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Knowledge forum showcasing best practices in sanitation

What works at scale?

Distilling the critical success factors for scaling up rural sanitation

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TWISA
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What works at scale?

Distilling the critical success factors for scaling up rural sanitation

*Proceedings of the Knowledge Sharing Forum
February 2014, Jaipur India*

*Ministry of Drinking Water and Sanitation in collaboration with the World Bank Water
and Sanitation Program*

May 27, 2014

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Executive summary

The Ministry of Drinking Water and Sanitation, Government of India, in collaboration with the Water and Sanitation Program (WSP) of the World Bank, assembled policy makers, scholars and practitioners from 12 Indian States and 6 countries in Asia and Africa in Jaipur, India, for the Knowledge Sharing Forum entitled *What works at scale? Distilling critical success factors for scaling up rural sanitation*. Based on 34 presentations, breakout group discussions and final deliberations, the participants analyzed in detail many issues, including robust implementation and sustained outcomes at scale, that are critical for achieving success in sanitation programs. International experience and good practice in India has shown how success can be achieved. The key to a rapid transition in rural sanitation involves people committing to learn from this experience and adapting it to the particular circumstances of all the 600-plus districts in India.

The *Nirmal Bharat Abhiyan* (NBA) – Clean India Campaign – focuses on a comprehensive program to ensure the sustained use of safe sanitation facilities in rural areas, eliminating the practice of open defecation and ensuring a clean environment. The NBA experience has shown that without the motivation for safe sanitation, facilities will not be used with any degree of consistency. Demand creation must therefore take precedence over physical implementation and new practices must be sustained after construction. The focus is not on individual households but on groups of people at the habitation, village, community (Panchayat) levels who can work together, supporting each other to achieve long term open defecation-free status. Once the demand is created, a strong supply chain must be in place to ensure a rapid response.

A consensus emerged at the Forum that achieving the desired results depends on strong commitment by all the States and Districts to empower communities to take a leadership role in the transition to open defecation-free and clean environment status. Two other strategic elements were identified at the Forum for scaling up sanitation throughout the country: a strong enabling environment with clear and systematic strategies and the creation of institutional structures dedicated solely to sanitation, especially at the district and block levels. It was agreed, for example, that the enabling environment definitely needed to include capacity building and effective and timely monitoring at all levels. It was also vital to ensure convergence between different programs.

This report summarizes the Forum discussions under 4 thematic headings, summarized as follows:

Theme 1: Demand creation and behavior change communication

- Initial demand creation for safe sanitation must precede physical implementation, through activities such as triggering and participatory rural appraisal (PRA). Both triggering and PRA help community members to reflect on and understand their own sanitation situations, leading to a desire for change and commitment. Behavioral change communication focuses on the whole community rather than on individual households.
- The themes around which interpersonal communication takes place are different for men and women, young and old ('segmentation'). The messages may, for example, focus on dignity, safety, upward mobility, privacy (particularly for women) and costs (particularly for men).
- To support behavioral change communication, the National Sanitation, Hygiene, Advocacy and Communication Strategy (SHACS) is being rolled out to encourage States and districts to plan and execute their own strategies.
- IEC ¹ combines optimal interpersonal communication and the media. Interpersonal communication is most effective for encouraging new behaviors and practices and must proceed on a continuing basis and not be restricted to a one-off activity.
- Initial demand after triggering must be maintained and transformed rapidly into safe sanitation facilities to be used and maintained on a consistent basis. This transformation can be achieved

¹ Information, Education, Communication

through continuous interpersonal communication, dynamic local leadership, a strong supply chain, close monitoring, etc.

- Support for sustained new behaviors should continue after the construction phase. This may involve a greater focus on hygiene promotion and practices such as handwashing, disposal of young children's feces and toilet maintenance.
- The National and State Award Programs are effective in boosting sanitation scaling up. These programs have been expanded in many States to target schools, habitations, Panchayats, blocks, districts and so on.

Theme 2: Supply chain to support demand

- The supply chain should provide easy access to affordable materials of adequate quality and good construction know-how and services.
- A wide range of technology and design options (not just a single model) should be available that reflect consumer demand. These options should be accessible to poorer families as well as to households wishing to improve their own facilities and move up the sanitation ladder.
- Greater efforts are needed to ensure access by rural Panchayats to materials and products from government-assisted schemes, private suppliers or rural sanitation marts.
- Convergence of the financial resources of MGNREGA and NBA has been successful in some districts. Behavioral change communication and demand creation for each program must however precede construction to ensure that facilities and services are used as intended.

Theme 3: Systematic implementation: what local governments do

- Systematic program implementation is the key to sustained behavior change. A 6-step roadmap for a sanitation campaign in a hamlet, village or Panchayat could consist of the following: (1) preparation and commitment by the Panchayat or VWSC and community institutions; (2) motivation through triggering or PRA activities; (3) immediate mobilization through all groups and follow-up through interpersonal communication; (4) provision of financial incentives, construction; (5) post-construction sustainability of household sanitation; (6) solid and liquid waste management.
- Large-scale mobilization within the community to include local government and most local groups, with the collaboration of trained field workers.
- High priority needs to be given to ensuring that capacity building continues at all levels. Many examples of skills upgrading have been identified (through training, workshops, field visits, on-the-job support and mentoring).
- Accurate monitoring is needed of toilet use and maintenance, construction quality, program implementation, and financial arrangements. Monitoring should aim to improve on-going programs whenever necessary. Many examples were described at the Forum of internal (i.e. from within the community) and external monitoring by outsiders unconnected to the local sanitation program.

Theme 4: Strong institutions and an enabling environment

- Committed leadership at all levels is the key to successful scaling up, together with empowering policies at State level with operational, financial and convergence guidelines.
- Efforts for community-led sanitation call for a professionally-qualified support system at the district and block levels, with teams solely responsible for progressing sanitation measures by supporting triggering, PRA, capacity-building, monitoring and "handholding" wherever required.
- Good program management is needed, with rapid and accurate monitoring, as well as oversight of financial transfers to households and community award systems.
- Monetary and non-monetary support for staff is also required since volunteers cannot be expected to work long-term for free on a committed and productive basis. Adequate wages/fees and individual output-based incentive systems (for achieving ODF) are needed for staff and field workers, as well as transportation facilities.

Introduction

In February 2014, the Ministry of Drinking Water and Sanitation, Government of India, in collaboration with the Water and Sanitation Program (WSP) of the World Bank, brought together policy makers, scholars and practitioners in Jaipur, India, for the Knowledge Sharing Forum entitled *What works at scale? Distilling critical success factors for scaling up rural sanitation*². The Forum participants reviewed the conditions required for successful sanitation programs and strategies that could lead to sound implementation of such programs and strategies in their own States and/or countries. Participants from within India came from State and District sanitation programs, international organizations, NGOs and the private sector. The Forum also benefited from international experience, with strategic inputs provided by key resource people from Bangladesh, Cambodia, Indonesia, Tanzania, Thailand and Uganda. Prior to the formal sessions, international participants were able to visit two districts in Rajasthan to observe sanitation campaigns which had resulted in open defecation-free status.

The Forum was inaugurated by Mr. Shreemat Pandey, Principal Secretary of the Rural Development and Panchayati Raj Department, Rajasthan. Mr Pandey commented that providing financial support toilet construction had not been particularly successful in view of people's lack of motivation and low demand. The key challenge was how to bring about behavioral change.

An overview of progress in rural sanitation was presented by Mr. Sujoy Majumdar, Director (Sanitation) in the Ministry of Drinking Water and Sanitation, Government of India. He was joined by Ms. Smita Misra, Lead Water & Sanitation Specialist, World Bank, and Mr. Joep Verhagen, Senior Water and Sanitation Specialist, WSP. In his overview of the Government's *Nirmal Bharat Abhiyan-NBA* (Clean India Campaign), Mr Majumdar emphasized that the greatest challenge is triggering and sustaining behavioral change to put an end to open defecation and achieve total sanitation throughout India. He went on to argue that one of the keys to success is to mobilize political will as a prelude to creating an enabling environment in support of systematic program implementation. A second requirement is to have manpower dedicated specifically to implementing sanitation initiatives. Recent Indian Government initiatives in the NBA included more emphasis on communication and information, education, communication (IEC) through the new Sanitation Advocacy and Hygiene Communication Strategy (SHACS), and the intensive efforts currently being made by State and District planning authorities to improve capacity building. Emphasis is also being given to monitoring, with more manpower input, and will include monitoring of usage and sustainability of toilets through an upgraded Management Information System. This would, he said, benefit in future from enhanced manpower input. Finally, the Director noted that greater focus is needed on hygiene promotion and the supply chain, given that a weak supply chain is likely to affect post-construction support and the maintenance of facilities.

Ms. Smita Misra described some of the lessons learned from 12 on-going/closed World Bank-supported projects in eleven States. She observed that Panchayats/communities needed to play a central role in the planning and implementation of sanitation works and reforms. Empowering communities and improving institutional models means that a range of professional support services is needed. World Bank-supported projects has contributed to scaling up, through the use of State Award Programs and the monitoring of ODF employing innovative mobilizing techniques (participatory health communication, 'healthy home' hygiene surveys, etc). Many local governments had been assisted in this way and had gone on to win national and State awards. Joep Verhagen completed the overview by stressing the importance of leadership by national and State governments and the need to ensure ownership of sanitation reforms by local governments. Scaling up requires an enabling environment characterized by supportive policies, capacity development, supply chain products and systematic implementation.

² Rural Sanitation Knowledge Sharing Forum. "What works at scale? Distilling the critical success factors for scaling up rural sanitation". The forum was organized by the *Nirmal Bharat Abhiyan* (NBA) of the Ministry of Drinking Water and Sanitation and the WSP. 5-7 February 2014, Jaipur, India.

