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IMPLEMENTATION OF SWACHH BHARAT MISSION (GRAMIN) IN TELANGANA – A STUDY OF WARANGAL RURAL DISTRICT



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INTRODUCTION

Health and hygiene are the most important elements for the overall human well-being and development. Hygiene and sanitation are among the most cost-effective public health interventions. Environmental sanitation even today is a major public health issue in India. Apart from causing mortality and morbidity and polluting water, poor sanitation in India has harmful effects on many aspects of human welfare: education, mobility, use of public space, life choices, and, ultimately, livelihoods, incomes, and general well-being. The contribution of sanitation to well-being includes such intensely personal and subjective, experiences and feelings as dignity, safety, convenience, comfort and status.

The sanitation campaign in India has been implemented from time to time by different Governments to address the challenge of poor sanitation. But these programmes focused mainly on the building of latrines—the main metric for showing progress towards sanitation targets. Hence the recently launched campaign “Swachh Bharat Mission” is India's biggest ever national level cleanliness drive post independence. The need of the hour is to promote the present sanitation campaign and make it a people's movement.

Government of India initiated the Central Rural Sanitation Programme (CRSP) in 1986 primarily with the objective of improving the quality of life of the rural people and also to provide privacy and dignity to women. From 1999, a “demand driven” approach under the “Total Sanitation Campaign” (TSC) emphasized more on Information, Education and Communication (IEC), Human Resource Development (HRD), Capacity Development activities to increase awareness among the rural masses and generation of demand for sanitary facilities. This enhanced people's

ABSTRACT:-

To accelerate the efforts to achieve universal sanitation coverage and to put focus on sanitation, the Prime Minister of India launched the Swachh Bharat Mission on 2nd October, 2014. The Mission Coordinator was given to the be Secretary, Ministry of Drinking Water and Sanitation (MDWS) with two Sub-Missions, the Swachh Bharat Mission (Gramin) and the Swachh Bharat Mission (Urban), which aims to achieve Swachh Bharat by 2019, as a fitting tribute to the 150th Birth Anniversary of Mahatma Gandhi, which in rural areas shall mean improving the levels of cleanliness in rural areas through Solid and Liquid Waste Management activities and making Gram Panchayats Open Defecation Free (ODF), clean and sanitized. It is India's biggest ever cleanliness drive and 3 million government employees and school and college students of India participated in this event. The core objectives of the Swachh Bharat Mission (SBM) are to bring about an improvement in the general quality of life in the rural areas, by promoting cleanliness, hygiene and eliminating open defecation and to accelerate sanitation coverage in rural areas to achieve the vision of Swachh Bharat by 2nd October 2019.

KEY NOTES: SBM (Gramin), ODF, IHHL,

capacity to choose appropriate options through alternate delivery mechanisms as per their economic condition. Financial incentives were provided to Below Poverty Line (BPL) households for construction and usage of individual household latrines (IHHL).

Sanitation is a broad term which includes safe disposal of human waste, waste water management, solid waste management, water supply, control of vectors of diseases, domestic and personal hygiene, food, housing, etc. Sanitation includes environmental sanitation which is largely viewed as “the control of all those factors in man’s physical environment which exercise a deleterious effect on his physical environment, health, alleviating poverty, enhancing quality of life and raising productivity- all of which are essential for sustainable development” (WHO 1992). Sanitation is one of the basic determinants of quality of life and human development index. Good sanitary practices prevent contamination of water and soil thereby prevents diseases. The concept of sanitation was therefore expanded to include personal hygiene, home sanitation, safe water, garbage disposal, excreta disposal and waste water disposal. But globally, Sanitation is primarily used for Safe disposal of human excreta (used by UNICEF-WHO Joint Monitoring Program).

