

Analysis of Policy Development of Rural sanitation programs in India

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Abstract

The perception of sanitation generally includes waste disposal, personal hygiene and household as well as environmental hygiene. It would not be incorrect to articulate that it barely describes the sanitary conditions as they acquire in the rural India. The majority of the citizens still defecate in the open space, the majority of the villages lack waste management and sewage systems and many in the villages are unaware about the outcomes of poor sanitation and insanitary conditions. As a result, many people suffer and even die of diseases caused by harmful practices of personal and ecological hygiene. Rural sanitation numbers significantly in the National Agenda for supremacy. At present the degree of hygiene coverage in India is around 98 percent of all rural households as per Government portal data. The nonexistence of secure sanitation contributes considerably to the poor quality of life as reflected by well accepted parameters like Infant mortality and morbidity rates. Rural sanitation is a National subject. The central governments execute the rural sanitation program under various policies. The central government supporting their efforts to providing monitory and scientific assistance through the centrally sponsored Rural Sanitation Program (Central Rural Sanitation Program).

In this paper researcher will review various Government programs for promoting safe and sustainable sanitation to rural India & This paper specifically deals with the various guidelines of Government of India.

Keywords: 1. Rural Sanitation, 2. waste disposal, 3. Central rural support Programs. 4. Total Sanitation Campaign, 5. Swachh Bharat Mission-Gramin

Introduction

Hygiene has been the important around the beginning of human evolution. It is the important of human need. It is a status we need to live on normal basis. It is basically well-known with our everyday living. However, neither we nor the earth we live in can make due without rightful hygiene. However it has been among the most unnoticed parts of our life. Non-attendance of mindfulness about the implication of hygiene and our long ignore of it has made remarkable harm our lives, our social addition, just as our state. In the Indian setting, the issue of hygiene is intensify by its attach to

manual searching and inapproachability. Poor hygiene is said to be a natural poison, while inapproachability can be portrayed as social pollution. Except if manual searching is totally dispensed with, we can neither have suitable sanitation nor have great social union. Mahatma Gandhi, in the warmth and residue of the Indian opportunity development, understood the tremendousness of the issue of distance and put it high on his motivation. That is the reason Gandhiji said "I would prefer not to be re-conceived, however on the off chance that I must be re-conceived, I ought to be renewed as a distant, with the goal that I may share their distresses, sufferings and the insults leveled against them all together that I may try to liberate myself and them from.

The imperative significance of sanitation and water to human wellbeing and prosperity and their job as a motor of advancement is all around perceived over the globe. The inquiry is the means by which to quicken progress towards accomplishing the United Nations Development Program (UNDP) Millennium Development Goals (MDG) target and how to go past it so as to eventually accomplish the vision of general access. An endeavor is made to inspect current status of sanitation and open poo in the World in contrast with India against this setting.

1.1 Chronicled perception of Sanitation in India

The area is planned to talk about the authentic viewpoint of sanitation by introducing actualities from old time to till date.

1.1.1 Sanitation-Ancient India

At the point when man was not edified and lived in timberlands and caverns, sanitation was not by any means a reasonable idea. In such a case, open poop was not only an alternative but rather, it was an impulse. In any case, if that stayed an impulse for a huge number of years, it is of least enthusiasm to history. At the point when the incredible developments viz., Indus valley, Egypt, Athens, Rome, and numerous others thrived, sanitation was as yet an extravagance of the rich, while it is outside the allotted boundaries for poor people. Open crap was a typical and socially adequate standard and accessibility of limitless space was its method of reasoning. It was the benefit of the lords, sovereigns and the nobles alone. The conventional individuals were very glad and fought with their outdoors poop.