The program of the Forum, over two and a half days, included 34 presentations which provided substantial material for plenary and breakout group discussions. The latter provided ample opportunity for reflecting on lessons learned and the challenges and main elements needed for successfully scaling up rural sanitation programs. The key points arising from the presentations and discussions are described below. Our report focuses especially on the strategies and specific implementation activities vital to scaling up sanitation. See Annex 1 for a summary evaluation by Forum participants. The agenda is at Annex 2.

Background

Between 1990 and 2010 South Asian countries witnessed over 100 million people emerging from extreme poverty. Nevertheless, by 2010, 70% of the region's rural population still lacked access to improved sanitation.³ For India, the largest country in South Asia, the 2011 census revealed that only 31% of rural households had access to a latrine, compared to an international average of 47%. India ranked 156th out of 189 countries in terms of rural sanitation coverage⁴. By 2012, the most recent year for which international comparative data is available, it was estimated that 597 million Indians practice open defecation. Substantial progress is however being made in exploring and implementing creative solutions for broadening access to sanitation beyond straightforward hardware provision. The aim now is to focus on safe sanitation behaviors.

In 2012 the Government of India revamped its rural sanitation program, renaming it '*Nirmal Bharat Abhiyan*' (NBA)- Clean India Campaign - a comprehensive program aimed at ensuring sanitation facilities and a clean environment in rural areas by eliminating the practice of open defecation. The *Nirmal Gram Puraskar* (Clean Village Prize), is also being implemented as a competitive incentive for communities to eradicate open defecation and change their sanitation status. Current NBA sanitation reforms focus on:

- An intensive community planning approach designed to create sustained open defecation-free communities;
- Joint implementation of sanitation and water schemes;
- Capacity building, communication and independent monitoring;
- Convergence of programs to support sanitation initiatives;
- Solid and liquid waste management in communities (SLWM).

Financial incentives for the provision of labor and materials have also been scaled up. These, depending on the source of funding, amount to 9,100-10,000 Indian rupees (INR) (approx. US\$149 - US\$165) per household toilet, financed through the NBA and State programs and under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). NBA program resources are also available for IEC, solid and liquid waste management, administration, educational institutions, sanitation supply centers and sanitary complexes. There is no shortage of resources. The main challenge is to implement effective and sustainable sanitation throughout the country.

A consensus emerged during the Forum that infrastructure alone does not lead to sustained sanitation practices. In other words, construction of a toilet does not necessarily mean it will be used if motivation/demand is lacking. To shift from a construction or supply-driven focus to a demand-driven approach implies that it can not be a 'business as usual' program.,

Forum participants identified 4 key themes as priority areas for policy makers and other practitioners aiming to achieve the desired outcomes: (1) demand and communication; (2) a supply chain for sanitation; (3) systematic implementation, including monitoring and capacity building; and (4) an institutional framework and enabling environment for undertaking local sanitation campaigns. The four

3 World Bank Poverty Data, Regional Dashboard. <http://povertydata.worldbank.org/poverty/region/SAS>. Data for Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka.

4 *Census of India 2011. Availability and type of latrine 2001-2011*. <http://www.censusindia.gov.in/2011census>
WHO & UNICEF Joint Monitoring Program (2014). Progress on Drinking Water and Sanitation: 2014 update. http://www.wssinfo.org/fileadmin/user_upload/resources/JMP_report_2014_webEng.pdf This monitoring program collects information through national household sampling surveys.

themes are expanded below on the basis of the Forum presentations, plenary discussions and the views emerging from the various breakout groups.

KEY THEME 1: Demand creation and behavior change communication

Critical issues identified for scaling up:

- Demand creation for safe sanitation, through activities such as triggering or participatory rural appraisal, must be in place before physical implementation.
- Support for sustained new behaviors need to continue after construction.
- Behavioral change communication to focus on the whole community, in addition to individual households.
- IEC combines interpersonal communication and media in an optimal way on the basis of SHACS.
- Different motivational messages should target women, men, children, adolescents ('segmentation').

Participants at the Jaipur Forum agreed that demand creation and behavior change are key to successful sanitation programming. Demand for sanitation implies that people wish to own, maintain and use a facility (such as a toilet), to make use of a community service (such as solid waste disposal), or to practice a particular behavior (such as handwashing with soap). Behavioral change means that people will use and sustain the new sanitation and hygiene practices. Experience has shown that, in the absence of motivation for safe sanitation, the facilities will not be consistently used. One study indicated that a large proportion of the rural population is aware of the importance of using toilets, implying that the key challenge is behavioral change to shift from awareness to practice.⁵ Demand creation thus cannot be delayed until after construction of facilities. Safe sanitation motivation and demand must precede physical implementation, and support must be provided for sustaining the new practices after construction is completed.

Several methods, with elements in common, are used to increase demand and stimulate new sanitation practices. The successful programs⁶ presented at the Forum tended to focus not on individual households, but rather on groups of people at the habitation, village, community (Panchayat) levels in the quest for open defecation-free status. By mobilizing the community as a whole, these programs benefit from the powerful group processes involved in modifying behaviors, as well as from the mutual support mechanisms advocating sustained open defecation-free status.

In several Indian States group processes begin with triggering for collective behavioral change. In three districts in Rajasthan, for example, district resource groups (mobilizers and trainers) undertake group triggering activities in villages over periods of between 2 to 5 days. The resource groups are careful to play down the availability of incentive payments and stress that subsidies are not forthcoming pending construction. In short "We don't talk about toilets or incentives. We talk about open defecation."⁷

⁵ Presentation by Jithmathra Thathachari (*A market-led, evidence-based approach to rural sanitation*) at the Knowledge Sharing Forum in Jaipur, 2014.

⁶ See the case studies in the Forum's program (Annex 2) from districts in Andhra Pradesh, Bihar, Harayana Himachal Pradesh, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, Rajasthan, Uttarachand as well as Bangladesh, Cambodia, Indonesia, Thailand, Uganda and Vietnam.

⁷ Presentations by Arti Dogra (*Banko Bikano: Community-led sanitation campaign in Bikaner*): Rohit Gupta (*Community-led sanitation campaign based on initiatives in Jhalawar and Churu*): Anandhi (*Institutional strengthening for rural sanitation-Bundi District*) from the Knowledge Sharing Forum in Jaipur, 2014.

Triggering involves stimulating a collective sense of aversion or disgust about widespread open defecation and its negative impacts on the entire community, before moving on to identifying positive solutions. Community activities include defecation area 'transect walks', mapping of defecation areas, identifying and experiencing pathways of fecal contamination, individual commitments and the preparation of an action plan.⁸ Given that some people in the community continue to resist the concept

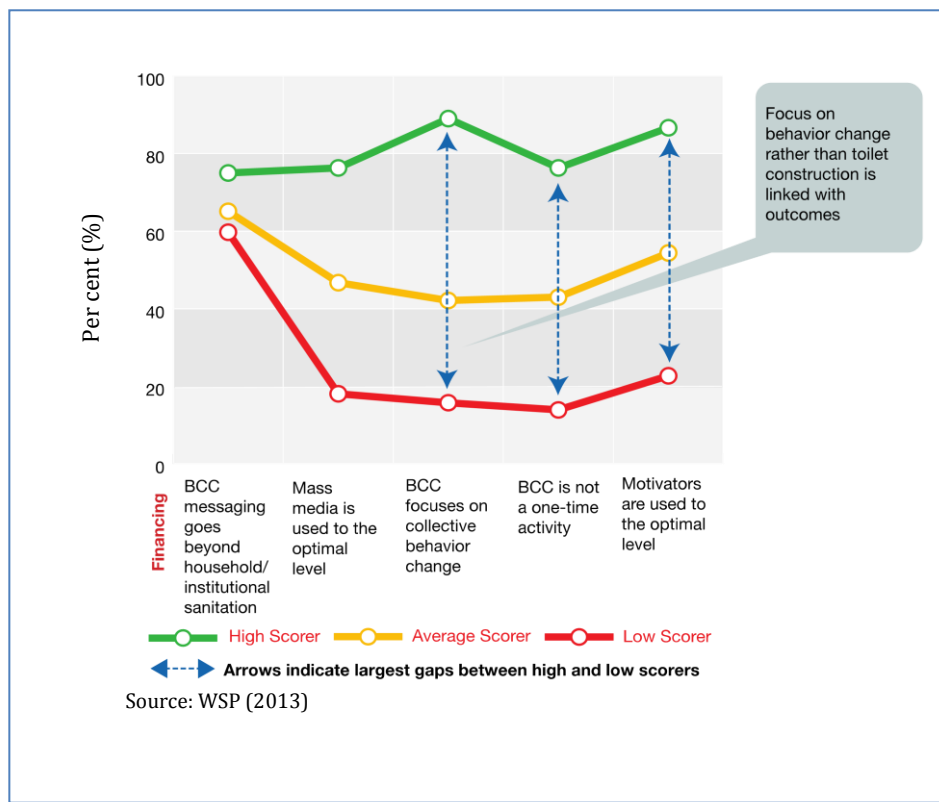


Figure 1 : Comparing District scores for Behavioral Change Communication (BCC) in 56 districts

of open defecation being shameful and disgusting it is vital for the resource groups to emphasize the pride and dignity associated with living in an ODF community.

