

Proceedings of The National Seminar on Rural Sanitation (16-17 Sept. 1992)

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सत्यमेव जयते

Ministry of Rural Development
Government of India
New Delhi

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PRESIDENT
REPUBLIC OF INDIA

MESSAGE

I am happy to learn that a National Seminar on Rural Sanitation is being held in New Delhi to review the work done in this field and to work out an appropriate strategy for the Eighth Five Year Plan.

Rural Sanitation programme need to be implemented earnestly since lack of sanitation in the rural areas leads to several diseases affecting our people, particularly children. It is heartening to note that prominent voluntary organisations are participating in the Seminar, in addition to experts and officials. Voluntary organisations can do much to help in the execution of schemes of rural development by effectively securing people's participation.

I hope the Seminar will examine the various aspects of the rural sanitation programme and recommend suitable strategies in this regard.

I wish the deliberations all success.

SHANKAR DAYAL SHARMA

New Delhi,
September, 1992

September 14, 1992

MESSAGE

Sanitation is a basic human need and integral to development. Provision of sanitation facilities to the rural masses need special attention. I am glad that the Ministry of Rural Development is organising a National Seminar on Rural Sanitation. The Seminar will give an opportunity for an exchange of views amongst representatives of Central and State Governments, eminent experts and voluntary organisations in the field to improve the health and hygienic conditions of rural masses as well as to prepare effective strategies for the future.

I wish the Seminar all success.

(K.R. NARAYANAN)

PREFACE

Status of sanitation is indicative of the health condition of people living in a country. Area for open defecation is becoming limited due to increase in population, loss of tree/vegetation cover, expansion of area under cultivation and other developmental programmes. Besides, educational and economic growth have also made people feel the need for adequate sanitation facilities and privacy.

Sanitation is not confined to construction of latrines only, it should cover personal hygiene, home sanitation, safe water, garbage disposal, excreta disposal and waste water disposal etc. Appropriate technology for this is already available in the country. State Governments, local agencies and NGOs should apply the available technology with local material and skill as far as possible to reduce the cost. Human Resource Development from grass root level to policy makers and implementation officials and non-officials, should be developed with various curriculum befitting each category. Women and youths should adequately be involved in the process of development. Local NGOs can play vital role in proper implementing of sanitation programme.

Software materials should be adequately developed towards motivation, awareness building of the masses to make it a people's movement. All concerned departments in States and Centre should make concerted efforts on similar lines to improve the quality of life in the country.

A National Seminar on Rural Sanitation was organised on 16th and 17th September, 1992 to assess the progress achieved so far, identify the constraints encountered by the programme and to evolve the new strategy and policy thrust for the Eighth Five Year Plan. The Seminar has emphasised the active involvement of the community and NGOs for the creation of felt need and generating demand to make it a people's movement limiting the role of Governments as promoters and facilitator. The subsidy, it was felt should be limited to those who do not have means to finance the household latrines, persons below the poverty line. The Seminar has brought out various other valuable and relevant recommendations. It is hoped that the publication of this Volume containing the proceedings of the seminar would help all those interested in very important activity of national reconstruction to follow up the recommendations and make valuable contribution in the success of the programme now being launched.

(UTTAMBHAI H. PATEL)

Minister of State for Rural Development

**NATIONAL SEMINAR ON RURAL SANITATION
16 - 18 SEPTEMBER 1992
PARLIAMENT HOUSE ANNEXE, NEW DELHI**

PROGRAMME

Date : 16.9.1992

0830 - 0930	Registration
Inaugural Function	
0930 - 0935	Inaugural Song
0935 - 0945	Welcome address : Shri. S.R.Sankaran, Secretary, Ministry of Rural Development
0945 - 0950	Lighting of lamp
0950 - 1005	Inaugural Address : Shri Uttambhai Patel, Minister of State (Rural Development)
1005 - 1035	Address of Guests of Honor Col. Rao Ram Singh, Minister of State (Wasteland Development) Dr. D. Swaminandhan, Member, Planning Commission
1035 - 1050	Presidential Address : Shri G. Venkat Swamy, Minster of State (Rural Development)
1050 - 1055	Vote of Thanks : Shri P.K. Sivanandan, Joint Secretary-cum-Mission Director, Ministry of Rural Development
1055 - 1115	Tea Break
First Session	
1115 - 1130	Key Note Address ; Shri S.R. Sankaran, Secretary, Ministry of Rural Development
1130 - 1330	Presentation of Statewise Progress and Success Stories by State Government Representatives of Successful Projects.
1330 - 1430	Lunch Break
Second Session	
1430 - 1630	Presentation of Paper
1630 - 1645	Tea Break
Third Session	
1645 - 2000	Group Discussions/Recommendations

Date 17.9.1992

Fourth Session

0930 - 1115 Group Recommendations and Discussions
Groups I & II
1115 - 1130 Tea Break

Fifth Session

1130 - 1330 Group Recommendations and Discussion
Groups III
1330 - 1430 Lunch Break

Plenary Session

1430 - 1500 Group Recommendations and Discussions
Group IV
1500 - 1530 Finalisation of Recommendations
1530 - 1600 Tea Break

Valedictory Function

1600 - 1650 Welcome address
Presentation of Group Recommendations
Address : Shri S.R. Sankaran,
Secretary, Ministry of Rural Development
Concluding Address : Shri Uttam Bhai H. Patel,
Minster of State (Rural Development)
Vote of Thanks
1650 - 1750 Tea Break
1730 - 2000 Field Visit to Sulabh International, Palam, New Delhi.

Date : 18.9.1992

0800 - 1800 Study Tour to Alwar District, Rajasthan

PROCEEDINGS OF THE NATIONAL SEMINAR ON RURAL SANITATION 16 - 17 SEPTEMBER, 1992.

INTRODUCTION

Improved sanitation leads to better health status and quality of life. Over the years Sanitation seems to have acquired a low priority in popular perception in our country. In the earlier days when open space and common lands were easily available in rural areas, safe disposal of excreta even by open defecation did not pose a serious threat to the quality of life of the people. Practices, customs and code of conduct insisted that human excreta should be disposed off away from habitations so that no contamination in any form could take place. Population explosion, scarcity of land due to intensive use of land for agriculture, industry, building, etc. and the increase in poverty made it difficult for the old system to be used safely any more.

2. Since inception of planning in India, sanitation programme was introduced in the health sector. Sanitation and water supply was subsequently transferred to the Ministry of Works & Housing (presently, Ministry of Urban Development). In August 1985, Rural Sanitation was transferred to the Department of Rural Development and was launched as part of National Rural Employment Programme (NREP), Rural Landless Employment Guarantee Programme (RLEGP), Indira Awas Yojana (IAY) in January 1986 and also included as part of Point No.8 of the 20-Point Programme. Central Rural Sanitation Programme (CRSP) was launched in the same year in October 1986. Since 1987-88, Rural Sanitation forms part of Minimum Needs Programme (MNP) in the State Sector.

3. By the end of March 1992, by these efforts, the actual coverage through the Government sector in rural areas was improved from 0.5 per cent of the households in 1980 to 2.73 per cent. It is estimated that about 22.60 lakh latrines in rural areas have been constructed under various programmes since 1985-86 to 1991-92. However, the 44th round of National Sample Survey (1988-89) reveals that the actual coverage was about 10.96% per cent of the rural households. Thus, it is apparent that the balance 8.23 per cent might have been achieved through private initiative.

4. The Planning Commission while formulating the Eighth Five Year Plan strategy observed that the concept of 'total environmental sanitation' is absent in the country. Linkage of rural sanitation programme with Primary

Health Care, Water availability, removal of illiteracy particularly of women and family welfare, needed attention. Sanitation programme should be taken as a package of services rather than mere construction of latrines.

Further, due to inadequate sewerage and lack of human and animal waste treatment facilities, pollutants which enter ground water, rivers and other water sources contribute to increased incidence of water borne diseases. It is necessary to take timely steps to prevent further pollution.

5. The Planning Commission also observed that the earlier efforts to discourage manual scavenging and to liberate families engaged in this inhuman task have not borne satisfactory results. Therefore, it is suggested that the ongoing programme for liberation/rehabilitation of scavengers should be streamlined through legislation, involvement of NGOs and adequate funding. Ministry of Urban Development is already in the process of enacting a legislation in this regard. Ministry of Rural Development is in total agreement with this view.

6. Eighth Five Year Plan guidelines are based on protection of Environment and safeguarding health; promoting integrated approach and including changes in procedures, attitudes, behaviours and the full participation of women at all levels; strengthening of local institutions in implementing and sustaining water and sanitation programmes; better management of existing assets and extensive use of appropriate technologies.

7. After careful consideration of the situation the Planning Commission has suggested that the sanitation programme be implemented providing for the following elements.

- All activities under this programme will be undertaken through local bodies/village panchayat and with beneficiary participation.
- Wherever feasible, NGOs will be involved in the implementation of the programme.
- Women will be actively associated with the implementation of the programme.
- Some contribution should be raised from the beneficiaries, at least in the form of physical labour, in order to engender among them the realisation that the assets created belong to the local community.

8. Based on the perception gained from an analysis of the performance of the water supply and sanitation sector in the past and the overall approach and strategies adopted in New Delhi Declaration as adopted by UN General Assembly in December 1990, a few objectives have been visualised for the next five years in respect of sanitation. Some of the important objectives are to achieve accelerated coverage of rural population with the full involvement of the community by the end of Eighth Five Year Plan. It is now felt that

Information, Education and Communication (IEC) should be an integral part of rural sanitation programme. In this context, it is desirable to adopt a concept of 'total environmental sanitation' and provide guidelines to the rural population in regard to proper environmental sanitation practices, including disposal of refuse garbage and wastewater through a mechanism of local village leaders and community organisations and to construct biogas plants adjacent to the sanitary complexes. The Planning Commission has also stressed on the need for conversion of all existing dry latrines into low cost sanitary latrines.

9. It is expected that substantial funds will be mobilised outside Eighth Five Year plan outlay from the local bodies, the beneficiaries, NGOs and Financial institutions like HUDCO, LIC etc.

10. Shri Uttambhai H Patel, Minister of State for Rural Development reviewed the above situation and he felt that rural sanitation programme needs reorientation. He desired that a National Seminar should be held at the earliest to assess the work done and also to get the recommendations from departments of Central/State Governments, voluntary organisations, institutions and individuals and donor agencies who have adequate experience in dealing with the situation in the country.

11. Accordingly an organising Committee was constituted which held a number of meetings to decide the topic of the seminar, theme papers and papers to be presented in the seminar, structure of Seminar, total number of participants and list of participants to be invited for the seminar and modalities of organising the seminar. It was also decided to constitute a Technical Committee to examine and edit the papers, Drafting Committee to finalise and edit the recommendations of the Working Groups, Publicity Committee to give adequate publicity and Review Groups to review the edited papers. It was decided to name the Seminar as "National Seminar on Rural Sanitation Problem/Prospects and strategies for Future" to be covered by four aspects under the headings (i) Sociological Aspects (ii) Appropriate Technology and Research & Development (iii) Inter-Sectoral Linkages, and, (iv) Human Resource Development, Community Participation and Role of Women, which were to be discussed in working groups after presentation. It was also decided to invite papers from leading experts, professionals and implementing agencies and voluntary groups on each of the topics. The Organising Committee in their second meeting had decided that the successful models of sanitation be highlighted through various leading newspapers and magazines. Accordingly editors of various News papers and Magazines were requested to send their representatives in selected areas to gather first hand knowledge about the success stories of the models before publishing in news papers/magazines. Accordingly journalists visited Periyar district of Tamil Nadu, Midnapore(West Bengal), Allahabad(U.P.), Alwar (Rajasthan), Safai Vidyalaya (Environmental

Sanitation Institute, Ahmedabad). Organising Committee also decided to organise two field visits; to Alwar to study the Integrated Sanitation Project and to Palam to study the various models developed by Sulabh International. It was also decided to organise a Press Conference at the end of the Seminar to give wide publicity for the recommendations.

12. Secretaries of nodal departments in the States/UTs were requested to present papers on current status of rural sanitation in the respective States/UTs. The organisations like UNICEF and WHO were requested to prepare papers on their role in sanitation. The invitees numbering about 200, included representation of CAPART, leading voluntary organisation and institutions, experts of the Central and State Governments, leading sociologists, resource persons, representatives of UNICEF, WHO and authors/implementors of successful models.

13. Shri Jagdish Chander, Director, Dr. S.K. Biswas, Addl. Adviser alongwith Dy.Advisers and Assistant Advisers took the herculian task of editing the expert papers, State papers & successful stories in selected areas before publishing them in special issues of 'Gram Vikas' and 'Kurukshetra'. All State papers were published in Gramin Vikas and the expert papers and success stories in Kurukshetra in Hindi and English version well in advance of the seminar. Separately two volumes of seminar materials were printed for circulation among the participants.

PROCEEDINGS:

INAUGURAL SESSION-

14. The Seminar was organised on 16th and 17th September, 1992 at Parliament House Annexe. A list of participants may be seen at Annexure I.

15. The programme started with an inaugural song (Annexure II) by students from Kasturba Balika Vidyalaya, Okhla, Delhi. Shri S.R. Sankaran, Secretary, Ministry of Rural Development welcomed the distinguished guests of Honour Shri Uttambhai H. Patel, Minister of State, Rural Development, Shri G.Venkat Sawami, Minister of State (Rural Development), Col. Rao Ram Singh, Minister of State (Wasteland Development), Dr.D. Swaminadhan, Member Planning Commission and delegates who attended the meeting. Shri G. Venkat Swami presided over the inaugural function. Shri Uttambhai H.Patel inaugurated the function by lighting the lamp and delivered the inaugural speech. Col. Rao Ram Singh and Dr. D. Swaminathan, addressed the delegates. Shri G.Venkataswami gave his presidential address. Vote of thanks was given by Shri P.K. Sivanandan, Mission Director & Jt. Secretary in the Ministry of Rural Development. The speeches made by the Ministers and the Member Planning Commission are in Annexures VII to X.

16. Shri Uttambhai H. Patel, Minister of State for Rural Development while inaugurating the National Seminar observed that adequate weightage has to be given in the Eighth Plan for improvement of rural sanitation. He observed that the Prime Minister is very much concerned about development of rural areas, rural sanitation and liberation and rehabilitation of scavengers. He mentioned that absence of safe drinking water, disposal of human waste, solid & liquid waste disposal are the root causes of many killer diseases in developing countries.

