

*Report*  
*On*  
***Rural Sanitation***  
*AT*  
***ANGUL, GAJAPATI & PURI***  
*For*



***P&C DEPARTMENT, GOVT. OF ODISHA***  
***ODISHA SECRETARIAT***

*by*



***NATIONAL PRODUCTIVITY COUNCIL***  
***A/7, Surya Nagar, Bhubaneswar-751003***

## Table of Contents

<b>1.0 INTRODUCTION:</b>	<b>1</b>
<b>2.0 SANITATION STATUS IN INDIA:</b>	<b>1</b>
<b>3.0 OBJECTIVE OF THE EVALUATION STUDY:</b>	<b>2</b>
<b>4.0 CURRENT STATUS OF SANITATION COVERAGE AND TRENDS:</b>	<b>2</b>
<b>5.0 STRATEGY AND PLAN FOR STRENGTHENING THE SANITATION CAMPAIGN ..</b>	<b>3</b>
5.1 Indicative budget for implementation of programmes from 2012-22.....	3
5.2 Sanitation and water supply Status in Odisha: .....	4
5.3 Govt. plan for sanitation and water supply in Odisha: .....	5
<b>6.0 PRESENT SANITATION &amp; WATER SUPPLY STATUS IN THE SAMPLE DISTRICTS:</b>	<b>5</b>
6.1 Sanitation & Drinking water Status in Gajapati:.....	5
6.2 Sanitation & Drinking water status in Angul: .....	6
6.3 Sanitation and Drinking water status in Puri District : .....	6
<b>7.0 IHHL STATUS IN (GAJAPATI, ANGUL, PURI).....</b>	<b>7</b>
7.1 IHHL Status in Gumma: .....	7
7.2 IHHL Status in Nimapara .....	8
7.3 IHHL Status in Chendipada .....	9
<b>8.0 CRITICAL OBSERVATION ON RURAL SANITATION &amp; WATER SUPPLY:.....</b>	<b>10</b>
8.1 Chendipada:.....	11
8.2 Nimapara: .....	11
8.3 Gumma .....	12
<b>10.0 BENEFICIARY RESPONSE ANALYSIS: .....</b>	<b>13</b>
10.1 Awareness about Sanitation:.....	13
10.2 Availability of Drinking Water:.....	13
10.3 Health Issues Due to Drinking Water Supply:.....	14
10.4 Availability of IHHL: .....	15
10.5 Harassment Due to Sanction of Financial Assistance:.....	15
10.6 Behaviour of JE and SEM: .....	16
10.7 Timely Maintenance of Bore well: .....	17
<b>11.0 Comparative Picture on Beneficiary response In three Selected Block:.....</b>	<b>18</b>
<b>12.0 SWOT Analysis.....</b>	<b>19</b>
12.1 Strength: .....	19
<b>12.2 Weakness:</b> .....	<b>19</b>
<b>12.3 Opportunities:</b> .....	<b>20</b>
<b>12.4 Threat:</b> .....	<b>20</b>

<b>13.0 RECOMMENDATION AND POLICY OPTION:</b>	<b>21</b>
<b>14.0 FINDINGS AND POLICY OPTION:</b>	<b>23</b>
<b>ANNEXURE: SUCCESS STORY</b>	<b>25</b>
Annexure 1: Case Study-1 (Success Story on Kuskila)	25
Annexure 2: Case Study-2 (Success Story of Satabaripatana SHG Group):	26

### LIST OF FIGURES

Figure 1: Backward State on Rural Sanitation	3
Figure 2: IHHL coverage in Odisha through DDWS+MPR	4
Figure 3: Accessibility to safe drinking water and sanitation facilities	5
Figure 4: Drinking water and sanitation status in Angul	6
Figure 5: Drinking water and sanitation status in Nimapara	7
Figure 6: IHHL cover under NBM at Gumma	8
Figure 7: IHHL cover under NBM at Nimapara	9
Figure 8: IHHL cover under NBM at Chendipada	10
Figure 9: Awareness about sanitation	13
Figure 10: Availability of Drinking Water (Source)	14
Figure 11: Health Issue Due to Drinking Water	15
Figure 12: Availability of IHHL	15
Figure 13: Harassment of beneficiary by Dept. Officials	16
Figure 14: Behaviour of JE & SEM	17
Figure 15: Bore well Maintenance on Time	17

## 1.0 INTRODUCTION:

Sanitation is not the disposal of human excreta only; it is a comprehensive concept which includes the growth of hotel and food industry, garbage, industrial wastes, chemical wastage, fertiliser wastes, agricultural wastage, contaminated water wastes from manufacturing industry, drainage from urban wastes to river. Poor sanitation has linked to a number of economic and social issues and it also a major development challenges in the whole world even today nearly 2.6 billion people world-wide have no toilet and one Fourth of the Urban Population in India. So sanitation is not just creating Toilet, it is a much larger issue.

## 2.0 SANITATION STATUS IN INDIA:

In India 74 percent of population being literate, still the country will grappling with the problem of sanitation and lack of cleanliness even after 67 year of independence. Around 626 million people in our country don't have access to a closed toilet and around 59.4 percent of rural and 8.8 percent of urban households do not have latrine facility. In our country only 31 percent of the 167 million rural households have access to tap water and domestic toilet. It is estimated that 75 to 80 percent of water pollution by volume is from domestic sewerage. Only 160 out of nearly 8000 towns have both sewerage system and a sewage treatment plant and only 13 per cent of piped sewerage is currently treated. Today our country status is

- 4861 cities/towns out of 5161 have do not sewerage network
- 18 percent of urban household defecate in the open
- Lack of treatment of wastewater is costing India \$15 billion in treating water-borne diseases
- Less than 25 percent of all waste water is treated
- None of the 423 cities surveyed are healthy and clean
- Only four cities fared better and 190 cities are on the brink of emergency.
- Status of sanitation in urban and rural

### **3.0 OBJECTIVE OF THE EVALUATION STUDY:**

To “evaluate the Total Sanitation Campaign (TSC) in Odisha”, this study was conducted in three districts namely Angul, Puri and Gajapati by National Productivity Council, Bhubaneswar, The feedback had been collected both from official and also from the beneficiaries, selected on random from among beneficiaries of several selected villages. The main objectives of the study are as follows,

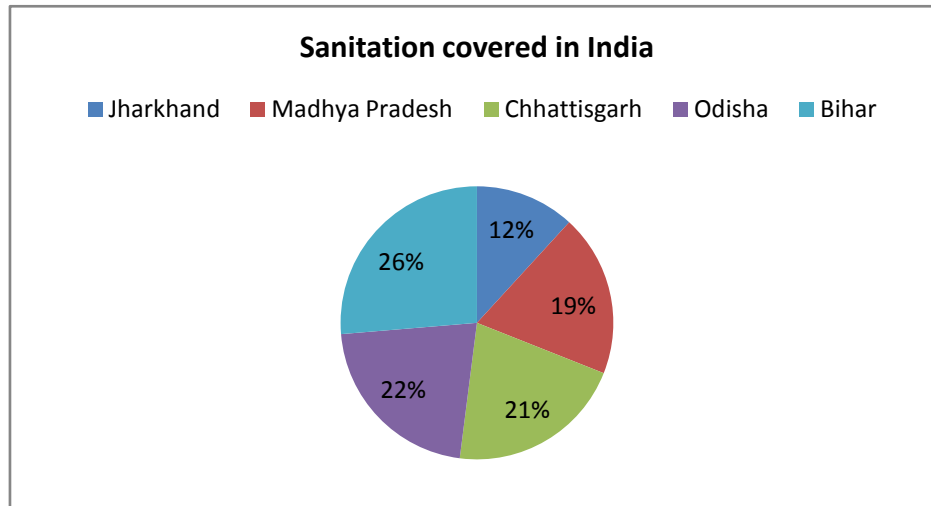
- To assess the extent of coverage and use of sanitary services and personal hygienic practices in rural areas
- To assess the institutional mechanism at the state and project levels and the role of line department and Gram Panchayats in the implementation of TSC.
- To evaluate the impact of TSC on quality of life of rural people i.e. health, economic condition, environment and gender aspect, physical security , utilization of time, school attendance and productivity.
- To identify the sanitation promotion activities (i.e. mass media, participatory, incentive and targeted hygienic activities) undertaken by the project stockholders at various levels for creation of awareness in the rural areas.
- To identify the measures taken up by the PRIs (Panchayati Raj Institutions)/CBOs (Community Based Organisation)/NGOs/Alternative
- Mechanisms /SHGs/VWSCs (Village Water and Sanitation Committee) for improving sustainability of sanitary services at the grass root level.
- To analyse the factors responsible for success and major constraints in Implementation of TSC (inadequate government policies, lack of funding, fragmented institutions, unacceptable people's attitude/behaviour) and to suggest the measures for the same.

