CHAPTER II

RESEARCH PROBLEM AND METHODOLOGY
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INTRODUCTION:

Gadge Baba, the 19th century folk hero who inspired people with his philosophy of self-reliance and community-sharing, would have been delighted at the changes that are being wrought in the villages of Maharashtra. Clean surroundings, self-help schemes, use of fuel-saving devices, increased environmental awareness and the strengthening of women's groups are just some of them.

Gadge Baba was born in 1876 in a washerman's family in Amravati, in northeastern Maharashtra. He lived a life of poverty, at first tilling his fields and then later, when he lost his land, working as a wage labourer. One day, he was in a field, keeping birds away from the grain. A passing sadhu mocked his efforts and asked him if he owned the grain. That was his moment of realisation.

The values of community-sharing and giving, which were revealed to him after the sadhu's comment, stayed with him for the rest of his life and became the basis of his teachings. His teachings were simple — give food to the hungry and shelter to the needy and protect the environment.

A common man's teacher, the Baba travelled all over the countryside, carrying his trademark broom and wearing his food pan upturned on his head. As soon as he entered a village he would start cleaning the roads and gutters, telling the people that their felicitations would have to wait until his work was done. With the money that people gave him, he built dharmasalas, educational institutions, animal shelters, and hospitals — almost all of which are still functioning. His campaign was immensely popular. After his death in 1956, Gadge Baba and his movement slipped easily into folklore.

In an effort to raise awareness about the need for cleanliness among village residents, Minister for Rural Development R. R. Patil instituted that Sant Gadge Baba Gram Swachata Abhiyan. This idea was prompted by the result of a survey done on the
extent of use of sanitation facilities built by the government. The survey revealed that between 1997 and 2000, of the 16,61,000 toilets that were built in Maharashtra at a cost of Rs.456 crores, only 57 per cent were in use.

There were two reasons for this. One was the absence of an integrated approach to sanitation and the other, a complete lack of community involvement.

**Evolution of sanitation policy**

In the year 2000, government of Maharashtra announced an innovative campaign called ‘Sant Gadgebaba Gram-Swachhata Abhiyaan’ (a campaign for village sanitation named after saint Gadgebaba). This was an invitation to all Gram Panchayats in Maharashtra to compete for prizes. An elaborate guideline was developed for the campaign and for its assessment. Each Gram Panchayat was expected to follow a pre-defined programme for about two weeks aimed at village sanitation. Later a committee assessed each participating village and the villages were ranked according to the assessment. There were elaborate checks and balances for selection of committee and for assessment procedure. The assessment was very objective and three villages were selected from each administrative block. The campaign followed an elaborate process and government functionaries as well as elected members at various tiers of government were actively involved in this process.

The response to the campaign was phenomenal. It is estimated that 33,000 Gram Panchayats out of 42,000 in Maharashtra stepped forward to take part in the campaign. It is also estimated that in its first year itself public assets worth Rs. 200 crore were created during this campaign. The government incurred only the cost of prize money and the publicity costs. The campaign was earlier considered as a one-time programme. However, considering the remarkable achievement the government has now converted it into an annual event that begins in the month of October and continues throughout the year. The campaign has put forth many issues and has pointed towards many opportunities that can have implications for future policies. This is a study of this campaign, to seek insights that will help formulation of future policies. UNICEF is supporting this endeavour. To understand the true importance of the Gadgebaba
Campaign and to explain the context of this study, it will be appropriate to briefly review the process of evolution of sanitation policy in India and in Maharashtra.

This section is mainly based on a paper presented by the Government of India, in South Asian Conference on sanitation, at Dhaka in 2003. Historically, sanitation was a part of town planning even as far back as 3000 BC. Well laid out drainage and sanitation system during Indus Valley Civilization became diluted over the ages and by the 20th century; disposal of human and animal excreta was left to nature in rural areas. In urban areas, sanitation was earlier limited to disposal of human excreta by cesspools, open ditches, pit latrines, bucket system etc., including the dehumanizing practice of removal of ‘nightsoil’ by human hands.

Sanitation was never perceived as a priority especially in rural areas where open space is readily available until today albeit the growth of population and urbanization. Water supply and sanitation were added to the national agenda during the country’s first five-year plan (1951-56). In 1954, first national water supply programme was launched as a part of government’s health plan and sanitation was mentioned in the part of the section on water supply. Till eighties sanitation was often relegated to lower levels in priority ladder. In 1986, the ministry of rural development launched India’s first nationwide programme for sanitation, the ‘Central Rural Sanitation Programme (CRSP)’.

