

Total Sanitation Campaign - Progress and Issues

Situational Analysis of Andhra Pradesh with reference to Total Sanitation Campaign

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May, 2011

WASHCost (India) Project



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Acknowledgements

This paper is based on the work done by the authors in the WASH Cost India project. Thanks are due to our colleague in CESS Dr. B.Suresh Reddy who has supported us to bring this working paper. We would like to thank Prof Ratna Reddy and Dr.AJ James for their constructive and valuable suggestions to shape this working paper in a meaningful way. Thanks are due to WASHCost team members Dr. M.Venakata swamy, Dr. M.Ramamohan Rao, Dr.Jayakumar, Dr.Alivenu, Mr. Ramachandrudu, VSN Murthy, Subramanyam and Safa for their support and contributions. We would like to place our honour and gratitude to Prof. Manoj Panda, Director, CESS for his support and cooperation throughout the project. Finally we would like to thank the colleagues from IRC Dr. Charles Batchelor, Catarina fonseca, Rutger Verkerk, Patrick Moriarty, Alana Porter for their constant intellectual guidance on the issues of sanitation.

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ABSTRACT

The Total Sanitation Campaign (TSC) is the flagship sanitation programme of Government of India to reach the Millennium Development Goals. But this program has not yet achieved its set targets. This paper has tried to address some key research questions like will India and Andhra Pradesh achieve the Millennium Development Goal of Sanitation ? Are the TSC targets realistic? What is coverage and usage status of the sanitation facilities etc. Analysis of secondary data available, the budget and plan documents and WASHCost research field studies were used to draw the conclusions. The field studies reveal that open defecation is rampant and access to sanitation facilities is far from satisfactory. There is less or no focus on the software components of the sanitation but the hardware component gets the lion's share of funding. The major challenges include insufficient fund allocations, lack of effective strategies for demand creation, no or low spending on the IEC components, lack of coordination among the implementing departments and very low community participation in taking sanitation on a mission mode. The Government should focus on public-private partnerships that can accelerate solutions and enhance operations and service provisions and proper steps to be taken for demand generation through Mass Awareness Campaigns using the local media, mobile networks and creative advertisements, keeping the principles of human dignity, quality of life, shame and fame and finally the environmental security at household and community level as central focus. For taking the TSC on a mission mode the efforts have to made in establishing the Village Water and Sanitation Committees and the Panchayats have to be strengthened using the Non Govt Organisations or local resource persons or centres. Further massive program like TSC requires intense community support and involvement, and building vision of community beyond construction and towards ownership and management is essential.

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I Introduction

Sanitation is vital for human health and it is one of the important indicators that reflect the quality of life of the people. It is a basic necessity that affects everyone's life and it is a yard stick of socio-cultural and economic development of a nation. Children especially continue to pay the price for improper sanitary conditions, in lost lives, missed schooling, in disease, malnutrition and poverty. Poor sanitation, hygiene and unsafe water claim the lives of an estimated over 1.5 million children under the age of five every year (www.sulabhinternational.org). Millions of people, especially the poor in developing countries - are forced to defecate in bags, buckets, fields or roadside ditches, causing serious health risks to them and others (Cross, 2003). Recent survey conducted by the U.N estimates that around 2.6 billion people or 40 percent of the world's population do not have access to basic sanitation, with diarrhoea disease alone killing 1.8 million people per annum (Unicef, 2008a).

An estimated 2.6 billion people worldwide remain without proper sanitation and there by lack protection against preventable diseases, which claim the lives of thousands daily, primarily children under the age of five (Unicef,2008b). The global coverage of population with access to excreta disposal facilities has increased from 55% (2.9 billion people served) in 1990 to 60% (3.6 billion) in 2000. Still a total of 2.4 billion people in the world were without access to improved sanitation at the beginning of the year 2000. In India, the coverage has increased from 21 percent to 31percent during the same period. Although there is an appreciable gain in the access to sanitation facilities by the population in absolute numbers, the percentage coverage appears to be modest due to high population growth.

According to Hutton and Bartram (2008) it is estimated that about US\$ 42 billion for water and US\$ 142 billion for sanitation, a combined annual equivalent of US\$ 18 billion is required to meet the MDG target worldwide. The cost of maintaining existing services totals an additional US\$ 322 billion for water supply and US\$216 billion for sanitation, a combined annual equivalent of US\$ 54 billion. Spending for new coverage is largely rural (64%), while for maintaining existing coverage it is largely urban (73%).

Over one billion people worldwide have gained access to improved sanitation in the past 14 years, with the global sanitation coverage having increased from 49 per cent to 59 per cent between 1990 and 2004 (Unicef, 2008a). Yet, the world continues to be off the track to meet the Millennium Development Goal (MDG) target to reduce by half the proportion of people without access to basic sanitation by 2015. India stands second amongst the worst places in the world for sanitation. The severity of the problem in India could be judged from the fact that hardly 33% of overall population has sanitation facility available. A mere 14 percent of people in rural areas of the country had access to toilets in 1990, the proportion had gone up to 28 percent in 2006. Interestingly, the coverage is 59 percent in urban areas (WHO/Unicef 2004). In rural areas of India, 74 percent of the population still defecates in the open. In these environments, cash income is very low and the idea of building a facility for defecation in or near the house may not seem natural. And where facilities exist, they are often inadequate. The sanitation landscape in India is still littered with 13 million unsanitary bucket latrines, which require scavengers to conduct house-to-house excreta collection. Over 700,000 Indians still make their living this way. Moreover, India is losing billions of dollars each year because of poor sanitation. Illnesses are costly to families, and to the economy as a whole in terms of productivity losses and expenditures on medicines, health care, and funerals(United Nations, 2008).

The above said reasons are the hardcore facts about the sanitation scenario broadly that have to be assimilated and digested by the Governments all over the world be it local / national / international. Given these hard realities Government of India remains committed to making India open defecation-free by 2012 (MoHRD, 2002). Such a strong commitment of the Government can be witnessed through India's TSC programme with an out lay of Rs 120 billion, which is one of the largest sanitation programmes in the world. Keeping this back ground in view, this paper has tried to address some of the key research questions such as 1) what is the sanitation coverage across India and in Andhra Pradesh? 2) Is sanitation getting enough attention in budgets and in project implementation? 3) Are the Central and State Governments able to reach the set targets? Are the poorest of poor or socially disadvantaged groups getting the facilities and 4) what are the constraints and issues in sanitation service delivery?, etc., in the implementation of Total Sanitation Program for achieving Millennium Development Goals.

This paper is based on the secondary data collected from the Department of Drinking Water Supply, Andhra Pradesh, online data from Department of Water Supply (ddws) website, Online TSC data, Government of India and Govt of Andhra Pradesh budget documents and from WASHCost research. The data provided in the boxes is from the

WASHCost (India) Project field study conducted to assess the sanitation costs and service delivery. Analysis of the data is done both at all India level and State level (Andhra Pradesh) level especially with reference to TSC programme.

This paper has five sections including this introduction. Section two traces the evolution of India's sanitation program and policy reforms initiated in the rural sanitation sector at the national level. Third section analyses the status of sanitation at national and state level with special reference to Total Sanitation Campaign (TSC) and compares the inter-state and inter district performances under each component of sanitation. Section four discusses the major challenges for Total Sanitation and the final section makes some concluding observations.

II Sanitation Scenario in India

History of Sanitation initiatives

Water supply and sanitation is a state responsibility under the Indian constitution. States may in turn bestow this responsibility to the Panchayati Raj Institutions (PRI) in rural areas or Municipalities in urban areas, called Urban Local Bodies (ULB). At present, states generally plan, design and execute water supply schemes (and often operate them) through their State Departments (of Public Health Engineering or Rural Development Engineering) or State Water Boards. The national trend is to decentralize capital investment to Engineering departments at the district level and operation and maintenance to district and Gram Panchayat levels (PM News Bureau, 2008).

The first five year plans had allocated very negligible investments to sanitation while the sixth plan had considerable amount due to the launch of International Drinking Water Supply and Sanitation decade in 1980. The Ministry of Urban Development (MoUD) was the nodal agency for water and sanitation sector at the beginning of the Seventh Plan. Subsequently, rural water supply and sanitation have been transferred to the Department of Rural Development (DRD), while the administration of urban water supply and sanitation has been retained with the MoUD. Rural water supply was an important constituent of the State sector MNP during the Seventh Plan. In 1986, the National Drinking Water Mission (NDWM), popularly known as the "Technology Mission" was launched in order to provide scientific and cost effective content to the centrally Sponsored Accelerated Rural Water Supply Programme (ARWSP).

Later in 1986, it was decided that a portion of the funds, made available under the rural employment programme and the Indira Awas Yojana, to be utilized for rural sanitation. Rural sanitation programme was also added to the State sector MNP (Minimum Needs Program) from 1987-88. In November 1986, a new Centrally Sponsored Rural Sanitation Programme (CRSP) was launched. The CRSP relied on providing the hardware subsidies

and not focused on other aspects resulting in just 1 percent increase of rural sanitation. The 2001 census revealed only 22 per cent of the households having access to a toilet with an investment of over 6 billion to construct 9 million toilets. Recognizing the limitations of this approach, the Total Sanitation Campaign was launched in 1999. The TSC moves away from the infrastructure focused approach of earlier programs and concentrates on promoting behavior change. In addition, it includes a fiscal incentive scheme, Nirmal Gram Puraskar that promotes the role of Gram Panchayat and local communities in achieving community-wide total sanitation status.

III Total Sanitation Campaign (TSC)

The Central Rural Sanitation Program (CRSP) launched in 1986 and revised in 1992 was a traditional, supply-driven subsidy-oriented program. In April 1999, CRSP was restructured and launched as the Total Sanitation Campaign (TSC) making it 'people oriented' and 'demand driven'. The program is implemented in a campaign mode with the district as a unit. The total Sanitation Campaign (TSC) is one of the eight flagship programmes of the Government. TSC projects have been sanctioned in 593 rural districts of the country with a total outlay of Rs. 17,885 crore with a central share of Rs. 11,094 crore. Since 1999, over 5,56 crore toilets have been provided for rural households under TSC. A significant achievement has also been the construction of 8.71 lakh school toilets and 2.72 lakh Anganwadi toilets. With increasing budgetary allocations and focus on rural areas, the number of households being provided with toilets annually has increased from only 24.41 lakh in 2002-03 to 98.7 lakh in 2006-07¹.