### **4.0 CURRENT STATUS OF SANITATION COVERAGE AND TRENDS:**

During the last one and half decades the total sanitation campaign covered 97329728 no. of IHHL which include 52413989 nos. of BPL individual household latrines, 13144607 School toilets, 472662 Anganwadi toilet and 27894 community sanitary Complexes have been built between 1999 to 2014 by spending Rs. 15187 crores. During this period 28002 gram Panchayats out of 2.5 lakh, 181 blocks, and 13 district have been declared Open Defection Free

ODF and have achieved the status of normal grams, which is about 10% of the total GPs in India.

**Figure 1: Backward State on Rural Sanitation**



## 5.0 STRATEGY AND PLAN FOR STRENGTHENING THE SANITATION CAMPAIGN

If India has to progress both socially and economically and fast to realize the dream of becoming the world power, it will have to devise a strategy to achieve total sanitation and open defecation free status in such a short time therefore the Govt. of India add the Swaccha Bharat Mission (SBM) at a cost of Rs 1.86 lakh crores and also focusing on capacity building, programme management, School and Anganwadi sanitation, Solid and liquid waste management, hygienic management and leading to the launch of the Total Sanitation Campaign (TSC).

### 5.1 Indicative budget for implementation of programmes from 2012-22

- Solid and Liquid Waste Management – Rs.2000 for solid waste management per rural household and Rs.1000 for liquid waste management for approximately 15.6 crore rural households at present.
- The total requirement works out to Rs.46,830 crore. The same may be supported in an incentive mode as is the case of IHHL to the extent of 40% in a selective mode which may be shared by Centre and State in the ratio of 70:30.
- IHHL funds at the rate of Rs.4000 per beneficiary for the balance project objectives (also considering 25% of the APLs as weaker communities i.e. SC/ST and minorities).The total requirement works out to Rs.7800 crore

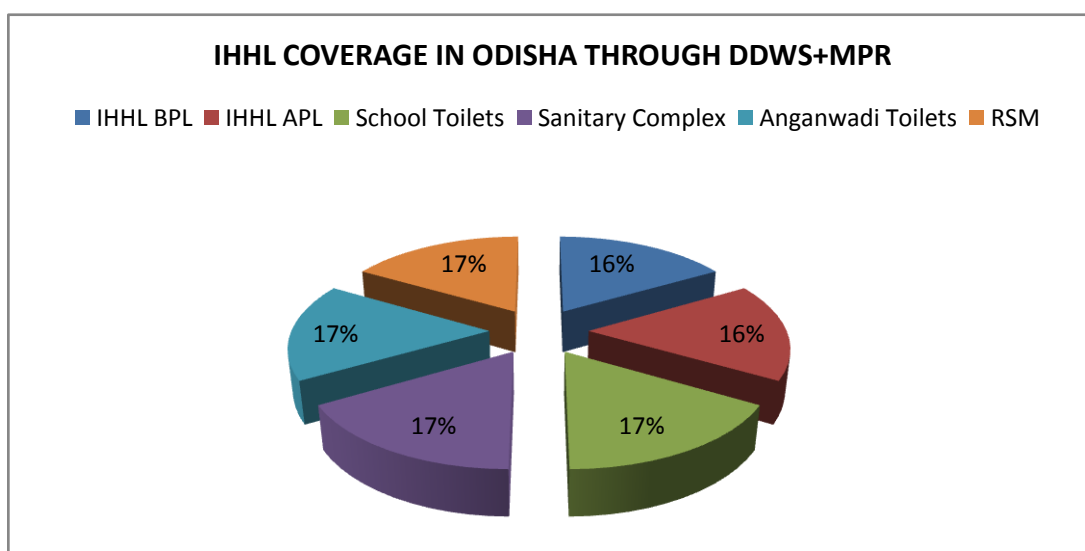
approximately. The sharing pattern between Centre, State and beneficiary may be Rs. 2500, 1000, 500 respectively.

- Institutional Toilets including School and Anganwadi (including government aided and private buildings) including community sanitary complex at the rate of 10% of the project outlay
- Revolving fund at the rate of Rs.1, 00,000/- to Rs.5, 00,000/- linked to the population of the Gram Panchayat. The total requirement works out to Rs.4300 crore.

## 5.2 Sanitation and water supply Status in Odisha:

Odisha is a poor and unconscious state where farming is the main source of livelihood. In Odisha sanitation and water supply is too poor as compared to other states in India. In Odisha only 15.3% of sanitation had been covered up to today; Our states doesn't achieves real development if majority of people live in unhealthy and unclean surrounding due to lack of safe water and sanitation. Poor water and sanitation facilities have many other serious repercussions. A direct link exists between water, sanitation and health and nutrition and human wellbeing. 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 major causes of many diseases in Odisha.

**Figure 2: IHHL coverage in Odisha through DDWS+MPR**



**Source (From status of Nirmal Bharat Abhiyan)**

### 5.3 Govt. plan for sanitation and water supply in Odisha:

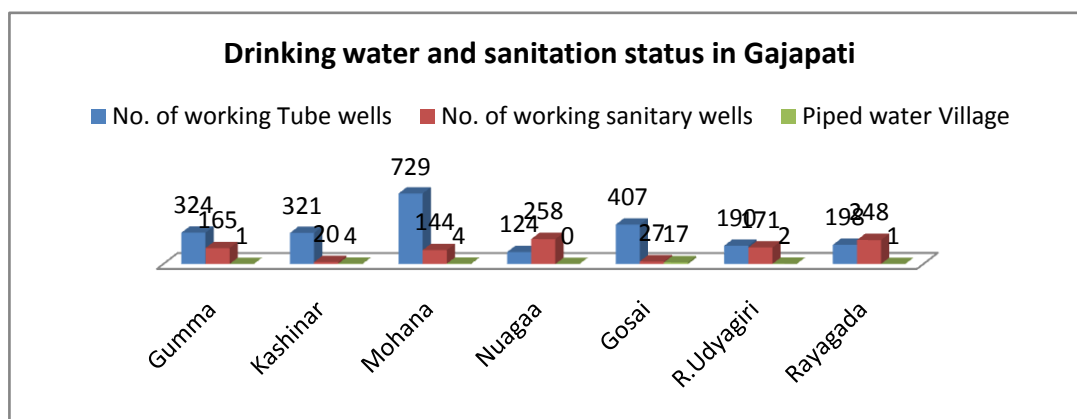
There is a provision of Rs.5000.00 lakh under the above scheme for the year 2014-15. The main objective of the scheme is to provide drinking water to the villages and habitations not covered under NRDWP. This is a new scheme introduced for construction/improvement of rural roads. The modalities of the scheme are being finalized. There is a provision of Rs.10000.00 lakh (Central Scheme- 6000.00 lakh + State Scheme 4000.00 lakh) under the above scheme for the year 2014-15. This initiative is unique for its vision of comprehensive sanitation coverage of the entire rural community, all rural schools and Anganwadi Centres.

