Swachh Bharat Mission (Gramin) Immersive Research

October 2017

Main Report

Developed by the Immersion Research Team from Institute of Development Studies, Praxis and WaterAid

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PRAXIS | IDS Institute of Development Studies | WaterAid

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Acknowledgements

List of abbreviations

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
BCC	Behaviour Change Communication
BPL	Below Poverty Line
CLTS	Community Led Total Sanitation
GoI	Government of India
GP	Gram Panchayat
HH	Household
ICT	Information and Communication Technology
IEC	Information, Education and Communication
IHHL	Individual Household Latrines
IPC	Inter Personal Communication
IRA	Immersive Research Approach
MIS	Management Information System
MP	Madhya Pradesh
OD	Open Defecation
ODF	Open Defecation Free
SBM-G	Swachh Bharat Mission – Gramin
SC	Scheduled Caste
ST	Scheduled Tribe
UP	Uttar Pradesh

Glossary

Nigrani Samiti	Monitoring team including men, women, children
Panchayat	Institution of local self-government
Pradhan	Elected head of the Panchayat in UP
Sarpanch	Elected head of the Panchayat in Rajasthan and MP

Executive Summary

The study

The Swachh Bharat Mission (SBM) has been progressing at a rapid pace, but with a strong focus on toilet construction, sometimes at the expense of promoting behaviour change, leading to gaps in terms of toilet use. Praxis, IDS and WaterAid undertook research to understand and review successful practices in behaviour change in rural districts that had been declared open defecation free (ODF). We adopted an immersive research approach (IRA), whereby researchers live with families in selected villages, and learn open-endedly from lived experience, observation and conversations with all sections of the community, with a focus on the most marginalised and vulnerable sections of the villages. They then meet together and compare findings. Building trust and adapting to people's times and places is critical in this approach, and requires skilled and reflexive researchers. Our mixed gender teams spent 3-4 days living in each of the 8 villages selected. All villages belong to three ODF districts and considered to be performing well in SBM: Sehore (Madhya Pradesh), Pali (Rajasthan) and Shamli (Uttar Pradesh). The IRA allowed us to unpack some of the complexities of the SBM at the local level, providing insights that other methods tend

to miss out, and hence we recommend others to adopt a similar approach.

Findings

We identified four broad areas that determine success in SBM at the local level:

1. **Local ownership**
   Participation and engagement of households was crucial for uptake of toilet construction and sustained use, but was sometimes neglected due to the rushed top-down implementation of SBM. Other dimensions of this problem include dissatisfaction due to insufficient material for and/or substandard quality of toilet construction, a history of distrust of messages and initiatives from the Government and lack of functional toilets in anganwadis and schools

2. **Behaviour change efforts**
   Promotion of sanitation was not a holistic and sustained effort, but relied heavily on carrot (toilet incentive) and stick (shaming and sanctions), which reportedly were effective in enforcing toilet construction and short-term use. Information, education and communication (IEC) messages focused exclusively on women, which can be counterproductive. Women also recalled triggering more than men

did. Availability of water emerged as a significant variable in influencing toilet usage

3. **Quality of toilets**
Panchayat driven bulk purchase of materials and arrangement of construction (through masons and contractors) was widespread. Twin leach-pit technology was promoted, irrespective of the local conditions. Despite deeply embedded preferences for big septic tanks among households, they did not receive information regarding design options or materials. Many toilets were of sub-standard quality and had flawed designs

4. **Inclusion**
Only one of the eight villages could be considered to actually be ODF, with a combined coverage estimate of around 70%. Verification problems include consideration of 90% coverage as enough for ODF status (in one district). Those without toilets or with inadequate toilets were invariably poor or marginalised (ST, SC) households and remote villages, and efforts to ensure their inclusion were lacking. Shaming and sanctions –administered by committees dominated by higher castes and Sarpanch's allies- were biased towards the least powerful sections and sometimes infringed human rights, reinforcing discrimination

Recommendations

A. Behaviour change

- Discourage the current use of sanctions as cornerstone of the SBM motivation work
- Ensure campaigns refrain from gender stereotyping, but rather try to address existing gender imbalances and to motivate men to give up OD
- Ensure community-level committees include all castes, religions, gender and political sides

B. Toilet technology

- Radically step-up communication efforts to educate households on technical issues to empower them to demand and supervise toilet construction and to dispel myths about twin pits
- Roll out training to address frequent technical shortcomings in toilet construction and clarify what technologies are fit for each context and type of user

C. Post ODF

- Develop mechanisms to incentivise continued efforts beyond ODF declaration (on unserved households, sub-standard toilets, institutional toilets, usage and other waste), and facilitate local committees to analyse and plan action for this unfinished business

- Prioritise all-season provision of water
- Address handwashing and child faeces management

D. Policy

- Improve monitoring and accountability mechanisms, including 1) increased emphasis on output (use) and process (training) indicators, 2) geo-tagged photographs of toilet substructure as condition for progress reporting, 3) ICT based information and accountability channels for villagers, and 4) improving ODF declaration and verification protocols

- Develop inclusion diagnostics at district level and at gram panchayat level, followed by action plans and additional investment

- Promote sanitation in schools and anganwadis becoming role models for the areas they are in.

- Start planning for mechanical pit emptying services and faecal sludge treatment

इज्जत घर
शौच के बाद
साबुन से हाथ
जरूर धोये

Praxis/Rohan Mukerjee

01 Introduction

1.1 Background to the study

Launched by the Prime Minister in August 2014, the Swachh Bharat Mission (SBM) has been progressing at a rapid pace. Individual household latrine (IHHL) construction has accelerated, with estimates projecting 75-85 per cent coverage by October 2019[1]. As a result, lakhs of villages and hundreds of districts have been declared open defecation free (ODF) across the country. However, reports[2] state that despite an increased policy focus on toilet usage and strong promotion of community-led total sanitation (CLTS) methods, in many parts of the country, the SBM is implemented in a construction-focused and target-driven mode, which often leads to perverse incentives. Over 90 per cent of the total SBM expenditure goes to toilet construction, at the expense of allocations for information, education and communication (IEC). Actual expenditure is even lower: only 1 per cent[3] of the total IEC allocation was spent in 2015-16. The quality of implementation of behaviour change approaches like CLTS tends to be poor and there is evidence that suggests gaps in behaviour change, with households gaining access to toilets not necessarily using them or using them sporadically.

