



Munich Personal RePEc Archive

Total Sanitation Campaign - Changing Face of Rural Burdwan

Rajarshi Majumder

Dept of Economics, University of Burdwan

August 2003

Online at <http://mpa.ub.uni-muenchen.de/4819/>
MPRA Paper No. 4819, posted 12. September 2007

Total Sanitation Campaign: Changing the Face of Rural Burdwan¹

Rajarshi Majumder

Burdwan district of West Bengal is considered to be both the 'Granary' and the 'Ruhr' of Bengal. It has three distinct regions. The eastern and east-central parts are the agricultural powerhouses, the west is the mining area of Raniganj, and the central region includes the Industries and Educational and other services. But rural Burdwan like much of Bengal has been poor, despite the large rise in rural incomes since "Operation Barga" in 1982. Sanitary infrastructure has been underprovided in rural Bengal, and Burdwan is no exception. Only 27% families had access to sanitary latrines in 2001, and Open defecation has been the predominant practice. This has been causing great harm to the rural society. Diarrhoea and other water-borne gastro-enteritic diseases are too frequent leading to substantial adult deaths, high infant mortality. Snakebites during the monsoons also claim many lives as people venture out into the fields and ponds for defecation. But suddenly things are changing. Thanks to a novel programme by the State Institute of Panchayat and Rural Development (SIPRD), the construction and usage of toilets has increased rapidly.

THE CAMPAIGN

SIPRD was quick to understand that the conventional sanitation programme in existence since 1994 had been a non-starter with only 35 thousand installations in 7 years, leaving a gap of 7.5 lakh families in 2001! It was a typical government programme left to be implemented without clear cut targets, incentives and involvement of people. SIPRD realised the need for a change in design. The Total Sanitation Campaign (TSC) started on 11th June, 2001. The District Development Authority or the Zilla Parishad was given the task of implementing the TSC through the institutions of the 3-Tier Panchayat system in West Bengal, with financial and logistical support from Central and State governments. Specific targets for each Block, Panchayat Samiti (PS) and Gram Panchayat (GP) were fixed. Prizes for best performer in every month and year were announced, creating a sense of competition among the administrators of these local self-governance bodies. Usually sloth public officials suddenly became enthusiastic.

Another fresh element of the programme was the technology, which allowed users to themselves install the toilet in their courtyard. Experts from WHO and SIPRD designed a water-washed concrete latrine platform with pan that should not cost more than Rs 350 after allowing normal profit. It was to

¹ Acknowledgement is due to my senior colleague Prof. Pinaki Chakraborti and the Head of our Department Dr. Kausik Gupta for assisting and encouraging me for this write-up. Uday Sarkar and Ramkrishna Bandopadhyay, present and former Sabhadhipati of Burdwan ZP respectively, and Shibashish Banerjee, District Coordinator of

be set over a soak-pit that would take 10 years for a family of six to fill up. Then all that needs to be done is to cover up the old pit and shift the platform to a new pit! NGOs were roped in to produce these latrines and gram panchayats (GPs) were asked to dig the pit for Rs 50. Thus, a family could install a sanitary latrine for Rs 400, and then fence it with sundry articles like plastic sheets or bamboo thatches. For families below the poverty line (BPL) the state subsidised 150 Rs and asked the family to dig up the pit themselves, reducing the cost to just Rs 200. The GPs conducted frequent meetings in the villages where the villagers submitted their contribution to the Panchayat officials. Typically within 7-10 days the Latrine platform was sent to the home of the beneficiary. The GP then arranged for digging the pit in a few days, and installation of the latrine. After that the family was asked to suitably surround it with materials according to their choice and affordability.

The NGOs as producers and profit earners had an interest in more installations and they joined the local officials in promoting TSC. This was crucial. The villagers were advised, persuaded, coaxed and cajoled. Wall writings, Folk songs, street drama, puppet shows, etc. were arranged for awareness build-up. Role models like teachers and GP members were targeted first. Then the children and women of the neighbours were persuaded to create a sense of deprivation among them. The effect of demonstration was dramatic on the population. Once a threshold level of installation was achieved the programme gained momentum to create a demand for such toilets. UNICEF was roped in to provide sanitary latrines in the schools. This integrated approach broke the deadlock and created the necessary "big push". The authorities took a 'block-by-block' approach where the district administrations focused on one block at a time and supplemented local initiative with state support so that the block could reach full coverage.

IMPACT OF THE TSC

The success has been phenomenal. Against a target of 30 thousand installations in 2001-02, 34 thousands were installed. And in 2002-03 there was a revolution. Over 1.7 lakh latrines were installed which was in excess of the ambitious target of 1.5 lakh. More than two lakh families were covered in two years of TSC. As a result, 47% households in 2003 had access to toilets as against only 27% in 2001. More outstanding however, is the fact that three blocks of the district - Raina-I and II and Ausgram-I, have been able to provide access to sanitary latrines to almost all families. These three blocks with about 89 thousand families can thus be declared as "totally sanitised blocks". And all these have been achieved at an expense of just Rs. 150 million. The beneficiary families have put up Rs. 103.5 million, the Central and State governments together provided Rs. 45 million, and UNICEF

TSC are the chief architects of the success of TSC as also the mainstay of our survey. I also thank my students who worked hard for the field survey.

provided Rs. 1.5 million. Rarely has this kind of success been achieved in a rural development programme. The benefits of such use of toilets are immense.²

