

Civil Society Engagement for Sustainable Management of Sanitation Scenario in India

Nandita Kaushal

Assistant Professor, Department of Public Administration, University of Lucknow, Lucknow,
Uttar Pradesh, India, 226007

Abstract Human resources are highly productive assets of any nation. The overall quality of human life is closely dependent upon the health status of the population which in turn depends, among others, upon the availability of sanitation facilities. The right to sanitation, an integral aspect of decent and healthy living condition, is explicitly stated/implied in various international laws and provisions of the Constitution of India, 1950. With the advent of planned development conscious efforts were made to improve sanitation facilities throughout the country. Sanitation facilities in India have improved over a period of time but still they are inadequate and in poor state, particularly in rural areas and slums in urban areas. Sanitation as well as public cooperation and participation in national development have remained priority issues. Subsequent five year plans have realized the importance of sanitation and people's participation in construction and maintenance of sanitation facilities. The Government of India supplements the efforts of state governments by providing them financial and technical assistance through centrally sponsored schemes. There are number of civil society organizations that are actively working to improve sanitation status in the country. Adoption and execution of participatory approach have led to a significant change in attitude of people and government. During last several decades life expectancy of population has improved. However, many loopholes and lacunae remain which prevent the benefits from percolating down.

Key words Sanitation, Civil society engagement, Participation, Sustainable management, People-centered approach

1 Introduction

Human resources are highly productive assets of any nation and their quality of life matters a lot for its well-being. The overall quality of human life is closely dependent upon the health status of the population which in turn depends, among others, upon the availability of sanitation facilities and following of hygiene practices.

Sanitation is an integral aspect of decent and healthy living condition of the people. Sanitation is a way of life, an ecological factor and a vital component which contributes a lot in combating and preventing diseases as well as in improving health profile of the population. Inadequate sanitation violates basic human dignity and human rights. Therefore, target 7C of Goal 7 (ensure environmental sustainability) of the Millennium Development Goals provides to halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. According to "World Health Organization":

"Sanitation generally refers to the provision of facilities and services for the safe disposal of human urine and faeces. Inadequate sanitation is a major cause of disease world-wide and improving sanitation is known to have a significant beneficial impact on health both in households and across communities. The word "sanitation" also refers to the maintenance of hygienic conditions through services such as garbage collection and wastewater disposal".¹

The right to sanitation is explicitly stated/implied in various international laws like Universal Declaration of Human Rights (1948), Geneva Conventions (1949); International Covenant on Civil and Political Rights (1966); International Covenant on Economic, Social and Cultural Rights (1966); Convention on the Elimination of All Forms of Discrimination against Women (1979); Convention on the Rights of the Child (1989); Convention on the Rights of the Persons with Disabilities (2006); and

1 World Health Organization, Sanitation, <http://www.who.int/topics/sanitation/en/>

Human Rights Council Resolution on Human Rights and Access to Safe Drinking Water and Sanitation (2008 and 2010). The right to sanitation is implied in various provisions (Articles 39 and 47¹), which are concerned with health related aspects, of the Constitution of India, 1950.

Sanitation and hygiene mutually reinforce each other. Mere creation of sanitation facilities by government is not enough. Rather ensuring unhindered access of people to sanitation facilities and actively engaging civil society in building and maintaining them will improve the quality of human life.

The paper explores the participation of civil society in improving sanitation scenario in India with specific focus on government programs providing for community engagement, civil society organizations working in this field and impediments in the way of civic engagement. Further, it makes suggestions for making better the quality of civil society participation in improving sanitation scenario.

2 Actual state of sanitation facilities in India and their impact on health status of the population

Mahatma Gandhi, the father of nation, gave a call for cleaning up one's mess and attached importance to cleanliness, hygiene and sanitation. With the advent of planned development conscious efforts were made by government to improve sanitation facilities throughout the country. As a result, sanitation facilities have improved over a period of time but still they are inadequate and in poor state, particularly in rural areas and slums in urban areas. The country is struggling to achieve universal coverage of sanitation facilities but the rate of progress is uneven. The findings of the *National Sample Survey (69th Round, July 2012 – December 2012)*² show that during 2012 62.3% and 16.7% of households in rural India and urban India respectively did not have any bathroom facility; and 59.4% and 8.8% of households in rural India and urban India respectively had no latrine facilities. There is wide gap between rural and urban areas in respect of sanitation facilities. Millions of households do not have clean soap and water to wash their hands.

India has one of the largest populations in the world which is defecating in open. Lack of access to toilets forces people to go out of their homes for defecation. This makes them, especially women and girls, highly vulnerable to physical and sexual violence and other unsafe acts.

The quality of micro-environment³ or the environment in which household members live is significant for maintaining their health and hygiene. Overall the quality of micro-environment in India is not sufficiently conducive to promote healthy life style. In this regard the findings of the *National Sample Survey (69th Round)*⁴ show that during 2012 31.7% and 82.5% of households in rural India and urban India respectively had improved drainage facility; 32.0% and 75.8% of households in rural India and urban India respectively had some garbage disposal system; and 14.6% and 5.0% of households in rural India and urban India respectively lived in houses without any direct opening to road/lane/constructed path. These figures clearly bring out the undesirable state of hygiene and cleanliness in households as well as deprivation of conveniences for trouble-free movement. The entire

1 Article 39 provides that the State shall, in particular, direct its policy towards securing that the health and strength of workers, men and women, and the tender age of children are not abused; and that children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity. Article 47 provides that the State shall regard the raising of level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties.

2 National Sample Survey Office, Ministry of Statistics and Programme Implementation, Government of India, New Delhi, Key Indicators of Drinking Water, Sanitation, Hygiene and Housing Condition in India, NSS 69th Round, December 2013, Page no. 22-26, http://mospi.nic.in/mospi_new/upload/kye_indi_of_water_Sanitation69rou_24dec13.pdf

3 Micro-environment includes three aspects, namely, drainage arrangement, garbage disposal system and availability of direct opening to roads from the house.

