

A CLEANER KOLLAM

CAMPAIGN FOR TOTAL SANITATION

**KOLLAM DISTRICT TOTAL SANITATION PROGRAMME
1997-2001**

822-INKE97-13764

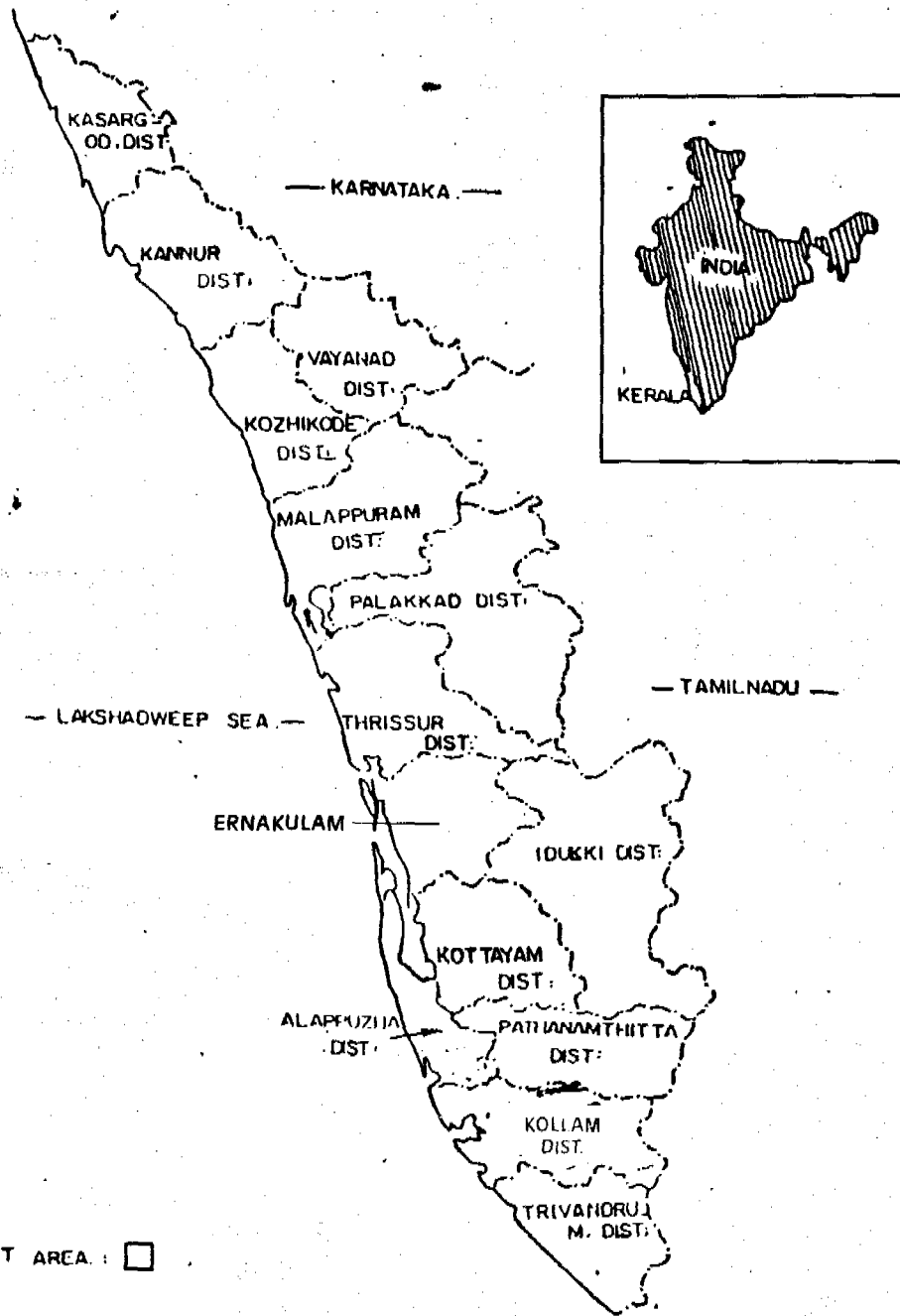
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CAMPAIGN FOR TOTAL SANITATION

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**KOLLAM DISTRICT TOTAL SANITATION PROGRAMME
1997-2001**

STATE MAP



1. SUMMARY

1. Name of the Project

"Kollam District - Total Sanitation Programme"

2.0 Location of the Project

Kollam District, Kerala State.

2.1 Coverage.

All households without proper sanitation facilities in Kollam District.

2.2 Participants

Kollam District Sanitation Committee will be responsible for the implementation of the proposed project. The Project will be taken up in collaboration with the Panchayats, Municipalities, Non-Governmental Organisations, Beneficiaries and the local community.

3.0 Overall Objective

To improve the health and living standards of the people of Kollam District by reducing incidence of water borne diseases.

3.1 Project Objective

- (i) To create awareness among the community on the need for sanitation and hygiene;
- (ii) To construct sanitary latrines for 1,70,000 households in the district before the end of March 2001;
- (iii) To provide or arrange to provide facilities for safe disposal of household and other solid wastes;

- (iv) To provide or arrange to provide proper drainage facilities;
- (v) To establish Sanitary Marts and Production Centres; and
- (vi) To construct and maintain Pay & Use Public Comfort Stations, and Institutional Latrines for Schools/ Anganwadies/PHCs/Public Institutions.

4. Activities

- i) Undertake Environmental and Hygiene Education and Awareness Programmes;
- ii) Cover 100% of the households with Low-Cost Sanitary Latrines;
- iii) Construct Low-Cost Latrines (Institutional) for 61 selected needy schools of Kollam District;
- iv) Construct Institutional Latrines for Public Institutions like Anganwadis, PHCs and others;
- v) Arrange facilities for proper drainage and safe disposal of all household and other solid wastes;
- vi) Establish 13 Sanitary Marts and Production Centres (one in each Block);
- vii) Undertake locally relevant environmental activities;
- viii) Produce IEC materials on water and sanitation;
- ix) Undertake training for local masons on sanitary construction techniques;
- x) Undertake training for members of Ward Sanitation Committees; Teachers; Field-level Staff of various NGOs and Partner Agencies; and
- xi) Monitor District Sanitation Mission and Block Sanitation Mission on Monthly and Quarterly basis.

5. Project Period

4 years, beginning in January, 1997, and ending on 31st March, 2001.

2. BACKGROUND

2.1. Government/Sanitation Policy

In the past, sanitation was centred on sanitary disposal of human excreta. Even now, for many people, sanitation simply means construction of latrines. However, in reality the term encompasses all the issues connected with the control of environment for preventing disease and promoting 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 facilitates initiatives in other aspects of sanitation like construction of bathrooms, digging of soakage and compost pits, maintenance of drainage facilities, proper use of water, and so on.

India lags behind many countries in the field of environmental sanitation. The lack of proper sanitation facilities in rural areas is one of the factors that has adversely affected 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 rural areas have been major causes for many killer diseases. The reason for high infant mortality rate is also attributed largely to poor sanitation. Thus, improvement in the health status of the people, especially that of children, presupposes large strides in rural sanitation.

Priority for environmental sanitation had not received adequate attention till the beginning of the VI Five Year Plan. Environmental Sanitation was almost a neglected sphere of activity. This is evident from the very meagre financial commitments of the Centre and the State, and the lack of integrated and co-ordinated policies and strategies for development of sanitation facilities in rural as well as urban areas. The magnitude of the problem is evident from the fact that as on 31-8-1981 only 28 million people (0.5% of the population) had basic sanitation facilities.