Sewerage system and septic tanks are costly means of safe disposal of human waste, and it is not affordable by most of the people in rural areas of this country. The two pit pour flush latrines which do not require the services of scavengers is an alternate, affordable and acceptable design. But there is ample scope for improvement of this design.

He observed that Sanitation Cells are proposed to be set up in every state to motivate the community, implement the programme and to monitor the progress. He also mentioned about some of the successful models of sanitation programme implemented with assistance of Centre, State and UNICEF in Rajasthan, Tamil Nadu, Gujarat, Uttar Pradesh and West Bengal. He made a reference of the Safai Vidyalaya of Ahmedabad and Sulabh International who made successful programmes in many parts of the country. He invited all NGOs, Industrial houses, International bodies to extend their cooperation and assistance, so that a good start can be initiated towards welfare of the poor people in villages.

17. Col. Rao Ram Singh, Minister of State for Waste Land Development in the Ministry of Rural Development in his speech apprised the participants about the problems of rural sanitation in the country. According to him, disposal of human excreta is a major problem in rural areas. More and more areas under cultivation and industrialisation in rural areas have restricted the open space for defecation. Women in rural areas are facing great difficulty during day time and sometimes they have to travel a long distance to respond to their nature's call. He called for a total commitment and involvement of the people and especially the NGOs and voluntary agencies to be involved in the venture. It is not possible for the Govt. alone to tackle the vast problem. Children in rural areas have to be educated right from the primary school level about sanitation. It is a collective responsibility of the politicians, businessmen, bureaucrats and others to educate and motivate the rural masses about the problem. Diseases are mainly due to polluted water, food and insanitary environment in villages. The Minister hoped that some excellent suggestions will emerge from the conclusions of the seminar which will provide pollution free environment to the village people.

18. Dr. D. Swaminadhan, Member, Planning Commission explained that sanitation is not merely a technical issue, but also crucial for social and

economic development. Sanitation should be viewed in its composite sense involving waste water disposal system, water supply sewerage, prevention of environmental pollution to keep the members of the society clean, healthy and productive. Excreta disposal remains the main component of sanitation. Most of the diseases are associated with human excreta. Proper methods for disposal of waste have to be adopted for controlling these diseases. It was only in Seventh Five Year Plan that a Centrally Sponsored Scheme of Rural Sanitation was initiated and also included in the State sector under Minimum Needs Programme. Due to poor response from the beneficiaries, the programme could not be accelerated. Water Supply Schemes received high priority during recent past but sanitation could not even make a modest beginning. Without the basic sanitation, full benefit of safe drinking water can not be achieved. Taking lessons from the past, Dr. Swaminadhan suggested a few approaches to make the programme a success. These are,

- Decentralisation of the programme with full involvement of NGOs and people's participation.
- Generation of felt need through motivation and awareness campaign
- Adoption of simple and appropriate low cost technology
- People's contribution with less Govt. subsidy.

In addition, he suggested that a national drive should be given to the programme. Increasingly, more private initiatives through motivation is to be targetted and non-Government organisations need to be fully involved in the programme. Whole village cleanliness and total sanitation concept should be adopted. Dr. D. Swaminathan concluded that the outcome of the seminar would greatly benefit the programme of Rural Sanitation in the coming years.

19. Shri G. Venkat Swami, Minister of State for Rural Development in his presidential address observed that the importance of sanitation needs no emphasis. Alarming rate of infant mortality and high incidence of killer diseases are only due to poor sanitary conditions. The issue of sanitation not only relates to the health and well being of people but also to the dignity and prestige of an entire community. Two pit pour flush latrine is the most appropriate option because this system is environmentally safe and financially affordable. Further R&D effort is still very essential.

The Minister was of the opinion that a programme which is entirely subsidy oriented can not promote people's participation. It is because of this fact that many of the latrines constructed in rural areas are lying unutilised. He

stressed the need for an integrated approach to the problem with participation of the people especially the women. Non-Govt. organisations, Mahila Mandals and Youth organisations should be imparted training and for creating awareness among the community. He hoped that the seminar will stimulate some new thinking and help in evolving a new strategy for development of rural sanitation programme.

SESSION-I

20. The first session of the Seminar which started after tea-break was chaired by Shri Lal Khama, Director General, CAPART. In his keynote address, Shri S.R. Sankaran, Secretary, Rural Development, Govt. of India gave a brief resume of Rural Sanitation in the country. He was of the view that the concept of rural sanitation has changed over the years and has come to include personal and domestic hygiene including sanitary disposal of human excreta, food hygiene, waste water disposal, solid waste disposal, etc. High rate of infant mortality and other sickness has direct relevance with the insanitary condition in rural India. Some initiative has been taken since 1986 to improve the sanitary condition by arousing consciousness in the country, but the attempts were quite insignificant considering the vastness of the problem. Main reasons for slow progress of the programme were the perception of sanitation as relatively unimportant by the rural people, inadequate financial resources, lack of felt need and lack of people's participation. Although a few successful models of low cost latrines have been evolved by different governmental, non-governmental and international bodies, these models are yet to be accepted by most of the rural masses in their houses except in a few selected areas like Periyar district of Tamil Nadu, rural areas of Allahabad, Midnapore in West Bengal, Alwar in Rajasthan where sanitation programmes have been carried out successfully.

Commendable work in the field has been done by Environmental Sanitation Institute of Ahmedabad and Sulabh International through models developed by them which revolve around motivation, promotion, education and community participation. Council for Advancement of People's Action & Rural Technology (CAPART) implements the programme through NGOs in order to involve the entire community particularly the women for creating necessary environment for effectively using them.

Shri S.R. Sankaran was of the view that unless a new strategy is adopted, the goal of 'Health for All by 2000 A.D.' cannot be achieved. Considering constraints of Government resources, the subsidy under the programme should be restricted to the poorest sections of the society only. Governments role is that of a facilitator and catalyst. Voluntary sector, NGOs and opinion leaders should be involved in creating demand by motivating the people. Midnapore model which is based on the concept of

self effort and self financing without any government. subsidy by creating felt need through youth clubs, mahila mandals, local committees, local institutions etc. should be adopted in other parts of the country. Recently the model has been replicated in Kamrup Distt. of Assam. Further he added that carrying of night soil by fellow human beings is a stigma on our society. Existence of dry latrines should be detected and these should be converted into water borne ones on priority. The liberated scavengers and their wards should be properly rehabilitated.

He remarked that the National Seminar has been organised at an appropriate time when strategy for Eighth Five Year Plan is being worked out. The Seminar would lead to action plans for achieving the objectives of total sanitation in rural areas of the country by the end of the century.

21. After the key note address by Secretary (Rural Development), the Chairman invited Shri K.S.R. Murthy, Secretary, Ministry of Welfare to expressed his views particularly for the removal of the practice of carrying nightsoil by fellow human being in the country. Initiating his talk, Shri Murthy informed that the practice of carrying nightsoil by human being is not only prevalent in urban areas but the same is experienced in several rural areas also. He categorically mentioned that the objective 'Health for all by 2000 AD' cannot be achieved keeping in view the type of investment in Health Sector in successive plans. Similarly, several decades will pass before scavenging could be abolished and rural sanitation, safe drinking water can be provided to all. He observed that it is a fact that even during Seventh Five Year Plan, the earmarked amount for rural sanitation could not be spent because the programme could not take off. He observed that it is a vast problem and it is not possible for the government. alone to solve the problem. The non-Governmental voluntary organisations and citizens should come forward and join hands with government in solving the problem. The Ministry of Welfare has formulated schemes for rehabilitation of scavengers. Adequate funds are provided for rehabilitation of scavengers through the National Scheduled Caste Finance & Development Corporation and Nationalised Banks. He also suggested that youths and women may be involved to ensure good work for conversion/construction of latrines in rural areas and to educate the rural population about sanitation & health. After completion of the speech by Secretary, Welfare, the Chairman invited Secretaries/Chief Engineers/other State representatives and resource persons/success story writers to present their papers, the discussions which followed are summarised as under:-

22. ANDHRA PRADESH

Shri T. Munivenkatappa, Secretary, Rural Development, Andhra Pradesh, described the various schemes undertaken by the State Govt. for development of rural sanitation programme. Liberation of scavengers

without economic dislocation, People's Contribution, involvement of Local NGOs, spreading of health education and awareness programme, need for integrated sanitation projects, whole village approach towards sanitation are some of the important aspects which have been incorporated in rural sanitation schemes of the State. UNICEF started their assistance for rural sanitation in the State in 1987 with beneficiary involvement. The State Govt. is planning to take up similar project with assistance from Royal Netherlands Govt.. Shri Munivenkatappa also mentioned that about 1,46,00 individual latrines and 1900 community latrines have been constructed benefitting 7.34 lakh (1.79%) rural population till 1991-92. The State Govt. proposes to construct 10 lakh individual latrines during 8th plan involving Rs.162.00 crores @ Rs.2000/- per unit. The State Govt. has set up a State Sanitation Cell and it is proposed to set up Sanitary marts in two districts with UNICEF assistance during 1992.

23. GUJARAT

Shri H.D. Nagrecha, Officer on special duty, GWSSB, narrated that low cost sanitation programme in Gujarat is being implemented with assistance of either World Bank or UNICEF or Govt. of Netherlands. Rural Sanitation Programme is under active implementation since April 1989 with the help of Environmental Sanitation Institute (ESI), Ahmedabad as a nodal agency. Average unit cost of construction of Two pit low cost latrines is about Rs.2700. There is an integrated programme of rural sanitation under UNICEF assistance in which construction of smokeless chullah, bathing platform, soakage pit, Garbage pit are to be constructed alongwith two pit pour flush latrines. With all these efforts of the State Govt., the present pace of construction of low cost latrines is 18,000 units per year in rural areas. ESI Ahmedabad has been selected as Nodal Agency to work as a linkage between NGOs, beneficiaries and Govt. to carry out training and awareness campaigns and for mootng the idea of community participation in the programme.

24. Shri S. Raghunathan, Commissioner and Secretary, Rural Works Department, Govt. of Arunachal Pradesh mentioned that construction of low cost latrines in urban areas since 1984-85. Rural sanitation programme has been initiated since 1987-88.

25. TAMIL NADU

According to the Status report, the technology of low cost sanitation is gaining importance day by day because of high cost and more consumption of water in sewerage system. An intensive Sanitation Programme has been launched in Periyar district in the year 1988 under Central Rural Sanitation Programme. Later on, the scheme was extended in other districts also. The present unit cost of construction of the latrine is Rs.1600/-. To accelerate the programme and implementation of this scheme, officers at district, block

and town panchayat levels, non-officials and local masons were given practical training on the construction process of sanitary latrines. So far 6821 personnel have been trained.

26. Shri Ishwarbhai Patel, Adviser, Sanitation in the Ministry of Rural Development was of the view that it is not sufficient to provide electricity, roads and job opportunities; it is equally necessary to provide cleaner habitat and hygienic conditions both within and outside one's place of residence. The entire village level activity, therefore, needs to be toned up and the Govt. has to provide training and extension input in this regard in a sustained fashion.

27. Km. Nirmla Deshpande stated that the biggest hurdle in India is the taboo against night soil. One is not supposed to touch it. If by chance one comes across it on the way, one is supposed to take bath. It is quite a healthy practice to wash hands and feet after going to the toilets, but to treat night soil as something which can not be touched, has created psychological problems that come in the way of 'Rural Sanitation'. It is this taboo that has to be removed.

28. Dr. Bindeshwar Pathak was of the opinion that our villagers are deficient in sanitation because of cultural practices, religious belief and sheer ignorance. The vedic sanctions are that toilets should be situated at an arrow throw distance and people should dig out the earth, defecate into it and cover it with earth and stay away from the habitat area. He inter- alia mentioned that there is growing realisation throughout the developing world that governmental and non-governmental agencies should work together and supplement each others efforts to improve the quality of life of the people.

SESSION II

29. The Second session started after lunch-break. Shri Attar Singh, Secretary, Financial Commissioner (Development), Government of Himachal Pradesh chaired the session. The discussion/presentation of the remaining States which could not be covered in the first session continued. Brief resume of the status of sanitation in different States/UTs have been included in the proceedings even if for the States where representatives could not present it personally, in order to draw a precise and complete picture of the sanitation programme in rural areas in our country for convenience of the readers. More detailed notes about States/UT Administrations which have been received can be seen in the second volume of the seminar document.

30. ASSAM

Shri B.P. Sharma, Additional Chief Engineer, PHE, Govt. of Assam mentioned that to make sanitation a self help programme and in order to involve the community in the sanitation programme, the State Govt. have

started an integrated sanitation project in Kamrup district to cover 40% households. At the initial stage, the cost is to be shared by Govt. of India, State Govt. and UNICEF. Full recovery and ploughing back of resources would be an inbuilt component of the project as it is to encourage people to have their own sanitary facilities built by them at their own cost. The State Govt. has set up a communication and sanitation cell.

31. BIHAR

Shri A.P. Sinha, Chief Engineer, PHE Department, Govt. of Bihar informed that in Bihar only 3.88 per cent of the rural population had access to sanitation facilities at the end of 7th Five Year Plan. Voluntary organisations were engaged for implementation of Central Rural Sanitation Programme. So far, their participation has been to a limited extent. During 8th Plan, Rs.1800 lakh has been provided for rural sanitation programme, of which, Rs.300 lakh is proposed during 1992-93 for construction of 7500 low cost latrines.

32. HARYANA

Shri L.M. Jain, Commissioner & Secretary and Shri R.R. Sharan, Chief Engineer, Panchayat Department, explained that the Govt. of Haryana has decided to take up the work of construction of pour flush water seal individual latrines since 1991-92. It is programmed to construct 1 lakh units annually through public Health Department and Panchayat Department. Both the Departments together constructed 15737 units during 1991-1992. Progress for 1992-93, till May is 5918 numbers. Cost of construction of two pit pour flush latrine is Rs.3400/- per unit in Haryana.

A new scheme 'provision of street pavement and Drains in villages' has been introduced by the State Govt. during 1992-93. Rs.25.00 crore will be spent under this scheme.