In any case, history specialists and archeologists have by one way or another recorded the most cozy parts of private public activity by uncovering confirmations of toilets and channels, of cesspools and washing places in Mohenjo-Daro and Harappa in the third thousand years BC, in-house toilets in old Egypt in the second thousand years BC, and sewer game plans in Rome in 615 BC. There were open toilets in Pompeii and Rome. The general picture was that of a network lobby with columns of gaps with a streaming channel underneath. defenses had balancing toilets on their defenses with the waste falling into trench or streams. There were even toilets reaching out into waterways. The story is a long and captivating one going through hundreds of years and nations and gives astute answers for 'the changeless ever present issue'.

Observing back at the Indian authentic setting, it is a piece shame to take note of that as indicated by our Vedic age sacred writings rummaging (manual treatment of human excreta by a specific rank) had been in presence, since the start of progress. One of the fifteen obligations of slaves given in the Naradiya Samhita was transfer of human excreta. During the Vedic time frame towns and towns had

appropriate seepage offices and houses with washrooms, yet no toilets. Coming into the Christian thousand years, Chanakya's Arthashastra gives a brief record of the Mauryan organization, in which urban communities were kept slick and clean with appropriate sterile plans. As indicated by the Greek explorer Megasthenes, who voyaged widely in India and lived for a long time in Patliputra (the present Patna), the city had a decent seepage framework with splash pits, and open crap was not permitted. In any event, during the medieval period, urban communities were all around arranged with an appropriate waste framework.

1.1.2 Before Independence Period

With the happening to the Mughals and the establishing of the Mughal domain by Babur in 1526, the sanitation circumstance changed for the more regrettable. There was a complete nonattendance of social mindfulness about network sanitation. Country territories were completely disregarded. Clearing and Scavenging were built up as callings, especially for the individuals who were made hostages after their thrashing. Pail privies were being used in the Mughal groups of concubines for purdah, which were cleaned by the slaves. In any event, during British principle, no endeavors were made to make social mindfulness among the majority against open crap and its perilous results. Rustic sanitation was completely disregarded. The urban areas were intended to have common lines or Cantonments for the Britishers with satisfactory sewage and waste frameworks, yet the rest of the parts where Indians lived had no community enhancements by any stretch of the imagination. The septic tank was presented around 150 years prior. Strikingly the principal present day latrine in U.S President's legitimate living arrangement - the Whitehouse was worked around 1830 in particular. After districts were built up in towns and urban communities, countless individuals were utilized for clearing and searching administrations. The sewerage framework was presented in 1870 and so far, there was no arrangement of toilets in the Indian railroads, which were presented a lot later.

1.1.3 After Independence

Autonomy in 1947 uncovered the grave issue of sanitation in India. In the previous Five Year Plans development of sewerage was given high need, however even till today there are not really 240 towns (out of 4700) with sewerage frameworks. It was in the Sixth Five Year Plan, that a plan for the freedom of scroungers was presented with the twin goals of change of dry restrooms into flush toilets and recovery of freed foragers in elective occupations. The across the board issue of open poop, even in urban territories, stays troubling following 60 years of autonomy. The circumstance is especially urgent and perilous for womenfolk who are constrained by unobtrusiveness to go out just before dawn or after dim to forlorn territories to answer nature call. Insights uncover that even today 110 million Indian families don't have toilets, and 10 million houses have pail privies; that scarcely 20 percent of urban populace approach sewerage toilets, 14 percent to septic tank toilets, 33 percent have can lavatories and the staying 33 percent nothing by any means. The provincial measurements uncover an inauspicious picture as sanitation inclusion is just 17 percent. Thus, about a large portion of a million youngsters bite the dust each year because of looseness of the bowels and extreme lack of hydration.

The Indian parliament passed the Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Bill 1993 to cancel rummaging and boycott development of dry lavatories. It additionally comprised the National Commission for Safai Karmacharis in 1994, with its

fundamental capacity being suggesting explicit projects of activity towards end of imbalances in status, offices and open doors for Safai Karmacharis under a period bound activity plan and study and assessment of the usage of the projects and plans. Yet, unfortunately, almost no has left these administrative endeavors.

