



Water and Sanitation Program

An international partnership to help the poor gain sustained access to improved water supply and sanitation services

25694

a rural think tank

jal manthan

5

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SETTING THE CONTEXT

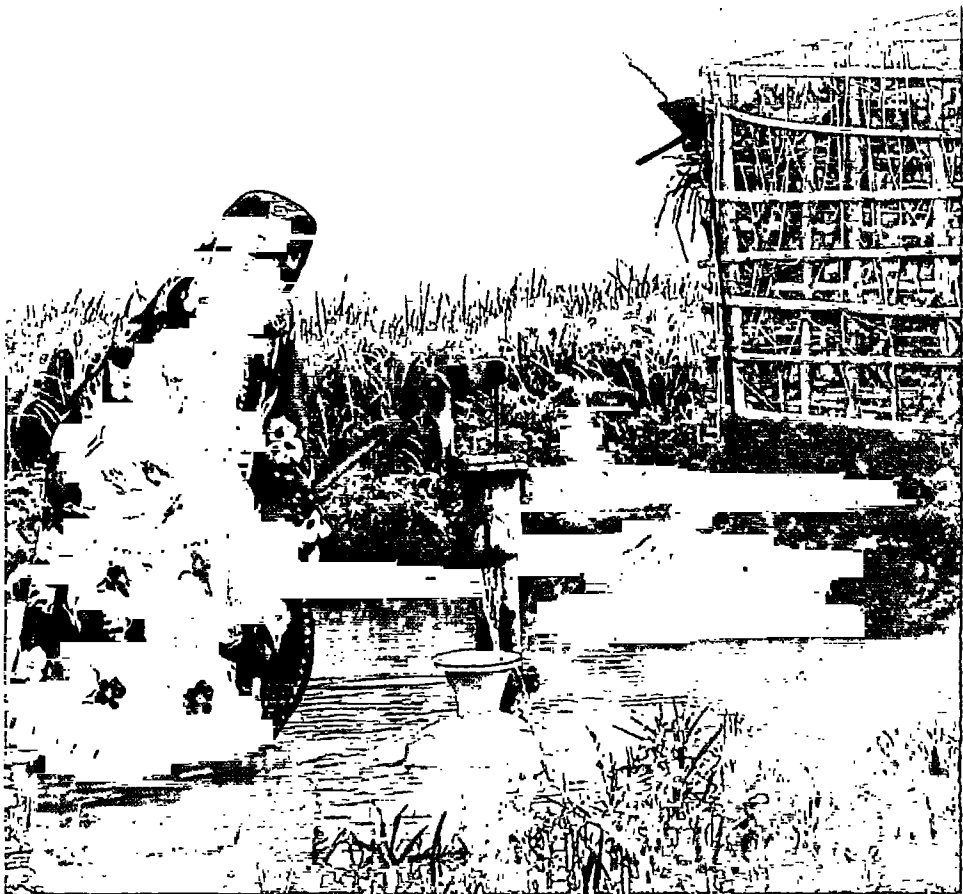
Sanitation remains one of the biggest development challenges and is, appropriately, one of the millennium development goals. At the second World Water Forum (The Hague, March 2000) it was declared that by 2015 the proportion of people without access to hygienic sanitation facilities should be halved, and that by 2025 access to safe water and hygienic sanitation facilities should be available to everyone.

The challenge is to find approaches to achieve these bold targets. At the heart of this challenge are the questions of how to trigger the change in traditional sanitation practices, how to sustain the changes, and how to scale-up successes. To achieve such sustainable changes we need to better understand the role of individuals, households, communities and governments in this process.

Bangladesh, like many other similarly placed developing countries, has been trying to answer these questions with some excellent results on the ground. The objective of this workshop was to initiate an exchange between Bangladesh and India (with its bold Central Government-supported Total Sanitation Campaign) to see if learning from each others' experiences, the two South Asian neighbors could come up with innovative approaches to tackling the vexing problem.

The Bangladesh experiment on which the workshop was focused suggests that individual-based fiscal subsidies are not critical to winning the war on sanitation. Rather, the experience of Bangladesh suggests that the key is to first find the mechanism by which to trigger the required mind shift change. The next step is to come up with institutional models for scaling-up such an approach. Preliminary thinking on this issue suggests that the solution might lie in combining the motivational approach with fiscal support directed jointly at local government and communities rather than at individuals.

Igniting Change: Tackling the Sanitation Challenge



UN-31088/WSP-SA



FOREWORD

As less than 20 percent of India's rural population has access to safe and hygienic sanitation facilities, there is an urgent need to address the sanitation gap and increase coverage. The Government of India has been examining approaches to address the problem.

With experience worldwide suggesting that effective sanitation schemes should be demand-driven and participatory, the Government has restructured the Rural Sanitation Program launched in 1986, which was subsidy-driven and allocation-based, and resulted in an overemphasis on hardware and targets. The new Total Sanitation Campaign (TSC) promotes greater user involvement, lower subsidies, a facilitating role for NGOs and a range of technology options.

A number of initiatives in India and the region involving the Government, the multi-lateral and bilateral donor community, and local and international NGOs have focused on improving sanitation coverage. Although there have been some pockets of success, scaling-up has been difficult, and the overall achievement continues to be poor.

