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Analysis of Implementation and Best Practices of "Swachh Bharat"– A Case Study of Kalahandi District of Odisha

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***Abstract*: This paper, an attempt to analysis of implementation and best practices of "Swachh Bharat" program of Kalahandi District of Odisha. The study mostly focused on assessment of socio-economic development and health & hygiene conditions of the beneficiaries based on primary data collected from nearly 200 households of two blocks. The study reveals that 45.5 per cent of households have been more benefited from the "Swachh Bharat" program as they increased their annual income. 95.0 per cent of the beneficiaries were reported to use toilets for all members of the household and 98.0 per cent beneficiaries have disposed there solid & liquid wastes in proper place. It is observed that 86.4 per cent AWCs/Schools have toilet facility for boys & girls and 95.0 per cent AWCs/Schools have drinking water facility. The study specified that the "Swachh Bharat" program have a positive impact on the beneficiaries. The program is helps to improve the health and hygienic conditions of the beneficiaries.**

***Keywords*: Swachh Bharat, Health and Sanitation, Use of toilets, Drinking water, Management of Solid and Liquid wastes.**

1. Introduction

The sanitation broadly includes liquid and solid waste disposal, personal and food related hygiene and domestic as well as environmental hygiene. It would not be wrong to say that it hardly describes the sanitary conditions as they obtain in the villages of India. Most of the people still defecate in the open space, most of the villages lack waste disposal and drainage systems and many in the villages are ignorant about the consequences of poor sanitation and unhygienic conditions. As a result, many people suffer and even die of diseases caused by unhealthy practices of personal and environmental hygiene. In villages most of the diseases can be prevented easily, if people have proper sanitary facilities and follow good practices of hygiene, i.e. use proper latrines, build drainage and garbage disposal systems, wash hands after defecation and before eating food, use safe drinking water and clean food, take care of personal hygiene, use appropriate place and fuel for cooking, arrange proper ventilation in their houses, provide proper and clean sheds for the cattle, etc. One of the major causes of human misery in the villages is the lack of latrines. People defecate in the open spaces in and around their habitation, making it not only dirty but also responsible for many infectious diseases. In fact, open human excreta i.e. faeces & urine, stagnant water and garbage are the ideal breeding ground for flies, mosquitoes & microbes, which act as carriers of dangerous diseases.

The major cause of common diseases and sickness among village communities is the lack of safe drinking water supply and good sanitary facilities for the disposal of human wastes. If by some means people are prevented from drinking unsafe water or coming into contact with faecal matter, transmission of diseases can be controlled. Most diseases can be prevented, if people get used to

1. Using safe water for drinking, washing raw vegetables and fruits and cleaning utensils,
2. Washing hands after defecation and before handling or eating food,
3. Using clean latrines
4. Covering food items to ward off flies,
5. Disposing waste water and garbage properly,
6. Avoiding barefoot walks on soiled excreta &
7. Treating stagnant water with chlorine to destroy the larvae.

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 shall 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. The Mission shall strive for this by removing the bottlenecks that were hindering the progress, including partial funding for Individual Household Latrines from MGNREGS, and focusing on critical issues affecting outcomes.

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2. Objectives

The specific objectives of the study are

1. Assessment of socio-economic development and health & hygienic conditions of the beneficiaries.
2. Assessment of level of solid and liquid waste management in the Gram Panchayat/Village.
3. Implementation of sanitation provisions in the Anganwadis and Schools.

3. Study Area

Some efforts had been made to study the impact of various schemes and the deficiencies in implementation. The present study contemplates to supplements an implementation and best practices of Swachh Bharat Mission (SBM) to bring about the Infrastructural support to the rural people. That has been passed on to the beneficiaries and problems if any in meeting the aspiration of the people. To begin with Kalahandi District of Odisha State is chosen as study area. In Kalahandi district 27.84 % & in Odisha state 42.44 % toilet coverage in Swachh Bharat Mission (Gramin), which is much below the overall national coverage i.e 67.43%. Only 9 G. Ps out of 310 G.Ps are Open Defecation Free (ODF) G.Ps in Kalahandi district as on 13.09.2017. We select 2 G.Ps i.e. Udepur of Bhawanipatna block and Gadebandh of Narla block are study area.

