



Pratidhwani the Echo

A Peer-Reviewed International Journal of Humanities & Social Science

ISSN: 2278-5264 (Online) 2321-9319 (Print)

Impact Factor: 6.28 (Index Copernicus International)

Volume-VI, Issue-II, October 2017, Page No. 117-126

Published by Dept. of Bengali, Karimganj College, Karimganj, Assam, India

Website: <http://www.thecho.in>

A Study of Sanitation Programmes and Performance in India

Shailendra Singh Rana

Ph.D Research Scholar, Dept. of Economics Lucknow University, Uttar Pradesh, India

Dr. Ritu Agarwal

Assistant Professor, Amity University, Lucknow, Uttar Pradesh, India

Abstract

People practicing Hinduism in India were the pioneers of town planning in which sanitation and cleanliness were critical components. Proper arrangements for sewage disposal with networks of tunnels made of baked bricks found in the archaeological remains of Indus Valley civilization, Harappa, Mohenjo-Daro, Dholovira and Lothal reflect the same. Several Hindu scriptures also propound the importance of cleanliness, for example-the ancient text of Hinduism, Manusmriti says-ahinsa satyam asteyam saucham indriyanigrah etam saamasikam dharma chaaturvarnya abraveen manu (10.63)(Non-Violence, Truth, Non-Stealing, Cleanliness/Purity and Sense-Control are the duties that are common for all four classes, so declares Manu). However due to several factors Indians stopped practicing cleanliness. Successive governments spent millions of rupees on various cleanliness programmes but did not get the desired results. Recent such programme is “Swachh Bharat Mission” launched by Prime Minister Narendra Modi in the year 2014. This research paper briefly reviews government sanitation programmes and performance in India.

Keywords: *Cleanliness, India, Sanitation, Swachh.*

Introduction: Mahatma Gandhi once said – “Uncleanliness of the mind is more dangerous than that of the body. The latter, however, is an indication of the former”. This quote really summarizes the significance of sanitation. It is one of the hallmarks of a civilized society. Inadequate access to sanitation adversely impacts human health and also harms their dignity and is also associated with other significant negative externalities. Access of humans to basic amenities such as safe drinking water, clean cooking fuel, electricity and sanitation are essential for their development. Improving access to safe drinking water and sanitation by the year 2015 was one of the eight Millennium Development Goals (MDG) developed by international community. The WHO/UNICEF joint monitoring programme for water and sanitation describes improved sanitation as sanitation facilities that hygienically separate human excreta from human contact. These include- Flush toilet, Piped sewer system, Septic tank, Flush/pour flush to pit latrine, Ventilated improved pit latrine (VIP) Pit latrine with slab, Composting toilet. According to WHO 94.1% population has gained access to

improved drinking water source but a very less percentage of 39.6% of the population is using improved sanitation facilities in the year 2015 in India. The data from WHO/UNICEF joint monitoring programme reveal that open defecation is much more common in India than it is in many of the poorest countries of the world, like Rwanda, Burundi, Malawai and the Democratic Republic of the Congo. Given this background this study aims at exploring the sanitation programmes and performance in India.

Objectives:

- (i) To study the major sanitation programmes launched by Government of India.
- (ii) To study the sanitation situation in India.

Research Methodology: This research study is based on the secondary data collected from various sources-Census 2001, Census 2011, Several rounds of NSSO, Global Health Observatory of World Health Organization and MOSPI Swachhta Status Report 2016.

Sanitation Programmes in India: A Review:

1-Mahatma Gandhi was the first person in India who emphasized the importance of cleanliness with a stress on sanitation and started a drive to clean India. In his own words “sanitation is more important than independence”. He dreamt of total sanitation for all and was one of the first who pointed out the positive correlation between cleanliness and good health. Mass contact programme for cleanliness under the leadership of Mahatma Gandhi was the first such programme in India which created awareness among Indian population for cleanliness.

2-SANITATION DECADE (1981-1990)-India subscribed to the resolution passed by 31st UN General Assembly in 1977 for supporting the International Drinking water supply and Sanitation Decade.

