

National Seminar on Rural Sanitation

Problems, Prospects and Strategies for Future

New Delhi : 16-18 September, 1992

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Status of Rural Sanitation Programme

In

States and UTs



Ministry of Rural Development

Government of India

New Delhi

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Ministry of Rural Development

Government of India

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RURAL SANITATION PROGRAMME IN ANDHRA PRADESH

Programme

During the year 1983-84, the Government of Andhra Pradesh had approved a scheme called "Vimukthi Programme" for implementation of Rural Sanitation in the selected major Gram Panchayats and in weaker section Housing Colonies in the state with effect from 1.1.83 to achieve the following -

1. To liberate the scavenger in Andhra Pradesh without economic dislocation for them
2. To provide low cost pour flush water seal latrines to improve the standards of lavatory of sanitation in selected gram panchayats which have PWS Scheme and scavengers are employed at present
3. Provision of community LCPFWS Latrines for women to ensure their dignity and privacy

Objectives

(PRED is the nodal department to implement the drinking water supply and sanitation in rural areas of the state)

The Government of India had sponsored a study project in 1984-85 with UNICEF/UNDP assistance. In this programme institution promoter and house hold latrines of twin leach pits model were constructed in 11 district of Andhra Pradesh

UNICEF sponsored comprehensive sanitation programme was launched in Chittoor and Warangal district during 1987. The salient features of this programme are -

1. Beneficiary involvement at planning stage
2. Beneficiary contribution toward a part of the cost of latrine
3. Linking of sanitation to health education and awareness programme
4. Involvement of locally active Non-Governmental Organisation (NGO)

The Government of Andhra Pradesh had also launched Telugu Mahila Bahir Pradesham (TMBP) Under TAKP where community latrines and Bio-Gas linked community latrines were constructed in rural areas. Here people contribution is also envisaged.

The Government of India have sponsored construction of latrines under RLEGP programme in 1984-85 and continued upto 1985-86. PRED executed RLEGP Sanitation programme in 1984-85 and 1985-86. The programme is also being executed by Andhra Pradesh State Housing Corporation in weaker section Housing Colonies. Government of India also assisted state Government under Central

Rural Sanitation Programme (CRSP) starting from 1986-1991. But , Government of India could not release funds under CPSP during 1991-92

It also planned to take up the integrated sanitation project supported by Royal Netherland Government in the project villages of six district. This project consists of construction of individual latrines. School latrines and other sanitation facilities like drains, soak pit, etc at a cost of Rs.3.55 crores

	in the following sharing pattern	Rs. crores
a)	Netherlands Government assisance 75%	2.66
b)	State Government share 25%	0.89
	Total	3.55 crore

Present Status and Experience

With the help of above mentioned various programmes about 1.46,000 individual latrines and 1900 community latrines were constructed benefitting 7.34 lakh rural population (1.79% of total rural population during 1985 - 86 to 1991 - 92)

A study team consisting of the Executive Engineer and Project Officer UNICEF Hyderabad has toured Gujarat State Latrine Construction Programme is widely accepted by the rural people of Gujarat and demand for a house-hold latrine is quickly increasing. The construction of community latrines in a total failure in Gujarat State also due to following reasons:

- * Lack of proper maintenance
- * Theft of material like doors, pipes, etc

But the institutional latrines are functioning well

Based on the recommendations of the study team and experience in our State, it is under contemplation to go in for only individual and institutional latrines. Previously 75% of grants was being utilised for community latrines. This policy is under revision, because of poor maintenance of community latrines.

The unit cost of individual latrine is Rs 1,600/- This may be enhanced to Rs 2,000/- due to prevailing market rates. The Unit cost of school latrine is Rs.10,000/- UNICEF designs are adopted for these latrines. The unit cost of community latrine (Eight seater) is Rs 40,000/-

The selection of villages and beneficiaries etc. will be done at district level as per the guidelines of Government of India.

UNICEF Supported Programme

UNICEF has started assistance for rural sanitation programme in the State for 1987 onwards with beneficiary involvement. Chittoor and Warangal district are selected initially and the programme is extended to Krishna and Ranga Reddy district later

A State sanitation cell headed by an Executive Engineer is formed in the office of the Engineer-in-Chief, P.R., Hyderabad with UNICEF support for effective monitoring of the programme

During 1991-92 UNICEF supported programme is extended to 8 districts with target of 5000 Individual Latrines and 40 School Latrines costing Rs.84.00 lakhs. Under software component, UNICEF is also assisted to conduct District and Divisional Workshop on Rural Sanitation and Training to masons.

The showing pattern is as follows:

S.No	Head	Individual latrines	School Latrines	Other Sanitation facilities
1.	Government (PR & RD)	50%	50%	--
2.	UNICEF	25%	50%	50%
3.	Beneficiary in case of SC/ST Rs.100/-	25%	--	50%

Approach to Eighth Plan

The programme would incorporate an integrated and whole village approach towards total sanitation which would include collection and disposal of waste water, solid waste, home sanitation, personal hygiene, etc

The following physical and financial targets are to be achieved to cover 10% of rural population with sanitation facilities in Andhra Pradesh.

No. of individual latrines required to cover 10% of rural population considering the coverage of 7 30 lakhs so far

Rs 10 lakhs

Total amount required @ ,Rs 2,000/- per unit

Rs.162 00 crores

Government of Andhra Pradesh have allocated an amount of Rs 10 00 crores under MNP for rural sanitation programme during Eighth Five Year Plan (1992-97)

Year Plan - 1992 - 93:

Government of Andhra Pradesh have allocated an amount of Rs.50.00 lakhs under MNP for Rural Sanitation Programme. Some grants are expected from Government of India under CRSP during this year.

UNICEF supported programme will be taken up in 3 districts (i.e. Anantapur, Krishna and Rangareddy or West Godavary) during this year. Under this programme Individual-Latrines, School Latrine, other sanitation facilities, Survey Training etc. will be taken up. It is also planned to establish sanitary marts in two districts with UNICEF support. UNICEF has allotted an amount of Rs.210 thousands for the year 1992.

Conclusion:

The following suggestions are made for effective implementation of rural sanitation programme in the State:

- * Adequate financial outlays are needed both in the State and Central Sectors components to investment required for achieving target for Eighth Plan.
- * A contribution from the beneficiaries is necessary to ensure their involvement in the programme and its success.
- * There would be special emphasis on health education, communication, awareness generation, Motivation by using infrastructure like primary health centres, schools, anganwadis etc.
- * Non-Government Organisations Voluntary agencies should be involved in all phases of rural sanitation programme.
- * There is need for integrated/improved sanitation programme for the whole village.
- * There should be a guidance committee at village, Mandal, District and State level exclusively for this purpose.
- * Target should be need based.
- * Alternate designs are to be worked out as per socio- economic cultural and environmental condition.
- * Location of individual latrine should not become a problem to the neighbours.
- * Women should be educated properly and involved in the programme.
- * School teachers, students can also be utilised in the programme for creation of awareness.
- * More Workshop/Training are to be organised for engineers, motivators, implementors, masons at appropriate time.

RURAL SANITATION PROGRAMME IN ASSAM

Upto the end of 7th Plan, there is no such significant improvement in Sanitation sector, though it was targetted to cover 25% of the Rural Population during the 'Water Supply and Sanitation Decade'. More than 80% of the problem villages have been provided with potable water supply facilities during this period. Yearwise funds earmarked and utilised since beginning of VII Plan for Rural sanitation from state MNP are as shown below.

Year	General Area (Rs in Lakhs)	Hill Area (Rs. in lakhs)	Total (Rs. in lakhs)
1985-86	4.00	10.00	14 00
1986-87	10.00	4.00	14 00
1987-88	9 00	5.00	14 00
1988-89	9.00	5.00	14 00
1989-90	9.00	5 00	14 00
1990-91	4.00	6.00	10.00
1991-92	22 00	8.00	30 00
1992-93	60.00	10 00	70 00 (proposed)

An integrated sanitation project for Kamrup District was prepared to cover 40% households by actual construction of low cost latrines (about 1,41,440 nos) at a cost of Rs 30,13,27,688/- and proposed to take up in phased manner so that the same can be completed within 4 years. At the initial stage cost is to be shared by Government of India, State Government & UNICEF. But full recovery and ploughing back of resources would be an inbuilt component of the project as it is to encourage people to have their own sanitary facilities built by them at their own cost. The project is awaiting clearance from the Government of India.

The Government of India as well as the state government are of the strong view that the sanitation programme should be developed as self help programme. The community should play an active role in planning, organising implementing and maintaining the systems. They should no longer be considered as passive recipients of the system.

Therefore to make sanitation a felt need of the people through awareness generation of personal hygiene, food hygiene, safe water, excreta disposal, solid and liquid waste disposal etc by adequate motivation and also to develop strategies for self substance and expansion, utilising the financial input of the people arising out of the demand created of sanitation facilities, Government of India and state government suggested for setting up Communication and Sanitation Cell in the state of Assam for smooth implementation of Sanitation Programme. Accordingly, the state government established a Communication and Sanitation Cell with financial assistance from UNICEF for a period of 2 years, at the beginning.

The communication cell headed by cell coordinator, in the rank of Addl Chief Engineer (PHE) has been in position from September 1991 and other persons are yet to be recruited. Immediately after functioning of the cell, it is decided to involve 'non-government organisation' for promoting awareness, motivation of rural masses and sanitation activities in rural areas viz construction of latrines, smokeless chulla etc by way of transferring the low cost technology.

Accordingly in the month of October, 1991 the PHE department approached Assam Science Society, Guwahati, a registered premier non-government organisation for taking up awareness generation and motivation programme in at least one selected block i.e., 'Kamalpur of Kamrup district as a test case.

At the beginning, series of awareness, motivation and practical demonstration and training on the construction technique of low cost latrine, 'mosaic pan' and concrete traps have been taken up. About 12 local boys were completely trained with an aim to transfer the technology to the local people and generating employment.

During the process, various methods such as rural sports, model display showing various types of latrines, magic shows, video shows, construction of latrines in four schools and training programme on construction technique of mosaic pans and traps organised in three different occasions.

Simultaneously series of meetings were held with the villagers and village level committees have been formed in 65 villages out of 66 villages of the said block and on top of them a block level committee has been formed.

A token initial seed money was given to the Assam Science Society for conducting awareness and to make into a revolving fund for continuing the programme.

At the beginning demands started pouring in from the members of village level functionaries, followed by general villagers. The first house hold latrine construction was started on 6-3- 1992, simultaneously in three households there after the demand increased slowly and as on today about 16 nos latrines in private households have been completed.

On monitoring, it is found that users are happy as it requires small quantity of water. In the meantime awareness cum demonstration & training camps for the departmental persons and villagers have been held at other places such as Nowgaon, Jorhat in plain areas and Haflong in Hill district during this year.

It is also planned to extend the activities to another block i.e Boko Bongaon block predominantly inhabited by backward community with the help of two women non-governmental organisations such as 'Kasturba Trust' and 'Mouman Ashram'.

REPORT ON CENTRALLY SPONSORED RURAL SANITATION PROGRAMME (CRSP)

The implementation of the Centrally sponsored Rural Sanitation Programme (CRSP) was started in Assam from 1986-87. Government of India provided a sum of Rs 20.00 lakh during 1986-87 for this purpose. As per norms the state government also had to spend Rs. 20.00 lakh for the programme during 1986-87. But due to non-receipt of guidelines in time the state government share could not be cleared and so the programme had been implemented with Rs 20.00 lakhs only provided from the Government of India. 1543 Rural Sanitary latrines had been installed utilising Rs. 19.00 lakh upto 1988-89. The balance of Rs. 1.00 lakh was utilised with other funds to install 143 latrines during 1989-90. Thus the entire amount of Rs. 20.00 lakhs released from Government of India during 1986-87 had been fully utilised in 1989-90.

The Government of India sanctioned a sum of Rs 14.00 lakhs during 1987-88 and Rs 10.00 lakhs during 1990-91. But the sanction orders for these amounts were not received in the state in time for which the sanctioned amounts could not be drawn and utilised. The state government share of Rs 10.00 lakhs and Rs. 3.33 lakhs for 1987-88 and 1990-91 respectively also could not be drawn. The Government of India allocated Rs. 94.84 lakhs (Rs. 71.13 lakh as central share and Rs 23.71 lakh as state share) for 1991-92. But the Government of India did not release any amount against this allocations. As the central government did not release any amount during 1991-92 the state government also did not release any fund for implementation of CRSP during 1991-92.

However, the DRDA's have been implementing the Rural Sanitation Programme since 1986-87 out of central fund of Rs. 20.00 lakhs and later on out of NREP/RLEGP funds but at low target. During 1991-92 the DRDA's had been requested to gear up implementation of this programme taking temporary loan from other programme as it was hoped that the state government would release at least the Rs. 37.20 lakhs provided in the budget of 1991-92. But the state government could not release this amount also for want of clearance from the state Finance Department.

Performance reports for last few years are as follows:

S.No.	Year	Achievements (Nos)
1	1985-86	679
2.	1986-87	1543
3.	1987-88	409
4.	1988-89	143
5.	1989-90	524
6.	1990-91	575
7.	1991-92	393

RURAL SANITATION PROGRAMME IN BIHAR

International water supply and sanitation decade (1980- 90) have envisaged 25 percent coverage of Rural population with sanitation facilities. Due to various constraints, achievement in this field has been meagre. Only 3.88 percent of the rural population (Total rural population of Bihar as per 1981 census 611.96 lakhs) had access to sanitation facilities at the end of 7th plan period.

- 2 The following table shows actual achievements of last five years in the field of Rural Sanitation -

Financial Year	M N P		C R S P	
	Latrines	Expenditure (Rs in Lakhs)	Latrines	Expenditure (Rs in Lakhs)
1987-88	246	35.30		
1988-89	358	22.32		
1989-90	-	-	46	42.90
1990-91	162	15.45	1355	46.30
1991-92	3529	121.00	-	184.00
Total	4295	194.07	1401	230.20

Eighth plan provides for Rs 1800 lakhs for rural sanitation out of which Rs 300 lakhs are proposed for the year 1992-93 on construction of 7500 Nos. of low cost latrines.

- 1 Voluntary organisations were engaged in this state for implementation of CRSP. Their participation has been limited so far.
- 5 Implementation of 1991-92 targets has been assigned to D M through beneficiaries/ Voluntary organisation. This programme envisages construction of two pit pour flush latrines for individual families at subsidised cost (SC/ST beneficiaries to contribute only 5% and the rest 20 percent). Lot will depend upon successful completion of this new venture.

RURAL SANITATION PROGRAMME IN GOA

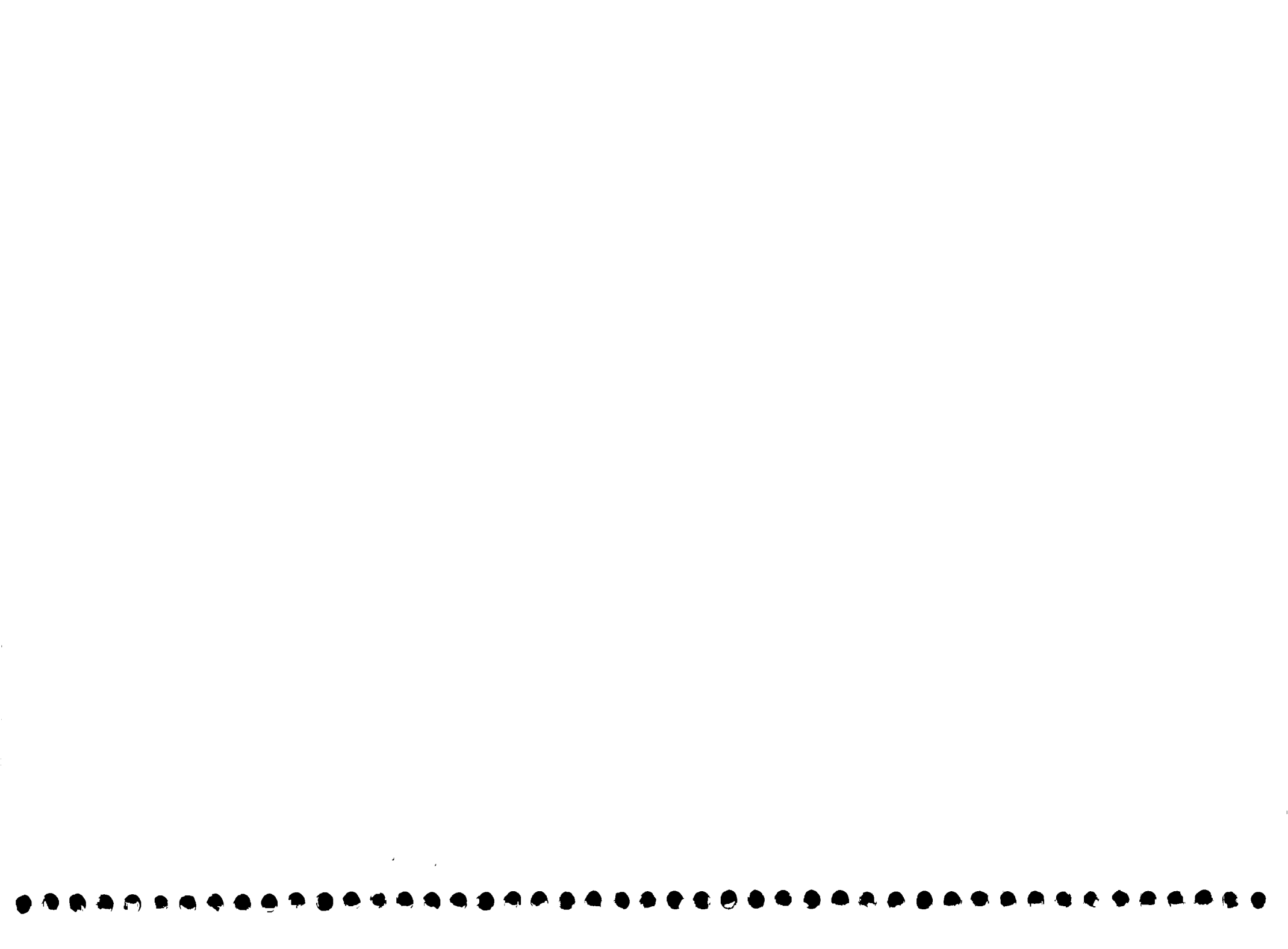
The rural sanitation programme is being implemented in the state of Goa since the inception of the programme. The following are the yearwise physical & financial achievements during the Seventh Five Year Plan.

Year	No of low cost sanitary latrines	Expenditure (Rs.in lakhs)
1985-86	35	2 87
1986-87	100	15 37
1987-88	525	33 27
1988-89	300	11 25
1989-90	800	40 43
1990-91	1100	47 80
1991-92	1000	146.17

The proposed target for construction of low cost sanitary latrines in the year 1992-93 is 1375 nos. and that during the 8th Five Year Plan is 15,000 nos.

