

INTRODUCTION

As India moves into the next millennium it has many things to be proud of. With a landmass of 3.29 million square kilometers and a population of just over a billion India has enormous natural resources, it also has the second largest pool of technical and scientific personnel in the world and is one of the fastest growing economies in the developing world in terms of its GDP growth.

In the five decades since independence, India has witnessed a significant achievement in many of the millennium development goals like reduction of extreme hunger and poverty by increasing self-sufficiency in food grains, increased life expectancy, sustainable management of its natural resources, rapid expansion in the urban, energy and industrial sectors, improved child and maternal health, increased universal primary and higher education, advancement in the field of science and technology, increased access to water and sanitation facilities, increased participation of women in social and political arena and above all a multicultural and religious vibrant social democracy.

However India is still far behind other developing nations in terms of achievement in some of the very basic social and economic development indicators specially in the rural areas where majority of our population lives. 65% of its rural areas are without sanitation facilities and large parts of rural India face acute water shortage. Some areas are completely deprived of education facilities particularly secondary and higher education and drop out of children from schools particularly girls is very high. Infant and Maternal Mortality rates are very high, and around 0.6 -0.7 million children people majority from the backward castes are involved in manual scavenging. Due to lack of awareness and traditional beliefs open defecation is very common. Participation of poor and marginalized communities in the local governance and informed decisions making is also lacking specially in tribal and remote areas.

RELEVANCE OF WATER AND SANITATION

India cannot achieve real development if majority of its people particularly live in an unhealthy and unclean surroundings due to lack of access to safe water and sanitation. Poor water and sanitation facilities have many other serious repercussions. A direct link exists between water, sanitation and, health and nutrition and human well being. Consumption of contaminated drinking water, improper disposal of human excreta, lack of personal and food hygiene and improper disposal of solid and liquid waste have been major causes of many diseases in India and it is estimated that around 30 million people suffer from water related illnesses. Children particularly girls and women are the most affected.

Many children, particularly girls drop out of school and are denied their right to education because they are busy fetching water or are deterred by the lack of separate and decent

sanitation facilities in schools. Women often suffer from lack of privacy, harassment and need to walk large distances to find a suitable place for defecation in the absence of household/ appropriate neighbourhood toilet facilities. Poor farmers and wage earners are less productive due to illness, and national economies suffer. Without safe water and sanitation, sustainable development is impossible.

THE BURDEN OF SANITATION-RELATED DISEASE IN INDIA

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

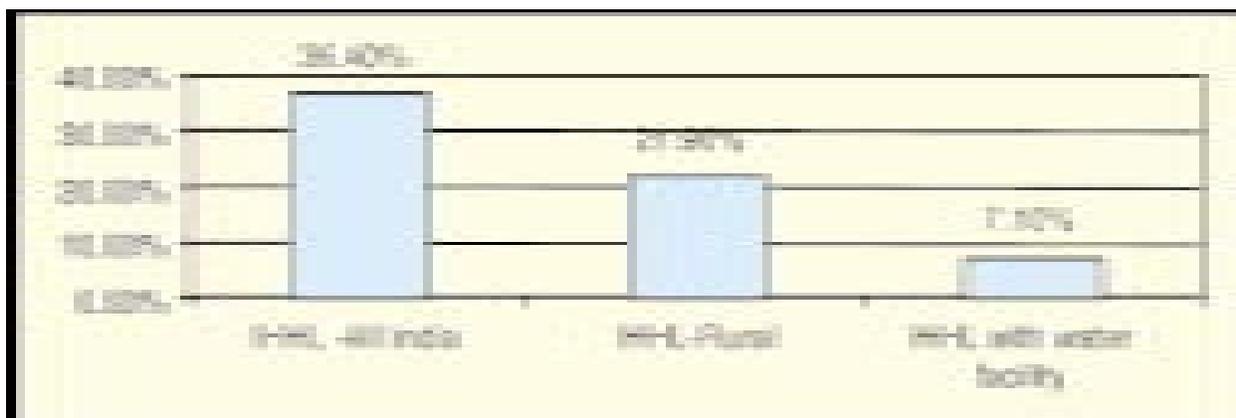
Source: Central Bureau of Health Intelligence, Ministry of Health and Family Welfare, 1998-99

SANITATION COVERAGE- PRESENT STATUS

The practice of open defecation in India comes from a combination of factors—the most prominent of them being the traditional behavioural pattern and lack of awareness of the people about the associated health hazards. As per the latest Census data (2001), only 36.4 percent of total population has latrines within/attached to their houses. However in rural areas, only 21.9 percent of population has latrines within/ attached to their houses. Out of this, only 7.1 percent households have latrines with water closets, which are the most sanitized toilets (See figure 1).

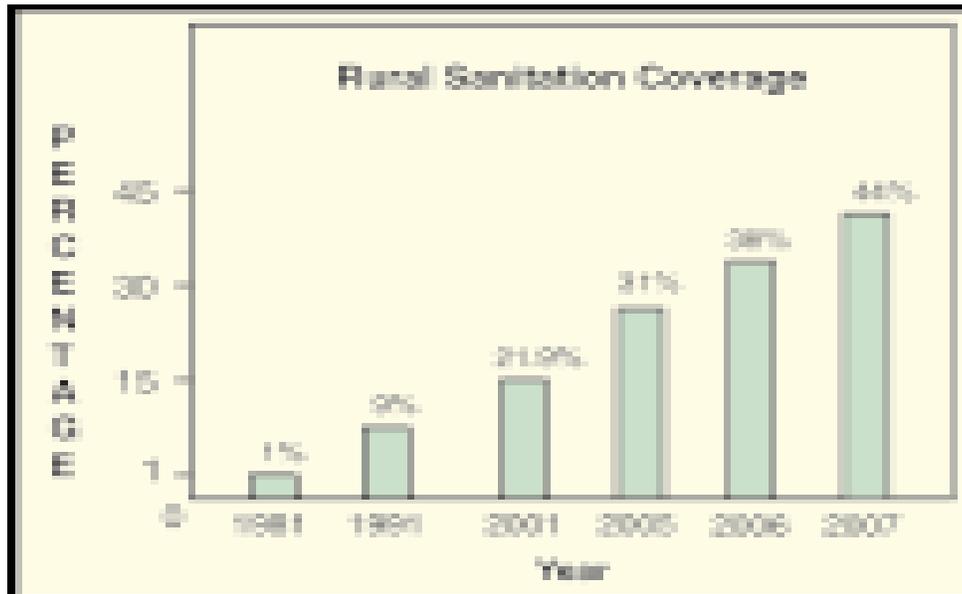
“The day every one of us gets a toilet to use, I shall know that our country has reached the pinnacle of progress,” Pt. Jawaharlal Nehru, the first Prime Minister of India

Figure 1 : Individual Household Latrines (Census 2001)



(Source - Census 2001)

India's progress towards fulfilling Gandhian dream of villages with total sanitation has been steady. But there is long way to go. In 1981, only one per cent of households in rural India had sanitation coverage. In 1991, nine per cent of the households and by 2001, twenty two per cent of the households had attained sanitation coverage. Over the years the sanitation coverage has raised which has left marked improvement in health of the people. Today, it is estimated that 44 percent rural households have toilets. By 2012, open defecation will be a thing of the past. **The figure 2 reflects Rural Sanitation coverage over the years.**



SANITATION POLICY INITIATIVES

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

Since its inception and up to the end of the IXth Plan, 9.45 million latrines were constructed for rural households under the CRSP as well as corresponding State MNP. The total investment made under the CRSP was US\$ 138 million, and under the State sector MNP, US\$ 232 million. Despite the massive outlays for sanitation the Programme led to only a marginal increase in the

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

With the emergence of the above findings the CRSP was restructured in 1999 with a provision for phasing out the allocation-based component by the end of the IXth Plan i.e. 2001-2002 and moving from a project based mode of implementation into a peoples campaign towards achieving total sanitation.

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

The primary responsibility of providing drinking water facilities in the country rests with State Governments. The efforts of State Governments are supplemented by Government of India by providing financial assistance under the Centrally Sponsored Scheme of **Accelerated Rural Water Supply Programme (ARWSP)**. ARWSP has been under implementation since 1972-73. In 1986, the National Drinking Water Mission, renamed as Rajiv Gandhi National Drinking Water Mission in 1991, was launched and further in 1999, the Department of Drinking Water Supply was created, to provide a renewed focus with mission approach to implement programmes for rural drinking water supply.

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

The Bharat Nirman Programme was another important step to taken towards building up a strong Rural India by strengthening the infrastructure in six areas viz. Housing, Roads, Electrification, Communication(Telephone), Drinking Water and Irrigation, with the help of a plan to be implemented in four years, from 2005-06 to 2008-09.

TOTAL SANITATION CAMPAIGN

Total Sanitation campaign was launched in April 1999, advocating of a shift from a high subsidy to a low subsidy regime, a greater household involvement and demand responsiveness, and providing for the promotion of a range of toilet options to promote increased affordability. The TSC gives emphasis on Information, Education and Communication (IEC) for demand generation of sanitation facilities, providing for stronger back up systems such as trained masons

and building materials through rural sanitary marts and production centres and including a thrust on school sanitation as an entry point for encouraging wider acceptance of sanitation by rural masses as key strategies. It also lays emphasis on school sanitation and hygiene education for bringing about attitudinal and behavioural changes for relevant sanitation and hygiene practices from a young age.



TSC Principles

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

The main objectives of the TSC are:

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

TSC Implementation Mechanism:

The TSC is being implemented in districts of the States/UTs with support from the GOI and the respective State/UT Governments. The States/UTs draw up a TSC Project for the select districts to claim GOI assistance. A TSC Project is expected to take about 3-5 years for implementation. At the district level, Zilla Panchayats implement the project. In case, Zilla

Panchayat is not functional, District Water and Sanitation Mission (DWSM) can implement the TSC. Similarly, at the block and the Panchayat levels, Panchayat Samitis and respective Gram Panchayats are involved in implementation of the TSC. Fig. 3 shows TSC-delivery structure.

TSC- Delivery structure



Funding provision in TSC

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

TOTAL SANITATION CAMPAIGN ACHIEVEMENTS

Since its inception in 1999, TSC projects have been scaled up significantly and is currently operational in 572 rural districts. Remaining 27 districts are also being taken up in the next financial year.

Financial achievements

The total outlay of 572 projects under implementation in the country is Rs. 12495.09 Crores, Central, State shares of the projects are Rs. 7802.08 Crores and 2750.10 crore respectively.