3-CENTRAL RURAL SANITATION PROGRAMME (1986)-In 1986 Ministry of Rural Development in India launched a Central Rural Sanitation Programme with an objective of improving the quality of life of people in rural areas emphasizing on providing privacy and dignity to women. It basically stressed to encourage BPL households to construct sanitation facilities by giving them subsidies.

4-TOTAL SANITATION CAMPAIGN (1999) - CRSP was not very successful because just incentivizing the people by way of subsidies without creating awareness about sanitation is not enough in a country where people do not know the benefits of improved sanitation. For this reason and based on recommendations of the National Seminar on Rural Sanitation in September 1992, the programme was again revised to make it an integrated approach for rural sanitation and a new Total Sanitation Campaign was launched in 1999. This programme initiated the shift from high subsidy regime to low subsidy regime in sanitation with the objectives of (i) educating people for the need of improved sanitation facilities. (ii) demand driven construction of sanitation facilities instead of supply driven (iii) enlarge the coverage of sanitation in rural regions (iv) promotion of cost effective

and suitable technologies (v) expanding the scheme to schools in rural areas and public places (vi) Accelerate sanitation coverage in rural areas to access to toilets to all by 2012.

5-NIRMAL BHARAT ABHIYAN (2012) - A study conducted by Programme Evaluation Organization of Planning Commission revealed the modest increase in the number of households with latrines and was not very effective in reducing the percentage of people who defecate in open. Due to this modest success of Total Sanitation campaign, government modified it and launched it with the name Nirmal Bharat Abhiyan in 2012 and the target to achieve sanitation to all was extended from 2012 to 2022. This new campaign also followed the principles of community led total sanitation and was demand driven and people centered sanitation programme having the following objectives- (i) Improvement in general quality of life in rural areas. (ii) To speed up the coverage of sanitation in rural areas to achieve the vision of Nirmal Bharat by 2022 (iii) Promoting sustainable sanitation facilities across communities and panchayati raj institutions through awareness creation and health education. (iv) To expand the reach of proper sanitation facilities and promoting the education of hygiene and sanitary habits beyond the schools which were already covered in Sarva Shiksha Abhiyan and Anganwadi centres. (v) encouraging the use of cost effective and eco friendly technology for safe and sustainable sanitation. (vi) Develop community managed environmental sanitation systems focusing on solid & liquid waste management for overall cleanliness in the rural areas.

6-SWACHCH BHARAT ABHIYAN (2014) - In the year 2014 newly elected Prime Minister Narendra Modi launched a new cleanliness drive, Swachch Bharat Abhiyan on 2nd October 2014 (birth anniversary of Mahatma Gandhi). It has been launched under the aegis of Ministry of Urban Development and the Ministry of Drinking water and Sanitation. Swachch Bharat Abhiyan is a national campaign to clean the roads, streets and infrastructure of India. It has two parts- Swachch Bharat Mission Gramin (SBM-G) and Swachch Bharat Mission Urban (SBM-U). SBM-G focuses on accelerating efforts to achieve universal sanitation coverage, improve cleanliness and eliminate open defecation in India by 2019. The program is considered India's biggest drive to improve sanitation and cleanliness in the country. Main Objectives of SBM-U are to eliminate open defecation, eradication of Manual Scavenging, modern and Scientific Municipal Solid waste management, to effect behavioral change regarding healthy sanitation practices, to generate awareness about sanitation and its linkage with public health, capacity Augmentation for ULB's, to create an enabling environment for private sector participation in Capex (capital expenditure) and Opex (operation and maintenance), to create an enabling environment for private sector participation in Capex capital expenditure and Opex operation and maintenance).

Performance: According to Global Health Observatory (GHO) of World Health Organization 68% of the world population had access to improved sanitation facilities. 95 countries have met the sanitation target however a overwhelming 13% of the world population has no access to toilets, latrines or any form of sanitation facility, and therefore practice open defecation, which results in high levels of environmental contamination and

the exposure of people defecating in open to the risk of microbial infections, diarrhoeal diseases. WHO data reveals that 60.4% of Indian population does not have access to improved sanitation facilities. Situation is worse in rural areas where only 28.5% of population has access to improved sanitation facilities which clearly shows the massive urban-rural disparities in access to improved sanitation facilities.

