

Chapter No. 2
Need, Strategy and Implementation of Total Sanitation
Campaign

| | | |
|------|------------------------------------|----|
| 2.1 | Introduction | 12 |
| 2.2 | Need | 14 |
| 2.3 | Central Rural Sanitation Programme | 15 |
| 2.4 | Objectives of CRSP / TSC | 16 |
| 2.5 | Strategy of TSC | 17 |
| 2.6 | Implementation of TSC | 18 |
| 2.7 | Components | 19 |
| 2.8 | Implementing Agencies | 25 |
| 2.9 | Project Funding | 26 |
| 2.10 | Nirmal Gram Puskar | 28 |
| 2.11 | Achievements under the TSC | 31 |
| 2.12 | Conclusions | 32 |

Chapter No. 2

Need, Strategy and Implementation of Total Sanitation Campaign

2.1 Introduction :-

The policies of economic reforms emphasizing liberalization, privatization and globalization have their implications on all the sectors of the economy of the countries. This has been adopted as a strategy for the economic development of a country.

Economic development is a process, whereby an economy's real per capital national income increases over a long period of time subject to the stipulations that the number below an absolute poverty line does not increase, and that the distribution of income does not become more unequal, according to G. M. Meier (1984), Real income is a better index of development than per capital income. Gross National Product (GNP) is a reasonably accurate and good measure of national economic performance. It is not a measure of social well being, based the annual volume of market oriented activity, but it is the reflection of the entire gamut of the society. In 1962, Hagan has explained social welfare is one which covers health, nutrition, education, employment use of basic industrial, communication and other services, consumption of durable goods, urbanization, GNP per capita etc.

Following are some of indicators which identified by Meier:-

1. Health- Life expectancy of birth
2. Education- Literacy
3. Food- Calorie supply as percent of requirements.

4. Water Supply- infant mortality percentage of population with access to water.
5. Sanitation- Infant mortality percentage of population with access to sanitation facilities.

India has formulated and carried out within the framework of planned mixed Economy. India has included private and public sector mainly. It is related with the social welfare of the society. India has an activity to implement the various employment and social welfare programmers for increasing the standard of living of the society. India has to concentrate on to develop the infrastructure facilities to the society from VIIIth Five Year Plan. Now, India has attained 9.2 % of growth rate, it reflects the way for economic development with stops. For continuing this process, for further development, it is necessary to maintain the level of sustainable development.

Concept of Sustainable Development :-

According to the World Development Report, problems can underline the goals of development in two ways. First, environmental quality-water that is safe and plentiful and air that is healthy – is itself part of the improvement in welfare, that the development attempt to do. The concept Sustainable Development introduced first in the World Conservation Strategy, (1980) by the International Union for the Conservation of Nature and Natural Resources. It was defined in the Brundtland Report; our common future (1987) as---

“Sustainable development seeks to meet the needs and aspirations of the present without compromising the ability of future generations to meet their own needs.”

Sustainable development can be achieved only if the environment is conserved and improved. Because of industrial sector in India, there are some environmental problems and damages. Environmental damages are divided into seven categories:--Water pollution and water scarcity, air pollution, solid and hazardous waste, soil degradation, deforestation, loss of biodiversity and atmospheric changes. Due to this entire people are suffering from different diseases like Typhoid, hemibnthaiasis, diarrhea, jaundice, intenbstional ailment (diseases), dysenteries and gastro enteritis.

Water pollution is the most serious environmental problem if it is not properly cured. One billion people in developing countries do not have access to clean water and the 1.7 billion who lack access to sanitation. The direct impact of waterborne diseases is huge, especially, for children and the poor remains the victim of this. So, public health is the most significant environmental problem in both rural and urban India due to inadequate clean water and sanitation. That's why water supply and sanitation has become a national problem. To solve this problem, India has to adopt water and sanitation programme so as to increase health status of the society.

