Input Assessment and Process Applied in CLTS Programme at Taranagar Block in District Churu, Rajasthan

Dissertation
in
CLTS Program, BCT
(March – May 2014)

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Under the Guidance of
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The Candidate has successfully carried out the study assigned to him during dissertation and his approach to study has been scientific and analytical. This dissertation is partial fulfillment of the course requirements for the award of Post Graduate Diploma in Rural Management.

I wish him all success in all his future endeavors.

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On completion of his internship study on

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March 18, 2014 – May 10, 2014
at
Taranagar Block, District Churu, Rajasthan

In Witness whereof, *the undersigned have affixed their signatures and the seal of the trust on May 29, 2014*

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Akram Ali Quazi

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ABBREVIATIONS

CLTS	Community Led Total Sanitation
DRG	District Resource Group
GOI	Government of India
GOR	Government of Rajasthan
GP	Gram Panchayat
IHH	Individual House Hold
MLA	Member of Legislative Assembly
MP	Member of legislation
NGP	Nirmal Gram Panchayat
PRI	Panchayati Raj Institution
PHED	Public Health Engineering Department
SLWM	Solid Liquid Waste Management
TSC	Total Sanitation Campaign
VHSC	Village Health Sanitation Committee
CEO	Chief Executive officers
DISE	District Information System For Education
AW	Aanganwadi Worker
IAY	Indra Awas Yozna
IPC	Inter personal Communication
IEC	Information Education Communication
KAP	Knowledge Attitude Practice
BCC	Behavior Change Communication
M&E	Monitoring and Evaluation
NRDWP	National Rural drinking Water Program
NBA	Nirmal Bharat Abhiyan
MGNREGA	Mahatma Gandhi National Rural Employment Guarantee Act

Executive Summary

The Total Sanitation Campaign (TSC) of the Government of India has been in operation for over a decade and the Nirmal Gram Puraskar, a fiscal incentive programme that rewards local governments (Green Panchayats) that achieve total sanitation, has completed it 9 years (2005 to date). The country has made significant progress in terms of coverage and outcomes. However, these achievements have been concentrated in a few states while others continue to lag significantly behind. This study analyses primary and secondary data on the TSC latter on CLTS to arrive at an understanding of the processes, outputs and outcomes at a village level and across the block of Taranagar; in compare with the inputs used in the programme. These indicators are then compared individually and in combination to benchmark of the block, to understand the relative performance of the district.

The analysis is carried out to understand the efficiency of the block in terms of time taken to achieve total sanitation (rate of acceleration of the programme) and the financial expenditure on achieving outcomes. The results were extrapolate based on current achievements to understand the time require for Churu district to achieve the ultimate objective of full sanitation.

The success of a sanitation campaign is depends on its sustainability by the long term outcomes. The long term outcomes depend on the quality of the processes adopted in mobilizing communities, the ultimate stake holders of the programme. The study shows how the process of implementation at the block & villages and the communication plan achieve the objectives of CLTs.

Aapni Yojna which had started its programme in 1997-98, to provide sanitary units to the individual community household, a unit consisting of a bathroom, a latrine and sock pit that to selected beneficiaries as per the requirement. In the later period the Government programme will take over the concept and continued the same in the entire Chru District of Rajasthan.

The aim of this study was to understand the community led total sanitation programme in Churu district and process applied with input assessment of CLT programme in Taranagr

block of Churu District. The specific objectives of the study is to 1) input assessment of CLTS Progrmme in Taranagar block. 2) to find out the social impact of CLTS Programme. and 3) to indentify and assessing the participation of Community, Governing body, local body in CLTS programme.

The study carried out in block Taranagar of Chru District based on its complete ODF status. In this block all the gram Panchyat were line listed and then Nine gram Panchyat were selected by simple random sampling method. In every Panchyat 10 household was selected for quantitative study and hence 90 respondents were contacted.

One of the major issues identified at the project implementation phase was community's belief in having traditional deep bore pit as they thought the small pits are inadequate and will be filled up soon. This was not only increased expenditure by the owner but also poses risk of contamination of ground water especially where water table is high. The high cost of implementation was also becomes a deterrent for weaker households in adopting safe sanitation.

After analysis of data it was found that 98 per cent household in Taranagar block possessed sanitary unit. The people in project area fully understand the importance of sanitary unit in contribution to better health and disease free situation which ultimately affects the socio economic conditions.

The study result shows that Total Sanitation Campaign (TCS) has a deep involvement in providing sanitation unit sponsorship in the area. While other partners like Apani Yojana (AY) and rest have also a good share (46 per cent) in sponsorship of sanitation unit. Taranagar shows that more than half of the sanitation units supported by TSC which indirectly shows its prevalence in the area.

The study result shows maximum number of people got financial assistance to construct the sanitation unit in Taranagar Block. More than 82 per cent HH (74 out of 90) got benefited by financial assistance only 18 per cent HH (16 out of 90) did not get benefited. Some of them having their own toilets in their home and some of them were not full filled their criteria. During analysis it was found that 18 per cent (16 HH members out of 90 HH) who did not receive any financial assistance for sanitation unit they constructed their toilet. The 4 members from their own savings,5 members took loan and other 7 HH members arrange money from various other schemes

and program of sanitation. Only 17 per cent of them were having already toilet facilities in their house.

The distribution of various reason for constructing latrine in home were 34 per cent wanted privacy, 32 per cent motivated because of economical subsidy provided by the project. Dignity, self respect and hygiene concern were also major role plays for the motivation in constructing the latrine with i.e. 17 per cent and 12 per cent respectively. A small portion (5 per cent) constructed the latrine for the purpose of convenience.

The level of success in campaign of sanitation can only be understood clearly when it enables to bring a change in the users conception and behavior. Among the household having sanitation units in Taranagar Block,it was found that in 100 per cent household every member used this facility. While Child,women, Men everybody used this facility.

This study shows Participation of blocks and respective Panchayats had differential level involvement thus resulting into varied level progress. The approach and model adopted for the initiative seems feasible and can be replicated in other districts too.

It is felt that IEC plan and activities have a crucial role and must be timely implemented. District must have its IEC plans in place and it should be implemented keeping pace with program. This was seen as a major gap in the campaign. Information on various technological options also reached late after certain GPs had already declared themselves ODF. Must ensure on preparation of Panchayat sanitation plan and compile them to make Block plan and ultimately district sanitation plan. This can then be the monitored for monthly progress by respective Panchayats as well as Blocks.

It is realized that VWSCs are most important grassroots institutions who should be streamlined and strengthened to plan, implement, monitor and sustain water and sanitation issues in their village and be able to access Panchayats and block support accordingly. In ODF Panchayats their role is more towards gap filling, SLWM activity planning and implementation.

Periodical Review at different level must have a definite schedule/calendar to ascertain accountability and speed up progress. Though these meetings were taking place yet it was mostly adhoc due to various reasons.

Message about incentives etc sometimes create hindrance if not disseminated properly. We must be careful in sharing this information correctly and uniformly with concerned stakeholders.

The key outcome expected of the TSC and the NGP is that GPs that have achieved total sanitation status should sustain it over the long term. On the basis of analysis of the data and rapid assessment in Taranagar block nine GP; the following recommendations are made for improvement:

A scaling up of the achievement of total sanitation in the villages requires the adoption of sound processes. In addition, sustainability of the change in behaviour is only assured if the corresponding. Rapid Assessment of Processes and Outcomes processes are sound. This is especially true in a behavior change approach as in sanitation where participatory processes are essential for communities to understand and adopt change.

To achieve scale and sustainability, it is therefore essential for block to understand and adopt the processes in the true spirit. This focus on processes, rather than short-term physical target achievement, can drive scaling up and sustainability of the TSC programme

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

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

CHAPTER 1

Introduction

- Background
- CLTS Progress in India
- Background of rural sanitation in Rajasthan
- Evolution of the Policy Framework for Rural Sanitation.
- Delivery structure

1.1: Introduction:

Community-led Total Sanitation (CLTS) is an innovative methodology for mobilizing communities to completely eliminate open defecation (OD). Communities are facilitated to conduct their own appraisal and analysis of open defecation and take their own action to become open defecation free (ODF).

Community led Total Sanitation (CLTS) is an actively practiced approach to achieve total sanitation across the globe.

CLTS focuses on the behavioral change needed to ensure real and sustainable improvements investing in community mobilization instead of hardware, and shifting the focus from toilet construction for individual households to the creation of open defecation-free villages. By raising awareness that as long as even a minority continues to defecate in the open everyone is at risk of disease, CLTS triggers the community's desire for collective change, propels people into action and encourages innovation, mutual support and appropriate local solutions, thus leading to greater ownership and sustainability.

"The day everyone of us gets a toilet to use, I shall know that our country has reached the Pinnacle of progress."

— Jawaharlal Nehru

Background of Rural Sanitation Programme in Rajasthan:

Rajasthan, the largest state by area in India, is situated in the north west of the country and comprises 33 districts with 248 blocks, 9177 Gram Panchayats and 41353 habitations. The geography of the state varies, from desert in western Rajasthan to hilly area in southern part with a largely scattered population. It has also varied culture, customs, and beliefs and varied practices regarding sanitation and personal hygiene.

The Government of India initiated its national flag ship programme on sanitation, the Total Sanitation Campaign (TSC) in 1999. The TSC is a restructured version of the Central Rural Sanitation Programme (CRSP). In Rajasthan, the TSC was initially launched in 4 districts in

1999 and scaled up in all the 32 districts in 2004-05. Although significant progress has been made in terms of individual household toilet coverage in the state, usage by the population is still low at 12.9% (DLHS 2007-08). Access to toilets for schools and angawadies has seen a marked increased but rural solid and liquid waste management has seen little or no attention. 1.3 In 2010, the Gov. initiated the Community Led Total Sanitation (CLTS) approach in selected districts with the objective of scaling sustainable sanitation in the State. This document provides a strategy for rural sanitation. Status of Rural Sanitation in Rajasthan and builds on the experiences implementing TSC in the state.

1.2: Background

There is a direct relationship between availability of water, sanitation and health of individual as well as of community. Evidence from studies over the world has confirmed that improper disposal of feces, use of unsafe drinking water, unclean surroundings; unhygienic practices of food handling and lack of personal hygiene are the major causes of many diseases. In this context the Central Rural Sanitation Programme (CRSP) was launched in 1986 with objective of improving standards of sanitation of the rural people and to provide privacy and dignity to women. In the year 1999 CRSP was restructured, advocating a shift from high subsidy to low subsidy regime, greater household involvement, demand responsiveness and providing for the promotion of a range of toilet options for increasing affordability. The comprehensive baseline survey (1996-97) on Knowledge, Attitude and Practices in rural water supply and sanitation conducted by Indian Institute of Mass Communication caused the shift in programming. The findings suggested that 55% of those with private latrines were self-motivated and only 2 per cent of the respondents claimed the existence of subsidy as the motivating factor. This policy shift was named as Total Sanitation Programme (TSC). The revised approach emphasized more on Information, Education and Communication (IEC), Human Resource Development, Capacity Development activities to increase awareness among the rural people and generation of demand for sanitary facilities. This enhanced people's capacity to choose appropriate options through alternate delivery mechanisms as per their economic condition. The Programme was implemented with focus on community-led and people centered initiatives. Financial incentives were provided to Below Poverty Line (BPL) households for construction and usage of individual household latrines (IHHL) in recognition of their achievements. Assistance was also extended for construction of school toilet units, Anganwadi toilets and Community Sanitary Complexes

(CSC) apart from undertaking activities under Solid and Liquid Waste Management (SLWM).

