

---

# **A Movement Towards Total Sanitation in India**

---



**Government of India**

South Asian Conference on Sanitation  
Islamabad, Pakistan  
20<sup>th</sup> to 21<sup>st</sup> September 2006

## **Abbreviations and Acronyms**

AFC	Agriculture Finance Corporation
ASHA	Accredited Social Health Activist
BP	Block Panchayat
CCDU	Communication and Capacity Development Units
CRSP	Centrally Sponsored Rural Sanitation Programme
DLM	Distict Level Monitor
DPEP	District Primary Education Programme
DWSM	District Water & Sanitation Mission
GoI	Government of India
GP	Gram Panchayat
HRD	Human Resource Development
ICDS	Integrated Child Development Services
IEC	Information, Education, and Communication
IHHL	Individual Household Latrine
MNP	Minimum Needs Programme
MoHRD	Ministry of Human Resource Development
NGP	Nirmal Gram Puraskar
NGO	Non-governmental Organisation
NRHM	National Rural Health Mission
PC	Production Centre
PRI	Panchayat Raj Institution
PTA	Parent Teachers' Association
RSM	Rural Sanitary Mart
SHG	Self-help Group
SSHE	School Sanitation & Hygiene Education
SSA	Sarva Siksha Abhiyan
TSC	Total Sanitation Campaign
UNICEF	United Nations Children's Fund
ZP	Zilla Panchayat

## Table of Contents

ABBREVIATIONS AND ACRONYMS.....	II
TABLE OF CONTENTS .....	III
INTRODUCTION.....	1
OVERVIEW.....	1
RELEVANCE OF SANITATION AND HYGIENE.....	1
SANITATION COVERAGE - PRESENT STATUS .....	1
SANITATION AND INITIATIVES .....	2
POLICY REFORMS .....	3
TSC IMPLEMENTATION MECHANISM.....	4
FUNDING PROVISION IN TSC.....	4
INCENTIVES AND AWARDS .....	4
PHYSICAL PROGRESS .....	5
FINANCIAL PROGRESS .....	5
CHALLENGES FACING THE TSC .....	6
ACHIEVEMENTS SINCE 1 <sup>ST</sup> SACOSAN.....	7
<i>policy initiatives</i> .....	7
<i>Mid term evaluation of TSC</i> .....	7
<i>Policy decisions taken</i> .....	8
<i>Capacity building</i> .....	9
<i>Network of resource centers</i> .....	9
<i>Key achievements in implementation</i> .....	10
<i>Scaling up of TSC</i> .....	10
<i>Increase in the budgetary outlay</i> .....	10
<i>Increase in Sanitation Coverage</i> .....	11
<i>Increased political will</i> .....	11
<i>Institutionalisation of NGP</i> .....	12
<i>Increased focus on SSHE &amp; Anganwadi Sanitation</i> .....	13
<i>Emphasis on IEC</i> .....	14
<i>Convergence with NRHM</i> .....	14
<i>Monitoring of the Programme</i> .....	15
INNOVATIVE EXPERIENCES.....	15
KEY ISSUES AND LESSONS LEARNED .....	197
THE WAY FORWARD -- TOWARDS TOTAL SANITATION AND HYGIENE.....	21
GOALS IN RURAL SANITATION PROMOTION .....	18
STRATEGY ADOPTED FOR MEETING THE GOALS .....	18

## Introduction

### Overview

This paper is broadly divided into three sections. An introduction briefly outlines the importance of sanitation, and provides a summary of the sanitation situation in India including the institutional structure. The second section traces recent initiatives taken in India's sanitation program giving emphasis on the achievements made since SACOSAN-I in Dhaka. It also outlines some of the steps that have been taken for implementation of the programme and the lessons learnt. The last section deals with the future plans and strategies adopted for attaining total sanitation coverage in India.

#### 1.0 Relevance of Sanitation & Hygiene

A direct relationship exists between water, sanitation, health, nutrition, and human well being. Consumption of contaminated drinking water, improper disposal of human excreta, lack of personal and food hygiene and improper disposal of solid and liquid waste have been the major causes of many diseases in developing countries like India.

#### Sanitation- *women and children's concerns*

An additional concern in the context of the above relates to the differential burden the current situation places on women. Women in rural India, as in most parts of the world, often suffer from lack of privacy, harassment and need to walk large distances to find a suitable place for defecation in the absence of household/appropriate neighbourhood toilet facilities. In several cases, they are known to wait till early morning or night before venturing out in the open causing health problems such as urinary tract infections. These also have significant implications for attendance and enrolment of girls in schools.

#### **THE BURDEN OF SANITATION-RELATED DISEASE IN INDIA**

- On an average, 30 million persons in rural areas suffer from sanitation-related disease
- 5 of the 10 top killer diseases of children aged 1-4 in rural areas are related to water and sanitation
- About 0.6-0.7 million children die of diarrhoea annually

*Source: Central Bureau of Health Intelligence, Ministry of Health and Family Welfare, 1998-99*

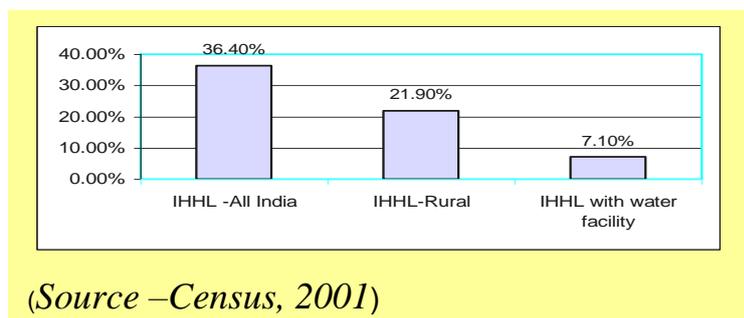
#### 1.1 Sanitation Coverage- *present status*

The practice of open defecation in India comes from a combination of factors—the most prominent of them being the traditional behavioural pattern and lack of awareness of the people about the associated health hazards. As per the latest Census data (2001), only 36.4 percent of total population has latrines within/attached to their houses. However in rural areas, only 21.9 percent of population has latrines within/attached to their houses. Out of this, only 7.1 percent households have latrines

“The day every one of us gets a toilet to use, I shall know that our country has reached the pinnacle of progress,” Pt. Jawaharlal Nehru, the first Prime Minister of India

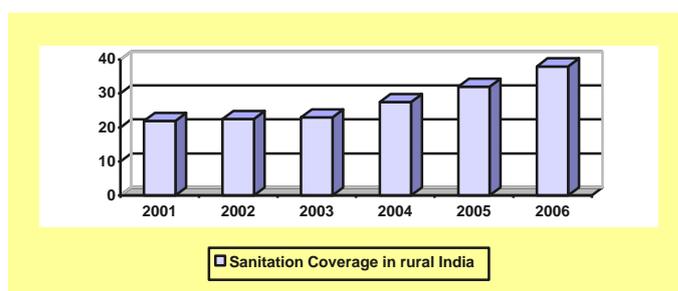
with water closets, which are the most sanitized toilets (See figure 1). With the intervention of Total Sanitation Campaign (TSC), there has been rapid growth in the coverage which is estimated to be about 38% in 2006.

**Figure1: Individual Household Latrines (Census 2001)**



With the intervention of TSC, the sanitation coverage has been consistently increasing every year which may be seen in the graph given below.

