

Operational lessons from a sanitation programme in Kerala

by Kathleen Shordt and K. Balachandra Kurup

There is no shortage of literature on the theory of community participation in water supply and sanitation. But is enough attention being paid to implementation — the operational strategies needed to involve communities effectively?

THIS ARTICLE DRAWS out some operational lessons from a household sanitation programme developed by Socio-Economic Units (SEU), an integrated drinking-water and sanitation programme in Kerala, southern India.

Managed with local governments and voluntary water committees, the programme, Latrines-with-Education, has resulted in the construction, sustained use, and maintenance of about 27 000 latrines within poorer homes in rural and peri-urban areas.

The programme plan is flexible. An implementation strategy, covering administrative details, was drawn up in 1990. It has already been revised extensively five times. Some crucial operational features are described below.

What do we want?

Initially, health and hygiene do not figure among people's reasons for wanting a latrine. Motives (that is, answers to the question 'What's in it for me?') differ dramatically. For women, these include the need for privacy, the welfare of their children, and their family's best interests — for example, a latrine is a plus-point for contracting marriages. Men mention status and property value; most families own the land around their homes. Although health reasons may not be key to initial acceptance of latrines, in the project's experience, health and hygiene motivation are essential for consistent use and maintenance. So, SEU workers build on people's existing motives, then add health and hygiene dimensions through, for example, mobilization campaigns, meetings, mobile theatre and, later, educational sessions during the construction phase.

Many groups are mobilized, including government administrators, NGOs, youth and women's groups, and health and education staff. When the people are interested, local politicians and administrators become interested; convinced that they may receive votes and

praise for their own programme delivering what it promises.

If the programme looks serious and serves a need, then women's groups and youth groups want to participate and can be very imaginative and productive. Healthworkers, teachers, and nursery carers usually have a mandate of some sort for hygiene education or sanitation, but often lack the time, means, and experience. Becoming involved in a structured programme that provides support in the form of training and materials, stimulates their participation.

If both the community and local government officials remain uninterested, however, project activities cannot be developed further, unless they see or hear about the successes of programmes in other communities.

Community management — local construction

Improved household sanitation requires universal behavioural change, decisions to be taken by adults in each household, the organization of relatively small amounts of money and commodities over large areas, and an ability to distinguish between those who need support and those who can proceed on their own via commercial channels.

SEU carried out a pilot programme to compare the implementation of the programme through local government; through NGOs (where quality was variable and the behavioural focus was sometimes lacking); or directly by programme staff (this was too slow and not replicable).

As a result, a decision was taken to plan and implement the programme jointly with local government, voluntary water committees, and a small SEU project team. The local government and voluntary water committees are responsible for planning; selecting families; organizing education and training activities; monitoring construction; buying and distributing materials; collecting contributions; doing the accounts; and monitoring. Local government allocates staff, and contributes between 15 and 20 per cent of the cost of each latrine.

Representation

Local families pay another 20 per cent (about US\$14), dig the latrine pits, transport materials, and attend special classes during the construction; they are encouraged to suggest design



Jeremy Hartley/Panos Pictures

Support and structure — training and good materials make all the difference to healthworkers and teachers.

changes. All participating families must contribute, but special provisions are made for up to 5 per cent of the poorest families. Construction cannot begin until all the money is in!

In Kerala, the lowest administrative level is the ward, which contains between 400 and 500 households, and

elects one representative. Approximately 10 representatives make up the local governing body, responsible for up to 35 000 people. Each ward has its own water and sanitation management committee, made up of people with some formal training. They set up management committees which represent all major organizations and political parties.

The form and membership of management groups must reflect the local social and political context. The SEU project has tried to make realistic rules for group formation and operation.

The water and sanitation management committees (simply called water committees) are in charge of implementing programmes for piped water, traditional water sources, environmental sanitation, and latrines within a ward (although not all activities take place at the same time). The committee serves as the primary link between the project and the community.

Local residents nominate the committee members, who must meet certain criteria. There are now more than 400 committees in the project area. A water committee is a voluntary group of seven people including the elected government representative, at least two (now three) women, and representa-

points of view, and each local political party and interest, are represented.