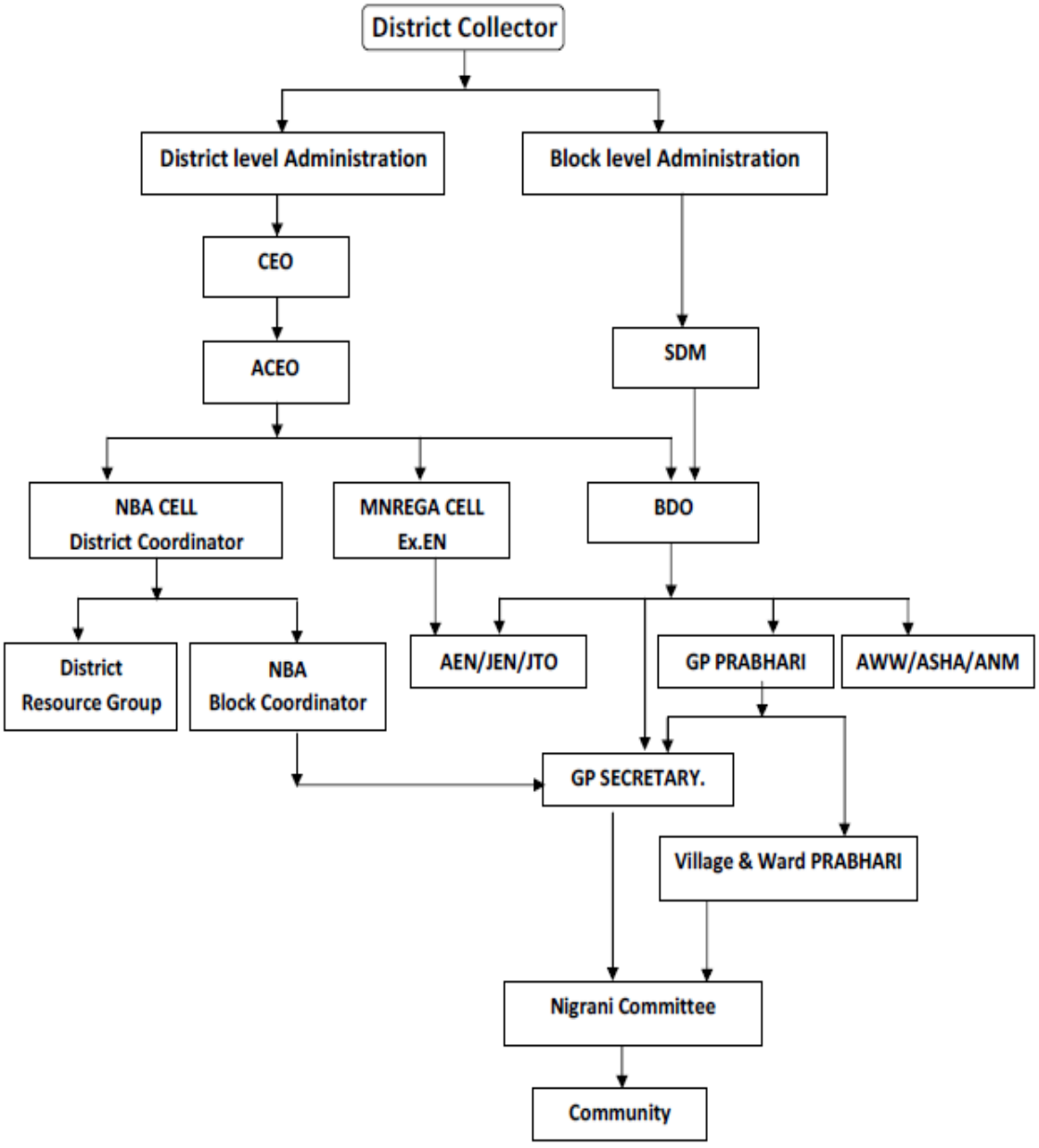
To strengthen TSC further, Government of India launched the Nirmal Gram Puraskar (NGP) that sought to recognize the achievements and efforts made in ensuring full sanitation coverage. The award gained immense popularity and contributed effectively in bringing about a movement in the community for attaining the Nirmal Status thereby significantly adding to the achievements made for increasing the sanitation coverage in the rural areas of the country.

Encouraged by the success of NGP, the TSC is renamed as "Nirmal Bharat Abhiyan" (NBA) in year 2012. The objective was to accelerate the sanitation coverage in the rural areas so as to comprehensively cover the rural community through renewed strategies and saturation approach. Nirmal Bharat Abhiyan (NBA) envisages covering the entire community for saturated outcomes with a view to create Nirmal Gram Panchayats with following priorities:

- Provision of Individual Household Latrine (IHHL) of both Below Poverty Line (BPL) and Identified above Poverty Line (APL) households within a Gram Panchayat (GP).
- Gram Panchayats where all habitations have access to water to be taken up. Priority may be given to Gram Panchayats having functional piped water supply.
- Provision of sanitation facilities in Government Schools and Anganwadis in Government buildings within these GPs.
- Solid and Liquid Waste Management (SLWM) for proposed and existing Nirmal Grams.
- Extensive capacity building of the stake holders like Panchayati Raj Institutions (PRIs), Village Water and Sanitation Committees (VWSCs) and field functionaries for sustainable sanitation.
- Appropriate convergence with MNREGS with unskilled man-days and skilled man-days.

1.3: Delivery Structure:

At the district level the delivery system of the program is as follow:



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1.4: CLTS progress in India:

Progress of 19 States in achieving sanitation coverage and showed that States that were using a community led approach through CLTS were making particularly fast progress. In Haryana and Himachal Pradesh all districts had used CLTS and between 2004/05 and the 2011 census their sanitation coverage had risen from 28 per cent to 58 per cent, and from 27 per cent to 68 per cent respectively. In Maharashtra, where CLTS was used in most districts sanitation coverage had risen from 28 per cent to 44 per cent. He highlighted that CLTS should focus on no subsidy, collective behavior change and counting only ODF villages.

Evolution of the Policy Framework for Rural Sanitation

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

Pre-1986: Ad hoc Investments through Five Year Plans

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

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

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

Sector Reforms: Total Sanitation Campaign (1999-2012)

In light of the relatively poor performance of the CRSP, the Government of India restructured the programme, leading to the launch of the TSC in 1999. A key learning that informed TSC

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

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

A Decade of TSC: Shifts in Program Guidelines

Since the launch of the TSC, the program guidelines have been modified twice, once in 2004 and again in December 2007. In 2004, the revision in TSC guidelines followed a mid-term review of the program. The revision led to a focus on sanitary arrangements, not merely on the construction of household toilets. The School Sanitation and Hygiene Education (SSHE) component was strengthened; and the provision of toilets was extended to Anganwadi Centres (AWCs), all levels of schools (primary, middle, secondary, etc.) and all establishments of the GP. The Government of India sought to re-orient the focus of the sanitation program to achieving the outcome of an open defecation free (ODF) environment. Thus, not only individual households but also communities, villages, and Panchayat governments started to be targeted. The Nirmal Gram Puraskar of the Government of India, introduced in 2003, is an innovative program that offers fiscal incentives in the form of a cash prize to local governments that achieve 100 percent sanitation, that is, they are 100 percent ODF and have tackled issues of solid and liquid waste management (SLWM). The amount of incentive is based on population.

1.5: CLTs Delivery Structure

The CLTs operates through district projects of three to five years' duration, jointly financed by central and state governments with contribution from beneficiary households (generally in the ratio of (65:25:15). At the district level, Zila Panchayats lead the implementation of the project – a District Water and Sanitation Mission (DWSM), headed by the Zila Panchayat, with Deputy Commissioners/ Collectors/Chief Executive Officers (CEOs) and other heads of departments as members, is set up.Similarly, at the block and the Panchayat levels, Panchayat Samitis and respective GPs are involved in the implementation of the TSC.

Chapter 2

- **Review of literature**

2.1: Review of Literature:

CLTS (Community Led Total Sanitation) is a new approach to achieving better sanitation which fosters innovation and commitment within the community and motivates people to build their own sanitation infrastructure, without depending on hardware subsidies from external agencies. CLTS has been identified as one potential approach to accelerating rural sanitation improvement in Rajasthan. However, since then no further study has been conducted to assess the effectiveness of CLTS and subsidized sanitation approaches.

CLTS approach with that of subsidized sanitation approaches in terms of sustainability, equity and access, effectiveness, and efficiency/cost-effectiveness CLTS. The evaluation methodology comprised of literature review, interview surveys, FGDs, and observations in CLTS.. A national workshop was also held where the initial findings of the evaluation was presented for comments and validation from various stakeholders. Field surveys, the main source of information of the evaluation. The TS project was selected as the subsidized programme to be compared with CLTS since it also started in 2006.

In another review, Fewtrell et al. (2005) looked at over 2000 published studies on water, hygiene and sanitation interventions to reduce diarrhea in developing countries, but found only four studies on sanitation which met quality standards and only two which could be used in a meta-analysis. Most studies either ignored baseline diarrhea rates or hygiene behaviors prior to the intervention, or lacked a valid control group. Fewtrell (2005) estimated that sanitation interventions reduced diarrheal disease by 32%.

Water Aid 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 sanitized 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.

CHAPTER 3

- **OBJECTIVE & RESEARCH QUESTIONS**
- **METHODOLOGY**

DATA COLLECTION

- **PRIMARY DATA COLLECTION**
    - **SECONDARY DATA COLLECTION**

STUDY AREA

SAMPLE SIZE

SAMPLING METHOD

3.1: Objectives:

- Brief study of CLTS programme?
- Input assessment of CLTS Progrmme in Churu district (Taranagar)?
- What is the impact of the CLTS programme activities?
- Process Documentation of CLTS Programme?
- Participation of community in CLTS Programme.

Aim of the study:

The aim of this study was to understand the community led total sanitation program in Churu district and to do the process documentation and input assessment of CLTs program in Taranagar block of Churu district.