The aim of our research was to understand and review successful practices in approaches to behaviour change in districts declared ODF by the Government. It unpacks what approaches have proven effective in motivating collective behaviour change at scale in rural India and seeks to understand how and why these changes have taken place.

The study undertook three levels of analysis including:

- A detailed exploration of community perception about the processes and strategies adopted in a selected number of districts

- Identification of the approaches and methods that can be used to achieve community-wide sustainable behaviour change at scale

- Identification of different drivers of change

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[1] Swachh Bharat by 2019? Progress projections and the challenges of latrine use: http://wateraidindia.in/blog/swachh-bharat-2019-progress-projections-challenges-latrine-use/

[2] SwachhSarvekshan 2016: http://sbm.gov.in/SBMGUpload/Swachh%20Survekshan%20Report%20Eng.PDF

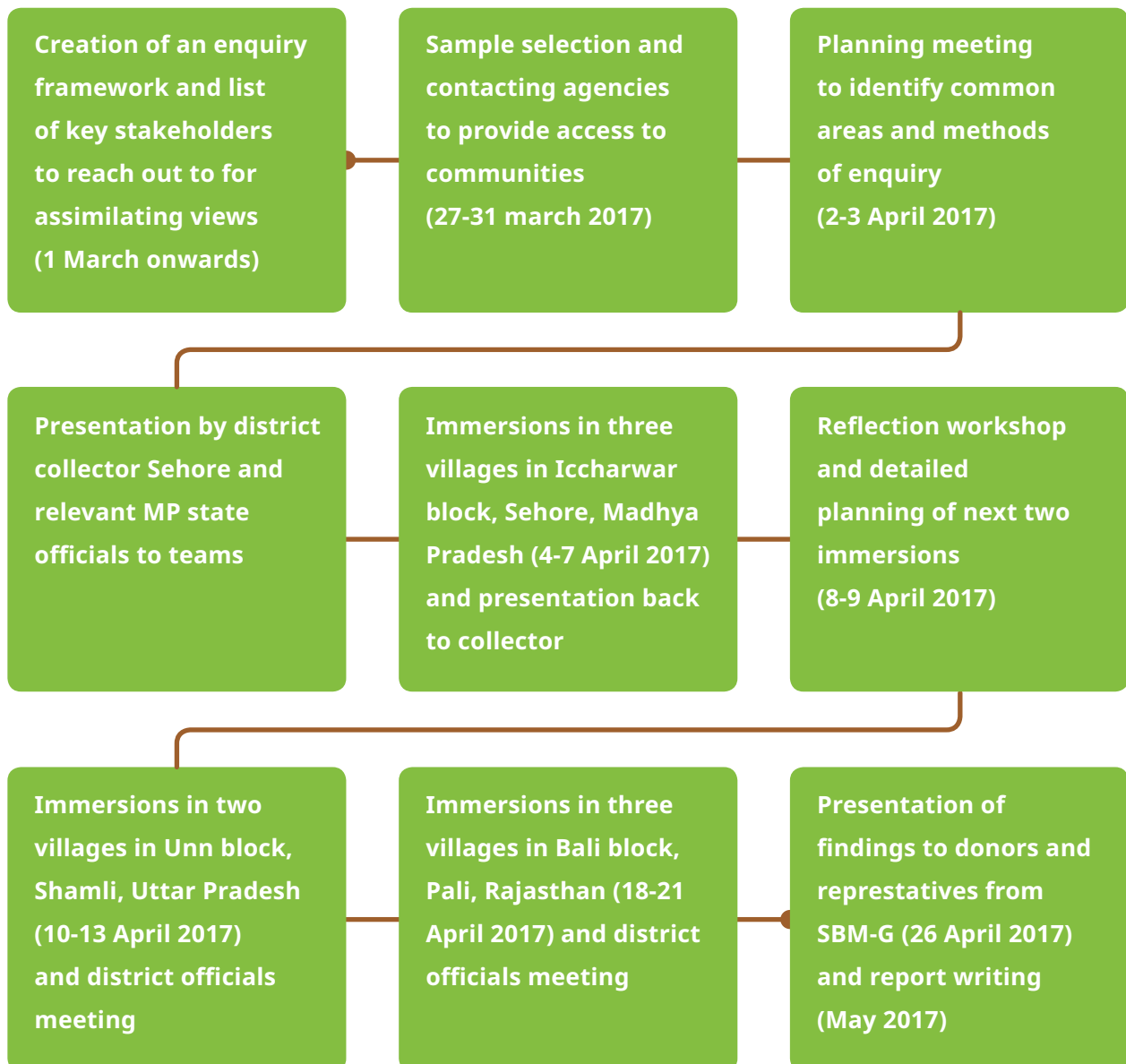[3] Source: http://www.accountabilityindia.in/how-swachh-bharat-two-years; How Swachh is Bharat two years on? October 2016 and Report of the 2016 Rural Immersion Programme, Indian Institute for Management across 13 districts in Madhya Pradesh

This report sums up the key insights from the immersions and suggests some ways to strengthen efforts in current SBM implementation and in the post ODF phase. This and other outputs of the study, including a policy and practice note and a methodology note, can be accessed at: **wateraidindia.in/immersion-sbm**.

