Monitoring India's National Sanitation Campaign (2014–2020)

Sanitation Learning Hub Case Study

A community managed toilet in Dehli, Credit: CJ Clarke / Save the Children

Acknowledgements

Background

In 2011, India had more phone users (around 54 per cent of households) and television access (33 per cent) in rural areas than people with access to tap water (31 per cent) and toilet facilities (31 per cent), according to Census 2011.[1] This clearly indicates the failure of government programmes to change the centuries-old practice of defecation in the open.[2]

This neglect of safe sanitation has had catastrophic outcomes in terms of human well-being. First, despite having much higher levels of per capita incomes on average than in sub-Saharan Africa, India has higher levels of child malnutrition.[3] Second, the high levels of child malnutrition (wasting, stunting, and being underweight) have consequences for the child's learning abilities. The result is that India is characterised by high rates of very early drop out in the early years of primary school, which has led to high rates of adult illiteracy (a problem that still afflicts roughly 250 million of the country's population of 1.35 billion in 2019).

Open defecation is much more common in India than in other countries where people are poor, literacy rates are low, and drinking water is scarce. Researchers (Spears and Coffey 2019) find that having a simple latrine at home is considered by many to be ritually impure. They also find that open defecation is seen as promoting purity and strength, particularly of male bodies.[4]

Case Study

This case study is an analysis of the latest central government Swachch Bharat Mission - Gramin (Clean India Mission - Rural) (or SBM-G), which has achieved much greater success than any hitherto government effort in providing access to and use of toilets, especially in rural areas where the need is greatest. However, any conception of achieving ODF status, or free of open defecation, in a village (or any limited geography) is more than merely building toilets.

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[1] In the Census 2001, access to toilets was only 20% compared to 10% in the Census 1991.

[2] This neglect of sanitation was consistent with a general neglect of public health by the government, reflected in two complementary facts: one, that public expenditure by central and state governments taken together was till 2000 under 1% of GDP, and till 2019 had only reached 1.15% of GDP; and two, the corresponding result was that 70% of total expenditure on health was accounted for by private/out of pocket expenditures.

[3] For a comprehensive discussion of the relationship between sanitation and malnutrition, both theoretical and empirical, see Chambers 2013, Spears, 2012a and 2012b. Ramalingaswami et al. (1997) discuss the underlying reasons for this paradox, called the 'Asian enigma'.

[4] This is important because men typically decide which large financial investments (like building a toilet) households can make. Their primary surveys find that households are unlikely to use simple inexpensive pit latrines, as they are considered a middle option in the sanitation ladder: they are more costly than defecating in the open but not as costly as constructing a septic tank. India's National Family Health Survey 2005 found that only about 20 per cent of rural Indian households that do not defecate in the open use a pit latrine.

The Sanitation Learning Hub commissioned case studies of sanitation campaigns in both India and Nepal, drawing out the lessons learnt for other countries wishing to implement similar initiatives. Both case studies focus on how target setting and feedback and reporting mechanisms can be used to increase the quality of campaigns.[5]

Methodology

The methodology used in writing this paper was as follows. It is based on an examination of nation-wide sanitation surveys; on a review of the literature on the SBM-G that has emerged over its five-year history; and on interviews conducted with a variety of stakeholders: government officials at the state and central level; development partners, national and international; and a number of sanitation-related NGOs, which were directly working with either state or central governments or both spread across the country. The interviewees were identified based on their experience and knowledge supporting the implementation of SBM-G in various states across the country. A detailed and customised questionnaire was designed for each individual based on their role in supporting SBM-G and shared with the participants along with a participant information sheet that outlines broader details about the study.[6] We noted that while there was a readiness to participate and share experiences on the part of the development partners and civil society organisations, there was a general reticence on the part of government functionaries. However, we had informed all participants up front that their identity would not be disclosed, nor their organisation, nor even their physical location.

Findings

The case study finds that there has been a remarkable rise in the share of households that have an individual improved household latrine since 2014, when the latest campaign was launched. There is no question that there has been an increase since then in the use of toilets; how much, though, is debated. However, we do not in this paper identify toilets with sanitation. We will spell out an alternative conception of ODF than what seems to emerge from the interviews as to what the conception of government was: to see toilet increase as a game changer, without consider behaviour change (and that too as a collective) as really critical. During the 2014–2019 period there was a shift in monitoring, from looking for behaviour change to simply counting toilets, brought about by pressures as the target date for announcing ODF status for India (October 2019) grew closer. And the credibility of ODF declarations was itself questioned within the government, with the government announcing only that the village councils (gram panchayats) had declared themselves ODF. This paper discusses the monitoring mechanisms adopted, and suggests lessons for other countries in the concluding paragraphs.

The structure of this report:
- **Section 1** describes the history of India's sanitation programmes, and why they achieved such limited success.
- **Section 2** then turns to the rather successful and most recent SBM-G. It discusses the design of the campaign and the setting of targets.
- **Section 3** discusses who the stakeholders were in the campaign, including the incentives and sanctions for the key stakeholders to achieve ODF.
- **Section 4** turns to the monitoring systems.
- **Section 5** discusses the verification process, and the reporting of ODF.
- **Section 6** describes the process of national declaration.
- **Section 7 & 8** presents briefly the lessons, and practical tips for targeting and monitoring for campaigns.

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[5] Both the India and Nepal case-studies were drawn upon to develop an edition of ‘Monitoring sanitation campaigns: Targets, reporting and realism’ available here: https://doi.org/10.19088/SLH.2021.009. This Frontiers discusses typical monitoring, verification and evaluation arrangements, and provides lessons on how monitoring and reporting can be used to reduce the credibility gap between national declarations and the reality on the ground, strengthen the campaign, respond to problems, identify slippage, and encourage competition.

[6] At the time of the interview, the verbal consent form was read out to participants in its entirety and upon consent, the interview was commenced.

Section 1:   India's sanitation programmes: Why limited success?

The Central Rural Sanitation Programme (CRSP), the first Indian government sanitation programme (1986), provided a subsidy of around US $50 to build toilets for below-poverty-line (BPL) households and was mainly supply-driven in nature. This programme was supported by international organisations like the UNDP, the World Health Organization, and UNICEF and was reviewed after six years. The review showed that the subsidised toilets constructed for the poor were not being used and people continued to practise open defecation. The other reason for the limited success of government sanitation programmes was that there was no community participation in programme design and the subsidy was seen as a transfer and not as something the community felt it required. It was mainly a supply-driven model and it was seen by the community as a requirement to build a toilet to have access to water supply (WSP 2008). The subsidy-based programme, without much concern for behaviour change, led to limited success, and was hence revised.

The Total Sanitation Campaign (TSC)

The poor progress under the CRSP led to a revamp. The TSC was launched in 1999 and aimed to eradicate open defecation by 2010. It was meant to be demand-driven and people-centred in nature. This revised approach on sanitation emphasised information, education and communication (IEC) and capacity development activities to increase awareness among rural people.

