Community Approaches to Sanitation

Swachh Bharat Mission – Gramin
Community Approaches to Sanitation

Senior Manager Orientation Module

Swachh Bharat Mission – Gramin
Community Approaches to Sanitation

One-day orientation: an overview

This one-day orientation module is for people who hold senior management roles within the sanitation sector. It is designed for State-level Secretaries, Departmental Heads handling rural sanitation, District Magistrates and heads of Zilla Parishads. The module can also be used for orienting programme managers and implementers of national and international civil society organisations and other agencies working in the sanitation sector.

The purpose of this module is to communicate the need and urgency for prioritising sanitation. It outlines and explains the approaches and strategies required for ODF results at scale in the run-up to a clean and ODF India by 2 October 2019.

This one-day module forms part of a wider package which includes three other training modules of: two, three and five days. These training modules are intended for training mid-level managers, trainers and community facilitators respectively. A facilitators’ guide has also been designed. It includes the rationale underpinning the design, instructions and checklists for preparing and delivering these programmes.
Objectives of the module

At the end of the module, participants will have:

- Appreciation of the need and urgency to prioritise sanitation and work towards achieving the goals of the Swachh Bharat Mission (Gramin)
- Understanding of the factors which contribute to the practice of open defecation (OD) across rural India
- Understanding of what did not work in past programmes including key bottlenecks and barriers
- Understanding of why and how to develop a district-wide Swachhta Plan, (also referred to as an Open Defecation Elimination Plan) and the linkages between social and behaviour change communication and other elements of programme delivery
- Understanding of the concept, principles, and processes of a community-based approach to sanitation; and the key requirements for using this approach
- Appreciation of the need to build a district-level team dedicated to generating demand for sanitation services and achieving sustainable sanitation and hygiene outcomes

Structure and delivery of the module

This one-day module focuses on:

- The components of the Swachh Bharat Mission - Gramin programme
- Community Approaches to Sanitation
- The strategies and approaches required for effective implementation

The sessions should be suitably sequenced and conducted as deemed fit in view of local requirements.

Training methods

The module is classroom-based and uses the following methods:

- PowerPoint presentations
- Screening of films
- Games
- Question and answer sessions

Preparatory arrangements

- Prepare PowerPoint presentations and ensure that films and other aids required are accessible
- Ensure venue and space for training is appropriate and prepared
- Ensure delivery sessions are planned to fit the agreed and stipulated time
- Finalise the names of resource persons for each session and secure their availability on the scheduled dates

Registration and feedback

Each participant is required to complete a registration form (Annex 1). This is designed to collect basic information about the participants, educational background, work experience, and professional skills and expertise. After the programme, participants are also asked to complete a feedback form (Annex 2). This will help them review what they have learnt and how it might be applied and provide comments on the facilitation and content of the module.
Annexures

ANNEX 1

Registration Form
One-day orientation on Community Approaches to Sanitation (CAS)

ANNEX 2

Feedback Form
One-day orientation on Community Approaches to Sanitation (CAS)
# Training Schedule

| Morning |
|---|---|
| SESSION 1 | Agreeing on workshop objectives and getting to know each other | 6 |
| SESSION 2 | Making India Open Defecation Free (ODF) | 7-10 |
| SESSION 3 | District-wide approach of Swachh Bharat Mission SBM(G) | 11-12 |
| SESSION 4 | Community Approaches to Sanitation: concept, principles, processes and tools | 13-20 |
| SESSION 5 | Social mobilisation for sustainable ODF outcomes | 21-24 |

| Afternoon |
|---|---|
| SESSION 6 | Requirements for implementing Community Approaches to Sanitation | 25 |
| SESSION 7 | Experience sharing by champions | 26 |

*Note:* This is a suggested training schedule which can be adapted as per training requirements.
**SESSION 1**

Agreeing on workshop objectives and getting to know each other

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**Session outcomes**
- Understand the objectives of the orientation
- Know each other and the facilitators
- Be part of a relaxed and enabling learning environment

**Duration**
30 minutes

**Method**
PPT presentation
Plenary discussion

**Materials required**
PPT presentation, cards, felt pens, adhesives, pins and pin board

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**Process**

This session will begin with a welcome to the participants by the training team members and an explanation of the learning objectives of the workshop.

Participants will be asked to form pairs based on the proximity of their date of birth. They will then ask each other about their work background, and major personal and professional interests. If participants find it difficult to form pairs, the session facilitator will step in and help.

Pairs will be given five minutes to get to know each other. After this, each person will introduce their partner to the group and will be given one minute to do this. Effective people and time management by the session facilitator is of critical importance in conducting this exercise. In case of very senior officials, it will be advisable to go for a quick (20-30 seconds) individual introduction by each participant.

In the remaining five minutes of the session, the session facilitator will thank the participants for their participation in the exercise and then present a brief overview of the design and purpose of the orientation workshop. If time permits this could be followed by questions from participants with responses from the session facilitator.

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**Technical notes for trainers**

The entire training team must be present at this session to welcome the participants and to participate in the ice-breaking games and exercises and the introduction that follows.

Special care needs to be taken to ensure all participants understand and appreciate what the one-day orientation has to offer and feel comfortable in the training environment.
Making India Open Defecation Free (ODF)

**Session outcomes**
- Why OD needs to be stopped
- Why past programmes have not worked and why OD continues in rural areas
- The Swachh Bharat Mission - Gramin and its guideline

**Duration**
40 minutes

**Method**
- PPT presentation and film
- Plenary discussion

**Materials required**
- PPT presentation, cards, felt pens, adhesives, pins and pin board

**Process**
This session will be delivered using a PPT presentation and a film on SBM(G) guidelines. It will be interactive with questions encouraged from participants throughout.

