

Evaluation Study on Impact Assessment of Swachh Bharat Mission

Submitted to

**Department of Social Welfare
Government of Karnataka**



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Preface

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Executive Summary

Cleaner and healthier environment is a basic requirement which defines a person's quality of life. Personal health and hygiene along with the surrounding environment plays crucial role in preventing diseases, abolishing social stigma, safety and security. Lack of adequate sanitation increases the spread of diseases like diarrhoea and other tropical diseases¹. Spread of such diseases, number of cases and deaths can be controlled with better sanitation facilities. Apart from it, better sanitation facilities can benefit people by reducing the medical costs and generating more working hours and also, reducing the number of days lost at school². The Swachh Bharat Mission is one such intervention under the SCSP/ TSP Act, by the Social Welfare Department, in Karnataka, which is implemented by the Rural Development and Panchayati Raj (RDPR) Department.

The present report evaluates the impact of the scheme across five districts- Chikkaballapur, Dharwad, Hassan, Chitradurga and Raichur. Responses were collected from beneficiaries and scheme staff alike, using the Public Affairs Centre's flagship survey tool- Citizen Report Card (CRC). Quantitative as well as qualitative methodologies were used to arrive at results within a Realist Impact Evaluation framework anchored in 3E's- Equity, Efficiency and Effectiveness. Across districts, Dharwad indicated a better performance than others.

Major findings

- From Review of literature, Sanitation emerges as a critical input impacting health and nutrition outcomes, gender safety and self-respect and social recognition.
- Swachh Bharat Mission (SBM) Gramin Phase-2 is effective from 2020-21 to 2024-25. In this period, emphasis is given on ODF Sustainability and Solid-Liquid Waste Management. Along with these, focus is also given on retrofitting of existing toilets, construction of twin pit toilets, personal hygiene, hand washing and menstrual hygiene management.

¹ Dandabathula, G., Bhardwaj, P., Burra, M., Rao, P. V. P., & Rao, S. S. (2019). Impact assessment of India's Swachh Bharat Mission–Clean India Campaign on acute diarrheal disease outbreaks: Yes, there is a positive change. *Journal of family medicine and primary care*, 8(3), 1202.

² Mara, D., Lane, J., Scott, B., & Trouba, D. (2010). Sanitation and health. *PLoS medicine*, 7(11), e1000363.

- The study is based on both quantitative and qualitative data. The evaluation of SBM was the thematic scope of the study. The geographic scope was determined in consultation with the Department of Social Welfare, Government of Karnataka. 5 districts – Chikkaballapur, Dharwad, Hassan, Chitradurga and Raichur-were identified. Specific Talukas and Gram Panchayats were determined on a random but, purposive basis.
- The NFHS 4 and 5 reports indicate a good improvement in the proportion of population that uses an improved, unshared sanitation facility. The NFHS 5 (2019-20) notes that 75.1% of the population living in Karnataka's households used an improved, unshared sanitation facility as compared to 68.6% reported in the NFHS 4 (2015-16). 97.1% of Dakshina Kannada's population living in households used an improved, unshared sanitation facility as compared to 36.5% of Kalburgi's population.
- Based on the definition of categories of ODF+ villages, a mere 11.97% of the State's villages have functional toilets for households, Schools/ Anganwadi Centres/ Panchayat and arrangements for Solid Waste Management OR Liquid Waste Management.
- The analysis of NFHS-5 & secondary data indicates that the percentage of SC & ST households having access to toilets is very low for SC it ranges from 24.7 percent in Kalaburagi to 86.46 in Bengaluru Urban. The average is 54 .1 percent and 14 districts – mainly from North Karnataka are below it. The access for ST households ranges from 21.4 in Kalaburagi to 60.3 in Bangalore Urban. The average is 40.7 percent and focus is required in 14 districts of the State- mainly from North Karnataka and Tumkur.

- The findings of field study on important parameters of evaluation indicated the following:

District	Months taken to construct toilets	Percentage of Beneficiaries with undersupply/ inadequate funds	Percentage of Beneficiaries with currently functional toilets	Average Amount saved in Healthcare Expenses
Chikkaballapur	2.30	100.00%	37.50%	Rs. 3400
Dharwad	1.81	87.50%	77.50%	Rs. 5400
Hassan	3.68	100.00%	60.00%	Rs. 5,000
Chitradurga	1.54	92.50%	85.00%	Rs. 4800
Raichur	7.54	95.00%	22.50%	Rs. 3200

- Average annual income in Raichur was relatively higher compared to other districts (Rs. 43948) this may be due to irrigation and high demand & wages for agricultural labour. It is reported very low in Chitradurga (Rs. 24394) and Chikaballapura (Rs. 10220) considering the low income of the households, it is clear that the beneficiaries belong to lower strata and the scheme has better outreach.
- Majority of the Implementing staff indicated to have not received any training on some important aspects. Only 2 respondents in Chitradurga indicated to have received training on the FSM – which is a critical aspect under the Swachh Bharat Mission. Dharwad staff has received the required training- as 13 out of the 15 implementing staff indicated to have been trained in all the components.
- Chikkaballapura has the highest number of total scheme staff (16) working on the SBM followed by Hassan (15). Both the districts have more number of field staff. Implementing staff in 3 districts except Chitradurga and Dharwad indicated an overall satisfaction with the number of staff allocated to this project. It is essential to ensure technical staff adequacy for effective monitoring and timely implementation of the scheme.
- IEC activities were organised in the following modes; -Street Plays, handbills, Rallies, House to house visits Newspaper advertisements, Display of Posters, Wall paintings & announcements. Many of these are shared by the department. Beneficiary responses indicated that majority of the respondents received

information about the scheme from 3 major sources; Neighbours/ Relatives, wall paintings and GP/ Local Leaders. The least reported were posters and pamphlets indicating that beneficiaries have limited exposure to printed materials.

- Findings from the opinion analysis indicated that the contents from the guidelines, and the information shared with the implementing staff mentions that more information about the 'Operations and Maintenance' related to the scheme could be added to the guidelines. Further, physical copies of the guidelines could also be shared. Some training on scheme awareness, community engagement, and waste management is essential. The issues of maintenance are very critical in Raichur district.
- The sampled beneficiary in Raichur seem to be aware of only more than 1 out of 4 processes of the identified grievance redressal system. Beneficiaries across all districts seemed to be less aware of the Timeline for Grievance Redressal, as well as the Escalation process; almost all beneficiaries in Hassan indicated to have no information about the 4 components under the grievance redress system.
- On an average, beneficiaries indicated to have received the benefits, with complete construction of the toilet in around 3 months. However, the maximum amount of time was taken in Raichur, where some beneficiaries even indicated the timeline to have been extended even up to 1 year, mainly due to distance factor. The best performing district in this indicator is Dharwad district, where some beneficiaries indicated to have even completed the scheme processes in 1 month only, however, the quality of work needs to be checked.
- On an average, beneficiaries across the study district indicated that the extent of time spent towards receiving the benefits was around 1 month. Beneficiaries in Dharwad and Chikaballapura, however, spent about half month. The implementing staff also indicated to have burden of added assignments which leads to the delay. Implementing staff from Hassan and Raichur indicated major delay in release of funds/ services to contractors for construction, while Dharwad and Chikaballapura recorded the least delays.
- Almost all beneficiaries across the study districts indicated to have faced problems with the supply of funds. 70 to 80 percent of the beneficiaries said they received a lesser amount than Rs. 15000/. This is less likely to be the complete truth as they

may be aspiring to get more. They are not completely aware of Rs. 3000 under State SCP/TSP.

- The two issues that were identified as problematic in all study districts are :-
 - Knowledge about Proper maintenance of the toilet &
 - Cleaning of Faecal Tank
- Beneficiaries in Dharwad, Hassan and Chitradurga indicated to have saved about average annual Rs. 5000 in health expenses as a result of the successful implementation of the scheme, while beneficiaries in Chikballapur and Raichur indicated to have saved lesser amount around Rs. 3400 & Rs. 3200.
- Responses from Chitradurga indicated to have the highest percentage of beneficiaries with functional toilets – while Raichur 22.5%) is the worst performing district. Chikballapur also performs poorly in terms of this indicator– indicating only 37.5 percent of functionality of toilets among beneficiaries. On the average, the functionality is 53.4 percent. In some places it is used only by women at home.
- A case study presented informed that the toilets constructed in the village, including her own made the difference in community, especially for women. She thinks most of the health issues were reduced now with positive hygienic behaviour.
- Though water availability is a major constraint in usage, the other one is the existing practices and norms associated with it.
- The Staff suggested for quick approvals and release of funds and also provision for water storage. Increase in the amount of financial assistance, and increasing the project staff were some other major suggestions.

Recommendations

The following are recommendations on the basis of the findings from the field and CRC exercise:

Conduct extensive and sustained IEC campaigns: In the analysis conducted in the 5 study districts, it has been observed that in many places the IHLs are being used for purposes other than their intended use. This is a generic issue.

- **Involvement of school and college students & National Social Service units in awareness mission:** The school students carry the message to homes. The youths, NSS volunteers are well trained in convincing the people.
- **Community involvement:** The mission should include SHGs, User Associations and Gram Panchayat members who should also play the role of monitoring to make ODF sustainable.
- **Activities:** To organize street plays, dramas, etc. along with regular rallies in the GPs, etc. based on regional cultural and behavioural patterns.
- **Swachhagrahis:** who may be termed as 'barefoot soldiers', should be trained annually on various aspects such as identification of village clusters with incidences/ regions with open defecation, ways to motivate people in using IHHLs, assistance to beneficiaries to approach the Dept. office for instalments, etc.
- **Targeted IEC/BCC intervention** is crucial in customizing messaging and media mix for specific groups spread across various geographies, urban and rural and conexting religious beliefs and mass sentiment.

Recognition & Incentives: The Gram Panchayats achieving and making ODF a normal practice, should be awarded with incentives, prizes, and wide publicity.

- Financial incentives to be continued to new households to construct the toilets.

Conduct information programs for maintenance of hygienic conditions: There is an urgent need to inform the households about the maintenance and use of the toilets.

- Promotion of sanitation at schools and anganwadis – as role models for villages
- Provisions for periodic mechanical pit emptying services and faecal sludge treatment (not mentioned in current guidelines)
- Address handwashing and child faeces management
- Knowledge about Proper maintenance of the toilet &
- Cleaning of Faecal Tank
- Guidelines to include more details about 'Operation & Maintenance'.

Close monitoring by PDO, GP 'Swachhagrahis' (foot soldiers) and other officials from the Dept. through conducting regular visits during construction of household toilets – to

ensure all technical specifications of the IHHL are abided by and the waste management mechanism is well established.

- **Technical Staff:** Ensure adequate technical staff- through different adjustment mechanisms- mobile staff & clusters- for ensuring quality and technical efficiency during the construction of toilets.
- **Training of Swachhagrahis SHG members, members of GP** should be designed more effectively covering construction, adoption and FSM so that going forward, they could contribute during ODF plus interventions.
- **Special focus of the training modules** on the digitization of records such as accounts, payments, maintenance of beneficiary lists, GPS listing of ODF regions/ villages, and IEC strategies and toilets to be geotagged for better monitoring.
- **Different toilet designs to be adapted in different terrains.** This could include flood-resistant toilets and toilets constructed using a Ferro-cement technique in flood-prone areas and dry pit toilets in drought prone areas in North Karnataka.

Convergence of schemes: Problems concerned with lack of adequate water supply, small and dingy toilets, can be addressed through convergence of schemes RWSS, MGNREGA, and other State schemes. Ensuring adequate water supply is essential for promoting usage.

Community Toilets: the space constraints can be overcome by constructing community toilets. Here, the major constraint is the maintenance. This needs to be ensured through community management or 'Pay & Use Models' or compulsory common community fund. Suitable models of private sector involvement may be explored based on on-demand assessment.

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1. Introduction

Access to safe drinking water and sanitation is essential for both individual and society to ensure better health and quality of life and dignity. Indeed, improvement in water supply, sanitation, and hygiene has shown substantial influence on reduced water borne diseases such as diarrhoea (Bartram and Cairncross, 2010). The investment has maximum health outcomes. It is estimated that around 37.7 million Indians are affected by waterborne diseases annually, 1.5 million children are estimated to die of diarrhoea alone and 73 million working days are lost due to waterborne disease each year. This is an evidence of the urgency of sanitation.

India is a welfare State, committed to the welfare and development of the people and of vulnerable sections in particular. The Constitution of India compels both Central and State Governments to bring all the socially and economically deprived society on par with the privileged society through process of equitable development and empowerment. The social justice and empowerment of all social groups is enshrined in the constitution must be achieved with effective ways of ensuring equal rights, opportunities, access to services, benefits and resources of the government to enable them to develop their potential and capacities as agents of social change for their upward economic and socially mobility. The Constitution of India assures an inalienable Right to Equality in Articles 14 through 18, with Article 17 specifically mandating 'Abolition of Untouchability'. The Directive Principles of State Policy – although non-justiciable- place a moral obligation on the State to 'promote the educational and economic interest of the Scheduled Castes, Scheduled Tribes and other weaker sections. Hence, there is a legal and policy thrust for States to ensure the well-being of SC/ST communities. The thrust is also resonated within the United Nations Sustainable Development Goals (UN-SDGs) 8 and 10 which call for 'Decent Work and Economic Growth' and 'Reduced Inequalities'. SDG Goal -6 is directed towards provision of clean drinking water and sanitation for all.

The Sanitation scenario in India has undergone a significant change with the launch of the Swachh Bharat Mission (SBM) in October 2014. This programme has accelerated India's transition towards becoming an Open Defecation Free (ODF) country by bringing government, NGOs, and corporates together to work for it. SBM, which drew upon the erstwhile policy framework on sanitation in India (the rural sanitation-oriented Nirmal Bharat Abhiyan), has been partly successful in mainstreaming the issue of sanitation by overcoming various infrastructural constraints and socio-religious barriers which have



persisted since centuries. In turn, the Nirmal Bharat Abhiyan, which was launched in 2012, was adapted from the national Total Sanitation Campaign which was kick started in 1999 as the world's largest sanitation intervention. However, in 2017, the SDG Joint Monitoring Programme estimated that 520 million people in India continued to defecate in the open every day.

2. Literature Review

There is a plethora of literature on sanitation –necessity & outcomes- including Swachh Bharat Mission, as well as its implementation across the nation which has been critically evaluated even as early as 2015. While most of the critics have hailed praises for the scheme, some have identified critical gaps in the service delivery system, as well as its sustainability aspects. Despite, the credible evidences generated from secondary research, which is mostly based on data provided by the Ministry of Drinking Water and Sanitation (MDWS), there is a need to undertake studies which are based on primary findings from field surveys.

Early studies and research on the scheme, especially during the period 2014-15 were primarily focused on commentaries on the policy outlook of the scheme – this was due to lack of any data on implementation/ progress of the scheme. The studies, however, ranged over a wide gamut of ideas - from focus groups under the scheme to awareness, management, financials, and implementation of the scheme.

1. In a study of 2014 on the awareness of the SBM, the importance of sanitation in primary schools was a major focus – mentioning that school sanitation and hygiene depends on the process of capacity enhancement of teachers, community members, SMCs, Non-Governmental Organizations (NGOs) and Community Based Organizations (CBOs) and education administrators (Tiwari, 2014). The author comments that while the SBM proposes to develop IHHLs in schools, and institutions, etc., it fails to highlight awareness as a key intervention for long term sustainability of the scheme. A critical analysis of the schemes impacts towards marginalised communities, such as Dalits in India also shows the lack of awareness, and suggests that the objectives of the Government should shift from an infrastructure-based, to infrastructural and behavioural-based improvement of sanitation practices (Evne, 2014).



