

# COMMUNITY LED TOTAL SANITATION (CLTS) THROUGH THE SWASTH PROGRAMME IN BIHAR

*Some lessons from implementation*

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# OBJECTIVES

As per Census 2011, only 18.6 percent of rural households in Bihar have access to toilets and a large number of people still practice open defecation because they cannot afford to build a toilet with their own resources. The Government of Bihar (GoB) had made efforts to tackle this issue first through the Total Sanitation Campaign (TSC) from 1999. The state government's efforts were supplementing the Central Government sponsored Rural Sanitation Programme (CRSP) till 1999. The Total Sanitation Campaign (TSC) was replaced by the Nirmal Bharat Abhiyan (NBA) from 2012-2014, which has been subsequently re-named as the Swachh Bharat Abhiyan (SBA).

field level experiences could help the Public Health Engineering Department (PHED) to take forward sanitation activities in the most suitable manner.

An assessment of the CLTS models implemented by BTAST, through the SWASTH programme was undertaken to understand the processes followed within each of models. The aim was also to assess the extent to which it was possible to meet the CLTS goal of making the villages Open Defecation Free (ODF).

The four ways in which CLTS was implemented in Bihar is given below:

Model	Coverage	Other Details
CLTS implementation through an agency	Work was started in 58 GPs and 53 GPs have been made ODF with <i>Kuchha</i> toilets as of January 2014.	Each GP approximately includes 2000 households population.
CLTS implementation through SHGPI	Work was started in 16 GPs and 2 GPs have been made ODF with <i>Kuchha</i> toilet as of July 2014.	40 SHGs are functional in all 16 Gram Panchayats.
CLTS through <i>Gram Varta</i>	<i>Gram Varta</i> is implemented across 13 districts (67 blocks). In 27 blocks/ GPs the Wash cycle has been implemented which includes approximately covers 27000 SHGs.	Whilst a lot of awareness raising has been done here, the villages are still in the process of achieving ODF status.
CLTS through handholding support to PHED	As mentioned above this has provided support to the government officials across 12 districts.	The capacities of 600 WATSAN committee members have been built and they are working across 12 districts.

In order to address Bihar's sanitation issues, the Bihar Technical Assistance Support Team (BTAST) has been supporting the GoB in implementing the Community Led Total Sanitation (CLTS) approach through the UK Department for International Development supported Sector Wide Approach to Strengthening Health (SWASTH) programme. As a part of these efforts four different ways of implementation or four models of CLTS were adopted so that evidence generated from

## Model 1-Implementation of CLTS through an external agency using its expertise

A participatory approach with the involvement of rural community for improving sanitation practices, promotion of behaviour change and bringing in the desired changes. A technical agency with substantial expertise in conducting CLTS and creating ODF communities was contracted to implement the

The Sector Wide Approach to Strengthening Health (SWASTH) is a Government of Bihar (GoB) initiative, supported by DFID-UK, to improve the health and nutritional status of people by increasing access to better quality health, nutrition, and water and sanitation services, particularly for the underserved groups. The focus of this programme is to strengthen the systems through better planning, organisational strengthening and human resource management, decentralisation and convergence among key departments. The programme also helps identify expenditure, re-order priorities, equip hospitals/ rural health centres and organise supply of essential drugs. The Bihar Technical Assistance & Support Team (BTAST) is providing technical assistance to GoB.



programme from March 2014 in one block of each of the 4 districts-Purnea (Jalalgarh block), West Champaran (Chanpatia block), Gaya (Bodh Gaya block) and Patna (Khusrupur block).

### **Model 2 – Implementation of CLTS through SHGs network of Bihar Mahila Samakhya Society (BMSS) through focused approach**

**BMSS** - one of the oldest Self Help Group Promoting Institution (SHGPI) - in the state was chosen to implement sanitation and hygiene promotion through CLTS approach in the Kochadhamin block (consisting of 16 GPs) of Kishanganj district. Communities were mobilised to adopt single point defecation by digging pits with temporary super structure to be converted into pucca toilets after receiving Government incentives.

### **Model 3 - Implementation of CLTS through Gram Varta through Participatory Learning Approach (PLA)**

Gram Varta is a participatory learning approach that involves women through SHGs and their federations, and through them reaches out to the wider

community. The CLTS triggering tools and messages on safe drinking water, sustainable sanitation (CLTS approach) and hand-washing were incorporated into 4 meetings for sanitation and hygiene promotion within the PLA cycle. Gram Varta is currently being scaled up across 14 districts with the support of Women Development Corporation (WDC), JEEViKA and Bihar Mahila Samakhya Society.