SWACHH BHARAT MISSION (GRAMIN) GOVERNMENT OF INDIA

The Swachh Bharat Mission (SBM) launched by the Government of India on 2 October 2014 has a noble objective of making India cleaner by improving the sanitation conditions in the country. The mission has two major sub-missions, rural (gramin) and urban, focused on sanitation improvement in rural and urban areas respectively. The mission has the target of achieving total sanitation by 2019 and to make India cleaner and healthier for its people. This initiative is also expected to lift India’s image in the international arena so that the world looks at it as a better place to live, travel, and invest.

The mission enhanced the “incentive” for constructing each individual household latrine (IHHL) from ₹10,000 to ₹12,000 for most states in India, and this is shared by the central and respective state governments in the ratio of 75:25. Few states like Andhra Pradesh are offering an additional ₹3,000 from the National Rural Employment Guarantee Scheme (NREGS) for building IHHLs with bathing facilities. Providing sanitation facilities in all schools, anganwadis (child and mother care centres) and provision for community toilet facilities in areas where necessary are also planned for achieving saturation in sanitation coverage. Improving solid and liquid waste management (SLWM) is also an important component of SBM (Gramin).

The central government introduced the Swachh Bharat cess of 0.5% from 15 November 2015 on the value of all taxable services in India to raise funds for the mission. In addition to this, the Swachh Bharat Kosh (Clean India Fund) was set up on 24 November 2014 to attract corporate social responsibility (CSR) funds from the corporate sector and donations from charities, individuals, and institutional donors as well as non-resident Indians (NRIs) to bridge the funding gaps.

By March 2016, the mission completed its first 18 months of the total 60 months’ time frame set for achieving its target. As per Census 2011, India has 16,78,26,730 rural households. Out of these, 67.3% rural households defecate in the open and only 35% have drinking water available within the premises. A record 17.6 million IHHLs were built and the coverage of households increased from 42.12% to 51.83% during the first 18 months of the SBM (Gramin) (MDWS 2016).

Thus, the SBM (Gramin) has the primary task of building IHHLs for the remaining 80.8 million households before 2 October 2019, apart from improving solid and liquid waste disposal in its villages. Thus, at the current pace of progress, it appears that the mission achieving 100% coverage in rural areas is a herculean task.

By the end of January 2016, the Swachh Bharat Kosh had received donations to the tune of ₹369.74 crore. Though the guidelines of the kosh prioritise the repair of defunct toilets and expenditure on augmenting water supply, most of these funds are now being spent for building new IHHLs. The amount of funds generated by the Swachh Bharat cess is not yet available in public domain.

The SBM (Gramin) guidelines envisaged the establishment of state and district level Rapid Action and Learning Units (RALU) that capture innovations and field-level best practices and feed the implementation structures. Though a national level RALU was notified in July 2015, the states are yet to take this provision seriously, except for Andhra Pradesh and Chhattisgarh. In March 2016, the union cabinet approved the \$1,500 million project of World Bank support to SBM (Gramin) meant to incentivise the performance of states in terms of increase in

sanitation coverage, reduced open defecation, and improvement in SLWM (Press Information Bureau 2016). This scheme of performance-based incentives may take some time to come into force.

BOTTLENECKS IMPEDING PROGRESS

Rural India typically has habitations over a large geographical spread. Reaching the rural households with effective behavioural change communication is a daunting task given the limited manpower with necessary skills to implement the mission at block and district levels. Another important prerequisite for acceptance and usage of IHHLs is the availability of adequate water supply at the doorstep. Unless the SBM (Gramin) ensures that, many newly-built IHHLs may not be used by people.

The release of incentive has been simplified in SBM with the total payment made in only two instalments. After the officers of sanitation department approve the sanction of IHHL to a particular household, a family needs to invest ₹6,000 on its own to build the substructure of the toilet for receiving the first instalment of incentive of an equal amount. The final instalment of incentive is given after the structure is completed and the department records the physical measurements of the structure. Thus poor families, particularly those belonging to Scheduled Caste (SC) and Scheduled Tribe (ST) communities, have to invest their own funds first to build the IHHL. This is a bottleneck that is slowing down the progress of coverage.

