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**A COMPARATIVE EVALUATION OF THE  
CENTRAL RURAL SANITATION PROGRAMME  
IN WEST BENGAL & GUJARAT**

**- Draft Final Report -**

Submitted to

**Ministry of Rural Areas & Employment  
Department of Rural Development**

Submitted by



**OPERATIONS RESEARCH GROUP**

October '98



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## Executive Summary

A comparative analysis of the CRSP in Gujarat and West Bengal has been conducted. In both States a process of decentralised delivery of sanitation facility has been observed.

In case of Gujarat, the State vis-à-vis GWSSB has developed the responsibility of execution of the CRSP to the Nodal Agencies which operates in clusters of districts. At the district level the programme is executed through Implementing Agencies which functions in the villages. The functionaries of the Implementing Agencies generates demand for latrine at the Household level and supervises the latrine construction. The sanitary ware is provided by the Support Organisation approved by the State. On satisfactory certification of the Latrine Construction as per the State's specification, the GWSSB releases the subsidy amount. It may be pointed out that initial payment for the latrine is made either by the beneficiary household or the Implementing agency as the case may be.

In case of West Bengal the CRSP is decentralised with retail outlets at the Block level. The NGO involvement is envisaged at the Block level. The demand for latrine is generated at the village household level by the motivators engaged by the RSMs. The supply of latrines is also made by the RSM. The sanitary wares are manufactured in the production centers attached to the RSMs.

It may be pointed out that the programme in West Bengal is executed through an institutional structure which has interlinkage between the State, the Panchayat and the NGO along the 3 tier Panchayati Raj System. The involvement of popular village level groups in the programme in Medinipur has been significantly observed.

It has been concluded that the implementation procedure in Gujarat critically lacks the involvement of the Panchayati Raj Institution. The involvement of the Panchayat would ensure

- accountability of selection of beneficiary and
- community involvement in the program

It may be concluded that both States have achieved their avowed objectives as per the target ascertained.

In case of West Bengal where the low cost low subsidy model of latrine is provided under the programme

- higher coverage by the CRSP has been achieved due to the low per unit cost of latrines and low level of flat subsidy offered to the beneficiaries
- Demand generation at the grassroots has been readily achieved due to the feasibility in models of latrine

In contrast the high cost - high subsidy model in Gujarat with differential rate of subsidy for beneficiaries ranging from General Caste Households above poverty line to poor households have resulted in



- Low coverage by sanitation facility (due to high unit cost of latrines)
- High cost of latrine warrants the Implementing Agencies to operate with high working capital which is an impediment in programme execution
- Annually an average of 20 percent of the latrines are supplied to the HHs above poverty line through MNP.

An important feature of the delivery mechanism of the CRSP in West Bengal is the Rural Sanitary Marts. The viability of RSMs has been analysed and it has been concluded that RSMs require a gestation period to establish their viability. A support system is required to bolster the activities of the RSMs during the gestation period. The RSM in a matured stage is capable to function as a self sufficient unit as witnessed in Medinipur in West Bengal

In West Bengal, the UNICEF has been a proactive partner of the State Government in programme implementation. In Gujarat the UNICEF is not a partner of the CRSP. The UNICEF Gujarat has a separate sanitation program executed through RSMs

In West Bengal the SIPRD and the RKMLSP has a well defined plan for capacity building with a focus on the software components of the sanitation program. The capacity building efforts witnessed in Gujarat are rather sporadic and is oriented mostly towards mason's training

The IEC components in both the States are confined to micro level household contacts. In both states flip charts and posters are used. The health and hygiene components have been successfully percolated at the community level. However high subsidy of latrines have emerged to be a major selling point and subsequently social issues take back seat

The need of mass communication to supplement the efforts initiated at the household at the household level is required in both states

The demand for latrine has been manifested in terms of the pattern of latrine usage and upgradation of latrines done by the beneficiary households

Both States have recorded high usage of sanitary latrines by household members covered by the CRSP. This indicates high levels of adoption of the facility provided. Moreover in West Bengal it has been recorded that nearly 56 percent of the households who have opted for low cost latrines have made additional investments on the latrine by the way of upgradation

A low amount of flat subsidy is suggested to promote adoption of the facility at the household level. It has been observed that adoption of the facility can be largely enhanced by a small amount of subsidy supplemented by a focussed social mobilisation campaign to promote the household's propensity to opt for/ use sanitary latrines

The study has conducted an assessment of the Environmental Sanitation scenario with special emphasis on personal hygiene. An account of hygiene practices of the individual family members (adults and children) and community perception and practice on safe hygienic behaviour has been recorded here





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# A COMPARATIVE EVALUATION OF THE CENTRAL RURAL SANITATION PROGRAMME IN WEST BENGAL AND GUJARAT

## Chapter - I

### 1.1 Background

Use of latrine or safe sanitary practice is a crucial indicator qualifying improvements in standard of living. The concern at the national level is triggered by the fact that approximately 87 percent of the rural population reported practicing open defecation according to both the census 1991 and NFHS estimates.

Improving rural environmental sanitation and promoting use of latrines among rural households has been attempted by the MoRAE, Government of India, through various programs. Of primary significance is the Central Rural Sanitation Programme (CRSP). The CRSP has been aimed to accelerate coverage of sanitation amongst rural population particularly households below poverty line and socially backward communities. The programme envisaged to provide subsidy to the households below poverty line and encourage other households to buy the facility through markets, sanitary marts etc. The State Level adoption of the CRSP, guided by innovation policy measures both in case of West Bengal and Gujarat has been focussed on demand generation for latrines in the rural areas.

A study sponsored by the Rajiv Gandhi Drinking Water Mission, MoRAE and conducted by the Operations Research Group envisages to delineate the status of rural environmental sanitation and generate primary level data to reflect on the incidence of subsidy received for constructing latrine.

The study would also analyse the delivery mechanism in place in the respective states vis-a-vis. the distribution of latrines among different income and caste categories. The institutional framework in the state, the role and responsibilities of the respective stakeholders involved in the programme and the vertical and horizontal linkages necessary to explain the supply scenario.

### 1.2 Study Objectives

The primary objectives of the present study is

- (1) An assessment of the implementation of the programme in the project areas of West Bengal and Gujarat and examining the involvement of the key role players and their inter linkages



- (ii) To assess the absolute and relative merits and demerits of the “with subsidy” and “without subsidy” programme in Gujarat and West Bengal respectively.
- (iii) To examine the role of the principal NGO or the participating NGOs and the PRI.
- (iv) To assess the role of Facilitators in West Bengal and other nodal organisations in Gujarat.
- (v) To comment on aspects related to advocacy, IEC training
- (vi) To examine issues related to willingness to pay
- (vii) To examine the supply mechanism - the availability of material for construction, the role and functioning of the Rural Sanitary Marts (RSMs) and insight into the existence of alternate delivery mechanisms and its impact towards local skill upgradation.
- (viii) To identify components influencing the success and the failure of the program

### 1.3 Methodology

The aim of the study has been to designate the relative and absolute merits and demerits of the sanitation programme implemented in West Bengal and in Gujarat corresponding to supply of low cost and low – subsidy latrines in the former State and high cost-high subsidy latrines in the latter State.

The principal stakeholders identified were:

- (a) The State specific secondary stakeholders involved in the process of implementation of the programme at the District / Block and Village level
- (b) The primary stakeholders i.e., the beneficiaries of the programme.

Information has been generated from both primary and secondary sources. The secondary data analysis was undertaken to get an overview of the present status of the sanitation programme in terms of coverage, state specific institutional arrangement and improvisations or innovative approaches administered at the state level for the implementation of the programme

The primary data has been generated through the application of both quantitative and qualitative research techniques. The tools of inquiry ranged from in-depth interviews, semi structured interviews with the secondary stakeholders to structured interviews and focus group discussions with the primary stakeholders



The key contacts established during the project phase is shown in the table below

SL. NO.	KEY CONTACTS	RESEARCH TECHNIQUES / TOOLS
	<b>State and District Level</b>	<b>Qualitative / Quantitative</b>
1	Officials of the Department for Rural Development	In-depth Interview
2	UNICEF Project Officer	
3	State Coordinator Sanitation Cell	
	<b>District Administration</b>	
1	District Magistrate	In-depth Interview
2	Additional Executive Officer (AEO)/ ADM	
3	District Coordinator Sanitation Cell	
4	Sabhadhipati (Zilla Parishad)	
	<b>Block Level</b>	
1	BDO	In-depth Interview
2	BMOH	
3	JE. PHED	
4	RSM (NGOs / Panchayat Samity)	Semistructured Interview
5	Sabhapati (Panchayat Samity)	In-depth Interview
	<b>Village Level</b>	<b>Qualitative / Quantitative</b>
1	Beneficiary Household	Structured Interview
	<b>Village Level Functionary</b>	
1	Village Leader	Semistructured Interview
2	Gram Pradhan	
	<b>Village Level Groups</b>	
1	Male User	Focus Group Discussions
2	Male Non-user	Focus Group Discussions

#### 1.4 Field Plan And Observations

The study team comprised of 2 Research Executives and 2 Research Assistants for each state. The field team for each State comprised of a Field Executive / Research Assistant and three Field Investigators which covered 6 districts per state. As has been mentioned before the quantitative data has been supplemented by in-depth and Focussed Group Discussions both at the village level as well as the District/Block level. The Nodal Officers appointed by the Rajiv Gandhi Drinking Water Mission in both States provided support in terms of intimating the District Administrations regarding the survey work and subsequently all necessary documents required by the study team to conduct the survey was made available. The Nodal Officers also briefed the study team on the progress of the program in the respective States. Some of the field level observations effecting the study proceedings are listed below.

- 1) Difficulties were faced by the field team in obtaining the list comprising of the total number of latrines constructed for each program village since the inception of the sanitation programme. Thus in order to construct the sample frame the survey team had to prepare the district level lists which accounted for professional time beyond the stipulated budget.





- 2) It was observed that other sanitation programmes especially India Awas Yozana (IAY) were running parallelly in the sample villages. Selection of households for administering the household schedule was solely based on the list of beneficiaries of the CRSP programme as stated in the sampling framework. Thus the coverage / usage of latrines mentioned in the subsequent chapters refer to latrine coverage and latrine usage by the beneficiaries under the CRSP.
- 3) In Gujarat, although the blocks had been sampled on the criteria defined, there were a few blocks which had villages with less than 9 latrines constructed (less than the specified sample size). In such cases, more beneficiaries were covered in other sample villages and blocks in order to meet the specified sample size.
- 4) In West Bengal there were instances where the program beneficiaries were non users of latrines since the latrines allotted to them were not yet constructed. In such cases to develop an understanding of the nature and extent of latrine usage in those particular villages households who were latrine-users but not beneficiaries of the CRSP were interviewed.

## 1.5 Sampling Plan

### District Level :

The States are divided into agro-climatic regions. The best performing district in each region is selected, i.e. the districts having the highest number of latrines in each region is selected.

### Block Level :

Two blocks per district were selected. Here the block having the highest number of latrines and lowest number of latrines were selected. The purpose here is to survey the demand for latrines in two different performance scenarios. It has however been noted that some of the program blocks have fewer than 10 latrines, presumably because the programs has been initiated in these blocks in very recent past.

Thus in order to capture a sizeable number of latrines in blocks where the total number of latrines are much less than the district average only those blocks where the program has been initiated no later march '95-96 has been considered.

### Village Level :

The villages are to be selected as per CRSP coverage. Therefore a list of villages were collected in the block level where the programme has been implemented. The sample villages were then selected randomly from the list of the programme villages. From this list only those villages which had at least 10 latrines were considered. Thus the new list of programme villages having at least 10 latrines in each village would be the universe (in our field testing we have found village having 1 or 2 latrines in one of the best performing districts). The first random number represented the first village.



The remaining sample villages were selected at the sample interval (worked out by dividing the total number of programme villages by the sample size i.e. 6

In the (selected) blocks having lowest number of latrines, 6 villages having (at least) 9 latrines each may not be available. In that case villages having the next highest number of latrines was selected. Evidently beneficiary calls in these village would decrease. In West Bengal difficulties were faced during obtaining the data pertaining to number of latrines in the programme villages. Therefore, the village having less than 9 latrines couldn't be identified from the list of programme villages that were being obtained at the block level. Therefore the sample was drawn from the list containing all programme villages. However, if a sample village on visit exhibited less than 9 or 8 latrines, that village was not surveyed. Instead the next village in the list was taken up for survey.

#### **Beneficiary Level :**

Here a purposive sampling procedure was adopted. Out of the 15 calls in every village in 60% of the calls were ascertained i.e. 9 calls for the beneficiaries and 40% of the calls i.e. 6 calls for non-beneficiaries.

The beneficiary list for the village was obtained from the Block level (NGO or BDO) or at the village level (from the Gram Pradhan). In case of non availability a listing of the households having latrines in the village were done, and random sampling was conducted.

Here again the first household was selected randomly from the list. Subsequent households were selected dividing the Universe (total number of beneficiaries) by the Sample Size (i.e. 9 here). Proportionate coverage for the beneficiary calls was not considered necessary.

The remaining 6 calls from non-beneficiaries were administered from SC/ST (2 calls). General Caste (2 calls) and person below poverty line (2 calls). These respondents were selected absolutely randomly at the village level. The General Caste and SC / STs were identified from the hamlets or clusters of their habitation. The BPL respondents were selected in consultation with the Pradhan or a village leader.



1.6 Study Areas

WEST BENGAL

AGRO CLIMATIC REGIONS											
HILLS	TERAI	RARH		BARIND		DELTA			COASTAL		
DISTRICT LEVEL											
JALPAIGURI		BANKURA		D. DINAJPUR		HOWRAH/HOOGHLY			MEDINIPUR		
BLOCK SELECTION											
Sadar	Rajganj	Kotalpur	Ganjalghati	Gangarampur	Tapa	Sympur II	Udainarayanpur	Pursura	Khanakul II	Tamluk	Salbani

GUJARAT

AGRO CLIMATIC REGIONS											
SOUTHER HILLS & SOUTHERS GUJARAT		MIDDLE GUJARAT		NORTH GUJARAT		NORTH WEST ARID		NORTH SAURASHTRA		SOUTH SOURASHTRA	
DISTRICT LEVEL											
BHARUCH		KHEDA		MEHSANA		KUTCH		AMRELI		JUNAGADH	
BLOCK SELECTION											
Jambusar	Rajpipla	Matar	Petlad	Bishnagar	Kheralu	Bhachau	Abdasa	Kukavav	Amreli	Keshod	Bhesan



Chapter II

An Assessment of Implementation of CRSP in West Bengal & Gujarat

In this chapter the delivery mechanism of the CRSP in the two States of West Bengal Gujarat has been discussed This discussion has been narrated in the background of the Policy pertaining to CRSP adopted at the State level, the key role players involved and their role and responsibilities

2.1 State level Policy adopted

In Gujarat, the CRSP program is implemented by the CRSP fund available from the center supplemented by a State's share and is directed towards the households below poverty line The MNP latrine is earmarked for the population (General and SC/ST) who do not qualify for a CRSP latrine, and is funded from the State's MNP fund

The cost of a model latrine in Gujarat under the Sanitation program is Rs 2291 Added to this is the ETP (Establishment, tools and Paints cost) of Rs 409 Thus the total cost of the latrine is Rs 2700 (Rs.2291+Rs 409)

The breakup of a CRSP latrine in Gujarat is provided below

i	Subsidy: Center's share	Rs.1000	-	37
ii	Subsidy. State's share	Rs 1000	-	37
iii	Total Subsidy	Rs.2000		<u>74.06</u>
iv	ETP charges (paid by GWSSB)	Rs. 409		15.06
v	Beneficiary's contribution	Rs 291	-	10.76
		-----		
	Total Cost (iii + iv + v)	Rs 2700		-----

In Gujarat, the MNP program is implemented with the State's fund and is directed to the general population The provisions for subsidy under MNP program is depicted below

For General Population

i	Subsidy	Rs 1145 (50 percent of Rs 2291)
ii	ETP incentive	Rs.125 ✓
iii	Total Subsidy	<u>Rs 1270</u> ✓
iv	Remaining ETP Cost	Rs 284 (Rs 409 - Rs 125)
v	Beneficiary's Contribution	Rs 1145 ----- 42%.
		-----
	Total Cost (iii + iv + v)	Rs 2700





For the SC/ST Population

i	Subsidy	Rs 1718 (75 percent of Rs 2291)
ii	ETP incentive	Rs 125
iii	Total Subsidy	Rs.1843
iv	Remaining ETP cost	Rs 284 (Rs 409-Rs.125)
v	Beneficiary's Contribution	Rs 573 — 21 %
	Total Cost (iii + iv +v)	Rs.2700

Corresponding to the policies adopted at the State level the progress of the program in terms of coverage is discussed on the basis of macro level data and observations made on the field pertaining to profile of latrine owners

It may be noted that in case of West Bengal the CRSP program is financed by the integrated fund available from the Center's share for CRSP and the State's share of MNP fund. The combined fund is directed to the CRSP program and the purpose here is to supply latrines to persons below poverty line. The latrine program has a provision for supply of a range of latrines priced between Rs 365 to Rs 3000 approximately with a flat subsidy rate of Rs.200 per beneficiary household.

**2.2 Role and Responsibilities of the Key Role Players**

In Gujarat, the key role players are GWSSB, the Nodal Agencies, the Implementing Agencies (IAs) and the Support Organisations. The role and responsibility of the individual role players have been narrated below

Key Role Players	Responsibilities
GWSSB	<p>Devolve the implementation responsibilities to <u>seven Nodal Agencies</u></p> <p>Disbursement of Sanitation funds to the Nodal Agencies on completion of latrine construction</p> <p>Have identified and approved <u>seven support organisation</u> for supply of sanitary kits (it is mandatory that sanitary kits are obtained from support organisations approved by the GWSSB)</p> <p>Certifies the construction of latrine at the field level. Subsequent to the certification fund for latrine is released</p> <p>Have organised training camps in 1989 for Implementing agencies (IAs) to enable their capacity on software issues</p>



Key Role Players	Responsibilities
Nodal Agencies	<p>The state has been demarcated into 7 areas for each of the 7 Nodal Agencies. The seven Nodal Agencies are</p> <ol style="list-style-type: none"> <li>1. <i>Environmental Sanitation Institute Ahmedabad</i></li> <li>2. <i>Lok Niketan, Palanpur, Banaskantha</i></li> <li>3. <i>Gujarat Rajya Gram Vaks Sangh, Ahmedabad</i></li> <li>4. <i>Saurashtra Rachmatmak Samiti, Rajkot</i></li> <li>5. <i>People's Welfare Society, Upleta</i></li> <li>6. <i>Valabhai Ladbhai Patel Kerwan, Mandal, Dhol</i></li> <li>7. <i>Manav Seva Khadi Gram Udyog, Kheva Brahma, Sabarkantha</i></li> </ol> <p>Under the Nodal Agencies, the implementation agencies operate at the village level. The activities of the IAs are coordinated by the Nodal Agencies.</p> <p>Formulation and execution of software strategies</p> <p>Before 1993 the ESI was the only Nodal Agency operating in Gujarat. The ESI was involved in innovative strategy formulation for the sanitation programme in rural areas.</p> <p>In Gujarat, <u>ESI</u> conducted training programme for two batches of NGOs (Implementing Agencies) on latrine construction. A total of <u>55</u> NGOs attended these programmes. As a spin off of these training programmes, the IAs imparted this knowledge to the <u>masons</u> in their area of operation during <u>March-April, 1989</u>.</p>
Implementing Agencies (IAs)	Village level coordination in demand generation, supply of sanitary kits and supervision of latrine construction
Support Organisations	Supply of sanitary kits as per GWSSB specifications

It may be mentioned here that till 1988 the GWSSB was implementing the rural sanitation programme in Gujarat. In 1988 this responsibility was transferred to the ESI. In 1993, the responsibility and areas of operation of ESI was subdivided among 7 Nodal Agencies. The Nodal Agencies designate Implementing Agencies (IA) at the district level to execute the programme at the grassroots.

why?



1  
2

The functionaries of the IA operates at the village level to interact with the beneficiary community.

In West Bengal the State Government, the UNICEF (in Medinipur) the NGOs and the Panchayat are the key role players for the programme

Role Players	Responsibilities
State Government Panchayat and Rural Development Department	Policy making and disbursement of CRSP fund
SIPRD = ?	Capacity building (Training)  Preparation of IEC strategy and material  Coordination and monitoring of RSMs at the block level  Coordination of Sanitation Cells at the District / block level
District Administration ( <u>Sanitation Cell</u> )	Sanitation cells has been formulated to coordinate and monitor the functioning of RSMs at the District level. The reports of the Sanitation cell of every District is eventually documented by the sanitation coordinator in SIPRD Previously, the Sanitation Coordinator used to maintain records of individual RSMs at the block level Presently since <u>January 1998</u> <u>district data on CRSP is maintained.</u>
UNICEF (interventions confined to Medinipur)	Innovating decentralised delivery system through retail outlets at the Block level.  Supporting RSMs at the block level.  Advocacy and information dissemination on low cost latrines
NGO / Panchayat	The NGOs are practically designated to operate the RSMs In the districts where NGOs operates the RSMs an interlinkage with the Panchayat is developed for household level awareness generation and also project implementation  In certain districts in the absence of appropriate NGOs the Panchayats operates as RSMs at the Block Level

With respect to the identification of the key role players and their responsibilities as mentioned above the interlinkage is such that the latrine delivery system in West Bengal has been decentralised with retail outlets i.e. RSMs (Rural Sanitary Marts) at the block level The RSMs are operated by NGOs / Panchayats The RSMs are responsible for generating demand and supplying latrines at the village level through IEC interventions



It may be mentioned here that the responsibility of manufacturing sanitary wares and building latrines lies with the RSMs (Production Centre of the RSMs).

The State Government through the SIPRD and Sanitation Cell monitors the activity of the RSMs and provides policy, capacity building and IEC inputs / packages to the RSMs.

It may be pointed out that the UNICEF has adopted the policy of decentralised delivery of latrines through retail outlets in the year 1990 i.e. 3 years before the implementation of CRSP. The UNICEF has implemented the programme in partnership with RKMLSP in Medinipur. It has been observed that the RKMLSP has adopted an approach wherein as a first step a small area (2-3 blocks) is saturated by demand generation and latrine supply. In the second step the spread effect of the saturated pocket is expanded by taking up similar such areas and concentrating the villages (within these areas) with latrine supply with an aim to saturate the district. This approach is popularly called the Intensive Sanitation Programme (ISP) Under the ISP low cost, (zero) subsidy latrines are provided to the beneficiary households.

It may be mentioned that the state government has adopted a similar policy while implementing CRSP at the state level. however, it may also be pointed out that the implementation process adopted by the state is still in a rudimentary stage and it would require time for the level of progress attained in Medinipur to be reflected at the State level. (56 percent of the RSMs in the state has been formed after 1995-96) Since 1997-98 a sanitation cell has been formed in every district to monitor the functioning of the RSMs at the District level. The Sanitation Cell virtually forms a linkage between the SIPRD and the block level RSMs.

## **2.3 A Comparative Analysis of the Delivery Mechanism of Household Sanitary Latrines in West Bengal and Gujarat**

### **2.3.1 Delivery Mechanism**

The proposition of generating demand for latrines among the rural households, conventionally and traditionally used to open defecation is a colossal task. This implies engineering a change in the behaviour and socio-cultural dimensions of rural life

The ingredients of the campaign for use of latrines addresses to social and cultural concerns (such as dignity of women, status of the households in the village society, safety etc.), health concerns (has an impact on incidence of water borne diseases and the cost incurred due to high frequency of such incidence), and economic issues (household's propensity to consume on latrine, affordability etc).

It may be pointed out that in the policy guidelines of the CRSP a subsidy of 80 percent of an estimated cost of Rs 2500 of a HSL is permissible. However, the cost and subsidy for latrine depends on the state level innovation in the strategy for rural sanitation which specifies





- ⇒ definition and design of a safe latrine vis-a-vis subsidy
- ⇒ the institutional framework and delivery mechanism

The above two components are the basis of the policy guideline and the strategy adopted at the state level. The following section depicts a comparative analysis of the parameters mentioned above

### 2.3.2 Financing Pattern and Design of Latrine

The issue of subsidy emerges as a vital component for promotion of latrine use. The guiding principles on disbursement of subsidised household latrines as prevalent in West Bengal and Gujarat are as follows.

#### 2.3.2.1 Supply of subsidised latrines in Gujarat

The low cost sanitation programme in the rural areas in Gujarat envisages household sanitary latrines costing at an average Rs 2700. The subsidy component for these latrines under the CRSP / MNP varies between Rs. 1270 to Rs. 2000, and corresponding beneficiary contribution varies between Rs. 1100 to Rs. 570 approximately. *see also p. 13*  
*↳ p. 7 surp Rs 291*

It is evident that the programme is subsidy driven and subsidy makes a significant impact on the current demand scenario at the household level.

It may be mentioned here, that in Gujarat the CRSP and MNP are designed to serve specific beneficiary categories separately. The arrangement is as follows

- ⇒ CRSP caters to beneficiaries essentially below poverty line and belonging to General / SC / ST categories.
- ⇒ MNP cater to beneficiaries who do not qualify for the CRSP stipulations i.e households who are not below the poverty line and belonging to General / SC / ST categories

As has been mentioned before the total cost of a latrine in rural Gujarat is Rs 2700. The net estimated cost of a water seal twin pit pour flush latrine is Rs 2291/- . After adding the ETP (establishment, tool and paint) charges @ of Rs 409 per latrine, the total cost comes to Rs 2700.

The ETP charges of Rs 409 is distributed by the GWSSB as follows

GWSSB (Retains)	-	Rs 84 per latrine
ETP incentive to the beneficiary	-	Rs <u>125</u> per latrine
Nodal Agency	-	Rs 100 per latrine
Implementing Agency	-	Rs 100 per latrine

Total Rs 409

*291*  
*125*  
*100*  
*100*  
*HH amt*



The beneficiary contribution for latrines under the programme are as follows

Programme	Target	Subsidy	Beneficiary Contribution
CRSP	General / SC / ST(BPL)	State 1000 Central 1000 ETP incentive Rs. 125	2291-2000 = 291/-
MNP	SC / ST	75% of Rs 2291 i.e. Rs. 1718.25 + ETP incentive of Rs. 125	Rs 573
	General	50% of Rs 2291 Rs 1145 + ETP incentive of Rs. 125	Rs. 1145

The typical profile of a latrine in the rural areas in Gujarat is appended in **Figure - 1**. The model for low cost latrine prescribed for Gujarat is a fully built-up unit and comparatively more expensive than the latrines disbursed in rural West Bengal.

### 2.3.2.2 Supply of Low cost latrines in Rural West Bengal

In case of West Bengal, disbursement of latrines is preceded by inculcating a perceptual change with regard to existing unsafe sanitary practice at the community level. In case a natural demand or felt need for latrines is existing, subsidies is used to cater to the weaker section of the society who recognises the need for a latrine but do not have the means to acquire one. In some cases subsidies are also used to give fillip to latent or dormant demands, instances wherein the community is reasonably confined about the requirement of a latrine but is not adequately proactive to acquire one.

Two aspects are taken into account while subsidising latrines .

- I) The subsidy is earmarked to provide the minimal standards in latrine Improvements and upgradation over the basic structure is financed by the user / beneficiary.
- II) The subsidy is partial in nature and is supplemented by corresponding beneficiary contribution.

**Figure - 2** depicts the different models of latrine available under CRSP in rural West Bengal Since subsidy is limited to Rs. 200/- for any beneficiary, opting for an expensive latrines entails higher proportion of beneficiary contribution for the latrine.

