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**Monitoring use of toilets within the  
scope of Total Sanitation Campaign in  
India:  
First proposals from fieldwork in West  
Bengal, Orissa and Madhya Pradesh**

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# **Disclaimer**

*The views expressed in this case study are those of the author and do not necessarily reflect the policies or the views of UNICEF India Country Office.*

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## List of used acronyms

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- APL:** Above Poverty Line
- BPL:** Below Poverty Line
- CCDU:** Communication and Capacity Development Units (State level)
- DIA:** District Implementing Agency (also **PIA**)
- DDWS:** Department of Drinking Water Supply
- DWSC:** District Water and Sanitation Committee
- DWSM:** District Water and Sanitation Mission
- DRDA:** District Rural Development Agency
- F:** female
- GP:** Gram Panchayat (Village Panchayat)
- HH:** Household
- ICDS:** Integrated Child Development Scheme
- ICO:** India Country Office
- IHHL:** Individual Household Latrines
- JMP:** Joint Monitoring Programme
- M:** man
- NGO:** Non Governmental Organisation
- NGP:** Nirmal Gram Puraskar (Clean Village Award)
- NSSC:** National Scheme Sanctioning Committee (7 members)
- ODF:** Open Defecation Free
- PC:** Production Centre
- PRI:** Panchayati Raj Institution
- Rs:** Indian Roupies
- RSM:** Rural Sanitary Marts
- SC:** Scheduled Caste
- SHG:** Self Help Group
- ST:** Scheduled Tribe
- TSC:** Total Sanitation Campaign
- UNICEF:** United Nations Children's Fund (initially: UN International Children's Emergency Fund)
- UT:** Union Territories
- VWSC:** Village Water and Sanitation Committee
- WHO:** World Health Organization
- WSM:** Women Sanitary Complex
- WSP:** Water and Sanitation Programme
- ZP:** Zilla Panchayat (District Panchayat)
- Y:** years



## Introduction

Lack of sanitation is a public health disaster that kills over 1.5 million children under five each year as a result of diarrhoea (WHO 2009), what represent the second most common cause of child deaths worldwide. In India, about 1000 children die per day due to improper access to sanitation. Open defecation is one of the important reasons for explaining this figure.

Regarding UNICEF support to government of India, the country programme regarding children environment and sanitation is to improve access to sanitation as well as adoption of critical hygiene practices. One of the key points of this programme is also to reduce infant Mortality rate from 58 to 28 per 1000 births (Country Programme 2008-2012)

Even if open defecation is declining in all regions and has decreased worldwide from 25% in 1990 to 17% in 2008, it is still widely practised in Southern Asia by 44% of the population. Moreover, in absolute numbers, the population practising open defecation increased from 188 million in 1990 to 224 million in 2008. In Southern Asia, home to 64% of the world population that defecate in the open, the practice decreased the most – from 66% in 1990 to 44% in 2008.

Though this number is declining, the great majority of people practising open defecation live in rural areas. The Total Sanitation Campaign (TSC) Programme was launched by the Government of India in 1999 following the adoption of a community led and people centred approach. Its aim was to eradicate the open defecation practice in rural area by 2012.

TSC moves away from the principle of state-wise allocation to a “demand-driven” approach. The programme gives emphasis on Information, Education and Communication (IEC) for demand generation of sanitation facilities. It also lays emphasis on school sanitation and hygiene education for bringing about attitudinal and behavioural changes towards relevant sanitation and hygiene practices from young age. So far, 593 projects have been sanctioned and are at various stages of implementation.

TSC is proposed to be implemented by Panchayati Raj Institutions at all levels, what make them key actors of the process. Nevertheless, some institutional arrangements can exist and, finally, TSC can be implemented by Panchayati Raj and/or Rural Development Departments and/or Department or Drinking Water Supply and Sanitation (DDWS) and/or Public Health Engineering Department

Currently, the main indicators used to monitor the progresses are the amount of money expended and the number of toilets built. This is not reflective of the benefits of TSC in terms of health. More, even if the programme is supposed to be demand driven and community based often, it remains State or District led and target driven. A study realized before proved that there was a gap of at least 2 years between the construction of toilets and the use of toilets. More, the government had to realize that focusing mainly on construction was not such a good strategy since other studies, like census or National Family Health Survey, highlighted the existence of a gap between the number of toilets really used by people and figures given by TSC heads.

The aim of this study consists in defining and examining determinants and indicators of use of toilets in rural households in the frame of the total sanitation Campaign programme. The ultimate objective is to think about the inclusion of the proposed indicators into the current data collection and web-based monitoring system of TSC, with minimal changes if any.

In India, the Constitution gives the power to States to implement sanitation. So, there may be a lot of differences between implementation in different states, which can be proved by the simple fact that in certain states, there are sanitation programmes that are different from TSC. More, TSC allows a certain degree of freedom to State in the way to implement it. For example, states can give extra funds, coming from their own resources. In certain states, BPL households are subsidized whereas in other there are just incentives. In certain states, Panchayati Raj Institution (PRI) and/or NGO are more or less active. In the same manner, sanitation status of each state (as well as Districts, Blocks and Gram/village Panchayat) varies; so, there are already some states that are totally Open Defecation Free (ODF) whereas other are experiencing more difficulties in obtaining sanitation facilities coverage.

Nevertheless, there is a common structure in TSC implementation that ensures that needed information are collected, recovered and transferred till the top to be assessed.

Three different states will be visited. The first one, West Bengal, is a state that has been doing well concerning TSC implementation and will not take a long time before becoming open defecation free. The second one, Orissa, is one of the less advanced in terms of sanitation. Finally, Madhya Pradesh is an example of water scarce state.

# **1 Presentation of India**

## **1.1 Presentation of the administrative structure of India**

### **Constitutional structure of India**

The three lists contained in the constitution's seventh schedule detail the areas in which the union and state governments may legislate. The union list outlines the areas in which the union government has exclusive authority, which include foreign policy, defence, communications, currency, taxation on corporations and non agricultural income, and railroads. State governments have the sole power to legislate on such subjects as law and order, public health and sanitation, local government, betting and gambling, and taxation on agricultural income, entertainment, and alcoholic beverages. The items on the concurrent list include those on which both the union government and state governments may legislate, though a union law generally takes precedence; among these areas are criminal law, marriage and divorce, contracts, economic and social planning, population control and family planning, trade unions, social security, and education. Matters requiring legislation that are not specifically covered in the listed powers lie within the exclusive domain of the central government.

### **Administrative structure of the Central Government of India**

India's head of state is the president who is elected to a five-year renewable term by an electoral college consisting of the elected members of both houses of parliament and the elected members of the legislative assemblies of all the states. The vice president, chosen by an electoral college made up of only the two houses of parliament, presides over the Rajya Sabha. If the president dies or otherwise leaves office, the vice president assumes the position until an election can be held.

The powers of the president are largely nominal and ceremonial, except in times of emergency, and the president normally acts on the advice of the prime minister. The proper limits of the president's power are sometimes a matter for debate. The president may, however, proclaim a national state of emergency when there is perceived to be a grave threat to the country's security or impose direct presidential rule at the state level when it is thought that a particular state legislative assembly has become incapable of functioning effectively. The president may also dissolve the Lok Sabha and call for new parliamentary elections after a prime minister loses a vote of confidence.

### **Administrative structure of state government of India**

States in India have their own elected governments, whereas Union Territories are governed by an administrator appointed by the president. Some of the state legislatures

are bicameral, patterned after the two houses of the national parliament. The states' chief ministers are responsible to the legislatures in the same way the prime minister is responsible to parliament.

Each state also has a presidentially appointed governor who may assume certain broad powers when directed by the central government. The central government exerts greater control over the union territories than over the States, although some territories have gained more power to administer their own affairs. Local state governments in India have less autonomy compared to their counterparts in the United States and Australia.

The rural sanitation falls under the purview of state government. Ministry of Rural Development includes the Department of Drinking water and Sanitation where in the responsibility of reaching out to people living in rural area lies.

<b>India: Some figures</b>	
<b>States</b>	31
<b>Districts</b>	600
<b>Blocks</b>	8500
<b>95 City Corporations</b>	3491 city Municipalities
<b>Panchayats (communes)</b>	225,000
<b>Villages</b>	620,000
<b>Habitations</b>	1,400,000
<b>1.1 billion people speaking 122 languages</b>	
<b>16.7% of the world's population; 2.4% of its surface area</b>	
<b>18 major languages</b>	
<b>ethnic diversity (caste, tribe, and religion)</b>	

## **1.2 India and sanitation: UNICEF support**

In India, only 28% of the population have an access to improved sanitation facilities.

Organised in a descending order, India infant mortality rate is 54 and under -5 mortality rate is 72, what ranks India 49 out of 189 (Liechtenstein and Luxembourg). Each day in India, water born diseases are responsible for the death of about 1000 children.

This number can be decreased by promoting use of toilets and eliminating open defecation. Currently, 54% of India population goes in the open field (*WHO, 2010 update of JMP*) whatever it is per choice or under compulsion (no toilets).

This number is bigger in the rural areas, where 71% of the Indian population live and where 69% of the people still go in the open. In the urban areas, use of toilets is better (18% of city dwellers still go in the open).

**Note:** the *infant mortality rate (IMR)* and *under-five mortality rate* are respectively defined as the probability of dying, expressed per 1000 live births, between birth and exactly one year of age and between birth and exactly five year of age.

With under-5 mortality rate of 4, France ranks 173 with other countries like Japan, Finland, Austria... [10]

UNICEF supports Government of India while implementing different programmes. TSC is one of them. The ambition of this programme is to eradicate open defecation by 2012.

The construction trend, even if it should not allow India to fulfil the millennium objectives goals, is quite good and it could be thought that proper implementation would result in factual decrease of water born diseases.

**Note:** a more precise description of UNICEF WASH section work in India is provided in appendix

Unfortunately, a gap between coverage in terms of latrines construction and use of toilets has been observed due to improper implementation of the programme. This gap was revealed by studies like the National Family Health Survey (NFHS) or the Census (2001 census was the last one, 2011 census is currently being carried out).

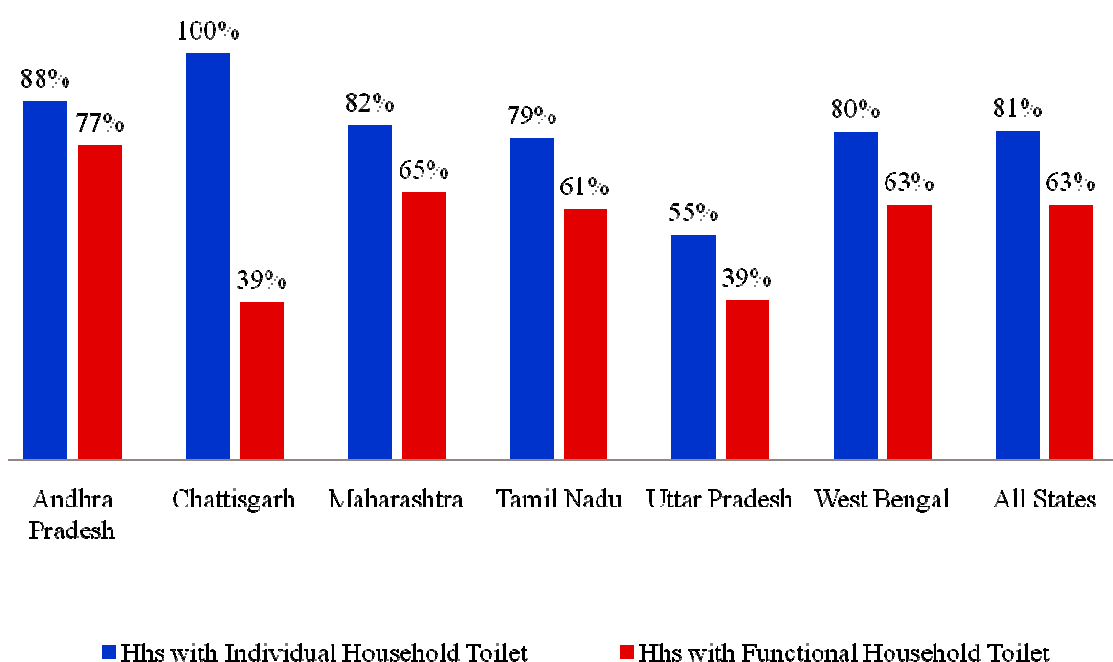


Figure 1: Access and use of household toilets (source WSP)

This gap may be explained by two main reasons:

- As the aim is to eradicate open defecation by 2012, States and Districts may have continued to run the programme as a state/ district driven programme and the communities were not really involved
- The Nirmal Gram Puraskar (NGP, or Clean Village Award) award was created in 2003. This award is given to Gram Panchayat, Block and/or District which has achieved 100% coverage, which are entirely ODF, ... Created as a ways to encourage involvement of the implementing actors, it seems that this tool has been lead astray from its original objectives and is now only seen a way to gain prestige by the States/ Blocks... Consequently, they involve their community in a non sustainable way to obtain the award then stop the mobilization process and open defecation starts again.

After the release of the last NFHS and due to UNICEF lobbying to recognize the difference between construction and use of toilets, in 2009, GOI recognized that **a new tool was needed to monitor use as well as construction.**

### 1.3 Implementation of TSC during the past years

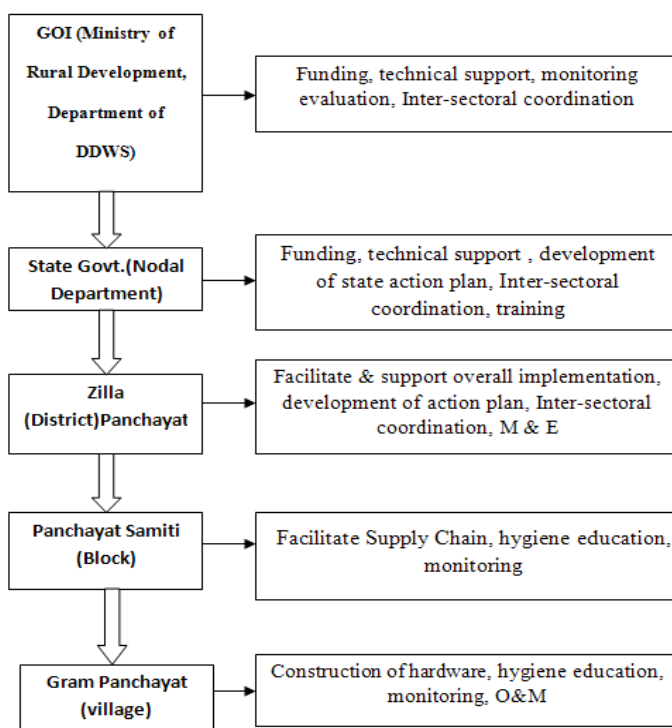


Figure 2: TSC delivery structure (source: <http://ddws.gov.in/crspnet/TSCDoc/usermanual.htm>)

Total Sanitation Campaign programme was launched in 1999, taking over from a previous programme called Central Rural Sanitation Programme, launched in 1986. This programme was subsidy based and supply /target driven.

TSC is as much **a policy** (aiming at eliminating open defecation by 2012) as a **programme** (there can be other sanitation programmes in practice). It focuses on construction of households' toilets, of toilets in school, emphasis on IEC activities ... making the programme community led and people centred.

The philosophy is indeed that by creating awareness and by involving the communities regarding benefits of good sanitation practices, they will be able to understand the importance of using toilets and will manage to construct toilets; whatever their economical means are.

For dealing with the needed construction, GOI set up a national monitoring system concerning every state deciding to implement this programme. Indeed, in India, sanitation is a State concern and GOI can only provides for guidelines and support.

The monitoring system is organized at the different implementing levels in a bottom up way, with a monthly monitoring. The 2 variables considered are:

- The number of toilets which are constructed (by BPL and APL families).

Monitoring the construction progresses make sense since people need to have toilets for stopping to go in the open.

- The amount of money which is expensed by the different stakeholders (that is the National government, the states governments and the beneficiaries)

Two important things that need to be highlighted are the following ones:

- CRSP gave subsidy to families constructing toilets whereas with TSC there is not this (or should not be) this idea of subsidy. The term “incentive” is consequently used instead of “subsidy”.

- APL families are given no incentives because it is thought that by creating awareness, they will construct their toilets on their own.

## **2 Global Methodology**

### **2.1 Objectives/ process**

#### **2.1.1 Looking for indicators to assess use of toilets in the rural areas**

##### **Thoughts about role and definition of an indicator**

An indicator is a tool aiming at providing quantitative or qualitative indication about a phenomenon. It can be referred to for having a judgement, an appreciation and may help to take decision:

It is information coming from the interpretation of data. This information requires:

- A shape: charts, tables ...
- An acquisition process: reception by someone following rules previously established

Defining an indicator depends on the objectives of the person in charge of choosing it, of implementing it and of analyzing it. More, an indicator may be accompanied by its elements of interpretation.

Applying the previous ideas, it appears that here, the main objective for UNICEF and GOI is to avoid the gap between constructions of toilets and use in order to decrease the impact of water borne diseases. As a result of the utilisation of this indicator for measuring use of toilets, local government should take appropriate measures to involve the community like revising the modalities for attributing the subsidies for building toilets. Indeed, if we consider the main beneficiaries of the programme, we can say that they are BPL families. They may be not totally involved in the use of toilets process since they sometimes have very few amounts to pay. More, we will work in rural areas where access to school for old people has been quite difficult: the health awareness may not be very high.

#### **Choice regarding the kind of study**

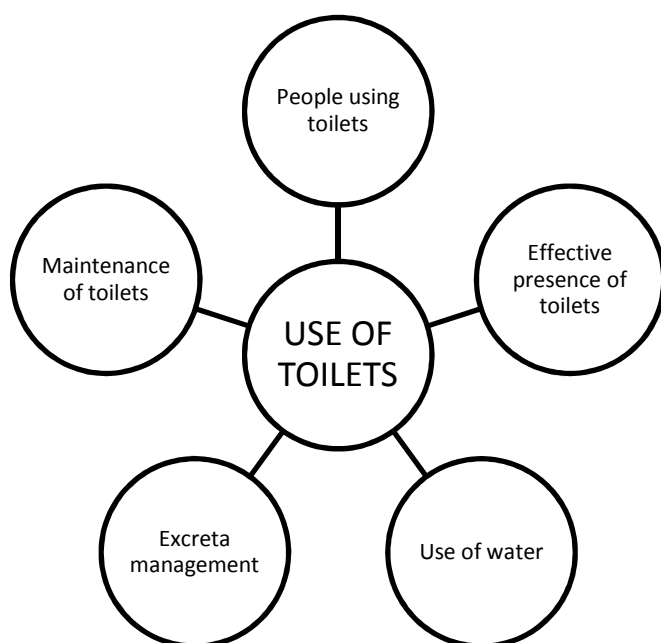
Taking into account the short period of time as well as the number of people involved (one person), the **choice for a qualitative study** was made. The key point was therefore to identify elements which could be considered as good indicators of use of toilets.

#### **Defining “Use of toilets”**

Based on the principles followed by the World Health Organization (in the scope of the Joint Monitoring Programme [10]), we can define primarily “use of toilets by rural households” as the **rural households’ renunciation of open field defecation in favour of improved sanitation**. Only the facilities that ensure a hygienic separation of human excreta from human contact are considered improved sanitation facilities. They include flush or pour-flush toilets/latrines connected to piped sewer system, septic tank or pit latrine, ventilated improved pit latrines (VIP), pit latrines with slab and composting toilets [10]. The **sanitation facilities are not considered improved if they are shared with other households, or open for public use**.

The choice for finding (a) good USE based indicator(s) brings the question of defining what the elements surrounding use of toilets are. It is also important to understand till what extent it is possible to measure the use. Indeed, people may use the toilets at home but not when going to work in the fields or they may use their toilets seasonally (for example during the rainy season) or only at certain periods (when they get sick for example); It is also possible that, due to religious practices, only certain people in the family use the toilets, according to the conception of the family about purity of the toilets...





**Figure 3: Identification of key elements surrounding "use of toilets"**

The previous ideas highlight the importance of understanding the motivation for using toilets and the requirement for categorizing the family members according to their age, their gender, their position in the family. It also underlines the necessity to see if there are similarities between people using toilets. Open defecation (OD) has been a

general practice throughout India for many centuries. So it may be important to see if people changed their habit because of particular reasons or precise actions, what these reasons were...

Finally, it is important to define what elements are linked with the "use of toilets" in order to understand the sanitation practices and discover if some points can be used as discriminating one when people used toilets. Here are the elements that have been considered as important to inquire about "use of toilets within the rural households":

*a) People using toilets:*

This is linked with the necessity of identifying the family and characterizes it: Number of people living in the family, their motivation for having toilets, their motivation for using them... as well as the attempt for determining if some elements may affect people use regarding gender and age.

*b) Effective presence of toilets:*

The aim is here to enquire about the construction process, the date of the construction of toilets, their cost, the reception of subsidy, the kind of toilets, *the maintenance process*, problems faced with the toilets...

*c) Use of water*

In India, most of the people use water for anal cleaning after defecation. More, the toilets generally promoted have been the pour flush technology ones, which are water dependant for cleaning the water seal (or trap). Clean the slab and the pan also requires

water (maintenance process). It is therefore possible to enquire about the use of water, its source, the distance for reaching it, the way(s) to store it and to transport it till the toilets... Water is also a critical point regarding hand washing practices after defecation. A proper understanding of benefits of good sanitation practices may be linked with the use of soap whose presence may therefore be looked for. This also indicates till what extent the people have been involved in the creation of health awareness.

**Note:** *It may be precise here that the research for an indicator of use of toilets is a priori different of the research for an indicator of **proper** use of toilets.*

d) *Maintenance of toilets*

This is linked with the two points previously quoted (physical presence of toilets as well as use of water) but also to the kind of products used for cleaning the toilets, the frequency for cleaning, the difficulty for cleaning, the reconstruction process after natural catastrophes ...

**Note:** *this element (maintenance of toilets) was envisaged initially before being abandoned since discussion with people involved in the practical implementation let think it would not be a pertinent element. Then it was reconsidered after cleaning products were observed several times. However, it was not considered as an element entirely independent in the questionnaire since it can be linked with “use of water” and “effective presence of toilets”.*

e) *Excreta management*

Since no sewers exist in the rural areas, when people use latrines, the excreta are generally collected in a pit which can be on (directly below the superstructure) or off site. Different technologies are of course available (twin pits, double pits, septic tanks... each of them having advantages and drawbacks. The point is however that, after some time, these pits are going to be full with excreta if they are used. It is consequently needed to enquire about the process for emptying the pit, the becoming of excreta ... in order to determine if a monitored community system is possible instance.

**Choice of the way to acquire the data used to think about the construction of the indicator**

The data was collected using households (HH) questionnaires and on site observation of the toilets.

The questions were aimed at understanding deeply the motivations, the surrounding elements bringing people to the new change and to try to know if these elements were the same in all the cases (because the programme is supposed to be community lead and there may not be so many different ways to involve people).

As for the observation part, since the main point was the proposal of an indicator, it should have been a very important focus point. Nevertheless, the observations evolved after each field visit and we maybe didn't focus enough on it at the beginning due to improper knowledge of sanitation behaviours and use.

The overall goal was to find critical elements regarding use of toilets but also to cross and check if what had been told and what would be observed would be similar or different.

The other aim was to know if the motivation for building and using toilets were the same. For assessing the importance of surrounding elements, we had questions about use, about children...and as we thought people would not mandatorily trust us and tell the truth, some question were designed for both men and women and some questions were completed by observation.

### **Integrating the projected indicator into the current monitoring system**

One of the willingness of the initial supervisor was the studying of the possibility to integrate the proposed indicator within the current monitoring system. This willingness has been abandoned since it was considered that a study regarding 4 blocks of three different states would not be representative of the diverse ways the TSC is implemented.

## **2.2 Methodology**

### **2.2.1 Choice of the study places**



localisation of visited

West Bengal and Orissa states field visits were proposed by the first UNICEF supervisor of this study certainly because he had been working particularly with these states and was willing to have more information. He also knew that some support would be provided for the practical implementation of this study.

