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C L E A N K E R A L A

CAPACITY BUILDING

FOR

PANCHAYAT-MANAGED ENVIRONMENTAL SANITATION

SEPTEMBER 1997

RURAL DEVELOPMENT DEPARTMENT
GOVERNMENT OF KERALA
THIRUVANANTHAPURAM

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LIST OF ABBREVIATIONS

Anganwadi	Nursery School
BDO	Block Development Officer
BPL	Below Poverty Line
BSSU	Block Sanitation Service Unit
DRDA	Department of Rural Development Agency (district level)
GoI	Government of India
GoK	Government of Kerala
GoN	Government of Netherlands
HPT	Health Protection Team
IEC	Information, Education and Communication
KSSP	Kerala Sastra Sahitiya Parishath
NGO	Non Governmental Organisation
PA	Programme Associates
PHC	Primary Health Care
PRA	Participatory Rural Appraisal
PSC	Panchayat Sanitation Committee
PO	Programme Officer
RDD	Rural Development Department (State level)
SEU-F	Socio-Economic Units Foundation
TT	Technical Trainer
VC	Village Committee
WSC	Ward Sanitation Committee

1. SUMMARY

1. Project Name: 'CLEAN KERALA, Capacity Building for Panchayat managed sanitation
2. Location: Five districts in the State of Kerala.
3. Starting Date: January 1, 1998
4. (Sub) sector: Rural Water Supply and Sanitation
5. Modality: Executed by Department of Rural Development, Government of Kerala, using a process approach.
6. Costs: Physical improvements (hardware) Rs. 2943,748,000 or 294.4 crore
Capacity building (software) Rs. 442,000,000 or Rs. 44.2 crore
7. Contributions: For household latrines: Rs. 280 Cr. over 5 years
- | | | | |
|---|-------|----|------------|
| Households and Voluntary Funds contribute | 50% | or | Rs.140 Cr. |
| Panchayats (Local Govt) | 25% | or | Rs. 70 Cr. |
| Government of Kerala | 12.5% | or | Rs. 35 Cr. |
| Government of India | 12.5% | or | Rs. 35 Cr. |
- school & public sanitation Rs. 14.4 Cr.
- | | | | |
|------------------------------|-----|----|-------------|
| Panchayats & Voluntary Funds | 50% | or | Rs. 7.2 Cr. |
| GoI/GoK | 50% | or | Rs. 7.2 Cr. |
- For capacity building:
GoN Rs.44.2crore (Dfl. 2.2 crore)
8. Implementors: for community-managed sanitation programmes:
Local Government (Panchayats) and User Organisations
- for capacity building & IEC :
state level NGOs: KSSP and SEUF

9. Objectives:

- | | |
|------------|---|
| short term | Strengthen local capacities to plan, implement and manage Panchayatsanitation programmes. |
| | Realise measurable physical and behavioural improvements in environmental sanitation. |
| long term | Achieve a self sustained sanitation programme, managed and replicated by local government and people's organisations. |

10. Summary of project:

Through a combination of private initiative, a government-sponsored programme and a Dutch-Danish sponsored SEU programme, Kerala has achieved a latrine coverage of 35-40%. Latrine coverage is however much lower in households below the poverty line and other sanitation conditions such as school sanitation, drainage, solid waste disposal are poor. This situation is a burden for especially the women and causes ongoing high morbidity, especially in the poorest areas, where conditions are worst. The present programme aims at combining the strengths of the government programme (ongoing programme in all districts of Kerala, involving various Departments) with the strengths of the programme executed by SEUF (strong promotion and participation component, less subsidy, follow-up of maintenance and use). The programme has been initiated by five Districts which are familiar with both programmes and have proposed their merge, whilst preserving the strong features of each. Emphasis is placed not on numerical targets (though total coverage is eventually aimed at) but on developing the capacities of the Panchayats and people's organisations for ongoing and locally sustainable sanitation programmes and well-maintained and used facilities.

2. FRAMEWORK

2.1. Background and Rationale

2.1.1. Environmental conditions

Compared with other States of India, Kerala has a relatively high coverage as far as rural sanitary latrines are concerned. But considering Kerala's high literacy level and the good attainment levels of social development, particularly in the status of women, the actual latrine coverage of 35% is quite low. The high population density, especially in the coastal region, has aggravated the problem in conjunction with the fact that of all the States in India, Kerala, with less than 50% coverage is least covered with protected water supply. The majority of the rural population depends on traditional wells for drinking purposes, which means that unless sanitary conditions are maintained at a high level, there is every chance of drinking water sources getting contaminated. A study of the Kerala State Pollution Control Board showed that most Kerala wells are bacteriologically polluted¹. Furthermore, some half of the schools in the five districts do not have any provisions for environmental sanitation. Yet children are the most susceptible to infectious diseases and close contact cause high transmission risks in schools. Better school sanitation also enables children to develop good practices from an early age onwards. Absence of toilet facilities furthermore is a social inconvenience and is known to hamper school attendance by girls¹. With the dense settlement of Kerala poor solid waste disposal and lack of drainage at water points are other public health hazards that often need to be addressed as part of locally planned and managed sanitation programmes.

2.1.2. People's demand

Discussions with officers and elected representatives of the people showed that sanitation is becoming an important area of concern in local development efforts. There is a strong demand, particularly from the women folk, for getting sanitary latrines, mostly in the interest of privacy. Though the people understand the health linkages of sanitary practices it does not seem to have the same priority as the need for privacy.

A recent study, carried out in the preparation of the Second Netherlands' Assisted Project in Kerala (NAP II), shows that in the absence of sanitary latrines, the five districts which have proposed a sanitation programme, Malappuram, Kollam, Thrissur, Alappuzha and Kottayam are in the lower and lowest scores of the table.

¹ Borba, M.L. (forthcoming). Gender and education in water supply and sanitation. Washington D.C. UNDP/World Bank Water and Sanitation Program

Table 1 Absence of latrines in the five districts

DISTRICT	RANK NUMBER FOR HIGH ABSENCE OF LATRINES ON A TOTAL RANGE OF 1 TO 14 (1=highest)
Malappuram	2
Kollam	3
Thrissur	5
Alapuzha	6
Kottayam	8

Public demand for better environmental sanitation has recently been expressed in the decentralised planning exercises, in which Grama Sabhas (ward meetings) have generally given water supply and sanitation top priority in their suggestions prior to the preparation of Panchayat development plans.

In answer to these local concerns five districts have launched a programme for 'total sanitation' by the year 2000. The high public demand for better sanitation and the high health risks associated with open sanitation practices amply warrant a concerted sanitation effort. All five individual proposals underlying this programme proposal have sprung from the District level, without any specific direction from the State Government. All the proposals clearly bring out the District priorities and are based on assessments of the actually uncovered population through surveys.

2.1.3. Poverty and Women and Development

The districts in the programme range from poor (Malapuram) to fairly well-to-do (Kottayam). But in each district the participants are the households below the poverty line. This category, which has the lowest latrine ownership, will be enabled to install, use and maintain sanitary latrines.

Households above the poverty line without a latrine will also be able to participate, but will have to cover all costs by themselves. The other sanitation improvements (school sanitation, drainage, solid waste collection and disposal) will benefit all members of the Panchayats.

Geographically, priority will be given to the lowest income neighbourhoods and colonies. This will ensure that the groups with the lowest capacity to pay will benefit first, when the subsidies have not yet started to decline.

The inadequacy of sanitation coverage is an acute problem for women in

particular, especially for those living in the coastal areas where settlement is high and public space rare, and in the colonies (low-income settlements). A domestic latrine is also an important facility to guard safety in movements for women and girls, because in the absence of a latrine they must go to fields or canals far away from the populated area after nightfall or before sunrise. Furthermore the programme offers an opportunity for women to take part in local management of environmental sanitation and hygiene. Many of them have been trained in government sponsored programmes and the sanitation programme offers them opportunities to take up new leadership roles in environmental sanitation alongside the men. The success of the lady mason groups in block making and latrine construction will be used in the current programme to mobilise other poor women, many of whom are single parents and temporary labourers, to learn new skills, earn an income, get steady employment and improve their status.

