

SIKKIM HIMACHALPRADESH KERALA MANIPUR MEGHALAYA  
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Evaluation  
Study  
to  
Assess the  
Performance  
of Five  
Above-Average  
States  
in  
Sanitation  
Coverage

A report by



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**E v a l u a t i o n**  
**S t u d y**  
*to*  
Assess the  
Performance  
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Above-Average  
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Sanitation  
Coverage



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# LIST OF ABBREVIATIONS & KEYWORDS

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- APL** Above Poverty Line  
**BDO** Block Development Officer  
**BPL** Below Poverty Line  
**CLTS** Community Led Total Sanitation  
**ECO-SAN** Ecological Sanitation  
**GPU** Gram Panchayat Union  
**ICT** Information Communication Technology  
**IHHL** Individual House Hold Latrine  
**IMO** Indigenous Micro Organisms  
**IMR** Infant Mortality Rate  
**MDWS** Ministry of Drinking Water and Sanitation  
**MGNREGA** Mahatma Gandhi National Rural Employment Guarantee Act  
**ODF** Open Defecation Free  
**PC** Productive Centre  
**PDS** Public Distribution System  
**PHED** Public Health Engineering Department  
**RMDD** Rural Management and Development Department  
**SHG** Self Help Group  
**TSC** Total Sanitation Campaign  
**WASH** Water, Sanitation and Hygiene

**THE 6TH SCHEDULE** The 6th Schedule was created to ensure that the rights of tribal minorities within a state/domicile within a geographically defined area, are not dominated by the non-tribal population and such that their cultural rights and expressions are not subsumed within the framework of the latter. The District Councils and autonomous structures are vested with legislative, judicial, executive and financial powers. In short, these constitutionally mandated councils oversee the traditional bodies of local tribes such as the Syiemships and Dorbars and are solely responsible for the allocation and management of funds to Village Water and Sanitation Committees.

**FIXED POINT DEFECACTION** A direct pit latrine with no lid; a form of open defecation.

**OPEN DEFECACTION FREE** Nobody in a village or habitation defecates in the open – fields, roadsides or other areas – and this is evidenced by the lack of faeces in these areas and smell. According to MDWS, ODF is the termination of faecal-oral transmission, defined by no visible faeces found in the environment/village; and by every household as well as public/community institutions using safe technology option for disposal of faeces. Here, safe technology option means no contamination of surface soil, ground water or surface water; excreta inaccessible to flies or animals; no handling of fresh excreta; and freedom from odour and unsightly condition.



# EXECUTIVE SUMMARY

The Government of India made sanitation and hygiene a priority concern with various campaigns that were launched across the country in the 1970s. Today, the issue of sanitation has received much attention under the ‘Swachh Bharat Mission’, an initiative of the Central Government. Data available with the Ministry of Drinking Water and Sanitation (MDWS) in January 2015, indicates a few states have performed distinctly better than the others. The top five states identified from this data are Sikkim, Himachal Pradesh, Manipur, Meghalaya and Kerala that are covered in this study.

## 1.1. Objective

**The top five states identified from this data are Sikkim, Himachal Pradesh, Manipur, Meghalaya and Kerala**

This study was aimed at evaluating the trends in sanitation and hygiene in the five states that had performed above average with respect to sanitation coverage, as per the MDWS 2012 baseline survey. The main objectives of the study were to:

1. Analyse trends in sanitation and identify the inflexion points with respect to policy change, local factors, agencies and other change makers in the field of sanitation.
2. Explore the primary reasons behind what, how and why the major changes in the sanitation sector occurred in the five states and analyse the impact on health indicators.

3. Evaluate the basic factors, i.e. with respect to policy, funding, change in orientation and framework, governmental interventions, state level training and exposure programmes, that contributed towards these trends.

4. Interact with government, non-government and independent agencies who were involved with sanitation campaigns in the state.

5. Identify the major challenges faced by officials and agencies involved in sanitation campaigns.

6. Make recommendations for better implementation of sanitation policies at the state as well as national level.

## 1.2. Methodology

### The following methodology guided the investigation:

Secondary data on sanitation coverage and related health indicators were compiled for each of the five states.

A review of existing literature including government reports, reports from donor agencies, articles and other communication materials was conducted to get a better idea of the status of sanitation in the five states.

An ethnographic approach was adopted and the tool prepared was fairly open-ended. The basic structure of the tool was designed, based on the literature review and keeping in mind the broad theme of the objectives.

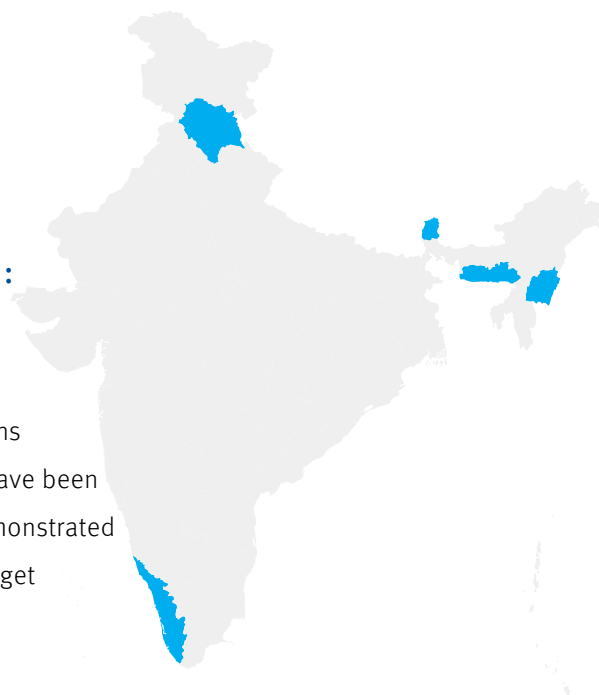
Purposive sampling method was followed to shortlist individuals and organisations (government and non-governmental) in the five states. These individuals were contacted and interviewed, personally and telephonically.

Focused Group Discussions were conducted with staff members of relevant bodies, like Village Sanitation Committees, Gram Sabhas, NGOs operating on the

field and other community members. Villages and towns where sanitation policies have been implemented, or which demonstrated high levels of sanitation target achievement, were visited.

On-ground experiences of Panchayat ward members, Panchayat heads and other local community members were documented.

These discussions provided interesting insights about the major changes, contributions and challenges in each of the five states, both at the level of policy as well as on the ground. The data from the five states has been compiled individually, to maintain the unique and context-specific nature of the issues related to sanitation and hygiene. The subsequent chapters discuss the main themes that emerged from each of the states, vis-à-vis the objectives mentioned above.



The top five states with above-average performance in the context of the 'Swachh Bharat' goals as per the MDWS data





### 1.3. Key Findings

#### 1. Community based action:

All five states have involved community leaders, organisations and agencies to spearhead the sanitation drive. These may include Panchayat representatives, Anganwadi workers, ward leaders and Swachhta Doots. In fact, participants unanimously emphasised on the role of community representatives in spreading awareness and mobilising people towards the adoption of good practices. Grass- root mobilisation, community engagement and awareness building programs were exponentially more effective in the sanitation campaigns across these states, vis-à-vis target based subsidy policies.

**Most of the states in the study, have largely involved village administration and Panchayat bodies in the dispersal of implementation policies.**

**2. Government efficiency:** The take away from states like Sikkim and Himachal Pradesh is the instrumental role of smooth governmental functioning and dedicated contribution by state level bodies towards encouraging and supporting community based campaigns. This is not only in the form of transfer of funds, but also in the way Government bodies respond to and take into account the needs and concerns of different stakeholders.

**3. Panchayati raj and village councils:** Most of the states in the study, have largely involved village administration and Panchayat bodies in the dispersal of implementation

policies. Barring Sikkim, it is only local leaders and representatives who are able to successfully reach out to their constituencies and villages, and effectively supervise the transformation that these campaigns entail.

**4. External agencies:** States like Kerala, Sikkim and Himachal Pradesh received substantial support from external agencies, whether national NGOs or international organizations like World Bank and World Wildlife Fund (WWF), who provided the requisite expertise and momentum to these campaigns.

**5. Innovative practices:** Some of the states have devised innovative local technologies and practices such as the toilets made of tin sheets and bamboo in Manipur, IMO (Indigenous Micro Organisms used as disinfectant and deodorising agent) and ECOSAN (Ecological Sanitation) in Meghalaya, the worming pit<sup>1</sup> in Himachal, which are ingenious ways of dealing with local needs within the possibilities available to the people.

**6. The role of women:** One of the primary findings from the report is the contribution of women workers and leaders who have been identified in most of states as essential change makers in the sanitation and

<sup>1</sup> Kitchen waste is collected and decomposed which is then used as fertiliser.

health department. It is therefore recommended that other states and national campaigns incorporate this aspect and involve a larger number of women activists and workers in future projects.

### 7. Cultural and social

**practices:** A wide range of cultural and social practices were motivators for the success in these states. This includes indigenous practices, often conceptualised and regulated by village councils and villagers themselves like the ‘Market Day/ village haat<sup>2</sup>’ in Meghalaya. Moreover, people of Sikkim are culturally tuned towards hygienic sanitation practices while in Kerala the development of socio political consciousness played an essential role in creating awareness on health and sanitation

### 8. Incorporating sanitation within the ambit of good health and social standard:

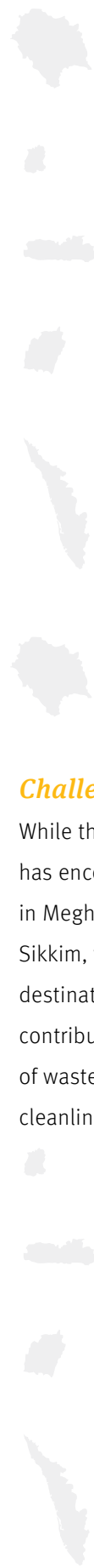
The success stories of some of these states have involved the strategy of incorporating sanitation within the general idea of good health. Often, people were disinterested to change sanitation habits until its health benefits were discussed along with possible

implications for social status and community acceptance.

### 9. The main challenges today

are with respect to management of solid and semi solid waste especially in and around urban areas.

