



Bridging the gap between Adoption and usage: Need for community participation in sanitation

¹ Dr. N Lalitha, ² K Thenmozhi

¹ Ph.D Scholar, Center for Development Studies, School of Health science and Rural Development, Gandhigram Rural institute- Deemed to be University, Gandhigram, Tamil Nadu, India

² Professor (Rtd), Centre for Development Studies, School of Health science and Rural Development, Gandhigram Rural institute- Deemed to be University, Gandhigram, Tamil Nadu, India

Abstract

Poor sanitation continues to be critical problem in rural India despite the considerable efforts of the Government to improve and expand the access. The rural water supply and sanitation programmes have so far been driven by a lop-sided top-to-bottom approach, entirely managed by the Government or its agencies in the form of purely engineering-based solutions. In this context implementation of bottom-up-approach based on demand driven model is imperative and assumes special significance. Of late, the Government has realized that investments in water and sanitation alone are not enough, as systems are failing to be sustained. While managing these systems, it is necessary that the local community should be involved in planning, technology and system selection, and implementation of the project.

In this context, it is worth analysing the status of individual household latrine construction and women sanitary complexes and the factors which affect the beneficiary participation in adoption and usage to probe into the above gaps a study was undertaken in Athur and Thoppampatti Panchayats of Dindigul district of Tamil Nadu with the following objectives

- Identify the drinking water and sanitation issues in the study area including school sanitation.
- To analyse the reasons for the gap between adoption of ihhl and usage.
- To examine the implementation of women sanitary complex in the selected villages.
- To study the role of NGO in promoting peoples' participation in sanitation sector in the study area,

The study is based on descriptive design employing survey method. Both secondary primary data have been used in the study. Multi-stage random Sampling Technique has been used for selection of district, blocks. Panchayats and households. Athur block and Thoppampatti blocks in Dindigul district constitute the area of the study and the total sample consisted of 316 households in Athur block and 394 in Thoppampatti block.

The findings suggest that absence of latrine infrastructure alone is not a primary factor for continued open defecation and that toilet building alone will not address the widespread problem of open defecation in rural India. There are other behavioural aspects which constrain the use of latrines. These behavioural aspects vary with communities, across gender and different age groups and castes. Any future sanitation intervention, along with achieving targets, needs to consider these aspects and approach the issue of sanitation behaviour change holistically. The study makes an attempt to assess the extent of CP and isolate the challenges facing CP in the rural water supply sector and sanitation in the study area, with a view to suggesting the strategies which can enhance CP and improve service delivery responsibilities in the rural water supply and sanitation.

Keywords: sanitation, demand driven approach, community participation, VWSC, social security groups, NGO, behaviour changes

Introduction

India houses about one-sixth of the world's population. Around 68.84% of the country's population lives in the rural areas. It is the seventh-largest economy in the world and the third largest by purchasing power parity adjusted exchange rates. India's GDP growth during 2014-15 was 7.3%, making it one of the fastest growing economies. It also has the one of fastest growing service sectors in the world. However, significant challenges are faced in the field of water and sanitation sector.

Sanitation is one of the most pressing issues of global development in the contemporary world. Posing grave health challenges, exacerbating socio-economic and gender differences and thwarting the process of inclusive growth and

development, lack of proper sanitation facilities have serious repercussions for any country. Given the strong direct and indirect linkages of sanitation with socio-economic and health aspects, it has been appropriately included in the Sustainability Development goals of United Nations

The Sustainable Development Goals

The Sustainable Development Goals (SDGs), officially known as 'Transforming our world: the 2030 Agenda for Sustainable Development' is a set of seventeen aspirational "Global Goals" with 169 targets between them. It is spearheaded by the United Nations, through a deliberative process involving its 193 Member States, as well as global civil society. On September 25th 2015, countries adopted a set of goals to end

poverty, protect the planet, and ensure prosperity for all as part of a new sustainable development agenda. Each goal has specific targets to be achieved over the next 15 years.

The sixth Sustainability goal refers to ensuring access to water and sustainable management of water and sanitation for all. For the goals to be reached, everyone needs to do their part: government, the NGO sector, private sector, civil society and the people.