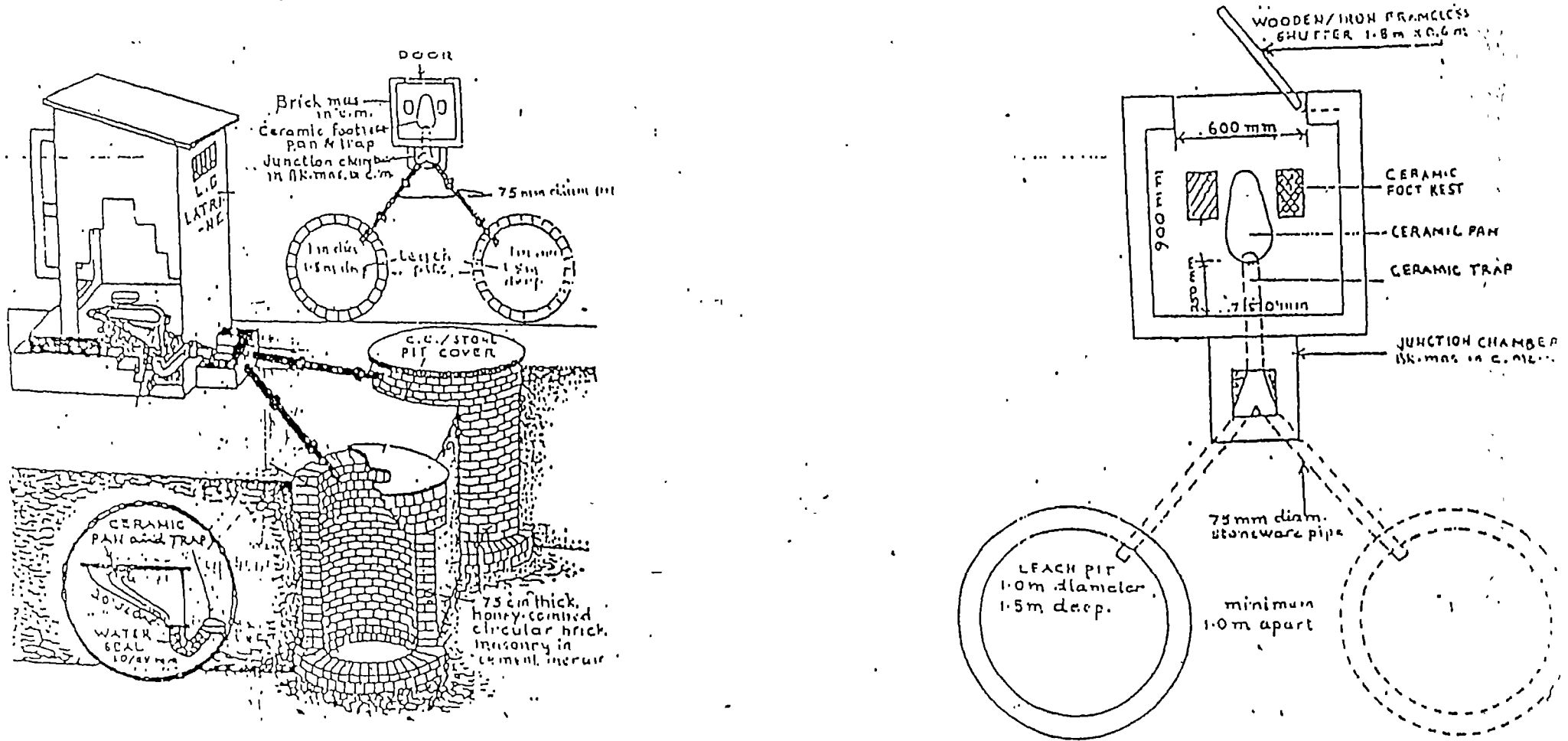
It is apparent that community level motivation is the crucial factor for generating demand for latrines in rural areas, and subsidy is only a supplementary input. Thus the program envisages an incentive for the grassroots level motivator (@ of Rs 20 per latrine) instead of using subsidy as an incentive for the beneficiary users. The amount received by the motivator as an incentive is contained in the net cost of the latrine. The RSM also keeps a margin of a maximum of Rs 50 per latrine to meet administrative and establishment costs

The net cost of a latrine of minimum standard is Rs 365 approximately



# FIGURE - 1

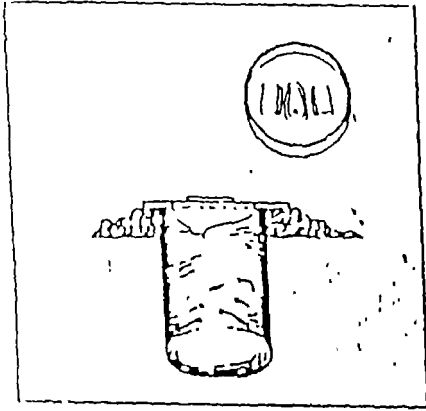
## Twin Leach Pit Latrine : Gujarat Model



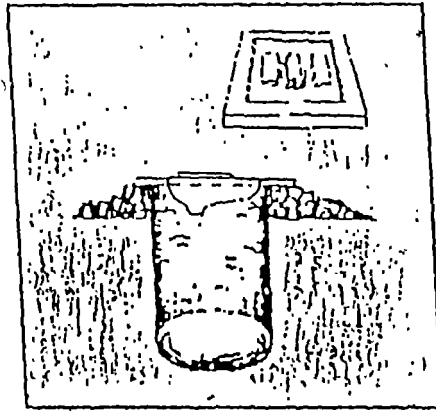


**FIGURE - 2**

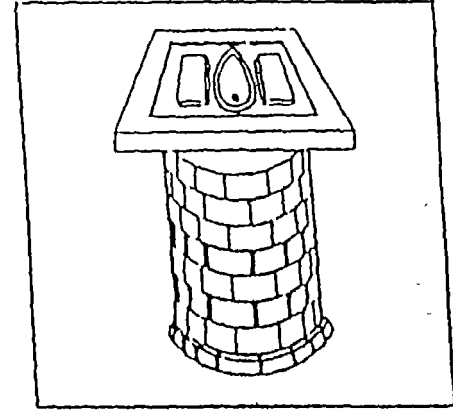
**Models of Latrine Disbursed Under CKSP : West Bengal**



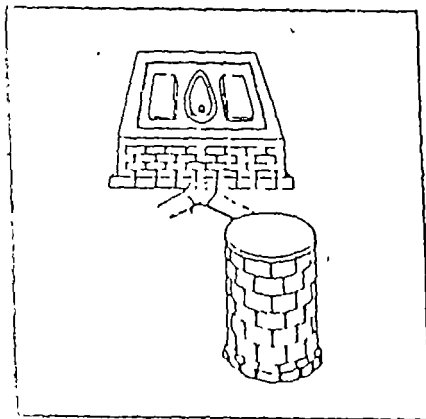
Circular Pantrap without honeycomb  
(Without permanent superstructure) - Rs.310



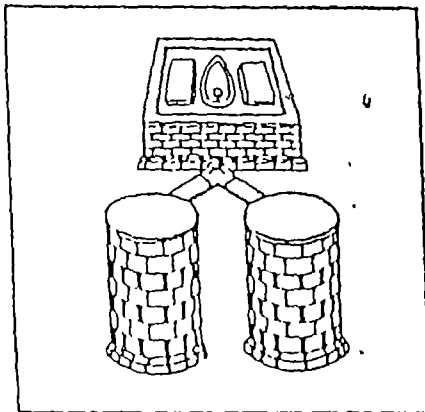
Rectangular Pantrap without Honeycomb  
(Without permanent superstructure) - Rs.350



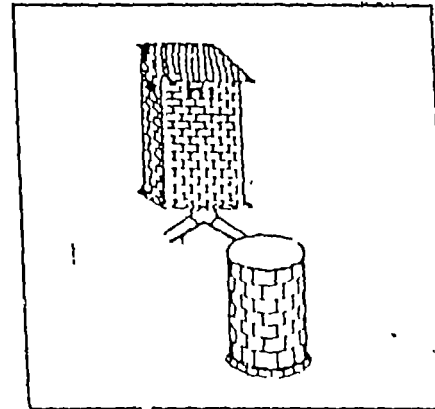
Rectangular Pantrap with Honeycomb  
(Without permanent superstructure) - Rs.710



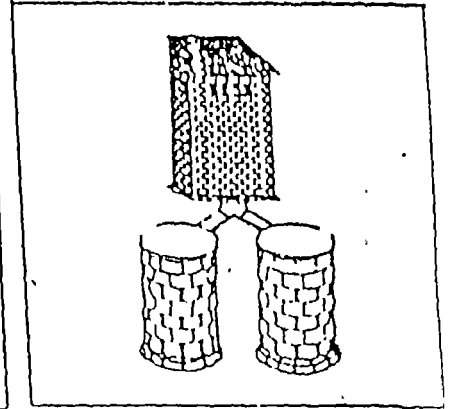
Single Pit Latrine with Honeycomb  
and raised Platform (Without Permanent  
superstructure) - Rs. 1260



Double Pit with Honeycomb  
and raised Platform (Without  
permanent superstructure) - Rs. 1730



Single Pit with Permanent  
Superstructure and raised -  
Platform Rs. 2460



Double Pit with Permanent  
Superstructure and raised  
Platform - Rs.2930





### 2.3.3 *The Delivery Mechanism and Institutional Arrangement in Supply of Low Cost Sanitation in Rural Areas*

The section attempts to analyse the supply mechanism and corresponding institutional arrangement to support such mechanism. The feasibility of the model of supply of latrine as envisaged in the two states and the role and responsibility of functionaries involved are compared here.

#### 2.3.3.1 The role of facilitators in Rural Sanitation in Gujarat

The CRSP programme is implemented by the GWSSB (Gujarat Water Supply and Sewerage Board) with the help of Non-Governmental Organisations (NGOs) in Gujarat. The implementation approach involving NGOs in disbursement of latrines in the rural areas including construction work is guided by the ability of the NGOs to network at the grassroots. Subsequently the NGOs can comprehend the local situations in terms of community level needs and consumption priorities. This evidently helps the NGOs to realistic and effective awareness generation campaigns to generate demand for latrines at the grassroot level.

In the initial phase of the project the Environmental Sanitation Institute (ESI), Ahmedabad was the only Nodal Agency involved in co-ordinating the efforts. At present there are 7 Nodal Agencies, which are appointed by GWSSB to conduct the programme at the State level with the support of Implementing NGOs at the district level. Specific districts have been designated to each of the Nodal Agencies to conduct the programme. The GWSSB have rendered considerable work load and responsibility to these Nodal Agencies through a resolution issued to *hand over* the work of rural sanitation programme to the Nodal Agencies.

The implementing NGOs operating at the district level are required to submit to the Nodal Agency in charge of the district the following documents and enter into an agreement with the NGOs.

- 1 Name of institute, its address and field of activity
- 2 List of heads of the NGO's Managing Board, workers, etc
- 3 NGO's resolution stating that they are willing to take up the programme
- 4 Last year audit statement and annual report
- 5 Certificate of Registration from the Registrar of Societies.
- 6 List of villages in which NGO wanted to implement this programme along with Panchayat resolution from those villages

Once the above documents are received and validated, the agreement between the Nodal Agency and the Implementing Agency is formalised. Thereafter, the Nodal Agency gives the work order to the Implementing NGO to initiate the programme implementation.



The beneficiary households are selected by the Implementing NGOs. The household applications are scrutinised and approved after selection of the actual site of latrine construction by the field workers associated with the NGO. The Implementing Agency obtains the sanitary ware corresponding to the demand generated at the village level, on approval of a demand voucher by the Nodal Agency. The sanitary ware is supplied by registered suppliers of the GWSSB. The GWSSB has recognised 8 to 9 such suppliers at the State level. The latrines are subsequently constructed by the trained masons, under supervision of field workers. **It may be mentioned here that initial payment for the latrines are made either by the beneficiary household or the Implementing Agency as might be the case.**

In a typical case, the Implementing NGO, after constructing a few latrines, submits the completion report to the Nodal Agency for release of subsidy funds. The field workers from the Nodal Agency validates the latrines constructed and prepare a report to be submitted to the GWSSB. Inspection is then carried out by the Engineers of the GWSSB and on their approval, payment of subsidy and administrative charges are made to the Implementing NGO. **Subsequently the NGO reimburses the subsidy amount due to the individual beneficiary if the beneficiary had made the initial payment. Alternatively if the Implementing Agency had made the initial payments the fund accrues to it. It may be mentioned here that the Implementing Agencies have pointed out that it is difficult to work with a high amount of working capital as required in the CRSP programme. The depth discussions with the functionaries of the IA indicated that due to finance crunch the construction of poor households are often delayed.**

It may be noted here that the Nodal Agency only facilitates (does not purchase) the Implementing NGOs in procuring the sanitary sets required for this programme. The Implementing NGOs also facilitates individual households in procuring other materials such as bricks, sand, door, etc. for the super structure. The depth discussion with the IAs revealed that although the materials for civil works are available from the market, it is desirable to have a stock of the materials with the IAs

The Implementation procedure is depicted in **Figure – 3**.

### 2.3 3.2 Decentralised Market Mechanism in West Bengal

In West Bengal the programme is being implemented through a decentralised market mechanism supported by the Panchayati Raj and the Rural Sanitary Marts / Production Centres. The RSMs are managed by NGOs or the Panchayat Samity at the block level. The State level Coordination Cell is in-charge of the total monitoring and implementation of the programs

For the proper implementation of the sanitation programme Panchayat and Rural Development Department has established the District level Sanitation cell for evaluating and monitoring the work of the Rural Sanitary Marts in implementing the Sanitation Programme. Presently, all the districts in West Bengal have a District Sanitation cell



The Janasashtha Karmadhyaksha an elected member of the Zilla Parishad and the Additional Executive Officer are the two important functionaries of the District Sanitation Cell. The Sanitation Cell is headed by a District Co-ordinator (a retired Govt. servant or a servicing officer).

The concept of a District Sanitation Cell has been recently implemented and is in an evolutionary stage

The District level sanitation cell apart from overall monitoring of the programme is also responsible for timely release of funds and its utilisation by the Rural Sanitary Marts, organising awareness campaigns in collaborations with the Panchayat Samity / RSMs and other NGOs, selecting blocks for further CRSP coverage etc.

The programme originally focussed on the issue of community level demand generation for latrines, envisaged the concept of RSM established at the block level as a means to cater to the grassroots demand. But demand for latrines at the grassroots required exhaustive motivation activities. Since, in practice grassroots motivation is conducted by the RSMs, and the subsistence of the RSMs eventually depends on demand generation at the village level, the focus of the program has shifted to the RSMs. The establishment of RSMs are accompanied by the production centre (where sanitary wares are manufactured) The RSMs perform the crucial function of

1. Motivating the community to opt for latrines
2. Supply household sanitary latrines

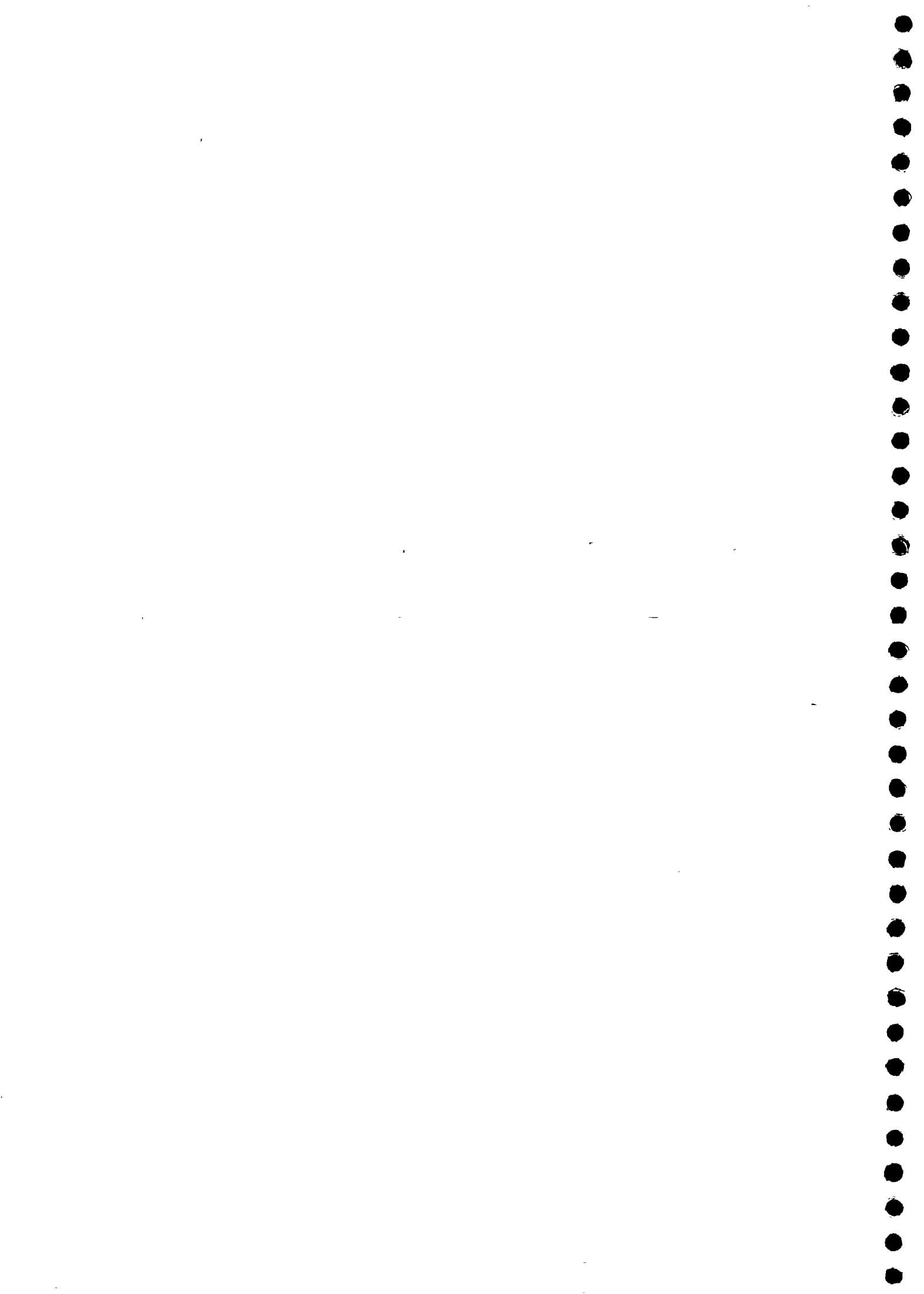
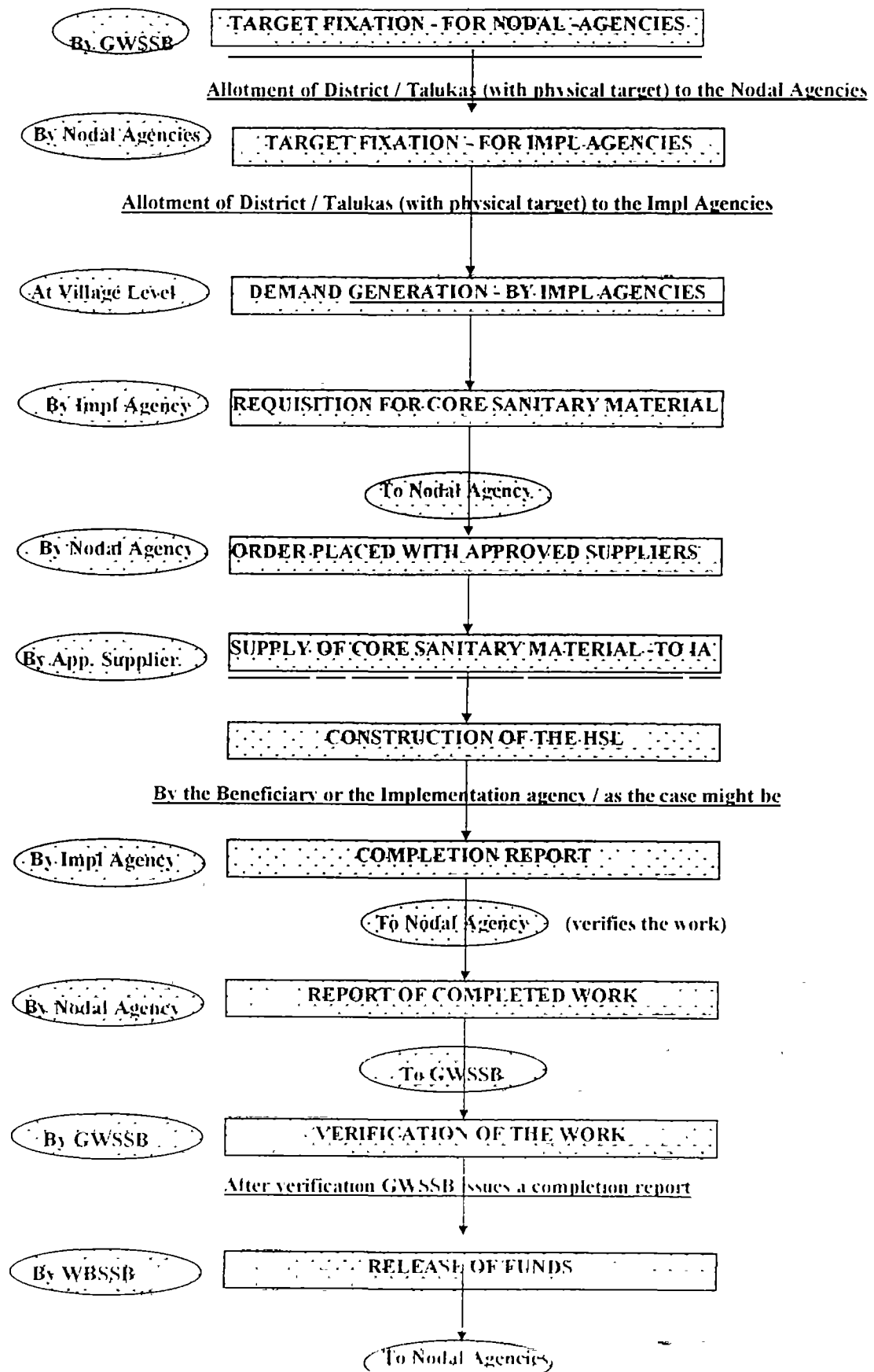


Figure 3 : Procedure of disbursement of latrines in Rural Areas -Gujarat



The funds are passed on to the beneficiary through the Implementing Agency





The level of community mobilisation would depend on the capacity of the RSM. Where the RSMs are managed by capable NGOs, the degree of community mobilisation is comparatively high.

The establishment by the RSMs are supported by the State Government under the CRSP and in some cases by the UNICEF. The RSMs receive an seed fund of Rs. 2.49 lakhs (approx). cash  
fund  
2.301

In the first installment an amount of Rs. 96,000 is disbursed to the RSMs to set up the production centre. This includes fund for training of motivators / masons and managerial support.

There after the balance amount of Rs. 1.53 lakhs is disbursed in 2 installments. This includes an interest free loan of approximately Rs. 1 lakh towards developing a stock of items to be traded by the Marts. This loan is estimated to be one-fourth of the annual turnover of a typical RSM.

It may be pointed out that apart from support on

	1	Salaries of the 3 Mart Managers (@ 750/-	-	Rs. 36,000
	2	Publicity and Marketing Support	-	Rs. 9,200
	3.	Cost for Motivation Campaigns	-	Rs. 13,000
and	4	Training and Orientation	-	Rs. 12,000
				Rs. 70,200

the RSMs are expected to generate some profit for their own sustenance. The RSMs charges Rs. 20/- per latrine for every latrine costing upto Rs. 800 and Rs. 30/- each for every latrine more than Rs. 800. The program envisaged that a typical RSM would generate a net annual profit of Rs. 2,200 (approximately).

In Practice the beneficiary is initially motivated not to go for open defecation and subsequently opt for latrines. Once the beneficiary is prepared to opt for a latrine the beneficiary households deposit to the RSM the beneficiary contribution in monthly installments. The RSMs either receive fund from the Panchayat to construct subsidised latrines or the subsidy amount is given to the beneficiary which is eventually handed over to the RSMs.

The Institutional Arrangement is exhibited in **Figure - 4**

**2.3.4 Trends in Latrine supply in West Bengal and Gujarat**

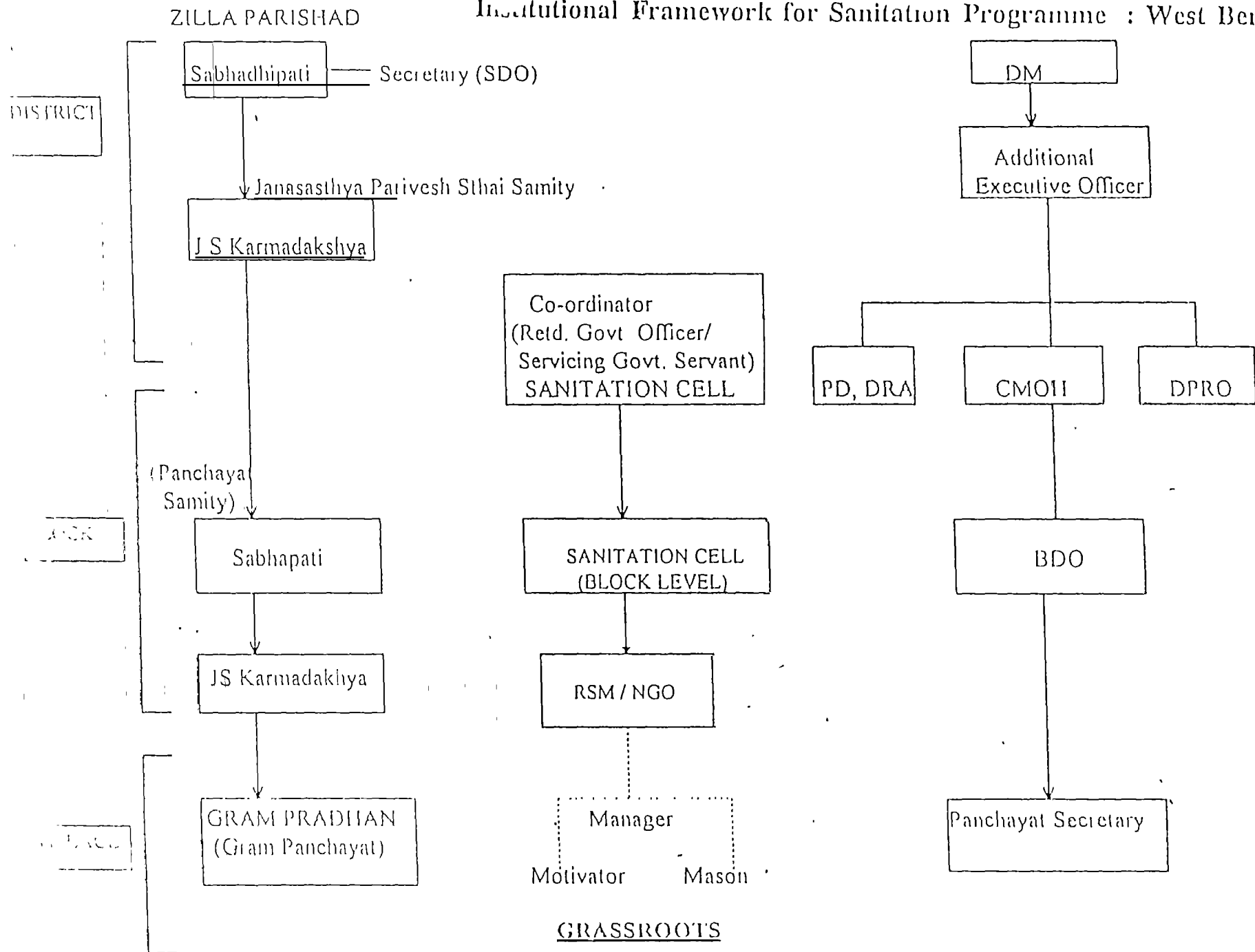
The impact of the two different strategies of non-subsidised latrine supply in West Bengal and subsidised latrine supply in Gujarat in terms of temporal trends supply is reflected in the table below.