Primary data collected by the author through a field study in December 2015 revealed this fact very clearly. Out of the total sample of 3,335 households from different communities, a total of 13.2% had an IHHL, a bathing room, as well as a doorstep water connection. In contrast, only 5.1% of the total 764 SC and ST households had the same.

Another field study done under the Sustainable Ground Water Management (SuGWM) project of the Centre for World Solidarity, Hyderabad, reveals the existence of a large number of defunct IHHLs in villages. The SuGWM project carried out a census in six gram panchayats with a total 3,317 households in Telangana and Andhra Pradesh in 2011–12. It was found that 1,161 (35%) households had defunct IHHLs that were built with support from the government during the past decade (SuGWM Project 2016: 16). Unless those households are motivated and they revive such defunct IHHLs as a part of the SMB (Gramin), it is difficult for villages to attain the open defecation free (ODF) status. Currently, the Census 2011 or SBM statistics do not mention defunct IHHLs, but apparently assume that all those constructed previously are in use.

REMEDIAL MEASURES

The three major bottlenecks that the SBM (Gramin) is facing are the lack of doorstep water supply affecting the initial acceptance of IHHL and their usage later; the need for partial initial investment on construction by the beneficiary households; and the existence of many defunct IHHLs in villages.

Better water supply for faster uptake of IHHLs:

This issue is already known and acknowledged both by the state and central governments, but not attended at the implementation level in a strategic way. A conjoint approach to provide adequate water supply in villages selected under SBM (Gramin) is already advocated by the SBM guidelines, but this synergy is yet to be operationalised at the key execution level, that is, at the district level. Currently, the practice involves the selection of a few villages in each block. Then efforts are made to make these villages ODF by identifying all those households which do not have IHHLs and motivate them to construct one. Subsequently, a follow-up is done to ensure the usage of newly constructed IHHLs. In some villages, non-governmental organisations (NGOs) are roped in to carry out this work directly, while in many others NGOs play the role of a catalyst, while individual households are required to construct and claim the incentive in two instalments.

After a village is identified for sanitation work, investments should also be made in the same village to fix water distribution network leaks and breakages; doorstep water connections to all households should be ensured; better water supply operation and maintenance systems should be provided by the gram panchayat; and most importantly, sustainability of groundwater sources that feed the water supply system should be ensured. In the absence of these measures, villagers may go back to open defecation practice due to inadequate water supply, especially when droughts and water shortages stare at them.

Clubbing the water supply augmentation work with IHHL promotion will encourage better participation of women and faster progress in sanitation coverage. One key observation from the field is that women in villages hesitate to build IHHLs without sufficient water supply because they are the ones who are going to be burdened with fetching more water from far-off public taps for flushing the latrines. For households without a doorstep water connection, SBM (Gramin) should bundle and offer both IHHL and a doorstep water connection. In addition to investing the funds of National Rural Drinking Water Programme in a synchronised manner with SBM (Gramin), innovative provisions of Swachh Bharat Kosh may be effectively used by the states towards this objective.

LEVERAGING MICROFINANCE ECOSYSTEM:

The need for upfront investment of around ₹6,000 has considerably slowed down the adoption of IHHLs among the poor, especially the SC and ST communities, in remote villages. Another issue is the high costs involved in building an IHHL with “additional necessities.” Many households, once they decide to construct an IHHL, prefer Western style toilet seats and tiles in the toilets and want to construct a bathing room along with the IHHL as well. Some households even enlarge the size of these units depending on the space available within the house. The preference for Western style toilet seat is increasing mainly for the convenience of old people or people suffering from bone and joint ailments, mostly in fluoride endemic areas. Thus, construction of an IHHL along with a bathing room costs around ₹20,000 to ₹25,000. The high costs and crop failures due to recurring droughts are also pushing rural households to delay the construction of already sanctioned IHHLs.

