POLICY PAPER 3

Rejuvenation of Community Toilets

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CONTENTS

PREFACE

Sanitation services are necessary to support urban stability, enable social balance, economic growth and development and are imperative for the improvement of urban public services. Although there have been several national initiatives to increase sanitation coverage in India, a substantial part of urban population, especially in slums, has no adequate sanitation facilities made available to them by the government machinery, whether local or central. In cities, as on-site sanitation option, Urban Local Bodies have constructed community toilets. Community toilets not only provide sanitation facility but at the same time have a demonstrative effect as well. The people using these become habitual users of toilets, and in turn realize the need for individual household toilets. Community toilets thus are the tools for bringing behavioural changes amongst the public residing in the slum areas as well as in generating a demand for the use of the individual toilets.

Large and sizable investment has been made for the construction of community toilets, which have become either hazardous, unhygienic or abandoned due to poor construction and planning, or lack of water supply or lack of proper maintenance. At the same time it must be understood that community toilets are specifically important for slums, especially where it may not be possible to construct individual household toilets due to the non-availability of space. Under these circumstances not only the construction but devising measures for strengthening operational and maintenance aspect of the community toilets becomes all the more important. This scenario necessitates initiatives not only in the construction but over and above in the 'Operation & Maintenance' (O& M) of community toilets.

Water for Asian Cities (WAC) Programme, a collaborative initiative between UN-HABITAT and Asian Development Bank (ADB), is supporting the implementation of the water and sanitation related targets in Asian cities and promoting new/innovative investments in the urban water and sanitation sector. In India, WAC is supporting the ADB financed MPUWSEI Project in cities of Bhopal, Gwalior, Indore and Jabalpur in the state of Madhya Pradesh for the improvement and expansion of urban water and sanitation services.

This is a joint publication of UN-HABITAT and the Directorate of Urban Administration & Development, Government of Madhya Pradesh and analyses status of community toilet in terms of its infrastructure, operation and maintenance, uses and payment of user charges. The paper also discusses examples where community toilets are well maintained and the users are paying for charges and examined the possibility of involving user /community groups and enhancement of their capacity for handing over operation and management. The chances of success of these groups are more when women are actively involved. Therefore, it recommends a system based on empowerment of users, owning, operation & maintenance and collection of service charges by user groups seems to be a sustainable solution for rehabilitation of defunct community toilets and also for the construction of new ones.

The initiatives suggested in policy paper are targeted to all the relevant stakeholders to put in practice for increasing the coverage of water. These initiatives are extremely useful for the professionals and those engaged in improving the quality of life by promoting sanitation to adopt and adapt innovative mechanisms for rejuvenating establishing community toilets based on community managed operation and maintenance with the involvement of NGOs and CBOs. I am happy to note that Directorate of Urban Administration and Development has issued the instructions for piloting the initiative in municipal areas.

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Chapter – I

INTRODUCTION

1.1 Background and rationale

Sanitation services are necessary to support urban stability, enable social balance, economic growth and development and are imperative for the improvement of urban public services. In the absence of proper sanitation, people suffer from high levels of infectious, contagious, water borne, air borne and vector borne diseases leading to high incidences of morbidity and mortality. This directly affects the ability of a country to maintain an efficient economy and implies great personal suffering among infected individuals and their families. Thus, improving environmental health is the most cost effective means of enhancing people's health and welfare.

Although there have been several national initiatives to increase sanitation coverage in India, a substantial part of urban population, especially in slums, has no adequate sanitation facilities made available to them by the government machinery, whether local or central. In cities, as on-site sanitation option, Municipal Corporations have constructed community toilets. These are required for slums & pavement dwellers, rickshaw pullers and the floating population and therefore they serve a purpose. Community toilets not only provide sanitation facility but at the same time have a demonstrative effect as well. The people using these become habitual users of toilets, and in turn realize the need for individual household toilets. Community toilets thus are the tools for bringing behavioural changes amongst the public residing in the slum areas as well as in generating a demand for the use of the individual toilets.

