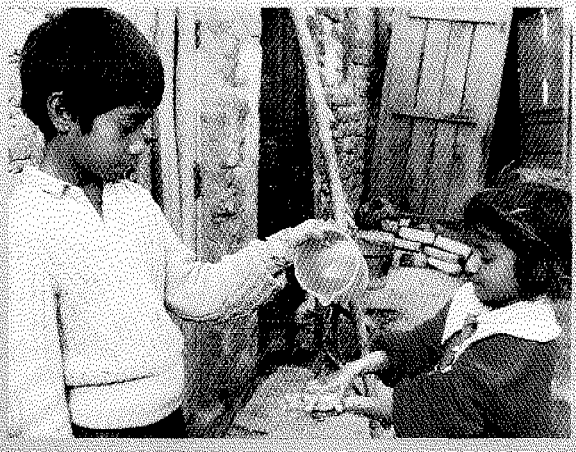
SANITATION
FOR BETTER HEALTH



UNICEF A Partner In India's Rural Sanitation Programme

SANITATION FOR BETTER HEALTH

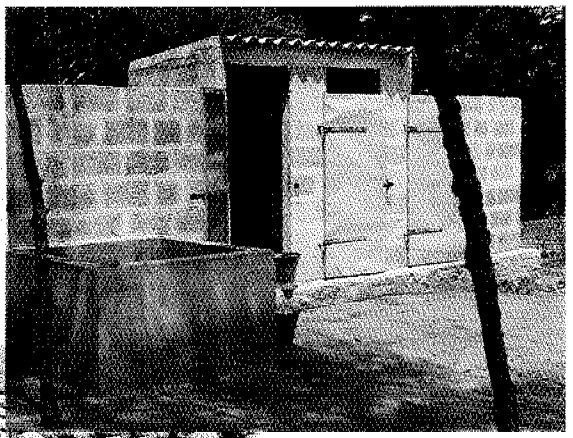
UNICEF — A Partner In India's Rural Sanitation Programme

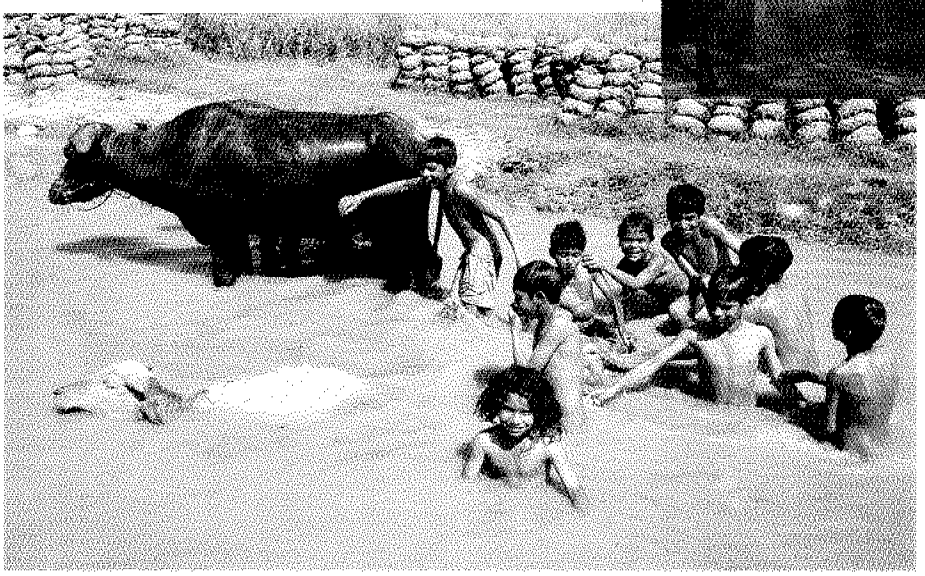
CONTENTS

Cover photographs:
Unicef, Ashwani Chopra

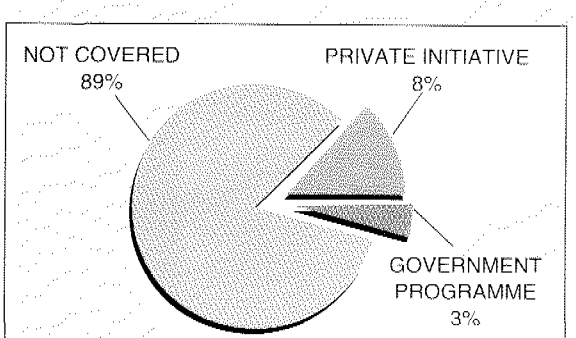
OVERVIEW

The Rural Sanitation Programme (RSP) in India has been a late starter. Unlike the Rural Water Supply Programme, which has its history spread over three decades, Government intervention in Rural Sanitation came almost 20 years later. It was only in 1986 that the Government of India (GOI) formulated the Central Rural Sanitation Programme (CRSP) and in 1987 rural sanitation came under the state Minimum Needs Programme (MNP). Thus, the RSP is virtually a seven-year-old child. Nevertheless, the programme seems to have gathered momentum. Sanitation, for the first time, has found a place in the political agenda of a few states. It is also being used in the election manifesto of certain parties. Besides the efforts made by the Government, private initiative appears to be





catching up in this sector. It is, therefore, not surprising that while the Government reported a 3 per cent sanitation coverage through its own programme (in terms of households having access to latrines), results of the National Sample Survey, now available, indicate that around 11 per cent of the households had access to latrines in 1989. This 8 per cent difference is attributed to households going for latrines on their own without any government subsidy. The present coverage is estimated at 14 per cent. Results of a baseline survey carried out recently indicate that in 49 per cent of the villages in India, at least some households had access to a latrine. As regards adoption of improved sanitary practices, data indicates that more than 90 per cent of households covered their drinking water and over 60 per cent washed their hands before meals. However, only one-third of the households have reported washing hands with soap or ash after defecation.



