Chapter-1: Introduction

1.1 Background

Swachh Bharat Mission launched by the Prime Minister on 2nd October 2014 aims at 100 *per cent* open defecation free India by 2019. Before this, similar targets for eradication of open defecation were set out for 2012, revised to 2017 and again set out for 2022. Planned intervention for rural sanitation is continuing for at least last three decades. As per the WHO Report "Progress on Drinking Water and Sanitation: 2012 Update", the number of people practicing open defecation is declining steadily in Asia. According to this Report, India however continues to be the country with the highest number of people (60.09 *per cent*) practicing open defecation in the world which is indeed a matter of concern.

Consumption of unsafe drinking water, improper disposal of human excreta, improper environmental sanitation and lack of personal and food hygiene have been major causes of many diseases in developing countries. Prevailing high infant mortality rate is also largely attributed to poor sanitation.

1.2 Rural Sanitation Programmes at a glance

Sanitation programmes launched during different plan periods covered more or less similar activities with slight changes in approach (**Chart-1.1**). The period covered by this audit involves two schemes; Total Sanitation Campaign (TSC) and Nirmal Bharat Abhiyan (NBA). TSC was renamed as NBA with effect from 01 April 2012. The objective of the Scheme was to accelerate the sanitation coverage in the rural areas so as to comprehensively cover the rural community through complementing the demand driven approach of TSC with saturation approach. NBA envisaged covering the entire community for saturated outcomes for creating Nirmal Gram Panchayats.

1986-CRSP	 Supply driven approach Infrastructure oriented High level of subsidies for latrine construction
1999-TSC	 Incentive based-demand driven Emphasis on IEC Access to toilets to all in rural areas by 2012, revised to 2017
2003-TSC	 Nirmal Gram Puraskar (NGP) launched to recognize the achievement NGP to "open defecation free" GPs, Blocks and Districts.
2012-NBA	 Covering the entire community for saturated outcome Create Nirmal Gram Panchayats, Blocks and Districts Nirmal Bharat by 2022

Chart-1.1: Evolution of Rural Sanitation Programmes

1.3 Objectives and Activities

The programmes changed with time in so far as focus and approach is concerned but the main objectives and activities remained the following:

Objectives	Activities/Components
To motivate communities and Panchayati Raj Institutions for promoting sustainable sanitation facilities through awareness and education.	 Start-Up Activities like preliminary survey/ base line survey to assess the status of sanitation and hygiene practices, orientation of key personnel at the district/GP level and preparation of State Plan; IEC¹ Activities to trigger the demand for sanitary facilities in the rural areas for households, schools, Anganwadis and Community Sanitary Complexes through behavioural change at all tiers of PRIs; Capacity Building for training of personnel involved in implementation, training SHGs in masonry work, brick-making, toilet pan making, plumbing, and also for awareness raising activities.

¹ Information, Education and Communication

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To accelerate sanitation coverage in rural areas through access to toilets to all.	 Construction of Individual Household Latrines including a super structure covering all the rural families either by providing assistance to eligible categories under the TSC/NBA or by motivation; Establishment of Rural Sanitary Marts and Production Centres (RSM & PC) making available cost effective, affordable sanitary material at the local level through the outlets dealing with the materials, hardware and designs required for the construction of sanitary latrines, soakage and compost pits, vermi-composting, washing platforms, certified domestic water filters and other
To undertake proactive promotion of hygiene and sanitary habits among students <i>and</i> cover the schools not covered under Sarva Shiksha Abhiyan (SSA) and Anganwadi Centres in the rural areas with proper sanitation facilities.	 sanitation& hygiene accessories required. Construction of institutional toilets in all Schools/Anganwadis where there were no toilets for children with higher emphasis on toilets for girls in schools.
To encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation.	 Construction of Community Sanitary Complexes (CSC) comprising an appropriate number of toilet seats, bathing cubicles, washing platforms, Wash basins etc. in a place in the village acceptable and accessible to all;
To develop community managed environmental sanitation systems focusing on solid and liquid waste management for overall cleanliness in the rural areas.	 Establishment of Solid and Liquid Waste Management (SLWM) units for activities like compost pits, vermin composting, common and individual biogas plants, low cost drainage, soakage channels/ pits, reuse of waste water and system for collection, segregation and disposal of household garbage, etc.

1.4 Financing of the Programmes

Government of India released ₹8,634.61 crore from 2009-10 to 2013-14 for sanitation of which ₹918.18 crore was the closing balance at the end of 2009-10 which went upto ₹2,450.52 crore (an increase of 166.89 percent) at the end of 2013-14. This amount remained accumulated in various bank accounts outside the Consolidated Fund of the Union and/or State at the end of the year which suggests that there was no dearth of funds but the allotted funds could not get utilized fully. Details are in **Table-1.1**.

