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PAY & USE LATRINE FOR WOMEN ANJENGO, KERALA : A STUDY

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**SOCIO ECONOMIC UNIT FOUNDATION,
TRIVANDRUM, KERALA.**

TABLE OF CONTENTS

Content	Page
1. INTRODUCTION	
1.1 Purpose of the study	2
1.2 Methodology	2
2. BACKGROUND & THE BEGINNING	3
2.1 Background	3
2.2 Profile of Panchayat	4
2.3 The Beginning	4
3 THE FACILITY, STRUCTURE & FUNCTIONS OF ORGANISATION	5
3.1 Design of facility	5
3.2 Organisational structure	5
3.3 Functions of involved parties	6
3.4 Participatory structures & Processes	7
4. SERVICE COVERAGE; USE & NON USE	8
4.1 Reason for not having latrine	8
4.2 Use of Latrine	9
4.3 Trends in No. of users	10
4.4 Number & Categories of users and HH	13
4.5 Perceived advantages of APUL	14
4.6 Reason for not using	16
5. SERVICE & FUNCTIONING	17
5.1 Payment & Procedures	17
5.2 Working Hours	19
5.3 Health Promotion	19
5.4 Operation & Maintenance	20
5.5 Financial Viability	21
5.6 Financial Management	23

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6.	PEOPLES PARTICIPATION	24
6.1	Social & Health Impact	24
6.2	Sustainability	26
6.3	Views & Benefits for involved parties	27
7.	EMERGING TREND AT A GLANCE	29
8.	LESSONS, RECOMMENDATIONS	32

ANNEXURES

1. Agreement
2. Design

PAY & USE LATRINE FOR WOMEN ANJENGO, KERLA : A STUDY

1. INTRODUCTION

Good sanitation is the most effective health intervention towards reducing water and sanitation related diseases and, community involvement in planning, operation, maintenance and management of sanitation facilities the best approach in sustaining them.

Among various types of sanitation facilities for safe disposal of human excreta, the option of community latrine figures most relevant in areas where scarcity of space is a hindrance for building individual household latrines. The threat of pollution to ground water source (in certain soil condition and water level) by having large number of latrines at close proximity alongside drinking water source (wells) is another context where community latrines are a safe alternative.

'Sulabh' community latrines are the best known success in India. SEU Foundation, Kerala also had initiated an innovative facility which is a womens Pay & Use latrine as part of an Indo Dutch Co-operative Project of water and sanitation in Trivandrum, Kerala. The set up is functioning successfully since last 3 years and has created quite an interest among all concerned in the sector.

Known by now as 'Anjengo Pay & Use latrine'(APUL), it is run by a local women NGO and female users (women and children) pay for use of the facility. The income generated easily meet the recurrent cost and also make quite some saving. The experience of such a successful initiative provide very important lessons for the sector and hence the context for a research and documentation study of 'Anjengo Pay & Use latrine'.

1.1 Purpose of the study

The purpose of the study is to catalogue how effective is APUL and what factors have contributed towards its success emphasising its approach, operation, maintenance, management, impact and users satisfaction.

1.2 Methodology

During 97-98 a two month long investigation was carried out. The study had used various tools viz. questionnaire survey, check list, guided group discussions and 'participant' observation over and above collection of past records and proceedings.

Questionnaire survey had been carried out among 150 HHs which is a 20% random sample of 763 HHs without latrine combinely in ward 2,3, and 4. Check list was used among members of panchayat, members of Deepthi Mahila Samajam and functionaries of APUL. Guided group discussion was used among user population and others. 8 such group discussion were carried out among men and 5 among women. Of all the methods employed, the latter in fact were the most useful in the sense that it generated a wealth of spontaneous information.

A Field Organiser and a senior officer of SEUF were involved in designing and carrying out the study which lasted for 2 months.

2. BACKGROUND AND THE BEGINNING

2.1 Background:

Sanitation and hygiene improvement activities have been receiving an added impetus in the state of Kerala since a decade. The state has now a sanitation (latrine) coverage of 50% which is way ahead of other states in India. But one of the major problems to reach adequate coverage here is the shortage of land space, especially in coastal areas. The problem emerging from this is rather complex. The lack of defecation facilities is obviously a disturbing inconvenience and threat to women especially so in the new context of decreasing vacant and secluded places. Coming to coastal areas, it naturally means that the women have to wait for the cover of darkness as they can't use (like some men) sea shore during day. It is being reported that many a women suffer from abdominal disorders due to this unnatural retention. A further problem for women is connected with management of childrens excreta, they being responsible for them. The problems of grown up girls are yet another.

No panchayat in coastal areas of Kerala (Kerala has a rather long coast line - 650 KM and around 120 panchayats) could go beyond a coverage of about 60-65% even in comprehensive sanitation programmes because of the space shortage problem. It is said that the consequences of the problems of sanitation in coastal areas 'offsets' the progress made by the state as a whole with regard to positive health indicators. It was in the above background that the demand for a community latrine facility by women of Anjengo panchayat exclusively for women, was taken up seriously by SEUF.

2.2 Profile of Panchayat

Anjengo is one of the most populated places in Kerala and even India. In an area of 3.3 sq.km (a long strip of land) there are 4174 households with a population of 16742. Housing pattern is so congested with no space available for building HH latrines for substantial numbers. Of 4174 HHs 1545 are without latrine. This is even after the completion of the Netherlands supported Integrated Water and Sanitation Programme which has built 1000 HHs.