SANITATION COVERAGE OF HOUSEHOLDS, 1990

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UNICEF plays a catalytic role in promoting environmental sanitation through advocacy and supporting innovative interventions. These efforts, to a large extent, have influenced policy changes at national and state levels creating a much more favourable climate for accelerating sanitation coverage both in terms of physical facilities and in behavioral changes. There has been a perceptible shift in the policy in several areas as described below:

FROM HARDWARE **TO** SOFTWARE

Sanitation is no more identified with latrines alone. The Eighth Five Year Plan (1992-97) and the CRSP Guidelines now consider sanitation as a package of interventions consisting of both hardware and software. A mandatory 10 per cent of the CRSP allocation has now been earmarked for Information, Education and Communication (IEC). The seven components of sanitation which are now being advocated include: i) handling of drinking water; ii) disposal of waste water; iii) disposal of human excreta; iv) garbage disposal; v) home sanitation and food hygiene; vi) personal hygiene; and vii) village sanitation (as a part of primary environmental care). UNICEF has produced two films — *Why Sanitation* and *Components of Sanitation* — for advocacy and awareness creation. All the IEC materials also brought out by UNICEF are undergoing a revision to reflect the sanitation package encompassing these seven themes.

FROM SINGLE DESIGN **TO** A RANGE OF TECHNOLOGICAL OPTIONS

A more flexible approach has now been adopted in the design of latrines. The present thinking is to encourage a range of options to suit

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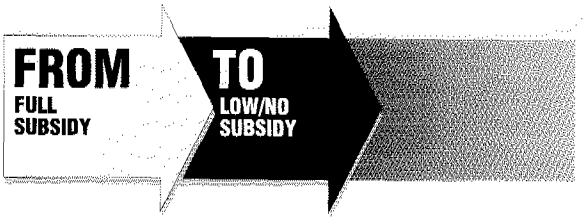
the different socio-economic status of the people and also the varying geo-hydrological considerations as successfully demonstrated in the Medinipur RSP. As a follow-up to the strategies envisaged under the CRSP for encouraging locally suitable and acceptable models of latrines, the Ministry of Rural Development (MRD), GOI, has constituted a Technical Committee to examine the designs already available, their suitability to the varying prevailing conditions in the country and suggest a range of options for their adoption. UNICEF is a member of this Committee. It will form an addendum to the CRSP Guidelines and facilitate demand-generation by bringing in the affordability and acceptability criteria for those in the not-so-well-off group.



In the earlier years, 80 per cent of the household latrines were expected to be given free to the Scheduled Castes/ Scheduled Tribes (SC/ST) and those below the poverty level. There has been a significant change in this approach which is reflected in the CRSP Guidelines issued by the GOI from time to time. In the present strategy, no subsidy is envisaged for those above the poverty level (irrespective of the caste consideration) and even those below the poverty level have to contribute 20 per cent of the total cost. This is a major step in the achievement of UNICEF advocacy towards downplaying the role of subsidy

and making the programme more need-based.

FROM SINGLE DELIVERY SYSTEM → **TO** ALTERNATE DELIVERY SYSTEM

In spite of the fact that the Eighth Plan outlay of Rs 6,740 million is 11 times more than that of the expenditure on rural sanitation during the previous Plan (1985-90), it may at best cover only 10 per cent of the households below the poverty level at the present rate of subsidy. The thrust is, therefore, to adopt alternate delivery systems with no visible subsidy. The concept of promoting sanitation through a revolving fund, as adopted in Medinipur three years ago, has now been replicated not only in entire West Bengal but also in Assam, Karnataka and Delhi (rural). Establishment of Rural Sanitary Marts (RSMs), which UNICEF initiated in Uttar Pradesh, is now being adopted in other states as an alternate delivery system. More than 100 RSMs have been established in seven states. Problems noticed at the initial stage are being sorted out and the activities of RSMs are being closely monitored to make them an effective delivery system. The fact that some of them have not only reached the break-even point but have started making a profit, even during the first year of their operation, indicates that the concept is replicable.

FROM GOVERNMENT MANAGED → **TO** NGO MANAGED

There is a growing interest to involve NGOs in a more extensive way for promoting sanitation. The Council for Advancement of People's Action and Rural Technology (CAPART), which is

