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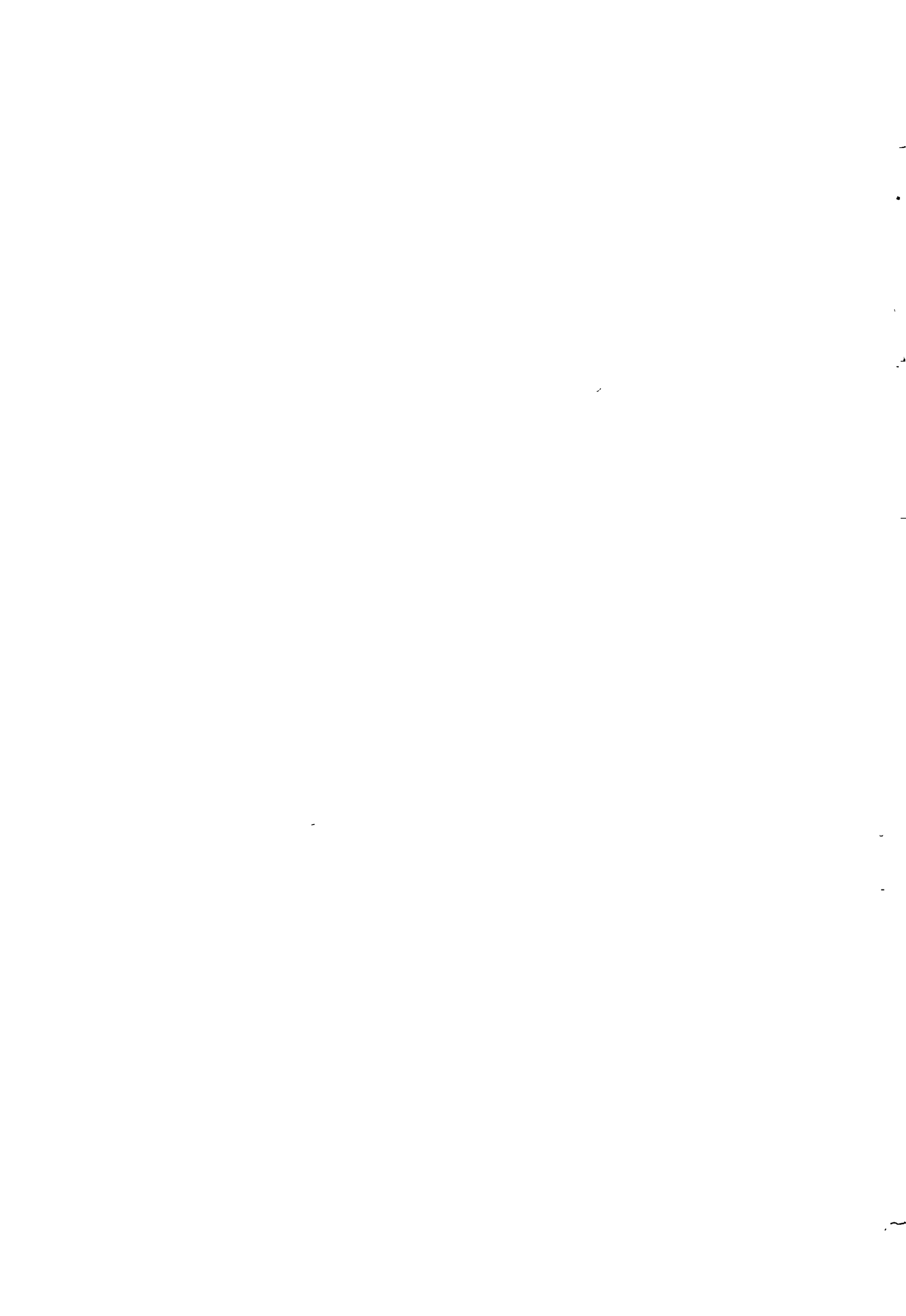
# Nirmal 2000

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*A Project of*  
**KOTTAYAM DISTRICT SANITATION MISSION**

*October 1996*



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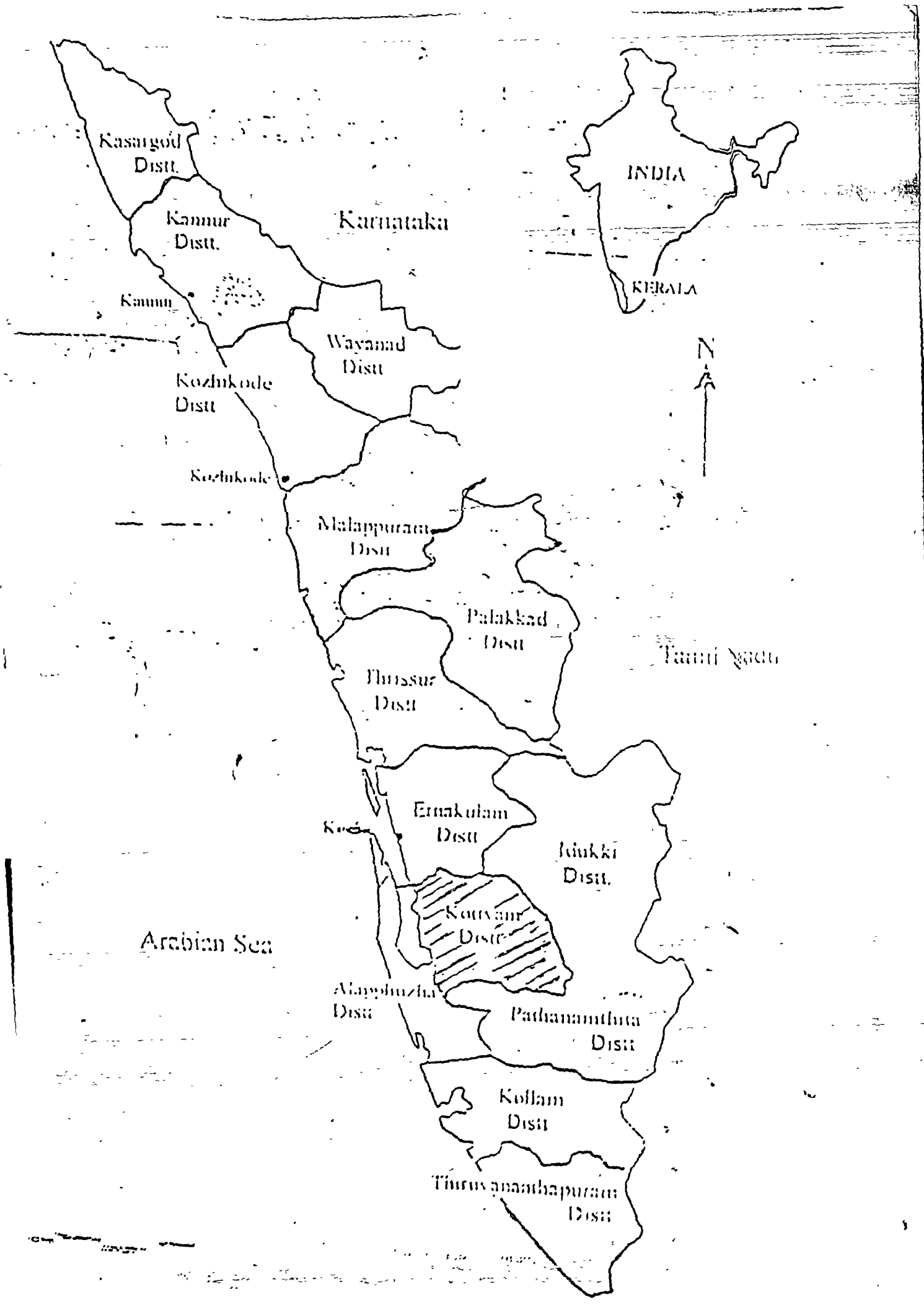
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### *Annexures.*

1. List of Partner agencies
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4. I E C Strategy

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## **1.SUMMARY**

### **1. Name of the Project.**

*"NIRMAL-2000"*- A project of '*Kottayam District Sanitation Mission*', an extended body of District Planning Committee.

### **2. Location of the Project.**

Kottayam District , Kerala State.

#### **2.1 Coverage.**

All the households without the proper sanitation facilities in the panchayats and Municipal areas of Kottayam district.  
Kottayam district have a total of 359885 households with population of 1828271.

#### **2.3. Participants.**

Kottayam District Sanitation Mission is responsible for the implementation of the proposed project with collaboration of Local Panchayaths, Governmental , Non -Governmental organizations and the support of local community.

### **3 Overall Objective.**

To improve the health and living standard of the people of Kottayam district by reducing the incidence of waterborne diseases.

#### **3.2 Project Objective.**

1. To create awareness among the community on the need of sanitation and hygiene.
2. To construct sanitary latrine for 75000 households of the district at the end of the year 2000.
3. To construct and maintain 15 to 20 pay and use public comfort stations and 400 institutional latrines.





4. To provide/arrange facilities for the safe disposal of households and other solid wastes
5. To provide/arrange proper drainage facilities.
6. To establish Sanitary marts and Production Centers

### **3.3. Results.**

- 3.3.1 Low- cost Sanitation Programme implemented together with local Panchayaths and ward sanitation committees for households.
- 3.3.2. Low-cost Sanitation Programme implemented with Parent Teachers Association for Schools.
- 3.3.3. Pay and Use latrines for institutions and Public places in Kottayam District.
- 3.3.4. Proper drainage facilities and arrangements for proper disposal of all solid wastes in co-operation with local self bodies.

### **3.4. Activities.**

- Cover 100% of the households with Low-cost Sanitary latrine. (Total estimated number of families without latrine is 75000).
- Construct Low-cost Latrines ( Institutional )for 400 selected needy schools of Kottayam District.
- Construct Institutional Latrines for Public institution like Anganwadi, PHCs and Others.
- Proper drainage facilities and arrangement for safe disposal of all household and other solid wastes.
- Undertake Environmental and Hygiene Education & awareness programme in relation to water and sanitation.
- Construct and maintain 15 - 20 Pay and use Public comfort stations in various public places and institutions.



- To establish 11 Sanitary mart and production centers (One in each Block)
- Undertake locally relevant environmental activities.
- Production of IEC materials in the fields of water and sanitation .
- Undertake training for local Masons in lowcost sanitary construction techniques.
- Undertake training for Ward Sanitation Committees/Teachers/Field level staff of various NGOs/Partner agencies.
- Monthly and quarterly monitoring of District Sanitation Mission and Block Sanitation Mission.

#### **4.1 Assumption / 100**

Panchayath's willingness to contribute 35%, and DRDA/CRSP to contribute 20% of the total cost of the sanitation programme implemented in addition to a minimum of 25% beneficiary contribution.

#### **4.2 Risk**

No risk is expected from either natural, political, social or from financial areas.

#### **5.1. Project Period**

Time period of the project is 4 years , from 1st November 1996 to 31st December 2000.



### 5.3. Cost

Total cost of the project is Rs. <sup>332,244,800</sup> ~~339,077,200/-~~

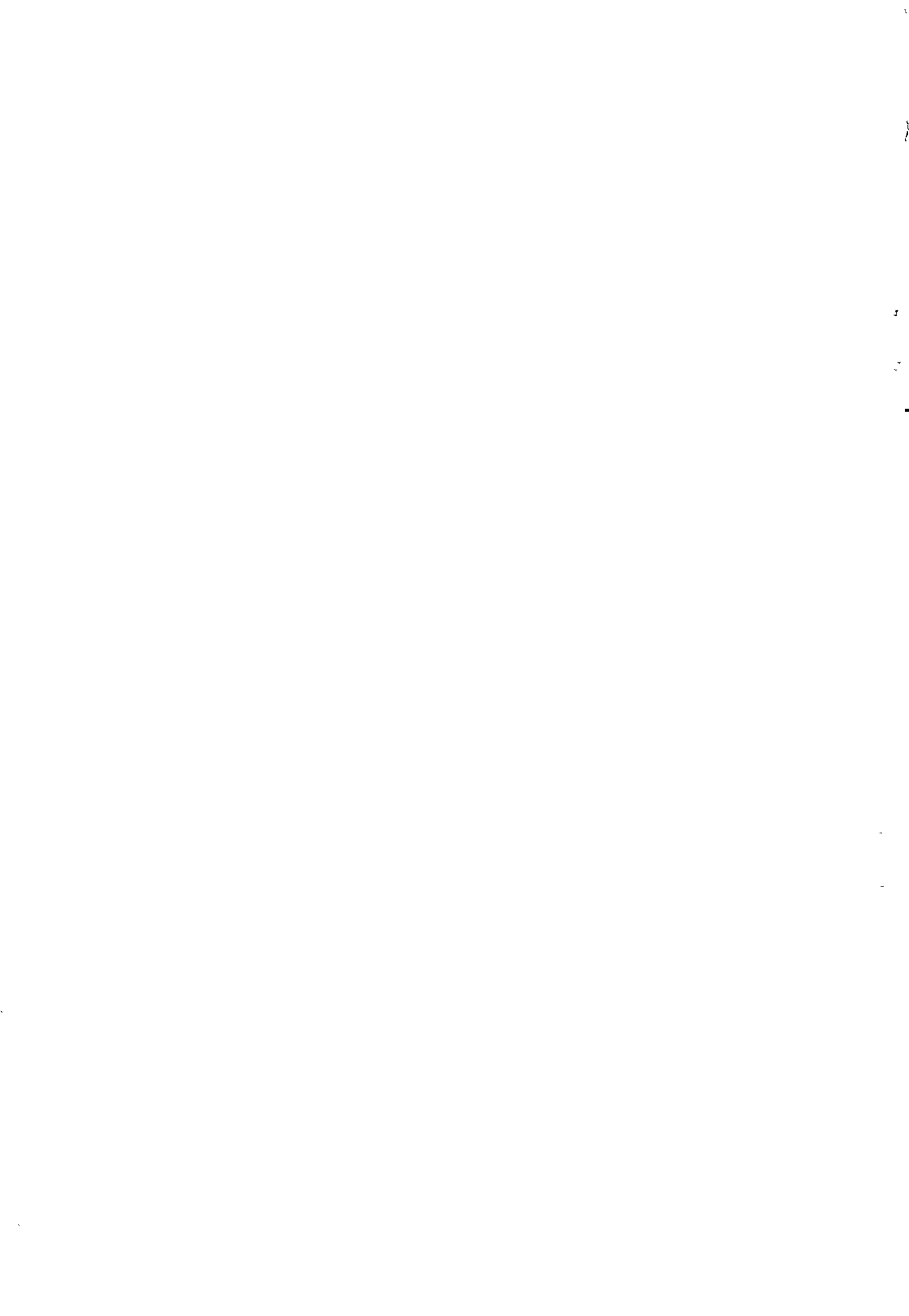
Contribution Pattern	Rs.	%
<b>A. Construction Cost:</b>		
1. CRSP Contribution	102,025,000	33.1
2. Panchayat/Municipal contribution	62,400,000	20.2
3. N.G.O. Contribution	23,500,000	7.6
4. Other local contributions/donations	43,485,000	14.1
5. Beneficiary contribution	73,850,000	22.2
6. Contribution towards production Centres (SEU F/Nirmithi Kendra)	3,300,000	1.1
<b>TOTAL</b>	<del>3,085,000,000</del>	100 %
<b>B. Other Costs:</b>		
1. Contribution from donors for IEC activities to be carried out by SEU Foundation (5% of the total cost)	15,428,000	
2. Administrative Expenses - 3% of total cost (Contribution from donors)	9,256,800	
<b>GRAND TOTAL</b>	333,244,800	

