

16 Promoting sanitation through decentralised governance: A case study of Rajukhedi Panchayat in India

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Abstract

Despite advances in coverage, sanitation in India still only reaches 36% of the population; even if the Millennium Development Goal (MDG) is reached, half a billion Indians will not have access to safe sanitation.

The downside of supply-driven programmes is centrally recognised and the new programme Total Sanitation Campaign (TSC) is demand-driven in theory. In practice, however, the fact that it is centrally driven has led it to be a numbers game and so the pitfalls of latrinisation afflict it.

The experience of Rajukhedi Panchayat shows how, through the efforts of a particularly active Gram Sabha and the local community, open defecation can be

eradicated. The keys to this progress have been a combination of the community learning about the key issues, and deciding to take responsibility.

The health and financial benefits are significant and clear, to the extent that surrounding Panchayats have followed suit.

Context

Opportunities to increase dignity and good health through sanitation continue to be neglected either due to poor demand or inappropriate institutional arrangements. Around 900 million people in South Asia face the humiliation of a lack of dignified sanitation. The widely championed easy options of sanitation are neither in close reach at grassroots level nor considered adoptable by the community. Sanitation is a widely discussed issue, but open defecation is not a high priority in the Indian political agenda. The choked drains, overflowing water and garbage dumps attract the attention of

the concerned citizens, but not the lack of household toilets or defecation habits do not.

This paper attempts to highlight the bottlenecks of the Government of India's large-scale sanitation programme, the Total Sanitation Campaign (TSC). Moreover, it aims to demonstrate that effective sanitation coverage *is* possible. Rajukhedi Panchayat of Sehore district in Madhya Pradesh (MP) is an example of decentralised sanitation implementation, which was adopted through the institutional backing of the village Panchayat. The leadership of the Panchayat not only achieved the Nirmal Gram Puraskar, an award for attaining open defecation free status, for its own Panchayat, but also influenced many neighbouring Panchayats to adopt the same process. It also influenced the Total Sanitation Campaign (TSC) execution in the district of Sehore.

Sanitation continues to attain low priority for community and the government

The sanitation programme's failures can be attributed to poor demand for sanitation from the community, who are used to open defecation, and the unresponsive attitude of the government service delivery system in providing basic technical support, cost estimates and subsidy to the deserving poor families. Samarthan, a voluntary organisation working in Madhya Pradesh, conducted a study on expected services and the Panchayats' capacity to deliver them. The study had a very significant finding: the community does not articulate the need for household sanitation compared to the need for village drainage and general ("environmental") sanitation. However, departmental functionaries label toilet construction as a high priority as it is one of the government's well-emphasised programmes.

Panchayats, the local self-governance bodies, are mandated to play a significant role in promoting household sanitation. All the different stakeholders identify drinking water as the most important development need. The elected head of the Panchayat, the community and the administration all think alike on the issue of water, but do not share the same priorities when it comes to sanitation. Evidently, sanitation takes a back seat for the community as an urgent development issue, though the community does attach a high importance to improvement in health. The link between health and sanitation is not generally seen at the community level.

The development administration accords high priority to household sanitation, but not to primary health or environmental sanitation, though these are interlinked to household sanitation in rural areas (Samarthan, 2007).

Programmatic shifts in sanitation programmes in India

From supply- to demand-driven programmes

Unlike water, sanitation has struggled to gain political currency in India over the decades. According to the 2001 census data, only 36.4% of the total population in India has household toilets. In rural areas the percentage was as low as at 21.9%. The states of Madhya Pradesh, Orissa and Uttar Pradesh are the worst affected (Reddy and Dev, 2006).

A major fillip to the sanitation programme was given in the Sixth Five Year Plan, with the initiation of the Centrally Sponsored Rural Sanitation Programme (CSRSP) for augmenting rural sanitation services. The Ninth Plan attempted to restructure

the CSRSP and set a target of 50% coverage for rural sanitation (the TSC programme was launched in April 1999). After the experiment with the 'supply and subsidy' led CSRSP, policy makers realised that creating demand for sanitation through generating awareness is essential in curbing open defecation (Sijbesma, 2006). Subsidy is now supposed to play only a marginal role in motivating the community. As a result, the CSRSP was followed by the Total Sanitation Campaign (TSC), which took a demand-driven approach. The Total Sanitation Campaign was designed with an emphasis on people's participation, cost-effective technology options and marginal subsidy for poor households. Currently, the TSC is being implemented in 559 of the 603 rural districts in the country (WaterAid, 2006).