More, West Bengal can be considered as an advanced state in terms of sanitation and it is widely believed that it will fulfil the objectives of TSC. On the contrary, Orissa is one of the backward states regarding sanitation.

After completing the observation, it was noticed that these two states were wet states (at least the visited districts). In order to determine the impact of scarcity of water on sanitation practices, we asked for going to another state, and Madhya Pradesh was finally chosen for practical reasons.

Nevertheless, these states are made of several districts, block and villages and a choice had to be made regarding where to go.

### 2.2.2 Choice of the villages

#### **Focusing on use of toilets**

It was decided to focus first on regular use of toilets by the households.

To ensure a proper understanding of the practices surrounding use of toilets, we had to interview people using toilets regularly. In order to find these people, we considered that going in a village which had been awarded and had maintained its open defecation free status would be the best way to ensure to find the appropriate people.

More, we were willing to have people who used toilets in a “usual” manner that is which had no had toilets only for a very short period of time and may consequently have certain habits they would lost with the time.

As NGP is a prestigious award, it can happen that leaders of a community make their best to achieve 100% coverage and open defecation free status. But they do it in a non sustainable way and just after receiving the award, the open defecation starts back. Therefore, we also had to avoid villages where the authority was willing to apply for NGP in the next weeks or months after our arrival.

**We consequently decided to go to a village that had been awarded at least 2 years back (meaning which had achieved the 100% coverage and had eliminated the defecation in the open) and had maintained this open defecation free status.**

#### **Determining specific elements coming with use of toilets**

With the previous observations, we were supposed to obtain elements characterizing use of toilets. The next step was consequently to make sure that these elements were specific enough and could not be found in the case where people had toilets but didn't use them.

In order to differentiate these elements, **we chose to interview people having toilets but not using them. In order to find these people, we decided to go in villages where 70% of the households had toilet facilities** so that we could be sure we would

find people with toilets and we could assume some of them people had kept the habit of going in the open for defecation (at least sometimes).

### **2.2.3 Choice of the interviewed people**

The subject is about defining an indicator of use of toilets by the households. Consequently, the study people will be the households.

To determine which household was going to be studied was the second point. To obtain a coherent representative sample of the population, we choose to operate according to three criteria:

#### **Economic status of the HH: separation between APL and BPL households**

According to TSC guidelines, only BPL households are supposed to receive incentives/ subsidies while APL households have to construct their toilets on their own.

Consequently, we should observe that APL families use their toilets while BPL families may not use them.

#### **Literacy level of the mother**

Various studies have shown that women, facing specific problem in the rural areas, will be more willingness to use toilets and to ask for them than men. Thus, a good criterion was to have some specific elements regarding women. More, some studies demonstrated that educate families had better hygiene practices than non educated one [5][11].

Consequently, we choose to differentiate women according to the fact they were illiterate or not. Unfortunately, it was not possible to determine which women were illiterate and which one were literate, thus we choose to carry out a differentiation according to the fact they had completed or not class 5 (*In India, school students generally learn how to read and write by class 5 or 6*).

#### **Differentiation according to the communities:**

##### *a) Religious affiliation*

Regarding the religious communities, the practices surrounding sanitation may be very different, notably regarding the behaviour toward water. The Hindu being the majority in the India population, we had to consider it. The Muslims are the largest minority and they are known to have strict rules concerning sanitation, women and water [13]. We had to differentiate this group too.

## Different communities in India

### Religious affiliations

<b>81.7% Hindus</b>	<b>13.5% Muslims</b>	2.3% Christians	2.0% Sikhs	0.5% Buddhists & Others
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### Caste status

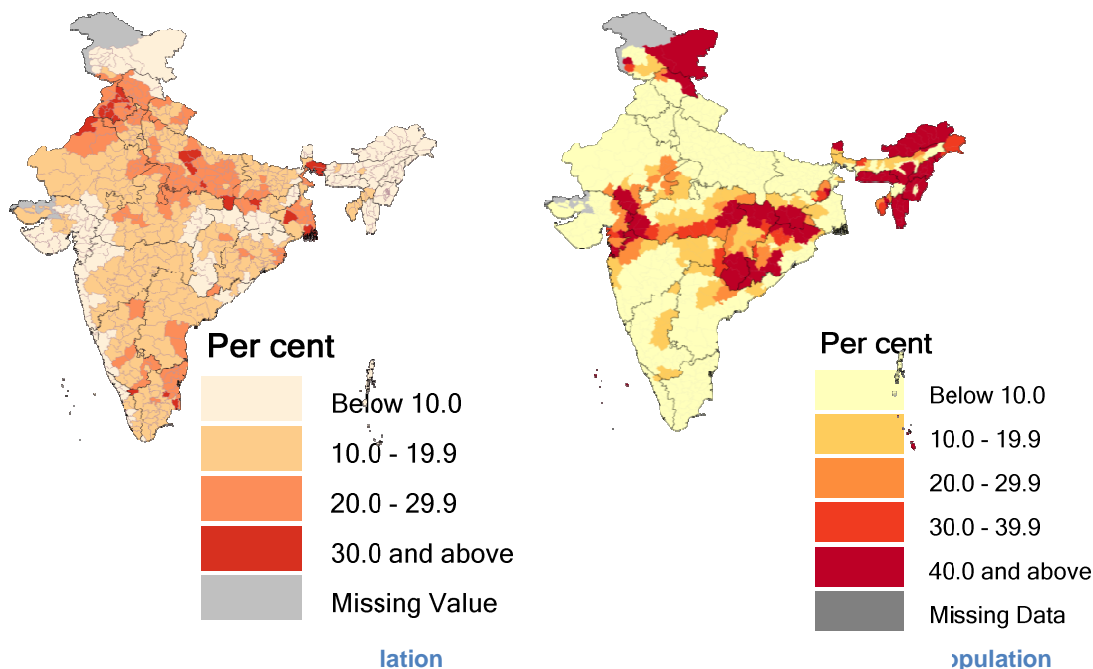
16% Scheduled Castes	8% Scheduled Tribes	Unequal social structure due to caste system, but equality guaranteed by Constitution
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#### b) Caste status

In the TSC monitoring system, besides monitoring APL and BPL families, Schedule Tribes and Schedule Caste communities are monitored. These 2 categories were marginalized and faced particularly tough living conditions. Despite the fact they are not homogeneous groups (there are a lot of very different castes in the SC groups, who are generally Hindu, and a lot of very different tribes in the ST group), we therefore chose to differentiate the communities thanks to this criterion.

Finally, we thus obtained 4 sub-groups, that is: Hindu (general category), Muslim, ST, SC.

### ST and SC distribution



### Different reasons for men and women to use toilets

Usually, reasons for men and women are different to have toilets constructed, as it appears in the figure below (fig. 5).

The demand is usually highest among women [9] who can face specific problems due to lack of proper sanitation facilities (wait very late before going for defecation to ensure privacy, necessity to restrain themselves because of the several tasks to be carried...).

This reason was one of our motivations to have both man and woman of the households interviewed.

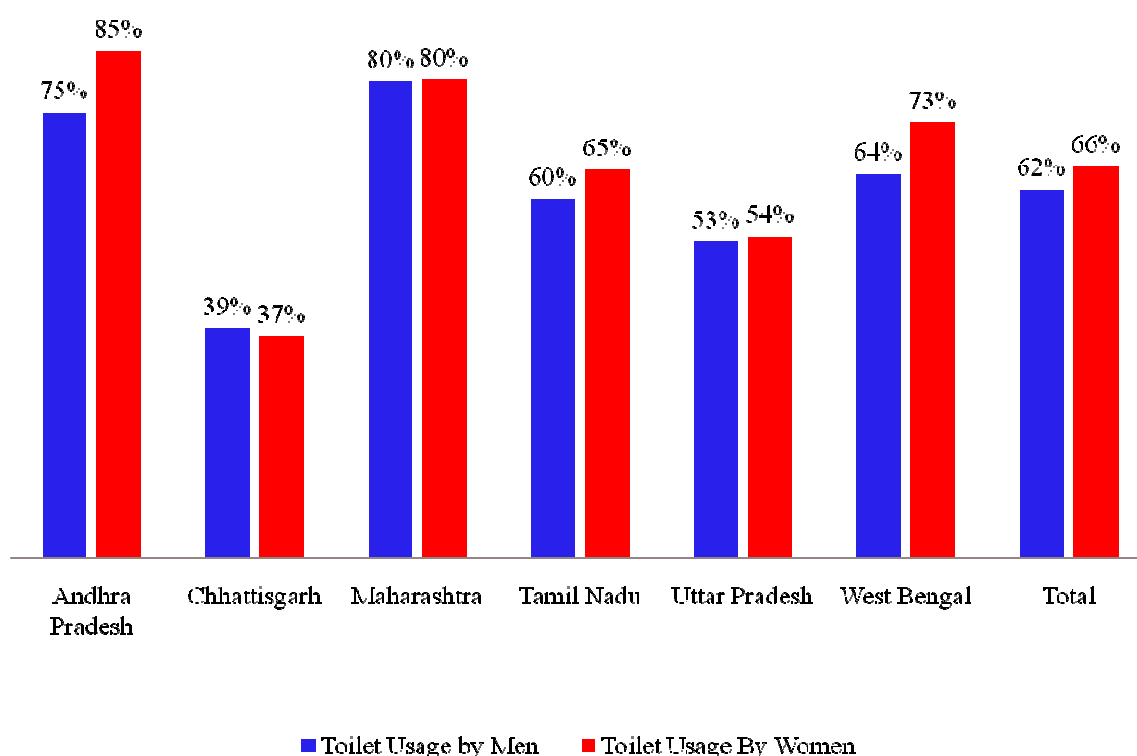


Figure 5: usage of toilets by men and women in 5 states (WSP)

As a final result, the study population was made of 16 households as appearing in the following chart.

APL								BPL							
Under class 5				Above class 5				Under class 5				Above class 5			
Hindu (general)	Muslim	S	S	Hindu (general)	Muslim	S	S	Hindu (general)	Muslim	S	S	Hindu (general)	Muslim	S	S

Figure 6: details of the criteria for choosing the households: 16 HH shall be interviewed

### Meeting with people involved in the TSC implementation

The willingness to define a use based indicator must be accompanied by the definition of the people responsible for the practical data collection, the definition of the frequency for this data collection as well as the necessary period for collecting the data. In order to

define these elements, we decided to meet the local implementers at the GP level. As UNICEF has to follow certain rules for working, we generally also had to meet the people at the district and block level (even when we were not willing to).

#### **2.2.4 Practical implementation**

We transmitted the defined criteria to the local WES officers who, thanks to their knowledge of the field as well as practical reasons (distance, security, presence of NGO to work with, possibility of arrange for accommodation...) proposed the districts and block where we could implement our methodology. Regarding the choice of the Gram Panchayat and villages (and sometimes of the Blocks), we could sometimes interact with the officials of the District Water Supply Mission who found the villages corresponding to our willingness to interview different categories of people. The practical choice of the villages (in the case several villages were present in the Gram Panchayat) was realised by the Head of the Gram Panchayat.

#### **Find the people to be interviewed**

When we went to the villages, we met the head of the Gram Panchayat (elected person) as well as the Gram Panchayat secretary (official person) who “gave” (in a more or less formal way) a list of people that could be interviewed and had us accompanied by GP members or accompanied us personally during the study. In other cases, as we were accompanied by the Block coordinator. Finally, we could also be helped by motivators.

#### **Interaction with the people and translation**

The realisation of this study required the presence of a translator. Unfortunately, due to lack of coordination, we could not have a proper translator for all the visits.

In West Bengal, the language spoken in the villages is the Bengali. Our translator was doing a Masters in Social Work hence the interviews were conducted in a proper manner and the interviews were good. Our only concern was the fact that sometimes we had the feelings that he did not ask the question in the way we would have wanted them to be asked (for example: do not suggest any answer for the question related to the motivation for building toilet). Sometimes, he did not ask the question because for him the answer was obvious. But his English speaking skills were satisfactory and we could interact. We were guided to the families thanks to NGO workers and GP members. Each household interview lasted normally about 1h15minutes.

In Orissa, the language mainly spoken is the Oriya language. In the first district (Jagatsinghur), the translator was mainly the head of the Gram Panchayat, what is an



important problem for the accountability of the data collected. We could tape some of the interviews and have them analyzed and it seems that some questions have been asked differently and that some answers have been changed or suggested to the people. This is particularly visible in the motivation for building toilets where the fact the people have been motivated by the Gram Panchayat is particularly highlighted when the translation was made by the Sarpanch. Except the involvement of the translator in the process, we also have some concerns because of the difficulty to communicate because of the lack of English practice of the translator.

In the second district, our first translator was first the district project coordinator which was very interesting. We had to work then with the Block TSC coordinator and it was more difficult because he did not really speak English.

For the last HH interviews, an engineering student was hired and the process went well.

For these all visits in the village, we were helped by one of the villagers who was also a motivator (for the construction of toilets since he had a company building them for the villagers).

In Madhya Pradesh, we had to interact with people speaking Hindi or Bali (one of the Tribal languages). We were first accompanied by one local NGO member and the translation was fine. Then two other people from the same NGO replaced it and we could divide the work since few times were available. I went with one of the male NGO member while the other female NGO member could realise other interviews alone. However I insisted to realise the observation part of each household.

Another problem is the fact that we had the feeling that certain questions were not asked because the translator thought (or/and didn't want us to have the answer?) he already had the answer. This was notably the case for the reception of subsidy where we could rarely interact with people as we were willing to and had answer from the implementing actors (ex: Sarpanch telling us that no subsidy has been given to an household because he was APL...)

### **3 Outcomes from field visits in West Bengal, Orissa and Madhya Pradesh**

#### **3.1 West Bengal study: Visit to East Midnapur district, Mahishadal Block, Lakshya 1 Gram Panchayat, Tengrakhali Village**

A village awarded by the NGP (Nirmal Gram Puraskar = Clean Village award) for at least 2 years was selected.

##### **General description of the interviewed people**

16 households were interviewed (*the general characteristics are provided in the appendixes*).

A majority had had toilets for a very long time (14 HH have had toilets for more than 10 years). The construction did not necessarily happen under TSC programme (and generally they constructed their toilets on their own) but it was not a concern for this study since we were focusing on use of toilets and were looking for elements present when people used toilets on a regular basis.

Moreover, since some of the people had had toilets for their own lives, we could find people who never went for open defecation, whatever they were males or females (ex: both man and woman of HH16).

##### **Time for dwelling in the village**

All the interviewed people have been living in their house (or at least this village) for at least 10 years regarding the male and 7 years concerning the women. People have been living here for 29 years on an average.

Consequently, we can consider that all the interviewed people are local people having a strong base in this village. We can consider that behaviour is representative to a great extent of the behaviour of the local populace.

**Note:** *At the beginning, we were asking the question regarding the time for living in the village only to the first interviewed person before realizing that men and women were not necessarily living together for a long period.*

##### **Number of people in the family**

Households are composed of at least 2 people and a 5 people average. The maximum number of people living in the same household is 7.

In the visited families, **all members use the toilets**, for reasons that can be slightly different (but we will need to discuss this point deeper later because of the practical limits of the study while interviewing people).

### Reason for building toilets

The motivations for building toilets as well as their occurrence appear below:

Motivation for building toilets (spontaneous answers)	Men	Women
1	Health awareness (9)	Privacy (9)
2	Social pressure- obliged (8)	Women security (7)
3	Privacy – subsidy/plate given – keep the environment clean (6 times each of them)	Health awareness (4)

This chart shows that reasons for men and women are different. The first reason quoted by men to build toilets health awareness whereas the main reason for woman is their privacy.

*It is to be considered that the village that were chosen is a village where a famous NGO, Ramakrishna Mission, has been working for more than 10 years, focusing on educating people and make them aware of the benefits of use of toilets. Numerous activities for creating health awareness were organized in this GP but it also seems that the message delivered by the NGO was different according to the fact they were speaking to men or women).*

It is interesting to notice that for the Pradhan, people in the village built toilets because facilities were given to them (in the case of BPL families).

### Notes:

- Since **one year (??)**, there is a GP law allowing to give Rs 200 penalties to each villager being seen going for open defecation.
- Some people could not answer because they had been using toilets for their entire life (ex. Woman of HH 4).
- Another “bad” point is the fact we did not suggest to all household the same answers when asking this question.

- Social pressure: GP motivator, family not willing to use the old latrines, children willing to have the same latrine as at school (see before HH8) + through the scheme to have house

### Reasons for using toilets

The answers were not suggested (open questions) and we can thus consider that they reflect the daily reasons for using toilets.

Motivation for using toilets (spontaneous answers)	Men	Women
1	Environment (11)	Environment (7)
2	Health awareness (8)	Health awareness (5) Privacy (5)
3	Privacy (4) Comfort (4)	Comfort (4)
4	Got used to use toilets (3)	Habituated (3)

#### Notes:

Environment: keep it clean, keep it germ free

Health awareness: people was not really precise usually

Comfort (smell, dislike ...)

We can observe that some people use toilets only because they have been used to do it. This information is important since we know that a use based indicator will have to be monitored for a certain period of time.

### Reasons for going in the open

As we were in a 100% covered village (regarding individual household latrines) with a strong emphasis on health and hygiene awareness and existence of penalties if people go in open fields, everybody seems to use toilets.

Practically, we had nobody telling us that (s)he used latrines seasonally or/and sometimes went for open defecation.

Consequently, we preferred asking them what they thought about people going for open defecation.

Most of the people consider that people go for open defecation **under compulsion**, that is, if they do not have latrines. Plus, they think that, concerning the very poor, they are obliged to go if the Gram Panchayat does not provide them a plate.

Considering the toilets are created, the only other reason for still going to open field in interviewed people's mind was that old people may not use the toilets because they have been **used to go for open defecation and do not want to change their habit.**

We had the same feed back when asking this question to the Gram Panchayat Head (Pradhan). He told us he thought that maybe 1 or 2% of the people still do not want to use toilets because they have been used not to use them during their whole life. Consequently, they are more than 65 years old, but even if they personally do not use toilets, other people in their family use them.

## 3.2 Study in Orissa

### 3.2.1 Visit to Jagatsinghpur district, Tirtol Block, Krisnannandapur GP (Krishnanandapur village) and Tirtol GP (Tirtol village)

Krishnanandapur was chosen as a GP being rewarded by NGP in 2008 and having maintained the ODF status.

As it was not possible to find ST families in that village, we had to go to another GP, located in the same block and called Tirtol. This GP did not receive NGP award but we were told that we could speak with people using toilets.

#### General description of the study people

During that field visit, 15 out of the 16 projected households were interviewed. However, 2 households fulfilling the criteria we defined were not possible to find out. Indeed, one ST

#### Time for dwelling in the village

Length time of dwelling/gender	Men	Women
Min	20	4
Max	76	45
Average	48	25

The people who have been interviewed can be considered as representative villagers of their community.

#### Time with toilets

Most of the people have had toilets for a period included between 2 and 5 years.

Period t with toilets	t<1year	1y < t < 5y	5y < t < 10y	t>10y
Number of HH	0	11	2	2

### Reasons for building toilets

Spontaneous answers for building toilets (occurrences)	Men	Women
1	Social pressure (7)	Privacy (9)
2	Privacy (5)	Security (7)
3	Health awareness (4)	Health awareness (3)

#### Notes:

Men: Out of 14 answers to that question

Women: HH n°2: wife deceased, HH n°13: toilets set up before wife's arrival.

**Social pressure:** motivation by Sarpanch

We can notice here the predominant role of Sarpanch in the motivation process to have people constructing toilets. Here again, privacy appears as a key element for women.

*We may have certain problems in analysing this chart since we realised after some interviews that the question asked by the translator was not "what?" but "Who".*

### Reasons for using toilets

Spontaneous answers for using toilets (occurrences)	Men	Women
1	Health awareness (11)	Privacy (6)
2	Privacy (3), environment (3)	Security (5)
3	Prestige (2)	Environment (3)

#### Notes:

*Out of 14 men (HH n° 15 does not seem to use toilets [man's answer seem not true (privacy + health awareness) and is not counted here].*

Women: *the question was not asked to the majority of women because of the interview progress (it was difficult to ask them) and one or two times because, since we were not following the order of the questions, we skipped some of them*

Concerning the other members in the family, it was impossible to ask them some question about their reason for using the toilets (since they were woman in most of the cases or since they had already heard the answers).

But considering the patriarchal structure of the Muslim families (or of the whole community here), we can think that whatever there reasons are, if the breadwinner construct the toilets, his family will use them too.

We also tried to have an outlook about the difficulty for people constructing toilets and using them to convince their parents (old people) to use them. But we didn't have the hopeful success we expected since we were told that by the day the toilets were set up, the parents use them!

This is not really relevant above all if we consider that these **same** people told us that in their view, people not using toilets even if they had them, had only bad habits.

### 3.2.2 Visit to Cuttack district, Niali Block, Madao Nuagon GP, Madao Nuagon village

In this village, we tried to interview people who had toilets but didn't use them.

16HH could be interviewed but only 14 people fits with the criteria.

#### General description of the study people

We will present the results for people having toilets but not using them (We found 5 HH having toilets and using them, 5 HH having toilets but having certain members not using them and 5 HH having toilets and never using them) (*confer to appendix for the general characteristics as well as the motivation for building of people using and of people using irregularly or according to certain categories*)

#### Reason for building toilets for people never using them (details)

Motivations for building toilets				
HH number	Man	Woman	Time with toilets (years)	Receive subvention??
2	Lack of open field (construction on the land)	Doesn't feel comfortable when going outside (privacy)	~3months (but construction not over for him since	~Rs 7800 Subsidy: Rs 2200

			door is missing)	
3	Found difficult to go outside during frequent floods+ difficult to go far away (comfort)	Expects future daughter in law to use it	1y	Rs 2200 (totally subsidized)
4	Subsidy	Facing difficulties to go outside(distance + night+ children's unpredictable needs)	5y	Rs 115 +subsidy: Rs 500
8	Imitation of neighbours	Avoid problem during rainy season	4y	Rs 4000 – no subsidy
11	Did not want to go for OD any more (old)	Felt problem because of the distance to go for OD near the river	4 to 5 y	Subsidy: Rs 600 (obtained after construction)

The notion of long or short distance is “relative” since certain old people; even if they have toilets still go for OD.

Some old people are willing to go to the toilets but can not because of absence of “usable” toilets and are still obliged to go for OD.

*To finish, certain people have toilets at the same distance that the place for open defecation but think the toilets are at a good distance (even if they do not use them) whereas they think the distance to go for OD is too important (maybe a problem in the translation process)!!*

We can notice that the reasons for building are generally practical (distance, rainfalls...).

Something important to notice here is that these **people are not mandatorily ignorant about health benefits of good sanitation practices; many of them know the relation between OD and diseases, they also can describe the effect of soap (killing germs)... Unfortunately, this is not enough to convince them to use the toilets**

### **Influence of the geography**

When water is easily available with bit areas for **rivers**, people tend to go for open defecation easily.



Reasons for not using the toilets				
HH number	Man	Woman	Time with toilets (years)	Receive subvention??
2	Has not been used to use toilets so feels uncomfortable... but will use after <b>completing</b> the door	Will use when the toilets are completed	~3months (but construction not over for him since door is missing)	~Rs 7800 Subsidy: Rs 2200
3	Will use after total completion of the toilets	Will use after total completion of the toilets	1y	Rs 2200 (totally subsidized)
4	Is very poor and could not complete the toilet only avec subsidy: would use if they were completed	Toilets are not usable (no shelter)	5y	Rs 115 +subsidy: Rs 500
8	They have huge area for going in the open so he does not see why he would use the toilets (!!)	Does not want the tank to be filled quickly	4y	Rs 4000 – no subsidy
11	Toilets are not usable (has financial concerns): would use if they were achieved	idem	4 to 5 y	Subsidy: Rs 600 (obtained after construction)

**Note:** HH2: quite obvious that the toilets are not in use (by observation)

HH3; 4, 11: obvious that the toilets are not used (pan obstructed, straw covering the slab...)

HH8: toilets are really well maintained and it is weird that they are not used since the person is a motivator.