**Figure 2: Year wise increase in sanitation coverage in rural India (2001-2006)**



## 1.2 Sanitation and Initiatives:

Water supply and sanitation were added to the national agenda during the country's first five-year plan (1951-56). It was only in the early eighties, with the thrust of the International Water and Sanitation Decade, that India's first nationwide programme for rural sanitation, the Central Rural Sanitation Programme (CRSP), was launched in 1986 in the Ministry of Rural Development with the objective of improving the quality of life of rural people and to provide privacy and dignity to women. The programme provided large subsidy for construction of sanitary latrines for BPL households. It was supply driven, highly subsidized, and gave emphasis on a single construction model. Based on recommendations of the National Seminar on Rural Sanitation in September 1992, the programme was again revised. The revised programme aimed at an integrated approach for rural sanitation.

Since its inception and up to the end of the IX<sup>th</sup> Plan, 9.45 million latrines were constructed for rural households under the CRSP as well as corresponding State MNP. The total investment made under the CRSP was US\$ 138 million, and under the State sector MNP, US\$ 232 million. The Programme led to only a marginal

increase in the rural sanitation coverage, with average annual increase in the rural sanitation coverage of only 1 percent. There were many factors contributing to the low coverage. There was total lack of community participation in this traditional, supply driven, subsidy oriented, government programme. There was poor utilization of whatever toilets were constructed under the Programme due to many reasons i.e. lack of awareness, poor construction standards, emphasis on high cost designs, absence of participation of beneficiaries, etc. Most of the States could not provide adequate priority to the sanitation programme. The CRSP had also neglected school sanitation, which is considered as one of the vital components of sanitation. CRSP also failed to have linkages with various local institutions like ICDS, Mahila Samakhya, women, PRIs, NGOs, research institutions, SHGs, etc.

### 1.3 Policy reforms:

With the emergence of the above findings and the realisation that high subsidies were not promoting uptake of sanitation facilities, the CRSP was restructured in 1999 with a provision for phasing out the allocation-based component by the end of the IX<sup>th</sup> Plan i.e. 2001-2002. The TSC was launched in April 1999, advocating of a shift from a high subsidy to a low subsidy regime, a greater household involvement and demand responsiveness, and providing for the promotion of a range of toilet options to promote increased affordability. The TSC gives emphasis on Information, Education and Communication (IEC) for demand generation of sanitation facilities, providing for stronger back up systems such as trained masons and building materials through rural sanitary marts and production centres and including a thrust on school sanitation as an entry point for encouraging wider acceptance of sanitation by rural masses as key strategies. It also lays emphasis on school sanitation and hygiene education for bringing about attitudinal and behavioural changes for relevant sanitation and hygiene practices from a young age.

“Sanitation is a Noble Mission for the Nation”-Dr A P J Abdul Kalam,

#### TSC Principles

- Demand driven
- Community driven & people centered
- Campaign mode approach
- Focus on IEC
- Alternative delivery mechanisms (Rural Sanitation Marts/ Production Centres)
- Strong focus on school sanitation & hygiene promotion
- Involvement of co-operatives, women Groups, self help groups, Youth Clubs, NGOs, PRI etc.
- Cost sharing in construction of sanitation facilities

Government of India's reforms in sanitation along with water supply thus started to gain in strength from the middle of 1999 onwards. While the low subsidy policy met with initial resistance, gradually, there is growing acceptance among implementers and local communities.

#### The main objectives of the TSC are:

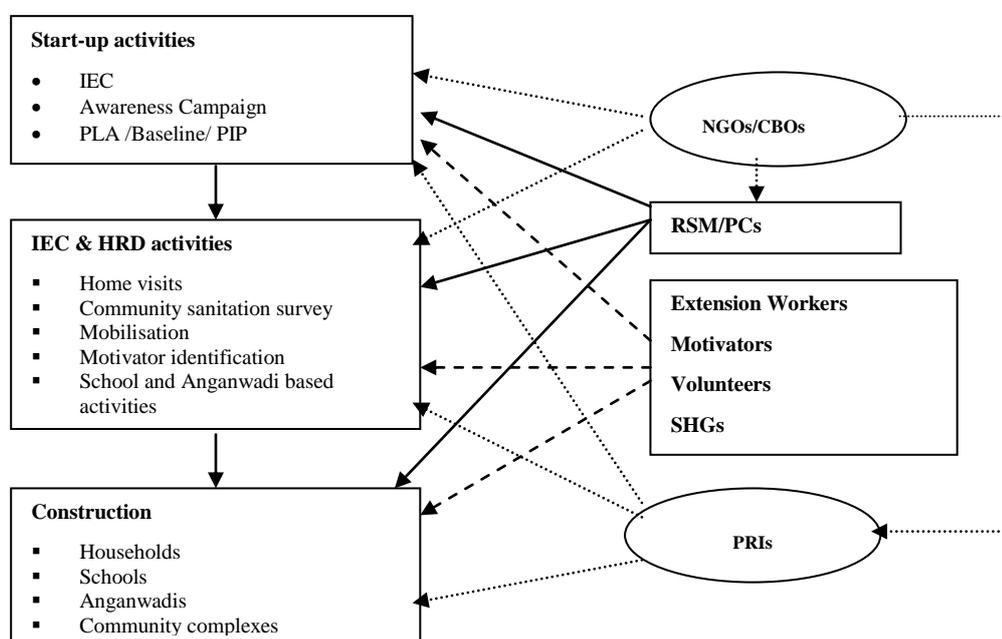
- Bring about an improvement in the general quality of life in rural areas

- Accelerate sanitation coverage
- Generate demand through awareness and health education
- Cover all schools and anganwadis in rural areas with sanitation facilities and promote hygiene behaviour among students and teachers
- Encourage cost effective and appropriate technology development and application
- Endeavour to reduce water and sanitation related diseases.

#### 1.4 TSC Implementation Mechanism:

The TSC is being implemented in 559 districts of the States/UTs with support from the GOI and the respective State/UT Governments. The States/UTs draw up a TSC Project for the select districts to claim GOI assistance. A TSC Project is expected to take about 3-5 years for implementation. At the district level, Zilla Panchayats implement the project. In case, Zilla Panchayat is not functional, District Water and Sanitation Mission (DWSM) can implement the TSC. Similarly, at the block and the Panchayat levels, Panchayat Samitis and respective Gram Panchayats are involved in implementation of the TSC. Fig. 3 shows TSC-delivery structure.

**Figure-3- TSC- Delivery structure**



**1.5 Funding provision in TSC:** In TSC fund is earmarked both for the hardware and software activities. Fund is provided for hardware activities like construction of toilets in households, schools, Anganwadis, public places, setting up of RSMs/PCs and software activities like awareness creation, capacity building of different stakeholders, start up activity like conducting baseline survey, administrative expenses etc.

#### 1.6 Incentives and awards – *Nirmal Gram Puraskar*

To add vigour to the TSC, in June 2003, GoI initiated an incentive scheme for fully sanitised and open defecation free Gram Panchayats, Blocks, and Districts called the 'Nirmal Gram Puraskar'. Eligible Gram Panchayats, Blocks, and Districts are those

that achieve (a) 100% sanitation coverage of individual households, (b) 100% school sanitation coverage, (c) free from open defecation and (d) clean environment maintenance.

