



International Environmental
Law Research Centre

Rajasthan Rural Sanitation and Hygiene Policy (Draft), 2011

This document is available at ielrc.org/content/e1114.pdf

For further information, visit www.ielrc.org

Note: This document is put online by the International Environmental Law Research Centre (IELRC) for information purposes. This document is not an official version of the text and as such is only provided as a source of information for interested readers. IELRC makes no claim as to the accuracy of the text reproduced which should under no circumstances be deemed to constitute the official version of the document.

Rajasthan
Rural Sanitation and Hygiene Policy 2011
(Working Draft October 2011)

1. Introduction :

Total sanitation is a basic building block in the process of fighting health hazards and poverty. It refers to hygienic practices of collection, removal, disposal or recycling of human excreta, garbage and waste water for protecting health and well being of the people and the environment .It also affects livelihood as productive work days of earning members are lost due to their sickness or to take care of sick members of the household, thus they get trapped into the vicious cycle of poverty. This policy presents a roadmap for improving the quality of life of people in rural area by ensuring improved sanitation and promotion of personal hygiene. Nirmal Rajasthan is the dream of a clean and healthy State that thrives and contributes to the well being of the rural population of the State.

Rajasthan has 33 districts with 248 blocks, 9177 Gram Panchayats and 41353 habitations most of them with scattered population. Geography of the state is varying, from desert in western Rajasthan to hilly area in southern part. It has also varied culture, customs, and beliefs and therefore there are varied practices regarding sanitation and personal hygiene. It is therefore apparent that the requirement of each area has to be addressed in different ways as per the need. In terms of sanitation coverage, Rajasthan has made considerable progress over the last decade. There is a steep progress in number of household toilets from the reported coverage of 14.61% in 2001 as per Census data to almost 67% in July 2011 as per DDWS online monitoring data. Presently, all the schools in the State have been provided with toilet facilities, of which approximately 80% of the schools have separate toilet facilities for boys and girls. Almost 60% anganwadis in the State has access to sanitation facilities. But most of the toilets may not been used. For example, in 2008-09, while Total Sanitation Campaign reported that toilets were constructed in almost 40% of the rural households in Rajasthan, a study of National Sample Survey Organization reported percentage of people accessing latrines is less than 18%. Till date "Nirmal Gram Purushkar" has been awarded to 289 Gram Panchayats which is 3% all Gram Panchayat. Some of the NGP winners may have been relapsing back to practices of open defecation.

The Infant Mortality Rate (IMR) in Rajasthan is 59 per 1,000 live births and 69 in rural Rajasthan, which remains much higher than the national average of 50. IMR in Rajasthan is the fifth highest amongst states in India. The Total Fertility Rate at 3.4 (SRS 2007) was higher than the national average of 2.7. The Maternal Mortality Ratio (MMR) at 388 per lakh live berth (SRS 2004-06) is also much higher than the national average of 254. Malnutrition among children of 0-3 years age remains as high as 44% (NFHS-3; 2005-06). These health indicators undeniably reflect the alarming situation of sanitation and hygiene in the State.

Coherent and supportive policy at the government level is critical to provide the basis of planning and implementing initiatives to scale up access to sanitation services. A sound sanitation policy is the foundation on which an implementation strategy and action plan needs to be developed.

Given this, the Panchayati Raj Department, GOR has decided to develop a comprehensive policy framework for rural sanitation, to set priorities and creating an

enabling environment in which sanitation can be improved. It will serve as a key stimulus for appropriate local action.

2. Vision

“The day everyone of us gets a toilet to use, I shall know that our country has reached the Pinnacle of progress.”

— Jawaharlal Nehru

A “Nirmal Rajasthan” is the dream of a clean and healthy State that thrives and contributes to the well being of the rural population of the State by improvement in the quality of life of rural people through their improved access to sanitation services in households, institutions and community places and increased adoption of hygienic practices, resulting in good health of the community, thereby enhancing people’s productivity and well being.