2.3 The Beginning

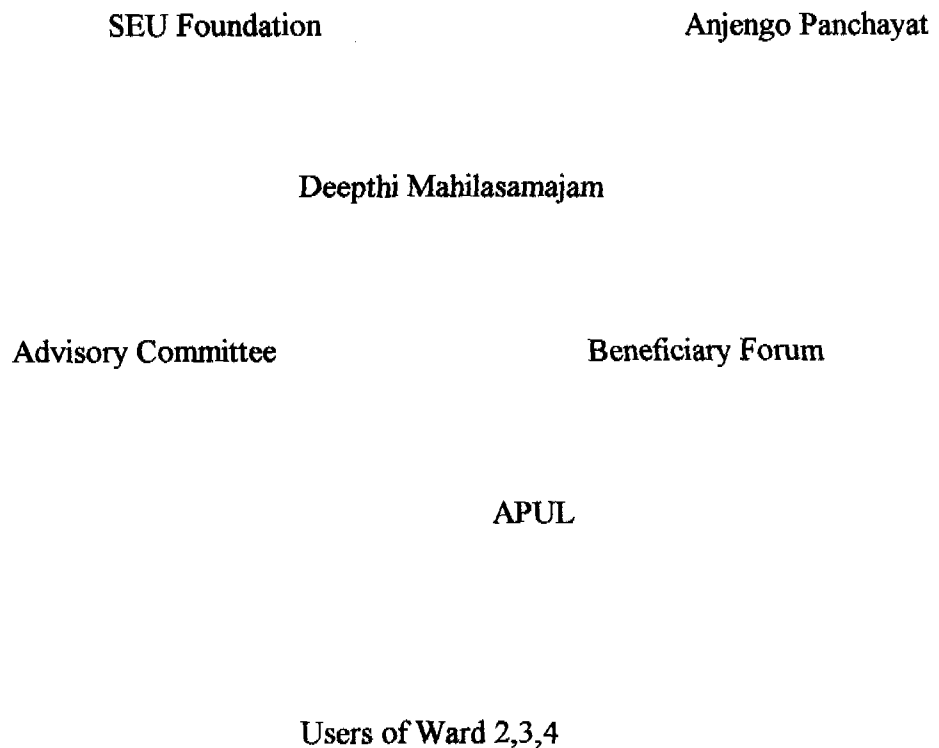
From late 80s onwards SEUF was involved in Anjengo Panchayath for software support as part of the Dutch supported panchayath managed integrated water and sanitation programme. SEU took up the demand of women for a Pay & Use latrine seriously primarily for the merit of the case and also because a locally influential women NGO had volunteered to do a need assessment study and if given a chance agreed to manage (O & M) such a facility. The study carried out by Deepthi Mahila Samajam (DMS), the NGO to understand peoples perception and ascertain their willingness to participate in a pay & use facility, showed bright possibility. The result of the survey was presented in a joint meeting of panchayats, ward water committee (ward based peoples development committee) DMS and SEUF. In the meeting panchayat offered land site, DMS agreed to manage the facility and SEUF to grant money and help to construct the facility. Subsequently a formal agreement was signed with Panchayat, DMS and SEUF as joint signatories (see annex.1)

3. THE FACILITY, STRUCTURE AND FUNCTION OF ORGANISATION

3.1 The Design of facility :

The design for the facility (designed by SEUF) was extensively discussed with people and committees before finalising for design (see for Annex-2). It has 10 latrines cubicles enables 2 bath rooms, 1 office room as source of water. Following the double pit design, it has two large pits to be used alternatively. The cost of construction was Rs.2.4 lakhs (see Annex 2 for details). The latrine was designed to accommodate the use of 350-400 persons daily.

3.2 Organisational Structure



3.3 Functions of Involved Parties

Party	Involvement/Responsibility
Panchayat Body (elected body of Anjengo Panchayat) Committee	<ul style="list-style-type: none">- Provision of land- Presiding over Advisory- Take over (in case of problems) in consultation with advisory committee- Maintain the pay & use character of the unit
Deepthi Mahilasamajam (DMS) (NGO with a long track	<ul style="list-style-type: none">- Management of unit and appointment of functionaries- Operation and maintenance record of social/health- Awareness building and health awareness building in education the locality)- Signatory of joint bank account- Convene/attend meeting of Advisory Committee and Beneficiary Forum- Present financial statement of accounts at above meetings
Socio Economic Unit (Organisation involved in water & sanitation sector for a decade now in the region)	<ul style="list-style-type: none">- Fund channelling for construction of the unit- Design- Training and support to functionaries for account keeping- Signatory of Joint Bank Account (initially)- Attend advisory committee,

Beneficiary Forum Meetings

- Repair defects for one year
- Conduct monitoring

3.4 Participatory structures and process

Structure	Process
Advisory Committee consisting of Panchayat President (1) Panchayat Secretary (1) SEU Representative (1) DMS nominees (2) Ward (women) representatives (3) PHC Medical Officer	<ul style="list-style-type: none">- Panchayat President presides- DMS convene- Meet quarterly to take stock and suggest change / improvements- Recommend take over in case of serious problems- Creative response to issues- Presentation of financial statement by DMS.
Beneficiary Forum (Users Forum)	<ul style="list-style-type: none">- Convene bi-monthly to evaluate / suggest improvement- Presentation of financial statements by DMS

4. SERVICE COVERAGE : USE & NON USE

The three wards for whom the facility was meant, together have 761 households without latrine out of the total 1458 households (coverage 47%). Latrine coverage of Anjengo Panchayat after the implementation of integrated water and sanitation Programme (Netherlands supported) is estimated to be 63% (the programme has built 1000 HH latrines). The three wards in question thus has relatively lower coverage.

4.1 Reason for not having HH Latrine

The sample survey provided interesting data on why many do not own household latrine as shown below:

TABLE 1

No.	Reason	No. of person (%)
1.	Lack of space	110 (73%)
2.	Lack of money	30 (20%)
3.	Not a priority	6 (4%)
4.	HH latrine programme over	2
5.	Others	2
	
		150
		=====

As expected, majority (73%) reason for the non possession is seem to be 'lack of space' required to build one. The area is highly congested with huts so close to each other which has to be seen to believe.

PHOTO

4.2 Use of Latrine (APUL)

Out of 150 HHs (without latrine) surveyed, 42 (28%) said they are using the latrine. The ward wise variation in the use of facility is as follows:

TABLE 2

WARDWISE VARIATION IN USE

WARDS	USE
2	10 (23%)
3	19 (45%)
4	13 (31%)

	<u>42 (100%)</u>

Of the 42 who are using it out of 150 surveyed, 19 (45%) belong to ward 3. The reason for this is because the facility (APUL) is situated in ward 3. Anjengo panchayat is a long stretch of coastal strip. Hence it is understandable (for the distance they have to walk to reach the facility) why users are lesser from other two wards. During a Beneficiary Forum meeting a participant said, "walking long distances to reach APUL certainly discourages us living in far off areas..... We request that each ward in Anjengo is provided are like this.....and also one or two for our men".

4.3 Trends in No. of Users

According to the records kept in registers, the average number of users ranges from 98 - 175 per day for latrine and 22 - 32 for bathroom (see table 3)

The facility of bathroom had been closed often due to scarcity of water. According to DMS functionaries just two cubicle of bathrooms is extremely inadequate for the rising demand. Moreover, they (functionaries) complained that many a user of bathroom, when they come, also bring lots of clothes to wash which worsen the already scarce water situation. Thus bathing facility could not in fact meet the pressing need of people.