The Total Sanitation Campaign had set itself ambitious targets. Yet after seven years of TSC, 60% of the rural population, the majority of them poor, do not have access to dignified sanitation. Even if the MDGs are reached in 2015, almost half the rural population (around 388 million people) and about 112 million people in urban areas would still be without basic sanitation – around half a billion people in total. TSC has been widely appreciated for increasing the sanitation budget by 43% from Rs. 7.40 billion in 2006-07 to Rs. 10.6 billion in 2007-08 (Hindustan Times, 18 November 2007).

National supply and target-driven – the reality of the TSC

Sanitation, like water, deserves national attention, though it is typically a local issue which demands local solutions. The real challenge in sanitation is to find ways and means to stimulate and sustain demand for sanitation at all levels. However, until

now, the policy-makers have dealt with the issue in a largely centralised manner. The focus remained on targets and delivery, rather than sustained change in community habits and institutional strengthening of both demand and supply of sanitation. Though designed with people's participation as the central element, the TSC got too entangled in number crunching. People's participation and institutional capacity building *are* reflected in budget headings but such components lack comprehensive strategic thinking and reflect only a budget expenditure line. The consequences of this lopsided emphasis are visible in the Total Sanitation Campaign's poor implementation. Just scratching the surface of the Total Sanitation Campaign's achievements reveals that most of the constructed toilets are incomplete or not in use. Poor demand, as a result of the delivery-oriented approach, has contributed to the poor success of the TSC in containing open defecation habits. Jait Panchayat presents a classic example of TSC execution of a sanitation programme.

Rationale for decentralisation in sanitation

Whether centralisation or decentralisation promotes and enhances the pace of development is a matter for debate. It has been well argued that decentralisation reduces supply costs and brings efficiency in providing basic public services. At the same time, centralisation is favoured on the grounds that the quality of governance and capacity to undertake development work at the local level are poor.

But with a subject like water and sanitation and in a country like India with its enormous size, diversity and development challenges, decentralisation is perhaps the only way to reach out effectively to

BOX 1 Jait Panchayat fails due to inappropriate institutional backing

Jait Panchayat is located in the tribal dominated Budni Block of Sehore district in Madhya Pradesh. It is a relatively better-off Panchayat due to the overflowing Narmada river in the vicinity.

Jait also has the exclusive distinction of being the Panchayat from which the present Chief Minister Shri Shivraj Singh hails. In 2006-7, when Shivraj Singh was nominated for the chief ministership, the obvious response from the administration was to do its best demonstration in this Panchayat. At the beginning of 2007, about 90 individual toilets were constructed in the Panchayat. A contractor was trusted with constructing the toilets. A high-paced construction got this over in a week as more than ten toilets were constructed per day. The contractor even managed to extract Rs. 150 from each household in the form of a matching grant for the minimum amount needed for the toilet construction.

However, the toilets were not used as the community was not convinced about switching to new sanitation habits, nor was any local institution motivated to take charge. Since the community was not exceptionally motivated to use the toilet, they did not bother to erect the superstructures (minimum boundary wall, roof

etc.) resulting in further de-motivation. Only toilet pan traps were provided by the Public Health Engineering Department (PHED). Many toilets were of such poor quality that they were simply dissuading any kind of usage. Within a few months of construction, many of the toilets required repairs. In most other cases construction of the pits was faulty. A few months after construction, all but three toilets were out of use.

The district administration had commissioned five NGOs in the district to undertake Nukkad Natak (street plays) in all the nearly 500 Panchayats of the district in the name of IEC activity. In Jait Panchayat, too, Nukkad Natak were commissioned from the best team of the district, who had the distinction of undertaking similar work. However, two Nukkad Natak (street plays) persuaded only about five households to improve and start using their toilet. There were no accountable institution or local champion to promote sanitation after the toilets were constructed. The Panchayat, as an institution responsible for the development of their villages, was neither involved in the toilet construction nor in promoting behaviour change to prevent open defecation.

remote corners and to the masses. In the last ten years of democratic decentralisation, India has constitutionally recognised the Panchayats as the local governance institution. This experience has established that Panchayats *are* quite capable of handling local development issues.

We have seen in the previous section that toilet construction is not an articulated need of the community, so Panchayats themselves do not have enough motivation on the issue. However, being the local institution, Panchayats not only have close interaction with the community but also have capacity to motivate and command a leadership role. Gram Sabha, the village assembly constituted by all the voters, is the supreme decision-making body at the grassroots, and can be mobilized to identify ways to eradicate open defecation in the

village. Gram Sabha can support and oversee sanitation promotion and coverage.

