

# Swachchata Bharat Mission : Sanitationcondition In Rural India And Telangana

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## ABSTRACT

Water and sanitation are fundamental to human development and well-being. Proper sanitation is important not only for the general health point of view but has a vital role to play in our individual and social life too. It is one of the basic determinants of quality of life and human development index. Good sanitary practices prevent contamination of water and soil, thereby preventing diseases. The term ‘Sanitation’ includes urban planning, solid and liquid waste disposal and treatment, OD, waste segregation and hygiene (food, personal, domestic and environment). As per report percentage of households going for open defecation is in Rural: 52.1% and Urban: 75%, Households that have toilets in Rural: 45.3%, Urban 88.8% as per 2015-16 report in India.in Telangana Households using improved sanitation facility in (%) Urban 64.4 and Rural 38.9% and Total 50.2.Thiscontemporary paper is based on secondary data focusing mainly on sanitation condition in rural India and Telangana. Finally this paper concludes with Swachh Telangana Mission objectives and its key components.

**Keywords :** Sanitation, Rural, Urban, Households, Swachchata Bharat Mission

## I. INTRODUCTION

Sanitation is a broad term which includes safe disposal of human waste, waste water management, solid waste management, water supply, control of vectors of diseases, domestic and personal hygiene, food, housing, etc. Sanitation includes environmental sanitation which is largely viewed as “the control of all those factors in man’s physical environment which exercise a deleterious effect on his physical environment, health, alleviating poverty, enhancing quality of life and raising productivity- all of which are essential for sustainable development” (WHO 1992). Sanitation is one of the basic determinants of quality of life and human development index. Good sanitary practices prevent contamination of water and soil thereby prevents diseases. The concept of sanitation was therefore expanded to include persona hygiene, home sanitation, safe water, garbage disposal, excreta disposal and waste water disposal. But globally, Sanitation is primarily used for Safe disposal of human

excreta (used by UNICEF-WHO Joint Monitoring Program) In India, Government were launched Central Rural Sanitation Programme (CRSP) in 1986 and the main objective of improving the quality of life of the rural people and also to provide privacy and dignity to women. Later on this CRSP, another programme started the name was Total Sanitation Campaign (TSC)”. The main objective of the TSC is to eradicate open defecation in rural areas and to give subsidy to construct toilet who is under poor category[1]. TSC gives support to schools and Anganwadis also. TSC gives strong emphasis on Information, Education and Communication (IEC). To give a fillip to the TSC, Govt. of India also launched Nirmal Gram Puraskar (NGP) that sought to recognise the achievements and efforts made in ensuring full sanitation coverage. Encouraged by the success of NGP, the government renamed to TSC as „Nirmal Bharat Abhiyan“ (NBA). The objective is to accelerate the sanitation coverage in the rural areas. Recently the Prime Minister of India launched the

Swachh Bharat Mission on 2nd October, 2014 which aims to achieve Swachh Bharat by 2019, as a fitting tribute to the 150th Birth Anniversary of Mahatma Gandhiji. The main objective of this programme is removing the bottlenecks that were hindering the progress during the previous programs such as Total Sanitation Campaign and Nirmal Bharat Abhiyan and focusing on critical issues affecting outcomes. State and Central Governments are more concentrated on the facilitate latrines to the every households in the country. Recently, Indian prime minister says if one lady went to the open defecation that will shame to the country also[2].

## II. OBJECTIVES OF THE STUDY

- To study the Sanitation and Open Defecation (OD).
- To study Current Scenario in Rural India with respect to Sanitation facility.
- To analyse the Implementation of Swachh Bharat Mission in Telangana.