Specific Objective:

- Input assessment of CLTS Progrmme in Taranagar block.
- To find out the social impact of CLTS Programme.
- To identify and assessing the participation of Community, Governing body, local body in CLTS programme.

Figure:1Work side

3.2: METHODOLOGY

Sampling Method and Data Collection

Multi-Stage Random sampling method was used. Primary data was collected by the survey method. For this a structured (closed) schedule was used for the purpose of the survey. Initially the list of all the panchayat with villages list has been collected. One village from each panchayat has been selected at second stage and in third stage 10 households from each villages has been selected by random sampling. Hence in total a sample size of 90 household were sampled. Both quantities and qualitative research were carried out. Quantities research was done through structured schedule. Qualitative research was carried out through in-depth interviews, group discussions and discussion with different stake holders who were involved in implementation of CLTs.

Secondary Data Collection

The secondary data was collected to know the scenario. For secondary data collection various journals, article papers and net surfing were done. Apart from the above, some experts were also consulted to get their opinion on this study.

Study Area: To complete the study Nine Gram Panchayat were selected from one block.

Table No.1 GP of Study Area

S.NO.	GRAM PANCHAYAT	NO OF VILLAGES
1	BHANIN	3
2	MIKHALA	3
3	BHUHAWAS	1
4	BHALERI	4
5	DHANI KHUMARAN	3
6	SATYUN	2
7	LUNAS	5
8	ALAYLA	6
9	P.TAAL	8

S.NO.	PANCHAYAT NAME
1	**BHANIN**
2	**MIKHALA**

3	**LUNAS**

Table No.2 Nirmal Gram Panchayat: Out Of Nine Selected Gp

Sample Size

For collecting data following samples sizes were used for the study purpose.

For Survey: 90 household (from selected Nine Gram Panchayat)

For In-depth Interviews: TSC cell block and district level members, volunteer, sarpanch, gram sevak and others.

Data Analysis

Both Qualitative and Quantitative methods are used to analyze data. The primary data collected through schedule, analyzed by both Qualitative and Quantitative method. Statistical tools like bar charts, averages, percentages etc. were used to analyze the data.

Chapter 4

HISTORY & DEMOGRAPHIC PROFILE OF CHURU

4.1: History & Demographic Profile of Churu

Churu

Churu is a district of Rajasthan state of western India. The town of Churu is the administrative headquarters of the district. Churu lies in the Jangladesh region of northern Rajasthan. Churu lies in 28°18' N latitude and 74°58' E longitude. It is bounded by Hanumangarh District to the north, Haryana state to the east, Jhunjhunun and Sikar districts to the southeast, Nagaur District to the south, and Bikaner District to the west.Churu, the headquarters of the largest desert district, is a part of the frescoland of Shekhawati. A major centre for trade and commerce, Churu has marked its position among the painted towns of the Shekhawati region. The town is literally a living mural that has expressed itself on the walls of the havelis (mansions) of the rich trading classes. It is really an heirloom of the rich traditional art of Rajasthan

Figure no.2 Map of Churu District

Churu is one of the seven desert districts of Rajasthan. Most of the area is arid and sandy, non-irrigated and is dependent mainly on monsoon based agriculture. Average rainfall in the district is 330 mm. The district comprises of 6 blocks and spreads over an area of 14716 sq.km. It has a population of around 21.16 lakhs. There are 249 Gram Panchayats and 980 revenue villages. Rural population in the district stands at approximately 71.75 per cent. District has been in comparatively better position in terms of sanitation coverage in the state. One of the major issues identified in the toilet construction was community's belief in having

traditional deep bore pit as they thought the small pits are inadequate and will be filled up soon. This not only led into increased expenditure by the owner but also poses risk of contamination of ground water especially where water table is high. High cost also becomes a deterrent for weaker households in adopting safe sanitation.

Figure No.3 Map of GP In Churu

Percentage distribution of local work force

Cultivators: 73.17 per cent

Agricultural laborers: 3.16 per cent

Tehsils in Churu Districts:

1. Ratangarh
2. Taranagar
3. Rajgarh
4. Sardarshahar
5. Sujangarh

Taranagar Block: **Taranagar** is a city and a municipality in Churu district in the Indian state of Rajasthan, situated at 28° 41'N 75° 3'E, about 120 miles northeast of Bikaner. Taranagar was earlier known as Reni, named for the lady Rinkali who came here to live from Vishalnagar Koyalapatan, currently Foga in Sardarshar (Rajasthan)

4.2: Geography

Taranagar is located at 28.68°N 75.03°E. It has an average elevation of 232 meters (761 feet). a part of Thar desert, it experiences extremities of climate both in summer and in the winter- that are however considered good for build-up of immunities, for general health.Town is located in the tehshil by the same name, under the Rajgarh subdivision of the Churu district. Historically,even the city of Churu used to be a part of Taranagar Tehsil.

Total No.3 Gram Panchayats Taranagar: 28

S.NO.	NAME OF GRAM PANCHAYAT
1	ALAYLA
2	ANANDSINGH PURA
3	BAYEIN
4	BHALERI
5	BHANIN
6	BUCHAWAS
7	DHANI KHUMARAN
8	DHIRWAS
9	GAJUWAS
10	GHADSAR CHOTA
11	GHADSAR KANDHLAN
12	HADIYAL
13	KALWAS
14	KHARATWASIYA
15	KOHINA
16	LUNAS
17	MEGHSAR

18	MIKHALA
19	NATHWA
20	PANDREW TAL
21	PUNRAS
22	RAIYA TUNDA
23	RAJPURA
24	REDI BHURAWAS
25	SAHWA
26	SAYARAN
27	SATYUN
28	SOMSISAR

Table No 4. GPs Received NGP Award in Taranagar block:

S.NO.	GRAM PANCHAYAT NAME	YEAR
1	ANANDSINGH PURA	2007
2	BHANIN	2008
3	GAJUWAS	2007
4	GHADSAR CHOTA	2007
5	KALWAS	2008
6	KHARTWASIYA	2007
7	LUNAS	2011
8	MIKHALA	2008
9	SOMSISAR	2011

Table No.5 GPs Which have Applied for NGP in Current Year:

S.NO	PANCHAYAT NAME	YEAR
1	ALAYLA	Applied in 2014
2	BAYEIN	Applied in 2014
3	BUCHAWAS	Applied in 2014
4	DHANI KHUMARHAN	Applied in 2014
5	DHIRWAS	Applied in 2014
6	GHADSAR KANDHLAN	Applied in 2014
7	HADIYAL	Applied in 2014
8	KOHINA	Applied in 2014
9	MEGHSAR	Applied in 2014
10	NATHWA	Applied in 2014
11	PANDREU TAL	Applied in 2014
12	PUNRAS	Applied in 2014
13	RAIYA TUNDA	Applied in 2014
14	RAJPURA	Applied in 2014
15	REDI BHURAWAS	Applied in 2014
16	SAHWA	Applied in 2014
17	SARAYAN	Applied in 2014
18	SATYUN	Applied in 2014
19	BHALERI	Applied in 2014

CHAPTER 5

- **PROCESS AND COMMUNICATION PLAN FOR EFFECTIVE IMPLEMENTATION OF CLTS**

5.1: Process of Effective Implementation

321 Gram Panchayats (GPs, or village level local governments) in Rajasthan have won the Nirmal Gram Puruskar (NGP), an incentive offered by the Government of India to those achieving Open-Defecation Free (ODF) and clean villages.

While impressive, but this above figure represents less than four percent of the total number of Gram Panchayats in the state. It was widely believed that changing the sanitation behavior of the population in a state like Rajasthan is challenging, given the scarcity of water and the large expanses of land available for defecation. When a District Collector initiated a campaign to make the entire district of Churu ODF, this goal was largely dismissed as unrealistic.

Though in Aapni Yojna, Intergrated Water, Sanitation and Health Education program supported by KfW Germany and GoR around 40,000 sanitation unit have been constructed during the year 1998 to 2009 and when in 2007 Panchayats of Rajasthan have received Nirmal Gram Purshkar, the majority of the Panchayat were from the Aapni Yojna area.

To the surprise of many, however, within a few short months an entire block (sub-district) containing about 28 GPs, in addition to another 50 Gram Panchayats, effectively became ODF. The district is progressing swiftly towards declaring itself entirely ODF.

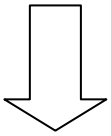
A special campaign was launched in November 2013, facilitated by Rohit Gupta the than District Collector of Churu to make the entire district open defecation free. Encouragement from senior political and administrative officials at the national, state, and district levels was useful in creating and maintaining the campaign's momentum. The campaign was supported by WSP department of World Bank. Bhoruka Charitable Trust-local NGOs who has a long experience of working in water and sanitation field with other stake holders has also been involved and they played a pivotal role in accelerating the above campaign.

Within a month, all key stakeholders in Churu district including the Chairperson of Zilla Panchayat and other elected representatives had embraced this common vision, one can say dreaming together. They were able to witness the emergence of a mass community led campaign that resulted in the cessation of open-defecation in more and more villages. Apart from the proactive leadership of the District Collector and Zilla Pramukh, the initiative's success is largely due to the campaign's design, which addressed all critical components,

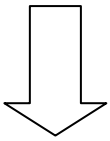
such as institutional arrangement, communication, capacity building, phasing, financing, monitoring and rewards, as detailed here.

5.2: Institutional Arrangement: A campaign of this scale would not have been possible without the robust institutional arrangements established at various levels. The institutional arrangement is as follows:

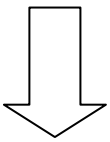
District level



Block level



Gram Panchayat level



Village/habitation level

1. **District level:** The District Sanitation Mission chaired by the Zilla Pramukh and co-chaired by the District Collector is the supreme authority overseeing the campaign. The Chief Executive Officer of the District Panchayat has a key role in this institution in his capacity as Member Secretary. District-level officers of various government departments are members of the mission. The mission is supported by a District Support Unit, headed by a District Coordinator and consisting of professional staff members in various fields responsible for running the campaign on a day-to-day basis, as well as by a District

Resource Group, consisting of around 30 empanelled members. The resource persons are engaged on an as-needed basis to facilitate training and programs or Community-led Total Sanitation (CLTS) triggering in the villages.

Figure No.4 Meeting at district level

2. **Block level:** At the block level, the campaign is facilitated by a core group, including the Pradhan (Chairperson of block panchayat), the SDM, the BDO, and the Block Coordinator.

3. **Gram Panchayat level:** At the Gram Panchayat level, the campaign is facilitated by a core group consisting of the Sarpanch, the GP Secretary, and a *prabhari* (a nodal officer selected from government staff posted in the GP). In addition, two motivators are engaged in selected Gram Panchayats to support the campaign.

4. **Village/habitation level:** For each habitation, a *nigrani* committee was instituted, including 10-20 natural leaders (natural leaders are identified during the process of community triggering, using CLTS techniques).To coordinate the *nigrani* committee, the GP-level *prabhari* is empowered to depute a village-level *prabhari* from among the ANMs, Anganwadi workers, or school teachers.

