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- Bowersox, Donald J., Closs, David J., (1996), "Logistical Management." Tata McGraw, Hill, New Delhi.
- Hunker, H.L. and A.J. Wright (1963), "Factors of Industrial Location in Ohio," Ohio State University.

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ROLE OF PANCHAYATS IN RURAL WATER SUPPLY AND SANITATION: A CASE STUDY OF WEST BENGAL

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ABSTRACT

Safe Drinking Water and Sanitation facilities are the basic components for human development. The state government cannot deny its responsibility to provide safe drinking water and sanitation facilities to the rural people. In this paper an effort has been taken to assess the performance level of the State of West Bengal in providing such basic amenities through effective management of the panchayats. Data analysis reveals that a majority of rural households in West Bengal is under the coverage of safe drinking water. But the provision of sanitation facilities to the rural people in most of the districts is not upto the mark. Moreover, we observe the lack of health consciousness among the rural poor people. This is reflected by their practice of usually non-using sanitation although it is available at the household level. Hence, supply of sanitation materials to the rural people is not the only solution. The proper sanitation lies in its effective management in organizing sanitation drive towards raising the level of social consciousness.

KEYWORDS

Rural Development, Safe Drinking Water, Better Health, Improved Quality Life, Sanitation Facilities, Community Participation, Sanitation Movement, West Bengal Panchayats.

PROLOGUE

My young children, go to all parts of the country, particularly beyond cities, remove the pain of mind and body. Indeed, a health mission is ahead of you"
--- A message from Dr. M.G.R. Medical University, Tamil Nadu

Safe drinking water and sanitation facilities are important components for human development. These components influence the quality of human health and productivity in many ways. Provision of safe drinking water and sanitation facilities like proper drainage of dirty water, disposal of garbage, sewage, etc. are crucial for maintaining a clean micro-environment. These are considered today as essential prerequisites for good governance to promote better health and welfare of the rural population. In this context it is relevant to quote the former Prime Minister I.K. Gujral who made a revealing remark on the state of our basic amenities, "I see before me bottled water kept for the dignitaries on the dais. It reminds me of three classes of Indians – one who can afford bottled water; others who manage to get some water in their taps or a nearby tap or a pump irrespective of its quality or regularity of supply; the third set of Indians are those for whom drinking water is a daily problem and who will be ready to drink any polluted water."[1] Herein lies the importance for the provision of safe drinking water and sanitation facilities to the vast Indian populace. This situation requires an integrated approach for comprehensive and sustainable solutions. Primarily, it is the responsibility of the State Government to provide safe drinking water and sanitation facilities to the rural people. However, considering the magnitude of the problems relating to the size of the population, depletion of ground water tables, possibility of contamination, etc. the Central Government had to intervene to supplement the efforts of the State Governments. In this respect, Central Government had also laid emphasis on empowering and capacity building of the Panchayati Raj Institutions (PRIs) and Village Water and Sanitation Committees (VWSCs) to enable them discharge their responsibilities in drinking water supply. The PRIs in West Bengal have taken up the issue of water supply and sanitation as part of rural development as well as good governance. PRIs, since 1990s, are playing a commendable role in implementing different water supply and sanitation schemes sponsored by the central and the state government.

PURPOSE OF THE STUDY

The main objective of this study is to assess the efficiency and effectiveness of the state of West Bengal in providing safe drinking water and sanitation facilities to the rural people through the effective management of the panchayat.

RURAL WATER SUPPLY AND SANITATION: OVERALL OBJECTIVES

The main objectives of safe drinking water supply and sanitation are as follows:

1. To ensure coverage of all rural habitations with access to safe drinking water and sanitation.
2. To ensure sustainability of drinking water systems and sources.
3. To tackle drinking water quality affected habitations.
4. To institutionalize the reform initiatives in the rural drinking water supply and sanitation.
5. To build up the capacity of users for effective community participation.
6. To enhance the performance and productivity levels of water sector professionals.
7. To change the attitude of rural people towards good hygienic practice for better health and economic prosperity.
8. To focus on capacity building of the stakeholders with a paradigm shift from a target based, supply-driven approach to a demand-responsive approach, where users get services they want and are willing to pay for.

CENTRALLY SPONSORED SCHEMES IN RURAL WATER SUPPLY AND SANITATION

To this end, Central Government has taken some initiatives through different schemes / programmes and projects from time to time. The Central Government had introduced the Accelerated Rural Water Supply Programme (ARWSP) in 1972-73 to assist the States and Union Territories with 100% grant-in-aid to implement drinking water supply schemes in villages. The aims of the programme were to ensure coverage of all rural habitations with access to safe drinking water, sustainability of drinking water system and sources, etc. Moreover, Central Government adopted scientific and technological approaches through different sub-missions like control of fluorosis, removal of excess iron, conservation of water, and alternative water supply system in arsenic affected areas, etc. It is to be noted that the Central Government approved projects totaling Rs. 100 crore to the State of West Bengal for providing alternative water supply system to 427 villages in six districts in the arsenic affected areas. In 1986, a national programme called Central Rural Sanitation Programme (CRSP) was launched for providing sanitation facilities to all the rural households and changing attitude towards hygienic practice of the rural people. A renewed thrust was given for ensuring total coverage over the entire programme area by launching the Total Sanitation Campaign (TSC) project in the year 2000-2001. Families in rural areas below the poverty line are eligible for taking up Individual Sanitary Latrines (ISLs) under the TSC programme of the Central Government.