2.2. Short-term and Long-term Objectives

In the short term the programme aims at *building up the capacities of the Neighbourhood Groups and Panchayat Sanitation Committees to implement and manage a local sanitation programme with a maximum of local resources.*

The capacities are for planning and implementing local sanitation programmes which aim at physical and behavioural improvements in household sanitation, school sanitation and public sanitation (solid waste disposal)

Although the districts assign importance to personal and environmental hygiene, it takes a holistic view to achieve good sanitation. Therefore the programme ultimately aims at (1) *total sanitation coverage with good quality facilities and services and (2) their proper operation, use and maintenance.* The districts' proposals do not contain more detailed specification of all sanitation improvements that will be undertaken, as the identification of local risks and the planning of risk reducing action is part of the local participatory mapping and planning activities.

Long term objectives are self-sustained Panchayat programmes for good environmental sanitation conditions and practices in the five districts and the diffusion of the approach to other districts.

2.3. Target Groups and their Participation

The main target groups of "Clean Kerala" are the low income households which do not yet have a sanitary latrine and an otherwise sanitary environment. The latrines and other sanitation improvements will benefit especially the women and girls, because they do most of the work in environmental sanitation, and so are most affected by an unsanitary environment. In human excreta disposal they suffer more than any other group greatly from problems of lack of privacy, lack of safety and distance.

In the planning, implementation and management of the programme both women and men will be involved. A gender strategy is being developed to see that:

- * women take part in planning and decision-making at all levels;
- * women and men have equal access to training and education, not only for conventional roles, but also for new roles such as masonry for women, health/hygiene for men;
- * attention is given in the programme to address and motivate men and boys to take up their responsibilities in sanitation and hygiene, such as men financing family sanitation and hygiene improvements, facilitating hygiene work, helping their wives to educate the children in good sanitation and hygiene; Boys: taking their roles in keeping school and home facilities clean, promoting hygiene at home and among friends.
- * work and benefits of the programme, such as unpaid and paid jobs and functions are divided more equally between men and women at the various levels;

3. ACTIVITIES

In the activities a distinction can be made into programme preparation (at the local and higher levels), programme planning and implementation (at the local level), programme monitoring (at the local and higher levels) and programme reporting (at the local and higher levels)

3.1. Programme Preparation

In programme preparation, the emphasis will be on local organisation, participatory planning and community management of the sanitation improvements. For this, the strategy already developed and tested under the previous programme executed by the SEUF will be replicated on a five-district scale. Local sanitation organisations (Neighbourhood Groups, Panchayat Sanitation Committees) will assess local situations and make micro level plans using Participatory Rural Appraisal (PRA) techniques which cover all aspects of sanitation. They will select the qualifying beneficiary households, whereafter their choice is validated by the ward populations. Financial contributions from households and voluntary groups, Panchayats, State Government, Central Government and donor will be placed in a separate bank account for sanitation.

In the choice of sanitation technology and designs, user households will be given a choice from a series of options, in such a way that the male and female household heads can make their communal choice depending on the household's capacity and with full understanding of the consequences for future investments and costs as well as operation and maintenance.

Training of Government staff as facilitators and trainers for Panchayats and neighbourhood groups will be a key component of the programme. The training will use modern (hands-on, participatory) training methods and techniques.

Before actual construction of sanitation facilities starts the Panchayats will acquire the construction materials in bulk of the required quality and at the lowest possible prices negotiated for by the Sanitation Implementation Committees. The selected households will transport the unit materials to their homes where a programme-trained mason, often female, constructs the selected facility.

During preparation and construction, a promotion and educational programme will be carried out to raise the demand for sanitation improvements and ensure proper maintenance and use. The programme will have a gender strategy to comply with the differential interests and roles and responsibilities of women and men.

3.2. Implementation of Panchayat programmes

In the five district proposals (on which this programme proposal for District Panchayat Managed Total Sanitation has been based) installation, maintenance and use of a total of 697517 household latrines, 1975 school latrines, 95 pay and use latrines as well as improved collection and disposal of solid waste, improvement of public drainage, ponds and wells in 328 Panchayats is envisaged.

The actual implementation and costs will be based on the implementation and management capacities which the Panchayats develop during the process (process approach or programmatic approach). The primary aim of the programme is that the Panchayats and people's organisations are able to plan and manage a local sanitation programme which results in well installed maintained and used facilities and services and gives men and women an equal chance to take part in decision-making, training and functions. If these requirements take more time to be built up, implementation will be adjusted accordingly.

A research and development component will be built into the programme activities, so that variations on existing standards are developed reflecting differences in conditions and resources. Different latrine models will be tested further, particularly in water-logged areas and coastal areas and their results evaluated scientifically. In the water-logged areas the research will determine the criteria to be applied to avoid bacteriological contamination of well water through seepage from latrines. The research will look particularly into lower costs and into acceptability of sanitation options other than the full-fledged, double-vault pour-flush latrine.

3.3. Programme Monitoring

During implementation the community organisations themselves will monitor the physical progress and quality of construction. After construction of a set of latrines, they will monitor the proper operation, use and maintenance of the facilities by the users and by the operators of the comfort stations (pay and use latrines with washing and bathing facilities). They will also monitor progress in overall environmental situations in the neighbourhoods and Panchayats.

3.4. Phasing and Plan of Action

The preparatory activities of training, community organisation, information, education and training, establishing the local sanitation funds and carrying out local inventories and action planning will take up the first year of the programme.

Thereafter the implementation of the physical improvements and the monitoring and reporting of physical, financial and social progress and quality of work will start.

Although the programme aims at a substantial number of physical improvements, it is stressed that no crash campaign is intended and that the actual physical construction has to be guided by the speed with which local capacities for an ongoing programme can be built up.

Taking into account the necessary preparatory time and the phased starting of the programme, the proposal foresees in the following year-wise implementation of the latrine component of the total sanitation programme:

Table 2 Phasing of the Clean Kerala Programme (household latrine component)

Year	Est. total no. of house hold latrines
2	70,000
3	130,000
4	200,000
5	300,000
Total	700,000

The table will be adjusted every year according to actual results. This will account for the eventuality that in certain areas a five year programme may prove to be too short to reach total sanitation coverage and self-sustained programmes: For the sake of sustainability a flexible time frame will be adopted.

. For the overall implementation the following time plan will be used:

ACTIVITY CHART FOR PHASE-I TIME PLAN WITH ADJUSTED YEARS

Activity	Objective	Agency responsible	TIME FRAME					Method	Remarks
			1997	1998	1999	2000	2001		
Task Force Meeting	To evolve strategy	All related Depts/agencies	■					Brain storming	
Preparation of draft by-law for State & Dist. Sanitation Samithi	Registration of State & Dist. Samithi	Task Force/Working group	■					Joint meeting of WG & Task force	
Convening of State San. Samithi Meeting	To finalise programme components	Secretary, RDD	■					Discussion	
Formulation of State level Co-ordination Committee, Financial, Technical environment creation, HE, Organisation	To manage the programme and advise State mission on policy matters	Task Force	■						
State level W-shop Dcs/Director/Pancl. President, ADC's Rep., NGO like SEUF, KSSP.	Sensitisation	State Sanitation Samithi	■					Discussion and Participation techniques	
State level meeting	Sensitisation of MLA, Mps.	State Sanitation Samithi/DC	■					Discussion, Participatory technique, Audio-Video shows	
Workshop for training module and material preparation	To evolve standardised modules and materials	Task Force/Working group Coordination Committee	■					Discussion	
Workshop for Media personnel & NGO	To support programme with appropriate methods, Formation of media advisory Committee		■						
Posting of officials at different level	To facilitate the programme		■					Nomination/Selection	
Formation of Dist. level Sanitation mission	To facilitate, Manage & evaluate the programme		■					Discussion Project proposals, PRA.	