	West Bengal	Gujarat
Till 1993	23,177	58,965
1993 - 1994	19,571	15,221
1994 - 1995	37,010	16,804
1995 - 1996	74,788	36,500
1996 - 1997	1,17,123	29,541
Total	2,71,669	1,57,031
1993 - 1997	1,94,192	98,066



**FIGURE - 4**

**Institutional Framework for Sanitation Programme : West Bengal**





It is evident that a higher share of the allocated fund has been dedicated to households below poverty line. It may nonetheless be noted that a sizeable proportion of the State's share for the sanitation programme promoted households above the poverty line

**2.4.1 A Comparative Analysis of the Policy Implications in West Bengal and Gujarat is narrated below:**

It is imperative that policy formulations at the State level influences the progress of the programme to a large extent. The principle aim of CRSP is to saturate the population by latrine coverage. An attempt has been made here to compare and find out the policy components that contribute to meet the objectives of the CRSP at the State level

Aspects	West Bengal	Gujarat
Delivery mechanism	Decentralised delivery mechanism with retail outlets (RSMs) at the block level	Decentralised delivery mechanism but no retail outlets at the grassroots. The NGO functionaries contacts potential households during village visits
Model and Cost of Latrine	Several models of latrine with corresponding price levels to cater to households of different economic backgrounds. A flat rate of subsidy is provided to all household below poverty line	A single model of two pit latrine with specifications for civil works priced at Rs 2700. Differential subsidy rate for different categories of beneficiaries
Fund Allocation	The aggregate of Centre's share of CRSP fund and State's share of MNP fund is put together to launch the CRSP program	The CRSP fund caters to households living below the poverty line. The MNP fund caters to households who are not covered by the CRSP fund (people above poverty line)
Terms of Payment for Latrine	Beneficiary contribution collected before latrine is constructed	Beneficiary contribution is collected after latrine is constructed
Subsidy	Flat rate of subsidy for all households in BPL category	Differential rate of subsidy for households belonging to different categories
Perceived Role of NGO	Permanent retail outlets are envisaged at the block level	There is an absence of long-term perspective to saturate the population with sanitation facility



### Chapter - III

## The Role of Principal NGOs, the UNICEF and aspects related to IEC and training

In this chapter an attempt has been made to identify and delineate the role of the key stakeholders of the program with special reference to the progress of the CRSP program in the two states of West Bengal and Gujarat. The analysis begins with an account of the macro level scenario of latrine supply in the two States. In this context the role of the principal stakeholders are discussed. Finally a comparative analysis of the role players in the two States has been documented.

### 3.1 A Macro level Analysis of the Sanitation Program: A case study of West Bengal

The Sanitation programme in West Bengal was launched by the State government in the year 1989-90 with an aim to saturate all the 341 blocks in the state through the establishment of Rural Sanitary Marts (RSMs) one each for every block. Establishments of RSMs ensured efficient supply mechanism and hence the rapid coverage by the programme. Presently, out of all the 341 blocks it has been possible to initiate the programme in 194 blocks with the target of saturating all the remaining blocks by 1999-2000. The Table 3 depicts the present scenario of the physical performance under the rural sanitation programme in West Bengal.

**Table - 3**  
**Physical Performance Under Rural Sanitation Programme in West Bengal**

Name of District	San.mart Established Upto 15.03.98	No. of Sanitary Latrines Constructed				Total Upto Mar'97	1997-98 Dec'97
		1993-94	1994-95	1995-96	Upto 1996-97		
24-PGS(N)	11	61	2249	3035	5285	10630	3449
24 PGS(S)	19	28	1138	3551	8299	13016	8411
BURDWAN	14	-	157	3163	5062	8382	3415
PURULIA	06	-	50	-	411	461	94
BANKURA	03	81	662	799	2086	3628	423
HOOGLY	18	-	1532	8595	8742	18869	428
MIDNAPORE	54	19390+ 23177*	28251	44666	51394	166878	288
HOWRAH	08	-	2479	4734	19689	26902	1345
NADIA	09	-	92	600	2419	3111	2282
MURSHIDABAD	10	-	118	1904	5668	7690	2048
D. DINAJPUR	02	07	79	3307	441	3834	445
JALPAIGURI	05	-	70	434	1153	1657	1975
BIRBHUM	10	04	133	-	1322	1459	590
MALDA	07	-	-	-	4871	4871	186
U. DINAJPUR	05	-	-	-	151	151	894
DARJEELING (SILIGURI MP)	01	-	-	-	130	130	44
COOCHBEHAR	12	-	-	-	-	-	Nil
<b>TOTAL</b>	<b>194</b>	<b>19571</b>	<b>37010</b>	<b>74788</b>	<b>117123</b>	<b>271669</b>	<b>72506</b>

#### Remarks

- Intensive Sanitation Programme started in Midnapore in 1990. Hence the figure 23177 indicates the number of Sanitary Latrines constructed during 1990 to 1993 (1990-91 = 1201, 1991-92 = 4853 & 1992-93 = 17133)





3.1.1 The case of Medinipur

The rural sanitation profile in Medinipur is largely influenced by the activities of the ISP supported by UNICEF and facilitated by RKMLSP.

The policy formulation of the RKMLSP may be best described as phased intervention in small pockets and achievement of total sanitation coverage in such pockets. Thus to begin with the RKMLSP had taken up a few villages in the Contai, Tamluk and Kharagpur subdivision and concentrated all IEC activities in those villages to motivate the entire community to opt for Household Sanitary Latrines. In selected blocks in the subdivisions mentioned above, Rural Sanitary Marts were set up to meet the local demand for latrines. While selecting the areas of operation preference was given to the Gram Panchayats which are proactive and Gram Panchayat which are bestowed with vibrant local clubs. The activities of the Mission was then expanded around the foci of success obtained in the pockets of intervention selected initially.

The table depicts the picture of the latrine construction by the RSMs operated by the RKMLSP. Between 1990 - 1993, the ISP program envisaged to build low cost latrines without any subsidy. Since 1993, with the inception of the CRSP, a low cost subsidy component is given to the beneficiary household. However, households that do not qualify for the CRSP latrines continued to opt for latrines without subsidy. In the tables below the self financed latrines are those which are built without subsidy.

Table - 4.1  
RKMLSP vis-a-vis Programme Performance in Medinipur - 1990 - 1993  
Contai Sub Division

Name of Sub Divn	Sl No	Name of the Blocks	CUMULATIVE								Grand Total
			Self Financed				C.R.S.P.				
			Gen	SC	ST	Total	Gen	SC	ST	Total	
Contai	1	Contai - I	1538	300	0	1838	3292	234	0	3526	5364
- Do -	2	Contai - II	1186	73	0	1259	3671	334	0	4005	5264
- Do -	3	Contai - III	1255	114	0	1369	2127	110	0	2237	3606
- Do -	4	Ramnagar - I	787	111	0	898	2329	131	0	2460	3358
- Do -	5	Ramnagar - II	2126	231	0	2357	5125	1286	0	6411	8763
- Do -	6	Egra - I	2071	121	8	2200	6921	411	71	7403	9603
- Do -	7	Egra - II	1870	178	0	2048	3653	279	22	3954	6002
- Do -	8	Patashpur - I	1798	150	3	1951	5068	504	09	5581	7532
- Do -	9	Patashpur - II	2633	186	15	2834	4678	136	08	4822	7556
- Do -	10	Bhagwanpur - I	2432	834	13	3279	1711	616	0	2327	5606
- Do -	11	Bhagwanpur - II	2801	414	0	3215	3234	234	0	3468	6683
- Do -	12	Khejuri - I	724	242	0	966	1924	497	32	2453	3419
- Do -	13	Khejuri - II	446	281	0	727	1318	619	48	1985	2712
Sub Total						24941				50632	75573

3274 = 13%

5341 = 11%  
5581



**Table - 4.2**  
**RKMLSP vis-a-vis Programme Performance in Medinipur – 1990 –1993**  
**Jhargram Sub Division**

Name of Sub Divn	Sl No	Name of the Blocks	CUMULATIVE								Grand Total
			Self Financed				C.R.S.P.				
Jhargram	14	Jhargram	111	60	54	225	51	71	35	158	383
- Do -	15	Binpur - I	106	13	16	135	135	31	37	203	338
- Do -	16	Binpur - II	107	96	68	271	88	142	95	325	596
- Do -	17	Jamboni	28	10	09	47	0	0	0	0	47
- Do -	18	Gopiballavpur - I	195	68	43	306	443	281	218	948	1254
- Do -	19	Gopiballavpur - II	210	53	42	305	334	155	116	605	910
- Do -	20	Nayagram	154	116	79	349	122	119	64	305	654
- Do -	21	Sankarail	322	157	77	556	310	215	187	712	1268
<b>Sub Total</b>						<b>2194</b>				<b>3256</b>	<b>5450</b>

**Table - 4.3**  
**RKMLSP vis-a-vis Programme Performance in Medinipur – 1990 –1993**  
**Tamluk Sub Division**

Name of Sub Divn	Sl No	Name of the Blocks	CUMULATIVE								Grand Total
			Self Financed				C.R.S.P.				
Tamluk	22	Tamluk - I	650	05	17	672	2333	85	12	2430	3102
- Do -	23	Tamluk - II	2819	77	67	2903	11457	172	12	11641	14544
- Do -	24	Panskura - I	541	167	89	791	2167	305	204	2676	3473
- Do -	25	Panskura - II	769	39	12	820	1577	67	02	1646	2466
- Do -	26	Nahoakumar	4166	335	37	4538	3687	458	55	4200	8738
- Do -	27	Nandigram - III	3007	295	0	3302	520	02	0	522	3824
- Do -	28	Moyna	461	838	0	1299	1955	297	02	2254	3553
<b>Sub Total</b>						<b>14331</b>				<b>25369</b>	<b>39700</b>

**Table - 4.4**  
**RKMLSP vis-a-vis Programme Performance in Medinipur – 1990 –1993**  
**Medinipur Sub Division**

Name of Sub Divn	Sl No	Name of the Blocks	CUMULATIVE								Grand Total
			Self Financed				C.R.S.P.				
Midnapur (S)	29	Midnapur (S)	675	136	102	913	1242	526	439	2207	3120
- Do -	30	Salboni	183	93	15	327	15	21	13	49	376
- Do -	31	Garbeta - I	253	279	103	653	315	293	66	674	1327
- Do -	32	Garbeta - II	75	101	64	240	19	32	12	63	303
- Do -	33	Garbeta - III	43	34	26	103	209	102	42	353	456
- Do -	34	Keshpur	1063	472	164	1699	2904	1508	325	4737	6436
<b>Sub Total</b>						<b>3935</b>				<b>8083</b>	<b>12018</b>

**Table - 4.5**  
**RKMLSP vis-a-vis Programme Performance in Medinipur – 1990 –1993**  
**Kharagpur Sub Division**

Name of Sub Divn	Sl No	Name of the Blocks	CUMULATIVE								Grand Total
			Self Financed				C.R.S.P.				
Kharagpur	35	Kharagpur - I	75	63	52	190	358	148	78	584	774
- Do -	36	Kharagpur - II	644	232	197	1073	1857	730	446	3033	4106
- Do -	37	Datan - I	32	12	18	62	716	157	90	963	1925
- Do -	38	Datan - II	512	56	89	657	3218	313	119	3650	4307
- Do -	39	Narayangarh	1084	330	312	1726	3349	1127	924	5400	7126
- Do -	40	Keshari	39	16	03	58	1384	566	352	2302	2360
- Do -	41	Pingla	1626	369	211	2206	3623	781	770	5174	7380
- Do -	42	Sabong	2527	604	165	3296	3365	683	286	4634	7930
- Do -	43	Mohonpur	75	10	01	86	1805	149	43	1997	2083
- Do -	44	Debra	3632	496	1033	5161	1124	934	1545	6603	11761
<b>Sub Total</b>						<b>14515</b>				<b>34340</b>	<b>48855</b>



Table - 4.6  
RKMLSP vis-a-vis Programme Performance in Medinipur – 1990 –1993  
Ghatal Sub Division

Name of Sub Divn	Sl No	Name of the Blocks	CUMULATIVE								Grand Total
			Self Financed				C.R.S.P.				
Ghatal	45	Ghatal	405	184	12	601	1643	534	69	2245	2946
- Do -	46	Chandrokhana - I	561	332	29	922	884	425	43	1352	2274
- Do -	47	Chandrokhana - II	651	417	103	1171	1105	306	47	1458	2629
- Do -	48	Daspur - I	1963	393	40	2396	1808	708	92	2608	5004
- Do -	49	Daspur - II	712	81	0	793	1598	414	75	2087	2880
<b>Sub Total</b>						<b>5883</b>				<b>9750</b>	<b>15633</b>

Table - 4.7  
RKMLSP vis-a-vis Programme Performance in Medinipur – 1990 –1993  
Haldia Sub Division

Name of Sub Divn	Sl No	Name of the Blocks	CUMULATIVE								Grand Total
			Self Financed				C.R.S.P.				
Haldia	50	Sutahata - I	1185	82	0	1267	1881	519	15	2415	3682
- Do -	51	Sutahata - II	425	141	0	566	1700	305	10	2015	2581
- Do -	52	Nandigram - I	2586	1024	0	3610	3871	649	50	4570	8180
- Do -	53	Nandigram - II	1841	481	0	2322	1983	639	25	2377	4699
- Do -	54	Mahishadal	2139	425	11	2566	4302	692	16	5010	7576
- Do -	55	H. N. A A	73	20	0	93	92	08	0	100	199
<b>Sub Total</b>						<b>10430</b>				<b>16487</b>	<b>26917</b>

The total number of latrines built through the Rural Sanitary Marts in Medinipur are 2,24,146 out of which 76,229 are self financed and 1,47,917 are under the CRSP. It may be pointed out that self financed or private latrines are built through private masons and a UNICEF estimate indicates that the ratio of private latrine and programme supported latrines about 1:2. Evidently, a large number of private latrines are built through the Rural Sanitary Marts, which contributes to the viability of the Rural Sanitary Marts

It has been pointed out by RKMLSP that before the implementation of the CRSP even poor households were motivated to build zero-subsidy latrines. But since the inception of CRSP, the community in general wants to opt for subsidy given its availability

It may also be pointed out that self-financed or private latrines are also build in large numbers (estimated by RKMLSP as twice as much as CRSP) by the local masons

The initiatives of the UNICEF in Medinipur popularly termed as the Intensive Sanitation Programme (ISP) has been discharged through the RKMLSP. The ISP promoted a low cost zero subsidy latrine programme fundamentally to decrease the incidence of open defecation. The impact of use of latrines was to be manifested in reduction of Infant Mortality Rate and Water Borne Diseases. Evidently the program had a strong focus on the soft ware component and proposed models of latrines which were inexpensive and could be constructed by local masons



A unique 3 tier Organizational Structure was set up comprising of RKMLSP, Cluster Organisations (Consortiums of voluntary Youth Clubs) and Youth Clubs (village level). Cluster Organisations are set up within Community Development (CD) Blocks. In the Medinipur district 11 CD Organisations have been formed over 54 Blocks through 1027 Youth Clubs. Presently nearly 5000 villages have been covered by these 1027 Youth Clubs.

A key factor behind the success of the RKMLSP is contained in the policy of involving local youth clubs in social mobilisation of the community to suspend open defecation. The popularity of the youth clubs at the local level have been best utilised to achieve the goals of the programme. This policy is in sharp contrast to the grassroots institution building efforts taken up in many parts of the country where new groups are conceived and formulated to facilitate community participation.

### 3.1.2 Sustainability of Rural Sanitary Marts in West Bengal

The Rural Sanitary Mart is the cornerstone of the decentralised supply of household sanitary latrines in rural West Bengal. The present policy guidelines governing the CRSP in West Bengal envisages the Marts as the Institution responsible for motivating the rural population to opt for latrines, develop and execute IEC strategies for this purpose and supply the household sanitary latrines. Every RSM is attached to a production centre where different components of the sanitary latrine are manufactured.

The RSMs in West Bengal are ideally located at the block level and are earmarked to serve the villages within the block. The operation of the RSMs is monitored by the State Co-ordinator of the Sanitation Cell at the State level. These marts are sponsored either by the UNICEF or under the CRSP programme. In most cases the RSMs are operated by the NGOs and in absence of NGOs Zilla Parishad (District Panchayat) runs them.

The composition of fund available to the RSMs is as follows.

Development of production infrastructure	Rs 61,000
Revolving Fund for manufacturing and holding stock	Rs 1,08,500
Publicity and marketing support including renting some extra space for showroom, communication and awareness generation	Rs 24,700
Training and orientation	Rs 19,500
Managerial support for 2 managers @ Rs 750 per month for 2 years	Rs 36,000
<b>Total</b>	<b>Rs 2,49,700</b>

The moot issue is the sustainability of the RSMs. In Gujarat the Nodal Agencies which operates over a comparatively larger area have argued that the incentive to execute a latrine program is often not adequate. In West Bengal also the profit margin envisaged for the RSMs are apparently inadequate.





The annual cash flow of the sanitary marts as envisaged by the CRSP policy in West Bengal is as follows:

**Table - 5**  
**Annual Cash Flow of Sanitary Mart (State Norm)**

Annual Expenditure of the Mart	Amount (Rs)
1. Salary of 2 mart managers @ Rs 750 p m. per manager	18,000
2 Cost of electricity @ Rs 100 p m	1,200
3 Rent of showroom @ Rs 300 p.m.	3,600
4. Publicity, etc (lumpsum)	5,000
5 Other expenses eg stationery, stamp, etc (lumpsum)	3,000
<b>Annual Gross Profit</b>	
1. Profit earned from latrine	
a) 700 nos squatting plates @ Rs 20 per plate	14,000
b) 300 nos other latrines @ Rs 30 per plate	9,000
2. Profit from the turnover on other items ( 10% profit on annual turnover of Rs 1,00,000)	10,000
<b>Net annual Profit</b>	
Rs 2,200 (Rs 33,000 – Rs 30,800)	
(Rupees two thousand two hundred only)	

} 30,800  
} 33,000

The above table gives a normative picture of a typical RSM in West Bengal as perceived by the policy makers. It may be pointed out that the annual expenditure of the Mart as shown below

◆ Salary of 2 Mart Managers @ Rs.750 per month per manager	Rs.18000
◆ Establishment Cost (Electricity etc.)	Rs 1200
◆ Rent of Showroom	Rs 3600
◆ Publicity	Rs 5000
◆ Other Expenses	Rs. 3000
<b>Total Expenditure</b>	<b>Rs30,800</b>

is subsidised by the Government for the first two years. During this time the mart establishes itself by making an annual profit of Rs.33000 per year (as estimated in Table 10) and this serves as the financial foundation (also called revolving fund) of the Mart. The viability and profitability of RSMs depends on

the sale of high cost latrines, wherein a profit of Rs.30 per squatting plate is made and

the sale of low cost latrines wherein a profit of Rs 20 per squatting plate is made

The viability of a RSM can be best demonstrated by citing the example of Medinipore since they are operating over a period of 8 years and have attained sustainability. It may be pointed out here that the RSMs in Medinipur have developed a Revolving fund over the years to take care of the establishment and Administrative expenditures. The cases of the Marts presented here depicts the profit made through sale of latrines over the period April '98 to July '98



**Table - 6**  
**Sale of Latrine in 2 RSMs in Contai Division (Medinipur) during April – July 1998**

RSM Blocks	High Cost Latrine (Nos)	Profit (Rs)	Low Cost Latrine (Nos)	Profit (Rs)	Total Latrine (Nos)	Total Profit (Rs)
Baghwanpur-I	25	750	118	3540	143	4290
Khejuri - II	35	1050	205	4100	340	5150

This table does not depict an income – expenditure scenario of the RSM as such data was not readily available with the Mart Managers. However the pattern of sale of latrines depicts the revenue generated quarterly. The Mart Managers said that they have an annual target of selling at least 3000 high cost latrines annually to maintain a high profit margin. Apart from construction of latrines the RSMs also has earnings pertaining self financed latrines and upgradation of latrines. It may be mentioned here that the RSMs here are marketing other sanitary items and substantial profit margin is maintained in those areas also. A consolidated account of all revenue income is not readily available with the RSMs. However, from the case of Medinipur it may be inferred that the average minimum income of the RSM (in a matured stage) varies between Rs.4500 to Rs.5500 per quarter (3months).

Similar profile of RSMs is expected to emerge in other parts of the State where the RSMs are still going through a gestation period to attain sustainability. An account of the age of the RSMs in the State excepting Medinipur and Cooch Behar is given below:

**Table - 7**  
**Age of Rural Sanitary Marts in West Bengal**

Year	No. of RSMs Formed	Percent to total
1993 – 94	11	9
1994 – 95	43	35
1995 –96	27	22
1996 – 97	23	19
1997 – 98	18	15

It may be noted that most RSMs were established between 1994-96 and are still in their gestation period as suggested by our rapid appraisal of RSMs in the survey districts.

### 3.2 Capacity Building of the Rural Sanitary Marts

It may be noted that the process of capacity building of RSMs is a key input towards ensuring sustenance of the RSMs. In this respect training of Mart Managers, Motivators and Masons are provided by the State Institute of Panchayat and Rural Development, Kalyani (SIPRD). The SIPRD is the nodal agency monitoring the CRSP at the state level. The State Co-ordinator, Sanitation at the SIPRD is responsible for the setting up of the RSMs at the Block level.



The activities of the RSMs are monitored by the District Co-ordinator Sanitation and a composite report at the District level is submitted to the State Co-ordinator at SIPRD. Apart from monitoring of the program vis-à-vis RSMs, the principal responsibilities of the State Co-ordinator are

- ◆ Developing IEC materials for the Sanitation Program and
- ◆ Providing capacity building inputs to the functionaries involved in the program

Apart from the SIPRD the above mentioned activities are also undertaken by the RSMLSP. All activities undertaken through the CRSP program is centrally documented by the SIPRD. The State Co-ordinator Sanitation reports to the Jt Secretary, Panchayat and Rural Development, Government of West Bengal.

The principle mode of community level awareness generation is practiced inter personal interactions i.e., at the micro level. The State Government have not taken up IEC activities at the macro level to supplement the micro level efforts since it is envisaged that a mass based campaign would abruptly enhance the demand for latrines and the supply side is not organised to meet that demand at present.

Every RSM have motivators who undertake the responsibility of social marketing of latrines. For household they convince to opt for a latrine they earn an honorarium (incentive) of Rs 40. Apart from motivators community level capacity building is encouraged through training of masons for constructing latrines. At the state level the capacity building scenario is depicted below:

**Table - 8**  
**Capacity Building at the Grassroots by SIPRD**

Year	Managers		Motivators		Masons	
	No. of training held	Participants trained	No. of training held	Participants trained	No. of training held	Participants trained
1994 - 95	NA	NA	NA	NA	NA	NA
1995 - 96	3	67	2	42	Off campus NA	Off campus NA
1996 - 97	2	60	1	15	Off campus NA	Off campus NA
1997 - 98	5	137	1	32	Off campus 3	Off campus 60

NA, not available

However there are reports of a very high rate of turnover of motivators and masons, mostly because the income component particularly in areas where demand is depressed is considered inadequate.

### 3.2.1 Training Programme organised by RKMLSP functioning in Medinipur

Training for Mart Managers and Motivators was initially conducted by solely RKMLSP with the inception of the Intensive Sanitation Programme in Medinipur (1990). But at present the training is conducted by SIPRD for West Bengal (for incumbents under the CRSP) and RKMLSP also provides training for the Mart Managers supported in Medinipur.



A depth discussion with the Sanitation Co-ordinator of RKMLSP revealed the capacity building policy adopted by this NGO. The salient features are documented below

*Selection* of the Mart Managers and the Motivators are based on the following criteria to ensure optimal performance of the Sanitary Marts and lower drop out rates of functionaries particularly the Motivators.

- service orientation
- prior involvement in development projects or social mobilisation activities
- acceptability of the motivators / mart managers by the local people
- lower degree of political affiliations
- good communication skills

*(It may be mentioned here that selection of Mart Managers and the Motivators for participating in the training programme is undertaken on the basis of recommendations from the Panchayat)*

According to the RKMLSP the areas which needs specific attention are as follows.

- lack of proper field exposure during the training period
- lack of reorientation programmes for further capacity building
- lack of regular monitoring and follow-up actions
- need for residential training
- Decentralisation of the training programmes and to be organised at the district level

**Presented below is a typical format for a 3 days training programme conducted by the RKMLSP.**

*Training Programme As Conducted by RKMLSP in Medinipur*

Duration 3 days

*First Day* : Components of the training programme

1. Discussion on the need for Rural Sanitation, hygiene and health-impacts
2. Objectives of the programme
3. Benefits of the programme
4. Determining specific areas of operation for the mart managers and the motivators
5. Distribution of a questionnaire to the mart managers and motivators for needs assessment of the community





At the end of the day 1, the participants are sent to the field with a Semi-structured Questionnaire as shown below. The participants are sent to the field (area to which they belong) to collect information on

- ◆ Demand for latrine
- ◆ Demand for superstructure
- ◆ Why certain households are not opting for latrine

*(The Semi-Structured Questionnaire designed for Needs Assessment is given below :*

Name of the respondent: (and other background information)

1. Do you have a latrine
2. If yes, under which programme have you obtained the latrine?
  - subsidised
  - self financed
3. Physical condition of the latrine
  - whether latrine constructed has been complete
  - whether superstructure of the latrines have been built
  - the extent of latrine use by the household members
4. If no, do you want a latrine?
  - Demand for latrine / willingness
  - Affordability
  - Time of payment
5. Reasons for not opting for a latrine.)

***The Second day***

The second day's training is organised after a gap of 7 days where the Mart Managers and the Motivators report with the primary data generated on administering the questionnaire

The Components of the Training in the second day are

1. Analysis of the data that is generated
2. Assessment of the demand for latrines
3. Drafting motivational strategies pertaining to specific areas identified in the previous day supplemented by field based needs and problems faced
4. Target fixation and Plan of Action

***The Third Day***

Field visits are made by the Mart managers and the Motivators to undertake the following activities

1. Households interested to construct latrines are contacted and subscription is collected
2. Households who require support in the construction of superstructure or latrine installation is contacted



Thus after the completion of the training programme the Mart managers and the Motivators have considerable knowledge about the present status of their area of operation, extent of willingness of the households to opt for latrines and the background information for the formulation of IEC strategies / Plan of action to generate further demand for latrines.

