

Key findings

How Sustainable are Sanitation Outcomes in Clean Village Prize Winners? Findings of a Large-scale Rapid Assessment in India

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INTRODUCTION

In the Indian federal structure, rural sanitation is a state government responsibility. However, since this sector has been identified as a development priority, the Government of India provides the bulk of investment through a Centrally Sponsored Scheme (CSS).¹ The Central Rural Sanitation Program was launched as the first CSS in 1986. This program has subsequently been restructured as the Total Sanitation Campaign (TSC) in 1999, Nirmal Bharat Abhiyan (NBA) in 2012 and, most recently, as the Swachh Bharat Mission—Gramin (SBMG) or Clean India Mission—Rural in December 2014. At the national level, the Ministry of Drinking Water and Sanitation² (MDWS) is the nodal ministry and is responsible for framing sector guidelines, coordination and monitoring. State governments have the flexibility to choose implementation arrangements, and the nodal department at state level can be either Public Health Engineering,

Panchayati Raj (local government) or Rural Development. A district is the unit of program implementation and, until recently, funds for the centrally sponsored rural sanitation program flowed directly to the district.

Although sector guidelines advocate community involvement and behavior change to eliminate open defecation, monitoring has focused on toilet construction at the household and institutional levels supported by the provision of hardware subsidies (Singh and Kumar, 2014). Given the public good dimension of rural sanitation, Panchayati Raj Institutions (PRIs) or elected local governments are well positioned to achieve and sustain collective outcomes.³ Accordingly, their involvement is also advocated in the national guidelines but, in reality, many states have traditionally implemented CSS “through vertical department structures, with little horizontal integration” (Government of

- The Nirmal Gram Puraskar (NGP) or Clean Village Prize was an innovation in the design of financial incentives for rural sanitation. From financing hardware inputs and monitoring construction of household toilets against expenditure, the NGP tried to shift the focus to performance-based financial rewards to local governments that achieved total sanitation at a collective level.
- The program was successful in generating enthusiasm for rural sanitation among local governments. In some states, however, the predominant focus remained on construction rather than behavior change. As the number of applicants increased exponentially, the weaknesses of the NGP verification process were compounded.
- Of a total of 10,221 Gram Panchayats (GPs) across 25 states that won the Clean Village Prize between 2009 and 2011, 2,603 GPs were selected as the sample for a large-scale rapid assessment of sustainability. This rapid assessment found that only 9.6 percent of NGP winners were sustaining their Open Defecation Free (ODF) status.
- For a results-based incentive program to succeed, instead of distinguishing between a large rural sanitation program that promotes individual household toilet construction through hardware incentives and a relatively smaller NGP component that rewards collective behavior change achievement, the bulk of available public funding for rural sanitation may be channeled as an incentive fund for local government, with disbursements linked to the achievement of collective milestones towards total sanitation.

¹The Government of India provides 75 percent of the total budget for rural sanitation at the state level, increasing to 90 percent in the case of Northeastern states and Jammu & Kashmir.

²MDWS is the erstwhile Department of Drinking Water and Sanitation which was a part of the Ministry of Rural Development.

³A clean environment is a public good that requires communities to achieve and sustain total sanitation in order to realize health benefits. A collective approach ensures that this public good is realized by all members of a community and is inclusive. A Gram Panchayat, by virtue of its Constitutionally mandated role as the representative of village level governance, is ideally positioned to lead the community to achieve total sanitation outcomes.



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India, 2008, p1). This approach has resulted in a “mismatch between the felt needs of the local population and plans evolved by state departments, resulting in poor ownership and outcomes at field level” (Ibid).

Recognizing the limitations of a top-down, construction-driven approach to rural sanitation with limited involvement of PRIs, implemented since 1986, the Government of India tried to signal a shift in focus by introducing an innovation in the design of financial incentives for rural sanitation. This took the form of the Nirmal Gram Puraskar (NGP) or Clean Village Prize in 2003. From financing hardware inputs and monitoring construction of individual household toilets against expenditure, the NGP tried to shift the focus to rewarding the PRI at village, block and district levels and monitoring total sanitation as an outcome. The prize was awarded by the Government of India on an annual basis from 2005 to 2013.⁴ Up to 2012,⁵ the eligibility criteria for the NGP focused on achievement of two key parameters:

- 100 percent Open Defecation Free (ODF) status;⁶ and
- Maintenance of a clean environment in which all solid and liquid waste is safely disposed.