The UN Millennium Development Goal (MDG) for sanitation was set at the World Summit on Sustainable Development, Johannesburg in 2002 to split the extent of individuals without maintainable access to fundamental sanitation by 2015, and giving sheltered and sterile toilets to all by 2025. However, considerably following an entry of 5 years, the objective still stays subtle. The two current innovations specifically the sewerage framework with a sewerage treatment plant and the septic tank framework are not liable to be feasible for achievement of the objective. Every nation should embrace its own proper and reasonable innovation, which must be locale and advancement based.

1.2 Sanitation and Sulabh International in India

Public/Community Toilet i.e., "pay and use" it had just been attempted without progress when the British government in 1878 has passed an Act for setting up just because the "pay and use toilets" in Calcutta. Be that as it may, the plan flopped hopelessly both in Calcutta and different pieces of the nation as the support were horribly disregarded. The appalling smell would demoralize individuals from utilizing such toilets. Considerably after freedom, the Indian government didn't engage the thought genuinely. Following a pass of 96 years in India, Dr.Pathak responded to the call by preparing to set up undeniable Sulabh Public Toilet buildings at not many Bihar urban communities - Patna, Arah and Buxar subsequent to persuading their regions in 1974.

In India Sulabh has built up the two innovations, one for singular families and the other reasonable for open toilets, lodging states, elevated structures, medical clinics, and so on. Sulabh has indicated the way how the MDG can be accomplished in India by 2015 and 2025, or significantly prior. It's more extensive points of improved ecological sanitation and the total freedom and recovery of foragers and different untouchables are extra advantages spilling out of fundamental sanitation innovations. Dr.A.P.J.Abdul Kalam, the previous President of India wrote in his book "Strategic" Sulabh is doing honorable work to improve sanitation in the nation, which is the biggest globally perceived skillet Indian social assistance outfit with more than 35,000 volunteers. It started through Pathak's longing to support foragers – people who convey and discard human excreta. He built up a two – pit pour flush latrine (known as the Sulabh Shauchalaya) which required no rummaging to clean. In this manner Sulabh additionally began compensation and utilize open toilets, prevalently known as Sulabh Complexes, with shower, clothing and latrine offices. These are utilized by ten million individuals consistently.

1.3 Open Defecation Free & Sanitation Level in India

In this segment an endeavor is made to explain a portion of the significant definitional ideas of sanitation, other than displaying the sanitation and open poo levels in the World.

Open Defecation	It implies when human excrement are arranged off in fields, backwoods, hedges, open waterways, sea shores or other open spaces or discarded
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	alongside strong waste.
Improper Sanitation conveniences	These don't guarantee sterile partition of human excreta from human contact. Unchanged offices incorporate pit lavatories without a section or stage, hanging restrooms and basin toilets.
Shared Sanitation Facilities	Sanitation offices of a generally adequate sort shared between at least two families. Just offices that are not shared or not open are viewed as improved.
Improved Sanitation Facilities	It guarantees sterile division of human excreta from human contact. They utilize the offices, for example, flush/pour flush to channeled sewer framework or septic tank or pit lavatory or Ventilated Improved Pit (VIP) and Pit restroom with chunk or Composting latrine
Sanitation and Open defecation levels in world.	shows the worldwide status of sanitation and open crap offices and level of populace utilizing improved and open poop by area astute in the World.

1. Methodology

In this paper we aim to study various Projects, schemes & policies for promoting safe sanitation to rural in India.

The available literature will help the researchers to analyze and compare the existing situation situation of rural sanitation.

The analysis of all the reviewed Guidelines is as mentioned below.

