

Sanitation in Maharashtra: A Policy Note

Indian situation:

India has a serious sanitation challenge – more people practise open defecation in India than anywhere in the world. Although access to improved sanitation is steadily increasing in India since the year 2000, the pace of change is slow. If the current trend continues, India will miss the Millennium Development Goal (MDG) target in sanitation, and without India improving, the world will not be able to achieve its targets. Accelerating access to and use of toilets and hygiene practices, including handwashing with soap after using a toilet and before meals, has to become a national priority for India. Poor sanitation causes health hazards including diarrhoea, particularly in children under 5 years, and malnutrition and deficiencies in physical development and cognitive ability. 1.1 billion people practise Open Defecation (hereafter 'OD') worldwide, out of which 626 million are Indians. This includes over half the Indian population. Only 35% of households in India have access to improved toilets.

India Facts and Figures:

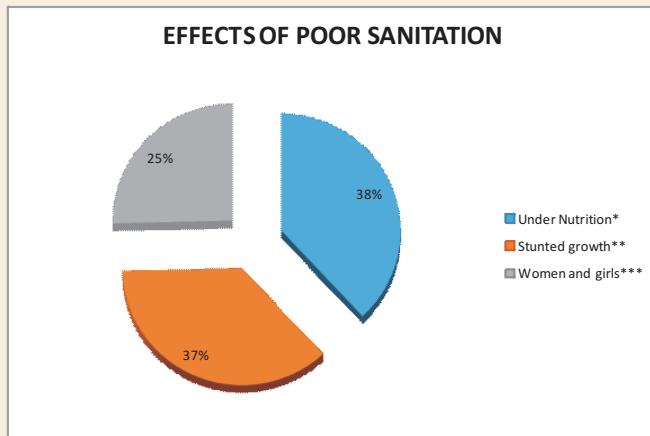
- The practise of open defecation has reduced from 75% of the population in 1990 to 51% in 2010. Nearly 123 million households and 620 million people in the country, still practise open defecation in India.
- In comparison to the figures released by the 2011 Census, the Ministry of Drinking Water and Sanitation overstates the number of toilets built in the country by 51 million. These have become known as the 'missing toilets'. The 'missing toilets' are attributed to

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poor counting, government estimates of progress based on the 2001 Census, and corruption.

- Only 35% of households in India have access to improved toilets. This is 24% only in rural areas. One in every two children in India (48%) is stunted.
- Nearly 90% of deaths due to diarrhoea globally are attributable to unsafe water, inadequate sanitation and poor hygiene.
- Over 6, 00,000 under-five children in India died in 2010 due to diarrhoea and pneumonia caused by poor sanitation, hygiene and unsafe water.
- An important polio transmission pathway is through the faecal- oral route. Open defecation increases the risk a community faces due to infection.
- Hand washing with soap is a very effective way to reduce the incidence of diarrhoea and pneumonia, especially among children under-five.



- * 50% of the maternal and childhood under-nutrition is caused due to poor sanitation and poor hygiene.
- ** UNICEF reports that 48% of the children in India are stunted.
- *** 33.33 % of the women worldwide risk shame, diseases and harassment due to lack of toilet facilities.

Urban India

Sanitation coverage in urban India is 88.7%. To achieve full coverage, issues (below) need to be immediately addressed:

- Unsafe water
- Poor disposal of excreta
- Poor solid and liquid waste management system
- Non-availability or inaccessibility of health facilities
- Anti-social traits
- Public spitting

Rural India

The current sanitation coverage in rural India is 34.8%. The gap between rural and urban coverage is extremely wide, due to issues such as:

- Superstitious practices
- Uneducated public
- Lack of infrastructure facilities
- Lack of awareness
- Prevalent caste differences

Central Policies on Sanitation

1) National Urban Sanitation Policy:

The vision for urbanisation in India is:

“All Indian cities and towns become totally sanitized, healthy and liveable and ensure and sustain

good public health and environmental outcomes for all their citizens with a special focus on hygiene and affordable sanitation facilities for the urban poor and women.”