Population Using Improved Sanitation Facilities in India

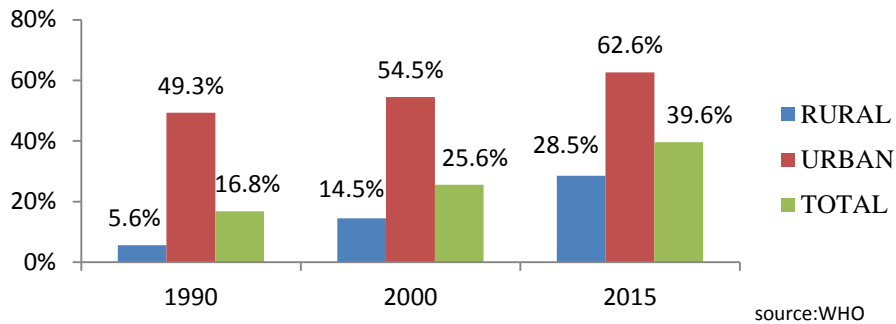
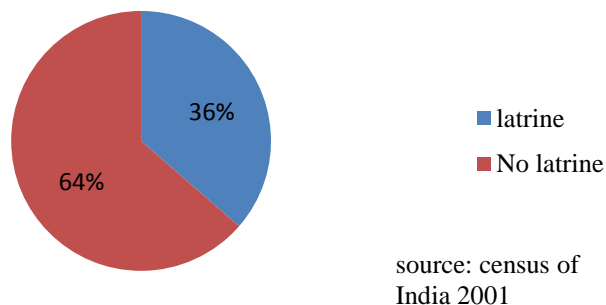


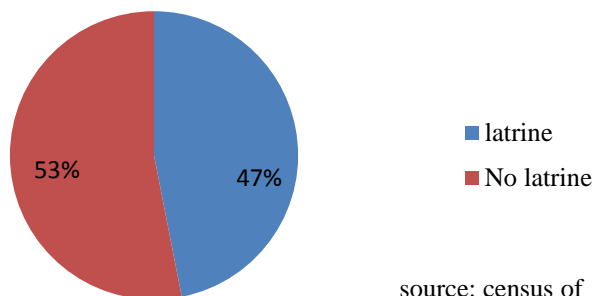
Figure-I

Census 2011 and Census 2011 reveal a modest increase of 11% in the number of households having latrine facility. If we average it around the period of 10 years there is an increase of only 1.1% every year. Rural-urban disparities are also found in the availability of latrine facility to households during both the censuses .According to Census 2001,only 21.9% households had latrine facility in rural areas whereas this figure was relatively high in case of urban areas where 73.7% households had access to latrine facility. The situation didn't change much during a decade and the Census 2011 also revealed the high rural-urban disparities.30.7% rural households and 81.4% urban households had access to latrine facility as per the Census 2011.

Households by Availability of Latrine Facility (total): 2001



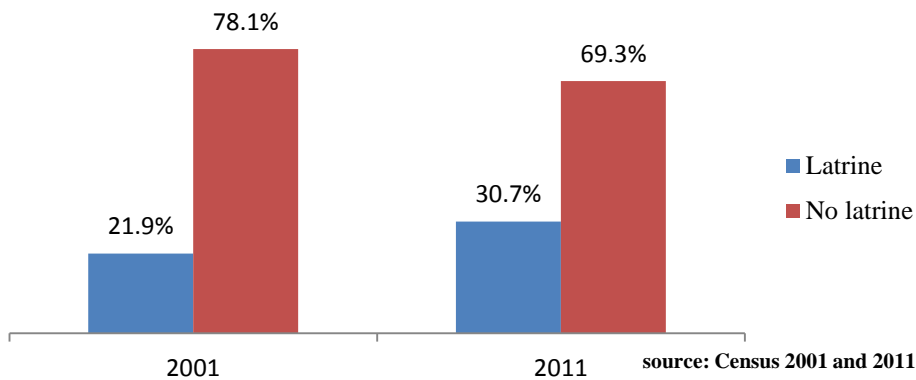
Households by Availability of Latrine Facility (total): 2011