Panchayats' capacities for dealing with sanitation – stakeholder's perception

In the previously-mentioned study, the sample was collected from three districts of Madhya Pradesh, involving elected representatives of the Panchayati Raj Institutions (PRIs), village, government officials at district-level and below, and a sizeable number of ordinary community members, including women and youth. Questions were asked about the Panchayats' capacity to deliver various development issues.

The study revealed that Panchayats have different capacities for managing the various components of water and sanitation. They have high capacities

for constructing drains, and installing and maintaining hand pumps and piped water supply systems. However, they have moderate capacity for providing technical support for the construction of household toilets. The study also highlighted that Panchayats have high capacity to generate awareness and motivate the community to construct toilets. This is used as an argument against the Panchayats promoting sanitation programmes. However, the Panchayats could hire technical help and gradually develop their own technical competency.

Legislative framework for engaging Panchayats in sanitation

The 73rd Constitutional Amendment implemented in India in 1992 empowered elected local bodies to take responsibility for “economic development and social justice” in their area. There are 29 development functions, which have been devolved to the Panchayat, and water and sanitation is one of the core devolved functions. There are various centrally-sponsored development programmes where Panchayats are the principal implementing agency.

In the state of Madhya Pradesh, a positive step towards convergence of sanitation with the Panchayats at ground level has been attempted. The Total Sanitation Campaign, which was being handled by the Public Health and Engineering Department (PHED), has been brought under the Rural Development and Panchayat Department. Simultaneously, the Health Department, under the aegis of National Rural Health Mission, is forging an effective convergence. The National Rural Health Mission is forming a village health and sanitation committee in every Panchayat. The committee has an untied grant of Rs. 10,000 to look after the

miscellaneous health and sanitation needs of the village. It can even contribute to the construction of toilets for poor families and use the amount as a revolving fund for small health and sanitation needs. The village sanitation committee is preferably headed by a female Ward Panch of the village.

Rajukhedi Panchayat demonstrates “Sanitation and Water” for good health

In this decentralised context, the Rajukhedi Panchayat of Sehore district has emerged as a role model of rural sanitation for other Gram Panchayats in Madhya Pradesh. The success of the Panchayat in managing water and sanitation is not only covered in developmental magazines but also in leading national dailies. It shows a method for motivating better management of water and sanitation issues, especially in an underdeveloped Malwa region of Madhya Pradesh where water is scarce. Rajukhedi Panchayat is entirely free of open defecation, toilet use is high and positive health behaviour common. The Panchayat has addressed environmental sanitation through an improved drainage system and rainwater harvesting. Local committees are enabled and empowered, with the help of Panchayat, to work out a profile of development activities based on their own assessment of locally available resource potential and the needs of the people.

The main activities in the achievement of this success are considered below.

Rajukhedi starts a battle for better health in Panchayat

Only three years back, Rajukhedi, along with many other Panchayats of the region, was facing a severe

water shortage due to extremely poor rainfall for three consecutive years. This Panchayat had a high incidence of water-borne diseases, especially during summer when the hand pumps used to dry up and the villagers used the water from open sources like ponds and wells. Receding water level was plaguing the community as well as the elected head of the Panchayat. They decided to tackle the depleting water levels by constructing check-dams in their village. On the initiative of the Gram Sabha, four check-dams were constructed in a single day on the seasonal *nullahs* flowing through the village. Consequently, the water levels started improving and the village realised the dormant potential of local planning.

Panchayat starts community-based monitoring on health

The Gram Sabha and the Sarpanch were concerned about the health conditions in the Panchayat and decided to oversee these. They started monitoring the service delivery of the health providers. A local NGO helped constitute a monitoring committee of village youths. The community monitored the type of health problems occurring in the Panchayat and the delivery of the health department's services, both vaccinations and primary health care. The community monitoring committee would conduct a meeting every fortnight to review the performance of health services in their Panchayat and decide on any action that needed to be taken.

