

## **Sanitation, microcredit and awareness - a qualitative analysis**

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## Executive summary

This study aimed to complement a Randomised Controlled Trial (RCT) conducted by the Institute for Fiscal Studies from 2015 to 2017 exploring the impact of sanitation microloans in rural Maharashtra (Latur and Nanded districts), combined with information provision and awareness raising. One of the main findings of the RCT was that adding the awareness raising to offering the new sanitation microloan product led to lower sanitation uptake than providing sanitation microloans only, with one in five loan takers who received the awareness constructing toilets compared with one in two who did not receive the loan (Attanasio et al. 2018). The qualitative study undertaken by the French Institute of Pondicherry set out to solve this puzzling finding.

Given the time lag between the implementation of interventions and our survey, reconstructing the processes of subscription to the sanitation loan, their conversion into toilets and the use of the toilets proved to be very challenging. In addition to the timing problem, there were two other issues: we had difficulty interviewing the staff of the microcredit organization and the NGO in charge of awareness-raising, even though the survey protocol had considered them to be key informants; the pandemic and lockdown forced us to concentrate data collection in the last three months of the research contract.

Ultimately, our answer to the question posed in the terms of reference is necessarily incomplete. Our observations mainly (1) provide insight into the structural barriers to toilet uptake, then give some reasons that (2) explain the diversity of behaviours toward sanitation loans, and their conversion to toilets. Our understanding of the structural factors explaining the reluctance to build toilets, however, allows us to (3) make some general conclusions about the limitations of interventions based solely on credit provision and awareness raising.

Drawing on semi-structured interviews with a large diversity of stakeholders, we arrive at the following results:

- 1) We identified a dramatic rise in the coverage of toilets in some Gram Panchayats, as well as an overall increase in the desirability of owning a toilet, in the study region since the baseline of the IFS study. However, spread varied significantly between villages, with increased uptake being more likely in Gram Panchayat's located close to urban centres. Within villages Scheduled Caste households and the poorest were the ones most likely who remain excluded. We explain the ways uptake is determined by the interaction between social factors (the construction and use of toilets as a social marker, both in terms of caste and class, and the growing perception that open defecation is shameful, especially for young women), economic factors (poverty, lack of space), infrastructural factors (absence or inefficiency of water infrastructure, maintenance requirements of the toilet), and political factors (the crucial role of local authorities in access to the public sanitation program (SBM), widely used in addition to microloan sanitation or independently, and also in the setting of behavioural norms). Ultimately, several factors seem to explain the diversity of behaviours across individuals, social groups and villages: caste and class affiliation, which both influence issues of affordability, access to water, space and social norms, position in the life cycle (plans for the marriage of children can be a trigger, or aged parents with little physical mobility) and the more or less active interventionism of the local political bodies (the panchayat, and particularly its head, the

Sarpanch). This in turn explains the great diversity between villages, since, according to our observations, the take-up rate of construction varies between 30 and 80 per cent.

- 2) Regarding the diversity of sanitation loan take-up, toilet conversion, and toilet use, our data, though constrained by the time lag between the intervention and our survey, indicate the following factors:
  - Insufficiency of the loan amount, which implied the requirement of additional financing to construct a toilet of any type. This meant that only those who had access to additional funds to invest in the toilet could build one, those who did not were unable to construct a toilet. It also meant the construction of toilets that were defunct after a few years, by those who could invest some additional funds but not enough to build a double pit latrine, which compromises their use and sustainability.
  - Unequal dissemination of information on sanitation loans, which could result in a large difference in take-up between the two districts.
  - The conversion of loans to toilet construction is all the more complicated to understand as there are frequently delays in converting loans to toilet construction, for several reasons: the clients are either waiting for additional financing, or for having built a better-quality house (to avoid building toilets twice), or for having married their children.
  - Finally, we note the harmful effects of shame-based awareness campaigns, and raise concerns that the NGO approach may have exhibited some features of this like so many other sanitation interventions. We show that toilet ownership is already a social marker and a shame-based awareness campaign risks reinforcing social differentiation.
- 3) Another important conclusion is that the poor quality of toilets and the absence of broader physical infrastructures beyond the toilet – such as water and drainage systems – could mean that toilet uptake doesn't result in hygiene improving changes, in the short or long term. Beyond the question of loan use, our research points to the need for sanitation promotion to be holistically designed with consideration of complete physical and social systems in order to create success, rather than focus on the final stage toilet construction in households and allocating inadequate resources for even this.

## I. Introduction

This study aimed to complement a Randomised Controlled Trial (RCT) conducted by the Institute for Fiscal Studies exploring the impact of sanitation microloans in rural *Maharashtra* (Latur and Nanded districts), combined with information provision and awareness raising. One of the main findings of the RCT was that adding the awareness raising to offering the new sanitation microloan product led to lower sanitation uptake than providing sanitation microloans only. The qualitative study undertaken by the French Institute of Pondicherry set out to solve this puzzling finding. Our approach to doing this has been to take on an analysis of the complexity of sanitation behaviour, in the region where the IFS intervention was carried out, and situate within this the specific cases of MFI clients who were offered this particular loan through the IFS study period. We interviewed takers of the sanitation loan in Gram Panchayats in which MFI clients were offered sanitation loan only as well as ones in which they were provided with the awareness activities in addition to the loan. We try to understand the reasons for which clients took the sanitation loan, how it interacted with the state scheme promising widespread provision of subsidies for toilet construction launched at the same time under the Swachh Bharat Mission, as well as to understand possible reasons for delays or failure to construct the toilet once they had taken the loan. We also attempted to understand how the construction of a toilet changed a household's sanitation practices over the last few years, paying attention to the extent and sustainability of their use. We also interviewed clients of the MFI who chose not to take the sanitation loan to understand the reason for their choice. Beyond the MFI clients, we conducted interviews that examine current practices and document processes of change in toilet construction and use at the Gram Panchayat level. We saw this a way to situate the cases of the MFI clients we gathered as well as the data from surveys of toilet ownership at the baseline of the study in 2015 and the end-line 2017 in the context of broader trends.

Given the time lag between the implementation of interventions and our survey, reconstructing the processes of subscription to the sanitation loan, their conversion into toilets and the use of the toilets proved to be very challenging. In addition to the timing problem, there were two other issues: we had difficulty interviewing the staff of the microcredit organization and the NGO in charge of awareness-raising, even though the survey protocol had considered them to be key informants; the pandemic and lockdown forced us to concentrate data collection in the last three months of the research contract.

Ultimately, our answer to the question posed in the terms of reference is necessarily incomplete. Our observations mainly (1) provide insight into the structural barriers to toilet uptake, then give some reasons that (2) explain the diversity of behaviours toward sanitation loans, and their conversion to toilets. Our understanding of the structural factors explaining the reluctance to build toilets, however, allows us to (3) make some general conclusions about the limitations of interventions based solely on credit provision and awareness raising.

Through interviews in 21 villages, we learned that there has been an overall increase in the desirability of owning a toilet, over the last decade. We also identified a dramatic rise in the coverage of toilets in some Gram Panchayats and a much lower increase in others, since the baseline of the IFS study. Spread varied significantly between villages, with increased uptake being more likely in Gram Panchayat's located close to urban centres. Within villages Scheduled Caste households and the poorest were the ones most likely who remain excluded.

In our analysis we identify motivations and enabling factors for the uptake and use of toilets, as well as barriers which prevent uptake or cause delays. We explain the ways uptake is determined by the interaction between social factors (the construction and use of toilets as a social marker, both in terms of caste and class, and the growing perception that open defecation is shameful, especially for young women), economic factors (poverty, lack of space), infrastructural factors (absence or inefficiency of water infrastructure, maintenance requirements of the toilet), and political factors (the crucial role of local authorities in access to the public sanitation program (SBM), widely used in addition to microloan sanitation or independently, and also in the setting of behavioural norms).

We find that the role of increased exposure to messaging promoting awareness – coming through many channels – and the emergence of new norms seems crucial in explaining increased motivation for toilet construction, but that it is much less for public health arguments than for arguments of status and protection of the privacy of individuals, and of young women in particular. For some who are constructing new houses, an attached toilet is seen as being desirable. As the IFS study found, financial constraints were an important factor determining toilet construction. We suggest that there were differences in the nature of constraints. In some cases, there were short term requirements for funds to construct the toilet, and households could use loans to build and then had the capacity to earn and repay in the future. There were others for whom multi-dimensional constraints meant that they were not able to construct a toilet even with the support of a loan. The large-scale roll-out of state subsidies, and the increase in the value of the grant in 2014, played a role in enabling toilet construction for some, however difficulties in accessing these funds prevented toilet construction for others. The subsidy for toilet construction through the Swachh Bharath Mission reached some households, including takers of the sanitation microloan who could have their expenses reimbursed, however there was high variation in the ability to access these funds, between villages and within villages, by caste groups. Navigating local level politics and the protocols for availing of these funds explains delays and failures to construct toilets for some. Even those who could avail of the SBM were required to bear additional expenses since the funds do not completely cover the construction of the toilet and to be able to pay for its maintenance as well.

Essential to toilet uptake and use also is the availability of water and difficulties in access were cited as an important barrier to toilet construction. The Gram Panchayats with better water infrastructures were more likely to have widespread toilet ownership, though other factors may also have played a role, our research demonstrates that any sanitation intervention must first address the issue of water infrastructure. The MFI clients, as well as by staff speaking about the experience of the clients they worked with across GPs, explained that severe water constraints prevented some households from constructing a toilet. The circumstances described included piped water coming to households once in eight days and needing to be stored in any available pots and vessels, and at times facing shortages even for drinking. This led to respondents making the argument that they simply could not spare any to clean a toilet. We learnt that it is important to realise that it may not only be the physical availability or unavailability of water that determines its use, the value assigned to it also plays a role. Being perceived as a precious commodity means its uses are restricted even when it is available. Water access also hasn't been a linear process – government provided pipelines had been installed and then a few months later water supply ceased, as a result the promise of a water

connection on completion of toilet construction may not motivate poor households to borrow to construct toilets.

Where conditions do not allow for the construction of quality toilets, problems with pit depth and ventilation, and ineffective solid waste management, private toilets are considered much less hygienic than open fields and translate in low construction and low use. In any case, for those who face the political, infrastructural and economic constraints discussed, the motivation to own and use a toilet doesn't translate to its construction. Thus, we show that financial cost and affordability remain an important barrier to toilet construction, despite the state program claiming to ensure sanitation facilities for all, but it is not the only factor. We also show that changing perceptions of toilet use can lead to an increase in demand for toilets, but again limited by structural factors.

Ultimately, several factors seem to explain the diversity of behaviours: caste and class affiliation, which both influence issues of affordability, access to water, space and social norms, position in the life cycle (plans for the marriage of children can be a trigger, or aged parents with little physical mobility) and the more or less active interventionism of the local political bodies (the panchayat, and particularly its head, the Sarpanch). This in turn explains the great diversity between villages, since, according to our observations, the take-up rate of construction varies between 30 and 80 per cent.

We locate within this broader context, the cases of The MFI sanitation loan takers whom we interviewed. We found a diversity of situations – (i) some were already keen to construct a toilet or waiting to repair or renovate an existing one in order to be able to use it and the loan enabled them to achieve this, (ii) others were motivated by the MFI staff who encouraged them to take the loan and explained the benefits of using the toilet, (iii) others reported feeling pressure to take the loan and to construct a toilet having gained the impression that this was essential to be able to avail of future loans, (iv) for some it seems that the attraction of the loan was the quick disbursal relative to other loans and they understood that the initial threats of enforcement of construction were not being followed through, (v) some intended to build toilets and then found that they were more expensive than originally anticipated, (vi) others were delayed because they realized it made sense to plan concurrent construction of an improved house (which required much larger funds) rather than to build a toilet independently, (vii) some built the toilet quickly to be reimbursed by the state subsidy, others hesitated because of the delays in getting the subsidy sanctioned or because it became apparent that they would not receive the subsidy if the toilet was already constructed, or wouldn't receive it in any case because of local political situations.

Regarding the diversity of sanitation loan take-up, toilet conversion, and toilet use, our data, though constrained by the time lag between the intervention and our survey, we found the following: (1) Insufficiency of the loan amount, which implied the requirement of additional financing to construct a toilet of any type. This meant that only those who had access to funds to invest in the toilet could build one, those who did not were unable to construct a toilet. It also meant the construction of toilets that were defunct after a few years, by those who could invest some additional funds but not enough to build a double pit latrine, which compromises their use and sustainability. (2) Unequal dissemination of information on sanitation loans, which could result in a large difference in take-up between the two districts. (2) The conversion of loans to toilet construction is all the more complicated to understand as there

are frequently delays in converting loans to toilet construction, for several reasons: the clients are either waiting for additional financing, or for having built a better-quality house (to avoid building toilets twice), or for having married their children. (3) Finally, we note the harmful effects of shame-based awareness campaigns, and raise concerns that the NGO approach may have exhibited some features of this like so many other sanitation interventions. We show that toilet ownership is already a social marker and a shame-based awareness campaign risks reinforcing social differentiation.