Donor contribution  
X 100%

### 6. Sustainability.

Government of Kerala has passed the Panchayath Raj Bill in April, 1994 and has subsequently conducted election to all the Local bodies. This Bill is intended to help new bodies to decentralize considerable control over water supplies and sanitation services to Panchayaths, and improve accountability on behalf of the users.

**'DISTRICT SANITATION MISSION':-** An extended unit of District planning committee consisting of all grama/block / district Panchayath representatives and elected representatives of legislative Assembly and



representatives and elected representatives of legislative Assembly and parliament is the implementing agency, it self is a strong point towards sustain ability.

NGO,s with wide range of experience and expertise in the implementation of low cost sanitation programme, are Partner agencies of the District Sanitation Mission is an added advantage.

## **7. Monitoring and Evaluation.**

Monthly monitoring at Panchayat level

Quarterly monitoring at District/Block level

Half yearly monitoring at Panchayat ward level by Grama Sabah  
Follow up on action points of the minutes of the Panchayat/Block and District level meetings.

Half yearly and Annual progress reports to be sent to all the partners and to the donors.

An yearly external evaluation is expected.

on 12/11/11  
by [unclear]





## 2 BACKGROUND

### 2.1 Government / Sector Policy

The National Sanitation Foundation of USA defines sanitation as a way of life - "It is the quality of living that is expressed in the clean home, the clean farm, the clean business, the clean neighborhood and the clean community. Being a way of life it must come from within the people; it is nourished by knowledge and grows as an obligation and an ideal in human relations". The World Health Organization looks at environmental sanitation as the control of all those factors in man's physical environment which exercise or may exercise a deleterious effect on his physical development, health and survival.

*'Health for all by 2000' - will remain as a distant dream without proper sanitation facilities for all'*

In the past, sanitation was centered on the sanitary disposal of human excreta. Even now to many people sanitation means the construction of latrines. However the term encompasses all the issues encompassing the control of environment with a view to prevent disease and promote health. A combined multi-disciplinary programme of action is needed to achieve this. However, sanitary disposal of human excreta is the most important aspect of sanitation in rural areas. Construction of sanitary latrines with health promotional initiatives facilitate initiatives in other aspects of sanitation like construction of bathrooms, digging of soakage and compost pits, ensuring drainage facilities, proper use and handling of water and so on.

India lags behind many countries in the field of environmental sanitation. The lack of proper sanitation facilities in the rural areas is one of the factors that adversely affect the quality of life of the people. Inadequacy of safe drinking water, lack of facilities for proper disposal of human excreta, solid and liquid wastes and lack of personal food hygiene in the rural areas have been the major causes of many killer diseases. The high infant mortality rate is attributed largely to poor sanitation. Thus improvement of the indicators of health status of the country especially that of children presupposes large strides in the level of rural sanitation.



Priority for the environmental sanitation had not received adequate attention, till the beginning of Sixth Five Year Plan. This was almost a neglected sphere of activity. This could be seen from the very meager financial commitment of the Center and the State and the lack of integrated and coordinated policies and strategies for the development of sanitation facilities in the rural as well as urban areas. The magnitude of the problem is evident from the fact that as on 31-8-1981 only 2.8 million (0.5%) of the population had basic sanitation facilities in the rural as well as urban areas.

During the 7<sup>th</sup> Plan (1985-90), in line with the objectives of the International Drinking Water Supply and Sanitation Decade (1981-1991), the target was to provide adequate drinking water facilities for the entire population and to provide sanitation facilities to 80 percent of the urban population, and at least 25 percent of the rural population.

According to the 7<sup>th</sup> Plan estimates, the expected coverage under sanitation by March 1983 was 5 million (0.95%) rural population and 57.27 million (33%) urban population. Though the water supply and sanitation sector as such received a big push in 6<sup>th</sup> and 7<sup>th</sup> Five Year Plans, the attainment of the target set for the Decade 1981-91 remained a distant dream.

During the five years of the Seventh Five Year Plan and two Annual Plans, a financial outlay of about Rs. 3179.3 million, was incurred under the programs of Center and State Governments. The percentage of rural population covered by Sanitary facilities under the State and Central Sector Program reached 2.8% at the end of 1991-92 from about 0.8% at the commencement of the Seventh Five Year Plan.

The total rural population as estimated in 1991 Census is 627.1 million. The households having sanitary facilities are about 10%. This would mean that 112.9 million rural households are yet to be provided with the basic facilities of sanitation. Even at a modest cost of Rs. 2500/- per unit, a gigantic investment of Rs. 2,85,800/- millions will be required for the purpose. In the Eighth Five Year Plan, Central Government has allocated substantial amount for Rural Water Supply and Sanitation Program.



In Kerala estimates, about 65 % of households have no sanitation facilities. There is no reliable data available regarding the real distributional use of safe sanitation facilities in urban and rural areas of Kerala.

In Kerala, several departments and non-governmental organizations are involved in the Sanitation program. Departments of Rural Development, Panchayath and Municipality, Fisheries, Housing, Scheduled Castes, Tribal Welfare, Social Welfare Socio Economic Unit and KWA are some of the State Government functionaries involved.

The number of latrines constructed by various agencies over the last (1987-96) eight years are given in Table :1

YEAR OF IMPLEMENTATION	NO. OF LATRINES CONSTRUCTED
1987-88	25297
1988-89	24572
1989-90	36765
1990-91	38587
1991-92	29634
1992-93	36431
1994-95	43725
1995-96	48860
TOTAL	283871

Table: 1

Thus on an average only below one percent households are covered every year. The impact is greatly diluted by growth in population and in the number of households. At the current rate it will take over 100 years to have 100 percent coverage.

In accordance with the International Water and Sanitation Decade, Kerala Government has set a target of coverage of 25% of the rural population with Sanitary toilets. To achieve these objectives and deliberation, a



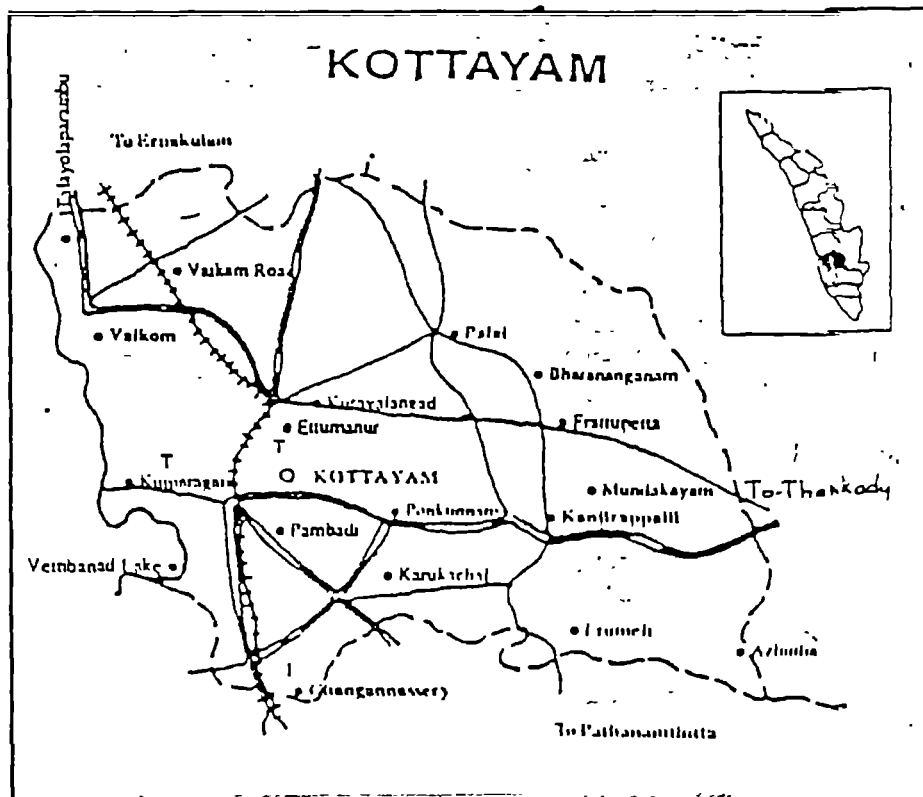
State Sanitation Cell was formally constituted on 23<sup>rd</sup> February 1988 with the following aims.

1. To help the State in the formulation and planning of sanitation programs at all levels .

2. To provide assistance and technical support including both education/training and construction activities to implementing agencies at all levels.

3. To co-ordinate the departmental sanitation activities.

## 2.2 District Profile







#### FACT SHEET

Area	: 2204 Sq.Kms
Population	: 1828000
No of Hhs	: 359890
No of G. Pancheycts	: 73
No of Muncipalities	: 4
Altitude	: Sea Level
Rain Fall	: 346 cms
Climate	: Tropical Humid
District Head quarters	: Kottayam

**Kottayam** is the land of letters, latex and lakes. As a district Kottayam has the highest literacy in India . It was the first town in India to attain total literacy an event which triggered a mass movement to make Kerala the country's first totally literate State. It is also the birth place of publishing industry and the home of fourth estate in Kerala. The State's oldest daily as well as the largest circulated daily in the country is published from Kottayam.

Kottayam is the land of latex, because the district abounds in extensive rubber plantations which earned for its headquarters the sobriquet 'Rubber Town'.

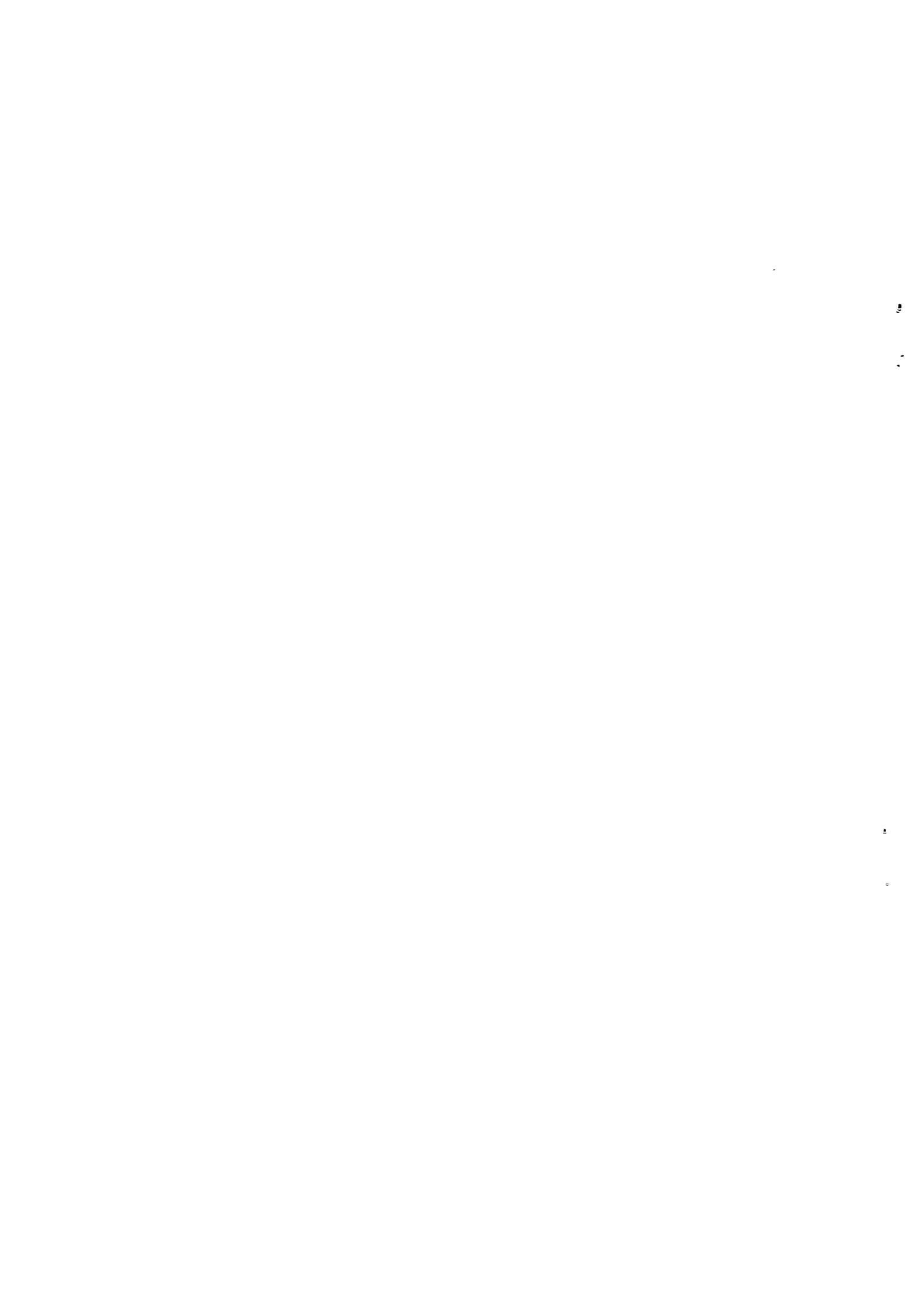
Kottayam's lakes form the great expanse of water called Vembanad into which a net work of rivers and canals merge.