The availability of a small loan in advance will help the poor to speedily construct IHHLs. However, it is not viable for commercial and other banks to give out small loans. Though microfinance institutions (MFIs) operating in remote rural areas offer microloans, they are profit-making companies and charge relatively higher interest rates. Also, they do not have explicit social objectives such as promoting sanitation. But many women self-help groups, NGO-led mutually aided cooperative societies (MACS), thrift and credit cooperatives, and farmers’ cooperatives that work on the principle of self-help, pool significant amount of money every month in terms of member savings and offer small loans ranging from ₹5,000 to ₹30,000 at relatively lower interest rates.

Amending the SBM guidelines will help speed up the IHHL coverage in India. The Swachh Bharat Kosh may be used to build revolving funds at the district level, which may be offered as loans to these local cooperative institutions. Thus, without imposing much burden on the poor in terms of interest on the loan taken, it is possible to make SBM (Gramin) more inclusive and reach its target by 2019. Also, when people willingly access loans and build sanitation infrastructure, it is certain that they take care of the quality of construction, maintain these toilets and never go back to the practice of open defecation.

REVIVING DEFUNCT IHHLs:

As on 2 October 2014, 42.12% of the rural households in India had toilets. But it does not necessarily mean that all those physical structures were in a functioning condition. As mentioned before, some field studies indicated as high as 35% defunct IHHLs in some of the villages. Many latrines funded by the previous government’s schemes remained incomplete and after some time became defunct.

To begin with, the enumeration of such defunct IHHLs, both complete and incomplete ones, should be done separately. SBM (Gramin) should introduce a “renovation incentive” for such IHHLs as well as offer a doorstep water connection. With a small investment of around ₹3,000, many such defunct IHHLs may be revived and put to use. The objectives of Swachh Bharat Kosh also mention the intention to use funds to repair defunct toilets. Generally, the renovation of defunct IHHLs would involve repairing filled-up leach pits, replacing broken toilet seats or providing a roof to the toilet structure.

SANITATION AND OPEN DEFECTION (OD)

Water and sanitation are fundamental to human development and well-being. Proper sanitation is important not only for the general health point of view but has a vital role to play in our individual and social life too. It is one of the basic determinants of quality of life and human development index. Good sanitary practices prevent contamination of water and soil, thereby preventing diseases. The term ‘Sanitation’ includes urban planning, solid and liquid waste disposal and treatment, OD, waste segregation and hygiene (food, personal,

domestic and environment).

According to UN, around one billion people practice OD in the world still. Twenty countries, mostly in South Asia and Sub-Saharan Africa, account for over 80 percent of OD in the world. India has the highest number of people practicing OD in the world. This is one of the clearest indications of global sanitation crisis. Improving sanitation in the villages has been one of India's greatest development challenges. Three out of five people in rural India suffer the indignity of defecating in the open. One in every ten deaths in India is linked to poor sanitation. The worst affected are women and children.

SANITATION SCHEMES AND PROGRAMME'S BY GOVERNMENT

The rural sanitation programmes in India were introduced in the year 1954 as a part of the First Five Year Plan of the Government of India. Since past 30 years, government has been implementing rural sanitation programmes with an aim to eliminate OD in the rural areas. The government has been constantly putting efforts to ensure feasible and affordable sanitation facilities to the people particularly of rural areas. In this regard it has launched several noteworthy programmes which are chronologically mentioned below:

1986 - India's first nationwide programme for rural sanitation 'Central Rural Sanitation Programme' (CRSP) was launched in 1986 by the Ministry of Rural Development with the objective of improving the quality of life of the rural people and for providing privacy and dignity to women. The programme was supply driven, highly subsidized and placed emphasis on a single construction model.

1999 - Later in 1999 CRSP was restructured and launched as 'Total Sanitation Campaign' (TSC) a "demand driven" approach which emphasized more on Information, Education and Communication (IEC), Human Resource Development (HRD), capacity development activities to increase awareness among the rural people and generation of demand for sanitary facilities.

2005 - In 2005, Government of India launched 'Nirmal Gram Puraskar', an incentive award scheme in order to recognise the achievements and efforts made at the Gram Panchayat (GP) level in ensuring full sanitation coverage and achieving other indicators of open defecation free GPs. The award was given to the GP which attained 100 percent ODF environment. This award publicized the sanitation programme significantly all across the country.