1.2 Methodology and sample

An immersive research approach[4] was adopted with teams living with families in each village for 3-4 days and nights. The research process was carried out as per the figure below:

Creation of an enquiry framework and list of key stakeholders to reach out to for assimilating views (1 March onwards)	**Sample selection and contacting agencies to provide access to communities (27-31 march 2017)**	**Planning meeting to identify common areas and methods of enquiry (2-3 April 2017)**
Presentation by district collector Sehore and relevant MP state officials to teams	**Immersions in three villages in Iccharwar block, Sehore, Madhya Pradesh (4-7 April 2017) and presentation back to collector**	**Reflection workshop and detailed planning of next two immersions (8-9 April 2017)**
Immersions in two villages in Unn block, Shamli, Uttar Pradesh (10-13 April 2017) and district officials meeting	**Immersions in three villages in Bali block, Pali, Rajasthan (18-21 April 2017) and district officials meeting**	**Presentation of findings to donors and represtatives from SBM-G (26 April 2017) and report writing (May 2017)**

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4 Details available on: http://www.reality-check-approach.com/ The limitation of the methodology is that it is focussed on in-depth enquiry and hence horizontal coverage is limited. The heavy investment on trained, mixed gender facilitation teams might make scaling up, time and resource heavy.

Our learning took place by direct observation of the life situations of the households and in-depth interactions with all sections of the community. This approach was used to gain first hand experiential knowledge from the most marginalised and vulnerable sections of the villages. All teams were mixed gender teams to make conversations about issues like personal hygiene preferences and practices easier.

The sample selection followed a positive deviance approach focusing on three well performing districts in the SBM programme - Sehore in Madhya Pradesh, Pali in Rajasthan and Shamli in Uttar Pradesh. All the districts selected had been declared ODF as per data available on the SBM website. Assessment was also made to ensure that selected districts had typical characteristics so any recommendations could be relevant for others. The villages were selected in consultation with Non-government Organisations (NGO) working in the respective areas. Though a water and sanitation focused NGO facilitated the entry into villages in Sehore, non-water and sanitation focused NGOs were selected in Shamli and Pali.

Some benefits and challenges in adopting this approach are detailed in the table below:

Benefits

- Helped gain in-depth experiential knowledge
- Allowed further exploration of unexpected issues that emerged during the immersion
- Villagers approached the team (instead of team approaching them) even at odd times to share their experiences and concerns and some sensitive and confidential details were discussed
- Discussions encompassed the whole life situation of the family and the community, and was not limited to toilets and SBM alone but associated factors
- Use of participatory tools and methods added value to the learning process and facilitated active participation of the people in the community in the learning
- People were comfortable sharing details in their home, which team members got invited into

- Staying in the villages allowed the team to meet and discuss with the aged, disabled and highly marginalised people including women

- It allowed researchers to meet people at their and not researchers' convenience

- The stay differentiated the researchers from the usual 'quick visit/ survey' kind of researchers/ officials

- Direct observation could help verify the information that was garnered

- Discussions occurred not only in prefixed venues, but in the houses, community halls, shades of trees, in the shops, at the corner of the play grounds, water collection centres, workplaces etc.

- Informal meetings and interactions were equally important as formal meetings and discussions

- Sufficient time and space was available to triangulate the information and to get different points of view of different people in the communities

- Immersive research enabled timely feedback and findings to policy-makers, without the long lead times common with much other research

Challenges / Limitations

- Sarpanches and affluent families wanted the team to stay with them, which created initial resentment

- Sarpanch's informants tended to shadow the team on the first day and conscious efforts had to be taken by the team to avoid biased information from these informants

- The findings cannot be 'generalised' or taken as valid for the whole SBM. But for those Panchayats or districts, which have adopted similar approaches, the insights gained may be applicable

- An immersive research process is an in-depth inquiry (vertical) and hence horizontal coverage at scale is limited

- This approach is time consuming as it requires staying in the village for 3-4 days by at least 2 researchers of whom at least one should be female

- Scaling up of this methodology requires certain attitudes

- Rapport building with the host family and gaining confidence of the family is very critical in order that the team should not be seen as using the family as a substitute for hotel stay

- Vast range of information is shared by the community and therefore special skill and subject knowledge is required to capture nuanced details

02 Key findings and insights

The table below summarises some key indicators from the villages visited. The figures included are based on estimations, either on the basis of observations from the team or on estimations from key informants themselves.

District	#HH[5]	Pre-SBM Coverage	Curr. coverage	Curr. use	Official ODF status	ODF observed	Primary driver of change	Prevalent toilet technology
Sehore (MP)	252	25%	100%	100%	Verified?[6]	ODF	Incentive; Triggering; sanctions	Twin pit & septic tanks
	210	86%	96%	95%	Verified?	Some OD observed	Triggering, sanc-tions, Incentives	Defective tanks, 10ft
	360	25%	100%	97%	Verified?	Almost ODF	Pride, competition	Twin pit
Shamli (UP)	1600	50%	63%	63%	Verified	OD areas identified	Pressure from above	Twin pit
	800	11%	26%	16%	Verified	OD prevalent	Less land, dig-nity, exposure/ relatives	Twin pit
Pali (Raj.)	3000	50%	85%	70%	Verified	OD area identified	Limited land, rains, incentive	Unsealed pit, 12-25ft
	900	1%	16%	1%	Verified	OD prevalent	No change	Single leach pit, 4ft
	2600	30%	80%	75%	Verified?	OD areas identified	Availability of incentive	Unsealed pit, 20ft

[5] Number of households
[6] Where "Verified?" comes with a question mark, it reflects that authorities reported it had been verified ODF, but it appeared as declared in the SBM monitoring system (probably due to a lag in terms of data entry)

2.1 Drivers for behavioural change

People across the visited villages reported to have been motivated to construct and use toilets because of the following reasons:

- Financial incentives

- Sanctions and pressure

- Awareness on diseases and health seeking behaviour as a result of triggering

- Feeling of shame

- Availability of water

- Shrinking open spaces for defecation (and seasonal non-availability of land due to agriculture activities)

- Leadership and initiatives of Sarpanch and other functionaries

- Dignity and security of women (especially young daughters)

- Difficulty during rains, the monsoon and in the dark

- Exposure to toilets in cities and towns

- Concern for the aged and people with disabilities

- Visiting relatives from cities looking down upon their practice of OD

- Nuisance due to mosquitoes and risk of being bitten by animals when practising OD

- OD had led to unhygienic surroundings

Relevant findings on several of these factors are detailed below.