Government of India recognises that sanitation is a state subject and on-ground implementation and sustenance of public health and environmental outcomes require strong city level institutions and stakeholders. Each state and city needs to formulate its own sanitation strategy and their respective city sanitation plans in overall conformity to the National Policy. Government of India will support states in developing and implementing innovative strategies to accord priority to urban sanitation

Specific Goals of the Sanitation Policy

- ❖ *Awareness Generation and Behaviour Change-*
 - a. Generating awareness about sanitation and its linkages with public and environmental health among communities and institutions.
 - b. Promoting mechanisms to bring about sustainable behavioural changes aimed at adoption of healthy sanitation practices.
- 1) **Open Defecation**

All urban dwellers can access and use safe and hygienic sanitation facilities to prevent open defecation. To achieve this goal:

 - a. Promote access to households with safe sanitation facilities (including proper disposal arrangements);
 - b. Promote community-planned and managed toilets wherever necessary, for groups of households who have constraints of space, tenure or economic constraints in gaining access to individual facilities;
 - c. Adequate availability and 100% upkeep and management of Public Sanitation facilities in all Urban Areas, to prevent open defecation and environmental hazards.
- 2) **Integrated City-Wide Sanitation**
 - a. Mainstream thinking, planning and implementing measures related to sanitation in all sectors and departmental domains as a cross-cutting issue, especially in all urban management endeavours.
 - b. Strengthen national, state, city and local institutions (public, private and community) to accord priority to sanitation

provision, including planning, implementation and O&M management.

- c. Extend access to proper sanitation facilities for poor communities and other un-served settlements.
- d. Promote proper functioning of network-based sewerage systems and ensuring connections of households to them wherever possible.
- e. Promote and encourage recycle and reuse of treated waste water for non-potable applications wherever possible.
- f. Promote proper disposal and treatment of sludge from on-site installations (septic tanks, pit latrines, etc.)
- g. Ensure that all the human wastes are collected safely, confined and disposed of after treatment so as not to cause any hazard to public health or the environment.
- h. Promote proper usage, regular upkeep and maintenance of household, community and public sanitation facilities.
- i. Strengthen ULBs to provide or cause to provide sustainable sanitation services delivery.

1) Nirmal Bharat Abhiyan-

Nirmal Bharat Abhiyan (NBA), which was previously the **Total Sanitation Campaign (TSC)**, is a community-led total sanitation program initiated by Government of India in **1999**. It is a demand-driven and people-centred sanitation program. It evolved from the limited achievements of the first structured programme for rural sanitation in India, the **Central Rural Sanitation Programme (1986)**, which had minimal community participation.

The main goal of Total Sanitation Campaign is-

- ✓ To eradicate the practice of open defecation by 2017.
- ✓ Community-led total sanitation is not focused on building infrastructure, but on changing cultural norms to prevent open defecation.

In Maharashtra where the program started, more than 2000 Gram Panchayats have achieved “open defecation free” status. Villages that achieve this status receive monetary rewards and high publicity under a program called ‘Nirmal Gram Puraskar’.

NIRMAL BHARAT ABHIYAN (NBA) envisages covering the entire community for

saturated outcomes with a view to create NIRMAL GRAM PANCHAYATS with the following priorities:

- Provision of Individual Household Latrines (IHHL) of both Below Poverty Line (BPL) and Above Poverty Line (APL) households within a Gram Panchayat (GP).
- Access to water in the GPs.
- Sanitation Facilities in the Government Schools and Anganwadis in Government buildings within the GPs.
- Solid and Liquid Waste Management.
- Extensive Capacity Building of the stakeholders and field functionaries for sustainable sanitation

Best Practice models

Sirsa District, Haryana - Chatra Jagruk Dal: “Students alert group”. Students would blow whistles whenever they saw OD. Some students were awarded marks for Social and Environmental Productive Work.

Chandigarh: A village panchayat has come up with an idea to cancel or not to renew rationcards of the families that don't have a toilet.

