

The Role of Swachh Bharat Abhiyan in the development of Sanitation Environment (with special reference to Gram panchayats of Tumkur district)

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ABSTRACT

Some great scholars analysed that “For every human being potable drinking water, sanitation and healthy hygiene practices are important to sustain healthy life. Sanitation and Hygiene have direct link to the health of humans, and if the proper health is maintained then the economic condition of the country will absolutely improve gradually”. One of the recent scheme has implemented i.e Swachh Bharat Abhiyan. Swachh Bharat Mission i.e. Clean India Mission, a national level campaign, Launched on October 2014 by the Government of India is a major step towards the protection of degrading environment. Swachh Bharat Abhiyan came into existence to ensure that each and every citizen of India should get the access to these basic necessities. Our study therefore highlights the key issues which may act as a hindrance to the progress of this Abhiyan in rural parts of India. The objectives of the study include maintenance of sanitation, usage of toilets, Hygiene practices. The methods of the study is based on both primary and secondary data. The sample size for the study is 50 respondent from Yalanadu and Heggere Gram panchayat, Chikkanayakanahalli and Tumkur Taluk, both Talukas of Tumkur district of Karnataka state. A questionnaire is designed to determine the present sanitation and hygiene status of the Gram panchayat. Compared to the previous schemes, Present scheme has improved 20%, but yet to reach the target. Present study analyzed that the scheme is yet to reach their goal due to technical incomplete construction, improper utilization of individual household toilets, Anganavadi and school toilets, improper maintenance of liquid and solid waste management.

Keyword: Rural Sanitation Program, Water supply and sanitation, Total sanitation campaign, Swachh Bharat Mission

INTRODUCTION

India has progressed on many fronts over the decades since independence in 1947. Our per capita income has been rising and the average longevity has increased from about less than 40 years at the time of independence to 66 years now. According to 2011 Census overall literacy rate has also increased to 74 per cent compared to less than 20 per cent in 1951. However, on the other hand, India has the largest numbers of malnourished people in the world. Studies show that malnourishment is not only the product of access to food but also access to safe drinking water and sanitation. Many water borne diseases like diarrhoea, dysentery, typhoid are related to huge morbidity burden and loss of working days. Access to safe water and sanitation has been considered one of the most important social determinants of health. Water related illness constitutes one-third morbidities among adults and two-thirds among children.

It is important to mention that India’s 1.21 billion people live in large number of rural and urban habitations. There were 7935 cities and towns and 6.4 lakh villages according to 2011 Census. About one-third population (31 per cent) lived in urban areas and three-fourth lived in rural areas. Rural and urban sanitation should be seen differently due to diverse conditions prevailing in the rural and urban areas.

Rural Sanitation

Government of India initiated the Central Rural Sanitation Programme (CRSP) in 1986 primarily with the objective of improving the quality of life of the rural people and also to provide privacy and dignity to women. From 1999, a “demand driven” approach under the “Total Sanitation Campaign” (TSC) emphasized more on Information, Education and Communication (IEC), Human Resource Development (HRD), Capacity Development activities to increase awareness among the rural masses and generation of demand for sanitary facilities. This enhanced people’s capacity to choose appropriate options through alternate delivery mechanisms as per their economic condition. Financial incentives were provided to Below Poverty Line (BPL) households for construction and usage of individual household latrines (IHHL). The “Nirmal Bharat Abhiyan” (NBA) the successor program of the TSC, was launched w.e.f. 1.4.2012 (Table 1). The objective was to accelerate the sanitation coverage in the rural areas so as to comprehensively cover the rural community through renewed strategies and saturation approach. Nirmal Bharat Abhiyan (NBA) envisaged covering the entire community for saturated outcomes with a view to create Nirmal Gram Panchayats. Under NBA, the incentives for IHHLs were increased and further focused support was obtained from MNREGA. However, there were implementation difficulties in convergence of NBA with MNREGA as funding from different sources created delays at the implementation mechanism.