[1] Quoted by A.P.J. Abdul Kalam, The Hon'ble President of India, in the book written by himself Y.S. Rajan, Co-author, India 2020: A Vision for the New Millennium, Penguin books, New Delhi, 1998, p-217.

In 1994, a National Human Resource Development Programme (NHRDP) was launched by the Central Government. Its primary focus is to build-up the capacity of users for effective community participation and also enhancing the performance and productivity levels of water sector professionals. In April, 1999, the Ministry of Rural Development (MORD), Government of India had introduced the Sectoral Reforms Project (SRP) in Rural Water Supply and Sanitation (RWS&S) programme with the aim to replace the government oriented, centralized supply-driven RWS&S by a people-centric, decentralized demand-driven and community-based programme. Consequently, the role of the Government in RWS&S has shifted from that of 'providers' to 'facilitators'. The Sectoral Reforms Project initiative was scaled up throughout the country by launching *Swajaldhara* in December 2002. Almost all the States, including West Bengal, across the country are now implementing the *Swajaldhara* scheme. Moreover, drinking water supply is one of the components of *Bharat Nirman* (BN), which has been conceived as a plan to be implemented within a four-year period (2005-06 to 2008-09) for building rural infrastructure.

STRATEGY FOR SAFE DRINKING WATER

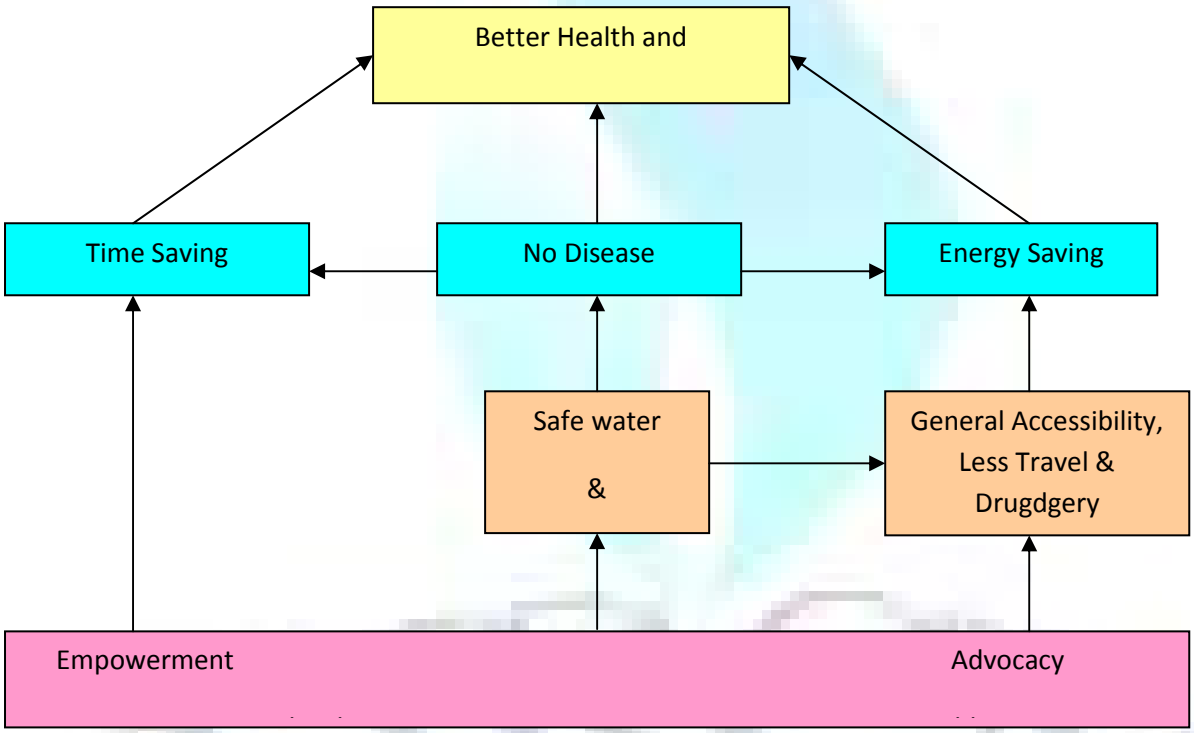
The UNDP and the Government of India had organized a global conference on 'Safe Water 2000' in Delhi in September 1990. The declaration made in that UN General Assembly adopted global conference in November 1990. The four guiding principles[2] adopted in the declaration as strategy for the decade 1990-99 were:

1. Protection of environment and safeguarding of health through integrated management of water resources and liquid/solid waste.
2. Institutional reforms promoting an integrated approach and including changes in procedures, attitudes and behaviour, and the full participation of women at all levels in sector institutions.
3. Community management of services backed by measures to strengthen local institutions in implementing and sustaining water and sanitation programmes.
4. Sound financial practices achieved through better management practices of existing assets and widespread use of appropriate technologies.

