

Rural Sanitation Transformation in Himachal Pradesh

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The relationship between poor sanitation, water borne disease, mortality and malnutrition is well documented. Statistics about the number of deaths due to diarrhea as well as stunting caused by malnutrition due to poor absorption of nutrients, are broadcast regularly as a way of awakening consciousness about the problem.

Yet sanitation has always been the poor cousin when compared with drinking water, in terms of the attention and financial support it has received even though the two are always clubbed together as part of the same sector.

This is both a reflection of the relatively lower importance given to sanitation by donors and governments and even more, the limited priority attached to sanitation by those in need of it. As a result, the world remains off track to meet the sanitation MDG target.

The key culprit for this is India.

Against the global open defecation rate of 15%, in India over 50% of its 1.2 billion population continue to defecate in the open everyday. However, even in this dismal scenario, there are beacons of hope. Himachal Pradesh, one of India's smaller states with 6.7 million people and a predominantly rural population has shown tremendous improvement in recent years. This case study documents the policy and process which brought about the change and the challenges that remain.

Background

Till the United Nations declared the 1980s as the Water and Sanitation decade, little attention was paid to sanitation by India's centralized planning framework. Some infrastructure schemes in urban areas were the only signs of concern for sanitation in over 30 years. In 1986, a Central Rural Sanitation Programme (CRSP) was launched to subsidize toilets for poor rural households. From a level of 1% toilet coverage of rural households in 1981, the census of 1991 showed this had gone up to 9%. The limited success of this endeavour gradually brought about the realization that behaviour change is critical to avoid a landscape of defunct toilets. In 1999, the CRSP was overhauled and a new Total Sanitation Campaign (TSC) was launched. This programme reduced the emphasis on household subsidy and incorporated the need to raise awareness and emphasize the benefits of toilet usage.

"The new TSC made little headway. An implementation machinery used to pushing toilets with high subsidies, simply threw up its hands in the new low subsidy regime. Some states sought to counter this with their own subsidy schemes. Most allowed the whole rural sanitation programme to lapse into a state of hibernation"^[1]. Rural sanitation was becalmed in the doldrums. The occasional surge induced by a state subsidy scheme was only a storm in a teacup, and the ripples settled soon enough leaving sanitation in much the same place.

“In 2003, rural sanitation in Himachal Pradesh was part of this zone of indifference that most of India fell under. It had been through the cycle of diligently implementing toilet construction under the CRSP for many years and then for four years between 1994 and 1998 it ran its own state subsidy scheme that saw construction of about four hundred thousand toilets in rural areas.

The resultant picture was similar to that in the various other states which had ventured down this path. Many toilets were built on paper and most others were only the visible shell, the superstructure, functioning as additional storage space in a corner of the yard. Usage as toilets was negligible. After the state scheme stopped and the TSC began in 1999, the districts prepared the obligatory project proposals for funding under the TSC. A few desultory workshops, some posters printed, slogans painted on the occasional wall, the futility of pushing toilets with even smaller subsidies than earlier realized, and the official machinery quickly forgot about rural sanitation”[2]. With the Public Accounts Committee of the state legislature actively probing responsibility for wastage of funds under the earlier state subsidy scheme, there was even more reason to forget toilets as far as possible.

At this stage a change in policy was initiated both in India and Himachal Pradesh. But the change at Central and State level took different directions. The Centre scaled up individual household subsidies to successively higher levels even as it instituted a reward for fully sanitized villages.

Himachal decided to pursue a different path, inspired by a new approach to sanitation which has come to be known as Community Led Total Sanitation (CLTS).

“CLTS is rooted in the understanding that sanitation requires behavior change not merely at the individual level but at the level of the collective. This is because even if many households learn to use toilets, open defecation by others places the entire community at risk.

Favourable public health outcomes are secured only when the entire community adopts improved sanitation behaviour, the area is totally free of open defecation and excreta is safely and hygienically confined. This is only possible when behaviour change of the entire collective leads to collective action. The essence of CLTS is to trigger collective behaviour change and empower communities to take action to end open defecation and improve sanitation practices”[3].

The two approaches have demonstrated visibly different results. In India as a whole, toilet coverage amongst rural households has grown from 22% in the 2001 dicennial census to 31% in the 2011 census.

In Himachal Pradesh, it has increased from 28% to 67% in the same period and a survey in January, 2013 shows this to be at a level of 84%[4].

Not only this, the central award for fully sanitized communities called the Nirmal Gram Puruskar (NGP) covers only above 10% of rural local bodies in all of India while in Himachal this is expected to cover 50% of all rural local bodies in 2013[5]. More important,

surveys show that in the country as a whole, NGP awardees continue to exhibit significant presence of open defecation and only a negligible number are actually Open Defecation Free (ODF)[6].

In Himachal Pradesh, on the other hand, a 2010 survey shows open defecation in NGP awardees is only about 2% and an overwhelming 57% are completely ODF[7].

Knowledge of the New Approach

In 2001, the World Bank managed Water and Sanitation Programme – South Asia (WSP-SA) was not really in the business of sanitation in India. Rural sanitation was considered a largely UNICEF preserve. One of WSP’s principal donors, DfID, drew attention to this gap in WSP–SA’s operations during a mid term review in 2001. At around the same time, DfID proposed a review of a Water Aid – Bangladesh project, ‘Support to the Community Based Water Supply, Sanitation and Hygiene Education Programme’.