The normative process of NGP verification typically included two steps:

- **Self-certification** by the Gram Panchayat (GP, village level elected local government), endorsed by the block, district and state government, through a rapid household survey and/or checks by administrative officials at different tiers. GPs that satisfied NGP eligibility criteria of 100 percent ODF and safe disposal of all garbage and wastewater were nominated for the prize by submitting an electronic application to the NGP online monitoring system. This system⁷ runs in-built checks such as ensuring that the reported availability of toilets in households, schools and

pre-schools reflects as 100 percent achievement against the target in applicant villages; and

- Nominated GPs that passed the in-built checks of the NGP application system were verified by a **third party survey** agency appointed by the Government of India. To facilitate impartiality, the survey agency undertook verification in a state other than the one in which it was based. Verification included a sample household survey using pen and paper, based on sampling norms prescribed by the Government of India⁸ and a transect walk to verify sanitary conditions in a village. Adequate supervision was encouraged and 30 percent of recommended applications were supposed to be back checked through a team constituted of representatives from another state (typically state/district sanitation coordinators, previous winners, and so on).

By design, winners were only ever verified at the time of application. Hence, NGP was a prize for achievement of total sanitation rather than sustainability of outcomes achieved.

NGP incentives included a cash award based on the population, ranging from approximately US\$800 to US\$8,000 at the GP level; US\$16,000 to US\$32,000 at the block (sub-district) level; and US\$48,000 to US\$81,000 at the district level. Individuals and nongovernmental organizations could also win cash awards of US\$160 to US\$800 in recognition of their contribution to promoting total sanitation. Cash awards to PRIs were supplemented by efforts to highlight the prestige of the NGP as a community honor. Elected leaders of village-level local governments recommended for NGP were felicitated in person by the President of India and/or high ranking dignitaries such as the Governor or Chief Minister at the state level, at a public awards ceremony that was extensively covered by the media.

⁴In 2012, the national flagship rural sanitation program, TSC, was restructured into NBA including new guidelines being issued for the NGP. In the process of restructuring, NGPs were not given in 2012. In 2013, applications were invited for the NGP and verified along with the 2012 applicants.

⁵Post 2012, the eligibility criteria were modified to include process indicators as well such as communication outreach activities, in addition to outcomes. Since this assessment focuses on winners from 2009-11, eligibility criteria up to 2012 are included.

⁶ODF is understood as the complete elimination of open defecation within the jurisdiction of the PRI, which implies that all residents have access to and, more importantly, are using a safe sanitation facility; all schools, pre-schools and public buildings have safe and functional toilets; and there is no open defecation by anyone including the floating or visitor population.

⁷<http://nirmalgrampuraskar.nic.in>. Accessed August 2015.

⁸Sampling norms included, for example, the minimum number of respondents to be interviewed is 50 persons if a GP's population is less than 5,000, and 100 persons if a GP's population is over 5,000.

PROBLEM STATEMENT

Although the program was successful in generating enthusiasm for rural sanitation among local governments, it also faced challenges. The overwhelming focus of the implementation machinery remained on toilet construction in many states and this limited the potential of the NGP to incentivize collective behavior change. This is illustrated by the fact that while 75 percent of the rural sanitation program funds were allocated for hardware and around 25 percent for soft components such as behavior change communication campaigns (see Table 1), the latter usually remained under-spent in many districts. Finally, sustainability of behavior change remained unaddressed in the financial allocation.

Implementation of NGP itself was eroded by a top-down approach as many state departments started setting ambitious targets for numbers of GPs to be nominated for the prize. Targets were often disconnected from ground reality and not supported by commensurate efforts to build the capacity of frontline implementers to operationalize a community-

led approach to rural sanitation. “When faced with the complex task of mobilizing communities and encouraging their participation,” notes Aiyar (2011, p1), “front line officials invariably search for ways to reintroduce the familiar—in this instance, focusing on the procedural aspects of winning the award and the visible input—the award itself and the route to the award is invariably building toilets”. The goal of achieving total sanitation was hence short-circuited by a misplaced emphasis on getting the highest number of prizes by initiating a toilet construction drive in identified villages.

The top-down approach, focused on construction combined with pressure to achieve targets in many cases, was further compounded by weaknesses in the NGP verification process. The weaknesses started to emerge as the number of applications increased exponentially from a few hundred villages to many thousands being nominated. For example, whereas 452 villages applied when the awards were introduced in 2004-05, this number swelled to 30,348 in 2007-08. The application process for NGP had an annual cut-off date which was appropriate when the number of applicants was small. However, as thousands of villages started applying, a single annual cut-off date meant a bunching of nominations. As a result, the NGP monitoring system was not able to undertake reliable verification in time, in many cases. There were reports of inexperienced agencies being engaged, untrained surveyors being deployed and less time being spent to undertake quality verification in applicant villages. Sushant Singh, a former State School Sanitation Coordinator who was closely associated with the NGP, notes: “Transparency ... in the process of selection [is] the most important and sensitive question. Personally, I am not satisfied with the process of selection of the villages for the award because I have seen and visited such villages and Panchayats which should not have got the NGP at all. On the other hand, villages and Panchayats that have put in a lot of effort in improving their sanitation coverage and practices have not been selected in the list of NGP” (views expressed at Solution Exchange for the Decentralized Community, 2007, p27).