2. BACKGROUND

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International Drinking Water Supply & Sanitation Decade was launched in 1981 with a target of 25% latrine coverage in the rural areas of India over the next 10 years. However, it did not receive the desired impetus. During the VII Five Year Plan a new programme for the construction of Sanitary Latrines was launched for village level institutions such as Health Centres, Schools, Anganwadis, and no on. Further, construction of individual household latrinés was supported under a number of Government programmes having social objectives. The Ministry of Rural Development was made the nodal Ministry in 1986 for Planning, Implementing, Supervising and Co-ordinating the Central Rural Sanitation Programme (CRSP). The national programme of CRSP stipulated that 50% of the resources given for sanitation should be provided by the Central Government and 50% by the State. In 1986 the Council for Advancement of People's Action and Rural Technology (CAPART) was formed to accelerate the implementation of Rural Sanitation Programmes through NGOs.

During the VII Five Year Plan, and the two Annual Plans, a financial outlay of about Rs.3179.3 million was earmarked under the programmes of the Central and State Governments. The percentage of rural population covered by sanitary facilities under the State and Central Sector Programmes was 2.8% at the end of 1991-92 as against 0.8% at the commencement of the VII Five Year Plan.

The total rural population of India is 627.1 million (1991 Census). The households having sanitary facilities are about 10% of this. This means 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.2,82,250/- million will be required for the purpose. In the VIII Five Year Plan, Central Government have allocated substantial amount for Rural Water Supply and Sanitation Programme.

2.1.1 Implementation in Kerala

A wide range of Govt. Departments and Agencies are involved in the implementation of sanitation programmes in Kerala. In the last 5 years many more public institutions and private agencies have become involved. In the Public Sector, there are 4 centrally funded programmes and other special component programmes, as also the programmes supported by the Bilateral Agencies (DANIDA, DGIS) and International Organisations (World Bank, UNICEF and other donors). Implementers include Departments of Rural Development, Fisheries, Municipalities and Panchayats; Socio-Economic Units, local NGOs, and so on.

The Rural Development Department of the State implements the CRSP and the Minimum Needs Programme through the Rural Development Blocks. Government of India provide 50% of the funds for these programmes. The remaining portion has to be provided for by the State Government. The Table given below gives an overview of the development of CRSP and MNP in Kerala from 1986 to 1995.

Table 1

Development of Central Rural Sanitation Programme and Minimum Needs Programme in Kerala State from 1986-87 to 1994-1995

Year	Central Rural Sanitation			Minimum Needs programme Programme				
	Target number of latrines	Achievement	Allocation (1000 Rs.)	Expenditure (1000 Rs.)	Target (Physical)	Achievement	Allocation (1000 Rs.)	Expenditure (1000 Rs.)
1986-87	1200	81	28.9	6.0	NA	2669	NA	13.5
1987-88	1200	1369	59	21.8	2000	815	25.0	14
1988-89	1705	771	83.8	4.2	1000	1599	15.0	17.0
1989-90	1023	73	74	0.2	8000	0	50.0	33
1990-91	1845	0	74	0	8000	1469	61.5	19.9
1991-92	7422	3911	148.4	24.7	3000	0	60.00	NA
1992-93	3711	2100	84.2	25	3000	0	70.00	0
1993-94	15000	7868	97.2	256.3	11250	6858	225.00	107.1
1994-95 CRSP & MNP	15956	20733	194.0	303	Included under CRSP	Included under CRSP	200.00	136.4

Sources: 1. Report of Annual Review Meeting 22-23 May 1995, Rajiv Gandhi National Drinking Water Mission, Ministry of Rural Development, Government of India, New Delhi.

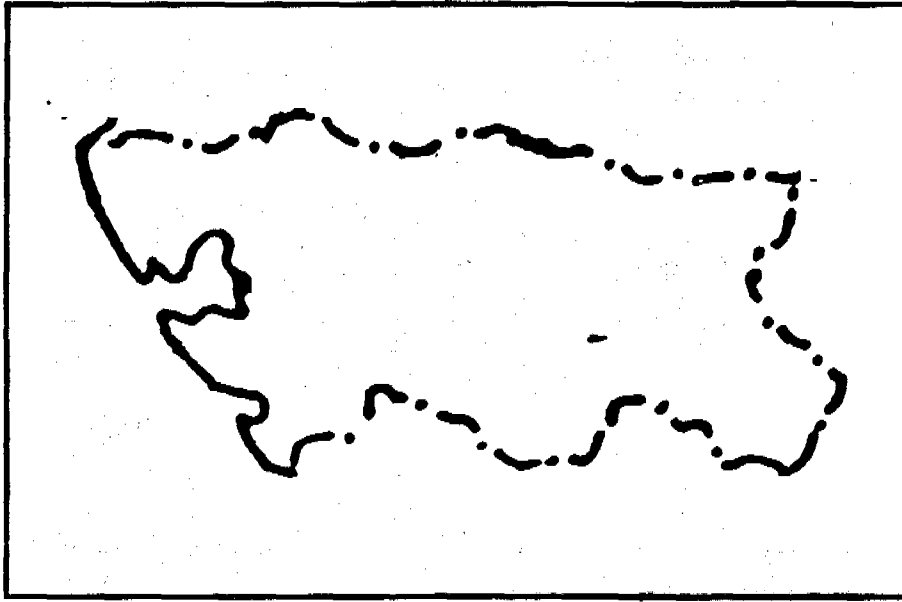
2. Commissionerate of Rural Development, Government of Kerala, March 1995.

Over 50000 household latrines have already been constructed in the course of the last 8 years through the Dutch-Danish supported Latrine with Education Programme which is being implemented through the Socio-Economic Units.

CAPART has provided Approximately Rs.430*million to 122 NGOs in Kerala from 1987 to 1992 for building approximately 24000 latrines. However, no data are available on the number of latrines constructed through these NGOs. Despite this, on an average, only below 1% of the households is covered in a year. The impact is greatly diluted by faster growth in population and number of households. At this rate it will take more than a hundred years to have 100% coverage of the households.

In 1988 the Government of Kerala established a State-level Sanitation Cell in the Rural Development Department. According to the Government Order, the objectives of the Cell are to co-ordinate sanitation activities, to help the State in the formulation and planning of sanitation programmes, and to provide assistance and technical support, including Education/Training and Construction, to implementing agencies at State, District and Block levels. Subsequently District Sanitation cells were established for accelerating the sanitation activities at District and lower levels. In spite of these efforts there does not appear to be a comprehensive overview of the situation, or a widely shared approach for future sanitation programmes in the State. Notwithstanding the existing policies and programmes, the population coverage for sanitation was only 9% for India as a whole, and 22% for Kerala.

2.2. District Profile



Kollam is a land of Cashew, Fish and Coir. It is one of the most picturesque parts of Kerala, with enchanting natural endowments varying from the majestic hills and forests in the East to the beckoning blue lagoons and backwaters in the West. One of the most fascinating spots in the district is the Ashtamudi Lake. The lake branches into eight creeks (as its name itself suggests), and serves as a centre of attraction for tourists.

In days gone by, Kollam was the capital of a powerful kingdom called 'Venad'. Venad flourished during the 9th century AD. According to some historians, the Malayalam Year, called 'Kollam Era', was established by King Udaya Marthanda Varma, King of Kollam, in 825 AD.

In the earliest days Phoenicians, Persians, Greeks, Romans, Arabs and Chinese used to frequent the ports. The descriptions by famous travellers like Marco Polo, Ibn Batuta, Suleiman of Siraf and others highlight the historical importance of Kollam as a commercial town.

Kollam maintains this tradition even today and it is still one of the major industrial and commercial centres of Kerala. It is also the nerve centre of Kerala's Cashew industry.

2.2.1 Physiography

Kollam District lies on the South West coast of Kerala, and is bounded in the North by Alappuzha; in the North East by Pathanamthitta; in the East by Thirunelveli; in the South by Thiruvananthapuram; and in the West by the Arabian Sea. It has steep hills in the East and a long low lying coastline of 37 Kms in the West. There are numerous rivers, lakes and backwaters.

2.3. Features of the Sector

The success of any project that seeks to make attitudinal changes depends on enhancing the people's capacities to improve their own lives and to take control of their own destinies.

