

Nurturing the Rural Sanitation Revolution in India

TOTAL SANITATION CAMPAIGN

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The Crisis of Sanitation

Of the estimated 2.4 billion people who have no access to sanitation facilities, 600 million are thought to be in South Asia. According to the 2001 Census data, only 21.9 percent of the rural population in India had access to latrines. Inadequate sanitation has been a major cause for many diseases in developing countries such as India.

Low awareness of the potential health and economic benefits of better sanitation and hygiene practices, perception of high costs of having a household toilet, the perceived convenience of open defecation and inadequate involvement of local self-governments and communities have kept the sanitation status low.

Sanitation Policy of India

India's first nationwide program for rural sanitation, the Central Rural Sanitation Programme (CRSP), was launched in 1986 with the objective of improving the quality of life of rural people. The programme was supply-driven, highly

subsidized, and gave emphasis on toilet construction. This approach was not successful in meeting the intended outcomes as there was no perceived need for sanitation among communities.

Later, during the turn of the century, a demand-driven low-cost sanitation approach was increasingly adopted with a focus on a mass level campaign approach.

The Total Sanitation Campaign (TSC) was launched in 1999, advocating a shift from a high to a low subsidy regime, and greater community involvement. The TSC promotes the ending of open defecation, the safe disposal of human excreta, hygiene practices, solid and liquid waste management, and rural environmental sanitation. It is just not restricted to the construction of latrines only.

It has set itself the ambitious goal of having total sanitation by 2012.

A Community-Led, People-Centric Approach to Sanitation

A 'demand-driven approach' was adopted with emphasis on awareness creation and demand generation for sanitary facilities. Capital subsidies for household toilets given to the poor has been replaced by incentives. Sanitation and hygiene education in rural schools is prioritized. Technology options to meet customer preferences and affordability, intensive mobilization campaign involving Gram Panchayati (local government) institutions, co-operatives, women groups, self-help groups, NGOs, and others are important components of the strategy.

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Incentivizing Gram Panchayats for Outcomes

Gram Panchayats (village level local self-government) play a pivotal role in implementation by carrying out social mobilization towards safe sanitation and hygiene practices, and maintain a clean environment by way of safe management of wastes.

Taking note of the need to empower local government institutions to promote community-based action for sanitation and hygiene, some states announced innovative incentive frameworks for local government institutions, such as the Clean Village Campaign awards in Tamil Nadu and Maharashtra. These promoted competition among local governments to achieve preset standards for environmental cleanliness and collective sanitation outcomes.

Following the success of state incentive schemes, the Government of India (GOI) introduced the Nirmal Gram Puraskar (Clean Village Award) in October 2003. Villages (Gram Panchayats) are eligible to apply for this award on achieving collective outcomes such as universal coverage of toilets and free from open defecation, school sanitation coverage and the maintenance of a 'clean environment'. Rewards for villages were based on their size (population-based), within a (approximate) range between US\$1,000 and US\$11,000 (US\$1 calculated as Rs.45).

The number of NGP awards has increased dramatically from 40 NGPs at the first ceremony in 2005 to 770 in 2006 to 4,959 in 2007. In the current year, about 30,300 local governments have applied for the award. As the NGP is an open and one-time only award, the Government hopes that every Gram Panchayat in India will qualify and apply for the NGP by 2012.

Drivers for Achievements

Political will and the creation of an enabling environment

The sanitation program in India is currently driven by the strong political will of the Government. Patronage by the President of India who distributes Nirmal Gram Puraskars and a demonstrated commitment at the Prime Ministerial and Ministerial levels, has led to adequate budgetary allocations helping in scaling-up.

Capacity building and communication

In a demand-driven and community-based program such as the TSC, effective and creative communication, and the capacity development of stakeholders and institutions, especially local governments, were the key to success. The imparting of knowledge, skills, and attitude to local





¹A robust third party monitoring system is put in place by the Government of India, to assess the quality of applications.

government representatives and district and block level officials to manage water and sanitation programs through active participation in decision-making processes were undertaken.

Concurrent monitoring, evaluation, and research

A robust monitoring system has been put in place to help improve implementation and track sustainability. An Internet-based online monitoring system, which tracks physical and financial progress, fosters transparency and accountability.

The quality of the process of implementation, the use and maintenance of toilets, and hygiene practices are monitored through third parties involving NGOs, civil society organizations, and external support organizations. This ensures objectivity and timely feedback on the quality of implementation. Report cards for states are developed twice a year to benchmark between states on outcomes.