#### **Physiography**

Kottayam located in central Travancore has the lofty western ghats rich in cardamom, pepper, coffee and tea to the east and the Vembanad lake and the vast paddy fields of 'Kuttanad' to the west.

#### **2.3.Features of the Sector**

The project proposal is based on the assumption that no development is possible without adequate infrastructure. Most of the cost effective techniques are of little value without a reliable delivery mechanism for the dissemination of information and assisting the target group in using them. Ultimate success of any project that seeks to make altitudinal changes depends on enhancing people's capacities to improve their own lives and to take control of their own destinies.



The proposed project will sustain the interest and experience gained by various departments in the field of sanitation and hygiene and try to extend it to the whole of Kottayam District and active uniformity in the implementation of the Total Sanitation Programme of the district. The experience and machinery of Rural Development Department will be utilised for the effective implementation of the programme.

The services of Socio Economic Unit Foundation, which has been recognized as one of the resource group in the State in the area of cost effective implementation of low cost sanitation, community participation, health education and environmental hygiene promotion activities will be utilised for the project in the field of awareness building, training, technical advice etc.

Kottayam District is having a wide network of NGO's with a solid base and experience in low cost sanitation implementation for years, is an additional advantage. Many of them are constructing latrines every year with CAPART/DONOR support.

#### **2.4 Beneficiaries and Partner agencies and possible donors involved**

1. Donor Agency - DANIDA/DGIS (Netherlands)/ODA
2. Department of Local Administration
3. Department of Rural Development
4. Department of Health
5. Department of Education
6. Department of Social Welfare
7. All Grama Panchayats/Block/ District Panchayat
8. Department of Fisheries
9. Beneficiaries of the Project
10. Rajiv Gandhi Drinking Water & Sanitation Mission
11. CAPART
12. Socio - Economic Unit Foundation
13. Various Government Boards and Corporations (List attached)
14. Pvt/Public Industries / Institutions (List attached)
15. NGOs (list attached)

#### **2.5 Problems to be addressed**

Kerala is geographically a narrow stretch of land lying on the Southwestern coast of India. The area of 38,864 kms is subdivided into three zones, the low lands or coastal plains, the midlands, and the up lands. The coast-line is about 580 kms in length, while the breadth of the state varies from 11 to 121 kms.



The State of Kerala, formed in 1956, has according to the 1991, 1\* census, a total population of 290 million, of which 60% are Hindus, 22% Muslims, and 18% Christians. The density of population in the state is 750 persons per sq. Km (all India 749), which is the second highest among the states in India and about 2.7 times the all India density of 274 person per. sq. kms. Density of population in coastal area is about four times higher than that of the state average. The majority of the population is engaged in the primary sector such as, agriculture, forestry, animal husbandry and fishing (56%). The secondary sector comprises manufacturing industries, construction, cashews, coir, wood, bricks, tiles, textiles, beverages. The Unemployment figure is 1,99,52,400 which is the highest among of the Indian States.

The low Infant Mortality Rate and high life expectancy give an impression of high health standards of Kerala. However, some studies conducted in Kerala demonstrate a peculiar situation with a low mortality- High morbidity syndrome. A survey conducted by the National Sample Survey (1973-1974)\*2 also showed that Kerala has the highest percentage of morbidity among the Indian States. "The situation is still without much change even after two decades" as proved by the Kerala Sasthra Sahitya Parishad (KSSP), a voluntary organization that the health indicators of Kerala masks the less obvious unhealthy features.<sup>3</sup>

In the "Status of Women and Children in Kerala : Report of Bench Mark Survey in Five Selected Districts" \*4., a UNICEF sponsored study by P.G.K. Panicker and C.R.Soman, found that a very important area which calls for early action is the provision of drinking water and toilets to reach the entire rural population. The Report concludes that improvement in sanitation facilities can bring down drastically the mortality rates and the cost of medical care.

As regards the issues of women, they are the same or even worse in majority of undeveloped pockets in Kerala and predominately in the coastal/back water belt as they are in the other parts of India. Quantitative figures and conventional indicator have tended to successfully hide the situation in the real life. The low maternal death rate obscures the high level of morbidity among women.

In spite of small family norms, in coastal/back water areas there are families with not less than eight children. There is a general lack of eagerness in the family to take the sick girl child for treatment. In rural Kerala, the female work force participation is only 15.85%, which is lower than the national average and lower than several other Indian States',



ranking 20th in the country (Kerala Profile 1995). The nutrient intake is also extremely deplorable compared to all other State in India

### 2..5. 1 Project area

Even in a highly literate district like Kottayam, the environmental and sanitary situation is not as encouraging as it may be expected to be. In the case of latrines it is estimated that approximately 60% of the rural population (BPL) have no latrines. The concept of sanitation has to be widened to include a package of health related activities like proper disposal of solid wastes, waste water, garbage and adoption of improved personal hygiene practices.

As per the Kottayam District Medical Office record, number of diarrhoeal cases reported in various primary health centres in the district for the last three years is as follows:

Year	No.of diarrhoeal cases
1994	80361
1995	83456
1996 (upto 8/96)	41214

Majority of the above cases are reported from the coastal area of Vaikom and Kottayam Taluks. The no of diarrhoeal cases reported in Private Hospitals, may be higher than the above PHC data, since the district is having a large number of private hospitals spread all over.

There are 73 Panchayats in 11 blocks of Kottayam District in addition to the 4 Municipalities. The panchayatwise population details are provided separately.

The proposed project area consists of 5 backwater blocks also. They are Vaikom, Kaduthuruthy, Ettumanoor, Pallom and Madappally. A substantial number of the community are inland fishermen. Others are coir and agricultural workers.

In back water area the high density of population and lack of sanitary latrine facility and non availability of free land make the environmental sanitation condition worse. Since majority of the house holds belong to the fishing Community, the income is very low to have the basic facilities. To quote from .T.K.Vimala Kumari 's book, Infant Mortality Among





Fishermen ,” Since an overwhelming proportion of families (91.2 %) are defecating in the open-air, that too in the very close premises of their residential area, it gives scope for the spread of contagious diseases such as typhoid and cholera which are found to be the main killers of infants and children in this area” ..

The infant mortality rate , IMR., in these fishing communities is 123 compared with the Kerala average of 32 and India's, worst Uttarpradesh, 140 (RG of India 1986)\* 10. From the above stated problems it is evident that drinking water and sanitation sector in these coastal area require high priority.

The only way to help them come out of this extremely vulnerable and deplorable condition is to construct a barrier through the provision of sanitary latrines and safe drinking water ,which intern provides better health, better wage earning capacity, better productivity and thus improved standard of living.

### 2.5.2.Sanitation Survey

Taking in to consideration, the above facts, the need of sanitary latrine was be highlighted in all public assemblies. Under the leadership District Collector and District Planning committee Chairman, a serious of meetings were held in the District. Meetings of Grama Panchayat Presidents, NGO's, Various organizations were conducted at Block and District level several times. In this meetings all Grama Panchayats Presidents agreed to give priority for sanitation in 9th Plan. In all most all grama Sabha meetings sanitation was identified as the first priority. A survey was conducted in each ward of grama panchayats under the leadership of PANCHAYAT members and no of families without latrines were identified. Total number of families without latrine having own land and house was found to be 63,058. (See the following table) Adding roughly another 25% to it taking the possibility of new houses coming and families having own land but not having own houses will construct new houses during this period, the projected no of latrines to be constructed was fixed at 78,000. Out of this 40% was in water logged area.



**PROJECT AREA - PANCHAYATS / MUNICIPALITY WISE**

<b>Panchayat</b>	<b>Area Sq Km</b>	<b>No H Hs</b>	<b>Population</b>	<b>HHs without Latrines</b>
<b>Vaikom.c.d.block</b>				
Thalayazham	22.40	3859	19488	1274
Chempu	18.42	3660	18828	1100
Maravanthuruthu	15.69	4134	20532	1054
TV Puram	17.03	3609	18857	1523
Vechoor	29.13	3268	16013	1067
Udayanapuram	20.15	4746	24036	1717
<b>Kaduthuruthy C.D.Block</b>				
Kaduthuruthy	36.31	5746	30720	827
Kallara	27.48	2664	13142	730
Manjoor	28.98	5239	28060	823
Mulakulam	26.15	4754	23663	732
Njeezhoor	28.91	3426	17651	646
Thalayolaparambu	20.63	4079	20856	414
Velloor	19.29	4594	21584	693
<b>Ettumanoor C.D.Block</b>				
Ettumanoor	27.81	7996	41216	1108
Aimanam	29.31	6564	32566	1281
Athirampuzha	20.01	6550	36140	578
Arpookara	24.53	4285	21584	696
Kumaranalloor	14.06	7595	39041	1175
Neendoor	26.00	3833	20289	79



4	<b>Uzhavoor c.d. block</b>				
	Kadaplamattom	12.98	2464	13093	789
	Marangattupally	37.58	3319	17856	711
	Kanakkari	23.23	3985	20585	232
	Veliyannoor	19.49	2379	11333	800
	Kidangoor	25.12	3873	19881	422
	Kuravilangad	22.93	3221	17355	608
	Uzhavoor	25.09	3056	15338	610
	Ramapuram	54.54	5484	28708	1013
5	<b>Lalam c.d. block</b>				
	Bharananganam	27.04	2869	16005	728
	Karoor	36.84	3972	20986	708
	Kozhuvanal	21.13	2464	12550	478
	Kadanad	40.19	3425	18024	595
	Meenachil	30.14	2997	16054	501
	Mutholy	18.12	2835	15267	561
6	<b>Erattupetta c.d. block</b>				
	Erattupetta	14.24	3545	21226	426
	Melukavu	30.49	2158	11228	272
	Moonilavu	33.41	1853	9187	377
	Poonjar	24.16	2164	11152	351
	Poonjar Thekkekara	60.86	3581	18486	744
	Thalappalam	22.73	2303	12150	604
	Teekoy	27.19	2039	10272	413
	Thelanad	32.24	1505	7442	320
	Thidanad	37.19	3504	18526	679



<b>Pampady c.d. blocok</b>				
Akalakunnam	34.84	3697	19556	974
Elikkulam	40.14	4310	22178	1202
Kooroppada	27.42	4716	22432	1223
Pampady	30.00	6201	28954	986
Pallikkathode	22.46	3192	15388	1047
Meenadam	11.44	2382	11353	757
<b>Pallom c.d. block</b>				
Ayarkkunnam	30.70	6254	31818	1005
Kumarakam	51.67	4502	22232	1168
Nattakam	25.79	8101	39124	647
Puthuppally	22.40	5802	27701	637
Panachikkad	22.74	7552	35916	828
Thiruvarpu	33.59	5398	27195	1515
Vijayapuram	29.70	10114	50417	1028
<b>Madappally c.d. block</b>				
Karukachal	22.40	4216	20133	725
Kurichy	16.22	5962	29577	1034
Madappally	24.02	5948	30182	695
Paippad	20.88	4247	21781	478
Thrikkodithanam	13.31	5492	28468	282
Vakathanam	26.48	6335	31222	1132
Vazhappally	21.73	5843	32118	985
<b>Vazhoor c.d.block</b>				
Chirakkadavu	725	6460	31813	1322
Kangazha	31.19	3918	18644	694





Nedumkunnam	24.17	4103	20024	843
Vellavoor	23.46	3347	15811	686
Vazhoor	24.61	4695	22584	848
<b>Kanjirappally c.d. block</b>				
Erumeli	82.35	8009	38908	714
Kanjirappally	52.47	7027	37017	832
Koottickal	33.82	2839	13949	800
Manimala	37.53	3969	19705	606
Mundakkayam	82.67	9851	47987	1353
Parathode	53.49	5250	27836	574
<b>MUNICIPALITIES</b>				
Palai	15.93	3810	21890	653
Vaikom	8.73	4302	21788	719
Kottayam	15.55	12632	63155	1138
Changanasserry	13.50	9818	52445	1924
TOTAL	499.4 7	83570	421743	63058

TableNo. 2

### INSTITUTIONS- SCHOOLS

Type	Government	Aided	Unaided	Total
H.S.	59	166	17	242
U.P.S	68	128	7	203
L.P.S	169	276	23	468
T.T..I	3	7	0	10
TOTAL	299	577	47	923

Table No : 3

Total No.of Schools.:923  
Schools without sanitary facilities (400)

*How sanitation  
of these institutions?*



### **3. Intervention**

#### **3.1 Overall Objective:**

To improve the health and living standard of the people of Kottayam district by reducing the incidence of water borne diseases

#### **3.2 Project Purpose**

1. To create awareness among the community on the need of sanitation and hygiene.
2. To construct sanitary latrine for 75000 households of the district at the end of the year 2000.
3. To construct and maintain pay and use public comfort stations and institutional latrines for Schools/Anganwadis/PHCs/ other public institution.
4. To provide / arrange facilities for the safe disposal of households and other solid wastes.
5. To provide/ arrange proper drainage facilities.
6. To establish sanitary Marts/Production units in each block.