2.2 Need :-

Environmental health is almost important for India's future. One of the great challenges, India faces over the next several decades is how to speed economic growth without exhausting the resources on which that growth relies; but there is a pressure of rapid population growth. According to, a population clock in New Delhi adds about 3000 babies every hour to the national census count, which raises the risk of environmental degradation. The irony that, the midst of water scarcity

about one fourth of India's cropland is flood prone; besides its devastating impact on housing, crops and food supplies, flooding carries health risks. The lack of potable drinking water leads to gastroenteritis and higher mortalities among children. Government of India started the demand based and decentralized service delivery. Total sanitation campaign was launched in 1999 by restructuring the Central Rural Sanitation Programme (CRSP). This programme gives emphasis on creating awareness through IEC (Information, Education and Communication) to bring about attitudinal and behavioral changes for relevant hygiene practices.

2.3 Central Rural Sanitation Programme (CRSP) OR Total Sanitation Campaign (TSC)

Individual health and hygiene is largely dependent on adequate availability of drinking water and proper sanitary facility. Therefore, we can find a direct relationship between water sanitation and health.

The World Health Organization (WHO) has estimated that in developing countries like India, 75% of all illnesses and 80% of child mortality causes are associated with unsafe disposal of excrement, poor hygiene and water supplies. Due to unsafe drinking water, improper disposal of human excreta, improper environmental sanitation and lack of personal and food hygiene, many diseases are caused. Hence, for prevailing high infant rate of mortality, the major contribution is by poor sanitation. Central Rural Sanitation Programme was launched in 1986 with a preliminary objective of improving quality of life of the rural people and also to provide privacy and dignity to women. Sanitation is one of the basic determinants of quality of life and human resource development.

Good sanitary practices prevent contamination of water, soil and thereby prevent diseases.

Total Sanitation Campaign emphasizes on Information, Education and Communication (IEC), Human Resource Development (HRD), Capacity Development Activities to increase the awareness among the rural people and generation of demand for sanitary facilities. This kind of facility gives the people to choose appropriate option though alternative method of construction according to their economic conditions. This programme focuses on community participation including children, students, teachers and women.

2.4 Objectives of CRSP / TSC :-

Following are some of the objectives of the Central Rural Sanitation Programme.

1. Bring about an important in the general quality of life in rural areas.
2. Accelerate sanitation coverage in rural areas.
3. Generate felt-demand for sanitation facilities through awareness creation and health education.
4. Provide schools/Anganwadi in rural areas with sanitation and promote hygiene education and sanitary habits among students.
5. Encourage cost effective and appropriate technologies in sanitation.
6. Eliminate open defecation to minimize risk of drinking water resources and food.
7. Convert dry latrines to pure flush latrines and eliminate manual scavenging practice, wherever in existence in rural areas.

2.5 Strategy of TSC :-

India is leading country with reference to the social welfare. The government policies are made in favour of well being and upliftment of people. Total Sanitation Campaign or CRSP is one of the examples of social welfare of the society. The strategy is to make the programme, 'community led' and 'people centred'. 'Demand Driven Approach' is to be adopted with increasing emphasis on awareness creation and demand generation for sanitary facilities in houses, schools and for cleaner environment. In India, there are various income groups in the community. Hence alternate delivery mechanisms would be adopted to meet the community needs. There are two types of sanitary facilities available **i)** private – individual demand and **ii)** public / common sanitary facilities for the society. In this Programme, subsidy for Individual House Hold Latrine units has been replaced by incentive to the poorest of the poor households. Rural School Sanitation is a major component and an entry point for wider acceptance of sanitation by of rural people. Technology improvisation to meet the customer and location specific intensive IEC campaign involving Panchayat Raj Institutions, co-operatives, Human Groups, Women Groups, Self-help Groups, NGOs etc. are also important components of the strategy. The strategy addresses all sections of rural population to bring about the relevant behavioral changes for improved sanitation and hygiene practices and meet their sanitation hardware requirements in an affordable and accessible manner by offering a wide range of technological choices.

This is all aiming at great motivation for sustainability of capacity inputs. It is said that people remember 20% of what they grasp through audio, 40% of what they grasp through video, 60% of what they grasp through audio visual medium and 80% of what they discover by

themselves. This strategy is making use of this fact for the propaganda of information regarding Campaign and its ingredients.