The yield in the well had been inadequate from the very beginning. The low water level also caused problems for pumping water upto the overhead tank. Expecting to improve the yield of well, it was deepened once but without significant benefit. The only other option left is to get pipe water connection (Kerala Water Authority). But DMS was not enthusiastic about KWA connection for the irregularity of its supply. But in the present situation pipe water connection seems necessary at least to complement the low well water yield (however less/irregular it may be!)

Coming to the use of latrine, the relative fall in use after November '96 is said again to be related to water scarcity and breakage of motor. It is reported during focused discussion session that fetching water from the well (as against getting it from tap) for use in latrine became a discouraging factor for some.

A disturbing trend in use is found among registered members who are 60 in member. But the member of users daily from among them was never more than 17 per day. May be majority of them belong toward 2 and 4 and not 3 in the walking distance may have discouraged them.

TABLE 3**Trend in No. of users through months**

No.	Months	Users Latrine Average	Use of Average bathroom*
1.	Apr.95 232	77	226
2.	May 953906	126	1674
3.	Jun.95 3660	122	1260
4.	Jul.95 3689	119	1054
5.	Aug.953727	120	836
6.	Sep.95 4422	147	973
7.	Oct.95 4594	148	924
8.	Nov.954490	150	634
9.	Dec.95 3931	127	694
10.	Jan.96 4002	129	796
11.	Feb.96 3822	132	779
12.	Mar.962486	124	
13.	Apr.96 4007	134	
14.	May 964263	138	
15.	Jun.96 5001	167	
16.	Jul.96 5278	170	
17.	Aug.965249	169	
18.	Sep.96 5253	175	
19.	Oct.96 4964	160	
20.	Nov.963871	129	

21.	Dec.96 3134	102
22.	Jan.97 3118	101
23.	Feb.97 2745	98
24.	Mar.973240	105
25.	Apr.97 3594	120
26.	May.973762	121
27.	Jun.97 4030	134
28.	Jul.97 4330	140
29.	Aug.974012	129
30.	Sep.97 3860	129

* Bathroom was opened for use only for
few months after which due to water scarcity
it was practically closed, opened though for few occasions but very irregular.

4.4 NUMBER & CATEGORIES OF USERS AND HHS

Number of users from a HHs vary from 'single user, HHs to 4-member-use-& HHs as shown in the table below:

Table 4 **Number of users & HHs**

Sl.#	No.of users	No.of HH	Total users
1.	1	24 (57%)	24
2.	2	9 (21%)	18
3.	3	7 (16%)	21
4.	4	2 (4%)	8

		42 (100%)	71

Largest type is 'single member, user' families (57%) followed by 2-member, 3-member and 4-member user HHs in that descending order.

Above information become very meaningful when seen in combination with the category of persons using it as shown in the following table.

TABLE 5 **Categories of persons & HHs**

Sl#	No.of	Women	Grown up girls	Children below 5 yrs.	Total users
1	1	18	6	-	24
2	2	9	9	-	18
3	3	12	9	-	21
4	4	3	5	-	8
		42(59%)	29(40%)	71(100%)	

Of the 71 who are using the facility 59% are women and 29% grown up children (girls). People have said that the privacy provided by APUL have benefited their grown up girls. The conspicuous absence of children is an important trend. It was reported that the majority do not mind children not using the facility. As discussed elsewhere, this trend is also related to their sentiment that there should be reduced charge for children for using the facility.

4.5 Perceived advantage of APUL

Women who do not have HH latrines have no other option but the sea shore as a rule. There are only very few who use neighbours latrines and that too not on a regular basis. Among the 42 HHs who are using APUL, the enquiry why they now use (advantage) it yielded important information.

TABLE 6 Perceived Advantage of Users

No.	Person/Advantage	No. of Person*
1.	No Individual latrine	30 (71%)
2.	Privacy	18 (42%)
3.	Exclusiveness to women	15 (35%)
4.	Lack of open space	25 (59%)
	 42

* The total won't add up to 100 for multiple responses

Understandably largest number mentioned 'no individual latrine' as the reason for using APUL (71%). 25 (59%) mentioned 'lack of open space' as a basic reality prompting them to use it. Substantial responses were on 'privacy' (42%) and 'exclusiveness to women' (35%). Health advantage as a preferred benefit (perception) do not usually figure in any study conducted in the sector and it is 'privacy' which primarily motivates people to cooperate in a programme. The desire to own 'individual' latrine perhaps is indirectly reflected in the larger number of responses 'no individual latrine' (71%) though 'lack of open space' is a growing threat strengthening the former desire.

4.6 Reason for not using

From among the sample of 150, 108 (72%) are not using the facility. The reasons attributed by them for it are the following.

Table 7 Reason for not using

<u>Reason</u>	<u>Persons (%) *</u>
1. Expensive	82 (75%)
2. Children can still use open space	65 (60%)
3. Rush at peak time	43 (39%)
4. Long distance to walk	68 (62%)
5. Close at night	22 (20%)
6. Water scarcity of APUL	40 (37%)

* total won't add up to 100% for multiple answers
by the same person

That the amount charged for use as 'expensive' is said by 75% from among 108 HHs of sample who are not using it. During group discussions few revealed that they (those who said 'not using' as response to questionnaire) use it 'some times'. Apparently the present charge of 50 ps per use (of latrine - most of these answers are related to latrine as bathrooms are not opened for use) is a reasonable amount. May be when users are more than one from a family there could be a logic in their response. The response 'children can still use open space' (60%) seems related to the above as there is a very strong sentiment among many that the rate of children should be less than those for grown ups. This came out forcibly during group discussions.

Considering the larger family size of fisher population which means also large proportion of children, one could understand the above sentiment for poor fisher households. The family profile of the population in the sample is as follows:

Table 8 Family Profile of Population

Characteristics	No.
Women	282 (30%)
Men	275 (29%)
Grownup girls	133 (14%)
Grownup boys	129 (13%)
Children below 5 years	110 (11%)

	<u>929 (100%)</u>

But the response 'expensive' can't entirely be interpreted from the above situation. It could also be an indicator of the slow rate of growth in accepting 'payment' from that of a 'no payment' cultural situation.

The answer 'long distance to walk' here could be correlated somewhat to the varying percentage of users from wards 2,3 & 4 (see Table 2)

A chronic scarcity of water APUL had been experiencing (37%) perhaps is its biggest drawback. Certainly it is discouraging some women to continue using it.

