

Chapter - II

Rural Sanitation Scenario in India

India is a welfare state according to Constitution¹. Providing basic facilities to the people is one of the important responsibilities of a democratic country like India. In the post independence period, the Government of India has been concentrating on various development activities in the country. Particularly, rural development initiatives were prominent activities taken up and their implementation modalities saw a sea change in form and content. Initially, the thrust was welfare and later it turned into development oriented programmes. Today, there is a shift towards empowerment. In 1980s, rural sanitation was part of rural development activities steered by DRDA, Project Director. Thereafter, the government concentrated on initiating exclusive activities for rural sanitation. It can be recalled that post independence era, rural sanitation was not a priority issue. However, it got real impetus with Mahatma Gandhi's thrust on rural sanitation as an important aspect for development.

The Millennium Development Goals have to be fulfilled by 2015, where all the national governments across the globe have to fulfil the requirements of MDGs. Unfortunately, till date only 1.1 billion people globally do not have access to improved water supply sources, whereas 2.4 billion people do not have access to any type of improved sanitation facility. Sanitation is critical for health and sustainable socio economic development. It provides protection from illness such as diarrhoea and pneumonia and contributes to the prevention of stunting in children under-two years of age. Hand washing with soap is the most effective way to reduce diarrhoea and pneumonia rates in children under five. Toilets promote the safety and security of women

and children; and convey dignity to women and girls. The challenge of sanitation in rural India is colossal. Addressing the sanitation deficit requires government ministries to work together and align their flagship programmes to deliver access to sanitation for not just children, but for all families. It also requires public participation in the use of toilets and arrest of open defecation².

Even though we are in a golden era of information technology and faster communication, still about two million people die every year due to diarrhoeal diseases; most of them are children below the age of 5 years. The most affected are the populations in developing countries, living in conditions of extreme poverty, normally peri-urban dwellers or rural inhabitants. Among the main problems which are responsible for this situation are: lack of priority given to the sector, lack of financial resources, lack of sustainability of water supply and sanitation services, poor hygiene behaviours, and inadequate sanitation in public places including hospitals, health centres and schools. Providing access to sufficient quantities of safe water, the provision of facilities for a sanitary disposal of excreta, and introducing sound hygiene practices are of capital importance to reduce the scourge of diseases caused by these risk factors.

The above scenario is showing the pathetic condition of the people suffering from problems which are due to lack of basic amenities, even though these have been assured. Governments have taken several years to recognise that sanitation is an important aspect of development. Though there has been a change in thinking within the Government, public behaviour continues to be the same and is posing as a big problem³.

Water and sanitation infrastructure for health

Water is one of the crucial elements for everything in this earth. It is the main cause for human life and civilisation. Water also dictates the future generation. The scarcity and availability of water are indicators of the development of society. It is no exaggeration to say water and sanitation are twin issues which are major determinants of public health. Especially, the child's future depends upon the sanitation and hygiene conditions at the home. Due to lack of proper sanitation facilities, the child's life can become a question mark. The accessibility to improved water and sanitation has been understood as a crucial mechanism to save infants and children from the adverse health outcomes associated with diarrhoeal disease. This knowledge has to be disseminated to every individual, family and community to develop a positive thinking focused on water and sanitation aspects.

There is a natural bind between water and sanitation. This relationship will continue till such time human life survives on this earth. Therefore, the whole gamut of water and sanitation coverage, infant and child mortality in the third world and low-income countries are interrelated aspects and cannot be looked in isolation. Though there are no satisfactory results regarding improving the sanitation facilities to the rural poor, there is a positive indication among the rural communities. Also, it is impacting access to safe water with access to improved sanitation remaining poor.

There is a felt need to focus attention on allocating adequate resources for successful implementation of sanitation programmes. India has to meet the MDG promises and face the challenging issues of sanitation⁴.

In regard to sanitation in urban areas, the scene is no different though rural and urban sanitation are mired in pitiable sanitation conditions. Invariably, the poor face the brunt as public toilet provisions are unable to meet the needs. If we take the example of Mumbai city, an average of 81 persons shares a single toilet. In some places, this figure rises to an eye-watering 273. Even the lowest average is still 58, according to local municipal authority figures. In many urban and semi urban pockets it is still common sight to see people squatting by roads and railway tracks or along the coast, openly defecating in the city where some of the world's richest people live.

According to the UN estimates, 600 million people or 55 per cent of Indians openly defecate even after 60 years of independence. It was Mahatma Gandhi who first talked of the responsible disposal of human waste.

World renowned expert Mr. Jack Sim, founder and president of the World Toilet Organisation (WTO) took keen interest in sanitation issues and made it as his mission to improve sanitation across the globe. India has *'a lot of work to do'* to improve sanitation said Mr. Jack sim. In another report of Unicef claims that 1000 children aged under five succumb every day. Such statements and reports have successfully tarnished the image of the country, which project itself as an emerging world economic superpower.

Public toilet provision in India faces problems similar to housing, water and other basic services supply which cannot keep pace with India's exploding population. For example, in March 2009, Mumbai's municipal authorities said there were 77,526 toilets in slum areas and 64,157 more were needed to meet with the demand. A meagre 6,050 toilets work was in progress at the time of reporting. .

Latest Data on Household Sanitary Facilities in India

The Census 2011 has provided a lot of data related to sanitation, the findings released in May 2013 shows the availability of latrine facility in each of the household. There are 246,692,667 households (in 2001 it was 191,963,935) with provision for latrines (see table 2.1) in India⁵. For the first time in India's history, census enumeration listed household latrines facilities on an integrated basis. The table below shows the present status of household sanitary facilities.

Sanitary Facilities at Household Level

Sl. No.	Type of Facility	2011	2001
1	Water Closet (WC)	36.4	18.0
2	Pit Latrine	9.4	11.5
3	Other Latrine Types	1.1	6.9
4	No Latrine	53.1	63.6

Table No. 2.1

Published reports point out that even where individual household toilets exist, most have no running water, drainage or electricity making them unhygienic and unusable. Women and girls often wait all day until it is dark to go to the toilet, increasing their chances of infections and exposing them to violence or even snake bites as they go out in remote places. According to one estimate of Health Ministry, poor sanitation and the illnesses associated with this costs the Indian economy Rs12bn (\$255mn) a year.

Sanitation campaigns across the world especially after the year 2000 focussed on core issues of health and hygiene. State governments and union territories have used every occasion to talk about sanitation. One such interesting campaign that is going on in Haryana State of, "No Toilet, No Wife", urge women to spurn prospective grooms if they cannot provide a house without a lavatory⁶.

Gandhiji and Sanitation

Father of the Nation, Mahatma Gandhi not only fought for independence but also took up cudgels against a host of social problems. Known for social engineering, he conducted social experiments for the development of Indian villages. In the realm of manual scavenging, his efforts were to mitigate human suffering and ensure dignity. He considered manual scavenging to be inhuman and reiterated sanitation, health, and hygiene aspects in various forums and occasions.

A Few Excerpts from Gandhiji's Literature

Gandhiji offered detailed comments on cleanliness and good habits and indicated its close relationship with good health.

“No one should spit or clean his nose on the streets.

In some cases, the sputum is so harmful that the germs are carried from it and they infect others with tuberculosis. In some places, spitting on the road is a criminal offence. Those who spit after chewing betel leaves and tobacco have no consideration for the feelings of others. Spittle, mucus from the nose, etc, should also be covered with earth.

“Near the village or dwellings, there should be no ditches in which water can collect. Mosquitoes do not breed where water does not stagnate. Where there are no mosquitoes, the incidence of malaria is low. At one time, water used to collect around Delhi. After the hollows were

filled, mosquitoes were greatly reduced and so also was malaria.”

(From Navajivan dated 2-11-1919)

Pointing out our unhygienic habits Gandhiji strongly emphasized on observing cleanliness in lavatories.

“I shall have to defend myself on one point, namely, sanitary conveniences. I learnt 35 years ago that a lavatory must be as clean as a drawing room. I learnt this in the West. I believe that many rules about cleanliness in lavatories are observed more scrupulously in the West than in the East. There are some defects in their rules in this matter, which can be easily remedied. The cause of many of our diseases is the condition of our lavatories and our bad habit of disposing of excreta anywhere and everywhere. I, therefore, believe in the absolute necessity of a clean place for answering the call of nature and clean articles for use at the time, have accustomed myself to them and wish that all others should do the same. The habit has become so firm in me that even if I wished to change it I would not be able to do so. Nor do I wish to change it”

(From Navajivan dated 24-5-1925)

“Village tanks are promiscuously used for bathing, washing clothes and drinking and cooking purposes. Cattle also use

many village tanks. Buffaloes are often to be seen wallowing in them. The wonder is that, in spite of this sinful misuse of village tanks, villages have not been destroyed by epidemics. It is the universal medical evidence that this neglect to ensure purity of the water supply of villages is responsible for many of the diseases suffered by the villagers.”

(From Harijan on 8-2-1935)

In actuality, Bapuji emerged as a good counsellor and social transformer to change behaviour of people on simplicity and healthy living. He made valuable comments and wrote in his dairy are as follows;

“Many households are so packed with all sorts of unnecessary decorations and furniture which one can very well do without, that a simple living man will feel suffocated in those surroundings. They are nothing but means of harbouring dust, bacteria and insects. . . I meant to say is that my desire to be in tune with the infinite has saved me from many complications in life. It led not merely to simplicity of household and dress but all round simplicity in the mode of my life. Briefly, and in the language of the subject under discussion, I have gone on creating more and more contact with akash. With the increase in the contact went improvement in health. I had more contentment and peace of mind and the desire for belongings almost disappeared. He who will

establish contact with the infinite possesses nothing and yet possesses everything. In the ultimate analysis, man owns that of which he can make legitimate use and which he can assimilate. If everybody followed this rule, there would be room enough for all and there would be neither want nor overcrowding.”

