



SANITATION AND SWATCHH BHARAT MISSION A MOVEMENT VISUALIZING GANDHI'S DREAM

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ABSTRACT

Mahatma Gandhi had said, "I want clean India first and independence later." Since ancient times, manual scavenging has been in existence in India. Manual scavenging and unhygienic practices of cleaning human excreta with bare hands are inhuman. Basic sanitation refers to improved sanitation that directly and indirectly separates human hygiene from human excreta and ensures safe excreta disposal via various latrine structures. Improved sanitation benefits public health, livelihoods, and dignity benefits that extend beyond households to entire communities. Gandhi's revolutionary method of social change, community sanitation, was a constructive revolt against untouchability. However, due to a variety of socio-cultural and economic factors, the use of toilet facilities is severely lacking. Even after access to toilet facilities at the household level, open defecation persists. The current paper identifies an indicative list of reasons for open defecation based on household level primary data obtained from a cross section of rural and urban slum households.

Key Words: Sanitation, untouchability, defecation

INTRODUCTION

Basic sanitation is regarded as a powerful indicator for assessing the state of human development in any community across countries and societies, and access to sanitation confers benefits on a variety of levels¹. It is commonly used to refer to improved sanitation that directly and indirectly separates human hygiene from human excreta and ensures safe excreta disposal through various latrine structures. Improved sanitation benefits public health, livelihoods, and dignity—benefits that extend beyond households to entire communities²

Toilets date back to the Indus Valley Civilization, which flourished in and around Harappa and Mahenjodaro. The archaeological remains of the Indus Valley Civilization show that the Harappan people of Lothal, which is only 62 kilometres from Ahmedabad, used water-borne toilets. The remains of toilets discovered in Raigad, the capital city of Chhtrapati Sivaji, a 17th century king, show that the toilets were very advanced, with vent pipes and seat covers. In 1556, the Mughal Emperor Jehangir commissioned the construction of a public toilet to be used by up to 100 families 125 kilometres from Delhi. In 1878, India passed its first sanitation law. The municipalities were tasked with building toilets in the slums of Calcutta, British India's capital. "The advancement of civilization and sanitation have been mutually

exclusive. The more developed a society, the more sanitised it becomes, and vice versa." Pathak (1995) stated unequivocally³

GANDHI'S THOUGHTS ON SANITATION

Gandhi's revolutionary method of social change, community sanitation, was a constructive revolt against untouchability. Gandhi also started cleaning toilets in South Africa. He made campus cleaning a common activity for everyone ever since he established a community in Phoenix (now an Indian township northwest of central Durban slum in South Africa). Cleaning the toilets, which was considered the dirtiest of jobs, was voluntarily undertaken by Gandhi himself until it became a natural part of the entire sanitation process.⁴

Returning to India, Gandhi believed, "If rural reconstruction did not include rural sanitation, our villages would continue to be muck-heaps. Village sanitation is an essential part of village life that is both difficult and important. To eradicate age-old insanitation, valiant efforts are required. The village worker who does not understand the science of village sanitation and is not a successful scavenger is unfit for village service."⁵ Gandhi began going to the adjoining village to clean the faces from the streets and yards, where people normally relieved themselves, from the beginning of his stay in Maganwadi, a village right by the city of Wardha in Maharashtra.

When most of the members joined the activity and some of them became leaders in planning and organising the activity for the entire community, collective sanitation became a fine art and developed into a scientific activity in Sewagram as well. Everyone, from Gandhi to the children of the Ashram, carried the basket on their heads! Experiments with various types of latrines were also carried out in the Ashram in order to eliminate offensive odours from the cleansing process and to use night soil to fertilise the farms. It evolved into a process that was both sanitary and economically productive. One of Gandhi's methods of introducing newcomers to his Ashram life was to assign them the task of cleaning the toilets. It was a test of their willingness to change their way of life as well as an act of initiation into the Ashram way of life.⁶

Mahatma Gandhi advocated "Sanitation is more important than independence" in various issues of Navajivan papers. Cleanliness and sanitation were deemed to be an essential component of total sanitation for all⁷. Gandhi stressed the importance of cleanliness in lavatories in Navajivan "I'll have to defend myself on one point: sanitary facilities. I learned 35 years ago that a toilet should be as clean as a drawing room. This is something I learned in the West. I believe that many rules regarding lavatory cleanliness are more strictly enforced in the West than in the East. Many of our diseases are caused by the state of our lavatories and our bad habit of disposing of excreta anywhere and everywhere".⁸

India began its journey towards making cleanliness a part of daily life. Gandhi once said, "Sanitation is more important than Independence." His passion for cleanliness goes back to his days in South Africa (1893-1914). The Indian community then was not known for keeping houses and surroundings clean. Gandhi wished to change this perception and worked with the community to take voluntary measures to maintain cleanliness. During one

of his speeches at Mandvi, Gujarat, Gandhi said, "During my wanderings, nothing has been so painful to me as to observe our insanitation throughout the length and breadth of the land."