An account of the training programme conducted by the RKMLSP is appended below:

**Table – 9**  
**Training Programme conducted by the RKMLSP FOR Medinipur District**

SI No	Name of Course	No of Course			Participants		
		This Section	Cumulative		This Month	Cumulative	
			Since Inception	From April'97		Since Inception	From April'97
01	Motivators Training	0	196	8	0	6774	288
02	Village Mason Training	0	58	0	0	1231	0
03	Seed Mason Training	0	2	0	0	32	0
04	Youth Club Leaders Orientation	0	152	3	0	4479	78
05	Orientation of ISP Accounts	0	14	0	0	346	0
06	Training on Smokeless Chullah Const.	0	119	1	0	2844	30
07	Training on Tata Hand Pump Install	0	3	0	0	41	0
08	Tara Hand Pump Caretaker Training	0	56	2	0	1200	29
09	Project Personnel Orientation	0	6	0	0	251	0
10	Orientation of Panchayat Members	22	238	65	715	13895	2808
11	Training Workshop on ISP Songs	0	6	0	0	153	0
12	Refresher Course on ISP Accounts	0	5	1	0	170	40
13	Tara Hand Pump Water Committee's Orientation	1	54	7	23	1439	151
14	Training for Task Force (Motivators)	0	4	0	0	143	0
15	Training for ORS Depot Holders	17	136	38	644	5369	1488
16	Mason Training on Biogas Construction	0	5	0	0	72	0
17	Orientation on Biogas for Project Personnel	0	4	0	0	77	0
18	Training for Task Force (THP Caretaker)	0	5	1	0	150	48
19	Training for Tara Hand Pump Caretaker Under Zilla Parishad	0	68	6	0	1914	192
20	School Orientation on Sanitation	0	50	1	0	31086	604
21	Direct Level Panchayat Members Orientation	0	1	0	0	351	0
22	Orientation of Village Opinion Leaders	78	1793	134	2498	59446	4487
23	Workshop on CDD-WATSAN Log Frame Analysis	1	1	1	74	74	74
<b>Total</b>		<b>119</b>	<b>2976</b>	<b>268</b>	<b>3954</b>	<b>131537</b>	<b>10317</b>

(Source: Progress Report for the month of July 1997)



3.2.2 *IEC Strategies used to activate the latent / dormant need for latrines*

An area concentrated approach is adopted (inputs concentrated on 2 - 3 Gram Panchayats) and an IEC strategy and action plan is drafted

Mass scale intensive campaigns are carried out on a regular basis for the initial 2 - 3 months after the launch of the programme, networking with the different local clubs present in the selected area to generate demand and activate the dormant need. The IEC tools are

1. Regular *housevisits* to the households who are nonusers of latrines to facilitate personal interaction and rapport building and regular follow up
2. Use of Flash Cards disseminating messages on
  - Disease transmission - the cause of diarrhoeal diseases
  - Transmission routes
  - open defecation as the root cause of the diarrhoea
  - Social issues pertaining to privacy of women and convenience
3. Mobilising the Panchayat Samity officials, Gram Panchayat Members and the local clubs disseminating about the programme and the future plan of action
4. Wall Writings on the issue of the need for sanitation (messages on the need for latrines evolved with the help of local school teachers and school children) and the different models of latrine provided under the scheme
5. Video shows on disease transmission
6. organisation of motivation camps (primarily focussed on the use and the different latrine models available under the scheme)
7. Street Plays
8. Sanitation Songs
9. Group Pressure (groups comprising of motivators from the RSMs, local political leaders, school teachers, panchayat members, AWW workers)

The most effective tool for demand generation as envisaged RKMLSP are house visits, women's privacy and convenience and group pressure. *Group pressure* is regarded as the ultimate tool of activating the latent need for latrines



Table - 10  
IEC Programme conducted by the RKMLSP in Medinipur

Sl No	Name of Course	No. of Activities			Participants	
		This Month	Cumulative		Cumulative	
			Since Inception	From April'97	Since Inception	From April'97
01	Motivation Camp	6	2987	69	1804992	41676
02	Exhibition	1	518	7	259088	35095
03	Wall Writing	129	12056	396	7231140	237637
04	Video and Slide Show	4	1862	72	1117375	43209
05	Home Visit	6796	691173	34720	3477823	174765
06	Song's Squad Programme	5	1930	66	1174498	40163
07	Group Meeting	129	6413	478	211629	15778
08	Mothers Meeting	1	281	14	9289	479
09	District Level Reorientation Meeting	1	11	4	618	243
10	Cluster Level Reorientation Meeting	0	51	0	1895	0
11	Publicity Through Local Newspaper	0	8	0	80000	0
<b>Total</b>		<b>7072</b>	<b>717290</b>	<b>35826</b>	<b>15368347</b>	<b>589045</b>

(Source: Progress Report for the month of July 1997)

### 3.3 Community Perception on Rural Sanitary Marts in West Bengal

In this section the viability of the Rural Sanitary Marts have been verified on the basis of community response to utility and effectiveness of the Marts only for West Bengal. The RSMs have been designed to cater to the community level needs at the block level in a decentralised manner. The consequence of having a retail outlets at the block level have been manifested by nearly 99 percent of the respondents having no knowledge of any agency above the block level responsible for the sanitation program. The success of the RSMs is further established when nearly 78 percent respondent said either a NGO or the Panchayat is responsible for executing the latrine program. It may be recalled that in certain districts the RSMs are operated by the Panchayats.

Table - 11  
Community perception on Implementing Agency of the Latrine Program

At the district level		At the block level	
	% of Respondents		% of Respondents
NGO	1.4	NGO	34.3
Panchayat	0.1	Panchayat	44.1
DK/CS	98.5	DK/CS	21.6
Total (N)	648	Total	648

Don't know?





While inquiring about the process of facilitation extended by the RSMs vis-à-vis satisfaction of the user groups it was revealed that nearly 68 percent latrines surveyed were build by household employed masons. It may be noted that the responses were recorded for 513 latrines, which were constructed

**Table - 12**  
**Agent/Agency used for Latrine Construction**

Source	Percent of respondents
Government Agency	0.8
Household members	3.9
Household employed masons	67.6
Private Contractor	8.6
Others	0.7
N A	18.4
<b>Total (N)</b>	<b>648</b>

About 54 percent latrine owners procured building and other materials from RSMs run by NGOs while nearly 37 percent RSMs procured materials from the RSMs run by Panchayat. Only 8.5 percent respondent said they have procured materials from the open market, which is presumably for the purpose of upgradation of latrines.

**Table - 13**  
**Procurement of Construction Material for Latrine Construction**

Source	Percent of Respondent
RSM / Production Centre operated by RSM	53.8
Operated by Panchayat	36.6
Hardware Shop / open market	8.5
DK/CS	1.1
<b>Total (N)</b>	<b>648</b>

It was found that about 72 percent respondents could access a RSM within 5 kms from their place of residence.

**Table - 14**  
**Access to a Rural Sanitary Mart**

Distance	Percent of Respondent
0 to 2 Km	42.8
2.1 to 5 Km	29.6
Above 5 Km	23.3
Can't say	4.3
<b>Total (N)</b>	<b>648</b>



The Gram Panchayats and local Youth Clubs/NGOs were the main source of knowledge regarding the existence of a RSM. The performance of the RSM appeared to have a very satisfactory impact on the latrine owners.

Table - 15  
Source of Information on Rural Sanitary Mart

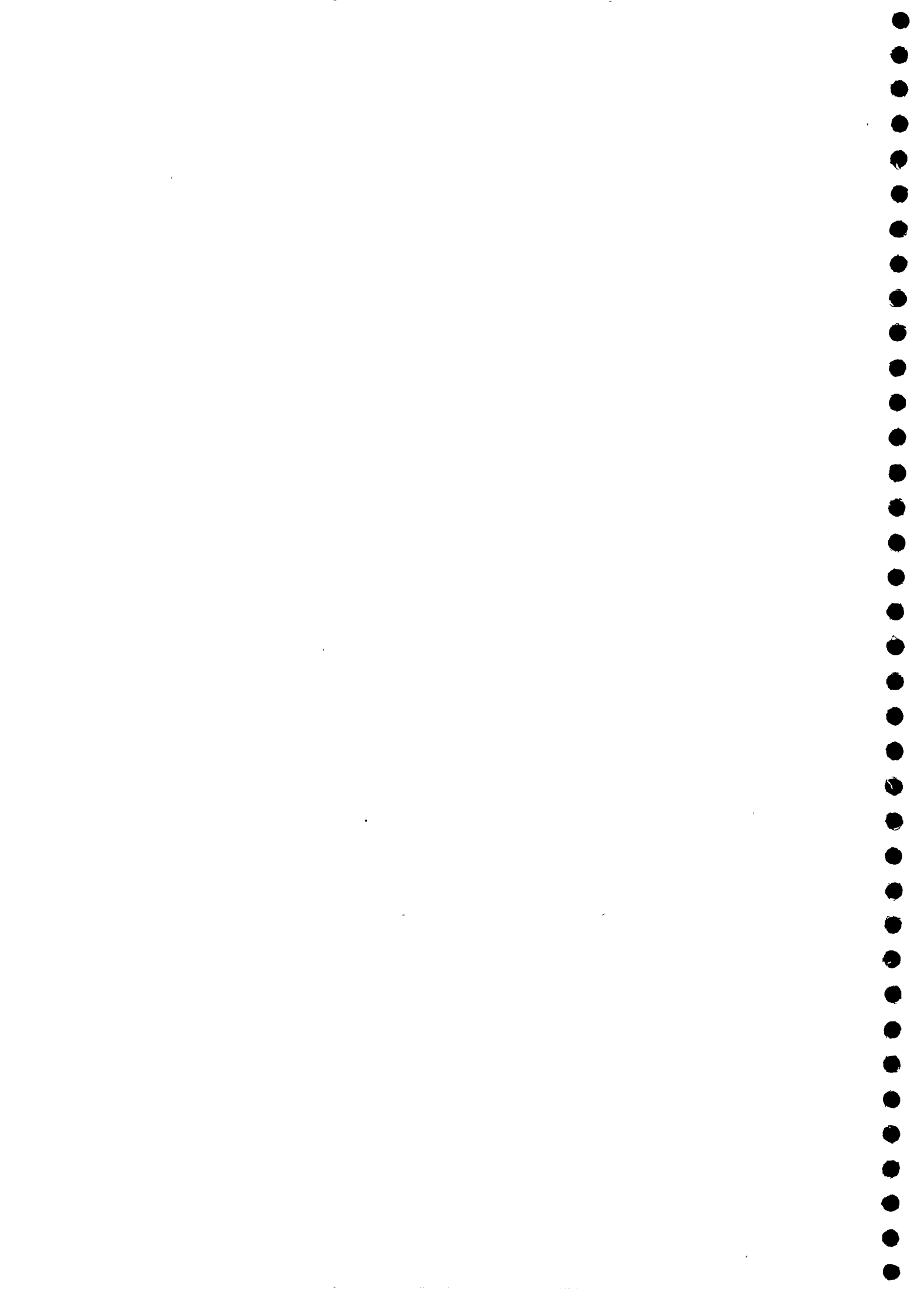
Source	Percent of Respondent
Trained mason	1.7
Neighbour / friend	9.9
Panchayat	39.9
ANM	-
AWW / Sahayaka	-
Youth Club / NGO	41.4
Teacher	0.3
None	5.4
DK/CS	1.4
<b>Total (N)</b>	<b>648</b>

### 3.4 A Macro Level Analysis of the Sanitation Program - A Case of Gujarat

The Sanitation Programme has been implemented in Gujarat by the World Bank and UNICEF during 1991-92. This scenario has been bolstered by the inception of the CRSP / MNP programmes during 1993-94. A state level scenario of the Sanitation Programme is depicted in the Table 16 below.

Table - 16  
Beneficiary wise Latrines Constructed in  
Rural Low Cost Sanitation Programme - Gujarat

Sr. No.	Year	Programme	Beneficiary wise Latrines Constructed (March'97)				Total
			Scheduled Caste	Scheduled Tribe	Eco. B <sup>2</sup> Class	Others	
1	Upto 3/91	W B Aided	3118	823	13421	5934	23296
2	1991-92	W.B Aided	2087	329	7892	4413	14721
		UNICEF aid	1317	13	1951	66	3347
3	1992-93	W B Aided	1859	272	9646	4391	16168
		UNICEF aided	419	-	1011	3	1433
4	1993-94	W B Aided	1547	1304	3078	4721	10380
		UNICEF and	14	-	206	-	220
		CRSP	530	68	-	4023	4621
5	1994-95	W B Aided MNP	1029	708	-	4408	6145
		CRSP	136	93	-	581	810
			1319	269	-	8261	9849
6	1995-96	MNP	1949	889	-	8979	11817
		CRSP	2499	703	-	21481	24683
7	1996-97 (Upto 3/97)	MNP	1195	516	-	6577	8288
		CRSP	2638	115	-	18500	21253
		<b>W.B. Aided</b>	<b>9640</b>	<b>3166</b>	<b>34037</b>	<b>23867</b>	<b>70710</b>
		<b>MNP</b>	<b>3280</b>	<b>1498</b>	<b>-</b>	<b>16137</b>	<b>20915</b>
		<b>UNICEF Aided</b>	<b>1750</b>	<b>13</b>	<b>3168</b>	<b>69</b>	<b>5000</b>
		<b>CRSP</b>	<b>6986</b>	<b>1155</b>	<b>-</b>	<b>52265</b>	<b>60406</b>
		<b>TOTAL</b>	<b>21656</b>	<b>5832</b>	<b>37205</b>	<b>92338</b>	<b>157031</b>



It may be observed from the above progress profile of rural Sanitation program obtained from the GWSSB that since the inception of the CRSP IN 1993-94, both the World Bank and UNICEF have suspended their activities in the Rural Sanitation Program in Gujarat. The World Bank Fund has been diverted to the Urban Low cost Latrine programme and the UNICEF is working in the area of Rural Sanitation in collaboration with the National Dairy Development Board (NDDB) in two districts of Gujarat. The UNICEF is promoting a program of delivery of Rural Sanitation through the Rural Sanitary Marts.

In order to make a critical review of the Rural Sanitation Programme in Gujarat we shall take into consideration data on physical and financial progress of the CRSP/MNP for the financial year 1996-97.

Table – 17  
Financial Progress of the Rural Sanitation Programme in Gujarat –1996-97

Programme	Latrines Constructed	Expenditure Incurred in Rupees in Lacs		
		Centre	State	Total
MNP	8288	-	139.44 (35.3)	139.44 (22.4)
CRSP	21253	228.47 (100)	255.03 (64.7)	483.50 (77.6)
<b>Total</b>	<b>29541</b>	<b>228.47 (100)</b>	<b>394.47 (100)</b>	<b>622.94 (100)</b>

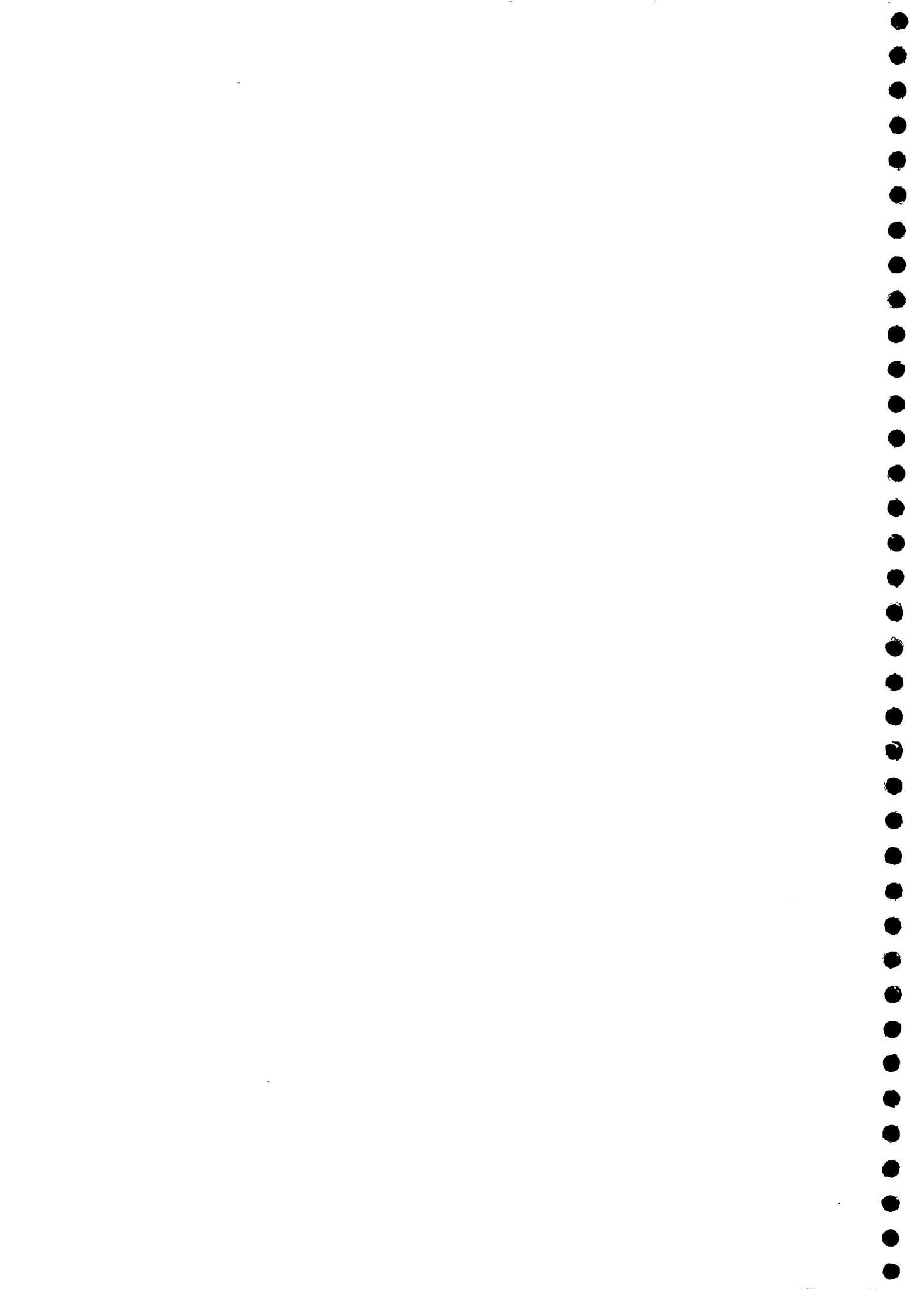
(Figure in parenthesis are percentage)

It may be observed here that 35 percent of the State Fund which is 22 percent of the total fund available for rural sanitation in Gujarat is utilised for latrines under the MNP. Thus households above the poverty line are specifically served by this fund. Moreover nearly 79 percent of the above BPL households served by the MNP latrine program belongs to the General category.

Table – 18  
Physical Progress of the Rural Sanitation Programme in Gujarat –1996-97

Beneficiary Category	CRSP (Below Poverty line)	MNP (Other than Below Poverty Line)
General	18500 (87.0)	6577 (79.35)
SC	2638 (12.41)	1195 (14.42)
ST	115 (0.5)	516 (0.62)
<b>Total</b>	<b>21253 (100)</b>	<b>8288 (100)</b>

It is also observed that 87 percent of the households below poverty line who are served by the CRSP latrines also belongs to the General category. From the tables it may be concluded that at an average about 13 percent of SC households and 5 percent of ST households are served by the CRSP / MNP program during the year 1996-97.



As regard to benefits accruing to the poor, it needs to be test checked at the field level whether the subsidy, which is comparatively higher to the rate of subsidy in West Bengal, is actually going to the poor. (This issue has not been included in the present study)

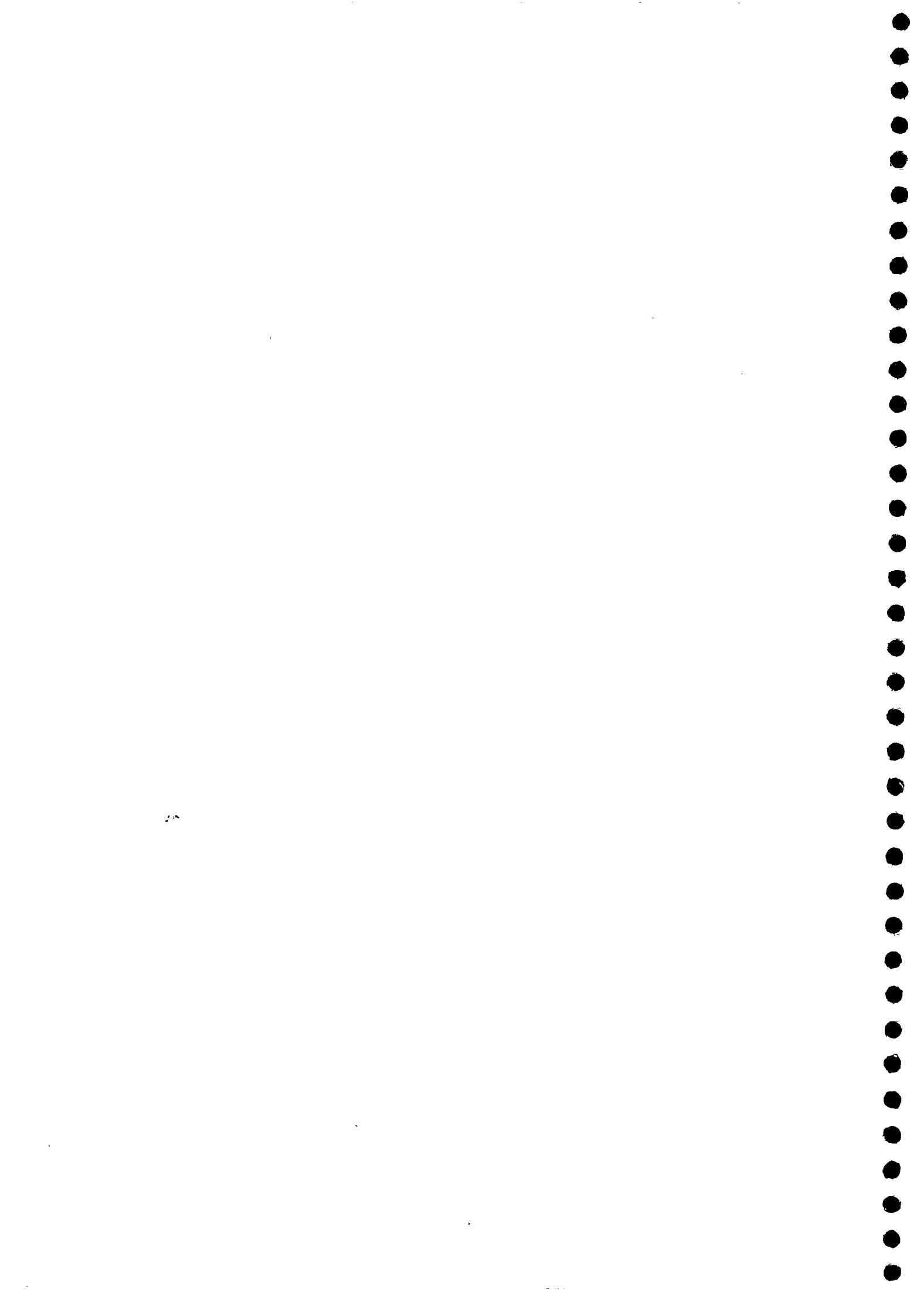
It may be noted that subsidy per household under CRSP works out to be Rs 2274 and under MNP it is Rs 1682 approximately Thus an average beneficiary under MNP is paying a higher household contribution of Rs 1100 given the average cost of rural HSL in Gujarat to be Rs 2700. However nearly 28 percent of the latrines are being diverted to households above poverty line at a high subsidy. Moreover identifying and actually disbursing a high subsidy as under the CRSP to the households below poverty line remains a difficult job Finally a lower cost of latrine would ensure higher coverage of population by the latrine program

As has been discussed previously that the ESI Ahmedabad is the pioneer of the Rural Sanitation Program in Gujarat with its interventions initiated in 1989 The ESI has capacity building programs which are focussed on mason's training. Community Awareness programs are also taken up as a supplementary topic but despite existence of a State sponsored "Gujarat Jalseva Training Institute" there appeared to be little evidence of a State wide approach towards efforts towards large scale capacity building of grassroots functionaries.

The nodal operations of institutes like ESI is to train a group of resource persons with an exception of spin -off effect amongst a larger group of functionaries. The IEC components of rural sanitation programs are by and large confined to Social Marketing of latrines to rural households. Only the ESI and PWS uses IEC materials such as flip charts, posters and pamphlets

Table - 19  
Spatial Distribution of Performance of CRSP in Gujarat: 1994 - 95

Sl No	Name of District	RURAL AREA PROGRAMMES							TOTAL
		W.B. Credit 1643- IN Program suspended since 1994-95		UNICEF Assisted Programme Program suspended since 1994-95	Normal Plan	C. R. S. P			
		E.S.I.	P.W.S.			E.S.I.	P.W.S	Others	
1	Ahmedabad	5789	-	-	29	1062	-	317	7197
2	Amreli	2245	-	-	-	201	-	-	2446
3	Banaskantha	3960	-	3000	-	803	-	-	7763
4	Bharuch	1065	-	-	-	95	-	-	1160
5	Bhavnagar	6383	-	-	151	357	-	163	7054
6	Dang	79	-	-	-	-	-	-	79
7	Chandnagar	1175	-	-	-	131	-	-	1306
8	Jamnagar	1630	426	-	88	330	1102	-	3576
9	Junagadh	1902	1499	2000	158	1338	2082	-	8979
10	Kheda	4803	-	-	-	774	-	-	5577
11	Kutchh	1457	-	-	-	453	-	-	1910
12	Mehsana	11962	-	-	-	1433	-	-	13395
13	Panchmahals	2054	-	-	-	494	-	-	2548
14	Rajkot	3328	4393	-	10	107	1547	41	9426





Sl No	Name of District	RURAL AREA PROGRAMMES							TOTAL
		W.B. Credit 1643- IN Program suspended since 1994-95		UNICEF Assisted Programme Program suspended since 1994- 95	Normal Plan	C. R. S. P			
		E.S.I.	P.W.S.			E.S.I.	P.W.S	Others	
15	Sabarkantha	11017	-	-	347	493	-	293	12150
16	Surat	430	-	-	-	74	-	-	504
17	Surendranag	2215	-	-	27	231	-	53	2526
18	Vadodra	1339	-	-	-	337	-	159	1835
19	Valsad	1559	-	-	-	-	-	-	1559
<b>Total</b>		<b>64392</b>	<b>6318</b>	<b>5000</b>	<b>810</b>	<b>8713</b>	<b>4731</b>	<b>1026</b>	<b>90990</b>

Table 19 gives an account of the share of work done by the two NGOs namely ESI and PWS in the progress of Rural Sanitation in Gujarat till **March'95**. This table also gives account of the interface of the CRSP with the World Bank and UNICEF programs which were suspended since **1994 -95**. The far right column titled 'Total' gives an account of the progress of the rural sanitation with the CRSP in continuation to the earlier programs at the District level

### 3.5 *Role of NGOs, Village level institutions and aspects related to IEC strategies.*

In case of Gujarat the Nodal Agencies and Implementing agencies are operated by NGOs. These NGOs have a presence at the grassroots and the responsibility of creating awareness at the community level lies with these NGOs. In Gujarat, the NGOs also have a crucial role to play in co-ordinating the demand generated at the grassroots with the fund flow (at the state level) and supply of hardware (also at the macro level - by the support of agencies) Shri Ishwarbhai Patel has been the pioneer of awareness generation campaigns in Gujarat wherein a trend in sensitization of the community has been established.

It has been observed that the Panchayats and the NGOs/RSMs are the major source of motivation for latrine construction. However, from the viewpoint of the existing scenario it may be inferred that in case of West Bengal the RSMs operated by the NGOs and the Panchayats are the principal source of information dissemination. In case of Gujarat apart from the NGO run Implementing agencies, the Panchayats play a marginal role



**Table - 20**  
**Facilitator Motivating the**  
**Rural Household to construct Latrines**

(Figs. In Percentage)

Agents	West Bengal	Gujarat
Panchayat	(40.1)	(20.4)
Gram Sevak	2.1	12.1
Club Members	1.3	-
NGO / RSM	(50.7)	(68.5)
School Teacher	-	1.7
AWW / AWC	-	-
Family Members	4.2	5.9
Neighbour	2.9	4.0
Trained Mason	-	4.8
Others	3.1	1.2
<b>Total (N)</b>	<b>648</b>	<b>666</b>

It appeared that interpersonal interactions through house visits and group meetings are the only significant mode of awareness generation in both States. The community is familiar with other forms of communication but to a much lesser extent. It clearly depicts that demand generation strategies are worked out on the basis of micro level campaigns with lesser emphasis on broad based mass motivation programs.

**Table - 21**  
**IEC Tools Used for Community Awareness Generation**

(Figs. In Percentage)

IEC Tools	West Bengal	Gujarat
House Visits	73.8	65.2
Group Meetings	20.6	31.0
Wall Writing	3.4	8.8
Leaflets / Pamphlet	1.4	1.7
Street Plays	0.2	4.1
Audio Visual Show	0.8	1.4
Others (Not Specified)	11.1	1.2
<b>Total Respondents</b>	<b>641</b>	<b>765</b>

In West Bengal, depth discussions with policy makers revealed that macro level, broad-based campaigns are held in abeyance since the supply mechanism is not as yet capable of catering to the large scale demand expected from such campaign



Table - 22  
Measure of Facilitation

Facilitators for latrine site selection	West Bengal (%)	Gujarat (%)
Motivator from Panchayat	169 (32.9)	93 (13.0)
Motivator from NGO/RSM	204 (39.8)	488 (73.3)
Motivator from Govt Agency	3 (.5)	9 (1.3)
Self / none	137 (26.7)	76 (11.5)
<b>Total (N)</b>	<b>513 (100)</b>	<b>666 (100)</b>

*(Figures in parenthesis are percentages)*

In both the states of West Bengal (39.8 percent) and Gujarat (73.3 percent) the motivators from the NGO/RSM played a vital role in facilitating the process of site selection of latrines. It may be noted that the motivators in both States are considered facilitators but not participants in site selection. The process reflects very defined scope of work for stakeholders in a participatory development model. In West Bengal the motivators from panchayat (32.9 percent) played an equally important role.