Guidelines for CRSP were revised in 1991 and 1998 to provide access to more funds for the scheme. Despite these efforts the total sanitation coverage stood at around 16% to 20% of the total rural households. The major factors contributing to lower coverage were-

- High priority for construction of latrines and
- low priority for information, education and communication (IEC).
- Promotion of a single model i.e. standard
twin pit pour flush latrine.
- Heavy reliance on subsidy

80
• Inadequate participation of the beneficiaries
• Inadequate NGO/ Private sector involvement
• Non-involvement of community based
  institutions like youth clubs etc.
• The deficiencies of programme
• implementation resulted in
• Insufficient rate of progress to meet targets/ requirements
• Improper utilization of existing assets.
• Over emphasis on hardware and targets.
• Inadequate awareness levels, insufficient people’s participation.

With this understanding the government of India in April 1999 launched ‘Total Sanitation Campaign’ (TSC) advocating shift from a high subsidy to a low subsidy regime, a greater household involvement, demand responsiveness, and providing for the promotion of a range of options to promote increased affordability. It also includes strong emphasis on IEC and social marketing, providing for stronger back up systems such as trained masons and building materials through rural sanitary marts and production centres and including a thrust on school sanitation as an entry point for encouraging wider acceptance of sanitation by rural masses as key strategy. Thus the new policy is focused on dissemination of information, stimulating demand and solicited 'orders' from households for sanitary toilets.

Government of Maharashtra has duly agreed to implement this policy and has decided to implement TSC in all its districts4. The institutional structure for the implementation of total sanitation campaign consists of-

1. The state mission for water supply and sanitation is entrusted with the responsibility of implementation of TSC in the state. The mission provides guidance necessary for implementation.
2. At the district level there are following committees
   a. A water supply and water conservation committee headed by the president, ZP is responsible for overall monitoring of the implementation.
   b. An executive committee presided by the CEO of the district is responsible for actual implementation of the campaign.
   c. A core committee headed by CEO looks after day to day activities of the campaign.

3. At the village level, the village water supply and sanitation committee (VWSC), presided by the Sarpanch will be responsible for monitoring as well as implementation of the campaign.

Policy for sanitation has changed from disposal of human excreta to a comprehensive approach encompassing personal hygiene, home sanitation, safe water, garbage disposal, excreta disposal and wastewater disposal. The implementation of the policy will be community led and will have people centred initiatives.

To supplement these efforts, in 2000-2001, Government of Maharashtra launched an innovative programme popularly known as 'Sant Gadgebaba clean village sanitation campaign, rashtra sant Tukadoji Maharaj clean village competition and Rashtrapita mahatma Gandhi competition for cleanest ZPs and PSc'. The campaign turned out to be the biggest IEC campaign propagating environmental sanitation, personal hygiene and health measures, ever undertaken among the rural masses. This campaign led to mobilisation of rural population to clean their houses, neighbourhoods and the entire village without any financial support from the government.

In this chapter the researcher has discussed the Research Problems and Research Methodology, and Review of related literature.

A) Review of Literature:

The researcher has noticed that, there is no research work carried on Sant Gadgebaba Gram Swachata Abhiyan except a few researchers. Ten students of M. A. second year have worked on the impact of Sant Gadgebaba Gram Swachata Abhiyan in
Kolhapur district, for their project work in the Department of Sociology of Shivaji University, Kolhapur. Some other works on the topic may be reviewed as below:

Chavan R. P. worked on Sant Gadgebaba Gram Swachata Abhiyan in Karveer tehsil, Pujari S. R. studied the implementation of Sant Gadgebaba Gram Swachata Abhiyan in the village Shivnage in Chandgad tehsil of Kolhapur district. Pawar N. a. studied Sant Gadgebaba Gram Swachata Abhiyan in the village Patekarwadi in Karveer tehsil of Kolhapur district. Kaware N. A. studied the implementation of Sant Gadgebaba Gram Swachata Abhiyan in the village Shivnage in Chandgad tehsil of Kolhapur district. Pawar N. a. studied Sant Gadgebaba Gram Swachata Abhiyan in the village Shivnage in Chandgad tehsil of Kolhapur district. Kaware N. A. studied the implementation of Sant Gadgebaba Gram Swachata Abhiyan in the Village Shivnage in Chandgad tehsil of Kolhapur district. Kamble S. N. studied the impact of Sant Gadgebaba Gram Swachata Abhiyan in the village Kambalwadi in Radhanagri tehsil of Kolhapur district. Joji V. R. studied the village Geewane in Gadhinglaj tehsil of Kolhapur district. Shirge M. S. worked for Aklikop village in Palus tehsil of Sangli district. Yadav D. N. studied Kumbharwadi tehsil in Radhanagri tehsil of Kolhapur district. Waidande J. R. worked for Dhamner village in Koregan tehsil of Satara district. Sutar M. A. made the study of Sant Gadgebaba Gram Swachata Abhiyan in Balodyol village of Kagal tehsil in Kolhapur district.