Rajukhedi Panchayat was still concerned about the health of the people, which was wasting money and causing physical discomfort to the majority of the population, especially children. Rajukhedi Panchayat started working for its people's good health. They looked into various aspects of health

such as nutrition and immunisation, as well as sanitation. The village assembly met several times to work out options. Even now, Rajukhedi has a tradition of having a Gram Sabha every fortnight to discuss local issues instead of the mandatory four meetings in a year. The Panchayat acted on several fronts to improve health conditions in the village. They streamlined the midday meal programme running in the village primary school. The Panchayat realised that the school teacher arrived very late in the village. They locked up the school building and did not allow entry to teachers who regularly came in late. They also brought the matter to the district administration. The teacher was transferred, midday meals became regular and

BOX 2 Improvements in Rajukhedi

- A piped water supply system has been installed with two water tanks with a capacity of 10,000 litres and 5,000 litres each. Households connect individually for a monthly payment of Rs.30 and six months' payment in advance. Alternatively, they may opt for a community connection at Rs. 20 per month.
- A monthly charge of Rs.1,120 pays for chlorinating the source twice a month and the electricity bill. A small amount is also saved every month to build up a kitty for any unforeseen repair in the future.
- A monitoring committee comprising the youth of the village monitors the delivery of various departments in the village. It monitors the functioning of the village school and midday meal distribution in school. It also monitors the distribution of supplementary nutrition from Aanganwadi centre.
- The committee also closely monitors the village health functionary to ensure immunisation of the children in the Panchayat. If there are problems with any of the above, they are discussed in the monitoring committee meetings and subsequently in the Gram Sabha meetings.
- The Panchayat realises that household sanitation is crucial to good health and has started door to door visits to motivate the community.
- The Sarpanch himself participates in all the "Shram Dan" and motivates the community to do the same.

their quality has improved. The Gram Sabha realised that most of the common illnesses in the Panchayat were related to water and sanitation. The Panchayat started working on these issues, including the toilet construction, to improve the health of the villagers.

The Panchayat initiates dignified sanitation

Before 2005, there were only 19 toilets constructed for the 99 households of the village. Only three toilets were used partially. The remainder needed repair, as households had converted them into stores or makeshift sheds for their cattle. The Panchayat decided to begin toilet construction in the village. Fortunately for the Panchayat, WaterAid, an international NGO specialising in water and sanitation, got agreement with a local NGO, Samarthan, to work in Rajukhedi Panchayat. It equipped the Panchayat with additional knowledge on sanitation issues and technical support, and also provided the incentive of partially offsetting the cost of toilet construction for individual households.

Instead of constructing a demonstration toilet, as required by the WaterAid Project, the Panchayat insisted that the money should be used to repair the unusable toilets and as a part-contribution for the first people to come forward for toilet construction. About 16 toilets were repaired with the WaterAid grant. Sarpanch of the Panchayat, Kamal Singh Mewara, initiated the sanitation campaign in the village. He went door to door to talk to the community and make them understand the advantage of the household toilets. The Panchayat organised several Gram Sabha meetings to work out the strategy for a healthy and clean village.

Panchayat ensures effective implementation of the Total Sanitation Campaign

As a first step to implementing the Total Sanitation Campaign, Rajukhedi Panchayat promoted safe drinking water and sanitation in the Panchayat. This was followed by the education and motivation of the community on household sanitation. This demonstrated the Panchayat's abilities on sanitation, and the community was already satisfied with their efforts to improve the general sanitary condition of the village. Only after ensuring minimum water supply and sanitation standards did the Panchayat begin a full implementation of the Total Sanitation Campaign for the construction of household toilets. Thirty-five Below Poverty Line (BPL) families were identified who could access the subsidy available under TSC. The Panchayat collectively forwarded 37 applications. A Gram Sabha meeting was organised to decide how the village should implement the TSC, and what to do for the few families who could still not afford to construct a toilet even after accessing the TSC fund.

Impact of the water and sanitation programme undertaken by Rajukhedi Panchayat

Improved health and quality of life in Rajukhedi Panchayat

Kamal Singh Mewara, a 50 year old man with a family of five, says not one doctor has shown his face in the village in the last year. Even four unqualified jhola chap (local quack doctors) who usually frequented the villages from March till September have not visited even once. Before toilet construction in 2005, each family spent an average of Rs.250 - Rs.500 per month, depending on the size of the family and the type of illness.

