

शौचालय

A Decade of the Total Sanitation Campaign

Rapid Assessment of Processes and Outcomes



Disclaimer

Raw data for graphs and figures in this report have been taken from the Total Sanitation Campaign online monitoring system in early 2010, but during different months (www.ddws.nic.in and www.nirmalgrampuraskar.nic.in). Therefore, there may be some differences in graphs on related indicators due to the time lag between different points when information was accessed and subsequent updates to TSC/NGP websites.

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While all efforts have been made to ensure that the data presented are correct, any inadvertent errors remain the responsibility of the author team.

Foreword

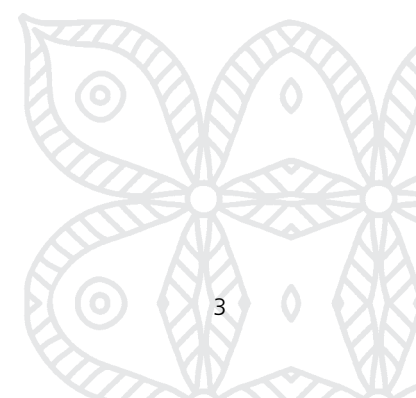
The Total Sanitation Campaign (TSC) is a flagship programme of the Government of India, and has achieved significant success over the last one decade. The coverage has increased significantly from 21 percent in 2001 (Census, 2001) to more than 65 percent, according to the TSC online monitoring system. The number of Gram Panchayats which have won the Nirmal Gram Puraskar for achieving total sanitation has also increased to more than 22,000. The TSC can be considered one of the most effective programmes in rural sanitation across the world for its focus on a community-led, demand-driven approach in reaching total sanitation to villages across the country, resulting in rural populations living in a clean, healthy environment.

A decade after the implementation of the campaign is an opportune time for the country to assess and ascertain its status, the successes achieved, and the challenges faced, so that the remaining task of ensuring that the entire country becomes *Nirmal* can be adequately addressed. Despite overall progress, there still remain challenging states and districts where the programme is yet to show satisfactory results.

This analysis of the TSC online monitoring data and the assessment of processes adopted by districts correlated with outcomes achieved by these districts will go a long way in understanding the successes and challenges of the programme. The benchmarking of the districts and states, based on the TSC monitoring indicators, helps understand the relative position of states and districts, which enables more focused attention on the lagging areas as well as more encouragement to the leaders.

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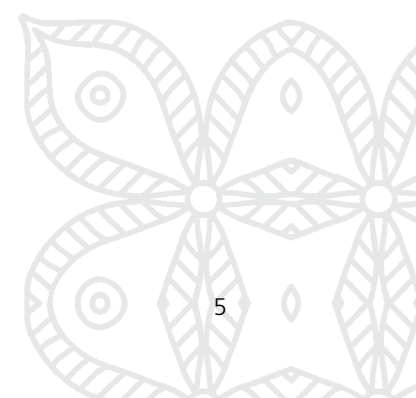
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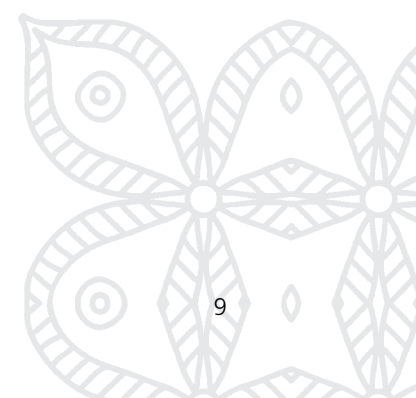
1 lakh	100,000
1 million	1,000,000
1 crore	10,000,000
1 billion	1,000,000,000

Currency

US\$ 1 = INR 45.95 (April 2010 exchange rate)

Abbreviations

APL	Above Poverty Line	NFHS	National Family Health Survey
AWC	Anganwadi Centre	NGP	Nirmal Gram Puraskar (Clean Village Prize)
BDO	Block Development Officer	NGO	non-government organisation
BP	Block Panchayat	NRHM	National Rural Health Mission
BPL	Below Poverty Line	NSS	National Sample Survey
BRGF	Backward Regions Grant Fund	ODF	open defecation free
CEO	Chief Executive Officer	O&M	Operation and Maintenance
CLTS	Community Led Total Sanitation	PC	Production Centre
CRSP	Central Rural Sanitation Programme	PRA	Participatory Rural Appraisal
DDWS	Department of Drinking Water Supply	PRI	Panchayati Raj Institution (Local Government system)
DEE	Department of Elementary Education	RGDWM	Rajiv Gandhi Drinking Water Mission
DLM	District Level Monitoring	RSM	Rural Sanitary Mart
DPAP	Drought Prone Areas Programme	SHG	Self Help Group
DWSC	District Water and Sanitation Committee	SLWM	Solid and Liquid Waste Management
DWSM	District Water and Sanitation Mission	SSA	Sarva Shiksha Abhiyan (Universal Education Campaign)
GDP	Gross Domestic Product	SSHE	School Sanitation and Hygiene Education
GP	Gram Panchayat (village local self government)	SWSM	State Water and Sanitation Mission
HDI	Human Development Index	TSC	Total Sanitation Campaign
HH	Household	UNICEF	United Nations International Children's Education Fund
ICDS	Integrated Child Development Scheme	UT	Union Territory
IEC	Information, Education and Communication	WHO	World Health Organization
IHHL	individual household latrine	WSP	Water and Sanitation Program
IPC	Interpersonal Communication	ZP	Zila Panchayat/Parishad (district local government)
MDG	Millennium Development Goal		
MIS	Management Information System		
M&E	Monitoring and Evaluation		
MPR	Monthly Progress Report		



Glossary

(Above/Below) Poverty Line: To measure poverty, it is usual to look at the level of personal expenditure or income required to satisfy a minimum consumption level. The Planning Commission of the Government of India uses a food adequacy norm of 2,400 to 2,100 kilo calories per capita per day to define state-specific poverty lines separately for rural and urban areas. These poverty lines are then applied on India's National Sample Survey Organisation's household consumer expenditure distributions to estimate the proportion and number of poor at the state level.

Anganwadi: Pre-school or crèche, an initiative promoted under the Integrated Child Development Scheme (ICDS) of the Government of India.

Nirmal Gram Puraskar (Clean Village Prize): NGP is an incentive programme introduced by the Government of India that gives a cash prize to any local government that achieves community-wide total sanitation. More than a fiscal incentive, the award carries tremendous prestige as it is given by the Hon'ble President of India to block- and district-level winners and by high ranking state dignitaries to village-level winners.

Panchayati Raj Institutions: The term 'Panchayat' literally means 'council of five (wise and respected leaders)' and 'Raj' means governance. Traditionally, these councils settled disputes between individuals and villages. Modern Indian government has adopted this traditional term as a name for its initiative to decentralise certain administrative functions to elected local bodies at village, block and district levels. It is called *Gram Panchayat* at the village level, *Panchayat Samiti* at the block level and *Zila Parishad* at the district level.

Information, Education, Communication: IEC is the term used to describe software activities that support and promote the provision of programme services and facilities, for example, media campaigns, capacity-building activities, community hygiene promotion sessions, and so on.

Millennium Development Goals (MDGs): The MDGs are eight goals to be achieved by 2015 that respond to the world's main development challenges. These include:

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a global partnership for development

Total Sanitation: A community-wide approach based on participatory principles which seeks to achieve not only 100 percent open defecation free (ODF) communities but also broader environmental sanitation objectives such as promotion of improved hygiene behaviours and solid/liquid waste management.

Executive Summary

The Total Sanitation Campaign (TSC) of the Government of India has been in operation for over a decade (1999 to date), and the Nirmal Gram Puraskar, a fiscal incentive programme that rewards local governments (Green Panchayats) that achieve total sanitation, has completed five years (2005 to date). The country has made significant progress in terms of coverage and outcomes. However, these achievements have been concentrated in a few states while others continue to lag significantly behind.

This report analyses primary and secondary data on the TSC to arrive at an understanding of the processes, outputs and outcomes at a national level and across the states; this is compared with the inputs which have gone into the programme. These indicators are then compared individually and in combination to benchmark the states, to understand the relative performance of the states. This benchmarking, based on a combination of eight indicators, is undertaken for both states and districts across the country.

The analysis is also useful in tracking the efficiency of the states in terms of time taken to achieve total sanitation (rate of acceleration of the programme) and the financial expenditure on achieving outcomes. It, then, extrapolates, based on current achievements, to understand when the various states would achieve the ultimate objective of full coverage.

Recognising that the success of a sanitation campaign is dependent on how sustainable the outcomes are, and that its sustainability depends on the quality of the processes adopted in mobilising communities, the study also undertakes a primary analysis of 22 sample districts (across 21 states) to understand the correlation between processes and outcomes. It identifies six qualitative indicators of the process of implementation at the district level, converts these into quantitative scores, and scores each of these districts on a process rating scale.

Comparing the process with the benchmarking outcomes clearly shows that there is a strong and positive correlation between the processes and the outcomes – wherever the combination of process indicators has been good, so are the outcomes. This has been found to be true even for each of the individual process indicators – they too have a strong and positive correlation with outcomes (except on technology).

On the basis of the secondary data analysis and primary study on processes, the report concludes and recommends that the districts that have performed well have done so under the same TSC guidelines and conditions – they have effectively used the processes in the true spirit of the TSC guidelines and managed to achieve the outcomes. All that the districts that are lagging behind have to do is adopt these processes to achieve better outcomes as well. In addition, the higher levels of government (state and national governments) can facilitate this process through strong monitoring which tracks these processes and sustainability of outcomes, to support the lagging districts/states in effectively implementing the TSC in the true spirit.



1. Introduction

1.1 Context

Open defecation is a traditional behaviour in rural India. This, along with the relative neglect of sanitation in terms of development priorities, was reflected in the country's low sanitation coverage at the close of the 1990s when it was found that only one in five rural households had access to a toilet (Census 2001). This fact, combined with low awareness of improved hygiene behaviour, made the achievement of the goal of total sanitation a pressing challenge in rural India.

In response to this challenge, the Government of India launched the Total Sanitation Campaign (TSC) in 1999 with the goal of achieving universal rural sanitation coverage by 2012. The responsibility for delivering on programme goals rests with local governments (Panchayati Raj Institutions — PRIs) with significant involvement of communities. The state and central governments have a facilitating role that takes the form of framing enabling policies, providing financial and capacity-building support, and monitoring progress. To give a fillip to the TSC, the government introduced an innovative incentive programme known as *Nirmal Gram Puraskar* (NGP) in 2003. The NGP offers a cash prize to motivate Gram Panchayats (GPs) to achieve total sanitation. In addition, the NGP is an attractive incentive as winners are felicitated by the President of India at the national level and by high-ranking dignitaries at the state level.

The TSC has recently completed a decade of implementation (1999-2009) and the NGP has completed five years of operation (2005-10). Since its launch, the programme framework of the TSC and NGP has been based on a common national guideline whereas implementation has been decentralised to the state and district levels. Although there is an undeniable upwards trend in scaling up rural sanitation coverage, national performance aggregates conceal significant disparities among states and districts when it comes to the achievement of TSC goals. Therefore, this is an opportune time to assess the processes that contribute to differential achievement of performance outcomes at state and district levels.

1.2 Purpose

To achieve the vision of a *Nirmal Bharat* (Clean India) within the TSC timeframe, there is need for a clear understanding of the processes that underpin scaling up, replication and sustainability of best practices implemented by districts. The purpose of this report is to synthesise the wealth of information available through secondary sources such as the TSC and NGP online monitoring systems and primary surveys of select districts at different points on the performance curve, to understand the processes by which the national TSC guidelines are implemented at state and district levels and how these contribute to the outcomes achieved. The analysis will focus on the successes and challenges faced in implementing the TSC and NGP, identify gaps and lessons learnt, and recommend programmatic approaches through which these can be addressed.

The audience for this report includes policy-makers and implementers at national, state and district levels, and the broader sanitation and hygiene community.

1.3 Methodology

A three-step methodology was followed for this study, as can be seen from Figure 1.1, comprising literature review, and collection and analysis of secondary and primary data. Each of these steps of the methodology followed for this study is described in detail below.

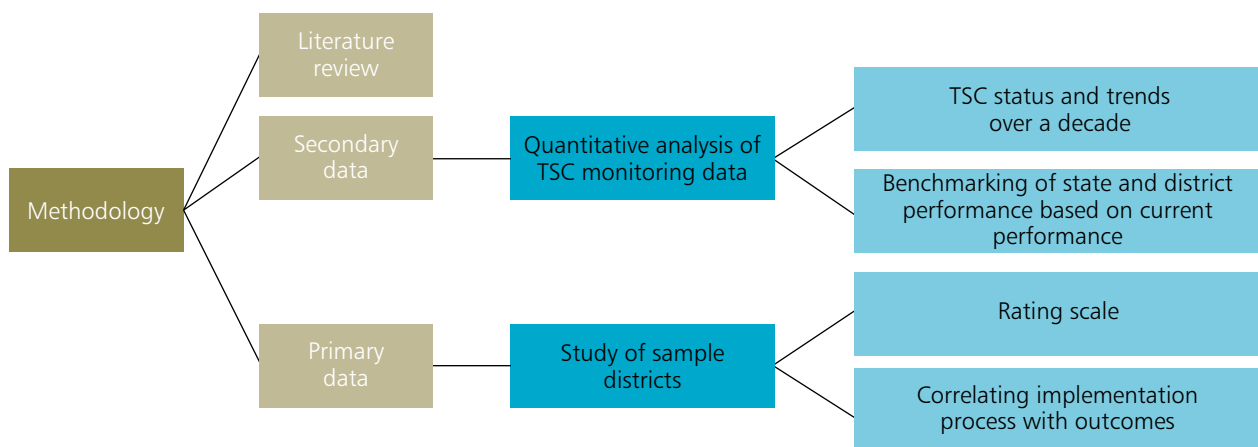
1.3.1 Literature Review

The study team reviewed key documents related to the TSC and NGP implementation as well as previous studies on the rural sanitation sector in India. Previously, studies on these programmes have been mainly conducted by the government and non-governmental organisations (NGOs) such as WaterAid, TARU and Arghyam. These studies have involved different objectives and followed a variety of approaches for sampling and analysis, to develop the methodology and objectives for this assessment. A complete list of documents reviewed is given in the References at the end of this Report.

1.3.2 Secondary Data

The TSC and NGP have dedicated online monitoring systems¹ which provide quantitative information on progress towards the overall programme goal of universal rural sanitation coverage. This includes information on programme components such as inputs (for example, resources invested in the programme), outputs (for example, the number of toilets built at household, school and pre-school levels), and outcomes (for example, the number of PRIs that have won the NGP). Although the programme component of process is not explicitly covered by the online monitoring system, this can be derived from the data available on the other components, for example, efficiency can be derived from the rate of increase in outputs over time.

Figure 1.1: Study Methodology



¹ The TSC online monitoring system can be accessed at www.ddws.nic.in and the NGP online monitoring system at <http://nirmalgrampuraskar.nic.in>

For this study, data from each of these programme components have been taken from the online monitoring systems and two types of quantitative analyses have been undertaken based on this: a) analysis of the TSC status and trends in progress over the decade; and b) benchmarking of performance based on current status. Each of these quantitative analyses is explained in detail below.

a. Quantitative Analysis of TSC Status and Trends

Secondary data have been collected on each programme component – input, output, process and outcome – and the progress towards the overall goal of achieving universal sanitation coverage has been analysed. The results of these findings are presented in Chapter 3 of this report; a snapshot of the data indicators analysed under each programme component is shown in Table 1.1.

Table 1.1: Indicators Analysed to Track Progress under TSC

Context	Input	Output	Process	Outcome	GOAL
<ul style="list-style-type: none"> No. of HH, and institutions without access to sanitation Rural poverty (BPL distribution) 	<ul style="list-style-type: none"> TSC financial allocation and expenditure Average TSC project allocation per district TSC allocation and expenditure on software and hardware per district Average TSC software allocation and expenditure per HH Average TSC expenditure per BPL HH toilet, school and pre-school toilet Average expenditure per RSM/PC and SLWM 	<ul style="list-style-type: none"> Sanitation target achieved at national and state level % school sanitation target achieved % RSM/PC target achieved % SLWM target achieved 	<ul style="list-style-type: none"> Acceleration rate of HH sanitation coverage Reaching the poorest – ratio of BPL and APL HH coverage Reaching the backward and drought-prone areas Success rate of NGP applications 	<ul style="list-style-type: none"> Number of NGP winners State-wise % of NGP winners Number of NGP vs total number of GPs 	<ul style="list-style-type: none"> Progress made towards universal rural sanitation coverage

HH: Household; BPL: Below Poverty Line; SLWM: Solid and Liquid Waste Management; RSM: Rural Sanitary Mart; PC: Production Centre; APL: Above Poverty Line

b. Benchmarking State and District Performance on TSC

A quantitative model to benchmark state and district performance on the TSC has been developed which consists of a simple four-step process, explained in Box 1. This model comprises eight key performance indicators, each of which is assigned a weighted score. The maximum cumulative performance score that a state or district can achieve is 100 and the minimum is zero. On this basis, all states and districts have been divided into four colour-coded performance bands depending on the cumulative performance score achieved.

1.3.3 Primary Data

An analysis of the processes adopted by the districts was undertaken to understand the correlation between these and the final outcomes achieved by the districts. Districts, for this study, were selected across the performance spectrum, based on which an assessment of their processes was undertaken. These were then compared with their overall performance outcomes to understand how the processes influence outcomes.

a. Sampling

Purposive sampling was used for the selection of districts and stakeholders for key person interviews as detailed below.

Selection of Districts

A total of 22 districts across 21 states were selected for this study. The criteria for selection of districts included:

- *Geographical spread*: Districts were selected from the north, east, west, south and north-east regions of the country; and
- *Differential performance on the TSC*: Results of the quantitative benchmarking of district performance on the TSC were used to select districts at different points on the TSC performance curve.

The list of sample districts and states selected for this study is given in Table 1.4.

Selection of Stakeholders for Key Person Interviews

In the sample districts, criteria for stakeholder selection for interviews included:

- Should have participated in the TSC programme for at least six months; and
- Should represent a key decision-maker or implementer at the district or block level.

b. Research Protocol

To ensure consistency in the assessment findings, a research protocol was used as the basis for conducting key stakeholder interviews in the sample districts selected for this study. This protocol

Box 1: Model to Monitor and Benchmark Rural Sanitation Performance of States/Districts

Step 1: Select indicators and collect data from TSC/NGP: For a balanced measurement across inputs, outputs, processes and outcomes, eight indicators have been selected from the TSC online monitoring system. This information is reported by the districts and states to the Department of Drinking Water Supply (DDWS) and is available in the public domain on the DDWS website (<http://ddws.nic.in>).

Step 2: Assign scores to each indicator: Each indicator was assigned a weighted score which specified the maximum and minimum range of marks. Two principles underlying the strategy for assigning weighted scores were:

- Higher priority was given to outcomes and processes relative to inputs and outputs. Therefore, the number of NGP Panchayats is given more marks than the percentage TSC budget spent on toilets constructed; and
- The maximum score was capped at 100.

Table 1.2: Rural Sanitation Performance Monitoring and Benchmarking Model – Indicators and Weighted Score

#	Performance Indicator	Type	Weighted Score	
			Max.	Min.
1.	% TSC budget spent	Input	5	0
2.	% household toilets target achieved	Output	15	0
3.	% school sanitation target achieved	Output	10	0
4.	Financial efficiency (cost per NGP community)	Process	10	0
5.	Average population per GP	Process	10	0
6.	Success rate of NGP applications	Process	10	0
7.	No. of NGP Panchayats	Outcome	30	0
8.	% NGP Panchayats	Outcome	10	0
CUMULATIVE PERFORMANCE SCORE			100	0

Step 3: Sum up scores: This entails adding up individual scores on each indicator to arrive at a cumulative performance score out of a maximum of 100.

Step 4: Benchmark districts based on scores achieved: States and districts are ranked in descending order on the basis of the cumulative performance score achieved. The scores are divided into four colour-coded performance bands, as shown in Table 1.3.

Table 1.3: Assigning States/Districts to Colour-coded Performance Bands

Below Average	Average	Above Average	Superior
<25 Below Average	26-49 Average	50-74 Above Average	>75 Superior

Table 1.4: List of Sample Districts Selected for Primary Assessment

Geographical Region	District	State	Performance Band (based on cumulative performance score on the benchmarking model)
North	Sirsa	Haryana	Superior
	Rewa	Madhya Pradesh	Above Average
	Bikaner	Rajasthan	Average
	Mainpuri	Uttar Pradesh	Below Average
	Hamirpur	Himachal Pradesh	Below Average
	Amritsar	Punjab	Below Average
South	Shimoga	Karnataka	Superior
	Virudhunagar	Tamil Nadu	Above Average
	Kottayam	Kerala	Average
	Srikakulam	Andhra Pradesh	Below Average
East	Bardhaman	West Bengal	Superior
	Surguja	Chhattisgarh	Above Average
	Gumla	Jharkhand	Average
	Begusarai	Bihar	Average
	Dhenkanal	Orissa	Below Average
West	Kolhapur	Maharashtra	Superior
	Valsad	Gujarat	Above Average
	Junagadh	Gujarat	Average
	Akola	Maharashtra	Average
North East	East Sikkim	Sikkim	Above Average
	West Tripura	Tripura	Average
	Jorhat	Assam	Below Average

Key: ■ <25 Below Average ■ 26-49 Average ■ 50-74 Above Average ■ >75 Superior

comprised questions on six components that are considered essential for scaling up and sustaining the TSC, namely:

1. Strategy for TSC Implementation
2. Institutional Structure and Capacity
3. Programme Approach to Creating Demand and Scaling Up
4. Technology Promotion and Supply Chain
5. Financing and Incentives
6. Monitoring

Each component is described in detail below.

Component 1: Strategy for TSC Implementation

The TSC guidelines provide a broad framework within which states and districts have the flexibility to devise their own strategies for programme implementation depending on the socio-economic and institutional context, terrain and capacity existing in that state/district. A strategy can signal priorities, assign roles and responsibilities, and often allocate human and financial resources for execution. Ensuring the administrative will to implement a shared strategy uniformly is the starting point for scaling up.

Component 2: Institutional Structure and Capacity

Institutions set the rules of the game and define the framework for service delivery. To effectively scale up and sustain TSC outcomes, institutional arrangements must have clearly defined roles and responsibilities, and the resources to fulfil these effectively. Institutional frameworks should also include mechanisms for coordination between linked activities. Capacity refers to the availability of skilled human resources for TSC implementation, budgetary allocations to effectively implement programme activities, an organisational home within the institution that is accountable for the TSC, ability to monitor programme progress, and make revisions as needed.

Component 3: Programme Approach to Creating Demand and Scaling Up

A programme approach consists of specific activities, their timing and sequence. The TSC guidelines advocate a demand-driven approach to rural sanitation backed by post-achievement incentives. Districts have the flexibility to implement this principle based on their context and capacity.

Component 4: Technology Promotion and Supply Chain

The TSC guidelines advocate informed technology choices and setting up of alternate supply channels such as Rural Sanitary Marts (RSMs). At the implementation level, technology promotion includes not only separate toilet components (for example, sanitary pans, pipes, traps, etc.) but also existing latrine technology options (for example, septic tank, ventilated double pit toilet, eco-sanitation, etc.). It also includes provision of masonry services for installation, and sanitary services for operation, maintenance and final disposal.

Component 5: Financing and Incentives

Financing refers to the budgetary allocations to finance programme activities. This includes costs for activities under different programme components (for example, school sanitation and hygiene education, administration, etc.) as well as the process by which funds are allocated, released and spent. Incentives can be financial or non-financial, given upfront or post achievement.

Component 6: Monitoring

Large-scale sanitation programmes such as the TSC require an efficient monitoring system and ability to ensure that the results of monitoring are used to improve programme implementation. Monitoring should be carried out by the level above the one being monitored but information for monitoring should be collected from all levels, starting with the lowest.

c. Rating Scale

The **rating scale** was devised to provide a quantitative score card to analyse the findings of the research protocol. In this scale, each component of the research protocol is further sub-divided into five dimensions which describe different field scenarios and carry one mark each. Therefore, each component carries five marks and the maximum score on the rating scale is 30 marks. The cumulative score on the rating scale is converted into a percentage. The scale is depicted in Table 1.5.

Table 1.5: Rating Scale to Measure District Performance on TSC Processes and Outcomes

	Topic	Max. Score	Score Given
1	Strategy for TSC Implementation		
i.	TSC guidelines are understood and implemented by the core group	1	
ii.	A well-defined strategy with goal, phasing, budgetary allocation and monitoring plan exists	1	
iii.	TSC implementation is being undertaken by related departments	1	
iv.	Strong political and administrative will exists to implement at different levels	1	
v.	TSC principles are being adopted in the right spirit — community level engagement, post-construction incentive, appropriate technology	1	
	Sub-total	5	
2	Institutional Structure and Capacity		
i.	The nodal agency is functional and effective	1	
ii.	A dedicated unit for TSC with adequate staff exists at district level and is effective	1	
iii.	Adequate staff and capacity exists at block and sub-block levels (e.g., cluster, GP, habitation) for implementing the programme effectively	1	
iv.	The nodal agency coordinates effectively with other departments	1	
v.	Village-level institutions are set up and are effective	1	
	Sub-total	5	
3	Approach to Creating Demand and Scaling Up		
i.	Implementation does not depend on upfront subsidy	1	
ii.	Implementation is phased	1	
iii.	Demand creation depends on community mobilisation	1	
iv.	Motivators are used to the optimal level and are incentivised	1	
v.	Strategy is implemented at scale	1	
	Sub-total	5	

	Topic	Max. Score	Score Given
4	Technology Promotion and Supply Chain		
i.	Multiple technology options are promoted	1	
ii.	Technology choices respond to community preferences and are affordable	1	
iii.	Technology choices promoted and adopted are safe	1	
iv.	Products and services sourced are easily available	1	
v.	Well-qualified trained masons are available for construction	1	
	Sub-total	5	
5	Financing and Incentives		
i.	Additional instalments are asked for on time	1	
ii.	There are no funding bottlenecks	1	
iii.	Funding is used efficiently (focus on both short-term achievement and long-term sustainability)	1	
iv.	Funding is used to maximum capacity (funds available under all heads namely SLWM, IEC, etc., are being used)	1	
v.	Incentives are available for various stakeholders to perform optimally	1	
	Sub-total	5	
6	Monitoring		
i.	Monitoring systems are available at the village level	1	
ii.	Monitoring system exist for block and district levels	1	
iii.	Monitoring system track both BPL and APL coverage accurately	1	
iv.	Monitoring for usage exists	1	
v.	Monitoring of NGP/ODF villages is undertaken regularly	1	
	Sub-total	5	
	TOTAL	30	
	TOTAL (%)	100	

SLWM: Solid and Liquid Waste Management; IEC: Information, Education and Communication; BPL: Below Poverty Line; APL: Above Poverty Line; ODF: Open Defecation Free

1.4 Organisation of this Report

This report is divided into five chapters.

Chapter 1 is this introduction which provides the context and purpose of this study and details the methodology adopted for the study, including the research protocol and linked rating scale. It also introduces the TSC performance benchmarking model which was used as the basis for selecting the sample districts for this study.

Chapter 2 provides an in-depth overview of the TSC and NGP incentive programme, including key implementation principles, shifts in the programme guidelines over the past decade, and institutional arrangements. Following this overview, it details national and state-level trends in the performance on TSC and NGP, based on the performance monitoring and benchmarking model introduced in the methodology.

Chapter 3 presents the findings of an analysis of secondary data from the online monitoring systems of the TSC and NGP. This is mainly quantitative data and analysis focuses on the linkages between inputs, outputs, processes and outcomes in terms of how they contribute towards the programme goal of universal rural sanitation coverage by 2012.

Chapter 4 presents the findings of the primary study which tracks processes with outcomes. Each dimension of the assessment framework is used to analyse the linkage between the dimensions (individual and cumulative) and outcomes achieved.

Chapter 5 provides overall conclusions and summarises the recommendations of this study.

2. Towards *Nirmal* Bharat: The Total Sanitation Campaign

2.1 Background

A broad definition of sanitation includes interventions for the safe management and disposal/re-use of excreta and solid and liquid waste. It includes both infrastructure (for example, latrines, compost pits) and behaviour (for example, improved hygiene practices, habit formation to switch from open to fixed point defecation).

