Sanitation coverage is very poor in almost all developing countries,' the Global Water Partnership (GWP) report to the Forum stated, '(but) in rural areas, sanitation coverage actually declined during the early 1990s and overall in urban areas it remains below 60%'. Urgent and firm action was needed to address the problem, or the world faced the prospect of over 4 billion people unserved by 2025. (GWP, 2000, p. 64)

Various UN and other international conferences in the '80s and '90s have time and again focused on the problem of sanitation coverage. Chapter 18 of Agenda 21 called on governments to provide 75% of urban dwellers with sanitation by 2000 as an interim target to universal access to adequate sanitation and safe water by 2025. (Keeating, 1993) The 1998 Inter-sessional meeting of the UN Commission on Sustainable Development called on governments to address gaps towards integrated water resources management, amongst which was the need for improved sanitation and wastewater treatment and recycling. Furthermore, it called on governments to develop and implement integrated water resource management policies in order to address the need for achieving universal access to sanitation and water supply as part of achieving objectives around poverty eradication. (UN, 1998)

The explanation for the continued dire statistics on sanitation are well rehearsed amongst professional circles in the water, sanitation and health sectors. Sanitation receives little official attention and meagre resources. Even with the emphasis on integrated projects (water supply, sanitation and hygiene promotion) since the Drinking Water Decade, sanitation has continued to receive low priority or has been omitted altogether by implementing agencies, especially in developing countries. In water supply projects, there is a tendency amongst programme planners to think of sanitation in terms of providing toilets and/or latrines, and changing behaviour in relation to faeces disposal and hygiene is a much more complex objective to achieve.

The Indian Sanitation Situation

The Human Development Report 2000 states that in 1998, some 71% of India's total population of nearly 1 billion did not have access to sanitation. In the rural areas, in 1998, only 14% were covered with sanitation facilities (UNICEF, 1999). The costs in terms of human suffering and poverty can only be gleaned from further government statistics: 180 million man-days per year are lost due to sanitation-related diseases, the equivalent of 12 billion Indian rupees per year (Government of India, 1997).

In the 1980s, the Government of India undertook the Central Rural Sanitation Programme (CRSP) to encourage the development of safe sanitation in village communities.
Whatever the village's geology, water supply situation or economic situation, central government promoted one design – the twin pit, pour-flush latrine with brick superstructure, which costs Rs 2500. To encourage take up of this latrine, the government offered a substantial flat rate subsidy of Rs 2000. Due to the high level of subsidy, the government was only able to allot one or two latrines per village: it would have required £4.5 billion to provide a subsidy to every household in rural India at the time of the programme. The subsidies often went to the more prominent members of the village (Gunyon, 1998).

Despite its shortcomings, the CRSP raised coverage from almost nothing in the '60s to 14 percent in the late '90s. But the statistics do not convey the whole story. A recent government study pointed out that only 3% of these latrines were used for the purposes for which they were built: the people converted the latrines into store-rooms or kitchens. Construction quality was also poor, resulting in many latrines remaining incomplete or damaged (M.A.R.G, 1998).

An analysis of the failures of the government programme by various players in the water and sanitation sector revealed the following causes for the CRSP's failures:

- A narrow option on cost and technology – the model promoted did not suit varied geologic and water supply conditions, as well as economic situations of families;
- Total absence of people's participation - local village masons were not even contracted to undertake construction of the latrines, which were done centrally;
- Hygiene promotion and marketing of the products were lacking;
- Lack of supply chain – materials and skills were not locally available (Mitra, 1998).