Sr.No	Name of Program	Launched in	Objectives
1	Central Rural Sanitation Program	1986	offer toilet to the SC's/ST's, landless laborers and people living underneath the poverty line. The fund was shared by central & state on equal part which is 50% & 50%.
2	Total Sanitation Campaign	1999	accelerate sanitation coverage throughout the country, particularly in rural areas. It focused on information and education to generate public demand for sanitation facilities, particularly in schools.
3	Nirmal Gram Puruskar	2003	To bring sanitation to the forefront of social and political discourse for development in rural India.
4	Tenth Fith Plan Strategies	2002-2007	Toilet amenities in academic institutes like primary and higher secondary schools and construction of integrated toilet complex consist of urine, bathing unit and sanitation complexes especially for women and generation of ownership of toilet for marginalized segment of

			society with affordable design is promoted at various levels.
5	Swachh Bharat Mission-Gramin	2014 to Till	To eliminate or reduce open defecation. Open defecation is one of the main causes of deaths of thousands of children each year. Not only latrine construction, the Swachh Bharat Mission will also make an initiative of establishing an accountable mechanism of monitoring latrine use.

2.1 Central Rural Sanitation Program:-

The Central Rural Sanitation Program centrally supported rural sanitation Program was initiated in 1986 with objectives to headway the quality of life of the rural people and offer secrecy to the female members of Family. It was framed to offer toilet to the SC's/ST's, landless laborers and people living underneath the poverty line. The fund was shared by central & state on equal part which is 50% & 50%. The Program was deliberate with the objective of providing hygienic, vigorous and environmental satisfactory clearance of fecal to create good hygiene and ensuing amended health standards. The Program provided for cent percentage subvention for building of latrines for SCs/STs and landless laborers and subvention as per the rates dominant in the states for the universal public. It also providing for creation of villages multifarious with bathing facilities, hand pumps, latrines, drainage facilities, washing platform etc.

The standards and customs under Central Rural Sanitation Program were altered in February 1991 and the instruction was revised again in June 1993. the objectives of such revision was to form the Program more all-round and focus on Information, Education and communication activities to involve deliberate organizations in a bigger way and the thought of sanitary mart was also announced. The amended project focuses on demand & supply model and community involvement. The financial style has been revised limiting to 80% for BPL individual household latrines. The unit cost of assembly is to be restricted to Rs.2, 500 of which 80% could be paid as support to the selected beneficiaries BPL. Another Important article of the revised Program is to advance at least one prototypical village covering services like sanitary latrines, discussion of dry latrines garbage pits, drainages, cleanliness of ponds, immediate around hand pumps and other drinking water facilities. **(CENTRAL RURAL SANITATION PROGRAM 2010).**

1.2 Total Sanitation Campaign

Total Sanitation Campaign (TSC) was launched on 1st April 1999 under sector improvement Practice. The campaign is community led and people focused. It was launched after reform central rural sanitation Program and is operational in 451 districts with an out Indira AwasYojna-Gramin- a rural housing project of Rs.4,416 crores in which community contribution is Rs.812 crore. The CAA (Catchment Area Approach) has been acquired for constant monitoring and surveillance by linking various grass roots level educational and technical institutions by operating existing resources and establishment them by providing additional monetary resources.

The Mechanisms of Total Sanitation Campaign are:

- Construction of IHHL (Individual Household Latrine)
- Financial Assistant for Sanitary complexes for woman
- Toilets for Educational institutions like Schools.
- Toilet for Balwadi/Anganwadi Etc.

Moreover, financial assistant are being given to New Start-up activities, new campaign, and IEC (Information, Education, Communication and administrative charges).

Structures of Total Sanitation Campaign are:

- Transference from high support to low support establishment,
- Greater household contribution and PRI involvement.
- Focus on information, education and communication (IEC) as part of operation.
- Significance on school sanitation, women sanitary complexes. (WSC)
- Incorporated with various rural development Programs. (RDP)
- Contribution of Non-Government Organization's and local group's participation.
- Endorsing access to organized finance and social promotion concept.

