Nirmal Gram Puraskar: A Unique Experiment in Incentivising Sanitation Coverage in Rural India

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Abstract

Clean drinking water and proper sanitation facilities are indispensable for a healthy life. Sanitation coverage in rural India has been growing at an impressive rate since 2001, thanks mainly to efforts made under the Total Sanitation Campaign. To add vigour to the Campaign, an incentive scheme – Nirmal Gram Puraskar – was launched by the Government of India in 2003. This article attempts to ascertain the performance of the scheme. Though it has succeeded in triggering a healthy competition in rural areas, sustainability of sanitation coverage and the process of verification of applications are areas of concern.

Introduction

A direct relationship exists between water, sanitation, health, nutrition, and human well-being. Consumption of contaminated drinking water, improper disposal of human excreta, lack of personal and food hygiene and improper disposal of solid and liquid waste have been the major causes of many diseases in developing countries like India. The health problems associated with inadequate water and sanitation go far beyond avoidable child deaths. Water-related illness accounts for about 5% of the global burden of disease. Diarrhoea claims some 450,000 lives annually in India—more than in any other country. By convention, water-related diseases are usually divided into three categories: waterborne (such as diarrhoeal infections transmitted through water contaminated with faeces), water-washed (linked to skin or eye contact with contaminated water, such as trachoma) and water-based (caused by parasites found in contaminated water, such as schistosomiasis and other helminths). A fourth category is disease caused by insect vectors, such as dengue and malaria (UNDP, 2006).

Apart from health outcomes, sanitation has a bearing on education, privacy and the dignity of women. Many studies have pointed out that one of the reasons for high drop out rates among adolescent girls in our country is lack of sanitation facilities at school. Better sanitation facilities in schools will translate into greater learning

opportunities for adolescent girls. Not having access to toilets adversely affects the health and safety of women.

Sanitation in Rural India

Water supply and sanitation were added to the national agenda during the country's first five-year plan (1951-56). However, it was only in the early eighties, with the thrust of the International Water and Sanitation Decade, that India's first nationwide programme for rural sanitation, the Central Rural Sanitation Programme (CRSP), was launched in 1986 in the Ministry of Rural Development with the objective of improving the quality of life of rural people and providing privacy and dignity to women. The programme provided large subsidies for the construction of sanitary latrines for BPL households. It was supply driven, highly subsidised, and emphasised a single construction model (Government of India, 2006).

Incorporating the lessons learnt from implementing CRSP, the Total Sanitation Campaign (TSC) was launched in April 1999 and at present is being implemented in 572 districts, spanning 30 States and UTs of the country. The total outlay of the programme is Rs.12,495.09 crore. Of this, Rs.7,802.08 crore is the Government of India's share, Rs.2,750.10 crore comes from State Governments and individual beneficiaries are expected to contribute Rs.1,942.91 core1. The programme emphasizes the following: the shift from a high to a low subsidy regime; demand driven approach; encouragement of location specific technology choices; development of alternative services (RSMs, PCs and trained masons and plumbers); intensive IEC campaigns, emphasis on school water and sanitation; tapping of institutional finance for water and sanitation units, RSMs and PCs; dovetailing funds from rural development programmes to supplement water supply and sanitation; and involvement of PRIs, co-

operatives, women's groups, Self Help Groups and NGOs.

The programme seeks to improve the quality of life in rural areas through accelerated rural sanitation coverage with objectives such as causing an improvement in the general quality of life in rural areas; accelerating sanitation coverage there; generating a felt demand for sanitation facilities through awareness-creation and health education; covering schools / *Anganwadis* in rural areas with sanitation facilities and promoting hygiene education and sanitary habits among students; encouraging cost effective and appropriate technologies in sanitation; eliminating open defecation to minimize the risk of contamination of drinking water sources and food; converting dry latrines to flush latrines and eliminating manual scavenging practices, wherever in existence in rural areas[2].

Sanitation coverage in rural areas has registered an impressive growth since 2001. As per the census of India, sanitation coverage was just 21.9% in 2001. According to the latest figures available, it reached 44% in 2007[3]. The following chart presents more information.