The session facilitator will underline the enormity and complexity of OD as a development issue and challenge within India. The knock-on effects of OD on other development issues and outcomes such as nutrition (stunting), health (diarrhoeal disease), and the well-being of people in general should be emphasised. The facilitator will highlight that the most affected are women and children. The session will conclude that SBM offers a real opportunity to pursue and achieve the goal of an ODF India, sooner, rather than later.

The following technical notes for the facilitator touch upon some of the key points covered during this session.

It should be emphasised that, technical notes present only the basic content to be covered by the session facilitator, and sessions are not limited to what is suggested in the technical notes. Research into and knowledge of rural sanitation in India is growing at an unprecedented pace. Session facilitators should try and stay up-to-date with the latest approaches and strategies and bring in examples wherever possible, of practical innovations being adopted in different states and districts in the country.

**Technical notes for trainers**

### Impact of poor sanitation

Children and women bear the heaviest burden of poor sanitation and open defecation. Almost a quarter of all children under-five years of age who died of diarrhoea in 2012 lived in India. India also has the largest number of stunted children in the world (approximately 61 million)

While investments are being made in nutrition and complementary feeding, the value of this investment is severely compromised by lack of sanitation and poor hygiene practices.

With specific relation to women and girls, the negative impact of open defecation is something women and girls experience monthly. Lack of safe and private spaces for women and girls to
wash or tend to their personal hygiene needs when menstruating severely restricts their ability to fully participate in daily activities, including attending school. Moreover, environmental enteric dysfunction and diarrhoeal diseases needlessly cost and compromise lifelong opportunities and productivity.

Despite 30 years of national rural sanitation programming in India from 1986-2016, ODF results have been persistently elusive, except in the last year. There were only 13 ODF districts at the launch of Swachh Bharat Mission - Gramin on 2 October 2014. This figure has gone up to 193 ODF districts as of 9 September 2017. However, around 488 districts (out of 681) have yet to become ODF (SBM-G MIS). The task of reaching all these districts in a matter of less than three years (2017-19) is huge and fraught with challenges.

The biggest challenge is to end the practice of open defecation and create fully ODF habitations, villages, GPs, blocks and districts across the country. However, the focus on ODF outcomes has been largely missing from the actual implementation of the programme on the ground till recently, though it has been an intended outcome in all the national programmes since TSC launched in 1999.

SBM is distinctive and historic, in terms of having the elimination of OD as one of the stated objectives of the national rural sanitation programme in India for the first time.

This underlines the need to understand the pressing reasons for working towards the elimination of Open Defecation (OD) and making India ODF.

A PPT presentation with explanatory visuals will be used to explain to the participants the nine reasons why OD must be stopped in India.

**Nine reasons why OD must be stopped**

01. **A national shame:** India accounts for 60 per cent of the total OD in the world. This is more than the whole of Sub-Saharan Africa. (WHO/UNICEF, 2015)

02. **Loss of dignity:** Defecating in the open leads to loss of privacy and dignity among women, men and children

03. **Environmental Enteropathy:** A sub-clinical condition leading to inflammation of the small intestine through repeated ingestion of faecal pathogens. The inflammation reduces the intestine’s capacity to absorb nutrients which results in malnutrition and stunting. It also has knock-on effects on cognitive development. (Petri, 2012)

04. **Malnutrition:** One-third of all malnourished children in the world live in India (UNICEF, 2017)

05. **Stunting:** Something like 39 per cent of children under five in 2014 were stunted (Save The Children, 2017)

06. **Low-birth weight:** Poor environmental sanitation has repeatedly been suggested to be a contributor to low-birth weight, which can lead to cognitive defects

07. **Epilepsy:** In many people, epilepsy is caused by infection with the pork tapeworm which is due to a lack of improved sanitation (Garcia et al., 2003)

08. **Diarrhoea:** OD is a main cause of diarrhoea. In India, diarrhoea causes one in ten deaths of all children under five. Annually 2,12,000 children die due to diarrhoea (Liu et al., 2000)

09. **Economic loss:** In India, according to a study by WSP in 2006, OD results in an economic loss equivalent to USD 48 per person or 6.4 per cent of GDP. This figure was between 1-2 per cent in developing African countries (WSP, 2006)
Why OD continues:

Bottlenecks and barriers

While access to toilets is limited, the use of toilets remains a matter of even greater concern, as many toilets that are built are not used. Low awareness of the potential health and economic benefits of better sanitation and hygiene practices, a perception of high costs of having a household toilet and the perceived convenience of open defecation along with its socio-cultural acceptance have kept the sanitation status low. Other major obstacles in sustaining the open defecation free status have been the inadequate involvement of local self-governments and communities and poor-quality construction or technological failure in the model design leading to slippage in behaviour.