The Govt. is very keen to take up this programme further on large scale basis to cover more population with sanitary facilities and to provide better hygienic conditions to the rural population. But due to the limitation of the financial resources the implementation of the programme is limited. Initially sanitary latrines were provided with 100% Govt. assistance. In order to give sanitary facilities to more rural population the state Govt. has modified the policy and the beneficiaries have to contribute towards the cost of the latrines instead of 100% Govt. assistance. Contribution varies from 25% to 50% depending on the income of the beneficiary. However, people are not coming forward for contribution and this has retarded the implementation of the programme to some extent. It is felt that people are required to be further motivated and made aware of the importance of the hygienic latrines with sharing of the cost of the latrines and also maintain the public latrines.

It is also experienced that public in general is not maintaining the public latrines/toilets clean. Further many a times, it becomes difficult and objections are received from neighbouring households for construction of public latrines in a particular locality. However, it is observed that the individual household latrines constructed either with Government assistance or otherwise are maintained properly. There are no voluntary and non Govt. agencies operating in this field. The local civic bodies are also not in a position to maintain and clean the public latrines due to paucity of funds faced by them.



LOW COST SANITATION PROGRAMME IN GUJARAT

V. N. Maira

1.0 INTRODUCTION

- 1.1 There are 255 urban centres and 18114 villages in Gujarat state. Total urban population of State as per 1981 census is 1.06 crore and rural population is 2.35 crores. As per the census there are about 40 lakh houses in rural areas and about 19 lakh houses in urban areas.
- 1.2 In order to maintain sanitation in urban and rural areas, it is necessary to dispose off liquid and solid waste from the habitation areas, without creating any environmental and sanitation problems. To achieve this, it is essential to provide water carriage under ground system in all the urban and rural habitations. Looking to the large number of urban centres and villages and to the high cost of water carriage system of disposal, Gujarat can not afford to have the luxury of the system as such system needs huge capital investment as well as O & M cost. Over and above, there is water shortage in the State. Financial status of urban centres and villages is also not satisfactory to bear the burden of the water carriage system of disposal. Under the circumstances, Low Cost Sanitation involving construction of "Pour Flush Latrine with two leach pits" is found to be the preferable and workable solution of the problems.

2.0 Various Programmes

- 2.1 Gujarat State has implemented the following four low cost sanitation programmes with the assistance of either World Bank or UNICEF or Government of Netherlands
- (a) Low Cost Sanitation programme for urban centres with World Bank assistance under IDA Cr.1280-IN
 - (b) Low Cost Sanitation programme for Rural areas with World Bank Assistance under IDA Cr.1643-IN
 - (c) Pilot Project for Low cost rural sanitation with assistance from Government of Netherlands.
 - (d) Integrated Low cost Rural sanitation programme with UNICEF assistance

3.0 Programme Implementation & Financial Pattern

- 3.1 Low Cost Sanitation in Urban areas:

In case of Urban areas programme is implemented through local bodies. The programme gained momentum after appointment of Shri Ishwarbhai Patel as Adviser. The programme of construction of 30,000 latrines in 60 towns was completed by March 31, 1992. Under this programme Scheduled Caste/Scheduled Tribe and Economically backward community were given subsidy at the rate of 75% of the cost of the latrine whereas in case of other beneficiary subsidy was given at the rate of 50%. World Bank reimburses full cost of latrine.

3.2 Low Cost Sanitation in Rural Areas:

This programme is under active implementation since April 1989 with the help of E.S.I. Ahmedabad as Nodal agency, Non- Government organisations and beneficiaries. Totally 108 NGOs are involved in this programme. Originally 20,000 latrines were to be constructed under this programme. Response from the beneficiaries was encouraging and hence the programme was extended to construct 56,000 latrines. Upto 31st March, 1992, 38,000 latrines are completed and put into use.

Scheduled Caste/Scheduled Tribe and economically Backward Class beneficiaries get Rs.1850/- subsidy from Government and GWSSB, out of estimated cost of Rs.2700/- Similarly other beneficiaries get Rs.1270/- as subsidy from GOG & GWSSB. Nodal agency as well as NGO get Rs.100/- each per latrine from GWSSB World Bank reimburses full cost of latrine at Rs.2700/- per unit.

3.3 Under the Indo Dutch project 180 Nos. of low cost latrines with bathroom in two villages of Santalpur taluka of Banaskantha district, where water supply scheme with assistance of Netherlands Govt has already been put in to operation, are to be constructed. Environmental Sanitation Institute, Ahmedabad is appointed as Nodal agency for this programme This project is nearing completion All the beneficiaries get subsidy of 100% construction cost upto plinth level and for super structure Scheduled Caste/Scheduled Tribe and Economically Backward Class get 75% and others get 50% of the cost of the super structure as subsidy. This subsidy is fully reimbursed by Govt. of Netherlands.

3.4 There is an integrated programme of rural sanitation under UNICEF assistance in which construction of smokeless chullah, bathing platform, soakage pit, garbage pit are to be constructed alongwith pour flush latrine with two leach pits

This programme also involves Information, Education & Communication including training, motivation on large scale to promote awareness among the people UNICEF extends assistance of Rs 400 per latrine and about 70% of the cost of Information, Education & Communication programme

Under this programme 5000 latrines with similar number of smokeless chullah, bathing platform etc. are to be constructed. This programme is also being implemented through Nodal agencies and NGOs There are two Nodal agencies appointed for this programme.

4.0 IMPLEMENTATION AND MONITORING PROCEDURE

4.1 Procedure for Rural Areas:

Looking to the large number of houses to be provided with low cost latrines, it will not be possible for any organisation or Institution to implement the programme directly As such the idea of beneficiary and community participation was mooted to implement the programme efficiently. In this context, GWSSB appointed Environmental Sanitation Institute, Ahmedabad as Nodal agency., who in turn selected and engaged non Government organisations to work as a linkage between the beneficiary and the Nodal agency

Nodal agency educates NGOs about the programme, imparts training to masons, oversees activity of NGOs, disburses payment to NGOs for completed latrines from the revolving fund given by GWSSB, maintains proper record and furnishes progress report to GWSSB

NGO motivates the people for acceptance of the programme, collects applications from the willing beneficiaries, scrutinizes and approves the application in consultation with Sarpanch of the village, gives guidance for location and purchase of material, oversees the construction, furnishes completion report to the nodal agency and disburses the subsidy to the beneficiary on receipt from the nodal agency.

NGO also furnishes progress report to the Nodal agency

Beneficiary engages labourers and trained masons, collects material for construction

4.2 Procedure for Urban Areas:

GWSSB has appointed Shri Ishwarbhai Patel as Adviser for implementation of urban low cost sanitation programme. The Adviser visited various project towns, advised local bodies as well as residents of the town to accept the programme. He was also incharge of Monitoring and review of the progress of the programme.

Beneficiary arranges construction of latrine and on completion of latrine local body issues completion certificate and submit the claim to the concerned Deputy Executive Engineer who in turn verifies the construction, recommends to the Executive Engineer to disburse the claim to the local body. thereafter Executive Engineer makes payment to the local body who in turn disburses the payment to the concern beneficiary. As regards monitoring Executive Engineer furnishes progress report to the Adviser who compiles the progress report for all the towns and furnish the same to GWSSB for review

5.0 PATTERN OF SUBSIDY

Government has approved to grant subsidy to the beneficiary as under.

(a) 75% of the estimated cost of the water seal latrine to Scheduled Caste/Scheduled Tribe and Economically Backward Class beneficiary.

(b) 50% of the estimated cost of the latrine to other beneficiary

(c) Over and above this subsidy granted by GOG GWSSB also pays part of establishment, tools and plant charges so as to have total subsidy of Rs 1850/- to Scheduled Caste/Scheduled Tribe and Economically Backward Class and Rs.1270/- to other category

(d) GWSSB also pays service charges to the local bodies in urban areas at Rs 125/- per latrine. In case of low cost sanitation programme in rural areas, GWSSB pays Rs 100/- as service charges to the Nodal agency as well as to NGOs. In this connection, GOG and GWSSB have issued several administrative orders.

6.0 TRAINING & AWARENESS

In the beginning masons are given training on construction of latrines for five days. In case of rural sanitation programme, NGOs are also given training on methodology in implementation of the programme. In order to create awareness among the people following methods are adopted:

- (i) Distribution of folders and leaflets covering benefits of use of low cost latrines
- (ii) Sending motivators from house to house to explain the utility of latrines in prevention of diseases
- (iii) By arranging film shows, audio visual cassette programmes, exhibitions etc
- (iv) By arranging contact drives through Mahila Mandals, Youth Clubs, etc
- (v) By transmitting technical information through teachers, anganwadi workers etc

7.0 LEGISLATION

As per Gujarat Panchayat and Municipal Laws (Amendment Bill No 45 of 1980), Taluka Development officer is empowered to force the owners of premises without adequate and suitable water closet or privy accommodation, to provide such accommodation within specified time by giving notice to this effect. The Taluka Development Officer is further empowered to construct such facility, if the owner fails to construct, and recover the expenses incurred from the owner.

8.0 CONCLUSION

Present pace of construction of low cost latrine in Gujarat State is 18,000 units per year in rural areas. Total houses in rural areas are about 40 lakh. Assuming 10% houses are equipped with latrines then remaining 36 lakhs houses are to be provided with latrines. To provide all the houses with latrines in 20 years, it is necessary to construct 1,80,000 latrines per year. For construction of latrines to such an extent Government would be required to provide finance to the tune of Rs 360 crores per year as against the present finance of about Rs.3.0 crore.

RURAL SANITATION PROGRAMME IN HARYANA

Sanitation has been defined by World Health Organisation as "Control of all those factors in man's physical environment which exercise or may exercise deleterious effect on his physical development, health and survival." To achieve this aim in rural areas, the following main steps are required to be taken:

- i) Providing potable water supply to the villages
- ii) Proper arrangement for conveyance of rain water/sullage and disposal of the same
- iii) Proper arrangement for collection and treatment of human excreta and its disposal

Haryana Government has taken steps to implement the above programmes. brief position of which is as under:

Providing potable water supply to villages

There are 6745 villages in Haryana state and all the villages have been provided with potable drinking water supply by 31-3-1992.

Proper arrangement for conveyance of rain water/sullage and disposal of the same

Because of financial constraints drainage/sewerage schemes have been taken only in very few villages by the Rural Development Board of Haryana and these villages have been named as Focal Villages.

On account of enormous involvement of finances, this programme has to be taken up in phases. During the year 1992-93, State Sanitary Board has earmarked Rs 20 lakh for rural drainage/sewerage schemes and this amount will be utilised for execution in certain big villages as below:

Further it has been decided that firstly, drinking water supply facilities in some of the big villages are proposed to be augmented to 110 litres per capita per day. Private water connections will be given to the villagers in these villages and then drains/sewerage schemes for these villages be prepared.

During the current financial year, a sum of Rs. 250 lakhs has been earmarked for Augmentation of water supply schemes in these villages of Haryana.

Proper arrangement for collection and treatment of human excreta and its disposal

The State Government has decided to take up work of construction of hand-pour-flush water seal latrines for individual use by the villagers during the year 1991-92 and 1992-93. It has been decided to construct 1 lakh hand-pour-flush water seal latrines by 31-3-1993, out of which 50,000 hand pour flush water seal latrines are to be constructed by the Public Health Department and an equal number of such latrines by the Development and Panchayat Department.

Details of this programme are as under:

Annual Plan 1991-92

The work providing hand-pour-flush water seal latrines was taken in hand during the month of November, 1991 jointly by the Public Health Department and the Development and Panchayats Department. A sum of Rs. 236 lakh was made available by the state government during the year 1991-92 and a sum of Rs. 15 lakh was made available by the Government of India

Out of available funds of Rs. 251 lakhs, Rs 144 lakhs were allocated to the Development and Panchayats Department and Rs 107 lakh were allocated to the Public Health Department. In addition, a sum of Rs. 100 lakh was made available to the Public Health Department. As such with total available funds of Rs. 351 lakh during the year 1991-92, the Public Health Department has constructed 7729 hand-pour-flush water seal latrines in 50 blocks and the Development and Panchayats Department has constructed 8008 such latrines in 43 blocks in various districts

An experiment is also being made to construct enclosure type community latrines in an area of one acre of shamlat land with a '7' high boundary wall in some villages. 11 enclosure type latrines and 2 sets (20 units) latrines have been constructed so far

Annual Plan 1992-93

Provisions of Rs 270 lakhs and Rs. 279 lakhs have been made for Rural Sanitation in the budget for the Public Health Department and the Development and Panchayats Department, respectively. The State Government has launched a programme for constructing 72,000 hand-pour-flush water seal latrines during the Silver Jubilee Year Celebrations upto 31-10-1992, out of which 36,000 are to be constructed by the Public Health Department and an equal number by the Development and Panchayats Department. 10100 units have already been constructed by the Public Health Department upto 5/92, out of which 7729 were constructed during 1991-92 and balance 2371 during 1992-93. Similarly, 11555 units have been constructed by the Development and Panchayats Department upto 5/92, out of which 8008 were constructed during 1991-92 and balance 3547 during 1992-93. To extend such facilities to more villages, it has further been decided to cover atleast 1 lakh hand-pour-flush water seal latrines upto 31-3-1993, out of which 50,000 nos. are to be constructed by the Public Health Department and 50,000 nos. by the Development and Panchayats Department

To achieve this target a sum of Rs 20 crore after making allowance of the beneficiaries share, is required for the Public Health Department and the Development and Panchayats Department. Since the provision of Rs. 549 lakhs has been made in the budget for 1992-93, balance funds of Rs 1451 lakh have to be met by the Haryana Rural Development Fund Administration Board

The State Government has further decided to adopt drainage/sewerage system in big villages after augmenting existing water supply schemes in these big villages from the present rate of water supply to 110 lpcd. For this purpose a few augmentation water supply schemes for some villages are being prepared to increase present water allowance in these villages in the first stage and then the work of providing sewerage/drainage in these villages will be taken up. For this purpose of augmenting water supply, a sum of Rs. 250 lakh has been kept unallocated.

A new scheme 'Provision of Street Pavement and Drains in the villages' has also been introduced by the state government. Under this scheme, it is envisaged to provide brick pavement of the streets in an entire village with drains on both sides, so as to render the village dust-free and filth-free. It is estimated that on an average 3 km. length of street in each village remain to be brick paved and on each km. the expenditure is estimated as Rs. 3.75 lakh. During the year 1992-93, Rs. 25 crore will be spent under this scheme.

Financing pattern for hand-pour-fush water seal latrines as adopted, is that scheduled caste categories of population is to contribute 10% of the cost and general category is to contribute 50% of the total cost of Rs. 3400 per unit. It has been experienced in the field that construction of units for scheduled castes is no problem, whereas the construction of units in case of general categories is difficult, as the general categories of population normally back out for making 50% contribution. Since rural sanitation has become essential for improvement of environment of villages, 50% beneficiaries share needs be subsidized by the government to ensure achievement of the targets and making the benefit available to the beneficiaries.



CONSTRUCTION OF LATRINES IN RURAL AREAS IN HIMACHAL PRADESH THROUGH RURAL DEVELOPMENT DEPARTMENT, HIMACHAL PRADESH

Introduction and objectives

The programme for the construction of latrines in rural areas through this department was introduced in the state from the year 1983-84. In the initial stage a sum of Rs 1600/- was being paid as government grant in aid being 75% cost of work and the remaining 25% was to be contributed by the beneficiaries. From the year 1983-84 to 1985-86 this programme was totally financed by the state government from its own resources and as such its scope remained on a very small scale. Nearly 750 rural latrines were constructed during this period. For the year 1986-87 the programme for the construction of rural latrines was started from out of state funds, centrally sponsored schemes like CRSP, RLEGP, NREP, JRY etc. and about 32000 latrines were constructed from out of the funds provide under these heads upto the year 1990-91. During the implementation of the scheme following experiences have been observed

1. The rural latrines constructed with full government grant- in-aid are not being used by the beneficiaries as they do not pay due importance for its utility
2. Instead of constructing rural latrines in piece meal in the villages, cluster approach is required to be followed, so that the whole village is covered from the sanitation point of view.
3. Sanitation is a common phenomena, so this programme should not be confined only to the people living below poverty line but its benefit should be for all type of people viz families living below poverty line, schedule caste, schedule tribe and others.

Strategy

During the annual plan 1991-92 and 8th Five Year Plan there is a proposal to provide rural latrines to 10% families at the national level, there are 8,85,441 families living in the rural areas. Thus we have to provide the facilities to about 89,000 families. Out of these families about 32000 families have been benefitted upto 1990-91. According to the policy of the Central Government, we have to benefit about 56,000 more families by providing rural latrines. From the past experience, it has been observed that the central government cannot provide the required funds as the policy for the allotment of funds by the central government is not the target for the construction of rural latrines, but it is based on the percentage of poverty prevailing in the state as per report of the National Sample Survey Organisation.

In Himachal Pradesh from out of 8,85,000 families, rural latrines stand provided to 32000 families. In addition to this some of the families have constructed the rural latrines from out of their own sources. There are certain families who are using latrines jointly in combination with other families. There are also certain families who would construct latrines from their own resources by incurring sufficient amount to have modern facilities. In view of this following policy has been adopted

1	Total number of families in HP according to 1991 census	8.85,500
2	No. of rural latrines constructed with government aid upto the year 1990-91.	32,000
3.	Approximate number of rural latrines already constructed by the families themselves	1.53,000
4	Total latrines constructed upto 90-91	1.85,000
5	Estimated total number of rural latrines required to be constructed	7.00,500
6	Estimated number of families, who are using the latrines, jointly and will construct their own latrines	2.00,000
7	Total no. of families to whom low cost latrines are to be provided with govt grant-in-aid	500,500

Keeping in view the importance of this programme, the state government decided to launch it on broad lines. As the implementation of this programme can not be completed within the 8th Five Year Plan, the target for providing low cost latrines has been split-up as under

Year	latrines to be constructed	%age to be covered
1991-1992	10000	2%
1992-1997	375000	75%
1997-2000	115000	23%

Selection of area and beneficiary

It has been decided that in the 1st instant those villages will be covered where more than 50% families are interested to construct rural latrines and are willing to contribute their share. While selecting the village it is also to be seen that at least 20 latrines are constructed in the selected village in the earlier years of the programme. As per policy of the government, 60% rural latrines are to be provided to scheduled caste/scheduled tribe, Antodaya and IRDP families and remaining 40% for other general categories. While sanctioning the rural latrines it is also to be ensured that sufficient water is available for cleaning the latrines.

Unit cost

The polytechnic institutions functioning in the pradesh have prepared a model of ferro-cement type latrines costing to Rs. 2350/- This does not include carriage charges. These latrines have two pots which can be constructed with stone or bricks. For pucca structure, the cost per unit comes to Rs. 2200/- and for kuchha Rs. 1700/- In case the beneficiary can himself do the labour work the cost per unit comes to Rs. 1200/- for kuchha mud structure.

