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SANITATION STRATEGIES IN THE TOWNS OF KARNATAKA: A STUDY IN URBAN SOCIOLOGY

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ABSTRACT Because of lack of proper sanitation, communicable diseases spread causing considerable loss and disabilities to human resources. Considering this, the international community has set the provision of sanitation as part of the Millennium Development Goats, aiming to reduce the number of those without adequate sanitation facilities to half by the year 2015. To achieve this, various strategies involving nongovernment 48 organizing are more effective than the ones involving exclusively the state in promotion of sanitation.

KEYWORDS :

INTRODUCTION:

Globally, 2.4 billion people do not have access to adequate sanitation and most of them tend to be victims of poverty (Myles, 2003). Further, in the developing world 50 percent of the population is without adequate sanitation (World Bank, 2003) and suffer with diarthea, trachoma and schistosomiasi (WHO and UNICIEF, 2000) leading to considerable loss and disabilities of human resources. Considering this, the international community set provision of sanitation as part of the Millennium Development Goals, to reduce to half by the year 2015, those without adequate sanitation facilities. Considering all parameters, this means that an additional 350,000 people have to be covered every day with improved sanitation services by 2015.

In India, the severity of sanitation problem has a long history in 1935 British troops suffered due to sanitation related diseases (Ramasubban, 1982). Bhore (1944) and Environmental Hygiene Committee (1948) recommended better sanitation services and this became a blueprint to make budgetary allocation during the First Year Plan (1951-56). But the sector again came into limelight 20 years later, during the emergency 1975, and latrine construction was given priority. The Fifth Five Year Plan endorsed priority to sanitation by staling that, "the elimination of abject poverty will not be attained as a corollary to certain acceleration n the rate of growth of the economy alone, but improvements in drinking water and environmental sanitation have direct correlation with levels of living". Thus, providing public health facilities became part of poverty alleviation programme. This is, in fact an eye opener for the policies regarding sanitation services.

The TSC, in addition to households, extends support for community sanitary Complexes, which will have multiple facilities such as toilets, washing platform, bathing rooms, etc. The unit cost is up to Rs. 2 lakh and shared by the GOI, State Government and the community in the ratio of 60:20:20. However, the percentage of households covered with latrine is just 22 percent (Census 2001). In other worlds, 78 and 26 percent of the households in rural and urban areas do not have access to latrines (Annexure 1). The variation across states show that states like Kerala, Assam, Punjab, Andhra Pradesh, Delhi, Gujarat, Uttar Pradesh and Karnataka have better facilities, which is shown in the chart below in descending order. The reason for the better performance of these states was attributed to better intervention of State.

OBJECTIVES:

- To examine strategies in provision of latrines
- To examine the constraints in evolving demand for toilets; and
- To examine stakeholders role and impact in provision of sanitary services.

Programmes and Coverage:

The CRSP initiation was a precursor to many such programmes in Karnataka such as Nirmal Grama Yojane (NGY, 1993), Integrated Rural Water Supply and Sanitation programme (IRWSS 1993) and Swatcha Grama Yojane (SGY 2000). However, initially in Karnataka, the policies on rural sanitation were focusing on two areas, viz, construction of storm water drains and provision of community toilets. The community toilets were build mainly to provide privacy to women, but they were unused to a large extent due to the absence of proper maintenance system (GOK, RDPR 2000). Even usable individual toilets were not being used and put to other uses as households did not prioritise sanitation services as a part of health profile (Veerashekharappa 1999: GOK, DES, 2000;Rajashekhar and Veerashekharappa, 2003). However, in the State, the coverage of households with latrine facilities is better both in rural and urban areas compared to national average.

In Urban areas, the sanitation services were provided by the Urban Local Bodies (ULBs) traditionally. Later, the Government of Karnataka decided to provide these services through 49 organizing, 49 utilities and established the BWSSB and the KUWSDB for the Bangalore Metropolitan Region and other urban areas in the State. After the 74th Constitutional amendment (1992), the responsibility of providing municipal services, including sanitation services, reverted back to the ULBs. Presently in Urban areas, due to insufficient machinery and manpower the local government is unable to control the overflow sewage and garbage piled up (KUIDFC, 2003) which affects the environmental and human beings.

Promotional Strategies by Various Organization:

From the earlier section, it is clear that rural sanitation lacks demand due to social and economical backwardness of the household. Moreover, the services provided to the poor households are of low quality and members of the household doe not prioritise in using them. Hence, the primary objective is not educated and motivate people to adopt hygienic practices using funds made available in the programmes. At the same time, the State should have the multiple options to provide better facilities, which should be environment-friendly and usable by household members. The Government, NGOs and other agencies have to develop strategies based on information, Education and information, Education and Communication (IEC).