The researcher review above have visited concerned villages for collection of primary data. They observed and interviewed prominent people in the village, have taken photographs and studied reports of Sant Gadgebaba Gram Swachata Abhiyan and its implementation in the village. In their final reports they have included the description of implementation of the scheme, the charges that took place in the village, charges in the water supply system in the village, before and after implementation of Sant Gadgebaba Gram Swachata Abhiyan, individual hygiene and health, environmental protection etc.

Every year some 3.4 million people, mostly children, die from diseases associated with inadequate water supply, sanitation, and hygiene. Over half of the hospital beds in the world are filled with people suffering from water- and sanitation-related diseases.

In 2002, participants in the World Summit on Sustainable Development in Johannesburg, South Africa, made a commitment to reduce by half the proportion of people without access to basic sanitation by the year 2015. The United Nations Development Programme (UNDP) believes that this target can only be achieved through empowering individuals, households, and communities to take charge of their own
development. For this purpose, UNDP has launched the Community Water Initiative (CWI) with initial support from the Swedish Government, through the Swedish International Development Cooperation Agency (Sida). CWI provides technical assistance and small grants to communities to improve their water supply and sanitation.

This booklet addresses the different sanitation and hygiene needs of women and men. It gives communities information about how significant sanitation improvements can be made by better use of indigenous skills and local resources. Communities are offered a choice of affordable, safe, and environmentally sound sanitation alternatives. This booklet is designed to be an important part of the Community Water Initiative, stimulating communities to take charge of their sanitation development for a better life.

--Ingvar Andersson, Senior Water Policy Adviser, UNDP

Keeping clean and disposing of human waste (feces and urine) are necessary for good health. If they are not taken care of in a safe way, our feces and urine can pollute the environment and cause serious health problems, such as diarrhea, worms, cholera, and bladder infections. Many of these problems can be prevented through:

- personal cleanliness (hygiene) — washing hands, bathing, and wearing clean clothes.
- public cleanliness (sanitation) — using clean and safe toilets, keeping water sources clean, and disposing of garbage safely.

This chapter has information about both personal and public cleanliness including instructions on how to build safe toilets. All of the toilets described in this chapter will dispose of human waste so it does not cause health problems. Some of the toilets have the added benefit of turning this waste into fertilizer for farmers to use in their fields. This is called ecological sanitation.

When people handle animal waste to make fertilizer, care must be taken or it can cause sickness. Human feces and urine can also fertilize the soil. But like animal waste, human waste carries harmful germs and must be managed carefully.

**Promoting sanitation**
Many diseases are spread from person to person by germs in feces. Some experts believe health problems from poor sanitation can be prevented only if people change their personal habits, or “behaviors,” about staying clean. But this idea often leads to failure because it does not consider the barriers that people face in their daily lives, such as poverty or lack of access to clean water. Then when behavior does not change, people are blamed for their own poor health.

Other experts look for technical solutions, such as modern toilets that flush water. Technical solutions often come from outside a community and may not fit the traditions or conditions of the community. Sometimes they create more problems than they solve!

The diseases caused by germs from poor hygiene and sanitation will not be prevented if people are blamed for their own poor health, or if only technical solutions are promoted. To improve health in a lasting way, health promoters must listen carefully and work together with people in the community.

When communities use hygiene and sanitation methods that fit their real needs and abilities, they will enjoy better health.

Health is not always the main reason why people want to have clean toilets, better water supplies, or improved hygiene. Other needs may include:

Privacy: A toilet can be as simple as a deep hole in the ground. But the need for privacy makes it important for a toilet to have a good shelter. Making a door or enclosed entrance to a toilet, or building it away from where people usually walk, will make it nicer to use. The best shelters are simple and are built from local materials.

Safety: If a toilet is badly built it can be dangerous to use. And if it is far from the home, women may be in danger of sexual violence when they take care of their sanitation needs. For a toilet to be safe it must be well-built and in a safe place.

Comfort: People will more likely use a toilet with a comfortable place to sit or squat, and a shelter large enough to stand up and move around in. They will also be more likely to use a toilet that is close to the house and that gives protection from wind, rain, or snow.
Cleanliness: If a toilet is dirty and smelly, no one will want to use it — and it may spread disease. Sharing the task of cleaning or paying for cleaning with money or other benefits will help to ensure that toilets are kept clean.

Respect: A well-kept toilet brings status and respect to its owner. Often this is a very important reason for people to spend the money and effort to build one.

Safe water for washing and drinking is also important for health. So are other kinds of cleanliness such as ensuring that women have a way to keep clean during monthly bleeding. (For more about how women are hurt by poor sanitation.

How does poor sanitation lead to health problems?

Illnesses caused by germs and worms in feces are a constant source of discomfort for millions of people. These illnesses can cause many years of sickness and can lead to other health problems such as dehydration, anemia, and malnutrition. Severe sanitation-related illnesses like cholera can spread rapidly, bringing sudden death to many people.