(Gandhiji wrote on 17-12-1942)

The concept of sanitation⁷ should include personal hygiene, home sanitation, safe water, garbage, excreta and waste water disposal. The national sanitation programme covers all these with emphasis on each.

There are at least 2.6 billion people in the world without improved sanitation⁸. Water, hygiene, and sanitation are of the most important basic requirements needed to ensure public health, yet almost half of the world's population lacks adequate sanitation and one sixth of the world (1.1 billion people) has no access to safe and affordable water. The lack of these basic necessities is pronounced in poorer, developing countries, and affects both the urban and rural areas. According to the World Health Organization, 80 per cent of all diseases in the developing world are associated with lack of access to safe drinking water, inadequate sanitation, and poor hygiene.

In India, only 36.4 per cent of the total population have latrines, making it one of the worst nations for sanitation coverage in the world. This results in widespread open defecation causing contamination of the water supply by leaching and runoff, and spread of disease through insect transport. Additionally, in India, there is the problem of dry, or basket-type latrines, which require manual removal of feces. The caste historically

designated to do this work, the scavenger caste, is treated as inhuman, being shunned and looked down upon by others. Not only is this work demeaning, but it is also highly dangerous. The improper removal of human waste causes scavengers to be infected and transmit the diseases to others. Therefore, such easily preventable diseases as diarrhoea (the simple act of washing hands with soap and water can reduce diarrhoeal disease by one-third), malaria, cholera, hepatitis, typhoid, and polio are the main causes of death in India, as well as in other third world countries. Mahatma Gandhi rightly pointed out “Any city that would attend to its sanitation in a proper spirit, will add to both its health and wealth.”

Sanitation and water affect not only health, but other important aspects of life as well. The economy of India as a whole is impacted due to the fact that people must pay for visits to the doctor and lose their jobs because of inability to go to work. Specifically, 73 million working days are lost annually due to sicknesses caused by unsafe water and lack of sanitation. Education is also impacted when girls drop out of school once they reach adolescence because of lack of privacy and toilet facility.

Rights of women are also tested as they are forced to wait until nightfall to defecate in order to preserve their privacy and ward off teasing and harassment by onlookers. The situation is such that in 2001, United Nations declared sanitation to be one of its main priorities of the Millennium Development Goals and by 2015 reduce by half the population that lacks access to clean water and sanitation. There are many challenges before the Government and the civil society. India has over 8 million dry latrines, 1 million scavengers manually remove and carry over head the human excreta for disposal without any protective gear⁹. The census data 2001 says that a whopping 77 per cent of

rural families do not have toilets with over 29 per cent of urban families lacking toilet facilities. Strangely, even today 2 out of 5 people in India do not have access to safe water. India loses 73 million working days annually due to sicknesses caused by unsafe water and lack of sanitation¹⁰. Over 2.2 million People in developing countries, most of them children, die every year from diseases associated with lack of access to safe drinking water, inadequate sanitation and poor hygiene. Only 40 per cent of primary schools in India have toilets¹¹. It is estimated that half of the world's hospital beds are occupied by patients suffering from water-borne diseases. All these issues tend to be neglected by the government and civil society. That is why Archbishop Desmond Tutu correctly pointed out on the water, sanitation, and hygiene issue, "No issue has ever been more neglected. It is neglected, because it is of concern mainly to the poor and powerless."

In the past, however, since water and sanitation was considered as a problem of the poor, the crisis had largely been ignored and disregarded. It is estimated that pneumonia, diarrhoea, tuberculosis and malaria, which account for 20 per cent of global disease burden, receive less than 1 per cent of total public and private funds devoted to health research. A few government agencies, academic institutes and NGOs are taking the initiative to either develop cost-effective technologies and implementation strategy or educate and motivate communities to adopt new technologies.

Hinduism, Caste, Cleanliness

Religion and sanitation link is very old in India. In many instances sanitation got its due prominence, yet, it was subjected to negligence by both people and governments¹². Kumar Alok, IAS, wrote his first book on rural sanitation titled

“Squatting with Dignity” wherein he elaborately dealt on contemporary rural sanitation programme like TSC and focused attention on core issues related to sanitation. Emphatically he says that sanitation and its understanding is firmly rooted in a problematic combination of Vedic tradition and state policies. Like many authors, even Kumar Alok builds his arguments based on Vedic literature. He says that the Vedic period represents the most noteworthy phase in Indian history, which trace their [Caste-Hindus’] cultural life to the Vedas, which they hold to be divine truths revealed from time to time to the Rashes (seers) in their super normal consciousness. He further writes, *Manu Samira* contains a set of verses which talk about the places where defecation and urination were permitted and places prohibiting passage of stool or urine. The code was very clear and rigid regarding maintaining environmental sanitation. It revealed that sanitation promotion in India is the oldest concept.

Role of Behaviour Change

However, changing hygiene behaviour is harder than it may seem at first. Because it is related to culture, tradition, environment, and economy, improving existing sanitary practices involves paying attention to the needs and desires of the community. In the past, toilets have been constructed only to be used as storage facilities. In other cases, people have not been informed about how to use and maintain the latrine, causing them to become unserviceable¹³.

Evolution of Rural Sanitation

Water supply and sanitation were added to the national agenda during the country’s First Five Year Plan (1951-56)¹⁴. In 1954, when the first national water supply programme was launched as part of the government’s health plan, sanitation was

mentioned as a part of the section on water supply. It was only in the early eighties, with the thrust of the International Water and Sanitation decade, that the Government of India (GoI) started fostering alliances with the United Nations (UN) and other external support agencies to focus on improving sanitation in the country.

The above effort crystallized into India's first nationwide programme for sanitation, the Central Rural Sanitation Programme (CRSP), in 1986¹⁵. The programme provided 100 percent subsidy for construction of sanitary latrines for Scheduled Castes, Scheduled Tribes and landless laborers and subsidy as per the prevailing rates in the States for the general public¹⁶. The programme was supply driven, highly □organization, and gave emphasis for a single construction model. Based on the feedback from various agencies, the programme was revised in March 1991 incorporating some changes in the subsidy pattern and also included village sanitation as one component. A comprehensive baseline survey on knowledge, attitudes and practices (KAP) in rural water supply and sanitation was conducted during 1996-97, which showed that 55 percent of those with private latrines were self motivated. Only 2 percent of the respondents claimed provision of subsidy as the major motivating factor, while 54 percent claimed to have gone in for sanitary latrines due to convenience and privacy¹⁷. The study also revealed that 51 percent of the beneficiaries were willing to spend up to Rs. 1000/- to acquire sanitary toilets.

Sanitation as a Basic Need

As UN passed a resolution in 2010 on Water and Sanitation as a right, India finally initiated serious action on this issue. The government of India announced “*Safe*

Sanitation is the basic need of every citizen, yet in INDIA over 50 per cent population practices Open Defecation (OD) ”¹⁸.

Sanitation is to be seen as a basic need, as basic as drinking water or food. A sanitary toilet within or near home, provides privacy and dignity to women. Mahatma Gandhi □organization on the link between sanitation and health as a key goal for our society. Sanitation coverage, which ought to be a way of life to safeguard health, is inadequate in many part of our country. In fact, problems like open defecation continue to remain the only alternative for the majority of the population in rural areas. The practice of open defecation in India is due to 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. Recognizing the link between healthy environment and sanitation, the Millennium Development Goals (MDGs) stipulate, inter alia, halving, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation¹⁹. The Total Sanitation Campaign (TSC) programme, the flagship programme of the Government, has set an ambitious target, beyond the MDG’s and aims to achieve universal sanitation coverage in the country.

Sanitation and Indian Experiences

In the new millennium era, the development agenda of a typical democratic country like India has changed. The Millennium Development Goals (MDG) are emphasizing on the integrated development of the world with basic needs. Though India’s sanitation initiatives have speeded up and in the last two decades a few programmes were initiated with a focus on sanitation and duly acknowledged by MDGs. The lobby representing development organisations emphasized on policy formulation to

make sanitation as a key element in the process of development based on empirical research and discussions on the experiences of civil society organisations. Initially, in a few states, some civil society organizations, with the support of international development organisations, implemented sanitation programmes on a pilot basis to showcase and replicate in other places. The main objective of this initiative was to motivate the governments at state and central levels to include the sanitation issue.

Till the year 2000, development organisations insisted that governments give a greater focus to the sanitation agenda. This had yielded many positive and negative results and has put sanitation on top of the agenda with policy makers and governments.

One problem that arose was that the state and central governments started concentrating on sanitation only. Governments are allocating budgets for constructing toilets with subsidy. After lapse of many years, there was no much progress even after spending the allocated funds. Providing subsidy to a person to construct a toilet is not the solution for achieving sanitation targets. After a few findings and feedback from the grassroots, it is seen that constructing a toilet physically is not the way out. It turned as a debating point among policy makers and development professionals. The behaviour of a common person in the country is important when working on the sanitation issue. At this level, many development organisations intervened to make the government think about the awareness generation among the rural masses on sanitation and hygiene. From then, implementing sustainable sanitation campaigns have got the required impetus in rural India and the need for a typical campaign was felt.