LINKAGE BETWEEN WATER SUPPLY, SANITATION AND HEALTH

It has been widely recognized that there is a close association between 'Water Supply & Sanitation' and 'health'. Accessibility of safe drinking water and sanitation facilities determines and influences the quality of human health as well as the incidence and the spread of tropical diseases (like cholera, typhoid, hookworm etc.) Misery, sickness and death due to infectious diseases are known to result from the use of unsafe water and unsanitary goods and services. The relationship between 'Water Supply and Sanitation' and health can be shown in Figure–A below:

FIGURE–A: WATER SUPPLY, SANITATION AND HEALTH: A RELATIONSHIP FOR ATTAINING IMPROVED QUALITY LIFE

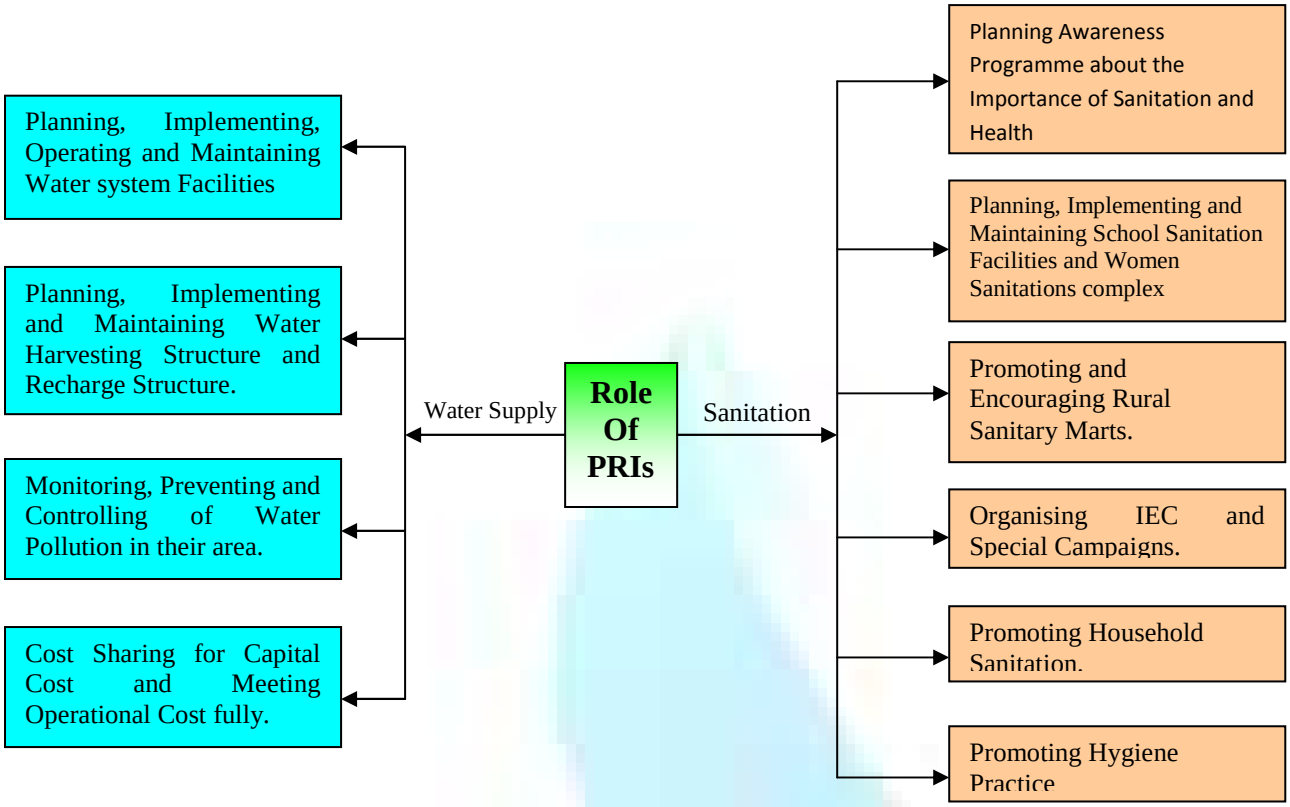


RURAL WATER SUPPLY AND SANITATION PROGRAMME: ROLE OF PRIS

Panchayats in different states in India have been doing significant work in the areas of basic minimum services such as safe drinking water, sanitation, primary health care, etc. The PRIs have come forward to be recognized as appropriate units for involving people and enabling them to participate in such activities -- motivating and educating the community, providing safe drinking water and sanitation services, monitoring, evaluation and management. Keeping this in view, 29 development items / subjects including drinking water and sanitation have been listed in the Article 243G of the Eleventh Schedule of the 73rd Constitutional Amendment, 1992. Consequently, powers and functions relating to these items have been transferred to PRIs. The operation and maintenance are also the responsibility of the panchayats with the active involvement of the local community and habitations level Water Supply and Sanitation Committee. The day-to-day repairs will be attended to by self-employed mechanics and trained technicians at the habitation level and more complicated repairs at the block level will be undertaken with the help of mobile teams. The role of PRIs in Water Supply and Sanitation Programmes can be shown in Figure–B below:

[2] Das, Palat Mohan (1996); Drinking water: targeting rural India, Kurukshetra, Oct-Nov, p-118.