2.1.1 Financial incentives

The incentive is the prime factor behind willingness of people to construct toilets. There is a high level of awareness about the ongoing Swachh Bharat Mission and about the high incentive available, which motivates people (at least those eligible) to get a toilet built. It represents the opportunity to get a toilet without any investment, or to get a high-quality toilet (sometimes including bathroom) spending only a fraction of its cost. Lack of clarity about the distribution of the incentive, however, acted as a deterrent to some households. For instance, several times the incentive did not reach the account of the beneficiaries, but was managed by the Gram Panchayat in order to arrange materials or construction itself. In some cases, households had built a toilet and had not received the incentive afterwards, which affected the neighbours' willingness to build.

2.1.2 Triggering

Triggering methods convey the ill effects of OD to communities in a simple matter, using shock and awe in order to lead to collective behaviour change.

Only in Sehore among the districts visited, did villagers and officials confirm that CLTS triggering had been widely used. Though officials reported it being used in Shamli and Pali, people visited did not recall the triggering.

Women recalled triggering having had an impact by way of generating public discourse on the need for toilets, which they had hitherto being unable to discuss collectively, even though it was a need felt by them individually. The process seems to have helped women to identify with and build on an existing desire for toilets, but not so much among men. Women recounted health and dignity as key messages of the triggering, whereas men seldom recalled triggering.

2.1.3 Information, education and communication

The mission envisages IEC as an all-encompassing 'communication for behaviour change' approach that ranges from interpersonal communication to mass communication using all available media. It is meant to be context specific, adaptive and dynamic to meet not just the initial phase, but also the sustainability phase.

However, on the ground, its presence was minor and restricted to 'triggering' (as mentioned in the previous section) and wall paintings or posters. The nationwide television and radio broadcasts had low recall across most villages. It was not clear if these wall paintings had any effect on either motivating or sustaining behaviour change. Most messages were written in script, hence not reaching illiterate sections of the population.

School children were however able to repeat the slogans/ messages from these wall paintings during conversations on the subject, maybe from seeing those or from other activities conducted in the classroom.

While some messages reflected punitive measures for OD (Sehore), most of them were highly gendered, dealing with women's dignity and health, for example:

- *Maa beheno ka samman, shauchalaya ho sabki than* -Everyone should pledge to have a toilet as a mark of respect for mothers and sisters

- *Meri shaadi ho us ghar pe, shauchalaya ho jis ghar me* - I should get married into a family which has a toilet in the house

2.1.4 Committees

Village level monitoring committees (Nigrani Samitis) are envisaged as the key to creating peer pressure to bring about the desired collective behaviour change, complementing the IEC efforts at various levels as well as the efforts by village motivators or Swacchta Doots. Given the rushed target-driven implementation, these committees were largely using shaming tactics as opposed to entering into a dialogue to create collective pressure and behaviour change. In Sehore, the committees also created children's vigilance group nicknamed 'Vanar Sena', to pitch in with early morning vigils and a variety of shaming tactics. In the other two districts, Shamli and Pali, there was no evidence of any of these committees being as active. Even in Sehore, committees rarely stayed active beyond the first couple

In one of the villages in Sehore, the Vanar Sena was set up in March 2016, with four members. At that time, there were 15-20 people, mostly men, who were defecating in the open. By May 2016, the Vanar Sena increased its membership to 8 and they found out that 10-15 people were regularly defecating in the open. They monitored OD early every morning, keeping an eye on all the OD spots and alerting them to stop by blowing whistles (in an attempt to shame them). By August, the numbers were reduced to 5-10 and by January 2017, it was just one or two people and currently, none of the people go for OD. The members of Vanar Sena shared that their motivation to be part of the Sena was: 1) The fact that they all got whistles to blow, 2) The power that they wielded, 3) That they get to do some exercise in the morning. The activities of the Vanar Sena did expose the children to the potential wrath of villagers they were targeting. They had to put up with a lot of verbal abuse and one of the younger children was even slapped by an elderly woman.

of months, leaving a vacuum in continued peer monitoring. Most people felt the need for such continued engagement to avoid slippage.

While these shaming efforts have been fairly successful in dissuading people from defecating in the open in the short term, it has not been without its share of criticism. People pointed out that these committees were not inclusive, with members being largely hand-picked from amongst the Sarpanch's relatives and friends and Government functionaries like the ASHA worker, ANM, etc. In other words, perceived as another instance of exercise of power over the marginalised. For instance, the committee in one village in Pali, in a one-off morning monitoring exercise, garlanded three people that were going to defecate in the open, and all belonged to the marginalised communities. Conversations

suggested that making the committees broad based and inclusive, would have helped in addressing the perception of the committee being another means of exercising power over the most marginalised and in making the term 'peer pressure' more meaningful.

2.1.5 Sanctions

In all villages visited, the Panchayats have been making threats, though seldom imposed, with a variety of sanctions and punishments, ranging from denial of all state welfare schemes (for instance the withdrawal of ration cards) to imposing of fines up to INR 201 and arrest and prosecution under various sections of Indian Penal Code. Specifically in Sehore, threats were more pronounced and sometimes enforced. For instance, one person had been arrested and detained for his refusal to construct a toilet. One of the

villagers also mentioned that authorities above the Sarpanch threatened to shave his head, if his village was not declared ODF. Since there is strong pressure to deliver from authorities above (district, State and Central Mission), and ODF achievements are celebrated without regarding the means used to achieve it, the sanctions become legitimised and are perceived as having the state approval. Some villagers referred to a 'Swachh Bharat Kanoon' (Clean India Law) a non-existent, but omnipresent idea, which became a source of the authority that Panchayats used to effectively push people to have toilets constructed.

tactic to enforce toilet construction, and indeed most people felt that the threat of such sanctions did have an impact on a large number of families dependent on welfare schemes, ensuring they agree to get a toilet construction and use it (at least while sanction related pressure lasts). In practice, sanctions have been unfairly targeted against lower castes, including two reported cases of extreme sanctions, where villagers were arrested and detained.

