Q6

'To ensure effective implementation of policies addressing water, sanitation and hygiene needs, the identification of beneficiary segments is to be synchronized with the anticipated outcomes' Examine the statement in the context of the WASH scheme.

UPSC Civil Services Mains 2017 · GS II · 10 marks · Governance and Policy

Government policies and interventions for development in various sectors and issues arising out of their design and implementation.

Core demand of the question

- Examine the statement that effective WASH policy needs beneficiary identification to be synchronised with anticipated outcomes
- Read WASH as water, sanitation and hygiene, and test it against Swachh Bharat, rural drinking water and related missions

Revision summary

WASH is water, sanitation and hygiene, delivered in India through NRDWP, Swachh Bharat and health and school missions.

- **The statement is correct:** the person on the subsidy list must be the person for whom the outcome was promised.

Toilets without water, covered habitations with dirty water, and split ministries break that link.

SECC targeting, paired water and toilets, and joined health dashboards resynchronise lists with ODF and disease outcomes.

Hardware counts are inputs; sustained use and water quality are the outcomes that identification must follow.

Introduction

WASH means water, sanitation and hygiene, not a single old scheme name. In India the work sits in the National Rural Drinking Water Programme, the Swachh Bharat Mission (Gramin and Urban) launched in 2014, school and anganwadi hygiene under Sarva Shiksha and ICDS, and urban water boards. The statement is right: if we list the wrong beneficiary, or count a toilet without water and behaviour change, the outcome we announced will not arrive.

Body

What the statement is asking

- **Identification of beneficiaries is the targeting step:** who gets a household toilet, a piped tap, a community sanitary complex, menstrual-hygiene support, or a school WASH block.
- **Anticipated outcomes are public goods:** open-defecation-free villages, fewer diarrhoeal deaths, less stunting, dignity for women, and safe water at the point of use.

• Synchronisation means the list, the subsidy, and the success indicator must describe the same person and the same behaviour, not a construction target that ignores use.

Where Indian WASH policy has slipped out of sync

• The Total Sanitation Campaign and Nirmal Bharat Abhiyan often paid for latrines on a BPL list while water was still a distant handpump; a toilet without water is not a hygiene outcome.

• Swachh Bharat Mission, 2014, shifted the political goal to Open Defecation Free status and individual household latrines, which is closer to an outcome, yet verification has sometimes counted a structure rather than sustained use, and urban slums, tenants and floating populations sit awkwardly on a household-ownership list.

• NRDWP habitations were covered on a 40 litres per capita per day design; quality (arsenic, fluoride, bacteriological contamination) is a different beneficiary need from mere "covered habitation", so a village can be covered and still drink unsafe water.

• Hygiene is split across the Ministry of Drinking Water and Sanitation, the Ministry of Health and Family Welfare (National Health Mission), the Ministry of Human Resource Development (school toilets), and the Ministry of Women and Child Development (ICDS); the child who should stop getting diarrhoea is one beneficiary, the budgets are four.

• Manual scavengers, persons with disability, and women who need bathing and menstrual privacy are named in law and in SBM guidelines, but they disappear when the only dashboard is "number of toilets built".

How to synchronise lists with outcomes

• Define the beneficiary as the user of a safely managed service, in line with the UN Sustainable Development Goal 6 language, not only as a BPL card-holder or a plot owner.

• Pair every SBM toilet with a water point and a behaviour-change worker, which the Nirmal Gram and later SBM-G guidelines already stress, and audit use after twelve months, not only geo-tagged construction.

• Use SECC 2011 deprivation criteria, not a stale BPL list, for hardware subsidy, and keep community sanitary complexes for the landless and for tenants so the outcome is ODF, not owner-occupier sanitation.

• Make school and anganwadi WASH a named outcome of SSA/ICDS funds, with child-friendly toilets and handwash, because child stunting and attendance are WASH outcomes as much as rural development outcomes.

• Publish district dashboards that join NHM diarrhoea caseload, water-quality tests from the National Rural Drinking Water Programme, and SBM ODF status, so identification of "left-out hamlets" follows the health outcome, not the last campaign photograph.

• The National Rural Health Mission's ASHAs and Swachhagrahis should share the same village list; otherwise hygiene messages miss the households that just received a pan.

Examination of the statement

• **The statement is sound public administration:** inputs (taps, pans, IEC) must be aimed at the group whose outcome was promised.

• It is also a warning against scheme silos. WASH fails when sanitation is a toilet mission, water is a habitation mission, and hygiene is a poster.

• Effective implementation therefore means one beneficiary frame - household plus school plus slum cluster - and outcome indicators of use, quality and health, not three unconnected physical targets.

Flow diagram

Beneficiary list -> Water NRDWP

Beneficiary list -> Sanitation SBM

Beneficiary list -> Hygiene NHM ICDS school

Water NRDWP -> SDG6 and ODF health outcomes

Sanitation SBM -> SDG6 and ODF health outcomes

Hygiene NHM ICDS school -> SDG6 and ODF health outcomes

Conclusion

WASH works when the person counted as a beneficiary is the same person whose water is safe, whose toilet is used, and whose child is not repeatedly sick. Swachh Bharat, NRDWP and NHM already have the pieces. They will meet the statement only when lists, water, and behaviour-change sit on one outcome dashboard instead of three construction scores.

Facts & figures

Swachh Bharat Mission, 2014

Union flagship for sanitation in rural and urban India, aimed at Open Defecation Free status and household latrines, replacing Nirmal Bharat Abhiyan.

National Rural Drinking Water Programme

Principal rural water scheme (later recast toward piped household supply) that defined habitation coverage and water quality testing.

SECC 2011

Socio-Economic Caste Census used to identify deprived households for targeting, more recent than old BPL lists for many rural schemes.

National Health Mission

Health mission through which diarrhoea control, ASHAs and hygiene promotion reach the same villages that receive WASH hardware.

SDG 6

United Nations goal on clean water and sanitation, which defines safely managed services and use, not only construction of assets.