FIGURE–B: ROLE OF PRIS IN WATER SUPPLY AND SANITATION PROGRAMMES



IEC INDICATES INFORMATION, EDUCATION AND COMMUNICATION

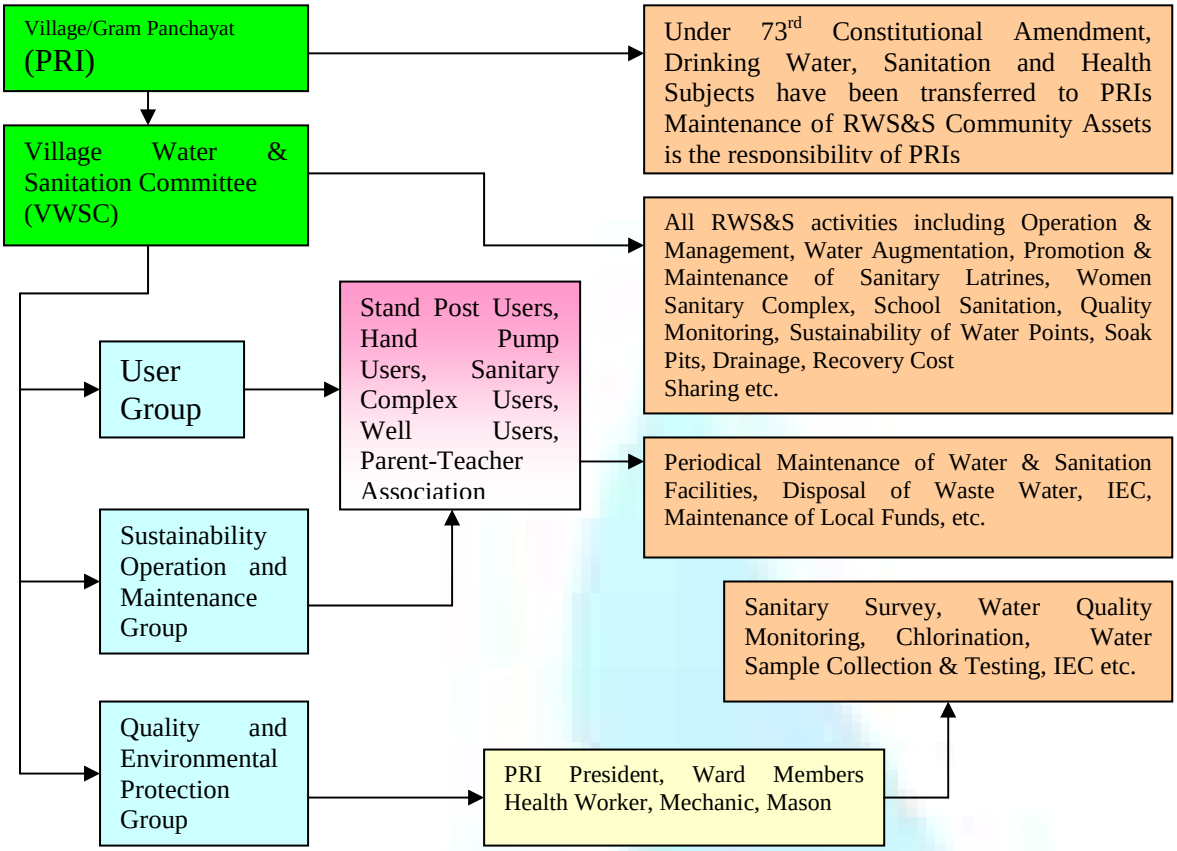
PRI members must be aware of certain basic issues relating to water supply and sanitation. They should be able to analyse the problem, plan and implement different water supply and sanitation schemes in their villages. Moreover, they should understand about the relationship between drinking water, health and hygiene practices to ensure maximum utilization of these assets created for the village community. It is worthwhile to mention that the social audit for the schemes / programmes can help the PRI to assess whether users are satisfied with their services and can ensure the transparency of the schemes / programmes.

COMMUNITY PARTICIPATION IN RURAL WATER SUPPLY AND SANITATION

Community Participation is the cornerstone of success of all the Rural Water Supply and Sanitation Projects (RWS&S). It refers to the involvement of the people in a process by which the individual households forming a community (here VWSC), accept RWS & S programmes, take responsibility, identify problems, find solutions and resources to solve their problems so as to become self-reliant. The main functions to be performed by the community to solve their problem are: (i) assessing the local situation, (ii) defining the problem area, (iii) setting the priorities making decisions, (iv) planning action to solve problems, (v) sharing capital and recurring cost of the project, (vi) implementing the project, etc.

A village which wants to utilize TSC funds must form a Village Water and Sanitation Committee (VWSC) comprising members selected from all sections of the community from the village such as residents of each ward, representatives of women and weaker section of the community, ward members, teachers and health workers. The committee should select a chairperson from amongst the VWSC and the Gram Panchayat members. Gram Sabha of the village Panchayats should approve the committee. Some sub-committees may also be formed within the VWSC for different activities. The responsibilities of VWSC, PRIs and users can be illustrated in Figure-C.

FIGURE–C: RESPONSIBILITIES OF VWSC, PRIS AND USERS



IMPLEMENTATION OF THE SCHEMES FOR RURAL WATER SUPPLY–THE PROCESS INVOLVED

Panchayat bodies at the block and village levels are the key actors in implementing the schemes in this sector. Hand pumps are the principal source of drinking water. They are community based and installed according to the demand of the inhabitants. A household has access to safe drinking water when it has access to drinking water supplied through pipes and taps or a hand pump / tube well situated within the premises or outside the premises. The Public Health Engineering Department of the State Government is also working in the rural areas for implementing piped-water supply schemes. These schemes are identified by the Zilla Parishad in consultation with the Panchayat Samitis at the block level. Considering the entire process of decentralization as the necessary social pre-requisites of nation building and a means of effective democratic functioning, panchayats will be the suitable vehicle for planning, implementation, maintenance and monitoring this programme. The implementation of any programme is more likely to be effective and successful where the users themselves are in an identifiable group or community with its own authority structure.

