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Toilet Usage Situation under 'Swachh Bharat Mission' in Rural West Bengal: Need Integration in Strategies of Intervention

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Abstract

Sanitation is an essential component of health and overall social well-being. The government has implemented several programmes from time to time to ensure total sanitation for all, but the goal has not been achieved so far. Launching of 'Swachh Bharat Mission' (Clean India Mission) has ushered in lot of prospects and opened up new opportunities to intervene and make India a healthy place to live. Under the overall ambit of this mission, West Bengal has been implementing 'Mission Nirmal Bangla' (Clean Bengal Mission), which has made steady progress on construction of toilets but usage situation has not changed significantly. Based on the secondary data, this article reviews the situation in West Bengal, locates the present challenges and suggests some strategies under the broad framework of rights-based approach to ensure the usage of toilets to make the state clean and healthy in near future.

Keywords: *Toilet Usage, Rural Sanitation, Health, Rights-based Approach, Swachh Bharat Mission*

INTRODUCTION

Basic sanitation is a human right[1] and cornerstone of public health[2]. Keeping this simple statement in view, when Sustainable Development Goals (SDGs[3]) were set by member countries of the United Nations in September 2015, it gave due importance to water and sanitation. At the

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start of the SDG period, an estimated 892 million people worldwide defecated in the open. Ninety per cent of them (812 million) lived in rural areas and nearly two-thirds of them (558 million) were in Central and South Asia. In rural India, 55.6 per cent population is still practising open defecation (WHO & UNICEF, 2017). Obviously, the figures are a matter of grave concern for Indian sanitation policy, media professionals and common masses (Showkat, 2016).

Sanitation was a part of development agenda in India after independence. It got due place in First Five Year Plan (1951–56)[4] along with water supply. Even if we consider only formal initiative on sanitation, the Government of India has implemented several programmes such as Central Rural Sanitation Programme (CRSP)[5] in 1986, Total Sanitation Campaign (TSC)[6] in 1999, '*Nirmal Bharat Abhiyan'* (NBA) or Clean India Movement[7] in 2012. In October 2014, the honourable Prime Minister of India launched the '*Swachh Bharat Abhiyan*' (Clean India Mission), which marks the beginning of the largest programme on sanitation by the Indian Government till date. It aims to ensure access to sanitation facilities and safe and adequate drinking water supply to every person by 2nd October, 2019. A close and critical observation of the sanitation programmes taken up by the government from time to time shows a gradual evolution from 'government imposed' to 'people-centric' approach.

A few months before touching the deadline of October 2019 to achieve sanitation to all under the national flagship programme, this paper critically analyzes the situation of West Bengal and explores the needed strategies of intervention for ensuring toilet usage by all in rural areas of the state.

MATERIALS AND METHODS

The review is based on secondary data. A wide range of research articles from JSTOR, ScienceDirect, J-Gate, and government reports, reports of the national and international agencies and civil societies, newspaper reports, etc., have been reviewed to understand the situation and challenges at national and state levels and identify the issues of intervention. A few data were also made available from concerned government department. In addition, using the handy experience of extensively working with government and international agencies for the cause, points of intervention, with an urge to integrate strategies, have been suggested.

TOILET USAGE SITUATION IN RURAL WEST BENGAL

Before we take up the case of West Bengal, we must remember that the usage of toilet throughout India depicts a gloomy picture. As per the Census of India 2011, in rural areas, 30.7 per cent households have toilets within premises, 1.9 per cent households use public toilet and rest, i.e., 67.3 per cent households defecate in the open. These data for pan-India level are 46.9, 3.2 and 49.8 per cent, respectively, and that for the urban area are 81.4, 6 and 12.6 per cent (Census of India, 2011). The finding of the 69th round survey of National Sample Survey Organization (NSSO), which was conducted during the period between July and December 2012, was also similar with census data. It showed that there were 59.4 per cent households in rural areas that do not have toilets. So, it is clear from the data that problem is more widespread in the rural areas compared to the urban areas.

Launching of *Swachh Bharat Mission* (SBM) in 2nd October 2014 sets a milestone in the history of rural sanitation in India. In the beginning, overall sanitation coverage in India was 42.12 per cent. The mission sets its target to cover all household in India by 2nd October 2019. By October 2018, the mission completed its 49 months of the total 60 months' time frame set for achieving its target. A record 8.34 crore individual household latrines (IHHLs) were built and the coverage of households increased from 42.12 per cent to 95.63 per cent during these 4 years of the SBM – *Gramin* (MoDWS, 2018). Coverage wise, very good achievement is noticed though there is still a question about change in human behaviour and actual use of toilets.

