



Grassroots Research and Advocacy Movement  
An SVYM Initiative

# Evaluation of Nirmal Gram Puraskar awarded Grama Panchayaths in Karnataka

## Evaluation Report

Grassroots Research and Advocacy Movement (GRAAM), Mysore, Karnataka, India  
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## Abbreviations

DDWS	Department of Drinking Water Supply
DWSM	District Water and Sanitation Mission
FGD	Focus Group Discussion
GoI	Government of India
GoK	Government of Karnataka
GP	Gram Panchayath
HH	Household
IEC	Information Education and Communication
IHHL	Individual Household Latrines
NBA	Nirmal Bharath Abhiyan
NGP	Nirmal Gram Puraskar
ODF	Open Defecation Free
PRIs	Panchayath Raj Institutions
RDPR	Rural Development and Panchayath Raj
SLWM	Solid and Liquid Waste Management
SWSM	State Water and Sanitation Mission
TP	Taluk Panchayath
TSC	Total Sanitation Campaign
VWSC	Village Water and Sanitation Committee
ZP	Zilla Panchayath

## Executive Summary

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

In this context, NBA, Dept. of RDPR, GoK, commissioned an evaluation to understand the features of the NGP awarded GPs within the state, their current status of sanitation and the critical successes and failures of these GPs in order to strengthen the sanitation related initiatives of the NBA. Grassroots Research And Advocacy Movement (GRAAM), a public policy research and advocacy organization<sup>1</sup> conducted this evaluation.

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

On an average, the sampled NGP GPs perform better than the non-NGP GPs in the state on the issue of IHHLs. There is an average increase of more than 30% in the number of households having toilets in the selected GPs between 2007 and 2012-13. Utilization rates of households having IHHLs was found to be higher than expected (about 95%). Large regional disparities exist in the performance of the sampled GPs. Status of coverage of IHHLs in the Gulbarga and Belgaum divisions in general is much poorer in comparison to those in Mysore and Bangalore divisions. SC/ST households are significantly behind others in all the geographical divisions of the state.

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

Majority of GPs (48%) have spent their funds according to the guidelines of NGP. However, there are considerable number of GPs (18%) that have spent the NGP award funds against the guidelines of NGP. Some examples include purchase of tractors, felicitation functions, one-time cleaning of drainages etc. In a majority of GPs, interest

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<sup>1</sup> GRAAM is an initiative of Swami Vivekananda Youth Movement, working towards advocating policy change based on empirical evidence and research carried out with grassroots perspectives that works towards advocating policy change based on empirical evidence and grassroots perspectives

to continue the prioritization of sanitation activities exists, although without Government intervention, sanitation activities cannot be sustained. GPs are fully dependent on government for (a) providing leadership, guidance and innovation on introducing and internalizing sanitation related behavior changes and (b) financial assistance for creation of sanitation infrastructure. In GPs where IHHL coverage was poor, the GP members recognized the following bottlenecks: Shortage of funds, availability of space, water resources and lack of people's participation as challenges in implementing sanitation activities effectively.

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

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

1. Prioritization of poorly performing districts (specifically in the Belgaum and Gulbarga divisions) in implementation strategies and special focus to improve the IHHL coverage status of SC/ST households.
2. Focus on creation and utilization of safe sanitation facilities and stressing on safe sanitation practices in all schools and Anganwadis of the state.
3. Strategies for increasing awareness levels and sustaining sanitation practices should take long term systemic approaches involving communitization and involvement of multiple stakeholders in sanitation activities, rather than targeting on individual components alone, by single implementation agencies.
4. Stricter screening of the application processes (including penalization of false claims and recommendations) for the awards and creating social accountability mechanisms to compliment the application verification process through public discussions like Grama Sabhas, wherein the visiting team has the time and space to fully understand the progress made by the GP on multiple fronts related to sanitation.