



Sustainable sanitation programme in Sri-Lanka

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INCREASING LIFE EXPECTANCY by reducing preventable deaths due to both communicable and non-communicable diseases and improving quality of life by preventable diseases by promoting health are the main goals of health policies in today's world. From a health authority's point of view, sanitation is basically an intervention to reduce people's exposure to diseases by providing a clean environment in which to live. This indicates that certain measures are to be taken to break the cycle of diseases. These measures include safe human excreta disposal, domestic hygiene, personal hygiene, food hygiene, water hygiene, safe wastewater disposal and drainage, solid waste disposal.

Except for other measures, "safe human excreta disposal" is a household level investment for the improvement of hardware in sanitation, and there are many software related issues too.

Sanitation in Sri Lanka - yesterday and today

Clear evidence was found from archaeological sites that the ancient Sri Lankans had great knowledge of safe disposal of human excreta with sophisticated technology. However, such sanitation facilities were limited to upper class society and Open-Air Defecation (OAD) was the commonly used method among rural communities. Until recent times villages in dry zones demarcated a piece of shrub-land called "This Bambe" (120 square feet) for the disposal of excreta. With the increase in the population these primitive practices ended and disposal of human waste became a household activity.

According to the census in 1994, nearly 37% of households in Sri Lanka did not have proper sanitation facilities. This situation has been improved slightly within 7 years and a national census conducted in 2001 declared that the households who have no access to proper sanitation is around 27%. However, data from the socio-economic baseline survey of the 3rd ADB Project conducted in 1999 contradicted this data and accordingly there were no significant changes and the sanitation status in project districts remained as in 1994.

Sanitation programme implemented by the ADB-assisted 3rd WS&S Project

Traditionally sanitation programmes were managed and controlled by Water Supply & Sanitation project implementers, and beneficiaries were placed only on the receiv-

ing end of the process. Large numbers of staff and an expensive network were prerequisites for implementation of a sanitation programme. However, with these weary efforts and high overhead costs, a substantial percentage of the most needy households were left out from project benefits and some households who received assistance did not construct the facilities. The project design of the 3rd ADB Assisted WS&S (previously RWSS) Project avoided these issues in implementation and the objectives of sanitation programme are as follows:

- Provide sanitation facilities for the most needy and disadvantaged households
- Promote sanitation (latrine construction) among households who live close to the water sources
- Establish a *Sanitation Revolving Fund* to provide a possible source of financial assistance to the households who are not included for the project assistance due to financial limitations

The overall target is to complete 82,000 latrines in six project districts within the six years stated in 2000. Initially 421 villages, where more than 50% of households did not have proper sanitation were selected to provide assistance to improve sanitation conditions. Up to the end of 2001, 31,752 latrine units were completed in these communities. The total financial disbursement to Community Based Organisations (CBOs) was Rs. 95million and household's investments/contribution has been more.

Lessons learned

The appropriateness of the provision of opportunities for communities to be involved in total management of planning & design, construction, and operation & maintenance (O&M) of water supply and sanitation facilities, was demonstrated during implementation of the sanitation programme. Further, the viability of developing a financial discipline among communities through simple programmes and handing over more complex programmes subsequently to CBOs also has been proven. Once the Project was satisfied with the financial handling of CBOs during the sanitation programme and ensured the CBOs' capacity in this regard, millions of Rs were disbursed to CBOs for the construction of water supply facilities. Some of these water supply projects are worth more than Rs.30 million.

The possibility of changing the attitude of communities on sanitation is a common issue and motivating them to make collective attempts to solve it in their villages was an

important lesson learned. Communities worked towards the common goal and it was found that the majority of CBOs provided free labour for the construction of facilities for their neighbours, who are in absolute poverty. Households who are disabled and destitute were also assisted by CBOs to construct their latrines.

Apart from these broader lessons, some specific lessons were learned during the implementation of the sanitation programme. These lessons are linked with the constraints faced during implementation viz: (i) change of attitude of villagers on safe hygiene practices (ii) formulate a system to disburse funds to communities (iii) utilisation of funds for purpose (iv) construction quality (v) financial accountability of communities.

The following were tested during implementation of the sanitation programme

- Appropriateness of demand driven approach
- Importance of the creation of sense of ownership by introducing a community managed programme
- Necessity of mechanism for the sustainability of the programme
- Importance of the productive involvement of line departments
- Possibility for reduction of management cost in implementation

Demand driven approach

The sanitation programme commenced with an extensive social mobilisation process aiming towards the transformation of the programme from being supply driven to demand driven. The project makes beneficiaries aware of the importance of improvements in the sanitation status in their communities and households, and emphasises that the sanitation issue is a community business rather than that of an outsider. Communities are free to decide whether they need sanitation facilities or not.

Community demand cannot be easily assessed and quantified with the indicators, which cannot be measured. The level of demand and community commitment for a sanitation programme in the village communities were assessed with indicators such as (i) preparation and submission of a sanitation proposal for the entire village; (ii) the establishment of a Sanitation Revolving Fund (SRF) with the qualifying fee collected from the potential beneficiaries; (iii) preparation of Community Action Plan (CAP) for the construction of sanitation facilities; (iv) payment of a qualifying fee by the beneficiaries; (v) Draft Memorandum of Understanding (MOU) between the CBO and the Project; and (vi) incentive-based fund disbursement/additional latrine units etc.

Create sense of ownership through community-managed programme

Provision of opportunities for communities to participate in decision-making and the extent of their involvement in project implementation are directly influenced by the sense

of ownership. An environment has been created by the Project for CBOs to own and manage the sanitation programme and has emphasised their participation in decision making at all stages. The CBO is the nucleus of the process and the strategy adopted has provided maximum opportunities for them in total management, including the selection of beneficiaries and co-ordination of financial and technical inputs required for implementation.