4 National Sample Survey Office, Ministry of Statistics and Programme Implementation, Government of India, New Delhi, Key Indicators of Drinking Water, Sanitation, Hygiene and Housing Condition in India, NSS 69th Round, December 2013, Page no. 34-36, http://mospi.nic.in/mospi_new/upload/kye_indi_of_water_Sanitation69rou_24dec13.pdf

landscape is marked with all sorts of garbage and waste. Along with this, inadequate drainage arrangements, choking of drains, dirty public toilets, impromptu roadside lavatories and raw sewage on sidewalks present filthy scene.

The impact of inadequate and pitiable state of sanitation facilities can be seen in higher incidence of diseases and malnutrition levels, poor absorption capacity of the body, reduced eyesight, impaired mental acuity and shorter life spans of population. Diarrhea, an intestinal disorder, is a leading cause of death of thousands of children every day. Communicable as well as vector-borne and water-borne diseases are rampant. Unsanitary conditions have immense health and economic implications. The nation loses its productive work force due to higher incidence of morbidity and mortality. The gap between rich and poor in terms of access to sanitation facilities is quiet marked. Rich insulate themselves from others in their private compounds. Poor are left in lurch and live in ruinous conditions.

3 Governmental approach towards Sanitation and civil society engagement in improving sanitation facilities

Sanitation as well as public cooperation and participation in national development have remained priority issues since the advent of planning. *First five year plan (1951-1956)* gave priority to provision of water supply and sanitation to improve state of health of people. Importance of sanitation and people's participation in construction and maintenance of sanitation facilities have been realized by subsequent five year plans.

The *Constitution of India, 1950* has placed public health, sanitation and water subjects in *List II-State List-* of the *Seventh Schedule*. Thus, state governments have primary responsibility to look after these issues. Further, these subjects are also included in the *Eleventh and Twelfth Schedules*¹ of the Constitution and thus, implying that these matters are to be looked after by rural and urban local bodies. The Government of India supplements the efforts of state governments by providing them financial and technical assistance through centrally sponsored schemes.² The beginning was made in 1954 with the launching of *National Water supply and Sanitation Program*. During International Drinking Water Supply and Sanitation Decade (1981-1990)³ *Central Rural Sanitation Program* was launched in 1986 with the objective of improving the quality of life of rural people and providing privacy and dignity to women. It was a supply-driven scheme with subsidy. This scheme was re-launched in 1999 as demand-driven *Total Sanitation Campaign* with the objective of bringing about an improvement in the general quality of life in the rural areas. The focus of program was on community-led and people-centered initiatives. Accordingly, the components of program were start-up activities (initial publicity, motivational campaign, conducting of preliminary surveys); information, education and communication activities; opening and operating of rural sanitary marts/production centres; construction of individual household basic low cost latrines; construction of village sanitary complex for women; total sanitation of village; and school sanitation. *Panchayati raj* institutions (institutions of rural local governance) and non-governmental organizations had an important role to

1 The Constitution (Seventy-third Amendment) Act, 1992 added Eleventh Schedule and the Constitution (Seventy-fourth Amendment) Act, 1992 added Twelfth Schedule to the Constitution. Eleventh and Twelfth Schedules include those matters which may be entrusted by law by the Legislature of a State to panchayats (rural local bodies) and municipalities (urban local bodies) respectively to enable them to function as institutions of self-government. Eleventh Schedule includes the matters of drinking water, health and sanitation whereas Twelfth Schedule includes the matters of water supply, public health, sanitation, conservancy and solid waste management.

2 Since the subject of economic and social planning has been placed in the List III – Concurrent List of the Seventh Schedule so both the Government of India and state governments are responsible for formulating plans and programs for socio-economic development.

3 International Drinking Water Supply and Sanitation Decade (1981-1990) was declared by the United Nations with the aim of providing safe drinking water and adequate sanitation systems for all people by 1991.

play in the program.¹ *Nirmal Gram Puraskar (Clear Village Award)* was launched in 2005 for recognizing efforts and achievements made in ensuring full sanitation coverage in villages. The award became highly popular and stimulated a movement in the communities for attaining *nirmal* (clear) status. Consequently, Total Sanitation Campaign was re-worked in 2012 as *Nirmal Bharat Abhiyan (Clear India Mission)* having a community-led, demand-driven and people-centered approach. A key feature of the program is a comprehensive information, education and communication campaign involving *panchayati raj* institutions, cooperatives, accredited social health activists, *anganwadi* workers (community health workers), women groups, self-help groups, non-governmental organizations etc. The program is successful to some extent but the fact remains that there are number of households without access to safe sanitation facilities. Since the issue can be addressed only when measures are taken up and implemented on massive scale in a time bound manner, therefore, *Swachh Bharat Abhiyaan (Clean India Mission)* has been launched.

The present Prime Minister of India, *Narendra Modi*, in his election campaign gave priority to sanitation. He said that if elected he would build toilets first and temples later. In his Independence Day address (15 August 2014) he gave a call for cleaning India by involving all stakeholders as cleanliness is a very big task. Accordingly, *Swachh Bharat Abhiyaan* was launched on 02 October 2014 to make country a physically healthier place and attain 100% open defecation free India.² The campaign envisages cleaning the country in five years by 02 October 2019, a date which is to be celebrated as the 150th birth anniversary of Mahatma Gandhi. It contemplates to clean every street and corner of the country and promote better health and living conditions. Initiatives are to be taken up for bringing about behavioral change by stepping up information, education and communication campaign and inter-personal communication. *Swachh Bharat Puraskar (Clean India Award)* is to be launched for individuals, institutions, village *panchayats*, districts and states that do exceptional work. As a part of this nationwide initiative, national *Bal Swachhta (Child Cleanliness) Mission* has been launched in which school children will become ambassadors of cleanliness and motivate others to keep their surroundings clean.

Ministry of Urban Development of Government of India has launched an online platform which enables citizens to network with each other at local and national levels. A national circle “*Swachh Bharat*” has been launched, with the help of local circles – a community social media platform which has more than one lakh members. Through this forum members exchange ideas on cleanliness, take up seemly and suitable cleanliness drives in their neighborhoods, share snaps of collective efforts, engage with and enlist support of people’s representatives and through all these they carry forward cleanliness campaign.

