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**SUSTAINABLE WATER AND SANITATION SERVICES  
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**Successful approaches for scaling up rural sanitation  
in Rajasthan, India**

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*Emerging evidence in Rajasthan, a State with a population of 68.5million shows that scaled-up improved sanitation across India is quite possible in a few years. This paper highlights the recent sanitation campaigns in the districts of Churu and Bikaner in Rajasthan, with rural populations of 2.04million and 2.36 million respectively, which are now both progressing swiftly to being fully open defecation free. This has been achieved by the district level local government adopting a systems approach which has three interrelated elements: (a) creating a strong enabling environment capable of sustaining service delivery at scale, (b) generating demand for sanitation and hygiene by households and communities, and (c) increasing the supply of sanitation products and services. This theory of change, which was developed and tested in 13 countries over a period of 6 years, also has two cross-cutting elements which are strong government leadership and evidence-based learning. While similar approaches have been successful elsewhere, evidence from Rajasthan is quite compelling, as the State faces many challenges such as scarce water resources, the large population and geographic spread, low literacy rates, and the prevailing socio-cultural context.*

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**Introduction**

Today, India is at the forefront of a global sanitation challenge. Two thirds of the people in the world who practice open defecation live in India. With increasing population density, the problem is becoming even worse. Fecal-contaminated food or water causes ninety percent of the diarrhea affecting children and around 1.7 million children below the age of five die in India annually - of this at least 212,000 deaths are due to diarrhoea-related diseases (WHO, 2012). More worryingly, recent studies indicate that Indian children's cognitive skill is at risk due to stunting as a result of open defecation-induced malnutrition (Spears and Lamba 2013). Studies show that equivalent to 6.4 percent of gross domestic product (GDP) of India is lost due to poor sanitation (WSP, 2011). With around 600 million people practicing open defecation across the country, it remains one of the greatest development challenges in India.

Government of India started responding to the sanitation challenge with a national program in 1986, named Central Rural Sanitation Programme (CRSP), by allocating financial resources for sanitation. Over the last 25 years, the government reformed the national program two times based on learning from implementation. Currently the program, with the name *Nirmal Bharat Abhiyan* (NBA) meaning Clean India Campaign, promotes a demand-driven approach with an aim to achieve universal sanitation coverage in the country. The program, with separate projects for each district level local government, provides funding for demand creation, capacity building, and financial incentives for construction of household toilets. While the government provided financial incentive only to the Below Poverty Line (BPL) households until 2012, NBA extended the provision to marginalized castes and tribes, small and marginal farmers, landless laborers with homestead, physically handicapped and women headed households. The government also increased the amount of incentive from INR 3,200 (USD55) to INR 10,000 (USD 170) by leveraging the funds of the national rural employment guarantee scheme.

This paper details successful sanitation campaigns in two districts of Rajasthan, Churu and Bikaner, implemented under the NBA. With the growing confidence from the success of these campaigns, Rajasthan is now aiming to be a completely open defecation-free (ODF) by 2018, covering 33 districts and around 60

million people. This paper will discuss what the salient features of the systems approach are and how this approach brought desired sanitation outcomes at scale in the two districts.

### **Successful approaches for better rural sanitation**

Although the same national guideline applies to all district-level NBA projects in the country, the performance of districts in sanitation varies widely. Some districts have succeeded in improving sanitation, but many others have not progressed much. The successful districts emerge from different geo-cultural and socio-economic contexts of the country including states like Rajasthan, which has been featured recurrently as one of the low performing states in terms of sanitation coverage. As per Census 2011, 80.4 percent of rural households in Rajasthan have no access to toilets, which is more than the national average (69.3 percent). Many believed stopping open defecation would be difficult in the state, given the scarcity of water and the large expanses of land available for defecation as well as the low income status.

When the District Collector<sup>1</sup> of Churu in Rajasthan initiated a campaign named “Chokho Churu” (meaning clean and beautiful Churu) under the NBA in 2013 to make the entire district ODF, this goal was largely dismissed as unrealistic. To the surprise of many, however, within a few short months an entire sub-district containing about 28 Gram Panchayats (GPs are the lowest level of local government for clusters of villages), and a total of 120 out of 249 GPs effectively became ODF. Likewise Bikaner, a vast desert terrain, has witnessed an unprecedented campaign by the name of “Banko Bikaner” led by the District Collector and resulting in 108 out of 219 GPs claiming ODF status. Both campaigns are progressing swiftly towards declaring the districts entirely ODF.