Politics in Kerala

A word is needed about the thorny issue of politics. Kerala has more than

guidelines developed over the years. The names of the chosen families are posted in public areas to allow for complaints. Ten per cent of the families selected, and all complaints, are checked personally by SEU project staff.



Although building physical structures is important, a sanitation programme is primarily about behaviour.

20 political parties, so avoiding political groups, or pretending they do not exist, can have the opposite result:

activities and benefits can be usurped quietly by one party or another, at the local level.

The SEU programme, therefore, explicitly recognizes each (political and non-political) grouping active in the ward. Because all views are represented at committee level, and all decisions are made in open meetings, there are checks and balances within the group. The result is a non-political water committee that — with some exceptions — operates without political interference, in the general population's best interests, regardless of party affiliation, religion, wealth, or caste.

Certain rules enable the committees to operate effectively. Each committee is chaired by the elected local government representative. The committee selects a secretary who calls the meetings; any member failing to attend for three consecutive meetings will automatically forfeit her or his

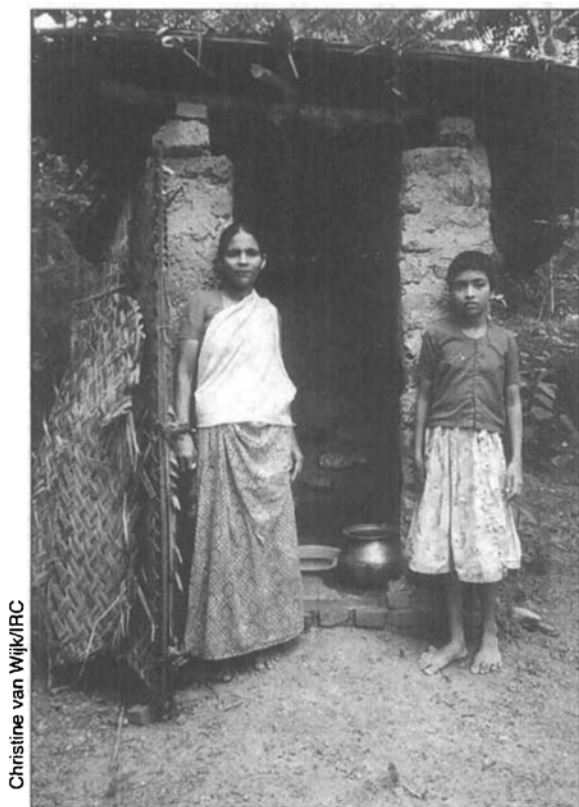
membership. There are special rules for delicate matters, for example, handling money, or selecting poor families to receive subsidies. Thus, decisions about family selection are based on

Participatory training

Much of the project's efforts have gone into providing participatory training to the water committees. This has focused, not on technical content, but on the transformation of a set of individuals into an effective team. There are some fundamental pointers:

- *Delay construction for six months to a year.* The project learned that the latrines should not be built too soon; of the 13 steps in the strategy, construction is number 10. A sanitation programme is primarily about behaviour, not about building physical structures. Thus, the months before construction are taken up with motivation activities in many forms; negotiations and planning (costing, agreeing responsibilities and contracts, selecting deserving beneficiaries); training; and depositing the local government and householders' contributions in a bank account held jointly by local government and project staff.
- *Contain costs.* Some government and donor agencies have, in the past, advocated complete latrine models (VIP or double-pit with complete superstructures) resulting in relatively high pricing. Critics note that coverage is less; very poor families are left out; complicated brick/stone superstructures are built next to simple huts; and the necessary subsidies are too high to be supported by

Christine van Wijk/IRC



Christine van Wijk/IRC

Kerala's water committee members are truly representative of the community.

tives from groups active in the ward. These may include, for example, youth and women's group representatives, a schoolteacher, and a nursery schoolteacher or healthworker. Hopefully, all

governments or donor institutions on a large scale.

Now, in what could be interpreted as harking back to the 1950s and 1960s, some agencies are advocating low-cost pit latrines, or a 'cafeteria' approach where families construct what they can afford. Critics say that this approach decreases the demand, because simple pit latrines without superstructures do not match the motivations and demands of the population.

They add that, because people have been exposed to elaborate models if previous programmes, the new policy will be difficult to implement — some families will revert to open-air defecation when the single pits are filled.