In Uttarakhand, using a somewhat different approach, trained facilitators work with community groups by using participatory rural appraisal (PRA) tools. Personal, domestic hygiene and environmental sanitation indicators are developed. PRA includes in-depth involvement with a large number of community members with a view to obtaining appropriate data to reflect the community's day-to-day reality. This involves inter alia 'healthy home' surveys and confidential balloting. The PRA, as with the triggering approach, focuses on community-wide discussion, hopefully leading to the preparation of an action plan and target-setting.⁹ A WSP study in India (Figure 1) reveals that these successful approaches concentrate on collective demand creation and behavior change by mobilizing a large segment of the community to engage in a process of collective planning assisted by skilled facilitators.¹⁰

Successful sanitation programs embrace a number of themes or basic messages around which interpersonal communication is built. The themes raised at the Forum included: attractiveness of the village, women and children's safety, respect, convenience, privacy, menstrual hygiene, in-law visits, fear

8 Kar, Kamal and Robert Chambers (2008) *Handbook on community-led total sanitation*. Plan & IDS, UK. 91 pp <http://www.who.int/management/community/overall/HandbookCommunityLedTotalSanitation.pdf>

9 Presentation by Sowjanya (*Conjoint approach to water & sanitation in the State of Uttarakhand*) from the Knowledge Sharing Forum in Jaipur, 2014.

10 Presentation by M. Kullappa (*Sanitation interventions vis-à-vis scaling and sustainability*) at the Knowledge Sharing Forum in Jaipur and WSP (2013) *Linking service delivery processes and outcomes in rural sanitation: findings from 56 districts in India*, New Delhi, page 30.

of attack by animals, economic benefits. In line with international research, and as indicated in a study from Bihar (Figure 2), improved health was not however a primary motivation for behavioral change.¹¹ One participant noted: “We know that health is important, but maybe not for reaching out to people.” The NACO (National Aids Control Organization) media campaign for example focuses on delivering messages that 'touch the heart', segmented according to the target audience – youth, women, men, service providers, mainstream partners, tribal populations.

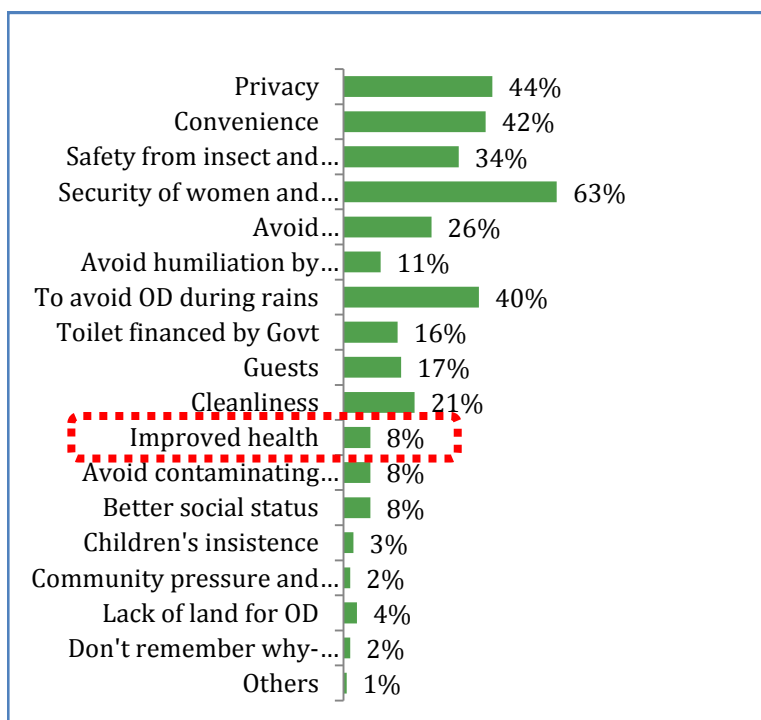


Figure 2 : Motivations for constructing a toilet (N = 1275).

Source : Presentation MS Jawaid

After a community is motivated to cease open defecation, demand must be maintained and quickly transformed into safe, consistently-used and maintained sanitation facilities. This transformation is achieved through ongoing interpersonal communication, active local leadership, a strong supply chain and monitoring as described in Theme 2.

Forum participants pointed out that communication throughout the entire sanitation cycle is crucial for scaling up and sustaining outcomes. The communication strategy should combine social mobilization and interpersonal communication with local and social media input. WSP research indicates that better-performing districts have succeeded in combining interpersonal communication and the media optimally and on a continuing basis (i.e., not just as a one-off activity).¹²

In support of these behavioral change approaches, the National Sanitation, Hygiene, Advocacy and Communication Strategy (SHACS) is being introduced with a view to encouraging States and districts to plan and deploy their own communication strategies. NBA and UNICEF assistance is available for planning assistance. Eight states have developed strategies and several have launched their own communication campaigns focused on sanitation and hygiene practices. At the national level, the Indian

11 See e.g. Curtis V, de Barra M, Aunger R. (2011). *Disgust as an adaptive system for disease avoidance behavior*. *Philos Trans R Soc Lond B Biol Sci*. 2011 Feb 12;366(1563):389-401. doi: 10.1098/rstb.2010.0117. http://www.unicef.org/cholera/Chapter_7_communications/WATERAID_promoting_hygiene_practical_lessons.pdf

12 Kullappa/WSP (2014), *ibid*.

Government through the NBA has initiated a TV and radio campaign to reinforce the messages regarding better sanitation behaviors.¹³

Solid and Liquid Waste Management (SLWM), which is an integral part of the NBA strategy, awareness creation needs to be coupled to new practices just as for the household latrine effort. Presentations at the Forum on experiences with SLWM programs in Karnataka and Kerala demonstrated that mass mobilization and continuing IEC are needed for the public, for shop owners as well as elected representatives. Personal practices include household-based separation of waste and composting, participation in disposal and recycling systems, ensuring cleanliness of public areas and markets.¹⁴

KEY THEME 2: Supply chain supports demand

Critical issues identified for scaling up:

- The supply chain should provide sufficient opportunity, affordability and adequate quality of products.
- Multiple technology and design options (not restricted to one model) should be available that reflect consumer demand.
- Greater focus is needed on ensuring access by rural area Panchayats to materials and products from private and government-assisted suppliers/RSMs.
- Household incentives should be preferably provided after the community has taken steps to become open defecation-free.

Forum participants acknowledged that supply chain products and services need to meet the generated demand quickly, at affordable cost, and satisfy consumer preferences. These products and services may include technical and construction know-how, skilled labor, construction materials, transport of the same, access to credit, materials for upgrading and emptying pits. In its study on service delivery WSP found that the highest-scoring districts vis-à-vis rural sanitation were those with:

- Multiple options (various technologies and designs) reflecting consumer preferences;
- Supply chain extending into difficult-to access areas.¹⁵

Multiple options: There has been a tendency to promote simple, single-technology models which fit within the amount of subsidy available for construction. A study of 8 low-coverage districts in northern India revealed that, despite the existence of demand, the supply chain did not provide sufficient access to affordable, adequate quality products. Households tended to have either very cheap toilets that could be paid for by the subsidy (INR 2000-3000 at the time) or very expensive toilets.¹⁶ Given the reinvigorated sanitation program, this is now a good time to offer households different technical options in line with people's real preferences. The menu of options can include, for example, double-pit pour flush, shared pits in crowded areas, off-set pits, 5-foot deep pits below the intake pipe, raised double-pit latrines, eco-sanitation models, superstructures designed in varying materials, toilets with attached bathing areas, etc.

One of the limitations of the TSC/NBA is the narrow range of technology options offered in a country with such immensely diverse geographic, hydrologic, climatic and socio-economic conditions (high water table, flood

¹³ Presentation by Arnold Cole (*National sanitation, hygiene, advocacy and communication strategy – SHACS*) at the Knowledge Sharing Forum in Jaipur, 2014. UNICEF reported that State-specific SHACS communication strategies have been developed in Andhra Pradesh, Gujarat, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal.

¹⁴ Presentation prepared by Abdu Muwonge (Next generation solid and liquid waste management in Kerala Jananidhi Initiatives) and G. Manjula (Solid & liquid waste resource recovery project of Dakshina Kannada District, Karanataka) at the Knowledge Sharing Forum in Jaipur, 2014.

¹⁵ Kullappa/WSP (2014), *ibid.*

¹⁶ Presentation by Jithmathra Thathachari (*A market-led, evidence-based approach to rural sanitation*) at the Knowledge Sharing Forum in Jaipur, 2014.

prone, rocky ground, desert/water scarce areas and extreme low temperatures).

12th Five Year Plan, page 304.

Quality of construction: A study from Bihar presented at the Forum found that poor execution is one factor rendering toilets short-lived and unusable. Good quality construction is required to maintain customer acceptance in the program. The study suggested that monitoring the quality of construction and endorsing good providers and masons could help improve construction quality overall.¹⁷ Similarly, experience in Kerala showed that good quality construction was needed to maintain consumer confidence in the program. Households were kept informed about costs, construction, time frames for mason's work and the amount of materials needed to do the job, thus empowering the consumer to monitor the work.¹⁸

Census data (2011) implied that a proportion of the latrines built over the past few years had not been sustained ('slippage'). In addition, many 'half-double' latrines have been built with a junction box but only one shallow pit, about 3 feet in depth. In discussions at the Forum, it was noted that reviews and studies are needed on the extent to which the second pit is being constructed by households, thus ensuring that the double pit model functions as intended.¹⁹ In at least one state, this slippage is being addressed with MGNREGA resources for upgrading.²⁰ Upgrading can also refer to people moving up the sanitation ladder, with consumers using their own resources to improve their latrines, for example, by providing a bathing area with a soak pit and drainage, improved/pucca superstructure or by digging a new pit.

Rural Sanitation Marts (RSMs) and Production Centers (PCs) are meant to be key hubs of the supply chain, providing materials, services and guidance for constructing different types of toilets and other sanitary facilities. Production Centers produce affordable sanitary materials at the local level. Government assistance is available to both RSMs and PCs in the shape of interest-free loans from a revolving loan service²¹.