Grant-in-aid

As per past experience, it has been observed that rural latrines constructed with full government grant-in-aid are not being used by the beneficiaries as they do not pay due importance for its utility. Thus it has been decided that the weaker section of the community i.e. SC/ST, Antodaya, IRDP families, will be provided grant-in-aid of Rs 1500/- and to other categories Rs 1200/- per latrines.

Training and awareness

As the government has decided to construct rural latrines for about 5,00,500 families in Himachal Pradesh, it is necessary to train the masons and also to organise awareness camps for the proper upkeep and maintenance of the latrines by the beneficiaries. For this purpose two to four masons from each block were provided training for two weeks from the polytechnic institutions functioning in Himachal Pradesh and through voluntary organisations, so that these trained masons could further train the masons within the block for proper construction of the rural latrines. Besides this, Junior Engineers posted in the blocks were provided two days training in the polytechnic institutions, so that they could further organise awareness camps in the blocks for providing training to the beneficiaries for the proper upkeep and cleanness of the latrines.

The statement showing the allocation of funds, expenditure incurred, target fixed and rural latrines constructed from 1986-87 to 1991-92 under various programmes through Rural Development Department is enclosed as per Annexure 'A'.



Statement showing the allocation of funds/expenditure incurred/target allocated and rural latrines constructed during 1986-87 to 1991-92 under various programmes through Rural Development Department (HP).

S.No.	Year	Target	Achievement	Funds allocated (Rs. in lakh)	Expenditure incurred (Rs in lakh)
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1 2515-CD (RURAL LATRINES)

1.	1986-87	6900	5244	82.80	57.37 (Allocation includes Rs 9.00 lacs under CRSP)
2	1987-88	2760	2023	33.12	34 08,
3.	1988-89	2500	2458	30.00	29 504,
4	1989-90	1885	1963	22.62	23.68,
5.	1990-91	1666	1645	19.992	18.84,
6	1991-92	10000	8946	117.00	97 78 (tentative)
	Total	25711	22279	305 532	261 254

2. CRSP

1	1987-88	2500	1663	30.00	16 448
2.	1988-89	750	2044	9 00	22.95
3.	1989-90		658		6 176
4.	1990-91		41		0 22
5.	1991-92		79	15.00	(not received yet)
	Total	3250	4485	54.00	45.794

3. RLEGP

1.	1986-87	275	422	3.30	5.29
2.	1987-88	275	318	3.29	3.69
3.	1988-89	275	292	3.30	3.354
4.	1989-90		25		0.27
	Total	825	1057	9.89	12 604

4. NREP

1	1986-87	6900	3973	47.30	47.30
2.	1987-88	4555	4748	53.35	53.35
3	1988-89	1794	1656	19.45	19.45
4.	1989-90		138	2.01	2.01
	Total	13249	10515	122.11	122.11

5. JRY

1.	1990-91		124		1.61
2.	1991-91		307		2.09
	Total		431		3.70
	Grand total	43035	38767	491.532	445.462

RURAL SANITATION PROGRAMME IN KARNATAKA

Introduction

Improved sanitation is considered a necessary requirement for socio-economic development and an important element of basic needs of the people. It is also recognised that improvement in sanitary condition is more effective and at the same time less expensive than any other preventive health measures to combat water borne and excreta related diseases, which account for nearly 80% of the sickness in India. With proper disposal of human excreta, these diseases can be brought under control and the health of the people improved.

Status of Rural Sanitation in the state

Even though considerable headway has been made in the field of providing safe water to the rural people, the situation is quite different and much more severe in rural areas in terms of reaching each individual of the family with adequate sanitary facilities. While the service in technical terms is simple and primary, the large dispersed population in some 52623 habitations in the state all with various cultural, social and religious practices and low levels of literacy constitute a formidable problem.

In view of the low levels of coverage in the area of sanitation and to bridge the existing wide gap in service, it has been agreed that while 100% rural population is covered with safe drinking water facility, at least 25% of the rural population be covered by low cost sanitation, as contemplated in the International Drinking Water Supply and Sanitation Decade (1981-1990).

Programme in the state

With a view to provide basic sanitary facilities to the rural folk, the state government launched a pilot project during 1984-85, for the construction of 1600 low cost, pour flush sanitary latrines to individual households. The beneficiaries were SC/ST and economically weaker section of society. The programme was concentrated to one taluka in each district as a trial and 1016 units were constructed at an outlay of Rs. 9.75 lakhs.

The programme was implemented by the PHE Divisions.

No programmes were taken up during 1985-86.

Government of India launched Central Rural Sanitation Programme during 1986-87. Under CRSP, it was envisaged to provide individual household sanitary latrines to the SC/ST and those below the poverty line. The units to these beneficiaries were fully subsidised.

During 1986-87, Government of India also introduced construction of individual and institutional sanitary latrines under NREP and RLEGP.

Since then construction of sanitary latrines are taken up under MNP and CRSP

A review of the programme and progress achieved since 1984- 85 to end of March 1992 reveal the following

Physical Target			Achievement			Financial Achievement (Rs in lakhs)
Individual	Institutional	Total	Individual	Institutional	Total	
29766	4564	34330	8788	2438	11226	231 474

NIRMALA GRAMA YOJANA

The Zilla parishad, Mysore introduced a programme 'Nirmala Grama Yojana' for the construction of household latrines in the District, during 1988-89, with UNICEF assistance. Under this programme, the beneficiary got a subsidy of Rs. 500.00 by way of materials like FRP pan and P Trap, connecting pipes, two bags of cement and RCC cover slabs for the leach pit. The remaining cost had to be borne by the interested beneficiary.

UNICEF also assisted this programme in Mysore district to the tune of Rs 33 lakhs. Against a target of 16500 household latrines, 15788 units are completed at an outlay of Rs 78.94 lakhs.

Inspired by the success of the programme in Mysore district the state government continued this subsidised programme of construction of sanitary latrines during 1990-91. Apart from Mysore district the programme has been extended to Kolar, Belgaum and Gulbarga districts for the construction of 98410 household latrines. The state government had allocated Rs 350 lakhs and UNICEF came forward to assist two districts of Mysore and Gulbarga with one million US dollars (i.e. Rs 170 lakhs at the rate prevailing then). The subsidy pattern was changed and the contributing beneficiary got a subsidy of Rs. 620.00 by way of cash and kind.

The pattern of assistance is indicated below:

(a) Mysore and Gulbarga districts

(i)	No. of unit	49660
(ii)	Unicef share per unit	Rs 340
(iii)	State share per unit	Rs 180
(iv)	Mandal share per unit	Rs 100
	Total	Rs. 620

(b) Kolar and Belgaum districts

(i) No of units	48750
(ii) Govt. share per unit	Rs 520
(iii) Mandal share per unit	Rs. 100
Total	Rs 620

The programme was taken up for implementation with all earnestness in the districts of Mysore, Kolar and Belgaum. As many as 11372 units have been completed by March, 1992, majority of them in Mysore district.

To gear up the progress, series of training programmes were organised in Mysore district for taluk level functionaries, various non-governmental organisations involved in implementing the programme. Masons were also trained in each taluk in the construction of sanitary latrines

RURAL SANITATION CELL

A rural sanitation cell was established in the PHE Department as early as 1984. Planning, Programming, Monitoring and Training were the main activities of the cell. The cell is also actively engaged in organising sanitation training programmes at various levels - District, Taluk and Mandal. Such training programmes have been conducted with UNICEF assistance in the districts of Kolar, Tumkur, Chikkamagalur, Dakshina Kannada, Hassan, Mysore, Mandya, Dharwad, Uttara Kannada, Belgaum, Bijapur, Bidar, Gulbarga and Raichur. UNICEF has supplied required IEC materials

Even though this is a health oriented programme to improve the health and socio economic status of the rural people, the programme is not properly conceived due to administrative problems and lack of awareness amongst the beneficiaries. Initially the programme was aimed at the target groups, who are not motivated to receive such assets. Subsequently the guidelines were revised introducing the subsidy programme during 1991-92. The guidelines are again revised during 1992-93 without giving a chance to see how the guidelines issued earlier work. The administrators at the higher level should take stock of the situation prevailing in our rural areas and issue workable guidelines for proper implementation of the programme.

It is also observed that meagre grants of Rs 1 to 5 lakhs are allocated to a district each year. Justice cannot be done to cover the entire district with such inadequate funds. It is felt that it could be ideal to cover areawise (say one taluk), yearly so that there could be concentration of the work and which will also set an example to the neighbouring areas.



BRIEF NOTE ON NIRMALA GRAMA YOJANA SANITATION PROGRAMME IN MYSORE DISTRICT, KARNATAKA STATE WITH THE ASSISTANCE OF UNICEF

The UNICEF authorities in India have come forward to assist Karnataka state government in the implementation of NIRMALAGRAMA YOJANA Sanitation Programme in Mysore district, under which rural sanitation should be effectively brought about in the rural areas.

This scheme is universally applicable to all categories of beneficiaries. Under this scheme, individual household sanitary latrines will be constructed by making use of assistance from UNICEF and state government and alongwith the beneficiaries contribution. Even though the scheme is open to all, but during implementation, preference will be given to SC/ST and other backward class categories.

In Mysore district, the 1st phase of the programme was started during the year 1989-90 and it was proposed to construct 16500 individual household sanitary latrines. However 15788 latrines were constructed. The sanitation facility in many of the villages where individual latrines were constructed have shown very good improvement in the status position with regard to rural sanitation.

Since there was much demand from the beneficiaries to avail this scheme, the UNICEF and Karnataka State government have come forward to continue this scheme during 1990-91. Hence during the IInd phase of the programme, it is proposed to construct 24750 (say 25000) individual household sanitary latrines.

The flow of funds in the form of subsidy is available from the following sources viz

UNICEF contribution	Rs. 340 per latrine
Karnataka State govt.	Rs. 180 per latrine
Mandal Panchayat contribuion	Rs. 100 per latrine
Total	Rs. 620 per latrine

Our experience shows that the contribution from Mandal Panchayat is not coming forth. However, a subsidy of Rs. 520 from UNICEF and state government is guaranteed to the beneficiaries. The above subsidy will be given in the form of materials such as Pan, P.Trap, AC Pipes, RCC leach pit covering slabs, 2 bags of cement, etc. The remaining cost will have to be borne by the beneficiary.

In the taluk level, we are implementing this programme through the Block Development Officer and Assistant Director of Agriculture. The field staff are not only concentrating on the construction of sanitary latrines, but they are also very much particular that after completion, the beneficiary should use it in a proper manner. Hence upto the end of April, 1992, 5086 individual household sanitary latrines are completed and 5692 are under construction.

ROLE OF VOLUNTARY ORGANISATION

A number of social workers, Mahila Mandals and non government organisations such as (1) Organisation for development of people (2) MYRADA (3) J.S.S. Women Polytechnic (4) SJCE- STEP, Mahila Samakhya etc. are involved in this programme. These voluntary organisations have created a lot of awareness among the rural folk, which has yielded very good response from the public. A number of masons training camps and taluk level orientation camps for health staff, anganwadi workers, mandal secretaries, social workers etc., conducted by the Zilla Parishad, Block Development Officers, Assistant Director of Agriculture, NGO's etc., have created good results and number of Mandal Panchayats and other organisations have come forward to adopt this programme in their villages for obtaining higher degree of sanitation and also they are of the opinion that this programme should be continued in future years also, so that most of the villages could be brought under rural sanitation and will be free from several diseases.

RURAL SANITATION PROGRAMME IN KERALA

Background

Nearly three quarters of all sickness and disease is caused by waterborne sources. This is directly attributable to poor sanitation. Safe drinking water, hygienic habits and use of sanitary latrines are essential to avoid these diseases.

In Kerala, estimates about the number of households with use of some latrine differ widely in the absence of a reliable study so far. They vary from around 25-30% (informal estimate of Socio-Economic Unit and field staff of Rural Development Department) to 51.5% (Survekshana, Jan-March 1992). The Survekshana estimate, however, seems unreliable because of the small size (2063 households) and the amazing findings that the model city of Chandigarh has only 7.5% households with latrines and that the city of Delhi has less than 5% households with latrines.

The total number of households in Kerala is estimated by Survekshana at 40.2 lakhs. According to provisional estimates of 1991 Census this figure is 50.9 lakhs. In view of the absence of reliable data, the State Sanitation Cell, coordinated by the Rural Development Department has decided to adopt a State-wide study on sanitation. The situation analysis is jointly sponsored by UNICEF, Socio Economic Unit and State Institute of Rural Development. The Indian Market Research Bureau, Madras, has been identified as the agency for conducting the study.

While the percentage coverage for Kerala may be somewhat better than most other States in India, it is still quite inadequate. Its value further diminishes by the fact that the need for sanitation in Kerala is greater owing to its high population density and tropical climate.

While some construction of latrines took place under ESP and later under NREP and RLEGP, the rural sanitation programme was taken up in a concerted manner only about seven years ago.

In Kerala several Departments and non-governmental organisations are involved in the sanitation programme. Departments of Health, Rural Development, Panchayat and Municipality, Fisheries, Housing, Scheduled Castes, Tribal Welfare, Social Welfare, and Kerala Water Authority are some of the State Government functionaries involved.

The number of latrines constructed by various agencies over the last 5 years is given below

i) Rural Development Department

a) Environmental Sanitation Programme	3000
b) NREP	15065
c) RLEGP (including I A Y)	62079
d) CRSP	2250

e) JRY (including I.A.Y.)	71721
f) DWCRA	740
ii) Through NGOs assisted by CAPART	14525
iii) Socio Economic Units	8000
iv) Panchayats Municipality	5941
Total	183281

The year-wise break up for items (a) through (f) is given below:

1987-88	25297
1988-89	24572
1989-90	36765
1990-91	38587
1991-92	29634

Thus on an average well under one per cent (only 0.6%) households are covered every year. The impact is greatly diluted by growth in population and in the number of households. At the current rate it will take over 100 years to have 100 per cent coverage. The picture is dismal.

Role of Voluntary Agencies

A large number of Voluntary Organisations including Mahila Samajams are working in the field of sanitation. Over the last five years, they have constructed 14528 latrines. Following are some of the important organisations working in this field.

1. Indian Red Cross Society, District Branch, Kottayam
2. Changanassery Social Service Society, Kottayam
3. 'Rasta', Wayanad
4. Society for Integral Development Action, Kottayam
5. Vinoba Nikethan, Nedumangad
6. Harijan Sevak Sangh, Delhi
7. Mithra Nikethan, Vellanad
8. Sri Ramakrishna Ashramam, Sasthamangalam, Tiruvananthapuram

In addition, over 8000 units have been constructed by Socio-Economic Units aided by the Governments of Denmark and Netherlands. A key feature of these is the emphasis on education and awareness and maintenance of the latrines apart from construction.

Technical Aspects

The UNDP design of Twin-pit Pour Flush Latrine is accepted in Kerala as elsewhere in India. For water logged areas raised construction is suggested. Reports from the field, however, indicate that having merely these two types of designs is rather simplistic and more study is required bearing in mind the local materials available for construction as well as variation in terrain.

For example SEU holds the view that raised construction is not relevant for water-logged areas in Kerala. Simpler and less expensive designs are feasible.

Similarly under the UBS scheme in Alapuzha many latrines have been constructed only upto the plinth level and it is left to the beneficiary to have either a makeshift superstructure (thatched walls) or a permanent one with his own resources at a later date.

Whether the construction of one pit latrines for an initial period of 10 years to be followed later by a second pit is advisable also needs consideration.

Estimates of cost per unit vary from around Rs 1,200/- (up to a plinth level only) to Rs.2,400/-

Analysis

Owing to the enormity of the problem and the scarcity of resources, it is obvious that at the present rate, we cannot hope to achieve a satisfactory level of sanitation in the foreseeable future. Hence, a fundamental review of approach is required.

The three aspects of the problem of Sanitation are:

1. Education and awareness
2. Construction of the actual latrine (including its technical aspect)
3. Maintenance of the latrine and of general hygiene

The thrust so far has been on the construction of latrine with little emphasis on the other two aspects. Since limited resources restrict the number of aided latrines that can be constructed, emphasis should be shifted to education and awareness so that people adopt sanitary habits whether or not there is external assistance with hardware.

It is suggested that schemes with significant element of subsidy should be focused on the poorest sections below the poverty line. Those earning Rs.7500 or less per annum should get 75% of the cost of the unit as grant, enhanced to 90% for SC/ST. Those earning above Rs 7500/- but still below the poverty line should get a lesser grant of 50% of cost, again increased to 90% to SC/ST.

At present about half the population above the poverty line in Kerala is without a sanitary latrine. Although this represents about 1/3 of the total population, there is no scheme to assist this segment. We cannot ignore such a large number of people if we are to achieve the aims of the sanitation programme. It is suggested that all existing households without latrines owned by people above the poverty line should be entitled to a grant of 20% of cost, limited to Rs.400/- per household. The scheme can be monitored by the State Sanitation Cell.

The nodal bodies should also concentrate on raising funds from non-governmental resources, and in particular, from overseas agencies. It is felt that financing from overseas charitable bodies is far below the actual potential.

The sanitation programme also needs to be linked to credit schemes instead of relying solely on grants. A programme may be drawn up to provide institutional finance through nationalised banks and service cooperative societies as loan under DRI rates of interest provided the beneficiary can generate enough funds from existing earnings to repay the loan.

It is felt that once there is overall awareness of the need for proper sanitation and if the vast majority of people among the poorest sections are covered by significant assistance the households that do not have latrines (i.e. slightly better off people) would be compelled by social pressure to construct latrines anyway. Availability of credit would help.