Having discussed the role of the key Stakeholders and responsibilities in both states a comparative analysis is attempted below

ASPECTS	WEST BENGAL	GUJARAT
Role of the State Government	<p>The state plays a very dominant role in CRSP implementation with strong policy inputs and a system for central monitoring of the NGOs</p> <p>A system involving the SIPRD at the state level sanitation cells at the district level and RSMs at the block level has been put in place. This system has an inbuilt accountability</p> <p>The impact of the system is reflected in terms of the progress of the programme</p>	<p>The GWSSB has virtually subcontracted the programme to a system built up by the interlinkage between Nodal Agencies IAs and support agencies</p> <p>The GWSSB issues a completion certificate for latrine construction before disbursing funds</p> <p>However, there is no system to give direction to the programme otherwise handled by the Nodal Agencies / Implementing Agencies</p>



<b>ASPECTS</b>	<b>WEST BENGAL</b>	<b>GUJARAT</b>
<p>Role of the NGOs</p>	<p>The RKMLSP is operating in Medinipur with UNICEF support since 1990.</p> <p>The RKMLSP has established the viability of the RSMs in Medinipur over a period of time. This achievement is attributed to a very strong IEC strategy</p> <p>It may be pointed out that all NGOs across the state do not have the capacity of RKMLSP.</p> <p>Again they are rather new in the area of rural sanitation in comparison to RKMLSP</p> <p>However the experience of RKMLSP has indicated the viability of the system which is followed elsewhere in the state (with minor variations)</p> <p>The RKMLSP and other NGOs operating RSMs are oriented towards the software issues of the programme. The execution of the software issues depends on the ability of the NGOs</p>	<p>There is a general lack of capacity building of the functionaries in the state level. Only the ESI has orientation towards the software issues of the latrine programme. Although the ESI also concentrates on training of masons, there is an inbuilt software component in these trainings also.</p> <p>Other than ESI, the CRSP programme largely revolves around the hardware issues of rural sanitation</p> <p>The ESI has operates as the sole Nodal Agency between 1988- 1993. All capacity building efforts were witnessed during the time. Thereafter, the NGOs apparently performs at the field level to generate demand and supply latrines within a social marketing framework. However, it appeared that subsidy is the key theme of social marketing with very little emphasis on awareness generation to change sanitary behaviour It may be pointed out that functionaries of the Implementing Agencies works as vendors of HSL at the village level by approaching potential beneficiary households in the village</p>





ASPECTS	WEST BENGAL	GUJARAT
Role of UNICEF	<p>In West Bengal, UNICEF has collaborated with RKMLSP for implementation of the Sanitation programme (ISP)</p> <p>UNICEF's role in the CRSP programme as the state level facilitator is observed in their contribution in terms of design of low cost latrine models, and IEC tools</p> <p>The State Government model of implementation of CRSP is in tune with the UNICEF model of implementation of the sanitation programme launched in Medinipur in 1990</p>	<p>In Gujarat, UNICEF is not a partner of the State Government in the implementation of the CRSP</p> <p>However, UNICEF has collaborated with National Dairy Development Board (NDDB) in two districts of Gujarat for implementing the sanitation programme through Rural Sanitary Mats.</p>
IEC and Training	<p>At the policy level there is a charter for development of IEC tools. It has been observed that prototypes of IEC tools are prepared by SIPRD and RKMLSP. At the RSM level there is a plan for awareness generation and motivation of the community with these IEC tools.</p> <p>The actual execution of the plan excepting for interpersonal interaction and wall writing is rather infrequent in the state level excepting Medinipur.</p> <p>It has been observed that there is a system of capacity building organised both by the SIPRD and RKMLSP.</p> <p>There is however a lack of follow up of the participants trained by SIPRD.</p>	<p>In Gujarat, ESI conducted training programme for two batches of NGOs (Implementing Agencies) on latrine construction. A total of 55 NGOs were trained in this training programme.</p> <p>In 1989 GWSSB in collaboration with ESI had organised 2 training camps inviting all the implementing agencies (IAs). The issues discussed in these camps were</p> <ol style="list-style-type: none"> <li>1) Problems of Environment</li> <li>2) Rural Sanitation</li> <li>3) Types of Latrines</li> <li>4) Importance of latrines in preventing diseases</li> </ol> <p>Such initiatives were not repeated again (at least till 1994), inspite of recommendations to organize camps periodically</p>



## Chapter - IV

**Current Status of Rural Sanitation  
With Specific Reference to Household Sanitary Latrines**

The situation analysis of the rural water and sanitation scenario is based on the data generated through the beneficiary household survey. Therefore prior to the research analysis a brief account of the profile of the respondents in the States of West Bengal and Gujarat is documented. The issue of Water Supply is discussed in the context of *availability of adequate water* to promote the latrine program. The sanitation profile is discussed primarily with respect to maintenance of the assets and the community participation in the process of adoption of the asset. *The sampling designed for this study aimed to comprise of 60 percent households who were owners of CRSP latrines and 40 percent households who were not owning latrines. The survey was thus conducted in the field to achieve this sampling frame purposively.*

#### 4.1 Profile of respondents

##### 4.1.1 West Bengal :

In West Bengal the total number of beneficiary household were 1080. In every village 15 household schedules were administered. Out of this 15 household schedules, 9 household schedules were administered specifically and purposively to households owning a CRSP latrine. If 9 households with CRSP latrines were not found in a village, some non CRSP latrines have been surveyed to reach the sample size of 9 latrine owners in a village. However, it may be noted that the basic purpose (priority) has been to select households owning CRSP latrines. Only when, in a village we fall short of 9 CRSP latrines, we have surveyed non-CRSP latrines. When we have fallen short of 9 latrines (CRSP and non-CRSP) taken together, an extra number of households owning CRSP latrines were surveyed in the next village to maintain at least 60 percent households owning CRSP latrines in the overall sample of 1080 respondents.

Thus out of the total 1080 households, the 648 (60 percent) households owning latrines under the CRSP were purposively selected. The remaining 40 percent (432) households interviewed were those who do not own a latrine. The purpose here has been to analyze the response of a set of respondents who own latrine vis-à-vis a set of respondents who do not own latrines. Hence a method of purposive sampling has been followed. These 648 (60 percent) households who were latrine owners has been termed as *users* and 432 (40 percent) households did not have a sanitary latrine and were termed *non users*.

Among the <sup>users</sup> respondents i.e., 648 households, 73.4 percent were males and 26.5 percent females. Among the non users, i.e., 432 households, 70.6 percent were male and 29.4 percent were females. It was also recorded that 87.2 percent of users were Hindu and 11.4 percent were Muslims while another 1.4 percent belonged to other religions. Among the non-users nearly 90 percent were Hindu and the remaining respondents were Muslims. The social composition of the respondents depicted that 68.6 percent of total users were of General category, 24.1 percent were Schedule caste, 3.4 percent were Schedule tribe and 3.9 percent



were other Backward classes. Among the non-users 53.7 percent (232) of non users were also of General category, 40.9 percent were Schedule caste, 3.9 percent (17) were Schedule tribe and 1.5 percent were other Backward classes.

The family structure of the households surveyed were as follows:

42.3 percent of users are having joint family and 57.7 percent of user respondents lived in nuclear families. 37 percent of non-users lived in joint families and 63 percent of non users are having nuclear family.

The survey depicted that 65.3 percent (423) of users had agricultural land and 34.7 percent (225) of users did not have agricultural land. It was further noted that 46.9 percent of users had a landholding of less than 1 acre, 28.6 percent had land between 1-2 acre and 28.5 percent of users had land between 2-5 acre.

While approximately 76 percent of users had their own land nearly 10 percent user households had land in joint ownership and about 12 percent had a share of land which is owned by their predecessors. Another 3 percent of the users had leased land.

While enumerating the house types of the respondents it emerged that about 13 percent of users resided in pucca houses, 23 percent in semi pucca houses and 63 percent of users lived in kutcha houses. It emerged that about 34 percent of users had electric connection.

#### 4.1.2 Gujarat:

In Gujarat, the total number of sample household interviewed were 1080. The sampling method, similar to West Bengal, aimed to achieve a minimum of 60 percent households who own CRSP latrines purposively as per the sample design. In some villages where the total number of households owning CRSP latrines is less than 9 and the sample could not be achieved even after interviewing owners of non-CRSP latrines in that village, an extra number of CRSP latrines has been surveyed in other villages (where the total number of CRSP latrines is high). In the process out of the 1080 households surveyed in Gujarat, 61.7 percent (666) were owners of latrine facilities and the remaining 38.3 percent did not have latrines.

*(Note: The total number of CRSP latrines in Bharuch district is 95, with Jambusar and Rajpipla blocks (sampled blocks) having 66 and 19 CRSP latrines respectively. We have therefore administered an additional number of CRSP latrines in other blocks districts.)*

Out of all the user households interviewed nearly 84 percent were male and the remaining were female respondents. Among the non-users 84 percent respondents were male and 16 percent were females. In terms of social category nearly 47 percent of the users belonged to the General Caste with 18 percent, 10 percent and 26 percent belonging to the SC, ST and OBC respectively.

The family pattern of the user community was as follows:



Respondents who were users 43.5 percent lived in joint families and 56.5 percent lived in nuclear families. In case of non users 63.5 percent lived in nuclear families with 86.5 percent living in joint families.

While 91 percent of the users were Hindus, nearly 8 percent were Muslims  
Out of the total sampled user households nearly 65 percent (435) had agricultural land. Among the users who had agricultural land, most of them (26.5 percent) had a land holding size between 2-5 acres. In terms of the pattern of land ownership it is seen that majority (80.4%) of the users had their own land.

#### 4.2 Profile of Water and Sanitation in Study Villages

##### 4.2.1 Current Status of Availability of Water

It was observed in the study villages of West Bengal that water from shallow handpump (36.07 percent), open wells / unprotected sources (49.7 percent) were predominantly used for drinking / cooking on a regular basis. However, in Gujarat taps (56.8 percent), tapstand (22.8 percent) and shallow bore handpump (31.1 percent) were the main sources of water used regularly for drinking and cooking.

In West Bengal 88.9 percent of the households depended on open wells / unprotected sources for other uses with another about 10.4 percent households using shallow handpump regularly for such purpose

For purpose other than drinking / cooking in Gujarat the dependence on tap/ tapstand and open well appeared rather common.

**Table - 23**  
**Water Usage Pattern in Rural Areas :**  
**A Comparative account of West Bengal and Gujarat**

Water Sources	West Bengal				Gujarat			
	Drinking / Cooking		Other Uses		Drinking / Cooking		Other User	
	R (%)	A (%)	R (%)	A (%)	R (%)	A (%)	R (%)	A (%)
Tap	9 (0.9)	-	-	-	614 (56.8)	9 (0.8)	470 (43.5)	7 (0.6)
Tapstand	10 (0.9)	5 (0.4)	1 (0.9)	-	247 (22.8)	19 (1.7)	208 (19.2)	14 (1.3)
IM II/IM III	61 (5.7)	-	1 (0.9)	1 (0.9)	58 (5.4)	-	12 (1.1)	-
TARA	13 (1.2)	-	-	-	43 (3.9)	-	34 (3.2)	-
Shallow Bore	389 (36.0)	15 (1.4)	112 (10.4)	7 (0.6)	336 (31.1)	10 (0.9)	147 (13.6)	12 (1.1)
Protected/ Disinfected Well	62 (5.6)	2 (0.2)	31 (2.8)	-	82 (7.6)	33 (3.0)	57 (5.3)	29 (2.7)
Open Well / Other Unprotected Sources	537 (49.7)	3 (0.3)	961 (88.9)	5 (1.4)	92 (8.5)	47 (4.3)	216 (20.0)	45 (4.2)
Total Responses	1081 (100)	25 (100)	1104 (100)	13 (100)	1472 (100)	118 (100)	1144 (100)	107 (100)

N 1080.  
Multiple Response

R

Regular.

A

Alternative





It is evident from the above table that in case of Gujarat piped water and deep bore wells are most commonly used whereas in West Bengal shallow bore hand pumps and open well is the popular water source. The qualitative information supplementing the above data suggested that there is abundant availability of water in West Bengal. In Gujarat, however, non-functional status of the systems often leads the community to resort to alternate water sources, such as, open wells.

The context of the study here warranted an account of availability of adequate water to support the sanitation programme in the villages. Thus community level response was collected to verify whether sufficient water was available in the sample villages.

In case of both states an average household could access the water source for regular use within a distance of 150 meters.

#### 4.2.2 Community perception on Safe Water

During the study an attempt was made to ascertain the level of the awareness by recording both spontaneous and prompted responses regarding safe practices pertaining to collection of water from safe water sources

**Table - 24**  
**Perception of Safe Water Usage Practice**

Household Practice	West Bengal N = 1080			Gujarat N = 1080		
	Spontaneous (%)	Prompted (%)	No (%)	Spontaneous (%)	Prompted (%)	No (%)
Collection in water vessels which are not regularly cleaned	240 (22.2)	838 (77.5)	3 (0.2)	526 (48.7)	452 (41.8)	104 (9.6)
Transporting the water from the source to home in an uncovered container	220 (20.3)	810 (75.0)	52 (4.8)	227 (21.0)	701 (64.9)	152 (14.0)
Not covering the water stored at home	388 (35.9)	682 (63.1)	10 (0.9)	283 (26.2)	640 (59.2)	160 (14.8)
Allowing contamination – dipping of fingers / cup / mug / from animals	170 (15.7)	894 (82.7)	13 (1.2)	154 (14.2)	744 (68.8)	177 (16.3)
<b>Total responses</b>	<b>1018</b>	<b>3224</b>	<b>78</b>	<b>1190</b>	<b>2537</b>	<b>593</b>

In West Bengal covering the water vessel at home appeared to be a key awareness regarding safe water practice. In Gujarat collecting water in a clean vessel emerged as an important perception of the community regarding safe water handling. This is manifested in terms of high percentage of household response *spontaneously*, on the safe water handling practice.



While in West Bengal about 95 percent households positively reacted to the knowledge of safe water handling either spontaneously or on being prompted. In Gujarat nearly 15 percent households were unaware of key safe water handling practice such as, transporting water without covering, covering the water vessel at home and using a cup or mug to take out water from the water vessel. Thus while in West Bengal community level knowledge is apparently high an effort is required to translate the knowledge into practice. In Gujarat there is some gap in community awareness on safe water handling practice.

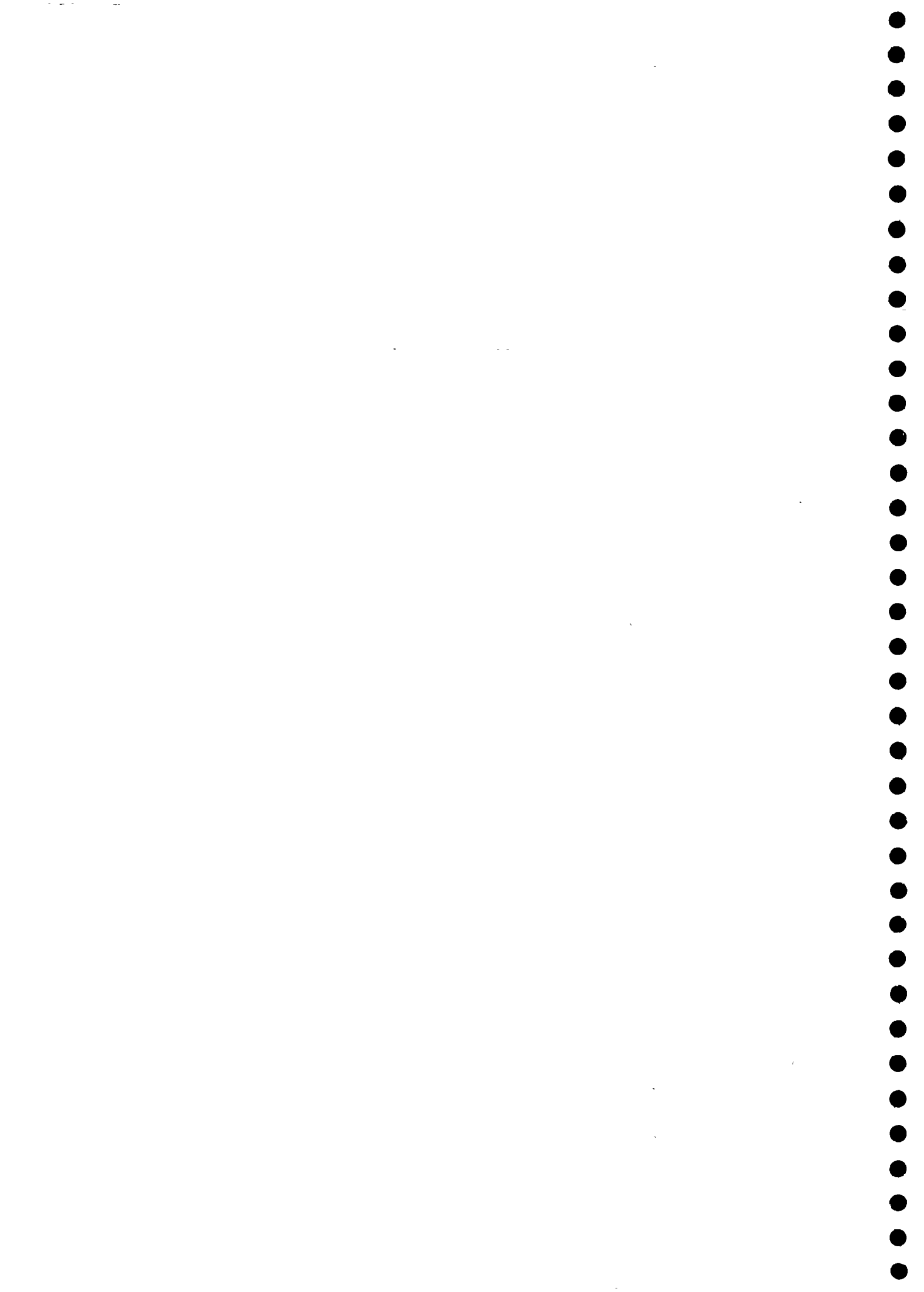
### 4.3 Profile of Household Sanitary Latrines in West Bengal and Gujarat

Having discussed the status of water supply in the specific context of the Sanitation program, an attempt has been made here to depict the status of household sanitary latrines in West Bengal and Gujarat. The analysis comprises of issues pertaining to community participation, maintenance and physical status of the HSLs. The data is based on responses from the beneficiary schedules and spot check of the latrines.

#### 4.3.1 *Distribution of latrine by programs*

In the present study 1080 households each were surveyed in the States of West Bengal and Gujarat. As per the sampling methodology adopted the study aimed to survey 60 percent households owning CRSP latrines purposively and 40 percent households who do not own a latrine. In the process 648 households in West Bengal and 666 households in Gujarat owning latrines were interviewed. However, in the village level, since requisite numbers of latrines under the CRSP were not found, 99 private latrines were surveyed in West Bengal and 22 private latrines were surveyed in Gujarat to achieve the sample.

It may be noted that 6.6 percent of latrine owners in West Bengal and 2.1 percent latrine owners in Gujarat could not specify whether their latrine was under the CRSP program or self financed. It may also be noted from Table - 26 that about 10 percent household owning a latrine under the CRSP program in West Bengal and 2 percent of the same category in Gujarat said that they have not received any subsidy. The focussed group discussions at the village level revealed that these households were not aware of the total cost of the latrines and did not realise that the contribution they have made is supplemented by a subsidy component.



Even if the household were aware of a subsidy component they were not aware of the amount of subsidy. This phenomenon was more prominently revealed when nearly 33 percent of the households in West Bengal and 43 percent in Gujarat said that they were not aware whether their latrines were subsidized or not

**Table - 26**  
**Disbursement of Subsidy**

Received Subsidy	West Bengal		Gujarat	
	Nos	%	Nos	%
Yes	308	56.1	354	55
No	57	10.4	13	2.0
Don't Know/ Can't Say	184	33.5	277	43.0
<b>Total (N)</b>	<b>549</b>	<b>100.0</b>	<b>644</b>	<b>100.0</b>

It has been significantly observed that owners of CRSP latrines are often not aware of the breakup of cost of latrines (subsidy component, beneficiary's contribution). The IEC tools used both in West Bengal and Gujarat focuses on the benefits of latrine utilization and demerits of open defecation. The amount of money the beneficiary have to contribute is also conveyed to the beneficiary household, but the beneficiary's contribution with respect to the total cost of the latrine is not very effectively conveyed to the beneficiary. (Please refer to the IEC materials used in case of West Bengal and Gujarat)

In terms of the latrine models constructed in the two states, it was observed that the predominant latrine model in West Bengal was the single pit latrine (low cost) and double pit latrine (high cost) in case of Gujarat. However, as explained in Chapter 2 the latrines in West Bengal were mostly low cost without infrastructure and in case of Gujarat the latrines were found with superstructure

**Table - 27**  
**Type of latrine**

Latrine types	West Bengal		Gujarat	
	Nos	%	Nos	%
Single pit	507	78.2	270	40.5
Double pit	113	17.4	391	58.7
Septic Tank	20	3.1	4	-
Other	08	1.2	1	-
<b>Total</b>	<b>648</b>	<b>100.0</b>	<b>666</b>	<b>100.0</b>



### 4.3.2 Community Participation in Rural Sanitation

It was observed that most of the latrines in West Bengal has been constructed during 1996-97 and 1997-98. It was also observed that nearly 21 percent household latrines surveyed in West Bengal were not yet constructed. In Gujarat the majority of latrines surveyed were constructed in 1995-96. The location of the latrine with respect to the house depicted similar pattern in both the States. It may thus be concluded that most of the latrines surveyed in both States were of recent origin.

**Table - 28**  
**Age of the latrine**

Year of Construction	West Bengal	Gujarat
1997-98	191 (29.5)	122 (18.3)
1996-97	173 (26.7)	156 (23.5)
1995-96	64 (9.9)	260 (39.1)
1994-95	33 (5.1)	68 (10.2)
1993-94	24 (3.7)	57 (8.4)
Between 90 - 93	12 (1.9)	2 (3)
Before 1990	16 (2.5)	1 (2)
Not yet constructed	135 (20.8)	
<b>Total</b>	<b>648 (100)</b>	<b>666 (100)</b>

(Figures in parenthesis are percentages)

*It may be noted that out of 648 latrines surveyed in West Bengal, 135 (20.8 percent) latrines were not yet constructed. Again, out of the 513 latrines observed, 130 latrines were damaged.*

It was observed that in both States the household latrine was found outside the house within 10 mts. None of the household reported construction of the Household Sanitary Latrine beyond 10 meters from the house when asked regarding the location of the latrines.

**Table - 29**  
**Location of the Latrine**

Location	West Bengal (%)	Gujarat (%)
Within House	127 (24.8)	139 (20.8)
Adjacent to house	122 (23.8)	252 (37.9)
Outside the house within 10 m	264 (51.5)	275 (41.3)
<b>Total (N)</b>	<b>513 (100)</b>	<b>666 (100)</b>

(Figures in parenthesis are percentages)

Site selection of latrines was reported to be predominantly the decision of the Head of the Households followed by the male members. In about 60 percent cases in West Bengal and 69 percent in Gujarat the sites for construction of latrine was decided by the Head of the Households.





The participation of women in site selection of latrines was marginal. Proximity to the house was considered as the major criterion for selection of latrine sites by majority of the households in West Bengal (57.7 percent) and Gujarat (49.9 percent). Privacy for women was also considered as an important criterion.

**Table - 30**  
**Measure of Participation**

Site for the latrine	West Bengal	Gujarat
Head of Household	304 (59.3)	457 (68.7)
Male adult	95 (18.5)	82 (12.3)
Female Adults	25 (4.9)	38 (5.7)
All adults together	81 (15.8)	62 (9.3)
Others	8 (1.5)	
Motivator	-	26 (3.9)
Private Contractor	-	1 (0.1)
<b>Total (N)</b>	<b>513 (100)</b>	<b>666 (100)</b>

(Figures in parenthesis are percentages)

#### 4.3.3 Maintenance of Latrines in Rural Areas

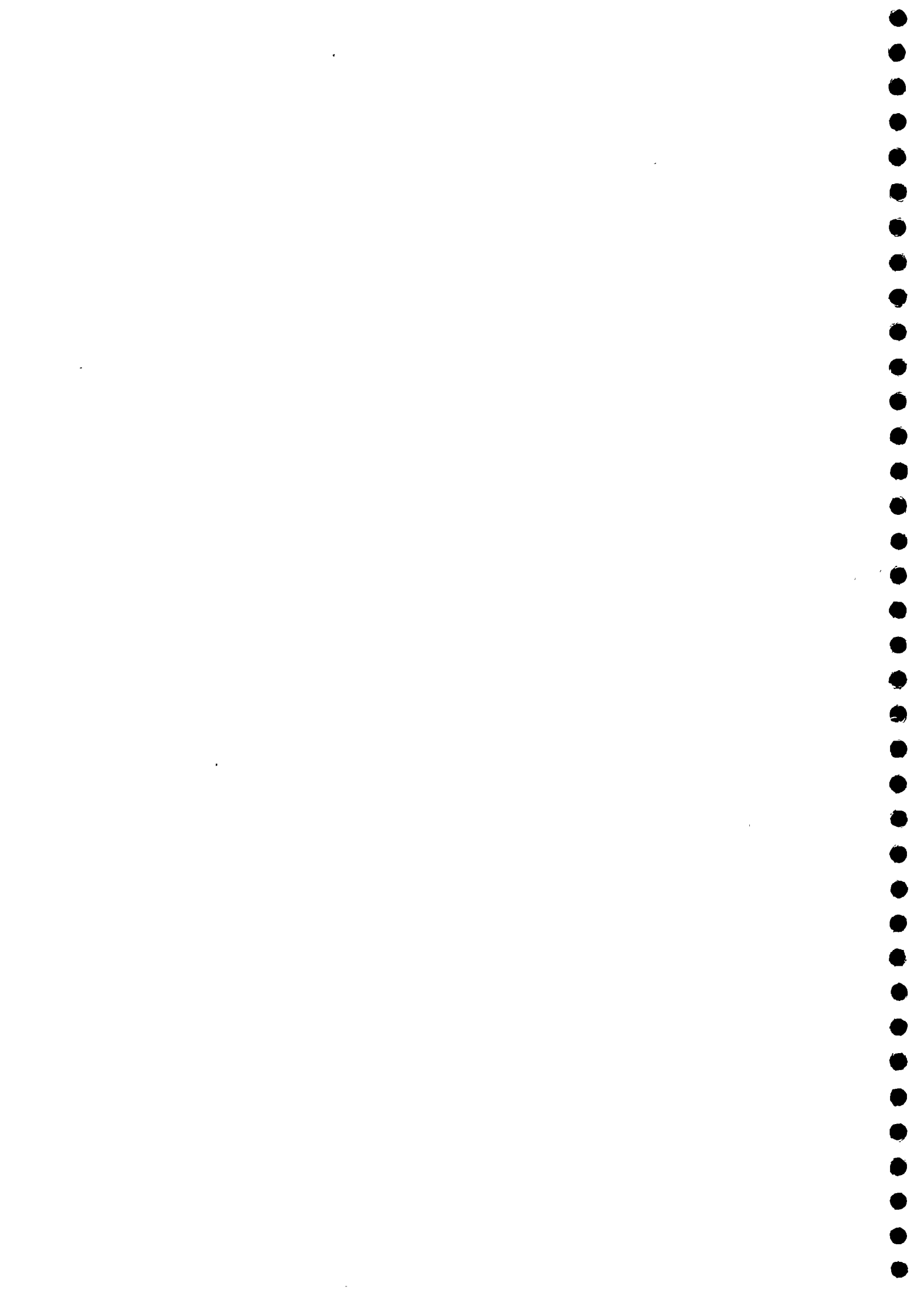
In West Bengal the profile of maintenance of latrines depicted that 37.5 percent of the users cleaned their latrines only with water while the predominant practice in Gujarat was cleaning of latrines with water and acid.