5. SERVICE & FUNCTIONING

5.1 Payment & Procedures

The charge per use originally had been decided as 25 ps for a registered member and 50 ps for others in the case of latrine, and Rs.1/- uniformly for bathing. The latter was to limit bathing considering summer shortage and discourage washing (it was foreseen that women would bring other clothes and controlling will not be practical). Later, in the case

of latrine, a uniform 50 Ps came to be the charge as the reduced charge (25 ps) for registered members never for that matter increased registration (they are a constant 60)

As to the perception of people and their suggestion on rate charged and related matters, the following table clearly show it.

Table 9

Views on Payment Rate

No.	Views on payment	Numbers_*
1.	Present rate satisfactory	55 (36%)
2.	Decrease latrine charge	20 (13%)
3.	Increase	-
4.	Decrease bathroom charge	30 (20%)
5.	Increase	-
6.	Provision for lumpsum payment	3 (2%)
7.	Reduce payment for children	65 (43%)
8.	Don't know No answer	60 (40%)

* total won't tally as the same persons have made multiple responses

Out of the total sample of 150, 60 (40%) had either not answered or said 'don't know'. It must be remembered that there are 108 respondents who are not using the facility for various reasons.

The most glaring answer is the suggestion to reduce the rate for children (43%). Obviously HHS who are not presently using the facility has also answered this question. This is a very significant opinion when seen together with the fact that children are not presently using the facility and still go to the sea shore.

55 (36%) said that they are quite satisfied with the present rate but 30 (20%) suggested to decrease the rate for bathroom use. This answer is bathroom meaningful though presently the facility is not in operation.

To the question on payment discipline 95 (63%) did not answer. 30 (20%) said that it is quite efficient but of late the functionaries became a bit careless about registering things properly (5%).

5.2 Working Hours

The present working hours is from 6 pm to 7.30 pm. Most of the respondents wanted the unit to be opened earlier and close late as revealed in the following table

Table 10

No.	Views on working hours	No. of person
1.	Present timing satisfactory	18 (12%)
2.	Open early & close late	55 (36%)
3.	Others	10 (6%)
4.	No answer	80 (53%)

As part of occupational necessity fisher population wake up early and came back late. In the case of women it is for preparation for sending their men to sea and for them to go to the market. So, if the facility is only opened late, many may have to resort to the old habit of using seashore or wherever. Also it is after a days work is over that some want to leisurely use latrine and bathroom. These in fact were raised in Beneficiary Forum and evaluation meeting but a decision on it is pending.

5.3 Health Promotion

The overall responsibility of HP is vested on DMS. This is being carried out with users participation and service of three paid functionaries.

Health promotion classes are organised for users by DMS. Earlier these were supported by SEUF field staff. Now that the latter is withdrawn from panchayath DMS does it

assisted by Ward Water Committees of Ward 2,3 and 4. The themes on which participatory sessions are held are the following:

- children also must use latrine
- use soap after latrine use
- strictly avoid putting paper, napkins etc. in the closet
- use sufficient water to flush but avoid misuse
- keep 'waterseal' clear of excreta and pan
- help functionaries to keep the facility and surroundings clean

On the existing arrangements for cleaning and level of cleanliness the response received to questionnaire and in group sessions are largely positive. But it was reported that old women do not care to keep water seal clear of excreta particles. In the beginning users were careless both in the matter of using soap and avoiding clothes and papers in closet. There was in fact an event of excreta pipe blocking and it was found later that the problem was created by a large bundle of soaked cloth pieces accumulated ! Following this, special meetings of users were called and problems discussed. Interestingly message songs (written by DMS) recorded on cassette was continuously played on the dangers of putting clothes and not washing hands with soap and it had impact. As to use of soap, functionaries said that they had often insisted the use of soap earlier but now use of soap has become a natural habit in APUL.

5.4 Operation and Maintenance

As per agreement, SEU was bound to execute any major repair for two years. Hence SEU intervened two times (pipe choking, soakpit overflowing). Otherwise DMS through paid plumbers do the repairs. Channel changing was done once. This is planned to be done once in two years.

Coming to the technical maintenance and repair, things are reported to be not quite satisfactory. People in fact are very vocal in the delay in repairing pumping motor and doing something about water scarcity. DMS is of the opinion that the low well water level is the main problem which make pumping itself impractical. Some people said that the need to fetch water from well before defecation is quite discouraging. Lately, it is now decided that initiatives for pipe water connection will be taken however irregular the supply of it may be.

There was only one occasion for a serious repair after the facility was established. This was related to bath water soak pits getting overflowed and its dangerous proximity to main leaching pit (bad planning). New installation of pipes and diversion of water solved

the problem. The large leach pits (double pit) are functioning well and so is all other components.

5.5 Financial Viability

As mentioned elsewhere, the income generated in APUL easily meet the recurrent cost and also make quite some saving. The sources of income, apart from initial fee for registered members, are the daily income through peoples payment for facilities used (see for details section 4.3 and 5.1).

Depiction of the monthly income of a typical month would shed light on its nature.

Monthly income & Expenditure of APUL in a typical month- January 1996

Income	Expenditure(Rs.)	
*Total collection: Rs.2,702/- (Average daily Rs.87/-)	Salary	1150
	Electricity	120
	Repair	20
	Cleaning material	100

		Rs. 1390

Balance Rs.2,702 - Rs.1,390
= Rs.1,310
=====

- * Bathroom users : 776 (average daily users 26)
- Latrine users : 3622 (average daily users 117)
with 50 Ps.
- Latrine users : 380 (average daily users 12)
with 25 ps.

Income and expenditure over a period of time can better give its dimension and accumulated savings as shown below:

**Income , expenditure and saving for the period -
1st April 1995 to 30th September 1997 (30 months)**

Income

Registration fee Rs.10 x 60 = Rs. 600.00

Daily collection (30 months) = Rs.65,969.00

Rs.66,569.00

Expenses

Salary : Rs.1150 x 30 = Rs.34,500.00

Electricity (average) : Rs.120 x 30 = Rs. 3,600.00

Repair (average) : Rs. 30 x 30 = Rs. 900.00

Purchase of cleaning materials (average) Rs.100 x 30 = Rs. 3,000.00

Rs.42,000.00

Surplus Income Rs.24,569.00

Savings

Bank balance Rs.14,340.75

FD Rs. 9,800.00

Rs.24,140.75

The above clearly shows the financial feasibility of APUL. This womens endeavour has also an added dimension of income generation. Following this successful model it is reported that women in few other panchayats have proposed such projects as part of Peoples Planning Campaign for 9th plan.