We found that the majority of toilets constructed by sanitation loan takers, as with those built by other The MFI clients we interviewed in these GPs, were single-pit latrines. Five years after the launch of the loan we learn that toilet construction, at the endline of the IFS study or after, hasn't always resulted in the use of that particular toilet. In some cases, the inability to maintain the toilet rendered it unusable and forced all household members to return to open defecation. In others households abandoned unusable toilets and constructed more expensive replacements. Relatedly, we also found that use of the toilet constructed with the the MFI loan may not mean safe disposal of faecal matter – and this was also the case for the more expensive toilets, but for a different reason. In a number of cases single-pit toilets filled with rainwater and sludge, requiring them to be opened and cleaned manually. Some loan takers reported that since repeated filling of the latrine pit meant that they had to either incur high expenditure to clean they decided to abandon the toilet. Some returned to open defecation at least temporarily and others saved to invest in a more expensive toilet with a septic tank. In toilets with septic-tanks, the slurry drained onto the road outside homes since there were no sewerage systems in the villages. We also learn that the construction of the toilet hasn't always meant the end of open defecation for a household. Some household members – with higher likelihood if they were older and/or male – expressed a preference for open defecation and had continued to practice it even if the household had a functional toilet.

From the IFS study results, in the survey sample, there was much lower uptake of sanitation loans in one of the two districts studied than the other. In Latur district there were 473 loan takers (of whom 67 built toilets) and in Nanded District there were 108 loan takers (of whom 16 built toilets). Once the loan was taken the rate of conversion to a toilet was almost the same in both districts. In terms of the big difference in loan uptake between the two districts Nanded and Latur, it seems that there was more rigorous promotion of sanitation loans in the latter and this might explain the much higher uptake there. The reason for the difference in the extent of promoting the loan however is not clear.

The village level The NGO awareness sessions were one-time and not remembered by many so it was difficult to assess whether they played a role in determining uptake and conversion. For the question of whether some had understood from the sessions that there would not be monitoring, it has not yet been possible to verify. However certainly for others, from the accounts both of loan officers and of borrowers it seems that the clause that toilet construction would not be enforced – in order to access whether simply offering a labelled loan would drive uptake (Attanasio et al 2015) – was not clear. The loan officers in branches offering the sanitation loan insist that they told borrowers that they would come to check that the toilet had been constructed, and borrowers reported threats that they would be denied future loans from The MFI if they failed to construct a toilet. We also have an indication that there maybe have been more contamination than anticipated – block and

district level meetings brought together women across Gram Panchayats and included a training session by The NGO and in fact it was this that most people remembered rather than the village level information provision.

We show that the type and quality of toilets constructed by sanitation loan takers meant that they were unusable after a few years. Even where they remained functional the absence of broader physical infrastructures beyond the toilet – such water and drainage systems – could mean that toilet uptake doesn't result in hygiene improving changes, in the short or long term. Therefore, we suggest that beyond the question of loan use our research points to the need for sanitation promotion to be holistically designed with consideration of complete physical and social systems in order to create success, rather than focus on the final stage toilet construction in households and allocating inadequate resources for even this.

## II. Literature Review: Insights from qualitative studies of sanitation practices and promotion in India

Studies of sanitation practices and promotion in India emphasize that for an effective analysis, that accounts for the complex of factors that influence decision making regarding toilet construction and use, the infrastructures studied need to include both the tangible and the intangible (Desai, McFarlane, and Graham 2015; Dietrich 2019; Jewitt et al 2018; Juran 2019; O'Reilly et al 2017). They show that the capacities of sanitation infrastructures to meet people's individual and collective needs are shaped by a multiplicity of relationships between the human body and infrastructure (Desai, McFarlane, and Graham 2015). They argue that 'infrastructure' - referring both to material configurations – toilets, water connections, etc – is made through physical but also social, economic, political and ecological processes – and social configurations. They show that it is necessary to consider the micropolitics of sanitation infrastructures; their provision, access, territoriality and control; daily routines and rhythms, both of people and physical structures; physiological routines and mobility; as well as experiences of disgust and perceptions of dignity (Ibid.).

Studies also demonstrate that toilet construction alone is not an indication of a shift towards health-improving sanitation or a permanent change in practices, but rather that effectiveness and sustainability need to be evaluated (Jewitt, Mahanta and Gaur 2018). In terms of physical infrastructures, the design of toilets and systems for faecal waste management might mean that their use does not result in an uncontaminated environment and as a result may not be a better option than open defecation more remote from settlements at any time. Then, seasonal changes such as flooding might mean that effective disposal under some weather conditions might be disrupted at other times making toilets unusable. Further, requirements for routine maintenance and significant repairs might result in a return to open defecation by households who cannot afford expenditure on their toilets or are unable to access the labour and raw materials required (McMichael et al. 2006). These factors could result in shifts between practices by season or over time. Additionally, differences in intra-household preferences, routines and work sites might mean that different sanitation practices co-exist. This simultaneous use of a range of sanitation systems has been called sanitation 'stacking' (Caruso et al., 2017)

Available evidence demonstrates that the lack of access to toilets disproportionately impacts women and girls, and yet the construction of toilets can have negative consequences along gendered lines. Some find that the lack of toilet access disproportionately affects women and girls, with negative consequences for their health and well-being (Mehta 2013; Mahon & Fernandes 2010). Women may find OD shameful, especially if there is the risk of being seen by men (Fisher 2006; O'Reilly 2016; Truelove 2011). Connection between unsafe sanitation and violence against women in some (urban) settings could be sexual harassment, violence and insecurity when travelling to and from grounds for OD (WaterAid 2012, Truelove 2011). Women may restrict their movement; limit food and water intake for extended periods to avoid the need to urinate or defecate (Fisher 2006; O'Reilly 2016; Panchang et al 2021); struggle when unwell. Women and girls globally spend a huge amount of time (97 billion hours each year according to some estimates) looking for and travelling to safe places for defecation (Water Aid 2013). On the other hand scholars have found that toilet construction in homes can take away the access that women have to spaces where they can meet, socialise, befriend other women (Doron and Raja 2015). Further toilet construction could result in the burden of additional work for women if they are the ones transporting water to the home and also if they are assigned the responsibility of cleaning the toilets. This could mean significant time spent as well as physical strain.

Extending microfinance loans beyond promoting income generating activity, to finance infrastructures required for the social reproduction of households, including sanitation, was seen as a way to leverage global capital investment (Runde and Metzger 2019) and to create for-profit models that create business opportunities while reducing public funding requirements (Afrane and Adjei-Poku 2016; Mehta and Virjee 2003). However, its effectiveness has been limited by the fact that the financial cost of public good creation is moved to those who can least afford it (Mader 2011). A qualitative study of an intervention offering microfinance loans for water connections and toilet construction in South India found a major obstacle was the low uptake of the loans offered (Mader 2011 and 2014). Lower income and more indebted households especially were less likely to borrow to construct a toilet. The lack of broader water and sanitation infrastructure also limited the health improving capacity of the intervention (Ibid.) In Viet Nam a microcredit-based sanitation intervention led to safer disposal of faecal matter and improved ground water quality but only reached 'better-off households already having access to clean water (Reis and Mollinga 2012, p.10)). A stated preference survey in Malawi (Chunga et al 2018) found that households expressed interest in availing of a microfinance loan for sanitation, however that poorer households were less likely to say that they would build a toilet of a higher quality in urban South India a large scale study found a high expressed preference for availing of a loan to construct a toilet (Davis et al 2008). The authors concluded that 'microlending may be an effective means of helping households in communities with existing trunk infrastructures' without explaining what the implications are for communities without these infrastructures. Other studies found that expressed interest in taking a loan did not translate to uptake, at least in the short term (Geissler et al 2016).

As we will see below, our observations largely confirm the results of the available literature.

### III. Method

This study is based solely on qualitative data and qualitative analysis. Qualitative method is critical to analyse issues that are difficult to capture and summarize through numbers, as is clearly the case for norms, meanings, and social interactions, which pertain to the immediate context in which people live. Quantitative studies have come a long way in measuring issues of social norms and interaction. However, this requires good prior knowledge of the context and appropriate techniques to limit social desirability bias. Qualitative analysis can provide a strong complementary approach to quantitative studies when designed to gain a strong understanding of the context, with a focus on analysing cognitive and social processes that underlie observed effects, i.e., how a given intervention instigates events ultimately resulting in an observed outcome. Qualitative analysis is also well adapted to disentangle complicated chains of causality and highlight the variety of factors and their interactions that contribute to a specific form of change (here, the construction and use of latrines). Qualitative analysis is also useful for understanding heterogeneous situations.

#### The rules of rigor of qualitative research

Qualitative data collection follows specific rules of rigor.

- 1) Size and representativeness are of minimal importance: diversity of situations and data saturation—i.e., when additional data collection provides no new information—are much more key;
  - The first stage of sampling considered the diversity of locations according to the RCT protocol and take up rates and possibly local factors of diversity:
    - Gram Panchayats (GP) from the control arm, treatment-A arm, treatment B arm
    - GP were selected according to the lowest, the average, and the highest sanitation uptake in each study arm.
  - A second stage of sampling has been at the level of households (see below)
- 2) Contextualizing data collection is critical to interpreting the data. Basic information regarding the specificities of local contexts have been gathered with key local informants (agrarian structure and economic opportunities, social composition (caste, ethnicity, religion), government programs, etc.
- 3) Triangulation of information ensures the validity of interpretations, and various methods have been used here:
  - Confronting observations from different researchers is a first method (three of us have been in the field)
  - Combining various methods of data collection is another method. Semi-structured interviews have been combined with focus groups and observation. These three types of data capture a specific dimension of reality and combining them allows a more complete view:
    - Semi-structure interviews focused on the specificities of households and individuals (with specific interviews with women, men and

- children); and their own attitudes, practices and representations towards microcredit and sanitation;
  - focus groups rather aim to capture the social norms in force within a given group; here, focus groups will be conducted separately with individuals from various backgrounds (in terms of gender, generation, caste, location, etc.)
  - observation captures not what people say but what they *do*.
- Interviews from various categories of actors, for details see Annex 3 (who each have their own vision of reality, which can be contradictory) is a third method. We have compared the perspectives of borrowers, field staff and other key resources persons:
  - In-depth individual interviews with the MFI/NGO administration in Bangalore (1)
  - In-depth individual interviews with sanitation loan takers (25 from the villages of Alur, Walag, Betakbiloli, Belur, Andori, Hadtolti, Ramtirth, Gadga, Pimplegaon)
  - Interviews with The MFI Kendra leaders (12)
  - In-depth interviews with other The MFI clients, including those who chose not to take the sanitation loan (12)
  - MFI/NGO field staff individual interviews, in person (5) and by phone (3), informal discussion (5)
  - Focus group discussion (FDG) with borrowers (5) the MFI/NGO field staff in Maharashtra (2), masons trained by The NGO (1)
  - Individual interviews with *maistries* who are building the toilets – The NGO trained (2), not trained by The NGO (5)
  - ASHA (Accredited Social Health Activist) workers (2), Angawadi (Creche) workers (2), ICRP (Inter-community resource person coordinating women's SHGs) (2), Panchayat members (8), Gram Sevaks (4), Police Patil (conflict resolution officer) (1), School headmaster (1), Caste leaders (1), World Bank Sanitation Consultant (1)

## Research stages

We carried out our research in three stages:

The first stage involved discussions with our key contact at the MFI who explained to us about the conceptualization, implementation, and difficulties encountered, successes measured, by the MFI when offering the sanitation loan. He advised on how to enter the field and eventually was able to connect us with loan officers who had been present at the time of the study. He was not however able to connect us with the NGO offering sanitation awareness, as we had initially hoped would be possible.

The second stage involved one week of fieldwork by senior IFP researchers who visited Nanded district and conducted interviews with the current branch manager and staff of The

MFI and accompanied them to villages in the region of Nanded town. We tried to understand the different factors that contributed to the change in perception of the need for a toilet. We identified a number of hypotheses: (1) Awareness campaigns (largely based on shaming) were successful. (2) Well beyond awareness campaigns about the health benefits of sanitation, issues of status and protection of girls, which the IFS team had already identified, may have played an important role. And one would then have to identify the type of propaganda, social or political movement that helped this (on the protection of girls, Hindutva is very powerful). (3) Social mobility and/or aspiration has led to a widespread demand for new homes which include a toilet (which may be financed by incurring high levels of debt). (4) The financial support made available through the SBM – much higher than that offered pre-2014 (INR 12,000 as compared to INR 4,000) – enabled toilet construction. (5) Local politics played a role in determining whether or not the microcredit loan could be used complementarily with the SBM subsidy - in some of the villages visited at this time sanitation loan takers had been able to claim the SBM subsidy for the toilets they'd already constructed whereas in other cases those with existing toilets were denied. In some cases, the SBM hadn't reached a section of the population at all up to 2021.

The third stage involved working remotely with Anthropology graduate Swapna Wadmare as she carried out interviews across Gram Panchayats in Nanded and then in Latur Districts. The IFP team worked with Swapna to identify villages across the three arms of the RCT and guided her in carrying out semi-structured interviews and informal conversations with a wide range of stakeholders. We combined discussions with key informants and focus groups, with the aim of identifying the factors of change in mentality, with interviews with families who have built toilets at different periods, to try to understand the triggering factor. We were deliberate to include people across age groups, gender, caste, social class/poverty level, education.

We worked remotely with Swapna to select GPs across the three "arms" (microcredit / microcredit + awareness / control) of the study. We tried to estimate roughly the rate of households that have toilets and use them in a given village by identifying a key respondent who could give us a village level description of physical infrastructures and of practices. The question for us was whether the diversity of situations has anything to do with the three arms or if other factors are at play. Exploring this diversity is useful to address the puzzle thrown up by the RCT findings, but it also helps us to understand the success factors in achieving toilet uptake and use more generally.