Table 1: Genesis of Swachh Bharat Mission

Time line	Efforts of sanitation
1954	First Five-Year Plan of the Government of India Included The National Water Supply and Sanitation Program introduced in the health sector
1972	Accelerated Rural Water Supply Program (ARWSP), Designed to provide funds for —problem villages (tribal peoples, Scheduled Caste and backward classes)
1981	Beginning of the International Drinking Water and Sanitation Decade, Creation of the International Drinking Water Supply & Sanitation Program, Government of India made its first sanitation target
1986	Central Rural Sanitation Program (CRSP) launched. The focus of the CRSP was on supply (providing toilets) and subsidy driven
1991	National Technology Mission renamed the Rajiv Gandhi National Drinking Water Mission (RGNDWM)
1999	CRSP restructured, and TSC launched
2003	Nirmal Gram Puraskar (NGP) launched, Incentive scheme to encourage Panchayati Raj Institutions to become open defecation free
2005	Total Sanitation Campaign
2012	TSC is renamed Nirmal Bharat Abhiyan (NBA) Target set for 100% coverage of sanitation in rural areas by 2020
2014	Swachh Bharat Abhiyan (SBA) replaced NBA, New target to make India 100% clean by 2019

To accelerate the efforts to achieve universal sanitation coverage and to put focus on sanitation, the Prime Minister of India launched the Swachh Bharat Mission on 2nd October, 2014. The Mission Coordinator was given to the Secretary, Ministry of Drinking Water and Sanitation (MDWS) with two Sub-Missions, the Swachh Bharat Mission (Gramin) and the Swachh Bharat Mission (Urban), which aims to achieve Swachh Bharat by 2019, as a fitting tribute to the 150th Birth Anniversary of Mahatma Gandhi, which in rural areas shall mean improving the levels of cleanliness in rural areas through Solid and Liquid Waste Management activities and making Gram Panchayats Open Defecation Free (ODF), clean and sanitized. The Mission shall strive for this by removing the difficulties that were hindering the progress, including partial funding for Individual Household Latrines from MNREGS, and focusing on critical issues affecting outcomes.

The main objectives of the Swachh Bharat Mission (SBM) are

- a) To bring about an improvement in the general quality of life in the rural areas, by promoting cleanliness, hygiene and eliminating open defecation.
- b) To accelerate sanitation coverage in rural areas to achieve the vision of Swachh Bharat by 2nd October 2019.
- c) To motivate Communities and Panchayati Raj Institutions to adopt sustainable sanitation practices and facilities through awareness creation and health education.
- d) To encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation.
- e) To develop where required, Community managed sanitation systems focusing on scientific Solid & Liquid Waste Management systems for overall cleanliness in the rural areas.

Swachh Bharat Mission: Gramin Areas

The Nirmal Bharat Abhiyan has been restructured into the Swachh Bharat Mission (Gramin). The mission aims to make India an open defecation free country in Five Years. Under the mission, One lakh thirty four thousand crore rupees will be spent for construction of about 11 crore 11 lakh toilets in the country. Technology will be used on a large scale to convert waste into wealth in rural India in the forms of bio-fertilizer and different forms of energy. The mission is to be executed on war footing with the involvement of every gram panchayat, panchayat samiti and Zila Parishad in the country, besides roping in large sections of rural population and school teachers and students in this endeavour.

- ✓ From October 2014 to 26.12.2020 (2020-2021) 10.84 crores toilets have been constructed under SBM (G). Also, 16.41 lakhs toilets have been constructed under MNREGA as on 31st March, 2017.
- ✓ Sanitation Coverage as on 2.10.2014 was **38.7%**. This has increased to 61.25% as on 26.12.2020 (2020-2021).
- ✓ 711 Districts, 2,62,772 GPs and 602988 Villages have been declared Open Defecation Free (ODF) as on 26.12.2020 (2020-2021). As on 04.07.2019, 30
- ✓ States/UTs have been declared ODF.
- ✓ Central allocations under Swachh Bharat Mission Gramin were Rs. 2850 crores, Rs. 6525 crores, Rs. 10,500 crores, Rs. 14,000 crores and Rs. 34303 crores, Rs. 140881 crores in 2014-15, 2015-16, 2016-17, 2017-18, 2018-19 and 2019-2020, respectively.