Also eligible for the award are individuals and organisations, which have been the driving force for effecting full sanitation coverage in their respective geographical areas. The incentive pattern is based on population criteria and is as follows:

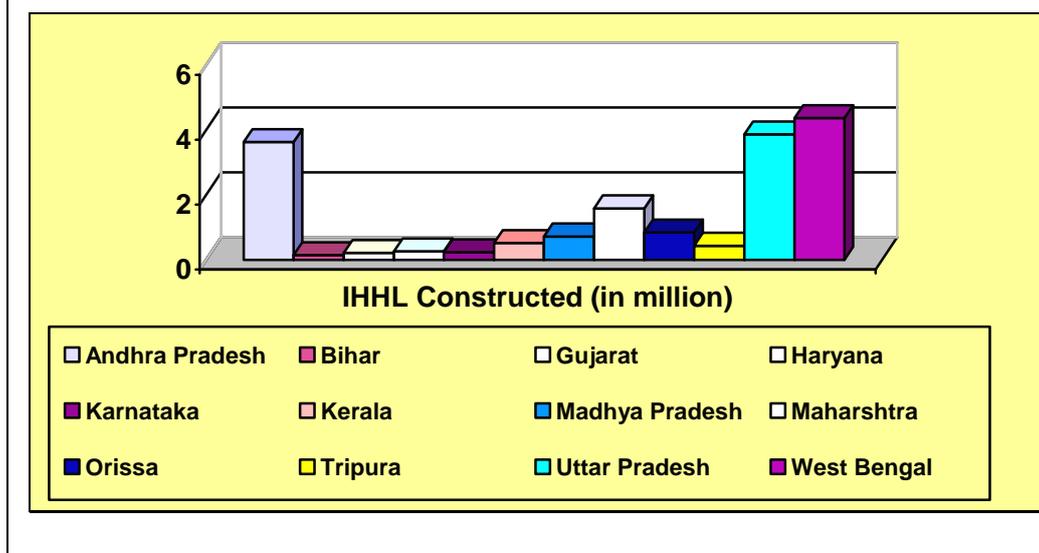
**Table 1: Incentive pattern under Nirmal Gram Puraskar (in US \$)**

Particulars	Gram Panchayat		Block		District	
	Up to 5000	5001 and above	Up to 50000	50001 and above	Up to 1 million	Above 1 million
Cash Incentive Recommended In US \$	4,445	8,890	22,222	44,444	66,667	0.11 million
Incentive to Individuals	222		444		667	
Incentive to Organisation/s other than PRIs	444		778		1,111	

**1.7 Physical Progress:** Since its inception in 1999, TSC projects have been scaled up significantly and are operational in 559 rural districts. Remaining 27 districts are also being taken up in the financial year 2006-07. The main physical components sanctioned in the 559 projects to be achieved over a period of 4-5 years are as follows:

- (i) Construction of 49.9 million individual household latrines for BPL families
- (ii) Construction of 45.6 million individual household latrines for APL families
- (iii) 657,000 toilets for schools
- (iv) 199,00 toilets for Balwadis/Anganwadis
- (v) 36,098 community sanitary complexes
- (vi) 4,498 Rural Sanitary Marts / Production Centers

Of the 138.2 million rural households in India (Census, 2001), nearly 24 million have constructed household toilets with support from the TSC. Besides, 250,000 school toilets, 69,000 Anganwadi toilets, 7,400 community complexes, and 6,925 production centers/ rural sanitary marts (RSMs) have been set up. There is wide state wise variation in physical achievement of household toilet coverage. This may be seen in the figure 4 below;

**Figure 4: State wise variation in IHHL construction**

**1.8 Financial progress:** The total outlay of 559 projects under implementation in the country is US\$ 1.39 billion. Central, State and beneficiary shares of the projects are US\$ 817 million, US\$ 316million and US\$ 254 million respectively. An amount of US\$ 347 million has already been released by the Government of India for implementation of these projects. The financial outlay of TSC projects has considerably increased since its inception. The implementation has been gradually improving. The financial expenditure (up to April 2006) is US\$ 404 million, out of which Centre, State and beneficiary share are US\$ 178 million, US\$ 133 million and US\$ 93 million respectively. Significantly, the community has invested US\$ 91 million so far. The financial details are given in the table below;

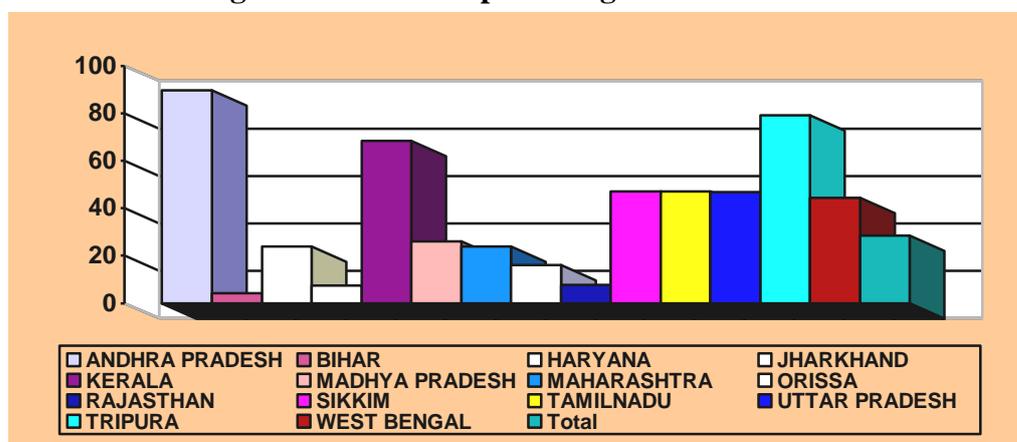
**Table 2**

Share	Total Outlay	Released	Total Expenditure
Central	817	347	178
State	316	199	133
Community	254	93	93
<b>Total</b>	<b>1387</b>	<b>639</b>	<b>404</b>

### Financial Outlay and Expenditure Pattern in TSC (in million US\$)

There is wide variation in the pace of implementation of the programme in different states. State like West Bengal, Andhra Pradesh, Tamilnadu, UP, Tripura etc have gone ahead with the implementation but many states are still lagging behind. State wise financial achievement is given in the chart below;

**Figure 5: State wise percentage utilization of fund**



#### 2.0 Challenges facing the Total Sanitation Campaign

Although the TSC was launched in 1999, the pace of progress has been slow. Rural sanitation being a State subject, it is necessary that State Governments accord high priority to the programme. This has not been so. All State Governments have not released their share of funds to TSC projects timely and some haven't because of various constraints as well as lack of priority attached to the programme. There has been inadequate capacity building at the cutting edge level for implementing a demand driven project -giving emphasis on social mobilization and IEC. The major challenges can be summarized as given below;

- a) **Lack of priority attached** to the programme by state and district implementing agencies. The states where high priority is attached, good results are coming, e.g. West Bengal, Tripura, Kerala, Tamil Nadu, Maharashtra etc.
- b) **Less emphasis on Capacity building and IEC activities:** The implementation machinery at the field level, which is quite familiar with working of the supply driven, target oriented schemes of the government need to be sensitized further to the challenges of this demand driven approach. There is further need to create capacity to demand among the target group. For this change of attitude and ways of functioning of the persons responsible for the implementation of the scheme is needed. Management of this change in approach has not received the attention it deserves.
- c) Non release of state share by some states to TSC projects
- d) Existence of state level high subsidy schemes in many states
- e) Non promotion of range of technology options in few projects
- f) Quality of construction and maintenance
- g) Usage of the facilities so created
- h) Convergence of activities of various departments at National, State, district and grassroots level
- i) In many districts, due to implementation of TSC, sanitation coverage has increased in rural areas but unfortunately the urban pockets in the districts are

left uncovered as there is no similar programme. There is need to take up similar sanitation programme in small and medium towns also to ensure 100% coverage in such districts.

## **II Achievements since 1<sup>st</sup> Sacosan held in Dhaka**

### **3.0 Policy Initiatives**

As discussed above, Government of India has already restructured its policies in rural sanitation sector in the year 1999 itself and introduced the demand driven approach by way of launching the TSC. The TSC programme guidelines provide lot of flexibility to the district implementing agencies and give enough opportunity to innovate. Good implementation models have come out through these experiments in different parts of the country which are being shared with all other States and implementing agencies.

Since Sacosan I, there have not been major changes in the policy but greater thrust has been given to implement the policies adopted as part of the reform initiatives. However a mid term evaluation of the TSC principles was undertaken based on which few changes in the TSC programme has been effected.