Activity	Objective	Agency responsible	TIME FRAME					Method	Remarks
			1997	1998	1999	2000	2001		
Dist.level meeting	Sensitisation of Block presidents, Jilla Members MLA, MP, NGO		■						A working group is suggested
Block level San. Mission	To facilitate, Manage & Evaluate the programme	Dist. Sanitation Mission						Discussion Project proposal, PRA	
Block level meeting	Sensitise Block members, panchayath Members, NGO	Block Sanitation Mission							
Formation of Panchayath level San. Mission			■						
Panchayath level meeting	Secretary, Pt.Members, NGO, VO	Panchayath San. Mission							
Formation of neighbourhood committee	Micro planning & Selection of beneficiaries, need assessment	Panchayath Samithi, Ward Members	■					Nomination/Selection	
Ward Sanitation Samithi	To consolidate Ward level plan & implement programme	Ward Member	■					" "	
Formation of Block Resource Centre	Capacity building/Training/Monitoring Production Resource Centre	Dist.San.Mission, Block San. Mission	■					" "	
Formation of Health Promotion Team (HPT)	To function as TOT at panchayath level to take up Health promotion/Campaign activities	Panchayath Sanitation Samithi	■					" "	
Training for functionaries/Mission at different levels			—					Participatory approach with appropriate modules and support materials	
District level functionaries/Mission	Sensitisation and Capacity building	Training team State level	■						

Activity	Objective	Agency responsible	TIME FRAME					Method	Remarks
			1997	1998	1999	2000	2001		
Block level functionaries/Mission	Sensitisation and Capacity building	Training team Dist. level	■						
Panchayath level functionaries/Mission	Sensitisation and Capacity building	Training team Block level	■						
Health Promotion Team	Sensitisation & Capacity building	Training team Block level	■						
Ward Sanitation Samithi	Sensitisation & Capacity building	HPT							
MOBILISATION/ R & D STAGE									
Appropriate sector related small studies (Eg. Water quality, Ideal model for Water logged areas, Habit of hand washing with soap)	To understand sector related trends and problems	Task Force, NGO, Co-ordinating committee	■	■	■				
Formation of School Health Clubs	To establish a model of Student participation for success of developmental activities	District Sanitation Mission, NGO	■						
Special campaign by students in the community, colony adoption etc.	Focusing problem areas, create social responsibility, sustainability of programme	Teachers, HP T, SHC, Panchayath	■	■	■	■	■		
Orientation to Community & groups	To sensitise on dimension of problem need for sanitation related responsibilities to be shared	HPT							
Neighbourhood committee			■	■	■	■	■	Participatory approach with appropriate tool	Representatives given training and they in turn give awareness to colleagues
NCC, Scout, NSS, Youth clubs		Block Resource Centre	■	■	■	■	■		

Activity	Objective	Agency responsible	TIME FRAME					Method	Remarks
			1997	1998	1999	2000	2001		
Teachers		Dist. San. Mission/NGO	■						
Trade Unions		Dist. San. Mission/NGO	■						
Municipalities and Panchayath Sanitation staff		Dist. San. Mission/NGO	■						
Hotel owners		Dist. San. Mission/NGO	■						
Local level Health ICDS and other functionaries		Dist. Sanitation Mission/NGO	■						
Traders			■						
Mothers, PTA		HPT							
Mass campaign programme	Environmental Creation	NGO, Dist. San. Mission, Pt. San. Mission, Block San. Mission	■		■			Street Drama, Vedio Jatha, kalajatha, Newsboards, Posters etc.	
Construction of Model latrine & other Env. Sanitation and mason trainings (Block level)	To form a team of oriented masons.	Block training team	■		■			Who intum with HPT give training to Mason at panchayath level	
Formation of Exe. Committee at panchayat level.	To manage day-by-day implementation activities	Panchayath Mission	■					Consisting of President, Standing committee secretary, Women representative from HPT, Secretaries of wards with ongoing construction. VEO, HI.	
Joint Review Mission				■					
Survey, initiating application, benefeciary selection, list publication & Env. Sanitation facilities.	To select deserving persons and places	NG, WSC, Panchayath Mission	■						

Activity	Objective	Agency responsible	TIME FRAME					Method	Remarks
			1997	1998	1999	2000	2001		
Demonstration of latrine construction and other environmental sanitation facilities mason training (Pt.level)	To form a team of oriented mason including lady masons	HPT,WSC,Pa nchayath Mission	■						
Initiating production centre	Quality material at affordable cost income generation	Block Resource Centre	■						
INTENSIVE PHASE AND CONSTRUCTION									
Intensive Education for selected beneficiaries	Need for latrine, Top Awareness, Use & Maintenance	HPT, WSC	■	■	■	■			
Competition/Exhibition for Schools/Community	To enhance awareness for behavioural changes	Panchayath/Block/Dist. Level	■	■	■	■	■		
Material procurement and distribution	To mobilise local resource, self reliance and peoples participation	Panchayath Exe. Committe , WSC, NG	■	■	■	■			
Construction of San. Facilities in household & Institutional community		WSC, NG. Benefeciaries	■	■	■	■	■		Freedom of option of beneficiaries
Solid, Liquid Waste management facility household and community				■	■	■	■		
Mid term evaluation						■			

Activity	Objective	Agency responsible	TIME FRAME					Method	Remarks
			1997	1998	1999	2000	2001		
CONSOLIDATION STAGE									
Monitoring of construction of San. facilities	To ensure completion of construction activities	WSC,NG,Beneficiaries		■	■	■	■	Ongoing	
Evaluation Use and maintenance of Sanitation facilities	To ensure sustainability	HPT		■	■	■	■	After two months of construction Total monitoring once in a year	
Post construction education	Needy areas, special focus to men and children in coastal areas				■	■	■		
Final Evaluation						■			

4. COSTS AND RESOURCES

4.1. Costs of Phase I of the Rolling Programme

As mentioned above the total number of household latrines planned in 5 years is 7 Lakhs (700,000). Taking into account that a considerable number will have to be the more expensive model for water-logged areas and that prices will escalate, Rs. 4000 has been taken as the average unit cost for the given period. It is further assumed that 10% of the schools have less than 200 students and need 2 latrines, one for boys and one for girls, that 50% have 200-400 students and need four latrines and that the remaining 40% have up to 600+ students for whom six latrines will be installed. The average unit price of one school latrine has been taken as Rs. 6000. These amounts are based on the experiences in the SEUF executed programme. However, accounting will be done on the basis of actual construction costs. For this purpose a sample latrine will be built and its actual costs determined in each programme Panchayat, in which a good balance between lowest cost and adequate quality is pursued. For public sanitation, a lump sum of Rs. 200,000 is foreseen to cater for locally defined programmes. In each district, one demonstration pay and use latrine will be built. This facility is a combination of latrines, showers, bathing and washing facilities and a small office. It has its own water supply connection with storage tank and serves a community or colony where space for individual household latrines is lacking. The full-fledged sanitation unit is operated by a local NGO or committee on a cost-covering basis. User households either can take a full subscription or pay per visit, or according to whatever other arrangements are made in consultation with the local users (appropriate financing).

To these costs it is estimated that some 15% has to be added for community mobilisation, organisation and participation, latrine promotion, education, training and monitoring. Based on the above assumptions, the total cost for the Panchayat managed environmental sanitation programmes is:

Table 3 **Costs of Panchayat Managed Environmental Sanitation Programme**

700,000 household latrines @ Rs. 4000	2,800,000,000
10,108 school latrines @ Rs. 6000	60,648,000
5 pay & use sanitation units @ Rs 3,500,000	17,500,000
Public sanitation 328 Panchayats @ 200,000	65,600,000
Total cost for sanitation infrastructure	2,943,748,000
15% for 'software' (tentative)	441,562,200

The cost for the school sanitation programme hardware was arrived at as follows:

Table 4 Cost of School Sanitation

District	No. of schools Without latrine	No. of small/ Medium/large/ Schools	Total no. of latrines per school type	Unit cost	Total Cost
Kollam	61	6+30+25	12+120+150= 282	6000	1,692,000
Kottayam	400	40+200+160	80+800+960= 1840	-do-	11,040,000
Thrissur	500	50+250+200	100+1000+1200= 2300	-do-	13,800,000
Malapuram	1019*	102+510+407	204+2040+2442= 4686	-do-	28,116,000
Alappuzha	325	200+75+50	400+300+300= 1000	-do-	6,000,000

*including angawadis

Not included are the in-kind contributions of the many Panchayat level volunteers and the households, who all invest valuable time in the success of the programme.