The IEC strategy evolved out of a combination of several methods of dissemination of information and education on public health. They are used not only for sanitation services, but also to prevent disease outbreaks. The materials used in IEC include, Audio-visual aids, video recording and screening; display of photographs related to best practices on

personal and home hygience, street plays with the script developed in communicable/ folk local language and providing training to the youth to make presentation. As mentioned earlier, the cost is met from respective programmes. For instance, under CRSP and TSC, 15 percent of budgetary resources were earmarked for this. The earmarked resources were shared between GOI and State Governments with ratio of 80.20. Similarly, 10 percent of the total project cost under Nirmal Karnataka and Swatch Grama Yojana (RDPR, GOK 2000) was earmarked for IEC activities.

The instruments are carried by NGO functionaries for door to door campaigns while some of the instruments are displayed at public places. Shramadana (voluntary labour) were organizing in logged areas to inculcate the habit of managing good drainage. Jathas by school children and street plays were also organizing through local folk media to create awareness. As mentioned earlier, there may be variation across design and use of instruments. However following IEC methods are commonly adopted in TSC, NGY, SGY and IRWSS programmes.

- Participatory Research Appraisals exercise being conducted to find out status of public heatlh in the villages.
- Audio-visual programmes on hygiene and sanitation
- Jathas by School children, street plays, Shramadans
- Involving elected members and eminent persons for organizing support for the programme
- NGO involvement to create awareness and facilities the implementation of the programme.

Demonstration and Individual Communication:

The demonstration and effective individual communication or contact strategy is crucial to reach the underprivileged, particularly the women folk. These approaches are practiced to educate and motivate people, who stay within the house. The demonstration activity is carried out by displaying, construction and installing the available sanitary product/services at the public places, such as Grampanchayat offices, Auxillary Nurse and Midwife (ANM) quarters, schools, hospitals, religious places and in the locality of weaker sections so that the demonstration programme is made accessible to the public. Apart from this, the female member are employed as a 'health facilitator' tp communicate and convince women folk for latrine construction. The materials promoting the programme are provided to health facilitations which will resolve specific problems at household level through individual communication. Further, they accompany women members to the GP office and ANM quarters to perceive and use the latrines constructed there.

Involvement of Community:

Based Organizations and Women. The local Community-Based Organizations (CBO) have repository infusion and could help in efficient delivery of services. Based on this concept, multilateral (World Bank) and bilateral (DANIDA) assisted programmes involved Community-Based Organizations (CBO) such as Village Water Supply and Sanitation Committee (VWSC) in all stages of implementation of the projects and maintenance during 1990s. The committees consists of both elected and selected members from the local bodies (GPs) and the community, respectively. The non-elected members are eminent personal in the village, served in education and health departments. Similarly women are given due weight while constituting the committee, considering their role in hygiene maintenance at the household-level. From the constituted group, a small executive committee was formed to monitor day-to-day activities and the secretarial assistance is obtained from local government (Gps). These CBO will have their own by-laws for effective function and carry out assigned task at various stages, such as planning, implementation and operation and maintenance of assets created under the programme.

Programmes in Urban Areas:

In urban areas, the provision of services is the responsibility of the urban local government. But in recent years, there has been a shift in provision of services under different modes/collaborations/arrangements (public-private partnership or public and community partnership). The integrated Sanitation Programme (ISP) is being implemented by urban local government in collaboration with NGOs across the country. For instance, during our visit to Trichy City, we found very successful collaboration efforts with public and private participation in maintenance under the ISP. The government, Non-Government Organizations (NGOs) and Women Self Help Groups (SHGs) are joined together in construction and maintenance of sanitary complexes. Three NGOs scope and Gramalaya have taken up ISP activities in different locations. The SHGs are maintaining 28 ISP complexes and 311 community toilets in the City. They take care of the complex; maintain accounts and run small shops in the complex while the NGOs support them in upgrading skills and capacity building activities. Some of the SHGs are even involved in production of sanitary marts. The construction cost of the ISP complex was about Rs. 10-12 lakh, 50 percent of which was born by the government and remaining cost by SHGs by availing bank loans. However, the government provides required land, free electricity, and water and UGD system to the complex. These complexes serve the people living in slums who cannot afford their own latrines and bathrooms. Hence some families make monthly payments, and the amount is decided based on number of people using it.