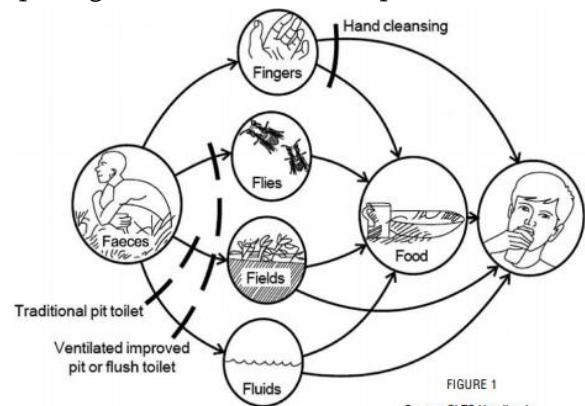
## III. SANITATION AND OPEN DEFECATION (OD)

Water and sanitation are fundamental to human development and well-being. Proper sanitation is important not only for the general health point of view but has a vital role to play in our individual and social life too. It is one of the basic determinants of quality of life and human development index. Good sanitary practices prevent contamination of water and soil, thereby preventing diseases. The term 'Sanitation' includes urban planning, solid and liquid waste disposal and treatment, OD, waste segregation and hygiene (food, personal, domestic and environment). This document's main focus is on OD[3]. According to UN, around one billion people practice OD in the world still. Twenty countries, mostly in South Asia and Sub-Saharan Africa, account for over 80 percent of OD in the world. India has the highest number of people practicing OD in the world.<sup>3</sup> This is one the clearest indications of global sanitation crisis.

Improving sanitation in the villages has been one of India's greatest development challenges. Three out of five people in rural India suffer the indignity of defecating in the open. One in every ten deaths in India is linked to poor sanitation. The worst affected are women and children.

### 3.1 How is OD a Problem?

When a person defecates in the open, the pathogens (disease causing agents) present in the faeces travel from the hand to the mouth (See Figure 1): Flies, rainwater, contaminated water, wind, hoofs of domestic animals, shoes, children's toys, footballs, etc. are different agents or pathways through which faeces can enter one's home. Human faeces can get into the mouth via hands and fingernails, flies on food, fruits and vegetables that have been fallen on or been in contact with faeces and have not been washed, utensils washed in contaminated water, dogs licking people, skin contact with an infected dog etc. Intestinal worms (helminths) are transmitted when people ingest faecal matter or step on it with bare feet.

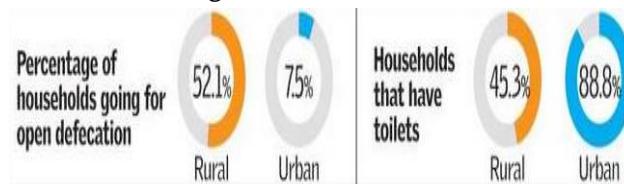


**Figure 1.** Faces travel from the hand to the mouth

## IV. CURRENT SANITATION SCENARIO IN INDIA

In spite of the best efforts of the Government of India and respective State Governments to improve the sanitation conditions in the country, the toilet coverage in rural India is only 30.7% which shows around 70% of the rural people still practice open defecation in the country. Out of 36 states, 14 States are in the country are still below the national average

of toilet coverage. As per the 2011 Census, Rural India have 16.78 crores households in that 69.3% household don't have latrine facility within the household premises including with all states.

