SLH Learning Brief

Community Leave No One Behind: Lessons from a pilot

Introduction :

In 2020, WSSCC's India Support Unit (now UNOPS) piloted a new participatory approach called Community Leave No One Behind (CLNOB) to support the Swachh Bharat Mission-Grameen (SBM-G) Phase II. The pilot took place in five districts in India (Mirzapur in Uttar Pradesh, Ranchi in Jharkhand, Kamrup in Assam, South 24 Paragnas in West Bengal and Purnea in Bihar). A Prerak (facilitator) was appointed in each district to support this process and work within villages at community level. The Sanitation Learning Hub supported an accompanying learning component of the pilot, facilitating learning sessions between the preraks and the development of a Handbook based on the experience.

This learning brief outlines the purpose of CLNOB, the actions generated by the pilot and our reflections of the CLNOB approach. The CLNOB Handbook, a handbook on Community Leave No One Behind, accompanies this Learning Brief.

CLNOB was designed to ensure a participatory method to enable sustained access to safely managed sanitation facilities for people who have been 'left behind' or left out of the first phase of India's national sanitation campaign.

Background

The Swachh Bharat Mission or Clean India Mission, India's flagship sanitation programme, was launched in 2014 to eliminate open defecation and have everyone using a safely managed sanitation facility by 2019. In 2014, India had the largest population in the world practising open defecation,

totalling over 500 million people (WHO and UNICEF, 2014). The Swachh Bharat Mission was India's most ambitious programme yet both in terms of budgetary allocations and political will, with the objective to improve sanitation practices overall. It aimed to stop open defecation and manual scavenging; promote improved sanitation behaviour and build capacity at the local level; and ensure better solid and liquid waste management.

The Swachh Bharat Mission-Grameen, SBM-G (rural) programme was led and financed by the Ministry of Drinking Water and Sanitation. After claiming to have improved the coverage of toilets in rural India from 39% to over 95% of households between 2014 and mid-2019, and having reportedly built over 100 million toilets (Department of Drinking Water and Sanitation, 2021) as of 2 October 2019 all districts across India declared themselves to be 'open defecation free'. Data from the National Family and Health Survey 5 (Ministry of Health and Family Welfare, 2020) however, indicates that open defecation is still practised and many rural households struggle with partial and slipping toilet use.

The next phase of the SBM-G (formally announced in May 2020) builds on the successes of the first phase. Among other objectives, it aims to address sanitation access for those left out of baseline during the first phase and ensure sustained access to safely managed facilities.

Community Leave No One Behind

Community Leave No One Behind is a new participatory approach to identifying both challenges and solutions in communities' journey towards open defecation free-sustainability (ODF-S). It was designed to be integrated into Phase II of the SBM-G. The process includes participatory mapping of all individual households in a community (tolas,

paras, majra, purwa, habitations etc.), and then identifying households and individuals who have been left out so far or who have particular needs. This process also identifies household toilets that are not safely managed and in need of retrofitting. It then encourages community members to take their own action where possible to ensure safe toilet access. Gram panchayat/ block/district staff are then apprised of the status and progress at community level to help support SBM-G Phase II planning and ensure sustained outcomes.

The three phases of the CLNOB process are set out in the left-hand column of Table 1.

Table 1. Three phases of CLNOB process

Preparation	• Fix the date, time, and venue for the meeting. • Arrange material for mapping. • Arrange transport for reaching the village.
CLNOB mapping process	• Identify left-out people and other categories through participatory mapping exercise. • Ensure collective realisation of the issues that still need to be addressed. • Share technology options for construction and retrofitting of toilets. • Community commitment and action planning to ensure no one is left behind. • Community commitment to initiate Gandhigiri visits.
Post-mapping Gandhigiri and follow-ups	• Empower and encourage the community to address gaps and sustain ODF status. This is achieved through various activities, such as explaining technology options, demonstrating retrofitting, data validation, and household counselling by Nigrani committees. • Share findings of mapping exercise and validated data in a gram panchayat meeting, encourage Panchayati Raj Institution members to participate, and encourage the Nigrani committee and community members to ensure action on the ground.
Result: Access to safely managed toilets for all; no visible faeces in the village/environment; achievement of ODF-S.	

Results from the pilot

The details of the findings from the community-wide participatory mapping process are shown in Table 2.

Table 2. Mapping process results

Details	District					Total
	Kamrup Rural	**Mirzapur**	**South 24 Parganas**	**Ranchi**	**Purnea**	
Date when mapping started in the district	27 Aug 2020	31 July 2020	10 Aug 2020	20 Aug 2020	23 July 2020	
No. of habitations where map-pings carried out	15	26	29	20	30	120
No. of revenue villages/sansads covered	5	22	6* +1* (partially)	20	13	66 + 1 (partially)
Total no. of households (HHs)	841	1658	1324	2089	2435	8,347
No. of HHs without toilets/defunct toilets	97	187	22	277	1697	2,280
No. of HHs where retrofitting is required including unsafe toilets	246	287	536	274	604	1947

No. of HHs where modification is needed for people with special needs	2	2	78	41	02	125
No. of HHs where usage is an issue	11	497	-	122	-	630
No. of HHs with large families	12	-	1	2	-	15
No. of HHs with large families	10	-	4	77	-	91

Following this mapping exercise, follow up and Gandhigiri activities, Table 3 shows the action taken by community members to address the gaps in sanitation access within households.