An innovative initiative piloted by Water Aid Bangladesh (WAB), in collaboration with a local NGO Village Education Resource Center (VERC) and funded by DFID-Bangladesh has resulted in 100 percent sanitation in five sub-districts in Bangladesh. In keeping with the principles of sector reforms and the philosophy of community participation and demand-responsive strategies, it has mobilized communities to seek solutions and to plan and implement their sanitation schemes by creating awareness and motivating behavior change. All of this has been achieved without any subsidies.

Countries can learn from each other by sharing experiences, through partnerships, and by observing the other's successes and failures. To expose government officials and other stakeholders from India to this approach, WSP-SA organized a regional workshop in Bangladesh that included field visits to the sanitized villages and interaction with stakeholders. The day-long interaction with the communities provided strong evidence of the efficacy and sustainability of the approach, and several unique features of the model were observed and noted by the participants.

Inspired by their first-hand experience of a model that has resulted in 100 percent sanitation in communities, opportunities for piloting this approach in India and integrating it with existing programs are now being considered. The Water and Sanitation Program-South Asia will facilitate the process through workshops, by supporting pilots and through knowledge-sharing sessions.

The Bangladesh model may be a possible answer to increasing sanitation coverage in India. It remains to be seen as to how far this model can be adapted and upscaled in the Indian context.

Shri A.K. Goswami
Secretary, Department of Drinking Water Supply
Ministry of Rural Development
Government of India



Sanitation coverage in Bangladesh is estimated to be only 40 percent of the rural household. This means a large proportion of the rural population practice open defecation. In a densely populated country, contamination of water bodies is really a grave public hazard. Mere enticements in the

form of subsidy and the crash program approach cannot result in a sustainable change. Sustainability requires two important things: behavior change communication and genuine demand creation for sanitary latrines among users.

Excerpted from the inaugural address of
Mr D.K. Nath, Secretary, Rural Development and
Cooperatives Division, Government of Bangladesh

IGNITING BEHAVIOR CHANGE FOR 100 PERCENT SANITATION IN BANGLADESH

The Bangladesh experience has shown that it is possible for entire communities to change traditional sanitation practices and shift from open defecation to fixed-point defecation under sanitary conditions. As a result of a partnership between WaterAid, Bangladesh (WAB), an international NGO, and Village Education Resource Center (VERC), a local NGO, under a DFID-Bangladesh-supported project, five sub-districts in Bangladesh are now 100 percent sanitized.

△ What triggers behavior change?

The WAB-VERC model is based on the principle of 'igniting' behavior change in sanitation practices by creating awareness in the community of the lack of environmental sanitation and its adverse impact on hygiene and health conditions. Once communities are motivated to change behavior patterns, they seek to introduce sanitation facilities that ultimately lead to improved health and self-esteem. The success of the model is based on getting people to move away from open defecation to fixed-point defecation, even if it is at the

Fifth Jal Manthan: List of Participants

Rural Sanitation Workshop: 'People's Initiative for Rural Sanitation',
February 12-15, 2002, Bogra, Rajshahi, Bangladesh

GOVERNMENT OF INDIA

Mr. A.K. Goswami Secretary, Department of Drinking Water Supply, Ministry of Rural Development, Government of India, Room # 247, 'A' Wing, Nirman Bhawan, New Delhi 110 011, Tel: 011-3010245/0207, Fax: 011-3012715, E-mail: secyws@nb.nic.in

Mr. Kumar Alok Deputy Secretary, Government of India, Rajiv Gandhi National Drinking Water Mission, Department of Drinking Water Supply, Ministry of Rural Development, 9th Floor, Paryavaran Bhawan, CGO Complex, Lodi Road, New Delhi 110 003, Tel: 011-4364518, Fax: 011-4364113

ANDHRA PRADESH

GOVERNMENT OF ANDHRA PRADESH

Mr. Jayesh Ranjan Project Director, DPIP & Executive Secretary, CWSS Collectorate, Chittoor 517 002, Tel/Fax: 08572-41678, E-mail: jayesh_ranjan@hotmail.com

Mr. Durga Prasad Assistant Executive Secretary, CWSS, Chittoor, Tel/Fax: 08572-35748

NGOS

Mr. Praganda Busi Development Inst. for Sustainable Habitat (DISHA), 6-1-165, Municipal Quarters, Nalgonda District 508 001, Tel/Fax: 08684-54000, E-mail: anandp_anand@rediff.com

KERALA

GOVERNMENT OF KERALA

Mr. A. Nazeemudeen Additional Development Commissioner, Commission of Rural Development, L.M.S. Compound, Thiruvananthapuram, Kerala 695 033, Fax: 0471-337004

NGOS

Mr. C. Ramakrishnan Kerala Shastra Sahitya Parishad, Palat House, Pilicode, Kasaragod, District Unit, Kasaragod, Tel: 0499-761774, Fax: 0471-337004

Dr. Babu Ambat Director, Centre for Environment Development, T.C. 24/547, C.V. Raman Pilla Road, Thycaud P.O. Thiruvanthapuram, Kerala, Tel: 0471-338022/338022, Fax: 0471-337004