- In low-lying coastal terrains like Kerala, the issue of construction of safe toilets remains. In mountainous terrains of Sikkim, Himachal, Meghalaya and Manipur, connecting pipelines from the water source to the village or individual households is difficult. Inaccessibility to water for cleaning purposes induces open defecation.
- While the hope for tourism has encouraged sanitation in Meghalaya, Himachal and Sikkim, which are popular destinations, tourism has contributed to the problems of waste management and cleanliness as well.
- The findings from Manipur points at the need to pay immediate attention to regions and states suffering from issues of security and political disturbances. This



### Challenges

While the hope for tourism has encouraged sanitation in Meghalaya, Himachal and Sikkim, which are popular destinations, it has also contributed to the problems of waste management and cleanliness.

<sup>2</sup> An individual is appointed from within the community by the village council who collects 10 rupees for instance from each trader/businessman/shopkeeper on the Market day which is used for cleaning up the entire village. On the market day, training programmes and awareness campaigns are done since it becomes an event of public gathering. Representatives from the PHED and other health officials are invited to talk to the community about good practices and especially about issues such as waste management and other practices of hygiene.



has not only affected access to water sources, but also artificially raised its price. In such conditions when basic necessities are not guaranteed, campaigns will not achieve their proposed targets.

- In some of the states, while individual latrine construction and use has now reached an optimum level, community complexes, for instance in schools and markets have not been successful, primarily because of the lack of supervision.

**A general force behind the achievement in these five states is an overall good status of education, income, access to resources and the consequent consciousness regarding health and hygiene.**

## 1.4. Recommendations

- To ensure that individual household based changes are made, there is a need to strengthen and support local governmental bodies
- Involving external agencies and organisations who are equipped to help and support local leaders in the dispersal of knowledge, skills and technologies need to be encouraged
- Grassroot organisations and local change makers who are spearheading the development and acceptance of locally relevant and cost effective strategies for sanitation need to be identified and provided with the requisite support
- Overall improvement in education and access to resources, where land and water are perceived as essential rights
- In disputed and difficult terrain there is an immediate need for policies to tackle issues related to solid waste disposal and management, and secondary concerns in sanitation, such as safer toilets and water



# SIKKIM

Sikkim, declared a ‘Nirmal Rajya’ in 2008, was the first state in India to achieve 100 per cent sanitation coverage<sup>3</sup>. It is a vivid example of all things that can go right and the extent of visible and measurable progress possible in the face of good governance and an aware public. To bolster the argument, shown below are Sikkim’s fund utilisation figures:

Component	Projective Target	Project Performance	Percentage Achievement
IHHL BPL	51,302	64,248	125.23
IHHL APL	35,712	36,550	102.35
IHHL TOTAL	87,014	100,798	115.84
School Toilets	1,604	2,277	141.96
Sanitary Complexes	789	1,132	143.47
Anganwadi Toilets	340	552	162.35
Rural Sanitary Mart	12	0	0.00

**Table 1** Targets Achieved- Sikkim

**Source** Report Card status of Swachh Bharat Mission (SBM) as on 9 /1/2015<sup>4</sup>

Share (Funds in Lakhs)	Approved	Funds Received	Utilisation	% of Utilisation against release
GOI	1338.56	2097.85	1915.00	91.28
State Share	440.74	1076.82	1201.59	111.59
Beneficiary Share	274.52	730.97	761.08	104.12
<b>Total</b>	<b>2053.82</b>	<b>3905.64</b>	<b>3877.67</b>	<b>99.28</b>

**Table 2** Funds Utilisation- Sikkim

**Source** Report Card status of Swachh Bharat Mission (SBM) as on 9 /1/2015<sup>5</sup>

<sup>3</sup> Rural management and development department. Government of Sikkim.

Available at <http://rdsikkim.org/Sanitation.html>

<sup>4</sup> Weblink: <http://sbm.gov.in/tsc/NBA/State.aspx>

<sup>5</sup> Weblink: <http://sbm.gov.in/tsc/NBA/State.aspx>



**Table 3**  
Health Indicators - Sikkim

**As of 2013**  
**Infant Mortality in**  
**Sikkim is 22/1000**

National Average is 40/1000

**Source** NHM state-wise information,  
Health Indicators as on 9/1/2015<sup>6</sup>

In February 2014, the fund utilisation against release was nearly 99.2 per cent for sanitation. Under the Nirmal Bharat Abhiyan (NBA) scheme, 100,798 individual household latrines were constructed against the target of 87,014 till January 2014, achieving 115.84 per cent of the target<sup>7</sup>. A massive forest cover and many spring water sources are other factors that act as enablers. Sanitation was linked to spring protection and thereby to drinking water security.

### 2.1. Other state level achievements

In Chuba Phong GP, water was a problem, and a proposal was submitted at the Gram Sabha level to construct a tank for each household. *“This would help in maintaining cleanliness and could be used in the kitchen garden as well. More importantly, it could be used for farming in the off-season,”* said Mr. Milan Kumar Chettri, Panchayat Member, Chuba Phong GP. He is considered instrumental to the project which led to a National Award for exemplary work done under MGNREGA for the GP. The project was initially set up in Namthang but has since been extended to other blocks and districts across Sikkim.

### 2.2. Potential pivot point(s) over the last two decades:

Dr. Chamling, Chief Minister, launched a community-led total sanitation campaign in 1999 for achieving full sanitation across the 7,096 sq. km area of the State<sup>8</sup>. The State Government instituted a ‘Nirmal Gram Puruskar’ (Clean village award) to encourage sanitation.

**Between 2003 and 2005, the Government undertook various initiatives and by 2008, the results began to become obvious. According to Chewang Lachenpa, General Secretary, Lachen Tourism Development Committee (LTDC), “The Sanitation Cell at Rural Management & Development Department (RMDD) was not so active earlier. After 2008, the Cell became pro-active”.**

According to Mr. D. R. Nepal, Secretary, RMDD, “The Government of India retracted funds meant for water and sanitation after 2008 since Sikkim was declared a Nirmal Rajya. In 2011 however, after an earthquake, there was massive destruction of infrastructure which also included toilets. A memorandum was submitted to the Centre and funds were allocated

<sup>6</sup> Weblink: [http://nrhm.gov.in/nrhm-in-state/state-wise-information/sikkim.html#state\\_profile](http://nrhm.gov.in/nrhm-in-state/state-wise-information/sikkim.html#state_profile)

<sup>7</sup> As per interview with a state government official this value was given to be as 98,043, which still reflects an achievement of 112.67 per cent of the target.

<sup>8</sup> The chief Minister also launched the Sikkim Organic Mission in 2003. It is his vision to see Sikkim as India’s first Organic State. Government officers, community members and NGOs are collaborating and working hard to make this a reality in the near future.



again”. He explained states are given funds on a sharing basis: “75 per cent is contributed by the Centre and 25 per cent by the state. However, among all the north-eastern states, Sikkim is a special category state, and in 2013, the fund allocation was changed to 90 per cent contribution by the Centre and 10 per cent by the state”.

Another potential contributor is the **Dhara Vikas Programme**, which was set up in 2008 to revive dying springs in 20 drought-prone gram panchayats (in active collaboration with WWF-India, People’s Science Institute, Dehradun et al). Mr. Sandeep Tambe, Special Secretary, RMDD, and responsible for

implementation of MGNREGA, was a key figure in its implementation. Water trails and holes/pits were created to prevent water from draining into the lower reaches and rivers. In the rainy season, the water was harvested at source in the upper reaches via these catchments.

### 2.3. Local success factors

**Political stability and good governance for over 20 years under the leadership of Chief Minister Chamling, has been a key propellant.** Dr. Chamling is perceived as a visionary and a man with ideas across the state. As mentioned earlier, he started the sanitation campaign in

**A transformer painted green in a public space in Namthang**



Sikkim more than a decade and a half ago. “He engages with people and GPOs at the ground level,” claimed Mr. AB Gurung, BDO, Namthang block, South Sikkim district, “there is an inherent trust that people of Sikkim have come to have in his policies, intentions and implementation”.

**Efficient fund disbursal, absence of red tape and the vision to see Sikkim as one of the wealthiest and most progressive states in India are some of Mr. Chamling’s goals. From time to time, the government has tried looping in NGOs to bolster their effort and reach out to the masses.**

As Mr. D. R. Nepal pointed out, “The CM’s slogan ‘Save water, save jungle’ is well known. His vision is to convert all BPL families to APL. The CMRHM (CM Rural Housing Mission) was launched in 2010 to ensure that all people have a house or farming land (based on where they live). The grant entitled by the Central Government is INR 89,000 but under CMRHM, INR 3.5 lakh is awarded for construction”.

The coexistence of an aware citizenry and good governance generates a system of mutual benefit. Sikkim has a high literacy rate and given its low population levels, the state has managed to steer clear of problems such as vandalism, or unwillingness to use sanitation facilities. People are responsive in general and willing to

make an additional effort to maintain their surroundings. For instance, in certain parts, people are willing to donate Rs.20-50 for garbage collection or to maintain cleanliness on a volunteer basis. Mutual respect warrants use of public facilities and rising income levels over time have improved access to sanitation further.

**An active Panchayat system has been instrumental at the village level in translating government policies into actions.**

Their effort ranges from speedy communication to the block and district level officials about village needs, to buying material for toilet construction in households. Much of this has been possible because of the state government support, which gives GPOs a fair amount of authority in deciding fund disbursal and leeway in deciding issues that are a priority.

NGOs in Sikkim have been catalysts to change by assisting the government, and working towards spreading awareness. The prominent NGOs include, ECOS, Kanchenjunga Conservation Committee (KCC), Dristi and Lachen Tourism Development Committee (LTDC). Many government officers have also been previously associated with or held key roles with NGOs. For instance, A. B. Gurung, BDO Namthang has been a member of the ‘Sikkim Paryavaran Samrakshan Sangh’, for over 15 years. He proudly displays a letter of appreciation from the

**NGOs in Sikkim have been catalysts to change by assisting the government, and working towards spreading awareness. The prominent NGOs include, ECOS, Kanchenjunga Conservation Committee (KCC), Dristi and Lachen Tourism Development Committee (LTDC).**



Department of Forest and Environment, Government of Sikkim, for efforts made. He believes that one must involve the youth and school children who then serve as mediators to the elders and the family.