BOX 3 Important decisions of Gram Sabha for improving sanitation coverage in the village

- Undertake repair of all faulty toilets constructed under TSC two years back, and make them usable.
- Door to door campaign initiated by the Panchayat to motivate the community to improve general sanitation and use household toilets.
- There is no need for constructing any demonstration toilet – instead the money will be used to offset 25% of the costs for the “early birds”.
- The Panchayat will take the lead in accessing TSC funds from Zilla Panchayat. All the Below Poverty Line families will construct their toilets with subsidy from the TSC.
- Each toilet will have the necessary superstructure so that families have no hesitation in using them.
- Fix days when everybody will contribute manual labour to repair the drains around their houses. The Sarpanch himself contributed manual labour towards creating toilet superstructures, repairing drains and soak pit construction.
- Gram Sabha discussed the support for very poor families who could not afford to build a toilet. A minimum of Rs 1,800 to 2,000 was needed to construct a functional toilet and only Rs. 1,200 is available as subsidy.
- Decide that better off families will contribute material like cement and bricks to extremely poor families so that they can also construct toilets.
- Gram Sabha decide to fine families whose members defecate in the open. A monitoring system was designed with the help of youth and school children.

Today it is not just money; even the quality of life has substantially improved. Women have more time to themselves and their families. There are fewer mosquitoes, and a lower incidence of malaria. The community observed that the substantial reduction in the number of mosquitoes meant physical irritability has gone down and the quality of sleep has improved.

The impact is greatest in the Dalit hamlets, where the expenditure on health had been highest and many families regularly needed short-term credit to meet their health expenditure. Prem Singh, a Dalit, used to spend nearly Rs.5,000 every year on medical expenses. Convergence of sanitation with other programmes (school education, immunisation, improved functioning of Anganwadi¹) will soon bring better health, education, income and quality of life in Rajukhedi Panchayat.

Sustained interest on sanitation by local organisations

The engagement of the Panchayat meant local youth and children also got actively involved, helping to institutionalise sanitation in the community. Younger schoolchildren monitor hygiene and safe water practices, while the village youth groups monitor the health services. The Panchayat and Gram Sabha meet frequently to discuss health problems and solutions. Sanitation is now a priority for the Panchayat and will remain important even without any external intervention.

Enhanced capacities of the Panchayat

The Panchayat has built capacities to handle the issue of sanitation. They are able to construct drainage with the correct gradient. They not only understand the value of soak-pits and water recharge but are also able to undertake such

¹ Anganwadi centres are located within a village as a primary crèche for the children of the village. The female worker who runs the centre is also responsible for providing basic services to the pregnant women and children below five years for their immunisation, nutrition and health check-up with the formal Auxiliary Nurse and Midwife (ANM) who is responsible for about ten villages.

construction on their own. The Panchayat has learnt to negotiate effectively on the implementation of TSC with the district administration and community, and has developed understanding of the technical aspects of toilet construction. The Panchayat has increased capacity for health and sanitation surveillance, support and education.

Ripple effect in other Panchayats

Rola is the adjoining Panchayat of Rajukhedi. The success of Rajukhedi prompted the Sarpanch of Rola Panchayat to change his attitude and behaviour. The youth of Rola Panchayat got together and visited Rajukhedi Panchayat as many of them had friends and relatives in Rajukhedi. The youth group of Rajukhedi provided a structured exposure and promised support. The young people of Rola constituted a formal youth group and organised a Gram Sabha. They asked some of the Panchayat representatives to visit Rajukhedi. Rola Gram Sabha resolved that the Panchayat will attain open defecation free status. A water and sanitation committee has been formed with active leadership from the youth group. Today, Rola is a different Panchayat, and hopes to receive a Nirmal Gram Puruskar this year. Like Rola, at least 20 other Panchayats in the adjoining area are striving to achieve open defecation free status and learn better water and sanitation habits.

Increased readiness in the district administration for improved TSC implementation

Within six months of Rajukhedi's success, 770 toilets in 17 Panchayats were constructed in Sehere block itself, with a total subsidy of Rs.1000,000. The district instructed officials to visit Rajukhedi and disseminate the learnings and models in other Panchayats. The district administration sanctioned

special funds to hire buses and taxis to bring elected representatives of other Panchayats to Rajukhedi. There is an increased acceptance of the Panchayat's proposals for the implementation of the TSC. There was lot of cynicism and mistrust when Panchayats first proposed toilet construction in the villages. However, visiting Rajukhedi has changed perceptions.

Learning and ways forward

Inadequate institutional backing

Sanitation is a local issue and may be best championed with the institutional backing and support of local, stable and influential institutions like Panchayats. It may not be possible for any department to specifically sustain the educational and motivational activities in the community without a local torch bearer. This means specific IEC (information, education, communication) strategies need to be built for Panchayats, so that they in turn can provide information, education and communication on sanitation issues in their specific Panchayat. Similarly, various capacities of the Panchayat must be strengthened (education on sanitation and water issues, technical competence in hygiene education, soak-pit construction, toilet masonry etc.) so that Panchayats can both support and monitor the process.