Pay & Use culture is catching up in Kerala. But where ever this is functioning (for instance in some bus stands) the use and maintenance leave lot to be desired. Perhaps it is the beginning and things will improve. The most important factor for the success of APUL lies in the management of DMS which is an NGO with strong roots locally.

5.6 Financial Management

Two office bearers of DMS were initially given training in book keeping and accounting by SEUF. A simple accounting system was introduced as part of it the following registers are used for the accounting procedures and financial management.

	Register/Book	Purpose
1.	Ticket Book	To be given to users on payment of appropriate amount
2.	Daily collection register	To register the daily income according to the number and type (50 ps, 25 ps, Rs.1) of users
3.	Beneficiary collection Register	To ensure daily collection be registered and amount deposited in bank in time (today's collection to be deposited the next day)
4.	Bank Pass Book	-
5.	Bank account book	To ensure an updated cash balance in bank including cheques not encashed
6.	Cash Book	To have an uptodate record of detailed cash transaction
7.	Voucher File	Record of expenditure

Ticket book and daily collection registers are handled by paid functionaries. All other records are being handled by office bearers of DMS.

There is quarterly audit of the records by SEUF in addition to external audit annually.

SEUF and DMS are joint signatories of joint bank account.

It is the responsibility of DMS to present a report of financial position in the committee meetings. Records are maintained well and satisfactory.

6. PEOPLES PERCEPTION

6.1 Social & Health impact

Anjengo panchayat has now a sanitation coverage of 63% after the Dutch assisted WS programme which built 1000 HH latrines. The installation of APUL may not have increased coverage significantly. The point is the successful beginning made and its future implication in terms of replication both within and outside the panchayath.

The answers given to the question on the social and health impact of APUL give very interesting information, as shown below:

**Table 11 Social & Health Improvements by APUL
as people perceive it**

<u>Sl#</u>	<u>Factors</u>	<u>Nos*</u>
1.	Privacy	95 (63%)
2.	Cleaning surroundings	-
3.	Reduction of diseases	-
4.	Enhancing status of women	30 (20%)
5.	Community based initiative	25 (16%)
6.	Others	10 (6%)
7.	Don't know No answer	50 (33%)

* Total won't tally for multiple responses

95 (63%) respondents told 'privacy' as the most important advantage resulted. That no one has answered anything related to 'cleaning of surroundings' and 'reduction of diseases' is thought provoking. What is meant here is not whether or not APUL has any such impact but the contrast with 63% 'privacy' response. During one focused discussion session women in fact said that they don't perceive health impact but APUL has certainly advanced their cause and enhanced their status (20%). So also the community based initiative is well recognised (16%). When there was on one occasion some pressure by panchayat to take over, women enmasse stood against it, it is said.

The impact it has on the users is tremendous. In a meeting Ms. Maria said,

*"now that we have been using APUL,
we can never think of going back
to the seashore. This is a great
blessing for our grownup girls."*

Group meetings were full of spontaneous statements, some emotional others matter of fact. A glaring statement of Ms. Angela is as follows:

"We value APUL as our domestic asset"

There is no two opinion about the great convenience APUL has given to the women of Anjengo and also men because as one put it

*" they were so worried about our
going to seashore".*

For a perceivable impact in health, more of such facility has to be established and that not only for women but also for men. There is already big demand by men and panchayat is considering it. This is crucial in the background of what Ms. Sarasu told in a participatory session.

*" neither HH latrine programme
nor APUL has influenced the
defecation practices of our men
and children, most of them continue
to use the sea shore"*

It must be said here that the result of monitoring of HH latrine (bilateral programme) also indicate that men (even some of those who owns latrine) still 'indulge in the pleasure of seashore defecation'.

It seems what Sr.Philo, who has been the force behind the formation of DMS, told in one of the Advisory Committee Meetings is quite insightful.

She said, *"the biggest hurdle improvement programmes is facing in coastal areas is the sense of temporariness ingrained in the minds of fish workers; they migrate with season (20% still do it) and hardly cares for permanent set up; the risk of sea erosion and the reality of fish depletion all together make a contingent psychology which is against planning and change. It takes time to change their habits"*.

6.2 Sustainability

Answers to the question on sustainability of APUL shows clear conviction and sense of direction by respondents. To the question whether it would continue functioning effectively 95 (63%) respondents answered in the positive. Few who said 'no' has apprehension based on the delay shown in solving defects of pump and scarcity of water. In fact there is a slow but growing erosion of trust towards DMS because of this which do not become a disent only for the great advantage APUL provides. Those who said 'yes' has the following reasons to substantiate.

TABLE 12

Ground for Sustainability as people perceive it

Sl#	Factors	No *
1.	Women are benefited and so it will be looked after	38 (40%)
2.	Men want their women to have it	25 (26%)
3.	DMS can run it efficiently	42 (44%)
4.	Others	9 (9%)

* multiple answers

Ofcourse many have obvious trust in the capability of DMS to run it in coming days. Interestingly 25 (26%) respondents said that not only women but men also see it as an asset. The experiential reality of its benefits will be the strongest force for sustaining it (40%). Interestingly when the Field Organisers (during

investigation) once jokingly asked a group what will happen if DMS backoff for some reason ! the answers were so noisy and the essence of it was: DMS won't do it, but if they do it we will run it.

To the question who among the different agencies is the best to take the responsibility for effective running, majority mentioned the name of DMS. The score received for different agencies are as follows:

TABLE 13 Preferred agency for Managing APUL

Sl#	Preferred agency	No.
1.	Panchayat	30 (20%)
2.	DMS	100 (66%)
3.	Other VOs	-
4.	Others	2 (1%)
5.	No answer Don't know	18 (12%)
		----- 150 (100%)

66% of respondents feels DMS as the best agency for the management. It is an agency doing various health promotion and income generation activities in the area and APUL is only one of them. Hence the support is understandable. There is a small group (20%) who think panchayat can run it better. Since we (SEUF) were in the field for quite a long time, it is felt that most of the latter response is result of certain political undercurrent.

6.3 Views and Benefits for involved parties

Views and benefits of APUL for 'users' were described in the last section. During meetings, members of DMS said that they are so proud of being involved in APUL as the managing partner. They have also intention to utilise the saving (now around Rs.24,140/-) to build another Pay & Use facility in course of time. The fact that 3 unemployed girls could be provided with a small income (operators) has enhanced the credibility and status of the organisation. More than all this, it is very meaningful for them to help the women in having a self sustaining facility which take care of their privacy need on the one hand and

promoting healthy sanitation habit on the other. Also the experience in managing this facility has ofcourse increased their resource capacity quite a lot. The one important factor DMS has emphasised as very congenial is the relative autonomy they have in managing. Panchayat body do not interfere unnecessarily.