5.3: Branding of the Campaign:

The branding of the campaign is done through the following initiatives:

1. The campaign is named *'**Chokho Churu***' (*chokho* means 'clean and beautiful' in the local dialect).
2. An attractive logo is used to represent the *'**Chokho Churu**'* campaign, with design support from WSP.
3. A stencil of ***Chokho Ghar*** (a clean and beautiful house) is painted on households having stopped open-defecation.
4. Recognition boards are placed at government offices marking ODF Gram Panchayats as ***Chokho***.

Figure no 5.Picture of CHOKHO Churu Campaign

5.4 : Communication and Advocacy:

The Advocacy and Communication Strategy focuses on four critical stage of sanitation and hygiene behaviors:

1. Building and use of toilets,
2. The safe disposal of child faeces,
3. Hand washing with soap after defecation, before food and after handling child faeces,
4. Safe storage and handling of drinking water.

The Communication Strategy is divided into three phases, each with specific communication objectives. It clearly defines,

- The audience receiving the information (the who);
- The content of the information (the what)
- The methods to be used to convey the information (the how); and
- The approaches to promote action for change (the action).

This is achieved through advocacy, interpersonal communication and community mobilisation with overall multi-media support including mass media, digital media and social media.

One can say that the overall goal of the strategy is to attain a positive behavior change among people with respect to the use of toilets and other critical hygiene practices. This will include enhancing knowledge about improved sanitation and hygiene behaviors and encouraging conversion of the knowledge into practice.

The Sanitation and Hygiene, Communication Strategy Framework will objectives:

- Increase mass awareness levels and make the identified audiences more conscious about issues related to the importance of sanitation and hygiene;
- To influence decision makers and opinion leaders to advocate for improved sanitation and hygiene standards, thus creating an overall positive environment.
- Ensure that households have knowledge of the linkages between sanitation, hygiene and health leading to increased public demand for quality sanitation services and adoption of hygiene practices.

5.5: Communication Approaches

The main communication approaches suggested for the different levels and achieving the communication objectives are advocacy, interpersonal communication, community mobilization, supported and reinforced by mass media.

Advocacy: To influence public and policy with information and to raise the issue of Sanitation higher in the policy agenda and in the minds of the people.

Interpersonal Communication: Is the *key approach* of this strategy to *raise awareness* on the importance of sanitation among the rural community and support the increased interest and willingness to *uptake* sanitation and hygiene practices.

Community Mobilization: To initiate dialogue among community members to deal with critical issues of sanitation and hygiene and also provide a platform for the community to participate in decisions that affect their daily lives.

Mass Media, Outdoor Media & Folk media: To raise mass awareness, promote the 4 critical behaviors and program information. Simultaneously also provide support to interpersonal and community mobilization efforts by reinforcing and raising the credibility of the message carried by non-professionals.

Entertainment Education: To disseminate messages which are educational in substance, entertaining in structure and popular in the community, in order to promote sanitation and hygiene messages by building on and coordinating with the above efforts.

Social Marketing: To promote adoption of behaviors and create a demand for services and supplies that help practice that behavior

District, Block, Village/GP Level Activities:

This phase of the strategy will be based on a high level of awareness and understanding among the broader public and an enabling environment to support change. The communication interventions will focus on the changing attitudes and practices of key stakeholders through a combination of communication approaches, especially IPC and

multiple channels. The objective is to promote positive attitudes towards the four critical WASH behaviours and eventually the adoption of the behaviours.

Audience segmentation allows for better designed, more focused and more effective messages. For this phase the audiences have been segmented into primary and the secondary audiences/stakeholders. Primary audiences have been identified as those who are directly being addressed to change their behaviour. The secondary audiences include people from the society or other groups who influence and support the primary audience in changing their behaviour. It also includes grass-root functionaries, agencies and leaders who need to endorse and support the programme and contributes towards making an enabling environment for the easy adoption of the behaviours.

To ensure that communication on improved sanitation and hygiene practices are internalized by various stakeholders, communication approaches used at this stage focuses more on one-to-one interactions, discussions, meetings and folk mediums to enhance the understanding of the risks and benefits that such behaviour can bring if adopted. The secondary audience plays a key role in influencing the primary audiences to adopt the positive behaviours ensuring that it does not seem to be behaviours prescribed from outsiders. Advocacy with opinion leaders and influential sources will play an important role.

5.6 : Communication and Outreach:

A district-specific communication strategy was developed by the stakeholders in the district, with support from the World Bank's Water and Sanitation Program (WSP). The key components of the communication strategy are:

1. Branding of the campaign focused on dignity and pride

2. Target the community rather than individuals

3. Community-led approach

4. Focus on interpersonal communication

5. Integrated campaign

1. Branding of the campaign focused on dignity and pride: The campaign's behavior-change communication strategy is based on dignity and pride within the Targeting the community as a whole also creates a social pressure among its members, motivating all people to construct and use toilets.

2. Target the community rather than individuals: The district decided to focus all of its communication on achieving community outcomes, such as making entire villages, Gram Panchayats, and Blocks ODF, rather than encouraging individual outputs, such as the construction of household toilets. This strategy was based on the realization that widespread behavior change is influenced to a greater extent by community norms than by individual preferences.

3. Community-led approach: Prior experiences revealed that the campaign would be successful only insofar as it was community-led. While CLTS triggering is effective in achieving the sort of immediate and collective action critical to the campaign's success, the target population's expectation of subsidies can seriously undermine this approach. To counter such expectations, it was necessary to communicate at all levels that the government's financial support under Nirmal Bharat Abhiyan was in fact an incentive, which would be provided only to those households that constructed their toilets themselves. This prompted the community to act immediately after triggering by the district resource group, rather than waiting for government support in undertaking construction and embracing behavior change.

4. Focus on interpersonal communication: The campaign in the context of a Gram Panchayat begins with two days of intensive triggering and a community outreach program facilitated by the district resource group. This exercise, implemented under the direct supervision of District Coordinator Shyam Lal and following a systematic calendar, ensures the establishment of an enabling environment for the campaign with the proper communication strategy in all Gram Panchayats.

5. Integrated campaign: Chokho Churu has been on the discussion agenda in all Government outreach programs, whether in the context of *rathri chopal (*meetings held at night to promote development schemes) or *prashasan gaon ka sangh* (a state-level

Government campaign to promote Rural Scheme.

Figure No.6 Picture of CLTs Technique

Capacity Building: A campaign on this scale requires intensive capacity development programs targeting various stakeholders, which has been supported by the World Bank's Water and Sanitation Program (WSP). The WSP engaged expert agencies and resource personnel to facilitate various training programs. Most notably, a five-day training program on Community-led Total Sanitation (CLTS) was arranged for motivators and resource group members, facilitated by Feedback Ventures. Similarly, technology training programs were facilitated in all blocks by the distinguished expert Shrikant Navrekar. In addition, the WSP enlisted the support of Bhoruka Charitable Trust, which provided two full-time consultants (with expertise in communication and capacity development as well as in monitoring and evaluation) for the regular capacity development of PRI members, motivators, and nodal officers through routine meetings and field visits.

Figure No.7 Meetings For motivators and resource group Members

"People constructing toilets for themselves is a true indicator of real behavior change"

Phasing: The campaign was launched in Tarangar block with a one-day workshop led by the District Collector and Zilla Pramukh in November 2012. The selection of Taranagar block as the kick-off site helped to provide a necessary momentum for the *'Chokho Churu'* campaign. Thanks to the proactive leadership of SDM Haritima, BDOs Imilal Saran, and Gopiram Mehla, along with that of Pradhan Ankori Devi Kaswa, all the GPs in the block became ODF within two months. This accomplished, the campaign was extended to Sardarseher and Churu blocks in January 2013. By May 2013, the campaign was further extended to the entire district, covering all six blocks. This phased approach and the success of Taranagar block not only helped the stakeholders to gain confidence but also helped to elucidate and replicate successful strategies from the project's initial phases.

Financing: It is widely known from the experience of implementing CRSP that providing toilets alone would not ensure the desired result. The true indicator of real and sustainable behavior change would be for people to construct toilets for themselves. However, the financial circumstances of poor households do not always permit this sort of undertaking, a fact that cannot be ignored. The district administration made every effort to provide labor through MGNREGA and to release NBA incentives immediately after the desired outcomes were achieved. The available incentives were transferred to Gram Panchayats and the GP then transferred them directly to the bank accounts of all eligible households that had constructed and were using toilets. To enable this, sanctions were completed for all eligible households before starting the two-day triggering exercise at the GP level.

Since Government support is guaranteed for the poor, wealthier portions of the population joined shop keepers in providing materials on credit to poor households in their communities in order to make their villages ODF and achieve recognition and dignity for the entire community. Because people are motivated to construct and use toilets as a matter of pride, dignity, and health and not in order to obtain a government subsidy, people in Churu construct toilets of their own preference, mostly of a higher value than those covered in the government incentive. Since people are allowed to construct toilets according to their preference, even poor households invest additional resources, considering long-term usage. In many cases, they even construct an additional bathroom alongside the toilet. Nevertheless, the district administration ensured that appropriate technologies are used for toilets by showcasing various toilet designs and by training masons.

Figure No.8 Maping Chart

Monitoring and Verification: Traditionally, Government sanitation programs monitor the number of toilets. But a campaign that aims to make more and more villages ODF has to monitor nothing but the number of ODF villages. This shift in monitoring outcomes rather than outputs has been evident in routine review meetings at the district and block levels. All are concerned about how many ODF Gram Panchayats are achieved in each block. Additionally, a monitoring board was installed at the office of the District Collector with the names of all GPs and highlighting those of ODF Gram Panchayats in green.

The campaign also adopted multi-staged verification of ODF claims by Gram Panchayats. During the campaign, many GPs displayed maps of villages in a public building with all households marked either red or green, depending on the status of toilet use. Once all households were marked green, the Gram Panchayat would send a resolution to the BDO claiming ODF status. After verification at the block level, the BDO would forward the resolution to the district support unit. The district then sent a team of independent evaluators to the concerned GPs to do physical verification. The team would transect the village during the early hours of the day to observe any open-defecation. If the team was convinced that open-defecation had completely ceased in the GP, they would recommend declaring it ODF.

Once declared as ODF, a board would be installed at the office of the GP, named as *Chokhi Gram Panchayat,* meaning clean and beautiful Gram Panchayat.

In addition, the Department of Rural Development and Panchayati Raj arranged an inter-district verification in April 2013 by sending different stakeholders including officers of Zilla Parishads and other departments, as well as elected representatives from seven districts—to do physical verification of the ODF status of Taranagar block. The team was impressed by the amount of effort invested by various actors leading to quality results. This process not only helped to validate Taranagar as the first ODF block in Rajasthan, but also acted as an exposure visit for key stakeholders, motivating them to initiate similar campaigns in other districts.