Sanitation programmes and campaigns, like others, have a distinct phase involving a series of activities. To impact publics, the campaign must address the social,

technical, financial, institutional and environmental building blocks of sustainability. The sanitation success hinges on the software (awareness) and hardware (physical construction of a toilet) parts of the programme and, most importantly, on behavioural change of an individual. There were many efforts to develop a pattern that represents the process of sustainable sanitation as a progression through distinct phases, with activities and a range of options for each from the grassroots level to the national level. To continue the support and getting inputs of several institutional and field partners like NGOs and Community Based Organizations (CBOs) needed to be a collaborative exercise, with trends jointly identified and lessons shared. The highlight of the initiatives taken up on a pilot mode is the checklist of activities to be undertaken during different phases of a sustainable sanitation campaign.

Central Rural Sanitation Programme (CRSP) – 1986 to 1992

Central Rural Sanitation Programme (CRSP) was launched by the Government of India in 1986. The objective of this programme was to improve the quality of life of the rural people and to provide privacy and dignity to women. This was intended to supplement the efforts of the States. The programme provided for 100 per cent subsidy for construction of sanitary latrines for Scheduled Castes, Scheduled Tribes and landless labourers and subsidy as per the rate prevailing in the States for the general public. The guidelines of the programme were circulated to the States in 1986²⁰. Two decades later, it was seen that only the Government of India had taken up rural sanitation with a strategic approach.

Based on the feedback received from the states, UNICEF and voluntary organization the programmes were revised by the Government of India in March

1991. For construction of individual sanitary latrines, liberal subsidy at the rate of 95 per cent for Scheduled Castes and Scheduled Tribes and people below the poverty line and 80-90 per cent for the general public was provided²¹. The programme also provided for construction of village sanitary complexes with bathing facilities hand pumps, latrines and drainage facilities. For washing platforms etc, up to 5 per cent was earmarked towards administrative cost utilization and another 10 per cent funds for training of masons, creating awareness and spreading health education. The contribution by the states was limited to one-third of the assistance received from the Central Government.

After implementing the rural sanitation programme, the government decided to modify some of its earlier approaches. After several consultations and exchange of views with experts, the programme was revised. The programme has since been further reviewed based on the recommendations of the National Seminar on Rural Sanitation in September 1992, and the strategy outlined in the Eighth Five Year Plan. The revised programme aims at generation of felt need and community participation. The subsidy pattern has been changed limiting it to 80 per cent for persons below the poverty line for individual household latrines. This programme specially concentrated on rural women. Keeping in view the problems faced by rural women due to lack of proper rural sanitation facilities, the government of India designed this sanitation scheme. As a result, in respect of the exclusive sanitary complexes for women, the subsidy had a cap upto 70 per cent, the balance 30 per cent being the contribution by the panchayats or the beneficiaries²². For other sanitation facilities in the village, the subsidy was 50 per cent, the balance cost being met by the panchayats, 3 per cent of the funds were earmarked towards

administrative cost and 10 per cent for health education, awareness campaigns, training of masons, demand generation based on felt needs, etc.

The revised programme aimed at an integrated approach towards rural sanitation. The concept of sanitary marts for supply of materials required for construction of sanitary latrines and involvement of voluntary organization in publicity campaign and execution of the programme are also the new elements. At least 10 per cent of the total funds are to be channeled through voluntary organizations, apart from the funds earmarked for activities under Council for Advancement of People Action for Appropriate Rural Technologies (CAPART)²³. The subsidy will be shared equally by the central and the state governments.

Another salient feature of the revised programme is to develop at least one model village covering facilities like sanitary latrines, conversion of dry latrine into sanitary 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 sources²⁴. In due course, technical details and guidelines on various types of sanitary latrines were compiled and sent to the states and implementing agencies for their use and guidance. The implementing agencies on their part made use of the guidelines for two pit pour flush latrines circulated recently by the Ministry of Urban Development, UNDP and World Bank. This programme had given a new approach to tackle rural sanitation problems. As a consequence, the new rural sanitation programme was in place.

Central Rural Sanitation Programme (CRSP) – 1993 to 1997

The new Central Rural Sanitation Programme (CRSP) was again revised in March 1993²⁵. The guidelines were developed based on the revisions made, which were in the nature of general guidelines. The technical details and guidelines on various types of sanitary latrines were compiled and sent to the states and implementing agencies for their use and guidance. One such guideline on twin pit pour flush latrines brought out by Ministry of Urban Development and UNDP and World Bank were distributed.

Implementing agencies were asked to use standards, specifications and guidelines of organization technical quality, while grounding the programme. The new CRSP is not only concentrated on subsidies, but also on low cost sanitation methods and technologies. Earlier, there was an apprehension in rural masses that construction of an individual sanitary latrine would be a costly proposition. However, this misconception was dispelled after this programme was launched. The objectives were expanded to take on multi pronged strategy. The main objectives²⁶ of CRSP were:

- I. To accelerate the coverage of rural population, especially among the households below the poverty line, with sanitation facilities complementing the efforts in Rural Water Supply and slowly breaking the vicious circle of disease, morbidity, and poor health is resulting from insanitary conditions and waterborne diseases.
- II. To generate a felt need through awareness creation and health education involving voluntary organization and Panchayat Raj Institutions thereby helping to establish sanitary latrines with lesser dependence on Government subsidy.
- III. To eradicate manual scavenging by converting all existing dry latrines in rural areas into low cost sanitary latrines.

IV. To encourage suitable cost effective and appropriate technologies to support the other objectives.

These objectives were, based on a broad strategy for effective implementation. After launching the CRSP, the rural sanitation initiatives have been speeded up in India. Other rural development programmes were also linked up with this programme.

The Strategies of CRSP

The Government of India designed various strategies²⁷ to address rural sanitation issues in a holistic manner. Afterwards, rural sanitation has become a key intervention area in rural development policies of the central government. They identified the sanitation aspect as an integral component of rural development programmes. We can find the below mentioned strategies designed for a central rural sanitation programme:

- I. To provide subsidy to the poorer among the households below the poverty line,
- II. To launch intensive campaigns in selected areas and to support such campaigns with infrastructural facilities to establish individual sanitary latrines wherever possible,
- III. To establish sanitary complexes exclusively for women, wherever necessary,
- IV. To encourage construction of locally suitable and acceptable models of latrines

The CRSP Components

CRSP components had pro poor approaches to enable below the poverty line people to access rural sanitation facilities²⁸. There is no doubt that all these components made way to initiate integrated rural sanitation activities at grass root level. The components are listed here:

- ❑ Construction of individual sanitary latrines for households below poverty line with 80 per cent subsidy where demand exists,
- ❑ Conversion of dry latrines into low cost sanitary latrines,
- ❑ Construction of exclusive village sanitary complexes for women by providing complete facilities for hand pump, bathing, sanitation and washing on a selective basis where adequate land/space within the premises of the houses do not exist and where village Panchayats are willing to maintain,
- ❑ Setting up of sanitary marts in rural areas with the collaboration of panchayat raj institutions and self-help groups,
- ❑ Total sanitation of villages through the construction of drains, soakage pits, solid and liquid waste disposal, and
- ❑ Intensive campaign for awareness generation and health education for creating felt need for personal, household, and environmental sanitation facilities.

Other Important Features in CRSP

Under the CRSP, the Government of India has given a prominent role to PRIs and NGOs because these institutions have a good rapport with the community. Hence, their role is clearly defined in this programme. Initiative and contribution of Local Panchayats and NGOs will be deciding factors in creating the demand especially from weaker sections like Scheduled Castes (SCs) and Schedule Tribes (STs). The local institutions were entrusted with the responsibility of identifying households, cost recovery and provide the necessary infrastructural and technical support to the programme.

The beneficiaries had the option to select the type of latrines depending on requirement and paying capacity. While Government assured help in training of local masons/ carpenters in local area to successfully implement the construction programme.

CRSP policy focused exclusive attention on SCs and STs in rural areas. Beneficiaries belonging SCs/ STs, released bonded labourers and allottees of ceiling surplus land. Bhudan land, had provision for additional funds channeled from other programmes. There are numerous types of sanitary latrines in our country. A few of them have been listed for adoption in different locations depending on soil conditions, water availability, and preference of the people. Earlier, in rural sanitation programmes, there was no focus on different types of Individual Sanitary Latrines (ISLs). However, in CRSP, several types of ISL models have been designed. They have been included in this programme with low cost sanitary materials to attract the rural poor in India. Few types of ISL models were included in CRSP namely hand flush type, pour flush-single pit type, VIP latrine and twin pit pour flush latrine.

Focus on Rural Women Needs

Low cost latrines were introduced to attract people's participation in improving sanitary facilities at home, habitation or village. In rural sanitation, CRSP ushered a sea change and got focus on women, which was a very forward looking step in the rural sanitation sector. Public latrines have not been successful in the past as rural women faced difficulties in some areas. In many cases individual household latrines were not feasible. Therefore, on a pilot basis, village sanitary complexes exclusively for women were built. During the plan period, nearly 10 per cent of the annual funds were set aside

to provide public latrines in selected villages and Panchayats/charitable trusts/NGOs offered to construct and maintain village complexes exclusively for use by women.

The Concept of Total Sanitation of Village

CRSP's focus was to concentrate on villages and conceptually make people understand on the importance of sanitation. Provision of other sanitation facilities such as drains, soak pits, solid and liquid waste disposals, etc., were also part of Jawahar Rozgar Yojana (JRY) and other programmes for civic amenities. CRSP ensured implementation by taking up programmes that were not feasible due to non-availability of financial resources.

IEC Campaign

CRSP's thrust was on creation of awareness among the rural poor by strategizing on key elements of sanitation. In order to spread the message, government publicity machinery was put to use in a well-orchestrated programme of publicity. It is imperative to note that health, education, and creation of required facilities can only alter organization change in people. Reputed NGOs, autonomous institutions, social political and religious organizations that carry conviction with the people were enlisted for creating the felt need about sanitation. These organizations were selected based on their reputation for good and adequate infrastructure already available with them. The details were collected at the field level and organizations were roped in based on good practices of environmental protection, number of years of good work, extent of work undertaken, availability of infrastructure, extent of geographical coverage, etc. All these culminated in making sanitation programmes as key for rural development in the country.