The SEU project's experiment with plinth-level construction was unsuccessful for several reasons. There was little support from local government; and the experiment took longer than the normal programme to complete as families were slow in building the superstructure, and in using the latrines.

In view of community demand, therefore, the project has adopted a two-pit latrine model with a complete superstructure, whilst ensuring that costs are kept as low as possible. As a result, the latrine costs about 30 per cent less than the prices recommended by the World Bank and the Indian government (an average of \$70 as opposed to between \$97 and \$117). Strategies to achieve this included:

- *Minimal overheads* Overheads from the project side are reduced as much as possible. In 1992, the total overhead charges ranged from Rs150 to 200 (about US\$5) per latrine constructed.
- *Using local materials* Prices vary considerably from area to area. Different building materials (country bricks, cement blocks, and laterite

Water committee monitoring form: use and maintenance of latrines

1. Date built **Serial number**

2. Condition of trap and pan

a. Cleanliness good? (without faeces, sand, mud, etc.)

b. Does latrine flush well? (If not, check junction box and pit)

c. Foul smell?

d. Scratches or breakage in pan?

yes	no
yes	no
yes	no
yes	no

3. Practices

a. Water kept inside?

b. Water kept outside?

c. Soap kept nearby?

d. Brush available?

e. Used by children above three years? (ask child, if possible)

yes	no
yes	no
yes	no
yes	no
yes	no

4. Does person know purpose of water-seal?

yes	no
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5. Is water-seal clean and visible?

yes	no
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6. For latrines more than two years old, did family change the pit?
If yes, give date

7. Does person know purpose of junction box?

yes	no
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Figure 1. A Kerala Water Committee household checklist.

blocks) are used, depending on local cost and availability. Where the bricks needed to line pits and make the superstructure are expensive, production is undertaken locally. Currently, cement blocks are made in

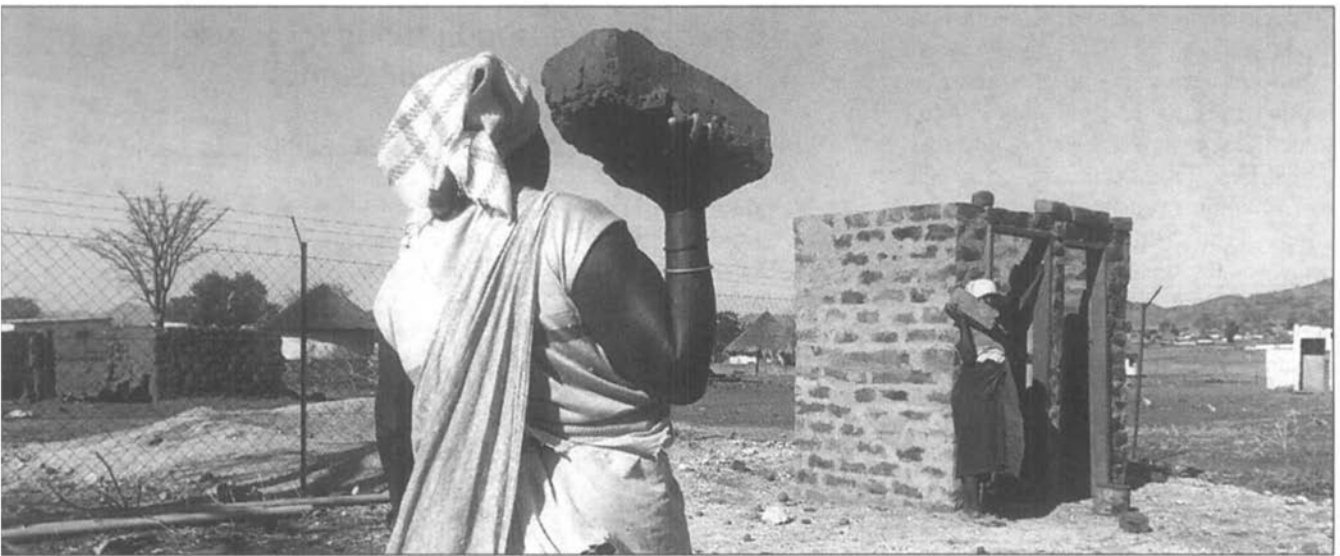
10 *panchayats* (local government districts) by groups of previously unemployed men and women who can earn a good daily wage. In all areas, pit covers and roofs are constructed with inexpensive roofing tiles to reduce the number of reinforcing steel bars needed, without compromising strength. This also provides some income for poor women.