In the case where people are BPL (HH2, 3, 4, 11) and do not use the toilets, we can notice that they all speak about the fact that they could not complete the toilets due to financial concerns. It seems that there was a misunderstanding and they may have thought that they would receive more subsidy (HH11 received the money after construction).

In the majority of the cases, the toilets which are not in use are easily distinguishable (but it may also be the reason why these people have been selected (easily identifiable) so we will not be able to extend our comments.



Figure 7: HH11/3-  
latrine not in use

The very difficult situations actually happen when some people in the family use and some do not; in this case, all the elements of use are present in the toilets.

We may also **underline that even if they are involved financially, people from APL families who just constructed the toilets for one category of the members of the family (for instance, construction of toilets for women, construction of toilets for old people...) do not use the toilets.** Nevertheless, it would be difficult to monitor non use by certain people of a household so the general feeling that monitoring APL families for use of toilets stay relevant.

However, the case of HH8, who is APL family and who constructed toilets just for imitating his neighbours is more complex. It is nevertheless difficult to analyse this case since HH8 is a motivator of the village. We can consider that his case is not representative of the general situation of APL families constructing toilets with their own funds.

### **3.3 Study in Madhya Pradesh: Visit to Dhar district, Dharampuri Block, Sankota GP (Sankota village), Sala GP (Sala village), Balwara GP (Nasngaon village) and Palasia GP (Palasia village)**

#### **General description of the study people**

The characteristics of the people are provided in appendix.

The interviewed people can be considered as representative people for their different communities. None of them is a new dweller in the village. There are generally a lot of members in the families since the smallest family is made of 4 people whereas the biggest one is made of 16 people (but several HH).

We can notice that some of the HH have had toilets for very long periods (HH 6, 8, 10, 11

Economic level	Study level of the mother	Community	Number of HH
APL	<5	Muslim	6
BPL	<5	Hindu (general)	8
APL	>5	Hindu (general)	10
BPL	<5	Muslim	11
BPL	>5	Muslim	12
APL	>5	Muslim	13
APL	<5	SC	17

and 12, 13 and 17).

A fast analysis reveals that these people are mainly Muslim people.

Their reason for having toilets were mainly linked with their willingness not to have women going outside for defecation (privacy + social status).

As for HH n°17, the job of the breadwinner is teacher.

As for HH8, man is 85 and woman 80. Their reason for constructing toilets were respectively “More convenient to have toilets within house + better for women” and

“When ill, it’s more convenient to use toilets”. Their reason seems consequently mainly linked with comfort.

Finally, HH10 is a Brahman family whose reason for building toilets were notably “ We do not want women to go outside for defecation + social pressure + social status“ for the man and “women privacy and security + Social status + Social pressure + Health awareness” for the woman.

### Reason for building toilets

3 main motivations for building toilets (spontaneous answers)*	Men [occurrences]	Women [occurrences]
1	Privacy (essentially for women) [6]	Privacy [5]
2	Social status – Social pressure [5]	Social status [4]
3	Health awareness [4]	Lack of open field – social pressure – were used to used toilets [3]

\*10 men and 15 women answers (one could not be interviewed after husband arrival, one was not involved in the construction process) out of 17 HH interviews.

**Note1:** Other for men: Women security [3], Comfort [3], environment [1], lack of open field (1).

Other for women: Women security [2], Health awareness [2], Comfort [1], influenced by city [1], family increasing [1].

**Note2:** Here, when people told us they constructed toilets because of the motivation, we asked them to be more specific what first was not done in the previous field visit (when the Sarpanch had the bad question) and second, we didn't do it for the whole people. The problem is that we didn't write for which people we had asked for more precision and for which people we simply wrote: motivation.

We can observe that the notion of privacy and social status are really important for men as well as women. Social pressure (GP motivation, family complaints...) is also a determinant element for building toilets.

### Reasons for using toilets

3 main motivations for building toilets (spontaneous answers)*	Men [occurrences]	Women [occurrences]
1	Health awareness [6]	Privacy [9]
2	Lack of open space, comfort [3]	Social status [5]
3	Social Status [2]	Social pressure- used** to use [3]

\* 11 answers for men (out of 10 men present) + 15 answers from women out of 17 HH interviews.

\*\*2 of them have had toilets for their entire life and never went for OD, one had toilets at home when being young then had to go for OD when she got married.

**Note1:** Other for men: privacy [1], environment [1], got used to use [1], self esteem [1].

Other for women: comfort [2], health awareness [2 ], security [1].

**Note 2:** As I had to focus on people having toilets and using them but was trying to determine if they had specific reasons for using toilets since other people having toilets were not using them, I created the differentiation between "Reasons for building" and "reasons for using" but practically, generally people considered it was the same question (what is logical since they rarely mentioned they had been obliged to construct the toilets). Thus, it was at times difficult to ask this question and we didn't ask sometimes. Consequently, we had to interpret a little the different answers while analyzing. The two different questions are important since they were also designed to try determining if people would say that they got habituated. Nevertheless, they maybe would have been

actually more appropriate for people having toilets (and again better, toilets well constructed) but not using them.

We can notice that the main reason for woman to use toilets once they have been constructed is still privacy.

For men, it is health awareness is the dominant reason bringing them to use the toilets. An important point to be noted is also that lack of open field for open defecation is an important reason making men using the toilets.

Another important information is the fact people sometimes mentioned that they now use the toilets because they go habituated to. This is important since we may think also about the frequency and the needed period to evaluate use of toilets. We may however consider that among the interviewed women telling this, some of them had had toilets their whole life so it has influenced the number of occurrences superficially.

#### Reason why people would not use the toilets according to MP interviewed HH

Reasons why people would not use toilets according to people using toilets	Men (occurrences)	Women (occurrences)	Total
People are not habituated to use toilets (they feel uncomfortable (till suffocation sometimes) and/or they do not like the small place and/or they prefer to go outside)	4	9	13
<b>Concerns about construction:</b>			6
- Pit too small (people fear about the fact the pit will get full quickly). An interesting point here was that we were told by two women that because of that, women would prefer using the toilets only occasionally, notably during the rainy season	0	3	3
- Quality of toilet (bad construction, fear about collapsing, proper link between seal and pit not ensured...)	2	1	3
People do not like the fact they will have to clean the toilets every day	0	3	3
People do not want to use	2	0	2
Habit for <u>old people</u>	0	1	1
Diminution of motivation after some times	1	0	1
No proper motivation training	1	0	1

### 3.4 General observation from visits in places where people use toilets

#### 3.4.1 Similarities - Indicators

The following elements have been observed in the majority of the cases where people use toilets (*note: we will refer to visit 1 by "/>1", visit 2 by "/>2" ...to differentiate the different HH*).

#### Ensuring privacy

##### a) Presence of a shelter



Figure 9: HH7/2

In all the cases, people using their toilets had a shelter (or superstructure), whatever this latter was temporary or permanent.



Figure 8: HH9/1

##### b) Presence of a door (or equivalent)

In almost all the cases, when the toilets were used, a door could be observed. The door can be permanent or temporary (metal sheet) but seems to be a determinant factor indicating that people use the toilets.

However, the toilets may be used in the absence of door, if the layout of the toilets ensures that the person is not seen by outsiders while using the toilets.

The disposition is important too since it seems that even if there is no door (to check with HH where son was interviewed then mother, visit 1- or HH interviewed just after), toilets can be used but to ensure privacy the entrance will be in such a manner that no one can see when the person is using.



Figure 10: HH3/3

In the case of HH 3/3 (*illustrated here*), the superstructure was present and permanent (made of bricks) but the entrance was visible by everybody and there was no means to ensure privacy (even if the state of the pan, totally obstructed with mud and straw, was also an obvious element that the latrine was not used).

HH3/3 is a BPL family who has had his toilets constructed for one year. It seems that the toilet (whose cost was Rs2200) was entirely subsidized and that the superstructure was

already provided when the toilet was constructed since the head told us there was no up-gradation. Nobody uses the toilets at the present in this family.

For the man, the reason for having toilets is quite incomprehensible since he told us he was willing to improve his comfort. It seems that the subsidy was one of the determinant elements. As for his wife, she told us that she was willing to have toilets because when she has her daughter in law she expects her to use them. Both told us that when the toilet are completed, they will use them (only during rainy season or when sick for the man).

c) *Preventing the opening of the door when using the toilets*

Another important element we could find related to privacy was the presence of a device for preventing the opening of the door when the toilets are used. This device can be a latch but can also be a less device as a string or a wire.



Figure 11: HH12/2

**Bucket for water and/ or jug INSIDE the latrine**



Figure 12: jug near the squatting hole

While visiting the different HH, we could observe that families using the latrine generally keep a jug and/or a jug or mug inside the latrine. However, in some cases, even for families using the



Figure 13: HH12/3

toilets, the bucket or the jug can be found outside the latrine. In this case, it is not recommended to consider than the toilets are used since families not using their latrine can also have buckets and/or jug outside for other purpose (for example, they can use them for collecting the water from nearby hand pump).

If the bucket or the jug is outside, there are few cases where we can be sure that the bucket / jug is really used for cleaning the latrine.

*We personally think that you should always find the jug inside if the latrine is used but HH7/2 is a good counter example.*

**Water on the ground and/or water in the seal AND presence of a roof**



Figure 11: HH7/2

In these two cases there are some practical problem in case there is no superstructure or, even so, if there is no roof.

In the case of the water on the ground it is also not so easy if the soil is covered with



Figure 12: HH2/1

tiles, but in this case, the only presence of tiles is a good indicator in itself.

### **Cleaning agents inside the latrine (chemical, brush, broom)**

We could observe that when people use the toilets, there is generally at least a broom and/or a brush inside the latrine for cleaning it.

However, this element may be difficult to use since it is also possible than HH use the toilets as a storage place for different products even if they do not use them, notably if the toilets are near the house.

Cleaning agents (detergents, phenyls) can be found in the nearby of the latrine. Their presence indicates that the family maintains the pan and can be considered as a good indicator of use.



Figure 14: HH14/2



Figure 15: HH3/2

### **Latrines attached to the house**

This criterion seems to be mainly valid in the case of APL families (since we have only few BPL families having their toilets attached to their house).

Consequently, it is not such a good element since it seems that all APL families, **constructing toilets on their own**, will use them (we have had only one counter example, of APL family constructing its toilets without using them. In that case, the breadwinner were involved in the motivation process and could have money because of number of toilets constructed)

### **Presence of soap inside the latrine or in the very nearby**

The soap can also be kept outside or in the house but even if it is visible, there is no guarantee that is it used for hand washing.



Figure 16: HH15/1

Nevertheless, in the village where emphasis was made on hygiene and education, soap was visible in each and every toilet.

In the case or the bathroom is attached to the toilets, the soap can also be found inside but it may be difficult to access it, and even so, it may not be used for hand washing.

**Note:** we visited very few households having toilets and not using them but generally they didn't have an attached bathroom.

### **Presence of a tap inside the latrine**





Figure 17: HH11/2

The presence of a tap linking directly a personal over roof tank to a tap inside the toilets has always been linked with use of toilets in this study.

However, a few HH had this device.

### Presence of tiles on the floor, on the walls/ walls painted



Figure 14: HH7/2

The presence of these elements is a clue of the involvement of the household in an up gradation process and can be used as an evidence of use.



Figure 18: HH16/4

### 3.4.2 Difference

#### Source of water:

In both West Bengal and Orissa states, water was easily available but the source of water was different. In West Bengal, people usually had their own pond while in Orissa people usually had their own tube well.

In Madhya Pradesh, in the region affected by scarcity of water, people may have adopted devices for recycling water (grey water treatment devices), storing it (even if it is not a special characteristic of dry states) or they may be provided connected to piped water supply. We could observe this but were told that the general situation is different. Indeed, in dry areas, people often have to walk before reaching a community tube well. However this does not impact the previous elements we described above as good elements for considering the toilets are used.

#### Kind of toilets:

Eco san toilets are well adapted to dry up areas but we did no see any of them. People also had pour flush toilets though we could think that ventilated improved latrines, which are not water dependant, would be more effective here [9].

### 3.4.3 Other observations and remarks

We will describe some elements we have observed even if they can not be adopted as indicators of use of toilets.

#### Presence of special shoes

In some cases, we could notice that people had special shoes at the entrance of the toilets or inside.

This may not be the general explanation but for one of the interviewed person (Hindu, Brahman Caste), we were told that the toilets were not considered as pure and so some practices had to be carried out before entering into the toilets.

#### Presence of old and/or sick people:

It's more a facilitating element and something on what you can insist for convincing people than a real clue for use of toilets since a lot of old people will prefer to go in the outside (see the guy with women using toilets but him sometimes , with 2 toilets°

This reason for having toilets appeared quite late so we didn't initially think of it as a good reason for having and using toilets.

HH4/3 had a senior citizen visibly suffering and walking with difficulty but they didn't use toilets as it appears on the picture below.



Figure 19: HH 4/3

We did not ask personally to this old man where he was going for OD but his son and his wife were going on the river side, 50m away. In that case, the distance is not too long so it is still possible that the old person continues going for OD there.

**HH 5/3:** interview of old men revealed it was **more convenient** for him to go in the latrine ***because it was time saving and also because he had some rheumatism problems.*** Nevertheless, he also told us that he **was still going for open defecation sometimes** when he could go ***with his friend*** (OD as a social practice).

We did not determine if this was something organised or impromptu.

### **Distance between the house and the toilets**

In all the cases, whatever people use or not their toilets, the latrines were located at a distance less than 30m away from the house.

Most of the people were totally satisfied with the distance. When asking who had chosen the location of the toilets to the Madhya Pradesh people, we were told that whatever they were APL or BPL, they had personally chose the location.

In very few cases, the people were not satisfied with the toilets location but even though, they had chosen it (Madhya Pradesh). For example, a Muslim woman told us that she was willing to have her toilets further (since they are not pure) but it was not possible because of restricted place.

**Note;** *The distance between the toilet and the source of water (pond (west Bengal) or water pump (Orissa) is another concern since it could be observed that that distance was often very small –ex: latrine at less than 2 meter of the pond. We may be worried about a possible contamination of the water table.*

### **Carrying the water**

There is no discrimination at this level and there is not a special person in charge of bringing the water. Generally, whoever uses the toilets will manage with the cleaning.

### **Motivation by wife**

While carrying out the whole interviews; the women generally told us that they have been motivating their husband (sometimes for years) to have toilets.

### **Presence of children and possible influence on parents' behaviour**

As we were told before the study that children had particular lessons about hygiene practices in their school and as it is an important part of TSC, we were willing to know how it could impact their parents' behaviour. The results are given and analysed more precisely in appendix.

The general conclusion is that it is not possible to highlight the influence of the children on their parents' behaviour. On the contrary, it seems that even if children use soap at school for hand washing, if such a device is not present at home, they will not ask for it.

This result may nevertheless be discussed since a lot of children had parents who had been using toilets before their children had classes. Without more specific elements, we can not conclude regarding children influence on parents' behaviour.

### **Cost of construction and reception of subsidy**

We could realize that the cost vary importantly as it appear in the appendixes.

Regarding the attribution of subsidy, several strategies have been adopted by the different states, as we could notice it during this study.

In West Bengal, where RKM started initiating what would become the premises of TSC, the solution was and still is to give a plate to the families, then it is up to them (with education and improvement of life conditions) to upgrade these toilets.

There as well as in Jagatsingpur District (Orissa<sup>1</sup>), the subvention is attributed only to BPL families, as per the guidelines of TSC. The same remark is valid for Cuttack (Orissa<sup>2</sup>). The difference there is that the subvention is provided under the form of three "rings" (lining for the pit" are given to the families and they have free access to sand and water for the construction of the shelter).

In Dhar District (Madhya Pradesh), the subsidy is given under the form of a mason coming and constructing the pit and the shelter. Only the roof and the door stay at charge of the household.

We could not really determine if the people if BPL families would have constructed toilets even without government help, even though, several times, we were told that it would have taken more time, but the toilets would have been constructed (Jagatsinghpur).

### **People in charge of cleaning the toilet**

We had only two cases where an outside sweeper came to clean the toilets:

- HH 2/2 had an outside sweeper for regular cleaning of his toilets.
- In Palasia village (MP), we learnt that there was a community service, with people in charge of going to the households' house to clean the toilets.

But generally, people clean their toilets themselves.

### **Excreta management**

We did not put into evidence any particular rejection for using the excreta as a fertilizer but we did understand that people do not generally have enough knowledge on the way to use the black soil since most of them, despite having pour-flush toilets linked with simple pit, told they would use the material as manure immediately. Some of them had double pits latrines but did not know that it was better to use the pits alternately.

We can therefore recommend that people be better informed of the possible becoming of excreta when the pit needs to be cleaned up. By the way, it seems that the cleaning is still reserved to a special caste ("*Hadi*", or "*Hadhi*" *Mehentar*). No community system organized at the GP level seems having been considered.

Regarding the disposal of the babies (*confer to annexes for details*), diverse situation can be found out like disposal into the latrine, but also throw in a special pit or in the nearby jungle. It seems globally that people are aware that babies excreta are as dangerous as adults ones.

### **Open defecation**

#### *a) Distance for going in the open and influence or (not) on construction toilets*

A practical example is provided in appendix in the case of Madhya Pradesh. This analysis does not allow thinking that a very high distance was covered by the people before abandoning the open defecation practice. We can not conclude that an excessive distance is a factor that will really encourage people to abandon open defecation.

However, in the case of Cuttack, distance has often been mentioned as a motivation for building. But this motivation was also shared by people who still do not use their toilets.

#### *b) Possibility of monitoring open defecation*

As we considered the possibility of monitoring open defecation, we had some questions regarding the place where people were going. It appears that a lot of people go nearby of their house (~50m) when it is possible (jungle, river bank), even if it is often not a private land but a government land. These places can not be considered as areas considered by the community as designated areas. Consequently, it seems irrelevant to think that the monitoring of open defecation (measured by its absence) would be a good indicator of use of toilets. Moreover, such a system would be valid only in the 100% covered villages, where people having toilets but not using them would not have the possibility to tell that they do not have toilets because of financial concerns.

### **Cleanliness and smell**

These elements were primarily envisaged but left out after we noticed that they are pretty subjective elements and not really explanative of a given situation. For example, toilets of the first GP was really dirty (not maintained) but seemed to be used whereas toilets being not used (but maintained?) can be really clean.

Some people complained about the smell while regularly cleaning their latrine, but when we went for observing the latrine, we did not have any discomfort (except in one case).

### **Rarefaction of open field:**

It appears that the development of the villages and the disappearance of open field is an important factor for the people to build toilets but also to use them. However, it is not possible to suggest the development of tools to assess the development of the villages since other preoccupation may have more importance.

## 3.5 Main difficulties encountered, limitations and critics

### 3.5.1 Missing observations

This study being about an indicator, it seems that it would have been more accurate to have an important number of observations to know what people were doing mainly. We didn't choose this option and try rather to observe AND understand why people used (or not) the toilets, what the similarities (if any) were between all these people.

So of course, with more observation, we could have had much more information and have a better reliability for our results.

The fact that **we did not highlight sufficiently the importance of observations** at the beginning is an important weakness of this study. We increased the number of observation as we progressed for this study. This is a weakness in the idea of we could have better thought about what we had to observed and have more pictures or movies to re analyze the data even after some time (*we didn't think about that partly because we already had kind of an idea of what we were looking for – and consequently we let us being influenced by what we thought*) but at the same time, it is a strength because it shows that we could adapt with the situation on the ground. So maybe we missed important elements that could be considered as very good indicators of use but at least they may appear at least one time in the list of elements described in our file, where we gathered all the collected information.

### 3.5.2 Interview unfolding

#### **Separation and interview of several people missing (notably children and old people)**

This study was supposed to be with separate interviews with husband and wife, with specific questions for other people in the household (why they were using toilets...), but finally we could barely speak with other people (notably for motivation) and could not always speak with the children.

More, the interviews were rarely separate whatever the husband wanted to be present during his wife interview (distrust?) or because of tradition and fear of gossip.

**Practical unfolding of interview:** *Separate interviews were the first idea. Practically, it was rarely possible, whatever it was the neighbour or the husband or the wife being present during the interview.*

### **Missing questions (and observation) even if they were written**

When trying to keep consistency with the unfolding of the interview and to interact with the people, sometimes some new questions were added or some questions coming later in the questionnaire were asked before. It may have happened in this case that we forgot to come back to the previous questions not asked. Consequently, sometimes, we could not collect all the data we were willing to collect.

### **3.5.3 Translator**

The people who were in charge of translating were not professional but realized this activity on a voluntary basis, which is really appreciable. They generally have done their best but we can not be completely sure about what were told by them, notably when they were involved in the implementation. Another practical problem happened when we could not interact properly with the translator because he did not know enough English.

Moreover, the translator can give its own interpretation... which happened frequently instead of translating directly what people are saying. In this case, the researcher has to write his interpretation of the interpreter's interpretation, which may create a double level of misunderstanding.

Moreover, it would also be required to "standardize" **the level of the translator (like different laboratories making the same sampling)**. Indeed, how did each of them understand the notion of up gradation of toilets?- as a change, as an improvement... In the same way, flooding may or may not have been considered as damage depending on the translator (but in this case there were no consequences since we were only willing to know if people informed the authority when they had damages).

Finally, the presence of two strangers who were men might be a reason why the women were not as candid as we would have liked them to be about their sanitation practices.

### **Ambiguity with the notion of privacy**

When going for open defecation, if the practice is in group, everybody in the group can see each other but this is not considered as a problem for privacy. If some people foreigners to the group pass by, the women will covered themselves with their sari.

The situation is different if someone defecating within premises can be seen by other people. Yet, it is difficult to understand how privacy can become an important problem and a main motivation for having toilets.

### 3.5.4 Translation

Some words that we use are not part of the local languages the people had. For example, “privacy” does not exist in Orissa language what we were surprised to learn by accident by the end of 3<sup>rd</sup> field visit (by Ravi), since our previous translator had often employed this term immediately (but maybe being influenced by the copy of the questionnaire I gave to them).

**Subjective study** (in the sense that we are interacting with people)

- May not trust, may be afraid, worry
- May not tell the truth
- May be thinking in something particular which is not what is meant by the question (ex: damaged toilets)

### Coherence of the answers

We had at least two times some changes happening in the answers during the interview, notably when we inquired about the use of toilets and the use of soap.

In the same way, some children told they thought they had an influence on their parents' use of toilets .... before we realised that the toilets were constructed by the parents long before the child was born...In these cases, it is never easy to assess till which extent it is possible to believe what is told.

### 3.5.5 Choice of the study people

**No control about the practical way to choose them**

**Our observations are valid only if people told us the truth** (ex: HH15/2 told us he used the toilets when it seems clear that the toilets were not used).

We had no way to determine who the GP head was sending us to see and if the HH had information about our coming and about our requests as well as the kind of observation we were looking for.

**Choice of people in for at least 2 years GP**

We were willing to know what people do when they usually use toilets as a habit, without thinking about it. We could first visit a 2006 NGP village (which is good for habit). However, as people have had a long period of time with toilets, whatever their level of life gets improved or not, they may have been able to realize things that people having toilets for the first time would not do immediately: for example, people can improve their toilets by constructing a roof. Consequently, we may tell that **some of our indicators may be**



**valid only after a certain period of time** (Ex: HH 7/2 improved his toilets but not immediately by constructing a door and a permanent cover). Some elements we observed may take some time to be bought or constructed by the household and therefore a real time monitoring would not be able to capture the reality.

### **Criteria chosen for interviewing the people**

#### *a) Literacy*

##### No respect of the literacy criteria

During the field visit, we could not find women respecting the literacy criteria and during the first field visit we had not forecast that it would be so difficult to find literate women so we didn't plan indicators of literacy. When arriving in first Gram Panchayat, we were told that it would not be possible to differentiate literate women from illiterate women directly but that it could be possible to differentiate them according to the fact they attended class XX or not. We had to decide quickly and agreed with this process. We could interact only after with UNICEF education specialist who told that class V would be a criterion more relevant that we tried to adopt for the following field visits. Finally, it may have been more simple to ask directly to the people if they knew how to read and how to write.

##### Relevance of this criteria

Often, the families were with several HH and numerous people. As a result, several influences exist within the household (children, other people in the family who can be literate, neighbours ... Above all, the mobilization of the community is another decisive element. Consequently, choose this criterion may not be such a determinant element.