4.2. Financial Resources

The financing strategy for financing the costs of the domestic latrines is given in Table 5 below. Households below the poverty line will themselves pay a major share of the costs of a household latrine. The subsidy cost, which now hovers around Rs. 2000 per latrine is scaled down by adhering to this amount as a flat subsidy from local Government (non-plan funds), State and Central Government. To avoid that those least able to pay are covered last and so pay relatively most, due to inflation and price escalation, demand promotion in the programme will start with the poorest sections of the Panchayats. These households are explained clearly what the consequences are when they do not take up their opportunity in the initial stage of the programme. Panchayats themselves are of course free to raise additional funds for more support to the poorest of the poor.

In the rolling Clean Kerala programme, the following cost sharing system is adopted, based on the earlier experiences in the programme executed by the Panchayats and SEUF:

Table-5

For household latrines (Rs 280 crore over 5 years):

Households & Voluntary funds	max. 50%	140 crore
Panchayats (Local Government)	min. 25%	70 crore
Government of India	12.5%	35 crore
Government of Kerala	12.5%	35 crore

For school and public sanitation (Rs. 14.4 crore)

Panchayats & Voluntary funds	50%	7.2 crore
GoI/GoK	50%	7.2 crore

For capacity building:

GoN	100%	44.2 crore
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Poor households can further reduce their own immediate costs by choosing a lower cost option, such as an up-to-plinth level or single pit latrine. Discussing the implications of this choice with them will be part of the promotion strategy, so that before making their choice they fully understand the pros and cons of each option.

From the Panchayats the programme demands an estimated contribution of Rs. 70 crore, which constitutes 25% of the average construction costs. The above amounts are estimates and may be higher in cases where the demand for latrines is high and Panchayats have a relatively high income.

As GoI/GoK will contribute another 70 crore, a joint financing approach of local and State/Central Government is adopted.

For implementation of this project an elaborate institutional structure consisting of State Sanitation Committee, District level Sanitation Committee and Panchayat level Sanitation Committees has been envisaged. The office support for these committees will be given by qualified staff drawn from different Government departments. However the salaries of the supporting staff will continue to be paid by their parent departments.

The extension machinery of the Block Panchayat consisting of the Block Development Officer, Assistant Engineer, Extension Officers (Housing) and Extension Officers (Women's Welfare) and the Village Extension Officers will devote a significant part of their time to the sanitation programme. Besides, personnel from other departments particularly the Department of Education (School Teachers) and Health department will be mobilised for the implementation of the programme. A

substantial contribution of human resources is expected from NGOs, panchayat level volunteers and house-holds. The cost of human resources spared by the Government for the programme and the related office cost has not been worked out separately as it is inherently difficult to do so. But these costs would be very substantial and would be of the order of about 5% of the total project cost. Moreover the cost of Government human resources cannot be specifically attributed to the project as all the staff would be paid by their own respective departments on which they are borne.

The above reflects the Indian national strategy for a greater independence of Panchayats -including financial independence- for local development programmes. The pilot nature of the programme can throw up interesting lessons for the adoption of the approach in the other districts of Kerala as well as in other Indian states.

As part of constitutional scheme for decentralisation of powers to local bodies, the Government of Kerala has launched a people's campaign for decentralised planning. Under the scheme for decentralisation, nearly 35-40% of Plan funds are being allocated to the local bodies at the District, Block and Village levels to be used in accordance with plans and priorities identified by the local bodies themselves. The transfer of funds of this magnitude is unprecedented not only in Kerala but also in the rest of the country. Out of the Plan funds thus allotted, local bodies can set apart at least 20% for the drinking water and sanitation sector. In addition, local bodies have also been entrusted with the implementation of a large number of Central Government sponsored schemes for employment generation and asset creation in the rural areas. A substantial portion of these funds can also be invested for sanitation. The funds that could be allocated for sanitation by local bodies would be Rs.15-20 crores per annum in each district.

4.3. Human Resources

4.3.1. Staff requirements

Implementation of the programme requires the following types and numbers of professional staff from Government and NGOs:

At the block/municipal level (total: 90) each block will have a Sanitation Service Unit consisting of one Block Development Officer, 1 Asst. Engineer and 1 Health Officer. Thus a total of 90 Block Development Officers (BDO's), 90 Assistant Engineers or Overseers and 90 Health Officers is required.

The total staff available in the Departments of Rural Development, Health and Social Welfare in the five programme districts is given in the tables below.

Table 5 Availability of Human Resources - Rural Development Department

District	No. Blocks	District staff	Block staff	Village staff	Total
Kollam	13	7 Admn 2 Technical	65 Admn 39 Technical	169 -	282
Alapuzha	12	8 Admn 2 Technical	61 Admn 36 Technical	157 -	263
Kottayam	11	6 Admn 2 Technical	55 Admn 33 Technical	141	237
Thrissur	17	7 Admn 2 Technical	85 Admn 51 Technical	221	366
Malappuram	14	7 Admn 2 Technical	70 Admn 42 Technical	182	303
Total	67	45	536	870	1451

Table 6 Availability of Human Resources - Depts. of Health and Social Welfare

Department	Total district staff in 5 districts	Total Block level staff for 5 districts.	Total Panchayat Level staff in 3 districts
Health	20	335	420
Social Welfare	10	5	20

For the community mobilisation programme a call can be made on the following staff:

The Kerala Sastra Sahitya Parishad (KSSP), is one of the pioneering people's science movements in India. It has been working in Kerala for the last 35 years. Founded in 1962 with about 40 members, it has grown into a mass movement with a membership of 60,000 distributed in more than 2000 units spread all over Kerala. The KSSP has a four tier structure: Units functioning at the village level in an area of 10-20 sq.kms, sub-regional committees catering to about 10-15 units; 14 district committees and a state committee. KSSP is a member of the All India Peoples' Science Network. Office bearers are elected through elections held ever year.

KSSP has been working among the people of Kerala with the objective creating a scientific temper among them. It aims to empower people with scientific knowledge in their struggle for a better living. The KSSP is broadly involved in three types of activities: agitative, educative and constructive; in areas like environment health, education, energy, production, development, drinking water, microplanning etc. To provide the necessary knowledge base to support their activities is has established a few institutions - Integrated Rural Technology Centre, Environment Centre, Science Centre and national association for Development, education and training.

The KSSP uses several media to communicate to the people. The printed word (book publication is a major activity), posters, spoken words, theatre and to a limited extent the electronic media. It has developed a unique form of theatre which is a combination of street, folk and prosenium theatre called 'kalajatha' or cultural processions. It is a form in itself, eminently communicative and has been successfully used to spread peoples' science movements and mass campaigns for literacy throughout India. Health education has been a priority for KSSP. KSSP's pioneering work in the science movement and development have brought national and international recognition. It played a key role in the "Total Literacy" movement in Kerala in the late 1980s.

For training the SEU team which will train and assist the Panchayats, sanitation committees, neighbourhood groups and health promotion teams, and for monitoring the following staff time is required from SEUF:

Table 7 SEU Staff time required

Designation	No. of staff	No. of days	Total	Cost per Man day	Total Cost
Ex. Director	1	8	8	1245	9960
Programme Officers	5	88	440	800	352000
Programme Associates	15	264	3960	257	1017720
Technical Trainer	15	264	3960	202	799920
Total					2179600
Provision for Bonus/Gratuity/Medical benefits					544900
Grand Total					2724500

This amounts to four months/year from five POs, while the PAs and Technical Trainers will be available full time. Each team of PA and TT will be associated with seven Sanitation Service Units.

By April 1998, 15 PAs and 12 TTs will become available full-time. Availability of POs was also confirmed. A shortage exists of 3 TTs.

There will be no need for human resources from the donor.

5. RELEVANCE TO DEVELOPMENT

5.1 Realisation of development aims

The 73rd amendment to the Indian Constitution has brought about a fundamental change both in the system of governance and in the implementation of development strategies. Decentralization of powers to local bodies with the objective of giving people greater control over development programmes is at the core of the 73rd amendment. The 73rd amendment makes it mandatory for the State Governments to introduce a three-tier system of local bodies at the district and sub-district levels. The Constitutional amendment not only mandates regular elections to the local bodies, but also specifies the functional areas which have to be assigned to the local bodies. Importantly, the amendment envisages an institutional mechanism (Finance Commissions) for transfer of resources to local bodies. The underlying principle is that ultimately development must be a people-driven effort co-ordinated through grassroot level democratic structures. The present sanitation project which seeks to fulfil a felt need through a campaign initiated and sustained by local bodies is fully in tune with the aims of the 73rd amendment.