The proposed project will enlist the co-operation of various departments and make use of the experience they already have in the fields of sanitation and hygiene. It will be endeavoured to extend sanitation and hygiene uniformly over the whole of the district through this project.

In particular, the infrastructural machinery and experience of the Rural Development Department will be utilised for the effective implementation of the programme.

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

2.4. Partner Agencies

1. Department of Rural Development
2. Department of Local Administration
3. Department of Fisheries
4. Department of Health
5. Department of Education
6. Department of Social Welfare
7. All Grama/Block/District Panchayat(s)
8. Rajiv Gandhi Drinking Water & Sanitation Mission
9. CAPART
10. Socio-Economic Unit Foundation
11. Matsyafed
12. Various Scheduled Banks

2.5. Problems to be Addressed

The population of Kerala State is 290 million. The density of population is 750 persons per sq.km, which is the second highest among the states in India, and about 2.7 times the density of 274 persons per.sq. km for the nation as a whole. The population in the costal areas is about four times higher than that of the state average. The majority of the population is engaged in primary sector activities such as agriculture, forestry, animal husbandry and fishing.

The low infant mortality rate and high life expectancy give the impression that the standard of health is high in Kerala. However, some studies conducted in Kerala demonstrate a peculiar situation of Low Mortality - High Morbidity Syndrome. A survey conducted by the National Sample Survey (1973-1974) also showed that Kerala has the highest percentage of morbidity among the Indian States. The situation has not changed even after two decades, as proved by the Kerala Sasthra Sahitya Parishad (KSSP), a voluntary organisation. In short, the health indicators of Kerala mask the less obvious unhealthy features.

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

There are 71 panchayats spread over 13 blocks in Kollam District. There are also 3 municipalities. The blockwise details of population are given below:-

Table -2

Sl. No.	Name of Block	No.of Panchayats	Population (1991 Censes)			
			Total	Women	SCs	STs
1.	Anchial	8	210648	106853	31381	2450
2.	Anchalunmoodu	4	160205	81060	16403	26
3.	Chadayamangalam	7	203296	104893	24664	361
4.	Chavara	5	152985	76893	14696	25
5.	Chittumala	5	118711	60259	18726	14
6.	Ithikkara	5	185006	95769	27170	47
7.	Karunagappally	5	181448	90863	18699	72
8.	Kottarakara	6	154080	79067	22162	37
9.	Mukhathala	5	254143	127819	28580	52
10.	Oachira	3	86903	44439	7313	8
11.	Pathanapuram	6	157202	802040	22802	355
12.	Sasthamcottah	6	14274	72091	25173	25
13.	Vettikkavala	6	177189	91243	30225	8
Total		71	2184092	1111489	287794	3480

The proposed project area consists of coastal/backwater panchayats. A substantial part of the community comprises of fishermen. Others are cashew, coir industrial and agricultural workers.

In the coastal areas the high density of population, and lack of either sanitary latrines or free land make environmental sanitation condition even worse. Since the majority of the households belongs to the fishing community, the income is very low and consequently the amenities available also are meagre. To quote from T.K.Vimala Kumari's book, **Infant Mortality among Fishermen**, "since an overwhelming proportion of families (92.2%) is defecating in the open air, and that too in the premises close to their residential area, there is 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 to the average of 32 in Kerala, and 140 in U.P., the worst place in India. From the above it

is evident that drinking water and sanitation sectors in the coastal areas require high priority.

The only way to help them come out of this extremely vulnerable and deplorable condition is provision of sanitary latrines and safe drinking water, which in turn, provides better health, better wage earning capacity, better productivity, and thus improved standards of living.

2.6. Sanitation Programme in Coastal areas

Taking into consideration the above facts, the need for sanitary latrines was projected at all public gatherings. Under the leadership of the District Collector a District Sanitation Committee was formed, and initially a Joint Coastal Area Sanitation Programme was started. Under this joint programme, the Socio-Economic Unit, the DRDA and local panchayats are trying to cover the BPL households in a few panchayats in the coastal areas. A few hundred latrines have already been completed.

These experiences conclusively prove that in Kollam District, with its large number of families without latrines, it is a comprehensive sanitation programme that is imperative rather than a small project like Coastal Area Sanitation Programme.

2.7. Sanitation Survey

A series of meetings involving the DRDA, Socio-Economic Unit Foundation, and representatives of various Scheduled Banks, have already been convened by the District Collector to discuss the programme. Sanitation Survey was conducted in various panchayats in the wake of the meetings. From the Sanitation Survey it was found that a total number of 1,48,077 households in rural areas and 3555 households in urban areas do not have latrines. Of these, 1,29,078 are from below poverty line households. (See the following table for details.) The above number was enhanced by another 10% (approximately) to provide for the new households that might come up during the period of implementation of the project, and thus the number of latrines to be constructed was fixed at 1,70,000.

Table - 3
BLOCKWISE DETAILS OF FAMILIES WITHOUT LATRINES

Sl. No.	Name of Block	No. of house holds (1991 Census)	No. of Families without Latrines Below Poverty Line house holds	Families without Latrines		Total
				Below Poverty Line	Above poverty Line	
1.	Anchal	45840	21183	13894	2313	16207
2.	Anchalummoodu	31860	14556	6140	1425	7565
3.	Chadayamangalam	43459	22447	13038	2121	15159
4.	Chavara	29652	13794	9081	1737	10818
5.	Chittumala	24550	10452	5949	1075	7024
6.	Ithikkara	36855	15186	9855	2096	11951
7.	Karunagappally	35198	13262	9768	2452	12220
8.	Kottarakara	32450	14252	10881	1459	12340
9.	Mukhathala	47769	18303	7027	2387	9414
10.	Oachira	17184	11034	6479	537	7016
11.	Pathanapuram	34071	14644	12413	1825	14238
12.	Sasthamcotta	29954	14259	8815	1255	10070
13.	Vettikkavala	37788	16892	12475	1580	14055
Total		446630	200269	125815	22262	148077

MUNICIPALITY

Sl. No.	Name of Municipality	No. of House holds	No. of House holds Below Poverty Line	Families without latrines		Total
				Below Poverty Line	Above Poverty Line	
1.	Kollam	26713	9082	1826	159	1985
2.	Paravoor	6523	2055	610	61	671
3.	Punalur	9619	3463	827	72	899
Total		42855	14600	3263	292	3555

3 INTERVENTION

3.1 Overall Objective

To improve the health and living standards of the people of Kollam District by reducing incidence of water borne diseases.

3.2 Project Purpose

- (i) To create awareness among the community on the need for sanitation and hygiene;
- (ii) To construct sanitary latrines for 1,70,000 households of the district by the end of the year 2001;
- (iii) To construct and maintain Pay and Use Public Comfort Stations and Institutional Latrines for Schools/Anganwadis/PHCs/ other Public Institutions;
- (iv) To provide or arrange to provide facilities for the safe disposal of household and other solid wastes;
- (v) To provide or arrange to provide proper drainage facilities; and
- (vi) To establish Sanitary Marts/Production Units in each block.