### **Model 4 - Implementation of CLTS through enhancing in-house skill sets and capacities of PHED**

BTAST initiated the process to provide hand-holding support by awareness creation, sensitisation and capacity building to the Department to adopt CLTS as a tool.

This involved a CLTS sensitisation workshop for the District Water and Sanitation Committee (DWSC) members in selected districts followed by a detailed CLTS Training of Trainers (ToT) conducted for the team of professionals, who could implement the approach in the field. Approximately, 600 people were trained from across 12 districts.

## **METHODOLOGY**

A primarily qualitative study was undertaken to assess the four models. Eight districts were selected based on the model of CLTS that was being followed. Key stakeholders at the state, district, block and Gram Panchayat (GP) levels were interviewed to understand the institutional mechanisms, demand-generation approaches and supply chain, and existence of monitoring systems. Focus Group Discussions (FGDs) were conducted with adolescent boys and girls, community members, Frontline Workers (FLWs), and SHG members. To supplement the qualitative information a brief survey were conducted to find out sanitation situation in households, schools and Anganwadis across each of the selected GPs. The survey were conducted across, 392 households, 33 Anganwadis and 33 schools.

As a first step, individual theories of change for the 4 models were developed based on a review of the background material, understanding the needs of the community and consideration of the objectives, assumptions and risks, etc. Along with this the matrix of indicators was also developed for all the 4 models along with the output and outcome indicators.

Subsequently various data and information generating approaches were employed which included qualitative

and quantitative data collection. The team consulted senior representatives of development partners within WASH sector, State, District and Block officials, frontline workers (FLWs) and also did physical verification of villages and captured data using mobile / tab application. Broadly, 5 key information centres were derived to obtain information for carrying out a macro level and a micro level analysis.

## **MAIN FINDINGS**

**Policy framework:** Discussions with some of the development organisations working in the WASH sector, such as UNICEF, WSP-SA and GSF indicated that at the macro policy and strategy level, varying administrative, economic, social and geographical conditions in Bihar make it difficult to adopt a unified and single type of implementation approach.

Hence, it calls for a 'menu of options' to implement the WASH programme. Capacity and institutional issues including human resources, knowledge and motivation need to be addressed, as this affected the ecosystem for delivery. Strong leadership from some District Magistrates has helped to move the agenda in some cases.

These respondents felt an advocacy agenda to support the State department to achieve the results of

high quality and adequate quantity, was needed. This called for nurturing partnerships and synchronisation between partners, and a better and enabling policy framework to operate smoothly.

**Linkages and convergence:** Members of the BTAST team were positive about the CLTS approach and felt it could be tried out in districts where the sanitation coverage is poor. As the sanitation campaigns in India are linked to the provision of subsidies to incentivise local communities to construct toilets, this CLTS approach had to be adapted with the incentive approach. Therefore Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) scheme and NBA, which provide the subsidies, contradicted the component of the essential CLTS approach which advocates for no subsidies. The BTAST team felt that although the CLTS approach combined with the subsidies could potentially work because poverty is a major issue in Bihar, convergence of MGNREGA and NBA was a major issue that had hampered the on-field implementation.

The CLTS triggering exercise had helped to build confidence and resulted in convincing the communities to adopt safe sanitation. As the success of the CLTS approach is based on trust between implementers and the community, and within the community, it is essential to not lose the initial momentum and trust that is built through the community participatory exercises. This requires the efficient linking between the community exercises and the incentive disbursement. To ensure sustained community involvement and progress towards ODF status, teams that mobilise and monitor in the villages are needed.

**Skills and sustained effort:** Interviews with other stakeholders such as JEEViKA, the district level teams of the Government felt that application of CLTS

approach needs specialised skills as it depends on the knowledge, decision making, convincing and debating abilities of the facilitator. Many also felt that the demand generated after triggering using CLTS can lead to agreement on a collective procurement approach, however, the fund flow needs to be ensured to sustain the efforts and bring it to the desired conclusion. This is particularly important as it is difficult to keep the 'incentive' or 'subsidy' part of the programme out of discussion even if there is mass mobilisation and readiness of the community to go for collective action. Achieving an ODF Gram Panchayat with quality is a time taking process and needs constant follow up and continued support for ensuring that the last family in the village has a functional toilet.

## Specific Model-wise Findings

Whilst over there is a high recall on awareness activities across the type of respondents at the field level community, none of the GPs which were visited were found to be ODF. The construction and awareness showed a progressive trend and despite lack of ODF villages, sanitation coverage is on increase.