Ms. Kochurani Mathews Director – Health & Environmental Sanitation, Socio-Economic Unit Foundation, Sarvodayapuram, Kattoor P.O., Alapuzha, Tel: 0477-259218, E-mail: seu@satyam.net.in

MAHARASHTRA

GOVERNMENT OF MAHARASHTRA

Mr. B.C. Khatua Secretary to Government of Maharashtra, Water Supply and Sanitation Department, R.N. 530, 5th Floor (Main) Mantralaya, Nariman Point, Mumbai 400 032, Tel: 022-2885144, Fax: 022-2828129, E-mail: bckhatua@rediffmail.com

Mr. Asheesh Sharma Chief Executive Officer, Raigad Zilla Parishad, Alibagh, Tel/Fax: 02141-22024, E-mail: asheeshsharma@hotmail.com

Mr. Bapurao Govindrao Dahikamble District Co-ordinator, Raigad Rural Water Supply & Sanitation Mission, Raigad Zilla Parishad, Alibagh, Tel: 02141-22232

Ms. Vinita Singhal Chief Executive Officer, Amravati Zilla Parishad, Amravati, Tel/Fax: 0721- 662926

Mr. Sumit Mullick Divisional Commissioner, Amravati Division, Amravati, Tel/Fax: 0721-662926, E-mail: mullick@nagpur.dot.net.in

Mr. Sunil Gedam Deputy Chief Executive Officer & Sanitation In-charge, Amravati Zilla Parishad, Amravati, Tel/Fax: 0721-662926

NGOS

Ms. Vaishali Patil Ankur Trust, Shankar Rama Complex, Chinchpada Road, Pen. Dist. Raigad (Near Govt. Hospital), Raigad, Tel: 02143-53691, E-mail: ankur_trust@yahoo.co.in

Mr. Rakesh Thakur President, Sahyog Youth Welfare Society, 8/1, Tope Nagar, Amravati 444 601, Tel/Fax: 0721-511472/572025,982222293

Mr. Prashant Narode Sanskar Vahini, Gram Vikas Sikshan Sanstha, 44 Kolhatkar Colony, Shilangan Road, Amravati, Tel: 0721-574378, Fax: 0721-550178, E-mail: sanskar93@rediffmail.com

TAMIL NADU

GOVERNMENT OF TAMIL NADU

Mr. S. Ayyar Director – Rural Development, Fort St. George, Government of Tamil Nadu, Secretariat, Chennai 600 009, Tel: 044-4323794, Fax: 044-4343205

Mr. Gagandeep Singh Bedi Collector, Kanyakumari District Nagercoil, Tamil Nadu, Tel/Fax: 04652-233285, 09842133285, E-mail: collrckm@tn.nic.in

Mr. K. Ramamurthy Additional Director, Directorate of Rural Development, Panagal Building, Saidapet, Chennai 600 015, Tel: 044-4982543, Fax: 044-4343205

Mr. T. Murugan Project Officer, DRDA, Vellore, Tamil Nadu 632 009, Tel: 0416-253334, Fax: 0416-258348

NGOS

Mr. L.S. Anthony Samy Chief, 'BLESS' Market Committee Campus, Salakarai, Cuddalore Port, Tamil Nadu, Tel: 04142-327254, 9842335775, E-mail: ls_antony@hotmail.com

Mr. M. Subburaman Chief, SCOPE, Tiruchirappalli District, Tamil Nadu, Tel: 0431-422276, Fax: 0431-422185

GOVERNMENT OF BANGLADESH

Mr. Dhiraj Kumar Nath Secretary, Rural Development and Cooperatives Division, Ministry of Local Government, Rural Dev. and Cooperatives, Bhaban-7, 6th floor, Room 632, Bangladesh Secretariat, Dhaka, Tel: 880-2-8618961 (PS-Shah Alam), 8611818 (P.O.), Fax: 880-2-8612284

BANGLADESH

Mr. Alastair Larsson BBC Reporter, Tel: 9130996-7

Ms. Parveen Ahmed Associate Press,
E-mail: pahned@ap.org

Mr. Abir Abdullah DRIK Picture Library Ltd.,
E-mail: studio@drik.net

Mr. Md. Bodiuzzaman Sr. Regional Manager, PRAC Health Center, Mohakhali, Dhaka, Tel: 880-2-9881265

DFID

House-42, Road-28, Gulshan-1, Dhaka-1212,
Tel: 880-2-8810904, 8822589

E-mail: r_dyer@dfid.gov.uk

Mr. Rodney Dyer Manager – Water and Sanitation

UNICEF

BSL Office Complex (3rd Floor), Hotel Sheraton Annex Building, 1 Minto Road, Dhaka,
Tel: (880-2) 9336701-20, Fax: 9335641-2

Ms. Joy Morgan Program Adviser

Ms. Afroza Ahmed Program Officer

VILLAGE EDUCATION RESOURCE CENTRE (VERC)

Anandapur, Savar, Dhaka, Tel: (880-2) 7710779, 7710412, 017-404519, Fax: 8113095,