source: census of India 2011

Figure-II

Households by Availability of Latrine Facility in Rural Areas



source: Census 2001 and 2011

Households by Availability of Latrine Facility in Urban Areas

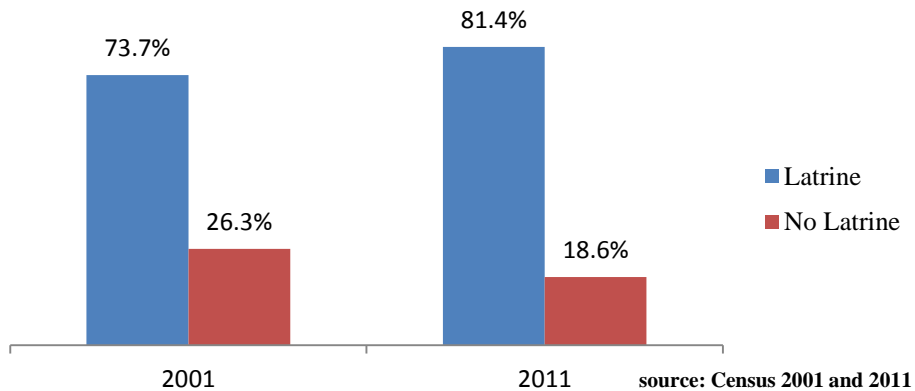
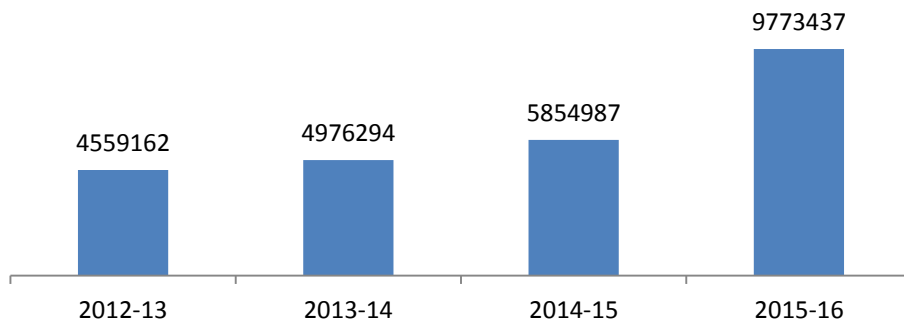


Figure-III

Nirmal Bharat Abhiyan aimed at 100 percent access to sanitation for all households by 2022. The number of households being provided latrines increased from 0.621 million in 2002-03 to 4.5 million in 2012-13 and according to Swachhta Report 2016 given by Ministry of Statistics & Programme Implementation, upto February 2016 approximately 9.78 million individual household latrines have been constructed which is an increase of 114% since the fiscal year 2012-13 and 70% since the previous year. However the construction of school toilets and Anganwadi toilets is decreasing since the year 2012-13.

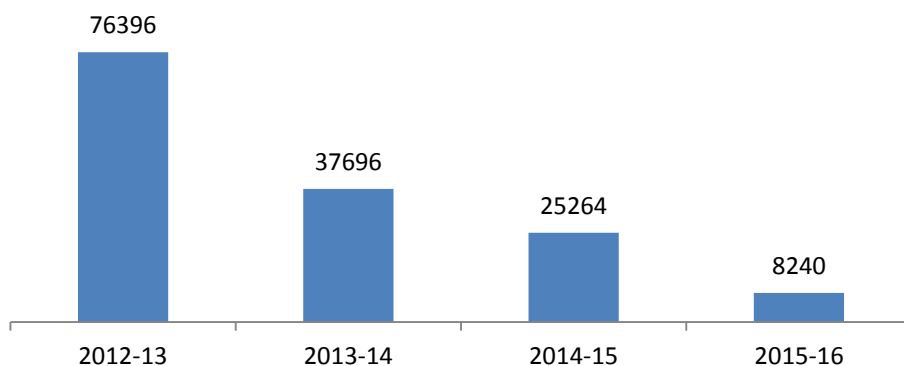
Number of Individual household latrines constructed