Field level observations also present an interesting picture. Out of all the 4 interventions, Model 3 has been the most successful and acceptable to the community in terms of functional status of toilets in households and schools as well as in communication and awareness generation. In case of Model 3, 100 percent of the respondents recalled the communication and awareness activities, while in Model 4 less than 1/5th of the respondents had a recall. Interestingly, the availability of material for toilet construction was reported to be the highest (88 %) for Model 2 and 0 percent for Model 3. However, in Model 2 Gram Panchayats, almost none of the households received any kind of incentive, whereas 88 percent

## Analysis of Field Level Findings

Indicator	Model 1 (%)	Model 2(%)	Model 3(%)	Model 4(%)
Toilets in sample households	68	75	91	52
Functional household toilets	79	93	100	24
Availability of Material for toilet construction	37	88	0	74
Incentive Disbursement to the Beneficiaries	88	2.4	11	56
Water & soap for hand washing in households	68	96	96	63
Communication & Awareness related interventions	43	71	100	17
Functional toilets in Schools	60	100	100	25
Functional toilets in Anganwadis	70	0	0	13

respondents from Model 1 were reported to have received incentives either in cash or in material form.

It was also observed that among households under Models 2 and 3, almost all were observed to have availability of water and soap in the hand washing area compared to Models 1 and 4, where the percentage of households with access to soap and water is less. A wide disparity is seen with regard to the functional status of toilets in the schools and Anganwadis, where both Models 2 and 3 reported 100 percent functional toilets in the schools but no toilets at all in the Anganwadis. However, Model 1 reported a fair number of functional toilets both in schools and Anganwadis.

### **Model 1 – Implementation of CLTS through an external agency**

Under the WATSAN component of the SWASTH programme, Feedback Foundation was engaged for piloting CLTS approach with an overarching aim of eliminating open defecation. The agency's role was to build capacity and handhold communities in the pilot blocks through engagement of local NGOs. The process involved rapport building with the communities and Gram Panchayats and conducting triggering in different wards of each of the villages of the Gram Panchayat. The triggering exercise included tools like 'Faeces mapping', 'Walk of shame', 'Calculation of faecal matter', and 'chalking out the faecal-oral contamination route'. Training programmes and workshops were organised at the district and block levels as well as at village level, engaging district level and block level government officials to sensitize them on the approach.

This model yielded 'intermediate' results in the GPs selected in the study which means there is still a need to rework on the modalities of this model. In terms of achievement in coverage, a lot of household toilets were found to be still under construction phase. Moreover, the Model promotes a single technology (single pit) with very limited choice given to the beneficiaries on technology options. Risk analysis was required in the model. For instances, if a single pit technology is being promoted, clear operation and maintenance issues have not been addressed.

### **Model 2 – Implementation of CLTS through SHGPIs**

An agreement was signed between BMSS and BTAST to support the CLTS implementation facilitated by the SHGs formed under BMSS. There was only one block (Kochadhamin block of Kishanganj district) covering 16 GPs, which was selected for piloting the CLTS approach under the WATSAN component of the SWASTH programme with the help of BMSS. Demand

generation involved activities such as village level motivation and micro- planning, CLTS training for FLWs, orientation of Village Health , Sanitation and Nutrition Committee (VHSNC), Para Legal Workers (PLWs), and teachers.

As far as process is concerned, it was spread only up to certain hamlets and not the entire GP or areas of the SHGs members. Regarding the understanding of the CLTS tool, only Mahila Samakhya staff and people in couple of hamlets have an understanding of the processes. There is a positive feedback from the district people regarding the quality of the work, but the geographical coverage is an issue where the reach has been limited to only those areas where SHG groups are present. Also BMSS mostly did not involve key stakeholders like Mukhiya (village headman), village level front line workers and block coordinator, etc, thus working in isolation without key stakeholder engagement. Therefore, though the model is in accordance with the envisioned 'Theory of Change' but it will not be able to attain the pace required and fulfil the objective of ODF community.

### **Model 3- Implementation of CLTS through Gram Varta**

This model envisages capitalising the existing institutional structure and operating at scale with minimum investment. This is a self as well as participatory learning approach where in the groups are oriented on issues of water, sanitation and hygiene. Under NBA/SBM, the CLTS tool was introduced within the Gram Varta module. The purpose was to ensure community mobilization, generating awareness, demand creation, listing of households, etc. The process also aimed at verification of the households which had received the incentives under the sanitation programme and matching it with the list available with PHED. Feedback Foundation organised training on CLTS that was useful in developing skillset of facilitators.