Sanctions have thus become the default

Sanctions reported to be in place in Sehore District of MP included:

1. **Stopping of rations/ seizure of ration cards to households unless a toilet was constructed and OD stopped (as seen in an instance in one of the villages)**

2. **Disallowance of benefits from any Panchayat related schemes (no instance of this actually taking place)**

3. **Arrest - One villager was arrested for continued OD despite having a toilet under SBM. He was arrested under the section pertaining to disturbing peace in the community. In another instance, a person from a scheduled caste was arrested for his refusal to construct a toilet, reportedly linked to the weak foundations and poor quality of the toilets that were being constructed in the GP**

4. **A fine of ₹ 201 for anyone found defecating in the open under sections 269, 270 and 336 of the Indian Penal Code (no instance of this reported)**

5. **Disconnection of electricity**

The biggest critique of such sanctions is its direct conflict with human rights, however we found that those concerned have tread the path of sanctions carefully – using threats, but rarely carrying them out. It must also be borne in mind that the lowest strata that are likely to be affected by denial of state welfare are the ones who need it the most – not as a luxury, but as a means for survival.

2.2 Construction of toilets

2.2.1 Construction strategy and approach

The models adopted for the construction of the toilets in different villages include:

- Centralised purchase of construction materials by the Sarpanch and issue of a labour contract

- The entire amount of ₹ 12,000 was given to the beneficiary for toilet construction in instalments (or retrospectively)

- Supply of materials by vendor, and the labour was contracted by Sarpanch, for which the entire incentive was handed over to the Sarpanch

- Entrusting construction to a contractor and the contractor handing over the toilet to the beneficiary after construction, for which entire incentive was handed over to the contractor by the beneficiary

- The vendor, through the Sarpanch, supplied materials and the beneficiary undertook labour, for which anywhere between 10-25% of the money was committed/ given to the beneficiary as labour cost and the remainder was handed over to the Sarpanch as material cost

Given the pressure to declare villages ODF, a top-down approach to implement SBM became predominant, favouring centralised supply of materials and construction driven by the Sarpanch or Sarpanch Pati. The SBM implementation in a whole GP, including toilet construction and motivation activities, if any, usually happened within a short span of four to six months, at the expense of participation, training, thoughtful design, provision of quality materials and quality construction.

In one of the villages in Shamli, households were initially not willing to take up toilet construction due to a disagreement about the construction of twin leach-pit toilets. As a result, the Sarpanch decided on centralised construction of toilets, gave out the work contract and purchased material centrally. He took money from each household once they received it in their account. The Sarpanch justified this move by saying that if the responsibility of construction is left to the households, the poorest family would not be able to construct the toilets and the contractor might charge exorbitant rates from the households, which would have affected the timeframe agreed with the district magistrate to become ODF. The villagers on their part expressed suspicion that the Sarpanch would have made a massive commission. 120 toilets were constructed from December 2016 to March 2017 for 140 BPL households. Twenty toilets are currently pending due to the non-availability of sand and other construction material, given the restrictions on sand mining imposed by the newly elected government.

Transparency emerged as a key concern. Villagers were not informed about the incentive distribution mechanisms and timing. Even where it was provided through direct benefit transfer, the beneficiary account seems to have served as a mere routing mechanism for transfer of funds into the Panchayat/ Contractor/ Supplier accounts, who would arrange materials and construction. Lack of information and transparency in procurement, supply and construction left eligible households suspicious about the quality of materials and construction.

These and experiences from previous schemes suggest that there are no shortcuts to total sanitation. Investing in people's trust and enforcing quality standards is a must to ensure a truly open defecation free community.

In a tribal village in Pali, out of a total of 900 households, 147 toilets were constructed according to the SBM database, but in reality, except for a few that were on the side of the main road, the construction of at least 70% toilets was not completed. The construction was initially to be taken up by the beneficiaries themselves (a few villagers including a ward member constructed toilets at this stage but are yet to receive any funds). The responsibility of the construction was later taken over by the Panchayat under the control of the Sarpanch. Materials were directly provided through a contractor to the beneficiaries. The beneficiaries themselves were to provide labour for construction, for which they were to receive some money but still had not. People expressed their concerns and showed the team, the low quality as well as insufficient quantity of the materials delivered.

2.2.2 Toilet technology and design

SBM (G) strategy advocates informed choice of individual households in selecting the toilet model based on a basket of safe sanitation technology options like twin leach-pit, septic tank, bio- toilet, etc. In the villages we stayed, there has largely been a blanket use of twin leach-pit technology, even in places where it is not the appropriate or desired choice.

Neither the masons nor the community were given orientation about toilet technology (except one village in Sehore that reported a rapid orientation for masons on twin pits). In villages where beneficiaries undertook the task of digging pits, they were not given any information about the twin leach-pit design. In the villages in Pali, they constructed single leach pits for all toilets, in many case to such a depth that the cost of toilets became exorbitant.

Villagers in Shamli feared that the leach pit would lead to seepage endangering the foundation and walls of their and their neighbours' houses (relatively dense settlement). They also feared contamination of groundwater as water table was relatively high. They were completely in favour of septic tanks, which had been built in the neighbouring villages. These fears have left the SBM toilets unused. Though the SBM (G) strategy suggests building of 'row toilets' where IHHL are not possible, IHHLs were insisted on in villages in Shamli which were densely populated with closely built houses that had no space for separate pits.