2. In India, 50 infectious diseases are spread by water, majority being diarrhoeal diseases. It kills 5.8 million children younger than 5 years every year; most of the deaths caused by the ingestion of faeces. Most of the existing studies mostly focussed on Solid Waste Management component.” (Ghosh, 2016).
3. Mara et. al (2010) has closely looked at the relation between sanitation and health, and they have concluded that many diseases like diarrhoea, Trachoma and spread of other tropical diseases, acute respiratory diseases can be reduced with the improvement in the sanitation facilities. Apart from saving from getting infected from the diseases and deaths due to it, better sanitation facilities can benefit people by **reducing the medical costs and generating more working hours/ reducing the number of days lost at school.** However, the impact on reduction of diarrhoea is most prominent.
4. Badra and Sharma in 2015 studied the managerial implication of Swachh Bharat Campaign, and conclude that the multi-stakeholder framework of implementation, including community engagement through GP ‘Swachhagrahis’, may be critical in the long-term effectiveness of the scheme, and cater to several categories of the population. In this context, the effectiveness of SBM in rural slums and squatter settlements has been highly complimented - where enhanced IEC, and awareness among the slums has been the major reason for the improvement in their sanitation practices (Swain & Pathela, 2016).
5. In a study of 2017, the Institute of Development Studies has also undertaken an immersive research of the SBM, that mentions that local ownership, incentivized behavioral shifts, and inclusion have been the reasons for successful implementation of Phase 1 of the scheme (Praxis; IDS; Water Aid, 2017). However, it presents commendable recommendations for the post ODF activities to be undertaken. It mentions that “for behavioural change of the society, a trained workforce is needed that can trigger communities. This involves taking the community through a participatory process of self-analysis where people are informed about the ill effects of inadequate sanitation – how it can adversely affect human life if proper facilities are not used.”
6. Focus of SBM studies in Karnataka have been limited. A recent awareness cross-sectional study in seven government high schools in rural regions of Dakshina Kannada, indicated that only around 50 percent of the sampled students from



various classes were aware about the scheme, while there were no initiatives taken by the school to improve practices around use of IHHL, and personal hygiene (Siddappa, Kundapur, Badiger, & Kumar, 2020). Further, a report from a Swachh Bharat Fellow of Kalaburgi District in 2018 presents a study of 2 regions in Karnataka – Hyderabad Karnataka, and Gulbarga Region. The study highlights some of the issues – behavioural changes, lacking initial funds, poor awareness, water availability, and cultural barriers and social backwardness as major challenges mentioned by implementing staff in the region (Mogral, 2018). However, innovative methods such as the 'Koosu' Programme, initiated in collaboration with regional ASHA workers has incentivised the population and triggered a behavioural response.

7. The 2011 Indian census shows that one in six Indians lives in an urban slum and the urban household toilet coverage stands at 87.4 per cent. The percentage of urban household toilet coverage for Karnataka is 89.3% (Bharat and Sarkar, 2016). The paper discusses the need for SBM with connection to UN's SDG goals. Examples of cases such as implementation of Karnataka Urban Water Sector Improvement Project (KUWASIP) has helped to get 24 hours of water supply in three municipal corporations namely Hubli-Dharwad, Belgaum and Gulbarga. This further helped in the implementation of SBM-U.
8. Congestion and lack of available infrastructure makes urban area more exposed to pathogens. There is a link between open defecation and diarrheal diseases. A study found that there was a significant reduction in the outbreak of diarrhoeal diseases with the implementation of Swachh Bharat Mission (Dandabathula et. al., 2019).
9. In a paper, Khan (2018) looked into the link between JNNURM scheme launched in 2005 and SBM-U in 2014. Under JNNURM, water and sanitation facilities were given due importance which has further extended to the SBM-U scheme. The results found that there is a mismatch between the number of applicants for IHHL and the number sanctioned in different states. The paper discusses about the percentage of fund allocation according to different components. It was identified that although 4% fund is allocated towards Capacity Building, only 2% has been used in this sector.
10. Another study explores the physical progress and financial progress made by SBM in different states (Guha and Saha, 2018). The data shows states like Punjab,



Jharkhand, Tamil Nadu, Kerala saw a higher rate of implementation of IHHL and in case of solid waste management Chhattisgarh, Tripura and Uttar Pradesh the values were higher. The paper discusses the lack of presence of data on the 'use' of toilet as in specifically rural places in India, built toilets are sometimes used as store rooms. The study also found that the fund allocation was based on demand specific for example, per capita fund allocation was higher for less developed states like Bihar, Jharkhand, Chhattisgarh.

11. A study based on NSSO data 2010 explored the distribution of toilets according to income groups and it found that the poorest section of the urban population don't have access to proper sanitation facilities (Wankhade, 2015). The study also identified the sectors which require attention – whole waste water cycle, better construction and maintenance of on-site systems. However, the study also discusses about the positive aspects of the initiative (SBM-U) which will help attain sustainable urban sanitation in India.
12. Choukanpalya and Kumara (2021) studied performance of 8 ULBs in Hassan district in solid waste management (SWM) as part of SBM-U. The study found that capital costs are higher for ULBs with lower population and vice versa. It also emphasised on the need for centralised disposal system of SW in order to save the land, labour and equipment cost.
13. Another study explored the socio-economic and geographical factors affecting the implementation of SBM-U (Bhattacharya and Sharma, 2018). The study used regression analysis and ANOVA test for the comparison. The authors used variables such as net state domestic product, population below poverty line, fund allocation for health initiatives and literacy rate. The results showed that economically developed performed better and they contained more number of cities ranking higher in cleanest cities. There is also significant difference among income groups regarding access to scheme.
14. A paper examined the sanitation value chain system of Mysore which was declared as cleanest for consecutive two years i.e. 2015 and 2016. Key stakeholders in the chain were interviewed for the evaluation. The study found that 88% of waste is properly disposed in the city. The historical advantage of good city planning, already existing underground drainage system and less population has helped the city in achieving the top rank in terms of cleanest cities (Manjunatha and Bhavani, 2019).



15. Although there are ample researches which study the impact of sanitation on children's health and growth, impact on women physical as well as psychological health remain less explored. Inadequate access to sanitation facilities have psychosocial impact on women (Sahoo et. al., 2015). Purposive sampling of women belonging to different age group and different life of stage were selected for data collection. They found that the regular routine of sanitation procedure includes several supplementary activities such as fetching water, bathing, changing clothes, menstrual hygiene etc. Pregnant women expressed the need to use sanitation facilities more often than others in general. Open defecation is seen to cause both environmental threats (animals, insects). Women are also at risk of contracting urinary infectious diseases while practicing open defecation. The study found that environmental and gender stressors were high in rural India while social stressors was high in urban area. Public toilets were found to have difficulties such as lack of cleanliness and irregular water supply. Further, discrimination on the basis of caste for using sanitation facilities is also common in India.
16. A global cost-benefit study estimated that the benefits from improved sanitation exceed the cost by 5.5 times globally, and by 4.6 times in South Asia (Hutton et. al., 2020). Similarly a micro-level cost-benefit analysis with the help of household survey and available literature was carried out in Odisha. The consideration for Cost included cost related to operation and maintenance (O& E). Benefits included health gains, social benefit, access time saved, improved environment and increased property value. Although all the sample household reported to be 100% ODF, however the usage was 85% only. The results show that the access time saved was 15% with improved sanitation facilities. The benefit-cost ratio (BCR) was higher for poor households. Overall, the results show that the households get a financial return of about 31% of the investment made in sanitation. In all ODF cases, the financial, economic and also social benefit was much higher than the non-ODF cases.
17. **(Rathnamala & Shivashankara, 2022)** In this paper, author given an insight on health and pollution in rural Karnataka, it is found to have a strong co-relation between pollution and ill-health for low-income category. Majority of people are daily wage labourer, also migrated from rural to urban areas for daily jobs, living in semi-katcha house. The study reveals that, due to lack of medical treatment, low income people have a high chance of malaria, dysentery and other chronic diseases.



On water supply front, people are depending upon public tap water which is polluted, also they store water in plastic container because, water supply are very irregular.

18. **(International Institute for Population Science, 2019-2021)** According to report, karnataka state has 83 % access to toilets facility. Report highlighted about SC/ST households access to toilets which is 76%. Bangalore Urban has highest percentage of access to toilets, ie. 98.9% and Yadgir has lowest percentage of access to toilets, ie. 46.6%. Improved sanitation facility for Karnataka is 74.8% along with shared facility which is 6.9% and remaining unimproved sanitation facility is 18.3%.
19. **(Rajasekhar & Manjula, 2023)** focusing on behavioural changes with respect to promote sanitation under Swachh Bharat Mission through Information, Education and Communication (IEC) strategy. It has been found that, there were less funds allocated, which led to inadequate behavioural changes. IEC activities under Swachh Bharat Mission are CAS Training of Swachhaasgrahis, triggering and nigrani, interpersonal communication, songs & drama activities, wall writing and painting, hoarding and banner, digital media, swachhta rath. Limited success of awareness strategy at grama panchayat level has provided limited success, In other words, there is direct co-relation between funds spending on awareness and awareness success rates. However, author also suggest that IEC strategy should be situational-specific, along with that promoting basic knowledge on sanitation in backward areas.

Sanitation thus emerges as a critical input impacting health and nutrition outcomes, gender safety and self-respect and social recognition

3. SBM -Policy Framework

With approximately 1.4 billion people in the country, sanitation and waste management becomes one of the most critical aspects of intervention from the Government. This is because poor health, and sanitation leads to serious health complications such as Diarrhea, Cholera, Malaria etc. as well as issues like child mortality, contamination of ground water etc. A World Bank study of 2006, even mentions that poor sanitation practices can cost a nation more than 6 percent of their GDP.



Interventions to improve the sanitation practices in India go back to as early as 1986, when the Government launched Central Rural Sanitation Program (CRSP). The objective of CRSP was to provide 80 percent subsidy for construction of individual latrines for BPL households on demand basis (Mogral, 2018). After assessing the failure of CRSP, the government launched a new program called Total Sanitation Campaign (TSC) in 1999 with a focus on creating awareness apart from subsidized model of toilet construction. With numerous policy changes, the TSC was revamped as Nirmal Bharat Abhiyan (NBA) in 2007 (Siddappa, Kundapur, Badiger, & Kumar, 2020). However, all these programs failed to make an impact because of its relatively low priority, ineffective resource deployment and poorly designed awareness programs.

In 2014, the Government of India launched the Swachh Bharat Mission (SBM) to accelerate the progress of Sanitation coverage and to bring in a new culture with regards to cleanliness and hygiene. The Mission is headed by Secretary, Ministry of Drinking Water and Sanitation (MDWS) with two sub missions Swachh Bharat Mission (Gramin) and Swachh Bharat Mission (Urban). The mission aimed to make India Open Defecation Free (ODF) by 2nd October 2019 as a tribute to 150th birth anniversary of Mahatma Gandhi.

3.1 Components under the scheme

Table 1: Major Provisions of the Scheme

Swachh Bharat Mission Scheme	
1	All Gram Panchayats are eligible for the scheme – initially only BPL households were eligible, however, the scheme has not been expanded to underprivileged APL households as well (these households are selected by the PDO and the representatives from the Department of Drinking Water and Sanitation)
2	A Gram panchayat is declared ODF when all the households and the institutions in the panchayat have access to a sanitary and functional toilet. Institutions include schools, anganwadis, cinema theatres, panchayat office, religious places etc.
3	After the selection of all households, and successful construction of IHHLs, the GP convenes a special Grama Sabha meeting and declares the panchayat as ODF. ODF declared villages are verified by district/state level teams within 6 months of declaration. When all the GP in a district declare themselves ODF, the district is eligible to declare itself ODF.
4	The construction of toilets and declaration of ODF is constantly monitored using an Integrated Management Information System (MIS)



5	A complete toilet must have a sanitary sub-structure, a ventilated superstructure and a hand-washing unit. As far as the sub-structure is concerned, twin leach pit toilet is promoted wherever feasible. The specifications of the IHHL have been indicated below; Specifics of the Toilet: - Under the scheme, each household is entitled to an IHHL – according to the design of the IHHLs under the SBM, the structure should be 3 ft × 4 ft with a 6 ft tall wall, with a slanting roof Specifics of the Pit: - Two cement rings (3 ft radius) should be used to construct the lice pits for the latrine - In twin lice pit toilets, two pits are dug, A & B (dimensions- 3 ft deep and 3 ft wide) at a distance of 3 ft from each other - The toilet is connected to the pits through a junction chamber in which pipe leading to pit B is blocked - The pits are lined with honey comb brick masonry or cement rings with holes. When the toilet is flushed, the sewage flows to pit A. The holes in the pit allow water and gases to leach out. The faecal matter settles down. When the pit A gets filled, the junction box is opened and the pit A is closed and the pit B is opened - Before pit B gets filled, the faecal matter in pit A gets decomposed and converted into manure and can be removed manually. Hence, by using alternative pits, toilet can be used forever without any expenditure for maintenance.
6	The expenses of construction are to be borne by the beneficiary. Once the toilet is constructed and used sustainably, the incentive amount of Rs. 12,000 is given to the beneficiary. It is an incentive for the change in their behavior from defecating in open to using of toilet.
7	The guidelines also suggest that multiple schemes can be combined together - Conjoint programmes may be prioritised at the District 8 and GP levels under SBM (G) and the National Rural Drinking Water Programme (NRDWP), to maximize the availability of water in villages which is an important factor for sustaining sanitation facilities created. Focus should also be given to Anganwadi toilets.
The information provided in this table has been compiled from the Scheme Guidelines of SBM – G	



3.2 The main objectives of the SBM(G 2014) are as under:

- a. Bring about an improvement in the general quality of life in the rural areas, by promoting cleanliness, hygiene and eliminating open defecation
- b. Accelerate sanitation coverage in rural areas to achieve the vision of Swachh Bharat by 2 nd October 2019
- c. Motivate communities and Panchayati Raj Institutions to adopt sustainable sanitation 3 practices and facilities through awareness creation and health education
- d. Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation
- e. Develop, wherever required, community managed sanitation systems focusing on scientific Solid & Liquid Waste Management systems for overall cleanliness in the rural areas
- f. Create significant positive impact **on gender and promote social inclusion** by improving sanitation especially in marginalized communities

While selecting eligible households for providing incentive under SBM(G), following preferences need to be ensured:

- BPL
- SC/ST
- Persons with disability
- Widow/old age pensioners
- Landless labourers with homestead
- Small farmers
- Marginal farmers
- Women headed households

To ensure that the open defecation free behaviours are sustained, the mission is now divided into phases

- Phase 1: - 2014-2019
- Phase 2: - 2020-2021 to 2024-2025

Core Objective Phase-wise



- **Phase 1:** - Reducing open defecation and improve management of municipal solid waste management in urban and rural areas. Elimination of open defecation was to be achieved through construction of individual household level toilets, and public toilets. For improving solid waste management, cities were encouraged to prepare detailed project reports that are bankable and have a financial model.
- **Phase 2:** - To ensure that the open defecation free behaviours are sustained, no one is left behind, and that solid and liquid waste management facilities are accessible, the Mission is moving towards the next Phase II of SBMG i.e ODF-Plus. ODF Plus activities under Phase II of Swachh Bharat Mission (Gramin) will reinforce ODF behaviours and focus on providing interventions for the safe management of solid and liquid waste in villages.

3.3 Karnataka State Scenario

Phase 1

SBM Karnataka Phase-1 was aiming at making Rural Karnataka open defecation free. This scheme was implemented between 2nd October 2014 to 2019, with the aim to bring behavioral change in people, eradicating manual scavenging and other related goals. On 19th October 2018, Rural Karnataka was declared Open Defecation free. During SBM Phase-1, construction of 1283 Solid Waste Management Units were approved, out of which 470 units are functional. During this period, construction of 1675 community toilets were approved out of which 1191 community sanitary complexes are constructed and functional.

Phase 2

Swachh Bharat Mission (SBM) Gramin Phase-2 is effective from 2020-21 to 2024-25. In this period, emphasis is given on ODF Sustainability and Solid-Liquid Waste Management. Along with these, focus is also given on retrofitting of existing toilets, construction of twin pit toilets, personal hygiene, hand washing and menstrual hygiene management. Under LOB and NOLB, 4,20,116 toilets have been constructed. The number of IHHLs in the state as on 7th November 2020 is 48,82,772. Awareness is being created to encourage every person in the household to use toilets every time. Importance is also given for proper waste management at village and encouraging communities for the segregation at source. FSTPs are being constructed for liquid waste management, and construction of Gobhar Dhan units are in progress.



Components

Individual Toilets

- a. BPL households, SC / ST households belonging to restricted APL sector, small and micro families, landless families, differently-abled families and household headed by women can construct individual toilets with a subsidy of Rs.12000/- which consists of Rs.7200/- from central government and Rs.4800/- from state government.
- b. The SC/ST family can get a benefit of Rs.15000/- where the state government provides an additional Rs.3000/- under SCP/TSP.
- c. Focus is also given for the construction of Community Toilets wherever needed.

Community Toilets

- a. Sustainability of ODF is the main objective of SBMG Phase-2.
- b. Central Ministry of Jal Shakti has instructed to construct community toilets if there is no availability of space to build individual toilets, and where there are maximum of 35 households.
- c. SBM (G) compensates up to 70% of the total fund and the remaining 30% can be covered under the 15th finance commission.