Total Sanitation Campaign programme is a comprehensive programme to ensure sanitation facilities in rural areas with broader goal to eradicate the practice of open defecation. TSC as a part of reform principles was initiated in 1999 when Central Rural Sanitation Programme was restructured making it demand driven and people centered. It follows a principle of "low to no subsidy" where a nominal subsidy in the form of incentive is given to rural poor households for construction of toilets. TSC gives strong emphasis on Information, Education and Communication (IEC), Capacity Building and Hygiene Education for effective behavior change with involvement of PRIs, CBOs, and NGOs, etc. The key intervention areas are Individual Household latrines (IHHL), School Sanitation and Hygiene Education (SSHE), Community Sanitary Complex, Anganwadi toilets supported by Rural Sanitary Marts (RSMs) and Production Centers (PCs). The main goal of the GOI is to eradicate the practice of open defecation by 2010 (Sulabh, 2006).

¹ PIB Press Release, July 2, 2009

Table 1: TSC Component-Wise Earmarking and Funding Pattern

Component	Amount earmarked as percent of the TSC project outlay	Contribution percent		
		GOI	State	Beneficiary/Community
IEC and Start Up Activity, Including Motivational Awareness and Educative Campaigns, Advocacy etc.	Up to 15%	80	20	0
Alternate Delivery Mechanism (PCs/RSMs)	Up to 5% (Subject to a maximum of Rs. 35 Lakh per district for PC/RSMs and additional Rs.50 Lakhs as revolving fund for group lending activity)	80	20	0
(i) Individual Latrines for BPL/ disabled households (ii) Community Sanitary Complexes	Actual amount required for full coverage	60	20	20
Individual house hold latrines for APL	Nil	0	0	100
Institutional Toilets including School and Anganwadi Sanitation (Hardware and Support Services)	Actual amount required for full coverage	70	30	0
Administrative charges, including training, staff, support services, Monitoring and Evaluation etc.	Less than 5%	80	20	0
Solid/Liquid Waste Management (Capital Cost)	Up to 10%	60	20	20

Source: DDWS, Govt of India.

The TSC is being implemented on specific principles with variations in approaches with respect to providing micro credit support, technical specifications, motivating the community, and ensuring sustainability. Innovation in IEC activities, awards and competitive spirit have played a catalytic role in mobilizing the stakeholders and

community. Once the goal of Nirmal Gram status is achieved, it is challenging to sustain the interest, collaboration, and cooperation in the campaign mode. Hence, as an entry point to overall rural development, this approach has some limitations. There is a need to identify back-up agencies and review, learn, and incorporate effective principles from other projects. The community-led TSC in Bangladesh based on PRA techniques has been found to be effective in this regard (Sanan and Moulik, 2007). The GoI introduced the NGP incentive scheme in 2003 under its TSC to reward Local Government Institutions at village, block and district level, that had achieved full sanitation coverage (for households, schools and day-care centres) and were declared open defecation free (MoRD, 2010).

Although the concept of sanitation has undergone qualitative changes over the years, there has been slow progress in the sanitary conditions compared to rural water supply, as such State Water and Sanitation Missions were established as per GoI guidelines to have mission approach with an objective to cover problem villages, improve performance and cost effectiveness of ongoing programme, promote conservation measures for sustained supply of water duly involving Panchayat Raj Institutions where as earlier to the Swajaldhara program in 2002 (based on the lessons learnt from the sector reforms project) the department was focusing on coverage with least importance to sustainability.

State Water and Sanitation Mission (SWSM)

The State Water and Sanitation Mission (SWSM) is an apex body, functions under Chairman cum Mission Director and supported by Project Management / Monitoring Unit (PMU). The PMU is a compact unit consisting of multidisciplinary professionals hired on deputation or consultancy basis. The SWSM is responsible for managing the sector reforms, Swajaldhara and TSC projects in the pilot districts and Water Quality and Surveillance but later expanded its scope of work to the whole state. Though the SWSMs were given independence to implement, much of its functioning was limited to papers except in two/ three states. In Andhra Pradesh they are existing only on papers except in one or two districts.

Nirmal Gram Puraskar and shubram Awards

To energize the TSC, the government, in 2003, initiated an incentive scheme for fully sanitised and Open-Defecation-Free (ODF) Gram Panchayats, blocks and districts. The scheme was called the Nirmal Gram Puraskar, and the incentive provision is for Panchayati raj institutions (PRIs) as well as individuals and organisations that are the driving force behind full sanitation coverage. The incentive details are given as follows:

Table 2: Incentive pattern under Nirmal Gram Puraskar (Rs. In Millions)

Particulars	Gram Panchayat					Block		District	
	Less than 1000	1000 to 1999	2000 to 4999	5000 to 9999	10000 and above	Up to 50000	50001 and above	Up to 1.0 million	Above 1.0 million
PRI	0.05	0.01	0.02	0.04	0.05	1.00	2.00	3.00	5.00
Individuals	0.01					0.02		0.03	
Organizations other than PRIs	0.20					0.35		0.50	

Source: DDWS, Govt of India.

Despite the special drives and focus on sanitation the coverage and usage issues are unaddressed though much better from baseline year. The detailed delivery structure of TSC with roles of different institutions is given in the Annexure 1. The following section reveals the status of sanitation in India, giving more focus to TSC achievements.

Analysis on the progress of Total Sanitation Campaign

Physical Targets under TSC Program

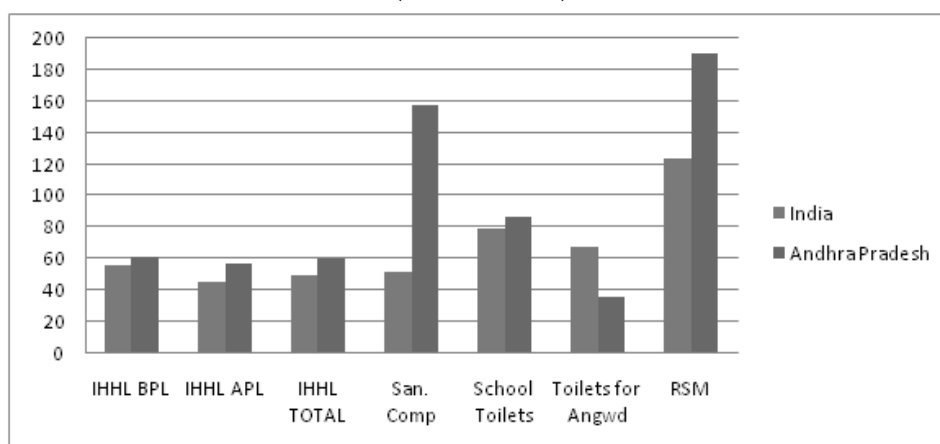
The total project outlay for the TSC is more than rupees 12,580 million, of this GOI share is 783 millions, states share is 2861 millions and beneficiary share is 1920 millions. It is projected that the full coverage of rural drinking water supply is to be achieved by March 2009 and 100 % sanitation coverage by the end of Eleventh Plan (2012) with mass awareness campaigns and Nirmal Gram Puraskar (Eleventh planning commission report, 2007-2012). The Eleventh Plan Central sector GBS *for rural water supply and sanitation* is Rs. 41,826 crore (at 2006-07 prices) and Rs.47,306 crore (at current prices) (including Rs 6000 crore for Nirmal Gram Puraskar) and this provision will draw matching provision in the state plan to the tune of Rs. 49,000 crore. Thus the total outlays in the Eleventh Five Year Plan for Rural Water Supply & Sanitation sector would be close to Rs. 1,00,000 crore. Also it is projected that the total outlay for Urban Water Supply and Sanitation sector would be Rs. 75,000 crore.

The target of Millennium Development Goal is to cover 100% Rural Sanitation by 2015 and the TSC target is to achieve 100% coverage by the end of Eleventh Plan (2012). The outlay proposed for Eleventh Plan is Rs.7816 crore (Rs.6910 crore at 2006-07 prices). The allocation for AP 2007-08 is Rs.1060 crore. The physical target for Eleventh Plan is to cover 69 million households with IHHLs , 25769 sanitary complexes, 1,33,114 Anganwadis and all the remaining schools to be covered with toilets.

Status of Coverage of Physical Targets under TSC Program

The TSC program had a herculean task of providing access to the toilets in the rural areas and accordingly the targets have been fixed to reach to every household by 2012. Despite the full decade of continuous efforts and incentives, the achievement percentage is quite discouraging especially looking at the target ahead.

Fig 1: Sanitation component wise Physical targets and achievements (2001 to 2010)

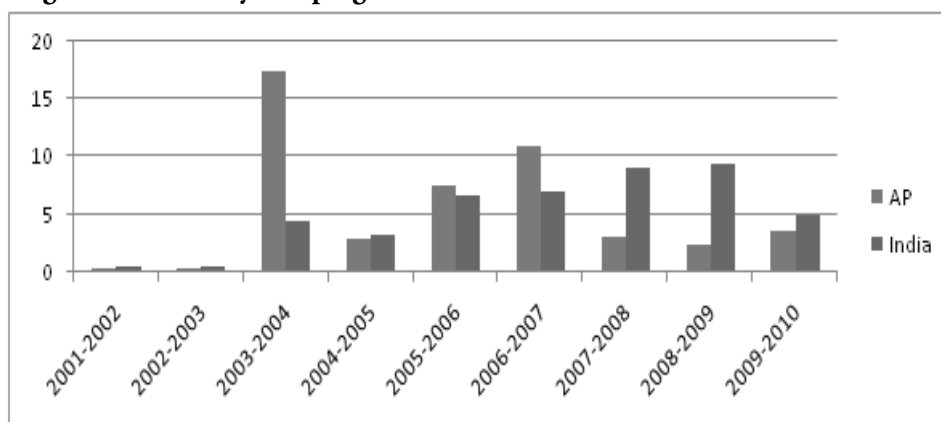


Source: www.ddws.nic.in dt: 01:01:2010

It could be seen from fig.1 that the targets reached in the last 10 years is below 56% except for school toilets (79%) and Anganwadi toilets (68%) for all India while the achievement percent for Andhra Pradesh is 62. It is expected to reach the balance targets in the next two years which seems to be almost impossible with the existing institutional arrangements and the approach followed to provide sanitation facilities to the rural households. At the all India level only Rural Sanitary Mart target achievements have crossed 124% and in AP Sanitation components and Rural Sanitary Mart have reached targets of 158 % and 190 % respectively.