33. HIMACHAL PRADESH

Shri Attar Singh, Financial Commissioner (Development), Govt. of Himachal Pradesh informed the delegates that construction of latrines in rural areas has been taken up since 1983-84 out of State funds. About 32000 latrines were constructed under various Govt. programmes like MNP, CRSP, RLEGP, NREP, JRY etc. till 1990-91. He was of the view that instead of constructing rural latrines in villages, cluster approach is required to be followed so that the whole village is covered from sanitation point of view. Further he shared his experience that rural latrines constructed with full government aid are not being used by the community as they do not pay due importance for its utility. A very interesting feature was noted that only 32,000 latrines could be constructed with government aid till 1990-91 whereas 1,53,000 rural latrines have been constructed by village community themselves in Himachal Pradesh. The State Government have selected 224 masons from each block and trained them for 2 weeks through

polytechnics/institutions and voluntary organisations. These trained masons further trained the masons within their respective block for proper construction of rural latrines. Junior Engineers are also being given a short training by the polytechnics.

34. KERALA

Shri Harjinder Singh, Spl. Secretary, Rural Development Govt. of Kerala stated that Kerala may be somewhat better than most of the States in India in respect of Sanitation. But the facilities are still inadequate and he felt that the need for sanitation in Kerala is greater owing to its high population density and tropical climate. Rural Sanitation Programme was taken up in a constructive manner only about 7 years ago in Kerala and no clear data about the number of households using latrines is available. In the absence of the reliable data, the State Sanitation Cell in the Rural Development Department has decided to conduct a Statewise study on Sanitation. The Indian Market Research Bureau, Madras has been identified as the agency for conducting the study. A number of voluntary organisations are working in the field of sanitation. The Special Secretary was of the view that with increased resources from voluntary organisations, motivation for hygiene, education, availability of cheaper design, lower element of subsidy and with better coordination and management, cent per cent sanitation coverage can be achieved in Kerala in about 15-20 years.

35. MADHYA PRADESH

According to Shri B.K. Taimini, Principal Secretary, PHED Department, govt. of Madhya Pradesh, the utmost concern and necessity of rural sanitation programme after its implementation would be its maintenance Gram Panchyats may be forced to involve themselves in properly maintaining these units.

By the end of the 7th Plan about 10,000 latrines had been constructed in 30 districts of Madhya Pradesh. The impact of the above programme could not be felt because the works were carried out in a scattered way and was limited to the construction of latrines only. Looking to the previous experiences, a complete package of rural sanitation in 50 villages of five districts has been taken up in a modest way by PHE Department in March, 1992. The Guineaworm Eradication project provides for construction of 200 institutional latrines and 7500 household latrines. The work is proposed to be taken up during 1992-93 and 1993-94. The State Govt. is thinking to launch similar projects in all the villages of the State, for which a separate cell is being created shortly in the office of the Engineer-in-Chief.

36. MAHARASHTRA

Shri U.P. Khobragade, Dy. Secretary, Rural Development explained that under Gram Safai Programme upto 1990-91 the zilla parishads provided

grant-in-aid of Rs.250/- for installation of one latrine seat and construction of superstructure was the responsibility of the individual householder. the subsidy rate was revised according to CRSP guidelines from 1991-92. Rural Sanitation programme under NREP/RLEGP and Indira Awas Yojana did not make any impressive progress. Grant-in-aid is given to Zilla parishads for construction of road side gutters in rural areas. The State Govt. is also giving grants to Mahatma Gandhi Smarak Nidhi, Pune for manufacturing and supplying latrine seats to zilla parishads @ Rs.85 per seat. Govt. of Maharashtra has conducted an evaluation of Rural Sanitation programme. The findings of the evaluation were highlighted in his speech during the seminar.

37. MANIPUR

Shri A. Saratchandra Singh, Secretary, PHE Department, narrated that in Manipur, the sanitation programme under MNP was launched in 1985 in collaboration with UNDP/UNICEF by constructing demonstration units in 15 villages. CRSP started in 1987. 8852 units of Rural latrines have been constructed till 1991-92. the State Govt. proposes to achieve 25% coverage of rural population by the end of 8th plan. A comprehensive sanitation programme was launched in 1991-92 with UNICEF assistance to provide complete sanitary package to 200 households in Nine thousand villages in Imphal district.

38. MEGHALAYA

Shri H.Nath, Chief Public Health Engineer stated that open defecation is widely practised in rural areas of Meghalaya and this is one of the major factors leading to insanitary environment causing a number of diseases. Under the latrine construction programme, so far 5788 units under State Sector and 1560 units under Central Sector have been constructed. He observed that pour flush latrines are successful in villages around Shillong. But in remote rural areas of East & West Khasi hills and Jaintia hills, the beneficiaries prefer to use Meghalaya type improved pit latrines (MVIP). No water is used for ablution by most of the rural people of Meghalaya. The unit cost of construction of pour flush latrine is Rs.1625 and that of MVIP type is Rs.2320.

39. ORISSA

Shri Ajit Kumar Tripathy, Secretary, Rural Development mentioned that Barapalli latrines were developed in Orissa in the sixties and were distributed among the people. Private enterprises started producing these latrines. The first rural sanitation programme started in the year 1983 in Orissa as a post flood rehabilitation programme in 5 blocks. Housing and Urban Development department promoted sanitation in its housing schemes in rural areas. the Rural Sanitation cell has been opened in 1992 in rural

Development Department. During last seven years, 48,479 latrines (one pit, two pit and other types) have been constructed in rural areas. In addition 2304 latrines have been constructed under DANIDA project. Shri Tripathi mentioned the future strategies for successful implementation of rural sanitation programme which, inter-alia, include role of women, role of voluntary agencies and need for motivational campaign etc.

40. PUNJAB

Shri Rajinder Singh, Secretary, Public Works Department mentioned the commitment of the Govt. of Punjab to improve the quality of life by improving sanitation facilities in the villages. Green revolution, rise in literacy level and standard of living and other factors have necessitated environmental improvement. Accordingly 'Integrated Rural Environment Upgradation Programme' was launched. Initially 5 villages, one each from 5 districts, were selected under the programme. Keeping in view the wide acceptance of this scheme in rural areas, it has been decided to expand this scheme in all the 118 blocks of the state during the 8th Five Year Plan. Till March 1992 only 47000 lavatory units have been provided and 23.1 lakh families are yet to be covered under rural sanitation programme.

41. GOA

According to the Status report of Goa, Rural Sanitation Programme is being implemented since inception of the programme. Presently, beneficiaries' contribution varies from 25% to 50% depending upon the income of the beneficiaries. Rural population are required to be motivated and made aware of the importance of hygienic latrines. It is experienced that it is difficult to maintain public latrines in Goa. There are no voluntary organisations or non-Govt. agencies operating in the field. The number of low cost sanitary latrines proposed for construction in 1992- 93 is 1375 and during 8th plan period 15000 units.

Though presentation could not be made by the other States, the position as revealed from the reports received and formulated in each of the States/UTs is as follows.

42. JAMMU & KASHMIR

The status report circulated by the Govt. of Jammu & Kashmir stated that Rural Sanitation cell was created in the State in 1989 for implementation of the scheme and co-ordination of activities with other departments working in the rural areas. The cell has organised a number of training camps for departmental functionaries and non-officials for orienting & equipping them with appropriate communication techniques and construction technology. Awareness campaigns are launched before the actual construction of sanitation units through motivation, block staff, village schools, anganwadi centres and voluntary organisations. The State Govt. has evaluated the

programme and its draft report brought out the advantage and efficacy of deploying voluntary motivators. The report also indicates that there is above 90% usage of sanitation facilities provided to the beneficiaries.

43. KARNATAKA

According to the status report, a pilot project for rural sanitation was started in 1984-85 for construction of 1600 low cost units of Household latrines in Karnataka. Central Rural Sanitation programme was launched in 1986-87. Construction of individual and institutional sanitary latrines under NREP and RLEGP was also launched in 1986-87. Nirmala Gram Yojana for construction of household latrines was introduced in Mysore district with UNICEF assistance in 1988-89. Inspired by the success of the programme in Mysore, the State Govt. extended the programme in the districts of Kolar, Belgaum and Gulbarga. As many as 11372 units have been completed by March 1992 in these districts.

44. NAGALAND

In Nagaland during 1991-92, the Rural Development Department spent Rs 5.00 lakhs for construction of rural pit latrines @ Rs.1200/- per unit under CRSP. The State Govt. proposes to set up 920 units of Biogas plants with community latrines during 8th plan period.

The State Govt. proposes to set up Rural Sanitation Cell at State headquarters.

45. RAJASTHAN

The Status report of Rajasthan Govt. indicates that rural sanitation programme was started in 1987 with UNICEF assistance in 200 villages of 20 blocks. Later the programme was extended to other districts. Sanitation programme is being successfully carried out in four Tribal districts with the support of SWACH (a unit supported by UNICEF & SIDA). In addition, sanitation activities have been taken up under 'Integrated Guineaworm Eradication Project' and 'Control of Diarrhoeal diseases under water and Sanitation Project'. The basic strategy of the programmes is to promote and motivate rural community to have sanitation facilities so as to improve their basic health status and general well being. At state level, a sanitation cell has been created to monitor various activities. The State Govt. has set up Rural Sanitary Marts at two places during 1992 and proposes to set up five more sanitary marts during the current financial year. The State Govt. is also planning to set up facility parks and sanitation facility on highways.

46. SIKKIM

The status report of Sikkim revealed that Rural Sanitation programme was started in 1985-86. Till end of 1991-92, 9533 individual household sanitary latrines have been constructed in rural areas under various Central and State

sector programme. 573 community latrines have been constructed for Panchayat ghars, Monestaries/temples, primary schools, IRDP & DW CRA centres. Apart from this, 1135 Soakage pits and 400 garbage pits have been constructed. An assistance of Rs.1500/- is given to each beneficiary for construction of household latrines upto plinth level and the beneficiaries are expected to construct the superstructure. It was also mentioned that unless the latrine is completed in all respect and properly utilised, financial assistance is normally not released.

47. UTTAR PRADESH

The State position paper of Uttar Pradesh mentioned that Rural Sanitation Programme was started in 1984-85 with UNICEF assistance. During Seventh Five Year Plan period, 1,16,831 household sanitary latrines were constructed by the Department of Panchayati Raj under various State and Central Sector schemes. Based on the experience during 7th plan, a lot of improvements were made in the strategy of rural sanitation programme since 1990-91. The programme has given due importance to motivation and creation of awareness among the masses towards improved sanitation. The State Govt. has constructed 2,08,925 individual sanitary latrines. 195 community latrines and other sanitary facilities like bathing cubicles, Soakage pits, garbage pits and the platforms and drainage improvement around the handpumps and wells.

48. WEST BENGAL

The position paper of West Bengal indicates that 11072 household latrines and 1119 community latrines were constructed under MNP till March 1992. the average unit cost is Rs.2000/- for construction of low cost pour flush latrine upto plinth level. A sample survey of low cost sanitary latrines under Rural Sanitation programme was done in West Bengal in 1987. It was observed that out of 450 latrines surveyed, 56.2% of latrines were found not used by beneficiaries because of non-construction of super structures.

49. ANDAMAN NICOBAR ISLANDS

The position paper of Andaman & Nicobar Islands indicates that 794 latrines have been constructed between 1989-90 and 1991-92. Besides 463 latrines were constructed by individuals out of their own funds.

DADRA & NAGAR HAVELI

In Dadra & Nagar Haveli, 0.166 low cost sanitary latrines had been constructed under RLEGP upto 1988-89. However, these are not being used by the people. It is expected that gradually these latrines will be used.

by rural people as they see health and environment benefits. The Administration is trying to launch an integrated rural sanitation programme.

DELHI

In rural areas of Delhi, work regarding construction of outfall drains, development of sullage ponds has been taken up on a massive scale towards improvement of rural sanitation programme.

LAKSHADWEEP

In Lakshadweep, 156 household septic tanks were constructed during 1989-90 and 125 individual toilets were constructed during 1990-91.

PONDICHERRY

In Pondicherry, 1997 rural sanitary latrines had been constructed till March 1992 by DRDA Under Operation Black Board Scheme, 179 toilet units were constructed in various schools till March 1992.

The presentation by the States/UTs were followed by the presentation of papers by experts and success stories.

50. Shri M.P. Parmeshwaran spoke on social aspects, People's programme for environmentally clean and healthy habitats. He stated that sanitation is not an individual's or family affair. It is not merely disposal of human excreta. It should include personal hygiene, solid waste disposal, waste water disposal, drainage etc. It has to be a total area approach too. The area could be full village, a gram panchayat, a community development block or a district. He also suggested how to make sanitation a people's programme.

51. Prof. S.S. Chakraborty, spoke on the role of non-governmental organisations in rural sanitation. He suggested an alternative model. He was of the view that involvement of NGOs should be considered as one of the approaches. Certain common elements can be identified which should be taken into account while implementing such a national programme. The strategies may include Information, Education, Communication (IEC) so that beneficiaries may realise the need and importance of sanitation. The programme should be made self supporting rather than implemented on government subsidy. Different models of sanitation facilities have to be developed for different income groups according to their affordability. Motivators and social workers may be trained to follow up and monitor the sanitation programme.

52. Shri S.M. Navrekar spoke on 'Recycling of human waste garbage'. According to him, the nature like all other systems maintains ecological balance. There exists a system to deal with various waste products i.e. the dead leaves of a tree in the forest fall down and accumulate beneath it and

due to rain and moist conditions get decayed adding to the fertility of soil. The dropping of animals get dried, decomposed and mixed with the soil as a manure. Similarly, the dung of the animals as well as the human excrements must be returned to the soil in an appropriate manner. In fact, we owe it to soil. He suggested that a village level garbage Management System can be planned which would improve management of public waste and generate income for the unemployed youths.

53. Shri T. Sunderaman in his speech suggested a few steps for safe drinking water and sanitation viz. organisation of community, and women in particular, training of resource persons, training of village volunteers for survey, Health, drinking water and sanitation survey, preparation of village level health status report and drinking water and sanitation status report, preparation of health education software i.e. training of volunteers/artisans and resource mobilisation, Health education campaign besides engineering works, monitoring and maintenance, etc.

54. Mr. B.B. Samanta gave a brief resume of the experiences of UNICEF and the main reasons for slow progress of Sanitation Programme in India. Inadequate sanitation is causing high child mortality, low life expectancy and poor quality of life in this country. The national goal to reduce child mortality from 146 per thousand to 125 by 1995 and 70 by 2000 A.D. cannot be achieved without significant improvement in sanitation facilities. UNICEF has been a partner to the government right from the inception of the Rural Sanitation programme in this country.

