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WATER AND SANITATION PROGRAM: **REPORT**

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Global Scaling Up Sanitation Project

Linking Service Delivery Processes and Outcomes in Rural Sanitation:

Findings from 56 Districts in India

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water and sanitation program

The Water and Sanitation Program is a multi-donor partnership administered by the World Bank to support poor people in obtaining affordable, safe, and sustainable access to water and sanitation services.

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While all efforts have been made to ensure that the data presented are correct, any inadvertent errors remain the responsibility of the author team.

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Numbers

1 lakh	100,000
1 million	1,000,000
1 crore	10,000,000
1 billion	1,000,000,000

Currency and Exchange Rate

US$ 1 = INR 51 (April 2012 exchange rate)

Executive Summary

The year 2012 marked the close of the Government of India's (GoI's) Total Sanitation Campaign (TSC). The program was started in 1999 to achieve universal rural sanitation coverage. TSC was given a fillip with the introduction of an incentive program known as the Nirmal Gram Puraskar (NGP, Clean Village Prize) in 2003. NGP offered a cash prize to motivate local governments at village, block, and district levels to achieve total sanitation. Although rural sanitation coverage has increased during TSC, progress still falls short of the program goal of universal coverage. Further, national aggregates also conceal differences between, and within, states and districts in terms of performance on TSC goals. In this context, the question of which service delivery processes are linked with better performance assumes significance.

To address this question, the Water and Sanitation Program (WSP), in partnership with the Ministry of Drinking Water and Sanitation (MDWS), undertook an assessment of processes that drive outcomes in sector performance. A first round of the assessment was undertaken in 2010 which covered 22 districts in 21 states (GoI and WSP 2010), followed by this second round in 2011 which covered 56 districts in 12 states.

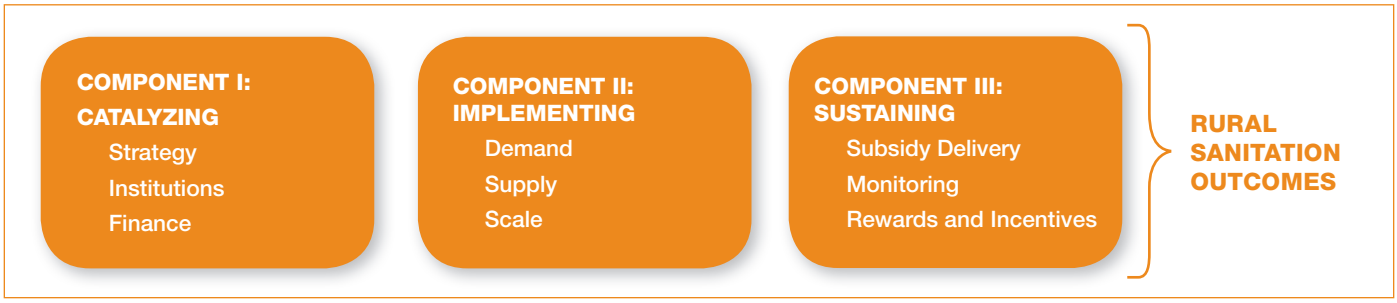
TSC is currently being restructured as the Nirmal Bharat Abhiyan (NBA, Clean India Campaign). This provides a timely opportunity to revisit what is working well and how this can be replicated. It is equally important to identify the bottlenecks that are holding back progress and determine how these can be addressed. This assessment distils the findings from 56 detailed district reports on the quality of service delivery processes adopted. It uses a 'process rating scale' to identify areas of improvement and gaps in the delivery of the rural sanitation program. District scores on the process rating scale are correlated with district performance in terms of toilet usage to understand whether these factors are correlated and to what extent. Based on this analysis, the assessment identifies priorities for reforms and proposes practical solutions to facilitate the adoption of processes linked with better performance.

Assessing the Quality of Processes

In the first round of this assessment undertaken in 2010, six service delivery processes were identified as being critical for achieving sustainable rural sanitation outcomes at scale. In this second round, the number of processes assessed was increased to nine and grouped into three thematic components corresponding to the three stages in which the districts implement the program: Catalyzing, Implementing, and Sustaining (see Figure 1). This is based on the logic that an enabling environment is first required to catalyze implementation and focus on the achievement of behavior change outcomes. Once this is in place, program implementation needs to focus on aligning operations to facilitate achievement of outcomes. Finally, the outcomes achieved must be sustained to achieve downstream impacts such as improvements in health and quality of life.

Sample districts' percentage scores on the quality of the processes were found to have a significant and positive correlation with the extent of toilet usage in rural households.

FIGURE 1: FRAMEWORK FOR ANALYZING PROCESSES AND PERFORMANCE



The basis for calculating rural toilet usage was the percentage population among NGP-winning villages, aggregated at the district level, reporting regular usage of household toilets and safe disposal of child feces. The source of this information is a national assessment of NGP sustainability undertaken by MDWS in 2010 (GoI 2010). In other words, higher the quality of processes adopted at the district level, stronger the likelihood that the population in NGP-winning villages will report sustained behavior change linked to household toilet usage and safe disposal of child feces. District scores on the three individual components of the process rating scale—Catalyzing, Implementing, and Sustaining—were also found to have significant positive correlations with district-level usage outcomes.

Quality of Processes: How have Sample Districts Scored?

Among the three thematic components, sample districts scores on the quality of processes tended to be the strongest on Catalyzing, followed by Implementing and Sustaining. This means that the districts performed well in terms of putting in place policies, institutions, and budgets related to program implementation. However, it has been challenging to translate these enabling conditions into scaling up demand and supply to reach and sustain outcomes.

Looking at the nine individual processes in the rating scale, we find that districts scored the strongest on supply, financing, and institutional setups. Scores were average on all other processes except for rewards and recognition, on which district scores were the lowest among all processes tracked.

One Program, Diverse Results: What do High Scorers do Differently?

In order to understand the factors that underlie differential scores on quality of service delivery processes in districts that are implementing a common national rural sanitation program, the sample of 56 districts was distributed into three categories—high scorers, average scorers, and low scorers—in descending order of their scores on the quality of processes. The largest gaps between high and low scorers, in each component of the rating scale, were found in strategy under Catalyzing, in demand creation under Implementing, and in monitoring under the Sustaining component.

To illustrate the differences in the quality of processes adopted by districts, one high performer and one low performer were selected from the sample on the basis of their performance in terms of toilet usage. The approach adopted by these two districts on each of the nine processes tracked in the rating scale is summarized in Table 1.

Identifying Priorities for Reform

Among the three components analyzed, Sustaining had the strongest correlation with usage/behavior change outcomes but the second lowest rating score. This indicates that the program was relatively more successful in putting in place a framework for service delivery in terms of strategy, institutional structure, and financial allocation for rural sanitation. However, translating these enabling conditions into service delivery outcomes and sustaining these outcomes was a challenge for program implementers.

Sustaining outcomes

Monitoring had the strongest correlation with outcomes in this component but the second lowest process rating score among all the nine processes tracked. The present monitoring system of TSC focuses on inputs and outputs achieved in the short-term (toilet construction) rather than sustaining behavior change (toilet usage). The NGP monitoring system looks at community-wide Open Defecation Free (ODF) status but since it is designed as a one-time prize, the program's focus shifts from the winners to those Gram Panchayats (GPs) that are still eligible to win. Surveys of sanitation behavior in rural areas make information available in the public domain every three to four years by when it is often too late to make a mid-course correction. A mechanism is needed between these extremes to ensure that timely and reliable information is available to check the pulse of the program at periodic intervals.

Some recommendations for reform, looking at the opportunity provided by the Nirmal Bharat Abhiyan, include:

- The proposal to release the NGP prize money in two installments, with the second installment released subject to Nirmal status being sustained for at least one year needs to be operationalized. Re-survey of previous years' winners can be undertaken by survey agencies along with current year's applicants;
- Some states (Maharashtra, Himachal Pradesh, and

TABLE 1: COMPARISON OF APPROACHES ADOPTED BY HIGH PERFORMING AND LOW PERFORMING DISTRICTS ON NINE TRACKED PROCESSES

Component	Process	High Performing District (toilet usage is >90%)	Low Performing District (toilet usage is <35%)
CATALYZING	Strategy	Focus on collective behavior change to use toilets rather than practice open defecation	Focus on toilet construction rather than toilet usage
	Institutions	Dedicated staff appointed and efforts made to strengthen capacity at district and sub-district levels to implement the rural sanitation campaign	Sanitation competes with other development programs for priority; many vacancies despite sanctioned posts
	Finance	Funding used for both short- and long-term goals; households motivated to invest own funds	Funding routed to meet short-term toilet construction targets
IMPLEMENTING	Demand creation	All Information, Education and Communication (IEC) channels used effectively; focus on behavior change	IEC material developed but dissemination is a weak link
	Supply	Menu of technology options promoted which reflect consumer choices and affordability	Incentive under TSC interpreted as unit cost, used to determine single technology model
	Scaling up	Phased implementation in geographic and thematic terms, e.g., move from open defecation free (ODF) to total environmental sanitation	Lack of strategic direction; targets set at centralized levels are often disconnected from ground situations
SUSTAINING	Subsidy Delivery	Program guidelines implemented in letter and spirit; subsidy given as incentive	Subsidy is used to construct toilets without commensurate efforts at demand creation
	Monitoring	Focus on outcomes and quality of data reported; NGP winners are periodically verified	Focus on inputs (budget spent) and outputs (toilets constructed); little effort to track sustainability in NGP-winning local governments
	Rewards	Institute competition-based awards, monetary and non-monetary prizes and honors to prioritize sanitation	Main incentive meeting input and output targets

Karnataka, to name a few) have also introduced annual competitions between GPs to be recognized as the cleanest. This means that GPs need to not only sustain community-wide ODF status but also exceed their Nirmal status; and

- The TSC Management Information System (MIS) makes data available online and is updated on a monthly basis. This can be further strengthened by utilizing mobile-to-web technology which has the potential to make information on outcomes available at shorter intervals compared to conventional pen and paper surveys.

With respect to the delivery of subsidy, there are proposals to increase the amount of subsidy available and also to make Above the Poverty Line (APL) families eligible for this under the Nirmal Bharat Abhiyan. This assessment's findings show that there is still some way to go in terms of ensuring that the subsidy is utilized as an incentive rather than a unit cost. Instead of focusing on the amount of subsidy per se, the focus can be on ensuring that this is released after behavior change and not against toilet construction.

Catalyzing outcomes

Although strategy was found to have the stronger correlation with outcomes, this was also the process with the lowest process rating score within this component. A key weakness of the current program is that although districts (and states) have the flexibility to develop a strategy that responds to the local context and capacity, and even though the guidelines advocate behavior change and community-wide ODF status, most tend to follow the national campaign guidelines in letter rather than in spirit. In terms of institutions, capacity needs to be strengthened. There is a need to create a dedicated sanitation cell at the district level which includes specialists with expertise in monitoring, communications, and so on, to manage the campaign. In addition, there is a need to strengthen capacity at sub-district levels as well. In financing, the challenge for districts is to make effective use of the resources to focus on achievement of outcomes rather than short-term targets.

Implementing Outcomes

The priority for reform in implementation is processes related to demand creation, which had the lowest process rating score in the implementing component. There is a misperception that demand can be created after toilet construction. On the contrary, demand creation begins with entry into a community and the process adopted to achieve sanitation goals at entry. Also, once toilet construction targets are met and reflected in routine monitoring, incentives to ensure the quality of construction and motivate behavior change are reduced. While sample districts scored well overall on supply of sanitation products and services, assessment findings show that, in many cases, there was a tendency to promote a single technology model which fit the subsidy available for construction of toilets. This is not conducive for demand generation or promoting behavior change. Finally, in terms of scale, expecting motivators to work on a voluntary basis is not sustainable and training must be accompanied by provisions to ensure that they are provided with logistical and other support to work across communities. A key area of improvement for districts is ensuring prioritization of the program in terms of selection of villages as well as behaviors.

I. Introduction

KEY POINTS

- **The Census of 2011 finds that one in three rural households had access to a toilet, up from one in five in 2001. However, national performance aggregates conceal disparities between and within states and districts that are implementing a common national rural sanitation program; and**
- **Service delivery processes that underlie differential achievements of states and districts are tracked only to a limited extent. This assessment is an attempt to unpack the 'process black box' to gain insights into which processes are linked with better (or worse) performance.**

This chapter provides the background of the study and the rural sanitation sector in India. It defines key concepts—service delivery processes and outcomes—and sets out the rationale for the selection of a district as the unit of enquiry. The Methodology section explains key sources of information used, basis for sample selection, methods for measurement of service delivery processes and outcomes, and limitations faced.

1.1 Background

The rural sanitation sector in India is at a turning point. Despite the implementation of two large national rural sanitation programs to date by the Government of India (GoI) (Box 1), the goal of an open defecation free (ODF) India—a *Nirmal Bharat*[1]—has remained elusive. The year 2012 marked the close of a second national rural sanitation program, the Total Sanitation Campaign (TSC), launched in 1999 to achieve universal rural sanitation coverage by 2012, a goal that has now been deferred to 2022.[2] TSC was provided a fillip with the introduction of an incentive program known as the *Nirmal Gram Puraskar* (NGP) or Clean Village Prize in 2003. The NGP program awarded-cash prizes to motivate local governments at village, block, and district levels to achieve total sanitation. The amount of the cash prize varied from ₹ 50,000 (approximately US$1,000) to ₹ 500,000 (approximately US$ 10,000) depending on the population size. The prizes were given once a year to qualifying local governments.

Rural sanitation coverage increased during TSC and the Census of 2011 found that one in three rural households had access to a toilet, up from one in five in 2001. However, the scale of the sanitation challenge in India is such that, despite this improvement, the country remains home to the largest number of people practicing open defecation in the world (JMP 2010). It is estimated that one in every 10 deaths in India is linked to poor sanitation and hygiene. Diarrhea, a preventable disease, accounts for every 20th death. Prevalence of child under nutrition in India (47 percent according to National Family Health Survey-III, 2005-06) is among the highest in the world and nearly double that in Sub-Saharan Africa.[3] If the economic losses linked to poor sanitation are monetized, the results are staggering. In Purchasing Power Parity (PPP) terms, adverse economic impacts of inadequate sanitation in India are US$161 billion, or US$144 per person. This is the equivalent of 6.4 percent of the Gross Domestic Product (GDP) or ₹ 2.4 trillion in 2006 (WSP 2010).

In response to this sanitation challenge, GoI has made significant investments in rural sanitation. Two issues

[1] Literally, totally sanitized India. Nirmal here refers to total sanitation as defined by the eligibility criteria of the Nirmal Gram Puraskar (Clean Village Prize) of the Government of India. To qualify as Nirmal, a local government should be 100 percent free from open defecation at the household and institutional levels and have systems in place for safe disposal of solid and liquid waste.

[2] The goal of achieving universal rural sanitation coverage in India coincides with the end date of the Government of India's national rural sanitation program. The first national rural sanitation program, the Central Rural Sanitation Program, started in 1986 and set the goal at 1999. However, the program was not successful in achieving universal rural sanitation coverage and was restructured as TSC in 1999, which set the goal at 2012. While this study was being compiled, TSC was in the process of being restructured as the Nirmal Bharat Abhiyan (Clean India Campaign) which defers the date for achieving universal rural sanitation coverage to 2022.

[3] In 2006, 43.5 percent of Indian children under five were underweight for their age compared to 16.4 percent in Uganda and 13.9 percent in Ghana. This finding is not a result of different measurement standards or ethnic factors, and studies have shown that, given similar opportunities, children across ethnic groups can grow to the same levels. Three reasons are highlighted: low birth weight; lower status of women in India in decision-making which limits their control over resources related to nutrition; and poor sanitation and hygiene which is a leading cause of infections related to under nutrition in under-twos (Gragnolati et al. 2005).

BOX 1. EVOLUTION OF RURAL SANITATION PROGRAMS IN INDIA

Central Rural Sanitation Program (1986-98): The Central Rural Sanitation Program (CRSP) was GoI's first national rural sanitation initiative. It was launched in 1986 and focused on providing 100 percent hardware subsidy to generate demand for pour-flush toilets. Commensurate efforts to motivate toilet usage or promote technology options were absent (GoI 2008). CRSP failed to motivate or sustain sanitation coverage, and the Census of 2001 found that 78 percent of rural households in India practiced open defecation (Registrar General of India 2002). In light of its relatively poor performance, GoI restructured CRSP at the national level and launched TSC in 1999.

Total Sanitation Campaign (1999-2012): TSC advocated a participatory and decentralized approach. It moved away from the infrastructure-focused approach of the earlier program and concentrated on promoting behavior change. Some key features of 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 the Poverty Line (BPL) households, post construction and usage. Later the program introduced post-achievement incentives—NGPs—for local governments to achieve total sanitation;
- A flexible menu of technology options; and
- Development of a supply chain to meet the demand stimulated at the community level.

Sources: GoI (2008); Registrar General of India (2001).

can be highlighted here. Firstly, national performance aggregates conceal significant disparities in performance between states and districts that are implementing rural sanitation initiatives under common national program guidelines. Secondly, GoI's routine monitoring system is geared towards periodic tracking of inputs (budget spent) and outputs (toilets constructed). Since the goal of the program is an ODF India, focusing on construction of latrines and disbursement of financial allocations skews the incentives for implementers in favor of prioritizing building of toilets rather than their use. Outcomes such as ODF communities are tracked to a limited extent through the NGP verification process. Therefore, while it is possible to identify best (and worst) performers in terms of inputs, outputs, or outcomes, the question that remains unanswered is: *which service delivery processes are linked to better performance?*

This question gains importance in view of the ongoing restructuring of TSC into the *Nirmal Bharat Abhiyan* (Clean India Campaign),[4] a third national program, which defers the goal of universal rural sanitation to the year 2022. There is growing recognition that a 'business as usual' approach will not be sufficient to achieve this goal. The monitoring system of the incentive program, NGP, is also being constantly improved through annual reviews of the selection procedure and guidelines (Box 2) to preserve the prestige of this award and motivate local governments to take the lead in changing their sanitation status.