### Themes followed

Following the guidelines for assessing sanitation sustainability compiled by (Jewitt, Mahanta and Gaur 2018) we paid attention to the following at the Gram Panchayat level:

- Specific geographical settings; land use patterns, housing density, availability of open spaces for open defecation, availability of space for toilet, terrain, weather.
- Infrastructure quality: water access, toilet design, functionality, mode of septage disposal, degree of success in preventing fly contact with faecal matter, lifespan of physical structures.
- Routine maintenance: access to labour, raw materials, ability to afford repairs.
- Shifts between "improved" and "unimproved" or "shared" systems.

- Instances of sanitation “stacking” - the simultaneous use of a range of sanitation systems.
- Cases where the adoption of sanitation practices by some is impacting resource access of others.

Then when speaking to MFI clients we tried to assess:

### 1) Motivating factors

We tried to gain a deeper understanding of the factors motivating households to take a loan and to construct a toilet.

We tried to understand the extent to which broader changes in mindset were decisive, and use this to locate the role of simply having access to credit – labelled for toilet construction - in explaining the take up.

Initial findings suggested that we consider:

- Factors related to financial constraints and poverty.
- Factors related to status and social distinction:
  - Aspiration for a toilet itself, or for a particular kind of new home in which a toilet is a necessary amenity (which seem to be key, but this remains to be confirmed)
  - Social pressure (MFI and SHG group members, local community, leaders, etc.) and related risks in terms of exclusion, ostracism (which could also mean losing credit from other sources).
- Awareness of public health benefits.
- Messages transmitted by the MFI and partner NGO regarding the sanitation loan product offered.

In order to so, we then identified a number of sub-questions/factors:

- Factors linking toilet ownership to status:
  - Accessing insight on whether references in popular films (including a famous 2017 Bollywood movie *Toilet Ek Prem Katha* which translates to Toilet, A Love Story and in which a bride threatens to leave her marital home because it does not have a toilet)
  - Locating the different forms in which the message that toilets had a role in the protection of girls was delivered, public and political discourses about the need for the protection of girls and older women
  - Did peer pressure during women’s group meetings (MFI or SHG) play a big role in the success?
  - Understanding inter-generational differences in awareness and perception of toilets.
  - Whether there have been any negative consequences to this change in mentality: do people struggle as a result of the debt incurred to build toilets (and houses, since it seems to be a complementary investment)? What is the impact of this

change in mindset (making non-ownership of a toilet seem shameful) on those who cannot afford it?

- The extent to which toilet construction was linked with aspiration for a particular kind of home: Does the aspiration to live in a household with a toilet reflect social upliftment?
- Different forms of awareness and their key message(s):
  - The content and modes of delivery of the NGO awareness and take aways from their interventions (There were only a few cases where we succeeded at reminding people about the particular The NGO program coinciding with the study since a long time has passed and our findings are limited as a result).
  - Other NGO awareness campaigns
  - Understanding the content and modes of delivery of the SBM and other government awareness campaigns in the village.
  - Understanding whether the wide-reaching government adds, with very famous film and sports personalities shaming people for OD, made under the SBM were seen and heard in the villages.
  - Understanding awareness campaigns prior to 2015 – how different were campaigns carried out in the last 5-6 years from previous ones?

## 2) Barriers to toilet construction

We tried to consider factors that may explain delays in construction resulting in households who took the the MFI loan not having a toilet at the endline of the study but building one later, and also explain who is still unable to construct a toilet

- Delay in construction of the house and needing to wait to build both together
- Constraints in the availability of materials
- Lack of space
- Lack of clarity regarding government schemes for toilet construction – would toilet construction mean the inability to apply for available subsidies?

## 3) The extent to which SBM funding influenced toilet construction

- What was the process to access the SBM subsidy? Was toilet absence/presence a pre-condition? Were the funds granted before or after the construction? Did it change over time? Did knowledge of the process change over time?
- What were the differences in accessing the subsidy by Panchayat? Can this explain why there is higher uptake in some GPs than others?
- What kind of political lobbying and support was needed to access the SBM loan? Were some the MFI clients more able to take the SL and then be reimbursed by the SBM?
- Were some excluded by the SBM and why? And what happens now to those who still don't have a toilet when SBM funding seems to be ending after the total ODF status was announced and celebrated?

## 4) Diversity of situations

We made comparisons between:

- the three "arms" of the RCT
- younger and older generations
- across populations along caste, social class/poverty level, education (in line with IFS RCT results)
- and according to the degree of SBM implementation

## Limitations

We faced three major challenges in collecting data. The first was in contacting field staff who had been present at the time of the study. Conducting interviews with staff was part of the protocol, considering that staff have a unique knowledge of the context and implementation of the program, however it proved difficult to do this as they were no longer posted in the same locations. The pandemic and lockdown were a second major challenge: we were able to go to the field at the very end of the contract (July, August and September 2021), and this forced us to concentrate the data collection on a short time (and to write the report very quickly). A third – and probably the most important – challenge is the time lag between the implementation of the interventions (the MFI sanitation loans and the NGO) and our field visit. In many cases, MFI clients had little recollection of events for various reasons.

Given that 5-6 years had passed since the IFS study was conducted none of the staff of the MFI remained in the same branches, in keeping with MFI policy to circulate employees. Those currently in the branch were unaware of sanitation loan. the MFI offices are located in rented houses and there was no trace of loan documents and also credit groups in villages don't have records. Further, the NGO, the NGO providing the awareness training had first discontinued collaboration with the MFI, and then closed operations entirely in the state of Maharashtra. As a result, all staff had left and were reluctant to be interviewed. The the NGO organisation dissolved in Maharashtra.

As for the beneficiaries, many MFI and SBM provided loan/grant for sanitation and it was difficult for beneficiaries to recall the the MFI sanitation loan. It took time for us to explain the activity of the NGO (dance, talk show...) to bring back their memory. the MFI offered sanitation loans even after the end of the study and in GPs all three arms of the RCT and therefore in some cases where respondents were identified spontaneously in the villages it was difficult to establish whether they had taken the loan before or after the study period. For these three reasons, rather than an analysis of the factors explaining the difference between the three arms, we propose an overall analysis of the main factors underlying the construction of toilets and their use, or conversely the barriers, and we suggest some hypotheses concerning the role of the MFI loans.

## IV. Findings

### 1. Status and respectability associated with caste, class and gender

The construction and use of latrines are clearly related to issues of status and respectability, in turn linked to class, caste and gender.

#### Aspirations and social mobility

The widespread increase in demand for toilets could be associated with aspirations and social mobility. In most if not all of the villages visited, the higher classes and castes (as elsewhere in India, there is a strong overlap of caste and class membership, although this does not preclude differentiation within each group) have been building latrines for 10, 15 or 20 years. The very fact of owning a latrine is a social marker. Moreover, owning a latrine is both shaped by and constitutive of social status: owning a toilet reinforces the feeling of social superiority and vice versa.

This is not entirely surprising: the history and anthropology of consumption have shown the extent to which consumer goods, including utilitarian ones such as toilets and gas cookers, were initially driven by "imaginary pleasures and the construction of identities" rather than by practical convenience or public health reasons (Graeber 2011 p. 495).

Parvatibai Takale<sup>1,2</sup> said, 'Our family is well settled and we afforded to construct toilet 20 years back'. For her, there is no particular reason for having built a toilet: since they could afford it, i.e. they had acquired a certain standard of living, it was natural to have a toilet. Another woman, Uma Devi Kanke<sup>3</sup>, from a prominent family in the village, explains that her family built a toilet about 15 years ago when she stood for local elections. 'That time we thought having toilet at our own house can make impact on people. People could elect me'. She had been told that having a toilet would enhance her legitimacy as a candidate. This anecdote reveals the extent to which toilet ownership is a marker of status, probably also of modernity and respectability.

Sitabai<sup>4</sup>, Palasgaon, who recently built a toilet, considers that there is no particular reason. 'A toilet is like luxury and its now very trendy to have toilet in the house'. About peer influence, Zareena Sheikh<sup>5</sup>, Alur said, laughing, 'It's like this, if you buy a new saree and wear it. I look at it and say this saree nice, I will also buy the same. Like that people see toilets in some homes and want to build their own'.

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<sup>1</sup> Pseudonyms have been used for all respondents and their demographic details are provided as a footnote.

<sup>2</sup> Parvatibai Takale, Gender: Female, Age: 43, Religion: Hindu, Caste: Maratha, Village name: Talpid (the MFI), Education level: 7th standard

<sup>3</sup> Uma Devi Kanke, Gender: Female, Age: 40, Religion: Hindu, Caste: Maratha, Village: Talpid (the MFI), Education Level: no formal school

<sup>4</sup> Sitabai Kamble, Gender: Female, Age: 40, Religion: Hindu, Caste: SC Buddha, Village: Palasgaon (Control)

<sup>5</sup> Zareena Sheikh, Gender: Female, Age: 38, Religion: Muslim, Village: Alur (the MFI +the NGO)



*Picture 1: A toilet and bathroom in Andori, Latur*

### Education and exposure to urban living standards

Educational qualifications and urban employment were related to toilet construction, and increasingly to the construction of what is perceived to be a superior quality toilet, with a septic tank rather than a ring-based sing-pit latrine. Attar Pasha<sup>6</sup>, Alur, Degloor Block, Nanded the son of a grocery store owner, whose mother had taken the MFI sanitation loan, said that he had constructed a toilet with a septic tank costing 80-90,000 rupees, spending this from his own funds. He said the reason was that he is educated, a graduate and he didn't like to see his mother going out in the open, to the same field where he was also going. The use of their loan is discussed later. In another case from Latur, a The MFI sanitation loan taker's husband Sanjeev Gaikawade, had said their household had constructed another new toilet one year ago, of a better quality with a septic tank. Their son is a graduate and working with a multi-national company in Pune and they are planning to arrange his marriage soon so they have started constructing a new house and this new toilet is a part of it. The roof structure around the toilet will be completed along with the home.

We come back later to issues of toilet quality – several respondents speak of the more expensive septic tank as being a safer and more desirable option. Yet researchers (Singhal, K. and Mehrotra 2019; Sorenson et al 2016) and practitioners (Mudgerikar, Interview 21 10 2021) have found that in the absence of a sewerage system it is much more harmful since the

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<sup>6</sup> Attar Pasha, Male, Age: 35, Religion: Muslim, Village: Alur (the MFI +the NGO), Block: Degloor

sludge typically drains outside the house. We will also discuss the relationship between construction of new homes and the construction of toilets.

### Marriage of sons, and daughters as motivators for toilet construction

Several families explained that they had built a toilet at the time of their son's marriage: having one's own toilet is increasingly seen as a condition for welcoming the daughter-in-law (most marriages are virilocal and the bride come to live with their husband's parents or in the husband's village). Conversely, the parents of the bride-to-be also have an incentive to build toilets as they have to receive the in-laws on several occasions to negotiate the terms of the marriage. Having a toilet served a role as an indicator of status and wealth on one hand and on the other represented that the new bride's safety and comfort in this regard would be ensured.

Tasmeenabi Pathan<sup>7</sup>, Degaon, also spontaneously recalls her son's marriage, which took place two years ago: 'I can go in the field but can't ask newly married daughter-in-law to go out'. This was the only reason she built the toilet. She does not remember hearing or participating in any awareness-raising events.

Sajeedabi<sup>8</sup>, from Ghungarala, recounted that she built a toilet eight years ago, when her second daughter was married. For her first daughter's wedding, she felt that the future in-laws were not comfortable with open defecation, and she undertook to build a toilet to better prepare for her second daughter's wedding.

Members of some households who took the MFI sanitation loan reported waiting afterwards, in some cases for several years, till a wedding was planned or fixed in order to build a toilet. In a number of cases, toilets constructed at the time of a wedding weren't used by all members in the household and in others, the existence of the toilet was temporary.

Sankarji Morre<sup>9</sup> said his wife had taken the sanitation loan but they had not constructed a toilet at that time. Later, during the marriage of his children he constructed a toilet, he said he even fixed the seat for it, and then received the SBM subsidy. However, after the marriages were complete he sealed the toilet with cement and started to use the room only for bathing. This was because his son migrated with his new wife and so there was no one who wanted to use the toilet, when his daughter-in-law visited she in any case stayed with her parents and only came to their house for the day since it is a small old hut which smells of his cows, buffaloes and goats. His daughter was already married and living separately. When asked about why he himself chose not to use the toilet he said, 'Genuinely speaking I don't like using the toilet, I know it is good but I prefer to go outside'. We later discuss the issue of generational differences in preference for toilet use and the persistence of open defecation amongst older men.

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<sup>7</sup> Tasmeenabi Pathan, Gender: Female, Age: 45, Religion: Muslim, Education: No formal education, Village: Degaon (the MFI)

<sup>8</sup> Sajeedabi Kureshi, Gender: Female, Age: 55, Religion: Hindu, Village: Ghungrala (the MFI)

<sup>9</sup> Sankarji Morre, Gender: Male, Age: 60, Religion: Hindu, Caste: Maratha, Village: Walag (the MFI+the NGO)

The household of Manu Bhaikare<sup>10</sup> has a ring-based pit latrine build after taking a The MFI sanitation loan. They had constructed it at the time of their daughter's marriage thinking it would be useful during the celebrations and also when she came back to them for the deliveries of her children. They don't use it regularly - only for emergencies and when they have guests.

When considering the growing idea that open defecation is unsafe and shameful for women – something that was considered normal for decades – we see both the processes creating shifts in social perception and stigmatization (later we also discuss the practical gendered difficulties associated with the absence of toilets). Public health messaging certainly has stressed this connection between the protection of a daughter-in-law and the need for a toilet and this may have negative consequences for those who are unable to afford toilets.