Research over the past decade offers useful insights into the factors leading to the persistence of open defecation and non-adoption of safe hygiene practices in India. Some of the key challenges at the household, community and institutional levels are presented below:

**Household**

- The household’s lack of knowledge of entitlements and pathways to access sanitation services
- Inadequate knowledge of the risks and costs of open defecation and benefits of good hygiene, especially for children who are under two and those under five as well as adolescents and women
- A perception that sanitation is the government’s responsibility
- Poor knowledge and practice of appropriate toilet operation and maintenance making toilets unusable over time
- Lack of knowledge about appropriate design options (such as twin pit) and construction costs limiting household demand
- Lack of sufficient running water in the vicinity raises the dissatisfaction level and leads to continued open defecation
- Caste, belief systems, preferences, habits, and socialisation patterns undermine toilet use even when a household toilet is available. For example, men may feel that toilet use contradicts their sense of masculinity
- Lack of high-quality toilets built to a design and finishing that rural households aspire to own. Building and owning a toilet is not perceived as aspirational—more people own mobile phones and TVs than toilets

**Community**

- Open defecation is a socially accepted traditional behaviour. The major challenge is to change behaviours that have been established over centuries and are considered as socially acceptable. Communities find open defecation an acceptable solution in their setting and there is no social discrimination against open defecation
- Limited engagement and inadequate capacity of PRIs for programme implementation
- Inadequate involvement and engagement of the community on sanitation issues

**Institutions**

- The focus has remained largely on construction of toilets and not on behaviour change. Toilet designs have been imposed on people from outside the local context without community engagement. People, as end users, have hardly been involved in the construction of their own toilets
- Insufficient human resources at the state and district levels to design, plan, implement, supervise and monitor Social and Behaviour Change Communication (SBCC) interventions of the SBM programme
- Insufficient toilet technology options for all geographic conditions including soil conditions, depth of the water table, flooding, temperature variability, etc
- Lack of well-targeted information on service provision and entitlements to communities in the lowest two wealth quintiles
- No dedicated and skilled frontline workforce for Water, Sanitation and Hygiene (WASH) messaging
- Limited communication capacity of existing frontline workers engaged in SBM implementation
• Limited national and state capacity to provide WASH SBCC training

• Poor convergence (sanitation, water, health, nutrition) yet Frontline Workers (FLW) of health and nutrition are expected to deliver messages for WASH

• Environmental factors are a serious issue, be it flooding or droughts. Flooding renders toilets unusable, and droughts restrict the availability of water. The consequences being that families accord minimal water for sanitation

Opportunities with SBM (G)

Swachh Bharat Mission (SBM), an all-India mission targeting both rural and urban areas, sets the agenda for a clean and Open Defecation Free (ODF) India by 2 October 2019.

The Government of India (GOI) has committed itself to broadening its strategies to create an improved and enabling environment for the acceleration of sanitation and hygiene. SBM is distinctive and historic in terms of having the elimination of open defecation as one of the stated objectives of the national rural sanitation programme for the first time.

An ODF community is now defined by the Government of India and includes two factors:

• No visible faeces in the environment

• Safe confinement of human excrement in households and institutions adopting safe sanitation

The programme is championed by the Prime Minister and every Ministry takes responsibility for its contribution to the overall campaign to create a Clean India by 2019. When compared with the previous sanitation flagship programmes of GOI, the following four major changes in the SBM guidelines aim to create an enabling environment for the achievement of clean and ODF India:

Flexibility— States have the flexibility to design and implement the programme to suit their circumstances.

District as the unit of implementation— The change from the Gram Panchayat to the district should allow for more effective partnerships and realistic planning for implementation at scale.

District Magistrate (DM/DC) led-experience suggests that leadership of district magistrates is the key to the effective implementation of SBM on the ground. Most of the remarkable ODF results, such as in Nadia, Bikaner, Harda, Indore and Cooch Behar since the launch of SBM (G) in October 2014 have been achieved where DMs have actively led and driven the ODF campaign at the district level.

Managing the Incentive— States now have unprecedented leeway to use the SBM incentive flexibly and creatively.
## Session 3

### District-wide approach of SBM (G)

<table>
<thead>
<tr>
<th>Session outcomes</th>
<th>Duration</th>
<th>Method</th>
<th>Materials required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand the concepts and principles of a district-wide approach</td>
<td>30 minutes</td>
<td>PPT presentation and film, Plenary discussion</td>
<td>PPT presentation, cards, felt pens, adhesives, pins and pin board</td>
</tr>
<tr>
<td>Understand how to develop a district-wide Swachhta Plan/Open Defecation Elimination Plan (ODEP) and have knowledge on available tools for ODEP</td>
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<td></td>
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<tr>
<td>Have had exposure to successful models of district-wide approaches</td>
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### Process

The session will begin by reiterating the key elements highlighted in the SBM (G) film especially, the district being the unit of implementation led by the DM. It will be followed by a PPT presentation on what is meant by a district-wide approach in terms of planning, implementation and monitoring of the programme. After this, a tool for developing a Swachhta Plan/ODEP for the district will be introduced.

The session will end with underlining that successes such as Nadia, Bikaner, Harda, Indore and Cooch Behar and others to demonstrate that a district-wide approach is the key to achieving large-scale ODF results across the district within a definite time frame.

The presentation will be followed by a plenary discussion.

### Technical notes for trainers

#### District-wide approach

Districts have been identified as the key units of implementation of the SBM-G. The DMs have been identified as the lead persons to coordinate the activities under the SBM with the aim of making the district ODF.

