



SANITATION: A BIG PUSH ON THE PATH OF DEVELOPMENT AND SOCIAL CHANGE – AN OVERVIEW

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ABSTRACT:

Sanitation is a big issue in the social context. We all agree that the progress of a country is not only determined by the economic indicators but also by the human development indicators. But in case of India, performance of human indicators is not satisfactory. Observation shows that India has access to have cell phones than to toilets and improved sanitation as reported in a UN-IWHE study. Study also shows that an estimated 626 million people, nearly 60% people practice open defecation in the world. The total economic impact due to inadequate sanitation in India is estimated at an amount of 2.44 million a year which is equivalent to 6.4% of country's GDP in 2006. Realizing the gravity of the situation, the ministry of drinking water and sanitation has committed to achieve open defecation free status within a stipulated time frame. In order to address this burning issue, the Government of India has launched nationwide flagship scheme "The Clean India Programme". The success of this programme to a great extent depends on consistent and coordinated efforts of stakeholders. To derive change in our society, it has to be started from our family. We cannot expect modernization without improving sanitary condition. It also needs strong political will which will bring modern amenities and public health education to the doorstep of the people. It has been observed that the previous government initiated "Nirmal Bharat Abhiyan" and the present government launched "Swachh Bharat Abhiyan" to achieve desired goal. This paper tries to highlight the aspects of these initiatives whether it ables to change our society in the rural setting.

Key words: *Sanitation, Public Health, Swachta, Abhiyan etc.*

I. INTRODUCTION:

Sanitation is a big issue in the social context. We all agree that the progress of a country is not only determined by the economic indicators but also by the human development indicators. But in case of India, performance of human indicators is not satisfactory. Observation shows that India has access to have cell phones than to toilets and improved sanitation as reported in a UN-IWHE study. Study also shows that an estimated 626 million people, nearly 60% people practice open defecation in the world. The total economic impact due to inadequate sanitation in India is estimated at an amount of 2.44 million a year which is equivalent to 6.4% of country's GDP in 2006. Realizing the gravity of the situation, the ministry of drinking water and sanitation has committed to achieve open defecation free status within a stipulated time frame. In order to address this burning issue, the Government



of India has launched nationwide flagship scheme “The Clean India Programme”. The success of this programme to a great extent depends on consistent and coordinated efforts of stakeholders.

II. OBJECTIVES:

- To know the national interest in this regard.
- To know whether the government is serious or not to identify sanitation as a factor of social change.
- Allocation of funds by the agencies to implement the schemes.

III. METHODOLOGY:

Analysis is purely based on exploratory research design where secondary data and field observation is done to collect required data. Different documents relating to the subject have been analyzed systematically. After collection of information an attempt has been made to make an overview of the situation in this paper.

IV. DISCUSSION:

Prof. Paul N Rosenstein Rodan was the forerunner in the development of the “Big Push Theory”. The basic principle of this theory is that by the way of big investment for the development of a country by which it can make commendable progress and able to overcome different hurdles to achieve the goal of social change. Small dose of investment cannot solve the purpose to launch the society successfully on the path of progress and development. The investment below a certain level will be considered mere wastage and it cannot break the deep-rooted problem. Therefore a minimum level of resources must be devoted for implementation of programme by which it will bring success. Proceeding bit by bit will not add up in its effect to the sum total of single bits. In India the intensity of sanitation problem is very serious. The World Bank finances a number of projects in urban and rural areas which are fully or partially dedicated to water supply and sanitation. The Government of India and the World Bank 500\$ million credit agreement to improve piped water supply and sanitation services through decentralized delivery systems in the states of Assam, Bihar, Jharkhand and Uttar Pradesh. On the basis of this agreement, the sanitation component will support the Government of India’s programme which includes construction of household toilets, soak pits, drain and lane improvements, community awareness programmes for improving sanitation and hygiene practices, along with incentives for achieving the goal of “Open Defecation Free” status of our country.