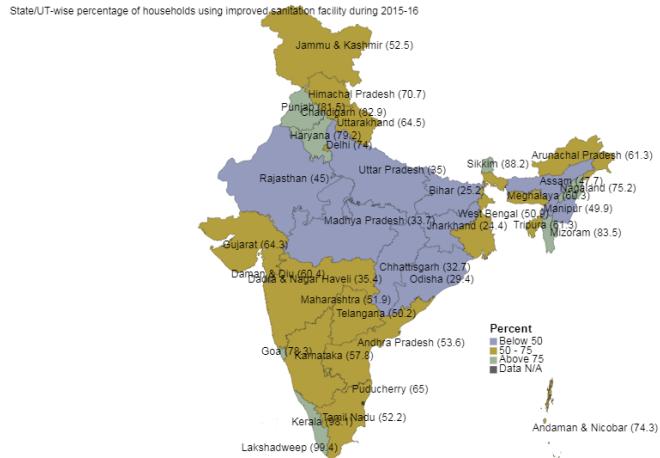


**Figure 2.** Report from 2015-16

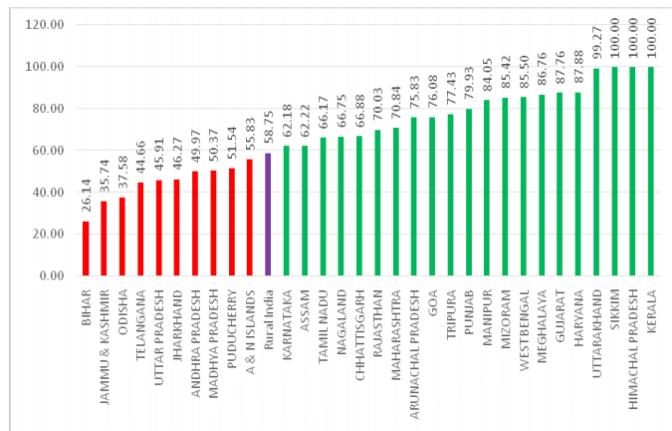
According to NFHS-4, 48.4% households are using improved sanitation facility during 2015-16 in India. Whereas according to NFHS-3, 29.1% households were using improved sanitation facility during 2005-06 in India. According to NFHS-4 report, there are 36.7% and 70.3% households using improved sanitation facility in rural part of India and urban part of India respectively during 2015-16[4].

The Top 5 States/UTs in terms of having highest percentage of households using improved sanitation facility during 2015-16 are Lakshadweep, Kerala, Sikkim, Mizoram and Chandigarh. According to NFHS-4, Lakshadweep, Kerala, Sikkim, Mizoram and Chandigarh have 99.4%, 98.1%, 88.2%, 83.5% and 82.9% respectively households using improved sanitation facility during 2015-16. According to NFHS-3, Kerala had the highest 90.5% households using improved sanitation facility during 2005-06[5].

The Bottom 5 States/UTs in terms of having lowest percentage of households using improved sanitation facility during 2015-16 are Jharkhand with 24.4%, Bihar with 25.2%, Odisha with 29.4%, Chattisgarh with 32.7% and Madhya Pradesh with 33.7%. According to NFHS-3, Chattisgarh had the lowest 14.6% households using improved sanitation facility during 2005-06.



**Figure 3.** State/UT-wise percentage of households using improved sanitation facility during 2015-16  
**State's Coverage Status of IHHL(Individual Household Latrines)**

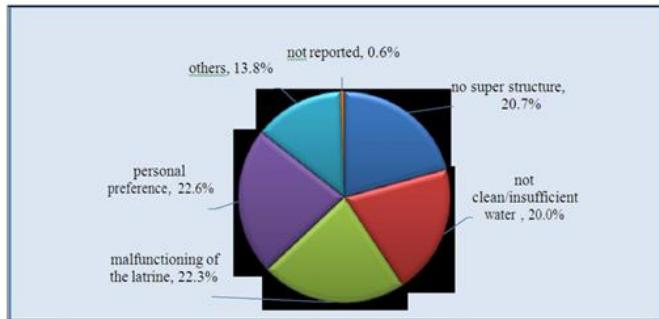


Source: <http://sbm.gov.in>

**Figure 4.** State/UT-wise Sanitation Coverage as on 31.12.2016 is given below

From the above figure 4. It shows that the Sanitation coverage in the States of Bihar, Jammu & Kashmir, Odisha, Telangana, Uttar Pradesh, Jharkhand, Andhra Pradesh, Madhya Pradesh, Puducherry A & N Islands is below the national average[5]

## Percentage distribution of households having access to latrine but not using it by reason: Rural



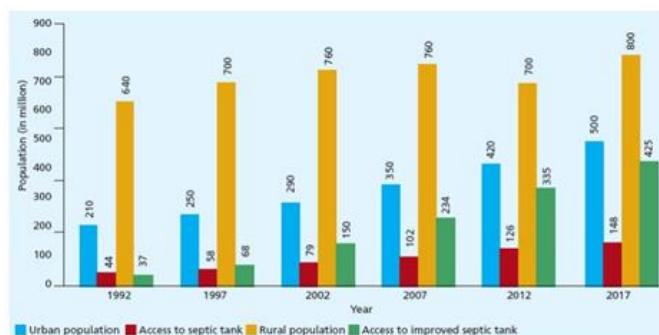
Source : Swachata status report, May 11th, 2016

