Elements of Sanitation

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

HEALTH HAZARDS

- 25 lakhs diarrhea deaths globally & 6 lakhs in India alone
- 2000 deaths in India per day
- 60,000 roundworm, 65,000 hookworm deaths
Evolution of Sanitation

- 1986 - Central Rural Sanitation Programme to improve the quality of life of the rural people and also to provide privacy and dignity to women.
- 1999 – Total Sanitation Campaign, demand driven including large IEC component
- 2003 – Nirmal Gram Puruskar, reward for 100% sanitation
- 2012 – Nirmal Bharat Abhiyan, community led and people centred approach; IEC; solid and liquid waste management
Nirmal Bharat Abhiyan

a) Bring about an improvement in the general quality of life in the rural areas.

b) Accelerate sanitation coverage in rural areas to achieve the vision of Nirmal Bharat by 2022 with all gram Panchayats in the country attaining Nirmal status.

c) Motivate communities and Panchayati Raj Institutions promoting sustainable sanitation facilities through awareness creation and health education.

d) To cover the remaining schools not covered under Sarva Shiksha Abhiyan (SSA) and Anganwadi Centres in the rural areas with proper sanitation facilities and undertake proactive promotion of hygiene education and sanitary habits among students.

e) Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation.

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

- Lack of commitment of state & District Authorities for implementation
- High priority on hardware and low priority on Information, Education & Communication (IEC).
- Absorption and utilisation of NBA fund by DWSM is abysmal.
- Inadequate social mobilisation for generating demand for sanitary facilities
- Inadequate NGO involvement
- People not being offered alternative low cost technology options
- NBA vis-à-vis Higher subsidy schemes in operation in some states
Scaling up Rural sanitation Coverage

- Higher investment for rural sanitation.
- Aggressive social marketing
- Strong behaviour change communication
- Village Planning
- Strong alternate delivery system
- Social mobilization and mass awareness at Panchayat level
- Development of strong partnership with implementing agencies, NGO, bilateral agencies and Panchayat
Scaling up Rural sanitation Coverage

- Creation of adequate capacity of partners for better sanitation drive.
- Trained masons and social mobilization should work in tandem.
- BPL and APL families not having the toilet accessibility should be targeted simultaneously.
- Incentives and awards.
- Time frame for Panchayat and Block.
- Strengthening of VWSC’s and its involvement in social mobilisation.
4-P’s of Marketing of Sanitation

- Product: various toilet options
- Price: clear costing and pricing of various components
- Place: information centres, mobile centres, sales centres etc.
- Promotion: creative development launching
Rationale of Village Planning

- Impact maximization through inter-sectoral coordination and convergence
- To promote partnerships
- Community Empowerment
- Promote community management
- Improving quality and access of services
Progress to date

Chart Title

- IHHL BPL: 61838922 60130983
- IHHL APL: 63887805
- IHHL Total: 125726727
- School Toilets: 1375234 1316780

- Target: Green
- Achievement: Red
Access to household toilets
Status of household toilets

<table>
<thead>
<tr>
<th>State</th>
<th>Hhs with Household Toilet</th>
<th>Hhs using Household Toilet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andhra Pradesh</td>
<td>88%</td>
<td>77%</td>
</tr>
<tr>
<td>Chattisgarh</td>
<td>100%</td>
<td>39%</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>82%</td>
<td>65%</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>79%</td>
<td>61%</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>80%</td>
<td>55%</td>
</tr>
<tr>
<td>West Bengal</td>
<td>81%</td>
<td>63%</td>
</tr>
<tr>
<td>All States</td>
<td>81%</td>
<td>63%</td>
</tr>
</tbody>
</table>
Reasons for disuse of household toilets

- Blockage, Pan choked, poor disposable arrangement, 26%
- No Super Structure, 14%
- Poor/ Unfinished installation, 31%
- Destroyed by Flood, 3%
- Lack of water, 9%
- Wrong location, 5%
- Lack of behaviour change, 18%
Disposal of child faeces