The success of the TSC lies in the fact that the community has contributed Rs. 1942.91 Crores to its share of TSC. The financial outlay of TSC projects has considerably increased since its inception. The implementation has been gradually improving. The financial expenditure (up to 25th June, 2007) is 3002.23 Crores, out of which Centre, State and beneficiary share are Rs. 1537.25 crores, Rs. 897.03 crores and Rs. 567.95 crores respectively. Significantly, the community has invested 567.95 crores so far. The financial details are given in the table below;

Table 1 : Financial Outlay and Expenditure Pattern in TSC in crore

Share	Total Outlay	Released	Total Expenditure
Central	7802	2283	1537
State	2750	1345	897
Community	1943	835	568
Total	12495	4463	3002

Physical achievement

This unique people government partnership has resulted in building of :

- 332,05,896 household toilets including 196,13,529 toilets for people living below poverty line.
- 3,82,683 school toilets,
- 1,17,664 Anganwadi toilets,
- 10276 community complexes,
- 7057 production centers/ rural sanitary marts (RSMs)

Key Achievements in Implementation

In the revised policy adopted by the Government of India, Total Sanitation campaign (TSC) is the main vehicle for accelerating sanitation coverage in the country. So a policy decision has been taken to scale up TSC projects throughout the country. Accordingly, TSC projects have already been sanctioned in 559 districts of the country so far and remaining 25 districts are expected to be covered in the current year.

Increase in budgetary outlay for rural sanitation :

Government of India attaches very high priority to the rural sanitation programme as a result the resource allocation has been substantially increased during the 10th five year plan period. It has been increased from Rs. 165 crores in 2002-03 to Rs. 740 crores in 2006-07. This may be seen in the **figure 3**.

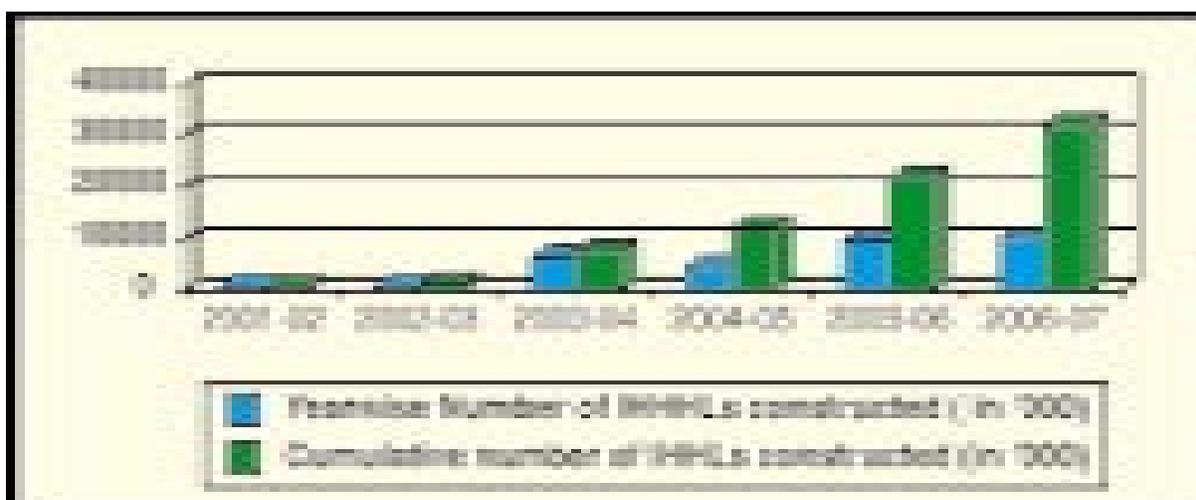


The planning Commission had originally allocated US\$ 212 million only for the 10th plan period but due to improvement in implementation of the programme, it increased the 10th plan outlay by another US\$ 300 million during the Mid Term Appraisal of the 10th Plan. As a result adequate resources have been made available by the Government of India and the ministry is no longer pursuing with idea of World Bank funding for rural sanitation sector for bridging the fund gap.

Increase in Sanitation Coverage:

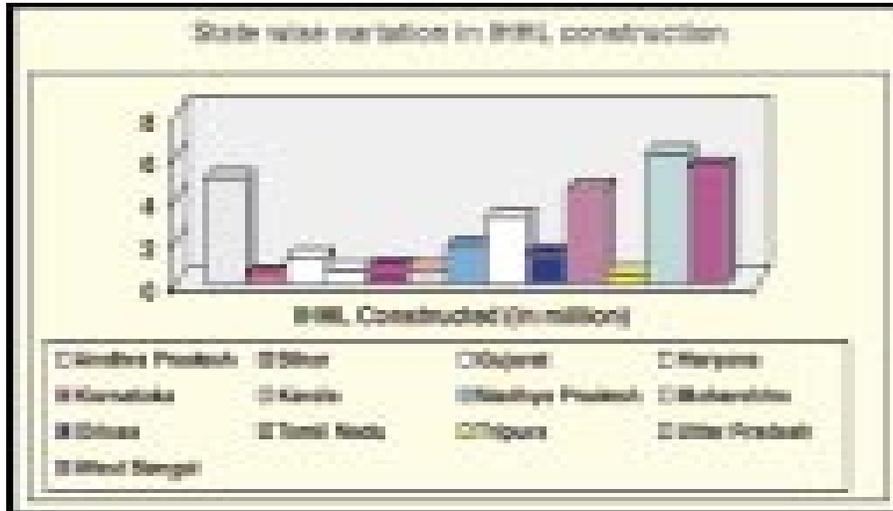
With the scaling up of TSC combined with higher resource allocation, the programme implementation has improved substantially leading to construction of household latrines in more than 21.7 million rural households. The coverage since Dhaka Sacosan has also been quite good and more than 15 million rural households have adopted sanitation facilities. The year wise construction of household toilets under TSC and the corresponding increase in the sanitation coverage may be seen in the **figure 4** below.

Figure 4 : Year wise construction of household toilets in TSC programme



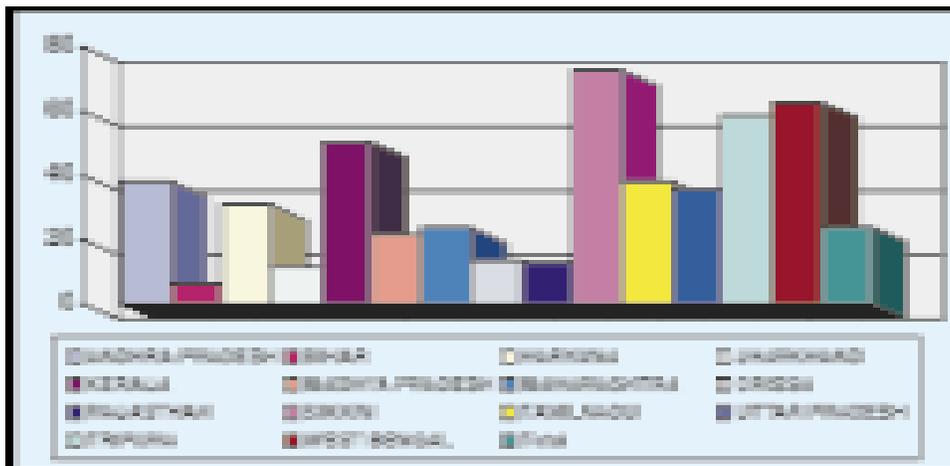
Corresponding to the increase in adoption of IHHLs, there has been substantial increase in the rural sanitation coverage from 22% in 2001 to about 44% in 2007 which is a good jump. Compared to average annual growth rate of only 1 percent during 1981-2001, the average growth rate is more than 3 percent in first five years of the current decade. However growth rate in the 2006-07 has been more than 6 percent which is quite encouraging and gives the confidence of achieving 100% coverage by 2012.

TOTAL SANITATION CAMPAIGN STATE WISE ACHIEVEMENTS



There is wide variation in the pace of implementation of the programme in different states. State like West Bengal, Andhra Pradesh, Tamilnadu, UP, Tripura etc have gone ahead with the implementation but many states are still lagging behind. State wise financial achievement is given in the chart below;coverage. This may be seen in the figure 5 below:

Figure 5: State wise percentage utilization of fund



Total Sanitation Campaign challenges and Learning:

Although the TSC was launched in 1999, the pace of progress has been gradual. Rural sanitation being a State subject, it is necessary that State Governments accord high priority to the programme. Though most States have included TSC in their programmes, financial allocations for sanitation often are not adequate due to lack of priority attached to the programme which often takes a back seat to water which is a more politically important area. The states where high priority is attached, good results are coming.

The second reason has been less emphasis on Capacity building and IEC activities with inadequate capacity building at the cutting edge level for implementing a demand driven project -giving emphasis on social mobilization and IEC. The implementation machinery at the field level, which is quite familiar with working of the supply driven, target oriented schemes of the government need to be sensitized further to the challenges of this demand driven approach. For this change of attitude and ways of functioning of the persons responsible for the implementation of the scheme is needed. Management of this change in approach requires more attention.

Some of the other challenges are existence of state level high subsidy schemes in many states, provision of low cost and region specific technological options, Quality of construction, usage and operation and maintenance of the sanitation facilities and Convergence with various other departments at National, State, district and grassroots level



Mid Term Evaluation of TSC

To address some of the above challenges and assess the impact TSC, a Mid Term Evaluation of TSC was conducted in 20 TSC districts across the country by Agriculture Finance Corporation (AFC) in the year 2004. The main findings of the study are: -

- Awareness and practice of personal hygiene was found to exist in a very large extent in almost all the study districts.
- 61.5% households in the TSC projects were having toilet facilities. BPL households had better adoption rate. Financial constraint was the most frequently stated reason for non-adoption of toilet facility. People want the per unit cost to be revised upward to above Rs.2500 (US\$ 56)
- Community sanitary complexes provided service to poor people especially women who cannot afford toilets

- 55% of sampled schools toilets were supported through TSC, 15% through State Govt funds and the rest through DPEP or SSA. The impact of SSHE has been seen in the reducing drop out rates (in 64% of the sample schools), improving enrollment rates (48%) and decreasing absenteeism (3%), which is very encouraging.

- A little over half the number of sampled Anganwadis had toilet facilities. But this included Anganwadis, which operated from school buildings and shared the school's sanitation facilities.



- The women masons proved to be very efficient not only in construction but also in motivating other villagers to adopt toilets and best practices in health and hygiene. Women played lead role in setting up RSM.

Of the total RSMs studied 40% were operated by NGOs and one fourth by women SHGs. They managed ventures more successfully than others as they combined IEC and motivation work with business.