It could be seen from fig 2 that there was good progress between 2003-04 in terms of coverage for executing the hardware. But it could be noticed that progress in the last two years is declining, indicating the low priority to sanitation. Further it is evident from the graph that, though the percentage is little high in case of Andhra Pradesh but the overall performance is similar to that of India. This could have made the Govt to focus more on the start up and IEC activities but the progress for the last three years towards this process brings back the question Are the MDG's a myth? Or Are the goals realistic? The hard realities of lack of coordination between implementing departments and insufficient staff were never even given a thought before launching such a huge

Fig 2: Year wise Physical progress of achievement in India and Andhra Pradesh



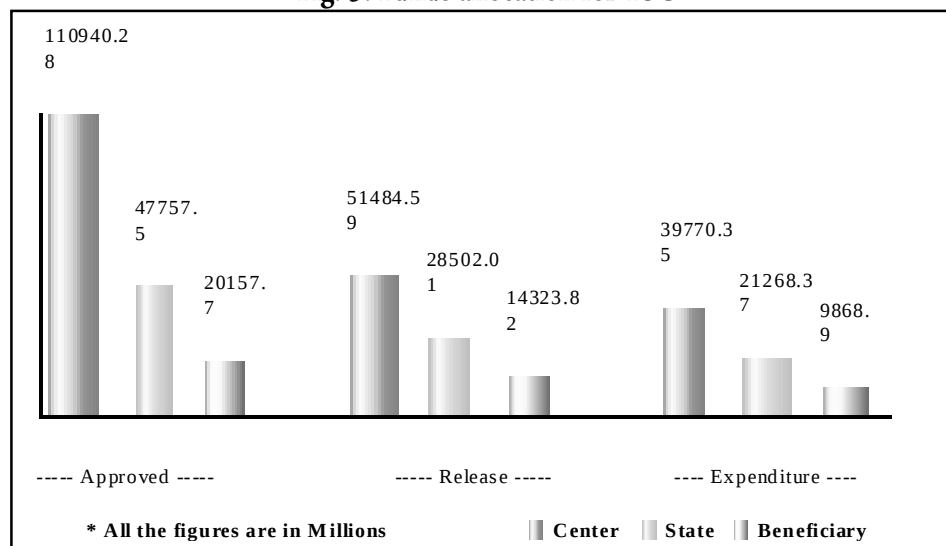
Source: www.ddws.nic.in dt: 01:01:2010

program. Many studies, reports and observations made the officials realise that coverage in terms of erecting structures does not improve the sanitation status but the toilets constructed need to be used.

Financial Targets and Achievements of TSC Program

The funds allocated to Water and Sanitation are meagre (4-8 %) compared to the budget allocations for other sectors (Reddy and Batchelor 2009), it can be noted that the TSC program started with a big financial outlays (Fig 3).

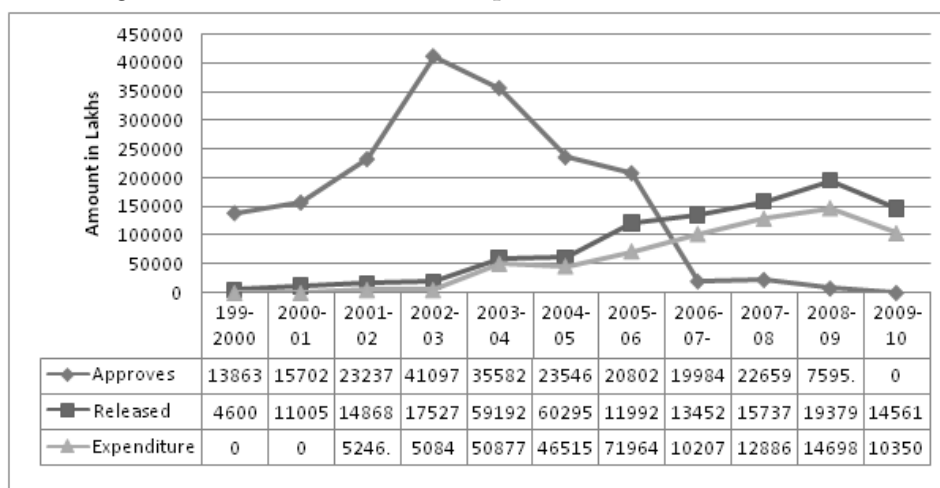
Fig: 3: Funds allocation for TSC



Source: www.ddws.nic.in dt: 01:01:2010

Further it could be seen from Fig 3 that the year wise approvals for the last three years (2006 - 2009) were low and hence the allocations and expenditure. It needs to be noted that though the allocations were made to the states, they are not able to spend the amounts and reach the targets. The reasons could be improper planning and low or no staff members specifically dedicated to the sanitation activities.

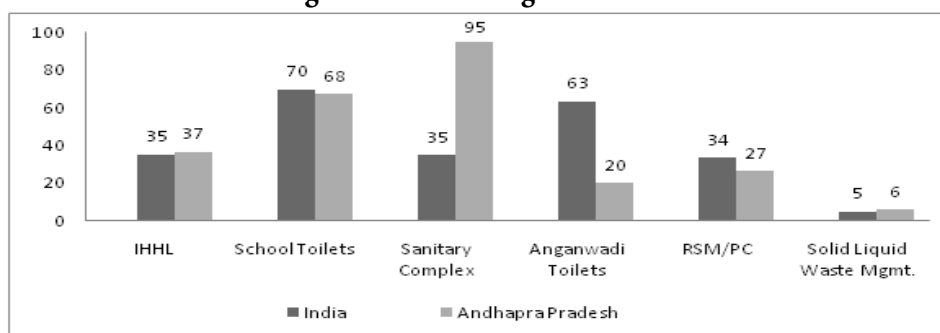
Fig 4: Year-wise Allocations and Expenditure on Sanitation in India.



Source: www.ddws.nic.in dt: 01:01:2010

It could be inferred from Fig 4 that from 2006 onwards the approvals got declined from the central budgets. While the budget releases declined for the year 2009-10 and consequently the expenditure causing the concern to reach the full coverage of sanitation. The decrease on allocation and expenditure causes a big concern towards the next planning phases.

Fig 5: Component-wise percentage of Financial progress In Andhra Pradesh and India against the total targets set under TSC



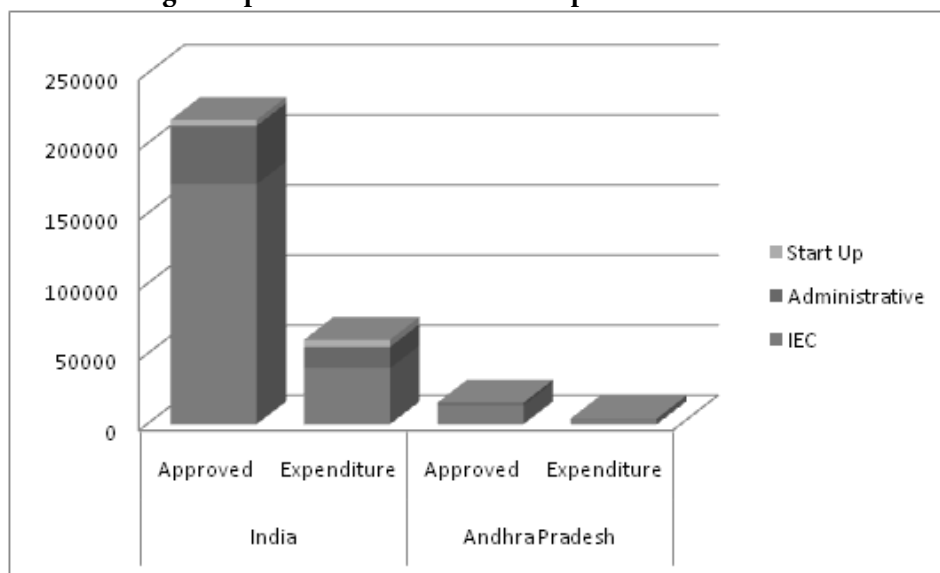
Source: www.ddws.nic.in dt: 01:01:2010

The detailed component wise expenditure as shown in Fig 5 reveals that except under the school sanitation and Anganwadi toilets, the expenditure is below 35% which is an alarming situation and it raises lot of concerns over the realistic nature of the targets set to achieve. Further the reasons for the progress in school sanitation could be attributed to the fact that the funds are released to the SSA (Sarva Siksha Abhiyan) program of Education Department for construction of the school toilets. They take up construction of school sanitary complexes as part of improving the school infrastructure and facilities. Further non provision of toilets within the school premises were causing school drop outs especially in case of girl children hence the acceleration to complete toilet construction has gained momentum. But field reality is that the toilets constructed are not being used by children, they are either locked or not being used due to water and other cleanliness issues. The percentage of achievement with respect to Solid and Liquid waste management is least both at India level (5%) and in Andhra Pradesh level (6%) indicating the low importance given to the task .

Expenditure on Soft Vs Hardware component:

Expenditure on soft components like Information, Communication and Education activities is very important as the major shift is on this component as part of TSC. But the figure below reveals that the expenditure incurred is below the sanctioned amounts.