The successful districts have adopted a systems approach to facilitate the sanitation campaigns at scale under the broad policy framework of the NBA, with the technical support of the World Bank’s Water and Sanitation Program (WSP). The systems approach has three interrelated and two cross-cutting elements. The three interrelated elements are (1) creating a strong enabling environment capable of sustaining service delivery at scale, (2) generating demand for sanitation and hygiene by households and communities, and (3) increasing the supply of sanitation products and services. The two cross-cutting elements are (i) strong government leadership and commitment for community-led approach, and (ii) evidence-based learning. This theory of change was successfully developed and tested in 13 countries over a period of 6 years, with the guidance of WSP. The following part of the paper presents the recent evidence from the two districts of Rajasthan, structured against these key elements.

### **Interrelated element 1: enabling environment**

*Panchayati Raj* Department of the Government of Rajasthan initiated reforming sanitation policies and guidelines in 2012 to create an enabling environment for promoting sanitation at scale. The following eight dimensions are identified as critical in creating the enabling environment: (i) policy, strategy, and direction; (ii) Institutional arrangements; (iii) program methodology; (iv) implementation capacity; (v) availability of products and services; (vi) financing and incentives; (vii) cost-effective implementation; and (viii) monitoring and evaluation. (Perez et al 2012). The new policy, strategy and operational guidelines developed and released by the Department in 2013 envisages strengthening all these dimensions. It also enabled districts to initiate sanitation campaigns at scale. To strengthen the enabling environment further the successful districts have adopted a number of initiatives outlined below.

### **Prioritization of sanitation in development agenda**

Prioritizing sanitation in the development agenda is critical to ensure active involvement of the officials and the elected representatives in scaling up rural sanitation. Conventionally the government has given low priority for sanitation, but in the successful districts, the administration gave priority to sanitation in all review meetings of the development programs of the government. This has helped to sensitize the government officials from various departments and the elected representatives about rural sanitation. It also helped their proactive involvement in motivating people. Also, exposure visits to successful sanitation campaigns in Bangladesh, Himachal Pradesh etc. and regular workshops helped the government officials aware of the potential to tackle sanitation.

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<sup>1</sup> District collector is the administrative chief of a district

### Institutional strengthening

The districts have engaged a range of facilitators and resource persons to constitute the team that would facilitate the sanitation campaign as below:

- **Core Team:** At district and sub-district level to oversee the campaign and review the progress on a weekly basis, including the District Collector.
- **District Resource Group:** Both districts have engaged a district resource group by selecting 10 to 15 members who are skilled in training and community mobilization. Their primary role is to initiate campaigns in each GP by triggering the community using appropriate tools and methods.
- **Nodal Officers:** The successful districts have engaged nodal officers from government staff at the GP level to coordinate and monitor the campaign initiatives.
- **Motivators:** The successful districts have engaged two or three motivators at the GP level on a temporary basis to support community leaders to facilitate the campaign. They are given attractive financial incentives for achieving ODF status.

The districts also facilitated formal training programs for these stakeholders, with the technical support of WSP, in order to build their capacity to effectively facilitate the campaigns.

### Effective monitoring

The conventional monitoring system is geared towards tracking inputs such as budget spent and outputs such as toilets constructed. The outcomes such as number of toilets used and villages that stopped open defecation are seldom tracked except to verify Nirmal Gram Puraskar ([www.nirmalgrampuraskar.org](http://www.nirmalgrampuraskar.org)), which happens once in a year only for a limited number of villages. Subsequently, because delivery systems adapt to what is measured, it is not surprising that a gap exists between the sanitation coverage figures and actual improvement in sanitation (WSP, 2012). In Rajasthan, WSP facilitated an assessment of the enabling environment for scaling up rural sanitation in 2011, which also highlighted the need to institute monitoring of behavioral outcomes such as in ODF habitations and GPs (WSP, 2012a).

The successful districts adopted outcome monitoring by institutionalizing a systematic process of multi-staged verification of ODF claims of GPs. During the campaign, the GPs displayed maps of villages in a public building with all households marked either red or green, depending on the status of toilet use. (Photo 1). Once all households were marked green, the GP would send a resolution to the Block Development Officer claiming ODF status. The district then sent a team of independent evaluators to the concerned GPs for verifying the claim. The team would walk through the village during the early hours of the day to observe any open defecation. They would also survey a few randomly selected households from all habitations. If the team was convinced that open defecation had completely ceased in the GP, they would recommend declaring it ODF. In Bikaner district, the administration used a mobile app developed by WSP, which provided real time data, to verify ODF status.