The project included piloting of a new approach in rural sanitation. DfID asked WSP to be part of this review and Vivek Srivastava, India Country Team Leader in WSP – SA, joined the team that undertook the review between November 18-23, 2001. For Vivek, a visit to Bogra was a high point of the entire mission. The comments in the review report only hinted at the exciting possibilities it opened up.

“The 100% sanitized village approach promoted by one of WAB’s partners (VERC) is very impressive with evidence of demand spreading to neighbouring villages. The emphasis and success of promoting behaviour change from open defecation to use of a fixed location and a range of latrine options depending upon household affordability (the sanitation ladder) and avoiding reliance on subsidies or loans is fully endorsed.” From a former civil servant who had been part of India’s higher civil service (Indian Administrative Service) and witnessed the pyrrhic victories achieved by most development programmes on the ground, this was indeed high praise.

Vivek had witnessed a revolution in rural sanitation and learnt of Kamal Kar, credited with making it happen.

On his return from Bangladesh, Vivek immediately set about tracing Kamal Kar. **Kamal Kar**, one of the first Indian converts to Participatory Rural Appraisal (PRA) started out as an expert in animal husbandry and has, since his first electrifying experiments in Bangladesh, become the global ambassador for CLTS.

Kamal Kar had at one time advised WSP-SA on participatory approaches and urban sanitation issues in India. Soma Ghosh Moulik, urban institutional specialist in Vivek’s team knew Kamal Kar. Contact was quickly established with Kamal Kar and an interaction organized. Soma recalls that the Government of Maharashtra was considering taking support from Sulabh International at the time for TSC pilot districts. They had asked WSP to facilitate a discussion. Vivek used the occasion to call a wider audience of officials from the centre, states and NGOs to hear Kamal Kar’s presentation on the new approach of 100% total sanitation without subsidy.

The presentation over, the key question was whether such an approach could work in India? Kamal Kar was forthright in dismissing the possibility, given the subsidy orientation of the Indian government. Vivek still felt it was worth introducing the concept to central and state policy making levels. In discussions with Junaid K. Ahmad, WSP-SA Regional Team Leader, it was agreed that the only way to make an impression was by organizing a visit to the pilot villages in Bangladesh.

The visit took the form of a high level regional workshop to facilitate an exchange of views and information between India and Bangladesh on water and sanitation issues. Learning was projected as a two way street and the idea won acceptance. The workshop was organized at Rajshahi and Bogra in Bangladesh from 12-15 February, 2002 and a field visit to pilot villages was included in the programme. A.K. Goswami, Secretary, DDWS led the Indian delegation. From the centre, his Deputy Secretary, Sanitation, Kumar Alok accompanied him. The three states traditionally supported by WSP in India– Maharashtra, Kerala and Andhra Pradesh were represented alongwith Tamil Nadu. Both officials and NGOs from the four states were part of the delegation. Maharashtra had the largest state contingent with B.C. Khatua, the Principal Secretary, incharge of the Water Supply and Sanitation Department, leading the group.

Kamal Kar facilitated the workshop and the field visit. His memories of the impact on the India delegation are positive. “My impression of the visit of the Indians to the Bogra workshop in Bangladesh was good. I was impressed to see the interest and excitement generated amongst the Indians. Goswami had a chat with me and seemed to have liked the approach. I thought he understood and was convinced about the idea of community led initiative with no-subsidy.

There was one Divisional Commissioner from the state of Maharashtra who seemed to be really convinced and understood the power of the approach. Mr. Khatua was the one who was most convinced and took the lead in the workshop and urged everyone to adopt the approach. He condemned government of India’s household hardware subsidy approach and called for a radical change. He was the one who also visited the slums of Dhaka at the end of Bogra workshop. The two young officers Bedi and Jayesh were very active during the village visit and asked a lot of questions to the ODF communities. I was very impressed to see their level of interest.”

Soma recalls the immediate impact of the workshop in more detail. “Let me give you my impression of February 2002 (not my most recent impression!). The concept of total sanitation (that is covering the entire community) was highly appreciated as the key participants felt that the pilots have targeted the root cause, i.e. open defecation.

They acknowledged that the primary issue was handled up-front – open defecation and traditional behavior. The treatment for this symptom is not toilet construction but collective ignition and motivation.

This was highly appreciated.

The enthusiasm demonstrated by the children, in mass slogans, as community watch dogs, was seen as the most effective tool for communication and monitoring. Erecting signboards caught the participants’ attention and gave a deep rooted sense of ownership. The

demonstration of low cost models also made them feel that if people decide, innovations by people can solve huge problems on the supply side. Initially, I was sceptical about the participants' willingness to grasp the concept, appreciate the innovations with an open mind, since it is so simple! The field visit actually changed everyone's perception. Those who opposed it most were participating the maximum at the later stage of the event."

Among those who came back really convinced about the success of the approach was B.C.Khatua. A senior member of the IAS, he was one of that small minority who retained both an ability to question and a desire to make a difference even after decades in the civil service.