For Gandhi, Independence and hygiene were intertwined. In one of his articles published in Young India, he wrote, "All the religions in the world prohibit the pollution of streams, their banks, public roads, and all thoroughfares. This pollution is a sin born of ignorance or laziness.

Gandhi said "Cleanliness is next to godliness." He "Sanitation is more important than independence" While staying in the west, though Gandhi strongly ridiculed many western customs, he was impressed by the level of sanitation followed by the people. He had a dream of making India cleaner and people of India being more hygienic. Cleanliness is most important for physical wellbeing and a healthy environment. It has bearing on public and personal hygiene. It is essential for everyone to learn about cleanliness and good hygiene and sanitation practices. To pay a true homage to beloved Mahatma Gandhi and fulfill his dream of cleaner India, we the officials and officers of the Department of Agriculture & Farmers Welfare to make all efforts not only to keep our office space our surrounding areas neat and clean'

Gandhi's concern for public and private sanitation was part of his satyagraha campaign since the days he spent in South Africa. For Gandhi, the drive for cleanliness in society was an integral part of the process in bringing about a casteless and free society. "Everyone is his own scavenger," said Gandhi, reiterating the fact that the need for making cleanliness a personal responsibility was key to removing untouchability. Sanitation was also considered a necessity by Gandhi in order to remove the label attached to Indians being in need for the West's civilising mission.

The drive for cleanliness in the Gandhian movement grew stronger in the period after the non-cooperation struggle of the early 1920s. By this time, Gandhi's call for sanitation was firmly embedded in two separate movements- the struggle for independence and the need for removing untouchability. Pointing out at the close connection between cleanliness and swaraj, Gandhi asked Indians to learn from the West the art of municipal sanitation and modify it to suit our own specific needs. Speaking to a group of labourers in Madras he explained that "a lavatory must be as clean as a drawing room." He maintained that open defecation should only be done in a secluded spot in a hole dug in the ground and commodes should be used in the latrines.

Connecting the issues of cleanliness, Gandhi emphasised the fact that it is extremely unjust to look upon those who do scavenging to be of the lowest social status. Stressing upon the need for better living conditions for those who did manual scavenging, Gandhi insisted that each one of us should be our own scavenger. He observed that since scavengers were considered to be of low status, people had been neglecting sanitation as 'unclean' work

Gandhi's call for sanitation came first during the satyagraha in South Africa. His priority back then was to remove the assertion made by white settlers that Indians lacked hygiene and

therefore needed to be kept segregated. In an open letter to the Natal legislative assembly, Gandhi wrote that Indians too can maintain the same standards of sanitation as Europeans provided they received the same kind of attention and opportunity. However, he still lay emphasis on the need for Indians themselves to take up the matter of cleanliness.

In South Africa itself, Gandhi took to scavenging and propagated the advise among Indians to spread dry dust or ashes in buckets after each use and to keep lavatories clean and dry. Once he returned to India, Gandhi's focus on sanitation grew stronger. He firmly emphasised on the need for education on hygiene and sanitation among Indians and stated that "the scavenger's work must be our special function in India." At a political conference in Gujarat, Gandhi had pointed out to the fact that our houses, streets and roads were unclean and dilapidated and that is what epidemics to flourish in the homes. "If we could banish the plague from India, we shall have increased our fitness for swaraj," he said. In order to deal with plague in India, Gandhi laid down the need for having clean water and air and the precise method of dealing with open defecation. "Swaraj ought to begin with our streets," said Gandhi.

