

## Scaling Up Rural Sanitation and Hygiene

# WSP's Engagement in the Rural Sanitation Sector in India—Successes and Challenges

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## INTRODUCTION

In October 2014, the Water and Sanitation Program (WSP) initiated a study to document its engagement in the rural sanitation sector in India between 2002 and 2013. The intent was to learn from achievements, challenges, and lessons from the past as the Water Global Practice of the World Bank and other stakeholders intensify efforts to address the huge challenge of realizing the Government of India's goal of universal rural sanitation in India by 2019. The study covered a cross-section of eight states in which WSP has worked (Bihar, Haryana,

Himachal Pradesh, Jharkhand, Madhya Pradesh, Maharashtra, Meghalaya, and Rajasthan), as well as an examination of activities at the national level. The primary source of information was 138 structured interviews with key informants including Indian Government officials at all levels; representatives of development agencies and civil society organisations; and current and former WSP staff.

## PROBLEM STATEMENT

India has made slow progress in rural sanitation (Figure 1). The country started from a very low base at the beginning of the period of the Millennium Development Goals (MDGs). It is estimated that at least 90 percent of the rural population was practicing open defecation in 1990. Both the Indian Census and the World Health Organization (WHO)-UNICEF Joint Monitoring Program data indicate that, in the last 10 to 12 years, the proportion of people with access to sanitation has almost doubled. However, despite this progress, open defecation is still practiced by a large majority of India's rural inhabitants. For the poorest rural dwellers, in particular, little has changed

## Key findings

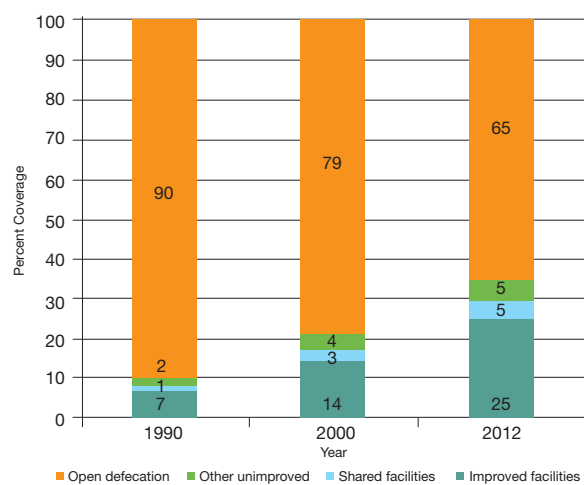
Between 2002 and 2013, WSP facilitated the introduction of demand-led sanitation in India by supporting policy development and expansion of the market for sanitation goods and services, and strengthening the enabling environment.

### Key findings:

- Creating champions is a key determinant of success, and new, more cost-effective, and scalable approaches must be developed.
- Effective ways must be found to increase awareness and willingness to act among senior decision makers at state level.
- New implementation models must be developed that support the work of state governments to roll out sanitation at scale, and state governments must be supported to institutionalize them.
- Mechanisms must be found to support decentralized, large-scale sector capacity building

These insights will be used to develop future interventions that will further accelerate change and help achieve the goal of universal rural sanitation in India.

**FIGURE 1. RURAL SANITATION COVERAGE IN INDIA**  
1990, 2000, AND 2012



Source: WHO UNICEF Joint Monitoring Program, 2014.

over the last two decades, and open defecation is almost universal among this group. Rural sanitation has historically received little attention, and little funding.

## ACTION

WSP worked with the Government of India and state governments over the period 2002 to 2013. The Program's engagement was characterized by a firm commitment to demand-led sanitation; a commitment that arose well before this approach was widely recognized and accepted in the global sanitation sector. In addition, WSP went beyond the promotion of demand-led sanitation and looked for ways to support the approach at several levels—specifically at the levels of policy, enabling environment, and the expansion of the market for sanitation goods and services. The Program engaged both low-profile but patient and persistent interventions to build awareness, commitment, and capacity; and high profile, evidence-based advocacy for major policy change.

WSP's interventions included advocacy with decision makers (engagement with the political economy of rural sanitation) and support to an enabling environment for progress, including provision of new models of implementation. The interventions were:

### Advocacy with decision makers:

- Creating champions through study tours and proactive use of champions to create political commitment; and
- Increasing awareness and willingness to act through targeted, high quality research and guidelines, such as research on the economic cost of inadequate sanitation.

### Support to the enabling environment:

- Building capacity through a series of interventions such as training and focused institutional support ('hand-holding');
- Documenting and promoting best practice through development of handbooks and manuals; and
- Bringing new and innovative implementation models to the sector, such as the introduction of outcome monitoring.

A comparison across the eight Indian states shows varying levels of success, with markedly less traction in Bihar, Jharkhand, and Madhya Pradesh. The analysis reveals certain factors (positive determinants) had significant impact on whether it was possible to help the state make progress on sanitation. These factors were:

- Awareness of poor progress in sanitation resulting in a willingness on the part of government decision makers to take action, and to try something new;
- An opportunity to initiate action in locations that were not the poorest, and where households had resources to invest in sanitation, so progress could be demonstrated before rolling out to a wider population;
- The presence of 'local champions' who were willing to take action, be outspoken, and provide leadership;
- The presence of few other development actors working in the sector; where WSP acted almost alone it had more success than in states that had many development agencies present; and

- Enabling cultural factors that made demand-led sanitation more likely to work, such as cohesive tribal societies, a tradition of social mobilization, and high literacy rates.

Many of these factors were beyond WSP's control but nonetheless it experienced some success in overcoming the lack of positive determinants. However, even with the most successful interventions, it will be a challenge to go to the scale required to reach universal sanitation coverage in India.