Since the NGP was designed as a one-time check in which applicants were only ever verified at the time of application, weakness in undertaking the first verification meant that this

TABLE 1. FINANCING PATTERN OF TOTAL SANITATION CAMPAIGN, 1999-2012

Component	Allocation
Information, Education, Communication campaigns and start-up activities	Up to 15%
Alternate delivery mechanisms (production centers, sanitary marts)	Up to 5%
Individual latrines for Below the Poverty Line households	Amount required for full coverage (65%)
Community sanitary complexes	
Institutional sanitation (pre-school, school & public facilities)	
Individual latrines for Above the Poverty Line households	Nil
Administration (training, overheads, monitoring and evaluation)	Less than 5%
Solid and liquid waste management (capital costs only)	Up to 10%

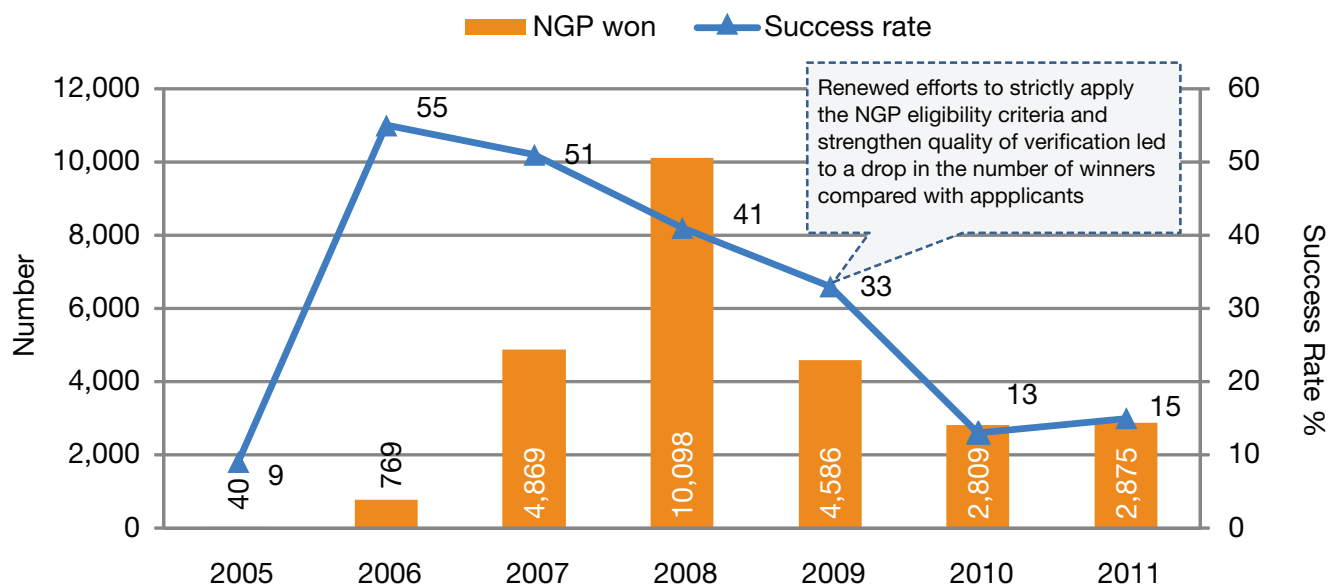
Source: Department of Drinking Water and Sanitation, Government of India, 2004.

was also the last verification in case the GP was selected for the award. Even if genuinely clean and sanitary villages were selected, more frequent cross-checks would have helped to identify slippage or relapse in ODF and/or NGP status after winning the prize. Anecdotal reports of toilets being constructed in a hurry just before the NGP verification visit was scheduled and growing slippages started circulating, diminishing the prestige of the prize as a community honor. This was substantiated by two large-scale assessments of sustainability which revisited a sample of winners awarded NGP status between 2005 and 2008, undertaken by UNICEF in 2008 and the Government of India in 2011. Both assessments drew their sample from NGP winners from 2005 to 2008 and found high rates of slippage—the UNICEF study found that only 6 out of 162 sample NGP winners in five states (that is, 3.7 percent) were ODF (UNICEF 2008) whereas the Government of India assessment found that 36 out of 664 NGP winners in 12 states (that is, 5.4 percent) were ODF (Government of India 2011).