The role of civil society/nongovernmental organization was encouraged under the IEC campaign. These voluntary organizations were asked to prepare projects covering various components of the programme, but with focus on construction of individual sanitary latrines. While they could be paid at Rs. 2000 per latrine constructed, they will be entitled to 7.5 percent of this unit cost as supervision charges, expenses for publicity etc.²⁹. Apart from this, a separate programme was also launched with the collaboration of CAPART, which established the link between the NGOs and the Governmental agencies. In prescribed formats, they were asked to submit district level reports to the nodal departments for review of progress every month. These were compiled and forwarded to Government to India.

Rural Sanitation Coverage & Latest Census insights

On coverage of rural sanitation, the latest census enumeration throws some important findings³⁰, which was officially released on 1st May 2013. Total population of the country is 1.21 billion, which is an increase of 181.96 million persons during the decade 2001-2011. The population of India grew by 17.7 per cent against the previous decade growth of 21.5 per cent. Census 2011 says that 833.5 million persons live in rural areas and 377.1 million persons live in urban areas. Thus, more than 2/3rd of the total population of India lives in rural areas. Density of population is 382 persons per sq.km, as against 325 persons per sq.km in 2001. Child population in the age group 0-6 years in 2011 Census is 164.5 million, as against 163.8 million showing an increase of 0.4 per cent in the last decade. Sex ratio in Census 2011 is 943 females per 1000 males, as against 933 in 2001 Census³¹. Population of Scheduled Castes in this Census is 201.4 million, as against 166.6 million in 2001, registering an increase of 20.8 per cent,

whereas Scheduled Tribes population increased to 104.3 million in 2011 from 84.3 million in 2001. As per Census 2011, number of literates is 763.5 million, as against 560.7 million in 2001.

Interestingly, Planning Commission review puts Sikkim as the first Nirmal Rajya (cent percent open defecation free) with Kerala and Himachal Pradesh attaining similar status in 2012. Haryana has resolved to achieve the target in the next two years, Punjab in the next five years, and the rest of the states in 10 years time³².

According to report of the Joint Monitoring Programme (JMP) published by WHO-UNICEF on the global scenario of sanitation, approximately 626 million people are defecating in the open³³. GoI presented this data in an official meeting. The diagram below shows the prevailing scenario of sanitation from across the globe.

In India, 626 million people resort to open defecation with poor hygiene and sanitation contributing to stunted growth of children³⁴. CRSP's focus from the inception was on subsidies and awareness by promoting sanitation coverage, which got a shot in the arm by CRSP covering more than 550 districts in India. The importance of rural sanitation is not only for privacy and dignity of an individual, but also to promote public health.

The emphasis on construction of household toilets, though laudable, needs to rework on Information and Education Campaign to usher in changed mindset.

Planning Commission's programme evaluation study shows that 20 per cent of the toilets are being used for storage and other purposes than as toilet³⁵. After getting the feedback on implementation, Government took decision to converge CRSP with other rural development programmes, which is a watershed in the history of rural sanitation.

Convergence helped to tackle public health issues on a holistic basis. National Rural Health Mission's goal for holistic health got a boost due to convergence factor. Introduced first at the school level, it was spread to the community later. School programme had the desired effect as school going children helped households to change attitudes. The awareness is now picking up and the programme needs to □organization to further increase the sanitation coverage. Lack of priority on behalf of many States led to inadequate funding for TSC. Contributions towards programme were minimal coupled with no seriousness for such an important issue of sanitation. Personal communication on sanitation at the village level was unsatisfactory and the capacity building at the grassroots level was inadequate resulting in restricted expansion of sanitation coverage.

CRSP evaluation methodology got totally restructured and the newly designed approach paved way to achieve visible results. Programme implementation, results achieved and its impact is assessed towards the end. The evaluation criteria are focused more on best practices in sanitation and hygiene in rural areas.

New Strategies for Rural Sanitation

New strategies were designed to involve rural local governance institutions such as three tier PRIs, wherein the sustainability and community ownership will be gauged based on participating PRIs. Keeping this in view, the government of India made certain provisions, which are already laid down in the 73rd Constitutional Amendment Act (CAA). A few strategies have been designed based on these to facilitate more effective implementation.

Though planning for rural water supply is made at the central and state levels, responsibility for proper implementation vests with the local PRIs and other user

□organization□. Under Article 243G of the Constitution, the State empowers panchayats and enables them to function as institutions of self-government. Further, it makes provision for devolution of powers and responsibilities to prepare plans for economic development and social justice in the village.

These provisions give strength to PRIs in the rural sanitation sector and helped build convergence of drinking water supply programmes at the grass root level. However, the village administrators' feel that financial and administrative autonomy to PRIs has not been devolved to the required extent. Also, there is a need to involve participation of stakeholders at all levels, from planning, design, and location to implementation and management. Presently, water supply projects are designed and executed by the implementing departments, and passed on to the end-users. Experience has shown that Panchayats are unwilling to shoulder the responsibility for operating and maintaining these projects. Lack of proper village administration has rendered State Governments plan to maintain the assets at the village level ineffective. From a broad perspective, involvement of PRIs is to develop a culture of community ownership among the rural poor.

Implementation process of the CRSP programme taught many lessons and showed the way for community participation through the involvement of grassroots level persons, which eventually had a bearing on successful implementation. Programme experience showed that there is a need for a radical shift in the management systems.

From a supply driven situation, decisions relating to water supply installation schemes should be based on local capabilities to meet the responsibility for operation and maintenance. Further, it has to be based on user preferences for shared hand-pumps or

stand posts versus household connections, and other related issues. There is a need to consult people and build their confidence by exposing/training them on available technologies, making them aware of the O & M costs so that they make their own choice. Training is an integral part of any successful programme implementation. People's participation helps in tackling problems related to sub-standard materials, poor workmanship, and inadequate maintenance. Besides, PRIs should meet part of the expenditure on the project. Being institutions of local self-governance, PRIs should be strengthened and entrusted with all activities relating to water supply, sanitation, hygiene, and nutrition.

Gradually, the multi strategy approaches have changed the scenario in rural sanitation sector. This was achieved by addressing issues like providing better rural sanitation facilities, strengthening PRIs, enhancing, and encouraging community participation. Various development functions may be handled by the single institution of the gram panchayat, as this will increase the possibility of convergent planning and delivery of services. The participatory approach, which is a part of the sector reforms programme, must be seriously addressed. However, while part of the project costs should progressively be borne by the beneficiary community, the major source of funding for rural water supply schemes has to be from the budgets of the Central and State Governments. Adequate supports under Plan provisions continued as rural habitations were roped in for a sustainable water supply arrangement. In the process, community contribution helped the rural sanitation initiatives to improve the efficiency and impact of the programme.

Restructure of CRSP

Experience drawn from CRSP's various approaches helped governments to reorganize various progressive provisions. For over a decade, many practical experiences of CRSP implementation culminated in 1999 restructure. This ensured phasing out the allocation-based component by the end of the 9th Plan, i.e., 2001-2002, and moving from a project based mode of implementation into a people's campaign for achieving total sanitation. Though the primary responsibility of providing drinking water facilities rests with State Governments, the CRSP restructure gave space for many positives towards integrated development.

GOI's efforts successfully provided financial assistance under the Centrally Sponsored Scheme of Accelerated Rural Water Supply Programme (ARWSP) since 1972-73. In 1986, the National Drinking Water Mission, which was later rechristened in 1991 as Rajiv Gandhi National Drinking Water Mission was launched. Subsequently, in 1999, the Department of Drinking Water Supply was created, to provide a renewed mission-focus approach to implement programmes for rural drinking water supply.

It was only after 1999, GOI's reforms in sanitation, along with water supply gained momentum. Local communities accepted after the initial resistance on low subsidy policy, eventually, leading to higher acceptance among programme officials and local communities. A redesigned CRSP was in place in many of the States based on suggestions and inputs from international developmental agencies.

Pilot Projects -1997 to 1999

Revised CRSP implementation matched with GOI's plans in the rural water and sanitation sector. Rural sanitation pilot projects were initiated in various districts along

with reforms in the rural sanitation sector that were implemented during the Ninth and Tenth Five Year Plans³⁷. The adoption of various reforms took place from the experiences and practices of the developing and underdeveloped nations.

Three pilot programmes were: Sector Reforms Project, Swajaldhara – I and Swajaldhara –II³⁸ developed with a special focus on reforms of rural sanitation programmes in India. It shows clearly a paradigm shift in government's approach from a provider's role to that of a facilitator. The sector reforms pilot project is also a turning point in water and sanitation sector of India.

Sector Reforms Pilot Project

Sector Reforms Project was launched on a pilot basis in the year 1999-2000 and is presently being implemented in 67 Districts of 26 States³⁹. The experience gathered during the past three years have vindicated the reform principles. There have been demands to scale up the reform initiatives in the sector. The requests revolved round the fact that it was Gram Panchayats where the reforms are to be implemented.

Thus, if the Village / Block level Panchayat Raj Institutions or User Groups come forward and agree to adhere to the reform principles, water supply schemes can be taken up in areas where pilot project is being implemented. On 25th December 2002, the Sector Reforms Project was launched as Swajaldhara⁴⁰. Since independence, till 1997, only two major rural sanitation programmes were launched. Within six years, three more such programmes were launched, which show how serious is the government in implementing programmes in this sector.