E-mail: verc@bangla.net

Mr. Yakub Hossain Deputy Director

Mr. Masud Hasan Associate Coordinator

Mr. Shaikh A. Halim Executive Director

Mr. Sulash Ch. Shaha Coordinator of Training

Mr. Md. Quamrul Islam Hygiene Promotion Manager

Mr. Tapan Kumar Saha Regional Coordinator

Mr. Paritosh Chandra Sarker Project Engineer

Mr. Md. Rezaul Huda Asst. Project Coordinator

Mr. Md. Rabiul Islam Asst. Project Engineer

Mr. Md. Asraful Islam Health Motivator

Mr. Md. Rabiullah Rabi Asst. Project Coordinator

Mr. Md. Yousuf Ali Health Motivator

Ms. Momena Khaun Health Motivator

Ms. Bina Gazi Health Motivator

Mr. Abdul Khaleque Photographer

RURAL DEVELOPMENT ACADEMY (RDA)

Sherpur, BOGRA, Tel: (880-051) 736601,
Fax: 051-73603

Mr. M.A. Ma'in Joint Director

Mr. Mahmud Hossain Khan Deputy Director

Mr. Nazrul Islam Khan Deputy Director

Mr. Md. Habibur Rahman Deputy Director

Mr. H.M. Alauddin Deputy Director

Mr. Md. Belal Uddin Medical Officer

Mr. J. Belal BRAC

NGO FORUM FOR DRINKING WATER SUPPLY AND SANITATION

4/6, Block E Lalmatia, Dhaka 1207,
Tel: 8119597, 8119599, Fax: 880-2-8117924

Mr. Abdus Salam Field Coordinator

WATERAID-BANGLADESH

House-123, Road-4, Banani, Dhaka 1213,
Tel: (880-2) 8815757, 8818521, Fax: 8815757,

E-mail: wateraid@dhaka.agni.com

Mr. Timothy Claydon Country Director

Mr. Adil Ahmed Shafi CMT

Ms. Rokeya Ahmed Program Coordinator – Advocacy

Mr. Khandker Zakir Hossain Project Director

Mr. Liakat Ali WSHP Coordinator

Ms. Kabita Yesmin Program Officer

Ms. Nargis Akter (Shuma) Program Engineer

Ms. Morag Baird Engineer

Mr. Adil Ahmed

WATERAID-INDIA

Mr. Shunmuga Paramasivan Country Representative, WaterAid India, 22 A 1st Street, New Colony, Mannarpuram, Thiruchirappali 620020, Tamil Nadu,
Tel: 0431-422276, Fax: 0431-422185,

E-mail: waindia@satyam.net.in or

try_waindia@sancharnet.in

Mr. A. Kalimuthu WaterAid India, Mannarpuram,

Thiruchirappali 620020, Tamil Nadu,
Tel: 0431-422276, Fax: 0431-422185

WATER AND SANITATION PROGRAM-SOUTH ASIA

55 Lodi Estate, New Delhi 110 003, Tel: 011-4690488/89,
Fax: 011-4628250, E-mail: wspsa@worldbank.org

Dr. Junaid Kamal Ahmad Regional Team Leader

Dr. Vivek Srivastava Team Leader – India Team

Ms. Soma Ghosh Moulik Urban Institutional Specialist

Mr. J.V. R. Murthy Sector Reform Coordinator, Mumbai

Ms. Poonam Chitkara Program Assistant

Dr. Kamal Kar PRA Development Consultant

WATER AND SANITATION PROGRAM-SOUTH ASIA

Flat #03-04, Building A, Priya Prangan, 2 Paribagh, Dhaka 1000, Bangladesh, Tel: (880-2) 8611056-1068,
Fax: (880-2) 861-5351, 861-3220,

E-mail: wspsa@worldbank.org

Mr. K.M. Minnatullah

Sr. Water and Sanitation Specialist – Dhaka

Mr. Shafiul Azam Water and Sanitation Specialist – Dhaka

Mr. Tanveer Ahsan Urban Specialist – Dhaka

Mr. Waleed Mahmud Project Officer

bottom of the 'sanitation ladder,' on the assumption that people will move up the ladder of superior options as they find these affordable.

In the Bangladesh example, communities were informed about the ill-effects of current open defecation practices and how the mismanagement of feces disposal causes disease. The enormity of the problem was effectively understood when the communities visited defecation sites to make a collective assessment of the situation and calculated the amount of feces being deposited in the open. One village calculated that about 120,000 tons of human excreta were being added annually! When the community visualized this figure in truckloads, they were totally repulsed and motivated to change existing practices.

Following this, communities began to look at ways to improve their current sanitation environment. Individuals were identified to work as catalysts in the community to



What is 100 percent sanitation?

100 percent sanitation or total sanitation goes beyond the installation of latrines and tubewells. It means breaking the fecal-oral chain by encouraging communities to change existing habits and behavior patterns by using and maintaining hygienic latrines, washing hands, keeping food and water covered, using safe water and maintaining a clean environment. The success of this approach depends on the participation of every member of the village, and making people see themselves as a community where every member's behavior affects the others. This approach tries to influence household behavior and make it consistent with community goals of good health and safe water.