#### *b) Community*

India is much more complex than the simple categorization we had (for instance, General Hindu is made of a lot of sub casts). We also learnt that there is no big differences among the different communities regarding sanitation so this criteria was maybe

### **3.5.6 Evolution of questionnaire and observations**

As our comprehension of the mechanisms that were in place gets better, the questionnaire evolved.

At the beginning, the questionnaire was exactly similar for both men and women so some information was redundant. Some changes were made regarding for example the excreta

disposal whose question was asked only to the man (Note: Other problems were therefore created when we could not have the man interviewed and so asked the question to the woman but involuntarily skipped some question due to the multiple page changes).

With an increasing understanding, I also added some questions with the time (like the place where people washed their hand to correlate the absence of soap in the latrine with the inexistence of hand washing with soap or with other practices (ex: storing the soap in the house for avoiding the children to go with it).

Regarding the observation, they were very few at the beginning and increased progressively. Therefore, the overall consistency is a little diminished. However, as some pictures and video were realized, most of the observation could be confirmed despite they were made retrospectively.

**Note:** *it is also important to underline that we were not really familiar with the latrines or the Indian culture and had to ask a lot of questions to be sure I would not miss important information. I should also have observed more things when visiting the different places.*

## 4 Discussion

### 4.1 Data collection of possible indicators of use

#### 4.1.1 Data collection people

The use of toilets should be monitored at the GP level and be ensured by the local partners like the women Self Help Groups (SHG) members, the local NGO and the GP employees.

This would ensure that the process is community lead and that interaction between the villagers allows improvements in the practices.

The existence of organized SHG regrouping a lot of women should ensure that they also have toilets and use them.

#### 4.1.2 Targets

We would recommend monitoring use **only for BPL families** since with the shift from CRSP to TSC that is from a high subsidy to low and no subsidy regime, it is been decided that only BPL households would be given incentives. Therefore:

- APL families receiving no subsidy, they will use their toilets if they decide to construct them
- Generally, the existing monitoring system seems to be already focused on BPL families.

**Note1:** *This option may of course take into account the local situation: if APL families are helped by the government to construct their toilets (as it was the case in MP), their use of toilets should be monitored as well.*

**Note2:** *with contradictory information, we could not determine if there is a real regular monitoring of all households (APL + BPL) or only those receiving subsidies (BPL).*

#### 4.1.3 Frequency

It seems reasonable to think that an assessment every six months or annually would be possible while the village is still involved in the construction process. This should allow avoiding surprises with other regular surveys carried out (by other departments of Government of India) and linked with the use of toilets.

After achieving the 100% coverage, a maximum monitoring period of 2 years should ensure the disappearance of open defecation practices since the people get used to use the toilets.

#### **4.1.4 Foreseeable snags**

##### **Presence/ absence of some elements**

Sometimes, we could not observe the elements we were looking for. But may happen because the products were over just the day before or because one of the children took it for playing... So even if we do not see an element, it can not tell (or not tell) us for sure if the element is usually present (several visits may be needed).

In several cases, when we asked for something, we could have it (even if the answer was that the product was kept inside the latrine and we didn't find it there).

For instance, HH1/2 had even liquid hand washing soap he could bring to us but this soap was not inside the latrine: People usually told us that these items had been removed by the children when playing or that they had intentionally removed them because of the children.

This comment is closely linked with the possibility for the data collector to assess the toilet (even if it seems this situation would be more frequent for APL families): the toilets can be inside the house and it may not be possible to access them without the authorization of the owner. In the same way, some elements may be kept in the bathroom attached to the toilets without any access to the bathroom.

##### **No indication about use by all members or irregular use**

If only one member in the household use the toilets, none of the proposed indicators will allow knowing that other people in the family do not use the toilets.

##### **Easy possibility of misleading the data collector**

As people may like to go in the open and if the monitoring is done at the GP level, it may be easy to know what elements are needed for considering that toilets are used and to intentionally mislead the observer by pouring water into the seal or on the slab for example when being visiting.

## 4.2 Discussion about ranking the proposed indicators

As it appears, several elements can be found in the nearby of a latrine when it is used.

### Thought about a composite indicator:

*When we first thought about designing an indicator, we emitted the idea of realizing a score index.*

But actually, this is not such a good idea since realizing this would allow categorizing the people but not the indicators, which is however important in a first view, to determine the strength of the indicator.

Indeed, on the one hand, the elements which appear are not exclusive from one to another and, on the other hand, there is no mandatory relationship between them.

An Indian friend of mine described me the toilets of one of his relative (who have tap, tiles on the ground ...) but who still bring his child every morning to the field.

The general idea is consequently to **use more a “body of clues”** than only say there is one indicator.

We may nevertheless say that the presence of a shelter may be a pre requisite.

Another important point is the **relevance** of the indicator. Finding a tap in the rural areas may tell how deeply the owner is involved in the up gradation process, but such an example is not reflective of the majority of the population, whose financial capacities as well as concerns may be very different.

### Thought about establishing a regression between use and indicator

Something we could have done for assessing the significance of our indicators may nevertheless be the realization of a regression under the form:

$$Y=A*X1 +B*X2+C*X3+ \dots$$

Y= dependant variable (=use of toilets)

X1, X2, X3... independent variables (soap inside the latrine, bucket/ jug for water inside the latrine, shelter, chemical agents ...)

We may have realized a chart attributing a note (1 for presence, 0 for absence) to all the household and then define whose indicator was mainly predominant, even if we may have had several indicator having the same importance.

To realise that, it is first needed to the strength of the proposed indicators and, therefore, to rank them and try to obtain an association between the presence of the “elements” and the “use”.

This was not carried out since:

- The observations we realized evolved with the time: As we told, at the beginning, we had for example no idea of regarding inside the pan to see if there were water inside. In the same way, it is only after a certain number of visits that we realized that water on the slab was present very often (as we were asking ourself if the people knew that we were going to see their toilets after the interview and if they had them cleaned for showing a good facility)
- In the eventuality this is carried out for one or two villages, the study being qualitative (few HH were interviewed), what would be the validity of such an approach?
- By lack of time, we could not realize this for all of them. At the beginning, the way we was computerizing the data was different of the one we finally adopted and transform the information would have been really time consuming. With the help of some pictures, it may have been possible to have something, but the incertitude would have been important (ex: the brush can be in a corner which was not photographed).

**Note:** *as we tried to highlight, there is no exclusivity of all the indicators: one can have a shelter without a door but using the toilets when someone with a door may not be using his toilets.*

#### **Thought about establishing a correlation:**

The same methodology may be followed (attributing 1-0 scores for presence or absence of elements). An example is provided in appendix for the observation realized during Jagatsinghpur visit (realized thanks to SPSS software). The results obtained are given in the figure below:

		Use
Use	Pearson Correlation	1
	Sig. (2-tailed)	
	N	15
Shelter	Pearson Correlation	1.000**
	Sig. (2-tailed)	,000
	N	15
Door/ Equivalent	Pearson Correlation	,681**
	Sig. (2-tailed)	,005
	N	15
Preventing opening of door when in use	Pearson Correlation	,535*
	Sig. (2-tailed)	,040
	N	15
Water on ground/ seal+ roof	Pearson Correlation	,443
	Sig. (2-tailed)	,098
	N	15
Bucket + Jug inside	Pearson Correlation	,443
	Sig. (2-tailed)	,098
	N	15
Cleaning agents/ Chemical	Pearson Correlation	,289
	Sig. (2-tailed)	,389
	N	11
Cleaning device	Pearson Correlation	,516
	Sig. (2-tailed)	,104
	N	11
Latrine attached to house	Pearson Correlation	<sup>a</sup>
	Sig. (2-tailed)	.
	N	15
Soap (Inside or very near toilet)	Pearson Correlation	,250
	Sig. (2-tailed)	,369
	N	15
Tap inside	Pearson Correlation	,071
	Sig. (2-tailed)	,800
	N	15
Tiles/ Painted	Pearson Correlation	,378
	Sig. (2-tailed)	,165
	N	15
Special shoes	Pearson Correlation	,293
	Sig. (2-tailed)	,482
	N	8

Figure 20: correlation between use and some proposed indicators

\*\* . Correlation is significant at the 0.01 level (2-tailed).

\* . Correlation is significant at the 0.05 level (2-tailed).

a. Cannot be computed because at least one of the variables is constant

We can observe that, in this case, the variable use is strongly correlated to the presence of a shelter, of a door and of a device to prevent the door to be opened when the toilets is used.

However the correlation is significant only for the presence of a shelter and a door.

Moreover, we may remind that even if there is an association, we can not tell that there is a causality.

In the end, we can only remind that every household is a particular case. There is no recipe that may be valid in all the cases. Even though, we can highlight some “big principles”, there will always be exceptions.

## **4.3 Recommendations**

### **4.3.1 Motivator giving the example**

The proper implementation of TSC should make sure that the motivator **have** and **use** toilets (we were particularly surprised that one of the key motivators in one of the village had toilets but did not use them)

As it is proposed to be implemented in Cuttack, asking to the SHG members to have toilets first and involving them should ensure primarily a good coverage but also would make the women key actors in the process, as we know their importance for the family to adopt good sanitation practices.

The Sarpanch of second field visit had several toilets in his house.

### **4.3.2 A differentiated strategy regarding the different targets**

#### **Argument for old people**

When speaking with old people, certain advantages linked with the presence and use of toilets should be emphasized. We particularly think that safety and comfort (less distance to be covered to reach the toilets) should be important arguments.

Note: we could not assess how difficult it was for old people generally to change the habit of going for OD to new one, because we could rarely spoke with them. Actually, the fact that they won't change were rather emphasized by other people (ex Pradhan) and children generally said that their parent immediately adopted the new toilets, what is nevertheless doubtful.

#### **Women decisive points to insist on**

As this study showed, privacy is particularly important for the woman who uses the toilets.

*Note: Women could have a key role in motivating people (private + SHG)*

It seems than women are often involved in the motivation process for having toilets but may be not listened by their husband. Providing them some support with strong GP involvement should allow an improvement in the trend of sanitation facilities coverage and use of toilets.



### **Arguments for men**

Regarding the men, it seems that insisting on the **women security** is important. Insisting on the social status and their wife and daughter privacy is also important, particularly among the Muslim people and the Hindu high castes.

In the case where there are old relatives in the household, it could be possible to insist on the respect towards the oldest and their comfort. Indeed, by constructed toilets, they can take care of their parents if they have any disability, allowing them not to go outside. For instance, HH 8/1' s mother prefers to go in her son's house for using the toilet than in his brother's house because he has a special seat for her. In the same idea, HH 5/2 (APL) constructed new toilets for his father's convenience (senior citizen).

### **4.3.3 Time for subsidy**

Some studies have shown that it is not so much the amount of economic than the change in mindset that is important for use of toilets. One of them demonstrates that there were more people having television and mobile phone than latrines. So the validity of the subsidy can still be questioned.

However, if the option is to consider that BPL families are to be helped, the philosophy of the programme should be clearly explained to the families (so that they do not construct toilets only for receiving subsidies). More, in the case where the subsidy is given on a financial format, it should be mandatorily given after the toilets are really completed and after some evidences of use has been noticed.

## Conclusion

This study has been a qualitative study and we have had to work with a lot of approximates owing partly to the cultural differences and also practical impossibilities of carrying out the methodology as per the planned methodology.

We initially aimed at showing indicating how this indicator could be used within the current monitoring system; the actual study allowed us to develop a better understanding of the practices of the people, of the determinants of use and non use of toilet facilities...

We also focused on the proposal of developing indicator of use. Thanks to the field visits, the interviews conducted and the observations, some general clues regarding the use of toilets were identified (bucket/ jug for water inside the toilets, tap, tiles, door ...).

Due to the shortcomings of the study and its being qualitative in nature, and despite the attempt to include states and districts located in different geographical areas with a diverse character of population and differential TSC implementation, the generalisation of our results should be done with caution. The study however does provide important clues that could be examined further in other qualitative and quantitative studies, with a special focus on the different aspects suggested in the present report.

As a consequence, we may propose to carry out a deeper and more representative study to check out the reality and relevance of the main findings of that study and obtain a ranking of the indicators, what was not possible in the present study.

However, a major finding can be highlighted, that is the necessity of the presence of a shelter and of a door or, at least, a proper layout to ensure privacy, which is particularly critical for women. Another point to be underlined is that whatever the indicator chosen would be, it would not allow one to determine whether all the members of the family use the toilets or not.

Accompanying the proposal of indicators, some determinants of use of toilets have been highlighted and some behaviour and thoughts have also been identified. Based on these, some suggestions for a better implementation of TSC have been proposed.

We suggested that the monitoring of use should be carried out at the local level since the programme is supposed to be community based. The guidelines of TSC already speak about the importance of Panchayati Raj Institution and the local partners as NGO in promoting the use of toilets. We can only suggest that a particular emphasis be placed on

this point in the guidelines *to make really clear that not only the **construction** but also the **use** is desired by the Gol.*

As a finding of our study, it appears that BPL and APL families are not monitored the same way. In order to achieve 100% coverage, the monitoring of APL may have to be done on a more regular basis to ensure that they are also involved in the process of awareness generation. However, we would not recommend it regarding the use since being involved in the construction themselves, they are more likely to use the toilets regularly.

To conclude, it seems that creating “abstract” health awareness does not guarantee that people will use toilets which may be due to lack of involvement of the community as well as awareness regarding the benefits it can bring in terms of less days of labours being lost, children falling sick less and medical expenses decreasing. It is troubling to see that people are still not accustomed to the use of toilets. The results obtained from the study of other community led total sanitation programmes in developing countries like Bangladesh and in some African countries should shed light on effective ways to sensitize the communities.

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# Improved and Unimproved sanitation

## Definition of Access to Sanitary Means of Excreta Disposal

An **improved sanitation facility** is defined as one that hygienically separates human excreta from human contact. To allow for international comparability of estimates, JMP uses the following classification to differentiate between "improved" and "unimproved" types of sanitation facilities.

Key to Sanitation data	
Improved Sanitation Facilities	Unimproved Sanitation Facilities
Flush or pour-flush to: - piped sewer system - septic tank - pit latrine Ventilated improved pit latrine (VIP) Pit latrine with slab Composting toilet	Flush or pour-flush to elsewhere Pit latrine without slab or open pit Bucket Hanging toilet or hanging latrine No facilities or bush or field (open defecation) Public or shared sanitation facilities

## Definitions and indicators

Millennium Development Goal 7 calls on countries to "halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation." This report assesses the proportion of people with access to safe drinking water and basic sanitation using the following MDG indicators:

- The proportion of the population that uses an improved drinking water source, urban and rural.
- The proportion of the population that uses an improved sanitation facility, urban and rural.

An **improved drinking water source** is defined as a drinking water source or delivery point that, by nature of its construction and design, is likely to protect the water source from outside contamination, in particular from faecal matter. The JMP uses the following classifications to differentiate improved from unimproved drinking water sources.

### Improved drinking water sources

Piped water into dwelling, plot or yard  
 Public tap/stand pipe  
 Tube well/borehole  
 Protected dug well  
 Protected spring  
 Rainwater collection

### Unimproved drinking water sources

Unprotected dug well  
 Unprotected spring  
 Cart with small tank/drum  
 Tanker truck  
 Surface water (river, dam, lake, pond, stream, canal, irrigation channel)  
 Bottled water<sup>3</sup>

An **improved sanitation facility** is defined as one that hygienically separates human excreta from human contact. The JMP uses the following classifications to differentiate improved from unimproved sanitation facilities. However, sanitation facilities are not considered improved when shared with other households, or open for public use.

### Improved sanitation facilities

Flush or pour-flush to:  
 - piped sewer system  
 - septic tank  
 - pit latrine  
 Ventilated improved pit latrine  
 Pit latrine with slab  
 Composting toilet

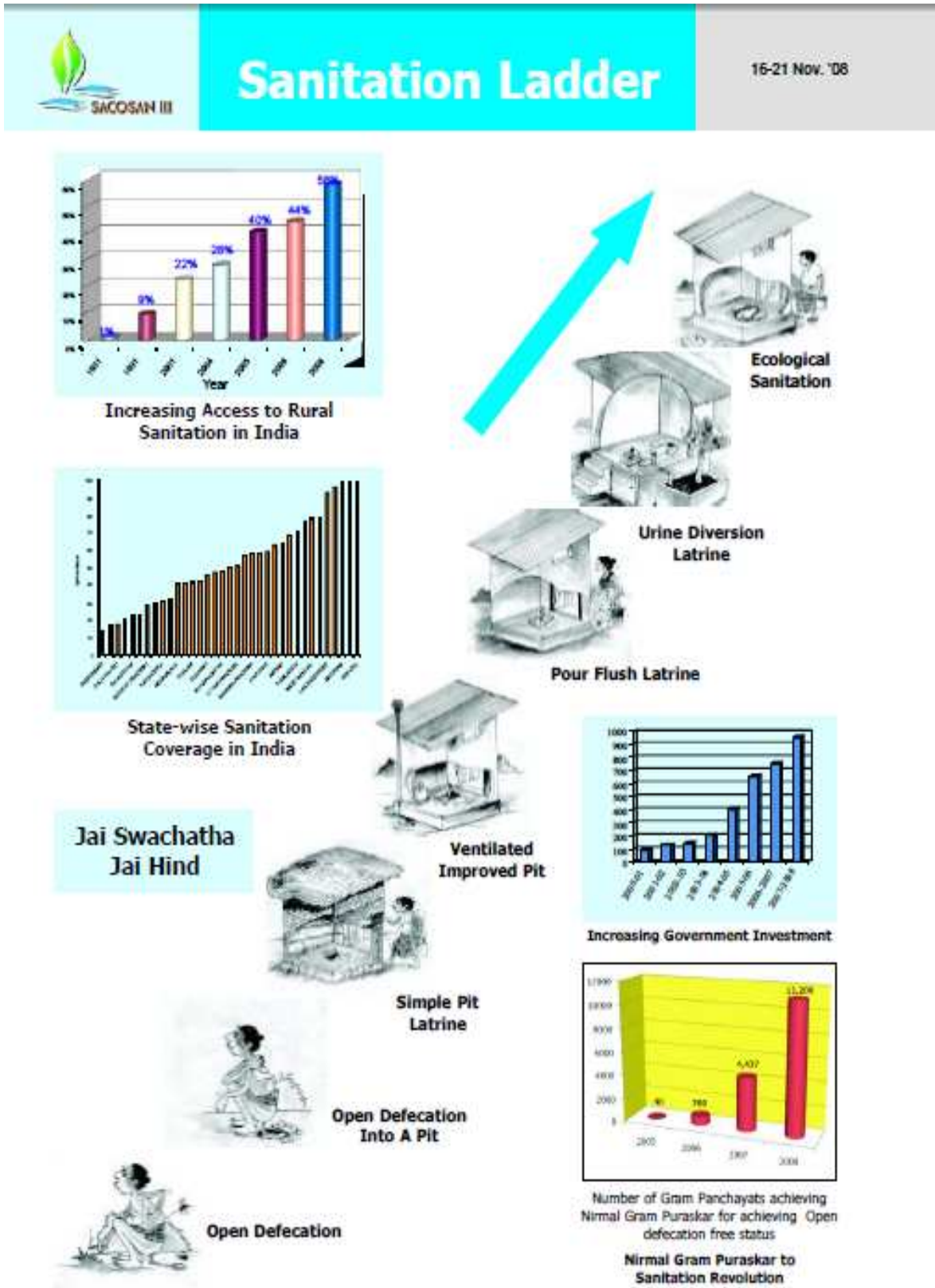
### Unimproved sanitation facilities<sup>4</sup>

Flush or pour-flush to elsewhere<sup>5</sup>  
 Pit latrine without slab or open pit  
 Bucket  
 Hanging toilet or hanging latrine  
 No facilities or bush or field (open defecation)

Source:

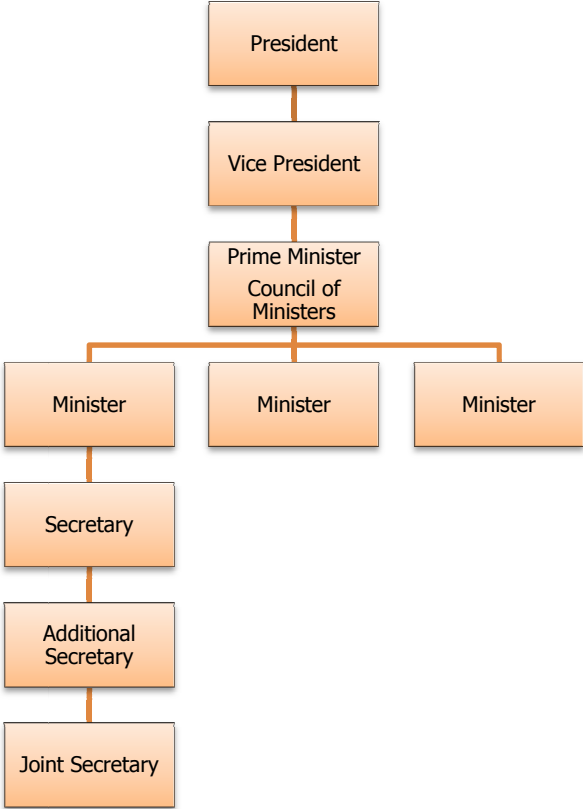


# Ladder of Sanitation

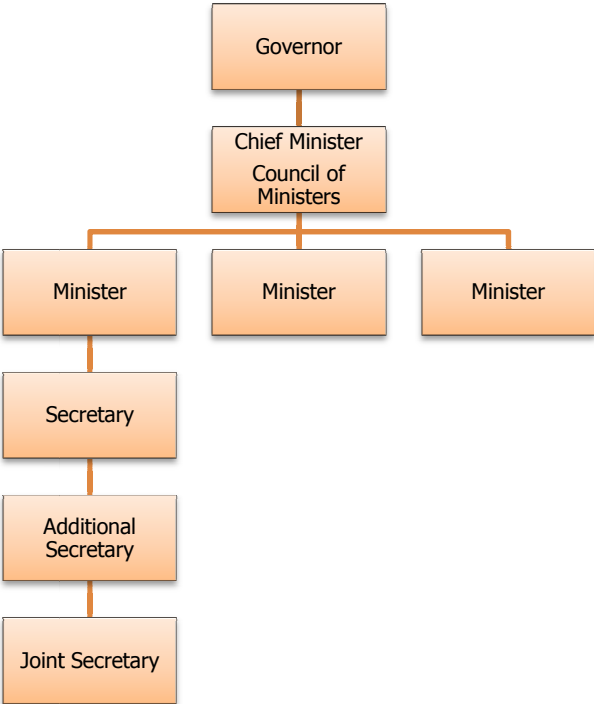


# Administrative structure of Central Government and of State government of India

## Central Government



## State Government



# **UNICEF in India: a role of supporter of Government of India**

In its work in **water, sanitation and hygiene** (WASH), UNICEF delivers long-term results by working closely with developing country governments, bilateral agencies, NGOs, the private sector, communities and households. The global WASH strategy aims to maximize the impact and sustainability of our own interventions and the efforts of the sector as a whole.

UNICEF's WASH Strategy was approved in 2006 and is valid up to 2015, the target year of the MDGs. The Strategy has two key targets: achievement of the MDG targets for water supply and sanitation, and ensuring all schools have adequate water and sanitation facilities and hygiene education programmes. The Strategy sets out three key areas of intervention, which together lead to the achievement of enhanced child survival and development, namely:

- Enabling Environments: ensuring policy, capacity, viable private sector, partnerships and decentralized management are all in place to facilitate sustainable access to water and sanitation
- Behaviour Change: supporting the improvement of sustained hygiene, water safety and environmental sanitation practices by users.
- Water and Sanitation Services: greater choice and use of safe and reliable water supplies and clean, private sanitation facilities in households, communities and schools.

The Total Sanitation Campaign taken by the government of India is supported by UNICEF in different states. Aim of UNICEF is to make TSC a Community Approach to Total Sanitation (CATS). CATS strategy has been adopted by UNICEF in different countries, which are modified according to the context.

