ANALYSIS OF BOTTLENECKS

IN IMPLEMENTATION OF

NIRMAL BHARAT ABHIYAN

IN AURANGABAD DIVISION OF

MAHARASHTRA

A REPORT PREPARED BY

RIDDHI FOUNDATION

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(M.N.Roy)

President, Riddhi Foundation

List of Abbreviations

AIP - Annual Implementation Plan
ASHA - Accredited Social Health Activists
BAT - Bottleneck Analysis Tool
BDO - Block Development Officer
BRC - Block Resource Centre
CEO - Chief Executive Officer
DWSM- District Water and Sanitation Mission
Dy. CEO- Deputy Chief Executive Officer
FC - Finance Commission
FGD - Focus Group Discussion
GR - Government Resolution
HH - House Hold
IEC - Information Education Communication
MGNREGS- Mahatma Gandhi National Employment Guarantee Scheme
NBA - Nirmal Bharat Abhiyan
ND - Nirmal Doot
NGO - Non-Governmental Organisation
NRDWP- National Rural Drinking Water Program
OD - Open Defecation
ODF - Open Defecation Free
OG - Operational Guideline
PC - Production Centre
PRI - Panchayat Raj Institution
RSM - Rural Sanitary Mart
SHG - Self-Help Group
UNICEF- United Nations Children's Fund
VWSC- Village Water & Sanitation Committee
WASH- Water and Sanitation Hygiene
WSSO - Water and Sanitation Organisation

Executive Summary

Maharashtra has shown good progress in improving access to household toilets in its rural areas. Between 2001 and 2011, number of rural households having any type of sanitation facilities has increased from 18% to 38%. There is, however, wide variation in access to household toilets across regions and districts. As a region, Aurangabad division has the lowest coverage implying that there should be more attention to improve implementation of the NBA in that region. In order to intervene effectively for possible improvement, it is necessary to know the bottlenecks being faced at different levels in implementation of the programme. The focus being to understand the bottlenecks, there is little scope to highlight many achievements in implementation of the NBA in that region, which do exist.

UNICEF has initiated a study to identify and analyse the bottlenecks faced in construction and use of household toilets in Aurangabad division. They have engaged Riddhi Foundation for that purpose. Bottleneck Analysis Tools (BAT) have been designed by Riddhi Foundation to assess the bottlenecks at ZP, PS, GP and the community levels after a probing visit before the study. The tools have been used later for the field study, which has been conducted in eight GPs located in six blocks of three districts, namely Nanded, Osmanabad and Beed within the division. This has helped to understand the nature and extent of bottlenecks that exist at different levels in implementation of the NBA in that region. The study also suggests possible measures for overcoming the bottlenecks being faced.

The most important finding of the study is that the bottleneck is the highest at the lowest level, i.e., at the level of the community and the GP. The intensity of bottlenecks gets reduced as one move up from GP level to block level and again from block level to district level. However, the pattern of the bottlenecks remains more or less the same, indicating more systemic factors in creating bottlenecks. The main reason is lack of proper devolution of functions, funds and functionaries, which is a matter of policy for the State to consider. There should be enough devolution, particularly on the GP, so that they can ensure delivery of sanitary services, not merely for implementation of the NBA but for acquiring necessary capacity as the local government for keeping the area clean and free from open defecation independent of any programme. There are several dimensions of implementation of the programme and a few of these are found to be more critical, which needs to be addressed with priority. The most critical is lack of proper campaign for raising demand of toilets through intense IEC measures; including sustained inter-personal communication at the community level. The other severe bottleneck faced in all the three tiers is poor monitoring and supervision. There are problems of supply of materials since sanitary marts/production centres are not functional and lack of funds with the GPs to procure the materials in advance. Fund flow arrangement needs to be reengineered through appropriate devolution and streamlining the procedures for fund release. There is also much scope to improve leadership of the key officials and motivation of all functionaries, including the political executives of the Panchayats, who are not so much associated with the programme. Insufficient human resources and lack of sensitization and skill are also affecting implementation of the programme. Certain issues related to adoption of proper technology also needs due attention.

Report on Bottlenecks in Implementation of Nirmal Bharat Abhiyan for Making all Villages in Aurangabad Division of Maharashtra Free from Open Defecation (ODF)

1. Introduction:

Water, Sanitation and Hygiene Bottleneck Analysis Tool (WASH BAT) has been developed and used by UNICEF as well as other international organizations and the same has been utilized for understanding bottlenecks of providing access to WASH services in different countries. Such analyses are useful to understand various processes related to implementation of WASH programmes and to assess which factors are likely to create more bottlenecks so that appropriate strategy is worked out to overcome the problem in the best possible manner. In India similar analysis has been made by UNICEF for some states including Maharashtra. The focus of all these analysis has been to understand the factors which adversely affect progress of WASH for the state as a whole. Overall analysis for the state is important to understand the macro level factors better. There is need to understand the process and the context at lower levels closer to the community for effective implementation and desirable outcome of the sanitation programme.

1.1 UNICEF Maharashtra State Office has been providing critical technical support to the government of Maharashtra for improving access to water, sanitation and hygiene. There has been more focus on the Aurangabad division of the state which has not done well compared to the remaining part of the state in access to and use of household toilets. There has been a synergy in their effort since the officials of the Aurangabad division under the leadership of the Divisional Commissioner of the division have been taking initiatives in the recent past to improve performances in access to sanitation. UNICEF has strengthened its support to expedite the process, which includes understanding and analyzing the bottlenecks at the operational level. The tools to assess bottlenecks at the implementation level i.e., at the level of Zilla Parishad (ZP), Panchayat Samiti (PS), Gram Panchayat (GP) and the community level, will be different because of interplay of many operational as well as local factors. The present analysis is restricted to household (HH) sanitation, which is the first step towards maintaining hygiene for reducing exposure to diseases as well as living with dignity. Field study for the analysis covers three districts viz. Nanded, Osmanabad and Beed within the division.

2. Programme for sanitation in India and Maharashtra

Sanitation and hygiene have not received due attention in more than 60 years of planned development of the country till around the last decade or so. There was also no strong social movement for hygiene and dignified access to toilets except to those related to manual scavenging. In Maharashtra there had been some efforts to promote sanitary practices by social reformers like Sant Gadge Maharaj or Gadge Baba, which has helped the state remain ahead than many other states in the field of sanitation. Initiatives from the government came much later when the Central Rural Sanitation Programme (CRSP) was introduced in the year 1986. The

CRSP was replaced by the Total Sanitation Campaign (TSC) in the year 1999, which adopted a participatory approach and provided the foundation of the current sanitation programme.

2.1 The progress of rural household toilet coverage in the country has been dismal. In 2001 only 21.9% of the rural households in the country had access to toilets which improved to merely 30.7% in 2011 with all the efforts through the TSC. Maharashtra has performed much better in implementation of the TSC. Access to household toilets improved from 18.2% in 2001 to 38.0% in 2011, though such access varied widely across districts from 74.4% in Sindhudurg and Kolhapur to 13.3% in Parbhani. Increase in access in percentage points to household toilets between the two Census periods also varied widely from 51.2 in Satara to 0.9 in Parbhani, indicating wide variation in effectiveness of implementation of the TSC within the state. Progress of access to household toilets is the lowest in Aurangabad division of the state. Access to household toilets in the entire division was 12.5% in 2001 and 20.9% in 2011. The improvement of access to household toilets between the two census operations conducted in 2001 and 2011 was merely 8.4 percentage points compared to an increase of 19.8 percentage points for the state as whole. The corresponding increase in Pune division was 39.64 percentage points and actual coverage of household toilets in that division as per 2011census was 59.47%. Thus, it was logical to focus on the Aurangabad division for improving overall access to toilets by the rural households living in Maharashtra.

2.2 There has been renewed effort for improving rural sanitation from the beginning of the 12th Plan and the TSC was named as Nirmal Bharat Abhiyan (NBA). NBA aims at comprehensive coverage through saturation approach within each Gram Panchayat (GP), Panchayat Samity (PS) and Zilla Parishad (ZP) and making the areas Nrmal for which making the areas free from open defecation (ODF) is essential. Maharashtra has done quite well in making GPs Nirmal and 34% of all NGP GPs in the country, as at the end of 2011, are from the state and these GPs constitute 33.1% of all the GPs of Maharashtra.

2.3 In India the policy related to universal coverage of household toilets is taken up by the Union Government, who also prepares the guidelines for implementation and make available almost three fourth of the resources for its implementation. The states implement the programme as per guidelines and share the balance funds. In order to increase availability of resources the Union Government has included construction of household toilet under the Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGS) and guideline has been issued for convergence of these two schemes. Implementation of NBA on the ground is the responsibility of the state government, which they do either departmentally or through the Panchayats.

2.4 In Maharashtra the implementation is done through the three tier Panchayats. Government Resolutions (GRs) issued by the state government based on NBA guidelines are send to the ZP by the state government for implementation of the NBA. Funds received from the union government as well as the state's matching share are also passed on to the ZPs. The ZPs in their turn pass on the GRs and other instructions, if any, for following the GR to the GPs through the block Panchayats, i.e., the Panchayat Samity (PS). Funds are utilized partly at the level of the

ZP and partly by the PS. The higher tiers of government above the PS right up to the union government, provides policy support and resources only. ZP plays the important role of overall monitoring and supervision of activities at PS, GP and community level and also provides various technical supports through their experts engaged with the District Water Sanitation Mission (DWSM). It is the GP which plays the most critical role of reaching all the HHs and mobilizing them for taking up construction of toilets and using the same. The entire process from reaching and motivating the HH in order to make them to construct and use the toilet involves many activities requiring coordination with the HHs, the functionaries concerned of the PS and the outside agents like the supplier of materials and the masons. While the policy and GR for implementation and the administrative arrangement is the same throughout Maharashtra but the outcome in terms of access to safe sanitation through construction of HH toilets varies widely across the state as well as across blocks within the same district and across GPs within the same block. This is because though policy is the same but at the level of ZP and PS priority for the work, leadership and motivation and managerial practices vary to some extent. The variation across the GPs is much more due to complexity of the processes carried out at the GP and community level, difference on how the GP is supported by the PS and the social, economic and physical context in which different GPs are located. There are also variations in capability and functioning of the GPs as the local government and the related institutional processes including how people participate in the programme and internalization of the responsibility related to providing access to safe sanitation to all by the GP. The GP may own the responsibility of providing better sanitary services to their residents as the local government and use NBA for achieving that or on the other extreme they may merely carry out the instructions of higher tier government as an agent with little ownership of their intrinsic responsibility to provide sanitary services to all their residents. Based on the position the GP takes, the outcome may vary substantially in making the area free from open defecation (ODF). Keeping this in mind the focus of the analysis is the activities at the level of community and the GP and then moving upwards for understanding the processes followed by the PS and ZP and the nature of supports the GPs receive from PS and the PS receives from ZP and identifying the bottlenecks within each of these activities.

