

WORLD HEALTH
ORGANIZATION



ORGANISATION MONDIALE
DE LA SANTÉ

SOUTH-EAST ASIA REGION

Inter-country Workshop on Acceleration of
National Programme on Sanitary Disposal
of Human Excreta, SEARO, New Delhi,
27-31 October 1986

LIBRARY
INTERNATIONAL REFERENCE CENTRE
FOR COMMUNITY WATER SUPPLY AND
SANITATION (IRC)

EXPERIENCE IN SANITARY LATRINE

PROGRAMME

T H A I L A N D

THAI EXPERIENCE IN SANITARY LATRINE PROGRAMME

1. Environmental Health is a component of National PHC Programme

With limited Government resources, the policy aims at maximizing utilization of community resources on self-help basis, with Government support.

National PHC Programme comprises the following:

- (1) Health Education
- (2) Control of local communicable diseases
- (3) Immunization
- (4) Maternal & Child Care and Family Planning
- (5) Essential drugs for villages
- (6) Nutritional Promotion
- (7) Treatment of prevalent local diseases
- (8) Environmental Sanitation and provision of clean water
- (9) Dental Health
- (10) Promotion of mental health

2. Slogan

"Although we are simple village folks, we can look after our own health" (community participation leads to HFA starting now) - translated from the caption of front page of PHC in Thailand booklet.

3. Community Local Personnel in PHC

The following personnel is to carry out PHC activities in villages:

3.1 Village Health Communicators (VHC)

- Communicate health information to villagers and feed-back to VHV/Health authorities.
- Motivate villagers in health activities.
- Collaborate in health and other public activities including sanitation.

3.2 Village Health Volunteers (VHV)

- In addition to VHC's duties, VHV provide minor treatment, family planning service and sell of common household drugs.

3.3 Village Sanitary Craftsmen (VSC)

Selected from villagers preferably with background in masons or carpenters and trained to construct and maintain concrete

INTERNATIONAL
DEPARTMENT OF
PUBLIC HEALTH
10110 The Hague
Tel. (070) 014311 ext. 141/142

ISN 8073
022 TH 86

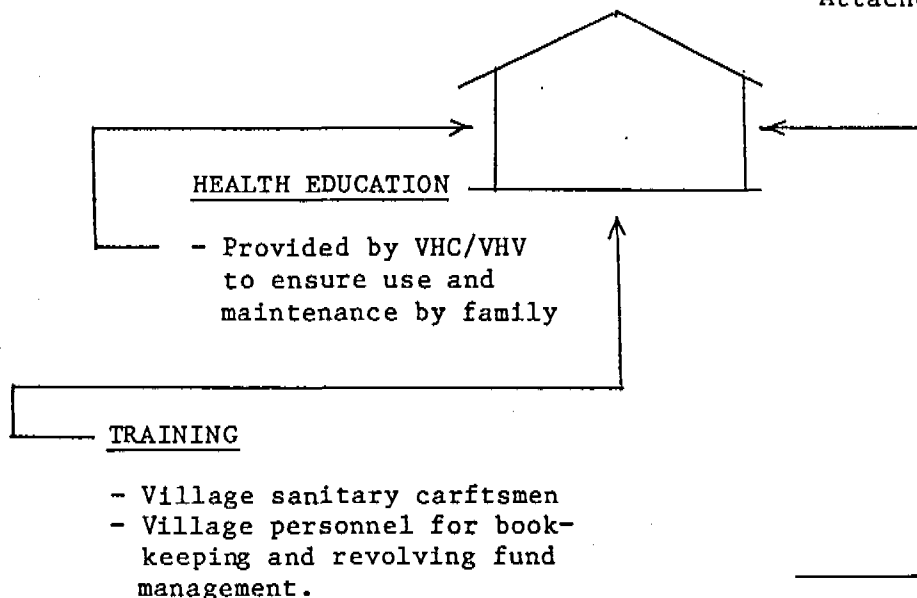
rainwater tanks, water jars, pour-flush latrines, water filters, etc. Their roles are to:

- Assist/guide villagers in sanitation construction.
- Train interested villagers in sanitation construction.
- Communicate sanitation knowledge to local population.
- Procure parts/supplies for sanitation work.
- Collaborate with local health authorities, village committee and VHC/VHV (In some cases, the VSC and VHV are the same person).