Nepal: Sanitation cards introduced in Nepal. The card contains information on whether the house of the cardholder has a toilet and has pledged to no longer practise OD. Red Cards and White Cards were issued. Staff of some organizations would lose their jobs if they did not construct a toilet in their homes.

Jamshedpur, Jharkhand: It practises potable water management networks, leakage detection, rain water harvesting, water monitoring connections and proactive network maintenance. Under JUSCO's river to river policy, treated water is reused within the industries and the sludge produced by the industries is used as fertilizers. Channels are also properly cut and connected to outlets to clear stagnant water.

Vellore, Tamil Nadu: It involves source segregation of waste into biodegradable and non-biodegradable waste. The biodegradable waste is composted and the compost is sold out, while the non-biodegradable waste is recycled. Residents are taught about secondary and tertiary segregation of the recyclable waste.

Himachal Pradesh: The State Government has introduced the Maharishi Valmiki Sampurn Swachata Puruskar (MVSSP) to select the cleanest GP at Block, District, Division and State levels, based on an annual competition.

Hajipally, Andhra Pradesh: Fixing of lights in Open Defecation areas. Guests are not to go outside for defecation. A Rs. 500 penalty is being imposed per family if found practising OD.

Vaishali District, Bihar: It involves the practice of Sanitation mapping, village contact drives, rallies, mass awareness campaigns and video shows led the district to attain ODF (Open Defecation Free) status.

Sikkim: Children of schools are running a parallel self-governing body, asserting their right to education, health, entertainment and leisure. Each school has a Bal-Panchayat.

OPEN DEFECACTION

➤ Open defecation is a practice of defecating outside in open due to the lack of toilets. It's highly practised in India with 58% of the population defecating in the open.

➤ SOCIAL IMPACTS:

ü Manual scavenging- It is a system of manually carrying, cleaning, disposing of, or otherwise handling in any manner, human excreta from anywhere - open pits, dry latrines, railway tracks.

ü Right to live with dignity is everyone's right and in India it can only be achieved if we introduce toilets and stop OD and therefore, manual scavenging.

➤ ENVIRONMENTAL PROBLEMS- contamination of the drinking water; surface water gets polluted because of the human excreta; also generates Carbon Dioxide and Methane causing global warming.

SANITATION IN SCHOOL

➤ Children should wash their hands with soap after using toilet, before and after their meals.

➤ Improved sanitation and menstrual hygiene facilities are available.

➤ Drinking water facilities should be available at school

Maharashtra Scenario

Spotlight:

- More than 85% households have improved source of drinking water in Maharashtra, which is slightly lower than the national average (87.08%).
- Percentage of households with improved

sanitation facilities is higher (50.2%) in the state as compared to the national average (41.7%).

- One, in 3 women, faces trouble in accessing safe toilet facilities.
- 23% girls dropout of school when they reach puberty due to lack of or unhygienic toilet facilities.
- State's rank is 21st at the national level in terms of households' access to improved source of drinking water.
- 79.3% urban households have drinking water facility available within premises in the state, while in rural areas it is 42.9%.
- There is a significant increase of nearly 8 lakhs population with household access to drinking water facility away from the premises.
- 46.9% households have no latrine within premises in the state. In rural areas it is 62.0% and in urban areas 28.7%.
- Maharashtra's burden in the country in open defecation is 6.6%.
- 60% households of Vidarbha, Marathwara and northern Maharashtra are going for open defecation. Maharashtra's burden in the country in open defecation is 6.6%.
- Significant disparity exists in access to tap water between rural (50.2 per cent) and urban (89.1 per cent) areas.
- 80.94 lakh households go for open defecation in the state: 72.63 lakh households in rural areas and 8.31 lakh households in urban areas.