Table 3. Action taken to address sanitation gaps

Details of community action	District					Total
	Kamrup Rural	Mirzapur	South 24 Parganas	Ranchi	Purnea	
New toilets constructed	12 complete, 17 ongoing, 33 promised	1	17		161 complete, 29 ongoing, 17 purchased material, 261 promised	191 Complete, 46 ongoing, 17 purchased material, 294 promised
Toilets retrofitted	51 complete, 11 ongoing, 53 promised	37	43 complete, 84 ongoing, 24 purchased material, 48 promised	12 complete, 130 promised	21 complete, 185 promised	164 complete, 95 ongoing, 24 purchased material, 416 promised
Modification in toilets for people with disabilities	2	0	12	5 complete, 16 promised	1	20 complete, 16 promised
Usage of toilets ensured	11	131	NA	70	NA	212
Large families that constructed extra toilets	2 ongoing,	NA	1	0	NA	1 complete, 2 ongoing
Toilets under construction completed	2	NA	4	9	NA	15

Overall reflections

This pilot faced several challenges, such as Covid-19, staff turnover, and mapping activities taking place during the monsoon season. Covid-19 precautions such as masks, social distancing, and frequent hand sanitising were taken throughout this process (more details are present in the CLNOB handbook). CLNOB was still able to address several ongoing challenges that emerged over the course of SBM-G Phase I.

1. Accurately represented living realities

The CLNOB mapping process was able to accurately capture sanitation access and use for everyone and every household within that village or habitation. The process mapped households with people with different toilet needs (physical ailments, visual impairments, etc.), toilets that were not in use, toilets that were unsafely managed, and those that need retrofitting for various reasons. In a context where nationally reported figures of toilet coverage and access and use have been repeatedly questioned, the CLNOB process was able to provide a reliable and accurate snapshot of sanitation practices within the communities in question.

2. Identified those left behind

As the mapping process involved conversations and discussions

with individuals from every household around toilet use and practices, the CLNOB process was able to identify every person who had a different toilet need, and why those needs had not been met, and encouraged various ways for households to address those specific needs. This process identified all people who were left out of the baseline during SBM-G Phase I for various reasons, and who continued to practise open defecation or only partially use sanitation facilities.

3. Encouraged participatory monitoring

The mapping, Gandhigiri, and follow-up processes within CLNOB are a form of participatory monitoring whereby community and village members themselves identify the various barriers to sustained toilet use. The Nigrani Samiti – a vigilance committee formed during the mapping process – consisted of village and community members who practise Gandhigiri. They routinely followed up and visited households to encourage them to sustain safe sanitation practices through affirmative, encouraging conversations.

4. Promoted sustained outcomes

Gandhigiri and follow-up processes kept the momentum going with prioritising safe sanitation practices and behaviour. As these processes were frequent and involved monitoring by community members themselves, it encouraged people to keep up with toilet maintenance and ensure that their facilities were safely managed and safe to use. Nigrani Samitis followed up regularly and maintained a sustainability register that documented incremental improvements. This ensured that sanitation access and use remains a priority, discouraging regression on the sanitation ladder.

5. Promoted contextually driven modifications

The pilot revealed a slew of reasons that stopped people from using safely managed toilets, including various physical ailments, issues with mobility, different kinds of retrofitting needs, and various other reasons for physical damage of toilets. Individual discussions with people and households helped identify innovative solutions that could solve their specific challenges and provide safe and comfortable access to a facility. Contextually driven solutions such as bamboo handrails for people who needed physical or visual support, help with training masons, or making a hole in plastic chairs for people who were unable to squat, were implemented in various households during the pilot. Conversations initiated by preraks also helped to alleviate various anxieties that people had around these measures.

Conclusions

The CLNOB approach was designed to promote a participatory process towards ensuring all villages were able to achieve sustained sanitation outcomes. It enables those left behind or only partially using facilities to address their challenges and ensure safe and suitable access to a sanitation facility. These results are then documented and fed to gram panchayat to support village and district action planning.

CLNOB was piloted at a small scale with a limited number of mapping processes, and faced a number of setbacks over the course of the pilot. It requires expanding and testing in other contexts and regions. However, reflections and initial results so far indicate that this could be a promising method to ensure the reprioritisation of sanitation outcomes at the local and village level. It can alliviate the challenges around monitoring for sustained use, tackling slippage and capturing field realities in order to better plan appropriate actions for the SBM-G Phase II.

References

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