## 2.4. Conversations with NGO members

**1. Kanchenjunga Conservation Committee (KCC)** engages in advocacy, and operates predominantly in South and West Sikkim. It provides training and capacity building for stakeholders. These include tourism operators, cooks, hoteliers, teashop owners etc. who are provided

information on water and sanitation, hygiene issues etc.

Kinzong Bhutia, executive member, on the subject of innovation, spoke about Eco-toilets, an initiative of KCC, that were made in collaboration with the World Toilet Organisation based in Singapore. “Designing is done by engineers but not by environmentalists. You need environment engineers who can incorporate measures to allow for better septic tanks,” he pointed out. The technology was locally adapted and set up in a local school. He suggests that it is for the government now to take the task up.

**People line up near a garbage collection truck in Gangtok on a Sunday morning. It allows for separation into dry and wet waste**

“*Designing is done by engineers but not by environmentalists. You need environment engineers who can incorporate measures to allow for better septic tanks.*”

Kinzong Bhutia, KCC



## 2. Lachen Tourism Development Committee

(LTDC) has been working in the sphere of culture, tourism and environment since 2006 in Lachen and Lanchung areas. Lachen and Lanchung have a Dzumsa system of local government, which is different from the Panchayati raj administration.



***Chips packets again were a menace. A system was set up, under which taxi drivers would be fined if their passengers were found littering the area. Training was given to students, women and SHG groups to make craft items from non-renewable waste items. Posters were put up all over to depict how garbage can be separated at source into degradable and non-degradable waste.***

Chewang Lachenpa,  
LTDC

The village head or 'Pipan' chooses a village administrator and 5 executive members. The villagers themselves elect these representatives and the Dzumsa deals with the government directly. If the Dzumsa chooses to support a government effort, the same is communicated to the village members who are more inclined to agree.

## 3. Chewang Lachenpa,

General Secretary LTDC, discussed specific issues, solutions and achievements. According to him, packaged drinking water was a problem. All water sources were tested and deemed healthy for drinking. Certificates were issued to establish proof of the same. Water filters were then distributed across various shops and hotels to prevent tourists from purchasing packaged drinking water. The certificates brought credibility. "Chips packets again were a menace. A system was set up, under which taxi drivers would be fined if their passengers were found littering the area. Training was given to students,

women and SHG groups to make craft items from non-renewable waste items. Posters were put up all over to depict how garbage can be separated at source into degradable and non-degradable waste," he said. He also mentioned a landfill construction proposal that had been submitted to the Dzumsa.

Mr Lachenpa recounted certain innovative practises. "A garbage collection truck was given by RMDD. A tie-up has been made with the local scrap dealer. The truck makes two rounds a week to households.

A Resource Recovery Centre has been set up in an abandoned school building to collect scrap material after seeking permission from the Education department. Here, plastic, tin, tetra packs etc. are all separated and then the scrap dealer collects them in bulk".

A door-to-door campaign and a cleanliness drive has also been part of LTDC's strategy. Mr Lachenpa described a system by which trekking trails are kept clean. "On trekking trails, packaged items that are carried by individuals are numbered. This generates a system of accountability. These items are to be brought back and disposed later," he said.

## 2.5. Government efforts

Under the rural water and sanitation scheme, all households have been sanctioned a tank, which is to be funded by the government. As mentioned earlier, 90 per cent of the fund for toilet construction is provided by the government. 10 per cent has to be contributed by the beneficiaries. NGOs are responsible for providing human resources. “Under MGNREGA, where there is water scarcity, we provide water-harvesting tanks. Rain water is also harvested in the rainy season and used for irrigation in the dry season,” points out Mr. Shital Pd. Pradhan, Chief Engineer, RMDD, Government of Sikkim.

Supervision in the field has been a key to good implementation practices in Sikkim. Officers and Panchayat members make frequent field visits to understand ground realities, connect with the people and devise innovative methods for improvement. For instance, in Namthang block, South Sikkim district, A.B. Gurung, the BDO officer, set up white boards in common areas to gather public opinion and complaints.

“Grazing is not allowed in forests; only in stipulated areas,” mentions an engineer at the RMDD. As a result, greenery has improved over the years. In 1998, the government banned grazing in reserved forest areas, plantation areas and water source areas; however, this ban was made stringent only in the last few years.

Every GP has a member called ‘barefoot engineer’ who is responsible for identifying proposed works, conducting technical surveys and supervising masons. “They are given machines for water treatment and the water is tested every quarter. They are also responsible for repair work,” says Mr Zion Lepcha, Secretary, Nagi Karek GP. He adds that if the funds for repair fall short, a local collection drive is organised or the ward funds salaries from households on volunteer basis. Use of plastic has been banned in the state.

To instil awareness among school children, the issue of sanitation could be incorporated into the school curriculum. As a step forward, the government has sent content to the HRD ministry that could be converted into chapters for school textbooks. “The government recognises that toilets for girls are necessary to reduce dropout rates and hence this is a priority issue,” says Mr. D.R. Nepal. He further adds, “At the senior secondary level, sanitary napkins are provided and vending machines have been installed”.

To counter the problem of water contamination, two state level laboratories have been set up in South and East Sikkim to test water. We were told that water in Sikkim does not have chemical contamination; only a certain amount of bacterial contamination. As a result, efforts have been made to

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*Under MGNREGA, where there is water scarcity, we provide water-harvesting tanks. Rain water is also harvested in the rainy season and used for irrigation in the dry season.*

Mr. Shital Pd. Pradhan,  
Government of Sikkim



**The white board on the top-right corner of the picture has been put up for residents to write their comments and share their opinions with the Government officers. This is in Namchi, Namthang, Sikkim**

shift toilets to locations that will avoid contamination of water sources.

A sanitation programme is organised every Saturday, wherein the Panchayat Secretary and members are present to motivate people and campaign. For over 10 years, ‘cleanliness drives’ have been organised in Sikkim where streets are swept and paper and plastic is collected and disposed. Recently this has been given a name under the PM’s campaign of Swachh Bharat Mission but Sikkim has had such practices for a long time.

Twice a year, a ‘Panchayat Sammelan’ is held and among other subjects, health

and sanitation are also discussed.

Praising the CM’s efforts, Mr. Shital Pradhan added that, “Sanitation issues need to be constantly discussed with the community since the population levels are always in a state of flux. Even though Total Sanitation was achieved in the state by 2008, new households that have come up need to be covered as well. Therefore, at all such events, the CM emphasises on the need to have 100 per cent sanitation. The same goes for schools, wherein with more enrolments, we increase the number of units”.

SHG/Cooperative and Panchayat members come together every month



to discuss various topics of concern pertaining to development and execution of plans. Gram sabhas and ward sabhas work towards motivating people to use water more efficiently and assist in installing taps in households. The 'Swachhata Prerak' also works with SHG and Panchayat members to run awareness programmes with households and in schools.

Solid waste management Compost Centres have been set up all over Sikkim. The one in Namthang was the first (established 2010) wherein non-degradable items/plastic items are being recycled to make sellable items such as dolls, cushions and pots for planting saplings.

The government mandates that all candidates contesting MLA and Panchayat elections must have toilets in their house to be eligible. Nagi Karek, Namthang Block has set up a Facebook page to discuss local issues and reach out to youngsters. Also, a website was set up which is currently inactive.

## 2.6. Impediments in the path towards total sanitation

- RMDD and NGOs have been working together on the Nirmal Bharat Abhiyan (NBA), but funding is given to the village committee directly. Occasionally, NGOs do not find out about these disbursements as there is a communication gap between the state and NGO. NGO members say better coordination among stakeholders would magnify the results.
- “More than one Swachhata Prerak is needed per block,” says Suresh Chettri, Swachhata Prerak, Namthang Block. He says one Prerak per block is not adequate. “Internet connectivity is bad in these parts and hence there is a problem in sending daily reports.”
- Kinzong Bhutia, KCC brings up the problem of immigrant people and labourers who take up odd jobs in and around Sikkim, “If you are from Nepal or West Bengal, you are not eligible for a grant for toilet construction from the Government of Sikkim”.

**Solid waste management Compost Centres have been set up all over Sikkim. The one in Namthang was established in 2010 wherein non-degradable items/plastic items are being recycled to make sellable items such as dolls, cushions and pots for planting saplings.**



- Mr. Karma Takapa says Sikkim has outdone its sanitation targets in terms of numbers but ground reality is different. He thinks the mind-set of people has not undergone a complete transformation and a lapse in such campaigns could reverse the process. There is still a tendency among people to go back to old practices.



*Just having a good toilet does not mean you are using them or using them hygienically. You need to teach children how to wash hands and use toilets. The government does have leaflets, but these can be incorporated in co-curricular for schools.*

Kinzong Bhutia, KCC

## 2.7. The way forward

Mr. Karma Takapa, stressed on the need to learn from mistakes previously made, rather than ‘reinventing the wheel’. He thinks that while the CM has good ideas, much needs to be done in terms of implementation and management. The situation in schools is still very bad and lack of water compounds the problem. According to him, the siphon in the Indian pan gets blocked due to the limited availability of water and because children sometimes throw garbage in it. “So why not design one without a siphon, such that the waste goes straight to the septic tank,” he suggests. He adds, “You have to work closely with students. Putting up posters, banners, or writing songs will not change things. It’s a generational (sic) issue and unless you start working now with the stakeholders, we won’t be able to

change things”. He also suggested that school classes take turns to keep toilets clean and hence take ownership of the facility.

Kinzong Bhutia, KCC added to the same line of thought by highlighting that “Just having a good toilet does not mean you are using them or using them hygienically. You need to teach children how to wash hands and use toilets. The government does have leaflets, but these can be incorporated in co-curricular for schools.” He also stresses on a more innovative toilet model for households wherein he says, “Below 500ft sea level, we can use biogas. Community septic tanks can be a good source for street lights, cooking etc.”

Chewang Lachenpa added, “A bottom-up approach is needed, from the village level. Good baseline data is needed and hence data collection should be good. Sikkim needs a solid waste management policy just as we have other policies that prohibit use of plastics etc.” He also said that while unregulated tourism is a problem, a policy for the same is in draft phase.