5.7 Major IEC activities conducted in the Programme:

For awareness generation and mass mobilization various IEC activities were planned and carried out. Brief descriptions of used tools are given below:

- **District Rally:** A rally was organized on the Republic Day which was participated by TSC and PHE with message on safe WASH behavior.
- **School Programme**- DRG facilitated children's rally in almost all schools. The rally covered respective villages drawing attention of community towards stopping open defecation.
- **Ratri Choupals:** Most of the Panchayats conducted Ratri Choupals facilitated by Block and participated by District officials. This meeting was aimed at building environment for safe sanitation in the Panchayat and committing support in the initiatives taken by community and panchayats.
- **Administration with Villages**- This is a programme in villages conducted by admin on convergence of various government schemes and programs. This platform was used for voicing NBA programme and ODF Churu campaign also.
- **Slogan Writing:** All GPs have wall writing on sanitation aspect for community motivation.
- **District Level Display Board of Panchayats Progress:** A display board depicting sanitation status of Panchayats was made in Collector's Office. The display board shows ODF GPs, under progress GPs and Non-performing GPs. It has directly impacted visiting PRIs.

- **GP Maps:** PRA maps were made in few Panchayats showing village with coverage and OD places.
- **Sanitation Park:** Collector Office campus has constructed a sanitation park having various technological options of toilets. It is strategically located and has visitors from all Blocks and panchayats who come here for any work.
- **Media Coverage:** media played a crucial role in mass communication of the programme from time to time. They covered any major event organized by department. Our field was also visited by media from New Delhi to cover on behalf of The Hindu.
- **Chokho Ghar:** Households after becoming ODF were felicitated by inscription of CHOKHO GHAR (Good House) logo on their house
- **Garv Yatra after becoming ODF:** All 28 GPs of Taranagar carried out Garv Yatra (Pride rally) to celebrate ODF status and also to motivate community for sustaining it and work towards NGP.

Figure No.9 Slogans & IEC Material

- Awareness Campaign in whole Taranagar block with the help of
    - Education: By making Groups of schools Jagrukta Committee
        - : Rally by students in village area.
        - : Spreading and communicating IEC material.
- Training Programs: conduct training programs for villagers at different time during sanitation program.
    - Special training program conduct for the PRI members for sanitation camping.
    - Training program for ANM, ASHA, Anganwadi Worker, Swachta doot and Technical Support also support this campaign.
    - Organize the different camp for awareness in community.
- District Collector rewarded the people who participate in sanitation program.
- Swasthy Swachta group also help in creating awareness in villagers.
- Halla Bol committee and girls adult group help in awareness in women groups.
- ANM, ASHA and Aganwadi worker also support this sanitation campaign by dividing different group in village area.
- District cell of TSC unit also conduct different Training programs and awareness program and time to time follow up sanitation program.
- District Collector of CHURU play major role in this sanitation campaign program.
- WSP World Bank Provide technical support for this program.
- WSP team member's supports the district level officers in training programs.
- In many GP special support provided by Ladies worker and ward punch to aware community at ward level.
- In some villages with the help of PDS system generate awareness in community.
- Time to time monitoring and evaluation of this program also affect community.
- Conduct Meetings in every month between 5^{th} to 20^{th}
- Aapni Yojna created a positive impact on the people regarding this sanitation program.
- BDO & Tehsildar conduct meeting in villages with Sarpanch, gram sevak and local community.
- Surpanch and gram sevak personally take initiate took success of this programme.
- At the time of Independence Day and republic day govt. reward the panchayats and PRI members, local community to motivate them.
- Time to Time follow up program at each level.

- Constructed toilet for migrated people those who come at the limited time period or migrating population.

5.8: Rewards and Recognition: Rewards and recognition played a major role in motivating PRIs and communities. For many, the very notion of becoming an ODF community and receiving the associated recognition was sufficient motivation to work hard towards the goal. Achieving ODF status is made mandatory by the DSM to issue sanction of funds up to 20 lakhs for SLWM projects under NBA. For the first batch of GPs, the check of 20 lakhs was presented as a reward for achieving ODF by the Chief Minister in a public function. This has become an effective motivating factor encouraging Sarpanchs to initiate and lead an ODF campaign. In addition, the District Collector awards certificates of recognition to the best performing Sarpanchs and nodal officers from time to time. Most notably, the Chief Minister of Rajasthan awarded Rohit Gupta, the District Collector, on Independence Day in 2013, recognizing the remarkable results of the campaign.

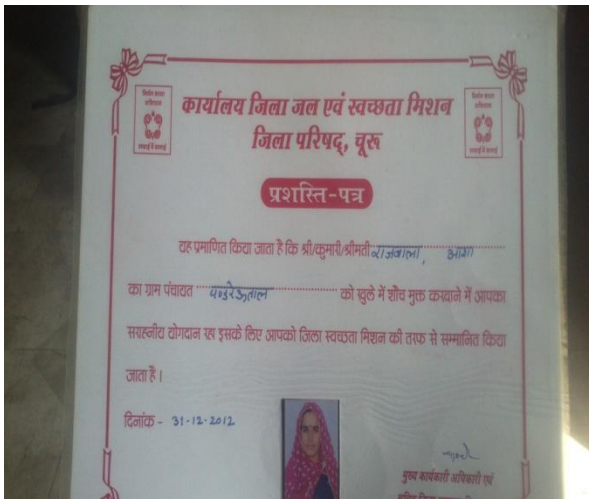


Figure No.10 Rewards and Recognition

CHAPTER 6

FINDINGS

6.1: Findings:

Success of a program can be acknowledged when the output is fully visible with proper public acceptance. In a social system sanitation facilities are found to be governed by the surrounding norms and environment in rural India, where open field is commonly used for defecation and waste disposal the changing scenario on availability of sanitary unit needs to be addressed.

Aapni Yojna which has started sanitation campaign from 2000 to 2009 provided sanitary units, a unit consisting of a bathroom a latrine and soak pit, latter on special campaign as mentioned above has been undertaken to make District as an ODF.

1. Availability of Sanitation Facilities

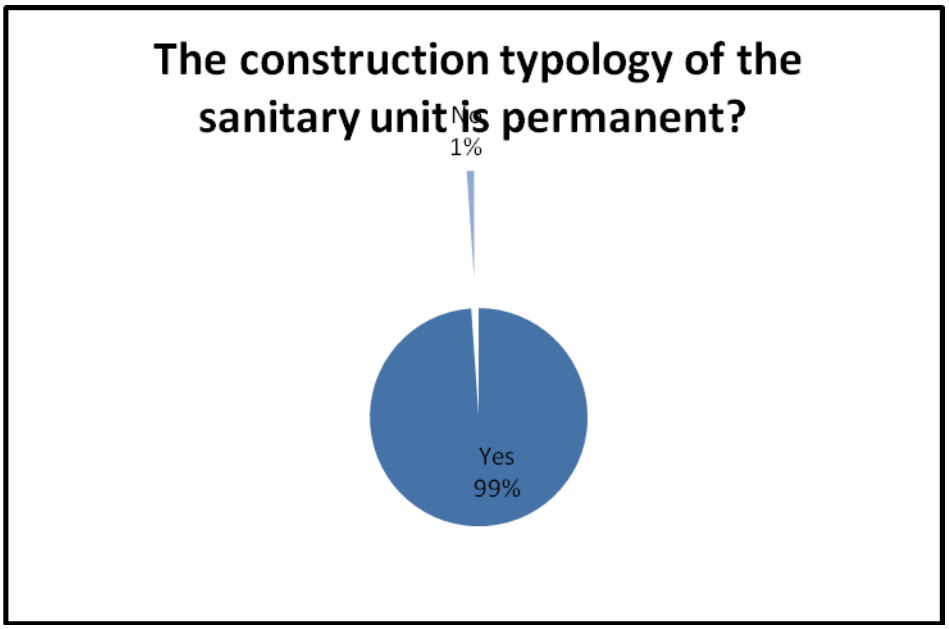
Table no 6. Having sanitation unit:

S. No.	GP Name	Having sanitation unit:		Total (N=90)
		Yes	No	
1	Bhanin	10	1	10
2	Mikhala	10	3	10
3	Buchawas	9	3	10
4	Bhaleri	10	2	10
5	Dhani Khumaran	10	0	10
6	Satyun	10	2	10
7	Lunas	10	1	10
8	Alyla	9	2	10
9	P.Taal	10	2	10
		98%(88)	2%(2)	100%(90)

After analysis of data it was found that majority (98 per cent) household in Taranagar block possessed sanitary unit. People in project area fully understand the importance of sanitary unit in contribution to better health and disease free situation which ultimately affects the socio economic conditions.

1. Construction Typology of sanitation units

Figure 11 Construction typology of the sanitary unit

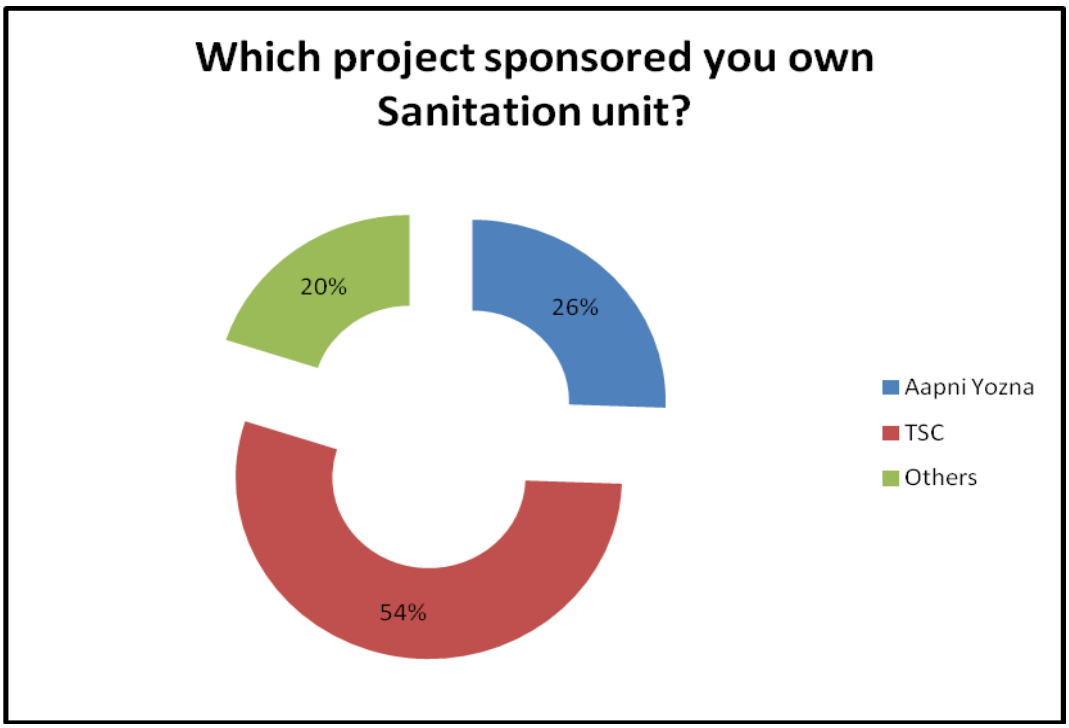


For a better health and related situation the availability of sanitary unit only does not serve the purpose fully. The hygiene mode can only be available when the construction typology is of a permanent model.