Experiences from Sector Reforms

Many field level problems acted as barriers in implementation of the sector reforms in rural sanitation. Based on the feedback, consultation with Non-Governmental Organizations, support agencies and state governments were held by the Ministry of Rural Development on April 17, 2003 wherein the problems and prospects of the implementation of the Sector Reform Pilot Projects and the Swajaldhara projects were discussed threadbare. A road map was drawn for the future of the reform initiatives introduced under the Rural Drinking Water Supply. Consensus amongst the participants helped build a holistic approach for drinking water and sanitation and the reforms got the required impetus. It was then decided to scale up the implementation and cover the entire country. It was also suggested that all the reform initiatives in the rural drinking water sector should be brought under the Swajaldhara scheme and comprehensive guidelines formulated thereof. Involvement of the three tier Panchayats, requisite social organization, communication, capacity development processes were considered important components of the Swajaldhara and for inclusion under the guidelines.

In order to provide a fillip to the reform initiatives, the State Governments have to play a pro-active role and provide an enabling environment for proper implementation, and draw up a clear vision statement with specific road maps through proper planning, which eventually should be a MoU between State and GoI. The Swajaldhara programme initiative was one such key programme in the rural sanitation sector.

A comprehensive Swajaldhara guidelines covering Sector Reform Pilot Projects along with Swajaldhara, was published. Swajaldhara had two streams: (i) Swajaldhara-I, with Gram Panchayat at the lowest unit for implementing initiatives on reforms; and

(ii) Swajaldhara-II, with the district as the unit for implementation. The guidelines provide operational flexibility to the State Governments and implementation flexibility to the districts and Gram Panchayat level institutions⁴¹. Community participation has been further strengthened. Role of the Panchayat Raj Institutions and, involvement of women in the entire cycle of the scheme was organizational.

Swajaldhara Programme

GoI through Swajaldhara programme turned rural sanitation into an important platform. A close examination of CRSP and Swajaldhara principles show that there are some differences in the approach and design of these two programmes. The State governments and implementing agencies were asked to adhere to some fundamental reform principles on Swajaldhara. The principles are:

- Adoption of a demand-responsive, adaptable approach along with community participation based on empowerment of villagers to ensure their full participation in the project through a decision making role in the choice of the drinking water scheme design and implementation, control of finances and management arrangements;
- Full ownership of drinking water assets with appropriate levels of Panchayats,
- Panchayats / communities to have the powers to plan, implement, operate, maintain and manage all water supply and sanitation schemes,
- Partial capital cost sharing, either in cash or kind, including labour or both, 100 per cent responsibility of operation and maintenance (O&M) by the users ; an integrated service delivery mechanism;

- Taking up of conservation measures through rainwater harvesting and ground water recharge systems for sustained drinking water supply; and
- Shifting the role of Government from direct service delivery to that of planning, policy formulation, monitoring and evaluation, and partial financial support.

The policy shift in the rural sanitation sector of GoI led to division of Swajaldhara I & II programmes. From across the country, many districts were selected for these two programmes with a much focused Swajaldhara – I at the village level and the second at the district level for institutionalizing reforms.

Swajaldhara – I

States were asked to implement Swajaldhara-I at Blocks/Gram Panchayats and Swajaldhara II at the district level. Emphasis was on fundamental reform principles, which were to followed in areas where the scheme was implemented. The scheme had provision for group project proposals from Gram Panchayats. As an □organization scheme Swajaldhara –I incorporated small drinking water projects and Multi-Gram Panchayat schemes were required to come up specific and precise formulation of capital cost sharing, operation and maintenance arrangements and cost collection mechanisms.

District Water and Sanitation Committee (DWSC) was made a nodal agency for specific proposals under Swajaldhara-I provided the projects conform to the guidelines of Swajaldhara. If more than 50 per cent of Blocks/Gram Panchayats in any particular district opt for rural water supply schemes under Swajaldhara –I, the State Government could consider taking up the entire district under Swajaldhara –II to the State Water and Sanitation Mission (SWSM). All these experiences have helped to develop a new integrated rural sanitation programme.

Swajaldhara – II

A need was felt to initiate a wing to □organization□□ze sector reforms by setting up a separate mission. Hence, the district was made as the unit for implementing reforms under Swajaldhara–II. The States were asked to identify potential districts where Swajaldhara was successful implemented and prepare proposals for Swajaldhara-II. Project proposal along with Project Implementation Plan (PIP), and Detailed Project Report (DPR) were made as prerequisites. The district selection of Swajaldhara–II was mandated to SWSM in all States / Union Territories.

Through this, districts played a pivotal role in making rural sanitation programmes as a focal point. Moreover, NGO’s role enormously increased to speed up and improve the quality of implementation of the rural sanitation programmes.

PRIs and NGOs

Government’s priority was to draw total convergence and involve civil society □organization□ to promote sanitation. One of approaches suggested was to use sanitation solutions on the lines of financial inclusion to improve hygiene and health. A consortium of NGOs started FINISH (Financial Inclusion Improves Sanitation and Health)⁴². This programme has been developed as a public private partnership to provide sustainable sanitation solutions to one million households across various states in India. International organizations like WASTE Netherlands, SNS REAAL Bank, UNU Merit Maastricht, TATA-AIG, BISWA, NH Bank and NABARD are involved in the FINISH programme⁴³. The strategy is more innovative to tackle sanitation issue in the Indian context through empowerment to endowment in the interest of sustainable outcome,

generating demand for sanitation through creation of awareness, and to facilitate access to credit for sanitation.

Earlier, in rural sanitation programmes, the involvement of NGOs and PRIs was nominal and not mandatory. However, in Swajaldhara, it is made compulsory⁴⁴. To implement these schemes, there is need for good environment at the grassroots level and for proper and effective implementation of Swajaldhara projects, the following enabling environment is essential:

- I. Panchayat Raj Institutions (PRIs) are to be vested with functions and finances, and supported with functionaries to carry out the responsibilities of drinking water supply scheme planning, designing, implementation, operation, maintenance and management.
- II. Village Water and Sanitation Committee will have to be a part of the Gram Panchayat (GP).
- III. States would need to enact and implement law on effective ground water extraction control, regulation, and recharge.
- IV. Institutional strengthening and capacity development of the State, District, Block, Gram Panchayats and the community level institutions is necessary. The state Government should have an effective State Water and Sanitation Mission with a competent support organization for implementation of Swajaldhara.
- V. State Government should integrate water conservation and rainwater harvesting schemes with the drinking water supply schemes.
- VI. Rural drinking water, sanitation, health, and hygiene programmes need to be integrated at the State, District, and Block and GP levels.

The above aspects have been designed in holistic manner. All these have led to starting exclusive rural sanitation programme with the collaboration of state governments. The evolution of rural sanitation programmes paved way to start a new programme under the name of Total Sanitation Campaign (TSC).

Involvement of Multi Lateral Agencies

For many development initiatives in India, multilateral institutions like World Bank, Asian Development Bank, International Monetary Fund, Department for International Development and other agencies have been providing funds (grants and loans). Interestingly the World Bank is supporting the rural water and sanitation sector since 1991(see table No. 2.2)⁴⁵. So far many projects in this sector have been mostly in higher and middle income states.

World Bank Funded Project in India

Sl.No.	State	Project Name	Project Years
1	Maharashtra	Rural Water Supply & Sanitation Project (RWSS) – I	1991-1998
2	Karnataka	Rural Water Supply & Sanitation Project (RWSS) – I	1993-2000
3	Uttar Pradesh	Rural Water Supply & Sanitation Project (RWSS) – I	1996-2002
4	Kerala	Rural Water Supply & Sanitation Project (RWSS) – I	2001-2008
5	Karnataka	Rural Water Supply & Sanitation Project (RWSS) – II	2002-Present
6	Maharashtra	Rural Water Supply & Sanitation Project (RWSS) – II	2003-2009
7	Uttarakhand	Rural Water Supply & Sanitation Project (RWSS) – II	2006-2014
8	Punjab	Rural Water Supply & Sanitation Project (RWSS) – I	2007-2013
9	Andhra Pradesh	Rural Water Supply & Sanitation Project (RWSS) – I	2009-2014
10	Kerala	Rural Water Supply & Sanitation Project (RWSS) – II	2011-2017

RWSS Projects under plan stage			
1	Maharashtra	-	-
2	GOI Programme for Lagging States	-	-

Table No. 2.2

Multilateral agencies have evinced keen interest in this sector. Apart from the World Bank, other agencies are also financing and providing grants to this sector in different states. Those programmes are being implemented directly through local government and NGOs. According to a report of the ministry of Drinking Water Supply and Sanitation, there are many gains from the World Bank Support to RWSS Programme in India. Progressive scaling up the GoI's RWSS reform program include, demonstrating policy and institutional reforms, shifting decentralized service delivery arrangements, strengthening capacities at state, local government and communities levels, integrating governance and accountability, including independent reviews, grievance redressal measures, beneficiary assessments, M&E systems, etc., Promoting greater access to cost effective drinking water and sanitation services with improved service delivery and provision for supply. These projects have given operational insights and were further modified based on what was required.

Total Sanitation Campaign (TSC) Program - 1999 to 2011

Field facts show us that CRSP improved in its new format. CRSP when adopted was "demand driven" and was revised to be titled as "Total Sanitation Campaign (TSC)", with added emphasis on Information, Education and Communication (IEC), Human Resource Development, Capacity Development activities to increase awareness among the rural people on some crucial sanitation issues. This will also enhance people's

capacity to choose the appropriate options through alternate delivery mechanisms as per their economic conditions. The Programme is being implemented with focus on community-led and people centered initiatives. Children play an effective role in absorbing and popularizing new ideas and concepts. This Programme, therefore, intends to tap their potential as the most persuasive advocates of good sanitation practices in their own households and in schools. The aim is also to provide separate urinals/toilets for boys and girls in all the schools and anganwadis in rural areas in the country. Total Sanitation campaign, launched in April 1999, advocated 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 increase of affordability⁴⁶.