Table 1
Distribution of the Number of Sample Beneficiaries Covered under Swachh Bharat Mission (G) during the year 2014-17 in Kalahandi District

S.No.	Name of Blocks Selected	No. of sample GPs selected	No. of sample Villages selected	No. of sample Beneficiaries
1	Bhawanipatna	1	5	100
2	Narla	1	5	100
	Total	2	10	200

4. Methodology and Sampling

In this study, the data will be collected from two sources; primary data will be collected through the process of interview method with the help of a well-structured schedule. The secondary data will be collected from the published and unpublished literature, viz official records of the G.P office, Block office, Govt. publications and annual reports of State Swachh Bharat Mission [SSBM (G)] and District Swachh Bharat Mission [DSBM (G)]. The methodology has been adopted to collect data and to analyze it, i.e.

1. A three-stage design is adopted for the study with first stage as the Gram Panchayat, the second as the village and the third stage as the household. One G.P i.e Udepur was selected out of 36 G.Ps of Bhwanipatna block and one G.P i.e. Gadebandh was selected out of 26 G.Ps of Narla block of Kalahandi district adopting purposive sampling method. Five villages were selected out of 7 villages of Udepur GP of Bhawanipatna block i.e (1) Basumatipur (2) Dangaragada (3) Gopinathpur Alias Gag (4) Janakpur and (5) Udepur. Again, five villages were selected out of 7 villages of Gadebandh GP of Narla block i.e (1) Fatkabahali, (2) Gadebandh, (3) Gunupur (4) Ranipata and (5) San Gundri.

The list of households who were constructed IHHL under Swachh Bharat Mission (G) over the period under study (2014-2017) with their year of construction was obtained for each village within each G.P in the block of Bhawanipatna and Narla. A list is prepared on the basis of the resisters (year wise/village-wise) that are with Panchayat Samiti, Bhawanipatna and Narla. The village and G.P "sizes" are obtained from this updated list. The distribution of the number of IHHL beneficiaries were selected in Udepur and Gadebandh G.P of Bhawanipatna and Narla block respectively in shown in table 1.

At the second and third stage, the selected sample beneficiaries are randomly drawn from villages of selected G.Ps of 2 blocks of Kalahandi district, i.e. 100 sample beneficiaries from 5 villages of Udepur G.P of Bhawanipatna and 100 sample beneficiaries from 5 villages of Gadebandh G.P of Narla block. Thus, 2 blocks, 2 G.Ps, 10 villages and 200 beneficiaries will be contacted under the study.

As it is a comprehensive evaluation, two types of data are collected (i.e. Primary and Secondary) at three levels viz, District, Block and household. The primary data are collected from the field by one schedule for one respondent beneficiary. Altogether 200 respondents are interviewed through these structural schedules. While secondary data regarding target achievements, release of funds etc. are collected from official records of the block/DRDA office, other important data like operational problems are collected by help of intensive discussions with PRI Members, field officers and staff. Specific case studies were undertaken in order to ascertain the concreteness and depth of some of the typical quantitative problems affecting the beneficiaries at the micro level during implementation of Swachh Bharat program at the field level. Therefore, to have a closer look at how the program operates at the ground level, in-depth interviews were conducted by an experienced investigator. These studies were carried out with a view to seeking clarifications and to enforce the quantitative data collected through well planned schedules. All the three techniques viz. survey method, personal in-depth interviews and case studies were followed in order to capture the type of information needed in keeping with scope of this evaluation of different aspects of study. Also 9 AWCs and 13 Schools were selected for implementation of sanitation provisions in two blocks of Kalahandi district shown in Table 2.

Table 2
Distribution of the Number of selected AWCs/Schools covered under Swachh Bharat Mission (G) in Kalahandi District

Name of Block	**Name of GP**	**No. of AWCs**	**No. of Schools**	**Total**
Bhawanipatna	Udepur	4	5	9
Narla	Gadebandh	5	8	13
	Total	9	13	22

5. Socio-Economic Profile of the Beneficiary

The social profile of the beneficiaries in respect of the age, sex, caste, education, occupation etc. has been examined in the study shown in table 3 and 4.

