

# A BRIEF VIEW ABOUT RURAL SANITATION IN INDIA

DR.GUDDADESWARAPPA. H. M.A. PH.D  
ASSOCIATE PROFESSOR  
P.G. DEPARTMENT OF HISTORY  
GOVERNMENT ARTS COLLEGE CHITHRADURGA-577501

## Abstract

The concept of **sanitation** broadly includes liquid and solid waste disposal, personal and food related hygiene and domestic as well as environmental hygiene. Rural sanitation is a state subject. The state governments implement the rural sanitation programme under state sector Minimum Need Programme. Total Sanitation Campaign (TSC) was initiated on 1st April 1999 under sector reform process. The campaign is community led and people centred. It was launched after restructuring Central Rural Sanitation Programme and is operational in 451 districts with an out IAY of Rs. 4,416 crores in which community contribution is Rs. 812 crore. It is an incentive scheme instituted in October 2003 under the TSC in recognition of the role played by Panchayati Raj Institutions, organisations and individuals in promotion of rural sanitation. As per this scheme, awards are given to Panchayati Raj Institutions at various levels which attain full sanitation coverage in households, schools, Anganwadis with general cleanliness and become open defecation free.

**Keywords:-** Sanitation, hygiene, Nirmal yojana, Purskar, Minimum needs,

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## INTRODUCTION

Concept of Rural Sanitation:

The concept of **sanitation** broadly includes liquid and solid waste disposal, personal and food related hygiene and domestic as well as environmental hygiene.

It would not be wrong to say that it hardly describes the sanitary conditions as they obtain in the villages of India.

Most of the people still defecate in the open space, most of the villages lack waste disposal and drainage systems and many in the villages are ignorant about the consequences of poor sanitation and unhygienic conditions. As a result, many people suffer and even die of diseases caused by unhealthy practices of personal and environmental hygiene.

Rural sanitation figures prominently in the National Agenda for governance. At present the extent of sanitation coverage in India is around 16 percent of all rural households. This figure is one of the lowest in the world, at par with countries like Niger and Afghanistan and possibly lower than Bangladesh.

The absence of safe sanitation contributes significantly to the poor quality of life as reflected by well accepted indicators like Infant mortality and morbidity rates. According to the Union Ministry of Health, around 7,00,000 children die each year due to diarrhoea and other water sanitation-related diseases.

Rural sanitation is a state subject. The state governments implement the rural sanitation programme under state sector Minimum Need Programme (MNP). The central government supplements their efforts providing financial and technical assistance through the centrally sponsored Rural Sanitation Programme (CRSP).

Sanitation is used to define a package of health related measures. It is also defined as the means of collecting and disposing of excreta and community liquid wastes in a hygienic way so as not to endanger the health of individual and the community as a whole (WHO, 1986).

The concept of sanitation was earlier limited to disposal of human excreta by cesspools, open ditches, pit latrines, bucket system etc. To-day, it denotes a comprehensive concept of not only the methods of disposal of human waste but also of liquid and solid wastes including matter originating from food and hygiene. It is viewed as a package.

### Planning for Rural Sanitation:

The Environmental Hygiene Committee set up by the Government of India in 1948 recommended that 90 percent of the country's population should be covered with water supply and sanitation facilities within a period of forty years for which the national programme was to be initiated. In the year 1954, sanitation programme was introduced in the health sector.

The Government launched the national water supply and sanitation programme as part of the First Five Year Plan. The first five-year plan had a provision of Rs. 6 crores for rural water supply and sanitation programmes. It was realised at the end of Second Plan that sanitation was not receiving due importance and it was the lack of health education and community participation which was responsible for this failure.

A comprehensive strategy for promoting sanitation in rural areas of Indian states was first developed during the International Water Supply and Sanitation Decade (1980-90) with a view to provide the population with protected water supply and basic sanitation facilities over a period of ten years.

It was envisaged that 25 percent of rural population would be provided with sanitation facilities by the end of the seventh five year plan period (1985-90). At the beginning of the decade, the position of coverage of rural population was 2.8 million i.e. 0.5 percent.

The year 1985 witnessed the transfer of Rural Sanitation Programme to the Department of Rural Development from the ministry of urban development. Rural sanitation was made a component of 20 point programme and was also included under the Minimum Needs Programme (MNP) in 1987.

In 1986, a programme was launched to construct one million sanitary latrines to be provided in houses of SC/ST population under Indira Awaas Yojana and to provide 2,50,000 additional latrines to health centres, schools, Panchayat Ghars and Anganwadis under NREP and RLEGP. Rural Sanitation Programme was also added to the sector MNP from 1987-88.

The data reveals that 0.1 percent of rural population in the country had access to sanitation facilities in 1970. This was increased to 0.5 percent in 1980 and 2.45 percent in 1990s with a population coverage of about 15 million. This rural sanitation programme could not make much head-way even during the decade 1981-91, in spite of its importance.