ACTION

Confronted with reports of slippage in NGP and weak verification, a concerted effort was made by the Government of India from 2009 onwards to stringently apply the eligibility criteria while selecting winners and strengthen the quality of the verification process through measures such as checks by inter-state teams. This was reflected in a sharp drop in the number⁹ and percentage of applicant GPs winning the prize compared with nominations from 2009 onwards, as shown in Figure 1. However, the extent of effectiveness of these measures on selecting deserving and genuine applicants for the prize was not known as winners were not revisited. By 2012, approximately 55,000 village-level local government institutions had applied for the NGP over the life of the program, of which approximately 22,000 had been selected for the prize. Forty-five percent of these winners had been selected between 2009 and 2011. Unlike winners from 2008 and prior years, there were no large-scale assessments undertaken to assess the extent of sustainability.

FIGURE 1. NGP WON BY LOCAL GOVERNMENTS AND % SUCCESS RATE OF WINNERS TO APPLICANTS, 2005-11



⁹Although, on the face of it, a decrease in the number awarded could seem to suggest that fewer people live in GPs with comprehensive sanitation, it is understood the drop reflects a drop in unmerited awards.

To address this issue, the Water and Sanitation Program (WSP) initiated a dialog with the Government of India on the potential for using Android smartphones for a national scale assessment of sustainability of outcomes¹⁰ in NGP winners from 2009, 2010 and 2011. Such an assessment would not only provide updated information on the status of NGP winners but also demonstrate the potential for using smartphones, rather than pen and paper, for timely collection of data on sanitation sector outcomes and progress at the national scale. Some of the advantages of using smartphones for tracking sanitation behavior and coverage had been tested in a pilot initiated by WSP in partnership with One World, an Information and Communication Technology (ICT) firm. The pilot covered 23,000 households in two blocks and showed that using smartphones can:

- Support data collection on outcomes in a relatively large sample, in near real time, and at an affordable cost;
- Incorporate features such as geo-tagging and photographs to make results more credible and relevant; and
- Link to an online dashboard to make presentation of data user-friendly through maps and graphs.

With the concurrence of MDWS, an assessment of sustainability of NGP status in winners from three reference years (2009, 2010 and 2011) was initiated in 2013-14. The key assessment questions were based on NGP eligibility criteria and included the following:

- **Sustainability of ODF status in NGP winners:** How many NGP awarded GPs are ODF? ODF was defined in accordance with the NGP eligibility criteria as complete elimination of open defecation within the boundaries of the GP. Hence, a GP was classified as ODF if all persons interviewed reported using a toilet (cross checked with observation of the toilet facility) and all infants' feces were safely disposed.

- **Availability of sanitation at the household level:** How many households own a toilet? How many toilets are functional? Three criteria were applied to assess whether a toilet was functional: i) complete construction; ii) pan/drop hole allows passage of waste; and iii) toilet being used as toilets and not for alternative use such as storage.
- **Infant feces disposal:** How many infants' feces are safely disposed?
- **Hand washing:** What material—soap/ash/mud/water—is typically used for hand washing?
- **Waste disposal:** How is solid and liquid waste disposed?
- **Sanitation in school and anganwadi (pre-school):** How many schools and anganwadis have a toilet? How many of these toilets are functional? How many students and staff report using the toilet?

Of a total of 10,221 GPs across 25 states that won the NGP between 2009 and 2011, a minimum of 25 percent of winners from each state and each of the three reference years of the award was selected randomly using the Probability Proportional to Size (PPS) method to ensure that GPs of all sizes had an equal probability of being sampled. For each reference year, at least one GP that won the NGP was included from each state. In case there was only one NGP winner in a particular year within a state, that GP was included in the sample (for example, Manipur won only one NGP in the three reference years and hence the sample is one GP). By following these selection criteria, the percent of sample of NGP-winning GPs selected from each state ranged between 25 and 100 percent.

In each GP, between 20 to 24 households, one school and one pre-school were randomly selected by the interviewer. The questionnaire for the rapid assessment was designed to replicate the NGP verification criteria. To undertake data collection, WSP engaged Sambodhi Research and

¹⁰Note: outcomes here refer to community-wide ODF status in accordance with NGP eligibility criteria and not health outcomes.

Communications as a survey partner. A team of interviewers and supervisors, who were familiar with the local language, was engaged in each state and trained on the concepts in the questionnaire and how to use a smartphone for the survey. The records were uploaded to the online system by survey teams on a daily basis. Ten percent of household records were automatically flagged by the online system for verification and were checked by a team of analysts at Sambodhi and by WSP. In addition to time, date and duration of interviews, the GPS coordinates of the location and photographs of respondents were verified. Back checks through a call to the mobile number of the respondent (if provided) and in person visits were also undertaken in around 15 percent of the sample GPs.

