



Integrated sanitation project in Midnapore

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THE INTEGRATED SANITATION Project (ISP) demonstrates the impact of NGOs in mobilization and intermediation in communities that are financing their own sanitation services. Project planners avoided approaches that promoted “solutions”. The task at hand was to create awareness and then to present a range of technical options from which to choose.

This process enabled people to make informed choices and can be termed as creation of demand or more correctly, as an enabling process to reveal latent demand. Subsequent arrangements included production, delivery and installation of hardware, and catering to administrative and accounting requirements. The support of social organizations and groups already existing was enlisted and made use of in the process. These groups received training to enable them to play an effective role in advocacy and subsequently, through the mechanism of a revolving fund, to organize and manage delivery of services.

Those below the poverty line constitute 78 per cent of the beneficiaries. This is a significant achievement as the country experience, in the urban context, indicates that the exclusive promotion of a single option can be time consuming because the technology is often perceived as unaffordable for many, and/or the total subsidy is beyond the government to provide within a reasonable time.

The place

Midnapore, in the State of West Bengal is one of the largest districts in the country with a population of 8.35 million as per 1991 census. Most people — 7.5 million — are rural. The water supply coverage (1991) was 8.67 per cent through piped system and 42.77 per cent through spot sources. The sanitation coverage as per 1991 census was 4.74 per cent. The district is one of the very few in the country to be declared totally literate under the Adult Literacy Programme of the Literacy Mission of the Government of India's Human Resource Development Ministry. As in other places in Bengal, the people of Midnapore are politically conscious.

The project

ISP became operational in the district in March 1990. The project is sponsored by UNICEF and implemented by Ramakrishna Mission Lokashiksha Parishad (RMLP). The Project has a multi-pronged approach. It makes:

- people realize the need for sanitation through advocacy and generates demand through presentation of options;
- facilitates revelation of demand through a range of technical options with price tags;
- builds capacity for advocacy through training;
- builds capacity for production of materials through training and working capital;
- builds administrative and accounting support through training.
- brings together already existing village level organizations and enables them to effectively play all of the above roles.

The project had a set of *assumptions*:

- the mobilization of huge resources required for construction of latrines would generally not be possible except from the beneficiaries themselves;
- NO SUBSIDY. Assistance available from UNICEF would be for creating better motivation;
- by proper advocacy it would be possible to create awareness and motivate people to accept the package of sanitary facilities (refer to heading, “Other Benefits” on page 3);
- full cost recovery would be possible by making technology options affordable and acceptable; (in addition to construction costs, the Project is now recovering cost on training, advocacy and establishment as well);
- the village level youth clubs would voluntarily implement the programme;
- NGOs would be more likely to achieve better results in creating awareness and building up motivation because they have:
 - a) better rapport with the community and
 - b) flexibility in approach.

The project did not assume a target oriented approach in the traditional sense. The emphasis was on defining a process and direction which sets the pace for achieving physical targets. The process adopted and forces unleashed thereby would, it was envisaged, be of an abiding nature to ensure continuity and a self-sustaining momentum after the project assistance period was over.

The central piece of the process rests on advocacy to be carried out by properly trained local persons. Advocacy coupled with presentation of options will create demand — to respond to which it is necessary to concurrently

build capacity for production and delivery of latrine components. To manage the process, an organization (as detailed under the heading “Training” on page 2) was conceived: and norms such as one village level club for 1000 families, one motivator for 200 families were adopted.

It is considered important by the project authorities to create one focal point per village and enable it to perform as a responsive repository of information, and a focal point for liaison and “know how.” In other other words, the defined direction will lead to the desired destination and the pace will depend upon the variables encountered in the operational context and the ability of the organization and mechanisms put in place to respond to these variables. Thus the project made assumptions on outcomes —50 per cent of the households would come forward to accept the package after advocacy to 80 per cent of the population— on the basis of a well orchestrated process, rather than setting targets in the traditional manner. Results show that with this pronounced emphasis on the process, the project’s reach is more than its aim.

Intermediation

The NGO chosen for intermediation enjoys an enormous amount of goodwill in the entire State. Apart from their work during emergencies such as floods, the NGO has been active in the health and sanitation sectors and in adult literacy. The NGO’s excellent reputation was a significant asset in launching the project. The intermediation consisted of advocacy and training.

Training

There are two categories of training. One is technical. The other is organizational and motivational. The former caters to the needs of seed masons, village masons, drilling mistries, women caretakers of Tara hand pump and

includes training on construction of improved Chullahs. The latter consists of orientation of Project Personnel, cluster leaders, youth club leaders, Panchayat members and training of motivators and training on book-keeping.

The training modules developed by UNICEF have been used for conducting training for masons, motivators and village leaders with modifications to suit local needs. The modules for other training courses have been developed by the Project personnel. A total of 636 courses have so far been organised to train 23,456 persons.

Organization

ISP is implemented by the already existing village level organizations (VLOs) such as youth clubs or mahila mandals. The Project is under operation in 6272 villages and there are 1107 youth clubs. The next tier is the cluster organization which is a consortium of village level organizations. Typically there would be one such cluster for 2-3 community development Blocks. At present there are 14 cluster organizations for 54 Blocks. Ultimately, the aim is to have one cluster per Block.

The cluster organizations manufacture pre-fabricated concrete materials such as rings, Y junction and pit covers. They also plan, implement, supervise and monitor the project and act at the middle level to make a bridge between RMLP, Block and VLO. In the beginning the pan and traps were being made only at the central production centre at Narendrapur, the State level headquarters of RMLP. Now these are being made at two places in the field. There are plans to ultimately make these components at all the production centers in a spirit of truly decentralised capacity building.