As a The MFI employee who was a Branch Manager at the time of the study said, 'Even I used to tell people things like, 'you won't get a daughter-in-law if you don't have a toilet', however this isn't always practical for people in the villages'. As we see in further discussion, there were many reasons why households simply didn't have the option to construct or use a toilet. The ability for a young woman to bargain in her marital home also depends on the financial and social status of her natal family.

## Poverty

Of course, social aspirations are inseparable from class belonging: one aspires to what one can afford. We came across many cases where people, including The MFI clients, first mentioned poverty and non-affordability as a key barrier.

Raziabhanu<sup>11</sup>, lives in a rented house without a toilet: 'toilet is a faraway concern, having roof is important now', she says. On the other hand, some family members want to use the toilet and therefore pay a monthly fee to use the toilet of their neighbours.

Preetha Shere<sup>12</sup> explains that she borrows for supporting her husband's business in the field of construction. 'Investing money in business can bring back money', but "constructing toilet can't bring money', as she told us.

Sitara Uttam Udgire<sup>13</sup>, considers that the family 'does not need sanitation loans'. Although there is pressure in the village to build toilets, for her and her family it is not a priority, simply because 'constructing toilet is not going to feed my children'. If she were eligible for a loan, she would invest in another dairy cow instead. She admits that if she had a daughter, her priorities might be different, and she plans to build a toilet once she is in a better financial situation. She has in mind that she should have one before the marriage of her two sons but they are still very young at present.

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<sup>10</sup> Manu Bhaikare, Gender: Male, Village: Andori (the MFI), Block: Latur

<sup>11</sup> Raziabhanu, Gender: Female, Age: 47, Religion: Muslim, Village: Kushnor (Control)

<sup>12</sup> Preetha Shere, Gender: Female, Age: 27, Religion: Hindu, Caste: SC, Village: Kushnor (Control))

<sup>13</sup> Sitara Uttam Udgire, Gender: Female, Age: 32, Religion: Hindu, Caste: SC Matang, Village: Kushnor (Control)

Savitri Bai<sup>14</sup>, a the MFI member for 13 years who has received regular loans, is the only woman in her credit group (of about 15 women) who does not have a toilet. She told us her other group member have pressured her many times but she didn't have any option and she is just 'ignoring them'. She said she had not heard of The MFI sanitation loans. She said that she 'feels ashamed to go out [for OD]' but since they don't have a proper house to live - with her husband and two boys, they live in one room with a kitchen', building a toilet is hardly an option.

For Sanjeevini Ingole<sup>15</sup> it is the health expenses that prevent her from building a toilet. The Sarpanch visited their house and "asked to construct the toilet", but she feels they cannot afford it, even if they can get reimbursed by GP. She is having some medical health issues from four years and all the family savings are used for her treatment. She says that she has always wanted to have a toilet in her own house, but "our family condition doesn't allow us to have luxury in life".

Puja Devi Ankush<sup>16</sup>, said she does not build a toilet because she "has other important things to do". She has young children, often ill, and already has payments due on other loans.

Supriya Shirde<sup>17</sup> said, "There are many reasons of not constructing toilet till now, look we are a very poor family. We don't have much earnings. Most important thing we don't even have better house to live. So, toilet construction is not important. My children are studying. We want to save some money for their education. We don't want our children to spend the same life as ours. We have many financial issues. We belong to the backward class; our priorities are less and clear".

Rajat Waghmare who was a loan officer in Latur when the IFS study was being implemented, said many The MFI clients had said that poverty was a reason for not being able to take the loan. Speaking of the explanations he heard, he said, "In our house only one person works and three or four people have to eat from this. Where will the money come for us to pay the instalments? They used to say this".

### Housing density and the lack of space for a toilet

In addition to the cost of toilets, there is the issue of space: there has to be enough room, also to avoid the toilet being too close to the kitchen. The lack of space is obviously much more important for Scheduled Castes and Scheduled Tribes (SC/STs), whose neighbourhoods are characterised by very small plots and high levels of crowding. Sometimes it is the neighbours who complain about odours and lack of hygiene. To cope with this lack of space, families, and possibly neighbours, sometimes share toilets. In the latter case, the examples encountered involve payment for the service.

In some cases, constraints faced by the households meant there were other more essential alternate uses for the toilet structure. For instance, the household of Shivakant Jadav<sup>18</sup>, which

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<sup>14</sup> Savitri Bhai, Gender: Female, Age: 47, Religion: Hindu, Caste: ST, Village: Ghungrala (the MFI)

<sup>15</sup> Sanjeevini Ingole, Gender: Female, Age: 37, Religion: Hindu, Caste: SC Buddha, Village: Talpid (the MFI)

<sup>16</sup> Puja Devi Ankush, Gender: Female, Age: 22, Religion: Hindu, Caste: ST Khisadi, Education: 7th standard, Village: Martala (Control)

<sup>17</sup> Supriya Shirde, Gender: Female, Age: 30, Religion: Hindu, Caste: SC Buddha, Village: Khairgaon (Control)

<sup>18</sup> Shivakant Jadav, Gender: Male, Religion: Hindu, Caste: ST, Village: Alur (the MFI +the NGO)

had also taken the sanitation loan, was happy to show their toilet and said that they use it. However, the toilet had no door and was staked with several feet of firewood. Finally, his wife said that constructing a toilet is important so they had done it but at present they use it as a way to keep the wood dry so that they can cook their meals.



*Picture 2: Toilet at Nagnath Jadhav's House in Alur*

### Gender, safety, and dignity

In addition to status and affordability, there is the issue of protecting the privacy of young girls. Widely present in the SBM campaign awareness sessions, this argument was mentioned by several women. For example, Asmabi<sup>19</sup> mentions, as a key factor, the need to protect her daughter's privacy. Despite a difficult financial situation, they have invested all their savings in toilets and have been financially fragile for a long period. She recalls that their relatives even criticised them for investing in a toilet when she and her husband were making do with daily wages (implying that daily wage workers could not afford to build a toilet). For the younger generation, open defecation is becoming a symptom of backwardness. Younger women describe the discomfort of having to go into the fields, hiding when others are passing by - especially in a context where mobility is increasingly common. They spoke of having to bow their heads preserve their privacy an act that feels shameful.

Zareena Sheikh<sup>20</sup> said her household had constructed a toilet seven or eight years ago. They were constructing their house and she told her husband to stop the plastering work and first build a toilet that she could use because it was difficult and humiliating for her to go outside since they had to go near a road and people could see them.

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<sup>19</sup> Asmabi Attar, Gender: Female, Age: 50, Religion: Muslim, Education: No, Village: Kushnor (Control)

<sup>20</sup> Zareena Sheikh, Gender: Female, Age: 38, Religion: Muslim, Village: Alur (the MFI +the NGO)

Rajakshi Digambar<sup>21</sup> said 'I had to fight with my husband many times to the construct toilet'. Her husband refused many times saying shortage of money was the reason. Then eight years ago she got some money from her father and later asked her husband to construct toilet. For constructing the toilet, they also took money from money lender at very high interest rate.

Rajat Waghmare, The MFI loan officer in Latur at the IFS study baseline, said that overall women were the ones pushing for toilet construction. He said, "Ladies are the ones who demand toilets first! Men are the ones who hesitate and women explain to them saying, even if we don't eat once in the day it's alright, a toilet is a necessity for me now. If you are away and I have to go out then how do I manage, if we have a toilet at home then it's easy for me. Like this, women give pressure to men to build them".

He added that the ability to secure the loan funds helped them to get their way, saying, "Sometimes when the men would come to sign during the approval process for the sanitation loan we used to ask them what they will do with the funds and they would say, we don't know it is our wife who is taking it. Then she would say, "I told you this is for building a toilet. We don't have toilet and so we are taking this 15,000 to make it. The interest is also low and the instalments are spread over two years also so each instalment is low". Like this they justified it to their husbands".

### Gender and the daily work of toilet cleaning

If the demand is higher for women (young women in particular), and if the constraints of open defecation are higher for women, the risks of free extra work for women are also to be considered. Owning a toilet creates additional work for women who were clearly the ones who bore the responsibility of cleaning them. Additionally, they sourced the water from public taps when it wasn't directly piped to homes, which was the case for many households, sometimes with the help of children but not that of men.

Supriya Shirde<sup>22</sup>, when asked who cleans the toilet said, 'My sister-in-law and I, we clean the toilet.' And when asked whether her husband ever cleans the toilet she said, 'Why would he? He is man, it doesn't look nice on him cleaning toilet'.

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<sup>21</sup> Rajakshi Digambar, Gender: Female, Age: 35, Religion: Hindu, Caste: ST, Occupation: farm labor, Village: Talpid (the MFI)

<sup>22</sup> Supriya Shirde (Gender: Female, Age: 30, Religion: Hindu, Caste: SC Buddha, Village: Khairgaon (Control))



Picture 3: Wall painting with poem about toilet use resulting in protection from illness. The text painted above the toilet door says Izzath Ghar meaning House of Respect and a woman appears to be cleaning the toilet with an infant in hand.

### Disability and old age

Building toilets is sometimes motivated by the presence of disabled or elderly people with reduced mobility. In several cases we have encountered, the family has built toilets to facilitate the daily life of people with very limited mobility (and that of their care givers). In one case, the disabled person is the only one who uses the toilet. Others, like Sumabai Kamble<sup>23</sup> even in rainy or emergency seasons, prefer the open field and consider toilets as something very "unhygienic"

### Discrimination and barriers to access based on caste and class

As the ability to construct a toilet was associated with higher status, we found conversely that within the broader trend in toilet uptake there has been a reinforcement of inequalities based on caste and class. A number of upper caste respondents expressed the view, 'SCs don't need toilets'. In line with the persistence of beliefs and representations linking caste hierarchy, cleanliness and purity, the absence of toilets among the lower castes is seen as a logical consequence of their impurity and dirtiness.

This reflected also in the ability to access state schemes as we will discuss in detail with regard to the Swachh Bharath Mission subsidy. Caste differences interact with other factors which are also crucial, and which we will detail in the following paragraphs: poverty and financial inability to afford construction costs, absence or scarcity of water, work outside the home and in agriculture (a private latrine is obviously more necessary for a housewife who has few opportunities to leave the house, and this is much more common in the upper castes/classes).

<sup>23</sup> Sumabai Kamble, Gender: Female, Age: 50, Religion: Hindu, Caste: SC Buddha, Occupation: Farm labour, Village: Palasgaon (Control)

The result of this discrimination based on class and caste is that some have no choice but to continue open defecation. In certain cases, this happened even within the village. For instance, Ashwini Bahurao Shinde said that while she and her husband go to the fields in the morning, she sends her children to the garbage dump in the village when they need to go. This means that all residents of a village could continue to be at risk in terms of disease spread despite construction of their own toilets as a result of the failure to include all households.

## 2. Water and Sanitation Infrastructure

Encouraging people to build toilets without ensuring that the water and drainage infrastructure is in place and that the toilets are maintained necessarily has limited effects and explains why some families do not build or use the toilets. In the absence of adequate infrastructure, having a private toilet is rightly seen as much dirtier than the open field. When families have gone into debt to build toilets but do not use them, it is a problematic waste of money.



*Picture 4: Plastic cans and vessels left lined at the municipal pipe in anticipation of water being released*

### Absence of water infrastructures and provisioning

Lack of water is a recurrent problem, which explains why people either do not build toilets or do not use them. While wealthier, mostly non-SC/ST families have their own wells and are not dependent on the public water system, this is rarely the case for SC/STs. Using the toilet therefore means 'wasting' what little water is available, and can also place an additional burden of domestic work on women and sometimes children. It is hardly conceivable that men should take on the task of fetching water. For some families, access to water is a

kilometre away from the home and therefore involves a significant workload, consuming time and fatigue.

The argument of toilet use being a "waste of water" comes up again and again in the testimonies:

Shakilabi Syed<sup>24</sup> explained that they already lack water for household needs, 'using toilet is like wasting water', especially as she has to walk a long distance to store water. She built a toilet because GP asked her to, but only her elderly husband uses it.

Vidyadebi Kamble<sup>25</sup> has had a toilet for five years but does not use it. She says she is too old to carry water, 'Toilet needs two buckets of water, which I feel is a waste of water'. She uses toilet only in emergency like, when she is sick or when they have guests at their home.



*Picture 5: Cans and vessels being used to store water for use in the toilet*

The MFI employees we interviewed also attested to the fact that water shortages were cited as a reason for the lack of sanitation loan uptake. For instance, Rajat Waghmare who was a loan officer in Latur at the IFS study baseline, said that a frequent reason people gave for not taking the loan was "*paani* problem" (water problem). He said, 'Many people used to say they this, in some remote villages they get water only once in eight days and they don't have place

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<sup>24</sup> Shakilabi Syed, Gender: Female, Age: 55, Religion: Muslim, Village: Degaon

<sup>25</sup> Vidyadebi Kamble, Gender: Female, Age: 60years, Religion: Hindu, Caste: SC Matang, Village: Palasgaon (Control)

to store it. They can't afford to build a tank so they store the water in whatever cans and pots they can get and use it. For a toilet you need at least one or two water pots, no? So, they would say we have problems for water so we won't use a toilet. We want to build a toilet but because of the water problem we can't do it now'. He added that instead, 'They go to open spaces, taking a little pot with them. Or they go to the fields and get water there'.

Individual accounts of the lack of water as a constraint need to be understood in terms of the broader systemic issues they represent. They typically represent the absence of water infrastructures or of provisioning even when the infrastructures exist.