To address the question of which processes drive district performance in rural sanitation, WSP, in partnership with the Ministry of Drinking Water and Sanitation (MDWS), undertook an assessment of the processes that drive outcomes in sector performance. A first round of the assessment was undertaken in 2010 which covered 22 districts in 21 states[5] followed by this second round in 2011 which covered 56 districts in 12 states. The target audience for this assessment is policy makers and implementers at national and state levels.

[4] In the Indian context, the use of the word 'campaign' denotes the national rural sanitation program.

[5] GoI and WSP (2010): A Decade of the Total Sanitation Campaign: Rapid Assessment of Processes and Outcomes, Vols. 1 and 2.

BOX 2. NIRMAL GRAM PURASKAR: EFFORTS TO STRENGTHEN THE MONITORING SYSTEM

Effective monitoring is the backbone of a successful incentive program. It ensures that only those local governments that actually deserve the award are recognized, maintaining the integrity and prestige of the award as a whole. Based on the experience of operationalizing NGP, the incentive program's guidelines have been revised by GoI in successive years to strengthen the verification process. Some of the changes introduced in the verification process include:

- Collection of identification data for each respondent household; this can be voter identification, a ration card number, or other identification. This is done to ensure that the existence of that household within the boundaries of the applicant local government can be proven, if challenged;
- All NGP applicants are verified by independent survey agencies. To further strengthen the quality of verification, 30 percent of the applicants qualifying for NGP are cross-checked by a team deputed from another state;
- Release of prize money in two installments such that the first installment is released immediately upon qualifying for the prize. The second installment is released after six months subject to qualifying in a re-verification of 100 percent ODF status; and
- Concurrent monitoring of the verification process by international agencies such as UNICEF, Water Aid and the Water and Sanitation Program (WSP) of the World Bank.

Sources: GoI (2010) and WSP (2010).

1.2 Objectives

The objectives of this assessment are to:

- Provide GoI with an overview of the range of service delivery processes adopted by different districts across states and their relative performance in terms of outcomes;
- Identify which service delivery processes are linked to better (or worse) performance; and
- Identify where the key bottlenecks are to achieving or sustaining outcomes—are they in catalyzing program execution, in implementing the program and its goals or in sustaining outcomes?

1.3 Conceptual Framework

This assessment is based on the hypothesis that the *quality of service delivery processes by which a district implements a rural sanitation program determines the outcomes achieved and their sustainability*. At the outset, the two principal components of this hypothesis are defined:

- Service delivery processes and components; and
- Outcomes (Box 3).

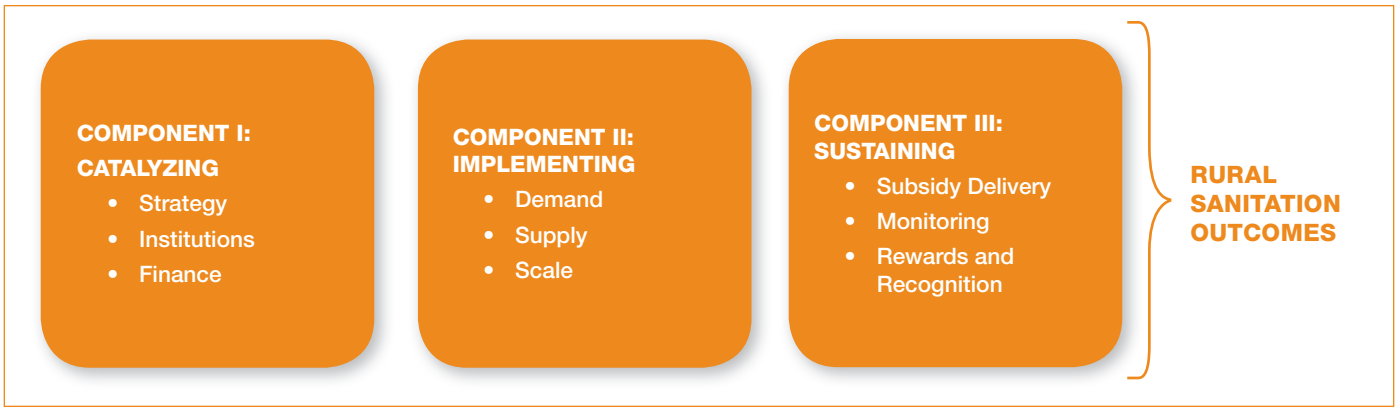
The unit of inquiry is a district and this section explains why a district was selected as the basis for comparison of service delivery processes and outcomes.

1.3.1 What is meant by service delivery processes and components?

In the first round of this assessment, six processes were identified as being critical to achieving sustainable rural sanitation outcomes at scale: 1) strategy; 2) institutional framework; 3) approach to demand creation; 4) technology promotion and supply chain; 5) monitoring; and 6) financing. The rating scale used in the first round gave equal weight to the different process factors. However, a key point of the feedback from policy makers and practitioners on the findings of the first round of this assessment was that all factors did not influence performance equally. Hence, those that had a larger bearing on the direction or rate of achievement of outcomes should receive a higher score. Also, since GoI had invested in two large national rural sanitation programs, each of which spanned a period of 12 years, factors related to sustainability of outcomes were more important at this stage of the program compared to those linked to starting the program and catalyzing its implementation.

Accordingly, the second round of this assessment used a revised rating scale to measure the quality of processes. The number of processes assessed was increased from six to nine with the addition of the following three processes: mode of

FIGURE 1: FRAMEWORK FOR ANALYZING PROCESSES LINKED WITH PERFORMANCE



BOX 3. KEY DEFINITIONS

Service Delivery Processes: These refer to the steps taken by district governments to achieve sanitation outcomes under GoI's flagship rural sanitation program, TSC (restructured as *Nirmal Bharat Abhiyan*). Projects outside the purview of TSC are not included in this assessment. This study simplifies the measurement of these steps by categorizing them into nine processes. These processes are further grouped into three thematic components—Catalyzing, Implementing, and Sustaining—depending on the stage of the service delivery cycle to which they correspond (Figure 2 and linked explanation).

Outcomes: In this study, outcomes are defined as usage of toilets by rural households. Information on outcomes was sourced through a GoI assessment on NGP sustainability (details in section 1.4 on Methodology). This assessment included a survey of 9,960 rural households where respondents were asked, for each member aged four years or more, if he/she regularly went for open defecation or used a toilet. For children up to three years, feces disposal methods were classified as safe (disposed in toilet/buried) or unsafe (open dumping). The number of persons using a toilet and the number of children under three whose feces were disposed safely together constituted the ODF population which was converted into a percentage of the total population surveyed to arrive at the district-level outcome number.

subsidy delivery;[6] scaling up; and rewards and recognition. These three additional processes were added based on the feedback from policy makers and practitioners on the first round of this assessment which pointed out that these service delivery processes should be assessed individually rather than as a part of larger processes as they are critical for the achievement of outcomes. These nine processes were grouped into three thematic components corresponding to the three stages by which districts implement the program: Catalyzing, Implementing, and Sustaining (Figure 1). This was based on the logic that first an enabling environment is required to catalyze the implementation of a sanitation program and to focus on the achievement of outcomes. Once this is in place, program implementation needs to focus on service delivery to achieve outcomes. And finally, the outcomes achieved must be sustained to achieve downstream impacts such as improvement in health and quality of life.

A brief description of the processes analyzed in this assessment (by component) is given below. For each process, the explanation as outlined in the national program guidelines is provided. This is the normative explanation or what the program design should look like if it follows the national guidelines in letter and in spirit. The focus of this assessment is on the extent to which actual district processes align with or diverge from the principles and approach contained in the national guidelines.

[6] Here, a distinction is made between 'mode of subsidy delivery' and 'financing'. Financing refers to the program budget and allocation for various components, for example, IEC, hardware incentive, and so on, and processes related to release and expenditure. Mode of subsidy delivery refers to the process by which the hardware incentive is delivered to a household that is entitled to it.

Component 1: Catalyzing

- *Strategy:* The TSC Guidelines provide a broad framework within which states and districts have the flexibility to devise their own strategy for implementing the program at scale, depending on the socio-economic and institutional context, terrain, and capacity. Overall, the guidelines advocate a participatory and community-led approach to rural sanitation which focuses on behavior change to end open defecation. To implement this approach in letter and in spirit, an understanding of the program's strategy at different levels (district headquarters to the village) is required along with political and administrative will to prioritize program implementation based on participatory principles in the face of competing priorities. The focus of this assessment is the extent to which the strategy to implement TSC at the district level follows the principles and approach advocated by the national guidelines.
- *Institutions and Capacity:* Institutions define the framework for service delivery. To set the stage for delivering program goals, a nodal agency needs to be identified as the institutional home for TSC with clear roles, responsibilities, and resources to fulfill its mandate. Within the institutional framework, space needs to be made to allow local governments at the village level to play a key role as advocated in the TSC Guidelines. Capacity refers to the availability of skilled human resources for program implementation. According to the guidelines, provisions can be made for trained technical and administrative staff to be available at different levels to coordinate the program. The extent to which districts comply with this guidance is assessed through this study.
- *Finance:* Financing refers to budgetary allocations to finance program activities. This includes costs of activities under different program components (for example, software activities, school sanitation and hygiene education, administration, and so on) as well as the process by which funds are allocated, released, and spent.

Component 2: Implementing

- *Creating Demand and Community Mobilization:* A program approach consists of specific activities, their timing, and sequence. The TSC Guidelines advocate a demand-driven approach to rural sanitation backed by post-achievement incentives. Districts have the flexibility to implement this principle based on their context and capacity.
- *Technology Promotion and Supply Chain:* The TSC Guidelines advocate informed technology choice and setting up of alternate supply channels such as Rural Sanitary Marts (RSMs) to facilitate supply of products and services, if required. At the implementation level, technology promotion includes not only separate toilet components (for example, sanitary pans, pipes, traps, and so on) but also existing latrine technology options (for example, septic tanks, ventilated double-pit toilets, ecological sanitation, and so on). It also includes provision of masonry services for installation and sanitary services for operation, maintenance, and final disposal. Hence, districts have the flexibility to promote a range of technology options and supply chains for products and services under TSC, and the pathways adopted by them to support such technology promotion and supply chain development are examined through this assessment.
- *Scaling up:* By design, TSC is a national campaign and implemented at scale in all rural districts of India. This process has, therefore, been included not with respect to geographical scale but in terms of the quality of the approach to planning adopted by a district for scaling up. Scaling up as a participatory approach requires engaging trained motivators and providing them with incentives and/or logistical support to reach all the villages in a district, spreading implementation across phases such that lessons learnt can be fed back into implementation, and setting clear priorities instead of tackling all program components at once.

Component 3: Sustaining

- *Subsidy Delivery:* Under TSC financing guidance, the government's contribution to individual household toilets for Below the Poverty Line (BPL) households may be extended if this is deemed necessary for the complete involvement of the community to reach ODF status. The contribution is intended as

an incentive rather than subsidy and, therefore, the guidelines specify that 'the construction of a toilet should be undertaken by a BPL household itself, and on completion and use of the toilet by the BPL household, cash incentive can be given in recognition of its achievement' (TSC Guidelines 2007: p. 8). This assessment examines how the TSC incentive is treated by a district, that is,as an incentive or reward for behavior change as intended by the guidelines or as a subsidy for toilet construction. It also examines the process by which the incentive or subsidy is targeted and delivered to rural households.

- *Monitoring:* Large-scale sanitation programs such as TSC require an efficient monitoring system and the ability to ensure that the results of monitoring are used to improve program implementation. Since TSC advocates a community-wide approach, the extent to which districts track sanitation coverage in Above the Poverty Line (APL) households that are not covered by the TSC incentive/subsidy is examined. This study also looks at the extent to which district-level monitoring systems are able to capture, process, and use monitoring data to improve program implementation and accurately report on program progress.
- *Rewards and Recognition:* Incentives can be monetary or non-monetary based on recognition or other intangible benefits. Incentives and disincentives can motivate program implementers to comply with key principles based on a 'carrot and stick' approach. This assessment looks at the extent to which districts have introduced incentives or disincentives to sustain the motivation of different actors (political leadership, program staff at the headquarters and at the field level, communities, and so on).

1.3.2 What is meant by outcomes?

In the context of this study, outcomes are defined as usage of toilets by rural households. Hence, districts with higher toilet usage by rural households are assessed as having better outcomes compared with districts that have lower toilet usage. In the Indian rural sanitation context, toilet usage is distinct from toilet coverage. Due to the legacy of programs such as CRSP (1986–98), the sector was dominated by a construction-driven approach to rural sanitation for many years. This was based on the assumption that rural households are too poor to afford the cost of constructing a toilet and hence subsidies were provided for toilet construction in rural areas. Often, toilets provided through this approach were either not used or used for other purposes such as storage or bathing.[7] This approach underwent a paradigm shift with the restructuring of CRSP into TSC (1999-2012) which introduced a focus on motivating behavior change and ODF communities.

1.3.3 Why look at district-level processes?

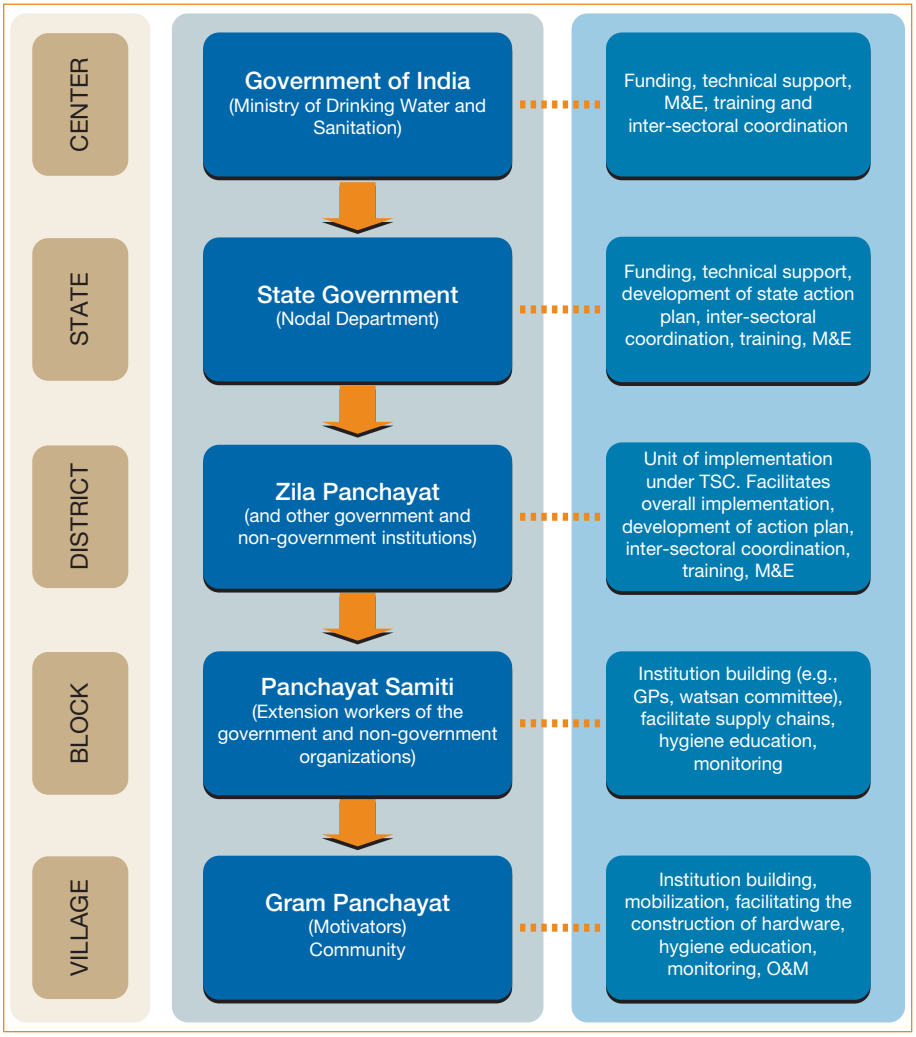
To understand why a district is selected as the basis of this assessment, it is essential to first understand the institutional structure for rural sanitation. At the national level, the Department of Drinking Water and Sanitation (DDWS)[8] of the Ministry of Rural Development (MoRD) is responsible for rural sanitation. In most states, the rural sanitation portfolio is given either to the Rural Development Department (RDD) or the Public Health Engineering Department (PHED). Program management arrangements also provide suitable institutional arrangements at the district and sub-district levels (Figure 2).

TSC operates through district projects of three to five years' duration, each jointly financed by GoI, the state government, and beneficiary households. The funding split varies according to the program component but averages about 65 percent from GoI, 23 percent from the state government, and 14 percent from beneficiaries. Fund flow for centrally (GoI) sponsored programs such as TSC takes place directly to the district, with the matching state share being released when utilization begins and a request is put in by the district. A district has to submit a project proposal (in line with the guidelines issued by GoI) and a project implementation plan to the state government to avail of GoI funding. Each state is required to establish appropriate institutional arrangements to facilitate project implementation by districts and monitor implementation. Specialist consultants from the fields of communication, human resource

[7] Although intended as an incentive, hardware subsidies tend to thwart the goal of toilet usage by shifting the focus to toilet construction; the latter does not automatically lead to the former. The Union Minister for Drinking Water and Sanitation, Jairam Ramesh, summarized the gap between toilet construction and usage as: 'I personally have seen a large number of toilets in different parts of the country which are not being used for toilets. They are being used as storage god owns' (cited in *The Hindu*).

[8] While this assessment was underway, DDWS was hived off from MoRD and converted into MDWS.

