



# Demand Creation for Rural Sanitation in India<sup>1</sup>

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## ABSTRACT

Studies indicate that only 46% of Indian households have access to toilets and 59% of its population still adopts open defecation imposing tremendous costs on the country. The Government of India (GoI) has therefore been promoting access to improved sanitation through incentives and social mobilization under “Total Sanitation Campaign”. It also offers Nirmal Gram Puraskar or Clean Village Prize to villages, which have obtained open defecation free (ODF) status. This study looks at the process of demand creation for toilets and their utilization in NGP awarded villages in a district in rural India. It points out that while access to sanitation has improved, the practice of open defecation is still at large amongst those households who constructed toilets during the campaign. It therefore suggests detailed baseline data collection and mandated planning process to aid in helping the villages find customized solutions to achieve ODF status. Further it points out that while access to sanitation has been primarily narrated as women’s issues, men hold the key to achieving ODF status after a toilet is constructed. Therefore, appropriate gender-neutral mobilization approaches focusing on community health like CLTS could be adopted to ensure regular utilization of sanitation facilities.

## 1 INTRODUCTION

India has to provide sanitation access to at least 57% of all its citizens by 2015 corresponding to 52% of its rural population to fulfill the Millennium Development Goals (Alok, 2010). However, only 46%<sup>2</sup> of the households and 30% in rural areas have toilets within the house premises (GoI, 2012a) and 59% of the population still adopts open defecation (WHO-UNICEF, 2012). Open defecation not only hinders people from leading a dignified life but also poses significant health risks to the community. . This is well reflected in India’s infant mortality rate (IMR) of 47 deaths per 1000 child births. In rural areas, this figure stands at 51 where a majority of these deaths are caused by water borne diseases such as diarrhea (GoI, 2010). These health risks impose a substantial financial burden in terms of medical expenses and lost productive days. Inadequate sanitation results in costs around Rs. 2.4 trillion or \$53.8 billion or 6.4% of India’s GDP, as per 2006 figures (World Bank, 2011a).

Given this scenario, India has been promoting access to improved rural sanitation to all its households. This study examines the related demand creation practices in villages of East Godavari District of Andhra Pradesh State in India and utilization of toilets after construction. It highlights the gaps observed at the field level and recommends appropriate measures for addressing them. It will be an addition to the limited studies (Gupta & Pal, 2008; World Bank, 2010a; GoI, 2011b) undertaken to understand the demand creation process for rural sanitation

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<sup>1</sup> All the views expressed in this study are my own and do not necessarily reflect the views of the organizations I am employed by or working with.

<sup>2</sup> The 1% of households with dry latrines (both in total and in rural) is ignored in this statistic. Dry latrines are those without a water seal.

in India. As it focuses on the best practices adopted, it will also aid the practitioners in their attempts to promote access to rural sanitation.

## 2 KEY ISSUES AND CHALLENGES

India formulated the “Total Sanitation Programme” (TSC) in 1999 by removing erstwhile subsidies for superstructure of the toilet and increasing fund allocation for Information, Education & Communication (IEC) activities. It was expected that the IEC would induce a demand for toilet construction and the subsidy would help poor households mitigate their financial burden (Gol, 2012b). To bolster the progress of TSC, a Nirmal Gram Puraskar (NGP) or Clean Village Prize was instituted in 2003 for those Gram Panchayats (GPs), the lowest administrative tier of Indian administrative structure comprising one or more villages, which have become Open Defecation Free (ODF) by constructing toilets in houses, schools and pre-schools, and adopting appropriate solid and liquid waste management practices. The President of India would present this award to the elected Sarpanch or President of the GP, along with a one-time financial incentive depending on the population of the GP (Gol, 2012c). TSC was rechristened Nirmal Bharat Abhiyan (NBA) in 2012 with similar principles but with a staggered financial incentives emphasizing the sustainability of ODF status and converging TSC with other government programmes, thereby enhancing the net subsidy component.