The RSM/PC element of the supply chain operates differently in the various States. The study commissioned by the Planning Commission, and a further study in 5 States by UNICEF, found that many operational RSMs work as private enterprises offering a range of goods in addition to sanitary materials, such as pipes, taps, and so on.. These studies also detected that many RSMs/PCs had gone out of business and that rural access to the RSMs is highly variable (32% of households on average had access to an RSM). In line with the Bihar experience reported at the Forum, the UNICEF study concluded: "*As the dynamics of demand can be quite complex in an RSM's catchment area – ranging from villages in the remote hinterland to ones in the block headquarters – a need exists to offer solutions that are differentiated by demand. For example, in high-demand areas the private sector can take the lead, while in [...] the remaining areas a locally-specific mix can be offered combining extended government support and well-structured private initiatives*".²²

¹⁷ Shah, Arpit et al (2013) A markt-led, evidence based, approach to rural sanitation. Monitor Deloitte, Delhi.37 pp.

¹⁸ Kurup, Balachandra (1996) *The community-managed sanitation program in Kerala*. SEUF/IRC. <http://www.washdoc.info/docsearch/title/119918>

¹⁹ Thathachari (2014), *ibid.* and Drinking Water and Sanitation (2012) *Handbook on technical options for on-site sanitation*. Gov. of India, Delhi. 45 p. For a double-pit model, this Government document suggests that circular pits have an internal dimension of 4 feet depth from the ground level with a diameter of 3 feet. External dimension for lined pits is 4 feet by 4 feet.

²⁰ Presentation by Ram Bilash Siha (*Innovations, reforms an convergence in the sanitation sector Jharkhand*) at the Knowledge Sharing Forum in Jaipur, 2014.

²¹ Ministry of Drinking Water and Sanitation (2012) *Guidelines of the Nirmal Bharat Abhiyan*, New Delhi, Government of India, pages 8-9.

²² (a) Planning Commission (2013) *Evaluation study on Total Sanitation Campaign*. New Delhi, Government of India, 186 pages; (b) UNICEF (2004) *Rural sanitary marts and production centers- an evaluation*. New Delhi. 8 pp. (c) Presentation by Jithmathra Thathachari (*A market-led, evidence-based approach to rural sanitation*) at the Knowledge Sharing Forum in Jaipur, 2014.

“While triggering is important, at the end of the day you need the hardware to be visible and easily available so that people know what to do, where to go. Checks and balances are needed all the way through the system so that everyone is on the same page about what the minimum standards are for a quality toilet – so that each constructed toilet can be verified.”

- Elias Chinamo, Tanzania

In Indonesia, sanitation entrepreneurs deliver a *one-stop-shop* sanitation solution for rural households by supplying materials, skilled labor, on-site construction and transport services. They offer a variety of goods and prices to rural households, including micro-credit. Sanitation entrepreneurs can get accredited through a business association (APPSANI) that develops their financial and technical skills through a business development training program in partnership with the government.²³

According to the NBA guideline, incentive payments should be handed over to households as a mark of achievement, once toilet construction by the household is completed²⁴. Examples presented at the Forum from districts in Haryana and Meghalaya, etc., revealed that the most effective programs are those that award the NBA incentive payments to households only after the community itself has taken steps to become open defecation-free.²⁵ The State programs do not provide NBA incentives directly to contractors, private suppliers or builders. The financial incentives deployment strategy is described in Theme 3.

Convergence and financing

Convergence

Financial support for household sanitation in India is available from two Ministries whose programs operate differently. At present the situation is fluid. For example, the funds from the NBA incentives program can be deposited in an individual household's bank account or, as in the case of Bihar and Jharkhand, transferred directly to the Panchayat. Meanwhile, funds under the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) are frequently transferred to Panchayat or PRI officials and to Employment Guarantee Assistants for direct payment of labor (and occasionally materials). Some States and districts have been able to organize the timing of fund release, fund flow and operating procedures so that the two programs converge. In some districts in Rajasthan, funds from these two sources were reportedly applied in the community at separate times, with MGNREGA funds used for labor and with households covering the cost of materials until the open defecation-free status of the community was confirmed. Eventually the NBA funds (for materials) were released for depositing in household bank accounts. Another, possibly less successful, approach in certain States has been for the Panchayat to receive funds from both programs simultaneously, in the expectation that the local government and MGNREGA technical assistant would deal appropriately with convergence.

To manage the complexities of fund flow, financial regulations need be as simple as possible. Some states such as Rajasthan have simplified MGNREGA forms for utilization and completion certificates, pre-construction estimates.²⁶ Two districts in Rajasthan reported that the physical deployment of toilets benefits from the availability of MGNREGA line workers at Panchayat and block levels (Employment Guarantee Assistant, helper, technical assistant, block coordinator). Piloting has also helped to fine-tune convergence processes.

From 2014, increased funding has become available from MGNREGA to construct toilets without the need to converge with the NBA program. Learning lessons from earlier sanitation programs is vital. In the event of using only MGNREGA funds for sanitation, the basic campaign structure should be retained

²³ Presentation by Susanna Smets (*Business development at scale: role of industry association to support sanitation in Indonesia*) at the Knowledge Sharing Forum in Jaipur, 2014.

²⁴ Ministry of Drinking Water and Sanitation (2012) *Guidelines of the Nirmal Bharat Abhiyan*, New Delhi, Government of India, pages 8-9.

²⁵ Presentation by Puran Singh Yadav (*Creating demand at scale in Harayana*) and Rohit Gupta/Arati Dogra (*ibid*)

²⁶ See presentation by Rohit Gupta about Churu and Jhalawar districts (*Convergence with MGNREGA: Good practices in different States*) <http://www.hprural.nic.in/G.pdf>

involving the creation of demand prior to construction in order to ensure sustained behavioral outcomes.

Financing

If MNREGS support cannot be engaged at the time required in convergence with the NBA incentives, then short-term financing may be needed. Financing is also relevant for households with additional demands (for example, for a bathing area) and households wanting to construct a second pit to complete an earlier-constructed toilet. The research in Bihar in the 3SI project found that 35% to 40% of the households require full subsidy, 40%-45% could construct with part subsidy and credit and many want high quality toilets, while 10%-20% could afford INR 7,000 to INR 10,000 for a toilet.²⁷

There are many experiences in making financial credit available for household sanitation. One program reports that it organizes bank loans through self-help groups and repayments via the village level to the bank, with guarantees as in the World Bank Livelihoods project. In Jharkhand revolving loans are accessed. WaterAid is working with 21 organizations in India to facilitate credit provision for water and sanitation.²⁸ In Cambodia, microfinance institutions provide group loans for rural households with repayments at village level, while disbursing the loans to suppliers that install toilets.²⁹ There is therefore a degree of innovation in accessing funds as a short-term measure, attending to the poor who need different types of personal and financial support.

KEY THEME 3: Systematic implementation: What local governments do

Critical issues identified for scaling up:

- Systematic program implementation is the key to sustained behavior change. A 6-step roadmap for a sanitation campaign in a hamlet, village or Panchayat could consist of the following: (1) preparation and planning by the Panchayat government/VWSC and community institutions; (2) motivation, planning and commitment of community (village, ward or Panchayat households through triggering and PRA activities; (3) immediate mobilization through all groups and follow-up through interpersonal communication; (4) credit and construction; (5) post-construction and sustainability of household sanitation; (6) solid and liquid waste management.
- High priority given to continuing capacity building through training, field visits, on-the-job support, etc.
- Accurate monitoring is needed of ODF, toilet use, maintenance, construction quality, with actions to improve situations as indicated by the monitoring process.
- When MGNREGA and/or NBA funds are used behavioral change communication and demand creation must take precedence over construction.

The *Nirmal Bharat Abhiyan* (NBA) is meant to operate in campaign mode with a view to progressing the program fairly rapidly. In Himachal Pradesh, for example, one large district was declared open defecation-free within a few years. Some of the Gram Panchayats became open defecation free over a period of 1-3 months.³⁰ Regardless of speed of implementation, the most successful programs were undertaken systematically in order to ensure that the activities were appropriately implemented and behavior change sustained.

²⁷ Jithmathra Thathachari (2014), *ibid*. The 3SI project is working in rural sanitation in 8 districts of Bihar.

²⁸ Jithmathra Thathachari (2014), *ibid*.

²⁹ Presentation by Susanna Smets (Lessons from partnerships with micro finance institutions for sanitation in Cambodia) at the Knowledge Sharing Forum in Jaipur, 2014.

³⁰ WSP (2014) Kangra District: A community-led campaign made 760 Gram Panchayats ODF in just three years in *Pathway to success: compendium of best practices in rural sanitation in India*. World Bank, New Delhi. pp 33-35.

Example of a local program strategy for sanitation

Figure 3 below illustrates steps in a systematic sanitation program in which construction is the fourth of six steps (constructed on the basis of consolidated information arising from the Forum presentations) and where the goal is improved sanitation behaviors as opposed to toilet construction. Obviously the duration and details of each step vary significantly depending on local requirements and circumstances.

Figure 3: Example of local implementation of a sanitation campaign

1. **Preparation:** At the beginning of the campaign in a district, the more motivated communities are selected first. This selection may be based, for example, on demand from motivated PRIs, their willingness to take on administrative or supervisory tasks; the strength of water and sanitation committees; willingness to organize credit for the program; or the existence of groups (youth clubs, women's clubs, schools) that might be interested in collaborating. Once the first group of Panchayats has achieved ODF in a block, then implementation moves to the second group and, finally, the third group or more, working in stages to achieve block open defecation-free status. In community selection, it should be noted that the NBA guidelines emphasize the need for adequate water supply for household sanitation, with conjoint water and sanitation planning and implement.

