REVIEW OF LITERATURE

The study of sanitation works and its impact on society is gaining important place in sociological studies particularly in developing countries with huge population and its density. There is scarcity of past research work on rural sanitation programmes and their impact of socio-economic development.

Chavan B.L., Rasal G. B. and Kalshetti M. S. (Chavan, Rasal & Kalshetti 2011a) highlighted Sustainability of Total Sanitation Campaign at Kambalwadi Village in Maharashtra, India. They come with success story of Kambalwadi which presents a picture of a satisfied, neat and clean village with self-confidence and dedicative community endowed with high values with health and good sanitation practices in life by protecting local environment and conservation of finite natural resources. The massage by this model village is to have all human settlements to develop self dependent, ecofriendly and sustainable society to ensure peace and prosperity of entire human community.

Chavan B.L., Rasal G. B. and Kalshetti M. S. (Chavan, Rasal & Kalshetti 2011b) have also studied Total Sanitation Campaign: A success story of village Aasgaon in Maharashtra, India. People’s active participation and motivation are key to success of sanitation programme. Their analysis gives same results as made in regard to Kambalwadi Village.

Vikas Gupta (2008) in his article presents a case study of a successful Community-led Total Sanitation Campaign from Bhiwani district in Haryana. Social acceptance of hygienic sanitation practices has led to enormous benefits for the village community the campaign could succeed basically because of the motivators and the support of the local bureaucracy who could create sustainable demand and action for sanitation through properly engineered social marketing and attitudinal behavioral transformation of the villagers. The study refutes the myth that poor people will construct toilets only if they get financial assistance from the government. The Bhiwani experiment has, indeed, been an eyeopener that poor people opted for loans to construct their toilets once they had been educated and motivated. It is hoped that much can be learnt from the Bhiwani model which can be replicated elsewhere. For this, natural leaders have to be properly identified and nurtured. Equally significant, the government agencies/officials have to act more as managers and team leaders and have to cast off their bureaucratic style.
Subhrendu K. Pattanayak and others (Pattanayak, Poulos, Wedland, oth. 2007) have studied impact evaluation programmes of Water Supply and Sanitation (WSS). In their paper they have analyzed several potential reasons for the paucity of rigorous impact evaluations in the WSS sector elsewhere. They have focused on three reasons, all of which are features of WSS policies and interventions. First, mechanisms to achieve these goals are broad and varied in terms of the types of services (water supply, water quality, sanitation, sewerage, and hygiene); the setting (urban, peri-urban, rural); and the typology of delivery (public intervention, private interventions, decentralized delivery, expansion or rehabilitation). Second, decentralized and community-level projects – particularly those that are community demand-driven (CDD) or community participation based – are an important and growing class of development projects.

The combination of voluntary participation in self-selected interventions by communities and targeted provision by program administrators increases the difficulty of identifying an appropriate control group. Third, the breadth of effects of WSS policies, which range from greater efficiency in the sector at the national level to improved health at the individual level, raises two challenges for impact evaluation. The first is that the engineering and fiscal outputs that are tracked in a Management Information System (MIS) by many projects yield little information on the effects of the program on poverty reduction – the underlying goal of development processes. The second challenge is that assessing these broad impacts requires a thorough and thoughtful approach to study design. Most impact evaluations of WSS programs focus primarily on health or a limited set of outcomes, and therefore, do not collect enough data to evaluate other impacts such as increased educational opportunities, improved rural livelihoods, or gender equity. Most rigorous impact evaluations in the sector are quasi-experimental designs due to the fact that the features of water and sanitation programs often make randomized designs infeasible. In particular, many WSS programs are both targeted by program administrators and driven by community demand, making random assignment for a study inappropriate.

Mansuri, G., and V. Rao. (2004) focused on how community based and community driven activities leads to wellbeing of common. If the programme or activity is community based and
driven the factors contributing to success leads to increase causing overall success in that activity or programme.

**Vijay Prasad (2001)** has reviewed technology of sanitation in colonial Delhi. The system was not governed by machines, but by manual labour. The refuse was removed by sweepers as quickly as possible, using carts and lorries. They then either buried the refuse in sanitary landfills or dumped the refuse in water courses. As money was made available, intermediate technologies were installed to process the refuse, such as the activated sludge plant at Okhla. As the volume of refuse increased, the DMC displayed an ability to use the available means to wrench out a functional system. The sanitation system survived only through a greater intensification of labour and a creative use of the environment. The labour process, far from holding back development, enabled the system to survive. Without that creative flexibility there would be no sanitation system at all.