2.5 The study has been conducted by Riddhi Foundation, a Not for Profit Organization, working for WASH and related governance issues, as a partner agency of UNICEF. The work had to be completed within a short time for which appropriate methodology was adopted for identifying the bottlenecks. Main emphasis was on focus group discussion with the primary stake holders like the villagers, who are beneficiaries of the program, the secondary stake holders like the program implementers and the elected representatives of Panchayats. Discussion with the stakeholders was limited to visiting eight villages, eight GPs, six PSs and three ZPs. With this limitation also the outcome of the study can be well utilized by the administration. The bottlenecks identified in the empirical study may be closely attended by the administration to remove the debility in the program accumulated over long continuance of the program. The study has flagged four important areas like revitalization of advocacy, resetting of supply line &

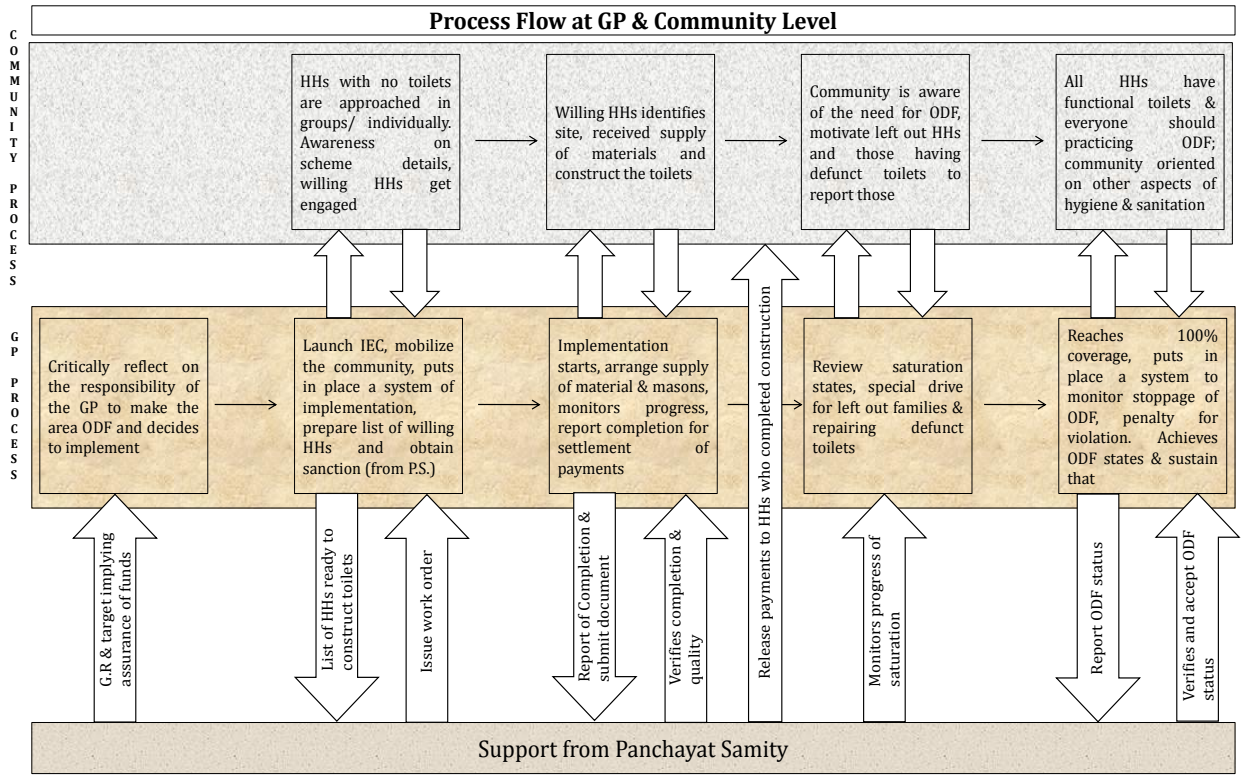
infrastructure, promotion of appropriate rural sanitation technology and evidence based monitoring and evaluation. These critical areas, if attended systematically, the program is bound to get required fuel to propel forward. The study report has inbuilt suggestion on interventions to remove the identified bottlenecks.

3. Approach and Methodology for the Analysis:

The methodology followed in this analysis is conceptually the same as followed in WASH-BAT analysis used by the UNICEF for the state of Maharashtra with the difference that the focus of the current analysis is more on the delivery level than on the policy level because of the reasons mentioned before. The methodology involved identifying the broad processes in various levels and unpacking all the activities to be carried out at each level from GP to the ZP and how those are harmonized and coordinated among different tiers of Panchayats. Those activities generally fall in five different categories like (i) putting in place appropriate policy and required resources, (ii) Information, Education and Communication (IEC) for change in attitude and behavior related to sanitary practices leading to demand for household toilets (iii) institutional framework for delivery of services to meet the demand, (iv) Monitoring delivery of services and actual change in practice and (v) reaching universal coverage (saturation) of household toilets and sustainable use of the facilities by all for achieving ODF status by each village. The NBA proposes to follow a community strategy and, therefore, activities carried out at the community level is of much importance and the same has also been captured and analysed for understanding various processes involved at the community level and identifying possible bottlenecks in those processes.

3.1 The Aurangabad Division has eight districts, out of which 3 districts, namely, Nanded, Osmanabad and Beed have been chosen for the field study. Six blocks and eight Gram Panchayats have been selected within those districts to represent different sections of population, as discussed in para 4.1 of this report. There were closer interactions with 182 villagers from 123 households for that purpose. Event sampling methodology (ESM) and event contingent procedures were adapted to record responses, which has a high probability of matching in other geographical regions and social cross-sections of the population. Since the study does not focus on quantitative estimation, detail sampling procedures for estimation was avoided.

3.2 The processes associated with the GP and community level are much more complex and are subject to many extraneous factors outside the implementing machinery. In order to make the analysis logical it is convenient to identify the process flow and then unpack each process to understand the factors associated with each process. Given the most critical role of the GP in delivering services related to household sanitation, it is necessary to first unpack the processes followed at that level to judge the bottlenecks and the way out. The GPs work directly with the community and, therefore, unpacking the processes involved in working with and within the community is also looked into simultaneously. The process flow is shown in a schematic diagram for better appreciation of the same. Since the GP processes are supported by the PS the related linkages are also shown. The diagram has been placed below.



3.3 In order to understand which of the processes or socio-economic context or administrative practices (henceforth, to be called enabling factors) may create more bottlenecks, all possible enabling factors related to each process have been first listed. This has been done keeping in mind the process flow (as shown in the process flow diagram) mentioned above. Each such factor has an indicator to judge how that factor is linked to successful promotion of the goal of achieving ODF status. Each indicated success criteria depends on good performance on many dimensions each of which have been identified and assessed for possible existence of bottlenecks. This has been done by a team of experts from Riddhi Foundation in consultation with the important stake-holders associated with the processes. Depending on the potential for creating bottleneck, a criterion has been identified to judge the possibility of facing bottleneck in each dimension of the enabling factor. Based on the ground reality a score in a scale of 0 to 1 has been assigned to indicate the extent of possibility of facing bottleneck in that particular dimension of the enabling factor. The score is 1 if the criterion has no possibility of facing a bottleneck and the score is 0 if the chance of facing a bottleneck is very high. The scheme of scoring is given in Table 1 below. It is very difficult to make qualitative assessment totally objective. Taking opinion from larger number of persons associated with the activities helped to make the assessment more realistic. Depending on the responses from different areas and categories of persons the score was worked out.

Table 1

Norms Followed for Scoring

Score	Description
1.0	No issue associated with criterion
0.9	(interim)
0.8	Moderately good performance against criterion
0.7	(interim)
0.6	Adequate performance against criterion
0.5	(interim)
0.4	Weak performance against criterion
0.3	(interim)
0.2	Very weak performance against criterion
0.1	(interim)
0.0	No performance against criterion

3.4 The enabling factors and various dimensions of how each factor (sub-factors) operates has been initially worked out based on broad understanding of implementation of the NBA in Maharashtra by going through the scheme guidelines, various GRs issued by the government of Maharashtra and secondary data on various aspects of implementation of the scheme in Aurangabad division of the state followed by a probing visit to a couple of Panchayats and villages within three districts of Aurangabad Division. The list of enabling factors and the sub-factors have been vetted and amended appropriately through a subsequent field study, which was conducted by a team from Riddhi Foundation to assess the bottlenecks associated.

4. Conducting the Field Study:

4.1 The districts, blocks and the GPs were selected to capture possible variations within the division. Attempt has been made to cover different types of GPs such as AIP GP, non-AIP GP, GP with high share of tribal population, peri-urban GP, remote GP, GP where water scarcity is more, very poor performing GP and well performing GP. The list of GPs and their location and characteristics are given in Table 2.

Table 2

List of GPs Studied

Sl no.	District	Block	GP	Nature of GP
1	Nanded	Kinwat	Jawrala	Remote and tribal
2	Nanded	Kandhar	Telengwadi	Water scarce & not under AIP
3	Osmanabad	Osmanabad	Palaswadi	In peri-urban area
4	Osmanabad	Osmanabad	Panuhar	Very poor performing
5	Osmanabad	Washi	Kadaknathwadi	Water scarcity & very poor performing
6	Beed	Parali	Bramhawadi	Not under in AIP & poor performing
7	Beed	Pareli	Belamba	Not under AIP, moderate performance
8	Beed	Asthi	Hatolna	Not under AIP but 80% work completed, have water scarcity

4.2 The field study involved an intensive process of consultation by the team with the people engaged in implementation of the NBA at GP level and village level. There was also interaction with different stakeholders like Gram Sevak, Sarpanch and other elected functionaries, SHG representatives, Anganwadi workers, ASHAs, masons, supplier of materials, Nirmal Doots (NDs) within each GP. The community level analysis was done through focus group discussions with the villagers, with representation from various sections of the society including women. Some of the houses having toilets as well as those not having toilets were also visited for in-depth understanding of the processes followed in constructing the toilets or what has been preventing them from doing the same respectively. At block level BDO, Extension Officers, Junior Engineers, members of Block Resource Centre (BRC), elected functionaries of PS were consulted and their feedback recorded. At the ZP level, there were interactions with CEO, Dy CEO (VP), members of DWSM to identify the possible bottlenecks at that level. Documents like plans, IEC materials, training modules etc. were examined at different levels. The study started from the community and moved upwards up to the ZP level. Information on supports being received from higher levels and those related to coordination among different tiers of Panchayats were collected from GP and PS and those were vetted from PS and ZP respectively to understand whether all the tiers of Panchayats are working in harmony towards the common goal of providing universal access to household toilets and of making the villages ODF. The number of persons met for obtaining their views is given in the Table 3 below:

Focus group discussion in progress

Table-3

No and category of Persons with whom the team interacted

Sl. No	Category of people interviewed	no. of persons interviewed
1	Villagers	182 (from 123 households)
2	Elected representatives of PRIs	38
3	AWW	26
4	ASHA	19
5	SHG members and Leaders	64
6	BRC members	28
7	DWSM members	20

4.3 As discussed above, the analysis was carried at four different levels: community, GP, PS and ZP. For the community level five enabling factors were considered important and taken up

for analysis. In respect of GP, ten enabling factors were considered to be important and were taken up for analysis. The enabling factors for PS and ZP levels were the same and there were six such factors, which were analysed at respective levels. Five important sub-factors, which decides the possibility of obstructing or facilitating each factor was considered for analysis. Score for each enabling sub-factors has been worked out in a scale of 0 to 1 based on the possibility of facing bottlenecks in each sub-factor and its severity, as already explained at paragraph 3.3.The detail score sheets for the analysis for community, GP, PS and ZP are placed in the Annexure AI, A2, A3 and A4 respectively. Scores of all sub-factor under each enabling factor was added to arrive at the degree of bottleneck related to that enabling factor. Causes behind low score was also analysed by the team in consultation with all those with whom the team could interact. They also tried to understand the possible ways of mitigating the factors which are causing the bottlenecks and what concrete actions may be taken and by whom in overcoming the bottlenecks. Total score below 2 under any enabling factor has been considered to signify severe bottleneck and that between 2 and below 4 is considered moderate bottleneck. The analysis presented below is based on total score under each factor. The 'summarized' score sheet' has been prepared to assess the nature and extent of the bottlenecks at each level. These are placed below along with the analysis. For easier interpretation of the score those have been shown in different colours. Red signifies severe bottleneck, yellow signifies moderate bottleneck and green signifies absence of any bottleneck.

5. Community Level Bottlenecks

The summarized score sheet using the Bottleneck Analysis Tool (BAT) for the community is shown in Table 4. There are bottlenecks in all the five enabling factors of which four are of severe nature.

Table 4

Summarized Score Sheet for Community Level BAT

Community level	score
Social context	2.1
Resources	1.7
Advocacy for demand generation	1.3
Supply arrangement	1.0
Participation	1.2

5.1 Supply side arrangement:

The most critical bottleneck is faced in supply side arrangement. A general tone of complaint reverberates through the villages that material required for construction of household toilet is not easy to get. There is no sanitary mart/production centre or any other alternative arrangement to ensure supply of materials at the door step of the household in an organized manner. Sanitary materials are available in the market, which is generally located in towns where

block headquarter, which is far from most villages. Direct procurement by any household is not economic because of the cost of transportation. The households of their own do not go for combined procurement for overcoming the transportation difficulty and expects support of the GP. The GP normally wait for accumulation of demands to reach a critical level which is economic for transportation and the construction of toilets get delayed in the process. Even that process is not smooth because sanitary materials are to be purchased on payment and the GP has no provision for that. So, those who cannot mobilize funds in advance are likely to be left out. The role of GP in mobilizing materials and how the same will be performed is not clearly delineated and, therefore, GP cannot be held accountable for any failure. There should be institutional arrangement to ensure supply of quality materials and trained manpower for construction of toilets without any hassle by the villagers.