Lack of adequate sanitation and the linked burden of disease take an immense toll on life in India. Children are particularly vulnerable (Murray and Lopez 1997); each day, an estimated 1,000 children under five die in the country because of diarrhoea alone, a preventable disease (WaterAid 2006). Prevalence of child under-nutrition in India (47 percent according to National Family Health Survey III, 2005-06) is among the highest in the world and nearly double that of Sub-Saharan Africa. Child under-nutrition, aggravated by diarrheal disease, is estimated to be responsible for 22 percent of the country's burden of disease (World Bank 2004). Sanitation related illnesses in both children and adults deplete productivity and resources, ultimately contributing to deprivation. Disaggregating the impacts of sanitation by gender reveals that the privacy afforded by access to adequate sanitation facilities imparts a sense of dignity, especially to women and young girls. Access to safe sanitation in schools is also linked to continued education enrolment by young girls and teenage women, particularly at puberty (Bruijne *et al* 2007). Sanitation is, therefore, appropriately considered a policy priority in India and the next section describes the evolution of the policy response to this issue.

2.2 Evolution of the Policy Framework for Rural Sanitation

The responsibility for provision of sanitation facilities in India is decentralised and primarily rests with local government bodies – GPs in rural areas and municipalities or corporations in urban areas. The state and central governments have a facilitating role that takes the form of framing enabling policies/guidelines, providing financial and capacity-building support and monitoring progress. In the central government, the Planning Commission, through Five Year Plans, guides investment in the sector by allocating funding for strategic priorities.

2.2.1 Pre-1986: Ad hoc Investments through Five Year Plans

Rural sanitation did not feature on the investment horizon during the first five plan periods as reflected in its negligible funding share. However, it received prominence from the Sixth Plan (1980-85) onwards amid the launch of the International Drinking Water Supply and Sanitation Decade in 1980. In addition, responsibility for rural sanitation at the central level was also shifted from the Central Public Health and Environmental Engineering Organisation to the Rural Development Department.

2.2.2 Conventional Approach: Central Rural Sanitation Programme (1986-98)

In 1986, the Rural Development Department initiated India's first national programme on rural sanitation, the Central Rural Sanitation Programme (CRSP). The CRSP interpreted sanitation as construction of household toilets, and focused on the promotion of a single technology model (double pit pour-flush toilets) through hardware subsidies to generate demand. The key issue of motivating behaviour change to end open defecation and use toilets was not addressed, contributing to the programme's failure. Although more than Rs. 660 crore² was invested and over 90 lakh³ latrines constructed, rural sanitation grew at just 1 percent annually throughout the 1990s and the Census of 2001 found that only 22 percent of rural households had access to toilets.

2.2.3 Sector Reforms: Total Sanitation Campaign (1999-2012)

In light of the relatively poor performance of the CRSP, the Government of India restructured the programme, leading to the launch of the TSC in 1999. A key learning that informed TSC design was that toilet construction does not automatically translate into toilet usage, and people must be motivated to end open defecation if rural sanitation outcomes are to be achieved. A second key learning was the recognition of the 'public good' dimensions of safe sanitation and the realisation that health outcomes will not be achieved unless the entire community adopts safe sanitation. Accordingly, the TSC introduced the concept of a "demand-driven, community-led approach to total sanitation" (DDWS 1999). This was further strengthened with the introduction of the NGP in 2003, which incentivised the achievement of collective outcomes in terms of 100 percent achievement of total sanitation by a GP. Key features of the TSC include:

- A community-led approach with focus on collective achievement of total sanitation;
- Focus on Information, Education and Communication (IEC) to mobilise and motivate communities towards safe sanitation;
- Minimum capital incentives only for Below Poverty Line (BPL) households, post construction and usage;
- Flexible menu of technology options;
- Development of a supply chain to meet the demand stimulated at the community level; and
- Fiscal incentive in the form of a cash prize – NGP (Box 2).

2.3 A Decade of TSC: Shifts in Programme Guidelines

Since the launch of the TSC, the programme guidelines have been modified twice, once in 2004 and again in December 2007. In 2004, the revision in TSC guidelines followed a mid-term review of the programme. The revision led to a focus on sanitary arrangements, not merely on the construction of household toilets. The School Sanitation and Hygiene Education (SSHE) component was strengthened; and the provision of toilets was extended to Anganwadi Centres (AWCs), all levels of schools (primary, middle, secondary, etc.) and all establishments of the GP. The Government of India sought to re-orient the focus of the sanitation programme to achieving the outcome of an open defecation free (ODF) environment. Thus, not only individual households but also communities, villages, and Panchayat governments started to be targeted.

² For explanation of 'crore', refer to numbers on page 8.

³ *Ibid.*

Box 2: Nirmal Gram Puraskar

The Nirmal Gram Puraskar of the Government of India, introduced in 2003, is an innovative programme that offers fiscal incentives in the form of a cash prize to local governments that achieve 100 percent sanitation, that is, they are 100 percent ODF and have tackled issues of solid and liquid waste management (SLWM). The amount of incentive is based on population as shown in Table 2.1.

Table 2.1: Population-linked Incentives*(All figures in Rs. 100,000)*

Particulars	Gram Panchayat					Block		District	
	Less than 1000	1000 to 1999	2000 to 4999	5000 to 9999	10000 and above	Up to 50000	50001 and above	Up to 10 lakh	Above 10 lakh
PRIs	0.50	1.00	2.00	4.00	5.00	10.00	20.00	30.00	50.00
Individuals	0.10					0.20		0.30	
Organisations other than PRI	0.20					0.35		0.50	

Providing post-achievement incentives is a significant shift from the upfront subsidy promoted by conventional rural sanitation programmes. The NGP has elicited a tremendous response with the number of GPs winning this award going up from a mere 40 in 2005 to over 22,000 to date. The NGP helps to raise the status of the winning Panchayat, and create peer pressure among neighbouring Panchayats as well as tough competition at all tiers of the administration.

Source: Government of India, Department of Drinking Water Supply <<http://nirmalgrampuraskar.nic.in>>

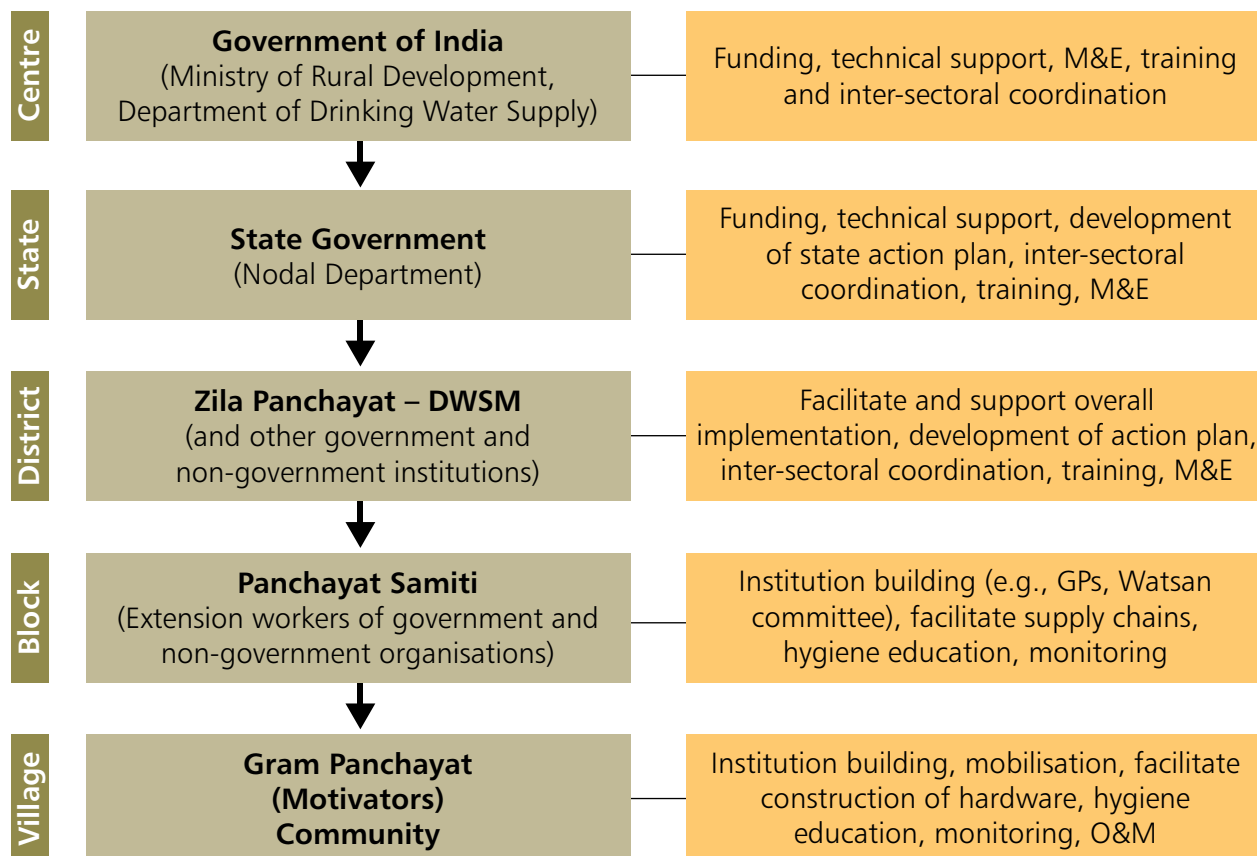
In 2007, the TSC guidelines were modified again to include an emphasis on developing community managed and ecologically safe environmental sanitation systems focusing on SLWM. Up to 10 percent of the project costs could now be used for meeting upfront capital costs incurred under the SLWM component. The IEC component was strengthened and the provision of a revolving fund was extended to community-based organisations, Above Poverty Line (APL) households and Integrated Child Development Scheme (ICDS) centres. On account of rising input costs, the incentive provision for BPL families, to be given post construction and verification of toilet usage, was increased from Rs. 625 to a maximum of Rs. 2,500.

2.4 TSC Delivery Structure

The TSC operates through district projects of three to five years' duration, jointly financed by central and state governments with contribution from beneficiary households (generally in the ratio of 65:25:15). At the district level, Zila Panchayats lead the implementation of the project – a District Water and Sanitation Mission (DWSM), headed by the Zila Panchayat, with Deputy Commissioners/

Collectors/Chief Executive Officers (CEOs) and other heads of departments as members, is set up. Similarly, at the block and the Panchayat levels, Panchayat Samitis and respective GPs are involved in the implementation of the TSC. The TSC delivery structure is shown in Figure 2.1.

Figure 2.1: TSC Delivery Structure



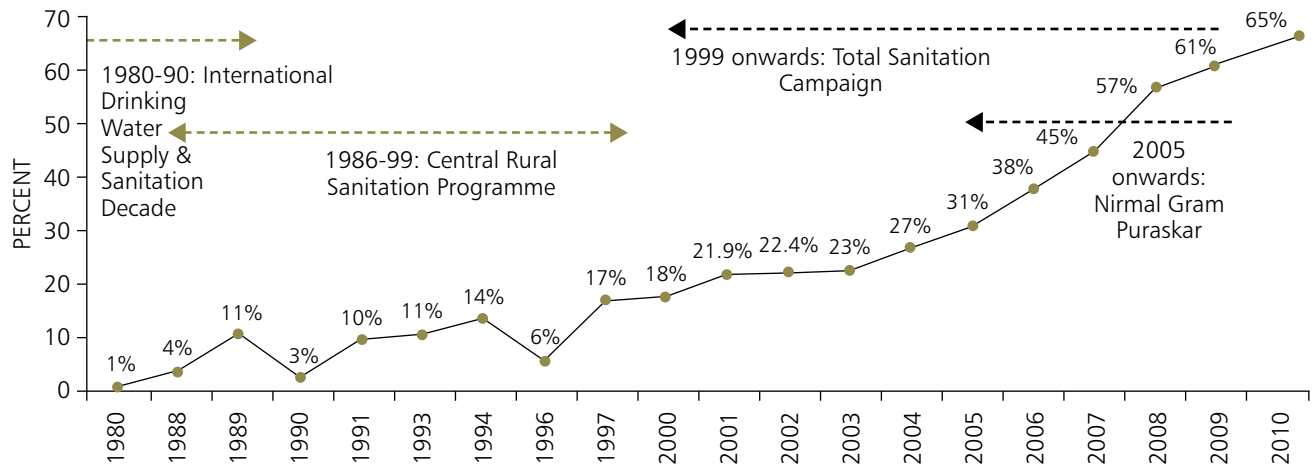
M&E: Monitoring and Evaluation; O&M: Operation and Maintenance

2.5 TSC Progress at National and State Levels

2.5.1 TSC Performance at National Level

The TSC is currently being implemented at scale in 606 districts of 30 states/Union Territories (UTs). As can be seen from Figure 2.2, after sluggish progress throughout the 1980s and 1990s, rural sanitation coverage (individual household latrines) has nearly tripled from approximately 22 percent in 2001 to 61 percent in 2009 and 65 percent in 2010, post-TSC and -NGP.

Figure 2.2: Rural Sanitation Coverage in India

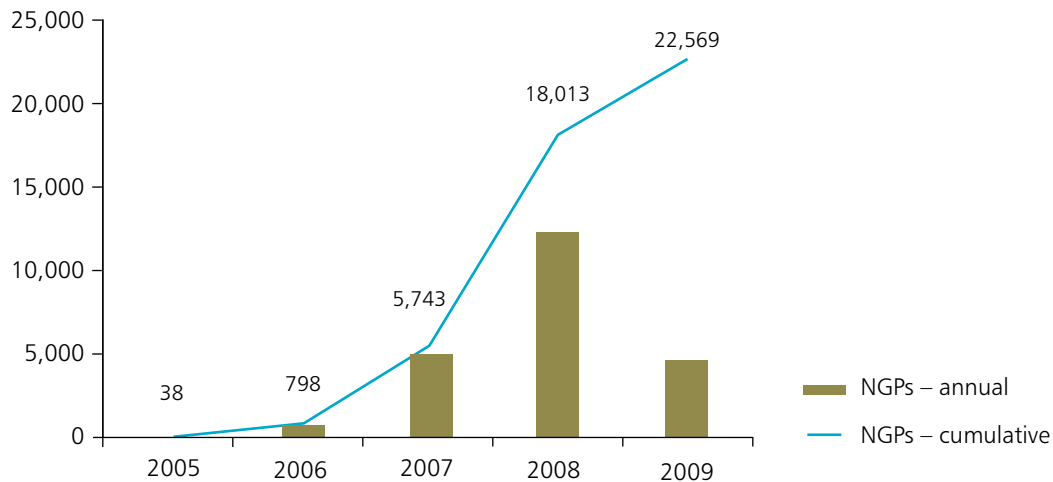


Source: Government of India, Department of Drinking Water Supply <http://ddws.nic.in>. Accessed in March 2010.

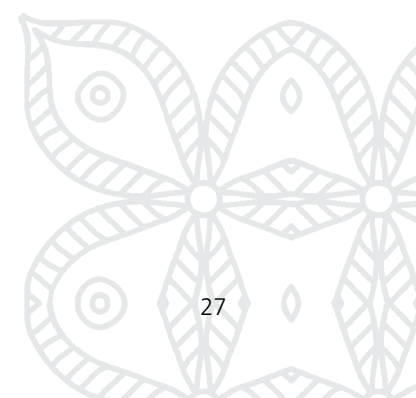
Since its launch, the NGP has been very successful as a fiscal incentive for achievement of sanitation outcomes. The number of winners has gone up from approximately 40 in 2005 to 22,569 in 2009, as can be seen from Figure 2.3.

The number of NGPs in each state across the years is provided in Volume 2, Annex 34.

Figure 2.3: NGP Winners (2005-09)



Source: Government of India, Department of Drinking Water Supply <http://ddws.nic.in>. Accessed in March 2010.

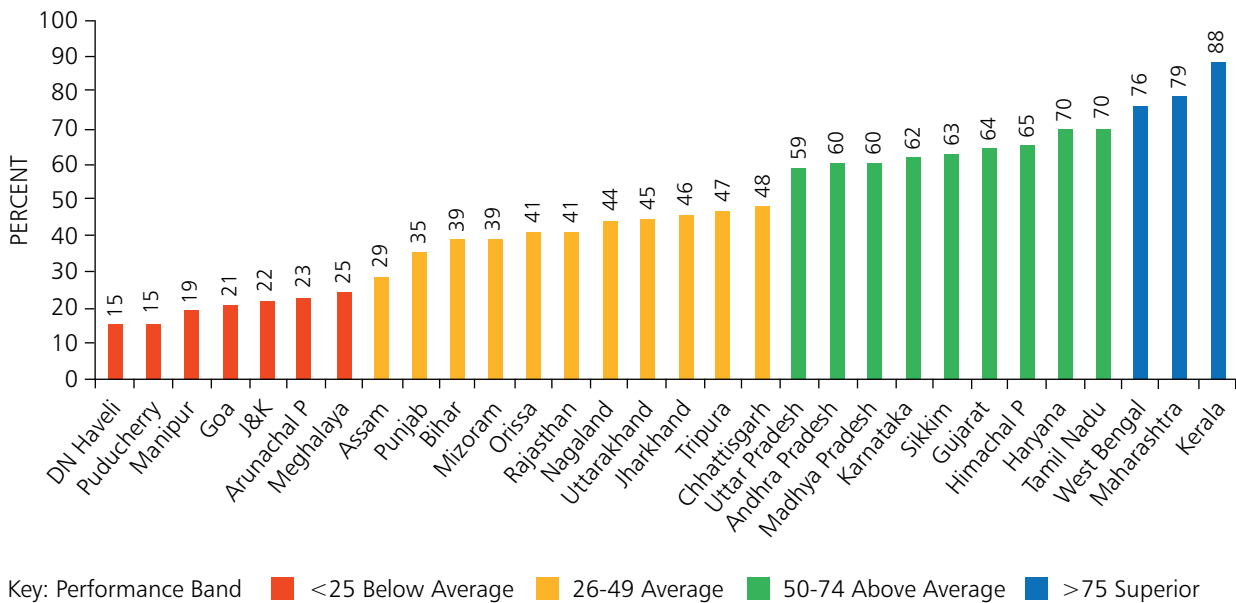


2.5.2 TSC Performance at State Level

Despite the undeniable upward trend at the national level, these aggregates disguise state-level disparities in performance on the TSC.

This section presents the performance of states on the TSC based on the performance monitoring and benchmarking model, which tracks performance based on a mix of outcome, output, processes and input indicators, and, thereafter, ranks districts and states based on performance (as against alphabetically) (for more details of this model, see Box 1 on page 17). The performance of different states in terms of cumulative score is presented in Figure 2.4 and the scores achieved on constituent indicators are presented in the remainder of this section.

Figure 2.4: How are States Performing on the Total Sanitation Campaign?



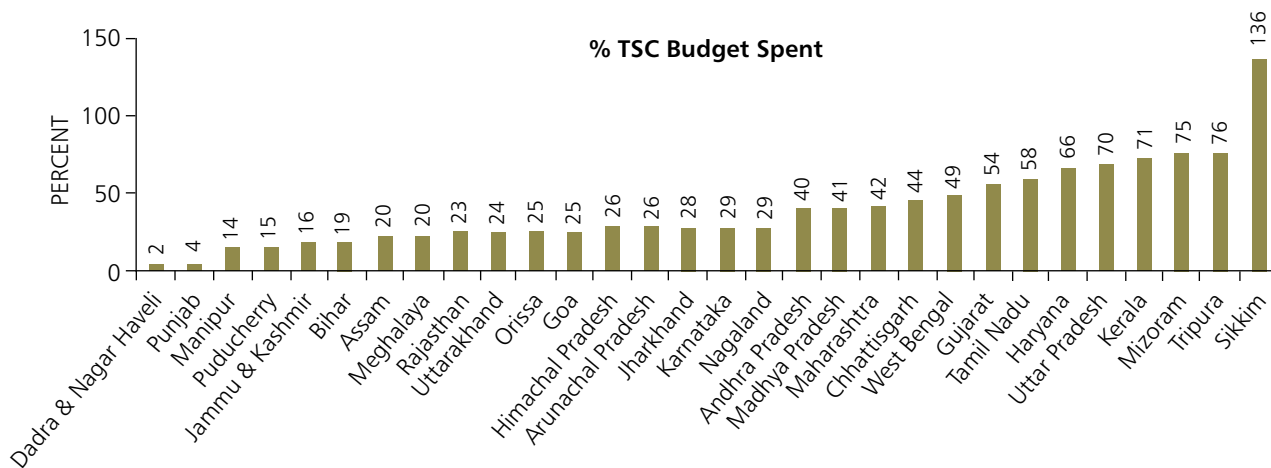
The detailed score for each indicator, along with the aggregate score for each state, and overall rank and score for each district is given in Volume 2, Annex 1. The rank of every district where TSC is being implemented is given in Volume 2, Annex 2 (rank wise) and Volume 2, Annex 3 (alphabetically).

a. Indicator 1 (Input): Percent TSC Funds Spent

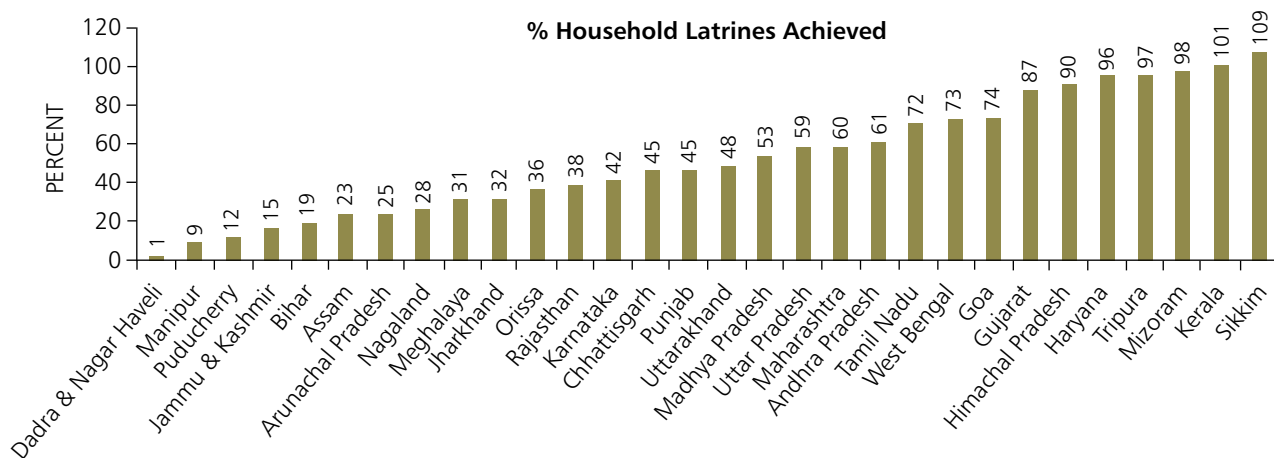
This indicator measures the financial investment in the TSC project, calculating the percentage of spend against total allocation (Figure 2.5).

b. Indicator 2 (Output): Percent Individual Household Latrine Target Achieved

This indicator measures an output – the percentage of individual household toilets constructed against the target (Figure 2.6).

Figure 2.5: How much have States Spent out of TSC Funds?

Source: Government of India, Department of Drinking Water Supply <http://ddws.nic.in>.

Figure 2.6: How many Individual Household Latrines have been Constructed against the TSC Target?

Source: Government of India, Department of Drinking Water Supply <http://ddws.nic.in>.

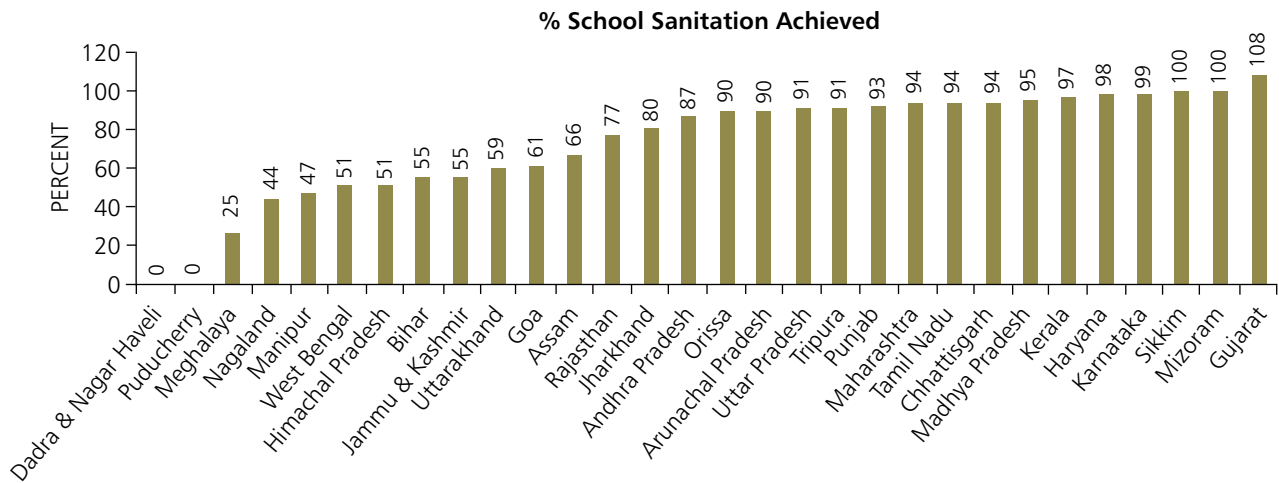
c. Indicator 3 (Output): Percent School Sanitation Target Achieved

This indicator measures an output – the percentage of school toilets constructed against the target (Figure 2.7).

d. Indicator 4 (Process): Success Rate of NGP Applications

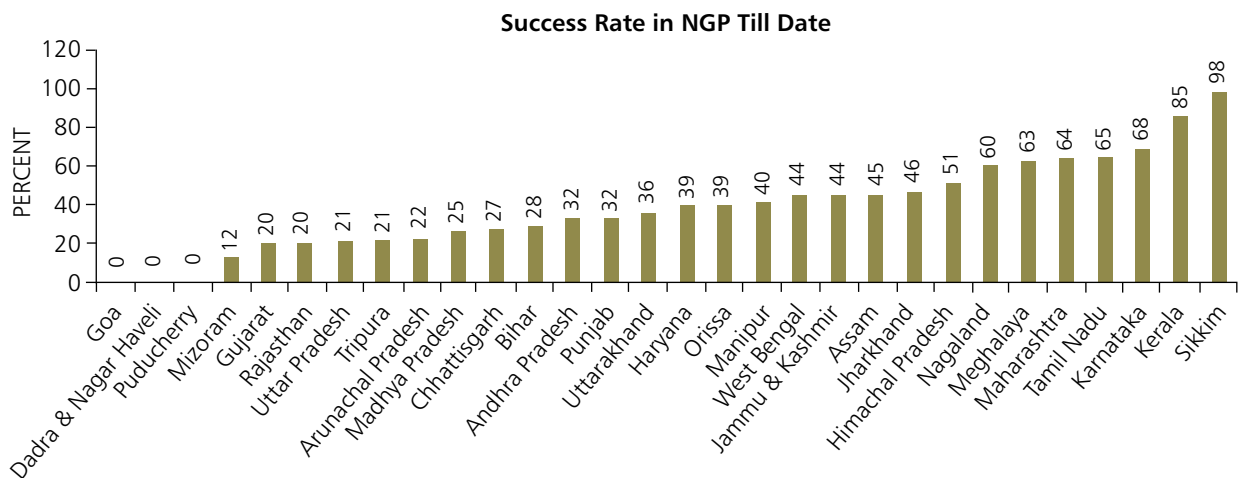
The number of NGP applications has been increasingly geometrically, from 464 in 2005 to 13,956 in 2009. Simultaneously, the number of winners trails the number of applicants in any year. States (and districts) may put in as many applications, but the true test of outcome achievement is the number of NGP winners (Figure 2.8). By recognising and giving a higher weight to high success rate, the benchmarking model rewards process and a good internal monitoring system to evaluate ODF applications.

Figure 2.7: How many School Toilets have been Constructed against the TSC Target?



Source: Government of India, Department of Drinking Water Supply <http://ddws.nic.in>.

Figure 2.8: What is the Success Rate of NGP Applications at State Level?



Source: Government of India, Department of Drinking Water Supply <http://ddws.nic.in>.