Drinking water and Sanitation are essential ingredients of healthy life. Poor water supply and sanitation services continue to be critical problems in rural India despite the considerable efforts of the Government to improve and expand the access. The results have not been commensurate with the needs and huge investments made in this sector. In the post globalization scenario, water and sanitation have become important agendas for developing countries like India.

Gap between usage and access-NSS Findings on Rural Sanitation Coverage

It has mentioned, in its 65th report on housing amenities in India in 2008-09 (up to June 2009), that 65.2 per cent rural households and 11 per cent urban households have no latrine facility. This report found that there was a lot of gap between usage and access. There are also many sustainability issues involved in the implementation process.

Background of the study

In 2011 sanitation coverage globally was 64 %. While open defecation is declining across the globe, 15 % (one billion) of the global population still defecate outdoors (UNICEF 2013). While some countries have reduced open defecation to only a few per cent, India and 26 other countries remain with more than a quarter of their populations practicing open defecation. Among the one billion defecating in the open globally, 66 % of them live in India. Nearly all (92 %) of these Indians live in rural areas (WHO 2013).

Despite concerted government efforts for the last three decades to promote sanitation, India has barely managed to achieve its Millennium Development Goal sanitation target to halve the proportion of the world's population without access to safe drinking water and basic sanitation by 2015. It is estimated in India's Twelfth five Year Plan that in India 2.4 billion people lack access to basic sanitation services.

Sanitation Coverage - Scale of problem in Rural India

More than 50% of Indians, especially in the rural areas continue to defecate in the open. In spite of the efforts of the Government, sanitation remains unsolved and getting aggravated. The current status of sanitation in India is reflected in the extract below from Joint Monitoring Programme (JMP) of the WHO and UNICEF (JMP 2015):

The sanitation coverage in India increased from 1% in 1981 to 9% in 1991 to 22% in 2001. In 2011 also, the Census reported the coverage to be around 31% (Joint Monitoring Programme (JMP) of the WHO and UNICEF (JMP 2015). In order to ascertain the facts, the States were asked to conduct household baseline data in 2012. As per this data (2012- 2013), the coverage was found out to be 38.81%. Two states Sikkim and Kerala have toilet coverage of over 95%.

Distinct phases policy of rural sanitation

Since the initiation of a planning framework in India, policy and programmes of rural sanitation have exhibited three distinct phases. The first phase of little over three decades was one, where adequate attention was not paid to rural sanitation. The second phase from the mid-1980s till 1999 was a middle period, with a hardware focus of subsidizing toilets for poor households. From 1999 began the period of third phase marking a change in approach - a period of more intensive engagement with increasingly higher levels of funding. The hardware focus was underplayed in attempting a balance between the need for behaviour change and continuing assistance to the poor for toilet construction.

Table 1: status of sanitation in India

	Sanitation coverage				
	Urban (%)		Rural (%)		Total (%)
	1990	2015	1990	2015	1990
Access to sanitation	71	90	9	39	25
Improved facilities	49	63	6	28	17
Shared facilities	16	21	1	5	5
Other improvements	6	6	2	6	3
Open defecation	29	10	91	61	75

Source: SACOSAN VI, 2012

Milestones: Spirit of Total Sanitation Campaign

In India, rural sanitation is a state subject. However, the efforts of the states are supplemented by the Central Government through technical and financial assistance under the Central Rural Sanitation Programme (CRSP), launched in 1986. Keeping in view the experiences of the central and state governments, civil society groups and other implementing agencies, in 1999, as parts of reform initiatives CRSP was improved and titled as Total sanitation Campaign (TSC) to change into a demand driven and people centered programme. There was a shift from a high subsidy to a low subsidy regime. TSC is one of the eight flagship programmes of the Government of India

Along with subsidies to help households below poverty line (BPL) to build latrines, the new programme was improved to make it participatory and community driven. Sensitising and mobilising the community through Information, Education and Communication (IEC) was the major new feature of the programme. The results were not particularly satisfactory despite the new emphasis. Over 11 years of the TSC execution, households with a toilet in rural areas increased from 21 % in 2001 to 40.4 % in 2012, (Ministry of Rural Development 2012). However, data suggest that 20 % of rural toilets were not working. In 2012, with further modification to the strategy, goals, and funding reallocation, the GOI renamed the TSC as Nirmal Bharat Abhiyan (NBA). Under the NBA, BPL households as well as families considered poor but without BPL cards are being targeted with higher government financial subsidies for installing a sanitation facility with the goal of 100 % sanitised villages in which no one open defecates. Currently Nirmal Bharat Abhiyan is rebranded as Swachh Bharat Mission.