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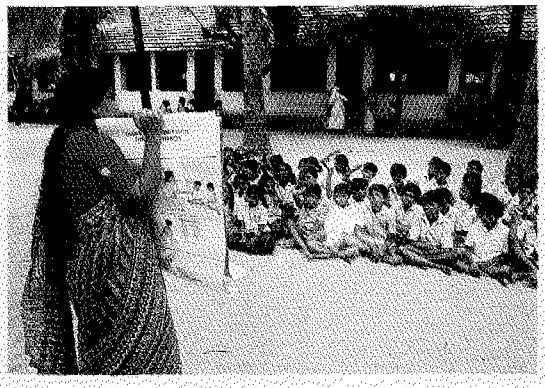
the apex organisation for supporting and coordinating the activities of NGOs in the field of rural development, is planning to have a new strategy to involve the NGOs in a more effective way. At present CAPART supports around 7,000 NGOs throughout the country. Over 1,000 are currently engaged in the Water and Sanitation (WATSAN) sector. The Ministry of Rural Development, GOI, has set up a National Committee to suggest ways and means of involving NGOs in promoting rural sanitation. UNICEF is a member of this Committee. In addition to the funds made available to CAPART (Rs 100 to 120 million per year), 10 per cent of the CRSP funds allocated to the states are expected to be channelised through NGOs. This will amount to over Rs 600 million during the present Plan period. In Gujarat, the entire sanitation programme is implemented through a network of NGOs. The successful implementation of RSP, through the Rama Krishna Mission (RKM), an NGO in West Bengal, has led the state government to implement rural sanitation through NGOs and village *panchayats*. The link between the Government and NGOs in promoting sanitation has become more pronounced now than ever before.

The single-sector approach in promoting sanitation has now given place to a multi-sector intervention involving Health and Nutrition, Education, Women and Child Development (ICDS and DWCRA), etc. There has been better understanding among the policy makers, planners, implementors and the community in general, with regard to the

inherent linkage between sanitation and health.

The Control of Diarrhoeal Diseases-Water and Sanitation (CDD-WATSAN) strategy which aims at bringing about an integrated approach to addressing diarrhoea prevention through water and sanitation interventions is now operational in 15 districts. More requests have come from state governments to extend the strategy to other districts, thereby indicating the acceptance of the concept. A quick survey of some of the districts and discussion with functionaries (PHED, Health, ICDS and district



PROMOTING SANITATION THROUGH SCHOOLS

The Periyar Experiment

Children are receptive to new ideas and can be influenced to inculcate the habits of good hygiene. The school environment provides an ideal ground to achieve this. The School Sanitation Programme in the Periyar district of Tamil Nadu is one attempt in this direction.

The unique feature of this experiment is the involvement of the Parents-Teachers' Association (PTA) in mobilising support for the programme, both in terms of hardware and software. This initiative aimed at covering all the primary schools of the district in a phased manner. While the PTA contributed 50 per cent of the cost of three different designs of toilet-cum-urinals, the other 50 per cent was supported by UNICEF. The state government, through the district administration, ensured the provision of water supply in the schools. The head masters/head mistresses were trained in school sanitation. Conveying the various messages on sanitary habits to the children formed a part of the routine.

Today, of the 1,662 primary schools of this district, 1,372 have already been covered under this programme. The remaining are proposed to be covered during 1994-95. With this, Periyar will be the first district in India to achieve the feat of 100 per cent coverage of primary schools under the sanitation programme.

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administration) at various levels indicate that the strategy is paying dividends in reducing diarrhoeal morbidity among the people in general and the children in particular.

Involving schools in promoting sanitation has been another component of the multi-sector intervention. Several activities were initiated in this regard. Detailed guidelines on school sanitation were prepared and shared with the state governments. The School Sanitation Programme includes training of school teachers and motivation of the children to adopt sanitary practices, carrying the sanitation concept from school to the community as part of Primary Environmental Care.

The response has been encouraging. In some states, such as Haryana, prizes are awarded to schools by the Education Department. A sense of competition has emerged among them in maintaining certain minimum standards of sanitation in the schools and among the children. In Periyar (Tamil Nadu) the initial success of the School Sanitation Programme has motivated the district administration to extend the intervention to all the schools of the district. (*See Box, page 7.*)

Functionaries of the ICDS (day care centres) and DWCRA (women groups), along with the beneficiary families, are actively involved in creating demand for sanitary facilities and also promoting domestic and personal hygiene. Specific communication materials have been developed for the *Anganwadis* (under ICDS) and the preparation of similar materials for the DWCRA functionaries is under way. With 258,000 *Anganwadi* Centres (with more than 3 million mothers and 16 million children) and about 80,000 DWCRA groups (with over 1.7 million women members), the outreach for involving women in rural sanitation is tremendous.

EMPOWERING WOMEN IN MASONRY

Rajasthan Shows The Way

Rukmani, 35 years old, of Kothu Khera village of Suwana block in Bhilwara district, is a changed woman today. She is a member of a cooperative society with a daily earning of about Rs 60 to Rs 70 and has escaped the drudgery of hard labour — carrying stones and bricks on her head for low wages. Today she is a skilled mason and when she passes through the village with the tool bag on her shoulder, her head is held high. She participated in a pilot project undertaken by the Directorate of Women and Child Development and the Rural Development and *Panchayati Raj* Department of the Government of Rajasthan, one in each block of three districts namely, Bhilwara, Jaipur and Banswara, with UNICEF support.

In each of the three blocks, 16 women, in the 20- to 45-year-old age group, who had some experience in construction work as labour, were selected. They were given classroom orientation for 18 days on the basics of construction, use of masonry tools and other activities relating to construction. This was followed by a three-month on-the-job training. Since most of the trainees were illiterate, they were given the additional input of literacy to facilitate their basic training in masonry. A brief on nutrition, health and sanitation and child care was also imparted in these training sessions so that the women masons could act as change agents in the community. Encouraged by the authorities, all the women masons got together to form a cooperative society with the help of functionaries of Women and Child Development and Zila Parishad. Today, Rukmani and her friends are getting ready for a 45-day advanced course in stone masonry. The district administration has now decided to give government contracts to this cooperative.