3.3 Activities

3.4 Sanitation Related Activities

3.4.1. Meeting of District Sanitation Committee

3.4.2. Meeting of Block Sanitation Committee

3.4.3. Meetings at Panchayat Level

3.4.4. Formation of Ward Level Sanitation Committees

3.4.5. Meetings of various NGOs/Partner Agencies

3.4.6. Formation of Panchayat Level Implementation Committees

3.4.7. Training of Resource Persons (Technical Training)

3.4.8. Receipt of Applications for Household Latrines

3.4.9. Demonstration of Latrine Construction in all Panchayats

3.4.10. Finalisation of Sanitation Beneficiary Lists

3.4.11. Training of Masons

3.4.12. Establishment of Sanitary Marts

3.4.13. Construction of Household Latrines/Institutional Latrines

3.4.14. Collection of Certificates of Completion of Latrines

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
- Motivation on cost sharing by beneficiary
- Motivation of panchayats to contribute
- Set on use and maintenance of latrine
- Special awareness programme for Pay & Use beneficiaries

3.5.3. Monthly Review Meeting and Monitoring of the Progress of Construction of Latrines, Community Participation and Hygiene Education Activities

3.5.4. Campaign on Environmental Hygiene

- Cleaning of public places
- Need for proper drainage
- Meeting for awareness of industries, hospitals, institutions on safe disposal of solid wastes

3.6 Training and Orientation

3.6. Training for Ward Sanitation Committees

3.6.2. Training for Teachers

3.6.3. Training for Community Organizers

3.6.4. Training for Staff of Health Department

3.6.5. Training for staff of Local Self Government Department

3.6.6. Orientation for Members of N.G.Os

3.6.7. Training for ICDS Workers

3.6.8. Orientation for Local Women's Groups

3.6.9. Training for Masons

3.7 Review and Monitoring

3.7. District Level Review Meeting

3.7.1. Block Level Review Meeting

3.7.2. Panchayat Level Review and Monitoring Meeting

3.7.3. Half Yearly Qualitative and Quantitative Planning by Grama Sabha

3.8 Documentation

All activities of the programme will be documented properly

4. PROJECT PERIOD

Project period will be 4 years, beginning in January, 1997, and ending on 31st March 2001.

5. IMPLEMENTATION

The Project will be implemented by the District Sanitation Committee. The President, District Panchayat, will be the Chairman, and the District Collector will be the Vice Chairman. A District Monitoring Committee will be formed from among the members of the District Sanitation Committee.

A Block level Project Monitoring Committee under the chairmanship of the President, Block Panchayat, will monitor the activities. The Panchayat-level committees will be headed by the Presidents of the Grama Panchayats. Normally the implementation will be through beneficiaries.

The estimated cost of the latrines minus the contribution of the beneficiary will be handed over to the beneficiary in instalments. Before construction of the latrines all beneficiaries will have to go through Health Education classes regarding Need, Use and Maintenance and Technical aspects of latrines. The construction will be done by trained masons under the supervision of trained members of Ward Sanitation Committees.

In addition to the Beneficiary Implementation Programme, agencies like the Socio-Economic Unit Foundation, which is 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 shall share part of the cost. All constructions will be done through people's committees. Ward Sanitation Committees will take the leadership.

Staff of Rural Development, Health and Panchayat Departments; Members, Water Committee; ICDS (nursery) workers; and SEU; must be involved in the education activities. Pictorial illustrations, instruction booklets and pamphlets will be distributed.

Health and ICDS personnel will impart health education and information in the context of their ongoing activities, with support, training and materials from SEUs. Local Youth Clubs, Mahila Samajams (Women's clubs), Voluntary Agencies, and Members of Wards, will be trained to carry out educational programmes. As noted earlier, masons (who will be trained to construct latrines) will also be trained to impart health and sanitation messages to the families for whom they work.

All selected households will be obliged to participate in three educational meetings, which would start before the construction begins. To monitor attendance, each household installing a latrine will get a special card, which the husband or wife should bring along with him/her to the session to be signed off by the educator. The mason who builds the latrine should check the card to see that educational sessions have been attended. In the sessions the responsibilities of householders, the technology adopted, the quality of water seal and junction box, and other relevant aspects such as health benefits and hygiene behaviour should be communicated.

To build management capabilities, Ward Sanitation Committees and the Panchayat Officials should be involved in the programme. Thus, planned education and training will be provided to:

- Householders in the programme;
- Members, Ward Water Committee for management and implementation skills;
- Masons for construction and health messages; and
- Panchayat Officials on management and financial procedures.

Members of Health Promotion Team in panchayats will take the lead in organisation, mobilization and education activities, with the guidance and support of Socio-Economic Unit Foundation.

IMPLEMENTATION MECHANISM

<p>CONSTITUTION OF DISTRICT SANITATION COMMITTEE</p> <p>District Panchayat President - Chairman District Collector - Vice Chairman All MP's, MLA's of the District All District Panchayat Committee Members, All Block/Grama Panchayat Presidents. DRDA Project Officer, Asst. Development Commissioner, District Planning Officer, DMO, Executive Engineers PWD, KWA, Deputy Director, Education. District Panchayat Secretary. Representatives of Socio Economic Unit Foundation, Nirmithi Kendra, Matsyafed, NABARD, Lead Bank (Scheduled & Co-operative).</p>	<p>ROLES AND DUTIES</p> <p>- General Policy making</p> <p>- Organising funds</p> <p>- Organising and phasing construction and IEC activities. (Meeting- once in six months.)</p>
<p>PROJECT IMPLEMENTATION COMMITTEE</p> <p>District Panchayat President, Chairman Convenor District Collector - Vice Chairman</p> <p>DRDA Project Officer, Convenor ADC, Dy. Director Panchayats, Education, District Planning Officer, DMO, Representative of SEU(F), Matsyafed.</p>	<p>PEC will be the Executive Committee of District Sanitation Committee. Manage, administer the sanitation activities, Monitor, Supervise, Evaluate the Programme. Periodical supervision. Overall responsible for the programme. (Meeting once in 2 months)</p>
<p>BLOCK SANITATION COMMITTEE</p> <p>Block Panchayat President (Chairman) BDO (Secretary) MLAs, MPs represents Block, Block panchayat members grama panchayat presidents, representative Government departments, NGO's Clubs etc.</p>	<p>Block level managing and monitoring</p> <p>Periodic supervision</p> <p>Direct supervision of DRDA funded programme.</p>
<p>GRAMA PANCHAYAT LEVEL TASK FORCE</p> <p>Panchayat President (Chairman) Panchayat Members, Panchayat Secretary (Convenor) Representative of NGO's and Partner implementing agencies</p>	<p>Manage, Administer sanitation Programme in panchayat District implementation of Panchayat funded sanitation programme. Supervision of programmes implemented by NGO's. Periodic meetings of implementations partner agencies and evaluate the programme Monitoring latrines for use and maintenance.</p>

5.1. Block Level Resource Centre

This will function under the Block Implementation Committee. Sanitation Resource Centres are Resource Groups intended to function at local levels. These centres will have personnel with expertise, both on construction and education aspect of sanitation.

The formation of BRCs will be done with the intention of developing a core team at the local level which would be able to undertake construction activity as well as impart knowledge about the programme to the people.

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/Nirmithi Kendra. These centres are expected to make available (i) quality and low cost construction materials which would be required for sanitation facilities, (2) list of trained masons in the block; and (3) technical details and cost estimates of low cost twin pit pour flush latrines, drainage, soak pits etc.

5.3. Construction of Model Latrine

With the technical support and guidance of Socio Economic Unit Foundation model latrines will be constructed in all the 71 panchayats and 3 municipalities. This will help the beneficiaries to familiarise themselves with the type of latrines being built, and also to boost their trust in the design.

5.4. Safe Disposal of Solid Wastes

The disposal of solid wastes is a serious problem for almost all developing countries. The quantity of refuse has increased due to the use of more materials. The refuse has both organic and inorganic components and includes garbage, rubbish, ash, street scrapping, plastic bags, dead animals and night soil.

Special awareness programmes will be carried out for the safe disposal of garbages and wastes. People will be educated to sort out their household wastes into organic and inorganic materials, and put them into two separate buckets. Arrangements will be made for the municipalities to collect these wastes separately so that disposal can be arranged.

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

5.4.1. Vermiculture

This is also a method of composting. In this process earthworms are used for converting the wastes into compost. But this method is still in an experimental stage. So it is not known how far it would be successful in large scale production of compost.

If it does succeed this technology might be useful for promoting a decentralized approach for disposing wastes. This approach would considerably reduce the cost of collection and transportation of wastes. Efforts will be made to experiment with vermiculture composting in the municipalities.