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

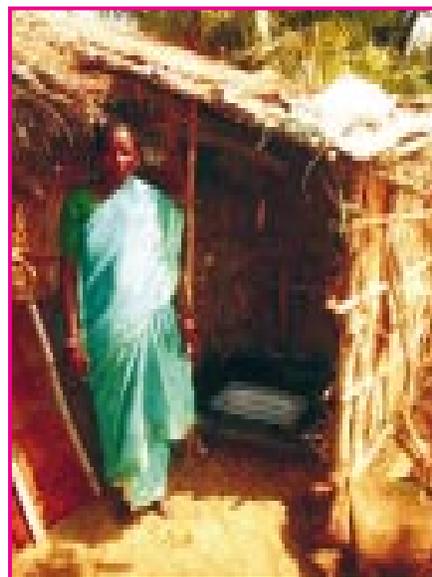
- While the low-to no subsidy regime may be acceptable as a long-term policy goal, in order to achieve the objective of full coverage of rural households through appropriate sanitation systems, providing financial incentives to BPL households will have to continue as a strategy. The quantum of subsidy as well as unit costs needs to be revised suitably.
- It is suggested that the feasibility of providing superstructure for individual household toilets be considered and the financial incentive should have suitable provision for constructing the superstructure.
- Replication and up scaling of innovative low cost sanitation models by different states in other part of the country

Based on the recommendations of the study conducted by AFC and the feedback received from the States and implementing agencies and other stakeholders, the TSC programme Guidelines have been modified for accelerating the TSC implementation in all the states of the Country. The unit cost for household toilets has been increased from Rs 625 to Rs 1500 and from Rs 1000 to Rs 2000 respectively for two categories of models.

- The unit cost includes an amount of Rs 650 for construction of superstructure; Solid and liquid waste management has been included with maximum 10% of the total project cost,
- To strengthen SSHE community contribution for the construction of is removed. The fund share of GOI has been increased from 60% at present to 70% of the unit cost.
- In order to make available cheap finance with the Self Help Groups (SHGs) and Milk Cooperative Societies, a provision of revolving fund (maximum Rs 50 Lakh (US\$ 0.11 million) per district) has been made.
- The component wise earmarking of fund has also been revised to incorporate the other changes approved in TSC guidelines.

TSC - INNOVATIVE COMMUNITY LED SANITATION PROGRAMME

The TSC reform principals of a community led and demand driven strategy of implementation marks a watershed in terms of decentralized sanitation policy. TSC advocated shift from high to low subsidy regime, greater community involvement, demand responsiveness, promotion of range of simple and low cost sanitation technologies. TSC also changed the concept of sanitation which was previously limited to disposal of human excreta by cesspools, open ditches, pit latrines, bucket system to integrated solid and liquid waste management, food, personal, domestic and environmental hygiene. The impact of the programme has been far reaching because of intensive IEC activities and active involvement of PRIs at block, district and village level, Self Help Group(SHG), Community Based Organization, Non Government Organization (NGO), scientific institutions from planning to implementation phases of the programme. As a result the sanitation coverage has shown a steep raise in terms of physical and financial achievements.



Some of the unique strategies used in TSC implementation are highlighted below :

➤ **Capacity Building :**

TSC implementation has given emphasis on capacity of different stakeholders like PRIs, NGOs, School Teachers, Anganwadi workers, Masons, Health workers, Engineers, District & Block level

Objectives of CCDU	
a.	To develop state specific IEC strategy for reform initiatives in water and sanitation sector, and
b.	To provide capacity development of functionaries at all levels



programme managers through training programmes on different aspects of sanitation promotion. In addition, lot of focus on information, education & communication (IEC) is required. This requires focussed attention of the state governments and for this purpose, fresh guidelines have been developed to assist the states to set up Communication & Capacity Development Units (CCDUs) in each state which are funded 100% by

Government of India. The primary responsibility of the CCDU is to plan and manage Communication & Capacity Development activities in the state.

➤ **Network of Resource Centers :**

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

Nirmal Gram Puraskar: Clean Villages by AD 2012

Total Sanitation Campaign (TSC), which was launched on 1st April 1999, envisaged a pivot role for the Panchayati Raj Institutions (PRIs) in achieving clean and healthy conditions in rural India. Nirmal Gram Puraskar was announced as incentive scheme for the PRIs to honor, felicitate and encourage those Panchayati Raj Institutions which have attained the following criteria within their area of jurisdiction:

- (a) All houses have access to sanitary toilets



- (b) All schools and anganwadis have access to toilet facility
- (c) It is free from practice of open defecation
- (d) Maintenance of clean environment

In addition this award can also be given to persons and institutions other than PRIs, which have made exceptional contributions for the promotion of sanitary habits in rural areas.

Government of India instituted this award on October 2, 2003 to recognize, encourage and facilitate Panchayati Raj Institutions and those individuals and organizations that helped them to achieve total sanitation. In 2005, 38 Gram Panchayats and two Block Panchayats had won this award. Last year, 760 Gram Panchayats and 9 Blocks had won the award.

This is the 60th year of Independence. A healthy competition is sweeping across India As a result this year more than 9675 Gram Panchayats, 120 Block panchayats and three District Panchayats competed for this award. On May 04, almost a hundred days before India celebrates her 60th Independence, these Panchayats from across the nation received a Nirmal Gram Pursakar award. The award was given by his Excellency to Panchayats for achieving total sanitation. The buzzword across India is we can do it and we will. The momentum is here to stay. We are all set to achieve the millennium development goal by or before 2012.



Nirmal Gram Purskar State Wise Achievements over the years:

S.No.	State	No. of PRIs	No. of PRIs	No. of PRIs
		2005	2006	2007
1.	Andhra Pradesh	-	10	143
2.	Arunachal Pradesh	-	-	2
3.	Assam	-	1	3
4.	Bihar	-	4	40
5.	Chattisgarh	-	12	90
6.	Gujarat	1	4	576
7.	Haryana	-	-	60
8.	Himachal Pradesh	-	-	10
9.	Jharkhand	-	-	12

10.	Karnataka	-	-	121
11.	Kerala	1	6	226
12.	Madhya Pradesh	-	1	190
13.	Maharashtra	13	381	1974
14.	Mizoram	-	-	3
15.	Orissa	-	8	33
16.	Rajasthan	-	-	23
17.	Sikkim	-	-	27
18.	Tamil Nadu	13	119	296
19.	Tripura	1	36	46
20.	Uttar Pradesh	-	40	488
21.	Uttarakhand	-	13	109
22.	West Bengal	11	134	475
	Total	40	760	4947



**Oath Administered by H E Dr A P J Abdul Kalam
President of India to the NGP Awardees**

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

**TOTAL SANITATION CAMPAIGN
EXPERIENCES OF STATES**

TOTAL SANITATION CAMPAIGN : BIHAR

In a marked improvement from last year, 51 panchayats and one block from Bihar applied for the Nirmal Gram award this year. Among them, about 37 have been finally selected for the award. This year an entire block of Vaishali district – Desri – has been fully sanitized and is on its way to win the Nirmal Block award.

A Herculean effort was required to make this possible. The Bihar government, NGOs, UNICEF and other supporting bodies worked tirelessly to make gram panchayats fully sanitized. During 2005-2006, 320008 families, including 43769 APL families got toilets constructed.

The total toilet coverage in Bihar in 2001 was 14 percent which increased to 23 percent in 2006. In Bihar, approximately 80 percent population (12 million families) defecates in open as they do not have a toilet at home. Sixty percent of the 53,275 schools have toilet facilities now in Bihar.

Honorable chief minister Nitish Kumar gave voice to his vision of a 'Nirmal Bihar' when he flagged off mass awareness sanitation campaign in Bihar on January 10th in Patna. This was the first time that an effort of this magnitude was made in the field of sanitation to deliver services at the doorstep of villagers. Six lakhs families registered their demand for toilets during the campaign.

The awareness campaign was carried out in all blocks of 38 districts of Bihar for five days. The campaign informed people about the benefits of sanitation and the range of toilet options available. During the campaign, field personnel visited villages and told people about the importance of sanitation and how it can be achieved. Mobile vans with crowns and posters carrying important messages on sanitation and playing informative songs did the rounds of villages. Health workers reached out to villages with the twin objectives of raising awareness as well as recording demand of toilets. The campaign became such a hit that villagers mobbed the sanitation vehicles wherever they went. In some villages, there was cent percent demand for toilets.

Due to the traditional Purdah custom and their own shame poor women were hesitant in venturing out in search of a place to relieve them during daytime. During dusk most women especially young girls, pregnant women become vulnerable to sexual harassment.

Due to TSC women and other are able to use safe sanitation facilitated in the vicinity of their own homes. A lot of time which could have been utilized for a productive work was wasted going out to the fields and coming back previously.

A vegetable seller, Meena Devi of Gajipur village in Vaishali is happy and relieved that now a lot of time is saved because of her new toilet. Besides, her two daughter-in-laws also have a much easier life just because of this simple addition to their life. They say that dignity has been restored to them.

A women based community organization (Mahila Samkhya) is also making a significant contribution to the total sanitation campaign. They have mobilizes who motivate people through songs and other means to adopt good sanitary practices. The group also has a special team of female masons who help in construction activities. The Mahila Samakhya members adopted ingenious means like *lota* snatching (every time a villager was spotted venturing out with the ubiquitous *lota*), Flashing torches when someone would sit down to ease himself or herself, and whistle blowing.

Another important aspect of the Total Sanitation Campaign is the use of children as agents of change. School children are thought to follow sanitation and hygiene in their lives. These children take the messages home to their family.

TOTAL SANITATION CAMPIAGN : ASSAM

Assam, a north eastern state of India, is well known for its rich cultural heritage as well as natural biodiversity.

In Assam, maintenance of cleanliness and personal hygiene is an age-old practice and Total Environmental Sanitation is also a part and parcel of rural lifestyle of some of the communities. In rural areas, open defecation is not a normal practice. However, a major section of the community uses a “**Kutchha Latrine**” for defecation which is constructed by digging an earthen pit and fitting an arrangement into the pit to be used for defecation with a temporary superstructure above it. This “**Kutchha Latrine**” proposed to be converted into sanitary latrines.

Some of the major challenges in sanitation sector, identified in Assam are as follows:

- Conversion of the “Kutchha Latrines” into Sanitary Latrine.
- To increase the coverage of different sanitation facilities in rural areas.
- To change the mindset of rural population and to encourage wide use of sanitation facilities and proper hygienic behaviour among all communities.
- To apprise the rural population about the desired benefits from proper sanitation facilities like, prevention of water & sanitation related diseases and loss of working mandays and ensuring secured sanitation facilities especially for the privacy for the womenfolk etc.