To strengthen the campaign, a new incentive was put in place known as the 'Nirmal Gram Puraskar (NGP)' in 2003. The NGP title was given to those villages, which have become fully free of open defecation (ODF). This award increased competition among rural local bodies to hasten toilet construction (Mehrotra 2016). However, despite these efforts, in the Census 2001, access to toilets was still only 20% compared to 10% in the Census 1991.

Nirmal Bharat Abhiyan: The rechristening of TSC

India was supposed to achieve total sanitation (all households with toilets) by 2010, which was not achieved. Hence the United Progressive Alliance government (2004–2014) set a new target of an ODF India by 2022, including a much larger budget and an increased hardware subsidy to households, emphasising decentralised funding to gram panchayats. A big difference between the earlier and the new approach was that the focus was now on ODF communities rather than toilet construction, but the efficiency of the system remained doubtful as the possibility of corruption was higher due to higher subsidies (Chambers 2013). The subsidy for individual toilet construction was increased from 1,500 to 10,000 per household. With the beginning of the 12th Plan (2012–2017), the Total Sanitation Campaign was renamed 'Nirmal Bharat Abhiyan' (NBA, or the Clean India Campaign). The objective was to accelerate sanitation coverage by comprehensively covering rural communities through a saturation approach (Government of Meghalaya 2020). However, by Census 2011, access to toilets of rural households was still only 31%, despite a much higher number being claimed by then government of India (as we discuss later).

Section 2:   A new government and a new programme: Swachch Bharat Abhiyaan (SBM)

The Campaign

The National Democratic Alliance government, led by the Bhartiya Janata Party, launched the SBM-G in October 2014. It has been more successful (in building individual household level toilets (IHHL)) than any government sanitation mission before. It had the full support of Prime Minister Modi, who launched it personally. We will have occasion to discuss the nature of this success in this paper.

In 2014 the prime minister announced the goal of eliminating open defecation by 2019. To achieve this, the slow pace of decline in open defecation would have to be accelerated by more than a

multiple of 12. This would have been thrice as fast as the fastest five-year decline in open defecation ever recorded globally (Gupta et al. 2018). Please note that it is the authors view that villages being free of open defecation implies a. individual or communal toilets are accessible to all households; b. they are in actual use; and c. that they are of adequate quality so that they do not create a problem of future faecal sludge management.[7] This implies that the construction of toilets is accompanied with actual behaviour change, on a sustained basis by all members of a household, and all members of the community.

What is well-established is that, under SBM-G the speed with which toilets were being constructed indeed gained momentum. Thus, 4.86 million toilets were constructed between 2 October 2014 and October 2017 and then jumped to 9.12 million by 30 December 2018. By October 2017, more than 243,000 (of India's 650,000) villages, 201 out of 721 districts, and five states had been declared ODF. These numbers reached an incredible 539,000 villages, 580 districts and 27 states by 30 December 2018, in just 15 months. The speed of construction was nothing short of breakneck. On 2 October 2019 (Mahatma Gandhi's 150th birth anniversary), India was declared ODF (more on this later).

Credibility of data

Are the claims credible? Till 2018 we had only the administrative records to go by. Rarely, if ever, in India are administrative records reliable, especially if the ministry driving the programme is measuring outputs and is required to 'show results' (Mehrotra et al. 2012; Mehrotra 2016). Independent surveys were conducted from 2017 onwards that can offer a useful nationally representative estimate of the fraction of rural persons defecating in the open. We will discuss the independent surveys in a later section. Box 1 explains how the estimate for SBM-G's goals was derived.

Box 1: The baseline survey of 2012 and the ODF claim in 2019

Prior to the national census of 2011, for which the data is reliable, the government's website was claiming that 72% of rural households had a toilet. However, Census 2011 revealed that only 31% had a toilet – which tells us how reliable government data on such target-driven programmes is. Promptly, the government conducted a survey in 2012 (henceforth called the Baseline Survey 2012), which found that actual toilet coverage was 36% of households.

What is most important for our purposes is how the current government claims that 96% rural sanitation coverage was achieved in four years (2015-2019). The SBM-G claim rests on using the 2012 baseline survey as the base for estimating percentage increase in households with toilets since 2014. In the 2012 baseline survey those who had received incentives to build a toilet during previous government programmes (TSC and NBA) were to be excluded in the new list for toilet subsidies from 2014 onwards. However, this ignored the fact that as there was little focus on behaviour change pre-2012, it is certain the toilets built before 2012 would not be functional after lack of use. Around 9 million families were in this category at the national level – who were not to be provided with toilets by the current SBM-G programme, as they were 'assumed' to have toilets – since they had earlier got a government subsidy to build one.

There are additional problems with the data. Note that prior to 2014, the government's focus was on building toilets for BPL households only, and there are other programme studies

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[7] This third criterion is critical to sustainability. Households may prefer toilets attached to septic tanks, which must be periodically cleaned out as they fill up. However, in the absence of non-manual septic tank evacuation, historically this work has been performed by the lowest castes in India, which is a serious and continuing problem. Despite manual scavenging being illegal in India, this scourge of Indian society is still an unacceptable fact that governments have not taken sufficient cognizance of, nor made adequate efforts to eliminate.

that demonstrate that the BPL list itself was characterised by large inclusion and exclusion errors (Mehrotra 2016). Even more, the above-poverty-lines families (APL) were never to be provided subsidies to build toilets, either then or since 2014. Even if all so-called BPL households have since 2014 been provided toilets in the 30 states now declared ODF, the APL households were and still are required to build their own toilets – which they may or may not do, depending upon whether they are convinced of the need for giving up the habit of defecating in the open, a centuries old habit. This is one of the reasons why SBM's claim that 100% individual household latrine (IHHL) coverage was achieved by 2 October 2019 is questionable (as we discuss later, since several independent surveys showed that actual coverage was much lower).

The SBM-G increased toilet construction, but is still focused on the so-called BPL; the APL households – who are several times larger in number in every village than BPL ones – are supposed to construct toilets through individual or collective behaviour change. There is no data available on the government's website regarding coverage of APL households during SBM-G. Meanwhile, the Union Department of Drinking Water & Sanitation (DDWS) has since October 2014 declared districts and villages ODF on the basis of the 2012 baseline coverage of toilets built. This baseline survey issue, and its problems, came up repeatedly in our interviews with stakeholders for this study.

How was this campaign different from previous sanitation programmes?

