

Evaluation of Nirmal Gram Puraskar (NGP) awarded Grama
Panchayaths in Karnataka
Department of Rural Development Panchayat Raj

Executive Summary

The Government of India (GoI) initiated the incentive scheme named Nirmal Gram Puraskar (NGP) in 2003, to recognize the efforts of Gram Panchayaths (GPs) that are fully sanitized and open defecation free. Since 2007, 1069 GPs (close to 19%) have been awarded NGP in the state. These GPs were restricted largely to coastal and Malnad districts, which have better social and economic indicators in comparison to other districts of the state.

In this context, NBA, Dept. of RDPR, GoK, commissioned an evaluation to understand the features of the NGP awarded GPs within the state, their current status of sanitation and the critical successes and failures of these GPs in order to strengthen the sanitation related initiatives of the NBA. Grassroots Research And Advocacy Movement (GRAAM), a public policy research and advocacy organization¹ conducted this evaluation.

A mixture of qualitative and quantitative methods has been adopted in this study. Surveys were conducted to understand status of sanitation and utilization among households and schools and Anganwadis. Perspectives of GP members and personnel were captured using Focus Group Discussions (FGDs) at the GP level. The field evaluation was carried out in 107 GPs of the state, spanning 27 districts and 74 taluks. The major findings of the study are listed below.

On an average, the sampled NGP GPs perform better than the non-NGP GPs in the state on the issue of IHHLs. There is an average increase of more than 30% in the number of households having toilets in the selected GPs between

2007 and 2012-13. Utilization rates of households having IHHLs was found to be higher than expected (about 95%). Large regional disparities exist in the performance of the sampled GPs. Status of coverage of IHHLs in the Gulbarga and Belgaum divisions in general is much poorer in comparison to those in Mysore and Bangalore divisions. SC/ST households are significantly behind others in all the geographical divisions of the state.

Whilst most schools visited had toilets in them, utilization of toilets and provision of water for these facilities needs improvement. Anganwadis lag behind schools significantly in provision of toilet facilities. The Anganwadis visited in the Gulbarga division sufferer substantially due to the non-availability of water in their premises.

Majority of GPs (48%) have spent their funds according to the guidelines of NGP. However, there are considerable number of GPs (18%) that have spent the NGP award funds against the guidelines of NGP. Some examples include purchase of tractors, felicitation functions, one-time cleaning of drainages etc. In a majority of GPs, interest to continue the prioritization of sanitation activities exists, although without Government intervention, sanitation activities cannot be sustained. GPs are fully dependent on government for (a) providing leadership, guidance and innovation on introducing and internalizing sanitation related behavior changes and (b) financial assistance for creation of sanitation infrastructure. In GPs where IHHL coverage was poor, the GP members recognized the following bottlenecks: Shortage of funds, availability of space, water resources and lack of people's participation as challenges in implementing sanitation activities effectively.

Logistic regression was carried out to understand linkages between socio-economic characteristics of households and sanitation outcomes (measured as presence of IHHL). This analysis yielded statistically significant results. The results reiterate that regional disparities social, economic and educational levels play a significant role in determining the odds of a households having IHHLs. Further, this analysis provided evidence to link awareness levels of households and their sanitation and cleanliness behavior to the presence of IHHLs.

The evaluation report also documented the field impressions of the study team, that links qualitative aspects related to governance to sanitation outcomes. Specifically, it documented the limitations at the GP level in understanding and addressing sustainability issues and the impact of frequent change of focus at the district level on implementation of sanitation activities at the GP level. Based on these analysis and impressions, recommendations were made. Key recommendations are listed below.

1. Prioritization of poorly performing districts (specifically in the Belgaum and Gulbarga divisions) in implementation strategies and special focus to improve the IHHL coverage status of SC/ST households.
2. Focus on creation and utilization of safe sanitation facilities and stressing on safe sanitation practices in all schools and Anganwadis of the state.
3. Strategies for increasing awareness levels and sustaining sanitation practices should take long term systemic approaches involving communitization and involvement of multiple stakeholders in sanitation activities, rather than targeting on individual components alone, by single implementation agencies.

4. Stricter screening of the application processes (including penalization of false claims and recommendations) for the awards and creating social accountability mechanisms to compliment the application verification process through public discussions like Grama Sabhas, wherein the visiting team has the time and space to fully understand the progress made by the GP on multiple fronts related to sanitation.

Summary of Results and Recommendations

The previous chapters documented in detail the different activities taken up as part of this evaluation, the data collection methods and the analysis of data collected. This chapter summarizes the major findings of the study and concludes with the recommendations. The findings are split into 4 sections. The first section summarizes the status quo of infrastructure and utilization of sanitation services. The next two sections summarize the results of FGDs with GP members and personnel and quantitative analysis of household survey respectively. The last section of the results summarizes the field impressions of the study team.