Preparation at the district/block level may include forming district teams, training personnel and support organizations, orientation and exchange visits for community leadership, organizing the dovetailing of the NBA funds with the MGNREGA and agreeing on rules and finance. Availability and transportation of materials and labor could be checked, in some cases by asking for competing bids by suppliers and checking the quality of their products (experience from many states, including Andhra Pradesh, Harayana, Rajasthan).

2. **Motivation:** Triggering or PRA activities are carried out with as many people as possible in each village or habitation, and focus on helping people to reflect actively on their community and surroundings to stop open defecation. Trained facilitators from support groups, consultants or district resource groups spend 1 to 5 days in each Panchayat, depending on its size. Activities can begin with mapping a baseline with the community and end with commitment from the householders. The Panchayat/village plan is drafted and the Panchayat may commit to a date for open defecation-free status (ODF) such as in one or a few months. Incentives are not mentioned because the point is to encourage open defecation-free behaviors of the whole community. A community sanitation nodal worker and core management group are identified through the PRI or VWSC or from those who were most active and committed during the triggering. Some training of PRI and field workers with on-site support is provided by the support group (experiences from many including Jharkhand, Rajasthan, and Uttarakhand).
3. **Follow-up:** While motivation for sanitation is high in the community, the triggering or PRA activities are rolled rapidly over into door-to-door communication and small group meetings assembled by the VWSC/PRI, motivators and volunteers. A large number of local government workers and volunteers are deployed in the campaign. Many districts report that women and students are encouraged to take the lead. Model latrines are sometimes built and information sessions or classes may be held with householders informing them about toilet design options, maintenance, time needed for construction and indicative costs. At this point, some of the sanitation programs work so that the community is ceasing the practice of open defecation, which can be checked by voluntary committees (Nigarani committee) which monitor the open defecation places in the morning and at sunset. Other sanitation programs proceed directly to the construction phase and, after that, monitor through community groups (experience from Bihar, Madhya Pradesh, Meghalaya, Rajasthan).

4. **Construction and credit:** Successful districts report that toilets are constructed according to preferences of the family. No NBA (or only partial) incentives are paid at this point. Experience shows that all households contribute something, in money, materials or labour. Securing a household and community contribution for sanitation schemes leads to improved sustainability. To ensure the quality of construction external oversight through the district support group consultants/NGO may be needed. In some cases oversight includes encouraging cost control by masons by a third party or by householders themselves. Other community members may be involved, such as youth groups to help pit digging or guarding stored materials for group purchases of materials. Progress may be publicly posted in the Panchayat and reported to the district managers.

While there is considerable variation in the release of NBA and MGNREGA funds, some successful districts, for example in Rajasthan, separate the funding. In this approach, MGNREGA labor is operationalized for those less able to pay, while the cost of materials is met by the household. It is reported that since communities expect to become ODF in a few months, poorer families can get credit, paying in installments for materials from vendors, accessing credit from the PRI or wealthier people. Programs in Bihar, Jharkhand, Tamil Nadu and Cambodia and Indonesia reported a range of modalities for short-term credit (see Theme 2 The point is not to overlook poor households and to ensure a range of toilet models that are correctly constructed for sustainability and in line with user preference.

5. **Post-construction and sustainability of household sanitation:** When the village declares itself open defecation-free (and before work starts on solid and liquid waste management), then successful districts arrange rapid third-party verification and provision of State rewards or payment of NBA funds for materials through Panchayat to household bank accounts. Districts release all or part of the incentive for solid and liquid waste management (INR 7 to 20 lakh or about US\$11,500 to US\$33,000), which serves as a community reward to the Panchayat, or Panchayats/villages may apply for funds under the State ODF award scheme (experience from Maharashtra, Rajasthan).

Safe sanitation practices must be sustained. A sample, nationwide study in Bangladesh, for example, showed that open defecation decreased from 33% in 2003 to 4% in 2012.³¹ In one WSP study significant factors for sustainability were the use of funding for longterm usage/quality and a focus on sustainability by the district and Panchayat through periodic monitoring. Similarly, a study on sustainability three to nine years after the end of a sanitation intervention in Kerala showed that safe household behaviors continued for years after the end of the sanitation project where (a) the PRIs and support organizations had implemented intensively, (b) where householders had been trained through education classes in hygiene, technology and maintenance; and (c) where there was post-construction follow-up and monitoring³².

6. **Solid liquid waste management (SLWM):** In rural India, 0.3 to 0.4 million metric tons of organic/recyclable solid waste are generated per day, including fecal sludge.³³ With increasing prosperity the waste problem, predominantly organic and increasingly inorganic, has worsened. Resources for dealing with this situation have become available through the NBA sanitation program.

³¹ Presentation by Mo. Shamsul Kibria and Rokeya Ahmed (*Community-wide approaches in delivering sanitation services through the domestic private sector in Bangladesh*) at the Knowledge Sharing Forum in Jaipur, 2014.

³² WSP(2013) and Cairncross S et al. *What causes sustainable changes in hygiene behavior? A cross-sectional study from Kerala, India.* Soc Sci Med. 2005 Nov;61(10):2212-20. <http://www.ncbi.nlm.nih.gov/pubmed/15927330>

³³ Ministry of Drinking Water and Sanitation and the Asian Development Bank (2013) *Guidelines for developing State policies on solid and liquid waste management in rural areas.* Ecopsis, New Delhi.

The effort to address solid and liquid waste management coherently is relatively new, presenting an opportunity to learn from the first successful programs. Both the State-wide Kerala campaign supported by the World Bank and Karnataka Dakshina Kannada District program provided these learning examples at the Forum³⁴. Both combine solid and liquid waste infrastructure with a management system and a campaign for public/personal waste management. The goal of the Malinya Mukta Keralam (Waste-free Kerala) is to reduce, reuse, recycle and recover at least 80% of the waste generated in rural and peri-urban communities. The SWLM package could be as basic as having composting or a garbage pit at household and community, or as big as having bio-gas plants and community-based composting of waste. The principles of the Kerala State program include, as a first option, the segregation of solid waste (bio/non-bio degradable) and liquid waste (grey water and black water) at source with household based treatment and disposal. The second option is community-based collection, disposal and recycling systems. In Dakshina Kannada district in Karnataka, the SLWM project has developed commercial bio-manure (3 brands), a menstrual hygiene production center for menstruation pads, plastic waste collected for a recycling system through district collection vehicles, a cloth bag production center, monsoon and dry season waste treatment strategies including settling ponds, bio-reactor and sewerage treatment tanks. Grey waters from the treatment are used in gardens around the sanitation parks that make the waste units attractive and inviting. Challenges include educating the public and private vendors, improving waste transportation and affordable treatment/O&M.

Capacity building

In the States and districts which have systematically implemented processes, high priority has been accorded to capacity building. This, can combine skills development with motivation to encourage changes of attitudes. Capacity upgrading for front-line workers involves more than classroom lessons. In Haryana, for example, capacity building took the form of:

- Initial field trips and training by teams from Maharashtra;
- Classroom training with field trips to learn about community-led approaches - an ongoing process that has benefited several hundred stakeholders including officials, motivators, natural leaders, trainers and volunteers;
- Classroom training supplemented by guided field visits focused on community mobilization and collective community behavior change with triggering tools;
- Frequent and continuous awareness-raising programs at district, block and village level for officials and PRIs;
- Follow-up workshops for district and block-level officials, schoolteachers, PRI members;
- Panchayat Sammelans at district/ block level for PRIs and grassroots workers;
- Training on NBA and MGNREGS convergence and administration.³⁵

A further example of how capacity building can be improved and enhanced involves the efforts by the World Bank/WSP to strengthen training resource institutions in support of the NBA. In Indonesia, sanitation training has for example been institutionalized in the curriculum of its 24 health polytechnic schools that train workers for the country's sanitation program.³⁶

³⁴ Presentation prepared by Abdu Muwonge (Next generation solid and liquid waste management in Kerala Jananidhi Initiatives) and G. Manjula (Solid & liquid waste resource recovery project of Dakshina Kannada District, Karanataka) at the Knowledge Sharing Forum in Jaipur, 2014.

³⁵ Presentation by Dr. Puran Singh (*Creating Demand for Sanitation in Rural Haryana at Scale*) at the Knowledge Sharing Forum in Jaipur, 2014.

³⁶ Presentations by Smita Misra (*World Bank support to the India rural water and sanitation program: key messages on sanitation*) and Dr. Sumihardi (*Strategic approach to institutionalize capacity building for rural sanitation in the Ministry of Health curriculum, Indonesia*) at the Knowledge Sharing Forum in Jaipur, 2014.

Discussions at the Forum revealed the need to build skills in interpersonal communication. While we cannot expect all field workers and volunteers in the large Indian program to be expert communicators, nevertheless it should be possible to get field workers to use more flexible interpersonal styles tailored to specific audiences. Communication training need not be complicated. For example, field workers could practice “new ways of talking” that replaces lecturing in favor of explaining, asking questions, organizing activities, listening carefully, with a view to improving genuine two-way communication.

Monitoring

There was general agreement at the Forum about the significance of monitoring the quality of programs. The WSP found that monitoring was strongly associated with successful outcomes, but actual achievements in monitoring received a low score, the second lowest among the nine indicators in the 2013 study of 56 districts.³⁷ Monitoring however can provide evidence needed for improving service delivery while projects are in progress. In the household sanitation area, for example, monitoring may focus on ongoing program activities and expenditure, open defecation practices, construction quality and the use of maintained facilities, the availability of soap/water near the toilet for handwashing. Monitoring can make an invaluable contribution if the data assembled is acted upon by committed district and block leaders.