The Government of India has launched *Swachh Bharat and Swachh Vidyalaya Abhiyaan (Clean India and Clean School Mission)* which is steered by Ministry of Human Resource Development. A cardinal feature of the mission is to ensure that every school in the country has functional and

1 Panchayati raj institutions would carry out the social mobilization for construction of toilets and also maintain the clean environment by way of safe disposal of wastes. Women complexes would be maintained by the panchayats/voluntary organizations/ charitable trusts. Panchayats could also contribute from their own resources for school sanitation over and above the prescribed amount. They would act as the custodian of the assets created under the program. Panchayats/non-governmental organizations could also open and operate the rural sanitary marts/production centres. Non-governmental organizations have to be actively involved in the information, education and communication activities. Their services are required to be utilized not only for bringing about awareness in the rural masses for the need of rural sanitation but also ensuring that the rural population actually make use of the sanitary latrines (Department of Drinking Water Supply, Ministry of Rural Development, Government of India, New Delhi, Central Rural Sanitation Programme, Total Sanitation Campaign, Page no. 10, <http://hptsc.nic.in/2001.pdf>).

2 The main objectives of *Swachh Bharat Abhiyaan* are to bring about an improvement in the general quality of life in the rural areas; accelerate sanitation coverage in rural areas; motivate communities and panchayati raj institutions to promote sanitation facilities through awareness creation and health education; encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation; and develop community managed environmental sanitation systems (Ministry of Drinking Water and Sanitation, Government of India, New Delhi, *Swachh Bharat Mission (Gramin)*, Note, <http://sbm.gov.in/tsc/NBA/AboutSBM.aspx?id=NBA>)

well-maintained water, sanitation and hygiene facilities. The campaign enlists the support of all concerned stakeholders (teachers, community members, school management committees, non-governmental organizations, community based organizations, educational administrators) in cleaning schools. Tata Consultancy Services and Bharti Enterprises (both private sector companies) have pledged Rupees 100 crore each, and public sector units under 25 ministries of Government of India have pledged Rupees 400 crore for the campaign. As a part of it public and private sector companies are encouraged by government to take up construction of toilet blocks in schools.

A *Swachh Bharat Kosh (Clean India Fund)* has been set up to finance Clean India Mission and facilitate channelization of philanthropic contributions and corporate social responsibility funds towards it. In order to encourage mobilization of resources, the government has provided tax exemption under section 80G of the Income Tax Act, 1961 to the donations made into this Fund.

The *Swachh Bharat Abhiyaan* is attracting the attention of people from all quarters of life. Not only government officials and school children are participating in it but influential and leading business persons, non-governmental organizations and private sector are also showing keen interest in it. The *United States Agency for International Development (USAID)* and the *Bill and Melinda Gates Foundation (BMGF)* are cooperating in it. Several prominent public figures of diverse fields have been selected for propagating the campaign. These include *Sonal Mansingh* (classical dancer), *Sachin Tendulkar* (cricketer), *Sourav Ganguly* (cricketer), *Kiran Bedi* (first female Indian Police Service officer and a social activist), *Baba Ramdev* (yoga teacher), *Priyanka Chopra* (actress), *Kamal Hassan* (actor), *Salman Khan* (actor), *Kapil Sharma* (comedian), *Anil Ambani* (industrialist) and *Shashi Tharoor* (politician). Few organizations including the *Institute of Chartered Accountants of India*, *Eenadu* (daily newspaper of Telugu language), *India Today* (weekly magazine of English language) and *dabbewale* (persons who are part of lunch box delivery system of international fame) of Mumbai have been associated with the mission.

To strengthen *Swachh Bharat* initiative the *Confederation of Indian Industry (CII)* has launched a *Mission-Sanitation of Schools*. In this mission, led by the CII Foundation, industrial organizations are encouraged to get toilets constructed to promote sanitation at schools; contribute funds to foundation towards construction of toilets; create a mechanism of maintenance, periodic monitoring, evaluation, impact assessment and reporting; participate in developing innovative design and technology; and contribute to *Swachh Bharat Kosh*. Recognition will be imparted to companies who have done exemplary work through a “leader board.”¹

The primary effect of *Swachh Bharat Abhiyaan* will be to improve hygiene and health but at the same time it is expected to give boost to various sectors of the economy. Cleanliness will bring down disease burden, give fillip to education sector and tourism industry and improve the future prospects of national progress. Even though initial response to campaign is good and enthusiastic but several key issues remain to be properly addressed like the way in which momentum is to be sustained, identified outcomes are to be planned, and monitoring and coordination with the states on regular basis is to be worked out.

The Government of India is carrying out the *World Bank assisted Rural Water Supply and Sanitation Project for Low Income States*. The Government of India and the World Bank signed \$500 million credit agreement in February 2014 to improve piped water supply and sanitation services in *Assam, Bihar, Jharkhand* and *Uttar Pradesh* states. The project will be implemented over a six year period by making use of decentralized delivery systems. It emphasizes on devolving powers to village *panchayats* and increasing community participation.² Implementation status of the project shows that

1 Confederation of Indian Industry, CII Launches Mission: Sanitation of Schools as part of Swachh Bharat: Swachh Vidyalaya Initiative of the Government of India, <http://www.cii.in/PressreleasesDetail.aspx?enc=bLQQo92wzZzX52qR2LuMcPKVIQHXACI9A1eTDQu/fLY=>

2 Rural Water Supply and Sanitation Project for Low Income States was approved by the World Bank on 30 December 2013. The project became effective on 08 April 2014. It has three components – capacity building and sector development, infrastructure development, and project management support. It will support sustainable rural water supply and sanitation programs. This will be done by linking village panchayats with higher levels of government and strengthening the capacity of panchayati raj institutions, integrating water supply and sanitation interventions, and promoting waste management and health and hygiene awareness programs (World Bank, Projects and Operations, Rural Water Supply and Sanitation Project for Low Income States, <http://www.worldbank.org/projects/P132173/india-rural-water-supply-sanitation-project-low-income-states?lang=en>).

its overall implementation progress is moderately satisfactory.