As far as individual drainage system is concerned proper awareness will result in micro drains for carrying away effluents. Soak pits, kitchen gardens and tree plantations will be 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 have facilities for safe disposal of solid wastes. This will be monitored by municipality/panchayat/block-level committees.

6. DESIGN

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

- (i) With super structure and both pits (Ring type)
- (ii) With super structure and one pit (,,)
- (iii) Without super structure with both pits (,,)
- (iv) With super structure and both pits (Brick type)
- (v) With super structure and one pit (,,)
- (vi) Without super structure with both pits (,,)

There are two designs which can be adopted according to the nature of the land. For waterlogged areas a special waterlogged design is proposed. For this also the above six options are available for beneficiaries. (See plan and design attached.)

7. SUBSIDY PATTERN

7.1 The funds required for the latrines to be built in Municipal areas will be provided by the concerned local bodies.

7.2 In the case of families above poverty line, 20% will be motivated to construct the latrines by using their own money. The funds required for the remaining 80% will be tied up through financial institutions/Neighbourhood groups (N.H.G) funds.

7.3 The subsidy proposed per latrine under CRSP is Rs.1800/- for 1996-97 to 2000-01. However the subsidy for 1999-2001 is projected as Rs.2250/- in order to make allowances for cost escalation. The difference in cost of Rs.200/- in the first three years and Rs.250/- in the last two years is proposed to be provided by the following sources:

i) From SCP/TSP funds for SCs & STs.

ii) (a) From National Savings Scheme - District Development funds. (Incentives received by the District for collections made in National Savings)

(b) From JRY funds (the Panchayat Raj institutions will be mobilised for this.)

In short the subsidy provided for 1,70,000 families under CRSP for construction of latrines will only be Rs.28.35 crores which will be less by an amount of Rs.3.15 crores if normal CRSP pattern is followed.

8. PROJECT ESTIMATE

8.1.0 Household Latrines

8.1.1	Below Poverty Line Households	Rs.
a.	Non Water logged design (Rural)	228,375,000
b.	Water logged design (Rural)	337,000,000
c.	Non water logged (Urban)	9,135,000
d.	Water logged (Urban)	6,740,000

8.1.2. Above Poverty Line Households

a.	Non water logged design	58,000,000
b.	Waterlogged design	40,000,000

8.2.0 Institutional Latrines

8.2.1.	School, PHCs, Anganwadis	13,200,000
8.2.2.	Pay & Use Latrine	3,800,000

8.3	Environmental Sanitation	21,300,000
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TOTAL	717,550,000
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8.4	3% Administrative Expenses	21,526,500
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TOTAL PROJECT COST	739,076,500
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9. RESULT

All eligible poor households in Kollam District will have a sanitary latrine by the end of the programme. Households above the poverty line which do not have latrines will be motivated to construct latrines, and bank loans will be arranged to be given to them.

Simultaneously all schools, anganwadis, PHCs and other public institutions will be provided with sanitary latrines. A new awareness on environmental sanitation, household sanitation and hygienic practices is the expected result. This will include the household's initiatives for proper protection of wells, construction of bathrooms, drainage facilities etc, soakage pit, compost pit, garbage disposal facility etc. Significant decrease in water - borne diseases is envisaged as a direct result of the programme. The panchayat is expected to consider itself as "Sanitary Panchayat" and ensure cleanliness in public places, markets etc. Capacity building and awareness generation will be considered as the major thrust for this participatory programme.

Once full coverage is achieved, the panchayat and Government should ensure that new houses subsequently built have sanitary latrines. The panchayats should decide to give house numbers to new houses only if a sanitary latrine is constructed. The poor households can be partially supported to construct sanitary latrines under normal Government programmes.

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

HOUSEHOLD SANITATION IN MUNICIPALITIES (BPL HOUSES)

Non Water Logged Design:

Year	No. of Units Planned	Lat.Unit Cost Construction	Unit Cost IEC Activitie (5%)	Total Unit Expense C. Cost+ IEC	Municipal Contri.	BEn. Ctn./ Unit	Total Muni. Ctnrn. (In'000s)	Total Bene. Ctnrn. (In'000s)	Total (In'000s)
'1997-98	600	3200	160	3360	2560	1000	1416	600	2016
'1998-99	600	3500	175	3675	2675	1000	1605	600	2205
'1999-00	600	3800	190	3990	2990	1000	1794	600	2394
'2000-01	600	4000	200	4200	3000	1200	1800	720	2520
Total	2400						6615	2520	9135

Non Water Logged Design:

Year	No. of Units Planned	Lat. Unit Cost Construction	Unit Cost IEC Activitie (5%)	Total Unit Experse C. Cost+ IEC	Municipal Contri.	BE. Ctbn/ Unit	Total Muni. Ctbrn. (In'000s)	Total Bene. Ctbrn. (In'000s)	Total (In'000s)
'1997-98	400	3500	175	3675	2675	1000	1070	400	1470
'1998-99	400	3800	190	3990	2990	1000	1196	400	1596
'1999-00	400	4200	210	4410	3410	1000	1346	400	1764
'2000-01	400	4500	225	4775	3575	1200	1430	480	1910
Total	1600						5060	1680	6740

HOUSEHOLD SANITATION IN PANCHAYATS BUDGET (BPL HOUSES)

Non Water Logged Design:

Year	No. of Units Planned	Lat.Units Cost Constn.	Unit cost IEC Activities 5%	Total Unit Expenses C. Cost+ IEC	CRSP Ctn./ Unit	SCP/ TSP/ Natl. Svgs./ Pt. JRY Ctn./ Unit	Panchayat Contri.	Ben. Ctn./ Unit	Total CRSP Ctnra. (In '000s)	Tot. SCP/ TSP/ Natl. Svgs./ Pt. JRY Ctnra. (In '000s)	Total Panct. Ctnra. (In '000s)	Total Bene. Ctnra. (In '000s)	Total (In '000s)
'1996-97	5000	3200	160	3360	1800	200	700	660	10000	1000	3500	3300	16800
'1997-98	10000	3200	160	3360	1800	200	700	660	20000	2000	7000	6600	33600
'1998-99	15000	3500	175	3675	1800	200	1000	675	30000	3000	15000	10125	55125
'1999-00	15000	3800	190	3990	2250	250	800	690	37500	3750	12000	10350	59850
'2000-01	15000	4000	200	4200	2250	250	1000	700	37500	3750	15000	10500	63000
Total	60000	17700	885	18585	9900	1100	4200	3385	135000	13500	52500	40875	228375

Water Logged Design:

Year	No. of Units Planned	Lat. Units Cost Constn.	Unit cost IEC Activities %	Total Unit Expenses C. Cost+ IEC	CRSP Ctn./ Unit	SCP/ TSP/ Natl. Svgs./ Pt. JRY Ctn./ Unit	Panchayat Contri.	Ben. Ctn./ Unit	Total CRSP Ctnrn. (In '000s)	Tot. SCP/ TSP/ Natl. Svgs./ Pt. JRY Ctnrn. (In '000s)	Total Panct. Ctnrn. (In '000s)	Total Bene. Ctnrn. (In '000s)	Total (In '000s)
'1996-97	5000	3500	175	3675	1800	200	1000	675	9000	1000	5000	3375	18375
'1997-98	15000	3500	175	3675	1800	200	1000	675	27000	3000	15000	10125	55125
'1998-99	20000	3800	190	3990	1800	200	1300	690	36000	4000	26000	13800	79800
'1999-00	20000	4200	210	4410	2250	250	1200	710	45000	5000	24000	14200	88200
'2000-01	20000	4500	225	4775	2250	250	1500	775	4500	5000	30000	15500	95500
Total	80000	19500	195	20525	9900	1100	6000	3525	16200	18000	100000	57000	33700

10. CONCLUSION

This project attempts to accelerate coverage of rural population with sanitation facilities and to free it from the vicious circle of disease, morbidity and poor health resulting from insanitary conditions. Community based approach to make sanitation a people's movement and a way of life is proposed. 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 for better quality of life.

