Rural Sanitation in India: Special Context in the State of Odisa

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Abstract : The lack of sanitation increases living costs, decreases spend on education and nutrition, lowers income earning potential, and threatens safety and welfare. This is especially true for rural India. Only 32% of rural households have their own toilets and that less than half of Indian households have a toilet at home. Of the estimated billion people in the world who defecate in the open, more than half reside in rural India. It is empirically established that poor sanitation leads to high infant mortality rate and low income generation in rural India. In India, 1,600 children die every day before reaching their fifth birthday and 24% of girls drop out of school as the lack of basic sanitation. Above all, lack of sanitation is not a symptom of poverty but a major contributing factor. According to census 2011, 67.3% of the rural households in the country still did not have access to sanitation facilities. India's sanitation deficit leads to losses worth roughly 6% of its gross domestic product (GDP) according to World Bank estimates by raising the disease burden in the country. The dropout rate for girl child is thirty percent in schools in rural areas because of lack of sanitation facilities for girl students. The productivity loss per skilled labors during a year is calculated at Rs.44, 160 in Odisha. The performance of the state of Odisha has not been satisfactory in improving sanitation facilities. Another major challenge is funding and implementation for improvement of sanitation facility. In an environment of constrained economic resources, Public Private Partnership in form of performance based management or maintenance contract will be all the more relevant to improve the sanitation status in rural sector.

Keywords : rural sanitation, infant mortality rate, income, granger causality, pooled OLS method test public private partnership

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