Sulabh Public Toilet Complexes are the initiative of Sulabh International, working in the field of community health promotion. In fact there complexes are seminal in pay and use concept and contributed to a large extent in keeping cities clean as well reducing the risk of outbreak of sanitation-related diseases. The complexes are located at public places like but stands, hospitals, markets, slums etc. The Sulabh International takes responsibility of construction, operation and maintenance of the complexes and plays the catalyst role between the official agencies and the users of complexes. The system has proved to be an important solution for the local bodies in keeping the towns clean and improving the environment. This is a unique example of partnership between local authorities and non-governmental organizations. The local governments pay for construction (or acquisition of land); Sulabh constructs the system and guarantees the maintenance for at least 30 years from user change.

In Karnataka, state-sponsored 'Nirmal Nagar' programme was implemented in selected towns to help the poor. The ULEs take the responsibility of toilets construction on BOT basis and construction work is assigned to Karnataka Land Army Corporation (KLAC). The maintenance is outsourced in consultation with District Urban Development Cells (DUDC). The contracting out will be done in a package; clubbing non-revenue areas with revenue areas with priority given to existing SHGs under SJSRY for maintenance. If need, the training is also imparted to the group members.

Integrating latrine with other sanitation services:

As mentioned earlier, the individual latrine programmes have replaced integrated programmes and Swatcha Grama Yojana (SGY), in Karnataka (2001 is also a part of it. This programme includes five main components 1. Paving of internal roads in the village; 2. Constructing sewage systems and storm water drains; 3. Shifting manure pits from residential areas to compost yards; 4. Providing smokeless chulhas; and 5. Providing latrines for households, communities and schools. This programme has been named as Pacha Sutras in order to create a sense of ownership. The GP and community share 10 percent of the total cost and take

up following activities.

- All households, which have minimum space, shall construct household latrine.
- All new houses shall have an attached household latrine, including reconstructed houses.
- Houses constructed by the state under 'Ashraya' and similar housing schemes shall be constructed with household latrines.
- Group latrines with individual ownership.

Promotion through Reward system:

To add strength to Total Sanitation Campaign (TSC), Government of India separately launched an award scheme (2003) naming it as 'Nirmal Gram Purskar' for fully organizing and free from open defecation Gram Panchayats, Blocks and Districts. The eligibility for this 'puraskar', is that the respective Gram Panchayats, Blocks and Districts should achieve 100 percent sanitation coverage in terms of

- Individual households
- Schools
- Dry latrines and manual scavenging and
- Clean environment maintenance.

Apart from this, the purskar is given to individuals and organizations, which have been the driving force for effecting full sanitation coverage in the respective geographical area. The incentive amount varies between Rs. 2 lakh to Rs. 50 lakh, which can be used for augmenting sanitation facilities by the concerned PRI.

Lessons Learnt and Conclusion:

There are several lessons learnt from the above programmes and strategies. However, the household level awareness and cultural factors are the most important. The IEC is more effective if the village as well as the household has achieved a critical minimum level of development. Hence, the IEC materials have to be designed according to village requirements, at project initiation stage and at the intervention. The variation across households in deriving benefits from the programme depends on the design of the project as well as awareness of the household. Wherever the provisions of sanitation services were linked with the village/community contribution or private household connection (PHC) for water, the demand for sanitation is very insignificant. Further, the field-level observation and experience shows that the VWSC committee or persons involved in the process of implementation at the grass root level were functioning as licensing authorities instead of promoting the latrine construction. This abstained many poor from approaching authorities for sanitation services.

REFERENCES:

1. Ramsaubban, Radhika (1982). Public Health and Medical Research in India. Saree Report R 4: Swedish Agency for Research Cooperation with Developing Countries, Stockholm.
2. Bindeshwar Pathak (2003). Sulabha Sanitation Technologies for Sustainable Urbanization Strategies. Paper presented at International Conference on Sustainable Urbanization Strategies. Organized by United Nations Human Settlements Programme. Nairobi and Ministry of Construction of the People's Republic of China & Weihai Municipality
3. International Water and Sanitation Centre (2003). Overview-Environmental Sanitation.
4. Karnataka Urban Infrastructure Development and Finance Corporation (2003). State of Urban Infrastructure in Karnataka. www.kuidfc.com Bangalore; Mission road.
5. Lathamala (1996) Integrated Rural Water Supply and Sanitation Project: Review of Community participation and Mobilisation, Bangalore Project Support Unit.
6. State and Community Investment in Urban sanitation: A Case Study of Karnataka. Paper presented in National Conference on Hundred Years of Rural Development in India.