# HIMACHAL PRADESH

Himachal Pradesh (HP) presents one of the most promising scenarios with regards to water and sanitation conditions in India. Presented below is a quick look at the latest available data with regard to sanitation, i.e toilet construction and use, usage of funds under sanitation campaigns and health indicators (Infant Mortality Rate):

Component	Projective Target	Project Performance	Percentage Achievement
IHHL BPL	218,167	258,941	118.69
IHHL APL	632,583	806,790	127.54
IHHL TOTAL	850,750	1,065,731	125.27
School Toilets	20,738	18,858	90.93
Sanitary Complexes	1229	1027	83.56
Anganwadi Toilets	10,308	9551	92.66
Rural Sanitary Mart	59	27	45.76

**Table 4** Targets Achieved- Himachal Pradesh

**Source** Report Card status of Swachh Bharat Mission (SBM) as on 9/1/2015<sup>9</sup>

Share (Funds in Lakhs)	Approved	Funds Received	Utilisation	% of Utilisation against release
GOI	13118.40	16837.08	10779.94	64.03
State Share	4997.33	4359.31	3886.96	89.16
Beneficiary Share	1516.82	949.82	888.23	93.52
Total	19632.55	22146.20	15555.13	70.24

**Table 5** Funds Utilisation- Himachal Pradesh

**Source** Report Card status of Swachh Bharat Mission (SBM) as on 9 /1/2015<sup>10</sup>

<sup>9</sup> Weblink: <http://sbm.gov.in/tsc/NBA/State.aspx>

<sup>10</sup> Weblink: <http://sbm.gov.in/tsc/NBA/State.aspx>



**Table 6**  
Health Indicators-  
Himachal Pradesh

*As of 2013  
Infant Mortality in  
Himachal Pradesh  
is 35/1000*

National Average is 40/1000

**Source** NHM state-wise information,  
Health Indicators as on 9/1/2015<sup>11</sup>

The state boasts of a 125 per cent rate of achievement under NBA where more than 10 lakh households, both below and above the poverty line, have been provided for with individual household latrines. Along with this, there has been an approximately 90 per cent achievement rate with respect to sanitation coverage and toilet construction and use in schools, Anganwadis and other identified community level sanitary complexes. A closer look at the development of a pro-sanitation attitude in the state points at a multitude of factors that have facilitated the acceptance, prioritisation and implementation of the sanitation campaigns undertaken by state sanitation and rural development agencies in a successful way.

### **3.1. General factors contributing to the success of sanitation campaigns**

#### **1. Education and high income:**

According to Mr. Hemis Negi, Deputy Secretary and Joint Director of the Rural Development Department, the high level of acceptance of good sanitation practices among people can be attributed to the educational standards in Himachal Pradesh, which is above average when compared to many other states in India. Moreover, Mr. Negi points out that majority of the urban as

well as rural population in HP have a fair standard of living and are economically well off, predisposing them to a positive attitude towards personal and collective hygiene and high health standards.

#### **2. Awareness programmes:**

Mr. Jharta, Consultant with the Rural Development division, who has been actively engaged with the sanitation programme of the Government of Himachal Pradesh, emphasises the aspect of ground level awareness that is achieved through the various state awareness building initiatives and training programmes, as a significant factor that has contributed to a general enthusiasm among people, for working towards better health and sanitation conditions.

#### **3. Efficiency of state agencies:**

Mr. Mishra, who is the Executive Director of the Himachal Pradesh Voluntary Health Organisation (the state chapter of the national level organisation of the same name) is also associated with government agencies as well as various non-governmental organisations working on health, sanitation and related aspects in multiple districts of HP. He believes that there is a unique characteristic within the government machinery in Himachal Pradesh, which makes effective implementation of policies possible in the state. Based on his prior experience of working

in other states, and his personal experience of liaising with government and private agencies in HP, he claims that a smooth and efficient connectivity between the political, bureaucratic and community based bodies, enables the communication of ideas, suggestions and evaluations to and from different sectors and departments involved in a project. He appreciates this “willingness to listen” that can be observed among the bureaucrats and other officials in Himachal, which is essential for policies and plans to take shape at the grass-root level. Similarly, support from the government agencies responsible for undertaking sanitation campaigns is acknowledged by representatives of local self-governing bodies like the Gram Panchayat Pradhans from Mashobra Block of Shimla district, under which, most of the villages have been declared total sanitation villages or Nirmal Gram Panchayats.

### **3.2. Significant factors in the path towards total sanitation**

#### ***1. Primary role of Gram Panchayats:***

The GPs representatives said the level of achievement that has been made possible when it comes to sanitation and waste management in Himachal is primarily attributed to Panchayati Raj institutions and Gram



**Water and Sanitation Park,  
Mashobra**



**Samples of toilets and waste management technologies**

Panchayats that have actively and enthusiastically pursued the campaign along with support from state officials. Mr. Jharta and Mr. Negi report not only was water and sanitation the topic for exposure visits and training programmes organised at the state as well as block and district levels, but it was also discussed and prioritised at Gram Sabha meetings and meetings held with block, district and state level representatives. General awareness about sanitation and related health outcomes was thus shared and spread through formal and informal discussions and by encouraging good practices via competitions and other community participatory programmes. For instance, reports suggest that the use of art and cultural programmes, slogan writing, banner and poster making, and such creative initiatives were encouraged as part of the larger sanitation campaigns.

## ***2. Support from non-governmental organisations:***

Mr. Jharta and Mr. Mehta, Project Economist with the District Rural Development Agency, who handled sanitation projects in Shimla district, pointed out that the sanitation drive got a big push in 2007 along with the Government of India's 'Community-led Total Sanitation' (CLTS) programme, when international and national organisations like the World Bank and Knowledge Links joined the state-based agencies to motivate and mobilise

people in accepting sanitation. Mr. Mishra said the Total Sanitation Campaign (TSC) was successful in HP because of the active involvement of external agencies. They brought in expertise and exposure in addition to adequate government funding and political and bureaucratic will. This was also the time when the TSC programme changed from a completely target-based policy, where the number of toilets constructed was counted as achievement points, to the more effective CLTS initiative where community participation and mobilisation was given priority.

### **3.3. Strategies for the implementation of water and sanitation policies**

Summarising the strategies that were discussed by respondents, the following are the important aspects of the Himachal Pradesh sanitation model:

#### ***1. Need-based assessment:***

Since Himachal Pradesh is so diverse in terms of topography and land conditions, it was important to identify the need of each and every region, that is, village or district, which formed the basis for further technical planning (the type of toilet to be constructed), as well strategy for social mobilisation (the focus areas in dialogue with local community members).

#### ***2. Behaviour change as opposed to subsidy:***

One of the most important factors which is upheld as instrumental in the success of the campaigns in HP is the fact that the state did not go about providing subsidies to people for the construction of toilets. Instead, the focus was on generating awareness and people-to-people, door-to-door interactions through which the community was encouraged to adopt sanitation. This had a snowball effect, according to the officials, who observed that with time, individuals who lagged behind in terms of toilet use, were marked and ostracised. Moreover, a close-knit community as that of rural HP, when a few households actively adopted good sanitation practices, automatically motivated others to follow suit. This was encouraged further by community leaders, Gram Panchayats, Mahila Mandal workers and other stakeholders who regularly visited households and held discussions regarding the positives of the sanitation campaign with respect to disease control and health outcomes. The subsidy amount was paid to a Gram Panchayat once the entire village had achieved total sanitation status.

#### ***3. Propagating ideas of shame and disgust related to open defecation:***

The feelings of shame and disgust were elicited by discussing how open defecation may lead to contamination of water sources thereby



**Kitchen and vegetable waste used as worming compost**

polluting their drinking water. It was also emphasised that social status and dignity is achieved when a level of privacy is maintained with respect to defecation and related sanitation practices.

#### **4. Competitiveness:**

This was another important factor in the course of TSC that was essential in motivating Gram Panchayats. Mr. Jharta cited the Maharishi Valmiki Sampurna Swachhta Programme which is run by the HP Rural Development directorate and is similar to the Nirmal Gram Puruskar. Under this, Panchayats are awarded a sum of money if they are adjudged the best panchayat in terms of sanitation practices in the State. Other than this, individual mahila mandals and NGOs were encouraged to participate and spearhead the sanitation programme through such rewards. Gram Panchayats that performed well were not only rewarded monetarily but were also felicitated in other ways, for instance, by marking their representatives as a resource people who then shared their experience with other Gram Panchayat members.

#### **5. Role of women:**

Leaders of local governments or Gram Panchayats, as well as higher officials, believe that women workers who were part of the mahila mandals in villages should be given the largest share of credit for the success of the sanitation drive. Mahila mandal samiti members were in the forefront with regard to accessing, contacting and interacting with households during the campaign.



### 3.4. Innovative technologies

In terms of innovative practices and technologies, the locally useful worming pit and soaking pit were mentioned as common waste management techniques being used across districts of HP. The Rural Development Department is also looking at working on new technologies for solid and liquid waste management in the future.

### 3.5. Impediments in the path towards total sanitation

The officials interviewed said one of the major challenges initially was the traditional practice of open defecation in villages which was preferred over the construction and use of toilets. With time, and the successful communication of the message of hygiene, shame and safety, this has gradually changed.

However, certain considerations remain. For instance, one of the main challenges in HP is getting water in difficult terrain and cold weather perpetuating open defecation. Secondly, more focused research is required to evaluate the health impact of sanitation even though health indicators were used as motivators during the mobilisation phase of the campaign.

### 3.6. Current challenges to water, sanitation and health in HP

Gram Panchayat members and leaders pointed out that sanitation campaigns are becoming irrelevant in HP because most people already have and use toilets. They say the new urgency is how to manage non-biodegradable waste generated by residents and the large number of tourists. There is an immediate need to identify the waste management issues of these areas and introduce strategies that can help in advancing the cause.

### 3.7. The way forward

Mr. Mishra made two suggestions that are important to consider in the context of HP. He believes that a Public-Private partnership model can be built where public funding and corporate funding coming from the CSR wings of industries that function in the state, are combined in a meaningful way so that optimum utilisation of resources is possible and better sanitation and water conditions are achieved.