- *Modified designs* Small changes to the design of the current model have brought down costs: the dimensions of the superstructure were reduced; plastering is limited to a 75cm band inside; the walls are thinner.
- *Competition* Competitive pricing and local tendering is sought for all commodities. Prices are held down, and contracts are cancelled if delivery is habitually late. The community implementation committee follows fixed procedures — audited externally — to ensure that costs are kept down, while quality is ensured.

Monitoring made simple

At its simplest, this 'in-built' evaluation focuses on three levels: inputs, efficiency (implementation), and outputs. Latrines-with-Education has tried to develop simple monitoring mechanisms that maintain standards, or improve activities at each stage, including:

- designs and bills which are given to, and checked by, masons, committees and householders;
- a checklist for construction, used by masons, construction supervisors, water committees, and project staff;
- purchase and accounting rules, used by local government and checked by staff and external auditors;
- a monitoring form on latrine use and maintenance; and
- a checklist, (Figure 1), used by committee members who visit each household, at scheduled intervals, for two years after construction. These visits also encourage families to maintain the facilities. Project staff use the data to identify the need for new educational interventions.



Another brick in the wall — all over the world, women are cutting out the middleman and doing it themselves.

- *No middlemen* Community management with committees rules out any need for contractors and middlemen, resulting in realistic costing, quality construction, and speed.
- *Continuous monitoring* Monitoring must be both practical and continuous. Monitoring is defined here as a set of simple procedures, of checks and balances, that have been developed with considerable effort. The project learned that monitoring should not focus on the routine collection of information, either by a few staff or by external evaluation teams. Internal monitoring should improve programming and implementation in the short-term. The data is not for senior staff's eyes only — monitoring information is fed back to the lowest level capable of taking follow-up action. Thus, monitoring permeates much of the programme, and almost everyone is involved in both collecting and using data (see box on page 7). Nearly every programme struggles at

one time or another with the need to build on the interests of different groups within communities, to define the role of the community, and to work with groups or committees in communities to control costs, and to ensure both the quality of construction, and that the monitoring strategies are useful. The SEU programme in Kerala has tried to ensure that these decisions and strategies match local capacities, needs, and interests.¹

In 1988-9, the SEU programme was set up, with Dutch and Danish support, to organize community participation and give socio-economic input for the implementation of piped-water schemes, with small components for environmental and on-site sanitation. The latter has developed over the years into a community-based, and largely community-managed, programme serving 46 *panchayats* with a combined population of around 600 000 living at or below the poverty line. Between 45 and 50 per cent of the latrine costs are provided by the households and the

panchayats. The programme aims to sustain consistent habits for the safe disposal of human excreta.

It builds on the communities' interests, and emphasizes motivation and education. The results are impressive: in most areas, over 95 per cent of the 27 000 latrines built by April 1995 were being used sustainably, and maintained regularly. The programme is built on community management, community transport of commodities, water-committee supervision, and the organization of educational activities, local financial administration, and community monitoring.

Reference

1. A detailed paper on the programme's strategies, outputs, and future direction will soon be available from the authors.

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Suhara's story



'Permathura is a very crowded Muslim area. Most houses have no sanitation facilities. Every year, there are deaths from cholera and diarrhoea.' Suhara, one of the participants in the sanitation programme continues: 'Mr Sulfikar, the water committee member, told me about the sanitation programme ... women like me suffer from having no privacy. When Sulfikar talked about payment, I was confused and disappointed. I thought, if it's really for the poor, why isn't it free?'

'There were lots of meetings ... we were told about different aspects of the programme — and why it's not free. When they said that you should wash your hands with soap after defecating, we thought it was a joke! But it was explained how a dirty hand can cause fatal diseases like cholera. We learned how each bit of the latrine works and why it needs proper cleaning and maintenance. I keep the latrine as clean as my kitchen. The whole family uses it. For the women, in particular, the programme has come as a great relief.'