How germs spread disease

Many illnesses are spread from person to person by germs. Germs are tiny living things that cause sickness. Sometimes it is easy to know where germs are — in feces, rotting foods, and other dirty places. But sometimes, germs are in places that look and smell clean. Germs can pass directly from person to person through touch, and sometimes through the air with dust or when people cough or sneeze. They can spread through food and drinking water. Or they can be carried by flies and animals.

What could have prevented the family’s illness?

The spread of illness could have been prevented:

• if the man had used a toilet.

• if the pig was kept in a fenced area.

• if the child had washed his hands, rather than used his mother’s skirt.

• if the mother had not touched her soiled skirt and then touched the food.

• if the mother had washed her hands with soap and water.
• Always wash hands before and after using the toilet and before handling food. Use clean water and soap if available. If not, use clean sand or ash.

• Use a toilet. This puts germs and worms out of contact with people. If there is no toilet it is best to defecate far from sources of water, in a place where feces will not be touched by people or animals. Cover it with dirt to keep flies away.

• Use clean and safe methods of preparing and storing food. Wash fruits and vegetables or cook them well before eating them. Feed food scraps to animals or put them in a compost pile or toilet. Keep dishes clean after using them.

• Keep animals away from household food and community water sources.

• Protect water sources and use clean water for drinking and washing.

• Make fly-traps and cover food. This can prevent flies from spreading germs.

• Diarrhea and dehydration

Many people die from diarrhea diseases, especially children. These diseases are often caused when germs get into drinking water or food. Most children who die from diarrhea die because they do not have enough water left in their bodies. This lack of water is called dehydration.

People of any age can become dehydrated, but dehydration can happen very quickly to small children and is most dangerous for them.

Any child with watery diarrhea is in danger of dehydration.

Signs of dehydration

• Sagging of the “soft spot” in infants

• Sunken eyeballs, tearless eyes

• Thirst and dry mouth are early signs of dehydration

• Sudden weight loss

• Little or no urine, or dark yellow urine
Note for the health worker

To teach the signs of dehydration, you can use a “body mapping” activity. Bring parents together and show them a picture of a healthy baby. Have them point or draw arrows to where they would see signs of dehydration. Discuss all the signs. Then discuss the ways they can help their children when these signs appear — and what they can do to prevent dehydration and diarrhea in the first place.

To stop dehydration

When a child has watery diarrhea or diarrhea and vomiting, do not wait for signs of dehydration. Act quickly.

Give lots of liquids to drink, such as a thin cereal porridge or gruel, soup, water, or rehydration drink (see below).

Keep giving food. As soon as the sick child (or adult) can eat food, give frequent feedings of foods he likes. To babies, keep giving breast milk often – and before other drinks.

Rehydration drink helps to prevent or to treat dehydration. It does not cure diarrhea, but may give enough time for the diarrhea to cure itself.

Hand-washing with soap and water

One of the best ways to prevent diarrhea diseases is to wash hands after defecating or handling babies’ feces, and before preparing food, feeding children, or eating.

Keeping a source of clean water near your home will make hand-washing much easier. But washing with water alone is not enough. To make hand-washing effective, use soap to remove dirt and germs. If no soap is available, use sand, soil, or ashes.

Rub hands together well with soap and flowing water like that from a pump, faucet, or tippy-tap.
Count to 30 as you scrub your hands all over. Then rub hands together under the water to rinse off soap, sand, or ashes. Dry with a clean cloth or let your hands dry in the air.

**The tippy-tap: A simple hand-washing device**

The tippy-tap is a simple device that allows people to wash hands with very little water. It also allows the user to rub his or her hands together while water runs over them. It is made of materials that are available at no cost in most places and can be put wherever people need to wash their hands: near the cooking stove, at the toilet, or in rural food stores, for example.

**Sanitary use of water for toilet hygiene**

In many places people wash their bottoms with water after defecating. This anal washing is a very effective way to stay clean. But because the water used gets contaminated with feces, it must be disposed of carefully. Never dispose of it into a stream or lake. Empty the container into a toilet or into a waste pit at least 20 meters from any surface water, wells, or springs. The container must be kept clean too.

- Refill the container with wash water often. Do not let it go unwashed for more than a day. The longer it sits, the more germs grow in and on it.
- Wash the container with soap or ashes every time before you fill it.
- The container used for anal washing should be stored away from other water containers and away from places where food is prepared.
- Wash your hands well after the last time you touch the container — germs are sure to be on its handle and surfaces!

**Planning for sanitation**

Every person and every community has a way of dealing with sanitation, even if it just means that people go into the bush to urinate and defecate. Households and communities can benefit from talking about the sanitation methods that will work best for everyone.
Healthy sanitation must consider the needs of children, who cannot take care of themselves. It must also ensure that women have toilets that they feel safe using and a way to keep clean during monthly bleeding.