## 6.0 PRESENT SANITATION & WATER SUPPLY STATUS IN THE SAMPLE DISTRICTS:

### 6.1 Sanitation & Drinking water Status in Gajapati:

Gajapati district is located in southern part of Orissa. The district is relatively new and is formed in the year 1992 by subdividing the erstwhile Ganjam District. The district has a total population of 518837. Out of this, 8.77 % belong to Scheduled Caste and 47.88% belong to ST population. The literacy level in the district is only 42% compared to the state average of 62%. The female literacy rate is only 28.1% while male literacy rate is 55.14%. The data on availability of drinking water and sanitation reveals that nearly 121 villages do not have access to safe drinking water. The district has nearly 1033 sanitary wells, and 2293 tube wells. **Figure 3** given below provides the details of accessibility to safe drinking water and sanitation in the district. Still a large number of villages and households are still not accessed to sanitation and drinking water facilities.

**Figure 3: Accessibility to safe drinking water and sanitation facilities**



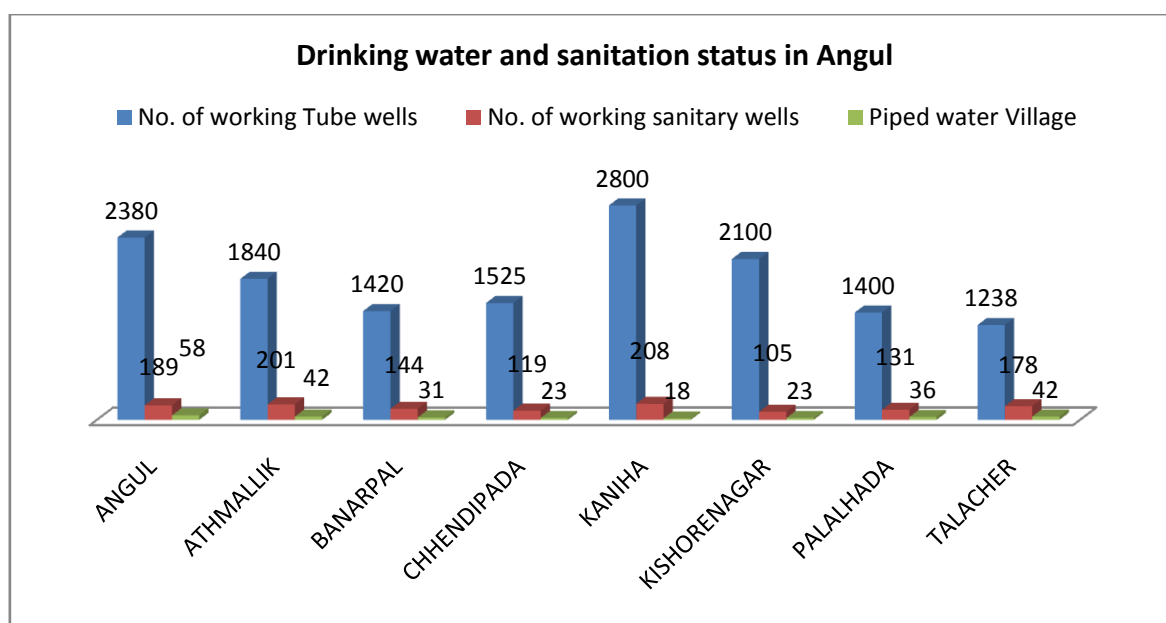


Source: (District statistical Hand Book)

## 6.2 Sanitation & Drinking water status in Angul:

The data on availability of drinking water and sanitation reveals that nearly 86 villages do not have access to safe drinking water. The district has nearly 1275 sanitary wells, and 14703 tube wells. **Figure 4** given below provides the details of accessibility to safe drinking water and sanitation in the district. Still a large number of villages and households are still not accessed to sanitation facilities.

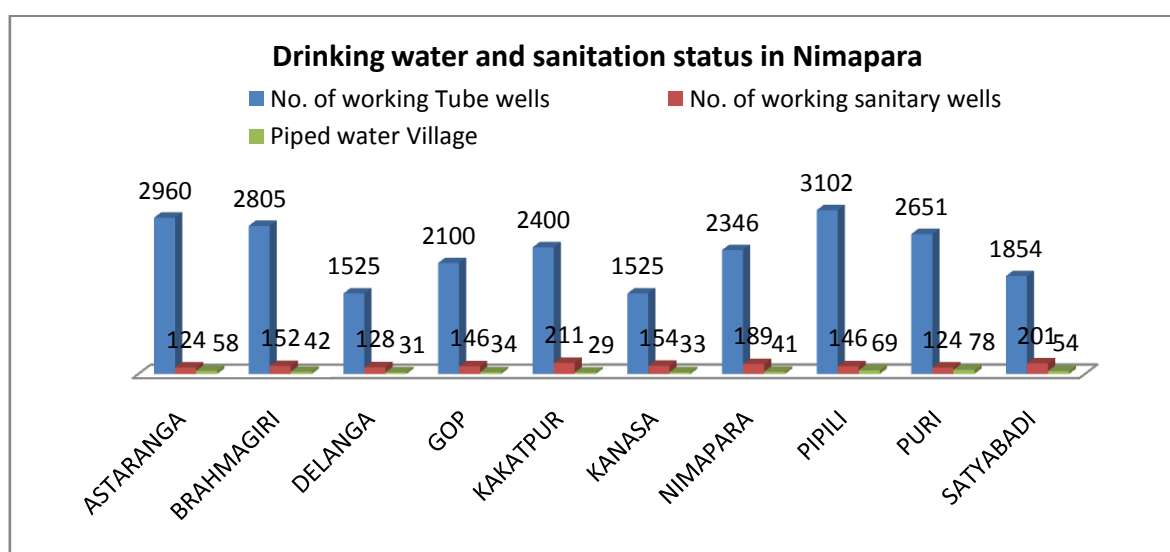
**Figure 4: Drinking water and sanitation status in Angul**



Source: District statistical Hand Book

## 6.3 Sanitation and Drinking water status in Puri District :

The data on availability of drinking water and sanitation reveals that nearly 216 villages do not have access to safe drinking water. The district has nearly 1575 sanitary wells, and 23268 tube wells. **Figure 5** given below provides the details of accessibility to safe drinking water and sanitation in the district. Still a large number of villages and households are still not accessed to sanitation facilities.