APUL is a great 'blessing' for the panchayat, they say, because it is a viable option to HH latrine which is not practical beyond a point due to scarcity of space. There is lot of pressure on panchayat to build latrines! Taking APUL as a model, grama sabha has made a proposal for another Pay&Use latrine (for men) as part of Peoples Planning Campaign. There is lot of receptivity for Pay & Use facility now in Anjengo and neighbouring panchayaths due to the experiential reality of APUL. Also the presence of President and Secretary of Panchayat in Advisory Committee has really increased the trust of people in Panchayat body.

For the operators (functionaries), the additional income, however small it may be, is quite encouraging. In meetings they have reported that the job is very satisfying and the opportunity for lot of social interaction has given satisfaction and meaning to their daily life. As to their views on what they undergo daily as part of their responsibility, the problem of water is a major concern. According to them, APUL can certainly increase its revenue doublefold if bathing facility is reopened.

7. EMERGING PICTURE AT A GLANCE

- For attaining critical coverage in sanitation in coastal panchayats with inadequate space for constructing HH latrines, Community latrines are a viable option.
- Large number of HHs here are still using open sea shore for defecation and the plight of women especially in the context of decreasing vacant space is really insufferable.
- The felt need of women of Anjengo for a 'community sanitation facility for women' as the beginning of a new venture was realised in a process of combined initiative:

potential users agreed to pay for use

panchayat provided land for construction and overall support

Deepthi Mahilasamajam agreed to organise users, promote health education maintain and manage the facility

SEUF agreed to channel Netherlands fund and construct latrine and support capacity building

- The facility was meant for the potential women and children of 761 HHs without latrine among the total 1458 HHs in wards 2,3 and 4 (HH sanitation coverage in these three wards is 47% compared to 63% in the panchayat as a whole. This is after the construction of 1000 HH latrine in the panchayat since 1988 as part of the Netherlands supported water supply and sanitation programme)
- In the sample study, the percentage of potential user population who use the service is 28% (42 out of sample 150)
- The main reason for not having a latrine is reported to be 'lack of space' (73%) followed by 'lack of money'.
- The purpose / attraction for which the facility (APUL) is being used is primarily 'privacy' and its 'exclusiveness to women'.

- The number of actual users per month and per day in a typical month are:

<u>Type of users</u>	<u>Monthly</u>	<u>Daily(average)</u>
Latrine users with 50ps	3622	117
Latrine users with 25 ps	380	12
Bathroom users	776	26

- Within and between months variation in use are generally not significant but for the perceivable fall after bathing facility was closed and water in well became problematic which has discouraged number of users.
- Of those who are using, 59% are women; 41 are grown up girls. Children below 5 years are a conspicuous absence.
- As to trend in the number of users from a family, the largest are 'single member user families (57%) followed by 2-member, 3-member and 4 -member users in that decreasing order.
- As against expectation, many registered members are not using the facility. Probably they belong to ward 2 and 4 and not 3! (not checked)
- The type and size of cost, size of revenue and the balance between cost and revenue per month are as follows:

<u>Type of cost</u>	<u>Size of cost</u>
Salary	Rs.1,150.00
Electricity	Rs. 120.00
Repair	Rs. 20.00
Cleaning material	Rs. 100.00

	Rs.1,390.00

Total monthly revenue	Rs.2,702.00

Balance between cost Rs.2,702.00 - & revenue	Rs.1,390.00

	<u>Rs.1,312.00</u>

- There is a strong sentiment among the majority that rate charged for children should be reduced. As such no one below 5 years is using now the facility !
- Walking long distances to reach APUL is found to be a discouraging factor
- Of all the problems reported the most frequent is water problem. Fetching water from well instead of getting it from tap is also a discouraging factor.
- Book keeping and accounting of APUL has been quite satisfactory and no irregularity reported.
- Involved parties (users, operators, DMS, Panchayat) are all benefited one way or other which is a contributing factor for the success.
- Consistent and continuous health education (using also innovative methods) has instilled the habit of washing hands with soap after latrine use.

8. LESSONS, RECOMMENDATIONS

8.1 Demonstration of success of a community Pay & Use facility in a panchayat is sure to create "why can't we also do it" feeling in the region. APUL as a model has made ripples and repercussions in sanitation movement both within and outside Panchayat.

8.2 Felt need of community is a necessary condition and prime context for the sustainability of an improvement programme. Here, the women of Anjengo had been undergoing an ordeal of silent suffering for a long time.

8.3 Before embarking on a programme of improvement to a problematic situation of a community, a serious process of participatory need assessment to understand their perceptions and attitude to future cooperation is crucial.

8.4 An NGO with a track record of useful activities locally, stands greater chance for the successful running of a community managed facility.

8.5 Formal 'Agreement' with roles and functions of involved parties specified and clauses reflecting overall responsibility of Grama Panchayats included and relative autonomy for managing organisation ensured are basic factors for smooth functioning of a community facility especially in the new Panchayat Raj context.

8.6 'Privacy' for women is the most intimate of motivating factors including 'health benefit', for demanding sanitation facility.

8.7 Having experienced the benefit of a facility, community tend to become receptive for imbibing health messages and a growing sense of ownership become naturally.

8.8 Optimum use of a community toilet by potential users is subject to 'reasonable' distance they may have to travel to reach the facility.

8.9 Willingness to manage (agency) and capacity to manage a community facility are two different things. Need based capacity building to managing agency is unavoidable in areas like systematic account keeping, focused health promotion and O & M.

8.10 Continuous and innovative health promotion activities are needed for six months from the starting of the facility, followed by special efforts (creative) to deal with special and lingering problems.

8.11 That APUL has not yet succeeded in attracting children as users need serious thinking and new strategy.

8.12 Delay/failure in action taken to solve problems by managing agency will slowly but surely undermine trust from users.

8.13 Design of leach pits of large community latrines following the double pit model work quite well. APUL has changed channel once after two years.

8.14 Financial viability of community facilities is the corner stone to sustainability.

8.15 Rationalisation of payment rate (for use) aimed at a functional balance of revenue requirement and local perceptions and reality may be necessary after a point of time. APUL in fact is facing a context of growing demand to reduce payment rate for children. It is possible to think in terms of fixing a 'family rate' as against individual rates. One could also think of giving financial rewards to operators for attracting more users/children.