An IEC campaign without follow-up support is more or less futile. This support is not possible unless a local institution with strong leadership is involved. A strong IEC campaign converts latent demand for sanitation into articulated and effective demand. Families want to know the technological options and costs. This is not done within a couple of days or weeks, and without follow-up, the effects of IEC die down. Panchayats may play a meaningful

role by engaging youth groups and relevant committees to provide primary information to the interested families and motivate them to get a toilet at the earliest opportunity. They may ask the local mason to provide basic design and cost details. The local mason can build a toilet to the family's requirement, keeping affordability in mind.

Unless a local institution is involved, even the execution and implementation may just be a numbers game. Sanitation habits may not change, and toilet construction may not actually lead to usage, unless motivation and monitoring is institutionalised at a local level. It may be possible to develop Panchayat sanitation hubs, where Panchayats offer technical support, education and motivation on water and sanitation issues to both its own residents and those of nearby Panchayats.

Changed IEC practice on sanitation

Current IEC practice is grossly insufficient and more of a custom. There is no appointed IEC expert within the department, so the department has to seek help from outside agencies from time to time. Absence of ownership and ad hoc delivery of IEC leads to poor take-up of toilet use. A sustained long-term IEC strategy with the Panchayats may provide the right balance of expert knowledge and local adaptation.

Selling sanitation as a sub-component of health rather than a stand alone issue

Significantly, the community may not be interested in household sanitation in isolation. However, the community itself has pointed out that primary health is an extremely desirable development need. Sanitation needs to be packaged as

BOX 4 Panchayats are efficient financial managers

The Gram Sabha of Rajukhedhi decided that the Panchayat should undertake centralised purchasing of material. It should distribute the material, instead of cash, to the community. This would reduce the cost due to bulk purchases. Centralised purchasing also covered individuals who had decided to access TSC money but construct poor quality toilets to save money.

The Panchayat bought stone dust instead of sand to do the brick work. It was cheaper: a trolley of stone dust cost only Rs.700 compared to Rs.1,700 for a trolley of sand. It was stronger too and, importantly, it was locally available. The seats, cement and bricks were purchased from Sehoré town at a subsidised rate. The Panchayat also made a plan to contribute manual labour for constructing the superstructure of the toilet. These initiatives allowed the Panchayat to make the most out of the TSC subsidy. The families of scheduled castes, scheduled tribes, and the most underprivileged were supported by their neighbours in the form of material (cement, bricks etc.) on a returnable basis, so they could also construct toilets.

The challenge for the Panchayat was to convince the community of the appropriate technological option. Influenced by their urban counterparts, many in the Panchayat insisted that they would only construct a toilet with a septic tank. For a village, septic tanks are of limited use, are expensive and take up more space.

However, the Panchayat managed to resolve the community's initial opposition to the twin soak pit type of toilet. They organised discussions with the families who had constructed septic tank toilets in the Gram Sabha. The families agreed that there is a problem of discharge, which attracts breeding mosquitoes. Even when the tanks get full, they are difficult to empty. The community also realised that twin soak pit toilets take less space and less water.

improvement in health. If it is delivered with other health-related issues and schemes, the community will see it as a logical choice.

With diminishing community spaces for open defecation and growing literacy levels among adolescent girls, having a private toilet is also emerging as a social need. Young people, who are increasingly mobile, have been exposed to neighbouring urban centres, and have shared their experiences with friends and family members. Besides, television has now reached every roadside village, and this exposure to better lifestyles is apparent.

Wherever government programmes and civil society groups are active, strong self help groups of women are emerging. The women's empowerment initiatives, besides thrift and credit, have motivated

women to influence demand for a household toilet in their family. It is seen as an issue of dignity and self-respect.

If the Total Sanitation Campaign is promoted only as a toilet construction programme, it merely reflects the target-driven approach and not the concern of the administration to promote better sanitation habits. There is a need to consider various dimensions of the socio-economic fabric of the village to motivate families to accept sanitary toilets. In a country like India, where many districts are water deficient and lack of water can discourage dignified sanitation, the incentives for promoting sanitation need to be higher and practically meaningful. Similarly, where self help group movements are strong, the TSC may provide revolving sanitation loans so that the funds may be used in other villages.

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