As far as the situation of West Bengal is concerned, nearly 51 per cent population in rural areas of West Bengal continues to defecate in the open (Census of India, 2011). The Government of West Bengal conducted a survey in 2012–13 to assess the situation of access and use of toilets at the household level. The survey data revealed that there were more than 6.7 million households in the state that did not have access to individual household latrines (P&RDD, 2018). The NSSO 69th round survey reveals a very astonishing feature that out of 58 per cent households having improved sanitation facility at home only 40 per cent of them exclusively use it. Again, 39.7 per cent rural households in the state do not have toilet facilities at all. According to *Swachh Survekshan (Gramin)* 2016, in rural West Bengal there are 65.1 per cent households that have sanitary

toilets (MoDWS, 2016). On the usage side, this latest survey shows a positive picture. It says that 97.5 per cent people are using household or community toilets out of households having toilets. The survey considered four sample districts from West Bengal – Nadia, Purba Medinipur, Hoogly and North 24 Parganas. It shows that 97 per cent households in Nadia and Hoogly, 96 per cent households in North 24 Parganas and 95 per cent households in Purba Medinipur are having access to safe toilets and using those (MoDWS, 2016). Another study in West Bengal reveals that Purulia has the highest rate of open defecation (87.2 per cent) followed by Bankura (78.9 per cent). On the other hand, open defecation rate was lowest in North 24 Parganas (8.5 per cent) followed by Purba Medinipur (11.6 per cent). The report also provides an insight into the fact that there are intra-district disparities in usage of toilets (Ghosh, 2017).

Present Strategy of the State

Keeping in view the target to make the state open defecation free (ODF) by 2019, the government adopted multi-pronged strategy under its overall ambit of '*Mission Nirmal Bangla*', christened by the state government as an off-shoot of SBM. Government gave priority to construction of household toilets in each uncovered household and renovation of dysfunctional toilets, covering all educational institutions and *anganwadi* centres, establishment of community sanitary complex to cater to the need of homeless and landless people and, later on, arrangement for disposal of solid and liquid waste of the villages. Strategy was also adopted to involve different stakeholders in the implementation process like educational institutions, Panchayati Raj Institutions (PRIs), women Self Help Groups (SHGs), civil society organizations (CSOs) and the community youth (P&RDD, 2015). The state has been showing a steady rise in terms of sanitation coverage since the period of *Nirmal Bharat Abhiyan* initiated in 2012. The state has built 58,55,054 IHHLs since the launching of SBM (MoDWS, 2018).

It is also noteworthy to mention that though there is an overall uniform strategy across the state for making it free from open defecation by stipulated time period, flexibility is given to the districts to bring innovation in their efforts as per the socio-cultural and political environment. Nadia, the first ODF district in the state, started with its own theme, '*Sabar Souchagar*'[8] (Toilet for All) joining hands with UNICEF (Swachhta Samachar, 2016; UNICEF & Hijli Inspiration, 2014). Murshidabad tried with its own theme, 'Blue Toilet'[9]. Much flexibility is seen in adopting district-specific

community mobilization strategies by using local folk culture. To mark the success of Nadia district and inspire others by showcasing it, 30 April (the day when Nadia became first district to earn ODF status) is observed as '*Nirmal Bangla Divas*'[10] (Clean Bengal Day) across West Bengal, which is again a campaign strategy (Acharya, 2015).

Challenges in West Bengal

Though West Bengal has made considerable progress in terms of construction of toilets in number, this achievement is not free of limitations. There are several challenges posed before the government to make the state ODF in the stipulated time frame. The challenges may be discussed in two broad categories – (1) supply-side challenges and (2) demand-side challenges.

Supply-side Challenges

On the supply side, government lacks capacity to meet the issues of defunct toilets, make quality materials available to people and to make the water accessible to all households. For instance, earlier installed toilets from previous programmes are almost defunct because of their poor quality. These categories of households are not prioritized by local government in the current programme despite clear guideline for renovation of defunct toilets (P&RDD, 2015). Again, in spite of adopting alternative delivery mechanism through Production Centers (PC) or involving Federation/ Clusters of women SHGs to run Rural Sanitary Mart, still there is a gap between demand and quality supply (P&RDD, 2018; UNICEF & Hijli Inspiration, 2014). Further, scarcity of water is a general phenomenon in western districts of the state like Purulia, Bankura, Jhargram and Paschim Medinipur (Chaudhuri & Roy, 2016; Maji & Halder, 2017). It adversely affects the utility of toilets and disinterests the people to use it. There are also certain areas where water scarcity is not a general phenomenon but it is not easily available. Women have to face a lot of challenges for carrying water from distant points (NSSO, 2014).