Development experience over the last few decades and the increased concern of international funding agencies and NGOs in social sector have made community involvement an inevitable part of the development process. Since water and

sanitation are basic needs, it was assumed for a long time that the responsibility of the provision of water supply should be entrusted to the government. But, the fiscal crisis of the governments combined with structural adjustment programmes compelled most of the developing countries to look for alternatives in water supply management. Community-based development schemes emerged as a solution to the problems which came across in the state management of the resources. Participation of beneficiaries in the project implementation is supposed to make the development demand-driven and effective. Of late, the Government has realized that investments in water and sanitation alone are not enough, as systems are failing to be sustained. While managing these systems, it is necessary that the local community should be involved in planning, technology and system selection, and implementation of the project. The rural water supply and sanitation programmes have so far been driven by a lop-sided top-to-bottom approach, entirely managed by the Government or its agencies in the form of purely engineering-based solutions. In this context implementation of bottom-up-approach based on demand driven model is imperative and assumes special significance. The objectives of CP in the context of water and sanitation projects includes sharing project cost, increasing projects efficiency, project effectiveness, and increasing community empowerment.

Hence, in the wake of decentralized planning process the state governments devolved the responsibility of providing basic necessities to local organizations. Under the new initiative of community water supply schemes, the beneficiary groups are responsible for planning, technology selection, and installing rural water supply facilities. Operation and maintenance of the structures created in the projects is also the responsibility of the beneficiaries. Therefore there is need to examine the community participation in drinking water and sanitation management and find out the gaps that characterize drinking water and sanitation sector. In this context, it is worth answering the status of individual household latrine construction and women sanitary complexes and the factors which affect the beneficiary participation in community-managed rural sanitation schemes. To probe into the above gaps a study was undertaken in Athur and Thoppampatti Panchayats of Dindigul district of Tamil Nadu with the following objectives

Objectives of the study

The main objectives of the present study are as follows:

- To identify the drinking water and sanitation issues in the study area including school sanitation
- to analyse the reasons for the gap between adoption of IHHL and usage
- To examine the implementation of women sanitary complex in the selected villages
- To study the role of NGO in promoting peoples' participation in sanitation sector in the study area,

Methodology

The study is based on descriptive design employing survey method. Both secondary primary data have been used in the study. Multi-stage random Sampling Technique has been used

for selection of district, blocks. Panchayats and households.

Athur block and Thoppampatti blocks in Dindigul district constitute the area of the study and the total sample consisted of 316 households in Athur block and 394 in Thoppampatti block.

Information and data were collected from all stakeholders. An observation checklist was included in the structured interview schedule for households. The tools for data collection included Interviews, Focus Group Discussions and observation checklist for the Panchayat area and women Sanitary Complex (CSC)

Findings of the study

Lack of access to a latrine was stated as the primary reason for practicing open defecation (OD) by the people, and lack of cash income on the part of economically poor families was the most stated reason for not opting to install a GOI subsidized latrine, despite the GOI subsidy (valued at Rs.12,000). Since participation in the TSC requires making a small contribution to toilet construction they are unwilling to participate in toilet construction. Focus Group Discussion also revealed that corruption is also an important reason for not availing government subsidy.