Fig. 1. House hold annual income

Table 3
Distribution of Age, Sex, Caste & Education of the Respondents

Name of Block	Age Group			Sex		Caste			Education	
	18-39	40-59	60 & above	M	F	SC	ST	OC	Literate	Illiterate
Bhawanipatna	21	53	26	91	9	22	40	38	69	31
Narla	39	42	19	94	6	29	28	43	71	29
Total	60	95	45	185	15	51	68	81	140	60

Table 4
Distribution of Occupational Status of the Respondents

Name of Block	Agri. Labour	Non-Agri. Labour	Farmer	Trader	Artisan	Unemployed	Other	Total
Bhawanipatna	15	50	10	4	6	5	10	100
Narla	15	25	36	7	5	6	6	100
Total	30	75	46	11	11	11	16	200

6. Results and Discussion

1) Household Annual Income

Table 5 presents the distribution of respondents in the blocks with regard to annual family income. They have been grouped into 4 categories depending on the reported annual family income viz. less than Rs. 12,000, Rs. 12000-17999, 18000-23999 and above Rs. 24,000. Out of 200 assisted families of 2 Blocks of Kalahandi District under SBM (G) during 2014-15 to 2017-18, 91(45.5%) households were found on the above poverty line, i.e. Rs. 24000/- and above the annual income category. The number of households has been highest in Narla i.e. 48.0 per cent followed by 43 per cent in Bhawanipatna from the annual income category of 24000/- and above. The data indicates that those households have been more benefitted from SBM(G) scheme. The majority i.e. 27 per cent of households in Bhawanipatna were from the annual income category of Rs. 18000-23999. Bhawanipatna and Narla had the largest i.e. 13.0 per cent and 23.0 per cent of the households in 12000-17999 & less than 12000 respectively from the annual income category The study specified that the SBM (G) scheme has a positive impact on the beneficiaries and also helps to improve the household income.

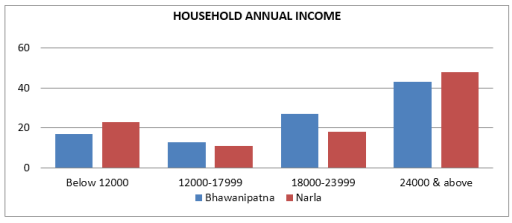
Table 5
Distribution of Household Annual Income of the Respondents

Name of Block	Below 12000	12000-17999	18000-23999	24000 & above	Total
Bhawanipatna	17(17.0)	13(13.0)	27(27.0)	43(43.0)	100
Narla	23(23.0)	11(11.0)	18(18.0)	48(48.0)	100
Total	40(20.0)	24(12.0)	45(22.5)	91(45.5)	200

Table 6
Distribution of Drinking Water Facility of the Respondents

Name of Block	Tube well	Well	Pipe water	Others	Total
Bhawanipatna	90 (90.0)	2(2.0)	8 (8.0)	-	100
Narla	99 (99.0)	1 (1.0)	-	-	100
Total	189 (94.5)	3 (1.5)	8 (4.0)	-	200

Graph 1



2) Drinking Water Facility

Water is basic needs of human life. It is also the key to health, economy & development of the country. As could be seen from the Table 6 that 94.5 percent of the respondents of the sample population of the study were reported to use drinking water from tube well whereas 4.0 per cent from pipe water and 1.5 per cent from well. The highest i.e. 99.0 per cent of beneficiaries in Narla & 90.0 per cent in Bhawanipatna were use drinking water from tube well shown in Table 6.

3) Electricity Facility

The basic amenities like electricity are essential for dignified living for human beings. Out of the total number of respondents 89.0 per cent were reported to consume electricity and 11.0 per cent beneficiaries were not consuming electricity in both the blocks. In this study the highest number of beneficiaries i.e. 90 per cent in Narla and 88 per cent in Bhawanipatna were availing electricity. Also 12 per cent in Bhawanipatna and 10 per cent in Narla were not availing electricity shown in table 7. Government will be enhanced for improving availability of services like electricity facility to all households.