A district-wide approach for implies that SBM(G) programme in the district is implemented under the DM’s leadership primarily through the development of a plan to make district ODF within an agreed time frame. The approach goes beyond providing universal access and has the following key features:

- Strong equity focus
- Clear set of policy directions drawn from the SBM guidelines
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Clear implementation procedures, supervision arrangements, and monitoring and reporting mechanisms

It is critical that some basic steps are undertaken until the preparation of an implementation plan for a district to implement the programme in a mission mode. These include:

- Baseline survey to understand scope of work
- Identify total number of eligible households without toilets
- Agree on an approach to address dysfunctional toilets
- Set target ODF date
- Map available days in the period to the target date
- **SMART** (Specific, Measurable, Achievable, Relevant and Time bound) district-wide plan (backward planning design)
- Secure funding from state and other sources
- Advocacy with political leaders and other important stakeholder groups
- Prepare implementation plan (HR, capacity development, financial, communication, monitoring)

The implementation plan itself, comprises of four major planning areas:

01. Planning for social and behaviour change communication
02. Planning for toilet construction
03. Planning for capacity building
04. Planning for monitoring

**Introduction to the Open Defecation Elimination Planning toolkit**

Sound action planning to eliminate the practice of open defecation is critical to achieving credible and sustainable ODF results across habitation, villages, GPs and blocks in the district. The district-level planning process also helps in building a sense of institutional ownership of the ODF agenda at the district level.

An Open Defecation Elimination Plan (ODEP) Toolkit has been developed by UNICEF to support this process.

The toolkit highlights six steps for developing an ODEP. These include:

1. Agree on a district ODF vision
2. Develop a mission statement
3. Develop district ODF objectives
4. Develop implementation strategies
5. Develop action plans
6. Service delivery

The objective is that the senior managers are aware that there is a toolkit available for planning if they want to use it.

**Successful models of district-wide approaches**

Screening of the Nadia film or any other film on district-wide approach selected from the audio/visual list in the Facilitator’s Guide.

**Note:** ODEP Toolkit presentation available in the resources for the CAS package.
Community Approaches to Sanitation: concept, principles, processes and tools

Session outcomes
- Understanding of the concept of Community Approaches to Sanitation and the key steps of this approach
- Understanding of the different types of Community Approaches to Sanitation, with a focus on Community-Led Total Sanitation (CLTS) and Community Approaches to Total Sanitation (CATS)
- Understanding of the nature and use of triggering and other tools

Duration
60 minutes

Method
PPT presentation and Plenary discussion

Materials required
PPT presentation, cards, felt pens, adhesives, pins and pin board

Process
The session on community approaches to sanitation builds on the earlier sessions on issues and challenges related to making India ODF by 2 October 2019, as per the timeline set by the Mission.

The facilitator should explain that in India, many large-scale successes in terms of ODF districts have used CLTS and CATS tools and techniques. Alongside these methods, a combination of community and social mobilisation approaches have been used to influence behavioural change and generate a people’s movement to bring about sustainable ODF outcomes. MDWS has coined the term Community Approaches to Sanitation (CAS) to encompass these approaches to making communities ODF in the context of India.

This explanation will be followed by a presentation to share the concept, principles, processes and tools of CAS in detail. This will include the explanation on CAS, the difference between traditional service delivery approach and CAS, core concepts of CLTS and CATS, how the approaches differ, key processes and tools for triggering.

Technical notes for trainers

Community Approaches to Sanitation (CAS)

Community approaches to sanitation is the term applied by the Ministry of Drinking Water and Sanitation (MDWS), Government of India, to encompass the service delivery approach to making habitations, villages, Gram Panchayats (GPs), blocks, districts and states in India Open Defecation Free (ODF).

The service delivery approach varies from state
to state and from district to district. However, there are some elements that are common across many states. Chief among these are the participatory approaches and tools used to engender a collective decision by communities to abandon open defecation and adopt toilet use. Embedded in these approaches are elements of Community Led Total Sanitation (CLTS) and Community Approaches to Total Sanitation (CATS).

Therefore, CAS partly relies on the methodology of CLTS mainly in terms of the use of CLTS trigger tools, and the CATS approach, with its added focus on creating an enabling environment for the community-led approaches to be adopted as part of the main implementation strategy at the district and state levels. The term CAS therefore is used throughout these modules to refer to the standardised approach promoted and adopted by the GOI as its preferred approach to service delivery within the SBM context.

Community approaches to sanitation are based on the understanding that sanitation is a community, and not only an individual household issue. Hence, to achieve real and sustainable ODF results, communities must be in the lead role.

The main focus of community approaches is the complete elimination of open defecation. The emphasis is on collective behaviour change rather than just toilet construction and involving everyone in the community and leaving no one behind. Hence, the use of the term ‘total’ in the names of these approaches, namely: Community Approaches to Total Sanitation (CATS); Community Led Total Sanitation (CLTS).

Contained within ‘total’ is the idea that toilets use by the community should extend beyond the home to all public places, including government buildings for example, PRI offices, Anganwadi Centres, health facilities, schools, markets and toilets for transient populations and passers-by, etc. The focus is on collective decision-making by the community and the joint development of local solutions. They rely on social and behaviour change communication approaches. They mobilise communities to create a shared demand to end open defecation in contrast to provision of a top-down, project-driven supply of household toilets.

### Paradigm shift: Traditional service delivery approach to Community Approaches to Sanitation

The traditional approach to programme delivery has been one of subsidised toilet construction accompanied with a communication approach based on information, education, and communication (IEC). Both these elements of the traditional approach tend to establish the primacy of the outside actor in the intervention design and delivery.

The paradigm shifts inherent in community approaches involves (i) programme implementation being community led in its approach and (ii) the use of social and behaviour change communication (SBCC) methods.