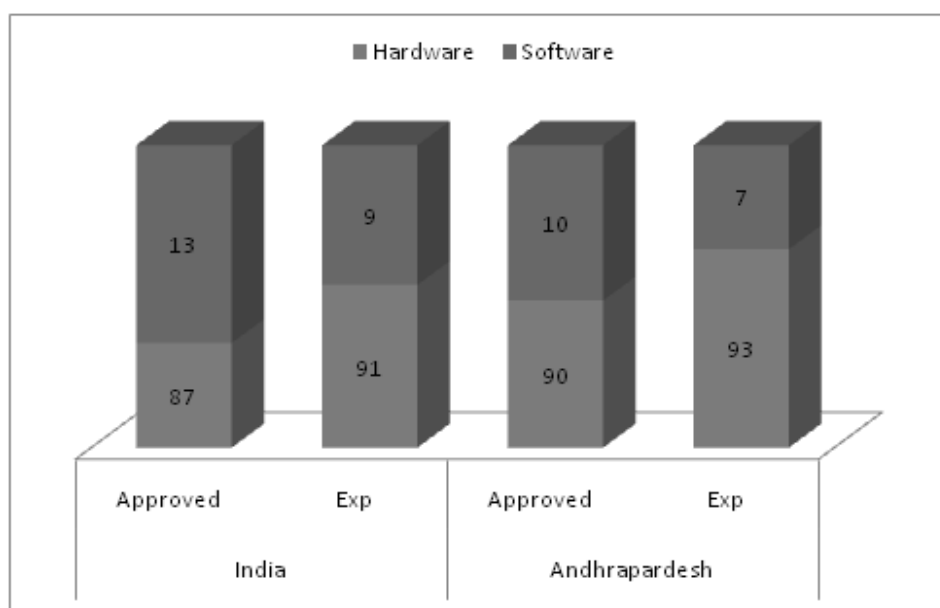
Fig 6: Expenditure on Software Components of Sanitation



Source: www.ddws.nic.in dt: 01:01:2010

The expenditure pattern for software component (Fig 6) reveals that a meagre or negligible amount has been spent on the IEC especially in case of Andhra Pradesh compared to India. The administrative costs booked are also less indicating that the number of staff working for sanitation are low. During the secondary data analysis for the State of Andhra Pradesh it is revealed that out of the sanctioned 5380 posts, 1742 posts are vacant which is around 25% of the total staff (Source : Department of Rural water Supply and Sanitation status note, 2009).The existing staff are stretching beyond their capacity to work without any incentives. It was revealed by some staff members that they are working in 5 to 8 divisions instead of one or two. Further the IEC component which is crucial for the behavioural change of the rural households is given least priority leading to less demand for toilets. Another big challenge witnessed on the ground is non usage of the toilets.

Fig 7: Comparative Analysis of percentage of Expenditure on Hardware and Software(2001-2010)



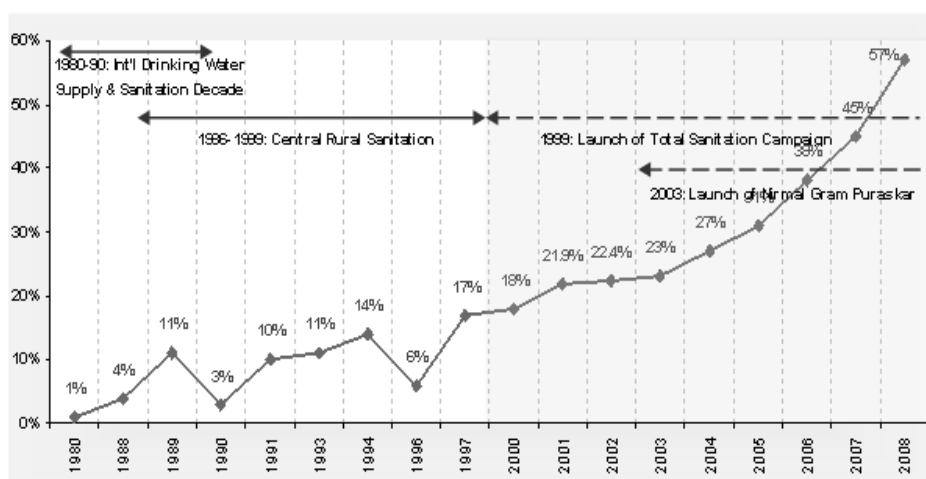
Source: www.ddws.nic.in dt: 01:01:2010

The Fig. 7 reveals that the expenditure under hardware is more than approved both for India as well as for Andhra Pradesh indicating the dominance of engineering options and provision of infrastructure indicating the incorrect approach of addressing the most sensitive problem of India where 74% of rural population consider that open defecation is an accepted cultural norm. Though rural sanitation coverage has received a fillip under the TSC, increasing from just 22 per cent in 2001 to nearly 57 per cent in 2008

still a lot remains to be done. Though coverage looks encouraging but the actual usage levels are much below the coverage levels.

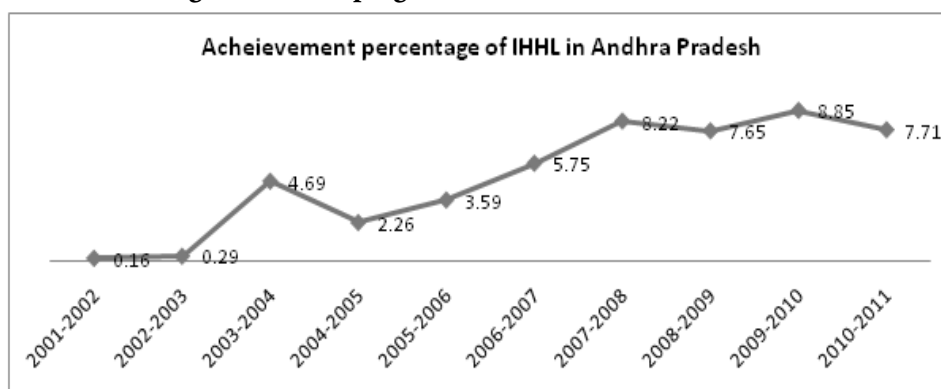
So far it can be noted that though the Govt of India has initiated all the above programs with new targets and dimensions each year the coverage seems to be growing at a very slow pace than anticipated. It could be noted from the Figure 8 that after the launch of Total Sanitation Program there is considerable improvement in terms of sanitation coverage levels mostly in rural areas. The coverage is about 57% until year 2008. The baseline coverage was 21%, which means that it precisely it took 8 yrs to increase by 36%. Another 43% is to be achieved in just 3 years i.e. by 2012 to reach the millennium development goals, which seems to be highly difficult task given the scale of operation.

Fig 8: Rural Sanitation Coverage in India



Source: Govt. of India, Dept. of Drinking Water Supply

Fig 9: Year wise progress of IHHL in Andhra Pradesh

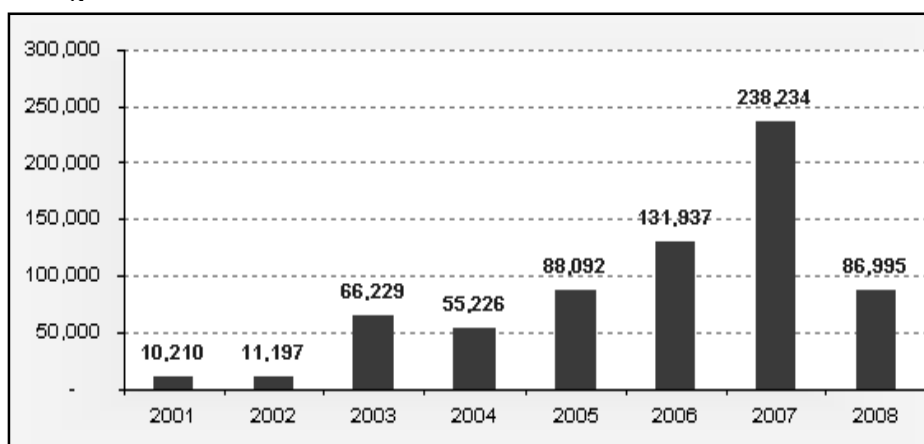


Source: www.ddws.nic.in dt: 01:01:2010

In case of Andhra Pradesh also the year wise percentage of achievement is almost similar to that of all India figures causing the concerns over the target that still need to be achieved.

While the sanitary complexes construction has increased substantially in schools, they being used by children is very low or nil in some cases. Neither the parents nor the teachers are interested in imparting training to the children to use the toilet complexes built in the schools. Often there were cases noted from all over the country that these toilets are locked up and are used only by the teachers. It is disheartening to note that there were incidents of snakebites and electric shocks while open defecation was practiced.

Fig 10: Year-wise Achievement in Construction of School Toilets in India

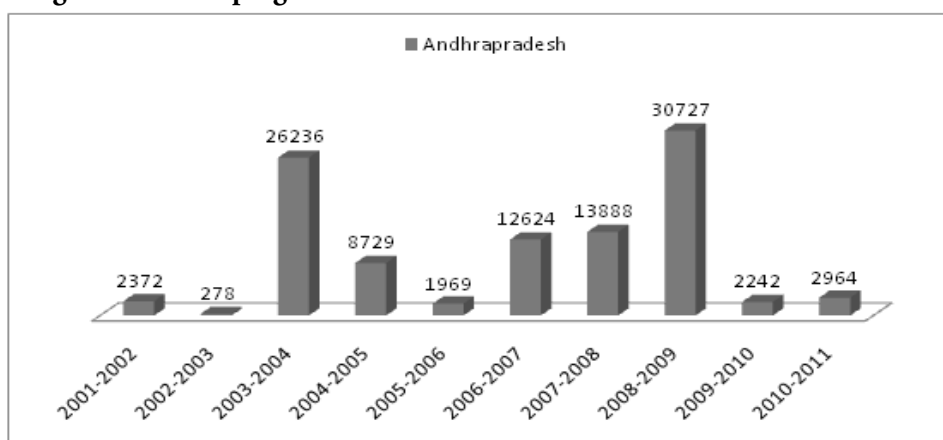


Source: Govt. of India, Dept. of Drinking Water Supply <http://ddws.nic.in>

Though there are efforts to reach the coverage the real usage is not happening both at household level and at school level. Even the coverage figures sometimes do not match with the reality. Box 1 shows the WASHCost study findings.

Number of studies revealed that a lot of work still needs to be done to make these toilets used by the intended beneficiaries under this TSC, either through awareness creation or through other means. Snehalatha and Reddy (2009) reported that though toilets are present in majority of schools, unfortunately only teachers use them and children do not have access to these toilets. Worse thing is that, the girl children do not have access to the toilets even in a single school of the study area and have to urinate in open air. The difficulty in changing the mindset of the people remains as a major challenge for the successful implementation of the TSC programme. The main reasons for non use of the constructed toilets under TSC are because of cultural, traditional beliefs, myths about filling of pit etc. Another interesting fact that came to light through the studies is

Fig 11: Year wise progress of construction of School Toilets in Andhra Pradesh



Source: ddws.nic.in Jan 2010

that mostly in the rural areas people felt that constructed toilets are more convenient to be used as bathroom or store room etc rather than its intended purpose.