VSC is the focal point for sanitation activities. He ought to be a member of Village Health Development Fund Committee.

4.

VILLAGE LEVEL LATRINE PROGRAMME (More Details Attached)



BACK-UP SERVICES

Provided by regional/district level:

- Motivation of village committee, leaders and villagers.
- Training of community personnel.
- Help village set up revolving funds.
- Supply parts/materials
- Monitoring

There are essential elements specific to latrine programme:

- VSC
- Revolving Fund (Village Health Development Fund).
- Information/education/communication.

5. Revolving Funds

The revolving funds are set up to help the villagers access to safe drinking water and sanitary excreta disposal at the beginning but at the present time the scope of work has expanded to other areas as well such as food sanitation, insect and rodent control.

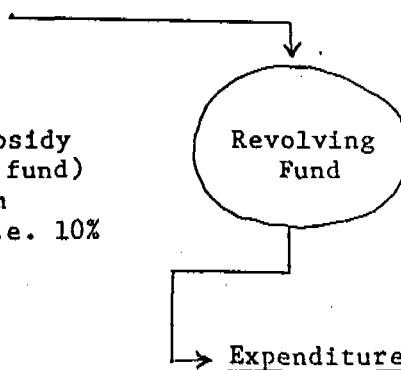
5.1 Objectives

- (1) To promote greater involvement by community in sanitation activities by subscribing shares in the funds.
- (2) To promote savings, and self-help.
- (3) To be basis promoting success in other activities.
- (4) To be a social meeting point in the community.

5.2 Sources of Income

Income

- Shareholder
- Donors
- Government subsidy (to start the fund)
- Kick back from VSC income, i.e. 10%



- Loans to members
- Interests paid to shareholders
- Costs of parts/supplies

5.3 Activities could be supported by the Fund

- For construction of:
 - Concrete rainwater tanks
 - Pour-flush latrines
 - Water Jars
 - Water filters
 - Sanitation tank (biogas)
 - etc.

5.4 Setting up of Fund

- Call village meeting to explain the working of revolving fund.
- Constitute Fund Committee
- Encourage villagers to be members by subscribing to its shares.
- Set up loan procedures.

5.5 Some of salient points concerning the Fund

(see questions and answers attached)

5.6 Successes/constraints

Successes would depend on:

- Regular follow-up.
- Contract signed for repayment.
- (Trend to diversity the fund to become multipurpose fund).
- Information/education/communication.
- Complimentary of water projects.
- Limited amounts of revolving fund - so it takes much time for repayment to complete before the next house can borrow again. Amount is also small to implement both water and latrine project at the same time. Nothing is given free, people have to pay for what they want.

SOME QUESTIONS ON USE OF REVOLVING FUNDS IN THAILAND

1. Who handles the Revolving Funds administration?
Is it a committee at village level? What is its membership?
 - Village Public Health Development Revolving Funds are handled by Revolving Funds Committees at the village level, under the supervision of the village committees with subsidies and guidance from the Department of Health and Provincial Health Offices. (The funds are operating in 18,000 villages (There are about 60,000 villages in the country).
2. Is the fund restricted to sanitation only or is it multipurpose?
Does it work better when it is multipurpose?
 - The Public Health Development Revolving Funds are at first restricted to water and sanitation. The trend is to combine different funds operating in the village into multipurpose funds which have shown more success.

3. Is there a maximum limit on amount loaned (in proportion to cost of latrine)?
 - Depending on the committee of that particular village, the maximum amount loaned may be the full cost of the water tank or latrine, or fund could be divided up in order that number of houses can implement at the same time for faster turnover.
4. What considerations are taken into account before the Revolving Funds Committee (RFC) decides to grant a loan to an applicant? What Criteria are used?
 - Considerations taken into account before the Revolving Funds Committee decides to grant a loan to the applicant are: ability to repay and willingness to compile with the revolving funds regulations.
5. How do they make sure that money given is used for the specified purpose - and in a reasonable period of time?
 - Follow up is made by the committee to ensure that the money given is used for the specified purpose and in reasonable time.
 - Social sanction also plays an important role of keeping things in line since everybody knows each other in a village.
6. How is repayment scheduled? Number of instalments and maximum amount per instalment?
 - Repayment plus interest is usually scheduled into 10 equal monthly instalments. For low income applicant the repayment may be scheduled into 20 instalments.