For example, in Andori, a Gram Panchayat that was offered the sanitation loan, 80 per cent of households now have toilets. However, you can see open defecation on the path entering the village - women early in the morning and children through the day. The main reason given for not using the toilet is the water shortage. The village has water connections given by the Gram Panchayat however there is no water in the pipes. Households have to purchase water in tankers. A respondent from the village said, "Bringing water by money and using it for the toilet - we can't afford this!" We learnt that it is important to realise that it may not only be the physical availability or unavailability of water that determines its use, the value assigned to it also plays a role. Being perceived as a precious commodity means its uses are restricted even when it is available.

An exceptional case is a village where a rich man has installed pipes from a waterbody on his property which provides water connections to the whole village, including SC households, and charges INR 3000 per year. In this village, only the poorest and those without space do not have a toilet.



*Picture 6: A toilet in Palasgaon built with the SBM subsidy but not in use due to water scarcity*

## The lack of drainage systems for rainwater and sewage

In Palasgaon, less than 40 per cent of households have a toilet and even less, around 10 per cent, use it. The reason given was that people prefer to go out because the village doesn't have any drainage system. The majority of the population is Maratha and there also are some Matang, Buddha, Muslim, Sutar and Vani households in the village.

Radhabai Suresh Kagde<sup>26</sup>, is using a toilet and actively promoting sanitation awareness but in the absence of a proper drainage system for both rainwater and sewage, she says it is futile. According to her, rainwater and sewage waste from toilets with septic tanks stagnates, attracting mosquitoes, with cases of dengue fever every year. Without a proper drainage system, she believes that toilet usage will necessarily remain low.



*Picture 7: Waste water from toilets enters open drains outside homes*

In Alur, Deglur block of Nanded, households, including those who took the sanitation loan reported that the lack of drainage for rainwater meant that their pit latrines were getting filled frequently with mud and sludge. For instance, Razina Sheikh<sup>27</sup> had taken the sanitation loan and constructed a ring-based toilet which she shared with her brother-in-law's family, it filled up once before and she spent between 4 and 5000 rupees to clean it. Now it has filled up again and she has decided not to spend money to clean it, she says it is a waste. Instead she plans to invest in a toilet with a septic tank in the future. Her neighbour Zareena Sheikh<sup>28</sup> also faced the same problem, she already built a basic pit structure to use and then took the

<sup>26</sup> Radhabai Kagde, Gender: Female, Age: 35, Religion: Hindu, Caste: SC Buddha, Education: 10th standard, Occupation: Inter-community resource person (ICRP), Village: Kushnor (Control)

<sup>27</sup> Razina Sheikh, Gender: Female, Age: 40, Religion: Muslim, Village: Alur (the MFI +the NGO)

<sup>28</sup> Zareena Sheikh, Gender: Female, Age: 38, Religion: Muslim, Village: Alur (the MFI +the NGO)

the MFI loan to complete it. They were denied the SBM subsidy because they already had a toilet but they tried to argue that they needed it in any case because of the cost of cleaning the tank. Her pit had already filled once and she was worried that it would fill again with the rains. She said that others in similar situations had no choice but to return to open defecation when their pit was full. She said that especially if a household has a toilet and doesn't use it then she really puts pressure on them saying that what they are doing makes no sense. However, she often hears that the reason the toilet is not being used is because the pit is full and, in that case, there is nothing that she can do.

In Walag, Delgur Block of Nanded, there appeared to be widespread inequality and poor maintenance of public space. There are a few big houses, built with stones, like a fort with big doors, and these are very clean. However, the other houses are in a poor condition. There is no drainage system for rainwater or sewage and you can see stagnant water everywhere. People cook and eat in the streets sitting around the dirty water channels.



*Picture 8: Rain water stagnates in an open drain*

In the Gram Panchayat of Chinchala, Biloli Block of Nanded, inhabited mostly by Lingayat and Maratha, along with Mang, Matang, Buddha, Muslim and Mathapati (Jangam), the rate of toilet constructed and toilet in use varies. The population is around 2500 in 2010 census. The total number of houses here is 250 of which only 80 houses have toilets built. The rest of the houses are still waiting for house scheme to build house and toilet together. The number of toilets in use is much lower than the number toilets constructed. More than half of the village still manage to go out in field for defecation. There is water scarcity and no drainage system for rainwater or sewage in village which demotivates the village residents to have toilet and use it.



*Picture 9: Rain water, sewage and garbage in an open drain*

### Toilet quality and maintenance requirements

We found that most toilet owners whom we interviewed, including The MFI sanitation loan takers, had constructed a pit latrine and a few had constructed toilets with septic tanks. The pit latrines differed in terms of the depth and number of rings but none had a double pit. We learned that the quality of the toilet constructed has impacted its long term use as frequent filling of the single pit latrines leave them unusable without carrying out costly maintenance. This happened in the case of the household of Shivai Jadav<sup>29</sup>, whose wife had taken the sanitation loan, now has two toilets because they are a large joint family. Both the toilets are ring-based pit latrines and they both got filled in 2-3 years. They now plan to build a toilet with a septic tank and asked if it could be possible to get a new sanitation loan from The MFI in order to be able to do this.

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<sup>29</sup> Shivai Jadhav, Gender: Female, Age: 41, Religion: Hindu, Caste: SC Buddha, Village: Alur (the MFI +the NGO)



Picture 10: Old toilet at Vittal Jadhav's house built using the MFI Sanitation Loan

The single pit, when filled, needs to be cleaned following a process which is expensive and hazardous for those who do this work as the sludge is toxic (Singhal and Mehrotra 2019). On the other hand, with a double pit latrine, when one pit is filled it can be sealed and the waste can be directed to the empty pit. While the filled pit remains closed the faecal matter decomposes into a non-toxic substance that can be used as compost. Cleaning of the pit six months to one year later is non-hazardous and yields fertile material (Sanitation Expert). Despite having knowledge about the possibility of constructing a double pit, the reason given for the decision to construct a single pit was the cost. As Zareena Sheikh<sup>30</sup>, Muslim, Female from Alur explained, a second pit means the additional expense of digging, and purchasing expensive cement rings to line the sides. The sum required was much higher than both the MFI loan amount and the SBM subsidy. Some households with higher caste and class status had already built much more expensive toilets with septic tanks, which typically drained out into gutters along the roads in front of their homes and some others, like the household of Shivai Jadhav<sup>31</sup>, sought to build such toilets.

It was problems with the single pit latrine that led to those who can afford to upgrade to septic tanks, which they see as being better quality toilets and choosing to do so while others have returned to open defecation. As explained above, a filled single-pit and a septic tank both are as likely to result in contamination of the environment with faecal matter as open defecation. In fact, when open defecation is remote from the villages it is a safer option than the first two where contamination happens close to dwelling sites (Singhal and Mehrotra 2019).

<sup>30</sup> Zareena Sheikh, Gender: Female, Age: 38, Religion: Muslim, Village: Alur (the MFI +the NGO)

<sup>31</sup> Shivai Jadhav, Gender: Female, Age: 41, Religion: Hindu, Caste: SC Buddha, Village: Alur (the MFI +the NGO))

Anjali Jadav<sup>32</sup>, the wife of Kisan Jadav, is listed as a sanitation loan taker. The couple was not present as they are migrant workers living in Andhra Pradesh for part of the year. Anjali's brother explained that they had constructed a toilet which his household now uses to store grass and firewood. This happens since the couple is away half the year but also because the toilet is built at a low height, its floor is below the level of the ground, it is prone to problems and flooding. He said that in the future if the couple can avail of the Gharkul Yojana (housing subsidy) they plan to build a new toilet.

A The MFI Branch Manager in Latur, Sanjeev Udgire, present at the IFS study baseline, said that people approached them for additional funds for repairs of their toilets but there was no provision to issue this. He said, "People used to ask but we used to say no, you can only avail of this loan once. People used to say 'we need to do repairs can we get the loan again?' I was the branch manager then and when I went on visits one or two members would say 'Sir, can we get another sanitation loan? We already took it once.' So I would joke with them saying what are you planning to do, build another toilet on top of your existing toilet? Are you going to build a second floor?" He explained that it was impossible to help them in these cases.

Beyond cases where investments were being made in repair of toilets to make the usable, were those in which upgrading of the toilet was being undertaken. For instance, in addition to other cases already cited, the household of Ganpat Gaikawade<sup>33</sup> is currently building a toilet that has a septic tank, in addition to the first toilet that he constructed after taking the 15,000-rupee loan from The MFI and supplementing this with additional money from other sources. The pit hasn't filled so far. However, this household has constructed another new toilet one year ago, which they believe to be of a better quality since it has a septic tank.



*Picture 11: Toilet at Ganpat Gaikawade's house in Andori, Latur*

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<sup>32</sup> Anjali Jadav, Gender: Female, Age: 35, Religion: Hindu, Caste: SC Buddha, Occupation: farm labour, Village: Alur (the MFI +the NGO))

<sup>33</sup> Ganpat Gaikawade, Gender: Male, Age: 50, Religion: Hindu, Village: Walag (the MFI+the NGO)

## Dirtiness of toilets and comfort of open defecation

We know from anthropology that the perceptions of clean and dirty, defilement and disgust, purity and impurity vary a surprising amount from one society and social group to the next (Desai, McFarlane and Graham 2015; Douglas and Isherwood 1980). For several decades or even centuries, in India there has been the widespread belief that having a toilet adjacent to the kitchen is unhygienic (Coffey and Spears 2017) - the ideal is to have a separate room at the back of a courtyard (as was previously the case in Europe and North America). Increasingly, as toilet ownership has become a source of pride, more households are seeking to build toilets within their homes and this is a significant change from the perspective of those promoting sanitation awareness who otherwise faced resistance (Sanitation Expert). The quality of sanitation systems can play a role – if it avoids bad odours, then proximity to the kitchen is considered less of a problem – but as important is the social value ascribed to it. Keeping in mind these perceptions that create resistance to toilet building and use we must note that there is a significant shift in attitudes, corresponding with the increased demand for toilets in homes.

Here in this case, the perception of clean and dirty, as well as comfort and discomfort, must be contextualised: in the absence of water, a sufficiently deep pit, adequate ventilation, space, and drainage infrastructures, private toilets are considered unhygienic, or even source of profound disgust. As we were told, ‘having toilet at home is like eating and throwing at the same place’. Similarly, defecating in the open air is perceived very differently according to social group and age: as mentioned above, younger generations are increasingly embarrassed by the idea of exposure, while among older generations, being confined in a private space is considered uncomfortable, and on the contrary, the open air is considered much healthier and more pleasant. Tejibai<sup>34</sup>, explains that in her microcredit group, out of 15 women, only 4 or 5 have built and are using a toilet. Most women prefer the open air. She explains ‘we have the habit of going out [...] now suddenly using the toilet is very uncomfortable for us’. She also explains that when she visits her family or her married daughter, she does not stay overnight as she would have to use a toilet. However, she plans to build a toilet for her daughter-in-law and future grandchildren.

Preference for open defecation was most prevalent amongst older men, one case is that of Raghav Potval<sup>35</sup>, who works on his own farm with his wife, both are above 60 years old. His wife took the sanitation loan and constructed a toilet in the backyard of their house which she now uses. He was able to later claim the SBM subsidy. He doesn’t use the toilet unless it is raining because he prefers to go out for the fresh air. It was constructed for the marriage of his son, and with the idea that his daughter-in-law would use it. However, she migrated with this son to Pune and they haven’t returned for three years.

One additional factor to consider, which our research also failed to understand, is whether there is a diversity in terms of practices of open defecation and whether there are some practices in this region that are hygienic. The modification of behaviours to promote safe open defecation, if it is possible, could be a way to ensure more universal protection from

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<sup>34</sup> Tejibai, Gender: Female, Age: 45, Religion: Hindu, Caste: OBC, Occupation: farm labour, No formal education, Village: Talpid (the MFI)

<sup>35</sup> Raghav Potvale (Gender: Male, Religion: Hindu, Village: Belur (the MFI+the NGO))

disease for those who either cannot afford to construct a toilet or are unwilling to change practices.

### 3. The relationship to the Swachh Bharath Mission (SBM)

We found a very significant diversity between and within Gram Panchayats in terms of access to the SBM subsidy. As a result, the relationship of this scheme and the subsidy offered to sanitation loan uptake and toilet construction varied considerably.

#### The MFI's sanitation loan and the SBM subsidy: Cases of complementarity and of substitution

In October of 2014 the Government of India launched a campaign to ensure that every household in India had a toilet and used it. Five years later, in October 2019, they announced that their goal had been achieved: Since the SBM was launched just before the MFI sanitation loan was launched we heard of many ways in which decision-making regarding loan taking and toilet construction related to the availability of the state subsidy offered. We found that there was an overlap between Credit Access Grameen Ltd loan and SBM grant in some cases; others had access to one of the two; and yet others have thus far been able to access neither. In some cases, the SBM drove sanitation loan uptake, in others the absence of the SBM seems to have spurred demand for the loans, in yet others the inability to access the SBM at all discouraged sanitation loan takers as did the inability to coordinate loan taking with the process of applying for and receiving the SBM funds. Beyond the complementarity or substitution between the MFI loan and SBM funds, our research also reveals widespread gaps in the SBM provisioning that challenges the celebrated success of the SBM by the Government of India which declared, "Under the mission, all villages, Gram Panchayats, Districts, States and Union Territories in India declared themselves "open-defecation free" (ODF) by 2 October 2019, the 150th birth anniversary of Mahatma Gandhi, by constructing over 100 million toilets in rural India (SBM Website)". We show especially the ways in which district and Gram Panchayat level corruption has excluded recipients, and particularly done so along caste lines.