Conclusions:

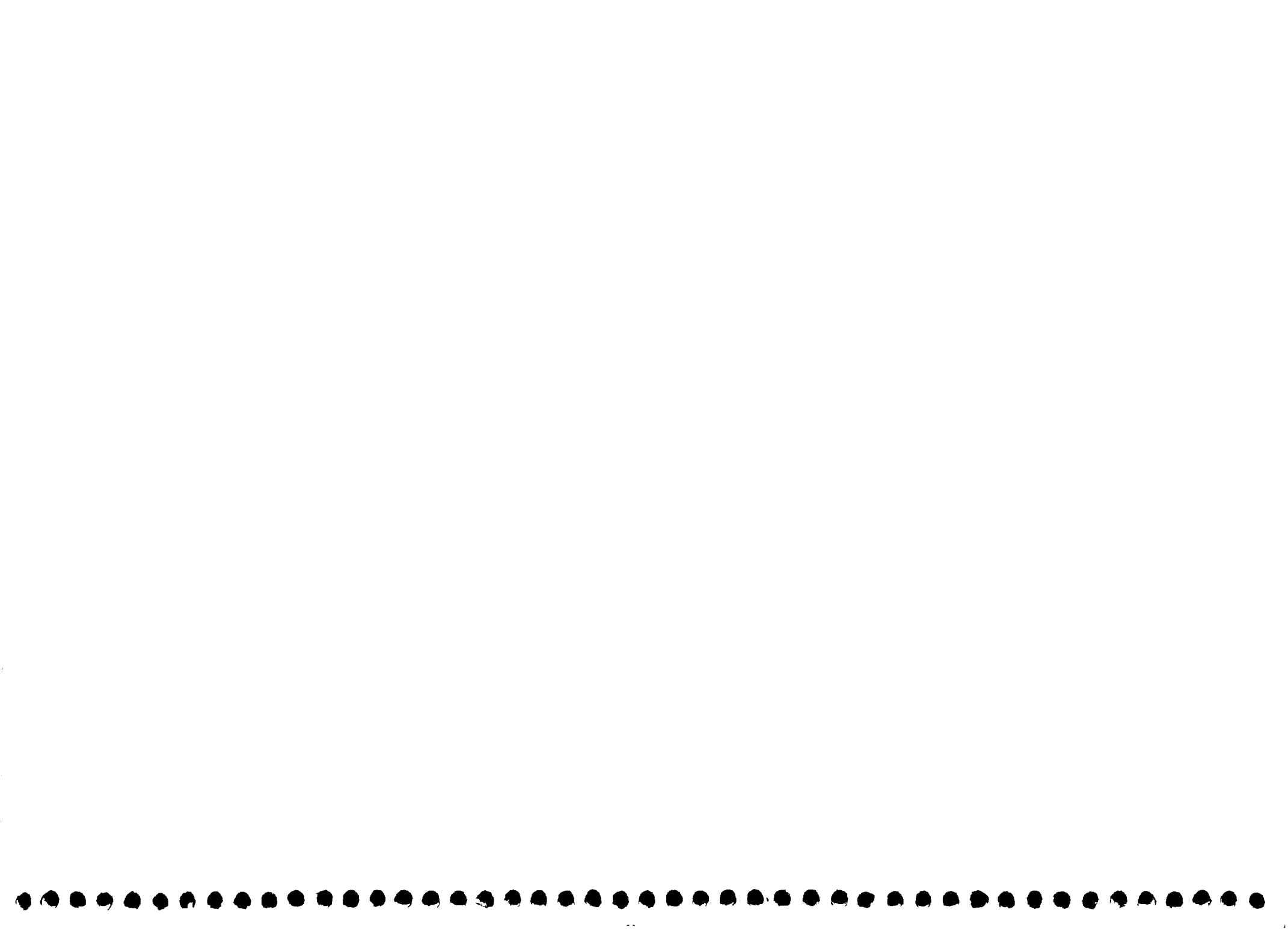
1. There are various agencies involved in the field of sanitation and the efforts need to be coordinated better. In particular, they should learn from each other's experience.
2. More technical study is required for the appropriate design for a particular terrain. Model design for the entire country may not be advisable.
3. For governmental efforts, emphasis on numbers and figures including the achievements of physical and financial targets should be supplemented by emphasis on the quality of the work carried out.
4. Education and awareness should be given more emphasis, including for maintenance of the assets created. The objective should be to motivate people to have latrines and adopt better sanitary practices whether or not there is any external assistance.
5. If the poorest people are covered in large numbers, coupled with wide spread education among all strata, it is hoped that social pressure will compel others to construct latrines.
6. Voluntary Agencies and overseas finance should be tapped in a big way to assist this programme.
7. Institutional finance at concessional rates should be made available to significantly widen the scope of the sanitation programme.

8. All new constructions for human habitation or mass public use should be compelled to have usage of sanitary latrines through legislation. These can be part of the new construction or be easily accessible in the vicinity.

9. Frequent transfers of Govt. officials and inbuilt delays in the style of Govt. functioning adversely affect the implementation of sanitation schemes at the State level. The State Sanitation Cell should be made more effective and given some autonomy with some fixity of tenure for the coordinator. He or she should be appointed by name for a fixed term of two to three years and should not be an ex-officio member.

With increased resources from voluntary organisations, credit linkages, greater self motivation,

the estimated 15 to 20 years' time instead of the currently estimated over 100 years.



RURAL SANITATION PROGRAMME IN MADHYA PRADESH

Little work has been done so far under Rural Sanitation Programme, particularly in the sector of low cost and sanitary latrines in villages. In any village not more than 2 to 2.5% of the houses have private latrines. These latrines too are found in the houses of well to do residents in a village 40% of the people living below the poverty line have no such facility as unfortunately, they do not have a house. On a rough estimate, about 90% houses do not have latrines and the people go out in the open to defecate.

Total effort so far left much to be desired on the oritical and practical plain The fault was the same, 'Plan from above'. In all humility one need to say that such programmes reach only selected few well-to-do of the society and remains a government prograqmmme A massive movement in the form of a compaign - using all the media available - to make it 'go', first and foremost is need for the Health Education to involve people in the activities by making them conscious of the need to have a latrine. If we can launch a programme for safe drlnking water, universal immunisaion programme, it will be a pity if we do not do the same, for our hygiene and sanitation programme

Efforts have been made in the past to take up projects for private latrines in the villages with the help of agencies like UNICEF, but such projects have been sporadic and taken up largely on experimental basis as Pilot Projects. Even in these villages, the status of the latrines constructed is not satisfactory due to various reasons like non-availability of water in sufficient quantity, lack of cleaning facilities or maintenance, or due to age old habits of the villagers These structures, private or community ones are largely in dilapidated condition. Lack of maintenance, which is the responsibility of local bodies, i.e. the Gram Panchayats has resulted in the community latrines standing either un-used or deserted and damaged.

In spite of all this, it remains a fact that ' rural latrine programme' must be taken up in a big way with a new approach and emphasis on its proper maintenance. It is necessary that every house-hold should have a latrine of its own. to encourage this, while the loan to be obtained by the user and the grant from Govt. or agencies like UNICEF etc. may have to be re-structured, the return of loan will have to be liberalised by way of reduction in the rate of interest to be paid by the user. At the same time the peoples participation may be realised raised a little so that a sense of belonging gets into the mind of the owner of the structure. This will motivate him to pay more attention towards up-keep and maintenance of the structure, while at the same time may also compel him to think about using it regularly.

While such a project gets into full swing, there may be transition period of varying duration during which, we may have to think of public latrines while concentrating our energies and resources on construction of private latrines. The time span will vary due to other constraint like economic condition and in- sufficient availability of water Since the government has taken a decision under its policy to abolish scavenging system, it is necessary that the latrines to be constructed are flush latrines For this, a reasonable quantity of water will be necessary so that they are cleaned and maintained

properly. Thus, to begin with, a decision can be taken for implementation of these schemes in those of the villages which have piped W.S.S being maintained by the Gram Panchayat

The utmost concern and necessity of such a project after its implementation would be its maintenance. Since this aspect is the primary responsibility of the Gram Panchayats, they must be forced to involve themselves in properly maintaining these schemes. This maintenance aspect will need more attention for the community or institutional latrines, as it has been found that due to neglect or improper up-keep or no maintenance, people desist from using them. Since those living below the poverty line will be using the institutional (Public) latrine only, the maintenance aspect has to be given a high priority by the Panchayats.

In some of the villages, constructions of latrine project will also necessitate provision of drains for disposal of effluent (and/or proper roads also) and a drainage or drain-cum- road programme will also have to be implemented. In a number of cases, therefore, the entire programme could consist of piped water supply schemes, latrine Project and drainage system.

This entire effort can not succeed without whole-hearted participation of a number of departments like Health Department, Rural Engineering Department, Development Department, Public Works Department, P.H.E. Department etc. The role of the Health Department is very important because health education will have to be preceded before implementing the sanitation project. It is a fact that some of the villagers, out of their age old habits of culture, still prefer to go out in the open despite the fact that they may be having latrines in their houses. Advantages of using the latrine will have to be high-lighted through the media and also through health education. The Health Department, therefore, can be made the nodal department for such a project.

It may be worth -while sharing the experience of other states, who have implemented this scheme and to know as to what is the state of affairs, particularly in those villages which do not have piped water supply or suffer from paucity of water.

Another aspect of the project will be to persuade the people to go in for having latrines in their houses. Since persuasion or motivation alone may not help, some sort of legislation may also have to be introduced similar to the one applicable in Urban areas where now permission for construction of a new house is given only under the condition that it will also have a flush latrine. State's Gram Panchayats yet can also have a similar provision so as to compel people to adopt better sanitation habits.

RURAL SANITATION IN MADHYA PRADESH

In India, the high incidence of mortality and morbidity, particularly among children, is largely attributed to unsafe water supply, poor personal hygiene practices and insanitary environment. During the last decade, considerable progress has been made in the provision of water supply, however, progress in sanitation has been slow due largely to a combination of factors namely, poverty, lack of awareness, conservatism and low priority given to it.

In response to the UN Sponsored water supply and Environmental Sanitation Decade(1981-1990), the Government of India had set targets of achieving 80 percent sanitation

coverage of the urban and 25% coverage of the rural population by 1990, but the same could not be achieved due to above mentioned reasons.

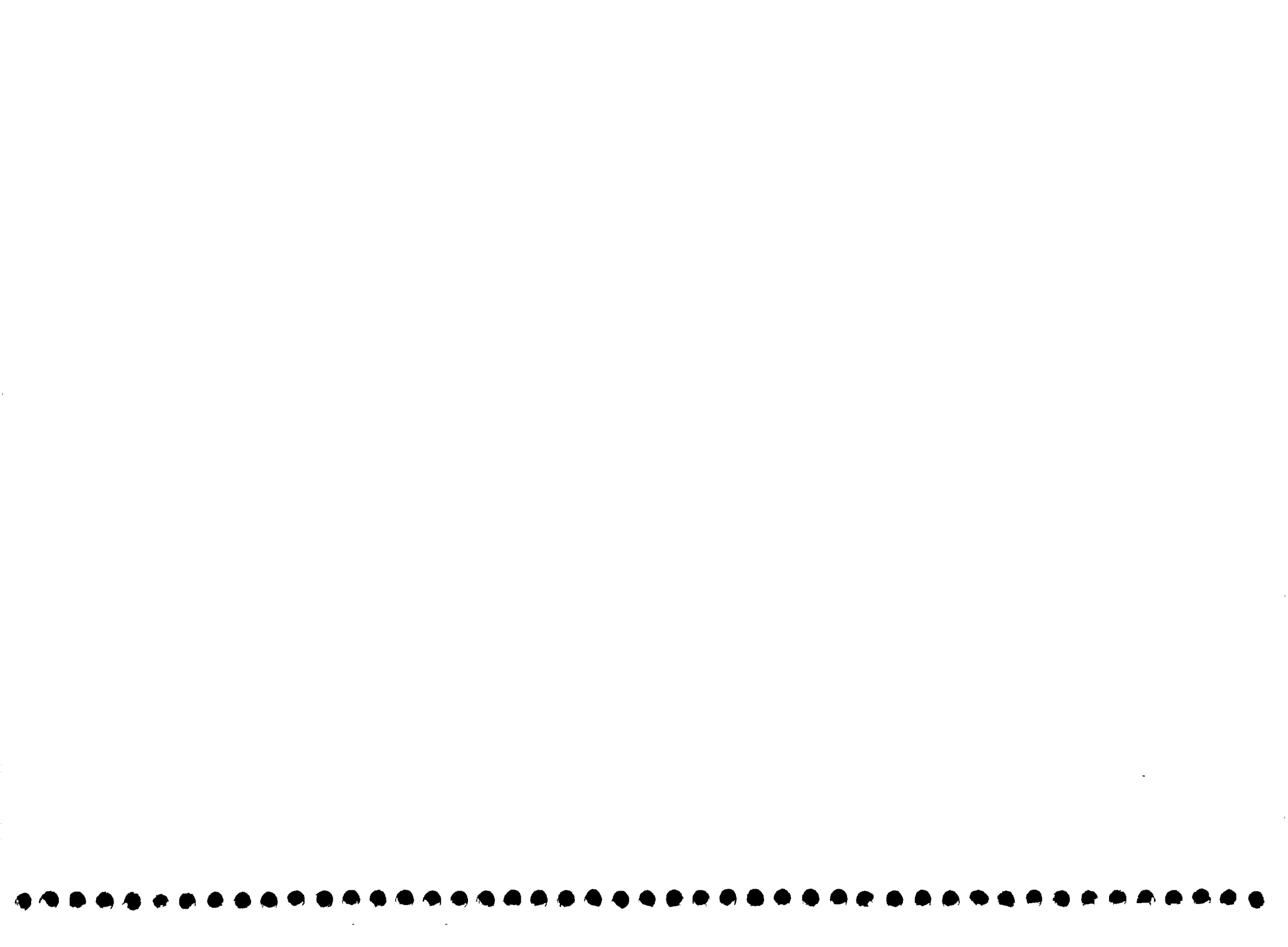
The Govt. of India have been providing funds for Constructing House hold latrines since 1985 in rural areas under NREP and RLEGP and was included in "20 point programme" Similarly Central Rural Sanitation programme (CRSP) was launched in the year 1985. In 1987 Rural sanitation was included under minimum Needs Programme (MNP) in the state sector.

By the end of 7th Plan, with the above efforts, about 10,000 latrines (5000 by PHED in Indore, Dhar, Chhindwara, Betur districts etc and 5000 in RLEGP) have been constructed and are scattered in about 30 districts of M.P. The impact of the above programme could not be felt because the works were carried out in a scattered way and was limited to the construction of latrines only

Looking to the previous experience, a complete package of rural sanitation in 13 villages of five districts viz Raisen, Sehore, Indore, Gwalior and Shivpuri has been taken up in a modest way by the PHED in March, 1992. The estimated cost of this project is Rs.700 lakhs

The objective of this project is to have concerted effort for overall development of the selected villages by providing the facilities of good water supply system, drainage, inner roads, etc and to bring about a change in the present sanitary habits among the people so as to create a system for its further sustenance This would involve coordinated efforts by PHED, RES, Urja Vikas Nigam, Health Department etc

The department is also executing an integrated Guineaworm Eradication project in 7 G W endemic districts of the State with Assistance from GOI and UNICEF. The project provides for construction of 200 institutional latrines, full cost of which is to be borne by UNICEF and 7500 house hold latrines for motivated families, 80% of the cost of sub structure is proposed to be borne by the project. The project provides for Rs.90.00 lakhs for sanitation activities, the work of which will be taken up during 1992-93 and 1993-94. Govt. of M.P is further thinking to launch similar project in all the villages of the state for which a separate cell is being created shortly in the office of Engineer-in-Chief



RURAL SANITATION PROGRAMME IN MAHARASHTRA

Under Rural Sanitation Programme following schemes are implemented

Gram Safai Programme

Under this scheme, upto 1990-91 the Zilla Parishad was provided grant-in-aid of Rs. 250/- for installation of one latrine seat and construction of superstructure was the responsibility of the individual householder. In addition to this SC/ST householder was eligible for Rs. 250/- from Zilla Parishad resources. In case of Scheduled Caste/Scheduled Tribe householder the Zilla Parishad could incur the whole expenditure of installation of latrine seat with superstructure thereon, if they so desired from the Zilla Parishad resources. Latrine seat for the programme was to be purchased from the following institutions at a subsidised rate of Rs. 50 per seat.

- 1) The Maharashtra Gandhi Smarak Nidhi, Kothrud, Pune
- 2) The Sarvodaya Samiti, Andhalgaon, Bandra.
- 3) The Maharashtra Gram Safai Sansthan, Chakardhar Nagar, District Amravati

As the grant-in-aid of Rs. 250 (under state programme) was very meagre and beneficiary had to bear more burden of expenditure, there was less response to the state programme compared to the CRSP in which quantum of subsidy was much higher i.e. 100% for SC/ST/BPL. In revised CRSP guidelines the Government of India prescribed 95% subsidy for SC/ST/BPL and for others also the quantum of subsidy is more depending upon the number of beneficiaries from one village. The state government, therefore, revised the state scheme with effect from 1991-92 and brought it at par with revised CRSP. The construction cost per latrine is fixed at Rs. 2000 w.e.f. 1992-93 onwards. Thus from now onwards the state is providing Rs. 1300 and Zilla Parishad Rs. 600/- grant-in-aid (equal to the 95% expenditure) for SC/ST/BPL. For other the quantum of subsidy varies from 60% to 70% (i.e. from Rs. 1200/- Rs. 1300/- Rs. 1400/-) from state government and from Zilla Parishad 20% (i.e. Rs. 400/-) depending upon the number of beneficiaries from one village. There is more response to the revised scheme during 1991-92.

Central Rural Sanitation programme

In 1985 Rural Sanitation was launched by Government of India as a part of NREP/RLEGP and Indira Awas Yojana. However, under these schemes the main thrust was to provide employment in rural area, the rural sanitation activity could not push up and did not make any impressive progress. Under Indira Awas Yojana in most of the cases latrine was not constructed even though there was a provision to provide this facility. In case this facility was provided almost all beneficiaries used this place as storing place. However, the CRSP launched by Government of India to support the state funding is a successful scheme, as it provided greater quantum of subsidy to SC/ST/BPL.

Grant-in-aid to Zilla Parishad for construction of roadside gutters

Under this scheme grant-in-aid to Zilla Parishads for construction of road side gutters is given. This grant-in-aid is equal to 60% of the gross cost of the project and balance 40% is to be borne by Zilla Parishads from their own resources. The maintenance of such work is the responsibility of the concerned Zilla Parishads/village panchayats.

Grant-in-aid to the institutions manufacturing and supplying latrine seats to Zilla Parishads

Maharashtra Gandhi Smarak Nidhi, Kothrud, Distirct Pune is given grant-in-aid of Rs 1 lakh. The institution is manufacturing and supplying latrine seats to Zilla Parishads at a subsidised rate of Rs 85 per seat. It is also organising camps to guide the rural people in sanitation activities.

Evaluation of Rural Sanitation programme in Maharashtra

Evaluation was done with the following objectives.

- i) Present sanitation facilities and sanitation practices
- ii) Impact of Rural Sanitation Programme
- iii) Role of voluntary organisation.

Findings - Personal and community hygiene

- i) Government, Zilla Parishads and Gram Panchayats have grossly neglected this area.
- ii) Over the years rural areas have become more dirty, obnoxious and unhealthy
- iii) Garbage pits are never cleared. Village roads are full of dirt and often used for defecation.
- iv) Aspects of personal hygiene are very unsatisfactory, for example washing hands, washing clothes, cleaning utensils etc.

Use of Latrine

- i) Use of latrines is done by only 6%
- ii) Most latrine users found where there is sufficient availability of water
- iii) Usage nearer larger cities.

Latrines owned by household	86%
Public latrines	9%
- iv) Children defecate near the house in the open even where household have latrines

v) Most people are unaware of 2 pits latrines.

vi) ATTITUDE OF WOMEN TOWARDS LATRINE

Cautious as they are afraid that latrine should add to their responsibilities of bringing more water for latrines. Though concerned, yet feel that decision making will be by the male members of the household

vii) WILLINGNESS TO PAY

- * 39% not willing to pay anything
- * 41% prepared to pay upto Rs 500
- * 17% prepared to pay Rs 500 or more

Health communication programme

Sanitation related information campaigns largely unsuccessful because of

- a) negative perceptions
- b) messages ineffective and not understandable
- c) low levels of literacy
- d) campaigns not sustained

Critical areas for sanitation programmes

- a) Water Supply
 - * Maintenance of standposts - there inadequacy in number
 - * Maintenance of pipe lines
 - * Maintenance of handpumps or borewells
 - * Assuring purity of water
 - * Collection of water charges from the beneficiaries
- b) Personal hygiene

Need of education creating awareness concerning.