Access to sanitary latrine

Table 2: Latrine construction – Latrine usage – Athur block

Panchayats	Total households	IHHL	HH using latrine	HHs not constructed latrines
Alamaruthupatti	115	102 (88.70)	96 (94.12)	13 (11.30)
Kalikkampaatti	53	53 (100)	49 (92.45)	-
Samiarpatty	53	46 (86.79)	40 (86.96)	7 (15.21)
Munnalakottai	25	23 (92.00)	18 (78.26)	2 (8.00)
Veerakkal	40	19 (47.50)	17 (89.47)	21 (52.50)
Seevalsaragu	30	-	-	30 (100)
Total	316	243 (76.90)	220 (90.53)	73 (23.10)

Source: Field data

Out of 316 households in Athur block, 76.90 per cent of the households have access to individual household latrines and 90.53 of the them use the facility. There was only one village where all the households had constructed toilets and 92.45 per cent of the Households used the toilets at the time of survey. Among the 6 panchayats selected for the study, Kallikkampatti panchayat in Athur block has the dubious distinction of cent per cent result (Table 2) in IHHL construction; Seevalsaragu panchayat shows the worst result of no IHHL at all. It is found that 23.10 per cent of the households do not have individual Household latrines in Athur block as against 38.32 per cent in Thoppampatti block. Table 3)

Among the households who have constructed latrines in Athur block, 90.53 per cent use the toilet as against 51.03 per cent in the case of Thoppampatti block. Among the households who have constructed latrines in Athur block, 9.47 per cent do not use the toilet as against 48.97 per cent in the case of Thoppampatti. The main reason for not using toilets after construction were related to quality of construction, shortage of water, inadequate mobilisation to generate awareness about

usage of toilets and an apprehension that toilets make their house dirty.

Table 3: Adoption- usage Thoppampatti block

Panchayats	Total households	IHHL	HH using latrine	HHs not constructed latrines
Mettipatti	20	12 (60.00)	4.. (33.33)	8 (40.00)
Vivathampatti	23	10 (43.48)	6 (60.00)	13 (56.52)
Vellampatti	19	6 (31.58)	4 (66.67)	13 (68.42)
Mollampatti	16	13 (81.25)	5.. (38.46)	3 (18.75)
Manoor	83	50 (60.24)	19.. (38.00)	33 (39.76)
Korikadavu	31	25 (80.65)	18.. (72.00)	6 (19.35)
Thumbalapatti	38	33 (86.84)	20. (60.61)	5 (13.16)
Vagarai	38	11 (28.95)	9 (81.82)	27 (71.08)
Porulur	71	44 (61.97)	14 (35.90)	27 (38.03)
Thoppampatti	55	39 (70.90)	25 (64.10)	16 (29.10)
Total	394	243 (61.68)	124 (51.03)	151 (38.32)

- Out of 394 households in Thoppampatti block 61.68 per cent of the households have access to toilets, but about 51.03 per cent of the households do not use them. Water related reasons accounted for around 50% of reported reasons around 23% of the households do not use as they are 'Not accustomed to using it'.
- Majority of the households (56.07 per cent) in both Alamaruthupatti panchayat of Athur block and Manoor panchayat of Thoppampatti (80 per cent) block constructed the latrines with government subsidy.
- The study reveals that Athur block has implemented the sanitation programmes more effectively compared to Thoppampatty block due to community participation in planning and implementation.
- In spite of the water scarcity, Athur block has performed better through rational usage by the people. In spite of the water facilities (rivers flow through the block) Thoppampatti block failed to implement the sanitation programmes.
- Findings also reveal that providing infrastructure does not ensure usage when there are significant and culturally engrained behavioural barriers to using latrines. Future sanitation programmes in rural India need to focus on understanding and addressing these behavioural barriers.

Nirmal Gram Puraskar

To encourage Panchayat Raj Institutions (PRIs), block and districts to take up sanitation promotion, a post achievement, award-cum-fiscal incentive scheme, 'Nirmal Gram Puraskar' (NGP) was initiated in October 2003. The eligibility criteria for the PRIs to receive NGP include:

Gram Panchayats, Blocks and Districts, which achieve 100% sanitation coverage in terms of:

- 100% sanitation coverage of individual households
- 100% school and anganwadis sanitation coverage
- Free from open defecation and
- Clean environment maintenance (liquid and solid waste management)

Nirmal Puraskar Award: Four out of 6 sample panchayats received the award in Athur block; only one out of 10 sample

panchayats received the award in Thoppampatti block. Several panchayats struggle to sustain the open defecation free status as drought created acute water shortage in villages.