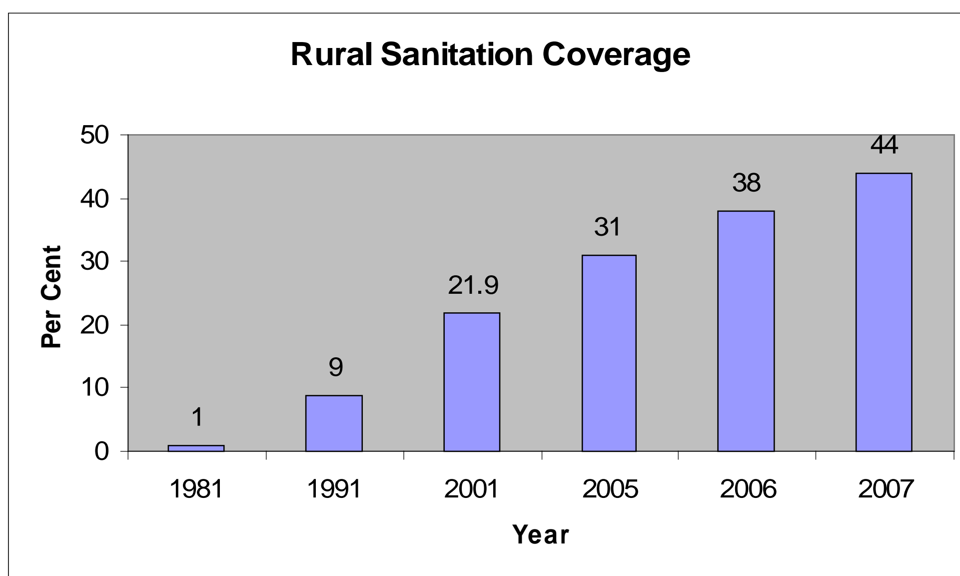

Figure 1: Sanitation Coverage in Rural India

Nirmal Gram Puraskar

Eligibility and the Prize

To add vigor to the TSC, in June 2003, the government initiated an incentive scheme called the 'Nirmal Gram Puraskar' (NGP) for fully sanitized and open defecation-free Gram Panchayats, Blocks, and Districts. Eligible Gram Panchayats, Blocks, and Districts are those that achieve (a) 100% sanitation coverage of individual households, (b) 100% school sanitation coverage, (c) freedom from open defecation and (d) environmental cleanliness.

Also eligible for the award are individuals and organizations, which have been the driving force for effecting full sanitation coverage in their respective geographical areas. The incentive pattern is based on population criteria and is as follows:

Table 1: Incentive pattern under Nirmal Gram Puraskar

Particulars	Gram Panchayat					Block		District	
Population Criteria	<1000	1000 - 2000	2000 - 5000	5000 - 10000	10001 and above	Up to 50000	50001 and above	Up to 1 million	Above 1 million
PRIs (Rs. lakhs)	0.50	1.00	2.00	4.00	5.00	10.00	20.00	30.00	50.00
Individuals (Rs. lakhs)	0.10					0.20		0.30	
Organisations (Rs. lakhs)	0.20					0.35		0.50	

Source: NGP Brochure 2007

Performance of the Scheme

In the first year (2005), 38 GPs and two Blocks won the award. Last year 760 GPs and nine Blocks made it. In 2007, there was a phenomenal growth in numbers. A total of 4,945 GPs, 14 Blocks and 27 organizations were eligible. An investiture ceremony was held on 4th May 2007 in Delhi and the President of India, His Excellency, A.P.J. Abdul Kalam, presented the awards. Table 2 gives a State-wise break up of the award-winning GPs.

Table 2: State-wise break up of award winning GPs

STATE	GPs 2005	GPs2006	GPs2007
Andhra Pradesh		10	143
Arunachal Pradesh	-	-	2
Assam	-	1	3
Bihar	-	4	39
Chattisgarh	-	12	90
Gujarat	1	4	576
Haryana	-	-	60
Himachal Pradesh	-	-	22
Jharkhand	-	-	12
Karnataka	-	-	121
Kerala	1	6	220
Madhya Pradesh	-	1	190
Maharashtra	13	380	1974
Mizoram	-	-	3
Orissa	-	8	33
Rajasthan	-	-	23
Sikkim	-	-	27
Tamil Nadu	12	119	296
Tripura	1	36	46
Uttar Pradesh	-	40	488
Uttarakhand	-	13	109
West Bengal	10	126	468
TOTAL	38	760	4945

Source: Department of Drinking Water Supply, Government of India

Maharashtra has done exceedingly well in achieving full sanitation. One of the reasons may be the role played by Sant Gadge Baba Gram Swachata Abhiyan, a village

cleanliness campaign launched by the Government of Maharashtra in 2000-01, which supplemented the work done under TSC. States such as Kerala, Tamil Nadu and West Bengal are also making steady progress in achieving full sanitation coverage. However, there is a notable absentee in the list – the Punjab. One of the most prosperous states of India is yet to open its account with regard to Nirmal Gram Puraskar, which goes against conventional wisdom. Apart from the Punjab, Dadra and Nagar Haveli, Goa, Jammu and Kashmir, Manipur, Meghalaya, Nagaland and Pondicherry are yet to win the NGP.