The international organisation was instrumental in carrying out a study in India which revealed that the rural community was keen to adopt sanitary latrines. Mr. Samanta said that UNICEF in association with the Govt. and NGOs have successfully tried community based approaches under varying situations in rural areas of Alwar in Rajasthan, Periyar in Tamil Nadu, Midnapore in West Bengal, Allahabad in Uttar Pradesh and many other parts of the country. Creation of Rural Sanitary Mart as an alternative delivery system has been tried in parts of Uttar Pradesh which showed encouraging results. This concept is being tried in other States also. UNICEF is now negotiating to take up certain other innovative social marketing strategies for promotion of rural sanitation through private initiative for example proposal to establish 'Facility Park' in selected villages is a unique attempt.

55. Shri M.M. Datta presented status of sanitation in some of the developing countries. According to the statistics presented by him only 1% of rural population in India had access to sanitation facilities in 1970 which has raised to 2.73% in 1992. Rural Sanitation Programme in India could not make much headway even during the decade programme (1981-90) inspite of its importance. Shri Datta also gave some important statistics about percentage coverage in various countries like Africa, Latin America, Asia

and western Asia. Some of the dominant issues which came in the way of progress of Rural Sanitation Programme are lack of felt need, low priority accorded to sanitation, insufficient sectoral planning, inadequately trained human resources, insufficient financial resources, lack of community participation, inadequate health education facilities and lack of private sector participation.

56. Smt. Aloka Mitra while giving her views felt that team of women trainers and communicators who are experienced at working with and motivating rural communities are necessary for involving women and men equally. It is essential that women would be involved in data collection stage for developing good strategies for women's participation and defining their role from the planning stage. She also felt the necessity of developing visual aids such as posters, models, flip charts, slides etc. for conveying relevant messages that are easy to understand by men, women and children in local languages. Orientation programmes for all personnel involved in implementing sanitation projects would be a positive step to motivate a greater participation of the community and involvement of women at all stages-particularly at village level. Various entry points and approaches may be used which are appropriate for the community. TRYSEM, DW CRA, JRY, IAY and other programmes should be channelised and integrated into the overall plan programme.

57. Prof. K.J. Nath spoke on 'Human Resource Development & Community participation'. He inter-alia mentioned that the success of any National Programme will largely depend on how well the educational & training needs are anticipated. Education is known to be an investment for the future and it creates in the community, a basis for problem identification, analysis and solution. Human resource development activities in support of the National Sanitation Programme should have two basic elements.

- Long term educational programme for the community in general.
- Short term training programme for the staff of the implementing agencies.

58. Shri P.R. Sarode and Shri A.S. Bal presented a summary of NEERI's contributions in the field of low cost technology applications in Sanitation for rural communities and applied research in the development of appropriate technology in rural sanitation over the last 30 years, several studies have helped to determine user acceptance and provide better insight into design and construction practices, maintenance problem and health aspect of various excreta disposal methods. Various types of sanitary latrines suited to different conditions developed by NEERI were explained by Shri Sarode. He was of the opinion that the hand flushed water seal latrines seem to be the most suitable for use in major parts of rural India.

59. Shri Y.N. Nanjundiah spoke on 'Appropriate Technology and Research & Development. He Inter-alia explained advantages and disadvantages of various types of waste water disposal and excreta disposal designs evolved by UNDP/World Bank in collaboration with other agencies, and suggested improvements in the existing designs. He emphasised that as far as possible local sustainable material be utilised for construction of low cost latrines in order to reduce the cost. Shri Nanjundiah was of the view that since majority of the rural population live in small groups, construction of individual latrines should be preferred nearer to their dwellings. For increased coverage and proper use of latrines, he suggested, increased participation of people, development in technologies to satisfy socio-economic and health needs and improvement in designs for greater coverage with limited funds.

60. Shri N.B. Mozumdar explained the current practices for recycling of Human waste and Garbage in the context of developing countries. He discussed the advantages and limitations of the various options and presented a scheme of viable options in the real life situation. Viability of and potentiality of community as well as individual toilets for biogas plants was demonstrated. He told the participants that there is immense potential for developing more effective models.

61. Shri Kannan, Collector, Periyar district of Tamil Nadu presented a paper explaining successful implementation of intensive Sanitation programme in the district. The programme was taken up in 1988-89 in all blocks of Periyar district. The unit cost of construction upto plinth level was Rs.800/-. Realising that such latrines without super structure was not encouraging the beneficiaries as privacy was lacking in the latrines, the State Govt. raised the unit cost to Rs.1600/- and allowed construction of latrines with super structure in all blocks of Periyar. Necessary training in construction process has been imparted to implementing officers at district and block levels and non-officials for successful implementation of the programme. A model latrine is constructed in all panchayats' union offices in Periyar district to enlighten the public. As a result of motivation and training, latrines were constructed free of defects. People build the latrines themselves which ensures personal involvement of beneficiaries and avoids middleman's profit. Moreover, it is stated that the usage of these latrines is 100%. Witnessing impressive achievements, the Govt. of Tamil Nadu has decided to extend the programme in other districts of the State. It is also proposed to implement the scheme in all schools of Periyar district during the current year. Teams from various States, bilateral and multilateral agencies have inspected this programme and complemented the efforts made in Periyar.

62. Dr.S.V. Mapuskar described the concept of sanitary latrines which has taken firm roots without waiting for government subsidy in village Dehu in

Pune district of Maharashtra. Nearly 60% of the village Dehu has been covered by sanitary latrines and night soil based bio-gas plants.

A massive awareness campaign was carried out through group meetings, slogan writing, poster displays, announcements, leaflet handouts, Prabhat pheries, mahila mandal meetings, stage shows, slide shows, films etc. In order to emphasize the relationship of sanitary disposal of human night soil and the prevalence of diseases a survey was conducted by setting up a temporary laboratory. The survey revealed that 84% population, irrespective of age and sex, suffered from worm infection. The villagers were convinced that open defecation had a relationship with disease patterns in the village. It is expected that within a very short time open defecation and dry latrines will be stopped in village Dehu.

63. Shri Balachandran Kurup's paper on 'Community participation in Low Cost Sanitation' suggested a few strategies for successful implementation of the programme in Kerala. The paper discussed the status of sanitation in rural areas of the State, the manner in which the programme is being implemented and importance of motivation of the beneficiaries, involvement of local groups and finally construction of technically sound latrines at low cost. Shri Kurup's paper also gives guidelines for selection of Panchayat, role of panchayats and criteria for beneficiary selection for effective implementation of rural sanitation programme.

64. Shri Subhas Mendhapurkar in his paper 'Low Cost Sanitation Programme' for hilly areas narrated the experiences of SUTRA, a non-governmental organisation. The women members of SUTRA have proved their collective ability in meeting social challenges and bringing improvement in Environmental and social outlook in Himachal Pradesh, SUTRA has developed its capacity as a training Institute for imparting training to women as masons for low cost sanitation programme. The article describes the 'cluster approach' that should be adopted if sanitation programme is to depend upon need based demand.

65. Dr. P.V. Bapat described the rural sanitation work done by Sarvodaya Samiti Andhalgaon, district Bhandara of Maharashtra. The Samiti has taken up construction of single pit rural latrine programme during the last 25 years and till now more than 25000 latrines have been completed. The task could be achieved by them through person to person contact by the volunteers and meetings arranged with village chiefs. With the co-operation of village Chiefs, the Institute organised camps to educate the village youths for implementing the scheme. The unemployed educated youths are given mason training. Latrines are constructed in the houses of willing beneficiaries on priority.

For carrying out the work, the Samiti is getting financial grant from Maharashtra Gandhi Smarak Nidhi, Local Zilla Parishad, Rural Development

Department of Maharashtra Government and CAPART. The Samiti has started construction of two pit sanitary latrines with CAPART assistance. The Samiti has always been careful to see that major share of construction cost comes from the beneficiary himself.

66. Shri Lalkhama, Director General, CAPART summarised the reports presented by the representatives of State Govts./UTs administration and speeches delivered by successful story writers and resource persons. In short, he reiterated the need of people's support in the programme and co-operation through the efforts of local NGOs which can play a vital role in motivating rural masses even in remote areas and then creating a felt need for sanitation facilities and environmental improvement. It was further emphasised that all sanitary facilities should form a part of the package. Gradually it should become a people's programme where govt. can function as a catalytic agent only. The Chairman thanked the speakers for sharing their rich experience and valuable suggestions which would go a long way in effective implementation of rural sanitation programme.

SESSION III

67. The third session started after evening tea, and all the participants divided into four groups to discuss Sociological Aspects, Appropriate technology and Research & Development, Inter-sectoral linkages and Human Resource Development, community participation - Role of women. Group wise main issues discussed are in the Annexure III.

68. Group discussions continued till late evening on 16.9.92. The participants assembled again at 10.00 A.M. on the next day i.e. 17.9.1992 in the committee room of Parliament House Annexe with their respective groups and continued their discussions till lunch break.

SESSION IV

In the fourth session, each group came up with specific recommendations which were presented before the open house in the Plenary Session. The final recommendations as adopted after detailed discussions are in the Annexure IV.

69. Valedictory function started at 4.00 PM as the Fifth and Final Session on 17th Sept., and continued upto 4.50 PM. Shri S.R. Sankaran, Secretary, Ministry of Rural Development delivered the welcome address. He observed that although the Hon'ble PM had expressed his desire to join the seminar and meet the delegates, he could not do so owing to some other very unavoidable engagement. Dr. Shankar Dayal Sharma, President of India and Shri K.R. Narayanan, Vice President of India sent their messages for the participants which were read out by Shri Shivraj Singh, Joint Secretary, Ministry of Rural Development.

70. Hon'ble Minister of State for Rural Development Shri Uttambhai H. Patel on behalf of the Ministry thanked the delegates for taking part in the two days seminar, delivering speeches and making valuable suggestions. Hon'ble Minister suggested that State Govt. representatives, Central Govt. Officers, representatives of Non-Govt. Organisations and others should work jointly so that the sanitation programme may soon reach take off stage and it can become a people's programme. Hon'ble Minister was of the view that if all recommendations are strictly implemented, a situation of good sanitary conditions is no more an impossible goal. He also added that there should be adequate sanitation facilities in each household and no person is required to go for defecation in the open or no person is compelled to handle night soil manually. We should be able to enter 21st century with adequate sanitation and safe drinking water facilities so that people of our country no longer become victim of diseases due to insanitary conditions.

71. The Seminar ended with a vote of thanks by Shri Ishwarbhai Patel, Adviser(Sanitation), Ministry of Rural Development.

On conclusion of the valedictory function, Shri Uttambhai H. Patel, Minister of State for Rural Development, addressed the Press and briefed them about the outcome of the seminar, the Eighth Plan strategies of rural sanitation and the follow up action to be taken by the implementing agencies.

72. In the evening, the participants visited Campus of Sulabh International located at Palam, Dabri (New Delhi).

73. On 18th September, 1992, the participants visited Alwar District in Rajasthan to witness the successful model developed by the State Govt. with UNICEF support. A self contained report about Alwar visit is at Annexure V.

**NATIONAL SEMINAR ON RURAL SANITATION
HELD ON 16-18 SEPTEMBER, 1992
AT PARLIAMENT HOUSE ANNEXE,
NEW DELHI**

List Of Participants

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SHRI G VENKAT SWAMY
MOS (RD)

COL. RAO RAM SINGH
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SHRI D SWAMINANDHAN
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WHO

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INAUGURAL SONG

ENGLISH TRANSLATION

LOVE is supreme. Love is God. It makes no difference between caste and creed, high and low, rich and poor. Love knows no barriers. Love makes one forget one's own identity. It was this love only that made Lord Rama eat the al-ready-tasted berries, offered by Shabri an untouchable and poor women; and Lord Krishna to dine with Vidur and not King Duryodhna, and be a servant of King Yudhister and the Charioteer of Arjun and to act as barber to save his devotee Nanda from the wrath of his master and danced to the tune of Gopies of Virandavan. The poet Surdas finds himself unable to describe the greatness and magic of this infinite Love.

उद्घाटन गीत

सबसे ऊंची प्रेम सगाई।
दुर्योधन के मेवा त्यागो साग बिदुर घर फई।।

जूठे फल सबरीके खाये बहुविधि प्रेम लगाई।।
प्रेम के बस नृप-सेवा की-ही आप बने हरि नाई।।1।।

राजसुयज्ञ युधिष्ठिर कीनों तामें जूठ उठाई।।
प्रेम के बस अर्जुन-रथ हांक्यो भूल गये ठकुराई।।2।।

ऐसी प्रीति बढ़ि वृन्दावन गापिन नाच नचाई।।
सुर कूर इस लायक नाहीं कहं करौ बड़ाई।।3।।

ग्रामीण स्वच्छता कार्यक्रम पर दिनांक 16 व 17 सितम्बर, 1992 को होने वाली राष्ट्रीय गोष्ठी के उद्घाटन समारोह के लिये माननीय ग्रामीण विकास राज्य मंत्री श्री उत्तमभाई ह0 पटेल जी का भाषण

.....

GROUP A ISSUES FOR DISCUSSION

SOCIOLOGICAL ASPECTS

A. Issue

- Are traditions, taboos, customs, beliefs, socio-cultural background and economic status etc, of the rural people affecting the effective implementation of the Rural Sanitation Programme. If so, how to overcome these constraints? Identification of Socio-economic indicators to measure acceptability of programme, is it feasible?
- How to reach weaker sections who do not give priority to rural sanitation?
- Relation between insanitary living conditions and social status.
- The impact of preferential treatment of socially weaker sections on the extension of the scheme/programme to other groups.
- How to undertake intensive cluster approach if ru-

ral sanitation programme is to depend upon demand only.

- How to bring about a change in attitudes and perceptions of the rural people for demanding and adopting sanitary facilities. Whether this will raise their social status putting pressure on others to have sanitary latrines.
- How to bring a change in the attitude of both the owners and cleaners of dry latrines not to continue this inhuman practice and to stop construction of new dry latrines and to convert the existing dry latrines.
- What sociological inputs are needed to rehabilitate and uplift the scavengers' community.

B. R&D

Social Aspects

- Community organisation patterns. Study and develop sociological and health education methods for community acceptance

and participation for maintenance and operation of sanitary facilities.

- Study to determine local community priorities based on prevailing Tradition and Taboos for Sanitation in relation to other priorities and assessment of potential for community participation within Primary Health Care (PHC) approach.

- Economics of health; saving man power resulting from use of safe water and sanitation.

- General economic growth and relation to sanitation facilities.

- Relative importance of Sanitation to Health and Hygiene. Epidemiological studies on the impact of sanitary facilities on human health.

