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A CRITICAL APPRAISAL OF NIRMAL BHARAT ABHIYAAN

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Abstract:-Sanitation is a grave concern issue over the worldwide. In recent times it was limited only to access a toilet in rural areas as well as urban areas especially slums. But due to children and women sufferance this programme took a wide range of problems related to sanitation. United Nations also recognised the importance of this programme. Children were dying due to improper sanitation. Infant mortality rates, diarrhoea, maternal mortality rates, underweight and incomplete physical development of children such health issues become major that's why Nirmal Bharat Abhiyaan was introduced to sum up all problems related to sanitation. Unfortunately this programme also not success as it required in the country. This paper is a critical appraisal of Nirmal Bharat Abhiyaan and a little practice to show the problem grievances in the country.

Keywords:Sanitation, Infant Mortality Rate, Maternal Mortality Rate, Nirmal Bharat Abhiyaan.

INTRODUCTION:

United Nations declared year as the year of International year of Sanitation. Millennium Development Goals also target Sanitation in its Eight goals because two major goals of MDG can be fulfilled through sanitation only which are to reduce child mortality and maternal mortality. India steps towards sanitation first of all introduced as Central Rural Sanitation Programme in 1986. It was simply a supply driven, highly subsidy and infrastructure oriented programme but due to deficiencies mainly less participation by the people and lack of financial assistance this programme led to the formulation of Total Sanitation Campaign (TSC) approach in 1999. The TSC was replaced by Nirmal Bharat Abhiyaan. The guidelines of Nirmal Bharat Abhiyaan and the provisions hereunder are applicable with effect from 01.04.2012. Implementation of NBA is proposed with Gram Panchayat as the base unit. A project proposal that emanates from a District is scrutinized and consolidated by the State Government and transmitted to the Government of India. The objectives of the programme are:

1. Bring about an improvement in the general quality of life in the rural areas.
2. Accelerate sanitation coverage in rural areas to access to toilets to all by 2017.
3. Motivate communities and Panchayati Raj Institutions promoting sustainable sanitation facilities through awareness creation and health education.
4. In rural areas, cover schools and Anganwadis by March 2013, with sanitation facilities and promote hygiene education and sanitary habits among students.
5. Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation.
6. Develop community managed environmental sanitation systems focusing on solid & liquid waste management.

OBJECTIVES

This paper mainly deals with the sanitation campaign in India. The objective of the paper is to present a critical evaluation of Nirmal Bharat Abhiyaan and also suggest some suggestions to tackle the problem of sanitation.

METHODOLOGY

This paper based on the secondary data. The secondary data will be collected from the organizations as well as

publications such as journals, newspapers, magazines, books, Internet, and from other studies taken up by government or other independent organizations such as Central Intelligence Agency, UNICEF, and World Health Organisation.

REVIEW OF LITERATURE

Slocum(1956) talked about the food drug and cosmetic act of 1938, which was like the act of 1906. This law implemented for food sanitation. Clean and hygienic food process recommended by the act as it is key to sanitation. Lowary(1990) found that sanitary conditions in Britain has had and continues to have more impact on health than any advancement in medical science but unfortunately in Britain most of the people deprived of have only limited access to poorly maintained facilities. Kurup(1991) stated that social and economic aspects should be given equal importance in the water and sanitation programme for getting the full support and commitment of the community at every stage of the programme. This will help a great deal in solving problems connected to selection of sites for public taps or latrines, maintenance misuse or water management at the local level. In a study of Bangladesh Bhuttenheim(2008) found that inadequate sanitation remain a leading cause of diarrhoeal and many more health problems especially for mortality among children in developing countries. Urban slums sanitation also affects the nutritional status by limiting exposure to diarrhoeal pathogens and thereby reducing diarrhoeal disease burden. Gupta and Pal(2008) found that sanitation has very much importance for villages as it effects them physically, economically to achieve total sanitation the launch of the Total Sanitation Campaign (tsc) under the restructured Central Rural Sanitation Programme (crsp) and re-strategising it to follow a community-led and people - centred approach in its implementation [tsc Guidelines 2002] has been a significant departure from the earlier principle of state-wise allocation based on the poverty criteria. George(2009) revealed that Nirmal Gram Yojana in India bring the topic of total sanitation among the people for discussion the various issues related with this problem in the country but this programme has many shortcomings which should be removed. As the programme has its influence to the every level of the government especially to gram sabha so it can be helpful a lot to achieve complete sanitation. Cash prizes which are under this scheme also contributed. Nandy and Gordon(2009) revealed the need of human capital interventions in education and health for the children of any country. Regretfully millions of children in developing countries are growing up in squalid condition. Government should provide safe water and sanitation facilities to children for not only their development but also for Nation's future. Kaul(2011) reported that 55% population of India has no access to toilets. Most of population of villages and urban slum dwellers still defecates in the open. Needless to say that open defecate has a severe impact on human health. The water pollution aids the transmission of oral-faecal diseases like diarrhoea and other infections such as round worm and hook worm. Diarrhoea alone accounts forever 535000 deaths in children fewer than 5 years age several malnutrition cases in children due to contaminated water have also been reported.