Secondly, he emphasised the need to recognise the large number of visitors and migrant population in the touristic towns of HP, which is essential to form an accurate picture of health, water and sanitation conditions in

**The officials interviewed said one of the major challenges initially was the traditional practice of open defecation in villages which was preferred over the construction and use of toilets. With time, and the successful communication of the message of hygiene, shame and safety, this has gradually changed.**



## **An aerial view of Shimla, Himachal Pradesh**

the state. The mismatch between the local population numbers that are presented in official data and the actual utilisation of resources that happens in the state, pertaining to the constant influx of visitors and workers in various industries, creates false indicators and often prevents external intervention and support. The same may be relevant at the national level as well, where a large section of the population in various states, remains unaccounted for because of their migrant status, and thus become difficult to access or include in campaigns for sanitation. Lastly, as Mr. Mehta recommends,

the effectiveness of a subsidy-based initiative should be questioned, where people are more interested in the monetary reward rather than in adopting good sanitation practices. Instead, the HP model suggests a grass-root level awareness initiative, which focuses on impactful dialogue that may lead to positive behavioural changes, followed by support and appreciation of good practices through reward and publicity.

## KERALA

The state of Kerala has been highly successful in its water and sanitation campaigns across sectors and in most regions of the state. Presented below is the latest data with respect to sanitation coverage in Kerala:

Component	Projective Target	Project Performance	Percentage Achievement
IHHL BPL	961,831	1,044,050	108.55
IHHL APL	111,911	143,588	128.31
IHHL TOTAL	1,073,742	1,187,638	110.61
School Toilets	3600	4398	122.17
Sanitary Complexes	1090	1112	102.02
Anganwadi Toilets	4957	5134	103.57
Rural Sanitary Mart	98	91	92.86

**Table 7** Targets Achieved- Kerala

**Source** Report Card status of Swachh Bharat Mission (SBM) as on 9/1/2015<sup>12</sup>

Share (Funds in Lakhs)	Approved	Funds Received	Utilisation	% of Utilisation against release
GOI	11873.91	14599.01	13633.13	93.38
State Share	5544.08	6555.54	5589.30	85.26
Beneficiary Share	4771.93	7937.23	6393.14	80.55
Total	22189.92	29091.78	25615.57	88.05

**Table 8** Fund Utilisation- Kerala

**Source** Report Card status of Swachh Bharat Mission (SBM) as on 9 /1/2015<sup>13</sup>

<sup>12</sup> Weblink: <http://sbm.gov.in/tsc/NBA/State.aspx>

<sup>13</sup> Weblink: <http://sbm.gov.in/tsc/NBA/State.aspx>

**Table 9**  
Health Indicators - Kerala**As of 2013**  
**Infant Mortality in**  
**Kerala is 12/1000**

National Average is 40/1000

**Source** NHM state-wise information,  
Health Indicators as on 9/1/2015<sup>14</sup>

The percentage of achievement against planning with respect to Individual Household Latrines and school toilets, Anganwadi and community complex latrines has been more than 100 per cent. Watershed and other conservation strategies as well as solid and liquid waste management work is being done simultaneously. The state boasts of one of the lowest infant mortality rates in the country (12/1000), which can partly be attributed to the positive water and sanitation practices.

**4.1 General factors contributing to the success of sanitation campaigns**

Kerala's achievement of superior water and sanitation conditions and the success of the TSC and related sanitation initiatives in the state is rooted in its unique socio-cultural and socio-political environment that developed due to circumstances quite unlike other states of India.

**1. Education:** The state has the highest level of literacy in the country which is viewed by many as being very closely associated with ideas of hygiene, sanitation and health. Mr. Jagjivan, an activist with the Kerala Sasthra Sahitya Parishad, who has been involved with the sanitation programme, pointed out that educated women were specifically

instrumental in the implementation of sanitation policies.

**2. Economic growth and emigration:**

According to Mr. Shibu Nair, Director of the Sustainable Resource Use and Management Programme at Thanal, an NGO that works on various socially relevant issues including sanitation and waste management, the high average income level of the region, coupled with the 'Gulf effect' i.e., a large number of locals migrating to Gulf countries to work, has created a 'demonstrative effect' in many households in Kerala, where exposure to western standards of sanitation and hygiene is being emulated locally. Moreover, he emphasised that with the growth in per capita income, the demarcation between urban and rural has blurred, making it affordable and preferable for rural households to willingly construct toilets and adopt good sanitation habits.

**3. Socio-political movements:**

Mr. Chitter, Programme Officer with the Health division of Succhitwa Mission of the Government of Kerala, said the socio-political movements that happened in 1960s in Kerala contributed towards the development of a general awareness regarding the importance of health and sanitation. With the Land Reforms Act of the same period, people became owners

of their own land and were thus made responsible for taking care of land and related assets. The 'right to land' then led to the willingness to adopt healthy and hygienic practices that would prevent the contamination of land and water resources.

#### **4. Missionary institutions:**

Mr. Chitter highlighted the role played by Christian organisations and missionary bodies that were active in spreading the concepts of hygiene, cleanliness and sanitation. Mr. Nair gave credit to the political history of Kerala, which was marked by Communism and produced in people the agency to speak about rights and demand social reforms.

### **4.2 Significant factors in the path towards total sanitation**

Mr. Jitendran, Director of Social Justice, Government of Kerala, who was associated with the sanitation programme at the Rural Development Division previously, spoke about all the factors that came together in the late 1990s, to accelerate the sanitation initiative in the state.

**1. Kerala Total Health and Sanitation Mission:** Under the guidance of Mr. M. P. Parameswaran of the Kerala Shashtra Sahitya Parishad a task force was created to advocate

various policies under the Information-Education-Communication cell. This cell, which was an autonomous body under the state government, came out with a comprehensive plan to implement programmes for health and sanitation. The Kerala Total Health and Sanitation Mission were set up for capacity building of Panchayats and other local bodies across the state.

#### **2. The Decentralisation**

**Movement:** Gram Panchayats were allocated funds and provided support and autonomy to administer various programmes of the state government, including strategies for accomplishing total sanitation in their respective regions. A decentralised system allowed for local self-governments, neighbourhood self-help groups, women associations and other local agencies to plan, strategise and implement programmes relevant in their own regions.

#### **3. The Women's Empowerment**

**Movement:** The development of a decentralised system of functioning and policy implementation coincided with the women empowerment movement under which organisations like Kudumbashree and other women associations became actively involved in these programmes.

**With the growth in per capita income, the demarcation between urban and rural has blurred, making it affordable and preferable for rural households to willingly construct toilets and adopt good sanitation habits.**



#### 4. The Total Literacy

**Campaign:** Mr. Jagjivan said sanitation followed the Total Literacy Campaign that was launched in the 1990s during which the state curriculum included chapters on health and sanitation, thereby encouraging good practices of personal and collective hygiene.

### 4.3. Strategies for the implementation of water and sanitation policies

**1. People's planning:** Since 1997, the community and CBOs have been actively involved in the planning and implementation of sanitation programmes. Mr. Chitter said in many villages, people constructed toilets themselves once a certain level of awareness was achieved and in households that could afford to do so.

**2. Demand creation-Policy-Supply:** The sanitation programme used a 'bottom-up' approach, where first the demand was created by mobilising people and engaging them with the idea of good sanitation practices. This was followed by subsequent planning and policy making at the district, block or village levels, who then put up an application seeking support for sanitation initiatives from the state departments. This led to the supply of funds and technology for the transformation of a village into a Total Sanitation Village.

#### 3. Village-centred approach:

Mr. Nair pointed out that the overall approach was to concentrate on one village, achieve total sanitation standards there and then move on to the next village. Under this approach, the community of one particular village was engaged, trained and made aware of issues regarding health and sanitation and encouraged to participate in the campaign by building toilets and thinking about, or devising strategies for waste management etc. Mr. Jitendran stated that while TSC models were being tried out in one village, it became visible to people in and around that area and thus led to the acceptance and popularity of these models.

#### 4. Linking sanitation to health:

The officials interviewed from Kerala emphasized that sanitation was not a priority initially for people and therefore it was essential to associate it with ideas about personal and public health which attracted more attention from the community. For instance, people were told about how conservation and cleaning of water resources and use of clean toilets can protect against diarrhoea and other water related diseases.

#### 5. Pool of resource persons:

According to Mr. Jitendran, a pool of resource people who advocated strategies and policies for water

**The overall approach was to concentrate on one village, achieve total sanitation standards there and then move on to the next village. Under this, the community of one particular village was engaged, trained and made aware of issues regarding health and sanitation and encouraged to participate in the campaign by building toilets and thinking about, or devising strategies for waste management etc.**

conservation and sanitation, was trained and involved in the sanitation campaign between 1997-2002. These resource persons were from the state and could thus relate to the local communities and spread the word more effectively as opposed to external agencies.

#### **4.4. Innovative technologies**

Techniques like vermi-compost and waste management through biogas have been employed as part of the sanitation campaign across the state. In one village, a group of women were trained in masonry so that they could go about constructing toilets in their region.

#### **4.5. Impediments in the path towards total sanitation**

Some of the main challenges that were faced during the sanitation campaigns and which continue to be difficult issues in the state have been listed below:

1. Lack of awareness among certain backward communities who prefer traditional methods of sanitation. These communities also lack access to education and related standards of living, thereby making it difficult to convince them about the construction and use of toilets.

2. Kerala has many coastal regions, which are low lying and have inherent issues with toilet construction and use. Certain fishermen communities who live in these regions have their own cultural values and traditions and are resistant to change.

3. According to Mr. Nair, the border areas have migratory populations who differ in language and socio-cultural practices and are difficult to access and work with.

#### **4.6 Current challenges to water, sanitation and health in Kerala**

According to the respondents, Kerala now faces some second generation issues with regard to sanitation that have become important to address. Mr. Nair referred to a recent study that found a high rate of contamination in the water of open wells, which are the main sources of drinking water in most of rural Kerala.