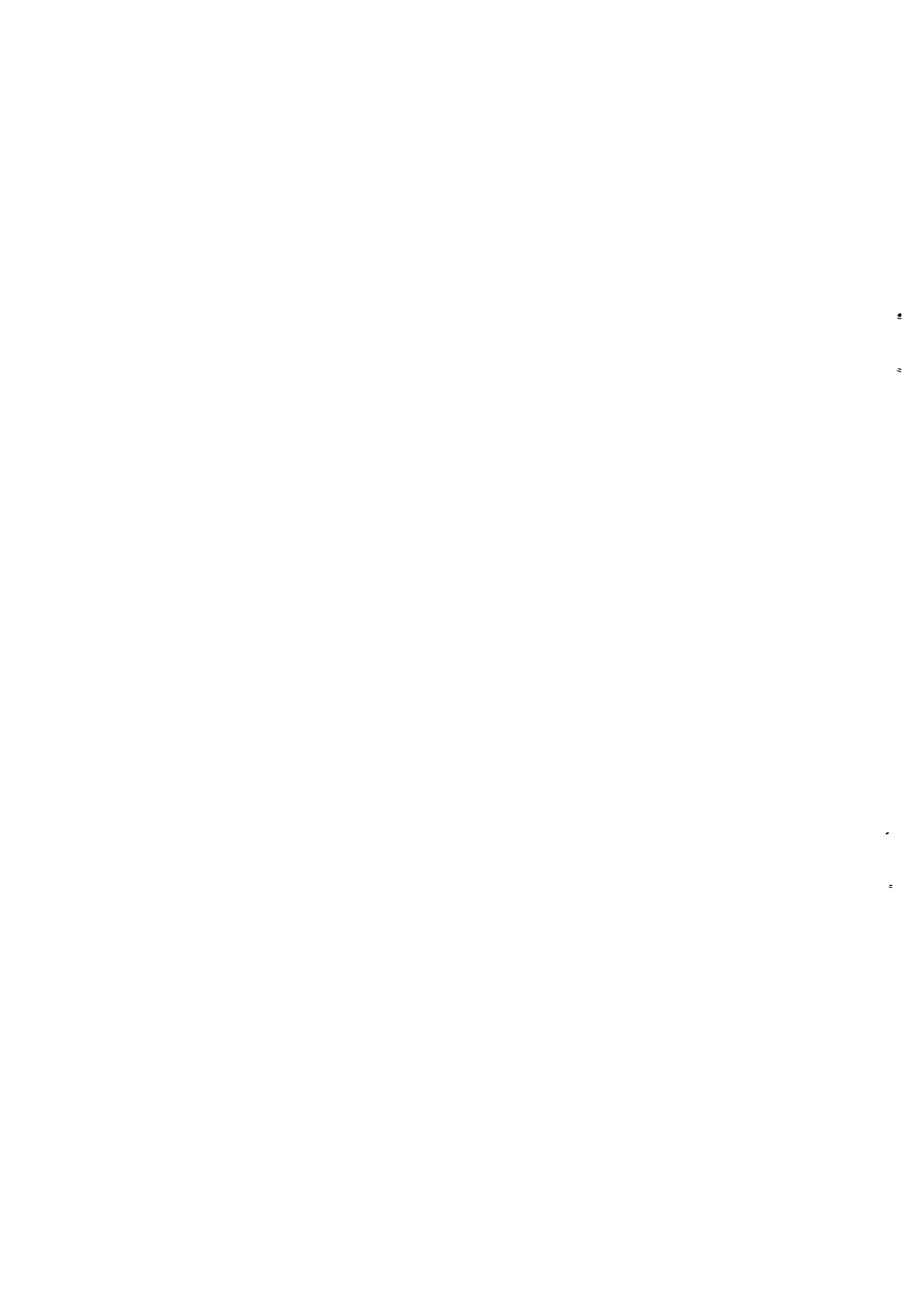
#### **3.3. Results**

3.3.1. 75000 lowcost sanitary latrines constructed in the district

3.3.2. Institutional latrines for 400 schools and 600 other institution like PHCs etc.,constructed.

3.3.3. 15 - 20 Pay and use comfort stations constructed in Public places.

3.3.4. 11 sanitary mart and production centers established.



3.3.5. The capacity of existing Government Departments, local level organizations, community members and women strengthened through participatory training, and hygiene promotion programmes for the sustainable and effective use of sanitary latrine facilities provided.

### **3.4 Activities**

#### **3.4.0. Sanitation related Activities**

- 3.4.1 District Sanitation Mission Meeting
- 3.4.2 Block Sanitation Mission Meeting
- 3.4.3 Panchayat level Meetings
- 3.4.4 Formation of Ward Level Sanitation Meeting — *parts?*
- 3.4.5 Meeting of various NGOs/Partner Agencies
- 3.4.6 Panchayat level implementation Committee formation — *formation*
- 3.4.7 Training to Resource Persons (Technical training)
- 3.4.8 Inviting application for household latrines
- 3.4.9 Demonstration latrine construction in all Panchayats
- 3.4.10 Sanitation Beneficiary list finalisation →
- 3.4.11 Selection of various implementing NGOs and distributions of units for construction *latrines*
- 3.4.12 Mason training
- 3.4.13 Establishment of sanitary marts.
- 3.4.14 Assignment of material procurement
- 3.4.15 Construction of household latrines / institutional latrines
- 3.4.16 Collection of latrine completion certificates

#### **3.5 Sanitation related hygiene education**

- 3.5.1 Production of Environmental Sanitation related materials
- 3.5.2 Mobilization/Awareness Programmes
  - Need for personal, environment hygiene
  - Need for sanitary latrine
  - Motivate cost sharing by beneficiary
  - Motivate panchayats to contribute
  - Set <sup>on</sup> use and maintain of latrine
  - Special awareness programme for pay & use beneficiaries.



3.5.3 Monthly review meeting and monitoring of the progress of latrine, community participation and hygiene education activities. by ?

3.5.4 Campaign on environmental hygiene

- Cleaning of public places
- Need of proper drainage
- Awareness meeting for industries, hospitals, institutions on safe disposal of solid wastes.

### 3.6.0. Training and Orientation

3.6.1 Ward Sanitation Committee Training

3.6.2 Teachers' training

3.6.3 Training Community Organizers

3.6.4 Training for Health Department staff

3.6.5 Training for Local self Government staff

3.6.6 Orientation for N.G.Os Members

3.6.7 Training for ICDS workers

3.6.8 Orientation for local (women) group

### 3.7.0. Review and Monitoring on ? ...

3.7.1. District level Review Meeting

3.7.2. Block level Review Meeting

3.7.3. Panchayath Level Review and Monitoring Meeting

3.7.4. Half yearly qualitatively and quantitatively non planing by Grama Sabha.

3.7.5 Half Yearly Reports

3.7.6. Annual Reports

1000 1000000 1000000000

Fig.

1000000

10000000

100000000

10%

7  
10%

1000000  
10000000



### 3.8. Documentation

	Intervention logic	Objectively Verifiable Indicator	Source of Verification	Assumption
Overall Objective	Improved Standard of Living			
Project Objective	Reduce the incidence of water borne/fecal borne diseases	50% Reduction in <sup>reported</sup> No. of water borne diseases <i>absolute and relative</i>	Hospital Records	<i>Reporting patterns do not change.</i>
Results	Implementation of low cost sanitation (households) program	75000 households are covered with latrine	Latrine completion certificate from Panchayat	Beneficiary/Panchayats' willingness to participate and contribute 25% of the total cost of latrine construction
	Implementation of low cost institutional sanitation Programme	400 Schools and 600 other institution like Anganwadis etc., in the district provided with latrine units	Latrine completion certificates from Panchayath office	PTAs and school authorities / Institution authorities willingness to contribute 50% of the total cost of latrine units constructed in the school
	Implementation of public sanitary facilities	15 -20 Pay and Use public comfort stations constructed and maintained	Records at panchayath office	
	Strengthen capacity of related department, community, women and local organizations in planing, implementation, operation and maintenance of the environmental sanitation programme	Participatory training programs organized to panchayath officials, Health, ICDS workers, WSC, Women groups	Evaluation report of the participants and reports of various panchayath level committee meetings	Willingness of women to take part in various activities <i>and</i> voluntarily <i>and</i>



#### **4. Assumptions**

##### **4.1 Assumption at different levels**

1. Beneficiary willingness to share the 25 % of the total cost of the latrine.
2. Panchayaths willingness to share 35 % of the total cost of latrines to be constructed in the concerned panchayath. (All Panchayath agreed to it)
3. Collaboration and cooperation of the field level staff and Rural Development, Health, Fisheries and Education Departments is much needed to achieve the objectives of the present project.
4. Extended rain in monsoon season may hinder the progress of the latrine construction work.

##### **4.2 Risk and Flexibility**

In the proposed project no major risks expected in natural, political and social field. The only risk expected is timely sanction of 35 % contribution from local Panchayaths and 20% contribution from CRSP/DRDA. However, involvement of District administration, co-operation of local administration Department and whole hearted support of political parties and the representatives of the local self government help the release of money in expected time. The support of local self government and others were expressed in various meetings held during July/August and September 1996 at Block/District levels, under the leadership of the District Collator. This was reassured at the project proposal planning meeting held at Lourde Hall, Kottayam on 28th September 1996.

Other positive possibilities to be taken into consideration are:

1. In the 9th Plan out lay the total amount expected to be allotted to this section is 5000 crores in 5 years. Of this 40% will go to Panchayat and Municipality. It is expected that each Panchayat will get an amount around to Rs.70 lakhs as their share.
2. It is expected that an amount of 7 lakh will be disbursed as un tied fund for the Panchayat t
3. Under Deep saving Scheme (like Indira Vikas Patra), 20% share of the total amount allotted will go to Panchayats.(5 crores may be the Panchayat's share.) Panchayats have agreed to allocate a substantial amount of this for sanitation.



4. Under local area development programme (MP's Fund) some colonies will be selected for complete sanitation.

5. District Planning committee will include the project as part of the 9th Plan.

### 5. Implementation

The Project will be implemented by the District Sanitation Mission. The District Collector will be the Director of the Mission and District Planning committee President will be the Chairman. A District Monitoring Committee will be selected for the District Sanitation Mission.

A Block level Project Monitoring Committee under the chairmanship of Block Panchayat President will monitor the activities. Panchayat level committee will be headed by Grama Panchayat Presidents.

Normally the direct implementation is done through beneficiaries. Beneficiaries of all panchayat will be classified into three:

1. DRDA/CRSP supported beneficiaries
2. Panchayat supported beneficiaries
3. Donor/Sponsor supported beneficiaries

Of each category the estimated amount of latrines minus beneficiary contribution will be handed over to beneficiaries in instalments. Before construction of latrine all beneficiaries will have to go through Health education classes regarding Need, Use and maintenance and Technical aspect of latrines. The construction will be done by trained masons under the supervision of trained ward sanitation committee members.

In addition to the above three groups some NGO's and agencies which are identified as partner implementing agency will be allotted a specific number of units/or a specific area for the implementation of the programme. The partner implementing agency will be taking a share of the cost. All constructions will be done through people's committee. Ward sanitation committee will take the leadership. Big industries or corporation which are willing to sponsor a specific number of units will be encouraged and an area will be allocated to them. The District Monitoring Committee will be identifying the partner agencies and sponsors and assign fund for the construction activities.



