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**TRANSFORMATION TOWARDS SUSTAINABLE
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**Using immersive research to understand rural sanitation:
lessons from the Swachh Bharat Mission in India**

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This paper focuses on an Immersive Research Approach designed by Praxis, IDS and WaterAid whereby researchers lived in villages in recently declared open defecation free districts, to gain an in-depth understanding of ground realities and community perspectives of the Swachh Bharat Mission-Gramin. The study shed light on key aspects and dynamics influencing local ownership, behaviour change and construction quality, and also revealed multifaceted exclusion processes. The immersive approach helped build trust with villagers and allowed a unique insight into the SBM in its 'real life' context, necessary to explore hidden dynamics and diverse perspectives, and understand the complexities involved. Despite some practical challenges, undertaking immersive studies and experiences would be beneficial for improving the Swachh Bharat Mission and other sanitation programmes. The approach could be adopted pragmatically, but always respecting some basic principles and ethical behavior.

Background

The Swachh Bharat Mission - Gramin (SBM-G) was launched in October 2014 with the target of achieving an open defecation free (ODF) India by October 2019. Below poverty line households and above poverty line households who meet certain criteria (certain tribal and caste groups, marginal farmers, landless labours, those with physical disabilities and women headed households) are eligible for an incentive of 12,000 rupees (approximately 180 USD) for the construction of individual household toilets. Although collective behaviour change is articulated clearly in policy, and Community-Led Total Sanitation methods have been widely applied, the default mode has been to give priority to the easier task of toilet construction. It was reported in that despite a budget allocation of 8% for Information, Education, Communication (IEC) only 1% was spent in the 2016-2017 financial year (Kapur et al., 2017) As a consequence, the SBM-G has been progressing at a rapid pace but with gaps in terms of quality and use. Evidence of past sanitation programmes have shown that within households that have gained access to toilets, not all members necessarily use them or use them all the time (Coffey et al., 2014).

To date there has been quantitative research however little work has looked in depth at the diverse range of drivers of change within communities and households. There has also been a conspicuous lack of voices from the villages themselves. To fill this gap, Praxis, IDS and WaterAid undertook an immersive research approach (IRA) to understand and review successful practices in behaviour change in rural districts that had been declared ODF. The purpose of using the IRA in the context of the ongoing Swachh Bharat Mission (SBM) was three-fold: to test and develop the IRA methodology, to gain substantive timely insights which might not be so readily accessible with other more conventional methods and to provide recommendations back to government and development partners.

This paper focuses specifically on the methodology used and how it can be utilised by both WASH practitioners and researchers to better understand complexities, nuances and field realities. More detailed

information about results, ideas and recommendations can be found in a report (IDS et al., 2017a) and a policy and practice note (IDS et al., 2017b).

Immersive research: the approach

The IRA adopted was inspired by the authors' past experience of immersions (see Birch et al., 2007) and the Reality Check Approach which has now been used for policy and poverty related research in over eight countries (Bangladesh, Nepal, Indonesia, Mozambique, Ghana, Ethiopia and Uganda) (RCA, 2018). Inspiration also came from an initiative by the Indian Institute of Management (IMM), Indore, UNICEF and Government of Madhya Pradesh whereby 630 first year students were sent to live in 157 villages declared ODF for a week to verify claims and collect relevant information (Myers, 2017).

Immersion was undertaken in a few purposively selected communities with researchers¹ living with families for 3-4 days and nights, and then meeting together to discuss, compare and contrast findings. Though immersions in this case were thematically focused on sanitation and hygiene, researchers are relatively free to learn open-endedly from lived experience. There were no questionnaires or interview schedules. Efforts were made to offset elite bias and to include those who are marginalised or very poor, and also children, youth, women, girls, the disabled and elderly. Meeting times and places were decided as per people's convenience. Relationships of trust were sought. Researchers participated in household tasks, wandered around and observed, had unplanned conversations, were open to surprises and followed up flexibly on whatever was found to be new and relevant.

The research team decided to work mostly in mixed gender pairs, each member of a pair living with a different family in the same village.

The villages were in three districts – 3 villages in Sehore, Madhya Pradesh, 2 in Shamli, Uttar Pradesh, and 3 in Pali, Rajasthan. All districts had recently been declared ODF.

After agreeing to the overall objectives of the study, village selection criteria (typical villages with mixed population of caste and declared ODF as part of SBM-G) was decided and agencies contacted to help with access to village communities and host families. It was requested that host families were neither very affluent nor influential nor played an active role in implementing the SBM-G (e.g. not the Sarpanch (elected head of the village) or Panchayat (village council) Secretary). Female-headed households (for female researchers) were also sought.