The above figure depicts that in the studied villages of Taranagar block 99 per cent of the available sanitary units are of permanent structure. The percentage of sanitary units sponsored by TSC is high as compare to AY. However it was observed that majority of the hh has accepted Aapni Yojna model of construction.

3. Sponsorship of sanitation unit

Figure No 12 Which project sponsored you Sanitation



Above figure clearly stated that more than half (54per cent) that is 49 out of 90 have their sanitation unit sponsored by TSC, little more than one fourth (26 per cent) of the sanitation units are sponsored by Aapni Yojna and remaining 20 per cent by self or others sponsors.

Further analysis suggested that TSC/CLTs have a deep involvement in providing sanitation unit sponsorship in the area. While other partners like AY and rest have also a good share (46 per cent in sponsorship of sanitation unit. Taranagar shows that more than half of the sanitation units supported by TSC/CLTS which indirectly shows its prevalence in the area.

4. Construction of sanitation unit

Figure no.13 who constructed your sanitation unit

Sanitary unit were found constructed mainly by local mason trained by MGNAREGA in the villages of Taranagar, nearly half (49 per cent) (49 out of 90) were constructed by the local masons trained under MGNAREGA while little less than half (46 per cent) (41 out of 90) of sanitary units constructed by other projects (Aapni Yozna, Indra Aawas Yozna and others) It was also emerged from the focus Group Discussion that majority of the sanitation unit have been constructed by trained local masons.

5. Financial assistance to construct the unit?

Table No 7 Did you receive any financial assistance to construct the unit?

S. No.	GP Name	Receive any financial assistance to construct the unit?		Total (N=90)
		Yes	No	
1	Bhanin	9	1	10
2	Mikhala	7	3	10
3	Buchawas	7	3	10
4	Bhaleri	8	2	10
5	Dhani Khumaran	10	0	10
6	Satyun	8	2	10
7	Lunas	9	1	10
8	Alyla	8	2	10
9	P.Taal	8	2	10
		82%(74)	**18%(16)**	**100%(90)**

Above table 1.5 clearly shows that majority of the villagers got financial assistance to constructed the sanitation unit in Taranagar block. Little above fourth fifth (82 per cent) hh 74 out of 90 got financial assistance. Only 18 per cent hh (16 out of 90) respondent that they have not get any financial benefit. Some of them having their own toilets in their home and some of them were not full filling their criteria to get subsidy.

6. How Did You Arrange Money?

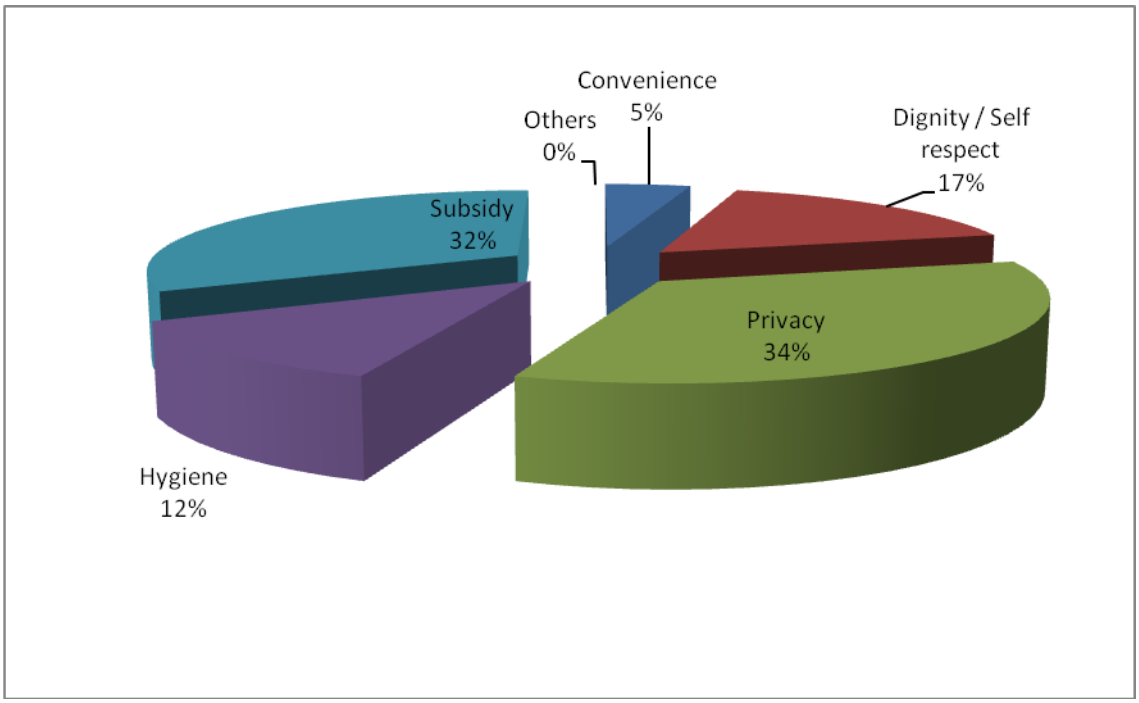
Table 8 If no, how did you arrange money?

S. No.	GP Name	If no, how did you arrange money?			Total (N=16)
		Own savings	Took loan	Others	Total
1	Bhanin	1	0	0	1
2	Mikhala	1	0	3	4
3	Buchawas	0	2	0	2
4	Bhaleri	1	1	0	2
5	Dhani Khumaran	0	0	0	0
6	Satyun	0	0	2	2
7	Lunas	0	0	1	1
8	Alyla	0	2	0	2
9	P.Taal	1	0	1	2
	Total	**4**	**5**	**7**	**16**

Table no 1.5 revealed that little less than one fifth (18 per cent)16 HH members out of 90 HH those who did not receive any financial assistance for sanitation unit have constructed their toilet has arranged money from different sources. 4 members from their own savings, 5 members took loan and other 7 HH members arrange money from other sources to construct sanitation unit.

7. **What motivated you most in constructing the latrine?**

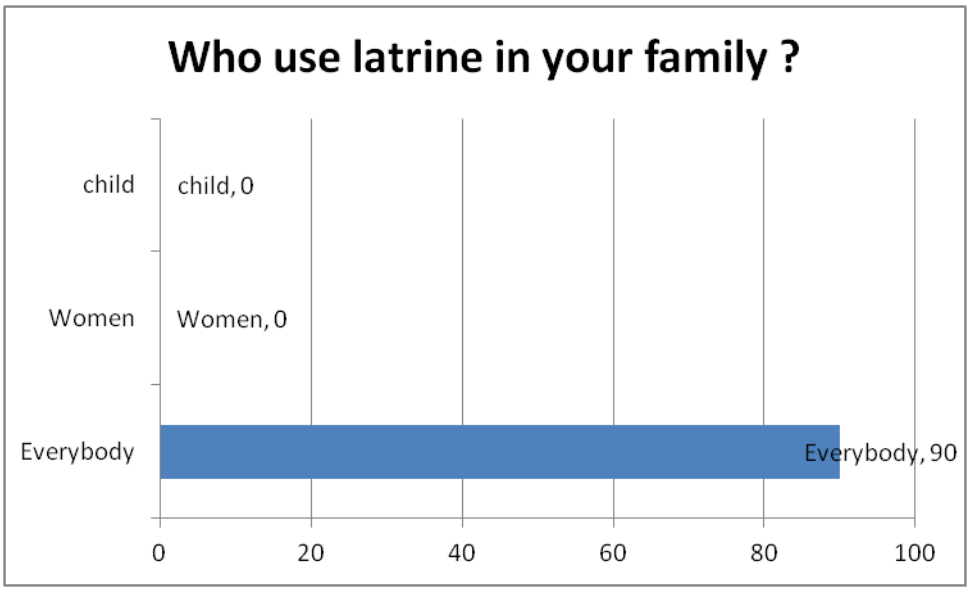
Figure No 14: What motivation to construct latrine



The above figure depicts the distribution of various reasons for constructing latrine in home. 34 per cent constructed latrine because they wanted privacy, 32 per cent got motivated because of economical subsidy provided by the project. Dignity and self respect and hygiene concern were also major role players for the motivation constructing the latrine with 17 per cent and 12 per cent respondents replying respectively. A small portion (5 per cent) constructed the latrine for the purpose of convenience.

8. Who use latrine in your family

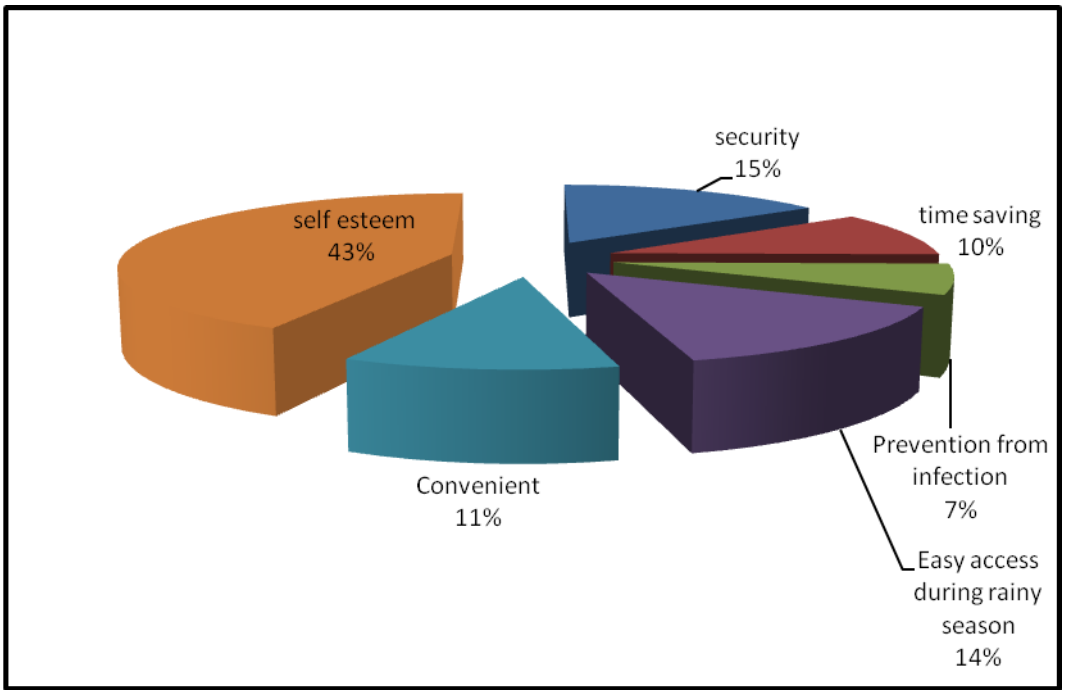
Figure No.15 who use latrine in your family



The level of success in campaign of sanitation can only be understood clearly when it enables to bring a change in the user's conception and behavior. Among the household having sanitation units in Taranagar Block, it was found that in 100 per cent household every member of the households used this facility. This can be claimed as big changes in the mindset of the people. Effective IPC and BCC play a major role in the above achievements.