- * Washing of hands
 - * Using proper methods of maintenance of cattle
 - * Washing clothes, washing utensils, maintenance of surroundings
- c) Women's Role

Is critical in the following areas

- * Collecting and storing of water
- * Maintaining and use of latrines inside households
- * Maintenance of family hygiene and sanitation
- * Waste disposal around houses - cleaning, cows, disposal of cowdung and garbage.
- * Sweeping rooms and courtyards
- * Cleaning utensils
- * Forming habits in children about defacation

but it should be demand driven. There should be flexibility and complete absence of red tapism.

d) Zilla Parishad should be given freedom in selecting NGOs. At the same time NGOs should be given freedom to select villages/beneficiaries. Similarly beneficiary should be given freedom to select type design of latrine.

e) Precise bifurcation of functions and responsibilities of government/district/block and village panchayat level should be laid down

f) Simple and straight forward information and reporting system should be introduced.

RURAL SANITATION PROGRAMME IN MANIPUR

To begin with Government of India targeted for provision of Sanitation facilities to at least 25% of the rural population during the 7th Plan, considering the fact that lack of proper sanitation facilities is one of the most important factors adversely affecting the quality of life in rural areas. The coverage of rural population at the end of Sixth Plan by Sanitation facilities was less than 1%

In Manipur, the Sanitation Programme under MNP was launched in 1985 in collaboration with UNDP/UNICEF by constructing demonstration units in 15 (fifteen) selected villages. Whereas the Central Rural Sanitation Programme (CRSP) was started in 1987 with technical clearance from the Government of India for 3141 units in 40 SC/ST villages for Rs 56.07 lakhs. During the 7th plan the amount released for CRSP was Rs 13.00 lakhs and the amount allotted for MNP was Rs 75.00 lakhs.

The financial and physical achievements for both MNP and CRSP during the 7th plan are as given below.

Year	Physical		Financial			
	MNP	CRSP	Outlay	Expenditure	Outlay	Expenditure
1985-86	205	-	5.00	3.91	-	-
1986-87	489	-	5.00	5.97	5.00	-
1987-88	835	488	25.00	19.20	6.00	10.19
1988-89	1004	345	20.00	20.43	2.00	4.20
1989-90	1686	727	20.00	19.16	-	5.10
Total	4219	1560	75.00	68.67	13.00	19.49

Thus the coverage by Sanitation facilities is hardly about 3% of the rural population of 12.63 lakhs of 1991 census population by the end of 7th Plan.

Now the target for the 8th Plan is again 25% coverage of rural population and we have to construct 46,850 latrines units to achieve the target.

In the year 1990-91, an amount of Rs. 45.00 lakhs was provided to construct 2200 latrines of which 2073 units were constructed under MNP, CRSP and comprehensive sanitation programme.

Again in the year 1991-92, the amount provided is Rs. 90.00 lakhs for construction of 4000 units of low-cost latrines of which about 1000 units were constructed. Thus attempt is being made to achieve the target of 25% coverage of rural population by the end of 8th Plan.

Comprehensive Sanitation:

The comprehensive sanitation programme was launched in the year 1991-92 with UNICEF assistance in one selected village only i.e. Ninethoubung village of Imphal District on demonstration basis as the pilot project in Imphal District could not be materialised due to certain constraints. This comprehensive Sanitation Programme was taken up to provide complete sanitary package to 200 households for improvement in the overall sanitary conditions of the village.

The estimated cost of the package of devices is as follows:-

1.	Two pit latrine	Rs. 2,360 00
2.	Bathing/Urinal platform	Rs 410 00
3.	Kitchen/washing platform	Rs 140 00
4.	Soakage pit/drain	Rs 260.00
5.	Smokeless Chullah	Rs. 80.00
6.	Garbage pit	Rs 50.00
	Total:	Rs. 3,300 00

The above cost is shared by the State Govt. UNICEF and the beneficiary as follows

1.	Government	Rs. 2,600.00
2.	UNICEF	Rs 500 00
3	Beneficiary	Rs 200 00

(Labour cost and cost of superstructure)

However, the amount of money to be borne by the State Govt will be too high when works are being taken up on a larger scale.

Past Experiences:

The State PHE Department is the implementing agency responsible for both hardware and software activities. So far, there has not been any problem as far as hardware activities/ construction programmes are concerned. But as regards the software aspect, PHE Deptt. was not in a position to be in constant communication with the community. The implementing agency is needed to be equipped adequately to perform and supervise the engineering and non-engineering activities. Better attention to monitoring and evaluation would help on the use and maintenance of the facilities provided to the people.

Suggestions:

- i) With the required loan or grant, either in cash or in kind the implementing agency in co-operation with some other Departments) could explore the possibility of self- construction by the beneficiaries utilising trained masons, self construction by beneficiaries would enhance peoples involvement leading to a sense of possession which in turn could help in better use and maintenance of the assets. The implementing agency should continue to be responsible for overseeing the quality and functional efficiency of the latrines and for timely construction.
- ii) The capacities and deficiencies of the implementing agency are to be assessed with reference to implemetation needs particularly the software aspect of the programme Women's role in this particular field cannot be under estimated

The health aspects of sanitation, can be effectively explained to the people by the local Meira Paibi/Nisha bandi groups of women particularly in Manipur.



RURAL SANITATION PROGRAMME IN MEGHALAYA

Proper sanitary environment is considered an essential pre-requisite for health promotion
Main components of rural sanitation are:

- 1 Disposal of human excreta.
2. Waste water and cattle dung/garbage disposal
3. Personal hygiene
4. Home sanitation.

Of these, provision of safe water and sanitation facilities are of prime concern. Many diseases are related to water and sanitation and as such safe water and sanitation facilities (viz. sanitary latrines etc.) with proper hygienic behaviour can help preventing or minimizing these diseases.

Good home sanitation practices also play an important role. These practices may include.

1. Use of smokeless chullahas with chimney.
2. Keeping home clean by daily sweeping of floor, throwing rubbish in garbage pit in the backyard.
- 3 Properly ventilating houses.
4. Keeping drinking water pitchers/pots covered to avoid dirt, flies and other insects, not dipping drinking glass/cups in pitcher etc

Therefore, any programme of rural sanitation for promotion of health for rural communities should also include hygiene education, safe handling of food etc. But the existing programme in the state include only safe water supply and construction of sanitary latrines

PRESENT STATUS

Open defecation is widely practised in rural areas of Meghalaya and this is one of the major factors leading to insanitary environment causing a number of diseases.

There is an ongoing programme of latrine construction under this Rural Sanitation Programme, low cost sanitary latrines are constructed in the rural areas both in state and urban sector. As per existing guidelines, the entire cost of construction is met by the government in case of scheduled castes, scheduled tribes and people below poverty line. In other cases 25% of the cost is to be borne by the beneficiaries. Since Meghalaya is predominantly a tribal state, so far all latrines constructed by PHE Department are on the basis of 100% assistance by the government. Under this programme, so far 5788 units under state sector and 1560 units under central sector have been constructed. Cost of each such pour flush latrine is Rs. 1625/- only.

The specifications of superstructure is very simple but it is upto the beneficiaries to improve it, if they so desire.

EXPERIENCE

A large section of rural people after initial hesitation are slowly accepting the on site system sanitary latrines. But motivation and hygiene education should precede the latrine construction to make the programme effective. On site disposal system is found to be cheapest and simplest because of

- * shortage of capital
- * shortage of water
- * ease of construction and maintenance

The existing on site disposal system in rural Meghalaya commonly includes

- 1 Pit latrine
- 2 Water seal pour flush latrine
- 3 Septic tanks (occasionally)

It is observed that

(a) Pour flush latrines constructed in the remote rural areas of East and West Khasi Hills and Jaintia Hills districts are by and large not properly utilised or left unused after initial use by the people, even though water is available nearby for flushing. Tribal people of these districts normally do not use ablution water rather they prefer ordinary paper, leaves, stones/sticks for the purpose of anal cleansing which often block the pan of the pour flush latrine

(b) But such pour flush latrines constructed in rural areas, around Shillong are properly used and maintained by villagers although no ablution water is used by them. Here it is observed that villagers also improve the superstructure of latrines (as PHE latrines have superstructure of very simple specification) by incurring additional expenditure of their own and are eager for having more such pour flush latrines

(c) The existing cost effective latrines with superstructure of simple specifications does not last longer than a year in heavy rainfall area like Meghalaya. This needs improvement. Bamboo or thatch grass or bricks is not easily available in these districts

(d) In most part of the Garo Hills district of Meghalaya, people use ablution water and pour flush latrines, where latrine is provided. But rural tribal people being very poor, many are unable to maintain the latrines once superstructure is damaged

(e) In Jaintia Hills district and Khasi Hills districts, pit latrines are traditionally used by many villagers. But these traditional pit latrines have the problem of fly nuisance and smell nuisance

It has thus been experienced that by and large, pour flush latrines can be adopted for Garo Hills districts while improved pit latrines can be adopted for Khasi and Jaintia hills district but in both the cases, the design and specifications of superstructure has to be modified and improved

IMPROVED PIT LATRINE (MVIP LATRINE)

In order to get rid of the problems faced with PF latrine use in Khasi and Jaintia Hills districts, Meghalaya type improved pit latrines have been recently introduced for Khasi and Jaintia Hills district. This MVIP latrines differs from usual (traditional) pit latrines. This MVIP latrine is a modified version of traditional pit latrine and also differs from other forms of VIP latrine.

Here a 50mm thick RCC slab (divided into two parts to make it easily removable) with two openings, one in each part, covers a pit. In one of the openings, a ventilation pipe is fitted while other opening is the squatting hole without any pan with trap. The fresh air is drawn through the hole and goes out as updraft through the vent pipe and thus the latrine itself is fitted with a corrosion resistant flyscreen or nylon mesh with a cowl. Flies which from the surroundings are attracted to the screen by escaping odours, are prevented from reaching the pit. If flies do enter the pit, they are attracted by light from the top of the vent pipe and are trapped within it and die. The latrine is kept partially dark by building walls suitably with a recessed entry.

In fact it is a dry latrine and is not designed to receive liquid other than urine and small amount of water used occasionally to clean the seat. The pit is normally protected by a peripheral stone masonry ring wall of about 600mm deep. Pit is usually 100mm dia, with RCC covering slab of 1250 x 1250 x 50 mm size. Excavation of pit is limited for 3 m (a typical drawing of MVIP latrine is enclosed)

It has been observed that these latrines are acceptable and preferred by villagers as these are similar to traditional pit latrines.

PROGRESS OF RURAL SANITATION

Year	Financial		Progress (Rs in lakh)	
	MNP		CRSP	
1986-87		Nil		Nil
1987-88		2.95		5.02
1989-90		77.91		8.15
1990-91		29.93		6.84
1991-92		29.57		Nil

The table below gives detailed (approximate) cost estimate for MVIP latrine (with superstructure of wood and kerosine tin sheets)

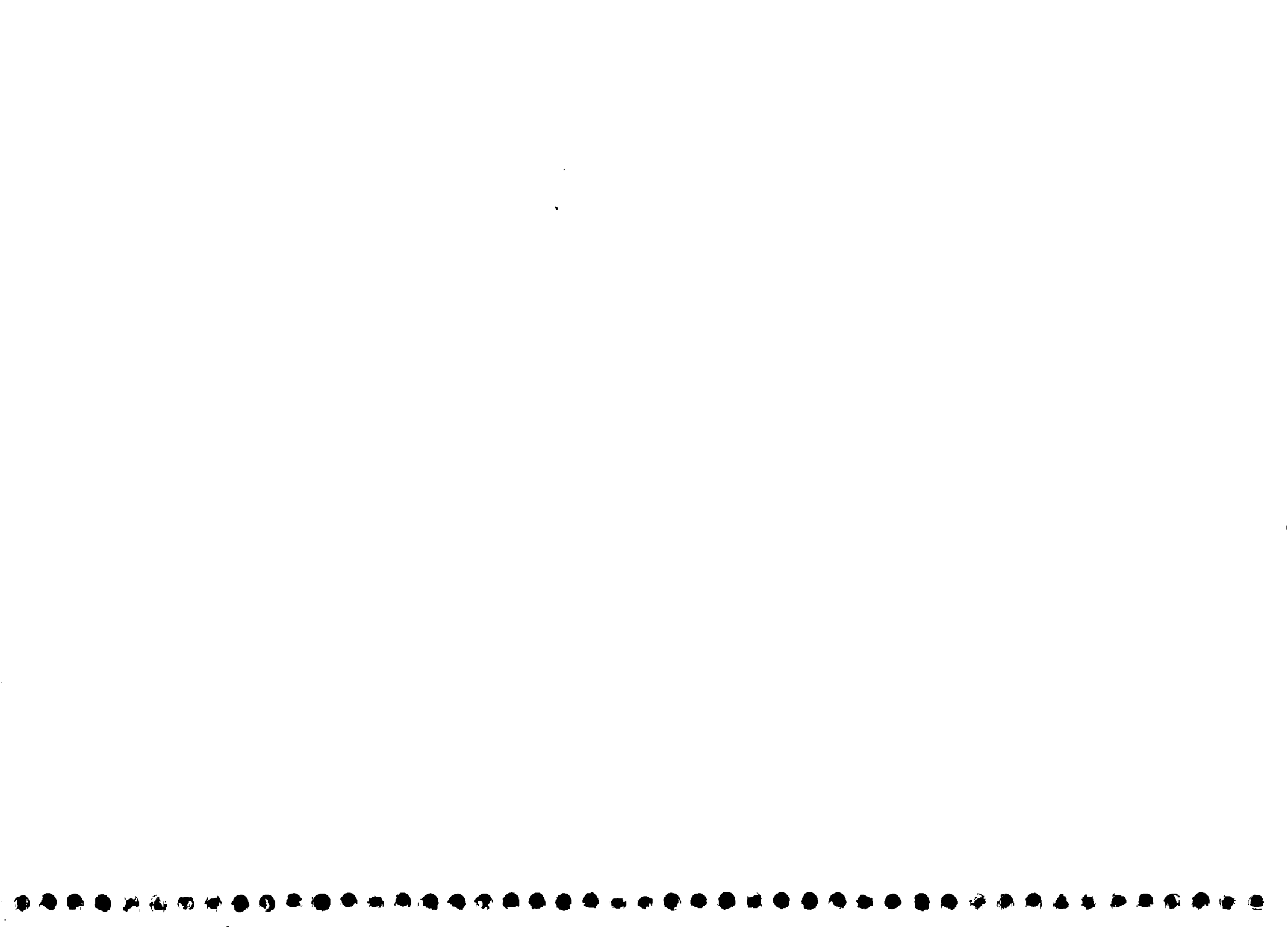
S No	Item	Unit	Quantity	Cost/unit	Amount
1.	Material Stone masonry (dry)	M3	0.14	LS	115 00
	Cement	bag	2.00	100.00	200.00
	Sand	M ³	0.20	170 00	34.00
	Aggregate	M ³	0.10	360.00	36 00
	M.S. rod (6mm dia) 10 nos. - 1.43 m				
	10 nos - 0 715 m	Kg	5.00	13 80	69 00
	A C. pipe (100mm 0)	M	2.50	47 00	117.00
	K tin sheets	each	16	12 00	192.00
	Wooden posts (jungle)	each	16	9 00	144 00
	Batten (wood)			LS	112 00
	Bamboo matting (chattai)			LS	90.00
	Bamboo wall			LS	60 00
	Nail Kg 1/2			LS	15 00
	Binding wire (black)	Kg	1/4	LS	6 75
2.	Labour (a) Labour for digging pit; casting slab including bending binding M.S rods shuttering etc.	Manday	7	50.00	350 00
	(b) Labour for fitting fixing of walls,door roof & providing mud plaster (with cowdung),Manday	10	50.00	500 00	2041 25
3	Carriage Contractor's profit	10%			204.10
	Contingency	3%			67 30
	Total				2312 Say 2320

RURAL SANITATION PROGRAMME IN NAGALAND

The Rural Development Department took up construction of community latrines in the village level and institutions such as Community Hall, Panchayat Hall, School etc during the 7th Five Year Plan. During the year 1991-92 the Department spent Rs 5.00 lakhs for construction of Rural Pit Latrine @ Rs. 1,200/- per unit under Centrally Sponsored Rural Sanitation Programme. Out of this, 21 Blocks were covered with 20 units in each Block.

During the 8th Five Year Plan, it is proposed to take up Bio-Gas Plant programme to be integrated into the Public night soil from the Community Latrines sufficient to generate some power for meeting the needs of cooking and lighting in the villages. The power thus generated can, also, be used as a supplement to the inadequate and erratic power supply in the State

For this programme, a suitable model could be devised in consultation with the Department of non-conventional Energy, Govt of India. The Department Plans to install 920 units within the Eighth Plan period costing approximately Rs 50,000/- per unit (Both Sanitation and Bio-gas plant). Thus an amount of Rs 42.00 lakhs is proposed for procurement and installation of 84 units of Sanitation and Bio-gas plant during 1992-93.



RURAL SANITATION PROGRAMME IN ORISSA

The beginning

A number of social workers, both men and women, have preached the ideals of cleanliness, composting, installation of gobar gas plants and use of Magan Chullahas, inspired by Gandhiji. Prominent Gandhian organisations kept sanitation as one of their important activities. They practised and also preached.

In the sixties the American Peace Corps Workers along with the local people developed a low cost water sealed latrine which is popularly known as Barapalli latrines. For sometime the Barapalli latrines were actively encouraged by the Community Development Blocks. In fact throughout the State the Blocks made and distributed these low-cost water sealed latrines. For the first time common people in the rural areas of Orissa were exposed to the concept of latrines on a wide scale. But blocks stopped to distribute these latrines after some time. However, one important fall-out of the programme was that a large number of rural masons learnt the technique and today if one travels on road not infrequently one comes across private enterprises engaged in producing these latrines along with other materials like rings for wells. Although no definite data are available, the evidence suggests that the private enterprise is expanding. This is a positive development.

But with rise in population as open spaces around the villages vanish, the sanitation situation is fast deteriorating. There has also been weakening of the efforts of the farmers to compost the household refuse with more use of chemical fertilisers.

Early Effort

Further, as a part of the decade of water and sanitation while tangible efforts were made to improve the drinking water situation by installing tube-wells, very little has been done in the sanitation sector. The first rural sanitation programme started in the year 1983 in Orissa as a post-flood rehabilitation programme in 5 blocks in the then C.D. & R.R. Department. Although the programme did not achieve the desired results, the Government decided to launch a scheme in the year 1985-86 with support from the UNICEF & Govt. of India. Both the C.D. & R.R. Department and the Housing & Urban Development were engaged in Rural Sanitation programme. Housing and Urban Development promoted sanitation in its housing schemes in rural areas. The R.D. Department is the succession to H & UD Department in the field of rural sanitation and rural drinking water supply. The Rural Sanitation Cell has been opened this year in R.D. Department fully financed by the UNICEF.

