India’s Total Sanitation Campaign: Half full, half empty

By Indira Khurana, Richard Mahapatra and Romit Sen

A soon-to-be released WaterAid India review of India’s Total Sanitation Campaign in five states finds both positives and negatives in the ambitious programme. It also raises some serious questions about sustainability.

WaterAid India, an international charity exclusively devoted to the drinking water and sanitation sector, has reviewed India's flagship campaign on sanitation, the Total Sanitation Campaign (TSC). TSC aims at improving the quality of life of people in rural areas through the creation of open-defecation-free (ODF) and fully sanitised villages. It has been 10 years since the programme was launched in 1999.

According to the review, the campaign has had a positive impact but certain changes are needed to make it more effective. It also brings out a number of interesting aspects related to the sector, like whether a subsidy should be given to construct a toilet, or whether offering incentives for attaining total sanitation will work more effectively in the future.

The review studied five states -- Bihar, Chhattisgarh, Haryana, Tripura and Karnataka -- on their performance under the TSC.

The new TSC guidelines issued by the Rajiv Gandhi National Drinking Water Mission (RGNDWM), in December 2007, reiterate India's commitment to ensuring sanitation to everyone in rural areas by the year 2012, which is well ahead of targets set under Millennium Development Goal (MDG) 7. The project is being implemented taking the district as the unit of implementation.

This, however, is critically dependent on the performance of the TSC. Indeed, the task is a daunting one and calls for strategic action. According to the timeframe set by the Government of India, there are only four years left for the TSC to achieve its goal of total sanitation for all.

The TSC envisaged the construction of nearly 12 crore individual household latrines (IHHLs), of which 4.7 crore have already been constructed. This means that in roughly
four years the government must construct around 7.3 crore latrines; that's approximately 40,000 IHHLs every day!

The guiding principle of the WaterAid study was understanding the strategies and modalities adopted by the states for implementation of the TSC. The assessment was undertaken with specific reference to the following main sub-objectives:

- Effectiveness of the campaign in taking forward the goal of total sanitation with the available resources within a stipulated timeframe.
- Extent to which the campaign has succeeded in conveying the intended benefits of sanitation to the community, by measuring outcome.
- Watching the performance of Nirmal Gram Puraskar (NGP) villages and their sustainability.
- Understanding barriers and drivers in the campaign.
- Policy implications for improved implementation.

The study looked at all aspects related to TSC implementation at the state, district, block, gram panchayat and village levels. It entailed covering key components of the programme, including IEC, HRD, and the creation of sanitation facilities such as individual household toilets, school sanitation and hygiene education (SSHE), and community sanitary complexes (CSEs).

**Sanitation surge**

Although the programme was launched in 1999-2000, it received an impetus in 2005-2006. Progress during the first five years was slow, with an average annual growth rate in sanitation coverage of 7.14%. Since 2005-2006, it has picked up in many states translating to an average annual growth rate of 20.21% -- a 13.06% increase in overall annual growth at the country level. This corresponds with an increase in overall sanitation coverage in India. The Nirmal Gram Puraskar, a post-achievement award scheme introduced in 2003 and operationalised in 2004, provided a boost to the programme as witnessed in a surge post-2004, in terms of number of villages attaining 100% toilet coverage. Earning the NGP has become a matter of pride and prestige for the gram panchayat, although here one needs to be a little cautious whilst evaluating the TSC's success with respect to an award scheme only.

Within states there have been significant variations across districts in terms of sanitation coverage, usage and behavioural changes. This has to do with differences in strategy adopted for implementation of the campaign.

**Campaign strategy and implementation**
Despite focusing on sanitation in recent years, India still has no clear stated national policy on sanitation other than the principles and approaches enshrined in the TSC guidelines. Likewise, most state governments too do not have a stated policy on sanitation; none of the sample states visited had a state-level sanitation policy. The policy perspectives of central and state governments on sanitation are embodied in national or state-level sanitation programmes. For example, besides the national TSC, the governments of Maharashtra and Bihar have their own state-level programmes: the Sant Gadge Baba Grameen Swachhata Abhiyan and the Lohiya Swachhata Yojana respectively.