The Department of Drinking Water Supply and Sanitation, under the Ministry Of Rural Development, has been making consistent efforts under TSC to arrest and eradicate the practice of open defecation.

Ever since its inception in 1999, the TSC has marked a paradigm shift from a centralized supply driven Government scheme to a community led people centred programme, worked towards the objective of improving the living environment in rural areas.

Innovative incentive strategies like the Nirmal Gram Puruskar (NGP) helped in achieving rural sanitation coverage, which shot up from 1 per cent in 1981 to over 61% in the current year. The progress made was a result of construction of 6.11 crore individual household toilets, 9.45 lakh school toilets, 2.99 lakh Anganwadi Toilets, 17,301

community sanitary complexes in the 11th Plan with a total project outlay of Rs. 17885 Crore.

In many of the States like Haryana, Mizoram, Tripura, Himachal Pradesh, Gujarat, Goa, Tamil Nadu, West Bengal, Andhra Pradesh, Maharashtra, Uttar Pradesh and Madhya Pradesh, 50 per cent coverage of individual household sanitation was achieved as per the targets set. However, in some states like Manipur, Assam, Bihar, Arunachal Pradesh, Jammu & Kashmir, Nagaland, Meghalaya, Jharkhand, Rajasthan, Karnataka, Chhattisgarh, Punjab and Uttarakhand, there is a need to intensify efforts, to achieve the goal of freeing India from open defecation.

It is commendable that Sikkim and Kerela could achieve cent percent sanitation coverage in individual households. Given the TSC flexibility, various states have developed innovative strategies and best practices for successful programme implementation. Periodic TSC target reviews made by States urged governments to revise the guidelines to ensure greater transparency and credibility of the selection process of Nirmal Gram Puruskar.

Programme implementation review of the IEC and HRD helped in organizing communication workshops for capacity building of units. TSC's mandate was to integrate sanitation technology by organising National Workshops and training programmes. Ecosanitation activities like Solid and Liquid Waste Management (SLWM) were planned for strengthening the capacity of States. A group of technical experts were asked to prepare guidelines for SLWM.

In 1999, TSC as a part of reform principles was initiated along with the restructuring of Central Rural Sanitation Programme in order to make this demand driven

and people centric. It follows a principle of “low to no subsidy” where a nominal subsidy in the form of incentive is given to rural poor households for construction of toilets. It has strong emphasis on Information, Education and Communication (IEC), Capacity Building and Hygiene Education for effective behaviour change with involvement of PRIs, CBOs, and NGOs, etc. The key intervention areas are: Individual household latrines (IHHL), School Sanitation and Hygiene Education (SSHES), Community Sanitary Complexes, Anganwadi toilets, supported by Rural Sanitary Marts (RSMs) and Production Centres (PCs).

These initiatives and measures provided the required impetus to meet the basic requirements of sanitation in rural areas.

There was a realisation on part of the implementing agencies that high subsidies were not promoting uptake of sanitation facilities, at this juncture, TSC advocated a shift from a high subsidy to a low subsidy regime with a greater household involvement and demand responsiveness. In order to promote affordability, a range of toilet options to were put in place. TSC’s main purpose was to bring improvement in the general quality of life in rural areas by accelerating sanitation coverage, eliminate open defecation to minimize risk of contamination of water resources and food. Mandate was clear to generate demand through awareness and health education. The target was to cover all schools and Anganwadis in rural areas by providing sanitation facilities, promote hygiene education among students and teachers. Also, encourage cost effective use of appropriate technologies in sanitation. The overall objective was to reduce water and sanitation related diseases. Safe water and sanitation for India’s 638,738 primary schools is a priority for both the Rural Development and Education Departments of GoI.

TSC's latest data shows that 520 of 607 districts in India are covered. Aims to cover all primary and upper primary schools with safe water, child-friendly toilets, and ensure empowerment of school going children to lead a healthy life through hygiene education capsules. TSC attempts to cover Early Childhood Development Centres (ECDCs) for children below the age of five with safe water and baby-friendly toilets and make sanitation and hygiene a people's agenda.

Nirmal Gram Puraskar –Incentives and Awards

In October 2003, elected local representatives of Gram Panchayats were involved to promote collective community action through sanitation. Nirmal Gram Puraskar (NGP) was instituted for this purpose. NGP awards were given to districts, blocks, and Gram Panchayats that have achieved 100 per cent sanitation coverage of individual households, 100 per cent school sanitation coverage and free from open defecation and clean environment. On 24 February, 2005, former President of India, Dr. APT Abdul Kalam gave away NGP awards 40 Gram Panchayats from six States for open defecation free status.

TSC's agenda helped the programme build a management structure, promote sanitation and hygiene at the gram panchayat level, with a mandate to monitor the programme and be a prime mover and motivator.

A careful look at CRSP since its inception shows that emphasis was given to awareness creation among the rural poor and the TSC programmes thrust was on Information, Education, and Communication (IEC) for demand generation of sanitation facilities, providing for stronger backup systems such as trained masons and building materials through rural sanitary marts and production centres. Also, school sanitation was

seen as an entry point for wider acceptance of sanitation by rural masses. To catch them young, school sanitation and hygiene education was planned to bring about some attitudinal and behavioral changes for relevant sanitation and hygiene practices. Thus, TSC programme turned into a watershed for rural sanitation and development in India.

TSC objectives

The Total Sanitation Campaign (TSC) programme has created history in the social development sector of India. This perhaps is the most well designed program on rural sanitation after independence targeting multiple stakeholders, who are not necessarily rural poor, but also some of institutions like Anganwadis, Balwadis and Schools in the villages were part of TSC. New implementation methodologies changed the approach of rural sanitation.

TSC Implementation

TSC programme is being implementing in districts of the States/UTs with support from the GOI on a cost sharing basis. The States/UTs draft selected districts to claim GOI assistance. The project is implemented in about 3-5 years at the Zilla Panchayat level. Wherever Zilla Panchayat is not functional, DWSSM implements the TSC. Similarly, at the block and the Panchayat levels, Panchayat Samitis and respective Gram Panchayats are involved in implementation of the TSC. The programme also provided a space to PRIs at all levels to better involvement, which is also clearly defined and designed under CRSP.

TSC Online

UNICEF's support for On-line Report Card System for the TSC and school sanitation programmes showed that most of the 14 states have reported increased rates in

sanitation coverage. There has been a 40 per cent increase in the total national achievement since 2001. However, if efforts are not significantly accelerated, some states' will only reach full coverage of sanitation by 2060, which is difficult to digest, especially with the emerging scenario of economic development in the country today.

RSP, MNREGS Convergence

GoI's initiatives gave a boost to sanitation through a variety of options and programmes. Convergence with Mahatma Gandhi National Rural Employment Guarantee Scheme (MNREGS) revolutionized RSP in a big way⁴⁷. A significant shift in programme implementation, linking sanitation with other key problems like health and nutrition issues helped achieve convergence. GoI's emphasis on linking sanitation programme in 200 districts resulted in drawing a close link between malnutrition and lack of hygiene. Indira Aawas Yojana (IAY), intended for constructing pucca houses for poor communities, was mandated to construct toilets to avail funding and subsidy.

Convergence with NRHM

Ministry of Health through National Rural Health Mission (NRHM) worked towards convergence by integrating water, sanitation and health. Policy makers saw this as essential to ensure safe drinking water for children. In 18 of NRHM identified states' ten have serious fluoride and arsenic problems. Today, in India, 66 million including 6 million children are severely affected by Fluorosis, a crippling disease resulting in bone deformation, stunted growth and mental retardation.

Role of Panchayat Raj Institutions (PRIs)

73rd Constitution Amendment Act, 1992 included Sanitation in the 11th schedule⁴⁸. Accordingly, Gram Panchayats played a pivotal role in implementing TSC.

PRI's were involved in social mobilization for the construction of toilets and also maintain the clean environment through safe disposal of wastes. PRIs engaged NGOs for inter-personal IEC and training. Community Complexes were constructed under the TSC and maintained by the Panchayats/Voluntary Organizations/Charitable Trusts. Panchayats contributed towards school sanitation from their prescribed budgets and were entrusted with community complexes created under TSC, which were eco-friendly and had good drainage systems. Panchayats were also asked to open and operate the production centres/Rural Sanitary Marts.

Panchayats played a key role in promoting regular use, maintenance and up gradation of toilets. NGOs were involved to ensure safety standards in implementing all components of TSC, inter-personal communication for hygiene was factored in to educate rural masses. The key factor of distance between the water source and a latrines was adhered to in IHHL, school and AW toilets and community sanitary complexes; regulating pit-depth, pit lining to prevent pollution, collapse of pit, etc. were taken into account. Clean environment was important to keep hand pumps / water sources clear and tidy and free from human and animal excreta. Officials from Block level and District level PRIs were involved in regularly monitoring the implementation of TSC. Role of elected representatives at all level of PRIs were mentioned clearly, which was seen as a positive sign in TSC's rural development programs.

TSC Evaluation

The States/Union Territories were asked to conduct periodic Evaluation Studies by reputed institutions and organizations on the implementation of the TSC. Evaluation study reports were forwarded to centre for remedial action. As an add-on, TSC Projects

also organized implementation progress review. A team of officers / professionals were drafted to undertake the review⁴⁹.