Gandhiji further wrote on sanitation in Navjivan on 13th September, 1925 under the title of "our dirty ways" as under: Both excretory functions should be performed only at fixed places

To pass urine anywhere in a street, at any place not meant for the purpose, should be regarded an offence. After passing urine at any selected place, one should cover up the spot well with dry earth. Lavatories should be kept very clean. Even the part through which the water flows should be kept clean. Our lavatories bring our civilization into discredit and violate the rules of hygiene. All the night-soil should be removed to fields... if my suggestion is followed, no one would need to remove night soil, the air would not become polluted and villages would remain very clean".

Gandhi again wrote on the misuses of village tanks in Harijan, on 8th February, 1935: "village tanks are promiscuously used for bathing, washing clothes and drinking and cooking purposes. Many village tanks are also used by cattle. Buffaloes are often to be seen wallowing in them. The wonder is, in spite of this sinful misuse of village tanks, villages have not been destroyed by epidemics. It is the universal medical evidence that this neglect to ensure the purity of water supply of villages is responsible for many of the diseases suffered by the villagers.

REWIND OF SANITATION PROGRAMMES IN INDIA

Central Rural Sanitation Programme (CRSP): Prior to the sixth FYP, rural sanitation was not on the investment horizon. However, it gained prominence during the Sixth Plan (1980-85), coinciding with the launch of the International Drinking Water Supply and Sanitation Decade in 1980. Furthermore, responsibility for rural sanitation at the central level was transferred from the Central Public Health and Environmental Engineering Organization to the Rural Development Department. The Central Rural Sanitation Programme (CRSP), India's first nationwide rural sanitation programme, was launched in 1986 in the Ministry of

Rural Development with the goal of improving the quality of life of rural people and providing privacy and dignity to women.

The programme provided a substantial subsidy for the construction of sanitary latrines for low-income households. It was demand-driven, heavily subsidised, and focused on a single construction model. Evaluation studies revealed that the toilets built under the Programme were underutilised for a variety of reasons, including a lack of awareness, poor construction standards, an emphasis on high-cost designs, a lack of beneficiary participation, and so on. Most states were unable to give adequate priority to the sanitation programme. CRSP also failed to establish connections with various local institutions such as ICDS, Mahila Samakhya, women, PRIs, NGOs, research institutions, and so on. The programme was revised again in September 1992 in response to the recommendations of the National Seminar on Rural Sanitation. It is now an integrated approach to rural sanitation

Total Sanitation Campaign (TSC):

In 1999, a restructured Total Sanitation Campaign (TSC) was launched with the goal of promoting local sanitary marts and a variety of technological options for accelerating sanitation coverage in rural areas. The TSC emphasised Information, Education, and Communication (IEC) as key strategies for increasing demand for sanitation facilities, providing stronger backup systems such as trained masons and building materials through rural sanitary marts and production centres, and emphasising school sanitation as an entry point for encouraging wider acceptance of sanitation by rural masses. It also emphasised the importance of school sanitation and hygiene education in fostering attitudinal and behavioural changes for relevant sanitation and hygiene practises at a young age.⁹ To bolster the TSC, the Government of India launched an incentive programme called the 'Nirmal Gram Puraskar' in October 2003. (NGP). NGP is awarded to Nirmal Gram Panchayats, Blocks, and Districts that have achieved "open defecation free" status. The incentive provision is intended for Panchayati Raj Institutions (PRIs), as well as individuals and organisations who are driving the movement towards full sanitation coverage.¹⁰

The programme guidelines were revised in 2004 and again in December 2007 to emphasise sanitary arrangements, not just the construction of household toilets, but also the strengthening of the School Sanitation and Hygiene Education (SSHE) component; and the provision of toilets was expanded to Anganwadi Centres (AWCs), all levels of schools (primary, middle, secondary, and so on), and all GP establishments. The Government of India attempted to refocus the sanitation programme on achieving an open defecation-free (ODF) environment. As a result, not only individual households were targeted, but also communities, villages, and Panchayat governments.¹¹

Nirmal Bharat Abhiyan (NBA):

The scheme's most recent change occurred in 2012. The Nirmal Bharat Abhiyan was restructured and renamed (NBA). Total Sanitation Campaign (TSC) was renamed Nirmal Bharat Abhiyan to accelerate sanitation coverage (NBA). The amended provisions became effective on January 1, 2012. NBA's goal is to achieve long-term behavioural change through



the provision of sanitary facilities in entire communities in a phased, saturation mode, with "Nirmal Grams" as outcomes. The new strategy is to transform rural India into "Nirmal Bharat" through community saturation. The NBA's goal is to provide 100 per cent sanitation access to all rural households by 2022.