**Table - 31**  
**Cleaning Materials used for Latrine Maintenance**

Cleaning materials used	West Bengal		Gujarat	
	Nos	(%)	Nos	(%)
Only water	192	37.5	223	39.1
Water & phenol	90	17.5	36	6.3
Water & Acid	59	11.5	249	43.6
Water and soap	89	17.4	57	10.0
Water and sand	5	0.9	4	0.7
Cant say	78	15.2	97	0.2
<b>Total (N)</b>	<b>513</b>	<b>100.0</b>	<b>666</b>	<b>100.0</b>

As has been mentioned before, in West Bengal, out of the 648 latrines that were spot-checked, 135 latrines were yet to be constructed and 130 latrines were damaged. In Gujarat 56.5 percent and in West Bengal 34.3 percent latrines were clean and without stains.

With respect to the frequency of cleaning of latrines it was recorded that in Gujarat more than 60 percent cleaned the latrines regularly. However, in West Bengal the general trend was cleaning of latrines regularly or weekly.



**Table - 32**  
**Frequency of Cleaning Latrine**

Frequency	West Bengal		Gujarat	
	Nos	(%)	Nos	(%)
Daily	156	30.3	359	62.5
When dirty	109	21.2	76	13.3
Weekly	134	26.0	122	21.4
Infrequently	30	5.8	13	2.3
Cant say	84	16.7	96	2
<b>Total (N)</b>	<b>513</b>	<b>100.0</b>	<b>666</b>	<b>100.0</b>

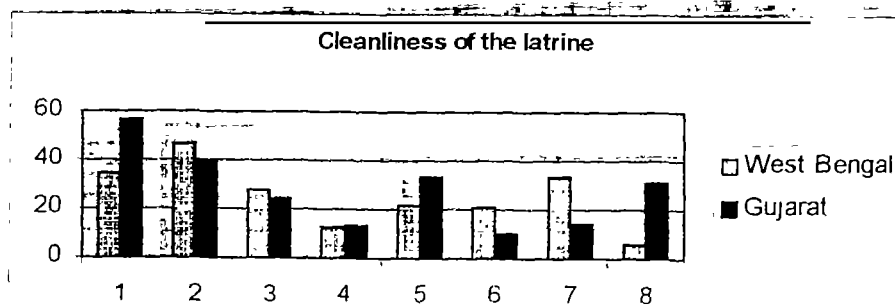
*Spot Check of Household Sanitary Latrines*

Spot check of the latrines conformed with the household responses and depicted that 51.5 percent and 41.3 percent of the latrines in West Bengal and Gujarat respectively were situated outside the house within a distance of 10 meters

The spot checks further revealed that 36.1 percent latrines in West Bengal and 9.4 percent latrines in Gujarat have a permanent superstructure. Latrines having a temporary superstructure were predominantly witnessed in West Bengal (52.4 percent).

In nearly 70 percent of the latrines in West Bengal and 56 percent in Gujarat water storage vessels were present in front of the latrines. In West Bengal and Gujarat respectively, buckets for pouring water was also present in approximately 61 percent and 60 percent household sanitary latrines. It may be noted that the apparent stains noticed in West Bengal were largely due to the materials used. In Gujarat ceramic pans are used which remains clean at a comparatively lesser effort. The physical status of the latrines are depicted below.

**Figure - 5 Cleanliness of the Latrine**



- 1 = Pan Clean without stain    2 = Pan Clean but stained    3 = Excreta remaining in the pan
- 4 = Excreta on the pan        5 = Mud on the foot rest        6 = Foul smell
- 7 = Pan clogged                8 = Foul Smell

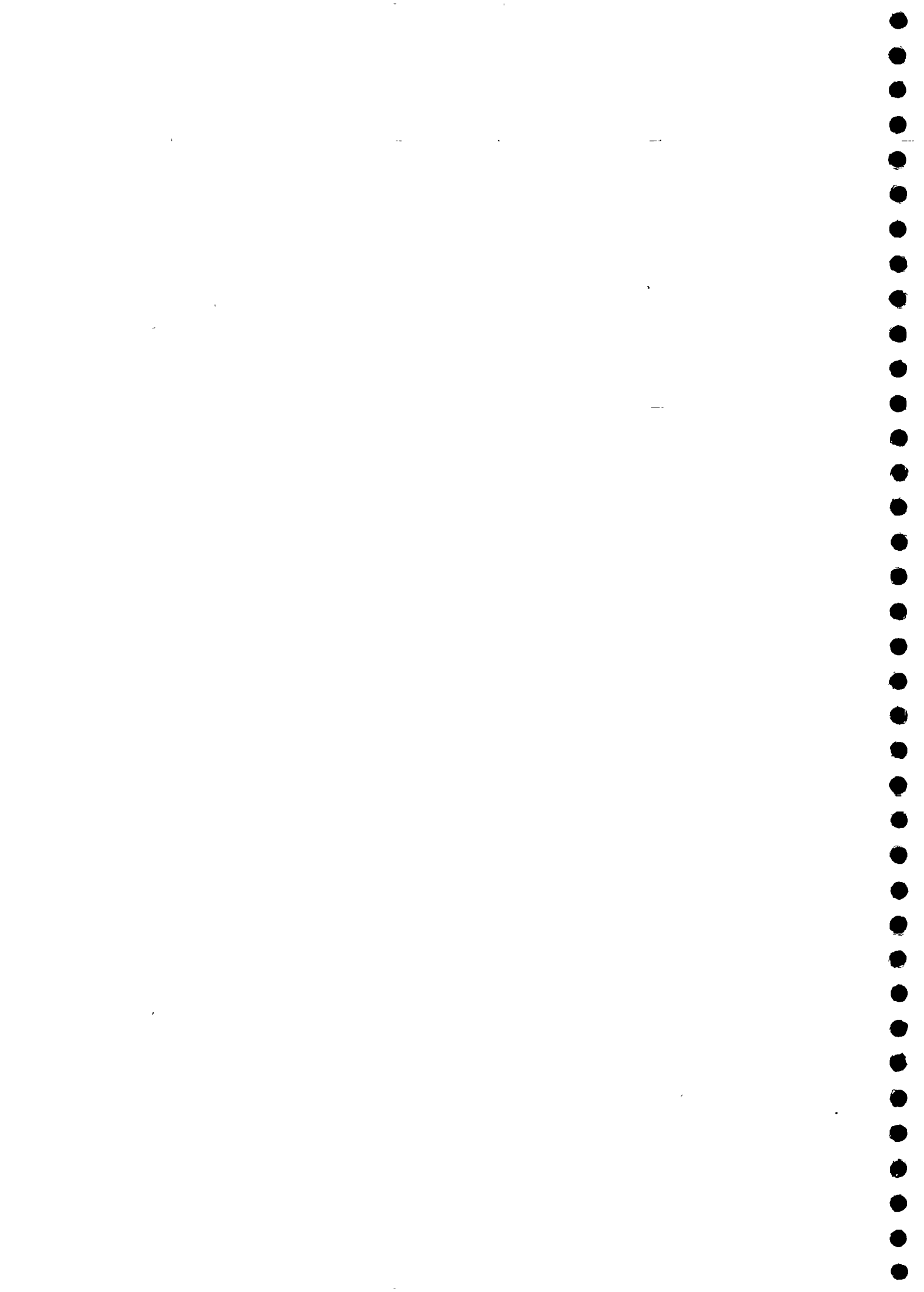
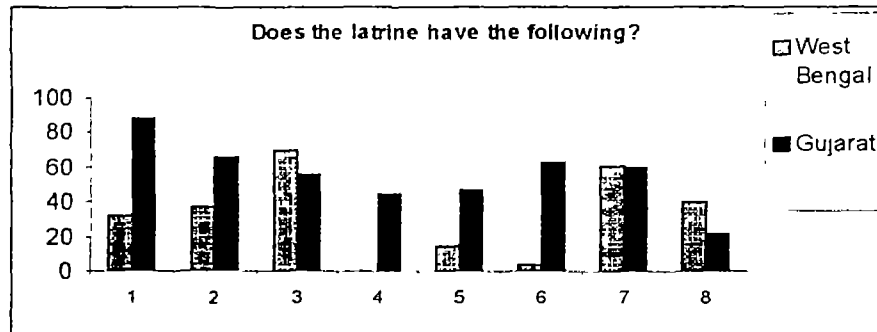
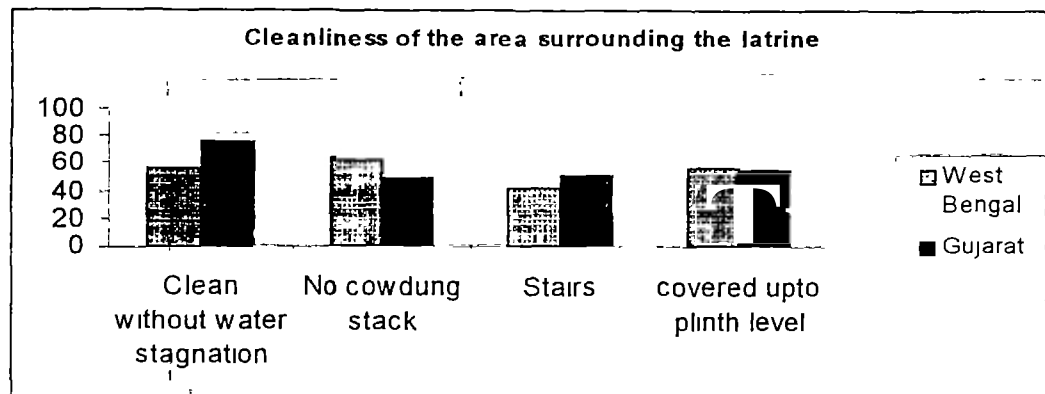


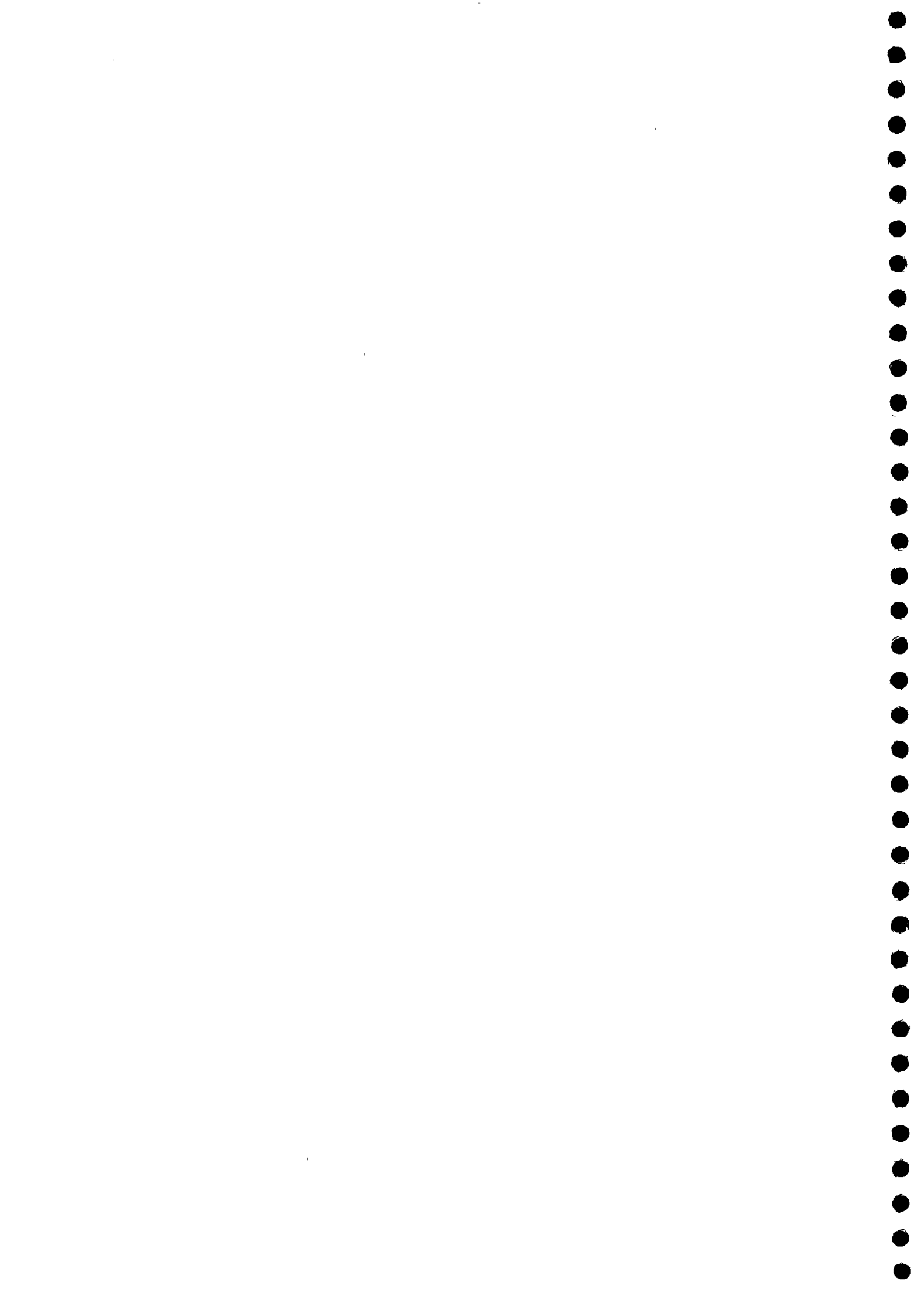
Figure - 6 Physical Attribute of the Latrine



- 1 = Ventilator
- 2 = Latrine plinth raised above ground level
- 3 = Water storage vessel in front of latrine
- 4 = Tap inside / outside latrine
- 5 = Brush for cleaning pan
- 6 = Mug for anal cleaning
- 7 = Bucket for flushing
- 8 = Soap / Soap stand

Figure - 7 Surrounding of the Latrine





## CHAPTER - V

**Measurement of Demand for Latrines  
and a Comparative Analysis of the  
Demand scenario in West Bengal and Gujarat**

The estimation of demand for latrines have been conducted with the premise that in a *need based* market scenario, the purpose of the Central Rural Sanitation Programme aims to maximise coverage of population by latrines. At the State level this is determined by

- ◆ The delivery mechanism
- ◆ The model of latrine provided and corresponding cost
- ◆ The policy of Subsidy for latrine to promote adoption of latrine at the household level

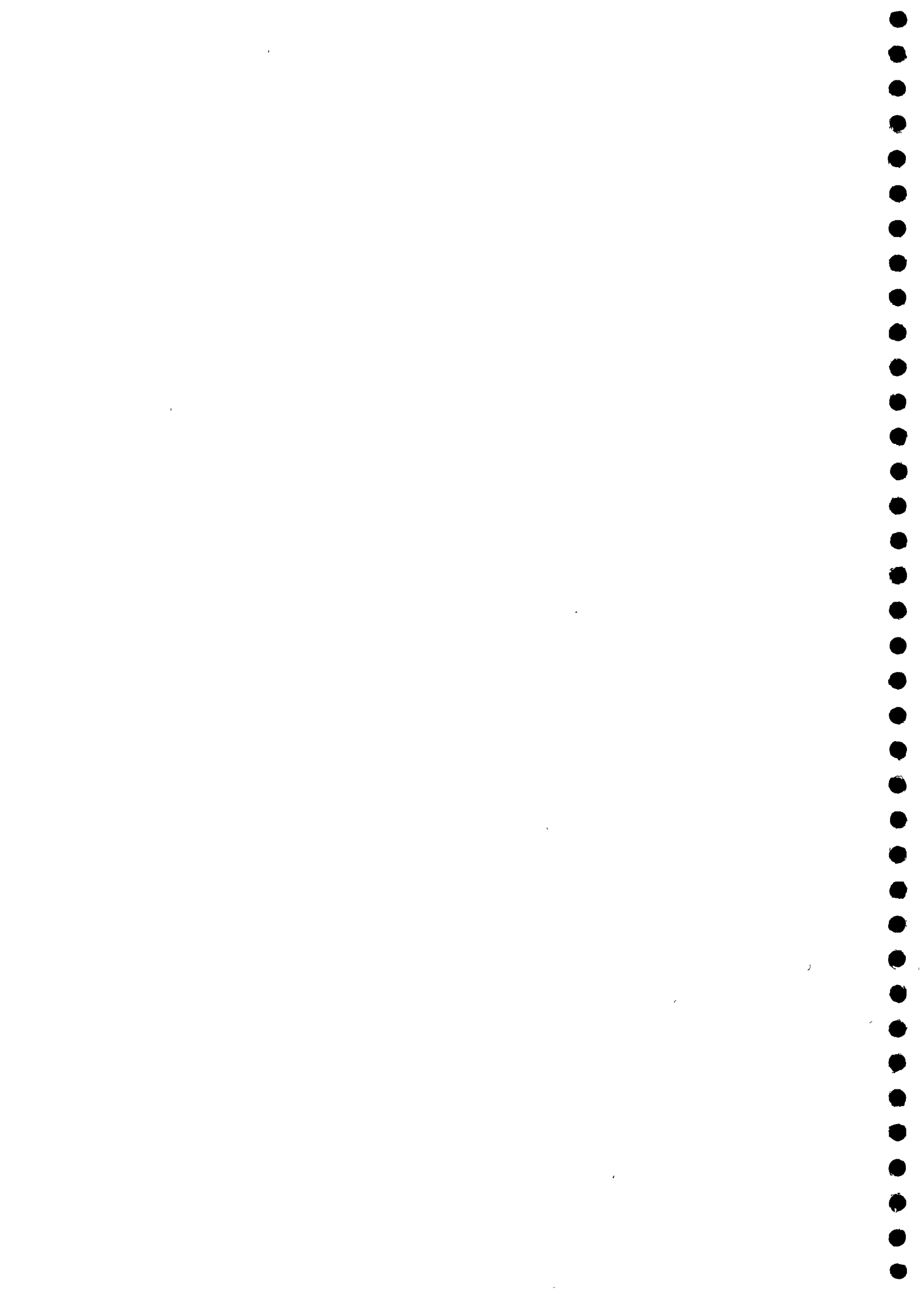
Given the fact that Household Sanitary Latrines are provided under the CRSP with the above conditions to maximise population coverage, the demand for latrine is considered latent among households who currently practice open defecation. This latent demand will be activated once the provision/facility of a latrine is provided. Thus the demand for latrines among eligible households is manifested in terms of the use of the latrine once the facility has been provided.

*Explanation of measuring demand through use patterns and upgradation of latrines*

It is important to discuss the demand factor in the context of the State level policy prescriptions since State level policies determine to a large extent the concept of demand. A review of the State policy in Gujarat and West Bengal showed that:

- ◆ In Gujarat, a high cost high subsidy model of latrine is provided to the beneficiary households to cover 25000 to 30000 households per year
- ◆ In West Bengal, low cost low subsidy latrines are provided to the beneficiary households with an aim to saturate the rural population with sanitation facilities. The principal focus of the program is to change the sanitary behaviour of a large section of the rural population practicing open defecation.

*Depth discussions with Sanitation Experts (Mr. M.N. Roy, IAS, Prof. S.S. Chakravarty of RKMLSP) have revealed that demand for latrines and willingness to pay for latrines are factors which can be radically altered by Social Mobilisation Campaigns, Communication Strategies and even on provision of the facility. Thus though a household may not be readily opting for a latrine may eventually opt for one on being subjected to the software components of the project.*





*The purpose of the programme is to ultimately maximise sanitation coverage, irrespective of whether the household is instantaneously opting for a latrine or not (or in other words irrespective of the existence of a market demand). In fact the program has provisions to promote adaptability of the facility at the household level through providing subsidy and providing the latrine.*

Thus demand for latrine in both States has been measured by considering the usage pattern. Moreover in case of West Bengal the willingness to pay for latrines has been measured by the additional investment made on latrines by the way of upgradation.

The present exercise have not attempted to enumerate data to reflect the population coverage by the program. Here an attempt has been made to interview the latrine users under the CRSP and non-users to depict the existing demand/factors influencing demand for adoption of latrine vis-à-vis factors hindering adoption of the benefit

The survey instrument investigated demand for latrines by asking the respondents (who are latrine owners under the CRSP),

- ⇒ the reasons behind opting for a latrine and
- ⇒ perceptions regarding safe sanitary practices

The responses to this inquiry reflects on the user's level of conviction towards latrine adoption and indirectly reflects demand. The community response would reflect the incidence of demand based on factors deemed important for impacting a change in the sanitary behaviour of the community as against factors which are not conducive to changing sanitary behaviour of the community

The respondents not having HSLs have been asked the reasons behind not opting for a latrines and circumstances under which they will opt for a latrine. Thus once again, the socio-economic factors hindering demand for latrines will be reflected

The survey findings are analysed in the following section

### 5.1 Characteristics of households having HSL

It has been noted during the presentation of the household respondent's profile that in West Bengal about 24 percent of a households having latrines are Scheduled Castes (27 percent of the rural population in West Bengal are Scheduled Castes) and about 3.4 percent are Scheduled Tribes (7.3 percent of the rural population in WB are Scheduled Tribes)

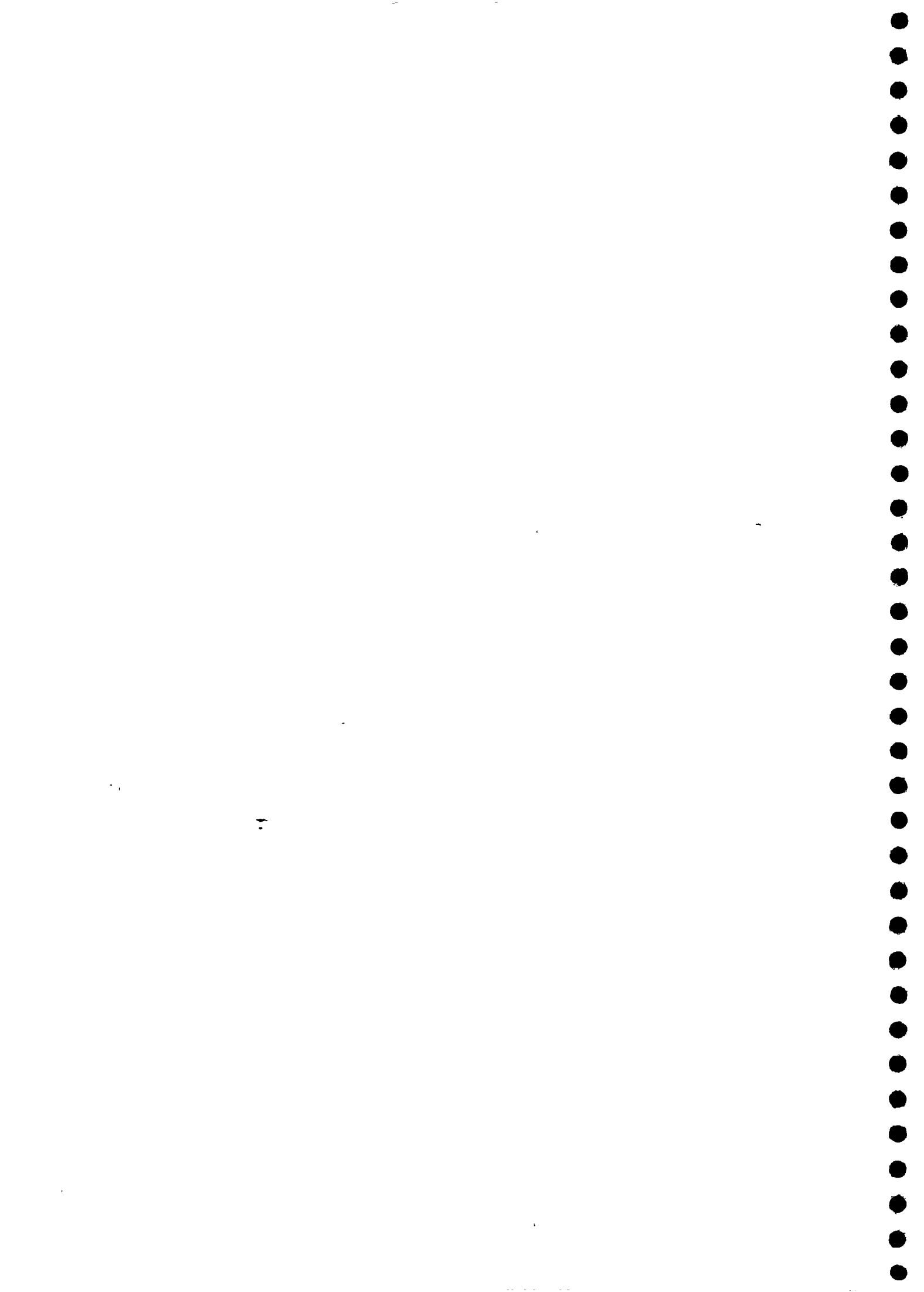
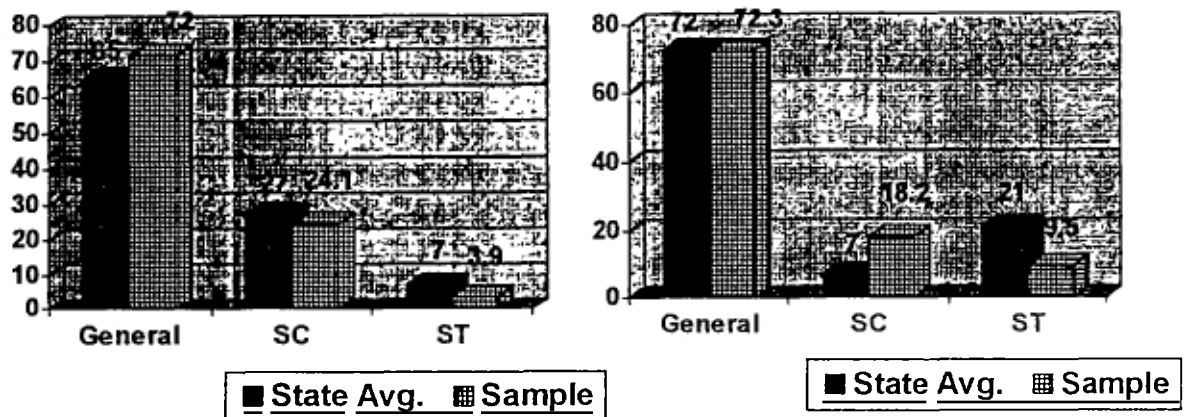


Figure – 8 : Social Background of the Sample Households

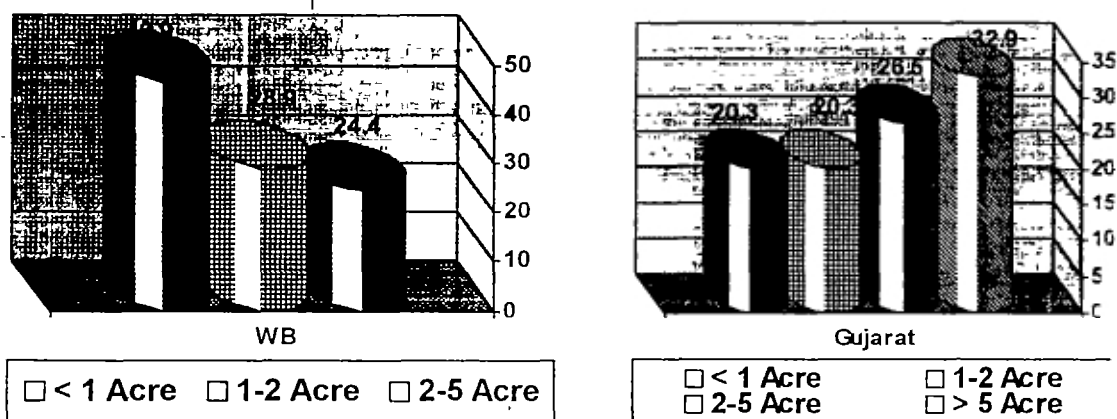


In Gujarat approximately 18 percent of the user community are Scheduled Castes and nearly 10 percent are Scheduled Tribes (In Gujarat 7 percent and 21 percent of the rural population are Scheduled Tribes).