5.2 Participation

Participation is rooted in ownership of the activity and that requires involvement of the community from the planning stage. The approach of the NBA is to make it community led; yet the community is not consulted and explained the reasons for including their areas under the AIP. They are rather informed of the decision, which reflect that it is the decision of the higher authorities and is imposed on them. Lack of people's participation in planning could be disastrous. For example the team found one community toilet, which is completely dilapidated and lying defunct since it has been located in a place with no access to water though the village is covered by piped water. The villagers were not consulted for constructing the community toilet and it was rather imposed on them. The poorer families face difficulty in mobilizing fund in advance to procure material and their participation is contingent on some arrangement to supply the materials in advance. Otherwise they take time to arrange the required fund, which delays the whole process. There is no overt barrier for the socially weaker section to participate but communication with them is also not good enough to ensure their active participation. There is no mechanism to ensure participation of all persons cutting across economic, social and political differences. In one village it is observed that two hamlets with about 200 households were excluded during the baseline survey of NBA. The BRC was not aware about this and it will be difficult to provide assistance to such households. That reflects the lack of concern for the marginalized section. There is no good social compact which result in total inclusion of all households for universal participation. The same has to be triggered followed by sustained advocacy in order that ODF status is achieved over a limited timeframe through inclusive and sustained participation of all households. However, advocacy is too weak to mobilize all the households to participate in the programme.

A dilapidated community toilet

5.3 Advocacy and demand

The people are aware of the programme but generally at sub-critical level, which does not motivate them to be very proactive in demanding construction and using toilet. The households are required to be motivated by building environment which can prompt everyone to participate. Apart from general advocacy to build positive environment there should be some trigger mechanism for intense advocacy to be followed by sustained campaign, which needs to be continued over the project period. No such arrangement exists. There is also no system and method of advocacy including inter-personal communication (IPC) for changing attitude and behavior related to sanitation. The advocacy arrangement should be revamped and campaign materials should be appropriately developed. At present the people are not aware of the public health aspect of using toilet and the need for making the village ODF for reducing exposure to diseases should be highlighted. The social aspects like dignity, privacy/ safety of women and adolescent girls, pride of family etc are also not properly highlighted. People are just aware that the government is giving subsidy for toilet construction and they should utilize the opportunity. That makes the programme money driven and the incentive/subsidy is being used as main triggering point for demand generation. As a result, many have received the toilets as free gifts but have not used the same. A number of toilets have been found inoperative as surplus materials of family have been stored in the toilet rooms. It clearly indicates that IEC for awareness generation activities have not been taken up adequately. Very little public notification like wall writing, hoardings are found in the villages, which might have helped generation of common awareness regarding ill effects of open defecation. The linkage of social and hygiene & health related issues have not been internalized by the people in absence of strong advocacy highlighting the issue.

A toilet being used as washing platform

In a couple of FGDs the rural women stated that they were told to construct and use toilet by the doctors they saw in the recent past and no other have ever approached them. This speaks volume about non-existence of proper IEC at the community level. An appropriate IEC through posters, banners, rally etc. followed by sustained interpersonal communication (IPC) and focus group meeting with the women and adolescent girls/youth population and elderly members of the community should be put in place. The Nirmal Doots have not been selected in consultation with the community and they are not functional now. A dedicated team with the SHG leaders, AWW and ASHA may be formed and they may be trained to conduct IPC with all the families. There should be strong advocacy within schools for the students to adapt sanitary behaviour, which is absent. There is also need to organize trigger while kick-starting the programme in each habitation, which is generally absent.

5.4 Availability of resources:

Making upfront payment for purchase of sanitary material by the poor people is the most critical bottleneck in this category. The problem gets aggravated due to huge delay in making payment. From discussion in the villages it was gathered that the delay in payment of incentive varies from three months to one year. In a few areas the GP has arranged supply of construction materials and sanitary wares on loan with personal guarantee of some influential person but that is an exception. Delay in receiving incentives after construction of toilets due to very long verification process of subsidy payment under NBA and MGNREGA is a major problem. In Osmanabad district incentive for construction of toilet is released from the district only after getting completion reports from BDO. As a result the incentive reaches the beneficiary long after construction of the toilets. Fund flow arrangement needs to be redesigned considering the local situation. One solution would be to provide some revolving fund to the GP or to a well functioning SHG. Allocating revolving fund to GP is admissible in the NBA guideline. In that case payment has to go to the GP or to the SHG (after they give an undertaking that they will make payment of cost of materials as soon as construction is completed and they will abide by guidelines and instructions in this regard). This will require appropriate change in guidelines by the state government. Some of the poor families do not have land for construction of toilet. There is no other way but to opt for community toilet or to make someone having land to agree to donate the same. Water is not available in sufficient quantity in some of the villages, which also face drinking water crisis. There must be convergence with NRDWP and NBA in the AIP villages, which has been clearly indicated in the NBA and NRDWP guidelines. Availability of rural pan is a problem and many families are being compelled to procure normal pans with low slope and having different water seal, which requires large quantity of water to flush the toilet. The administration should ensure supply of rural pan from the manufacturers. Otherwise the water seal may be manufactured locally. There are little human resources within the community for promotion of sanitation. The Nirmal Doots are not functional to the desirable extent and many of them were not selected in consultation with the GP, which has created a distance of the NDs from the GP. Some of the Self-Help Groups (SHGs) were found very proactive. They even advance money to its members for construction of toilets. They discuss the issues of sanitation with the members. Such SHGs may be identified and their capacity may be built so that they can play a positive role in promoting sanitation within their community. The Anganwadi workers and the ASHAs, who are community based workers, were found to understand the relationship of sanitation with health. But their services are not utilized optimally to the advantage of sanitation programme. Along with SHGs, services of AWWs & ASHAs and natural leaders of the locality may be utilized for organizing village level activities.

5.5 Social context:

The positive aspects are that the villagers are aware of the sanitation programme and they are not apathetic to constructing toilets. There is no taboo for construction of toilet within the homestead and many families have constructed toilets with access from inside the living room. The toilets are also being cleaned and maintained well. Some of the well-off households have put

tiles within the toilet, which looks better and helps easier cleaning. However, access to sanitation is not considered as a community issue and even the Gram Sabha is not proactive in this respect. The issue of sanitation is discussed routinely in some Gram Sabhas like other programmes, while the need is for generating commitment and ownership in making the village ODF, which has not been noticed. There is lack of inclusiveness in this regard and the same is not actively pursued with the socially weaker sections. There has been less focus on saturation approach and the social context does not automatically ensure inclusiveness for reaching saturation. So due effort is necessary in reaching saturation and ensuring universal use of toilets.

6. GP Level Bottlenecks

The role of the GP appears to be much less than what it should be as the local government nearest to the people. They do not receive any fund from NBA or MGNREGS. Some of the officers at the ZP level even expressed lack of trust on the GPs in handling funds for implementation of NBA. There is also lack of capacity with only one staff, i.e, the Gram Sevak available with the GP. The Sarpanch or other members are not so much involved and it is the Gram Sevak on whom the responsibility lies. The GRs related to sanitation were not always shared and discussed at length with the elected representatives except general information. On more than one occasion the Sarpanchs stated that they knew that GR had come but content of the GR was not known to them in detail. The team could not find any GR in the GP office. On many occasions the Gram Sevaks stated that the GRs were at their home and not in the GP office. A good number of the GPs appeared to have lost interest in the programme. Given this general background, it is no wonder that there are bottlenecks in all the ten enabling factors, selected for GP level BAT, for which the summarized score card may be seen at Table 5.

Table 5

Summarized Score Sheet for GP Level BAT

Sl No	Gram Panchayat level	score
1	Policy& resources in place	2.5
2	Institutional framework for implementation	1.7
3	Leadership, motivation and administrative capacity	1.7
4	Supply arrangement	1.4
5	Advocacy for demand generation	1.3
6	Resource under its control	1.8
7	Monitoring and supervision	1.7
8	Support by block/BRC	1.8
9	Quality and sustainability	1.7
10	Focus on saturation & making GP ODF	1.9
Average		1.8

6.1 Advocacy for demand generation

The most critical bottleneck at the GP level is lack of critical awareness due to lack of planned IEC activities. The GP is not engaged in advocacy for promotion of sanitation. No such responsibility has been formally devolved on the GP and the body has no fund also for taking advocacy of their own. The GP functionaries have not been oriented well for internalizing the role of advocacy in changing attitude and behavior related to sanitary practices and organizing those within their areas. So, the GP has neither formal responsibility, nor capacity nor funds for carrying out advocacy. There is no comprehensive IEC plan for mobilizing all the members of the community by the GP. However, the GP communicates the programme details to the people which generate some awareness, which is not critical for motivating everyone to change their sanitary behavior. GP hardly organizes publicity using wall writings or hoardings in public places, including walls of the GP building to continuously remind the villagers about the importance of sanitation. There is inadequate awareness about the programme for understanding the linkage health with sanitation and hygiene. Intense IEC through IPC is necessary to take the awareness to a critical level leading to generation of demand to use toilet as a need of the household. This is to be done by the Nirmal Doots (NDs), who are not generally functional and GPs have little control over them. No incentive is also passed through the GP to pay them for motivating households for constructing toilets. So, they have little accountability towards the GP. They have not been trained well, have little motivation and no remunerations are paid to even those who are active. The GP had no role in their selection and in some cases they were not even aware who have been selected as NDs. The GP could be given responsibility and funds to mobilize SHG leaders/members, AWW, elected representative of Panchayats, members of VWSC who can motivate the households. A small group of such persons, spread over all the habitation may be raised and trained for taking up IPC and mediate with the GP for construction of toilets. They should be equipped with material for communication like flash card, flip chart etc, which is not available in the GP. There should be assurance for making payment of incentive for successful advocacy by the GP once the toilets are constructed. There is little awareness about appropriate technology for rural sanitation even among the Panchayat functionaries. It was noticed that there is general trend, particularly among the affluent section, of opting for and construction of septic tank type of latrine. The effluent of such toilet is released outside the household. There is absolutely no awareness about the possible health hazard due to such practice. Many leach pit latrines have vent pipes, defeating the technology altogether. This exhibits clearly the lack of advocacy and training on technology. Fresh dose of training and awareness generation programme for the members of the Gram Panchayats and the community level team members and masons need to be organized. There is also need to organize some triggering activities in each village to mobilize the people behind the goal to make the village ODF.

6.2 Supply arrangement

The other most critical enabling factor is lack of proper supply arrangement. Supply of sanitary materials is largely dependent upon market located far from villages and the same has to be generally done on payment. The GP has not been devolved with responsibility and funds to procure materials from market when needed and there is little capacity to procure materials because there is only one employee in that office. Thus, the GP has neither capacity nor funds to procure materials although the situation makes them to procure the materials. The procurement is often delayed and the poorer households may be excluded if money cannot be mobilized by them in advance or someone else stands as guarantee to pay the supplier. Procuring in small quantity is also difficult, which makes transportation cost quite high. Therefore, the GP waits for total quantity to be adequate to make transportation affordable, which delays the construction. Some of the critical sanitary items could be supplied from block office, which could make supply easier. That is not the practice in any of the blocks visited. A good number of masons have been trained but not all are engaged in construction of toilets alone owing to lack of assured work as the demand is scattered and low. Earmarked masons for each or a group of GPs will help to mobilize them for faster achievement of target.

6.3 Institutional framework for implementation

The institutional framework refers to putting in place appropriate arrangement to implement the policy and utilize available resources for the same. The most important component of the framework is clear assignment of responsibility. Based on the GR, which describe the policy, there has to be appropriate responsibility assignment with detail procedural guidelines. The same is not clearly defined and mostly informal leading to different practices being followed in different blocks and districts. Easily understood operational guidelines should be issued by the ZPs in consultation with the State Government. In absence of that the GP functions as the front office of the PS in mediating between the PS and the households under an informal arrangement of what will be done by the GP. The only institutional factor which sustains such an arrangement is that the GP is dependent on the PS in many ways and therefore, they comply with the instructions of the PS. The GP has to be devolved funds and functionaries to be able to discharge assigned responsibilities. GP is not devolved any fund and the lone Gram Sevak is unable to pay undivided attention to implementation of the AIP in view of his other responsibilities. The Rojgar Sevak of the MGNREGS can be better utilized for sanitation. It may be possible to have one Nirmal Doot to be attached to each GP for taking up all field works and assist the Gram Sevak. Remuneration of the Nirmal Doot can be linked to the extra coverage of households and an incentive on making each village ODF. Fund for the same has to be placed with the GP. The GP is dependent on the PS on many counts, like getting a work order before taking up any construction, getting the work measured and processing the same for release of funds etc. There should be more freedom of the GP so that they have lesser dependence on the PS. If dependence cannot be avoided the service norms for providing support to GP by the PS should be clearly spelt and system for redressing the grievances of the GP should be in place.