While there are positive outcomes of TSC in terms of decreased IMR and better educational outcomes (Spears, 2012), only 67% of households in the NGP awarded GPs are found to use toilets regularly (Gol, 2011a). This calls for attention to understand the implementation process of TSC at the ground level and the nature of demand creation and status of toilet utilization. It appears that while constructing toilets for every household is achievable, ensuring their utilization is relatively still a challenge. In this context, this study looks at 10 randomly selected GPs that were awarded the NGP between 2005 and 2011. These representative GPs were selected through stratified random sampling from a total of 104 GPs in East Godavari District of Andhra Pradesh, a state in south India. The GPs chosen are i) Vakalapudi and ii) Nemam from Kakinada Rural Mandal (a sub-district administrative structure), iii) G Medapadu in Samalkota Mandal, iv) Mallisala in Jaggampeta Mandal, v) Jegurupadu in Kadiam Mandal, vi) Gudigalla Bhaga in K Gangavaram Mandal, vii) Antarvedipalem in Sakhinetipalli Mandal, viii) Mulikipalli in Razole Mandal, ix) G Vemavaram in I Polavaram Mandal and x) Magam in Ainavilli Mandal.

In each village, detailed interviews/focus group discussions of village functionaries were conducted, namely those of the Sarpanch (the highest ranking political executive directly elected by the people), Secretary (the highest ranking administrative staff), ward members (each village is divided into multiple wards who elect their own representative in the Panchayat executive body along with the Sarpanch), leaders of the women’s self help groups and other village elders who were instrumental in TSC prior to receiving the NGP. To complement these interviews, five random households were selected for household level interviews from those households who constructed toilets as part of the campaign.

The main objectives of this study are to understand the range and efficacy of the demand creation strategies adopted in these GPs from functionaries and the motivation to construct toilets and their utilization status from households. Unlike previous compilations (Gupta & Pal, 2008; World Bank, 2010a; Gol, 2011a), this study brings out the various facets of persuasion, including the coercive practices that were an integral part of the demand creation process.

### 3 KEY FINDINGS

East Godavari is a coastal district in Andhra Pradesh spanning an area of 10,807 sq. kms with a population of 5.15 million. It has strong agricultural activity, supported by ample water availability from the Godavari river and its multiple streams and interconnected farm canals. The bunds of these water bodies are fertile grounds for open defecation. In addition, boundaries of rural roads, large swaths of farm bunds, railway tracks and dry latrines which are open spaces with boundary walls without water seal mechanisms are main sites for open defecation. Unlike the other alternatives, dry latrines offer privacy from the passersby and are used mostly by women. Nevertheless, in most cases, women viewed open defecation as a compulsion rather than a choice. For instance, the flooding of dry latrines during rains leaves them infeasible for use. This leaves women with no option but to refrain from eating, as they have no place for defecation. Roadsides are not any better either, as they cannot walk along them. Women had to lift their sarees to avoid any contact of their clothes with fecal matter. People were mostly ignorant of any harmful health impact from open defecation. It was in this context that TSC was undertaken in these villages.

#### 3.1 Demand Creation Process

The practices adopted for demand creation were classified into four categories, the motivational strategies to create a felt need for toilets and making the village ODF as the TSC subsidy component of Rs. 2750 or \$51<sup>3</sup> per toilet during the time of the study is inadequate, the strategies employed to decrease access to alternative sites of defecation, monitoring mechanisms employed to ward people off open defecation and coercive strategies.

##### 3.1.1 Motivational Strategies

Children and women were used effectively to arouse support for this campaign and were used as an effective medium to carry home the message. They were used for organizing rallies with banners about health benefits and aspects of cleanliness. The teachers identified children whose homes did not have toilets and counseled them to urge their parents to construct one. In the villages under study, there is a strong presence of around 150 women self-help groups with 10 to 15 members per group. These groups were actively leveraged to propagate the sanitation movement as part of their monthly meetings. Door-to-door campaigns were organized to households without toilets to personally motivate them to construct toilets.

These campaigns aimed at spreading awareness regarding the advantages of good sanitation such as cleanliness, convenience, dignity and better health. These messages were disseminated through varied means ranging from painting messages on electric poles and public spaces to propagating the message through traditional folk media and in regular Gram Sabhas or village meetings. One Sarpanch telecasted a film in the local media filming his village and fellow villagers going for open defecation and this helped people identify their own surroundings with the damage done by open defecation and motivated them to construct toilets. Houses without toilets were labeled as unclean houses. Villagers were asked to think where they would go for defecation when it is raining or when their health is not good. To invoke shame, a Sarpanch asked the women if they do not have any shame to sit on the roads by pulling up their petticoats. He said this statement stirred quite an emotion and aided the process of toilet construction. Community pressure was used to rein in the naysayers.

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<sup>3</sup> Rounded off exchange rate, \$1 = Rs. 53.98 as on February 17, 2013.