The first thing that strikes the observer is that while the word 'campaign', or 'abhiyaan' in Hindi, had been used for earlier programmes, that was clearly a misnomer. All the previous sanitation efforts were mostly in the manner of regular government 'programmes', as opposed to campaigns. Curtis (2019) finds that:

> *'The success of the programme was due to the following factors: setting of ambitious targets; use of modern communications strategies and monitoring technology; and provision of visible reward and recognition for employees'. This implies that:*
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> *• Disruptive leadership is needed to create working environments where, sometimes jaded, civil servants are given an opportunity to make a difference.*
>
> *• Politicians who embrace the cause of sanitation may find that there are votes in toilets'.*

SBM-G was not only called a campaign, but it was actually designed and implemented as one (a unanimous opinion among all the stakeholders interviewed, regardless of whether they belonged to the government or not). As one stakeholder said: 'It was made in a campaign mode – the purpose of the honourable PM is to make this a people's movement – that's why the word campaign has been used, not a programme'. The prime minister wanted to make it a people's movement or 'Jan Andolan', to inspire and motivate collective action. The campaign was announced by the prime minister in his Independence Day speech from the Red Fort on 15 August 2014, and the campaign was officially launched on the birth anniversary of Mahatma Gandhi, 2 October 2014 to commemorate his lifetime dedicated to a clean and healthy India. As one interviewee noted:

> *'It was done on such a large scale that it can be called a campaign and lot of awareness was created so it can be called as a campaign. It is still on but now it is more like a programme rather than a campaign'.*

It was notable that, in the past, no other prime minister had spoken about sanitation, but Mr Modi spoke about it not just once, but consistently throughout the campaign. He gave time to monitoring and review, talking to stakeholders at various levels and through various platforms. It worked because, stakeholders told us, various studies suggested that SBM-G was one programme where there was massive recall.

Although an urban campaign was also conducted, the focus of the SBM-G was very much on achieving ODF status in rural areas, by the lowest level of representative government, the 'gram

panchayat' or village-level body of the so-called Panchayati Raj institutions (of which there are three levels, at district, block and then village). One development partner noted:

> *'SBM (G) was a campaign- it is important to recognise that despite gaps between what is being touted as an achievement and the reality, there is no doubt in my mind that the progress that we saw between 2014 and 2019 is historically unmatched'.*

They added:

> *'Our own information showed us a dramatic change from what had existed prior to that. For three reasons it was a campaign – they had fixed a sunset clause. They had set a deadline as October 2019 to make India ODF by then. They were very clear that if it was a regular program, then having a sunset clause would not have made sense. Second, there was also a recognition that given the slow pace of activities in the past, preceding 70 years, there was a need to do this differently'.*

It was pointed out repeatedly in interviews that it was not just a scheme that was announced then forgotten about for five years. The prime minister's office was monitoring progress regularly throughout: 'they didn't take the foot off the pedal'.

> *'They were willing to put in economic and financial resources required for this, the investment that has gone into SBM and sanitation in India is also unparalleled. At no other point of time in history has such a large amount of money been allotted to sanitation. There was political leadership, backed with financing, and they provided the teams with the ability to go out and do it'.*

In fact, the annual allocation increased from around Rs 1300 crores (USD 175 million) in 2013-14 to Rs 33, 000 crores (USD 4 billion) in 2018-19, according to the Department of Drinking Water and Sanitation budget allocations (available on their MIS).

In addition there was also consensus among the interviewees that getting in a new head of the civil service department for sanitation from the World Bank 'was a master stroke'.[8] Being an ex-Indian Administrative Service officer, he early on figured out that if this was going to be a departmental programme, and was left to state governments in a federal structure, it was not going to yield results. So he engaged with chief secretaries of each state, the senior-most civil servants of the state, who report directly to the elected chief minister (CM) of the state. He engaged with district collectors/magistrates (DM), the administrative head of the 718 districts into which India's 30 states plus union territories are divided. He would also deal directly with the state secretary of the sanitation department in each state. He met with CMs throughout the campaign. In other words, he kept the pressure on, he went beyond the normal modes of functioning, and made sure DMs were willing and enthused to create a buzz in their states. He didn't wait for state governments to decide whether it was treated as a priority within the state or not.

There were other ways in which the SBM campaign was different, as emerged from the interviews:

1. Investment of human resources at district level to ensure timely implementation and roll out of the programme.

2. Flexibility at the field level in terms of incentives, payments, and instalments, as well as with respect to adapting to the ground realities. There was scope for customising implementation as per the specific needs of the state. For example, in Punjab, additional incentives were sanctioned by the state government to construct a bathroom along with the toilet. There was flexibility to hire vehicles, teams and personnel to speed up the processes and meet the demand in a particular place.

3. Continuous leadership and encouragement through capacity building workshops, conferences and interaction with other state and district teams to learn from one another and to be inspired from experiences.

However, we shall see, as the analysis proceeds, that in many respects the campaign finally became more like previous sanitation programmes (see later sections).

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[8] Parameswaran Iyer, an ex-Indian Administrative Service (IAS) officer, who had left to join the World Bank, was appointed as Secretary, DDWS, in October 2015)

Setting targets and their monitoring

On setting targets for campaigns, one development partner noted: 'Ensuring 100% households had a toilet – this was an obsession in government. Only one indicator, whether toilet is present. It is activity, input and output, that's all'.

Another interviewee noted: 'There was development fatigue – without closing one campaign properly, we used to start another campaign. So the closure was always the challenge. Many campaigns were event based rather than outcome based. But this is the only programme which has allocated so much money for IEC – 5%. Huge investment for IEC training and capacity building. But the baseline, midline, end line, was never undertaken, the process indicators are missing'.

In other words, monitoring any programme anywhere in the world means measuring the input, process, output and outcome indicators; clearly in the case of SBM, the focus was on monitoring just one input (subsidy flow) and then the output of toilets built. In other words, the objective was not really achievement of a village genuinely free of open defecation (as defined above); that would have been an outcome indicator of the campaign. Rather, the focus remained on the one output: the construction of toilets.

On setting of targets of the campaign, one interviewee noted:

> 'The Baseline Survey of 2012 was done rather quickly with the forms being filled and then uploaded – so when we got the real figures, the coverage in the baseline was less than 20%. So the target for IHHLs got revised again and again. When they started it was probably much less, then they slowly started understanding that the actual target was two or three times more. Discrepancies were found by digging deeper into the data that was published on the portal – government gave the option to the districts and states to open the portal and do the entries as needed, modify within a limited time. The central government told the district administration: do your surveys and prepare lists and feed that data, after which this will not be allowed'.

A development partner was asked: When was this issue of inaccuracies in data from the baseline survey or management information system (MIS) brought up with the ministry? The answer was as follows:

> 'We were not looking at the MIS; we were basically saying, look our own information seems to be at cross purposes with what your [central MIS] information is saying so we were not doing verification for them or a part of their formal MIS system. We were going by our information that we were collecting or had access to through our own operations on the ground, through our partners. Then from sort of early 2018 we started providing this feedback informally and we continued this all the way till 2019, and then in the summer of 2019 we realised, we are not getting anywhere so we gave up'.