REVIEW OF LITERATURE

Mohapatra (2015) conducted a study that portrays that Even though Proper sanitation provisioning is a step towards a better hygienic environment but 63% of the respondents are unaware of the health, Sanitation and Hygiene. It's a step taken by Government of India, if not new, is definitely a step to create awareness and encourage people's participation towards achievement of goals of total sanitation for all.

Evne (2014) analysed the objective of Swachh Bharat Abhiyan. The study mainly focused on

impact of Swachh Bharat Mission on Dalit Community in India. The study says that Proper Monitoring and Evaluation was not done by Implementation authority as per Operational Guidelines of Swachh Bharath Abhiyan. The study concluded that every citizen of the country should be clean and have hygiene and think of progress rather than waiting for government to make this plan successful.

Badra and Sharma (2015) studied the implication of Swachh Bharat Campaign. The study also suggested the measures to increase participation and effectiveness of Swachh Bharat drive. The study said that Individual Household toilets was constructed but its usage was only 28%. The study concluded that teamwork and patriotism are values which the government wishes to inculcate among students and ordinary citizens

Thakkar (2015) studied the objective, merits and importance of Swachh Bharat Mission. The study also focused on impact of Swachh Bharat Mission on health and education sectors. The study concluded that the mission of Clean India or Green India is an appreciable step of Modi Government.

Singh (2018) said in the article on Impact of Swachh Bharat Abhiyan Swachchhta Abhiyan has really a great impact on Indian society. People are taking an initiative to clean the village, society, colony, city, railway platforms, etc. A series of awareness campaigns by the district administration, state govt., and central govt. made the people conscious about the hazards of pollution.

OBJECTIVES OF THE STUDY:-

The objectives of the study are

1. To assess the current status of sanitation and hygiene practices of the individuals;
2. To assess the level of awareness of the individuals about sanitation, hygiene and Swachh Bharat Abhiyan and;
3. To assess the extent of use of sanitary toilets by the individual at household level.
4. The present status of sanitation and hygiene maintained in Anganavadi and schools.

METHODOLOGY

The present study is based on both primary and secondary data. The primary data is collected from the Yalanadu and Heggere Grampanchayats of Tumkur taluk, Tumkur District of state Karnataka. with the following objectives. (i) To assess the current status of sanitation and hygiene practices of the individuals; (ii) To assess the level of awareness of the individuals about sanitation, hygiene and Swachh Bharat Abhiyan and; (iii) To assess the extent of use of sanitary toilets by the individual at household level. (iv) The present status of sanitation and hygiene maintained in Anganavadi and schools. The research methodology followed in this research was descriptive research. A simple random sampling technique is adopted in the paper to select the sample respondents. The source of data is the primary research done by conducting survey of the targeted individuals. Questionary method and Interview method was used in the present study. The targeted sample size was 50 respondents, 25 respondents from Yalanadu Gram Panchayat and 50 respondents from Heggere Gram Panchayat. All the respondents belonged to the National Capital Region. The study is irrespective of caste and class.

FINDINGS

Study area and sample respondents: The study was conducted from February, 2017 to March, 2017. Using the 2011 Census data, two rural areas were randomly selected from district Tumkur, Karnataka. One adult respondent from each household was randomly selected for the study. A sample size of 50 households was selected for the study, as presented in Table 1

Table 1 Sample coverage of villages in the Yalanadu and Heggere Grampanchayats of Tumkur taluk and district of Tumkur (*Taken from Census Data 2011;).

