RESEARCH ARTICLE

A RAPID APPRAISAL OF TOTAL SANITATION CAMPAIGN IN SELECTED DISTRICTS OF MADHYA PRADESH

Manju Toppo, Dinesh Kumar Pal, Devendra Gour, Deepak Sharma, Ritesh Rawat, Sameer Painkara
Department of Community Medicine, Gandhi Medical College, Bhopal, Madhya Pradesh, India

Correspondence to: Manju Toppo (toppo_drmanju@rediffmail.com)

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ABSTRACT

Background: The Total Sanitation Campaign (TSC), the flagship sanitation program launched by Government of India, is to cover all households with water and sanitation facilities, and promote hygienic behaviour for overall improvement of health of the rural population, so as to reach the Millennium Development Goals. But this program has not yet achieved its set targets.

Aims & Objectives: To study the implementation status of TSC and utilization of sanitary services.

Materials and Methods: It was a comparative cross sectional study, in which, house to house survey was conducted in selected districts of Madhya Pradesh, to assess the coverage and usage of toilets in study population.

Results: In this study, 100% households had access to individual, community or shared toilets but only around 81.56% were using toilets. Main reason for toilet construction was government provided subsidy. Most people used public hand pumps for drinking & using water. Lack of resources combined with negligence by the Sarpanch/ Panchayat members in not constructing an individual household latrine was also found. Non-functionality of toilets in school was due to lack of water and the toilets too were not clean. The disposal of solid waste was either in the form of dumping and indiscriminate throwing.

Conclusion: The progress of TSC in the State has been quite encouraging with an increase in NGP awardees. Keeping in view the current increase in demand for sanitation services, it is anticipated that the state will achieve full sanitation coverage in near future. **Key Words:** Nirmal Gram Puraskar (NGP); Non-Nirmal Gram Puraskar (Non-NGP); Total Sanitation Campaign (TSC); Individual Household Latrine (IHHL); Open Defecation

Introduction

India made international headlines in April 2010, following the revelation that far more of its citizens have access to a mobile phone than to a toilet. Two thirds of its population, 665 million, defecate in the open every day, that is over half of the global total. They risk serious health consequences, which can significantly retard progress in other aspects of economic and human development.

Sixty percent of people living in India do not have access to toilets, and hence are forced to defecate in the open. In actual numbers, sixty per cent translates to 626 million. This makes India the number one country in the world, where open defecation is practiced. At 949 million in 2010 worldwide, vast majority of people practicing open defecation live in rural areas – though the number of rural people practicing open defecation has reduced by 234 million in 2010 than that in 1990. Those who continue to do so, tend to be concentrated in a few countries including India," notes the 2012 update report of UNICEF and WHO.[1]

The Total Sanitation Campaign (TSC) of the Rajiv Gandhi National Drinking Water Mission (RGNDWM), Govt of India (GOL) was launched to cover all households with water and sanitation facilities and promote hygienic behaviour for overall improvement of health of the rural population. The involvement of Panchayati Raj Institution (PRIs) in scaling up the TSC was felt necessary, since sanitation promotion needed a large scale social mobilization to lead to behavioural change. [1]

Introduction of Nirmal Gram Puraskar (NGP) was to give innovative financial incentives to ignite positive sanitation and hygiene behavior changes in rural communities promoting the rural sanitation on a mass scale. This was started with the spirit that an incentive strategy can motivate the Panchayati Raj Institutions in taking up sanitation promotion activities and shift their prosperities from hardware and infrastructure projects and being judge upon four criteria's^[1]: (a) All households having access to toilets with full use and no open defecation, (b) All schools have sanitation facilities, which are also put to use and all co-educational schools with separate toilets for boys and girls, (c) All Anganwadis have access to sanitation facilities, and (d) General cleanliness in the settlement.^[2]