Large and sizable investment has been made for the construction of community toilets, which have become either hazardous, unhygienic or abandoned due to poor construction and planning, or lack of water supply or lack of proper maintenance. At the same time it must be understood that community toilets are specifically important for slums, especially where it may not be possible to construct individual household toilets due to the non-availability of space. Under these circumstances not only the construction but devising measures for strengthening operational and maintenance aspect of the community toilets becomes all the more important. This scenario necessitates initiatives not only in the construction but over and above in the 'Operation & Maintenance' (O& M) of community toilets.

The community toilets in municipal areas are maintained by the corporations through their health departments. Some of the community toilets have been constructed and are being maintained by "Sulabh International" on a "pay and use basis". The upkeep of the CTs constructed by Municipal Corporation has been dismal, with the conditions turning so unsanitary that people prefer open defecation to using the community toilets. Many community toilets have also become non-functional on account of a variety of reasons ranging from non-availability of water to lack of maintenance. The possible reasons for none in use of community toilets have been discussed below:-

Technical issues

- Faulty construction, not conforming to norms of availability of sustainable water supply, ventilation, natural lighting etc.,
- Lacking in special provision for children and handicapped / disabled persons,
- Lacking in safety and security for women,
- Lack of operation and maintenance.

Financial issues

- Insufficient funds for running the system,
- Non-availability of funds for augmentation, rectification and up gradation of facilities.

Institutional & behavioural issues

- Non-consultations with community on design and location of CTs,
- Lack of motivation and non-generation of felt need towards sanitation,
- Lack of public health and hygiene education among poor sections of society,
- Lack of sensitisation on gender issue.

The reasons identified are indicative of general failure of toilets in serving their intended functions; the analysis based on case studies will enlighten and guide in the formulation of rational operation and maintenance policy for community toilets.

1.2 Context

Water for Asian Cities (WAC) Programme in India is one of the instruments to pursue the accomplishment of MDGs related to water and sanitation at the local level, especially in four cities viz. Bhopal, Indore, Gwalior and Jabalpur in the state of Madhya Pradesh. The WAC Programme is supporting various thematic priority areas agreed upon during the Regional Consultations held in August 2004 and reiterated later at Bhopal in March 2005. One of the priority areas is integrated urban environmental sanitation, which includes the mapping of the poor by using existing data, resources and participatory consultation. As a follow up to the recommendation the poverty mapping exercise termed as "Poverty Pocket Situation Analysis (PPSA)" was carried out in project cities of Bhopal, Gwalior, Indore and Jabalpur, which aimed at mapping all the" poverty pockets" in the project cities in terms of availability and access to water and sanitation facilities and infrastructures. The status of community toilet in terms of its infrastructure, operation and maintenance, uses and payment of user charges was one of the parameters of the PPSA. Following the cause analysis, a policy on operation and maintenance could be evolved. The possibility of involving user /community groups and enhancement of their capacity for handing over operation and management also needs to be explored.

Chapter – II

SITUATION ANALYSIS OF COMMUNITY TOILETS

2.1 Status of community toilets

The status of community toilets in the poverty pockets (PP) of the project cities as tabulated below (Table 2.1) has been analysed for getting a better understanding of the scenario.

Table 2.1: Status of community toilets (CTs) in poverty pockets

S. No.	Parameter	Bhopal	Gwalior	Indore	Jabalpur	Total
1.	Number of poverty pockets	380	229	604	324	**1,526**
2.	Number of households	128,170	60,787	176,545	109,866	**475,368**
3.	Number of household(HH) defecating in CTs or defecating in open	61612	23053	42562	56788	**184015**
4.	Number of CTs in PPs	71	115	126	164	**476**
5.	Total Number of seats in CTs in PPs	841	826	1463	773	**3,903**
6.	Average Number of seats per CT	12	7	12	5	**9**
7.	Average Number of HH per seat	73	28	29	73	**47**

(Source: Poverty Pocket Situation Analysis)

There are 71 CTs in 380 poverty pockets (PPs) in Bhopal, 115 CTs in 229 PPs in Gwalior, 126 CTs in 604 PPs in Indore and 164 CTs in 324 PPs in Jabalpur. Out of 475,368 HHs living in 1526 PPs in the project cities, 184015 HHs (39%) are using 476 CTs or defecating in open.