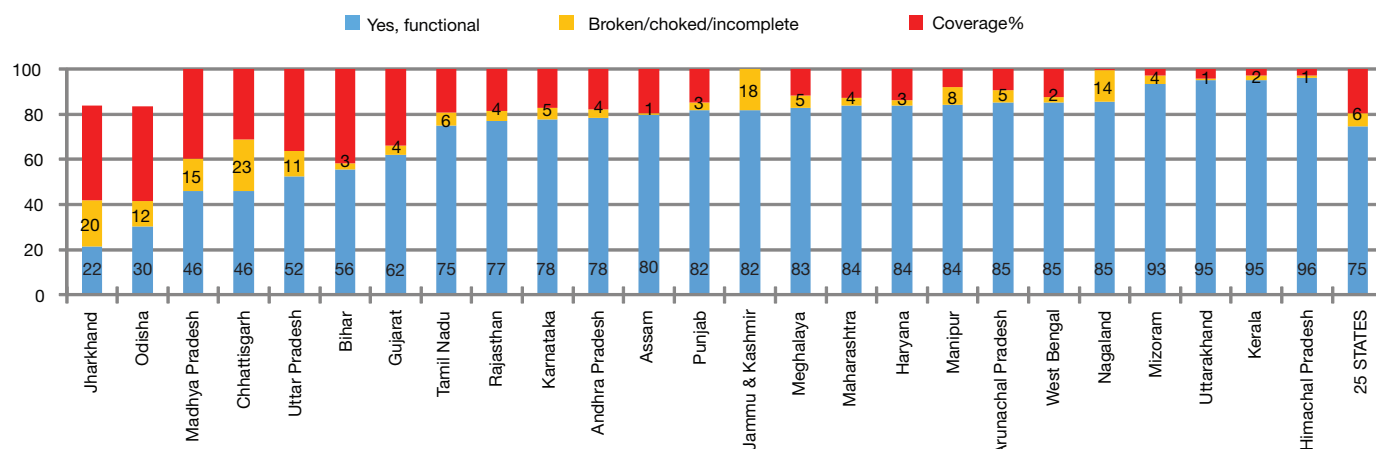
Visual inspection of the latrine was used to collect data on the functionality of latrines. However, literature recognizes that access to a latrine does not ensure that it is used by all household members all the time. Hence, the respondent was asked to report on his or her own sanitation behavior in terms of usage of the latrine as well as of all usual residents of his or her households. Though it is recognized that self-

reporting on desired healthy/risky behaviors is prone to social bias and recall error, this is methodologically compatible with current household survey methods employed widely to track and assess sanitation practices at household and population levels.¹¹

FINDINGS: STATUS OF SANITATION IN NGP-AWARDED VILLAGES

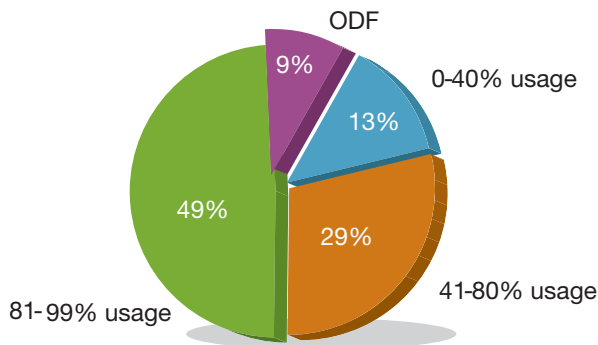
The availability of a toilet at the household level was verified through an interview with the respondent and functionality through observation by the interviewer. A photograph of the respondent was taken in front of the toilet with the pan/drop hole visible, as far as possible. Around 81 percent of sample households reported having access to a toilet in NGP-winning GPs. Among these households, 75 percent of the toilets were observed to be functional, 6 percent were found broken/choked/incomplete. The remaining 19 percent reported not having access to a toilet. The proportion of functional household toilets is highest in Himachal Pradesh (96 percent) and lowest in Jharkhand (22 percent) (see Figure 2).

FIGURE 2. AVAILABILITY OF HOUSEHOLD TOILETS IN NGP-AWARDED GPS (N=62,998 HOUSEHOLDS)



¹¹Measuring the Safety of Excreta Disposal Behavior in India with the New Safe San Index: Reliability, Validity and Utility, authors: Marion W. Jenkins, Matthew C. Freeman and Parimita Routray, *Int. J. Environ. Res. Public Health* 2014.