In most places there has been no conscious or visible attempt on the part of campaign managers to develop a strategy to implement the programme. In Sirsa, Sarguja and Shimoga, for example, where there have been well articulated implementation strategies for the programme, the results have been remarkable. A common factor in the strategy of these places has been the adoption of a 'campaign mode', focusing on people as key actors and agents of change. The involvement of schoolchildren and young people in implementation has also been a key feature of these programme implementation strategies. For example, in Sirsa district, a students' vigilance cell called Chatra Jagruk Dal was formed in the village. Members would blow a whistle whenever they saw anybody defecating out in the open!

Appropriate institutional arrangements are key to effective implementation of any programme or project. This basically entails who does what, when and how; who monitors the results; who verifies and who certifies them; what are the mechanisms and processes put in place to carry out planned activities under various components of the programme. The results in districts where there has been a dedicated team of trained staff with clearly defined roles and functions, and whose performance has been regularly monitored, have been much better than where the TSC has been implemented in a routine administrative fashion.

Another related implementation issue is inter-departmental coordination, which was tried out in some states like Chhattisgarh and Karnataka. This has been possible and effective only where local people are in charge of programme implementation and have taken a keen interest in it. In Karnataka, inter-departmental coordination has been sought with the departments of health and education. An innovative approach has been the involvement of 3,000 postmen who were trained as 'sanitation ambassadors'. The department of information carried out a multimedia campaign simultaneously in 27 districts, over a period of 40 days, covering 2,100 villages, which helped spread the sanitation message in these areas. In Chhattisgarh, the government is now aiming for a convergence of the TSC with the National Rural Health Mission where villages have been asked to prepare village health and sanitation plans. In Sarguja district, in
Chhattisgarh, the education department has been involved in spreading education messages in schools; this, along with the construction of toilets in schools, has helped raise attendance levels in schools, says the education department.

There is evidence in the study to indicate that in places where the TSC has been implemented in intense 'campaign mode', mobilising a wide variety of government and non-government players, the results have been remarkable not only in terms of sanitation coverage but also in terms of usage and maintenance of the sanitation facilities created.

**Do subsidies work?**

A hotly debatable issue has been that of subsidies to individual households for construction of toilets. In fact, the TSC guidelines do not use the term 'subsidy'; the money given to households is called an 'incentive'. According to the guidelines, the money is available only for below the poverty line (BPL) households.

The governments of two of the five states studied, namely Bihar and Chhattisgarh, have made provision for subsidy/incentive money for above the poverty line (APL) households as well. Both these states are driven by the dominant policy perspective that subsidy for hardware is one of the campaign's key drivers.

There are two schools of thought on the issue of subsidies. The most dominant is that subsidies are essential for the success of the TSC. In Bihar, Chhattisgarh, Karnataka and Tripura, there were not only strong supporters of a subsidy regime but also those who argued in favour of increasing the subsidy amount, which they found inadequate for toilet construction in view of the increased cost of required hardware for the purpose.

Although many people back the idea of offering a subsidy, a survey carried out by the Indian Institute of Mass Communication, in 1998, found that only 2% of respondents agreed that a subsidy was motivation to construct a toilet; 30% were motivated by convenience; and 21% by the idea of privacy that a toilet in the house offers. What was significant was that 40% of rural households were willing to contribute around Rs 500 towards construction of a toilet; 20% of households were willing to pay more. These findings appear to contradict the belief that subsidies are the motivating factor in toilet construction.

The second view is that sanitation is a basic need for all, irrespective of APL-BPL distinctions which therefore must be removed in TSC subsidy targeting. The present need is for a demand-driven, community-owned approach to sanitation. This must be strengthened and made the core mission of all sanitation programmes. Haryana takes
this community-led total sanitation approach, with encouraging results on the ground. The contention here is that subsidies are more of a hindrance than a help in achieving total sanitation at the community level. There has therefore been a conscious downplay of the subsidy/incentive provided within the TSC in Haryana.