The Swachh Bharat Mission

Seventy-five years post-Independence, cleanliness has moved on to new levels owing to economic progress, technological revolution, and massive urbanisation. Taking a cue from Gandhi's idea of cleanliness, the Swachh Bharat Mission is multidimensional in its approach and aims to build a 'Clean India' via waste collection, segregation and management, clean water and air, e-waste management, and universal sanitation coverage through community engagement.

If there has been one pet scheme of the Narendra Modi government, it is undoubtedly the world's largest sanitation programme – the Swachh Bharat Mission. Right from the time Narendra Modi was the chief minister of Gujarat to his Independence Day speeches from the Red Fort as the prime minister Narendra Modi-launched on October 2, 2014 to coincide with the birth anniversary of Mahatma Gandhi. Modi's plan to clean up the streets and roads of urban and rural India, particularly focusing on the issue of the elimination of open defecation in the country is said to be drawn largely from Mahatma Gandhi's ideas on sanitation and hygiene which the father of the nation considered to be more important than political independence.

The scheme aims to achieve Swachh Bharat by 2019, as a fitting tribute to Mahatma Gandhi's 150th birth anniversary, which will entail improving rural cleanliness levels through Solid and Liquid Waste Management activities and making Gram Panchayats Open Defecation Free (ODF), clean, and sanitised.¹² The SBM programme is implemented by the Ministry of Drinking Water and Sanitation (2014) (MDWS) for the rural (Gramin) segment and the Ministry of Urban Slum Development (2014) for the urban (Slum) segment. In India, open defecation is significantly higher than in many poor countries in Asia and Africa.

The National Annual Rural Sanitation Survey (NARSS) 2018-19 was conducted by an independent verification agency (IVA) between November 2018 and February 2019, covering 92,040 households in 6,136 villages across India's states. The results were presented to an expert working group that had representatives of the World Bank, UNICEF, Bill and Melinda Gates Foundation and so on. The survey found that the SBM-Grameen had succeeded in ensuring 96.5 per cent of households in rural India have access to a toilet. It also confirmed the ODF status of 90.7 per cent of the villages that had already been declared so. From a sanitation coverage of 38.7 per cent in 2014, the surge to 99.06 per cent in 2019 indicates a phenomenal increase.

Way back in 2017, an interim assessment of the Swachh Bharat Mission by the UNICEF indicated that on an average, households in ODF villages accrued cumulative benefits of Rs 50,000 per year. These benefits came from savings on medical costs that would have been

incurred due to sickness caused by the filth and open defecation. It also factored in the value of lives saved and the reduction of time lost due to sickness and finding a suitable place to defecate.

Open defecation affects as many as 70 per cent of rural households in India, compared to approximately 30 per cent of households in Pakistan. In neighbouring Bangladesh, the prevalence of open defecation is less than 5 per cent. Based on this data, it is possible to conclude that basic sanitation behaviour improved in Pakistan and Bangladesh during the post-independence period in India. According to census data, the proportion of families without a latrine decreased from 63 to 53 per cent between 2001 and 2011. According to a recent survey of rural north India conducted by the Delhi-based RICE Institute, more than 40 per cent of families with a working toilet have at least one member who defecates in the open. .

According to the toilet index for rural areas calculated using the 65th round of NSSO data, there are 8 states. In terms of toilet usage, Odisha ranks first, followed by Madhya Pradesh, Jharkhand, Rajasthan, Bihar, Uttar Pradesh, Karnataka, and Tamil Nadu. As a result, open defecation is quite common in these states' rural areas. Along with Delhi, Kerala, and Lakshadweep, the north eastern states of Tripura, Nagaland, Sikkim, Mizoram, Manipur, and Lakshadweep have high toilet usage rates. Other North Eastern states, such as Arunachal Pradesh, Assam, and Meghalaya, fare better in terms of toilet usage.¹⁵

Toilet Index of the States and Union Territories of India

Toilet Index for the States covered
rural areas

Low	Odisha, Madhya Pradesh, Jharkhand, Rajasthan, Bihar, Uttar Pradesh, Karnataka, Tamil Nadu
Lower Middle	Gujarat, Puducherry, Andhra Pradesh, Maharashtra, Uttarakhand, D & N Haveli, Himachal Pradesh, Haryana
Middle	West Bengal, A&N Islands, Punjab, Goa, J & Kashmir, Daman & Diu
Upper Middle	Arunachal Pradesh, Assam, Meghalaya, Chandigarh,
High	Delhi, Kerala, Tripura, Nagaland, Sikkim, Mizoram, Manipur, Lakshadweep