2.6 Implementation of TSC :-

Total Sanitation Campaign is a development in the sectoral reform programme which has been an extension of the strategic alliance between the **Rajiv Gandhi National Drinking Water Mission and the Water and Sanitation Programme South Asia (WSP-SA)** for corresponding three years. It was signed on July 4, 2001, by GOI (Government of India). However GOI targeted to cover 70 million people in the country and hence this Programme is one of the largest of its kind. **Shri. R. R. Patil**, Minister of Water Supply and Sanitation, Government of Maharashtra, encouraged to implementing Total Sanitation Campaign in the state. The state started to promote sanitation activities in rural areas through community participation. Hence, '**Sant Gadgebaba Gram Swacchhata Abhiyaan**', was introduced to keep the villages clean aiming at proud and reward with cash prizes. Implementation of TSC should reflect a pride and community involvement to ensure cleanliness of the environment.

The Total Sanitation Campaign (TSC) of the Government of India was implemented in selected districts scrutinized by the State Government and transmitted to the Government of India (Department of Drinking Water Supply, Ministry of Rural Development). Total Sanitation Campaign is implemented in phases with start-up implementation gets oriented towards satisfying the felt-needs, where in individuals houses choose from a menu of option for their household latrines. The type of latrines depends on the financial position of the people. In campaign approach, while a synergistic interaction between the Government

agencies and other shareholders, intensive of IEC (Information, Education and Communication) and advocacy with participation of NGOs / Panchayat Raj Institutes / Resource organization take place to bring about the desired behavioural changes for relevant sanitation practices, designs and quality of installations are also provided effectively to fulfill the creation demand for sanitary hardware.

The Total Sanitation Campaign is being implemented with a district as a unit. The states are expected to draw up a TSC project for the selected districts to claim Government of India assistance with commitment of their support. The number of TSC projects in state is allocated based on the demand raised by the states as well as their performance in implementation of the existing projects. Selection of the districts is done by the respective State Governments. The number of project districts will be progressively increased to cover the entire rural area of the country. The TSC project cycle in the project districts is expected to take about 4 years or less for implementation.

2.7 Components :-

The Central Rural Sanitation Programme components and activities for TSC implementation are as follows.

(a) Start-up Activities :-

The start-up activities include conducting of preliminary survey to assess the status of sanitation and hygiene practices, people's attitude and demand for improved sanitation etc. with the aim to prepare district TSC project proposals for seeking Government of India assistance. The Start up activities is also include conducting a baseline survey (BLS),

preparation of Project, Implementation Plan (PIP), initial orientation and training of key programme managers at the district level. The cost of start-up activities will be met fully by the Government of India assistance and should not exceed 5% of the total project.

(b) IEC Activities :-

Information, Education and Communication (IEC) are important components of the programme. These intend to demand for sanitary facilities in the rural areas for households, schools, Anganwadis, Balwadis and Community Sanitary Complexes. The activities carried out under this component should be area specific and should also involve all sections of the rural population, in a manner, where willingness of the people to construct latrines is generated. The motivator can be given suitable incentive for the funds earmarked for IEC. The incentive is performance based i.e. in terms of motivating the number of households and schools to construct latrines and soakage pits and also use the same subsequently.

The IES should also focus on health and hygiene practices and environmental sanitation aspects. Under IEC, wall painting on a community building or hoardings which display the details of activities undertaken in that Panchayat. Further, audio/video clippings in **AIR (All India Radio)**, **DD (Doordarshan)** and cable TVs may be screened for demand generation. IEC funding is in the ratio of 80:20 between the GOI and State Government and the total IEC cost should not be less than 15 % of the project. Each project district should prepare a detailed IEC action Plan with defined strategies to reach all sections of the community. The aim of such as Communication plan is to motivate rural people to adopt hygiene behaviour as a way of life and thereby develop

and maintain all facilities created under the programme. The funds available under IEC may be used for imparting hygiene education to the people as well as children in schools.