A regional workshop on 'People's Initiative for Total Sanitation' was held in Bogra and Rajshahi, Bangladesh, from 12-15 February 2002. Approximately 30 participants, including officials from the Government of India, State Government representatives from Andhra Pradesh, Kerala, Maharashtra and Tamil Nadu and NGO representatives interacted with approximately 20 stakeholders from Bangladesh. The workshop was organized by WSP-SA in partnership with WAB, VERC and Rural Development Academy, Bangladesh. Mr D.K. Nath, Secretary, Rural Development and Cooperatives Division, Government of Bangladesh inaugurated the workshop.

The workshop was facilitated by Mr Kamal Kar, Participatory Development Consultant

spread the demand for latrines. The community was made aware that to achieve total sanitation it is necessary that every household adopt hygienic sanitary practices, and behavior change must be taken up collectively. An immediate response was to dig pits as makeshift latrines and the imposition of a community penalty.

◆ Facilitating change through PRA tools

VERC has played a crucial role in facilitating the process of community action for behavior change. Rather than providing 'top-down' solutions, it 'ignited' awareness in communities about the stark reality of village sanitary conditions by using a range of participatory rural appraisal (PRA) tools that involved the entire community. The entry PRA tools used by VERC is shown in Table 1.

Since the entire approach depends on the promotion of hygienic practices, sessions on health and hygiene were held simultaneously. Courtyard meetings, film shows, health campaigns and children's education were used to promote 100 percent sanitation.

◆ Community institution-building

The approach is based on the belief that communities are capable of dealing with their sanitation problems on their own. Based on this assumption, it emphasizes building community structures and total community empowerment rather than the delivery of services and financial support.

VERC helped to develop and strengthen community-based institutions. Local committees were formed with representatives from all sections of society including women. Religious leaders and teachers were also involved to create social pressure for change. Action plans were drawn up and meetings organized to find collective responses and solutions. These committees now monitor behavior change, and the feedback from monitoring is used to revise action plans to achieve 100 percent sanitation. The test is to see whether the institutions and successes will outlive VERC's engagement with a particular community.

Is subsidy a primary requirement?

A unique feature of this model is that this change has been triggered without any subsidy. In fact, it is believed that subsidies would distort incentives and adversely affect the potential of communities to achieve self-reliance. Motivating communities to change sanitation practices rather than the provision of hardware and financial support is the focus of this approach.

Households that cannot afford to make the financial investment have not been excluded as the community recognizes that total sanitation depends on the participation of every member of the community. In many villages communities have successfully managed a system of cross-subsidies to ensure that every member has access to sanitation facilities.

Financing latrines has not been an issue for less affluent households as self-help groups provide a source for funding hardware through micro-credit schemes. Instead of a fiscal subsidy, access to credit is assured. The willingness to take a loan is a test of genuine demand that is not available in the subsidy approach.

△ A menu of options

The traditional approach has been to provide a few 'acceptable' technological options, such as the twin-pit option in the Indian context. In a move away from this approach where a single latrine design is advocated, a wide range of hardware options have been made available and users can choose an appropriate model based on affordability. Local innovations are actively encouraged to expand the range of options available. Members are

supported to select the option best suited to their individual needs and budgets.

△ Catalysts for change

Recognizing that field workers are frontline staff, VERC has helped to form community-based rural sanitation engineering groups made up of individuals who have come up with innovative sanitation technology designs. These groups act as community catalysts in carrying forward the process. VERC has facilitated these 'engineers' to generate at least 10 indigenous designs within certain technical parameters. These field workers and village engineers help to promote effective sanitation options by demonstrating models, providing advice and supporting people during latrine selection and installation. Households hire these engineers for the construction of toilets. In addition to technological support, VERC has provided support by setting up Village Sanitation Centers with local masons who are trained in good quality latrine construction.

Upscaling the initiative

To ensure sustainability and easier replication, VERC has organized hands-on orientation on PRA techniques for committee members so that they can facilitate other communities in adopting this approach. It is expected that this will reduce dependence on NGO support and ensure sustainability. Communities have facilitated exchanges and cross-visits among several villages. As a result of these efforts the process which had started in one habitation has spread over five sub-divisions in Bangladesh. However, finding the mechanism and the means by which these successes can be replicated across the country remains elusive. The role of local governments in promoting this cross-learning is an avenue that needs to be explored.

Table 1: Entry PRA tools used by VERC

PRA Tool	Objective
Transect walk	To 'ignite' awareness of the current situation and build rapport with the community
Social mapping	To establish the number of households, inhabitants, latrines and water points
Problem tree/Cause-effect analysis	To identify the effects of the current pattern of latrine use
Visits to defecation sites	To observe the current situation with regard to the dispersal of feces due to open defecation
Seasonality trend analysis	To analyze the availability of water and the sources used throughout the year
Well-being ranking	To establish the economic status of households
Venn diagrams	To identify key people who have influence in the community

Source: VERC

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55 Lodi Estate, New Delhi 110 003 • Tel: 91-11-4690488/89 • Fax: 91-11-4628250
• E-mail: wsp@worldbank.org • Website: www.wsp.org

KEY LESSONS FROM THIS APPROACH

The main driving forces behind the paradigm shift in mindset and behavior were identified during the field visit and group discussions.