Table 3 features information on the number of Blocks winning the Nirmal Gram Puraskar. West Bengal, whose sanitation coverage is 73.31[4]%, is performing well. However, Blocks from high sanitation coverage states such as Mizoram, Sikkim and Tripura (with sanitation coverage of 98.0%, 97.50% and 99.00% respectively) are yet to win the Puraskar. In fact, those States stand a good chance of becoming Nirmal States, much ahead of others.

Table 3: Number of blocks winning Nirmal Gram Puraskar

State	Number of Blocks		
	2005	2006	2007
Bihar	-	-	1
Kerala	-	-	6
Maharashtra	-	1	-
Tamil Nadu	1	-	-
West Bengal	1	8	7
TOTAL	2	9	14

Source: Department of Drinking Water Supply, Government of India

Conclusion and Suggestions

NGP has succeeded in setting off a healthy competition among GPs. The award has brought about a silent revolution in the countryside in sanitation. The pride and honour associated with receiving an award from the President of India is a reason in itself for heads of GPs to take a personal interest in covering all households and schools with sanitation facilities under TSC. To meet all the eligibility criteria, they pay attention to eradicating open defecation as well as solid and liquid waste management. In fact, solid and liquid waste management in rural areas has received a boost, as 10% of TSC projects have been earmarked for this since 2006. In all likelihood, our country will meet the target set for sanitation under the Millennium Development Goals by 2012 and much before the target year of 2015.

However, there are concerns. One is the verification of claims made by applicant GPs and BPs. As of now, field verification is carried out through independent research agencies and NGOs functioning as District Level Monitoring (DLM) agencies with the Ministry of Rural Development to make it transparent and avoid extraneous factors influencing the final decision. Last year 44 such agencies were engaged. To supervise their work, a panel of experts was drawn up. Those experts visited different states during verification. Yet, there were reports of malpractices indulged in by the verification agencies (in fact, a number of GPs were re-verified based on the complaints received by the Department of Drinking Water Supply). If true, such malpractices may compromise the objectivity and rigour expected of such exercises whereby ineligible GPs and BPs

get declared as Nirmal Grams and Nirmal Blocks. This warrants a review of the process of verification.

Inducting district officials in charge of TSC into field verification teams may be considered. This step is likely to put pressure on the verification agencies to stick to the prescribed methodology and desist from indulging in any malpractices. At the same time district officials will be clear about the reasons for not recommending a GP, should the verification team decides to do so.

Another option is deploying people from GPs which have won NGP already. Such an exercise will make the verification process participatory and transparent. However, given the numbers involved (last year there were around 10,000 applicants, which is likely to double this year) logistics and costs involved, this may not be possible. A third option is getting local journalists involved.

Sustainability of open defecation-free status attained by GPs is another important concern. Our country has a history of having 'slipped back habitations' with respect to water supply. There are allegations that in the rush to win NGP, behaviour change is not accorded the importance it deserves. This puts a question mark before the sustainability of the open defecation-free status achieved. Once the fanfare that goes with the award peters out, the GPs may relapse to their earlier status. A greater convergence with National Rural Health Mission (NRHM) may be the way to avoid this pitfall. Under NRHM, Village Health and Sanitation Committees (VHSCs) are to be constituted in all villages of India by 2008[5]. Institutional support needed for maintaining the momentum achieved through TSC can be provided by VHSCs. IEC component of NRHM can also be leveraged for the purpose. State governments have to pay more attention to these aspects.

(The author wishes to thank Mr.R.K.Sinha, Director (CRSP), for his useful comments. However, the views expressed are personal and may not necessarily reflect those of the organisation the author is associated with).

Notes:

1. For more details, visit http://www.ddws.nic.in/TSC/crsp/TSCFin_st.asp?Form=ALL

2. TSC Guidelines is available at http://www.ddws.nic.in/NewTSCGuideline.doc

3. Supplement of NGP 2007, available at http://www.ddws.nic.in/popups/getimage.htm

4. Sanitation coverage (State-wise) for the year 2007 is featured in the NGP Brochure 2007

5. National Rural Health Mission – Framework for Implementation (2005-2012), available at

http://mohfw.nic.in/NRHM/Documents/NRHM%20%20Framework%20for%20Implementation.pdf

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