The centrally sponsored scheme of *Urban Low Cost Sanitation for Liberation of Scavengers* was started in 1980-81 for urban areas with the main objective of converting the existing dry latrines into low cost pour flush latrines and providing alternative employment to liberated scavengers. Under the scheme, loan and central subsidy are extended simultaneously. Loan is given for construction of community latrines on “pay and use” principle, shared latrines in slums and housing *chawls*.¹²

Jawaharlal Nehru National Urban Renewal Mission, launched in 2005, focuses on urban infrastructure (including water supply and sanitation) and service delivery mechanisms, community participation and accountability of urban local bodies.³ *Urban Infrastructure Development Scheme for Small and Medium Towns*, launched in 2005, seeks to improve urban infrastructure (including water supply and sanitation) and help create durable public assets and quality oriented services in cities and towns.⁴ Both the schemes provide for public-private partnership in infrastructural development. Since launching of above mentioned two schemes new projects for urban infrastructure are being taken up. However, there are serious irregularities in their implementation.

National Urban Sanitation Policy was announced in 2008 with a vision that all Indian cities and towns become totally sanitized, healthy and livable, and ensure and sustain good public health and environmental outcomes for all their citizens with special focus on hygienic and affordable sanitation facilities for urban poor and women. Specific policy goals for achieving this vision are awareness generation and behaviour change, open defecation free cities and integrated city-wide sanitation. The community-oriented activities are to be followed for achieving them.⁵

The problem of waste management is attracting the attention of government agencies, non-governmental organizations, community based organizations, private sector organizations and research institutions. There has been increased awareness and people’s participation in solid waste management. Non-governmental organizations and community based organizations have begun to participate in this movement and have found wide acceptance among municipal and state government functionaries. Private sector participation has been encouraged with a view to economy in cost, efficiency, introduction of new technologies, and more effective service delivery. Municipal bodies have engaged private sector agencies for different activities such as street cleaning and collection of

1 chawl is a type of multi-storied building found in urban areas which offers cheap and basic accommodation to middle class.

2 Planning Commission, Government of India, New Delhi, Tenth Five Year Plan, Volume 2– Sectoral Policies and Programmes, Chapter 6 –Urban Development (6.2 Civic Amenities in Urban Areas), Page no. 647, http://planningcommission.nic.in/plans/planrel/fiveyr/10th/volume2/v2_ch6_2.pdf

3 Jawaharlal Nehru National Urban Renewal Mission has two sub-missions, namely, sub-mission for urban infrastructure and governance with thrust on infrastructure projects relating to water supply and sanitation, sewerage, solid waste management, road network, urban transport and redevelopment of old city areas; and sub-mission for basic services to the urban poor with thrust on integrated development of slums through projects for providing shelter, basic services and other related civic amenities (Ministry of Urban Employment and Poverty Alleviation and Ministry of Urban Development, Government of India, New Delhi, Jawaharlal Nehru National Urban Renewal Mission, Overview, Page no. 05-06, <http://jnurm.nic.in/wp-content/uploads/2011/01/PMSpeechOverviewE.pdf>)

4 Urban Infrastructure Development Scheme for Small and Medium Towns applies to all cities and towns except those cities and towns covered under Jawaharlal Nehru National Urban Renewal Mission.

5 The major activities to be undertaken to achieve policy goals of National Urban Sanitation Policy include generating awareness about sanitation and its linkages with public and environmental health amongst communities and institutions; promoting mechanisms to bring about and sustain behavioral changes aimed at adoption of healthy sanitation practices; promoting access to households with safe sanitation facilities; promoting community-planned and managed toilets wherever necessary for groups of households; strengthening national, state, city and local institutions (public, private and community) to accord priority to sanitation provision; promoting proper functioning of network-based sewerage systems and ensuring connections of households to them wherever possible; and promoting proper usage, regular upkeep and maintenance of household, community and public sanitation facilities (Ministry of Urban Development, Government of India, New Delhi, National Urban Sanitation Policy, <http://www.indiawaterportal.org/sites/indiawaterportal.org/files/uploads/2008/12/nusb.pdf>).

solid waste, its transportation, as well setting up composting plants.¹ In a number of states common bio-medical waste treatment facilities have been set up by civil society organizations.

Table 1 Common Bio-Medical Waste Treatment Facilities by Civil Society Organizations

State	Name of Common Bio-Medical Waste Treatment Facility
Andhra Pradesh	M/s. G.J. Multiclave (India) Private Limited, Hyderabad
	M/s Semb Ramky Environment Management (Private) Limited, Rangareddy
	M/s AWM Consulting Limited, Chittoor
Assam	M/s. Fresh Air, Kamrup
	M/s Econova Consultancy Service Private Limited, Kamrup
Bihar	Indira Gandhi Institute of Medical Sciences, Patna and Rockwel Industrial Plants Limited, Patna
	M/s Bio-Genetic Lab (Private) Limited, Bhagalpur
	M/s Bio-Genetic Lab (Private) Limited, Darbhanga
Chandigarh	Alliance Enviro Care Company, Chandigarh
Chhattisgarh	M/s Envirocare International, Bilaspur
	M/s E.Tech Project Private Limited, Bhilai
	M/s Shri Jitendra Chakole, Rajnandagoawn
Delhi	M/s Synergy Waste Management Private Limited, New Delhi
	M/s Metro Bio-care Services Private Limited, Delhi
Gujarat	Semb Ramky Environmental Management Private Limited, Ahmedabad
	En-vision Environ Engineers (Private) Limited, Surat
	Porbandar Manav Seva Charitable Trust, Porbandar,

¹ Planning Commission, Government of India, New Delhi, Tenth Five Year Plan, Volume 2– Sectoral Policies and Programmes, Chapter 6 –Urban Development (6.2 Civic Amenities in Urban Areas), Page no. 654, http://planningcommission.nic.in/plans/planrel/fiveyr/10th/volume2/v2_ch6_2.pdf