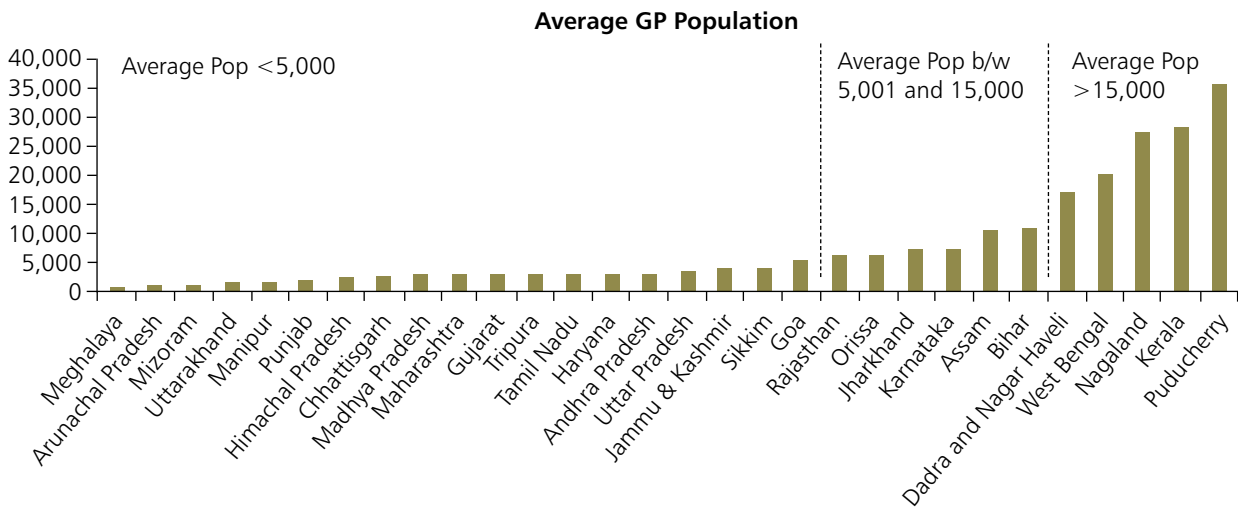
e. Indicator 5 (Process): Average Population per Gram Panchayat

The benchmarking model is not merely based on the number of NGP Gram Panchayats, but also factors such as the size of each GP and the corresponding level of effort required to make a GP Nirmal (Figure 2.9). Bonus points are given to the states with the most populous GPs – 10 points for those states where the average GP population is greater than 15,000; five points to states where the average GP population is above 5,000 but less than 15,000; and the balance states where the average GP population is below 5,000 receive a zero.

f. Indicator 6 (Process): Financial Efficiency

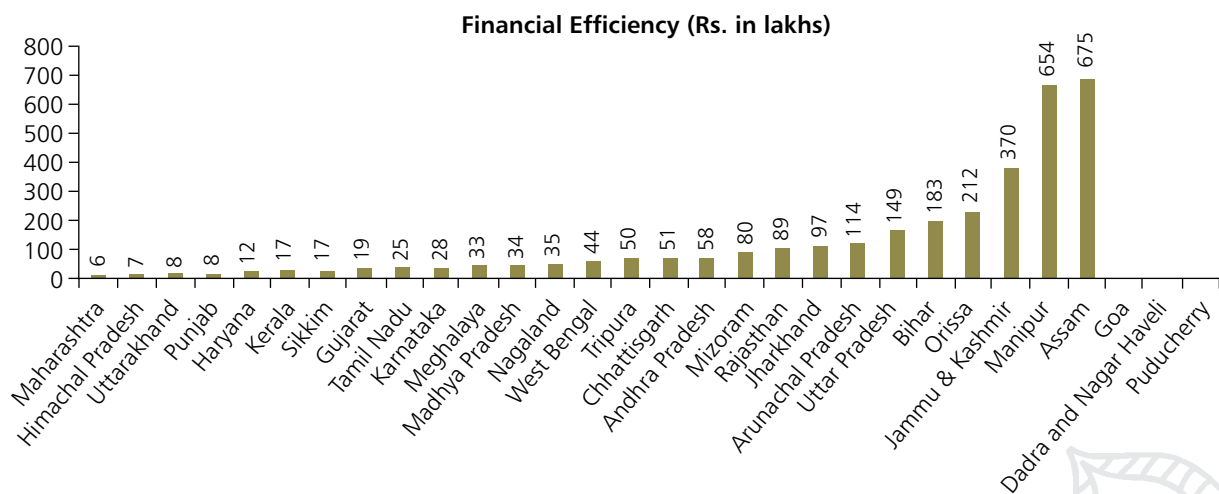
This indicator measures return on investment by calculating the amount of TSC **budget spent to make a Panchayat Nirmal**. Therefore, it takes the figure for TSC spend to date and divides it by the number of NGPs winners by a state to date. To incentivise financial efficiency, the benchmarking model only awards bonus points to the top five most financially efficient states, while giving zero points to the remaining states (Figure 2.10).

Figure 2.9: What is the Average Population of a Gram Panchayat in Different States?

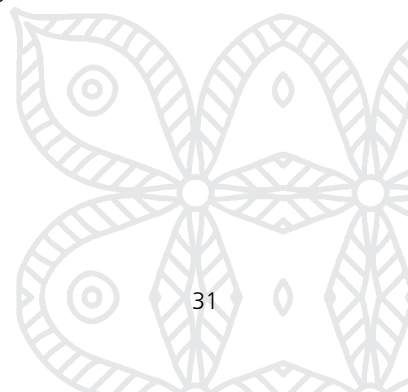


Source: Government of India, Department of Drinking Water Supply <http://ddws.nic.in>

Figure 2.10: How much is Spent to make a Gram Panchayat Nirmal?



Source: Government of India, Department of Drinking Water Supply <http://ddws.nic.in>



g. Indicator 7 (Outcome): Number of NGP Winners

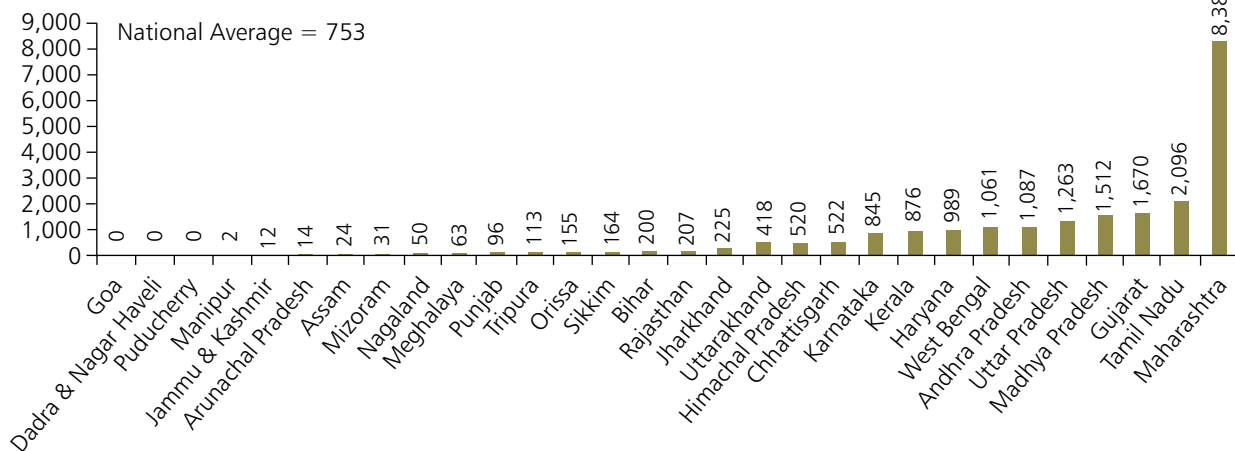
This indicator measures the absolute number of NGP Panchayats out of the total number of GPs in a state. This is equal to the cumulative number of NGPs won by a state (Figure 2.11).

h. Indicator 8 (Outcome): Percentage of NGP Winners

The performance benchmarking model is designed to reward both absolute and percentage achievement in terms of NGP (Figure 2.12). Recognising and giving points to percentage NGP achievement helps to neutralise the ‘low base effect’. (Other things being equal, let us say State A has 50 GPs and State B has 500. Both states have been able to achieve 20 NGP Panchayats. Therefore, while the absolute number of NGP achievement is the same, State A is 40 percent NGP while State B is only 8 percent NGP. Therefore, the benchmarking model recognises this and is designed to reward both absolute and percentage achievement.)

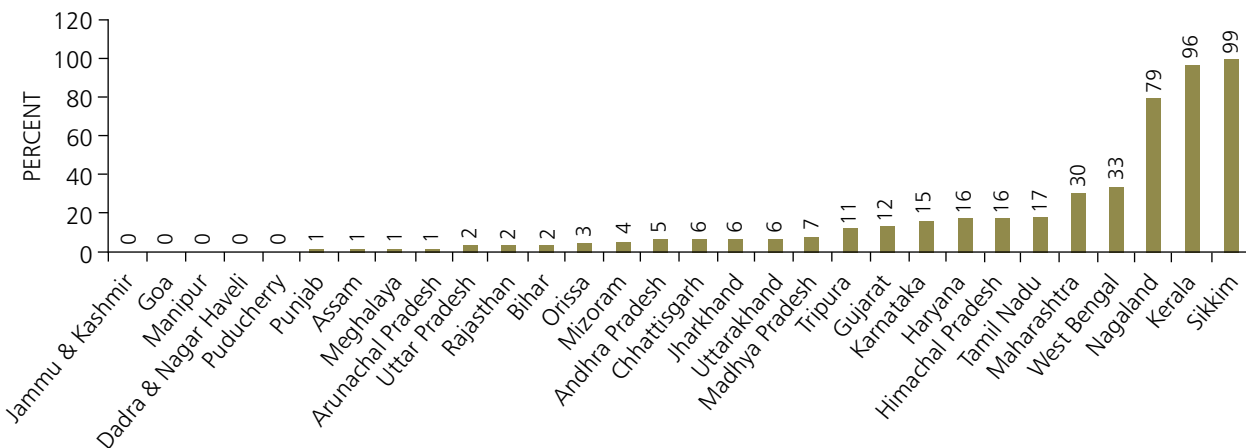
The percentage of NGP winners of every district where TSC is being implemented is given in Volume 2, Annex 36.

Figure 2.11: How many Panchayats have Won the NGP across Different States?



Source: Government of India, Department of Drinking Water Supply <http://ddws.nic.in>.

Figure 2.12: What is the Percentage of Panchayats that have become NGP across Different States?



Source: Government of India, Department of Drinking Water Supply <http://ddws.nic.in>.

3. A Decade of TSC: Progress and Status

3.1 Introduction

This chapter analyses data from the online monitoring system of the TSC and NGP, a wealth of information at the national, state and district levels. The data have been accessed in March 2010 from the TSC and NGP Management Information System (MIS). This information is presented across six sections:

- **Context** in terms of the scale of the sanitation challenge. It provides information on the number of households and schools that lacked access to sanitation when the TSC was launched along with information on the socio-economic conditions of programme implementation;
- Programme **inputs** begin with the overall TSC budget and then focus on the average project expenditure per district. It also provides information on the allocation to project hardware and software components within the overall financial envelope;
- **Outputs** such as construction of toilets in households and schools;
- Programme **processes** in terms of acceleration of scale-up, inclusion, success rate of NGP applications, and rate of return;
- **Outcomes** such as the number of NGP winners; and
- **Projections** on when India will reach the TSC **goal** of universal sanitation coverage.

The specific indicators analysed under each component are detailed in Table 3.1.

3.2 Context: The Scale of the Sanitation Challenge

3.2.1 Number of Households and Institutions that Lack Access to Rural Sanitation

The TSC was launched with the objective of achieving universal rural sanitation coverage by 2012. This meant the construction of about 12 crore⁴ toilets at the beginning of the campaign (1999) (Figure 3.1).

3.2.2 Rural Poverty

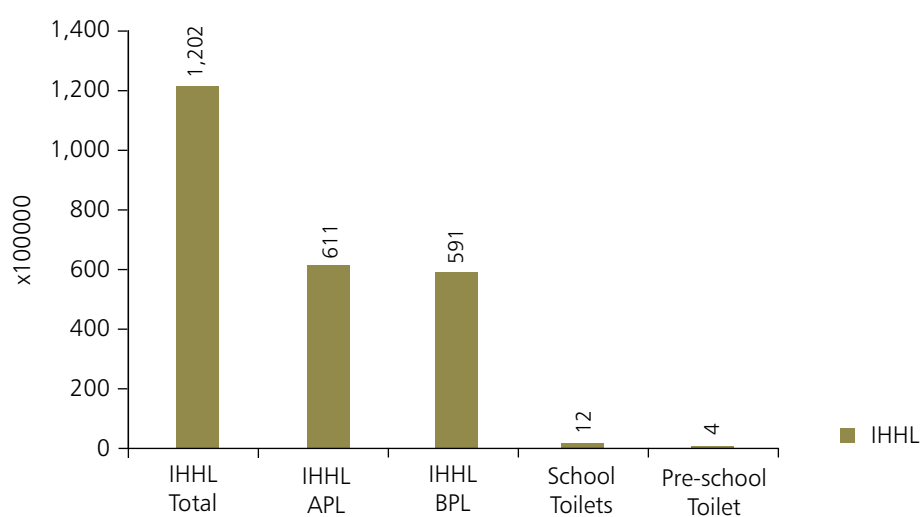
TSC envisaged financial support to the poorer households, defined by the BPL survey of the Government of India. In 1999, according to the TSC baseline survey, 47 percent of all households in India were classified as BPL (Figure 3.2).

⁴ 120 million.

Table 3.1: Indicators Analysed to Track Progress under TSC

Context	Input	Output	Process	Outcome	GOAL
<ul style="list-style-type: none"> No of HHs and institutions without access to sanitation Rural poverty (BPL distribution) 	<ul style="list-style-type: none"> TSC financial allocation and expenditure Average TSC project allocation per district TSC allocation and expenditure on software and hardware per district Average TSC software allocation and expenditure per household Average TSC expenditure per BPL household toilet, school and pre-school toilet Average expenditure per RSM/PC and SLWM 	<ul style="list-style-type: none"> Sanitation target achieved at national and state level % school sanitation target achieved % RSM/PC target achieved % SLWM target achieved 	<ul style="list-style-type: none"> Acceleration rate of HH sanitation coverage Reaching the poorest – ratio of BPL and APL HHs coverage Reaching the backward and drought-prone areas Success rate of NGP applications 	<ul style="list-style-type: none"> Number of NGP winners State-wise % of NGP winners Number of NGPs vs total number of GPs 	<ul style="list-style-type: none"> Progress made towards universal rural sanitation coverage

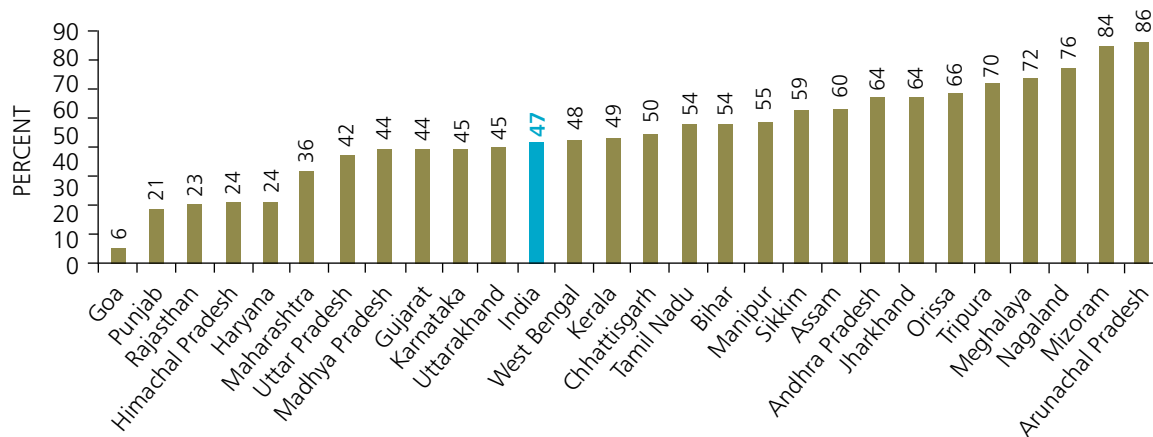
Figure 3.1: TSC Objectives, 1999



3.3 Inputs

The TSC uses the resources of central and state governments and contributions from beneficiaries to promote access to sanitation facilities. This section looks at financial allocation and expenditure on the project till date.

Figure 3.2: State-wise Percentage of BPL Households (as per TSC Baseline Survey)



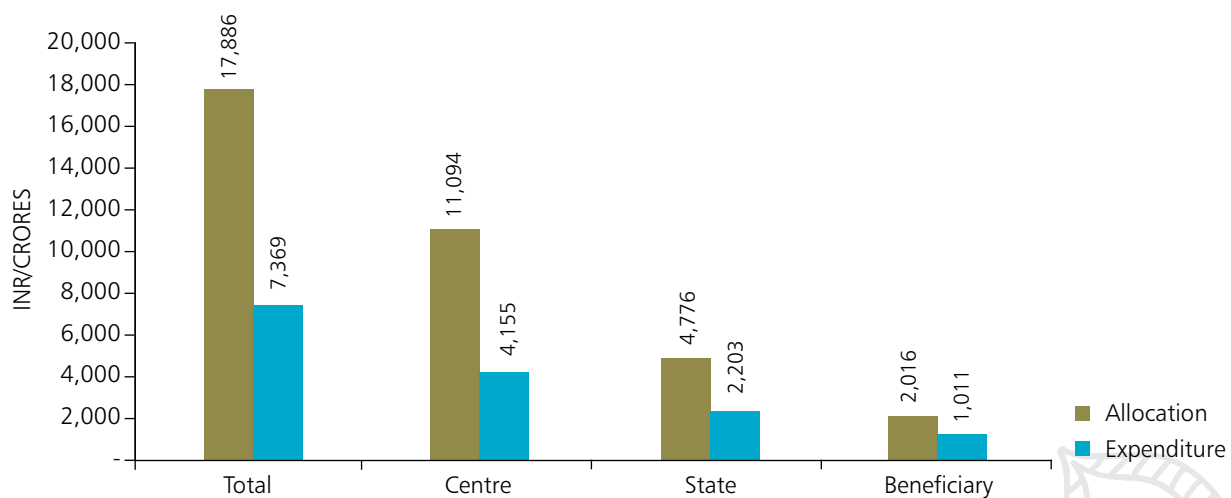
See Volume 2, Annex 4 for calculations leading to this graph.

3.3.1 TSC Financial Allocation and Expenditure

TSC allocation and expenditure – national

Under the TSC, the total commitment to date is approximately Rs. 17,866 crore (US\$ 3,888 million), of which BPL households have committed Rs. 2,016 crore (US\$ 438 million or 11.4 percent) (Figure 3.3). The allocation and expenditure is divided between the national government, state government and beneficiaries (BPL families). This is in addition to the additional expenditure by the BPL families⁵ and expenditure by the APL families, both of which are not captured by the online monitoring system of the TSC.

Figure 3.3: Financial Allocation and Expenditure for TSC (INR, Crore)



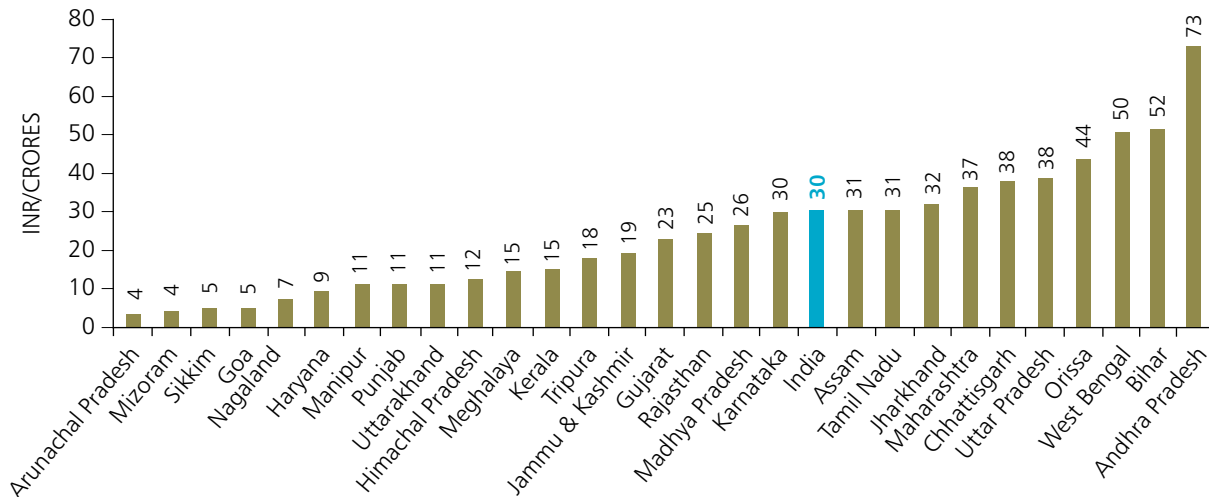
See Volume 2, Annex 5 for calculations leading to this graph.

⁵ BPL families have to contribute about Rs. 300 (US\$ 6.5) to avail of the government’s support to construct a toilet; however, in practice, they may contribute a higher amount to construct a better quality of toilet.

TSC allocation and expenditure – per district, state wise

The unit for implementation of the TSC is the district. On an **average, the allocation for implementing the TSC** is Rs. 30 crore (US\$ 6.6 million) per district, ranging from Rs. 4 crore in Arunachal Pradesh to Rs. 73 crore in Andhra Pradesh (Figure 3.4).

Figure 3.4: Average Project Allocation per District (INR, Crore)



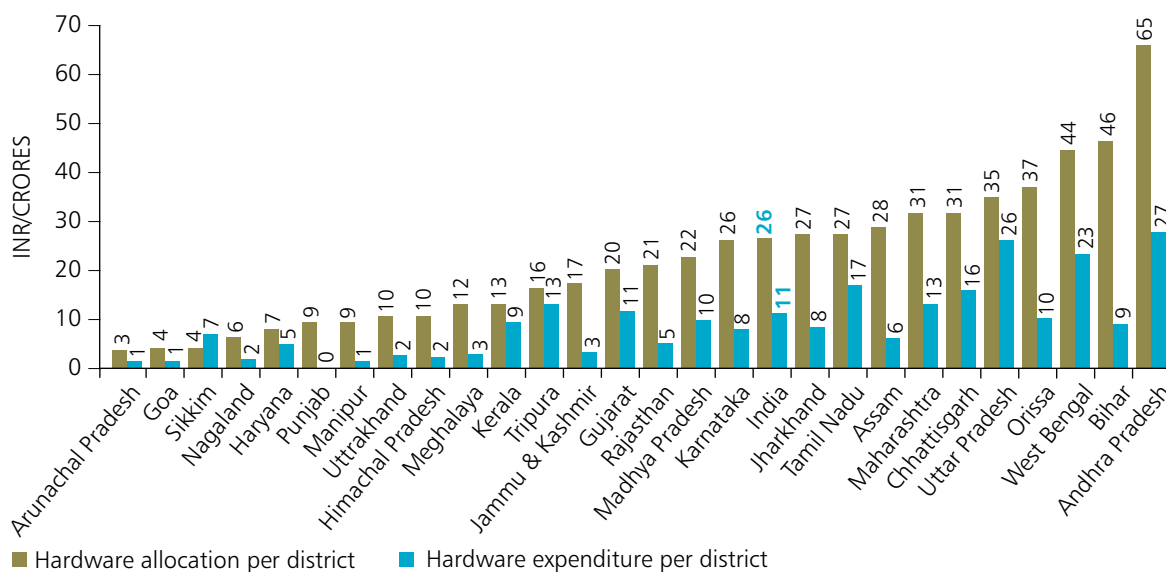
See Volume 2, Annex 6 for calculations leading to this graph.

The TSC budget for each district is given in Volume 2, Annex 7.

TSC hardware allocation and expenditure – per district, state wise

Splitting the average allocation by hardware and software at the district level shows that the **average hardware allocation** per district is Rs. 26 crore (US\$ 5.7 million) while the expenditure is just over Rs. 11 crore (US\$ 2.4 million) which is 42 percent (Figure 3.5). Only two or three states have been able to show consistency in using hardware funds; most others exhibit low absorption capacity.

Figure 3.5: Average Hardware Allocation and Expenditure per District, by State (INR, Crore)



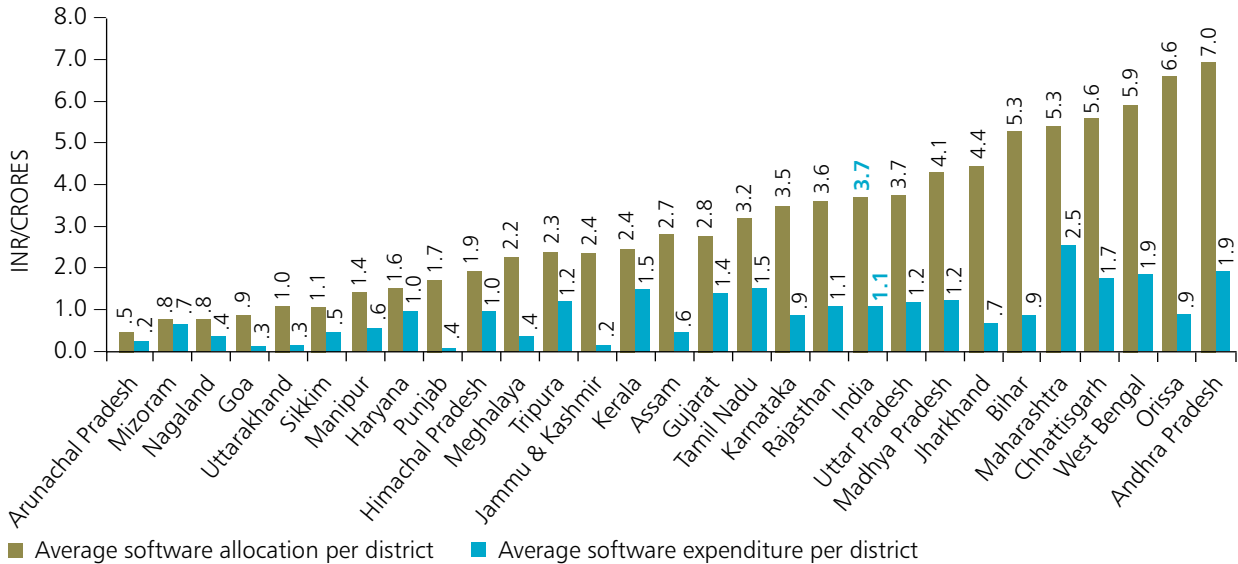
■ Hardware allocation per district ■ Hardware expenditure per district

See Volume 2, Annex 8 for calculations leading to this graph.

TSC software allocation and expenditure – per district, state wise

The **average software allocation** is Rs. 4 crore (US\$ 0.7 million) with corresponding expenditure being recorded as just Rs. 1.1 crore (US\$ 0.24 million) which translates into 32 percent against the average allocation (Figure 3.6).

Figure 3.6: Average Software Allocation and Expenditure per District, by State (INR, Crore)

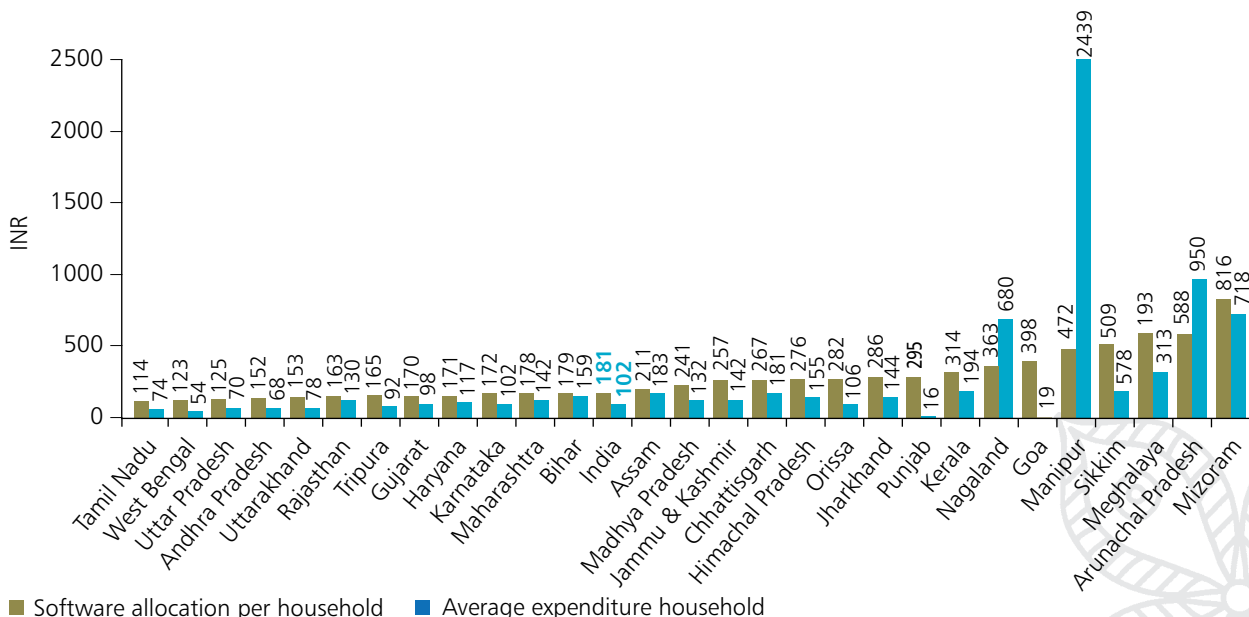


See Volume 2, Annex 9 for calculations leading to this graph.