Total Sanitation Campaign (TSC) rolled-out in 199-2000. Recently government of India in the Ministry of Drinking Water & Sanitation has come up with a scheme of

convergence between TSC rechristened as Nirmal Bharat Abhiyan with NREGS. Nirmal Bharat Abhiyan is a step forward in creating new entitlements of IHLS, Nirmal Bharat Abhiyan is a step forward in creating new entitlements of IHLS both for BPL and Identified APL households covering SC/ST, small & marginal farmers, landless labourers with homestead land, physically handicapped and families headed by women within a gram Panchayat, recognizing the importance of gram Panchayat as the centre of activity for promotion of NBA, it is proposed to trigger its implementation through Palli Sabha program.

Implementation of total Sanitation campaign, the national sanitation program, has been one of the largest sanitation initiatives ever taken up in Madhya Pradesh and that too in a very short time frame which has directly or indirectly influenced the lives of millions of rural people across the length and breadth of this state, it has been the story of large scale behaviour change of millions of people who had been used to the, extremely demeaning practice of open defecation for ages but adopted sanitary toilets for safe disposal of their excreta. A revolutionary effort was in the year 2005 when one Gram Panchayat in Madhya Pradesh had won the first Nirmal Gram Puraskar. The success story continued as 190 Gram Panchayat in 2006-07, 682 Gram Pamchayat in 2007-08, 639 gram Panchayat in 2008-09, 184 gram Panchayat 2010-11 & 212 Madhya Pradesh villages were chosen for Nirmal Gram Puraskar this year 2012.

A notable success story is Nirmal Bharat Abhiyan of Madhya Pradesh. Achievement of Madhya Pradesh for BPL category IHHL are 92.14%, and IHHL for APL are 72.61%, the Total IHHL are 80.95%, Coming to School Toilet it is 103.13%, Sanitary complex 64.79%, Aganwadi toilet 87.10%, RSM/PC 102.60%.[3]

Aim of the study is to assess whether the principles and quality of the NGP are maintained during the scale up of the TSC. This study is therefore an attempt to assess the sanitary practices and utilization of sanitary services provided under total sanitation campaign and its linkages with the health status of concerned community in the following districts of Madhya Pradesh, namely Dhar, Khandwa, Panna and Anuppur.

Materials and Methods

This was Cross sectional comparative study carried out in Madhya Pradesh. A Rapid Appraisal of Total Sanitation Campaign in four districts of Madhya Pradesh namely

Dhar, Anuppur, Khandwa & Panna was conducted in twelve NGP & Non NGP villages.



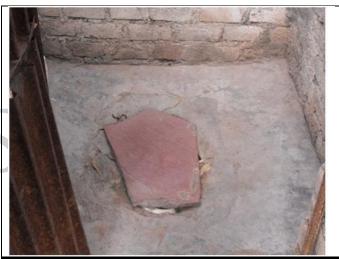


Figure-2: Photograph showing Toilet being used as bathroom (Dhar)



Figure-3: Photograph showing no pan (Anuppur)

House to house survey was conducted to assess the coverage & usage of toilets in study population. Thus a total of 24 (12 NGP and 12 Non-NGP) villages were selected for study purpose. Non-NGP village selected Adjoining and comparable to NGP village. 10% of the households were selected for the study, according to the Probability proportional size, from each selected villages. Random sampling method was applied to identify the households in each village using random numbers of table. Transect walk was conducted in the village and field observation along with photographic documentation of the transect points namely Community toilets, School & Anganwadi toilets, waste water facilities & general cleanliness of the village was done.

Results

The current finding details out the study of 360 households comprising of 1484 members in NGP and 1632 members in Non NGP villages. In this study population was mainly of rural background with majority of them belonging to BPL category 68.6% in NGP and 63.08 % was belong NON-NGP village and were both NGP and NON-NGP Village belong to Hindus religion and were mainly of NON-NGP belong maximum ST 42.77 & NGP belong OBC 37.85 Category

Tables 1 shows Access to toilet plays an important role in achieving open defecation free status & getting the NGP award. Household study in GPs revealed that around 23.3 % households have access to Individual household toilet, 0.2% had access to community latrine &76.4% of them had no access to toilet and normally resort to open defecation in NGP awarded PRIs. Majority of nonfunctional toilets were observed in Anuppur followed by Khandwa, Panna & Dhar.