BOX 1: Access¹ to and usage² of Individual Sanitary Latrines (ISLs)

Surveys in sample villages (20) across two agro climatic zones at household level reveal that around 76% of the households in NGP Villages and 32% of households in non-NGP villages have access to household toilet facilities. The higher access in NGP villages may be due to long-term efforts on sanitation promotion which is probably absent from non-NGP villages. Access levels vary across villages depending on household income, water availability, awareness, support from government schemes, etc. Despite the subsidy provided through the government programmes, sanitation is poor and requires intensive efforts from both Government and communities. Factors such as low awareness levels, lack of space to construct toilets, resistance to changing a traditional practice of open defecation, and unaffordability act as major constraints to gaining access to toilets

Source: Snehalatha et al 2010

¹ An individual sanitary toilet (ISL) is designed to provide safety, privacy and dignity and is usually located within the house premises

² Usage means use of the toilet by all the family members at all times. This paper does not discuss in detail WASHCost data on hygiene behavior in families

Inter State Performances and Achievement percentage

The percentage of achievement of different components of sanitation across the states in India along with the physical and financial targets for the five components under

Total Sanitation Program are presented in table 3. The percent of achievement under each component is indicated in table 3 and if we compare the performance across all the states on the IHHL progress, more than 15 states are below 50% of achievement and about 5 states are between 50-75% of achievement. There are about 6 states which have achieved above 75%.

Table 3: Component wise achievement in TSC across the different states (in percent)

S.No	State Name	IHHL	School	Anganwadi	Sanitary Complex
1	Andhra Pradesh	36.85	67.6	20.15	95.18
2	Arunachal Pradesh	12.67	82.07	46.16	7.12
3	Assam	11.85	58.51	26.14	2.22
4	Bihar	15.54	52.34	15.31	9.03
5	Chhattisgarh	32.51	91.49	75.92	29.82
6	D & N Haveli	0.36	0	0	6.67
7	Goa	101.68	18.37	9.1	0
8	Gujarat	47.77	101.7	87.6	82.02
9	Haryana	62.49	98.24	79.45	75.47
10	Himachal Pradesh	12.89	38.83	30.36	7.53
11	Jammu & Kashmir	8.36	46.55	7.51	9.96
12	Jharkhand	23.29	78.46	32.98	6.4
13	Karnataka	23.69	64.83	94.11	43.8
14	Kerala	84.85	98.27	67.29	58.15
15	Madhya Pradesh	32.9	73.65	78.03	42.93
16	Maharashtra	25.43	82.14	91.95	20.85
17	Manipur	3.52	27.59	79.79	18.95
18	Meghalaya	17.15	32.84	19.16	17.19
19	Mizoram	89.41	97.49	96.2	46.66
20	Nagaland	19.75	54.51	49.3	26.55
21	Orissa	21.74	68.65	41.99	2.84
22	Puducherry	7.33	0	100	0
23	Punjab	1.44	25.49	0	9.83
24	Rajasthan	11.6	59.48	36.81	16.66
25	Sikkim	344.5	105.02	117.65	58.56
26	Tamil Nadu	57.02	94.23	105.56	56.49
27	Tripura	83.49	71.07	82.32	109.31
28	Uttar Pradesh	69.94	83.8	73.36	97.28
29	Uttarakhand	22.85	41.96	13.7	2.09
30	West Bengal	53.44	47.36	30.13	29.46
	Grand Total	35.34	69.75	63.46	35.08

Source: www.ddws.nic.in dt: 01:01:2010

Table 4: Categorisation of States across the sanitation components

Achievement percent age	IHHL	Sanitary Complexes	School Toilets	Anganwadi Toilets
Below 50%	Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, D & N Haveli, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Gujarat, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Nagaland, Orissa, Puducherry, Punjab, Rajasthan, Uttarakhand	Arunachal Pradesh, Assam, Bihar, Chhattisgarh, D & N Haveli, Jammu & Kashmir, Jharkhand, Karnataka, Manipur, Meghalaya, Nagaland, Orissa, Puducherry, Punjab, Rajasthan, Uttarakhand	Arunachal Pradesh, Assam, Bihar, Chhattisgarh, D & N Haveli, Goa, Himachal Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Orissa, Puducherry, Punjab, Rajasthan, Uttarakhand, West Bengal	D & N Haveli, Himachal Pradesh, Jammu & Kashmir, Manipur, Meghalaya, Nagaland, Puducherry, West Bengal
50-75%	Haryana, Tamil Nadu, West Bengal	Andhra Pradesh, Madhya Pradesh, Maharashtra, Uttar Pradesh	Jammu & Kashmir, Mizoram, Nagaland, Tripura	Assam, Bihar, Goa, Rajasthan, Uttarakhand
Above 75%	Sikkim has the highest % of 344.5 , followed by Goa, Kerala, Mizoram, Tripura and Uttar Pradesh.	Goa, Gujarat, Haryana, Himachal Pradesh, Kerala, Mizoram, Sikkim, Tamil Nadu, Tripura, West Bengal	Andhra Pradesh, Gujarat, Haryana, Kerala, Sikkim, Tamil Nadu, Uttar Pradesh	Andhra Pradesh, Arunachal Pradesh, Chhattisgarh, Gujarat, Haryana, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Mizoram, Orissa, Punjab, Rajasthan, Sikkim, Tamil Nadu, Tripura, Uttar Pradesh

Source: ddws.nic.in

Goa achieved 100 percent target regarding IHHL, whereas Manipur and D&N Haveli were least in achievements. The performance of large states like Bihar (15.54%), Rajasthan (11.6%), Maharashtra (25.43%) and Jammu & Kashmir (8.36%) is low. States such as Sikkim (105.02%), Gujarat (101.7), Mizoram (97.49%), Kerala (98.27%) and Haryana (98.24%) were achieving good targets with respect to school toilets. At all India level, the achievement targets of IHHL (35.34%) was much lesser as compared with the achievements of school toilets (69.75) and Anganwadi (63.46%). Further the interstate comparison is done by classifying the % of achievements into three categories such as below 50%, 50-75% and above 75% as shown in the table 4 to indicate the forerunner states in terms of their progress towards total sanitation.

IHHL coverage status across India: Under IHHL coverage across the different States in India, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, D & N Haveli, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Gujarat, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Nagaland, Orissa, Puducherry, Punjab, Rajasthan, Uttarakhand fall under the category of below 50% of IHHL coverage. In States of Haryana, Andhrapradesh, Tamil Nadu, West Bengal the coverage status is in between 50-75%. Notable feature is that Sikkim has the highest % of IHHL coverage accounting to 344.5% which implies the importance given for the IHHL in the mind sets of people and care for the health and environment, followed by Goa, Kerala, Mizoram, Tripura and Uttar Pradesh. Further all the states are very small geographically hence the IHHL access and usage could be easy. Other reasons include literacy and decentralization of powers to local institutions etc.

Sanitary Complexes coverage status across India: 16 States have less than 50% of coverage under the sanitary complexes component, which is a clear indication that process focus is not given to this area. The poor who do not have enough space and money to construct the toilets depend on these complexes and low coverage on this area would increase the number of households not having accessibility to toilets. Making the MDGs much more difficult to achieve. Between 50-75% of coverage is seen in Andhra Pradesh (67.6%), Madhya Pradesh, Maharashtra, Uttar Pradesh implying the role played by the respective State Governments towards the total sanitation. 10 States i.e. Goa, Gujarat, Haryana, Himachal Pradesh, Kerala, Mizoram, Sikkim, Tamil Nadu, Tripura, West Bengal have a coverage of above 75% which clearly puts forth the fact that these States are focusing more on sanitation coverage the achievement could be again attributed to the size of the state and literacy levels etc. But as reported earlier the coverage does not mean the usage and there are not many studies to reveal the real usage by the households.

School Toilets coverage status across India: 19 States fall under the category of below 50% coverage. The reasons that can be attributed partly could be due to the

disproportionate use of funds, diversion of funds meant for the same to some other sector, lack of interest amongst the elected as well as the community members to build toilets in school premises which could indirectly lead to the decrease in the school dropout rates, especially for the ratio of girl children attending to the School will probably increase etc. States of Jammu & Kashmir, Mizoram, Nagaland, Tripura have been pooled in the category of 50-75% coverage, it implies that State governments of these States have realized the need for the construction of school toilets with increased awareness levels on the education of the school children and its repercussions on the society as a whole. Andhra Pradesh, Gujarat Haryana, Kerala, Sikkim, Tamil Nadu, Uttar Pradesh have more than 75% of coverage of the school toilets. Reasons that can be attributed are State Governments involving education departments for construction of toilets and also the massive drives combined with girl child education etc.

Anganwadi toilets coverage status across India: 8 States are categorised below 50% coverage. More than 75% coverage is seen in the 18 States (Andhra Pradesh, Arunachal Pradesh, Chhattisgarh, Gujarat, Haryana, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Mizoram, Orissa, Punjab, Rajasthan, Sikkim, Tamil Nadu, Tripura, and Uttar Pradesh). This is mostly due to the promotion of the self-help groups and Anganwadi centers across the States for upliftment of women groups. But it can be noted that in States of Assam, Bihar, Goa, Rajasthan, Uttarakhand coverage is between 50-75%.