**Figure 5: Drinking water and sanitation status in Nimapara**

Source: District statistical Hand Book

## 7.0 IHHL STATUS IN (GAJAPATI, ANGUL, PURI)

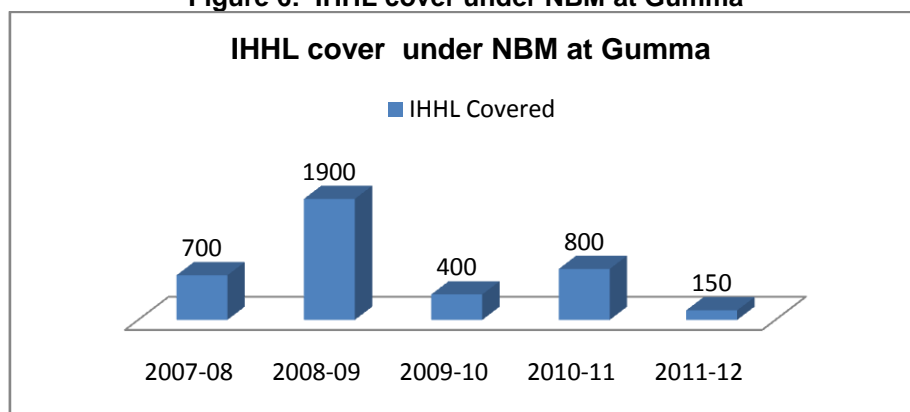
### 7.1 IHHL Status in Gumma:



During the field visit, it's observed that in Gajapati the IHHL Status is too poor as compared to other District. In Gajapati only 200 schools and very few number of Anganwadi centres have provision of toilet facility which are made. Emphasis should be given to toilets for Girls in Schools. Toilet should provide access opportunity to children with special needs. A toilet unit consists of a toilet and minimum of two urinals. Separate toilet units for girls and boys may be provided in all co-educational schools, which are to be treated as two separate units and

each unit is entitled to Central assistance. The number of toilet units to be constructed should be adequate to meet the requirements of the school as per the strength of the students attending the school. State/UT Governments, Parent-Teachers Association and Panchayats are free to contribute from their own resources over and above the prescribed amount.

**Figure 6: IHHL cover under NBM at Gumma**



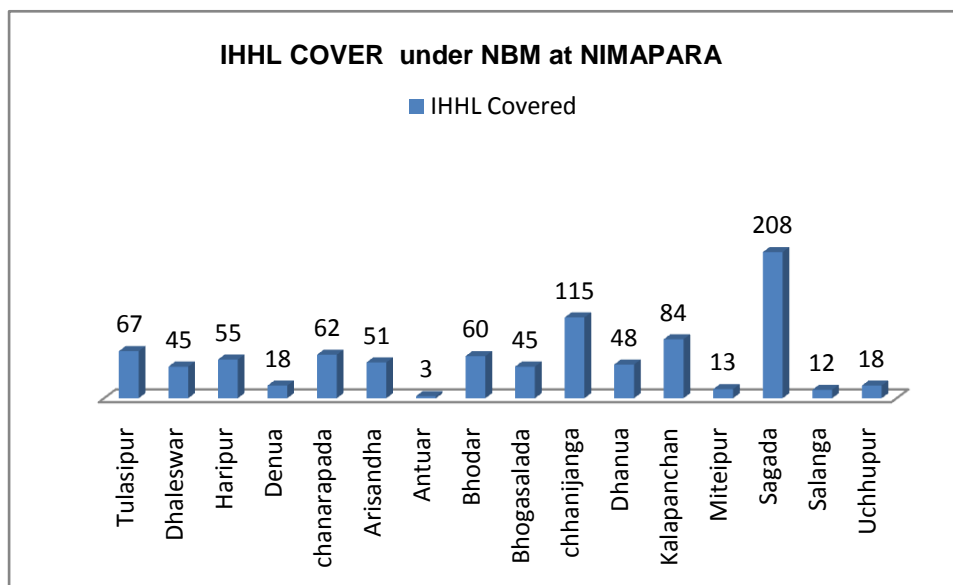
Source (From Field Study)

## 7.2 IHHL Status in Nimapara

In Puri, we observed the IHHL progress not appreciable. Amongst 28 GP of Nimapara Block, IHHL has been covered in only 16 GP'S where as in other 12 GP'S the IHHL Status is Zero. In these 16 GP'S, only 30-40 % of Beneficiary have constructed their IHHL availing the Govt. Scheme. Due to Lack of Awareness and Monitoring the IHHL status are too poor. Amongst these 16 GP's, only 3 nos. of IHHL were Constructed in Antuar GP.



IHHL in Satabaripatana of Nimapara

**Figure 7: IHHL cover under NBM at Nimapara**

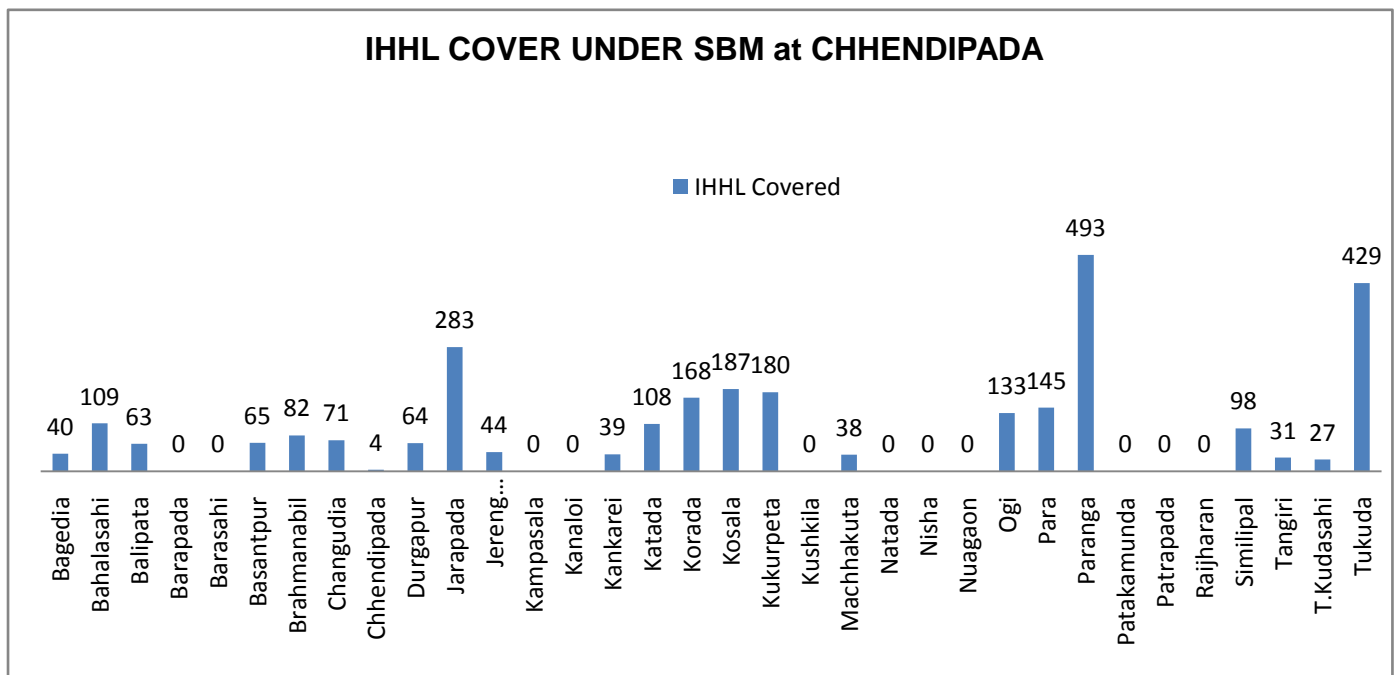
**Source (From Field Study)**

### 7.3 IHHL Status in Chendipada

In between the three Districts (Gajapati, Angul, Puri) the IHHL status in Angul is better as compared to other 2 districts. From the Field study at Chendipada, we observed that the IHHL construction % is Average. In between 32 GP'S at Chendipada only 21 have IHHL Constructed through Govt. Scheme and rest 11 have no IHHL. Due industrial Land Accusation and dispute with the Govt., in 6-7 GP'S all the Govt. Scheme are not availed by them.



Figure 8: IHHL cover under SBM at Chendipada



Source (From Field Study)

## 8.0 CRITICAL OBSERVATION ON RURAL SANITATION & WATER SUPPLY:

- Sanitation facilities interrupt the transaction of faecal- oral diseases at its most important source by preventing human faecal contamination of water and soil. It is said that most of the deaths due to diarrhoea can be prevented through required interventions which include provisions of safe water and sanitation.
- 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.
- From the Field Study and Beneficiary Interaction, so many critical and hazards condition are arises these are as Follows.