The MFI staff explained that they encouraged borrowers to benefit from both the sanitation loan and the SBM. Sanjeev Udgire, a Branch Manager in Latur at the time of the IFS study baseline, said, 'Members used to tell us that from the Swachh Bharath Abhiyan we are getting 12,000 rupees from the government. What it was actually was that they would only get the amount after they built the toilet. After it was complete and they were using it that was when the funds were realised. So we would give them this kind of awareness, we'd say build your foundation and then take our loan. Then complete your sanitation and then take the Swachh Bharath money. Saying this we have motivated many members to take the loan and build toilets.'



*Picture 12: Toilet constructed using SBM subsidy in Talpid*

A number of households reported being able to do this. In some cases, they had already benefited from state support in the past, used the MFI loan to improve the toilet and then again availed of the SBM. For instance, Sneha Mirajgave<sup>36</sup> said she had constructed a toilet 10 years ago when her husband contested the Gram Panchayat elections - they had received INR 2,000 from the previous state scheme - the Swachh Khada Yojana. They built only the pit. Later they took the MFI sanitation loan and improved the walls with cement and plaster, and constructed a tin sheet roof. They showed this toilet and received the SBM subsidy.

However, the timing of roll out of the SBM meant that it was not possible to do this in all Gram Panchayats. Funds to meet specific targets, by district and block were staggered over the five-year period<sup>37</sup>. Some Gram Panchayats received funds sooner than others and within Gram Panchayats funds were received and disbursed in stages. The protocol for availing of the funds differed by Gram Panchayat – in some cases households had to show empty land first and then have their subsidy approved and then received funds after they submitted a photograph showing that the toilet had been constructed at that particular site. As a The MFI Branch Manager explained, ‘First they had to take the engineer to their site and get the bill passed. Then they would come to us and take our loan. Then they would build the toilet with our money. Then they would send the engineer that photo and then the bill would be cleared’. This process meant that the extent to which households could avail of both funds differed.

The role out of the SBM depended on the Sarpanch (village administrative head), who along with other leaders of the Panchayat, applied for the funds from the state and managed their distribution in the village. In some cases, even if the timing did not coincide, the influence and political support of the Sarpanch households were still able to benefit from both schemes depended on the decision making of the local leadership. In some Gram Panchayats (for example, Pimplegaon) all households received loan from the MFI and also received grant from SBM for the same toilet. Some Sarpanchs did not allow this as there was a great demand for

<sup>36</sup> Sneha Mirajgave, Gender: Female, Religion: Hindu, Village: Hadtolti (the MFI+the NGO)

<sup>37</sup> See the Latur District Swachhata Plan (<https://sujal-swachhsangraha.gov.in/node/2691>) and the Nanded District Swachhata Plan (<https://sujal-swachhsangraha.gov.in/node/2746>) (PriMove and Unicef 2016) for more details on the role out from 2014-2018.

grant but only limited budget available. SBM subsidy was available only for new construction and if any family had toilets constructed either using their own investment or Credit Access Grameen Limited loans were denied (this was in the case of the Gram Panchayat Kahala Burse). Suresh Kamble, a mason in Palasgaon, alleged that that since he had built his toilet the Gram Panchayat didn't approve his application for the SBM. This could have either discouraged sanitation loan uptake and delayed toilet construction by those who took the loan.

For instance, the household of Madhav Shitaphule, Alur, whose mother is listed as a sanitation loan recipient only constructed a toilet when they received the government SBM money three years ago. He explained that he had used the money for his construction business and farming and waited for the subsidy. The household of Kiranbhai Kurade, Alur, raises goats and does daily wage work on the land of others. They took the sanitation loan but now cannot remember exactly what they did with it - they think it might have been used to purchase an additional goat. They have constructed a toilet one year ago and received SBM funds but it appears to be a poorly constructed toilet. They keep the toilet locked from the outside, they say the reason for this is that others come to use the toilet and don't clean it after them.

Even for the Gram Panchayat availing the SBM grant was not easy, we found that some Gram Panchayats hadn't received the SBM funds for several households yet. One of the villages had a female head, who was also a Grameen women's group leader and she complained that the SBM is corrupt. In the Gram Panchayat of Kahala KH, out of 250 households, 100 households had constructed toilets under the SBM, but only 80 had received the grant. The other 150 were still waiting for their turn to construct toilet in July of 2021.

In some Gram Panchayats we learnt that the MFI sanitation loan was taken by households that were looking for funds to build toilets, but were facing delays in accessing the Swachh Bharat Mission subsidy. This was the case in the Gram Panchayats of Kahala BK and Kuntur. Here households took advantage of Grameen sanitation loan to construct toilet. There are less toilets in the villages with no presence of The MFI. For example, there was lower prevalence of toilets in the case of Kahala KH, a control village, located just adjacent to Kahala BK where sanitation loans were offered. SBM provided an INR 12,000 grant and Credit Access Grameen Limited provided 15,000. Some who received the MFI loan said that they had been able to construct a better-quality toilet since it was a higher sum whereas the SBM grant would have meant only construct the toilet alone.

In other parts of India, pressure for local officials to meet targets meant that households were forced to construct toilets, even if they did not want to and were required to bear the initial expenditure till they received the grant funds as well as to bear all additional costs. This meant much more borrowing from local moneylenders at an interest rate higher than the sanitation loan offered by The MFI (see for instance Amron 2017 writing about Jharkand). However, in this context we did not hear of this pressure, rather that the SBM grants were in demand and not all households succeeded in being allocated the funds.

### Inadequacy of the funds and the impact on toilet quality

All respondents argued that the SBM subsidy was insufficient to build a toilet. Households typically invested their own additional funds and the quality of toilet varied based on what

they could afford. Sajna Sanjay Kamble<sup>38</sup> of Ramthirth said, 'We are poor people, we also want a comfortable life, but the problem is lack of money. We can't afford comfort and happiness. Many of us don't like going out to the field instead of using a toilet, but we have no option. No one cares for us. Now this Modiji's SBM helped people to have toilet, but the INR 12,000 is not enough. So, what people do, they construct toilet of Swach Khadda which is very cheap, arrange some bricks around, no roof, no plumbing, no concrete wall and the toilet is ready. Afterwards the Gram Sevak comes and checks the toilet, the cheque is approved. Later no one comes to really check if the toilet is used or not. People only know having a toilet at home is necessary today but awareness about the use and maintenance is yet to be achieved. I have seen many houses around me having toilet and later using it for a bathing room.'

### Corruption through direct provisioning

In some Gram Panchayats rather than providing the cash grant retrospectively, the Panchayat leaders installed readymade toilets in houses. These were paid for directly by the state, and in these cases the question of funding the construction of the toilet to then be reimbursed was not applicable. It should be noted that these are referred to as temporary toilets, are of inferior quality and cheaper to construct. It could possibly have been an indication of corruption – that contracts were issued to known people who benefited from the grant whereas those who received these toilets instead of funds to construct their own toilet were left with a poor-quality substitute.

### Corruption and discrimination based on caste

Several SC and ST respondents argued that they had been discriminated against based on caste – they were either not given the complete subsidy or were denied it altogether and were unable to bargain to get it.

For instance, Anjanbai Kamble, Palasgaon, alleged that there was corruption in the disbursement of the SBM funds. She had received only part of the money from the Gram Panchayat. Of the INR 12,000 they had deducted 2,000 and only gave her INR 10,000. She said that she had been told that the INR 2,000 was fees for 'application and documentation creation'. Similarly, Shakilabi Syed<sup>39</sup> said that INR 2,000 was deducted by the Gram Panchayat from the 12,000 she was due to receive and that this demotivated her neighbours who had planned to construct a toilet.

Supriya Shirde<sup>40</sup> alleged discrimination based on caste. She said, 'My husband has applied for the SBM yojana (scheme) 3 years ago, he had even paid 300 rupees for the application to the Gram Sevak. We are still waiting to get our name listed. If we get 12,000 rupees we will construct a toilet immediately. We know even if our name gets listed as beneficiaries by state officials, the Gram Panchayat leaders will not inform us. They don't want any development of our people. They want only their community to grow'.

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<sup>38</sup> Sajna Sanjay Kamble (Gender: Female, Age: 32, Religion: Hindu, Caste: SC Buddha, the MFI Centre leader, Village: Ramthirth (the MFI))

<sup>39</sup> Shakilabi Syed Gender: Female, Age: 55, Religion: Muslim, Village: Degaon

<sup>40</sup> Supriya Shirde (Gender: Female, Age: 30, Religion: Hindu, Caste: SC Buddha, Village: Khairgaon (Control))



*Picture 13: MFI group leader and a dalit, still awaiting the SBM subsidy in 2021, Palasgaon*

Suresh Kamble, mason from Palasgaon also said that while his application for the SBM subsidy was denied on the grounds that he had already constructed a toilet, a higher-class Maratha family got the amount of 12,000 rupees for a toilet build more than twelve years earlier. He alleged that this happens all the time, 'some families get benefits twice and others don't even get it once,' He added, 'The Sarpanch has more affiliation for the Maratha community not for SC and ST. The Gram Sevak also doesn't speak in this matter. He listens and says, he will talk to Sarpanch and take necessary action but he never speaks up. These are some of the reasons why the rich people are getting luxury and the poor are still poor'.

#### **Caste and bargaining with the state**

Suresh Kamble, mason from Palasgaon, lamented the lack of caste-based collective action, he said that in his village they had tried for 10 years to get water connection at door step. There was no pipeline but the whole Buddha community was able to come together and demand it and then the pipes were sanctioned and built. He said, now the situation is different, everyone is busy in their life. He said, 'there is no unity'. He attributed to this, the limitations in being able to secure SBM funds.

#### **Political conflicts**

Priyam Kamble, Male, Age-51yrs, 12<sup>th</sup> pass, his mother is Tarabhai Priyam Kamble, Kushnora and she has been a member of The MFI for the last three years. She has currently taken a loan for house construction. She had previously taken loans for business purposes, to file for a gas agency and start a grocery shop. She has not taken a sanitation loan or heard of The NGO (understandably since her association with The MFI is recent). She had constructed a toilet four years ago, as per the awareness provided by their Gram Panchayat and then applied for the refund cheque or money from the Swachh Bharath Mission funds. However, they are still waiting for it. According to Priyam Kamble the reason for their household not receiving the refund is that they had been part of a conflict with the Sarpanch and 'keeping this quarrel in their mind the Gram Panchayat is not releasing the refund of INR 12,000'.

Sumabai Kamble<sup>41</sup> also constructed a toilet but did not receive the SBM subsidy and she said the reason for this is her 'not good relations with the Sarpanch'. Her household had supported the other candidate standing for elections for the Sarpanch position and the present Sarpanch has kept this in mind and once confronted their family saying that he will never forget that they supported another candidate. Her household is still hoping that they will get the refund from the Gram Panchayat.

### Scope of state support for households which have so far been excluded

The fact that the SBM goal has formally been achieved means that it is unclear whether the remaining households will be able to avail of the subsidy – in some Gram Panchayats it seems that the Sarpanch doesn't expect to be able to secure any further funds. In other cases we heard that now there is a new scheme for house construction which includes funds for the construction of a toilet. In many cases the sum being spent for the house construction was much higher than the subsidy so it is possible that access to the scheme is based on class and possibly again by caste as with the access to the SBM.

### Exclusion of SBM recipients from the toilet construction component of the housing subsidy

In some cases, we heard of those who had received the SBM subsidy and constructed poor quality toilets now regretting having availed of it rather than waiting longer to access this new scheme and construct a better quality toilet. These cases reveal both the problems with providing inadequate funds and not monitoring toilet quality as well as in considering state support for toilet construction as a one-time intervention.

Madhav Shitaphule, from Alur, whose wife had taken the sanitation loan but only constructed the toilet with the SBM funds said that at present he is constructing a new house with funds under the Gharkul Yojana, the new house construction scheme. Having received the SBM means that he will not be eligible for the whole amount - the allocation for the toilet will be deducted (even if others who availed of the SBM can get both because they have good relations with the village administration). For him this is a loss because he plans to demolish his present toilet, which is of a poor quality and located outside the house, and build a toilet inside his new home.

### State sanitation awareness and other messaging from multiple sources

State information provision on sanitation occurs in multiple forms, differing by village and with varied impact in driving toilet uptake.

No respondent attributed the source of their understanding about sanitation or their decision to construct a toilet to government campaigns, including wall paintings. None the less we heard that to different extents these forms of messages did reach them – through women's Self-Help Groups, through Panchayat members, through ASHA workers and through schools. One respondent said "I think there is a painting on the panchayat building" indicating these were not always paid attention to and might have lower impact for those who are not literate, others did. In one village a woman sang a song about how not having a toilet would mean

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<sup>41</sup> Sumabai Kamble (Gender: Female, Age: 50, Religion: Hindu, Caste: SC Buddha, Occupation: Farm labour, Village: Palasgaon (Control))

that you would not get a bride, something that was being taught as part of state awareness campaigns. Zareena Sheikh<sup>42</sup> from Alur said, 'Children are told in schools not to go outside so they don't want to go outside any more'.

In Kushnork, there is a high rate of toilet uptake, 70 per cent of the households have toilets. The majority is Maratha caste, however as seen in other cases, this alone doesn't explain the prevalence of toilets. There appeared to have been exceptionally rigorous sanitation awareness by ASHA workers – by the account of one of the ASHA workers herself who said that they held information sessions and the Gram Panchayat team was said to have visited households and asked them to all build toilets. There were visuals – wall paintings promoting sanitation, careful use of water, garbage distribution, and segregation.