TSC software allocation and expenditure – per household, state wise

The average **software allocation** per household is Rs. 181 (US\$ 4) per household while **average software expenditure** is Rs. 102 (US\$ 2.5) (Figure 3.7).

Figure 3.7: Average Software Allocation and Expenditure per Household (INR)

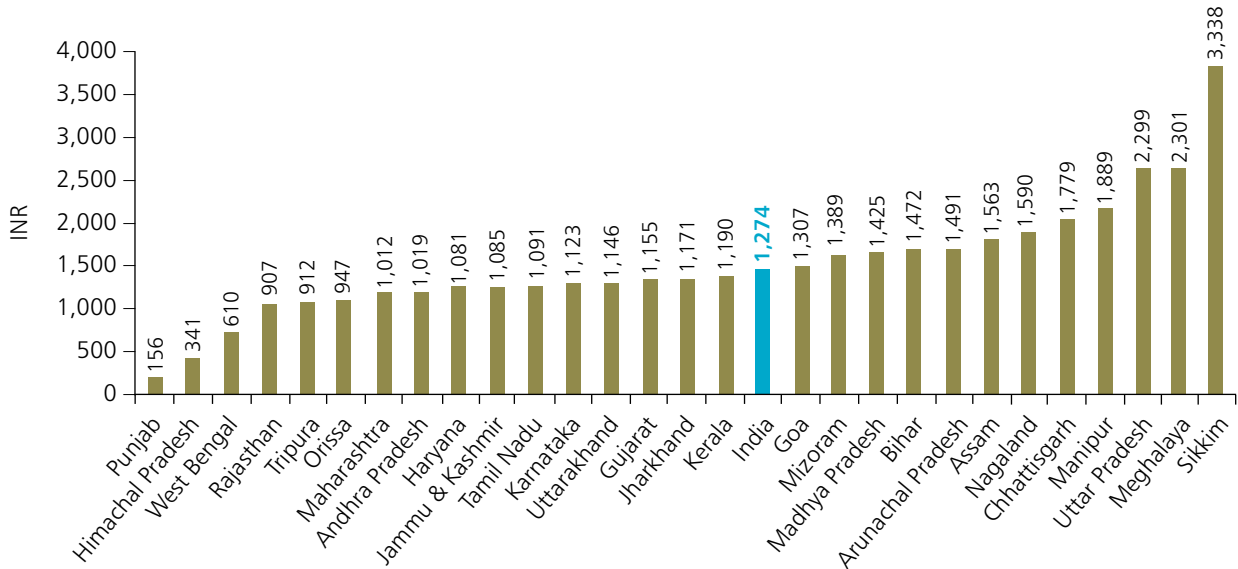


See Volume 2, Annex 10 for calculations leading to this graph.

TSC hardware expenditure – per BPL household, state wise

The TSC provides financial support (post-construction incentives) for BPL households (APL households are mobilised to invest on their own to construct toilets). In this context, the average expenditure per BPL household toilets is Rs. 1,274 (US\$ 28) (Figure 3.8).

Figure 3.8: Average Hardware Expenditure Incurred on BPL Households (INR)

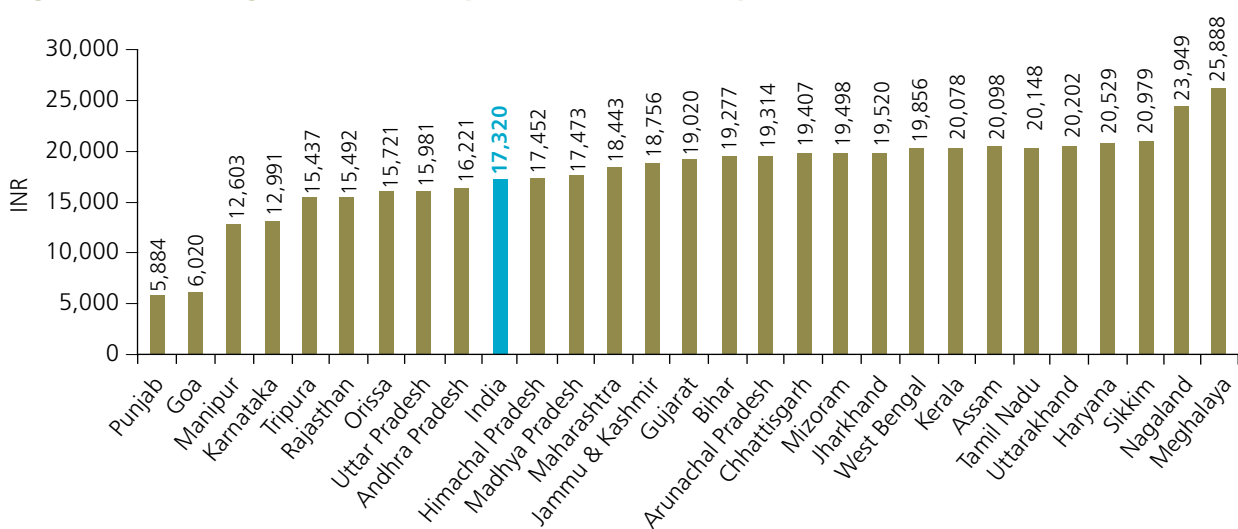


See Volume 2, Annex 11 for calculations leading to this graph.

TSC hardware expenditure – per school sanitation facility, state wise

The average school toilet expenditure is Rs. 17,320 (US\$ 384) (Figure 3.9).

Figure 3.9: Average Hardware Expenditure Incurred per School Toilet (INR)

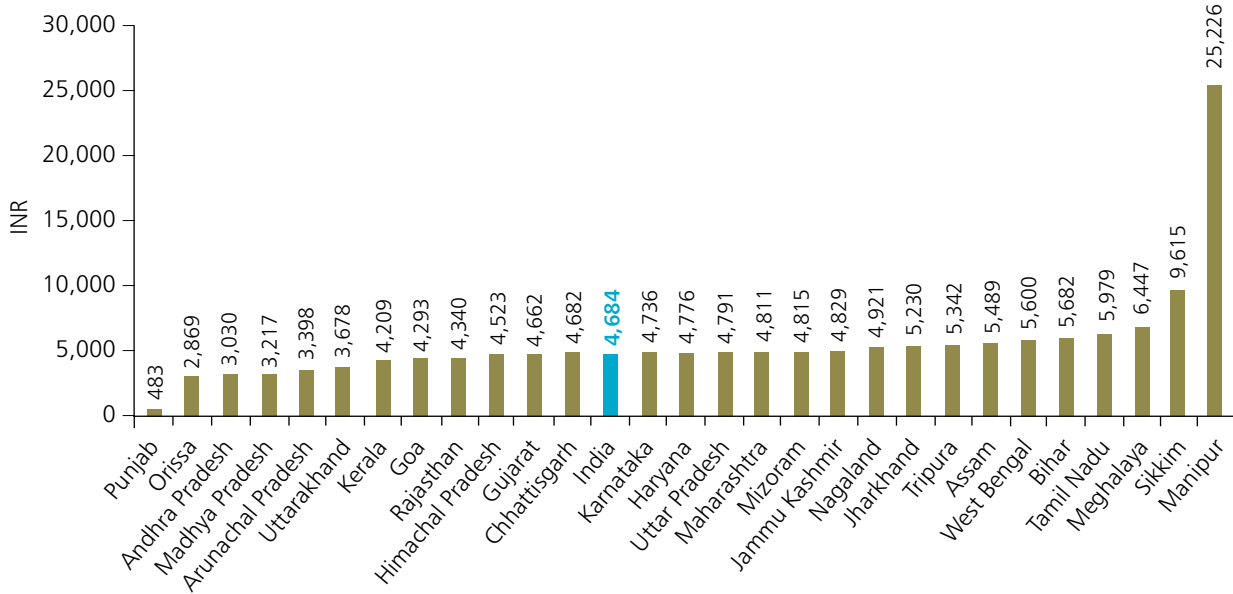


See Volume 2, Annex 12 for calculations leading to this graph.

TSC hardware expenditure – per Anganwadi (pre-school) sanitation facility, state wise

The expenditure on pre-school toilet (Aganwadi) is Rs. 4,684 (US\$ 104) (Figure 3.10).

Figure 3.10: Average Expenditure Incurred per Pre-school Toilet (INR)

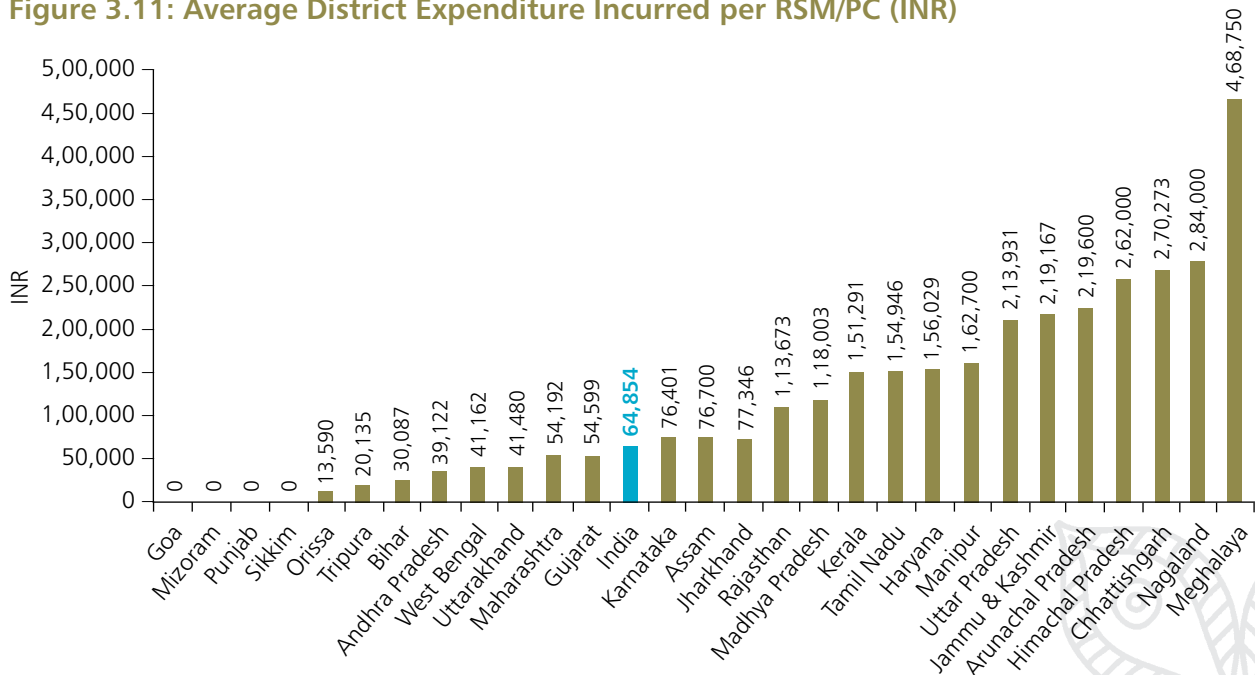


See Volume 2, Annex 13 for calculations leading to this graph.

TSC hardware expenditure – per RSM/Production Centre (PC), state wise

The average district expenditure on setting up RSMs/PCs is Rs. 64,854 (US\$ 1,141) (Figure 3.11).

Figure 3.11: Average District Expenditure Incurred per RSM/PC (INR)

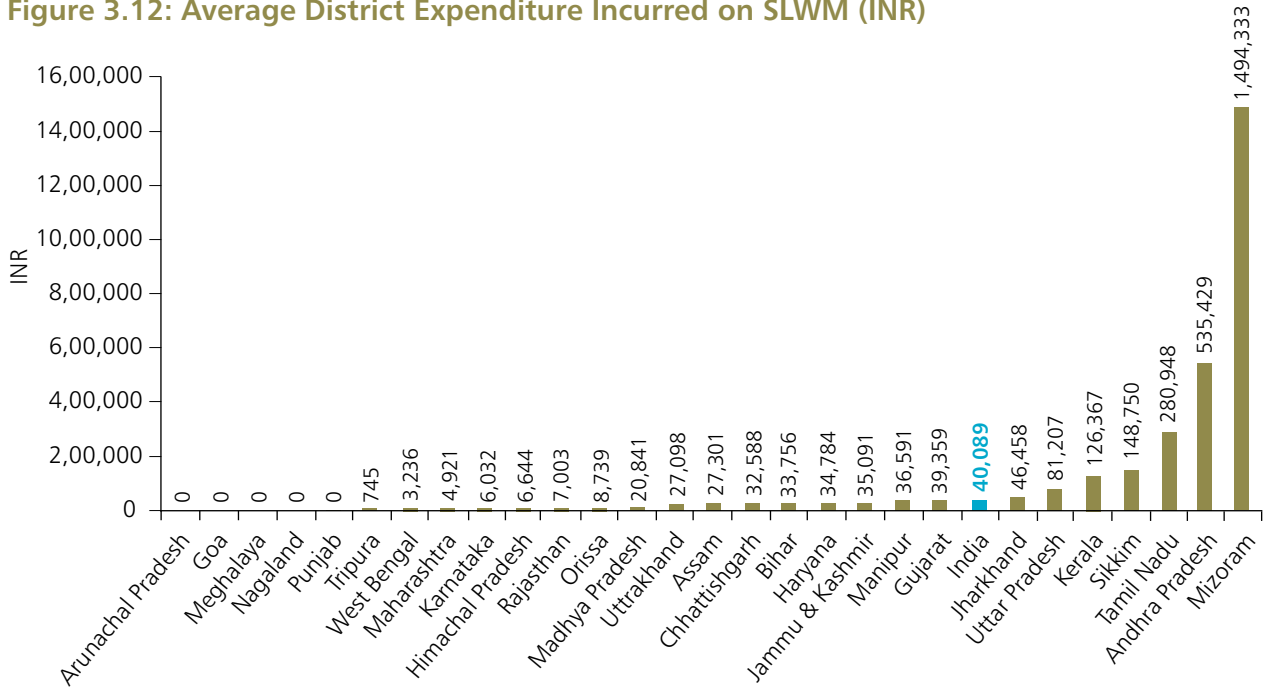


See Volume 2, Annex 14 for calculations leading to this graph.

TSC expenditure on SLWM, state wise

The average district expenditure on SLWM initiatives is Rs. 40,089 (US\$ 890) (Figure 3.12).

Figure 3.12: Average District Expenditure Incurred on SLWM (INR)



See Volume 2, Annex 15 for calculations leading to this graph.

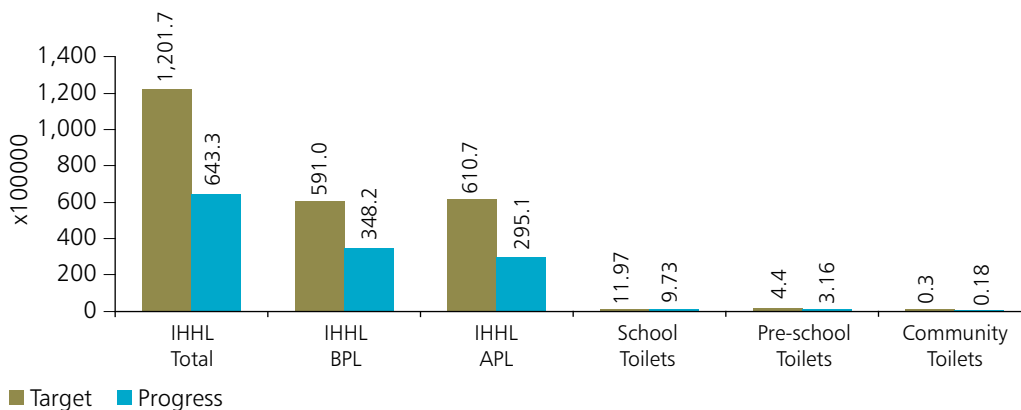
3.4 Outputs

The outputs of the TSC in terms of toilets constructed in households, schools and pre-schools, and progress in terms of the number of RSMs set up and SLWM works undertaken is presented here.

3.4.1 Toilets Constructed in Households, Schools and Pre-schools

Under TSC, more than 6.43 crore toilets have been constructed – 3.48 crore BPL toilets, and 2.95 crore APL toilets (Figure 3.13).

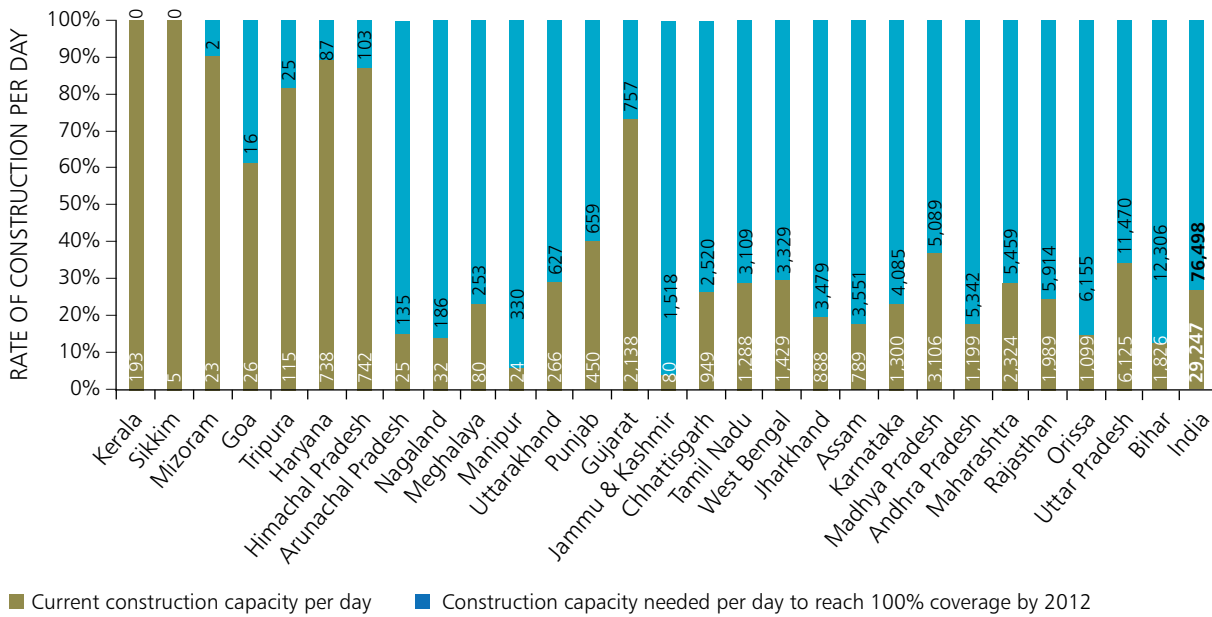
Figure 3.13: Progress of Toilets in Households and Institutions (Cumulative)



More than 5.5 crore household toilets still need to be constructed – 3.1 crore APL and 2.4 crore BPL. Currently, India, on an average, constructs 29,247 toilets per day. However, India needs to construct more than 76,498 household toilets per day in the next two years to achieve 100 percent coverage which means doubling its efforts (Figure 3.14).

Construction of IHHL under TSC – current and required pace

Figure 3.14: Household Toilet Construction Pace - Current and Required

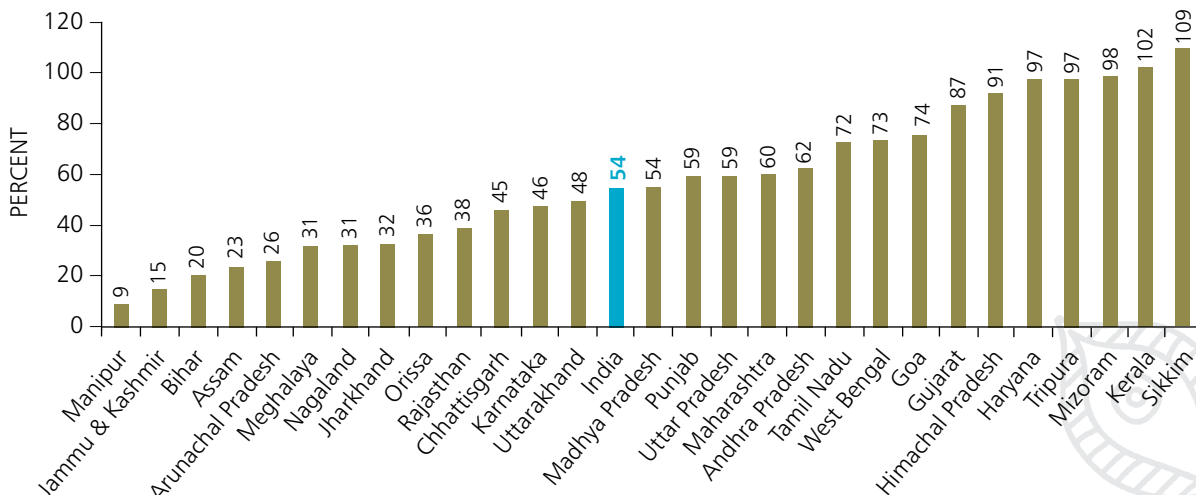


See Volume 2, Annex16 for calculations leading to this graph.

Coverage of IHHL under TSC

There has been 54 percent progress against the target for household sanitation – 59 percent among BPL households and 48 percent among APL households (Figure 3.15).

Figure 3.15: Total Household Toilet Coverage under TSC, by State

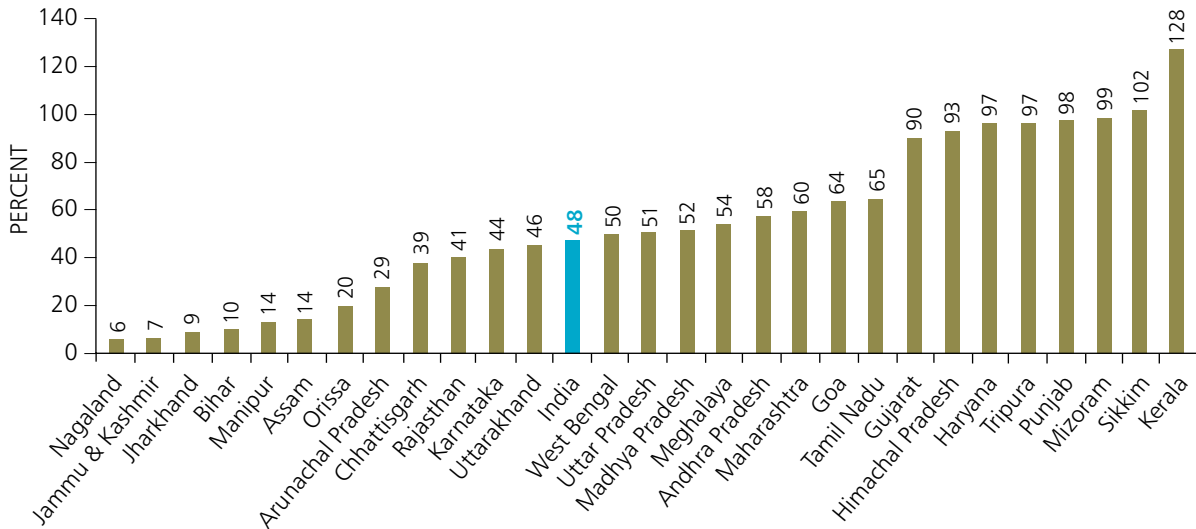


See Volume 2, Annex 17 for calculations leading to this graph.

The IHHL coverage for each district is given in Volume 2, Annex 18.

Coverage of APL IHHL under TSC

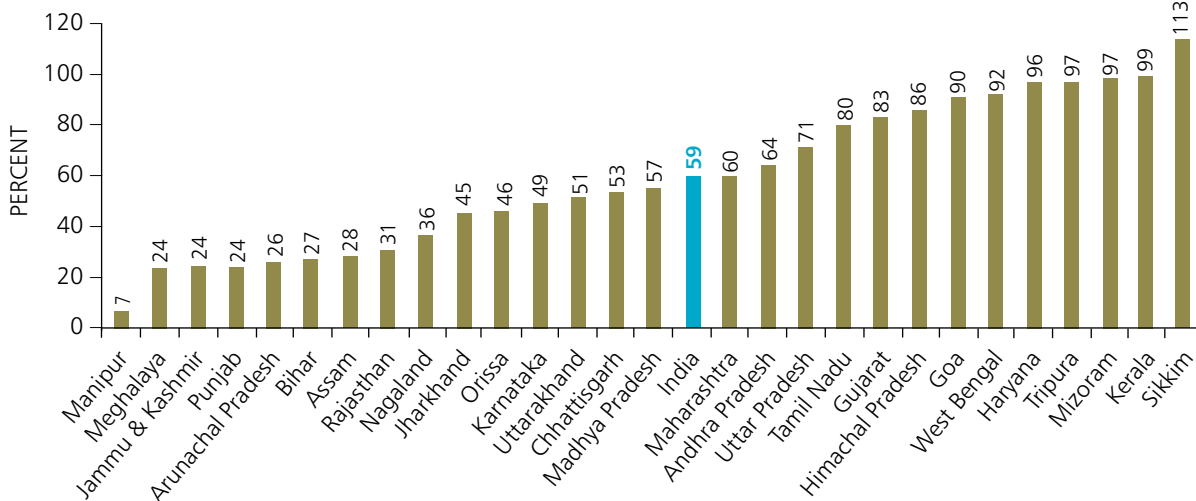
Figure 3.16: APL Household Toilet Coverage under TSC



See Volume 2, Annex 19 for calculations leading to this graph.

Coverage of BPL IHHL under TSC

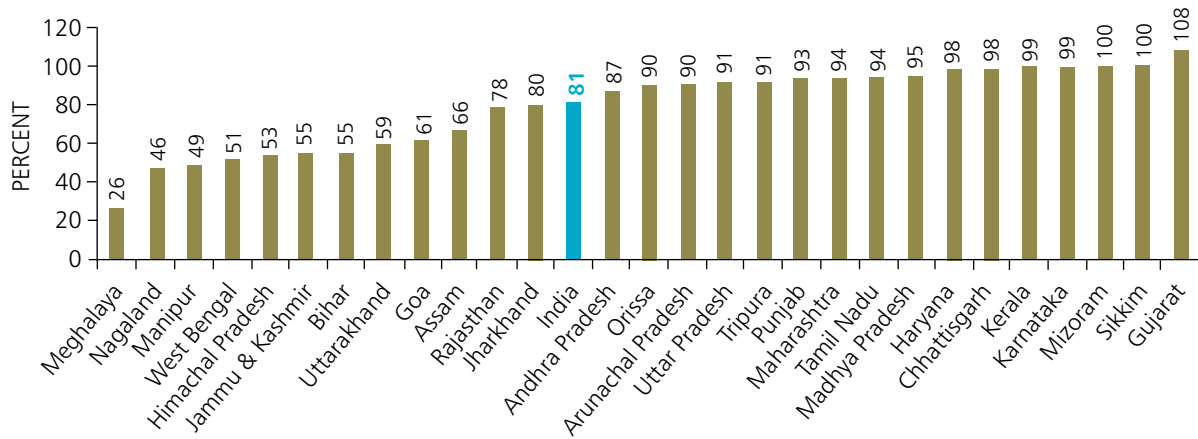
Figure 3.17: BPL Household Toilets Constructed under TSC



See Volume 2, Annex 20 for calculations leading to this graph.