Other than researchers re-grouping at the end of each day, there was no pre-set sequence of activities guiding the interactions in the villages. Rather, these evolved iteratively based on what had gone before. Besides village level officials, those from whom we hoped to learn included members of the host family, champions, members of self-help groups, aged and disabled people, children, and those with toilets who do not use them. Before the first immersion the team met to brainstorm ideas on tools that could be used and developed a long list of topics and issues, recognising that not all of these could be covered. Major headings were:

- **Behaviour change:** inter and intra-family dynamics; differences for women, men, youth, boys, girls and old people; impact of IEC materials and processes and innovations in IEC; the dynamics of triggering, sanctions, social pressures and incentives
- **Toilet construction:** process, strategies and mechanism of construction of toilets; technology, toilet design, quality of construction and innovations; institutional sanitation and maintenance
- **Gender and vulnerable groups:** what is the impact on women: behaviour change, use of toilets and menstrual hygiene management; how the burden of additional water collection could be reduced; coverage and exclusion of households; social and political dimensions of inclusion of vulnerable and marginalised groups.

Overview of research structure

1. Two-day planning meeting where we discussed and agreed on the approach and process.
2. Initial immersions in three villages in Sehore.
3. Two-day workshop for sharing, reflection and planning. We reconvened, and reported back to State and District officials, and took stock of immersion experiences in the three villages. Each team shared their learnings and reviewed their experiences critically, identifying points to be corrected in the second phase.
4. The second phase followed in two villages in Shamli and three in Pali.
5. One-day workshop to reconvene internally and share and consolidate findings.
6. Follow up, including a sharing workshop for external stakeholders, in-depth analysis, writing of the reports and dissemination efforts. Reports ended with recommendations and ideas.

Research behaviour and ethics

We reflected on how we should behave, after our experience we developed the following list of behaviours and ethical considerations that may be of use to others planning similar immersive research:

- Early on, meet and inform the local leaders (in India the Sarpanch) and others in authority
- Listen actively and learn from the community
- Build rapport- introduce yourself, set an example of openness about yourself. This included being open to answering any questions you are asked and not locking your bag and belongings away.
- Be conscious of the limited means available to host families
- Get involved in daily activities of households and events in the community. Including but not limited to collecting water, cooking, washing-up, attending temple, participating in festivals and celebrations etc.
- Be aware of and respect local culture and customs
- Find times suitable for those you want to hold discussions and conversations being wary of peoples' daily activities
- Listen to anyone who wants to talk – researchers can be approached by anyone at odd hours
- Seek out minorities, those living on the fringes and outliers – a map (drawn or from the internet) and/or a list of religions/castes will help ensure inclusion (and ensure you reach out to those typically excluded because of gender, age, caste and disability)
- Avoid taking notes during conversations but possibly use cards to note down discussion points visibly for respondents and take a photograph for record
- Only take photographs after seeking consent and if possible send physical prints back to the community
- Avoid talking about toilets and sanitation at the first instance
- If needed/ useful, give a debriefing to village leaders and other officials on the last day
- When wandering around, take time and allow people to invite you in and change the conversation
- Try and engage children to take you around or to help with drawing charts
- Have some facilitation tools in mind but do not feel pressure to use them
- Do not talk about sensitive issues that have implications on religious and caste sentiments in any public forum
- Have daily team meetings with team members where you can reflect on the process and learning so far and design the following day accordingly.

Key findings

In addition to our own personal learning, which was considerable and vividly memorable, we concluded that there are four broad areas that determine success in SBM at the local level:

1. Local ownership: Participation and engagement of households was crucial for uptake of toilet construction and sustained use, but was sometimes neglected due to the rushed top-down implementation of SBM-G. Other dimensions of this problem include dissatisfaction due to insufficient material for and/or substandard quality of toilet construction, a history of distrust of messages and initiatives from the Government and lack of functional toilets in anganwadis (preschools) and schools.
2. Behaviour change efforts: Promotion of sanitation was not a holistic and sustained effort, but relied heavily on carrot (toilet incentive) and stick (shaming and sanctions), which reportedly was effective in enforcing toilet construction and short-term use. IEC messages, were found, focused exclusively on

- women, which can be counterproductive. Women also recalled triggering more than men did. Availability of water emerged as a significant variable in influencing toilet usage.
3. Quality of toilets: Panchayat driven bulk purchase of materials and arrangement of construction (through masons and contractors) was widespread. Twin-leach pit technology was promoted, irrespective of the local conditions. Despite deeply embedded preferences for big septic tanks among households, they did not receive information regarding design options or materials. Many toilets were of substandard quality and had flawed designs.
 4. Inclusion: Only one of the eight villages could be considered to actually be ODF, with a combined coverage estimate of around 70%. Verification problems include consideration of 90% coverage as enough for ODF status (in one district). Those without toilets or with inadequate toilets were invariably poor or marginalised (ST, SC) households and remote villages, and efforts to ensure their inclusion were lacking. Shaming and sanctions – administered by committees dominated by higher castes and community leader allies – were biased towards the least powerful sections and sometimes infringed human rights, reinforcing discrimination.