In some panchayat presidents enforced sanctions people who use open defecation. This movement started some 4 to 5 years ago in most part of Maharashtra. The Gram Panchayat in rural areas and even the Municipal Corporation in urban areas started taking fines caught anyone in the field. A team is in charge of inspecting the village in early morning time and fine penalty. Each gram panchayat or municipal corporation decides their own penalty amount. Some respondents reported being faced with restrictions on using certain parts of the village as a result and explained that they had to walk further to find sites where they would not be caught. As we discuss the constraints to constructing a toilet we can appreciate the unfairness of such a move.

In some cases, such as that of Malathi Andulage<sup>43</sup>, we heard that the ownership of a toilet was mandatory to be able to stand for elections for local leadership positions or to be eligible for certain posts, such as that of Accredited Social Health Activists called ASHA workers who provide village level health awareness. In this way the state has also played a role in establishing the association between status and ownership of a toilet over time.

Informal peer pressure also came from SHG leaders and ASHA workers in addition to MFI group leaders (and often these roles overlapped). As Zareena Sheikh, in her role as an MFI group leader said she encouraged women to build toilets. She related, 'I have also motivated many women, I said, 'Build a toilet, don't go outside, that isn't good. Now people buy things for 10,000 or 20,000. Reduce some purchase and build a toilet. Young girls going outside is not good. There are young men. It doesn't look good. This happens, that happens... I say all this and try to explain to them. Some people understood this and built it because of this'.

### Popular media

Television and films have also been a source of inputs regarding perceptions of open defecation and toilet use. A number of younger women and men had watched the popular Bollywood film, 'Toilet Ek Prem Katha' where a bride returns to her natal home because there is no toilet in her marital home. She only accepts to live with her husband again when his household constructs a toilet. More subtle cues might have come from watching films or TV serials not explicitly on this topic but where houses are seen to have toilets which are used.

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<sup>42</sup> Zareena Sheikh, Gender: Female, Age: 38, Religion: Muslim, Village: Alur (the MFI +the NGO)

<sup>43</sup> Malathi Andulage (Gender: Female, Age: 32, Religion: Hindu, Caste: ST, Village: Walag (the MFI+the NGO))

Sajna Sanjay Kamble<sup>44</sup> from Ramthirth said, 'I have seen many programmes on TV. There is also one ad for a toilet cleanser. One more ad was there on DD national channel, where a newly married girl is asked to use toilet early morning before the sun rises'. Other respondents also remembered an advertisement for a toilet cleaner that had made an impression them.

It is important to keep in mind that these other campaigns existed in many villages and so information from the NGO campaign existed alongside these other sources of input on this subject.

#### 4. The MFI Sanitation Loans

In addition to the general factors affecting toilet construction that impacted the decision of The MFI clients to avail of the sanitation loan and then the conversion of this to toilet construction, we learned of some specific points related to this loan as well as to the awareness sessions offered by The NGO.

##### Information provision regarding the sanitation loan and response that funds were insufficient

When asked about the reaction of people to the information they shared about the availability of the sanitation loan, Rajat Waghmare, who was a The MFI loan officer at the start of the IFS intervention, said, 'The first thing they said is, "a toilet can't be built for 15,000!"' He went on to explain that they motivated clients to dig the pit and built the foundation themselves and then to come to apply for the sanitation loan for the rest. He said, 'In the first week they would say we want the toilet loan then we would go to their house for the LUC (Loan Utilisation Check). First, we'd check if their *khada* (pit) was done. If it was not we could tell them to do that first and then only your application would be 'passed'. They would say give us the loan first and then we will do it but we would say, how can we trust then that you will actually build it? We used to do the house visit first no? To see if they have a toilet or not, if they have the place for it or not...and if the conditions were not suitable then how could we give them the loan?' He said they found that this was the best way to ensure that a toilet was actually constructed using the money, if not people would not put together the funds needed to complete it.

Estimates offered by clients also demonstrates that they spent much more than 15,000 rupees. Soni Rajeev Umare<sup>45</sup> a The MFI Group leader said, 'I have a toilet at my house. Now, it has been 3 years, I guess. Maybe we constructed it in 2016 or 2017. It is a ring-based toilet. We wanted to have a septic tank but we couldn't afford it, so we went for a ring toilet. We have used 6 rings. My husband knows the exact amount that we spent. I really can't say the amount, but I guess it is 40,000 more or less. We used some savings and some loans for this

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<sup>44</sup> Sajna Sanjay Kamble, Gender: Female, Age: 32, Religion: Hindu, Caste: SC Buddha, the MFI Centre leader, Village: Ramthirth (the MFI)

<sup>45</sup> Soni Rajeev Umare, Gender: Female, Age: 35, Religion: Hindu, Caste: Lingayat, Village: Lohgaon (the MFI+the NGO)

and later we got a subsidy from the Gram Panchayat under SBM, we received INR 12,000. I have taken the sanitation loan of 15,000 from The MFI some 2 or 3 years back’.

The IFS survey of perceived toilet cost also found that clients estimated requiring to spend sums much higher than the loan and the SBM subsidy to construct single pit (INR 17,135 to Rs INR 22,004) and double pit latrines (INR 33,050 to Rs 40,945). This is in line with IFS estimates, according to which the average perceived cost of close to Rs 37,000 (Attanasio et al 2018).

Some states in India have been more successful in achieving coverage with double pit latrines (Krishnan and Jebaraj 2019). For instance, in Uttar Pradesh 64 per cent of latrines constructed are double pit latrines and in Jharkhand 58 per cent compared with the national average of 26 per cent. In Uttar Pradesh the method of ensuring this was that households were not reimbursed with the INR 12,000 grant unless they were double pit latrines, presumably requiring them to make the additional investment. In Jharkhand, state officials explained that they planned a slower roll out to ensure better quality of toilets.

#### Frequent information provision regarding sanitation loan and increased uptake in Latur

One difference we found between Nanded and Latur was that in Latur, The MFI clients said that they had been told repeatedly about the sanitation loan and encouraged to take it. One respondent said that the loan officers would always list the types of loans after the prayer at each meeting and emphasise the availability of a loan for toilet construction. Another respondent said that when a new loan officer was assigned he would always explain again about the terms of the sanitation loan.

#### Delays in toilet construction following loan taking

As already discussed, The MFI loan takers delayed toilet construction after loan taking when they needed to accumulate the additional funds required. In a few cases this was because they planned to build the much more expensive septic tank. In addition, they delayed construction when they were waiting to construct the toilet along with the construction of a new house rather than to build a toilet structure and need to demolish it in the future. They also waited to time toilet construction with preparation for life cycle events, especially marriages. They also delayed when attempting to coordinate with the sanctioning of the SBM subsidy.

#### Information given regarding monitoring and actual evaluation

The MFI employees interviewed insisted that they had told all loan takers that toilet construction would be monitored and enforced. Sanjeev Udgire, Branch Manager from Latur, when asked whether they told clients that there would be monitoring and enforcement of toilet construction said, ‘Yes, of course. We even said to them that our team from the head office will come and check whether it is being used and if it is being misused then we’ll reclaim the money from you. We used to tell them all this’. However, he argued that this wasn’t the reason people built the toilets. He said, ‘It’s not that they had to build the toilet because they took the loan, it was because they wanted to build a toilet that they were given the loan!’

The household of Madhav Shitaphule, Alur, had been told that someone was going to check if the toilet would be constructed but no one came - he wondered if Swapna was the one sent to check after all these years whether they had used the loan as intended.

Shivkanta Sanjay Umare<sup>46</sup>, a The MFI Group leader said, 'No, no one came to check. But at that time the MFI staff nine years ago told us someone will come and check the toilet if we are taking the Sanitation Loan. And like you, some people also visited our house. I guess four years ago, three to four people came and asked us many questions like what we eat, how many people, income, number of meals etc. They stayed for one hour here'. However, she said they quickly realised even this team was not sent to enforce penalties for lack of use of the toilet. It is likely to have been the endline survey.

As hypothesised by the IFS scholars, the realisation that the monitoring and penalties that clients had been told about would not be enforced could have led to a difference in the conversion. Those who had borrowed earlier being more likely to construct a toilet than those who took the loan later. This is a point that was a priority for us to try to understand better and one that we were unable to do for the reasons explained.

#### Misunderstanding that toilet construction was mandatory to be sanctioned The MFI general loans in the future

We met several clients who say that the primary reason for taking the sanitation and building a toilet was the fear of losing eligibility for future loans. Neehubhai Waghmare<sup>47</sup> said she constructed toilet only because 'The MFI was not ready to give further loan unless her house has toilet'. Pavini Waghmare<sup>48</sup> clearly explains she has built toilets 'to make sure she gets regular loans from The MFI'. Pyari Sheikh<sup>49</sup> told us 'after getting into The MFI, once staff said if you don't have toilet your further loan will not be approved'. In fear of not getting any loan in future, she said she constructed toilet.

#### Awareness motivating loan taking

The Branch Manager interview said that, as the IFS Data indicates, the awareness programs led to increased loan uptake. He said, 'When The NGO and The MFI did the awareness together then there were more sanitation loans being taken. This was because they had a special awareness program in the villages, musical programs, the Gram Panchayat used to support it also and many people would attend. So more people got awareness from those sessions, and the loans, so there was more demand for the loans'.

Some of the cases of events motivating loan taking that we heard about occurred after the endline of the IFS study. Speaking of an event held more recently, Soni Rajeev Umare<sup>50</sup> said,

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<sup>46</sup> Shivkanta Sanjay Umare, Gender: Female, Age: 35: 35 years, Caste: Lingayat (ST), Village: missing (the MFI).

<sup>47</sup> Neehubhai Waghmare, Gender: Female, Age: 35, Religion: Hindu, Caste: ST, No formal education, Occupation: farm labour, Village: Kushnor (Control)

<sup>48</sup> Pavini Waghmare (Gender: Female, Age: 25years, Religion: Hindu, Caste: ST Matang, Education: 10th standard, Village: Kushnor (Control)

<sup>49</sup> Pyari Sheikh, Gender: Female, Religion: Muslim, Primary education, Village: Ghungrala (the MFI)

<sup>50</sup> Soni Rajeev Umare, Gender: Female; age: 35 years; Caste: Lingayat (ST), Village: missing, (the MFI).

‘The MFI staff sir, I don’t know his name, he told us about the sanitation loan some 9 years ago. Later many of us forgot about it but then one programme was held where we again got information about the sanitation loan.’ She added, ‘I don’t know the name of the programme, but The MFI staff informed us about this and many of us went to attend it. I guess it was the year 2017 and it was held at the Naigaon Bazaar ground. It was a full day programme. There were songs and one projector was set up there. They showed some short films on it. And told us about sanitation awareness not to sit in the open field and to use a toilet instead. And they also gave us food to eat.’ She said that attending the program and hearing about the loan again she decided to avail of it and construct a toilet. This case suggests that continued awareness provision and the opportunity to access the sanitation loan over the last five years could have been one factor contributing to the overall increase in toilet construction seen at present.



Picture 14: Wall painting by The NGO

## Content of the NGO training

Our data do not allow us to conclude on the role of the NGO, both because of the time spent and the diversity of channels for raising awareness about the benefits of sanitation. On the other hand, we draw attention to the possible harms of an awareness campaign based on shame, especially in a context where the construction of toilets, but also access to sanitation loans, excludes the poorest. As mentioned earlier, toilet ownership is already a social marker and a shame-based awareness campaign risks reinforcing social differentiation.

The training material used by the NGO is available through their website. It is useful to keep in mind this content to understand the approach to sanitation awareness taken by the NGO and the nature of messages reaching The MFI clients through them. Even if the videos were not directly shown in the villages, respondents repeated some of the discourse presented in

them. The material often presents open defecation as being dangerous or shameful. The concern regarding portraying a locally acceptable practice as such is that could translate into further stigmatization of the poor, and reinforce caste-based discrimination since caste and class are deeply intertwined.

Some of the titles of the NGO sanitation promotion videos are: “Consuming faeces”, “Smell”, “Are we civilized?”, “Eve teasing” and “Pregnant women”. Others include “Happy family” where an unhappy wife leaving in a thatched hut is berating her husband for being late as a result of not having a toilet and in another concrete house, presumably with a toilet, the husband and daughter leave half an hourly to get to school on time while the wife is able to give coffee on time to her father-in-law. In “Temple, School, and Toilet” where the benefit of using the toilet for cleanliness and health is likened to the role of the temple in spirituality and the school in seeking knowledge.

A video titled “Rose flower” shows a man who finds a red rose while defecating in the field. He plucks it and carries it with him. When he enters the village a group of men snatch the flower and play with it and then destroy it, kicking it and stamping on it. The broken flower lands on a piece of newspaper on the ground and when the man looks at the paper he sees an article about a woman who was assaulted when going outside for defecation. At this time his daughter comes with her water again as she is setting out to the fields, he stops her and tells her he will build a toilet immediately and the daughter looks pleased. There is a clear message that open defecation is dangerous for young women. However, it is unclear whether the kind of harassment described takes place – we did not hear of it but heard rather that women simply feel embarrassed to be seen outside.

A video titled “Morning exercise” shows a group of women who go to defecate along the main road and stand up every time a vehicle passes, which happens every few seconds. This makes it appear as if they are doing squats or sit ups.