The survey depicted that 65.3 percent of the latrine owners in West Bengal also owns agricultural land and 33.5 percent have electric connections. In Gujarat it was observed that about 70 percent owners of HSL owned land and 80 percent had electric connection in their house

While approximately 47 percent of latrine owners who also owned land accounted for less than 1 acre of land per household in West Bengal, nearly 33 percent of land owning households who had a HSL owned more than 1 acre of land

Figure – 9 : Landholding Pattern of the Respondent Household



From the above discussion it emerges that in West Bengal a high proportion of the rural households covered by the sanitation program belongs to the socially and economically backward section of the society. In case of Gujarat however a sizeable proportion of the benefit is consumed by economically better off households

It has been observed significantly that while almost 9 percent of the latrines surveyed in West Bengal were build with private initiative, only 1.2 percent of latrines in Gujarat was of similar nature. This trend may be viewed as the spread



effect of the programme and a measure of demand generated for latrines outside the preview of the CRSP

5.2 Current trends in Defecation Practice in Rural West Bengal and Gujarat: A comparative analysis

While studying the utility pattern of latrines among households it was observed that nearly 60 percent male and female in West Bengal and 86 percent male and female in Gujarat use the latrine regularly. The low percentages of regular latrine use recorded in West Bengal may be explained by the fact that nearly 20 percent of the latrines surveyed in West Bengal were not yet constructed and another about 20 percent were damaged. These 40 percent households would account for nearly 35 percent of the sample population and in the table also about 35 percent male and female in West Bengal said they do not use latrines though covered under the program.

Table - 33  
Defecation Practice of Household Members - West Bengal

Frequency of use	Male				Total	Female				Total
	0 - 4 years	5-14 years	15-60 years	60 + years		0-4 years	5-14 years	15-60 years	60 + years	
Regular	89 (50.0)	229 (57.5)	705 (58.3)	82 (58.1)	1105 (57.4)	88 (61.0)	239 (58.4)	645 (58.8)	52 (63.4)	1024 (59.1)
Seasonal	8 (4.5)	17 (4.3)	75 (6.2)	10 (7.0)	110 (5.7)	10 (6.9)	22 (5.4)	70 (6.3)	4 (4.9)	106 (6.1)
When ill	-	1 (0.2)	2 (0.2)	0	3 (0.2)	-	1 (0.2)	1	-	2
Never	81 (45.5)	151 (38.0)	426 (35.3)	49 (34.8)	707 (36.7)	46 (32.0)	147 (36.0)	381 (34.8)	26 (31.7)	600 (34.7)
Total	178 (100.0)	398 (100.0)	1208 (100.0)	141 (100.0)	1925 (100.0)	144 (100)	409 (100.0)	1097 (100.0)	82 (100.0)	1732 (100.0)

Individuals using latrines seasonally both in case of West Bengal and Gujarat said that as a matter of practice they opt for open defecation. Interestingly both for West Bengal and Gujarat the percentage of individuals having access to latrines and using the facility seasonally are nominal. This suggests that given the facility there is a possibility of satisfactory usage, or the latent demand for the facility is activated. This is manifested by the fact that out of the 383 constructed latrine units observed in West Bengal about 95 percent households (363) have invested on upgradation of latrines.

Table - 34  
Defecation Practice of Household Members - Gujarat

Frequency of use	Male				Total	Female				Total
	0 - 4 years	5-14 years	15-60 years	60 + years		0-4 years	5-14 years	15-60 years	60 + years	
Regular	129 (85.3)	353 (84.4)	1240 (86.8)	82 (84.5)	1804 (86.0)	108 (80.5)	319 (86.0)	1109 (87.5)	70 (92.1)	1606 (86.8)
Seasonal	7 (4.5)	26 (6.2)	83 (5.8)	4 (4.1)	120 (5.7)	10 (7.5)	20 (5.4)	77 (6.0)	3 (3.9)	110 (5.9)
When ill	-	-	-	-	-	-	-	-	-	-
Never	19 (12.3)	39 (9.4)	106 (7.4)	11 (11.4)	175 (8.3)	16 (12.0)	32 (8.6)	81 (6.4)	3 (3.9)	132 (7.1)
Total	155 (100)	418 (100)	1429 (100)	97 (100)	2099 (100)	134 (100)	371 (100)	1267 (100)	76 (100)	1848 (100)



It is also observed that in case of West Bengal there is an increasing trend in use of latrine among individuals with higher level of education. Thus while 47 percent of all illiterates having access to latrine uses the facility regularly about 70 percent of the individuals educated upto secondary standard are using the facility regularly. However in case of Gujarat high percentage of latrine usage has been recorded irrespective of level of education.

**Table - 35**  
**Use of latrine by Educational Status – West Bengal**

Frequency of use	Educational Status								Total
	Illiterate	Upto primary	Upto class X	Passed Secondary	Higher secondary	Graduate & above	Technically qualified	< school going age	
Regular	312 (47.2)	647 (56.4)	628 (62.4)	156 (70.0)	66 (74.1)	111 (74.5)	4 (66.7)	204 (54.1)	2128 (58.2)
Seasonal	26 (3.9)	75 (6.5)	58 (5.8)	20 (9.0)	4 (4.5)	14 (9.4)	0	19 (5.0)	216 (6.0)
When ill	2 (3)	1 (-)	2 (2.0)	0	0	0	0	0	5 (.1)
Never	320 (48.5)	424 (36.9)	317 (31.5)	47 (21.0)	19 (21.3)	24 (16.1)	2 (33.3)	154 (40.9)	1307 (35.7)
<b>Total</b>	660	1147	1005	223	89	149	6	377	3656 (100)

**Table - 36**  
**Use of latrine by Educational Status – Gujarat**

Frequency of use	Educational Status								Total
	Illiterate	Upto primary	Upto class X	Passed Secondary	Higher Secondary	Graduate & above	Technically qualified	< school going age	
Regular	812 (86.5)	1197 (85.3)	744 (87.6)	159 (88.3)	94 (88.7)	133 (96.6)	3 (100)	288 (82.2)	3410 (86.4)
Seasonal	55 (5.9)	99 (7.0)	40 (4.7)	9 (5.0)	1 (0.9)	2 (1.7)	0	24 (6.9)	230 (5.8)
When ill	0	0	0	0	0	0	0	0	0
Never	71 (7.6)	106 (7.6)	65 (7.7)	12 (6.7)	11 (10.4)	2 (1.7)	0	38 (10.9)	305 (7.8)
<b>Total</b>	938	1402	849	180	106	117	3	350	3945 (100)

### 5.3 An Estimation of Demand for Household Sanitary Latrines Manifested Through Community Responses On Utility Of Available Services

The estimation of demand of a commodity of social benefit such as latrine is essentially need based. Given the socio-economic and cultural profile of the rural community it is imperative to sensitise the community regarding use of latrine before actual supply of the asset.





Hence, the measure of demand manifested through number of households willing to opt for latrines readily, is not a sufficient estimate. A household owning a latrine may not be using the asset properly and a household apparently not willing to opt for latrine may still have a latent demand for the facility, which needs to be activated.

In this section a measure of demand for latrine has been estimated interviewing latrine users as well as not users and collecting information on reasons behind opting or not opting for a household sanitary latrine.

**Table - 37**  
**Reasons behind using Latrines**

Reasons behind using the latrine	West Bengal	Gujarat
More hygiene	59.3	66.3
Convenient During / Users	38.0	35.6
Convenient and can be used as & when required	19.4	26.6
Status Symbol	4.3	10.9
Affords Privacy	29.6	30.6
Preference of educated people	0.5	2.3
Social Security	11.4	34.7
Prevents spread of disease	24.7	23.9
Facility available in work place	1.2	13.5
Other reasons	0.8	2.9
<b>Total (N)</b>	<b>648</b>	<b>666</b>

*Multiple Response to options*

*Figures represents percentages*

It has been observed that irrespective of the model/structure of the latrine and the amount of subsidy provided the rural household's preference for a household latrine has a particular pattern. Most rural households would prefer to use a sanitary latrine due to reasons pertaining to safe health and personal hygiene. The privacy available in a household sanitary latrine also attracts the latrine users. Fewer households attached status symbol to household sanitary latrines. The percentage of households assigning status to use is comparatively higher in case of Gujarat possibly due to the superstructure. Again in Gujarat a comparatively higher percentage of households states that latrines provides social security.

The above tables depicts that there is a concern for safe health and hygiene followed by privacy while defecating, among majority of rural households having latrines while the practice of open defecation among latrine owners as a matter of habit is practiced by fewer household members as a matter of habit. It may be inferred that there exists a latent and indirect demand for latrine, which is activated once the facility is made available. This fact is manifested by high percentage of latrine use among people having latrines.

Again since both in West Bengal and Gujarat there have been similar community perceptions regarding latrine usage it may be convincingly inferred that high cost/ high subsidy do not ensure better latrine use vis-à-vis adoption. The low cost/ low subsidy model of latrine is readily adopted by the rural community in West Bengal. Besides low-cost implies higher coverage of households under this programme.



Although it has been stated that a high subsidy in Gujarat is provided to encourage adoption of latrines, it could be conjectured that a high subsidy is actually used as an incentive to opt for latrines. However, it was also observed that households opting for a high cost-high subsidy latrine have also reported high level of latrine usage. There could nonetheless be a probability of households opting for high cost-high subsidy latrine but not using the latrines.

It appears that a substantial proportion of household contribution supplemented by a strong IEC component by Shri Ishwarbhai Patel have ensured satisfactory level of latrine usage. The risk of supply of high cost – high subsidy latrines followed by non-usage was thus averted. In States where similar software components are not available. The consequence of providing subsidised high cost latrines could be detrimental.

**Table - 38**  
**Factors motivating Households to opt for a latrine**

Motivating factor	West Bengal (%)	Gujarat (%)
Convinced about safe personal hygiene	64.9	50.2
Convinced and ready to bear entire cost	9.3	5.6
Due to high subsidy could afford it	12.9	48.3
Because it was totally subsidised	4.6	3.0
Facility of paying in installments	1.7	3.0
Not convinced initially – but eventually opted	1.9	1.7
Status Symbol	8.7	4.7
Neighbours influence	7.3	8.6
Dignity of women	69.1	31.2
Problems of old age	37.8	17.9
Total (N)	648	666

*Multiple response to options*

*Figures Represents percentage*

A direct measure of factors causing demand for latrines was obtained by asking the households the reasons prompting them to opt for a latrine

Interestingly 48 percent household (compared to 13 percent in West Bengal) in Gujarat said that *high subsidy* was the source of motivation while 69 percent households (compared to 31 percent in Gujarat) in West Bengal said they opted for a HSL to protect the dignity of their womenfolk

Evidently these responses were consequence of the software interventions wherein an obvious 65 percent and 50 percent households in West Bengal and Gujarat respectively appeared to be convinced regarding the safe hygiene of HSL. It is however interesting to note that demand for safe sanitation in West Bengal is generated by motivating the households towards dignity of women. In contrast, the households in Gujarat are more convinced about the high subsidy component of latrines. As has been stated earlier that in West Bengal an attempt is made to convince the user about the merit of safe sanitation



The policy of supplying low cost – low subsidy latrine is in line with this attempt Again after providing the basic minimum standards of latrine, if the households invests on the asset for upgradation a measure of demand for latrine amongst the beneficiary households is reflected

**Table - 39**  
**A Comparative Scenario of upgradation of Latrines in West Bengal and Gujarat**

Mode of Upgradation	West Bengal	Gujarat
Brick Superstructure with curtain, without roof	6 (1.7)	-
Brick Superstructure with curtain and roof	31 (8.5)	17(15.6)
Brick Superstructure with door without roof	15 (4.1)	6 (5.5)
Brick Superstructure with door and roof	36 (10)	1 (0.9)
Temporary superstructure with door / curtain	235 (64.7)	9 (8.3)
Improvements in the interior	17 (4.7)	30 (27.5)
Plastering of the exterior	19 (5.2)	29 (26.6)
Tap connection within the latrine	3 (0.8)	20 (18.3)
An additional handpump for the latrine	-	
No upgradation through it was required	-	1 (0.9)
Paintings of the walls	23 (6.3)	54 (49.5)
Paintings of the doors	11 (3.0)	42 (38.5)
<b>Total (N)</b>	<b>363</b>	<b>109</b>

(Figures in parenthesis are percentages)

It may be noted that in case of West Bengal <sup>95%</sup> 363 latrines out of the 648 (out of 383 latrines which are totally constructed) observed reported upgradation with almost 65 percent accounting for additional superstructure to the basic model provided to them. In Gujarat only about 16 percent of all latrines observed were upgraded and the additional investments on those latrines were mostly in the form of painting of doors and walls.

While inquiring into the reasons behind lack of demand for latrines non-users were interviewed to reflect on the primary hindrance for increased adoption of HSLs

**Table - 40**  
**Why did you not opt for a latrine?**

Reasons	West Bengal	Gujarat
Too expensive	91.9	84.7
Non Availability of space	30.4	28.5
Not adequately motivated to opt for a latrine	8.1	8.9
Inadequate water supply/facility	1.0	19.4
Open air defecation is more healthy	6.1	6.5
Habit for going for open defecation	8.4	6.2
<b>Total (N)</b>	<b>432</b>	<b>414</b>

Multiple response

Figures in parenthesis are percentages



It was noted that the majority of non-users did not opt for latrines since it was "too expensive" and most of them would opt for a latrine if subsidised or provided free of cost. This scenario is strikingly similar amongst non-users for both Gujarat and West Bengal.

**Table - 41**  
**Will you opt for a latrine if?**

Reasons	West Bengal	Gujarat
Subsidies provided under this program	44.0	29.7
Latrine is provided free of cost	48.5	36.0
Govt provides a complete unit of HSL with subsidy / free of cost	46.6	41.9
Govt provides a complete unit of HSL without subsidy	5.9	9.8
Site is made available through moderation at the community level and latrine is provided with subsidy / free of cost	15.1	14.0
Site is made available through moderation at the community level and latrine is provided without subsidy	1.4	4.2
Adequate water is made available and latrine provided with subsidy / free of cost	22.4	11.0
Adequate water is made available and latrine provided with subsidy / free of cost	1.2	1.2
<b>Total (N)</b>	<b>432</b>	<b>414</b>

*Multiple response*

*Figures in parenthesis are percentages*

Apparently a common belief of the rural community lies in the fact that a latrine is an expensive item. This is irrespective of the cost of the latrine. These beliefs gain ground primarily because latrine is not a priority requirement of the rural households. Subsequently most Rural households expect to obtain a latrine free of cost. There is a marked change in attitude of the same household once it has been actually exposed to the facility as was evident in the earlier section.

**Table - 42**  
**Priority of the rural household- West Bengal & Gujarat**

Priority	West Bengal		Gujarat		
	User	Nonuser	Priority	User	Nonuser
Income Generation	31.5	26.4	House repair	15.9	17.6
House construction	20.7	25.2	Cycle / Two wheeler	9.3	6.5
To buy land	12.3	14.4	LPG	3.2	6.0
Upgradation of house	13.1	11.1	Fan & Light	3.8	6.0
	-	-	Television	8.3	7.0

*Response have been collected from 1080 respondents & only significant items of priority have been considered*

*Figures are in percentages*





It may also be noted that there is a specific pattern in the household level priorities both having latrines and not having latrines

Thus it may be argued that there is a rationale behind promoting community awareness and adoption of household sanitary latrines. The process of sensitising the households should continue beyond providing sanitary latrines. Thereafter demand for latrines should be estimated through trends and patterns in latrine usage and household investments made on the HSLs provided through the programme. Herein, incidence of high level of usage and upgradation would imply high demand and vice-versa.



## CHAPTER - VI

## 6.1 Impact of Environmental Sanitation Programme on Health and Personal Hygiene

While any impact on the rural Environmental Sanitation is explained by the aggregate inputs in health, water & sanitation and other social benefit programs directed to improve Quality of Life, the present chapter attempts to capture the current status in health and hygiene of the rural community in Gujarat and West Bengal where the CRSP has been implemented. Some of the observations are noted below. It may be reiterated that an improved QoL in this villages cannot be attributed solely to the inputs of the CRSP. However, some indication of the software package supplementing the latrine program may be reflected here.

## 6.1.1 Health Status

In West Bengal 16 percent and in Gujarat 21 percent of the sample households had family members who reported that there has been incidence of diarrhoea in their family in the past two weeks.

Table - 43  
Assistance during incidence of Diarrhoea

Assistance providing treatment	West Bengal	Gujarat
Allopathic Doctor (govt)	24 (14.0)	55 (25.0)
Allopathic Doctor Private	111 (64.9)	91 (41.4)
Non Allopathic Doctor (Govt)	3 (1.8)	2 (0.9)
Non Allopathic Doctor Pvt	12 (7.0)	9 (4.1)
Pharmacist / chemist	6 (3.5)	10 (4.5)
PHC / Subcentre	9 (5.3)	31 (14.1)
Health worker / AWW	2 (1.2)	2 (0.9)
Village health Guide	-	2 (0.9)
Other	4 (2.3)	19 (8.2)
<b>Total (N)</b>	<b>171</b> <b>(100)</b>	<b>221</b> <b>(100)</b>

*Figures in parenthesis are percentages*

Majority of the households in West Bengal and Gujarat consulted the private allopathic doctor during diarrhoea. Few households have also reported to be consulting Government allopathic doctors. In West Bengal 29.7 percent of the households have reported application of ORS for treating diarrhoea patients while in Gujarat 46.8 percent households used ORS. Use of SSS for treating diarrhoea was also observed in West Bengal (34.9 percent), however use of other fluids for treating diarrhoeal cases were common in the both the states.



**Table - 44**  
**Diseases commonly reported**  
**in West Bengal & Gujarat**

Diseases	West Bengal	Gujarat
Dysentery	38.1	27.1
Jaundice	11.6	5.6
Skin Disease	16.3	7.0
Worm Infestation	13.7	8.6
Typhoid	5.9	5.2
No	43.1	53.5
<b>Total (N)</b>	<b>1080</b>	<b>1080</b>

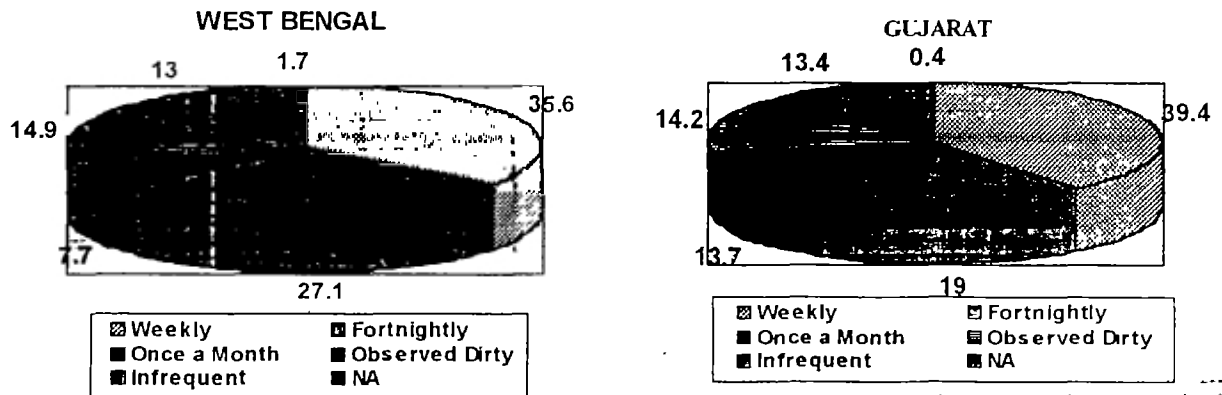
*Figures in parenthesis are percentages*

It is observed that in both the states, dysentery was the most common disease affecting the rural population in the last 1 year followed by skin diseases, jaundice and worm infestations.

**6.1.2 Personal Hygiene**

During the survey selected indicators of personal and domestic hygiene were considered to reflect on the impact of the Sanitation program. Subsequently relevant data was collected from both the states. It was observed in both West Bengal & Gujarat that nail clipping and cutting habit was high among the adult males, females and children. The incidence of nail clipping and cutting was recorded with varied frequency between once every week to once every fortnight. (Figure - 10)

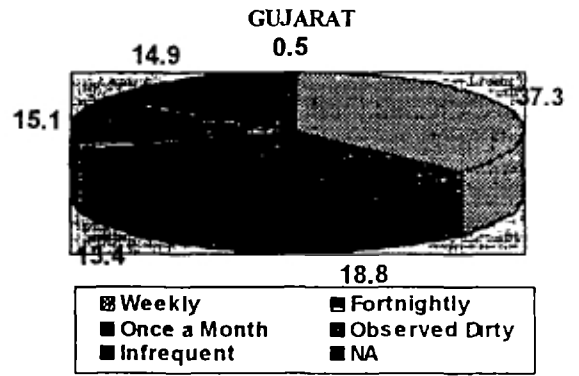
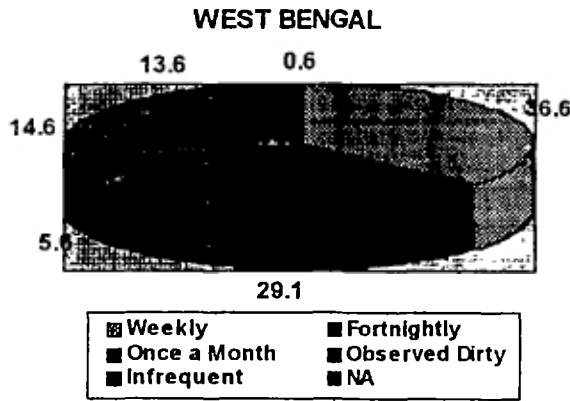
**Nail Clipping and Cutting Habit of HH Members – Adult Male** Figs in Percentage





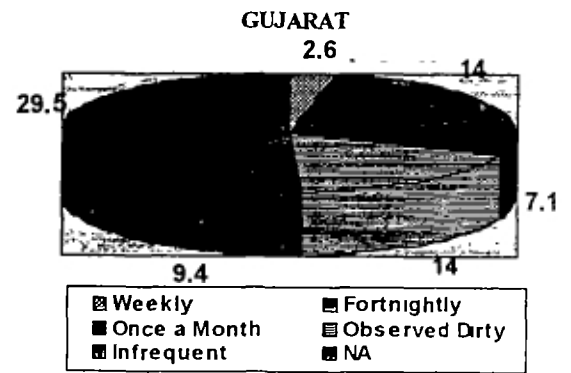
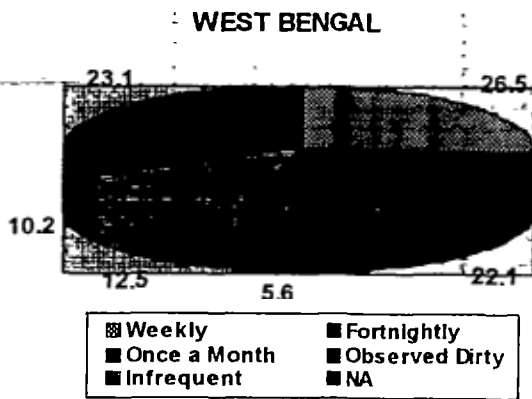
Nail Clipping and Cutting Habit of HH Members – Adult Female

Figs. in Percentage



Nail Clipping and Cutting Habit of HH Members – Children

Figs. in Percentage

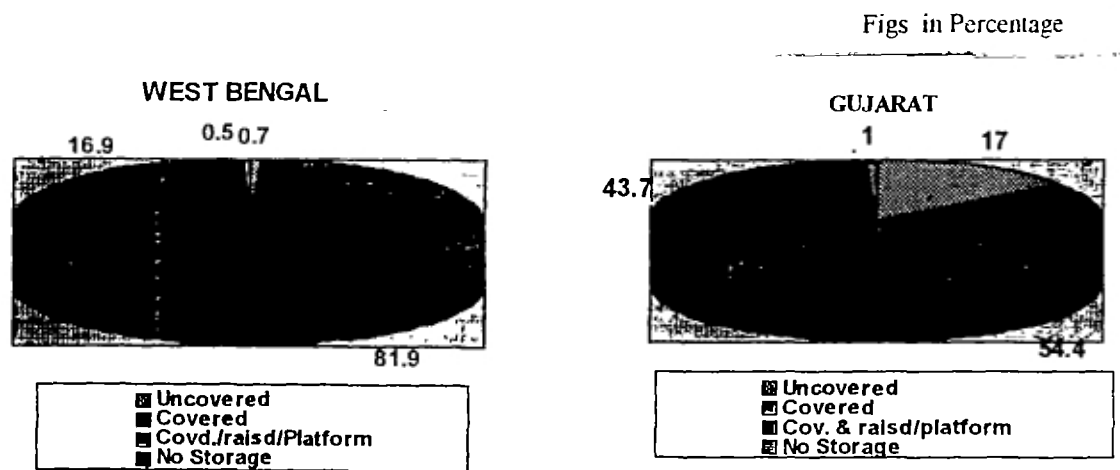






Assessment of water storage practice at the household level was conducted. A very high percentage of the households in both the States covered the container while storing water. In Gujarat nearly 44 percent of households covered the containers and kept it on a raised platform (Figure - 11)

Method of Storing Water



The practice commonly adopted to gather water from the containers where drinking water is stored was examined. It was reported that in West Bengal the most common practice of collecting drinking water from vessels was done by tipping over the container. However, in Gujarat the practice ranged from collecting water using long handled laddle to dipping a mug specially used for drinking water or by dipping any mug or glass. (Table 45)

**Table - 45**  
**Collection of water from Container for drinking**

	West Bengal	Gujarat
Collect water using a long handled laddle	0.6	24.1
Tipping over the container	65.9	15.7
Dipping a mug of glass specially kept for drinking water	10.2	25.1
Dipping any mug or glass	23.3	34.9
Total (N=1080)	100.0	99.8

**6.1.3 Domestic Hygiene**

While studying the waste water disposal system at the household level it was observed that in case of West Bengal most of the houses had no conventional drains but waste water is disposed off by the natural slope of the landscape. In Gujarat quite a high percentage of households reported that due to absence of drains and gentle gradient of the natural slope of the village landscape water logging in front of the houses was common.



In Gujarat about 50 percent of the households had either a bathroom or a bathing platform, but in West Bengal few such cases were observed. In the case of disposal of household waste, in West Bengal household level practice varied between dumping it into a garbage pit or disposing it in the front-yard / backyard of the house. In Gujarat the household waste was disposed in the open space outside the village. In case of both the states, instances of non utilisation of the household waste is common, but in some cases they were used as fertilizers. Few households reportedly utilised the waste for bio-gas generation.

In West Bengal only 4.5 percent households reported to be having smokeless chullahs while in Gujarat 10 percent of the households were using the device.