Economic Aspects

GROUP - B ISSUES FOR DISCUSSION

APPROPRIATE TECHNOLOGY

A. Appropriate Technology

- Suitability of various designs including construction materials depending upon geographical and geohydrological conditions in hilly/rocky, water logged, sandy, snow bound areas etc. and affordability of beneficiaries.
- Technological problems in pit cleaning, available organisational infrastructure and recommendations.
- Relationship between Ground Water Pollution and on-site sanitation.
- Recycling of human waste and garbage - possibilities in different rural settings.

B. Area of Research & Development urgently to be taken up

Technical Aspects

- Develop simple inexpensive techniques with different materials for W.C. pan

and trap, superstructure, lining of pits, etc.

- Maintenance of individual/community latrines. Study community attitude and engineering aspects regarding maintenance of individual/community latrines.
- Composting of household wastes and nightsoil. Develop simple and hygienic methods of making compost with household waste and nightsoil.
- Integrated bio-gas system for treatment of excreta and animal wastes and utilisation of gas. Develop and undertake field studies on integrated approach for the treatment of excreta, use of biogas and utilisation of effluent for agriculture and aquaculture.
- Low cost waste collection and disposal system. Evaluate and assess simplified collection and disposal system.
- Package waste water collection and treatment units for small communities. Develop low cost and sim-

plified package wastewater collection and treatment systems for small communities.

- Community latrines attached to bio-gas plants. Evaluate the performance of communal latrines directly connected to bio-gas plants.
- Sanitary latrines suitable for rocky/impervious/water logged areas. Evolve suitable sanitary pit type latrine or alternate

devices suitable to rocky and water logged areas.

- Water pollution due to pit privies. Make detailed field studies on travel of groundwater pollution due to pit privies for different soil conditions
- Mechanisms for Removal of human excreta/sludge. Develop simple system. Vacuum tankers, etc. for clearing cess pools and septic tank desludging.

GROUP - C ISSUES FOR DISCUSSION

INSTITUTIONAL AND INTER SECTORAL LINKAGES

- Low Sanitation Coverage in rural areas - regional variation - variation between various social, educational and economic community groups. Is it a problem of inter-sectoral linkages ?
- Ideal linkages among different organisations/ Departments/ Agencies suitable to various regions/socio cultural situations.
- Lessons of inter-sectoral linkages from various models attempted so far.
- Role of various Departments of Government and linkages between them. Who should take the lead ? Lessons from models
- Alternate delivery systems including Rural Sanitary Mats.
- Whether is feasible to involve Private Sector in the delivery system of Rural Sanitation ? If so, how inter-sectoral linkages can be established.

GROUP D ISSUES FOR DISCUSSION

HRD, COMMUNITY PARTICIPATION AND ROLE OF WOMEN

centre, state and district
level.

A. Human Resource Development

- What is the "State of Art" of HRD and whether this is effecting adversely the rural sanitation programme.
- What are the different levels from grass root to policy makers needing HRD, their estimated number ? Whether the infrastructure for such training through training institutes is available ? Policy makers needing HRD, their estimated number. Whether the infrastructure for such training through training institutes is available.
- Change in curricula and syllabus of Engineering Polytechnics ITS's orientation centres and other training institutes towards a package of low cost sanitation facilities.
- Development and production of appropriate materials for teaching and training aids.
- Strengthening of Sanitation Cell infrastructure at

B. Community Participation

- How to mobilise involvement of the Community to make low cost sanitation programme a "People's" Programme and sustain them. What are the key lessons from success/failure stories.
- Community involvement means provision of hardware programme through NGO's as well as provision of software like creation of felt need, a network of motivators, supervisors, etc. Modes of successfully integrated them.
- Assessment of need for subsidy for persons below the Poverty Line.
- Issues relating to sharing of lists for health education and awareness activities.

C. Role of Women

- Sanitation facilities are crucial for women; and

hence the need for their involvement at all stages. Identify constraints inhibiting their full involvement and suggestion to overcome these constraints.

- Women organisations and their related development programmes e.g. DW-CRA, ICDS, Primary Health Care, Rural Poverty Alleviation schemes for women etc. their relevance to rural sanitation programme.
- Role of women organisations for training, motivation, participation in the hard and software delivery system, pertaining to rural sanitation programme.
- Block level women co-operatives for production of different units/items for rural sanitation programme. What would be the approach and the strategy? How this can be dovetailed to establishment of Rural Growth Centres to generate productive employment opportunities for women.
- Whether the percentage of subsidy be the same for conversion of dry latrines into sanitary latrines as for construction of new sanitary latrines.

RECOMMENDATIONS

A. Sociological Aspects

- One of the basic sociological aspects of the rural sanitation programme is social mobilisation. This must be recognised and given priority.
- In order to achieve Social mobilization a decentralised, participatory approach should be adopted with initial focus on motivating village communities.
- Demand generation for sanitary facilities should be an important component of the social mobilisation process.
- Women's participation at every level of community planning and management of sanitation facilities (including implementation, monitoring and maintenance) should be ensured with the active involvement of women trainers, communicators and facilitator.
- Reputed Non-Governmental Organisation (NGOs) having credibility and associated with village community can be selected and involved in the motivational work at grass root level. All possible support should be extended to them for creation of a wider network in order to involve the entire rural community in sanitation programme.
- Integration of sanitation programme with other related national and state programmes (including drinking water, literacy, ICDS, primary health care, environmental improvement etc) is essential at the national/state/district/village levels to sustain social mobilisation.
- In order to make sanitary facilities affordable by those below poverty line, subsidy may continue for them. However, their contribution in the form of labour, cash or kind should be ensured.
- Every effort must be made to have the concept of total sanitation included in the primary/secondary school curricula.

- In order to motivate the scavengers to give up the inhuman practice of manual scavenging, provision of adequate training and financial support for self employment must be a part of special package deal for their rehabilitation.
- Legislative support should be obtained to :
- Ban construction of dry latrines
- Prepare a time-bound programme for conversion of existing dry latrines into sanitary ones.
- have construction of sanitary latrines in houses where there is none.

B. Appropriate technology and research & development

i) Technology

- A sanitation Expert Group should be constituted for developing appropriate guidelines for various options with different materials suitable for different geographical areas and socio-economic conditions.
- Emptying of pits should normally be carried out two years after stopping its use. The beneficiaries

should be made aware of the benefits of manurial values of the humus and possible hazards if emptying and disposal are not done scientifically.

- Superstructure should be an essential part of latrine construction. The type of superstructure and choice of materials should be decided as per local situations and affordability.
- Increased attention need to be given on application of bio-gas technology using animal waste, agricultural waste, garbage and possibly human waste as well.
- Technical and economic feasibility of small bore sewers should be explored and developed and implemented for thickly populated rural areas, particularly in adverse hydrogeological conditions.
- All existing manuals, guidelines and specifications should be reviewed and updated.
- There is an urgent need to set up a Reference Centre for Sanitation at national level for compilation and dissemination of technology and related informa-

tion. This can be a part of the Reference Centre proposed for Rajiv Gandhi National Drinking Water Mission.

ii) Research & Development

- Selection of sites for sanitary facilities has a bearing on pollution of water sources. Extent and travel of pollutants from on-site sanitation facilities with an aim to preserve ground water quality need to be studied.
- Appropriate design requiring low volume of water for flushing may be encouraged. Material selected (ceramic, metallic, PVC, Fiberglass, Reinforced plastics, etc.) should be of high quality to ensure durability and effective maintenance.
- Further studies on technological, health & social aspects of pit emptying may be undertaken.
- Simple, hygienic and socially acceptable methods need to be developed for further improvement and up-gradation of methods for making compost from night soil in combination with agricultural waste & garbage.

- In developing and using low cost technology, there is a need for evolving acceptable standards for the manufacture and use of low cost sanitation components.

- Appropriate operational research should be undertaken for wide application of ferro cement technology for latrine construction.

C) Institutional and inter-sectoral linkages

- There should be closer linkage, cooperation and coordination among the departments/organisations concerned with Rural Development, drinking water supply & sanitation literacy, health care, Social welfare sectors for the success of the sanitation programme.
- Non-governmental organisation should be actively involved in making the community realise sanitation as a felt need and generate demand.
- They should also partake in actual implementation by coordinating the efforts of local institutions, functionaries and opinion leaders.

- Sanitation cells should be created at the state, district, and block levels. Suitable guidelines should be evolved with regard to formation and functioning of these cells
- State, District and block level coordination committees should be established for planning implementation, monitoring and evaluation of the programme and to maintain inter-sectoral linkages.
- A coordinated Action Plan is essential for sanitary facilities under different programmes like IAY, JRY, MNP, CRSP, and other national external supporting agencies. Possible private initiative should be taken into account.
- Linkages need to be established with HUDCO and other financial institutions to provide soft credit support to the users not entitled for government subsidies and to bridge the gap between unit cost and subsidy.
- As far as possible, all short term training on sanitation should be institutionalised and for this purpose existing organisations at national, state and district level should be identified along with the type of functionaries to be trained by them.
- network of nodal training institutions should be established with each having a certain geographical and functional responsibility.
- States should prepare a training schedule for various functionaries covering the intensive project areas.
- The training modules already developed could be used with necessary modifications to suit local conditions.
- The training curricula for Anganwadi workers, ANMs, DW CRA functionaries, primary school teachers and other concerned village level functionaries should include 7 sanitation themes. These are (i) handling of drinking water (ii) disposal of waste water, (iii) safe disposal of human excreta, (iv) garbage disposal, (v) home sanitation and food hygiene, (vi) personal hy-

D. Human resource development, community participation and role of women

i) Human Resource Development

giene and (vii) community sanitation.

- Low cost sanitation (both hardware and software) should form a part of the syllabus of Engineering colleges, Engineering Schools/Polytechnics and ITIs.
- The courses organised by the Institute of local-self government and similar other organisations like SIRDs extensive training centres should also have low-cost sanitation as a theme.
- Every block should have at least 15-20 master masons trained in the low cost sanitary facilities as a package; the ultimate objective should be to have at least one such mason in each panchayat.
- From economic point of view, the masons could also be oriented in other related areas for which there is a local demand.
- Sanitation education to school children should be an important component of HRD both as a short term and long term measures.
- The schools should be equipped with necessary IEC materials including

models of various low cost sanitary facilities as teaching aid.

- The community polytechnics and the centers of Development of Rural Technology (allocated to some of these polytechnics) can be suitably used not only for HRD but also for research and promoting community participation.
- It is necessary to get an assessment of the existing teaching materials/aids done from the point of view of their adequacy and appropriateness.
- Replication of the existing materials as seen appropriate should be taken up immediately and simultaneously development of new materials could be taken up.
- The sanitation cell at the centre should be further strengthened with expertise on IEC and project monitoring.
- Each state should have a Sanitation Cell as per the MRD's guideline. State, where sanitation cell has already been established,

should have an expert on IEC in addition to an Engineer.

- The States should take steps to form District Sanitation Cell which can operate from the collectorate or Zilla Parishad as the situation warrants. For districts implementing large scale programme, additional staff support may be called for.
- A task force should be set up to make a scientific assessment of the manpower requirements for Rural Sanitation Programme for States and UTs.

ii) Community Participation

- Involvement of the community at village level should be ensured in the following areas
- While assessing the felt need (through PRA technique and/or micro planning exercise.)
- Identification of problem areas for sanitation coverage (as a part of prioritization).

- Motivation and social mobilisation (for greater adoption)
- Cost sharing (for better utilisation)
- Maintenance (for sustained development)
- Depending upon their capability, the community organisations can be involved either in the hardware or software or in both.
- The role of subsidy should be underplayed and for this purpose, alternate delivery mechanisms such as creation of revolving fund, establishment of Rural Sanitary Marts and other innovative approaches and social marketing strategies have to be supported.
- The week preceding Gandhi Jayanthi on 2nd October should be named as the "Sanitation Week" and all channels of communication should be used to create awareness among people with regard to the importance of sanitary habits.
- An inter-village and inter-school competition should be organised at block/district level to generate

enough enthusiasm among the community.

iii) Role of Women

- Women's participation in the programme should be ensured in any of the following ways :
- Encouraging sanitary facilities in all girls schools (both day and residential).
- Creating a cadre of women motivators and organising awareness camps (Chetna Shibirs)
- Training women as masons (as one in Kanpur, Kerala and other areas).
- Using the Anganwadis infrastructure to motivate mothers.
- Involving selected DW CRA groups to manufacture materials to be used in low cost sanitation and also managing sanitary marts.
- Involving ANMs to promote the sanitation - health linkage.
- Orienting the women members of Gram Panchayats on various sanitation themes.
- Formation of mothers' club to promote rural sanitation (as done in the Tea gardens of West Bengal).
- Making the Mahila Mandals more effective channels of communication.

**NATIONAL SEMINAR ON RURAL SANITATION
NEW DELHI (16-18 SEPT 1992)**

Post Seminar Visit to Alwar on 18th September, 1992

The delegates are welcome to visit Rajasthan to see for themselves the Alwar model on Rural Sanitation being implemented in Rajasthan.

Alwar Model : Salient Features

1. The model is a package of rural sanitation which covers :

Domestic level

- Construction of household latrines
- Construction of soakage pits and washing platform
- Garbage pits
- Improved chulhas

At Community level :

- Sanitary latrine with urinals in schools, Anganwadis, etc.
- Soakage pits/washing platforms with RSP/HPs

2. The model also covers social mobilisation and community awareness activity through village sanitation motivators (VSMs). Each village has 2 VSMs (one male and female) who motivate and bring awareness among the village folk to self adoption of the programme with the help of IEC material/video cassettes. The dedicated VSMs have brought see change in the basic attitudes of the village people.

The VSM is selected from amongst the dedicated local social workers. He/She may also be a school teacher, gram sevak, anganwadi worker, un-employed youth or even a retired army personnel. An honorarium of Rs. 50/- is aid to each VSM. The selected VSMs are given training at the initial stage and afterwards refresher trainings are also organised at regular intervals. After motivation, they are supposed to get the applications from the beneficiary who is willing to construct the package by understanding its need. To solve their problems a quarterly meeting is organised either at block level or in the project villages. It has also been decided from this year to issue a beneficiary card to each beneficiary and make coding of units.

3. Village motivations also done through organisation of awareness camps. At least one such camp is held every year in each selected village. These camps are being

organised through voluntary organisations like Bharat Scouts and Guides, NCC, NYK, IIRM etc.