Till date, TSC projects are sanctioned in 22 districts of Assam. For implementation of TSC in the district, there is an autonomous Governing Body named as “District Water and Sanitation Mission (DWSM)” under the chairpersonship of the President, Zila Parishad. Another committee named as “District Water and Sanitation Committee (DWSC)” under the chairpersonship of the Chief Executive Officer, Zila Parishad, is the implementing authority of TSC Programme in the districts. Being the line department in the field of Water Supply and Sanitation, the Public Health Engineering Department (PHED), Assam, is also involved as nodal department in implementing TSC.

To monitor all TSC projects being implemented in different districts of Assam, there is a State level Water and Sanitation Mission, named as “Rajiv Gandhi Rural Water and Sanitation Mission (RGRWSM)” and the Communication and Sanitation Cell of PHED, Assam, headed by the Chief Engineers, Sanitation, Assam, looks after the works of RGRWSM.

The people oriented Total Sanitation Campaign emphasized more on IEC, HRD, capacity development activities to increase awareness among rural people and generation of demand for sanitation facilities. Focus is also on the School Sanitation and Hygiene Education in all rural schools and anganwadi centers. The IEC module in Assam has been framed based on site-specific applicability for different districts and also keeping an eye on different identified challenges. Accordingly, at present, different approaches are widely being undertaken for dissemination of clear messages on sanitation and health to the rural population, like, home visit by motivators, Group meetings for awareness generation, sensitization of PRI bodies on TSC, Street Drama and other folk media, distribution of Leaflets, posters and erection of hoardings etc.

TSC Programme being implemented in Assam has proved to be very effective in converting the “**Kutchha Latrines**” into Sanitary Latrines and also to increase the coverage of different sanitation facilities so as to ensure Total Environmental Sanitation in rural areas. While implementing the TSC Programme in different districts of Assam, it has been emphasized more on adoption of low cost options for individual household latrine. Considering different geographical terrains in the state, following models are being adopted by different districts :

- **Latrines in hard soil formation:-** In such types of latrines, a Squatting Plate fixed with Pan and Trap is placed directly over an unlined pit and the superstructure is built with locally available suitable materials.
- **Latrines in loose soil formation:-** In such types of latrines, a Squatting Plate fixed with Pan and Trap is placed directly over a pit, which is provided with adequate lining with suitable local material to prevent caving of earth and the superstructure is built with locally available materials.
- **Latrines in flood prone / waterlogged areas :-** To construct such types of latrines, first the site is raised to a considerable height and then a Squatting Plate fixed with Pan and Trap is placed directly over a pit, provided with adequate lining with suitable local material to prevent caving of earth and the superstructure is built with locally available materials.

In 2006, only one Gram Panchayat, named as Dariduri under Balijana development Block of Goalpara district was selected for Nirmal Gram Puraskar. This year, 3 Gram Panchayats, namely, **Bardamal & Mornoi** under Balijana and Matia development Block respectively from Goalpara district and **Kamarbondha** under Goalghat East development Block from Golaghat district, are selected for Nirmal Gram Puraskar. However many GPs in different districts are in the verge of completion and it is expected that next year onward, the No.s of GPs achieving Nirmal Gram Puraskar will be many more.

Lessons learnt :

The overall lessons learnt so far while implementing TSC in different districts of Assam are summarized as follows and these lessons will definitely be helpful to pave the way for successful implementation of TSC in different rural perspectives among different communities and locations.

1. Local specific low cost model is more easily acceptable.
2. Easy availability of hard wares at the doorstep of villages becomes fruitful.
3. Womenfolk may be a driving force to ensure people participation to bring about significant changes in the society.
4. Acceptance among tribal community is more spontaneous.
5. Role of site / community specific IEC module is tremendous.
6. The effective co-ordination amongst field level functionaries of Nodal Department, PRI Members and NGOs is a must for successful implementation.

TOTAL SANITATION CAMPAIGN : TRIPURA

TSC was launched in Tripura in 2001-2002 to ensure reduction in mortality and other disease. TSC in Tripura started functioning with a goal of achieving 100 percent sanitation coverage of habitations, Schools, Anganwadi centre all over the state for improving the quality of life for rural people. The concept of sanitation in Tripura includes not only disposal of human excreta by construction of latrines but also liquid and solid waste disposal, personal hygiene, domestic as well as environmental hygiene.

A base line survey was conducted in the year 2003 to identify the BPL & APL families having no scientific toilets and to verify the health & hygiene condition of the people of the state. Other institutions like Anganwadi centers, Balwadi centers, Primary Health Centres, Schools having no toilets were also identified though the base line survey. The survey also revealed that awareness regarding health and hygiene in the Districts was also very meager.

Out of the total targeted 361409 Nos. BPL families as per earlier sanctioned projects, all families are already covered and out of 107511 Nos. APL families, 101500 No. APL families are already covered. Out of 3643 Nos. schools targeted, 3541 Nos. schools are covered. Out of 2950 No. Balwadi centers targeted, 3782 Nos. are completed, which is slightly more than the target.

Special attempts have been made to aware masses through IEC activities at schools, community places, ICDS centers. IEC activities like distribution of booklets, leaflets, calendars, posters, banners, signboards in the prominent places, street play, drama, cleanliness and use of pucca toilets – and the HRD activities, like training of masons in the design of squatting plates etc. were taken up. Audiocassettes and video CDs on TSC in Bengali and Kakborak were distributed in the Panchayats. Competitions on various aspects like song, debate, sit and draw, drama etc on TSC among the school students were also organized. Door to door publicity by the block level workers, SHG motivators members of NGOs, social workers and others were given special emphasis.

The uniqueness about the strategy adopted under this programme was to make the programme community led and “People centered” along with involvement of PRIS. Government officials, Grass root Level workers and educational institutions etc. During the campaign on sanitation, others related issues like health, hygiene, woman empowerment etc were also carried out. Social mobilization ensured participation of all the families into the campaign.

During 2004-05, one GP of Tripura figured in the list of 38 Nos. NGP awardees. In 2005-06, Tripura received 36 Nos. NGP awards at GP level and during 2006-07, this number have further gone up to 45.

TOTAL SANITATION CAMPAIGN : MIZORAM

Mizoram is a rugged and entirely hilly State situated at the North-East corner of the Union of India. The Mizos traditionally lived in small villages situated on high hillocks in the ancient days. Each village functioned as an independent sovereign unit having its own Chief and his council of ministers. The Chief exerted total authority over his subjects and his word was law within the village. The Mizos, in those olden days practiced open defecation. Though there was no written law, it was forbidden to defecate nearby the water sources, which was proof of the high sense of hygiene and sanitation maintained by the Mizo people even in the olden days.

The arrival of the Christian Missionaries was responsible for changing the way of living of the people to a great extent. The spread of education was one of the beneficial results and the present high percentage of literacy can be attributed to this. Through the Britishers, the Mizos were introduced to the 'Dry Pit Latrine' system for disposal of excreta. This system became the most popular mode of excreta disposal for the Mizo people for many years and is still practiced even in the present day. The Dry Pit Latrine system was basically seen as a means of privacy and people were not aware of the need for using it for prevention of transmission of various diseases.

As of now, Mizoram is not having Panchayat System in the villages. Each and every village has its own Village Council, headed by Village Council President (VCP). Village Water and Sanitation Committee (VWSM), comprising of Village council Members, representatives from NGO's etc. have been formed with the guidance of Public Health Engineering Department to look after Water Supply and Sanitation matters.

In Mizoram, the Public Health Engineering Department started implementing the Total Sanitation Campaign (TSC) in the year 2002. Since most of the households were already practicing Dry Pit Latrine, the main aim of the campaign was to make the people adopt the sanitized 'Pour Flush Latrine System', in order to minimize the risk of transmission of excreta-related disease. Various trainings and seminars have been successfully organized to create awareness among the masses about the importance of hygiene and sanitation.

The Department used different methods for awareness campaign by making hoarding boards and wall paintings etc. The programme has had a highly positive impact, especially in the rural areas, and many households in the covered areas are now using Septic Tanks and Pour Flush Latrines.

Women Sanitary Complexes and Community Sanitary Complexes have been constructed along with sanitary toilets for Schools and Anganwadis. Pour Flush Latrines have been constructed for Below Poverty Line (BPL) families. The people have come to know about the effectiveness of the Pour Flush Latrines constructed by the Department after having such facilities. AT present, more than 70% achievement has been made in respect of Lunglei, Lawngtlai, Serchhip and

Mamit Districts. It is learnt that all the beneficiaries have gratefully accepted these facilities and are using them with great enthusiasm.

This year three villages, viz. Baktawng, Ngentiang and Rawpui were awarded NGP. It is hoped that the implementation of the Total Sanitation Campaign will have far reaching impact in overall improvement of the people's health and result in better economic and social living environment for the citizens of Mizoram. The tremendous success rate achieved till today has been highly encouraging and Public Health Engineering Department, Mizoram, is gearing up to meet the numerous challenges likely to be faces for total coverage of the whole of Mizoram. With continued efforts, Mizoram being small and compact is surely on its way to be declared a 'Fully Sanitized State' in the near future, so as to become a role model for other State of India.

TOTAL SANITATION CAMPAIGN : GUJARAT

Mahatma Gandhi preached and practiced sanitation as a way of life and desired that others follow it. Total sanitation and hygiene was one of the themes of Mahatma during the freedom struggle of India. He also led a movement to free the manual scavengers from the job of cleaning bucket type latrines by introducing better sanitation options.

The State Government since independence has undertaken programs for overall cleanliness and elimination of open defecation in both rural and urban areas. A state-wide sanitation programme was being implemented in the State since 1982 with regular budgetary support. Till recently, this program was implemented through a network of local NGOs led by a State-level nodal agency. There was an element of high subsidy up to 80% for every toilet unit constructed under this program. Simultaneously, Govt. of India also assisted this program under the Central Rural Sanitation Programme (CRSP) in the early nineties.

Government of India in 1999-2000 freshly launched the national Total Sanitation Campaign (TSC) in 3 pilot Districts in the State with new guidelines for implementation, giving major emphasis to awareness building and demand generation through Information Education Campaigns, and local capacity building for community action.

The State Government thereafter evaluated the programme in 2003-04 and realized that the financial subsidy did not help in increasing effective coverage and it was also not possible to provide for the large number of families to be covered (as per Census 2001 only 21-22 % used sanitary toilets). Therefore, the rural sanitation program was re-launched in all 25 Districts of the State as per the fresh national guidelines, which emphasized on demand generation through IEC and low subsidy for the PBL families.

The State Government started implementing the TSC project with due emphasis on IEC from the year 2004-05 by developing systematic project proposals for each of 25 districts with approved budget support from the Govt. of India and the State Government. As a result, project funds were released to the districts by the end of financial year 2005-06. Meanwhile, the State Government prepared its own implementation manual and communication strategy for implementation of the project. Critical tasks of conducting district-wise Knowledge Attitude Practices (KAP) studies were done and District Communication Plans were prepared.



