

Process Evaluation of Successful Approaches in Swacch Bharat Mission-Gramin

To achieve rapid sanitation coverage by 2019 the Swacch Bharat Mission was launched on 2nd October 2014. The main objectives of the program were to bring about an improvement in the general quality of life in the rural areas, by promoting cleanliness, hygiene and eliminating open defecation. It also aimed to accelerate sanitation coverage in rural areas to achieve the vision of Swacch Bharat by 2nd October 2019, motivate Communities and Panchayati Raj Institutions to adopt sustainable sanitation practices and facilities through awareness creation and health education and encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation. Finally, it also aimed to develop, wherever required, Community managed sanitation systems focusing on Scientific Solid & Liquid Waste Management systems for overall cleanliness in the rural areas. Under the program the states have been given flexibility to come with their own state level plans which is essentially an integration of the district level plans.

Sambodhi assessed the 17 most high performing districts in terms of achieving SBM objectives. For these 17 high performing districts, Sambodhi's scope of work encompasses reviewing the planning and implementation activities, reviewing the communication activities that had happened and the result of their absorption in the community, gaining an understanding of the supply side factors and how they have facilitated toilet construction and finally gaining an understanding of the context and how it affects the intervention i.e. perform a contextual analysis. A mixed method study design was adopted for this study. Structured interviews with Household male and female members as well as IDIs with community, block, district and state level officials were conducted. FGDs were conducted, one in every village. Dream maps were used to capture the perception and attitude of children.

Within each district, five villages were selected. A sample size of 4000 individuals was covered across 10 states i.e. Assam, Bihar, Chhattisgarh, Haryana, Karnataka, Madhya Pradesh, Meghalaya, Odisha, Rajasthan, west Bengal.