**Table 1**: Key distinctions between the traditional and community approaches.

<table>
<thead>
<tr>
<th>Traditional Approach</th>
<th>Community Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus on material, hardware</td>
<td>Focus on people</td>
</tr>
<tr>
<td>Process driven by outsiders</td>
<td>Natural leaders emerge and lead the process</td>
</tr>
<tr>
<td>Construction of toilets</td>
<td>Collective behaviour change</td>
</tr>
<tr>
<td>Counting toilets</td>
<td>Counting ODF villages</td>
</tr>
<tr>
<td>Prefixed standard design</td>
<td>Users design their toilets</td>
</tr>
<tr>
<td>Telling and teaching</td>
<td>Facilitating the process</td>
</tr>
<tr>
<td>Subsidy and reward</td>
<td>Trigger and self-help</td>
</tr>
<tr>
<td>IEC</td>
<td>Collective analysis and decision</td>
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</tbody>
</table>
Community-Led Total Sanitation (CLTS)

CLTS is an innovative methodology for mobilising communities to become ODF. Communities are facilitated to conduct their own appraisal and analysis of open defecation and take their own action to become ODF. It is predicated on the premise that merely providing a toilet does not guarantee its use. CLTS therefore places a strong focus on mobilising the community to bring about sustained behaviour change aimed at creating ODF communities.

CLTS process

CLTS is essentially an empowering process in which communities are engaged in a process of collective self-reflection that eventually leads them to resolve to end OD in their habitation/village. The community members then mobilise their own resources to achieve this without waiting for external assistance or subsidies.

CLTS processes and practices have demonstrated that sustainable behavioural change requires a powerful emotional trigger. During CLTS triggering sessions, as they have come to be popularly called, women, men and children together or separately are moved by powerful emotions of disgust, shame, pride, self-esteem, and at times fear. And depending on the context, one or more of these powerful emotional triggers compel communities to rethink the age-old practice of OD, eventually leading them to discontinue it.

A range of participatory learning and action tools are used that trigger the sense of shame, pride, disgust and fear among community members across different local contexts. At some point during the triggering session, women, men and children invariably realise that they are eating each other’s faeces. This generates a feeling of disgust among people.

Triggering has come to be seen as the core of community approaches to sanitation in the Indian context. However, experience suggests that triggering alone is not enough to achieve sustainable ODF results.

Follow-up is critical in consolidating the gains of a triggering exercise. Strategic and timely follow-ups need to be undertaken to convert the initial spark into a wildfire that spreads rapidly through a community, compelling it to take collective local action to make their village ODF with a sense of urgency.

There are two types of follow-ups: one that follows soon after triggering, and one that needs to be undertaken post-ODF declaration, which is about a long-term series of interventions to sustain ODF status.

The first follow-up must be undertaken early in the morning on the day after the triggering. This activity starts with Nigrani Samiti (monitoring committee) members (men, women, children) making teams to cover different OD sites, where open defecators can be met on their way to the OD sites. People are usually in a hurry and find it embarrassing to meet others during this period. Repeated requests and polite methods, using Gandhian ways of persuasion popularly known as Gandhigiri, such as giving a flower to the person returning after OD can have a transformative influence on the collective sanitation behaviour of people. It puts them firmly on the path of becoming an ODF community, wherein adoption and use of toilets is accepted by the whole community paving way for a new social norm.

Towards the end of the early morning follow-up exercise, which usually lasts for two and a half hours, a planning meeting is held primarily with Nigrani Samiti members to decide as to what actions would be undertaken to end OD in the village.

This approach of community triggering and mobilisation, now central to community approaches is radically different from the traditional approaches of implementing sanitation at the community level, as described in Table 1.

Community Approaches to Total Sanitation (CATS)

CATS is the term used by UNICEF for community-based sanitation approaches. CATS encapsulates various approaches to community-based sanitation such as CLTS and others. The approach allows flexibility in developing the most
The elements of this approach ensure:

- It is driven by collective process (as opposed to targeting individual households);
- Handwashing at critical times is a key component of the programme;
- Community leadership includes children and care givers.

It is important to understand the distinction between CLTS and CATS, as they are often used interchangeably in a variety of contexts creating considerable amount of confusion among users and practitioners, primarily because many CLTS methods and processes are used within CATS initiatives.

CLTS precedes and informs CATS. CLTS was developed in Bangladesh in 1999 and has spread to more than 60 countries over the last 15 years or so. CLTS makes use of participatory methodologies to engage communities in a collective self-examination of their sanitation situation often leading to collective local action to eliminate the practice of open defecation. CLTS propagates a no-subsidy approach and works best when there is no provision of upfront subsidy or incentive for toilet construction at the individual household level.

CATS, the term that came to be used by UNICEF globally in 2008, uses the same participatory methodologies as CLTS, but has a couple of additional elements and is much more open and flexible in its approach. It is not averse to a subsidy/incentive regime for toilet construction, so long as it targets communities and contributes to the overall goal of ODF communities.

In the specific context of India, CLTS methods and tools have been invariably used within the given framework of a subsidy/incentive regime. This has been so mainly because all four national programmes since 1986 have had varying levels of subsidy/incentive provision for the construction of individual household toilets.

The use of CLTS tools and methods in different districts and states in India has invariably entailed addressing the subsidy/incentive issue in some form or the other. This feature of the Indian context suggests that the community-led approaches being used in India are closer in nature to CATS than CLTS.

It is important to underline here that visible differences between CATS and CLTS in the Indian context are more superficial than substantive, as both involve the use of the typical intervention cycle of pre-triggering, triggering and post-triggering follow-up as their core methodology. However, CATS accommodates a much wider methodology and is much more open to including measures that can potentially lead to ODF outcomes at the community level.

CATS’ openness to operate within a context where upfront subsidy for toilet construction either in the form of money, material, or in cases where both are present, makes it more relevant in the Indian context, whereas this is not admissible and acceptable within a purely CLTS framework.
**Nine principles of CATS**

The nine principles of CATS are as follows:

1. CATS aim to achieve 100 per cent ODF communities through affordable, appropriate technology and behavioural change. The emphasis of CATS is the sustainable use of sanitation facilities rather than the construction of infrastructure.