The following different types of toilet substructures were constructed across the three states (both before and as part of SBM):

- Twin leach-pit

- Single leach pit with potential to become twin

- Single leach pit without potential for expansion (generally a very deep pit)

- Septic tank, built according to technical prescriptions

- Defective tanks, which tend to be called septic tanks, but don't fulfil technical prescriptions, for instance by not having an outlet (becoming containment structures) or having 'kuchha' base that allows leaching

Twin pits were found to be appropriate in most places, but in a few places the design was rejected or the toilets were unused. The reason being the perception that they will fill up soon and hence larger pits are better. This was not countered through systematic IEC/ IPC, and masons perpetuated this perception. The perception also gains credibility given the fact that most of the early adopters had opted for large substructures, which had not filled up - some as old as 40 years. In one of the villages in Sehore, the tank was stated to be 100 sq. ft (10' x 10').

Except in Pali, there was little or no participation of people in the construction of toilets. In Shamli, a few households dug the pits themselves but on the whole labour was brought in from outside and in one of the villages it was reported that around 30 toilets were constructed for migrant workers without their consent while they were away. This is linked to the point made earlier, whereby construction was arranged by the Sarpanch and many a time undertaken by contractors/ suppliers organised by the Sarpanches/ Panchayat Secretaries.

2.2.3 Quality of construction

Discussions with households revealed that the problem is not just quality, but also quantity of materials. Without information on how much material is needed and should be distributed when centrally arranged, there were many instances of shortage of bricks and cement. Some people, basing their calculations on local market rates, reported an under supply of bricks to the tune of 40% (700 bricks supplied in place of 1200 they should have got) and cement as high as 80% in some cases (1 bag in place of 5). Even where the construction was contracted out, we were told that the use of less material had led to poor construction, with a toilet in Sehore on the verge of collapse a few months after completion, where people pointed out that the superstructure was built on a flimsy foundation of just a single brick layer.

While speed need not be at the cost of quality, this was the case in all the villages we stayed in. While there has been a greater involvement of senior officials from the district in motivational rounds and the ODF declaration events, the crucial period in between, was largely left to the Sarpanch's and lower officials' whims and fancies. The pressure to complete numbers without sufficient oversight on quality parameters, seem to have led to low quality construction.

2.2.4 Coverage and exclusion of households

SBM (G) strategy has dedicated one full sub-chapter outlining the need to ensure equity and inclusion in its guidelines, including the need to prioritise people who could otherwise be excluded due to caste, ability, age, etc.

Where we stayed, we found this dimension to be the most neglected in the implementation and no thought, let alone action, seems to have gone into even understanding the issues facing these people. In places, we found that people were actively excluded based on caste or remoteness, and there were no provisions for people with special needs. In villages in Shamli and Pali, there were a considerable number of poor households of those belonging to lower castes or tribes who were excluded from the lists of potential beneficiaries and were therefore

In a tribal village in Pali the quality of construction was extremely poor with toilets already showing signs of damage and breakage, despite having been recently built. Most of the toilets were still incomplete and many had to be constructed with insufficient materials. The quality of materials was also very poor, the pipes and doors were already showing wear and tear. The toilets in this village have only one shallow leach pit due to lack of knowledge among local masons about toilet construction and lack of proper orientation and insufficient supply of materials.

not entitled to toilet incentives. Cases of incomplete construction were also common among vulnerable houses, due to non-release of labour cost or materials.

2.3 Use of toilets

2.3.1 Awareness

Intensive triggering, IPC and monitoring have helped increase awareness and make sanitation a 'talked about' subject and increased toilet use in Sehore district. Existence of early adopters, as high as 40% in some villages of Sehore, also made use of toilet an imitable upwardly mobile habit. Government schemes like the Nirmal Bharat Abhiyan did act as incentives to kick-start the process of toilet construction for most of the villages, primarily among the economically weaker families. But a lack of awareness about toilet use acted as an impediment and a lot of these toilets were just used as storehouses.

2.3.2 Availability of water

In all villages visited, availability of water was cited as a key enabler of toilet use. It was also evident from the fact that almost all early adopters had their own or had access to private water sources in their immediate vicinity. Though SBM (G) also recognises the importance of availability of water in sustained toilet use and calls for joint programmes to maximise availability of water for sanitary purposes, we found no such effort on the ground. In fact, in most villages where toilets were constructed, this was the

follow-up demand. Even in villages where water was available within reasonable distance mentioned, there was bound to be slippage in toilet use in summer months when water availability reduces sharply. In villages of Shamli and Pali, even women, who are early adopters of toilets, were found to be not using toilets for want of water. In most villages, there existed spoken and unspoken norms about who could fetch water from which source, almost always forcing marginalised communities (SC, ST, Muslims) to travel longer to fetch water. This was also cited as a cause for non/ partial use and slippage amongst these communities.

In all villages, the burden of fetching water fell on women and girl children and toilets add 50-75 more litres to their daily toil on

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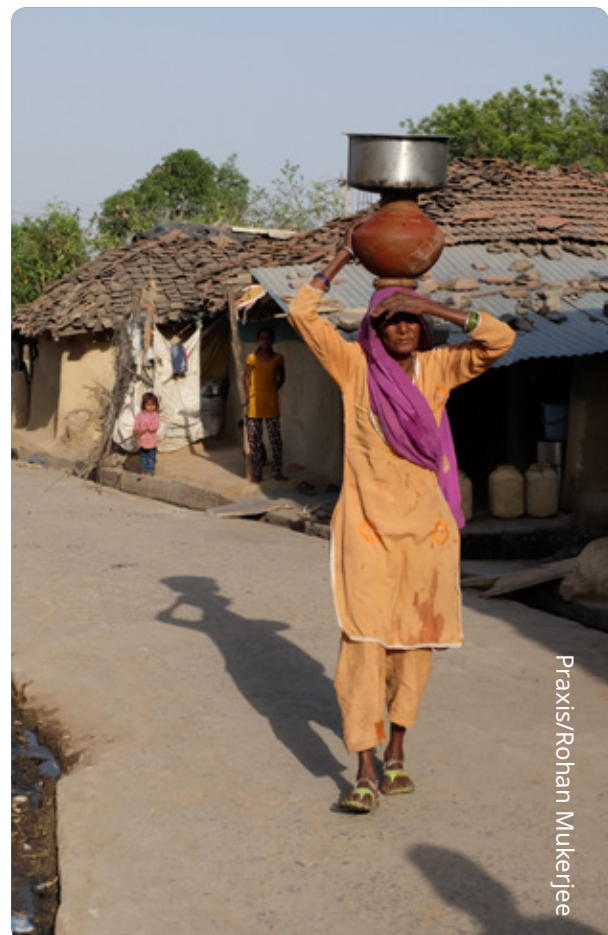
average, depending on the family size. In most cases, it not only meant the hardship of fetching water, but also getting up very early to try and beat the rush hour at the water points.