6.4 Monitoring & supervision

In respect of monitoring it is necessary to have a meeting every month with fixed dates in which members of BRC or others from block office should periodically attend. The system of review involving all Panchayat functionaries is not practiced and generally the GS compiles the data and sends the report to the PS every month. Except counting the number of toilets being constructed and already completed no other processes related to the NBA, which take place at the village level is monitored. Similarly, there is little supervision on the progress of work at the site for appropriate intervention, in case any difficulty is observed. Entire monitoring and supervision arrangement is not systematic and evidence based. That is rather casual and informal with little participation of the elected representatives and the NDs. Issuing clear guidelines in this regard and asking the BRC members to remain present on some of the meetings regularly can help to systematize the whole process and that will also improve feedback to the PS on what is failing and where for taking appropriate actions. Tagging of the NDs with the GP and making them attend GP office on certain days of the month, including on the day of monitoring, may be of much help.

6.5 Quality and sustainability

Ensuring quality of construction by using right technology and maintaining sustainability of using the toilet is an important task, which the GP should perform. There is no technical capacity with the GP for judging technology or quality. They have also not been made conscious about various technical aspects so that the Panchayat functionaries could report any problem to higher tiers by their observations as a layman. Construction of toilets with septic tanks of which the discharge of effluent is on the public place is quite common. GP, as the local government, is not aware of the potential public health hazard associated with discharging effluent in the public. Similarly, leach pit toilets with vent pipes are being constructed, which is technically not sound because that will prevent anaerobic decomposition of the bacteria present in excreta. The GP is also not oriented to watch and persuade the households owning toilets to use those by all their members. Rehabilitation of defunct toilet is another difficult problem for which support from NBA may be difficult and the GP is not in a position to motivate the owners to repair those with their own funds. The GP functionaries need to be sensitized to the issues of quality and sustainability and the masons should be retrained on proper construction of pit-latrines. There should be proper devolution of functions, funds and functionaries towards this end.

6.6 Support by Block (PS) and the BRC

The block passes on the GRs to the GPs but those are not explained well to the Sarpanch and the Gram Sevak. There is inadequate follow up of actions being taken up by the GP, leaving the development to the understanding and motivation of the Gram Sevak. The block also has not organised adequate exposure visit and training to the GP functionaries so that they can implement the programme better. The main instrument for providing necessary support to the GP is the BRC, which exists but not very effective in most blocks. The block also has limited

capacity with no full time officer available for the programme. The members of the BRC are not supported and supervised well and often remain underutilized without knowledge of the block. There are also vacancies in the BRC because person with more competence leaves for better jobs. Many BRC staffs are not very motivated. Low remuneration, low travel support to visit villages and lack of supervision are the major causes behind poor motivation. As a result support to the GP suffers. The BRCs may be strengthened and the staffs may be retrained to provide necessary support to the GPs. They need to be monitored better by the BDO. There is delay in issuing work order for funding the toilets under MGNREGS and separate order is issued for each households. It is possible to issue work order covering a group of households living within the same hamlet. This may be explored for issuing appropriate GR. The delay is much more in verification of muster rolls, populating NREGS soft, taking measurements and releasing payments. The number of Junior Engineer is the block is limited and they take time to go to the village and complete documentation necessary to release funds. There should be more delegation to the GP to cut short the process and settling much matter as fast as possible at the GP level. The other critical support that the block could provide is to arrange supply of important sanitary items by maintaining a stock, which is hardly provided jeopardizing the supply chain at the GP level.

6.7 Availability and management of fund

There is no overall shortage of funds for the programme. However, the way funds flow has many shortcomings and GP is totally out of the fund management loop. Since no fund is released to the GPs, they do not feel that they are accountable for achieving ODF status of the GP. Release of funds is at the mercy of the PS, which is often delayed, putting the GP in difficult situation, since those households who have been persuaded by the GP to construct toilets and those who have spent their money in advance can blame the GP for non-fulfillment of the expectation of receiving incentive on time. Delay in receiving funds is dampening the movement in many areas. The solution is to re-engineer the fund flow process with more involvement of the GP. Providing an amount as revolving fund to the GP out of NBA or permitting them to use a part of 13th FC grant for that purpose may be considered. In that case the GP can buy the materials and supply to the households who cannot spend in advance. In that case the incentives should be routed through the GP so that they can recover the amount and restore their revolving fund for use to support other households.

6.8 Leadership & motivation:

Leadership of the GP functionaries is generally weak, though there are exceptions. The NBA has lost the shape of an *Abhiyan*, to keep everyone motivated to achieve the goal. It is difficult to sustain any movement over a long period unless there is sustained efforts and continuous innovation. The GP functionaries of the AIP GPs have been trained on the programme in a routine manner. They have general orientation about the programme but not sensitized enough to lead the campaign and also to use the other elected representatives or influential and motivated villagers to work with the community for the common cause. The

Gram Savak along with the Sarpanch need to be specially trained and motivated after the GP is selected to be covered under AIP. They should be given exposure visit to successful Nirmal GPs. The lone Gram Sevak is busy with other works and there is little administrative capacity for sustaining the works without support from outside, which the Rojgar Sevak and Panchayat members should be motivated to share.

6.9 Focus on saturation and attaining ODF

The AIP focuses on reaching saturation by universalizing coverage of household toilets for making the villages ODF. There is lack of focus on that aspect. There is little attention on the hard-to-convince households or those who are convinced to construct toilet but unable to mobilize resources. Because of lack of sustained communication on prevention of open defecation there remain persons who do not use toilet available at home. The ODF norms and penalty for open defecation are not clearly communicated to the villagers to know and follow except in a few GPs. There are good exceptions also in which penal measures for open defecation has been written in several places within the GP and the GP has also realized penalty for violation of the norms. However, many GPs are not that serious to take action against those defecating in the open for which strong directive is necessary from the government. It is possible for the GP to enforce norm for stopping open defecation if such instruction is received and the GP functionaries are oriented for imposing the norms strictly. The norms for no open defecation and penalty for violating the norms should be taken unanimously in the Mahila Sabha and Gram Sabha and should be well notified in public places and communicated through group meetings.

6.10 Putting policy and resources in place

There is substantial bottleneck related to policy and resource support. At the GP level the need in this respect is mere internalizing of the policy on sanitation framed at national level and to internalize the operational details issued by the state government, circulated through the GRs by all functionaries of the GP and clear devolution of functions, funds and functionaries to the GPs. There is hardly any devolution to the GP related to NBA as a scheme or providing sanitation related service as the local government with clear accountability to the people. There is little ownership and participation of the people through any bottom up process like calling special Gram Sabha/Mahila Sabha for discussing issues related to sanitation before the GP is included in the AIP. The GP takes up the programme like any other scheme and priority for the same is practically decided by the Gram Sevak and not the elected body or the people through resolution of the Gram Sabha/Mahila Sabha. Normally, priority of work is decided and actions are triggered at the GP level by availability of funds. Given that, existing system does not allow any transfer of fund to the GP for implementation of the NBA, there is little priority for the work. Though devolving fund to GP is admissible under NBA guideline but no fund is transferred to the GP. Thus, there is neither clear devolution of functions and funds nor any self-imposed priority for sanitation works. Those are executed only through persuasion by the PS. It is informed by different stakeholders that the NBA is the last item in the PS/Block level program

review list. It indicates that NBA is the lowest priority programme in the Block/PS level development scenario.

6.11 General issues for improving the GP process

There is need for better partnership with the GP as the local government for implementation of the NBA and to devolve more responsibilities by assigning more specific functions, funds and functionaries to the GPs for that purpose. Improving capacity of the GP is necessary not merely for implementation of the NBA or making the village ODF, but to strengthen governance of civic services for better sanitary services in the villages. There is also need for standardizing the GP process related to sanitary services, which at present vary from district to district. This may be done by issuing OGs covering all the processes. GP should have their own IEC plan with funding under NBA and the BRC may help them in planning and implementing the same. The IEC should cover understanding about safe sanitation, linkage with health, adoption of proper technology, use and maintenance of toilets and repairing the defunct toilets. They should be encouraged to spend their own funds in promotion of sanitation as their responsibility of being the local government.

7. PS (Block) Level Bottlenecks

The team from Riddhi Foundation visited six blocks in three districts, as mentioned before and had interaction with block level functionaries for assessing the bottlenecks at the block level. The role of the block is mostly of supportive nature, which is very critical for activating the entire GP and community level processes and the block is also engaged in some activities like getting the work done certified by their engineers and releasing payment. The BAT has been developed accordingly to judge whether there are bottlenecks in those activities for which total six enabling factors and thirty sub-factors; five each under every enabling factor has been analyzed. The tool and the detail scores are shown in Annexure A3. The summarized score sheet is placed in Table 6 below. It will appear from the table that out of six enabling factors three face severe bottlenecks and remaining three face moderate bottlenecks. An analysis of the observed factors is presented below.

Table – 6

Summarized Score Sheet for Block Level BAT

Block/Panchayat Samiti Level	Score
Policy and resources	2.8
Leadership and motivation	1.7
Institutional framework to deliver	2.5
Advocacy and environment building	1.4
Support received from ZP	3.3
Monitoring and evaluation	1.7

7.1 Advocacy & environment building

The most critical bottleneck observed at the block level is failure to create an environment making the villages ODF. The success of any programme like making the area ODF depends substantially on creating an enabling environment through intense advocacy so that every household within the area is reached and communicated the essential messages with continuous follow up through IPC. Also, the IPC should be tailor made to suit the person being met by trained workers. The advocacy includes components for readiness of the administrators, political executives, field functionaries and the households as the primary stake holders. In no block or BRC, existence of an advocacy plan was found to exist. However, some activities are organized, mostly from the district level with little involvement of the lower tiers. What is required is preparation of yearly plan of advocacy activities in a participatory manner, taking the lower tiers into confidence. It is always better to design the IEC plan at GP level involving all the stakeholders with facilitation by the block officials. The issue of regular interpersonal communication is also not planned. The block is the lowest level in which experts on IEC is available to organize IEC activities and to help the GPs, which is not being done. There is clear job chart for the BRC, which mentions that "the block and cluster coordinators shall stay at assigned villages for 10 to 15 days. They will organize night/evening meetings…". This aspect of job requirement, if performed diligently, may ensure proper IEC and follow up. From the field also it came out that adequate contact, IEC, training, group meetings are not organized. The Nirmal Doots developed by the block are not functional. The block should arrange intensive training of all village level workers as mentioned before and will also take the responsibility of triggering the campaign in each village covered under AIP after which the regular follow up has to be done by the village level workers. The environment building should also cover the elected Panchayat functionaries and members of the political parties and civil society. The Village Water and Sanitation Committee should be involved directly and to be given specific responsibilities in ODF campaign.

7.2 Leadership and motivation

Lack of proper leadership and motivation of the key officials is the next major bottleneck faced at the block level. Though some of the BDOs, who are the most important functionary at the Block level, do provide good leadership, there is no institutional arrangement to induce and sustain that for all the BDOs. They have not been adequately sensitized to lead the programme. Motivation is induced if BDOs are put to a competitive environment through sharing performances of all the blocks. There is no such monitoring at the ZP level. Apart from the BDO, the key elected functionaries, the extension officers, engineers looking after sanitation and the members of the BRC should be sensitized and motivated regularly to lead the campaign. Regular exposure visits should be organized to other parts of Maharashtra where exemplary success has been achieved, which does not seem to have happened. The political executives also do not get exposure to well performing areas to be convinced that will and support on their part may bring

in huge change in performance. Thus, there is little team effort involving all concerned at the block level to lead the campaign and motivate all at the lower level to achieve the target within the given timeframe. As a result the AIP is implemented in a routine manner and the success is left to the local factors with inadequate interventions by the block.