### **Mid Term Evaluation of TSC**

In order to assess the impact of TSC implementation in the country and whether the policies adopted in TSC were in order or not, M/s Agriculture Finance Corporation (AFC) was engaged in the year 2004 for conducting Mid Term Evaluation of TSC Programme. The study was conducted in 20 TSC districts of the country in the states of Andhra Pradesh, Bihar, West Bengal, Tamil Nadu, Maharashtra, Kerala, Uttar Pradesh, Madhya Pradesh, Rajasthan, Haryana, Tripura, Orissa, Assam and Jharkhand. The study concentrated to assess the impact of the policy changes introduced in 1999 in the rural sanitation sector and mid course correction if any necessary. The main findings of the study are: -

- 61.5% households in the TSC projects were having toilet facilities. BPL households had better adoption rate. Financial constraint was the most frequently stated reason for non-adoption of toilet facility.
- An overwhelming majority of those who do not have toilets feel the need for it. In many places people without toilets are making efforts to acquire the improved sanitation facility.
- Awareness about TSC and about relationship between poor sanitation and water borne diseases is at a high level in almost all the study districts.
- People want the per unit cost to be revised upward to above Rs.2500 (US\$ 56)
- Necessity for superstructure is very strongly felt everywhere
- Sanitation issues are discussed by school going children at home in a large number of households and children appear to be a major influencing factor for adoption decision.
- Awareness and practice of personal hygiene was found to exist in a very large extent in almost all the study districts.
- 55% of sampled schools toilets were supported through TSC, 15% through State Govt funds and the rest through DPEP or SSA
- Health and hygiene education has become a universal practice in school in those districts where TSC is being implemented.

- The impact of SSHE has been seen in the reducing drop out rates (in 64% of the sample schools), improving enrollment rates (48%) and decreasing absenteeism (3%), which is very encouraging.
- A little over half the number of sampled Anganwadis had toilet facilities. But this included Anganwadis, which operated from school buildings and shared the school's sanitation facilities.
- Community sanitary complexes provided yeoman service to poor people especially women who cannot afford toilets
- The practice of training women as masons especially in some districts of Tamil Nadu and West Bengal were quite commendable. The women masons proved to be very efficient not only in construction but also in motivating other villagers to adopt toilets and best practices in health and hygiene.
- Of the total RSMs studied 40% were operated by NGOs and one fourth by SHGs and they managed ventures more successfully than others as they combined IEC and motivation work with business.

**Recommendations:** AFC study had broadly endorsed the TSC programme stating many positive achievements and recommended the following policy level changes.-

(1) While the low-to no subsidy regime may be acceptable as a long-term policy goal, in order to achieve the objective of full coverage of rural households through appropriate sanitation systems, providing financial incentives to BPL households will have to continue as a strategy. The quantum of subsidy as well as unit costs needs to be revised suitably.

(2) It is suggested that the feasibility of providing superstructure for individual household toilets be considered and the financial incentive should have suitable provision for constructing the superstructure.

(3) Success stories like the Vellore Solid Waste Management Project must be publicized in the entire country and every TSC project must include such innovative projects. A portion of the TSC allocation can be set apart for this purpose.

### **Policy decisions taken:**

**3.1** Based on the recommendations of the study conducted by AFC and the feedback received from the States and implementing agencies and other stakeholders, the TSC programme Guidelines have been modified for accelerating the TSC implementation in all the states of the Country. These changes are summarised below;

1. The unit cost for household toilets has been increased from Rs 625 (US\$ 14) to Rs 1500 (US\$ 33) and from Rs 1000 (US\$ 22) to Rs 2000 (US\$ 44) respectively for two categories of models. The unit cost includes an amount of Rs 650 for construction of superstructure. This implies that the subsidy given to the Below Poverty Line families has been increased from Rs 500 (US\$ 11) to Rs 1200 (US\$ 27).

2. In TSC guidelines, a component on solid and liquid waste management has been included which will be maximum 10% of the total project cost. This would help in improving overall cleanliness in the villages.

3. In order to accelerate construction of toilet blocks in Schools and Anganwadis, the community contribution has been removed in construction of institutional toilets. The fund share of GOI has been increased from 60% at present to 70% of the unit cost.

4. In order to make available cheap finance with the Self Help Groups (SHGs) and Milk Cooperative Societies, a provision of revolving fund (maximum Rs 50 Lakh (US\$ 0.11 million) per district) has been made. This will facilitate lending at zero percent

interest among the members of SHGs and milk cooperatives whose credit worthiness is beyond any doubt.

5. The component wise earmarking of fund has also been revised to incorporate the other changes approved in TSC guidelines.

**3.2 Capacity Building:** Since there is a major shift in the policy and the strategy adopted for TSC implementation, capacity of different stakeholders needs to be built. Different stakeholders like PRIs, NGOs, School Teachers, Anganwadi workers, Masons, Health workers, Engineers, District & Block level programme managers need to be trained and oriented towards different aspects of sanitation promotion. A large number of functionaries' capacity need to be developed. In addition, lot of focus on information, education & communication (IEC) is required. This requires focussed attention of the state governments and for this purpose, fresh guidelines have been developed to assist the states to set up Communication & Capacity Development Units (CCDUs) in each state which are funded 100% by Government of India. The primary responsibility of the CCDU is to plan and manage Communication & Capacity Development activities in the state. So far more than US\$ 5.56 million has been given to the states to operationalise CCDUs.

<b>Objectives of CCDU</b>
<ul style="list-style-type: none"> <li>a. To develop state specific IEC strategy for reform initiatives in water and sanitation sector, and</li> <li>b. To provide capacity development of functionaries at all levels</li> </ul>

**3.3 Network of Resource Centers:** A network of resource centers is being set up at the national and State level to take up the task of capacity building. For this purpose guidelines for support to Key Resource Centres in Water Supply and Sanitation Sector have been circulated. Under these guidelines, reputed institutions that are working in the field of water & sanitation are being identified and financially supported for undertaking capacity development activities of different stakeholders. Five institutions at the national level have been identified as Key Resource Centres and being given funding directly from GOI to take up orientation of Key programme managers in the state as well as districts. These institutions are;

- a. Ram Krishna Mission Lok Shiksha Parishad, Narendrapur, West Bengal
- b. Gandhi Gram Rural Institute, Dindigul, Tamil Nadu
- c. Safai Vidyalaya, Sabarmati Ashram, Ahmedabad
- d. State Institute of Panchayati Raj and Rural Development, Kalyani
- e. Uttaranchal Academy of Administration, Nainital

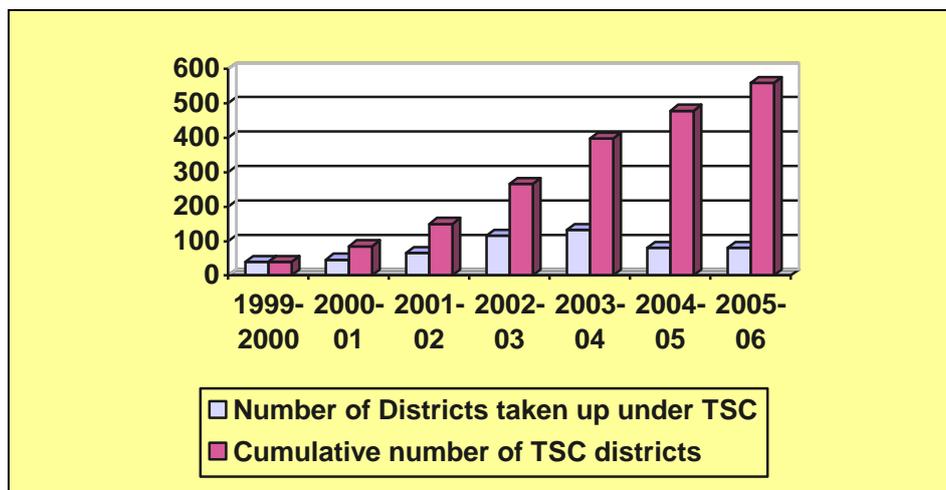
All the States have been asked to identify state level resource centres for taking up capacity building activities.