2. CATS depend on broad engagement with diverse members of the community, including households, schools, health centres and traditional leadership structures.

3. Communities lead the change process and use their own capacities to attain their objectives. Their role is central in planning and implementing CATS, taking into account the needs of diverse community members, including vulnerable groups, people with disabilities, and women and girls.

4. Subsidies, whether funds, hardware or other forms, should not be given directly to households. Community rewards, subsidies and incentives are acceptable only where they encourage collective action in support of total sanitation and where they facilitate the sustainable use of sanitation facilities.

5. CATS support communities to determine for themselves what design and materials work best for sanitation infrastructure rather than imposing standards. External agencies provide guidance rather than regulation. Thus, households build toilets based on locally available materials using the skills of local technicians and artisans.

6. CATS focus on building local capacities to enable sustainability. This includes the training of community facilitators and local artisans, and the encouragement of local champions for community-led programmes.

7. Government participation from the outset at the local and national levels ensures the effectiveness of CATS and the potential for scaling up.

8. CATS has the greatest impact when they integrate hygiene promotion into programme design. The definition, scope and sequencing of hygiene components should always be based on the local context.

9. CATS is an entry point for social change and a potential catalyst for wider community mobilisation (which can include other health and education based interventions).
CLTS and CATS, mark a radical paradigm shift from the traditional approach of providing physical infrastructure to people. This is mainly in terms of looking at sanitation as a matter of public good in the form of a faecal-free living environment for all in the community rather than as a private good in the form of a physical facility to be owned by an individual household.

**Principles of community approaches**

The key principles underlying CAS drawn from CLTS and CATS are:

**Community takes the lead:** The CAS approach is guided by the belief that the communities have to take the lead in transforming their collective sanitation situation. They have to reflect on their conditions, find that their sanitation situation is unacceptable, resolve to change it and then take concrete steps to put an end to the practice of OD. The community monitors its own progress towards an ODF status.

**Solidarity and cooperation is the key:** The whole community must collectively resolve to act and work together to achieve an ODF community/village. They must realise that one person defecating in the open can contaminate everyone’s living environment and endanger health.

**Change from within - no external prescriptions, pressures, demands for action or incentive:** Communities resolve to change because they internalise the idea that OD is unacceptable and they need to change it. It is not because of any external pressures, prescriptions, demand for action or incentive.

**Focus on indigenous knowledge and wisdom for seeking local solutions:** Communities are encouraged to come up with their own innovations, both in terms of use of local material such as stones and bamboo for construction and the design, mainly of the superstructure.

**Natural leaders emerge:** Natural leaders who are from local areas where ODF initiatives are being implemented are nurtured and encouraged to lead all actions.

**Community monitoring:** The community monitors the behaviour of its members on a regular basis through community institutions such as monitoring committees.
Key processes of community approaches

Most of the community processes currently in use in India follow the three phases of pre-triggering, triggering, and follow up, as envisaged within the CLTS approach.

### Pre-triggering

During pre-triggering, facilitators introduce themselves to the community and begin to develop a rapport. The facilitators gather information to determine the best time to hold a triggering by ensuring that there are no other activities planned at the same time, so that all members of the community are available.

### Triggering

Triggering follows rapidly and is the phase whereby the community is mobilised to take a collective decision to abandon the practise of open defecation. This process can take a variety of forms and relies on participatory tools and approaches. The aim here is to facilitate the community to reach a decision to abandon open defecation on their own. If this does not happen, it is not forced.

### Follow-up

Follow-up is the final phase whereby facilitators make visits to the community to support them in their action planning to make the community ODF. The facilitators will often provide technical support on toilet options, constructions and supplies.
Trigger tools

Any event, exercise, activity or idea that makes people think and act with a sense of purpose and urgency either as an individual or a community is a trigger.

Examples of some trigger tools are:

- Mapping of OD area
- Transect walk in OD area
- Calculation of faeces
- Faecal-oral routes of transmission
- Water and faeces
- Food and faeces
- Mobile tool
- Protest by children
- Monitoring map

Note: A brief introduction of some trigger tools are available in the 5-day-training module for community facilitators/motivators.
Social mobilisation for sustainable ODF outcomes

Session outcomes

- Understand behaviour change in the context of social networks and socio-cultural environment
- Understand how to maximise people’s participation for sustained behavioural change using the Spheres of Influence for Equity framework
- Understand the need to identify the appropriate communication approaches for different stakeholders for influencing change

Process

The session will begin with an introduction on how individual behaviour change is dependent on social networks and the socio-cultural and physical environment that a person lives in, and how these influence an individual’s behaviour. For sustainable ODF outcomes, it is important that change includes creating a supportive environment within the immediate social networks and the broader community. A supportive environment also includes policies that improve access to quality services and committed leaders that promote and support the change.

This will be followed by an introduction to the Spheres of Influence for Equity Framework or siEQ—as a social mobilisation tool. The presentation will highlight how to use the tool especially, the need to carry out participatory stakeholder mapping, leading to a clear delineation of roles and responsibilities of different stakeholders in the social mobilisation process. How to identify the appropriate social and behaviour change communication approaches for these different stakeholders, within their sphere of influence, will then be explained.

Linkages with the ODEP should be highlighted, such as when districts are deciding the implementation strategies for achieving the district’s ODF objectives. These strategies will define the approaches to be followed in getting the district to be ODF. For example, a district may decide to adopt CATS as its primary demand generation methodology. Alternatively, some other district may decide to focus on extensive social mobilisation for demand generation or a combination of both.

