Champions for WASH: understanding the nature of leadership in rural sanitation in India

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This document discusses the concept of leadership within the WASH sector, particularly within the rural sanitation sector in India, which comprises of the most number of open defecators in the world. Studies have shown a clearly expressed preference for open defecation across India, which continues to be a socially and culturally accepted norm. However, champions and leaders are emerging across villages and districts and states of the country, at various levels and through various means that are challenging these norms and motivating communities towards ODF outcomes. This paper discusses who these leaders are, their role and how their work is shaping the rural sanitation outcomes in the country based on both primary and secondary research. The paper seeks to highlight the critical elements of leadership in rural sanitation linked to participatory planning and collective action leading to behaviour change of the entire community.

Introduction
The Indian economy has been growing steadily and the Tenth Plan (2002-2007) has seen the highest growth rate (7.2%) of any plan period to date (Planning Commission, 2006). Although rapid and significant economic gains have been seen, the paradox is that it is also the country with the most number of people defecating in the open, wherein a lot of efforts are still required to eliminate this practice (GOI, 2011). The Census 2011-2011 shows 8 million more households are defecating the open compared to Census 2001. There is evidence now that 54% of the under nutrition in children and stunting is due to open defecation. In addition, repeated bouts of fecally transmitted infections have much more impact than diarrhoea, a condition called environmental enteropathy where children are not going to grow to their full stature and will not gain full cognitive development. (GOI, 2015)

India has seen several years of sanitation policies, starting from the year 1986 with the Central Rural Sanitation Program (CRSP), which interpreted sanitation as construction of household toilets, and focused on the promotion of a single technology model (double pit, pour-flush latrines) through hardware subsidies to generate demand. The key issues of motivating behaviour change to end open defecation and use toilets was not addressed leading to the program’s failure (GOI, 2011). The Total Sanitation Campaign (TSC), implemented between 1999-2012, incorporated some of the key learning from CRSP, that toilet construction does not automatically translate into toilet usage, and people must be motivated to end open defecation if rural sanitation outcomes are to be achieved. Another key learning was the recognition to focus on behaviour change of the whole community and collective action (GOI, 2011). However, the implementation still depended heavily on a top-down, supply driven structure and did not place much needed attention and emphasis on sustaining hygienic behaviour. Slippage was seen as a major challenge. Following this, the Nirmal Bharat Abhiyan (NBA) in 2012 was put in place with an unprecedented 200% increase in the subsidy towards constructing of individual household latrines, with the amount being released only after completion of construction. Challenges of lack of up front costs to initiate construction, delay in receiving payments for the completed latrines and poor mobilization efforts were some of the key challenges.

Building on the experience of implementing Sanitation Policies over the last few decades, the Swachh Bharat Mission Gramin (SBM-G, Rural Clean India Mission) was launched on 2 October 2014. The TSC
With the experience gained over the past few decades, it has become clear that purely subsidy driven, top-down, hardware oriented, approaches without critical inputs for all the relevant stakeholders on the underlying factors than enable collective decision-making and behaviour change, is not going to result in achieving the desired outcomes. Growing evidence from across the globe on the tremendous impact of participatory approaches as Community Led Total Sanitation (CLTS) in bringing about strong ‘triggers’ of collective action was recommended as part of a toolkit for states while devising their Sanitation Strategies as it is a State Subject. The use of participatory methods incorporates adult learning principles, which enables participants to relate their real-life experiences and enables more rewarding and easy decision-making (WHO, 2000). It also enables greater accountability, ownership, equity and participation especially of women and other marginalized communities. With this, the emphasis now, especially in the minds of the key policy makers and the leaders at State and District Levels began to think differently, to view rural sanitation as a social issue, as a behavioural issue and one that can be dealt with by bringing the community to the forefront.

**District magistrate as the champion**

States like Rajasthan, which had previously not seen much momentum towards improving the sanitation outcomes in the state, started experimenting with CLTS through the interest and motivation of District Magistrates as Champions for a participatory, community owned and driven model of rural sanitation (Sethuraman, 2015). This marks a very important turning point in the Rural Sanitation sector in India where new avenues and new types of stakeholders could assume a leadership and change agent position. Previously, a District Magistrate was an administrator, issuing orders and monitoring the progress, but by turning the implementation on its head and placing the community at the centre, he/she became more of a facilitator and leadership has shifted to the communities. The understanding that Government machinery is not to be seen as providers but enablers has come through significantly and most importantly, by placing the emphasis on ODF, the construction and usage of toilets took care of itself. Innovative mechanisms of utilising the subsidy provided by the government to reward community action and addressing critical supply chain gaps were some of the major strengths of the District Magistrate leading to better outcomes in a short span of time (World Bank, 2013).