Calculated on the basis of Rural-NSSO 65th Round (2013)

Under the Swachh Bharat Mission, 107.1 million toilets have been constructed, making more than 603 thousand villages and 711 districts free of open defecation to date. The Jal Jeevan Mission sets a target of providing safe and adequate drinking water through tap connections



to all rural households by 2024. Tap connections have been installed in more than 50 million households since the launch of the mission.

The Government is also working on cleaning India's rivers through projects like *Namami Gange* (National Mission for Clean Ganga). With a budget outlay of INR 200 billion, the project work on the abatement of pollution in rivers and their conservation and rejuvenation is underway. The project covers areas such as sewage treatment infrastructure, river-surface cleaning, river-front development, industrial effluent monitoring, and biodiversity, among others. So far, 158 projects, have been completed, out of the 346 projects taken up under the mission.

The Government is also carrying out a massive drive for appropriate waste management. As a part of the initiative, steps have been taken for door-to-door collection of waste, segregation of dry and wet waste, etc. and the efforts have resulted in 100% door-to-door waste collection in 85,209 wards, covering 4,520 cities.

India is working to phase out single-use plastic by 2022 through the Plastic Waste Management Rules, 2016, and Plastic Waste Management Amendment Rules, 2021. It is also trying to strengthen waste management infrastructure in states/UTs through the Swachh Bharat Mission.

Electronic waste or e-waste has now become a matter of concern for the world as well. The Government's E-waste (Management) Rules 2016, enacted in 2017 and further amended in 2018, mandate companies that produce or sell electronic equipment to ensure under Extended Producer Responsibility (EPR) that the weight of the e-waste collected on a yearly basis amounts to at least 10% of the total quantity of waste generated by them, with a 10% increase every year till 2023.

Toilets have been built in large numbers across India as a result of various government programmes such as Total Sanitation Programs and, more recently, the Swachh Bharat Mission. In 1993, the percentage of rural households without latrine facilities inside the house was 85.8 percent in rural areas and 30.6 percent in urban slum areas, but by 2012, this had dropped to 59.4 percent in rural areas and 8.8 percent in rural areas. This is, of course, a positive trend. However, the use of latrines is discouraged due to a lack of awareness and a variety of behavioural practices. Several studies have found that, while large-scale campaigns in India that prioritise the elimination of open defecation have increased latrine coverage, actual adoption and use has been far from optimal.¹⁶

As per Indian Census data, the percentage of rural households that had access to a latrine (the ratio of the number of rural households with improved sanitation facilities to the total number of rural households, expressed as a percentage) increased from 21.9 per cent in 2001 to 30.7 per cent in 2011 and the same for urban households increased from 73.72 per cent to 81.4 per cent. So absence of basic sanitation facility and usage of it is overwhelmingly a rural phenomenon. This amounts to say that the total sanitation campaign introduced in 1999 which continued as the only sanitation scheme upto 2012 did not have much to do with the

sanitation coverage in the country. Overall 46.9 percent of the households in India were not having access to latrine facility in the year 2011¹⁷

According to Indian Census data, the percentage of rural households with access to a latrine (the ratio of the number of rural households with improved sanitation facilities to the total number of rural households, expressed as a percentage) increased from 21.9 per cent in 2001 to 30.7 per cent in 2011, while the percentage of urban households with access to a latrine increased from 73.72 per cent to 81.4 per cent. As a result, the lack of basic sanitation facilities and their use is overwhelmingly a rural phenomenon. This means that the total sanitation campaign launched in 1999, which remained the only sanitation scheme in place until 2012, had little impact on the country's sanitation coverage. Overall, 46.9 percent of Indian households did not have access to a latrine facility in the year 2011.