- ◆ A key feature is *empowering communities to help themselves, and a shift from technocratic and financial patronage to participatory approaches*. This requires a change in approach from training and management to an emphasis on empowering communities and strengthening local institutions.
- ◆ One of the most noteworthy features is the *absence of household-level subsidy*. Unlike earlier approaches, the process of behavior change was initiated without external financial support to households. Financing latrine construction has not been an issue. Communities have recognized that total sanitation can only be achieved if every member of the community participates. Communities have arranged cross-subsidies to make sanitation facilities accessible to weaker groups. The formation of self-help groups and micro-credit schemes provide a source of funding and recognizes the public good dimension of private behavior.
- ◆ The approach recognizes that there is a *public good dimension* to what is generally considered a private good. In this case, the expenditure on this public good is being met by NGOs and donors. Clearly, to enable scaling-up, the expenditure on the public good aspect should be met by the local government with NGOs playing the role of community mobilization and facilitating and supporting the implementation on the ground. *Focusing on triggering a change within local government officials and supporting their capacity to manage the process of catalyzing 100 percent sanitation may be an important channel that needs to be explored.*
- ◆ By creating awareness within communities, a *change in mindset* is achieved. The shift from open defecation to fixed spot defecation is irreversible as, in addition to health benefits, it provides privacy and safety and people are likely to find it difficult to regress to traditional practices. *The latter are more immediately obvious to users than the health benefits that are likely to be experienced over the longer term.*
- ◆ A single-model 'blueprint' approach for technology had not been advocated. Rather, a *variety of innovative technology options* were available on the ground. Even families with limited funds could opt for appropriate options, depending on affordability, with models ranging from as little as 70 Taka (US \$1.5)¹ to more sophisticated models at 8,000 Taka (US \$143). Households were at *different levels of the sanitation ladder*, and many had made a gradual shift from a low-cost temporary structure to a permanent structure. Families were proud to show off their latrines, which are viewed as *status symbols*. Unlike earlier initiatives, the model does not focus on every

¹ US\$1 = 56 Taka (February 2002)



'We did it ourselves!'

One of the results of 100 percent sanitation has been the decline in fecal-oral-related diseases. The new behavior patterns have resulted in raising levels of self-esteem and communities now take pride in declaring that they 'are 100 percent sanitized'.

The village signboard announces "No one defecates in the open in our community", and people state, "Neither we nor our children will revert to open defecation, we have the knowledge and our local technology and have changed our behavior forever."

- household building its own latrine. In many villages *latrines are being shared* between a few families. Typically, a richer household allows access to members of a poorer household.
- ◆ The effect of *peer pressure and monitoring systems* has ensured sustainability. Innovative systems were being used to police open defecation, for instance through watchmen and children's groups. The refusal of families to allow their daughters to marry into households without sanitation systems is an effective incentive for encouraging total sanitation practices.
- ◆ The variety of *sanitation equipment on sale* in the roadside shops indicates that there is a significant demand in the area. The introduction of cheaper materials and of multiple technology options has increased the demand, as a growing number of users are able to enter the market. As a result, no special efforts have had to be made to create the supply chain. The growing demand has largely been met by *private producers* of pit latrines and related equipment.
- ◆ Clearly there are conditions under which demand for sanitation exists or can be generated. *Linkages with other infrastructure* has an influencing factor for change in sanitation practices. The source and availability of water supply is one such influencing factor which catalyzes demand for household toilets.

While sanitation provides the means by which the lessons of hygiene education can be put into practice, and the environment for improved health through changed personal behavior, both require adequate water for effective use. For example, hand-washing after defecation

requires sufficient quantity of water, as does the act of flushing after defecation.

Defecation is traditionally a pre-dawn or nightly activity. Street lights in villages are preventing people from defecating in open and indirectly generates demand for privacy and brings in change in private behavior.

THE TOTAL SANITATION CAMPAIGN IN INDIA

Recognizing the urgent need to increase the effectiveness of sanitation facilities, the Total Sanitation Campaign (TSC) under the Restructured Centrally Sponsored Rural Sanitation Program was launched in 1999. The campaign has been integrated with the sector reform program and is now being managed by the Rajiv Gandhi National Drinking Water Mission. The campaign is being piloted in 200 districts, of which 63 are sector reform districts. The total project cost has been estimated at Rs 605 crore (US\$126 million)², to be undertaken on a cost-sharing basis.

Salient features of the Total Sanitation Campaign

- ◊ A shift from state-wise allocation of funds to a demand-driven approach
- ◊ Greater household involvement
- ◊ Community-led and people-centered schemes
- ◊ The district is the implementing unit
- ◊ A flexible menu of options which is location-specific and based on customer preference and can be upgraded depending on requirement and finances.



- ◊ A shift from a high subsidy to a low subsidy regime, subsidy has been reduced from Rs 2,000 (US\$ 41.6) per unit to Rs 500 (US\$ 10.4) for user households
- ◊ Disbursement of subsidies will be monitored and linked with the progress of construction
- ◊ Beneficiaries will meet the maintenance costs of individual household latrines
- ◊ Focus on the software aspects of sanitation coverage
- ◊ IEC campaigns to create a demand for improved sanitation services
- ◊ Development of back-up services at the community level, such as production centers
- ◊ Promotes the role of NGOs, community-based organizations, local groups and local governments in promoting sanitation coverage.