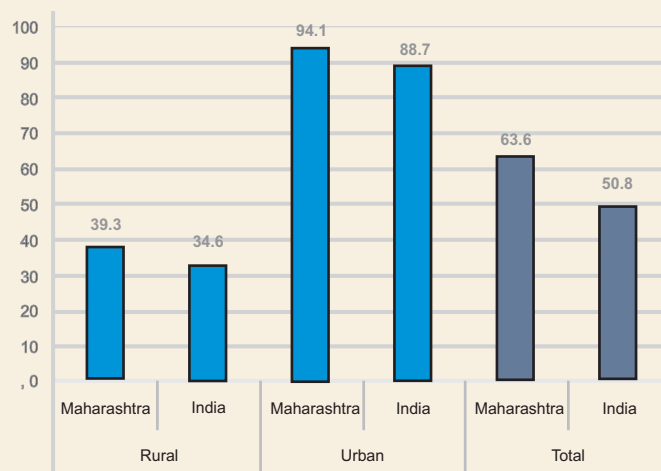
Water supply and access to water resources

- The quantity of inland water resources in Maharashtra is only 4.92% as compared to the availability in India. Per capita water availability is less than the national level.
- 2/3rd of households have tap as a source of drinking water in the state, which is quite high from the national average of (43.5%).
- 15.5% households have well, hand pump / tube well as source of drinking water in the state, which is lower than the national average (42.0%).
- 14.4% households have well and 2.1% other sources as source of drinking water in the state, which is slightly higher than the national average
- 50.2% of the households have tap as source of

drinking water in the rural areas while in urban areas it is 89.1%.

- Significant urban-rural disparities where the privileged urban appropriates a share of almost 80%, leaving behind only 20% for the rural.

Comparison of sanitation coverage, Maharashtra and India, 2008-09



Source: NSSO 65th round survey report

*Refer to graphs 1 and 2 in the annexure

The water and sanitation sector in Maharashtra has, during the last ten years, witnessed positive growth. Nearly 6.5 million new households (53 per cent of the total households) have access to toilet facilities and 3.9 million new households have access to a drinking water facility located within the premises (59 per cent of total households). 27.4 % Change in households having latrine within premises during 2001-2011. 23.7 % of households having no drainage connectivity in Pune, 2011. However, still more than half of Rural Maharashtra defecates in the open. The main issue to understand is the nexus between the access to water and adoption of sanitation practices. It is also interesting to understand the other factors contributing to the improved sanitation in the state. It is imperative to state that the end use monitoring of Total Sanitation Campaign: TSC (now Nirmal Bharat Abhiyan) needs more strengthening and the water supply and the sanitation programme cannot run in silos.

Initiatives by the Maharashtra Government

1. Sant Gadge Baba Abhiyan- (SGBA) Urban Sanitation Campaign

- Implemented by GoM since the year 2002-2003.

- To incentivize ULBs (urban local bodies) for improvement in the field of public and individual cleanliness.
- Making area open defecation free.
- Adequate supply of clean drinking water.
- Management of waste water and solid waste management.
- Enhancement of public health.

2. Sujal Nirmal Maharashtra Abhiyan (SNMA)

- Initiated with a view to further mainstream and highlight the Sant Gadge Baba Abhiyan.
- Ensuring 100% consumer survey and detection of illegal connections.
- Regularization to ensure universal access to water supply and sanitation services.
- Provide technical, managerial and financial assistance to the urban local bodies.
- Improve infrastructure and achieving technical, financial and environmental sustainability of these services.

3. Jalswarajya project:

- Maharashtra is the first state in the country to launch a state-wide programme for reforming the water supply and sanitation sector.
- Increase rural households' access to improved and sustainable drinking water supply and sanitation services.
- Institutionalize decentralization of Rural Water Supply and Sanitation (RWSS) service delivery to rural local governments and communities.
- The project features Community Development & Infrastructure Building.

4. Shivkalin Pani Sathawan Yojana (SPSY):

- Introduced to educate the community and mobilize their action to plan and implement measures to conserve groundwater.
- Encourages communities to take up conventional and non-conventional water conservation measures for drinking water for its sustained availability.

- This is an environment friendly scheme.
5. **Maharashtra Rural Water Supply and Sanitation Program:**
- The objective is to improve the performance of Maharashtra's sectoral institutions in planning, implementation and monitoring of RWSSP.
 - To improve access to quality and sustainable services in peri-urban villages, and in water-stressed and water quality-affected areas.