For many of the Indian observers, the evidence of collective behaviour change and collective action with no financial support from government was unbelievable. Khatua even made a separate morning visit to the pilot village to make doubly sure it had not all been stage managed! From that moment, he became one of the most ardent supporters **CLTS** has ever had.

His endorsement and passionate espousal arose from a complete understanding of the simple straightforward logic of CLTS. The community's failure to address sanitation was caused by lack of awareness of its public good dimension. Once a mind set change was ignited through disgust or fear, a collective behaviour change ensured collective action to end the practice of open defecation and secure safe disposal of excreta. Issues of external financial assistance and subsidy became irrelevant for a community motivated to improve its own condition.

Sumit Mullick, Divisional Commissioner of Amravati Division in Maharashtra and also a senior IAS officer, admitted that the visit had completely changed his views on sanitation. "My visit to the villages in Bangladesh resulted in a paradigm shift in my thinking on sanitation. No subsidies were given and the villagers were convinced of the necessity of toilets by what could be termed as 'shock treatment'. They were proud of their toilets and lost all embarrassment in showing them. They had proudly put up a board stating that no person defecates in public. Land was donated to built toilets".

Among the younger lot, the two IAS officers in the field, Jayesh Ranjan, Executive Director of the Chittor district water and sanitation society and Gagandeep S.Bedi, Collector of Kanya Kumari district in Tamil Nadu came back with intentions of trying the new approach in their areas. Jayesh was unfortunately transferred soon after but Bedi's efforts clearly bore fruit. In the first list of NGP awardees in 2005, KanyaKumari district had an entire block panchayat among the award winners. In the long run, of course, isolated, sporadic efforts at spreading CLTS in the field, would remain just that. For effective spread and scale, policy level adoption seemed essential to guide and sustain efforts. Among those early initiates from the states, only Maharashtra had participated at the appropriate policy making level.

Not everyone, however, came back with the feeling that they had witnessed a path breaking innovation worthy of emulation. Kumar Alok, Deputy Secretary in charge of Sanitation in the DDWS, Gol and on deputation to the center from the Tripura cadre of the IAS perhaps best expressed this viewpoint. Parts of Tripura has a tradition of fixed point

defecation even in rural areas and the key issue seemed to be one of converting this to sanitary toilets that confine human waste safely. Subsidies to individual households appeared the best way to achieve this upgrade.

“It [Bangladesh visit] was one of the many workshops and exposure visits which had been organized for implementation and operationalisation of TSC. It appeared that the social mobilization was good but no focus was given on safe and sanitary toilet construction. The technology was heavily ignored. This could be because there was no subsidy in the programme. People in the group were not impressed with the type of toilets constructed but were generally happy to see the enthusiasm among people.

I think there was nothing particularly worth replicating in India. By that time TSC programme was formulated and had provisions for both forward and backward linkages. Need for focusing on IEC was fully established by that time and that is why TSC programme was launched. The NGOs were focusing too much on RA [Rural Appraisal] tools which was not very much replicable and now also very few GPs are relying on PRA [Participatory RA] tools. The role of panchayats was minimal and NGOs were running the show in Bangladesh whereas our emphasis was on involving PRIs.”

Disbelief in CLTS stemmed from many perspectives. At the core, it was about perceptions coloured by the subsidy issue. For those who believe that it is the responsibility of the state to finance access to safe sanitation for the poor, the idea that the community would find ways to deal with financing issues was heretical. For others, used to disbursing subsidies to promote anything that government considered worthwhile, it was simply unbelievable that people were willing to spend without expecting government support. Many participants came away with the view that it may well have been orchestrated for the visitors and that subsidies were actually being doled out behind the scene. Others felt that perhaps it was only the religious homogeneity of the villages that made it possible and there was little chance of success in a heterogeneous state like Maharashtra.

Despite Kumar Alok's dismissal of the Bangladesh visit as of little consequence, it did have an impact. The Bangladesh visit certainly worked as a catalyst in convincing a key person like Khatua that the “100% sanitized village” approach could revolutionize the sanitation scene in India. But those who felt that any radical shift in strategy was not only unnecessary but perhaps could even be a regressive move also carried weight. This was evident in the reflections on the road ahead drafted at the end of the workshop.

The need to build capacity at local government level and in NGOs, design pilots and demonstration projects, support policy debate at the state level and facilitate exchanges, were among the innocuous sounding recommendations. But there was a conspicuous silence on taking on the greatest obstacle to taking forward CLTS in India– subsidies to promote toilet construction. Not surprisingly Kamal Kar says looking back on the event. “I had my doubts on the final outcome and lasting impact of the visit in India. I knew that it was not easy to fight a battle against the ‘big subsidy’ and the politics associated with it. To fight the ‘sanitation subsidy monster’ of India not only power and authority was needed but a prolonged and persuasive fight against ‘subsidy -politics’ was essential. I was not sure how many would be prepared or be able to do that.”