Coverage of school sanitation under TSC

Figure 3.18: School Toilet Coverage under TSC

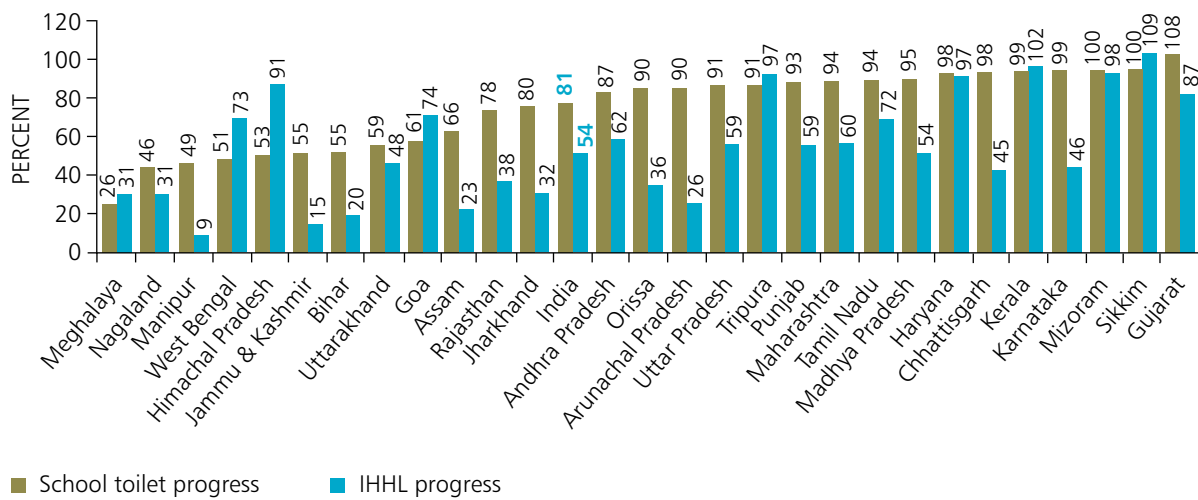


See Volume 2, Annex 21 for calculations leading to this graph.

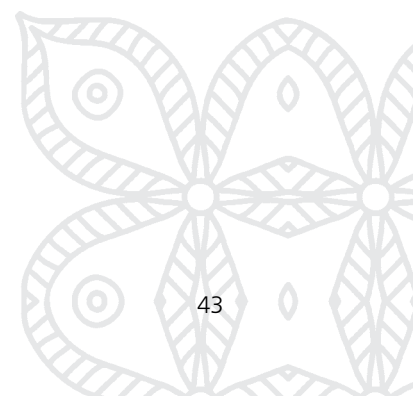
Comparison of coverage of IHHL and school sanitation under TSC

Figure 3.19 shows the coverage of school sanitation vis-à-vis household sanitation coverage.

Figure 3.19: Comparative Status of Household Sanitation and School Sanitation under TSC

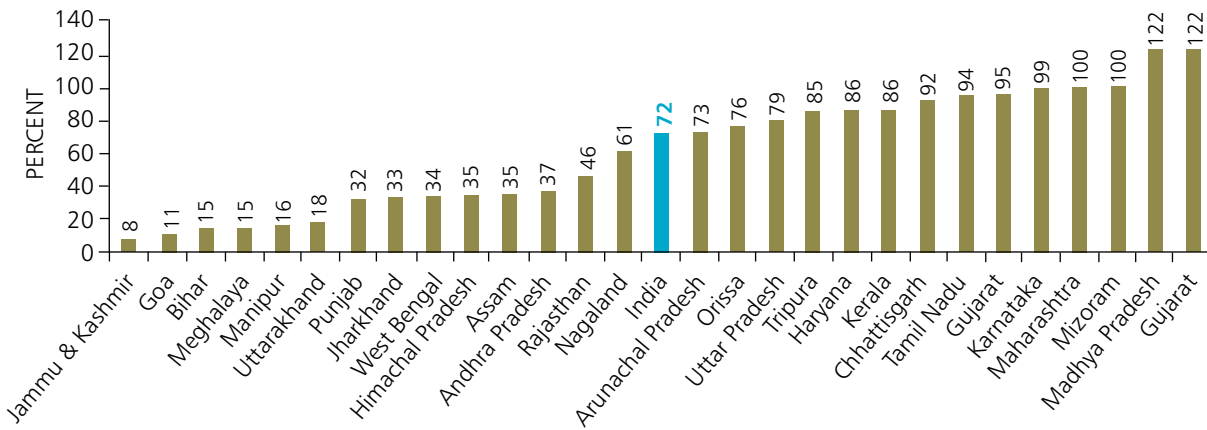


See Volume 2, Annex 22 for calculations leading to this graph.



Coverage of Anganwadi (pre-school) sanitation under TSC

Figure 3.20: Pre-school Toilet Coverage under TSC

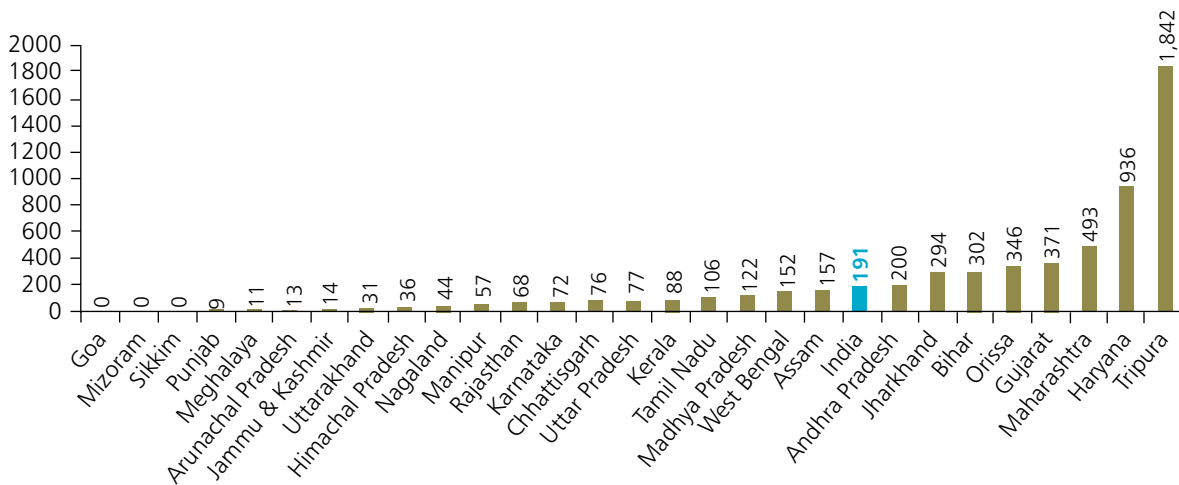


See Volume 2, Annex 23 for calculations leading to this graph.

Establishment of RSMs/PCs under TSC

The TSC has sanctioned 4,191 RSMs and 139 PCs; overall, 5,214 RSMs and 3,046 PCs have been set up across the country (Figure 3.21).

Figure 3.21: RSM/PC Progress against Target

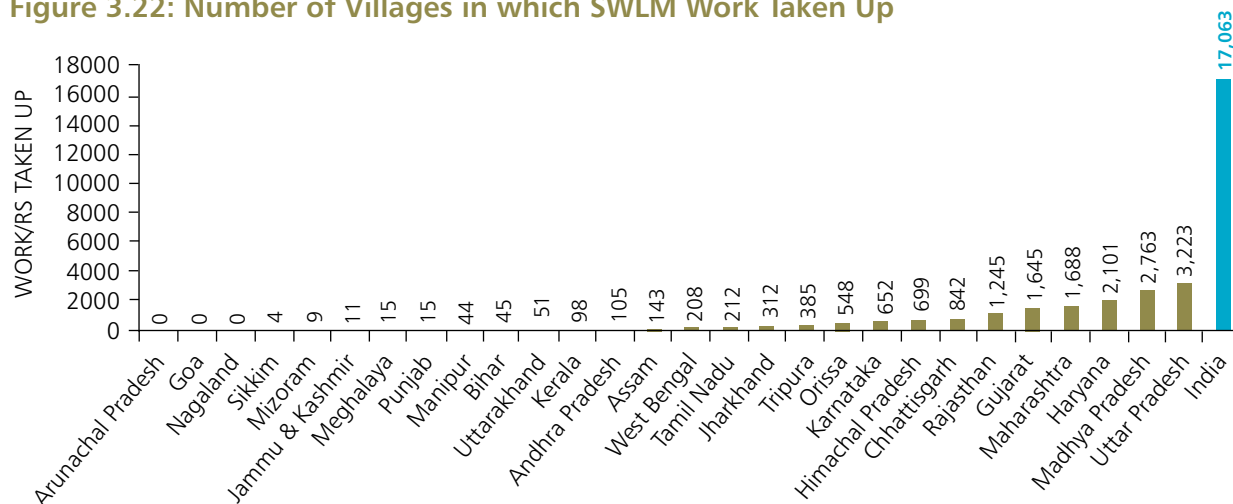


See Volume 2, Annex 24 for calculations leading to this graph.

3.4.2 Progress in Undertaking SLWM Works

The SLWM component has been initiated in only in 17,063 villages so far (Figure 3.22).

Figure 3.22: Number of Villages in which SWLM Work Taken Up



See Volume 2, Annex 25 for calculations leading to this graph.

3.5 Process

Process analysis explores the performance of the states' efficiency and priority which is measured against acceleration rate, inclusiveness and effectiveness of the scaling up coverage.

3.5.1 Acceleration Rate of Household Sanitation

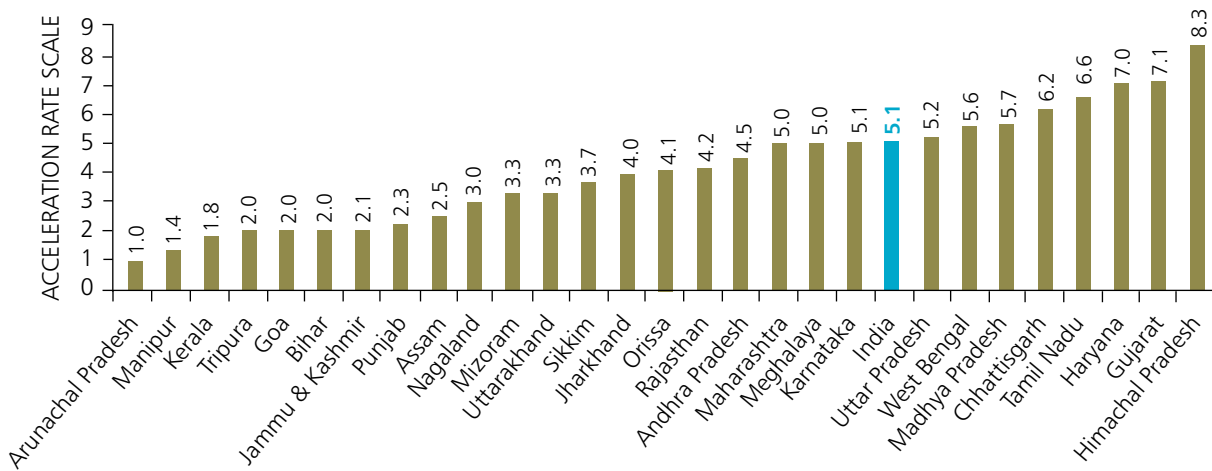
An acceleration rate scale has been developed to measure the extent of coverage achieved in a specified period of time. In this regard, the states have been ranked on a scale of 1 to 10 based on the IHHL coverage and the time taken to achieve that coverage. The following formula has been used to calculate this coverage:

$$\text{Acceleration Rate Scale (0-10)} = \frac{\text{Household Sanitation Coverage Achieved under TSC X 10}}{\text{Average time taken}^*}$$

* The time taken by each district from the sanction date is averaged at state and country levels

On the acceleration rate scale, India scores 5.1 in reaching the TSC target (Figure 3.23) while Himachal Pradesh stands out as the most efficient state in achieving the maximum acceleration.

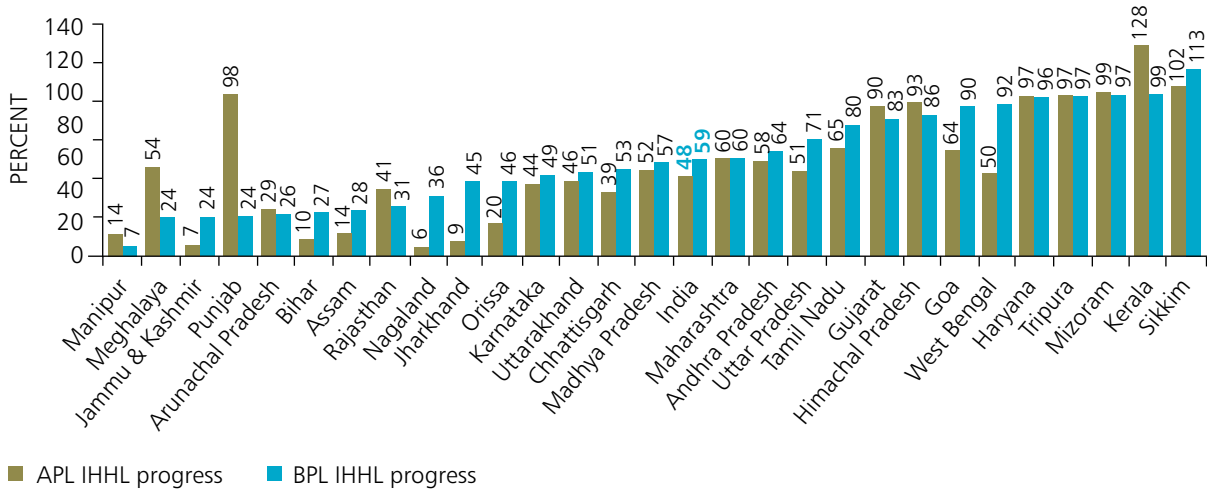
Figure 3.23: Performance of the Country and States on Acceleration Scale (0-10) in Scaling Up Household Coverage



See Volume 2, Annex 26 for calculations leading to this graph.

3.5.2 Reaching the Poorest

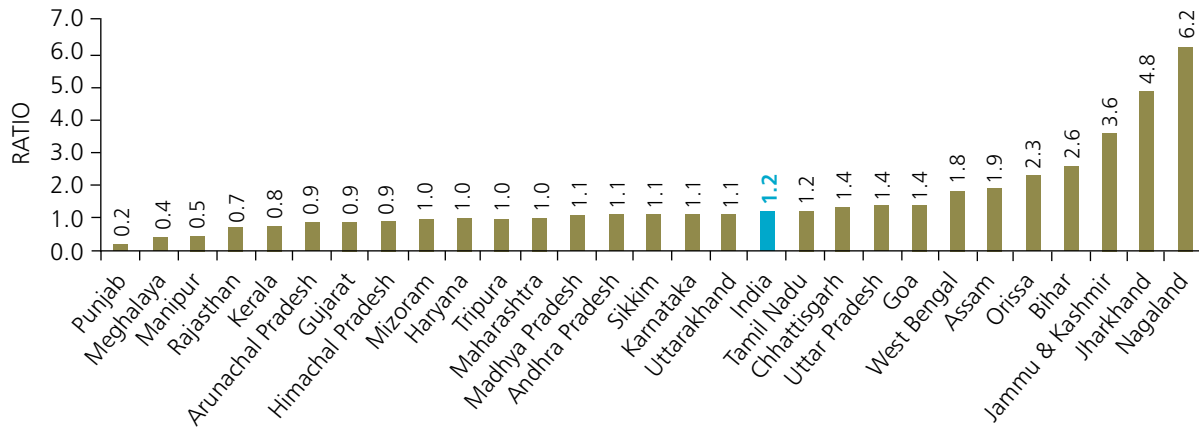
Figure 3.24: Comparative Status of APL and BPL Household Toilet Achievement



See Volume 2, Annex 27 for calculations leading to this graph.

In most states, the ratio of the BPL and APL is about 1, indicating equal importance to both groups in mobilising their commitment for adoption of toilet facilities. However, some states have given more importance to BPL. States showing a ratio more than 1 have placed higher priority on BPL families. Overall, India has accorded higher priority to BPL household sanitation (Figure 3.25).

Figure 3.25: Ratio of APL and BPL Household Toilet Achievement

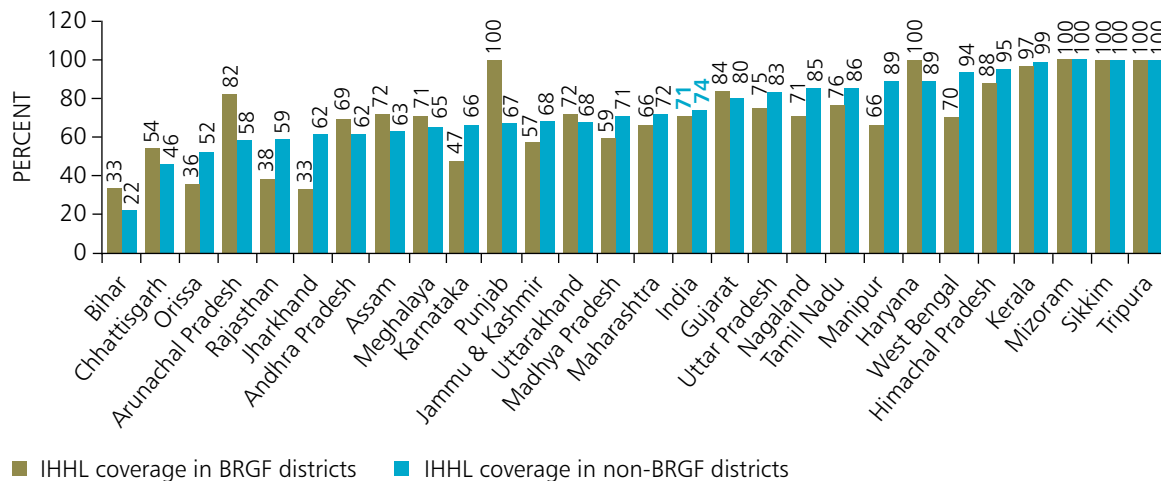


See Volume 2, Annex 28 for calculations leading to this graph.

3.5.3 Reaching Backward and Drought Prone Regions

A comparative analysis of household sanitation coverage and NGP coverage (against the number of total GPs) in backward and drought-prone regions has been carried out. The districts covered under the Backward Regions Grant Fund (BRGF) and Drought Prone Areas Programme (DPAP) were analysed in comparison with non-BRGF and -DPAP districts (Figures 3.26, 3.27, 3.28 and 3.29).

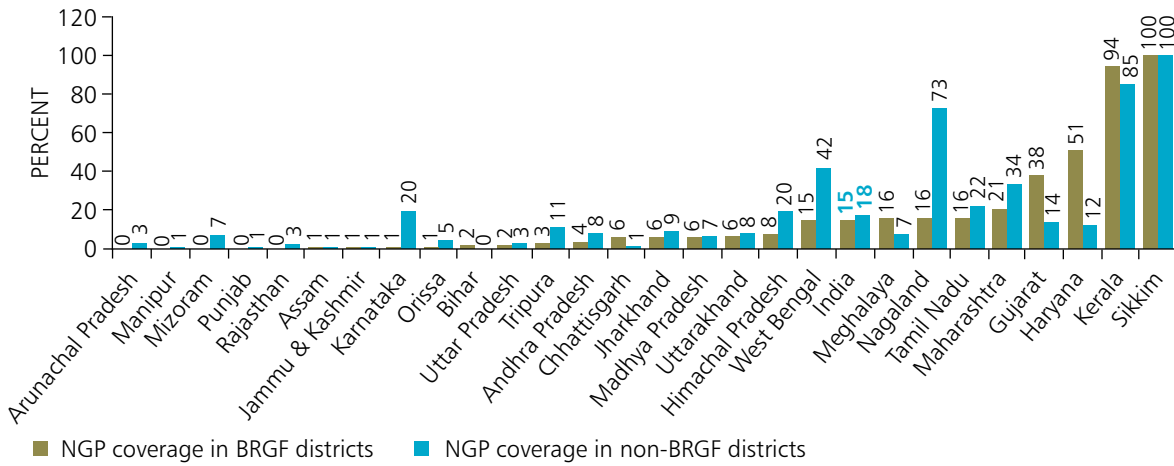
Figure 3.26: Sanitation Coverage (Household) in BRGF Districts and Non-BRGF Districts



See Volume 2, Annex 29 for calculations leading to this graph.

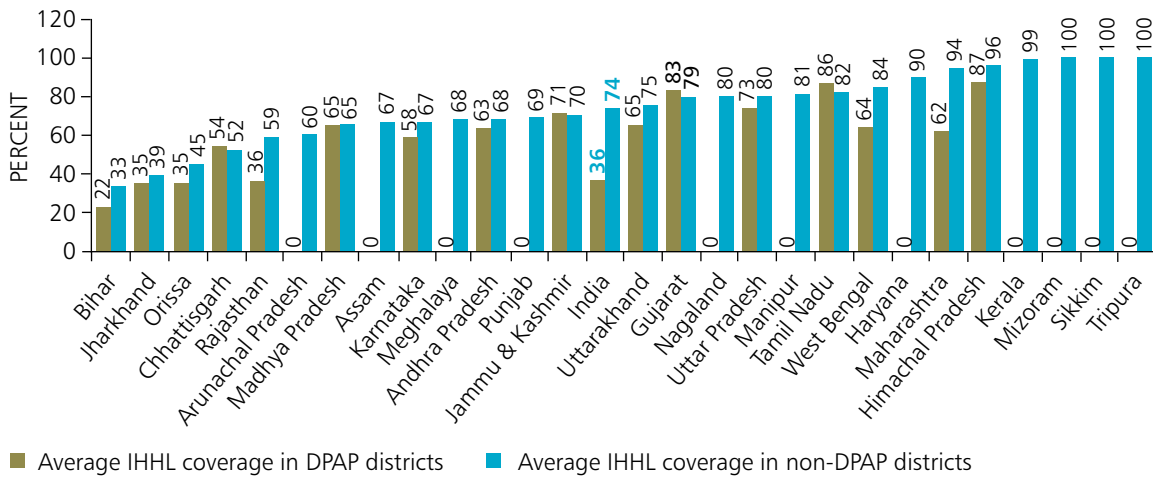
In the context of NGP coverage, the non-BRGF districts show better coverage but the BRGF districts in states like Bihar, Chhattisgarh, Haryana, and Gujarat have better access comparatively.

Figure 3.27: NGP Coverage in BRGF Districts and Non-BRGF Districts



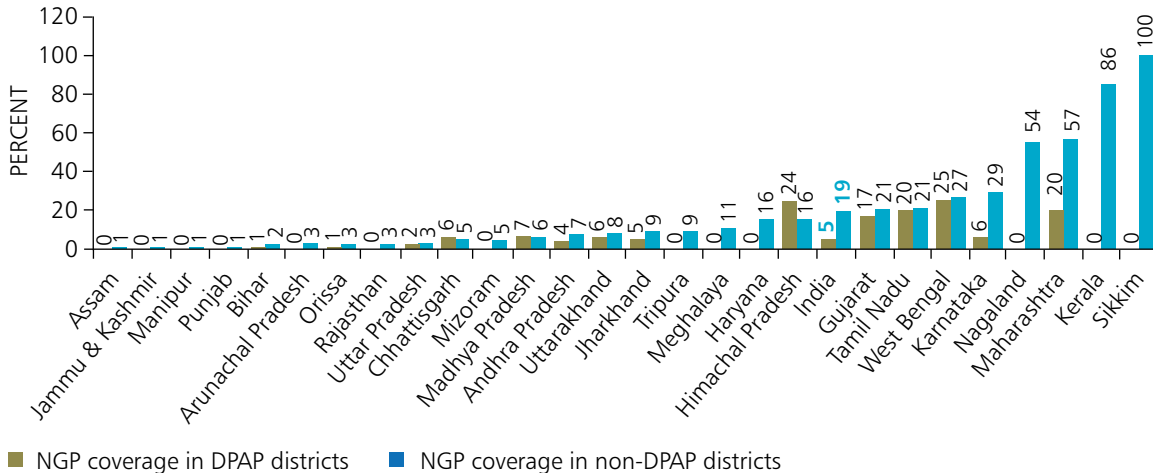
See Volume 2, Annex 30 for calculations leading to this graph.

Figure 3.28: Sanitation Coverage (Household) in DPAP Districts and Non-DPAP Districts



See Volume 2, Annex 31 for calculations leading to this graph.

Figure 3.29: NGP Coverage in DPAP Districts and Non-DPAP Districts

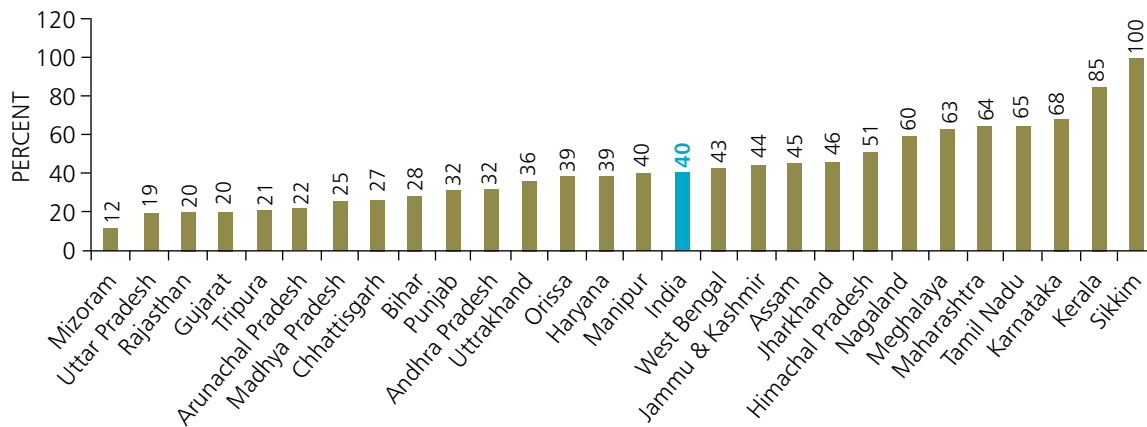


See Volume 2, Annex 32 for calculations leading to this graph.

3.5.4 Success Rate in NGP Applications

A comparison of the number of awards and the number of applications year wise provides the success rate of the applications (Figure 3.30). In total, only 40 percent of the applicants won the award. This may be due to a weak monitoring system at district and state levels.

Figure 3.30: Application versus Award: NGP Success Rate of States



See Volume 2, Annex 33 for calculations leading to this graph.

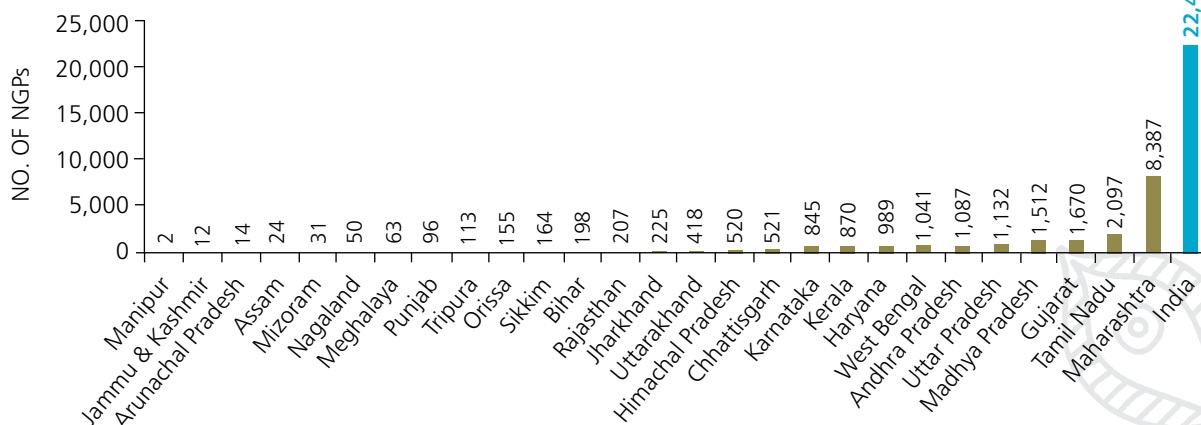
3.6 Outcomes

The NGP provides a context for capturing the elimination of open defecation at the household level but also for assessing related sanitation issues at the community level. The receipt of NGP at the national level is a good indicator for measuring the achievement of total sanitation status.

3.6.1 Number of NGP Winners

At the national level, 22,618 NGPs had been awarded by 2009. More than 22,443 GPs (Figure 3.31), 165 blocks, 10 districts, and one state have won the award so far. Sikkim is the first state to have achieved Nirmal status with 100 percent access to sanitation facilities in homes and institutions.