4. Methodology- Data Collection and Analysis

The study is based on both quantitative and qualitative data. The evaluation of SBM was the thematic scope of the study. The geographic scope was determined in consultation with the Department of Social Welfare, Government of Karnataka. 5 districts – Chikkaballapur, Dharwad, Hassan, Chitradurga and Raichur-were identified. Specific Talukas and Gram Panchayats were determined on a random but, purposive basis.

Table 2: Sampled Districts, Talukas and Corresponding Sample Size

District	Taluka	Sampled Beneficiaries	Staff
Chikkaballapur	Gowribidanur	41	13
	Gudibande		



	Sidhlighata		
Dharwad	Kundhgal	40	15
	Dharwad		
	Hubli		
Hassan	Arkalgud	42	15
	Belur		
	Holenarasipura		
Chitradurga	Molakalmuru	41	15
	Challakare		
Raichur	Manvi	41	13
	Sindhanur		
Total		205	73

Scoping visits were conducted to understand the socio- cultural and geographic framework of study areas. Key stakeholders like beneficiaries, district-level and taluka-level implementing staff were identified. The questionnaire was designed to assess the usage & quality of toilets and performance of the scheme and benefits outlined as per the guidelines of the SBM. For this, both open-ended and closed-ended questions were included. The questionnaire was finalized after the pilot testing.

On the basis of the responses, post-survey analysis was undertaken; the analysis was bifurcated into two parts- quantitative and qualitative. Responses to closed-ended questions were analysed using two quantitative methods – Factor Analysis and Correspondence Analysis. Further, quantitative findings were elucidated using descriptive statistics. Responses to open-ended questions were analysed using Natural Language Processing (NLP) techniques.



4.1 Quantitative Analysis

The quantitative analysis for impact evaluation was done within the broad framework of Realist Impact Evaluation (Context, Mechanism and Outcome), anchored in the 3E's - Equity, Efficiency and Effectiveness. To analyse beneficiaries' -or users'- satisfaction with the scheme, average percentage was estimated.

4.2 Qualitative Analysis

The qualitative analysis was done using Natural Language Processing (NLP) techniques. NLP allows the synthesis of human speech and language using artificial intelligence-based computational techniques. In the present report, two responses – asked separately to beneficiaries and implementing staff- were analysed. These two responses were reasons for dissatisfaction and recommendations for improvement. Responses were clustered on the basis of K-Means Clustering, a technique which clusters observations along the nearest mean to give accurate results.

5. Results & Discussion

5.1 Access to Sanitation- Overall

According to the NSO's 76th Round report titled 'Drinking Water, Sanitation, Hygiene and Housing Condition', in 2017-18, 30.1% of Karnataka's rural households did not have a latrine as compared to 4.3% of the State's urban households which lacked this facility. Karnataka was above the national average of 28.7% rural households and 3.8% urban households that did not have a latrine. However, on the whole (rural + urban), 18.5% of Karnataka's households did not have a latrine as compared to 20.2% at the national level. Regarding the issue of use of the available latrines also, Karnataka fares better as compared to the national average.

The NFHS 4 and 5 reports indicate a good improvement in the proportion of population that uses an improved, unshared sanitation facility. The NFHS 5 (2019-20) notes that 75.1% of the population living in Karnataka's households used an improved, unshared sanitation facility as compared to 68.6% reported in the NFHS 4 (2015-16). 97.1% of Dakshina Kannada's population living in households used an improved, unshared sanitation facility as compared to 36.5% of Kalburgi's population.

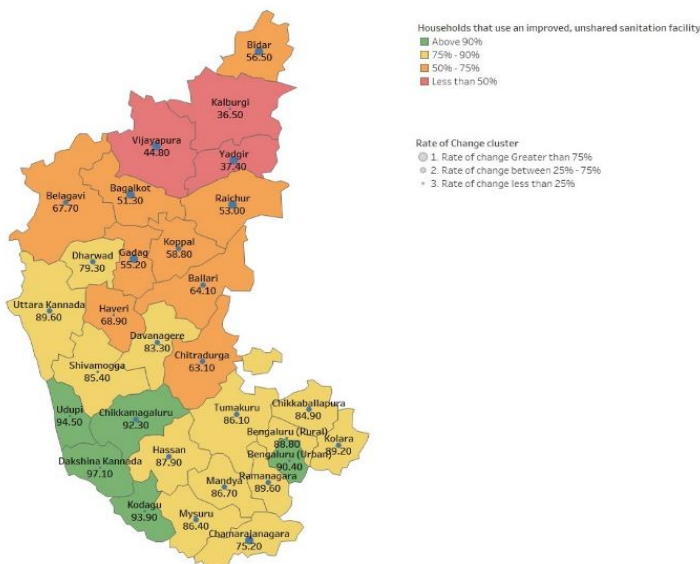


Table 3: Population living in households with an improved, unshared sanitation facility (%)

District	NFHS-4 (2015-16)	NFHS-5 (2019-20)	Growth (%)
Dakshina Kannada	93.0	97.1	4.41
Udupi	89.8	94.5	5.23
Kodagu	85.2	93.9	10.21
Chikkamagaluru	63.0	92.3	46.51
Bengaluru (Urban)	88.4	90.4	2.26
Karnataka	68.6	75.1	9.48
Raichur	27.6	53.0	92.03
Bagalkot	23.0	51.3	123.04
Vijayapura	22.6	44.8	98.23
Yadgir	18.9	37.4	97.88
Kalburgi	30.2	36.5	20.86

Source: NFHS-4 and NFHS-5

5.2 Households with improved, Unshared sanitation facility (%) (NFHS-5)



All the bottom five districts are from North Karnataka. Raichur Kalaburagi, Yadgir are SC/ST concentrated districts where access to toilets is less than 40 percent and in Raichur 53 percent.

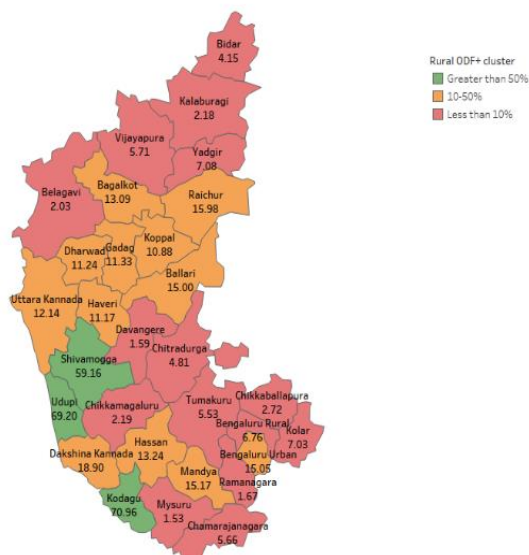
The Karnataka State Rural Sanitation Policy (2020, RDPR) recognizes the importance of

providing integrated sanitation services including construction and management of toilets, septage management, and connectivity to underground drainage system, waste water, and solid waste management. The policy notes that having achieved ODF status, Karnataka proposes to move towards ODF plus activities where the focus is on total sanitation with



inclusion of safe disposal of faecal sludge, personal hygiene practices, treatment of wastewater and scientific solid waste management.

5.3 ODF+ Villages in Karnataka (April 2022)



11.97% of the State's ODF villages have attained ODF+ status with 70.96% and 1.53% of Kodagu and Mysuru districts respectively being ODF+. However, it may be seen that most (85%) of the ODF+ Rising and Model villages are reported from Shivamogga district. Treating this as an outlier, about two-thirds (63%) of the State's districts are below the State ODF+ average (11.97%) while 17 districts (57%) of the State are below the national average of 10.78% ODF+ districts. Based on the definition of categories of ODF+ villages, a mere **11.97% of the State's villages have functional toilets for households, Schools/ Anganwadi Centres/ Panchayat** and arrangements for Solid Waste Management OR Liquid Waste Management.

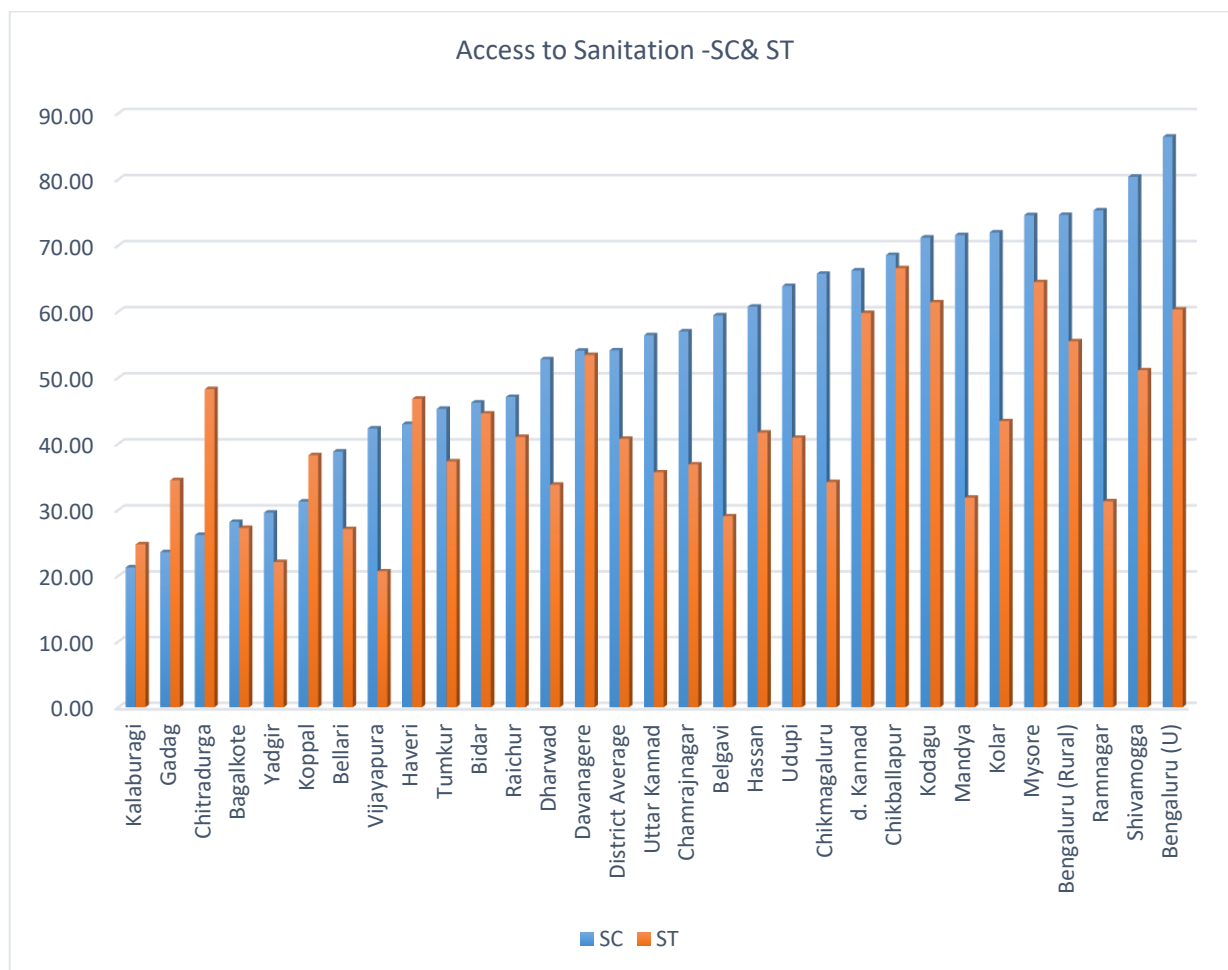
With about 11% of Karnataka's villages being ODF+ and about 56% of Karnataka's cities/towns being ODF+, it is estimated that about 70% of Karnataka's population (Rural & Urban) lives in villages/cities/towns where interventions are required in the areas of functional toilets in Schools/ Anganwadi Centres/ Panchayat buildings, solid/liquid waste management, faecal sludge / septage and sewage, and wastewater management. This situation is particularly stressed in the districts of Yadgir, Haveri, Koppal, Vijayapura, Raichur and Kalburagi wherein it is estimated that less than 15-20% of the population resides in ODF+ villages and cities/towns.

6. Access to Sanitation- SC & ST Households (NFHS-5)

The analysis presented above includes the general households. The status of sanitation in the marginalized group households- SC/ ST and minorities is very poor, though under SCP/TSP there is special focus on SBM.



Figure 1: Access to Sanitation -SC& ST



NFHS-5

The percentage of SC & ST households having access to toilets is very low for SC it ranges from 24.7 percent in Kalaburagi to 86.46 in Bengaluru Urban. The average is 54.1 percent and 14 districts – mainly from North Karnataka are below it. The access for ST households ranges from 21.4 in Kalaburagi to 60.3 in Bangalore Urban. The average is 40.7 percent and focus is required in 14 districts of the State- mainly from North Karnataka and Tumkur. The access is highest among STs in Chikballapur (66.56) and among SCs in Bangalore Urban (86.46).

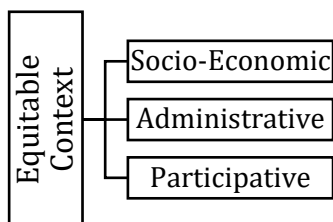
6.1 Access to sanitation in Sample districts - Quantitative Analysis

The current evaluation of the SBM is an impact assessment study conducted in the sample districts of Chikballapur, Dharwad, Hassan, Chitradurga & Raichur.

Equity- Access intra group



Socio- Economic profile of beneficiaries.



Within the pillar of Equitable Context, the Economic Context assesses equity in land ownership, and income-related indicators.

Average Annual Family Income

Beneficiaries were asked to indicate their average annual income in Rupees (₹). Average annual income in Raichur was relatively higher compared to other districts (Rs. 43948) this may be due to irrigation and high demand & wages for agricultural labour.

Table 4: District-wise Average Annual Income

District	Average Annual Income (in ₹)
Chikkaballapura	10220.51
Dharwad	28625.08
Hassan	14851.85
Chitradurga	24394.74
Raichur	43948.72

It is reported very low in Chitradurga (Rs. 24394) and Chikaballapura (Rs. 10220) Considering the low income of the households, it is clear that the beneficiaries belong to lower strata and the scheme has better outreach.

6.2 Administrative Context

Administrative factors have deep influence on the scheme implementation and outcomes. Administrative Context assesses indicators relating to human resources, their strength and technical capacity of the staff. The questionnaire comprised questions pertaining to 7 components of training identified as necessary. Implementing staff were asked to check against the components they received training and information in:

- Selection of Beneficiaries
- Fund Transfer to beneficiaries
- Document Verification of Beneficiaries



- Monitoring of Construction
- Management Information System (MIS)
- Faecal Sludge Management (FSM)
- Software for analysis for the outcomes under this scheme

In Dharwad, employees were trained, in almost all aspects (6/7) and had better knowledge. The staff with less training was in Chitradurga, which is also the poorest performing district.

Table 5: District-wise Presence of Trained Employees

District	Presence of Trained Employee (Score out of 7)
Chikkaballapura	3.77
Dharwad	6.47
Hassan	5.00
Chitradurga	3.27
Raichur	4.85

In Chitradurga, out of the 15 implementing staff interviewed, majority of the respondents indicated that training was given only on 2-3 aspects. **There is a need to give training on Fund Transfer to beneficiaries, Faecal Sludge Management (FSM), software use and analysis etc.**

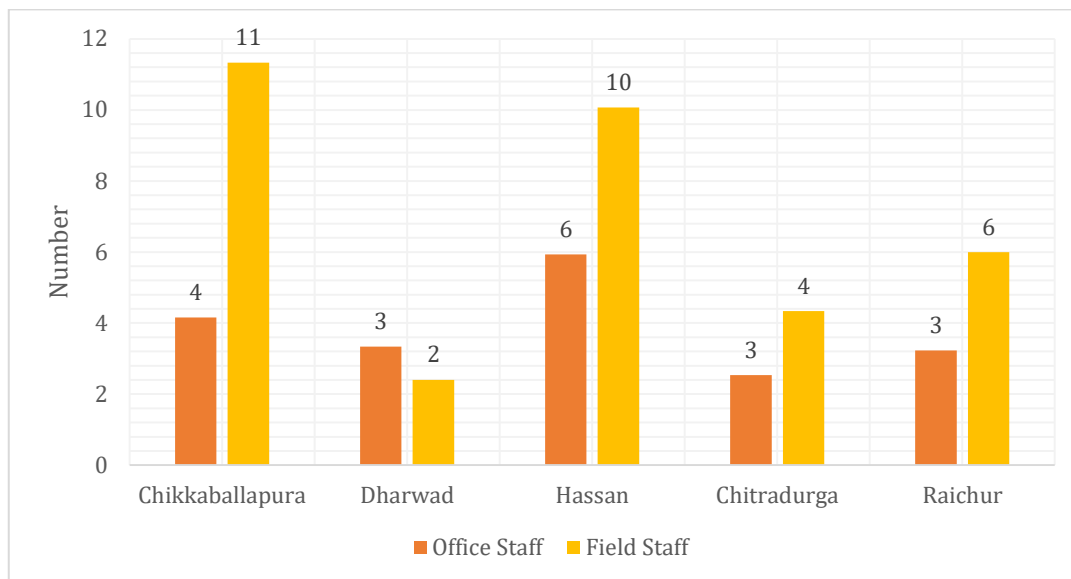
Majority of the Implementing staff indicated to have not received any training on some important aspects. Only 2 respondents in Chitradurga indicated to have received training on the FSM – which is a critical aspect under the Swachh Bharat Mission. Dharwad staff has received the required training- as 13 out of the 15 implementing staff indicated to have been trained in all the components.