A comparison of VERC's model and the standard approach to sanitation

Program Features	Standard Approach	VERC's Approach
Focus	Latrine-building	Eliminating open defecation
Technology	One fixed model, menu of options mentioned	Menu of options demonstrated
Motivation/ignition	Focus on making use of subsidy	Self-realization of fecal-oral links
IEC	Focus on sessions, materials, delivery of messages pack	Focus on individual counseling, need-based messages
Time frame	Infinite	Short time span
Financial aspects	Subsidy-driven	No subsidy, demand-driven
Results	20-40 percent latrines built	No more open defecation
Impact	Negligible at high-cost	High at low-cost

² US\$1 = Rs 48 (February 2002)

- ◆ Jal Manthan 1: Restructuring PHEDs/Water Boards: Why and How? Delhi, May 1999
- ◆ Jal Manthan 2: Decentralized Rural Water Supply and Sanitation Management. Cochin, July 1999
- ◆ Jal Manthan 3: State Water Minister's Workshop. Cochin, December 1999
- ◆ Jal Manthan 4: Launching Sector Reforms

(Proceedings of the above workshops can be obtained from the Water and Sanitation Program)

The Jal Manthan (meaning 'churning of water' in Hindi) is a think tank on rural water supply and sanitation. It is a travelling forum that aims to be an open network encouraging frank and informal policy-level dialogue between sector practitioners and professionals. Prior to this, four Jal Manthans have been held.

jal manthan

WaterAid

WaterAid is an independent charity working with people in 15 countries in Africa and Asia to improve their quality of life by bringing about an improvement in the water and sanitation sector by using local skills and technologies. WaterAid works with organizations in each of these countries and aims to influence government bodies, local communities and other NGOs in order to achieve its vision of a world where everyone has access to safe water and effective sanitation.

www.wateraid.org.uk

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Village Education Resource Center

Village Education Resource Center (VERC) was established in 1977. Its mission is to establish and promote a dynamic participatory sustainable process for human development through project implementation. In the field of WATSAN, VERC's vision is to establish new, cost-efficient and appropriate technology in the community and to address the needs of people, particularly those living in remote areas.

E-mail: verc@bangla.net

For more information on the Rural Think Tank, please contact:
jal manthan: a rural think tank
 c/o India Country Team, Water and Sanitation Program-South Asia
 55 Lodi Estate, New Delhi 110 003
 Tel: 469 0488/89 Fax: 462 8250 e-mail: wpsa@worldbank.org
www.wsp.org

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The Water and Sanitation Program is an international partnership to help the poor gain sustained access to improved water supply and sanitation services. The Program's funding partners are the Governments of Australia, Belgium, Canada, Denmark, Germany, Italy, Japan, Luxembourg, the Netherlands, Norway, Sweden, Switzerland, and the United Kingdom; the United Nations Development Programme, and The World Bank.

Local knowledge + Local materials = Local solutions

Technical	Social	Economic	Monitoring/Evaluation	Management	Institutional
Formation of village engineering groups	Imposition of community penalty for open defecation	Land owners donating land to the poor for latrine construction	Monitoring chart developed based on the community's inputs	Flexibility in fund use for latrine construction and the creation of water facilities	WATSAN committee responsible for collecting money from members and purchasing, collecting and distributing ring slabs to individuals
Plastic cylindrical socket replacing the present conical socket in tubewell repairs	Children's street plays to create awareness	Using stipend money received from training to purchase latrine slab	The community plans and decides monitoring targets (each person monitors 3-10 families)	Lighting facilities in the mango orchard to prevent open defecation at night	Savings by small women's groups and a lottery each week to enable one family to purchase a latrine
Re-installable rings in single-ring latrine	Wedding gift of a ring slab by a health motivator	Formation of primary groups to save money for latrine slab purchase	2-3 members monitor the cleanliness of the entire village		
Homemade offset pit (tin pan)	Involving children in raising awareness about open defecation	WATSAN committee keeps a watch at night to prevent open defecation			Mass sweeping of the village by the community, including children
Homemade earthen pit with bamboo gas pipe	Conditions imposed by the WATSAN committee for speedy coverage	Richer families donating bamboo, wood and straw to the poor for latrine			
Bamboo lining inside latrine pit	WATSAN committee collects community contributions and keeps it in their own bank account for latrine maintenance				
Use of the single-ring pit latrine					
Rexin seal pit latrine					
Earthen pit/bamboo gas pipe/RCC platform					
Use of rickshaw van body as a latrine platform					
Use of earthen pots in latrine construction					
Use of earthen pot pitcher in latrine construction					
Demonstration of the VERC latrine model in villages with price tag for each model	Community pressure on families unwilling to use latrines				
	Using religious leaders as pressure groups				
	Organizing public processions with slogans				

VOICES...

My visit to the villages in Bangladesh resulted in a paradigm shift in my thinking on sanitation...No subsidies were given and the villagers were convinced of the necessity of toilets by what could be termed as 'shock treatment'...The villagers were very proud of their toilets, and lost all embarrassment in showing them. They had proudly put up a board stating that no person defecates in public. Land was donated to build toilets.

**Sumit Mullick, Divisional Commissioner,
Amravati Division, Amravati**

The importance given to sanitation can be gauged by the fact that people take pride in showing their toilets rather than any other portion of their house. Toilets are considered as status symbols regardless of the cost involved in constructing them.

