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PUBLISHER

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VERSION

VoR (Version of Record)

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REPOSITORY RECORD

Mishra, Vinod K., and Amarjeet Singh. 2019. "Rapid Action Towards ODF in Saharanpur District in India: Stunting, Menstruation and Other Innovations in CLTS". figshare. <https://hdl.handle.net/2134/31509>.

40th WEDC International Conference, Loughborough, UK, 2017

LOCAL ACTION WITH INTERNATIONAL COOPERATION TO IMPROVE AND
SUSTAIN WATER, SANITATION AND HYGIENE SERVICES

**Rapid action towards ODF in Saharanpur District in India:
stunting, menstruation and other innovations in CLTS**

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PAPER 2652

In 2016, the Ministry of Drinking Water and Sanitation(MDWS), Government of India (GoI) empanelled competent organizations and individuals to offer on-demand capacity building support and guidance on community wide approaches for sanitation to different districts and states in India. The Water Supply & Sanitation Collaborative Council (WSSCC) is an UN agency and as an empanelled organization for training works closely with the district of Saharanpur towards making it an ODF district. Constantly looking for innovative ways to influence behaviour change, WSSCC deployed new tools of stunting and menstruation to galvanize communities to make Saharanpur an open defecation free district of Uttar Pradesh. It showed startling success in the district within few months without using cash incentive to propel behaviour change. This paper outlines the new methods and tools adopted for community wide approaches, its challenges and outcomes.

Context

Community wide approaches to sanitation is the phrase being commonly used by Government of India to refer to a wide variety of practices in varying combinations such as, community led total sanitation (CLTS) methods of triggering and post-triggering follow-up, innovative ways of social mobilization, differential use of incentive money available within Swachh Bharat Mission-Gramin (SBM-G), streamlining supply side arrangements, among others. Most of the training and capacity building efforts in the country have been focusing mainly on the community led total sanitation (CLTS) approaches, tools and techniques so far. Even though thousands of people have been trained on traditional community led total sanitation (CLTS) tools and methods across many states over the past ten years or so in India, trainers and facilitators are generally using traditional tools for triggering along with incentives. In such a situation, CLTS is not showing expected results or desired sustainable behaviour change.

As many as 2,500,000 people belonging to 43,500 families reside in 887 Gram Panchayats (villages) in 11 development blocks of Saharanpur district (UP). Of these 29,100 families were found without latrines as per a survey conducted in 2012. As compared to other districts of Uttar Pradesh, Saharanpur is an economically developed district and quite advanced in farming and wood craft. Despite economic wealth, toilets were not the household priority for communities residing there. In pursuance of the Swachh Bharat Mission (SBM) vision of Open Defecation Free(ODF) India by 2019, the District Sanitation Committee, Saharanpur, under SBM, aimed to make the district ODF by the year 2018. WSSCC had organized training of trainers on CLTS in June 2016 and trained 85 participants at the request of Ministry of Drinking Water & Sanitation, Government of India. During training, WSSCC deployed the tools of stunting and menstruation among other new triggering tools to motivate the community without the cash incentive to end open defecation in Saharanpur district. Post the first training, the results were encouraging. WSSCC conducted two more trainings with young boys and girls in September and December 2016 to accelerate the momentum in the district. At present, the district has around 250 young volunteers using new tools and desired results have been achieved.

Innovations to trigger behaviour change in the community

CLTS creates a situation which enables you to think and act. It can work at individual level or community level. It helps the community to realise their own sanitary behaviour and situation, to realise the links between open defecation and negative health impact, to take collective action to change their situation. It has pre-triggering, triggering and post triggering activities. Traditional tools that are being used are Rapport building, Community map, transect walk, Calculation of shit, cost of illness, Food and shit, Water and Shit (*Chambers and Kar 2008*). WSSCC innovated and deployed new tools related to religious places, cow, pig, Cell phone, Old and disabled persons', stunting and menstruation to trigger the community in Saharanpur (*Shukla 2012*). Two most powerful innovations which had a major impact but are yet not used elsewhere are stunting and menstruation