6.3 Adequacy of Staff

Departments were asked to note the number of staffs associated with the Swachh Bharat Mission. The scheme requires both office and field staff. On an average, Chikkaballapura has the highest number of total scheme staffs working on the SBM followed by Hassan. Both the districts have more number of field staff.



Figure 2: District-wise Office and Field Staff (Average)



When asked whether they found the strength of the scheme staff in their respective districts adequate? Implementing staff in 3 districts except Chitradurga and Dharwad indicated an overall satisfaction with the number of staffs allocated to this project. It is essential to ensure staff adequacy for effective and timely implementation of the scheme.

6.4 Magnitude of IEC Activities

This is the most important component impacting the health and hygiene outcomes of the programme by promoting effective usage. Implementing officers in the 5 sample districts were asked if and what IEC activities they had organised in the last 2 years. IEC forms an important and integrated part of total the phases, more so in the second phase. IEC activities were organised in the following modes:



- Street Plays
- Distributed handbills
- Rallies
- House to house visits
- Newspaper advertisements
- Display of Posters
- Wall paintings
- Mic announcements

Wall painting





The Dept. of Rural Drinking Water and Sanitation has created much IEC material- posters and videos which are shared with Panchayats.

Implementing staff in Dharwad had organised the maximum IEC activities; total of around 6 out of the 8 activities.

Table 6: District-wise Magnitude of IEC Activities

District	Magnitude of IEC Activities (%)
Chikkaballapura	58.5
Dharwad	66.0
Hassan	56.7
Chitradurga	21.3
Raichur	42.3

The means which was used the most to disseminate the information were- the Posters, and Newspaper Advertisements and wall paintings. Largely, all mediums were used substantially across the study districts.

An interesting observation that can be made with regards to the IEC, is the mode which people were actually exposed to, and their information source. Beneficiary responses indicated that majority of the respondents received information about the scheme from 3 major sources; Neighbours/ Relatives, wall paintings and GP/ Local Leaders. The least reported were posters and pamphlets indicating that beneficiaries have limited exposure to printed materials.

6.5 Awareness of the Scheme at Staff level

Scheme staff of the SBM were asked whether they were aware of the scheme guidelines, toilet specifications, Community engagement and grievance redressal system.

In Dharwad the staff informed that they were largely aware of the scheme components and grievance redress mechanisms.

Table 7: District-wise Awareness of the Scheme Staff

District	Awareness (%)
Chikkaballapura	60
Dharwad	82.5



Hassan	65
Chitradurga	58
Raichur	70

In Dharwad, though implementing staff mentioned their complete awareness about the programme guidelines, few responses indicated that they were not provided with any physical copy of the guidelines. Some responses from Chitradurga also indicated the same.

In Chitradurga, few implementing staff indicated that they were unaware about the grievance redress mechanism, as well as the scheme guidelines completely. A few responses from Hassan also indicate that officials were less aware about the guidelines & Specifications.

Findings from the opinion analysis indicated that the contents from the guidelines, and the information shared with the implementing staff mentions that more information about the 'Operations and Maintenance' related to the scheme could be added to the guidelines. Further, physical copies of the guidelines could also be shared. Some training on scheme awareness, community engagement, and waste management is essential.

6.6 Cultural and behavioural Context

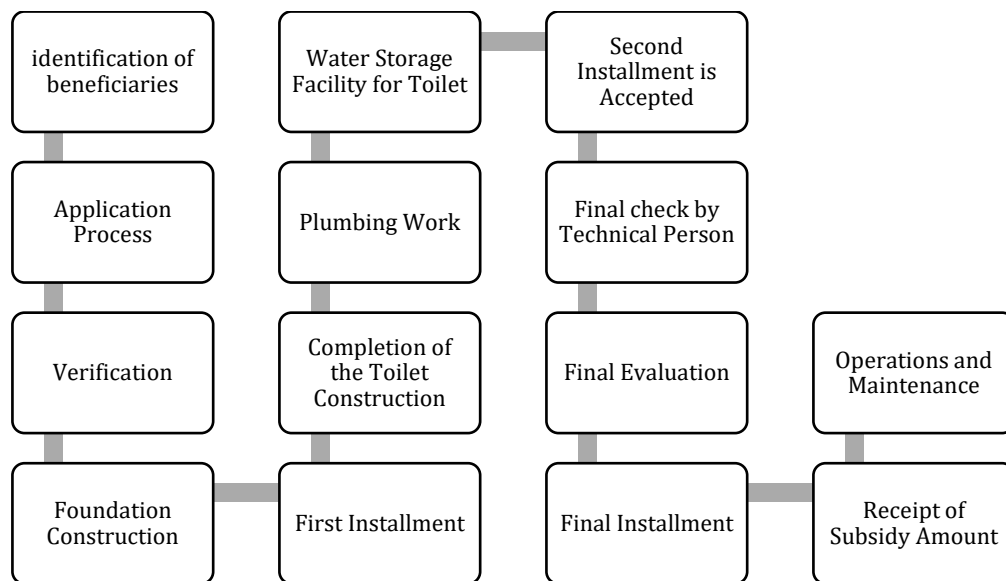
In the usage of toilets, cultural and behavioural factors play an important role. The customs, traditions and beliefs play a major role in these communities due to lack of education and inadequate exposure to modernity. Education and IEC activities play an important role to address these hindrances. Therefore, it is essential to strengthen the IEC activities and demoralize open defecation.

7. Information about the scheme

14 key facets, which were necessarily required to be known by beneficiaries, were identified in the questionnaire. Respondents were asked to check off the facets they had information about, wherever applicable.



Figure 3: Components requiring Clear Information



Beneficiaries in Chikkaballapura and Hassan seemed to be most aware of the key facets of service delivery. They had, on average, received clear information about all processes. Chitradurga was the poorest performing district.

Among all the district, respondents in Raichur indicated to have received very marginal or no information across 2 components; Verification, and monitoring process. Around 18 percent of beneficiaries also indicated to have received no information across any of the components at all. This indicates that information pertaining to **service delivery, including operations & maintenance, and receipt of subsidy amount was not displayed adequately, or were advertised extensively**. This trend is seen across all the districts, where majority of the information was spread through GP/ Local Leaders, and other beneficiaries.

In Dharwad and Raichur beneficiaries – on an average, were aware about 11 out of 14 facets. The components with least awareness was the instalments, and monitoring.

Table 8: District-wise Information about the scheme

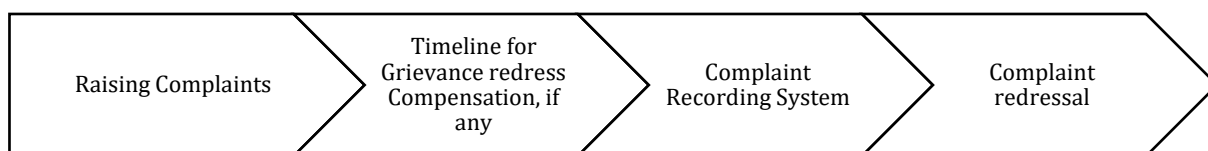
District	Information about scheme components
Chikkaballapura	13.80
Dharwad	11.54
Hassan	13.80
Chitradurga	09.69
Raichur	11.12



7.1 Beneficiaries' Awareness of Grievance Redress Processes

The questionnaire identified 4 key processes in the grievance redressal processes. Respondents were asked to check the options they were aware of, wherever applicable.

Figure 4: Grievance Redressal System



One of the poorest aspects across all schemes studied in this Impact Evaluation, is the grievance redressal mechanism and monitoring systems. Sampled beneficiaries in Raichur seems to be aware of only more than 1 out of 4 processes of the identified grievance redressal system. The performance of Raichur is better among all other districts. Beneficiaries across all districts seemed to be poorly aware of the Timeline for Grievance Redressal, as well as the Escalation process; almost all beneficiaries in Hassan indicated to have no information about the 4 components under the grievance redressal system. The knowledge about the redressal system is not adequate among the sample beneficiaries. This is clear from the table below.

Table 9: District-wise Awareness of Grievance Redressal System

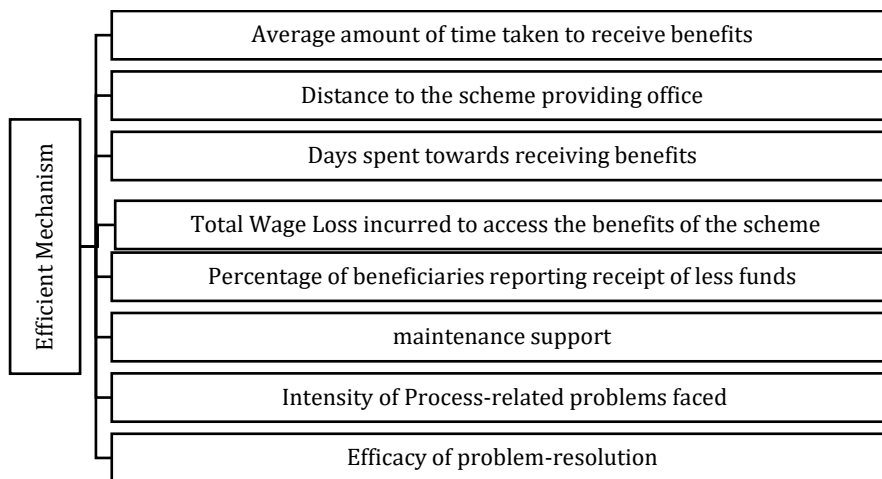
District	Awareness (Score out of 4)
Chikkaballapura	0.46
Dharwad	0.44
Hassan	0.15
Chitradurga	0.67
Raichur	1.54

8. Implementation Efficiency



Efficient mechanisms relate to the ratio of usefulness, practicality and suitability of outputs in proportion to the inputs, in this case, scheme-related process.

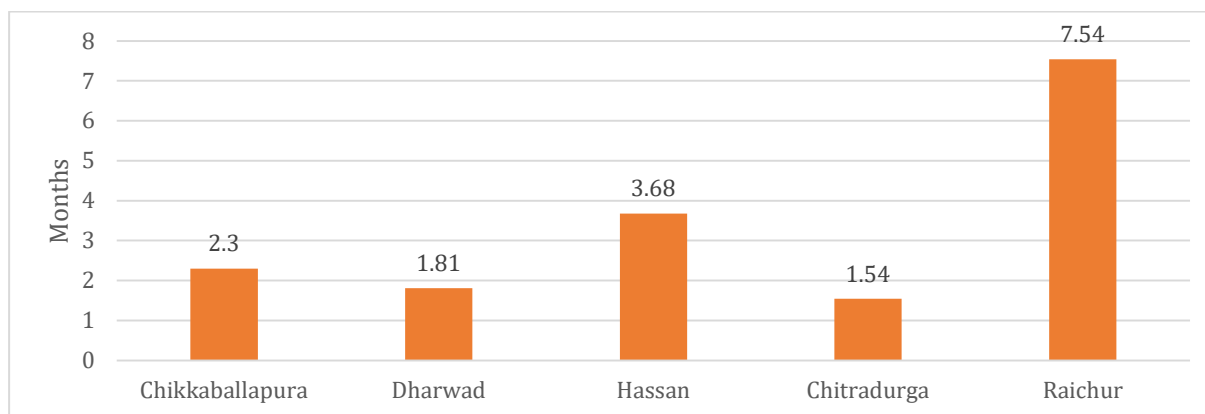
Figure 5: Indicators relating to Efficient Mechanisms



Average amount of time taken to receive benefits

Beneficiaries were asked about the time taken to receive the benefits – complete construction of the toilet under the scheme.

Figure 6: Average Time taken in receiving benefits



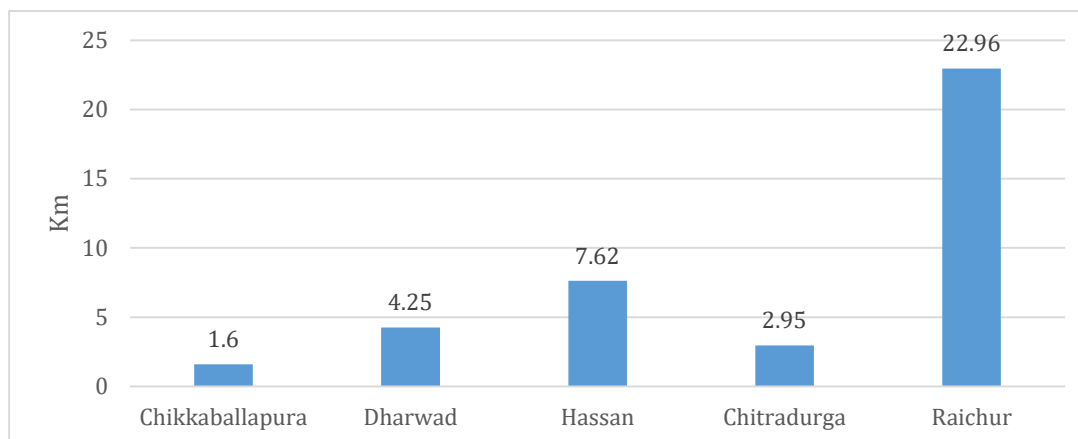
On an average, beneficiaries indicated to have received the benefits, with complete construction of the toilet in around 3 months. However, the maximum amount of time was taken in Raichur, where some beneficiaries even indicated the timeline to have been extended even up to 1 year. Due to distance factor. The best performing district in this indicator is Dharwad district, where some beneficiaries indicated to have even completed the scheme processes in 1 month only.



8.1 Distance to the office

Beneficiaries were asked about the distance of the office from their location of settlement.

Figure 7: Average distance to Scheme Office



On an average, respondents in Raichur indicated to have travelled more distance to their scheme office; 22.96 kms, followed by Hassan at 7.6 kms. Similarly, few beneficiaries in Hassan indicated to have travelled even up to 20 kms for the scheme.

Chikkaballapura and Chitradurga, on an average are comparatively better in this regard. A lower distance to the scheme office indicates lower time loss. Further, this leads to expenditure reduction for beneficiaries for grievance redress or complaint registration/escalation processes or to seek information about the scheme.

8.2 Days spent towards receiving benefits from the scheme

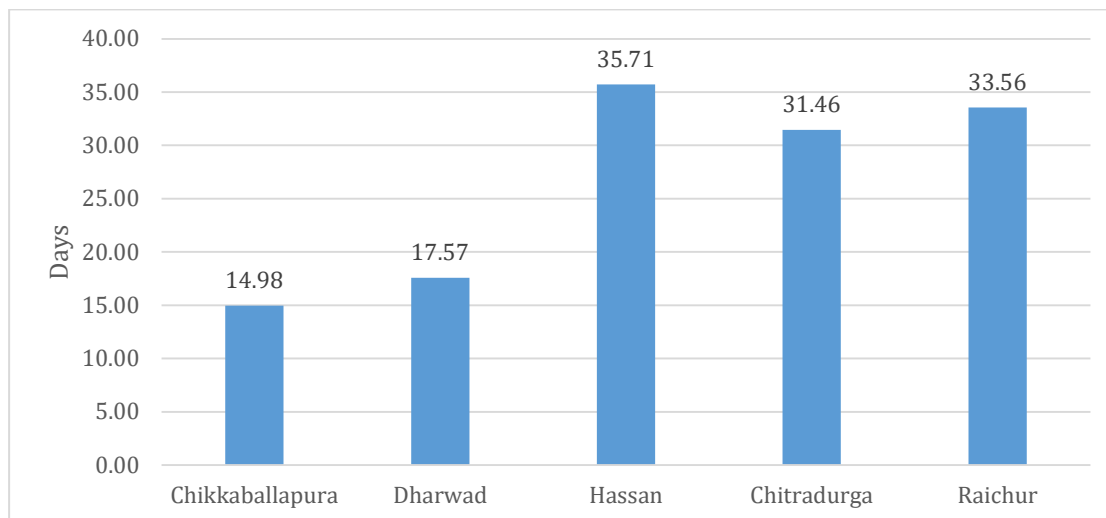
An important aspect of scheme delivery is to assess the delay that has been in a project/scheme/ programme delivery. To this effect, beneficiaries were asked how many days were spent towards receiving benefits from the scheme.