Demand-side Challenges

Various research studies have reflected that use of toilets depends upon social and cultural norms to a great extent (Crocker, Abodoo, Asamani, Domapielle, Gyapong, & Bartram, 2016; O'Reilly, 2010; Shakya, Christakis, & Fowler, 2014). Bringing change in the behaviour requires education on hygiene and strong motivation for health-seeking behaviour.

Behaviour change communication (BCC), at individual and community levels, can play determining role to address the issues (O'Connell, 2014; Tarraf, 2016). Local governments have failed to understand its importance and thus failed to generate demand from the community. As per guideline, though the government has directed all districts in West Bengal to follow Community Led Total Sanitation (CLTS[11]) approach, still the efforts vary from district to district (P&RDD, 2015). Due to lack of efforts at the local level, geographically isolated and socially excluded groups like Scheduled Caste, Scheduled Tribes, women, etc., have not been mobilized properly to demand services from the government. A study in Birbhum district reveals that there is a low level of awareness among women who have the potential to bring about change in social behaviour (Hazra, 2013).

NEEDED STRATEGIES OF INTERVENTION

Mission *Nirmal Bangla,* being a part of national flagship programme, has received attention of all stakeholders including government officials, PRIs, development agencies, Community Based Organizations (CBOs), media, development professionals and academia. Policy makers and implementers involved at different levels of the existing government institutional arrangements of the mission are from different background – ranging from government civil service to development professionals, PRI functionaries, and NGO workers and so on. Assuming their understanding of the rural context, human behaviour, government service delivery mechanism, critical gaps and role of each stakeholder at different level, a comprehensive framework for intervention can help these diversified actors to identify the points of intervention and apply situation specific techniques to have effective implementation of the programme. In this context, 'Rights-based Approach' (RBA[12]) can be viewed as a broad framework that provides theoretical base of intervention, identifies the issues at micro as well as macro levels and creates scope of intervention for collective behaviour change, thus influencing the community to successful adoption of changed social norms.

RBA views the sanitation issues from human rights perspective. As RBA aims to bring about the realization of the rights of the people, it follows participatory, multi-actor approaches involving media, corporation, PRIs, schools, NGOs, CBOs, communities and individuals. So, it identifies the points of intervention at 'micro level' (individual and household), 'mezzo level' (community, CBOs, NGOs, etc.) and 'macro level' (government

including local government/PRIs, media, etc.). RBA aims to enable claim holders (rural people) to claim their rights and duty bearers (government functionaries) to meet their obligations under international priorities (SDGs) and national priorities (sanitation for all by 2019 as stated in SBM). The RBA establishes a link between making the community realize their need and claim their rights and making the services available to the last mile from the government. It sets the ground for working together towards a common goal. RBA not only talks about *what* we achieve but *how* to achieve it.

RBA generally intervenes at various levels by applying its scientific methods, tools and techniques. The points of intervention envisaged in the RBA in this context can be broadly discussed in three categories – (1) individual or family-level intervention, (2) community-level intervention and (3) agency-level intervention.

Individual or Family-Level Intervention

At the individual or family level, development workers can adopt the following measures to make the SBM more effective and mitigate its drawback and shortcoming.

(a) *Motivation for Construction and Use of Toilets*

Development workers can motivate the individual or family to construct and use toilets in houses by adopting the techniques of BCC through generating awareness, education, and demonstration about the ill-effects of Open Defecation (OD). Empirical evidence shows that 'concern for health' (Coffey, Gupta, Hathi, Khurana, Spears, Srivastav, & Vyas, 2014; GoI, 2015), 'government subsidy as incentive' (GoI, 1998), etc., are not such strong motivating factors for changing the behaviour of people. So, a development worker should find out the motivational factor for convincing women and men for the consistent use of toilet facilities and grow interest on them. The motivating factors for men may be 'cost of a toilet', 'improved house value', 'dignity and safety of women', etc., while influencing factors for women may be 'good parenting', 'education or marriage chances of children', 'safety and convenience', etc. (GoI, 1998, 2015; O'Connell, 2014; Tarraf, 2016).