In only one village, Community Led Total Sanitation (CLTS) campaign was adopted to a partial extent. While CLTS usually adopts defecation mapping, defecation area transect, calculation of feces load, depiction of fecal oral transmission routes (Kumar & Shukla, 2008), motivators engaged the community only in defecation mapping. The social map of the village was drawn with white color and households who did not have toilets were asked to mark their defecation point with yellow color. The motivators tried to use shaming as an instrument in this exercise by telling the households that only people not having a household toilet would be called out for marking. The villagers said this mapping exercise was so fresh in their minds that they can still remember the yellow & white map although it was carried out three years ago. This was the only exercise amongst the wide range of motivational exercises, which was reported to have made a significant mark on the public mind. Studies on a wider range of circumstances have found a positive correlation between recall of social mobilization practices and percentage of NGP GPs using toilets regularly (GoI, 2011a).

If we analyze the above motivational strategies adopted, the component of health risks as a rationale for refraining from open defecation was hardly impressed upon people. Cleanliness, convenience and shame aspects were the primary drivers for motivating people.

### **3.1.2 Decreasing access to Alternatives**

Motivational strategies cannot be in isolation, when there are alternative sites available for open defecation. Reducing the alternative sites for open defecation provided a sense of urgency for toilet construction. Expectedly, this process met with enormous public resistance. When a Sarpanch began getting the dry latrines demolished, people in the village threatened him that they would defecate along the boundary of his house. Therefore, he arranged for a tarpaulin sheet in place of the demolished walls. However, as people knew that it could only be a temporary measure, they were compelled to construct their own toilets. Although the walls were demolished, the masons and labor found it difficult to work in that premises due to its stink and therefore the Sarpanch had to pay Rs. 50 or \$1 for alcohol to enable them to get the work done. In a different village, the people threatened to burn down the machine used for demolition. It almost came to a physical brawl between the women and crew employed to demolish them.

Roads are the other main locations targeted by Sarpanches. The usual practice has been to install bright lights along these roads keeping away the people who go for open defecation. However, in a village, the ladies destroyed the lights and beat up the administrative staff installing the lights. Further thorny bushes have been placed along side the roads to occupy the spaces used for defecation. All these measures in general increased the opportunity cost of not having a toilet and motivated people towards constructing their own.

### **3.1.3 Monitoring Mechanisms**

Physically monitoring during the early hours and late in the evening when people usually go for open defecation was another way of exerting pressure. All the villages had some sort of monitoring mechanism either with specially hired employees or from the administrative staff or elected members of the village or the youth of the village. They used to monitor from 3-7 am and 6-11 pm. The outside employees were paid Rs. 150 or \$3 per day for monitoring, who went around with sticks and whistles to make sounds so that people would refrain from open defecation as it shames them if caught red handed. In some cases, a woman was employed to patrol sites that men use and a man to patrol sites that women use to create a sense of shame. Photos of men defecating openly were also taken with a threat to publicly display them. A Sarpanch hired children, as he found that children would not have any inhibition in giving away

names of those people who are defecating openly. He offered them sports equipments or photo-shopped pictures of them with prominent politicians in return to woo them for this monitoring. Such monitoring measures have further compelled households to take up toilet construction.

### **3.1.4 Coercive Instruments**

Coercive instruments were also an integral part of the sanitation campaigns in these villages. The belief was that if people started using the toilets for a few days, they would get used to its convenience and therefore it is justified to exert coercion. People were threatened that the supply of subsidized rations at the village level will be disrupted if people do not have their own toilets. Legally, subsidized ration is an entitlement and such a decision cannot be taken at the village level. However, it would be extremely expensive for a beneficiary to seek legal redress. Therefore, this threat worked. In a couple of villages, rations were delayed. In one village, the dealer was asked to inform the beneficiary that he was being denied ration in that month because he was caught defecating openly. This acted as a shaming mechanism.

It was also threatened that fines would be imposed on people caught in open defecation, as the village level administration is empowered to levy these penalties. Usually the penalty was Rs. 50 or \$1 for instance. In only two villages, such fines were collected while in the other villages it was meant to be an empty threat. In one occasion, the person caught did not pay and therefore his bicycle was confiscated. Social coercion was exerted in one village where the Sarpanch asked around 20 people caught defecating openly to clean up their own excreta from the roadside. They had to dispose it off using dry grass. This was an extremely shameful exercise, which had a lasting impact in terms of behavioral change. Rural population is usually scared to deal with the police and therefore, the Sarpanches took the help of local police in three villages to bring police to the village and threaten the people that there would be cases filed on them if they indulge in open defecation.