						(₹ i	n crore)
Year	Opening Balance	Release	Interest earned during the year	Total Available Fund	Expenditur e	Balance	%age of Exp.
1	2	3	4	5=(2+3+4)	6	7=(5-6)	8=(6/5*100)
2009-10	1,190.61	1,038.85	22.79	2,252.25	1,334.07	918.18	59.23
2010-11	918.18	1,526.42	17.04	2,461.64	1,174.58	1,287.06	47.72
2011-12	1,287.06	1,440.59	15.17	2,742.82	1,335.73	1,407.09	48.70
2012-13	1,407.09	2,438.47	17.45	3,863.01	1,521.21	2,341.80	39.38
2013-14	2,341.80	2,190.28	31.71	4,563.79	2,113.27	2,450.52	46.31
	(Source: Dat	a provided l	w the Ministry)				

Table-1.1: Fund released, expenditure and unspent balance

(Source: Data provided by the Ministry)

Funding arrangement is such that Government of India, State Government and the beneficiary/community all contribute as per the component-wise fixed sharing percentage envisaged under the Scheme guidelines issued from time to time (detailed in **Annex-1.1**).

1.5 Operational Arrangement

The scheme is being implemented in mission mode for the last few decades. An organisational structure indicating the various levels of implementation, responsibilities at each level is shown in **Chart-1.2.**The States/UTs nodal missions which receive funds from Central Government have to release it along with the matching state share to the district Implementing Agency/Agencies within 15 days of receipt.



1.6 Status of Rural Sanitation in India as per various study reports

1.6.1 UNICEF/WHO Report

The progress in improving rural sanitation in the country remained dismal during the period 1990 to 2012 as the coverage of improved sanitation increased only by 18 percentage points whereas in the neighbouring countries this ranged between 27 and 41 percentage points as brought out in **Chart-1.3**.



Chart-1.3: Percentage point change 1990-2012

According to the UNICEF/WHO Report², even in 2012 by when the Total Sanitation Programme in the country targeted to achieve 100 percent sanitation, only 25 *per cent* of rural population had access to improved sanitation which was far below the world level of 47 *per cent* (detailed data in **Annex-1.2**). Countries like Pakistan (34 *per cent*) and Bangladesh (58 *per cent*) were ahead of India in providing improved sanitation to their rural population (**Chart-1.4**).



Chart-1.4: Use of improved sanitation 2012

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² Progress on Drinking Water and Sanitation: 2012 Update jointly released by UNICEF & WHO.

It is a matter of concern that with every sanitation programme targeting for eradication of open defecation, the number of people practicing open defecation, continues to be high. Despite a steady declining trend in Asia, India was recorded by WHO as the country with the highest number of people (60.09 *per cent*) practicing open defecation in the world. The depiction in **Chart-1.5** calls for identifying the reasons.



Chart-1.5: OPEN DEFECATION IN WORLD

1.6.2 Evaluation Study on Total Sanitation Campaign

Planning Commission of India had released in May 2013 an 'Evaluation Study on Total Sanitation Campaign'. Programme Evaluation Organisation of Planning Commission conducted this study covering 122 districts, 206 Blocks and 1,207 Gram Panchayat spread over 27 sample States of the country. The important observations made in the study are given in **Table-1.2**.

SI. No.	Observation
1.	At least one member of nearly 73 <i>per cent</i> of rural households practiced open defecation, out of this 67 <i>per cent</i> were forced to do so due to unavailability / inadequacy of toilets
2.	'Lack of awareness' and 'established age old practice' stand out as the predominant reasons for open defecation in case of households where toilets facilities were available

Table-1.2: Observations in Evaluation Study on Total Sanitation Campaign

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Sl. No.	Observation
3.	Only about 46 per cent households had adequate water for flushing and tap
· · · · · ·	water was available in only 3.61 per cent households
4.	4.4 per cent households were using bucket toilets despite a provision in the
	Scheme for their conversion to sanitary latrines
5.	83 per cent of selected GPs had no sanitary complexes
6.	Nearly 13.8 per cent households were still resorting to open defecation in
· · · · · · · · · · · · · · · · · · ·	NGP awarded GPs

1.6.3 Assessment Study of Impact and Sustainability of Nirmal Gram Puraskar

The Ministry of Drinking Water and Sanitation had also engaged an agency to conduct 'Study on Impact and Sustainability of NGP' in March 2011. The study was undertaken in twelve States, selecting four each from high, average and low performing States. The study report revealed that many households were not having functional toilets and there was open defecation in NGP awarded GPs. Important observations of the Study are summarised in **Table-1.3**.

Table-1.3: Observations in NGP Study

SI. No.	Observation
1.	Around 19 <i>per cent</i> of total sample NGP-GP households were not having access to any type of latrine.
2.	Fully /partially choked latrine accounted for 23 <i>per cent</i> of the households.
3.	Around 16 <i>per cent</i> households had a latrine that was either filled with debris or used as animal shed or storage space.
4.	Around 67 <i>per cent</i> of households had all the members not going regularly for open defecation, while around 19 <i>per cent</i> did not have access to any type of latrine, at least one member of remaining 14 <i>per cent</i> was reportedly going for open defecation despite having a latrine.
5.	Only 26 <i>per cent</i> households had a functional latrine. However, nearly 67 <i>per cent</i> households reported all members using the latrine regularly, much higher than the functionality percentage.
6.	As far as coverage of 100 <i>per cent</i> households and institutions under sanitation facilities is concerned, NGP status was not found to have sustained in most States.