7.3 Monitoring and evaluation

The next most critical bottleneck is on monitoring and evaluation. The system of monitoring is not so much based on evidence and occasionally boils down in collection of reports. The monitoring should lead to identification of weaknesses and failures in specific terms to be followed by field visits. The field visits should also help identifying unreported bottlenecks to be sorted out by the block or superior offices. The monthly meeting encompasses all programs and much time is devoted on programmes involving more funds, like the MGNREGS. In all levels of monitoring meetings the NBA is, as reported by many, the last agenda. The issue is passed over in many meetings or do not get adequate time as it deserves. The BRC is not effective in monitoring and, in fact, they are yet to be part of the main block administration supporting NBA. The executive head of Block administration does not monitor the activities of its subordinates. So an attitude of 'go-as-you-like' prevails in all strata of administration. There should be separate monthly meeting with Gram Sevak and Sarpanch of the AIP GPs based on prior collection and analysis of the report by the BRC to make the meetings effective.

7.4 Institutional framework for delivery

Out of the three enabling factors, which face moderate level of bottlenecks, the most critical is putting in place proper institutional framework. Devolution of functions, funds and functionaries on the PS should be made clear by issuing GR and that should bring out the accountability in terms of who is responsible for what activities. There is lack of technical manpower, which needs to be strengthened. Even the extension officer below BDO, who looks after both Panchayats and WASH, is engaged with several works and there are vacancies in that post, which weakens the administrative capacity. The activities like advocacy, which are being performed or should be performed by the PS, should be adequately funded. Functionality of the BRC is found to be sub-optimal and there is little monitoring on their activities and effectiveness. The BRCs do not have enough logistic support to function optimally. In one block it was seen that there are three members of the BRC, but there is only one table and one chair in the BRC office. The BRC should be adequately strengthened, the members should be re-trained and motivated to function optimally. The technical manpower available in a block office is wholly engaged in implementation of so many schemes, which affects monitoring of technical aspects of the programme and preparing measurement books for recommending payment. Bottlenecks related to putting in appropriate policy and resources are much less at the block level. Receiving due support from the ZP by the block face the least bottleneck. However, since bottlenecks exist for those factors also there is scope to make the process more hassle free, which is easier since both are purely administrative processes without much involvement of outsiders.

7.5 Policy and resource

The major issue related to policy and resources is that there has not been adequate devolution of functions, funds and functionaries on the PS. The approach for sanitation should be people-centric, with more consultation at village and GP level, which does not happen. The other issue is that although the state policy is approved by the political executives at the national level, there has not been enough political mobilization at the local level for supporting the programme. The goal is thus imposed on the Panchayat Samity and in absence of required political will; it remains with the bureaucracy to implement the programme, who does not own the programme. Thus, the policy is top down with little consultation and ownership of the political executives as well as the permanent bureaucracy. Resource required for the programme is provided at the national and state level and actual availability depends on fund flow mechanism, which also has bottlenecks.

7.6 Supports from ZP

The ZP supports the programme with the help of the DWSM. However, there is gap in their capacity due to posts lying vacant and adequate sensitization. There is need for closer supervision on the functioning of the DWSM to check whether the PSs are receiving due support. There being no other full time officer below the CEO, it becomes difficult to have such monitoring. As a result there is sometimes delay in responses of the ZPs. The other important aspect is having mechanism within the ZP to know the problem of the blocks by regularly visiting those offices and the GPs/villages so that systemic problems or local failures which are not always reported are also addressed proactively. There are visits from the ZP but the same needs to be intensified and made more effective.

8. ZP Level Bottlenecks

The bottlenecks at the ZP level has been worked out using the ZP level BAT and working on that in three ZPs, namely Nanded, Osmanabad and Beed districts. The BAT used for ZP and the detail scores are shown in Annexure A4. The summarized score sheet is shown in Table 7 below.

Table -7

Summarized Score Sheet for District Level BAT

Zilla Parishad Level	Score
Policy and resources	3.1
Leadership and motivation	2.4
Capacity to deliver	3.4
Advocacy and environment building	1.9
Support received from state government	3.3
Monitoring and evaluation	1.9

It will appear from Table 7 that out of the six enabling factors taken up for analysis only two factors face severe bottlenecks and the remaining four factors face moderate bottlenecks. These are analysed below along with how the bottlenecks can be mitigated.

8.1 Advocacy and environment building

The ZP is the apex authority at the field level and has the responsibility of putting in place all the activities and modalities for promoting sanitation. That requires effective planning and efficient implementation. There is lack of proper planning for taking up IEC activities in the district let alone having such plans prepared in consultation with the PS and the GPs. Therefore, there is no clear system and method for propagating the essential knowledge on sanitation. There is no communication how poor sanitation and open defecation affects health and nutrition, particularly of the children and safety, privacy and dignity of the women and adolescent girls. Change of attitude and behavior is a key component for which intense campaign and continuous IPC is necessary, which do not exist. The Nirmal Doots earmarked for IPC are non-functional and their performances are not reviewed by the ZP. It is observed in some of the villages that selected NDs do not know that they have been selected as Nirmal Doot. The other weakness is that the PS and GP are not involved by the ZP in putting in place a strong system of advocacy touching every household living within the AIP GPs. Rather whatever is done is imposed from the ZP with little consultation or feedback about ground reality. In one of the districts it was seen that all IEC activities are planned and implemented from the district level only. No devolution of fund and responsibility to lower tiers has been done in this respect. The solution lies in having an organized system of advocacy with ownership and involvement of the GP and the PS and also to make them accountable for implementing the activities planned.

8.2 Monitoring and supervision

Monitoring and supervision is the other area of severe bottleneck in all the tiers. The ZP being responsible for monitoring the progress of NBA in the entire district, proper monitoring of all the activities across all the three tiers is the primary responsibility of the ZP. Thus, the ZP should not only improve its own monitoring but also ensure that other tiers monitor the programme closely. Reports are submitted regularly but that is confined to physical progress only. Even that is not analysed properly to identify pockets of failures and probed further to know the nature of problems for appropriate interventions. It will be better to have an evidence based monitoring system, which can capture progress on all important dimensions of the programme in all the tiers and the same is viewed in the website so that same report is shared among all the stakeholders. Systemic issues and constraints are neither reported nor attempted to be known systematically for addressing those issues. More field visits to understand the problem being faced should be organized and officers concerned of the ZP and the members of the DWSM are to be oriented for developing required competence in understanding various issues of implementation.

8.3 Institutional framework for delivery

The institutional framework provides much of the responsibility and control on funds on the ZP. In order to make the programme more participatory and community-led there should be appropriate devolution based on the principle of subsidiarily, which does not exist. Although the ZP has adequate manpower but its role as a supporting organization to ensure capacity at lower levels is weak. Some of the strategic things like availability of rural pan, maintaining stock of materials at the block level, training of all types of persons, including masons associated with the programme have to be initiated and monitored by the ZP, which is presently not taking place. The DWMC is manned with qualified and young, energetic members, whose services may be better utilized for inducing capacity at all levels and monitoring their functioning. There is ample scope to improve the functioning of the members of the DWMC by monitoring their performances and giving them necessary support by the superior officers of the ZP, which is not so strong now.

8.4 Other bottlenecks

Out of the remaining four enabling factors, which face moderate bottlenecks the most crucial is related to leadership and motivation. The enthusiasm and determination of the key functionaries is at low ebb and is often left to the person concerned. There are scores of other important programmes with which they are associated, which cannot be avoided. At the same time continuance of the sanitation programme for the last two decades has brought some fatigue. Yet, there are very motivated CEOs, who can bring fresh enthusiasm in the implementation process. They need to be supported and enthused by from division/state level to institutionalize the processes within the ZP for sustaining the effort even after they are transferred out. Sharing of performances of the ZPs and discussing the same together can create competitive environment for establishing a virtuous cycle of upward trend in leadership and motivation. What is good about the programme is that there is an institutional arrangement. Some of the functionaries are very proactive but many others have little zeal to carry out the tasks in a mission mode. There is no system of reward and punishment and the programme is implemented routinely like any other programme. The members of the DWMC are not trained periodically for their capacity building. In fact, there should be plan for developing human resources across all the tiers of Panchayats and the plan has to be prepared in a participatory manner and implemented with leadership of the ZP with all seriousness. The other two bottlenecks are of moderate intensity. However, those should also be addressed for overall improvement. There is particularly need for improving monitoring and supervision along with intensive visits to the villages by the key officials of the ZP for appreciating systemic problems and resolving those very proactively.

9. Overall assessment of bottlenecks at various levels and way forward

9.1 An examination of the summarized score sheets clearly show that severity of bottlenecks increases as one moves from ZP to the GP level. This will be appreciated better from the data presented in Table 8 & 9 below. Table 8 provides the scores of enabling factors which are

common in all the tiers of Panchayats. Average score for ZP is highest at 2.7 which declines to 2.2 for PS and 1.5 for GP. If average of all the ten enabling factors at GP level is considered the score becomes 1.8. Thus, there is need to pay more attention to the processes at GP and PS levels. Average score for the community level enabling factor is also 1.5, which indicates that there is need for more attention at the community level processes also to make the movement for sanitation really led by the community, with due facilitation by the GP.

Table-8

Scores for Common Enabling Factors Across Three Tier Panchayats

Enabling factors	ZP	PS	GP
Policy & Resources	3.1	2.8	2.5
Leadership & Motivation	2.4	1.7	1.7
Institutional framework to deliver	3.4	2.5	1.7
Advocacy	1.9	1.4	1.3
Support from higher tier	3.3	3.3	1.2
Monitoring and supervision	1.9	1.7	0.7
Incidence of bottleneck	2.7	2.2	1.5/1.8*

*taking average of all the 10 items

Table 9

Relative bottlenecks at different levels

Level	No. of enabling factors considered	Number of factors facing bottleneck			Total score	Score with 100% bottleneck	Incidence of bottleneck
		Severe (Score-2)	Moderate (Score-1)	No Bottleneck (Score-0)			
Village	5	4	1	0	9	10	90.0
GP	10	9	1	0	19	20	95.0
PS	6	3	3	0	9	12	75.0
ZP	6	2	4	0	8	12	66.7

Table 9 shows the categories of enabling factors in terms of their severity. An index, called incidence of bottleneck has been worked out in the last column of the table. This has been worked out based on a weighted index with severe bottleneck being given a weight of 2 and moderate bottleneck given a weight of 1, is in general high. 18 out of the remaining 27 enabling factors faced severe bottlenecks and remaining 9 factors faced moderate bottlenecks. Attempt has been made to assign scores as objectively as possible, but such process is not totally free from subjectivity. Even with some possible subjectivity the scoring pattern in terms of relative bottlenecks from various factors is expected to be more or less correct and that provides

important guidance for strengthening implementation of the NBA for achieving ODF status. The important issues which emerged are mentioned below.

9.2 Though the problem is more at the bottom but the solution has to be worked out from the state government and the ZP. The former has the most important responsibility of devolving specific responsibilities, based on the principle of subsidiarity, on each tier of Panchayat followed by devolution of corresponding funds and functionaries. There should also be operational freedom with least dependence on the higher tiers.

9.3 It clearly appears from the Table 8 that the most serious bottleneck in all the tiers is absence of strong advocacy. IEC activities across all the tiers need to be properly planned and worked out and the same has to be led by the ZP. There is need to have annual IEC plan at all levels, which does not exist even at the ZP level. The plan of action is to be prepared in a disaggregated manner with full participation of the PS and GP. Funds for advocacy should be provided to PS & GP, so that they perform the IEC activities as per plan. IEC should focus on public health aspects apart from those concerning dignity of women and the adolescent girls and change of attitude and behavior related to sanitary practice of not mere using of toilet but to make sanitation a way of life. The advocacy should be to the extent that the households feel shy that they are still practicing open defecation. The IEC should be designed to support the Community-led approach to make the villages ODF as a strategy. Functioning of the Nirmal Doots should be reviewed and those who are functional now should be retrained and linked with the GP. In addition to them, VWSC members, village level workers like the AWW & ASHAs and members of well functioning SHGs, may be oriented to be part of village level teams for construction and use of toilets. There should be adequate representation from the marginalized sections for reaching them effectively. Incentive for motivation is to be paid to whoever works to motivate a household and get the toilet constructed. Appropriate IEC materials like flip chart, flash cards etc should be reached to the GPs for regular use. Activities like wall writing, putting hoarding and posters, organizing competition at school and community level etc should be intensified as soon as any GP is taken up for saturation. A general advocacy using mass media should be continued throughout the entire district round the year by the ZP for the entire plan period. The guideline for development of GP level comprehensive IEC plan needs to be developed and to be shared with the PS/BRCs and GPs. Orientation of PS, BRC and GP functionaries on preparation of IEC plan is an important event in making the villages ODF.