Environmentally, the programme has a high relevance for the preservation of Kerala's natural water resources, especially for the preservation of the quality of raw water sources and of drinking water wells. In Kuttanad, Alappuzha, where surface water regularly flushes the domestic and public wells, faecal coliforms are ten times higher than the permissible level. Water and sanitation related diseases, including cholera, caused 34 deaths recorded in the PHC centres in 1996.

The programme "Clean Kerala" is also highly relevant for people's health, especially of the poorest groups, e.g. in the fishing communities. These have the lowest sanitation coverage and an infant mortality rate of 123, compared to an average of 32 in Kerala as a whole and 140 in UP, which is the highest rate in India.

5.1.1 Compliance with development policies

The programme is fully in line with Kerala state policies as well as Indian and Dutch national development policies. Recently the State Government of Kerala launched the programme 'Clean Kerala', through which it intends to become the first Indian state with full sanitation coverage (including maintenance and use) in the next century.

The Indian Central Government has set a target of raising the rural sanitation coverage from 2.8% in 1991 to 25% by 2000

Both Indian and Dutch development policies stress that improved rural water supply must go hand in hand with improved sanitation and hygiene. The districts where the Clean Kerala sanitation programme is carried out have been or are partly included in an Indo-Dutch project for improved water supply systems. Community participation, which is the main stay of this programme, is recommended in the Indian and Dutch policies as to be part and parcel of the planning and implementation of all programmes for water supply, sanitation and hygiene. It will provide the basis for strengthening the community management of local environmental sanitation. A gender strategy is part of the policy recommendations of both national Governments.

Dutch policies further support a district-based approach and make capacity building for local levels, and not hardware, the focus for assistance. In this context it is noticeable that building of planning, implementation and management capacities at the Panchayat and district levels and creation of demand for sanitation come first in the appraised programmes.

5.2. Policy priority

In the recent decentralised participatory planning exercise organised by the Government of Kerala under the Local Government Act, sanitation was the second or third development priority identified.

6. INSTITUTIONAL SET-UP

6.1. Organisational structure

The organisational structure for implementing the programme is an amalgam of the Panchayat Raj and the existing Government structures, with the District Collector playing a crucial role in co-ordinating the programme. Furthermore, local and state-level NGOs with experience in low-cost sanitation are included in the implementation and management of the programme.

6.1.1. Panchayat level

Implementors and managers of the programme at the Community level will be the Panchayat-level Task Force. It will consist of Panchayat President (elected), Panchayat members (elected, 1 for each Ward in which the programme is implemented), Panchayat Secretary (Government employee), and representatives of implementing agencies at the local level (departmental staff of various departments, local NGOs). Composition and function of Ward Sanitation Committees, Neighbourhood Groups and Health Promotion teams are given in Annexure 3.

6.1.2. Block level

At the Block level Sanitation Support Service Units will function during the time of the programme. They will consist of 1 Block Development Officer, 1 Health Officer and 1 Asst. Engineer or Overseer. The team will assist the Panchayats and people's organisations for sanitation in all technical, social, health and managerial tasks. A special tailor made programme will be provided to enable the team to become proficient in the community-management approach to environmental sanitation.

6.1.3. District level

At the District level, District Sanitation Committees will be formed, which will be linked to a state Sanitation Samithi (Committee) at State level (organogram in Annexure 1). The composition and functions are given in Annexure 2. The institutional set-up allows the mobilisation of administrative support of existing structures like the District Rural Development Agency (DRDAs). DRDAs are registered charities which are presently implementing a large number of Government rural development programmes, so that routing of funds, monitoring, etc. can get done without additional burden. The structure has been sanctioned by the Cabinet. The advantage of sanitation committees is that elected representatives, government functionaries and non-governmental organisations which help implement and finance the programme can all take part in policy formulation, decision making and monitoring.

District level NGOs will work in tandem with the Panchayats. They may support implementation and financing and will be members of the District Sanitation Committee.

6.1.4.State level

At State level, a Kerala State Sanitation Committee chaired by the Chief Minister will be in charge of the general policy and monitoring of overall progress and results. The design of the information, education and participation and training components is handled by a State level Task Force on IEC established by Government Order (Annexure 2). To develop the strategy, activities and materials a special IEC Working Group has been created. In this group Government Agencies and state-level NGOs involved in IEC work together for a harmonised and operational strategy for information, participation, education and training.

6.2. Fund flow and financial management and control

To ensure the availability of higher level Government funds, GoK will budget for the entire amount of the GoI/GoK contribution in its annual budget and take the 50% share of GoI as a receipt. The released funds will be placed in a separate account in the DRD Agency. This has as advantage that unspent funds do not lapse at the end of the financial year. The Commissioner of RDD, who is the budget head of DRDA, will release the funds quarterly to the District Sanitation Committee. The District Collector will become responsible for periodically rendering accounts at the District level. Each sanitation committee will have a special sanitation account in which Government, NGO, and voluntary funds will be pooled.

Funds from the Netherlands Government for the mobilisation and capacity building will be made available following the established procedure whereby these funds first flow to the SEUF. The SEUF will place these funds in the special programme account of the State Sanitation Committee. Subsequently KSSP and SEUF will draw on this account for the implementation of their support programmes. The budget for the capacity building programme will be the basis for the division of the funds.

Each sanitation programme account will have two signatories. At the district level these will be the District/ Block/Gram Panchayat president as elected representative and the District Collector/BDO/Panchayat Secretary as Government functionary. At the state level, the programme funds will be operated by two senior officials of the State Sanitation Committee one of whom will be the Commissioner of Rural Development.

The management of the accounts will be subject to periodic audits by the Government through the Accountant General, for which a special provision

will be made, and by private chartered accountants. The latter will be financed from the sanitation programme fund. Freedom will be given to either pass down the funds directly to the Grama Panchayats' accounts or via the Block-level sanitation accounts if this reduces the workload of the District and enhance the maintenance of the accounts.

SEUF support staff at district level will be authorised to randomly check Panchayat sanitation accounts and report to Government.

6.3 Risk Analysis

In the information, education and communication strategy a balance between the use of conventional publicity and more recent participatory tools needs to be sought and care to be taken that the majority of software funds (at least 3/4th) is used at the Panchayat level.

For implementation clear procedures will have to be laid down on beneficiary selection, so that the NGO and Panchayat do not get into any conflict.

Although quantitative results have been set for budgeting reasons, the main aim of the programme is building Panchayat capacities for self-managed sanitation programmes. Actual rates of implementation of physical outputs will be guided by the speed by which capacities can be developed for high quality programme at Panchayat level, which in the longer turn can be fully sustained by local resources only. This implies that the annual fund allocation for physical implementation will be adjusted to the actual implementation progress of the Panchayats, which requires careful annual planning. Donor funds are however unlikely to be affected, since the training programme can only be affected when clusters of several Blocks fail to make any progress.

An important condition for the success of the programme is that the executing agencies RDD, KSSP and SEUF do have sufficient capacity and staff continuity available themselves to deal with the quantity and quality of the work.

7. FEASIBILITY AND SUSTAINABILITY

There are no doubts regarding the technical feasibility of the programme. Even though the high density of population and terrain of Kerala pose certain difficult problems from the point of view of sanitation, there are well-tested and proven technologies available for different terrain conditions. The projects undertaken by the Socio Economic Unit Foundation and a large number of voluntary agencies, clearly indicate that there are no technological barriers to low cost sanitation solutions. The availability of financial resources for executing the project is also reasonably certain as the project mainly relies upon the existing schemes of Government of India and Government of Kerala which are likely to be

continued during the 9th plan and on donor support for capacity building. A substantial contribution is envisaged from the Panchayats out of the block funds given to them under the decentralised system of administration. We can be reasonably certain that Panchayats will provide the necessary resources for the programme since the district level projects have emanated from the felt need of the people without any central directives being given. Since the local bodies are likely to reflect the people's priorities, sanitation is likely to be accorded a high priority. We have seen earlier that sanitation is seen as one of the most important priorities in the developmental agenda of Panchayats.