6. The **Ministry of Urban Development** approved a water supply project estimated at Rs 230.52 crore to augment the water supply in Navi Mumbai. The project is expected to benefit as many as 7.03 lakh residents of Navi Mumbai.

Divisions	% of households having		
	Latrine within premises	Open Defecation	Drainage connectivity
Amravati	29.88	69.8	62.99
Aurangabad	20.87	77.9	52.41
Kokan	53.58	31.6	35.36
Nagpur	40.68	58.3	44.01
Nashik	28.44	61.8	41.33
Pune	59.47	30.8	47.11
Maharashtra	38.00	55.8	47.81

Challenges and Loopholes

1) Social and Behavioural

- Resistance of people to take up a scheme common for a group of people in village.
- Open defecation in India is considered a social acceptable behavior. Main communities consider toilets unclean.
- Cleaning of toilets is a major issue as most people think they are not responsible for its maintenance. There is a lack of awareness about the impact of unclean toilets and the diseases transmitted.
- Insistence on the construction of an elevated service reservoir in place of a ground

reservoir, or insistence to have a reservoir of larger capacity. Faulty design, inferior quality construction material, lack of proper maintenance, lack of knowledge about proper toilet use, and insufficient running water, are reasons why people return to open defecation.

2) Programmatic

- Lack of capacity at state and district level for complete implementation and coverage of sanitation programmes.
- Inadequate survey and investigations, absence of smooth flow of funds, land acquisition problems and failure of officers to take cognizance.
- Terminating contract of first contractor for various reasons, the major reason being delay in execution, and thereafter difficulties in fixing new agencies. Increase in cost during execution for reasons such as excess quantities, extra items, etc. and cost escalation during delayed implementation, which requires revised administrative approval of Government.
- The potential role of Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activists (ASHAs) as sanitation promoters and motivators is understood. But given their busy schedule they are less able to prioritise sanitation. Also, there is acute lack of capacity at state and district levels to plan and implement sanitation programmes.

Recommendations

1) Social and Behavioural

- Encouraging people's participation in promoting sanitation issues especially among the urban poor through active involvement of NGOs/CBOs and Mohalla Committees. Decentralization of administrative power and delegation to the Ward and Area committees.
- Households and communities need to be educated on social, economic and health

benefits of adopting good sanitation practices. Anganwadi workers, ANMs, and ASHAs should be integrated with sanitation programmes to play an effective role in imparting knowledge on sanitation and hygiene.

- Linking sanitation to the pride and dignity of women (for example in Madhya Pradesh) has shown to resonate with men who are responsible for taking decisions for investing in toilets.
- To encourage sustained toilet use, the choice of toilet technology, building material and superstructure design should be left to communities and households to decide as stipulated in the NBA. This should engender a sense of ownership and ensure that toilets are used. Maintain transparency in functioning and redressal of public grievances by adopting web based grievance redressal system.

2) Programmatic

- To adopt PPP models wherever feasible and create employment opportunities in institutional selling of recyclable garbage and final products thereof, with the help of central policies. Adopting Monitoring systems at regular intervals. Imposition of special sanitary tax on hawkers / market places and commercial establishment, and effective cost recovery by adding special trade tax either in cess tax / vat tax by amending concerned law.
- The Central and State Governments may delegate necessary powers to the Municipal Corporation under the various provisions of Environment Protection Act, 1986 particularly sections 25, 26 and 27, for the protection of human environment by penalizing nuisance creator. Municipal standard services such as water purification and supply, super health facility, etc. shall develop on PPP basis, with municipal

authority having power to control price. The government should strengthen convergence by further aligning its flagship programmes of the ICDS, NRHM, MGNREGS and NBA to promote sanitation and hygiene.

- Capacity Development of Water and Sanitation Support Organisations (WSSOs) and district NBA coordinators should be prioritised. Ministry of Drinking Water and Sanitation has recently created a role for volunteer sanitation workers - *Swachchhata Doots* who are eligible to receive incentive payments under the NBA scheme. District and Local authorities should prioritise identification of *Swachchhata Doots* in all *Gram Panchayats* and ensure that they receive training.