FIGURE 3. PROPORTION OF NGP-AWARDED GPS BASED ON PERSON-WISE TOILET USAGE (N=2,603 GP)



SUSTAINABILITY OF ODF STATUS IN NGP WINNERS

Across the 25 state sample of 2,603 NGP-winning GPs, around 9.6 percent (249 GPs) were reported as ODF. In a further 49 percent of NGP winners (1,274 GPs), usage was more than 80 percent. The proportion of NGP-awarded GPs based on person-wise usage is shown in Figure 3, while the state-wise picture of reported open defecation in NGP-awarded GP is shown in Figure 4.

DISPOSAL OF INFANT FECES

Disposal of infant feces in a toilet or burying it in the ground was defined as a safe method whereas open dumping or throwing in a drain was defined as unsafe, as per national guidelines. Fifty-seven percent of infants' feces were reported as being disposed in a safe manner. The proportion of safe disposal of infant feces was reported as highest in Jammu and Kashmir (100 percent) and lowest in Arunachal Pradesh (11 percent) (see Figure 5).

MATERIAL AVAILABLE FOR HAND-WASHING

In each household, the respondent was asked to show the place where members usually wash their hands and the material available for hand-washing was observed, not asked, for the purpose of recording. Among 62,998 households surveyed, availability of water and a cleanser was observed in 66 percent. Water with soap or detergent was found in 56 percent, water only in 34 percent, water and mud in 7 percent, water and ash in 3 percent and other material in 2 percent of the households.

FIGURE 4: STATE-WISE PROPORTION OF NGP-AWARDED GRAM PANCHAYATS BASED ON USAGE (N=2603 GP)

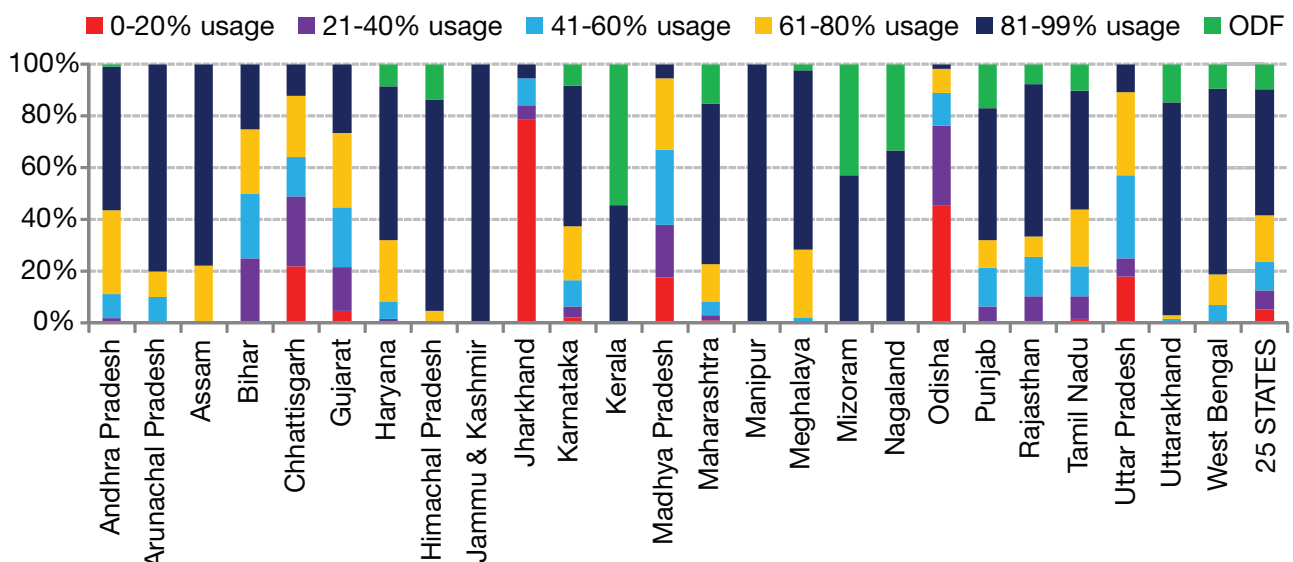
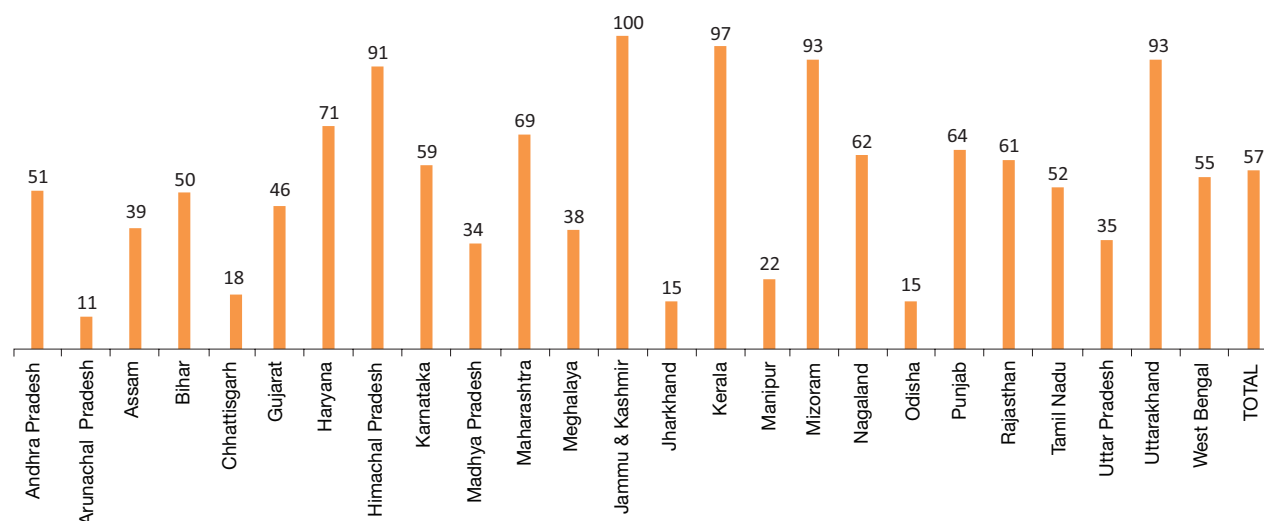