The assurance regarding the sustainability of the programme mainly comes from the fact that the sanitation programme is a demand driven programme. The results achieved in one Panchayat will have a tremendous demonstration effect on other Panchayats and will ensure that Panchayats continue to accord high priority for sanitation even when external support is no longer available. Kerala has had a very good record in having implemented a people oriented literacy programme with similar institutional structures and local level initiatives. The access to sanitation facilities will make a tremendous difference to the lives of women and children. It is this impact on the quality of life, which will make households and the Panchayats feel that it is their own programme. Even before the formal commencement of the project, a tremendous amount of enthusiasm has been generated at the level of the local bodies for its implementation. Some of the Panchayats have gone ahead even without any substantial external support.

The demand for improved sanitation from the householders is high. This is demonstrated in the Coastal Sanitation Programme in Alappuzha, where households and Panchayat together finance 80% of the latrine construction. The subsidy in this demand responsive programme is Rs. 500.

Environmentally there are some fears that in some districts, e.g., Kottayam, the long-term sustainability of good hygiene and sanitation practices may get threatened by the deteriorating water resources conditions, such as faster run-off and reduced infiltration of rainwater. To avoid a future water crisis the district is considering the formulation of an integrated water resources management project, starting with the investigation of the seriousness and underlying causes of water resources developments. Continued monitoring of water quality in selected wells is needed to ensure that the latrines do not contaminate the drinking water.

8. EXPECTED RESULTS, INDICATORS AND MEANS OF VERIFICATION

8.1. Short term objectives

8.1.1. Building the capacities (short term objective)

The first objective in the short run is the building of capacities for Panchayat-managed sanitation at the community level. Measurable expected results in the Panchayats which have joined the programme and indicators for measurement have been formulated below. During the preparation stage the Task Force for IEC assisted by the support NGO for sanitation will specify the means of verification for each indicator.

- A. At the end of year 1, functioning Block Sanitation Service Units have been established in 95% of the programme blocks.

Indicator: both staff in place and trained and local organisation and capacity building process going on.

- B. At the end of year 1, local organisations for sanitation (PSC, WSC, HPT, NG) formed and functional in 80% of programme Panchayats and Municipalities.

Indicators:

(i) Committees/groups/teams formed according to agreed procedure and with agreed government/non-government and male/female mix.

(ii) Men and women in committees/groups trained on programme and for first cluster of management/implementation tasks.

(iii) Committees/groups/teams have started step by step sanitation planning and implementation activities

- C. At the end of year 1, 70% of programme Panchayats/Municipalities have completed local sanitation planning and implementation is ongoing with priority to needy areas

Indicators:

(i) Local situation analyses and improvement plans ready

(ii) % discretionary plan funds allocated to sanitation

(iii) monitoring system for construction progress and quality and use, operation and maintenance of facilities in place

(iv) transparent accounting system and channels of fund flow in place and in operation with certain amount of external guidance and support

(v) local implementation going on as planned

(vi) effective mobilisation of local funds established and in operation

(vii) transparent beneficiary selection in place benefitting BPL households

(viii) in each Panchayat, in sanitation implementation priority is given to poorest neighbourhoods and colonies

D. At the end of year 3, 80% of the primary schools have effective school health clubs. Indicators:

(i) clubs in place with active boys and girls members equitably sharing functions and physical work

(ii) yearly situation analysis going and school sanitation action plans made and acted on

(iii) documented improvement of school and community environment (school outreach programme)

E. At the end of year 5, 80% of the Panchayats/Municipalities have implemented 90% of their sanitation plans with 80% of the established facilities are properly installed, functioning and used.

Indicators:

(i) Number and type of facilities and services in place compared to numbers planned

(ii) 80% of household/school/day and use latrines in hygienic use by the concerned women, men, boys, girls and infants, and well maintained and operated

(iii) 80% of panchayats/municipalities have a community-based solid waste collection and disposal service effectively serving the community, including the low-income neighbourhoods and the colonies.

8.1.2. Measurable sanitation improvements (short term objective)

For the second short term objective, measurable physical and behavioural sanitation improvements in the Panchayats, the following expected results have been formulated:

A. At the end of year 1, 90% of programme wards have completed mapping positive and risky environmental sanitation conditions and habits in their area as a basis for locally managed and measured improvements. Indicator:

(i) ward maps with positive and risky conditions/habits present and aggregated into baseline situational map at Panchayat level¹

B. At the end of year 2, users in 80% of the wards are conscious of at least three sanitation/hygiene risks in their ward/Panchayat and can name local programme actions to reduce/eliminate these risks. Indicator:

(i) 4 people/ward of different sex, age and status can mention at least 3 risky conditions/habits, and the concurrent eliminate action in their ward or Panchayat.

Means of verification: questioning

C. Throughout the programme, as soon as installation of facilities starts: 80% of households/schools with newly installed latrines observe the six golden rules: 1) use by all women, men, children; 2) 'clean' water closet and seal, with 'clean' defined objectively, to ensure consistent scoring; 3) keeping of water inside the latrine, 4) keeping of cleaning brush inside 5) use of soap in hand washing and 6) knowledge about the functioning of water seal and junction box).

Indicators:

(i) 80% of newly installed latrines are in hygienic use by women, men, girls, boys and infants, three, six and twelve months after installation

Sub-indicators:

(ii) all members of household/school boys and girls use latrine;
(iii) no excreta visible in pan/on floor, etc., according to the six golden rules.

Means of verification

at ward level: Ward sanitation committee through questioning and observing compound, (including surrounding bushes) and latrine and filling in monitoring format;

at programme level: review and crosscheck in field, a sample of monitoring sheets. For measuring hand washing with soap a reliable measurement method will be sought, as questions are likely to yield the desired rather than the true answer.

D. After five years, 80% of Panchayats have eliminated at least 50% of the total sanitation risks in their community.

Indicators:

(i) % latrine coverage, hygienic use and maintenance achieved in household and schools

(ii) 50% reduction of other sanitation risks specified in the baselines.

Means of verification: in due course the results for public hygiene should become visible in the public health statistics, though it is unlikely that the effects will already be visible in the time span of the programme.

8.2. Assessing the long-term objective

To assess the long-term objectives "self-sustained sanitation programmes become a social movement, the following measurable results may be expected.

A. After five years, local structures created (BSSUs, PSCs, VCs, HPTs, WSCs) have become capable of planning, implementing and managing independently of outside support

Indicator:

(i) 80% of programme Panchayats continue sanitation implementation and management without external support from programme level NGOs and donor

Sub-indicators:

(ii) local government agencies allocate adequate share of budget for sanitation purposes

(ii) local government and households continue to recognise and consult the local structures as an expert group for the sector development plans.

(iii) construction and monitoring of new facilities in BPL households is going on.

- B. By year 5, the programme for Panchayat managed sanitation has spread to several other districts.

Indicators:

(i) number of districts and Panchayats which have formulated and taken up the programme.

(ii) number and performance of local structures for environmental sanitation, according to the agreed programme indicators and criteria.

9. MONITORING, REPORTING AND EVALUATION

9.1. Internal monitoring and reporting

For the monitoring the Working Group under the State Level Task Force on IEC will evolve a simplified monitoring system. This will have a common format applicable to all the Districts, so that no additional burden is given for sending regular reports. The focus of this monitoring will be on quantitative aspects (financial and physical progress) as well as on some qualitative aspects (e.g. participation of the lowest income groups).

Participatory monitoring through individuals and groups will be part of the monitoring system at Neighbourhood and Panchayat level. Data will include progress in all sanitation aspects and in hygienic use and maintenance of installed domestic and institutional facilities.

Data will be aggregated, recorded and fed back to the Panchayats and the other programme levels in easily readable visual forms (graphs, symbols, maps) and programme summary sheets. This will be part of SEUF's support task to management capacity building.

To monitor qualitative aspects, the District Sanitation Committees will hold social audits as part of their quarterly meetings. Representatives from the people's sanitation organisations will participate in these audits.

The districts will send monthly reports to DRDA with copies to KSSP and SEUF. SEUF and KSSP will provide a quarterly report to the State Sanitation Committee. In this report the data from their support programmes and from the district reports will be aggregated into one quarterly report. A copy of this report will be sent to the Royal Netherlands Embassy.