The Bright side

The national programmes working on decentralization principle has becomes a mission in many villages. The local community took it as a challenge to make their village as nirmal gram. More and more participation by the local community in this campaign of sanitation also boast up the financial assistance level, budget level, and fund level for the apex governing body of this scheme. The financial outlay and expenditure system for the scheme increases year by year.

Financial outlay and expenditure pattern (In Lakh)

Table-1

Share	Total Outlay	Released	Total Expenditure
State	7802	2283	1537
Community	2750	1345	897
State	1943	835	568
Total	12495	4463	3002

Source: www.mospi.in

This plan also builds up more infrastructures for sanitation. Since 1986 when this mission came into existence to 2012, number of toilets made by the government under the national programme all class of the population included above poverty line and below poverty line. Numbers of toilets build up in schools, Anganwadis and sanitary complexes.

Number of toilets builds under Nirmal Bharat Abhiyaan

Table-2

Finance Year	Total[APL+BPL]	School Toilets	Sanitary Complex	Anganwadis Toilets
2001-02	638680	10210	512	674
2002-03	596380	9313	428	974
2003-04	6137010	68085	1580	9526
2004-05	4582283	55226	1623	10259
2005-06	9171407	88092	2697	36057
2006-07	9700380	131542	2953	53126
2007-08	11527890	236259	3006	86489
2008-09	11265882	253004	3245	68995
2009-10	12407778	144480	2230	66227
2010-11	12243731	105509	3377	50823
2011-12	8798864	122471	2547	28409
2012-13	4559162	76396	1995	36677
2013-14	2465375	22828	830	14150

Source: Ministry of Drinking Water and Sanitation.

Financial Progress during 2001-2013

Table- 2

Serial Number	State	Released Total Amount
1	Andhra Pradesh	128179.54
2	Arunachal Pradesh	4113.85
3	Assam	59697.24
4	Bihar	140015.39
5	Chhattisgarh	46887.57
6	Daman and Nagar Haveli	3.15
7	Goa	285.18
8	Gujarat	588000.82
9	Haryana	20325.64
10	Himachal Pradesh	12749.21
11	Jammu & Kashmir	17381.10
12	Jharkhand	55425.90
13	Karnataka	74087.05
14	Kerala	22328.25
15	Madhya Pradesh	143423.90
16	Maharashtra	108383.80
17	Manipur	5998.47
18	Meghalaya	11537.27
19	Mizoram	4543.72
20	Nagaland	4603.16
21	Orissa	74877.51
22	Pondicherry	94.84
23	Punjab	3756.11
24	Rajasthan	46848.30
25	Sikkim	2961.19
26	Tamil Nadu	92796.66
27	Uttar Pradesh	8456.30
28	Uttrakhand	326901.52
29	West Bengal	11952.11
		116953.37

Source: Ministry of Drinking Water and Sanitation.

Nirmal Gram Puraskar

Total Sanitation Campaign (TSC), which was launched on 1st April 1999, envisaged a pivot role for the Panchayati Raj Institutions (PRIs) in achieving clean and healthy conditions in rural India. Nirmal Gram Puraskar was announced as incentive scheme for the PRIs to honour, felicitate and encourage those Panchayati Raj Institutions which have attained the following criteria within their area of jurisdiction: (a) All houses have access to sanitary Toilets (b) All schools and anganwadis have access to toilet facility (c) It is free from practice of open defecation (d) Maintenance of clean environment. In addition this award can also be given to persons and institutions other than PRIs, which have made exceptional contributions for the promotion of sanitary habits in rural areas.