The session should end with highlighting social mobilisation as one of the approaches to sanitation, which is distinct from community...
approaches, but should be used along with community approaches to achieve ODF results on the ground with speed and on scale. Some pointers from successful district-wide approaches in India using a combination of approaches will be presented to illustrate the point.

**Technical notes for trainers**

**Behaviour change**

To achieve a positive change in human behaviour, it is important to recognise that individual behaviour is complex and its complexity stems from many social, cultural, psychological and environmental factors. Any behaviour or behaviour pattern could be the function of an inter-play of a number of these factors including social norms, cultural and religious beliefs, knowledge and aspirations of people and their physical environment.

Given this complexity, behaviour change is not only induced through increased knowledge. Recent experience has shown a triggering approach to behaviour change is often effective because of its inherent potential and power to trigger transformative emotions such as shame, pride, disgust, anger and fear.

Individual behaviour is determined by close social networks, along with the socio-cultural and physical environment that each person lives in. Bringing about changes in an individual’s behaviour requires an understanding of the person’s environment at different levels, from the household and community, to the state and civil society institutions responsible for policy and resource support of a wide variety.

Changing what one thinks, feels, believes and does is easier when everyone is part of the solutions that support the change. Therefore, the Swachh Bharat Mission calls for a people’s movement where everyone in the society, from parent to community leader, to government staff and those in the wider community contribute to the goal of total sanitation by 2019.

However, achieving this is not easy. As mentioned earlier, key challenges such as deep-rooted cultural traditions and socialisation that reinforce open defecation as an accepted practice, can stop people from changing their behaviour, even when they know their existing practice is harmful. Therefore, it is critical that the advocacy and communication interventions at national, state, and district level are designed in a way that encourages everyone, regardless of their age, gender, position, status, wealth, religion and practice to become champions and influencers for change.

**Mapping to influence change**

The following tool is called ‘Spheres of Influence for Equity’ or siEQ. It is used to map out and identify key stakeholders-groups and individuals, who can support and influence positive change for others. This information can then be used to determine the strategy for working with each stakeholder to achieve the desired change, that is, toilet use by all. The siEQ tool looks at three levels- household demand for toilets, social movements and civic accountability and policy. In the tool, each level is depicted as a separate sphere.

Stakeholders are commonly spoken about as a person or group with a particular interest. However, there is no single factor that determines the behaviour of stakeholders or their degree of influence over others. Therefore, the mapping of stakeholders on the siEQ framework will vary from state to state and district to district, depending on the level of influence that one stakeholder has in any situation. A stakeholder’s level of influence will be impacted by various factors including their own values, beliefs, attitudes and motivation, as well as external factors such as politics and existing governance systems, caste, gender and status.

The sphere in the centre states the wanted change – in this instance, that toilet use is the new normal. This implies that built toilets are wanted toilets and that the commitment to use a toilet has been secured. Therefore, the next sphere is about demand for toilets at the household level. This sphere represents everyone that currently does not have access to, or does not use a toilet. The following sphere
represents the transformation of organisational cultures, social institutions and the initiation of social movements that are necessary to support and achieve lasting social change. It includes the wider society, as everyone can be part of the solutions that will result in India becoming ODF. The outer sphere represents the space where policy can be leveraged.

The concentric circles also show the potential synergies between the spheres. For example, influencing the wider society for social change can work both ways—it can push for required administrative/programme implementation level changes that can create an enabling environment for overall social and behavioural changes; and/or it can provide social pressure for accountability that will exert pressure on higher-level policy development and the changes required.

Figure 1; SI EQ framework

*KM: Knowledge Management
M&E: Monitoring and Evaluation
Using the siEQ tool at the district level

As per the SBM-G guidelines, the District Collector/Magistrate is responsible for driving ODF status in the district. The role of the DC/DM is to enable the execution of an siEQ exercise and champion its implementation, including mapping, planning and monitoring. It should also inform the District Communication Plan and Annual Implementation Plans.

The starting point should be participatory mapping workshop that engages all district stakeholders. This will help to:

- Build collective responsibility for the achievement of an ODF district
- Achieve a common understanding of:
  - The status of sanitation and issues of equity and hard to reach populations
  - The current bottlenecks to ODF and what is possible if everyone is involved
  - Reliable data and the current status of household toilet coverage
  - Stakeholder roles and expected levels of influence
  - Agreed actions and accountabilities of the different stakeholders
  - Expected inputs for the planning and implementation of agreed actions in the context of the District Communication Plan and Annual Implementation Plans, including adequate financial allocations and utilisation

Key stakeholders and influencers are the individuals, groups or institutions that have the power to support solutions that will drive the goal of toilets for all forward. They typically include:

- Civil society, non-government and community-based organisations
- Social networks
- Faith leaders and groups
- Government officials, departments and ministries
- Corporate and private sector companies
- Professional and/or sector groups – e.g., doctors, ASHAs, teachers, AWWs
- Children and adolescents
- The media – journalists, editors, social media and celebrities
- Local leaders, PRIs, MLAs and parliamentarians

Mapping the stakeholders and influencers on the framework provides information necessary for identifying the appropriate communication approaches for the different stakeholders within their sphere of influence.

Key communication approaches

The main communication approaches suggested to reach the audiences at different levels are: advocacy, interpersonal communication, social and community mobilisation, supported and reinforced by multiple mediums. Refer PPT on key social and behaviour change communication approaches.