### 8.1 Chendipada:

- In Chendipada, we observed that the construction of IHHL is done GP wise i.e. the construction in second GP is taken up after the completion of the entire target of the first GP.
- This strategy helps in focus of the entire machinery in the completion of the IHHL in one go with full fledged effort.
- Before completion of the construction of the entire target the subsequent GP is fully sensitised and preparatory task are taken up.
- This help in complete coverage of the Block (all GP) over a period of time.
- We also observed in Chendipada, one of the main issues is availability of water. In many areas where the water source is far off from the house, this ceases the opportunity for construction of IHHL, as the beneficiary had to collect water for the latrine. The convenience of doing open defecation is considered better over the doing at the latrine.

### 8.2 Nimapara:

- From field visit we observed that unlike Chendipada in Nimapara the IHHL are constructed in Various GP at a time. With this approach, all the Block is sanitised at the same time but beneficiary are facing problem with the delay in the sanctioning of UC bill.
- Due to execution of all projects at the same time, the monitoring and support by the JE is difficult.



- From the field visit in Nimapara, some of the Gram Panchayats have reported the Anganwadi without toilet facilities. Providing toilets to the Anganwadi situated in private buildings has been the biggest challenge.

### 8.3 Gumma

- The IHHL status is too Low as compared to Chendipada and Nimapara due to non-awareness and traditional practice of open defecation.
- Mostly in Hilly area Poor sanitation and unsafe drinking water cause intestinal worm infestations, which lead to malnutrition, anaemia and retarded growth amongst children.
- The water source in Gumma are mostly open water source which are perennial in nature, thus it does not provide opportunity for construction of IHHL.
- The sanitation requires water for personal hygiene and cleanliness, which is difficult to bring near to the latrine, thus the beneficiary prefers to go for open-defecation near to the water source.
- This IHHL also do not have provision for water facility, which ceases the willingness and concern of the tribal beneficiary towards availing the IHHL scheme.

### 9.0 Comparative Statement On Status of Sanitation and Water supply

Activities	Gajapati	Angul	Puri
<b>1.Sanitation and Drinking Water supply.</b>	Nearly 121 villages do not have access to safe drinking water.  The district has nearly 1033 sanitary wells, and 2293 tube wells.	Nearly 86 villages do not have access to safe drinking water.  The district has nearly 1275 sanitary wells, and 14703 tube wells	Nearly 216 villages do not have access to safe drinking water.  The district has nearly 1575 sanitary wells, and 23268 tube wells
<b>2.Individual House hold Latrine in Selected Block</b>	In Gajapati the IHHL Status is too poor as compared to other District.	Among 32 GP'S at Chendipada only 21 have IHHL Constructed through Govt. Scheme and rest	Amongst 28 GP of Nimapara Block, IHHL has been covered in only 16 GP'S.

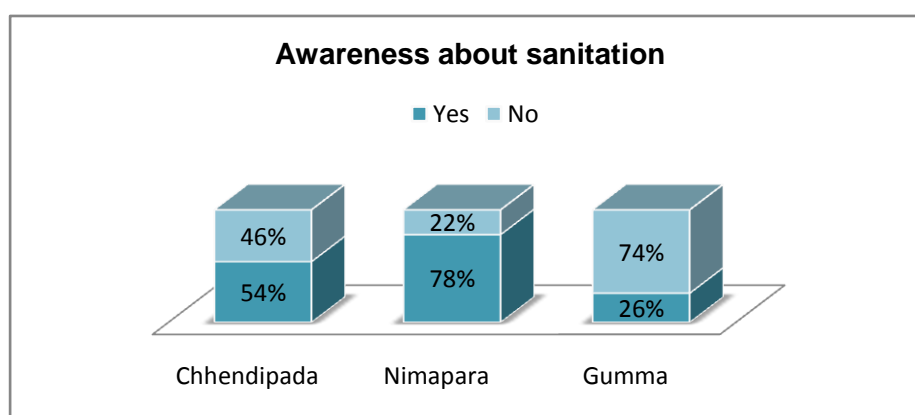
	In Gajapati only 200 schools and very few number of Anganwadi centres have provision of toilet facility	11 have no IHHL.  Due to industrial Land Accusation and dispute with the Govt., in 6-7 GP'S all the Govt. Scheme are not availed by them.	
--	---	---	--

## 10.0 BENEFICIARY RESPONSE ANALYSIS:

### 10.1 Awareness about Sanitation:

Awareness on sanitation plays a vital role in improving the personal hygiene and implementation of various Govt. scheme and/or services. Thus the stakeholders should have necessary provision for the dissemination of significance of Sanitation and personal hygiene in day to day life. From the field study, in Chendipada only 54% of beneficiaries have responded that they are aware of the Sanitation which is better than the status in Gumma where only 26 % have responded that they are aware. In Nimapara, the awareness percentage is 78%.

**Figure 9: Awareness about sanitation**



Source (From Field Study)

### 10.2 Availability of Drinking Water:

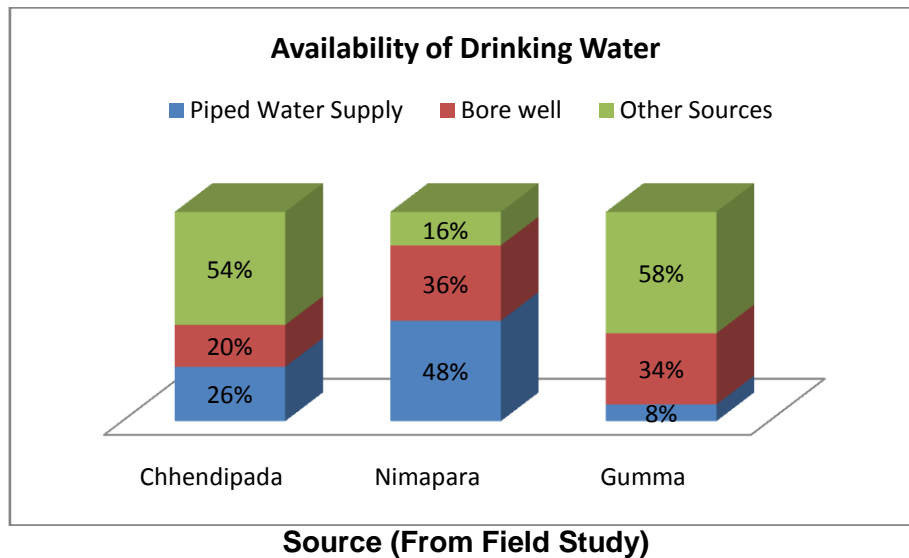
The Data collected from the Field and mentioned in **Figure 10**, it is understood that, due to more iron content in the bore well, and less coverage of the piped water supply, the major water source in Chendipada block is the well. With majority of the respondents i.e. 54 % have responded to have their water supply from well.

Similarly, Gumma being the hilly terrain, majority of the people is dependent on open source like spring and other perennial source. The block has a very limited piped water supply and bore well facility.