Sanitation in Schools in the study area

Sanitation in schools has been a challenge, both in terms of provision of toilet infrastructure as well as in terms of operation and maintenance. Under the new arrangement, from 2nd October 2014, this responsibility has been transferred from the Ministry of Drinking Water and sanitation to the Department of School Education and Literacy, Ministry of Human Resource development which is responsible for school education.

The Swachh Bharat Swachh Vidyalaya campaign is the national campaign driving ‘Clean India: Clean Schools’. A key feature of the campaign is to ensure that every school in India has a set of functional toilets separately for girls and boys and well maintained water, sanitation and hygiene facilities. This includes a combination of technical and human development components that are necessary to produce a healthy school environment and to develop or support appropriate health and hygiene behaviour.

However it is found that 50 per cent of the schools in Athur block and 60 per cent of the schools in Thoppampatti block do not have exclusive toilets for girls (Table). Non availability of toilets for girl children is a concern.

Table 4: toilets for girls

Block	Number of schools	Combined toilet	Exclusive toilets for girls
Athur	14	7 (50)	7 (50)
Thoppampatti	20	12 (60)	8 (40)
Total	34	19 (55.88)	15 (44.12)

Source: Field data

Women sanitary complex

Any sanitation programme without providing women a lead role cannot achieve a holistic and lasting impact. Sanitation is critical to women’s health and is a matter of dignity. Lack of sanitation facilities often forces women to restrict themselves by reducing and controlling their diet, which leads to nutritional and health impacts.

A strengthened role for women is imperative to promoting sustainable sanitation. Therefore, it is imperative to have women participate to find workable solutions for their situation not just in the design, building and maintenance of sanitation but also representation at the policy level decisions and management of the programmes.

In this context women sanitary complex functioning in Alamaruthupatti in Athur block assumes special significance. Integrated Women Sanitary Complexes with sanitary napkin incinerators is found in the panchayat, The complex consists of latrines, bathrooms and washing platforms with piped water supply facilities. The complex also has latrines for the physically challenged disabled, old age and latrines for children and are run by panchayat. There is a Caretaker appointed by the panchayat, who takes care of the daily maintenance of the complex. The person is paid around Rs. 1000 a month. Funds towards salary and purchase of other materials like phenyl, bleaching powder, etc. for day-to-day

maintenance is raised from the users. An amount of Rs. 2 is charged from each user. The collected money is kept in the Panchayat office. An average of Rs. 3000/- is collected every month and the money is used to meet the salary of the care taker and for the purchase of materials for maintenance.

Following are the reasons for the success of women sanitary complex at Alamaruthupatti

- Community participation is the main reason for the successful functioning of the WSC.
- It is a female headed panchayat and the Panchayat President is interested in the health of women. The Panchayat President is the key motivating factor behind the success of the scheme. Proper arrangement is made for the day-to-day maintenance of the sanitary complex.
- The Panchayat President has attended ‘training on sanitation drinking water’ organized at Hyderabad and Delhi and has good awareness about the sanitation schemes
- The Panchayat has the support of Gandhigram Trust, a reputed NGO functioning in Athur block. The NGO arranged several exposure visits for the President and the ward members Awareness programmes and IEC campaigns are organized by Gandhigram Trust in Athur block.
- The Social Security Group organized by the Panchayat and NGO keeps constant vigilance and prevents open defecation

The Panchayat has won Gram Nirmal Puraskar award. The Panchayat has also undertaken Solid Liquid Waste Management activities by segregating degradable and non degradable waste.

Women Sanitary complexes in Thoppampatti

There are two Women sanitary complexes in the Manoor village of Thoppampatti block. The river Amaravathi flows through Manoor village. In spite of the water facilities available in the village, the Panchayat failed to maintain the Women Sanitary complexes and they remain dysfunctional. The main reason for defunct state of the Women sanitary complex in Manoor village are lack of community participation, indifferent attitude of the Panchayat. The users are unwillingness of the user group to pay for usage of the facilities available in the complex, Lack of awareness of women about sanitation and Absence of NGO and Social mobilization in the panchayat.