State	Name of Common Bio-Medical Waste Treatment Facility
Haryana	M/s Vulcan Waste Management Company, Gurgaon
	M/s Synergy Waste Management Private Limited, Hissar
	M/s S.D.Bio-Medical Waste Managment Company, Rohtak
Jammu and Kashmir	Clean City Waste Management Company, Somurbugh
Karnataka	M/s Semb Ramky Environment Management Private Limited, Bengaluru
	M/s Shree Consultants, Mysore
	M/s Sushanth Environmental Technologies Private Limited, Belgaum
Kerala	IMAGE Manthuruthy, Palakkad
Maharashtra	M/s Water Grace Products, Aurangabad
	M/s Atul Environment Services, Jalna
	Global Eco-Save Systems, Amaravati.
Madhya Pradesh	Elite Engineers, Jabalpur
	M/s Chandra Project, Chhindwara
	Hoswin Incinerator Private Limited, Indore
Odisha	M/s Sani Clean (Private) Limited, Khurda
	M/s Life Line Pharma, Behrampur
	M/s Sankalap, Rourkela
Punjab	M/s SembRamky Environmental Management Private Limited, Ludhiana
	M/s Amritsar Enviro Care System (Private) Limited, Amritsar
Tamil Nadu	M/s Bio-Medical Treatment Trust, Gurdaspur
	M/s G.J. Multi Clave (India) Private Limited, Kancheepuram
	M/s Medicare Enviro Systems, Thanjavur
	M/s Ken Bio Links Private Limited, Vellore

State	Name of Common Bio-Medical Waste Treatment Facility
Uttarakhand	M/s Bharat Heavy Electricals Limited, Haridwar and M/s MPCC Limited, Roorkee Sushila Tiwari Forest Hospital Trust, Haldwani
Uttar Pradesh	M/s. Envirad Medicare (Private) Limited, Bareilly M/s Sembranky Environmental (Private) Limited, Ghaziabad
West Bengal	M/s. Willboard Enviro Inc., Kanpur M/s. SembRamky Environmental Management (Private) Limited, Howrah

Source: Central Pollution Control Board, Ministry of Environment and Forests, Government of India, New Delhi, State-wise Status of Common Bio-Medical Waste Treatment Facilities, http://www.cpcb.nic.in/wast/bioimediawast/CBWTF_Status_2008.pdf

There are number of civil society organizations that are actively working to improve sanitation status in the country. *UNICEF India* in partnership with *Ministry of Drinking Water and Sanitation* and *Ministry of Human Resource Development* of Government of India and *Industrial Development Bank of India (IDBI)* has launched *WASH (Water, Sanitation and Hygiene) in Schools Program*. The program intends to create a child-friendly environment for providing easy access to safe drinking water, sanitation and hygiene for school-going children; as well as practically realize the higher standards of WASH-in-school facilities and hygiene education program. UNICEF has named *Sachin Tendulkar* regional brand ambassador for South Asia to promote its Total Sanitation Campaign in countries like India, Pakistan, Sri Lanka, Bangladesh and Nepal.

Sulabh International Social Service Organization, a leading non-governmental organization, is working to promote environmental sanitation, health and hygiene, waste management and social reforms through education among others. The organization, under the leadership of *Bindeshwar Pathak*, is doing a laudable work for bringing sanitation to the poor. The praiseworthy initiatives of *Sulabh Sanitation Mission Foundation* include scavenging-free two pit pour flush toilet, on-site human waste disposal technology, and construction and maintenance of pay and use public toilets. It launched its nationwide “*Toilet for Every House*” campaign in 2014.¹ The sources of fund of the foundation are mainly banks, public sector undertakings and private organizations. *Sulabh International* has number of international honors to its credit like being awarded Stockholm Water Prize in 2009, granted general consultative status by the Economic and Social Council of the United Nations (UN), and mentioned in the Human Development Report 2006 (Beyond Scarcity: Power, Poverty and the Global Water Crisis) of the United Nations Development Program.²

*Society for the Promotion of Area Resource Centers (SPARC)*³ in partnership with two community based organizations – *National Slum Dwellers Federation (NSDF)*⁴ and *Mahila Milan*

1 Toilet for Every House campaign was started from Katra Shadat village in Badaun district of Uttar Pradesh state where two minor girls were allegedly gang-raped and murdered when they went for defecation in open. *Sulabh International* adopted the village and built more than 100 toilets there which cover every house.

2 Human Development Report 2006 mentions about the role of *Sulabh International* in box 3.5: *Sulabh - bringing sanitation to the poor in India* on page number 124.

3 *SPARC* is one of the largest non-governmental organizations in the country which is working on housing and infrastructure issues for the urban poor.

4 *NSDF* is a national organization of community groups and leaders living in slums and informal settlements throughout the country.

*(Women Together)*¹ – is contributing significantly in improving the sanitation situation of urban poor. Apart from national networks, this alliance has networks in 25 countries of the world. With active community participation at all levels it is carrying out several projects for ensuring sufficient and satisfactory access to sanitation facilities throughout the country. The alliance has savings and credit system which contributes to its funds and increases the financial assets of the poor. The entire management of the system is done by women within the community. It is managed in such a way that there is tremendous people's participation in it; and enables providing support to poor families, build up and increase their assets and plan for their future. Based on the work of this alliance, the Government of India set up an inter-ministerial national task force on universal sanitation in urban areas in 2005 to frame national urban sanitation policy.

Chintan Environmental Research and Action Group, a non-governmental organization, works for environmental justice in partnership with people and groups from diverse sections of society. Its focus is on ensuring equitable and sustainable production and consumption of materials, and improved disposal of waste. Its initiatives include research, campaigns, policy interventions, building capacity among those engaged in recycling, and creating awareness about the need for reduced consumption and better waste management among middle and upper classes. It is executing five programs – a voice for waste, scavengers to managers, no child in trash, low carbon futures and knowledge power. It gets funds from general donation, domestic and foreign sources. It has won various international awards like the UN-BMW Intercultural Innovation Award in 2013 and the Human Rights Special Mention Award of the French Republic in 2014.²

Arghyam, a public charitable foundation, works on water and sanitation issues. It supports sustainable water management practices. It grants funds to those organizations which implement and manage groundwater and sanitation projects in India. It has made grants to recipients in 22 states. Its sanitation program concentrates on building knowledge and capacities of various stakeholders, facilitating the use of technically appropriate option for the area, enabling the sharing of experiences and influencing policy change.³

Jockin Arputham is a leading grassroots activist who has been spearheading a struggle of slum-dwellers for their rights to shelter and sanitation since last several decades. He is based in Dharavi, a slum area in Mumbai in Maharashtra state which is one of the largest slums in the world. He is the chief protagonist and president of the National Slum Dwellers Federation and Slum Dwellers International. The works of two federations are enabling slum dwellers to organize themselves, adopt participatory planning, involve women, manage their savings and credit system, and gain access to water and sanitation. Jockin Arputham is the winner of number of awards including United Nations Habitat Scroll of Honour Award in 1999, Ramon Magsaysay Award for Peace and International Understanding in 2000, Padma Shri, India's highest civilian honour, in 2011 and was nominated for the Nobel Peace Prize in 2014.