While the Sarpanches could conceive of many such coercive tactics, they are inherently restrained by the possibility of losing votes. Further coercing women would be construed as being culturally insensitive. Therefore, the Sarpanches had to optimize the coercion levels with respect to the prevailing political and social restraints.

## **3.2 Outputs and Outcomes**

After the TSC programme was implemented, most of the Sarpanches found a visible change in their villages. The villages look neat do not stink and the scope for mosquitoes is reduced. In fact a few villagers said they find it inconvenient to visit neighboring villages, as they are not open defecation free. In one village, the local Primary Health Centre (PHC) doctor informed them that the number of patients dropped after the campaign. While these are the reported macro observations, the state of affairs at the ground level drawn from the 50 household visits is a little different. There is a deliberate bias built in the choice of these 50 households from those who constructed toilets as part of this campaign as opposed to other studies which sample from entire village households in other studies (GoI, 2011a) and therefore the results are more disturbing.

### **3.2.1 Status of Household Toilets**

Amongst the 50 households, 46 had toilets, out of which 37 are functional, six left unfinished in construction, two had high water table and reverse flow of water and one under repair. In the cases where there was high water table, one household was using it as a

storeroom for firewood and the other house cemented the basin and started using it as a cooking space. Given the incentive of NGP, Sarpanches have engaged a contractor for construction of toilets with the government subsidy and with household contributions of Rs.500 (\$9) to Rs.1000 (\$19). However, there are times when the households did not contribute or the contractor tried to make higher margins by minimizing the depth of the leach pit or not completing the construction. Ideally, the subsidy of Rs. 2750 (\$51) has to be paid post the complete construction of toilet. Therefore, presence of incomplete toilets reflects the lapses in the verification process. These lapses are a concern because households who officially received the subsidy as part of TSC will not become eligible for NBA subsidy.

Amongst the four households who did not construct toilets, one is an immigrant family and does not want to construct toilets, the second felt that the subsidy offered is insufficient, the third household's application for a toilet did not get sanctioned and the fourth did not construct as they did not want to spoil their household well. It was also reported that households at times do not want to construct toilets as they plan to construct a new house in the future and therefore does not want to initiate the process with a toilet.

The Sarpanches highlighted the lack of availability of space at the household premises for toilets as a significant issue. The best practice in such circumstances has been to construct community sanitary complexes (CSCs) in the areas where dry latrines used to exist. CSCs usually posed operational and maintenance issues. Therefore, as a principle, in all the villages, lock and key for individual toilets in CSCs were given to households with their names marked making them a battery of individual toilets. There were spare toilets for temporary immigrant population living in makeshift houses. Minimal charges up to Rs. 350 or \$7 have been collected for such toilets, as it was found that the households could uninstall the door and sell it off to make money if they did not own a stake in the toilet. In another village, the Sarpanch got toilets constructed on the land of irrigation department, although he does not have any jurisdiction over it. But not every village had dry latrines or government sites closer to the households relative to the alternative open defecation sites. In a village, while there was a site available in the village interior, the neighboring households objected that they would have to bear the stink and prevalence of mosquitoes if some of the toilets are not maintained properly. In such cases, the administration was helpless in offering them a toilet. Regardless, lack of space is a serious concern that should be addressed for achieving total sanitation.

### **3.2.2 Motivation in Constructing Toilets**

Amongst the 46 households who constructed toilets, 11 (24%) said toilets were constructed for reasons of convenience, 27 (59%) got motivated by the government subsidy and 2 (4%) constructed because there was a marriage in the house and the daughter-in-law's privacy demanded it and 6 (13%) said they did not have any other alternative site for defecation. As observed earlier in the motivational strategies, the health related reasons hardly came to the forefront while motivating households to construct toilets. The aesthetics of cleanliness were found to be more important than health benefits in sanitation campaigns (Ban, Das Gupta, & Rao, 2010). It is mainly pride, privacy, women's dignity and shame that were main triggers for sanitation and health was an insignificant factor (Alok, 2010).

### **3.2.3 Utilization Status**

Only 8 (17%) of the 46 households with toilets were found to be in use by all the family members. In 27 (59%) households, only women were using the toilets and in the remaining 11 (24%), they were not being used. Amongst these 11, there were two houses with functional

toilets. The leach pit in one house was along the entrance to the house and according to the Vaastu, the Hindu traditional science of architecture, using such a pit would not augur well for the family and hence the toilet is not being used. The other household uses it only in urgencies, as they are habituated to open defecation.

