



Survey of Recent Sanitation Achievement in Himachal Pradesh {October, 2010}

By Deepak Sanan, with Pradeep Chauhan and Vinod Rana

Introduction and Background

A rural sanitation revolution is said to have occurred in the state of Himachal Pradesh in India in the last few years. The hill state, located in the Western Himalayan region, has a population of about 6.9 million and is over 90% rural. It has a relatively good record on human development indicators and access to public services. However, it showed a dismal awareness on the sanitation front till a few years ago. In 2004, household toilet coverage in rural areas of Himachal Pradesh was estimated at about 28%. Apart from central schemes of subsidy for household toilets, it had run a massive state scheme to construct subsidized household toilets in the 1990s. Over 300,000 toilets were said to have been constructed and while usage was never surveyed, anecdotal evidence pointed to many toilets being constructed only on paper, many others being put to use as storage sheds and a large number being simply abandoned. After the introduction of the Total Sanitation Campaign at the national level in 1999, the emphasis was meant to shift to behaviour change and a low subsidy input. In fact, in states like HP, this meant that the entire sanitation programme was put on a back burner.

In early 2005, the Government of Himachal Pradesh adopted a new strategy to secure better rural sanitation results. The key principles of the new strategy were:

- Introduction of a holistic concept of sanitation
- Have a demand oriented, outcome based approach
- For this, generate awareness of a 'need' for sanitation amongst people individually and as a community
- Involvement and ownership of the community
- Shift from individual subsidies to community incentives
- Local bodies undertake responsibility for sustainable delivery of services
- Identify appropriate institutional arrangements for delivery of services and relevant capacity support including partnership with NGOs/ CBOs and address interdepartmental co-ordination
- Emphasize monitoring and evaluation to determine success and outcomes

In essence the new strategy made a radical departure from the traditional approach. The government decided to stop disbursing subsidies for toilet construction by below poverty line families and instead treated this as a local community responsibility. Communities were given rewards for becoming open defecation free by undertaking collective action that included taking care of the needs of the poor and marginalized members of the community. To ignite collective behaviour change in communities, the state government in association with the WSP-SA, organized regular training and follow up in techniques used in community led total sanitation (CLTS). The training began in 2006 and in that year itself, 440 persons from different walks of life including elected representatives, officials, women's group members, SHG members and community leaders were trained in camps held in eight of the 12 districts in the state. Trainings and follow up workshops were held regularly throughout 2007 and a process and output monitoring system evolved to ensure that districts continued to treat the sanitation programme as a priority. Districts were encouraged to associate NGO partners to assist in programme implementation. A state level reward scheme for the best performing ODF GPs was part of the 2005 strategy. This was put into operation with an independent evaluation mechanism from the year 2008.

By September, 2010, the state reported that over 90% of rural households had their own toilet. Till 2006, the state did not have a single Gram Panchayat that had won the national Nirmal Gram Puruskar (NGP). By September 2010, 520 GPs had won the award and another 2272 claimed to be ODF. In effect, over 86% of the 3243 GPs in the state claimed that they had ended the practice of open defecation. These remarkable achievements had seen no independent evaluation. There have been few evaluations of the countrywide increase in rural toilet coverage (from 21% in 2001 to 67% in 2010) and NGP winners in recent years. A study of the sustainability of NGP winners completed in 2008 by UNICEF covered six states that did not include HP. A CMS study of NGP winners in 56 districts of 12 states is still awaiting publication. Preliminary results reveal that Himachal Pradesh is one of four states with near 100% toilet coverage while the 12 states average was about 81%. Himachal showed the highest reported functional toilets at nearly 90% while the 12 states average was just over 50%. These figures would appear to show that HP's achievement is certainly much better than other states. The results of the current survey bear out the assessment that the work in rural sanitation in Himachal Pradesh in the past few years has been quite impressive. However, there are challenges that still need to be addressed.

Survey Size, Content and Methodology

Himachal Pradesh's 56000 odd square km is spread over 12 districts. The inhabited rural areas comprise 17495 villages under 3243 Gram Panchayats. This study covered 106 GPs in the state, 23 of these were NGP winners, another 67 claimed that they had achieved ODF status and 16 were from the non ODF category. All the districts were covered with at least one GP from each of the three categories. The GPs in each district were selected on random table basis.

A questionnaire was developed for the survey after several rounds of discussion and filed testing in two GPs. The main issues covered were:

- the extent of toilet coverage (for households, migrant labour, schools, anganwadi centres and public places) in each category;
- the extent of behaviour change with respect to the practice of open defecation; and
- the status of solid waste and liquid waste management.