## KEY LESSONS

**Creating champions is a key determinant of success, and new, more cost-effective, and scalable approaches must be developed.** Learning and exposure visits, both external and internal peer-to-peer, have been highly effective and have involved participants at very high levels within the Government. As a result, the champions needed to make progress on sanitation have emerged in many states. While learning visits were a high-profile intervention, these can be just one element in the creation of champions. In Rajasthan and Meghalaya, WSP identified proactive district collectors, worked with them, and ensured that those who were successful received recognition. These officials have since been championing the cause of sanitation at both the state and national levels.

However, the creation of champions is resource-intensive and the results are unpredictable. Scaling-up this approach so that every decision maker who needed convincing had taken part in a learning visit, for instance, would be an enormous challenge, and participating in a study tour is not sufficient to galvanize change.

**Effective ways must be found to increase awareness and willingness to act among senior decision makers at state level.** In 2010, WSP released a publication titled *Inadequate Sanitation Costs India Rs. 2.4 Trillion (US\$53.8 Billion): The Economic Impacts of Inadequate Sanitation in India*. The impact was significant, with extensive press coverage, and the findings discussed in the Lok Sabha—the Indian Lower House of Parliament. However, it would appear that lagging states with poor performance on a number of

development indicators have competing priorities, making them less responsive to advocacy. Working in partnership with other actors, and building on the momentum that new national targets for sanitation bring, additional ways must be developed to influence decision makers who have historically paid little attention to sanitation.

**New implementation models must be developed to support state governments to roll out sanitation at scale, and state governments must be supported to institutionalize them.** WSP provided practical and concrete support to actors at national, state, and district levels. This included hands-on support, with WSP staff members working side-by-side with government staff to develop, test, and roll out new implementation models.

A recent example of this type of support is the development of approaches to monitor the outcomes of demand-led sanitation (Box 1).

WSP's support also included the publication of training manuals on Community-Led Total Sanitation (CLTS); handbooks on developing community sanitary complexes and solid and liquid waste management; and, most recently, a compendium of best practices in rural sanitation.

### BOX 1. MOBILE PHONES FOR OUTCOME MONITORING

WSP worked with the Government of Himachal Pradesh to develop a performance monitoring and benchmarking model to strengthen outcome-based management of the rural sanitation sector. The model monitors sanitation based on the inputs and outputs (that is, finance and toilets), the actual outcomes (such as Open Defecation Free [ODF] communities), alongside process indicators, such as financial efficiency (cost per community declared ODF). After six months of implementation, the Government of Himachal Pradesh reported that benchmarking enabled the districts to understand their performance and motivated them to improve. WSP further developed the approach and piloted the 'Outcome Tracker', which uses mobile phones to collect information for outcome monitoring. The success of the Outcome Tracker pilots has led the Government of India to take steps to adopt it at the national level, including making the mobile phone application available on the Swachh Bharat Mission (SBM) website and recommending its use.

The major challenge is to support the Government of India and state governments to institutionalize these new models.

**Mechanisms must be found to support decentralized, large-scale sector capacity-building.** WSP has carried out capacity-building at several levels of government, and has developed a number of training manuals. However, the number of people that must be trained to reach the scale required is enormous. New mechanisms will be needed, for instance, standard training curricula that can be used by other actors, such as state-level training institutes, to roll out training programs.

## WHAT ELSE DO WE NEED TO KNOW?

**1. How can sanitation in India go to scale?** Supporting the Government of India and state governments to reach the scale required will mean developing partnerships and alliances. WSP has developed models for capacity development and creation of local champions but new approaches are needed that harness the capacity of others, such as government training institutions, to deliver at the scale that is required.

**2. How can external agencies provide effective support?** External agencies such as WSP must position themselves with respect to their mandates, comparative

advantage, and the identified needs and gaps in the sector, and must work in effective partnership with each other. Each agency does not have to do everything in the sector; WSP's experience shows that a few key interventions that leverage and complement the work of others can lead to impact.

**3. What new models are needed for rural sanitation in India?** Development partners such as WSP can no longer work only in localities where there is political will, presence of local champions, and advantage of enabling cultural factors—sanitation must now reach all Indians, in lagging states and in difficult cultural contexts. Partners must bring their ability to innovate, and continue to develop new and imaginative ways to trigger progress, change behaviors, deliver subsidies, and monitor results.

**4. What will help to influence national decision making and policy?** High-level political advocacy, based on cutting-edge research, is essential. External agencies should seek to work in collaboration to find effective ways to make positive changes in policy.

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The Water and Sanitation Program is a multi-donor partnership, part of the World Bank Group's Water Global Practice, supporting poor people in obtaining affordable, safe, and sustainable access to water and sanitation services. WSP's donors include Australia, Austria, Denmark, Finland, France, the Bill & Melinda Gates Foundation, Luxembourg, Netherlands, Norway, Sweden, Switzerland, United Kingdom, United States, and the World Bank.

The findings, interpretations, and conclusions expressed herein are entirely those of the author and should not be attributed to the World Bank or its affiliated organizations, or to members of the Board of Executive Directors of the World Bank or the governments they represent.

## About the program

Today, 2.4 billion people live without access to improved sanitation. Of these, 71 percent live in rural communities. To address this challenge, WSP is working with governments and local private sectors to build capacity and strengthen performance monitoring, policy, financing, and other components needed to develop and institutionalize large-scale, sustainable rural sanitation programs. With a focus on building a rigorous evidence base to support replication, WSP combines Community-Led Total Sanitation, behavior change communication, and sanitation marketing to generate sanitation demand and strengthen the supply of sanitation products and services, leading to improved health for people in rural areas. For more information, please visit [www.wsp.org/scalingupsanitation](http://www.wsp.org/scalingupsanitation)



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