METHODOLOGY

Relevant data are collected from both primary and secondary sources. Primary data are collected by conducting a village survey through direct interview method using structured questionnaire. Random sampling procedure is used in selecting sample villages as well as sample families. For the purpose of the study, I have visited two gram panchayats – one is in Paschim (West) Midnapore district and other is in Burdwan district in the state of West Bengal to which our study villages belong. For collecting secondary data, I have gone through Statistical Handbook (W.B) 2004, Annual Administrative Report (W.B.) 2004-05, Census Report of India (1981, 1991 & 2001), West Bengal Human Development Report 2004 etc. Simple statistical tools are used to compile, to analyse and to represent the data scientifically.

RURAL WATER SUPPLY COVERAGE: A CASE STUDY OF WEST BENGAL

District-wise data relating to the status of rural water supply coverage in West Bengal are presented in Table-1 below:

TABLE–1: DISTRICTWISE STATUS OF RURAL WATER SUPPLY COVERAGE (AS ON 01-04-2005) IN WEST BENGAL

Districts	*Total No. of Inhabited Habitations*	*No. of Habitations Not Covered*	*No. of Habitations Covered*	
			Partially Covered	*Fully Covered*
Cooch Behar	2213	952 (43.02%)	310 (14.01%)	951 (42.97%)
Jalpaiguri	4120	60 (1.46%)	377 (9.15%)	3683 (89.39%)
Darjeeling	2021	805 (39.83%)	634 (31.37%)	582 (28.80%)
Uttar Dinajpur	3667	70 (1.91%)	431 (11.75%)	3166 (86.34%)
Dakshin Dinajpur	4653	86 (1.85%)	102 (2.19%)	4465 (95.96%)
Malda	4151	771 (18.57%)	1498 (36.09%)	1882 (45.34%)
Murshidabad	2965	22 (0.74%)	681 (22.97%)	2262 (76.29%)
Nadia	3885	96 (2.47%)	781 (20.10%)	3008 (77.43%)
North 24 Parganas	6603	14 (0.21%)	2082 (31.53%)	4507 (68.26%)
South 24 Parganas	8475	1216 (14.34%)	3760 (44.37%)	3499 (41.29%)
Howrah	1801	25 (1.39%)	735 (40.81%)	1041 (57.80%)
Hooghly	11160	491 (4.40%)	801 (7.18%)	9868 (88.42%)
Purba Midnapre	5459	810 (14.84%)	2379 (43.58%)	2270 (41.58%)
Paschim Midnapore	15984	378 (2.36%)	1413 (8.84%)	14193 (88.80%)
Bankura	6180	127 (2.06%)	145 (2.35%)	5908 (95.59%)
Purulia	3809	72 (1.89%)	791 (20.77%)	2946 (77.34%)
Burdwan	5069	62 (1.22%)	220 (4.34%)	4787 (94.44%)
Birbhum	3805	47 (1.24%)	378 (9.93%)	3380 (88.83%)
West Bengal	**96020**	**6104 (6.36%)**	**17518 (18.24%)**	**72398 (75.40%)**

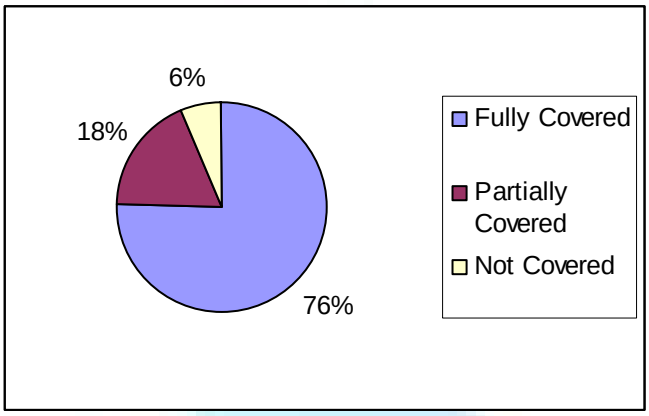
Source: Statistical Handbook (W.B.), 2004, Bureau of Applied Economics and Statistics, Government of West Bengal.

NORMS FOR FULL COVERAGE HABITATION

1. *One spot source for 250 persons*
2. *In case of piped water supply 40 litres per capita per day (LPCD) / one public stand post for 250 persons.*
3. *The drinking water source exists within 1.6 Km. of the habitation in plains / 100 meters elevation in Hilly areas.*
4. *Quality parameters of drinking water are within the specified limits of habitation survey guidance.*

From Table-1 it has been seen that out of six districts in North Bengal, three districts, namely Cooch Behar, Darjeeling and Malda, have less than 50% coverage of drinking water supply. The success rate in the districts of Darjeeling is remarkably low (28.80%). Again in two districts i.e. South 24 Parganas and Purba Midnapore, the habitations with drinking water facilities are about 41% only. But in all other districts of South Bengal, the performance rate in terms of the provision of safe drinking water is satisfactory; the rate is ranging from 58% to 96%. In totality, when the picture of West Bengal is concerned, it is seen that 75.40% of the habitations have full accessibility in drinking water supply. Another 24.60% habitations have either partially covered or not covered at all. The status of rural water supply coverage in the state of West Bengal as on 01-04-2005 can be clarified in figure-D below:

FIGURE-D: STATUS OF RURAL WATER SUPPLY COVERAGE IN WEST BENGAL AS ON 01-04-2005



IMPLEMENTATION OF THE SCHEMES ON SANITATION COVERAGE: THE ACTUAL OPERATIVE MECHANISM

The rural Sanitation programme in West Bengal is administered by the Department of Panchayats and Rural Development. Truly speaking, only in this programme there is a blending of works by NGOs and the Government. In each block, efforts are being made to set-up a sanitary mart to produce low cost sanitary latrines and accessories on the one hand, and to generate awareness among households regarding the needs to have a sanitary latrine on the other. These sanitary marts are visualized as social marketing outlets where people can request a latrine according to their choice and capacity. Though expanding, they have yet to reach all the blocks.