Small steps to sustainable sanitation

In any community — and even in a single household — there may be several sanitation methods in use at one time. Some people may want to change the way they take care of their sanitation needs, while others may not. Whether it means building a new kind of toilet, helping to meet the needs of those without access to safe toilets, or some other kind of change, almost every sanitation method can be improved.

Small, step-by-step changes are easier than big changes all at once. Examples of small changes that can have a big impact on health, safety, and comfort are:

- keeping wash water and soap near the toilet
- adding a vent to a pit toilet
- adding a hard, durable platform to an open pit

When planning or making changes in household or community sanitation, keep in mind that every sanitation method should do these things:

- **Prevent disease** — it should keep disease-carrying waste and insects away from people, both at the site of the toilet and in nearby homes.

- **Protect water supplies** — it should not pollute drinking water, surface water, or groundwater.

- **Protect the environment** — ecological sanitation can prevent pollution, return nutrients to the soil, and conserve water. (To learn more about ecological sanitation, see pages 33 to 43.)

- **Be simple and affordable** — it should fit local people’s needs and abilities, and be easy to clean and maintain.

- **Be culturally acceptable** — it should fit local customs, beliefs, and desires.
• **Work for everyone** – it should address the health needs of children and adults, of women and men.

**Sanitation decisions are community decisions**

Because people have different sanitation needs, decisions about sanitation should be made by the people who will be most affected by those decisions. And because household and neighborhood sanitation decisions can affect people downstream, communities need to work together to improve sanitation for all.

Community participation can make the difference between success and failure when a government or outside agency plans a sanitation program. When local people participate in sanitation planning, the result is more likely to fit local needs.

In 1992, the government of El Salvador spent over 10 million dollars to build thousands of new toilets. The new toilets were different from the kind that local people were used to, and needed more care and cleaning than normal toilets. There was no training in how to use them, and the government did not invite communities to help make them.

After the project was done, the government did a study to find out how the toilets were being used. They learned that a large number of the toilets were not being used well, and many were not used at all.

**Women and men have different sanitation needs**

Women and men have different needs and customs when it comes to sanitation. Men may be more comfortable than women relieving themselves in public or open spaces. Women are burdened with a greater share of family work like collecting water and firewood, cooking, and cleaning. They are usually responsible for taking care of children and their sanitation needs as well. All of these things affect their access to toilets that are safe, clean, comfortable, and private.

Addressing women’s needs often challenges traditional ideas about how decisions are made. Because it may be difficult to make or accept changes, it takes time and effort by both men and women to improve health for everyone. The activity on page 22 can
help promote discussion about some of the problems women have gaining access to safe sanitation.

Sanitation planning with women’s needs in mind

While women have needs for safe and healthy sanitation, they may not have the money, resources, power, or confidence to ensure that their needs are met. Leaving women out of sanitation planning puts them at a greater risk of health problems. This increases their burden even more.

Men must provide incentives for women to participate in community sanitation in a way that does not simply give them more work to do, especially the most unpleasant tasks. This requires:

- organizing meetings at times when women can participate.
- ensuring that women are invited to speak out and can feel comfortable speaking out.
- having separate meetings for women if it makes open discussion easier.
- sharing decision-making power.

Women usually teach and care for children. When women’s needs are not met, the needs of future generations may be unmet as well. When women are not included in planning household and community sanitation, the whole community suffers.

Sanitation for children’s health

Children have a high risk of illness from poor sanitation. While adults may live with diarrhea diseases and worms, children die from these illnesses.

It is important for children to have toilets that are safe and that feel safe. When children feel safe using the toilet and have an easy way to stay clean, they get sick less. Pit toilets can be dangerous and frightening for small children because of the darkness and the large hole. Many children, especially girls, leave school because safe toilets and healthy conditions are not provided for them.
Allowing children to help build toilets and teaching them about illness caused by poor sanitation are some ways to help them develop healthy behaviors.

Helping small children stay clean

Many people believe that children’s feces are not as dangerous as those of adults. This is not true. All feces carry many harmful germs, and handling them can cause serious illness in children and adults.

In rural areas, parents can help children too small to use a toilet by making a hole near the house, and covering the hole after each use. It is also important to:

• Wash babies and young children after they defecate.
• Wash hands after handling babies’ feces.
• Bury the feces or put them in a safe toilet.
• Wash soiled clothes away from drinking water sources.

Teach boys and girls to wipe or wash carefully and to wash their hands after using the toilet. Girls especially should be taught to wipe from front to back. Wiping forward can spread germs into the urinary opening and the vagina, causing bladder infection and other health problems.

The researcher has briefly studied the observations made in the project reports of the scholars as below:

1. Cleanliness of the streets/roads:

   As a result of implementation of Sant Gadgebaba Gram Swachata Abhiyan, the streets in the villages have turned clean and beautiful. Out of voluntary works and financial shares of people, the roads have been repaired, cleaned, and spread coal. The solid waste collected on the roads has been collected on the dumping grounds for preparation of maures.