In some cases, monitoring is 'internal', carried out by people from the community itself. One example is the village or Panchayat which tracks progress against the community baseline after triggering. A further example is oversight by a 'vigilance committee' checking whether open defecation sites are being used early in the morning and at sunset (Nigarani committee). The quality of construction can also be monitored by VWSC or MGNREGA technical assistants.

Sanitation campaigns deploy third party monitors for external monitoring, using a variety of approaches. Some districts use 'crossover visits' by senior personnel and elected representatives from another block or district to check for the NGP or other State sanitation awards (e.g. in Maharashtra). This procedure exposes third party monitors to the particular sanitation program as well as to alternative operating methods. Madhya Pradesh has introduced peer review between villages which carries a strong horizontal learning element. Jharkhand outsources its auditing to chartered accounting firms, while Uttarakhand uses an on-line tracking system designed to ensure enhanced transparency. In Maharashtra, assessment teams grade the Panchayats into groups according to their level of sanitation progress or achievement. Implementing the State's multi-level award system involves monitoring by teams composed of teachers, media practitioners, NGO workers, and government officials from different departments. Financial rewards are given to the village, block, district or school on the basis of the assessments. Award winners are subsequently named as 'accredited resource centers'.³⁸

Effective monitoring produces good quality data which can be used to improve a situation. On the basis of this information, managers need to be in a position to take appropriate action to remedy problems, such as suspending construction work pending improvement, replacing nodal officers, motivators, consultants or support organizations, and repairing incorrectly-built toilets.

Effective monitoring also involves ensuring that effective and accurate data collection and measurement tools are employed. An effective monitoring tool would be to check toilets regularly and visually to ascertain whether they are maintained and in use by household members. A less effective tool is self-reporting, that is, asking a person in the household if he/she uses a latrine, or simply asking the community in general if they are ODF, without checking. In short, self-reporting tends to lead to overly-optimistic responses.

Real-time results-based monitoring, as piloted by the government with WSP support, uses data tracking through mobile phones that can be customized for households and education institutions. Monitoring is

³⁷ WSP 2013, *ibid.*

³⁸ Presentation by BK Sawai (*Monitoring and reward scheme in Maharashtra*) at the Knowledge Sharing Forum in Jaipur, 2014.

done by independent data collectors who photograph the facility, monitor on the basis of a small number of simple indicators and report GPS coordinates, together with the time of the visit. The data is immediately registered on a central tracker from which it can be analyzed³⁹.

At national level, the NBA is working to put continuous monitoring in place, including having teams of professional monitors to visit the States. Experts at the Forum noted that the performance of a program is often driven by what is monitored. At present, the national reporting/monitoring system for rural sanitation focuses on short-term inputs and outputs achieved (construction targets) rather than sustaining behavior change (toilet usage). This could well be an area to focus on in future.

KEY THEME 4: Strong institutions provide an enabling environment

Critical issues identified for scaling up:

- Committed leadership at all levels is the key to successful scaling-up.
- Empowering policies are needed (operational, financial and convergence guidelines).
- Good program management with accurate and rapid monitoring and financial transfers to be available for households and community award systems.
- Adequate staff wages/honoraria and individual output-based incentive systems (for achieving ODF) together with transportation logistics.
- Community-led sanitation requires a professionally qualified support system at district and block levels consisting of with teams with the sole responsibility for progressing sanitation by supporting triggering/PRA, capacity building, monitoring and “handholding” as required.
- Large scale mobilization within the community, involving government and almost all local groups and including some trained workers among these.

Participants emphasized that committed leadership by government at all levels is the key to scaling up the sanitation effort., One participant reported that in Harayana, the Chief Minister took a personal interest by tracking progress and sending circulars to Panchayat leaders and State Legislative Assembly Members in an effort to boost their participation in the sanitation campaign. Political commitment had been central to achieving near-universal coverage in countries such as Bangladesh and Thailand where governments have promoted a supportive enabling environment. It is clear that introducing a policy-led enabling environment is a prelude to materializing sound local commitment. The Rajasthan government, for example, has helped districts and local governments to scale up through:

- Operational guidelines that promote a community-led, intensive, 'saturation' approach.
- Simplified funding guidelines under NBA in convergence with other programs.
- Simplified administrative procedures and forms under the MGNREGA.
- Guidelines for strengthening institutional arrangements by hiring motivators and forming a district resource group to provide planning, training and support.

Promotion of leadership at local levels

Various channels for promoting local leadership in India’s sanitation campaigns were described during the Forum. The national NGP awards are a key incentive for catalyzing district and community leadership. In addition, States such as Himachal Pradesh and Maharashtra run well-publicized award programs for habitations, Panchayats, blocks and/or districts. These programs have helped to raise the profile of sanitation, strengthen monitoring systems and improve governance.

Non-monetary awards (e.g. recognition by State and district personnel and exposure in the media) for people involved in the sanitation area also helps to promote leadership. Experience in Kerala and Bangladesh shows that well-run rural sanitation programs help community leaders get elected and

³⁹ Presentation by Upneet Singh (*Monitoring behavior at scale*) at the Knowledge Sharing Forum in Jaipur, 2014.

foster commitment⁴⁰. Other approaches mentioned in the Forum breakout sessions included providing incentives by promoting talented workers in the Panchayat to the block, district and State levels.

The shift from a construction or supply-driven approach in sanitation to a demand-driven approach means that a concerted effort is needed to ensure sustained demand in low-coverage districts. Some Forum participants stated that expecting voluntary, intensive involvement by motivators and community workers did not produce sufficiently effective outcomes. Using NBA and State resources, some districts had therefore decided to combine a fee (honorarium) or modest salary with rewards to workers for achieving and sustaining ODF household sanitation status. In one district in Rajasthan (in 2013), for example, motivators received a fee of INR 3,000-5,000 (US\$ 50-\$83) depending on the size of the village, plus an award of INR 8000 (US\$ 133) when ODF status was verified, and a further INR 6,000 (US\$ 100) when the community remained ODF for one year. In another district, trainers and support group members received INR 350 (US\$6) a day plus INR 500 (US\$8) for night charges and a bonus for achieving ODF status⁴¹. Some States are also considering increasing the remuneration (or output-based incentives) of block level sanitation coordinators and Panchayat sanitation nodal officers.

Committed involvement by local elected representatives and workers also partly depends on a well-managed program and rapid and accurate financial transfers. Timely access to credit, rapid verification of open defecation-free status and timely payment of monetary incentives to household bank accounts are the key to success.⁴²

Institutional structure in support of the community

The sanitation campaign is designed to be community-led. In this respect Forum participants argued that professional support is needed at local levels.⁴³ Experience from Harayana, Madhya Pradesh, Rajasthan showed that in order to empower communities to lead the sanitation campaign effort with a demand-driven strategy a range of services should be in place to provide strategic support to local government, field workers, suppliers and masons in terms of strong capacity building, monitoring and “handholding” as required. A consensus gradually emerged at the Forum that this support can best be provided by district and block personnel (or NGOs at block level) with sole responsibility for progressing the sanitation agenda (that is, focusing only on sanitation for the duration of the campaign).

District and block

The Forum concluded that strong district leadership is needed. Leadership could be in the shape of a small Core Group working within the District Sanitation Mission or District Government (*Zilla Parishad*). The track records of States such as Madhya Pradesh and Rajasthan support this idea. Support teams at the district or block level may be needed for training, triggering, management back-up and the supply chain. Putting these teams together calls for some flexibility because, as one participant (a collector) noted, his success was largely due to the ability to form “the kind of team I wanted”. When putting their teams together, districts may also invite participation by established local institutions, e.g. in Meghalaya trusted NGOs engaged in community development programs turned out to be active local support partners.

Community (Panchayat, village or habitation)

Local leadership structures vary considerably. However in many situations the VWSC manages the program, under the leader of the Panchayat or village (sarpanch, pradhan, Panchayat secretary and/or

⁴⁰ See e.g. Swaminathan Aiyar (2003: *What Jananidhi tells us about community driven development: A case study of Kerala's rural drinking water and sanitation project*, World Bank. (2013) and *Investing in WASH (sanitation) services is a winning formula*. <http://www.washcost.info/page/563>

⁴¹ Presentation by Anandhi (*Institutional strengthening at district level in Bundi district, Rajasthan*) and Arti Dogra (*Banko Kikano: Community led sanitation campaign in Bikaner*) at the Knowledge Sharing Forum in Jaipur, 2014.

⁴² From various reports and discussions at the forum, including: Maharashtra and three presentations from Rajasthan.

⁴³ Presentation by Smita Misra (*World Bank support to Indian rural water and sanitation program: key messages on sanitation*).

treasurer of VWSC). Participants also mentioned experiences with appointing a dynamic sanitation nodal officer or technical assistant from the Panchayat to collaborate during the campaign period.⁴⁴

It was clear from the discussions that a key challenge was to ensure the presence of sufficient numbers of skilled front-line workers in the sanitation area. Social mobilization of almost all groups in the community, coupled with behavioral change communication, addresses this issue. Case studies presented at the Forum showed that a large number of people and groups could be mobilized in the community to play a significant role in the campaigns:

- Natural leaders, traditional and religious leaders.
- Motivators who may be designated as swachhata doots or other.
- All village-level practitioners such as teachers, nursery leaders (*anganwadi*), health workers (supervisory staff at State/District level should be persuaded to encourage their subordinates to participate actively).
- Suppliers and masons
- Local groups: youth, women's and self-help groups (SHGs), schoolchildren

Training under appropriate supervision and guidance is needed for active program players in the community (see Theme 3).