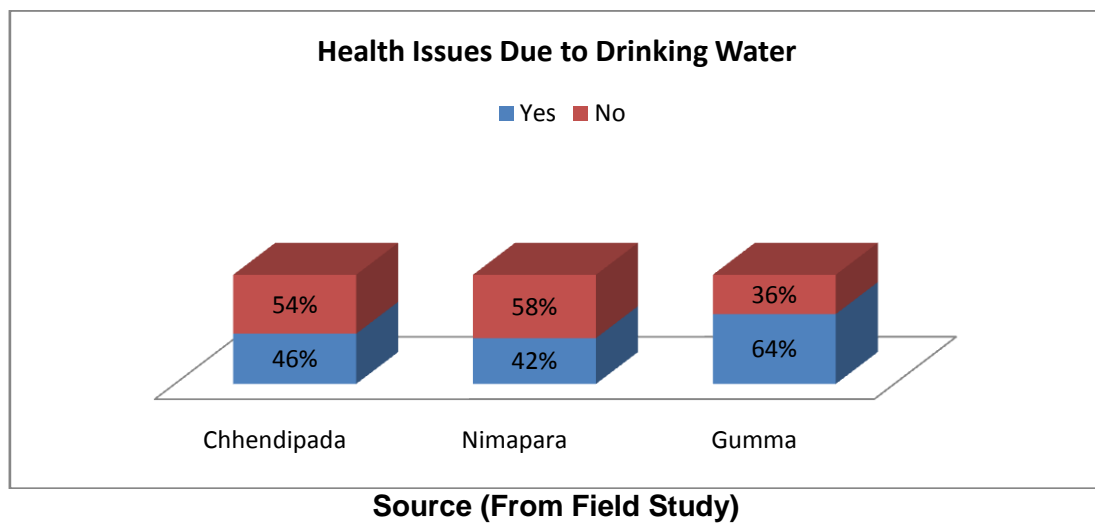
In Nimapara 48% of people are take their Drinking water from Piped Water Supply and 36% people take their Drinking water from Bore well and rest are take their Drinking water from other source.

**Figure 10: Availability of Drinking Water (Source)**



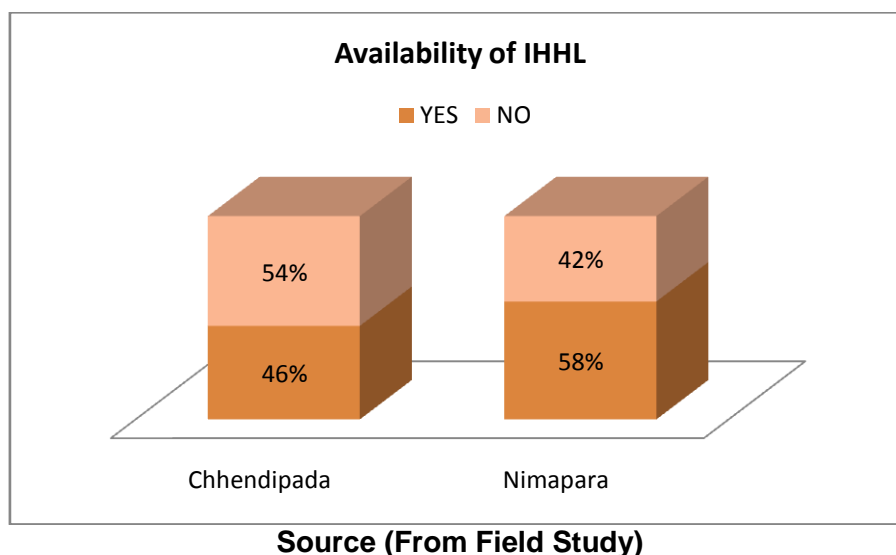
### 10.3 Health Issues Due to Drinking Water Supply:

Many water borne diseases are rampant in rainy season. Thus the quality of water has direct impact of the health and wellness of the people. People dependent on open water source have more risk for contamination, thus requires a timely support and assistance by Govt. official. Similarly the piped water supply also requires pre-treatment before supplying to the beneficiaries. From the field study and from the **Figure 11**, it's understood that 46% and 42 % of the respondents in Chhendipada and Nimapara block have reported to witness health issues using the contaminated water. The same is also quite high as 63% of the beneficiaries in Gumma have reported to have health issues due to contaminated water.

**Figure 11: Health Issue Due to Drinking Water**

#### 10.4 Availability of IHHL:

From the Focussed Group Discussion (FGD) with beneficiary in three District, its understood that in Chhendipada 46%, in Nimapara 58%, and rest are adopt open defecation. During the study, we found no progress of IHHL in the Gumma Block of Gajapati district. The detail of the analysis is depicted in **Figure 12** of the report.

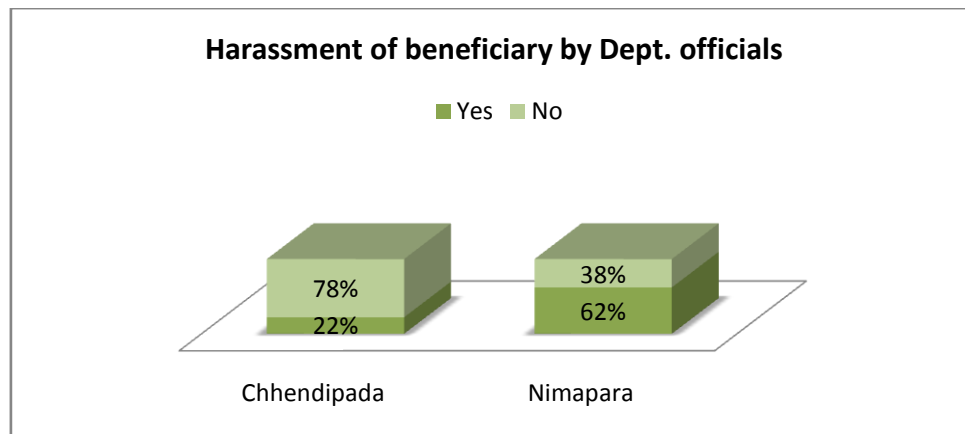
**Figure 12: Availability of IHHL**

#### 10.5 Harassment Due to Sanction of Financial Assistance:

From the field study and from the analysis in the Figure 13, it's understood that there is delay in the receipt of the financial assistance for the construction of IHHL. Most of the poor Beneficiaries are harassed due to delay in sanctioned

money, in Chendipada 22% and in Nimapara 62% beneficiaries have responded that there is a delay in the disbursement of the financial assistance and also harassment by the officials. The detail is mentioned in **Figure 13** of the report.

**Figure 13: Harassment of beneficiary by Dept. Officials**

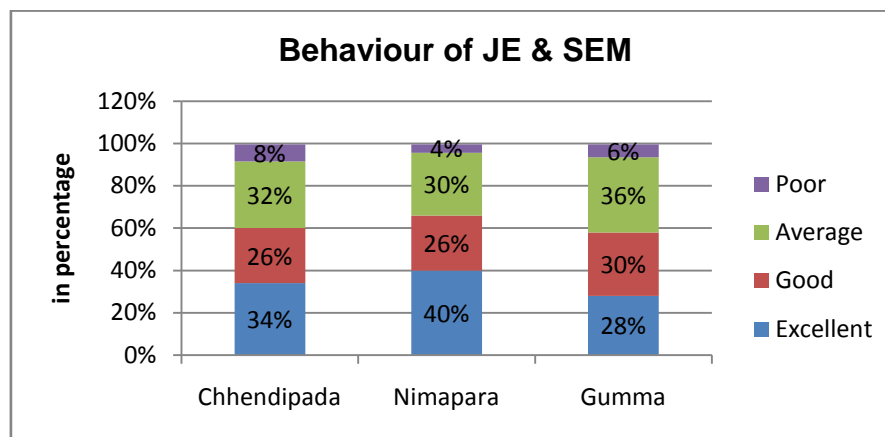


Source (From Field Study)

#### 10.6 Behaviour of JE and SEM:

From field visit in Chendipada 34% of people have responded that the behaviour of the JE and SEM are excellent and 26% People are of the view that the behaviour of the JE and SEM are good and 32% people responding as the behaviour of the JE and SEM are average and only 8% have responded the Behaviour is Poor. From the **Figure 14**, it's understood that only 4% beneficiaries of Nimapara have responded as the behaviour of JE & SEM are poor where as rest 96 & have responded as average, good and excellent. In Gumma 28% of people are responded that the Behaviour of the JE and SEM are Excellent and 32% People have responded that Behaviour of the JE and SEM are Good and 36% people are saying that Behaviour of the JE and SEM are Average and 4% are saying the Behaviour is Poor.