Goals

An ambitious goal has been set in 1999 by the GOI to increase coverage in all 578 rural districts of the country. The goals included the catalyzing of the construction of:

- I 18 million toilets at the household level
- I I.2 million toilets for schools
- 0.4 million toilets for child care centers
- 28,000 community level sanitary complexes
- 4,000 rural sanitary marts/production centers

The Government has put aside a total of US\$2,983.10 million, which includes a community share of US\$ 445.18 million, with additional resources available for incentives for well performing local governments. The resource allocation has been substantially increased annually from US\$31.34 million in 2002-03 to US\$235.56 million in 2007-08.

School and Anganwadi Sanitation and Hygiene Program

Under the TSC, children have been identified as dynamic young change agents playing an effective role to spread the message of improved sanitary and healthy practices through the School Sanitation and Hygiene Education (SSHE). The SSHE ensures child-friendly water supply, toilet, and handwashing facilities in schools and promotes behavioral change by hygiene education. Under the TSC, so far 510,922 school toilets have been constructed. In order to change the behavior of the children from a very early stage in life, baby-friendly toilets have been constructed. So far 161,912 *anganwadi* toilets have been built under the TSC. The Government is committed to cover all uncovered rural schools and *anganwadis* with water and sanitation facilities and impart hygiene education by 2008.

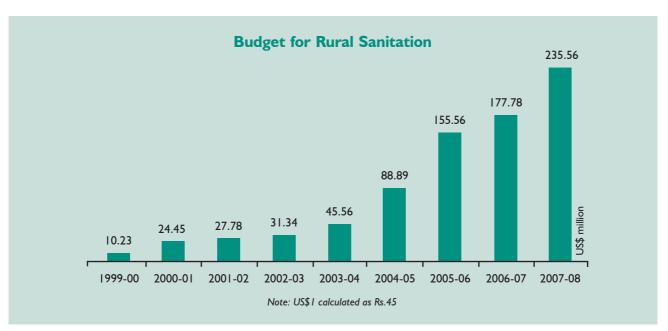
Solid and Liquid Waste Management

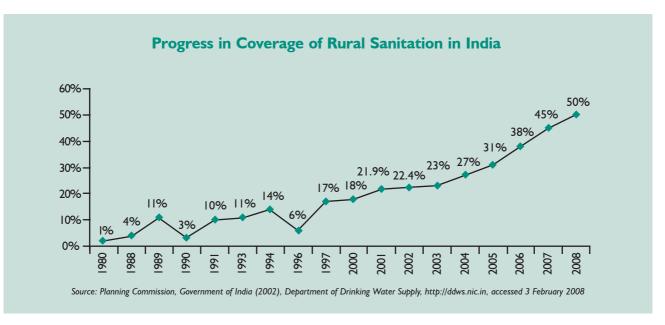
This has been included as an important component of the TSC and 10 percent of the project cost can be utilised for this purpose. The TSC provides innovative total sanitation systems managed by the village community themselves such as the use of nonconventional energy sources, biogas, and ecosanitation.

Achievements

These efforts have resulted in significant changes in the status of the sanitation in the country. In 2001, the year of the national census, India had a toilet coverage of about 21 percent. Sample studies conducted by the GOI and other agencies have indicated a usage rate of between 60 to 80 percent, with significant variation across and within different states.² The task at that time of the universal coverage for the rural areas of the country, even reaching the MDG targets by 2015, seemed daunting. The challenge was sought to be addressed through the TSC. This campaign brought in the requisite political will of the country, along with the required financial resources. The progress under the TSC has been significant, with some surveys estimating that at an average 2.8 million individual household latrines

² Evaluation of the TSC program, Agriculture Finance Corporation, 2004.





(IHLs) have been constructed annually over the $2001-2005\ period.^3$

A significant achievement has been the construction of 0.4 million school toilets, 0.15 million child care center toilets, and 8,000 rural sanitary marts. These are mostly managed by women self-help groups/youth groups and local CBOs and NGOs.

The success of the TSC is demonstrated by the community making a contribution of US\$215 million till now. The geometric rate by which the increase has been achieved makes the ambitious goal of achieving universal coverage in the rural areas of the country by 2012 an achievable one.

This involves providing 115 million household toilets over the next five years (2008-2012) and achieving open defecation-free status across rural India.

Towards total sanitation communities

The first priority of the TSC has been to end open defecation in the rural areas.

The approach, therefore, emphasized not only that individual households construct toilets and use them, but also that communities should become completely Open Defecation Free (ODF), that is, all in the community should be practicing safe sanitation, for the intended public health benefits to be available to the community members.

Once this objective of achieving ODF communities has been sufficiently grounded in the sanitation agenda, the campaign has gone on to include other issues such as the management of solid and liquid wastes, so that environmental sanitation is achieved, leading to a total sanitation status for the community.

Technology choices

Technology options, which address geographical conditions and affordability criteria such as dry improved pit toilets and ecological sanitation, are being promoted through effective communication. Ensuring product and skill availability, which meets minimum environmental standards, makes sure that the fecal-oral chain is broken in an affordable way. Increased emphasis on appropriate designs for superstructures for toilets depending on affordability are also part of advocacy. Research and development workshops, training programs on sustainable and innovative technology options, use on non-conventional energy sources, biogas, solid and liquid waste management, and specific technologies best suited for different situations are being promoted.