The adolescent girls and women of village *Ahmedpur* in *Lucknow* district of *Uttar Pradesh* state have taken the initiative for construction and maintenance of community toilets. They formed a self-help group and made efforts for mobilization of necessary resources. With assistance from government machinery, *Vatsalya* and *Plan India* non-governmental organizations and other community members they have fulfilled their dream. Every family in the village contributes a specific sum every month for the maintenance of community toilets. Incinerator is installed in these toilets and it converts waste into organic manure.

A number of corporate houses like Adani group, Aditya Birla group, Ambuja Cement, Biocon Limited, Chambal Fertilizers and Chemicals Limited, Infosys, ITC, Reliance group, Tata group, TVS Electronics and Usha Martin Group are actively contributing in improving sanitary conditions in their project areas. Their activities are touching the everyday lives of people and building better sustainable way of life.

1 Mahila Milan is a decentralized network of groups of poor women. It manages their credit and savings activities at community level. It has given huge amounts of loans and has saved collectively significant sums.

2 Chintan Environmental Research and Action Group, <http://www.chintan-india.org/>

3 Arghyam, Safe Sustainable Water for All, <http://arghyam.org/about-us/>

A significant change in attitude of people and government has gradually become perceptible. They have generally come to realize the importance of sanitation and talk about sanitation much more freely in the present times. With increasing awareness the misconceptions have been fading away but still persistent beliefs tend to remain. Areas and households where level of civic education and social accountability are higher have better sanitary practices. Several interactive modes are being adopted for awareness generation and education of masses like door to door campaigning; organizing shows and events in vernacular languages; developing messages for information, education and communication; bringing out newsletters; distributing audio, visual and print materials; carrying out need assessment of target groups; conducting impact studies and publicizing their results; making representations to government; organizing conferences, seminars, workshops etc.

Due to improvement in the state of public health mortality rate of population has come down and their life expectancy has improved during last several decades. Several reasons for improving the state of public health are adoption and execution of modern drainage and sewerage, drinking water and solid waste disposal systems. However, many loopholes and lacunae remain which prevent the benefits from percolating down. A key aspect is the limited and sporadic participation of civil society organizations in improving sanitation scenario in the country.

4 Impediments in civil society engagement in provisioning of sanitation facilities

The impact of various government schemes has not been impressive as not much headway has been made in ensuring adequate access to sanitation facilities for a large section of people. The problem is so deep-rooted that mere implementation of schemes by government agencies without adopting active participatory approach in real practice has not served much purpose. Despite having noble intentions government schemes are not being implemented in true spirit. The schemes are launched with much fanfare but the momentum does not last for long. The implementation just becomes a routine matter and engagement of civil society organizations is more symbolic. Government officials still adopt more or less centralized or top-down approach in implementing schemes. They are reluctant to actively involve the masses and take advantage of their ignorance. Needs of backward and poorer classes of population are usually lost sight of in practice. Publicity and awareness campaigns are more of namesake. There is insufficient government funding for information, education and communication activities. The focus of entire government exercise is more on quantitative target accomplishment instead of producing qualitative impact. Besides, the timelines keep on shifting which elude time bound goal attainment.

The crucial issues of public health and sanitation are taken for granted by government officials and civil society organizations. The civic authorities do not bother much about monitoring schemes, maintaining community assets and at times are unable to decide day-to-day governance related matters. There are inconsistencies in monitoring and evaluation of projects and programmes. These are due to lack of reliable information, inconsistent data gathering and poor capacity for analysis. Incompetence and failed ideas are easily visible everywhere. All these take a toll on precious human lives that could be easily prevented.

There is political support for universal coverage of sanitation facilities but institutional capacity is weak to fully implement the programs and conduct meaningful reviews. The funds are insufficient to meet the targets and there are misappropriations in their usage. Widespread corrupt practices involving fraudulent activities result in serving selfish ends. A large number of sanitation facilities exist on paper but not in reality.

Government schemes related to sanitation tend to focus more on toilet building and not too much on toilet usage. Mere construction of toilets and making them available are not making any serious dent on the situation as these are either unused or in deplorable condition due to lack of effective maintenance. Apparently, there is uneven rate of use of toilets in the households. There are number of households where at least one family member is not using the toilets. Sanitation behaviour and irrational practices associated with it prevent engagement of community and civil society in improving sanitation facilities. Due to ignorance and lack of awareness people do not follow hygiene practices associated with toilet usage.

The callous attitude of government officials, contractors and their work force can be seen in the fact that at times the work of laying down sewage pipelines is started in an unplanned way and as the work proceeds it is left in the midway which keeps on lingering for several months. Since they do not bother much about the inconveniences of people and try to keep public away at an arm's length, therefore, they are unable to win public confidence. In such a situation people take no personal interest in the project and are somewhat unwilling to extend their enthusiastic cooperation. Besides, levels of sewage treatment are low. Untreated/partially treated waste water goes to water bodies and pollutes them.

Bureaucratic hurdles and redtapism come in the way of active participation of people. Whenever civil society activists decide to start a project then they have to run from pillar to post for seeking diverse sorts of permissions from government. The attitude of officials at times is rude and hostile. Their support tends to be inadequate and even they misguide and misdirect common people. Sanitation activists and workers are easily harassed and they sustain numerous pulls and pressures.

People usually do not have a sense of ownership for government constructed public toilets. Neither government officials nor individuals/communities/civil society organizations bother to maintain them. The toilets are often used as storage space and people continue open defecation.

People, particularly in villages and slums, do not generally understand the importance of sanitation facilities and damage caused by unsanitary practices. They prefer to spend their money on consumer gadgets rather than on constructing and maintaining sanitation facilities.