**HOUSEHOLDS ABOVE POVERTY LINE WITHOUT LATRINE
(Both Urban and Rural)**

Non Water logged design:

Year	Unit Cost	Unit planned	Total cost (Ben. Ctbrn.)\
1997-'98	3200	4000	12800000
1998-'99	3500	4000	14000000
1999-'00	3800	4000	15200000
2000-'01	4000	4000	16000000
Total		16000	58000000

Water logged design:

Year	Unit Cost	Unit planned	Total cost (Ben. Ctbrn.)\
1997-'98	3500	2500	8750000
1998-'99	3800	2500	9500000
1999-'00	4200	2500	10500000
2000-'01	4500	2500	11250000
Total		10000	40000000

Beneficiary contribution will be arranged as loan through Scheduled Banks/Co-operative Banks to repaid in easy instalments.

2.INSTITUTIONAL LATRINE

2.1 School, PHC, Anganwadis and other Institutions (Panchayat Area)

Year	Cost Unit	No.of Units Planned	PTA/Management(50%	CRSP Ctrn.	Total
1997-'98	10000	300	1500000	1500000	3000000
1998-'99	10000	300	1500000	1500000	3000000
1999-'00	12000	300	1800000	1800000	3600000
2000-'01	12000	300	1800000	1800000	3600000
Total		1200	6600000	6600000	13200000

2.2 PAY & USE COMFORT STATION

Year	Cost /Unit	No of Units.	Muni/panct. Ctrn	Local Donations	Total
1997-'98	400000	2	400000	400000	800000
1998-'99	450000	2	450000	450000	900000
1999-'00	500000	2	500000	500000	1000000
2000-'01	550000	2	550000	550000	1100000
TOTAL		8	1900000	1900000	3800000

3.Environmental Sanitation.

	No.of Pancts	Ave. Rough estimate/ Panchayat.	Panchayat Ctbrn.	CRSP Ctbrn.	Total
Drainages, Soak pits, Compost pit etc.	71	300000	10650000	10650000	2130000

FUND FLOW CHART FOR CRSP ASSISTANCE

House hold Latrines:

Year	Total Units Planned WL+ NWL	CRSP Ctbrn./ Unit	Total CRSP Ctbrn.
1996-'97	10000	1800	18000000
1997-'98	25000	1800	45000000
1998-'99	35000	1800	63000000
1999-'00	35000	2250	78750000
2000-'01	35000	2250	78750000
TOTAL	140000		283500000

Institutional Latrines

Year	Total Units Planned	Cost Unit	Total CRSP Ctrn.(50%)
1997-'98	300	10000	1500000
1998-'99	300	10000	1500000
1999-'00	300	12000	1800000
2000-'01	300	12000	1800000
TOTAL	1200		6600000

Environmental Sanitation

Year	CRSP Contribution
1997-'98	2662500
1998-'99	2662500
1999-'00	2662500
2000-'01	2662500
TOTAL	10650000

Administrative Expenses:

3% of the Total Cost - Rs 21526500
(600000+4781625+5381625+5381625+5381625)

CRSP TOTAL FUND FLOW:

Year	CRSP Contribution
1996-'97	18600000
1997-'98	53944125
1998-'99	72544125
1999-'00	88594125
2000-'01	88594125
TOTAL	322276500

HOUSE HOLDS WITHOUT LATRINES PRESENT STATUS/PROJECTED NUMBER 2000-ROUGHLY 10%)

Type	Rural		Urban		Total	
	Present No. HHs Without	Project No. by 2000	Present No. HHs without	Project No. by 2000	Present No. HHs Without	Project No. By 2000
A.P.L.	22262	25700	292	300	22554	26000
B.P.L	1125815	140000	3263	4000	129078	144000
TOTAL	148077	164700	3555	4300	151632	170000

PROJECTED NO. (DIVISION INTO W.L & N.W.L)

	Rural		Urban	
	APL.	BPL.	APL.	BPL.
W.L.	10000	60000	120	1600
N.W.L.	15700	80000	180	2400
TOTAL	25700	140000	300	4000

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

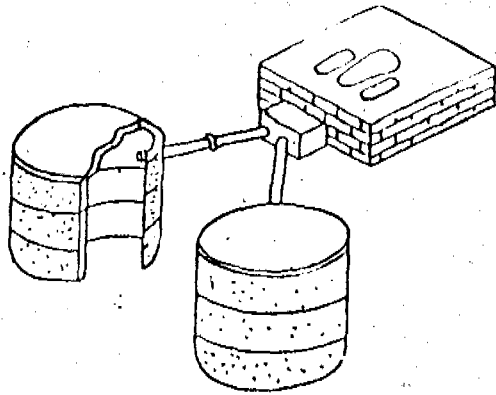
S No	NAME AND BRIEF DESCRIPTION OF ACTIVITY	OBJECTIVE	TIME FRAME QUARTERLY				METHODS/ TOOLS	AGENCY RESPONSIBLE
			1	2	3	4		
A	PREPARATORY PHASE	To prepare the District and Panchayath bodies to take up the Project	■				Participatory formal/ informal	All Partner Agencies
1	District level meeting of all partner agencies convened by Dt. Collector/ Dt. Panchayath President	Presentation of the proposed strategy of IEC for total sanitation programme	■				Discussion	President Dist. Panchayat, Dist. Collector, PO DRDA, Official from Socio Economic Unit and resource persons
2	Panchayat level Meeting (First)	Identification/ Nomination of Panchayat Coordinator for sanitation Programme	■				Opinion Poll/ Past records of creditable social service	Panchayat Members
3	Convening of Grama Sabhas and identification of two sanitation volunteers from each Grama Sabha	Identification of Two volunteers each from each Grama Sabha (on an average 20 volunteers for a panchayat)	■				Opinion Poll/ social Acceptance/ Inclination for field work	Members of Grama Panchayat ward
4	Formation of Panchayat Sanitation Task Force/ P. San Committee Panchayat Meeting (Second) Sanitation Committee (P.Members, Secretary, Grama Sabha Volunteers, Village Extension Officer, Health Inspector/ Public Health Nurse, ICDS Personnel)	Constitution a permanent/ nodal body in the Panchayath which will be jointly and severally responsible for total sanitation programme in the Panchayat					Nomination of selected members	Panchayat Sanitation Coordinator

5	Training of Panchayat sanitation Task Force	Capacity Building of Panchayat Task Force	■				Participatory Techniques/ Capacity Building Tool Kits	Resource Persons from SEU
6	First Task Force Meeting at the Grama Panchayat level	To Prepare detailed action plan for the Panchayat's total sanitation programme	■				Guidelines for preparing action plan	Panchayat Sanitation Coordinator (P.S.C.)
	(Model Latrine Construction)							
7	Grama Sabha/ Village level Meeting (Second)	Dessimation of information regarding latrine programme-Demand generation-cost sharing	■				Participatory Tools/ Exhibits/ Printed Materials	Panchayat 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	Panchayat Task Force
9	Rapid information collection on health status of the Panchayat (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 volunteer
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 panchayat	■				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