Source: Swachhta Status Report 2016

Figure-IV

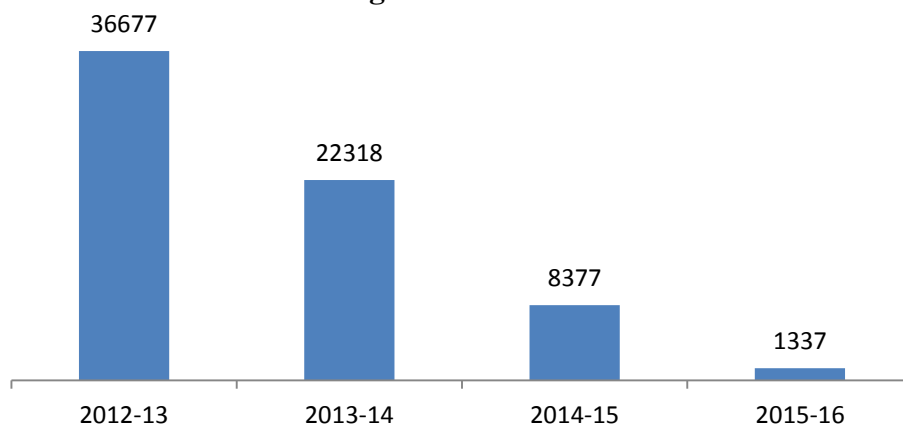
Number of School Toilets constructed



Source:Swachhta Status Report-2016

Figure-V

Number of Anganwadi Toilets constructed



Source:Swachhta Status Report-2016

Figure-VI

State-Wise Percentage of Rural Households Accessing Toilet Facilities Table-I

State/UT	Year-2010	Year-2011	Year-2012
Andhra Pradesh	32.2	34.08	45.7
Arunachal Pradesh	52.7	55.75	87.4
Assam	59.6	61.54	86.3
Bihar	17.8	18.61	27.2

Chhattisgarh	14.5	14.85	23.3
Goa	70.9	72.6	90.3
Gujarat	33.0	34.24	41.3
Haryana	56.1	57.71	74.8
Himachal Pradesh	66.6	67.45	74.3
Jammu & Kashmir	38.6	41.71	55.7
Jharkhand	7.6	8.33	9.5
Karnataka	28.4	31.85	29.2
Kerela	93.2	94.41	97.2
Madhya Pradesh	13.1	13.58	21.1
Maharashtra	38.0	44.20	46.0
Manipur	86.0	87.73	98.8
Meghalaya	53.9	56.94	95.5
Mizoram	84.6	87.1	99.8
Nagaland	69.2	97.69	100
Odhisia	14.1	15.32	18.7
Punjab	70.4	71.89	77.8
Rajasthan	19.8	20.13	27.0
Sikkim	-	85.14	-
Tamil Nadu	23.2	26.13	33.6
Tripura	81.5	84.59	98.6
Uttar Pradesh	21.8	22.87	24.7
Uttarakhand	54.1	54.96	80.0
West Bengal	46.7	48.70	60.3
Andaman & Nicobar	-	61.08	-
Chandigarh	-	94.31	-
Dadar & Nagar Haveli	-	29.28	-
Daman & Diu	-	65.8	-
Lakshadweep	-	98.34	-
Delhi	76.3	86.5	100
Puducherry	-	40.41	-

(Source: Census 2011 and NSSO 2010 and 2012)

NSSO survey has revealed that some households are using the newly constructed toilets as store room for grains. Recent Swachhta Report 2016 of MOSPI also reflects the same in case of community toilets. With the exception of few states many villages in other states are not using community toilets in spite of having them. Tamil Nadu (13.7%) and Sikkim (6.1%) have the highest percentages of such villages. Figures on the “community toilets in use” reveal that in three states Bihar, Haryana and Rajasthan more than 50% of community toilets are not in use. Whereas in the states of Assam, Jharkhand, Odhisia and Telangna relatively very less number of villages have community toilets but 100% of them are in use.