The policy maker has decided to approve Total Sanitation Campaign scheme in all Districts of country by 2005-06 as to gain overall basic institutional coverage by 2012. it has been prearranged to provide all AWC (Anganwadi Centre) and Schools located in rural area and equipped with safe drinking water by such approved technology or by available sources like tap or bore well by the 2005-06.

Moreover, to push different sanitation drive across the countries through different approaches. Government launched incentive based support to strengthening the sanitation level and also to support financially to rural household to eliminate the open defecation and to achieve open defecation free status. NGP (Normal Gram Puruskar) awards given to Blocks & District in 2003 for outstanding milestone achievement. (**Total Sanitation Campaign Program, 2011**)

1.3 Nirmal Gram Puruskar (NGP):

Financial help based scheme started in October 2003 under the banner of Total Sanitation Campaign in collaboration with PRI (Panchayati Raj Institutions), Independent organization to encourage rural sanitation at different level of to acquire 100% coverage in individual households, Primary, secondary & higher secondary school, anganvadi centre and cleanliness in community level to eradicate open defecation. (**Ministry of Drinking Water & Sanitation, 2010**)

1.4 Tenth Fifth Plan Strategies

The pattern cleanliness encounters requires new approaches & methods to evolve and promote sanitation, which should be available to everyone in rural areas. Through Demand based behavior changes and awareness generation for physical progress of toilet construction in rural areas, through this constant effort the entire drive enhanced in more comprehensive manner.

Toilet amenities in academic institutes like primary and higher secondary schools and construction of integrated toilet complex consist of urine, bathing unit and sanitation complexes especially for women and generation of ownership of toilet for marginalized segment of society with affordable design is promoted at various levels. Involvement of cooperative society, sugarcane farmers associations and partnership of industries for community development has bring huge changes in promoting wellbeing in society in terms of rural society development and supported in various level where government fails to reach. (**Planning Commission of India. 2001**)

2.5 Swachh Bharat Mission-Gramin/Urban

Mahatma Gandhi, The Father of nation said "Sanitation is more important than independence". Proper sanitation and health practices are important for healthy nation and are integral parts of Global position of India. India's image of open defecation in public places that ruins the image on global platform and SBM-G addresses such important area. Prevalence of unsafe sanitary conditions faced by many countries and it reflect to their social and economic development of their national development. Countries of first world have highly safe drinking water and best sanitation practices and lower diseases faced by citizens. Swachh Bharat Mission-G was started in 2014 to achieve all round universal coverage by 150th Birth Anniversary of Mahatma Gandhi, 2019. This Flagship Program is considered as a largest sanitation campaign in all over the world and also emphasis on BCC (Behavioral Change Communication) plan for its effective implementation.

2.5.1 Various Components for Swachh Bharat Mission-Gramin

1. Start-Up Activities

1. Updating baseline survey - Conducting preliminary survey to assess the status of sanitation and hygiene practices
2. Orientation of key personnel at the district/GP level and preparation of District Plans
3. Preparation of State Plan (Program Implementation Plan – PIP)

2. Information, Education, Communication (IEC)

The Swachh Bharat Mission (Gramin) is not about constructing toilets but aims at behavior change of the masses to adopt better sanitation practices. Therefore, information, education and communication (IEC) strategies, planning and their effective implementation is the key to the success of Swachh Bharat. Thus, IEC activities are not to be treated as 'standalone' activity as a 'component' of SBM-G, but the SBM-G is largely about effective IEC to nudge communities into adopting safe and sustainable sanitation practices.

3. Capacity Building

This component is for building capacities of stakeholders and sanitation workers, the Swachhagrahis/Sena, members of PRIs, VWSCs, functionaries of BPMU, DWSM, ASHA, Anganwadi workers, SHG members, masons, CSOs/NGOs, etc. The training may be on various approaches of IEC promoting behavioral change including Triggering (CAS), IPC and House to House communication etc., masonry work, plumbing, construction and maintenance of toilets, and for Solid and Liquid Waste Management works.