2012 - Encouraged by the response to the incentive award scheme and also to address the sustainability issues of GPs, the TSC was revamped and renamed as 'Nirmal Bharat Abhyan' with the objective to accelerate the sanitation coverage in the rural areas through renewed strategies and saturation approach.

2014 - Though the initial efforts had been successful to an extent, universal sanitation coverage was yet a distant goal. Thus with this agenda, Government of India launched the 'Swachh Bharat Mission' (SBM) on October 2nd, 2014. It has two sub-missions, the Swachh Bharat Mission (Gramin) and the Swachh Bharat Mission (Urban), which aims to achieve Swachh Bharat by 2019, as a fitting tribute to the 150th birth anniversary of Mahatma Gandhi. The mission of this programme is to ensure hygiene, waste management and sanitation across the nation.

Aims of the Swachh Bharat Mission (Gramin)

- a) Bring about an improvement in the general quality of life in the rural areas, by promoting cleanliness, hygiene and eliminating open defecation.
- b) Accelerate sanitation coverage in rural areas to achieve the vision of Swachh Bharat by 2nd October 2019.
- c) Motivate Communities and Panchayati Raj Institutions to adopt sustainable sanitation practices and facilities through awareness creation and health education.
- d) Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation.
- e) Develop wherever required, Community managed sanitation systems focusing on scientific Solid & Liquid Waste Management systems for overall cleanliness in the rural areas.

OBJECTIVES OF THE STUDY

1. To study the sanitation programmes in Telangana
2. To study the district wise swachh bharat mission (gramin) in Telangana
3. To study the physical performance IHHL Warangal Rural District.

SWACHH TELANGANA MISSION- (GRAMIN)

Rural Water Supply and Sanitation Department is the nodal agency for implementation of SBM (Gramin) in rural Telangana. Society for Elimination of Rural Poverty and Department of Rural Development are responsible to ensure early completion of the targets. The Government of Telangana has focused on providing sanitation facilities to the rural community of the state in line with Swachh Bharat Mission (Gramin). Currently under the sanitation campaign, the priority of the state is to achieving ODF Panchayats. ODF is the state approach towards sanitation problems in the rural areas. All the households are intended to be covered in all the GPs over a period of next four years. At the end of the programme, it is aimed that all the individuals would use toilets at all times for defecation. The key component of this programme is construction of IHHLs. Main Components: In August 2015, Government of Telangana launched a state wide flagship programme called 'Gram Jyothi' and lot of emphasis has been given for total sanitation with the community participation. Accordingly, there has been a tremendous effort by the District Collectors, GP institutions and the people to create massive awareness besides ensuring holistic participation through the functional committees. In view of the surge in demand for toilets as a sequel to the Gram Jyothi Programme, one of the urgent actions to be taken up is to facilitate and ensure the desired support to sustain the motivation among GPs to undertake the construction of toilets in the Panchayat as a whole. Accordingly the Government of Telangana has developed a comprehensive guideline for elimination of OD statewide (G.O.Ms.No.92).

Current implementation mechanism for SBM(G) in the State The Mandal Parishad Development Officer (MPDO) is the Mandal Sanitation Officer (MSO) and is the nodal point for receipt of all proposals under SBM(G) or NREGA. All proposals for toilets are processed only through the MPDO regardless of the funds. Each village constituted its own Water and Sanitation Committees (VWSC), which is a 12 member team with the Sarpanch being the chairperson. VWSC are responsible to anchor the ODF program at village level. The Self-Help Groups (SHGs) mainly run by women are expected to play a vital role in achieving the targets. Women were brought into the picture since they play a pivotal role in the family. The strategy is to make them understand the importance of toilet at home and motivate them to construct and use it.