(C) Rural Sanitation Marts (RSM) & Production Centre (PC):

The rural sanitation mart is an outlet dealing with the materials required for the construction of not only sanitary latrines but also other sanitary marts facilities required for individuals, families in rural areas. Rural Sanitation Marts (RSM) is required as a part of the sanitation package. It is commercial venture with a social objective. It is used to provide material, services and guidance needed for different types of sanitary facilities. Production centres are the means to improve cost effective affordable sanitary materials. These rural sanitation marts and production centers could be opened and operated by NGOs or SHG or Women Organization or Panchayat with less than 5% of their margin subject to a maximum limit of Rs. 35.00 Lakhs of the total government outlay has been earmarked for this purpose. The funding is in the ratio of 80:20 between the Government of India and the state government, under the total sanitation marts and production centres. The fund can be revolving for construction of shed and also the training of masses. After RSM / PC attain a level of sustainability, the revolving fund should be refunded to the district implementing agency. They should also have a memorandum evolved to ensure that the RSMs and PCs are successful as an enterprise and function in accordance with the objectives of the programme.

(d) Construction of Individual Household Latrines :-

A duly completed household sanitary latrine is comprised of a basic low cost (BLC) unit without the super structure. All existing dry latrines in rural areas should be converted to pour flush latrines. The Programme is aimed to cover all the rural families. Incentives as provided under the scheme may be extended to Below Poverty Line families, if the same is considered necessary for full involvement of the community. The construction of household toilets should be undertaken by the Below Poverty Line (BPL) household itself and on completion and use of the toilet by the BPL household, the cash incentive is given to the BPL household in recognition of its achievement. The financing pattern including the incentive for BPL household for construction of individual household latrines is as follows.

Table No. 2.1

Construction of Individual Household Latrines

| Basic Low Cost of unit (Rs.) | Contribution | | | | | |
|----------------------------------|--------------|-----|-------|-----|-----------|-------|
| | GOI | | State | | Household | |
| | BPL | APL | BPL | APL | BPL | APL |
| Up to Rs.625/- Single pit | 60 % | Nil | 20 % | Nil | 20 % | 100 % |
| Between Rs.625/- to 1000/- | 30 % | Nil | 30 % | Nil | 40 % | 100 % |
| Above RS. 1000/- | Nil | Nil | Nil | Nil | 100 % | 100 % |

Source: TSC Guidelines (page No. 5)

The incentives given by the Central Government is continued to be admissible with reference to the cost of the basic low cost unit as given in the above table and in no case will the overall quantum of central incentive exceed the admissible amount.

It is assumed that A.P.L. families, through motivation will take up construction of the household latrines on their own. The IEC activities, will, however, cover all the families in the district without expectations.

Construction of dry latrines is not permitted in rural areas. The existing dry latrines if any should be converted to pour flush latrines and the unit cost and sharing pattern shall be identical to that of construction of individual household's latrines.

(e) Community Sanitary Complex :-

Community Sanitary Complex is an important component of the TSC. These complexes can be set up in a place in the village acceptable to women/men/landless families and accessible to them. The maintenance of such complexes is very essential for which Gram Panchayat should own the ultimate responsibility or make alternative arrangements at the village level. The maximum unit cost prescribed for a community complex is up to Rs. 2 Lakhs. However it is approved by the National Scheme Sanctioning Committee based on the detailed design and estimates. Sharing pattern amongst Central Government, State Governments and the community is in the ratio of 60:20:20. The community contribution however can be made by the Panchayat. There will not be any upper ceiling for expenditure on this item. However, total expenditure proposed on Community Sanitary Complex and Individual Household Toilets should be within the ceiling of 60 % of the total

Government outlay. The ultimate aim is to ensure construction of maximum IHHLs and construction of community complexes are restricted to only when IHHLs can not be constructed, for whatever reason, and also teach the community of "Hygiene Practices". Such complexes can also be made at public places, markets etc. where large scale congregation of people takes place.