There are inadequate provisions for safe disposal of waste water and garbage disposal. Waste disposal/management arrangements are not up to the mark. Household waste is disposed to individual/community dumping spots and removed either by household members or local authorities or by private agreement among residents. Deficient and imperfect sewerage and waste treatment facilities lead to entry of pollutants into land, ground water, rivers and other water sources resulting in vector-borne and water-borne disease incidence and degradation of environment.

The concept of total environmental sanitation is has not been properly dealt with. The issue of sanitation has not been effectively linked with wider health agenda.

5 Suggestions

As sanitation and hygiene impact the state of health so measures should be taken up in war-footing and with focused and targeted approach with eyes on outcomes. Following suggestions may be considered in this regard:

(1) Government officials/agencies and other stakeholders should adopt innovative and economical ways in concurrence with local conditions to deal with sanitation issues. Sanitation facilities should be simple, user-friendly, low cost, easily accessible and within reach of common masses. Focus of government schemes should be to increase toilet usage.

(2) Sanitation program should be suitably combined with other health related and hygiene schemes including primary health care, personal hygiene, safe drinking water and waste management. Sanitation program should be implemented as a package of services.

(3) Stakeholders and community leaders should be involved through consultancy and participation. The approach should be that government officials visit a small pocket/area, plan meetings on the field with social activists, work out feasible local level strategies and immediately commence work in a participatory mode followed by effective supervision and monitoring.

(4) Awareness campaigns about the feasibility of appropriate sanitation behaviour should be carried out on massive scale at local level. Community members should be actively engaged in such campaigns. The strategy should be to select few enlightened individuals from each community who would serve as facilitators, impart training to them and in turn they would persuade and convince common masses about importance of hygiene and sanitation as well as emulating good practices. Behavioral changes with regard to hygiene and sanitation are must for the success of any program as they have the potential to trigger large transformations.

(5) Constitution and functioning of bodies like Sanitation Entrepreneurs Association of Indonesia should be encouraged. These bodies are of highly participatory nature. Their effective functioning with

massive public participation is unspectacularly leading several areas towards open defecation-free status in Indonesia.

(6) Corporate houses and big organizations should come forward and adopt villages. They should build toilets in each household and adopt innovative practices for encouraging people to imbibe hygienic habits.

(7) Unnecessary barriers in the way of stakeholders' participation should be removed so that civil society organizations easily and readily come forward for rendering their services. Participation of civil society may likely to address the problems related to use of sub-standard materials, poor workmanship and expertise, and inadequate maintenance of sanitation facilities. *Ninth five year plan (1997-2002)* has suggested that as an experiment, it may be advisable, in some places to transfer funds to user communities or *panchayats* who may be induced to buy pipes and install hand-pumps on their own. The *panchayati raj* institutions and local administration should be entrusted with the responsibility for operation and management of the installed systems. The *panchayati raj* institutions should be given the option to levy and collect user charges for drinking water and sanitation services so that at least the operation and management may become a self-financing activity.¹ Civil society organizations may contribute a lot in supervision, education, propagation, monitoring, designing, development, production and installation activities.

(8) Women should be actively involved in all cleanliness drives as it is they who mostly deal with garbage and wastes regularly in households. Their role in this regard is dynamic and relevant. They should be trained in health, economic and community issues affecting the household.

(9) Fiscal concessions like reduced excise duty and/or sales tax and lower electricity charges should be given to manufacturers of low cost sanitary materials.

(10) Building centres and sanitary marts should be set up with private participation which would enable providing cost effective sanitation technology to households.

(11) Local bodies, building centres and sanitary marts should maintain a record of locally relevant information which could be effectively utilized for making available and improving sanitation facilities.

(12) The maintenance of community toilets should be made the responsibility of a community based organization. The beneficiary community should pay a small fixed monthly amount for their upkeep.

6 Conclusions

Sanitation facilities are one of the basic amenities which are essentially required for sustaining human life. Their efficacious provisioning depends upon proper institutional structure, marked and well-defined decentralization of powers, ample resources, support of government, engagement of civil society organizations and building up their capabilities. Civil society participation in India has remained limited and their resulting benefits have not been profusely demonstrated. It has been proved time and again that wherever there has been active participation of civil society in management and maintenance of sanitation facilities there their reach has expanded, efficiency and effectiveness levels have increased, and leakages and wastages have been checked.

References

- [1] Arghyam. Safe Sustainable Water for All. <http://arghyam.org/about-us/> (accessed 07 July 2015)
- [2] Central Pollution Control Board. State-wise Status of Common Bio-Medical Waste Treatment Facilities. http://www.cpcb.nic.in/wast/bioimediawast/CBWTF_Status_2008.pdf (accessed 06 July 2015).
- [3] Chintan Environmental Research and Action Group. <http://www.chintan-india.org/> (accessed 07 July 2015)

¹ Planning Commission, Government of India, New Delhi, Ninth Five Year Plan, Volume 2, Chapter 3 - Human and Social Development (Housing, Urban Development, Water Supply and Civic Amenities), <http://planningcommission.nic.in/plans/planrel/fiveyr/welcome.html>