Stunting: The puzzle of persistent undernutrition in India is largely explained by open defecation, population density, and lack of sanitation and hygiene. The impact on nutrition of many faecally-transmitted infections, not just diarrhoea, have been a blind spot for nutritionists, practitioners and trainers. Under hygienic conditions, much of the undernutrition in India would disappear. To tackle undernutrition effectively requires the elimination of open defecation and a radical transformation of sanitation and hygiene policies and practices. Saharanpur is a top-rated district of Uttar Pradesh in terms of per capita income, but 65% rural population was defecating in the open. Cost of construction or financial requirement was not a barrier. Instead, the understanding of harmful impacts of open defecation is the key barrier to positive behavior change. The district needed a new approach rather than the existing levers of SHAME and DISGUST. The challenge was how to use stunting as a triggering tool. The photographs of three children of 2 years, 4 ½ years and 5 ½ years age were shown during community triggering. The height of the two-year old and the five-year old were the same that highlighted stunting in a visually powerful manner. When the communities were asked whether they had the same kind of children in their villages, they responded affirmatively. They said that there were many children in the villages suffering from stunting. When community members were asked why this trend was common, most attributed it to the lack of adequate nutrition. When they were asked further to explain why adequate nutrition or availability of nutritious food was an issue in a district that has high per-capita income in UP, the residents said that they did not know the reason then. As part of tool deployment, 5 As (Availability, Access, Absorption, Antibodies, Allopathogens) were explained. Last three As have been Undernutrition's blind spot, and especially the non-diarrhoeal Faecally Transmitted Infections (FTIs). Among FTIs, diarrhoea has received by far the most attention (*Chambers and Medeazza 2013*). Diarrhoeas cause undernutrition and diarrhoeal episodes reduce resistance to infections and impair growth and development when repeated and prolonged (*Spears, Dean 2012*). This was a trigger point in the community that was found most effective. Other than this, during the triggering process, live examples from the village are considered when similar kids like those in the photographs are brought forward. The facilitators then describe how stunting can result in inhibited physical growth, low cognitive achievement, constrained livelihoods and earning power, and will live with damaged immune system.

Menstruation: Menstruation is generally recognised as women's issue and men should not talk about it. Mostly those who are working on MHM are trying to break the silence and the taboos, misconceptions, and illogical restrictions related to the menstruation. Under Menstrual Hygiene Management(MHM) trainers are mainly speaking on usage, availability and disposal of sanitary pads. Some agencies are working on infrastructure and facilities for MHM like availability of hygienic and clean toilets with running water supply. So, breaking taboos, availability of sanitary pads, facilities and disposal is the main talking point on MHM. WSSCC used Menstruation as a triggering tool to stop open defecation during training. During triggering in villages, men were asked whether they knew about menstruation. After a long discussion, they agreed that menstruation is a common and natural biological process. When asked about the difficulties a woman faces during Menstruation while defecating in the open, the men stayed silent. When women were asked the same question, they could narrate several difficulties including how they search for places to open their clothes, remove sanitary material like pads, defecate and rush back to home without the pad. The entire discussion turns into a deep emotional experience where young boys and men realise that they never thought about the problem of their own mother, wife, sisters and daughters. This emotional trigger propels them to construct a toilet at home for the convenience of the women of their own families.

Pig tool: This tool provides opportunity to trigger community that what most dirty animal cannot do but most intelligent human being is doing unknowingly. Facilitators ask questions to the community 'who is

more intelligent Human or Pig?’ Community replies ‘Human’. If you keep a Pig in a room and do not provide it anything to eat whether pig will eat its own shit? The community says ‘No’. But we human beings are eating each other’s shit. Can we stop doing this? It works

Cow tool: Cow is a sacred animal in India. Hindus worship cows. Facilitators ask the question ‘do you see cows eating human shit?’ The community replies Yes’. The facilitators then ask ‘Who is responsible for this?’ The thought of a cow, seen as a maternal figure and a care taker of her people consuming human faeces is provocative and spurs communities to change their OD behaviour.

Cell phone tool: This tool provides the opportunity to break the myth that the lack of money is a barrier in constructing toilets. This is an effort to trigger behaviour change by changing priorities. When facilitators ask the communities whether a cell phone is for convenience or for dignity, they agree that it a way to stay connected and establish contacts. The facilitators then spur them to think why they are ready to pay from their pockets for convenience yet wait for financial support from outside the community for dignity.

Old and disable persons’ tool: This tool is to think bring the issues of the elderly and disabled family members to centre-stage. Facilitators choose any willing old or disabled person from the community and opens a discussion with the rest of the communities around the key issue of access (how elderly and disabled persons defecate in the open given their physical condition). The messaging is thought provoking and forces the communities on the change they would like to bring.

Tool of religious places: This tool is to sensitise community on beliefs. Facilitators ask a question: ‘do flies go inside religious places?’ If flies enter the religious places, they certainly make it dirty. ‘Does God feel good or bad about it?’ It works to trigger community.

Innovative organisational changes were vital

Non-formal committee: For successful implementation, a five-member core group was set up by District Sanitation Committee at district level which consisted of natural leaders and locally active passionate volunteers. The main objective of this core group is to prepare implementation strategies of the mission. In every Gram Panchayat, 11-member groups were formed consisting of boys and girls, youths, men and women, elderly men and women for daily inspection and for coordination with Gram Panchayat.