2. Construction of drainage line:


As a part of implementation of Sant Gadgebaba Gram Swachata Abhiyan the drainage have constructed on both the sides of roads and the waste water in the villages collected in the underground blocks and at some of the places the collected water through drainage line has used for the purpose of gardening and agriculture.

3. Solid waste disposal:

The researcher have noticed dust bins every where in the villages they have studied for the collection of solid waste. It is also observed that the classification of solid wet and solid dry waste has also done, for proper disposal of the waste.

4. Public buildings, houses and shown buildings:

The researcher have noticed all the houses, public buildings school building beautifully coloured with the same colour. Several slogans were painted on the walls of school building. The buildings of school and offices were equally found clean, coloured and decorated as a impact of implementation of Sant Gadgebaba Gram Swachata Abhiyan in the village.

5. Toilets management:

It is observed that, as a impact of implementation of Sant Gadgebaba Gram Swachata Abhiyan in the villages, there is a remarkable increase in the number of toilets in the village. It is also noticed that people have developed habit of using toilets. Some of the villages studied were found free of open excrement (Shivanage and Dhamner).

6. Drinking water management:

The researcher have noticed regular use of T. C. L. powder for purification of water in the villages under study. It is also recorded in the project report that in the villages as the impact of Sant Gadgebaba Gram Swachata Abhiyan no water borne diseases were found.

7. Drainage management:

Students who have studied the villages have mentioned in their reports that as a impact of Sant Gadgebaba Gram Swachata Abhiyan in the village they did not noticed
waste water accumulated on the road. Almost all the houses are well connected with the drainage line and in some houses the underground absorption block were created for the disposal of drainage water. The use of waste water for household garden, public garden and agriculture purpose is also observed.

8. Plantation:

Plantation is essential for the protection of environment and its understood by the people in those villages under study as a impact of implementation of Sant Gadgebaba Gram Swachata Abhiyan. The researcher noticed tree planted on both the sides of street in the village like Duranda, Coconut, Badam, Banan, Ashoka, Banwali and Mango. In the village selected for study the students found the new planted trees in Shivange village-650, in Kumbharwadi-100, in Baledyol-800, in Patikarwadi-156, in Ujani-10000, in Ankalkop-1 lac and in Dhamner-5615 trees have een planted as a part of implementation of Sant Gadgebaba Gram Swachata Abhiyan. It is also mentioned in the reports that villagers are taking proper care for the growth of these newly planted trees and most of the trees were found alive and growing, adding green beauty to the village.

9. Use of non-conventional energy:

It is also noticed that in the villages understudy as a result of Sant Gadgebaba Gram Swachata Abhiyan people started using non-conventional sources of energy like biogas, gobargas, smokless kitchens, solar coocker etc. in Kmbalwadi village, the researcher observed solar energy and wind energy being used as a source for street light. In schools and Anganwadi the solar cooker is used for the preparation of midday deal for students.

10. Hygiene of Cattle:

Implementation of Sant Gadgebaba Gram Swachata Abhiyan in the villages understudy has left an impact even on the cattle and cattle shed. The researcher has noticed a remarkable change in the hygiene and sanitation of cattle and cattle shed. The animals were now kept clean in the clean cattle shed. The people have also developed the habit of regular medical checkup of cattle with essential vaccinations.
11. Individual Hygiene and Sanitation:

Individual hygiene and sanitation is one of the important criteria for assessment in Sant Gadgebaba Gram Swachata Abhiyan. The researcher has noticed a remarkable change in the habits of villagers after the implementation of Sant Gadgebaba Gram Swachata Abhiyan in the village. Now people are washing hands with soap after toilet and before meals. They are regularly using soap for bathing. Their clothes, hairs were found clean. They have the habit of cutting nails regularly now. The students in schools are nursery were found in clean uniforms. The teachers were found checking nails of students regularly in the Anganwadis and taking proper care of their hygiene. The schools were organizing competition like clean and healthy child, essay writing competitions, debating and evocation competitions on the importance of hygiene and sanitation.

12. Abolition of bad habits:

In several villages the projects for abolition of bad habits were undertaken under the implementation of Sant Gadgebaba Gram Swachata Abhiyan. The project like prohibition of plastic, prohibition of cutting of trees were also observed in the villages under study.

13. Hindu-Muslim Unity:

One of the encouraging incident of Hindu-Muslim unity and secularism has been noticed by the researcher in Dhamner village. There was a Mosque very near to the building of Grampanchayat. For extension of building the Mosque has to be removed. All the villagers belonging to different religion and unanimously took the decision to give consent to remove the Mosque and extend the Grampanchayat building. The solution was given by the villagers for allotting land for construction of new building. This incident has recorded in the project report by the researcher. The communal harmony is one of the important outcomes of Sant Gadgebaba Gram Swachata Abhiyan.