FIGURE 2: INSTITUTIONAL STRUCTURE OF TOTAL SANITATION CAMPAIGN



M&E: Monitoring and Evaluation; Watsan: Water and Sanitation; O&M: Operations and Maintenance.

development (HRD), monitoring, and school sanitation and hygiene education can be appointed as consultants at the state level, and where required at the district level.

States have the flexibility to devise their own specific approaches within the broad framework provided by the program. Several states, notably Himachal Pradesh, Haryana, and Maharashtra, have modified the TSC Guidelines to dovetail better with their existing sanitation initiatives. In addition, the TSC Guidelines provide a flexible framework for the district projects, allowing different methodologies to be adopted depending on different contexts, demands, and capacities within the district (Robinson and Raman 2007).

1.4 Methodology

In the Indian rural sanitation sector, information on toilet usage is collected to a limited extent through the annual NGP prize verification survey but the results are not available in the public domain. Survey data are available every three to four years[9] but these are usually outdated. Hence, at the outset, a reliable and relatively recent source of outcome data was required with which process ratings could be correlated.

In 2010, GoI initiated a national survey to assess the extent of sustainability of *Nirmal* status in NGP-winning Gram Panchayats (GPs, village-level local governments, Box 4), including a sample survey of rural households to ascertain the extent of toilet coverage and usage in local governments that had won the NGP between 2005 and 2008.[10] The household survey data set, including findings related to toilet usage by rural households, was made available by the Ministry to WSP in January 2011 to access information on outcomes. Accordingly, the same 56 district sample across 12 states which was selected for GoI's study of NGP sustainability was selected for this assessment of processes undertaken by WSP in partnership with GoI.[11] Data on service delivery processes were collected between March and August 2011.

An overview of the methodology and sources of data with time frames is shown in Figure 3. The remainder of this section provides a detailed explanation of the methodology in the following steps:

[9] For example, a District Level Health and Facility Survey is conducted at four-year intervals; the most recent round was concluded in 2008.
[10] GoI (2011): Assessment of Impact and Sustainability of Nirmal Gram Puraskar. New Delhi: Ministry of Drinking Water and Sanitation.
[11] Note that since TSC was implemented by all districts in India, this precluded the possibility of undertaking a counter-factual analysis.

BOX 4. GOI'S ASSESSMENT OF NGP IMPACT AND SUSTAINABILITY

DDWS launched a comprehensive study to assess the impact and sustainability of the NGP incentive program in 2010. The main purpose of the study was to assess the impact of NGP on sanitation coverage and usage and its related impact on health, education, gender empowerment, and social inclusion in rural areas on different user groups, particularly rural poor. This study also focused on the durability and sustainability of the provision and usage of sanitary facilities over time. The focus areas identified for the study were:

1. **Current Status of NGP criteria**
   - 1.1 Status of toilet coverage, durability and functionality.
   - 1.2 Status of usage and Nirmal status (ODF and resolution, garbage disposal, and drainage systems).
2. **Impact and Hygiene**
   - 2.1 Impact on health, education, economics, gender, and social inclusion.
   - 2.2 Relation of impact with status of hygiene practices.
3. **Sustainability of NGP Status**
   - 3.1 Critical factors for achieving NGP status.
   - 3.2 Reasons for not building/using toilets among different target groups.
   - 3.3 Factors critical for better sustainability of NGP status.
   - 3.4 NGP award money utilization.
4. Measures and Modifications for Sustained NGP Status
   - 4.1 Measures needed to strengthen the impact and sustainability.
   - 4.2 Recommendations on whether to continue NGP and suggestions for improvement.

Source: GoI(2011).

1.1.1 Sampling strategy: for outcome data collection
1.1.2 Sampling strategy: data collection on service delivery processes
1.1.3 Instruments for data collection
1.1.4 Training of interviewers and collection of data
1.1.5 Analysis: linking service delivery processes with outcomes

1.4.1 Sampling strategy for outcome data collection

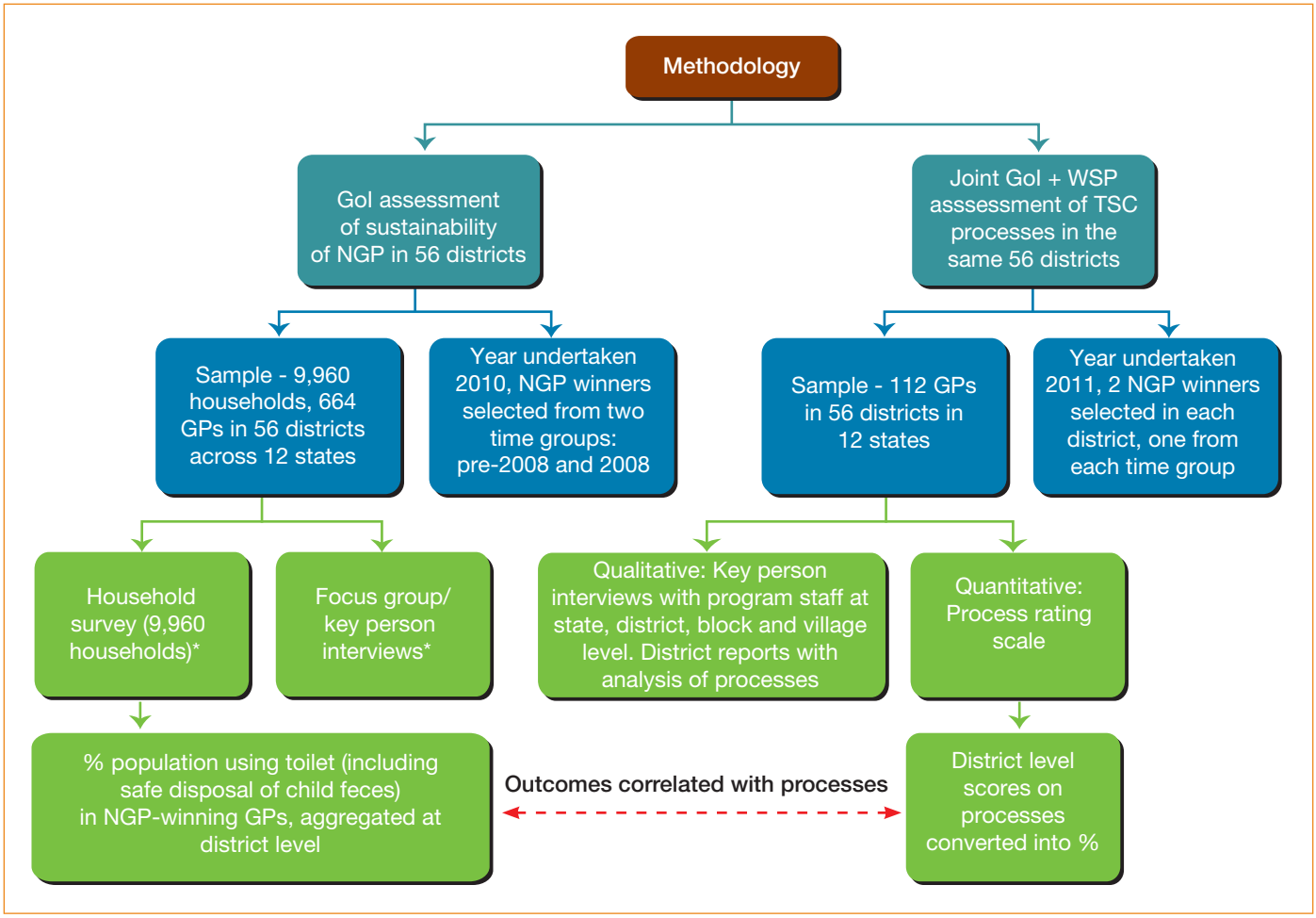
The sampling strategy adopted by GoI's assessment of NGP sustainability is reproduced below as this formed the basis of the sample that was used in this assessment of service delivery processes.

Selection of states. A total of 12 states were selected as the sample for the study, distributed equally across the three categories of high, average, or low performers. In this case, categorization of performance was based on the percentage of rural households reported to have a toilet as per the data available through GoI's routine monitoring system. This meant that a toilet facility had been constructed in that household but whether it was used or not was not known as toilet usage is not tracked by GoI's routine monitoring system. The number of states selected and the number of NGPs won by each state in the four years between 2005 (this is the first year when the annual NGP was given) to 2008 are shown in Table 2. NGP winners from 2009 and thereafter were not selected as the focus of the GoI study was on sustainability in those GPs that had won the prize at least two years prior to the study being initiated rather than winners in more recent years.[12]

As can be seen from Table 1, there were relatively few NGP awardees in 2005, 2006, and 2007, compared to 2008 which saw an upward spike in the number of NGP winners. To provide a balanced distribution, the number of NGP winners across the four years was divided into two time groups wherein the winners from 2005, 2006, and 2007 were clubbed into one time group (hereafter referred

[12] Although the sample NGP winners are selected from different years in which the prizes were given from 2005 onwards, the analysis is based on a single survey undertaken in 2010 and published in 2011 (GoI-CMS 2011).

FIGURE 3: STUDY METHODOLOGY



**Only outcome (toilet usage) from the 9,960 household survey was used to correlate with process ratings. Data from focus group/key person interviews were not used in the assessment of processes.*

to as pre-2008) and winners from 2008 formed the second time group.

Selection of districts and NGP winners. Districts where NGP winners were found in both pre-2008 and 2008 time groups were identified as 'common districts' in each sample state. Approximately 30 percent of the common districts, that is, 54 districts out of the 176 common districts in the sample states were selected for the study. For sampling, these 54 districts were proportionally allocated to each state after allowing for a minimum of two districts in a state. The allocated number of districts was selected for each state using the Probability Proportional to Size (PPS) technique, taking the number of GPs as the size variable. This implies that districts with a higher number of GPs had a higher probability to be selected in the sample.

While implementing the sampling method, it was found that in the case of Rajasthan, the pre-2008 time group had very few NGP winners. Hence, all pre-2008 NGP winning GPs had to be included in the study, and instead of the allocated three districts, five districts had to be selected to fulfill the prescribed coverage of 18 NGP-winning GPs from each time group. Therefore, the total sample of 56 districts was arrived at with two additional districts being selected from Rajasthan.

From these 56 sample districts, the Terms of Reference developed by GoI specified that six to seven NGP winners had to be selected from each time group in each district. Hence, a total of 664 NGP-winning GPs was selected, comprising an equal member (332) from each time group. The selection of NGP-winning GPs was done using the PPS

TABLE 1: SAMPLE STATES AND THE NUMBER OF NGPS WON 2005-08

Performance Category	State	NGPs Won in 2005	NGPs Won in 2006	NGPs Won in 2007	Pre-2008 NGP Winners (2005+ 2006+2007)	2008 NGP Winners	Total
High	Kerala	1	6	220	227	600	827
	West Bengal	10	126	470	606	328	934
	Tripura	1	36	46	83	30	113
	Haryana	0	0	60	60	798	858
Average	Maharashtra	13	380	1,974	2,367	4,301	6,668
	Uttar Pradesh	0	40	488	528	729	1,257
	Himachal Pradesh	0	0	22	22	245	267
	Andhra Pradesh	0	10	143	153	662	815
Low	Rajasthan	0	0	23	23	141	164
	Bihar	0	4	39	43	156	199
	Chhattisgarh	0	12	90	102	300	402
	Karnataka	0	0	121	121	479	600
Total		25	614	3,696	4,335	8,769	13,104

method and taking the population of NGP-winning GPs as the size variable. However, in some districts in Rajasthan, Uttar Pradesh, Bihar, Tripura, Himachal Pradesh, and Haryana, fewer than six or seven GPs had won NGPs in at least one of the specified time groups. A total shortfall of 24 NGP winners in the pre-2008 time group and seven NGP winners in the 2008 time group was found. This shortfall was supplemented through NGP winners from other selected districts in the same state through fresh PPS sampling. The total number of districts and NGP winners

TABLE 2: SELECTION OF SAMPLE DISTRICTS AND NGP WINNERS

Category	State	No. of Common Districts*	No. of Districts Allocated	No. of NGP Winning GPs in Common Districts*		No. of NGP-GPs Selected for Pre-2008 Time Group		No. of NGP-GPs Selected for 2008 Time Group	
				Pre-2008	2008	Per District	Total	Per District	Total
High	Kerala	13	4	228	548	6	24	6	24
	West Bengal	13	4	606	327	6	24	6	24
	Tripura	3	2	79	30	7	14	7	14
	Haryana	8	3	60	295	6	18	6	18
Average	Maharashtra	33	9	2,367	4,301	6	54	6	54
	Uttar Pradesh	54	15	528	688	6	90	6	90
	Himachal Pradesh	5	2	22	105	7	14	7	14
	Andhra Pradesh	17	5	152	662	6	30	6	30
Low	Rajasthan	8	5	23	141	6	18	6	18
	Bihar	7	2	44	156	7	14	7	14
	Chhattisgarh	5	2	102	300	7	14	7	14
	Karnataka	10	3	71	479	6	18	6	18
Total		176	56	4,282	8,769	76	332	76	332

** Common districts here refer to those districts where NGP winners were found in both pre-2008 and 2008 time groups.*

from each time group selected in each sample state is shown in Table 2.

Selection of households. House listing was carried out in the selected 664 NGP-winning GPs and 15 households from each NGP winner were selected using the Circular Systematic Sampling procedure. Hence, a total of 9,960 households was selected for household interviews (for the number of sample households selected in each state and district see Annex 1).

1.4.2 Sampling strategy: data collection on service delivery processes

Selection of states and districts. The sample of 12 states and 56 districts selected by GoI for the assessment of the sustainability of NGP (through the sampling method described earlier) was adopted on an 'as-is' basis, as the sample for the analysis of the quality of service delivery processes at the district level in this study.

Selection of NGP villages. In each district, village visits were undertaken to triangulate the information collected on processes at the district level. Two NGP villages were visited in each district, one from the pre-2008 time group and one from 2008. NGP villages were selected randomly from the six or seven villages selected for the GoI assessment of NGP sustainability in each district.

Selection of respondents for interviews. In each district, semi-structured, individual interviews were conducted with key actors. The criteria used to select actors for interviews at the district level included:

- Should have been engaged in implementing the rural sanitation program for at least six months; and
- Should represent a key decision-maker or implementer at the district level.

The types of stakeholders interviewed and the number of interviews done are given in Table 3.

1.4.3 Instruments for data collection on processes

For information on outcomes, the household survey data set was sourced from GoI's assessment of the sustainability of NGP. To assess the quality of processes by which districts implemented TSC, two data collection instruments were devised: an Interview Guide and a Process Rating Scale (Table 4).

Interview Guide. To ensure consistency in the findings of the assessment, an *Interview Guide* was developed to

TABLE 3: TYPES OF STAKEHOLDERS AND THE NUMBER OF INTERVIEWS AT THE DISTRICT LEVEL

Stakeholder/Agency	Whom to Interview	Number of Interviews
District Water and Sanitation Mission/Committee	• District Collector/Magistrate/Chief Executive Officer*	1 per district
	• District Nodal Officer*	1 per district
	• District TSC Cell*members (at least one, if available)	1 per district
	• Optional—selected Block Development Officers (BDOs)	1 per block
Gram Panchayat (GP, village level local government)	• Pradhan*/elected head of the GP	1 per GP
	• GP members*	At least 1 per GP
	• Households	Few households could be visited at the village level to triangulate any information collected at higher administrative levels
	• Community members active in TSC	As per context
	• NGO/CBO active in TSC	As per context

** See glossary for the meanings of these official designations.*
NGO: non-governmental organization; CBO: community based organization.

BOX 5. STUDY SAMPLE

Type of Data	Source	# of States	# of Districts	# of NGP Winning GPs	# of Households	Date of Data Collection
District level usage outcome data	GoI assessment of NGP sustainability	12	56	664	9,960	Data collected in 2010, data set made available in January 2011
District level process data	GoI and WSP assessment of service delivery processes (this study)			112	Not applicable	Interviews conducted in 2011 (March through July)

conduct semi-structured key stakeholder interviews. The guide comprised questions on three components or stages of service delivery that are considered essential for scaling up and sustaining rural sanitation, namely, Catalyzing, Implementing, and Sustaining (Annex 2).The questions were framed in such a way that an investigator could probe on the indicators under each process of the rating scale.

Process Rating Scale. The *Process Rating Scale* was devised to provide a quantitative scale to interpret the findings of all the interviews carried out within one district. Building on the scale introduced in the first round; the scale was refined by adding and regrouping indicators to clearly identify areas of improvement and bottlenecks that hamper progress in service delivery. Whereas in the scale used in the first round each indicator was given equal weight, the scale in this study assigned differential weights to indicators reflecting a judgment on the relative importance of underlying processes to scaling up and sustaining outcomes. The differential weights assigned to each indicator were based on the feedback received on the rating scale used in the first round of this assessment from policy makers, practitioners, and academics. The final rating scale for this second round was thoroughly reviewed by a panel of sector experts based on their considerable knowledge of the relative importance of these processes to scaling up and sustaining outcomes. The final rating scale was reviewed and cleared by GoI before being applied in this assessment.

This is how the scoring methodology worked: in the scale, each process is reflected by five indicators and each indicator is given a mark between a minimum of zero and a maximum of two or three marks. The allocation of maximum marks is such that the Sustaining component processes score higher than those related to Catalyzing or Implementing. The sum total of the marks assigned to different indicators adds up to a maximum of 100 and a minimum of 0, divided between the three components as follows—30 marks for Catalyzing, 30 marks for Implementing, and 40 marks for Sustaining. The cumulative score on the rating scale is converted into a percentage. The scale is given in Table 5.