The Seventh Plan

The total financial outlay during the Seventh Five Year Plan under the C.D. & R.R. Department was as follows:

State plan	131.57 lakhs
UNICEF	37.75 lakhs
CRSP	96.00 lakhs
RLEGP	99.37 lakhs
Beneficiary Contribution	22.41 lakhs
Total	387.10 lakhs

The number and type of latrines constructed in the State under the C.D. & R.R. Department in the last seven years is indicated below.

HL	One pit - 17,360 Two pit - 31,119	48,479 Nos.
SL	1428 Nos.	
AL	185 Nos	
PHCL	12 Nos.	
SS	9 Nos	

The DANIDA Approach

In addition to this under DANIDA Project, 2304 nos. of HL latrines has been provided under bilateral assistance. There is proposal to complete 550 nos HL latrines in 92-93. It is also proposed to launch an intergrated Rural Sanitation Programme under DANIDA Project in blocks & villages where water supply schemes are launched.

The R.D. Department

After creation of R.D. Department the Rural Sanittion Programme is looked after by RWSS Organisatin under the R D. Department. In 1990-91 Rs.25 lakhs was released by Govt of India and in 1991 - 92 there was a budget provision of Rs.70 lakhs under this Department Thus total Rs 95 lakhs has been released for construction of Sulabh Sauchalaya in Ganjam District during 91-92 The target population to be covered is 1.25 lakhs.

During 1992-93, there is a provision of 15 lakhs & for 8th plan period there is provision of Rs 535 lakhs under this organisation for Rural Sanitation for which detailed scheme are being worked out.

Evaluation of Steps taken

ORG, Orissa has done an evaluation of one of the sanitation projects done under CD & RR Department in 11 blocks. The report says that nearly 95% physical & financial achievement have been reached and the use of latrine is nearly 70%

All the sanitation projects taken up by different departments from 85-86 to 91-92 nearly 8 lakhs population is served which is only 3% of total population.

Physical Targets Claiming the Main Shortcoming

The basic emphasis during this period was on achievement of physical targets. Sanitation programmes taken up with DANIDA support however had an educational or motivational component. Similarly UNICEF did contribute to raising of awareness and organisation of training of masons, engineers, BDOs and C.D P O.s etc.

Ishwar Bhai Patel, Director, Environment Sanitation Institute, Ahmedabad, Orissa branch of the Sulabha International, Water Development Society, Hyderabad and important personalities of the State like Sri Indu Bhusan Mishra were involved in the training programmes and motivational campaigns

Similarly involvement of voluntary agencies has so far remained marginal

In view of the experience gained and insights obtained, it may be said that,

The Strategy:

(a) The role of voluntary agencies needs to be substantially enlarged. It is these agencies alone who can change age old habits

(b) Role of village level groups in general and women's groups in particular is crucial for the success of the programme.

Adequate and sustained motivational campaigns particularly amongst women should precede construction of latrines etc

(c) The motivational campaigns should encompass all groups and only an aggressive educational effort can decisively break the age old practices and can bring out an attitudinal revolution.

(d) Adequate training of the personnel both in campaigns as well as the hardware is necessary.

(e) The implementing agency should be free from the tyranny of targets because manufacturing and installation of latrines in only one tenth of the story 9/10 is the changing of habits

(f) The programme should be properly monitored and supervised. Miracles should not be expected overnight

(g) There has to be special allocation of funds to flood the selected villages with sanitary wells and tube wells.

Unless adequate water is available within at least 200 ft no one will use sanitary latrines. It should be first introduced in those villages which have pipe water supply

Sanitation should not be confined to the construction of latrines only and the programme should be taken up in its entirety such as compost pits, soakage pits for tube wells, biogas plants etc.

(h) There should be flexibility in design and technical specifications. Even carrying a hoe to cover the fecal matter could be propagated. Voluntary agencies should be given the liberty to change the design as per local acceptance and requirement

(i) Success of the sanitation programme depends both on civil engineering and social engineering. Software is as important as hardware of the programme. There has to be proper evaluation of the work

(j) Govt. of India should assist in full funding of Socio-Economic cell in the Chief Engineers' Office, besides the technical personnel

The physical achievements are given in Annexure I.

UNDER C.D. & R.R. DEPARTMENT

Year	Funds Rel State Plan	Funds Rel. UNICEF	Funds Rel. CRSP	Funds Rel RLEGP	Beneficiary Contribution anticipated	latrines provided	population served
1985-86	18.67						
1986-87	18.40	20.32	37.00	53.00		HL:48,479 nos One Pits:17,360 Nos Two Pits 31,119 Nos	6,20,000
1987-88	18 00		23.00	19.87		SL:1428 Nos	
1988-89	16 50	36 00	26.50	2 41	AL:185 Nos.		
1989-90	17 00	9.93				PHcl.12 Nos.	
1990-91	15.00	7 50					
1991-92	28.00				20.00	SS 9 Nos	
Total	131 57	37.75	96.00	99.37	22.41		

UNDER H. & U.D. DEPARTMENT

Year	Funds released to OSHB (in lakhs)	Population served
1986-87	17 40	
1987-88	20.00	54,000
1988-89	20.00	
1989-90	24.58	
1990-91	27 00	
Total	108.98	

UNDER R.D. DEPARTMENT

Year	Funds released CRSP	Funds Released State Plan	Latrine Proposed	Population to be served
1990-91	25.00 lakhs		Sulabha Sauchalaya	1 25 lakhs
1991-92		70.00 lakhs	25 Nos	



RURAL SANITATION PROGRAMME IN PUNJAB

Introduction

The State Government is committed to improve the quality of life in the villages. One of the major problems of rural people in the state is that of lack of sanitation facilities. Traditionally the rural population had to depend upon the open fields for defecation.

Need for Rural Sanitation

Green revolution in the state has brought a radical change in the outlook of the people. Literacy level has gone up. With the rise in standard of living, the people are becoming increasingly responsive to cleanliness and environmental improvement. The following factors have also added to the need for providing low cost latrines :-

- i) Indiscriminate defecation in the open fields is the major cause of morbidity - leads to soil and water pollution.
- ii) People are exposed to the risk of intestinal diseases due to the polluted soil
- iii) Incidence of communicable diseases increases especially - water borne
- iv) Change in the cropping pattern - especially the rice cultivation. The water remains standing in rice fields and the people don't find open places for defecation
- v) Changing social and cultural pattern of life people are becoming more individualistic and feel shy to go out for easing in the open
- vi) Prevailing disturbed conditions in the state - what to speak of going out during the dark hours, people hesitate to go out even in the day light
- vii) Use of poisonous pesticides has also restrained the people to some extent to use fields for defecation
- viii) The village women folk can't go out for answering the call of nature during day time. Invariably leads to health disorders/hazards.

Present Status in the State

About 1.42 crore people (approx. 23.60 lakh families) live in rural areas of the state. Till 31st March, 1992 47,000 lavatory units have been provided and 23.1 lakh families are yet to be covered under this programme.



Acceptability and extension of IREUP to whole state in 118 blocks as Model

In the initial stage, 5 villages, one each from 5 districts were selected under this programme and it was intended to extend this scheme to the remaining 7 districts of the state. Keeping in view the wide acceptance of this scheme in the rural areas, it has now been decided to extend it to remaining 106 blocks, one village selected from each block during the 8th Five Year Plan 1992-97 with the following provisions

Requirement of funds for IREUP during 8th Five Year Plan and the Plan Year 1992-93

During the year 1991-92 Rs. 60 lakhs were spent to carry on this ambitious programme in 12 districts.

Rs. 3.00 crore are available for the Plan Year 1992-93 against the total requirement of Rs. 8.70 crore

Rs. 43.50 crores have been proposed in the 8th Five Year Plan 1992-97 for this programme.

Works in 3 villages i.e. Dhapi (Mansa), Bardhwal (Sangrur) and Plahi (Kapurthala) under this programme are at an advanced stage of completion.

Present status of sanitation programme in Punjab state

The work of low cost sanitation is being handled by three different departments explained as under:

- 1 Public Works Department (Public Health)
- 2 Social Welfare Department
- 3 Rural Development Department

Department of Public Works (Public Health)

Starting with a token provision of Rs. 5 lakh in the 7th Five Year Plan, the outlay was stepped up from year to year as under

Year	Amount (in lakh)
1986-87	5
1987-88	55
1988-89	175
1989-90	175
1990-91	300
1991-92	175

The scheme is meant to provide individual low cost latrines. A certain percentage of the cost per unit is given "as subsidy (50% for non-scheduled castes and 75% for scheduled castes). The Public Health Department is taking up the work for execution through its departmental network.

Social Welfare Department

The allocation as per information available from the Social Welfare Department under Rural Sanitation Programme is as follows:

Year	Amount (in lakh)
1990-91	60
1991-92	60

Rural Development and Panchayats Department

The allocation under Rural Landless Employment Guarantee Programme, for construction of sanitary latrines, to Rural Development and Panchayats Departments were made as under

Year	Amount (in lakh)
1986-87	5
1987-88	8

Funds during the year 1988-89 and 1989-90 were not provided to the Rural Development Department. From 1-4-1990 sanitary latrines are provided along with the houses under Indira Awas Yojana, a sub-component of Jawahar Rozgar Yojana. 7931 such latrines have been constructed through Rural Development Department.

Magnitude of problems in terms of units

Approximately 47,000 low cost sanitary latrine units have been constructed till the end of March, 1992. Out of the total population of over 2.00 crore of the state, 70% live in villages (1.42 crore). It has been critically examined and analysed that one unit/latrine is a viable unit for an average family of 5-6 members. Taking an average of six members per family unit, the total number of latrine units required for the state works out to 23.60 lakhs. It will thus be seen that hardly 2.60% of the rural population has so far been provided with this facility. The outlays proposed by the Government of India for state of Punjab are so inadequate that this programme will have a very limited impact if allowed to continue and it will take decades what to talk of years, if the programme is allowed to run at present speed with inadequate funds.

Per unit cost of low cost latrine & fund requirement

The present cost of a low cost sanitary latrine is about Rs. 3,000/-. Assuming the modest escalation of 5% per annum i.e. pegging the cost per unit at Rs. 4,000. The requirements of funds for 100% coverage of rural population is Rs. 925 crores.

Time schedule for state coverage

Although there is a great emphasis for covering the whole state with low cost sanitation during the 8th Five Year Plan 1992-97, yet keeping in view, the resources constraints, this facility is proposed to be provided within a period of ten years. Thus to cover 10% of the population during the current financial year 1992-93, the state government would require an amount of Rs 80 00 crore to provide 2.00 lakh low cost sanitation units in the rural areas.

Resource mobilisation

On the average contribution by the beneficiaries can be taken 37.5% (50% for non scheduled caste and 75% for scheduled castes beneficiaries being the subsidy component). The development activities in the state slowed down due to the law and order problem arising out of the prevailing terrorism. To provide the desired thrust, the Government of India may come in a big way. More funds from the Central Government are required to be provided, since the state is not in a position to provide funds from its own resources due to resources crunch largely on account of disturbed conditions in this sensitive border state afflicted with militancy. However, the sharing pattern among Centre, state and beneficiaries is suggested as below for the year 1992-93 :

50% Government of India i.e.	Rs 40 crore
30% State government i.e.	Rs 24 crore
20% beneficiaries i.e.	Rs 16 crore
Total	Rs 80 crore

Evolution of integrated planning and coordinated execution approach

In an effort to improve and upgrade the living conditions in the rural areas, integrated planning and coordinated execution approach has been evolved. After discussions with the planning department, number of traditional schemes of Rural Development and Panchayats department have been clubbed into a single scheme called, "Improvement Of Environment & Rural Infrastructure"

Rural Development & Panchayats Department made Nodal Department

The State Government on the recommendations of Government of India and in view of the revised guidelines of centrally sponsored rural sanitation programme have made Department of Rural Development and Panchayats Deptt. as Nodal agency for Rural Sanitation programme. Funds provided by the Government of India for the programme be pooled/consolidated and channelised through the nodal department. The nodal agency will distribute funds to the executing department keeping in view their capacity.

Execution of programme

The programme is being executed by various agencies i.e. Public Works Department (PH), Social Welfare and Rural Development & Panchayats Department (through its Panchayati Raj Institutions) in the State.

Role of District Planning & Development Board

Under the decentralised planning, the funds are placed at the disposal of District Planning and Development Boards for identification of villages/beneficiaries, planning, implementation and execution.

REVIEW, MONITORING & EVALUATION OF SANITATION PROGRAMME

State level committee

The rural sanitation programme will be reviewed monitored and evaluated by a top level committee at the state headquarters which will be chaired by Secretary, Rural Development and Panchayats with Director, Rural Development and Panchayats, Chief Engineer (Public Health), Director, Social Welfare and Superintending Engineer, Panchayati Raj Public Works Circle as its members, as systematic review, evaluation and monitoring of the programme activities will enable the nodal department/agency to keep continuous track on the activities undertaken under the programme

District Level

At the district level this programme will be monitored and evaluated by a committee consisting of ADC (Development) as Chairman and District Development and Panchayat Officer, Executive Engineer (PRD), Executive Engineer, Public works (G) and District Welfare officer of the Social Welfare Department as members.

Setting up of Rural Sanitation Cell at state headquarters

The Department of Rural Development has proposed to set up a Rural Sanitation Cell at the state headquarter with the following objectives:

- * To help the state in the formulation and planning of sanitation programme at all levels.
- * To provide assistance and technical support including both education/training and construction activities to the implementing agencies at all levels (State, Districts and Blocks).
- * To coordinate inter-departmentally for sanitation activities with the agencies within and outside the country

This proposal somehow or the other has not been approved by the Government of India in 1991-92. As it is in consonance with the revised guidelines for Centrally Sponsored Rural Sanitation Programme issued by Government of India, its approval for the state of Punjab is immediately required for successful implementation of this programme.

Conclusion

The Rural Sanitation Programme will not only provide basic sanitary amenities but will go a long way in providing employment opportunities to the unemployed and unskilled labourers at their door-steps in the rural areas itself



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RURAL SANITATION PROGRAMME IN RAJASTHAN

Introduction

The absence of a nearby reliable source of safe water and lack of basic sanitary facilities such as latrines a serious adverse impact on young girls and women. It is they who have to bear the drudgery of carrying water over long distances and wait until dark to go out in the fields to ease themselves.

To improve this situation, Government of Rajasthan initiated in 1987, the rural sanitation programme with the collaboration of UNICEF in selected 20 blocks covering 200 villages of four districts. Later the programme was extended to two more districts. The districts in which this programme is being implemented now are Jaipur, Alwar, Bhilwara, Tonk, Sawai-Madhopur and Ajmer (in selected 320 villages of 41 blocks). In addition to this and with the support to SWACH (a unit supported by UNICEF & SIDA) the programme is being carried out in four tribal districts viz. Banswara, Dungarpur, Udaipur and Rajsamand also. The implementation of the programme during last four years has shown positive improvement in the overall environment sanitation situation.

From the current year (1992-93) similar sanitation activities have been taken in hand in four primary districts viz. Jhalawar, Nagaur, Jodhpur and Barmer under Rajasthan Integrated Guinea worm Eradication Project (RIEGP). Sanitation activities will also be taken up soon in all the villages of two blocks (Rajgarh and Kishangarh) of Alwar district under control of Diarrhoeal diseases Water and Sanitation Project (C.D.D WATSAN Project).

OBJECTIVES

The main objectives of the present rural sanitation programme are.

- (i) To provide intensive coverage of sanitation facilities both at the household and institutional levels through construction of sanitary latrines, soakage pits with washing/bathing platform, improved chullha and garbage pits and soakage pits with washing/bathing platform in each PSP and handpump sites.
- (ii) To promote change in hygiene practices among rural families through health education, public information and awareness activities,
- (iii) To promote involvement of villagers particularly women folk in project planning and implementation through the involvement of voluntary organisations such as Bharat Scouts and Guides, Teachers and Children of schools, and
- (iv) To strengthen capacity for improved planning and implementation sanitation activities through training and orientation

IMPLEMENTATION STRATEGY AND APPROACH

The basic strategy of the programme is one of the promoting and motivating the rural community to have and use sanitation facilities in their households so as to improve their basic health status and general well being. This will be achieved through an integrated approach in the field of sanitation and health education, planning and implementation through the village community itself. The implementation of the programme is governed by the following major principles

- A. Training and Orientation
- B. Social Mobilization and Awareness building
- C. Construction of package programme

A. Training and Orientation

One of the important objectives of the programme is to develop appropriate trained manpower at different levels of the project i.e. from state level to village level. The trained personnel is needed to explain and motivate the rural masses to adopt and accept the programme. Keeping this in view, a series of trainings have been conducted in last three years, details of which are given in Annexure-I. Various trainings are:

- i) Training of trainers
- ii) Training of technical personnel on construction of various sanitary facilities
- iii) District level official training.
- iv) Training of block level officers.
- v) Orientation of ICDs, WDPs, DW CRA Field Staff.
- vi) Mason's training for construction.
- vii) Orientation of school teachers.
- viii) Orientation of district organisers of scouts and N.C.C.
- ix) Training of village sanitation motivators.

Since last year the Indian Institute of Rural Management Rajasthan, Jaipur has been identified and entrusted with the work of organising the above training programmes in a systematic manner. The Institute has a wide experience in the field of rural sanitation. The Institute has a good faculty of qualified and trained personnel. The resource persons for the various trainings are made available by them.

B Social Mobilisation and Awareness Building

It is a major and integral part of this programme. Activities to bring awareness among communities so as to invite their participation in the programme, to create demand for facilities and to improve their utilisation are taken up in this training. This activity is organised and implemented through

- i) Organising Scouts/N.C.C /Awareness Camps in each selected village
- ii) House to house contact by selected village sanitation motivators (two motivators in each village: one male and one female);
- iii) Organising corner meetings in the villages,
- iv) By putting slogans on walls at prominent public places relating to sanitation and health education.

Rajasthan State Bharat Scouts and Guides Services have created a remarkable support base through launching three days' camps in the villages (in future these camps will be of five days) for spreading the message of this programme by door to door contact, village cleaning and construction of various facilities and to create the demand among the villagers. In just last four years this Institution has organised 47 camps involving as many as 1960 Scouts/Guides spreading the message in about 15,000 families.

For regular motivation and constant follow up of the activities, two motivators (one male and one female) have been identified and trained in each village. These motivators are giving their services with a paltry honorarium incentive of Rs. 50/- per month. They are spreading the message of sanitation to improve the health status of the rural people as dedicated workers.