Grampanchayats	Total Household	Household visited	Number of respondents	
			Male	Female
Yalanadu	1460	25	12	13
Heggere	4100	25	13	12
Total	5560	50	25	25

Enquiry areas and research instrument: Interview schedule was prepared and pre-tested before canvassing in the field. Every individual participating in the study was explained the purpose of the study in kannada. During the administering of the questionnaire the consent was taken from all the identified individuals. The selected respondents were asked a set of questions from the semi structured questionnaire through personal interview in kannada as they all were familiar with this language. All the individuals were assessed for the inclusion and exclusion criteria. Inclusion criteria include the adult males and females of any age group and permanent resident of the selected areas.

Data analysis: The Statistical analysis was done by using *MS Excel* and *SPSS*. The statistical data was analyzed and represented by tables and graphs. The graphs were used to show the hygienic practices and sanitary conditions in two GP's of Tumkur district, Karnataka.

The questionnaire was categorized in sections covering the background information of the respondents, as detailed in Table 2 , awareness of personal hygiene and environmental hygiene, illness episodes and practices.

Community participation, that depends on the awareness level of the community, play a vital role in the effective implementation of any ongoing program. As observed in this study, 62% of the total respondents were not aware about the national program “Swachh Bharat Abhiyan” and 51% were not aware about the importance of good sanitary conditions (Table not shown).

Table 2: Percentage distribution of sample by background characteristics.

		Yalanadu		Heggere	
		Male	Female	Male	Female
Literacy rate	Illiterates	24%	32%	21%	29%
	Literates	76%	68%	79%	71%
	Total	100	100	100	100
Occupation	Agri. cultivators	56%	43%	34%	21%
	Labourers	33%	47%	36%	56%
	Service	10%	6%	22%	18%
	Others	1%	4%	8%	5%
	Total	100	100	100	100

Personal hygiene practices: When the hand washing practices by soap were assessed, it was found that 18% of the Yalanadu and 36% of Heggere people wash their hands after defecation and only 21% of the Yalanadu and 34% of Heggere respondents wash their hands before cooking. 25% and 39% of Yalanadu and Heggere people wash their hands before having their meals. This study also revealed about the unhygienic practices of the respondents as 48% of Yalanadu and 57% of Heggere people wash their hands after disposing the excreta. as detailed in Table 3.

According to the Swachh Bharat Abhiyan , Both the panchayats had not maintained the proper hand washing. But if we analyze the study paper, Heggere has more maintainance of hand washing than the Yalanadu Grampanchayat. This is due to awareness of people and the area is adjacent to the Tumkur city.

Table 3: Percentage distribution of samples by handwashing practices by soap; hand washing (HWS).

	HWS after defecation(%)	HWS before cooking(%)	HWS before having meal(%)	HWS after handling wastage(%)
Yalanadu	18%	21%	25%	48%
Heggere	36%	34%	39%	57%

Usage of Toilets:- The study analyzes that in kora Grampanchayat even though there is 91% of toilets are constructed, only 43% of it is used by people. In Heggere Grampanchayat, 58% of toilets are used out of 97%(Constructed). In Both the grampanchayats, usage of toilets are not upto the mark to SBM . Though the household toilets have been constructed, usage of that toilets is less, detailed in the Table 4 as shown below.

In Heggere GP, usage of toilets is more compared to the Yalanadu GP due to the awareness of people on sanitation and hygiene through the information, education and communication(IEC). IEC activities includes wall writing, wall painting, interpersonal communication including electronic medias.

Table 4- Percentage status of usage of household toilets

	Number of household	Number of household toilets constructed(%)	Usage of household toilets (%)
Yalanadu	1460	91%	43%
Heggere	4100	97%	58%

School sanitation:- School sanitation is very important component of Swachh Bharath Abhiyan, First if the teacher awares the students about the maintenance of sanitation and hygiene practices, the students network this to their parents, parents network to the community.