Gram (Village) health sanitation and nutrition committee: To increase the active participation of Gram Panchayats in health, sanitation and nutrition issues, District Sanitation Committee constituted gram (village) health, sanitation and nutrition Committee. Gram Health Sanitation and Nutrition Committee was constituted by an equal contribution of departments of National Rural Health Mission, Volunteer Organizations, Child Development and Nutrition Department. The villages where CLTS program is working, Gram Health Sanitation and Nutrition Committee are taking lead in ongoing activities.

Selection of SWACHHTA DOOTS (Sanitation Messengers): Simple assessment was conducted on sanitation issues to select people who are capable and energetic. For assessment, multiple choice questions were prepared. Based on marks obtained in assessment and communication skills during a personal interview, ‘Swachhta Doots’ were selected. After this three-staged selection process, 200 swachhta doots were identified, who are determined to work for the mission to achieve open defecation free communities. In the first stage, a few government employees and workers were also selected but soon they were relieved of this duty

Capacity building activities

1. **Training of volunteers:** To develop the skills of non-government Volunteers District Sanitation Committee organised a training program which was facilitated by Water Supply Sanitation and Collaborative Council as per the direction of Mission Directorate, Uttar Pradesh. 250 participants were trained in 3 batches for 5 days each on CLST technique with new tools.
2. **Orientation training of Gram Panchayat President and Secretary:** The training of Gram Panchayat President, Secretary and Assistant Development Officer of Panchayat was also conducted in three batches. This training proved to be advantageous for the District Sanitation Committee in a way that

many Gram Panchayat Presidents became natural leaders who are assisting in making the Gram Panchayats ODF.

3. **Training of women and young girls:** The training was organised for women and girls on stunting and menstrual issues. These women were lead motivators in the communities.
4. **Mason training:** Considering the importance of mason in quality construction of sanitary toilets, at district level total 165 masons, 15 each from each development block were trained.
5. **Pledging:** All village presidents took a pledge to construct toilets on their own and to stop open defecation within a month in front of district officials and media.

Innovative rapid actions and learning system

Meeting with representatives of local bodies (Panchayat Raj Institutions) and natural leaders

On the last day of each training program, we organised an open meeting with the members of the Nigrani Samiti (vigilance committee), natural leaders and PRI village presidents in the presence of participants who had triggered villages during training. Natural leaders of each community presented what they had learnt and how they would move forward. In the presence of District Magistrate and Chief Development Officer, village presidents accepted that we cannot spoil future of our children and we cannot keep our female family members in discomfort during their crucial time of every month. The whole discussion was on stunting and challenges faced by women for open defecation during menstruation. A women village president stood up told that we do not need incentive money. The toilet is important to save the life of our children and convenience of women. The village presidents then pledged to stop open defecation.

Daily monitoring by nodal officers and morning follow-up with Gandhigiri by Nigarani Samiti (vigilance committee)

After triggering, the same team visited villages early morning to monitor and follow up. Team members visited defecation areas and requested people not to do open defecation as this is harmful to their children. During follow-up, focus group discussion was organised by team members with women about their difficulties of open defecation during menstruation. Facilitators requested people with folded hands (Gandhigiri). Facilitators formed a non-formal group (Nigarani Samiti) of women and children with opinion makers of villages to provide support to facilitators in morning follow-up. Nigrani Samiti had provided support to people on technology and helped them to get link of the supply chain. The strategy of this execution was mainly helpful in observation and persuasion. For daily follow up 24 centralised vehicles reached respective development blocks with follow-up team between 4:30 – 5:30 AM. In respective villages, the local children and youth also went to the places where people defecate openly early in the morning. It has been witnessed that within one week of such follow up people who used to defecate openly felt shameful and decided to stop doing so. The District Magistrate had appointed one district level officer to be part of follow-up team.

War room created at district level

For successful implementation and management of daily follow-up, Sanitation War Room has been set up as a dedicated location for project teams and stakeholders. In the war room, efficient data entry operator and telephone operator were appointed to keep a daily record of field movements and developments through follow-ups and conversations. The information gathered and pictures obtained via WhatsApp were segregated on daily basis. The well-maintained war room contains all recent updates which assists in qualitative implementation. All volunteers are linked with WhatsApp group for Rapid Action and Learning. Every member provides updates via WhatsApp about what is working well and what is not working.