On an average, beneficiaries across the study district indicated that the amount of time spent towards receiving the benefits was around 1 month. Beneficiaries in Dharwad and Chikaballapura, however, spent about half month.

Delay in service delivery is a negative indicator, which usually highlights inefficiency of implementing staff. The delay can also be due to factors affecting the work of implementing staff.



Figure 8: Average Days spent towards receiving benefits from scheme



Majority of implementing staff also indicated to have burden of added assignments which leads to the delay. Implementing staff from Hassan and Raichur indicated major delay in release of funds/ services to contractors for construction, while Dharwad and Chikkaballapura recorded the least delays.

8.3 Funds received

Under the SBM-G, the government has made a provision of Rs. 12,000 per toilet as financial incentive for promoting the toilet construction and its usage. In addition, the State Govt. gives Rs. 3000 additional under SCSP/TSP (total=Rs. 15000). In line with this, beneficiaries were asked whether they received amount correctly or lesser than the specified from scheme.

Almost all beneficiaries across the study districts indicated to have faced problems with the supply of funds. This indicates an inefficient system - possible justification for the poor quality of service delivery due to improper utilisation of fund amounts. Further, it may also be indicative of incidences of undesired payments. 70 to 80 percent of the beneficiaries said they received a lesser amount than Rs. 15000/. This is less likely to be the complete truth as they may be aspiring to get more.



Table 10: Reported Undersupply of funds

District	Percentage beneficiaries with short of funds received
Chikkaballapura	70
Dharwad	70.5
Hassan	65
Chitradurga	82
Raichur	85

8.4 Support from scheme staff

The survey collected beneficiaries' responses in their experience relating to their queries receiving sufficient attention/ satisfactory service across various processes. The beneficiaries were asked about problems in the 4 major processes related to the scheme.

Figure 9: Scheme-related Processes

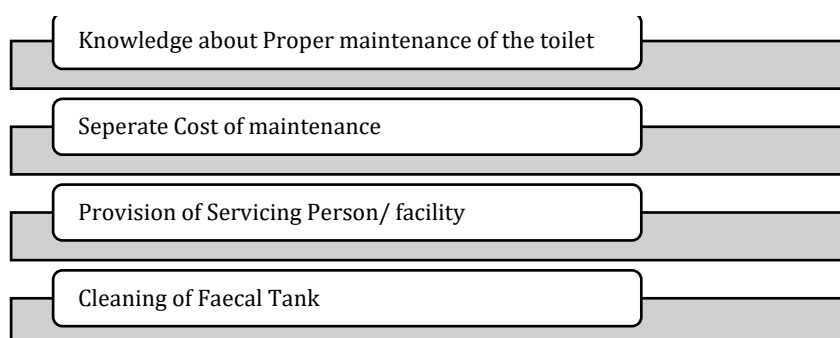


Table 11: District-wise Process related Issues during service delivery

District	Average Process related issues (Score out of 4)
Chikkaballapura	1.54
Dharwad	1.59
Hassan	1.90
Chitradurga	1.15
Raichur	1.80

On an average and across all district's responses indicated issues with processes of service delivery in the scheme from staffs. However, out of the 4 aspects, 2 were highlighted as problematic in all study districts;

- Knowledge about Proper maintenance of the toilet
- Cleaning of Faecal Tank



8.5 Problems faced

The survey also recorded responses from beneficiaries about the specific scheme requirements, where they had faced challenges in the process of getting the assistance, as well as post implementation in the last 2 years.

Raichur emerges as the district with the greatest number of aspects where problems were observed. Beneficiaries have indicated to have faced issues with 3 major aspects;

- a. Application Form/ Documents
- b. Instalments
- c. Operations and Maintenance

The distance factor also has contributed to these problems.

For the total responses received, the least number of issues were indicated in Dharwad and Chitradurga indicating sufficiently adequate service delivery from implementing staff. Chikkaballapura and Hassan also do not indicate any substantial process-related problems.

8.6 Efficacy of Problem Resolution

Access to safe, efficient grievance redress is a hallmark of good service delivery. To investigate the same, respondents were asked whether they lodged complaints, and if they did, whether those complaints were resolved.

The only sampled beneficiaries who lodged complaints belong to Chikkaballapura, and Raichur. Of the 40 sample beneficiaries in Chikkaballapura, 5 indicated to have lodged complaints. In Raichur, 10 out of 40 beneficiaries indicated lodging complaints.

Beneficiaries from Dharwad, Hassan and Chitradurga had not raised any complaints.

Among those who lodged problems, the resolution was satisfactory across the 2 districts.

In many cases, across districts, complaints were lodged with the village leader, or PDO.

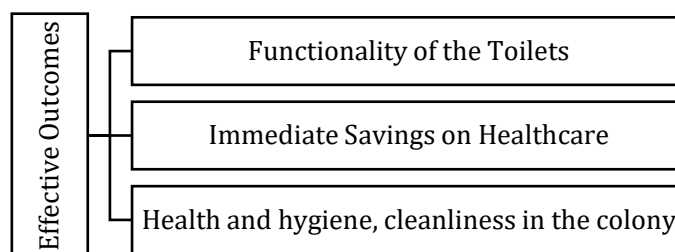
Further, the timeliness of problem resolution is an important indicator of good service delivery as well. In this regard, response from all districts, on an average, indicates to have resolved the issue in a period of 30 to 60 days after registering the complaint.



9. Effective Outcomes

Effective outcomes bring out the mid-level achievement and impact of the scheme. The assessment helps to realise whether the programme goals are met, serving as a metric for course correction. The following section outlines district-wise, indicator-wise results for the same.

Figure 10: Indicators relating to Effective Outcomes



9.1 Functionality of the Toilets

Every efficient scheme delivery must ensure that services are provided, with beneficiaries reporting completion and proper functionality of the intended service. To enquire on these lines, beneficiaries were asked whether the toilets are functional or non-functional after the completion of the construction.

Table 12: Functionality of Toilets

District	Percentage of Beneficiaries functional toilets
Chikkaballapura	37.50%
Dharwad	72.50%
Hassan	60.00%
Chitradurga	75.00%
Raichur	22.50%

Responses from Chitradurga indicated to have the highest percentage of beneficiaries with functional toilets – while Raichur 22.5%) is the worst performing district. Chikkaballapura also performs poorly in terms of this indicator– indicating only 37.5 percent of



functionality of toilets among beneficiaries. On the average, the functionality is 53.4 percent.

The functionality of the toilets, however, is also dependent on the beneficiary's willingness and ease to use the toilet. Due to social stigma associated with the same and/ or use of the toilet for other purposes as witnessed in certain part of the study region.



Antaragange village Medakinal GP Raichur Toilets not in use

In the field, it is observed that the toilets are constructed but are used for storage and other purposes as presented above.

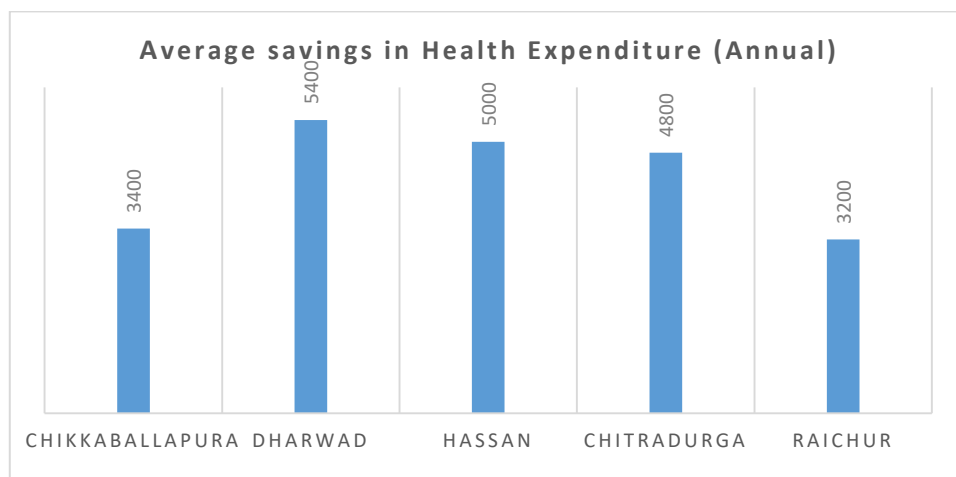
9.2 Savings on Healthcare

One of the key interventions through the SBM was to provide clean and hygienic sanitation facilities to the rural population –that will help to reduce the burden of diseases- leading to reduction of immediate healthcare-related expenses incurred. These expenditures are such that they can be avoided by ensuring clean sanitation practices, and regular use of the facilities provided.

In this regard, beneficiaries were enquired about the amount of savings they had in terms of healthcare expenditure as compared to prior to construction and use of the toilet.



Figure 11: Amount saved in Healthcare Expenses after Scheme (in Rs.)



Case study

Resident of Kurdi village - Manvi Taluk Raichur District.

In our village we had no concept of using toilets and we followed a system of open defecation as there was a belief that if we had a toilet in the house it was not good for the betterment but followed unscientifically.

By this practice, married and unmarried ladies were facing a problem to defecate. The ideal time for them was before sunrise and after sunset. This has resulted in many health complications like constipation, Dengue malaria and other communicable diseases.

Many aged people and children fall sick very often. Girls were rejecting to get married to grooms of our village by this practice. It's Gandhiji's dream to have clean India, the implementation of Swachh Bharat Mission resulting in having toilets and sanitation facilities in every house of our village. Public is educated now and stopped following open defecation. Constipation and other health problems of women have gradually decreased after constructing a toilet in the house, now people are in a healthy environment. We request the Grama panchayat and government to organize awareness programmes and educate the general public and make India an open defecation free country.

Thank you

Beneficiaries in Dharwad, Hassan and Chitradurga indicated to have saved about average annual Rs. 5000 in health expenses as a result of the successful implementation of the scheme, while beneficiaries in Chikkaballapura and Raichur indicated to have saved lesser amount around Rs. 3400 & Rs. 3200.



9.3 Overall Satisfaction across the districts

Hassan

In terms of satisfaction from the overall scheme, responses from Hassan had overall strong satisfaction with the benefits generated from the scheme.

Beneficiary responses indicates that they were most satisfied with several critical components of the scheme, where they witnessed improvement/ proper service delivery;

- a. Information about the scheme provided by officials,
- b. behaviour of officials
- c. Helpfulness of officials in case of grievances
- d. Subsidy amount provided

The respondents, however, indicated only partial satisfaction with the improvement in their social status as a result of using the SBM toilet, but they totally agreed that the colony is clean now and they feel happiness.



This scheme is pioneer in bringing great change in behaviour of the community in terms of health & Hygiene, social behaviour and to maintain self-dignity in the village. As known to all this scheme's goal is to work for ODF gram panchayats. Each individual Scheduled Caste was sanctioned Rs.15000 to have toilets from the department.

Mrs. Puttamma w/o Krushne Gowda from Imati village, Kanathuru GP, Alur taluk Hassan district, Earlier used to go in open field for the toilet. That situation was challenging one especially for women. She was very upset on the situation for going through unhygienic condition and especially in rainy seasons. She also observed that pregnant women were also facing challenges in the villages while going for toilets in the village. The support from the department to construct individual toilets at household level given her huge confidence to have improved life style in the future. The support and knowledge provided, enabled her to get out from the embarrassments, challenges and difficulties while visiting for toilet.

The toilets constructed in the village, including her own made the difference in community, especially for women. She thinks, most of the health issues were reduced now with positive hygienic behaviour.



Chitradurga

Responses from Chitradurga were highly noteworthy. A beneficiary response indicates that around 58 percent of respondents are satisfied across all the components. The beneficiaries were most satisfied with 2 critical components of the scheme;

- a. Improvement in their social aspects – in terms of social status, better treatment among village members, better access to other associated development programme, and security/ peace
- b. Amount of Subsidy provided

Further, all beneficiaries indicated complete satisfaction with the scheme benefits.

Chikkaballapura

Chikkaballapura remains at an average performing one. Respondents indicated strong to partial satisfaction across all the components on an average, however, 'partial satisfaction' was across 2 specific indicators;

- a. Improvement in their social aspects – in terms of social status, better treatment among village members,
- b. better access to other associated development programme, and security/ peace

However, 82.5 percent beneficiaries indicated an overall satisfaction from the scheme.

Raichur

Raichur performs poorly in terms of the satisfaction of the benefits from the scheme. Respondents have indicated partial to poor dissatisfaction, across several components of the scheme. The most prominent ones have been indicated below;

- a. Behaviour of officials, and Helpfulness of the officials
- b. Amount of Subsidy and Disbursement delays
- c. Low benefit due to poor construction
- d. Maintenance issues.



Further, around 30 percent of beneficiaries were 'dissatisfied' and around 40 percent of beneficiaries were also only partially satisfied with the overall benefits of the scheme.



Main roads and drainages at A Gange village Raichur Dist.

Dharwad

Dharwad is the mixed performing district, where beneficiary responses indicate only partial satisfaction across majority of the indicators. Around 40 percent of beneficiaries indicating low benefit and poor no significant improvement in health conditions as a result of the scheme.

- a. Around 32 percent of beneficiaries indicated that they are dissatisfied across all the indicators. The indicators where beneficiaries have highlighted dissatisfaction have been mentioned below; Improvement in sanitation and health conditions
- b. Value of household assets, and lifestyle of the households
- c. Receiving financial assistance

Even in this situation also there are few locations where the SBM has produced good impact.



Best Practice- Dharwad

The implementation of the **Swachh Bharat Mission-Gramin programme** in the Dharwad district is also efficient. The efforts are taken by officials in Adhiragunchi Village of Dharwad Taluk emerge as a best practice of SBM, where coordinated efforts between the Project Development Officer (PDO), and the elected members of the Panchayat led to the proper building of toilets ensuring specifications through better management. The PDO acted as a nodal person to purchase all materials for the construction and ensured that construction is undertaken. The facilities developed in the village have ensured good quality, and these were verified by the Field Research Officers in the field.



Case study 3

I took personal interest to have toilet, and it was timely support to me from the department.

The financial and technical support of the officials ensured that I have toilet. My entire family us I took personal interest to have toilet, and it was timely support to me from the department.

The financial and technical support of the officials ensured that I have toilet. My entire family using it and we are happy.

Mr. Channakeshava Hulugundi Village and GP, Beluru Hassan



Case study 4 - Strategic intervention



Beneficiary in front of newly constructed Toilet

GP members warned me to stop all other services from GP, if I am not having my own toilets at home. I realised the importance of toilet and constructed the toilet and regularly using it. The picture clearly indicates about the extent of usage of the toilet.

Mr. Chikkayya Hanjihalli village, Bhyrapura GP



10. Findings from Qualitative Analysis

The results from NLP in the present study are outlined in the following tables. Disaggregated, district-wise qualitative responses are presented in the district fact sheets attached in Annexures 2-6.

In terms of dissatisfaction with the scheme, the following prominent insights emerged from the beneficiaries' accounts across districts.