9 .What impact do you perceive among your family members

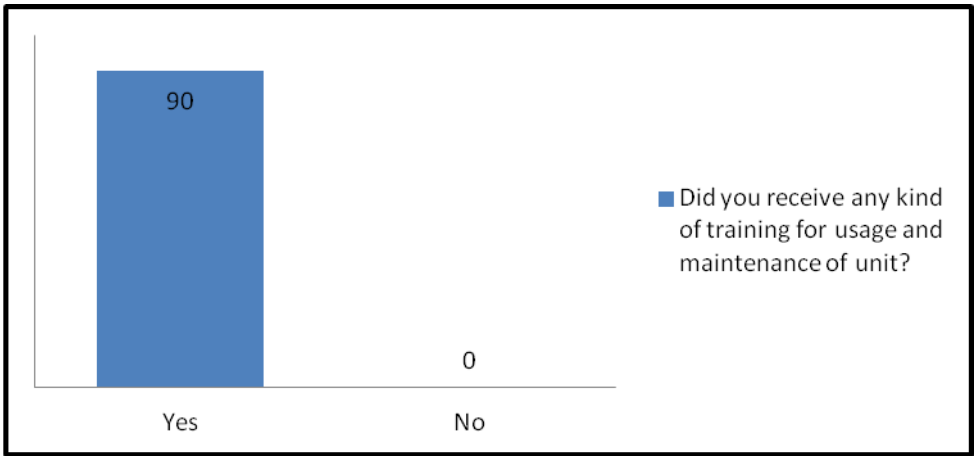
Figure No: 16 what impact do you perceive among your family members after construction of latrine in the house?



The above figure-1.9 shows the perceptation of benificiries among the study area those who are access the toilet faciliy. Little more than two fifth (43 per cent) hh members responds for the self esteem which seems to be highest propotion, followed by security, covenient, time saving, and prevention from infection which are 15, 14, 11, 10, and 7 per cent respectively.

10. Any kind of training for usage and maintenance of unit

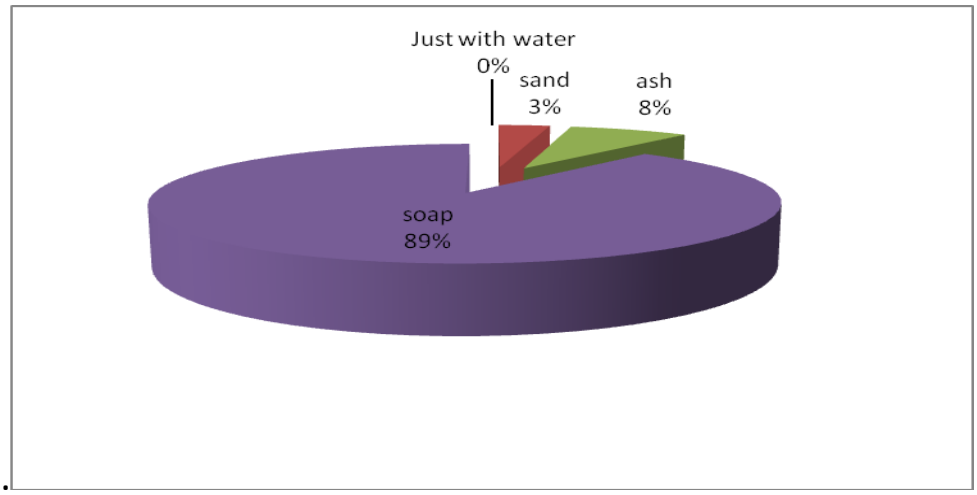
Figure No17: Did you receive any kind of training for usage and maintenance of unit



The above figure 1.10 revealed the awareness of hh about the use and maintenance of sanitary unit, in which all of the respondent responses that they have availed training on use and maintenance of the sanitation unit.

11. How do you wash your hands

Figure No:18 **How do you wash your hands**



As far as washing of hand after defecation is concerned in the studied area it was found much better. Except one tenth (89 per cent) prefer to clean their hands with soap. Only 8 people washed their hands with Ash and rest 3 per cent still prefer to wash their hands with sand. However whether they are following the nine stage of proper hand washing is yet to be confirmed.

6.2 Case Study

1.Success Stories of First Nirmal Gram Puraskar

First Fully Sanitized Block of India - Nandigram-II

Nandigram II block (East Medinipur District, West Bengal) has achieved the distinction of being the first block in the country to have saturated all rural households with sanitary toilets. The key to success has been the close coordination of District and Block Panchayats and Ram Krishna Mission Lok Siksha Parishad, facilitated by UNICEF with technical inputs for capacity development and IEC.This was supported by State level policies, timely fund allocation, close monitoring and coordinated by the State Sanitation Cell. Above all, strong political commitment also paved way for overcoming obstacles. But the key behind this success had been the promotion of community participation and establishment of Rural Sanitary Marts (RSMs) at the block level to produce and supply the necessary low cost sanitary materials. With the help of youth clubs and motivators, the concept of hygiene &sanitation was successfully promoted in Nandigram block as a result the rate of adoption and use of home toilets have substantially increased. Needless to say, with such pioneering effort in sanitation, Nandigram II block has encouraged others to follow the path towards improved sanitation.

Creating Niche in Sanitation

Tamil Nadu has shown significant progress in sanitation, not only implementing successfully but also making value additions in the sanitation programme. This is reflected in the involvement of Self Help Groups (SHGs) in awareness generation, and production of sanitary materials. These groups'activities are integrated with other development programme. The State has also taken steps to prioritize the School and Anganwadi sanitation programme with proper school based monitoring system. Girl/women have been given the priority, thus, in schools and community sanitary complexes incinerators have been set up for proper disposal of sanitary napkins and other wastes.Kitchen garden and biogas plant are also promoted in sanitation programme, In addition, focus has also been on proper disposal of solid waste management in the villages managed by SHGs, which has on one hand made the villages clean and on the other hand provided employment to them. The State has given ample focus on participation of community specially women, IEC and monitoring

which has led to overall increase in the coverage of sanitation facilities in the state. The output is well reflected in the fact that in the first year of Nirmal Gram Puraskar itself, there are 12 GPs and 1 block who that have been awarded. No doubt, the case of Tamil Nadu presents us an informed model for promoting sanitation.

Success Story of Raj Samadhiyala Panchayat of Rajkot district in Gujarat - Changing the face of Indian village.

Raj Samadhiyala in outskirts of Rajkot district is the only Gram Panchayat in Gujarat and one of the country's 38 Gram Panchayats that received a Nirmal Gram Puraskar award for ensuring that every household along with schools and Anganwadis had sanitation facility, dust and litter free roads, and proper drainage.

This Gram Panchyats, 25 kms from Rajkot, has led the way in teaching our cities some hard lessons in sanitation and cleanliness. Raj Samadhiyala is a small village spread over 1500 acres with a population of 1800. But the Gram Panchayat has a fixed deposit of Rs.17 lakh, an amount collected as fine over a period of time from people for dirtying their hamlet by either spitting or littering around. The rules were set up since 1978 when a gram samiti was formed and they have strictly adhered to it. This was possible because of the sustained efforts put in by local leaders and lawabiding villagers. The gutkha sale has been banned; bursting crackers is prohibited in a bid to maintain a healthy environment. Also due to several check dams constructed by villagers, the Gram Panchayat has rarely reeled under water scarcity even during the drought. Villages have also worked out ways to ensure greenery. About 60,000 treees have been planted in the village. There are no sweepers to collect the garbage, the onus being on the residents who take turns to dump the garbage at the landfull site from their respective areas. Cow dung and other wastes are ferried on bullock carts out of the villages

The people of Rajsamadhiyala -after receiving the price -are winning the hearts across the border with its message of cleanliness. The Pakistan government wants them to interact with their people's representative to develop villages and improve the quality of life. The request came through the Pakistan High Commission soon after they received the award.

2. Case study Changing Lives

Village: Jawanipura GP: Satyun Block: Taranagar District: Churu

Village Jawanipura, in Taranagar Tehsil has a primary health sub-centre. Alongside the subcentre there was a huge waste dump, which also served the purpose of an outdoor toilet. The irony was that the health centre symbolic of improving the health status of the people, its environs was actually spreading diseases! The CPU team held many discussions many times

With the WHC and the villagers. But as sanitation was not the foremost and essential need for survival of the community under acute drought conditions, changing communities' behavioral patterns was one of the most difficult and challenging tasks. The villagers resisted all efforts to mobilize them to clean up the place.

Then to create awareness of sanitation and its benefits, the CPU members made a new strategy that focused on health education rather than asking the villagers directly to clean up. Small meetings were conducted separately among men and women and also in the WHC to talk about among men and women and also in the WHC to talk about transmission of diseases through faeces and wastes.

Health rallies were taken out; awareness generation was also done through painting and slogan writing. Gradually the people became aware of the correlation between community health and sanitation and the adverse health impact of the huge waste dump.

The people who had been resisting to cleaning campaign volunteered themselves to undertake this activity. A resolution to this affect was passed by the WHC. The whole community joined hands for the task and once again rose above caste & creed and gathered for the cleaning campaign! The trees were cut down; the place was levelled and filled up with sand. People offered their tractors for the work. Women and men alike, elderly people and even children took part. They collected sand from nearby dunes in small containers and helped fill up this dump. In this way a major health risk area was cleaned up by collective action.

"There were a lot of disease, especially the children had a lot of diarrhoea before, dysentery and fevers, all caused by the unsanitary conditions. Now we have nice filtered clean water, and clean surroundings. It also saves us a lot of time, since we don't have to carry the water so far any more. We have also created women groups to keep the taps and sanitation stations clean," say women of Village Jawanipura collectively.

The success stories replicate themselves spontaneously as the fire spread fast. The people of Village Devasar in Sardarsahar block took the initiative of identifying the most problematic mosquito breeding places. Community action plans were prepared and by employing voluntary labour the places with permanent stagnant waters were cleaned and converted into neat & clean open grounds where, today, children play. The villagers are spreading the news to other villages. Like Jawanipura & Devasar, many other villages are successfully dealing with similar problems.