NGOs and the private sector

In every State, support organizations, mainly non-profit but currently also from the private sector, are engaged in sanitation programs. The private sector, traditionally involved in supplying materials and construction expertise, now has a wider range of roles⁴⁵. Both NGOs and the private sector have been involved in one way or another in:

- the supply chain, construction materials, masons, technologies;
- capacity building, advocacy materials, the media and in some circumstances (e.g. in Jharkhand), running block resource centers;
- monitoring;
- micro-finance enabling instalment payments, providing credit;
- solid waste management;
- marketing locally and/or through the mass media.

Each of these activities raises the question of "who identifies NGOs and private sector groups?" In a decentralized system the community or Panchayat government would, logically, be responsible for identifying and hiring its own support organizations. However, at the beginning of the program (when support groups should be involved), local governments might be unfamiliar with a demand-driven approach and therefore not always able to identify effective support groups. Trained district or State-level leaders and sanitation staff might be in a better position to select the most appropriate groups.

Some States have also employed small contractors who register themselves as NGOs mainly to win construction contracts from local governments or VWSCs. These have not had a good record, paying little or no attention to behavior change and failing to produce good quality building. As a result their services are reportedly being discontinued⁴⁶.

⁴⁴ Rajiv Gupta and B. Kurup, *ibid*.

⁴⁵ Jithamithra Thathachari, Bihar. *Ibid*.

⁴⁶ Presentation by MS Jawaid (*Moving from contracting mode to community empowerment- An Experience from Bihar*) at the Knowledge Sharing Forum in Jaipur.

The challenge ahead

Towards the end of the Forum, participants consolidated views regarding next steps. These effectively amounted to 'conclusions and recommendations'. In general, participants agreed that support to the district was a critical factor to assure success in rural sanitation, involving:

- Commitment and political leadership at the highest level;
- Advocacy to improve political will within the district;
- Good skills for driving behavioral change communication and social marketing for ODF;
- Uncomplicated strategies, clear guidelines and freedom to implement, including State-specific guidelines for achieving open defecation-free status and behavioral change communication, together with straightforward simple operational and financial guidelines.
- State support and investment for staff recruitment and capacity building.

Forum participants identified a number of factors that were needed for scaling up from 'islands of success' in certain districts to broader State-wide sanitation success. Keys to this transition were considered to be:

- Support, commitment and coordination by government staff and elected representatives;
- Social marketing (with decentralized fund flow) and enhanced supply chain management;
- Review, support ('hand-holding') and recognition of districts' key role;
- Learning from experience and applying lessons learned;
- Dedicated teams to implement the program.

Gaps exist in the body of knowledge needed for scaling up to *Nirmal Bharat* by 2022. These include:

- Monitoring for outcomes.
- How behavior change works.
- Incentives for sustainability.
- Ensuring coverage of the poor.
- Moving sanitation up the political agenda.

The key question is not whether India will be a country where 1.2 billion people possess and use safe, sustainable toilets posing no danger to themselves or their environment. It is a question of when this will happen. This Knowledge Sharing Forum in Jaipur focused on the issue by examining the critical factors involved in scaling up rural sanitation. The Forum concluded that achieving the desired results depends on the commitment of all the States to empowering communities to take the lead in moving over to open defecation-free status. This implies a shift in the approach from a supply-driven model focused on the construction of toilet facilities to a demand-driven strategy that results in safe and continuing sanitation and hygiene practices by all. The financial resources for this exist. Achieving the stated goal however calls for strong political leadership and a systematic implementation strategy involving inter alia the provision of sufficient staff resources to support local communities. Key elements include demand creation, a strong supply chain, capacity building, effective monitoring and an institutional structure exclusively dedicated to the sanitation campaign. International experience and examples of good practice in India have shown how this can be done. The key to a rapid transition is the commitment to learning from this experience and adapting it to the special circumstances found in each of India's 600-plus districts.

ANNEX 1: Summary of Participant Evaluations

At the conclusion of the Knowledge Sharing Forum, 34 participants filled out an evaluation form focused on the extent to which the event achieved its goals, the conduct of the sessions and the prospective efficacy of outcomes. 50% of the respondents represented the State and local governments. 3 participants represented the Central Government and 8 were from international organizations. 3 Indian NGOs, 1 private sector and 2 'other countries' also commented.

The evaluation consisted of two parts: (i) rating scales for specific statements in which the participant was invited to respond “strongly agree”, “agree”, “disagree” or “strongly disagree”; and (ii) three open questions related to the applicability of the issues raised at the Forum to the participant’s work.

All participants 'strongly agreed' or 'agreed' that the *goals and objectives of the Forum* were clear (16 and 18 responses respectively). Similarly, all strongly agreed or agreed that the lessons from the Forum would be applicable to the participant’s work (10 and 24).

Regarding the *procedures of the Forum*, 16 and 14 out of 34 strongly agreed or agreed respectively that there had been sufficient opportunity for interactive participation. Four disagreed. Of these, three work in State and District governments. One apparently would have preferred to discuss certain programmed topics in more detail.

On the item “*I got most of my questions answered during the Forum*”, 9 (26%) strongly agreed and 19 (56%) agreed, while 5 (15%) disagreed and 1 person failed to answer. These scores are not surprising since the aim of the event was to a certain extent 'exploratory'. In other words, participants were called upon to share information about how to scale up (i.e., how to make the transition from the current state of 'islands of success' in sanitation programming towards sustained and universal open defecation-free status in India). Given the exploratory nature of the workshop it is clear that not all questions could be answered by participants from all over India. It might be useful to retain this question in an evaluation form for a future meeting (one or two years hence?) to ascertain whether the response profile changes.

The second lowest scoring response related to the issue: “*The presenters were knowledgeable about the topic they presented.*” No participants disagreed with the statement. 26 (76%) "agreed" and only 8 (24%) “strongly agreed”. The former category was spread among all groups of participants (state/local government, central government, international and development partners, NGOs). Overall, the respondents appeared to be fairly satisfied with the presenters’ knowledge. Participants who said they failed to get most of their questions answered, naturally tended to be 'less satisfied' with the presenters.

In terms of the venue in Jaipur, participants agreed that the facilities were a good choice for the Forum (20 'strongly agreed', 14 'agreed') and that the IT equipment and other resources worked well (19 and 14 respectively). Most expressed satisfaction with all aspects of the event, logistics and the handling of enquiries (17 and 16 respectively, with one person disagreeing). The last item on the venue and administration was: “*The quality of information received prior to the Forum was highly informative.*” 12 strongly agreed (35%), 17 (50%) agreed and 5 (15%) disagreed. In the latter group, three of the five respondents were members of NGOs.

Participants were asked to identify the element of the Forum that was most applicable to their work. It was interesting to observe that the responses were spread among many topics and presentations. This probably was a sign that the Forum program had something to offer to most people. The items which were mentioned most frequently (i.e. by three or four participants) were: behavioral change and demand creation, successful case studies (from Thailand, Indonesia, Rajasthan and Himachal Pradesh), monitoring, convergence and the 'solid and liquid waste management' session.

In response to the question about *what elements were least applicable to their work*, only 8 of the 34 participants noted a specific item. The remaining 26 stated that each element was relevant or useful. Interestingly, the two participants from 'other' governments expressed surprise at the high level of subsidies provided by the Indian government. Only two of the 34 presentations were judged to be 'less applicable'.

Finally, in response to the important question *'how the participant plans to apply what he or she learned at the Forum'*, there was a wide range of responses, many quite specific. These included:

- Re-working demand creation and IEC strategies in our program.
- Training community motivators.
- Application to a project proposal currently being prepared for the World Bank.
- Application of new monitoring mechanisms.
- Advocacy for better technically equipped professional teams of workers
- Organization of a similar Forum in LAC and in State workshops in Meghalaya State.
- Further study of the solid and liquid waste management strategies adopted by Kerala and Karnataka.
- Application on a trial basis of the Rajasthan experience.

Several participants also noted that they intend to focus on increased advocacy to encourage commitment to the sanitation effort at State, district and local levels.

In conclusion, the participant evaluations were on the whole positive and provide some insights into ways in which the issues discussed at the Forum may be of practical use to participants in their home environments.

Participant Evaluation: Compilation of Responses

	Strongly agree	Agree	Disagree	Strongly disagree
The goals and objectives of the Forum were clearly defined	16	18		
There was sufficient opportunity for interactive	16	14	4	
The learnings of the Forum will be applicable to any work	10	24		
I got most of my questions answered during the Forum	9	19	5	
The resource material provided was helpful	12	20	1	
The facilitators encouraged active participation	13	19	2	
The presenters were knowledgeable about the topic they	8	26		
The facilities provided a conducive setting for the Forum	20	14		
The IT equipment and other resources worked well	19	14	1	
The quality of information received prior to the Forum was	12	17	5	
I was satisfied with all aspects of process, logistics, and	17	16	1	

ANNEX 2: Participants Knowledge Forum

International Government				
1	Mr. Muhammad Shamsul Kibria	Joint Secretary (WS), Government of Bangladesh	Ministry of Local Government, Rural Development and Cooperatives	
2	Dr. Sumihardi, SKM M. Kes	Chair	Communication Forum of Indonesian Environmental health School	-
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4	Mr. Van Sarith	Liaison Officer, Department of Rural Health Care,	Ministry of Rural Development	vansarith@gmail.com
Government of India and State Governments				
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			Manipur	
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108	Mr. Uday Shankar Prasad	Planning, Monitoring and Evaluation Officer	WaterAid India	-
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ANNEX 2: Program of the Rural Sanitation Knowledge Sharing Forum

Rural Sanitation Knowledge Sharing Forum What works at scale? Distilling the critical success factors for scaling up rural sanitation Draft Programme, February 5-7th 2014, Jaipur, India