(f) School Sanitation & Hygiene Education :-

Children are more receptive to new ideas and schools and nurseries are appropriate institutions for changing the behavior, mindset and habits of children from, the open defecation to the use of lavatory through motivation and education. The experience gained by children through use of toilets in school and sanitation education imparted by teachers would reach home and would also influence parents to adopt good sanitation habits. School Sanitation, therefore forms an integral part of every TSC project. Toilets in all types of Government schools i.e. Primary, Upper Primary, Secondary and Higher Secondary and Anganwadis should be constructed. Emphasize should be given on toilets for girls in the schools. The central assistance per unit is restricted to Rs. 12000/- for a unit cost of Rs. 20000/- Separate toilets for girls and boys should be provided which are treated as two separate units and each unit is entitled to Central Assistance up to Rs. 12000/-. Funding for school sanitation in TSC project is provided by the Central Government, State Government and Parent-Teachers in the ratio of 60:30:10. Gram Panchayat can also contribute the 10% share of Parent-Teachers.

In addition to creation of hardware in the schools, it is essential that hygiene education is imparted to the children on all aspects of hygiene. For this purpose, at least one teacher in each school must be

trained in hygiene education who in turn should train the children through interesting activities and community projects that emphasize hygiene behaviour.

(g) Administrative Charges :-

The administrative charges include money spent on training, salary of temporary staff deployed during project period, support services, fuel charges, vehicle hire charges, stationery, monitoring and evaluation of TSC project. However in any case no additional post shall be created nor separate vehicle purchased for the implementation of the TSC project. But in order to implement the projects professionally, specialist consultants from the fields of Communication, Human Resource Development, School sanitation and Hygienic education and Monitoring may be hired for the project period. The fees of consultants may be paid from the administrative charges.

2.8 Implementing Agencies :-

Implementation of Total Sanitation Campaign requires large scale social mobilization so its implementation at the district level should be done by Z. P. (Zilla Parishad). However, in case ZP is not in existence, District Water and Sanitation Mission should implement the project. However, both the TSC and Swajaldhara should be implemented by the same agency. The line departments will play the catalytic role in implementation. At the state level, the State Government is set up an appropriate institutional arrangement to monitor the projects and facilitate the district in implementing TSC. However, in states where water supply and sanitation are handled by two different departments, separate institutional set up may also be made subject to the condition

that official handling water supply is actively associated with this institutional set up. Specialist Consultants from the fields of Communications, Human Resource Development, Monitoring and School Sanitation and Hygiene Education are engaged at the state level. The expenses towards engaging these consultants are born by the GOI and the states under the HRD fund available on 75:25 bases.

2.9 Project Funding :-

The table below gives the percentage share of the allocation (i.e. the total approved projects cost) for different components of a TSC project, the GOI / State share and the beneficiary's contribution towards each component.

In case the amount utilized for any component of the TSC is less than earmarked percentage, the balance percent is adjusted for the construction of individual household latrines. In no case the percent earmarked for components relating to start-up activities and administrative charges are exceed 5 % of the project outlay.

2.9.1 Utilization of Funds :-

According to the **IXth five year plan**, total outlay was of Rs.2250crores and actual utilized by the Government is Rs. 2241.00 crores. In no case the present earmarked for components relating to start-up activities and administrative charges are exceed 5% of the project outlay.

Table No. 2.2
Project Funding By Government

| Component | Amount Earmarked as % of Project outlay (Allocation) | Contribution Percent | | |
|---|--|----------------------|-------|-----------|
| | | GOI | State | Household |
| 1. Start-up activities | < 5% | 100 | 0 | 0 |
| 2. IEC | > 15% | 80 | 20 | 0 |
| 3. Delivery Mechanism | > 5% (subject to a maxi.of Rs.35/- lakhs/District) | 80 | 20 | 0 |
| 4. Industrial Household Laternes and Sanitary Complex for Women | < 60% | 60 | 20 | 20 |
| 5. School Sanitation | > 10% | 60 | 30 | 10 |
| 6. Administration Changes | < 5%(subject to ceiling of RS. 40/- lakhs/District) | 80 | 20 | 0 |

(Source:-Guideline 2004, TSC)

2.9.2 Evaluation made by TSC :-

It is an important part of this programme that all reports should be seen by the central government of India. The following reports are sent by the project authorities and states to the GOI.

1. Monthly progress report is furnished by the 20th of the succeeding month (Annex-I), see Appendix-A
2. Complete Annual Report of achievements under the programme during the year is furnished by 30th April of the succeeding year (Annex-II), see Appendix-A.
3. Conversion of dry latrines, if any, to pour flush latrines, shall be intimated to this, once in 6 months in a financial year.