Figure 3.31: NGP GPs, by State

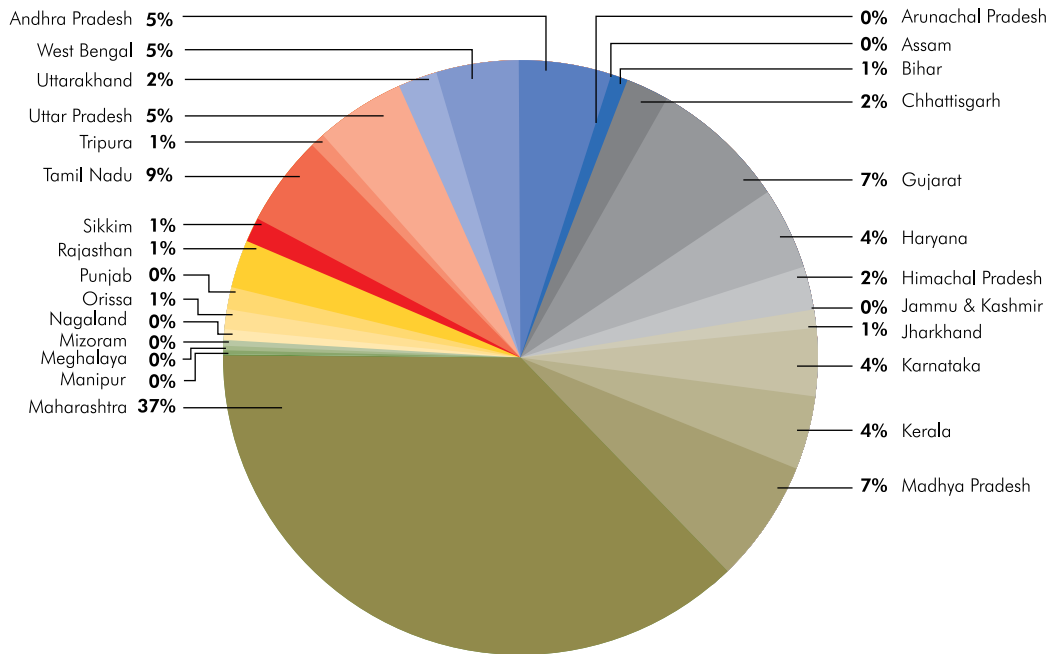


See Volume 2, Annex 34 for calculations leading to this graph.

States such as Maharashtra, Tamil Nadu, Madhya Pradesh, Uttar Pradesh and West Bengal have received the maximum number of awards.

The district-wise distribution of NGP awards is given in Volume 2, Annex 35.

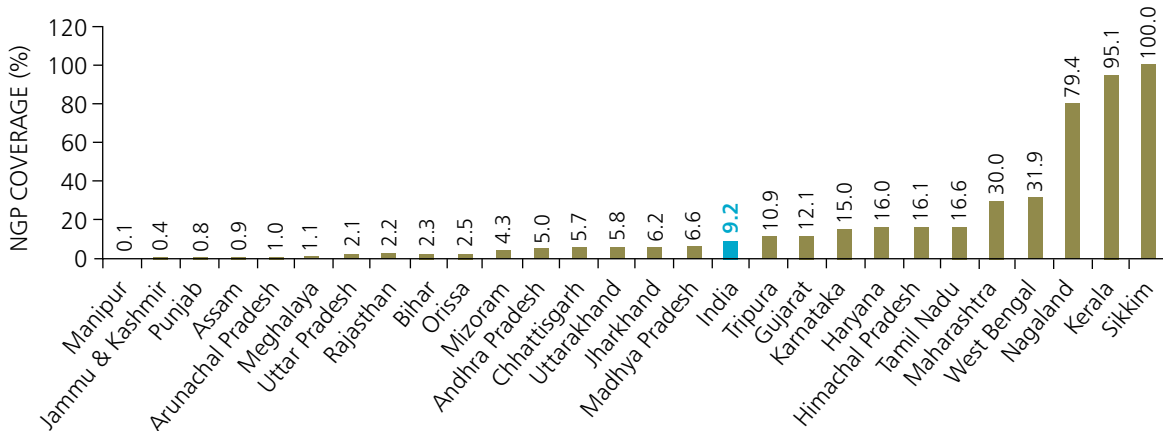
Figure 3.32: NGP State-wise Status (%)



3.6.2 NGP Winners versus Total Number of GPs

At the national level, the percent achievement of NGP is less than 10 percent against the total number of GPs.

Figure 3.33: NGP GPs as Percentage of Total Number of Gram Panchayats



See Volume 2, Annex 36 for calculations leading to this graph.

3.7 Goal

The TSC’s goal is to eradicate the practice of open defecation in the rural areas of the country, which it plans to achieve in 2012. In addition, India is also committed to achieving the Millennium Development Goal (MDG) target.

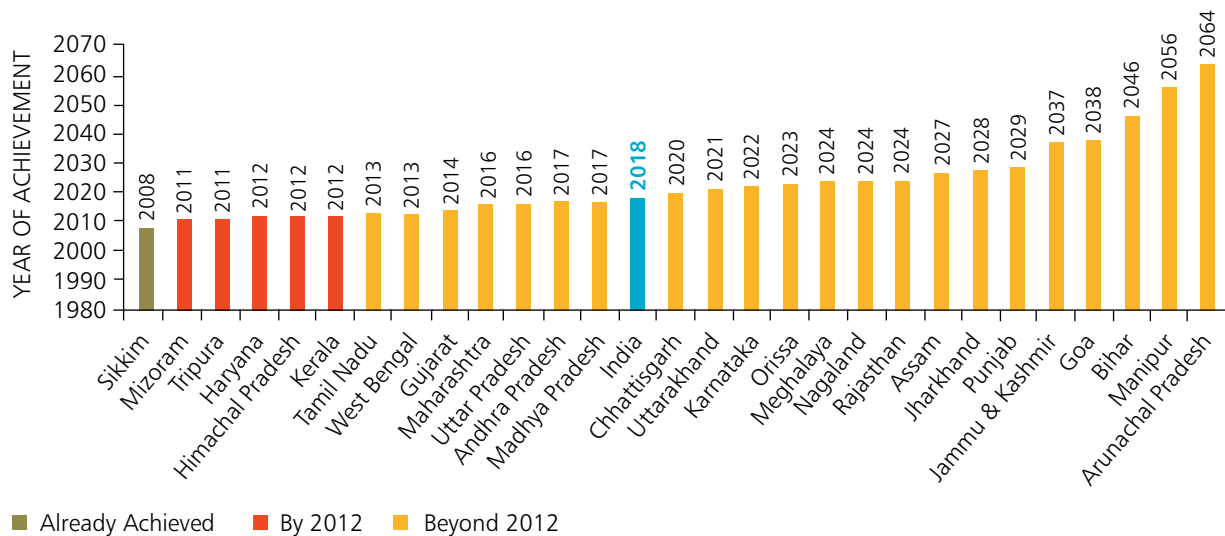
This section looks at the performance of the states on achieving universal sanitation coverage (households) which would help in understanding the current status as well as the extent of progress expected in the future towards reaching the goal.

To assess and project universal sanitation coverage, the analysis takes into account current cumulative coverage (based on projected household growth) and average growth rate of access to toilets for the last seven years across India and within states.

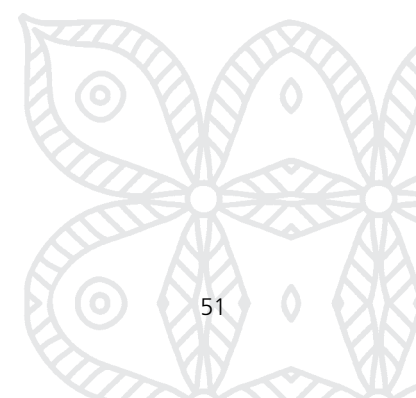
3.7.1 Progress towards Universal Sanitation Coverage

Given the current and annual growth rate in coverage, India will attain complete coverage in individual household toilets by 2018 (Figure 3.34).

Figure 3.34: Country and States Achieving Universal Sanitation (Household) Coverage (Year Wise)



See Volume 2, Annex 37 for calculations leading to this graph.

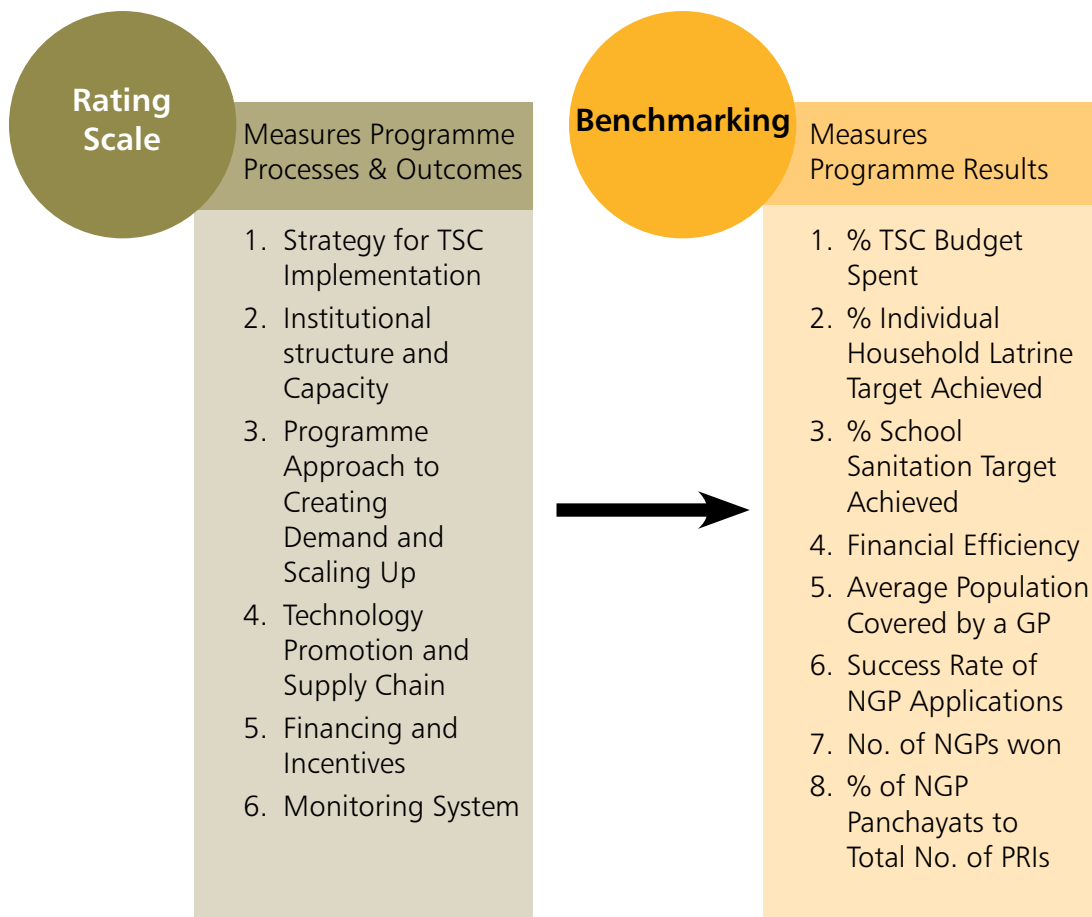


4. TSC Process and Outcomes at District Level: Findings of the Rapid Assessment

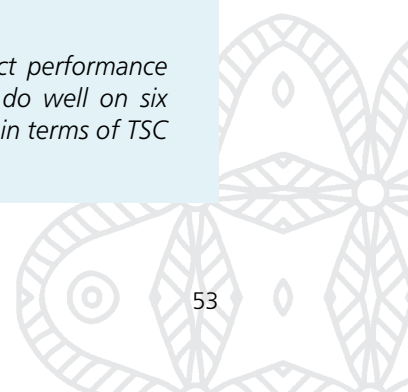
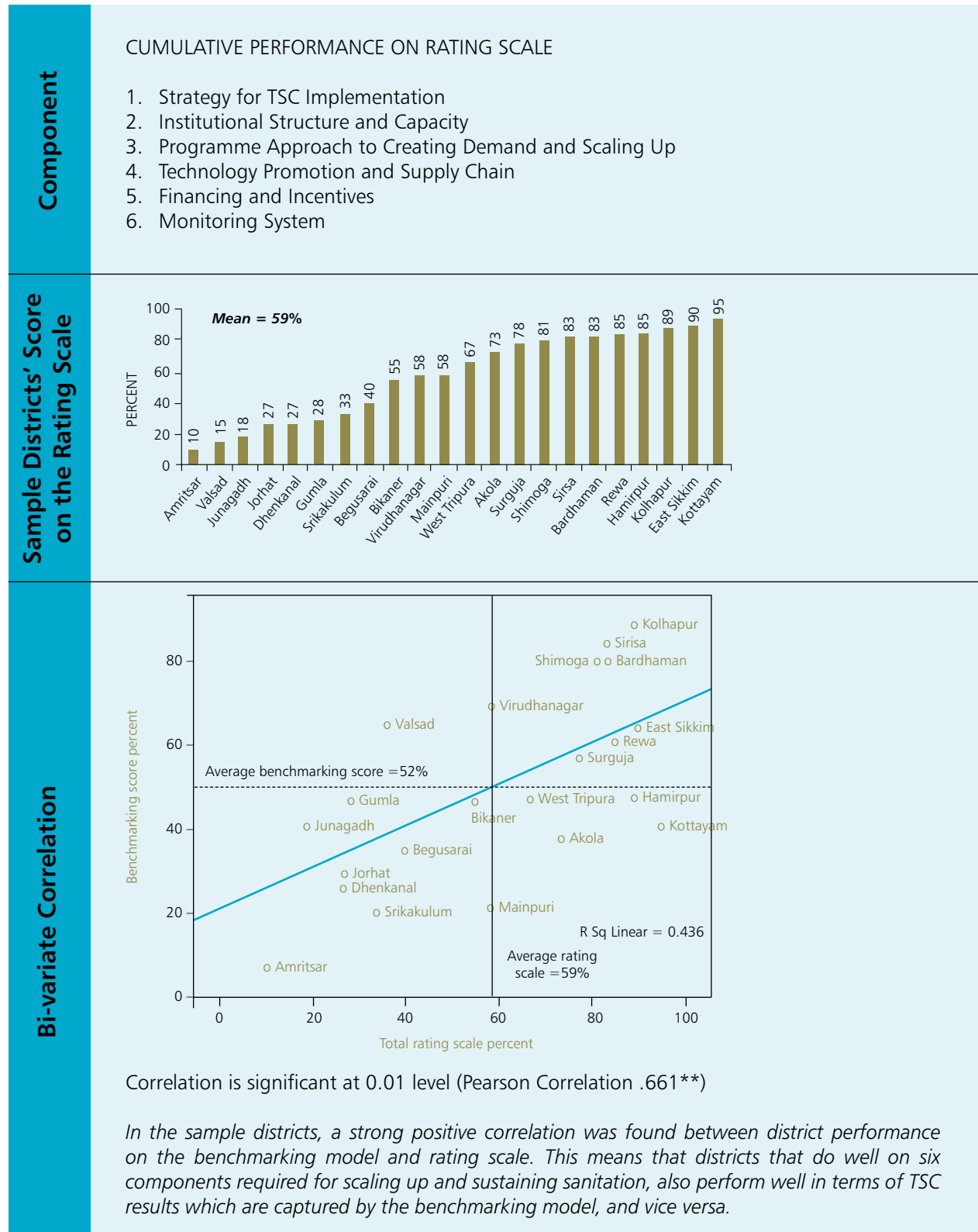
This chapter presents the findings of this study under each component of the rating scale developed to assess district-level processes and outcomes on the TSC (cumulative and stand-alone) and analyses the linkages between this and the sample districts benchmarking score. To recap, the components of the rating scale and benchmarking indicators are presented in Figure 4.1. This chapter is structured as follows:

- First, it presents the results of an analysis between district cumulative score on the rating scale and the benchmarking score to understand if these two factors are correlated and to what extent; and
- Next, it analyses district performance on each of the six individual dimensions of the rating scale in terms of their individual score and if this correlates with the overall performance as represented by the benchmarking score and the extent of correlation. Study findings from the sample districts on individual dimensions are also presented here.

Figure 4.1: Components of Rating Scale and Benchmarking

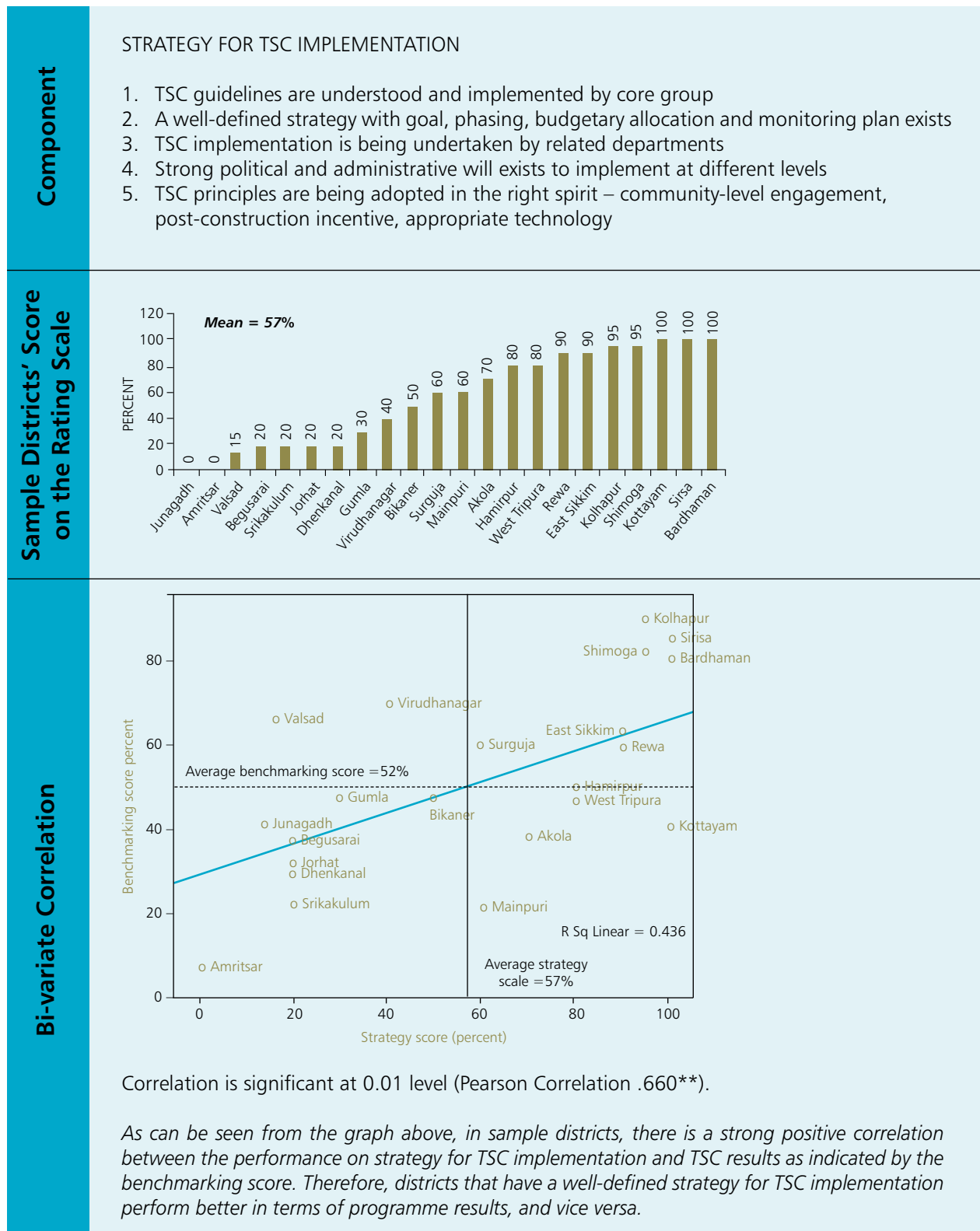


4.1 Correlation between District Performance on Benchmarking and Rating Scale (Cumulative)



4.2 Component 1: Strategy for TSC Implementation

4.2.1 Correlation between District Strategy Score and Benchmarking Score

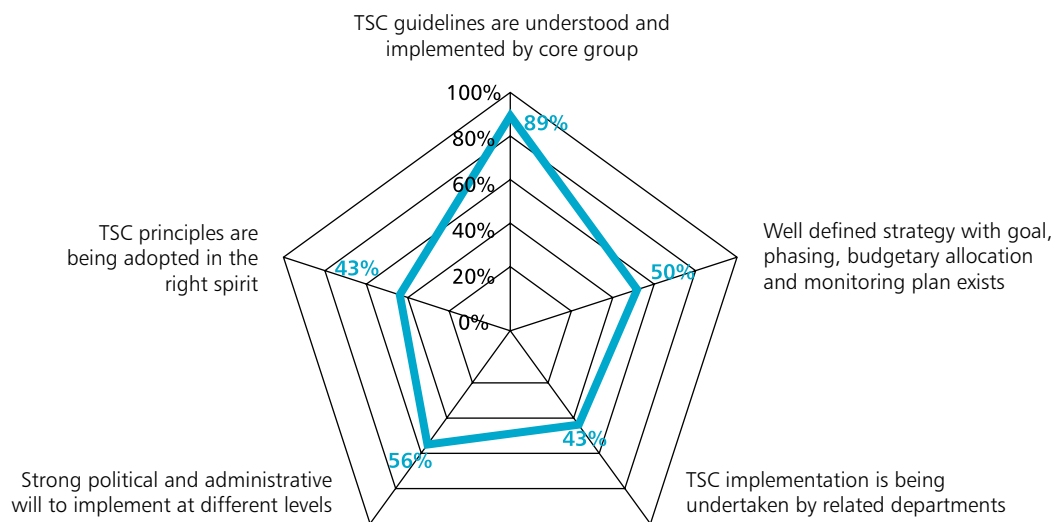


4.2.2 Study Findings on Strategy for TSC Implementation

Component 1: Strategy for TSC Implementation

The TSC guidelines provide a broad framework within which states and districts have the flexibility to devise their own strategies for programme implementation depending on the socio-economic context, terrain and capacity existing in that state/district. A strategy can signal priorities, assign roles and responsibilities, and often allocate human and financial resources for execution. Ensuring the administrative will to implement a shared strategy uniformly is the starting point for scaling up.

Figure 4.2: Study Districts Average Performance on Strategy for TSC Implementation (n=22)



4.2.2.1 TSC guidelines are understood and implemented by the core group

The TSC represents a departure from the way that conventional rural sanitation programmes are implemented. According to programme guidelines, the TSC seeks to be community-led and demand-driven rather than target-led and supply-driven. As can be seen from Figure 4.2, in 89 percent of the sample districts, senior district-level officials share this understanding of the TSC framework and principles. The core team is also aware of the participatory campaign mode in which the TSC is supposed to be implemented with significant involvement of GPs. In terms of the goal, the NGP features prominently with many districts aspiring to Nirmal status as a result of the TSC.

4.2.2.2 Well-defined strategy with goal, phasing, budgetary allocation and monitoring plan exists

A strategy is required to implement the TSC as a people's campaign, prioritise implementation in terms of geographical areas, populations and resources, and design solutions for problems such as behaviour change to end open defecation and scarcity of water/space. However, in only half of the sample districts, despite the progress in developing a shared understanding of the TSC guidelines within the core team, there is a lack of needed strategy and planning to move from paper to the ground. In these districts, it is observed that the implementation tends to be target-driven and goals set by implementation agencies are not realistic, given the time and resources available. On the other

hands, in districts that have developed a well-defined strategy for implementation suited to their context, we find that this is highly correlated with positive results on the ground (Box 3).

Box 3: Strategy for Achieving Nirmal Status at District Level: Experience of East Sikkim

Traditionally, toilet usage has been a part of Sikkim's culture but many toilets used were unsafe or unimproved sanitation. Between 2002-07, the TSC project in East Sikkim focused on promoting safe sanitation facilities. As a result, the district achieved nearly 90 percent household toilet coverage. A visit by the Secretary, DDWS, proved instrumental in galvanising the state to achieve Nirmal status and this goal was also adopted at the district level. It was decided to focus the TSC programme to achieve *Nirmal* status in a mission mode. The key features of the district strategy included:

- Common goal of becoming *Nirmal* and thereby contributing to the state's vision of becoming the first *Nirmal Rajya* in the country;
- Creating an enabling environment for achievement of this goal through sensitisation and orientation of all stakeholders involved in the programme;
- Securing political and administrative will to achieve this goal at all administrative levels;
- Flexibility in mobilisation and demand creation, with GPs taking the lead in implementation;
- Facilitating linkages with the open market for supply of sanitary products and services; and
- Regular monitoring and review.

As far as results are concerned, all 45 GPs, based on information of district officials, have been awarded the NGP including the district. Sikkim became the first state in the Indian Union to win the NGP at the state level in 2008.

4.2.2.3 TSC implementation is being undertaken by related departments

In more than half of the sample districts, study findings show that there is scope to improve inter-departmental coordination. At the district level, the DWSM is the coordinating body for sanitation. Therefore, although the structures are largely in place, the use of this arrangement for coordinating implementation remains a challenge. This could be because the frequency of meetings varies across the sample districts, and even if meetings are held regularly, sanitation in some cases is the last agenda point as the DWSM is mainly focused on water supply.

4.2.2.4 Strong political and administrative will exists to implement at different levels

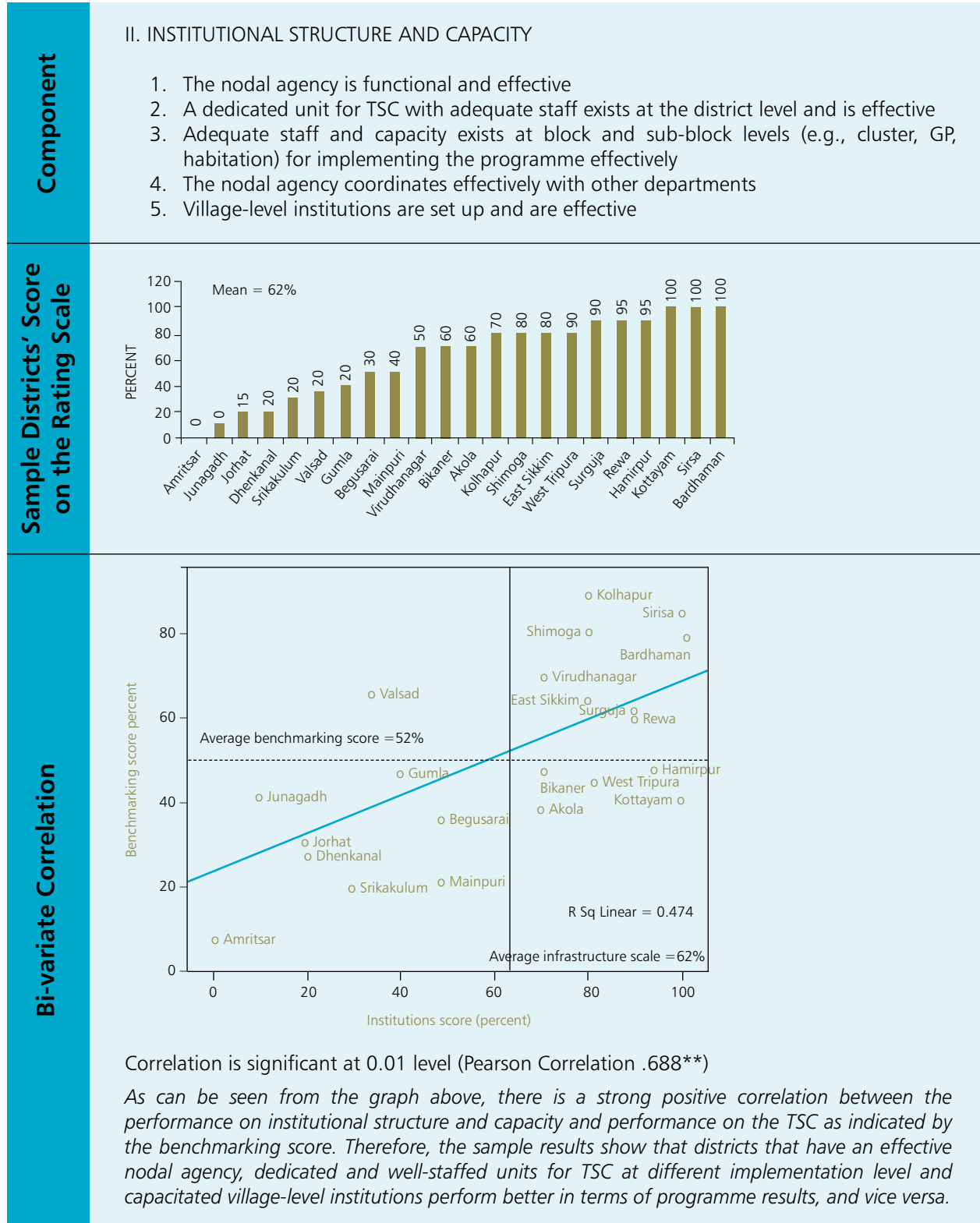
In 43 percent of the study districts, although the core team understands the TSC principles and programme framework, this vision is not uniformly shared at sub-district implementation levels. This factor may be responsible for the 'patchwork' results visible in some districts in which certain blocks or GPs are able to achieve excellent results but the district is unable to scale up these pockets of excellence.