The following Sub-Committees under VWSC may be constituted for effective implementation of the programme:

Mobilization and Vigilance Committee (Avagaahana Mariyu Nigha Committee) members are responsible for coordinating IEC activities, for spreading awareness, reviewing and monitoring the construction of toilets, ensuring usage of toilets and developing ways to monitor the usage of toilets. The members for this sub-committee include a woman Ward Member; village officer (VO), youth activist and one active member from the community. Procurement Committee (Konugolu Committee) members look after the bulk procurement of raw materials, MOUs between VO and different stakeholders like masons, raw material manufactures etc. The sub-committee is also responsible for storage of the material. They handle the payments to each of these for the services and material they provide. The members for this sub-committee include the Sarpanch, VO President, woman Ward Member and one active member from the community. Construction Committee (Nirman Committee) members look after the construction status and quality of toilets and ensure that the toilets are constructed in the stipulated time. The members of this sub-committee include Ward Member, VO, office bearer, youth activist and one active member from community.

Funding for construction of toilets is under two main streams of funding namely Swachh Bharath Mission – Gramin and the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) programme.

Individual Household Latrine (IHHL) is a toilet which is available within the premises of a household. Operation and maintenance of individual toilet rests with the beneficiary.

District wise IHHL Physical performance in Telangana State 2016-17**Table No: 1**

S.No	District	IHHL Sanctioned	IHHL Completed	IHHL Inprogress
1	Adilabad	0	0	0
2	Bhadradi Kothagudem	3,125	85	387
3	Jagityal	2,592	1,449	993
4	Janagoan	1,307	1	1,306
5	Jayashankar	1,025	18	740
6	Jogulamba	6	6	0
7	Kamareddy	1,554	59	86
8	Karimnagar	2,232	222	1,798
9	Khammam	3,733	192	478
10	Komuram bheem	0	0	0
11	Mahabubad	1,133	0	594
12	Mahabubnagar	2,733	51	0
13	Manchirial	1	1	0
14	Medak	6,171	60	2,579
15	Medchal	1	1	0
16	Nagarkurnool	77	14	0
17	Nalgonda	415	118	0
18	Nirmal	0	0	0
19	Nizamabad	0	0	0
20	Peddapally	325	20	299
21	Rajanna Sircilla	1,021	803	207
22	Ranga Reddy	552	214	79
23	Sanga Reddy	510	15	57
24	Siddipet	43	14	4
25	Suryapet	17,162	104	9,008
26	Vikarabad	431	345	0
27	Wanaparthy	13	12	0
28	Warangal (U)	305	3	189
29	Warangal (R)	4,354	64	4,171
30	Yadhadri bhongir	1,268	75	28
	Total	52,089	3,946	23,003

Source: MPDO Office Wardhannapet Mandal

Table No.1 donates that the Individual House Hold Latrine programme under the Swachh Bharat Mission (Gramin) District wise in Telangana State (2016-17). The most implementation IHHL programme the highest completed 1,449 and 2,592 sanctioned and followed are not completed 387, Jagityal District, whatever may be this district vast completed this IHHL programme and followed the next district of Rajanna Sircilla 803 IHHL are completed and 1,021 are sanctioned but 207 IHHL are not completed and followed the not implementation of IHHL programme in Adilabad, Komuram bheem Asifabad, Nirmal, Nizamabad are not sanctioned or completed.

WARANGAL RURAL DISTRICT PROFILE

Warangal Rural district District of Telangana 1,049 villages in 2011 Census (of which 88 Uninhabited and 961 habited), 51 Mandals (50 Rural and 1 urban), 5 Revenue Divisions, 15 Towns (2 Statutory (Warangal M. Crop and Jangaon Municipality) and 13 New Census Towns) and 1 Urban Agglomeration.