Despite the construction of IHHL, Criteria for nonfunctionality was a combination of factors. Main reason was poor installation & unfinished construction which was 51.25%, followed by draining in open 13.56%, with no pit, 20.60% toilets were getting choked either partially or fully. & other usages of toilets i.e. 12.56% were mainly used as bathroom & for storing cow dung, as animal shed or storage space, etc. All together these were the various reasons observed for categorizing the latrines as dysfunctional present. In Non NGP district few toilets were constructed for pursuing NGP award in which the toilet construction was incomplete. (Table 2)

Overall reasons for construction of IHHL told by PRI/villagers/ a government order/ by motivators was the single largest group of reasons reported by the households, as the factors that led to decision of latrine construction. This was followed by inconvenience during

nights, of elderly members & privacy related reasons being the second largest group of reasons. 5.9% of the reasons were related to diseases or better health. In Non NGP villages few toilets were constructed by other Yojanas. (Table 3)

Table-1: Distribution according to profile of households having access to latrine NGP & NON- NGP village of Districts

		Profi	ie of nousei	notas nav	/ing	
	Typo	access to latrine				
District	Type of Family	Open		Comm-		Total
District		Non-	No	unity	Already	Total
	raining	Functional	Latrine	Toilet	IHHL	
		Latrine (%)	(%)	(%)		
Dhar	NGP	27 (30)	14 (15.56)	0 (0.00)	49 (55.56)	90
Dhar	Non-NGP	13 (14.44)	76 (S4.44)	0 (0.00)	1 (1.11)	90
A	NGP	83 (92.22)	7 (7.78)	0 (0.00)	0(0.00)	90
Annuppur	Non-NGP	0 (0.00)	90 (100)	0 (0.00)	0 (0.00)	90
Danna	NGP	36 (40.00)	34 (37.78)	1 (1.11)	19 (21.11)	90
Panna	Non-NGP	4 (4.44)	83 (92.22)	0 (0.00)	3 (3.33)	90
Khandwa	NGP	53 (58.9)	21 (23.33)	0 (0.00)	16 (17.78)	90
	Non-NGP	17 (18.9)	64 (71.11)	0 (0.00)	9 (10.00)	90
Total	NGP	199 (55.27)	76 (21.11)	1 (0.27)	84 (23.33)	360
	Non-NGP	34 (9.44)	313 (86.94)	0 (0.0)	13 (3.61)	360

Table-2: Distribution according to reason for non-functionality of toilets in NGP & NON- NGP village of districts

				Reason i	or Morr-			
District		Tymo of	Functionality of toilets (%)					
		Type of Family	Unfinished /Poor installation	Not Draining in pit	Choked Other Usage		Total	
	Dhar	NGP	4 (14.81)	6 (22.22)	16 (59.25)	1 (3.7)	27	
	Dilai	Non-NGP	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0	
		NGP	54 (65.06)	11 (13.25)	11 (13.25)	7 (8.43)	83	
Annuppui	Amuppui	Non-NGP	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0	
	Panna	NGP	27 (75)	2 (5.55)	4 (11.11)	3 (8.33)	36	
		Non-NGP	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0	
	Khandwa	NGP	21 (39.62)	8 (15.09)	10 (18.86)	14 (26.41)	53	
Kiiaiiuwa	Non-NGP	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0		
	T-4-1	KGP	102 (51.25)	27 (13.56)	41 (20.60)	25 (12.55)	199	
Total	Non-NGP	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0		

Table-3: Distribution according to reason for not using toilet despite usable toilet