While, the District Magistrate is the Champion, it may not necessarily be the case that the rest of the district administration may easily accept his/her vision. As part of a project to document the processes in Angul District, I had the opportunity to understand the experience of the Angul District Magistrate who had to constantly struggle to convince his own staff on the merits of community participation and ownership. Thus, a leader at the helm is crucial to reign in the dissenting factors, to keep politics separate from the development processes and to provide evidence for a potentially successful model (Bejjanki, 2015). At the same time, it is also important to ensure continuity of the vision and strategy even beyond the tenure of a particular individual, therefore the need to develop many more leaders and champions at various levels is the key.

**Local self government leaders**

SBM-G recognizes the need to integrate key functionaries within a community especially the local self-governing bodies called the Panchayat Raj Institutions (PRIs). By bringing the elected head at the community level, the Sarpanch, in to the key role of mobilizing, planning, executing and monitoring activities related to ODF, the impact is seen across many aspects. Firstly, as ODF deals with all households, by providing an important asset to the households, he/she secures his political position and is able to provide tangible outputs to his voters. Secondly, by empowering the Sarpanch and other PRI members, the
ownership and accountability towards the community increases and provides an interactive space. Thirdly, the PRI being a statutory body has a clear administrative and financial structure for the release of funds and execution of programs (Bejjanki, 2015). The community collectively decides to impose sanctions and establish guidelines for discouraging slippage and thereby sustain the ODF status through continuous monitoring and upkeep of the facilities.

Natural leaders in Madhya Pradesh and Chhattisgarh
Through primary research conducted in the two states to understand the feasibility of forming a network of Natural Leaders to scale up rural sanitation, I observed some crucial elements of leadership in the WASH sector. As a result of systematic implementation of the CLTS process across these two states, one of the key outputs was identifying and nurturing those that were the first to come forward, that are immediately ‘triggered’ or sparked to action through the use of the CLTS tools, commonly referred to as Natural Leaders. A Natural Leader, as the name suggests, is simply a leader by virtue of his/her intention to change, to work against the social norm and to improve the state of something he/she recognises as a problem as a result of the CLTS process. This is an incredible achievement in itself as working against established and accepted social norms especially in a rural setting, can be very challenging. By definition, norms serve a basic human social function, helping us distinguish who is in the group and who is an outsider. Behaving in ways the group considers appropriate is a way of demonstrating to others, and to oneself, that one belongs to the group (Wang, 2011). As Open Defecation is a commonly accepted social norm, these natural leaders, consisting of Men, Women and even young children, were risking isolation and criticism for something they believed was necessary for various reasons, such as dignity, privacy, convenience, or health and safety (Rao, 2015).

The role played by these Natural Leaders in the two states was to facilitate the communities towards a collective decision to stop Open Defecation and to provide them with the necessary inputs to take on low-cost construction using local materials. Natural Leaders worked in small groups and were assigned a number of villages to ensure ODF outcomes. What was unique and transformational in this approach, was that for the first time, the community members were listening to someone of their own community/tribe/locality talk about their everyday habits and were providing a platform for discussion and planning (Rao, 2015). Through the use of participatory methods and tools, the Natural Leaders were able to generate discussion on the perceptions and challenges related to open defecation and to customize messages aimed at bringing a change in this behaviour. Through the support of the Natural Leaders, several communities across these two states have become ODF and have led to the generation of a strong and committed social capital within these villages.

Women leaders - Self Help Group (SHG) network
SHGs are primarily mobilized around specific themes such as income generation, access to government run schemes, improvements in health and hygiene of the community, eliminating social evils such as manufacture of illicit liquor or the incidence of child marriage. SHGs have proven their importance in providing an identity, a collective force of women to combat issues that affect them and the entire community. In Andhra Pradesh and Telangana, a strong network of SHGs and their federations at village, block/mandal and district level is present and who handle both economic (thrift-credit) as well human development activities such as health, nutrition, and WASH. Village level federations called Village Organizations (VOs) take a collective resolution, plan for financial support/linkages and encourage/invest in sanitation enterprises as needed. One example is the of Keerapalayam Panchayat in Kerala where SHG women are trained as masons for constructing toilets, as plumbers for hand pump repair, and in waste management. The focus on women also ensures their participation, their inputs in critical decisions around design and use and this results in an improvement in their status in general as well.