To make the programme success, different agencies, namely, Melinda Gates Foundation, Adani’s, Ambani’sSterlites confederation of Indian industries, Hindustan Zink etc., have come forward to construct toilets. It is found that in India; more than 20% of Dalits do not have access to safe drinking water. Nearly, 48% of Dalit villages are denied access to water sources. Only 10% of Dalit households have access to sanitation. The problem of sanitation is an issue of human rights. Now the issue of toilet building, another biggest problem in our



society of providing free toilets to the poor and the most marginalized class and create awareness among them to use pay toilets. Pay for construction of free toilets should be accompanied by giving a push on the sanitation workers. Plight of sanitation workers are very miserable. It is found that in India the people are concerned about personal sanitation and least bothered about public sanitation. We have not yet developed civic sense around sanitation. This is the weakness on the part of municipal corporations in urban areas and gram sabhas in rural areas. The civic bodies have become only implementing agencies instead of governance bodies. They are failed to defend the rights of sanitation workers.

Access to water and sanitation and the quality of these services in our country is strongly influenced by identities of caste, class and gender. Some UNICEF reports indicate that it is the poorest quintile of the population which has the least access to sanitation. Likewise, significant variations persist in the access of Scheduled Caste (SC) and Scheduled Tribe (ST) households to toilets. Data from Census 2011 reveals that while 35 per cent of the total rural population has access to water within the premises, the corresponding figures for SC and ST households in rural areas are 28 per cent and 14 per cent respectively. It is also estimated that nearly 68 per cent of women headed households in rural areas do not have toilets within the premises. In such a context, it is important to look at water and sanitation services from the point of equity and analyze the extent to which these policies and programmes for water and sanitation are addressing

A key concern with rural drinking water and sanitation services has been the low magnitude of public spending on these services. Inadequate budgetary resources for sanitation have affected both the quality and coverage of these services. Given the high dependence of vulnerable sections (SC, ST, women etc) on public provisioning of these services, inadequate public spending on them is likely to have a disproportionately adverse impact on these sections of society. The allocations to the Ministry of Drinking Water and Sanitation for the 11th and 12th Plan Periods, i.e. Rs. 45,740 crore and Rs. 98,015 crore respectively, were 21 per cent and 41 per cent lower than what had been proposed by the Ministry to the Planning Commission. The Union Government expenditure on rural water and sanitation was less than 1 per cent of the Union Budget during the 11th Plan period (except in 2007-08), and has remained in the same range in the 12th Plan period so far. The report of the Standing Committee on Rural Development has also taken note of the need to step up allocations to rural water and sanitation programmes. In reference to the budgetary allocations to the Ministry of Drinking Water and Sanitation in 2012-13, the committee observed, "This amount is simply not commensurate with the task of providing safe drinking water and sanitation facilities to the 740 million rural population of the country. In view of the fact that the expenditure to fight diseases borne out of contaminated water and open defecation account for about 6 per cent of the GDP, this amount, which constitutes less than 1 per cent of the GDP for the sector hardly seems adequate to address the problem in a holistic manner.

It is in this context that the proposed investment of Rs 1.96 lakh crore over the next five years (1.34 lakh crore for rural areas and Rs. 62,009 crore for urban areas) under SBA, as has been



reported in the media recently, is significant. The unit costs of toilets constructed under the programme have also been enhanced. The unit costs for toilets will be enhanced for Individual programmes, have witnessed a marginal increase. The increase in the unit costs of IHHLs (i.e. of Rs.2,000) has been increased to provide for water availability, including for storing, hand washing and cleaning of toilets.

The recent discussions on SBA have focused on the significant increase in the proposed budgetary outlays for sanitation. At present, it is not clear whether and to what extent, outlays for drinking water will also be increased. Lack of water is a key factor affecting usage of toilets. Achieving 'swachhbharat' by 2019, thus, would require not only a substantial increase in the number of toilets constructed, but also water supply to ensure that the toilets constructed are used.