- [4] Confederation of Indian Industry. CII Launches Mission: Sanitation of Schools as part of Swachh Bharat: Swachh Vidyalaya Initiative of the Government of India. [Http://www.cii.in/PressreleasesDetail.aspx?enc=bLQqo92wzZzX52qR2LuMcPKVIQHXACI9A1eTDQu/fLY=](http://www.cii.in/PressreleasesDetail.aspx?enc=bLQqo92wzZzX52qR2LuMcPKVIQHXACI9A1eTDQu/fLY=) (accessed 05 July 2015)
- [5] Department of Drinking Water Supply, Ministry of Rural Development, Government of India, New Delhi. Central Rural Sanitation Programme, Total Sanitation Campaign. [Http://hptsc.nic.in/2001.pdf](http://hptsc.nic.in/2001.pdf) (accessed 05 July 2015)
- [6] Ministry of Drinking Water and Sanitation, Government of India, New Delhi. Swachh Bharat Mission (Gramin). [Http://tsc.gov.in/TSC/NBA/AboutNBA.aspx](http://tsc.gov.in/TSC/NBA/AboutNBA.aspx) (accessed 05 July 2015)
- [7] Ministry of Drinking Water and Sanitation, Government of India, New Delhi. Swachh Bharat Mission (Gramin), Note. [Http://sbm.gov.in/tsc/NBA/AboutSBM.aspx?id=NBA](http://sbm.gov.in/tsc/NBA/AboutSBM.aspx?id=NBA) (accessed 05 July 2015)
- [8] Ministry of Human Resource Development, Government of India, New Delhi. Swachh Bharat and Swachh Vidyalaya, a National Mission, Clean India: Clean Schools, a Handbook, [Http://mhrd.gov.in/sites/upload_files/mhrd/files/upload_document/Eng_Swachch%20Bharat%20Swachch%20Vidhalaya.pdf](http://mhrd.gov.in/sites/upload_files/mhrd/files/upload_document/Eng_Swachch%20Bharat%20Swachch%20Vidhalaya.pdf) (accessed 05 July 2015)
- [9] Ministry of Information and Broadcasting, Government of India, New Delhi. Bal Swachhta Mission Launched. [Http://inbministry.blogspot.in/2014/11/bal-swachhta-mission-launched.html](http://inbministry.blogspot.in/2014/11/bal-swachhta-mission-launched.html) (accessed 05 July 2015)
- [10] Ministry of Information and Broadcasting, Government of India, New Delhi. Government Announces Swachh Bharat Kosh Operational Guidelines. [Http://inbministry.blogspot.in/2014/11/government-announces-swachh-bharat-kosh.html](http://inbministry.blogspot.in/2014/11/government-announces-swachh-bharat-kosh.html) (accessed 05 July 2015)
- [11] Ministry of Urban Development, Government of India, New Delhi. National Urban Sanitation Policy. [Http://www.indiawaterportal.org/sites/indiawaterportal.org/files/uploads/2008/12/nusb.pdf](http://www.indiawaterportal.org/sites/indiawaterportal.org/files/uploads/2008/12/nusb.pdf) (accessed 07 July 2015)
- [12] Ministry of Urban Development, Government of India, New Delhi. Urban Infrastructure Scheme for Small and Medium Towns Guidelines. [Http://moud.gov.in/uidssmt_guidelines](http://moud.gov.in/uidssmt_guidelines) (accessed 06 July 2015)
- [13] Ministry of Urban Employment and Poverty Alleviation and Ministry of Urban Development, Government of India, New Delhi. Jawaharlal Nehru National Urban Renewal Mission, Overview. [Http://jnnurm.nic.in/wp-content/uploads/2011/01/PMSpeechOverviewE.pdf](http://jnnurm.nic.in/wp-content/uploads/2011/01/PMSpeechOverviewE.pdf) (accessed 06 July 2015)
- [14] National Sample Survey Office, Ministry of Statistics and Programme Implementation, Government of India, New Delhi. Key Indicators of Drinking Water, Sanitation, Hygiene and Housing Condition in India. National Sample Survey 69th Round. [Http://mospi.nic.in/mospi_new/upload/kye_indi_of_water_Sanitation69rou_24dec13.pdf](http://mospi.nic.in/mospi_new/upload/kye_indi_of_water_Sanitation69rou_24dec13.pdf) (accessed 04 July 2015), December 2013
- [15] Planning Commission, Government of India, New Delhi. Ninth Five Year Plan, Volume 2, Chapter 3 - Human and Social Development (Housing, Urban Development, Water Supply and Civic Amenities). [Http://planningcommission.nic.in/plans/planrel/fiveyr/welcome.html](http://planningcommission.nic.in/plans/planrel/fiveyr/welcome.html) (accessed 06 July 2015), 1997-2002
- [16] Planning Commission, Government of India, New Delhi. Tenth Five Year Plan, Volume 2 – Sectoral Policies and Programmes, Chapter 5 – Agriculture and Rural Development (5.5 Rural Water Supply and Sanitation). [Http://planningcommission.nic.in/plans/planrel/fiveyr/10th/volume2/v2_ch5_5.pdf](http://planningcommission.nic.in/plans/planrel/fiveyr/10th/volume2/v2_ch5_5.pdf) and Chapter 6 –Urban Development (6.2 Civic Amenities in Urban Areas), [Http://planningcommission.nic.in/plans/planrel/fiveyr/10th/volume2/v2_ch6_2.pdf](http://planningcommission.nic.in/plans/planrel/fiveyr/10th/volume2/v2_ch6_2.pdf) (accessed 06 July 2015), 2002-2007
- [17] Sarkar, S., and J.J. Munir. The Constitution of India 1950. Allahabad: Alia Law Agency, 2012.
- [18] Society for the Promotion of Area Resource Centers. The Indian Alliance. [Http://www.sparcindia.org/index.php](http://www.sparcindia.org/index.php) (accessed 04 July 2015)
- [19] Sulabh International Social Service Organization. [Http://sulabhinternational.org/](http://sulabhinternational.org/) (accessed 07 July 2015)

- [20] The Rights to Water and Sanitation. The Rights to Water and Sanitation in International Law. [Http://www.righttowater.info/progress-so-far/timeline/](http://www.righttowater.info/progress-so-far/timeline/) (accessed 03 July 2015)
- [21] The HINDU, India's National Newspaper, Lucknow Edition, 29 November 2013; 02 December 2013; 09 June 2014; 28 July 2014; 28 August 2014; 31 August 2014; 01 September 2014; 12 September 2014; 19 September 2014; 20 September 2014; 22 September 2014; 10 October 2014; 11 October 2014; 12 October 2014; and 14 January 2015.
- [22] The Times of India, India's National Newspaper, Lucknow Edition, 08 January 2014; 16 June 2014; 02 June 2014; and 09 September 2014.
- [23] United Nations Development Program. Human Development Report 2006 - Beyond Scarcity: Power, Poverty and the Global Water Crisis. [Http://hdr.undp.org/sites/default/files/reports/267/hdr06-complete.pdf](http://hdr.undp.org/sites/default/files/reports/267/hdr06-complete.pdf) (accessed 07 July 2015)
- [24] World Bank. Projects and Operations, Rural Water Supply and Sanitation Project for Low Income States. [Http://www.worldbank.org/projects/P132173/india-rural-water-supply-sanitation-project-low-income-states?lang=en](http://www.worldbank.org/projects/P132173/india-rural-water-supply-sanitation-project-low-income-states?lang=en) (accessed 07 July 2015).