However many villagers are farmers and receive only main income once or twice a year. Therefore, payment may be made after the sale of the crops at one time.
7. How is the repayment ensured? What happens if the applicant does not pay back on time?
 - Payment is ensured by a guarantor who is also a member of the same funds. If the applicant does not pay back on time the guarantor will have to pay instead.
8. Is any technical guidance also given to the applicant along with the loan, to make sure he builds the latrine properly?
 - There are village sanitary craftsmen who have received training and hold membership in the funds to advise and assist in the construction.

9. What has been the Government's experience in use of Revolving funds for sanitation?:

- (a) What is the rate of defaulters?
- (b) Has the Revolving Fund system really helped to promote faster installation of latrines compared to other areas where no such funds are available. There may be some other factors which help (or hinder) the construction of latrines?
- (c) Have there been any managerial problems?

-The experience so far in the use of public health development revolving funds:

- (a) No defaulters so far.
- (b) The revolving fund system has really helped to promote faster installation of cement jars, rainwater tanks, latrines, etc.
- (c) Managerial problems encountered mostly have been lack of management skills and inadequate knowledge in book keeping.

10. What is the total size of the revolving fund programme?

How much in a typical village? Baht?

- Public health development revolving fund programme is operating in 18,000 villages with a total sum of about 120 million Bahts and in a typical village 4 000-8 000 Bahts

(26 Bahts = US dollar 1).

6. Lessons Learnt

- Motivation.
- Health Education.
- Training.
- Back-up Service by Government.
- VSC/VHC/VHV performance.
- Revolving Fund.
- Community participation and involvement.
- Liaison at all levels between government and people.
- Self-reliance concept.
- Inter-sectoral collaboration and coordination.
- Technology transfer.

ELABORATION OF 4 VILLAGE LEVEL LATRINE PROGRAMME

The National Rural Development Plan is a comprehensive one which include all areas leading to the "quality of life". Therefore, all activities have to agree with the Plan. Health is not implementing alone but go in hand with other sectors, i.e. education, agriculture, community development etc.

Before village level latrine programme is set up, first, the village survey based on the basic minimum need criteria is performed. This information is proposed from the grass-root level upto the top authority of the country. Based on such BMN information collected, implementation plan and policy will be approved and sent back down to the village level again. IN short, it is a process from the bottom-up to the top and down to the bottom again.

When the plan is approved, the government fund for such activities will also be allocated. In order to get everybody to work properly, all levels of personnel involved must be orientated provincial, district, tambon levels.

At the tambol levels, tambol health officers will be first orientated for 3 days on the objective of the project, how to work with other sectors, how to supervise, monitor and support the project and so on. Then, the tambol council which consists of village headmen and knowledgeable men of village will be called upon for a 3-day meeting about the whole process of the project. The tambon level officers from the 4 ministries, health, education, agriculture, interior will serve as the advisory board to the Tambol Council.

Since, the member of the Tambol Council are leaders from various villages, when these people go back with good understanding of the project, they can select candidates from their villages to be trained as village sanitary craftsmen (VSC) to help carry on the project. One person from each village will be selected to be trained. Each group of the training will consist of around 20-30 people. The training course is for 10 days. Heavy emphasis is on the practice than theory. The government funds for the training.

After the VCSs are trained, they went back to their villages and start working with the village leaders (who also knew about the project from the 3-day orientation) in setting up the revolving fund to carry on the project. The money for the revolving fund was provided by the government (about Baht 4000 per village) and additional money may be raised locally i.e. let villagers be shareholders. In addition necessary equipment such as casing, molds etc. are supported by the government. The villagers, may borrow money from the fund and pay back in instalments. The village committee will oversee the overall process of this work from beginning to end of making sure that the borrowers return the payment in time. The tambol level officers will see that the work is continued and the management of the fund is going smoothly since the village committee who runs the project has the vital role of making the fund work.