of ODF status in the GP and again this should be a normative allocation rather than an actual 'gap' based funding.

vii) Once ODF has been sustained for a few months (and verified) and all schools, anganwadis and public places have been suitably covered, only then funds for SLWM be disbursed.

viii) The NBA can also advise States at their own level, incentivize improved sanitation performance at Gram Panchayat level by:

a) Prioritizing allocation of piped water supply schemes for verified ODF GPs.

b) Institution of an award for the best performing 'Swach' Gram Panchayat in every block, district, division and the state.

ix) The States can be advised to ensure capacity building and an appropriate institutional structure as well as monitoring system to ensure that Gram Panchayats are facilitated to undertake self analysis and collective action in ensuring collective behaviour change. The monitoring system should target ODF communities and Nirmal Gram Panchayats and not toilets and similar infrastructure. The overall institutional responsibility should vest with the district administration to enable the involvement of the entire government machinery in a campaign mode. In effect:

- Vest the overall responsibility for implementation of the sanitation strategy at the district level with DWSM.
- Allow the DWSM the freedom to engage support at district level for motivation/training and similar activities.
- From the state level, assist the districts organizing Training of Trainers to create capacity in each district to build a cadre of motivators for each Gram Panchayat to be facilitated in the shortest possible time period.
- Introduce a monitoring system at state and district level (like in Himachal Pradesh) that traces the steps/activities in achieving ODF and fully sanitized status.
- Create a state verification mechanism that ensures credible certification of ODF and 'Nirmal' status with proper facilities in public spaces, solid and liquid waste management practices as well as selection of awardees in the state scheme for best Gram Panchayats at different levels.

x) The central monitoring system should be changed to focus on ODF/Nirmal communities and improved health/nutrition indicators and stop counting toilets.

However these are some of the suggestions we could offer to get the best out of the huge resources allocated by Government of India to change the present plight of sanitation in the country. Needless to mention here that as one of the fastest growing economies of the world our

country has been loosing atleast 6-8% of GDP due to poor sanitation. While Indians have been providing leadership in many development initiatives globally, we do believe that the ultimate sanitation solution in India would also emerge from the Indian minds. Its going to be a different India when 90% of our villages will become ODF. Lets all work together to make this dream into a reality.

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