This was made possible by the crucial step of establishing a State level Communication and capacity Development Unit (CCDU) under Department of rural Development of State Government.

The State CCDU continues to get technical support and facilitation from the Gujarat State Office of Unicef under the ongoing Child Environment Program (CEP) in the State.

- As part of CCDU activities workshops of State and District level implementing agencies and stakeholders were organized. Representatives from all stakeholders Government Departments like health, Panchayat, rural development, water supply, education, NDDB. NGOs, information and broadcasting, participated in the workshop.
- A three-tiered event including inter-state learning conference, district Stake holder's workshop and an exhibition on sanitation. The PRI functionaries from Gujarat were specially brought in groups from various districts to the exhibition for advocacy and their capacity building.
- The workshops and trainings on IEC and the process of implementation were organized for State and District level implementers and facilitating NGO representatives at MS University and Vivekananda training institute, Vadodara. More than 400 trainers were trained as Trainer for district and sub-district trainings. About 3-4 representatives from each village were trained. More than 60,000 trainees participated in the above trainings.
- UNICEF supported trainings of Training of Trainer (ToT) on hygiene education in schools and Anganwadis. Representatives from DRDAs, BRC and CRC were trained as trainers, who trained Anganwadis and mid-day meal workers. UNICEF provided Kits for training school sanitation & Hygiene education. The hygienic education at school level is introduced through regular curriculum from 4th to 7th standard in primary schools.
- The physical implementation of TSC was formally launched on 2nd October, 2005 (Mahatma Gandhi Jayanti) in the State. As the project was scaled up for implementation in all districts, it was obvious that there would be need of large quantity of sanitary pans and accessories for toilet construction. Therefore, a workshop of the manufacturers and implementers was held in October 2005 wherein more than 100 representatives of manufacturers participated.



All 16,800 primary schools without sanitation facilities at the time of project formation have been covered. Simultaneously, 15,412 Anganwadis operating in Government premises have also been covered under the project. More than 1,100 community sanitation blocks at public places such as pilgrimage centers, weekly markets and in the Gram Panchayats are constructed by involving Civil Societies, Charitable trusts and Govt. organizations to ensure sustainable O&M.

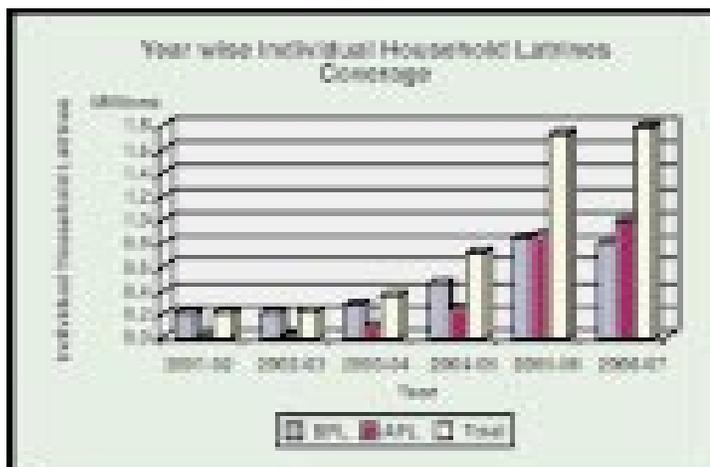
There was only one National Nirmal Gram Puraskar winner Gram Panchayat in the year 2005-05 and four in 2005-06. 1640 Gram Panchayats have applied for award during current year (Year 2006-07). This shows the scale of awareness generated in community for need of sanitation by the collective efforts of all.

The TSC implementation and results of total cleanliness in the rural areas encouraged State Government to declare the year 2007 as Nirmal Gujarat. The State Government has also provided additional budgetary support for rural sanitation and cleanliness programme during Nirmal Gujarat year. The Nirmal Gujarat programme of State Government has provided boost to the TSC by exercising it for one-year earlier completion of the TSC project in the State. Estimated coverage of rural sanitation in Gujarat has improved from 22 % (census 2001) to 56 % indicating annual logarithmic increase from 1% to 15%.

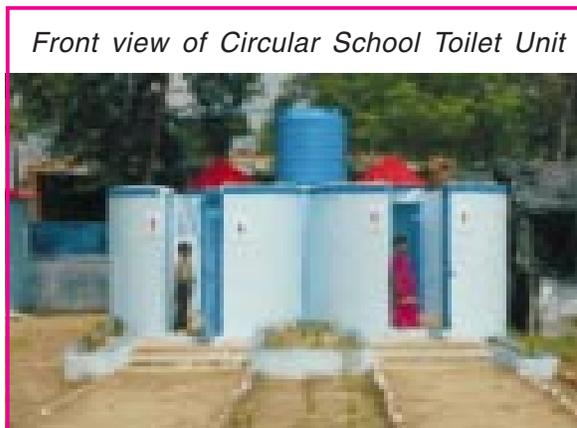
TOTAL SANITATION CAMPAIGN : UTTAR PRADESH

In the year 1999 Total Sanitation Campaign (TSC) programme was introduced in 4 districts of Uttar Pradesh and by 2004 it was extended to all the 70 districts of the state. As per census 2001, rural sanitation coverage in U.P. was only 19.23 per cent, which also includes some unsanitary toilets. Baseline survey conducted in 2003 under TSC shows that the state's rural sanitation coverage was only 17 per cent. Current coverage status is 40 per cent and state is targetting for Open Defecation Free (ODF) state by the end of 11th Five Year Plan (March 2012).

Since its inception, TSC projects have been scaled up and till now about 5.05 million families have adopted individual household latrines of which about 2.23 millions are from APL category. To make the State ODF it has been planned to construct about 3.0 million individual toilet units annually at a growth rate of about 12 per cent per annum.



Top view of School Toilet Unit



Front view of Circular School Toilet Unit

In all there are 1.13 lakh Primary, Upper Primary and Higher Secondary schools in the State. Of which 1.04 lakh schools have atleast one toilet unit up to March 2007. At present about 9000 schools are still uncovered with sanitary facilities. As per guidelines of GoI, all co-ed school must have separate sanitary toilet units for boys and girls. Keeping this in mind the state has planned to provide extension urinal units in approximately 68,000 school toilets constructed under SSA / DPEP because they are without urinal facilities.

Schools are being treated as main focal point for behaviour change communication. Keeping this in mind special emphasis is being given to make school toilet units more attractive and eye

Forcelift hand pump and Overhead water storage tank Installed in School



catching. All school toilets were provided with Forcelift Hand Pump, Over Head Water Storage Tank and running water supply in toilets and urinals. Replicating models have been constructed in all the districts for scaling up SSHE through out the state including hygiene education.

In the state Anganwadi Sanitation component was introduced in the year 2005 - 2006. Replicable models for Anganwadi Toilet unit have already been constructed in almost all the districts. State has planned to provide all Anganwadi Centre operating from Government building with a Baby Friendly Toilet (BFT) unit by the year 2008-2009.

IEC in State is mainly focussed on demand generation for toilets and behavioural change especially concentrating on Hand washing at critical times, safe disposal for child excreta and use of toilets. District Specific Communication Plans are already in place. A comprehensive operational guideline from state level

has been issued which includes IEC strategy, HRD Activity, Funding patterns for hardware, activities under SSHE and Anganwadi Sanitation, Role of RSMs and different technical options for IHHL, School Toilets, Incinerator, Community Complex, etc. State has developed and effectively using Hygiene Education kit which is having games and tools like Snake n Ladder, Ludo, Pocket Charts, Flash Cards, Flip Books, etc.

Demand generation for toilet in the State is totally based on Behavioural Change Communication (BCC). In BCC State is not only creating awareness about water borne diseases, technological options of toilet but also creating a supporting environment through trained masons at GP level and strengthening the supply chain. IEC activities are mainly operationized at State, District and GP level.

Even though manual scavenging is a punishable offence but it is still very common in rural as well as urban areas of the state especially in the western part. State has made sincere efforts to abolish this inhumane practice. With effective IPC, the scenario changed very fast and people adopted water seal pour flush latrines in almost all the GPs. Of the 2095 Gram Panchayats having practice of manual scavenging more than 15 percent

Anganwadi Toilet Unit



TOTAL SANITATION CAMPAIGN : JHARKHAND

Embracing of Total Sanitation Campaign in Jharkhand has been rather very painful exercise during the formative years since the creation of the new state due to various bottlenecks like absence of any legally elected PRI system, low priority of Sanitation at different levels & any institutional mechanism in early days.

Till the period of 2000-02, there were only six TSC districts we had and by 2004-05 the remaining 16 districts formally embraced the programme and started implementation through establishing DWSMs in their respective districts and moving on by involving local NGOs & community organizations absolutely in the outlined theme of TSC. After the establishment of Programme Management Unit (PMU) at the State level, by 2004-05 the programme has gained momentum in the state.

The state has also made sincere effort for extending continued capacity building support to all the stake holders of community managed water & sanitation programme through establishing a state level training institute ViSWA (Visvesvarya Sanitation & Water Academy) under the aegis of SWSM, DWSD, Government of Jharkhand. Additionally the mutual exchange of experiences among DWSMS, replication of best practices & developing users friendly programme implementation strategies for organized planning & implementation viz. Integrated Village planning –cum-water & sanitation derive are contributing to the progress of programme. The unequivocal support rendered from UNICEF in mainstreaming the entire programme need special mention.

Progress trend of Total Sanitation Campaign (TSC)

The state in unison with UNICEF has established District Support Unit in all the districts with a concern to coordinate the overall planning, implementation of programme and strengthening the requisite data base for continued monitoring of progress by all its stake holders. The DSU acts as continued supporting link among the DWSM programme implementing mechanism & partner rural communities to ensure the wholesome smoothness in programme operation.

The achievement of Total Sanitation Campaign in Jharkhand during 2006-07 is remarkable in so many ways. In terms of financial achievement while the expenditure during 2005-06 was Rs. 748.70 lakhs – this year during 2006-07 it is Rs. 4742.88 lakhs, which is about 7 times up. In terms of physical achievement, The Total IHHL (BPL + APL) constructed during 2005-06 was 63,094 nos. –

Financial Status of Total Sanitation Campaign (TSC) (in lakhs)

The total amount released during 2006-07 was Rs. 2747.69 lakhs from GOI and Rs. 1264.70 lakhs from the State – the corresponding expenditure Rs. 3254.77 lakhs (Central) and Rs. 1269.57 lakhs (State) respectively – in terms of percentage it is 120% and 100% respectively. This time 12 Gram Panchayats are being awarded NIRMAL GRAM PURASKAR and for the next year state has planned for 571 Nirmal Gram Puraskar.