A smile escapes Rukmani's lips whenever she thinks of the change that has come about in her life. At times she can't help wonder if it is all real or fantasy. She and other women proudly say that this skill upgradation has given them a lot of respect in the family and in society. They all know that there is still a long way to go, but they are confident that they will make their status visible in this male-dominated field of masonry.

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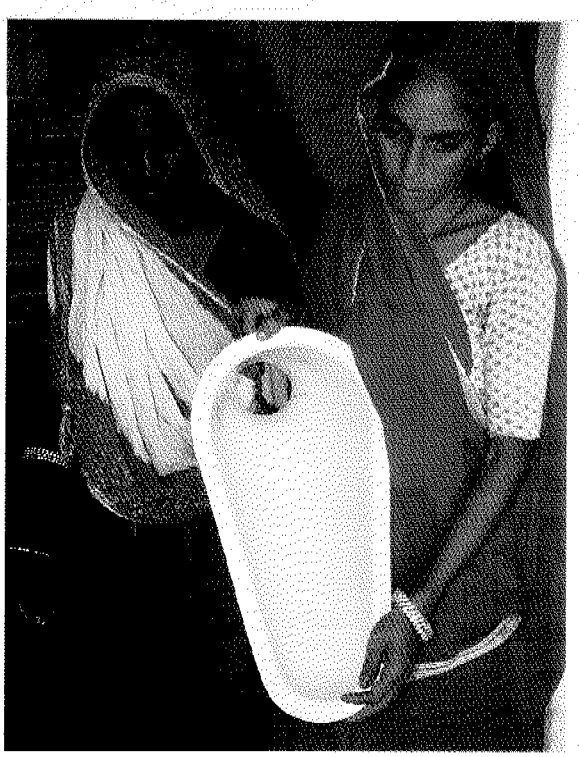
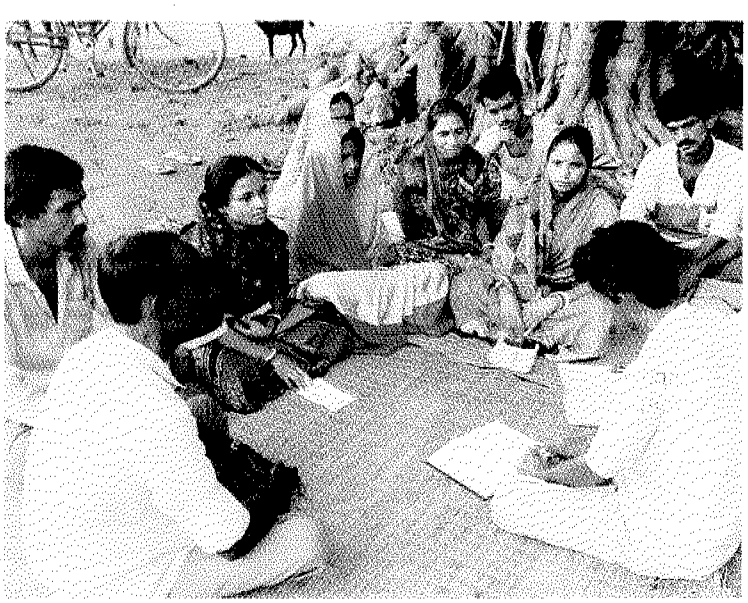
FROM TECHNOLOGICAL INPUTS **TO** LOCAL EMPOWERMENT

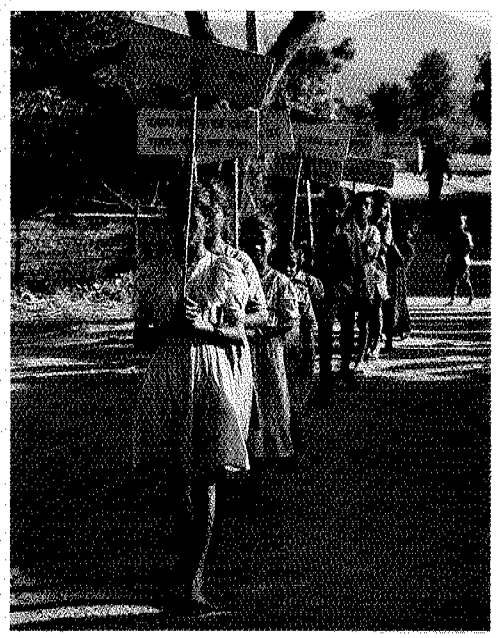
In order to transfer low-cost sanitation technology to the village level, a network of trainers has been created at the block level. These trainers will ensure that every village *panchayat* has at least one mason trained in low-cost sanitation technology by 1995. In Andhra Pradesh and Karnataka, the government intends to have this skill available in every village. Another initiative is to train the local masons in the three 'Ms' namely, Masonry, Motivation and Monitoring. As a step towards empowering women in masonry, 48 women were imparted training in Rajasthan. These women have now formed a cooperative society and have started taking contracts from the block administration in constructing latrines and other sanitary facilities. (*See Box, page 9*). Similar reports have also been received from Madhya Pradesh and Uttar Pradesh.