4. Village motivation is also done by putting slogans/posters on prominent places to attract the people

Financing of the Model :

The model is being implemented with UNICEF support. All the 14 blocks (102 villages) of Alwar district have been covered in the programme. The programme has been extended to 5 more districts of Rajasthan.

Following is the pattern of implementation of the programme :

Sl. No.	Activity Package	Unit Cost (Rs.)	Assistance GOI	GOR	UNICEF	Beneficiary Contribution
1.	Household Latrines	2800	*650 (1000 for SC/ST)	300	400	Balance
2.	Washing platform for household	400	--	--	200	Balance
3.	Garbage pit	50	--	--	--	Self Contbn.
4.	Improved Chulha	60	--	--	60	--
5.	Instl. Latrines	4100	--	--	1000	Balance
6.	Soakage pits/ bathing platform near PSPs/HPs	1750	--	--	1000	Balance
7.	Training & Orientation	--	--	--	100 %	--
8.	Social Mobln. & Awareness Building	--	--	--	100 %	--
9.	Honorarium to VSM @ Rs. 50 per month	--	--	--	100 %	--
10.	Administrative support for staff, logistics etc for sanitation cell	--	--	St. Govt		Partially

* Not available from last three years

NOTE ON ALWAR

The programme is being implemented by the Govt. through the Department of Rural Development in Panchayati Raj Deptt. Zilla Parishad (CDO'S) at district level and Panchayat Samiti (BDOs) at block level are the field agencies to implement the programme.

Other Programmes/Models of Rajasthan :

1.CDD WATSAN : This programme of "Control of Diarrhoeal Diseases Water & Sanitation project (CDD-WATSAN) to control the diarrhoeal diseases is also being implemented in 266 villages of 2 blocks of Alwar district from this year. This will also include the total sanitation package apart from other health aspects.

2.SWACH : This model of "Sanitation Water & Community Health" (SWACH) adopted and implemented in 4 tribal districts of Rajasthan (Udaipur, Dungrapur, Banswara, and Rajsamond) has been a very successful project. A separate Project Directorate with field office was established for the implementation of the project with financial assistance from UNICEF and SIDA (Swedish Govt.)

New Model :

A new model of "Facility Park" is also being taken up from this year. This model covers construction of a group of toilets with private ownerships having water facility with a handpump, solar lights, landscape etc. with 50% assistance from UNICEF. The beneficiary's contribution will be the same as in general schemes. This model will give a faster annual coverage of sanitary units.

Similarly another scheme of "Highway Facility Centre" which will have sanitation facility for the high way traffic population is also being taken up with Unicef assistance. It is expected to establish one such model in Alwar during the current year.

The Alwar model in practical shape will be witnessed by the delegates during their visit in the identified villages where the programme is being presently implemented. The detailed village profiles will be made available at site.

**Department of Rural Development &
Panchayati Raj, Rajasthan**

**COMPILATION OF GROUPS FOR VARIOUS SESSIONS IN THE
NATIONAL SEMINAR ON RURAL SANITATION**

Session - 1

Chairperson :

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Shri V. Raghu

Group C

Inter Sectoral linkages

Shri B.K. Taimini

Chairperson

Shri T. Munivenkattappa

Co-Chairperson

Session - III

Group Discussion

Group A

Sociological Aspects

Prof. S.S. Chakraborty

Chairperson

Ms. Aloka Mitra,

Co-Chairperson

Shri B.N. Banerjee

Dr. P.S.K. Menon

Shri A.K. Dubey

Rapporteur

Shri M.N. Roy

Dr. T. Sunderaraman

Shri A.K. Sengupta

Rapporteur

Group D

HRD - Community Participation Role of women

Ms. Nirmala Deshpande

Chairperson

Dr. M.P. Parmeshwaran

Co-Chairperson

Shri B.B. Samanta

Dr. Lalita Balakrishnan

Rapporteur

Group B

Appropriate Technology and R&D

Session IV

Chairperson
Shri T.K.A. Nair

Shri K.D. Tripathi
Shri C. Ganpathi
Rapporteur

Session - V

Chairperson
Ms. Anita Das
Dr. D.N. Basu
Rapporteur

मेरे साथी माननीय श्री जी० वेंकटस्वामी जी, कर्नल रामसिंह जी, माननीय सूचना एवं प्रसारण मंत्री श्री अजीत कुमार पंजा जी, योजना आयोग के सदस्य श्री डी० स्वामीनाथन जी, राज्य सरकारों तथा केन्द्र शासित प्रदेशों से आये हुए प्रतिनिधि एवं अधिकारीगण तथा स्वयंसेवी संस्थानों के प्रतिनिधि, उपस्थित बहनों और भाईयो,

मुझे आज आपके बीच उपस्थित होने और ग्रामीण स्वच्छता से सम्बन्धित इस महत्वपूर्ण और सामयिक राष्ट्रीय संगोष्ठी का उद्घाटन करने में अपार हर्ष का अनुभव हो रहा है। इस वर्षों में ग्रामीण स्वच्छता को पर्याप्त महत्व दिया जा रहा है। यह इस तथ्य से मलीमाति स्पष्ट हो जाता है कि आठवीं पंचवर्षीय योजना में ग्रामीण स्वच्छता के लिये 674 करोड़ रुपये की भारी राशि आवंटित की गई है जबकि इस मद के लिये सातवीं पंचवर्षीय योजना में 79 करोड़ रुपये की राशि आवंटित की गई थी। यह इस बात से भी सिद्ध होता है कि हमारी सरकार हमारे ग्रामीण क्षेत्रों में स्वच्छता की भावना को पैदा करने के प्रति कृतसंकल्प है। नियियों का आवंटन करने मात्र से ग्रामीण स्वच्छता को पूरी तरह से हल नहीं किया जा सकता है। इसे एक अच्छी शुरुआत कहा जा सकता है। लेकिन यह एक कहावत है कि "किसी कार्य की अच्छी शुरुआत का अर्थ है कि आधा कार्य सम्पन्न होना।" अर्धशहरी इलाकों में सफाई कर्मचारियों द्वारा काफी असें से चली आ रही सिर पर मैला देने की पद्धति को समाप्त करने और पर्यावरण को दूषित करने वाले तत्वों को दूर करने हेतु संकल्प को पूरा करने में काफी समय लगेगा।

जैसा कि आप सभी जानते हैं कि आदरणीय प्रधान मंत्री जी ग्रामीण विकास एवं ग्रामीण स्वच्छता और सफाई कामगारों की सफलता और उत्थान के लिये बहुत ही चिन्तित हैं तथा उन्होंने इस बारे में एक आयोग का गठन करने का निर्णय भी लिया है। राष्ट्रीपिता महात्मा गांधी ने इस कुप्रथा का विरोध किया था और उन्होंने छूआछात के विरुद्ध अपने अभियान को एक अभिन्न अंग माना था। गांधी शताब्दी वर्ष में कार्यक्रम भी बनाया गया। जल स्वच्छता और मानव स्वास्थ्य के बीच एक गहरा सम्बन्ध है। स्वच्छ पेयजल का अभाव होने, मानव मल का सही तरह से निपटन न होने, ठोस और तरल वाली बेकर वस्तुओं से अस्वास्थ्यकर पर्यावरण हालात पैदा होने, व्यक्तिगत तथा साध सम्बन्धी सफाई का अभाव होने से भारत सहित अनेक विकासशील देशों में कई जानलेवा बीमारियां पैदा हुई है।

अब में प्रौद्योगिकी सम्बन्धी विकल्पों का उल्लेख करता हूँ। सीवरेज प्रणाली और सुघरे हुए सैनिटिक टैंक काफी उत्तम हैं और इन्हे इस्तेमाल करने वाले अधिकांश लोगों द्वारा पसन्द किया गया है। लेकिन ये पद्धतियाँ काफी महंगी हैं और लोग इन विकल्पों को वहन नहीं कर सकते हैं। हमें एक ऐसी पद्धति की आवश्यकता है जो तकनीकी रूप से उत्तम हो और लागत में भी कम हो तथा इन शौचालयों को साफ करने के लिये सफाई करने वाले लोगों की आवश्यकता न पड़े। हम महसूस करते हैं कि "टू-पिट पोर् फ्लश" शौचालय तकनीकी रूप से उत्तम है और इसे ग्रामीण तथा शहरी इलाकों में बड़े पैमाने पर स्वीकार किया गया। इस प्रकार के शौचालय की ध्यानपूर्वक समीक्षा की जा रही है तथा पर्याप्त अनुसंधान और विकास के जरिए इसकी खामियों को दूर करने के लिये जांच की जा रही है।

पिछली उपलब्धियों और राज्य में विद्यमान आधारभूत ढाँचे तथा संगठनात्मक सुविधाओं के ध्यान में रखते हुए आठवीं योजनावधि के दौरान 5 प्रतिशत अतिरिक्त जनसंख्या को कवर करने की योजना बनानी सम्भव हो सकती है। इस लक्ष्य को लोगों की भागीदारी, कार्यान्वयन हेतु संगठनात्मक सुविधाओं में सुधार हेतु तथा वित्तीय परिदृश्य के रूप में की गई प्रगति पर निर्भर करते हुए समीक्षा की जायेगी। ग्रामीण स्वच्छता कार्यक्रम के लिये विभिन्न स्तरों पर पर्याप्त संगठनात्मक सहायता तथा जनशक्ति की आवश्यकता है। इस उद्देश्य को प्राप्त करने के लिये प्रत्येक राज्य में स्वच्छता दल गठित किये जाने का प्रस्ताव है। कुछ राज्यों ने यह काम पहले ही शुरू कर दिया है। इस संदेश को निचले स्तर पर पहुंचाने के लिये हर संभव प्रयास किये जाने चाहिये। लेकिन यह एक व्यापक और जटिल समस्या है। इसके लिये बराबर के ठोस प्रयास करने की जरूरत है। जैसे कि इलाहाबाद में पंचायती राज और स्वैच्छिक संस्थाओं का मॉडल, अलवर, राजस्थान और तमिलनाडु के पेरियार में सरकारी अधिकारियों और ग्रामीण लोगों के सहयोग से लोक शिक्षण और समझदारी पैदा करके शौचालय का कार्यक्रम सफल किया। सफाई विद्यालय, पर्यावरणीय स्वच्छता संस्थान हैं, अहमदाबाद में ग्रामीण स्वच्छता के बारे में आंगनवाड़ी वर्कर्स, शिक्षक, इंजीनियर, युवक मण्डल, अधिकारियों को प्रशिक्षित करके विविध प्रकार के प्रशिक्षण साहित्य को सस्ती टेक्नालोजी से शिक्षण करके स्वैच्छिक संस्थाओं के सहयोग से लाभार्थियों को सम्मिलित करके शौचालय बनाने का कार्यक्रम बनाया और सफल किया। इसी प्रकार, सुलम इंटरनेशनल ने विविध प्रकार की टेक्नालोजी

**Inaugural Address by : MOS (RD & WD)
COL. RAO RAM SINGH : (16-9-92)**

My respected colleagues Shri Venkat Swami, Shri Uttambhai Patel, Mr. Sankaran, Secretary, Rural Development, ladies and gentlemen.

It is indeed a great pleasure to be here amongst all of you to participate in the National Seminar on Rural Sanitation and I am indeed grateful to Shri Uttambhai Patel and Shri Venkat Swami to have given me the opportunity inviting me as a Guest of Honor.

I belong to the rural society and therefore, since the beginning, I have been deeply interested in this problem of Rural Sanitation. Rural Sanitation is by and large, taken to mean disposal of human excreta or waste. This aspect, to my mind, is only a limited part of the problem. The over all problem is much more comprehensive. It includes personal hygiene, cleanliness, disposal of human waste, drinking water supply, disposal of effluent etc. A lot of industrial units are now coming up in the rural areas. Their effluent is causing a major problem. It is unfortunately not being properly realized that their effluent is not only a health hazard but is also adversely affecting the crop grown around these factories. I, therefore, presume that these effluents are leaving some poisonous deposits on the land where these crops are grown. I do not know whether any scientific research has been done in this regard. There is no denying the fact that the cumulative effect of the effluents is having a hazardous effect on the health of the people of the area besides adversely effecting the fertility of the soil. Although these are the various aspects of rural sanitation, there is no denying the fact that the main problem is of providing proper latrines for the rural people.

Involvement of People :

My experience as an Indian, is that individually, Indians are probably the cleanest people in the world, but collectively, I think we are the dirtiest. The housewife will sweep the household absolutely clean, she will pick the span, collect the garbage and then she will throw it on the head of the person walking below. The street will be littered with garbage. I think it is to rectify

this habit that Shri Uttambhai Ji is organising this seminar. However, I feel that Government on its own cannot achieve these targets for the next 100 years, unless there is total commitment and involvement of the people and especially the NGOs and Voluntary Agencies. Only by enlisting the support of the Voluntary Sector can the Government hope to achieve its objective of reaching the people effectively. It is often noticed that there is a tendency to ram down development programmes down the throats of the people. Such an approach is not going to work. Do what you may, unless you are going to convince the village folk about the advantages of what you are trying to teach him and demonstrate to him the uses, rest assured he will not accept anything.

Education :

This brings me to another very important point. In order to motivate people to adopt hygienic practices, Rural Sanitation should form part of the school curriculum at the primary level. I say Primary level because it is only at that level that children can be motivated about sanitation and they can carry the message home to their elders. There is also response for collective trends and each one of us---whether a bureaucrat--we can all play our part in it. When I was a MLA in Rewari, workers came to me on Gandhi Jayanti Day and suggested that we take out a Prabhat Pheri. I agreed but on one condition that we should have one hour of Prabhat Pheri and two hours of cleaning of streets, which was Mahatma Gandhi's important programmes. I said all the village committees, Safai Karamcharies, Beldars commit themselves on this 2nd October, spend two hours cleaning the streets, whether it is a village or a city or wherever we are, and in this way we can achieve a tremendous amount of work and create a lot of awareness about sanitation.

Ladies and Gentlemen, I feel the quality of life in India today is so miserable, that I do not think anybody has any time for enjoyment. After all what is the purpose of life? It is to extract some modicum of joy out of the life you are living. Can we see a smile on the face of the children living in the village, in the city or in the slum areas? Mahatma Gandhi was once approached by a group of people and asked what type of work they should do. Mahatma Gandhi advised them that whatever you may do but first keep in mind whether it will help the poorest of the poor? And if it is going to help the poorest of the poor, then go ahead and do it. I feel that, if you think that what you are going to do will bring a smile on the face of the poor children, then do it. We all know that lack of sanitation is a major cause of diseases.