In Jabalpur 52% of HHs living in PPs are using CTs or defecating in open, where as in Indore 24% of HHs living in PPs are using CTs or defecating in open. The load of households per seat of community toilet on an average is 47, more in the case of Bhopal and Jabalpur (73HHs/Seat of CT) and it only 28 HHs/Seat in Gwalior and Indore.

The numbers of seats in CTs are also not uniform in the cities. The average number of seats per CT in Bhopal and Indore are 12 whereas it is 7 and 5 in Gwalior and Jabalpur, indicating small size of community toilets.

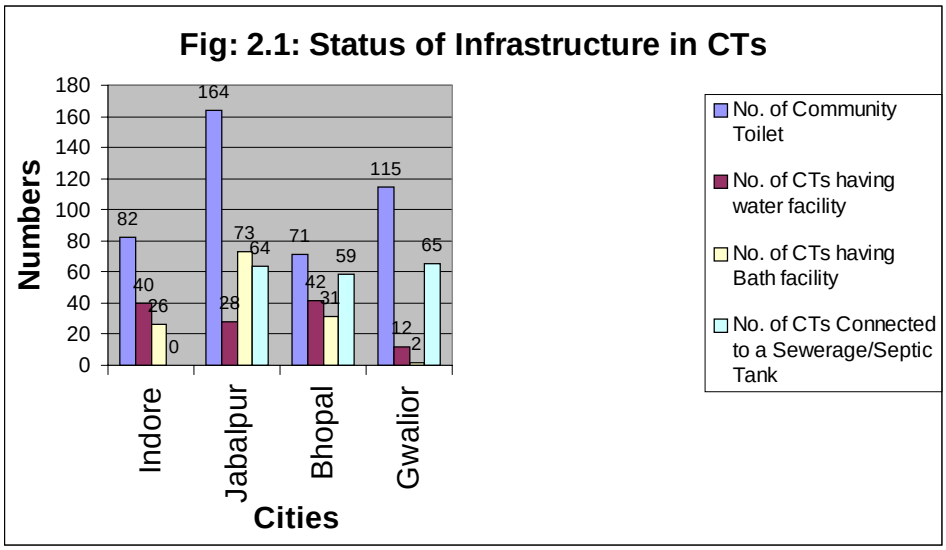
2.2 Status of infrastructure in community toilet

The uses of the community toilets also depend on the availability of infrastructure facilities such as water, bathing facility, effluent disposal in sewer line or in septic tank. The status of infrastructure in community toilet in project cities is presented in Table 2.2.

Table 2.2: Status of infrastructure in community toilet in project cities

Sl. No	Parameter	Bhopal		Gwalior		Indore		Jabalpur		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
1.	Total CTs	71		115		126		164		476	
2.	CTs having availability of water	42	59	12	10	40	32	28	17	122	27
3.	CTs having bath facility	31	44	2	2	26	21	73	44	73	15
4.	CTs connected to a septic tank or sewerage	59	83	65	57	110	87	64	39	298	63

Out of 476 CTs in 4 cities, only 122 have the water supply which is quite low. Interestingly, this ranges from 59% in the case of Bhopal to 10% in the case of Gwalior. The bathing facility is available with only 15% of community toilets in project cities. However, in Bhopal and Jabalpur 44% of CTs have these facilities. On an average 63% of the CTs are connected to septic tanks or sewerage systems. In Indore, most of the CTs are connected to septic tanks. Figure 2.1 shows comparative status of CTs with respect to availability of water, availability of bathing facility, disposal of effluent (waste water) from CTs.



Availability of water has not been ensured in the 100 % CTs. Their limited use is also explained by the lower availability and accessibility, apart from poor maintenance in terms of irregular or no water supply, bad sanitary condition and lack of proper drainage are major issues. Providing a bathroom also does not appear to be the norm with less than half CTs in Bhopal and only 2 CTs in Gwalior providing them.

2.3 Status of maintenance of community toilets

The CTs have been grouped under various categories depending upon status of operation and maintenance. Table 2.3 shows the status of operation and maintenance of community toilets in poverty pockets of project cities.