## 4.0 Key Achievements in Implementation

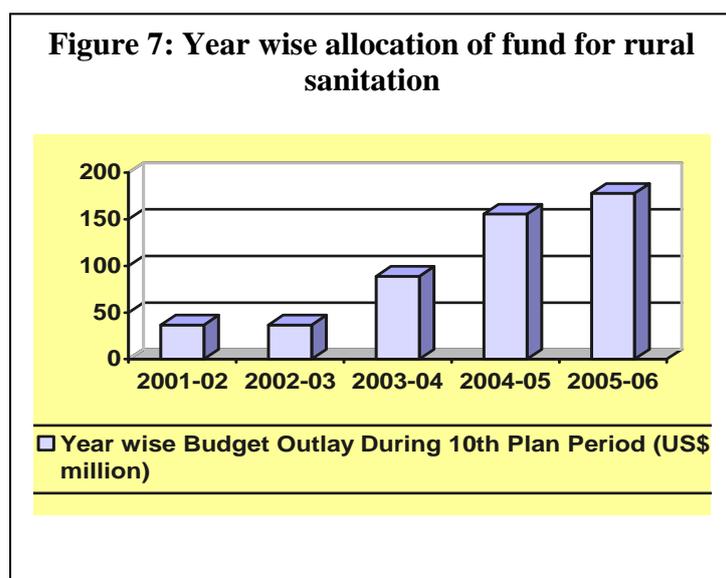
**4.1 Scaling up of TSC:** In the revised policy adopted by the Government of India, Total Sanitation campaign (TSC) is the main vehicle for accelerating sanitation coverage in the country. So a policy decision has been taken to scale up TSC projects throughout the country. Accordingly, TSC projects have already been sanctioned in 559 districts of the country so far and remaining districts (approximately 27) are

expected to be covered in the current year. Since Sacosan 2003, about 200 districts have been brought under TSC. Year wise growth in coverage of TSC districts may be seen in figure 6.

**Figure 6: No of districts brought under TSC yearwise**



**4.2: Increase in budgetary outlay for rural sanitation:** Government of India attaches very high priority to the rural sanitation programme as a result the resource allocation has been substantially increased during the 10<sup>th</sup> five year plan period. It has been increased from US\$ 36.67 million in 2001-02 i.e. the first year of the 10<sup>th</sup> plan to US\$ 177.78 million in 2006-07. This may be seen in the figure 7.



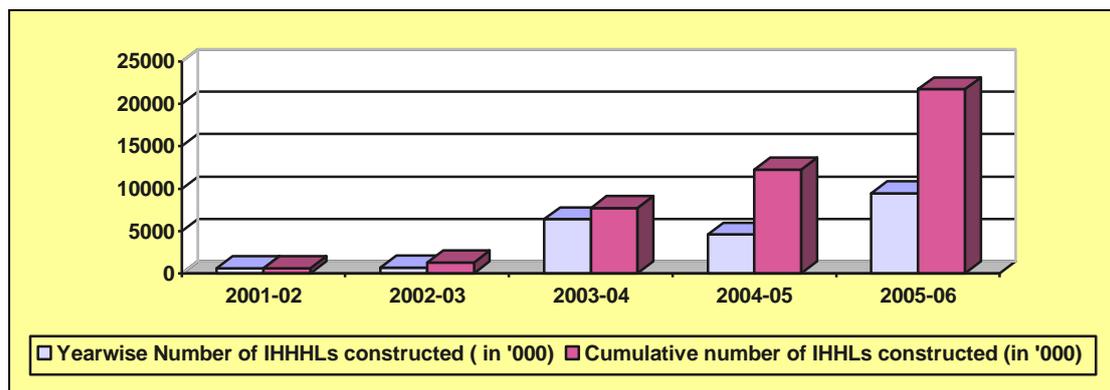
The planning Commission had originally allocated US\$ 212 million only for the 10<sup>th</sup> plan period but due improvement in implementation of the programme, it increased the 10<sup>th</sup> plan outlay by another US\$ 300 million during the Mid Term Appraisal of the 10<sup>th</sup> Plan. As a result adequate resources have been made available by the Government of India and

the ministry is no longer pursuing with idea of World Bank funding for rural sanitation sector for bridging the fund gap.

**4.3: Increase in Sanitation Coverage:** With the scaling up of TSC combined with higher resource allocation, the programme implementation has improved substantially leading to construction of household latrines in more than 21.7 million rural households. The coverage since Dhaka Sacosan has also been quite good and more than 15 million rural households have adopted sanitation facilities. The year wise

construction of household toilets under TSC and the corresponding increase in the sanitation coverage may be seen in the **figure 8** below.

**Figure 8: Year wise construction of household toilets in TSC programme**



Corresponding to the increase in adoption of IHHLs, there has been substantial increase in the rural sanitation coverage from 22% in 2001 to about 38% in 2006 which is a good jump. Compared to average annual growth rate of only 1 percent during 1981-2001, the average growth rate is more than 3 percent in first five years of the current decade. However growth rate in the 2005-06 has been more than 7 percent which is quite encouraging and gives the confidence of achieving 100% coverage by 2012.

**4.4: Increased political will and creation of an enabling environment:** The sanitation programme in India is currently driven by strong political will at all levels of the Government. Government of India, the State Governments and the PRI functionaries at the grassroots level have shown tremendous political will to implement the Total Sanitation Campaign (TSC) with sincerity. The Programme has been given patronage by H.E. Dr A P J Abdul Kalam, president of India himself who distributed Nirmal Gram Puraskar to the PRIs functionaries and set the agenda for full sanitation coverage rolling. Similarly, high priority has been assigned to the Programme by Hon'ble Prime Minister of India and TSC has been identified as one of the eight flagship programmes of the Government in social sector. Dr Raghuvansh Prasad Singh, Hon'ble Minister for Rural Development has personally written letters to all elected representatives of the country including the Members of Parliament, State Legislatures and Panchayat Raj functionaries sensitising them about the issues and challenges faced in promotion of rural sanitation and to seek their cooperation. This has led to greater involvement of the elected representatives and as a result an enabling environment has been created and the programme implementation has improved considerably.

**4.5: Institutionalisation of the Nirmal Gram Puraskar (NGP):**

As discussed earlier, Govt of India has launched NGP to encourage the PRIs to take up rural sanitation promotion and attain 100 percent open defecation free Panchayats. In the last two years NGP has been institutionalised as a tool for social mobilisation and has received tremendous response from the Panchayati Raj Institutions. 1<sup>st</sup> set of Nirmal gram Puraskars were distributed by H.E. Dr. A P J Abdul Kalam , President of India on 24<sup>th</sup> February 2005 to 38 GPs and 2 Block Panchayats from 6 states. Since these Puraskar were distributed by the President of India himself, a large number of PRIs got motivated to work towards rural sanitation and more than 1650 applications from 18 states were received in 2005-06. After detailed scrutiny, 759 GPs and 9 BPs from 14 states were given the NGP on 23<sup>rd</sup> March 2006 by the President of India. Hon'ble President also administered an oath (see box) to the awarded PRI functionaries to work for overall development of their Panchayats. This way TSC is becoming the focal point for mobilising the PRIs not only for sanitation promotion but overall social and economic development in the Panchayats. The patronage given by His Excellency had catalytic effect in mobilising the PRIs to take up the cause of rural sanitation and it is expected that in 2006-07 at least 2000 PRIs from all over the country would become eligible for the award.