3. Case Study: The Beginning.

"It filled me with agony to see people performing natural functions on the thoroughfares and river banks, when they could easily have gone a little farther away from public haunts, "Gandhiji wrote in his autobiography of a 1915 visit to the Ganges River. Little had changed since then. The AY Project work in Taranagar cluster in began in 1997. The field staff would hold small meetings in the village and would talk about the sanitation facilities to be provided by the project but nobody would believe them because of the religious beliefs.

In the beginning of 1998, a sanitation facility was constructed in the cluster office. This model had two pits of one-meter depth. The landlord of this building Mr Khemrah said, The first would fill up in two months, in the next two months the second pit would fill up. After that nobody in this village is going to clean up these pits and so much space in their household would lie waste." Because of similar perceptions the villagers did not fill the application for the sanitation units. The field staff used the sanitation facilities for two years after which one of the pits filled up. Then the second pit was brought in to use. Meanwhile the office shifted from the village and the subsequent inhabitants continued to use the sanitation unit. During February 2002 the second pit also filled up. The owner traced the filed team that was stationed at Taranagar The team was asked to either clean up the pits, or dig them up and fill them so the space could be put to use.

The field staff went to Anand singh Pura and in the presence of many villagers, lifted the lid of the older pit. To everyone's surprise there was no foul smell in the pit! It contained snuff coloured dry powdery material. The team explained to the villagers that the powdery material was rich manure that could be applied to the fields. Dumbfounded, the villagers helped the team members to dig up the pit. The manure was packed in sacks to be used in future. At this point of the time the villagers had understood the utility of latrine pits. This incidence developed the faith in the villagers and subsequently the villagers came forward to accept the latrine pits. Some of the owners of the sanitation unit have spent additional amount of their own money to decorate the façade of the unit or for tiling the bathroom. People who were not on the list for sanitation construction, but had enough money, built units identical to the project's units using the masons trained by the project. They even used the same material right down to the blue coloured door! Similar sanitation units have been noticed in the non-project areas like village Dudhwa Khara and many others.

4. Case study: The Silver Lining

"The bell has been sounded for lunch at a primary school in a remote part of Churu and within seconds there is pandemonium all around. Children by the dozens are pouring out of their classrooms, laughing and shouting, clearly enjoying the break from lessons."

But amidst all the rush they seem to be heading somewhere with an apparently focused zeal. When asked, a group of them shout in chorus that they are going to wash their hands before eating. Under ordinary circumstances, this would not attract much attention. But here in Tarangar tehsil, the children's enthusiasm is a sign of recent improvements in hygiene practices, the result of a programme by Aapni Yojna. Its primary focus has been to acquaint all students with better hygiene practices both in terms of sanitation and drinking water safety The programme has shown positive results. Rani, a girl student of class five at the primary school explains with a sigh of relief that she and her friends no longer need to run home to use the toilet now that there is one at school. This, she says, is a great change from earlier days, when she used to find it hard to concentrate on studies or even play freely because of needing to use a toilet but not being able to do so until she got home. Other students have benefited similarly.

The programme has been implemented primarily through the setting up of school sanitation program management committee consisting of students supervised by the school's teachers. Committee members have been trained in elementary aspects of sanitation, including the clean use of toilets, the need to wash hands before eating, and handling drinking water safely.

The fifth standard student, Rani, has not only been practicing better hygiene herself but has also been an instrument of change – she now ensures that her mother always washes her hands before cooking meals and has also been teaching other children in the neighborhood what she has learnt at school.

Ramesh, another student of class V proudly displays how he dispenses drinking water safely from water containers to fellow students and juniors at school. "I do not let anyone touch this water. My teacher has told me that water can become dirty easily and we can fall sick if care is not taken". To ensure clean drinking water, two children from the senior classes have been given the responsibility of ladling water from steel containers in which water is stored. In a

water-scarce region, this ensures not only that the water is stored safely but also that it is not wasted. Children have also been provided steel tumblers for drinking. Older children direct younger children on how the glass has to be held to prevent contamination of water. Making water, sanitation and hygiene for all into a reality is one of the most difficult challenges for sustainable development.

It takes time to demonstrate results, to work with communities, and to change behavior. But it is not impossible.

Chapter 7

- **Learning**
- **Issue**

7.1: Learning

The Programme started only a year ago and was able to give momentum to the campaign for open defecation free district. Participation of blocks and respective Panchayats had differential level involvement thus resulting into varied level progress. The approach and model adopted for the initiative seems feasible and can be replicated in other districts too. Some of the key learning is as follows:

- It is felt that IEC plan and activities have a crucial role and must be timely implemented.
- District must have its IEC plans in place and it should be implemented keeping pace with program.
- This was seen as a major gap in the campaign. Information on various technological options also reached late after certain GPs had already declared themselves ODF.
- We must ensure on preparation of Panchayat sanitation plan and compile them to make Block plan and ultimately district sanitation plan. This can then be the monitored for monthly progress by respective Panchayats as well as Blocks.
- It is realized that VWSCs are most important grassroots institutions who should be streamlined and strengthened to plan, implement, monitor and sustain water and sanitation issues in their village and be able to access Panchayats and block support accordingly.
- In ODF Panchayats their role is more towards gap filling, SLWM activity planning and implementation.
- Periodical Review at different level must have a definite schedule/calendar to ascertain accountability and speed up progress. Though these meetings were taking place yet it was mostly adhoc due to various reasons.
- Message about incentives etc sometimes create hindrance if not disseminated properly. We must be careful in sharing this information correctly and uniformly with concerned stakeholders.

This learning should be used in other blocks of Churu.

Key Learning from CHOKHO Churu Campaign:

1. Administrative and political priority was critical for initiating a successful campaign.
2. An effective institutional arrangement was instituted to facilitate the campaign.
3. The campaign was designed in such a way that the community takes initiative rather than waiting for government support.
4. The government's financial support is delivered effectively as incentives and rewards for community-level outcomes.
5. An effective communication strategy promoting the community-led approach was adopted.
6. In each village the campaign starts with a twoday intensive community outreach and triggering exercise to motivate the community to change its behavior for reasons of dignity and pride.
7. *Nigrani* committees are coordinated by *prabhari* in each village to provide regular follow-up after the triggering exercise.
8. Capacity development was undertaken for using the CLTS approach and with respect to technology options.
9. No contractors or NGOs were hired to construct the toilets. Toilets were constructed by the users themselves, according to their individual preferences and by investing their own efforts and resources.
10. Incentives available under NBA were directly transferred to beneficiaries' bank accounts.
11. Available funds for SLWM under NBA have been used as an effective community reward for achieving ODF status.

7.2: Issues:

- GP *prabharis* were not able to give time and conduct periodical reviews as envisaged.
- Block level Officials could not conduct regular meetings of *Prabharis* to assess progress and finding out bottlenecks/ constraints by *prabharis*.
- PRIs were more concerned towards sanctions and payments in most of the blocks and gave less priority to motivation and construction.
- DRG- members faced problem as there was no prior preparation for triggering the community and they had to gather people after reaching the village and conduct event. They were also not able to form active *Nigrani* Committees due to lack of follow up and handholding support by local panchayats. They were not optimally engaged in program.
- Wall paintings that were planned could not be done which could have been good visual information for masses.
- Robbo call – could not be established which was envisaged as an awareness and campaign tool to motivate people.
- Block level monitoring board (like the one at district) were not put in place and still under process.
- Posters and Technological leaflets could not be printed despite design finalization and available state materials.

Chapter 8

Conclusions

8.1: Conclusions: This study shows Participation of blocks and respective Panchayats had differential level involvement thus resulting into varied level progress. The approach and model adopted for the initiative seems feasible and can be replicated in other districts too.
It is felt that IEC plan and activities have a crucial role and must be timely implemented.

- District must have its IEC plans in place and it should be implemented keeping pace with program. This was seen as a major gap in the campaign. Information on various technological options also reached late after certain GPs had already declared themselves ODF. Must ensure on preparation of Panchayat sanitation plan and compile them to make Block plan and ultimately district sanitation plan. This can then be the monitored for monthly progress by respective Panchayats as well as Blocks.

- It is realized that VWSCs are most important grassroots institutions who should be streamlined and strengthened to plan, implement, monitor and sustain water and sanitation issues in their village and be able to access Panchayats and block support accordingly. In ODF Panchayats their role is more towards gap filling, SLWM activity planning and implementation.

- Periodical Review at different level must have a definite schedule/calendar to ascertain accountability and speed up progress. Though these meetings were taking place yet it was mostly adhoc due to various reasons.

- Message about incentives etc sometimes create hindrance if not disseminated properly. We must be careful in sharing this information correctly and uniformly with concerned stakeholders.

Chapter 9

- **SUGGESTIONS**

- **MONITORING PLAN FOR SUSTAINABILITY**

9.1 Suggestions;

The key outcome expected of the TSC/CLTS and the NGP is that GPs that have achieved total sanitation status should sustain it over the long term. On the basis of analysis of the data and rapid assessment in Taranagar block nine GP; the following recommendations are made for improvement:

1. **Focus on Processes**

A scaling up of the achievement of total sanitation in the villages requires the adoption of sound processes. In addition, sustainability of the change in behaviour is only assured if the corresponding. A Decade of the Total Sanitation Campaign: Rapid Assessment of Processes and Outcomes processes are sound. This is especially true in a behavior change approach as in sanitation where participatory processes are essential for communities to understand and adopt change.

To achieve scale and sustainability, it is therefore essential for block to understand and adopt the processes in the true spirit. This focus on processes, rather than short-term physical target achievement, can drive scaling up and sustainability of the TSC programme

9.2 Monitoring and reporting:

It was observed that from time to time various formats were developed for reporting by Preraks, Prabharis, Gram Sewak and Block Coordinator and also DRG. These formats were used by some groups but could not be regularized.

Physical Progress: One year of programme has resulted into bringing the change in status of all the blocks and registering improvement in sanitation coverage. Various methodologies like triggering, Ratri Choupals, PRIs commitments etc. have contributed to promote sanitation. The process should continue otherwise there is a chance that these ODF free may again go back to their original position.

9.3 Monitoring Sustainability

The achievement of any output and outcome is often driven by what is being monitored. The present monitoring system of the TSC/CLTs focuses on inputs and outputs achieved in the short term rather than the processes by which these are achieved. The NGP monitoring

system focuses exclusively and separately on outcomes, making the linkage with inputs and outputs difficult. Even in the NGP, the focus is on current outcomes rather than sustainability. It is, therefore, important to include in the monitoring system:

• Process indicators for tracking on a regular basis to ensure that the processes are being followed by the districts; and

• Indicators which track long-term sustainability of the outcomes. This may include, for example, sustainability of the NGP-winning GPs, to ensure that there are no slippages.

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