As India tries to make itself completely open defecation free by the year 2019, the biggest stumbling blocks are not the availability and accessibility of toilets but to make them fully aware of the adverse effects of not using them. In Swachh Bharat Mission, besides the construction of toilets, their usage and achievement of ODF is now being monitored. Official website of Swachh Bharat Mission shows that 0.125 Million villages have declared themselves open defecation free (ODF).

Percentage of Villages by Availability and Use of Community Toilets

Table-II

State/UT	Percentage of villages having community toilets	Percentage of villages having community toilets and		Percentage of community toilets in use
		Using it	Not using it	
Andhra Pradesh	12.5	10.5	2.0	91.8
Assam	1.8	1.8	0	100
Bihar	4.8	3.4	1.5	44.0
Chhattisgarh	6.0	5.0	1	77.8
Gujarat	5.9	5.1	0.8	96.6
Haryana	9.2	9.2	0	49.0
Himachal Pradesh	6.4	6.5	0	94.4
Jammu & Kashmir	26.4	26.4	0	86.5
Jharkhand	0.8	0.8	0	100
Karnataka	18.9	14.0	4.9	70.2
Kerala	3.2	2.5	0.7	85.7
Madhya Pradesh	5.7	4.2	2.5	79.0
Maharashtra	30.0	27.8	2.2	79.6
Manipur	13.9	13.9	0	87.0
Meghalaya	3.6	3.6	0	100
Mizoram	25.0	25.0	0	91.5
Nagaland	26.9	26.9	0	97.1
Odisha	0.5	0.5	0	100
Punjab	1.0	1.0	0	100
Rajasthan	4.7	3.7	1.1	45.0
Sikkim	15.2	9.1	6.1	57.1
Tamil Nadu	72.0	58.3	13.7	83.2
Telangana	10.6	10.6	0	100
Uttar Pradesh	2.4	2.1	0.3	95.0
Uttarakhand	17.6	16.2	1.4	85.7
West Bengal	6.0	6.0	0	82.5
All India	13.1	11.4	1.7	82.1

(Source: Swachhta Status Report 2016, MOSPI)

Conclusion: This study has presented a picture of sanitation programmes and performance in India. Researchers working on India's sanitation programme narrate several instances of people not adopting toilets despite having got access to one. The reasons are varied — personal, traditional or cultural. Studies reveal that for some people morning cleansing in the open is a time for socializing and for some it is just a habit that they have grown up with, and access to a new toilet is not a compelling reason to change that habit. Aggressive social marketing, communication for behaviour change and development of strong partnership with the implementing agencies, NGOs and bilateral agencies are required. For this money is not a problem, World Bank has already approved a loan of \$1.5 billion to Swachh Bharat Mission to support the Indian government in its efforts to ensure all citizens in rural areas have access to improved sanitation with a focus on behavioral change to further the project and ending the practice of open defecation by 2019.

References:

1. Global Health Observatory of WHO. Retrieved on November 30, 2016 from <http://www.who.int/gho/en>.
2. Kumar, A. 2014: Access to Basic Amenities: Aspects of Caste, Ethnicity and Poverty in Rural and Urban India—1993 to 2008–2009, *Journal of Land and Rural Studies*, Vol. 2, No. 1, pp. 127-148.
3. Srinivasan, K., Mohanty, S. 2004: Deprivation of Basic Amenities by Caste and Religion: Empirical Study Using NFHS Data, *Economic and Political Weekly*, Vol. XXXIX No. 07, February 14, 2004.
4. Sen, A. 1999: The Possibility of Social Change, *American Economic Review*, Vol. 89(3), Pages 349-378
5. Galbraith, C and A Thomas (2009): *Community Approaches to Total Sanitation*. (New York: UNICEF).
6. Hathi, P, et al.(2014) : Place and Child Health: The interaction of Population density and sanitation behavior in developing countries” r.i.c.e. working paper.
7. Mehta, L and S Movik (2011): *Shit Matters*. (Rugby, UK: Practical Action)
8. Patil, SR etal. (2013): —A randomized, controlled study of a rural sanitation behavior change program in Madhya Pradesh, India|| *World Bank Policy Research Working Paper 6702* (Washington DC: World Bank)
9. WHO and UNICEF (2015): *WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation*, accessed November 2016 from <http://www.wssinfo.org/>.