Dr. Kurian Baby from the International Water and Sanitation Centre (IRC) spoke about the same issue at the India WASH Summit, 2015 specifying that unscientific toilets that lead to the overflow of faecal matter and other waste discharge, and cause maximum



contamination of wells, are as big a problem as open defecation. Thus, the high rate of toilet construction in the state has been accompanied by an equally flourishing business of ‘emptying pits and dumping waste in the open’ causing further problems of contamination. The challenge now is to develop safer toilets that are at a certain distance from the wells, so that the waste from toilets does not affect water; along with a comprehensive plan for disposal and management of waste from the pits.

**The high rate of toilet construction in the state has been accompanied by an equally flourishing business of ‘emptying pits and dumping waste in the open’ causing further problems of contamination. The challenge now is to develop safer toilets that are at a certain distance from the wells, so that the waste from toilets does not affect water.**

## 4.7 The way forward

The respondents stressed on the need to recognise land and water rights in other states of India as essential for water, sanitation and health campaigns to succeed. There is also a need to explore newer and innovative strategies for waste management and segregation of organic and inorganic waste at the local level.

While Mr. Chitter highlighted the need for low cost and effective technologies in the sanitation and waste management sphere, Mr. Nair emphasised that public health has to be seen within the context of environmental health where, peoples’ well-being is closely associated with the conservation of natural ecosystems. Finally, Mr. Jitendran pointed out that the future should focus on decreasing morbidity rates and not just achieving a low mortality rate. The latter is already declining in Kerala, but what is important is to control more chance of disease and protect every aspect of good health.



# MANIPUR

Manipur, located in the north eastern region of the country, has 69.23 per cent of its total population living in the hills while the remaining 30.77 per cent resides in its plain areas. Hence its problem is two-fold; the increasing density of population in the valley region creates pressure on water resources, while law and order of the state and the long drawn conflict especially in the hilly belt leads to problems in implementation, monitoring and evaluation of schemes. Presented below is a tabular representation of recent data with respect to sanitation coverage:

Component	Projective Target	Project Performance	Percentage Achievement
IHHL BPL	194,887	159,658	81.92
IHHL APL	68,367	59,183	86.57
IHHL TOTAL	263,254	218,841	83.13
School Toilets	3919	3919	100.00
Sanitary Complexes	386	320	82.90
Anganwadi Toilets	1201	1201	100.00
Rural Sanitary Mart	35	20	57.14

**Table 10** Targets Achieved- Manipur

**Source** Report Card status of Swachh Bharat Mission (SBM) as on 9/1/2015<sup>15</sup>

Share (Funds in Lakhs)	Approved	Funds Received	Utilisation	% of Utilisation against release
GOI	7908.73	7116.41	5775.11	81.15
State Share	2579.50	1197.42	1287.13	107.49
Beneficiary Share	785.80	836.55	448.34	53.59
Total	11274.03	9150.38	7510.58	82.08

**Table 11** Funds Utilisation- Manipur

**Source** Report Card status of Swachh Bharat Mission (SBM) as on 9 /1/2015<sup>16</sup>

<sup>15</sup> Weblink: <http://sbm.gov.in/tsc/NBA/State.aspx>

<sup>16</sup> Weblink: <http://sbm.gov.in/tsc/NBA/State.aspx>



**Table 12**  
Health Indicators - Manipur

**As of 2013**  
**Infant Mortality in**  
**Manipur is 10/1000**

National Average is 40/1000

**Source** NHM state-wise information,  
Health Indicators as on 9/1/2015<sup>17</sup>

As suggested by the latest dataset available with the Ministry of Drinking Water and Sanitation, Manipur has 83.75 per cent individual latrine coverage and 100 per cent coverage in schools and Anganwadis. The baseline conducted in the year 2012, reports that 2,212,232 households have toilets and while 210,146 households were without toilets, spanning 10 districts, which implied that the coverage was about 51.28 per cent.

The data shared by the water testing department of Manipur Public Health Engineering Department (PHED) reports that the target for setting up district labs and field test kits in the year 2014-15 was 3,960 district labs and 1,320 test kits. However, only 35 per cent of the district labs have been set up, while 71% of test kits have been installed as on October 2014. The IMR rate in Manipur is 10, which is lower than the national average of 40 for the year 2013.

## 5.1. Strategies for the implementation of water and sanitation policies

**1. Cultural practices:** According to the PHED Chief Engineer Mr. Swamikanta Singh, although the community has practiced fixed point defecation for centuries, convincing them to use a toilet complex has been

difficult. Yet, owing to the priority the community in general attributes to hygiene and cleanliness, it was relatively easy to generate a positive behavioural outcome. “The space for defecation is considered profane and after using it, individuals are supposed to take a bath,” explains Mr. Jelshyam Singh, Director of Jan Shikshan Sansthan (JSS).

### **2. Extensive awareness campaigns being organised across the state:**

Awareness campaigns in schools, community halls (present in all villages) and in government offices are being undertaken to sensitise people. WASH rallies are also conducted across the state with students and enthusiastic community members, Village Sanitation Community workers and state level government servants, according to Mr. Swamikanta. Marketplaces are cleaned and maintained through community participation facilitated through the local clubs.

### **3. Innovative practices:**

Need-based innovations have been done in the state to combat some of the challenges pertaining to implementation. Since the cost of raw materials is high, the PHED chief engineer and his team has innovated low cost ‘twin pit’ toilet structures using cheaply available material such as tin

sheets for the construction of the toilet walls and roof. "I insist that people construct the pit using bamboo and cow dung (which is a natural disinfectant) with a minimal use of bricks since the cost of bricks in this state is extremely high," he says. A number of waste management bins are also being constructed in some of the villages to mechanically separate biodegradable from non-biodegradable waste.

#### **4. Sanitation being incorporated into other development projects:**

Of late, international organisations and funding agencies in Manipur have been focusing primarily on the issue of peace and conflict resolution, said Mr. Singh. Therefore, sanitation is being incorporated into these programmes. "However, there are certain drawbacks to this as well. Projects that focused entirely on sanitation issues are now being discontinued due to a scarcity of funds," said Mr. H. Behari Singh, Project Coordinator, Wangjing Women and Girls Society, Thoubal district.

**5. Model villages:** Model villages which focus on water management and distribution, waste management and sanitation coverage are being developed across the state. Better utilisation of funds and mobilisation of resources along with assistance from the PHED are some of the factors that have contributed to such results. These villages are Hararou in East Imphal

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## **5.2. Case study of the Hararou village, East Imphal District, Manipur**

- PHED took the initiative to convert a well into a reservoir which could supply water to 180 households.
- The village has total sanitation coverage.
- The Chief Engineer from the PHED donated 30 standard stoppers, which were installed in community taps and household water taps as a way to regulate the water supply and monitor distribution. These stoppers are attached to the taps which are enclosed in a lockable metallic case which is locked if the water tariff is not paid to the Village Sanitation Committee. This is also a measure to minimise water wastage.
- The task of monitoring and distribution is the responsibility of the Village Water and Sanitation Committee.
- The distance between the platform and the tap is not kept too high to ensure limited and equitable distribution of water.
- The Village Water and Sanitation Committee levies a fixed tariff of Rs.150 per individual for individual connections and Rs.40 for community taps. A total of Rs.13,000 is collected monthly, from which the salaries of the lineman and the chowkidar are paid.
- The village has been able to construct 182 low cost sanitary latrines.
- The expenses for maintenance and salaries of the sanitation committee members are met from the money collected through distribution and the rest of the amount is saved in the community fund.
- The PHED also provides subsidy on electricity bills. The Hararou model is now being replicated by the other villages in the district.



**Mr. Swamikanta, Chief Secretary, PHED, demonstrates the technicalities of a waste separator at the PHED, Imphal**

District, Matiza in Shoushanpur District, Bungtechiru Chiru in the Senapati District, Longchai in the Tamenglong District and Kamaranga khasi which is a Khasi village.

### 5.3. Impediments in the path towards total sanitation

**1. Non-release of funds (as per the PHED):** Cost recovery for the constructed toilets is one of the biggest dis-incentives for the communities,

especially for the BPL households. The requirement currently is Rs.22 crore while only Rs.7.2 crore has been received from the Centre and Rs.2 crore from the state government, reported Mr. Swamikanta Singh.

However, Mr. Singh also reported that, “even though there has been more construction than the reported numbers, it is not possible to update the IMIS (Integrated Management Information System) unless the reimbursements are made as per the policy guidelines”. This suggests that the toilet coverage is more than what is reported in the SBM (Swachh Bharat Mission) portal.

#### 2. Accounted expenses that increase the per unit cost of raw materials:

The dismal state of law and order owing to the operation of subversive groups in the state, impacts the labour and raw material costs. These groups levy illegal tariff on the trade routes along the NH 102, which is the “lifeline of the state”, according to Mr. Swamikanta. The state has also requested the Centre to expedite the process of constructing the NH 39 which will open up trade routes and enhance Manipur’s connectivity.

#### 3. Power problems led to closure of electricity-based schemes<sup>18</sup>:

The power requirement in the state is 170MW and the current supply is barely up to 50MW from

<sup>18</sup> Rapid Rural Water Supply and Sanitation Assessment-Manipur published in 2005, by Indicus Analytics



different sources as reported in 2013. It has also been reported that the major rivers in the Imphal region, namely rivers Imphal and Iril, are drying up and clogging due to the abysmal conditions of waste management. Currently the National Hydroelectric Power Project has been generating 105MW using the lake water.

**4. Lack in servicing (as per the community):** Failure in maintenance of community toilets, water reservoir, etc., as reported by the community, are some of the failings of the concerned authorities. “The pipelines are old and degenerating and therefore the water gets contaminated from seepage of

dirt into these pipelines. Due to lack of adequate knowledge, villagers are ill-informed and toilets are built close to the pipelines, which leads to water seepage and leaking pipelines,” reported the Water and Sanitation Committee of the Thoubal district.

#### **5. Acute shortage of water:**

Access to safe water has been a major problem in the state since water sources are dwindling due to deforestation and quarrying activities undertaken in the catchment areas. People access drinking water from the nearest water bodies and consume after boiling. Solid and non-biodegradable waste disposal is another problem that the

**A stopper installed inside a metal case to regulate usage of water in Hararou village**

**Projects that focused entirely on sanitation issues are now being discontinued due to a scarcity of funds.**

Mr. Swamikanta Singh,  
PHED



## A community toilet complex in Hararou village

state is currently combating. It has led to major contamination of potential water sources thus making people rely on private distribution channels which charge more than Rs.100 per 500 litres. The Village Water and Sanitation Committee operating under the PHED does regulate the prices through price ceiling, yet “there is no way to prevent the seller from levying exorbitant water tariffs. We can only decide and impose the rates”, said the secretary

of the Thoubal Water and Sanitation Committee. The PRI (Panchayati Raj Institution) of Charangpat village added, “The village has only one reservoir which only covers up to 100 households. Water supply to individual households is only for 45 minutes on alternative days.”