A question was put to the development partner about the last mile – these were households left out of baseline survey or those that, for various reasons, did not have access to a IHHL. The response was as follows:

> 'One of this is the MIS problem, those who got left out of the MIS got left out. The other is subsequently where they had this emphasis for left out of baseline (LOB). But to identify the LOB they were using the same infrastructure that everyone else uses for the identification of the poorest, but it didn't address the challenges in this, so this wasn't getting addressed. It wasn't a flaw that could be overcome so we suggested to use the Socio-economic Caste Census of Ministry of Rural Development to identify the potential beneficiaries. We suggested that this census identifies people by deprivation so look at the top six deprivations and get your lists out and all you need to do is check whether people with six or four or five deprivations, have they as per your MIS got toilets or not? This was not something they were willing to do. There was no time to do a comprehensive survey'.

Issues, risks and assumptions with the campaign

The objective of the campaign was to enhance sustainable sanitation access to the people and to ensure that the village as a whole changes its behaviour to not only have access but also to use

the toilets being built. In addition, the other focus was also on keeping the villages clean through solid and liquid waste management. Although the campaign was envisioned with the objective of improving public health, sanitation, and personal hygiene, the first phase of the campaign up to 2019 was largely focused on IHHL construction and access. But now, in the ODF-plus phase (started in late 2019), they are thinking about personal hygiene and, thanks to COVID-19, they have understood the importance of hand washing and safe disposal of child excreta.

In the phase to October 2019 (called SBM Phase 1 henceforth), what became very clear soon after the campaign began was that every household in every village in India that did not have a toilet, must have one by October 2019. It was, however, admitted by several stakeholders interviewed, that there were issues with a campaign focused on toilets built, as opposed to whether the toilet, after being built, was used or not. As one development partner noted:

> *'Now with the benefit of hindsight, you could have done things differently, but at that point of time, they took certain strategic calls for whatever reason. For example, I know that hygiene was not emphasised and toilets or sanitation was the emphasis because it was very clear that if they tried to do both together, they might not have the same success as they did with regard to pure sanitation. They were not willing for the longest period of time to look at the correlation between the availability of water and toilet use. Simply because they figured that we can't work on all this at the same time. So they ended up adopting tunnel vision, and they took these strategic calls'.*

Risks and assumptions with this strategy of SBM as noted by interviewees were as follows:

1. The one-size-fits-all approach. In terms of technologies, it was noted that this led the same toilet design being adopted even in high-water table zones in certain districts, or flood area zones; thus several participants noted that they do not think appropriate technology was used. Leach pits are often not suitable and septic tanks are also not appropriate because there were no faecal sludge management plans across the country.

2. It was somehow assumed that the entire administrative system will gear up to perform and deliver with this call to action by the prime minister, but it was not that easy.
   'If we are to construct about 1000 toilets in a village, the question of how much material in terms of bricks, doors, fittings, sand and others were needed, the mechanism for ensuring their supply, mobilising the required teams keeping in mind issues such as road connectivity, availability of required number of masons, and others was not looked into in great detail'.

3. The twin pit design had been diluted to such a great extent that it had become counterproductive. Many participants shared that while they had constructed toilets, they were not environmentally safe structures. A programme on such a national scale required that capacities be built, and that the entire system be prepared to achieve that level of performance, but that was underestimated. There are differences in capacity among the Indian states, so the government assumed that some states and districts may not perform well. In the beginning of the campaign, they selected some demonstration districts, focussing on certain promising district magistrates (collectors), so that they could demonstrate the results up front for others to follow.[9] One interviewee shared that they saw many places where there was immense pressure from their seniors to complete the target, but they did not have the means at the ground level to be able to achieve that. While there was a campaign and the campaign did very well to change the perception about sanitation nationally, they were unable to influence the implementation mechanism to change. The last mile delivery had gaps and it wasn't possible for the SBM-G campaign itself to solve that problem.

4. A crucial assumption was that availability of water doesn't play a critical role in influencing toilet use.

5. It was recognised early on that you couldn't run a campaign without investing in IEC. So, radio and TV was used as a means to conduct IEC activities, but all of this needed to be followed

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[9] In Jharkhand, for example, when they knew what the target was for the district, the district collector called all suppliers of material, such as brick and cement, and told them about the demand in the district. They agreed on a uniform rate across the district and he was able to negotiate with all suppliers to bring down the cost by simply providing a sense of the scale. So there were innovations of that kind. But it was all left to the imagination and interest and passion of particular block- and district-level officials.

up at a community level, because the assumption that everyone had access to the same technology or resources is not a fair assumption to make.

'Not everyone necessarily watches TV or has access to a smartphone; for this to be effective, it needed to be backed with IEC at district or block level, where the efforts were patchy at best. Some districts did a great job, some didn't do very well'.

6. By the end of 2017, end, community-led total sanitation (CLTS) had lost favour, and so it was decided to move from CLTS to other modes of functioning. By then CLTS was then replaced with "'collector-'" led total sanitation and the focus was how to enthuse these functionaries to drive the campaign.

The use of 'naming and shaming' and threats to encourage toilet construction and use

The assumption was that if you make sure that there is a toilet available at home, behaviours around *using* the toilets can be changed later. There was a deadline for making use of the grant available from the government, so there was pressure to tap that resource and create infrastructure everywhere. The thinking was that once the infrastructure was there, then people can be persuaded that they must use the infrastructure.

Some people, such as the head of the village, the sarpanch or officials, were more officious in their approach. 'Let me construct the toilet and let's see how people will not use it – we will use all kinds of sanctions and pressure'– that was the stand taken by some officials.

However, one international development partner stated that in states where they had a role, they encouraged 'no use of shame or name or fame, only positive deviances – like those who are using the toilets, their names are being displayed on the board, we use positive discrimination and no negative discrimination because we believe policing doesn't work'. However, many of our interviewees, and also the RICE study (Gupta et al. 2019), found plenty of evidence of naming and shaming, as well as threats by officials.

The same development partner noted: 'Usually a campaign is for 30 days or 60 days, but a campaign for five years is not heard of. In order to sustain this, we used to come up with very innovative short campaigns within the campaign'. This partner also came up with additional populations for those who were not part of the baseline. New families were added to the beneficiary list due to the fact new nuclear families had emerged since the Baseline Survey of 2012, and because certain people who don't have land on which to construct toilets had not got IHHLs under SBM.

In Box 2, we describe how the campaign played out in India's largest state, Uttar Pradesh, with one of the largest incidence of open defecation before 2014.

BOX 2: The Sanitation Campaign in Uttar Pradesh (UP) – a state with one of the lowest share of IHHL before 2014

Initially, until 2016, not a lot was happening in UP. The state government was led by a political party opposed to the party in power in Delhi. They were not so motivated. However, a major change came in UP when the BJP-led government came to power in the state in May 2017; then the goals were immediately aligned. Until 2016 a few of the officers were interested as it was 'the first programme where you were connected to the masses, you were going to the villages, you were talking to the public'.