**Figure 1: Percentage coverage of IHHLs in the study states, and the national figure**


If one studies the percentage coverage of IHHLs in the five states studied, as shown in Figure 1, it becomes evident that a high subsidy has not worked significantly in the case of Bihar and Chhattisgarh where even with the high subsidy the present coverage of IHHLs stands at 10.1% and 27.9% respectively, which is much lower than the country average of 55.6%. In Haryana, current coverage is 78.7%; and this is a state where there has been no talk of a subsidy at the community level. It should be noted that in 2008 the subsidy amount for BPL families was increased by Rs 1,000, making it Rs 2,200 now against the earlier Rs 1,200.

**Technology considerations**

The other major policy issue is technology. There is clear lack of appreciation at the policy and implementation level about technology being a major factor in safe sanitation. The idea is not only to have sanitary toilets at the individual household level, but to create a safe pathogen-free environment to ensure an improvement in the quality of life of people through significant reductions in avoidable morbidity and mortality, specially infant and maternal mortality.

In many places in Haryana and Tripura, people believe that smaller pits fill up quickly and hence toilet pits must be as wide and as deep as possible. There is emerging evidence to suggest that deeper pits are likely to cause faecal contamination of sub-surface water sources, making things much worse in certain cases. This underscores the need to educate people and present them with a range of safe technology options for toilet construction, in tune with local conditions.

Quality of toilet construction is emerging as a critical factor in ensuring usage and sustaining behaviour changes. In Bihar's Vaishali district, where NGOs have been given the responsibility of constructing toilets, members of scheduled caste households expressed their reluctance to use the toilets as they found them badly constructed, smelly and mosquito-ridden. Though some women did occasionally use the toilets, most of the men and children went out into the fields to defecate. There were examples
of damage during the transport of squatting plates, which defeats the purpose of constructing a toilet. Also, once the household receives a plate there is very little probability of it being replaced in the event of it being damaged.

**Nirmal Gram Puraskar**

To energise the TSC, the government, in 2003, initiated an incentive scheme for fully sanitised and open-defecation-free gram panchayats, blocks and districts. The scheme was called the Nirmal Gram Puraskar, and the incentive provision is for panchayati raj institutions (PRIs) as well as individuals and organisations that are the driving force behind full sanitation coverage. The awards were operationalised in 2004; the first awards were given out in 2005.

Entries for NGP have grown in leaps and bounds. There were 41 awardees in 2005; the figure rose to 769 in 2006, and 4,959 in 2007. This year, around 30,000 nominations have been received.

However, this target-driven approach to getting as many NGP nominations and awards as possible at the state and district level appears to be doing more harm than good to programme implementation. As NGP awards are mainly handed out to gram panchayats, it has become a matter of status for gram panchayats in general and the concerned pradhans/sarpanchs in particular. This has resulted in a desperate rush to secure NGP status for the panchayat rather than to get and maintain an open-defecation-free and fully sanitised gram panchayat. Characterising this mad rush are the construction of inappropriate and unsafe IHHLs; building school toilets and community complexes without there being genuine demand or involvement of community members; usage and behaviour change aspects of sanitation being totally ignored and manipulated during presentation to visiting verification teams; people being pressurised or threatened to construct IHHLs within a tight time schedule, etc.

The practice of recognition and reward is good and can act as a catalyst for achieving clean villages. But one has to remember that the race to get awards defeats the goal of sustainable sanitation. Also, norms must be prescribed for the utilisation of award money received under the Nirmal Gram Puraskar scheme, to ensure that it is used for community development, not wasteful expenditure. In the present scenario, most gram panchayats do not know how to use the award money.

There is evidence to suggest that despite open-defecation-free and fully sanitised status being one of the qualifying conditions for eligibility to NGP, actual TSC implementation and monitoring is largely limited to constructing individual household latrines, which is only one of the components of the campaign. There is at present little or no attempt at either the state or district level to verify and certify the open-defecation-
free and fully sanitised status of villages applying for NGP.

One can therefore assume that NGP has taken precedence over TSC, as is evident from Bihar where the campaign itself is popularly referred to as NGP rather than TSC; and in Haryana and Karnataka where there is a tendency for districts to identify potential NGP gram panchayats and focus on them in their annual plans.