9.4 The other severe bottleneck common for all the tiers is poor monitoring and supervision. Introducing a sound system of monitoring across all the three tiers of Panchayats is thus another urgent task. Present system of monitoring of activities at PS level by the ZP and that at the GP level by the PS has much scope for improvement. Monitoring of activities at the community level is even weaker. There is need to revamp the monitoring system starting from regular monitoring of performances of the districts by the Divisional Commissioner. The monitoring should be evidence based and should focus on the failures for taking corrective measures. Involvement of both elected and the permanent executives should be ensured. All the GRs and

OGs should be explained, particularly in block level meetings for improving management of the programme. Targets to be achieved during next month should be fixed and checked in due course. The review should lead to putting in place a competitive environment to motivate all concerned to put in their best effort. Office based monitoring should be complemented with field visit by all key officials. It is suggested that, if possible, mid-year review by external agencies may be done to assess the actual fact about the progress and bottlenecks of implementation process and to find out the possible solutions of the campaign. Those may be discussed for finding solution at all levels across the district.

9.5 The DWSM and the BRC need to be strengthened for improving monitoring and their activities should be kept under continuous monitoring by the higher officials at respective levels. Exposure visits may be organized for key functionaries and the members of the DWSM and the BRC. Good block and GP should be identified in each district for that purpose and good practices are to be documented for wide sharing. There is little focus on saturation approach, which is delaying the progress in achieving ODF status. The monitoring should focus on reaching saturation as per AIP apart from progress of construction of toilets.

9.6 The third important bottleneck is in respect of leadership and motivation. The campaign has lost steam and has become a routine programme with little priority in many places. All the three tiers of Panchayats are very busy with many programmes. There should be due priority of implementation of the AIP in a time bound manner. The executives should be motivated to devote enough time and resources till the target is achieved. There is need to regenerate the entire campaign and develop leadership and motivation at each level. That process, if also led by the political executives, will make mobilization of people easier. However, there is lack of unity of political forces on the ground to make the villages ODF. On the contrary, in more than one places, it was mentioned that one political party is not taking initiative lest the credit of ODF status goes to the ruling political force. There should be consensus and cooperation among political parties in this respect, which may be initiated at the district level. From the discussion at the community level it came to surface that there are leaders/influential persons in the community, who are not members of the Panchayats. Such persons have not been associated with the movement and to ensure their involvement. There is no substitute to administrative leadership, with or without political 'will' to strengthen the movement for total sanitation. This has to be done from the level of the CEO in each district, who may be exposed to success in other districts within and outside Maharashtra.

9.7 It may be considered if some system of reward can be introduced to motivate functionaries at all levels. There can be some objective assessment for rewarding successful persons; from ZP level executive to the village level motivators for recognizing their works at suitable public function. That may coincide with annual celebration of sanitation week in each district and in each block.

9.8 The efficiency of delivery is critically linked to the institutional framework for implementing the programme. The existing institutional framework has several weaknesses as

mentioned before, which are to be rectified. The framework gets gradually weakened as one moves from the ZP level to the GP level, as will be seen from Table 8. There is inadequate devolution of functions, funds and functionaries. More authority is concentrated at the ZP although much of the works are at the lower levels. There should be specific responsibilities with clearly defined accountability in each tier of the Panchayat. ZP should be more engaged in supervision and guidance and the tasks to be devolved to be performed at lower levels.

9.9 There are enough resources though fund flow arrangement is not efficient leading to non-availability of fund in meeting costs of different activities at lower levels. The entire fund flow arrangement needs to be reviewed along with strong monitoring system so that there is no accumulation or misuse of funds, as apprehended by many senior officials.

9.10 Having 'political will' is an important support for implementing policy. That needs to be inculcated among elected Panchayat functionaries at all levels for which their systemic involvement and orientation is necessary.

9.11 Many of the GRs are not backed by detail operational guidelines (OGs). All activities to be performed at different levels should be clarified by issuing OGs. The GRs and OGs are sent from the block to the Gram Sevaks. It was seen that the communication was addressed in the name of the Sarpanch and the Gram Sevak. Both the copies are handed over to the Gram Sevak. The Gram Sevaks neither hand over the copy to the Sarpanch nor are the contents of the GRs adequately explained to the Sarpanch. Since not many meetings are held with the Sarpanch in the Panchayat Samiti level, the Sarpanchs remain in dark about the content of the GRs, which acts as a barrier to their effective involvement. The Sarpanch should be more involved with the implementation process.

9.12 The Block Resource Centres have inadequate infrastructure and there are substantial vacancies in many blocks. The BRC members had undergone a three day's training and after that no refresher training has been organized, which is badly necessary. The BRC members have very little exposure to areas where the programme has been implemented successfully. The members of the BRC were found to suffer from a sense of dissatisfaction/ deprivation in terms of remuneration they are offered. Many are leaving job and joining other similar assignments in the government having higher remuneration. There is no competitive attitude in the BRCs. The individual performance of the members of the BRCs is not supervised or monitored by any superior authority. The job requirement of the BRCs may be revisited and they may be given full responsibility of drawing up IEC and HRD plan at the Gram Panchayat level. Their capacity may be enhanced to that effect. It may the responsibility of the BRC to utilize services of the AWW, SHG and NDs for continuous interpersonal contact. There should be training modules for different functionaries of AIP GPs which is absent presently.

9.13 The most important tier for delivering sanitation related services is the GP. There is a need to take suggested measures to strengthen the institutional process within the GP. At present, there is trend of covering up the weaknesses of the GPs by the block administration. In the

process the GPs are further weakened and alienated from the implementation process, which is detrimental to improving civic services related to overall cleanliness and solid & liquid waste management in the rural areas. In order to better understand the institutional framework for delivery at the GP level, the same has been unpacked in the analysis mentioned before. There are several areas of bottlenecks, within the delivery system, as highlighted below.

9.14 There is lot of problems related to supply of materials, which is also linked to fund flow mechanism. Sanitary wares and construction materials should be made easily available to the willing households. Every block should maintain a stock of rural sanitary pans from where those may be released to the GP as per approval for construction of toilets. In order to improve supply of other materials, the ZP may think of interacting with the dealers concerned and identify at least one dealer per block and settle a rate for lifting the materials on payment by the GP. Possibilities of using the SHG to act as material suppliers at GP level can also be considered. These groups can be supported with revolving fund available with the NBA.

9.15 In order that the GP may procure materials on behalf of the beneficiaries who are unable to mobilize funds in advance, there should be revolving fund with the GP. The same may be given out of NBA or they may be allowed to use a part of 13th FC fund for that purpose. Suitable GR should be issued in this regard. In that case the process of releasing fund should be reengineered so that the material portion of the incentive is passed on to the GP for adjustment against the households who have completed the construction.

9.16 Reengineering of the fund flow arrangement will also require reviewing the current system of operationalizing the convergence between MGNREGS and NBA. The process needs to be streamlined to ensure timely payment and GP should be involved in the process. Approval of works under MGNREGS and documentation except writing measurement books may be left to the GP. The available strength of Junior Engineer may be reviewed and if necessary more Junior Engineers may be engaged on contract so that the verification, writing measurement books and quality checking is not delayed.

9.17 There are pockets with inadequacy of water availability. There should be convergence with NRDWP, particularly in AIP GPs and water scarce areas so that there is no difficulty to get minimum quantity of water for use in the toilet. Use of rural pan and adoption of water storage measures should be promoted along with toilet construction in such areas.

9.18 There are families with no land for which a possible solution is to construct community toilet. The same should be done keeping in mind the issue of maintenance of such toilets and after such toilet is demanded by the community. It is better to provide individual HH toilet by arranging land, which GP may be asked to persuade people owning land.

9.19 There is less focus on reaching saturation for which there should be adequate emphasis on construction and use of toilets by the marginalized sections. That is also important from equity point of view. Attaining ODF status will require use of toilets by all persons. In many

houses all the members do not use toilet, though there is a toilet in the house. The GPs do not pay adequate attention on this aspect and stops after the toilets are constructed. The village level teams should be in place to watch people practicing open defecation and the GP should put in place some mechanism for penalty in failure to maintain ODF norms. This may be appropriately reviewed at all levels.

9.20 Substantial numbers of toilets have become defunct. There is no funding for rehabilitation of defunct toilet and it is not possible for government to pay incentives twice to the same family. While trying to locate some defunct toilets, it was found that the toilets which are not used have been marked as defunct toilet. If such families are motivated to use the toilet, the toilet shall become functional. Unserviceable toilets should be repaired by the household with their own fund for which GP should persuade them. Popular pressure should also be built up by the neighbours for their hygiene, which needs to be facilitated by the GP.

9.21 All the activities mentioned before and proposed to be carried out at the GP level requires presence of strong institutional framework. That requires strengthening the GP through appropriate devolution of functions, funds and functionaries. This is necessary for not only properly managing the campaign but being able to function as the local government in charge of sanitation and related public health improvement. Construction and use of toilets by all is the first essential step towards improving sanitary improvement. Once that level is attained the GP should be able to move ahead with better management of liquid and solid waste to ensure that people living within its area has least exposure to diseases communicated by water and air or poor sanitary practices. Such capacity development is a learning process which starts only when the GP owns the responsibility to make the area ODF and clean.

9.22 One more critical issue is providing support from higher to lower tiers for implementation of the NBA. Table 8 shows that extent of support available from higher tiers declines as one goes down the line and GP gets the least support from the block/Panchayat Samiti. The support system should be reviewed for possible improvement and ensuring accountability of higher tiers towards the lower tier for improving their functioning. More visits by the key officials of the PS and the ZP may help to identify the lapses for taking corrective measures. Monitoring should also include failure by higher tiers in not providing due support in time.

9.23 Technology which is being used needs to be reviewed. The more affluent people demand construction of sanitary toilets. Though the masons have been trained on leach-pit technology, in most occasions they are yielding to demand of the families for septic tank type latrine. The profit margin of septic tank latrine is more, which encourages such trend. Effluent of septic tank is released in the village road/open drain etc, which has serious health hazard. The trend of construction of septic tank latrine without a proper sewage should be arrested immediately to avoid public health disaster in future. Promotion of leach-pit latrine has not been done with due seriousness. There is no display in wall of any public place or through poster or hoarding for illustrating how toilets are constructed using leach-pit technology. Adoption of leach pit

technology should be proper and putting vent pipe is to be avoided. Making the masons a vehicle for leach-pit technology has also not worked well because of lack of supervision on technology being used. All concerned should be sensitized on these aspects. Technology used and quality of toilet construction should be monitored by professionals from the ZP level on a sample basis.

Annexure

Table A1

Community Level BAT

Enabling Factors	Indicators	Score	Criteria	Bottleneck Analysis			
				Bottleneck	Causes	Activity for removal	By whom
Social context	Social context is conducive for making the village ODF	0.6	Community members are aware of the ODF goal and own the same	The awareness is at sub-critical level	Advocacy has not been intensive and active	Proper planning & implementation of IEC on a sustained basis	ZP, PS & GP
		0.3	Gram Sabah resolves to make the area ODF	No such own decision of Gram Sabha, in general	Lack of IEC, guidance and follow up	Guidelines to be issued & PRI members to be oriented	State, ZP
		0.4	All social groups are together to rally behind the ODF goal	All groups do not feel to be part of the mainstream	Lack of awareness	Intensive awareness among all marginalized groups	PS, GP
		0.4	There are social forces to motivate the entire village to achieve ODF	Such forces are not so operative	Existing forces are not always associated	SHG/individual members to be co-opted in the movement& oriented	GP
		0.4 .	Women come forward to place demand for latrine	Women have no forum to place demand.	Demand is intrinsic but there is no mechanism to bring that out	IPC among women for raising the issues in Mahila Sabah	ZP, PS & GP
Availability of resources	All necessary resources are available	0.5	Land for construction of toilet is available	In some HHs land is not available	Poverty & assetlessness	Construction of community toilet	PS & GP
		0.4	Water for use and maintenance of toilet is available	In some villages water availability is insufficient	Water deficient area due to low rainfall	Promotion of rural pan, which requires less water	ZP, PS
		0.4	HHs have knowledge about the supports they can receive	Broadly known but details are not known to many	Lack of adequate IEC	IEC to be intensified	ZP, PS & GP
		0.2	Fund flows easily to the poor HHs	Fund does not flow	Fund flow mechanism is poor	Fund flow process to be strengthened	ZP