'In one district, for instance, for at least three days the collector went at 4am to the villages and it was a very good feeling as people were connected to the campaign and it was above and beyond sanitation. Officers were appointed for all the villages, also nigrani samithis (or village committees) who were given jackets, whistles, torches'.

'We needed CLTS triggering in a sustainable manner. Up to five months handholding support is also needed as we wanted to not waste the effort that went into triggering. The

Section 3: Stakeholders in the campaign

The biggest stakeholders were the prime minister's office and the central government's Ministry of Drinking Water and Sanitation. The pressure to build toilets for 100% households was purely political, it was noted:

> *'The political will showed, not only in the focus on 100% toilets, but also the kind of allocation by the government of India, no other country could think of this type of allocation, it was more than the annual budget of many countries'.*

Key stakeholders in the sanitation campaign, according to the participants' observations and experience, were as follows:

1. Key development partners who drove the design of the campaign: the World Bank, the Bill & Melinda Gates Foundation, the Water and Sanitation Collaboration Council, and UNICEF.

2. State officials responsible for implementing SBM-G.

3. District officials who are part of an exclusive water and sanitation management cell (as seen in Maharashtra) or other departments responsible for implementing SBM-G. At the district level, there was a dedicated deputy chief executive officer, known as the head of department for WASH, who reported to the district magistrate; executive engineers; and the district water and sanitation mission cell.

4. Block resource coordinators and cluster-level resource coordinators.

5. Village secretaries and gram pradhans; self-help groups retired army people; teachers, religious heads, and other key decision makers – these were very important stakeholders, who would have the power to influence the community and were therefore brought into the scheme during implementation. At the village level, the buck stops with the gram sevak and sarpanch, and in few cases self-help groups were very active. One interviewee noted:

   > *'We have also seen that in villages where the sarpanch is a woman and very active, the ODF sustainability is much better when compared to others, but it has to be an active sarpanch herself and not her husband. Gender plays a role.'*

6. Political leaders at the grassroots, block, and district level.

7. The organisations of youth, women, weaker sections, scheduled caste, and scheduled tribe people's associations.

8. Material suppliers, contractors, masons, and others.

9. Corporate social responsibility-inspired investment resulting from the mandate given by the prime minister's office. These initiatives constructed school toilets and others without investing in behaviour change, operation, and maintenance. However, one interviewee noted that in many places these have become more like monuments rather than something that can be used.

Another question we asked was whether the IEC budget was used by many states to the extent expected. We were informed that most states struggled to use even 1 per cent out of the 5 per cent IEC budget; very few states used more than 3 per cent. The majority couldn't use this because in many cases the head of the organisation, the collectors and so on, were not convinced by IEC. They were given a number of toilets to construct, so they felt there was no need for community participation and IEC. For them it was just posters, leaflets, and wall painting. They couldn't understand the importance of IEC for participatory planning and triggering or creating a buzz around these issues. Even if the district machinery wanted to spend on IEC, collectors and other heads were not convinced, we were told.

We asked: *Do any other programmes or campaigns get implemented in a similar way?* It was noted by an interviewee that SBM and the Open Defecation Declaration Plan were different than other government programmes that the district administration normally implement, because of the sheer numbers involved in SBM. For example, compared with the rural housing programme, which also gathered momentum after 2015, it was noted that the housing initiative was expected to, at best, reach around 20 people in a village, but when it came to building toilets there was meant to be universal coverage.

> *'Where the scale, magnitude and time matters, the target was in millions in some of the districts. It was an overwhelming task to mobilise the machinery and to convince, so for the DMs, maybe the process is not new but the readiness to respond and meeting the numbers, weekly video conferences with the secretary directly, with the PMO directly – all that was new'.*

Section 4: Monitoring systems

All government of India programmes have a MIS in place – a management or monitoring information system (Mehrotra 2013a; Mehrotra 2013b). There has been a MIS in place from the beginning of the SBM-G on the government of India's DDWS website, declaring how many toilets were being built, and which districts were achieving ODF (as defined by 100% IHHLs).

What was being monitored and by whom?

Participants in our interviews noted that the guidelines prescribing monitoring mechanisms mainly related to the sanctioning of toilets, disbursement of funds for toilet construction, and the actual construction of toilets. The job of ensuring that every household has an IHHL is the responsibility of swacchagrahis (local sanitation workers) at the gram panchayat level, who carry out a survey with geotagging of the built toilet and upload this data to block level. Within each block, the block-level functionaries such as block resource coordinators or cluster resource coordinators compile this data and submit to the district level, where it is verified and approved. This is the first level of monitoring to ensure that all households are covered and have an IHHL.

The second level of monitoring relates to the release of funds from the districts to the beneficiaries for the construction of toilets. This is done in two to three phases and is dependent on the progress of construction. Beneficiaries have to use their own money to construct their toilets – the funds they receive are not for the cost of the toilet, but rather an incentive (Rs. 12,000) for doing so, using their own funds. When the photos uploaded by the swacchagrahis are approved, the funds are released either from the gram panchyat or from the block administration to the beneficiary, directly to his/her account (no cash/cheque disbursement). This ensures timely release of funds and helps prevent the misuse of funds. The interviewees all shared that the public finance management system used for these processes is effective and transparent. The system tracks the fund flow from state down to beneficiary level.

Differences between states in respect of monitoring

Different states put different kinds of monitoring systems in place. Different groups of people responsible for monitoring included the following:

- Swacchagrahis, who monitor construction activities and report to the district administration.
- Village panchayat secretaries, who are responsible for monitoring activities in the gram

panchayat.

- Nigrani samithis, committees of local people who are selected to monitor the activities and to report back to the village president and block officials. They are expected to record their observation and motivate people who are not constructing or using their toilets.

- Retired army officers or well-regarded teachers who go and check the villages.

- Self-help groups, who motivate community members to construct toilets as well as monitoring the processes on the ground.

Was the usage of toilets tracked?

We were told that monitoring from the administration side was largely concerned with construction and financial disbursements to check for misuse. Where the community and the administration were engaged, they looked at ensuring people used their toilets. However, monitoring mechanisms used by the district and state administration did not track usage, and the process indicators did not include usage, only ODF status. While the administration tried to collect information on usage, it was noted that it should have been made a part of the MIS, with a more robust mechanism for tracking usage.

Furthermore, there

> *'was great focus on ensuring toilet access at home but not enough on functional toilets in schools and health care centres or in the bus stand, and other public places. Toilets were not constructed in Anganwadis, so children less than 6 years of age were defecating in the open in front of the Anganwadis. So things did not move in tandem'.*

How did monitoring help to reshape the implementation?