Status of sanitation infrastructure and utilization

1. On an average, the sampled NGP GPs perform exceedingly better than the non-NGP GPs in the state on the issue of IHHLs. There is an average increase of more than 30% in the number of households having toilets in the selected GPs between 2007 and 2012-13. While the progress made in these GPs in regards to IHHL coverage is significant, they still lag behind considerably, in comparison to the mandatory requirement of 100% IHHL coverage. Based on this survey, only 17% of the GPs visited met this criteria and about 40% of the GPs visited had have less than 75% IHHL coverage. Majority of GPs that were awarded NGP in 2007, 2008 and 2009 seem to maintain high IHHL coverage status, whereas those awarded in 2010 and 2011 lag behind in maintaining high IHHL coverage.

2. Large regional disparities exist in the performance of the sampled GPs. Status of coverage of IHHLs in the Gulbarga and Belgaum divisions in general is much poorer (and far from attaining NGP eligibility criterion) in comparison to those in Mysore and Bangalore divisions. Specifically, the

districts of Koppal, Bidar, Bellary, Raichur, Belgaum, Chamarajanagar, Chitradurga, Davanagere, and Dharwad have significant challenges remaining in guaranteeing 100% IHHLs.

3. While there is a wide recognition of regional disparities in overall development status of districts, a cause of concern in this particular case is that the award process of NGP is standardized and has specific requirements in sanitation standards that are to be applicable and met universally. However, the decision making process for awarding GPs with NGP seems to have ignored these norms in many poorly performing GPs (the entire list of GPs and their IHHL coverage status is available in Annexure B, Table 41, pp. 64).

4. Comparative analysis of IHHL status among different social groups reveal that SC/ST households are significantly behind others. This phenomenon was observed among all the 3 categories households surveyed: housing scheme beneficiaries, current GP members as well as the general GP households and in all the geographical divisions of the state.

5. Whilst most schools visited had toilets in them, utilization of toilets and provision of water for these facilities needs improvement. Further, school sanitation coverage is much better in comparison with Anganwadis and IHHLs. However, this is a universal phenomenon, observable both at the state and national levels (Figure 7, pp. 33)

6. Anganwadis lag behind schools significantly in provision of toilet facilities. The Anganwadis visited in the Gulbarga division sufferer substantially due to the non-availability of water in their premises.

7. The GPs from Udupi and Dakshina Kannada generally perform better than other GPs in terms of solid waste management. In these districts, there is substantial guidance from respective ZPs towards SLWM.

8. While many GPs had less slip back as far as IHHLs were concerned, the status of SLWM left a lot to be desired. Streamlining SLWM expenditures, asset planning, management and utilization, rather asset creation has to be emphasized.

9. Majority of GPs (48%) have spent their funds according to the guidelines of NGP. However, there are considerable number of GPs (18%) that have spent the NGP award funds against the guidelines of NGP. Some examples include purchase of tractors, felicitation functions, one-time cleaning of drainages etc. Many GPs that won the NGP awards in 2011 have not received the award funds. Further, there is considerable confusion on release timeline of funds, the exact sum of award money and the number of tranches in which it is going to be released. Hence, only 39 GPs (36%) had fully utilized the funds from NGP award.

10. Utilization rates of households having IHHLs was much higher than expected (about 95%). However, utilization levels in schools and Anganwadis was comparatively less. Utilization levels of Anganwadi toilets showed large regional disparities.

GP perspectives on sanitation

Even with the declaration of NGP, many GPs seemed to have demand for construction of even higher number of IHHLs (through NBA). The reasons for this included increase in households due to splits in families and the notion that IHHLs for a new eligible household has to be built using government financial assistance. Looking at the complete dependence on the

government for the creation of sanitation, this repetition of requirement of IHHL is a cause of concern.

Based on the impressions from FGDs and interaction with district and taluk NBA coordinators, GP members and personnel, it can be concluded that the GP administration (including GP members and personnel) in majority of the sampled GPs do place priority and agree that sanitation related activities need to be sustained. Further, since GPs are fully dependent on the government funds for sanitation activities, at this point, GPs are only able to follow guidelines and suggestions provided by ZPs and TPs for implementing the prescribed activities. Thus, while interest to continue the prioritization of sanitation activities exist, without government intervention, sanitation activities cannot be sustained.

In GPs where IHHL coverage was poor, the GP members recognized the following bottlenecks: Shortage of funds, availability of space, water resources and lack of people's participation as challenges in implementing sanitation activities effectively.