4) Toilet Facility

In this study all the respondents were constructed toilets i.e. 100 per cent under Swachh Bharat Mission (Gramin). In case of Bhawanipatna and Narla block 100 per cent beneficiaries were constructed shown in Table 8.

Table 7
Distribution of Electricity Facility of the Respondents

Name of Block	Yes	No	Total
Bhawanipatna	88	12	100
Narla	90	10	100
Total	178 (89.0)	22 (11.0)	200

Table 8
Distribution of Toilet Facility of the Respondents

Name of Block	Yes	No	Total
Bhawanipatna	100	-	100
Narla	100	-	100
Total	200 (100.0)	-	200

5) Use of Toilets

As per allotment of toilets of the beneficiaries was enquired. It is observed from Table 9 that 95.0 per cent of the respondents of the sample population of the study were reported to use toilets for all members of the households while 5.0 per cent of the respondents were reported not to use toilets for all members of the households. The members not using the open field i.e. 95.0% and the members using the open field i.e. 5.0 %. Also 100% beneficiaries are using covered septic tank for toilet in

Table 9
Distribution of Use of Toilets of the Respondents

Name of Block	All members		Member(s) using open field		Covered septic tank for toilet		Toilet connected to septic tank		Hand-washing with soap before meals		Hand-washing with soap after defecation	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Bhawanipatna	91	9	9	91	99	1	99	1	93	7	95	5
Narla	99	1	1	99	99	1	100	-	78	22	96	4
Total	190 (95.0)	10 (5.0)	10 (5.0)	190 (95.0)	198 (99.0)	2 (1.0)	199 (99.5)	1 (0.5)	171 (85.5)	29 (14.5)	191 (95.5)	9 (4.5)

Table 10
Distribution of Management of Solid & Liquid Waste Materials

Name of Block	Dispose of waste in proper place		Drain having platform		Proper dispose of used water		Clean roads, open areas, etc.	
	Y	N	Y	N	Y	N	Y	N
Bhawanipatna	100	-	71	29	86	14	99	1
Narla	96	4	43	57	82	18	98	2
Total	196(98.0)	4(2.0)	114(57.0)	86(43.0)	168(84.0)	32(16.0)	197(98.5)	3(1.5)

Narla and 99.0 % beneficiaries are using covered septic tank for toilet & 1 % are not using covered septic tank for toilet in Bhawanipatna. Again, out of total beneficiaries 99.5 % toilets of the beneficiaries are connected to septic tank & 0.5% are not connected to septic tank. As could be seen from the Table, 85.5 % beneficiaries are washing their hands before meals and 15.5 % beneficiaries are not washing their hands with before meals. Again, 95.5 % beneficiaries are washing their hands with soap after defecation and 5.5 % beneficiaries are washing their hands with soap after defecation.

The Graphical representations of use of toilets of the respondents are given below:

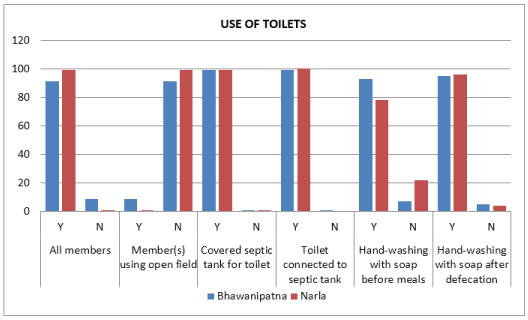


Fig. 2. Use of toilets

6) Management of Solid & Liquid Waste Materials

Table 10 presents the distribution of beneficiaries in the blocks with regard to management of solid and liquid waste materials. 98.0 per cent beneficiaries have disposed their wastes in proper place and 2.0 per cent beneficiaries have not disposed their wastes in proper place. Also 57.0 per cent beneficiaries are constructed drain having platform and 43.0 per cent beneficiaries are not constructed drain having platform in their houses. From Table, 84.0 per cent beneficiaries are properly disposed of used water and 16.0 per cent beneficiaries are not properly disposed of used water in their houses. Again, 98.5 per cent beneficiaries have cleaned roads, open areas, etc. and 1.5 per cent beneficiaries have not cleaned roads, open areas, etc. in their own houses.