Moreover, the water supply plants of Porompat, Moirangkhom, Canchipur, Iriblung, Chinga, Ningthem, Pukhri and Golapati are facing acute shortage of water. The water level of the Singda Dam in the city, which is the lifeline of the Imphal district, is fast depleting. Due to the low volume of water, the Singda water treatment plant is unable to supply its normal volume of potable water to the reservoirs of Iroishemba, Cheiraoching Lalambung Assembly and Langol. Large cracks have formed at the riverbed of the Imphal River following obstruction to its natural flow, thereby affecting the functioning of the major water supply schemes in the state.

## 5.4 The way forward

To sum up the general perception shared by most of the respondents, it could be said that unless there is a way to bridge the lack of coordination between the various tiers of governance and emphasise on resolving the state’s law and order situation, developments in the WASH sector will remain lower than expected.

Culturally, sanitation, cleanliness and aesthetics have always been a priority for the Khasis, Jaintias and the Garos inhabiting the hills of Meghalaya. The challenge lies in the governance and in the fulfilment of standardised goals set previously by the TSC, the NBA and now the Swachh Bharat Abhiyan. Presented below are the latest figures for the state:

Component	Projective Target	Project Performance	Percentage Achievement
IHHL BPL	216,333	195,745	90.48
IHHL APL	85,500	79,110	92.53
IHHL TOTAL	301,833	274,855	91.06
School Toilets	10,331	13,174	127.52
Sanitary Complexes	290	242	83.45
Anganwadi Toilets	1851	2035	109.94
Rural Sanitary Mart	36	12	33.33

**Table 13** Targets Achieved- Meghalaya

**Source** Report Card status of Swachh Bharat Mission (SBM) as on 9/1/2015<sup>19</sup>

Share (Funds in Lakhs)	Approved	Funds Received	Utilisation	% of Utilisation against release
GOI	9562.87	19259.48	13555.51	70.38
State Share	3411.07	3134.76	3235.28	103.21
Beneficiary Share	1035.05	2284.14	180.02	7.88
Total	14008.99	24678.37	16970.81	68.77

**Table 14** Funds Utilisation- Meghalaya

**Source** Report Card status of Swachh Bharat Mission (SBM) as on 9 /1/2015<sup>20</sup>

<sup>19</sup> Weblink: <http://sbm.gov.in/tsc/NBA/State.aspx>

<sup>20</sup> Weblink: <http://sbm.gov.in/tsc/NBA/State.aspx>



**Table 15**  
Health Indicators - Meghalaya

**As of 2013**  
**Infant Mortality in**  
**Meghalaya is 47/1000**

National Average is 40/1000

**Source** NHM state-wise information,  
Health Indicators as on 9/1/2015<sup>21</sup>

It is interesting to account for the processes of change as a result of the concerted efforts by the various tiers of administration, both formal and informal, interventionists, change-makers and the intrinsic motivation of various ethnic and sub-ethnic communities of the state now competing with each other to attain the ODF status. Pressure on resources induced by economic factors has led to subsequent disruption of village life which was contained and culturally cohesive. Moreover, the peripheral presence of the formal structure of the state due to the operating kingships, lack of formal Panchayati Raj structure along with the geographical factors, makes management and implementation a major challenge for policy-makers.

In 2009, in partnership with the Water and Sanitation Programme (WSP) in CLTS mode, the Government of Meghalaya shifted to a community-led and demand driven decentralised approach that targeted collective behavioural change at the community level vis-à-vis the earlier individual/household level. The approach shifted to strengthening the institutional set up, capacity building of the district teams and inducing behavioural changes by incentivising the outcome reinforced with community monitoring.

The toilet coverage (safe toilets) in rural Meghalaya increased to 70 per cent by the end of December 2013 from near nil figures in 2004-06, marking a shift from a practice of unsafe sanitation such as fixed point defecation among both APL and BPL categories, to safe sanitation.

## 6.1. General factors contributing to the success of sanitation campaigns

### 1. The convergence approach:

It was undertaken to bridge the gap between villages and the formal state structure, which has a minimalistic pervasion in the state of Meghalaya. In the last 2-3 years, the Government of Meghalaya has tried to adopt an integrated role and work with the community via organisations at the grass-root level since they have a better outreach in the context of village level administration. The government is a provider and offers financial support along with a CLTS approach and awareness campaigns. The Vasco Integrated Development Society is one such partner.

### 2. Awareness campaigns:

Awareness campaigns focused on women who are not seen as political agents or participants in matters of public concern traditionally, although the tribal communities of Meghalaya



are predominantly matrilineal. Some awareness campaigns at the school and household levels were conducted by PHED representatives and 'Swachhata Doots', who receive Rs.200 per diem along with other performance-based incentives. They are appointed from a village or a group of villages. A village typically consists of 30 to 40 households (more or less). Fragmentation of villages is a common phenomenon wherein a village divides into two or more villages under different Executive Councils for administrative ease. The distance between households could range between 10m to 500m on an average, depending upon which, the PHED builds water points from where the community can access drinking water. Individual water connection is absent in rural Meghalaya. However, by 2017 the aim is to ensure that 55 per cent of rural households have piped water supply and 90 per cent by 2022. The 'Swachhata Doots' were initially called 'Muster-Roll labourers' who had logistical functions (management and distribution of water or address discontinuity) but now their roles have been extended to that of communication and facilitation owing to their reach within the community.

### **3. CLTS approach:**

The state incentivises and encourages grass-root level NGOs to conduct various training programmes with the community either at Panchayat Halls

or school centres. Usually training on hand-washing techniques and other practices of hygiene are imparted in schools. Sometimes special training programmes are also conducted for village elders in order to gradually convince them to forego their age-old practice of open defecation. "To convince the older generation is really a challenge," admitted Mr. R.K. Pandey, Additional Chief Engineer, PHED. Masonry trainings are also conducted at the village level and nominations for candidates are usually filed by the Executive Council of the PRIs. They are then brought to the block headquarters for practical training.

### **4. Waste management:**

The importance of segregating solid and liquid waste is explained through awareness programmes in door-to-door campaigns or at community gatherings. Individual village councils have their own set of directives to the community about waste management. Currently non-biodegradable waste has become a major menace to the state for which the PHED is strategising measures. Sensitisation programmes are being conducted all across the state since the month of October, 2014, and owing to such efforts, the village 'dorbars' have taken up the matter of sanitation and waste management very seriously.

**The toilet coverage (safe toilets) in rural Meghalaya increased to 70 per cent by the end of December 2013 from near nil figures in 2004-06, marking a shift from a practice of unsafe sanitation to safe sanitation.**



**Mawhiang village  
with an ODF signboard**

## **6.2. Significant factors in the path towards total sanitation**

### ***1. Role of District Council and District Coordinator:***

The challenge, as perceived by the district level implementers, is in achieving the current targets. For instance, contrary to common belief, sanitation does not end with the construction of toilets but is a means to attain ends as generally understood and

some of the critical ways in which the current targets are being constituted. The villages are focusing on a holistic approach which integrates socio-economic goals and aims to improve the health indicators. The strategy is to identify the factors that could induce social and economic change and improve the condition of life in the villages. The district councils are attempting what they call the 'integrated approach'.

Mr. Mark West, District Coordinator of the East Khasi Hills, said that an interactional, context-centric approach has worked best and is being adopted more extensively. The measures that emerge out of these interactions are contextual and cannot be codified and generalised. His philosophy is not to posit himself as an external agent but rather be involved in their everyday life. He described his role as a facilitator working towards a resolution rather than taking a diagnostic approach. According to him, "in our interaction we never mention funds, subsidies or toilets, but by the end of our discussion we can assure that all these issues will be taken care of. We aim to touch upon the sentiments of the people".

The community is mobilised simply by focusing on the holistic welfare of the village and making them understand that public properties are communally owned and need to be maintained and improved through participation

such that they can be handed down to the next generation. The district coordinators work closely with the Village Executive Council and other committees that constitute it.

## **2. The Village Councils:**

The headman of the village is the prime authority of the executive committee of the 'dorbars' (in the Khasi hills, for instance) or the village council. Youth Group(s), SHGs, and the Women's committee also have representatives in the executive committee. These committees are extremely active in a village structure and are involved in all forms of decision making pertaining to the village and all the power rests on these groups to mobilise the entire community. The installation of dustbins in all public areas at frequent intervals and community cleaning activities are overseen by them and the village sanitation committee; failure to do so by any member or household could lead to imposition of fines or even boycott. Mr. Steward Gilthony, headman of Langsymphut village said that, "as a means to ensure participation, we sometimes delay the MGNREGA employment cards if families do not cooperate".

## **3. Relevant traditional**

**practices:** The 'market day' and the 'washing day' are two distinctive practices that are discussed below:

### **a. Market Day or the 'Haat':**

An individual is appointed from within the community by the village council, who collects Rs.10 (for instance) from each trader/businessman/shopkeeper on the Market Day, which is then used for cleaning up the entire village. On the Market Day, training programmes and awareness campaigns are conducted since it becomes an event of public gathering. Representatives from the PHED and other health officials are invited to talk to the community about good practices and especially about issues such as waste management and other practices of hygiene.

### **b. Saturday Washing or 'Snegi Siadjain':**

The day is observed as a community wash-day among the Khasi population. Every village has a well-defined washing area constructed at a nearby water source where the entire village comes out to wash clothes. In the town of Shillong, the system operates differently. Washerwomen, usually widows, offer such services at a mutually agreed rate. They collect clothes and soap from the households and clean them in washing areas constructed by the municipality.