C. Construction of package units

Beneficiaries are selected according to their willingness to share and accept the package as given below:

- i) Construction of low cost pour flush water seal latrine containing two leaching pits;
- ii) Construction of soakage pits and washing platform,
- iii) Construction of garbage pits;
- iv) Installation of improved chullhas

In addition to above, general facilities which are constructed and provided in the villages are:

- i) Construction of soakage pits and washing platforms near the community handpumps and PSPs. This is done to avoid stagnation of water near the safe source of drinking water,
- ii) Construction of sanitary latrines-cum-urinals in schools/Anganbari Centres. This is done to educate the children to accept and develop habit for their use

PROJECT MANAGEMENT:

The Department of Rural Development and Panchayat Raj is the nodal agency responsible for implementation of this project. At state level, a Sanitation Cell functions which monitors various activities. The Department ensures full cooperation of the concerned officials and implementing agencies at the district, block and village levels. It also ensures cooperation and full participation of other Departments in implementation of the programme, such as Medical and Health PHED, Department of Women & Child, Education Department, etc

UNICEF is extending administrative support for the last four years by providing the posts of Asstt. Development Commissioner and Field Investigator. It has recently agreed to provide a post of Training Coordinator also for the Sanitation Cell at headquarters in the Department

At district level the Chief Executive Officers, Zila Parishad and at block level, Block Development Officers of Panchayat Samitis are responsible for the implementation of this programme with the assistance of technical and education cadre staff attached with them. At village level activities are undertaken by Gram Sewaks, Surpanchs, School Teachers and village sanitation motivators as a core group

FINANCIAL SUPPORT

In recognition of the importance of Rural Sanitation Programme, the state government had made a provision of Rs. 58 00 lakh during Seventh Five Year Plan for this programme. An outlay of Rs 200.00 lakh has been made for the Eighth Five Year Plan period for implementation of the programme. For better implementation of this programme, the Government of India had also been providing funds under CRSP and with this help, the Sanitation Programme got a good fillip in the state. Non receipt of CRSP funds for the last three years has very adversely affected the targets of the last three years.

For smooth implementation of this project, UNICEF support is very encouraging. UNICEF is not only providing assistance in construction activity, but also providing full support for conducting various training/orientations, awareness camps and various social mobilisation activities which helped a lot in better implementation of this programme.

Present financial support for various activities through different sources are given as under

- | | |
|--|------------------------|
| A. Training and orientation | 100% support by UNICEF |
| B. Social mobilisation & Awareness building | -do- |
| C. Honorarium to VSM's around Rs. 50 per month | -do |
| D. Construction activities | |

S No.	Activity	Estimated unit cost (Rs)	Financial Support (subsidy)(Rs)		
			GOI	GOR	UNICEF
i	Construction of low cost pour flush water seal latrines for households	2800	650* (1000/- for SC/ST)	300	400
ii	Construction of soakage pits with washing platforms for households	400			200
iii	Cost of garbage pit for households	50			Self const
iv	construction of improved chullha	60			60

v	Construction of soakage pits with washing platforms near community handpumps and PSPs	1750			1000
vi	Construction of institutional latrines-cum-urinal complex in schools/anganbari centres	4100			1000

*Government of India assistance under CRSP was not available in 1989-90 and 1991-92

A statement indicating physical and financial position of various activities in last five years is given in Annexure II

RURAL SANITARY MART

To achieve the national goal of 25% coverage and keeping in view the resource constraints in public sector alternative delivery channels would need to be introduced, different from the present practice of providing subsidy directly to the household beneficiaries Rural Sanitary Marts (RSM) as retail outlets dealing not only in materials required for construction of sanitary facilities but also those items which are required as a part of Sanitary Package are proposed to be established with UNICEF Support in selected villages.

It is proposed to establish seven RSMs during the current year (1992-93) out of which two were started during the quarter (April to June).

IMPROVEMENT OF NGOs and CAPART

Keeping the objective of improving general health status of the rural community, NGOs are also working in the state for the implementation of Sanitation Programmes. About 30 NGO's are implementing this type of project activity by taking assistance from CAPART CAPART is providing financial assistance upto 95% (as a subsidy) for construction activity together with training and administrative support. This high rate of subsidy is affecting the state programme as the subsidy rate in state programme is too less (about 25% only) in comparison to the CAPART assistance given to the NGO's.

NEW PROPOSALS

a) Facility Park

Rural people still prefer to go in open for defecation in place of constructing and using latrines in the house due to traditional habits. In some cases there is no space available in the existing house Due to increase in population it is becoming difficult day by day to find open spaces for defecation Uptill now only limited success could be achieved in motivating the people to construct household latrines and use them. Keeping in view the traditional habits of not constructing sanitary units in the house but at the same time there being a necessary need to make the facility available to the households, a new model is proposed to be developed in the name of "Facility Park" The new model of Facility Park will consist of a group of four toilet blocks each consisting 12 toilets together with bathrooms and a small water storage tank to be constructed at common places Each toilet will be privately owned by the households who would use and keep them locked. A group of four toilet blocks will cover an area of about 1000 square yards A handpump and solar lighting will be provided The waste water will be used for plantation and landscape. The individual toilets will be maintained by the

households. It is estimated that each toilet which will consist of a W/c, bath with a small storage tank will cost approximately Rs. 3000/- 2/3rd of the cost may be met through assistance from GOI, GOR & UNICEF and 1/3rd by the beneficiaries. The cost of other common facility may be met by GOI/UNICEF. General maintenance of the Facility Park, other than the individual toilets, shall be done by the local panchayat. A guard may also be employed by the village community for watch and general upkeep of the area.

It is proposed to develop at least six such Facility Park during this year as pilot projects. A copy of the model plan is given in Annexure II

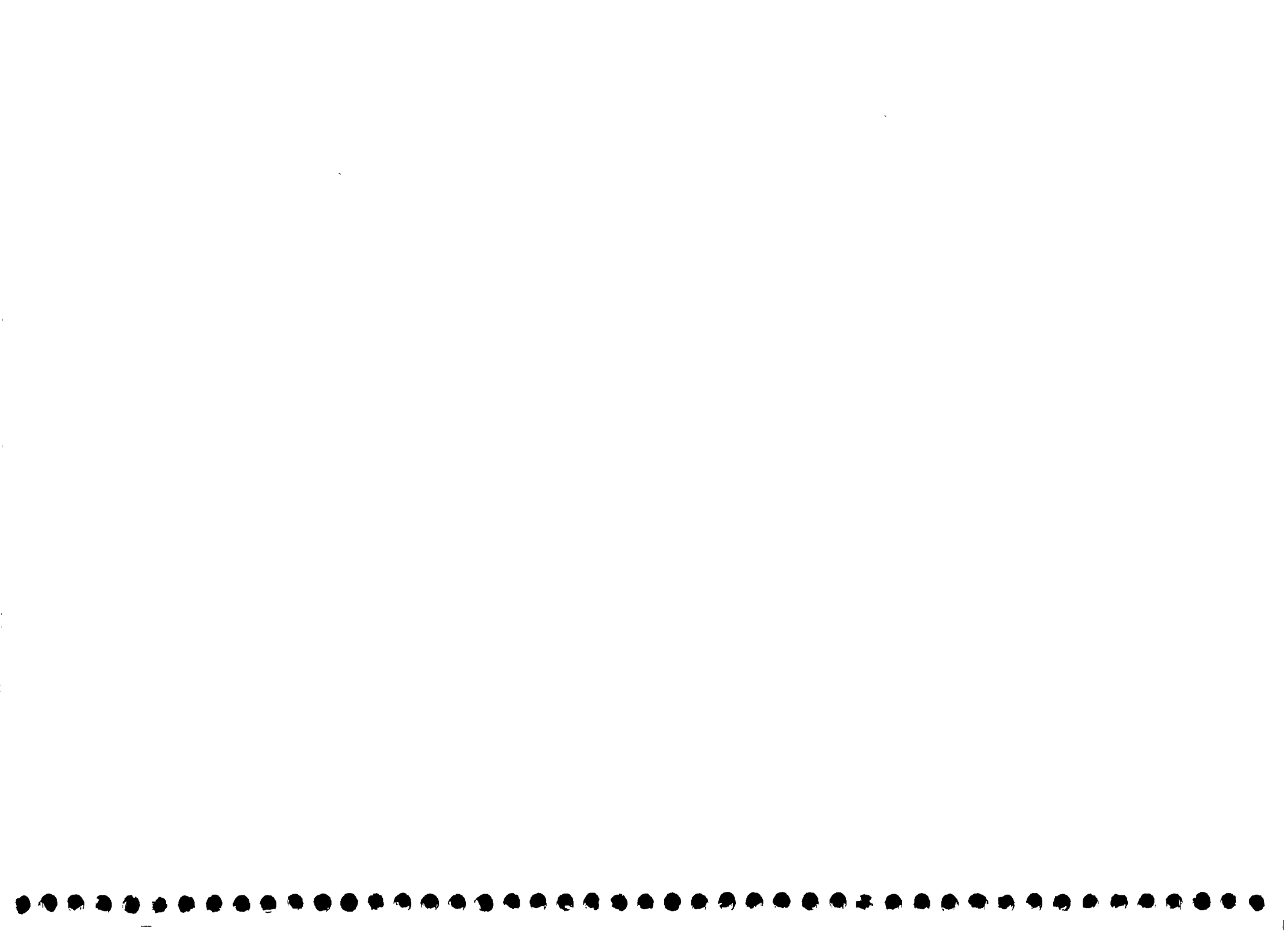
b) Sanitation Facility on Highways

The Department of Rural Development, Government of Rajasthan will be developing highway service centres along major highways of the state. Facility like petrol pump, motels, dhabas, auto repair shops, truck parkings, retail shops, bus stop, first aid clinic, highway petrol post, tourist counter etc will be provided. A tube well, electricity, telephone (with STD facility) shall also be provided. In all such centres, sanitary toilets with pay and use facility shall be available for which UNICEF assistance will be obtained. This will help spread the message of using sanitary toilets throughout the length and breadth of the country by truck drivers and other highway passengers who ply on the highways in large number. A copy of plan of highway service centre is available as annexure VI

A map of Rajasthan showing the project areas where rural sanitation programme is being implemented is enclosed as Annexure-V.

**Details of various trainings/orientation's organised in the state
of Rajasthan under Rural Sanitation**

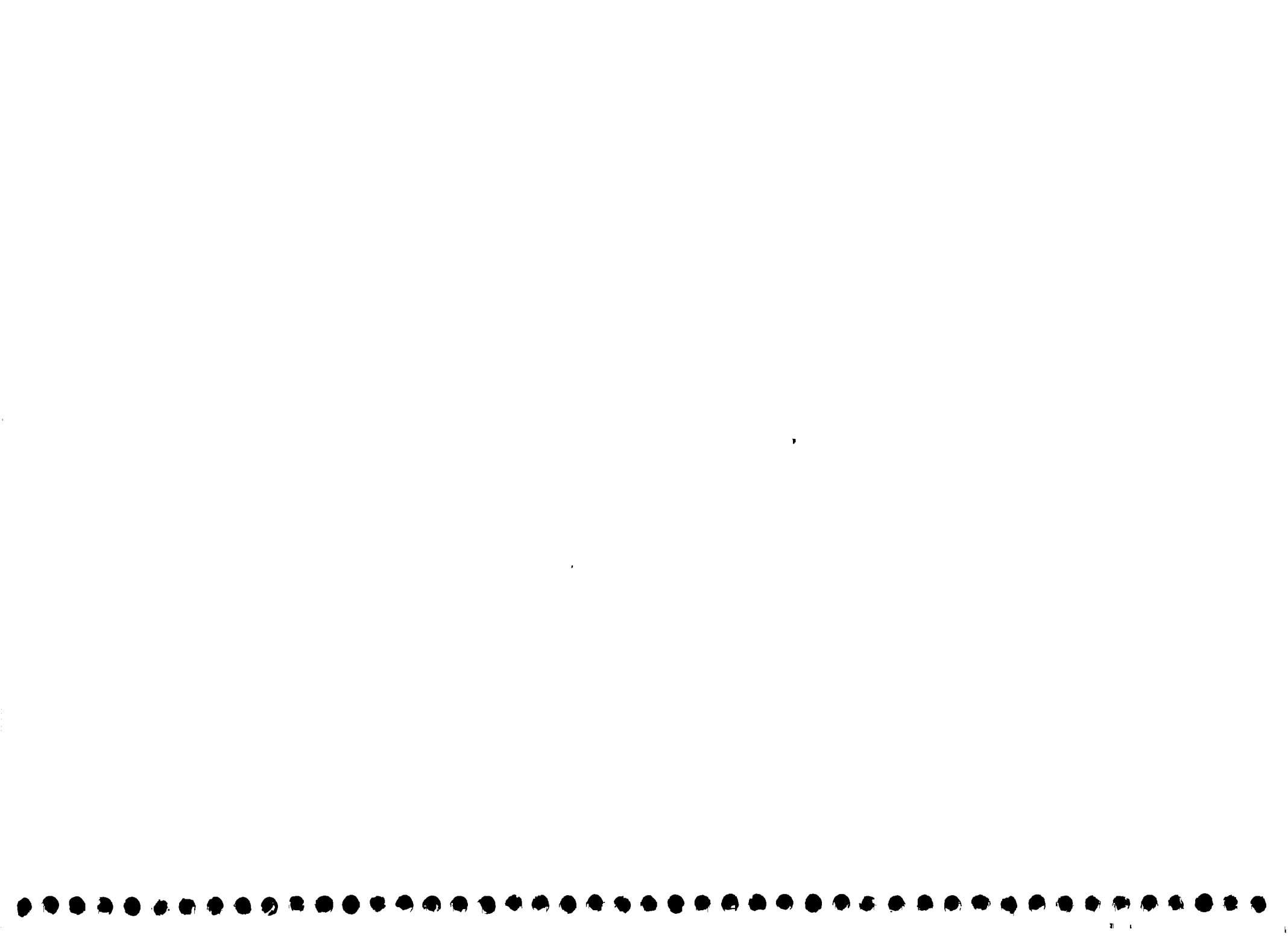
S No.	Activity	1988-89		1989-90		1990-91		1991-92	
		No of courses	participants	No. of courses	participants	No of courses	participants	No of courses	participants
1	State level Scout Guide (Circle Organiser's) (2 days)	1	36			1	30	1	35
2	District level officer's orientation (2 days)	2	211			4	144	4	125
3	Orientation for school teachers (2 days)	1	33			1	35	3	80
4	Masons training for construction (3 days)					2	38	6	178
5	Training for village sanitation motivator's (4 days)	3	285	2	155	4	314	8	262
6	ANM's/DWCRA/ICDS field orientation (2 days)	1	63					3	105
7	Block level orientation (1 day)					4	125	2	90
8	Training for Technical Personnel (4 days)	1	40	1	35			1	39



Physical and financial status under Rural Sanitation Programme in Rajasthan

S.No.	Particular	1987-88	1988-89	1989-90	1990-91	1991-92	1992-93
1.	No. of villages covered	280	288	428	526	506	32
2.	No. of units required to be constructed	4367	3376	8400	11533	12800	12733
3.	No. of units actually constructed so far	4367	3376	5940	7943	6887	148
4.	No. of households covered	36000	33000	48000	64000	55000	1200
5.	State allocation (in lakh)	10.00	15 00	18.00	36.00	40 00	40 00
6.	Release of funds under CRSO (in lakh)	20.00	38.00		10 00		
7.	CRSP funds required (in lakh)			60 42	98.00	120 00	120.00
	Provision of infrastructure						
1	Construction of soakage pits in households			731	1693	3635	148
2	Installation of improved chullah			1068	1635	3635	148
3.	Sanitation facilities in Educational Institutions		283*	50	133	92	25
4	Soakage pits with bathing platforms at PSP sites			224	155	216	12

* in last three years



RURAL SANITATION PROGRAMME IN SIKKIM

Sikkim has a population of 4,03,612 (1991) out of which the rural population is roughly 83.85% i.e. 3,38,428

The Rural Sanitation Programme was started earliest in 1985-86. Prior to it, approximately 4.1% rural population had access to rural sanitary latrines. Immediately after the introduction of the programme, the State Government, as a first step towards achieving the goal, took up construction of rural sanitary latrines. Sikkim has mountainous terrain and as a result of this the houses are scattered all over the hill slopes. Because of this, Community latrines for more than one house in the village is not feasible. Therefore, it was decided to provide individual household sanitary latrine for the villagers. Such latrines have been constructed under Minimum Needs Programme, Central Rural Sanitation Programme, Indira Awas Yojana, N.R.E.P./R.L.E.G.P. (now under JRY) and with assistance received from UNICEF. Apart from the household latrines, community latrines have also been constructed for Institutions like Panchayat Ghars, Monestaries/temples, primary schools, IRDP & DWCRAs Centres, etc. Other activities under the programme are construction of garbage pits, soakage pits and bathing cubicles.

Till the end of 1991-92, a total of 9,533 household and 573 community latrines have been constructed. The coverage of households with sanitary latrines on the basis of 1991 rural population is 14.08%. The 573 community latrines and 16 Nos. of bathing cubicles have benefitted a total of 35,000 persons. Apart from this 1135 soakage pits and 400 garbage pits have also been constructed.

For the construction of Household sanitary latrines, the assistance to the beneficiary for each unit of the latrine is Rs 1,500/- (earlier it was Rs 1,200). Such latrines are constructed by the beneficiaries themselves under the technical supervision of Rural Development Department. The cost of Rs 1,500/- is for construction of the latrine upto the plinth level including the cost and fitting, fixing of fibre glass pans and waterseal. The beneficiary provides superstructure including roof as his/her contribution for owning such facility. Rural Development Department ensures that beneficiaries provide fairly good quality of super-structure with the locally available materials. Unless the latrine is completed in all respects and properly utilised, financial assistance is normally not released.

The programme will be continued during the current financial year and it will be the endeavour of the State Government to cover as much rural population as possible.



RURAL SANITATION PROGRAMME IN TAMIL NADU

The technology of low cost sanitation is gaining importance day by day. This is because the conventional sewerage scheme involves high cost and more consumption of water. In a developing country, it is normally not possible to generate huge funds for implementation of the costly sewerage schemes.

Judging from the problem of provision of rural sanitation to Scheduled Castes/ Scheduled Tribes, the achievement made under National Rural Employment Programme was rather inadequate. The Scientists, the Sociologists and the planners in the developing countries have, therefore, thought it necessary to adopt an appropriate technology which is simple in nature and at the same time cheaper in cost. Therefore, the Central Rural Sanitation Programme was introduced during 1987 onwards. The object of the project is that atleast 25% of the rural households have to be provided sanitary latrines before the end of the plan period.

With rural people, generally not accustomed to using latrines, whose perception of health needs for using toilets being low, it has to be basically a health education programme weaning them away from the age-old practices of open defecation and inculcating instead in them the new habit of using sanitary latrines. This indeed is a challenging task. So, a multidisciplinary, multipronged approach was decided upon. A conference of officials connected with health, engineering, social welfare, youth, adult education and development departments and non- governmental organisations (NGOs) in North Arcot District was organised at Vellore on 17.7.87 to orient them with the various aspects of Central Rural Sanitation Programme. It was felt that the Central Rural Sanitation Programme would supplement the efforts made under Central and State Sector Programme by providing sanitation facilities in the rural areas through construction of rural latrines of individual households so as to improve the quality of life in the rural areas. As part of the Central Rural Sanitation Programme, an Intensive Sanitation Programme has been launched in Periyar District in the year 1988.