7) Sickness of Members of the Household

It is observed from Table 11 that 89.0 per cent of the respondents of the sample population of the study were reported to have not sickness of any member of the household while 11.0 per cent of the respondents have sickness of any member of the household. The highest number of respondents reported to have not sickness of any member of the household was in Narla, 46.5 per cent followed by Bhawanipatna 42.5 per cent. Also sickness of member of the house was maximum in case of Bhawanipatna, 7.5 per cent, followed by Narla 3.5 percent.

Table 11
Distribution of Sickness of Members of the Household

Name of Block	Yes	No
Bhawanipatna	15(7.5)	85(42.5)
Narla	07(3.5)	93(46.5)
Total	22(11.0)	178(89.0)

8) Participation in Gram Sabha on Sanitation Program

A Gram Sabha on sanitation is convened especially once in six months known as the Gram Swachhata Sabha, this meeting is held to review progress on the decision taken on various Swachhata Diwases, read out the list of beneficiaries, evaluate the quality of sanitation work, review the finances and answer queries from the villagers etc. These meetings should be conducted in all seriousness just as regular Gram Sabha meetings are and follow-up on the decisions should be ensured. The distribution of the beneficiaries in two blocks indicates that majority were participating i.e. 90.5 per cent of the total beneficiaries in Gram Sabha meeting on sanitation program at Gram Panchayat level and 9.5 per cent beneficiaries were not participating in Gram Sabha meeting. In Bhawanipatna block 100 per cent beneficiaries were participating in Gram Sabha meeting. Also in Narla block 81.0 per cent beneficiaries were participating in Gram Sabha meeting and 19.0 per cent beneficiaries were not participating in Gram Sabha meeting. On overall basis the data indicated that the beneficiaries have more aware about sanitation.

Table 12
Distribution of Participation in Gram Sabha on Sanitation Program

Name of Block	Yes	No
Bhawanipatna	100	-
Narla	81	19(19.0)
Total	181(90.5)	19(9.5)

9) Girls & Boys Ratio of the AWCs/Schools

The study reveals that 51.7 per cent students belong to girls and 48.3 per cent students belongs to boys in Anganwadis Centers. The per cent age of girl student has been significantly high i.e. 51.7 in case of Narla block. The highest number of boys students i.e. 48.4 per cent was reported in Bhawanipatna block. Also 54.2 per cent students belong to boys and 45.8 per

Table 13
Distribution of Girls & Boys Ratio of the AWCs/Schools

Name of Block	AWC			School			Total
	Boy	Girl	Total (1)	Boy	Girl	Total (2)	1+2
Bhawanipatna	153	163	316	302	216	518	834
Narla	140	150	290	394	373	767	1057
Total	293 (48.3)	313 (51.7)	606 (100.0)	696 (54.2)	589 (45.8)	1285 (100.0)	1891

Table 14
Distribution of Sanitation and Hygiene Facility in AWCs/Schools

Name of Block	Toilets for Boys & Girls		Proper functioning of Toilet		Sufficient water available		Regular cleanness of Toilet		Facility of Hand wash		Soap available		Drinking water facility		Use of Toilet	
	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Bh.patna	8	1	8	1	7	2	8	1	7	2	9	-	8	1	8	1
Narla	11	2	11	2	10	3	11	2	10	3	13	-	13	-	11	2
Total	19 (86.4)	3 (13.6)	19 (86.4)	3 (13.6)	17 (77.3)	5 22.7	19 (86.4)	3 13.6	17 (77.3)	5 22.7	22 100.0	-	21 95.5	1 4.5	19 86.4	3 13.6

Table 15
Parameters for Open Defecation Free Community/Village/Gram Panchayat under Swachh Bharat Mission (G)