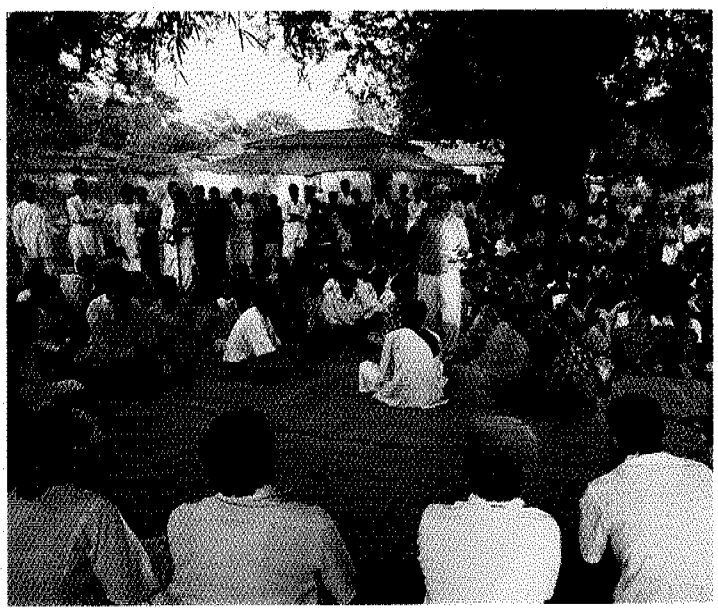
AREA-BASED INNOVATIVE PROJECTS

Considering the vastness of India and the variation in the socio-economic status of its people, no single strategy can be applicable to the entire country. Beginning 1987, UNICEF, therefore, initiated several area-based innovative projects on an experimental basis, with a view to demonstrate replicable models for promoting rural sanitation. These were: i) the Alwar model on community motivation to adopt sanitation as a package (1987); ii) the concept of 'cleanliness' in Periyar (1989); iii) self-financing rural sanitation through the community in Medinipur (1990); iv) a three-pronged approach to subsidising rural sanitation in Allahabad (1991); and v) Nirmal Gram Yojna through Zila Parishad in Mysore (1991). All these projects have made deep inroads in achieving their objectives and have also influenced the strategy for sanitation promotion at both national and state levels. A brief description of these projects can be seen in the Annexure.



DEVELOPMENT OF HUMAN RESOURCES

A breakthrough has been achieved in Haryana where low-cost sanitation now forms a part of the agenda of training the government functionaries at various levels. Two state-level institutes, namely, the Haryana Institute of Rural Development and the State Community Development Training Centre are together going to convey some basic concepts on low-cost sanitation to over 5,000 functionaries every year as a part of their overall training schedule. In addition, they will be organising separate training courses



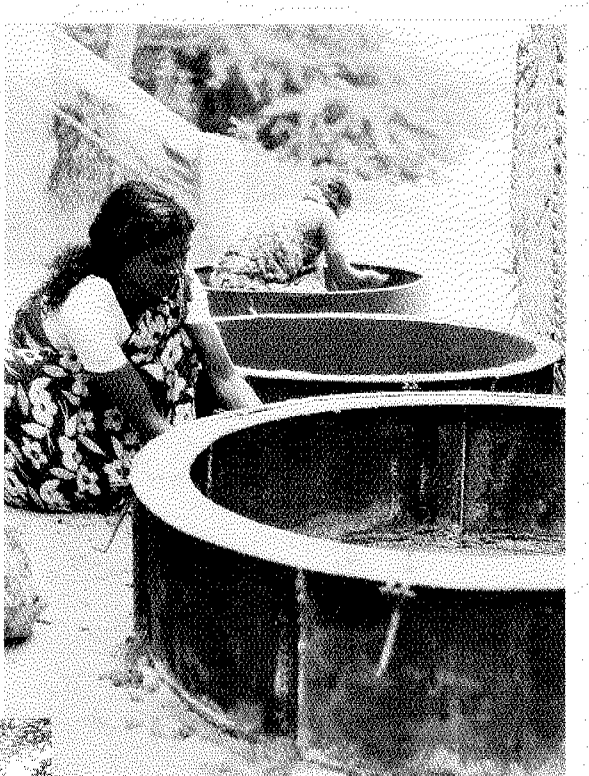
on low-cost sanitation for a variety of officials. The Haryana experience is being advocated in other states.

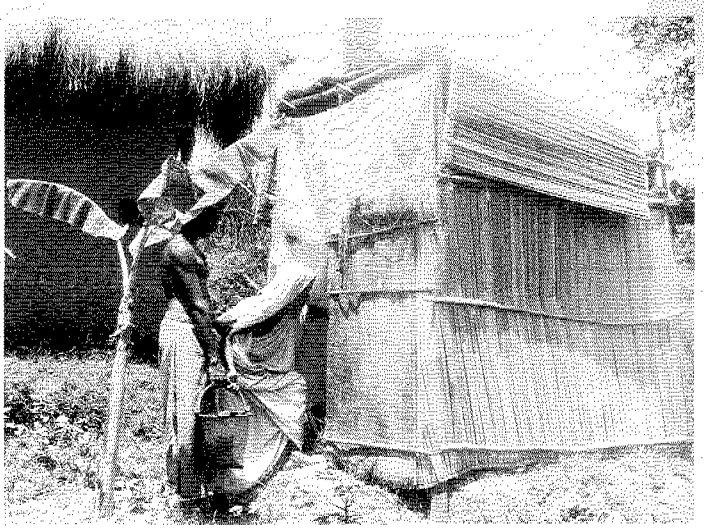
As regards technical training, the themes to be included in the existing curriculum of the engineering schools and polytechnics have been identified through a series of regional workshops in which senior officials of the Ministry of Human Resource Development (MHRD), Ministry of Rural Development (MRD), State Directorates of Technical Education (SDTE), Technical Teachers' Training Institutes (TTTI) and selected Community Polytechnics participated. This is at present under discussion with the MHRD and the feedback has been very positive.