The project employs professional staff. There is one work assistant per Block. The clusters have one programme assistant and one work assistant each. The club and cluster levels have accountants.

Revolving fund

A sizeable portion of the contribution from UNICEF goes into a revolving fund to meet the working capital requirements of the production centers and to provide interest free loans to those who cannot make full payment up front. *There is no subsidy— not even for the poor.*

In the beginning, either the full contribution was made or loans were provided to the extent required. The Project has stopped giving loans since January 1994. The practice initially was to provide loans to those who were better-off on the assumption that repayment would be better. This had to be abandoned later in view of wilful defaulters and the Project then provided loans for the lowest cost options only.

Loan repayment has been satisfactory and is 52 per cent of the total dues. In terms of repayment this percentage is much higher and is over 90 per cent. By March 1996 the project had executed construction worth four and a half times the amount of the revolving fund. No further support is required for the revolving fund.

Table 1. Advocacy

Advocacy consisted of and was carried out through:

Wall writing by VLOs	9,999 spots
Village level motivation camps	2,486 camps and 1,491,600 people
Home visits (effective tool through accredited motivators, field staff and VLOs)	571,490 families
Exhibitions during festivals and village fairs	385
Video and slide shows	1,580
Village group meetings	4,822; 159,126 people attended
Sanitation song squad	1,526 performances

Advocacy materials used were flash cards, calendar, technical guide book, Q&A book and audio cassette folders.

It has been noted by a review team of UNICEF, Government of India and Government of West Bengal that as of August 1993, 40 per cent of the families had paid the full contributory cost of a latrine at the beginning itself, while the rest had opted for a loan. In the initial two years of the project, the percentage in the former category was only 20 per cent. The project proposal had envisaged 25 per cent for this category. Now, of course, all the families are paying the full cost.

Other benefits

One of the indirect benefits of the project which has significant implications for property alleviation is the wage employment of Rs.12.12 million involving 4 lakh mandays. Another benefit is that the community gets one Tara hand pump free as an incentive for every 50 latrines installed.

The other encouraging features are that a water committee has been established; two ladies from the community are trained as caretakers; beneficiaries contribute Rs. 500/- as initial fund for maintenance; each family contributes 50 Paise per month towards maintenance.

Table 2. Coverage

(As at March 1996)

Facility	Number
a) Low cost latrine	115,484
b) Soakage pit	387
c) Improved smokeless chullah	8,553
d) Garbage pit	4,450
e) Bathing platform	431
f) Direct action TARA handpump	467
g) Biogas linked to low-cost latrine	184
h) ORS packets sold	47477

There are 127 villages and 3 Gram Panchayats in the districts which have been fully covered under the project with household latrines. These have been declared as *sanitation villages and sanitation Gram Panchayats*. This is a matter of extreme pride as an anecdotal report indicates that parents would prefer to give their daughter in marriage to such villages.

Monitoring

Monitoring is based on:

- Monthly review meeting with cluster leaders, Program Assistant and central level staff to review progress and to sort out problems.
- Monthly meeting of youth club leaders and motivators at cluster level to review progress and to render support for overcoming difficulties.
- District level meetings for categorizing strategies for effective implementation, securing the cooperation of the bureaucracy and the elected Panchayat.
- State Level committee to discuss strategies and problems and to review the progress and problems.

Role of UNICEF

UNICEF extended funding support for activities of a software nature such as advocacy, training/organisation etc. Over 50 per cent of the total funding went to the revolving fund that made a signal contribution to ensuring production and supply of materials to meet the demand in a timely fashion. This factor has also contributed towards sustainability for future coverage, even after UNICEF funding is discontinued.

UNICEF agreed to finance the overheads for the two lowest cost options as there was initial resistance from beneficiaries. These costs are now recovered from the beneficiaries as service charges at the rate of Rs40 for latrines costing upto Rs800 and at the rate of Rs50 for latrines above Rs.800. In fact, as can be seen, these costs accounted for 15 per cent of the unit cost initially and have now come down to 5 per cent. The recovery of these costs did not have a negative impact on demand either.

Influence on policy

The guidelines under the Central Rural Sanitation Programme of Government of India provide for a subsidy of Rs2000 per unit. Government of India has agreed to relaxation of these guidelines in the State of West Bengal where a subsidy of Rs 200 is provided solely for beneficiaries below the poverty line. This subsidy is administered in kind, in terms of materials and no cash disbursements are made.

Lessons learnt

- Adoption of sanitary latrines by a household depends on availability of a range of options which determine what people want and what they are willing to pay for it. While awareness creation plays a social role, the options perform an economical function by converting need or preference into effective demand.
- Once the demand surfaces it should be effectively backed up by financial arrangements (revolving fund in this case) and insitutional/management arrangements to oversee disbursements, to obtain commitments, and to enforce them. The Midnapore experience shows the way for a much needed alternative

delivery mechanism for achieving both coverage and sustainable investments.

- Loan repayments tend to be prompt as the loan is consciously opted for and linked to repayment capacity, unlike the loan of a thrust-upon variety driven by norms.
- The approach is successful in quickening the pace of sanitation coverage and particularly in reaching the poor.

Issues

The approach adopted is effectively changing the habits of people from open defecation to use of latrines. There may, however, be valid criticism or concern in some quarters that this process, which depends upon a beneficiary's willingness to pay, may compromise the technical requirements. UNICEF has therefore initiated investigative studies on the use, effectiveness and technical soundness of the latrines.