Table 1: Progress of Total Sanitation Campaign in Burdwan District

Block	No. of Households		No. of Latrines Existing in 2001		Latrines Installed during 2001-03		No. of Latrines in 2003		Coverage % of all Households			
	In 2001 Census		All	BPL	All	BPL	All	BPL	All		BPL	
	All	BPL							2001	2003	2001	2003
Burdwan-I	38933	21178	12708	2280	6615	5873	19323	8153	32.6	49.6	10.8	38.5
Burdwan-II	28855	15491	10735	2814	3234	3058	13969	5872	37.2	48.4	18.2	37.9
Bhatar	53505	30910	10718	1552	12094	10926	22812	12478	20.0	42.6	5.0	40.4
Ausgram-I	24164	15839	3080	308	21084	14704	24164	15012	12.7	100.0	1.9	94.8
Ausgram-II	30374	16521	3845	625	10595	8846	14440	9471	12.7	47.5	3.8	57.3
Galsi-II	29115	19131	5430	862	3268	3166	8698	4028	18.7	29.9	4.5	21.1
Raina-I	35169	22618	9747	2661	24455	19124	34202	21785	27.7	97.3	11.8	96.3
Raina-II	29168	13416	7914	1052	21254	12316	29168	13368	27.1	100.0	7.8	99.6
Khandaghosh	34590	19401	7974	1250	13725	10013	21699	11263	23.1	62.7	6.4	58.1
Memari-I	42139	18920	16561	3028	8263	6253	24824	9281	39.3	58.9	16.0	49.1
Memari-II	29016	15788	9226	1510	3796	3086	13022	4596	31.8	44.9	9.6	29.1
Jamalpur	51610	26196	15967	2143	4549	2598	20516	4741	30.9	39.8	8.2	18.1
Kalna-I	37731	24566	14147	5081	1105	1072	15252	6153	37.5	40.4	20.7	25.0
Kalna-II	32534	20929	11170	2641	921	863	12091	3504	34.3	37.2	12.6	16.7
Monteswar	48803	21682	13554	2281	7492	7064	21046	9345	27.8	43.1	10.5	43.1
Purbasthali-I	40944	29063	14402	5793	12815	11040	27217	16833	35.2	66.5	19.9	57.9
Purbasthali-II	42951	25394	10897	3034	5493	5418	16390	8452	25.4	38.2	11.9	33.3
Katwa-I	32627	16918	8585	1611	4602	3930	13187	5541	26.3	40.4	9.5	32.8
Katwa-II	26942	14012	7483	1092	3217	2885	10700	3977	27.8	39.7	7.8	28.4
Mongalkote	50618	23621	9037	1136	5184	4025	14221	5161	17.9	28.1	4.8	21.8
Ketugram-I	30421	19383	4597	441	6518	3961	11115	4402	15.1	36.5	2.3	22.7
Ketugram-II	23426	15229	4218	830	2460	2200	6678	3030	18.0	28.5	5.5	19.9
Galsi-I	36289	18520	7498	586	2544	2513	10042	3099	20.7	27.7	3.2	16.7
Faridpur-Durgapur	22973	10839	6347	428	2296	1775	8643	2203	27.6	37.6	3.9	20.3
Andal	35914	8819	17126	1450	2672	2533	19798	3983	47.7	55.1	16.4	45.2
Kanksa	29954	15437	8699	1687	4222	3205	12921	4892	29.0	43.1	10.9	31.7
Pandaveswar	36077	13857	13851	1190	660	650	14511	1840	38.4	40.2	8.6	13.3
Raniganj	20527	4213	6727	271	1805	1388	8532	1659	32.8	41.6	6.4	39.4
Jamuria	24527	9506	5722	485	2289	1017	8011	1502	23.3	32.7	5.1	15.8
Barabani	22600	7989	3894	229	1194	279	5088	508	17.2	22.5	2.9	6.4
Salanpur	19406	3423	6721	162	333	172	7054	334	34.6	36.3	4.7	9.8
BURDWAN	1041902	538809	288580	50513	200754	155953	489334	206466	27.7	47.0	9.4	38.3

² As a large and substantial portion of the population is covered there are 'additivity' effects that arise, so that the benefits in terms of both health and well being would be large.

The frequency of diseases in the families have reduced substantially and medical expenses have fallen. This is bound to have a positive effect in reducing poverty. Also, the state subsidy for providing medicines through Rural Health Centres (RHCs) has come down, thereby recovering some of the expenditures on TSC.

The key to the success of TSC has obviously been the novel design and unconventional implementation methods used, along with the mechanism of incentives for implementing units. The conventional top-down approach of imposed development was abandoned in favour of involvement of NGOs, local bodies and most importantly the people. The promotion was also imaginative and functional. Not having a sanitary latrine was projected as something to be ashamed of. The rural society reacted strongly and adopted the product.

The very success of the programme has revealed certain inadequacies in the situation. As saturation is nearing, problems crop up. Several families are willing to install toilets but do not have a courtyard to place the toilet!. Some (the very poor) are unwilling to shell out even Rs 200, as the opportunity cost is felt to be too high. Unless endowments improve there would be difficulties in carrying the movement to cover the entire population.

Blocks	No. of Schools				
	Total	With Latrine		With Drinking Water	
		2001	2003	2001	2003
Memari-II	116	28	116	68	116
Raina-II	112	18	112	45	112
Memari-I	110	83	110	93	110
Kanksa	109	13	109	101	109
Raniganj	42	11	42	10	42
Monteswar	175	23	175	127	175
Katwa-I	98	14	98	64	98
Khandaghosh	141	5	141	36	141