WATERAID INDIA SANITATION AND HYGIENE PROMOTION PROGRAMME

After a 1995 external evaluation identified WaterAid India's (WAI) weaknesses in sanitation work and hygiene promotion, the programme set about to address the shortcomings. In early 1996, WAI launched its sanitation programme in the state of Tamil Nadu, covering 1750 villages in 15 districts. WAI and the local NGO partners identified the following challenges they faced:

- Lack of demand from people who do not see the need or feel the desire for sanitation;
- Lack of awareness and knowledge amongst the people for the need for sanitation and hygiene, especially amongst those who lack education;
- Absence of choice on cost or technology;
- Lack of access to funds and credit, and the need to mobilise resources to cover a large population;
- People's apprehension on quality of materials and skills available, and difficulties in accessing them;
- Lack of adequate water sources in rural areas.

WAI also identified that its partner local NGOs and community-based organisations could act as catalytic agents to create a people’s movement around sanitation and hygiene promotion. WaterAid India’s holistic approach to sanitation and hygiene thus encompassed the following areas of work:

- Unlocking and creating demand from people;
- Ensuring users buy into the programme, principally through their contributions to capital costs;
- Developing and marketing a choice of sanitation facilities;
- Ensuring people's access to credit and other forms of financing support;
- Developing the supply chain, especially bringing production and market closer to the people.

Unlocking and creating demand for sanitation and hygiene

Since people in communities did not perceive the need for latrines due to various socio-economic and cultural reasons, focused hygiene promotion programmes at the community and school levels needed to be undertaken. This involved identifying the hygiene behaviour problems faced in the community, prioritising hygiene promotion messages on life-saving behaviour (e.g. hand washing after defecation and before contact with food). Apart from the important health messages in hygiene promotion, WAI and its NGO partners also set about to make latrines desirable objects. Latrine marketing focused on such lifestyle issues as privacy, dignity, physical safety, convenience, status/prestige and the economic benefits of improved health (less household expenditure on medication and hospitalisation due to sanitation-related diseases, as well as reduced loss of earnings due to sickness).

Users participation in programme

WAI’s NGO partners involved the community from the start. People participated through improving the latrine's superstructure, using locally available materials such as gunny sacks, palm, thatches, reeds, cycle tyres, etc. - whatever was the local trade or crop prevalent in the locality. These innovations were then used as models for people to emulate and understand that a latrine was a functional unit, not just another building. WaterAid India introduced a lower, variable rate subsidy calculated according to the means of the household or individual. Village members were involved in wealth ranking for purposes of ascertaining who needs to get the maximum level of subsidy (pegged at Rs 650) and credit, and which households could afford the capital costs with reduced subsidies (as low as Rs 250) or without need for one or
both of these financing options. Village self-help micro-credit groups were mobilised to assist in the promotion of health and lifestyle messages, as well as in providing credit to people who want to have a latrine and manage the financial transactions. Local youth and women were given opportunities for employment as masons and block makers, either independently or attached to production centres and Rural Sanitation Marts.

Developing and marketing a choice of sanitation facilities

The programme promoted the lower-cost single pit pour-flush latrine (which used from 1.5–2 litres of water per flush). The design meant that the latrine could be used by up to 10 users over its 4-5 year life span without it filling up. This meant that if need be, two households could share a latrine. As indicated earlier, the people were free to choose the materials to use for the superstructure. Later on, local NGOs and Rural Sanitation Marts developed and sold a range of superstructure designs to suit different household budgets, giving village consumers a choice of products to consider, just like other household equipment and furniture. The various models sold ranged in price from Rs 750-2000. Different marketing strategies were also used to increase the sale of latrines and other hygiene products. Apart from giving consumers a range of products and prices to choose from, demonstration latrines were also built in production centres, rural sanitary marts located within or near villages and in village health motivators’ houses in order to help remove misconceptions about toilets, and build trust in their usefulness and benefits.