(b) *Information, Education & Communication (IEC)*

In order to bring about changes in hygiene behaviour, information, education and awareness are inevitably required (Banerjee, Banik, & Dalmia, 2016). Effective hygiene behaviour promotion should include the safe disposal of child faeces, drinking water handling, menstrual hygiene and washing hands at the correct time as part of information

and education (GoI, 2015). A committed team at the community level is needed to promote hygiene behaviour, ensure usage of toilets and halt the relapse in behaviour through interpersonal communication in addition to merely promoting construction (GoI, 2015). People should be made familiar with technical matters (O'Connell, 2014; Tarraf, 2016) such as the design of toilets, its way of functioning and how to use it effectively (GoI, 2015).

Development workers placed the need to play pivotal role in bringing integration in stretegies, while intervening at the household level, at different levels. In this regard, '*Swachhta Doots*'[13] (Messengers of Cleanliness), the village-level motivators, need to use their interpersonal communication skills to help the people understand the risk of open defecation, use and benefits of appropriate technology, benefits of adopting appropriate hygiene behaviour and so on. Myth and misconception related to use of toilets need to be removed by breaking the religious, cultural and gender barriers at the family level. SHG network, Gram Panchayat functionaries and other frontline workers engaged with NGOs/CSOs need to work in close coordination to identify the gaps between last-mile service providers and family-level service recipients and plug the loopholes in the local context. Development workers at block and district levels need to design appropriate communication strategies to motivate people at household level, keeping in view the local socio-cultural context.

Community-Level Intervention

Behaviour change at individual level may not guarantee complete sanitation coverage until and unless the entire community is motivated enough (Kar & Chambers, 2008). Development workers can use suitable participatory techniques and tools to motivate the entire community for behaviour change and generate demand for construction of toilets and ensure its usage. In this regard, CLTS can be viewed as a participatory tool. It can be used under the broad framework of RBA to trigger the community to realize the threat of open defecation, understand the need of proper sanitation and bring out desirable change towards modern social norms and claim for their entitlements. While the CLTS does not advocate for providing subsidy by the government, RBA conceptualizes it as the obligation of the duty bearers and establishes a link between two who are working together to achieve the same goal.

Following the guideline provided by the government, the use of CLTS as a comprehensive participatory tool needs to be universalized. While planning for adopting CLTS approach for a particular community, it is to

be combined with water safety plans, wherever possible. IEC strategies need to be linked at each stage of CLTS for triggering the community by use of mid-media (street play, folk song, etc.) or mass media in a localized approach (Kar, 2003; Kar & Chambers, 2008). Socially excluded groups need to be involved in the community planning process (Banerjee, Banik, & Dalmia, 2016; Hazra, 2013). Taking lesson from China, emphasis should be given on vision building and target orientation of the communities and promoting volunteerism instead of deploying more paid motivators (Sarkar, 2018).

Agency or Institution-Level Intervention

Success of any development programme largely depends upon identification and selection of proper beneficiaries and involving them as stakeholder (Jenkins & Scott, 2007; O'Connell, 2014; Peal, Evans, & Voorden, 2010; Tarraf, 2016). So, a social survey followed by stakeholder analysis (Kar, 2003; Kar & Chambers, 2008) needs to be carried out by the agencies before intervention. Development workers engaged by the agencies need to play facilitative role in capacity building of the stakeholders and institutional strengthening of the organizations for quality service delivery (MoDWS, 2014; P&RDD, 2015). All organizations like – government departments, CBOs/NGOs, private agencies, academic institutions, etc., – need to work together in partnership, not in isolation. As an example, state government in Delhi has launched the 'Mission Convergence' by involving 130 CSOs focusing on IEC, gender issues, household-level training and environmental sanitation (GoI, 2015).

CONCLUSIONS

Launching of SBM has ushered in sea changes in the rural sanitation programme in India by adopting state priorities. West Bengal has undertaken overall strategies laid out in the national guideline but there lies gaps in implementation. CLTS has been accepted as an effective tool but not followed stringently contextualizing the local situation. RBA envisages the problems from human rights point of view and prescribes for integrating the strategies and building partnership with all stakeholders at different levels for plugging the loopholes in present strategies.