FIGURE 5. PROPORTION OF INFANTS WHOSE FECES ARE SAFELY DISPOSED IN A TOILET (N= 12,116 INFANTS)**BOX 1. INCIDENCE OF CHILD DIARRHEA AND RELATIONSHIP WITH ODF STATUS OF GP**

Households with infants of three years or younger were asked whether any infant had suffered from diarrhea in the last two weeks prior to the surveyor's visit. Among a sample 10,132 households with infants, a total of 1,710 households recalled that their infant had had diarrhea in the preceding two weeks. Incidence of diarrhea was found to have a significant and positive correlation with the ODF status of the GP. Whereas 12 percent of households reported infants with diarrhea in ODF villages, the proportion was 17 percent in non-ODF villages (Pearson chi square=13.789***).

SOLID AND LIQUID WASTE DISPOSAL AT GP AND HOUSEHOLD LEVEL

Among the 249 NGP winning GPs that were found to be ODF, the criteria of Nirmal or ODF plus was further applied to see the extent to which households safely disposed solid and liquid waste. In these ODF villages, nearly two-thirds of households surveyed (76 percent) reported safe disposal of organic kitchen waste through reuse or composting, 66 percent reported safe disposal of plastic waste and 56 percent reported safe disposal of paper waste, through reuse or recycling. In the case of liquid waste, 66 percent of households surveyed reported safe disposal of kitchen wastewater and 68 percent of bathroom wastewater. Letting wastewater into a drain or soak pit was recorded as safe disposal.

SCHOOL AND ANGANWADI (PRE-SCHOOL) SANITATION

Among 2,588¹² schools surveyed, availability of a toilet was reported in 98 percent of schools, of which 89 percent were found functional. Among 2,564¹³ anganwadis surveyed, availability of a toilet was reported in 81 percent of anganwadis, of which 71 percent were observed to be functional.

NIRMAL STATUS

Combining all the above indicators, it was found that 0.6 percent (16 GPs) were found as sustaining the criteria of Nirmal or ODF with 100 percent disposal of solid and liquid waste in the sample of 2,603 NGP winners.

KEY LESSONS AND RECOMMENDATIONS

The design of the NGP marked a departure from decades of input-based financing for individual household and institutional toilet construction that had been the norm under centrally sponsored rural sanitation programs. The experience of operationalizing this program offers valuable lessons for reform of service delivery in rural sanitation which are summarized here.

The key outcome of the survey is that only 0.6 percent of the surveyed GPs that have won the NGP still meet the

¹²As per the sampling plan, one school and one anganwadi were to be surveyed in each of the 2,603 GPs selected as the sample for this assessment. However, due to school holidays and unavailability of staff, in some cases, it was not possible to survey one school and one anganwadi in each GP.

¹³See footnote 12.

NGP criteria. When this is narrowed down to sustained use of latrines, a maximum of 9.6 percent of the GPs can be considered ODF. This figure is comparable to earlier assessments which found that 5.4 percent¹⁴ (Government of India 2011) and 3.7 percent (UNICEF 2008) of sample GPs, respectively, were sustaining ODF status. Hence, the key conclusion of the survey is that sustainability is an important concern that is insufficiently addressed in the erstwhile NBA guidelines.