14. ‘Sanskar Wahini’ and ‘Gruh Swamini’ scheme:

In Kambalwadi tehsil, there is a broadcasting system of the village called ‘Sanskar Wahini’ on which different programmes of including Sanskar were broadcasted for the villagers. The ‘Gruh Swamini’ scheme is for women of village to give them equal right to
the male. It works for empowerment of women in the village. It is also observed by the researcher that in the village Kambalwadi the male heads of the family have given ownership of their houses in the name of women and made them head of the family. It is one of the remarkable outcome of implementation of Sant Gadgebaba Gram Swachata Abhiyan in the villages under study.

B. Research Problem and Methodology:

Statement of problem: The title of the research problem is ‘A comparative study of Sant Gadgebaba Gram Swachata Abhiyan in Kolhapur District; with special reference to Jainyal and Kambalwadi villages”.

The researcher in the present study intends to study the nature, scope and implementation of Sant Gadgebaba Gram Swachata Abhiyan. The positive charges that took place in the villages specially will be studied comparatively objectives of the study:

1. To study the nature, scope and features of Sant Gadgebaba Gram Swachata Abhiyan implemented by state government in the state of Maharashtra.

2. To study implementation of Sant Gadgebaba Gram Swachata Abhiyan in the villages Jainyal and Kambalwadi.

3. To study the social and environmental charges that took place in the villages Jainyal and Kambalwadi, after successful implementation of Sant Gadgebaba Gram Swachata Abhiyan in these villages.

4. To make comparative study of implementation of Sant Gadgebaba Gram Swachata Abhiyan in the villages Jainyal and Kambalwadi.

Research Methodology:

1. Area Under Study:

For the present study the researcher has selected two villages one is Jainyal in Kagal tehsil of Kolhapur district and other is Kambalwadi village in Radhanagri tehsil of Kolhapur district, the selection of these two villages has made on the basis of purposive sampling method.
The researcher has collected primary data from Zilla Parishad office of Kolhapur district regarding the list of villages in the district winning award in Rashtrasant Tukdoji Maharaj Swach Gram Spardha under Sant Gadgebaba Gram Swachata Abhiyan in the district and selected above two villages.
List of villages from Kolhapur district winning Rashtrasant Tukdoji Maharaj Swach Gram Award from the year 2000-01 to 2005-06 under Sant Gadgebaba Gram Swachata Abhiyan:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Year</th>
<th>Level of Award</th>
<th>Name of Villages</th>
<th>Name of the tehsil</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2000-01</td>
<td>First</td>
<td>Majre-Karve</td>
<td>Chandgad</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Second</td>
<td>Dattawad</td>
<td>Shirol</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Third</td>
<td>Sadoli-Khalsa</td>
<td>Karveer</td>
</tr>
<tr>
<td>2</td>
<td>2001-02</td>
<td>First</td>
<td>Bahirewadi</td>
<td>Panhala</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Second</td>
<td>Amashi</td>
<td>Karveer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Third (divided)</td>
<td>Chandre, Mjrewadi</td>
<td>Radhanagari</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Shirol</td>
</tr>
<tr>
<td>3</td>
<td>2002-03</td>
<td>First</td>
<td>Amshi</td>
<td>Karveer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Second</td>
<td>Madilage(Khurd)</td>
<td>Bhudargad</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Second</td>
<td>Jainyal, Sawate</td>
<td>Kagal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Third</td>
<td>Khalsa</td>
<td>Shahuwadi</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Third</td>
<td></td>
<td>Panhala</td>
</tr>
<tr>
<td>4</td>
<td>2003-04</td>
<td>First</td>
<td>Jainyal</td>
<td>Kagal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Second</td>
<td>Nilewadi, Musalwadi</td>
<td>Hatkanangale</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Third</td>
<td></td>
<td>Radhanagari</td>
</tr>
<tr>
<td>5</td>
<td>2004-05</td>
<td>First</td>
<td>Kambalwadi, Nilewadi,</td>
<td>Radhanagari</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Second</td>
<td>Kumbharwadi, Shivanage</td>
<td>Hatkanangale</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Second</td>
<td></td>
<td>Radhanagari</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Third</td>
<td>Majgaon</td>
<td>Chandgad</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Third</td>
<td></td>
<td>Panhala</td>
</tr>
<tr>
<td>6</td>
<td>2005-06</td>
<td>First</td>
<td>Kambalwadi, Shelkewadi</td>
<td>Radhanagari</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Second</td>
<td>Nilewadi, Shivanage</td>
<td>Karveer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Second</td>
<td></td>
<td>Hatkanangale</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Third</td>
<td></td>
<td>Chandgad</td>
</tr>
</tbody>
</table>
Out of the villages listed above the researcher has selected two villages Jainyal and Kambalwadi on the basis of purposive selection method for the present study.