NGO’s Participation in Sanitation Programme

Access to sanitation is a fundamental need and human right. Sustainable sanitation is an essential ingredient of healthy life. NGOs play an important role in the field of sanitation and hygiene. While it is true that the Government has to play a major role, sanitation sector needs active involvement of NGOs. They are ideally suited to work as a link between the people’s felt needs and the planning process. The Government and NGOs have to work in mutually inclusive ways to achieve the results. This is specially truly in sanitation sector because sanitation is a socio cultural matter. In Alamaruthupatti the reputed NGO Gandhigram Trust played vital role in

motivating the people and creating awareness about sanitation. About 17.76 per cent of the households in Athur block received funds from the revolving Fund created by Gandhigram Trust for construction of toilets.

Maintaining cent per cent use of toilets by people at panchayats is equally important while achieving cent percent target in constructing toilets. To ensure total use of toilets, the NGO and Alamaruthupatti Panchayat in Athur block has created a social security Group comprising local women volunteers to motivate villagers to use toilets always and avoid open defecation. The women volunteers start their services at 4.30 a.m to prevent men and women going to open fields and continued their surveillance till 6.30 a.m. The same surveillance is repeated in the evening. Though the members of the Group were volunteers, some incentives should be given to encourage them work efficiently. Gandhigram Trust agreed to extend financial for three months on a trial basis.

Community Participation in Athur block

On massive level IEC campaign was taken up, wherein youth groups, school students and general public participated. Documentary films were shown, pamphlets, posters were distributed for generating awareness. The residents of the area took ownership of the assets created and community involvement in the case of minor repairs such as leakage of taps, washer problem paved the way for sustainability. The break down repairs have been reduced due to the follow up visits by the local operators and Animators A fall in operation cost became possible due to reduction in breakdown expenses.

- The integrated model of Alamarathupatti Panchayat involving community members, NGO and Panchayat certainly has the potential for sustainability and is replicable.
- Effective coordination amongst field level functionaries, PRI members and NGOs in implementation of water and sanitation programmes
- Dedicated community participation has improved the coverage and awareness
- Presence of functional Self Help Groups in diverse activities organized under Panchayat level federation has strengthened their functioning.
- Peoples' participation through Value addition / innovative programmes such as Solid and liquid Waste Management(SLWM) initiatives with segregation degradable and non –bio degradable pits, and rain water harvesting system contributed to the success
- Coordination among District Rural Development agency, NGO (Gandhigram Trust which created Revolving Fund for construction of toilets), Alamarathupattipanchayat and Government functionaries has improved the implementing process
- Focus on women, implementing two Women Sanitary complex successfully by appointing care takers has ensured success in participation and the Panchayat has installed incinerators in WSC for safe disposal of napkin
- The formation and promotion of Social Security Group in the village by the panchayats has motivated people and changed the attitude of people and made the village safe and self sustaining in water and sanitation needs

Reasons for low community participation in the water and sanitation sector in Thoppampatti block

- Village Water Sanitation Committee is not functional in any of the sample panchayat in Thoppampatti block
- Panchayats do not conduct awareness programmes to motivate the people
- No NGO is found in the area to mobilize the people and to create awareness
- Linkages among the potential partners, viz. local governments, people, NGOs, and local entrepreneurs have been either extremely weak or almost non-existent
- The selected households in Thoppampatti block have no awareness about the waterrelated issues like water borne diseases, quality of water and water charges.

Conclusion and Suggestion

The findings suggest that absence of latrine infrastructure alone is not a primary factor for continued open defecation and that toilet building alone will not address the widespread problem of open defecation in rural India. There are other behavioural aspects which constrain the adoption and use of latrines. These behavioural aspects vary with communities, across gender and different age groups and castes. Any future sanitation intervention, along with achieving targets, needs to consider these aspects and approach the issue of sanitation behaviour change holistically. The study makes an attempt to assess the extent of CP and isolate the challenges facing CP in the rural water supply sector and sanitation in the study area, with a view to suggesting the strategies which can enhance CP and improve service delivery responsibilities in the rural water supply and sanitation sector..

References

1. Shaila Faleiro M. Step by step – Achieving sustainable sanitation, Arghyam, Bangalore, 2010.
2. Anne Whyte Guildelines for planning community participation in water supply and sanitation projects, WHO. Geneva, 1986.
3. Participatory Development Practice–Integrated water and sanitation project, Gandhigram Trust, 2012.