As it is, APUL will take more than 10 years to get back invested capital. Ways and means of attracting more users and increasing revenue could be realistically planned.

8.16 Forming of Peoples/Managing Committees represented by all stakeholders and convening of them at reasonable regularity where information and problems are shared, stock taking done, appropriate decision taken will help transparency.

8.17 Accountability of managing agency to users especially in financial matters will go a long way towards ensuring sustainability of the community facility.

AGREEMENT

Agreement between Anjengo Grama Panchayat, Deepthi Mahila Samajam and Socio-Economic Unit on community Pay & Use facility meant for women and children of households without latrine, residing in ward 2,3,4 of Anjengo Grama Panchayat.

1. SEU is responsible to get the services of a technical consultant for designing the facility, it is also responsible to make any repairs of defect occurring within two years from the date of starting.
2. The design is meant to accommodate the use of about 350 - 400 women and children.
3. Deepthi Mahilasamajam will maintain a register of all registered numbers who are paying Rs.10/- each as membership fee.
4. Deepthi Mahilasamajam will be responsible for the day to day running, supervision of the unit and also for organising health education to users.
5. There will be an Advisory Committee consisting of Panchayat President (or nominee), Secretary of Panchayat, SEU representative, two nominees from Deepthi Mahila Samajam, three women nominees (one each from ward 2,3,4) and medical officer of Primary Health Centre.
 - a. Advisory Committee will be convened on a quarterly basis. Deepthi Mahila Samajam will present here the report of activities and problems if any. Deepthi Mahila Samajam should take appropriate action based on the suggestion given by the committees.
 - b. Advisory Committee should be convened to deal with special situation if such emergency arise.
 - c. Panchayat President is the chairman and nominee of DMS the convener of AC.
6. Deepthi Mahilasamajam will have the following special responsibilities:
 - appoint functionaries for day to day management
 - manage the activities of functionaries
 - carryout (organise O & M activities and upkeep of the facility.

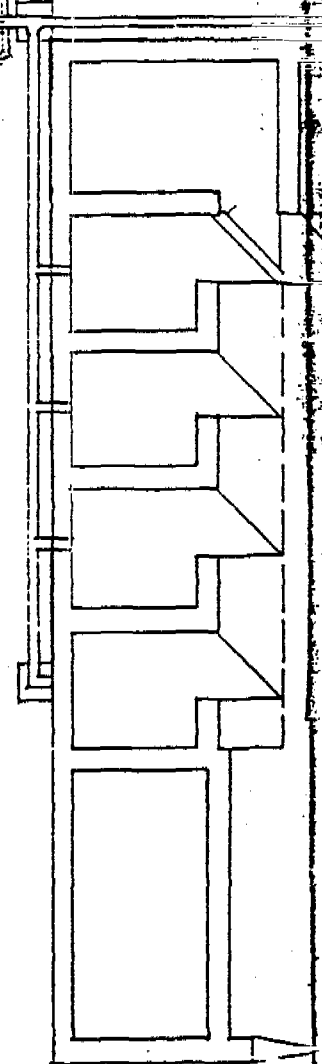
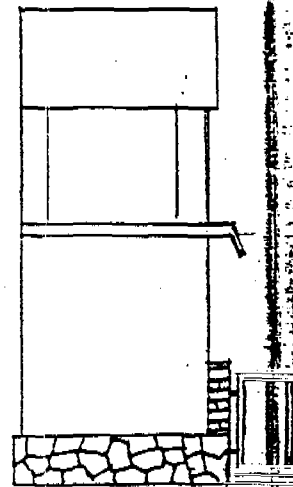
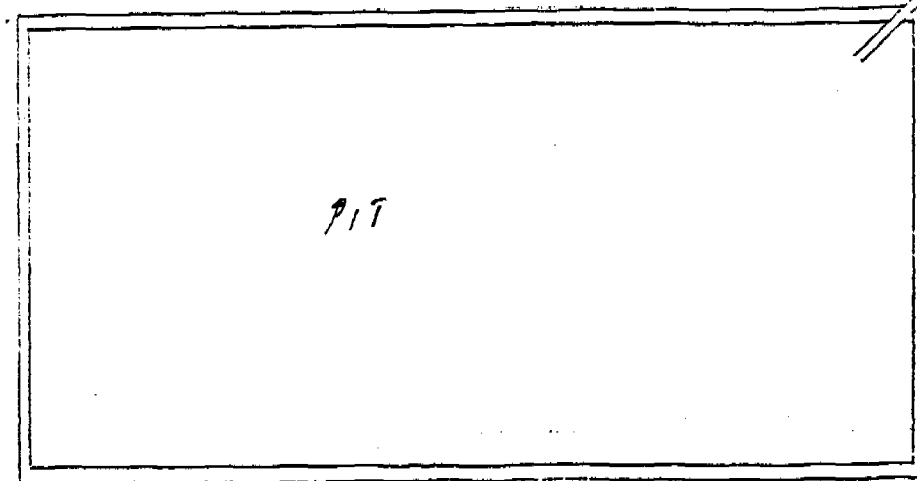
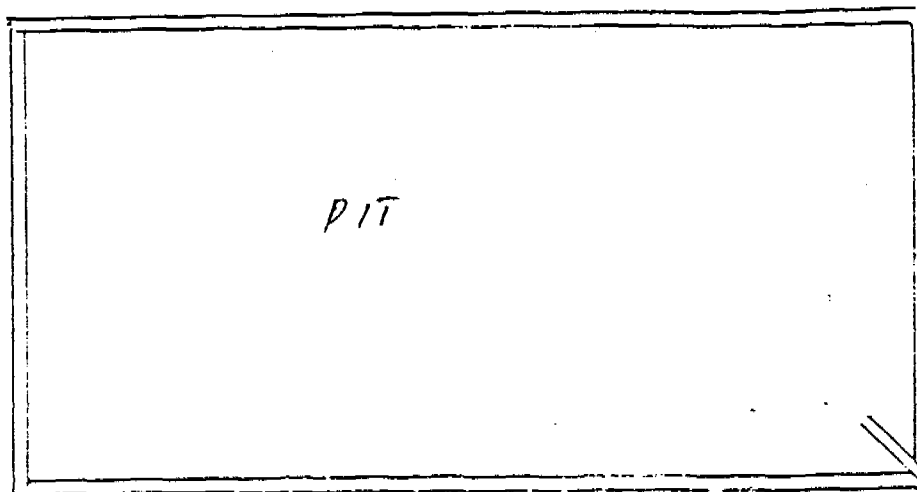
7. DMS will have the mandate to manage the unit for 10 years. If working is found satisfactory, it could be extended. In case of problems , conciliatory initiatives must be taken by the Advisory Committee. If the working became problematic, at the advise of Advisory Committee, panchayat may take over the unit temporarily and make adequate arrangements thereafter.
8. 20% of income from daily collection (ordinary use 25 ps.; registered 50ps; bath Rs.1) should be kept away to meet contingency.
9. A scientific and sample account system should be followed for which training and support can be had from SEU.
10. Deepthi Mahila Samajam and SEU should have a joint bank account. If Deepthi Mahila Samajam performs its role well, after an year the account could be transferred to another joint account (two DMS nominees without SEU)
11. For the day to day functioning, DMS can recruit two persons with a monthly remuneration of Rs.500/-. Advisory body, in course of time, can suggest enhancement.
12. A beneficiary forum consisting of registered members will be formed and this will be convened once in two months by DMS. There should also be a joint meeting of advisory committee and beneficiary forum once in six months.
13. The responsibility for giving Health promotion input to users is for DMS.
14. The unit should continue to maintain the Pay & Use character to sustain them. This responsibility is vested with panchayat.