Table 5: TSC Achievements in Andhra Pradesh (up to 2009 March)

Component	Sanctioned	Achieved	Balance programme up to 2012	% Achievement
ISLs to BPL	65,21,091	39,39,689	25,81,402	60.41
ISLs to APL	36,29,688	17,28,680	19,01,008	47.62
School toilets	1,14,861	96,823	18,038	84.29
Anganwadi toilets	15,645	4,789	10,856	30.61
Sanitary complexes	575	443	132	77.04

Source: Project Director, SWSM, RWSS, GoAP 2009 (Please note that the online data and state report data differ slightly)

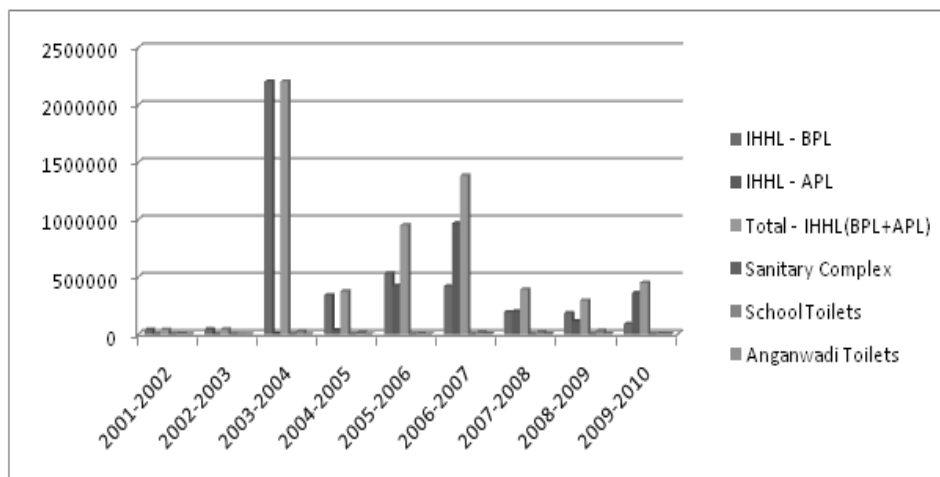
Status of Sanitation in Andhra Pradesh

In Andhra Pradesh, 21.9 percent of the rural households are covered with sanitation facilities by the end of the year 2009. Out of this majority had Individual Sanitary Latrines (66 percent) outside their houses while 36 percent had attached latrines. About 36 % of habitations have drainage facilities. However the drains are constructed in a haphazard way without following levels resulting in water stagnation in many habitations

causing ill effects. Forty five Per cent (45%) of habitations are covered with solid waste management facilities in unscientific way. 32% of people are dumping in front of houses and 44% are dumping at road side as per the report of Project Director, SWSM of Andhra Pradesh (source: Progress Report of ENC and PD SWSM 2009).

It can be inferred from the above table that the % of achievement of ISLs to the total sanctioned ISLs for BPL families in Andhra Pradesh is around 60.41% (up to March, 2009) and a balance of 39.59% has to be achieved by 2012. The % of achievement of sanitary complexes is around 77.04% indicating a balance of only 22.96 to be achieved by 2012. But the Government has decided to slower down on the community complexes as the O&M is becoming very difficult. In fact it was learnt from the district offices that they are dismantling the filled toilets as the communities are not taking desired management. The interesting fact that can be noted from the above figures is that 84.29% of school toilets have been constructed which is highest figure among all the components. The reasons for the success could be because the Education Department takes up the work and the school sanitation committees are formed for O&M and the special drive of girl child education which is linked to the toilet construction, as it is perceived that the lack of access to sanitation facilities is one of the main reason for school dropout among the adolescent girls. On the contrary the % of achievement under Anganwadi toilets is only about 30.61% indicating no focus on this component. This might increase the morbidity rate among the children who attend the Anganwadi's. Further the children are losing an opportunity to get themselves trained in sanitation and hygiene practices due to lack of facilities. Apart from these, the unit costs provided for school toilets and Anganwadi toilets is much lower than what actually it costs which might be the reason for slow progress. The families who ever have constructed the ISL's with their own money, they are using it unlike the toilets constructed with subsidy which are used for other purposes than the intended. However there is a need for a special drive for bringing awareness among both BPL and APL households on the importance of Hygiene and Sanitation to avoid the unaccounted major expenditure that each household is spending on medical treatment for the water and sanitation borne diseases.

Fig 12: Year-wise Progress of Sanitation in Andhra Pradesh (Component wise)



Source: www.ddws.nic.in dt: 01:01:2010

The year-wise sanitation progress in Andhra Pradesh reveals that there is a drastic increase in the construction of IHHL for BPL families over the years and the highest number of IHHLs were constructed during the year 2005-06 which is around 5, 30,330 toilets, followed by the consecutive year 2006-07 which has about 4, 17,841 and there was a considerable decline in the construction of IHHL in the subsequent years for BPL families. On the other side when analysis of the figures for the construction of IHHL for APL families is done, a record number of 9, 65,942 IHHLs have been constructed during the year 2006-07 followed by 4, 19,249 IHHL-APL during 2005-06. In the later years it can be noted that the numbers have dwindled and at one stage it is seen that during 2009-10 there was again spurge in the construction of IHHL of about 3, 57,402 for APL families. In Sanitary complexes component of TSC in the AP, a total of 337 have been built during the year 2007-08 followed by 325 in the year 2005-07. Prior to this these were in much lesser numbers and also another interesting feature is that the numbers have considerably decreased over the next year's i.e in 2008-09 and 2009-10. During the years 2002-03 and 2003-04 there were no sanitary complexes constructed.

The progress across the different districts of Andhra Pradesh across the different components of sanitation are presented in table 6.

In case of school toilets it can be seen that highest number (30,727) of them were constructed during the year 2008-09 and next in pursuit are 26,236 school toilets that were constructed during year 2003-04. During 2006-07 and 2007-08 also considerable number of school toilets were constructed of about 12,624 and 13,888 respectively.

Table 6: Component wise Progress of Sanitation in Andhra Pradesh (percent)

S.No	State/District	IHL-BPL	IHL-APL	Total - IHL	Sanitary Complexes	School Toilets	Anganwadi
1	Adilabad	37.81	26.6	33.61	0	85.57	32.55
2	Anantapur	100	2.21	68.04	0	100	100
3	Chittoor	68.37	55.89	62.82	0	85.75	100
4	Cuddapah	70.36	7.71	39.04	0	70.38	89.17
5	East Godavari	49.09	27.66	41.79	72	92.88	34.28
6	Guntur	51.57	17.18	35.67	0	67.21	62.33
7	Karimnagar	40.93	20.65	33.31	0	92	70.47
8	Khammam	64.68	100	65.57	0	100	62.38
9	Krishna	53.79	30.8	46.12	17.65	71.07	100
10	Kurnool	51.88	100	72.6	0	71.77	9.62
11	Mahbubnagar	40.5	100	89.31	100	86.47	39.78
12	Medak	57.18	31.21	51.05	6	48.64	26.43
13	Nalgonda	94.9	55.16	78.15	0	86.9	100
14	Nellore	53.23	4.01	36.51	0	80.87	14.11
15	Nizamabad	90.98	100	100	0	100	100
16	Prakasam	43.97	59.36	49.1	0	90.71	80.13
17	Rangareddy	57.85	49.78	55.81	0	93.24	68.09
18	Srikakulam	30.53	36.52	33.09	15	71.48	32.71
19	Visakhapatnam	59.47	19.47	44.18	10	100	0
20	Vizianagaram	71.14	62.06	66.35	50	100	8.03
21	Warangal	100	100	100	0	91.34	6.31
22	West Godavari	98.21	100	99.21	100	100	62.41
	Total	61.76	57.47	60.23	100	86.45	35.96

Source: www.ddws.nic.in dt: 01:01:2010

Even in case of Anganwadi toilets during the year 2006-07 there were about 1656 and in the year 2008-09 about 1640 of them were constructed. It can also be inferred that there is an upsurge in the numbers of the Anganwadi toilets construction from the year 2006 and prior to this there were meager allocations to this component under TSC and also due to lack of awareness levels this component was totally neglected.

The inter - district comparison is done by classifying the % of achievements into three categories such as below 50%, 50-75% and above 75% to indicate the forerunner districts in terms of their progress towards achieving total sanitation in table 7.

IHHL coverage status across Andhra Pradesh: From the above table it can be inferred that for physical achievements under different components of TSC when IHHL coverage across the different districts in Andhra Pradesh is taken, it can be inferred that districts

Table 7: Inter district comparison of various TSC components

Percent of achievement	Total - IHHLs	Sanitary Complexes	School Toilets	Anganwadi Toilets
Below 50%	Adilabad, Cuddapah, East Godavari, Guntur, Karimnagar, Krishna, Nellore, Prakasam, Srikakulam, Visakhapatnam	Krishna, Srikakulam, Visakhapatnam, Vizianagaram, Medak 0% or No - Sanitary complexes in Adilabad, Anantapur, Chittoor, Cuddapah, Guntur, Karimnagar, Khammam, Kurnool, Nalgonda, Nellore, Nizamabad, Prakasam, Rangareddy	Medak	Adilabad, East Godavari, Kurnool, Mahbubnagar, Medak, Nellore, Srikakulam, Vizianagaram, Warangal
50-75%	Anantapur, Chittoor, Khammam, Kurnool, Medak, Rangareddy, Vizianagaram	East Godavari	Cuddapah, Guntur, Krishna, Kurnool, Srikakulam	Guntur, Khammam, Karimnagar, Rangareddy, West Godavari
Above 75%	Mahbubnagar, Nalgonda, West Godavari, Nizamabad (100%), Warangal (100%)	West Godavari, Mahbubnagar	Adilabad, Anantapur, Chittoor, East Godavari, Karimnagar, Mahbubnagar, Nalgonda, Nellore, Nizamabad, Prakasam, Rangareddy, Warangal 100% - School toilets in Anantapur, Khammam, Visakhapatnam, Vizianagaram, West Godavari	Cuddapah, Prakasam 100% - Anganwadi toilets in Anantapur, Chittoor, Krishna, Nalgonda, Nizamabad,

of Adilabad, Cuddapah, East Godavari, Guntur, Karimnagar, Krishna, Nellore, Prakasam, Srikakulam, Visakhapatnam have below 50% coverage and Anantapur, Chittoor, Khammam, Kurnool, Medak, Rangareddy, Vizianagaram have the coverage ranging between 50-75% and the districts of Nizamabad, Warangal have 100% coverage and Mahbubnagar, Nalgonda, West Godavari have coverage above 75%.

Sanitary complexes coverage status across Andhra Pradesh: There are 0% or No - Sanitary complexes in Adilabad, Anantapur, Chittoor, Cuddapah, Guntur, Karimnagar, Khammam, Kurnool, Nalgonda, Nellore, Nizamabad, Prakasam, Rangareddy districts of Andhra Pradesh and below 50% coverage is seen in Krishna, Srikakulam, Visakhapatnam, Vizianagaram, Medak. East Godavari is the only district which has coverage of about 72% and falls in the category of 50-75%. West Godavari and Mahbubnagar have 100% coverage of sanitary complexes in the districts which speak in volumes about the community and the GP initiatives for a safe, clean and hygienic environment for the people.