The state should conduct periodical evaluation studies on the implementation of the TSC. Copies of the reports of these evolution studies conducted by the state are furnished to GOI. Remedial action should be taken by state government on the basis of the observation made in the evaluation conducted by the GOI. The cost of such studies can be charged to the HRD component of the TSC.

For a group of TSC projects in states, implementation progress review is organized by GOI for two times in a year. A multi-agency team of two or more officers or professionals may undertake the review.

2.10 Nirmal Gram Purskar :-

To add vigour to TSC implementation, Government of India has separately launched an award scheme called the "Nirmal Gram Purskar" for fully sanitized and open defecation free Gram Panchayats, Blocks and Districts. The Nirmal Gram Purskar scheme will have the following ingredients

A] Who can get?

There is an application method to enter into the scheme. The application form is available with the,

PRIS (Gram Panchayat, Panchayat Samiti, Zilla Parishad)

-Individual

-Organization

B] Eligibility

Gram Panchayat, Blocks and Districts which achieve 100% sanitation coverage in terms of

- 1) 100% sanitation coverage of individual household
- 2) 100% school sanitation coverage
- 3) Free from open defecation
- 4) Free from Dry latrines and manual scavenging
- 5) Clean environment maintenance.

Individuals and organization have been the driving force for effecting full sanitation coverage in the respective geographical area.

C] Incentive pattern

The incentive pattern is based on population criteria and will be as follows

Table No. : 2.3
Incentive Pattern of TSC

| Particulars | Gram Panchayat | | Block | | District | |
|---|----------------|----------------|-------------|-----------------|---------------|---------------|
| | Up to 5000 | 5001 and above | Up to 50000 | 50000 and above | Up to 10 Lakh | Above 10 lakh |
| Cash incentives recommended | 2.0 | 4.0 | 10.0 | 20.0 | 30.0 | 50.0 |
| Incentives individuals | 0.10 | | 0.20 | | 0.30 | |
| Incentives to Organizations other than PRIs | 0.20 | | 0.35 | | 0.50 | |

Application forms for applying Nirmal Gram Puskar for Panchayati Raj Institutions and individuals/organization are given at Annex-IIIA and Annex-IIIB respectively.

D] Selection Procedure :-

The general procedure for identifying 100% sanitized blocks and districts will be based on the following principles:

1. State Government identifies and select Gram Panchayat, Blocks and Districts which are fully covered and conform to the eligibility criteria indicated 100% sanitation coverage of initials. After selection they win send the report to the Government of India.

2. For Districts, Blocks and Panchayat there is an evaluation independently or multidisciplinary terms to assess to status of full sanitation coverage of Gram Panchayat, Blocks and Districts.
3. There is a National Committee or *Nirmal Gram Puskar* constituted by the Department to draw up criteria for annual selection of Gram Panchayat, Blocks, Districts individuals and organizations for the award.

E] How the incentives Work :-

The incentive for Panchayat Raj Institutions can be used for improving and maintaining sanitation facilities in their respective areas. The focus should be on solid and liquid waste disposal, drainage facilities and maintenance of sanitation standard in PRI area.

2.11 Achievements under the TSC/Progress of TSC :-

There are near about 426 districts brought under the TSC. The total outlay is Rs. 4136 crores. Of this total share of central government, Rs. 2443 crores is to be spent for the next 4 years. The total expenditure for the year 2006-07 under this programme is Rs. 320 crores. And the contribution of the community is around Rs.172 crores. Under TSC 1 cores household toilets and 1.12 lakh school toilets are constructed so far.

In Maharashtra 32 districts are under this TSC (Ref. Maharashtra annual report physical achievement)

2.12 Conclusion :

All over study of the Total Sanitation Campaign indicates the importance of the programme for the indirect benefit of economic development and social welfare of the people country. GOI always try to have a strong economic policy for aliment of the overall growth of the economy sop that this is one of the important phases under the rural development department of GOI. However, this programme is introduced but having a slow progressive path to develop the rural India. With the help of TSC, India will become a strong ideal country in the context of hygienic practices and sustainable development of the country.