With regard to the training of masons, the objective is to have at least one **trained mason in every Gram Panchayat by 1995.** The TTTIs and the Community Polytechnics have agreed to take the responsibility of training the core trainers at the state, district and block levels. The possibility of involving other local agencies in this regard is also being explored. The GOI has made considerable headway in institutionalising training of trainers on WATSAN as a part of the International Training Network in which eight institutes have been identified. A national consultant is now working with the MRD to work out the details for this purpose.

DEVELOPMENT

The second phase of the pilot project taken up by the All India Institute of Hygiene and Public Health on developing an integrated and ecologically balanced approach for water supply and sanitation has been making smooth progress. Besides introducing certain appropriate and replicable technologies at the village level, such as different models of pour-flush latrines, vermi-culture, upgradation of traditional water sources by providing horizontal roughing and slow-sand filters, simple field kits for water quality monitoring and surveillance through *anganwadi* workers, the project has also made efforts to strategise the concept of a community-based approach in planning and handling these facilities. Studies on pollution travel and sludge accumulation rate are under way. The Institute of Engineering and Rural Technology (IERT) continued its effort to develop various components of a latrine (including the superstructure) using materials which are locally available.





COLLABORATION

UNICEF maintained its collaborative efforts with other UN agencies.

The Integrated Parasite Control and Family Welfare Project undertaken jointly with UNFPA (through DBITA) completed its third year of implementation. The project area covers 126 tea gardens of northern West Bengal. So far 88 mothers' clubs have been formed in an equal number of gardens and 1,760 members trained on the various aspects of service delivery. These clubs are playing a vital role in maternity and child care, couple protection, prevention and management of diarrhoeal diseases, awareness about water supply and sanitation, etc, for the overall improvement of the quality of life among the plantation workers. Health check-ups among school children to detect worm infestation are being done and subsequent treatment is also being provided in around 50 tea gardens.

UNICEF, in collaboration with UNDP-World Bank Rural Water Supply and Sanitation group, worked out the methodology, approach and institutional arrangement for undertaking R&D on: a) improvement of design parameters of pour-flush latrines; b) improvements in other sanitation facilities such as a domestic soakage pit, garbage pit, bathing and washing platform, etc; and c) a comprehensive study on ground water pollution from pit latrines under different geo-hydrological conditions.

Close rapport with the WHO is being maintained as a follow-up to the points raised in the last informal regional consultation on hygiene and sanitation promotion and also on waste recycling for agricultural use.

FUTURE DIRECTION

The Eighth Five Year Plan (1992-97) and the CRSP Guidelines together with the Master Plan of Operations (1991-95) will form the broad framework for future interventions. This will include not only replicating the successful strategies on a wider scale to meet the mid-decade goal and set the tone for the end-decade goal, but also developing new areas. These include promoting sanitation in peri-urban areas and looking at sanitation in the overall context of Primary Environmental Care (PEC). The strategies envisaged in this regard are the following:

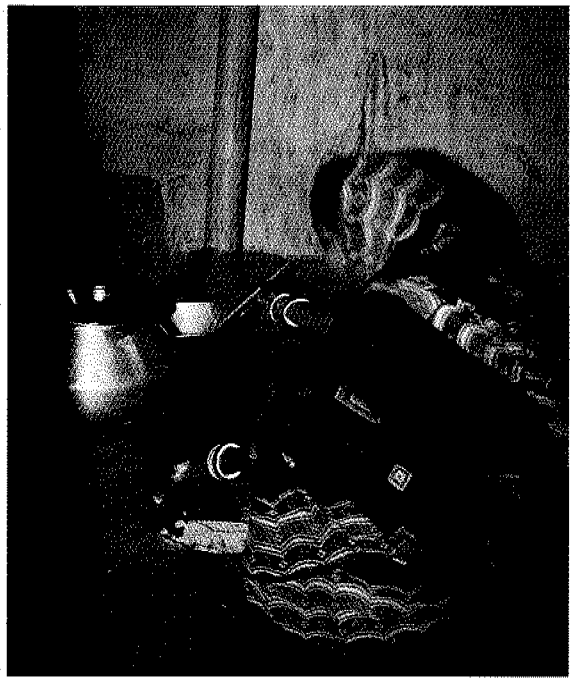
1. *Develop social marketing strategies and promote alternate delivery systems in order to accelerate sanitation coverage.*
2. *Involve schools and* anganwadis *as vehicles for expanding the outreach of the programme.*
3. *Empower women with knowledge of improved sanitary practices and the skill to construct low-cost sanitary facilities.*
4. *Extend the CDD-WATSAN strategy to a greater number of districts.*
5. *Expand the scope of the programme to include both rural and urban areas (with emphasis on peri-urban).*
6. *Develop area-specific projects to promote sanitation in the context of PEC.*
7. *Undertake research and development on technology, design and construction materials to bring down the unit cost of sanitary facilities.*
8. *Institutionalise Human Resource Development and IEC to facilitate sustainable development.*
9. *Develop state-specific projects on linking the Panchayati Raj System with the promotion of sanitation, on a pilot basis.*
10. *Undertake area-specific projects on parasite control (worm infestation).*
11. *Link up sanitation with vector control projects (malaria and filaria control).*