1. Jainyal village got second prize in 2002-03 in Rashtrasant Tukdoji Maharaj Nirmal Gram Spardha and in the year 2003-04, the first prize in the same competition at the district level.

2. Kambalwadi in 2004-05 stood first both at regional level and state level competition of Sant Tukdoji Maharaj Nirmal Gram Spardha. In the year 2005-06, the village again stood first both at the regional level and state level.

The researcher has visited both the villages for study and received a warm welcome and cooperation by the Sarpanch, Gramsevak and villagers.

**Selection of Sample (Respondents):**

The reports of Sant Gadgebaba Gram Swachata Abhiyan presented by Gramsevak of both the villages Jainyal and Kambalwadi were studied by the researcher. There were 286 families in Jainyal and 137 families in Kambalwadi village.

By considering availability of time and labour the researcher has selected 70 families from Jainyal and 35 families from Kambalwadi village with the help of accidental sampling method for the present study.

The senior head of the 105 families of both the village were selected as respondents for the present study. In addition to the heads of selected families, the Sarpanch of both the villages, Rural Development Officers, Headmasters of schools, Chairman of youth committees, Chairman of women organizations were also selected as key informants purposively for the present study.
Techniques of data collection:

The researcher has used following techniques of data collection for the present study:

1. Interview schedule:

   The researcher has prepared a detailed questionnaire in view of the objective of study. It was pre-tested. The necessary correction have made in the questionnaire. The questionnaire were given to 105 respondents to answer in an interview for collection of primary data.

2. Personal observation:

   The personal observation technique is used by researcher for the collection of primary data specially regarding water supply system and public hygiene/sanitation.

3. Informal interview:

   The technique of informal interview is used by the researcher to take interviews of key informants except the selected heads of families(respondents). The key informants like The Sarpanch of village, Rural Development Officers, Vice/Deputy Sarpanch of village, the Chairmans of N. G. O. N. in village and the head of women committees etc. were interview through the technique of informal interview for collection of primary data for the present study.

Period of study:

Period of the present study is 2000 to 2005 for the collection of primary data belonging to Sant Gadgebaba Gram Swachata Abhiyan implemented in the two villages in last five years. The actual period of study for visiting these villages collection of primary data, interviews of respondents, informal interviews of key informants etc. is 05th November to 30th November 2012. During this period the researcher has visited the two villages several times for observations, interviews and taking photographs.
Data processing:

The primary data for present study was collected with the help of questionnaires prepared for respondents, informal interviews of key informants and reports prepared by Village Development Officers. The collected data was classified, tabulated, analyzed and interpreted to draw conclusion of the present study.

Source of data:

The researcher has used both primary and secondary sources of collection of data for the present study.

Source of primary data:

The sources of primary data are interviews and questionnaires provided to respondents, informal interviews of the key informants, photographs collected after visiting the two villages several times by researcher during the period of study.

Source of secondary data:

The government resolutions, circulars regarding Sant Gadgebaba Gram Swachata Abhiyan, project reports prepared by Village Development Officer, reports of implementation of Abhiyan, books, research journals, information and reports available in Grampanchayat Office, information available on different websites etc. are the sources of secondary data for researcher for the present study.

Outline of Research Work:

The researcher has divided the present research work into five chapters:

The first chapter of present research work is introductory. In this chapter researcher has discussed the nature and scope of Sant Gadgebaba Gram Swachata Abhiyan in detail. Purpose of the Abhiyan, the five levels of implementation, time period, schedule of inspection and assessment at every level, criteria of assessment, amount cash awards, terms and conditions of utilization of cash awards, the person to distribute cash awards etc. have been discussed in detail in this chapter.

The second chapter of research work deals with the research problem and research methodology. In this chapter researcher has stated the research problem and research
methodology used. The collection of primary data, secondary data, objectives of the study, area of study, list of villages – the recipients of awards in the last five years (during the period of study), selection of sample, techniques of primary data collections, sources of primary data, sources of secondary data and data processing are some of the other points discussed in detail.

In addition of this there is review of related literature as a part of this chapter.

The third chapter of the study is of discussion on implementation of Sant Gadgebaba Gram Swachata Abhiyan in the selected villages. The researcher has studied implementation of Sant Gadgebaba Gram Swachata Abhiyan in practical in the two villages selected for present study.

In the fourth chapter of the present research work, the researcher has discussed impact of Sant Gadgebaba Gram Swachata Abhiyan in the two villages selected for present study. The researcher has brought out the changes that took place in the two villages after implementation of the Abhiyan and noted remarkable changes that took place in the field of hygiene and sanitation in the two villages selected for present study.

The last chapter of research work is of findings and conclusions of the present study. In the last chapter the researcher has drawn conclusions of the study.