1.4.4 Selection and training of interviewers

Interviews for this assessment were conducted by members of WSP India's rural sanitation team which has considerable experience in the rural sanitation sector in India and is familiar with GoI's administrative structure. All interviewers, except one, had also participated in the first round of

TABLE 4: INSTRUMENTS FOR DATA COLLECTION ON PROCESSES

What does the Study Assess?	How is it Assessed?	Instrument
Quality of service delivery processes	Qualitative: Key person interviews with key program implementers from district to village level	Interview Guide
	Quantitative: Quality of processes scored using a standard rating scale	Process Rating Scale

TABLE 5: PROCESS RATING SCALE

Process		Indicators	Max. Score	Score Given (min=0)	%
I. CATALYZING					
Strategy	1	TSC guidelines are understood and implemented by the core group	1		
	2	Strong political and administrative will exists to implement at different levels	2		
	3	TSC implementation is being undertaken by related departments	2		
	4	Common understanding of implementation strategy at different levels from district to GP	2		
	5	Strategy to implement TSC emphasizes collective behavior change outcomes	3		
		Sub-total	10	0	0
Institutions	1	Nodal agency[13] is functional and effective	1		
	2	Coordination mechanisms have been set up at different levels and between different actors	1		
	3	Village-level institutions take the lead in implementing at the community level	2		
	4	A dedicated unit for TSC with adequate staff exists at the district level and is effective	3		
	5	Adequate staff and capacity exists at the block and sub-block levels (e.g., cluster, GP, habitation) for implementing the program effectively	3		
		Sub-total	10	0	0
Financing	1	Additional installments are asked for on time	1		
	2	There are no funding bottlenecks at the district and sub-district levels (funds under the control of the district)	1		
	3	Funding is used to address all components of total sanitation	2		
	4	Funding is used for both short-term hardware target achievement and long-term sustainability (quality, usage)	3		
	5	Households invest own resources in toilet construction	3		
		Sub-total	10	0	0
		Catalyzing component sub-total	30	0	0
2. IMPLEMENTING					
Demand	1	Behavior Change Communication (BCC) messages includes personal hygiene and a clean environment in addition to household/ institutional sanitation	2		
	2	Mass media is used to the optimal level	2		
	3	BCC focuses on collective behavior change outcomes	3		
	4	BCC is not seen as a one-time activity and continues to focus on sustainability of outcomes	3		
	5	Motivators are used to the optimal level	3		
		Sub-total	13	0	0

[13] At state level, the rural sanitation portfolio is held by either RDD or PHED.

TABLE 5 CONTINUED

Process		Indicators	Max. Score	Score Given (min=0)	%
Supply	1	Multiple technology options are promoted	2		
	2	Technology choices respond to community preferences and are affordable	1		
	3	Technology choices promoted and adopted are safe/improved	1		
	4	Products and services sourced are easily available	1		
	5	Trained masons are available for construction	1		
		Sub-total	6	0	0
Scale	1	TSC is implemented as a district-wide campaign in phases	2		
	2	Motivators are provided logistic and other support to reach all parts of a district	2		
	3	Supply chain extends to hard-to-reach, difficult terrains	2		
	5	Strategy includes moving from ODF to ODF+ behaviors such as adoption of improved hygiene behaviors like hand-washing with soap, safe disposal of garbage and wastewater, etc.	2		
	4	ODF goal focuses on households and institutions	3		
		Sub-total	11	0	0
		Implementing component sub-total	30	0	0
3. SUSTAINING					
Subsidy	1	Subsidy is given as a post-construction incentive after usage is verified	3		
	2	Subsidy is not treated as a unit cost to which type of toilet model is fitted[14]	3		
	3	Subsidy is given to households that would not be able to afford the cost of toilet construction without this assistance[15]	3		
	4	Subsidy is not given to private contractors, NGOs, etc., to build toilets	3		
	5	Subsidy is given to GP/community as an incentive to reward achievement of collective ODF outcomes	3		
		Sub-total	15	0	0
Monitoring	1	Monitoring results are fed back to lower levels; used in planning and management	2		
	2	Monitoring systems are available at the village, block, and district levels to track usage of APL, BPL, public, and institutional toilets	3		
	3	Systems are in place to ensure quality of data reported	3		
	4	NGP applications are thoroughly checked before being forwarded to higher levels	3		
	5	Monitoring of NGP/ODF villages is undertaken regularly	3		
		Sub-total	14	0	0

[14] According to TSC guidelines, a subsidy is intended as an incentive which may be given to BPL families if this is considered necessary for the complete involvement of the community. The BPL family should undertake construction of the toilet on its own and a cash incentive may be given to it in recognition of its achievement. This indicator sought to verify whether the subsidy was, in fact, delivered as an incentive or whether it was diverted as an upfront unit cost to fund toilet construction for BPL households.

[15] This indicator looked at potential errors of inclusion (households other than BPL households receive subsidy) and exclusion (BPL households eligible for the subsidy are left out) in targeting subsidy.

TABLE 5 CONTINUED

Process		Indicators	Max. Score	Score Given (min=0)	%
Rewards and Recognition	1	Incentives exist for motivators and GP Pradhans which are linked to achieving ODF status	2		
	2	Incentives exist for block- and district-level officials to prioritize TSC outcome achievements	2		
	3	Incentives exist to sustain NGP status post-award	2		
	4	Incentives exist to move to ODF+ activities (e.g., safe disposal of garbage and wastewater, adoption of improved hygiene behaviors such as hand-washing with soap) that are introduced once ODF status is achieved	2		
	5	Competition-based annual rewards for cleanest GP have been introduced	3		
		Sub-total	11	0	0
		Sustaining component sub-total	40	0	0
		TOTAL	100	0	0

this assessment which visited 22 districts in 21 states. Districts were assigned to different team members on the basis of their fluency in the local language of the state in which the district was located.

Before initiating the assessment, a training workshop was held in New Delhi to familiarize team members with the revisions in the rating scale and research protocol used in the first round of this assessment. Different scenarios that could be encountered during district visits were discussed including guidance on how to score these. Once the district visits started, each rating scale and district report was thoroughly reviewed to ensure that the narrative matched the scores given.

1.4.5 Analysis: linking processes with outcomes

The performance of each district in terms of outcomes (percentage of sample population—of NGP-winning villages/local government areas—using toilets and safely disposing child feces) and the district score on the process rating scale were correlated to understand if these factors are linked and to what extent.

1.5 Limitations

Some of the limitations of this study are:

- GoI's routine monitoring system for the rural sanitation sector in India does not track usage of toilets. The most recent and reliable source of information on toilet usage was available through GoI's study of NGP sustainability. To use the data set of this study to assess service delivery processes, its sample had to be replicated on an 'as-is' basis. Hence, the sample size and sampling methodology were not under the team's control;
- Linked with the above limitation, the districts selected by GoI for the study and subsequently for this assessment, are the best performers in their respective states. However, this is a partial limitation as states are selected from three different categories—high, average, and low—based on their performance on TSC. Hence, the sample comprises 'best districts of the best achiever states', 'best districts of average states', and 'best districts of low achiever states;'
- Another limitation of the study relates to the fact that TSC processes were rated on their status as on the data collection/interview dates (in 2011), while the outcome data were collected during a study conducted in the previous year (in 2010). While outcomes would be a cumulative result of processes up to the previous year, the process ratings were given on the status as on 2011; therefore the findings have to be looked at keeping this practical difficulty in view; and
- Although this study has its limitations, it contributes to a growing body of work on service delivery processes (Box 6). Other studies have been

developing methodologies for assessment of processes and a combination of efforts should help in developing not only better tools to 'measure' processes for delivery of rural sanitation programs but also for a much better understanding of 'what works.'

BOX 6. EXAMPLES OF OTHER STUDIES THAT ASSESS SERVICE DELIVERY PROCESSES

- The African Ministers Council on Water commissioned a first round of Country Status Overviews (CSOs) on water supply and sanitation in 2006 followed by a second round in 2009-10. The objective of the CSOs is to shed light on the factors that underpin progress in the sector and what member governments can do to accelerate progress. For each country (16 included in the first round and 32 in the second round), the CSOs explore the links between inputs (financing) and outcomes (service coverage) using a 'scorecard' to identify areas of progress and improvements in each sub-sector;

- Since 2007, WSP has been undertaking Enabling Environment Assessments (EEAs) in program countries that have 'Scaling up Rural Sanitation' as a core business line. These assessments analyze the programmatic and institutional conditions needed to scale up, sustain, and replicate the total sanitation and sanitation marketing programmatic and service delivery approaches. EEAs are undertaken at two points in time: a baseline assessment at the start of WSP's intervention in a country/province and an end line assessment at the end of the intervention; and

- A study was undertaken by WSP Indonesia in 2010 to identify factors associated with achieving and sustaining behavior change by communities to become ODF in East Java. This showed that communities that achieved ODF status within two months of triggering achieved markedly higher access gains. Factors associated with 'quickly' ODF communities include high social capital, high-quality Community Led Total Sanitation (CLTS) triggering, access to latrine supplies, easy payment terms, absence of external subsidy packages to a few households out of all, and regular monitoring.

II. Correlating Service Delivery Processes with Outcomes

KEY POINTS

- Sample districts tend to score the highest on processes under the Catalyzing component, followed by Implementing and Sustaining. This implies that while catalyzing conditions are in place, it has been challenging to translate these into downstream service delivery and for sustaining outcomes;
- The quality of processes adopted by districts to implement TSC has a significant and positive correlation with outcomes at the district level; and
- Processes under the Sustaining component, followed by Catalyzing component, seem to be more correlated with usage, compared with Implementing. Overall, it is not individual processes that determine program outcomes in a district but the sum of parts.

This chapter presents the results of correlations between district scores on the process rating scale and district performance in terms of outcomes as measured by the percentage population using toilets including safe disposal of child feces.

2.1 How have Sample Districts Scored on Quality of Processes?

Overall, district scores on the quality of processes tended to be the strongest on Catalyzing, followed by Implementing and Sustaining components. This means that the districts scored well in terms of putting in place policies, institutions, and budgets related to program implementation. However, it was challenging to translate these catalyzing conditions into scaling up demand and supply to reach and sustain outcomes. Figure 4 shows the average scores of 56 districts on each component of the process rating scale, color coded to enable identification of areas of strength and weakness.

Looking at individual processes in the rating scale, we find that districts scored the most in putting in place processes to strengthen supply and financing. Since the rural sanitation program leverages the existing institutional structure of the district administration, districts tend to score well on this indicator. The district process rating score is average on all other indicators except for rewards and incentives on which the average district score is the lowest of all processes tracked. Figure 5 presents district scores on individual processes, color coded to identify areas of strength and weakness (green denotes a score of more than 65, yellow is more than 32, and red is less than 31).

FIGURE 4: HOW HAVE SAMPLE DISTRICTS SCORED ON QUALITY OF PROCESSES IN TERMS OF COMPONENTS? (N=56 DISTRICTS)

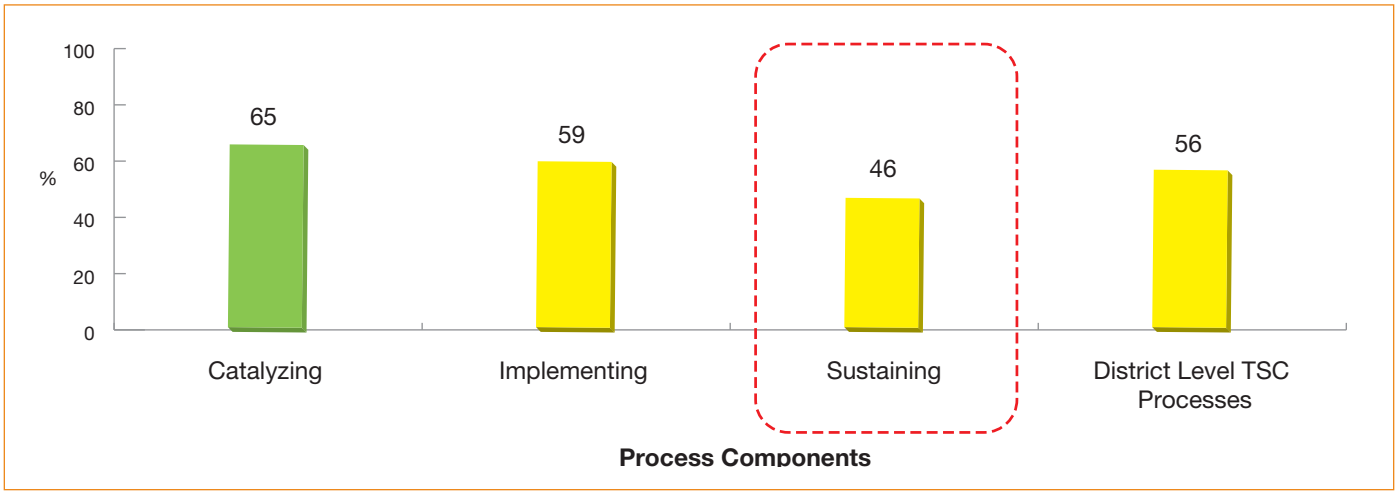


FIGURE 5: HOW HAVE SAMPLE DISTRICTS SCORED ON QUALITY OF PROCESSES? (N=56 DISTRICTS)

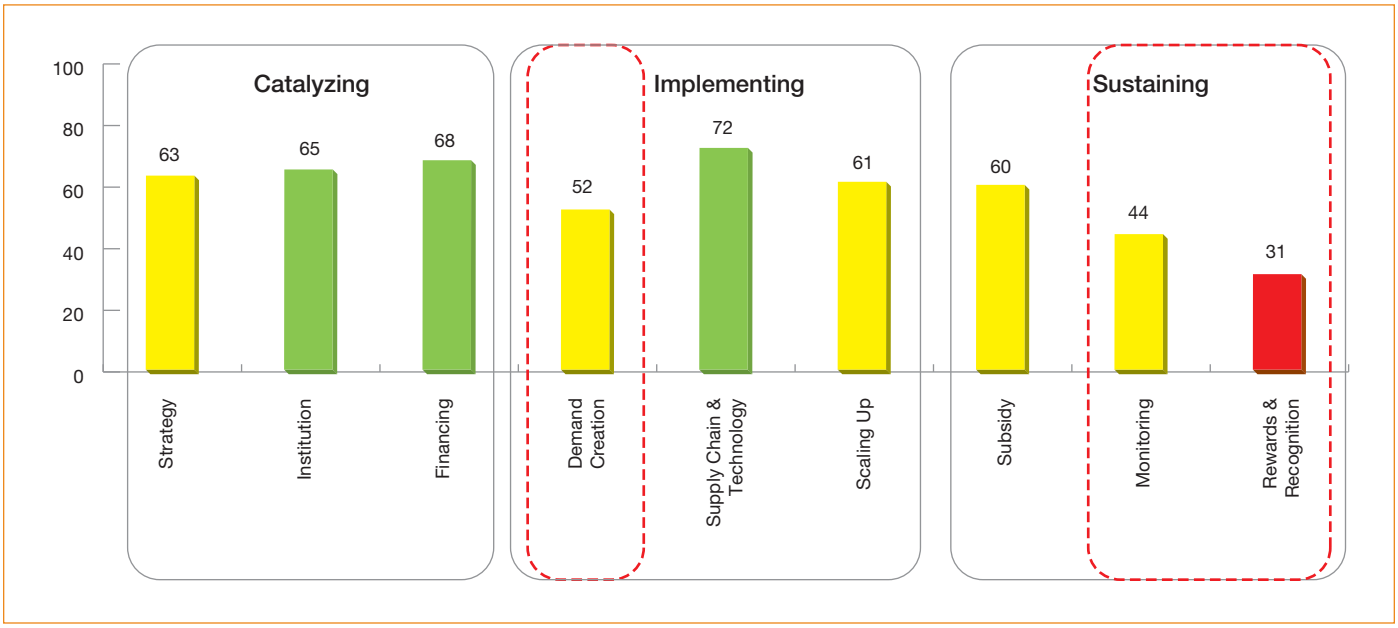
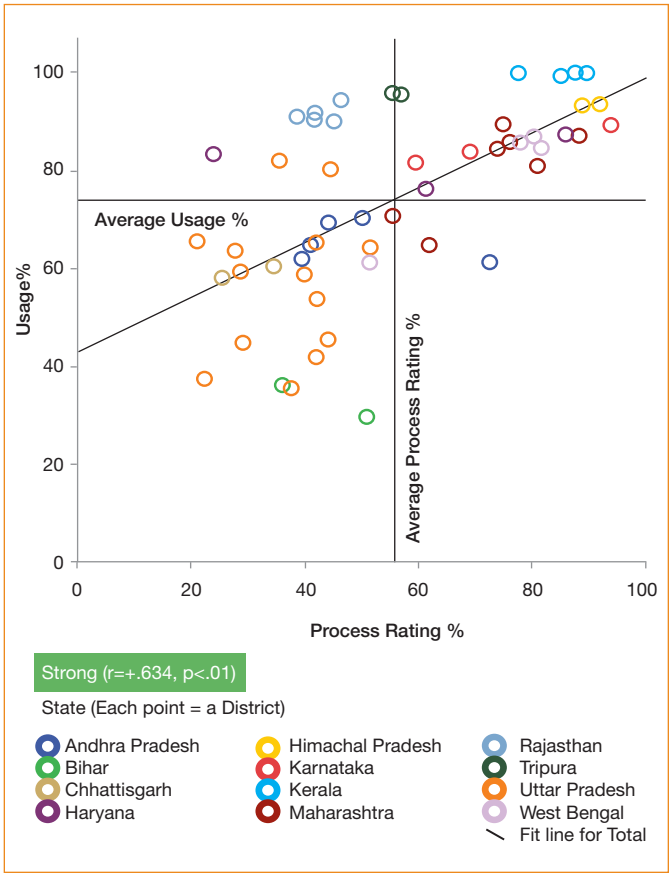


