



Sanitation Programmes in Rural India – A Study

Teppa Mayuri, Dept of Public Administration & HRM Kakatiya University Warangal

ABSTRACT: Sanitation is one of the important Millennium Development Goals which covers the important aspects of management of human excreta, domestic and industrial wastewater and hazardous substances. It also includes reuse of recycled products which is part of this management. However, developing countries like India where highly increasing population leaves policy makers in worry to provide basic amenities; toilets are mainly focussed to manage human faces and urine. In order to achieve the MDG, Government of India has been running many policies like Nirmal Bharat Abhiyan (NBA) and Total Sanitation Campaign. Convergence has also been done with schemes like Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA). However, it doesn't seem to be really an effort achieving the target in the time anyhow. So, Government has set a new deadline of 2022.

Keywords: Sanitation, Nirmal Bharat Abhiyan, Mahatma Gandhi National Rural Employment Guarantee Act, Convergence, Rural

Introduction

India is a welfare state according to Constitution. 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 Human Development Report, 1999 articulated the challenges of globalisation as 'globalisation with ethics – less violation of human rights, not more; equity – less disparity within and between nations, not more; inclusion – less marginalisation of people and countries, not more; human security – less instability of societies and less vulnerability; of people, not more; sustainability – less environmental destruction, not more; and development – less poverty and deprivation, not more'. The policies and practices of governance when assessed within these parameters should be able to fulfill the standards laid down in the internationally accepted covenants of human rights. The present study explores the issue of water and sanitation in various dimensions and finds out that the current state of water and sanitation in Madhya Pradesh falls short on equity, inclusion, ensuring water security, sustainability of water sources



and their long term impact on environment.

Consequently the study proposes to adopt the human rights framework to develop programmes and a rights based approach for designing interventions in the sector of water and sanitation. The study has come out strongly on the issues of social exclusion in any water supply project and the further marginalisation of the poor. It argues that a rights based perspective will enable institutions to focus on the needs of the poor, build their capacities to enable them to enlarge their choices and give them socio-political space to take charge of their lives and circumstances. The state of social and economic inequity prevailing in the rural areas are creating differentiations in access, availability and affordability of services related to water and sanitation and the delivery machinery does not seem to be equipped to handle these inequities. It also sends a warning signal on the deteriorating water quality and its impact on health and well being of the community. Issues of governance need to be closely integrated in any water and sanitation programme approach with a sharper focus on entitlements and the quality and efficiency of delivery mechanism.

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.

Sanitation in Rural Areas

People in rural areas use toilets inside house, defecate in open fields or use community toilets. In all these three utmost care must be taken. In our tradition it is mentioned that a small ditch should be used for defecation and covered by the nearby soil after the use. That way it worked as manure after decomposition and houses were well away from the excreta. One could freely do so without fear of being seen by others because population was very less. But in today's context, increasing population has put immense pressure on land as a result of which land holding size has become very small. So, it is almost not feasible to use such ditch concept for everyone in today's world. So, people just defecate in open and move on. It is the behaviour which is remained unchanged since last thousands of years. After so many efforts of many Civil Society Organisations (CSOs), Government agencies and Educational institutions, people began to adopt practise of using toilets. But mere using toilets, is not so simple that it can solve the problem of poor sanitation.

A large section of Indian population lives in villages and is mainly engaged in agriculture. They belong to weaker section of the society. There is a definite trend of rural population migrating to the urban areas due to lack of employment opportunities, low earnings, insufficient means of transport and insanitary living conditions. The latter is mainly responsible to repel the educated youth from working in rural areas. One source of insanitary condition in rural areas is the drainage of waste water from bathing and cooking areas of dwellings over the kutcha roads and lanes having inadequate slopes. The situation is



further aggravated due to the movements of carts and animals which result in the creation of pot holes and ditches that gets filled up with dirty stagnant water. The mosquitoes and flies find good breeding centres in these places and spread diseases. Some of the village roads are brick paved with drains for waste water disposal. But these have not served the required purpose due to improper slopes, insufficient maintenance and unpredictable flow of water. Rural dwellings having their own source of water supply like hand pumps discharge more water on the streets. Furthermore, the agricultural waste and domestic refuse collect in drains obstructing the flow of water and ultimately, all these things appear on the streets. Some of the village panchayats, have suggested individual pits for collection of waste water and its disposal by intermittent sprinkling on large areas, either in the courtyard or on the streets. The villagers adopt this practice for some time, but their enthusiasm dies with time. A few progressive farmers have access to the technical know-how and capacity to invest finance to make large sized soakage pits filled with brickbats (to dispose off water underground). These are frequently choked with ash and soil used by the villagers to clean their utensils. This requires cleaning of the pit and involves considerable expenditure. The high cost of construction and costly maintenance make it beyond the reach of the poor.

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.

Objectives of the Study

1. To study the sanitation status of rural people.
2. To understanding the rural public health.
3. To analyse the Nirmal Bharat Abhiyan programme in rural area.
4. To study the implementation of MGNREGS programme on rural sanitation.

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.

Elements of Sanitation

- Personal Hygiene,
- Safe Drinking Water,
- Village Sanitation,
- Home Sanitation, & Food Hygiene,
- Disposal of human excreta, waste water, garbage and cattle dung

Nirmal Bharat Abhiyan

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

f) Develop community managed environmental sanitation systems focusing on solid & liquid waste management for overall cleanliness in the rural areas.

WEAK LINKS

- PRI systems lack technical support i.e. engineers to design and construct feasible toilets in the rural areas. The financial assistance given under NBA is not in pace with the inflation to meet out the expenditure on material and manpower required.
- Households that have benefitted once would not be eligible for any further assistance. There is no involvement of private sector and issue of local leadership.
- Convergence of MNREGA and NBA is insufficient to build a complete walled toilet everywhere. The pattern of funding is different in the schemes. In MNREGA, it is proposed and in the latter it is obtained after work done. So, not only the ceiling on amount under MNREGA but also the funding pattern is a problem.
- The behavioural practice of open defecation is yet another concern which cannot be solved by mere building toilets. Tensions and fight with in villages have led to occupation of tradition water bodies or blockage of those. It adds up to unhygienic environment around people.
- Dedicated human resource is not in place to promote and monitor hygiene or sanitary practices anywhere in the country in Government system.

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.

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.

Conclusion

Indian society and culture values personal hygiene but gives little importance to clean and healthy community environment. Human excreta is regarded as the most hated object and

anything connected with latrine is considered so defiling that one is supposed to take a bath immediately after coming out of the toilet and before going into kitchen- due to psychological and religious taboos. Sanitation is, therefore, regarded as a matter of individual initiative and not a collective obligation of the community. Against this socio-cultural backdrop, rural sanitation and particularly the agenda of encouraging women's participation in sanitation promotion and management has not been provided due attention.

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