**Figure 5.** Percentage distribution of households having access to latrine but not using it by reason: Rural



**Figure 6.** Percentage of households without access to sanitation - All India

## Growth in population and access to sanitation in India



**Figure 7.** Growth in population and access to sanitation in India

## V. SANITATION SCHEMES AND PROGRAMMES BY GOVERNMENT

The rural sanitation programmes in India were introduced in the year 1954 as a part of the First Five Year Plan of the Government of India. Since past 30

years, government has been implementing rural sanitation programmes with an aim to eliminate OD in the rural areas [6]. The government has been constantly putting efforts to ensure feasible and affordable sanitation facilities to the people particularly of rural areas. In this regard it has launched several noteworthy programmes which are chronological mentioned below:

**1986** - India's first nationwide programme for rural sanitation 'Central Rural Sanitation Programme' (CRSP) was launched in 1986 by the Ministry of Rural Development with the objective of improving the quality of life of the rural people and for providing privacy and dignity to women. The programme was supply driven, highly subsidized and placed emphasis on a single construction model.

**1999** - Later in 1999 CRSP was restructured and launched as 'Total Sanitation Campaign' (TSC) a "demand driven" approach which emphasized more on Information, Education and Communication (IEC), Human Resource Development (HRD), capacity development activities to increase awareness among the rural people and generation of demand for sanitary facilities.

**2005** - In 2005, Government of India launched 'Nirmal Gram Puraskar', an incentive award scheme in order to recognise the achievements and efforts made at the Gram Panchayat (GP) level in ensuring full sanitation coverage and achieving other indicators of open defecation free GPs. The award was given to the GP which attained 100 percent ODF environment. This award publicized the sanitation programme significantly all across the country.

**2012** - Encouraged by the response to the incentive award scheme and also to address the sustainability issues of GPs, the TSC was revamped and renamed as 'Nirmal Bharat Abhyans' with the objective to accelerate the sanitation coverage in the rural areas through renewed strategies and saturation approach.

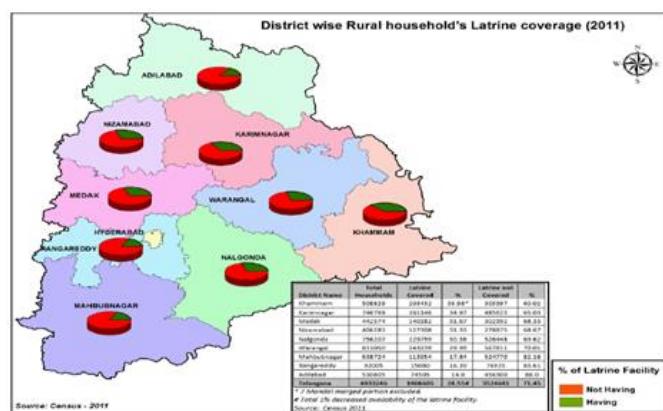
2014 - Though the initial efforts had been successful to an extent, universal sanitation coverage was yet a distant goal. Thus with this agenda, Government of India launched the 'Swachh Bharat Mission' (SBM) on October 2nd, 2014. It has two sub-missions, the Swachh Bharat Mission (Gramin) and the Swachh Bharat Mission (Urban), which aims to achieve Swachh Bharat by 2019, as a fitting tribute to the 150th birth anniversary of Mahatma Gandhi. The mission of this programme is to ensure hygiene, waste management and sanitation across the nation[8].

## VI. QUICK GLANCE - INDIAN SCENARIO

- Only one in two people in India use a toilet.
- Globally, India has the largest number of people still defecating in the open. (more than 564 million)
- Half of the Indian population excretes more than 65,000 tonnes of excreta outside every day.
- About 65 percent of people in rural India do not have access to toilets and defecating in the open. In urban India, the percentage of people who defecate in the open is 12 percent.
- In India, round 44 percent of mothers dispose their children's faeces in the open. Eighty percent of the children's faeces are left in the open or thrown into the garbage. This can lead to high risk of microbial contamination of water which causes diarrhoea in children.
- Every year, diarrhoea kills 188,000 children under five in India. A 36 percent reduction in diarrhoeal morbidity alone can be achieved through improvements in sanitation, if you add handwashing with soap the impact is doubled.
- Children weakened by frequent diarrhoea episodes are more vulnerable to malnutrition, stunting, and opportunistic infections such as pneumonia. About 43 percent of children in India suffer from some degree of malnutrition.
- The faecal-oral route is an important polio transmission pathway. Open defecation increases communities' risk of polio infection.