Figure 14: Behaviour of JE &amp; SEM



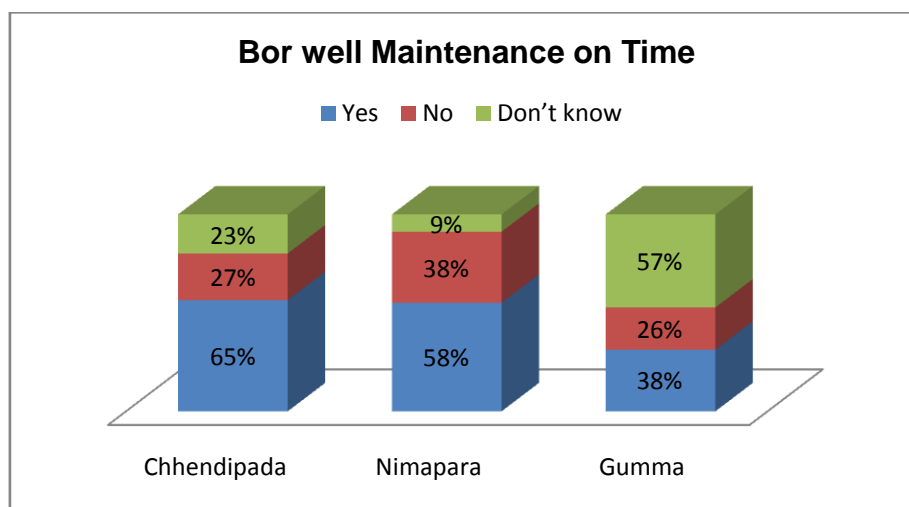
### 10.7 Timely Maintenance of Bore well:

From the field visit in Chhendipada 65% of the beneficiaries have responded that the Bore well maintenance are held on time and 27% People are saying that maintenance are not on time and 23% people have no idea about the Bore well Maintenance.

In Nimapara 58% People are saying that the Bore well maintenance are held on time and 38% people saying Maintenance was not held on Time and 9% people have no Idea about Bore well Maintenance.

In Gumma 38% People are saying that the Bore well are maintenance on time and 26% people saying Maintenance are not on Time and 57% people are no Idea about Bore well Maintenance.

Figure 15: Bore well Maintenance on Time



**11.0 Comparative Picture on Beneficiary response In three Selected Block:**

Activities	Chendipada	Gumma	Nimapara
<b>1. Awareness About Sanitation.</b>	54%	26%	78%
<b>2.Availability of Drinking Water</b>	Due to more iron content in the bore well, and less coverage of the piped water supply, the major water source in Chendipada block is the well. With majority of the respondents i.e. 54 % have responded to have their water supply from well.	Gumma being the hilly terrain, majority of the people is dependent on open source like spring and other perennial source. The block has a very limited piped water supply and bore well facility.	In Nimapara 48% of people are take their Drinking water from Piped Water Supply and 36% people take their Drinking water from Bore well and rest are take their Drinking water from other source.
<b>3.Health Issues Due to Drinking Water</b>	It's understood that 46% of the respondents in Chendipada block have reported to witness health issues using the contaminated water.	It's understood that 63% of the beneficiaries in Gumma have reported to have health issues due to contaminated water.	It's understood that 42 % of the respondents in Nimapara block have reported to witness health issues using the contaminated water.
<b>4.Availability of IHHL</b>	46% availability	There is no progress in IHHL Programme by the time the Evaluation was Undertaken.	58% availability
<b>5.Harashment Due to Sanction of Financial Assistance</b>	22% of the Beneficiaries are harassed due to delay in sanctioned money.		Nimapara 62% beneficiaries have responded that there is a delay in the disbursement of the financial assistance and also harassment by the officials.
<b>6.Timely Maintenance of Bore well.</b>	In Chendipada 65% of the beneficiaries have responded	In Gumma 38% People are saying that the Bore well are maintenance on	In Nimapara 58% People are saying that the

	that the Bore well maintenance are held on time and 27% People are saying that maintenance are not on time and 23% people have no idea about the Bore well Maintenance.	time and 26% people saying Maintenance are not on Time and 57% people are no Idea about Bore well Maintenance.	Bore well are maintenance on time and 38% people saying Maintenance are not on Time and 9% people are no Idea about Bore well Maintenance.
--	---	--	--

## 12.0 SWOT Analysis

In this study an attempt has been made to study the Strength, Weakness, Opportunities and Threat of the Rural Sanitation Program under taken by the Department of Panchayat Raj in the state with an idea to take policy decisions to strengthen the system and also to convert weakness to opportunities. While executing the programme, proper watch to be given on the factors concerning for success of the Rural Sanitation in the State.

### 12.1 Strength:

- The rural sanitation programme in Odisha is under taken by Panchayat raj Department through 314 Blocks in the states.
- There is availability of qualified engineers in each block to undertake such programme
- On an average the states gets rainfall 1500mm per annum which gives the natural strength to the department for storing water and to provide it for Sanitation programme.

### 12.2 Weakness:

- More than one third area of the state is under Hill and terrace, which constrains the development of water supply to the rural house hold located in such areas.
- In most of the hilly areas ground water level is very low which constraints in making bore wells for supply of drinking water in rural area.
- Rural roads connecting block headquarters to villages are very poor for which the engineers do not supervise the sanitation programme properly.

- The funds meant for rural sanitation are not released in time to the blocks for timely implementation of programme.
- There is no availability of water for sanitation programme in many villages in hilly areas where even the toilets are constructed under IHHL are not properly functioning for which the prefer open defecation.

### **12.3 Opportunities:**

- Govt. of India has now launched “SWACHA BHARAT MISSION” for which lot of fund has been provided by the Govt. of India. The state Govt. should avail such opportunity for expanding Rural sanitation on the state.

### **12.4 Threat:**

- Most of the bore wells are becoming dry after few years of operation due to depletion of water level, which may be a great threat to the entire rural water supply system.
- The state does not have a proper maintenance system for rural water supply which causes irregular supply of drinking water.
- There is no system of storing rain water in the rural areas which may cause unavailability of water to the drinking water supply system.

### 13.0 RECOMMENDATION AND POLICY OPTION:

- A concerted awareness campaign is required, especially in poor performing areas. **.(Refer 10.1)**
- For effective Awareness ,there should be Sensitization and involvement of stakeholders at various levels- Community leaders, PRIs, SHGs, NGO, School children and teachers, Anganwadis, Health workers, Social workers/religious and leaders, Women workers etc. **(Refer 10.1)**
- The idea of using community toilets with overhead water tanks as an effective alternative of IHHL for the poorest families in some tribal and hilly area as the same would eliminate the water problem in the latrine. **(Refer 8.0)**
- Proper attention should be given to the availability of water for sanitation purposes to the households. **(Refer 6.0)**
- The schematic provision may be made for providing water facility in the IHHL for effective utilisation of the latrine.**(Refer 8.3)**
- Convergence with any other scheme may be made for water supply to the IHHL constructed which is major factor for the success of the scheme. **(From field Observation)**
- Maintenance work is required after 4-5 years in case of single pit low cost latrines. **(From field Observation)**
- There should also for provision for material for the maintenance for Low cost latrines in every 4-5 years. **(From field Observation)**
- Special approaches should be developed of participatory planning so that the community/Locality voluntarily come forward for getting involved in the process of planning and maintenance works**(From field Observation)**
- Since in many places the schools Anganwadi centre do not have toilet facility, the state Govt. should prioritise such activity in the rural sanitation programme. **(Refer 7.0)**
- Monitoring through regular field inspections by officers from block and district levels is essential for the effective implementation of the