4. Construction of Individual Household Latrines

A duly completed household sanitary latrine unit shall comprise of sanitary sub structure that safely confines human feces and eliminates the need for human handling before it is fully decomposed), ii) a super structure with water facility, and hand wash unit for cleaning and hand washing. The Mission aims to ensure that all rural families have access to safe toilets and therefore safe technology options are an important component of toilet choice. There are various safe sanitation technologies available like the Twin Pit, Septic Tank with soak pit, Eco-san, Bio toilets amongst others. The Ministry encourages the promotion of Twin-Pit technology for most parts of the country, however States may look to develop other safe technologies as well, and States shall disseminate information about available technologies and their costs to the beneficiary to enable him/her to make an informed choice.

5. Availability of Sanitary Material - through Rural Sanitary Marts, Production Centers, Self Help Groups

In many States, good quality sanitary material and hardware are accessible through the market with the private sector providing such material competitively. In such States RSMs/PCs are not required. However in a few States, the penetration of sanitary materials in the market is still inadequate. In such cases, States can decide to utilize the provision of the Rural Sanitary Marts (RSM) and Production Centers (PC). The Rural Sanitary Mart (RSM) is an outlet dealing with the material, hardware and designs required for the construction of sanitary latrines, soakage and compost pits, vermin composting, washing platforms, certified domestic water filters and other sanitation and hygiene accessories. The primary aim of an RSM is to provide materials, services and guidance needed for constructing different types of latrines and other sanitary facilities in close proximity to the beneficiaries.

6. Provision of Revolving Fund in the District

A Revolving Fund may be created at the district level out of the SBM (G) funds. The Revolving Fund may be given to Societies, Self Help Groups or other groups as decided by the States, whose credit-worthiness is established for providing cheap finance to their members, for the construction of toilets. Loan from this fund should be recovered in 12-18 installments. States will have the flexibility to decide other terms and conditions for sanction of the Revolving fund.

7. Micro Financing of Construction of Toilets

To enable the provision of low cost financing to individual households for the construction of household latrines and to leverage the network of NGOs and SHGs identified by agencies like NABARD and other financial institutions, in the wake of the need for sanitation facilities, possibilities of setting up a micro-financing arrangement should be explored by the States and the MDWS. This will facilitate converging financial resources, management skills and outreach capabilities to cover the demand of toilets for households not eligible for direct incentives under SBM (G), and/or for those households interested to build a more expensive toilet.

8. Community Sanitary Complex

Community Sanitary Complexes comprising of an appropriate number of toilet seats, bathing cubicles, washing platforms, wash basins, etc. can be set up in the village at allocation acceptable and accessible to all. Ordinarily, such complexes shall be constructed only when there is lack of land in the village for construction of household toilets and the Community/GP owns up to the responsibility of their operation and maintenance and raises a specific demand for the same. Such Complexes can be developed at public places, markets, bus stands, etc., where large scale congregation of people takes place.

9. Equity and inclusion

Equity and inclusion are of significance in the sanitation and hygiene sector. Providing access to the different categories of people who are not able to access and use safe sanitation facilities shall be a priority of the implementing agencies. Women, children, people of certain castes, faiths and ethnicities, older people, pregnant women, people with disabilities, geographically marginalized populations in remote areas, as well as those living in areas where it is difficult to construct simple toilets due to high water tables, sandy soils or hard rock may be given priority while planning for coverage.

10. Solid and Liquid Waste Management

The objective of SBM (G) is to bring about improvement in the cleanliness, hygiene and the general quality of life in rural areas. Solid and Liquid Waste Management (SLWM) is one of the key components of the Program to create clean villages. To this end, it is essential that the IEC interventions focus on Solid and Liquid Waste Management so as to create a felt need for these activities among the population. This must lead to the setting up of systems for scientific disposal of waste in such a way that has a tangible impact on the population. The Community /Gram panchayat has to be motivated to come forward, demand such a system, and subsequently operate and maintain.