- Andhra Pradesh: 3% (3% Dumped along with Solid Waste or in Open)
- Chattisgarh: 2% (2% Dumped along with Solid Waste or in Open)
- Maharashtra: 12% (12% Dumped along with Solid Waste or in Open)
- Tamil Nadu: 29% (29% Dumped along with Solid Waste or in Open)
- Uttar Pradesh: 57% (57% Dumped along with Solid Waste or in Open)
- West Bengal: 75% (75% Dumped along with Solid Waste or in Open)

Total: 41% (41% Dumped along with Solid Waste or in Open)

- Child Uses Toilet/ Faeces Flushed in Toilet: 62% (62% Child Uses Toilet/ Faeces Flushed in Toilet)
- Faeces Flushed in Drain: 37% (37% Faeces Flushed in Drain)
Hand Washing Practices

- Andhra Pradesh: 63% After Defecation with Soap, 42% Before Eating with Soap
- Chattisgarh: 33% After Defecation with Soap, 12% Before Eating with Soap
- Maharashtra: 83% After Defecation with Soap, 26% Before Eating with Soap
- Tamil Nadu: 38% After Defecation with Soap, 20% Before Eating with Soap
- Uttar Pradesh: 48% After Defecation with Soap, 28% Before Eating with Soap
- West Bengal: 66% After Defecation with Soap, 4% Before Eating with Soap
- Total: 55% After Defecation with Soap, 22% Before Eating with Soap

After Defecation with Soap, 83% in Maharashtra, 66% in West Bengal, 55% Total
Before Eating with Soap, 26% in Maharashtra, 55% Total
Access to toilets in schools

<table>
<thead>
<tr>
<th>State</th>
<th>Schools Having Toilet</th>
<th>Separate Toilet for Boys and Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andhra Pradesh</td>
<td>77%</td>
<td>54%</td>
</tr>
<tr>
<td>Chhattisgarh</td>
<td>100%</td>
<td>50%</td>
</tr>
<tr>
<td>Maharashtra</td>
<td>96%</td>
<td>52%</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>98%</td>
<td>53%</td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>100%</td>
<td>75%</td>
</tr>
<tr>
<td>West Bengal</td>
<td>97%</td>
<td>13%</td>
</tr>
<tr>
<td>Total</td>
<td>96%</td>
<td>39%</td>
</tr>
</tbody>
</table>
Access to toilets in Anganwadis

- Andhra Pradesh: 50%
- Chattisgarh: 91%
- Maharashtra: 100%
- Tamil Nadu: 91%
- Uttar Pradesh: 42%
- West Bengal: 83%
- Total: 76%
Disposal of Solid and Liquid Waste

Solid Waste Disposal Practices

- Dumping in waste bin, 17%
- Dumping in compost pit, 34%
- Household collection, 8%
- Dump on street/ outside, 41%

Liquid Waste Disposal Practices

- Disposal in open space/ unused water body, 54%
- Disposed in community drain, 20%
- Soak pit/ channel, 8%
- Used in kitchen garden, 18%
Motivation for toilet construction

- Safety and security for women/adolescent girls, 53%
- No open space for defecation, 5%
- Peer Pressure by PRI members/Govt officials, SHGs/NGOs, 28%
- Awareness about health benefits of toilet use, 14%
Leaders of the social mobilization process

- PRI/VWSC Members: 53%
- SHG Member: 12%
- Self Motivated: 10%
- Government Officials: 14%
- School Teachers/AWW, NGOs & Others: 11%
Frequency of social mobilization process

Before NGP Award:
- Once a Year: 42%
- Frequent (3-4 times/ annum): 44%
- Very Frequent (almost every month/ two month): 14%

After NGP Award:
- Once a Year: 61%
- Frequent (3-4 times/ annum): 32%
- Very Frequent (almost every month/ two month): 8%
System to monitor open defecation

Before NGP Award

- No one was monitoring: 32%
- Monitoring by SHG/Other groups: 7%
- Monitoring by PRI: 44%
- Monitoring by community: 16%

After NGP Award

- No one was monitoring: 62%
- Monitoring by SHG/Other groups: 5%
- Monitoring by PRI: 26%
- Monitoring by community: 7%