On the whole Gram Varta seems to be a promising approach to achieve the objective of ODF community as compared to other models, however at the risk of implementing the programme 'in isolation'. However, a major question is whether the SHGs will facilitate Panchayat level implementation or Panchayat will ensure Gram Varta platform as an integral part of its responsibility of making ODF communities.

With existing capacities and financial resources, Gram Varta may or may not be able to achieve the results, but this model will need quality time to yield results. Since this seems to be a true and effective model of transforming the OD to kucchha and further to pucca toilet facilities (climbing up the sanitation ladder), behavioural change is most likely to happen.



## Model 4 - Implementation of CLTS through enhancing in-house skill sets and capacities of PHED

This model is solely implemented by PHED with some handholding support from the external agency in the beginning. The block coordinators are the field level facilitators who coordinate the implementation. They operate in group and carry out triggering and other activities in focused blocks. Feedback Foundation was engaged to deliver the CLTS training to about 50 participants in each district for implementation of sanitation programme. The objective was to achieve ODF villages and GPs using the CLTS tool. The participants included Mukhiyas, Block and District coordinators, technical staff from PHED, resource persons from district and block levels. At the village level rallies, meetings, triggering, demonstrations, nukkad nataks (street theatre), and IEC mobile vans were used to generate awareness and mobilise the communities. The implementation took place through the Panchayat and involvement of Mukhiya, which is also ensured support of school students and other frontline workers.

The CLTS approach is essentially 'a non-subsidy' approach and confronts the realities as against the awareness among the communities regarding 'subsidy' and/or 'incentive' and fulfils the administrative responsibility of achieving financial and physical progress. Therefore, there is a strong need to de-mystify the guidelines at district level and adopt them accordingly. Risk analysis was needed as the assumption was that with moderate hand holding support, the department would be able to implement such a programme and that too with adoption of participatory tools like CLTS.

If all the models are compared against each other, Model 1 and 3 qualify the success criteria or are in a position to meet the success indicators. Model 1, of course, seems to have a high success rate, the investment and cost effectiveness is a major challenge. In case of Model 3, although it seems cost effective, it would be a time consuming process. Overall for 6 indicators the BTAST intervention looks promising and for 3 indicators it indicates a good success rate. The 3 key indicators are the process adopted, use of CLTS tool and increased awareness level. Another analysis from the sustainability, cost and time requirement point of view indicates an interesting picture. Though the responses from the BTAST team primarily depict a mixed scenario, Model 3 is most preferred due to its high sustainability and low cost factor.

## RECOMMENDATIONS

Based on the analysis and learnings from 4 models, yet another model can be suggested or the learnings can be incorporated in the existing approach in order to further strengthen the implementation and the key highlights of the proposed model or amendments that can be brought in the current strategy are summarised below.

This, if adopted and applied suitably, can bring in a visible change in the programme implementation in Bihar.

- Continue to use CLTS for triggering purpose and in the process ensure enough district and block level capacities are built. Engagement of stakeholders other than district and block consultants / coordinators should be ensured. This is important from scaling up point of view.
- Village level committee formation with more engaged role of Panchayat members and local SHG women would bring in desired sensitivity, accountability and ownership for an ODF community. The committee should be empowered with more execution powers.
- Appropriate technology selection and its implication in view of the varying topographical and soil conditions, groundwater depths, flood prone nature, and poverty need to be studied and applied. A quality assurance mechanism through monitoring and technical trainings is also required.
- The successful engagement of womenfolk through strong programmes like SHGs formation and networking (from JEEViKA, WDC and Mahila Samakhya) and their more engaged role and sensitization would benefit in the longer run. This will also support the ODF or close to ODF achievement and increased sanitation coverage.
- Every block and district should be equipped with enough competent and exclusive technical human resource team and monitoring system should be in place.
- Issues regarding sanitation especially solid and liquid waste, menstrual hygiene management, household water treatment, etc., also need to be addressed during and post triggering activities and also during toilet construction phase.









## SECTOR WIDE APPROACH TO STRENGTHENING HEALTH (SWASTH)

Government of Bihar Initiative Supported by DFID, UK

The SWASTH programme aims to improve the health and nutritional status of people of Bihar by increasing access to better quality health, nutrition, and water and sanitation services, particularly for the underserved groups. The focus of this programme is to strengthen the systems through better planning, organisational strengthening & human resource management, decentralisation and convergence among key departments. The programme also uses community level processes to manage, demand and monitor services.

*The assessment was done by TARU Leading Edge with inputs from the BTAST MLE and WASH teams. This summary by OneWorld Foundation India is based on report submitted by TARU.*

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