2.3.3 Large families and disputes

In most of the villages, people complained of just one toilet being allocated even in the case of larger families despite having provisions for one toilet per BPL card. This may have led to the continuation of OD by some of the family members. Similarly, there was another instance of the old mother-in-law and father-in-law disallowed to use the toilet due to family tensions, wherein the cited reason was the burden on daughter–in-law for fetching additional water.

2.3.4 Socio-cultural and political factors

Most marginalised communities mentioned that the daily fight for basic survival needs have always pushed sanitation and hygiene way down their hierarchy of needs, making OD one of their habits. Pushing them for compulsory toilet use without any orientation on the need for new habits has created distress, particularly among the older generation who find the open more natural and liberating than a tiny and often dark toilet.

Villages with factional feuds have also found lower coverage with the less powerful factions being excluded from availing toilets under the SBM.

2.3.5 Technological factors and construction quality

As mentioned earlier, the lack of awareness or IEC about twin pit technology has had a negative effect on toilet use, as people fear twin pits will fill up soon. Villagers of Shamli were scared of using too much water in their toilets as they felt wastewater would leach into the water table and contaminate their drinking water sources. The other prominent fear that people expressed was that the kuchcha (weak and non-permanent) structure of the twin pits (due to the gaps in the bricks) would dampen the foundation of their houses or their neighbours. As a result, many of these twin pit toilets that were built under SBM were not being used.

Partial construction and low quality of construction was another reason for toilets not being used.

2.3.6 Child faeces

Most of the women across villages, reported throwing child faeces into the toilets or drains outside. It was only in the villages in Shamli (where more than two-thirds of the households didn't have their own toilets) that child faeces were visible outside the houses as well as in the lanes between the houses.

2.3.7 Women's needs

Women, particularly the younger generation, have for a long time been holding back their desire to have privacy, due to the lack of decision-making power

as well as their daily fight for survival pushing such needs lower down the hierarchy. The triggering and availability of financial incentives have helped them realise their long suppressed desire and by and large women have been quicker to adopt the use of toilets in all the villages. Women also reported that toilets are particularly convenient during menstruation.

The use of old cotton clothes as a sanitary napkin seems to be the most common practice among women across the villages. Very few girls and the economically better off among them would use sanitary napkins that could be sourced from the shops, for INR 35 for a pack of ten, on average. There seems to be poor awareness among women and the girls in terms of the proper disposal of the waste cloth/ sanitary napkins. While some resort to burning them after each menstrual cycle, most of them bury them in pits or throw them in the river - far from the view of others.

2.3.8 Handwashing

Awareness about handwashing after using toilets was very limited. Villagers in Shamli locations were aware about the need to wash hands after using toilets and IEC material in the form of wall writings about the importance of washing hands was displayed across these villages. The women in most locations would wash hands with mud and water after working with cow-dung but washing hands, as a practice after using toilets was not observed.

2.3.9 Institutional sanitation

Use of toilets in institutional setting was worryingly low. Although most of the schools had toilets, they were not always functional. In Shamli, the Masjids and four Madarassa's in the village had toilets that were being used. But overall, in Shamli and Pali, the condition of toilets at the government schools was poor with half of them being non- functional. There were no water taps in most of the schools and many of the tube wells adjacent to the schools were out of order. Due to water shortage, the toilets were not cleaned and children often preferred to go outside for urination and defecation.

Most of the anganwadi centres (AWCs) did not have toilet facilities. The children in AWCs are guided to open places for defecation.

03 Strengthening ongoing SBM and post ODF efforts

This section puts forward four key areas that in light of the findings from the research are critical for the success of SBM. These are followed by a list of ideas and recommendations, which are intended to contribute to the ongoing SBM implementation in uncovered areas, as well as to complete and sustain achievements in the post ODF phase in already covered areas.

3.1 Improving ownership and trust

Community participation is critical to increase ownership, which in turn increases sustainability and hence is unavoidable for achieving the goal of SBM. Community participation and inclusion of all sections of people in the villages in committees, planning processes, choice and decision on technology options, enforcement of sanctions etc., should be made mandatory in SBM. Currently, unrealistic deadlines for becoming ODF results in a top-down 'command and control' mode that can at best deliver the numbers, but collective behaviour change and its sustained use requires an engaged community.

Transparency and accountability is similarly important, but at the local level there is low awareness on costs of material and construction, eligibility criteria, technological options, implementation models, etc. This lack of transparency and its consequences (insufficient materials, poor construction quality) has largely negatively affected the trust of the people in the Panchayat and government, which was already low based on experience with other government programmes.

Institutional toilets are also a concern, as anganwadis are often without toilets and toilets in schools (when there) frequently remain unused because of filth or disrepair. This undermines households' belief in the sincerity of government's efforts on sanitation, and represents a missed opportunity to instil hygienic habits among children.

3.2 Promoting behaviour change

The opportunity to receive an incentive or a free toilet has been a key driver for toilet construction. Threats of sanctions, actual sanctions and shaming have been widely used and have reportedly been effective in enforcing toilet construction and short-term behaviour change. Sustained change, though, requires dialogue and collective choice agreements within villages and

various sub-population groups that share common culture, identity, aspirations, etc.