School toilets coverage status across Andhra Pradesh: Medak (48.64%) is the only district which has a coverage of below 50% for school toilets construction. Cuddapah, Guntur, Krishna, Kurnool, Srikakulam have coverage status % ranging between 50-75% and districts of Adilabad, Anantapur, Chittoor, East Godavari, Karimnagar, Mahbubnagar, Nalgonda, Nellore, Nizamabad, Prakasam, Rangareddy, Warangal have coverage above 75% and Anantapur, Khammam, Visakhapatnam, Vizianagaram, West Godavari have 100% coverage status for school toilets.

Anganwadi Toilets coverage status across Andhra Pradesh: Adilabad, East Godavari, Kurnool, Mahbubnagar, Medak, Nellore, Srikakulam, Vizianagaram, Warangal have < 50% and Anantapur, Chittoor, Krishna, Nalgonda, Nizamabad have 100% - Anganwadi toilets. Guntur, Karimnagar, Khammam, Rangareddy, West Godavari have coverage between 50-75% and Cuddapah, Prakasam have > 75% of coverage status.

The above findings shows that the coverage is quite good but the real picture on the ground is something different which is represented in Box-2 from WASHCost research

BOX-2: Access and Usage in six districts of Andhra Pradesh				
As part of the WASHCost project, field survey was conducted in six districts of Andhra Pradesh and the findings revealed that the access to toilets is very low especially in the Non NGP villages. The coverage of toilets are quite low compare to the figure indicated in the above tables. Further even those households who own the toilets are not using the toilets which are quite evident from the percentage of open defecation. The open defecation in villages like chennnipadu, Mallial, kamkole, Machireddypalli etc are so alarming and reaching the coverage target of Millennium development goal seem to be very distant. Further the usage in some villages despite having the toilets causes more concern and confirm the findings(fig-7) of low amounts spent on the IEC activities. <i>Source: WASHCost Survey 2010</i>	District	Village	% of HHs having Toilets (ISL)	% of open defecation
	Ranga Reddy	Godamkunta (NGP)	89	12
		Munirabad (NGP)	88	9
		Ramadaspally	50	10
		Khanapur	76	22
		Tulekalam	42	62
	Nalgonda	Bandasomaram (NGP)	79	22
		Malkapur (NGP)	73	15
		Gopalapuram	47	48
	Mahabub Nagar	Kistaram(NGP)	44	78
		Chennipad	9	90
	Warangal	Gangadeva Pally (NGP)	88	0
		Mallial	13	88
		Pembarthi	30	70
	Khammam	Mangalitanda	40	58
		Medipally (NGP)	91	8
		Jagannadhapuram (NGP)	84	17
		Venkatapuram	76	20
	Medak	Kam kole	11	89
		Machireddipally	16	86
		Enkepally	37	65

Status of NGP Villages and Role of NGP in Promoting the Sanitation drive

To enhance the promotion of Sanitation drive the NGP awards were institutionalised in 2004 and the first awards were given out in 2005. Though entries for NGP have grown in leaps and bounds still a lot needs to be done. The following table reveals the % of achievement of NGP across the different states of India. There were 40 awardees in 2005; the figure rose to 760 in 2006, and 4,947 in 2007. But there are huge number of villages to reach to this status and looking at the % achievement so far demands for a much intensive strategy to what is currently in place. The following table provides the % of total achievement so far in each state.

Table 8: Nirmal Gram Puraskar - State Wise Achievements over the years

S. No.	State	No. of PRIs (habitations)			% of NGP habitations in each state against the total habitations of the state
		2005	2006	2007	
1	Andhra Pradesh	-	10	143	1.23
2	Arunachal Pradesh	-	-	2	0.14
3	Assam	-	1	3	0.03
4	Bihar	-	4	40	0.27
5	Chhattisgarh	-	12	90	1.07
6	Gujarat	1	4	576	4.22
7	Haryana	-	-	60	10.01
8	Himachal Pradesh	-	-	10	0.75
9	Jharkhand	-	-	12	0.31
10	Karnataka	-	-	121	1.17
11	Kerala	1	6	226	13.97
12	Madhya Pradesh	-	1	190	1.04
13	Maharashtra	13	381	1974	8.63
14	Mizoram	-	-	3	1.48
15	Orissa	-	8	33	0.16
16	Rajasthan	-	-	23	0.20
17	Sikkim	-	-	27	12.15
18	Tamil Nadu	13	119	296	3.56
19	Tripura	1	36	46	1.50
20	Uttar Pradesh	-	40	488	0.62
21	Uttarakhand	-	13	109	1.11
22	West Bengal	11	134	475	0.85
23	Jammu and Kashmir	-	-	-	0
24	Manipur	-	-	-	0
25	Meghalaya	-	-	-	0
26	Nagaland	-	-	-	0
27	Punjab	-	-	-	0
28	Andaman and Nicobar Islands	-	-	-	0
	Total	40	760	4947	

Source: www.ddws.nic.in dt: 01:01:2010

An overview of the NGP awards that were received by the different states, it can be concluded that Andhra Pradesh takes eighth place among the nine States in the progress of Nirmal Gram Puraskar (NGP). During the three years of its introduction, Andhra Pradesh did not win any award in the first year 2004-05. It won 10 in 2005-06 and 143 in 2006-07.

In contrast, last year Maharashtra topped the list winning 1933 NGP awards, followed by Gujarat 576, Uttar Pradesh 486 and West Bengal 474. This implies the authority and the importance that is being given to the sanitation sector increasingly by the developing Governments but it is very clearly evident that only three states i.e. Haryana, Kerala and Sikkim have entered the double figure % while the rest of the states are within single digits only. Further there are six states i.e. Jammu Kashmir, Manipur, Meghalaya, Punjab, Nagaland and Andaman and Nicobar Islands have not even started attaining NGP status in single village also as of 2007.

Reportedly in 2008, around 30,000 nominations have been received. However, this target-driven approach to getting as many NGP nominations and awards as possible at the state and district level appears to be doing more harm than good to programme implementation. As NGP awards are mainly handed out to Gram Panchayats, it has become a matter of status for Gram Panchayats in general and the concerned Pradhans / Sarpanches in particular. This has resulted in a desperate rush to secure NGP status for the Panchayat rather than to get and maintain an open-defecation-free and fully sanitised Gram Panchayat.

Characterising this mad rush resulting in the construction of inappropriate and unsafe IHHLs; building school toilets and community complexes without there being genuine demand and involvement of community members; usage and behaviour change aspects of sanitation are being totally ignored. There are reports of results being manipulated during presentation to visiting verification teams; people being pressurised or threatened to construct IHHLs within a tight time schedule resulting in "Slippage" of NGP to Non NGP.

The practice of recognition and reward is good and can act as a catalyst for achieving clean villages. But one has to remember that the race to get awards defeats the goal of sustainable sanitation. Also, norms must be prescribed for the utilisation of award money received under the Nirmal Gram Puraskar scheme, to ensure that it is used for community development, not as a wasteful expenditure. In the present scenario, most Gram Panchayats do not know how to use the award money. There is evidence to suggest that despite open-defecation-free and fully sanitised status (in terms of solid and liquid waste management) being one of the qualifying conditions for eligibility to NGP, actual

TSC implementation and monitoring is largely limited to constructing individual household latrines, which is only one of the components of the campaign. There is at present little or no attempt at either the state or district level to verify and certify the open-defecation-free and fully sanitised status of villages including solid and liquid waste management before declaring them as NGP. One can therefore assume that NGP has taken precedence over TSC, as is evident from Bihar where the campaign itself is popularly referred to as NGP rather than TSC; and in Haryana and Karnataka where there is a tendency for districts to identify potential NGP Gram Panchayats and focus on them in their annual plans.

An important aspect is that the other components of TSC, such as solid and liquid waste management and proper drainage, have been completely neglected in actual programme implementation on the ground. In many cases in Bihar, Chhattisgarh and Karnataka, in order to 'take care of the situation' during Government of India verification of NGP applicant Gram Panchayats, the cleanliness of a village is ensured at a given time only, without any system in place to sustain it on a continuing basis.

Slippage of Sanitation / NGP to Non NGP

There were considerable number of villages which have dropped out their award status and have turned back into the good old methods of the poor sanitary conditions and open defecation and maintenance. These villages have not properly utilised their award money for any of the constructive purposes. There are lot many critical factors that went into them but majority of the shortfalls are attributed to the lack of accountability and the transparency methods being adopted by the award winning villages to the stake holders i.e. villagers. This in turn has created major discontent amongst the villagers to keep their villages in good conditions. This meant that poor sanitary conditions prevail in rural areas of the State and what is worse is that the people have returned to open defecation in few award-winning villages (Box 3), while access to toilets in schools in these villages was not up to the mark as in other States.

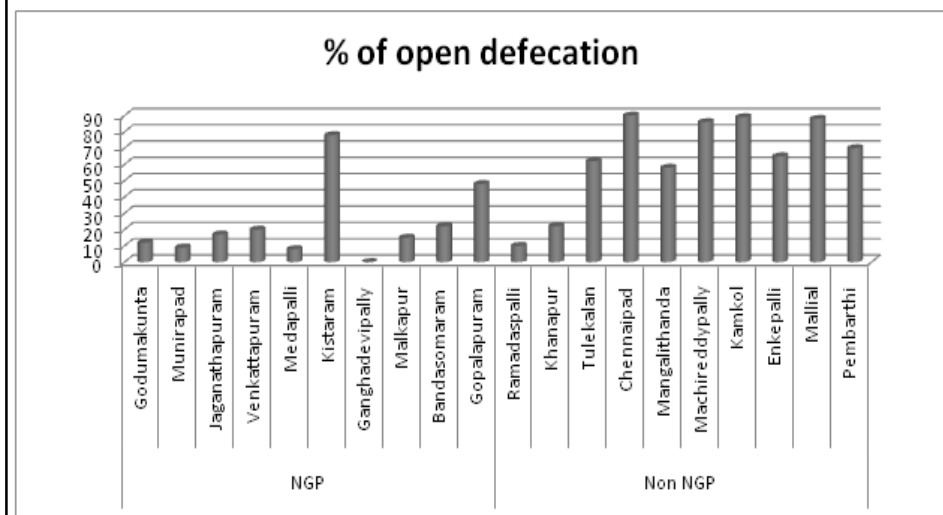
According to survey conducted by UNICEF (As reported in the Hindu columns Source:<http://www.hindu.com/2008/10/03/stories/2008100357041600.htm>) a large number of Nirmal Gram Award winning villages have slipped back to open defecation after receiving the award. Though 85 per cent households have access to individual, community or shared toilets, only around 66 per cent are using it as toilet. The reasons for non-use of toilets are largely marred with poor or unfinished installations, no super structure and no behavioural changes amongst the people.