**The installation of dustbins in all public areas at frequent intervals and community cleaning activities are overseen by them and the village sanitation committee; failure to do so by any member or household could lead to imposition of fines or even boycott.**



**Community member with a bucket of IMO**

**It is reported that the village started following the cleanliness regime way before any national/state sanitation intervention was done. It is claimed that someone from the village had the chance to go abroad from where he learnt the importance and significance of cleanliness and hygiene. He mobilised the village and initiated a systematic cleanliness drive as a necessary step to foster tourism.**

### **6.3. Mawlynnong village: “the cleanest village in Asia - a marker of achievement” (East Khasi Hills district, Meghalaya)**

Recipient of the Nirmal Gram Puruskar in 2010. This is a Khasi-Christian matrilineal village with 100 per cent literacy. It is touted to be the cleanest village in Asia by the ‘Discover India’ magazine 2003, BBC 2005, and also by the Meghalaya Tourism Department. Recently, it has also become a tourist destination. It is described as a “community-based ecotourism initiative”. The following are the reasons why this place could be made into a tourist destination:

- It is close to the Bangladesh border
- There are two living root bridges in a neighbouring village called Riwai

Initiatives by the community to maintain hygiene: Bamboo baskets are kept at a distance of 100m to collect solid waste. The waste is then disposed by the villagers on a voluntary basis while the kitchen waste is used as manure. The rest of the waste is used as fuel or for fire and other non-biodegradable waste (although plastic is completely banned in the village) is disposed into the forest. Liquid waste is disposed through the typical nala system, which is common in the north east and

pre-exists the modern drainage system, which is absent in Meghalaya. Water does not stagnate since the area is sloping.

There is no lapse in cleanliness throughout the day and duties are clearly assigned. There are numerous signboards that ask visitors to keep the area clean. The kids are assigned the task of cleaning the area around their house as soon as they reach class 1 and 2; failing to do so implies that they would not get their meal.

It is reported that the village started following the cleanliness regime way before any national/state sanitation intervention was done. It is claimed that someone from the village had the chance to go abroad from where he learnt the importance and significance of cleanliness and hygiene. He mobilised the village and initiated a systematic cleanliness drive as a necessary step to foster tourism. Currently, NGOs such as the Bethany Society are also imparting skill training to the villagers to help them make indigenous products to sell as local souvenirs, instead of buying goods from Bangladesh and selling them as their own. These measures have positively impacted the economic lives of the people in the village.

## 6.4. Processes of change - Case study of the Mawsynram Block, East Khasi district, Meghalaya

**Potential** Mawsynram area is deemed the rainiest place in the world. It overlooks Cherapunjee and Bangladesh through a bed of clouds. It also has the Langsymphut peak, waterfalls and a hot spring which could make it a tourist destination. Currently, it has poor roadways. The improvement of its roads could bolster its economy. The maintenance of hygiene and the title of an ODF village are perceived to be a step forward in this direction, leading to the economic advantage that the community hopes to garner from tourism.

**Measures undertaken** In a particular cluster, four (Ponkung, Mawhiang, Wahmawpat and Langsymphut) out of 15 villages have been declared ODF with the fifth lined up. The declaration of ODF is seen as a symbol of prestige, since open defecation is conceived of as a stigma. The 'declaration' day is popularly called the "Wedding day of the village" said Mr. Mark West, District coordinator. The three-fold process is verification, certification and celebration, which involves a grand celebration with "community members dressing up in good clothes," said Mr. West. Mawhiang was the first village to be declared ODF in June 2014, and that became a motivation for the surrounding villages that are spatially located close to each other.

**Innovative practices** IMO or Indigenous Microorganisms are commonly used by the community in Mawhiang and its neighbouring villages. This has been introduced by the Bethany Society (the district being a project area of the NGO) and it's Senior Programme Coordinator, Mr. Ricky Renthalei, who learnt it during his visit to Japan. IMOs are used as a natural sanitising and de-odourising agent prepared as a mixture of rice bran and jaggery, which is moistened and kept for fermentation in a pit that is dug in the forest area. The mixture is then put around pigsties (livestock

and especially pigs are kept by almost every household within the fenced area of the house but far away from the main living complex). The sanitary complexes are connected to covered pits. The household kitchen has a channel for liquid waste which is connected to an underground covered pit, soak pits, sanitary complexes and wherever livestock is kept. Once the preparation is made, it can be added to a fresh stock of rice bran mixture and there is no need to follow the fermentation process once again. More stock can be prepared by adding the existing mixture to the new stock.

**Other efforts by the Bethany Society** Health and sanitation is a component of the Sustainable Option for Uplifting Livelihood programme undertaken by the Bethany society, which has been a key driver of change. According to James, Field Coordinator, Bethany Society, the community is mobilised to have at least a BPL toilet. Sanitation has been incorporated into the integrated approach undertaken by the NGO. The organisation is also working towards the implementation of EcoSan toilets.

**School level** All schools in the area have a defined hand washing area and a sanitation complex. The cleanliness is maintained by someone who is appointed by the school itself to maintain overall hygiene. The community and the Executive Council take the issue of hygiene and sanitation seriously. "Information about school authorities acting lackadaisical on this issue usually spreads since students and teachers are from within the community itself. In such cases, the Executive Council takes it up with the headmistress of the school," says James. At all levels, cleanliness is an integral part of private and social life.

## 6.5 Recommendations and the way forward

- Sustainable sanitation through institutional support and community monitoring, and ownership with a Block level approach.
- Cluster and village level volunteers with customised ICT tools.
- Interpersonal communication through village level motivators and other functionaries like ASHA workers, Anganwadi workers (AWW) and Village Water and Sanitation Committee.
- Convergence with Indira Awas Yojana, Multi- sectoral Development Program (Minority Scheme), Mahatma Gandhi National Rural Employment Grant Act and Backward Regions Grant Fund.
- Incentivisation of end beneficiaries such as to hasten the process of cost recovery post toilet construction.

# CONCLUSION AND RECOMMENDATIONS

The five states included in the study provide a varied and comprehensive idea about the key factors responsible for making sanitation campaigns successful. These are:

## ENABLERS

### *Community-based action*

All five states have involved community leaders, organisations and agencies to spearhead the sanitation drive. These may include Panchayat representatives, Anganwadi workers, ward leaders and Swachhata Doots. In fact, participants unanimously emphasised the role of community representatives in spreading awareness and mobilising people towards the adoption of good practices.

### *Government efficiency*

The 'take away' from states like Sikkim and Himachal Pradesh is the instrumental role of smooth governmental functioning and dedicated contribution by state level bodies towards encouraging and supporting community-based campaigns. This is not only in the form of transfer of funds but also in the way government bodies respond to and take into account the needs and concerns of different stakeholders.

### *Panchayati Raj and village councils*

Most of the states in the study have largely involved village administration and Panchayat bodies in the dispersal of implementation policies. Hence, strengthening and supporting local governmental bodies is a primary step towards ensuring that policies regarding individual household-based changes, as that of sanitation, are implemented. Barring Sikkim, it is only local leaders and representatives who were able to successfully reach out to their constituencies and villages and effectively supervise the transformation that these campaigns entail.

### *External agencies*

States like Kerala, Sikkim and Himachal Pradesh received substantial support from external agencies, whether national NGOs or international organisations like World Bank and WWF, who provided the requisite expertise and momentum to these campaigns.



**All five states have involved community leaders, organisations and agencies to spearhead the sanitation drive. These may include Panchayat representatives, Anganwadi workers, ward leaders and Swachhata Doots.**





**A general force behind the achievement in these states is an overall good status of education, income, access to resources and the consequent consciousness regarding health and hygiene. Therefore, if similar statistics are to be achieved nationally or in other states, the general state of education and access to resources needs to be improved.**

### ***Innovative practices***

Some of the states have devised innovative local technologies and practices like the toilets made of tin and bamboo in Manipur, IMO and EcoSan in Meghalaya and the worming pit in Himachal, which are ingenious ways of dealing with local needs within the possibilities available to the people. This approach is recommended for other states as well, where organisations and stakeholders need to think of low cost and effective ways of improving sanitation practices.

### ***The role of women***

One of the primary findings from the report is the contribution of women workers and leaders who have been identified in most of states as essential change makers in the sanitation and health department. It is, therefore, recommended that other states and national campaigns incorporate this aspect and involve a larger number of women activists and workers in future projects.

### ***Cultural and social practices***

A wide range of cultural and social practices were motivators for the success in these states. These include locally based practices, often

conceptualised and regulated by village councils and villagers themselves, like the 'Market Day' in Meghalaya. Moreover, people of Sikkim are culturally tuned towards hygienic sanitation practices while in Kerala, the development of socio-political consciousness played an essential role in creating awareness regarding health and sanitation.

### ***Incorporating sanitation within the overall idea of good health and social standard***

The success stories of some of these states have involved the strategy of incorporating sanitation within the general idea of good health. Often, people were disinterested in changing their sanitation habits until its health benefits were discussed along with possible implications for social status and community acceptance. Lastly, a general force behind the achievement in these states is an overall good status of education, income, access to resources and the consequent consciousness regarding health and hygiene. Therefore, if similar statistics are to be achieved nationally or in other states, the general state of education and access to resources needs to be improved.



## Key bottlenecks

- The main challenges today are with respect to management of solid and semi-solid waste especially in and around urban areas
- In low-lying coastal terrains like Kerala, the issue of construction of safe toilets remains, whereas in the mountainous terrains of Sikkim and Himachal, access to water sources is often difficult in the upper reaches
- While the hope for tourism has encouraged sanitation in Meghalaya, in Himachal and Sikkim, which are popular destinations, tourism has contributed to the problems of waste management and cleanliness
- The findings from Manipur point at the need to pay immediate attention to regions and states suffering from issues of security and political disturbances. This has not only affected access to water sources, but has also artificially raised its price. In such conditions, when basic necessities are not guaranteed, campaigns will not achieve their proposed targets
- In some of the states, while individual latrine construction and use has now reached an optimum level, community complexes, for instance in schools and markets, have not been successful primarily because of the lack of supervision



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In 2014-15,  
we reached  
6,81,564 people with  
water, 8,92,230 people  
with sanitation and  
24,76,638 people  
with hygiene

We work  
across  
11 Indian  
states

We currently  
intervene in  
58 districts and  
1,954 gram  
panchayats

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