Table 2.3: Status of O&M of community toilets in poverty pockets of the project cities

Sl. No.	Parameter	Bhopal		Gwalior		Indore		Jabalpur		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
1.	Total number of CTs	71		115		126		164		476	
2.	CTs not maintained and not used	16	23	37	32	33	40	30	18	116	24
3.	CTs poorly maintained but used	15	21	57	50	42	39	64	39	178	37
4.	CTs properly maintained but over crowded	27	38	14	12	29	33	54	33	124	26
5.	Number of CTs properly maintained and not crowded	13	18	7	6	22	10	16	10	58	12

23% of CTs in Bhopal, 32% of CTs in Gwalior, 40% of CTs in Indore and 18% of CTs in Jabalpur are not maintained and therefore not in use. It is evident from the above analysis that the scenario of Jabalpur, Gwalior and Indore is quite unsatisfactory with more than fifty percent of the CTs in slum are under poorly maintained and not maintained category. In the case of Bhopal, the situation appears to be better with 31 out of the 71 CTs having satisfactory maintenance.

Overcrowding appears to be an important issue in Jabalpur, Indore and Bhopal where more than 30% of the toilets appeared to be overcrowded and it seems that the number of seats is not enough to cater to the demand of the population in a substantial number of poverty pockets.40% of the CTs in Gwalior, Jabalpur and Indore, however are poorly maintained but still being used. The overcrowding in 30% of CTs and uses of poorly maintained CTs indicate the passive demand for CTs and necessitates the measures of operation and maintenance.

The status of maintenance of community toilets having availability of water is tabulated below:

Table 2.4: Status of maintenance of CTs having water availability

City	Number of CTs having water availability	Status of maintenance of CTs having water availability			
		Not maintained and not used	Poorly maintained but used	Properly maintained but not crowded	Properly maintained and over crowded
Bhopal	42	2	8	20	12
Gwalior	12	1	2	6	3
Indore	39	5	7	14	13
Jabalpur	28	2	9	13	4
Total	**121**	**10**	**26**	**53**	**32**

Out of 121 CTs in project cities having availability of water, 111 CT (92%) are in use and 85 CTs (70%) are maintained. From the above analysis it can be inferred that the most critical factor for the sustainable use of CTs is the availability of water.

2.4 Status of payment of user charges

One of the important factors determining the proper operation and maintenance of CTs is the availability of funds for Operation & Maintenance. The table below and fig.2.2 shows the status of CTs where users are paying for the services.

City	Total No of CTs	Number of CTs where users paying for services
Bhopal	71	28
Gwalior	115	2
Indore	126	40
Jabalpur	164	12
Total	**476**	**82**

Out of 476 CTs only 82 CTs are such where user charges are being collected, in Gwalior only 2 and in Jabalpur only 12 CTs exists where users are paying which is very low in numbers. It will be interesting to examine the status of maintenance of CTs where the users are paying for the services. The table 2.5, below shows the status of maintenance of CTs where users are paying for the sanitation services:

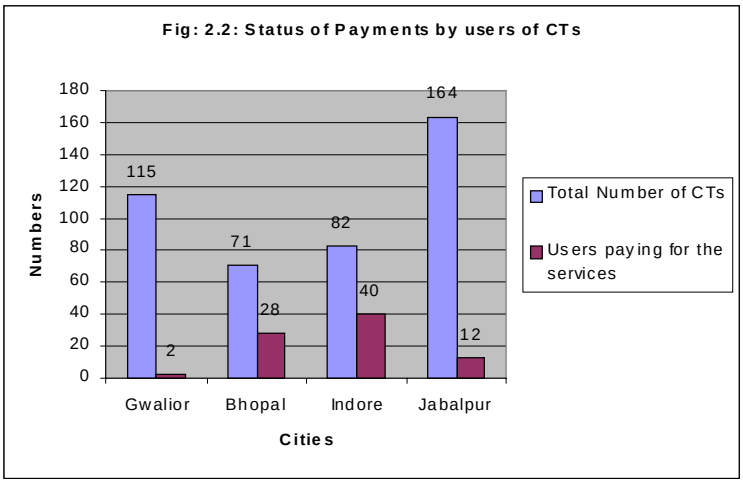


Table 2.5: Status of maintenance where users pay the charges

City	**Number of CTs having water availability**	**Status of maintenance of CTs having water availability**			
		Not maintained and not used	**Poorly maintained but used**	**Properly maintained but not crowded**	**Properly maintained and over crowded**
Bhopal	28	0	6	12	10
Gwalior	2	0	0	0	2
Indore	40	0	8	17	15
Jabalpur	12	0	2	5	5
Total	**82**	**0**	**16**	**34**	**32**