The year-wise formation of sanitary marts and the coverage of households under this programme are given in Table-2 for the period 1993-94 to 2004-2005.

TABLE–2: YEARWISE POSITION OF SANITARY MARTS AND HOUSEHOLD COVERAGE UNDER THE RURAL SANITATION PROGRAMME IN WEST BENGAL

Year	*No. of Block Covered by Sanitary Marts*	*No. of Household Covered*	*Percentage Change Over the Previous Year*
1993-1994	68*	19,565	--
1994-1995	45	36,940	88.80
1995-1996	28	74,761	102.38
1996-1997	23	1,17,053	56.57
1997-1998	17	1,47,072	25.64
1998-1999	17	1,96,737	33.77
1999-2000	42	2,31,678	17.76
2000-2001	21	2,72,567	17.65
2001-2002	27	3,53,605	29.73
2002-2003	28	8,47,094	139.56
2003-2004	8	10,99,732	29.82
2004-2005	8	10,45,318	-4.95
Total	332	44,42,122	--

** includes 54 sanitary marts in Midnapore which are covered by R.K. Mission.*

Source: Annual Administration Report, 2004-05, P & RD Department, Government of West Bengal.

From Table-2 it is found that during the period of twelve years (i.e. from 1993-94 to 2004-05) 332 Blocks have been covered by sanitary marts in the state of West Bengal. The number of households covered during that period was 44,42,122 under rural sanitation programmes undertaken in the state of West Bengal. In Table-2 it is seen that the time series data on the formation of sanitary marts and household coverage show an increasing trend over the period. This trend is clearly shown in Figure-E (1) and E (2) below:

FIGURE-E (1) & E (2): TREND OF HOUSEHOLD COVERAGE WITH THE FORMATION OF SANITARY MARTS

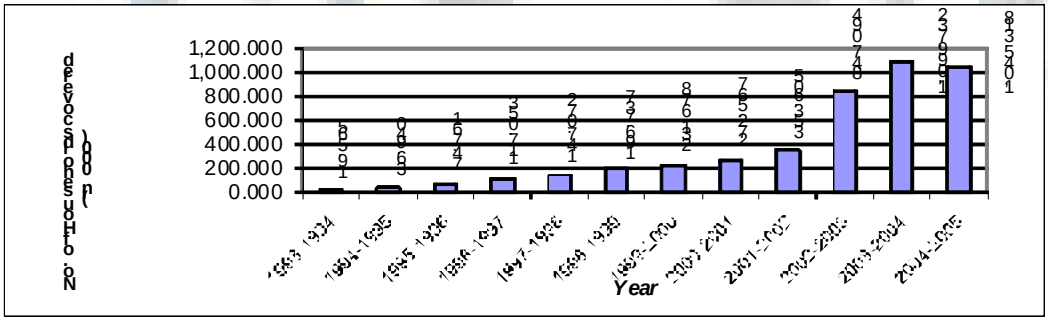


FIGURE-E (1): BAR DIAGRAM DRAWN ON THE BASIS OF THE DATA SHOWN IN TABLE-2

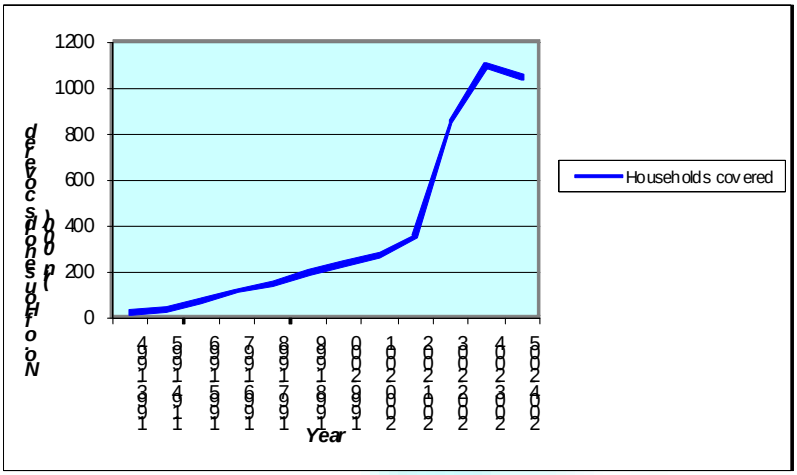


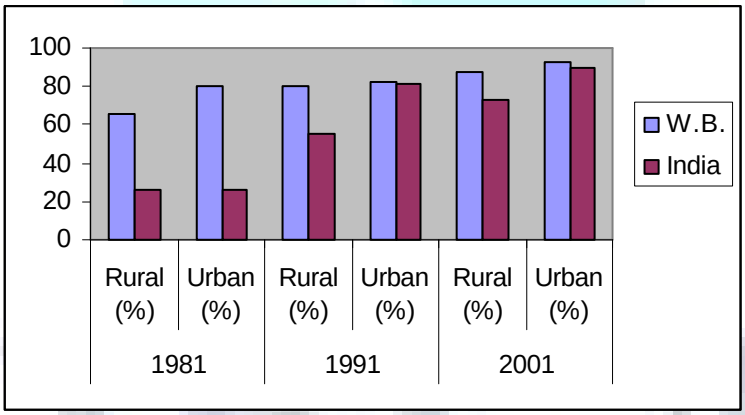
FIGURE E (2): TREND CURVE DRAWN ON THE BASIS OF THE DATA SHOWN IN TABLE-2

From Figure E (1) and E (2) it is found that there is a slow increasing trend in covering households with the formation of sanitary marts from the year 1993-94 to 2001-02. Afterwards, there is a steady increasing trend of the same upto the year 2003-04 and then a declining trend is observed. It will be more clear when we compare the case of West Bengal with other major states of India as shown in Table-3.