ANNEXURE

AREA-BASED INNOVATIVE PROJECTS

ALWAR

This is one of UNICEF's earliest interventions to have sanitation promoted as a package of facilities. The project has made rapid strides since its inception when measured through different parameters. The percentage of households having their own latrines (as per a survey conducted in 1992) is estimated at 15 per cent compared to less than 7 per cent reported by the 1991 census for the state of Rajasthan. Another survey undertaken during 1993 indicates the extent to which households having latrines have also adopted other sanitary facilities such as washing/bathing platforms (98 per cent), soakage pit (63 per cent) and smokeless *chulhas* (57 per cent). As regards adoption of other sanitary practices, the 1992 survey presents some very interesting findings. While 95 per cent of households kept the drinking water on a raised platform, almost 100 per cent covered the stored water. Nearly 60 per cent did not dip their fingers into the container to take out the water for drinking. Similarly, around 80 per cent of the family members used footwear while going to the fields either for open defecation or for other activities. A large majority of households (60 per cent) reported hand washing with soap or ash after defecation. The strategy, successfully introduced in Alwar, now forms a part of the national strategy for sanitation. The Eighth Five Year Plan, as well as the CRSP Guidelines, consider sanitation as a total package and not just confined to the construction of latrines.

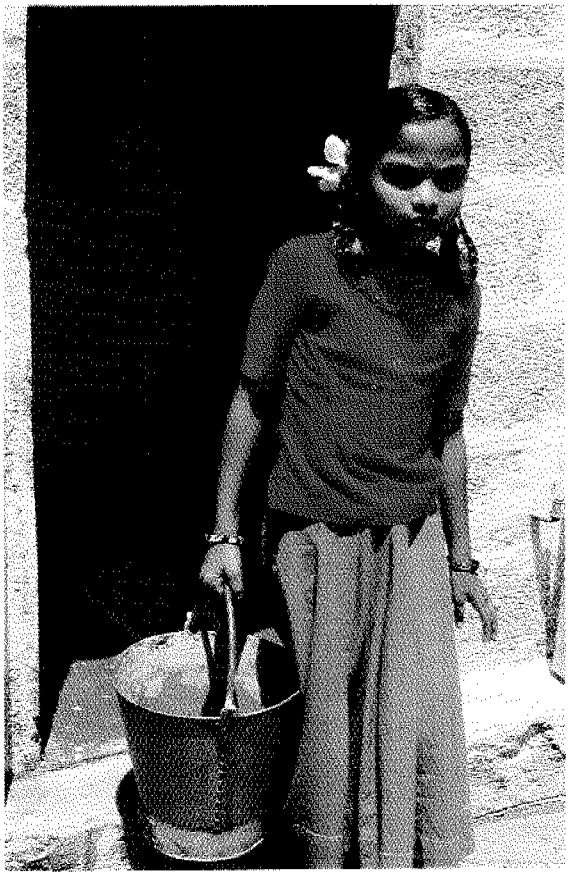


PERIYAR

While Periyar too adopted the concept of sanitation as a package as practised in Alwar, it went a step further to promote the general cleanliness of the house and its environment as an indicator of improved sanitation. Besides having their own latrine, a bathing cubicle and an outlet to drain waste water into a village drain, many households were motivated to have bio-gas plants too, as a part of convergence with the activities of the Department of Non-Conventional Energy. The women's groups (DWCRA and *Mahila Mandals*) were actively associated with the sanitation programme.

ANNEXURE

both for demand-generation and for bringing about changes in the household's behaviour. An important feature of a Periyar Project is school sanitation taken up on a large scale by mobilising funds from the community with UNICEF bearing only a part of the entire investment. Of the 1,662 primary schools existing in this district, 1,372 have already been covered under the school sanitation programme and the remaining are proposed to be covered during 1994-95. UNICEF supported construction of sanitary facilities in 713 schools in 1993-94. Another 290 are to be covered during 1994-95 to have a 100 per cent coverage of schools. A study made in 1992 (end) indicated that 19 per cent of households in Periyar had access to latrines, much higher than the average (6 per cent) reported for Tamil Nadu. The base-line study undertaken under the CDD-WATSAN strategy indicated the diarrhoea point prevalence rate in Periyar (77 per 1,000) to be one of the lowest.



MEDINIPUR

The Intensive Sanitation Project (ISP) in the Medinipur district of West Bengal has been in operation since 1990. This project, implemented through the Rama Krishna Mission Lokshiksha Parishad (RKMLP), an NGO of national repute, has the distinction of being the first of its kind to have adopted a full cost-recovery approach in providing sanitary facilities to the households. Starting with one community development block, the project has now been extended to 46 of the 54 development blocks of the district. The project runs through a three-tier structure — the village youth club, the cluster organisation and the RKMLP. It has now more than 800 youth clubs covering nearly 3,000 villages with 14 cluster organisations providing guidance. The total number of households now covered under this project is over 48,000. Based on the logistics established and the substantial increase in the demand, the project now has the capacity to cover an additional 40,000 to 50,000 households annually.