³ On-line monitoring data of the Department of Drinking Water Supply, GOI.

Gender in sanitation

Communication targets have largely tended to focus on women as homemakers and caregivers of children, the sick and elderly, and this has yielded considerable success. In general, women in India are more acutely aware of the need for improved sanitation and hygiene behavior, and use existing facilities.

Efforts are being made to give a strong focus to the sanitation needs of young girls and women. Menstrual health and hygiene management has become an integral part of the TSC and incinerators, sanitary napkin vending machines, and low cost sanitary napkin manufacturing units are being set up in schools and communities.

However, this gender-specific communication does not neglect targeting males for behavior change, as open defecation is more popular among male members even when owning household toilets. Communication targets all the members of the household to stop open defecation to reach public health benefits.



International Year of Sanitation: 2008

Activities to scale-up the message of sanitation to raise awareness and to accelerate progress on sanitation during the International Year of Sanitation, declared by the United Nations Department of Economic and Social Affairs (UNDESA), has been initiated, in broad partnership with stakeholders including UN agencies, NGOs, the private sector, and academia.

An action plan has been prepared to outline the contributions and inputs of the various partners to the International Year of Sanitation.

The plan consists of activities such as raising awareness on sanitation among civil society through media campaigns, publications, studies, and documentation. Exposure visits at national and international levels in partnership with other agencies such as UNICEF and the Water and Sanitation Program are ongoing to spread the process of scaling-up across other countries.

South Asia Conference on Sanitation (SACOSAN)

The South Asia Conferences on Sanitation (SACOSANs) are high-powered ministerial conferences held in South Asia devoted solely to the subject of sanitation. The conferences are intended to develop a regional agenda on sanitation, enabling the learning from experiences and setting forth action for the future. The overall goal of the conferences are to accelerate the progress of sanitation and hygiene in South Asia to enhance peoples' quality of life in fulfillment of the Millennium Development Goals and the commitments made in the World Summit on Sustainable Development.

Two SACOSANs have been held till date, the third being scheduled for late-2008, in New Delhi, India.

SACOSAN I

Raising the profile of sanitation at a regional level (Dhaka, Bangladesh, 2003)



The objective of SACOSAN I, being the first, was to develop a regional agenda on sanitation, understand the similarities in the sanitation challenge across the region, and learn from significant 'best practice' examples within the region. It highlighted the gravity of the sanitation problem in the region, setting the tone for the political and policy attention required to meet the MDG targets. SACOSAN I was successful in securing an agreement on a regional sanitation agenda (*The Dhaka Declaration*) and thereby raising the profile of this agenda at the regional level. It gave an impetus to Bangladesh to kickstart a major sanitation campaign across the rural areas of the country, resulting in significant achivements over the years. In India, the just initiated TSC got a boost with this event, with increased attention on rural sanitation.

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SACOSAN II

Operationalizing a regional sanitation agenda (Islamabad, Pakisatan, 2006)

SACOSAN II was aimed at translating policy intentions into good policy action. It focused on establishing systems for operationalizing a regional sanitation agenda, in developing a cohesive regional learning agenda in sanitation, grounded in a system.

In addition, while the first conference focused on the alarming status of rural sanitation, Sacosan II introduced the issues in sanitation in urban areas, which require equal

The goal of the SACOSAN conferences are to accelerate the progress of sanitation and hygiene in South Asia



attention for designing country level policies and creating a regional sanitation agenda across rural and urban divides.

While strengthening the large scale sanitation campaigns in India, Bangladesh and other countries, Sacosan II helped Pakistan in finalizing its national sanitation strategy and prioritized provincial sanitation strategies and action plans.

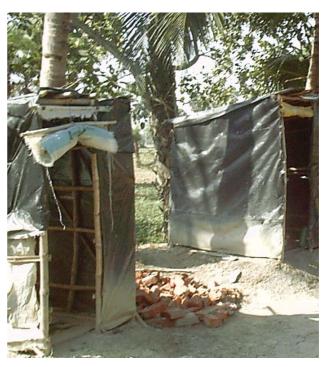
Sacosan III

Sanitation for dignity and health (New Delhi, India, 2008)

SACOSAN III now aims to consolidate and look beyond the concepts discussed in the last two conferences. It is proposed to focus on issues of sustainable sanitation, making it people-centric, addressing gender issues in sanitation, sanitation for nomadic and landless communities, economic gains of good sanitation, aspects of emergency situations, legal aspects relating to clean environment, and so on. The themes in SACOSAN III are being developed in dialogue with the Member Countries and other partners.









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