Leadership of District Magistrate and Chief Development Officer as Champion

Along with follow-up programs and war room, district-level supervision was done to boost the morale of workers. In this weekly supervision District Magistrate, Chief Development Officer, District Development Officer, District Panchayati Raj Officer, Block Development Officer participated to boost the morale of teams and took decisions on critical issues. District Level Supervision on regular basis increased the morale of workers working for the mission.

Facilities and encouragement provided to volunteers

In the district this mission is totally implemented by volunteers but to lift morale at every step, the incentive of 10,000 INR (150 USD) was deposited in their bank accounts via RTGS with due approval of District Sanitation Committee after Gram Panchayat has been declared ODF and verified by district team and divisional team. Also, the team is continuously encouraged by providing items like Identity Card, Certificates, organising Gram Gaurav Yatra (Village Pride March), Track Suit, T-shirt, cap, torch, whistle, chart paper, etc. In Gram Gaurav Yatra many cultural programs were also included which are developed at local level.

Monitoring and concurrent evaluation

Volunteers of all 24 teams were called at district level fortnightly to monitor progress and listen the challenges they faced. It had been observed that there were issues which were not shared in the war room on daily basis but volunteers shared them at fortnightly meeting in front of Chief Development Officer. To maintain the quality of work of such a large program concurrent evaluation is done. The main objective of the evaluation is on the quality of toilets constructed, usage and peoples' participation. A joint team of two officers was set up for concurrent evaluation to ensure quality construction.

Snapshot from fields

1. **Resolution:** After using stunting and menstruation tools the community of Asanwali village passed a resolution collectively to stop open defecation immediately. Within two months 171 families constructed toilets with their own resources and started using them as well.
2. **On Gandhi's path:** Gangoh village was triggered with new tools. Immediately after successful triggering, the communities donated and contributed willingly. Without any government assistance, toilets were constructed for 67 families in June 2016. This village worked on Gandhi's path of co-operation and helping each other. With the collective participation of villagers, Village Pride March (Gram Gaurav Yatra) and Sanitation Festival were celebrated to recognise the efforts and contributions they made for each other.
3. **Pledge:** Sadholi Gram President Nepal Singh organised a rally with students on the busy road and when reached near the temple, asked everyone to take the pledge not to defecate in open. 53 families constructed toilets without assistance from Government.
4. **Prestige:** In village Wajidpur, an open meeting was organised at 6 o'clock in the morning and used new tools. In this open meeting, the people took a collective decision that this is a matter of prestige of women and they want it to stop open defecation. Within 15 days' community constructed toilets for 49 families in the village using their own resources.

Results achieved / findings

1. 150 Gram Panchayats have achieved Open Defecation status without any external aid or incentives in 8 months. After verification, the Government of India declared them ODF.
2. A work force of 250 dedicated and motivated volunteers has been created.
3. A mass movement for sustainable and safe sanitation has been created and is moving fast on scale. Other districts are eagerly learning from these experiences.
4. Whole country is implementing Swachh Bharat Mission on incentive system. Saharanpur is the only district in Uttar Pradesh which is trying to get results without providing cash incentives to beneficiaries.
5. Rapid Action Learning unit established at District level.

Challenges

1. Identification and availability of young passionate volunteers and convincing their families to allow them to embark on the sanitation journey poses a frequent challenge to the movement.
2. Regular follow-ups early in the morning and monitoring activities at scale is needed on a sustained basis to keep the workforce motivated and the campaign moving at speed.
3. Coordination with other Government departments and align and mobilize the government systems to sanitation goals is a tough task for district level officials.
4. There is uncertainty linked to transfer of present government officials who are working as sanitation champions. Momentum can be lost easily with transfers and shuffle among government functionaries.

Way forward and conclusion

In midst of the challenges and achievements, the district of Saharanpur is committed to achieve open defecation free status by 2017. The District sanitation committee has laid out plans which will be executed step by step. The committee is garnering support from women Self Help Groups constituted under National Livelihood Mission, health workers and youth volunteers. The army of facilitators are using the new tools effectively. A rapid action and learning system will be established in a district to achieve better results at scale. The district is now moving towards beyond ODF and making efforts for solid and liquid waste management in ODF communities. The Saharanpur experience has shown that stunting and menstruation are powerful additions to the armoury of CLTS tools, with potential to be widely used in any community with some modifications to get quick results at scale.

Acknowledgements

The authors would like to extend thanks to Dr. Robert Chambers, Research Associate at CLTS Knowledge Hub, IDS, University of Sussex, UK to provide support and advice to write a paper for WEDC on new innovations in CLTS.

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Note/s

This paper is based on learning form the implementation of collective behaviour change under Swachh Bharat Mission in Saharanpur district of India by Water Supply & Sanitation Collaborative Council (WSSCC).

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