Timing	Session theme	Title/Topic	Focus	Format	Presenter	Chairperson
Day 1: 5th Feb.2014: Inaugural session						
15:00-15:45	Registration with tea/ coffee					
16:00- 17:30	Keynote addresses by the Hon'ble Minister RD & PR, Govt. of Rajasthan, Director (Sanitation) MDWS-GoI, Principal Secretary RD & PR, Government of Rajasthan, Mr. Joep Verhagen, WSP					Chair Person Mr. Shreemat Pandey, Principal Secretary, RD&PR, GoR
17:30- 18:30	Overview of progress in rural sanitation in Rajasthan	District level campaigns at scale in Rajasthan	Enabling state policy with key elements of the strategy and operational guidelines & case studies of successful district campaigns at scale.	Presentation followed by discussions	Ms. Aparna Arora, Secretary, Government of Rajasthan, Mr. Rohit Gupta & Ms. Arati Dogra, District Collectors of Churu and Bikaner	
18:30 onwards	Dinner at Chokhi Dhani					
Day 2: 6th Feb.2014: Technical sessions - Morning Plenary Session Chair of the Day: Jane Bevan, Regional Sanitation Adviser, WSP South Asia						
09:00- 09:20	Setting the Scene: plenary session	Overview of progress in rural sanitation	Overview of Nirmal Bharat Abhiyan (NBA) & new initiatives	Presentation	Mr. Sujoy Majumdar, Director (Sanitation) MDWS, GoI	Ms. Aparna Arora, Secretary, Government of Rajasthan
09:20-09:40			Experiences from World Bank Projects in India	Presentation	Ms. Smita Misra, SASDU, World Bank India	
09:40-10:00			A framework for the delivery of Sanitation Services at Scale	Presentation	Mr. Joep Verhagen, WSP India	
10.00- 10.30			Discussion	Plenary panel	All 3 presenters	
10:30 - 11:00 Coffee/ Tea Break						
11:00-11:20	Setting the Scene: plenary session	Sanitation Services at Scale	Sanitation at scale in rural India – the case of Himachal Pradesh	Presentation	Ajith Kumar, WSP India	Mr.Sujoy Majumdar, Director (Sanitation) MDWS, GoI
11:20- 11:40			Delivering Sanitation Services at Scale in Thailand	Presentation	Ms. Pariyada Chokewinyoo, Director of Environmental Health, and Mrs. Neeranuch Arphacharus, Senior Policy and Plan Analyst, Dept. of Health, Thailand	
11:40- 12:00			Findings from a national study on sanitation service delivery models in 56 districts in India	Presentation	Mr. Mariappa Kullappa, WSP India	

Timing	Session theme	Title/Topic	Focus	Format	Presenter	Chairperson
12:00 -12:30			Discussion	Plenary Panel Discussion	All 3 presenters	
12:30-13:00	Theme 1: Scaling up Rural Sanitation		Introduction to Breakout sessions with 2-3 short presentations followed by group discussions – report back in plenary			Mr. Simon Prince
13:00-13:30: Group photograph						
13:30-14:30: Lunch Break						
Afternoon – Breakout Technical Sessions						
14:30-17:00	Breakout Session 1	Institutional strengthening for taking sanitation to scale	<ol style="list-style-type: none"> Case study: institutional strengthening at district level in Bundi District, Rajasthan. Case study: moving from unsafe sanitation to collective behavior change in Meghalaya, India Case study: Conjoint approach to water & sanitation in the State of Uttarakhand Strategic approach to institutionalize capacity building for rural sanitation in the Ministry of Health curriculum, Indonesia 	Presentation and discussions	<p>Ms. Anandhi, District Collector, Bundi District Rajasthan</p> <p>Mr. Pravin Bakshi, District Collector (Tura), Meghalaya</p> <p>Mr. D R Joshi, State Coordinator- NBA Uttarakhand</p> <p>Dr. Sumihardi, SKM, M.Kes, Chair of Communication Forum of Indonesian Environmental Health School</p>	Mr. Joep Verhagen, WSP, India
14:30-17:00	Breakout Session 2	Supply chain strengthening/ Sanitation Marketing	<ol style="list-style-type: none"> Business development at-scale: the role of industry association to support sanitation enterprises in Indonesia Community wide approaches in delivering sanitation services through Domestic private sector in Bangladesh A Market Led, Evidence Based Approach to Rural Sanitation in Bihar 	Presentation and discussions	<p>Ms. Susanna Smets, WSP East Asia</p> <p>Mr. Muhammad Shamsul Kibria, Joint Secretary of Local government Division, Government of Bangladesh and Ms. Rokeya Ahmed, WSP</p> <p>Mr. Aaroon Vijayker, Monitor Deloitte</p>	Ms. Jane Bevan, WSP, India
14:30-17:00	Breakout Session 3	Demand creation	<ol style="list-style-type: none"> 'No toilet no bride' – creating demand at scale in Haryana 	Presentation and discussions	<p>Mr. Nitin K. Yadav, Special Secretary & Director, DP and Mr. Puran Singh Yadav, State Project Coordinator NBA,</p>	Mr. Arnold Cole, UNICEF, India

Timing	Session theme	Title/Topic	Focus	Format	Presenter	Chairperson
			<p>2. The National Choo Bora sanitation campaign in Tanzania: emerging lessons</p> <p>3. Experience in demand creation from Madhya Pradesh</p>		<p>Government of Haryana Mr. Elias Chinamo, Asst. Director, Environmental Health, MHSW, Tanzania</p> <p>Mr. Ajith Tiwari, Deputy Commissioner, NBA, Government of Madhya Pradesh</p>	
14:30-17:00	Breakout Session 4	Monitoring	<p>1. Large scale monitoring of sustainability of sanitation outcomes using ICT in India</p> <p>2. Monitoring Systems & Reward schemes - the Sant Gadgababa Swachata award scheme in Maharashtra</p>	Presentation and discussions	<p>Ms. Upneet Singh, WSP, India</p> <p>Mr. B.K. Sawai, State Coordinator, NBA, Government of Maharashtra</p>	Mr. Ajith Kumar, WSP
17:00-17:30	Panel discussion	Reporting back	Highlights & key questions from the 4 breakout sessions	Panel Q&A	4 Session Chairs	Mr.Nitin K. Yadav, Special Secretary, Govt. of Haryana

Day 3, 7th Feb. 2014: Technical session and Conclusions
Chair of the Day: Nilanjana Mukherjee, WSP

09:00- 09:30	Theme 2: Sustaining Sanitation at Scale	Recap of Day 1, Introduction to Day 2	Recap of the day 1 technical session proceedings & Introduction to Day 2	Panel	Ms. Kathy Shordt, IRC	Mr. Simon Prince
09:30- 12:00	Breakout Session 5	Beyond toilet promotion/ SLWM	<ol style="list-style-type: none"> 1. A national framework for solid and liquid waste management 2. Solid and Liquid waste resource recovery project of Dakshina Kannada, Karnataka 3. Next generation SLWM in Kerala 	Presentation and discussions	<p>Dr. Murugan, Consultant economist, NRC, MDWS, GOI</p> <p>Ms. Manjula, NBA Coordinator, Zilla Parishad, Dakshina Kannada, Govt of Karnataka</p> <p>Manu Prakash, SASDU, World Bank</p>	Mr. Mariappa Kullappa, WSP, India
09:30- 12:00	Breakout Session 6	Innovative finances	<ol style="list-style-type: none"> 1. Targeted subsidies for reaching the poor in Orissa 2. Lessons from rural sanitation micro-finance in Cambodia 	Presentation and discussions	<p>Mr. Shouvik Mitra, SASDL, World Bank</p> <p>Ms. Susanna Smets, WSP, East Asia</p>	Mr. Guy Hutton, WSP, India
09:30- 12:00	Breakout Session 7	Convergence with MNREGA & other sectors In India	<ol style="list-style-type: none"> 1. Experiences in convergence of MNREGA and NBA from Andhra Pradesh 2. New Initiatives in taking the NBA forward: experiences from Jharkhand 3. Moving from contracting mode to community empowerment: Experience from Bihar 	Presentation and discussions	<p>Mr. Ramulu Naik, Director & Mr. Ravi Babu, Director CCD, SWSM, Andhra Pradesh</p> <p>Mr. Ram Bilash Sinha, Superintending Engineer, Government of Jharkhand.</p> <p>M S Jawaid, Director, PMU, PHED, Government of Bihar</p>	Joep Verhagen WSP/ World Bank
	Breakout Session 8	Communication and Advocacy	<ol style="list-style-type: none"> 1. The roll-out of the National Sanitation and Hygiene, Advocacy and Communication campaign 2. Large scale campaign on Aids control in India 3. Using Behavior Change Communication to Promote 	Presentation and discussions	<p>Mr. Arnold Cole, UNICEF Rajasthan</p> <p>Dr. Rajesh Rana, GoI AIDS Programme</p> <p>Mr. Umar Masereka, Govt of Uganda & Ms. Harriet</p>	Ms. Jane Bevan, WSP, India

			Hand Washing at scale in Uganda		Nattabi, WSP, Uganda	
12:00- 12:30	Panel discussion	Reporting Back	Highlights & key questions from the 4 breakout sessions	Panel Q&A	4 Session Chairs	Neelanjana Mukerjee consultant WSP/ Joep Verhagen, WSP
12:30 - 13:30: Lunch break						
13:30- 14:30	Plenary	Key challenges and lessons learnt	Distilling the critical success factors for scaling up rural sanitation	Presentation & participatory session	Ms. Kathy Shordt, Mr. Simon Prince, Joep Verhagen	
14.30 -15:30	Vote of Thanks, Closing					