## IMPLEMENTATION MECHANISM

<b>CONSTITUTION OF DISTRICT SANITATION MISSION</b> (250 Members) District Planning Committee President (Chairman) District Collector (Director) All Mps, MLAs, of the District. All District Panchayat committee members, All Block/Grama Panchayat presidents. DRDA Project Officer, ADC, District Panchayat Officer, DMO, Ex. Engineers PWD, KWA, Deputy director Education. District Panchayat Secretaries, Representatives of Socio Economic Unit Foundation, Nirmuthi Kendra, Matsyafed, NABARD, Banks, (Scheduled & Co-operative), Court Board, Rubber Board, Plantation Corporation, Various Clubs, Organisation, NGO's Political Party Representatives.	<b>ROLES AND DUTIES.</b> <ul style="list-style-type: none"> <li>▶ General Policy making</li> <li>▶ Organising funds,</li> <li>▶ Organising and phasing construction and IEC activities. (Meeting-once in six months.)</li> </ul> <p style="text-align: right;"><i>Review progress reports?</i></p>
<b>PROJECT MONITORING COMMITTEE (30 members)</b> District Collector (director), District Panchayat President (Chairman), MPs' representative of MLAs' (4) Block Panchayat Presidents, District Panchayath members and Grama panchayat Presidents (5) DRDA-PO, ADC, Dy Director Panchayaths DMO, Representative of SEU(F) One representative of Banks, 2 representative of NGO's 2 representative of boards/Corporation etc.	<ul style="list-style-type: none"> <li>▶ PMC will be the Executive committee of District Sanitation Mission</li> <li>▶ Manage, administer the sanitation activities. Monitor, Supervise, Evaluate the Programme. Periodical supervision Overall responsible for the programme (Meeting once in 2 months)</li> </ul>
<b>BLOCK SANITATION COMMITTEE</b> Block Panchayat President (Chairman) BDO (secretary) MLAs, MPs represents Block, Block panchayat members grama panchayat presidents, representative Government departments, NGO's Clubs etc.	<ul style="list-style-type: none"> <li>▶ Block level managing and monitoring!</li> <li>▶ periodic supervision</li> <li>▶ Direct supervision of <u>DRDA</u> funded programme</li> </ul> <p style="text-align: right;"><i>Block level managing and monitoring... we spelled out name clearly</i></p>
<b>PANCHAYAT LEVEL TASK FORCE</b> Panchayat President (Convenor) Panchayat Members, Panchayat Secretaries, Representative of NGO's and partner implementing agencies	<ul style="list-style-type: none"> <li>▶ Manage, Administer sanitation programme in panchayat.</li> <li>▶ Direct implementation of panchayat funded sanitation programme.</li> <li>▶ Supervision of programmes implemented by NGO's</li> <li>▶ Periodic meetings of implements partner agencies and evaluate the programme.</li> <li>▶ Monitoring latrines for use and maintenance.</li> </ul>





### **5.1. Block Level Resource Centre**

This will function under Block Monitoring Committee. Sanitation Resource Centre are Resource groups intended to function at local level having personnel with expertise both in construction and education aspects of sanitation ( especially low cost latrine) programme. The formation of SRCs are in the spirit of developing local capacity in construction and technical guidance of sanitation programme with education and people's participation. The existence of such centres with locally trained persons will also generate demands which in turn guarantee the sustain ability of the programme without external dependence.

### **5.2 Rural Sanitary Marts/Production Centres**

Rural Sanitary Marts/Production Centres will be established in block centres with the help of UNICEF / Socio Economic Unit Foundation and Nirmithi Kendra. This centre expected to make available quality and low cost construction materials required for the sanitation facilities and list of trained masons in the block and the technical details and cost estimates of lowest twin pit pour flush latrines, drainage and soak pits etc.

### **5.3 Construction of Model Latrine**

Socio Economic Unit Foundation will construct one model latrine each in all the 74 panchayats and 4 Municipalities. This will help the

beneficiaries familiar with the type of latrines and will boost their trust in the design.

### **5.4 Safe disposal of Solid waste**

The disposal of solid waste is a serious problem for all most all developing countries. The quantity of refuse has been increased due to the need (use



of more materials). The refuse is totally different in character and composition. (Organic and inorganic components), usually the wastes include garbages, rubbish, ashes, street screeplings plastic bags, dead animals and night soil.

The refuse collected from Indian cities are mainly of organic components, while that of western countries is of inorganic components.

But recently the 'plastic age' changed this situation. Now in India, especially in Kerala there plastic bags, which are supplied by shopkeepers to carry provisions/vegetables/ consumable items etc., is creating a problem. Now people are putting their organic waste in these plastic bags in dumping them into public garbage bins.

Special awareness programmes will be carried out for the safe disposal of garbages and wastes. People will be given education on sorting their household waste into organic and inorganic and putting them in two separate buckets. Arrangements will be made for the Municipalities to collect these waste separately so that disposal can be arranged.

*- risk  
waste  
code -*

The important and common methods of solid wastes disposal are sanitary land fill, composting and incineration.



Given below are the advantage and disadvantages of above systems.

	ADVANTAGES	DISADVANTAGES
Incineration	Combustion of almost all wastes materials. Take combined garbage and rubbish. Can be very efficient and run 24 hours per day large cities.	Final ash residue, Cans and bottles remain. High capital investment. High operational and maintenance cost. Particulate and odour from poor operation offer requires addition of combustibles.
Sanitary Land Fill	Combined collection low capital investment Moderate operational cost Land reclamation for restricted purposes. Adapted to small Towns.	Land requirement may result in haul in future. Requires selected soil for cover. Requires stand-by fire control.
Composting (aerobic)	Conserves and recycles wastes. Provides humus for soil Decomposition heat controls flies. Aerobic action free of odours. Sewage sludge can be added.	Requires pre-sorting and grinding and turning. High capital equipment and maintenance cost. Requires assumed market for compost. Requires disposal of non-compo stables. Requires carbon Nitrogen ratio of 30:1

**Vermiculture:-** This is also a method of composting. In this process earth worms are used for converting, the waste into compost. But this method is still in experimental stage. So it is not known how far it will be successful in large scale production of compost. If it is a success, this technology has a very good potential in promoting a decentralized disposal

$$\begin{array}{r}
 2000 \\
 + 5\% \\
 \hline
 2100 \\
 \hline
 2700 \\
 \hline
 800 \\
 \hline
 1500
 \end{array}$$

sh in 0.2% R

$$60 = \frac{12}{100} \times 400$$

HH(a) . 2 yrs, + 20% stock, 2 unit say Rs. 2000 → No need for  
 20% interest. 20% = 400

in cash for purchase  
 50% of 2000 = Rs 1000

HH(b) . 1 yr, 10% stock, 1 unit say Rs. 800 company Rs. 1500  
 10% interest 80 = Rs 160 " " 300  
 10% in cash for purchase to 640 = " " 100  
 10% for purchase

HH (b) pays 10% of 800, but is opposite to level of HH (a) after 1 yr, 10%  
 10% of 800 = Rs. 80. If annual int. rate is 5%.  
 Including this to 100, total is paid Rs. 180. He is paid Rs. 400  
 1 yr. 10% of 400 = 40. Total 120. Total 120 of 3 years. 120/400 = 30%

approach which can considerably reduce the collection and transportation costs. Efforts will be taken to experiment vermiculture composting in some Municipalities.

As far as individual drainage system is concerned the proper awareness will result in necessary micro drains for carrying away effluents. Socket pits and kitchen gardens or tree plantations are more useful for disposal of waste water from individual households and also from public taps.

Arrangements will be made to make sure that all public and private institutions and industries for safe disposal of solid wastes. This will be monitored by Municipalities Panchayats and Block level committees.

## 6. DESIGN

The UNDP Model 2 pit pour flush latrine is recommended for the programme. For the convenience of beneficiaries options are given (mainly for cost savings )

1. With super structure and both pits (Rings type)
2. With super structure one pit ( , , )
3. Without super structure with both pits ( , , )
4. With super structure and both pits (Brick type)
5. With super structure one pit ( , , )
6. Without super structure with both pits ( , , )

There are two designs according to the nature of land. For water logged area a special water logged design is proposed. For that also the above six options are available for beneficiaries. (see plan and design attached)

## 7. SUBSIDY PATTERN

CRSP norms will be followed for the programme.

For water-logged areas and for the poorest of the poor, additional subsidy if required will be mobilised locally by the Grama Panchayats through NGOs and donors.

The families coming under no subsidy group, will be motivated to construct latrines of their own. We expect that at least 10% can be motivated like that.





## 8. PROJECT ESTIMATE

### I Household Latrines

#### 1.1 Water Logged Design Rs.

a. CRSP - supported Programme	67,900,000
b. Panchayat/ Municipality supported Programme	41,250,000
c. NGO supported Programme	14,100,000

#### 1.2 Non Water Logged Design

a. CRSP - supported Programme	83,000,000
b. Panchayat/ Municipality supported Programme	53,750,000
c. NGO supported Programme	23,800,000

### II Institutional Latrines

2.1 Institutional Sanitation Programme 9,750,000

2.2 Pay & Use Comfort Stations 4,410,000

III Production Centres/Marts 3,300,000

IV Environmental Sanitation 7,300,000

**TOTAL** 308,560,000

### V Capacity Building and Awareness Programme

(Mason Training, Beneficiary Education

Mass Media, Orientation & other

Training Programmes) 5% of the total construction cost 15,428,000

### VI. Administrative Expenses

3% of the total construction cost 9,256,800

**TOTAL PROJECT COST** 333,244,800



## 9. OUTCOME

By the end of the programme all eligible poor households in Kottayam District will have a sanitary latrine. The small percentage of middle income households without a latrine will be motivated to construct latrines. Simultaneously all schools, Anganwadis, PHC and Other public institutions will be provided with sanitary latrines. A new awareness and practice of environmental sanitation, household sanitation and hygienic practices are expected outcomes. This will include households initiatives for proper protection of wells, construction of bath rooms, drainage facilities, soakage pit, compost pit, garbage disposal etc. Significant decrease in water borne disease is envisaged as a direct result of the programme. The Panchayats are expected to consider themselves as "Sanitary Panchayath" and ensure cleanliness in public places, markets etc. Capacity building and awareness generation will be considered as the major thrust of this participatory programme.

Once full coverage is achieved, the panchayath and Government will ensure that new houses coming up have sanitary latrines. The Panchayaths can ensure that new houses will be given house number only if a sanitary latrine is constructed and the poor households can be partially supported to construct a sanitary latrine under normal government programmes.

The District Sanitation Mission after reaching the sanitation coverage can take up other needy sector especially drinking water supply, health etc.,

The people's Committees trained and experienced in this crucial development activity can become an effective force in all the developmental actives in the panchayaths. The concept of effective peoples participation can be realised through these efforts.

## 10. CONCLUSIONN

This project attempts to accelerate coverage of rural population with sanitation facilities to bring the vicious circle of disease, morbidity and poor health resulting from insanitary conditions. Community based approach to make sanitation a peoples movement and a way of life is adopted. The programme asserts the importance of the basic aspects of health promotion, awareness and motivation for all sections of the community. The project focusses on the role of women, community participation and social mobilization in general. Sanitation is projected as an important dimension of better quality of life.



**POSSIBLE PARTNER AGENCIES AND SPONSORS**

**I. Various Govt. Corporations, Boards and Financial Institutions**

1. Matsyafed
2. Coir Board
3. Rubber Board
4. Plantation Corporation
5. NABARD
6. Nationalized Banks
7. Scheduled Banks
8. Co-operative Banks
9. Nirmithi Kendra

**II. Public & Private Industries and Institutions**

1. Travancore Cements
2. M.R.F.
3. Travancore Electro Chemicals
4. Padigerkara Agencies
5. Paragon Industries
6. H.P.C.
7. MIDAS

**III. Major NGOs and Religious Organizations**

1. Malanad Rural Development Society
2. Changanassery Social Service Society
3. Vijayapuram Social Service Society
4. World, vision
5. Nair Service Society
6. S.N.D.P. Yogam
7. SEDS - CSI Church
8. CARD - Marthoma Church
9. Orthodox Syrian Church
10. Jacobite Syrian Church
11. Muslim Educational Society
12. Vincent De Paul Society
13. Palai Social Service Society
14. Kottayam Social Service Society
15. Kanjirappally Social Service Society
16. Peermade Development Society
17. Centre for Appropriate Development
18. CASA
19. Muslim Young men's Association
20. High range Islamic Mission
21. Gramavikaskendra Nalpathimala
22. Yuvadeepthi (various units)
23. Kanjirappally Muslim Association
24. Samagravikas, Changanassery



IV. Organizations & Groups

1. National Service Scheme - M.G. University
2. School of Medical Education - M.G. University
3. School of Behavioural Sciences M.G. University
4. YMHA
5. YWHA
- 6.. Rotary Club
7. Lions Club
8. YMCA
9. YWCA
10. Junior Chamber
11. Jaycees
12. Innerwheel Clubs
13. Y's Men's Clubs
14. Rubbertown Roundtable
15. Private Bus Operator's Association
16. Merchants Association
17. Gulf Malayali Associations

V. Press

1. Malayala Manorama
2. Mathrubhumi
3. Deepika
4. Mangalam
5. Indian Express
6. Kerala Kaumudi
7. Desabhimani
8. Janayugom.
9. Veekshanam
10. All India Radio
11. Doordarshan
12. Asianet





VI. Local NGOs Clubs and Organizations

1. Kottayam Public Library
2. CIDA Koovappally
3. Jawaharlal Memorial S W P.C. Centre
4. CYMA Ponkunnam
5. HYMA Ponkunnam
6. Dalit Women's Society, Cochin
7. Kairaly Charitable Society, Cheruvally
8. Chingavanam Vikasana Samithy
9. OCYM
10. Don Bosco Youth Centre
11. Erikad East Grama Vikasana Samithy
12. Sanjeevani Nedunkunnam
13. Gramaswaraj Extension Centre
14. Asha Bhavan, Itthithanam
15. Mercy Home, Chethipuzha
16. Jeevanjyothi Project, Pulikuttissery
17. Senior Citizen's forum, Kottayam
18. NGO, CSM
19. Centre for Social Reconstruction, Chengalam
20. Vivekanda Grama Seva Samithy, Thalayolaparambu
21. Gramavikas Society, Melukavumattom
22. T.V.Puram Social Service Society
23. Rajeev Vichar charitable Society, Erattupettah
24. Gramavanithavedi, Kanakkary
25. Priyadarsini Yuvakendra, Kuravilangad
26. Rural Welfare Organization, Vizhikathodu



**SUMMARY BUDGET - IEC ACTIVITIES (1996 -2000)**  
(TO BE CARRIED OUT BY SEU FOUNDATION)

Sl. #	DESCRIPTION	QUANTITY	COST (IN Rs.)
1	<b>IEC MATERIAL PRODUCTION &amp; DISTRIBUTION</b>		
1.1	Exhibiting banners, posters, slides etc.	20 banners 1500 posters / panchayat (73 panchts + 4 municipalities)	1,200,000
1.2	Exhibiting boardings in central places in panchayats/municipalities	1 each in each panchayat/ municipality	400,000
1.3	Production/printing/distribution of IEC materials (package) Leaflets, pamphlets, booklets on instruction & use, instruction sheets etc.)	100,000 copies each	2,000,000
1.4	Metallic instruction sheet on use & maintenance to be installed inside latrine door	75,000	1,500,000
2	<b>TRAINING &amp; CAPACITY DEVELOPMENT</b>		
2.1	Training to Panchayat/Block Co-ordinators 90 participants; 3 batches, three-day training Rs.100,000 per training including participants' TA/DA, resource persons, training materials	3 trainings	300,000
2.2	Training to Panchayat Sanitation Committee members 6,160 (80 x 77). Two-day training two batches per panchayat (Rs. 5000 x 144 batches)	144 trainings	720,000
2.3	Training to ICDS staff - 40 sessions One-day training for 1200 members (Rs.3000 x 40)	40 trainings	120,000
2.4	Training to Health Promotion team - 760 members (10/panchayat) Three-day residential training - (25 batches x Rs.20,000)	25 trainings	
3	<b>COMMUNITY-LEVEL ACTIVITIES</b>		
3.1	Organisation of <u>HPT</u> in panchayats/municipalities. (77 x Rs.10,000)	77 teams	7,700,000
3.2	Conducting intensive camps - 10/panchayat @ Rs.1,000	770 camps	7,700,000
3.3	Inter-personal/group/mass activities - general @ Rs.5,000 per panchayat		400,000
3.4	Film shows, video shows, street drama, <i>Kalajathas</i> , and other mass media activities.	10 in each panchayat	1,000,000
3.5	Beneficiary education classes/meetings - at least 30 in each panchayat- 2300 (30 x 77) meetings @ Rs.500	2,300 meetings	1,155,000
3.6	Village contact drive - Training of mothers through Anganwadi workers. 1,200 x 30 mothers (36,000 mothers) @Rs.500/ training.	1,200 trainings	600,000

who  
participates  
& how?

gender  
sensitivity

who  
participates  
in HPT?