During the field observations as part of WASHCost survey it was clearly indicated that the toilets were not in use and there is open defecation and the school toilets are locked

and the dumping of solid waste and stagnation of waste water was observed in many award winning villages in Andhra Pradesh.

BOX-3 Slippage in NGP villages

In the sample villages surveyed, open defecation is rampant, up to 90% in some villages indicating that majority of the population either do not have access to toilets or are not using the constructed toilets. Further in NGP villages there has been a slippage in sanitation levels indicating the need for Government to design a follow up strategy to sustain NGP status. The situation in non-NGP villages calls for immediate attention to community level IEC activities. In many of these villages most households have access to toilets but are not using them.



Source: Snehalatha et al (2010)

IV Challenges for Total Sanitation

As seen from the above discussions it can be noted that achieving the total sanitation is very complex and there are various types of constraints to implement the program. It is important that policy and decision makers observe some basic principles when planning and implementing measures to solve the sanitation problems. As identified by Lenton et al. (2005) as well as Tipping et al. (2005), the problems with governance are one of the main impediments of sanitation sector. The ever-changing political system makes it challenging to create a lasting progress especially since the investments may not yield results during one term (Lenton et al. 2005). The major constraints observed are.

- Slow progress of the decentralization process. There are no specific powers and resources allocated to the Gram Panchayats for Sanitation and Water Operation

and Maintenance which is a major problem for those Panchayats with limited revenue generation

- The allocated amounts for building the ISLs and School Sanitation blocks and Anganwadi complexes are very low and ensuring the quality is a major challenge given the present unit costs. Further the individual beneficiaries are complaining that they have to invest a lot apart from the Govt subsidy.
- Though the allocations are made from central and state towards TSC the percolation down to the individual beneficiaries is very slow leading to incomplete construction and ultimately affecting the use.
- The funds for drainages and solid disposal are either limited or nonexistent making the sanitation incomplete
- Generating the awareness and building the capacities of local institutions on the Operation and Maintenance and monitoring the sanitation behavior change is perceived as a major challenge. Further the department do not have specialized experts for undertaking these promotion campaigns and trainings.
- Village Water and Sanitation Committees do not exist in the villages and the water and sanitation component gets least priority by the Panchayat due to their other priorities.
- Inter departmental coordination among the various implementing agencies is lacking completely leading to less coverage as many of these activities are interlinked and requires a sequence in implementation.
- The department is working with one fourth of its staff capacity and the workload among the existing members is very high. Further there are no designated staff looking into the sanitation component.

V Conclusions and way forward

Proper sanitation is the basis of a healthy environment. Target C of the Seventh Millennium Development Goal is "Halve, by 2015, the proportion of people without sustainable access to safe drinking-water and basic sanitation." The world is not on track to meet this MDG sanitation target. To raise awareness and to accelerate sanitation progress, the UN General Assembly declared the year 2008 the International Year of Sanitation. Almost all the pollutants from human excreta ultimately end up in the environment. This is a great threat for our environment. We should keep in mind that nature has a limited carrying capacity. If nature receives more pollutants than its capacity then natural sustainability will collapse. The Government should take proper initiatives

to make people aware about the impact of improper sanitation on the environment and should make some emergency programme to achieve the Millennium Development Sanitation Goal.

Since the usage is the major issue than the coverage, the government should take proper steps for demand generation through Mass Awareness campaigns using the local media, mobile networks and creative advertisements, keeping the principles of Human dignity, quality of life, shame and fame and finally the environmental security at household and community level as central focus . For taking the TSC in a mission mode the efforts have to made in establishing the Village Water and Sanitation Committees and the Panchayats have to be strengthened using the Non Govt Organisations or local resource persons or centres. Further the behaviour change messages have been disseminated across the various stakeholder groups by making individual household contacts and also by using the local bodies or community based organisations such as SHGs, Rythu Mitra groups etc. For undertaking these activities the Department should hire specialised staff by providing necessary facilities like transport and audio visual material to disseminate the messages effectively. Further for any program to be successful there needs to be a continuous monitoring and learning is required. The NGP villages and the households who have constructed the toilets need to be monitored for certain period of time to stabilise the behaviour change. Hence Department must take initiatives in this direction and accelerate the monitoring process by hiring additional staff. The District water and Sanitation Mission need to be rehabilitated and their functioning may be initiated on the model of WASMO in Gujarat and TWAD Board in Tamilnadu.

Further massive program like TSC requires community support and involvement to a greater extent, hence it is very essential to build the vision of the community beyond construction and towards ownership and management. The communities need to build their capacities towards good governance, operation and minor repair management, systems for cost recovery etc. The community should take active responsibility in solid and liquid disposal systems following the slopes and contour lines etc. Further the funds need to be allocated for undertaking the drainage systems at a time and not on an adhoc manner. For effective implementation of TSC there is an urgent need for convergence and sequence of activities is needed. i.e. the demand generation activities followed by fund disbursal followed by regular monitoring for ensuring effective results in sanitation behaviour adoption at Household level, school and community level. Further policy should emerge keeping the convergence as base principle and all the departments should start reviewing about sanitation as a highest priority agenda item for next two years

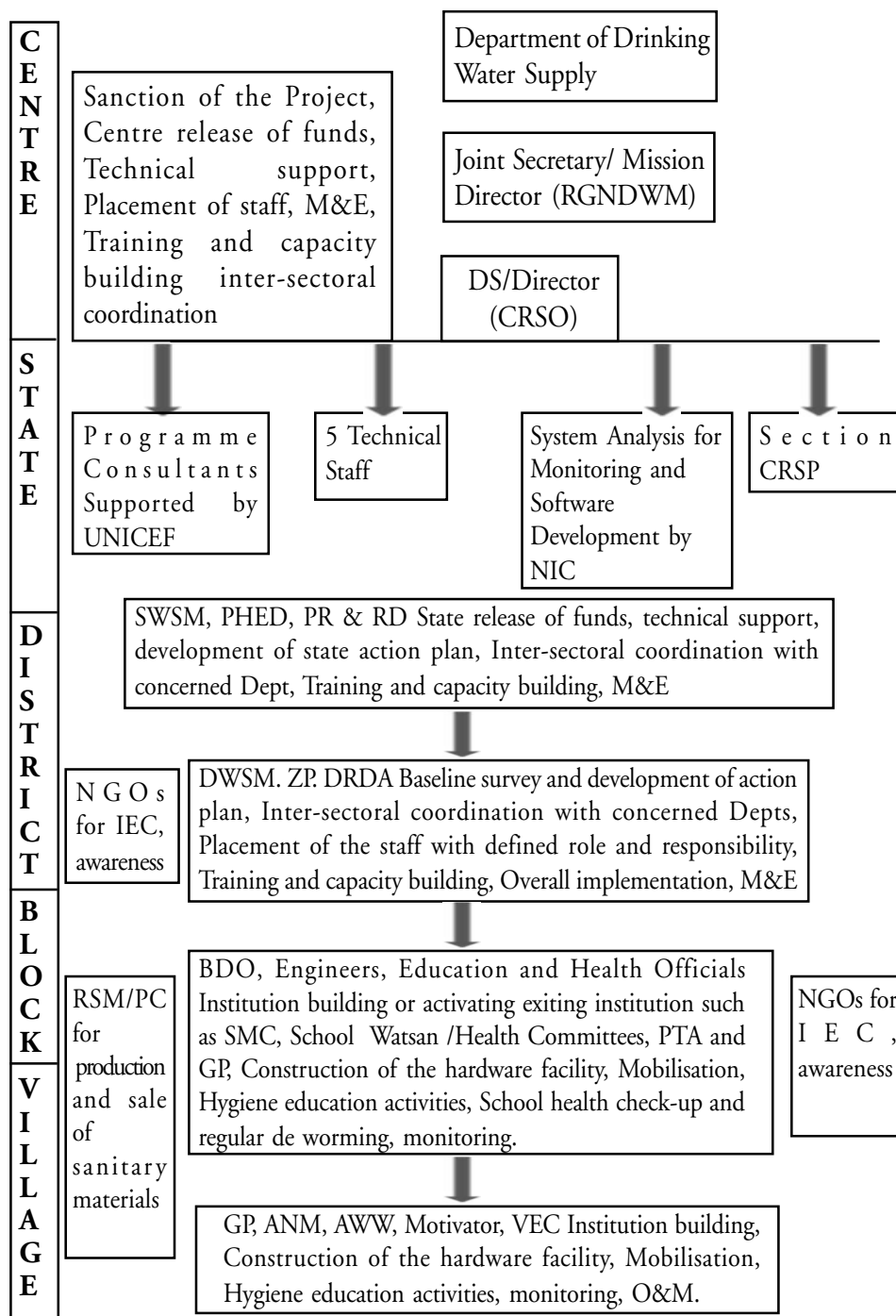
Public-private partnerships can accelerate solutions and enhance operations and service. Partnerships between public and private entities have a proven record for raising project financing and bringing in technical expertise for infrastructure projects, including water and sanitation. They can accelerate solutions, enhance operations and service. Investment in water and sanitation has indisputable economic benefits. The World Health Organization (WHO) estimates that every U.S. dollar invested in water and sanitation generates an economic benefit of \$3 to \$34, depending on the type of water system installed and the region where the investment is made. Whatever the exact number, investment in water and sanitation not only improves service and quality of life, but also has a direct impact on the economy generally.

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Annexures : 1



Source: ddws.nic.in

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