11. Administrative Charges

States shall be permitted to utilize funds under this component as per requirement. The Administrative Charges shall normally permit expenditure on salary of temporary staff and agencies deployed for the execution of various components of the SBM(G) at State, District, Block and GP levels, support services, fuel charges, vehicle hire charges, stationery, monitoring & evaluation activities, TA/DA to Inter-State and Inter-District survey teams deputed for monitoring and verification, and exposure visits. **(Ministry of Drinking water & Sanitation, 2017).**

List of States/UT's ODF Status

Sr. No.	State/UT	ODF declared Gram Panchayats	ODF declared Blocks	ODF declared Districts
1	A & N Islands	65	7	3
2	Andhra Pradesh	12850	661	13
3	Arunachal Pradesh	1777	109	20
4	Assam	2412	204	25

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5	Bihar	3329	139	5
6	Chandigarh	12	1	1
7	Chhattisgarh	10775	146	27
8	D & N Haveli	20	1	1
9	Daman & Diu	15	2	2
10	Goa	9	0	0
11	Gujarat	14057	247	33
12	Haryana	6205	140	22
13	Himachal Pradesh	3231	77	12
14	Jammu & Kashmir	4171	316	22
15	Jharkhand	4396	263	24
16	Karnataka	6017	175	29
17	Kerala	940	152	14
18	Lakshadweep	9	9	1
19	Madhya Pradesh	22839	313	51
20	Maharashtra	27667	350	34
21	Manipur	2245	44	16
22	Meghalaya	5965	39	11
23	Mizoram	690	26	8
24	Nagaland	1451	74	11
25	Odisha	1689	48	3
26	Puducherry	98	3	2
27	Punjab	12971	147	22
28	Rajasthan	9892	295	33
29	Sikkim	176	32	4
30	Tamil Nadu	12524	385	31
31	Telangana	5743	210	14
32	Tripura	854	35	0
33	Uttar Pradesh	58587	760	56
34	Uttarakhand	7542	95	13
35	West Bengal	2880	284	14
Total	Total	244103	5789	577

Sources: Open Government Data Platform India.

2. Conclusion

Sanitation is very crucial area of development with many complexities, which is related to ecology, health related, economic well being and so on. Open defecation leads to suffering from indignity, sexual harrassment, mental well being and crimes. Since 1986 to 2020 Government has launched various Program and schemes for promoting rural sanitation and eradication of open defecation.

Swachh Bharat Mission-Gramin has achieved great success in elimination of open defecation practices and focuses on behavioral change communication plan with better outcomes. As far as financial part is concerned Swachh Bharat Mission is one of largest rural sanitation Program in the World and but still need to fill the gap of interior part of Rural India. SBM-G has brought in a remarkable impact and providing benefits to the society at large. It is one of the largest cleanliness drives in the world in terms of Funds and Coverage. It has been reported than till today 9.5 core toilets has been built in India which is huge success for any nation but simultaneously some reports are totally contradict to such fact.

Through this present study researchers have tried to touch upon the various program on sanitation and its effectiveness for promoting rural sanitation in India.

References

1. Central Rural Sanitation Program (2010). "Guidelines for Central Rural Sanitation Program June 2010" Government of India.
2. Total Sanitation Campaign (2011). "Guidelines for Total Sanitation Campaign July 2011" Government of India.
3. Ministry of Rural Development (2010). "Guideline for Nirmal Gram Puruskar" Department of Drinking water & Supply. Government of India. New Delhi.
4. Planning Commission of India (2001) "Approach Paper to Tenth five year Plan 2002 to 2007." Government of India. New Delhi.
5. Ministry of Drinking water & Sanitation. (2017). "Guidelines for Swachh Bharat Mission-Gramin," Government of India. Pp.13-23.New Delhi.
6. Open Government Data Platform India (2019) Retrieved From https://rajyasabha.nic.in/rsnew/Questions/Search_QnoWise.aspx