Benefits and challenges of immersive research

As we experienced them, notable benefits were:

- *Immersive learning*: Providing more insightful and nuanced findings than from conventional research. Teams were able to explore motivations for different subsets of the community were identified and explored.
- *Experiential learning*: Immersions are intense experiences of personal learning for those taking part and helped those involved get a better grasp of the benefits and disadvantages of toilet use and the barrier to utilisation. For example, after helping collect water one researcher reflected on the extra burden placed on women when all members of large households use a bucket rather than a lota (small pot used for anal cleansing) when using toilets rather than practising open defecation. This led to questions about seasonality and the effect it is likely to have on water availability, toilet usage and handwashing.
- *Accessibility and flexibility*: People approached the team instead of team always approaching them. Children and youth were creative in providing valuable information. The team were invited into households. Inside their own houses people were comfortable sharing their experiences and concerns. Discussions occurred not only in prefixed venues, but in the houses, community halls, shades of trees, in the shops, at the corner of the play grounds, water collection points, workplaces and so on. Informal meetings and interactions were equally important as formal meetings and discussions.
- *Inclusive*: Living in the villages allowed for meeting and discussions with those often missing in research such as the aged, young children, disabled, marginalised, dalits, tribals, women, migrants and those living on the outskirts.
- *Identifying hidden dynamic and sensitive information* Discussions encompassed the life situation of the family and the community, and were not limited to toilets and SBM alone, furthermore the use of participatory tools and methods added value to the learning process through active participation. Some of the concealed undercurrents within the village such as caste, political and power dynamics, corruption and illegal practices of power holders, the drudgery of women and gender discrimination emerged from various groups. Private conversations allowed sharing and discussion on confidential and stigmatised issues (e.g. menstrual hygiene management and caste divisions).
- *Direct observation*: Played an important part sometimes revealing the unexpected and confirming or correcting information previously collected.
- *Triangulation*: Time and space was available to triangulate information and to get different viewpoints of different people in the communities. Unlike day visits, there was plenty of time, including for discussions in the early morning and especially after dark.
- *Timeliness*. Immersive research enabled immediate feedback and findings to policy-makers, without the long lead times common with other research approaches.
- *Action orientated*: Throughout the process researchers were able to find out what was working and assess how well efforts had been at changing behaviours with the aim to provide programme implementers at different government levels recommendations and ideas.

Challenges:

- *Choice of host family and rapport building*: The teams, especially in the initial phase, did not always manage to live with a less affluent and/or lower caste family. Some Sarpanch's and affluent families

insisted that researchers stay with them, leading to us being associated with power-holders. Another challenge was to ensure that the host family did not end up feeling that they were a substitute for a hotel stay.

- *Biased information:* When those accompanying any of us were allied with the Sarpanch, special efforts were needed to avoid biased information. Facilitation of the visit by WASH-focused organisations in the initial phase made the community more conscious of their responses (in the second phase, villages were selected by non-WASH organisations). In one village, the researchers were initially perceived as 'toilet inspectors'.
- *Capacity building:* The research team itself may require training in attitude and behaviour change, and skill building in facilitating nuanced discussions as well as an orientation to participatory methods.
- *Team reporting.* Any diverse team from different organisations, like ours, can face problems of coordination and reporting. A shortcoming of our work has been delays in finalising reports. We partially offset this by quick feedback through a sharing workshop and informal direct communication with the Ministry of Drinking Water and Sanitation.
- *Skills, knowledge and time:* There is a vast and diverse range of information being shared so certain skills and knowledge are required to capture nuanced details and decide which conversations need to be probed further. Furthermore, the approach is intense and time consuming as it requires 3-4 days per village by a minimum of 2 researchers.
- *Depth not breadth:* IRPs are in-depth inquiries. Though efforts were made to select 'typical' villages to eliminate bias, the findings cannot be generalised or taken as valid for the whole SMB-G.
- *Language:* IDS and WaterAid staff (3 in total) who participated in immersions needed interpreters so details may have been lost in translation. Local languages and dialects – requiring interpreters from within the community– might add a layer of difficulty to this.

Final reflections

The immersive research approach proved to be a great way of examining the realities of the Swachh Bharat Mission and allowed us to unpack some of the complexities of the real life of rural households and the dynamics happening around the sanitation drive, providing insights that other methods tend to miss out. Researchers were there early in the morning and late in the evening, when people are most likely to go for open defecation. Furthermore, experiential learning provided an unrivalled opportunity for practitioners (both new and established in the sanitation sector) to gain insights of the ground realities and the direct and indirect effects of programmes. Though the challenge of scale persists, the IIM Indore, UNICEF and Government of Madhya Pradesh initiative highlights how students can be employed to cover a larger sample of villages. We therefore recommend researchers and practitioners alike to consider adopting such an approach when exploring issues related to sanitation or other developmental aspects, that require in-depth insights (which we would argue is almost always!).

We developed the approach in a pragmatic way, finding compromises and always asking 'what will help us all learn?'. We encourage others to adapt the methodology to their specific situation, topic and resources available. There are some non-negotiable principles related to behaviour and ethics that should be respected, as described above. They could be summarised in a key idea: "people know, learn from them". In the end, the immersive research approach is about taking the time to build the rapport and listen. It also involves an active effort to offset elite bias and reach out to those who are marginalised, very poor or disempowered. And requires researchers to be reflexive, honest and open to surprises.

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Notes

¹ Researchers were predominately Indian and fluent in Hindi. Two of the immersions were completed by non-Indian researchers who used interpreters.

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