At the core of the shift in sanitation programming is a move from donor-determined and supply-driven approaches to community-led and demand-driven approaches. The traditional approach to sanitation programming focused on latrine construction rather than usage, and on giving households subsidies to support these projects rather than empowering communities to collectively change their sanitation situation. Subsidy-based approaches viewed sanitation as a private household good rather than a social responsibility, often assuming communities were unwilling or unable to invest in sanitation. Development planners often determined what sanitation products communities needed with little local participation or deference to the specific local context. Additionally, sanitation messaging focused on telling communities about the health risks posed by poor

sanitation and open defecation rather than empowering them through awareness raising about the positive effects of improved sanitation practices.

These top-down approaches have proved largely ineffective in achieving total sanitation. Often, latrines went unused and people continued to defecate in the open. Vulnerable populations – including women, children, people with disabilities and the poor – were frequently excluded from the benefits of improved sanitation because centrally planned, household-based programming did not adequately account for their needs. Furthermore, sanitation programmes have long been add-ons to water projects, resulting in inadequate attention and budgeting.

Issues still to be addressed in Indian context which are rapidly gaining attention of key national and international players are:

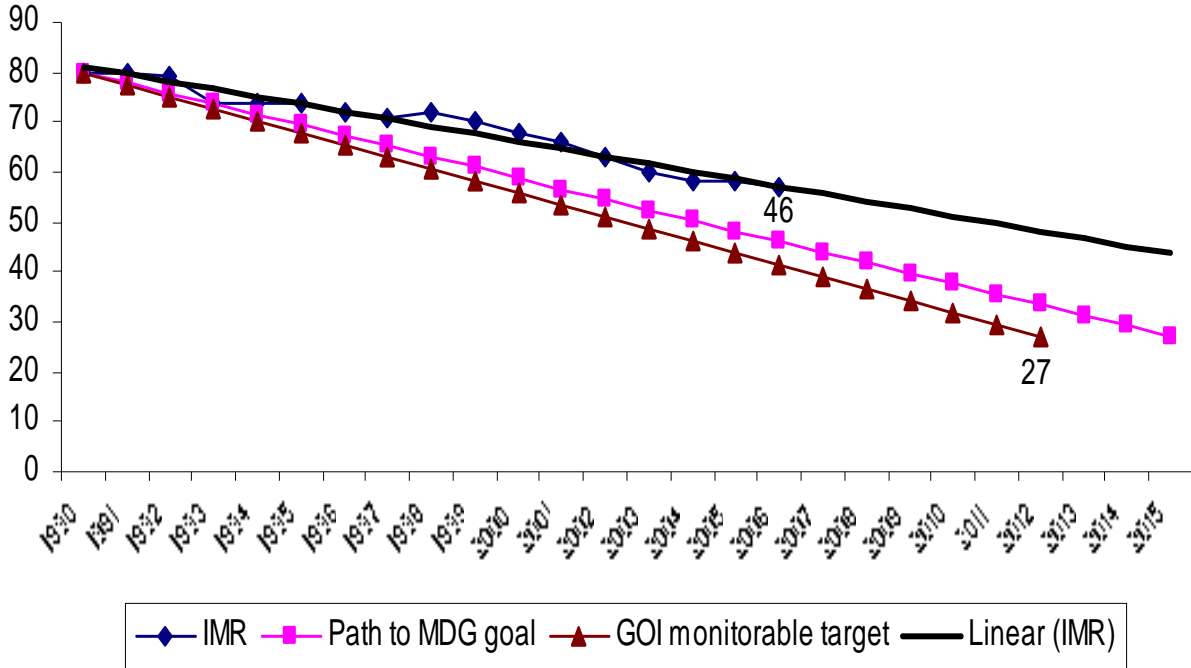
- Appropriate disposal of children's faeces: Correct disposal of children's waste into a toilet is done by only 55 per cent of households. Changing this requires special focus within the information, education, communication and other behaviour change efforts.
- School access to toilets: Ninety six per cent of schools have toilets and 89 per cent have urinals; however, in 20 per cent of schools the toilets are not functioning. Although 84 per cent of schools have separate urinals, separate toilets for girls and boys are available in only 39 per cent of schools.
- Non-use: Eighty five per cent of households have access to individual, community or shared toilets; however, only 66 per cent use the toilets. Non-use is attributed to poor or unfinished installation, lack of infrastructure and lack of training on behaviour change.

The focus of UNICEF WASH programme in India lies on addressing following issues through the TSC:

- Political will: The strong political will of the Government is driving the rapid scale-up of the Total Sanitation Campaign. Patronage by the President of India and at ministerial levels has led to committed and appropriate budgetary allocations for implementation of the programme at scale.
- Glamorizing' sanitation: The presentation of the awards by the President has raised the profile of sanitation and given villages an incentive to attain ODF status. The increase in number of stakeholders and national momentum in support of sanitation improvements has brought the issue to popular attention and helped create motivation for behaviour change.

- Capacity building and communication: Effective and creative communication and capacity development of local governments and institutions has proved essential to the TSC's success.
- Inclusive and multifaceted approach: The Campaign has been successful due to its engagement of wide range of community institutions, including households, schools and preschools; improving structural elements such as supply chains; building local capacity; engaging the media; and establishing the Clean Village Award incentive system.

# Infant Mortality Rate trends in India



## 15-24 years old female literacy rate

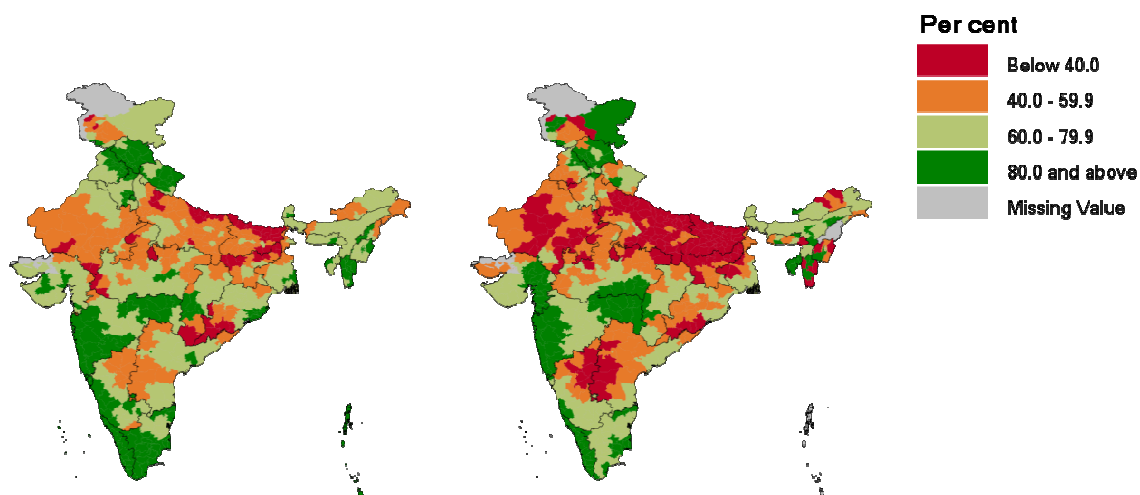
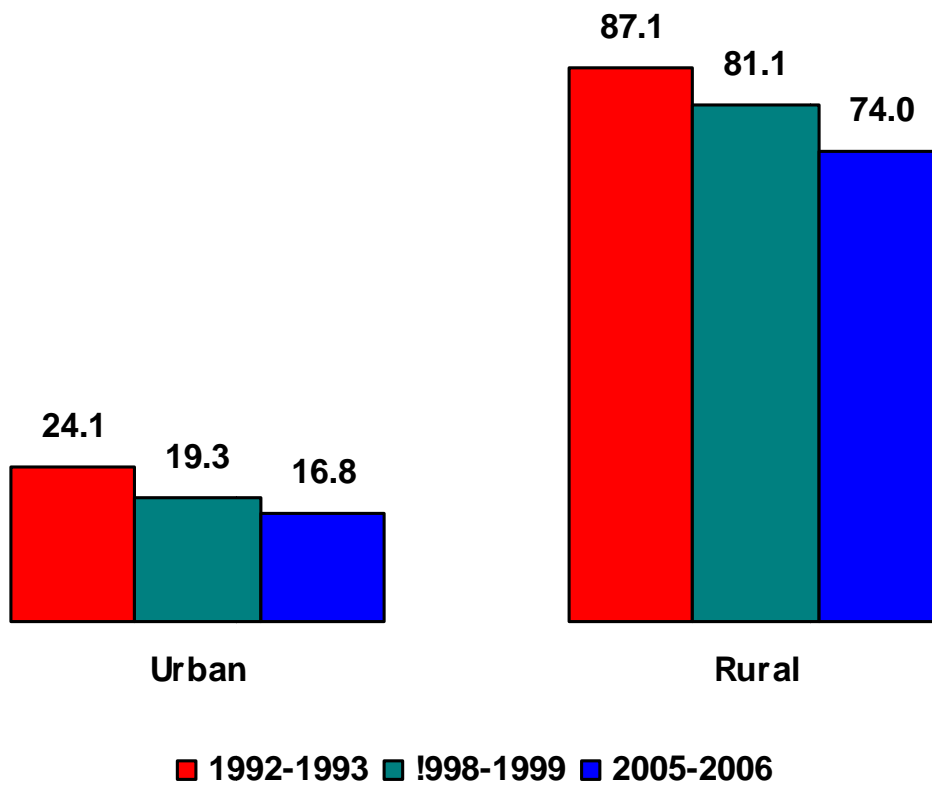
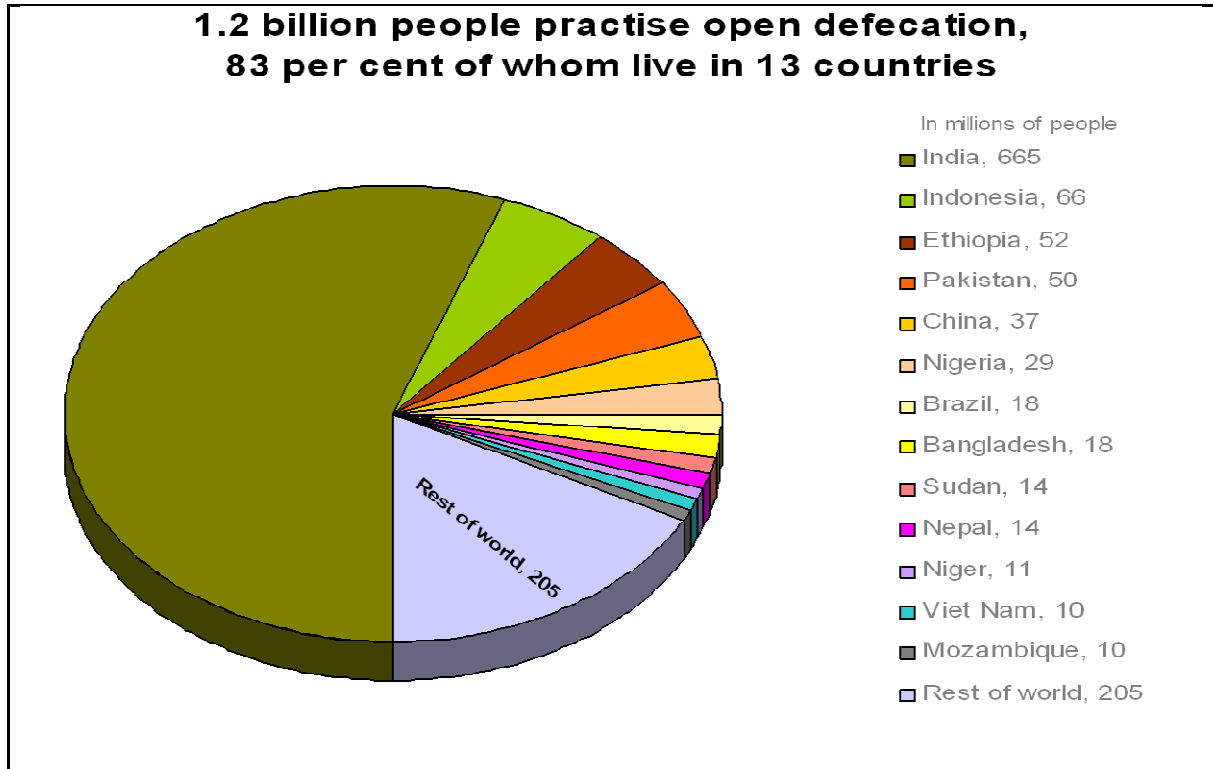


Figure 21: 15-24 years olds female literacy rate - all women (census 2001)

Figure 22: 15-24 years olds female literacy rate - SC women (census 2001)

## Sanitation situation in the world

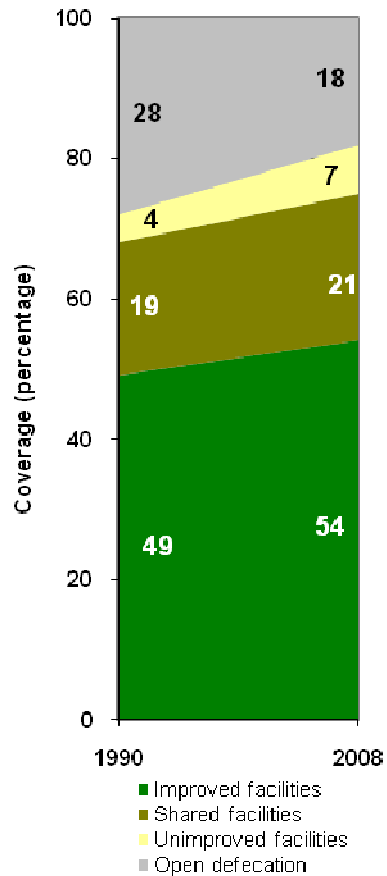




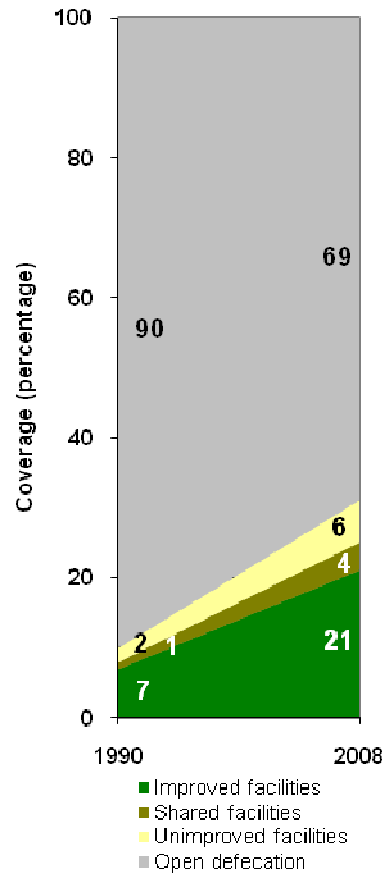


# Sanitation Ladder in India

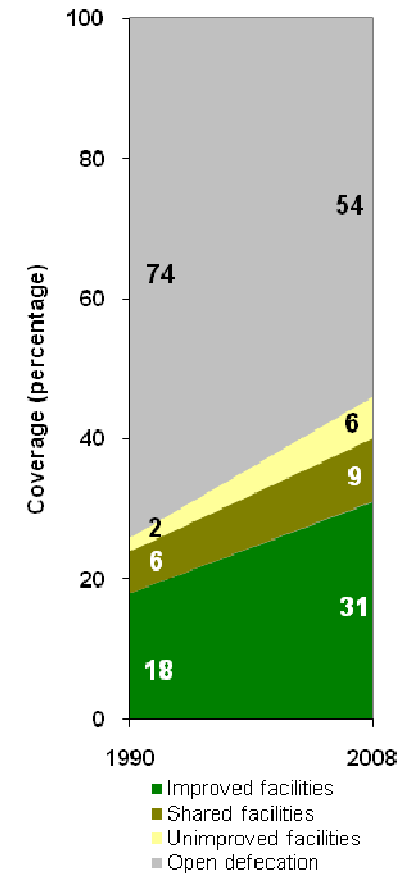
Urban sanitation trends



Rural sanitation trends



Total sanitation trends





## Description of the web-based monitoring system of TSC

Previously, the Rajiv Gandhi National Drinking Water Mission monitored the progress of implementation in the various districts, manually. This method was time consuming and heavily reliant **on the person dealing with data**. These bottlenecks can be ironed out by the use of a computer based information system. For Successful implementation of any programme, robust monitoring system is required. Therefore, WEB based technology enables easy data access and retrieval from any location on the globe, over the Internet.

### Data Flow of TSC Project:

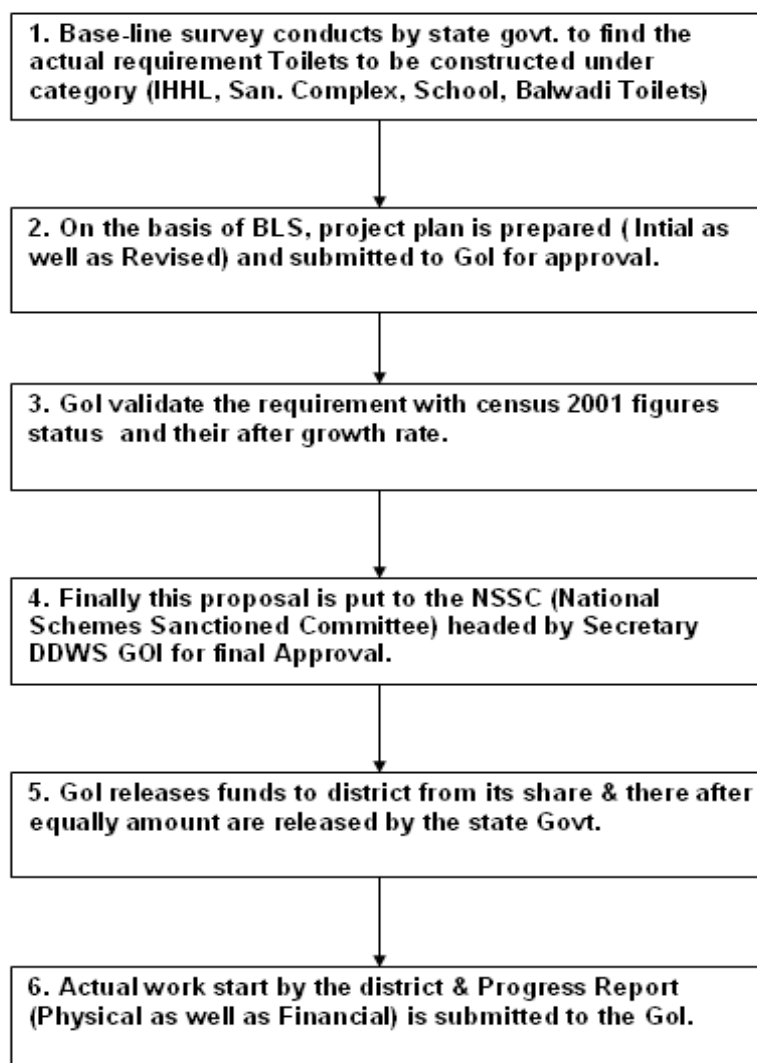


Figure 24: data flow of TSC project  
Source: <http://ddws.gov.in/crspnet/TSCDoc/usermanual.htm>

## Different Modules of Web-based Online Monitoring System for TSC

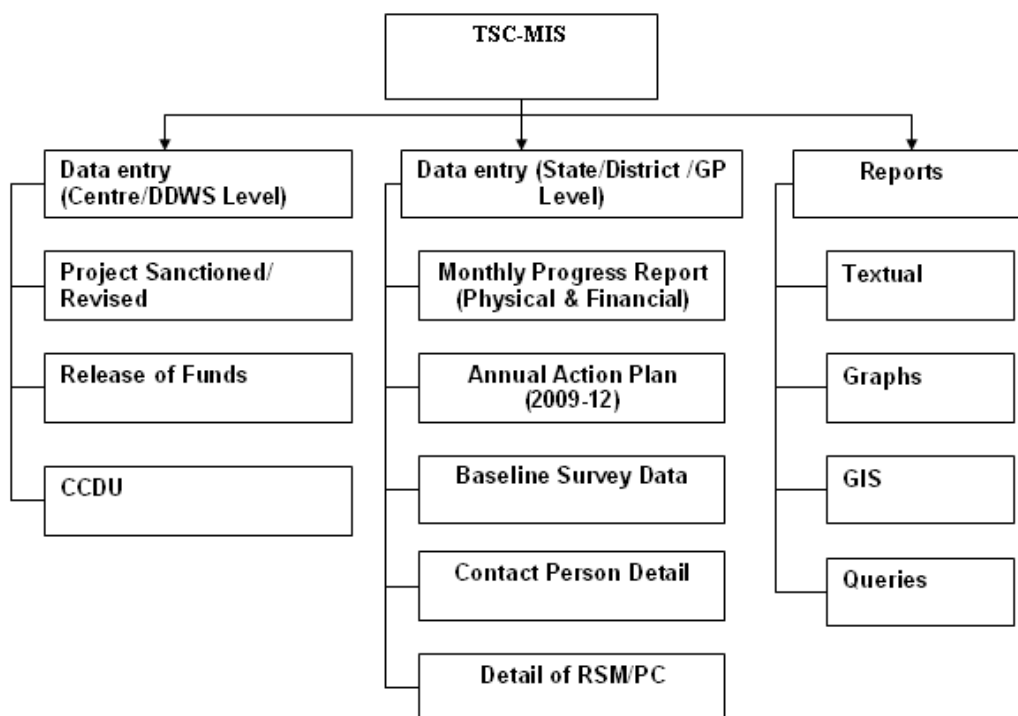


Figure 25: Modules of Web-based Online Monitoring System for TSC  
Source: <http://ddws.gov.in/crspnet/TSCDoc/usermanual.htm>

Presently TSC Projects have been implemented in 590 districts. Wherever the project exists, a password has been assigned to the district, for using this software.

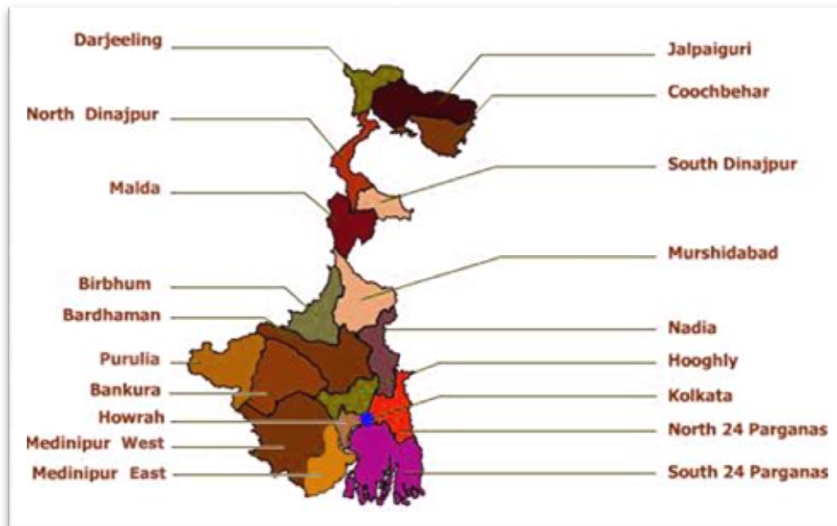
Several validation steps exist to guarantee the quality of the information:

### Validations:

1. Reported month and year cannot be same or advanced than the current month and year.
  2. All the data entered will be cumulative only. That is current reporting achievement figure of any component cannot be less than the last reported figure of respective component.
  3. Number of BPL-Total cannot be less than sum of BPL-SC, BPL-ST, BPL-Gen and BPL-PH.
  4. Number of APL Total should be equal to sum of no. of APL-Revolving Fund and APL-Others (Total APL- Revolving fund).
  5. Correction can be made in last reported record or MPR.
- ... whatever it is to Entry/Update in Monthly Physical Progress,

## Presentation of West Bengal

West Bengal is a state in eastern regions of India. Bangladesh lies on its eastern border whereas to its northeast lie the states of Assam and Sikkim and the country Bhutan, and



to its southwest, the state of Orissa. To the west it borders the states of Jharkhand and Bihar, and to the northwest, Nepal.