				easily			
		0.2	Human resources are available within the community	There is dearth of such resources	VWSC members & ND not well trained	VWSC members/NDs to be trained well	ZP
Advocacy (IEC)	Generation of demand for making the village ODF	0.1	There is sustained advocacy & trigger to launch	Advocacy is weak and no triggering activity	Inappropriate IEC and lack of any trigger mechanism	Planned advocacy to be put in place	ZP, PS & GP
		0.3	There are trained workers to convert awareness to construction of toilet	Hardly any trained worker for taking up intensive IPC	NDs are not well trained, have little contacts with the community	Non-functioning NDs to be replaced and new NDs trained	State, ZP
		0.2	Understanding of association of sanitation with health	Such awareness is pretty low	Lack of IEC covering this aspect	IEC to cover this aspect & intensified	ZP
		0.3	People value construction of toilet for providing dignity of women	No strong feeling that construction of toilet is essential for dignity of women	Lack of sensitization and opinion building	Awareness building to focus this issue	PS & GP
		0.4	Community internalizes the importance of saturation and behavior change	Need for saturation not internalized well by the community	Lack of critical awareness about how OD causes diseases	Planned IEC to be conducted.	PS & GP
Supply arrangement	Community is aware of and has access to all supplies	0.0	There is arrangement to supply materials	No such arrangement exist	Sanitary Mart/PC is not functional	Supply arrangement to be strengthened	ZP, PS
		0.2	HHs can procure material of their own	They face much difficulty	The supplier is far away & payment to be in cash	GP may be given revolving fund to procure	ZP
		0.4	Masons are available and can be engaged easily	Mason are not always easily available	Masons are engaged in other works also	GP wise masons to be identified, no to match workload	ZP, PS
		0.5	GP is proactive in arranging supply	Support occasional & not prompt	Lack of capacity & policy gap	PS & GP to be equipped to supply materials	ZP, PS
		0.0	Villagers	There is no	There is no	Supply has to	ZP,

			themselves get organized to arrange supply	such practice	social mechanism for that	be made or facilitated by the GP	PS
Participation & Equity	People are willing and able to participate across all sections	0.2	People are consulted regularly from the planning phase onwards	There is no such consultation	Lack of people centric approach	More mobilization from below through IEC	ZP, PS & GP
		0.2	Sanitation is a priority agenda in Gram Sabha & Mahila Sabha	There are occasional discussion but not so much action oriented	Lack of focus on using these forum	Appropriate policy & IEC	State & ZP
		0.2	Economically weaker HHs have no difficulty to participate	Some HHs face difficulty to participate	Such families face financial barrier	Fund flow arrangement to be re-engineered	State, ZP
		0.3	Women participate actively	Participation of women is not so high	There is lack of mechanism to involve them	Advocacy among women, girls focus on dignity	ZP/ PS
		0.3	Socially marginalized section find no difficulty to participate	There is no overt barrier but there is lack of spontaneous participation	They are not used to participate	Advocacy for critical awareness & building confidence	PS/ GP

Table A2

Bottleneck analysis -GP Level

Enabling factors-1	Indicator	Performance score	Criteria	Bottleneck analysis			
				Bottleneck	Causes	Activity for removal	By whom
Policy framework & resources	The Goals and targets are in place and there is resources to achieve the same	0.5	The GP has goal related to sanitation	Goal imposed from above, not owned by GP	Lack of consultation with the GP	More consultation & orientation	ZP, PS
		0.4	Political situation is conducive to attaining the goal	The issue of sanitation is not high in political agenda	There is lack of political will & mobilization	Orientation of elected Panchayat members	ZP, PS
		0.5	Social context is conducive in attaining the goal	Many HHs do not feel the need of toilets of their own	Lack of critical awareness	Intensive IEC & follow up	ZP, PS, & GP
		0.5	Resources required for attaining the goal is in place	Resources are available but GP has little control	Lack of proper devolution	There should be appropriate devolution to the GP	State, ZP
		0.6	Targets fixed within the goal are achievable	Possible if due measures are taken	Due measures not being taken	All measures mentioned in the BAT	ZP, PS, GP
Enabling factors -2	Indicator	Performance score	Criteria	Bottleneck analysis			
				Bottleneck	Causes	Activity for removal	By whom
Institutional	The GP has the	0.3	Activities of	Not always backed by	Absence of OG and lack	OGs to be issued and all	State/ ZP

framework for implementation	right institutional framework for implementation of the NBA	0.2	GP is backed by operational guidelines based on GR	standard procedures	of follow up	to be oriented	
		0.5	Activities of GP supported by devolution of funds	No fund is available to GP	Lack of devolution of funds	Proper devolution of funds to be in place	State/ ZP
		0.2	GP has human resources to implement NBA	Adequate manpower not available	There is only one GS with many tasks	Rojgar Sevak & ND may be better utilized	State/ ZP
			GP has freedom to take up tasks under NBA	GP has limited freedom	Lack of adequate devolution	devolution of functions, funds & functionaries	State
			GP has clearly defined accountability	Accountability is diffused	Responsibility is not well defined through GR	GR to be issued to put the accountability mechanism	State
Enabling factors-3	Indicator	Performance score	Criteria	Bottleneck analysis			
				Bottleneck	Causes	Activity for removal	By whom
Leadership, motivation	GP functionaries are motivated and they are capable of providing leadership	0.3	GP functionaries act together as a team	Team building is weak	Sarpanch is not shared with GR & not involved	Involvement of Sarpanch & orientation along with GS	ZP/ PS
		0.4	GP functionaries are motivated to make	Motivation varies across GPs	NBA has lost the shape of Abhiyan in many GPs	Intensive campaign & monitoring	ZP/ PS

		0.4	the GP ODF				
		0.2	Leadership provided by the GP functionaries	Not everywhere	Lack of motivation, other tasks	Orientation of Sarpanch/ members for leadership	ZP/ PS
			All GP functionaries sensitized to lead the programme	All elected representatives are trained but not enough to motivate	Sustained motivational activities are lacking	Effective sensitization & monitoring	ZP/ PS
			There are other champions in the GP support the programme	Not much support from them in most places	They have not been associated with the programme	They need to be identified & given orientation & responsibility	PS/ GP
Enabling factors-4	Indicator	Performance score	Criteria	Bottleneck analysis			
				Bottleneck	Causes	Activity for removal	By whom
Supply arrangement	HHs can get toilet constructed without difficulty / delay	0.2 0.2	GP is made responsible and empowered to arrange supply	GP does not own responsibility	There is lack of clear devolution	Sensitization of GP functionaries & more devolution	State/ ZP
		0.2 0.4	GP can procure materials as and when needed	GP waits till the demand accumulates for buying in substantial quantity	Carrying cost is not economical.	Block to supply material to GP even for small demand	ZP/ PS
		0.4	Supplies available on credit	Supplies not available on credit	That is the business norm	GP/PS to arrange supply	ZP/ PS
			There	No mason is	Linkage of	Mason may be	ZP/

			is earmarked Mason for each GP	so earmarked	mason with GP quite weak	identified & tagged with GP	PS
			GP can mobilize materials and masons within a short span of time	There is problem in mobilizing material & mason	Lack of fund with GP & minimum quantity to be bought	Devolution of funds to GP & supply of some items by PS	ZP/ PS
Enabling factors-5	Indicator	Performance score	Criteria	Bottleneck analysis			
				Bottleneck	Causes	Activity for removal	By whom
Advocacy (IEC)	People have critical awareness about constructing toilet and making the village ODF	0.2	GP has been devolved responsibility for advocacy	No clear responsibility of the GP	The task has not been assigned to the GP	Order assigning the task to be issued	State/ ZP
		0.4					
		0.3	GP takes up advocacy work of their own	GP merely informs HHs about scheme guidelines	GP has no capacity or orientation	GP to be made responsible, oriented & given fund	State/ ZP
		0.3					
		0.1	GP functionaries have knowledge of IEC activities	Knowledge base is poor	There has been little orientation of the GP functionaries	They are to be oriented appropriately	State/ ZP
			GP has control on ND to take up advoca	Little control exists	ND has little accountability to GP	Clear order to be issued, ND & GP are to be oriented	State/ ZP

			cy				
			GP can incentivize those who takes up advocacy	No incentive can be provided	No fund is available with the GP	Fund to be given/ permission to use untied fund	State/ ZP
Enabling factors-6	Indicator	Performance score	Criteria	Bottleneck analysis			
				Bottleneck	Causes	Activity for removal	By whom
Resources under control of GP	Fund & functionaries available with GP	0.5	Availability of sufficient allocation for full coverage	Fund is earmarked but not available with GP	Lack of devolution of funds to GP	Funds to be devolved to GP	State/ ZP
		0.5					
		0.4					
		0.3	Effective convergence between NBA and NREGA	Convergence is not so satisfactory	Existing GR needs simplification	GR to be issued streamlining the process of convergence.	State/ ZP
		0.1					
			GP can issue work order	GP has to get approval of PS	Lack of functional devolution	Adequate devolution to GP	State/ ZP
			GP has trained & dedicated human resources	GPs do not have adequate manpower.	NDs are not functional	System of NDs to be revamped, Rojgar Sevaks to be utilized	State/ ZP
			whether GP has own fund to support sanitation	GP has no own fund to use for sanitation	Poor own source revenue, untied funds not used	GP to be encouraged to use untied funds for sanitation	State/ ZP
Enabling	Indicator	Performance	Criteria	Bottleneck analysis			

factors-7		score		Bottleneck	Causes	Activity for removal	By whom
Monitoring and supervision	There exists a sound monitoring system	0.5 0.3	Existence of monthly reviewing & reporting	Done to some extent, not so effective	GP needs more capacity & watch by PS	Evidence based monitoring to be introduced	PS
		0.2 0.4	There is mechanism to track HH level progress	No such system, done casually	Lack of capacity & orientation	HH level progress monitoring system to be introduced.	ZP/ PS
		0.3	GP involves the community in monitoring	Such system hardly exist	Weak VWSC & poor orientation of GP	VWSC to be made more active	ZP/ PS/ GP
			There is close supervision on supply arrangement	There is some watch but not so effective	Lack of capacity & distance of supplier	GP to be oriented for monitoring of supply	ZP/ PS
			There is supervision of works in progress by the GP	The supervision system is quite week	Capacity is inadequate	GP functionaries & NDs to be trained	ZP/ PS
Enabling factors-8	Indicator	Performance score	Criteria	Bottleneck analysis			
				Bottleneck	Causes	Activity for removal	By whom
Support from block/BRC,	GP receives adequate support from the block/ BRC	0.5 0.4	Block passes all GRs & OGs to GPs, orient on procedural	GRs are passed. Orientation not conducted.	Lack of orientation and motivation of block officials	Block officials to be oriented & their functions to be monitored	ZP/ PS

			details				
		0.5	Block officials visit GP & provides hand holding support to GP	Visit is done, but handholding is poor	No protocol for handholding	BRC to be made responsible to help the GPs through hand holding	ZP
		0.2	Block issues work order & provides technical support promptly	There is delay in the process	Lack of capacity at block level	More devolution to PS & involvement of the Rojgar Sevok	ZP/ PS
		0.2	Organizes Exposure visit for the GP functionaries	Mostly not organised	Efficacy of exposure visit not appreciated	Exposure visit for the targeted GP functionaries to be organised	State/ ZP
			Block supplies all/some of the sanitary items on credit to the GPs	System is not in place in most blocks	Block level sanitary marts are not functional	Block to maintain depot	ZP/ PS
Enabling factors - 09	Indicator	Performance score	Criteria	Bottleneck analysis			
				Bottleneck	Causes	Activity for removal	By whom
Quality & sustainability	Technologically sound toilets are constructed, maintained and used by	0.3	Technologically sound toilets only are promoted	There is lack of technological soundness	Poor knowledge about leach pit technology	Orientation on technology to GP functionaries	ZP
		0.3					

	all members of the family	0.5 0.2	Rural pans are installed in water scarce area.	In many cases that is not done	Non availability of rural pan.	Rural pans only to be allowed	ZP
		0.4	Toilets are regularly used & maintained	Not every person use the same	Lack of critical awareness	Intense IPC for change of behaviour	ZP/ PS/ GP
			Existence of rehabilitation plan for Defunct toilets	Rehab plan not in existence	There is no provision of funds	HHs to be motivated to spend their own funds	GP
			Repair and renovation of toilets are done easily	Such needs are less, can be done but not so easily	Market is yet to develop	Training of masons on these aspects	ZP/ PS
Enabling factors-10 Focus on saturation & enforcing norms for making GP ODF	Indicator GP ensures that everybody uses toilet	Performance score	Criteria	Bottleneck analysis			
				Bottleneck	Causes	Activity for removal	By whom
		0.5 0.4	There is focus on saturation	Focus is not so sharp on saturation	Lack of proper orientation	Saturation approach to be given priority.	ZP/ PS
		0.2	All HHs are informed & sensitized on no OD	In some GPs the feature has been noticed	The issue is not well internalized	GP to be sensitized to enforce norms for ODF	ZP/ PS
		0.3 0.5	Habitation level team exists to watch	Not in most GPs	Functioning of VWSC is weak	Revamp VWSC & orient the members	ZP/ PS

			if OD is practiced				
			GP makes arrangement to counsel those who are found to practice OD	Not in a systematic manner	VWSC has not been asked to do so	VWSC/ SHGs and influential persons to be oriented	ZP/ PS
			GP takes actions against those defecating in the open area	GP can take actions	Commitment is not always high to do so	GPs to be motivated to take action	ZP/ PS