Additionally, the successful districts monitored the campaign processes and community mobilization initiatives through regular meetings at various levels. At the block level, officers facilitated monthly meetings of nodal officers and other key stakeholders to review progress and plan future actions of the campaign. At the district level, collectors chaired weekly meetings of key officers to review the progress and to give necessary directions. In Churu, the District Collector installed a monitoring board in front of his office with the names of all GPs highlighting ODF Gram Panchayats in green (Photo 1). This not only communicated the priority of the district administration but also facilitated effective monitoring of ODF outcomes.

### Rewards for community outcomes

Rewards and recognition have played a major role in motivating local governments and communities. For many, the very notion of becoming an ODF community and receiving the



**Photograph 1. ODF monitoring board displayed at Collector's office**

Source: District Sanitation Mission, Churu (2013)

associated recognition was sufficient motivation to work hard towards the goal. Successful districts made achieving ODF status mandatory to issue sanction of funds up to Rs. 2 million ( USD 34000) for solid and liquid waste management projects under the NBA. In Churu and Bikaner districts, the amount was presented as a reward for achieving ODF in a public function. This has become an effective motivating factor encouraging elected leaders of GPs to initiate and lead an ODF campaign. In addition, District Collectors have awarded certificates of recognition to the best performing local leaders and nodal officers from time to time. Moreover, these districts transferred the incentives for eligible households directly to their bank accounts, only after the construction and use of toilets.

## Interrelated element 2: sanitation demand generation

Both districts adopted community-led approaches to create demand for sanitation. Community-led approaches in sanitation are essentially a participatory approach for promoting behavior change whereby members of the community play a major role in facilitating the campaign. A recent study on consumer preferences in Rajasthan found that 81% of the respondents heard about sanitation from friends, neighbors, and relatives (WSP, 2013a).

### Triggering and follow up

The districts adopted two essential processes for the community led campaign at the village level. First, the members of District Resource Group would initiate the campaign with triggering. With the help of participatory exercises, this helps the community to visualize the ill effects and disgust of open defecation. When facilitated by skilled resource persons, this results in the community deciding to change its sanitation behaviour and form action groups (called *nigrani samiti*) of community leaders who are willing to lead the change process. Second, the *nigrani samiti*, with the help of motivators and local government staff members facilitate a regular follow-up in the early morning, when people normally go for open defecation. In each GP, this process continued intensively for two months. The combined process of triggering and following up has been proven successful in motivating communities to change sanitation behaviour.

### Focus on sustainable behavior change

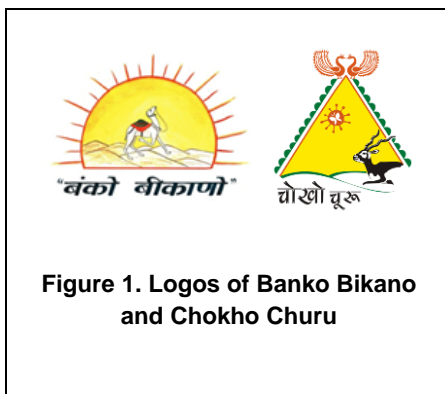
WSP has recently facilitated consumer research in Rajasthan that provides evidence on key areas that would help the state and district administration to design an effective Behavior Change Communication(BCC) strategy (WSP, 2013). Based on the evidence from the research, WSP supported Churu and Bikaner districts to design and facilitate strategic BCC in consultation with key stakeholders. Some of the examples are given below.

#### *Chokho Ghar: clean and beautiful house*

The consumer research found that the construction of a good house was prioritized, and so the district decided to highlight the importance of sanitation with labelling *Chokho Ghar* (clean and beautiful house) on houses that stopped open defecation, despite the size and type of the house. It was reported that this practice motivated people to prioritize construction of toilets as clean and beautiful house is a priority for everyone.

#### **Branding**

Through a consultative process, both districts branded the sanitation campaign by adopting local names (*Chokho Churu* and *Banko Bikano*) and beautiful logos to appeal communities. (Figure 1).