TOTAL SANITATION CAMPAIGN : WEST BENGAL

For ensuring a good physical quality of life – access to safe water and to sanitary means of excreta disposal to the rural people specially living below poverty line in West Bengal, a unique sanitation programme was launched in undivided Medinipur in 1990 on experimental basis. UNICEF, Ramakrishna Mission & Panchayats were the key stakeholders. The main thrust was given on involving people through awareness generation. There was no subsidy. Without subsidy, a good number of households agreed to pay for a sanitary toilet.

Lesson from Medinipur experiment is that subsidy is not an essential component to attract people rather through awareness generation people should be motivated to accept the programme as their own. As opinion leaders, 3-tier Panchayats played a crucial role in motivating households and guiding the Rural Sanitary marts.

In 1993-94, West Bengal programme was integrated with CRSP & provision of small subsidy @ Rs. 200/- only was made for BPL families. When the programme started, apropos 1991 Census access to sanitary toilets in rural areas in West Bengal was only 12.31% and in Medinipur it was only 4.75%. At the end of 2006, around 68% rural households have now access to sanitary toilets. Indeed Total Sanitation Campaign has tremendously contributed to accelerate the programme. Another important factor apart from political will, awareness generation, literacy, convergent approach of the stakeholders, Nirmal Gram Puraskar has created an environment of healthy competition to achieve the target within the stipulated time.

The *strategy* is to create demand for toilet through awareness generation of people by the Panchayats & Rural Sanitary Marts. In every Block, there is one RSM set up by the approved NGO selected by the Block Panchayat. The RSMs play important role for generating demand by social marketing Campaign. In every RSM, there are two Mart Managers, two Chief Motivators & two Master Masons. NGO heads, Mart Managers, Chief Motivators & Master Masons are trained by the State Sanitation Cell. To set up RSM, one time financial support is given to the NGO in four installments on turn key basis. To make the RSM financially viable, a profit of Rs. 40/- is allowed for each toilet over the actual production cost including installation of which Rs. 20.00 is paid to the Motivator & Rs. 20.00 is retained by the RSM for its overhead expenses. The RSM networks have been supported by the Panchayats for manufacturing cost-effective squatting plate, mosaic pan & cyphon and for execution of IEC activities as per POA of concerned Block. Beside alternative delivery mechanism, another important feature is to place the programme on community base to ensure a system of community managed supervision and quality control. Community participation specially women at all stages of manufacturing, monitoring, motivating is emphasized.

Availability of affordable user friendly & cost-effective toilets of various price range from Rs.400.00 to Rs. 6000.00 only attracted the households. There is liberty of the households to select anyone within their means & there is scope for state by stage upgradation from lowest to highest model as per availability of fund.

This infrastructure is the strength of the programme wherein role of the key stakeholders is well defined. UNDP's Human Development Report, 2006 has rightly mentioned that West Bengal's achievement over the past five years build on more than a decade of political and institutional investment.

The achievement in School Sanitation & Hygiene Education which is an important component of TSC is quite satisfactory. Much emphasis is given on SSHE for improving learning, increasing school attendance & reducing drop out particularly of girls. SSHE is a critical element in the international effort to achieve the Millennium Development Goal by 2015. Of the approved target of 38750 schools, 26000 school toilet blocks have already installed & being used by students. Hundred percent educational institutions will be covered with separate toilet blocks for Girls & Boys by 2008 identified as International Sanitation year.

A Joint Plan of Action for SSHE have been developed both at State Level and District Level by the Key Stakeholders viz. Education Deptt, Panchayats & RD Deptt., PHE Deptt., Health Deptt., SSA, WB Board of Primary Education, Madrasah Board, ICDS etc. to maximize complementarities and to minimize duplication and wastage of resources. Now SSA is laying great emphasis on healthy environment and life skills based education and TSC is focusing on more than just construction of water and sanitation facilities aiming at community participation and ownership of these facilities by the school.

TOTAL SANITATION CAMPAIGN : MAHARASHTRA

Rural sanitation has always been on priority for Government of Maharashtra. Till 1997 the rural sanitation policy in the State was confined to the construction of physical infrastructure i.e. toilets and drainage with a large subsidy component. The huge investments made by the Government of Maharashtra under various schemes resulted in rural sanitation coverage to 19% in 2001 from merely 6 % in the year 1991.

The no of districts covered under the Total Sanitation Campaign (TSC) increased from 4 in 2000-01 to all the 33 rural districts in 2003-04 with revised proposals sanctioned in the entire districts in 2006. The State has streamlined decentralized implementation at Zilla Parishad level. Support from other departments like the Rural Development, Education and Health has also been sought. The State has been able to scale up the TSC Government of Maharashtra became the first State towards pioneering the implementation of community driven approaches through a unique peoples movement called “Sant Gadge Baba Village Sanitation Campaign”.

The campaign propagated the demand driven approach and educated and motivated rural communities for undertaking overall village development and particularly to prioritize the sanitation agenda in competition mode. As a part of the campaign every year the villages participate in the competition and implement various works that lead to an environmentally clean and sustainable village development. The villages through its' own resources and voluntary labor undertakes all the works. The villages are then evaluated by independent committees as per criterias and three villages with maximum marks are awarded 'prizes' at different administration levels - block, district, region and the State.



Award money is given as a token of appreciation of the community's collective action for building a positive physical and social environment in the villages. Since its' inception the program has gained momentum & at the moment is working as a backbone of the success achieved in increasing the sanitation coverage in the State. The award winning villages under *Sant Gadge Baba Campaign* are recognized as resource centers & ***Yashwant Grams*** for motivating other

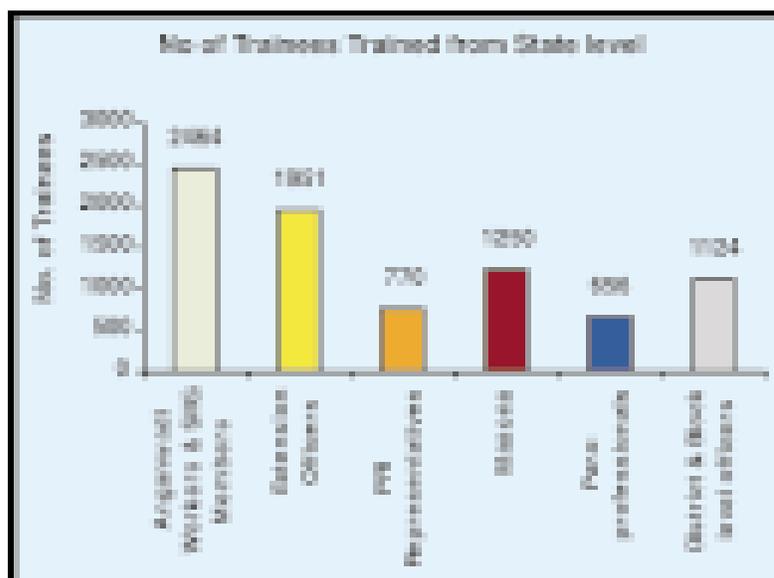
villages for attaining sanitation standards. In the later stage the open defecation free villages aspires for becoming “Nirmal Grams”.

This new initiative called for community ownership and management of water supply and sanitation facilities, strengthening of decentralized service delivery by involving the Panchayati Raj Institutions (PRIs).

Institutional Arrangements

To implement the Water Supply & Sanitation projects, independent Water Supply and Sanitation Department was formed in the State In the year 1996 headed by the Principal Secretary and assisted by Joint Secretary, Heads of concerned departments and State and district level officials. For externally funded projects under reforms an independent unit, Reforms Support and Project Management unit (RSPMU) has been established in the year 2000. At RSPMU, Communication & Capacity Development Unit (CCDU) has been set up in 2005 to facilitate the capacity building and Information, Education & Communication (IEC) activities under TSC & SWAJALDHARA. At the district level, TSC Cell with expertise in IEC, Capacity Building, Community Development, Monitoring, Health & Hygiene is in operation.

At the village level, the Village Panchayats, Village Water and Sanitation Committees (VWSCs) plan, execute and manage activities of the Total Sanitation Campaign. The Government functionaries at the State, division, district, block and village level facilitate the implementation. The facilitation takes in terms of conducting awareness campaigns, capacity building programs, orientation workshops, exposure visits and review meetings etc. The crux of



implementation has been the bottom up approach of implementation and freedom of decision-making with the local self Governments and involvement of beneficiaries at all level so that the communities can manage their assets and resources on sustainable basis. The State Government constantly mobilizes the support of various international agencies like UNICEF and WSP-SA and also the State level agencies like YASHADA, Pune and identified NGOs as Key Resource Centres (KRCs). The support is in terms of financial, human resource and technical, policy advocacy, undertaking various studies & strategic support to the Government at district and State level. Several training programmes were organized for all the officials.

Strategic Interventions

To scale up the Total Sanitation Campaign the GoM conceptualized the 'Open Defecation Free Village Campaign' in the State. Under this approach the focus shifted from: (a) households to community as a unit (b) from construction of latrines to elimination of the practice of open defecation (c) from household subsidy to 'community rewards' for collective achievement of

goals. This concept has now gained rapid popularity in the state. In a short span of 4 years about 3500 Villages Panchayats have achieved the status of 'Hagandari Mukh Goan' (Open Defecation Free Village) and many more are in the process.

To accelerate the sanitation movement the department has devised a comprehensive communication strategy for awareness generation and demand creation. The districts have developed the strategy as per the local needs. The initiatives include mass & inter-personal communication campaigns through news-letters, TV programs, talk shows, hoarding at public places, messages posted on the state transport buses, Swachhata Melaws, Swachhata Yatras, Rath Yatras across the state, posters, pamphlets, audio-visuals and collective oath. With support from UNICEF communication material, booklets and training manuals have been distributed to the districts.

Awareness through Street Plays & State Transport Buses

For capacity building large no of training programs for the para-professionals, masons, district & block level functionaries including teachers, anganwadi workers, NSS volunteers Ex-servicemen etc. have been conducted. The training programs focus mainly on role of the facilitators, technological options, IEC strategies etc.



Key Resource Centres (KRCs) is responsible capacity building activities for the various stakeholders across the State. The KRCs conducts training programs for masons, extension officers, Anganwadi workers, paraprofessionals etc. The KRCs have also been involved in physical verification of Gram Panchayats applying for the award of Nirmal Gram Purskar (NGP). The physical verification of the NGP applicants is very systematic and streamlined in the State.