<b>Oath Administered by H E Dr A P J Abdul Kalam President of India to the NGP Awardees</b>
I will work for the development of my village and upliftment of the people irrespective of any affiliation.
I will assist at least two neighboring Panchayats in establishing an integrated sanitation mission in their villages.
I will assist at least two neighboring Panchayats in establishing an integrated sanitation mission in their villages.
I will ensure that the people of my village do not spend their hard earned income in alcohol and gambling and also the youth do not become the victims of narcotic and psychotropic substances.
I will work for making my Panchayat totally litigation free and ensure that all our differences are settled amicably within the Panchayat itself.
I will work with the members of my Panchayat and plant at least 10,000 trees in our area during the next three years through pupil movement.
I will ensure that at least one member of each family in the Panchayat will be trained, empowered and provided productive employment using the core competence of the village and the assistance of District authorities.
I will be transparent and righteous in all the financial transactions connected with the village development, I will be a role model through my way of life.

**Table 3:** Year-wise number of PRIs receiving Nirmal Gram Puraskar

	<b>Year</b>	<b>No of States where PRIs received NGP</b>	<b>No of PRIs receiving NGP</b>	<b>Award amount (US \$)</b>
1.	2004-05	6	40	0.29
2.	2005-06	14	768	4.57

### **NON GOVERNMENTAL ORGANISATIONS (NGOs) –**

#### **THE VOICE OF THE PEOPLE**

The role of NGOs in social sector is diverse but their core approach in implementation in Total Sanitation Campaign (TSC) projects have a common theme i.e. self-reliance and peoples participation. As a product of this approach, NGOs have been perceived as a “voice of the people” and have taken a lead in demonstrating effective community based rural development projects in particularly TSC.

In recognition of their outstanding contribution in attaining universal sanitation coverage in rural India, some of the leading NGOs have been selected for Nirmal Gram Puraskar (NGP) under the “Organisation Category” this year. The NGOs awarded the NGP for the first time are,

1	Rama Krishna Mission Lok Shiksha Parishad	Narenderpur, West Bengal
2	Appa Patwardhan Safai and Paryawaran Tantraniketan, Dehugaon,	Pune, Maharashtra
3	Nirmal Gram Nirman Kendra, Nashik	Nashik, Maharashtra
4	Society for Community Organisation and	Trichy, Tamil Nadu

#### 4.6 Increased focus on SSHE and Anganwadi Sanitation:

School sanitation is an integral part of TSC and lot of focus has been given on this component to ensure that children become not only early adopters of sanitation & hygiene behaviour but also the medium of change in their families and the neighbourhood. One of the important goals that have been set up by the Government is to ensure availability of drinking water and sanitation facility in all rural schools off the country and also

provide separate toilet blocks for girl students in all coeducational schools in the country. It is a major initiative taken in coordination with the Department of Elementary Education in the Ministry of Human Resources Development. The focus is being given not only on creation of the facilities but also to maintain the facilities so created. Training of teachers is being organised at the district and sub district level to impart hygiene education in the schools. 100%

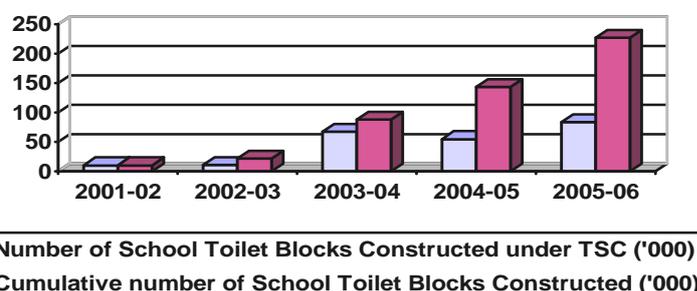
provision of water supply and sanitation and their maintenance in the schools is kept as a precondition of sanctioning Nirmal Gram Puraskar to any PRI. This has ensured that PRIs give adequate priority to SSHE component of TSC. So far 0.66 million toilet blocks in rural schools have been sanctioned under TSC. In addition, 0.22 million schools are being covered under Sarva Shiksha Abhiyan (SSA). Goal has been set to ensure that all rural schools have toilet facilities by March 2007. The figure below indicates year wise achievement in construction of School Toilets;

Considering the importance of 'Anganwadis' in influencing behaviour change of the children at the preschool level itself, focussed attention is being given to promote baby friendly toilets in all rural Anganwadis of the country. This component has been

#### Priority Areas of SSHE under TSC

- To provide water and sanitation facilities in the schools in all rural schools by 2005-2006
- Separate toilet blocks for girl child in all schools
- To promote the usage of toilets/urinals among school students, hand washing at right times (before and after eating and after using toilet), and sharing tasks i.e. collecting water and cleaning toilet by boys & girls equally.
- To promote behavioral change by health hygiene education & linking the same to home & community.
- To develop a system within the schools so that the facilities once created are maintained by the schools without any external support.
- To build the capacities of all stake holders especially teachers, PTA, PRI etc. ensuring sustainability

**Figure 9: Year wise achievement in construction of School toilets.**



included in the TSC guidelines and so far 199,000 toilet blocks for the Anganwadis have been sanctioned. Sanitation facility has already been created in about 53,000 Anganwadis. The Anganwadi centres are also playing the role of mobilising the community for adoption of sanitation facility. The Anganwadis workers are also being used as motivators for inter personal communication for behaviour change at the grassroots level.

**4.7 Emphasis on IEC:** TSC implementation requires intensive IEC for demand generation for sanitation facilities. For taking up effective IEC, a national communication strategy has been developed. Along with this, prototype of district communication strategy and communication tools have also been developed. The communication strategy focuses on mass media campaign on sanitation and hygiene issues at the national level and interpersonal communication at the grassroots level. Mass media campaign at the national level has already been initiated and a monitoring system for assessing the impact of the campaign has also been put in place. Various workshops have been organised to disseminate the communication strategy to the field functionaries.

“Sanitation is not a civil engineering activity but it is about changing attitudes and mindsets”

- Dr Man Mohan Singh

**4.8 Convergence with NRHM:** Effective steps have been taken for convergence with National Rural Health Mission (NRHM) for better health and sanitation facilities in the field. For this purpose, meetings have been held between Secretary (DWS) and Mission Director (NRHM) and it has been decided to ensure convergence in institutional structure at district and village level by having common committees wherever possible. In addition, it has been decided to have common IEC for Behaviour Change Communication and to include ASHA as motivators for taking up inter personal communication at the grassroots level.

**4.9 Monitoring of the Programme.** For Successful implementation of any programme, robust monitoring system is required. For TSC three pronged monitoring system has been put in place;

(i) The physical and financial progress reports are being submitted by project districts through an on line monitoring system, which is accessible through internet.

(ii) To monitor the quality of implementation, process parameters, use and maintenance of toilets, independent district level monitoring (DLM) agencies have been appointed for each TSC district. The agencies monitor the implementation every quarter in 20 Gram Panchayats in each district and submit the data panchayat wise through an on line monitoring system. The data collected by DLMs is for minimum 25 households in each panchayat. 8 panchayats are taken as control GPs where monitoring is done every quarter to assess the improvement in the quality of implementation over a period of time and 12 new GPs are taken up every quarter. The data is collected on the quality of construction, use and maintenance of facilities, hygiene behaviour issues i.e. washing of hand before eating and after defecation, proper storage of drinking water in the household etc. This ensures that proper feed back on the quality of implementation is received timely.

(iii) In addition, a panel of National Monitors has also been made which includes experts working the water & Sanitation sector in Govt of India, State Governments, External Support Agencies, Non Governmental Organisations, Training Institutions etc. They go to the states to review the quality of implementation as part of Review Mission constituted by Govt of India.