Table 13: Overall Reasons for Beneficiaries' Dissatisfaction

Responses	Percent
Lack of adequate subsidy amount – only partial subsidy is provided as compared to the total allotted amount	14%
Lack of Water Storage Facility and proper Water Drainage from toilet	38%
Lack of supportive officers	13%
Poor Quality of Materials used during construction – leading to visible cracks in walls of the facility	17%
Uncleaned work done – post construction toilet has been left with sand and dirt	7%
Substantial Delay in construction of the scheme toilet	3%
Low subsidy amount	2%
No monitoring by officials during construction – leading to contractors asking for extra money, or constructing poor quality toilets	4%
Spread of improper/ incorrect information by mediators and local leaders	1%
PDO/ Local Leaders usually use their influence on the officials to decide on the households for the scheme	1%

Though water availability is a major constraint in usage, the other one is the existing practices and norms associated with it. According to the mission progress, there has been an overall 100 percent household toilet coverage in India, as of 2nd October 2019. However, several field officers underestimated the amount of time it would take to bring in desired behavioural change among the people who largely defecate in the open. To encourage citizens to stop defecating in the open, individuals can be informed of how their



neighbours are making the best use of toilets. Using messages/ slogans such as ‘9 out of 10 households in your vicinity use toilets’, ‘no toilet, and no bride’ can induce people to positively change their behaviour. **The Department has brought out many videos and posters which can be used for generating awareness.**

10.1 suggestions from the beneficiaries

The following were recommendations given by the beneficiaries.

Table 14: Overall Recommendations for Improvement provided by Beneficiaries

Responses	Proportion
Better Quality of Materials should be used in the construction of the toilet	8%
Frequent Monitoring by the officials during construction	11%
Cleaning of Toilet after completion of construction, along with complimentary cleaning from implementing staff	22%
Better Grievance system – higher support from officers	4%
Additional Facilities should be provided such as Water Storage, CC Roads, Shops, etc. for overall development of the region	13%
Increase in the amount of subsidy being provided under the scheme	32%
Physical Verification of the constructed toilet by officials, and engineers from the department before use by beneficiaries	4%
Education should be provided about the proper use of the toilet facility – starting with basic cleanliness courses in schools	3%
Construction of toilet should be away from any sacred river (based on construction of a toilet near the river Krishna)	3%

The implementing staff, on the other hand, had the following suggestions:

10.2 Suggestions - Implementing staff

Table 15: Overall suggestions provided by implementing staff

Responses	Proportion
Better Provision of Funds from the Government and higher offices	22%
Provision should be made for water storage, along with toilet facility	37%
For enhanced IEC – officials must consider to undertake street plays, loudspeaker announcements, notice boards, etc.	10%
Increase in the subsidy amount provided to beneficiaries for construction of the toilet	12%
PDO and Gram Panchayat should be given powers, and training to provide handholding to beneficiaries in resolving any grievances they might have	3%
Increase in Scheme Staff– low office staffs reported at certain centres	6%



Provision of Technical Training to the staffs working for the scheme – including engineers, and contractors.	5%
Better managements of records with enhanced software, etc.	5%

The Staff suggested for quick approvals and release of funds and also provision for water storage. Increase in the amount of financial assistance, and increasing the project staff were some other major suggestions.

11. Major Findings

- From Review of literature, Sanitation emerges as a critical input impacting health and nutrition outcomes, gender safety and self-respect and social recognition.
- Swachh Bharat Mission (SBM) Gramin Phase-2 is effective from 2020-21 to 2024-25. In this period, emphasis is given on ODF Sustainability and Solid-Liquid Waste Management. Along with these, focus is also given on retrofitting of existing toilets, construction of twin pit toilets, personal hygiene, hand washing and menstrual hygiene management.
- The study is based on both quantitative and qualitative data. The evaluation of SBM was the thematic scope of the study. The geographic scope was determined in consultation with the Department of Social Welfare, Government of Karnataka. 5 districts – Chikkaballapur, Dharwad, Hassan, Chitradurga and Raichur-were identified. Specific Talukas and Gram Panchayats were determined on a random but, purposive basis.
- The NFHS 4 and 5 reports indicate a good improvement in the proportion of population that uses an improved, unshared sanitation facility. The NFHS 5 (2019-20) notes that 75.1% of the population living in Karnataka's households used an improved, unshared sanitation facility as compared to 68.6% reported in the NFHS 4 (2015-16). 97.1% of Dakshina Kannada's population living in households used an improved, unshared sanitation facility as compared to 36.5% of Kalburgi's population.



- Based on the definition of categories of ODF+ villages, a mere 11.97% of the State's villages have functional toilets for households, Schools/ Anganwadi Centres/ Panchayat and arrangements for Solid Waste Management OR Liquid Waste Management.
- The analysis of NFHS-5 & secondary data indicates that the percentage of SC & ST households having access to toilets is very low for SC it ranges from 24.7 percent in Kalaburagi to 86.46 in Bengaluru Urban. The average is 54 .1 percent and 14 districts – mainly from North Karnataka are below it. The access for ST households ranges from 21.4 in Kalaburagi to 60.3 in Bangalore Urban. The average is 40.7 percent and focus is required in 14 districts of the State- mainly from North Karnataka and Tumkur.
- The findings of field study on important parameters of evaluation indicated the following:

District	Months taken to construct toilets	Percentage of Beneficiaries with undersupply/ inadequate funds	Percentage Beneficiaries with currently functional toilets	Average Amount saved in Healthcare Expenses
Chikkaballapur	2.30	100.00%	37.50%	Rs.3400
Dharwad	1.81	87.50%	77.50%	Rs.5400
Hassan	3.68	100.00%	60.00%	Rs. 5,000
Chitradurga	1.54	92.50%	85.00%	Rs. 4800
Raichur	7.54	95.00%	22.50%	Rs. 3200

- Average annual income in Raichur was relatively higher compared to other districts (Rs. 43948) this may be due to irrigation and high demand & wages for agricultural labour. It is reported very low in Chitradurga (Rs. 24394) and Chikaballapura (Rs. 10220) considering the low income of the households, it is clear that the beneficiaries belong to lower strata and the scheme has better outreach.
- Majority of the Implementing staff indicated to have not received any training on some important aspects. Only 2 respondents in Chitradurga indicated to have received training on the FSM – which is a critical aspect under the Swachh Bharat Mission. Dharwad staff has received the required training- as 13 out of the 15 implementing staff indicated to have been trained in all the components.



- Chikkaballapura has the highest number of total scheme staff (16) working on the SBM followed by Hassan (15). Both the districts have more number of field staff. Implementing staff in 3 districts except Chitradurga and Dharwad indicated an overall satisfaction with the number of staff allocated to this project. It is essential to ensure technical staff adequacy for effective monitoring and timely implementation of the scheme.
- IEC activities were organised in the following modes; -Street Plays, handbills, Rallies, House to house visits Newspaper advertisements, Display of Posters, Wall paintings & announcements. Many of these are shared by the department. Beneficiary responses indicated that majority of the respondents received information about the scheme from 3 major sources; Neighbours/ Relatives, wall paintings and GP/ Local Leaders. The least reported were posters and pamphlets indicating that beneficiaries have limited exposure to printed materials.
- Findings from the opinion analysis indicated that the contents from the guidelines, and the information shared with the implementing staff mentions that more information about the 'Operations and Maintenance' related to the scheme could be added to the guidelines. Further, physical copies of the guidelines could also be shared. Some training on scheme awareness, community engagement, and waste management is essential. The issues of maintenance are very critical in Raichur district.
- The sampled beneficiary in Raichur seem to be aware of only more than 1 out of 4 processes of the identified grievance redressal system. Beneficiaries across all districts seemed to be less aware of the Timeline for Grievance Redressal, as well as the Escalation process; almost all beneficiaries in Hassan indicated to have no information about the 4 components under the grievance redress system.
- On an average, beneficiaries indicated to have received the benefits, with complete construction of the toilet in around 3 months. However, the maximum amount of time was taken in Raichur, where some beneficiaries even indicated the timeline to have been extended even up to 1 year, mainly due to distance factor. The best performing district in this indicator is Dharwad district, where some beneficiaries indicated to have even completed the scheme processes in 1 month only, however, the quality of work needs to be checked.



- On an average, beneficiaries across the study district indicated that the extent of time spent towards receiving the benefits was around 1 month. Beneficiaries in Dharwad and Chikaballapura, however, spent about half month. The implementing staff also indicated to have burden of added assignments which leads to the delay. Implementing staff from Hassan and Raichur indicated major delay in release of funds/ services to contractors for construction, while Dharwad and Chikkaballapura recorded the least delays.
- Almost all beneficiaries across the study districts indicated to have faced problems with the supply of funds. 70 to 80 percent of the beneficiaries said they received a lesser amount than Rs. 15000/-. This is less likely to be the complete truth as they may be aspiring to get more. They are not completely aware of Rs. 3000 under State SCP/TSP.
- The two issues that were identified as problematic in all study districts are :-
 - Knowledge about Proper maintenance of the toilet &
 - Cleaning of Faecal Tank
- Beneficiaries in Dharwad, Hassan and Chitradurga indicated to have saved about average annual Rs. 5000 in health expenses as a result of the successful implementation of the scheme, while beneficiaries in Chikkaballapura and Raichur indicated to have saved lesser amount around Rs. 3400 & Rs. 3200.
- Responses from Chitradurga indicated to have the highest percentage of beneficiaries with functional toilets – while Raichur 22.5%) is the worst performing district. Chikkaballapura also performs poorly in terms of this indicator– indicating only 37.5 percent of functionality of toilets among beneficiaries. On the average, the functionality is 53.4 percent. In some places it is used only by women at home.
- A case study presented informed that the toilets constructed in the village, including her own made the difference in community, especially for women. She thinks most of the health issues were reduced now with positive hygienic behaviour.
- Though water availability is a major constraint in usage, the other one is the existing practices and norms associated with it.
- The Staff suggested for quick approvals and release of funds and also provision for water storage. Increase in the amount of financial assistance, and increasing the project staff were some other major suggestions.



12. Recommendations

The following are recommendations abstracted on the basis of the findings from the CRC exercise:

Conduct extensive and sustained IEC campaigns: In the analysis conducted in the 5 study districts, it has been observed that in many places the IHHLs are being used for purposes other than their intended use. This is a generic issue.

- **Involvement of school and college students & National Social Service units in awareness mission:** The school students carry the message to homes. The youths, NSS volunteers are well trained in convincing the people.
- **Community involvement:** The mission should include SHGs, User Associations and Gram Panchayat members who should also play the role of monitoring to make ODF sustainable.
- **Activities:** To organize street plays, dramas, etc. along with regular rallies in the GPs, etc. based on regional cultural and behavioural patterns.
- **Swachhagrahis',** who may be termed as 'barefoot soldiers', should be trained annually on various aspects such as identification of village clusters with incidences/ regions with open defecation, ways to motivate people in using IHHLs, assistance to beneficiaries to approach the Dept. office for instalments, etc.
- **Targeted IEC/BCC intervention** is crucial in customizing messaging and media mix for specific groups spread across various geographies, urban and rural and counter conflicting religious beliefs and mass sentiment.

Recognition & Incentives: The Gram Panchayats achieving and making ODF a normal practice, should be awarded with incentives, prizes, and wide publicity.

- Financial incentives to be continued to new households to construct toilets.

Conduct programs for maintenance of hygienic conditions: There is an urgent need to inform the households about the maintenance and use of the toilets.

Promotion of sanitation at schools and anganwadis – as role models for villages

Provisions for periodic mechanical pit emptying services and faecal sludge treatment (not mentioned in current guidelines)

- Address handwashing and child faeces management
- Knowledge about Proper maintenance of the toilet &
- Cleaning of Faecal Tank



Guidelines to include more details about 'Operation & Maintenance'.

Close monitoring by PDO, GP 'Swachhagrahis' and other officials from the Dept. through conducting regular visits during construction of household toilets – to ensure all technical specifications of the IHHL are abided by and the waste management mechanism is well established.

- **Technical Staff:** Ensure adequate technical staff- through mobile staff in clusters- for ensuring quality and technical efficiency during the construction of toilets.
- **Training of Swachhagrahis, SHG members, members of GP** should be designed more effectively covering construction, adoption and FSM so that going forward, they could contribute during ODF plus interventions.
- **Special focus of the training modules** on the digitisation of records such as accounts, payments, maintenance of beneficiary lists, GPS listing of ODF regions/ villages, and IEC strategies and toilets to be geotagged for better monitoring.
- **Different toilet designs to be adapted in different terrains.** This could include flood-resistant toilets and toilets constructed using a Ferro-cement technique in flood-prone areas and dry pit toilets in drought prone areas in North Karnataka.

Convergence of schemes: Problems concerned with lack of adequate water supply, small and dingy toilets, can be addressed through convergence of schemes RWSS, MGNREGA, and other State schemes. Ensuring adequate water supply is essential for promoting usage.

Community Toilets: the space constraints can be overcome by constructing community toilets. Here, the major constraint is the maintenance. This needs to be ensured through community management or 'Pay & Use Models' or compulsory common community fund. Suitable models of private sector involvement may be explored based on on-demand assessment.



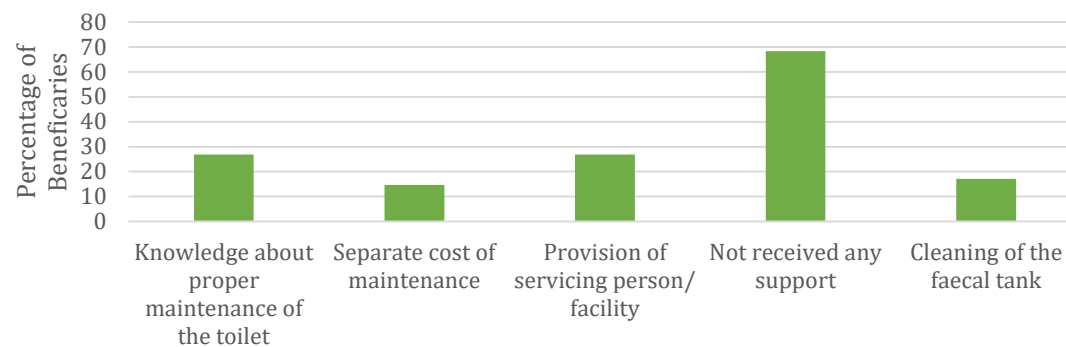
Annexures

Annexure 1: Chikkaballapur Fact Sheet

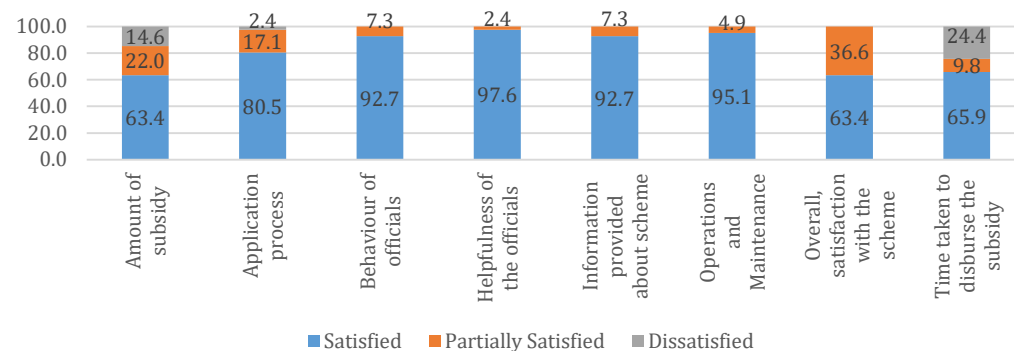
Characteristic	Finding																						
Educational Profile of Sampled Beneficiaries	<table><thead><tr><th>Educational Level</th><th>Percentage of Beneficiaries</th></tr></thead><tbody><tr><td>Illiterate</td><td>28</td></tr><tr><td>Primary</td><td>72</td></tr><tr><td>Upper Primary</td><td>0</td></tr><tr><td>High School</td><td>2</td></tr><tr><td>Higher Secondary</td><td>0</td></tr><tr><td>Bachelors</td><td>0</td></tr><tr><td>Masters</td><td>0</td></tr><tr><td>PhD</td><td>0</td></tr></tbody></table>	Educational Level	Percentage of Beneficiaries	Illiterate	28	Primary	72	Upper Primary	0	High School	2	Higher Secondary	0	Bachelors	0	Masters	0	PhD	0				
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Aspects where support received from Scheme Staffs