**Debabar Banerji (1989)** in his paper discusses the findings of a wide-ranging study of health behaviour in nineteen villages spread over eight states and covering a time-span of fifteen years. The study, which has provided a range of information on rural social, cultural and economic transformation on the one hand and changes in health behaviour on the other, highlights the close correlation between the two and brings out that change of health behaviour can be considered as one of the indices of the degree of rural transformation. The studies on health behaviour conducted by cultural anthropologists in the fifties and sixties suffered from serious conceptual as well as methodological shortcomings. They considered health behaviour of rural populations in isolation. A similar approach was adopted in presenting and analysing the cultural meaning and cultural perception of health problems by villagers. Methodologically, the approach to data collection suffered from profound ethnocentric bias. The efforts to develop an integrated methodological approach to study health behaviour were also not adequate.

**Kaufmann, R. (2005)** has raised environmental concerns pertaining to Water, Sanitation and Hygiene Interventions for Health. He has also provided policy issues in this regards.
S. Mahendra Dev (2004) examines some important indicators relating to rural India in the pre- and post liberalisation periods and finds that rural India is not ‘Shining’. To make rural development more broad based and balanced, investment, technology and appropriate institutions are needed. General areas where policy attention is required are outlined. Rural investment (both public and private), technology, rural institutions and employment schemes are important for rural development. Author have suggested 10 areas viz, employment, increase in public investment, agriculture sector, water management, rural institutional reforms, rural non-farm sector, health and education, reduction in regional, personal and gender disparities, PURA model and basic services, decentralization and governance where policy attention is needed in order to make rural India 'shine'. India cannot 'shine' without the 'shining' of rural India.

R. N. Sharma and Amita Bhide (2005) studied World Bank Funded Slum Sanitation Programme in Mumbai. International funding agencies like the World Bank have been insisting on beneficiary participation in infrastructure provision programmes funded by them. The rationale behind this insistence is to put a check on the corrupt, inefficient, non-accountable and manipulative state machinery. Thus, participatory approach is the new 'mantra'. Local governments are by and large hostile to NGOs but have allowed space to NGOs in implementing programmes under pressure from financial organizations.

K. Balachandra Kurup (1991) has evaluated Community Based Approaches in Water Supply and Sanitation Programme in India. According to him, with the onset of the International Drinking Water Supply and Sanitation Decade (IDWSSD) 1981-1990, global policies and strategies were evolved for the effective planning, implementation and monitoring of water supply and sanitation programmes. In the introduction of IDWSSD policies in water supply programmes, socio-economic aspects have been given equal importance to the hardware aspects. The responsible water bodies and donor countries realized the need for an integrated approach in the water supply sector ultimately. Socio-economic Units in Kerala was conceptually formulated during 1984-85 in order to meet the guidelines under IDWSSD. In 1984 both the governments of the Netherlands and Denmark launched a joint mission to develop a systematic framework for the implementation of three Socio-Economic Units and a Co-ordinating office to work jointly with the Kerala Authority (KWA). The three units are located in the North, Central and Southern
parts of Kerala State. Each unit covered a project area which consists of 6, 00,000 population.

The activities are mainly concentrated in 73 panchayaths, where the 11 bilateral water supply schemes are under implementation. The activities includes community education, community mobilization, inter-sectoral and intra-departmental co-ordination and collaboration, human resources development and institutional development including appropriate training programmes, establishment of viable and realistic management information systems etc. The major thrust of the programme interventions are on developing micro-level planning and implementation systems and procedures at the ward level. The results of these experiments would be available by the end of 1990.

Susanna Wolf (2007) reviewed impact of aid on public delivery system in Africa. The expected increase in aid to Africa will put a big challenge for public service delivery. His study provides an analysis of the effects of the volume and volatility of aid on education, health, water and sanitation outcomes, taking also into account the institutions related to public service delivery, including freedom of press, corruption, and decentralization, using a simultaneous equation model. Overall the share of Official Development Assistance (ODA) that is provided for education and health seems to have a positive impact on outcomes in these sectors, whereas total aid seems to be negatively associated. Aid volatility is associated with better outcomes in sanitation, water, and infant mortality, contrary to expectations.

Esrey, S., J. Potash, L. Roberts, and C. Shiff (1991) have analyzed effects of improved water supply and sanitation on Ascariasis, Diarrhea, Dracunculiasis, Hookworm Infection, Schistosomiasis, and Trachoma. They have focused on improved water supply and sanitation can bring improved health conditions among the community. Esrey, S.A. and J.-P. Habicht (1986), have studied epidemiologic evidence for health benefits from improved water and sanitation in developing countries. The overall water and sanitation programmes can brings benefits to all segments of the population.