School Sanitation and Hygiene Education (SSHE)

To promote the healthy environment in the schools and vis-à-vis in the society, special focus is laid on the SSHE. It has been realized that the students are the best change agents and can significantly contribute to accelerate the total sanitation in the houses and the villages. Under the SSHE, active teachers were trained as master trainers at the district and State level. Trainings have been given to at least one teacher in each school in all the Government Schools

in the State. The *Swacchhatta Doot* program is scaled up in the State and students have been trained to adopt and propagate the safe sanitation messages in the villages. Yuva Swacchhatta Doot program is also launched for the college youths. Volunteers of the National Social Scheme (NSS) are trained under this.

Impact

Under the Nirmal Gram Puraskar 13 Gram Panchayats, 380 GPs and 1 BP have received the Puraskar in the first and second year so far. Apart from this two organizations namely Nirmal Gram Nirman Kendra, Govardhan, Nashik & Appasaheb Patwardhan Safai Evam Tantraniketan, Dehugaon, Pune have been awarded the Nirmal Gram Puraskar. At present the sanitation coverage in the State is 48 percent.

Key highlights of the Sanitation Movement in the State:

- There exists a strong coordination between the various State departments like the Water Supply & Sanitation, Rural Development, Health and Education.
- Decentralized implementation at district level leads to achievement of desired success.
- TSC cannot be implemented in absence of the committed and motivated staff.
- The identification of credible agencies in the form of Key Resource Centers (KRCs) has helped in supporting the district, blocks and villages to implement TSC successfully.
- Through the Sant Gadge Baba Village Sanitation Campaign recognition at various administrative levels reinforces the behavioural change in communities towards accepting safe sanitation practices.

The State Government is committed to achieve the objectives envisaged in the Millennium Development Goals at the earliest. The Total Sanitation Campaign in the State has picked up the momentum and it is looking forward to make the rural Maharashtra free of open defecation.

TOTAL SANITATION CAMPAIGN : UTTARAKHAND

With a geographical area 53,485 sq. km spread across 13 districts Uttarakhand is unique in its topography and large rural population 75% of total population.

The TSC programme in Uttarakhand involves changing traditional mindset of rural communities for construction and usage of latrines. Intensive IEC activities through interpersonal communication and awareness campaigns were used for motivating people to adopt hygienic practices. Due to peculiar geography and poor economical condition of rural masses, promotion of sanitation services in the rural areas of Uttarakhand is quite tough. Still continuous efforts are being made for the promotion and implementation of this campaign and some positive outcomes have been achieved.

Sector program Institutional system

The State Government is following uniform policy and procedure under Sector Wide Approach(SWAp) in the implementation of water and sanitation programs throughout the state. The institutional setup includes State Water and Sanitation Mission, Project Management Unit, Uttarakhand Jal Nigam and Uttarakhand Jal Sansthan headquarters at the state level, District Water And Sanitation Mission, District Water and Sanitation Committees, District Project Management Units and district level Uttarakhand Jal Nigam and Uttarakhand Jal Sansthan at the district level and Gram Panchayats, User Water Supply and Sanitation Committees and Multi Village Scheme Level Committees at the village level.. In the Sector program, the facilitating agency for all new Single village schemes will be PMU and its district units (DPMUs), the facilitating agency for larger MVS will be Uttarakhand Jal Nigam and for those requiring reorganization the facilitating agency will be Uttarakhand Jal Sansthan. Similarly in case of devolution of existing SVS currently under Operation and maintenance of UJS and UJN to the PRIs, the responsibility will lie on Jal Nigam and Jal Sansthan respectively. According to this setup the three sector institutions i.e. Uttarakhand Jal Sansthan, Uttarakhand Jal Nigam and Project Management Unit(Swajal Project) will be the implementing agencies responsible for simultaneous implementation of rural water supply schemes as well TSC in the assigned sector program villages. Coordination with other departments like Education Deptt, Watershed Deptt. And Health Dept. is also being done to give synergistic impetus to total sanitation campaign in the state and also to avoid duplicity in the work.

Communication and Capacity Development

The CCDU, established during 2005-06, has been involved in enhancing community participation and demand creation through development of strategies with effective combination of mass and personnel communication for different groups. For the promotion of Swajaldhara, TSC and Sector Program in the state various capacity building and IEC activities for all stakeholders at village, block, district and state level are organized regularly. These include orientation workshops, demonstration workshops, training programs, cross visits, exposure visits, training of trainers,

observation study tours, awareness Camps, IEC Stalls at local Fairs, Audio/Video Shows, Street Plays, Folk-Media.exhibitions/stalls, designing of Slogans in local dialect for wider and effective impact at village level. Institutional wall writing/wall painting and putting up hoardings/banners at village, block and district level. Promotion of the program is also being done through broadcast of radio jingles, talk shows and interviews on radio as well as television. Along with this dovetailing with other governmental programs like National Rural Health Mission, Integrated Child development Project (ICDS), Primary Health Centers (PHC) and Education for All project implemented by State Education Department for joint action on training and communication activities is being carried out. For motivating the village communities for construction of toilets, cluster approach has also been adopted.

Two Lead Training Institutes(LTIs), four regional training institutes(RTIs)- two for social and management trainings and two for engineering trainings and several LTOs for providing capacity building trainings to different stakeholders at district level have been identified.

It has been observed that for motivating the village community towards adoption of sanitation services, cross visits, interpersonal communications and demonstration workshops have greatest impact. Hence efforts are being made on these lines by planning some cross visits of public representatives to other states in near future, carrying out intensive interpersonal communications and demonstration workshops at the grassroot level.

Special efforts done for ensuring progress of Total Sanitation Campaign -

The Project Management Unit embarked upon widespread IEC activity in the state through series of community workshop at district, block and village level. The participants were shown video films on sanitation aspects and were requested to express their view point about the campaign. This was followed by additional information about the technical, institutional and financial matters. The people were made aware of the benefits to be accrued by adopting better sanitation practices. They were also exhorted to make their villages open defecation free in the interest of their new generation. The cross visits, local demonstrations and frequent supervision and interaction was insured in the campaign villages.

Physical progress

Despite of tough terrains and poor economical condition of the rural population in the state considerable progress has been made in the field of sanitation coverage in the state. Till date (31st March 2007) construction of 1,58,822 Individual Household Latrines, 685 School latrines, 101 Anganwadi latrines, 31 Women Sanitary Complexes, and. establishment of 23 RSM/PCs have been done.For generating demand among rural community for sanitation services, Community Led Total Sanitation(CLTS)approach is also being promoted and followed in the state.

Financial progress

Regarding financial progress, the financial requirement of the state for implementation of TSC in the state(as per the revised PIP) is Rs. Rs.9948.31 lakh. The fund allocated for the

staie(according to original PIP) is Rs.5233.94(out of which Gol share is Rs 3438.39,GoUA share is Rs.1196.78 and beneficiary share is Rs.598.77).A total amount of Rs. 1275.26 lakhs has been released till 31st March 2007(w which Gol share is Rs 957.31 while GoUA share is Rs.317.95) while the release of next installments of other districts is awaited.

Open defecation free status and Nirmal Gram Puruskar

Continuous efforts are being made by adopting various community development and mobilization methods for making more and more villages open defecation free. For the year 2005-06 ,out of 36 proposals sent to the GOI,13 GPs in the state received the NGP award after attaining open defecation free status. For the year 2006-07,185 GPs were proposed for NGP out of which 84 have qualified for the NGP award. For giving pace to T.S.C in the state, along with Gol's Nirmal Gram Puruskar, the state government also plans to introduce in the sector program, awards to habitations and GPs at Block, District and state level for achieving Open Defecation Free (ODF) status.

Conclusion

The progress of TSC in the State has been quite encouraging with an increase in NGP awardees from 13 last year to 84 this year. Despite of tough terrains and weak economical condition of the rural masses in the state, continuous efforts at the village, block, district and state level have shown some positive results in the form of increased physical and financial progress and increased number of open defecation free status villages. Keeping in view the current increase in demand for sanitation services, it is anticipated that the state will achieve full sanitation coverage in near future.

TOTAL SANITATION CAMPAIGN : ORISSA

The state government organized a state level award “Agarani Parimal Gram Award” ceremony (pioneer sanitation village award) on the lines of “Nirmal Gram Pursakar” on 2nd Octo 2005, on the occasion of the birth anniversary of Mahatama Gandhi, to drive public awareness about sanitation. On the occasion Honorable Chief Minister of Orissa, sri Naveen Patnaik awarded 16 villages which has become free from open defecation while nine schools were presented with this award for school sanitation and hygiene education programme. Three model districts water sanitation mission (DWSM) were also awarded for accelerating sanitation coverage in rural areas through community participation. Besides nine PRI members (3 Zilla Parisad members, 1 Panchyat Samiti member and 5 Sarpanchs) were awarded on the occasion of their contribution and involvement in the campaign.

As part of this drive hundreas of people in different parts of state were asministered oaths by their respective three tire Panchyat body heads to ensure hygiene condition in their respective areas. This was in response to the letter sent by the Honorable Chief Minister Sri Naveen Parnaik to all elected heads of the Panchyat bodies including Gram Panchyat, Panchyat Samiti and Zilla Parisads. Honorable CM has requested them to organize mass ceremonies where people could take oath to keep their villages clean and take active part in making Orissa an Open Defecation Free State. The intention behind the award is to create a sense of competitiveness among the villagers to keep the environment clean.

System of Selecting Awardees:

A state level committee was set up to select villages/ institution/ individuals for different category of awards who have contributed for successful implementation of Total sanitation Campaign in their respective areas. The nominations received from various districts were tabulated and placed before the committee and after the deliberation based on various indicators the committee selected the awardees in various categories.

The cash award for 10 villages form the district where TSC project have been approved during the year 2004-05 was Rs. 20,000/- and Rs. 10,000/- for 5 villages belong to district where TSC project have been sanctioned earlier. Other category of awardees received certificate from honorable CM of Orissa.

TOTAL SANITATION CAMPAIGN : ARUNACHAL PRADESH

The scenic province of Arunachal Pradesh, with 83,743 sq. km. area and its location in the remote North–Eastern part of India, comprises of about 85 % mountain rugged topography. The population of the province is 10, 96,702 with the climate ranging from hot and humid to micro thermal. The population density is only 13 people per sq. km. Besides 26 major tribes; there are a number of sub-tribes. All of them have their own ethos, dialects and cultural identities. The geographical locations and natural barriers isolate many of the villages from one another. It is quite difficult to visit from one area to another due to hilly terrain and vast spread of rivers and forest lands. Nevertheless, the living condition over here is just excellent due to pollution-free environment.