West Bengal is the fourth most populous state of India and is also the seventh most populous sub-national

entity in the world. It is the third largest contributor to India's GDP.

An agriculture-dependent state, West Bengal occupies only 2.7% of the India's land area, though it supports over 7.8% of the Indian population, and is the most densely populated state in India.

### **Some important characteristics of West Bengal with direct impact on sanitation status**

#### Permanent increase in the population

Here; there is not just a natural increase but also other additions.

There is a continuous moving of foreign population to the state, provoking an increase in the population.

#### Scarcity of lands

With the increase in population, lands become rare. This phenomenon should contribute in reducing open defecation practices.

#### Periodic flooding and destructions

West Bengal is subject to annual flooding and so far has at least once in a year a significant part of its rural areas under water. Added to the hurricanes ... there is a systematic destruction of the basic toilets already constructed. To my knowing, this

phenomenon, that could have a great impact on use of toilets, is not taken into account at this time.

#### A left-wing anchor

As a communist lead state, there is been an emphasis to sanitation field with a strong political involvement responsible of the good sanitation facilities coverage in this state.

Thus, West Bengal is likely to achieve 100% coverage by 2012 and is willing to apply as **the first NGP state.**

#### Seasonal use of toilets

It was noticed that people use toilets when it is cold or when they get sick because the toilets are closer than the fields.

## Presentation of Orissa

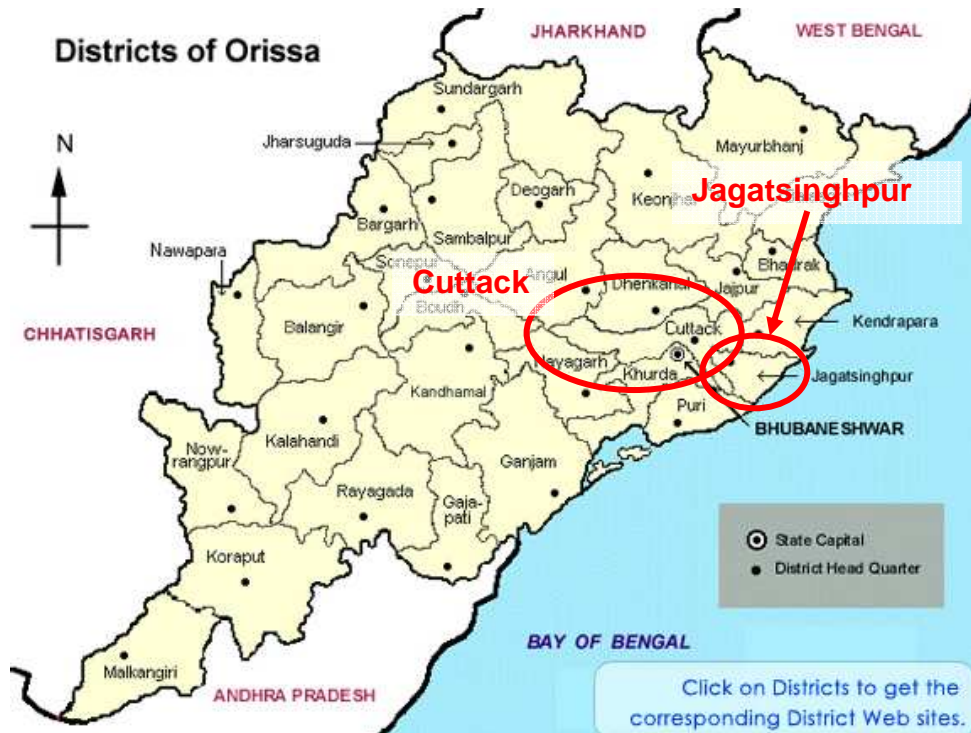


Figure 27: districts of Orissa (<http://www.orissa.gov.in/Portal/dist.asp>)

Orissa is a state of India, located on the east coast of India, by the Bay of Bengal. Orissa is **the ninth largest state by area in India**, and **the eleventh largest by population**. Oriya is the official and most widely spoken language

The modern state of Orissa is bounded by the Bay of Bengal in the east, West Bengal in the north-east, Jharkhand in the north, Chhattisgarh in the west and Andhra Pradesh in the south. The territory **may be divided into four distinct geographical regions: the Eastern Plateau, the Central River Basin, the Eastern Hill Region and the Coastal Belt**. The entire territory lies in the tropical zone as a result of which **high temperature is recorded particularly during April-May**. The state is drained by six important rivers.

Covering an area of 155,707 sq.km. Orissa has a **population of about thirty million**. According to the 2001 census of India, the total population of Orissa is **36,706,920**, of which **18,612,340 (50.89%) are male and 18,094,580 (49.11%) are female**, or **972 females per 1000 males**. This represents a 16.25% increase over the population in 1991. The population density is 236 per km<sup>2</sup> and **85.01% of the people live in rural areas and 14.99% live in urban areas.**



The proportion of people living **below the poverty line in 1999–2000 was 47.15%** which is nearly double the all India average of 26.10%.

Scheduled Castes (16.53%) and Tribes (22.13%) constitute 38.66% of the State population. Some of the important tribes are Santhal, Bonda, Munda, Oraon, Kora and Mahali, with their higher concentration in Mayurbhanj, Keonjhar, Sundargarh and Koraput districts.

The dominant ethnic group are the Oriya people. Many other groups are defined as Scheduled Tribes. Oriyas comprise 75% of Orissa's population while various tribal groups comprise most of the rest.

Oriya is the official language of Orissa and the native language of about 90% of the people. Most of them understand Hindi as well. People can sometimes speak Bengali, Telugu, Urdu and a bit of Gujarati in addition to the various tribal dialects.

Data of 1996–2001 showed the life expectancy in the state was 61.64 years, higher than the national value of years. The state has a birth rate of 23.2%, a death rate of 9.1%, an infant mortality rate of 65 per 1000 live birth and a maternal mortality rate of 358 per 1,000,000 live births. Orissa has a HDI of 0.579 in 2004.

The literacy rate is 63.61% with 75.95% of mal and 50.97% of females being literate.

## Presentation of Madhya Pradesh

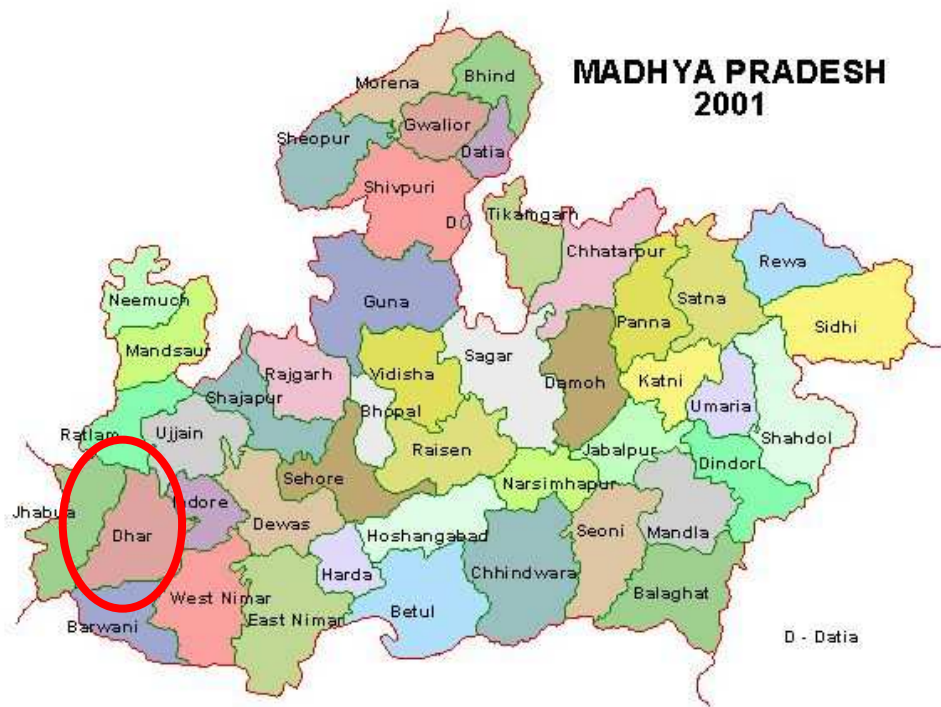


Figure 28: Map of districts of Madhya Pradesh ([akshataa-directory.blogspot.com](http://akshataa-directory.blogspot.com))

Madhya Pradesh is a state in central India. Its capital is Bhopal and it borders the states Uttar Pradesh, Chhattisgarh, Maharashtra, Gujarat and Rajasthan. The state has an area of 308,252 km<sup>2</sup> (119,017 sq mi).

Madhya Pradesh is a medley of ethnic groups and tribes, castes and communities. The population of Madhya Pradesh includes indigenous people and migrants from other states. According to census of 2001, **91.1% followed Hindu religion** while others are **Muslim (6.40%)**, Jain (0.9%), Christians (0.30%), Buddhists (0.30%), and Sikhs (0.20%). **The scheduled castes and scheduled tribes constitute a significant portion of the population of the State. The scheduled castes are 13.14% while scheduled tribes were 20.63%.**

The predominant language of the region is Hindi.

## Unfolding of HH interviews and translators (+ presence of author or not)

Place	HH number	Dates	Translator	Comments	Comments	Missing HH
West Bengal	HH 1 to 16	Day 1 to 4 (June 23 <sup>rd</sup> to 26 <sup>th</sup> )	Amit (NGO volunteer, master of social work)	Same translator for all the households	HH10:17y son then mother (day after)	None
Orissa, Jagatsinghpur district	1	July 14 <sup>th</sup> (Day 1)	Sarpanch + TSC district coordinator + TSC Block Boordinator (BC) (Dewi)	Other people were present and intervened		<b>BPL, SC, &gt;class5</b>
	2	July 14 <sup>th</sup>	TSC BC+Sarpanch	Sarpanch is involved in TSC implementation, <b>difficulties to communicate</b>	HH2 is widow (but will know only after when asking for his wife)	
	3	July 15 <sup>th</sup>	<b>Sarpanch + TSC BC</b>	(not sure that the criteria were respected)	HH3 is Sarpanch family member	
	4, 5, 6	July 15 <sup>th</sup>	Sarpanch			
	7, 8, 9, 10, 11	July 15 <sup>th</sup>	Sarpanch			
	12	July 15 <sup>th</sup>	Sarpanch + TSC BC	Dewi joined after the beginning of interview		
	13, 14, 15	July 16 <sup>th</sup>	TSC BC	<b>Other (non NGP) village</b>	HH15 may not use the toilets	

Orissa, Cuttack District	1, 2	July 26 <sup>th</sup>	District coordinator(DPC) (+TSC BC but does not speak)	Project TSC BC	Difficult to speak with TSC BC	(HH2 criteria) = HH4 HH2= Hindu family??	APL, SC, literate; BPL, SC, literate
	3, 4, 5, 6	July 27 <sup>th</sup>	DPC			(HH6 criteria) = HH9	
	7, 8, 9	July 28 <sup>th</sup>	DPC				
	10, 11	July 29 <sup>th</sup>	TSC BC		Difficult to communicate		
	12, 13, 14	August 2 <sup>nd</sup>	Ravi (engineering student)				
	15, 16	August 3 <sup>rd</sup>	Ravi				
Madhya Pradesh	1, 2, 3	August 18 <sup>th</sup>	NGO member (Satish)		OK	Sankota village, mainly only women could be interviewed	BPL, illiterate, SC; BPL illiterate, ST
	4, 5, 6	August 19 <sup>th</sup>	Joydeep (NGO member)		OK	Sala village	
	7	August 19 <sup>th</sup>	Chetna (NGO member)		OK – sometimes difficult to communicate Realized the Interview alone	Sala village	
	8, 10	August 19 <sup>th</sup>	Joydeep (NGO member)			Balwara village	
	9	August 19 <sup>th</sup>	Chetna (NGO member)		Realized the interview alone	Balwara village	
	11	August 20 <sup>th</sup>	Chetna (NGO member)		Realized the interview alone	Sala village	

	12	August 20 <sup>th</sup>	Joydeep (NGO member)		Sala village	
	13	August 20 <sup>th</sup>	Joydeep +Chetna		Sala village	
	14	August 20 <sup>th</sup>	Joydeep (NGO member)		Palasia village	
	15	August 20 <sup>th</sup>	Chetna (NGO member)	<b>Realized the interview alone</b>	Palasia village	
	16	August 20 <sup>th</sup>	Chetna (NGO member)		Palasia village	
	17	August 20 <sup>th</sup>	Chetna + Joydeep		Palasia village	

## Summary of criteria for interviewed HH

West Bengal, East Medinipur			
HH n°	economic status	mother's educational level	community
1	BPL	<class 10	Hindu
2	BPL	>class 10	Hindu
3	APL	>class 10	Hindu
4	APL	>class 10	ST
5	APL	>class 10	SC
6	APL	<class 10	Hindu
7	APL	<class 10	SC
8	APL	>class 10	Muslim
9	BPL	<class 10	Muslim
10	BPL	<class 10	ST
11	APL	<class 10	Muslim
12	BPL	>class 10	SC
13	APL	<class 10	ST
14	BPL	>class 10	ST
15	BPL	<class 10	SC
16	BPL	>class 10	Muslim

Orissa- Jagatsinghpur				
GP	HH n°	economic status	mother's educational level	community
Kisnandapur	1	APL	3	SC
	2	APL	literate	Hindu
	3	APL	7	Muslim
	4	BPL	4	Muslim
	5	APL	5 (illiterate)	Hindu
	6	BPL	6	Muslim
	7	BPL	10	SC
	8	APL	5 (literate)	SC
	9	BPL	3	SC
	10	BPL	7	Hindu
	11	BPL	5 (illiterate)	Hindu
	12	APL	3	Muslim
Tirto	13	APL	10	ST
	14	APL	5(illiterate)	ST
	15	BPL	3	ST
	16	BPL	Literate	ST

Orissa - Cuttack			
HH n°	economic status	mother's educational level	community
1	APL	7	Muslim
2	BPL	6	Hindu
3	BPL	0	SC
4	BPL	6	Hindu
5	APL	10	SC
6	APL	10	Hindu
7	APL	0	SC
8	APL	3	ST
9	APL	12	Hindu
10	BPL	5 (literate)	SC
11	BPL	0	Hindu
12	APL	2	Muslim
13	BPL	5 (literate)	Muslim
14	BPL	4	Muslim
15	BPL	0	ST
16	APL	0	Hindu
	APL	Literate	ST
	BPL	Literate	ST

LITERATE
ILLITERATE

Madhya Pradesh - Dhar					
GP	HH n°	economic status	mother's educational level	community	
1	1	BPL	0	ST	
	2	APL	0	ST	
	3	APL	0	ST	
2	4	APL	0	SC	
	5	BPL	5 (literate)	SC	
	6	APL	4	Muslim	
	7	APL	4	Muslim	
3	8	BPL	0	Hindu	
	9	APL	0	Hindu	
	10	APL	8	Hindu	
2	11	BPL	3	Muslim	
	12	BPL	5 (literate)	Muslim	
	13	APL	5 (literate)	Muslim	
4	14	BPL	5 (literate)	ST	
	15	APL	10	ST	
	16	BPL	5 (literate)	Hindu	1: Sankota
	17	APL	2	SC	2: Sala
		BPL	Illiterate	SC	3: Balwara
		BPL	Illiterate	ST	4: Palasia

## Characteristics of interviewed people: *West Bengal*

Dwelling time (in the house [or in village if specifically asked])							
HH number	Man	Woman	Age of the interview people		Number of people in the family	Time with toilets (years (y))	Received subsidy?
			Man	Woman			
1	55	24	55	~50	4 (14 to 55)	14y	Rs 3500 – no subsidy
2	42	-	42	42	6 (5 to 65)	10y (plate only)- 5y (up gradation )	plate was given (1 <sup>st</sup> ) - Rs 700 to 800 for up gradation (2 <sup>nd</sup> )
3	32	-	65	55	4 (24 to 65)	30y (1 <sup>st</sup> ) – 2y (plate given + up gradation )	~ Rs 20000 (1 <sup>st</sup> ), ~Rs 13 000(2 <sup>nd</sup> - plate given by GP/ NGO for the children)
4	13	-	45	33	4 (4 to 45)	10y	~Rs 10000 to 12000 – no subsidy
5	18	-	66	57	6 (8 to 66)	18y	Rs 6000 – no subsidy
6	43	-	43	32	5	14y (1 <sup>st</sup> ) - ?? (2 <sup>nd</sup> )	~Rs 12000 (1 <sup>st</sup> ); ~Rs 7000 (2 <sup>nd</sup> )
7	25	-	53	50	6 (6 to 53)	25y (1 <sup>st</sup> ) – 5y (2 <sup>nd</sup> , first floor for son's family)	~Rs 10000 (1st one); ~Rs 15000 to 16000 (2nd one)
8	30 to 35	-	36	30	(permanent)	15y	~Rs 7000 – no subsidy



					+1(mother sometimes)		
9	-	20	37	30	7 (4 to ~65)	15y	Rs 125 + Rs 225 from NGO (total =Rs 350)
10	17	30	17	55	2 (17 and 55)	1,5y	GP gave the plate (= subsidy)
11	40	40	60	52	4 (18to 60)	20y (after 8 years, just shifted the plate)	Rs 65 + plate was installed by GP workers (=subsidy)
12	42	20	42	33	4 (15 to 42)	~15 to 20 y (1 <sup>st</sup> ), ?? (2 <sup>nd</sup> ) [use both]	Rs 60 (1 <sup>st</sup> )+ plate given (subsidy); Rs 35000 (2 <sup>nd</sup> )
13	38	25	38	36	6 (6 months to 38)	15 to 16y	Rs 60 + plate installed by GP
14	29	>10y	29	27	4 (3 to 29)	6 to 8 months back	Took the plate installed in his father 's home after his death- plate was given to father by GP dug the hole himself
15	55	22	55	42	5 (18 to 55)	~20y	Rs 1300 + Subsidy: Rs 14000 for building house (toilet mandatory)
16	10	7	31	26	6 (2,5 to 64)	40y (1 <sup>st</sup> , by father); 5y (2 <sup>nd</sup> )	?? (1 <sup>st</sup> ); ~Rs 12000 (no subsidy)

NI: Not interviewed

**Note:** At the beginning, we did not differentiate the time for living of the woman and of the man and therefore did not ask the question before realizing it was a mistake.

**Note2:** highlighted: HH having latrines for more than ten years

HH9: interview was started with the woman before her husband arrives and we therefore interrupted to speak with him which explains why there is not the period of residence for the man)

HH2/2 was widow. We could interview only the man.

HH15 was maybe not using toilets (no superstructure)

HH3 observation is subject to caution since it was Sarpanch's family

HH 5/3: not interview of man and wife but grand father and daughter (in law?)

HH12/3: we were supposed to interview middle age people but finally interviewed their parents since they match more than their children in terms of literacy (but the toilets may have been constructed by the son and not the old man)

HH15/3: may not use the toilets even if the contrary was told (author personally took the decision to consider that the toilets are not used due to the processing of the interview and observation, notably, absence of superstructure and inconsistency between reason for constructing and state of the latrine).

A lot of people have been leaving for their entire life in the village.

HH10: widow mother. We interviewed the son, who actually constructed the toilets then his mother the day after (since she was absent this day).

There are several people who have had toilets for more than 10 years.

The arrival in a new place can be the reason for building the toilets since we can see that people who just moved in have had toilets (however this reason was not given by the HH during the interview while asking them their motivation for building toilets).

HH6: had first a septic tank attached with a plate (that was covered with tin sheet and plastic); got destructed 10years ago and then took advantage to construct permanent shelter (but still same tank).

HH15 may have had his house thanks to the Anwandi Awas Scheme (aimed at providing toilets to the poor families). For houses constructed under this scheme, the construction of toilets is mandatory.

HH16: first toilet was under repair at the time of the visit. The second one is inside the house.

## Characteristics of interviewed people: Orissa, Jagatsinghpur

15 households out of the 16 initially projected were interviewed during this field visit. As it was not possible to find ST people in the village, we had to go to a non NGP village where we were told that we could speak with people using toilets. Unfortunately, it seems that HH15/2 does not use the toilets, even if he told the contrary (or irregular use of toilets).

Dwelling time (in the house [or in village if specifically asked])							
HH number	Man	Woman	Age of the interview people		Number of people in the family	Time with toilets + number of toilets	Received subsidy?
			Man	Woman			
1	76 [>10y]	40	76	60	6 (4 to 76)	2y	Rs 2500 – no subsidy
2	45	/	45	40	8 (11-to 70)	14	Rs 1500- no subsidy
3	55	32	55	48	8 (1 to 75)	14	Rs 1500 no subsidy
4	55	35	55	47	7 (1 to 55)	2	Rs 3000 - subsidy=Rs 1200
5	51	22	51	45	5 (20 to 78)	5(1 <sup>st</sup> ), 6 months (2 <sup>nd</sup> )	Rs 20000 (1 <sup>st</sup> ), Rs 25-30000 (2 <sup>nd</sup> )
6	68	45	68	51	8 ( 1 to 68)	2	Rs 5000; Subsidy= Rs 1200
7	32	4	32	28	9 (8 months to 80)	1	Rs 4 to 5000 Subsidy= Rs 1200
8	70	45	70	60	4 (19 to 70)	4	Rs 2000 no subsidy
9	51	26	51	41	6 (18 to 51)	3	Rs 2500 Subsidy= Rs 1200

<b>10</b>	65	25	65	55	7 (2 to 65)	4	Rs 4000 Subsidy= Rs 1200
<b>11</b>	20 [>3 generati ons]	20	48	46	5 (6 to 48)	2	Rs 4 to 5000 Subsidy= Rs 1200
<b>12</b>	58	30	58	50	3(16 to 58)	5(1 <sup>st</sup> and 2 <sup>nd</sup> together – joined)	Rs 25 to 30000 No Subsidy
<b>13</b>	20	6[20y]	32	28	7 (1.5 to 60)	11	Rs 5000 No subsidy
<b>14</b>	20	10	30	34	10(3 Months to 43)	10	Rs 5000 No subsidy
<b>15</b>	[40]	10	30	25	4 (4 to 30)	2	Rs 700 Subsidy= Rs 500

*Note: HH14: We interviewed a man but his wife did not match with the criteria. Therefore, we interviewed the aunt who had been living there for a while (and was not married)*

## Characteristics of interviewed people: *Orissa, Cuttack*

16 households were interviewed during this field visit which took place in a non NGP village since we were willing to meet people who had toilets but did not use them.

Finally, only 14 HH matched with our criteria (HH6 and 9 and HH2 and 4 were HH with similar criteria).