(iv) *A system of report card for each state has been developed to assess the performance of TSC implementation in various districts of the state on a number of parameters. The report cards are made every twice a year and also shared with the State Governments with the suggestion to improvement the implementation in the relevant areas.*

**5.0 Innovative experiences:** TSC programme guideline lays down broad framework of implementing the programme giving lot of operational flexibility to the District Implementing Agencies. This is done with an objective to give functional freedom which in turn results in various innovative practices undertaken in different parts of the country. Various initiatives taken by different TSC projects are being shared with others through, e mail, internet, E news letter etc. Some of the good practices have been adopted by the Government of India and included in the TSC policy and programme. Some such good initiatives are; involvement of dairy cooperatives in Gujarat for construction of toilets by way of providing cheap finance through the local milk unions, involvement of Self Help Groups in Tamil Nadu for financing other members of the groups through a revolving fund and also credit linkage with banks in Tamil Nadu, Maharashtra etc, construction of incinerators in school and community toilets in Tamil Nadu for hygienic disposal of sanitary napkins and improving overall hygiene and sanitation situation in the villages etc.

The Nirmal Gram Puraskar itself has been one of the most innovative experiments of social mobilisation which has been very effective in creating an enabling environment for sanitation promotion.

Some of the success stories are outlined in the boxes below.

#### **Micro credit for Sanitation**

##### **A quiet revolution leading to permanent behaviour change**

In 1998, MYRADA an NGO, has supported the formation of 24 federations comprising 563 groups with a total of 7568 members in the Talvadi, Andhiyur and TN Palayam blocks of Erode District.

The federations use the fund, as not as grant but as revolving fund. Individual members borrow money for toilet construction and the repayments are again given as loans to other members. No interest is charged. In the entire cycle once this project gets complete, the original fund remains intact to be used in other sanitation programs.

The unique feature of the project is that entire disbursement of funds is done by the members, no where UNICEF or NGO is involved.; only the audit of the federations is done by the NGO. In the implementation process the federation committee first scrutinize the past payment record of the member, the space availability to construct toilet and than on those basis loan is passed. .

The motto behind this project is not only to construct toilets and awareness generation on community health and sanitation by discouraging open air defecation, but it is all

about empower people by entrusting the implementation and management of the project to institutions run by them.

As of 2002 UNICEF released Rs. 2, 00,000 (\$ 6667, approx) amongst 8 federations. The federation till date has constructed 650 toilet blocks successfully. The success of the project is not based mere on the no of toilet blocks constructed; it is all about the end of the plight which elderly people, women and adolescent girls used to face especially when going for open defecation.

The success of the project have motivated the members to extend their idea beyond toilet construction to build bathing enclosures, rain water harvesting structures, biogas plants run on human and animal waste.

### **Kavathe Piran – Maharashtra**

#### **A Story of modern ‘Balmiki’**

Kavathe Piran, a more than 1000 households Gram Panchayat in Sangli District has a unique feature of having elected the GP body unopposed since its formation. A decade ago, the GP was characterized by its notorious & criminal activities. A simple question raised in Gram Sabha of 2001 by woman to the then young & energetic Sarpanch Bhimrao Mane changed the whole scenario in the village. She simply asked “If the leader of the village and his associates are addicted to innumerable bad habits, what is the future ahead for the generation to come? The modern ‘Balmiki’ Bhimrao Mane was in action and nothing could come in way of the development of Kavathe Piran and to begin with a massive sanitation campaign was taken up. Initially GP faced problems in convincing people for constructing toilets. But gradually people got convinced, those who were not ready to construct toilet and use to go in open for defecation were fined Rs.100/- and the reporter would be rewarded with Rs. 20/-. But today they are happy not only because they have constructed 100% toilets in village but are also proud recipient of NGP 2005-06.

### **Case study on use of incinerator for school toilet waste in Tamilnadu**

Both biodegraded and no-biodegradable waste can prove hazardous for health, if proper and complete disposal is not done. Sanitary waste especially the solid, semi-solid waste is more dangerous as it infects rapidly at mass level.

In schools especially, disposal of sanitary napkins in girls' toilets is big problem from the health aspects.

In Tamilnadu, low cost incinerators for waste disposal have already been put to use in many rural schools especially in girls toilets. The cost comes around US\$ 27-33 only. Incinerator comprises of primary, secondary chamber and emission control systems with exit doors for ash removal one in each chamber. In each chamber there is a spout in the wall for disposal for soiled napkins and the wire gauze chambers on the other side of the toilet wall is used for the collection of the soiled napkins. These dropped napkins and other waste on weekly basis are disposed by firing from outside box.

The use of incinerator has removed the inhibitions from the girl child and has made them comfortable attending the school during menstrual days. Such technology should be installed in toilets to ensure clean and healthy environment to children especially girl child.

## **5.1 Key issues and lessons Learned**

The Total Sanitation Campaign in India shows that several key issues -- lessons must be considered while scaling up the implementation throughout the country. Some of these are briefly discussed below.

### **Nirmal Gram Puraskar – the catalytic factor**

It has been noticed that Nirmal Gram Puraskar has played a catalytic role in mobilising different stakeholders for sanitation promotion. The incentive scheme has particularly given impetus to the PRIs and NGOs to work for creating open defecation free Gram Panchayats and get honoured at the hands of the Hon'ble President of India. The NGP needs to be popularised further so that more PRIs could come forward for the programme.

*Although an elaborate evaluation system has been put in place which includes field verification of the claims using independent agencies, there is scope for improving the evaluation system so that the award is administered properly. Based on the feedback received from the verifying agencies and the state Governments, a robust evaluation system is proposed to be put in place.*

### **Technology choices and dissemination**

Lack of water has been a natural deterrent in acceptance of toilets in water scare areas and therefore Ventilated Improved Pit (VIP) toilets and Ecological Sanitation need

greater attention. Related designs of good quality and skills for construction are essential at all outreach locations (RSMs and PCs) and needs to be integrated in the communication/IEC plans. Increased emphasis on use of rural pans that consume less water are also important. Specific technologies best suited for desert, hilly, flood affected and high water table areas are needed.

*It has been further noticed that adequate number of technological options are not being given to the people in all the districts. The masons involved in the construction of the toilets also need to be adequately trained to take care of various important technological issues at the time of construction of the toilets.*

*It has been further noticed that many household which have been using the toilets for a considerable period and have changed their behaviour are also upgrading their toilets.*

### **Supply chains**

No amount of communications and demand generation will be successful unless easy access to sanitation supplies and ancillary services such as trained masons, etc are available. As such, the importance of supply chain mechanisms such as RSMs and PCs (ideally, one per block) is vital to the success of any sanitation programme. This becomes even more important considering that the TSC is scaled up to cover the whole country. There is scope for having innovative delivery mechanism by involving the SHGs as well as Dairy Cooperative Societies.

### **SHGs as partners**

Various experiences in Tamil Nadu, Maharashtra, Tripura and other parts of the country reveal Self-Help-Groups (SHGs) can be a powerful local institution to manage sanitation and hygiene delivery. SHGs can be good agents of change. *SHGs have proved themselves to be a very organised group for taking up sanitation promotion in various parts of the country. They have been able to tie up micro credit with banks for construction of toilets. Impressed by this initiative GoI has amended the TSC guidelines and made provision for grant of revolving funds to the SHGs at zero interest rate for financing toilet construction.*

### **Gender in communication**

Communication targets have largely tended to focus on women which have yielded considerable success. In general, women in India are more acutely aware of the need for improved sanitation and hygiene behaviour, and use of existing facilities. However, this gender specific focus results in the communication not targeting males as responsible members of families and communities. This assumes significance as open defecation is more popular among male members owning household toilets and also that the male member controls the finances of the household. So communication must focus on the male members also.