There is some evidence that monitoring enabled the identification of issues as they emerged, thus playing a trouble-shooting function. For instance, a participant noted that in one case monitoring practices resulted in discovering a major reason why people were not constructing toilets: there was a lack of availability of sand. The issue was presented to the district collector, who subsequently announced that sand will be provided free of cost for the purpose of constructing toilets. That kind of consistent monitoring feedback has contributed to innovative decisions.

Regarding tracking regression or slippage, the ministry does know there are instances but officially they may not admit it. Slippage happens for various reasons in a big campaign like this. Toilets that were built are no longer functioning; there may be households that split, effectively creating new households without toilets. It was also noted that there were discrepancies in the baseline survey.

Instances of false/over reporting

Participants have shared that over-reporting took place in some cases. This was largely because of pressure to appease the 'senior officials that they have achieved the target. If 100 toilets were supposed to be constructed, then 70 are constructed and they had a gut feeling that remaining will also be done, 100 were constructed on paper and this was all with the awareness of the Sarpanch etc'.

> *'When the system chases, to be in the good books, the DM will try to say I have completed, my district is ODF. This may not be generalised across India, but the pressure is translating into declaring as ODF', one interviewee noted. Another participant stated that, 'there exists the concept of "advance reporting", not bogus reporting'.*

> *'Suppose a village has achieved 90% , but the officers are scared to report 90% because of an obsession for 100% target, so people are scared to report the gaps'.*

The ministry did recognise the issue of households that had been left behind in toilet construction. They coined the term 'LOB' (left out of baseline) and started focusing on this population. It was an iterative process, and ultimately, as the government's intention was to improve sanitation access, they were moving in the right direction despite some false reporting.

Most importantly,

> '*MIS used to have lot of fields [other than the 'number of toilets built'] but if you compare MIS now and MIS 2018, many fields are missing. So the government started closing those fields which are accessible to the public with a password. And even if someone had access to the password those fields were vanishing from the MIS. So that is a concern'.*

This suggests that some elements in the systems were abandoned along the way as pressure mounted from the top, and deadlines came closer.

We were informed that the government was conscious that there was a huge gap between the reality on the ground in respect of access to IHHLs and what the Census 2011 data revealed. After 2018, the government were very careful to note that when the 2021 census is carried out (delayed due to COVID-19), there will be a smaller number of missing or ghost toilets compared to the 2011 census.

Monitoring the subsidy payment for toilet construction

Subsidy payments are contentious among CLTS practitioners and advocates. Thus, in Bangladesh, Nepal, and a number of African countries, subsidies have not been provided by the government to build toilets. However, in India, they have always been part of the sanitation programme (Kar, 2011 and Milward, 2011; Kar with Chambers, 2008).

For SBM-G, there were several steps of monitoring in place. After assessing the demand for IHHs, there was the sanction of funds. There was no provision for upfront subsidy; villagers had to use their own money to start construction. Within the construction process there were two–three phases: different block-level officials oversee the stages of construction, someone from the gram panchayat gives the completion certificate, the block will compile the data and give it to the districts, and districts will give administrative sanctions and release the money. This whole process sometimes takes 3–6 months.

There was provision for concurrent monitoring. These were two-fold. The first was a dashboard to ensure the timely release of money and geotagging of completed toilets. For the past two or three years payment has been through direct transfer to the beneficiary bank account.

> '*Earlier before SBM people were giving the subsidy for IHHL as per their own wish, cheque distribution or whatever. Now money is going directly into a person's account so we can check if that account is a fake or ghost account'.*

The second provision was the monitoring of the actual building of toilets. Geotagging made district-level approval easier. The teams could see the photos of built toilets, then they would approve the grant of the subsidy. Interviewees recognised that there is a possibility that photos may have been uploaded when construction was not complete, yet they were still able to receive and benefit from the incentive funds.

We were also told that monitoring played a very critical role in showcasing the achievements of the different districts and states. There was a very healthy competition throughout SBM-G among the different states. The ministry's MIS was constantly updated and it was very visible. The achievement of the other states and districts motivated each other and helped to further increase the momentum of the campaign. The centralised MIS helped people at the central level to do the monitoring sitting at their desks. The data was available right down to the household level, even to village-level officials. Micro monitoring could be done sitting anywhere in the world.

Countering the official narrative as new data kept emerging

On 2 October 2019 (Mahatma Gandhi's 150th birth anniversary), the government of India declared that India had become ODF. A controversy swiftly broke out as a series of national and regionally representative surveys contradicted the government's claims. The first survey that had already emerged was the RICE survey of 2018, which was a repeat of a survey they had conducted in 2014 (Gupta et al. 2018).

RICE Survey in four northern states

A new survey in late 2018 (Gupta et al, 2018 or the survey by Research Institute for Compassionate Economics, RICE) reported that between 42 per cent and 57 per cent of rural people (in Uttar Pradesh, Bihar, Rajasthan, and Madhya Pradesh) over two years of age defecate in the open, with a preferred estimate of 43 per cent. This result contradicted government claims that open defecation had been nearly eliminated in these states.

It also reports that 40 per cent of households with a latrine have at least one person who defecates in the open, and 56 per cent of all households have at least one person who defecates in the open in rural areas in these states. However, the good news is that in these four states, overall open defecation fell from about 70 per cent of people in 2014 (the same households were surveyed then), to about 44 per cent of people in 2018 (Gupta et al, 2018).

The RICE study reports that nearly the entire change in open defecation between 2014 and 2018 comes from increases in latrine ownership, rather than from changes in behaviour. The government of India's own National Sample Survey (NSS) (July to December 2018) presents us with a similar picture.

National Sample Survey of 2018 and NARSS

A survey conducted by the National Statistical Organisation of a representative nationwide sample found that as of September 2018, 28.7 per cent of India's rural households lacked access to toilets and 32 per cent practised open defecation. At that time, official data from the SBM painted a much more optimistic picture claiming that just 6 per cent of India's households lacked access to a toilet. This official data was not just from the MIS of the government's nodal ministry, but it was supported by what has come to be called the National Annual Sanitation Survey, with the latter being supported by World Bank funding. Other external surveys reveal similar discrepancies with administrative data. While SBM definitely improved sanitation, India may be far from completely open-defecation free, those surveys and independent researchers suggest.

For example, the results of the NSS survey showed that Odisha (49.3 per cent of rural households having access to a toilet), Uttar Pradesh (52 per cent) and Jharkhand (58 per cent) were the worst states in terms of sanitation coverage in the July–December 2018 period. But according to data on the SBM dashboard at that time, sanitation coverage in these states was significantly higher. In Uttar Pradesh, for instance, according to the dashboard, 99 per cent of rural households had access to a toilet in September 2018.