The survey was carried out by trained investigators- one for each GP. The data was canvassed through FGDs conducted on the 2nd October, 2010 on the occasion of a Gram Sabha (comprising all voters in a GP and held four times a year at central location in the GP) in each GP. Each FGD comprised a minimum of 10 participants, representing a cross section of habitations in the GP with an appropriate mix of caste and gender representatives. In addition, each investigator was asked to record her / his perceptions in a separate section.

Survey Findings: Toilet Coverage

The survey reveals that toilet coverage among rural households in the state is 87%,. This represents a 46% increase compared to five years ago. In the case of schools, the coverage is 98% with the five year increase placed at 36%. The results for

anganwadis is 75% coverage and a 29% increase over five years and for toilets in public places is 85% coverage with the increase over five years pegged at 26%.

In the three categories of NGP winners, GPs that have declared themselves to be ODF and those still reporting open defecation, the results of toilet coverage are obviously most impressive for NGP winners. NGP winners show 98% household coverage, 100% schools with toilets, 96% in anganwadis and 95% in public places. In the other categories also there is a catching up taking place in terms of increased toilet coverage but the fact that in ODF GPs, the greater increase is in toilets in public places, schools etc. compared to household toilets reflects the tendency to for the state funded toilets being built faster than the behaviour change induced toilets in households.

Survey Findings: Behaviour Change

Community perception of the extent to which open defecation is still practiced by rural households is about 12%, compared to a figure of 58% five years ago. Among NGP winners, the perception of the extent to which open defecation continues is down to 2% from 45% five years ago. Among ODF GPs, this figure is 9% against 60% five years ago and amongst the other GPs the figures are 37% now and 70% five years ago.

The overall 12% practice of open defecation exhibited by rural households, one half comprises households that never gave up this practice and the other half of households that reverted to the practice of open defecation after initially giving up this practice. A more serious deficiency relates to the understanding of what should be an open defecation free environment. It would seem that for most communities this implies only an end to the practice of open defecation by permanent residents of a village. Consequently, the practice of open defecation by migrant labour is reported at 42%, the non availability of toilets for anganwadi children is 32%, in public places is 31% and even for school students is 7%.

Investigators were asked to report on whether human waste could be seen or smelt in a GP or its surroundings. On the whole, investigators reported that in 66% of GPs, there was no visible sign or smell of human waste and in only 3% of the GPs, human waste could actually be seen. In the case of NGP winners, 87% of GPs were completely free of sight or smell of human waste while this percentage was 64% in ODF GPs and 44% in the case of the other GPs.

Survey Findings: Solid and Liquid Waste Management

Solid and Liquid Waste Management practices do not reflect the significant change seen with respect to reduction of open defecation and toilet usage. The community survey showed that as much as 24% of degradable waste, 25% of non biodegradable waste and 38% of liquid wastes were not managed at all in the rural areas of the state. Investigator perceived good solid waste management practices in only 9% of all GPs, and 22% of NGP winners. On the other hand, 27% GPs showed poor management including 17% NGP winners. In the case of liquid waste management, the situation was even worse. Investigators reported only 8% of all GPs and 22% of NGP winners had a well maintained drainage system while 46% of all GPs including 43% NGP winners had no evidence of a drainage system at all.

Survey Findings: Overall Sanitation Status

Communities were asked to record their perception of changes in the overall sanitation situation over the preceding five years. As many as 82% of the responses stated that the situation had improved significantly. No community reported deterioration in the situation. In the case of NGP winners, 96% said that there had been a significant improvement and even 50 % of the non ODF GPs perceived a significant improvement.

Conclusions

The NGP evaluation process requires that all aspects of environmental sanitation should be addressed in an exemplary fashion in a GP. In practice, there is every possibility that the evidence of exemplary practice in dealing with human as well as other wastes is a temporary phenomenon, specially arranged for the visit of the verification team. Country wide evaluation surveys of NGP winners bear out that in a preponderant number of cases, behaviour change reflecting good sanitation practices has been limited. The Himachal experience has been remarkable with regard to the change in local inhabitants' attitude towards open defecation. The improvement in this regard has been truly outstanding in a very limited span of time. However, this survey reveals that this behaviour change does not yet fully encompass the concept of creating an open defecation free environment. Both with regard to migrant labour and sanitation facilities in public places, much remains to be done. In the case of other aspects of environmental sanitation such as solid and liquid waste management, also there is insufficient attention and behaviour change issues require considerable attention.