9.2. Evaluation

The appropriateness of the established approaches, structures and procedure will be assessed by a Joint Kerala-Netherlands Mission after gaining experience in the first nine months of the programme (estimated time of assessment January 1999). A Joint Kerala-Netherlands mid term review will be carried out halfway through the programme. An independent evaluation mission is envisaged in 2002.

10. BUDGET	(Rs.in Crores)
1. Household Sanitation	280.00
2. School and Public Sanitation	14.40
	<u>294.40</u>
3. Information, education and communication (including monitoring and evaluation)	44.20
	<u>44.20</u>
Total	<u>338.60</u>

BREAK DOWN OF IEC BUDGET	(Rs.in Lakhs)
1. Mobilisation:	
i) State level orientation	1.50
ii) State level launch	2.00
iii) District level launch (4 districts)	4.00
iv) Block level orientation	20.00
v) Panchayat level orientation	200.00
	227.50

2. Training:

i)	Training of trainers	50.00
ii)	On the job guidance	10.00
iii)	Review workshop and supervision of training	20.00
iv)	Orientation of NGOs/Political Functionaries	10.00
v)	Gender awareness programme, Lady masons training and Income generation activities for women	75.00
		<u>165.00</u>

3. School sanitation:

i)	School health clubs Educational materials for school children	1000.00
		<u>1000.00</u>

4. Material Production and

Training of beneficiaries:	2000.00
	<u>2000.00</u>

5. Monitoring and Evaluation:

i)	Monitoring, computerisation and data analysis	200.00
ii)	Documentation and publication	100.00

iii) Research and Development 50.00

350.00

Total 3742.50

i) Additional project management

Cost (10%) 374.25

ii) Revolving fund for Project

Implementation 300.00

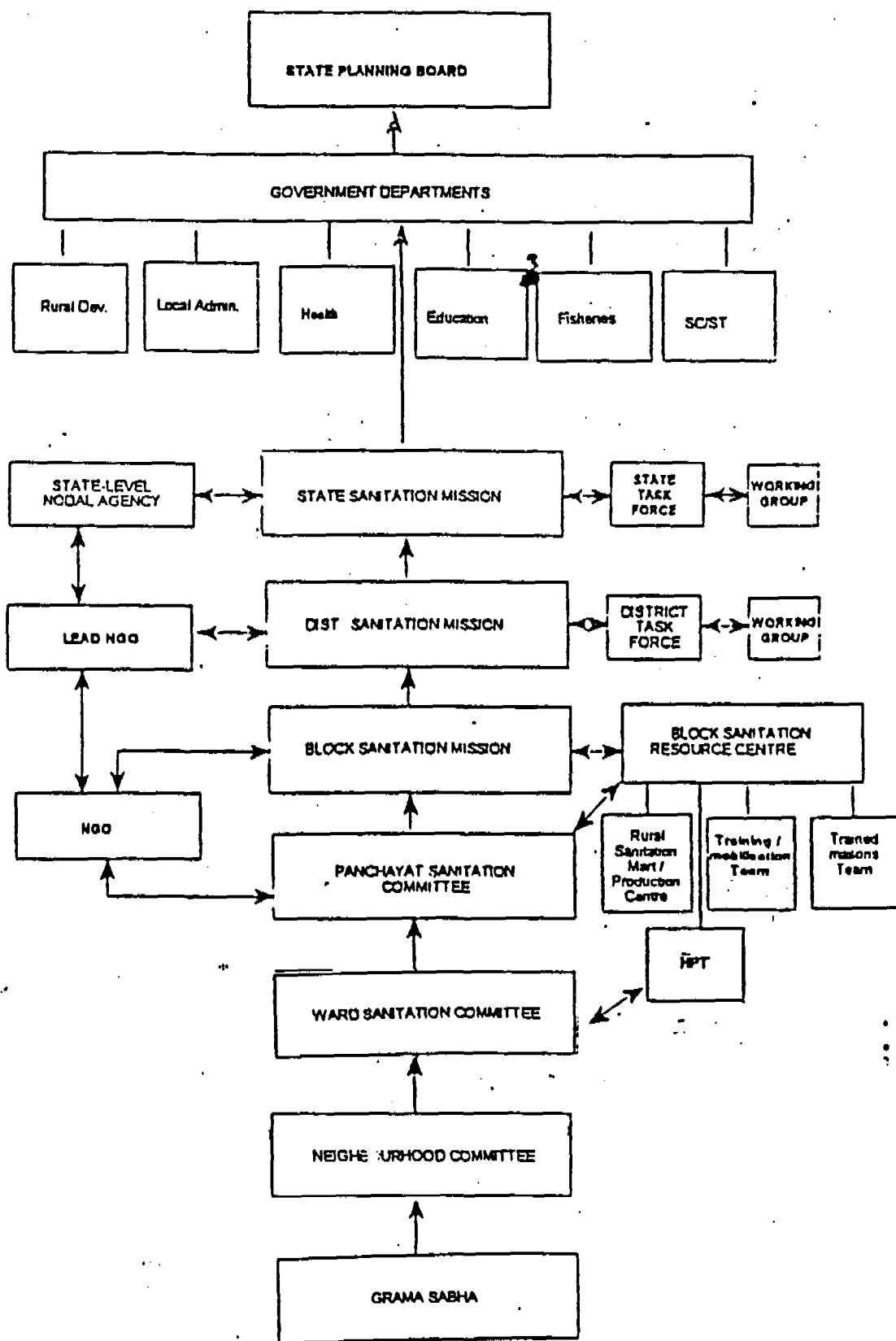
Grand Total 4416.75

Grand Total (Rounded to) 4420.00

(Rupees four thousand four hundred and twenty lakhs)

ANNEXURES

ANNEXURE - 1 : ORGANISATIONAL STRUCTURE



GOVERNMENT OF KERALA

Abstract

Rural Development Department - Workshop conducted in I.M.G. - State level Task Force and working committee constituted - Orders issued.

RURAL DEVELOPMENT (PC) DEPARTMENT

G.O. (Rt) No. 121/97/RDD

Dated, Thiruvananthapuram, 4.3.97.

O R D E R

The Commissioner for Rural Development, in his letter read above, has forwarded a proposal to constitute a State level Task Force and Working Committee to formulate necessary plans and programmes for implementation of I.E.C.

Government are pleased to constitute State level Task Force and working group with the following members, for effective implementation of Health and Sanitation Programmes in the State.

TASK FORCE:

Chairman - Shri M.P. Parameswaran, Bharathiya Gyan Vigyan Samithi.

Members:

1. Shri N.M. Samuel, Secretary & Commissioner, Rural Development Department.
2. Dr. Iqbal, Member, Planning Board.
3. Shri S.M. Vijayanand, Secretary, Local Administration.
4. Shri D. Ravi, Secretary, Fisheries.
5. Shri W.R. Reddy, District Collector, Kollam.

6. Smt. Sarada Muraleedharan, Director, SC Department.
7. Mrs. Ishitha Roy, Director of Social Welfare department.
8. Shri C.G. Santhakumar, Director, Balasahithya Institute, Thiruvananthapuram.
9. Dr. C.R. Soman, Retired Professor, Medical Collage.
10. Mr. K.A. Abdulla, Socio Economic Foundation.
11. Director of Health Department.
12. Director of Ground Water Department.
13. Managing Director, Kerala Water Authority.
14. Director of Public Instruction.
15. Director of Municipalities.
16. Director of Panchayats.
17. Director, All India Radio, Thiruvananthapuram.
18. Director, Dooradarsan, Thiruvananthapuram.
19. Shri C. Ramakrishnan, Kerala Sastra Sahithya Parishad, Thiruvananthapuram.
20. Shri Sudhakaran, Cost Ford, Trissur.
21. Shri P.K. Balakrishnan Nair, Rural Development Department.
22. Shri V. Sisupalan, Rural Development Department.
23. Shri A. Nazimudeen, Rural Development Department.
24. Techincal Co-ordinator, Rural Sanitation, Collectorate, Alappuzha.
25. Joint Development Commissioner (IWD) (Convenor)
26. Dr. A Mohammed, Malappuram.
27. Dr. Babu Ambat, Centre for Environment & Development, Thiruvananthapuram.