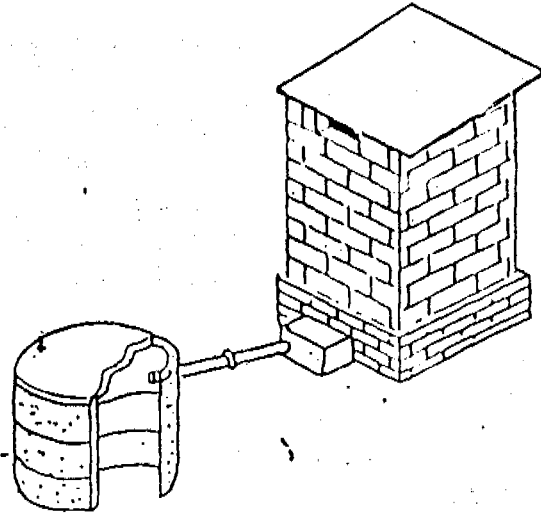
B	MOBILISATION PHASE	Intense mobilisation, motivation, empowerment, communication and coordination to achieve total sanitation	■	■	■	Participatory/ Mass media, interpersonal/ House visits	P.Task Force
1	District Task Force review and support Meeting	To review the progress of total sanitation programme To coordinate and pool all resources available for the mobilisation and successful implementation of the programme, to support and guide where ever necessary, to liaise and facilitate services, to document the sanitation statues of the various panchayats/ local bodies		■	■		Dist.Panchayat President/ Dist.Collector/ PO DRDA
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 panchayats	■	■		Interpersonal and intrapersonal	P.Task Force
4	Panchayat Task Force Meetings-Scrutiny of application forms	Selection of households to be included in the latrine programme, other important decisions relating to beneficiary contribution, panchayat contribution, contribution from other sources etc.	■	■		Filled in Application forms/ Rapid Assessment Report	P.Task Force
5	Informing individual householders regarding their selection in the total sanitation programme	To initiate participation in the programme	■	■		Any appropriate And reliable communication medium	Gramsabha Volunteers/ P.Members/ Secretary

6	Small Group Meetings of selected householders : Detailed discussions on: 1. Construction Aspects 2. Cost sharing Aspects 3. Participation Aspects 4. Hygiene Aspects 5. Other Related Aspects relevant to the area/ group for clarification of doubts	Community empowerment, participation and motivation through Understanding of the sanitation programme, their individual and collective responsibility, venue for clearing doubts and misgivings	■	■			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 contribution)		■	■				
	(Marking of location for digging the pit/s)		■	■				
	(Digging of pits by the householder)		■	■				
	(Collects construction materials through gramasabha volunteers and panchayat sanitation coordinator)		■	■				
	(Construction of latrine unit)		■	■	■			
7	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 functional	■	■	■		Inter personal	Trained Masons
8	Panchayat Task Force Meetings	To review the progress and facilitate smooth and efficient implementation of the programme						P.San.Coordinator
	(Supervision to ensure quality)		■	■	■	■		

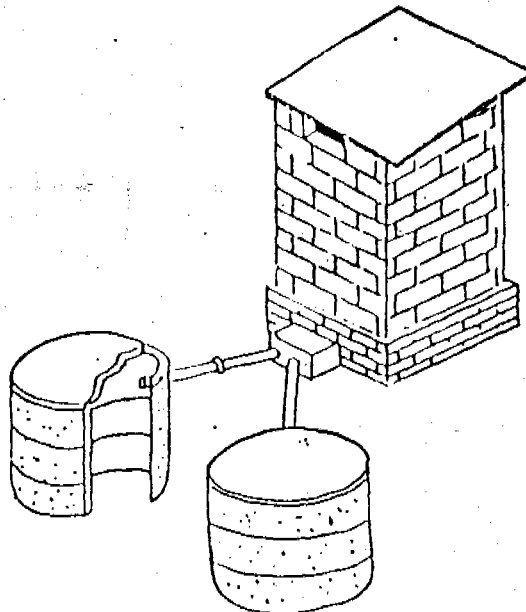
C	CONSOLIDATION PHASE	Consolidation of Activities, evaluation and planning for future programmes			■	■		
1	Education to the new owners of latrine on usage and maintenance	To equip the householders with sufficient skills in the proper usage and maintenance of the latrine			■	■	Booklet on use/ Maintenance/ Participatory Tools	Grama Sabha Volunteers
2	P.Task Force Meetings	To consolidate activities and prepare a status report for the panchath (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	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



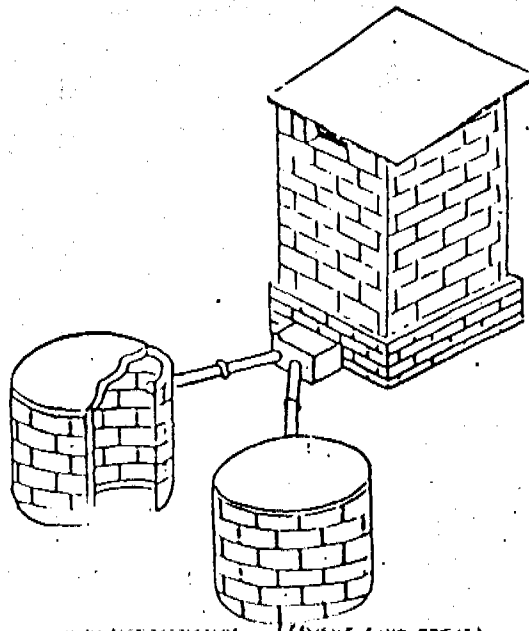
TWIN BRICK CHIMNEY WITHOUT SUPERSTRUCTURE (FRAMING CONCRETE RINGS)



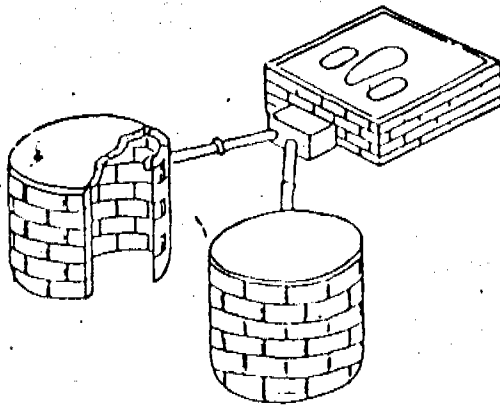
SINGLE BRICK CHIMNEY WITH SUPERSTRUCTURE (FRAMING CONCRETE RINGS)



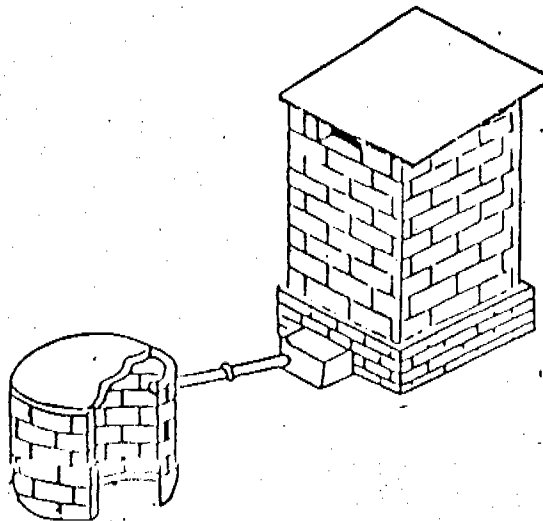
TWIN BRICK CHIMNEY WITH SUPERSTRUCTURE (FRAMING CONCRETE RINGS)



TWO PIT LATRINE WITH SUPERSTRUCTURE (CEMENT SAND BRICKS)

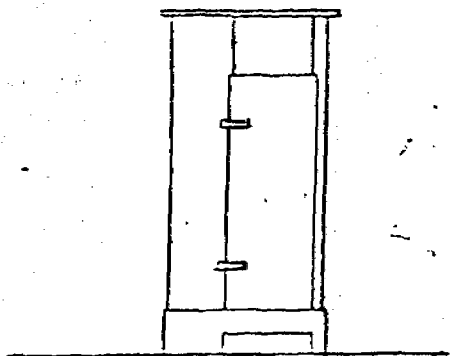


TWO PIT LATRINE WITHOUT SUPERSTRUCTURE (CEMENT SAND BRICKS)