Everyday new types of diseases are coming up due to pollution of air, water, food, etc. Unless we take urgent steps to improve the situation and education the people about the advantages of sanitation, the situation will deteriorate leading to more problems which may be difficult to overcome. Proper sanitation and hygiene would go a long way to wipe many a tear, minimize diseases, pain and hardships, and bring a smile on many faces.

Development schemes need to be implemented with more thought and planning. The rapid progress in supply of drinking water and laying of sewer lines, seems to have very little parallel and a little leakage results in disasters. More attention needs to be paid to proper implementation of schemes.

Incentives :

Sulabh Sauchalayas scheme is no doubt a very useful scheme for the rural areas. I take this opportunity to congratulate the NGO who is working on it. But in the villages it will take a lot of effort to bring the villagers into accepting this. In order to involve the people more in the proper utilization of this scheme, I think we need to think of giving some incentives. I think, Uttam Bhai Ji, that adequate monetary incentives to villages who adopt 100 percent sanitation as far as the lavatories are concerned, should be given. Monetary incentive will involve the village panchayat and the people at large in the programme and this will act as a motivating factor and lead to easier adoption.

Women and Sanitation :

In the village sanitation scenario, I feel that it is the village women who are capable of bringing a change in the habit of defecating in open, to using latrines, because it is the women who find the greatest difficulty. I know of places in Haryana, where industrial areas have come up, and as a result the village women have no place to go in the morning for their morning calls. I feel such villages which have been encircled by urbanization trends should be taken up on priority basis for providing Sulabh Sauchalayas.

Research :

Although the two-pit lavatory system is cheap and satisfactory, we should not rest on our laurels and I would suggest that more development oriented research should be carried on for further improvement of the sanitary system. In the Armed Forces, mainly it is the dry latrine system and it appears to be

working quite satisfactory. Possibilities for further improvement are great and should be constantly explored.

This is perhaps the first seminar on this topic and I congratulate Shri Uttambhai Patel in venturing out to organising it. I think that this seminar would go a long way in focussing the attention of the village people, the general public and the international agencies (UNESCO, UNICEF, etc.) of the urgent problems that is facing our country side. I hope some excellent suggestions will come up from this seminar and the policy framers and implementors will greatly benefit from the free flow of ideas and help towards providing a clean and pollution-free environment. With these words, I thank you all and especially my colleagues Shri Venkat Swamy and Shri Uttam Bhai Patel for giving me this opportunity for participating in this seminar. Thank you.

**Address by : Dr. D. Swaminadhan,
Member Planning Commission
As A Guest of Honor**

Access to sanitation is not simply a technical issue but also a crucial component of social and economic development. Sanitation should be viewed in this composite sense involving the waste disposal system, water supply, sewerage, prevention of environmental pollution and to keep clean, healthy and productive. Excreta disposal remains the main component of Sanitation. Human excreta is associated with more than fifty diseases and it causes nearly 80% sickness. Statistics indicate that intestinal diseases like Diarrhoea, Cholera, Dysentery Typhoid etc. claim 5 million lives every year, while 50 million suffer from these diseases resulting in tremendous loss of human days, and productivity. Adopting proper waste disposal system and inexpensive methods, entire sanitation situation of the country can be improved and these diseases can be brought under control.

The rural sanitation has been over the years primarily an individual's initiative. Naturally, due to a very low level of income and life-style and land-use, the use of modern sanitation was negligible. However, the increasing population-density and health-hazards brought it in the purview of plan efforts only in the recent past. It got fairly good recognition only during the Seventh Plan, when not only the Centrally Sponsored Rural Sanitation Programme was initiated, but also this was included in the "Minimum Needs Programme" and the "Revised Twenty Point Programme". Under the Centrally Sponsored Programme, against the originally approved Seventh Plan outlay of only Rs. 4 crores, the actual allocation provided during the operational years of the Plan was as high as Rs. 70.65 crores. In spite of all these efforts, the programme, however, could not pick up mainly due to poor response from the beneficiaries as well as the implementing agencies and the State Governments, because the "felt need" could not be generated adequately. As against the increased allocation of Rs. 70.65 crores for the Centrally Sponsored Rural Sanitation Programme, only about Rs. 16 crores could be utilised during the Plan period. In the State Sector MNP also, the expenditure was only about Rs. 49 crores against an outlay of Rs. 96.75 crores. And the result was that plan efforts could not make any significant dent on the programme. The physical scenario has been very much disappointing. As low as 0.5 % of rural population was having access to sanitary latrines at the beginning of the preceding decade, which has now raised to only about 2.7%. If we compare this with safe drinking water facility, the imbalance can clearly be noticed. Where only about 31 % of rural people had access to safe water at the beginning of the last decade, the coverage now has increased to about 78%. On the financial front also, the picture about water supply

is very bright. As against the originally approved Seventh Plan Outlay of Rs. 1202 crores under the central sector, and Rs. 2253 crores under the State Sector, the utilisation was as high as Rs. 1899 crores and Rs. 2571 crores respectively. In short, it could be said that while the Water Supply received a very high priority during the recent past, the sanitation could not even get a modest beginning. The purpose of comparison is not that the Water Supply Programme needs to be decelerated, but to highlight the imbalance between the two vital human needs, which are complementary to each other in achieving the goal of protecting their health and improving the efficiency. It is to be clearly understood, that without basic sanitation, full benefit of safe drinking water cannot be achieved.

Before gearing up the rural sanitation programme, one must now analyse the reasons of it not picking up in the past. It is felt that the programme was highly target oriented with no aspect of sustained motivation or IEC (Information, Education and Communication) component. Implementation merely for target achievement in spite of lack of real demand resulted in non-use of constructed latrines. In some cases 100 subsidy provided under the programme to economically weaker sections resulted in lack of beneficiary's involvement. Moreover, the funds were thinly spread all over the country without focussing on the areas where the demand existed.

Taking lessons from the past, the following approaches would have to be adopted in order to make the programme a success.

Decentralisation of the programme with full involvement of NGOs and people's participation, particularly the women, at all stages of the programme such as planning, project formulation, execution etc., is essential.

Generation of 'felt need' and motivation by awareness campaign through mass media and effective communication is needed. Indifference towards sanitation is a perpetual problem in the rural society. There is, therefore, a need to create more awareness about one's hygiene. Here, the NGOs and the community leaders can play a vital role by providing selfless service.

We should adopt simple and appropriate low-cost technology followed by sound construction practices for wider usage. The UNICEF and other agencies like Sulabh International have already developed several low cost designs to suit various geological and climatic conditions as well as need and habits of the people of various regions. The most commonly used are single-pit or twin-pit pour-flush latrines.

The programme may have to be mainly depend on people's contribution with less subsidy. Studies have shown that the people, properly motivated and provided with the technology, can themselves launch the programme

without much subsidy. Even people below the poverty line, if well motivated, may be prepared to install the latrines, provided the low-cost economic model is available to them.

It is estimated that about Rs. 30,000 chores would be required if the entire rural population is to be provided with the facility of sanitary latrines. Keeping in view the severe resource-constraint as well as other competing demands, it would not be possible for the State and Central Governments to provide such a huge amount in one or two five Year Plans. The outlay during the Eighth Plan for the rural sanitation programme is about Rs. 675 chores which is more than ten times of the expenditure during the Seventh Plan. Of this Rs. 380 chores are in the Central sector and balance Rs. 295 chores in the State Sector. But this can benefit only about 19 million population as per the existing pattern of financing, which is mainly subsidy oriented. This will only marginally raise the cumulative population coverage at the end of the Plan i.e. from the present 2.7% to 5%. The Eighth Plan, therefore, suggests restructuring of the programme based on the lessons learnt from the good work done in certain places in Gujarat, Tamil Nadu, West Bengal, Bihar, Uttar Pradesh, Andhra Pradesh and Maharashtra. It is also suggested to adopt the concept of "Total Environmental Sanitation", which includes a package of services consisting of personal hygiene, food hygiene, cattle waste disposal, waste water disposal etc. rather than mere construction of sanitary latrines. It would also be necessary to integrate this programme with the Rural Development Programmes and have linkages with water availability, primary health-care, women's welfare, immunisation etc., all linked to cleanliness as a basic human need.

For the success of the Rural Sanitation Programme on a longer term basis, the following suggestions could be considered :

A national drive is to be given to the programme. Increasingly more private initiatives through motivation be targeted;

It should be implemented through local body/village panchayat With full involvement of beneficiaries in a decentralised fashion;

Women being the main beneficiaries of the programme, their special needs and privacy be given due attention and they are provided a dignified role within the community.

Non-governmental organisations are to be fully involved in the various aspects of implementation;

The programme may be restructured removing all the short-comings and incorporating the new approaches, based on the lessons learnt from the good work done in certain places.

The organisational set-up also needs to be strengthened and restructured to suit the requirement of the programme;

"Whole-village" as well as "Integrated" approaches and "Total Sanitation" concept are to be adopted;

Selection of villages are to be made carefully and only those villages be chosen where people are well motivated. In the project approach, linkages with ICDS (Integrated Child Development Scheme), DWCRA (Development of Women and Children in Rural Areas) and TRYSEM (Training of Rural Youth for Self-Employment) should be given top most priority;

The savings of any other sectors of the rural development may preferably be diverted to Rural Sanitation.

With these works, I conclude and hope that the outcome of this seminar would greatly benefit the programme of Rural Sanitation in the coming years.

**Presidential Address by : Shir G. Venkat Swamy
Minister Of State For Rural Development**

My colleagues Shri Uttambhai Patelji, Col Ram Singhji, Member Planning Commission, Shri D. Swaminadhan, Secretary, Shri S.R. Sankaran distinguished participants of this seminar, Friends.

It gives me great pleasure to be associated with this seminar on the most important and vital topic of rural sanitation. It is widely accepted fact that over the years, a rapidly increasing population and declining levels of civic amenities have made the problem of rural sanitation a very critical one for all of us. Inadequacy of safe drinking water, improper disposal of human excreta, solid and liquid wastes leading to unfavorable environmental condition and lack of personal and food hygiene have been the major causes of many killer diseases in India. It has been estimated that more than 1.70 lakh children are affected by Poliomyelitis, 2.50 lakh die of tetanus and 15.00 lakh die of diarrhoea and dehydration every year. The alarmingly high Infant Mortality Rate (IMR) attributed largely to poor sanitation. The importance of sanitation thus needs no re-emphasis.

Apart from this, there is also a social dimension to the entire problem. It is indeed unfortunate that even after 45 years of Independence, we have not been able to eradicate the social evil of scavenging in this country. This is essentially due to our failure in educating our people on the need of proper sanitation. The issue of sanitation thus relates not only to the health and well-being of an individual but also to the dignity and prestige of an entire community.

In the past, our efforts have been concentrated almost exclusively on the hardware aspects of disposal of human waste without adequate emphasis on other aspects of sanitation. Technically it was found that a sewerage system and a modified septic tank were by far the most acceptable methods of waste water disposal. However, for the majority of the people, these are economical and unaffordable. R&D efforts therefore concentrated on developing a system which is technically appropriate and economical but does not involve scavengers for cleaning the pits. As such, we have been in the past promoting low-cost options of two-pit pour-flush latrines as the most appropriate adoption because this system is scientifically and environmentally safe, technically and scientifically appropriate, socially acceptable, financial affordable and simple in implementation, operation and maintenance. Although the two-pit pour-flush latrines have been accepted as a low-cost option large scale on site disposal of waste is dangerous. Further R&D effort, therefore, is still very essential.

A major reason for our slow progress even in the limited sphere of construction of latrines has been the lack of any contribution from the beneficiaries. A programme which is entirely subsidy dependent cannot promote peoples' participation. It also makes it very difficult to motivate the beneficiaries on the need for proper sanitation. It is precisely because of this fact that many of the latrines constructed in the rural areas, with the best of intent, are lying unutilised.

In my opinion, the only way to deal with the problem of sanitation is to adopt an integrated approach and to invite the participation of people for who, it is meant, especially women. In stressing on the hardware aspects of the programme like the construction of latrines, we have forgotten the basic aspects of health education, communication, awareness generation and motivation. In fact, the development of this software or delivery aspect should receive much more attention. Once people understand, through motivation and education, the importance of sanitation, there will not be any difficulty in their accepting and maintaining the hardware provided. In this, I perceive a major role for women. It would also be necessary to sensitise children to these problems at an early age and a sanitation component should be included in the school curriculum as well. Demonstrations on improved techniques in sanitation should be held in schools and health centres with the involvement of Panchayats which are influential grassroot democratic institutions. Non-governmental organisations, mahila mandals and youth organisations should also be drawn in for training and creating awareness among the community.

By and large, it is the weaker sections who suffer most due to lack of proper education, health and sanitary facilities. This aspect requires a thorough examination.

Ultimately, the crucial need is to generate awareness among the people and to develop a felt need and demand for scientific sanitation facilities. It is only after this aspect is dealt with that we should embark on the hardware component of the programme.

I am aware that several states and non-governmental organisations (NGOs) have done commendable work on rural sanitation. This success should be utilised in other parts of the country to serve as an inspiration. I am sure this seminar will discuss all the above aspects of this crucial issue. I hope that it will stimulate some new thinking and help in evolving a new strategy for development of rural sanitation as a people's movement.

RURAL SANITATION IN INDIA - PROBLEMS AND PROSPECTS

**By Shir S. R. Sankaran,
Secretary, Ministry Of Rural Development**

Sanitation is a way of life. Sanitation envisages a package of facilities, systems, services and habits relating to the home, the community and the society as a whole - which helps in keeping the entire society in the best state of health. It involves adoption of hygiene practices in personal and social life. Sanitation is a comprehensive concept including personal and domestic hygiene including sanitary disposal of human excreta, food hygiene, waste water disposal, solid waste disposal and all other related aspects.

2. About 80% of sickness and disease has been attributed to the lack of safe water and sanitation. The alarmingly high Infant Mortality Rate (IMR) in India is directly traceable to insanitary conditions of living. An improvement in sanitation leads to a direct improvement of health status and quality of life.