Once back from Bangladesh, Khatua was not the kind to let the grass grow under his feet before he did something to ring in changes in the way sanitation was approached in Maharashtra. The Sant Gadge Baba Swachta campaign that Maharashtra had introduced as a state scheme, generated mass interest in cleanliness but the focus was diffuse – drainage, solid waste and general cleanliness. Increased toilet coverage was one of the criteria for judging competition entrants in a checklist of 11 items and carried a weight of no more than 15%.

The demand for toilets was still low and a cause for worry. The Bangladesh visit had opened up the possibility of a new approach to make headway on this frontier. Maharashtra wanted an appropriate strategy that would enable both adoption of an approach that targeted open defecation free status through community action and also scaling this beyond a few pilots. At the same time such a strategy had to reconcile with an existing policy framework that included both the centrally sponsored TSC with its toilet count and subsidies and the state's own Sant Gadge Baba Cleanliness Campaign. WSP worked intensely with Khatua and Sudhir Thakre his Deputy Secretary over the next few months. Thakre, a Maharashtra state civil service officer, promoted to the IAS, after many years service, was another exceptional civil servant with a refreshing willingness to consider new ways of doing things. It was Soma's responsibility to map what was happening in sanitation and add to WSP's knowledge and ability to advise the client. The pros and cons of the Water Aid Bangladesh model (WAB-100% sanitized village) the West Bengal Medinipur model, Water Aid India's (WAI) efforts in Trichy, Tamil Nadu and the Sant Gadge Baba Campaign (SGBC) were analysed in this context.

The WAB model was revolutionary in its ability to ignite collective behaviour change and motivate collective action to secure the benefits of sanitation for the entire community. Its greatest shortcoming was that as a NGO – donor based initiative, its ability to scale up was limited. Other criticism related to possible unsafe technology, financial pressure on the poor and ignoring other areas of environmental sanitation.

Both the WAI supported Trichy model and the Medinipur model paid attention to technology and financial support to the poor. They both reached out with motivational messages to households and communities and sought to involve local government in their efforts. The Medinipur model scored over Trichy in the sense that the latter ended up as a localized donor – NGO driven initiative even though there was an attempt to involve the Gram Panchayat. In Medinipur, it was local government which was in the driver's seat.

NGOs were engaged by local government at the district level to run sanitary marts/production centres while village motivators, to reach out to households, were appointed by Gram Panchayats. The entire process was closely monitored by the PRIs at different levels. This ownership by local government offered an answer to difficulties of spread and scale that a typical donor – NGO led initiative appeared to suffer from. The limitation of both Trichy and Medinipur lay in their motivational approach. In the final analysis both 'sold' toilets to households.

They were selling a private good to households rather than a public good to a collective. Achieving safe sanitation in this situation, becomes an external agent's headache not something driven by the community's own self interest. As a corollary, reaching a situation

where the entire community adopts safe sanitation practices and the public health benefits reach everyone becomes a creeping process of convincing individual households to construct and use toilets. Sometimes this might be achieved in a few months. On other occasions, the process could drag on for years. After all that, household toilets could become an end in itself and moving up to tackle other aspects of environmental sanitation could require other rounds of motivation.

The Sant Gadge Baba Campaign offered a no subsidy, reward based model of motivating local governments to tackle all aspects of environmental sanitation. The premise was that once local government recognized its role and responsibility in delivering sanitation in its immediate context, it would draw up its own action plan to deliver the service and find its own mechanism to tackle issues of financing the poor and securing technical capacity. It offered excellent pointers to a higher level government's role in sanitation – use fiscal transfers to reward better outcomes by a local government in the performance of a function devolved to that level.

This was in sharp contrast to the typical situation in India where higher tiers of government end up funding processes and using local government as an agent in the implementation of such schemes. The shortcoming of the SGBC was that safe confinement of excreta and facilitating local governments in this direction had limited importance in the overall scheme and was left to the TSC to target separately.

The strategy that was drawn up in Maharashtra was simple in its essence : ignition of collective behaviour change leading to collective action was the key principle, with local government driving the process and the state government recognizing and rewarding outcomes. The complication was the focus of the existing sanitation schemes, TSC with its subsidy for household toilets and the SGBC as a parallel scheme with an inadequate focus on safe confinement of excreta. It was in this context that a workshop was conceived to bring together various actors in the sanitation field to discuss and discover a way forward in a participatory mode.

The workshop, held at Pune on August 23 -24, 2002 was titled, "Strategy Building for Rural Sanitation in Maharashtra". It was a mammoth gathering with marathon sessions. There were 86 participants. Government of Maharashtra with both state level participants and representatives from the 16 pilot TSC districts in the state obviously made up the largest number. Government of India was represented by Joint Secretary R.C. Panda and Kumar Alok. There was a representative from Mizoram, resource persons from VERC, Bangladesh, WAI and Medinipur, representatives from UNICEF and the World Bank, development consultants working in the water and sanitation sector, a number of Maharashtra based NGOs and of course WSP-SA, with Kamal Kar as part of their contingent, made up the rest.

The workshop format included the usual presentations by resource persons and break out sessions where participants debated key issues like modification of the TSC in the light of the different experiences, the best ways to raise awareness and mobilize a community and institutional arrangements for effective service delivery. Each discussion, despite the ostensibly different focus was, in effect, a debate on the role of subsidy for toilet

construction. Junaid Ahmad, in recalling the nature of the workshop debates, puts it succinctly as “were subsidies needed and how should the subsidies be delivered, i.e. collective/group or individual”?