In GPs which conducted locally innovative activities and involved other stakeholders, IHHL coverage status was considerably higher (Figure 9, pp. 40, Figure 10, 42). This shows that if GPs do take interest in sanitation activities and have the flexibility to bring in local innovation in IEC activities, results in terms of sanitation outcomes will be substantially better. Analysis of GP's financial expenditures on activities related to operation and management of sanitation and drinking water infrastructure does not show conclusive trends.

Socio-economic characteristics of households

Quantitative analysis of household characteristics was carried out to understand the crucial differences in socio-economic characteristics of households having IHHLs and those that don't. This analysis was carried out with the intention of pinpointing directions in which IEC activities have to be targeted to achieve sustenance and prevent slip back. The results of this analysis is presented in section 5.2.3 (pp. 49). The analysis arrived at two conclusions:

1. It provided statistical evidences for widely accepted notions that link sanitation outcomes to social and economic issues; specifically, that social status, economic and education status and overall regional development status play a significant role in sanitation outcomes.
2. Households that are more involved and aware of GP level decentralization initiatives and holistic IEC activities are at higher odds of having better sanitation outcomes than those households that are not exposed to these interventions. Based on these findings, we can conclude that interventions related to sanitation have to retain the focus on marginalized communities with special focus on low performing districts, while at the same time, pursuing holistic and locally relevant IEC strategies.

It was reassuring to see that children in most schools visited had been taught about the importance of sanitation. Children could recognize at least 10 unique safe sanitation practices. The team found that Schools and Anganwadis are the best places to bring in long-term sustainable behavioural changes in sanitation practices.

3. Field Impressions

The field team of the project spent considerable amount of time discussing sanitation related issues with district and taluk officials, GP personnel and members and households from diverse backgrounds. The field team was also asked to document issues that do not necessarily appear in the actual data collection process, but

In a GP in Shimoga, a GP member recollected that between 2007 and 2009, the focus was on TSC. In 2009 – 2011, the focus was on MGNREGA. Now a days, he said the focus is on BPL cards and site-less households.

In this GP, the recent PDO did not even know that the GP had funds remaining from TSC and NGP. The priority of the current GP administration was not sanitation

are important in determining sanitation outcomes. To understand and analyze these issues, a field team workshop was conducted at the end of the survey to capture these perspectives. The results of this analysis is presented below.

By its very nature, the analysis is qualitative and hence may not be statistically generalizable. However, this analysis captures the major explanatory theories because of which the status quo may exist and further, what can be done to address them.

The plausibility and importance of each such explanatory theory has to be decided based on field knowledge and understanding of local contexts.

In understanding the issues related to sustainability of sanitation related activities, the field team mentioned issues that can be broadly categorized into two themes. These issues are discussed below.

Interest of district and taluk officials in sanitation related activities

From the FGDs, it is understood that sanitation activities were initiated and driven by ZP and TP officials. In many districts, it was noted that a particular CEO of the ZP or the EO of the taluk had taken special interest in making sure that GPs achieve 100% IHHL coverage status during their tenure.

While Secretaries and GP members remembered these aspects fondly, they also shared that during those periods, the pressure on GPs was so high that the officials had to make sure that households constructed toilets (either temporary or permanent), just to reach their targets.

In a household interview in Udupi, the head of the house complained that the GP has not provided him with any benefits, although he belonged to ST category and a BPL card holder. He said, “This GP could not even provide me money for the toilet that we had constructed much before everyone else”.

From the interview, it was evident that his house had a toilet since two decades.

Hence, neither was the priority given towards behavior change and IEC nor to make sure that the IHHL constructed could be used for a sufficiently long time. Thus, after the particular higher official changed, or when the GPs actually won NGPs or when focus of the interventions changed (for example, from TSC to MGNREGA), the focus at the GP level had to change suddenly.

Thus, the impetus built for sanitation could not be sustained and before long term issues like stabilization of decentralization processes (VWSCs) and behavioral change w.r.t sanitation could be addressed, the focus of activities of the GP shifted.

This scenario of frequent shifting of focusses, changing political environment in the GP and personnel changes, erodes accountability of schemes and reduces beneficiary selection to tokenism (see box). This not only results in the schemes and activities not reaching a sustainable status, but also creates an environment where long-term planning at the GP level is suppressed, leading to inefficient expenditure and wastage of resources. In such situations, where communities haven't been able to internalize the benefits of sanitation fully, they begin to encash long term advantages of sanitation and health for short term financial gains. Further, incremental increase in financial support for construction of toilets creates a sense of 'missed opportunity' for such households leading to more leakage of funds.

Limitations in understanding sustainability

Another category of issues that was witnessed by the field teams in a number of GPs was the limited perception and ability to address sustainability.

GPs that experienced over-extraction of ground water recognized that borewells in their area may not run successfully. But, they did not invest on activities towards ground-water recharge.