Action Points

1. Adoption of a mission mode approach to sanitation in Maharashtra.
2. Close monitoring of the planning process in cities. Every area should have its own sanitation plan - reflecting on the localised needs and issues.
3. Implementation of quality IEC and public advocacy around sanitation. [sanitation should replicate of the Pulse Polio campaign model in the country]
4. Interdepartmental convergence.
5. Creation of supply-side institutions or support: municipal corporations should yearmark budgets for sanitation; propagate policy reforms at the municipal levels, which will enable better sanitation locally.

PUNE DECLARATION

TO WORK AND CONVERGE FOR ERADICATION OF OPEN DEFECATION BY 2020.

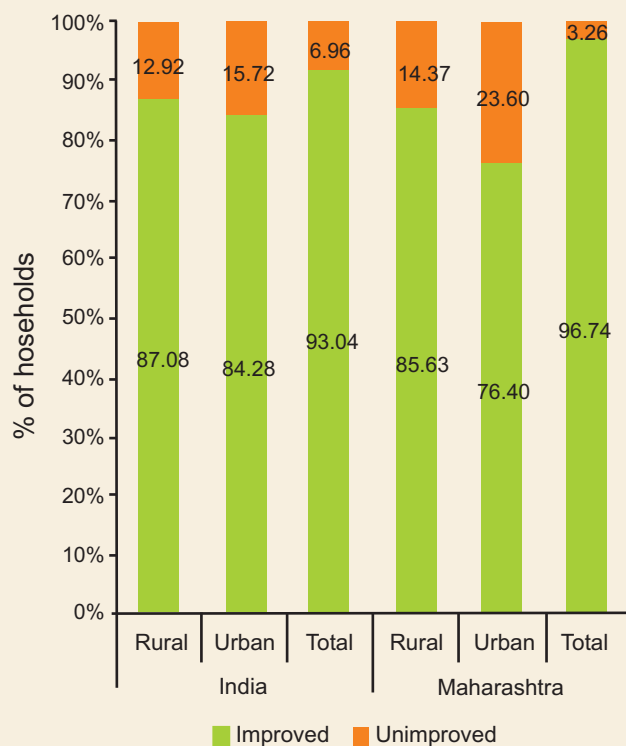
Sources:

National Urban Sanitation Policy – Ministry of Urban Development Govt of India.
 Nirmal Bharat Abhiyan – Ministry of Drinking Water and Sanitation.
 Wash atlas - Unpacking the Census 2011 Data on Water & Sanitation, Maharashtra – UNICEF.
 National Rural Drinking Water Programme – Ministry of Drinking Water and Sanitation.
 Water and Sanitation Report – UNICEF.
 Progress on drinking water and sanitation - Joint Monitoring Programme update 2012.
 Water Supply and Sanitation Department, Government of Maharashtra.
 Good Practices in Urban Water Management: Decoding Good Practices for a Successful Future, Asian Development Bank.
 Pune City Sanitation Plan-2012 by Pune Municipal Corporation.
 Sanitation and Stunting in India: Under Nutrition’s Blind Spot, Robert Chambers, Gregor von Medeazza, Economic and Political Weekly, 22nd June 2013.
 Internal Advocacy Briefing Note: Sanitation.
 Indian Open Sanitation Portal links. <http://indiasanitationportal.org/>
 World Health Statistics 2013, by WHO, WHO Press, Geneva, Switzerland.
 The Long and Short Open Defecation, By Dean Spears, The Hindu, March 14, 2013.

JMP definition

Category	Water Supply
Improved	Household concerns
	Public standpipe
	Borehole
	Protected dug well
	Protected spring
	Rainwater collection
Unimproved	Unprotected well
	Unprotected spring
	Vendor provided water
	Bottled water ¹
	Tanker truck-provided water ²

Annexure



1. Considered to be ‘unimproved’ because of concepts about the quantity of supplied water, not because of concerns about the water quality.
2. Considered to be ‘unimproved’ because of concerns about access to adequate amounts of water, about inadequate treatment, or about transportation of the water in inappropriate containers.

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