Performance Review of TSC

TSC performance was reviewed by the Planning Commission of India. In the 10th Plan perspective, Planning Commission noted the successful implementation of TSC in 578 districts of 30 States/UTs with support from the Central Government and the respective State/UT Governments. Though the target of individual household toilets was set at 10.85 crore, the number of completed toilets as reported in January 2007 was at 2.89 crore individual households. In addition, about 3.12 lakh school toilets, 8900 sanitary complexes for women and 99150 balwadi toilets were constructed. The approved outlay for the programme in the Tenth Plan was Rs 955 crore and the anticipated financial utilization was to the tune of Rs 2000 crores. The 11th Five Year Plan targeted to complete 7.29 crore individual toilets for achieving universal sanitation coverage in rural areas⁵⁰. TSC programme review showed that it was implemented in all rural districts in India, which was seen as a positive development.

It is a fact that even now defecation in the open is common in many of the prosperous villages. Lack of community toilets, coupled with growing population and disappearance of open spaces, has led to urban type use of roadside spaces, which is being emulated by villagers too and is an assault on human dignity. Unlike in urban slums, there is not even the anonymity factor serving as a protective shield for both men and women. There is a social angle to migration from villages to towns and cities. Sociological studies have shown that women who have studied up to school level in rural areas want to migrate to towns due to lack of toilets in villages.

Similarly, school dropout studies have shown that lack of toilets, especially separate toilets for girls, is one significant reason for parents wanting to pull their daughters out of school once they have attained puberty⁵¹.

The Planning Commission of India review pointed out key issues in rural areas related to rural sanitation programmes implementation of TSC. Even in a rich state like Maharashtra, the coverage is only 19 percent. The percentage of schools having toilets is 43 per cent and many of them are of very poor standard.

The progress of rural sanitation programmes in India is heading in the right direction and its evolution and emergence have provided many lessons and insights. In a nut shell, TSC programme is an example of how collective effect, experiences, and practices can be merged towards effective rural sanitation as TSC touched every aspect to achieve total sanitation in rural areas.

Sanitation and hygiene are critical to health, survival, and development. Many countries are challenged in providing adequate sanitation for their entire populations, leaving people at risk to water, sanitation, and hygiene (WASH) related diseases. Throughout the world, an estimated 2.5 billion people lack basic sanitation (35 per cent of the world's population)⁵². Basic sanitation is described as having access to facilities for the safe disposal of human waste (faeces and urine), as well as having the ability to maintain hygienic conditions, through services such as garbage collection, industrial/hazardous waste management, and wastewater treatment and disposal⁵³.

PRIs have played a crucial role⁵⁴ to overcome some hiccups. TSC brought in a paradigm shift in rural sanitation strategy, making it community-led and people-centered

with increased stress on awareness creation and demand generation from people for sanitary facilities. Toilets were introduced in houses, schools and anganwadis.

Role of NGOs in Sanitation

NGO's role in TSC got a boost after the appraisal of Sanitation issues by the Planning Commission. NGOs were involved to implement this programme more effectively and systematically involved using the IEC as well as construction activities. NGOs were asked to create awareness among the rural people and ensure use of sanitary latrines by operating Production Centres (PCs) and Rural Sanitary Marts (RSMs). Also, they were engaged in conducting baseline surveys and PRAs (Participatory Rural Appraisals) specifically to determine key behaviours and perceptions regarding sanitation, hygiene, water use, O&M, etc.

There is no doubt that not-for-profit civil society organizations played an important role in the field of sanitation and hygiene. It can be recalled that even during pre independence days, NGOs were actively associated in sanitation movement and in the last four decades there has been an increase in the number of organizations working on sanitation issues. In our country, Sulabh International Social Service Organization (SISSO) is the pioneer in the field of sanitation. It has created history by continuously working on sanitation and rehabilitation of scavengers in India since its inception in 1970.

Today, decades later, the organization is one among the best known NGOs working in sanitation sector.

Nirmal Bharat Abhiyan (NBA) – 2012

In 2012, GoI launched the Nirmal Bharat Abhiyan (NBA). This programme emphasized on a new approach of awareness by linking it with the current sponsored schemes of GoI. Total Sanitation Campaign closed in 2012 after striving for 13 years in achieving universal rural sanitation coverage. Government took stock after duly assessing the processes involved in rural sanitation, its design, and incentives to local governments. Water and Sanitation Programme (WSP) of World Bank in India proposed a study in response to a request from the Ministry of Drinking Water and Sanitation, GoI. The agenda was clear as to “what works” in terms of processes adopted at the district level to achieve outcomes under the national flagship rural sanitation programme, the NBA (known as TSC earlier)⁵⁵.

Planning Commission’s 12th Five Year Plan gave India, the NBA, which was launched in 2012⁵⁶. According to the latest Census figures 2011, open defecation among households is very high despite many programmes and crores of rupees as spend⁵⁷.

Revision of TSC led to Establishment of NBA

NBA programme has been initiated with a clear cut strategy to make grassroots institutions as focal points and integrate planning and implementation of sanitation. To create awareness, Brand Ambassadors are identified to undertake nation wide campaigns on water, sanitation and hygiene issues⁵⁸.

Salient Features of NBA

- Nirmal Grams for saturation in a phased mode based on defined criteria
- Water supply as a priority to Gram Panchayats (GPs)

- GPs with higher sanitation coverage to be prioritised under National Rural Drinking Water Programme (NRDWP)
- Nutrition priority in focus Districts, AE/JE affected GPs , Adarsh Grams where there is high concentration of minority population
- Incentive for IHHL identified households which are Above Poverty Line (APL)
- Role of Auxiliary Social Health Activists (ASHA) workers in creating demand for sanitation.
- Emphasis on toilets with IAY and State Housing Schemes
- Up scaling of resources for Solid and Liquid Waste Management (SLWM)
- Appropriate convergence with MNREGS unskilled and skilled man-days
- Dedicated funding for capacity building of stakeholders like Panchayat Raj Institutions (PRIs), Village Water and Sanitation Committees (VWSCs) and field functionaries for sustainable sanitation
- Greater role for appropriate SHGs/NGOs/civil society groups
- Focus on IEC as also its evaluation for improved outcomes
- GPs to provide sanitation facilities in Government owned School buildings and Anganwadis.
- Increased fund allocation up to Rs.3500 crores for the current year, which was at Rs. 1500 Crore for 2011-12
- National level Key Resource Centres for capacity building
- Ms. Vidya Balan (Bollywood actress) engaged as Brand Ambassador for Sanitation

- South Asian Workshop on WASH in Schools held in New Delhi from 24th to 27th April, 2012
- Swachchhata Doots/Bharat Nirman Volunteers for sanitation
- Proposal for “Sanitation Day” each year
- Celebration of annual Swachhata Utsav

Also, some key issues were identified for better implementation.

- i) Nirmal Bharat Abhiyan to strive for NGP status⁵⁹
- ii) IEC Plans for State/District/Block level to bring about behavioural change
- iii) MGNREGS, NRHM, WCD convergence at the local level to build capacity of stakeholders
- iv) SLWM plans at the GP level
- v) Sustainability of Nirmal Grams
- vi) Prescribed time limits prescribed for financial discipline and submission of UCs/ASAs and
- vii) State level scrutiny for streamlining Nirmal Gram Puraskar

NBA Goals

NBA to reach hundred per cent sanitation coverage to avoid the scourge of defecation in the open and achieve integrated and sustainable sanitation goals by the year 2022⁶⁰.

As part of strategy, NBA has three specific goals:

Goal 1: Creating environment which is totally sanitized and clean. To see that open defecation and human fecal waste is safely contained.

Goal 2: Adopting improved hygiene behaviour - Rural people, especially children and caregivers were asked to adopt safe hygiene practices.

Goal 3: Managing solid and liquid waste– In order to keep the village environment clean at all times. Plus, strategic interventional framework to achieve goals in different years.

By 2015: Safe sanitation access for all rural households through individual or community toilets with facilities in all government buildings in rural areas

By 2017: Safe sanitation usage for the entire population in rural areas with access to safe sanitation at public places, e.g., markets, bus stands, religious/tourist places in rural areas. To ensure emptying of pits/tanks and re-use or safe disposal of waste, and maintenance of institutional toilets.

By 2020: Hand-washing at critical times

By 2022: Hygienic handling of drinking water and food

By 2022: Management of all solid waste generated in the village – biodegradable and non biodegradable, management of all grey water in the village, plus general cleanliness of the villages.

NBA addressed sanitation issues and other developmental issues like infrastructure, income and employment generation.

Communication and Advocacy Strategy (2012-2017)

In NBA, IEC is a major component of rural sanitation with focus on awareness generation activities at the village level ⁶¹. Ministry of Drinking Water Supply and Sanitation (MDWS&S) developed a five year Communication and Advocacy Strategy

(2012-2017) to create community demand for basic sanitation through attractive messaging for rural poor. The idea of IEC to explore SMS based system through a network of massive mobile phones in rural India. As a first campaign initiative by the Ministry Ms. Vidya Balan was appointed as brand ambassador for sanitation.

NBA allocation in twelfth Plan

NBA as a flagship programme of GoI had Rs.36000 crore allocation for drinking water and sanitation in the 12th Five Year Plan⁶². In previous plan, it was just Rs.7, 800 crore, which was a significant shift in government's spend on sanitation.

Unit cost for toilet

Governments revised per unit cost for construction of IHHL/ ISL from Rs. 4600 to Rs. 10000 and scrap the distinction of BPL and APL families to achieve the total sanitation target in the next ten years in the country (see table no. 2.3). The table below gives an overview of the unit cost and cost sharing by central, and state governments including contributions from beneficiaries.