Examples of social mobilisation from ODF districts

A social mobilisation approach is not critically dependent on a large army of trained facilitators and is being seen by many as being potentially more scalable than community-wide approaches.

A look at the districts that have become ODF since the launch of SBM, which include Nadia, Bikaner, and Indore makes it clear that there have been some common elements in the planning and implementation of social and behavioural change communication. One of the key elements includes large-scale social mobilisation of a diverse range of stakeholders including communities, Panchayati Raj Institutions (PRIs), self-help groups (SHGs) of women, faith leaders, government officials from various line departments, etc.
SESSION 6
Requirements for implementing Community Approaches to Sanitation

**Session outcomes**
- Understand the importance of the human and financial resources needed, for an effective implementation of SBM-G at the district level.
- Have information on the availability of capacity building tools for human resources. This will showcase the 2-day-module for mid-level managers, 5-day-module for community facilitators and 3-day-module for training of trainers.

**Process**
The session will begin with a discussion on the need for creating a dedicated human resource and building their capacity for effective implementation of CAS, if that is the key strategy adopted by the district. Similarly, the financial resources needed for implementing these approaches will be highlighted.

This will be followed by the key highlights of the 2-day, 5-day and 3-day module and their requirements. It will include the rationale of these modules.

**Technical notes for trainers**
Introduce the 2-day, 5-day and 3-day module here, highlighting the key elements and objectives of these modules.

Also highlight the funding (tentative) required for such capacity building and where the funds can be sourced from.

Scaling up community approaches is a real challenge, as it requires trained facilitators and motivators to carry out pre-triggering, triggering and post-triggering follow-up activities. This is critical for two reasons:

1. The focus should be on the engagement of Swachhagrahis (sanitation motivators) to work on sanitation at the village level.

2. States should develop Standard Operating Procedures for the engagement and remuneration of the Swachhagrahis to implement community approaches.

A number of district collectors have come up with innovative solutions to implement the above and have raised an army of trained sanitation soldiers, in the form of facilitators and motivators at the district level.

Senior officers are advised to participate in the capacity building sessions to encourage and motivate the participants.

**Duration**
30 minutes

**Method**
PPT presentation and Plenary discussion

**Materials required**
PPT presentation, cards, felt pens, adhesives, pins and pin board
SESSION 7

Experience sharing by champions

Note: This is an optional session depending on the participants and the time available.

Session outcomes
Cross fertilisation of ideas and strategies through experience sharing of a ‘champion’ of the district-wide approach

Duration
20 minutes

Method
PPT presentation and Plenary discussion

Materials required
PPT presentation, cards, felt pens, adhesives, pins and pin board

Process
The session will open with an introduction of the champion by the session facilitator. The latter will share the background of the concerned champion and her/his key contribution to the ODF achievement in the concerned.

This will be followed by a presentation by the champion sharing her/his experience and the related key learning, in terms of what really worked or did not work in her/his experience. The presentation could be made verbally or with the use of a PPT presentation.

Presentation and experience sharing by the champion will be followed by a question and answer session, where participants will be encouraged to ask questions and seek clarifications from the visiting champion.

Technical notes for trainers
This session is of critical importance for creating the required conviction and commitment among the participants for devising their own strategies and plans to make their respective districts ODF.

The champion should be identified during the planning stages of the orientation and accordingly briefed and invited to conduct the session.
Annex 1

Registration Form

One-day orientation on Community Approaches to Sanitation (CAS)

Name................................................................................................................................................................

Designation............................................................................................................................................................

Organisation..........................................................................................................................................................

Contact Details: Email id.............................................. Mobile......................................................................

Educational Qualification/s....................................................................................................................................

Work Experience: Number of years: ..................................   Sector(s) ...........................................................

Have you worked in the rural sanitation sector and in what capacity? (in two sentences):
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Annex 2

Feedback Form

One-day orientation on Community Approaches to Sanitation (CAS)

Name................................................................................................................................................................
Designation...........................................................................................................................................................
Organisation...........................................................................................................................................................

Feedback

Please share at least five things that you found useful in this workshop.
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What parts of the workshop were of least value for you?
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Comment on the trainer’s effectiveness (e.g., rapport with group, presentation, methods and models used)
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What are your suggestions for improving the delivery of these programme in future?
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Would you recommend this orientation for other senior managers for planning and implementing the Swachh Bharat Mission? Please explain your response.
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## Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
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<tr>
<td>ATI</td>
<td>Administrative Training Institute</td>
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<td>AWW</td>
<td>Anganwadi Worker</td>
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<td>BCC</td>
<td>Behaviour change Communication</td>
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<td>CAS</td>
<td>Community Approaches to Sanitation</td>
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<td>CATS</td>
<td>Community Approaches to Total Sanitation</td>
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<td>CBO</td>
<td>Community Based Organisation</td>
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<tr>
<td>CDO</td>
<td>Chief Development Officer</td>
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<td>CDO (ZP)</td>
<td>Chief Executive Officer, Zilla Parishad</td>
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<td>CLTS</td>
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<td>District Magistrate</td>
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<td>Frontline Worker</td>
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<td>Gross Domestic Product</td>
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<td>Government of India</td>
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<td>IPC</td>
<td>Inter-Personal Communication</td>
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<td>Ministry of Drinking Water and Sanitation</td>
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<td>MLA</td>
<td>Member of Legislative Assembly</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>ODEP</td>
<td>Open Defecation Elimination Plan</td>
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<td>Open Defecation Free</td>
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<td>OD</td>
<td>Open Defecation</td>
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<td>Self-help Group</td>
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