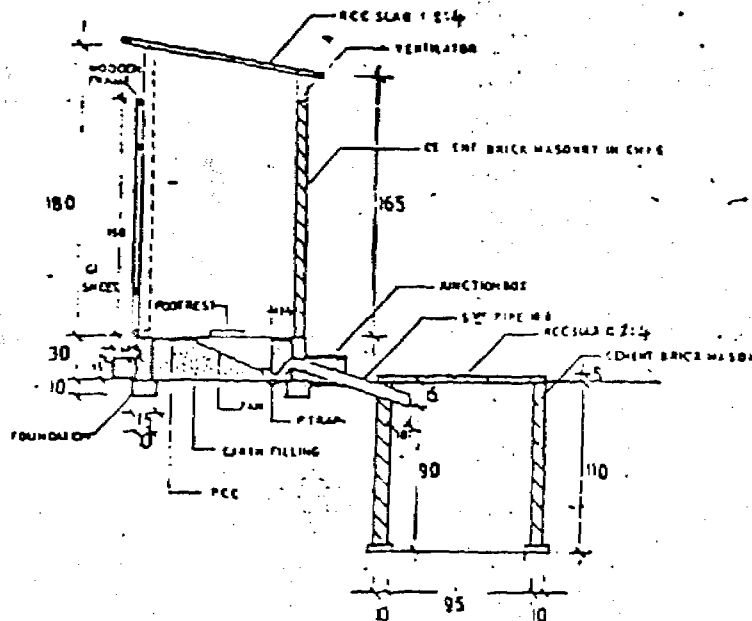


SINGLE PIT LATRINE WITH SUPERSTRUCTURE (CEMENT SAND BRICKS)

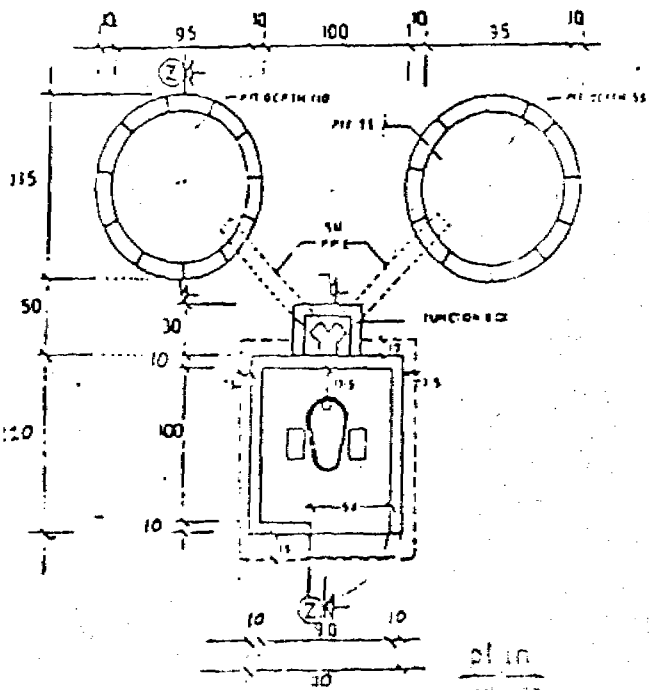
PLAN OF THE LOWCOST SANITATION UNIT (TWIN PIP)



Front elevation



section on Z-Z



plan

Reinforcement Details

PIP COVER SLAB (1100 M.S.), 6mm φ 110 DIA

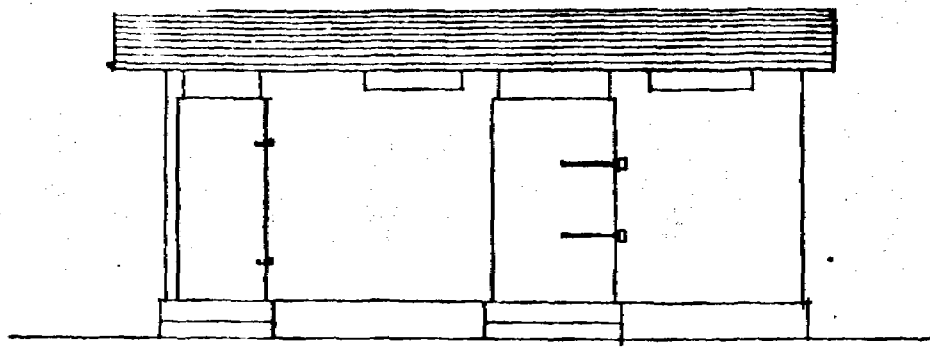
BAR LENGTH IN CM	NO OF PIECES	TOTAL LENGTH
108	4	
100	5	1575
80	6	

Roof slab 6mm φ 1:2:4

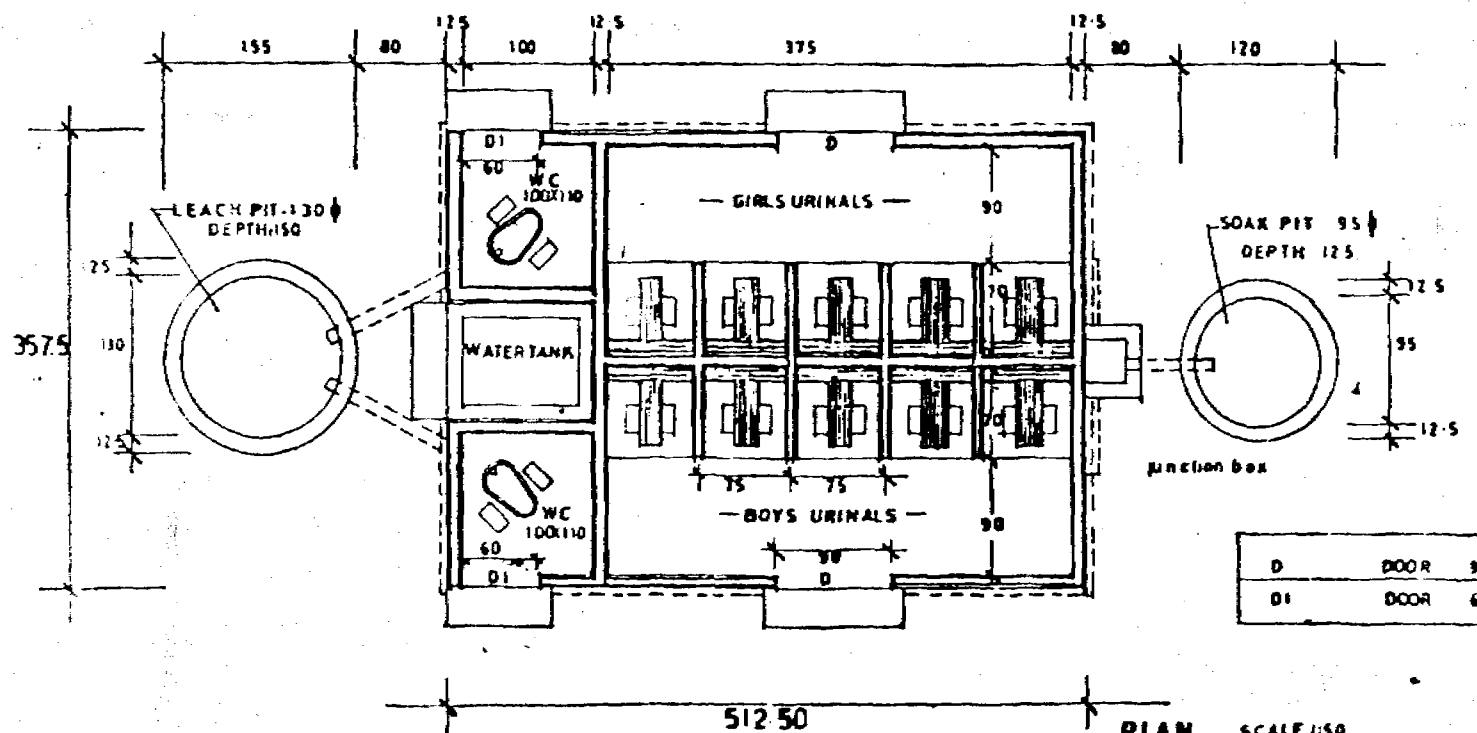
142	6	1584
122	6	

(ALL DIMENSIONS IN CENTIMETRES)

SEU Foundation



FRONT ELEVATION



Design for school latrine (60-75 pupil one urinal)