FIGURE 6: CORRELATING QUALITY OF PROCESSES WITH SUSTAINING NIRMAL STATUS

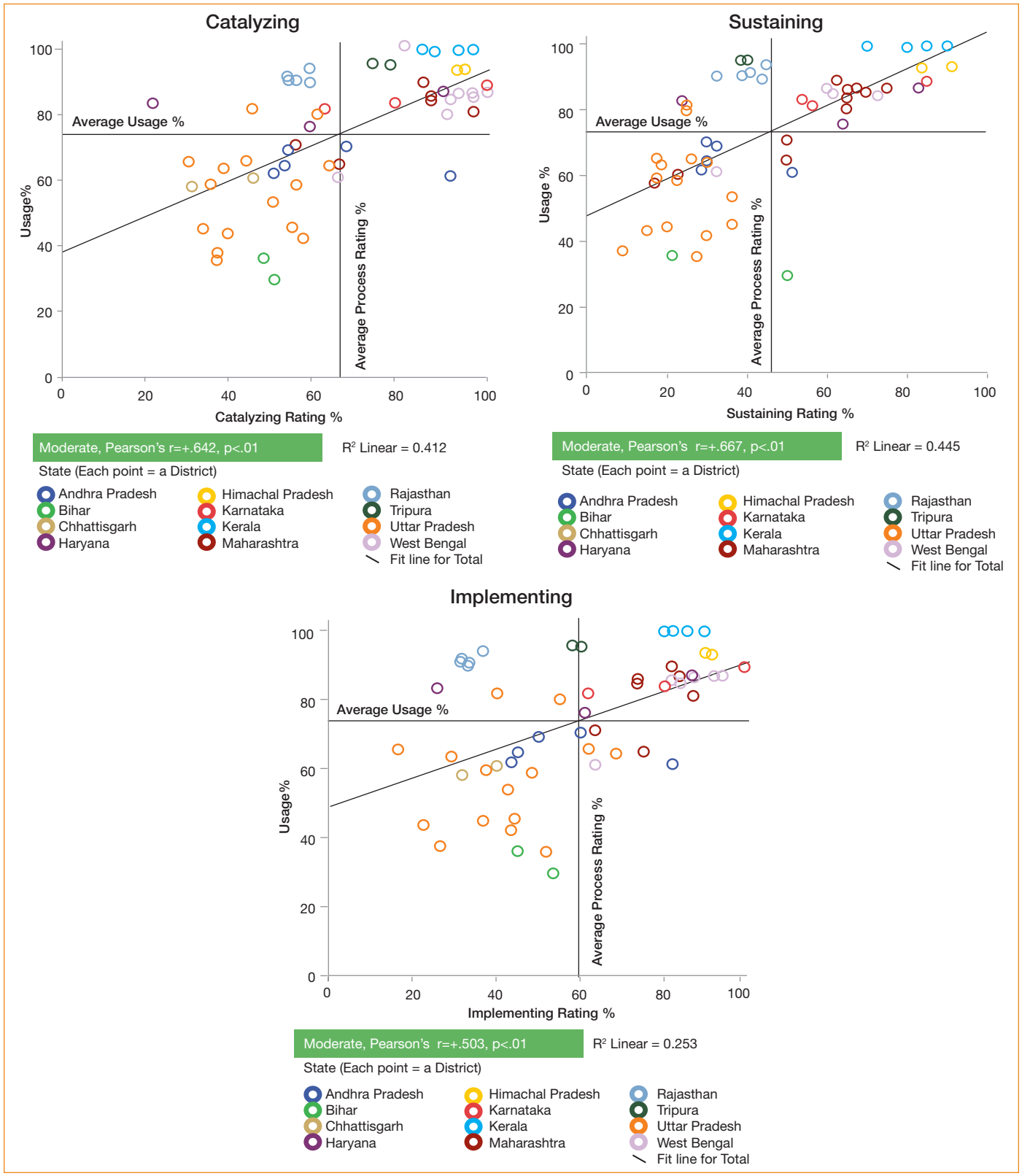


2.2 Does Quality of Service Delivery Processes Matter?

District scores on the quality of processes were correlated with district performances in terms of the percentage of sample population using toilets (including safe disposal of child feces) as found by GoI's assessment of NGP sustainability. It was found that the quality of processes adopted by districts to implement TSC had a significant and positive correlation with usage of toilets in NGP winners. In other words, the higher the quality of the processes adopted, the stronger the likelihood that NGP winners will sustain behavior change linked to toilet usage in a district (Figure 6). District ratings on the three individual components of the process rating scale—Catalyzing, Implementing, and Sustaining—were also found to have significant positive correlations with the district-level usage outcomes (Pearson's r values of .642, .503, and .667 respectively, all significant at the level of $p<.01$) (Figure 7). These correlations indicate that:

- The higher the quality of processes adopted by a district, the greater the likelihood of sustaining usage/behavior change among the population in NGP-winning GPs; and
- Sustaining, followed by Catalyzing, seems to be more correlated with usage compared with the processes in the Implementing component.

FIGURE 7: CORRELATING SAMPLE DISTRICT SCORES ON PROCESS COMPONENTS WITH DISTRICT PERFORMANCE IN TERMS OF TOILET USAGE



Individual processes were also correlated with usage outcomes (Table 6). While a majority of the processes had a significant and strong positive correlation (r>0.5 or 0.6), three processes (demand creation, scaling up, and rewards) out of the nine processes were found to have a moderate to weak correlation at the same level of significance (p< 0.01), as shown in Table 6. Since this assessment evaluates the service delivery system at the district level, the sum of parts rather than standalone processes are more important. This is also reflected in district scores wherein it was found that although it was possible to identify high, average, and low scorers based on total rating scores, within these scoring groupings, high scorers did not score well across the board on all processes measured through the rating scale. Similarly, poor scorers also did not score poorly across all processes that were measured and tended to match and, in a few cases, exceed average or high scorers (Results in the next section). Hence, it is not individual processes that determine program outcomes in districts but the sum of their parts.

TABLE 6: RESULTS OF INDIVIDUAL PROCESS CORRELATION WITH USAGE OUTCOMES (N=56)

Component	Average Component Process Rating	Component Correlation	Process	Average Process Score as per Rating Scale	Process Correlation
Catalyzing	65	.642**	Strategy	63	.636**
			Institutions	65	.617**
			Financing	68	.535**
Implementing	59	.503**	Demand	52	.455**
			Supply	72	.615**
			Scale	61	.445**
Sustaining	46	.667**	Subsidy Delivery	60	.645**
			Monitoring	44	.660**
			Rewards	31	.432**

***All correlations (Pearson's r values) are positive and significant at p<.01.*

III. What Explains the Differences in District Scores on Service Delivery Processes?

KEY POINTS

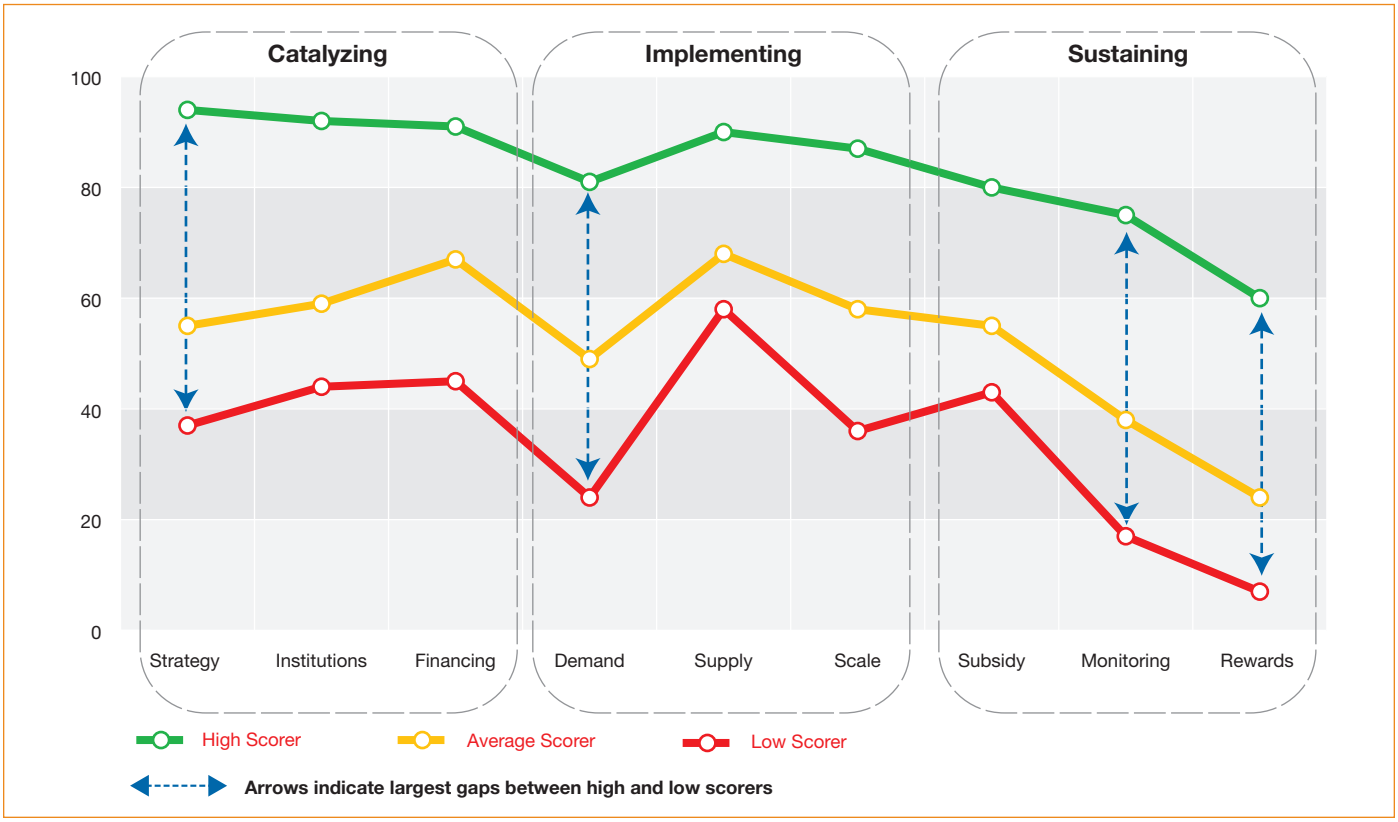
- The largest gaps between high and low scoring districts were found in the following processes: strategy in the Catalyzing component, demand creation in the Implementing component, and monitoring in the Sustaining component; and
- Among the nine processes rated, districts scored the highest on processes related with supply and lowest on processes related with rewards and recognition, followed by monitoring.

In this chapter, sample districts are divided into three categories—high scorers, average scorers, and low scorers—based on their scores on the process rating scale. It provides a detailed analysis by component and process of the similarities and differences in terms of processes adopted by districts on different points on the performance curve in terms of the quality of the processes.

In order to identify what differentiates district scores in terms of the quality of service delivery processes, the sample of 56 districts was distributed into three categories—high, average, and low scorers—in descending order of the overall process rating score. Figure 8 shows where the largest gaps are found between high and low scorers on each process in each component of the rating scale, namely in strategy under Catalyzing, demand creation under Implementing, and monitoring under the Sustaining component.

A detailed analysis of the differences and similarities between high, average, and low scoring districts is also presented by process under each component for all the nine processes scored through the rating scale.

FIGURE 8: 56 DISTRICTS' AVERAGE SCORES ON QUALITY OF PROCESSES (N=56 DISTRICTS)



3.1 Catalyzing Program Implementation

Strategy. Figure 9 shows sample districts' scores on strategy, divided by high, average, and low scorers. In terms of the strategy adopted to implement TSC, high scorers show a common understanding of the TSC strategy whereas in low scorers, typically, a disconnect was found between the paper strategy approved at higher policy levels that emphasizes outcomes and its diluted understanding at the implementation level. Rural sanitation is often not a priority, especially when compared with more high profile sectors such as water supply. However, high scorers have succeeded in making sanitation a priority at both administrative and political levels. High scorers also tend to put in place a strategy that emphasizes collective behavior change. By contrast, as can be seen from Figure 10, this is the weakest link in the strategy of average to low scorers which tend to emphasize outputs such as toilet construction rather than behavior change. An area of improvement across districts is coordination between related departments. Findings show that despite sanitation having close links with sectors such as nutrition, health, and local government, there is a tendency to see it as a preserve of the nodal agency (either RDD or PHED) appointed to implement the rural sanitation program.

Institutions and Capacity. In terms of the institutional framework, the nodal agency was found to be functional in most sample districts (Figure 10). Village-level institutions were also found to play a key role reflecting the

FIGURE 9: COMPARING DISTRICT SCORES: STRATEGY (N=56)

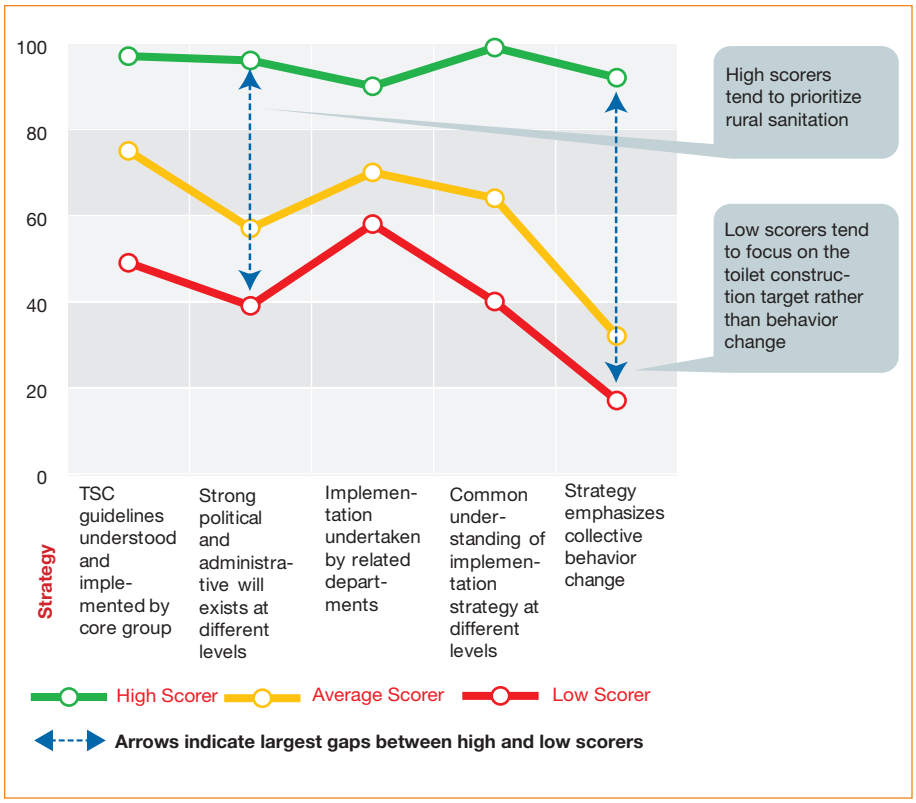
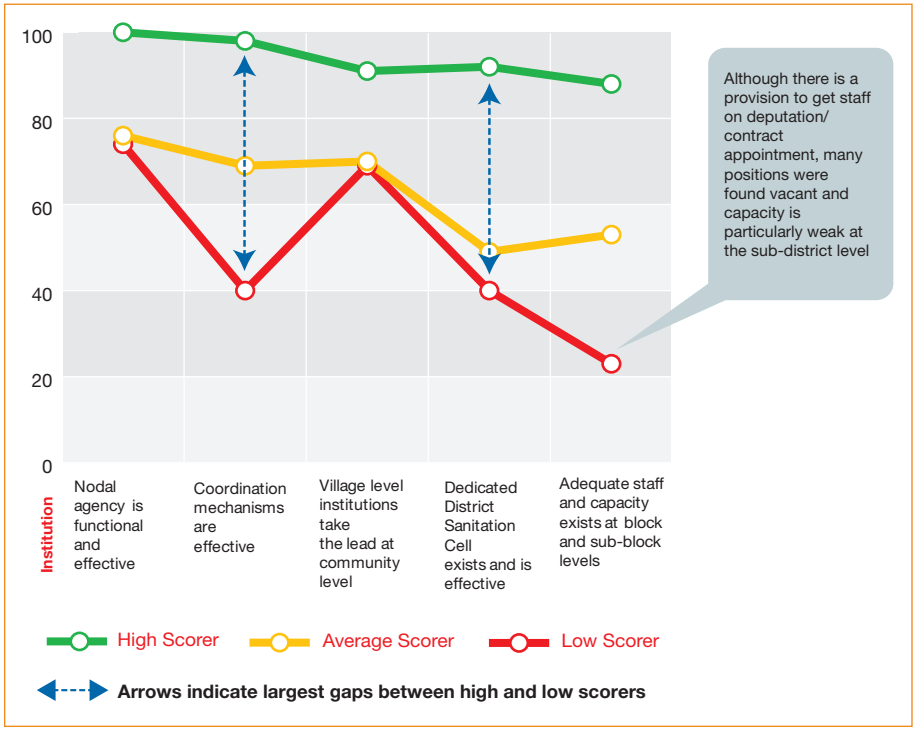


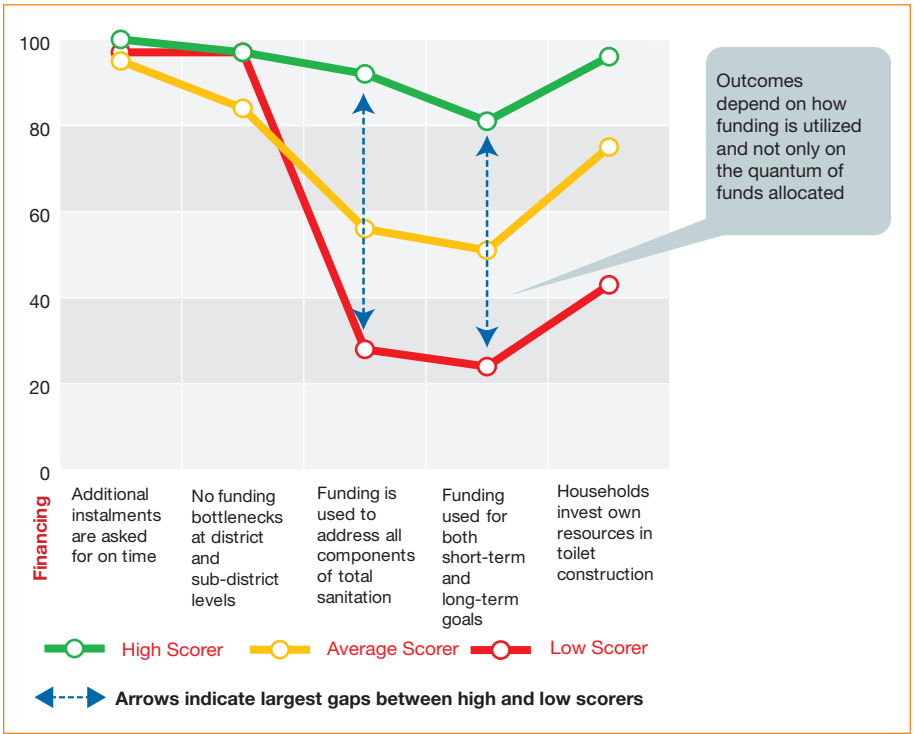
FIGURE 10: COMPARING DISTRICT SCORES: INSTITUTIONS (N=56)



decentralized design of the program. However, coordination mechanisms, though found to be in existence, were not effective in a majority of districts. A key challenge for districts that are weak scorers is that despite sanctioned posts many key staff positions (for example, district coordinator, functional specialists in areas such as monitoring communications, and so on) were found vacant. Box 7 describes the institutional structure for Alappuzha, a *Nirmal* district in Kerala, which shows how a high scorer has put in place an institutional model to scale up TSC.