Overall Satisfaction with different aspects of the scheme





Current Functionality of Toilet (IHHL)	<table border="1"> <caption>Percentage of Beneficiaries by Functionality</caption> <thead> <tr> <th>Functionality Level</th> <th>Percentage of Beneficiaries</th> </tr> </thead> <tbody> <tr> <td>Perfectly functional without maintenance</td> <td>0</td> </tr> <tr> <td>Perfectly functional after maintenance</td> <td>36</td> </tr> <tr> <td>Reduced functionality even after maintenance</td> <td>0</td> </tr> <tr> <td>Reduced functionality without maintenance</td> <td>61</td> </tr> </tbody> </table>	Functionality Level	Percentage of Beneficiaries	Perfectly functional without maintenance	0	Perfectly functional after maintenance	36	Reduced functionality even after maintenance	0	Reduced functionality without maintenance	61
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Perfectly functional without maintenance	0										
Perfectly functional after maintenance	36										
Reduced functionality even after maintenance	0										
Reduced functionality without maintenance	61										
Reason for Beneficiary Dissatisfaction	• Lack of adequate subsidy amount – only partial subsidy is provided as compared to the total allotted amount • Lack of Water Storage Facility and proper Water Drainage from toilet										
Suggested Recommendations by Beneficiaries	• Cleaning of Toilet after completion of construction, along with complimentary cleaning from implementing staff • Better Grievance system – higher support from officers • Additional Facilities should be provided such as Water Storage, CC Roads, Shops, etc. for overall development of the region										
Suggested Recommendations by Implementing staff	• Better Provision of Funds to the PDO from the Government and higher offices • Provision should be made for water storage, along with toilet facility										

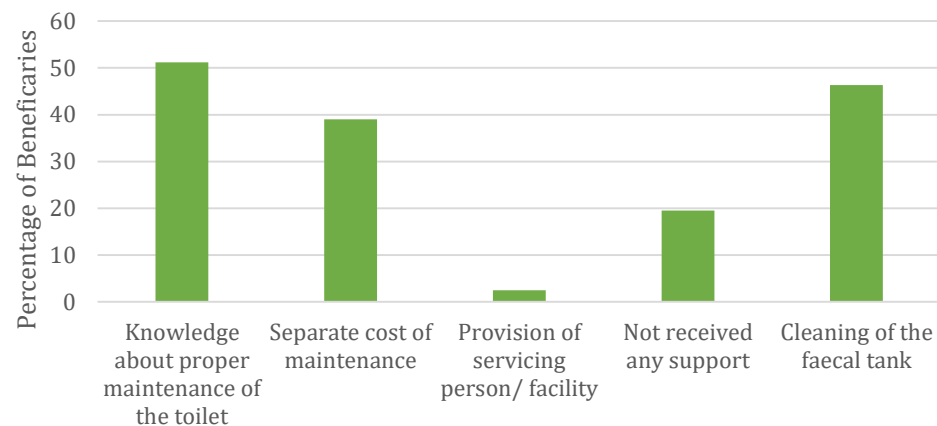


Annexure 2: Dharwad Fact Sheet

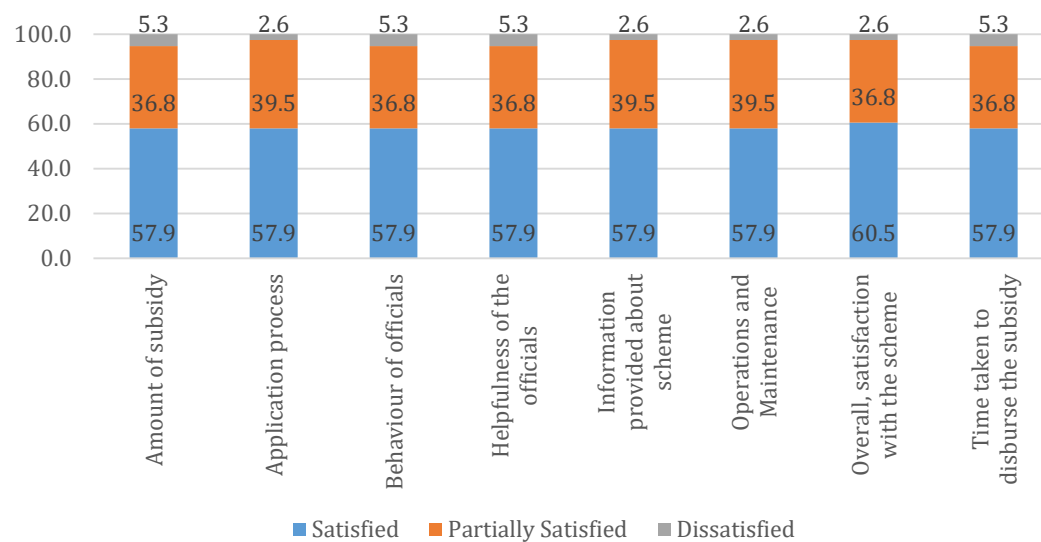
Characteristic	Finding																						
Educational Profile of Sampled Beneficiaries	<table border="1"> <thead> <tr> <th>Educational Level</th> <th>Percentage of Beneficiaries</th> </tr> </thead> <tbody> <tr> <td>Illiterate</td> <td>17%</td> </tr> <tr> <td>Primary</td> <td>32%</td> </tr> <tr> <td>Upper Primary</td> <td>10%</td> </tr> <tr> <td>High School</td> <td>15%</td> </tr> <tr> <td>Higher Secondary</td> <td>24%</td> </tr> <tr> <td>Bachelors</td> <td>10%</td> </tr> <tr> <td>Masters</td> <td>12%</td> </tr> <tr> <td>PhD</td> <td>10%</td> </tr> </tbody> </table>	Educational Level	Percentage of Beneficiaries	Illiterate	17%	Primary	32%	Upper Primary	10%	High School	15%	Higher Secondary	24%	Bachelors	10%	Masters	12%	PhD	10%				
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Occupational Profile of Sampled Beneficiaries	<table border="1"> <thead> <tr> <th>Occupation</th> <th>Percentage of Beneficiaries</th> </tr> </thead> <tbody> <tr> <td>Cultivator</td> <td>2%</td> </tr> <tr> <td>Agricultural labourer</td> <td>60%</td> </tr> <tr> <td>Cultivator cum agricultural labourer</td> <td>15%</td> </tr> <tr> <td>Labourer (non-agriculture)</td> <td>40%</td> </tr> <tr> <td>Petty business</td> <td>30%</td> </tr> <tr> <td>Self-employed/business</td> <td>0%</td> </tr> <tr> <td>Service (Govt.)</td> <td>2%</td> </tr> <tr> <td>Service (Private)</td> <td>2%</td> </tr> <tr> <td>Pension</td> <td>2%</td> </tr> <tr> <td>Others</td> <td>2%</td> </tr> </tbody> </table>	Occupation	Percentage of Beneficiaries	Cultivator	2%	Agricultural labourer	60%	Cultivator cum agricultural labourer	15%	Labourer (non-agriculture)	40%	Petty business	30%	Self-employed/business	0%	Service (Govt.)	2%	Service (Private)	2%	Pension	2%	Others	2%
Occupation	Percentage of Beneficiaries																						
Cultivator	2%																						
Agricultural labourer	60%																						
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Service (Govt.)	2%																						
Service (Private)	2%																						
Pension	2%																						
Others	2%																						



Aspects where support received from Scheme Staffs



Overall Satisfaction with different aspects of the scheme



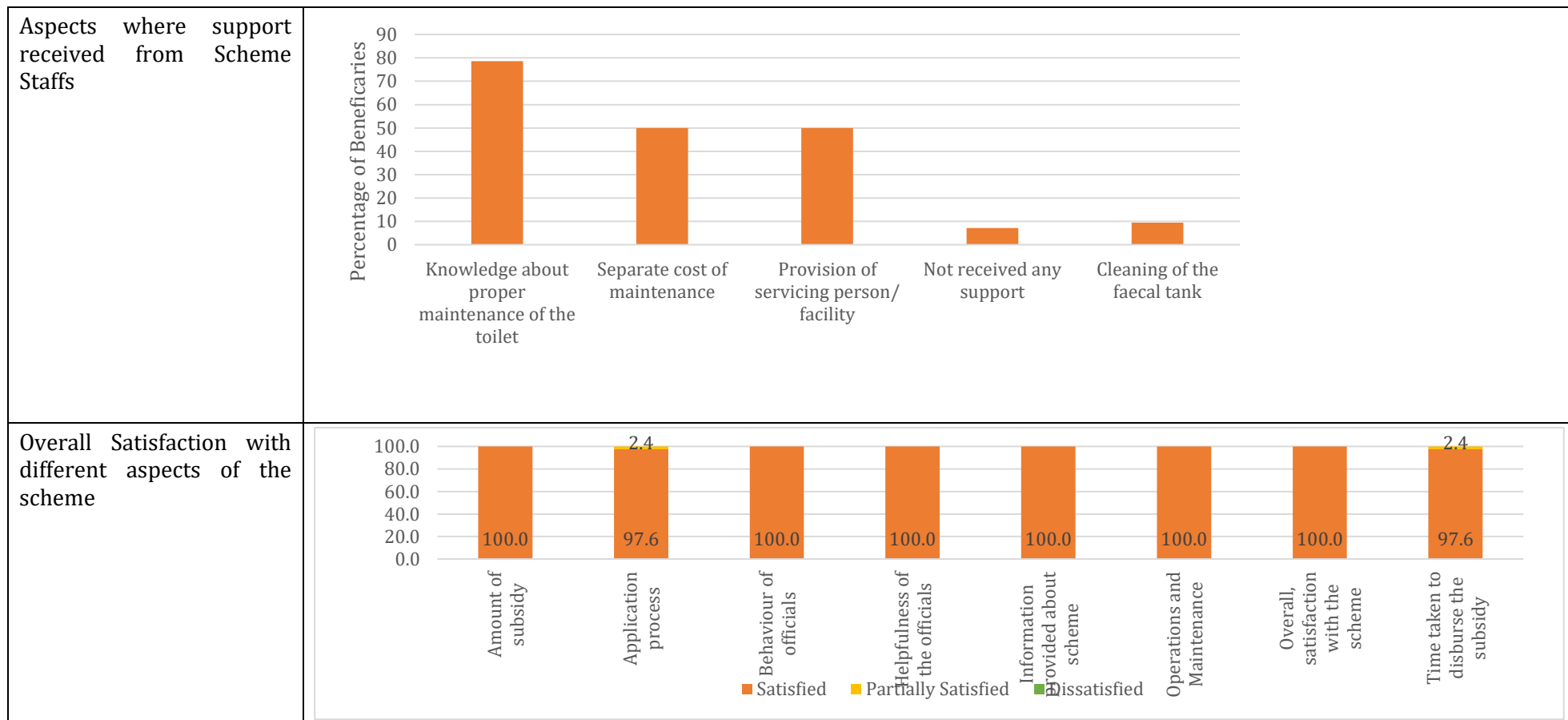


Current Functionality of Toilet (IHHL)	<table border="1"><caption>Percentage of Beneficiaries by Toilet Functionality</caption><thead><tr><th>Functionality Category</th><th>Percentage of Beneficiaries</th></tr></thead><tbody><tr><td>Perfectly functional without maintenance</td><td>54</td></tr><tr><td>Perfectly functional after maintenance</td><td>76</td></tr><tr><td>Reduced functionality even after maintenance</td><td>0</td></tr><tr><td>Reduced functionality without maintenance</td><td>0</td></tr></tbody></table>	Functionality Category	Percentage of Beneficiaries	Perfectly functional without maintenance	54	Perfectly functional after maintenance	76	Reduced functionality even after maintenance	0	Reduced functionality without maintenance	0
Functionality Category	Percentage of Beneficiaries										
Perfectly functional without maintenance	54										
Perfectly functional after maintenance	76										
Reduced functionality even after maintenance	0										
Reduced functionality without maintenance	0										
Reason for Beneficiary Dissatisfaction	• Poor Quality of Materials used during construction – leading to visible cracks in walls of the facility • Uncleaned work done – post construction toilet has been left with sand and dirt • Substantial Delay in construction of the scheme toilet										
Suggested Recommendations by Beneficiaries	• Better Quality of Materials should be used in the construction of the toilet • Frequent Monitoring by the officials during construction • Cleaning of Toilet after completion of construction, along with complimentary cleaning from implementing staff										
Suggested Recommendations by Implementing staff	• Increase in the subsidy amount provided to beneficiaries for construction of the toilet										



Annexure 3: Hassan Fact Sheet

Characteristic	Finding																						
Educational Profile of Sampled Beneficiaries	<table border="1"> <thead> <tr> <th>Educational Level</th> <th>Percentage of Beneficiaries</th> </tr> </thead> <tbody> <tr> <td>Illiterate</td> <td>40</td> </tr> <tr> <td>Primary</td> <td>52</td> </tr> <tr> <td>Upper Primary</td> <td>0</td> </tr> <tr> <td>High School</td> <td>0</td> </tr> <tr> <td>Higher Secondary</td> <td>5</td> </tr> <tr> <td>Bachelors</td> <td>0</td> </tr> <tr> <td>Masters</td> <td>0</td> </tr> <tr> <td>PhD</td> <td>0</td> </tr> </tbody> </table>	Educational Level	Percentage of Beneficiaries	Illiterate	40	Primary	52	Upper Primary	0	High School	0	Higher Secondary	5	Bachelors	0	Masters	0	PhD	0				
Educational Level	Percentage of Beneficiaries																						
Illiterate	40																						
Primary	52																						
Upper Primary	0																						
High School	0																						
Higher Secondary	5																						
Bachelors	0																						
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PhD	0																						
Occupational Profile of Sampled Beneficiaries	<table border="1"> <thead> <tr> <th>Occupation</th> <th>Percentage of Beneficiaries</th> </tr> </thead> <tbody> <tr> <td>Cultivator</td> <td>14</td> </tr> <tr> <td>Agricultural labourer</td> <td>22</td> </tr> <tr> <td>Cultivator cum agricultural labourer</td> <td>33</td> </tr> <tr> <td>Labourer (non-agriculture)</td> <td>10</td> </tr> <tr> <td>Petty business</td> <td>0</td> </tr> <tr> <td>Self-employed/business</td> <td>0</td> </tr> <tr> <td>Service (Govt.)</td> <td>0</td> </tr> <tr> <td>Service (Private)</td> <td>0</td> </tr> <tr> <td>Pension</td> <td>2</td> </tr> <tr> <td>Others</td> <td>5</td> </tr> </tbody> </table>	Occupation	Percentage of Beneficiaries	Cultivator	14	Agricultural labourer	22	Cultivator cum agricultural labourer	33	Labourer (non-agriculture)	10	Petty business	0	Self-employed/business	0	Service (Govt.)	0	Service (Private)	0	Pension	2	Others	5
Occupation	Percentage of Beneficiaries																						
Cultivator	14																						
Agricultural labourer	22																						
Cultivator cum agricultural labourer	33																						
Labourer (non-agriculture)	10																						
Petty business	0																						
Self-employed/business	0																						
Service (Govt.)	0																						
Service (Private)	0																						
Pension	2																						
Others	5																						





Current Functionality of Toilet (IHHL)	<table border="1"> <caption>Percentage of Beneficiaries by Toilet Functionality</caption> <thead> <tr> <th>Functionality Category</th> <th>Percentage of Beneficiaries</th> </tr> </thead> <tbody> <tr> <td>Perfectly functional without maintenance</td> <td>0</td> </tr> <tr> <td>Perfectly functional after maintenance</td> <td>~58</td> </tr> <tr> <td>Reduced functionality even after maintenance</td> <td>~8</td> </tr> <tr> <td>Reduced functionality without maintenance</td> <td>~43</td> </tr> </tbody> </table>	Functionality Category	Percentage of Beneficiaries	Perfectly functional without maintenance	0	Perfectly functional after maintenance	~58	Reduced functionality even after maintenance	~8	Reduced functionality without maintenance	~43
Functionality Category	Percentage of Beneficiaries										
Perfectly functional without maintenance	0										
Perfectly functional after maintenance	~58										
Reduced functionality even after maintenance	~8										
Reduced functionality without maintenance	~43										
Reason for Beneficiary Dissatisfaction	- No monitoring by officials during construction – leading to contractors asking for extra money, or developing poor quality toilets - Spread of improper/ incorrect information by mediators and local leaders										
Suggested Recommendations by Beneficiaries	- Better Monitoring and Maintenance Support - Education should be provided about the proper use of the toilet facility – starting with basic cleanliness courses in schools										
Suggested Recommendations by Implementing staff	- Increase in the subsidy amount provided to beneficiaries for construction of the toilet - Increase in Scheme Staffs – low office staffs reported at certain centres - Provision of Technical Training to the staffs working for the scheme – including engineers, and contractors										