In some cases, this material was found to be offensive by attendees of the training sessions. For instance, we found a report regarding tensions generated by the content of a The NGO training session in the NGO’s newsletter. The report said that women protested saying that the pictures shown of open defecation were offensive to them and lowered their dignity. The article went on to explain how this was managed - the person providing the training had explained to the women that if they were offended by mere images, they should be more ashamed of the reality where women in the household were doing exactly what was depicted (Doni 2016).

### Type of toilet promoted

The IFS study defined a safe toilet, following WHO-UNICEF guidelines (2017), as an improved facility for which excreta is safely disposed of in situ or off-site. Based on this definition, it considered the following types of toilets safe: Flush/pour flush to piped sewer system, septic tank, pit latrine, VIP, pit latrine with slab, composting toilet, biogas system, urine diversion dehydration (Attanasio et al 2018). The NGO training sessions demonstrated a very basic toilet structure, arguing that it was possible to construct the toilet within the loan amount offered, while also giving information regarding other types of toilet, and explaining the benefits of the twin pit latrine.

In the NGO training videos available online we hear a The MFI client saying, ‘We are very much in debt so we are unable to build a toilet’. The NGO awareness promoter replies, “All of us wear clothes. Why is this? For self-respect. The cost of the toilet may be fifty rupees, hundred rupees, five hundred rupees or a thousand rupees. However, we all know that we have to wear clothes to retain our dignity. In the same way we can construct a toilet for a low price of a high price, according to our capacity. If you want, you can construct a toilet without spending money. If you ask how ... You can dig a four foot by four-foot pit, cover to with bamboo or sticks and seal it with mud leaving only a hole. Then you can put a sheet to make walls to protect your self-respect. You can cover the hole with a lid when you finish, first covering the excreta in the pit with mud. Like this you can construct a toilet for a low cost.”

In other awareness videos, in addition to this simple toilet and single and double pit toilets are demonstrated. The advantages of the double pit, such as conversion of waste to compost, are explained and a suggestion is made for four or five households to come together to construct the toilet and share costs.

As explained earlier, we argue that the neutrality regarding toilet type, and the lack of funds offered - both in terms of the loan amount as well as the SBM – could have resulted in reduced long-term use of the toilet. Recognising that one type of toilet – the double pit latrine has a much higher chance of being health promoting will others could even be detrimental – and specifically designing the intervention to promote uptake of this particular model would have been more successful in creating a sustainable and beneficial change.

## V. Conclusion: The limitations of interventions partially-funding public goods through loans

There has been a considerable shift in attitudes towards toilet construction and use in Nanded and Latur districts in the years following the implementation of the IFS study. Through qualitative interviews we identified the complex of factors driving toilet uptake as well as those causing resistance to change. We locate within this the information that we have been able to gather with regard to particular decisions regarding taking the sanitation offered by The MFI in 2015 and 2016 and constructing a toilet with this money.

We found that with the MFI loan takers delays in toilet construction occurred where households were waiting to accumulate the additional funds required to build a toilet, since the funds offered only covered part of the costs of building any toilet other than an unlined pit. In addition, they delayed construction when they were waiting to construct the toilet along with the construction of a new house rather than to build a toilet structure and need to demolish it in the future. In a few cases, they had planned to build the much more expensive septic tank in their new home. They also waited to time toilet construction with preparation for life cycle events, especially marriages. Additionally, they delayed when attempting to coordinate with the sanctioning of the SBM subsidy.

In the cases where it helped to construct the toilet in order to avail of the SBM funds, MFI-based sanitation assistance could complement the state program but it's potential is

determined by the ease or difficulty in accessing the state funds, the timing of the subsidy application and disbursement. In several cases the MFI loan had helped to construct a toilet, which was necessary to have been done already prior to receiving the SBM funds. However, the ability to do this was restricted by the difficulty in accessing the state funds, the timing of the subsidy application and disbursement. Several households had not received the SBM subsidy at all to date. They had either constructed the toilet on their own or with the MFI loan and hoped to get reimbursed or hadn't attempted build a toilet at all. In many cases households alleged discrimination based on caste, with the Scheduled Caste and Scheduled Tribe households being denied loans by local leaders. Several The MFI client households had said they were unable to build a toilet because they could not afford to do so, sometimes because they also knew they would be denied the SBM because of their caste. We found that over all the two interventions, the MFI-based loan offering and the state subsidy scheme have together excluded the poorest. MFI clients reported not taking the loan because of poverty, and then the poorest are often excluded from MFI loans itself. State discrimination preventing funds from reaching Scheduled Caste households and the funds being insufficient to build a good quality toilet without additional investment meant that the poor were again excluded.

We argue that the fact that the funds offered both by the loan and the SBM were insufficient to build a double pit latrine, which would be safer in terms of the management of faecal matter and have a longer lifespan, without additional investment resulted in a lack of, or unsustainability of, universal health improving changes. The shortage of funds meant that the poor were unable to build toilets even if they were to receive the SBM grant and continued to practice open defecation. Then even for those who could afford additional investment, financial constraints meant that they constructed toilets that required expensive maintenance and so could mean a return to open defecation when they could not afford to service their toilets. This was often because single-pit latrines had been constructed instead of double-pit latrines which can be sealed when filled to produce compost whereas the single pit requires manual labour to empty accumulated faecal matter. Problems with the single pit, and perception of the superiority of the septic tanks led to some households constructing this much costlier structure. However, this often was as or more harmful than open defecation as a result of the lack of drainage infrastructure since waste was directed to open gutters in the streets. A stronger intervention would have been to clearly promote double pit latrines, as has been the case in other Indian states. A differentiated subsidy with an additional amount that is allocated based on need – by income or even caste – could have been a way to reach the most vulnerable households without raising the subsidy to all households.

We show that the poor quality of toilets and the absence of broader physical infrastructures beyond the toilet – such water and drainage systems could have meant that toilet uptake didn't result in hygiene improving changes. Therefore, we argue that beyond the question of the MFI loan use, our research points to the need for sanitation promotion to be holistically designed and inclusive. It requires adequate consideration of the complete physical and social systems, in order to be effective, rather than focus only on the construction of a toilet structure. It requires sensitive awareness provisioning, especially such that it doesn't perpetuate stigmatization of any who are excluded by the efforts to ensure toilet access. Further it needs to account for the continued process of repair and maintenance of constructed toilets in order to ensure long-term change.

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## ANNEXURES

### Annex 1. Ethical considerations

The main ethical considerations for this study are that: (1) study participants will be asked about sensitive behaviours and variables including gender, caste, religion, sanitation and financial behaviour; and (2) that some of these participants will be interviewed in a group setting through focus groups. We discuss how we plan to address each of these in turn. We also discuss how we plan to address some more general ethical considerations (such as interviewee fatigue and confidentiality).

- (i) The study has collected information on caste, religion, sanitation and debt, which could be considered to be sensitive. Precautions were necessary to avoid offending the interviewees. Prior to the start of the interviews and focus group discussions, we have explained the motivation of the study, and the types of questions that will be asked. Each interview started with broad, non-personal questions, in order to test people's sensitivity and willingness to share certain information. Throughout the interview, they were regularly asked whether or not they wish to continue, and whether they are comfortable with the way the interview is conducted.
- (ii) Most of the interviews with female respondents have been conducted by a female researcher. All sampled individuals were adults.
- (iii) Informed consent has been obtained before the start of any of the interviews or the focus group discussions. Data collection has been carried out in line with survey protocols to avoid any disruption to local villages. Researchers made clear that participation is voluntary, and that they can stop participating at any time without providing a reason. They have also been made aware that their responses will not be shared with any institution (local panchayat, microfinance institution) the implementing microfinance institution. They were clearly informed of the data storage and analysis protocols, and of their rights. Permission has also been sought to record the interviews/discussions before doing so.
- (iv) Focus groups are not intended to collect personal information at all, this is the purpose of individual interviews. Focus groups aim to collect general information on social norms and common practices, and to stimulate discussion among participants. This is clearly explained at the beginning of the focus group, and it is explicitly asked not to refer to the personal situations of people other than the one who has the floor.
- (v) Interviews were made as short as possible so as not to put undue burden on the respondents
- (vi) All respondent lists and recorded interviews/discussions will be kept safe and confidential with access to individually identifiable private information strictly limited to designated individual(s) in the project team, bound by an explicit confidentiality agreement;
- (vii) No such data will be ever released for general research use unless fully anonymized according to standard protocols and any written and published information from the study will be in aggregated form with no possibility of identifying the study participants or their villages.

## Annex 2. Specifics of Interviews

### Govindan Venkatasubramanian and Santhosh Kumar:

- July 2021
- Credit Access Grameen Ltd staff – Group discussions at Nanded and Pimplegaon – 2
- The NGO Area Manager (over phone, served during 2015-2020)
- Village sarpanch (head) (Kahala Burse, Kahala KH, Kuntur, Beltakbeloli)
- Gramin Sevak (village administrative) (Kahala KH, Pimplegaon)
- Police Patil (conflict resolution staff) (Kahala KH)
- Masons trained by The NGO - Group discussion (Pimplegaon)
- Masons not trained by The NGO 0 Group discussion (Kuntur)
- Women Group – Group discussion (all the villages)
- Caste leaders (Betakbeloli)
- School Head Master (Kahala KH)
- General Public – Group discussion
- Entrepreneurs (Waha)

### Swapna Wadmare:

- August and September 2021
- Panchayat members - from 3 villages - Majaram, Gadga, Pimplegaon (Naigaon)
- Sarpanch- Gram Panchayat Head of Pimplegaon
- Gram Sevak of Pimplegaon and Gadga Gram Panchayat's from Naigaon block
- Borrowers of SL - 22 from villages of Alur, Walag, Betakbiloli, Belur, Andori, Hadtolti, Ramtirth, Gadga,
- ASHA workers- 2 ASHA worker from Manjaram and Gadga (Naigaon)
- Anganwadi worker- Maratala (Loha), Khairgaon (Naigaon)
- ICRP (inter-community resource person)- 2 from Martala (Loha) and Kushnor (Naigaon)
- The MFI staff at present - 8
- The MFI staff – at the time of the sanitation loan – 2 from Naigaon and Deglur block (Informal discussion)
- Masons trained by The NGO - Group discussion (Pimplegaon)
- Masons not trained by The NGO Manjaram, Gadga, Maratala
- Women Group – Group discussion (all the villages)
- Women Group Leader of the MFI- Betakbiloli, Pimplegaon, Kushnor, Ghungarala, Degaon, Lohgaon, Palasgoan, Talpit, Khairgaon, Manjaram, Gadga (Naigaon), Maratala (Loha), Alur and Walag (Deglur)

### Nithya Joseph:

- February, June 2020
- Discussion with MFI Management, head office, Grameen Credit Access Limited
- July 2021
- Phone interview
- Former The NGO staff (joined after the IFS study)
- September 2021

- Phone interviews
- The MFI staff at IFS study baseline – 2
- The MFI sanitation loan takers – 2
- Sanitation expert

### Annexe 3. Loan Uptake and Conversion in Qualitative Study Villages

Gram Panchayat	Treatment Group	Number of loan takers	Conversion of SL loan to toilets at endline
Alur	the MFI+the NGO	12	0*
Andori	the MFI	9	0.56
Belur	the MFI+the NGO	5	0.4
Betakbiloli	the MFI+the NGO	4	0.25
Degaon	the MFI	4	0
Gadga	Control	0	0
Ghungarala	the MFI	0	0
Hadtolti	the MFI+the NGO	33	0.2
Kahala Burse	the MFI+the NGO	10	0.70
Kahala KH	Control	0	0
Khairgaon	Control	0	0
Kushnor	Control	1	1
Kuntur	the MFI+the NGO	4	0
Lohgaon	the MFI+the NGO	0	0
Manjaram	the MFI	1	0
Maratala	Control	0	0
Palasgoan	Control	0	0
Pimplegaon	the MFI+the NGO	8	0.38
Ramtirth	the MFI	0	0
Talpid	the MFI	0	0
Walag	the MFI+the NGO	10	0.4

\*Clients had taken the loan to renovate existing toilets

## My lesson in the art of negotiation

by Shreeshail N Doni, Program Manager and PO Head, Belagum



This incident happened during one of the mass awareness programs at Nanded in Maharashtra.

Over 500 women had gathered for the program, all of them members of GK Kendras. Nearly 300 of these women were newly enrolled members.

Our programs follow a structure. We start with a formal prayer and inauguration. The program is held indoors and the IEC (information-education-communication material) is displayed at the indoor venue.



Suddenly, around 300 women started protesting against the pictures. They claimed that the pictures were insulting to them and lowered their dignity. They were very agitated and insisted that we remove all the pictures from the hall. The women were speaking in Marati, a language I was not familiar with, though from their agitation and actions it was clear what had upset them. Then, the women began to leave the hall.



That is when I decided to act. I called my colleague who speaks Marati fluently and requested him to translate. I asked the women, "Just by looking at these pictures, you all became so agitated. You feel we have insulted you, but think about your own reality. Your daughters, daughters-in-law, mothers, sisters are forced to do this in real life. This is only a picture, but for you it is reality. Don't you feel insulted then? If you can feel so insulted just looking at pictures, what is it that you feel when you have to actually defecate in the open without privacy or dignity?"

There was pin-drop silence in the hall. I had made them think about their own situation without getting aggressive or offering out of context solutions. The women were clearly embarrassed by their behavior. I made them understand that this has to be their decision and that we would not do anything the women were not comfortable with.

The women told me to continue the program. We didn't take down the pictures, it was not necessary. This was an important lesson for me. I learnt that as a negotiator, it is important to keep your cool and negotiate with respect. Motivation and genuine respect are languages of the heart. People always understand them and respond to them.