The accessibility of safe drinking water in Rural West Bengal as compared to all India average over three-census period is presented in Table-3. From Table-3 it has been found that there is a considerable variation in the accessibility of safe drinking water (in percentage term) to the rural households across the states. West Bengal occupies the second position among the states. Punjab occupies the first rank and Kerala occupies the lowest position among the fourteen states in India. From Table-3 it is also found that in rural West Bengal the percentage of households with access to safe drinking water were 65.8%, 80.3% and 87.0% in the year 1981, 1991 and 2001 respectively. The percentage of households with access to safe drinking water for India as a whole were 26.5%, 55.5% and 73.2% in those three census years. Therefore, the data shows that the access to safe drinking water of households in West Bengal as compared to all India average is significantly high over the period. This was possible due to the direct and active role of PRIs and in some cases NGOs and PHE in providing safe drinking water to the rural people.

The comparison of the access to safe drinking water of households between West Bengal and All India average, using the data shown in Table-3, can be represented in figure-F under:

FIGURE-F: COMPARATIVE STUDY OF THE ACCESS TO SAFE DRINKING WATER OF HOUSEHOLDS IN WEST BENGAL AND INDIA (TAP/HANDPUMP/TUBEWELL)



TABLE–3: ACCESS TO SAFE DRINKING WATER OF HOUSEHOLDS IN FOURTEEN MAJOR STATES IN INDIA (TAP / HANDPUMP / TUBEWELL)

States	*1981*				*1991*				*2001*				*Rank Totals (Only Rural)*	*Rank (Lowest to Highest)*
	Rural		*Urban (%)*	*Total (%)*	*Rural*		*Urban (%)*	*Total (%)*	*Rural*		*Urban (%)*	*Total (%)*		
	%	*Rank*			*%*	*Rank*			*%*	*Rank*				
Andhra Pradesh	15.1	10	63.3	25.9	49.0	11	73.8	55.1	76.9	8	90.2	80.1	29	10
Bihar	33.8	5	65.4	37.6	56.5	8	73.4	58.8	86.1	3	91.2	86.6	16	4.5
Gujrat	36.2	4	86.8	52.4	60.0	6	87.2	69.8	76.9	9	95.4	84.1	19	7.5
Haryana	42.9	3	90.7	55.1	67.1	4	93.2	74.3	81.1	6	97.3	86.1	13	3
Karnataka	17.6	9	74.4	33.9	67.3	3	81.4	71.7	80.5	7	92.1	84.6	19	7.5
Kerala	6.3	14	39.7	12.2	12.2	14	38.7	18.9	16.9	14	42.8	23.4	42	14
Madhya Pradesh	8.1	13	66.7	20.2	45.6	12	79.4	53.4	61.5	13	88.6	68.4	38	13
Maharastra	18.3	8	85.6	42.3	54.0	9	90.5	68.5	68.4	10	95.4	79.8	27	9
Orissa	9.5	12	51.3	14.6	35.3	13	62.8	39.1	62.9	11	72.3	64.2	36	12
Punjab	81.8	1	91.1	84.6	92.1	1	94.2	92.7	96.9	1	98.9	97.6	3	1
Rajastan	13.0	11	78.7	27.1	50.6	10	86.5	59.0	60.4	12	93.5	68.2	33	11
Tamil Nadu	31.0	6	69.4	43.1	64.3	5	74.2	67.4	85.3	5	85.9	85.6	16	4.5
Uttar Pradesh	25.3	7	73.2	33.8	56.6	7	85.8	62.2	85.5	4	97.2	87.8	18	6
West Bengal	**65.8**	**2**	**79.8**	**69.7**	**80.3**	**2**	**82.0**	**82.0**	**87.0**	**2**	**92.3**	**88.5**	**6**	**2**
All India	***26.5***	*--*	***26.5***	***75.1***	***55.5***	*--*	***81.4***	***62.3***	***73.2***	*--*	***90.0***	***77.9***	*--*	*--*

Source: Statistical Handbook, 2004 Bureau of Applied Economics and Statistics, Government of West Bengal.

Let us now present a picture on the status of rural households in the districts of West Bengal with latrine facilities. The year-wise data, in percentage term, relating to this aspect is given in Table-4 below:

TABLE–4: DISTRICT WISE PERCENTAGE OF RURAL HOUSEHOLDS WITH LATRINE FACILITIES IN WEST BENGAL

Districts	*1991 (in %)*	*2001 (in %)*	*Rate of Change (%)*
Burdwan	15.32	27.65	80.48
Birbhum	6.79	9.64	41.97
Bankura	3.94	12.86	226.39
Midnapore	4.74	42.60	798.73
Howrah	13.60	47.33	248.01
Hooghly	21.34	33.30	56.04
North 24 Paraganas	28.33	40.30	42.25
South 24 Paraganas	13.70	26.17	91.02
Nadia	22.71	34.78	53.15
Murshidabad	8.36	16.15	93.18
Uttar Dinajpur	6.15	10.00	62.60
Dakshin Dinajpur	6.15	12.84	108.78
Malda	7.84	11.19	42.73
Jalpaiguri	15.43	24.69	72.97
Darjeeling	27.23	34.43	26.44
Cooch Behar	9.69	20.01	106.50
Purulia	3.27	11.14	240.67
West Bengal	***12.26***	***25.97***	***111.82***

Source: Census Report of 1991 and 2001

From Table-4 it is found that percentage of rural households with latrine facilities is remarkably low in almost all districts of West Bengal in 1991. But the situation has been changed remarkably in case of three districts viz. Midnapore, Howrah and North 24 Parganas in 2001. The rate of change between these two periods is remarkable in Midnapore district and the changes in Howrah and Purulia district come next in order.