Table A3

Block level BAT

Enabling factor-1	Indicator	Criteria	Score	Bottleneck analysis			
				Bottleneck	Cause	Activity for removal	By whom
Policy & resources	Block/PS own responsibility for making the areas taken up under AIP ODF	Has clear goal to be achieved	0.7	Has clear goal but is imposed on the PS	The issue is not well internalized	Sensitization of key functionaries, consultation	State/ ZP
		Has political support for pursuing the goal	0.5	Such support is not so strong	Sanitation is not high in political agenda	Orientation of Panchayat members	State/ ZP
		Has adequate support of resources for meeting the target	0.8	Generally has resources but dependent on ZP	There is deficiency of resources & its control	There is need to devolve resources on the PS	State/ ZP
		PS has the right priority to implement NBA	0.4	Priority is missing in many PSs	Lack of sensitization of PS functionaries	Proper sensitization of PS functionaries	State/ ZP
		AIP prepared realistically in consultation with GPs	0.4	AIP mostly prepared from district level	AIP not prepared in consultation with PS	PS to be more involved in preparation of AIP	State/ ZP
2. Leadership & motivation	Block/PS level functionaries are motivated enough to take up the challenge of making the area ODF	Key block functionaries work as a team	0.3	The team building is weak	Elected representatives are not so involved	The entire team to be sensitized together	ZP
		Block team is motivated to implement the programme	0.4	Motivation varies & not generally high	Inadequate orientation & exposure visit	The team needs exposure & orientation	ZP
		There is good leadership of BDO	0.5	Leadership of the BDO is not good in all blocks	Personal commitment is missing	Visit to blocks with good leadership of BDO	ZP
		Block is put to competitive environment through exposing their failures in meetings at ZP	0.2	Such practice is not common	Lack of evidence based monitoring	There should be evidence based monitoring by the ZP	ZP
		The political executives at the PS level have will	0.3	Political will is low	They have not been appropriately	Orientation of P.S. level elected	ZP

		to pursue the goal			oriented	representatives	
3. Institutional framework	There is proper institutional framework for implementation of the NBA and achieving AIP	PS has clear devolution of functions with due accountability	0.5	Not so clear devolution, some of the duties are informal	Lack of very clear devolution	Order to be issued with clear & rational devolution	State/ ZP
		Have adequate human resources	0.4	Not adequate	Shortage of Extension Officer & JEs	Posts to be filled up, more JEs to be in place	State/ ZP
		Fund allocated is sufficient & can be used with freedom	0.5	There is problem of fund management & inadequacy	Problem in convergence between MGNREGS & NBA, lack of fund for some activities	Clear devolution of funds & simplification of guidelines	State/ ZP
		Have freedom to take activities of their own	0.5	Activities are guided from above	Lack of orientation & motivation to initiate local action	Orientation & motivation to promote local innovation	State/ ZP
		Have well laid procedural guidelines with clear accountability	0.6	Accountability framework is weak	Role clarity is not always very clear in the existing orders	Clear guidelines necessary for clear accountability	State/ ZP
4. Advocacy for generation of demand	There is clear plan of advocacy within the block area for creating proper environment	The block has an advocacy plan with focus on AIP	0.2	No focused advocacy plan is there	Advocacy plan has not been prepared	A focused advocacy plan to be prepared	ZP/ PS
		There is participation of the GP in preparing the advocacy plan	0.2	No participation of GP	Advocacy is done without plan	Advocacy plan to be prepared in consultation with GP	ZP/ PS
		PS directly involved in advocacy	0.2	PS hardly takes up advocacy	Advocacy not given enough priority	Advocacy to be done by all tiers of Panchayats	ZP/ PS
		There is fund with PS for carrying out advocacy	0.2	No specific allocation for that	Lack of devolution of funds/ own revenue	Devolution of funds & encouraging to spend own revenue	State/ZP
		There are people trained in IEC	0.6	BRC is functional but has capacity gap	Vacancy in BRC, lack of adequate training	BRC to be strengthened	ZP/ PS

5. Support received from ZP	Necessary support is received from ZP	ZP communicates GR & Operational Guidelines (OG) to the PS	0.8	ZP communicates GR & OG to Block	OGs are not always there	OGs are to be prepared & circulated	State/ ZP
		PS receive fund on time and there is no problem	0.7	In some district fund release is delayed	Fund not released in advance	Fund may be placed with Block in advance	ZP
		There is monitoring by ZP to find out weaknesses for intervention	0.4	Monitoring does not always lead to interventions	The program does not get enough importance in monitoring meetings	Evidence based monitoring by ZP with due orientation	Division/ ZP
		Problem reported by PS is promptly addressed by ZP	0.7	Generally addressed, sometime with delay	Lack of efficient system of follow up	Put in place an effective system of follow up of supports needed by PS	ZP
		Official from ZP visits the PS regularly for supporting them	0.7	Visits are regular but not always effective	DWSM has capacity gap	Capacity of DWSM to be augmented	ZP
6. Monitoring and supervision	An effective system of monitoring exists at the PS level	Regular monthly meeting is held to review performance of GPs	0.4	Regular is done but quality is poor	NBA not given due priority	Separate review for AIP GPs needed	ZP/ PS
		Reasons for failure is analysed for taking corrective measures	0.1	There is no analysis of reasons for failure for taking corrective measures	No system of evidence based monitoring is in place	An evidence based monitoring may be put in place	ZP/ PS
		Officials from block level regularly visit the GP and villages	0.5	BRC members visit HHs, but not at regular interval or in a planned manner	The work done by the BRC members are not supervised by BDO.	Monthly HH visit plan of BRCs & monitoring by BDO every month	ZP/ PS
		Report submitted by the GP is verified at random to check quality of reporting	0.2	No system to review Quality of reporting	There is little priority to quality reporting	Issue guidelines & orientation for checking quality of report	ZP/ PS
		Quality of	0.	Quality of	There is little	Issuing	ZP/

		construction and technology followed is checked through field visit	5	construction is verified, little emphasis on technology	focus on technology being followed	guidelines followed by proper orientation	PS

Table A4

District level BAT

Enabling factor-1	Indicator	Criteria	Score	Bottleneck analysis			
				Bottleneck	Cause	Activity for removal	By whom
Policy & resources	ZP as the local Government owns responsibility for implementing NBA and achieving the goal	Has clear understanding of the state policy	0.9	Has good understanding in general	New officer in key posit may not have clear understanding	Orientation as soon as posted in ZP	State
		Has due priority to take up the task as a special drive	0.5	There are other priorities as well	The program has become a routine programme	A dedicated team led by a senior officer	State/division
		Has adequate support of fund for meeting the target	1.0	Fund support is there	No bottleneck		
		Political will is there to achieve the goal	0.2	No visible support is there	Sanitation is not high on political agenda	Sensitization of ZP level elected members	State
		AIP prepared in consultation with GPs and PS	0.5	PS consulted but not GPs	No advisory issued from State level	Advisory to be issued for bottom up approach in planning	State
2. Leadership & motivation	ZP level functionaries are motivated enough to take up the challenge of making the area ODF	Key ZP functionaries work as a team	0.5	The team building is modest	Elected ZP members are not so involved	The entire team to be sensitized together	State/division
		ZP team is motivated to implement the programme	0.6	Motivation is generally good but not everywhere	Inadequate orientation & exposure visit	The team needs exposure & orientation	Division
		There is good leadership of the CEO	0.8	Leadership of the CEO is high, can be improved	They need more exposure	Exposure visit in good performing states	State
		ZP is put to competitive environment through highlighting failures compared to other ZPs	0.2	Such practice is not there	Lack of evidence based monitoring	There should be evidence based monitoring of the ZP	State/division
		The political executives at the ZP level have will to pursue the	0.3	Political will is low	They have not been appropriately oriented	Orientation of ZP level elected representatives	State

		goal					
3. Institutional framework	There is proper institutional framework for implementation of the NBA and achieving AIP	ZP has clear devolution of functions with due accountability	0.8	There is devolution to ZP but that is too much concentrated	Needs further devolution to PS & GP	Order to be issued with clear & rational devolution	State/ ZP
		Have adequate human resources	0.6	Mostly adequate	Some of the key persons have multiple responsibilities	Needs one dedicated officer below CEO, to fill up vacancies of DWSM	State/ ZP
		Fund allocated is sufficient & can be used with freedom	0.8	There is little problem of fund availability & freedom	Fund management is poor in some cases	Clear devolution of funds & simplification of guidelines	State
		Have freedom to take activities of their own	0.6	Activities are to a good extent guided by state	Local innovations are not so common	More freedom with monitoring will be useful	State/ division
		Have well laid procedural guidelines with clear accountability	0.6	Accountability framework is weak	Role clarity is not always very clear in the existing orders	Clear guidelines necessary for clear accountability	State
4. Advocacy for generation of demand	There is clear plan of advocacy for creating proper environment	There is an advocacy plan with focus on AIP	0.2	No focused advocacy plan is there	Advocacy plan has not been prepared	A focused advocacy plan to be prepared	ZP
		There is participation of the PS & GP in preparing the advocacy plan	0.2	No participation of PS & GP	Advocacy is done without plan	Advocacy plan to be prepared involving all tiers	ZP
		ZP directly involved in advocacy	0.4	Advocacy initiative is weak	Advocacy not given enough priority	Advocacy to be done by all tiers of Panchayats	ZP
		There is fund with ZP for carrying out advocacy	0.5	Fund is available	Fund is not properly utilized	Appropriate advocacy plan with due funding to be in place	ZP
		There are people trained in IEC	0.6	DWSM is functional but has capacity gap	Vacancy in DWSM, lack of adequate training	DWSM to be strengthened	State
5. Support received from State/	Necessary support is received from ZP	State communicates GR & Operational	0.8	All GRs are communicated, OGs are not always	There is lack of attention on providing	OGs to be prepared & circulated	State/ ZP

Others		Guidelines (OG) to the PS		there	detail OGs		
		ZP receive fund on time and there is no problem	0.8	Generally there is no problem	There are occasional delays	Fund may be placed well in advance	State
		There is monitoring by division/State to find out weaknesses for intervention	0.5	Monitoring is there, needs intensification	Not monitored regularly & effectively	Evidence based monitoring of ZP to be started	Division
		Problem reported by ZP is promptly addressed by ZP	0.6	Generally addressed, there is delay	Lack of more focused monitoring at state/division level	Put in place an effective system of monitoring & follow up	Division
		ZP receives all technical support from state/others	0.6	Such supports are not always available	System of providing technical support is not very good	System to provide technical support by ZP to be in place	State
6 Monitoring and supervision	An effective system of monitoring and evaluation exists at the ZP level	Regular monthly meeting is held to review performance of PSs	0.5	Regular monitoring is done but quality has to improve	There is usually common monitoring	There should be special monitoring of only NBA	ZP
		Reasons for failure is analysed for taking corrective measures	0.2	There is no analysis of reasons for failure for taking corrective measures	No system of evidence based monitoring is in place	An evidence based monitoring may be put in place	Division/ ZP
		Officials from ZP level regularly visit the PS and GPs	0.5	DWSM members visit blocks, but not regularly	The work of the DWSM are not supervised well	There should be visit to block & GP by the ZP functionaries	ZP
		There is evaluation of usage & outcome of the NBA	0.2	No system to evaluate usage or outcome	There is little priority to these aspects	Usage and outcome of toilet use should be evaluated	State/ ZP
		Quality of construction and technology followed is checked through field visit by ZP	0.5	Quality of construction or technology used are not verified	There is little priority on quality & technology aspects	Issuing guidelines followed by proper orientation	State