Sd/-
Socio-Economic Unit

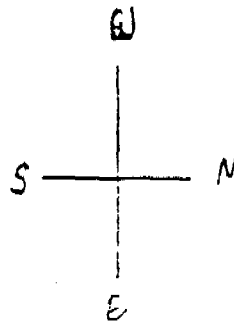
Sd/-
President/Secretary
Anjengo Panchayat

Sd/-
President/Secretary
Deepthi Mahilasamajam

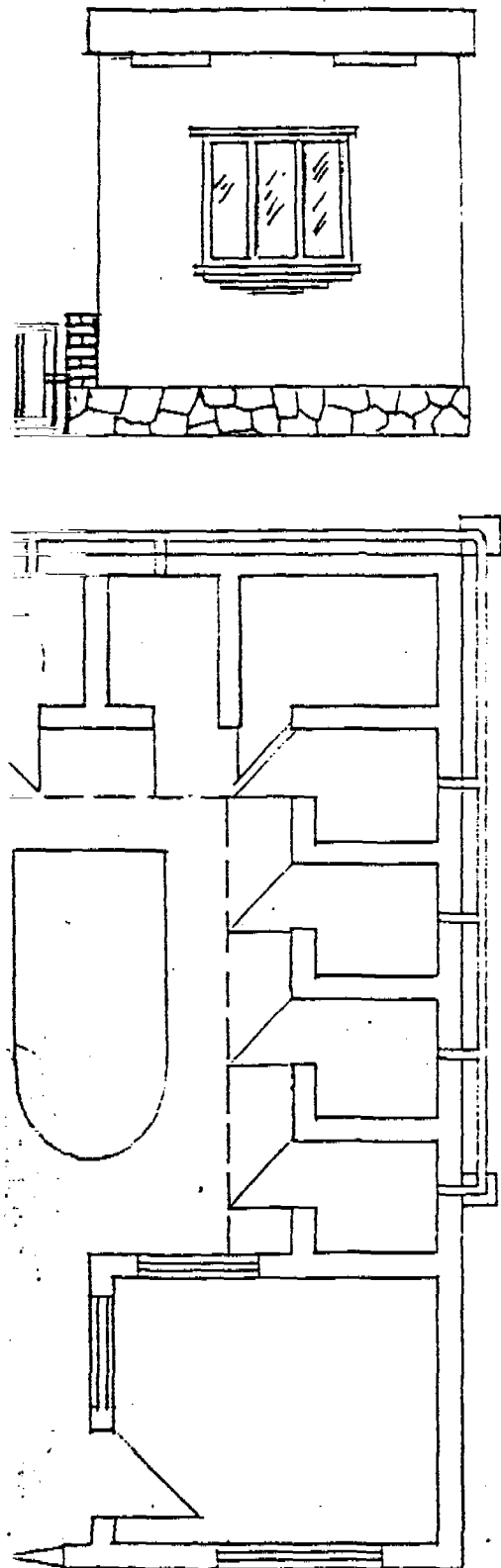
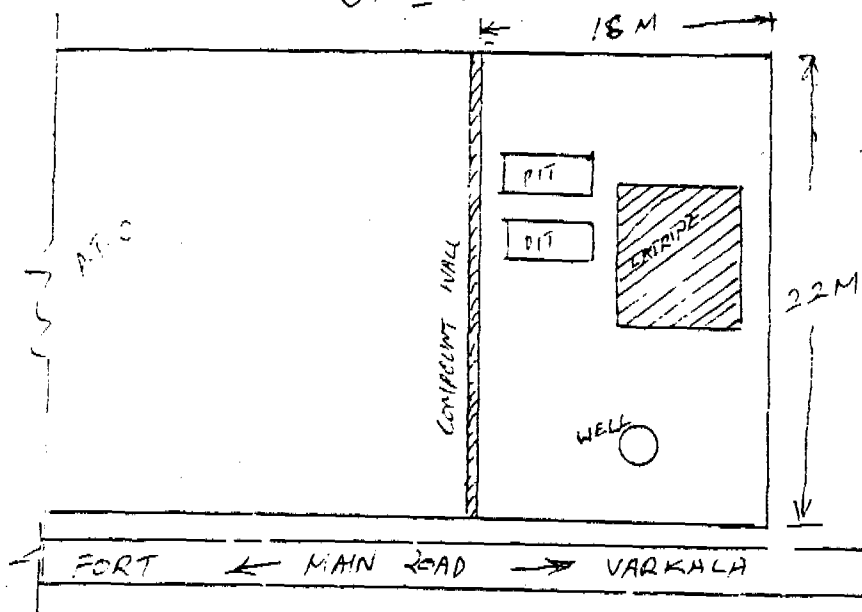
ANNEXURE II



- LATRINE - 10 Nos
- BATH - 2 No
- OFFICE - 1 No
- PUMP HOUSE - 1 "
- OVERHEAD TANK - 1 "
- LOW LEVEL TANK - 1 "



SITE PLAN



- SPACE - 22 x 16 M
- LATRINE - 1 x 1.10 M
- BATH - 1.80 x 1.10 M
- OFFICE - 3 x 2.40 M
- VARANDAH - 60 CM WIDTH
- DOOR - 60 CM
- OFFICE DOOR - 80 CM
- PUMP HOUSE - 1.20 x 2.40 M
- OVER HEAD TANK - 1.20 x 2.40 x 1 M
- DIT - 8.44 x 1.25