Programme and it also should be verified that whether beneficiaries have been selected correctly. **(Refer 9.6)**

- Emphasis must be Increased on use of rural pans that consume less water should be introduced. **(Refer 9.6)**
- The inspection may be made to check and ensure that construction work has been done in accordance with the norms with best suited for hilly, flood affected , high water table areas and costal are needed. **(Refer 9.6)**
- NGOs/other Implementing agency should be involved in undertaking construction of household toilets so that beneficiaries cost of construction will be borne by Implementing agencies . However the overall supervision works should be undertaken by RWSS. **(From field Observation)**
- The Govt. should identify some similar NGO'S who have capabilities to do such works in disadvantage areas. **(From field Observation)**

## 14.0 FINDINGS AND POLICY OPTION:

### FINDINGS AND POLICY OPTION:

	Findings and observations	Policy Option
<b>1.</b>	<b>Awareness</b>	
	<ul style="list-style-type: none"> <li>➤ In Odisha, the total sanitation coverage is only 15.3%, its clearly indicate that the sanitation is too low as compared to the other states.</li> <li>➤ The dissemination of significance of Sanitation and personal hygiene in day to day life is lacking .In certain areas the percentage of awareness for Sanitation is low.</li> </ul>	<ul style="list-style-type: none"> <li>➤ A concerted awareness campaign is required, especially in poor performing areas.</li> <li>➤ For effective Awareness ,there should be Sensitization and involvement of stakeholders at various levels- Community leaders, PRIs, SHGs, NGO, School children and teachers, Anganwadis, Health workers, Social workers/religious and leaders, Women workers etc</li> </ul>
<b>2.</b>	<b>Availability of Water for Sanitation:</b>	
<b>a.</b>	➤ Most of the households have reported that they do not have adequate water for flushing which resulting in using the IHHL as a store room rather using for the targeted purpose.	➤ The idea of using community toilets with overhead water tanks as an effective alternative of IHHL for the poorest families in some tribal and hilly area as the same would eliminate the water problem in the latrine.
<b>b.</b>	➤ It is observed that households have adequate water for flushing have effective utilisation of toilets than the other households having no and/or limited water supply. The latter prefer open defecation. (Refer 8.3)	<ul style="list-style-type: none"> <li>➤ Proper attention should be given to the availability of water for sanitation purposes to the households.</li> <li>➤ The schematic provision may be made for providing water facility in the IHHL for effective utilisation of the latrine.</li> <li>➤ Convergence with any other scheme may be made for water supply to the IHHL constructed which is major factor for the success of the scheme.</li> </ul>
<b>3.</b>	<b>Maintenance work</b>	
	➤ In some cases the pits are also get damaged by the rodents, rains or floods. Similar problem can arise in institutional (School and Anganwadi).	<ul style="list-style-type: none"> <li>➤ Maintenance work is required after 4-5 years in case of single pit low cost latrines.</li> <li>➤ There should also for provision for material for the maintenance for Low cost latrines in every 4-5 years.</li> <li>➤ Special approaches should be developed of participatory</li> </ul>

		planning so that the community/Locality voluntarily come forward for getting involved in the process of planning and maintenance works
<b>4.</b>	<b>Sanitation in Institutes</b>	
	➤ Since in many places the schools Anganwadi centre do not have toilet facility.	➤ The state Govt. should prioritise such activity in the rural sanitation programme.
<b>5.</b>	<b>Monitoring and Inspection</b>	
	➤ Still a large number of villages and households are not accessed to sanitation and drinking water facilities.  ➤ Quality and skills for construction are poor at certain locations .No Location wise specific technologies are being adopted .	➤ Monitoring through regular field inspections by officers from block and district levels is essential for the effective implementation of the Programme and it also should be verified that whether beneficiaries have been selected correctly.  ➤ Emphasis must be Increased on use of rural pans that consume less water should be introduced.  ➤ The inspection may be made to check and ensure that construction work has been done in accordance with the norms with best suited for hilly, flood affected , high water table areas and costal are needed.
<b>6.</b>	<b>Involvement of Implementing Agency</b>	
<b>a.</b>	➤ Most of the Beneficiaries are harassed due to delay in the receipt of the financial assistance for the construction of IHHL.	➤ NGOs/other Implementing agency should be involved in undertaking construction of household toilets so that beneficiaries cost of construction will be borne by Implementing agencies . However the overall supervision works should be undertaken by RWSS.
<b>b.</b>	➤ It has been seen that the IHHL scheme is being implemented by “Gram Vikas”, a NGO who manages to make provision for the water supply in certain districts.	➤ The Govt. should identify some similar NGO’S who have capabilities to do such works in disadvantage areas.

## ANNEXURE: SUCCESS STORY

### Annexure 1: Case Study-1 (Success Story on Kuskila)

Kuskila village surrounded by beautiful natural scenario but yet not connected to outer world with concrete road. But sanitation touches every heart in that village. Every household in that village have their own toilet and bath room. They do not go outside for defecation and bathing. The Village Health & Water Sanitation Committee members sit twice in a week to take decision on sanitation and hygiene practice. The said village is totally clean. But the village scenario is not that before one year, a ray of hope on sanitation to that village name “Raja Babu”, a Senior citizen of Kuskila. He initiated the sanitation Campaign, aware the villagers and convinced them about the dare need of sanitation to upgrade their living standard and to lead healthier life. The people of that village accept and realize the necessity of sanitation in their life so they joined their hand with Raja Babu and built their own toilet and bath room.



A Beneficiary IHHL in Kuskila

**Name of the Village:** Kuskila

**Name of the G.P:** Kuskila

**Name of the Block:** Chhendipada

**Name of the District:** Angul

#### Village Profile:

Total nos. of Household – 522 no.s

Total nos. of BPL – 171 no.s

Total nos. of APL – 351 nos.

Total nos. of SC&ST – 218 nos.

Total nos. of General – 304 nos.

**Profile on Sanitation:**

- 1) 481 nos. of household having their own toilet and birth room
- 2) Solid wastes are disposed in proper place.
- 3) 35 nos. of tube wells for supply of safe drinking water into Kuskila.

**Annexure 2: Case Study-2 (Success Story of Satabaripatana SHG Group):**

Satabaripatana village surrounded by beautiful natural scenario but yet due to lack of awareness, sanitation and Water supply was a rocket science for them. But now sanitation touches every heart of that village, Every household in that village have their own toilet, bath room and community disposal point .Today they do not go outside for defecation and bathing. The Village SHG Group member sits twice in a week to take decision on sanitation and hygiene practice. The said village is totally clean. But the village scenario is not that before 8 Month, with the continuous effort of the SHG, the villagers are aware and convinced about the need of sanitation and to upgrade their living standard and to lead a healthier life. The people of that village accept and realize the necessity of sanitation in their life so they join their hand with SHG Member and built their own toilet and bath room.



A Beneficiary IHHL in Satabaripatana

**Name of the Village: Satabaripatana**

**Name of the G.P: Danua**

**Name of the Block: Nimapara**

**Name of the District: Puri**

**Village Profile:**

Total nos. of Household – 56 no.s

Total nos. of BPL – 48 no.s

Total nos. of APL – 8 nos.



A 40,000 Lit Water Tank in Satabaripatana

**Profile on Sanitation:**

- 1) 53 nos. of household having their own toilet and bath room.
- 2) Solid wastes are disposed in proper place.
- 3) 8 nos. of tube-well for supply of safe drinking water into Kuskila.