According to the government, these discrepancies are explained by respondent bias. Both the NSS in its survey report and the Jal Shakti ministry have suggested that respondents may have lied about access to toilets in the hope of accessing benefits under SBM. 'Respondent bias, in this case, is when individual households, when asked a leading question on whether they have ever received benefits from the government, do not admit they have toilets or LPG cylinders in the hope of receiving additional benefits from the government. In case of the 76th round of the NSS, the question on benefits received preceded that of access, thus leading to a significant under-reporting of sanitation coverage', a spokesman for the sanitation department wrote in a response to newspaper queries about the discrepancies between the SBM data and NSS (Srivastava and Iyer 2019).[10]

This was not the first time administrative data on toilets constructed under SBM had come into disrepute. Independent surveys by organisations such as the Centre for Policy Research had shown earlier that the 'open defecation free' tag often betrays the on-the-ground reality, and portrays latrine ownership rather than usage (Deshpande and Kapur, 2019). Given that those in charge of meeting targets are also reporting these statistics, this creates a reporting bias in administrative data, these studies noted.

Discrepancies in the data also extend to how often toilets are used. For instance, according to NARSS (2018), almost all households (97 per cent) who have a toilet use it.[11] Similarly the NSS (1 July

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[10] Note that Srivastava was the Secretary, Ministry of Statistics and Programme Implementation, and Iyer the Secretary of the nodal ministry's Department of Drinking Water and Sanitation, of the Government of India.

[11] The government MIS on sanitation does not report usage.

2017–30 June 2018) found that 95.2 per cent of rural households with a toilet use it regularly. But other surveys suggest that the proportion may be lower, with significant variations in usage within households. Other issues lie in the definitions of being open-defecation free. The SBM defines it as 100 per cent toilet usage at the household level but the NSS sets a threshold of 50 per cent.

Finally, the National Family Health Survey – 5 (2019-2020) data, which has been released for 22 states, shows that even in respect of toilet availability, the situation is not what the government of India website claims. Notably, this is the only independent survey conducted after the government of India announced India had become ODF on 2 October 2019. It has revealed that the population living in households with an improved sanitation facility is barely 45.7 per cent in Bihar, 63 per cent in Gujarat, 69 per cent in Maharashtra, and 64.7 per cent in West Bengal, although it is 98 per cent in Kerala. Data from states including Madhya Pradesh, Rajasthan, and Utter Pradesh has yet to be released (as of February 2021).

Section 5: Verification process

Macro-level verification took place through the NSS, carried out by the government of India. Development partners and CSOs do not carry out large-scale verification, instead doing a rapid sample-based verification. Verification is the responsibility of the government. The release of funds, among other things, are dependent on the outcome of this verification process.

An interviewee noted that verification takes place at different administrative levels within a particular state. District-administration-appointed verification officers and teams were put together. After the community self-declared ODF status, it was confirmed by the verification teams appointed by the district administration. There were random visits by district officials, even by district collectors, to villages that were declared ODF. Even central teams, on a sample basis, checked some of the communities that had declared themselves ODF. State-led verification visits were also carried out, mainly looking at the technology and design of the toilets.

We enquired whether the verification process included checking for inflated numbers and whether action was taken if false reporting was found. One participant shared that toilets that had not been constructed in line with the proper design were also considered instances of false reporting. It was noted in the verification process when these instances were found, however this was so common that it was considered nothing could be done about it. The important thing to verify was whether households had access to a toilet. On the design of toilets: 'even if they did identify the gaps, if out of 1000, 600 toilets were not as per design, what could anyone do? So it was just pushed under the carpet'. The informant shared that they believed these gaps were known to the government. Making everyone understand the importance of a toilet requires time and especially technical capacity building, which was not always present. 'The responsible officer himself or herself has no idea of twin leach pit technology. That was the kind of haste in which they were carrying out the task'.

At the village level, verification was carried out on the basis of the baseline survey of 2012, which we have mentioned in several earlier sections in connection with its inherent problems. The baseline has not been updated since 2012, yet in a country as vast as India, much had changed between 2012 and 2014. Unfortunately, there was no time to repeat a full baseline survey, given the deadline of achieving ODF by October 2019.

Was there any mechanism to fix that gap between the baseline of 2012 and the verification data? An interviewee responded:

> 'So, I think every village, they used to do an informal baseline. It was easier to do at a village level as there were fewer households. It was the village panchayats who would do the baseline and they were sorted out at that level. In most of the cases it was sorted, if not all'.

It was also noted that there was no mechanism to capture regression or slippage: 'We are aware that a lot of slippage has happened but I don't think it was captured in the monitoring data. Even if it was captured, it was never recorded and it was sorted out informally'.

Section 6: Reporting

While most of the reporting tasks were confined to government officials (including the village-level sarpanch or village head), NGOs were involved in reporting on the campaign. These partners were never involved with toilet construction. They worked on behaviour change and encouraging people to use the toilets. They also worked on advocacy at the district level and also at the gram panchayat level, to not only merely provide infrastructure but also to encourage people to change behaviours. They counted the number of toilets constructed and the usage of the toilet and carried out joint reporting at the district level. These reports were intended only for the districts to carry out their own informal verification and were not in the public domain.

Once a gram panchayat is declared ODF, does monitoring and reporting stop at that point? The respondents noted:

> *'There are two aspects to that. Monitoring on the number of toilets that are being constructed does stop but at the same time there may be new or additional households without toilet, if that happens then it is the responsibility of the gram panchayat to ensure that the particular household gets the toilet. Second thing which needs to continuously happen is the usage. In an ideal environment, tracking the usage is something that needs to continuously happen'.*

Are they still monitoring or tracking usage, or does the administration take no further interest after an ODF declaration? Respondents said they thought the tracking of usage was still happening, but not necessarily consistently across the six or seven hundred thousand villages in India. 'It may be happening across a few places but this needs to be institutionalised'.

Section 7: Process of national declaration

The national declaration that India is ODF was made by the prime minister on 2 October 2019, as originally scheduled. The prime minister chose his words carefully, recognising that there were still gaps, even in access to IHHLs. So he said that gram panchayats have announced that ODF status has been achieved; in other words, he did not say that the government of India was claiming the country ODF.

The sheer fact that SBM Phase 2 was announced at the same time suggests that there was still a way to go. SBM Phase 2 has a much smaller outlay, one-third of Phase 1, because there are fewer IHHLs still to be constructed. solid and liquid waste management planning and operation and maintenance is very challenging, and all the investment is going towards community sanitation, with no incentive for constructing IHHLs. For the moment, there is less dedicated funding for sanitation compared to phase 1. The district magistrates have changed; they were not part of Phase 1, so that kind of urgency and readiness to respond does not exist, was noted by interviewees.

When we asked if there is political will for Phase 2, we were told that there is now more political will for the Jal Jeevan Mission (Drinking Water Mission; to ensure piped water for all households by 2025). The argument is that if we can bring water to household level, then hygiene and other issues will be resolved. There is much political will from the prime minister's office for this mission.