Some GPs utilized a substantial portion of the NGP award funds either for clearing of clogged drains, or felicitating those involved in getting the NGP awards. In such cases, in one season alone, the fund utilization was complete. Neither the GP personnel nor the GP members could think of using the NGP funds for sustaining sanitation activities. Further, in such cases, the reasoning was of short term practical necessity (and dependence of state funds) than long term gains through innovation and ownership.

These cases show a clear lack of understanding the concept of sustainability and planning for works and activities that address these issues. Similarly, addressing sustainability begins with identifying local solutions to local issues. However, due to the perceived lack flexibility in implementation norms of schemes, GPs often did not attempt to solve the unique local sanitation related issues. For example, in a few GPs in North Karnataka, households had a severe lack of space to build IHHLs. Instead of attempting local innovations to address this issue, GP personnel complained that they cannot convince their communities to build IHHLs, irrespective of the schemes the government proposes.

It is clear that in GPs where gaps in expected (as in NGP guidelines) and actual IHHL coverage is enormous, the process of awarding NGP to the GPs has simply failed to recognize the reality of sanitation status in these GPs. The yearly trends in IHHL coverage of GPs also show that the performance of GPs awarded in 2010 and 2011 is worse in comparison to those awarded earlier. Field impressions also indicate that the process of applying for NGP

is not necessarily initiated by the GPs themselves, rather, driven by pressures from ZPs and TPs¹⁸. Further, the current processes of validation of sanitation status depends heavily ‘inspecting and verification’ by the appointed teams and does not allow for wider participation and public discussion on the progress made by the GP in its sanitation status. This affects the social accountability and the seriousness of the award incentive and the verification process at the grassroots level.

These impressions lead to doubting the authenticity of the processes of application for awards and verification of sanitation status of GPs. Thus, the very purpose of ‘incentivising GPs’ to promote sanitation is lost, specifically in poor performing GPs.

Recommendations

The evaluation presented the status quo of sanitation infrastructure and its utilization in the sampled NGP GPs. It explored various issues that influence sanitation outcomes. While overall development and holistic awareness building will have positive impacts on sanitation outcomes, the evaluation suggests the following specific recommendations, based on the results of the analysis of data and field experiences.

1. Although NGP awarded GPs are substantially better than other GPs in Karnataka in IHHL coverage status, it is a matter of concern that NGP GPs in districts like Belgaum, Bellary, Bidar, Chamarajanagar, Chitradurga, Davanagere, Dharwad, Koppal, Raichur and Tumkur have a long way to go. The current levels of IHHL coverage in a majority of GPs does not meet the eligibility criterion for NGP awards. Barring exceptions, substantial efforts are needed in the GPs of Belgaum and Gulbarga divisions to achieve

100% IHHL coverage as well as utilization of sanitation facilities in schools and Anganwadis. Hence, prioritization of these districts in implementation strategies could be considered.

2. Comparative analysis of IHHL status among different social groups reveal that SC/ST households are significantly behind others. Special focus has to be provided to improve the IHHL coverage status of these social classes.
3. Utilization rates of sanitation facilities in schools and Anganwadis has to be improved. Looking at the long term advantages of imbibing safe sanitation practices to children, the study recommends focus on creation and utilization of safe sanitation facilities and stressing on safe sanitation practices in all schools and Anganwadis of the state.
4. Streamlining SLWM expenditures, developing protocols of safe disposal of solid and liquid waste, asset planning, management and utilization, rather asset creation has to be emphasized in GPs where IHHL coverage has reached satisfactory levels.
5. Clarity has to be provided to award winning GPs about the fund allocation and utilization norms.
6. GPs should be encouraged to involve more stakeholders and creating locally relevant strategies in implementation of sanitation related activities.
7. Strategies for increasing awareness levels and sustaining sanitation practices should take long term systemic approaches involving communitization and involvement of multiple stakeholders in sanitation activities, rather than targeting on individual components alone, by single implementation agencies.

8. The study recommends strict screening of the application and verification processes for the awards. This could also involve penalization for false claims and false award recommendations for GPs. Involving field personnel from other related wings of the government lends accountability to the process of verification. For example, mandatory certification of the status of sanitation of the GP by the local Medical Officer and Anganwadi workers can be considered to enhance the accountability of the GP's application for the awards.
9. The verification process for awarding NGP may include public discussions (for example, through Grama Sabhas) to compliment other steps, wherein the visiting team has the time and space to fully understand the progress made by the GP on multiple fronts related to sanitation. This helps to increase the social accountability of the verification process. The presence of field personnel who have certified the sanitation status and mandatory video recording of the discussions help to enhance the authenticity of the verification process.