S. No.	Components	Indicators	Parameters
1	No visible shit in the open	-No visible shit in the open (i.e. habitation/village/GP)	-95 percent beneficiaries are using toilets
2	Everyone with safe toilet	-Visible signs of proper usage -Percentage of the toilets with no waste water observed to be leaking or overflowing or effluent is being disposed of the environment.	-99 percent of the toilets with no waste water observed to be leaking or overflowing or effluent are being disposed of the environment.
3	Personal hygiene-hand washing	-Soap and water near toilet - hand washing with soap before meals	- available at 95.5 percent -85.5 percent beneficiaries are using
4	Institutional and public space Toilets	Wash facilities -Separate toilets for boys and girls in Schools /AWCs -hotels/public places	-86.4 percent separate toilets for boys and girls in Schools /AWCs - one toilet constructed for public at GP.
5	Solid and Liquid Waste Management	-System of segregation, collection -System of safe disposal of solid waste in terms of percentage -Liquid waste-safe disposal of waste water in terms of percentage -Safe disposal of menstrual waste	-use of separate dustbins -98 percent safe disposal of solid wastes -98 percent safe disposal of liquid wastes

cent students belong to girls in Schools. The highest number of boys i.e. 58.3 per cent in Bhawanipatna and 48.6 per cent girls in Narla block are shown in Table 13.

10) Sanitation and Hygiene Facility in AWCs/Schools

Increasing recognition of this aspect has led to evolution of School Sanitation and Hygiene Education (SSHE) as a worldwide movement in 1990s. The concept of School Sanitation and Hygiene Education, as such is not new in India. But, considering the fact that the school education system in India is one of the largest in the world with over 14 lakh schools and more than 20 crore students, Government of India has launched SSHE- School Sanitation and Hygiene Education program and given it due focus along with Sarva Shiksha Abhiyan and Nirmal Bharat Abhiyan Program. Also the Health and Hygiene Education Activities among AWC/School children on use of water and toilets, hand washing, safe disposal of waste, use of footwear, water & food handling etc. are more important in the AWC/School.

The sanitation and hygiene facility of the students of 22 AWC/School of two blocks was enquired. It is observed from Table No.-5.17 that 86.4 per cent AWCs/Schools are having toilets for boys and girls while 13.6 per cent AWCs/Schools are not having toilets for boys and girls. 86.4 per cent toilets are proper functioning and 13.6 per cent toilets are not proper functioning. Also 77.3 per cent AWCs/Schools have sufficient water and 22.7 per cent AWCs/Schools have not sufficient water for use purposes. 86.4 per cent AWCs/Schools are cleaning their toilets & 13.6 per cent are not cleaning their toilets regularly.

Again, 77.3 per cent AWCs/Schools have facility for hand wash & 22.7 per cent AWCs/Schools have not facility for hand wash. But 100 per cent AWCs/ Schools are providing soap for hand wash or other use. 95.5 per cent AWCs/Schools have drinking water facility whereas 4.5 per cent AWCs/Schools have not drinking water facility. As we know water is one of the basic necessities of life. It must be ensuring 100 per cent for all AWCs/Schools. The students of 86.4 per cent AWCs/Schools are use of toilets and 13.6 per cent AWCs/Schools are not use of toilets.

11) Defining & Measuring Swachhata

Parameters for Open Defecation Free Community/Village/ Gram Panchayat under Swachh Bharat Mission (G).

12) Best Practices on Swachhata

1. The best practices on swachhata are given below
2. Location of human waste disposal
3. Household practices
4. Practice of solid waste disposal
5. Hygiene practices
6. Sanitation practices in the Schools

7. Findings

The major observations and findings of the study are as follows:

1. A higher percentage of the respondents 40.5% belongs to OCs, 34% STs and 25.5 % respondents were SCs category in the selected respondents of Swachh Bharat Mission (Gramin) schemes. The highest number of respondents STs i.e. 40 % & OCs i.e. 43% in Bhawanipatna and Narla block respectively.
2. The distribution of the respondents in two blocks indicates that majority were in the age group of 40-59 years, i.e 47.5 per cent of the total respondents. Highest 39.0 per cent of the respondents belong to younger age group of 19-39 years in Narla block & a 26.0 per cent respondent belongs to younger age group of 60 & above years.
3. The study reveals that 7.5 per cent respondent belongs to female member and 92.5 per cent respondent belongs to male member.
4. As per investigation, 45.5 per cent of the IHHL beneficiaries have been more benefited from Swachh Bharat Mission (Gramin) schemes as they have increased their income level and their annual income is more than Rs. 24000/- per household.
5. Again, 34.5 per cent of the beneficiaries are however marginally benefited from the scheme. Their income level is slow. The annual income of these beneficiaries are Rs.12000/- to Rs.23999/-. Also 20.0 per cent of the beneficiaries are slightly benefited from the scheme.
6. Majority 94.5 per cent of IHHL beneficiaries were reported to use drinking water from tube well whereas 4.0 per cent from pipe water & 1.5 per cent from well.
7. The basic amenity like electricity is essential for dignified living for human beings. Out of the total number of respondents 89.0 per cent were reported to consume electricity and 11.0 per cent beneficiaries were not consuming electricity in both the blocks.
8. As per allotment of toilets of the beneficiaries was enquired. It is observed that 95.0 per cent of the respondents of the sample population of the study were reported to use toilets for all members of the households while 5.0 per cent of the respondents were reported not to use toilets for all members of the households. Also 95.0 percent sample beneficiaries are not using the open field.
9. Maximum 85.5 % beneficiaries are washing their hands before meals and 15.5 % beneficiaries are not washing their hands with before meals. Again, 95.5 % beneficiaries are washing their hands with soap after defecation and 5.5 % beneficiaries are washing their hands with soap after defecation.
10. The distribution of beneficiaries in the blocks with regard to management of solid and liquid waste materials. 98.0 per cent beneficiaries have disposed their wastes in proper place and 2.0 per cent beneficiaries have not disposed their wastes in proper place. Also 57.0 per cent beneficiaries are constructed drainage facility in their houses.
11. 84.0 per cent beneficiaries are properly disposed of used water in their houses. Again, 98.5 per cent beneficiaries have cleaned roads, open areas, etc. in their own houses.
12. It has been observed that 90.5 per cent of the total beneficiaries were participating in Gram Sabha meeting on sanitation program at Gram Panchayat level. In Bhawanipatna block 100 percent & Narla block 81.0 percent beneficiaries were participating in Gram Sabha meeting. On overall basis the data indicated that the beneficiaries have more aware about sanitation.
13. The sanitation and hygiene facility of the students of 22 AWC/School of two blocks was enquired. It is observed that 86.4 per cent AWCs/Schools are having toilets for boys and girls while 13.6 per cent AWCs/Schools are not having toilets for boys and girls. 86.4 per cent toilets are proper functioning and 13.6 per cent toilets are not proper functioning.
14. Again, 95.5 per cent AWCs/Schools have drinking water facility whereas 4.5 per cent AWCs/Schools have not drinking water facility. As we know water is one of the basic necessities of life. It must be ensure 100 per cent for all AWCs/Schools.

The study specified that the Swachh Bharat Mission (Gramin) has a positive impact on the beneficiaries. It is observed that SBM is a globally unique program, different in scope and scale from any other sanitation initiative in the State/District.

8. Conclusion

On the basis of the finding of the study to improve the performance of the "Swachh Bharat" program:

1. Awareness should be developed among the rural people 100 per cent use of toilets.
2. To cover all rural schools by providing water, sanitation and hand washing.
3. To cover all Anganwadis with toilet facilities.
4. Regular monitoring both construction and usage of sanitation facilities.
5. Convergence with Mahatma Gandhi NREGS is also provided to facilitate the rural households with fund availability for creating their own sanitation facilities.
6. Sanitation related issues are discussed regularly in Gram Panchayat & Gram Sabha.

Along with sanitation, good hygiene is an important barrier to many diseases. Better results in health and community development can be achieved by coordinating water supply, sanitation, nutrition and improvement of livelihoods.

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