



Sanitation

Meaning:

Sanitation is the hygienic means of promoting health through prevention of human contact with the hazards of wastes as well as the treatment and proper disposal of sewage or wastewater.

According to **World Health Organization** –

"Sanitation generally refers to the provision of facilities and services for the safe disposal of human urine and feces. Inadequate sanitation is a major cause of disease world-wide and improving sanitation is known to have a significant beneficial impact on health both in households and across communities. The word 'sanitation' also refers to the maintenance of hygienic conditions, through services such as garbage collection and wastewater disposal."

Assessment of Nirmal Bharat Abhiyaan (NBA)

Background:

Government started the **Central Rural Sanitation Programme (CRSP)** in 1986 primarily with the objective of **improving the quality of life of the rural people and also to provide privacy and dignity to women.**

The concept of sanitation was expanded to include personal hygiene, home sanitation, safe water, garbage disposal, excreta disposal and waste water disposal. With this broader concept of sanitation, **CRSP adopted a "demand driven" approach with the name "Total Sanitation Campaign" (TSC) with effect from 1999.** The revised approach emphasized more on **Information, Education and Communication (IEC), Human Resource Development, Capacity Development** activities to increase awareness among the rural people and generation of demand for sanitary facilities. The Programme was implemented with focus on community-led and people centered initiatives.

To give a fillip to the TSC, Government of India also launched the **Nirmal Gram Puraskar (NGP)** that sought to recognize the achievements and efforts made in ensuring full sanitation coverage. The award gained immense popularity and contributed effectively in bringing about a movement in the community for attaining the Nirmal Status thereby significantly adding to the achievements made for increasing the sanitation coverage in the rural areas of the country.

Encouraged by the success of NGP, the TSC is being renamed as "Nirmal Bharat Abhiyan" (NBA). The objective is to accelerate the sanitation coverage in the rural areas so as to comprehensively cover the rural community through renewed strategies and saturation approach.

Budgetary Allocation:

The Government of India has accorded a high priority to the Sanitation Sector. In the **12th Plan an outlay of Rs. 34,377 crores** has been provided for rural sanitation as compared to Rs. 6540 crores in the 11th Plan, which is a

significantly higher allocation (425% higher than the 11th Plan). The goal is to achieve 100% access to sanitation for all rural households in the Country by 2022 under the NBA. Also as per 12th plan objectives of NBA, 50% of all the Gram Panchayats are to become Nirmal Grams by 2017.

Objectives:

- Bring about an improvement in the general quality of life in the rural areas.
- Accelerate sanitation coverage in rural areas to achieve the vision of Nirmal Bharat by 2022 with all gram Panchayats in the country attaining Nirmal status.
- Motivate communities and Panchayati Raj Institutions promoting sustainable sanitation facilities through awareness creation and health education.
- To cover the remaining schools not covered under Sarva Shiksha Abhiyan (SSA) and Anganwadi Centres in the rural areas with proper sanitation facilities and undertake proactive promotion of hygiene education and sanitary habits among students.
- Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation.
- Develop community managed environmental sanitation systems focusing on solid & liquid waste management for overall cleanliness in the rural areas.

Assessment:

This scheme was started with very noble objective to bring about an overall improvement in the **general quality of life in the rural areas by accelerating sanitation coverage in rural areas**. This step was seen as a shift from motivating individual household toilet construction to **covering whole communities in a Gram Panchayat saturation mode** for holistic sanitation outcomes. Accelerating the sanitation coverage in the rural areas is advocated so as to comprehensively cover the rural community through saturation approach to create Nirmal Gram Panchayats.

However, the interventions so far, have as per Census 2011 **resulted in 32.70 percent of rural households having access to toilets in rural areas**, while as per the National Sample Survey Organisation (NSSO) 2013 **estimates 40.6 percent of rural households have such access**. There were some limitations with this scheme –

1. **Funding** – There was only one source of funding i.e. budgetary allocation. New methods of funding such as funding through CSR initiative was not envisaged.
2. **Not enough focus on urban areas** – With respect to urban and rural areas there are different types of problem. This scheme focused only on rural area despite knowing that open defecation is not rural phenomenon, considering **India contributes to 46 percent of global open defecation in urban areas**.
3. **Lack of focus on behavioral and attitudinal changes** - In many areas in country despite the construction of toilets people didn't use. There was not enough focus on awareness campaign which could have educated people about harms caused by open defecation.
4. **Lack of Effective and efficient monitoring agency** – Outputs (construction) and outcomes (usage) were not monitored effectively. After construction of toilets there was no monitoring and there was not enough focus on maintenance of toilets.
5. **Lack of expertise and scientific knowledge about biology and ecosystems**.
6. There was no provision to ensure the **water availability** in the areas where toilets were constructed. As a result, toilets were built but there was no water hence toilets could not be used.