Area • Total 2,175.50 km² (839.97 sq mi) Population (2011) • Total 716,457' Density 330/km² (850/sq mi)

Mandal wise IHHL Physical Performance in Warangal Rural District 2016-17**Table No: 2**

SI No	Mandal Name	IHHL Sanctioned	IHHL Copmleted	IHHL Inprogress
1	Atmakur	864	0	864
2	Chennaraopet	1,616	0	1,616
3	Duggondi	0	0	0
4	Geesugonda	347	57	290
5	Khanapur	0	0	0
6	Nallabelly	0	0	0
7	Narsampet	0	0	0
8	Nekkonda	0	0	0
9	Parkal	419	0	419
10	Parvathagiri	0	0	0
11	Raiparthy	0	0	0
12	Sangem	237	0	237
13	Shayampet	0	0	0
14	Wardhannapet	871	7	745
	Total	4,354	64	4,171

Source: MPDO Office Wardhannapet Mandal

Above the table explain about that Mandal wise IHHL programme in Warangal (Rural) District (2016-17). This programme around the mandals sanctioned 4,354 and completed 64 and and incompleted 4,171. There is Geesugonda mandal is completed 57 IHHL Wardhannapet mandal 7 IHHL completed programme. The highest sanctioned IHHL 1,606 of Chennaraopet mandal and next Wardhannapet mandal IHHL 871 sanctioned and followed Atmakur mandal 864 IHHL sanctioned, but Duggondi, Khanapur, Narsampet, Nekkonda, Parvatagiri, Raiparthy, Shayampet mandals are not sanctioned IHHL under the Swachh Bharat Mission (Gramin) in Warangal Rural District.

SUGGESTED SOLUTIONS:

Awareness about the importance of cleanliness is to be increased.' The issue needs to be discussed in the GP meeting more often.' Assistance from the GP to the weaker sections to help them start' building toilets and retrieve it back after they get the incentive from govt. The funds from govt. to the GP for drainage facility should be met soon.' There should be a proper co-ordination between GP and Revenue Development Officer. Construction of common community toilets for each block can help' reduce the construction cost and increase availability to landless HH. Community Bio-toilets with biomass capture to generate biogas can be' constructed. This can help in providing cheap mature to farmers, biogas for cooking and community intensive to use toilets. Also, it will help provide toilet to those who don't have land for construction.

Open defecation leads to many diseases in village and' primarily during rainy season with no drainage facility in the village adding to it. On interrogation with the Gram Panchayat the reason was' reported by the Sarpanch was non-availability of budget. In spite of repeated demands by the GP the fund is not released. Most of the villagers are aware of the incentive of' Rs.12000/- by the govt. and as reported by the GP 146 toilets have been sanctioned this year but still there is no toilet. The reason ported to us by the villagers is 6000/- is given after half of the work is done and most of them don't have enough money to start the project. And hence most of them are aware but because of insufficient amount to start up the project do not have toilets.

CONCLUSION

The neglect of public health in India post-independence is partly due to the decisions of policymakers, who focused on disease-specific interventions rather than on an overarching public health network focused on prevention. The only positive ray of hope is the growing political consensus on the importance of toilets. The recently launched Swachh Bharat Mission (Gramin) must be seen as a welcome development. Hopefully, the political consensus and involvement of people from all walks of life will add heft to a campaign for providing more

awareness on improved sanitation with a change in attitude. We need a cultural revolution in this country to completely change people's attitudes toward sanitation and hygiene in the long run. The new found approach of building support by challenging nine persons towards sanitation will definitely take the campaign forward making a chain of action. Not only a strong political will, but the innovative initiative of participation and social mobilization will add strength to the cleanliness campaign. In future comprehensive studies should be undertaken on the health, social and economic benefits of improved sanitation by the present campaign "Swachh Bharat Mission" in India.

Swachh Bharath Mission (Gramin) has taken a good turn of pace recently with popular public support, enhanced subsidy, additional staff, and added funds for IEC related works etc. With all these additional support, it is possible to provide every household with a toilet for use. 'Use' is the key word here. We cannot go on a march-past being carried away by the number constructed. We need to take a pause and look back if they are really being used for the purpose intended. Strategies for implementation could be rolled out by those in the field. But what matters is 'use of the toilets without slipping back' to the usual open air theatre. Mission: Swacch Bharath in the mind-set and demonstrated through action.

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