Ensuring access to credit and other forms of financial support

The flat rate high level subsidies used by government to make latrines attractive to people were deemed unsustainable, and succeeded in attracting people for the wrong reasons. As discussed above, the WAI sanitation programme had not just lowered subsidy, but also introduced a variable level according to a household or individual’s economic situation. However, where poorer households needed more financial assistance than the programme could offer, the WAI programme ensured that low-cost credit was available. This was possible because of the proliferation of self-help micro-credit groups in most villages in India, usually run by women. The micro-credit groups provided top-up credit to families who wanted to install latrines but did not have the means to do so. Mobilising micro-credit resources resulted in WAI’s Rs 650 000 revolving loan fund successfully leveraging in another Rs 1.4 million from the micro-credit groups. The situation is perhaps peculiar to India and other South Asian countries.

Developing the supply chain

Effective and reliable supply of the range of goods and services, from manufacturers and retailers to skilled artisans and masons are vital in the sanitation and water supply programmes. In order to achieve these objectives, contact with raw material supplies, setting up of rural sanitary marts and small-scale production centres and training of masons have been taken up under the sanitation programme. The Rural Sanitation Marts, non-profit, independent retail operations, were developed and promoted by UNICEF in India. WAI encouraged and supported its local NGO partners to work with the marts. SEVAI, one of WAI’s NGO partners was assisted to develop a Rural Technology Centre to be a centre of excellence for training, design and production of sanitation materials. Gradually, these marts and production centres will be transferred to community-based institutions, whereupon it is hoped that they will contribute to employment generation, skills development and income generation for the community and surrounding villages.

Due to the holistic approach undertaken by WAI and its local NGO partners to sanitation and hygiene promotion, coverage levels of up to 100% have been recorded in the target villages. The number of latrines constructed in four years from the start of the programme showed an increase from 460 in 1995–96 to 9793 in 1998–99, or a total of 19 098. More importantly, usage levels remain...
high. In some of the villages which had achieved 100% coverage, even male usage of latrines has reached 61% (WaterAid India, 1998).

SCALING UP WATERAID INDIA’S HOLISTIC APPROACH TO SANITATION

Sanitation is not a localised problem specific to one community or village or district. It is a national problem in India that needs to be addressed country-wide. However, on the basis of results and successes in the villages where the holistic approach to sanitation was piloted, WaterAid India set about informing central and state government officials, other NGOs and international agencies, and advocating changes to government programmes.

At first, WaterAid India organised visits by government officials at district, state and federal levels to the villages to see the low-cost latrines. Meetings of networks of NGOs were also held to share the successes. The experiences were also rigorously documented, and published in order to share the experiences more widely. The publication and dissemination of these issue sheets became a turning point as more agencies and officials became interested in the approaches used. Since then, WaterAid India has met and lobbied state and central government agencies for low cost latrines, lower subsidies, and more resources to be spent on hygiene promotion and marketing inputs.

By July 1998, a national seminar sponsored by the Rajiv Gandhi Drinking Water Mission, and involving key national and state-level policy makers, marked a change in government policy. The Indian Government laid out its revised sanitation strategy reflecting changes in line with some of WaterAid’s approaches. Government has reduced their subsidy to Rs 500. Currently, the Total Rural Sanitation Programme (TRSP) is being piloted in several districts in all the states, using reduced subsidies. However, there is still a big need for government to make the appropriate allocation of resources for various inputs such as hygiene promotion and marketing, without which community buy-in and increases in demand for hygiene and sanitation products will not be achieved.

CONCLUSIONS

WaterAid India’s experience in undertaking a holistic approach to sanitation and hygiene promotion underscores the importance of putting community action, community benefit and community interests at the heart of any programme design and implementation strategy. By doing so, big successes can be achieved, even in difficult development issues such as sanitation and hygiene.

REFERENCES


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Table 1. WaterAid-India Programme Expenditure Breakdown – Allocation of Funds

Figure 5
Women village pump caretakers with equipment for demonstrations and training (a sanitary pan) in Thaneerpandal, near Trichy. (Photo courtesy: WaterAid/Caroline Penn)
at New Delhi 1998, organised by the Rajiv Gandhi National Drinking Water Mission and UNICEF.


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