Nirmal Gram Puraskar State Wise Achievements over the Year

Table-3

Sr. No.	States	No. Of PRIs in 2005	No. Of PRIs in 2006	No. Of PRIs in 2007
1	Andhra Pradesh	-	10	143
2	Arunachal Pradesh	-	-	2
3	Bihar	-	1	3
4	Chhattisgarh	-	4	90
5	Gujarat	-	12	576
6	Haryana	1	4	60
7	Himachal Pradesh	-	-	10
8	Jharkhand	-	-	12
9	Karnataka	-	-	121
10	Kerala	-	-	226
11	Madhya Pradesh	1	6	190
12	Maharashtra	-	1	1974
13	Rajasthan	13	381	23
14	Orissa	-	8	33
15	Tamil Nadu	-	119	296
16	Tripura	13	36	46
17	West Bengal	1	134	475
18	Uttarakhand	11	13	109
19	Uttar Pradesh	-	40	488
20	Sikkim	-	-	27
21	Mizoram	-	-	3

Source: Ministry of Drinking Water and Sanitation [- no change]

Road to Reform

The continuing of open defecation is causing serious problems to the people of India. Millions of people in India still helpless to access a toilet as a result we are leading among the nations where open defecation is still a major issue.

Population practising open defecation by countries

Table-4

Country	Number of People [In million]
India	665
Indonesia	66
Pakistan	50
Ethiopian	52
Nigeria	29
Brazil	18
Bangladesh	18
Sudan	14
Nepal	14
Niger	11
Vietnam	10
Mozambique	10
China	37

Source: UNICEF and World Health Organization.

The women and children are most effected from a number of health problems such as diarrhoea, underweight, high rate of maternal mortality, infant mortality, decadal decline in number of child and low rate of life rate of expectancy. India ranks first in case of deaths which are happened in the World every year. People are unable to access drinkable water, toilets. They remain in unhygienic environment, mothers as well as their children not aware about the importance of hygienic way of living as a result they easily become affected by the infections of such disease like diarrhoea.

Death Rate, IMR & Life Expectancy in India-year wise- Table-5

Year	Death Rate [In Percentage]	Infant Mortality Rate	Life Expectancy at Birth
2006	8.18	54.63	64.71
2007	6.58	34.61	68.59
2008	6.4	32.31	69.25
2009	6.23	30.15	69.89
2010	7.53	49.13	66.46
2011	7.48	47.57	66.08
2012	7.43	46.07	67.14

Source: CIA World fact book [Central Intelligence Agency]

Nutrition status of children (<5years) Table-6

Nutrition status of children(<5) NFHS	Male child	Female child
% Children Stunted (height for age)	48.1	48
% Children wasted (weight for height)	20.5	19.1
%Children Underweight (weight for age)	41.9	43.1

Source: National Family Health Survey.

Decadal decline in child number (0-6) age group Table-7

Census	Persons	Male child	Female child
2001	163837395	85008267	78829128
2011	158789287	82952135	75837152

Source: Census of India, office of Registrar General of India.

Diarrhoea cases among children under five by Region Table-8

Region	Number of children [In million]
East Asia and Pacific	435
South Asia	783
Africa	696
Rest of the World	480

Source: World Health Organisation and UNICEF Report.

Total number of children died due to Diarrhoea worldwide ranking Table-09

Rank	Country	Total number [In Million]
1	India	386600
2	Nigeria	151700
3	Democratic Republic of the Congo	89900
4	Afghanistan	82100
5	Ethiopia	73700
6	Pakistan	53300
7	Bangladesh	50800
8	China	40000
9	Uganda	29300
10	Kenya	27400
11	Niger	26400
12	Burkinfasco	24300
13	United Republic of Tanzania	23900
14	Mali	20900
15	Angola	19700

Source: World Health Organisation and UNICEF Report.

SUGGESTIONS AND CONCLUSION

Sanitation is not just associated with internal beauty of the nation but also with the physical and mental health of the people. Whenever sanitation and its issues become headlines, the well-known international organisation and sanitation mission Sulabh Shauchalaya [toilets] cannot be ignored. This mission changed the scenario of rural life. Urban slums also under the same danger as 1/8 part of the population lives in slums, so it should be addressed in an efficient way. The Sulabh mission makes it Sulabh {easily approachable} to approach a toilet for number of people. Hand wash mission by the international organisation UNICEF also promoted it over the worldwide. Study proves that hand wash is very effective practise to minimise the danger of infection of disease. The vital role of women in water, sanitation and hygiene (WASH) interventions is undeniable. But even though women's involvement in the planning, design, management and implementation of such projects and programmes has proved to be fruitful and cost-effective, the substantial benefits of this approach are not properly recognised. One result is that, all too often, women are not as centrally engaged in water and sanitation efforts as they should be. So women should motivate to come forward in the sanitation movement.

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