		Reason for not using toilet				_
District	Type of Family	Fear that pit might get filled	Not Enough Water	Like going out	Bad smell	Total
Dhar	NGP	5 (11.1)	23 (51.1)	10 (22.2)	7 (15.6)	45 (56.25)
Dilai	Non-NGP	0	0	0	0	0
Annuppur	NGP	0	0	0	0	0
	Non-NGP	0	0	0	0	0
Panna	NGP	1 (4.17)	11 (45.83)	6 (25)	6 (25)	24 (30.0)
	Non-NGP	0	2 (40)	3 (60)	0	5 (3.3)
Khandwa	NGP	1 (9.01)	5 (45.4)	4 (36.3)	1 (9.0)	11 (13.8)
	Non-NGP	4 (40)	2 (20)	3 (30)	1(10)	10 (66.7)
Total	KGP	7 (8.6)	39 (48.8)	20 (25)	14 (17.5)	80
	Non-NGP	4 (26.6)	4 (26.6)	6 (40)	1 (6.67)	15

Overall the present impediments to constructing an IHHL as reported by the households in NGP & NON districts that do not have an IHHL were mainly related to poverty which constituted the single biggest factor constituting for this. This was followed by reason of sarpanch not interested or neglect by PRI.

Table-4:	Table-4: Distribution according to reason for open defecation NGP & Non-NGP village of districts							
	Reason for open defecation							
District	Type of Family	Lack of behaviour change/not accustomed using it (%)	Social activity to mingle/ chatting (%)	Fear that pit night get /actually was filled (%)	Not enough water/ burden to fetch water/ Bed smell (%)	Poor/ unfinished Installations (%)	Total	
Dhar	NGP	4 (3.81)	0	9 (8.57)	12 (11.43)	80 (76.19)	105	
Dilai	Non-NGP	19 (39.58)	0	6 (12.5)	15 (6.25)	20 (41.67)	76	
A	NGP	82 (29.08	19 (6.74)	37 (13.12)	26 (9.22)	118 (41.84)	282	
Annuppur	Non-NGP	0	0	0	0	0	0	
	NGP	14 (10.37)	0	13 (9.63)	32 (23.70)	76 (56.30)	135	
Panna	Non-NGP	11 (35.48)	0	0	20 (64.52)	0	31	
Vla an dana	NGP	60 (27.78)	0	54 (25.00)	14 (6.48)	88 (40.74)	216	
Khandwa	Non-NGP	4 (4.82)	0	6 (7.23)	5 (6.02)	68 (81.93)	83	
Total	NGP	160 (21.68)	19 (2.57)	113 (15.31)	84 (11.38)	362 (49.05)	738	
	Non-NGP	34 (17.89)	0	25 (13.15)	40 (21.05)	88 (46.31)	190	

Table-5: distribution according to respondent suffer from disease within last 15 days in NGP & Non-NGP village of district						
District	Type of village	Respondent su with in l	Total			
	village	Yes (%)	No (%)			
Dhar	NGP	9 (2.43)	362 (97.57)	371		
Dilar	Non-NGP	19 (5.04)	358 (94.96)	377		
Ann	NGP	12 (3.43)	338 (96.57)	350		
Annuppur	Non-NGP	31 (7.38)	389 (92.62)	420		
Danna	NGP	15 (4.56)	314 (95.44)	329		
Panna	Non-NGP	14 (4.02)	334 (95.98)	348		
Khandwa	NGP	11 (3.22)	423 (96.77)	434		
Kilaliuwa	Non-NGP	15 (2.46)	472 (96.8)	487		
Total	NGP	47 (3.16)	1437 (96.8)	1484		
Total	Non-NGP	79 (4.84)	1553 (95.2)	1632		

Other reasons were mainly that respondents did not feel the need or thought about it, lack of water and household elderly members felt that going out was more comfortable. (Table 4)

Observation of toilet usages amongst respondents shows that in NGP toilet usage 81.56% (354/434) in all districts. Out of 1484 respondent 354 were using toilet. (Table 5)

Districts wise distribution of reasons for not using toilet despite usable toilet. In Dhar, Panna & Khandwa 39 (48.7%) respondents did not use toilet due to lack of water followed by 20 (25%) respondent who liked going out, other reasons were bad smell (17.5%) & fear that the pit might get filled (8.75%). In Annuppur districts there was no usable toilet because of poor & unfinished installation of toilets.