The predominant perception needless to say, saw the radical change of no individual subsidy and a focus on open defecation free status as new fangled ideas with little practical value. Kamal Kar kicked off a storm with his observations. He recalls, “the day before the workshop, we were taken to some villages in a couple of districts around Pune to show the first prize winning villages under the Sant Gadge Baba Campaign. When I shared my observations in the workshop on what I saw in those famous villages, many officers were not happy.

In one of the first prize winning villages we visited, open defecation was present. However, the village looked pretty clean and nice with painted signposts. The government officers mainly tried to defend Sant Gadge Baba Swachata Abhyan over the CLTS approach and felt subsidy was necessary.” J.V.R. Murty, WSP state coordinator for Maharashtra has similar recollections.

“There was some amount of resistance to foreign ideas from Bangladesh and Tamil Nadu, that too implemented by ‘small NGOs’. Some were quite vociferous in their opinion that the Gadge Baba campaign in the state was good enough or much better than the Bangladesh / Tamil Nadu models and they even felt that the Gadge Baba campaign was being insulted. Some questioned the approach without subsidy in a heterogenous society.” C. Ajith Kumar, the other WSP state coordinator for Maharashtra too remembers limited receptivity to the idea of a new approach. “There were not many in the audience convinced about this new approach [ODF] as it was a new concept. There was strong vocal opposition to this and some in the audience felt this would derail the progress of the TSC.”

Despite this, the pro-changers carried the day in the final workshop conclusions. This reflected both Junaid’s persuasive powers and perhaps even more important, the weight of Khatua’s words, as the senior most Maharashtra civil servant at the deliberations. The workshop concluded that after consideration of the lessons learnt, the next step would be to develop an appropriate strategy to be implemented in the state. This strategy would be founded on the following principles:

- the objective of achieving total elimination of open defecation;
- an emphasis on personal hygiene and environmental sanitation as complementary to this goal;
- empowerment of the community to act on its own and address the sanitation needs;
- a focus on the community as a whole;
- appropriate partnership between the state government, local governments, NGOs and market forces, for scale and sustainability; and
- providing community rewards rather than individual subsidies.

For the first time in India, the sacred tenet of a higher tier of government doling out a subsidy for the poor had been challenged in setting out the principles for an official policy.

An important indirect policy spin-off from the Pune workshop was at the central level. Kumar Alok recalls that a visit to Nandigram II block in East Medinipur district of West

Bengal in May, 2002 brought out the crucial role played by PRIs in rural sanitation. The Pune workshop and the extensive discussions on the awards to GPs under the SGBC showed the startling possibilities of fiscal incentives to promote desired outcomes at local government level. Panda spearheaded the adoption of the NGP as a central award for PRIs (at all three levels) achieving an open defecation free status and taking care of other aspects of environmental sanitation. The NGP was finally announced on October 2, 2003.

In Maharashtra, the weight of the unconvinced became more apparent as WSP began the consultative process of developing a strategy based on the principles outlined in Pune. There were sceptics at every level below Khatua, both at the state and district level. What finally emerged as the “Hagandari Mukta Gaon Abhiyan” (HMGA-Open Defecation Free Village Campaign) was a programme to be implemented in only two districts, Ahmednagar and Nanded, on the basis of a ‘no subsidy only collective reward’ principle.

Developing the strategy and implementing it was an intense process of workshops, exposure visits and discussions at district level. Ahmednagar was the testing ground to check out if the concept of being open defecation free would click with the district level players and the community. It was at this time that “100% total sanitation”, the term Kamal Kar had till then used for his work in Bangladesh became Community Led Total Sanitation. Later when Kamal Kar wrote the IDS Working Paper 18, Subsidy or Self Respect (September, 2003), the term Community Led Total Sanitation really gained currency.

Over the next two years, the practice of CLTS gradually gathered pace. By the beginning of 2004 there were just 4 GPs to serve as a show case for CLTS in India. Among these Borban and Wadgaon Amli in Ahmednagar district became a major focus of WSP sponsored exposure visits. Later in 2004, these two (and two other villages) in Nanded district were immortalized in the **WSP** sponsored film, “Igniting Change”.

The film became a powerful instrument to win interest in CLTS in the years that followed. There were many teething problems in these initial months. Support organizations engaged to assist in facilitating CLTS showed poor capacity, the district administration searched for motivational tools and motivators. Progress seemed all too slow. But local champions were emerging and by early 2005, the ODF GP numbers in Maharashtra began to rise. Subsequently, with Khatua’s transfer and others taking charge, Maharashtra’s commitment to CLTS faltered as Government of India insisted on subsidy payments directly to beneficiaries. Maharashtra’s progress slowed down but it did help create the examples of CLTS that were followed up in Himachal Pradesh.

Introducing CLTS in Himachal Pradesh : First Step

Key players in the rural sanitation sector in Himachal Pradesh (the Secretary and the Director) learnt of CLTS from WSP in 2003 and began the process of building an environment in favour of the new approach.