4.2.2.5 TSC principles are being adopted in the right spirit – community level engagement, post-construction incentive, appropriate technology

The study findings show that TSC principles are being adopted in the right spirit in less than half of the sample districts visited. Based on interaction with stakeholders during the district visits, we find that there is a good understanding of TSC principles among the core team members at the district level. However, in some districts, these are not being transmitted through the different levels of implementation up to the village level. One factor underlying this could be the pressure to achieve short-term targets for monthly reporting which leads to a short-circuiting of the TSC principles.

4.3 Component 2: Institutional Structure and Capacity

4.3.1 Correlation between District Institutional Structure and Capacity Score and Benchmarking Score

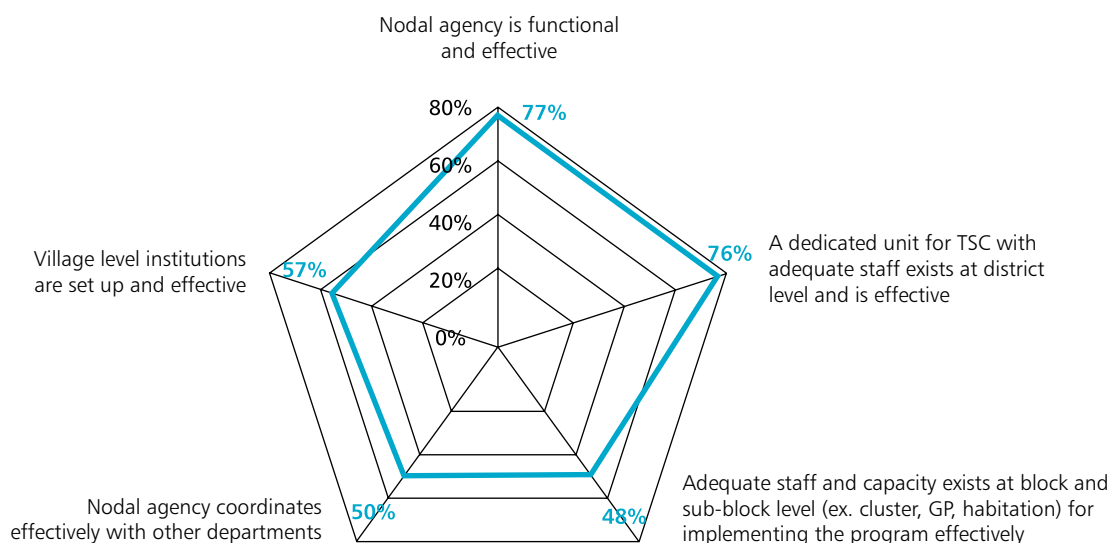


4.3.2 Study Findings on Institutional Structure and Capacity

Component 2: Institutional Structure and Capacity

Institutions set the rules of the game and define the framework for service delivery. To effectively scale up and sustain TSC outcomes, institutional arrangements must have clearly defined roles and responsibilities and the resources to fulfil these effectively. Institutional frameworks should also include mechanisms for coordination between linked activities. Capacity refers to the availability of skilled human resources for TSC implementation, budgetary allocations to effectively implement programme activities, an organisational home within the institution that is accountable for the TSC, ability to monitor programme progress and make revisions as needed.

Figure 4.3: Study Districts Average Performance on Institutional Structure and Capacity (n=22)



4.3.2.1 Nodal agency is functional and effective

In over two-thirds of study districts, a nodal agency for TSC implementation was found to be functional and effective. This was the norm except in cases where there was a recent shift in terms of the nodal agency at the state level. As a result of having recently taken over charge, district-level officials were not very well-informed regarding TSC implementation and progress.

4.3.2.2 A dedicated unit for TSC with adequate staff exists at district level and is effective

In over two-thirds of the study districts, it was found that a dedicated unit for the TSC was set up at the district level. Typically, the DWSM is the overarching policy-making body. Day-to-day operations are undertaken by a nodal officer supported by a TSC cell, as outlined in the Kolhapur example in Box 4.

Box 4: Creating a Dedicated Unit for TSC Implementation: Example from Kolhapur

At the district level, a DWSM has been set up as a policy-making body, with the Zila Parishad President as Chairperson, the CEO as Vice-Chairperson and line department heads as members. The District Water and Sanitation Committee (DWSC) is an executive body which reviews and provides implementation support. The CEO of the Zila Parishad is the Chairperson with the Deputy CEO as member secretary. Effectively, the work is coordinated from the CEO's office and committees or Missions are activated when there is a specific need to discuss issues across stakeholder segments.

The Deputy CEO, Village Panchayat, coordinates day-to-day operations. A dedicated sanitation unit for TSC implementation has been set up at the district level. This consists of three consultants (for communications, social mobilisation and capacity building) and one retired officer (former Block Development Officer – BDO) on contract in addition to one supporting staff (data entry operator). At the block, the TSC is coordinated by the Taluka Panchayat Officer, assisted by an engineer. The BDO regularly reviews the programme and further undertakes regular monitoring visits.

The TSC cell has the following responsibilities:

- Prepare action plans and monitor project progress;
- Coordinate IEC campaign – on its own, or through blocks and GPs;
- Undertake training of trainers and coordinate cascade events at sub-district levels; and
- Prepare reports on project progress for the state/central level.

4.3.2.3 Adequate staff and capacity exists at block and sub-block level (for example, cluster, GP, habitation) for implementing the programme effectively

In nearly half of the study districts, it was reported that adequate staff and capacity was not available at the block and sub-block level to implement the programme effectively. In some cases, this could be because of the remote location of these areas which makes these less attractive postings within the government system and also for professionals recruited from the open market. However, better performing districts have been able to address this issue by providing incentives to motivators based on outcome achievement such as ODF status. In some cases, it was also observed that motivators are provided with a monthly stipend, boarding and lodging during field visits and arrangement of a vehicle to enable them to travel to the field.

4.3.2.4 Nodal agency coordinates effectively with other departments

Effective inter-departmental coordination is observed in only half of the study sample districts. As mentioned earlier under the Strategy component, this seems to be the case despite the fact that structures for inter-departmental coordination are largely in place at the district level and it is their effective functioning at the field level that needs to be addressed (Box 5).

4.3.2.5 Village level institutions are set up and are effective

The TSC envisages a significant role for village-level government in programme implementation and monitoring. Effective village-level institutions are reported to be found in 57 percent of the sample districts. Generally, GP members and the Village Water and Sanitation Committee take up activities

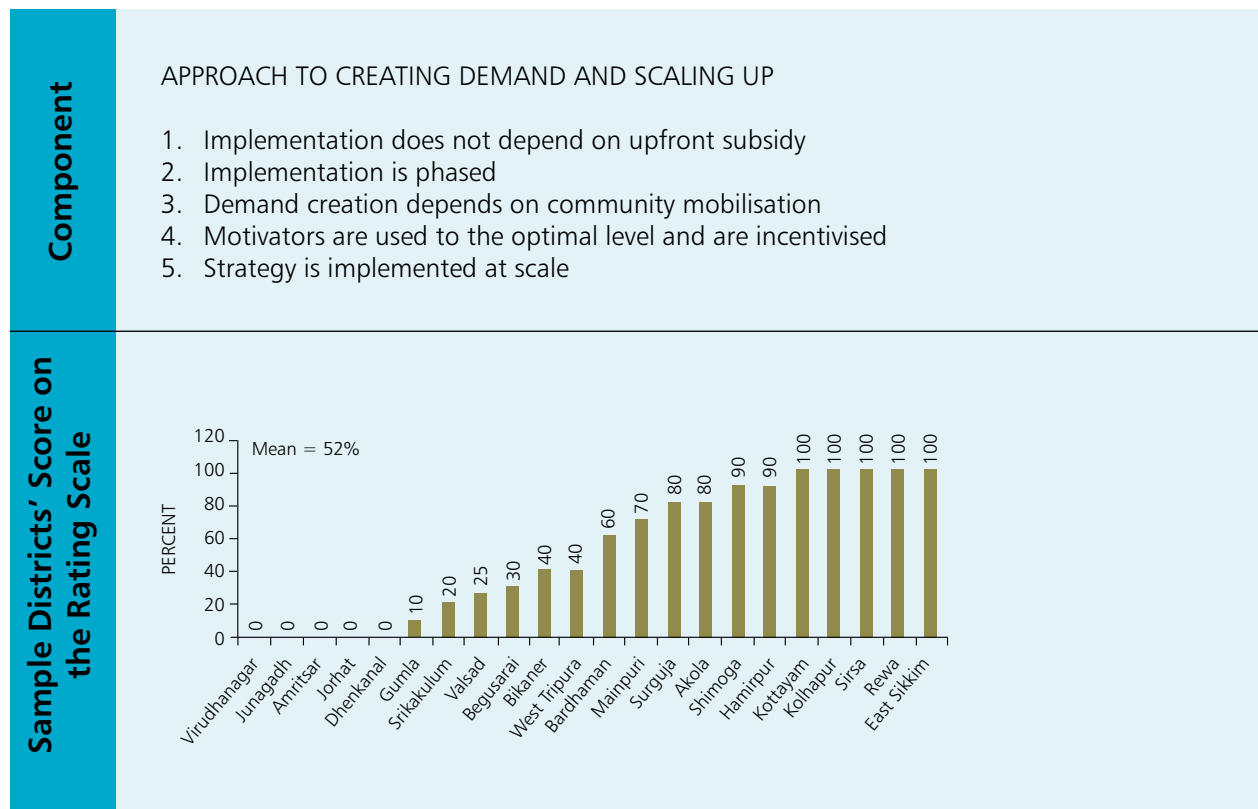
Box 5: Inter-departmental Coordination: A Pressing Need

In one of the districts visited for the study, it was found that, at the district level, line department representatives are included in the DWSC and, therefore, there is a structure in place for inter-departmental coordination. However, this coordination does not percolate down to the village level. A case in point is that the government is assisting in the construction of a house for BPL families under its housing programme. Although a toilet is part of the overall design of the house to be constructed under this programme, it was reported that concerned officials are not insisting on completion of toilet construction at the time of releasing the last instalment of funds to beneficiaries. This is the situation in spite of the fact that TSC programme activities are being implemented on a parallel track in the district with an emphasis on supporting toilet construction by BPL families.

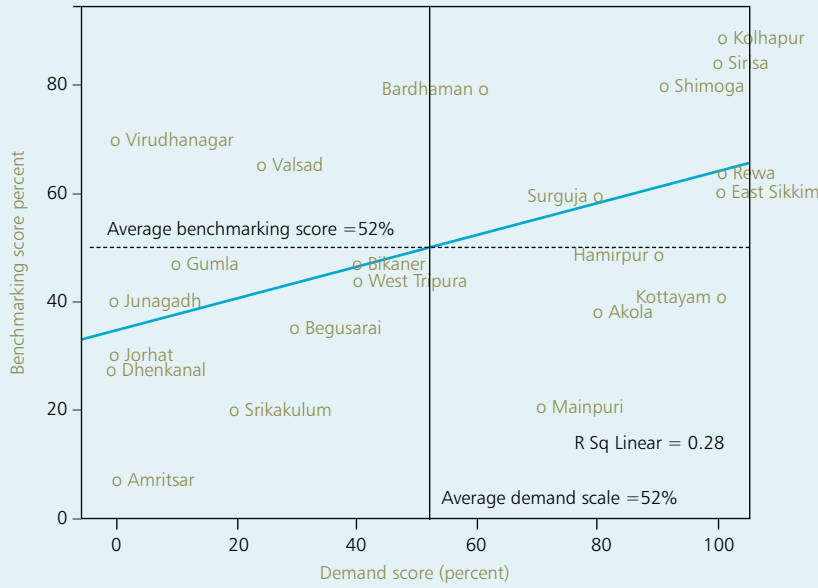
related to motivation and monitoring. Depending on the context, community-based organisations have also been involved in TSC programme implementation, for example, in villages where women’s microcredit groups are functioning well, Self Help Group (SHG) members have been utilised by the GP for mobilising women, messaging, financing (in some cases) and monitoring.

4.4 Component 3: Approach to Creating Demand and Scaling Up

4.4.1 Correlation between District Approach to Creating Demand and Scaling Up Score and Benchmarking Score



Bi-variate Correlation



Correlation is significant at 0.05 level (Pearson Correlation .529**)

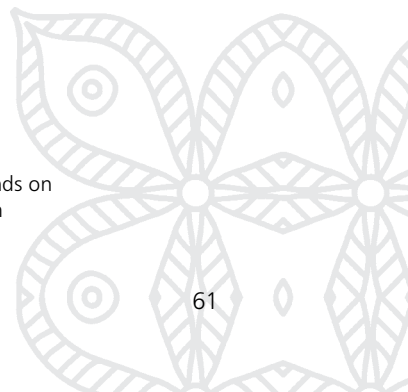
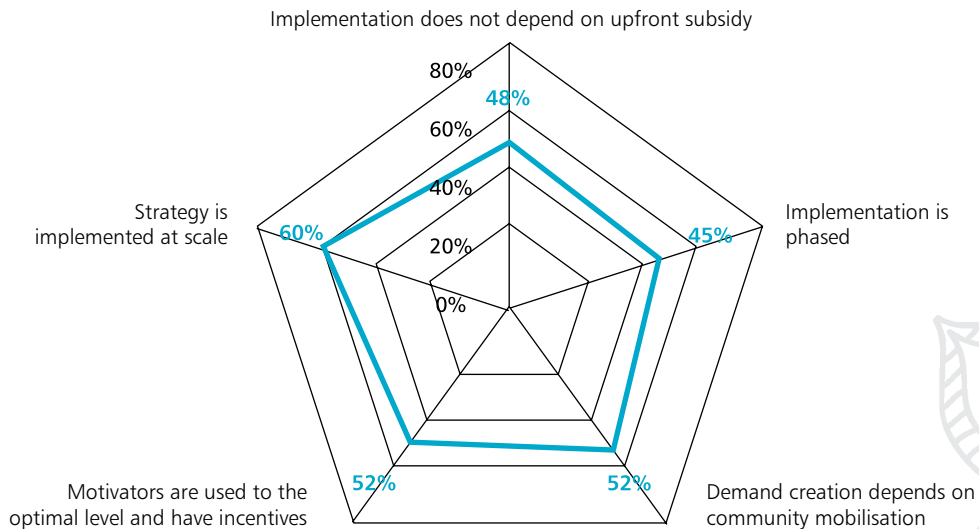
There is a positive correlation between the performance on approach to creating demand and scaling up and performance on the TSC as indicated by the benchmarking score. Therefore, the sample results show that districts where implementation is phased and the approach is based on community mobilisation rather than upfront subsidy, perform better in terms of programme results, and vice versa.

4.4.2 Study Findings on Approach to Creating Demand and Scaling Up

Component 3: Programme Approach to Creating Demand and Scaling Up

A programme approach consists of specific activities, their timing and sequence. The TSC guidelines advocate a demand-driven approach to rural sanitation backed by post-achievement incentives. Districts have the flexibility to implement this principle based on their context and capacity.

Figure 4.4: Study Districts Average Performance on Programme Approach to Creating Demand and Scaling Up (n = 22)



4.4.2.1 Implementation does not depend on upfront subsidy

Traditionally, sanitation programmes in India have relied on subsidy to create 'demand' for sanitation. By contrast, the TSC seeks to be based on social mobilisation and behaviour change to end open defecation. Instead of subsidy, the programme guidelines use the term incentive and this is only available for the poorest of the poor, namely BPL families. In addition, the incentive is supposed to be released post construction of a toilet and verification of its usage by the BPL family.

Despite this, in half of the study districts, it is found that implementation does depend on upfront subsidy for toilet construction. This could be a reflection of several factors such as limited capacity to implement a more time-consuming approach based on social mobilisation and pressure to achieve short-term targets based on toilet construction or expenditure.

4.4.2.2 Implementation is phased

Sanitation coverage in rural areas of India has been historically low as open defecation is a traditional behaviour. In this context, the TSC seeks to achieve universal rural sanitation coverage and district projects of three to five years' duration are sanctioned to this effect. Despite the scale of the sanitation challenge, phasing or prioritisation of implementation activities is reported in less than half of the sample districts visited. This emphasises the need to strengthen the capacity to plan and manage the TSC district projects. The example of Shimoga district in Box 6 demonstrates how some of the better performing districts tackle TSC implementation.

Box 6: Scaling Up in Phases: Experience of Shimoga District

The TSC programme was launched in Shimoga district of Karnataka in October 2005 but actual operations started the following year in October 2006. The district's prior experience with a literacy campaign indicated that sustaining a campaign or mission mode is possible for a short period only (one or two years), so after piloting the TSC in 2006, the programme was scaled up in phases as follows:

- Year 1 – Progressive and interested GPs taken up (about 30);
- Year 2 – Focus on the four Malnadu Talukas (hilly regions) where hygiene habits were believed to be more progressive and outcomes could be achieved faster; and
- Year 3 – Cover the balance GPs.

At the time of undertaking the visit, 88 percent of the 260 GPs in the district had been awarded the NGP. The district is also on track to become completely ODF in 2010, two years ahead of the state goal of 2012.

4.4.2.3 Demand creation depends on community mobilisation

In just over half of the districts visited, it was found that demand creation is underpinned by efforts to mobilise the community to switch from open defecation to using safe and hygienic toilets. Different districts have followed different approaches to community mobilisation. For instance, in some cases, districts have partnered with NGOs to facilitate this process at the village level; in others, the programme is implemented by PRI/block representatives and facilitated through motivators. Across the sample districts, various behaviour change communication techniques include folk theatre, public meetings, documentary films, television spots, radio jingles and house-to-house visits. In some districts, social mobilisation has been undertaken using Participatory Rural Appraisal (PRA) methods based on the

Community Led Total Sanitation (CLTS) approach through trained facilitators. Different messages have been used – health, dignity, convenience, privacy, pride, etc.

Box 7 describes the programme approach to scaling up TSC adoption in Sirsa district.

Box 7: Community Mobilisation for Behaviour Change to End Open Defecation: A Case Study of Sirsa District

In October 2007, Sirsa district, Haryana, drew up a strategy to implement the TSC as a time-bound mission, with the government facilitating the community to change its sanitation status. To this end, dedicated teams of motivators were created. Each team comprised eight to 10 members and was made responsible for five to six villages. The motivators were trained as *swachhata sainiks* through training programmes at the district level. The training included participatory tools and motivational songs to inspire the participants to spearhead the sanitation movement in the district.

At the village level, the following steps were taken:

- Step 1: Village visit by the motivators, reaching out to people from all walks and all ages, working with the community members to undertake a self-analysis of their present sanitation status;
- Step 2: Motivating students and women to come forward and participate in the sanitation movement. Appeals to issues of shame, dignity, convenience and health costs to induce behaviour change were made. The major trigger seems to have been the realisation that open defecation was tantamount to community members consuming each other's faecal matter; and
- Step 3: Formation of the Sanitation Committee (*Swachhata Samiti*) comprising natural leaders who were motivated to change the sanitation status of their village.

In addition, innovative IEC techniques were used such as catchy slogans instead of traditional greetings (*Jai Swachhata*), rallies and processions, torch light processions, recognition and rewards, and inviting village leaders who had achieved ODF status to share their experiences with those who were in the process. Triggering was matched by dedicated follow-up. Motivators report visiting villages at 4 am and going along with the village *Swachhata Samiti* members to ensure that no one would defecate in the open.

At the time of undertaking the visit, 277 out of 333 GPs in Sirsa had won the NGP and the remaining GPs are applying for the NGP. The district has declared itself completely ODF, making it one of the first to achieve this feat in India.

4.4.2.4 Motivators are used to the optimal level and are incentivised

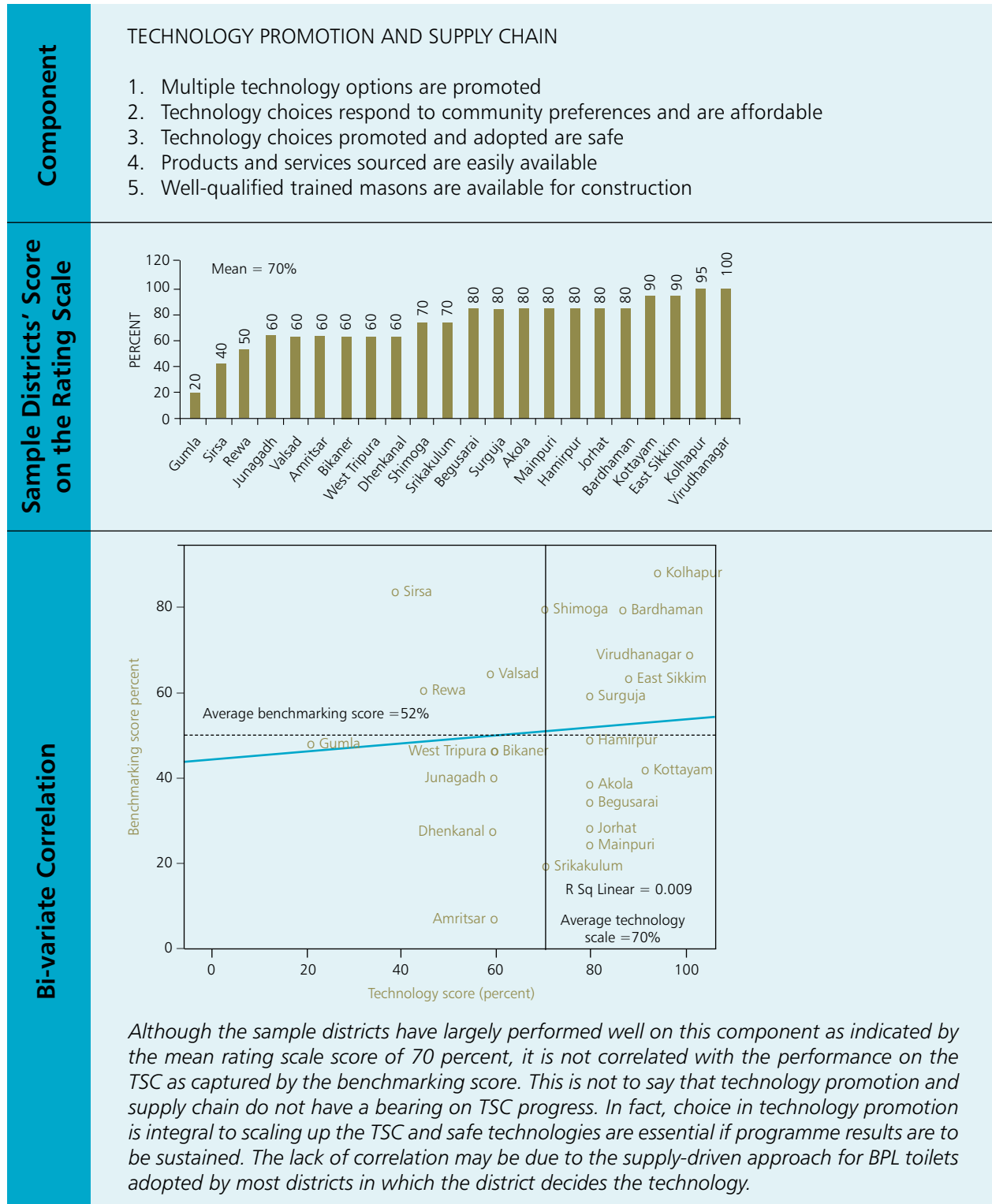
In just over half the districts visited, it was found that motivators are being used efficiently. As social mobilisation is a time-consuming process, in many cases, it was reported that motivators were compensated on the basis of performance-linked incentives. These included payment of a small fee upon achievement of outputs such as toilet construction, followed by a lump sum upon achievement of community-wide ODF status.

4.4.2.5 Strategy is implemented at scale

In 60 percent of the districts visited, it was found that the strategy was implemented at scale. Through the effective use of a demand-driven strategy that the motivators created, these districts have scaled up the programme across districts. The scaling up included the use of various mass media and interpersonal communication methods. Reaching the message to every village in the district through capacitated motivators was one of the keys to this scaling up.

4.5 Component 4: Technology Promotion and Supply Chain

4.5.1 Correlation between District Technology Promotion and Supply Chain Score and Benchmarking Score

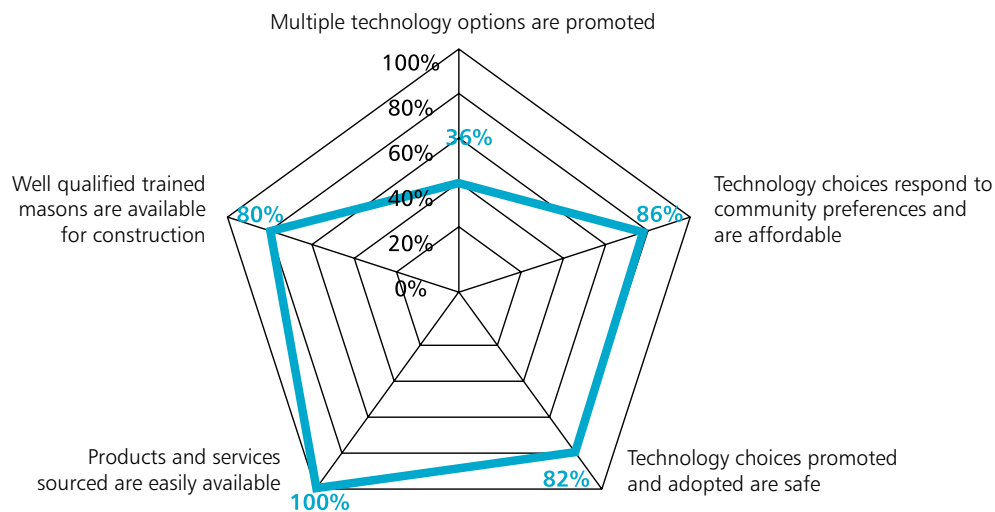


4.5.2 Study Findings on Technology Promotion and Supply Chain

Component 4: Technology Promotion and Supply Chain

The TSC guidelines advocate informed technology choice and setting up of alternate supply channels such as RSMs. At the implementation level, technology promotion includes not just separate toilet components (for example, sanitary pans, pipes, traps, etc.) but also existing latrine technology options (for example, septic tank, ventilated double pit toilet, eco-sanitation). It also includes provision of masonry services for installation, and sanitary services for operation, maintenance and final disposal.

Figure 4.5: Study Districts' Average Performance on Technology Promotion and Supply Chain (n=22)

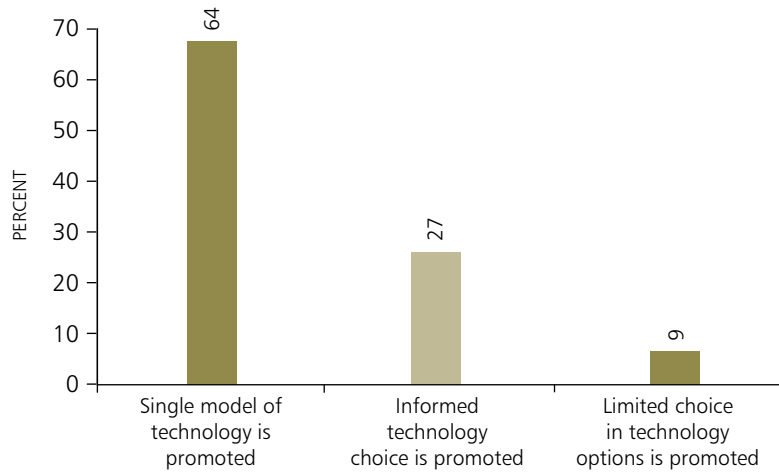


4.5.2.1 Multiple technology options are promoted

Selection of sanitation technology options must take into account technical and demand factors. Technical factors relate to physical parameters, for example, terrain, soil permeability, ground water table level, availability of space and risk of flooding. By contrast, demand factors relate to customs and socio-economic conditions and are crucial to the acceptance of, and willingness to invest in, a sanitation option. Examples of demand factors include affordability, hygiene behaviours (for example, material used for cleansing), and preparedness for maintenance and emptying.

Despite the importance of informed technology choice, assessment findings show that efforts to promote multiple technology options are a reality in less than one-third of the sample districts (Figure 4.6). This may be because a single model of technology is promoted which need to be adapted to fit within the TSC cost norms for construction of toilets for BPL families. Study findings show that where users have not been sufficiently involved in choosing the technology, they are reluctant to break the habit of open defecation and use toilets. This has led to poor quality and/or incomplete construction (for example, missing doors, reduced height of walls, no lining in pits). In some cases, the constructed toilets are being used for storage or after covering the pan, the toilet is used for bathing and washing. In contrast, there are no such cost norms for construction of toilets for APL families and, in this case, users are free to adopt any technology that they choose.