**Asheesh Sharma, Chief Executive Officer,
Alibag ZP – Dist. Raigad**

The involvement of people in identifying their sanitation problems, planning to overcome these deficiencies, implementation, monitoring, follow-up, and approach sustainability are eye-opening features.

**P. Durga Prasad, Addl. Executive Secretary,
Chittoor Water and Sanitation Society, Dist. Chittoor**



Even though I am a social worker and activist working in the field of rural development, I had not taken the issue of sanitation seriously till I was exposed to the WAB-VERC initiative in Bangladesh by WSP.

Another important outcome of this visit is that now both the CEO (of the ZP) and I speak the same language and share a common objective.

Vaishali Patil, Ankur Trust, Taluka Pen, District Raigarh

Contrasting approaches to sanitation and related issues

Relying primarily on subsidy

- ◆ Generally directed at households
- ◆ Poor incentives/distortions
- ◆ May not put sufficient emphasis on collective behavior

Relying primarily on motivation

- ◆ Who should finance the costs of creating awareness?
- ◆ Can this be replicated?
- ◆ What should be the focus of the message: health, privacy and security, especially of women and children?
- ◆ At whom should the message be focused on? Schools, village members, local government officials?

A combination of fiscal incentives and motivation

- ◆ Who should finance the awareness-building costs?
- ◆ What should be the message?
- ◆ Who should receive the subsidy/reward? Local governments and communities rather than individuals?
- ◆ What should be the design of the fiscal instrument?
- ◆ Role of structural factors? For example, is a system of running water needed?

Does the level of income matter; is sanitation a luxury good?

- ◆ A more pessimist view of direct intervention. This view assumes that sanitation behavior follows the income path of households and that general economic growth and change in economic systems rather than direct intervention lead to more investment on sanitation at the household level.

THE ROAD AHEAD

It is now increasingly becoming clear that greater awareness and understanding of the issues and a change in mindsets is critical for moving people from traditional (open-defecation) sanitation practices to more hygienic (single-point defecation) practices. In fact it is probably also the case that subsidies (for building latrines) directed at individuals are unlikely to lead to the behavioral changes that they hope to motivate. The hundreds of thousands of latrines around the country that are being used for various purposes other than the one for which they were built, bear testimony to this.

Although the Government's Total Sanitation Campaign (TSC) now includes a sizable software and IEC component individual subsidies, albeit lower than before, continue to form an integral part of the approach. It may well be the case that a more innovative subsidy design may be more effective in achieving the goal of 100 percent sanitized villages. International experience states that subsidies can be targeted at technical assistance, awareness promotion and local enterprise development in place of subsidized construction. There is growing evidence from different initiatives in the country to suggest that fiscal support directed at local governments and communities, together with motivation, might provide the answer to this complex and vexed problem. Careful thinking on the design of such an approach is clearly the first step on what promises to be a long and difficult road ahead. In Bangladesh, for example, the Government of Bangladesh could build on the existing field experience by developing a fiscal grant which is allocated to local governments on a competitive basis against certain milestones for achieving 100 percent sanitation. A portion of the grant could be used to support cross-learning between communities and local governments and pay for the capacity support offered by NGOs and others.

To ensure sustainability and for scale-up, local government institutions and stakeholders must be involved. VERC has been able to introduce the approach directly in those areas where there is a strong presence of VERC. Since the approach of total sanitation is established, it is crucial to involve the local government for wider replicability and trade-offs are in the best interests of the larger communities. The public dimension of sanitation practice is best addressed when local governments are involved and when communities interface with local government for sensible decision-making.

Empowering communities, building the capacity of local governments and NGOs are critical elements of a successful demand-responsive approach to sanitation.

Inspired by the Bangladesh experience, participants expressed an interest in taking the process forward. The following were identified as important requirements for effective implementation of the TSC:

- ◊ Build the capacity of local governments and support organizations

- ◊ Design appropriate models/strategies for implementation
- ◊ Support pilots and demonstration projects in select districts and States
- ◊ Support policy debate at the State-level to scale-up the approach
- ◊ Facilitate regional exchanges, exposure to best practices, knowledge-sharing, forging partnerships with WaterAid and its partners, and direct technical assistance in implementation.

WSP-SA will provide linkages and technical assistance for capacity-building, model development, exposure visits and workshops/training to facilitate the implementation of total sanitation.



A new beginning...

In Tiruchillapally district in Tamil Nadu, SCOPE, a local NGO supported by WaterAid India, adapted the VERC model and motivated the communities of Chatrapatti village for sanitation promotion without subsidies. In this small village of 25 households, toilets were constructed in all the households within 24 hours! This was done in spite of the fact that several families qualified for a subsidy from the Government. The community has agreed that the subsidy due to the individuals put into a village development fund. The fund will be managed by the community for common village development activities.

Inspired by the Bangladesh experience, government officials have motivated individuals in Ambeghar village in Raigad district of Maharashtra to construct latrines at a cost of Rs 500-600 (\$10.41-\$12.5) each, successfully demonstrating the possibility of implementing low cost options. Ankur Trust, an NGO working in the area, is bringing residents from Yashwantkar village from Maharashtra on a cross-visit to see these latrines.