4	<b>ASSESSMENT AND MONITORING ACTIVITIES</b>		
4.1	Printing of <u>Rapid Survey</u> Forms	75,000 sets	750,000
4.2	Printing of <u>Monitoring</u> Forms → 8. 1. 1. 2		
4.3	Monitoring activities		
4.4	Stationers accessories 75,000 x Rs.10		
5	<b>SCHOOL HEALTH EDUCATION</b> <i>what in relation? ←?</i>		
5.1	SHE Programmes through School Health Clubs @ Rs.10,000 for 400 schools	400 schools	400,000
5.2	Competitions, exhibitions on health and sanitation District (1), Block (11) and Panchayat (77) levels	89 competitions	600,000
5.3	Booklets on Health and Sanitation - for distribution among High School and Upper Primary students - 150,000 students @ Rs.3	150,000 students	450,000
6	<b>TRAINING OF FUNCTIONARIES</b>		
6.1	District Level workshop 50 persons for two days	50 persons	20,000
6.2	Masons' training (10 x 77) 7-day training for 20 batches (including stipend for participants, resource persons and materials for training.	770 masons	1,500,000
7	<b>MISCELLANEOUS &amp; UNFORESEEN EXPENSES</b>		273,000
<b>TOTAL</b>			<b>15,428,000</b>

#### FUND FLOW CHART FOR IEC ACTIVITIES

1997 January	40%	Rs 61,712,000
1998 January	30%	Rs.4,628,400
1999 January	20%	Rs.3,085,600
2000 January	10%	Rs.1,542,800
	<b>TOTAL</b>	<b>Rs.15,428,000</b>



## BUDGET FOR ADMINISTRATIVE EXPENSES

I DISTRICT SANITATION MISSION OFFICE		
1 STAFF		
A	District Co-ordinators	768000 @Rs 4000/- per month for 4 persons for 4 years (1 person for each three blocks)
B	Secretary/Typist	72000 @Rs 1500/- per month for 1 person for 4 years
C	Attender (Part-Time)	38400 @Rs.1500/- per month for 1 person for 4 years
D	Driver	144000 @Rs 1500/- per month for 2 persons for 4 years
2 OTHER EXPENSES		
A	Mobility support	700000 @Rs.350000/- per vehicle for 2 jeeps
B	Fuel & Maintenance - vehicles	576000 @Rs 2/- per km for 2 jeeps running 3000kms each per month
C	Telephone charges	48000
II BLOCK RESOURCE CENTRE		
A	Block Co-ordinators 1/Block RC?	1320000 @Rs.2500/- per month for 11 persons for 4 years 1/Block
B	Panchayat Co-ordinators	5174400 @Rs 1400/- per month for 77 persons for 4 years
III TRAVEL & MEETINGS		
		200000 @ Rs 50000/- per year for 4 years
IV INCIDENTAL & MISCELLANEOUS EXPENSES		
		216000
TOTAL		9256800

**Note:**

- 1 Distinct Co-ordinators' salary includes Rs 1000/- as Travel Allowance
- 2 Block Co-ordinators' salary includes Rs 500/- as Travel Allowance
- 3 Panchayat co-ordinators are for 73 panchayats and 4 municipalities Their salaries include Rs 200 as Travel Allowance





## 2. Institutional Latrines

### 2.1 School , PHC, Anganawadis and Other Instutions Sanitation Programme (Panchayat area)

Year	Cost Per Unit	No.of Units Planned	PTA/Management cont 50%	CRSP Contribution 50%	Total
97-98	8,000	250	1,000,000	1,000,000	2,000,000
98-99	9,000	250	1,125,000	1,125,000	2,250,000
99-2000	10,000	250	1,250,000	1,250,000	2,500,000
2000-Dec	12,000	250	1,500,000	1,500,000	3,000,000
Total		1,000	4,875,000	4,875,000	9,750,000

### 2.2 Pay & Use Comfort station

Year	Cost per Unit	No of Units Planned	Local Donors' Contribution
97-98	400,000	3	1,200,000
98-99	430,000	3	1,290,000
99-2000	460,000	2	920,000
2000-Dec	500,000	2	1,000,000
Total		10	4,410,000

## 3. Production Centres

Cost / unit	# of units planned	TOTAL from SEU Foundation & Nirmithi Kendra
300,000	11	3,300,000

## 4. Environmental Sanitation

	# of Panchayats	Average Rough Estimate per panchayat	Panchayat contribution	CRSP Contribution	TOTAL
Drainages, soakpits, composte pits etc	73	100,000	3,650,000	3,650,000	7,300,000







**PROPOSED BUDGET FOR HOUSEHOLD LATRINES FOR THE PERIOD 1996 - 2000  
PANCHAYAT / MUNICIPALITY SUPPORTED PROGRAMME**

**2.1 WATER-LOGGED DESIGN (Contribution Pattern unit-wise)**

YEAR	COST / UNIT	# of UNITS PLANNED	Panch/Mun Ccontribution/ unit	Beneficiary Contribution / unit	Other Local Contributions
1996-97	3500	1000	2000	1000	500
1997-98	3800	2000	2000	1000	800
1998-99	4200	2000	2500	1200	500
1999-2000	4200	2500	2500	1200	500
2000 Dec'	4500	2500	2500	1500	500

**2.1a WATER-LOGGED DESIGN (Contribution Pattern)**

YEAR	COST / UNIT	# of UNITS Planned	Pnch/Mun Contribution	Beneficiary Contribution	Other Local Contribution	TOTAL
1996-97	3500	1000	2000000	1000000	500000	3500000
1997-98	3800	2000	4000000	2000000	1600000	7600000
1998-99	4200	2000	5000000	2400000	1000000	8400000
1999-2000	4200	2500	6250000	3000000	1250000	10500000
2000 Dec'	4500	2500	6250000	3750000	1250000	11250000
<b>TOTAL</b>		10000	23500000	12150000	5800000	41250000

**2.2 Non-WATER-LOGGED DESIGN (Contribution Pattern unit-wise)**

YEAR	COST / UNIT	# of UNITS PLANNED	Panch/Mun Ccontribution/ unit	Beneficiary Contribution / unit	Other Local Contributions
1996-97	3000	1000	2000	800	200
1997-98	3200	3500	2000	800	400
1998-99	3500	3500	2500	800	200
1999-2000	3800	3500	2500	800	500
2000 Dec'	4000	3500	2500	1000	500

**2.2a Non-WATER-LOGGED DESIGN (Contribution Pattern)**

YEAR	COST / UNIT	# of UNITS Planned	Pnch/Mun Contribution	Beneficiary Contribution	Other Local Contribution	TOTAL
1996-97	3000	1000	2000000	800000	200000	3000000
1997-98	3200	3500	7000000	2800000	1400000	11200000
1998-99	3500	3500	8750000	2800000	700000	12250000
1999-2000	3800	3500	8750000	2800000	1750000	13300000
2000 Dec'	4000	3500	8750000	3500000	1750000	14000000
<b>TOTAL</b>		15000	35250000	12700000	5800000	53750000



**PROPOSED BUDGET FOR HOUSEHOLD LATRINES FOR THE PERIOD 1996 - 2000**

**NGO SUPPORTED PROGRAMME**

**3 1 WATER-LOGGED DESIGN (Contribution Pattern unit-wise)**

YEAR	COST / UNIT	# of UNITS PLANNED	NGO Contribution/ unit	Beneficiary Contribution / unit	Other Local Contributions
1996-97	3500	500	2000	1000	500
1997-98	3800	1000	2000	1000	800
1998-99	4200	1000	2500	1200	500
1999-2000	4200	500	2500	1200	500
2000 Dec'	4500	500	2500	1500	500

**3 2 Non-WATER-LOGGED DESIGN (Contribution Pattern unit-wise)**

YEAR	COST / UNIT	# of UNITS PLANNED	NGO Contribution/ unit	Beneficiary Contribution / unit	Other Local Contributions
1996-97	3000	500	2000	800	200
1997-98	3200	1000	2000	800	400
1998-99	3500	1000	2500	800	200
1999-2000	3800	2000	2500	800	500
2000 Dec'	4000	2000	2500	1000	500

**3 1a WATER-LOGGED DESIGN (Contribution Pattern)**

YEAR	COST / UNIT	# of UNITS Planned	NGO Contribution	Beneficiary Contribution	Other Local Contribution	TOTAL
1996-97	3500	500	1000000	500000	250000	1750000
1997-98	3800	1000	2000000	1000000	800000	3800000
1998-99	4200	1000	2500000	1200000	500000	4200000
1999-2000	4200	500	1250000	800000	250000	2100000
2000 Dec'	4500	500	1250000	750000	250000	2250000
TOTAL		3500	8000000	4050000	2050000	14100000

**3 1a Non-WATER-LOGGED DESIGN (Contribution Pattern unit-wise)**

YEAR	COST / UNIT	# of UNITS Planned	NGO Contribution	Beneficiary Contribution	Other Local Contribution	TOTAL
1996-97	3000	500	1000000	400000	100000	1500000
1997-98	3200	1000	2000000	800000	400000	3200000
1998-99	3500	1000	2500000	800000	200000	3500000
1999-2000	3800	2000	5000000	1800000	1000000	7800000
2000 Dec'	4000	2000	5000000	2000000	1000000	8000000
TOTAL		6500	15500000	5600000	2700000	23800000





## FUND FLOW CHART FOR CRSP ASSISTANCE

### HOUSEHOLD LATRINES

YEAR	TOTAL UNITS PLANNED (WL & Non-WL)	CRSP CONTRIBUTION PER UNIT	TOTAL CRSP CONTRIBUTION
1996-97	3,500	2,000	Rs. 7,000,000
1997-98	9,500	2,000	Rs. 19,000,000
1998-99	10,000	2,500	Rs. 25,000,000
1999-2000	10,000	2,500	Rs. 25,000,000
___ - 2000 Dec'	7,000	2,500	Rs. 17,500,000
<b>TOTAL</b>	<b>40,000</b>		<b>Rs. 93,500,000</b>

### INSTITUTIONAL LATRINES

YEAR	TOTAL UNITS PLANNED	COST PER UNIT	TOTAL CRSP CONTRIBUTION * (50%)
1997-98	250	8,000	Rs. 1,000,000
1998-99	250	9,000	Rs. 1,125,000
1999-2000	250	10,000	Rs. 1,250,000
___ - 2000 Dec'	250	12,000	Rs. 1,500,000
<b>TOTAL</b>	<b>1,000</b>		<b>Rs. 4,875,000</b>

### ENVIRONMENTAL SANITATION

YEAR	CRSP CONTRIBUTION
1997-98	Rs. 912,500
1998-99	Rs. 912,500
1999-2000	Rs. 912,500
___ - 2000 Dec'	Rs. 912,500
<b>TOTAL</b>	<b>Rs. 3,650,000</b>

### FUND FLOW

YEAR	CRSP CONTRIBUTION
1996-97	Rs. 7,000,000
1997-98	Rs. 20,912,500
1998-99	Rs. 27,037,500
1999-2000	Rs. 27,162,500
___ - 2000 Dec'	Rs. 19,912,500
<b>TOTAL</b>	<b>Rs. 102,025,000</b>



## CRSP SUPPORT REQUESTED

### 1 HOUSEHOLD LATRINES

YEAR	TYPE	CRSP	# of LATRINES PLANNED	TOTAL COST	
		CONTRIBUTION		EXPECTED	
96-98	WL	2000	5000	10000000	
98-2000	WL	2500	11500	28750000	
96-98	Non WL	2000	8000	16000000	
98-2000	Non WL	2500	15500	38750000	
			40000	<b>93,500,000</b>	

### 2 INSTITUTIONAL LATRINES

YEAR	TYPE	CRSP CONTRIBUTION	# of LATRINES PLANNED	TOTAL COST EXPECTED
98-2000	IL	<b>4,875,000</b>	1000	9750000

### 3 ENVIRONMENTAL SANITATION

Drainage, soakpits	73 panchayats	3,650,000	
Compost pits			
<b>TOTAL FUNDS REQUESTED FROM CRSP</b>			<b>102,025,000</b>



### 3. The Strategy

The IEC strategy with the aforementioned objectives is scheduled for a time frame of 12 months from the reset of the programme.