*It has been further noticed that all states and districts have not given adequate emphasis on taking up behaviour change communication especially focussing on inter personal communication at the grass roots level. Wherever more emphasis on IEC is given better results have been achieved.*

### **Coordinated and holistic approach**

Sanitation & health promotion requires coordinated effort at the grassroots level by various agencies. This includes various government departments including Public Health Engineering, Education & Health, Panchayati Raj Institutions, Non

Governmental Organisations working at the grassroots level etc. It is essential that all agencies work together to achieve these goals. *As part of coordination with National Rural Health Mission, it has been decided to engage ASHA as motivator for behaviour change communication at the grassroots level. It is worth mentioning that ASHA has been engaged under NRHM for various health service deliveries.*

**Usage of toilets:**

*The independent DLM agencies engaged are carrying out studies to assess the extent of usage of the toilets constructed. It has been noticed that usage is not 100% but with the continuous efforts made to create awareness, it has increased considerably and in the year 2005-06 it was about 93 percent in case of APL households and 77 percent in case of BPL households throughout the country. However usage was more in states like Tamil Nadu, West Bengal, Kerala, Maharashtra etc. More awareness creation is required in few states to improve the usage of the facilities created.*

## **6.0 The way forward -- towards total sanitation and hygiene**

**Goals in Rural Sanitation promotion:** Realising the importance of sanitation promotion for overall well being of the rural population in the country, Government of India has attached very high priority to the programme and set bigger goals than those set under MDG in sanitation sector. The goals may be summarised as given below;

1) **Full household coverage by 2012:** As far as sanitation is concerned, efforts are being made to achieve the Millennium Development Goal of reducing by half the number of people without access to sanitation by the end of 2009-10 and, as decided by Ministry for Rural development, GOI, to complete implementation of TSC projects and achieve full household coverage in the entire rural areas of the country by 2012.

2) **Full school coverage by 2006-07:** As part of the TSC implementation, greater thrust has been given to ensure 100 percent coverage of rural schools with toilet facilities by the end of 2006-07. The coverage will target all government schools in the rural areas with the funds available under the TSC and the private schools by their own resources. Special provisions will be made for girl students in all the schools. In all the co-educational schools, separate toilet blocks for girls will be constructed. This programme is tied up with Sarva Shiksha Abhiyan (SSA) of the Dept. of Education, MoHRD, GoI.

3) **Full coverage of Anganwadis:** One other important activity is to ensure 100 percent coverage of Anganwadis with baby-friendly toilets. This also is targeted to be achieved by the end of 2006-07.

### **6.1 Strategy Adopted for meeting the above Goals**

**6.1.1 Scaling up of TSC:** Total Sanitation Campaign (TSC) is the main vehicle for promoting rural sanitation in the country. TSC is at present sanctioned in 559 districts in the country. It is proposed to sanction TSC in all the rural districts of the country by the end of 2006-07.

6.1.2 Each TSC project is to be implemented over a period of 4-5 years. So it is expected that all these projects will be completed by 2010. There will be few slow moving districts which may take one or two years more, so by 2012 all projects are expected to be completed. Since the objective of each project is to ensure 100% coverage of households, schools, anganwadis etc, the same is expected to be achieved by 2012.

Since launch of TSC, 21.7 million rural households have been provided with toilet facilities and approximately 85 million households are yet to be provided with sanitation facilities over the next 5-7 years. Since TSC is already launched in 559 districts, it is expected that household coverage will accelerate and year wise achievement may be made as per table given below;

**Table ....: Projected achievement of Household coverage**

Sl No	Year	Projected achievement (million households)
1	2005-06	9
2	2006-07	12
3	2007-08	14
4	2008-09	18
5	2009-10	18
6	2010-11	12
7	2011-12	7

**6.1.3 School Sanitation & Hygiene Education:** In TSC, School sanitation has been introduced with three major objectives; a There is requirement of toilet facilities in schools especially for girls. In absence of such facility higher drop out rate among children especially girls is noticed.

b Children can adopt hygiene behaviour fast and will lead to change in hygiene behaviour in their generation.

c Children are good change agents. They can influence the family and community for adopting sanitation and hygiene behaviour.

For this purpose, inter-sectoral co-ordination among the Departments such as Education, Health, Women and Child, Tribal Welfare, Social Justice and

### The Way Forward

- Building political will;
- Further popularising “Nirmal Gram Puraskar”
- Making CCDUs functional and hub of the activities for IEC and capacity building
- Building and institutionalising human resource capital;
- Focussing on behaviour change communication in all TSC projects
- Developing social marketing strategies and promote alternate delivery systems in order to accelerate sanitation coverage;
- Developing schools and anganwadis as vehicles for expanding the outreach of the programme;

Empowerment has been initiated and resulted in quality improvement in the construction and improved operationalisation of hygiene education and O & M activities at schools.

As far as schools and Anganwadis are concerned, these will be covered much earlier with the support of funds under TSC and Sarva Shiksha Abhiyan for which already efforts are being made. It is proposed to cover all schools and anganwadis by 2006-07 and some spill over cases will be covered by next financial year.

**6.1.4 Solid and Liquid Waste Management:** It has been recognised that solid and liquid waste management of the rural household has a major impact on the overall sanitary environment of the villages. In recognition to this, solid and liquid waste management has been included as part of the TSC and 10% of the project cost can be utilised for this purpose.

**6.1.5 Availability of finances:** As discussed in the preceding paragraphs, Government of India has increased the budgetary support for rural sanitation considerably and adequate funds have been provided for the programme. Similarly majority of the state Governments have started making adequate provisions for their corresponding state share.

**6.1.6 Creating an enabling environment:** So far sanitation coverage has been lagging primarily because of lack of priority attached by the state governments to the programme. In order to accord higher priority to the programme and creating an enabling environment for the same, Minister RD has already taken up the matter with all Chief Ministers, MPs and MLAs. Distribution of the Nirmal Gram Puraskar by the President of India has further energised the PRIs and more and more people are coming forward to work for sanitation promotion.

**6.1.7 Emphasis on IEC & capacity building:** Since TSC implementation requires intensive IEC for demand generation for sanitation facilities and capacity building of all the stakeholders at different levels lot of emphasis is being given on IEC and capacity building. For this purpose CCDUs have been set in the states.

**6.1.8 Technical support and guidance to the TSC projects:** Since the approach of implementation has been drastically changed from supply driven to demand responsive participatory approach, various types of technical support is being extended to the states and TSC projects by way of issuing technical notes, E- news letter, Knowledge sharing through Internet etc.

**6.1.9 Nirmal Gram Puraskar- incentive for community mobilisation:** TSC implementation requires social mobilization of all stakeholders. PRIs, key opinion leaders and NGOs working at the grassroots level play a catalytic role in sanitation promotion. Nirmal Gram Puraskar is being given to seek their greater participation in the sanitation promotion. Those PRIs, which completely eliminate the practice of open defecation, provide water supply and toilet facility to Schools and Anganwadis and maintain general cleanliness, are eligible for the award. Distribution of the Nirmal Gram Puraskar was given by His Excellency, Dr A P J Abdul Kalam, President of India has motivated a large number of PRIs to take up sanitation promotion. This has created a movement at the grassroots level. Added to this is the incentive scheme launched by various state Governments. This has set the priority of all the State governments and it is strongly felt that the sanitation coverage will get tremendous amount of acceleration.

**6.1.10 Monitoring of the Programme.** The emphasis given on the monitoring of the process of the projects by engaging independent District Level monitors (DLMs) in

Country paper SACOSAN II

each district has focussed on the process parameters and also giving useful feedback to the Government which is helping in taking required corrective measures.

---