There were four main types of reasons noted for non-utilization of toilets by all the household members – lack of adequate toilets, water issues, lack of knowledge and cultural reasons. There are households with multiple families mostly of brothers and parents whose household strength went beyond 10, but were allotted only a single toilet per household. Although these households have multiple ration cards, which are issued per family, TSC norms allow for only a toilet per household. The large households find it highly inconvenient to manage and hence only the women use the toilets.

Usage of toilets by all the family members requires adequate water. In all these villages, the source of water is hand pumps or community taps with intermittent supply and resultantly, households need to store adequate water for which they require a number of buckets or a storage tank. Lack of such storage spaces is one of the issues that prevented all the family members from using toilets. Storing adequate water for everybody requires time and energy during the water supply hours, inhibiting the toilet usage. Instead, men while going to their farm work find it convenient to defecate along the way or in the farms. It is interesting to note that in addition to the distance of the tap/pump from the house, the direction in which the source is placed also matters. Some households believe that collecting water from taps that are in the direction of village boundaries as opposed to village centre does not augur well for them and therefore they travel relatively longer distances to collect water although there is a nearby source. This further increases the burden of water collection and inhibits toilet use by all the family members.

Some men think it is unhygienic to defecate inside the house premises, as it could bring germs and mosquitoes into the house, however, because of their women's privacy, they had to construct toilets. The hygiene principle of water seals was never brought to their attention. It is also assumed without basis that the pit constructed would get filled in a few months and in a couple of cases, the women said they would not let their men use the toilets for this reason. Such a misunderstanding is not uncommon, as it is found elsewhere that pits have been dug up to 25-40 feet (World Bank, 2010c).

Cultural factors also play a significant role in utilization by men, as open defecation is an old habit. Having been defecating in the open environment, the men found it uneasy to sit in a cramped space. In fact one villager said, "the experience of smoking a chutta (a locally made tobacco roll) while defecating in an open serene environment cannot be matched with these toilets", as they would start stinking after a while. Some villagers said "this practice of open defecation is alien to us, just as using the western flush latrine is alien to many Indians who use pour flush latrines." There are also cases where some men ridiculed other men who use toilets by saying "Don't you have any shame to sit inside like a woman?" This shows that the campaign had significant gaps in creating a felt need for toilet use.

### **3.3 Role of Leadership**

Sanitation sector is relatively less contested in terms of interest groups and political forces and therefore a good leadership has adequate space to influence the progress of this sector (World Bank, 2011b). However, leadership has been one of the least discussed aspects of sanitation campaigns. NGP by its very nature incentivized such leadership by offering an award

from the President of India and financial incentive for the village. However, the award seemed to be the primary motivator rather than the financial incentive, as the Sarpanches have spent their own money in some cases, in a particular village up to Rs.700,000 or approximately \$13,000.

There was also a substantial amount of ingenuity in motivating people. A Sarpanch realized that Scheduled Caste community listens to a retired government employee and therefore brought him down to speak to them. He also leveraged his father's leadership capital out of his 24 years of being the Sarpanch for the village to overcome public resistance. In a village, a lawyer with a good reputation was leveraged to cajole people. When some households could not afford the toilets despite the subsidy, the Sarpanch initiated collection of donations amongst the richer villagers to subsidize the poor. In the process of building credibility to his campaign, a Sarpanch made an example of his own strong political supporter to pay fine when he was caught in open defecation. Such leadership gave a fillip to this sanitation movement.

The term of Sarpanches expired in August 2011 and legal issues have delayed the process of the next elections. In the mean while, mandal level administrative officials have been given the powers and responsibilities of a Sarpanch as additional responsibilities. These special officers do not belong to the village and have no sense of ownership about the village condition. Invariably in all the villages, it has been observed that lack of attention from Special Officers has resulted in cooling down the sanitation campaign and community pressure over open defecation. This aspect also highlights that the sense of ownership and pride of the Sarpanches over their own community was a critical contributing factor for the campaign.