#### 3.1 Stages in the strategy

The major stages in the strategy are:

1) Preparatory stage, Intense Mobilization and Implementation Stage and Consolidation & Follow up Stage.

##### 3.1.a Preparatory Stage - Three Months

The Object of the preparatory stage is to sensitize the partners on total sanitation concept and programme and to equip them with the necessary knowledge and skills to effectively undertake the programme. Identification, selection and formation of Task Force Members (Panchayat & District), Training and Human Resource Development of the task force members, assigning of duties to task force members, Assessment of sanitation/hygiene status of Panchayat/District, Action Plan preparation, co-ordination, resource pooling and general hygiene education campaigns are the major activities in this stage.

##### 3.1.b Mobilization Stage - 3-6 Months

During this intense activity stage planned activities are carried out in the sequential manner.

This stage is characterised by intense thrust on information, educational empowerment and communication. Infra structural facilities within the Panchayat and outside the Panchayat, District level Time Frame could be availed.

The householders are informed and empowered not only to own a latrine but to share its advantages with the neighbours who do not have latrines, to think why cost should be shared, to demand quality construction from the masons and supervisors, to evaluate the overall programme and to understand the hygienic and maintenance aspects. A face to face interaction helps to clear doubts and builds better and strong relationships between the community and the motivators programme implementors. Besides interpersonal education, this stage also features group and mass approaches for small group and general public.



### 3.1.c Consolidation State

This is the last stage of the one year action plan, though at times it could be the beginning of another year's programme. During this stage, the householder, the community, the Panchayat and the District Time Frame having acquired sufficient skills in implementing the programme would be self facilitators for extending the programme to fellow neighbours, neighbouring groups, adjacent panchayat and adjacent District. At State level, neighbouring States might come to learn the programme and try it out in their State. Then it could also be called an extension plan as there are tremendous scope for extension of the programme during this phase.

As is quite explicit from an experience, a total sanitation programme is not something that could be achieved in a period as short as twelve calendar months. It is a long time affair. Determination and a persistent but sustained effort on the part of all partners could prove to proclaim the need for participatory approach in community efforts and thus could be proud pioneers of total Sanitation Programme.

## 4. The Financial Implications

The IEC component is an integral part of any total sanitation programme: it is not an appendix that may or may not be considered if there is budget provision. As stated earlier in this document, crores of our hard earned money had been wasted because of the relatively negligent attitude of planners in yester years toward this most essential component. Hence, it is imperative that panchayat, District and State level agencies earmark an appropriate amount to cater to this need. It could be proved with concrete evidence that the investment in this sector is bound to give manifold dividends in the years to come in terms of increased living standards increased productivity and increased State and National Health.





# INFORMATION, EDUCATIONAL EMPOWERMENT AND COMMUNICATION (IEC) STRATEGY FOR LOW COST SANITARY LATRINE PROGRAMME IN KERALA

## 1.0 INTRODUCTION

1.1 In the wake of the 73rd and 74th Constitutional Amendments and consequent delegation of powers to local bodies and local communities, the thrust given to local level planning and implementation by both the State and the Central Governments, the focus on basic issues such as provision of drinking water and sanitation facilities to the urban and rural poor, demands a simple, but strategic framework for 'informing, empowering and communicating' on this theme, to serve as a guideline. The Socio Economic Unit Foundation, based on its first-hand field experiences, realities and challenges over a decade in this field, is presently endeavouring to embark a model IEC Strategy, the first of its kind in Kerala, to streamline, guide and coordinate the various sectors, institutions and individuals in the ambit of this prudential programme.

1.2. The major issues to be addressed here could be broadly categorised into five components. They are:

- Personal Hygiene
- Handwashing after defecation and before meals
- Environmental Hygiene
- Construction, usage, proper upkeep and maintenance of latrines
- Diarrhoea prevention and management



### 1.3 The Relevance:

The history of rural sanitation in urban and rural Kerala as well as in India at large, reveals that crores of rupees had gone to drains because of non utilisation and poor functional quality of latrines constructed through various govt. and non govt. agencies. An indepth investigation on the causes and consequences of this would discern the lack of the following key aspects in the sanitation programme.

- ⇒ Total Involvement of the target groups.
- ⇒ Awareness regarding the need for latrines, low cost technology, its proper usage, maintenance and upkeep.
- ⇒ Coordination of agencies in the sector.
- ⇒ Appropriate skills and capacities to initiate, demand and implement need based, userfriendly design and cost effective sanitation programmes and shoulder responsibilities related to different tasks and activities.
- ⇒ Motivation to consider health as the primary responsibility of the Individual rather than that of the government.



## 2.OBJECTIVES

### 2.1 General Objective:

2.1.1 To serve as a guideline to plan, implement and monitor IEC Activities related to sanitary latrine programme with the wider perspective of a "Cleaner Kerala".

2.1.2 To Institutionalise the concept and strategy of "an integrated IEC and Sanitation Package" within the State, District, Block, Gram Panchayath, Grama Sabha, Municipal and Corporatiion Bodies.

### 2.2 Specific Objectives:

2.2.1 To develop a District IEC Strategy as a base model to work on in a well defined and sequential manner.

2.2.2. To formulate District Task Forces, Dt. Resource Centres, State Task Force and State Resource Centre to address issues specific to personal and environmental sanitation.

2.2.3 To Plan, Implement and Evaluate Training Programmes to familiarise the various partners with the different aspects of the Strategy .

2.2.4 To propagate the need, state of the art technology, available infrastructure and other significant factors on low cost sanitary latrines.



- 2.2.5. To promote the concept of cost sharing by needy householders, local bodies and other agencies in sanitary latrine programmes.
- 2.2.6 To assist the various partners in the programme to find ways and means to mobilise and pool local resources for total sanitation programme in the panchayaths and in the districts.
- 2.2.7 To motivate all householders to own a sanitary latrine and to sustain the motivational level in using and maintaining the latrine.
- 2.2.8 To imbibe positive behavioural changes among people from all walks of life with regard to personal hygiene.
- 2.2.9 To focus the thrust on weaker areas and pockets in the panchayath as well as in the district.
- 2.2.10 To evoke collective responsibility and dynamic action oriented approach among the community as well as among the individuals towards environmental hygiene standards.
- 2.2.11 To Facilitate the District and State Bodies to achieve total sanitation in Kerala through,
- a) appropriate adaptations and interventions in the strategy.
  - b) production and distribution of relevant communication materials for mass media, group and interpersonal education through empowerment.
- 2.2.12 To Strengthen the skills of the local bodies to undertake and implement low cost sanitation programmes with IEC as an integral part of the whole package.





2.2.13 To focus gender issues in sanitation programmes.

2.2.14 To develop a simple and effective monitoring system to assess,

- a) the functionality and utility of sanitary latrines
- b) the incidence of diarrhoeal diseases with the users of sanitary latrines
- c) standards of personal and environmental Hygiene observed by the community as a whole
- d) Change in the practice of disposal of childrens excreta , and
- e) Practice of Handwashing after defecation.

2.2.15 To develop rapid appraisal techniques for rural and urban areas (replacing elaborate surveys) to elicit pertinent information regarding the sanitation/hygiene status of each gram panchayath.

2.2.16 To promote a data bank system for sanitation related information within the local bodies and the district to serve as ready reckoner for future planning by government and other interested agencies.



**IEC PLAN OF ACTION AND ACTIVITY SEQUENCE OF ONE YEAR DURATION  
FOR HOUSEHOLD SANITATION PROGRAMME IN A PANCHAYATH**

S No	NAME AND BRIEF DESCRIPTION OF ACTIVIT	OBJECTIVE	TIME FRAME QUARTERLY				METHODS /TOOLS	AGENCY RESPONSIBLE
			1	2	3	4		
A	PREPARATORY PHASE	and implement total sanitation programme. To prepare the district and Panchayath bodies to initiate	■				Participatory/ formal /informal	All Partner Agencies
1.	District level Meeting of all partner agencies convened by Dt. Collector/ Dt. Panchayath President	Presentation of the proposed Strategy of IEC for total Sanitation programme	■				Discussion	District Collector/ Dt Panchayat President/Secretary. Official from the Soc. Economic Unit a resource person
2.	Panchayath level Meeting (First)	I Identification/Nomination of Panchayath Coordinator for Sanitation Programme	■				Opinion Poll/ Past records of creditable social service	Panchayath Members
3	Convening of Grama Sabhas and identification of two sanitation volunteers from each GramaSabha	I Identification Of Two volunteers each from the Gram Sabhas in a panchayath. Average 20 for a panchayath)	■				Opinion Poll/ social Acceptance/Inclination for field work	Grama Sabha Members
4	Formation of Panchayath Sanitation Task Force/ P. San Committee Panchayath Meeting (Second) Sanitation Committee (P.Members,Secretary, Grama Sabha Volunteers, Village Extension Officer, Health Inspector/ Public Health Nurse, ICDS Personnel)	Constituting a permanent/nodal body in the Panchayath which will be wholly and severally responsible for total sanitation programme in the panchayath	■				Nomination of selected members	Panchaya Sanitatio Coordinator



5	Training of Panchayath sanitation task force	Capacity Building of Panchayath Task Force	■				Participatory Techniques Capacity Building Tools/Kits	Socio Economic unit's Resource Personnel
6	Panchayath's First Task Force Meeting	To Prepare detailed action plan for the panchayath's total sanitation programme	■				Guidelines for preparing action plan	Panchayath Sanitation Coordinator (PSC)
	(Model Latrine Construction)							
7	Grama sabha/village level Meeting (Second)	Dissemination of information regarding latrine programme-Demand generation-cost sharing	■				Participatory Tools/Exhibits Printed Materials	Panchayath Task Force
8	Invite Application for latrine units	To run a demand driven programme rather than a supply driven programme  To keep a record of needy households  To initiate further actions in low response areas	■				Printed Application forms	Panchayath Task Force
9	Rapid information collection on health status of the panchayath (Secondary Information of six months' validity, if available could be substituted)	To collect information on sanitation and hygiene status of the panchayath	■				Observation checklists/ Rapid Assessment Tools	Grama sabha volunteers
10	Consolidation of data and preparation of Sanitation status report (copy of the report to be sent to the District Sanitation Task Force)	A ready reckoner for the total sanitation programme in the panchayath	■				Rapid assessment Details/ and accessories	Health Inspector/Public Health Nurse
11	Assessment and prioritising of households where latrines are to be constructed	Based on the report from the Rapid Assessment	■				Rapid Assessment Report	P Task Force



8	MOBILISATION PHASE	Intense mobilisation motivation empowerment communication and coordination to achieve total sanitation	■	■	■		Participatory/ Massmedia. interperesonal /House visits	P Task Force
1	District Task Force review and support Meeting	To review the progress of total sanitation programme To coordinate and pool all resources available for the mobilisation and successful implementation of the programme , to support and guide wherever necessary, to laiseand facilitate statelevel agencies' services. to document the sanitationstatus of the various panchayaths/local bodies		■	■			Dt. Collector/Dt P Pre edent/ Dt.P Secretary
2.	General Health Education campaigns on personal and environmental Hygiene for the general Public	Sensitising the general public on sanitation issues	■	■			/ Films/Slides Printed Materials/ Participatory Tools	Public Health Staff P Task Force Dt Task Force
3	Motivating all the households without sanitary latrines to apply and /or to construct latrines	To create felt need and to achieve total sanitation in the panchayath	■	■			Interpersonal and intra-personal	P Task Force
4	Panchayath Task Force Meetings - Scrutiny of application forms	Selection of households to be included in the latrine programme. Other important decisions relating to beneficiary contribution, panchayath contribution, contribution from other sources etc.	■	■			Filled in Application forms/Rapid Assess Report	P Task Force
5	Informing individual householders regarding their selection in the latrine programme	To initiate Participation in the programme	■	■			A n y appropriate And reliable communication medium	Gramasabha volunteers / P. Members/ Secretary