Likewise, the lack of resources for maintenance of school and angwanwadi toilets could result in rapid deterioration and subsequent non-usage of these over time, impacting the sustainability of the programme. Additionally, the reduction in the budget for the Information Education and Communication component (from 15 per cent to 8 per cent), which is critical to trigger behavioral change to ensure usage of toilets, is a matter of concern.

- **Public Private Partnerships in Drinking Water and Sanitation:**

A concern with the overall framework for the newly proposed SBA is the reliance on Public Private Partnership (PPP) for both drinking water and sanitation, as mentioned in the Action Plan of the Ministry of Drinking Water and Sanitation. Though the extent to which PPP will be employed is not clear at present, relying on PPP for water and sanitation programmes could constrain the ability of the government to address the already existing inequities in the access to these services. The experience of PPP in many sectors has raised concerns for the vulnerable sections of population.

- **Strategies Drinking Water and Sanitation for Vulnerable Sections**

Water and sanitation have long been characterized by strong caste based inequities and discrimination, especially in the rural context. Likewise, the access to water and sanitation services by tribal populations is significantly lower than that of other households. An acknowledgement of this is found in the 12th Five Year Plan document that states "...there are also some disturbing reports about social exclusion, with SCS, STS and minorities being discriminated against."

A manifestation of the inequity in rural sanitation programmes is the difference in the coverage of household toilets for different social groups. While the proportion of rural households with access to toilets is still as low as 30.6 per cent, as revealed by Census 2011, the coverage for scheduled caste households and scheduled tribe households in rural areas is even lower at 23 per cent and 16 per cent respectively. Recognising the need to bridge this gap, the Ministry of Drinking Water and Sanitation has initiated the implementation of the



Scheduled Caste Sub Plan (SCSP) and Tribal Sub Plan (TSP). Accordingly, 22 per cent and 10 per cent of the Plan outlays of the National Rural Drinking Water Programme and the Nirmal Bharat Abhiyan are being earmarked under SCSP and TSP respectively since 2011-12.

V. CONCLUSION:

It has been found that the launch of Swachh Bharat Abhiyan is really a holistic beginning and the most ambitious program of sanitation in India. Government of India has given high degree of policy priority accorded to sanitation and budgetary provision is also huge one. It would be continued for achieving the goal of an Open Defecation Free society. It is really a big push in our country. If implementing agencies give proper priority, it would definitely improve human development indicators of the country. Within a short period of time, it would be very challenging task to achieve desired goal. When these programs are implemented, utmost care must be taken to include vulnerable and socially excluded sections of population that depend the most on public provision of sanitation. It has been observed that government is really serious to make the program a successful one by which it can be percolated to the grassroot level people of our society.

❖ BIBLIOGRAPHY:

1. Dwivedi, Gaurav (2010): Public private Partnerships in Water Sector: Partnerships or Privatisation. (ManthanAdyayan Kendra: Madhya Pradesh)
2. Economic Times (2013): "Toilets first, temples later, says NarendraModi", October 2 (PTI: New Delhi)
3. Government of India (2012): "Twelfth Five Year Plan (2012-2017): Faster, More Inclusive and Sustainable Growth", Planning Commission
4. Government of India, (2014): "Swachh Bharat, Swasth Bharat, Action Plan", Ministry of Drinking Water and Sanitation"
5. UNDP (2011), Human Development Report 2011 Sustainability and Equity: A better Future for All, UNDP, (2011)
6. United Nations and Human Rights Council (2011), Report of the Special Rapporteur on the human right to safe drinking water and sanitation, Catarina de Albuquerque, United Nations, General Assembly, July (2011)
7. Water and Sanitation Program (2007), The Economic Impacts of Inadequate Sanitation in India, World Bank, (2007)
8. Economic Times (2013): "Toilets first, temples later, says NarendraModi", October 2 (PTI: New Delhi)



9. Government of India (2012): "Twelfth Five Year Plan (2012-2017): Faster, More Inclusive and Sustainable Growth", Planning Commission

10. Government of India, (2014):" Swachh Bharat, Swasthh Bharat, Action Plan", Ministry of Drinking Water and Sanitation"

11. swachhbharatmission.gov.in