## 4 RECOMMENDATIONS

### 4.1 Application Process

The above findings suggest that diverse circumstances have resulted in lack of adequate progress. Currently the baseline data obtained before the funds are sanctioned for NBA asks for information only on households with and without toilets with caste wise breakups. However, the ground level situation demands wide range of solutions given its diversity. **Drawing from the above findings, the baseline data should collect the household status comprehensively and it should be mandated that a plan for provision of toilets for each household be made.** Such a comprehensive data would also enable required policy changes such as providing toilets based on ration cards as opposed to households or ensuring water connection to every house within a certain distance as part of the sanitation campaign or synchronizing water and sanitation programmes (Gol, 2011a) etc.

The additional data points that should be collected at the minimum are households without own sites, presence of minimum space in the house premises for a toilet construction, compliance with locally held beliefs like Vaasthu, ration cards per households, incomplete toilets, dysfunctional toilets, households who do not intend to construct toilets given their future plans for a new house, compliance with water availability within a specific distance and immigrant status. Equally on the village front, its social/resource map, the geo-hydrological profile, nature of water services, open defecation points, availability of government sites for toilets construction of toilets and water quality parameters. The village level data should also have disease profile of water borne diseases from the nearest public hospital and a calculation of net expenses of the village using pre-specified norms.

Submission of plan to ensure complete household access to toilets should be mandatory along with the application. This plan could include the wide range of tools that would be employed in the campaign, the computed health costs, the water quality parameters and the monitoring measures that would be in place. Developing such a plan will enhance the capacity of the local leaders who could be trained to make such plans developing local solutions. At the sanction stage, the senior officials could suggest appropriate modifications not limiting to the right technology for the village. Making such an elaborate application will enable the local leadership to understand their village and its issues before hand and design appropriate campaigns. It will also institutionalize the knowledge transfer from the higher officials.

## 4.2 Addressing Utilization

**The online database of TSC should capture regular disease profile from the nearby hospitals for the NGP villages.** The advantage in making it part of a database is that there is a higher chance of it getting updated when there is a collective monitoring of all such villages at higher levels. This capture will provide the policymakers with the right information on outcomes. After all toilet construction is only an intermediate goal to ensure a healthy community. Such a capture will also highlight issues such as non-utilization, lack of right technology in cases where there is high toilet utilization but also high water contamination levels etc.

The usual narrative of providing sanitation has been women's issues. However, as this study points out, women's issues are significant until the stage of toilet construction, but beyond that men hold the key to ensuring an open defecation free community. **Campaigns with new narratives targeting men should be developed.**

One can also infer that the common issue across gender is health, which is not highlighted in these campaigns, which perhaps explains non-utilization of toilets. This calls for attention to the approaches adopted in mobilization. CLTS when implemented comprehensively lays prime emphasis on creating awareness about the health aspects arising out of open defecation. In view of this, **a study of NGP villages where CLTS was the main approach vis-à-vis those with non-CLTS approaches should be undertaken to study the impact on toilet construction and its utilization by all members of the family.**

A few Sarpanches suggested that just as there are fines for traffic violations, open defecation also should carry a statutory penalty. Although the village administration could impose penalty, there are local political and social restraints on exerting coercive measures. As constructing toilets has positive externalities, there are subsidies provided. However, constructing toilets does not automatically translate to reducing open defecation as seen above. Therefore, in the same vein, **as open defecation has negative externalities, there should be penalties imposed on open defecation, at least in NGP villages.**

It appears that NGP has taken precedence over TSC (Snehalatha & Anitha, 2011) with emphasis laid on toilet construction as opposed to sustaining ODF status. **Therefore the NGP award should have provisions for multi-stage verification with staggered incentives** (World Bank, 2010b). The new guidelines of NGP adopt these principles wherein 75% of the award money is kept as a fixed deposit in the Gram Panchayat's name and released only for two years of maintaining the open defecation status (Gol, 2012c). But the financial incentive does not seem to be a prime motivation and hence **there should be adequate recognition for sustaining ODF status by employing water quality and health outcomes as the standard.**

## 5 CONCLUDING REMARKS

TSC and NGP collectively helped overcome the elite capture phenomenon prevalent in rural sanitation investments (Ban, Das Gupta, & Rao, 2010), by setting a criteria of the whole village having access to sanitation and being open defecation free. Although they have resulted in appreciable outcomes, there are still significant gaps in meeting the end objectives. Collecting comprehensive information about the villages, instituting detailed planning process prior to the application stage and focusing on the water quality and health outcomes will help in addressing these gaps. Further studies should be carried out to highlight the most effective mobilization approaches for toilet use with a focus on CLTS, as it appears to be a strong contender by focusing on community health as the prime motivator. These measures will help the communities take a step forward in achieving open defecation free status.

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