Unit Cost & Cost Sharing ISL/IHHL

Unit	Old Unit Cost (in Rs.)			New Unit Cost (in Rs.)			
	Central Share	State Share	Beneficiary's Contribution	Central Share	State's Share	MNREG A Share	Beneficiary's Contribution
ISL/IHHL	2100	1000	300	3200	1400	4500	900
Total	3400			10,000			

Table No. 2.3

Solid Waste Management (SWM)

Implemented in urban areas, Solid Waste Management (SWM) is a big issue in villages. Faced with the challenges for sanitation promotion, GoI concentrated on this

issue as it is a challenge for sanitation promotion. For the first time, based on population, 7-20 lakh rupees were earmarked for solid and liquid waste management in model towns and cities and GPs.

In rural India, 80 per cent of morbidity is due to lack of protected and safe drinking water and sanitation⁶⁴. Under NBA's better management practices of sanitation and solid waste management, the morbidity rate can be further reduced.

Sulabh Sauchalay – Sulabh Movement

SISSO perhaps is the only agency working in sanitation sector which is acclaimed both at the national and international level. A premier NGO that contributed immensely towards this sector worked assiduously towards path breaking and revolutionary ideas with a human face. Sulabh organization, with professional work culture provides scope for social activists, engineers, scientists and motivators to undertake sanitation initiatives with commitment, honesty and accountability.

Dr Bindeswar Pathak, Founder of Sulabh International is the man behind the success. A major sanitation breakthrough happened when he developed the technology in 1970 of two-pit, pour-flush toilets for onsite disposal of household human excreta. As it was low-cost technology it was possible to set up using local facilities. Therefore, GoI's programme successfully worked towards 'eradication of manual scavenging'.

A novel concept of operation and maintenance of public toilets on pay-and-use mode was put in place by Sulabh. Further, it developed technologies for production of biogas from human waste, Sulabh Thermophilic Aerobic Composting and duckweed-based waste water treatment, etc. In no time, 7,500 community toilets across the country were set up with bath, laundry and loo facilities. Sulabh is now spread over 27 States and

five Union Territories (UTs) with over 50,000 trained and experienced work force. “Nayee Disha” a sustainable rehabilitation of liberated scavengers was launched by Sulabh⁶⁵.

About Dr Pathak

A pioneer in India’s sanitation promotion, Dr Bindeshwar Pathak worked in this sector for more than four decades and strived relentlessly to eliminate manual scavenging in India. Sulabh has links with many agencies for research and project work including WHO, UNICEF, UNDP, the European Commission and various bilateral agencies including DfID (UK) - formerly the ODA -, BORDA, Sida (Sweden), DANIDA (Denmark) and KFW (Germany); even the Netherlands government also funds low-cost sanitation projects in many states in India. Sulabh also works in neighboring countries such as Nepal, Bhutan, China, Pakistan and Bangladesh, and has collaborated on many programmes with the UN Centre for Human Settlements (Nairobi) and Loughborough University’s Water Engineering and Development Centre (WEDC)⁶⁶. It works in close collaboration with many national agencies within India such as NBO, CBRI, HUDCO, and the Ministries of Welfare, Urban Development and Rural Development in the government of India, and the All-India Institute of Hygiene and Public Health in Calcutta. Sulabh’s work was recognized as a global best practice at the Habitat II conference in Istanbul and also a recipient Stockholm Water Prize in 2007.

RSP in 11th Five Year Plan

At the end of 11th Five Year plan, the Planning Commission of India conducted a performance review on rural sanitation in 2012⁶⁷. In this review significant issues were raised and discussed. The rural sanitation coverage is slowly improving in many states.

Smaller states have shown good results. After sluggish progress throughout the eighties and nineties, rural sanitation coverage received a fillip with the implementation of the TSC⁶⁸.

The sanitation coverage in rural areas was estimated at 21.9 per cent (see table No.2.4) as per census 2001⁶⁹. The year wise growth of sanitation coverage in the country till August 2011 is given below in a table.

National Level Sanitation Performance - Sanitation Coverage in Rural Areas

Sl. No.	Year	Sanitation Coverage (%)
1	2000 - 2001	21.92
2	2001 - 2002	22.38
3	2002 - 2003	22.86
4	2003 - 2004	27.34
5	2004 - 2005	30.56
6	2005 - 2006	32.02
7	2006 - 2007	39.03
8	2007 - 2008	48.02
9	2008 - 2009	56.03
10	2009 - 2010	63.78
11	2010 - 2011	71.65
12	2011 - 2012	73.67

Table No. 2.4

(Source: Ministry of Drinking Water Supply and Sanitation's Monitoring System)

There are a lot of variations among States to arrive at the average of 73.67 per cent from the above figures.

The state wide coverage on sanitation gives a national picture with some interesting insights (see table No. 2.5). The Table given below highlights the variation among States in rural sanitation coverage.

Sanitation Coverage in Rural Areas of All States

S. No.	State	Sanitation Coverage %
1	Andhra Pradesh	78.74
2	Arunachal Pradesh	71.98
3	Assam	68.62
4	Bihar	39.68
5	Chhattisgarh	57.26
6	Goa	90.48
7	Gujarat	86.07
8	Haryana	95.49
9	Himachal Pradesh	100.00
10	Jammu & Kashmir	49.94
11	Jharkhand	46.03
12	Karnataka	73.02
13	Kerala	100.00
14	Madhya Pradesh	78.77
15	Maharashtra	74.50
16	Manipur	64.14
17	Meghalaya	72.73
18	Mizoram	81.22
19	Nagaland	75.32
20	Orissa	55.19
21	Punjab	93.98
22	Rajasthan	59.38
23	Sikkim	100.00
24	Tamil Nadu	82.49
25	Tripura	100.00
26	Uttar Pradesh	82.93
27	Uttara Khand	80.84
28	West Bengal	78.83
29	A & N Islands	42.33
30	Chandigarh	68.53
31	D & N Haveli	70.06
32	Daman& Diu	32.02
33	Delhi	62.89
34	Lakshadweep	93.14
35	Puducherry	52.99
Total		73.67

Table No. 2.5

(Source: Ministry of Drinking Water Supply and Sanitation's Monitoring System)

States like Himachal Pradesh, Kerala and Sikkim have reported 100 per cent coverage under TSC states like Bihar, Jammu & Kashmir and Jharkhand are to achieve 50% coverage in Individual Household Toilets under TSC.

Crucial Issues

Good sanitation practices need proper understanding of its consequences, both at the individual and community level. In order to bring about behavioural change, there is a need for institutional structure, involving government and civil society. Allocation of appropriate financial resources is a precursor for successful implementation of the programme objectives. Unfortunately, sanitation sector in India has been one of the most underfunded programmes, JMP data recognizes the fact that 58 percent of the world's population defecating in the open are in India. The same report records that India lags behind other countries even in South Asia. It is now an accepted fact that unless India comes on board, the MDGs for Sanitation will be impossible to achieve. This endangers also the efforts being put in by the GoI to improve the major health indicators that are needed to provide quality health for its citizens⁷⁰.

Important Highlights in Planning Commission Report

In its report issue wise, Planning Commission mentioned some salient features as follows:

- ❖ Per annum spend on Sanitation stands at Rs.20000 crores.
- ❖ Access to taps, hand pumps and protected water increased to 90 per cent of rural households⁷¹.
- ❖ 2011 Census data reported that only 30.8 per cent rural households have access to tap water (public and household).

- ❖ Coverage of Toilet as reported to ministry by states stands at 70 per cent of rural households in 2011.
- ❖ However, 2011 Census shows that only 31 per cent rural households have domestic toilets and access to reliable, sustainable, and affordable services.

Rising expenditure in water schemes, projects Issues like operation and maintenance, low sustainability of sources and schemes and low toilet usage continue to be a major problem in sanitation sector. In regard to decentralization of drinking Water and sanitation schemes, GP/VWSCs are given full powers in planning, implementing, maintaining and monitoring services. However, in practice, State departments took a lead role in implementing the schemes instead of GPs/VWSCs⁷².

12th Five Year Plan Focus

Lessons learnt from 11th FYP helped Planning Commission of India to fix some important focus areas to achieve greater sustainability goals. Focus includes covering 55 per cent of rural households with 55 Litres Per Capita Daily (LPCD) water from 40 LPCD previously. The focus of piped water supply, converging both drinking water and sanitation services in order to ensure sustainability of sources and schemes was carved to empower the community and to promote decentralization⁷³.

Result Framework Document (RFD)

The Ministry developed a Result Framework Document (RFD) in order to implement sanitation schemes with a good vision, mission and strategy (see table No. 2.6). This document was done keeping in view certain objectives in operation and based

on the lessons from various sanitation projects of the government and the World Bank.

Find below RFD⁷⁴.

Result Framework Document (RFD) Ministry of Drinking Water Supply and Sanitation (MDWS), GoI	
Vision	Safe drinking water and improved sanitation in all rural areas in India
Mission	To ensure all rural households have access to safe and sustainable drinking water and improved sanitation facilities with the State entrusted with the responsibility of providing basic facilities and services.
Objectives	Enable all rural households to have access to and use adequate safe drinking water.
	Enable rural communities to monitor and keep surveillance on their drinking water sources.
	Enable all households to have access to and use toilets
	Ensure all government schools and anganwadis have functional toilets, urinals and access to safe drinking water.
	Ensuring sustainability of drinking water sources and systems
	Provide enabling support and environment for PRIs and local communities. So that they manage their own drinking water sources and systems, and sanitation in their villages.
	Provide access to information through online reporting with information placed in public domain to bring in transparency and informed decision making process.

Table No. 2.6

This document was prepared by the ministry in consultation with all state governments and civil society organizations.

Since independence the GoI has been concentrating on various rural sanitation programmes. After announcement of MDGs sanitation has become a big development issue.

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