Thus, we see that most of the families in rural area are outside the latrine facilities at their household level. The situation is scientifically unhygienic and thus undesirable. Herein lies intervention of PRIs to make a breakthrough in changing an age-old practice.

SANITATION & DRINKING WATER SUPPLY: VILLAGE STUDY REPORT

As a supportive document, we are now presenting a case study report on safe drinking water availability and sanitation among the villagers. It has already been told that provision of safe drinking water and sanitation is indispensable in the process of integrated development. We have conducted a village survey with 390 families taking 180 families from the district of Midnapore and 210 families from Burdwan. We set the following objectives on which conclusion is required:

1. To identify the percentage of families with sanitation facilities in rural areas.
2. To know whether they receive financial assistance for building sanitation from the local Gram Panchayat / NGO / PHE of the Government of West Bengal.
3. To identify the percentage of families covered with safe drinking water fully.
4. To know about the change of attitude and practice of the households to use their sanitation.

TABLE–5: SANITATION AND DRINKING WATER SUPPLY

Area (Districts Block – GP)	*Number of Families*	*Own Sanitation*	*Receiving Financial Help from Local GP*	*Practice to Use Sanitation*	*Safe-Drinking Water*
Paschim Midnapore Garbeta Block-II 8 No. Saraboth GP areas	180	98 (54.44%)	34 (34.69%)	67 (68.37%)	170 (94.44%)
Burdwan, Sadar Block-I Hatgobindapore GP areas	210	151 (71.90%)	42 (27.81%)	136 (90.07%)	207 (98.57%)
Total	390	249 (63.84%)	76 (30.52%)	203 (81.52%)	377 (96.67%)

Source: Own village survey, 2007.

Out of 390 families surveyed 249 families have their own sanitation at the household level. This means that 63.84% families have been covered with sanitation facilities. About 31% families have informed that they have taken financial help from local Gram Panchayat. Although sanitation coverage in rural areas is less satisfactory, the families, which have sanitation arrangement, have the tendency to use as and when required. From Table-5 it is seen that only 19% families do not use sanitation although it is available at their household level. It is also seen that about 97% families have their full accessibility to safe drinking water. It is the responsibility of the Panchayat to make sanitation and supply of drinking water available to those rural people who are still in the list of non-recipients.

FINDINGS

Our main findings of this study are as follows:

1. There is a considerable variation in the accessibility of safe drinking water to the rural households across the state of W.B.
2. The access to safe drinking water of households in West Bengal as compared to all India average is significantly high over the period under study. This is possible due to the direct and active role of PRIs and in some cases NGOs and PHE in providing safe drinking water to the rural people.
3. Most of the families in rural West Bengal are outside the latrine facilities at their household levels. However, it is observed that the formation of sanitary marts and households coverage show an increasing trend over the years.
4. Some of the sample families do not have the practice of using sanitation though it is available at their household levels. It indicates the lack of health consciousness of the rural population in the one hand and the negligence of PRIs as regards raising the same on the other.

CONCLUDING REMARKS

From the discussion so far it is clear that the provision of safe drinking water to the rural people is an important task of the Central / State Government / PRIs especially after passing out of 73rd Constitutional Amendment in 1992. In the state of West Bengal it is found that 75% to 80% of the habitations have their full accessibility in drinking water supply, either with the direct help of the panchayats, PHE of the state government or with their own arrangements, for which West Bengal can claim a worth-mentioning credit. However, panchayats should take additional initiative to provide safe drinking water to the remaining 20% to 25% habitations through proper planning and execution of the project to achieve cent percent success. The role of the panchayat is more profound in the area of sanitation. From previous analysis of the data relating to sanitation it is found that the formation of sanitary marts and households coverage show an increasing trend over the years under consideration. It is also found that in almost all districts of West Bengal, the percentage of rural households with latrine facilities is remarkably low. Thus, the panchayats have the responsibilities to cover all poor or near poor families with latrine facilities either by giving direct financial assistance to them or by supplying sanitary materials at free of cost or at a subsidized rate. Another important observation is that some of the families do not have the practice of using sanitation though it is available at their households level. It indicates the lack of health consciousness of the rural population. Therefore, panchayats should come forward to build awareness in the minds of the villagers for maintaining better health and improved quality of life. As 30% to 40% villagers are found illiterate till today, they are unable to grasp the importance of using modern sanitation. PRIs can raise consciousness by using different strata of primary education both formal and informal. Only supplying of sanitation materials to the poor villagers cannot solve the age-old problem. It needs to launch a sanitation movement through which programme of scientific sanitation may be a success. PRIs must have an evaluation team to make inspection from time to time to oversee whether sanitation materials supplied to the villagers are properly used.

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