3. While sanitation is a wider concept, most of the efforts in this field so far appear to have been confined to the construction of sanitary latrines. This is perhaps on account of the immediate need to prevent open defecation and provide privacy, particularly to women. However, there are also a number of instances where the total sanitation concept has been aimed at

4. Some efforts in improving the sanitary conditions in rural areas were initiated as part of the national movement. The propagation of Trench and Pit latrines in the rural areas, later known as Bardoli and Wardha Latrines are examples of this nature. The development of Sopa Sandaas with a light moveable structure and single or double pit system was the fore-runner of the double-pit pour flush latrine today. The Gopuri Latrine (compost toilet) with its two pits of about two to three feet above ground level which was constructed to house a light weight superstructure and window for the walls of the pits temporarily covered with bricks providing facilities for cleaning when necessary is yet another innovation worth mentioning.

5. Even after Independence, systematic efforts for improving sanitation in the rural areas did not acquire the importance it deserved. It was only in the year 1954, the rural sanitation programme was introduced as part of the health sector of the plans of Government of India. The simple sanitary facility with slab and pan trap, most of which were locally manufactured and distributed through the Community Development blocks was perhaps the largest effort made during this period. The

efforts initiated during this period, however, laid the foundation for the work during the later periods.

6. In the year 1977, the United Nations Water Conference held in Mar Del Plata recommended that the decade 1981-1990 be designated as International Safe Drinking Water and Sanitation Decade. In November 1980, it was proclaimed as such by the United Nations General Assembly. It called upon the countries to ensure universal access to water supply and sanitation for all by 1990s and to establish realistic goals for 1990 including developing national plans and programmes for water supply and sanitation, enlisting public opinion and community participation coordinating efforts to ensure provision of technical and socially acceptable sanitary facilities. It has been estimated that during the decade, the intensified global efforts has resulted in about 748 million people all over the world having received satisfactory sanitation services, 314 million in the urban areas and 434 million in the rural areas. It has also been estimated that urban sanitation rose from 69% to 72% and in the rural areas from 37% to 49%.

7. At the beginning of the decade 1991-1990, it was envisaged that safe water will be provided to the entire rural habitations in India and 25% of the rural habitations will be provided with sanitation by the end of the Seventh Five Year Plan (1985-90). However, after a mid-course review, it was decided that the target should be scaled down to 85% coverage for water and 5% for sanitation.

8. During the Seventh Five-Year Plan (1985-90), a programme of construction of sanitary latrines in all village level institutions like health sub-centres, schools, anganwadis, etc. construction of individual household latrines under Rural Landless Employment Guarantee Programme (RLGEP), National Rural Employment Programme (NREP), rural housing projects including Indira Awaas Yojana (IAY) was started from 1st January, 1986. The scheme provided for a cautious and modest beginning of constructing individual sanitary latrine and bio-gas plants taking care of popular perceptions and promoting the use of sanitary latrines. Necessary extension and health education was to precede the construction of latrines to ensure proper use and maintenance, with the help of voluntary organisations, local opinion leaders, Integrated Child Development Scheme (ICDS) workers and Primary Health workers, Mass media, educational films and other audio-visual aids using local materials, skills and local techniques especially in regional languages as the media for such extension education programme were increasingly used.

9. A national programme known as the Central Rural Sanitation Programme (CRSP) was introduced in October, 1986 with resources being shared by Centre and States, the target group being those families which were below the poverty line.

10. Rural sanitation was also included as part of the new 20-Point Programme of the Government in November, 1986. Rural sanitation was included as part of the Minimum Needs Programme as well from the year 1987-88. A number of State Governments also took up programmes as part of the State Development plans. These would indicate the importance attached to rural sanitation in the Seventh Five-Year Plan period.

11. During the five years of the Seventh Five Year Plan and two Annual Plans, a financial outlay of about Rs. 317.93 crores was incurred under the programmes of Centre and State Governments. The percentage of rural population covered by sanitary facilities under the State and Centre programmes reached 2.8% at the end of 1991-92 from about 0.8% at the commencement of the Seventh five year Plan.

12. The results of the 44th Round of the National Sample Survey (1988-89) indicated that a little over 10% of rural population had access to sanitary facilities. This would indicate that in addition to the State sponsored efforts, about 7% of population secured access to sanitation through private initiatives. It is also to be observed that the rural population with sanitation facilities is much larger in States like Kerala with high literacy rate.

13. The experience of implementation of various government programmes and the feedback received from organisations such as UNICEF has shown the main reasons for slow progress in the sanitation programme were the perception of sanitation as relatively unimportant by the people and public agencies, inadequate financial resources, lack of felt need from the people and absence of people's participation. Non-availability of appropriate low cost and area specific technologies and the supporting delivery systems, inadequacy of trained masons & skilled workers and technical manpower were also the other important reasons.

14. The initiatives taken in 1986, however, led to the creation of a consciousness on the need for environmental sanitation, the health hazards arising from unsafe water and insanitary conditions among the implementing agencies, the sociologists, voluntary sectors and the NGOs the peoples' representatives and opinion leaders. This also, resulted in a number of successful models evolved by the NGOs as well as by the government functionaries.

15. I would now like to touch upon the merits of few models which would assist in evolving appropriate future strategies in this sector. The model evolved by the Lok Shiksha Parishad, Ramakrishna Mission in Medinipur District in West Bengal is based on the locally available low cost technology and materials to suit the various income groups with units costs ranging from Rs. 300 to Rs. 2000. The most important feature of this model is that it is based on the concept of self-effort and is self-financing, without any government subsidy by creating the felt need through youth clubs, mahila mandals, local committees, local institutions etc. This model

is now being replicated in some other areas like Kamrup District in Assam.

16. The Sulabh Sauchalaya model revolves round motivations, promotion, education and community participation. A number of designs for latrines based on use of local materials and emphasis on functional aspects are available. An appropriate delivery system ensures adequate software support and community participation. A mix of State Subsidy and the beneficiary contribution is adopted. Pay and use type of latrine complexes for floating population at crowded places like bus stands, markets, railway stations, fairs etc are also provided, although the rate charged is rather high particularly for the weaker sections visiting such places.

17. The model evolved by Environmental Sanitation Institute (Safai Vidyalaya) Ahmedabad provides an example of generation of felt need, peoples participation simple yet appropriate technology before launching on the hardware programme of construction of latrines. Sufficient motivation and training is provided for sound construction practices with emphasis on quality, human resource development, communication techniques, identification of leaders, creation of network of motivators, masons etc. Women and school children are taught about the usefulness of sanitation at the school age so that they imbibe proper hygienic practices throughout their life. The entire construction work in Gujarat and other areas is undertaken through active involvement of the NGOs resulting in reduction in cost and avoiding the contractor system.

18. In the Periyar district model in Tamil Nadu, sanitation is provided as a total package. It is need based with beneficiary contribution and very high usage rate of latrines. the programme implemented through Government functionaries and provides as a good example of Government infrastructure being effectively used through proper planning and motivation. Periyar district has Sanitation Cell with a full time coordinator and involvement of women and local people. The latrines are based on the single pit with provision for adding the second pit as and when considered necessary. This reduced the initial capital investment.

19. The Institute of Engineering and Rural Technology (IERT), Allahabad model and the UP experience are need based with beneficiary contribution. These are examples of cooperation between the Department of Panchayat Raj, NGOs and selected panchayat udyogs for successful implementation. Sanitary marts have been provided at suitable centres. convergence is initiated through the core group of trainers and through village contact drives for promotion of awareness, trained man power, involvement of female Community Health Workers. This experiment has shown that even lower subsidy can attract certain segments of the population disproving the common belief that this service should be provided free by the government and the people contribution would not be forthcoming.

20. The Alwar (Rajasthan) model initiated in 1987, aims at motivating community to adopt a package of sanitary facilities and practices through a cadre of core change agents at village level with the State Government Department playing the role of a promoter and facilitator. The participatory approach is given adequate emphasis with close coordination from on going development projects like ICDS, DW CRA, WDBP and education. A total package of sanitary facilities is provided, including latrines, soak pits, bathing, washing platforms and smokeless chulhas installed and maintained with active participation and contribution of the members. Recently another component has been added in this model namely facility park for those who do not have adequate space of construction of individual household latrines. This also provides an answer to socio-cultural taboos. Panchayats can construct the facilities park with bath and latrines in the space available in the village but the responsibility of maintenance of such sanitary latrines rests with the individual beneficiary.

21. I have referred only to some of the well-known experiments. But I am sure that there must be more such models based on the efforts of activists, innovators, social organisations and well motivated Government functionaries in various parts of the country. There are also very successful experiments in other countries such as Bangladesh. I must also make a specific mention of the commendable role of UNICEF who have made a distinct contribution in this field which is well known to all of us.

22. The total rural population is estimated in 1991 Census is 627.1 million. The household having sanitary facilities are about 10%. This would mean that 112.9 million rural households are yet to be provided with the basic facility of sanitation. Even at a modest cost Rs. 2500 per unit, a gigantic investment of Rs. 28,225 crores will be required for this purpose. If a contribution of 20% of the cost by the beneficiary is assumed, the investment required on the part of the Government would be about Rs. 22,580 crores. Such a huge investment will be obviously beyond the means of the center and State Governments in the foreseeable future.

23. Sanitation is one of the essential inputs for achieving the goal of Health for All by the year 2000. Hence efforts should be made to provide sanitation facilities to the entire rural population and rural areas by the end of the decade. This calls for a new strategy of making rural sanitation a people's programme. The Government involvement being limited to that of a promoter and facilitator for creating the demand, the felt need, providing health education, creating awareness and providing investment for such basic infrastructure necessary for supporting people's initiative. Given the resource limitations, the subsidy from public funds has to be limited to the poorest sections of the society, who otherwise would not be able to take up construction of sanitary facilities by themselves. The households which are above the poverty level and can afford the other basic needs including housing may not require any subsidy. A number of studies have established that

any programme launched by the Government based on subsidies has not succeeded in the long run. People should realize the importance of safe water and sanitation and adopt the sanitary practices including sanitary latrines in their households. The efforts of the voluntary sector and the NGO and the opinion leaders in the villages will be crucial in creating the demand by motivating the people.

24. There has to be an active involvement of the entire community, particularly women. At present NGOs are involved mostly through the Council for Advancement of Peoples Action and Rural Technology (CAPART). Some of the States also provide similar assistance to the local NGOs. However, this type of involvement should not result in mere substitution of the government implementing agency without creating necessary environment for effectively using them.

25. It may be useful to derive from what has been stated above some basic parameters for successful implementation of any rural sanitation programme. Sanitation should emerge as a demand, felt-need from the people. Demand generations crucial to success. For this environment and motivation should be the first step. This work is best performed by activists and people's organisations.

Rural Sanitation is not just a technological or hardware oriented programme. It is as much a software programme with emphasis on socio-communication.

The programme has to be oriented towards health and linked with activities like immunization, drinking water, literacy

The programme can be successful only with involvement of the people and the NGOs.

The programme should not be launched all over the country at a time, but project districts should be identified.

No undue emphasis should be placed on mere financial motivations.

Government's role is that of a facilitator and catalyst.

26. The strategy in the Eighth Five Plan should be so evolved as to result in promotion of sanitation as a total package, adopting various successful models. We should think of intensive programme in selected districts, replication of experimental models on a wider scale, development of alternate delivery system suited to local needs and working through a network of etc. Adequate emphasis has to be given for the maintenance of structures, human resource development

and training of motivators, coordination with other programmes not only for Rural Development but also the Non Conventional Energy Sources. Literacy Mission and Immunisation . Proper monitoring and Management Information system will also need a renewed emphasis in a new direction.

27. I may also emphasis that science and technology in every field including sanitation is an expanding area. There is always scope for improvement. Apart from the exiting models, new models have to be evolved which are technically sound and within the reach of the common man and acceptable to them for easy maintenance. The discussions on the technical aspects would no doubt result in identifying the areas of further research and Development and area specific models suited to the soil conditions and the topography of this vast country. The need to avoid the danger of sanitation facilities polluting the water bodies particularly the drinking water sources has to be kept in mind.

28. I would like to mention yet another important human aspect of the Rural Sanitation Programme. The inhuman practice of carrying night soil by our own fellow human beings and the need for conversion of dry latrines into sanitary latrines is know to all of us and needs no emphasis. While this problem is basically in the urban slums and peri-urban areas according to the report of the Task Force for which was appointed by the Planning Commission in 1989, more than 24 lakh household had service latrines in rural areas. The areas where service latrines exist need to be identified and a time bound programme evolved to convert all such latrines into sanitary latrines before the end of 1995. Government is fully committed to conversion of such latrines into pour flush latrines, the rehabilitation of the scavengers and their wards. We have to provide financial and man power resources to achieve the objective within the shortest possible time. It is necessary that with the active involvement of the NGOs a concrete action plan can be evolved and implemented.

29. I referred earlier to the international water supply and sanitation decade (WSSD). At the conclusion of the Decade, the Global Consultation of Safe Water and Sanitation for the 1990s was held in September 1990 in New Delhi. The New Delhi Statement which emerged as a result of the consultations in which over 100 countries, international agencies and non-government organisations participated noted that during the International Drinking Water Supply and Sanitation Decade (1981-90) every developing country has learned its own lessons. Combining those experiences with a renewed commitment to provide sustainable water and environmental sanitation systems for all people is the only way forward and expressed the concern in the following terms :

Safe water supplies and disposal of solid and liquid wastes are priorities for improved health, poverty alleviation and environmental protection. Their provision through community management must be a primary goal for the 1990s.

Maximizing sustainable water supply and sanitation coverage will require political commitment to apply the many lessons of the International Drinking Water Supply and Sanitation Decade. Use of appropriate technologies, combined with community management, and human resource development will reduce investment costs and improve sustainability. Countries can thus extend coverage with socially acceptable and affordable service standards at achievable investment levels.

30, This National Seminar on Rural Sanitation is being held when the State Governments and the Government of India are actively involved in the process of working out the strategies for achieving the goals set out in the Eighth Five Year Plan. In this sense, it is very timely, I am sure that the deliberations of the Seminar would lead to actions plans for achieving the objective of total sanitation in the rural areas of the country by the end of the century.

COMPOSITION OF VARIOUS COMMITTEES

- A. Organising Committee of the National Seminar on Rural Sanitation.
- | | |
|--|---|
| 1. Shri P.K. Sivanandan, Jt. Secretary cum Mission Director, Technology Mission, Ministry of Rural Development. | 10. Prof. P. Khanna, Director NEERI, Nagpur |
| 2. Shri A. Prasad, Dy. Director General CAPART | 11. Smt. Shobana Ranadey, President, All India Women's Conference New Delhi |
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| 4. Dr. Bindeshwar Pathak, Founder, Sulabh International | 13. Smt. Santosh Goyanti, Secretary, All India Kasturba Trust, Indore |
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