An important aspect of the study has been that other components of TSC, such as solid and liquid waste management and proper drainage, have been neglected in actual programme implementation on the ground. In many cases in Bihar, Chhattisgarh and Karnataka, in order to 'take care of the situation' during Government of India verification of NGP applicant gram panchayats, the cleanliness of a village is ensured at a given time only, without any system in place to sustain it on a continuing basis.

The impact of information, education and communication

The impact of information, education and communication (IEC) activities has been hard to measure, and there have been considerable differences in the way these have been carried out in the five states. If, however, IEC spending is taken as an indicator, even after the initial five years of considerable spending on IEC, sanitation coverage remains a meagre 7.14%. In most cases, IEC activities have been limited to street plays, jingles and songs, posters and pamphlets, wall paintings and slogans. As is evident from the communities' response, the recall factor for IEC is low, with only a few people recalling the nature, content and message of the IEC campaign. But there are exceptions, Sarguja, Shimoga and Sirsa districts being some.

In villages where wall writings were observed, the size of display was not enough to catch people's attention. Many stakeholders at the district level also felt that the messages were not effective enough to grab the community's attention. In Bihar there was a mass awareness campaign using vehicles with sanitation messages displayed all over them. These were on display in each block for five days; demand for toilet construction was registered through a pre-designed requisition form. The campaign was run in two phases, in the last year, and helped generate a demand for 5.5 lakh toilets across the state. In Haryana, the concept of a sanitation chariot, known as Swachhata Rath, involving the media, was useful in focusing on the hazards of open defecation.

The importance and usefulness of IEC activities has had a mixed response, with both successes and failures reported in the sample study.

Emerging lessons and future direction
One cannot deny the fact that the TSC is an important sanitation programme that has, without doubt, increased toilet coverage, improved school sanitation in rural India and led to better sanitary facilities in the villages. However, there are lessons that can be drawn from this study that may be used to strengthen the programme. They include:

- **Review implementation strategy.** Careful analysis of the campaign shows that there is a need to review the implementation strategy to focus more on usage of sanitation facilities created and related behaviour changes.

- **Developing a proper plan with delegated responsibilities.** It has also been observed that in places where there is an implementation plan, with clearly defined roles and responsibilities, incorporating a campaign mode, the results have been impressive.

- **Deeper monitoring to measure outcomes.** In the decade of TSC operation, coverage has gone up. But the thrust is on coverage only. There is a need to strengthen monitoring indicators that take into account usage and behaviour changes, the programme’s stated objectives. The true impact of the campaign can be achieved only when improvement in sanitation corresponds with better health outcomes in the villages.

- **Increase expenditure by removing blockages.** The states’ and Centre’s share in the campaign should be clearly demarcated so that there are no delays in the release of funds. Linked to this is the aspect of states increasing expenditure whenever necessary; also, that states are encouraged to periodically review their spending and enhance their capacities for better and more efficient spending of funds.

- **Dedicated staff.** It has been observed that a shortage of dedicated staff is affecting implementation of the TSC. It is crucial to have dedicated and fully trained staff to implement the campaign by filling in vacancies for the CCDU.

- **Monitoring quality of construction.** Ensuring quality of construction is essential to ensure regular toilet usage. Linked to this is monitoring the supply chain so as to avoid malpractice in the purchase and distribution of materials.

- **Role of women.** It has been globally recognised that the impact of improved sanitation is felt most by women. Therefore it is vital to engage women in the campaign. Also, menstrual hygiene must be incorporated into the campaign strategy.
• **Convergence with other departments.** Considering the overall aim of the campaign is to make our villages clean and safe places to live in, there is a need for convergence with other departments like education and health. The study has shown examples where inter-departmental coordination has had a better impact. It would be in the larger interest of the campaign for various departments to work together in developing an integrated approach.

*(Indira Khurana, Richard Mahapatra and Romit Sen are senior staff at WaterAid India)*

InfoChange News & Features, November 2008