USE OF THE LATRINE FACILITY

The use of a latrine facility refers to the actual use of a latrine by all members of the household. According to the Indian Census, if all household members use latrine defecation at all times, the household is an open defecation free household; otherwise, the household is an open defecation household. According to this definition, all of the sample households that do not have a latrine are open defecating households, which is also a reality in rural areas due to the lack of community latrines. According to the table below, all sample urban slum households, even those with latrine facilities, have some of their members engage in open defecation, so all sample urban slum households are counted as open defecating households.¹⁸⁻¹⁹

Pucca and mixed-type houses have better access to latrine facilities. This is because, when building new pucca houses, there is always a prevailing notion among rural people to accommodate some space and resource for constructing pucca toilets, which is not found in the case of kucha houses. The latrine facilities found in kucha houses are mostly subsidised. Because pucca houses are better planned, they include latrine facilities that kucha houses do not.²⁰

Rural households living in pucca houses with tapped water connectivity have a higher incidence of toilet facility. This is followed by a mixed type of house with its own well and tube. The prevalence of toilet facilities is higher in rural households living in pucca houses with tapped water connectivity. This is followed by a mixed type of house with its own wells and tube wells. As a result, better access to toilet facilities is ensured by easier availability of water within the house premises.²¹

When it comes to toilet usage, rural sample households outperform their urban slum counterparts. Female members use the latrine facility more than male members in both rural and urban slum areas. There is no systematic pattern of open defecation or latrine use observed based on the occupation of household members. The primary reasons for open defecation are a lack of water inside some households and a plentiful supply of water in nearby bodies of water for others.²²

Respondents state that open defecation is an old habit and that they do not feel comfortable using their latrine facility. Some members are used to chewing tobacco paste, and because there isn't enough water, the tobacco paste is causing dirty strains in the latrines, so they prefer open defecation. The majority of those aged up to 15 believed that their home latrine was only temporary, so they preferred open defecation. Water scarcity at home and plenty of water availability in the neighbourhood area lead to open defecation among the 15 to 50 age group population. The majority of senior citizens believe that changing their age-old habit of open defecation will be extremely difficult.²³

Suggestions

- Existing schemes for piped water supply in rural areas and urban slums must be expedited. Subsidies for building wells and tube wells inside house precincts must sometimes be encouraged by providing a subsidy.²⁰
- While there is already systematic campaigning for the prevention of open defecation, it is suspected that these advertisements are insufficient to have an impact. It is suggested that the campaign strategy be altered in order to maximise the campaign's impact.
- All public welfare programmes, including social pension schemes and IAY, should be linked to the beneficiary's use of toilet facilities, which must be certified by the relevant PRI member.
- A greater role for non-governmental organisations (NGOs) in promoting latrine use through various IEC materials, perceived to be an essential component of the success of latrine use behavior.

CONCLUSION

When Gandhi said that every man/woman should be his/her own scavenger, he meant it literally, and he insisted on the same principle wherever it was required. In other words, he emphasised changing the "Mind set" right at the family level, which members of the family can do. Parents should encourage their children to help keep the toilets, house, and grounds clean. Without such participation at the household level, changing one's mind and forming habits is extremely difficult. Without such awareness and practise, we may continue to be careless and illiterate on the roads and in public places. No amount of daily work by safai kamdars can guarantee swachhta..²⁴

The situation in rural areas in terms of sanitation facility requirements is not uniform across all villages. In fact, in some areas and villages, community latrines may prove to be an immediate and effective short-term solution, provided that there is a sustainable maintenance arrangement in place, including the availability of water. Individual latrines for each household are the ultimate goal, which cannot be seen in isolation from adequate gantala, proper village road planning, solid and liquid waste disposal arrangements, and water supply.²⁵

It is obvious that this can be accomplished over time. It has also been observed that in many villages, the peripheral areas, which used to be thickly forested with shrubs and thorns and undulated uncultivable waste land, have been practically encroached upon and put to non-priority uses by wasteful interests. This has not only harmed the village environment, but also a type of privacy for responding to natural calls.²⁶

Separate toilets for boys and girls in schools, as well as toilets in anganwadi centres, will most likely aid in creating a perceived demand for such a facility at the household level. As a result, sanitation hygiene and cleanliness lessons and practise in schools should be prioritised. Many villages' constructed toilets, whether in a complex or for individual households, do not adhere to the blueprint.²⁷

The use of substandard materials, poor construction, and a lack of proper development of the surroundings to ensure water drainage and cleanliness are major issues. As a result, the construction blue print requirement should be strictly enforced. It is concluded that unless open defecation is eliminated through the use of toilets, achieving "health for all" will remain a pipe dream. Even before India became independent and came into its own, the father of the nation recognized this truth.

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