Community led sanitation campaign:

What does it mean?

Community-Led Total Sanitation (CLTS) is an approach which is based on the principle of **triggering collective behavior change**. In this approach, rural communities are facilitated to take collective action to adopt safe and hygienic sanitation behavior and guarantee that all households have access to safe sanitation facilities. CLTS is an approach which helps rural communities **to understand and realize the negative effects of poor sanitation and**

empowers them to collectively find solutions to their inadequate sanitation situation. CLTS is focused on igniting a change in sanitation behavior rather than constructing toilets. This is done by a **process of social awakening that is stimulated by facilitators from within or outside the community.** This approach **concentrates on the entire community rather than on individual behaviors.** The first significant step of CLTS is to end open defecation as an entry point while changing sanitation behavior. It starts by enabling people to do their own sanitation profile through appraisal, observation and analysis of their practices of open defecation and the effects these have.

Successful models:

A CLTS approach has been applied not only in rural regions but also in urban areas. The first known **case is Kalyani, a slum north of Kolkata,** where exceptional political leadership galvanised people to achieve Open Defecation Free (ODF) conditions without subsidies. In other successful cases, for example **in Panipat District in Haryana, large semi-urban areas have been declared ODF.**

Advantage:

- CLTS does not rely on sanitation subsidies or service delivery from external agencies.
- **Focusing on outcomes, not on hardware inputs.**
- No standardized top-down designs: People decide for themselves.
- **Local innovations of low cost toilet** models using locally available materials.
- **Local choice:** Providing a variety of technological options and getting people to access affordable technologies.
- The approach **encourages people to change their hygiene behaviors** without prescribing how they should do it.
- **Empowering the households and enabling them** to get onto the sanitation ladder at the level that they can afford.
- CLTS also **empowers natural community leaders and facilitators** who then move on to other communities to spread the effect or use the momentum of collective action and social cohesion to address other livelihoods issues in the community.
- **Social solidarity leading to other actions-** The community solidarity and sense of achievement from a successful CLTS process can be an entry point for other initiatives. **The Social Development Unit of CARE Bangladesh has pioneered here, and there have been examples of communities coming together to build embankments to prevent flooding and crop loss,** following CLTS triggering and action. They have **also tackled the annual hunger season in other ways,** with the aim of achieving hunger-free communities.
- **Local leadership, self-confidence and livelihood-** Linked with social solidarity, **the emergence and growing confidence of local leaders** — in a CLTS context usually described as **Natural Leaders (NLs)** — is often reported. This provides opportunities for people with leadership potential and can also apply pressure on the existing leadership. The voluntary work and commitment of NLs can contribute to the sustainability of CLTS and other activities beyond the life of any external project.

Disadvantage:

- CLTS relies on the quality of the facilitators.
- The selection process, their training and their motivation level are critical factors for success.
- Where previous interventions have offered subsidies or prescribed certain standards the community tends to have reservations and be skeptical about CLTS and wait for handouts.
- The sustainability of CLTS approaches is sometimes questionable, given that **the technologies chosen are usually cheap.**

Reasons of India's failure on sanitation front:

Historically, the Indian society has often given high priority to sanitation. **Excavations from the Indus Valley Civilisation and Harappa** reveal ingenious solutions to facilitate waste water conveyance through underground

drainage systems. Sanitary engineering, as far as 5000 years ago, was at a developed stage. Such visions on improved sanitary practices continued across the reign of various dynasties – like the Mauryas, Guptas or the southern kingdom of Vijayanagara – that ruled the subcontinent. Even from an ideological point of view, various social reformers of India propagated the importance of sanitation. **From Patanjali's philosophy to writings of Vivekananda and the Gandhian concept of sanitation**, the emphasis on sanitation was integral to India's cultural foundation.

Despite this, presently **less than 50 percent of households** in the country have access to sanitation facilities, **only 30 percent of the generated wastewater** and generated sewage gets treated before being let into rivers and streams. **An estimated 4 lakh children die of diseases such as cholera, dysentery** and suffer from stunted growth as a result of poor sanitation each year. **"Lack of awareness"** and **"established age old practice"** stand out as the predominant reasons for open defecation in case of households where toilet facilities are already available. Gap between availability and adequacy of toilets is another reason.