It is apparent from the table that 22 out of 28 CTs in Bhopal, 2 out of 2 CTs in Gwalior, 32 out of 40 CTs in Indore and 10 out of 12 CTs in Jabalpur are maintained and used on payment basis. Therefore for ensuring proper utilisation of community toilets, services based on user charges appears to be an important factor.

There are examples where community toilets are well maintained and the users are paying for charges. The Sulabh International has constructed several community toilets in slum areas. They charge 50 paisa per use. A family of five can purchase a monthly card for Rs. 20. The O&M cost of the CTs maintained by Sulabh International is estimated as Rs 6000 per month having 10 seats in the complex, which is being met through user charges. Therefore, any policy option on operation and maintenance of CTs should primarily be focussed on raising the contributions from users for meeting the operation and maintenance.

Involving user groups in maintenance is another measure tried successfully in southern part of the country. The chances of success of these groups are more when women are actively involved. This was learnt from the experiences of one of the Municipal Corporation in Southern part of the India. The women of the area were involved in construction of community toilets. The women group "SHE - Team (Sanitation and Hygiene Education - Team)" was formed to take up the maintenance responsibility of the community toilet under pay and use system. The women group soon could able to earn money out of the toilet maintenance and further invested the money in renovation of an abandoned community toilets nearby which was earlier used by men. They replaced the damaged water closets in the men's community toilet and attended other repair and renovation works in the toilet. The men of the area started using the renovated community toilet and avoided open defecation in the slum. For children, the community has decided to construct a separate toilet adjacent to the pay and use latrines meant for men and women. They could design and construct a child friendly toilet. The child friendly toilet is being used by the girls and boys of the slum who are below 6 years old. Therefore, community participation especially of women has great chance of successful O &M of community toilets.

Therefore, a system based on empowerment of users, owning, operation & maintenance and collection of service charges by user groups seems to be a sustainable solution for rehabilitation of defunct community toilets and also for the construction of new ones.

Chapter – III

IMPLEMENTATION STRATEGY

3.1 Approach

From the foregone analysis, it appears that for ensuring functional and structural sustainability of community toilets a participatory demand driven approach where users are willing to pay for the service they want is required than to adopt a supply-driven approach which pays little attention to the actual practices and/or preferences of the end users. The essential elements of the approach are demand generation, empowerment and capacity building of the community, ownership of assets along with, full responsibility for operation and maintenance and collection of user charges by the community.

3.2 Community mobilisation for demand generation

1. The demand for sanitation is far less overt in comparison to the strong demand for other services such as water and power supply. For sanitation, a key issue is therefore to create and stimulate demand through promotional campaigns. Therefore a greater emphasis will be on Information, Education and Communication (IEC) for increasing awareness among the people resulting in generation of demand for sanitary facilities.

Sanitation is an issue that starts from individual and spreads to community, therefore interpersonal communication measures with strong interactive mode will facilitate the effective communication to bring desired behavioural changes. This will include enhancing knowledge regarding hygiene and sanitation and encouraging conversion of the knowledge into practice. Communication campaign for awareness creation and demand generation should clearly give the following messages:

- The beneficiaries will own the community toilets, rejuvenated or constructed;
- The Municipal Corporation will not maintain the community toilet;
- Information regarding its O&M cost, replacement cost etc.
- Full O&M and replacement cost are to be borne by the beneficiaries;

2. The community based organisations will provide a link between the community and the Municipal Corporations. The community mobilisation will result in the formation of committees and groups. The members of these will act as the pressure groups in meeting the demands and solving community issues.

3. Women will be involved as they are primarily responsible for the overall health of the family. The women living in the slums would have to be counselled for active participation in promoting efforts for securing hygiene conditions in their localities.