A clearer picture emerged after 1991 census. Only 9.5 percent of rural families and 63.9 percent of urban families of the country (excluding Jammu and Kashmir state) had toilet facilities. Among the major states, the highest achievement in rural sanitation was in Kerala where 44.1 percent of the rural families had toilet facilities.

#### **Central Rural Sanitation Programme:**

Central Rural Sanitation Programme (CRSP), a centrally sponsored Rural Sanitation Programme was launched in 1986. Its objective is to improve the quality of life of the rural people and provide privacy and dignity to women. It was designated to provide sanitary latrines to the SCs/STs, landless labourers and people living below poverty line and the resources were shared by the central and state governments on 50: 50 basis.

The programme was planned with the objective of providing clean, healthy and environmentally acceptable disposal of excreta with a view to create good sanitation and consequent improved health standards. The CRSP is implemented in different states and union territories for improving sanitation facilities through construction of sanitary latrines for individual households.

The programme provided for cent percent subsidy for construction of latrines for SCs/STs and landless labourers and subsidy as per the rates prevailing in the states for the general public. It also provided for construction of village complex with bathing facilities, hand pumps, latrines, drainage facilities, washing platform etc.

The criteria and norms under CRSP were modified in February 1991 and the guidelines were revised again in June 1993. The purpose of such revision was to make the programme more holistic to give emphasis on Information, Education and Communication activities, to involve voluntary organisations in a bigger way and the concept of "Sanitary Mart" was also introduced.

The revised programme aims of generation felt need and people's participation. The subsidy pattern has been changed limiting to 80% for persons below the poverty line for individual household latrines. The unit cost of construction is to be limited to Rs. 2,500 of which 80% could be paid as subsidy to the selected beneficiaries below the poverty line.

Another salient feature of the revised programme is to develop at least one model village covering facilities like sanitary latrines, conversion of dry latrines garbage pits, soakage pits, drainage, pavement of lanes, sanitary latrines in village institutions, cleanliness in ponds, tanks, clean surrounding around hand pumps and other drinking water- sources.

But, experiences of CRSP implemented through state governments and CAPART were not encouraging. There was always a wide gap between the number of units sanctioned under CRSP, number of units taken up for construction and the number actually used by the users.

#### **Total Sanitation Campaign (TSC):**

Total Sanitation Campaign (TSC) was initiated on 1st April 1999 under sector reform process. The campaign is community led and people centred. It was launched after restructuring Central Rural Sanitation Programme and is operational in 451 districts with an out IAY of Rs. 4,416 crores in which community contribution is Rs. 812 crore.

Rural sanitation in India has doubled from low of 22% to a high of 44% in recent past. It is held that toilet or lack of it is the indicator of a country's health. The total sanitation campaign launched by government of India has stretched to the last of the 597 districts to turn the rural landscape free from squatting.

Government has also launched a prize for the clean villages. Till this year 4,959 villages had bagged Nirmal Gram Puraskar a clean village prize for having flush toilets in every household and school. Ranging from Rs 2, 00,000 for the smallest village to Rs 50, 00,000 for the biggest district the award has given a fillip to the subsidy driven toilet construction programme as villages compete to gain recognition.

Catchment Area Approach (CAA) has been adopted for monitoring and surveillance by involving various grass roots level educational and technical institutions by utilizing existing resources and strengthening them by providing additional financial resources.

**The components of the TSC are:**

- Construction of household latrines.
- Construction of sanitary complex for women.
- Toilets for schools.
- Toilets for Balwadi/Anganwadi etc.

Besides these, funds are being provided for Start-Up Activities, Information, Education and Communication and Administrative Charges.

**The main features of the TSC are as under:**

- Shift from high subsidy to low subsidy regime.
- Greater household involvement and PRI participation.
- Technology options as per choice of beneficiary households.
- Stress on Information, Education and Communication (IEC) as part of the campaign.
- Emphasis on school sanitation, women sanitary complexes.
- Integrating with various rural development programmes.
- Involvement of NGOs and local groups.
- Promoting access to institutional finance and social marketing concept.

The mission has decided to sanction TSC projects in all districts of the country by 2005-2006 so as to achieve full basic sanitation coverage by 2012. It has been planned to provide all rural schools and Anganwadis with safe drinking water and sanitation by the year 2005-2006. Also, to add vigour to sanitation drive. Government initiated an incentive scheme for fully sanitized and open defecation free Gram Panchayats, Blocks and Districts called the "Nirmal Gram Puraskar" in 2003.

"Nirmal Gram Puraskar" (NGP):

It is an incentive scheme instituted in October 2003 under the TSC in recognition of the role played by Panchayati Raj Institutions, organisations and individuals in promotion of rural sanitation. As per this scheme, awards are given to Panchayati Raj Institutions at various levels which attain full sanitation coverage in households, schools, Anganwadis with general cleanliness and become open defecation free.