Kaba is small village in Lohit District of Arunachal Pradesh located at three Km away from Namsai town. The population of the village is 118 of which 63 female and 55 male. The entire population is schedule tribe and belongs to Adi community; out of 40 household of the village 13 are above Poverty Level (APL) and 27 below Poverty Level (BPL). The village is very much scattered. Earlier the people had been collecting water for their domestic needs from the shallow dug wells, which were exposed, to the risks of bacteriological contaminations. Except few APL families no household were having any latrine and all were defecating openly. Besides health hazard, the dignity of the girls and women were seriously in stake.

Only primary school of the village was neither having dependable water source nor any sanitation facilities, which was causing serious inconvenience to the small boys and girls. For the Lohit District, G.O.I sanctioned reform projects both for water supply and sanitation during March 2000 as per the proposal submitted by the state government. The core principle of reform should be demand responsive and participatory and cost sharing. The DWSM (District Water and Sanitation Mission) and DWSC (District Water and Sanitation Committee) were constituted and awareness among the communities has been made. But up to 2003 there had been hardly any physical progress in both of the reform projects in the districts.

Earlier to TSC programme, state govt. have been constructing Individual House Hold Latrine (IHHL) at the average cost of Rs. 5000/unit when for TSC programme the cost subsidy brought down to Rs. 500/unit. There had been serious apprehensions among most of the stakeholders at the state and district level about the success of such programme in the state. In a combined meeting DWSM and DWSC of Lohit district of 26th Feb 2002, it was decided not to accept such programme at such a low cost and the proposed design they considered couldn't be acceptable by the users. However there have been continuous persuasion by PHED and WS department through well planned State level IEC Co-ordination. The trained village level motivators played key role in persuasion to village community. Realising the positive potentiality of reform approach the Gaobura, the elected members of PRI and women community of Kaba village took a lead role to enhance the quality of life in the village availing the benefit of the pilot project and the reform programme.

As per the condition of the TSC programme for construction of sub-structure i.e. up to plinth of IHHL each of the BPL family contributed Rs. 125/unit. Combining the subsidy amount of Rs. 500/unit from Govt. the substructure has been constructed with offset pit and plastic pan and trap. Each of the beneficiary household of BPL constructed their superstructure by themselves with locally available materials like bamboo/ timber/ split bamboo with mud plaster. All the latrines are at present in use. The villagers made a radical change in their earlier habit of open defecation.

For water supply with technological options for providing tube wells fitted with Hand Pump (HP), including platform and soak pit, the villagers had deposited only 10% of the estimated cost of the project. For the first time in Arunachal Pradesh VLOM (Village Level Operation and Maintenance) HP, Tara Pump has been installed. The villagers have taken the entire responsibility of O&M of the installed spot sources and started collecting funds for themselves for the purpose.

In school also toilet facilities for both boys and girls are being created. When the assessment team visited the village, the village community particularly the women group welcomed them in their traditional way and expressed that they have been immensely benefited by the empowerment of the reform approach and involving themselves in the water supply and the sanitation programme of their own village. The behavioural change and their change of mindsets helped them achieve better quality of life. Thus, Kaba village where all the households are having hygienic latrines against 5.7% of the state.

The District Rural Development Agency (DRDA) Lohit district declared that “all the households in Kaba village are having toilets, which are in use. This is to further certify that practice of open defecation; dry latrines, and manual scavenging have been fully eliminated in Kaba area”. The Deputy Commissioner Lohit district has recommended Kaba village for National Award Nirmal Gram Puskarak which is instituted by Govt. of India and is to be given to the village who have attained 100% sanitation.

Kasu village with population of 120 mostly Buddhists, located in the same block (Namsi), Lohit district, realized from benefits of having individual household sanitary latrines in Kaba village. The villagers came forward and involved themselves in sanitation programme like village of Kaba and attained 100% sanitation along with the school maintaining separate toilets for boys and girls properly.

ABBREVIATIONS AND ACRONYMS

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

TOTAL SANITATION CAMPAIGN SANITATION FOR ALL : 2012



**Government of India
Ministry of Rural Development
Department of Drinking Water Supply
Rajiv Gandhi National Drinking Water Mission**

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सत्यमेव जयते

राष्ट्रपति

भारत गणतंत्र

**PRESIDENT
REPUBLIC OF INDIA**



MESSAGE

I am happy to know that the distribution of 3rd Nirmal Gram Puraskar (NGP) is being held at May 4, 2007.

Last year, on this occasion I had emphasized that 'Sanitation is a Noble Mission for the Nation' aimed at transforming India into a developed country as well as to ensure good quality of life for our rural people. I am delighted that there has been an overwhelming response culminating in the unprecedented number of NGP Award winners from all across the country. I am sure that this is leading to action. We have to continue with this pace of progress to achieve developed country standards of basic hygiene and sanitation in Rural India.

I extend my greetings and felicitations to all award winners and hope their missionary zeal will trigger a countrywide sanitation revolution.

(A.P.J. Abdul Kalam)

New Delhi
April 18, 2007



उप-राष्ट्रपति, भारत
VICE-PRESIDENT OF INDIA

MESSAGE

I am glad to know that the Department of Drinking Water Supply, Ministry of Rural Development, Government of India, is organising the Award Presentation Ceremony of Third Nirmal Gram Puraskar on 4th May 2007.

With exponential growth in population, unplanned urbanization and industrialisation, there is an imperative need for provision of good sanitation to the poor and the marginalised sections of the society. A comprehensive and well thought out action plan to promote rural sanitation through Nirmal Villages shall go a long way in ushering in a healthy and a happy rural India. The village communities, the Panchayat Raj Institutions and other civil society institutions could play an important role in building a Nirmal Bharat.

I congratulate the award winners and hope that they would inspire others to make the Total Sanitation Campaign a great success.

My best wishes for the success of the Award Presentation Ceremony.

(BHAIRON SINGH SHEKHAWAT)

New Delhi
15th April, 2007

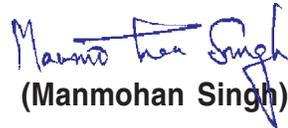


प्रधान मंत्री
Prime Minister

MESSAGE

I am happy to learn that the Nirmal Gram Puraskar has received unprecedented response from village communities and Panchayati Raj Institutions, taking the goals of total sanitation and clean, healthy villages to all parts of the country. The momentum that has been generated should be harnessed to achieve the Millennium Development Goal of rural sanitation well before 2012.

I congratulate all NGP winners, the State and Central Departments of Rural Water Supply and Sanitation and NGOs who have come together to make Sustainable Sanitation Systems in the villages of India a reality. I hope these awards will inspire more citizens to dedicate themselves to the goal of 'total sanitation'.


(Manmohan Singh)

New Delhi
April 11, 2007

रघुवंश प्रसाद सिंह
DR. RAGHUVANSH PRASAD SINGH



ग्रामीण विकास मंत्री
भारत सरकार
कृषि भवन, नई दिल्ली-110 001
MINISTER OF RURAL DEVELOPMENT
GOVERNMENT OF INDIA
KRISHI BHAWAN, NEW DELHI-110 001

MESSAGE

The Nirmal Gram Puraskar has triggered a silent revolution in rural sanitation all across the country. I am very proud and happy that from just 40 Nirmal Gram Puraskar winners in 2005 we have today over 4000 winners in 2007.

The spirit of competitive achievement which the Nirmal Gram Puraskar has fostered amongst village communities is a study in social engineering that has produced very welcome and desirable results. We need to consolidate our achievements to provide access to Safe Sustainable Sanitation Facilities to every citizen in the rural areas.

A Clean, Green and Healthy Rural India will be the most enduring sign of our country's progress and development.

I convey my heartiest congratulations to all this year's NGP Award Winners and sincerely hope that every "Nirmal Gram" will serve as a model and shining example to achieve our common goal of Total Sanitation.

(Raghuvansh Prasad Singh)

चन्द्र शेखर साहू
CHANDRA SEKHAR SAHU



ग्रामीण विकास राज्य मंत्री
भारत सरकार
नई दिल्ली-110 001
MINISTER OF STATE FOR RURAL DEVELOPMENT
GOVERNMENT OF INDIA
KRISHI BHAWAN, NEW DELHI-110 001

MESSAGE

I am delighted to note that the Nirmal Gram Puraskar for the year 2006 are being distributed on 04th May, 2007.

One of the development priorities of the Government of India is to provide complete sanitation facilities in rural areas. We cannot hope to build a healthy nation unless such basic amenities are provided to our population.

Sanitation and hygiene are extremely important to improve the basis health of our population and we must commit the nation to a major national campaign to ensure this.

I am happy that Department of Drinking Water Supply, Ministry of Rural Development has taken a major step in this direction through the Niraml Gram Puraskar. The tremendous response that the Puraskar has evoked is creating unprecedented mass awareness for behavioural changes in area of sanitation and hygiene in the rural areas.

I congratulate all the winners and hope more panchayat leaders emulate their example.

(CHANDRA SEKHAR SAHU)

SONIA GANDHI

Chairperson
United Progressive Alliance (UPA)



10, Janpath
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MESSAGE

I am delighted to note the extraordinary progress made in attaining sanitation coverage in rural India, especially, through the Nirmal Gram Puraskar. Women and children benefit very significantly from access to safe sanitation facilities and it is important that we make them central to any programme that seeks to instill higher standards of personal hygiene and health care. School sanitation, and in particular the needs of the adolescent girls, should be an important part of sanitation and health education.

I have no doubt that the current emphasis of achieving clean and sustainable environments in the rural countryside along with the momentum gained through competition for the Nirmal Gram Puraskar, we can achieve a nationwide commitment to Nirmal Bharat.


(Sonia Gandhi)

April 24, 2007
New Delhi

श्रीमती सूर्यकांता पाटील
Smt. SURYAKANTA PATIL



MINISTER OF STATE FOR RURAL DEVELOPMENT
AND PARLIAMENTARY AFFAIRS
GOVERNMENT OF INDIA
KRISHI BHAWAN, NEW DELHI-110 001



MESSAGE

I am happy that Department of Drinking Water Supply, Ministry of Rural Development has instituted Nirmal Gram Puraskar (NGP) to felicitate the PRI's for their contribution to the cause of rural sanitation. The Nirmal Gram Puraskar has started competition amongst villagers at India to become clean.

This campaign has initiated a social revolution by bringing basic sanitation facilities in a cost effective and sustainable manner to rural India, especially women.

On the occasion, I congratulate all the winners and urge them to commit themselves to the task of transforming the landscape of rural India with a clean and healthy environment. I hope the winners of Nirmal Gram Puraskar will work as guiding agents to rest of villagers of rural areas.


(Smt. Suryakanta Patil)