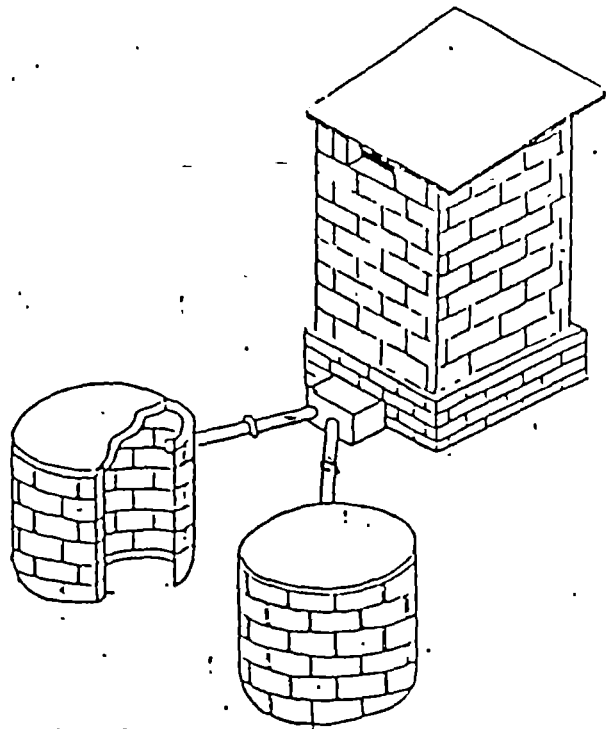


6.	Small Group Meetings of selected householders :Detailed discussions on : 1.Construction Aspects 2. Cost sharing Aspects 3 Participation Aspects 4Hygiene Aspects 5 Other Related Aspects relevant to the area / group for clarification of doubts	Community Empowerment , Participation and Motivation .Thorough Understanding of the sanitation programme. their individual and collective responsibility,venue for clearing doubts and musgivings	■	■			Training Kit to be prepared by the P Task Force based on the model kit received at their training by SEU	P Task Force
	( Remits Householders and Panchayath's Cotribution)		■	■				
	(Marking of location for digging the pit/s)		■	■				
	(Digging of pits by the householder)		■	■				
	(Collects construction materials through grama sabha volunteers and panchayath sanitation coordinator )		■	■				
	(Construction of latrine unit)		■	■	■			
1	Interpersonal education and communication through the masons on technical aspects and water seal maintenance in the latrine	To equip the householder with sufficient skills for keeping the latrine funcuonal	■	■	■		Inter personal	Trained Masons
8.	Panchayath Task Force Meetings	To review the progress and facilitate smooth and efficient implementation of the programme						P San Coordinator
	(Supervision to ensure quality)		■	■	■	■		

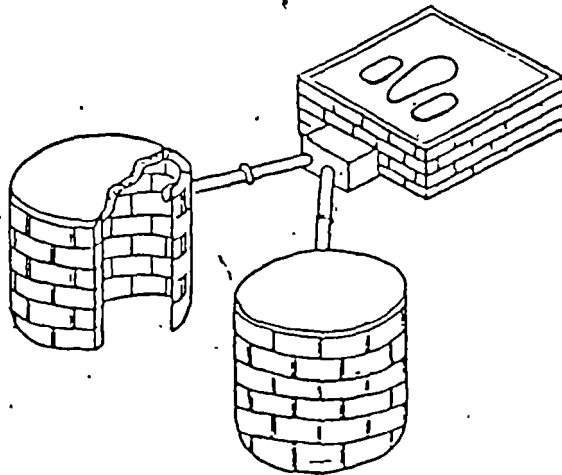


C	CONSOLIDATION PHASE	Consolidation of Activities, evaluation and planning for future programmes			■	■		
1	Education to the new owners of latrine on usage and maintenance	To equip the householders with sufficient skills in the proper usage and maintenance of the latrine			■	■	Booklet on use / Maintenance / Participatory Tools	Grama Sabha Volunteers
2	P Task Force Meetings	To consolidate activities and prepare a status report for the panchayath ( Copy to the Dt. Task Force)			■	■		P San.Coordinator
3	Supervision to ensure completion of work	To ensure quality maintenance and completion of latrines -ready for usage by the householders			■	■	completion check list	P Task Force
4	Monitoring of latrine units for various indicators of functionality, utilisation, cleanliness and maintenance	To assess the impact of sanitation programme To undertake appropriate interventions in areas of non utilisation and poor maintenance				■	Printed monitoring format (Sample format in the training kit)	Grama Sabha Volunteers
5	Follow Up As Required and planning to meet future needs	To sustain the momentum generated during the implementation phase				■	To be worked out	P Task Force

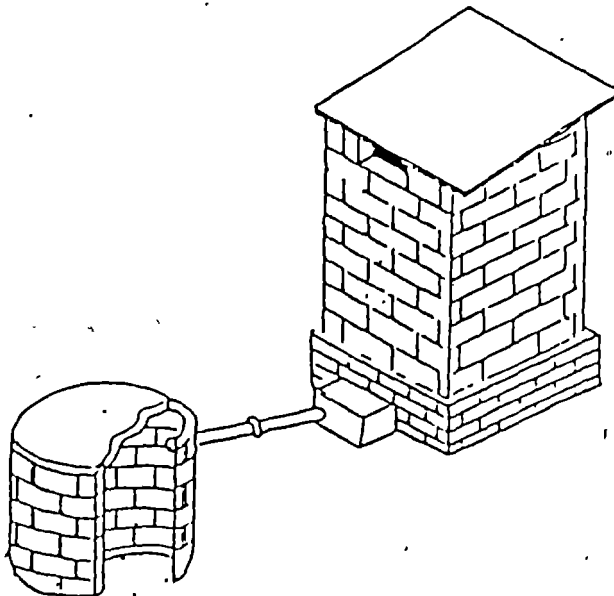




TWIN PIT LATRINE WITH SUPERSTRUCTURE (CEMENT SAND BRICKS)

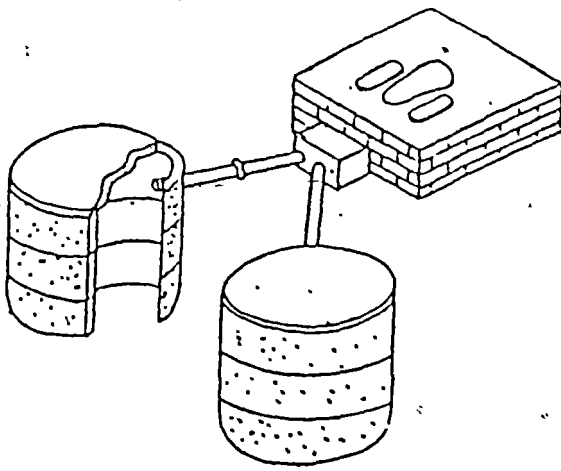


TWIN PIT LATRINE WITHOUT SUPERSTRUCTURE (CEMENT SAND BRICKS)

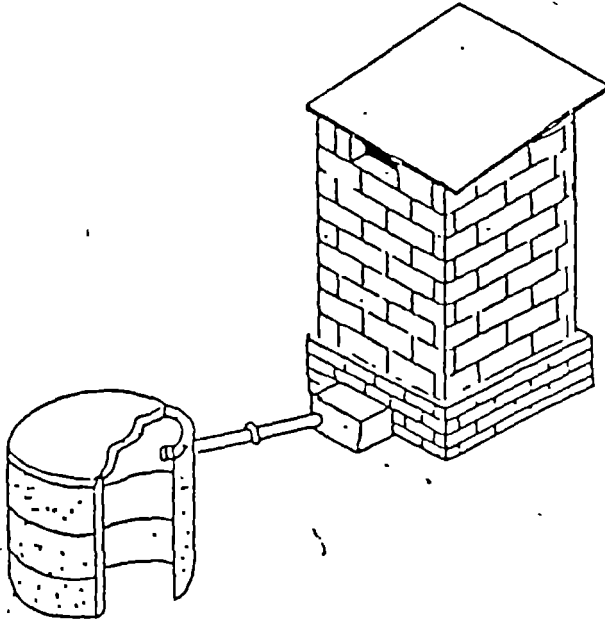


SINGLE PIT LATRINE WITH SUPERSTRUCTURE (FRAME CONCRETE AND PLASTER)  
(CEMENT SAND BRICKS)

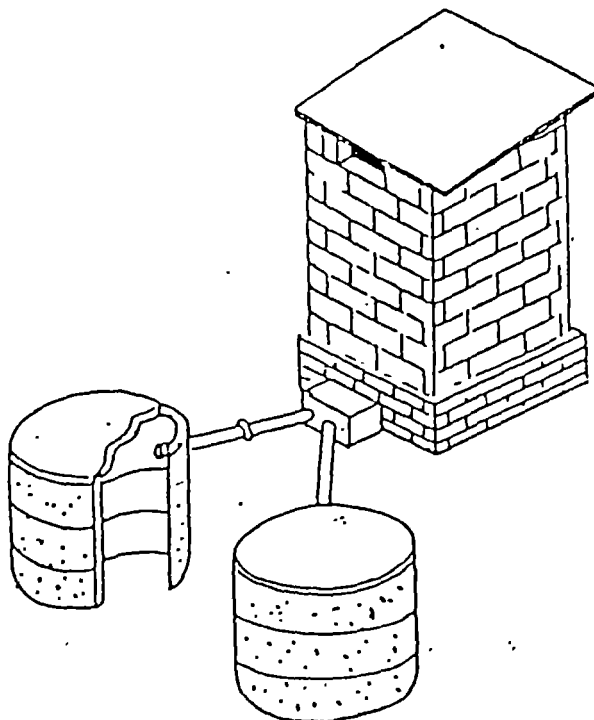




TWIN PIT LATRINE WITHOUT SUPERSTRUCTURE (PLAIN CEMENT CONCRETE RINGS)



SINGLE PIT LATRINE WITH SUPERSTRUCTURE (PLAIN CEMENT CONCRETE RINGS)



TWIN PIT LATRINE WITH SUPERSTRUCTURE (PLAIN CEMENT CONCRETE RINGS)

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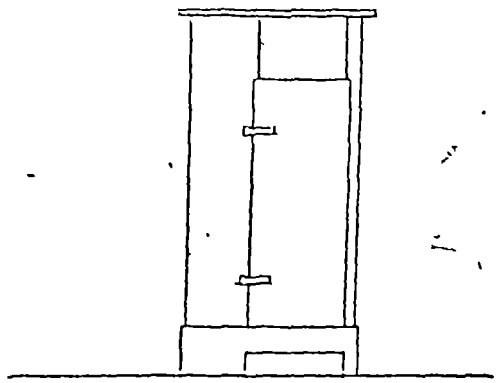
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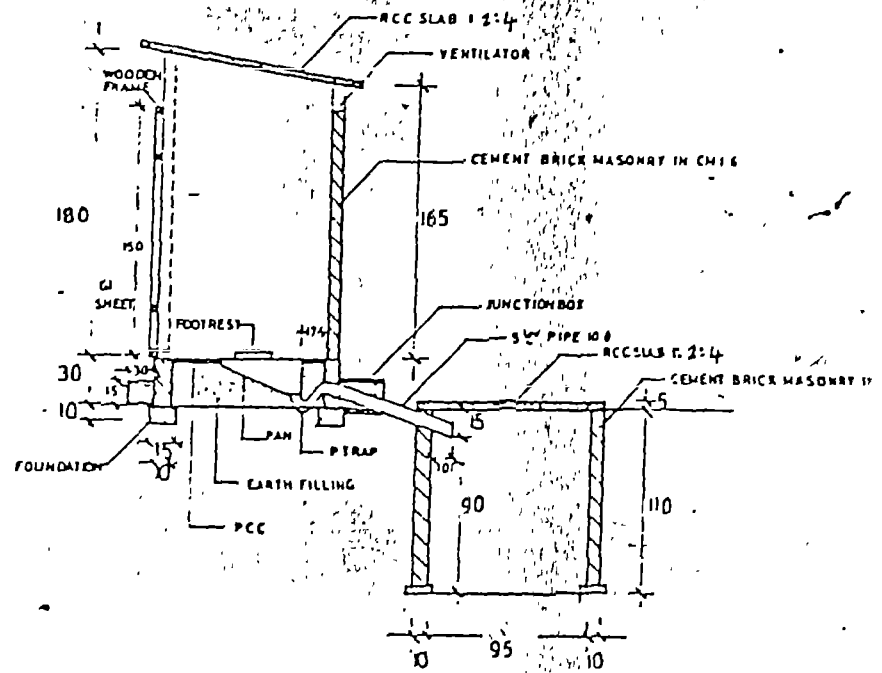
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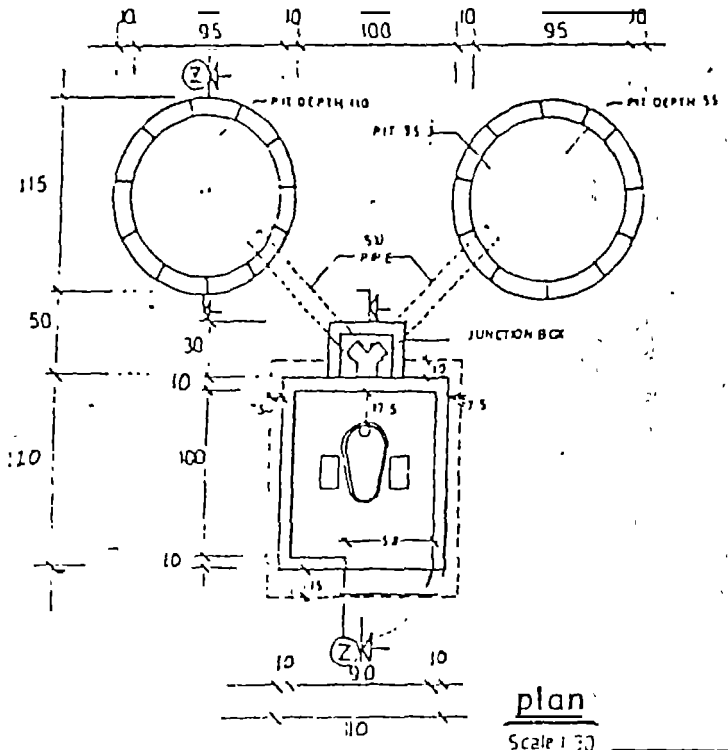
# PLAN OF THE LOWCOST SANITATION UNIT (TWIN PIT)



Front elevation



section on Z-Z



plan

Scale 1:30

### Reinforcement Details

PIT COVER SLAB (TWO PIT) 6 mm  $\phi$  4110 dia

BAR LENGTH IN CM	NO OF PIECES	TOTAL LENGTH
108	4	
100	8	19.72 m
80	8	

Roof slab 6 mm  $\phi$  46x12

142	6	
122	6	15.64 m

(ALL DIMENSIONS IN CENTIMETRES)

SEU Foundation

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