**Tenth Plan Strategy:**

The unprecedented sanitation challenge requires new strategies and methods to improve and promote sanitation, which should be accessible to everyone in rural areas. Through the creation of demand and behaviour change Instead of awareness generation to improve physical quality of life in rural areas: sanitation coverage among rural population will be accelerated.

Toilet facilities especially in all the primary and upper primary schools and integrated sanitary complexes, exclusively for women, would certainly create a kind of ownership among the needy segment of the community. Suitable, cost effective local based affordable multiple designs of individual household toilets should be encouraged. New partners like co-operative milk societies, sugarcane farmers associations and big industries can adopt communities/blocks and promote rural sanitation in their own geographical areas.

**Rural Sanitary Marts:**

Sanitary marts in India have been supported by UNICEF for nearly a decade with the objective of establishing one-stop shops to meet all sanitary requirements for communities, selling and in some cases producing materials required for the construction of home toilets and sanitary facilities as well as sanitary products.

**The sanitary marts were conceived as:**

Retail outlets dealing with not only the materials required for construction of sanitary latrines and other facilities but also those items which are required as a part of the sanitation package".

The inventory of the typical mart in this latter model included low cost ceramic pans and traps, **RCC** pit covers, pipes and such other material required for construction of a leach pit latrine as well as readymade cattle trough, food safe, cheap footwear, toilet soap, nail cutter and other items relating to personal hygiene and home sanitation.

The exact composition of the inventory was to be decided locally at the mart level. The rural sanitary mart was also expected to serve as counseling centre for those interested in building a toilet on their own. The mart would have information on the entire range of technical options including possible variations in super structure and corresponding cost implications.

A list of masons trained or possessing the skills required to construct such toilets were also available in these marts. Thus, with the aim of promoting 'zero' subsidy and in response to the need to cater for motivated households unable to construct latrines due to the non-availability of information and materials rural sanitary marts were established.

**The following points are necessary for the success of achieving total sanitation campaign goals of the ministry of Rural Development:**

1. We must have a mission to provide sanitary facilities to all dwelling units in rural areas by the year 2010. Since the facility is still to be provided for over hundred million dwelling units, we should target provisioning of sanitary facilities to at least twenty million dwelling units per year. While providing this facility we should ensure provision of adequate water supply.

2. The mission must be executed through village panchayats in conjunction with societal establishments mobilised for this purpose in each of the villages. It will be useful to empower women in all the villages to execute this programme.

3. The ministry of Rural Development can organise state-wise training programme to train the members of sanitation mission in construction and maintenance of modern sanitary facilities. The Environmental Sanitation Institute, Ahmedabad and similar institutions can become the nodal agency for imparting such training can become a public-private partnership programme. Programmes aimed at employment can be tuned to give such workers good income as well.

4. The Sanitation Mission has to make the entire village community dynamic and provide employment opportunity for certain number of people. Educate the children right from the age of three to make use of sanitary facilities. This should become part of the total sanitation campaign.

**The state council for sanitation proposed under urban sanitation sector should also have the mandate for rural sanitation:**

1. Subsidy for low cost household toilets should be given to rural Below Poverty Line (BPL) families, and it should be at par with subsidy for the urban households. For the success of the scheme, a subsidy of 50 percent of the cost of the unit inclusive of sub and super structures for the basic twin-pit pour flush system appears to be necessary during the 10th plan.

2. The recommendations made with regard to urban low cost sanitation also apply to the rural segment. Creation and maintenance of a record of locally relevant information regarding various technological options, hydro-geological information, availability of building materials, choices in design and implementation etc. at the block level should be organised through the panchayats, sanitary marts and building centres.

3. For the success of the schemes, and to over-come the huge problem of insanitary practices in the country, a programme of education. Propagation, training designing and development, production and installation, needs to be undertaken. NGOs should be mobilised to support the programme, especially for supervision, monitoring, training and development work. A suitable provision for the participation of non-governmental organisations in the sanitation programme should be made under the head project costs.

Thus Rural Sanitation Programme envisages promoting "Environmental Sanitation" as a package aiming at addressing the issues to reduce the probability of people's exposure to diseases and providing hygienic environment and taking measures to break the cycle of diseases by improved management of human, animal and domestic wastes.

Sanitation should become a massive people's programme. This is possible through motivation and awareness education programmes with the concerted efforts of panchayats, voluntary clubs, Mahila Mandals and the government machinery. The existing sanitation conditions call for a new strategy of making rural sanitation a people's programme with government participation.

**CONCLUSION**

The rural sanitation is one of the parts of human life. It is our basis importance of goal. That is not only a program but it is one of the campaigns. We must participate and adopt the planning of the sanitation. **Live and let Live. 'Do clean and be clean'** so we are binding our hands to create general awareness about sanitation among the public.

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