The study analyzes that 76% of the school toilets have been used out of 100% of constructed in the Yalanadu Grampanchayat and 89% of the school toilets of Heggere Grampanchayat have been used out of 100% of constructed. According to the Swachh Bharat Abhiyan Guidelines, Both the Grampanchayats have reached their target in construction of school toilets, Usage of that toilets and hygiene practices is not just a problem but a challenge to face. It is big challenge because of lack of maintenance by the school management. The school management are less awared of the sanitation. The extra information is explained in Table 5 .

Table 5 – School sanitation

	Number of schools	Number of toilets constructed(%)	Usage of toilets and hygiene practices(%)
Yalanadu	07	100%	76%
Heggere	06	100%	89%

Anganavadi Sanitation:- Swachh Bharat Abhiyan Guidelines instruct that the baby friendly toilets should be maintained in Anganavadi for children below 4 years of age. The baby friendly toilets should include dolls, pictures and the toilets should be constructed small and attractive. This baby friendly

toilets aim to change the children mindset towards sanitation and hygiene practices. From this, the children would be aware and follow the hygiene practices.

But in the existing system, the baby friendly toilets are not constructed and the toilets are not maintained properly. Due to this, the percentage of usage of the toilets have been decreased in the Anganavadi.

The Table below shows that only 16% of the children are using the toilets of 100% of constructed in the Yalanadu Grampanchayat. In Heggere Grampanchayat, 85% of the toilets have been constructed and 26% of the toilets have been used by the children. The Baby friendly Toilets are absent in both the Grampanchayats. The Table 6 explains the extra information

Table 6 Anganavadi Sanitation

	Number of Anganavadi	Number of toilets constructed (%)	Usage of toilets and hygiene practices (%)
Yalanadu	11	100%	16%
Heggere	07	85%	26%

Environmental hygiene and sanitation facilities: When the home cleaning practices on a daily basis were assessed, it was found that 49.5% of the total people do not clean their walls and 12.7% of the respondents do not clean their floors. Kitchen cleaning was done by only 25% of the respondents.

The study results shows that sanitation problems were not just due to the lack of facilities or funding, but also due to the behavior pattern of the individual towards the hygienic practices. A combination of factors that trap them into these practices which include cultural beliefs, lack of awareness, misconceptions among the respondents about the costs involved and the indifferent attitude of the local authorities/ government towards implementation of the program hands visibly dirty (observation). It was observed that among all respondents, 54% were defecating in toilets and 46% were defecating in open. Though the toilet facilities were available in 81% of the households, but due to lack of sewer connectivity and poor drainage outlet the toilets were of little use. Hence, they had a regular tendency towards open defecation. Those respondents who were using toilets, 67% of them were using the pit latrine system without slab while 27% were using pit latrines with slab and only 6% were using proper flush system latrines. The overall study revealed that 83% of the respondents were disposing their garbage in open fields, 13% were disposing garbage on the street a band only, 4% were properly disposed garbage by throwing it into the dustbins. In one of the villages of the district Ghaziabad majority of the people were keeping their garbage in the street till the garbage collector comes. There was no fixed day for the garbage collector. 71% of the respondents were disposing their used or waste water in open drainage which is located just outside their premises, This drainage system was found to be lacking in proper connectivity with sewerage system, resulting in stagnation of waste water.

CONCLUSION

All the respondents of the study areas stated the lack of awareness as one of the leading causes for not practicing the key hygienic behavior. For effective implementation of Swachh Bharat Abhiyan, it is important to bring out the immediate need of awareness in the community and actively community participation in this campaign. One of the results of this paper highlighted the need to provide basic sanitation or toilets with proper sewage connectivity so as to reduce the tendency of respondents for open defecation. This would also ensure hygienic separation of excreta from human contact which means faeces must be confined until they are composted and safe.

The study also highlights the need of medical facilities which will further help to reduce the burden of morbidity and mortality of sanitation related diseases from these areas. The Grampanchayats

have developed some innovative strategies for sustainable development of the sanitation and hygiene practices.

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