The Secretary saw rural sanitation as a critical entry point to strengthen decentralization for service delivery apart from the benefits it would confer on its own. Rural sanitation was an under performed function which was clearly in the local body domain with little state level intervention. Igniting communities in this direction would bring the understanding of owning

and performing functions rather than only being an agent of the central or state level. The first step was a brainstorming workshop at Barog in district Solan of the state to usher in the new approach to rural sanitation and try and draw the first supporters to the cause.

The workshop held in late 2003 was a relatively low key affair. Participants, other than WSP representatives numbered only around 20. District officials responsible for rural sanitation among their various charges and non-governmental organizations (NGOs) who had shown willingness to be part of mass campaigns in the state in the past (such as the literacy campaign of the 1990s), were the main participants.

Eleven of the twelve districts in the state were represented and six NGOs working in different districts. Based on its experience in Maharashtra, WSP had conceived a workshop format that led sequentially through analysis of the existing situation, introduction to new approaches, group work on key issues and identification of a way forward. Participants discussed the development of the total sanitation campaign in the state (basically its dismal progress!), the issues encountered during implementation and based on inputs on other approaches took part in group work which identified key CLTS principles as the way forward.

The district presentations brought out the despondent state of affairs in rural sanitation in the state. Seven districts had already secured funding under TSC but even on a toilet count basis progress was minimal. There was no firm data on actual coverage and usage but plenty of anecdotal evidence to show that open defecation was rampant and use of subsidized toilets extremely low. The new idea of doing away with subsidies was well received and the work of laying down principles for a comprehensive new rural sanitation strategy and preparatory steps in this direction proceeded smoothly.

The main debates at Barog were not so much about rural sanitation or the issue of state subsidy for the poor that bedevils most discussion on the subject when CLTS is proposed, but about the role of the World Bank! One of the NGOs present, the Himachal Pradesh Gram VigyanSamiti (HPGVS – literally Himachal Pradesh Knowledge and Science Committee) was born during the massive literacy campaigns of the early 1990s. It was greatly influenced by the left oriented People's Science Congress of Kerala, that inspired the mass literacy movement in India through its work in that state. The suspicion of the World Bank's 'neo liberal agenda' and its pro privatization stance led to interesting questions.

'Why is this institution showing an interest in rural sanitation? In what manner would its ideology end up impacting the new strategy?' The fears were allayed when it was clarified that WSP has no lending agenda, that the new approach being discussed had not evolved through a World Bank project and that strategy development and finalization was in the state's hands.

Workshop participants agreed that the negative perceptions about toilets have to be overcome by locating appropriate triggers to mobilize the community around the need to end the practice of open defecation. The existing sanitation delivery mechanism lacked the capacity to facilitate a new approach and NGOs would have to be brought in as support organizations.

A menu of technology options was required to enable informed choice by households. Individual household subsidy should be replaced by community incentives for Gram Panchayats (GPs – bottom most tier of rural local bodies, with an average 1500 odd inhabitants in Himachal Pradesh) based on achievement. GPs should be encouraged to manage drainage and solid waste management by utilizing their own funds. Key principles outlined, other steps had to be taken to win formal approval for a new approach.

“In late 2003, WSP commissioned a rapid assessment of the sanitation situation which confirmed expectations. Effective toilet coverage was about 28%, and rural sanitation did not appear in any listing of local priorities. In January 2004, WSP facilitated an exposure visit to Maharashtra for key district level officials and NGO representatives”[8]. The trip included an impressive presentation in Ahmednagar district and time spent in two ODF villages – Wadgaon Amla and Borban. The visits demonstrated how the often voiced constraints to securing toilet coverage were addressed by motivated communities. In Wadgaon Amla, three years of drought meant that the village cattle were being kept near a functioning borewell miles away.

The village well was dry and replenished with tanker supply, once a day. Yet toilets were in use and kept spick and span in every village house. In Borban, closely packed houses offered little space for toilets; in some cases, pits had been dug in room corners and elsewhere individual toilets had been grouped together in blocks at the end of a street. Sanitation had become a priority for these communities and they had found ways to address seemingly insurmountable constraints to meet this requirement.

In February 2004, another state level workshop was held. Key representatives of Panchayati Raj institutions and participants from the departments of rural development, water supply, health and women and child development endorsed the core principles for a new rural sanitation strategy. The Deputy Commissioner of Kullu district who had been on the exposure visit to Ahmednagar, began a district level campaign to create open defecation free villages on the basis of collective reward and no household subsidy. His campaign met with early success and enthused political representatives in his district.

In January, 2005, the government of Himachal Pradesh formally approved a comprehensive new rural sanitation strategy for the state with every one of those features that CLTS adoption and scaling up seemed to require.

The key principles of the new strategy were:

- Introduction of a holistic concept of sanitation
- Have a demand oriented, outcome based approach
- For this, generate awareness of a ‘need’ for sanitation amongst people individually and as well as a community
- Involvement and ownership of the community
- Shift from individual subsidies to community incentives
- Local bodies undertake responsibility for sustainable delivery of services
- Identify appropriate institutional arrangements for delivery of services and relevant capacity support including partnership with NGOs/ CBOs and address inter-departmental co-ordination

- Emphasize monitoring and evaluation to determine success and outcomes.