1.7 Audit approach and Methodology

1.7.1 Audit Objectives

The performance audit was taken up with the objective of verifying whether:

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- The planning for the implementation of the Scheme at different levels was adequate and effective and was aimed towards achievement of objectives of the Scheme;
- Funds were released, accounted for and utilized by the Central and State governments in compliance with the guidelines issued under the Scheme;
- iii. The targets set in terms of number of units under various components of the Scheme were sufficient to achieve and sustain the vision of Nirmal Bharat by 2022 with all GPs in the country attaining Nirmal status;
- iv. The system of selection of beneficiary was transparent and construction and upgradation of infrastructure under various components of the Scheme was in compliance of the financial and quality parameters set out in the scheme guidelines;
- The information, education and communication strategy under the Scheme was effective in generation of demand of TSC/NBA services through community mobilization;
- vi. The convergence of the NBA activities with other programmes/ stakeholders as envisaged was effectively achieved; and
- vii. The mechanism in place for monitoring and evaluation of the outcomes of the programme was adequate and effective.

1.7.2 Scope of Audit

This audit covered all components of the TSC/NBA Scheme in operation for the period 2009-10 to 2013-14. It involved scrutiny of records of the programme division in the Ministry and the implementing agencies in 26 States and one Union Territory (UT)³ where the Schemes were under operation. The States/UT of Goa, Puducherry and Sikkim were not selected due to negligible expenditure under the Scheme during the report period. The important development at the policy level and as furnished in the

³ Andhra Pradesh (including Telangana), Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Dadra & Nagar Haveli, Gujarat, Haryana, Himachal Pradesh, Jammu & Kashmir, Jharkhand, Karnataka, Kerala, Madhya Pradesh, Maharashtra, Manipur, Meghalaya, Mizoram, Nagaland, Odisha, Punjab, Rajasthan, Tamil Nadu, Tripura, Uttar Pradesh, Uttarakhand and West Bengal.

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replies from the government beyond March 2014 have also been included in the Report for providing complete perspective.

1.7.3 Audit Sampling

The following statistical framework was used for selection of sample:

- From each State/UT, 25 *per cent* of the districts (subject to a minimum of two) were chosen using Probability Proportional to Size With Replacement method with size measure as total approved project cost;
- Within each selected district in the 1st stage, 20 per cent rural blocks (subject to minimum 2) were selected by Systematic Random Sampling (SRS) method;
- Within each selected block in the 2nd stage, 25 *per cent* of GPs (subject to maximum 10) were selected by SRS method;
- Within each selected GP, 10 beneficiaries (maximum five from one village) were selected from the beneficiary (household) list for physical verification and beneficiary survey by SRS method;

The audit sample covered is given in **Chart-1.6** below:





Further 23979⁴ beneficiaries were covered for sample survey. Details of the sample districts are given in **Annex-1.3**.

1.7.4 Sources for drawing Audit Criteria

The implementation of various components of TSC/NBA scheme was audited with reference to the criteria derived from the following documents:

⁴ Excluding Punjab

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- Three sets of operational guidelines of TSC issued in 2007, 2010 and 2011 and NBA Guidelines 2012; notifications and circulars issued by Ministry of Drinking Water and Sanitation;
- IEC guidelines 2010 issued by the Ministry, Sanitation and Hygiene Advocacy and Communication Strategy Framework 2012-2017;
- State Government orders relating to implementation of the TSC/NBA;
- Guidelines for engagement of Swachchhata Doot/Prerak;
- Guidelines for the Nirmal Gram Puraskar;
- Physical and financial progress reported under Management Information System (MIS) available on website of the Scheme (tsc.gov.in);
- Compliance with general financial rules, administrative rules and procedures.

1.7.5 Audit Methodology

The Performance Audit of the Scheme commenced with an entry conference with the Ministry in May 2014, wherein the audit methodology, scope, objectives and criteria were explained. Simultaneously, entry conferences were held in each state by the respective Accountants General with the nodal department involved in the implementation of the Scheme. Thereafter records relating to the Scheme were examined in the Ministry and the implementing agencies of the State Governments from May 2014 to October 2014. Exit Conferences were held in twenty three states after completion of audit during September 2014 to March 2015.

1.7.6 Response of the Auditee

The draft Report was issued to the Ministry on 16 March 2015. Ministry in its communication dated 7 April 2015 sought a further period of two months in obtaining replies from States. However, no response was received even after lapse of three months. Exit Conference was held with the Ministry on 9 June 2015 and views expressed by the Ministry in the conference have been considered and included in the Report.

1.7.7 Reporting Methodology

The results of audit at both the Central and the State level were taken into account for arriving at the conclusions. The audit findings on each stated objective of the Performance Audit have been discussed in Chapters 2 to 8. Chapter 2 deals with Planning activities, Chapter 3 deals with Project Implementation, Chapter 4 deals with Management of Funds and Chapter 5, 6 and 7 deal with IEC, Convergence and Monitoring respectively. Reply of the auditee, wherever received, have been considered and suitably incorporated in the findings. Recommendation(s) have been given in each chapter based on the audit findings.