Financing. As can be seen from Figure 11, it was reported across sample districts that there were no delays or bottlenecks in funding, reflecting that the rural sanitation allocation was released by GoI through state governments for utilization as per the demands from the districts. However, once the funds were released, high scorers tended to use the funding to address all components of total sanitation including household sanitation, school sanitation, and waste management. High scorers also tended to focus not only on achieving but also sustaining behavior change to end open defecation. Under TSC, despite the availability of an incentive for toilet construction, high scorers tended to focus on mobilizing users to change their sanitation situation and invest their own resources in toilet construction. Such an approach was found to be more sustainable than one which provides toilets as 'gifts-in-aid' (Tremolet 2010).

FIGURE 11: COMPARING DISTRICT SCORES: FINANCING (N=56)



BOX 7. INSTITUTIONAL MODEL TO SCALE UP TOTAL SANITATION: EXAMPLE OF A DISTRICT THAT HAS A HIGH SCORE ON QUALITY OF PROCESSES

Alappuzha district in Kerala comprises 73 GPs and 12 blocks. All GPs and Block Panchayats in this district won NGPs during 2007-09 and the district was declared Nirmal in 2009. Alappuzha is the smallest district in Kerala in terms of area but has the highest density of population (1,492 persons/square kilometer). Sanitation has always been a challenge in this district due to the presence of high water table areas and a coastal belt.

The District Sanitation Samiti (DSS) attached to the District Panchayat (DP) is responsible for the implementation of TSC in the district. While DSS is chaired by the President of the DP, the District Collector (DC) is the Executive Director of DSS. DSS meets regularly to review progress of the work. Due to frequent outbreaks of sanitation linked diseases such as chikungunya (a viral illness spread by bites of infected mosquitoes) and malaria, this is a priority sector among district administrators.

DSS has a District Coordinator and two Assistant Coordinators (all on deputation from RDD) and one Data Entry Operator (on contract appointment). District and Block Resource Teams have been set up in the district to help in

the implementation of TSC. At the GP level, the Village Extension Officer (VEO) is responsible for the implementation of TSC. The program is implemented through the GP. A Health Promotion Team has been set up at the ward level in the GPs mainly with volunteers from Kudumbasree (Kerala Government's women's empowerment and poverty eradication program) Self-Help Groups (SHGs), health department staff, and so on.

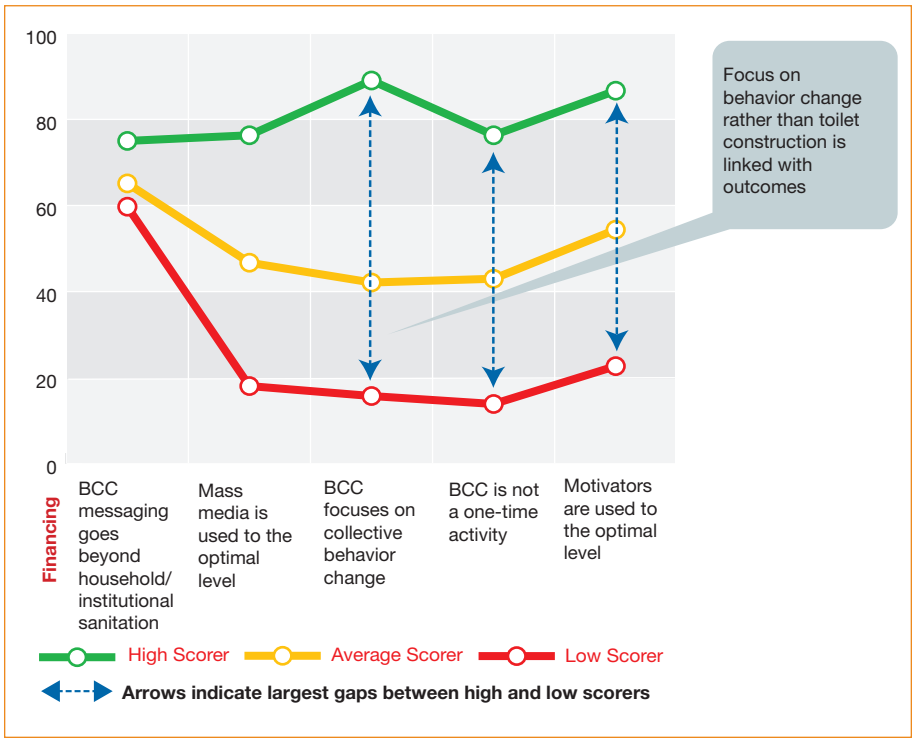
The GP President and ward members provide leadership in identifying beneficiaries and motivating them at the village level. There is no NGO support in the implementation of TSC in the district. The VEO provides monitoring support and also supervises construction work. Beneficiaries are responsible for the construction of their own toilets and BPL households receive monetary incentives from TSC on completion of the work. The beneficiaries usually spend much more than the incentive they receive as they tend to construct pucca (permanent) toilets with good superstructures and, in some cases, attached bathrooms. The school and anganwadi sanitation program is implemented by Panchayati Raj Institutions (PRIs) which are responsible for managing the schools in the state as per the decentralization program. At the GP level, Sanitation Committees exist at the ward level under the leadership of ward members of the GP. These committees also help in the implementation of TSC, especially the waste management program.

3.2 Implementing Program Goals

Demand Creation. TSC guidelines advocate a demand-driven approach to rural sanitation and up to 15 percent of a district's budget for rural sanitation is allocated for IEC. Districts have the flexibility to implement a demand-driven approach and utilize IEC funds based on their context and capacity. As shown in Figure 12, sample districts were almost at par as far as the development of communication material was concerned. However, high scorers tended to diverge after this point as they were able to exploit available channels more effectively to ensure that the messages reached the target audience over a period of time to not only motivate behavior change but also sustain it. By contrast, weak scorers tended to treat BCC as a one-time activity and did not invest adequately in making inter-personal and mass communication effective (Box 8).

Supply and Technology Promotion. The TSC Guidelines advocate informed technology choices and setting up of alternate supply channels such as RSMs to facilitate supply of products and services, if required. In the sample, districts across scoring bands tended to promote safe or improved technology under the program and did not report any difficulties in the availability of sanitary products or masons (Figure 13). Whereas high scorers tended to promote informed choice and multiple technology options, low scorers were found to scale up construction of a single technology model regardless

FIGURE 12: COMPARING DISTRICT SCORES: DEMAND (N=56)



of whether it reflected household choice or affordability (Box 9).

Scaling up. On average, sample districts did not report any problems in terms of accessing sanitary products, even in difficult terrains, as can be seen from the consolidated findings in Figure 14. In every other respect, however, high scorers tended to adopt an approach that was amenable to working across communities rather than creating pockets of excellence. Firstly, high scorers tended to implement the program in phases

BOX 8. PROMOTING SANITATION AS TOILET CONSTRUCTION, NOT BEHAVIOR CHANGE

In a low scoring sample district, under the IEC component, NGOs have been engaged on contract to undertake activities such as wall paintings, film shows, street plays, distribution of pamphlets, and so on. Door-to-door visits are also undertaken by village functionaries such as anganwadi workers, health workers, and school teachers. However, the content of the messaging tends to focus on individual household toilet construction rather than the need for behavior change to achieve ODF status. The district has used 'achievement of NGP' as a key trigger with GPs and, subsequently, the focus has been on completing toilet construction before the NGP verification team arrives rather than motivating behavior change.

FIGURE 13: COMPARING DISTRICT SCORE: SUPPLY AND TECHNOLOGY PROMOTION (N=56)

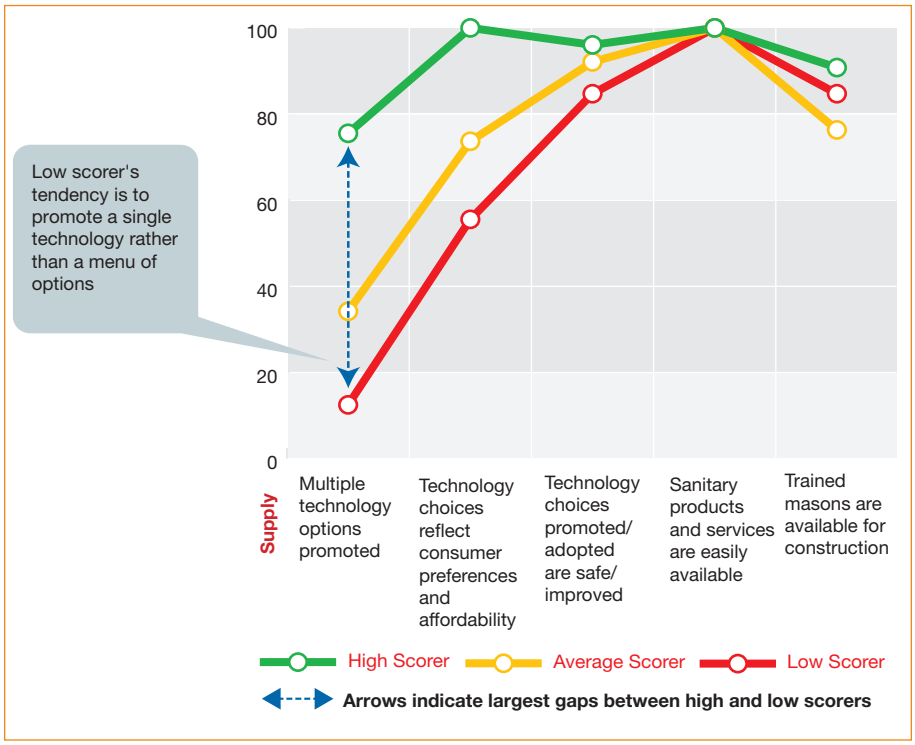
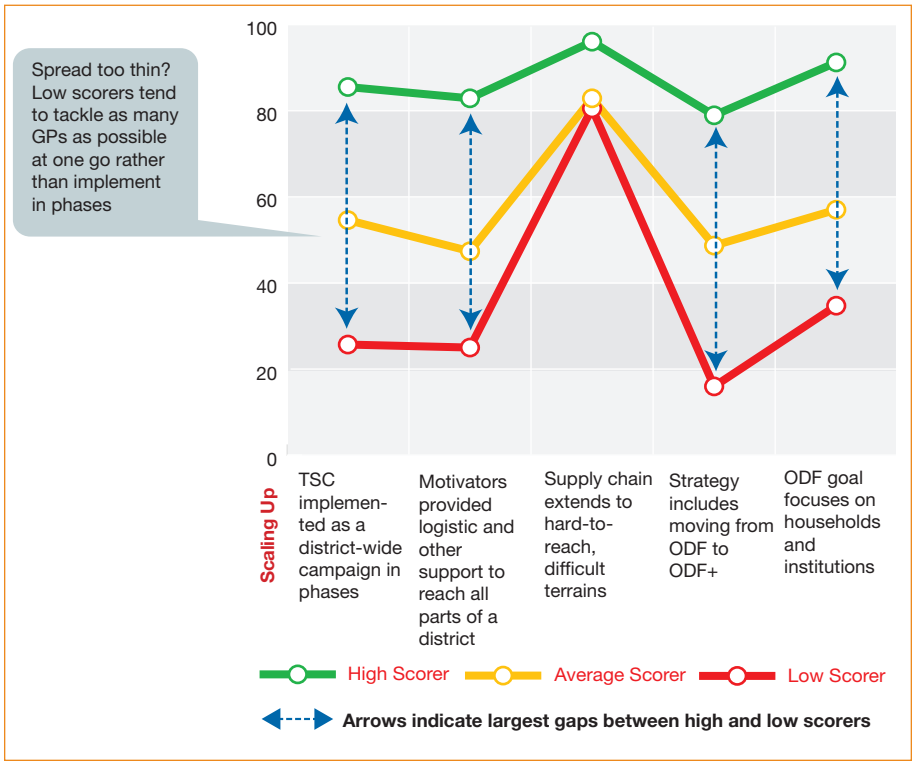


FIGURE 14: COMPARING DISTRICT SCORE: SCALING UP (N=56)



BOX 9. WHOSE TOILET? LACK OF HOUSEHOLD INVOLVEMENT IN SELECTING TOILET TECHNOLOGY

The TSC Guidelines state that an incentive can be given to a household to recognize its achievement of stopping open defecation. However, in practice, this amount is sometimes treated as a subsidy to construct a toilet rather than as an incentive to reward behavior change.

In one of the low scoring sample districts, a single offset leach pit, with slab and rural (high gradient) pan, is the model promoted for all households regardless of preference or geo-hydrological conditions. In addition to the incentive amount available under the program for BPL families, the district has made incentives available to APL families as well under the state policy. This 'incentive' amount is treated as a unit cost or subsidy for constructing a household toilet. Accordingly, the toilet model promoted by the district is fit to the incentive/subsidy amount. This comprises a sub-structure and four walls of height up to 4 feet for both BPL and APL families, and every family is expected to install a door and a roof.

The district has extended financial support for five RSMs but none of these is functional. Even so, there are no difficulties reported in accessing sanitary products due to the existence of a well-established private market for most materials except for rural pans. Subsequently, the GP purchases all materials required for toilet construction locally; rural pans are procured by the district and made available through the sub-divisional office. The GP engages local masons and monitors the construction. Households play a minimal role in selecting the toilet model, engaging masons, and construction, and it was found that most did not invest in installing a door and a roof to complete the toilet sub-structure provided or, in fact, use the toilet constructed for them.

BOX 10. PHASED APPROACH TO TSC IMPLEMENTATION IN RAIGAD DISTRICT, MAHARASHTRA

In Raigad, a high scoring district, phased take-up of GPs is based on the following three criteria: 1) relatively small GPs in terms of population; 2) at least a third of the households use toilets; and 3) positive outlook of elected representatives towards the rural sanitation program.

Training is targeted at village health extension workers and elected representatives. A parallel initiative is the Swacchata Dhoot (sanitation ambassador) concept targeted at school teachers and selected students. The district follows a post-construction incentive system for households. The GP, in coordination with the school, is responsible for promoting safe sanitation through a community-led approach for achieving 100 percent ODF status. Utilizing other platforms such as the National Service Scheme in colleges, organizing exposure visits to GPs that have won the state sanitation prize (Sant Gadge Baba Gram Swachata Abhiyan award), training programs for masons, and organizing the Nirmal Raigad Neta Rath (Clean Raigad Leaders Rally) are allied initiatives. A strong political will to focus on sanitation is reported. The role of some members of the Zila Panchayat (ZP) in encouraging and ensuring support for rural sanitation is reported.

rather than spreading efforts too thinly by implementing across all local governments at once (Box 10). Secondly, trained motivators were provided with logistic and other support to enable them to reach communities in different parts of a district. Last, but not the least, high scorers tended to be inclusive in that they interpreted the program goals not just in terms of household sanitation but as an ODF environment and, moving beyond that, to waste management.

3.3 Sustaining Outcomes

Subsidy Delivery. Processes linked with subsidy delivery have a high correlation with outcomes achieved at the district level. Across sample districts, as can be seen from

Figure 15, subsidy was usually not given to a private contractor or external agency such as an NGO to construct toilets. Beyond that, high scorers tended to follow the program guidelines in letter and in spirit. For instance, high scorers released the subsidy as a post-construction incentive rather than as an upfront payment. Secondly, they focused on mobilizing the community and motivating households to invest their own resources in toilet construction. Hence, the subsidy was not treated as a unit cost to determine which model of toilet technology should be constructed (Box 11).The practice of treating the subsidy as an incentive not just for individual household toilet construction but for achievement of community-wide ODF status was found in very few sample districts.