#### **Focus on security, convenience and privacy**

The consumer research found that security, convenience and privacy are the most effective motivations leading construction of toilets in Rajasthan. Even though the decision makers in household are found to be men in most cases, the research also indicates that men are expressing concerns regarding women's indignity in open defecation. Hence the local governments in both Churu and Bikaner districts communicated to people about the importance of sanitation with reference to security of women as well as convenience and privacy of using toilets, rather than the conventional approach of using the financial incentive as a trigger to motivate households to construct toilets.

***Mass media communication through local newspapers***

Both Churu and Bikaner districts strategically sought the support of local media through regular press releases that highlight achievements of the sanitation campaign. The consumer research shows that almost 30% of the target population read newspapers on a regular basis, with more focus on local news. The district officers claim that regular news articles highlighting communities that stopped open defecation could create demand from many more villages to initiate the campaign.

**Interrelated element 3: supply of sanitation products and services**

WSP facilitated an assessment in Rajasthan on supply chains for rural sanitation products and services, which provided critical evidence for scaling up rural sanitation. It found that supply chains of sanitation products extended up to the block headquarters level through the presence of retail outlets, but identified a major gap that households were simply viewed as NBA scheme beneficiaries with a minimal decision-making role in the toilet construction process (WSP, 2013a). The study highlighted the lack of interface between end-consumers and market players in sanitation as a major obstacle to strengthening the supply chain, since well-functioning markets require the transmission of demand and consumer preference signals along the supply chain.

The successful districts validated the findings of the assessment as they followed the approach of encouraging households to construct toilets themselves based on their preference, against the conventional approach of contracting organizations to construct household toilets in bulk numbers following a standard design. The district administrations of Churu and Bikaner communicated to the people that the government support is an incentive which would be given to the households directly once they constructed toilets. They found that as people were allowed to construct toilets according to their preference, even poor households invested additional resources, considering long-term usage. In many cases, they constructed an additional bathroom alongside the toilet, by spending much more than the available incentive under NBA. Households accessed products and service from the local market themselves. In some cases community leaders facilitated a process of bulk purchasing for interested households and arranging credits from the local marts for the poor households until they receive financial incentive from the government.

**Cross cutting elements**

Both campaigns validate the importance of the two cross cutting elements, as highlighted in the systems approach.

**(i) Government Leadership**

Leadership of the political leaders and administration is a critical element for any successful sanitation campaign, and there is ample evidence in Rajasthan that effective leadership can bring remarkable results in promoting sanitation. Both campaigns are owned and led by the district administration and district level local government. The district administration ensured leadership of local governments at GP level in facilitating the campaigns in the villages. GPs can coordinate field-level staff in departments concerned with health, women and child development, and education; strong participation of these field-level staff in the sanitation campaign proved to be critical for its success. The results at scale in Churu and Bikaner were only possible with the strong and dedicated leadership of District Collectors, Rohit Gupta and Arti Dogra, with the support of political leaders.

**(ii) Evidence Based Learning**

Both campaigns adopted strategies based on evidence from studies and field implementation including feedbacks of key stakeholders, as detailed above. Notably strategies such as painting *Chokho Ghar* on ODF households, encouraging households to construct toilets as per their preference, facilitating mass media communication through local newspapers, and focusing on security, convenience and privacy in behaviour change communication are good examples of evidence based learning and adaptive management.

**Conclusion**

Both district campaigns have proven successful in achieving open defecation-free GPs within one year after initiating the campaign: Churu has claimed a total of 120 out of 249 GPs as ODF while Bikaner claimed 108 out of 219 GPs, i.e. both of these districts close to 50 percent.

With the proactive leadership of the District Collectors, this initiative's success is largely due to the campaign's design, which addressed all the critical components of the systems approach, particularly with a focus on community-led approach for demand creation. In addition, addressing supply chain issues allowing

greater personal choice has ensured that toilets are both wanted and used. The experience in Churu and Bikaner has proven that desired results can be achieved when the district administration and resource groups trigger communities by helping them to visualize the ill effects of open defecation. When people equate the cessation of this practice with the preservation of their dignity, pride, and health, nothing can prevent them from making widespread and permanent change.

The State leadership, encouraged by these successes, is now aiming to make Rajasthan a completely ODF State by 2018. With the systems approach, the goal of scaling up sanitation across all of India could also be achieved in the near future.

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