During the year 1988-89, the scheme was taken up in 11 blocks at a unit cost of Rs 800/- per latrine up to plinth level. A single RCAP standard pit design of 68 CM x 68 CM size and 1.8 M depth was adopted for construction. It has been left to the beneficiaries to construct the superstructure with available local materials.

On evaluation on the usage of sanitary latrines constructed up to plinth level, it was found that in the absence of superstructure the percentage of usage of latrine was very low. Hence, to set right the deficiency, the Government has taken a decision to construct with superstructure and increased the unit cost from Rs 800/- to Rs. 1600/-.

Apart from the Government grant, the beneficiaries have contributed a sum of Rs 160/- per latrine during 1988-89 and Rs. 320/- during 1989-90 onwards. The details of contribution from the beneficiaries is as follows :

Year	Unit Cost	No. of latrines	State/ Centre	Beneficiaries contribution per latrine	Total amount collected (Rs in lakhs)	Unicef
1988-89	800/-	3125	340	160	5.00	300
1989-90	1600/-	10500		320	33.60	
1990-91	1600/-	15000		320	48.00	
1991-92		10000				

About 15% to 20% of the beneficiaries have constructed attached bathrooms along with the latrines. As a software input to accelerate the programme and implementation of this scheme, district level officers, block level officers, Town Panchayat level Officers, and non-officials and local masons were given practical training on the construction process of sanitary latrines.

The personnel of Family Planning and Rural Health Centre, Gandhigram and RCAP, Dindigul have been involved in this training programme as resource personnel. So far 6821 personnel have been trained. The details are as follows.

	No. of persons trained	
I 1989-90		
1 Officials	1303	
2 Women (Non-meal organisers and Madhar Sangam)	368	
3 Scheduled Castes	87	
4. President & Members	289	
5. Public & Other beneficiaries	1280	
6 Masons	428	
Total	3755	3755
II 1990-91		
1 Officials	524	
2 Education Staff	170	
3 Women	452	
4 Chairman, President & Members	181	
5. Non Health Organisers	362	
6 Public and beneficiaries	734	
7 Masons	277	
8 SC and ST people	366	
Total	3066	3066
Total		6821

The people have responded very well to the programme and 5000 units have been fixed for 92-93 as a target and the programme is under progress

An another project viz., Integrated Rural Sanitation and Water Supply Projects in Marakkanam and Portonovo Blocks in South Arcot District is being implemented with the assistance of DANIDA. The major components and its objectives are here under :

- a) Water Supply
- b) Sanitation
- c) Environmental Sanitation
- d) Community Forestry
- e) Health Promotion and Communication support
- f) Training
- g) Action research R & D
- h) Data Bank Development

The component wise objectives of implementation is as follows:

Project components	Implementation Objectives
Water Supply	Full coverage at 40 LPCD from Ground Water (Town Panchayats not included)
Sanitary Latrines	15% coverage, double pit pour flush household and community latrines
Environmental sanitation	Elimination of health hazards from poor drainage and garbage accumulation. Washing slabs at water points as appropriate
Health promotion	All inhabitants in project area to be subjected to education/ awareness campaigns. Promotion and subsequent acceptance of sanitary latrines. Change of water handling practices
School Health Promotion	To use water and sanitation facilities as an entry point for health education and the long term objective of forming appropriate hygienic behaviour
Afforestation	Improve ground water recharge through percolation ponds Reduce soil erosion/tank siltation Promote concepts of Kitchen, gardens and tree planting
Action/Research	Development and acceptance of new technologies and implementation methods at all levels
Data Bank	Development and establishment of data acquisition and updating-storage and hydrogeologic/ Water supply and socio-economic data at TWAD and Director of Rural Development

Training	Impart practical skills relevant for planning, implementation and operation and maintenance Orientation seminars and public awareness campaigns
Project phasing	Planning : 01.04.90 - 31.03.91. Phase I : 01.04.91 - 31.03.92 Phase II : 01.04.92 - 31.03.1993 Phase III : 01.04.93 - 31.03.1994
Physical Targets	<ul style="list-style-type: none"> i) Water Supply Installation of handpumps 860 Nos. ii) Environmental Sanitation <ul style="list-style-type: none"> a) Washing Slabs 1230 Nos. b) Drain/Soak Pits 1230 Nos c) Cattle Troughs 1230 Nos.. iii) Sanitation, <ul style="list-style-type: none"> a) Demonstration/ Community latrines 20 Nos b) Rajuvenation of community latrines 81 Nos c) Individual latrines (DPPF) 7620 Nos . iv) Afforestation, <ul style="list-style-type: none"> a) Shelter Belts 50 Nos., b) Percolation Ponds 11 Nos . c) Water Pit Plantation 820 Nos

Aims and Objectives :

Improving the health conditions in the villages of the Project area by focussing on an integrated approach to development of rural sanitation and water supply in the context of health Promotion, community involvement and Project communication, ultimately leading to the full coverage of safe drinking a good drainage system to remove health hazards followed up by health education for sustainability

The Project will have the duration of 3 years and 3 months The total estimate cost of the project is Rs 822.90 lakhs The DANIDA will reimburse 90% towards the cost of expenditure incurred by the Government. Besides the 90% share, the DENMARK will also directly spend 1 292 crores from their own funds and the scheme is in progress

RURAL SANITATION PROGRAMME IN UTTAR PRADESH

1. Introduction

The Government has a commitment to provide 'Health for All' by the end of the 20th century, which can not be achieved without improving the environmental Sanitation through the construction of technically affordable scientifically appropriate and socially acceptable sanitary facilities in rural areas, where more than 80% of the population live. The most important facility, the low cost pour flush waterseal latrine, which apart from viewing it as a vehicle of prevention of a number of water born communicable diseases is an important facility to provide people from the view point of convenience. At the same time the scheme of construction of individual Sanitary facilities has to be supported with the provision of community Sanitary facilities such as community school latrines, soakage pits, garbage pits, bathing cubicks and improvement of platforms of already constructed wells and Handpumps and the drains to drain out the used water to a safe distance from the source of underground water source.

2. The Efforts

The Programme of construction of Sanitary Latrines in rural areas under Rural Sanitation Programme was started in the year 1984-85. The scheme was launched with the UNICEF assistance. During the Seventh Five Year Plan period 1,16,831 household Sanitary latrines were constructed by the Department of Panchayat Raj under various schemes as follows

- a. UNICEF Assisted Sanitation Programme
- b. Rural Landless Employment Guarantee Programme
- c. National Rural Employment Programme
- d. Central Rural Sanitation Programme.
- e. Intensive coverage District Scheme. (With UNICEF Assistance)
- f. State Rural Santation Programme. 140 Schools with 100%

Financial help from UNICEF were also provided with school latrines by the Department

2. Experience of Various Rural Sanitation Programmes in Uttar Pradesh

Working on the recommendation of Government of India and UNICEF the low cost pour flush waterseal leaching pit latrine design was adopted in the State and latrines were constructed through out the State during the Seventh Plan. In the begining under UNICEF assisted programme the latrines were to be constructed up to the plinth level only and the provision of superstructure was left to the choice and economic affordability of the beneficiary. The objective was to encourage beneficiary to be involved personally in the construction policies. But it was experienced, owing to the lack of awakening

towards the use of latrines, many of the latrines were not provided with the superstructure, hence putting them in disuse.

Under RLEGP and NREP the scheme was launched only for scheduled caste and schedule tribes. Latrines up to superstructure level but without roof and door were to be constructed for individual households and the cost up to that extent which was determined at Rs 1000 was to be borne from the scheme. But due to several reasons among which the lack of awareness towards use of latrines especially among SC/ST's families and the poor economic status were prominent, the scheme could not achieve the desired results, more over the distribution of wages in kind, wheat, and the problem of maintaining labour and material component at par, created problems in smooth implementation of the programme.

Under CRSP a few changes were done. The mode of payment in cash and the inclusion of other categories such as households belonging to general and below poverty line categories, were also included. Moreover, two pit latrines instead of one pit latrines were constructed in the programme.

4. Experience were taken in to care 1990-91 and after

Based on the experience of Seventh Five Year Plan, a lot of improvements were done in programme during 1990-91. Salient features of the programme were as follows:

- a. The programme was implemented throughout the State.
- b. Two pit latrines were constructed up to superstructure level without roof and door. Roof and door were to be provided by beneficiary himself.
- c. Other Sanitary facilities were also constructed in the villages selected for individual latrines.
- d. Selection of villages was done through Kshattra Samiti's.
- e. Selection of beneficiaries was done with the help of Gaon Panchayats
- f. Panchayat Udyogs and Gram Sabha Pradhans were involved in the process of construction.
- g. A committee under the chairpersonship of Zila Parishad Chairman, to monitor the programme in each district were formed.
- h. Panchayat Raj Department was declared nodal department

Thus Rural Sanitation programme giving due importance to motivation and creation of awareness among the masses towards improved environmental sanitation, was included in the Annual Plans of 1990-91 and 1991-92. The State Government constructed 2,08,925 individual sanitary latrines, 195 community latrines and some other sanitary facilities such as bathing cubicks, soakage pits, garbage pits and the platform and drainage improvement around the Handpumps and wells, with an amount of Rs. 2,687.68 lacs which includes and amount of Rs. 33.75 lacs as UNICEF share

Encouraged with the positive response which programme received in the State the target of construction of 2 lacs individual Sanitary latrines from the budget of plains and 853 individual sanitary latrines from the budget of Hill Development Department was set for the year 1991-92 by the State Department. But due to financial constraints an amount of Rs. 1594.45 lacs to meet the target of one lac individual sanitary latrines and 167 community latrines with a few other sanitary activities, could be sanctioned by the State Government. To complete the target of 2 lacs individual sanitary latrines the State Government requested an amount of Rs. 530.40 lakhs from the Central Government under CRSP, which has not been sanctioned by Central Government

Plan and Strategy For 1992-93

The programme is fast getting a shape of a movement creating a feeling of better living among rural masses. Since the age old system of open defecation in the changed socio-economic environment is posing a great problem, the programme is receiving remarkable acceptance among the masses, especially among the women. Thus the programme tends to improve the overall quality of rural life.

An amount of Rs 1472 lacs has been budgeted in the annual budget for the programme enabling to construct about 90,000 individual household latrines and 167 school latrines

5. The Role of NGO/Voluntary Organisations :

Although attempts were made during 1990-91 to associate voluntary organisations with the programme and two one day workshops were also held for the purpose, but the experience was not found encouraging. Therefore NGOs have not been associated with the programme in a big way. Organisations like Nehru Yuvak Kendra and prantiya vikas dal did not prove worthwhile whenever assigned with the responsibility.

The NGOs are being financed by CAPART directly and there is no provision of any type of supervision of the Department over them.



RURAL SANITATION PROGRAMME IN ANDAMAN & NICOBAR ISLANDS

No. of latrines constructed:

	Andaman District	Nicobar District
1989 - 90	139	89
1990 - 91	256	140
1991 - 92	156	14

Besides 463 latrines were constructed by individuals out of their own fund

No voluntary organisation was involved for implementation of the rural sanitation schemes. However, one voluntary organisation known as "Pallikatha" has been entrusted with construction of sanitary latrines at Car Nicobar during the month of May, 1992 and exact number of wells constructed by them will be known only later on.



RURAL SANITATION PROGRAMME IN DADRA AND NAGAR HAVELI

The area of Union Territory of Dadra and Nagar Haveli is having total population of 1.38 lacs. The entire area is rural except Silvassa Town. The Rural population is about 1.26 lacs. There are ten group Gram Panchayats functioning in the Territory.

The department of Rural Development is nodal agency to implement the rural sanitation programme in accordance with guide lines prescribed by the Government of India from time to time. The Administration has constructed 166 low cost sanitary latrines under the RLEGP during the year 1986-87 to 1988-89. These latrines are not put in use by the beneficiaries as they are not accustomed to use it. Also water for flushing is one of the reason for non-use of these latrines. However it is expected that the use of sanitary latrines in the rural areas will take place gradually as rural people will see health and environment benefits.

The nodal agency has not prepared action Plan on rural sanitation. However efforts in this direction will be initiated to launch an integrated rural sanitation programme.

In this Union Territory, there is no voluntary organisation involved in rural sanitation campaign, hence the nodal agency has to take lead with available resources.



RURAL SANITATION PROGRAMME IN DELHI

The total area of Union Territory of Delhi is about 1483 sq. kms out of which 1399.26 sq. kms area is looked after by the Municipal Corporation of Delhi. Out of this the major portion goes to rural areas which is about 879.3 sq. kms

There are 219 rural villages under Municipal Corporation of Delhi. In this vast rural area, development works like construction of roads, lanes, paths, drains etc are carried out by Municipal Corporation of Delhi in these villages. In addition, widening of existing roads, construction of link/approach roads are also carried out by MCD.

All the villages have been connected by pucca roads. Inside the villages development works have been carried out and also are being carried out. Roadside drains within the villages have also been provided.

Rural drainage work of these villages was earlier limited to the drainage of water from the Abadi areas of the villages upto the village ponds. The responsibility of drainage of sullage water from the village ponds to a outfall drain was earlier with the Irrigation and Flood Control Department of Delhi Administration

The villages where no such outfall drains were constructed, sullage water stagnated in some of the villages within the Abadi areas causing health hazards and further damaging the internal roads of the villages. The MCD also provided drinking water supply in almost all the villages of Delhi which further resulted into more quantity of sullage in the villages. During the monsoon of 1988, heavy drainage congestion was noticed in different villages of Delhi, where as a short term measure, pumps were deployed continuously to provide relief to the villagers. However, this system could not provide a permanent relief to the villagers

In the meeting held under the chairmanship of Chief Secretary, Delhi on 11-11-1988, it was decided that rural drainage henceforth, provides including internal Abadi drainage will also include connecting the drainage system to the outfall or planning the way out till the proper outfall is available. It was decided that rural drainage will, henceforth lie within the jurisdiction of MCD

Accordingly, MCD took up the work of construction of outfall drains in various villages so that the village sullage can be discharged directly into the flood department drains outside the villages and not into the ponds within the villages. The construction of outfall drains have been completed in 32 villages namely - Alipur, Akbarpur majra, Hamidpur, Ibrahimpur, Kushak No. 2, Jhingola, Kadipur, Kushak No. 1, Naya Bans, Sanoth, Siraspur, Palla, Khera Kalan, Holambi Kalan, Tiggipur, Taupur Kalan, Kakhtawarpur, Mungeshpur, Katewar, Dariyapur, Bawana, Nizampur, Rani Khera, Mubarakpur, Punjab Khore, Qamruddin nagar, Pooth Kalan, Bapraula, Khera Dabar, Kangan Heri, Kakrola & Sultanpur Majra

The work of construction of outfall drains is also in progress in 30 villages namely Bakoli, Deoli, Ghittorni, Tajpr, Auchandi, Qutab Garh, Bajitpur, Pooth Khurd, Nangal Thakran, Karwala, Ladpur, Jauntri, Sultanpur, Shahbad Daulatpur, Samashpur, Dhansa, Jaffarpur, Mundhella Kalan, Mundhella Khurd, Ujwa, Rawta, Ghummanhera, Pindwala Kalan, Chhawala, Neb Sarai, Aali, Jaitpur, Mundka, Nangloi & Palam. Outfall drains will also be constructed in the remaining other villages in the subsequent years.

With the construction of these outfall drains the sullage ponds will no longer be required and as such, can be reclaimed and can be developed as parts to further improve the environmental scene of the villages. Accordingly, a decision was taken by the Delhi Administration to reclaim these ponds after execution of pond drainage scheme and to utilise the same as parks. Municipal Corporation of Delhi has, accordingly reclaimed the pond of village Tiggipur after the construction of outfall drains in the said village and has been developed it as a park. Sullage pond has also been developed as a part in village Akbarpur Majra. Work of development of park is also in progress in village Kanjhawala, Karala and Holambi kalam. The sullage ponds will be also reclaimed and developed soon as park in 28 villages namely - Tajpur kalan, Barwala, Pooth Khurd, Bajitpur, Auchandi, Qutab Garh, Ladpur, Mubarakpur, Kanjhawala, Karala, Chhawla, Baprola, Khera, Nagloi, Kirari, Qamruddin nagar, Mundka, Mundhella Kalan, Mundhella Khurd, Khera Dabar, Kangan Heri, Ghummanhera, Jaffarpur, Ujwa, Samashpur, Khalsa, Lampur, Kakrola & Palam.

The construction of outfall drains in villages and development of sullage ponds of the village into parks has been a massive step towards the improvement of rural sanitation by Municipal Corporation of Delhi.

The rural areas of Delhi has seen a massive growth of unauthorised colonies. These colonies have grown up without any planning. The unauthorised colonies which were regularised by Government orders are developed by Municipal Corporation of Delhi by providing premixed roads, cement/concrete/brick pavements, and storm water drains. Side by side, work of construction of outfall drains of these colonies are also being started to avoid stagnation of sullage within these colonies.

RURAL SANITATION PROGRAMME IN LAKSHADWEEP

The Central Rural Sanitation Programme was introduced in this Administration through DRDA, Lakshadweep, Kavaratti. Now the scheme is fully handed over to Lakshadweep PWD from 1991 and the scheme is implemented by this Department. During 1989-90, a sum of Rs 5 lakhs was received from the Ministry and the Union Territory constructed 156 Nos individual household latrines with septic tanks @ Rs. 3200/- each. The U.T. has already constructed 125 Nos individual toilets by utilising Rs 4 lakhs which were sanctioned by the Central Govt. In the year 1990-91 Thus the amount sanctioned for the construction of individual household latrines under Central Rural Sanitation Scheme has been fully utilised and no amount is with the U.T.



RURAL SANITATION PROGRAMME IN THE U.T. OF PONDICHERRY

The District Rural Development Agency, Pondicherry is implementing the Rural Sanitation programme in the U.T. of Pondicherry from 1986 - 87 through R S L. and M.N P schemes. .

The agency has constructed 1997 numbers of Rural Sanitary latrines as on 31.03.1992 under MNP scheme at a cost of Rs.50.16 lakhs and handed over to S.C people and Rural people below poverty line.

Under Operation Black Board scheme, a total number of 179 units of Toilet blocks (each unit consists of 2 wc and 2 urinal) have been constructed at various schools and handed over to the Education Department on 31.03.1992 and 11 Nos. (1 No. single 5 Nos Double) of toilet blocks are under construction.

During 1992-93 it is proposed to construct 300 nos of Rural Sanitary latrines at a cost of Rs 10.00 lakhs under MNP for the benefit of SC people and rural people below poverty line in rural areas.

The total requirement of rural sanitary latrine during the VIIIth Five Year Plan is assessed at 750 numbers of latrine under CRSP at an estimated cost of R.25 00 lakhs

It is also proposed to take up construction of community latrine at an estimated cost of Rs 5 50 lakhs as a trial basis involving the voluntary organisation/non governmental agency