Children as mobilizers and change agents
A growing body of thought supports the concept of respecting and valuing children as health-promoting actors for their families and peers. Children’s knowledge, attitudes, and behaviours can be harnessed and they can act as change agents to positively influence other people’s health behaviours. Their potential impact is dependent on the power and knowledge hierarchies that surround them, which vary between cultures. For instance, in many cultures it is frowned upon for children to correct or challenge adults. However, despite
constraints, this is an area that shows promise for hand washing (The Global Public-Private Partnership for Handwashing, 2015).

In Indore district of Madhya Pradesh, several thousands of children have been functioning as mobilizers to discourage the practice of open defecation. Groups of students have been formed in every village that are assigned the task of monitoring the common sites of open defecation and to blow whistles to deter them as well as to shame them (PTI New India Express, 2016). This has emerged as a simple and replicable strategy for community mobilization and ensuring the use of constructed latrines, as utilization of toilets is a crucial part of the challenge. With children being relentless in performing their duties as seen in Indore’s case, it can be clearly seen that a critical leadership role may be assumed by children and the youth of the community to convince the community members to think and act differently from accepted norms.

Innovation, learning and sharing

In all of the above examples, one thing that remains constant is the opportunity to try something different, something new to address a difficult and recurring problem. The scope for innovation therefore is of utmost importance and must be ingrained in the core components of the sanitation policy. Innovation is adaptation to the local context, to view a problem from a different perspective or to deliver information in a new manner. It could be achieved by accident or through dedicated efforts towards solving a particular problem. In either context, there needs to be an understanding and flexibility for the implementers as well as the beneficiaries with respect to policies and guidelines in rural sanitation as the local context may differ for each village.

Another key aspect of innovations is the opportunity to learn both from our successes as well as our failures. There is a lot that we can understand from things that haven’t worked, the challenge faced and the solutions tested. In addition, learning must involve the practice of documentation and sharing so that the messages and lessons learnt might be useful to others and aid in replication. A network of such innovators and leaders is necessary for an exchange of ideas, challenges and solutions to ensure continuity and momentum.

Conclusion

In order to make a positive shift towards lasting impact on the household and community level hygiene and sanitation behaviour and practices, it is crucial that the community be placed front and centre of all planning and decision-making. The use of participatory approaches such as CLTS has paved the way for community members to assume leadership roles and shape the implementation strategies in a fast paced and focused manner. Through recognition of the value of community ownership and participation in achieving ODF communities by various states, champions at all levels have emerged, right from the village all the way up to a District Collector, and even the Prime Minister.

Encouraging women leaders for ODF activities has a particularly strong impact on their overall status within the community and addresses a very important need. What is important to understand is that being a leader involves breaking away from accepted social norms and paving the way for others to be inspired and follow. The scope for Innovations, Learning and Sharing is huge and needs much more emphasis especially on the part of the implementers and the policy makers. Nurturing local leaders through recognition and positive incentivisation is essential to maintain their interests and motivation levels.

Lessons learned

- Shift from conventional approaches of focusing on construction of toilets alone to that of demand driven, collective action and behaviour change, presents the scope for leaders to emerge among different stakeholders at different levels
- There is no single solution or strategy to inspire and nurture leaders in the WASH sector. The key is to adopt participatory approaches of mobilization, planning and implementation involving all members of the community, particularly, women, elderly, disabled and other marginalized groups
- In order to sustain the sanitation and hygiene related practices and to address the critical issue of slippage, it is important that leaders are identified and nurtured at the local level
- Different institutions/groups/individuals may take on a leadership role and bring about the necessary impact. It is important to understand that multi-stakeholder strategies are key to achieving ODF outcomes and an integrated strategy is ideal
• Involving members of the local self government such as the PRI and the CBOs as well as youth, children and others is crucial to be able to reach everyone, especially the last mile
• There is an urgent need to replicate Leaders/Champions in all places to be able to see a significant impact in the outcomes envisioned by India.

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References

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