Behaviour change messages (IEC) stress dignity, shame and respect for women, which can reinforce patriarchal, conventional gender roles. Women do recall triggering more than men, and found it more impactful. Attention to men and changing their OD habits is lacking, as well as to menstrual hygiene management, management of children's faeces and handwashing.

In many cases, IEC has prioritised generic messages linked to women's dignity that are easier to create and multiply, instead of catering to specificities and contexts. Similarly, it has not given due importance to IPC through local motivators, with dedicated block/district support structures.

Availability of water emerged as a significant variable influencing toilet usage, especially where there is seasonal scarcity. Women usually bear the burden of bringing water and cleaning the toilet. Information on water saving techniques or options (e.g. rural pans) is lacking.

3.3 Constructing high quality toilets

Toilet technology and designs need to be chosen based on the characteristics of terrain, soil type, economic capacity of beneficiaries, availability of trained masons, settlement density, water table, transportation of materials, availability of water, etc. However, twin leach-pits are

promoted by the government as a one-size-fits-all, irrespective of local conditions.

Meanwhile, preferences for big septic tanks are deeply embedded among households, who believe twin pits are too small.

Households do not get information regarding design options, technical details or amount of materials required.

Toilet construction is Panchayat-driven, who often arrange bulk purchasing of materials and facilitate construction by masons or contractors. As a result, many toilets were of substandard quality, and have flawed designs, such as septic tanks that are not watertight or excessively deep pits.

3.4 Ensuring inclusion and equality

Only one of the eight villages visited could be considered ODF, despite most of them having passed the ODF verification. Authorities in one district reported that verification required just 90% coverage. Average coverage, combining estimations from the eight villages would be 70%. Invariably, those left behind without toilets or with inadequate toilets were the poorest households or households from marginalised communities (ST, SC).

Sanctions and threats are biased towards the least powerful sections of society and can violate basic human rights and degenerate into one more stick to beat the

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marginalised communities, as has been noticed in these villages. They also hamper access to the welfare state of the most vulnerable, those who need it the most. This is compounded by Nigrani Samitis and children committees being dominated by higher castes and those close to the Sarpanch, which reinforces discrimination against lower castes and those least able to afford toilets or construct them.

Insufficient efforts were made in remote villages, with difficult terrain or where security is an issue, leading to lower coverage. The special needs of those who are disabled or in old age have often not been recognised and addressed.

04 Ideas and recommendations

Recommendations and ideas listed below emerge from the findings of the research, and are structured along the areas of (A) behaviour change, (B) technology, (C) post ODF, and (D) policy, with inclusion and ownership issues integrated transversally. Where these are already policy and being acted on, we hope these findings will act as confirmation and reinforcement; and where they are new, we hope they will be considered.

A. Behaviour change

- Conduct a review of the current use of sanctions and threats and provide guidance to states, discouraging it as a key strategy and setting boundaries to avoid human rights violations

- Review IEC to ensure campaigns refrain from gender stereotyping in its messaging (dignity of women only), but rather try to address existing gender imbalances (cleaning of toilets, carrying water) and to motivate men to give up OD. This could be driven through innovation and action-learning processes.

- Provide guidance and training to ensure Nigrani Samitis and similar committees include members of all castes, religions, genders and political sides.

B. Toilet technology

- Radically transform awareness about technical issues of rural sanitation, through extensive IEC efforts aimed at the households, which could include:

  - Preparation and distribution of handbills in local languages and scripts with clear diagrams to empower households to demand and supervise quality and oversee masons and hold contractors and village leaders to account.

  - Intensify promotion of twin pits wherever adequate, and promote appropriate technology options elsewhere. Address myths for instance by distributing sona khad (twin pit completely composted fertiliser) to village leaders, committees and motivators to show it is odourless and harmless.

- Train and supervise SBM staff, village leaders, motivators and masons to highlight frequent shortcomings in current practices (distance between twin pits, and the need of baffles and soak pits in septic tanks) and provide clarity on what technologies are fit for each context and type of user. For instance, pit types that suit flooded areas, rocky terrain and water scarce areas, as well as accessible designs for disabled

C. Post ODF

- Consider classifying ODF declared villages into different levels (eg Bronze, Silver and Gold) or other mechanisms to incentivise continued efforts beyond ODF declaration. These efforts could include: catering for any households and sections without toilets; improving sub-standard toilets; institutional toilets; shared toilets with excessive users; partial usage and non-usage; and solid and liquid waste management.

- Facilitate committees and villagers to appraise, analyse and plan action for unfinished business including the above list.

- Give priority to providing accessible water supplies in all seasons, research current patterns of sanitation related water use and promote water-sparing practices.

- Address hygiene behaviours such as handwashing and child faeces management.

D. Policy

- Improve monitoring and accountability mechanisms to enhance trust of Government and avoid rushed low-quality implementation, including:

    ○ Increase emphasis on output and process indicators, such as participation of households, capacity building of masons, quality construction, and usage rates, etc.

    ○ Compulsory requirement of geo-tagged photographs of toilet substructure, before being covered, in the routine physical progress reporting system.

    ○ Use information and communications technology (ICT) creatively to increase dissemination of information and enable feedback and accountability from citizens, for instance, creating a toll free number for people to call and a 'Hamara shauchalay' citizens feedback App.

    ○ Improve ODF verification to ensure reliability, including monitoring sustained use of toilet and handwashing for a minimum period of 6 months.

- Promote sanitation (with attention to operation and maintenance) in schools and anganwadis to ensure high standards, becoming role models for the areas they are in, and showcasing Government's sincerity in its efforts with SBM.

- Develop inclusion diagnostics at district levels (identifying remote and other communities that may have been left out) and at gram panchayat levels (identifying poor, vulnerable and marginalised households and communities). This should be followed by action plans that ensure special attention and additional investment is made to ensure their inclusion, not only in terms of access, but also regarding their participation in planning and monitoring.

- Start planning for district/block level desludging services and faecal sludge treatment plants, ahead of the time when lakhs of septic tanks fill up.