## VII. TELANGANA OVERALL SITUATION

Latrine facilities are very poor in total Telangana state. Overall in the state, 50.2% households have latrine facilities within the household's premises. 49.8% household population does not have the facility. In Urban 64.4% and Rural 38.9% latrine facilities are there for access. If government and other organization put in efforts in these lacking areas, it will improve the situation. People hoping Telangana state's "Drinking water grid" project will fulfill this gap. Telangana government concentrated on the sanitation facilities and they fixed target to achieve Open Defecation Free (ODF) state up to 2019. But recent data shows the availability of the latrine facilities is very poor in across the state. The Telangana government estimates out of the total of 1, 01, 93,027 households, in accordance with the 214-15 household survey it had carried out, 42, 10,019 households do not have toilet facilities and defecating in open places. The Telangana government has launched the ODF project on October 2, 2015 and aiming to ensure one toilet to each household in rural areas at an estimated cost of Rs 199.02 crore till date completed ODF programme in 975 gram panchayats and Mahbubnagar stood top with 215 GPs with ODF followed by Nizamabad (165), Karimnagar (145), Warangal (106), Medak and Adilabad (102), Rangareddy (58), Nalgonda (47) and Khammam (35). Khammam is having the lowest ODF villages in the state.



In line with Swachh Bharat Mission, the Government of Telangana has launched the 'Swachh Telangana Mission' with a goal of achieving 'Swachh Telangana' by 2019.

### **Swachh Telangana Mission- (Urban)**

Commissioner and Director of Municipal Administration Government of Telangana is the nodal agency for implementation of SBM in urban areas of Telangana. Urban Local Bodies (ULBs) are responsible for implementation of the SBM in their respective urban localities. In Telangana , there are 72 ULB which include 6 Municipal Corporations, 37 Municipalities and 25 Nagar Panchayaths.

As per the census report of 2011, 91.12 percent of urban Households(HHs) in Telangana had access to toilets as compared to national figure of 81.4 percent. Open Defecation in Urban Telangana was 8.98 percent which was lower than the national average of 12.6 percent.

Government of Telangana's goal is to achieve "Open defecation free cities" by 2019.Key component of this programme is elimination of OD. In order to achieve OD free towns and cities, the scheme emphasizes adequate construction of toilets at individual, community and public levels and effective operations and maintenance of it. Public awareness and development of IEC to support behavioral change are also equally important components of the programme.

#### **7.1 Main Objectives:**

- Providing sanitation and household toilet facilities with ecologically safe and sustainable sanitation systems for urban households of all statutory towns in the state.
- To bring about behavioural change by promoting cleanliness, hygiene and to eliminate OD among the urban households
- Effective operation and maintenance of public and community toilets on sustainable basis.

- To create an enabling environment for private sector participation for community and public toilets

#### **7.2 Main Components:**

- Construction of IHHLs including conversion of insanitary and pit toilets into sanitary toilets.
- Construction of community toilets for households where ever space is a constraint.
- Construction of public toilets in public spaces where ever required, through PPP.
- Public awareness activities, capacity building of stakeholders and development of IEC to support behavioral change.

## **VIII. CONCLUSIONS**

**In this paper i presented importance of the Water supply and sanitation which is a State responsibility under the Indian Constitution. States may give the responsibility to the Panchayat Raj Institutions (PRI) in rural areas. Ministry of Housing and other government departments will do policy setting and their proper implementation. To eradicate the practice of open defecation, Gram Panchayat in rural areas would need to focus not only on building infrastructure, but also on preventing open defecation through peer pressure and shame approach. Rural areas need for sensitization at the grass root level about the health hazards of open defecation. In India huge population and lot of development and welfare programs for the wellbeing of the poor communities needs to have effective monitoring and evaluation systems for proper implementation of the welfare programs which actually designated for the poor.**

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