Selection of beneficiaries was done in a democratic manner and the final list of potential beneficiary households was displayed in public places in the communities to check whether there were any objections. This list has to be one of the annexes of the sanitation proposal.

CBOs are provided with funds in large sums by the Project for implementation and the utilisation of these funds is guided by the MOU signed between CBO and the Project. Ex: Sri Lankan Rupees 213,000 was transferred to the account of Meegahapitiya CBO to disburse to selected beneficiaries. Books are kept at the CBO at required level.

CBOs have introduced a simple MOU, which is symbolically binding, for the disbursements of funds to individual beneficiaries. Up to now less than 1% of individual beneficiaries have violated the conditions of MOU. CBOs have introduced their own rules, regulations, procedures and norms in implementation.

Unlike in previous WS&S Projects, CBOs were given an opportunity to select the most appropriate type of latrines for the beneficiaries. At present water seal pour flush, ecological sanitation toilets and ventilated improved pit (VIP) toilets are the accepted latrine types by the people. The project promotes low-cost construction of latrines but concentrates more on the standards of the substructure, which is the most important part for safe excreta disposal.

CBOs are requested to submit progress reports periodically and the disbursements of funds for implementation is decided based on this information. This improves the CBO's skills in supervision and monitoring of construction activity and report writing.

Sustainability (continuity of services) of the programme

Institutionalising of CBOs is prerequisite for sustainability and the Project assists CBOs to be legally recognised village level institutions within the existing legal framework. All CBOs in beneficiary communities obtained registration.

Often sanitation programmes cease once the donor agencies terminate the funding. The community and CBOs were not properly trained and convinced to undertake the responsibility of the continuation of sanitation activities in their villages. A concept of the Sanitation Revolving Fund (SRF) has been introduced to ensure continuation of the sanitation programme. Each beneficiary of the sanitation programme is supposed to contribute Rs 200 to the SRF. The objectives of the SRF are as follows:

- Provide financial assistance to the households who have been left out from the project assistance due to limited funds;

- Enhance the obligations of beneficiaries toward their neighbours and society;
- Solve the total sanitation problem in the community by demonstrating their initiatives;
- Capacity development of CBOs for the implementation of complicated programmes such as construction and O&M of WS facilities, environmental programmes etc.

In all communities, SLR 6.8 million was contributed by the beneficiaries to their SRFs and these monies will be re-invested for the construction of sanitation facilities. CBOs are planning to expand the SRF with the assistance of well-wishers, NGOs and funding agencies who provide assistance for sanitation programmes. CBOs have requested funds from these sources by demonstrating their initiatives to solve the sanitation problem in their villages.

The SRF will provide loans to households who seek financial assistance to construct latrines. The loan will be recovered in instalments and a marginal rate of interest is added.

Improve the productive involvement of line departments

The Department of Health (DOH) and Department of Education (DOE) are the main stakeholders in the sanitation programme. Promotion of health education in villages and schools, selection of sites for the latrines and monitoring of sanitation programmes were the tasks performed by them.

Mechanism for the effective involvement of line agencies and strong environment to work together has been established from national level to village level. The Secretaries of line Ministries and Chief Secretaries of Provincial Councils, District Secretaries and Project Management Unit (PMU) participate in the National Steering Committee every three months under the chairmanship of the Secretary to the Ministry of Housing to take all policy decisions. All heads of line agencies at provincial level and Divisional Secretaries and Pradeshiya Sabhas (PS) Chairmen meet every three months under the chairmanship of Chief Secretaries of Provincial Council to review the progress in project districts. All divisional level officers of line agencies and members of CBO Forum meet every three months under the chairmanship of the Divisional Secretary to assist programme at divisional level. All village level officers of line agencies and respective CBOs meet every month to review the project progress.

The responsibilities and tasks were not streamlined in the WS&S project implemented in the past and it was often found that the responsibilities were mixed up. The Project convinced the DOH that it is assisting them to achieve the

final objectives of the department rather than they are assisting the project to implement the sanitation programme.

Opening opportunities for CBOs and Health Department to work together in the sanitation programme promotes the productive involvement of line agencies. CBOs submit the list of selected beneficiaries to the Medical Officer of Health/Public Health Inspector (PHI) to ensure that the selected beneficiaries do not receive funds from other sources. On the other hand such coordination with field Health Staff and obtaining their services and assistance for the implementation of the sanitation programme, improves the skills in managerial capacity of CBOs.

Provision of minimum service fees (SLR 20 (\$0.05) per latrine) to the Field Officers of DOH to cover their travel costs will motivate PHIs to assist the programme. For the first time in Sri Lanka CBOs recommended the payments for the service from Government Officials.

The Department of Education promotes sanitation through school children, who motivate the adults at home to improve sanitation conditions in households.

Reduction of management cost in implementation

It is assumed that the management costs of the sanitation programmes implemented in the past was very high as total implementation of these programmes, including monitoring and supervision, were carried out by a large number of project field officers.

The Kandy Water Supply and Sanitation project (KWS&SP), funded by FINNIDA, has employed nearly 15 field officers to promote its sanitation programme. In 5 years they have only managed to complete 20,000 latrine units. The costs involved were salaries and field allowances for project field officers, allowances for health staff and costs of inputs from expatriate consultants, which is enormous. The ADB-assisted RWSS Project has made rough calculation of the management costs of implementing their sanitation programme. It is revealed that the unit cost of the construction of 50 latrines units is only Rs 75.00 (\$0.78), which is negligible.

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