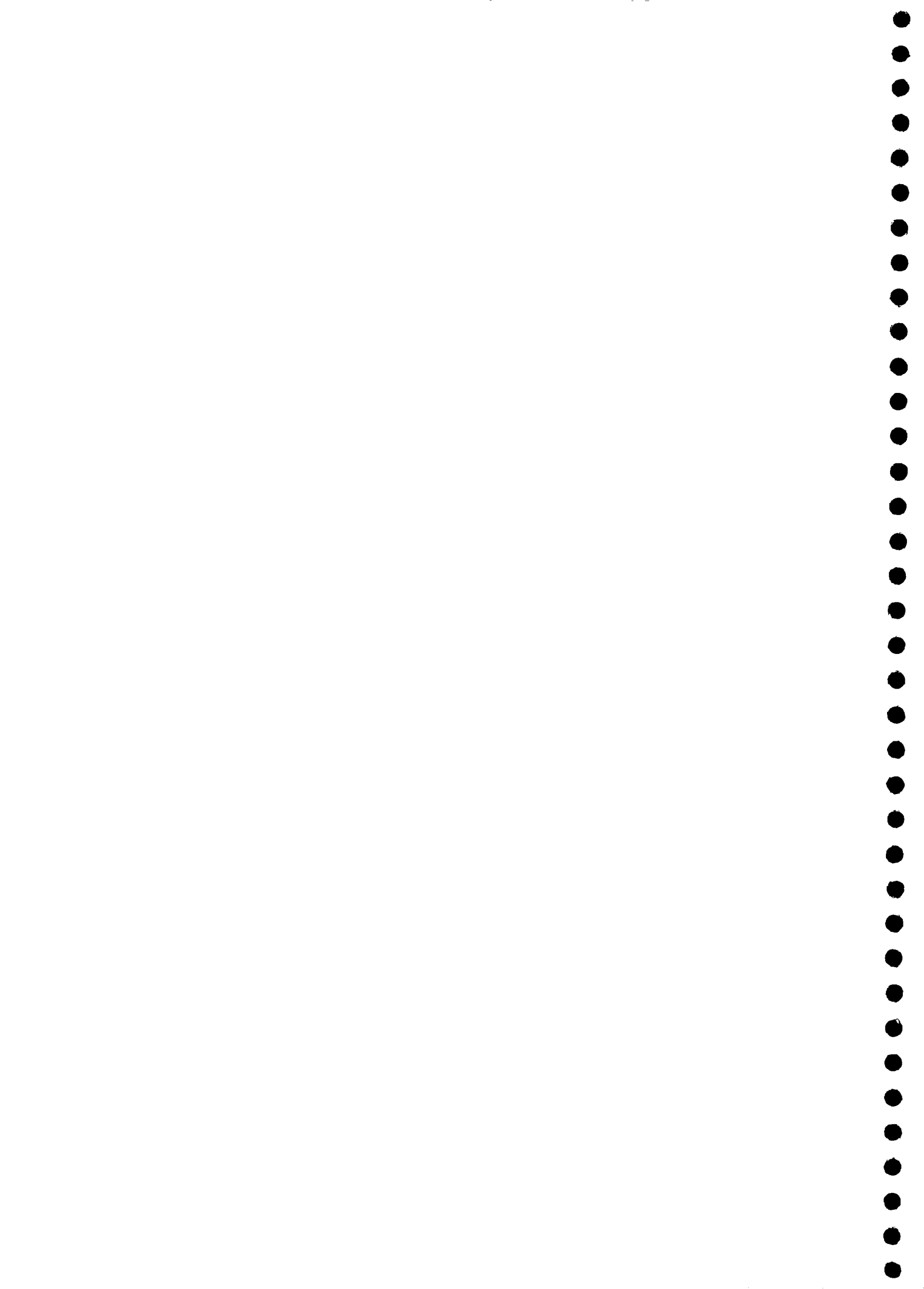
In order to assess the respondent's knowledge about safe water source lists of water sources were read out to them and their views were recorded.

**Table - 46**  
**Community Perception of Safe Water**

Water Sources		West Bengal	Gujarat
Deep bore well	Safe	924 (85.6)	755 (70.0)
	Not safe	61 (5.6)	90 (8.3)
	DK/No opinion	95 (8.8)	235 (21.7)
Hand Dug Well	Safe	287 (26.6)	335 (31.0)
	Not safe	504 (46.7)	264 (24.4)
	DK/No opinion	289 (26.8)	481 (44.6)
Irrigation Water	Safe	142 (13.1)	106 (9.8)
	Not safe	680 (63.0)	398 (36.8)
	DK/No opinion	258 (23.9)	576 (53.4)
Piped Water	Safe	578 (53.5)	859 (79.5)
	Not safe	151 (14.0)	76 (7.0)
	DK/No opinion	351 (32.5)	145 (13.5)
Pond / Wadi	Safe	30 (3.8)	85 (7.8)
	Not safe	1027 (95.1)	624 (57.7)
	DK/No opinion	23 (2.1)	371 (34.5)
River	Safe	93 (8.6)	114 (10.5)
	Not safe	878 (81.3)	419 (38.8)
	DK/No opinion	109 (10.1)	547 (50.7)
Shallow Well	Safe	684 (63.3)	396 (36.6)
	Not safe	243 (22.5)	290 (26.9)
	DK/No opinion	153 (14.2)	394 (36.5)
Tank	Safe	379 (35.1)	389 (36.0)
	Not safe	278 (25.7)	202 (18.7)
	DK/No opinion	423 (39.2)	489 (45.3)
<b>Total</b>		<b>1080 (100)</b>	<b>1080 (100)</b>

*Multiple Response for each option. Figures in parenthesis represents percentages.*

Drinking water from deep bore well was regarded safe by nearly 86 percent households in West Bengal and 70 percent households in Gujarat. Piped water was considered safe by approximately 80 percent households in Gujarat and nearly 54 percent households in West Bengal. In West Bengal about 47 percent and 63 percent households regarded water from hand dug well and irrigation water as unsafe. Majority of the households in both the States were aware that the water from pond / wadi is unsafe for drinking.



## Chapter - VII

### Conclusion

The study has been conducted to evaluate the process of implementation of the CRSP in the States of West Bengal and Gujarat

The study envisaged to decipher the intricacies of the delivery mechanism vis-à-vis the key role players involved in the programme

The study further aimed to assess the viability of the system put in place in either States and software components in terms of Capacity and IEC materials used was studied

Thirdly the study attempted to define the concept of demand for latrine and thereafter measure the demand.

Fourthly on the basis of the comparative evaluation of the delivery mechanism the implementation process, the role of the key stakeholders and the beneficiary household survey a model of replication has been constructed

#### *Section 1*

##### *Issue: Delivery Mechanism for Implementation*

The essence of decentralisation is contained in a bottom-up approach which demands realisation of aspirations and requirements at the grassroots and responding to the same locally. The role of State is to provide overall guidance and supervise the developments at the micro level

In West Bengal a decentralised delivery mechanism with retail outlets (RSMs) at the block level have rendered strength to the CRSP, not only in terms of easy availability of latrines but also improved implementation in terms of better community mobilisation and change in sanitary behaviour of the community

It may be significantly noted that while the CRSP has been decentralised in spirit (i.e., demand generation and delivery mechanism delegated at the grassroots), State interventions in terms of overall monitoring and guidance has proved to be a key success factor

Thirdly, the process of decentralisation has been formulated by drawing linkage with key institutions at the horizontal level, along the vertical hierarchy. Thus the District Administration and the Panchayati Raj System at the District, Block and Village are also important stakeholders in the program. The NGO functions as the key facilitator while operating the RSM

The process of decentralisation in Gujarat has been rather lopsided with lack of involvement of key institutions such as the District Administration and PRI along the vertical hierarchy. This implies lack of support at different levels which has proved to be very effective in West Bengal



Again as a matter of policy though the responsibility of the State has been reduced in terms of responsibility of implementation, it may be noted that policies pertaining to models of latrines to be constructed and their quality control is still centralised. A flexible policy of options of latrine models have helped the progress of CRSP in West Bengal.

In Gujarat the program has been virtually sub contracted to the Nodal Agencies by the GWSSB. Vertical decentralisation has not implied devolution of responsibility of delivery of latrines at the Block or village level. The Implementing Agency operating at the grassroots are not technically and logistically equipped to build latrines readily. A separate agency (the Support Organisation) is designated to work with the Implementing Agency to supply Sanitary wares. Ideally a single agency having an interface with the community and capable of supplying latrines would respond to the local demands in a better way. The RSMs in West Bengal may be cited as an example of successful decentralised delivery model.

The role of the Nodal Agencies is critical in strengthening the programme through IEC and capacity building inputs. However, apart from ESI and PWS the Nodal agencies have confined themselves as monitors of the implementing agencies.

The role of the State in providing guidance to the programme implementation and software activities of the NGOs is limited. Thus operational gaps in intervention strategies are tackled by the Nodal agencies. Evidently, the nature and quality of intervention is not uniform across the State. In this respect it may be pointed out that the SIPRD plays a pivotal role in capacity building and supervising the program at the State level.

### *Recommendations*

- ◆ It may be concluded that in decentralised delivery mechanism with retail outlets in the form of RSMs is most appropriately suited for saturating the population with sanitation facilities. It has been observed in the case of West Bengal that NGOs with a threshold capacity tends to establish the viability of RSM over a period of time. It may be pointed out that RSMs do not become financially viable overnight. They require a gestation period to evolve as self sufficient units.
- ◆ It has been experienced in West Bengal that once the demand for latrine is generated at the household level the potential buyer of a latrine will look for a retail outlet locally (as evident in case of Medinipur where a large number of private latrines has been built by the Rural Sanitary Marts). This substantiates the logic for having an RSM at the block level. However, till the time such demand is generated the catchment area of demand for a latrine may extend beyond the borders of a development block. Thus during the initial phase 1 RSM may serve more than one block. As the programme matures every block may be provided with an RSM.





- ◆ It may be further concluded that a strong presence of the Government, coordinating, monitoring and supporting the RSM is a positive attribute of the policy adopted in West Bengal. The involvement of the State helps to attend to the gaps arising at the execution level and helps to reconstruct the broad policy framework in tandem with the requirements at the field.
- ◆ It needs to be highlighted that the Panchayati Raj Institution plays a significant role in the delivery mechanism of latrines in West Bengal. The involvement of Panchayat has a long-term perspective in involving the people in the sanitation programme.
- ◆ Another important aspect of institutional support at the grassroots, as depicted in the Medinipur model of rural sanitation has been the involvement of popular groups (youth clubs) locally. This is a very important community participation approach. It is therefore recommended to harness the group which enjoys local popularity and converge the activities of the sanitation program with the activities of this group.
- ◆ Finally, the functionaries responsible for demand generation should have ready access to the materials and logistics required for latrine construction. The functionary can in fact be involved in the process of manufacturing of sanitary materials (similar to the Production Centers of the Rural Sanitary marts). It is imperative that the convergence of responsibilities of generating demand and supplying the product i.e., the Household Sanitary Latrine will enhance the progress of the programme.

*Issue: Model, Cost and Subsidy for Latrine*

The issue of efficacy of the CRSP needs to be highlighted taking into consideration both the delivery mechanism and the policy pertaining to cost of latrines disbursed at the grassroots.

Policy Aspects

In West Bengal the CRSP is basically a program to achieve change in sanitary behaviour of the community members practicing open defecation. Here subsidy is used to promote adoption of latrines by the households. Since the cost of latrine is low, the beneficiary contribution is also affordable and is collected in installments before the latrine is constructed. The initial payment entails conviction of the households to opt for latrines. Thereafter use of latrines and any additional investment on the latrine by the way of upgradation would reflect demand for latrines.

In Gujarat, the high cost of latrine (despite high subsidy) of latrines implies functioning with high working capital at the field level. This becomes a difficulty for the Implementing Agency and the beneficiary as well. Moreover, though at the policy level, subsidy is provided to promote adoption of the latrine it emerges as an incentive to the community, as depicted in the impact of subsidy on the beneficiary households.



The household surveys have revealed that while in West Bengal issues such as dignity of women have motivated households to construct latrines in case of Gujarat the availability of high subsidy have motivated a large number of households. This reflects the strength of the policy and the contents of the IEC materials in West Bengal. In case of Gujarat, however, though the IEC materials contain social issues, the households are apparently most attracted by the high subsidy component. It may be concluded that in the incidence of provision of high subsidy, the progressive elements of the IEC campaigns are outweighed by the incentive of subsidy.

In both Gujarat and West Bengal high incidence of latrine use has been recorded. Thus given the nature of adaptability of latrines at the household level it may be inferred that the households would opt for latrines even for a lower subsidy component, particularly the 22 percent (approximately) households covered by the MNP.

#### Operational Aspects

It may be clearly highlighted that the policy of low cost low subsidy latrines in West Bengal has helped in higher coverage of population by latrine facility in the State in comparison to Gujarat. The provision of a range of models of latrines and correspondingly a range of cost of latrines provides the flexibility required to adapt to variations in local conditions.

The high cost and high subsidies for latrines in Gujarat renders difficulty in

- ◆ Initial investments by the households, particularly poor households,
- ◆ Investments to be made by the Implementing agencies if required

Again the policy of differential rate of subsidy for household belonging to different socio-economic categories have raised controversies regarding the appropriation of subsidy. This study have not probed into the controversies. However, it is inferred that high subsidy and differentials in the high value in subsidy leads to competition among community households in procuring the subsidy amount. In such competition the more influential household members emerge to be the gainers. This impression has been synthesised from the depth discussions with State level functionaries in both West Bengal and Gujarat. In West Bengal, however, due to the policy of flat rate of subsidy for all poor households, the issue of misappropriation of subsidy is non-existent. Moreover the coverage of population by latrine facility remains to be low.



A review of the salient features of the CRSP policy adopted revealed that

Policy Issues	Gujarat	West Bengal
Mission of the programme	Provision of Household Sanitary Latrines as per State specifications	Change of Sanitary behaviour of the community by providing basic minimum standards of latrine
Model of latrine	Fixed Models of latrines as per State specification	Range of options of latrine models
Cost of Latrine	Fixed cost of latrine (Rs.2700 approx )	Range of cost options varying between Rs 365 and 2700
Subsidy component	Differential rate of high subsidy Beneficiaries vary from poor to rich households/SC/ST	Flat rate of low subsidy for all households below poverty line

### ***Recommendation***

A policy of Low Cost Low subsidy latrine with flat subsidy for all households would ensure

- ◆ Higher population coverage by the Sanitation Programme
- ◆ The programme should have a mission to change the sanitary behaviour of the community, and latrine should be treated as a mean to meet this end
- ◆ There need to be a flexibility in the models of latrine to be offered to the community *There should be some scope for upgradation of the latrine provided under the programme. In other words only basic minimum standards of the latrine (instead of a totally completed model) should be provided*
- ◆ Establish subsidy as a tool to promote adoption and not an incentive
- ◆ Involvement of low working capital in the project execution at the field level

### ***Section 2: Role Players, IEC Component and Capacity Building***

While critically analysing the delivery mechanism it has been observed that within the framework of decentralised mechanism while the State government plays a significant role in West Bengal in contrast to the reduced role of the State in Gujarat The implications are

- ◆ Lack of guidance in capacity building and IEC strategies in Gujarat Thus though efforts of the ESI are visible in pockets there is no uniform State policy for the software component
- ◆ Lack of coordination with District Administration and PRI This implies lack of proper support system along the vertical hierarchy



It has been significantly noted that while UNICEF in West Bengal may be treated as a key stake holder in the Rural Sanitation programme in West Bengal, the UNICEF in Gujarat is implementing a Rural Sanitation Programme which is totally de-linked from the CRSP. Evidently, the partnership of UNICEF in West Bengal has been a positive success factor

The involvement of PRI in West Bengal is significant. On the contrary the PRI in Gujarat is not institutionally involved in the programme. In such a case the awareness generation activities of the grassroots NGOs remains to be in want of institutional support.

It may be concluded that the capacity building component of the CRSP in Gujarat is by and large focussed on the technical aspects and the policy of creating spread effect of capacity building by one time training of resource persons (training imparted by the ESI) had limited achievements. A distinct absence of Institution to impart training and lack of capacity building efforts has been observed at the State level. In contrast the capacity building / training programmes of SIPRD / RKMLSP are significantly visible in West Bengal.

The IEC component in West Bengal has been effectively developed and implemented in the village level as revealed by the NGOs (particularly RKMLSP) and community responses. In Gujarat not much evidence of development of IEC materials has been observed. Awareness generation campaigns are conducted by NGOs in Gujarat are mostly through group discussions and interpersonal interactions

The household survey in both States have revealed that most households has been contacted through house visits and group discussions. Evidence of implementation of any other form of Communication was not significant in either State

### *Recommendation*

There is a need to converge all State level Sanitation programs and integrate the efforts of all relevant functionaries involved in the Sanitation Programme in the State level. The lack of involvement of the District Administration and the PRI is striking in Gujarat. This is suggested in the wake of the successful inter linkage of institutions in West Bengal. The role of SIPRD can be replicated to establish support in Capacity Building, Communication Strategy and overall monitoring of CRSP

The partnership with UNICEF have proved to be fruitful in West Bengal. In Gujarat there are policy differences between the UNICEF strategy and the Gujarat CRSP. The UNICEF in Gujarat implements the Sanitation Programme through the Rural Sanitary Marts. Some convergence needs to be worked out for effective progress in rural sanitation coverage

The policy for Capacity Building in Gujarat needs to be strengthened with regular training programme and orientation courses and Capacity Building needs to be supported by a State level Institution





The developments of IEC materials in West Bengal by SIPRD and particularly by RKMLSP (enclosed) are effective communication tools. The ESI in Gujarat also has posters and pamphlets. However apart from house visits and group discussions mass based communication materials are lacking in both States which needs to be developed and implemented

### *Section 3: Impact of the CRSP at the community level*

It may be pointed out that in both West Bengal and Gujarat the beneficiaries of the CRSP latrines have recorded high levels of use and satisfactory maintenance of the latrines. Thus, in terms of promoting adoption of the services the programme has been successful in both States. While this goal has been achieved with a higher coverage and a flat rate of low subsidy in West Bengal, in Gujarat a high amount of subsidy per household has been disbursed. Moreover, an average of 20 percent of households are served by the subsidy component every year. A beneficiary household survey was conducted for households who have opted for the CRSP latrines to reflect on their impressions regarding the facility. A household survey was also conducted for households who do not own a latrine to reflect on issues that have not yet created the demand for the facility.

#### *Issues: Motivating Factor*

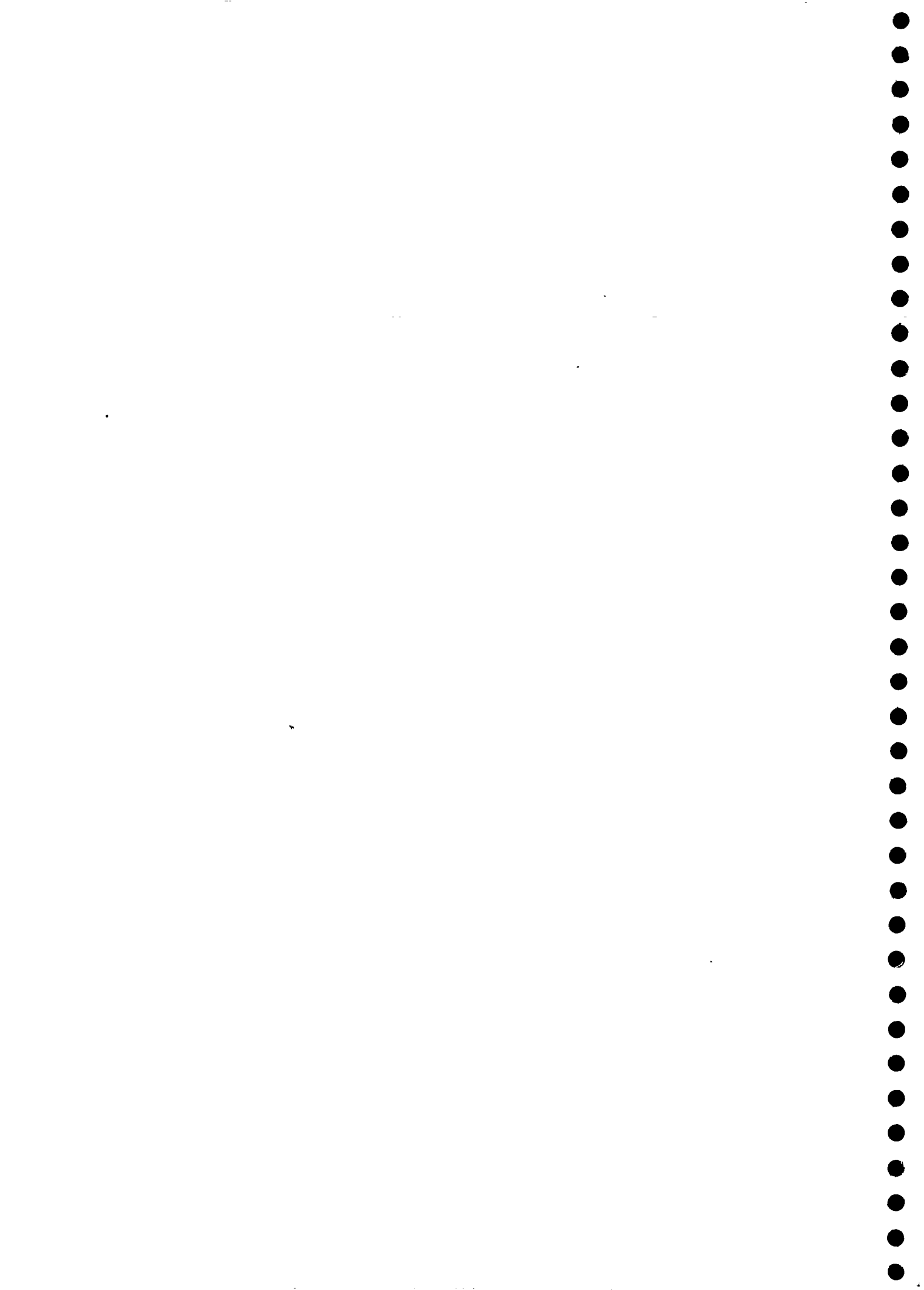
The household beneficiary survey indicated that in both West Bengal and Gujarat better hygiene, privacy and health reasons prompted them (the latrine owners) to use the latrine. It was further noted that apart from health reasons while in Gujarat 48 percent user households said that they opted for latrine because of the high subsidy provided to them in West Bengal nearly 69 percent beneficiary household said that they opted for latrine to protect the dignity of their women.

Firstly, it may be concluded that safe health has a convincing linkage with safe sanitary practice. Thus health issues becomes important for social marketing of latrines.

Secondly, it may also be concluded that under circumstances where low cost low subsidy latrines are provided, social issues such as dignity of women becomes important point of consideration. On the contrary, under circumstances when high cost high subsidy latrines are provided, apparently subsidy becomes the most important selling point and all other social issues are receded to the background.

#### *Issues: Subsidy - Incentive or Adoption tool*

The household beneficiary further indicated that both in West Bengal and Gujarat households not owning a latrine considers a latrine "too expensive" (about 10 percent in either States) irrespective of the cost of latrine and subsidy provided at the State level. Interestingly, while in West Bengal owners of latrine do not consider subsidy as an important motivating factor, the households who do not own a latrine considers subsidy a significant requirement.



Firstly it may be concluded that subsidy is important for adoption of latrine. Once the latrine is provided the user understands the merits of the facility and thus considers subsidy to be an insignificant factor of motivation.

However, subsidy will remain to be an important motivating factor if the subsidy amount is high, as indicated in case of Gujarat.

*Issues: Demand for latrine and willingness to pay*

The inquiry tools has been designed with the assumption that every rural household has a dormant/latent demand for latrine which may be effectively activated if a latrine is provided to the household Usage of latrine provided under the programme indicates demand.

Thereafter if the households invests on the upgradation of latrines, the willingness of the household to spend on latrines is reflected To measure this indicator it is necessary that basic minimum standards of latrines are provided to create scope for upgradation.

It may be concluded from the data pertaining to use of latrines ( about 80 percent in both West Bengal and Gujarat) that demand for latrine has been effectively generated in both States.

The willingness to spend on latrines in West Bengal has been manifested by high level of upgradation of sanitary latrines. About 56 percent of the latrines surveyed in West Bengal have been upgraded by the user households.

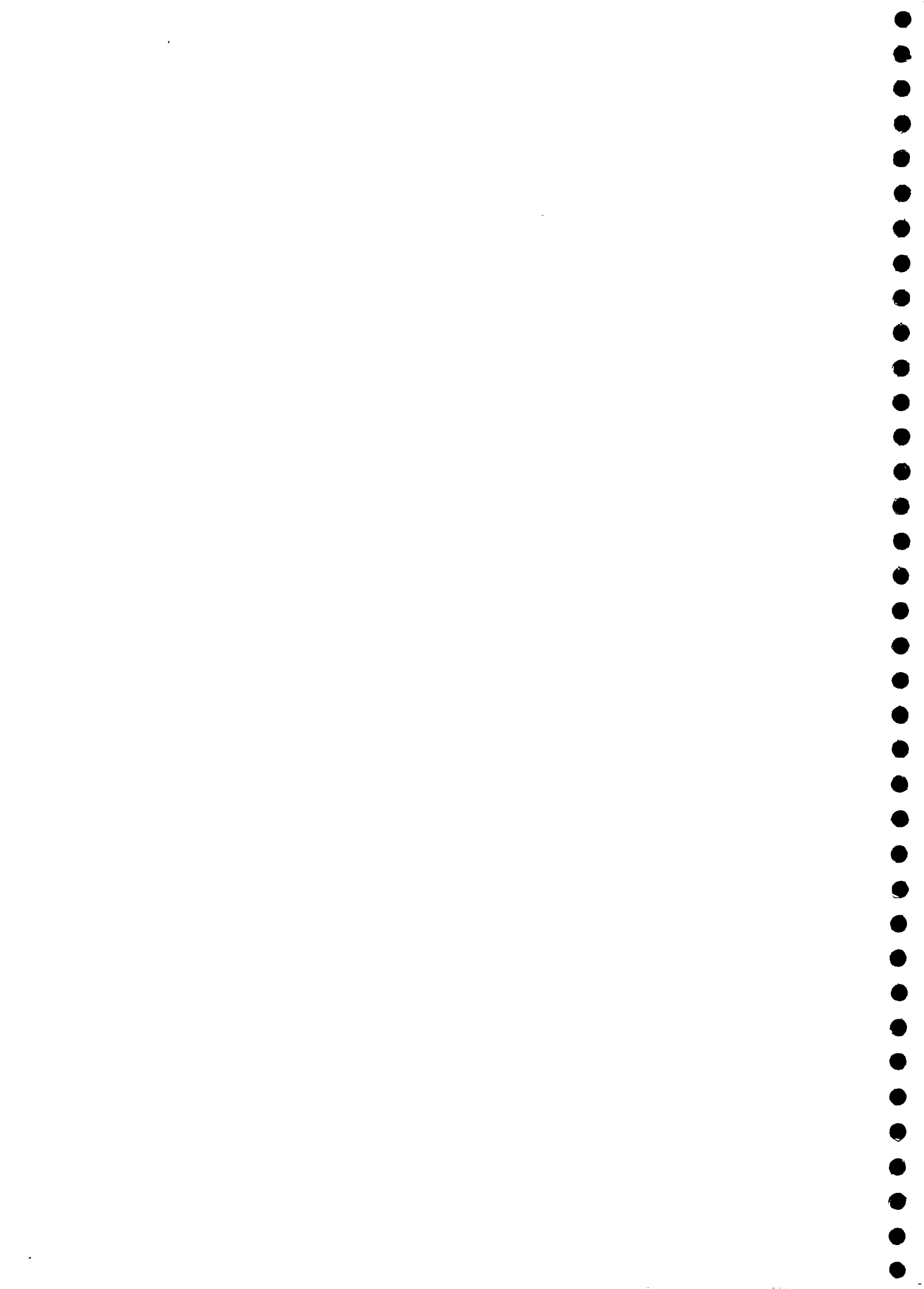
The spot check and qualitative assessments of latrines suggested that latrines in Gujarat are better maintained in Gujarat (the visual impact is biased by the high quality of construction) However, a high standard of maintenance indicates high level of adoption to the system

*Recommendation*

For the purpose of motivating the community the most important factors appeared to be

- ◆ Safe Health and Personal Hygiene
- ◆ Privacy
- ◆ Dignity of Women

The study reveals that the response of households who do not own a latrine is characterised by high level of expectation of subsidy to construct a latrine It may be concluded that this attitude undergoes radical change once the system is adopted Thus a policy to promote adoption of latrine is proposed A low level of flat subsidy is proposed to promote adoption



Evidently, low cost latrines are proposed to keep the beneficiary's contribution within affordable limits. Once the household is convinced about the merits of the facility and adopts the system - the willingness to pay for the service is manifested in terms of upgradation of latrines is reflected

For the purpose of replication, it is imperative that subsidy be used to promote adoption of the facility by the household. However, a low rate of flat subsidy be provided to

- Firstly ensure higher coverage
- Secondly attach relatively lesser significance to the issue of "Subsidy" viewed as an incentive.
- Thirdly provide a basic minimum structure and not a complete unit so that subsequently the household makes additional investment on the system This provides an opportunity to test check the willingness of the community to incur expenditure on the system (in other words demand for latrine).