4. When the demand for community toilets has been expressed explicitly, then the community workers must play their role in institutionalization of such community activities by mobilizing and registering the community and organising them as Community Water and Sanitation Committee (CWASC) or Self Help Group (SHG).

5. The Municipal Corporation will rejuvenate the Community Toilet on demand of the community for taking over for maintenance and operation.

6. On the rejuvenation of community toilet or the completion of the construction it will be handed over to CWASC/SHGs which will be responsible for collecting user charges and the operation and maintenance.

7. Operators of the community toilets will either be families chosen from the communities or an individual who would have to be paid for it. For that to materialize a mutually agreeable system would have to be worked out. Since most of these facilities also provide other businesses on the site, like corner shop or café, revenue generation would not necessarily be a problem.

8. Each toilet maintenance operator would have to sign an individual contract with CWASC/SHGs covering his or her conditions of employment, including monthly salary and rewards for achieving the target revenues.

3.3 Implementation of initiative

3.3.1 Start-up activities

- Implementation of initiative of initiative of rejuvenation of community toilet will start with gathering of the baseline data by a physical survey of the community toilets in the area in question illustrating the location and condition of sanitation.
- The Municipal Corporation will take the services of NGO having experience in outreach.
- These NGOs will be responsible for activities like community mobilisation through communication, Information, Education and Communication (IEC), Human Resource Development (HRD), capacity development, social mobilisation etc.
- The NGO will organize all trainings and capacity building activities and determine key behaviours and perceptions regarding sanitation, hygiene, and water use, O&M, etc. The NGO/MC will be responsible for bringing specialist consultants from the fields of Communication, and sanitation & hygiene education. The services of NGOs would also be utilised for demand generation, rehabilitation works, and setup operation and maintenance arrangements as well as for ensuring that people actually make use of the toilets.

3.3.2 Development of memorandum of understanding (MOU)

The community through the CWASC/SHG would have to enter into an Memorandum of Understanding (MOU) with the Municipal Corporations (MCs) agreeing to contribute towards cost of rejuvenation, while the SHG would have to bear full cost of operation & maintenance and post construction management of the sanitary complex(s), while the Municipal Corporation would have to rejuvenate the defunct community toilets on the request of the community and extend full support to remove all the infrastructural deficiencies including water supply. The community group would also have to work out the modalities, how to share the revenue generated, as well as find ways and means to increase their savings, for the furtherance of their collective goals, i.e. the maintenance and smooth functioning of the system to be put in place. The community would have to be authorised to levy user charges for the operation and maintenance of the facilities. The initiative is proposed to be undertaken in partnership between Municipal Corporation (with or without their NGO partners) and Community represented through its CWASC/SHG.

Responsibilities of the partners

(i) Municipal Corporation

- Municipal Corporation will coordinate and facilitate the stakeholder consultants in fixing user charges in consultation with the community.
- Municipal Corporation would take up the rehabilitation/rejuvenation of the community toilet.
- Provide technical support, supervise and monitor for the restoration works;
- Arrange stakeholder consultations with the community;
- Train and built capacities of the communities on operation and maintenance of the community toilets.
- Women will specially be trained as mechanic and mason, which can serve as sources of income. The CWASC/SHGs will be trained on:
    - Record keeping – financial management and maintenance of minutes of proceedings of community meetings;
    - Matters related to O&M, replacement of the structures.
    - Collection of community contribution – O&M cost– maintenance of records.
    - Hygiene communication and motivation

The masons, plumbers and community sanitation workers will be trained on maintenance of community complexes, plumbing system and repair of hand pumps.

(ii) CBOs

- Planning and designing for the rejuvenation of the community toilets for implementation and carry out the execution and monitor themselves;
- Participate in community mobilisation, advocacy and awareness creation for generating a demand based on user charges;
- Signing an M.O.U with the MC fixing mutual responsibilities;
- Opening and operating a bank account and depositing user charges and managing the O & M activities for 5 years;
- Fixing of monthly/fortnightly/weekly user charges per household by consensus
- Collection of user charges and maintaining the toilet.

UN-HABITAT

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