When household respondents reported the reasons behind some of their household members not using latrine regularly following picture emerged. More than 49.05% in NGP & 46.3% in Non NGP districts were the reasons related to poor or unfinished installation. Around 21.6% in NGP & 17.8% in NON NGP were the related reasons due to lack of behaviour change or not accustomed to using it. Fear that pit might get filled and tank was actually full together accounted for 15.3%. Water related reasons accounted for 11.3% in NGP & 19.4% in Non NGP villages. It is a social activity to mingle / chat accounted for 2.5% reasons in one NGP district.

Discussion

The characteristics of study population were mainly of rural background with majority of them belonging to BPL category and were Hindus and were mainly of ST & SC Category. Excepting in one gram panchayat, none of Gram Panchayat had any form of IEC activity which, is very essential start up activity for motivating & creating the need amongst them to construct toilet & bringing behaviour change amongst them. The toilets were constructed since a long time but we could find people who never used toilets because they have been used to going for open defecation & did not want to change their habit & felt suffocated & uncomfortable sitting in a small place & preferred open fields. Many household members used it as bathroom & for storing cow dung & wood & for tying animals. Though 100 percent households had access to individual, community or shared toilets, only around 81.56 percent are using it as toilet. The reasons non-use of toilets largely marred poor/unfinished installations, no super structure and no behavioural change.

Likewise the main reasons of toilet construction appeared to be that since government is giving subsidy so toilets should be made. The demand driven approach seems to be failing here, since people do not feel the need of it. Other reasons were mainly inconvenience, aged members & privacy related reasons Lack of resources combined with neglect by the Sarpanch/ Panchayat members has emerged as the single most largest combination factor reported to be responsible for not constructing and individual household latrine.

In most GPs, there has been severe drop in efforts towards social mobilization and monitoring of ODF status after the NGP award has been received. This has resulted in slippage of ODF status in many GPS and is a serious concern with respect to sustainability.

RECOMMENDATION

IEC Start-up activity is the most important part of TSCs component. Awareness creation for toilet construction is required not only for demand generation but also for educating the people about the salient features of the toilet usage. Awareness is required regarding emptying the pit when it gets filled up without which people find it difficult to use the toilet. The post-construction awareness campaign is also needed for strengthening these aspects without which people find it difficult to use the toilet, and without which sustainability of the program suffers.

Proper training of masons for proper installations and toilet technology so that technically correct latrines are constructed in the villages.

Water was also reported as a critical factor for achieving and sustaining NGP status. Installation of adequate numbers of hand pumps, repair of dysfunctional hand pumps/piped water supply, construction of water tanks, promoting rain water harvesting etc. are few measures mandated by the PRIs to alleviate water scarcity. Village health sanitation committee members should monitor household who are not using toilet Recognition should be given to the households who are using 100% toilets in the form of names being displayed in gram sabha.

Rigorous monitoring in this way to maintain ODF status, focus on monitoring of use of toilets and adoption of hygiene practices are essential for the program to be sustainable. A decent time gap (may be a year) between the application for the award (after the first verification) and the final verification for giving the award may put adequate pressure among GPs to maintain the ODF status for at-least one year so that it may also have positive impact on behaviour change amongst people to sue toilet for that much time at least, and setup the proper monitoring system.

Conclusion

The progress of TSC in the State has been quite encouraging with an increase in NGP awardees. Keeping in view the current increase in demand for sanitation services, it is anticipated that the state will achieve full sanitation coverage in near future.

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