The most important section of the strategy, from the perspective of ensuring that the CLTS message was not diluted, was the one on the manner in which funds would flow to the communities. “TSC subsidy for below poverty line (BPL) households shall be converted into a community reward. A lumpsum grant amounting to the total number of BPL families in any habitation / village that becomes open defecation free shall be given to that community. The reward money shall be spent by the community as decided by the relevant Up Gram Sabhas [wards of the GP] preferably on sanitation linked community needs”[9]. In addition a Sanitation Competition Scheme for rural local bodies was proposed with an important condition that to become eligible for the competition, the applicant GP would have to be open defecation free.

“What enabled this remarkable success in policy change? The prevailing environment of indifference to rural sanitation was both the greatest asset in pushing forward the new approach and the greatest challenge in taking it forward. Politicians and civil servants were weary of pushing something in which people showed little interest. Unlike in many states there was no organization like UNICEF keeping the sanitation issue alive for government. The presence of a CLTS champions at the state level, seemed to result in great progress but their absence could also mean only a paper victory”[10].

The Director Rural Development left on a posting to Government of India even before the strategy was formally adopted. The Secretary also left soon after the new policy was adopted and in a sense, the programme passed through a lean phase through 2005. There was little interest in sanitation and no evidence of achievement on the ground. However, the WSP team still ensured that regular prodding kept the issue alive. A workshop in June, 2005 saw the release of a technology manual handbook. Thereafter, formative research for an IEC manual kindled interest in many areas. Regular state level reviews were organized to ensure that district level committees were set up and the process of identification of persons capable of taking responsibility and acting as master trainers was started. The stage was thus set for more impressive gains in future years.

Implementing a CLTS based Strategy

All these efforts were directed at securing the follow up steps to implement the strategy the state had already adopted. Critical in this was putting in place the institutional arrangements at the state and district level and getting the state and districts to engage the NGO support to roll out state and district level action plans. A key feature of the action plans was the training of master trainers in the districts, so that they could create CLTS motivators to reach out and help trigger behaviour change in each GP.

Three events helped move the agenda forward. The first was a decision by WSP to engage an external organisation to train district level master trainers instead of asking the state to do this on its own. A five day training module was prepared for a workshop in Barog, H.P. in May, 2006 with Kamal Kar as a key resource person. The Barog training workshop was the precursor of many district workshops across the state to create a band of master trainers and spread the CLTS mantra to every part of the state.

The second event was the emergence of a home grown champion. Even as WSP began

the process of energizing CLTS at the district level, Subhashish Panda, the young Deputy Commissioner of Mandi, had initiated his own campaign in his district. Subhashish was the only Deputy Commissioner to initially implement the rural sanitation strategy adopted by the state. He made sanitation his priority and imparted that feeling to the entire district team.

Committees were constituted, action plans were drafted; while PRIs were kept as the central pillar in the campaign, a committed support organization (NGO) was engaged, motivation tools were honed and improved with time and the message transmitted across the district. In 2007 when Himachal Pradesh entered the NGP award lists for the first time, 17 out of the 22 winners, were GPs from Mandi. The key to his success, Subhashish acknowledged was the 'no subsidy but collective behaviour change' approach mandated by state policy (personal conversation of author with Subhashish Panda, 2008). His success became a rallying call for propagating the message across the state and in various workshops, Subhashish proved a more than able messenger.

The third occurrence was another change of guard at the state level. After a period of rapid turnover in Secretaries, a new pro-active person was given a stable tenure as Secretary, Rural Development and Panchayati Raj in Himachal Pradesh from the middle of 2006. Seeing the success in Mandi and WSP's persistent advocacy, he encouraged district level trainings and participated in workshops at both state and regional level. A state level rural sanitation review committee was set up in 2007.

This enabled continued interaction and the evolution of an excellent monitoring system that helped track the CLTS effort across the state. The new monitoring system focused on the processes to create ODF villages instead of counting individual toilets and state expenditure on hardware. The officials responsible for programme implementation were no longer being held accountable for toilets constructed and funds disbursed. Instead they were answerable for the extent to which communities (local government) were being facilitated to undertake the responsibility communities had assumed for improving their own sanitation situation. The programme ran effectively in campaign mode and the results became clearly visible by 2010.

The Remaining Challenge

The remaining challenge in carrying forward the sanitation story in Himachal Pradesh is twofold. On the one hand is the task of building on the achievement in rural sanitation and completing the unfinished agenda. On the other hand, the gains have to be extended to the more difficult area of urban sanitation, which involves 10% of the state's population.

The unfinished agenda in rural sanitation comprises first covering the remaining ground in communities still short of becoming ODF. Secondly, ensuring that the ODF environment is sustained by the communities that have already achieved this status. (The challenge in this case is ensuring migrants and public areas and institutions have properly maintained facilities.) Thirdly, the sanitation story has to extend from safe confinement of excreta to proper disposal of solid and liquid waste.