3. Policy Objectives :

- Make all rural communities 100% free from open defecation and ensuring usage and maintenance of safe sanitation facilities by the year 2015.
- Access to safe sanitation at public places e.g. markets, bus stand, religious/tourist sites in rural Rajasthan by the year 2017.
- Ensuring adoption of personal hygiene practices by the community by the year 2020.
- Fully establish habit of hygienic handling and proper storage of drinking water and food in life of rural population.
- Management of all solid and liquid waste generated in the village and ensuring general cleanliness of village

4. Policy Principles :

- Adopt decentralized and demand driven approach by empowering of Panchayati Raj Institutions.
- Focus on Collective Behavior Change to scale sustainable sanitation using participatory approaches of behavior change communication.
- Focus on total sanitation, with first priority given for achieving open defecation free communities, followed by promoting hygiene practices and solid and liquid waste management.
- Implement sanitation initiatives in an integrated manner by ensuring convergence with other rural development schemes.
- Partial capital cost sharing for community sanitation facilities with responsibility of maintenance with the community
- Protect the human rights i.e. safety, security, privacy and dignity of people particularly of women and children.

5. Policy Norms :

Norms for a sanitary latrine is that :

- it should contain human excreta and prevent fecal coliform from entering the wider environment.

- It should separate human excreta from human contact.
- It should eliminate odour.
- It should not contaminate ground and surface water.
- It should ensure privacy for the user.
- It should promote nutrient recycling by promoting use of fecal compost as manure

Norms for safe hygienic practices :

- All infant excreta is safely disposed in sanitary toilets followed by hand washing with water and soap.
- Hand washing with soap is practiced by everybody at critical times : before cooking and eating, after defecation and post-defecation cleaning of infants and children.
- All schools, aanganwadies should have proper hand washing facilities with water and soap available at all times.

Norms for solid and liquid waste management

- It should promote decentralized waste management systems closer to the source itself
- It should promote nutrient recycling by promoting use of compost for agriculture as well as using liquid waste for kitchen garden and tree plantations.
- Cost of operation and maintenance of any common system should be met by communities/ Gram Panchayats

6. Policy Approach :

- The policy proposes to follow an approach to be progressively achieved over the time by necessary development of a system of institutional strengthening supply chain management, awareness generation and behavioural change, capacity building and human resource development, financing and incentives.
- There will be no upfront hardware subsidy for individual household to construct toilets. For BPL families, incentives shall be provided post construction and assured and continuous use for six months.
- A system of motivation shall be followed in which motivators will be given incentives upon achievement of desired outcomes such as ODF (open defecation free) status at various levels.

7. Policy Focus :

- Bringing collective and sustainable behavior change for completely eliminating the practice of open defecation and for adopting safe hygienic practices.

8. Policy Priorities :

- Institutional development to facilitate effective planning and functioning
- Empowering of PRIs for decision making and implementation of the programme
- Awareness generation and inspiring behavior change using participatory approaches.
- Appropriate selection of technologies and ensuring a strong supply chain.

- Substantial resource allocation and concentrated activities in districts with less progress.
- Capacity development through training and technical assistance to build the capacity of human resources for scaling sustainable sanitation.
- Incentivizing motivators to inspire behavior change
- Comprehensive data base for informed decision making.
- A strong monitoring and evaluation system for learning, adopting corrective measures and accountability by including indicators of behavioral outcomes.
- Sharing good practices and lessons learnt across provinces.

8. Policy Strategy :

- Based on the above, a sanitation strategy for achieving the vision of “Nirmal Rajasthan” by the year 2015 and a “Swachh Rajasthan” by the year 2022, will be in place.

9. Policy Review :

- This policy paper is a long term vision of 10 years and is aligned with the national strategy. The policy may be reviewed midterm with an objective to make suitable shift to respond to the achievements and challenges.