A World Bank study estimates that **inadequate sanitation accounts for a loss of \$53.8 billion (as estimated for 2006) in India**, which includes economic losses recorded from **tourism, access time, water use and health related economic impacts**. This implies a **per capita annual loss of \$48**. India is also a signatory of the Millennium Development Goals, but is lagging severely in meeting its goal on sanitation i.e "halving the proportion of the population without sustainable access to safe drinking water and basic sanitation by 2015". Some of the reasons of India's failure at sanitation is –

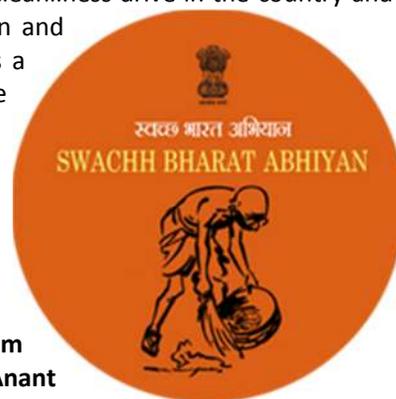
- a) **Source of Funding** – Not enough ways to mobilize the funds for sanitation programmes.
- b) **Not enough focus on Urban areas** – With respect to urban and rural areas there are different types of problem. Most of the schemes focused only on rural area despite knowing that open defecation is not only rural phenomenon, considering **India contributes to 46 percent of global open defecation in urban areas**.
- c) **Lack of focus on behavioral and attitudinal changes** - In many areas in country despite the construction of toilets people didn't use. There was not enough focus on awareness campaign which could have educated people about harms caused by open defecation.
- d) **Lack of Effective and efficient monitoring agency** – Outputs (construction) and outcomes (usage) were not monitored effectively. After construction of toilets there was no monitoring and there was not enough focus on maintenance of toilets.
- e) **Lack of expertise and scientific knowledge about biology and ecosystems**.
- f) Non availability of adequate water is also a problem. Only about 46% Households are reported to have adequate water for flushing and tap water is available in the latrines in only 3.61% households. There was no provision to ensure the **water availability**.
- g) **Lack of political will and decisive decision making**.

Current approach of Swachh Bharat Abhiyan:

Swachh Bharat Abhiyan or the "Clean India Campaign" is the biggest ever cleanliness drive in the country and Prime Minister had appealed to each Indian to get involved in the mission and make it a success. The goal now is to achieve **Swachh Bharat by 2019**, as a tribute to the **150th Birth Anniversary of Mahatma Gandhi**, by improving the levels of cleanliness in rural areas and making Gram Panchayats Open Defecation Free (ODF).

For this, the Swachh Bharat Mission will be launched with a new thrust to the sanitation programme, by restructuring of the Nirmal Bharat Abhiyan (NBA) into Swachh Bharat Mission.

For proper execution of the Swachh Bharat Abhiyan, **a 19-member expert team has been formed under the chairmanship of scientist Raghunath Anant Mashelkar**. The entire team will be involved to suggest the best and the most advanced



technology to provide sanitation and water facilities in various states using methods that are **affordable, sustainable, and scalable**.

Specific Objectives:

- Elimination of open defecation.
- **Conversion** of insanitary toilets to pour flush toilets.
- Eradication of manual scavenging.
- 100% collection and scientific processing/disposal/reuse/recycling of municipal solid waste.
- A **behavioral change** in people regarding healthy sanitation practices
- Generation of awareness among citizens about sanitation and its linkages with public health.
- Supporting urban local bodies in designing, executing and operating waste disposal systems.
- Facilitating private-sector participation in capital expenditure and operation and maintenance costs for sanitary facilities.

Important Provisions:

- NBA will be restructured into the Swachh Bharat Mission with **two sub-Missions - Swachh Bharat Mission (Gramin) and Swachh Bharat Mission (Urban)**. Budgetary provisions for the two sub-Missions will be provided separately in the demand for Grant of the **Ministries of Drinking Water and Sanitation (for Gramin) and Ministry of Urban Development (for Urban)**. The Mission will be kick-started on 2nd October 2014.
- Enhance the Unit cost of the Individual Household Latrine (IHHL) from Rs. **10,000 to Rs. 12,000 so as to provide for water availability, including for storing, hand-washing and cleaning of toilets**.
- Central share **for IHHLs to be Rs. 9,000 (75 percent)** from Swachh Bharat Mission (Gramin). The State share to be Rs. **3,000 (25 percent)**. For North Eastern States, Jammu and Kashmir and Special category States, the Central share will be 10,800 and the State share Rs. 1,200 (**90 percent:10 percent**). Additional contributions from other sources will be permitted.
- Provision to be **included in the Indira Awas Yojana (IAY) for provision of functional toilets**. Till such provision is made, existing arrangement of funding will be continued from the **Swachh Bharat Mission (Gramin)**.
- Provision for **Information, Education and Communication (IEC) will be at 8 percent of total project cost**, with 3 percent to be utilised at the Central level and 5 percent at State level.
- Provision for **Administrative Cost will be 2 percent of the project cost**. Sharing pattern will be 75:25 between Centre and State.
- **Discontinue the part funding from MGNREGA** for the payment of incentives for the construction of IHHLs and pay the entire amount of Government of India share from the Swachh Bharat Mission (Gramin).
- All other components of the NBA that is Solid Liquid Waste Management (SLWM) and Community Sanitary Complexes (CSCs) will be retained. SLWM funding will be at 75:25 sharing pattern. For CSCs it will be 60:30:10 (Centre: State: Community). **CSCs will be constructed only when the Gram Panchayat takes the responsibility of ownership and a sustainable operation and maintenance system is assured**. CSCs will include public toilets at markets/bus stands/ peri-urban areas/census towns etc., wherever ownership and operation and maintenance is assured. CSCs/public toilets will also be considered under Public Private Partnership (PPP)/VGF mode.
- **Transfer of the responsibility of construction of all School toilets to the Department of School Education and Literacy and of Anganwadi toilets to the Ministry of Women and Child Development**.
- The strategy of implementation of the **Sanitation Programme will focus on behaviour change, triggering of the population with regard to toilet construction, and their use**.
- **Monitoring mechanism will be strengthened. Outputs (construction) and outcomes (usage) will be monitored**. There should be **comprehensive re-appraisal** of the programme at end of the 12th Plan.
- States shall prepare **an implementation strategy (Annual Implementation Plan) in consultation with the Mission**. States performing as per their Plans will be incentivized. States achieving their targets prior to scheduled dates shall be further incentivized.

Funding for these new initiatives will be through the following:

- Budgetary allocations
- Contributions to the **Swachh Bharat Kosh**
- Through commitments under **Corporate Social responsibility (CSR)**
- Funding assistance from multilateral sources like seeking financial and technical support from World Bank and other international groups.

Strengths:

- Two sub-Missions - Swachh Bharat Mission (Gramin) and Swachh Bharat Mission (Urban) is a good initiative. This will be helpful in tackling sanitation problems at two different levels.
- Sources of funding has always been problem to sanitation schemes, government has taken right step by bringing Swachh Bharat Mission under CSR and it has also said that it will try to mobilize funds and technical support from World Bank and other international organizations.
- **Focus on awareness and behavioral change-** A separate allocation (8% of total budget of the total cost) has been made for awareness campaign.
- **Integration with other schemes** – IAY has been also integrated with this scheme.
- CSCs will be constructed only when the Gram Panchayat takes the responsibility of ownership and a sustainable operation and maintenance system is assured. This will ensure the sustainable operation and better maintenance of the scheme.
- Monitoring mechanism will be strengthened. Outputs (construction) and outcomes (usage) will be monitored.

Outcome:

Recent changes (based on view of high level government official)

Way Forward:

Sanitation Policies and Programs **should facilitate participation of civil society (including women) in the design, implementation and monitoring of local priorities in rural and urban areas.** The mistake of the programmatic paradigm adopted thus far **has been the lack of localization.** This has led to a variety of issues like **slow implementation, misplaced priorities of local government and complete dissatisfaction of the communities.**

India also needs a **very aggressive IEC program to influence people's behavior, preferences, and choices to make the country open defecation free.** Strengthening of institutions, efficient monitoring and evaluation for improved accountability and innovations in design and implementation will have to mark the **final sanitation journey that India is going to embark upon.** No policy is bad by itself, in so far as it is not too specific or too broad in its functional scope. The success of any government policy lies in its functional purpose, which is implementation.

A Tall Order

This is the highest no. of toilets built in a month since the project was launched in Oct

Until Jan, 31.83 lakh individual household toilets have been built

By achieving 61% of target, Karnataka has been the top performer under the programme

Punjab has been the worst performer, achieving barely 5% of the given target

■ 12 cr toilets are to be built in rural India until Oct 2019

■ This would require an investment of ₹1.96 lakh crore over the next 5 years

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