The challenge in moving to finish this agenda lies in a mix of factors. The champions who spearheaded the sanitation campaign in those years from 2006 to 2011 or so, have moved on. The new teams at state and district level have missed out on the understanding

necessary to pursue the CLTS approach. At the same time, the pressure to avail of maximum funding from the centre encourages a pursuit of subsidized toilets for households, institutions and public places. The centrally funded TSC has been reformulated in 2012 as the Nirmal Bharat Abhiyan. (NBA Clean India Campaign) with more liberal norms of subsidies for household coverage, more funds for toilets in institutions and public places as well as for solid and liquid waste management.

The monitoring system for achieving ODF status has fallen by the wayside and it is likely that the policy of only rewarding an ODF environment may be given up in favour of subsidizing individual household toilets. There is thus a real danger that having achieved so much in such a short time, the last mile may stay just out of reach for a long time. The relapse into counting toilets and pushing subsidies by programme managers will inevitably bring a loss of community feeling and ownership of the task.

In traditional thinking about urban sanitation, the perception is that it is largely a matter of funding network infrastructure to reach the entire city and a regulatory framework so that connectivity and safe disposal are ensured by inhabitants. In actual fact, even after funding infrastructure, its utilization ratios are dismal historically and little thought has been given to arrangements for safe disposal in areas not connected to the network. The conception that sanitation must be thought of and addressed in a holistic, city wide manner is not really present in policy and practice. There has been little attempt to relate health issues to poor sanitation which must be addressed with city wide solutions.

City level analysis of sanitation and related issues to secure CLTS type collective behaviour change and action appears to be called for. However, CLTS has conventionally been used only in rural areas and the different characteristics of an urban setting pose a challenge in adapting techniques and processes while adhering to the core principles of triggering collective behavior change leading to meaningful collective action. The urban community is spread over a bigger area, it is less homogenous in its composition and has a complexity in institutional structure brought about by the larger population and of technological requirement by its denser concentration.

It is possible to use conventional CLTS to trigger individual peri-urban slum communities but for sustainable results, the entire city must be involved in looking at safe disposal and tackling constraints that stand in the way. City involvement is often complicated by the fact that various matters can involve State or National level decisions (like land tenure or regulatory standards) and very often funding mechanisms are controlled by state/central levels.

The understanding that it is necessary that the city prioritizes and plans its sanitation related intervention on its own and that various issues require a view at the central and state level in order to ensure that the city is empowered to address its sanitation situation, lay behind the National Urban Sanitation Policy (NUSP) adopted in India in 2008. The NUSP sought the adoption of State Sanitation Strategies (SSS) to address state level issues. City Sanitation Plans (CSPs) were expected to follow after that. In these CSPs, cities would, in a participative manner, focus on improving outcomes, based on a detailed situation analysis as well as the monitoring requirements and resource envelope made available to them by the State Sanitation Strategy (SSS).

In actual practice, central infrastructure financing schemes have sought the preparation of CSPs as a precondition (even without the SSS). In Himachal Pradesh, the largest urban concentration is in the capital, Shimla. It has recently seen the preparation of a CSP without the state taking up adoption of a State Sanitation Strategy that would provide the guiding framework of regulation, resource availability and monitoring system to assess and compare the situation across different towns.

A broad city level analysis of the existing sanitation situation was carried out. Consultations were then held on proposals to fill the overall gaps based on the funds likely to be available under the central scheme. Most glaring was the omission of data and analysis that could have been the basis of a city wide sanitation campaign to galvanize the community to seek better outcomes and address the collective behaviour that was preventing this from happening. In effect, it was perceived largely as a technical exercise to tie up funding for the infrastructure gaps that are conventionally central to sanitation planning. The CSP has thus become a vehicle for securing central funds rather than the outcome of improvement in safe disposal of waste generated by the city.

In the face of pressure to secure and utilize central funds, the necessity to build city wide awareness and participation in a meaningful plan has been lost. It is unlikely to occur without national and state level policies/strategies that are conducive to such an effort. Consequently funding for the Shimla, CSP may result in sewerage treated going up somewhat from the existing 10/12% but the city's tryst with a fully sanitized environment free, from the scourge of frequent hepatitis epidemics, still seems distant.

Lessons

The first lesson from the experience of Himachal Pradesh (and the over 50 countries where CLTS has been introduced) is about the efficacy of CLTS principles. Achieving success on the sanitation front, is about raising consciousness of this need at a collective level. This can be done with an appropriate engagement that enables the community to undertake an analysis of its own situation. Once triggered, communities are capable of collective action at their own level to improve their sanitation situation. Rapid scale up is possible with proper planning, commitment and capacity building.

The second, more sobering, lesson is how easily this pathway to success can reach a dead end if the policy environment does not enable a proper application of CLTS principles. In India, the overall policy environment in both the rural and urban context is inimical. A combination of chance events enabled favourable policy and process to succeed in rural Himachal Pradesh. But sustaining this or translating this in the urban domain is a tall order. India must somehow learn not merely from Himachal Pradesh but its neighbours Bangladesh and Nepal (the recent South Asian Conference on Sanitation – SACOSAN V held at Kathmandu from October 22-24, 2013, brought out the tremendous strides made by those two countries by following CLTS principles) and numerous other countries in Africa and Asia, for the world's sanitation situation to improve.

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(Please Note: This is a research paper draft that has been accepted for publication in a reputed journal)