What is interesting is that the IEC fund has been reduced to 1 per cent (from the 5 per cent allocation in Phase 1, which we noted was never used). None of the states were able to consume more than 1.5 per cent or 2 per cent, and the government did not want to allocate money only for it to be returned.

Section 8: The way forward

SBM-G has achieved huge strides, and many countries can learn from this. However, this study has highlighted that reporting has been and remains an issue, and there have been challenges with reporting toilet access and usage. Both the successes and the challenges can be learnt from by both India and the wider world.

However, there are much more profound lessons as well. We began this paper with the failures for the past programmes, and it is critical now for India to understand the key differences and similarities between previous efforts and the SBM-G. Essentially the difference is:

- huge political backing
- scale
- a strategy that emphasised using CLTS triggering tools to a limited extent, without abandoning subsidies,
- rolling out trainings on a mass scale

However, the essence remains the same- a subsidized toilet construction programme with the same trappings of IEC and ODF phraseology as before- perhaps only delivered at a higher level of leadership, and more consistently over a five-year period.

If this is the case, can the results be any different in the final analysis, compared to what happened earlier? It would appear that our analysis based on interviews with key stakeholders, and the national and more geographically focused surveys (all of which we cite) show a huge gap between the claims and reality. And even the massive increase in toilets (and to some extent usage) compared to the past may not stand up when measured after a small time lag - when poorly constructed toilets are abandoned completely or the huge issues related to FSM become ominously obvious.

In terms of lessons for other countries, India's SBM-G campaign stands out for the important role played by political leadership, and the administrative leadership from the top civil service (Curtis 2019). [12]

To follow up on the success of the sanitation campaign, the government of India launched a 10-year Sanitation Strategy 2019–2029. The secretary of the Department of Drinking Water and Sanitation, said 'India has seen a sanitation revolution, and the SBM-G transformed itself into a jan andolan [a people's movement]. The 10 year strategy focuses on the need for states/UTs to continue their efforts to sustain the gains of the mission through capacity strengthening, IEC, organic waste management, plastic waste management, grey water management and black water management'. (Ministry of Drinking Water and Sanitation 2019).

Thus, the government of India has already announced the way forward. However, from an international perspective, as well as from an Indian one, there are several lessons for the SBM campaign and its monitoring, reporting, and verification processes. The first is that a hurriedly implemented campaign to build toilets is bound to leave many gaps. Hence, countries need to be aware in advance that there are trade-offs involved with high-speed toilet construction. Even the monitoring system cannot cope with such an increase in the speed and scale of construction.

Our study has shown the nature of the trade-offs. A report published in 2017 found that less than a third of toilets could be deemed as being safe or safely managed (WaterAid 2017).

Second, another lesson with international significance for low- and low-middle-income countries with great inequalities in incomes, is that there were correlations between socioeconomic status, economic wellbeing, and the choice of toilet design. So people who were better off preferred what they considered septic tanks rather than twin leach pit toilets. So governments need to recognise there is 'a black and white, colour television' problem, whereby people were looking at twin leach pit toilets as 'black and white television' – in other words as inferior to septic tanks. If the goal is focused on toilet construction, then monitoring the quality or technology of construction becomes secondary, even if it is more important.

A third lesson that emerges from the Indian campaign mode was that without a concern for hygiene and also safe water availability, toilets may be less effective in achieving the larger goal of improved health status. However, in this context, COVID-19 has suddenly provided a silver lining. Thus we learnt that in India people are now washing their hands out of fear (perhaps due to COVID-19), but

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[12] SBM-G may influence other country's sanitation campaigns. For instance, the Indian government organized the Mahatma Gandhi International Sanitation Convention, 2018 in which 64 countries participated, the UN General Secretary visited India, participated in the event, and appealed to countries to learn from India's sanitation campaign. Many country team including Nigeria visited India to learn more about SBM-G and they adopted Indian 4 Ps (Political leadership, Public Financing, Partnership, People movement).

how to sustain this as a priority or aspiration remains a question. COVID-19 can be turned into an opportunity for SBM and the world to promote the hygienic practice of hand-washing.

The fourth lesson is that if monitoring is focused on building IHHLs, community-level institutions should not be neglected. Thus, in India institutions – schools, health care facilities, or anganwadi facilities – have not received adequate attention and there were problems related to the adequacy and appropriateness of toilets in these institutional settings.

The fifth lesson is that monitoring should focus on who had been left behind – the last mile issues. A development partner mentioned that although Bangladesh and other countries came very close to 100 per cent toilet coverage, the last mile actually took a very long time. It was easy to get from 40–50 per cent, to 80 per cent or 85 per cent reasonably quickly, but the last mile took a long time. In October 2019, India was declared to be ODF, but people genuinely vulnerable and poor were left behind. And yet, they will not be able to access incentives or subsidies anymore because India has become nominally ODF, so the state cannot justify further incentives. The specific lesson for other countries is that a campaign to achieve 100 per cent of households with IHHLs means that an accurate baseline survey is essential. In India this was not the case, and if there were inaccuracies in the baseline or if someone got left behind, the need would be much greater than it seemed on paper.

The sixth lesson is that focusing on toilet construction alone in the goals or the monitoring of those goals inevitably leaves out the need for rural faecal sludge management. The bulk of toilets that are being constructed will need to be emptied. If safe collection transportation and management of faecal waste is not set up, manual scavenging will persist. Therefore, faecal sludge management should be seen as part of safe sanitation. Interestingly, apart from hygiene, all the other concerns have been reflected in SBM Phase 2 or subsequently.

Finally, India's SBM-G campaign seems to have been constrained by the policy decision to sustain and increase individual household subsidies to encourage toilet building. Behaviour change efforts fell by the wayside. Chambers (2019) puts it succinctly: 'Whereas India is cursed by an individual household toilet subsidy which fuels corruption and dependence, Bangladesh has only had limited and very selective support for those most in need, and civil society, most notably the astonishingly large, omnipresent and effective NGO BRAC, and has empowered women, these all with high level government support over decades. Nepal similarly has had the benefit of a long-term programme, and a policy of no individual household subsidy'.

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For over ten years, IDS's Sanitation Learning Hub (SLH, previously the CLTS Knowledge Hub) has been supporting learning and sharing across the international sanitation and hygiene (S&H) sector. The SLH uses innovative participatory approaches to engage with both practitioners, policy-makers and the communities they wish to serve.

We believe that achieving safely managed sanitation and hygiene for all by 2030 requires timely, relevant and actionable learning. The speed of implementation and change needed means that rapidly learning about what is needed, what works and what does not, filling gaps in knowledge, and finding answers that provide practical ideas for policy and practice can have exceptionally widespread impact.

Our mission is to enable the S&H sector to innovate, adapt and collaborate in a rapidly evolving landscape, feeding learning into policies and practice. Our vision is that everyone is able to realise their right to safely managed sanitation and hygiene, making sure no one is left behind in the drive to end open defecation for good.

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