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NOTES

[1] In July 2010, UN General Assembly adopted a resolution recognizing access to and use of basic sanitation services (excreta and waste water facilities and services) as a human right. For details, see: https://www.unric.org/en/sanitation/27281

[2] Sanitation services help to separate excreta from human contacts and saves human life from a number of contagious diseases. For details, see: www.who.int/mediacentre/news/releases/2008/pr08/en/

[3] In September 2015, 193 member states of the United Nations came to an agreement to set 17 goals for social economic development of all countries covering the issues like poverty, hunger, health, education, climate change, gender equality, water, sanitation, energy, urbanisation, environment and social justice. Under these 17 goals, 169 targets were set for achievement by 2030. There are several goals and indicators which are directly related to health and sanitation. For details visit: https://www.un.org/sustainabledevelopment/sustainable-development-goals/

[4] Indian economy was premised on the concept of planning. This was carried through Five Year Plans (FYPs). These FYPs were developed, executed and monitored by Planning Commission, set up by the resolution of government of India in March 1950. In July 1951, the Planning Commission issued the draft outline of the First Five Year Plan for the period April 1951 to March 1956. For details visit: http://planningcommission.nic.in/plans/planrel/fiveyr/index1.html

[5] Central Rural Sanitation Programme (CRSP) was India's first nationwide sanitation programme launched in 1986 to provide safe sanitation in rural areas. The focus of the programme was on providing subsidies to people to install sanitation facilities at home.

[6] Total Sanitation Campaign (TSC) was introduced by the government of India in 1999. The objective was to gear up the coverage of sanitation throughout the country especially in rural areas. The campaign laid emphasis on information and education for generating demand for sanitation facilities at home, public places, schools and government institutions. For details visit: http://www.indiasanitationportal.org/full-view-page.php?title=MTQ3

[7] Encouraged by the success of Nirmal Gram Puraskar, TSC was renamed as Nirmal Bharat Abhiyan in April 2012. The objective of the programme was to accelerate the sanitation coverage in rural areas in a saturation mode. For details visit: https://mdws.gov.in/nirmal-bharat-abhiyan-nba-guidelines

[8] '*Sabar Souchagar*' is a Bengali term which means 'Toilet for all'. It is campaign strategy adopted by the district administration with technical support from UNICEF. This initiative received the United

Nations Public Service Award. For details visit: http://sabarshouchagar.in/nsr/Nadia_Study_Report.pdf

[9] 'Blue Toilet' is a cost effective model designed by the district administration of Murshidabad under the overall provision of MNB guideline for promotion of construction and use of IHHLs among rural households (Sanitation Cell, Murshidabad Zila Parishad. For details visit: http://www.murshidabad.gov.in/Schemes/MNB.pdf

[10] '*Nirmal Bangla Diwas*' means Clean Bengal Day. To celebrate the success of Nadia district as first Open Defecation Free (ODF) district in India after launching of SBM, on 30th April 2015, Hon'ble Chief Minister of West Bengal declared the date as '*Nirmal Bangla Diwas*' in order to inspire the other districts to make West Bengal ODF state by August 2019 (GoWB, 2015; webindia123, 2017, 30 April). The first '*Nirmal Bangla Diwas'* celebration on 30th April, 2015 had seen massive programmes at all districts and Gram Panchayats where political & Panchayat functionaries participated in huge numbers. For more details see: http://www.missionnirmalbangla.in/about/

[11] Community Led Total Sanitation (CLTS) is an approach pioneered by Dr. Kamal Kar, a development practitioner. The approach was piloted successfully in Rajshahi district of Bangladesh in 2001 and gradually scaled in several countries in South Asia and Africa. It is based on the principle of triggering collective behaviour change of the community by using Participatory Rural Appraisal (PRA) method. It follows a step by step process for sensitization of the community by involving all stakeholders and helps them to understand the negative effect of poor sanitation and empower them to collectively find solution for their sanitation situation and finally adopt sustainable sanitation practices. This approach differs from other intervention model as it is against the view of depending on government subsidy for the construction of toilets.

[12] This is an approach to development promoted by international development agencies to bring transformation in power relations among different development actors. This approach bridges the gap between two stakeholder groups namely, right holders and duty bearers through capacity development and empowerment respectively. For more details see: http://gsdrc.org/topic-guides/human-rights/rights-based-approaches/

[13] 'Swachhta Doots' are village level motivators introduced during TSC in 2011. The concept was promoted for motivating the people at household level (through interpersonal communication) for catalyzing behaviour change in individual in respect of sanitation and hygiene. For more details see: https://hptsc.nic.in/2%20(15).pdf