Monitoring. Processes related to monitoring had the highest correlation with outcomes among the nine processes scored through the rating scale. Monitoring is also an example where high scorers are clearly distinguished from average and low scorers. As can be seen from Figure 16, high scorers tended to use monitoring not just for reporting to higher levels but also to establish systems to ensure that monitoring results were used as a way for improving planning and management of the program. As TSC provides incentives for the construction of BPL toilets, the monitoring in average and low scorers tended to focus on achievement of targets linked with BPL toilet construction. However, high scorers tended to ensure that monitoring covered different segments of the

FIGURE 15: COMPARING DISTRICT SCORE: SUBSIDY DELIVERY (N=56)

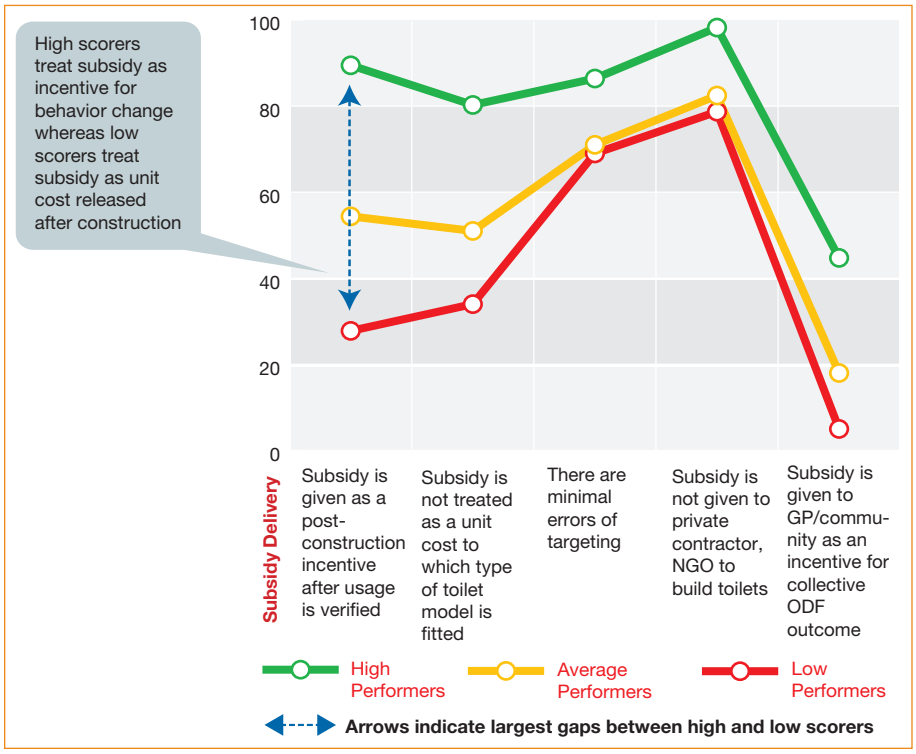
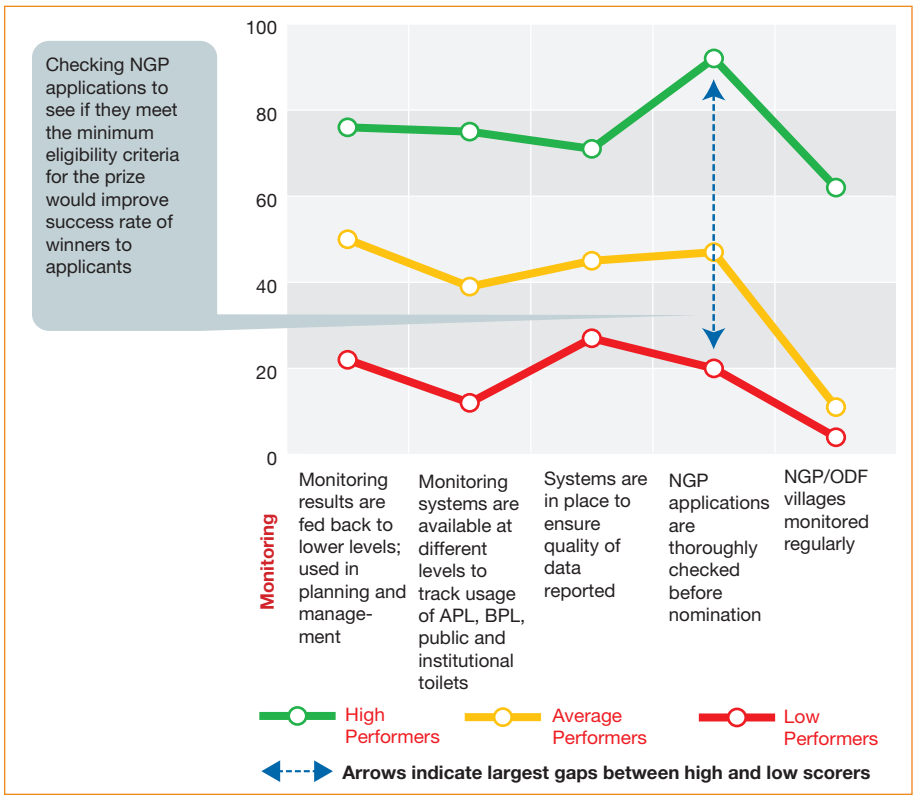


FIGURE 16: COMPARING DISTRICT SCORE: MONITORING (N=56)



BOX 11. SUBSIDY AS UNIT COST FOR SELECTING TOILET MODEL

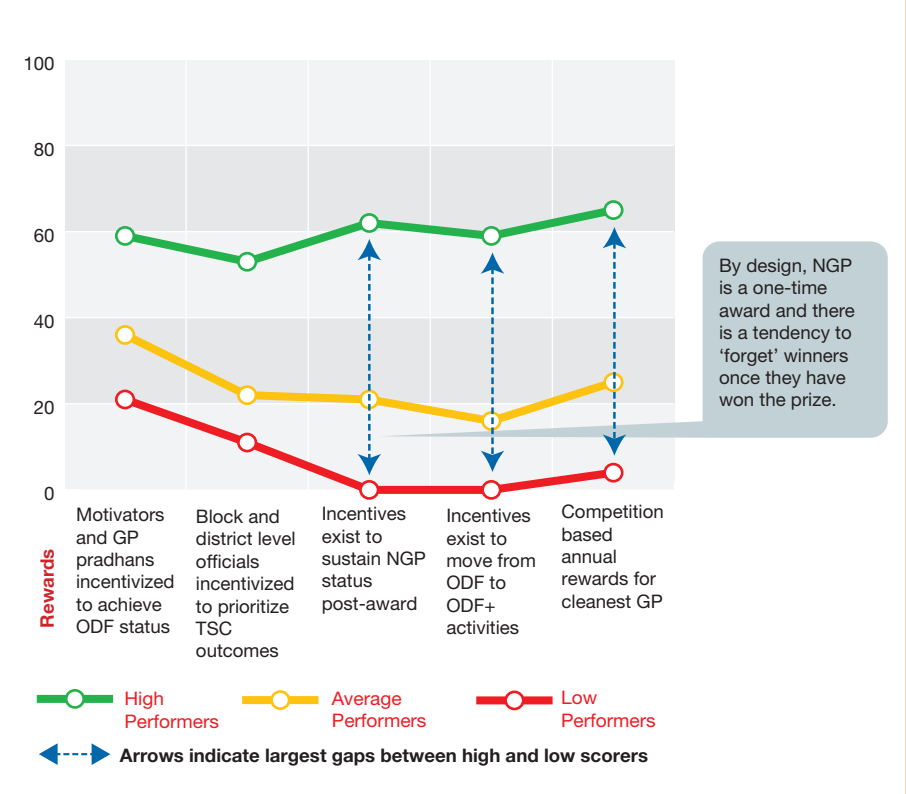
The incentive available under the national rural sanitation campaign is supposed to be a reward for a family that stops open defecation and switches to using a toilet. It is not intended as a unit cost to cover the cost of constructing a toilet. In fact, a household can construct a toilet of its choice based on affordability and preference. However, since monitoring of outcomes is weak, the use of incentives as unit costs for constructing toilets persists.

In some sample districts that score low on the quality of processes and report weak outcomes, subsidy plays a key role in determining the choice of technology promoted. When the incentive/subsidy was ₹ 600 per toilet, districts instructed GPs to construct a direct single leach pit toilet fitted with a pan and trap and no superstructure. When the incentive/subsidy increased to ₹ 1,500, the model was modified to make the leach pit off-set from the slab. When the incentive/subsidy was again increased to ₹ 2,500, the structure was modified to include a junction box with provisions for an additional pit and four walls raised to a height of up to 4 feet.

community and not just BPL households. Most importantly, high scorers tended to have systems in place to ensure the quality of information being reported (Box 12). This is reflected not just in routine monitoring but also in the checking of NGP applications before nominating local governments for the award. And finally, as NGP is a one-time award with winners only ever verified once at the time of the application, there is a tendency to 'forget' NGP winners once they have won the award. High scorers, however, were found to institute systems for regular monitoring of villages even after they achieved ODF status.

Rewards and Recognition. The study findings show that while incentives exist for local government leaders and frontline workers, block and district officials were generally not targeted to prioritize rural sanitation. Although this is an area where high scorers are clearly distinguished from average and low scorers in that high scorers have introduced incentives to not just achieve but exceed TSC program goals; this has not yet translated into a high correlation with outcomes (Figure 17). It is also important to note that incentives offered by high scorers to program implementers are not always monetary but often focus on recognition of staff that performs well (Box 13).

FIGURE 17: COMPARING DISTRICT SCORE: REWARDS (N=56)



BOX 12. CROSS-VERIFICATION OF TSC MONITORING DATA

In one of the high scoring sample districts, it was found that TSC is monitored on a routine basis through monthly and quarterly reviews at the district level. According to the Project Officer of the District Rural Development Agency, TSC and national livelihoods program are seen as flagship programs in the district.

Over and above the parameters specified for the online monitoring of TSC such as expenditure and toilet construction against targets, the district has also initiated its own verification of toilet usage, an indicator that is currently not tracked by the national routine monitoring system. This is based on cross-verification by teams comprising block officials and members of support organizations. Support organizations are NGOs engaged by the district to support community mobilization for rural sanitation. Cross-verification means that teams from one block visit local governments in another block in such a way as to avoid reciprocal verification. In other words, Block A team visits Block B, which in turn visits Block C. All 228 GPs in the district are covered in this exercise and the findings showed that usage of toilets is quite high and incidence of open defecation varies from 2 to 16 percent across GPs.

BOX 13. NON-MONETARY INCENTIVES: EXAMPLE OF DAKSHIN KANNADA DISTRICT IN KARNATAKA

In Dakshin Kannada district, the leadership has played a key role in motivating the staff to work on rural sanitation. No cash incentives are given but non-monetary recognition is highlighted through simple gestures such as recognizing change agents at public functions such as Republic Day celebrations, giving an opportunity to staff to lead and teach others, letters of appreciation from the district Chief Executive Officer, and an opportunity to be a part of the team that receives the NGP prize from the President of India in New Delhi.

IV. Identifying Priorities for Sector Reforms

KEY POINTS

- **Among the three process components, the key priority for reform is putting in place effective processes to sustain outcomes, followed by processes under Catalyzing and Implementing; and**
- **Within Sustaining, the key priority should be to strengthen monitoring followed by subsidy delivery. Within Catalyzing, the key priority for reform is strategy and within Implementing the key priority is demand creation.**

The process rating scale helps to identify areas of strength and weakness in service delivery processes at the district level. Table 7 shows for each component and process, the correlation strength (r-value) with sanitation outcomes and the process rating score. Components and processes within components are arranged in descending order of correlation strength. As TSC is restructured into the *Nirmal Bharat Abhiyan,* the component and processes highlighted in bold in Table 8 represent the key priorities for reform. The remainder of this section contains recommendations for sector reforms, organized by components.

4.1 Sustaining Outcomes

As can be seen from Table 8, that among the three components analyzed, Sustaining has the strongest correlation with usage/behavior change outcomes but the lowest rating score. This indicates that districts have been relatively more successful in putting in place a framework for service delivery in terms of an enabling strategy, institutional structure, and budgetary allocations as well as implementation processes. However, translating these catalytic conditions into service delivery outcomes and sustaining these outcomes has been a challenge for program implementers.

Under the Sustaining component, monitoring has the strongest correlation with outcomes but the second lowest rating score among the nine processes tracked (Table 8). The performance of a program is often driven by what is monitored. The present monitoring system for rural sanitation focuses on inputs and outputs achieved in the short term (toilet construction) rather than sustaining behavior change (toilet usage). The NGP monitoring system looks at community-wide ODF status but, since it is designed as a one-time prize, the program's focus shifts from winners to those GPs that are still eligible to win. Surveys of sanitation behavior in rural areas make information available in the

TABLE 7: PRIORITIZING PROCESSES FOR REFORM (N=56)

Average Process Rating Score	Correlation r-value	Component	Process Correlation	Process	Average Process Rating
46	.667**	Sustaining	**.660****	**Monitoring**	44
			.645**	Subsidy	60
			.432**	Rewards	31
65	.642**	Catalyzing	**.636****	**Strategy**	63
			.617**	Institutions	65
			.535**	Financing	68
59	.503**	Implementing	**.615****	**Supply**	72
			.455**	Demand*	52
			.445**	Scale	61

**Supply has a strong correlation but the sample districts have already scored reasonably well on supply. At the same time, sample districts have scored lowest on demand in the implementing component. Hence, demand creation is highlighted as the priority for reform.*
***All correlations (Pearson's r values) are positive and significant at p<.01.*

public domain every three to four years by when it is often too late to make a mid-course correction. A mechanism is needed between these extremes to ensure that timely and reliable information is available to check the pulse of the program at periodic intervals.

Some recommendations for reform, looking to the opportunity provided by the *Nirmal Bharat Abhiyan*, include:

- The proposal to release the NGP prize money in two installments, with the second installment released subject to *Nirmal* status being sustained for at least one or more years needs to be operationalized. Re-survey of previous years' winners can be undertaken by survey agencies along with the current year's applicants;
- Those GPs that achieve *Nirmal* status may be recognized through a state-level prize in the first instance. Those that are found to sustain their *Nirmal* status for one or more years after winning the prize may be felicitated by the President of India at a national prize giving ceremony which carries more prestige;
- Some states (Maharashtra, Himachal Pradesh, Haryana, and Karnataka) have also introduced annual competitions between GPs to be recognized as the cleanest and these states have performed comparatively better in terms of progress on program goals. This means that GPs need to not only sustain but exceed their *Nirmal* status in order to compete successfully with their peers. Such programs put the onus on local government to ensure that community-wide ODF status is sustained; and
- The TSC Management Information System (MIS) makes data available online and is updated on a monthly basis. This can be further strengthened by utilizing mobile-to-web technology which has the potential to make information on outcomes available at shorter intervals compared to conventional pen and paper surveys.

With respect to subsidy delivery, there are proposals to increase the amount of subsidy available and also to make APL families eligible for this under the *Nirmal Bharat Abhiyan.* This assessment's findings show that there is still some way to go in terms of ensuring that the subsidy is utilized as an incentive rather than a unit cost. Over the 12 years of TSC, the amount of subsidy has been increased at periodic intervals starting from ₹ 600 in 2005 to ₹ 3,500 in 2011. Accordingly, many districts modified the toilet model to fit the unit cost of ₹ 600 and also at higher levels of the subsidy. Hence, rather than the amount of subsidy per se, the focus can be on ensuring that this is released after behavior change and not after toilet construction. In a scenario where demand creation is weak, the behavior change incentive tends to be used as a subsidy for toilet construction. In other words, behavior change needs to come before subsidy and toilet construction rather than the other way round.

While rewards were not found to be as strongly correlated with outcomes such as monitoring and subsidy delivery, this process has the lowest rating score among the nine processes measured. Since sanitation is often a poor cousin to more high profile sectors such as water supply or health, this indicates that there is considerable scope to improve mechanisms to motivate program functionaries to focus on rural sanitation and also to go beyond ODF or NGP to sustaining outcomes.

4.2 Catalyzing Outcomes

Sample districts scored the highest on processes related with the Catalyzing component compared to the Implementing or Sustaining component. Although strategy was found to have the strongest correlation with outcomes, this was also the process with the lowest rating score within this component. A key weakness of the current program is that although districts (and states) have the flexibility to develop a strategy that responds to the local context and capacity, most tend to follow the TSC Guidelines in letter rather than in spirit. Hence, although the guidelines advocate behavior change and community-wide ODF status, delivery systems adapt to what is measured; in this case, it is toilet construction and expenditure rather than behavior change.

In terms of institutions, findings from the sample districts show that while a nodal agency is functional in a majority of the cases, its capacity is weak. There is a need to create a dedicated sanitation cell at the district level which includes specialists with expertise in monitoring, communications, and so on, to manage the campaign. This staff can be

engaged on deputation from other departments or appointed on contract. In addition, there is a need to strengthen capacity to implement the program at the sub-district levels as well.

Sample districts scored the highest rating on financing within the Catalyzing component. The lack of bottlenecks reported in accessing financing for sanitation indicates that this is not a constraint for the sector and this situation is likely to continue as the *Nirmal Bharat Abhiyan* is slated to have a larger allocation than TSC. The challenge for districts is to make effective use of these resources to focus on achievements of outcomes rather than short-term targets.

4.3 Implementing Outcomes

In terms of Implementing, the priority for reform is processes linked with demand creation which has the lowest score among processes in this component. There is a misperception that demand creation can come after toilet construction. On the contrary, demand creation begins with entry into a community and the process adopted to achieve sanitation goals at the entry. From a programmatic point of view, undertaking demand creation after toilet construction is akin to putting the cart before the horse. Also, once toilet construction targets are met and reflected in routine monitoring, the incentive to ensure quality of construction and motivate behavior change is reduced.