We could meet:

- 5HH who had toilets but never used them
- 4HH who had toilets but whose certain members were using irregularly (often used (HH..) or almost never (...))
- 6HH (1, 7, 12, 13, 16 (and 15??)) who had toilets and use them  
***Note:** HH15: people told toilets were used but according to my observations, it seem that they were not (will however be considered as using for the analysis because of the reasons given for building and using). (put picture??)*

Dwelling time (in the house [or in village by family if told])								
HH number	Man	Woman	Age of the interview people		Number of people in the family	Time with toilets + number of toilets	Received subsidy?	Toilets are used?
			Man	Woman				
1	[>50y]	25y	48	42	<b>7HH (6 brothers + father); interviewed family =7members (16 to 75)</b>	2y	>Rs 10 000 – no subsidy	Yes (all members)
2	5y (house) [was living in neighbourhood before]	5y (house) [was living in neighbourhood]	55	45	8 (14 to 70)	~3months (but construction not over for him)	~Rs 7800 Subsidy: Rs 2200	Nobody uses

		ood befor e]				since door is missing )		
<b>3</b>	45	22y	45	35	5 (9 to 45)	1y	Rs 2200 (totally subsidized)	Nobody uses
<b>4</b>	34 [several generat ions]	11	34	30	6 (5 to 62)	5y	Rs 115 +subsidy: Rs 500	Nobody uses
<b>5</b>	<b>70</b> [several generat ions]	30	70 (son is 35)	30	8 (6 to 70)	<b>2 toilets (same date?) – 2y</b>	~Rs 3000 – no subsidy	Old man usually uses but still go in the open
<b>6</b>	Since birth	4y (lived in Bhub anes war befor e)	40 (and 24y brothe r somet imes)	35 (likely )	25 [several HH of same family] (2 to 70y)	6y	Rs 3500 – no subsidy [1toilet]	All members <b>generally</b> use but due to overflow, sometime s impossibl e
<b>7</b>	67 [4 generat ions]	40	67	62	4 (23 to 67)	2y	Rs 4000 – no subsidy	Yes (all members)
<b>8</b>	45 [8 generat ions]	25y	45	40	6 (13 to 70)	4y	Rs 4000 – no subsidy	Nobody uses!!
<b>9</b>	30 [3 generat ions]	<b>1,5y</b>	30	26	12 (1 to 55)	5y	Rs 2000 – no subsidy	None of the adult men use
<b>10</b>	41 [~70y]	15	41	38	6 (10 to 60)	1y	Rs1800 to 2800 +	Man rarely

							subsidy(Rs2200)	uses, his wife and father sometimes, old mother always
11	67	50	67	60	5 (2 to 67)	4 to 5 y	Subsidy: Rs 600 (obtained after construction)	Nobody uses
12	Since birth in the village	35	50	35	6 (18 to 70)	5y	Rs 1000 – no subsidy	Yes (all members)
13	10 to 12y (was leaving there before but cyclone destroyed previous house)	30	55	45	6 (13 to 95)	5y	Rs 500 to 600; 3 rings were given as subsidy before construction	Yes (all members)
14	26y	40 to 50y	28	55	6 (3 to 55)	4y	Rs 2200 (+ ??) + 3 rings were given (as subsidy)	Adults use; little child goes outside
15	55 (other place before)	30	62 (or 35)	35	11 (2 to 62)	5y	Rs 100 + subsidy =3rings + {mason + cement	HH told they use. (Author believes the

							+sand} free (->Rs 2200)	<b>contrary)</b>
16	70	50	70	52	6 (7 to 70)	4y	Rs 3000 – no subsidy	Yes (all members)

**Notes:**

**HH4:** received subsidy first then constructed the toilets. (BPL but bought tube well)

**HH5:** In the absence of HH5 female's husband, we interviewed her father in law.

HH5 female is the self help group president we will meet the next day

HH5: 2 toilets but I will be old after the interview unfolding (missing question about why 2<sup>nd</sup> toilet and date...)

HH5: not really possible to know if only old man still go for OD or if it is something common in the family since he told us he used more the toilets during the rainy season and that it was similar for other members but interview of woman revealed that women were always using the toilets (problem of distance)

**HH6: not sure that it is a Hindu family;** strongly looked like a Muslim family and was not possible to speak with wife directly (she stayed invisible and her husband told us the answers she was giving).

Due to number of people in the family, it is sometimes compulsory for someone needing to relieve the toilets to go outside if the toilets are already engaged.

Due to overflowing of the tank (notably during rainy season), boys go outside sometimes.

**HH7 explained that 26 male and 23 female used the toilets since they were used to, even if the toilets have been constructed (only) for 2 years.** Also distance problem...

**HH8:** APL family + motivator of the village!!! Does not use!!!!

**HH12:** man came in the house where the woman where living when they got married.

**HH14:** Mother was a widow. We interviewed her adult son then her.

HH14: Since the subsidy is fixed by the government to an amount equal to Rs 2200 (but not necessarily under the form of money), we did not really understand if the 3 rings given as a subsidy were worth Rs 2200 or if the HH had also to pay Rs 2200.

**HH16:** we were supposed to interview first adult son (who may have constructed the toilets) but due to criteria, finally interview the old parents.



**Motivation of people using toilets for building toilets (details) that will be use by all members, *Cuttack*:**

5 HH had toilets that they were using

Motivations for building toilets that will be use by all members				
HH number	Man	Woman	Time with toilets (years)	Receive subvention??
1	Did not have any other option: could not go outside (privacy + social pressure)	Felt bad when going outside: people are there	2y	>Rs 2000, no subsidy
7	Didn't want his to come daughter in law to go outside + shortage of OD area	No motivation	1y	Rs 4 to 5000 Subsidy= Rs 1200
12	Feels humiliated if goes outside+ lack of open field+ privacy (women and children)	Lack of open fields + distance(far)	5(1 <sup>st</sup> and 2 <sup>nd</sup> together – joined)	Rs 25 to 30000 No Subsidy
13	Lack of open fields	Inconvenient to go outside (Lack of open fields )	5y	Rs 500 to 600; 3 rings were given as subsidy before construction
16	Lack of open fields+ difficult to go outside because of poor health	Didn't want new daughter in law to go outside (“customs”)	4y	Rs 3000 – no subsidy

## **Motivation of people using toilets (details) *Cuttack:***

5 HH had toilets that they were using

Motivations for using toilets				
HH number	Man	Woman	Time with toilets (years)	Receive subvention??
1	Social recognition	Privacy	2y	>Rs 2000, no subsidy
7	Has been using for one year now since river bank is quite far and he is old	Poor health condition + old	1y	Rs 4 to 5000 Subsidy= Rs 1200
12	Toilets are nearby so doesn't have to go outside [comfort]	Toilets are nearby so it is better than going outside	5(1 <sup>st</sup> and 2 <sup>nd</sup> together – joined)	Rs 25 to 30000 No Subsidy
13	Finds difficult to go outside	Got used to use toilets	5y	Rs 500 to 600; 3 rings were given as subsidy before construction
16	Because of health problems (is weak)	Were scold by other people when going outside for OD(social pressure)	4y	Rs 3000 – no subsidy

*Reminder: We had to classify and categorize the different reasons according to our understanding of what our translator told us but also according to the understanding of our translator regarding what people told him (double scale for understanding).*

It is interesting to note that there is not a unique reason explaining why people want to build toilets.

**People having toilets but irregular use (all members don't use them, all members don't always use...): Motivation for building, *Cuttack*:**

5HH had this criterion

Motivations for building toilets that only certain members will finally use				
HH number	Man	Woman	Time with toilets (years)	Receive subvention??
5	Lack of open field + river bank is far from home (1 km) so difficult for women and children+ health problems	Privacy+ security+ prevent pollution	2 toilets (same date?) – 2y	~Rs 3000 – no subsidy
6	Big family+ ladies, hard to go outside + privacy + social pressure	To remain clean+ accepted by all	6y	Rs 3500 – no subsidy [1toilet]
9	Privacy of ladies	[Never went for open defecation ]- toilets were already present when she arrived	5y	Rs 2000 – no subsidy
10	Mother is old, asked for having toilet	Prevent pollution+ privacy	1y	Rs1800 to 2800 + subsidy(Rs2200)
14	Lack of open fields (were scolded by new owners of the land) + subsidy	Couldn't go to other places (fear of snakes)+ privacy	4y	Rs 2200 (+ ??) + 3 rings were given (as subsidy)

**Note:** HH15 was not studied since he told that he used but the observation of his toilets let think that they were not in use

**People having toilets but irregular use (all members don't use them, all members don't always use...): Reason why certain people use and certain people do not use, *Cuttack*:**

Reasons why certain people use and certain do not use				
HH number	Man	Woman	Time with toilets (years)	Receive subvention??
5	Save times to use the toilets +health problems – but can go for OD with friends <b>sometimes</b> (old man, not his son) <b>(social practice)</b>	Same: security, privacy + environment	<b>2 toilets (same date?) – 2y</b>	~Rs 3000 – no subsidy
6	Uses car social pressure is high + shortage of open space BOYS: have to go outside sometimes because of <b>regular overflowing of tank</b>	Never went for OD	6y	Rs 3500 – no subsidy [1toilet]
9	none of the men use: prefer to go outside with friends	Never went for OD before (arrived 1,5y ago): privacy, security, environment	5y	Rs 2000 – no subsidy
10	Tank is very small (never uses), his father uses sometimes	Wife uses sometimes (rainy season) + old mother always use	1y	Rs1800 to 2800 + subsidy(Rs2200)
14	Was scolded by people owning the	No other place to go + toilets available in	4y	Rs 2200 (+ ??) + 3 rings were given

	land if went for OD in their field, 3 years old boy goes outside because too little for the squatting hole	the nearby		<i>(as subsidy)</i>
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HH5: in the absence of the woman's husband (who constructed the toilets (with his father?)), we interviewed the father (**Social practice for the old man and his friends**)

HH6: APL family no subsidy: none of the men use the toilets! Toilets seem to have been constructed **only for women**. Only women and 10 years old boy use toilets. The 10 years boy uses since his parents don't want to let him go alone by the river bank.

HH9: none of the men use: prefer to go outside with friends: toilets like reserved for women

HH10: they fear the tank gets filled

HH14: son (28) and widow mother (55) were interviewed

**Characteristics of interviewed people: *Madhya Pradesh,***  
***Dhar District***

Dwelling time (in the house [or in village if specifically asked])							
HH number	Man	Woman	Age of the interview people		Number of people in the family	Time with toilets + number of toilets	Received subsidy?
			Man	Woman			
1	>15 years	>15years	NI (32)	30	4 (14 to 32)	2,5 years	Contribution of <b>GP/JP (or Janpath?)</b> up to Rs2200
2	>15 years	~15years	NI: 50	40	6 (6 to 60)	2,5 years	Contribution of <b>JP (or Janpath?)</b> up to Rs2200
3	40 years	/	40	35	4 (2 to 40)	2 years	Contribution of <b>JP (or Janpath?)</b> up to Rs2200 + HH participation=Rs300 (labor)
4	>5 years (lived in the village before relocation)	>5 years (lived in the village before relocation)	/(+NI) (38, 32 or 28)	/(35,30 or 26)	3HH, 16 people (9 to 38)	5 years (but up gradation to use???: 4 to 5 month back)	Rs2200 perceived directly by the HH as a reimbursement Does not know about her HH involvement
5	5 years	??	32	29	4 (6 to 32)	2 years	Construction <b>by JP</b> up to Rs2200
6	20 years	20 years	NI (55)	50	11 (1month to 55)	20 (1 <sup>st</sup> one) About 2 month (2 <sup>nd</sup> one)	1 <sup>st</sup> : Rs 5000 own fund 2 <sup>nd</sup> : Construction <b>by JP</b> up to Rs2200

7	15 years	15 years	NI (48)	NI (42)- daughters (21 and 17)	6 (14 to 48)	1,5 (1 <sup>st</sup> one) 2 months (2 <sup>nd</sup> one)	Rs3000 (1 <sup>st</sup> ) 2 <sup>nd</sup> : Construction by JP up to Rs2200
8	85 years	67 years	85	80	13(~4HH) (4 to 85 years)	12 years	About Rs 4000 to 5000 + subsidy: Rs 1200
9	40	20 years	40	35	5 (18 to 65)	3 years	Government funds → Rs 2200??
10	38	15 years	38	33	2HH, 7 people (11 to 62)	9 years	Rs 20000 (toilets + combined bathroom) + subsidy: Rs 1200
11	35	13 years	35	30 years	5 (6 to 35)	15 years (HH11) or 10 years (HH12)	Rs 10000 (no subsidy)
12	10	Was born there but came back 10 years ago	NI: 50	40	6 (9 to 50)		
13	55	35(!!)→likely 25	55	50	12, (~3HH)- (2,5 to 55)	20 years	1 <sup>st</sup> one:? 2 <sup>nd</sup> one: Rs 8000 (own funds)+ Rs 2200 (subsidy)
14	31	~15 years	31	29	6 (3,5 to 31)	1 year	Rs 200 + Subsidy (Rs 2200)
15	35	17	35	33	8 (8 to 60)	1 year	Subsidy (Rs 2200)
16	15 years	15 years	NI (35)	31	4 (9 to 35)	1,5 year	???
17	53 (in this house 15 years)	28 years (15 years in this house)	53	47	4 (17 to 53)	16 years	~Rs 10000- no subsidy

HH1, 2, 6, 12, and 16: Only women were interviewed (husband absent)

HH3: Interview will be started with woman, in the absence of her husband, then will be interrupted after her husband arrival.

HH4: interview realised in very bad condition, not knowing exactly who the interviewed woman, who was busy, was and with a lot of disturbances and impossible o finish the interview. One of the girl child was asked some of the questions her mother (?) did not answer.

HH7: parents absent nut translator realized interview of the 2 daughters.



## Adoption of new practices by old people and children:

### West Bengal

With the idea of the realisation of an indicator of use of toilets, an important aspect of the study is to highlight the behavioural change. This is above all critical for children (who are principal targets of UNICEF policies) and for old people (because they may have strong difficulties to change practices they have had for their whole life).

We consequently had some questions about their usage of toilets.

*Children were generally interviewed during mother's interview. They were also interviewed when they were present during father's interview and we did not know if they would be present after (departure for school for example).*

HH number	Period with toilets	Number of children		Children use toilets? Why?	Presence of > 55 years people (age, gender)	Use toilets?
		Boy (age in years)	Girls (age in years)			
1	14y	2(18,14)		Yes to avoid pollution	55(M)	Yes constructed the toilet
2	10y (plate only)- 5y (up gradation)	1 (5)	2(12,15)	Yes; boy was taught to use toilet	65(F)	Yes
3	30y (1 <sup>st</sup> ) – 2y (plate given + up gradation)				65(M) 55(F)	Yes: out of habit
4	10y	1(4)	1 (11)	Yes; taught by parents (boy), for girl: time saving, privacy, cleanliness		
5	18y	1(14)	1(8)	Yes: keep environment clean, health awareness	66(M) 57(F)	Yes. constructed the toilet
6	14y (1 <sup>st</sup> ) - ?? (2 <sup>nd</sup> )	1(15)	2(9, 12)	Yes, taught by parents		
7	25y (1 <sup>st</sup> ) –	1(20)	1(6)	Yes		

	5y (2 <sup>nd</sup> , first floor for son's family)					
8	15y		1(5)	Yes: with mother's help	65(F)	Yes
9	15y		4(4, 15, 12, 9)	Yes 4 y old girl with mother's help	65(F)	Yes
10	1,5y	1(17)		Yes: to maintain cleanliness	65(F)	Yes to avoid smell and pollution
11	20y (after 8 years, just shifted the plate)	1 (21)	1(18)	Yes	60 (M)	Yes. constructed the toilet
12	~15 to 20 y (1 <sup>st</sup> , ?? (2 <sup>nd</sup> ) [use both])	1 (18)	1(15)	Yes: as told by parents- environment clean and diseases wont occur		
13	15 to 16y		3(14,10,7)	Yes: habit of using toilet		
14	6 to 8 months back	2(8, 3)		Yes		
15	~20y	1(20)	1(18)	Yes	55(M)	Yes. constructed the toilet
16	40y (1 <sup>st</sup> , by father); 5y (2 <sup>nd</sup> )	2(2.5, 6)		Yes: with help of mother for younger boy	64 (M), 55(F)	Yes: for female-privacy and to keep environment clean For male-avoid smell and stay healthy

## **Excreta disposal of the babies (0->2y): *West Bengal***

**Note:** regarding the excreta disposal of very young children (0 → 2 years)

HH number	boy	Girls	What is done with excreta?
8		1(3 months)	Thrown into a drain near the house
13	1 (6 months)		Washes cloth in a pond near house

The question related to the disposal of babies' excreta may tell us if there is real health awareness among the families.

## Adoption of new practices by old people and children:

### Jagatsinghpur

HH number	Period with toilets	Number of children		Children use toilets? Why?	Presence of > 55 years people (age, gender)	Use toilets?
		Boy (age in years)	Girls (age in years)			
1	2y	1 (4)	-	Yes: -(alone)	76(M), 60(F)	Yes (constructed the toilets)
2	14	2 (11, 12)	1 (18)	Yes/	70(F)	Yes
3	14	1(2.5)		Yes	55(M), 75(f)	Yes
4	2	1(19)		Yes: cleanliness and health protection (answer from child)	55 (m)	Yes (constructed the toilets)
5	5(1 <sup>st</sup> ), 6 months (2 <sup>nd</sup> )	1(20)	1(21)	Yes	78(M)	Yes
6	2	1(4)	1(3)	No Thrown into latrine	68(M)	Yes constructed the toilets + avoid pollution+ toilets are here so uses them)
7	1	1(11)	2(3, 17)	Yes follow family practice, 3y uses with mother's help	80(M), 70 (f)	Yes
8	4		1(19)	Yes	70(M) 60(F)	Yes presence of snakes, safety issue
9	3	2(18, 22)	2(24,26)	Yes		
10	4					
11	2		3(6,9,18)	Yes concerned (about health) Ordered by parents		
12	5(1 <sup>st</sup> and 2 <sup>nd</sup> together – joined)	1(16)		Yes Ordered by parents	55(M)	Yes prestige+ privacy+ safety (constructed

						the toilets)
13	11		1(3)	Yes parents concerned about disease and germs	60(M)	Yes, started using immediately because worried about diseases
14	10	3(5, 21,21)	1(14)	Yes, follow family practice; privacy and security for girl		
15	2	2(4, 10)		Parents told they were using but seems to be false		

### **Excreta disposal of the babies (0->2y): Jagatsinghpur**

**Note:** regarding the excreta disposal of very young children (0 → 2 years)

HH number	boy	Girls	What is done with excreta?
3		1(1)	Thrown into toilet
4	2(1,1)		Thrown into the pond
6		1(1)	Thrown into latrine
7		1(8 months)	Thrown into latrine
10		1(2)	Thrown into latrine
13		1(1.5)	Child is brought to the latrine
14		1(3 months)	/

## Adoption of new practices by old people and children:

### Cuttack

HH number	Period with toilets	Number of children		Children use toilets? Why?	Presence of > 55 years people (age, gender)	Use toilets?
		Boy (age in years)	Girls (age in years)			
1	2y	4(18,19,20,21)	1(16)	Yes: health awareness Avoid hookworms	75(M)	Yes constructed the toilet
2	3 months	1 (14)		No (motivates his parents to use toilets but not usable at the time of visit: pan obstructed notably)	55 (m), 70 (f)	No: 55y old man built the toilets but is not used to use
3	1y	1(9)		<b>No</b>	70(F)	no
4	5y	2(10,5)		<b>No</b>	60(M) 62(F)	no
5	<b>2 toilets (same date?) – 2y</b>	1(6)	3(13,11,8)	Yes	70(M)	Sometimes: yes( saves time+ rheumatism problem), social practice (goes with friend sometimes)+ easier when already near the river for bathing
6	6y	8 (2, 3, 12, 14, 14, 16, 18, 19)	2 (2, 15)	Yes mainly: Little children go with help of mothers, 12 to 19 y boys <b>have sometimes to go outside</b> at rainy season because of overflowing	70 (m), 65 (f)	Yes: their children do not like them to go outside because of their age
7	2y				67 (M)62(F)	Yes-(using since 1 y for man) because river bank is far and they

						are old or sick
8	4y	1(13)	2(20, 17)	No		
9	5y	1(10)		Yes : not allowed to go to river bank alone		
10	1y	2(13,1à)		<b>No</b>	55(F) 60(M)	Sometimes (male) Yes (F) because toilet is near by and she is old
11	4 to 5 y				67(M) 62 (F)	<b>No:</b> bad condition of toilet due to lack of money
12	5y	2(18,20)		Yes: because happy to have toilet	70 (M)	Yes: old so can not go outside + happy to have toilet
13	5y	2(17,14)	1(13)	Yes: difficult to go outside	95(F)	Yes: old so can not go outside
14	4y	1(3)		<b>No</b> Too small to use the toilet	55(F)	Yes: no other places to go+ availability of toilet
15	5y	3(20,11,6)	3(18,19,7)	Yes: no other space	62(M)	Yes: saves time
16	4y	2(11,7)		Yes	70(M)	Yes: weak to go outside

### **Excreta disposal of the babies (0->2y): Cutback**

**Note:** regarding the excreta disposal of very young children (0 → 2 years)

HH number	boy	Girls	What is done with excreta?
9		3(1,1,1)	Thrown in a special hole
11		1(2)	Goes to jungle with mother
15		1(2)	Thrown in the nearby field

**Reminder:** HH1 is made of 7 couples + father

**HH5:** irregular use for the man. **Note:** old man + daughter (in law??)

HH8: APL family + motivator: looks strange that he does not use he toilets, which are well constructed!



## Adoption of new practices by old people and children:

### Madhya Pradesh:

HH number	Period with toilets (in years)	Number of children		Children use toilets? Why?	Presence of > 55 years people (age, gender)	Use toilets?
		Boy (age in years)	Girls (age in years)			
1	2,5	2 (15; 14)	-	Yes: can use toilets in a better way	no	/
2	2,5	2 (15; 10)	1 (6)	Boys: parents speak with them regularly ("everyday" was told), 6 years old is taught to use toilets.	60 (f)	Yes, after 6 months behaviour changed
3	2	1 (2)	1 (3)	Yes: are taught by parents	No	
4	5 (up gradation to use: 4 to 5 months back?)	7 (18; 15; 14; 12; 11; 9; 14)	4 (16; 15; 11; 11)	14 y-old boy: After starting using toilets, felt more comfortable	no	
5	2	2 (6; 10)	-	Were taught by parents no to go outside	no	
6	20 <sup>(1<sup>st</sup>)</sup> ; ~ 2 months (2 <sup>nd</sup> )	1 (4)	2 (7; 15)	Family used toilets before birth (part of education)	55 (m)	Constructed the toilets 20 years ago
7	1,5 (1 <sup>st</sup> ); 2 months (2 <sup>nd</sup> )	1 (14)	2 (21; 17)	yes	No	

8	12 years	3 (4; 15; 18)	2 (6; 8)	15 y old boys: has used toilets since childhood so feel comfortable when using.	85 (m); 80 (w)	Man constructed the toilets 12 years ago
9	3 years	1 (19)	1 (18)	They do not want to go outside	65 (f)	Yes
10	9 years	2 (11; 13)	-	When toilets were constructed, parents brought them to the toilets, <b>then got habituated</b>	62 (f)	Took some time, then became an habit. Children motivated her. By seeing people in the family using, she also got motivated.
11	15 years (HH11) or 10 years (HH12)	2 (11; 9)	1 (6)	Motivation by parents + habit	65 (f)	Has used toilets for a long time: got habituated
12		2 (9; 12)	2 (15; 17)	Were taught by parents and have always had toilets	No	/
13	20 years	3 (11; 7; 2,5)	3 (9; 8; 6)	Have always had and used toilets Even 2,5 boy goes alone	55 (m)	He constructed the toilets 20 years back
14	1	1 (14)	3 (10; 6,5;	Were taught by	No	

			3,5)	parents to take bucket of water before using and to clean their hand with soap; 3,5 years girl goes with father's help		
15	1	2 (10; 8)	2 (15; 16)	<b>School motivation</b>	60 (m), 58 (f)	Yes (GP motivation)
16	1,5	1 (9)	1 (11)	No place for OD + <b>School motivation</b>	No	
17	16	1 (20)	1 (17)	Have always used toilets	No	

**Note:** Children= > 2 years till 21

parents answer by default

if highlighted, children answer

### **Excreta disposal of the babies (0->2y): Madhya Pradesh**

HH	boy	Girls	What is done with excreta?
6	1 (2years)	1 (1month)	Thrown in the jungle (~50m away)

Only HH6 had an under 2 year baby. We can notice that despite the fact the family have had toilets for a very long period, the baby excreta are thrown outside.

Generally, parents educate their children about use of toilets. Thus, we can not really consider that children have influenced their parents' use of toilets.

In the below paragraph dedicated to influence of school, we may see if they have at least an impact on correct use of toilets (but this is not the subject of this study) – proper hand washing ...

Interestingly, for two children (HH 15 and 16), one of the reasons given to explain why children used the recent toilets was “school motivation”.

**Note:** *for these two cases, I was not present during the interview. As I have no more information for the specific questions to the children, it seems that these answers are parents' ones.*

The situation with old people is ambivalent since on the one hand, they can be the constructor of the latrine (and here generally for very long period) and because having toilets at proximity can be more comfortable for them, above all if they are sick or have rheumatism problems. On the other hand, they were often designed (not really in that field visit but in the others) like people whose mindset and habit are difficult to change.