The strategy has been widely appreciated by agencies both inside and outside the country. It has

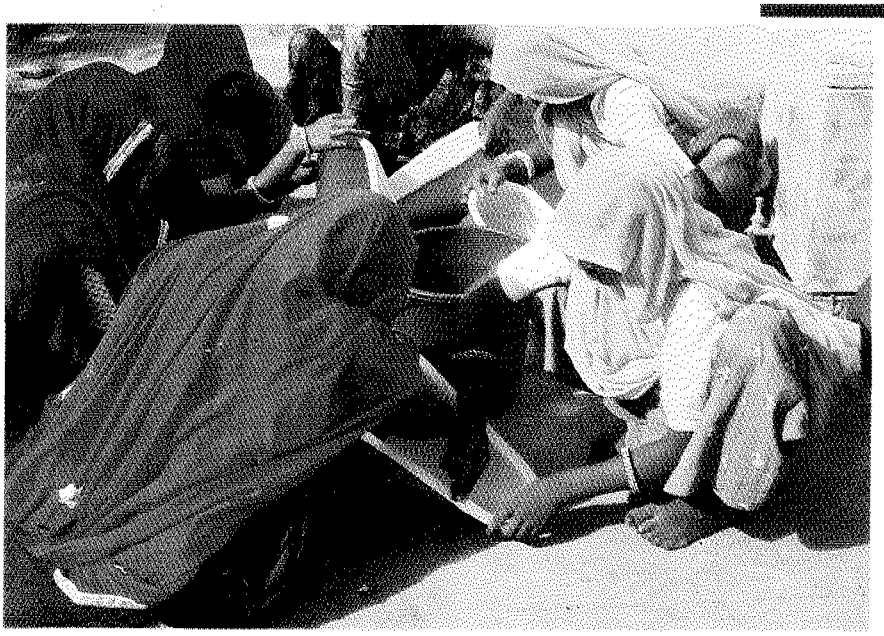
ANNEXURE

facilitated UNICEF's advocacy with the Government on reconsidering the provision of subsidy for Rural Sanitation Programme.

By giving a range of different designs to suit people of different socio-economic conditions, the project has proved that sanitary latrines in rural areas need not be the privilege of a rich few. A quick survey of the beneficiaries indicated that more than 60 per cent of the families covered under ISP for household latrines belonged to the lower socio-economic strata.

While the project had anticipated that 25 per cent of beneficiary households might opt for outright payment, in actual practice around 40 per cent of the families made the down payment towards full cost for constructing the latrines. The other 60 per cent, of course, opted for deferred payment on an instalment basis. This is mainly due to a strong IEC back-up and effective promotional efforts by the local youth clubs for demand-generation. The project has several ramifications which need to be highlighted:

- The full-cost-recovery approach has now been extended to Assam, Karnataka and rural Delhi. The Government of West Bengal had taken a very conscious decision to replicate the Medinipur model in 10 other districts of West Bengal during 1994. The project has, thus, a good potential for replication, not only in West Bengal but also in other states of India.
- The project has made a significant contribution in creating wage employment and facilitating income generation in rural areas. A sum of Rs 4.5 million has been disbursed towards wages so far, thereby creating around 1.50 lakh man days. This does not include other activities associated with the production of sanitary components and installation of the facilities.
- The contribution of this project to capacity building in rural areas is very significant. Organising over 800 youth clubs with nearly 80,000 members and exposing them to the concept of community participation in general, and water and sanitation in particular, is going to have a long-term impact on the overall development of rural areas. This trained manpower could be very profitably used for other developmental activities in future.
- It is reported that a few production centres have come up in the district through private initiatives, producing pans and traps similar to those of RKMLPs.



ANNEXURE

ALLAHABAD

The Allahabad Project has made further inroads during the reporting period. Besides the Government-run programme, with a high subsidy, the Institute of Engineering and Rural Technology (IERT) extended its area of operation with a subsidy of only 40 per cent of what was available from the Government; the target was to cover 12,000 households with the beneficiary contributing nearly 80 per cent of the total cost (as against only 20 per cent in the case of the government-run programme).

Nearly 5,000 households have already constructed their latrines with this reduced subsidy. The Rural Sanitary Marts (RSMs), where no visible subsidy was envisaged, also made impressive progress. Starting with only three in 1991, Allahabad and its adjoining districts have now 16 such marts of which 11 have already started earning some profits. This cluster of RSMs is serving as a demonstration centre for other states to understand the RSM concept as used in the field and adopt the same in their respective areas. The number of households provided with sanitary latrines through these three approaches exceeded 30,000 in mid-1994. One important lesson from the Allahabad experience has been that even within a district, one can try out alternate delivery systems to promote sanitation. The IERT approach of having a very low subsidy component is now in vogue in selected areas of Gujarat, Maharashtra, Tamil Nadu and Bihar and is being implemented by local NGOs.

MYSORE

The Nirmal Gram Yojna (Clean Village Scheme) has expanded its scope to create awareness among people with regard to linking sanitation with health. After having completed more than 20,000 household latrines, this project has now decided to adopt the Medinipur model for sustaining rural sanitation. A beginning has been made in this regard by involving an NGO (MYRADA). Two production centres for manufacturing pans, traps and other construction materials on Medinipur lines have been established. The initial response from the community has been very encouraging. The Government is seriously considering either doing away with the direct subsidy or converting it to the form of providing material support. Another significant feature of the Mysore Project is linking sanitation with a literacy campaign. Called 'Akshara Arogya', this approach aims at creating demand for sanitary facilities through promoting health education as a part of literacy promotion. The Mysore experience can create an opening to extend the 'Akshara Arogya' approach to the 300-odd districts covered under the Literacy Mission.