Sample districts scored well overall on supply of sanitation products and services and technology promotion as indicated by the fact that this process had the highest average rating score of 72. While accessing sanitary products was not reported as a bottleneck in even relatively remote areas in the sample districts, the assessment's findings show that in many cases there was a tendency to promote a single technology model which fits the subsidy available for the construction of toilets. The sub-processes that the high scorers do best in (and the low or average scorers show a large gap in) are: offering technological choices responsive to community preferences, that too in an affordable way at the district level, simultaneously not treating the subsidy as the unit cost, to which a type of toilet model is fitted for supply-driven construction at the village (GP) level. These large gaps are not conducive for promoting behavior change because when users are not involved in choosing the technology, they are often reluctant to break the habit of open defecation. This leads to poor quality and/or incomplete construction of toilets. For example, missing doors, reduced height of walls, and no lining/covers of pits since the household does not bother to finish a toilet which it has not demanded in the first place. In some cases, constructed toilets are used for storage or bathing and washing. In fact, inadequate demand creation is intricately linked to this supply sub-process that seems to be the indicator most correlated with usage outcomes. A good demand creation contributes to the community's voice being reflected in the choice of technology being adopted/supplied. This further supports the case for making demand creation a priority for future reform.

Finally, in terms of scale, a key area of improvement for districts is ensuring prioritization of the program in terms of selection of villages and also behaviors. Achieving total sanitation implies that several behaviors are targeted. However, not all changes can be made at once and hence the focus can start with addressing open defecation and then tackling other behaviors such as waste management. Many districts also reported training of motivators for community mobilization. However, expecting motivators to work on a voluntary basis is not sustainable and training must be accompanied by provisions to ensure that motivators are provided with logistical and other support to work across communities. Going further, motivators can also be provided with performance-linked incentives that are related to outcomes.

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Annex 1: Selection of Household Sample by State and District

States	Districts	Number of NGP winners selected			Households @ 15 per NGP winner
		Pre-2008	2008	Total	
Andhra Pradesh	Guntur	6	6	12	180
	Karimnagar	6	6	12	180
	Krishna	6	6	12	180
	Khammam	6	6	12	180
	West Godavari	6	6	12	180
Bihar	Katihar	6	7	13	195
	Vaishali	8	7	15	225
Chhattisgarh	Rajnandgaon	7	7	14	210
	Korba	7	7	14	210
Haryana	Karnal	8	6	14	210
	Panipat	8	6	14	210
	Kurukshetra	2	6	8	120
Himachal Pradesh	Solan	2	7	9	135
	Mandi	12	7	19	285
Karnataka	Uttara Kannada	6	6	12	180
	Dakshin Kannada	6	6	12	180
	Shimoga	6	6	12	180
Kerala	Thiruvananthapuram	6	6	12	180
	Alappuzha	6	6	12	180
	Ernakulam	6	6	12	180
	Thrissur	6	6	12	180
Maharashtra	Solapur	6	6	12	180
	Nagpur	6	6	12	180
	Bhandara	6	6	12	180
	Ahmednagar	6	6	12	180
	Raigad	6	6	12	180
	Ratnagiri	6	6	12	180
	Satara	6	6	12	180
	Kolhapur	6	6	12	180
	Pune	6	6	12	180

States	Districts	Number of NGP winners selected			Households @ 15 per NGP winner
		Pre-2008	2008	Total	
Rajasthan	Alwar	1	4	5	75
	Churu	6	4	10	150
	Jhunjhunu	5	4	9	135
	Rajsamand	3	2	5	75
	Sikar	3	4	7	105
Tripura	South Tripura	7	6	13	195
	West Tripura	7	8	15	225
Uttar Pradesh	Pratapgarh	3	4	7	105
	Kaushambi	3	6	9	135
	Bareilly	6	2	8	120
	LakhimpurKheri	5	6	11	165
	Aligarh	4	6	10	150
	Orraiya	5	6	11	165
	Basti	7	6	13	195
	Gorakhpur	7	7	14	210
	Kannauj	3	6	9	135
	Moradabad	7	7	14	210
	Jaunpur	7	7	14	210
	Bijnor	10	7	17	255
	Mirzapur	7	7	14	210
	Muzaffarnagar	9	6	15	225
	Ghaziabad	7	7	14	210
West Bengal	Bankura	6	6	12	180
	Nadia	6	6	12	180
	North 24 Paraganas	6	6	12	180
	Medinipur	6	6	12	180
Total		332	332	664	9960

Annex 2: Interview Guide

Research Protocol Assessment of Processes that Drive Outcomes in TSC

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1. Stakeholder Guide
2. Suggested Interview Structure
3. Component-wise Questionnaires

COMPONENT 1: CATALYZING
- 1.1 Strategy for TSC Implementation
- 1.2 Institutional Structure and Capacity
- 1.3 Financing

COMPONENT 2: IMPLEMENTING
- 2.1 Program Approach to Creating Demand
- 2.2 Supply Chain and Technology Promotion
- 2.3 Scaling Up

COMPONENT 3: SUSTAINING
- 3.1 Subsidy
- 3.2 Monitoring
- 3.3 Rewards and Recognition

1. STAKEHOLDER GUIDE

Stakeholder/Agency	Whom to Interview
District Water and Sanitation Mission	• Collector/Chief Executive Officer • District Coordinator/Project Officer • District TSC Cell members (at least 1) • Optional - selected BDOs
GP	• Pradhan • GP members • Community members active in TSC • Households

2. SUGGESTED INTERVIEW STRUCTURE

Introductions

- Introductions
- Appreciation for time
- Purpose of interview
- Confidential, won't use name or other identifying information

Components

Use attached component-wise questionnaire guide.

Closing

- If you were to design the TSC and NGP, what is the one most important thing that you would recommend should be done?
- Indication of when report will be ready.
- Thanks for sparing time for this interview.

3. COMPONENT-WISE QUESTIONNAIRES

COMPONENT 1: CATALYZING

1.1 STRATEGY FOR TSC IMPLEMENTATION

1. When was the TSC launched? Prior to the TSC, was there any rural sanitation program operational? If yes, what was the experience and results achieved?
2. Is TSC a departure from the way conventional rural sanitation programs are implemented? If yes, how?
3. How are TSC Guidelines goals and approach interpreted? Is there a common understanding at different levels of implementation from state to Panchayat?
4. What priority is given to TSC vis-à-vis other development programs? What is the approach to TSC implementation? Does it follow the TSC Guidelines in letter and spirit?
5. What are the main challenges faced in implementing this strategy? Have there been any shifts in the district's approach to implementing TSC?
6. What are the strengths and weaknesses of this strategy? What recommendations would you make to overcome any weaknesses?

1.2 INSTITUTIONAL STRUCTURE AND CAPACITY

1. Describe the institutional structure to implement and monitor the TSC at the following levels:
   - District
   - Block
   - GP

   Ask: Who is responsible? What role/function do they play? What is their incentive to be involved with the TSC? Are named positions staffed? If not, why not, and since when?
2. Is there a dedicated TSC cell within the nodal agency or is this shared with other departments/programs? How well is this cell functioning? In case the cell became redundant, what were the main reasons and how can these be overcome?
3. How is staff inducted into the TSC? Are they on deputation or recruited from the open market? What training is given to newly appointed staff? Does TSC progress have any bearing on staff performance review? Are there any incentives/disincentives to deliver on TSC goals?
4. Are any private contractors or NGOs hired to support implementation? What is their role?
5. Is there coordination of the nodal agency with other linked line departments/agencies? How many coordination mechanisms are still active and how well are these working? If any coordination mechanism failed to work, what were the key factors and how can these be addressed?
6. In your opinion, are existing institutional arrangements adequate (in terms of staff, budget, capacity to implement, and so on) to meet the TSC goals within the program time frame?

1.3 FINANCING

1. What resources are available to implement the TSC in terms of:
   - Financial allocations[16]

     Ask: Are fund flows predictable? Any bottlenecks or delays? How can these be overcome?
   - Non-financial resources, for example, training institutions, cross-subsidy for TSC activities from other rural development programs, staff on deputation, and so on.
2. What is the overall budget and breakdown of costs for implementing the TSC program? Does it cover ODF and other aspects of total sanitation, for example, Solid and Liquid Waste Management (SLWM)? Is this allocation adequate?
3. Is fund flow consistent or are there bottlenecks? How can any bottlenecks be overcome?
4. Are households mobilized to invest in their own toilet? How?

COMPONENT 2: IMPLEMENTING

2.1 PROGRAM APPROACH TO CREATING DEMAND

1. What is the process of creating demand in a GP:
   - Who is the target audience at the community level? How was it identified?
   - What are the main messages used in demand creation? How were these identified? Does it focus on collective or individual behavior change?
   - What methods are used to create demand at the community level? How often? For example, Participatory Rural Appraisal (PRA) tools, house-to-house meetings, IEC tools (wall painting, pamphlets, mass media, and so on), exposure visits, CLTS triggering, and so on.

   Collect samples/pictures if available.
   - How are reluctant/hard-to-reach households or areas tackled?

[16] For various program components: start-up activities, administration, hardware and software related to household sanitation, and capital cost of non-human waste management and disposal.

- Is the effectiveness of communication related activities tracked? If yes, how?

2. Who is responsible for creating demand at the community level? What support is provided to motivators towards travel and boarding/lodging for fieldwork? Are they given any training? Are there any incentives for motivators and how is their performance monitored?
3. In your opinion, what is the single most effective demand creation strategy or method and why?
4. What is the time frame for demand creation activities?
5. Are any communication activities undertaken in those areas that have become ODF or won the NGP? If yes, what type of activities are these and what are the messages?

2.2 SUPPLY CHAIN AND TECHNOLOGY PROMOTION

1. Is any particular technology model being promoted under the program? If yes, why and how?
2. Is there any RSM/Production Center(PC) functional? What is the role and experience? In case RSM/PC is not functioning, what are the main reasons and how can these be overcome?
3. Has there been any training program for masons or engineers under the TSC? If yes, when and how often? What was the objective and how many were trained? What were the results?
4. How would you rank the availability and consistent supply of the following sanitation products and services? [1 lowest to 5 highest]
   - Masonry services for toilet construction
   - Financing and transport of sanitary products
   - Availability of key sanitary products and spare-parts, for example, pans, pipes, slabs, and so on.

   Probe further based on ranking given
5. In your opinion, are existing sanitary products and services:
   - Affordable?
   - Of dependable quality?
   - Varieties are easily and consistently available?

   Ask: In case answer is negative to any of the above, ask why and what needs to be done to improve

2.3 SCALING UP

1. Is TSC implementation divided into phases? If yes, what indicators are used to select GPs in each phase?
2. Are there any targets for achievement of NGP? How were these set?
3. What is the strategy for reaching hard-to-reach areas or groups? Are demand creation efforts of similar quality in these cases? Are any efforts taken to facilitate the supply chain for sanitary products and materials in these areas?
4. Is the focus on total sanitation? Does it include households and institutions? Is there a plan to go from ODF to ODF+ activities?

COMPONENT 3: SUSTAINING

3.1 SUBSIDY

1. When is subsidy released? What verification of usage, if any, is done before release?
2. What role does subsidy play in determining the choice of technology selected?
3. Are there any errors of inclusion or exclusion in the selection of households that receive the subsidy? Errors of inclusion mean that those households which are well able to afford the cost of toilet construction get included. Errors of exclusion means that those who really deserve the

subsidy are not included.

4. Who is the subsidy amount given to? *Private contractor, NGO, GP, individual household?*
5. Is subsidy used as an incentive to reward a GP for achieving ODF status?

3.2 MONITORING

1. What is the system for monitoring the TSC at different levels:
   - State
   - District
   - Block
   - GP
2. What indicators are used? Who is responsible? What is the frequency of monitoring?
3. Do any incentives or disincentives exist to motivate interest in undertaking monitoring and using the results to drive performance?
4. To what extent is the (current or planned) process sufficient to monitor quality of processes, outcomes, identify gaps and weaknesses, and determine lessons learned and best practices?
5. Are results of the districts TSC MIS system being used to improve program performance?
6. Are NGP applications checked before forwarding for consideration? If yes, what process is followed?

3.3. REWARDS AND RECOGNITION

1. Are there any incentives or rewards for motivators or Pradhans to achieve ODF status?
2. Are there any rewards for block or district officials to prioritize TSC vis-à-vis other programs?
3. Is there any attempt to motivate GPs to sustain or go beyond ODF or NGP status?
4. Is there any competition-based prize for those GPs that sustain ODF or NGP? If yes, how does it work? What have been the results?

Abbreviations and Acronyms

APL	Above the Poverty Line
BCC	Behavior Change Communication
BDO	Block Development Officer
BPL	Below the Poverty Line
CBO	Community Based Organization
CLTS	Community-Led Total Sanitation
CRSP	Central Rural Sanitation Program
CSO	Country Status Overview
DC	District Collector or Deputy Commissioner
DDWS	Department of Drinking Water and Sanitation
DP	District Panchayat
DSS	District Sanitation Samiti
EEA	Enabling Environment Assessment
GDP	Gross Domestic Product
GoI	Government of India
GP	Gram Panchayat
HRD	Human Resource Development
IEC	Information, Education, and Communication
M&E	Monitoring and Evaluation
MDWS	Ministry of Drinking Water and Sanitation
MIS	Management Information System
MoRD	Ministry of Rural Development
NGP	Nirmal Gram Puraskar
NGO	Non-government Organization
ODF	Open Defecation Free
O&M	Operation and Maintenance
PC	Production Center
PHED	Public Health Engineering Department
PPP	Purchasing Power Parity
PPS	Probability Proportional to Size
PRA	Participatory Rural Appraisal
PRI	Panchayati Raj Institution
RDD	Rural Development Department
RSM	Rural Sanitary Mart
SHG	Self-Help Group
SLWM	Solid and Liquid Waste Management
TSC	Total Sanitation Campaign
VEO	Village Extension Officer
Watsan	Water and Sanitation
WSP	Water and Sanitation Program
ZP	Zila Panchayat/Parishad

Glossary

In order to ensure a common understanding of the concepts and terms used in the report, some of which are specific to the Indian rural sanitation context, the following definitions are provided:

[**Above/Below**] **Poverty Line:** To measure poverty, it is usual to look at the level of personal expenditure or income required to satisfy a minimum consumption level, associated with a commodity bundle that yields a minimum calorie intake per day. The Planning Commission of the Government of India (GoI) uses a food adequacy norm of 2,400 to 2,100 kilo calories per capita per day, to define state-specific poverty lines for rural and urban areas respectively. Energy intake norms are then transformed into the price of a food basket to realize this, which is then translated into poverty lines in terms of food expenditure. These poverty lines are then applied on India's National Sample Survey Organisation's household consumer expenditure distribution to estimate the proportion and number of poor at the state level.

Chief Executive Officer of a District: The CEO of a district is an official responsible for coordinating administration of all departments excluding revenue and law and order in a district in the Indian government's administrative structure.

Anganwadi: Pre-school or crèche, an initiative promoted under the Integrated Child Development Scheme (ICDS) of the Government of India.

Block Development Officer: A Block Development Officer (BDO) is an official in charge of a block or sub-district in the Indian government's administrative structure. A BDO coordinates and monitors planning and implementation of all government programs at the block level.

District Collector (or District Magistrate or Deputy Commissioner): Chief administrative and revenue officer of a district in the Indian government's administrative structure.

District Total Sanitation Campaign (TSC) Cell: Under the GoI's national rural sanitation program, a dedicated cell can be set up at the district level to support management of different components of the program. This cell typically comprises specialists in human resources, monitoring, training, and communications who are either hired as consultants or deputed from different departments in the district administration.

Information, Education, Communication: IEC is the term used to describe software activities that support communication and capacity development around the desired behaviors promoted by the national rural sanitation program, such as using a toilet, washing hands with soap, safe disposal of garbage and waste water, and so on. IEC related activities include mass media communication as well as inter-personal communication/outreach.

Nirmal Gram Puraskar (Clean Village Prize): NGP is an incentive program introduced by GoI that gives a cash prize to any local government that achieves community-wide total sanitation. More than a fiscal incentive, the award carries tremendous prestige as it is presented by the President of India to block- and district-level winners and by high ranking state dignitaries to village-level winners.

Nirmal Bharat Abhiyan: Literally, Clean India Campaign. Nirmal Bharat Abhiyan is the name given to the restructured TSC, the second national rural sanitation program of the Government of India which comes to a close in 2012. As the TSC objectives of universal rural sanitation coverage have not yet been achieved, this program has been restructured as the Nirmal Bharat Abhiyan, India's third national rural sanitation program, which is slated to end in 2022.

Panchayati Raj Institution: The term 'Panchayat' literally means 'council of five [wise and respected leaders]' and 'Raj' means governance. Traditionally, these councils settled disputes between individuals and villages. The modern Indian government has adopted this traditional

term as a name for its initiative to decentralize certain administrative functions to elected local bodies at village, block, and district levels. It is called a Gram Panchayatat the village level, Panchayat Samiti at the block level, and Zila Parishadat the district level.

Pradhan: The elected head of the local self-government unit at the village cluster level. In some states, a Pradhan is also known as a Mukhiya or a Sarpanch (also see: Panchayati Raj Institution).

Rural Sanitary Mart (RSM): Under GoI's TSC, RSMs are envisaged as retail outlets for construction material and other articles required to build sanitary facilities, primarily toilets. They are expected to provide information on locally available options for toilets, direct households to trained masons, and promote improved hygiene practices.

Total Sanitation: A community-wide approach based on participatory principles, which seeks to achieve not only 100 percent open defecation free (ODF) communities, that is,all households have access to and use a functional toilet at all times, but also broader environmental sanitation objectives such as promotion of improved hygiene behaviors such as hand washing with soap and safe disposal of non-human solid and liquid waste. Under the NGP incentive program of the GoI, a village is considered ODF only when safe disposal of human fecal matter is ensured at all times. This means that even if every household and institution (school, pre-school, and so on) in a village has a toilet, the village would not be considered ODF unless:

- Household, institutional, and public toilets are functional and found to be in use on a continuous basis; and
- Infant feces are disposed safely.

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