For example, HH2 taught us that during the 6 first months, it was difficult for the mother to use the toilets but after it went well notably because she got habituated to.

The same situation happened for HH10.

## Influence of children on parents behaviour: *West Bengal, East Medinipur*

Out of the 16 households interviewed, we could speak with 10 children from 10 different HH. We could also ask some question to the parents of 3 other children regarding the toilets facilities at school (HH 2, 8, 9).

HH number	Interviewed Child	Kind of school	Toilets at school	USE	Soap	Hygiene lessons	Influence on behaviour at home-Parents?
1	18 years old boy	High school	Yes – separate for boys and girls	yes	/	Yes (after class 10)	No interaction with his parents on that subject
2	5 years old boy (mother)	Primary school	Yes – separate toilets – are accessible	Does not use the toilets at school since no one cleans the children: comes back running at home if needed (school:~ 100m)	available	Yes but mother told that young boy is too small to understand	/ (seemed irrelevant)
4	11 years old girl	Girls school	Yes (girls school)	Yes	/	Yes	/
5	14 years old boy	High school	Yes – separate toilets for girls and	Yes	no	No (no at this level of education)	/

			boys			n)	
6	9 years old girl	Attends classes	Yes – separate toilets for girls and boys	Yes	/	Yes	/
7	6 years old girl	Class 1	Yes – separate	yes	/	Yes	/
8	5 years old boy <b>(mother)</b>	Attends private school	Yes - separate	Yes	/	<i>Mother does not know</i>	<i>/ (no)</i>
9	4 years old girl <b>(father)</b>	Attends ICDS (Angan wadi)	Yes – children use the primary school toilets – 2 toilets but <b>no separation for boys and girls</b>	Yes, with help of teacher	/	<i>Father does not know</i>	<i>/ (no)</i>
11	18 years old girl (passed class 12)	<i>Not clear if she was still studying</i>	Yes - separate	Yes	/	Had some lessons about sanitation + chose a dissertation linked with it	/
12	15 years old girl	Girls school	Yes (girls school)	Yes	/	Yes (previou	Yes: speaks with her

						s year)	parents
13	14 years old girl	Class 7	Yes - separate	Yes	/	Yes (up to class 5)	Influenced her parents use as well as person she sees going for OD
14	8 years old boy	Class 4	Yes	Yes	Soap available and used	No (but I'm told that the specific lessons will start soon)	<b>No soap at home and didn't ask for it even if he uses soap at school</b>
16	6 years old boy	Private primary school	Yes – no separate toilets	Yes	/	Yes	/

**Note1:** 5 years old boy of HH2 attends classes in the **Primary school we visited**. Despite the fact he does not live very far from it, it is interesting to notice the reason why he comes back at home and we can legitimately ask ourselves if the situation is similar for the other children.

**Note2:** The question about the influence on parent's use was not always asked since it appears that parents had had toilets for years for some of the children.

It appears that all the interviewed children have an access to the toilets, but as the rationale for this study let it supposed, **presence of the toilets does not mean use (even in the case where the toilets are child friendly)**, as we can notice it with HH2 young boy.

We can notice that for the Anganwadi, the toilets are not child friendly and the children have to use the toilets of the joint primary school.

*HH13 girl told that she had influenced her parents' use of toilets, even if they had had toilets for more than 15 years. At the same time, the mother told us that she was throwing the excreta of the 6 months old baby boy in the nearby pond.*

HH 14 boy has no lessons regarding hygiene at school but can use soap. Despite this, he told that he never asked his parents to have soap and wash his hands with it at home.

**Finally, despite the possibility of interviewing several children, it is not possible to affirm that they have an impact on their parents' use of toilets, even if they have specific classes regarded hygiene as hand washing or use of toilets.**



## Influence of children on parents behaviour: *Orissa,*

### *Jagatsinghpur*

We could speak with 3 children (and ask question to the mother of a 3 years old baby) and inquire about sanitation in their school as well as their behaviour at home to try to determine their potential influence on their parents' behaviour.

HH number	Interviewed Child	Kind of school	Toilets at school	USE	Soap	Hygiene lessons	Influence on behaviour at home- Parents?
11	9 years old girl	Class 5	Toilets accessible at school – separate toilets for girls and boys	Uses them	/	Yes (teacher)	Speaks about hygiene with parents
13	Mother spoke for 3 years old girl	/ (primary or Anganwadi)	NO toilets at school	No toilets at school	/	No lessons about hygiene	/
14	14 years old girl	Girl school – class 8	Toilets accessible (girl school)	Uses the toilets	/	Yes (teacher)	Yes (notably what the causes of diseases are)
15	10 years old boy	Class 4 (??)	Toilets accessible – separate toilets for girls and boys	Uses the toilets	/	Yes (teacher)	Ask his parents to use the latrines

**Note:** HH15 first told they were using the latrines then when I made comments because I saw their toilets and told them that if privacy was so important for them it was not really possible they use the latrine in front of everybody (since there was no shelter), they told they used only at night. My personal observations let me think that the toilets are not used (and it will be considered as this for this study)

**\*\* Global note regarding little children behaviour:** It is interesting to notice that generally, parents told us that their children could use their toilets by themselves and often without help. Nevertheless, the situation seems to be very different from one place to another regarding the “independence” of the children since HH2 boy still needs his mother to clean him whereas other children (smaller than him) were not reported to need help from their parents (cf Madhya Pradesh notably).

## Influence of children on parents behaviour: *Orissa, Cuttack*

While carrying out this survey in Cuttack district, 4 children could be interviewed. We asked them some questions about sanitation and hygiene in their school and their behaviour at home and try to determine if they could have an impact in their parents' use of toilets.

HH number	Interviewed Child	Kind of school	Toilets at school	USE	Soap	Hygiene lessons	Influence on behaviour at home-Parents?
3	9 years old boy	Class 4 (primary school)	Toilets accessible – no separate use for boys and girls	Yes	Soap available and used	No specific lessons but they speak about it with teachers	Does not speak of hygiene with parents
5	11 years old girls	Class 6 (high school)	<b>Toilets present at school</b>	Not used since teacher keeps them closed	/	Specific lessons about hygiene	Does not speak of hygiene with parents
13	Note: Grand daughter (does not live there)	class 5	Separate toilet for girls and boys	Toilets accessible	No soap: wash their hand with phenyls	Specific lessons about hygiene	Does not speak about hygiene with parents
15	12 years old boy	Class 8	5 toilets at school – separate	Does not use the toilets generally	Does not use them generally	No specific lessons about	<b>No: interestingly, told that used soap at</b>

			use for boys and girls		y (goes to the field): nobody maintai ns the latrines (not clean)	hygiene	<b>school but at home, uses sand since it is the usual practice</b>
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**Note:** young boy of HH15 first told he didn't use the toilets at school before telling that he used them!

**HH2:** we could not interview the 14 years old boy living there (absent) but his father told us that he was a motivator, even if the toilets are currently used as a storage place for fuel.

We can observe that generally they have lessons regarding hygiene. Nevertheless this is not always an indication that they will use the toilets at school since the toilets can be inaccessible. We can also notice that toilets where separation between girls and boys is not ensured are still present.

Another information that can be drawn out of this chart is that there are few children whose learning regarding hygiene may have an impact on their parent's use of toilets. More importantly, regarding the HH15 boy who was interviewed, and who first told that he did not use the toilets at school, we do not know if he truly uses soap at school. But in the case he uses it, it seems that no link has been made between the practice at school and the practice at home, where he still uses sand for hand washing.

**Finally, regarding these interviews, it is not possible to put in evidence any impact of children on parents' behaviour.**

## Influence of children on parents behaviour: **Madhya Pradesh:**

Out of the 17 HH we interviewed, we could speak with 8 children. We asked them some questions about sanitation in their school and their behaviour at home.

HH number	Interviewed Child	Kind of school	Toilets at school	USE	Soap	Hygiene lessons	Influence on behaviour at home-Parents?
6	16 years old girl	class 11,	Yes, separated for boys and girls (5 toilets for girls)	Does not use the toilets at school because prefers to use those at home - toilets at school are well maintained and accessible	No soap available	No specific lessons	/
7	One of the grand children not living in the house	Class 4 <sup>th</sup> , primary school	Separated toilets for boys and girls	Toilets are accessible	Soap available and used	No specific lessons	Speak of hygiene and has influenced for changing the habits
8	15 years old boy	Class 9	2 toilets at school, separated	Toilets are accessible	Soap present and	Lessons about hygiene	/

			for girls and boys	and he can use them	used	given by teacher	
<b>9</b>	10 years old girl (grand daughter living in the neighbourhood)	Attends school	2 toilets at school. Girl school	Toilets are accessible and she uses them	Soap present and used	Specific lessons (teacher + NGO)	/
<b>10</b>	13 years old boy	Class 7	2 toilets at school - Separated toilets for girls and boys - (Private school)	Toilets are accessible and he uses them	Soap present and used	Specific lessons about hygiene given by teacher	Both speak with their parents about what they learn at school +
<b>10 (2<sup>nd</sup>)</b>	11 years old boy	Class 7 (other school)	6 toilets at school (2 at each floor) - separated toilets for girls and boys - Private school	Toilets are accessible and he uses them	Soap present and used	Specific lessons about hygiene given by teachers	demo of hand-washing
<b>11</b>	9 years old boy	Attends classes	2 toilets at school, separated toilets for girls and boys	Toilets are accessible	Soap present and used	Specific lessons about hygiene given by teacher	Motivates his parents (**)
<b>13</b>	9 years old girl (+6 years old boy)	Class 5 (same school for the	Separate toilets: 2 for boys (=2 urinals), 1 for girls (+1	Toilets accessible	Soap present and used	Specific lessons regarding hygiene	Do not speak with their parents about

		boy, class 5) Privat e school	urinal)			gien by teacher s	what they learn at school regarding hygiene (hand washing ...)
<b>14</b>	10 years old girl	Class 7	Separate toilets for girls and boys (Note: visited toilets of Palasia (Anganwad i))	Toilets accessibl e	Soap present and used	Specific lessons about hygiene	Speak with her parents about some of the lessons

**Note:** \*\* I was not present during interview of HH11 son. The boy told he motivated his parents but we have no more specific information and it may be difficult to believe since his parents told they taught their children how to use toilets and they have had toilets before his birth.

**Reminder:** HH 15 and 16 involve school motivation for explaining their children use of toilets.

We can notice that generally, children have toilets at school and they are separate for boys and girls. Generally, children have also hygiene lessons at school and they sometimes speak with their parents about what they learnt at school. However, it is not possible to consider that these lessons have had an impact on parents' use of toilets.

## Distance covered for OD (past) and current distance to reach water: *Madhya Pradesh:*

We were sometimes told that the distance for going for OD was long even if we were never really told that this distance was a problem. Consequently, we were willing to determine if the distance for going for open defecation could have been even an indirect element for adopting the practice of using the toilets.

We also tried to compare this distance with the distance for accessing water used for sanitation purposes.

HH n°	Previous place for OD and distance		Water source and distance
	Men	Women	
1	/	Forest, ~1 to 2Km (~1H30 there and back)	Community well (1Km away) or grey water
2	/	Forest, ~1 to 2Km (~1H30 there and back)	Community well (1Km away) or piped system (but does not work often)
3	/	Jungle, ~1 Km (30 min to 1H back and forth)	Community well (1Km away) or piped system (but does not work often) or gray water
4	/	In the farm (~8 K away)	Community hand pump (~1Km way)
5	Jungle (~1,5 Km)	Forest (~1Km away)	Community hand pump (~1Km away)
6	/	<b>Never went for OD</b>	Irrigation pipeline (+tap outside the latrine-domestic uses)
7	/	~1,5 Km away (daughters)	Irrigation pipeline + stored water
8	Forest (~500m)	Forest (~500m)	Piped system + stored water



<b>9 (social practice)</b>	Forest	Forest	Piped water supply
<b>10</b>	Forest (150m)	River side (~150m)	Piped water supply
<b>11</b>	Jungle (~500m)	<b>Never went for OD</b>	Piped water supply
<b>12</b>	/	Forest (~500)	(notably in the bathroom)
<b>13</b>	Forest (~1Km away)	Forest (~1Km)	Piped system + tank
<b>14</b>	Mountain (~1,5Km)	Mountain (~1Km)	Community hand pump (~13m) + piped system (for drinking water)
<b>15</b>	Forest (1Km)	Road side (~500m)	Piped water supply + community hand pump (~13m) + tank
<b>16 (social practice?)</b>	/	Forest (~1Km)	Tank (over roof to tap in the toilets) + piped water supply
<b>17</b>	Mountain trenches (~1Km)	Mountain trenches (~1Km)	Tank (over roof to tap in the toilet) + piped water supply

We can notice the diversity of place where people was going for OD. Generally, the lands used are government lands and even if it seems that it is the same location, the place where men and women go are slightly different (I was explained that by a common understanding, it is known that women will go in one direction and men in another one). It seems in this case that it would be possible to monitor the Open defecation free status but I think that the areas to be covered would be too big since people could go wherever they wanted in the areas and also told they generally were going alone.

The distances covered by the HH when they were going for OD do not seem to have different characteristics that those covered by people not using toilets. The distance are never more than 2 Km (except for HH4) and even if some women could lost till one hour and a half (for going and coming back to the open, find a proper place, wait for other people (men) to be far away...), we can not really link the adoption of new practices to the past distance covered for going in the open.

**Note:** However, this could be still used as an argument for convincing people of the interest of use of toilets.

## Motivation of people for building toilets (details): *Madhya*

### *Pradesh:*

Motivations for building toilets				
HH number	Man	Woman	Time with toilets (years)	Receive subvention??
1	<i>Husband absent</i>	Lack of adapted open field for women (no trees in the neighbourhood) Easier to use the toilets (close + for the children) → + Privacy	2,5	Contribution of <b>GP/JP (or Janpath?)</b> up to Rs2200
2	<i>Husband absent</i>	Saw the people in the city having toilets Motivation by the meetings (we did not ask what was determinant!!)	2,5	Contribution of <b>JP (or Janpath?)</b> up to Rs2200
3	OD is not good thing for women privacy + Meeting in the village regarding sanitation	<i>Husband came and was not possible to speak with her</i>	2	Contribution of <b>JP (or Janpath?)</b> up to Rs2200 + HH participation=Rs300 (labor)
4	<i>Husband absent</i>	Toilets were already present when they came in this house?? No place for OD	5years (but up gradation to use???: 4 to 5 month back)	Rs2200 perceived directly by the HH as a reimbursement Does not know about her HH involvement
5	Didn't want to go outside any more: disease+ ladies can not go at night	Social status + Privacy + Health awareness	2	Construction by <b>JP</b> up to Rs2200

6	<i>Husband absent</i>	<b>Never went for OD</b> 2 <sup>nd</sup> : to face augmentation of family members (daughter's family lives here)	<b>20 (1<sup>st</sup> one)</b> About 2 month (2 <sup>nd</sup> one)	1 <sup>st</sup> : Rs 5000 own fund 2 <sup>nd</sup> : Construction by <b>JP</b> up to Rs2200
7	<i>Husband absent</i>	/ Only daughters were interviewed: Privacy, [social status], women security, health awareness	1,5 (1 <sup>st</sup> one) 2 months <b>(2<sup>nd</sup> one)</b>	Rs3000 (1 <sup>st</sup> ) 2 <sup>nd</sup> : Construction by <b>JP</b> up to Rs2200
8	More convenient to have toilets within house + better for women → woman privacy + comfort	When ill, It's more convenient to use toilets (comfort)	<b>12 years</b>	About Rs 4000 to 5000 + subsidy: Rs 1200
9	[privacy, comfort, social status, social pressure, health awareness]	<b>Pressure from GP + a lot of women on the family</b>	3 years	Government funds → Rs 2200??
10	Does not want women to go outside for defecation + high cast (Brahman)-> constraints with toilets + GP and JP strongly asked for toilets → women privacy and security + Social status + Social pressure + Health awareness	Felt ashamed of going outside for defecation → privacy <b>(+ social status??)</b>	<b>9 years</b>	Rs 20000 (toilets + combined bathroom) + subsidy: Rs 1200
11	Muslim family always want to	<b>Never went for OD</b>	<b>15 years</b> (according	Rs 10000 (no subsidy)

	secure women: Women privacy and security + Health awareness ( + Social status??) <b>! : toilets constructed by father (deceased)</b>		to HH11), <b>10 years</b> (according to HH12)!!!	
12	/	Not involved in the construction process		
13	Muslim families do not like women to go outside, feel ashamed: Social status+ Women security and privacy + Health awareness	Had never gone outside before because had toilets at home	<b>20 years</b> (1 <sup>st</sup> one) <b>+ 1 year back:</b> reconstructi on but <b>with 2 toilets</b>	1 <sup>st</sup> one:? 2 <sup>nd</sup> one: Rs 8000 (own funds)+ Rs 2200 (subsidy)
14	GP motivation: disease + dirtiness in the village	Felt difficult to go outside → [privacy]	1 year	Rs 200 + Subsidy (Rs 2200)
15	Motivation by Sarpanch ( <i>I was not there so could not ask for more details</i> ): → Social pressure	She didn't want her two girls to go outside for OD (?) →[security??]	1 year	Subsidy (Rs 2200)
16	<i>Husband absent</i>	No more place for OD (destruction of the forest they were using)	1,5 year	???
17	Disappearance of open fields + difficult for women to go outside + relatives from city coming to visit pressure →	Didn't like to go outside (felt ashamed) + pressure by relatives from city → Social pressure + privacy +social status	16y	~Rs 10000- no subsidy

	women privacy, social status, lack of open field, social pressure			
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## Motivation of people for using toilets (details): *Madhya Pradesh*:

Here because we had good translator, we could go further and have really precise answer

HH number	Man	Woman
1	<i>(Wife's opinion)</i> : his husband does not think it's worth to have toilets at home and to go outside [->comfort]	Privacy
2	<i>Husband absent</i>	Motivation
3	Disease won't affect them if there is no OD	/
4	<i>Husband absent</i>	Feels more comfortable
5	~ <b>same reasons</b> : Didn't want to go outside any more: disease [-> Comfort, Health awareness]	Same: Social status + Privacy + Health awareness
6	<i>Husband absent</i>	<b>Never went for OD</b>
7	<i>Husband absent</i>	( <u>daughters</u> -mother absent) Not asked: <b>same reasons</b> : Privacy, [social status], women security, health awareness
8	Comfort	<b>Same reason</b> : comfort
9	No place for OD	Not asked: <b>same reason</b> → <b>social pressure + privacy</b>
10	Absence of open space + pollution is created when going outside (not hygienic)	<b>Same reasons</b> : Privacy + social status
11	Self respect + habituated	<b>Never went for OD</b>
12	/	Felt ashamed when went outside: Social status (prestige) + privacy
13	?? ( <u>Health awareness</u> ?? +	Was previously used to use

	~same reasons: social status)	toilets (privacy...)
14	Health awareness	Had to go far away, was difficult above all during rainy season → comfort
15	For good hygiene practices	???
16	/	Feels ashamed if goes for OD → Privacy
17	~ <b>same reasons</b> : privacy, social status, lack of open field	<b>Same reasons</b> : Social pressure + privacy +social status

## Correlation test thanks to Jagatsinghpur observation

	Shelter	Door/ Equivalent	Preventing opening of door when in use	Water on ground/ seal+ roof	Bucket + Jug inside	Cleaning agents/ Chemical	Cleaning device	Latrine attached to house	Soap (Inside or very near toilet)	Tap inside	Tiles/ Painted	Special shoes
1	1	1	1	0	1	0	0	0	0	0	0	0
2	1	1	1	1	1	?	?	0	0	0	1	1
3	1	1	1	1	1	1	?	0	1	0	1	?
4	1	1	1	1	0	?	1	0	0	0	1	?
5	1	1	1	1	0	?	?	0	0	0	1	1
	1	?	?	0	0	0	0	1	0	0*	1	0
6	1	1	1	1	1	?	1	0	1	0	0	1
7	1	1	1	1	1	1	?	0	0	0	1	0
8	1	1	0	0	0	0	1	0	0	0	0	0
9	1	1	1	1	1	1	0	0	1	0	0	0
10	1	1	1	1	1	1	1	0	1	0	1	?
11	1	1	1	1	1	0	1	0	1	1	1	?
12	1	1	1	1	1	0	1	0	1	0	1	?
13	1	1	1	1	1	0	1	0	1	0	1	?
14	1	0	0	0	1	1	1	0	0	0	1	?



15	0	0	0	0	0	0	0	0	0	0	0	0
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Code:

1: present

0: Absent

?: not observed (shows the evolution in the number of observations)

## Schedule followed: West Bengal

First day	Second day	Third day	Fourth day
Meet GP Pradhan + determination or families	Visit primary school	Visit Anganwadi	Meeting with Health Center member
Interview of 2 HH	Interview of 3HH	Interview of 4 HH	Interview of 4 HH
	Meeting with SHG	Meeting with GP Pradhan	
	Meeting with NGO and GP motivators		

## Schedule followed: Orissa: Jagatsinghpur

1 <sup>st</sup> day	2 <sup>nd</sup> day	3 <sup>rd</sup> day	4 <sup>th</sup> day	5 <sup>th</sup> day
Introductory visit	Interview of 2HH	Interview of 4HH	Interview of 6HH	Meeting with Junior Engineer
Meeting with Executive engineer	(meeting with Block TSC coordinator)			Meeting with SHG secretary
Meeting with District project coordinator				Meeting with Anganwadi worker
Meeting with Sarpanch (choice of village)				Interview of ST HH (other village, same Block)

## Schedule followed: Orissa: Cuttack

1 <sup>st</sup> day	2 <sup>nd</sup> day	3 <sup>rd</sup> day	4 <sup>th</sup> day	5 <sup>th</sup> day	6 <sup>th</sup> day
Introductory visit	Interview of 4HH	Interview of 3HH	Interview of 2HH	Interview of 3HH	Interview of 2HH
Meeting with Executive engineer	(Meeting with TSC Block coordinator)			Meeting with Anganwadi worker	Meeting with DPC
Meeting with District Project coordinator	Visit of Primary school			Meeting with SHG president	Meeting with district computer operator
Interview of 2HH					

## Schedule followed: Madhya Pradesh

First day	Second day	Third day
<b>Introductory meeting with Gayatri and Satish (VVS NGO members), departure to village</b>	Interview of HH 4 to 7 in Sala GP + meeting with Sarpanch and GP secretary	Interview of 3HH (11 to 13) in Sala GP
<b>Interview of 3HH (Sankota village, Dharampuri Block, Dhar District) and meeting with Sarpanch</b>	Visit of Primary School (Balwara GP)	Anganwadi Centre ("mixed" up with a Primary and a Middle School) + Self Help Group (Palasia GP)
<b>Visit of Middle-Primary School</b>	Interview of HH 8, 9 and 10 (Balwara GP)	Interview of HH 14 to 17 (Palasia GP)
<b>Visit to Primary Health Centre</b>		Meeting with CEO of Dhar District

CANCAN	Yoann	11 octobre 2010
<b>IGS</b> Promotion 2009-2010		
Monitoring use of toilets within the scope of Total Sanitation Campaign in India: First proposals from field work in West Bengal, Orissa and Madhya Pradesh		
PARTENARIAT UNIVERSITAIRE : EHESP Rennes		
<p><b>Summary:</b></p> <p>Total Sanitation Campaign (TSC) was launched in 1999 by the Government of India, with the objective of eliminating the practice of open defecation in the rural areas by 2012, notably by promoting the construction of individual household latrines.. This programme is proposed to be community based and demand driven. UNICEF India supports the implementation of this programme and advocated for the consideration of the difference between construction of latrines and use of latrines by the households. The aim of this internship was to suggest indicator(s) of use of toilets in the scope of this programme. 64 households' interviews as well as the observation of their latrine were realized and some of the actors involved in TSC implementation were met. After describing the methodology and the practical difficulties encountered, the results are presented and analysed.</p>		
<p><b>Key words:</b></p> <p>Behaviour change, children, diarrhoea, household, India, Indicator, latrine use, monitoring, observation, open defecation, qualitative study, rural sanitation, Public Health, questionnaire, survey, Total Sanitation Campaign, Unicef</p>		
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