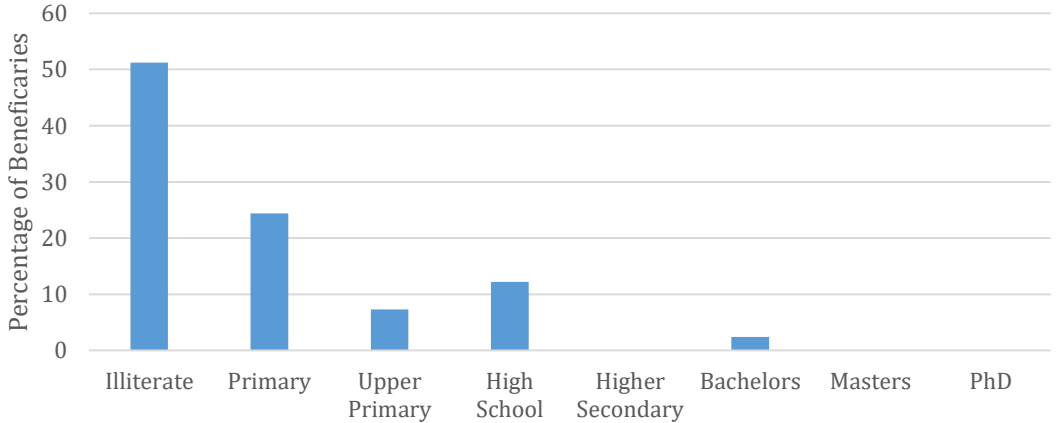
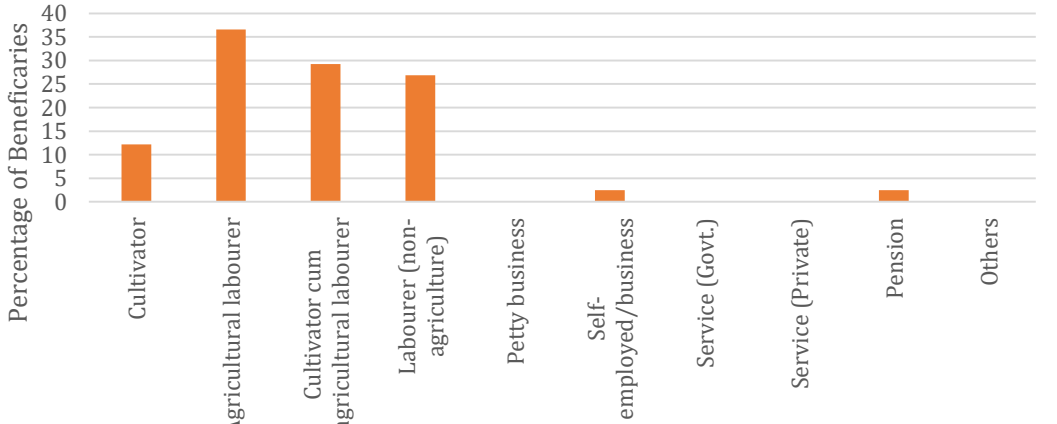
Impact Evaluation Study at Arasikere for Swachha Bharath Scheme



Impact Evaluation Study at Beluru for Swachha Bharath Scheme

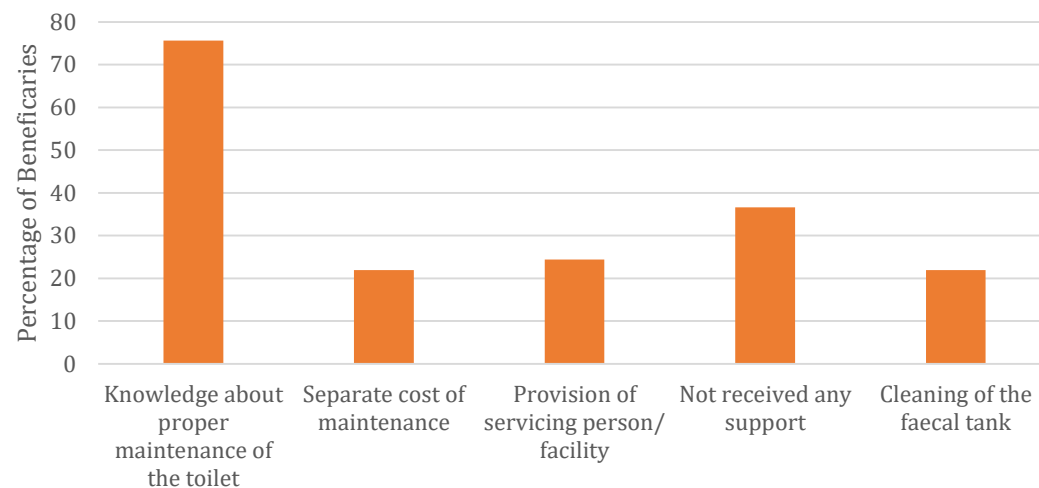


Annexure 4: Raichur Fact Sheet

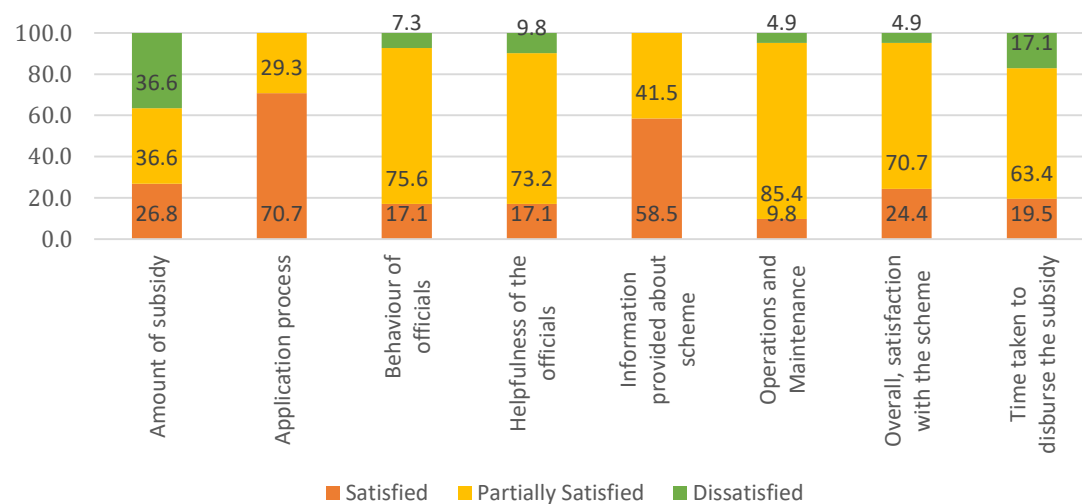
Educational Profile of Sampled Beneficiaries	Finding																						
Educational Profile of Sampled Beneficiaries	 <table border="1"><thead><tr><th>Education Level</th><th>Percentage of Beneficiaries</th></tr></thead><tbody><tr><td>Illiterate</td><td>51</td></tr><tr><td>Primary</td><td>24</td></tr><tr><td>Upper Primary</td><td>7</td></tr><tr><td>High School</td><td>12</td></tr><tr><td>Higher Secondary</td><td>0</td></tr><tr><td>Bachelors</td><td>2</td></tr><tr><td>Masters</td><td>0</td></tr><tr><td>PhD</td><td>0</td></tr></tbody></table>	Education Level	Percentage of Beneficiaries	Illiterate	51	Primary	24	Upper Primary	7	High School	12	Higher Secondary	0	Bachelors	2	Masters	0	PhD	0				
Education Level	Percentage of Beneficiaries																						
Illiterate	51																						
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Occupational Profile of Sampled Beneficiaries	 <table border="1"><thead><tr><th>Occupation</th><th>Percentage of Beneficiaries</th></tr></thead><tbody><tr><td>Cultivator</td><td>12</td></tr><tr><td>Agricultural labourer</td><td>36</td></tr><tr><td>Cultivator cum agricultural labourer</td><td>29</td></tr><tr><td>Labourer (non-agriculture)</td><td>27</td></tr><tr><td>Petty business</td><td>0</td></tr><tr><td>Self-employed/business</td><td>2</td></tr><tr><td>Service (Govt.)</td><td>0</td></tr><tr><td>Service (Private)</td><td>0</td></tr><tr><td>Pension</td><td>2</td></tr><tr><td>Others</td><td>0</td></tr></tbody></table>	Occupation	Percentage of Beneficiaries	Cultivator	12	Agricultural labourer	36	Cultivator cum agricultural labourer	29	Labourer (non-agriculture)	27	Petty business	0	Self-employed/business	2	Service (Govt.)	0	Service (Private)	0	Pension	2	Others	0
Occupation	Percentage of Beneficiaries																						
Cultivator	12																						
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Pension	2																						
Others	0																						



Aspects where support received from Scheme Staffs



Overall Satisfaction with different aspects of the scheme



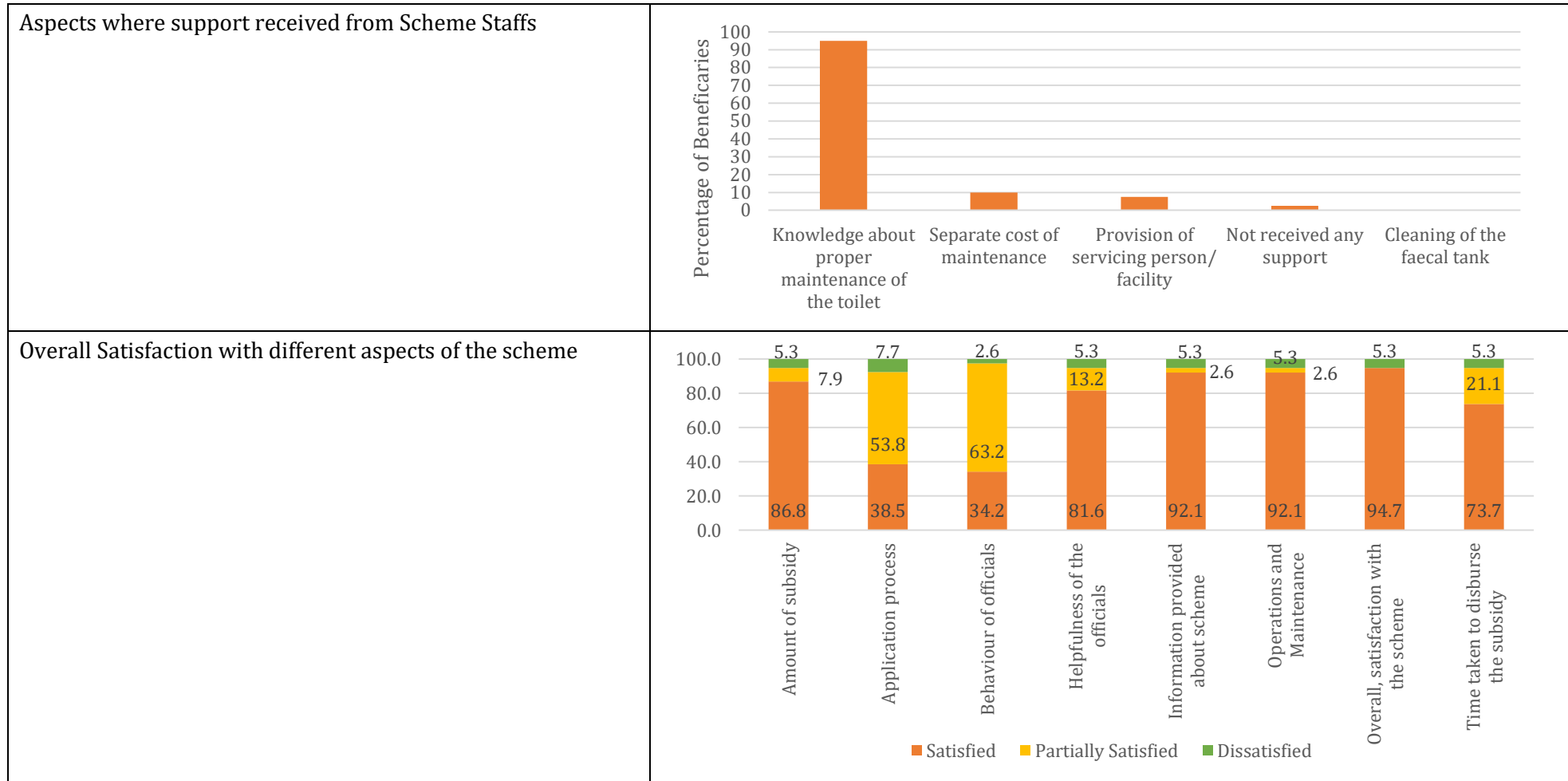


Current Functionality of Toilet (IHHL)	<table border="1"> <caption>Percentage of Beneficiaries by Toilet Functionality</caption> <thead> <tr> <th>Functionality Category</th> <th>Percentage of Beneficiaries</th> </tr> </thead> <tbody> <tr> <td>Perfectly functional without maintenance</td> <td>55</td> </tr> <tr> <td>Perfectly functional after maintenance</td> <td>22</td> </tr> <tr> <td>Reduced functionality even after maintenance</td> <td>10</td> </tr> <tr> <td>Reduced functionality without maintenance</td> <td>20</td> </tr> </tbody> </table>	Functionality Category	Percentage of Beneficiaries	Perfectly functional without maintenance	55	Perfectly functional after maintenance	22	Reduced functionality even after maintenance	10	Reduced functionality without maintenance	20
Functionality Category	Percentage of Beneficiaries										
Perfectly functional without maintenance	55										
Perfectly functional after maintenance	22										
Reduced functionality even after maintenance	10										
Reduced functionality without maintenance	20										
Reason for Beneficiary Dissatisfaction	• Uncleaned work done – post construction toilet has been left with sand and dirt • Substantial Delay in construction of the scheme toilet • Low subsidy amount										
Suggested Recommendations by Beneficiaries	• Cleaning of Toilet after completion of construction • Increase in the amount of subsidy being provided under the scheme • Physical Verification of the constructed toilet by officials, and engineers from the department before use by beneficiaries										
Suggested Recommendations by Implementing staff	• Increase in Scheme Staffs – low office staffs reported at certain centres • Provision of Technical Training to the staffs working for the scheme – including engineers, and contractors										



Annexure 5: Chitradurga Fact Sheet

Characteristic	Finding																						
Educational Profile of Sampled Beneficiaries	<table><thead><tr><th>Education Level</th><th>Percentage of Beneficiaries</th></tr></thead><tbody><tr><td>Illiterate</td><td>53</td></tr><tr><td>Primary</td><td>15</td></tr><tr><td>Upper Primary</td><td>5</td></tr><tr><td>High School</td><td>10</td></tr><tr><td>Higher Secondary</td><td>10</td></tr><tr><td>Bachelors</td><td>10</td></tr><tr><td>Masters</td><td>0</td></tr><tr><td>PhD</td><td>0</td></tr></tbody></table>	Education Level	Percentage of Beneficiaries	Illiterate	53	Primary	15	Upper Primary	5	High School	10	Higher Secondary	10	Bachelors	10	Masters	0	PhD	0				
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Occupation	Percentage of Beneficiaries																						
Cultivator	53																						
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Current Functionality of Toilet (IHHL)	<table border="1"> <caption>Percentage of Beneficiaries by Toilet Functionality</caption> <thead> <tr> <th>Functionality Category</th> <th>Percentage of Beneficiaries</th> </tr> </thead> <tbody> <tr> <td>Perfectly functional without maintenance</td> <td>10</td> </tr> <tr> <td>Perfectly functional after maintenance</td> <td>85</td> </tr> <tr> <td>Reduced functionality even after maintenance</td> <td>0</td> </tr> <tr> <td>Reduced functionality without maintenance</td> <td>0</td> </tr> </tbody> </table>	Functionality Category	Percentage of Beneficiaries	Perfectly functional without maintenance	10	Perfectly functional after maintenance	85	Reduced functionality even after maintenance	0	Reduced functionality without maintenance	0
Functionality Category	Percentage of Beneficiaries										
Perfectly functional without maintenance	10										
Perfectly functional after maintenance	85										
Reduced functionality even after maintenance	0										
Reduced functionality without maintenance	0										
Reason for Beneficiary Dissatisfaction	• Lack of adequate subsidy amount – only partial subsidy is provided as compared to the total allotted amount • Poor Quality of Materials used during construction • Low subsidy amount										
Suggested Recommendations by Beneficiaries	• Better Quality of Materials should be used in the construction of the toilet • Additional Facilities should be provided such as Water Storage • Construction of toilet should be away from any sacred river (based on construction of a toilet near the river Krishna)										
Suggested Recommendations by Implementing staff	• For enhanced IEC – officials must consider to undertake street plays, loudspeaker announcements, notice boards, etc.										