To address the sustainability issue, the following recommendations can be considered:

- **Putting Behavior Change First:** The NGP was introduced as an outcome-linked incentive in the context of a CSS for rural sanitation which, in many states, was implemented as a department-led public works program for toilet construction rather than a behavior change campaign led by local government. In states that were successful in scaling up rural sanitation outcomes, the NGP was complemented by a focus on quality of service delivery processes that emphasized participatory approaches (Singh and Kumar 2012). These states, for example, Himachal Pradesh, Haryana, Maharashtra, underplayed the focus on toilet construction and focused on behavior change and motivating the community and PRIs to take the lead in changing their sanitation status (Ibid). A key lesson from the different ways in which NGP was operationalized—reflected in the differing rates of sustainability across states as found in this assessment—is the importance of focusing on the process by which the NGP is achieved and building the capacity of government departments and frontline staff to work with communities.
- **Strengthening the Quality of Verification:** Since effective verification is the backbone of a successful incentive program, there is scope to further strengthen the quality of the verification process through the following measures:
 - i. Applications from eligible PRIs may be invited throughout the year on a rolling basis to avoid bunching around an annual deadline which may lead to quality lapses in verification under time pressure;
 - ii. Use of ICT such as mobile to web systems can help to cover large samples and reduce the time between verification and announcement of results. The result of the verification can be shared with the GP on the spot, including reasons for selection or rejection. The process of verification, including sharing of the decision, can be filmed. The results of verification can be made available in the public domain to promote transparency; and
 - iii. Credible agencies can be identified as third party verification agents who are deployed not just for a one time check in a GP but for continued and concurrent checks on the quality of implementation processes through to achievement of ODF status and its sustainability.
- **Incentivizing Sustainability rather than One-time Achievement:** The NGP was designed as a one-time prize for achieving total sanitation status. In order to incentivize sustainability, the design of the program can include this explicitly by rewarding not only initial achievement but also its retention over time. To motivate Panchayats to sustain achievement over time, the incentive itself may be split into two categories whereby sustaining villages (for at least one year or more) are given a higher incentive amount compared with first-time achievers.
- **Channeling Public Funding for Rural Sanitation through Incentive Fund for the PRI:** Although the NGP sought to incentivize PRIs after the achievement of collective sanitation outcomes, this was thwarted in many states by the fact that the bulk of public financing available for rural sanitation program implementation was in the form of input subsidy¹⁵ for constructing toilets. There is ample evidence emerging globally¹⁶ and from states that have successfully achieved outcomes in rural sanitation (for example, Maharashtra, Haryana, Himachal Pradesh, Uttarakhand) that once people are motivated to change their behavior, they are willing to invest in building toilets (WSP 2012). Instead of distinguishing between a rural sanitation program that promotes individual household toilet construction through hardware subsidy and NGP that incentivizes collective achievement, the bulk of

¹⁴Given the upward bias to self-reported safe or desired behavior, this percentage may even be lower.

¹⁵Admittedly, national guidelines of subsequent CSS for rural sanitation have emphasized that the funds for hardware are intended as a post-construction incentive. Many states, however, used the funds as an upfront hardware subsidy to build toilets, often with limited involvement of the community or PRIs.

¹⁶A global review of financing onsite sanitation in six countries (including Maharashtra, India) notes that, "All... reviewed projects assumed that the poor can contribute to their own sanitation facilities, and in several cases they paid the bulk of the hardware costs" (Tremolet, Kolsky and Perez, 2010). An earlier review of scaling up sanitation in South Asia, in fact, found that high hardware subsidies were correlated with poor performance of sanitation programs rather than the converse (WSP 2005).

public funding for rural sanitation may be channeled as an incentive fund for the PRI, the release of which is linked to the achievement of collective milestones towards total sanitation. Capacity building for government staff can focus on the process by which funds are to be utilized, including participatory approaches to mobilize communities to change their sanitation status. The process of implementation and achievement of outcomes needs to be monitored in a transparent manner focusing on the achievement of clean and healthy villages.

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About the program

Today, 2.4 billion people live without access to improved sanitation. Of these, 71 percent live in rural communities. To address this challenge, WSP is working with governments and local private sectors to build capacity and strengthen performance monitoring, policy, financing, and other components needed to develop and institutionalize large-scale, sustainable rural sanitation programs. With a focus on building a rigorous evidence base to support replication, WSP combines Community-Led Total Sanitation, behavior change communication, and sanitation marketing to generate sanitation demand and strengthen the supply of sanitation products and services, leading to improved health for people in rural areas. For more information, please visit www.wsp.org/scalingupsanitation

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