Figure 4.6: Efforts to Promote Multiple Technology Options in Sample Districts (n=22)



4.5.2.2 Technology choices promoted are affordable and respond to community preferences

In a majority of districts, the focus is on affordable technology, particularly for BPL families. The model promoted is adapted to fit within the cost norms for construction of toilets for BPL families rather than user preference. For example, in one district, it was found that most of the toilets constructed were single pit model with a pour-flush pan. However, due to scarcity of water, users are removing the water seal trap to convert the toilet into a pit toilet, which constitutes unimproved sanitation. However, in the case of APL families, it is found that they are free to construct toilets of their choice and there is generally no effort made by the district to influence their preference.

4.5.2.3 Technology choices promoted and adopted are safe

Study findings show that, in all the sample districts, technology choices promoted are safe. However, due to a lack of awareness about technology aspects and their implications for safe sanitation, in very few cases, users have made modifications to the promoted design. One finding emerging from this study is the prevalence of a popular myth concerning the depth of a pit or dimensions of a tank to be dug for a durable toilet. It was found that people generally believe that a pit or tank should be as wide or deep as possible so that it does not get filled up quickly. As a result, in some areas, toilet pits are known as *kuiya* or small well because they can be as deep as 25-40 feet. In others, septic tanks are constructed such that they would not get filled over a life time of use by a family of five members.

4.5.2.4 Sanitary products and services are easily available

In nearly all the sample districts, there were no reported bottlenecks in the availability of sanitary products and services. In terms of the supply chain, three different models are found to be in operation: direct purchase from the private market, government sponsored procurement from the private market, and RSMs. These models are not mutually exclusive and are generally found to co-exist, although the first, private supply, is the most prevalent and clearly has the largest market share. Government sponsored procurement from the private market adopts a piece-meal approach and is focused on a particular product such as the 'rural pan' (a pan with a steep slope to minimise water use) in districts that report water scarcity, or the pre-fabricated superstructure (for example, metal shed) and sub-structure (for example, concrete rings). In the case of government-led procurement, the cost of the products procured is deducted from the BPL incentive amount. With respect to RSMs,

the experience has been mixed. In most cases, RSMs were reported to cater to a very small segment as buyers were free to purchase from the private market. As a result, many RSMs became ineffective, and issues such as unrealised payment and unsold stock were reported. In a few districts, however, RSMs have evolved into a sustainable alternative delivery system for sanitary products and services (Box 8).

Box 8: An Effective Rural Sanitary Mart Operation: The Bardhaman Experience

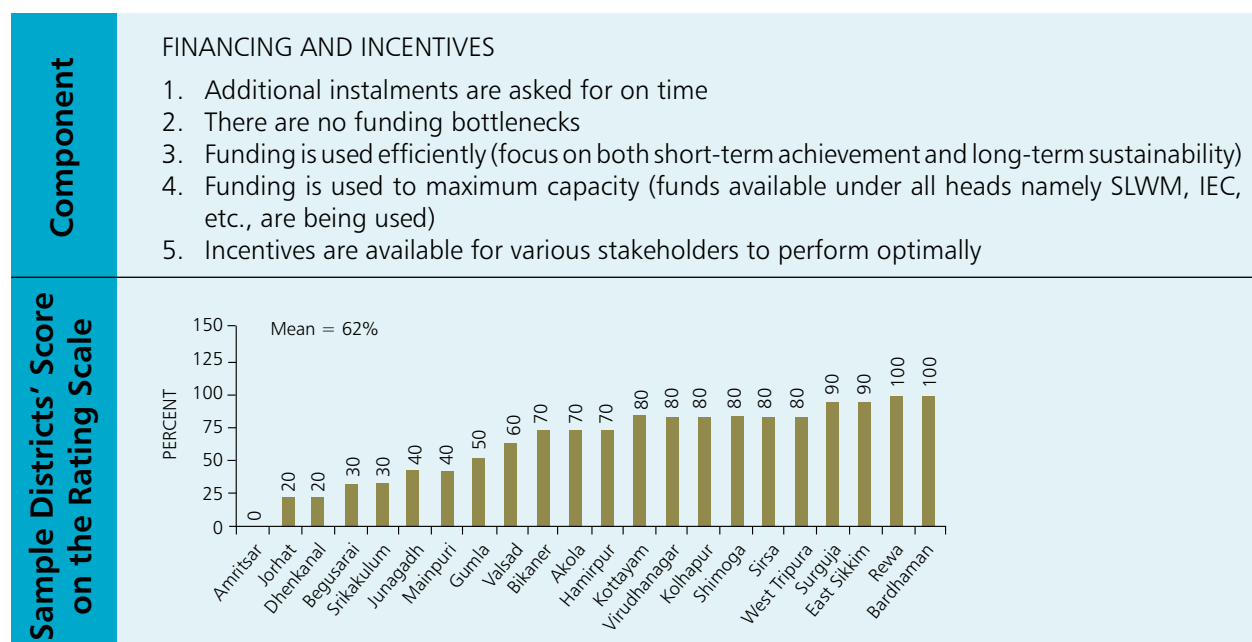
In Bardhaman district of West Bengal, RSMs are the cornerstone of the district strategy to promote rural sanitation. The operation of RSMs is undertaken by NGOs and the RSM network combines supply of sanitation products with extensive social marketing. Fundamental to the success of the RSM is the support network of motivators. They campaign door to door to create awareness about sanitation and generate demand, manifest in the beneficiary contribution for construction of a toilet as per the TSC cost norms. Once a household has agreed to have a toilet, all the hardware items are delivered to the household and a trained mason installs the toilet including digging of the pit. In terms of performance, Bardhaman district report 100 percent household latrine coverage and 137 out of 277 GPs have won the NGP to date.

4.5.2.5 Well-qualified and trained masons are available for toilet construction

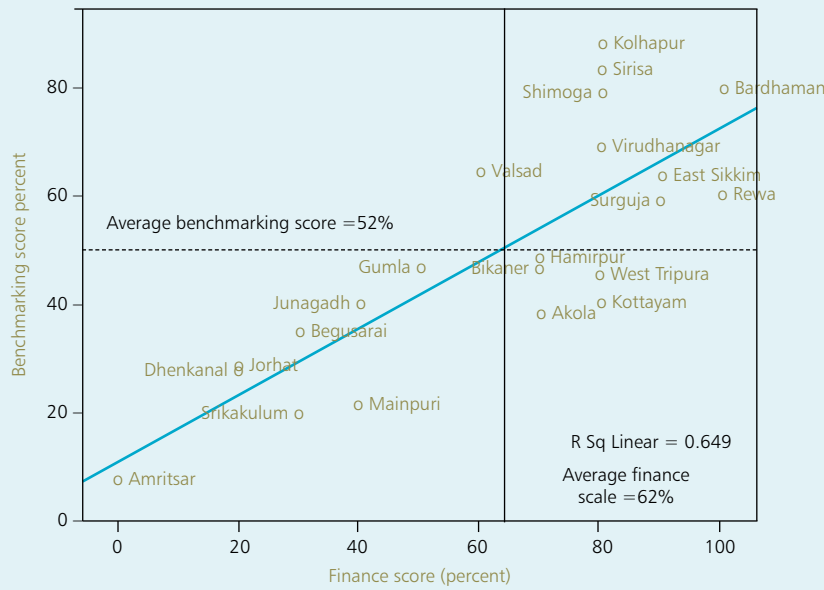
In nearly all the sample districts, there were no problems reported in terms of availability of masons for toilet construction. In some districts, there were training programmes being conducted for the local masons while, in other districts, there was no specific training. In the districts where training was conducted, there has been no issue with the quality of the toilets constructed. However, in other districts, where there has been no training, the masons, who are civil workers with no proper training, have constructed less than perfect toilets, which can contaminate the environment.

4.6 Component 5: Financing and Incentives

4.6.1 Correlation between District Financing and Incentives Score and Benchmarking Score



Bi-variate Correlation



Correlation is significant at 0.01 level (Pearson Correlation .806**)

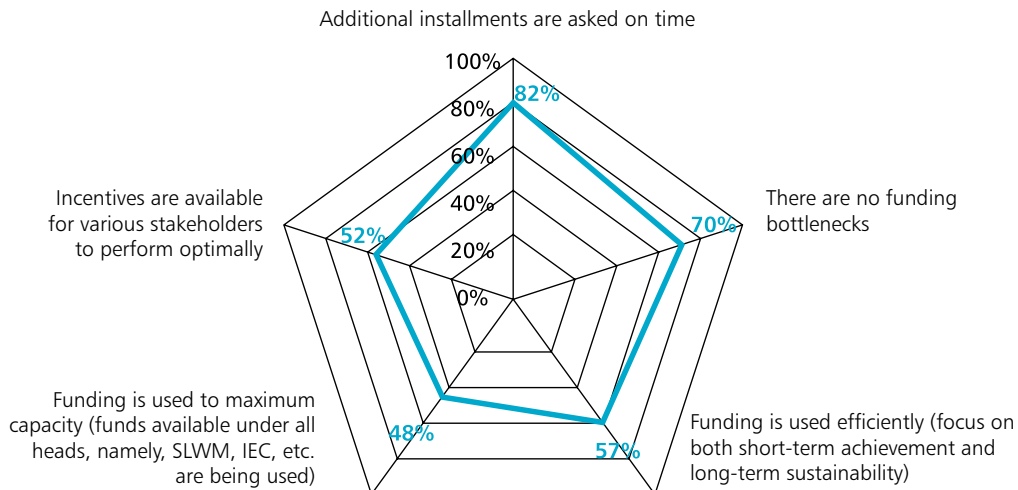
There is a very strong positive correlation between the performance on financing and incentives and sample districts' benchmarking score. Therefore, the sample results show that districts where the fund flow is smooth and funding is used efficiently along with incentives for optimal performance, perform better in terms of programme results, and vice versa.

4.6.2 Study Findings on Financing and Incentives

Component 5: Financing and Incentives

Financing refers to the budgetary allocations to finance programme activities. This includes costs of activities under different programme components (for example, school sanitation and hygiene education, administration, etc.) as well as the process by which funds are allocated, released and spent. Incentives can be financial or non-financial, given upfront or post achievement.

Figure 4.7: Study Districts' Average Performance on Financing and Incentives (n=22)



4.6.2.1 Additional instalments are asked for on time

Over four-fifths of districts studied reported that additional instalments of TSC funds were requested on time. This indicates that, on average, the project financial flows are smooth.

4.6.2.2 There are no funding bottlenecks

The TSC and NGP provide ample resources for rural sanitation. Of this, a percentage of funding is earmarked for software expenditure, and the rest for hardware and cash incentives to BPL families. A majority of the districts indicated that there was no shortage of funding for implementing programme activities.

4.6.2.3 Funding is used efficiently (focus on both short-term achievement and long-term sustainability)

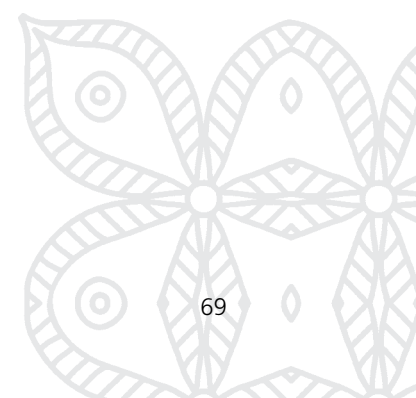
In a majority of districts, 57 percent of the funding is being used for both short-term achievement and long-term sustainability of outcomes achieved after the programme is completed. Funds are used for software activities, for motivating the people and in the construction of toilets as well as for SLWM activities and sustainability of the initiatives.

4.6.2.4 Funding is used to maximum capacity (funds available under all heads, namely, SLWM, IEC, etc., are being used)

In less than half of the study districts, there is a mismatch between the TSC allocation and capacity to absorb and spend the funds. Many districts reported having unused balances under the programme. This can partially be attributed to the fact that certain programme components, such as SLWM, are relatively new and there is limited capacity to undertake interventions in this area as yet.

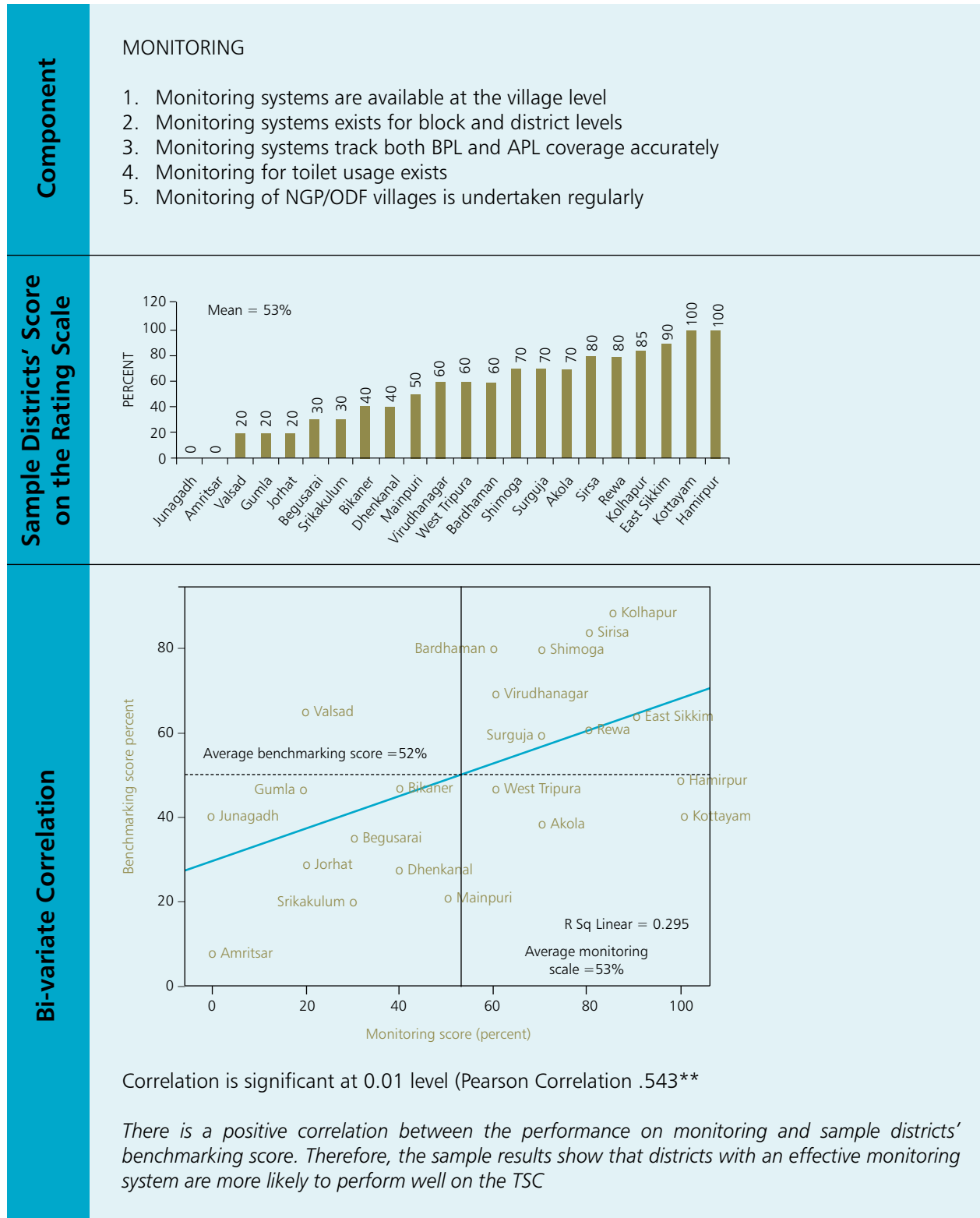
4.6.2.5 Incentives are available for various stakeholders to perform optimally

The national-level TSC guidelines provide incentives for BPL families to construct and use toilets. In addition, the NGP is an incentive for PRIs to achieve TSC goals. Over and above these national-level mandates, in just over half of the districts visited, it was found that incentives have been made available for stakeholders at different levels of the implementation chain as well. Incentives take the form of a cash amount, for example, in Jorhat district in Assam, the motivator gets 10 percent of the household contribution towards toilet construction as a reward for effective motivation. Several districts also reported public recognition and felicitation being instituted as an incentive for exemplary performance.



4.7 Component 6: Monitoring

4.7.1 Correlation between District Monitoring Score and Benchmarking Score

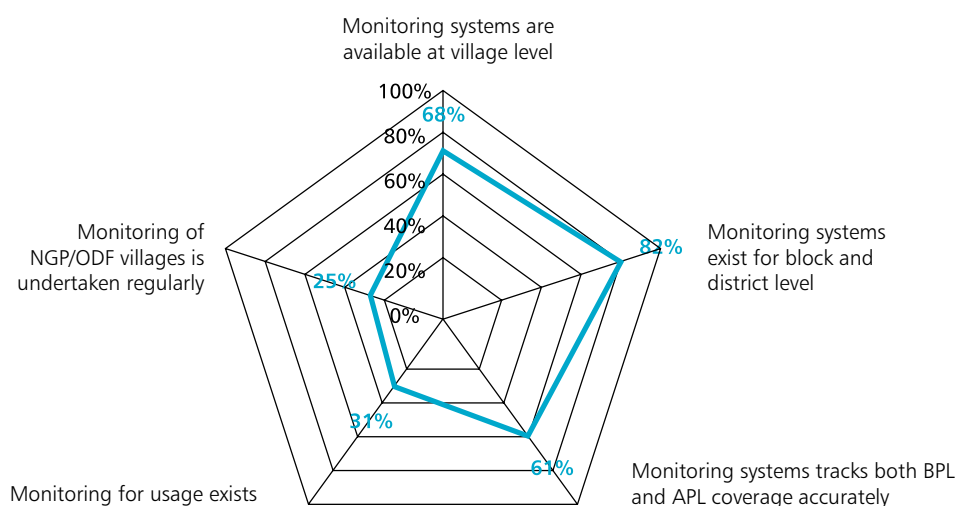


4.7.2 Study Findings on Monitoring

Component 6: Monitoring

Large-scale sanitation programmes such as the TSC require an efficient monitoring system and ability to ensure that the results of monitoring are used to improve programme implementation. Monitoring should be done by the level above the one being monitored but information for monitoring should be collected from all levels, starting with the lowest.

Figure 4.8: Study Districts' Average Performance on Monitoring (n=22)



4.7.2.1 Monitoring systems are available at the village level

In a majority of the sample districts, a monitoring system to track progress on sanitation exists at the village level. The responsibility for monitoring at this level rests with the GP-level functionaries, for example, Gram Sewak, Panchayat Secretary or motivators. Monitoring is done on indicators prescribed by the Government of India such as construction of toilets by different categories of households, construction of school and Anganwadi toilets, etc. (Box 9).

Box 9: Community-led Monitoring in Sirsa District

Meticulous monitoring has played a key role in the successful scaling up of the TSC in Sirsa district, Haryana. Over and above meeting the TSC monitoring system requirements, a community-led monitoring system consisting of *Nigrani* (monitoring) Committees was developed at the village level to track the progress towards total sanitation and check slippages. Members of the *Nigrani* Committee were natural leaders of the community who came forward and volunteered for the cause of sanitation. As proof of their commitment, the members of the *Nigrani* Committee would wake up at 4 am and undertake visits to areas traditionally used for open defecation, armed with whistles and torches. These checks by the *Nigrani* Committee helped to facilitate the process of habit formation to end open defecation and switch to using toilets.

4.7.2.2 Monitoring systems exist at block and district levels

In a majority of sample districts, the data on sanitation progress are collected by village-level functionaries and transmitted to the block level for review. From the block level, it is sent to the district level and consolidated at the monthly review in the district and entered into the district Monthly Progress Report (MPR) with a copy to the state-level nodal department. The reporting covers the achievement of the current reporting period as well as the cumulative achievement to date.

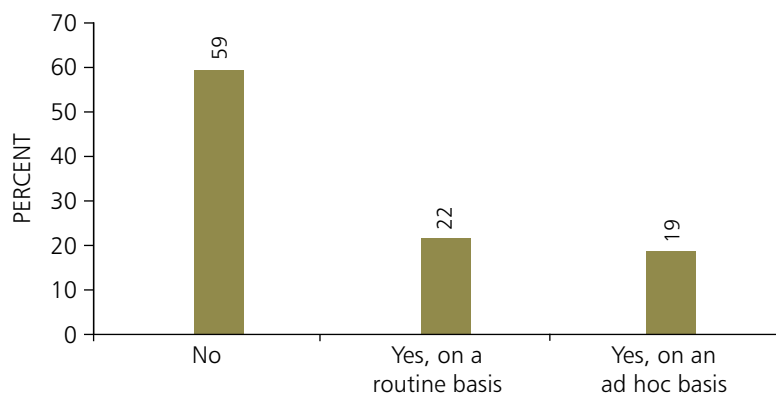
4.7.2.3 Monitoring systems track both BPL and APL coverage accurately

In nearly half of the sample districts, it was found that the monitoring system for TSC tracks and reports both APL and BPL toilet coverage accurately.

4.7.2.4 Monitoring for toilet usage exists

Tracking usage of toilets constructed emerges as one of the weakest links of the TSC monitoring system in the sample districts studied. Toilet usage is monitored by only one-third of the sample districts, of which around half reported undertaking this activity on an ad hoc basis, for example, during a village visit by a block-level official, rather than routinely.

Figure 4.9: Finding on Existence of Monitoring for Toilet Usage in Sample Districts (n=22)



4.7.2.5 Monitoring of NGP/ODF villages is undertaken regularly

Monitoring of NGP winners is reported by even less than one-third of the sample districts. This could be because the NGP is a one-time award and therefore repeat checks on whether the NGP status is being sustained are not undertaken. However, Rewa district in Madhya Pradesh has introduced an innovative incentive/monitoring programme which provides an example of one of the ways in which NGP status can be sustained (Box 10).

Box 10: Monitoring and Incentivising Sustainability of NGP Status: Swachh Puraskar

Rewa district, Madhya Pradesh, initiated *Swachh Gram Puruskar* in 2009 at the district level to award one GP from each block which follows demand-driven principles and sustains ODF status. The award (Rs. 50,000) is presented based on scores given in the peer review process led by sub-division-level officers. The scope of the award is limited to those GPs that have applied for NGP.

5. Summary and Recommendations

5.1 Summary

As mentioned at the outset, to achieve the vision of a *Nirmal Bharat* within the TSC timeframe, there is need for a clear understanding of the present achievements, the processes that underpin scaling up, replication and sustainability of best practices implemented by districts. Although there has been an undeniable upward trend in scaling up rural sanitation coverage over the last decade of the TSC, national performance aggregates conceal significant disparities among states and districts when it comes to the achievement of TSC goals. Therefore, it is an opportune time to assess the present status, the progress towards full coverage and the processes that contribute to differential achievement of performance outcomes at state and district levels.

1. National coverage has significantly scaled up to about 60 percent till March 2010. However, there have been significant differences in the coverage between the states. While one state, Sikkim, has declared itself ODF, some others have a coverage of less than 30 percent.
2. In absolute terms, approximately five crore toilets need to be constructed. At the present rate, significant acceleration is required in some states to meet the goal of ODF India by 2012.
3. At the present rate of coverage, it is expected that ODF India will be reached only by 2018 at the national level, but will take another half a century in states that are lagging behind.
4. The processes adopted by the district have a direct bearing on the outcomes achieved. In the study undertaken as part of this documentation, 22 districts across 21 states were selected. The processes by which TSC is implemented were divided into six components – strategy, institutional structure, approach to demand creation and scaling up, technology promotion and supply chain, financing and incentives, and monitoring. These processes were analysed qualitatively using a research protocol. These qualitative findings were converted into quantitative scores using the rating scale. Study findings show that good performance in terms of programme outcomes, as measured by the benchmarking score, are positively correlated with processes adopted to implement the programme as measured by the rating scale. This means that districts that adopt the right processes are more likely to perform better on the programme.
5. Study findings show that better performing districts are not doing different things but are doing things differently within the TSC framework. As detailed, better performing districts use the opportunities for flexibility available within the guidelines to adapt implementation to their field realities and learn from successes and mistakes to scale up the programme.

5.2 Recommendations

The key outcome expected of the TSC and the NGP is that GPs that have achieved total sanitation status should sustain it over the long term. On the basis of analysis of the secondary data (TSC MIS) and rapid assessment in the 22 districts, the following recommendations are made for improvement:

Focus on Processes

A scaling up of the achievement of total sanitation in the villages requires the adoption of sound processes. In addition, sustainability of the change in behaviour is only assured if the corresponding

processes are sound. This is especially true in a behaviour change approach as in sanitation where participatory processes are essential for communities to understand and adopt change. As the study has shown, there is a direct correlation between the processes and outcomes.

To achieve scale and sustainability, it is therefore essential for districts to understand and adopt the processes in the true spirit. The six components on the basis of which processes have been analysed represent an agenda for action. The districts could look at their processes vis-à-vis this template, and identify gaps which need addressing and weaknesses which require strengthening. This focus on processes, rather than short-term physical target achievement, can drive scaling up and sustainability of the TSC programme, now and post 2012.

Monitoring Sustainability

The achievement of any output and outcome is often driven by what is being monitored. The present monitoring system of the TSC focuses on inputs and outputs achieved in the short term rather than the processes by which these are achieved. The NGP monitoring system focuses exclusively and separately on outcomes, making the linkage with inputs and outputs difficult. Even in the NGP, the focus is on current outcomes rather than sustainability. It is, therefore, important to include in the monitoring system:

- Process indicators for tracking on a regular basis to ensure that the processes are being followed by the districts; and
- Indicators which track long-term sustainability of the outcomes. This may include, for example, sustainability of the NGP-winning GPs, to ensure that there are no slippages.

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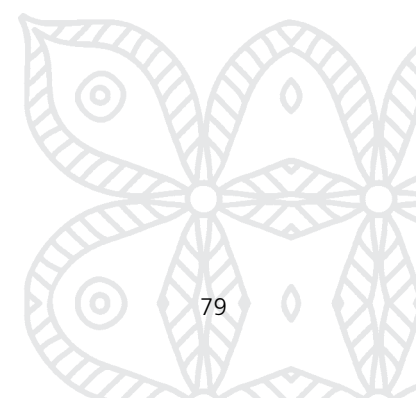
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National Workshop

A Decade of the Total Sanitation Campaign: Lessons Learnt and Way Forward



A National Workshop on 'A Decade of the Total Sanitation Campaign: Lessons Learnt and Way Forward' was organised in New Delhi on 22 and 23 April 2010 by the Department of Drinking Water Supply (DDWS) in partnership with WSP. The objective of the workshop was to review the status of the TSC, identify the lessons learnt in the implementation of the campaign, and plan for the way forward to realise the goal of making the rural areas *Nirmal* a reality by 2012.

The workshop was inaugurated by the Hon'ble Minister of State for Rural Development, Ms. Agatha Sangma. From the national level, the Union Secretary Mrs. Rajwant Sandhu, Joint Secretary Mr. J.S. Mathur, Joint Secretary Mr. T.M. Vijay Bhaskar and Director Mr. Vijay Mittal, of the DDWS participated. In addition, representatives from 21 states and three sector partners (UNICEF, WaterAid and Arghyam) joined the event to share their insights and map the way forward. The total number of participants was around 85.

The workshop provided an opportunity to discuss the emerging trends in TSC implementation over the last decade. On the first day, a presentation was made to highlight the performance on different components of the TSC and the fact that we have to assess our progress towards the Millennium Development Goal or *Nirmal Bharat* not just in terms of physical coverage but usage of the sanitation facilities created. There was also an opportunity to discuss the findings of two rapid assessments undertaken by WSP. The first was on the patterns of usage and quality of toilets in Nirmal Gram Puraskar winning Panchayats which put the focus on how we can address sustainability of progress under TSC. The second assessment shared the findings of the impact of access to sanitation and hygiene on health and focused on the fact that it was not singular interventions but an integrated package of sanitation and hygiene that is most effective in reaching health outcomes.

On the second day, the focus was on the results of a national level assessment of the TSC undertaken by WSP to understand the processes that underpin scaling up and sustainability of TSC. Based on findings from 22 districts across 21 states, the study underscored that districts/states that follow the TSC guidelines in the right spirit and implement the processes in the right way tend to reach the TSC goal faster. It was also agreed that enhancing subsidy was not a solution for increasing coverage and usage among the households. The workshop ended with concluding remarks from the Secretary, DDWS.



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