WORKING GROUP:

1. Dr. C.P. Vijayakumar, Medical College, Thiruvananthapuram.
2. Shri V.N. Jithendran, Rural Development Department.
3. Shri C.O. Kurian, Socio-Economic Foundation, Peroorkada.
4. Shri C. Ramakrishnan, Kerala Sasthra Sahithya Parishad, Thiruvananthapuram.
5. Shri Sudhakaran, Cost Ford, Trissur.
6. Shri P. Kesavan Nair, Assistant Development Commissioner, Rural Development Department, Thiruvananthapuram.
7. Shri A. Mohan Kumar, Assistant Development commissioner (CD), Rural Development Department, Thiruvananthapuram (Convenor)

DUTIES OF TASK FORCE:

1. To finalise programme strategy and policy frame work for formulating IEC programmes in the State.
2. To advice Government about the polices to be adopted to involve P.R. Institutions, N.G.Os and beneficiaries for the implementation of Health and Sanitation and Rural Water Supply Programmes.
3. To Monitor the rural Development and Urban slum development programmes for achieving a cleaner and healthy environment for the State.

TASK OF WORKING GROUP:

1. To formulate IEC and Health and Sanitation Projects, observing scientific approaches, based on the advice of the Task Force.
2. To conduct studies and to analyse R & D programmes related to health and sanitation programmes.

3. To formulate work study workshop plans for developing traditional, electronic and print media materials for developing IEC Programmes.

(By Order of the Governor)

K.C. Kamala Bai,

Additional Secretary

To

The Commissioner for Rural Development, Thiruvananthapuram.

All the members concerned (Through CRD)

SF/OC

Forwarded/By Order

Sd/-

Section Officer

ANNEXURE - 3 : COMPOSITION AND FUNCTIONS OF COMMITTEES

? State Sanitation Mission

Chief Minister
Minister for Health
Minister for Local Administration
Minister for Rural Development
Chief Secretary.
Secretary, Planning Department
Secretary, Rural Development.
Secretary, Local Administration.
Secretary, Health
Secretary, Education.
Vice Chairman, State Planning Board
Director of Panchayats
Director of Public Instructions
Executive Director, SEU Foundation
Managing Director, Matsyafed
Chairman, Rubber Board
Chairman, Coir Board
Chairman, Fishermen Welfare Board
Chairman, Women Development Corporation.
Chairman, SC/ST Development Corporation.
Representative of UPASI
Representative of leading News papers
Representative of AIR
Representative of Doordarshan
NSS Programme Coordinators of all Universities.
Director, NCC, Kerala State
Director, Bharath Scouts and Guides
Secretary Social Welfare
Secretary Womens Commission
Director, Municipal Administration

For the smooth functioning of the Task assigned to the State Sanitation Mission, a working group consists of 5 - 6 resourceful members may be formed

Responsibilities of State Sanitation Mission

- Formation of District, Block, Panchayat level sanitation structures.
- Preparation of State Level policy and action plan.
- Nomination of State level Nodal agency
- Evolve a general fund mobilization/ channelling policy
- Plan and initiate state level special programmes for general awareness (eg. public interest fillers in TV, Political leaders supporting programme. papers bring out adv. features etc).

Nodal Agency (To be nominated by the State Sanitation Mission)

Responsibilities of Nodal Agency

- Location and selection to support NGOs implementation
- Capacity building of NGO groups and support to evolve work plan
- Plan and implement preparatory activities including need assessment and general mobilisation of people.
- Plan and implement programmes during pilot experimental stage
- Function as a resource/documentation centre of the Environmental Sanitation sector.
- Be responsible for material production IEC and related Community mobilisation.
- Support State Sanitation Mission to co-ordinate different levels of structures / organisations involved in the programme
- Support State Sanitation Mission for monitoring and evaluation of the programme
- Support State Sanitation Mission by participating in the state level technical committee/ working group.
- Responsible for identifying the training needs and arrange training for Senior categories of personnel at the district level in consultation with the lead NGO.

District Sanitation Mission

District Panchayat President

District Collector

MP, MLAs

- Project Officer, DRDA
- ADC
- Representative of Nodal Agency
- Representative of lead NGO
- Block Panchayat Presidents
- District Medical Officer
- District Information Officer
- District Planning Officer
- District Panchayat Officer
- District Education Officer
- District Secretary, Matsyafed/Project Officer
- Director / PO, SEUF
- Dist. Social Welfare Officer
- District Women Welfare Officer

For the Smooth functioning of the task assigned to the DSM a working group consists of 5 - 6 resourceful members may be formed.

Role and responsibilities of District Sanitation Mission:

- Organise block level sanitation committees
- Formation of Sanitation Resource Centres in different blocks
- Support Nodal Agency to locate collaborating NGOs
- Support Nodal Agency to form block level training/mobilisation team
- Be responsible for the role allotted by State Sanitation Mission in fund channelling and management
- Support block-level planning, implementation and monitoring of programmes

Block Sanitation Committee

- Block Panchayat President
- District Panchayat Members
- Block Development Officer
- Block Panchayat Members
- Grama Panchayat Presidents
- Representative of Nodal Agency
- Grama Panchayat Sanitation Convenors
- Representative of lead NGO
- Representative of NGOs

1 Role and responsibilities of BSC

- Support to form Block level Sanitation Resource Centre
- Support to the Resource Centre (Rural Sanitary Mart cum production centre)
- Set up Training cum Mobilisation team
- Review and monitor Panchayat level sanitation implementation

Block Sanitation Resource Centre

- Block Panchayat President (Chairman)
- Convenors selected from Health Promotion teams of Grama Panchayat
- Block Development officer
- Health Inspector / Health Supervisor
- Community Development Project Officer

Role and responsibilities of BSRC

- Function as local level consultation centre
- Organise training programme to mobilisation team
- Plan and implement mobilisation/awareness programmes
- Extend support to mobilisation team
- Report progress to Block Sanitation Committee
- Organise and conduct training to masons
- Make available low cost materials through sanitation mart and shops
- Production / sale of Low cost materials

Panchayat Sanitation Committee

- Grama Panchayat President (Chairman)
- Secretary, Grama Panchayat
- Block Panchayat Member
- Panchayat Members
- Health Inspector
- Village Extension Officer
- Representatives of NGO
- Panchayat Sanitation Convenor
- Secretaries of Ward Sanitation Committee
- Representative of mobilisation team

Role and responsibilities of Panchayat Sanitation Committee

- Collect and provide necessary data on Sanitation status & priority activities.
- Monitor and supervise construction programmes
- Extend support to mobilisation team for awareness creation programmes
- Identify masons for mason training programme
- Extend administrative support to Ward Sanitation Committees
- Conduct periodical evaluation programmes

Panchayath Implementation Committee

- Panchayath President
- Convenor (nominated from Ward Convenors)
- Secretary, Panchayath
- Health Inspector
- VEO
- NGO representative
- Ward Members (Ex officio)
- Neighbourhood Group representative (one from each ward at least 5 nos. Would be women)

Roles and Responsibilities of Panchayath Implementation Committee

- Manage, administer sanitation programme in panchayat.
- Invite quotation and decision on purchases, Rates etc.
- Periodic supervision for quality control, accounts.
- Documentation of EC minutes.

Health Promotion Team

2 - 3 members from each Ward Committee

Roles & Responsibilities of Health Promotion Team

- Awareness building classes.
- Mobilisation of beneficiaries.
- Supervision of construction.
- Help WSC in monitoring.
- Support WSC in Data collection & Beneficiary selection.

Ward Sanitation Committee

Elected Panchayath Member
Selected Convenor
2 Women members from Mahila Samajom/VO/NGO
2 youth representative from VO/NGO
1 senior social worker
2 representative of each NG Committee

Role & Responsibilities of Ward Sanitation Committee

- Survey
- Selection of Beneficiaries
- Selection of HPT Member a convener.
- Identification of local Masons.
- Assisting in Pit making
- Plan for Health Education activities.
- Certify quality and quantity purchased.
- Arrange for material distribution.
- Monitoring latrines for use and maintenance.

Neighbourhood Groups

Consisting of 50 families in each group (A ward may have 10 - 15 such committee depending upon the Number of households)

Roles and Responsibilities of Neighbourhood Groups

- Need Assessment
- Support in Beneficiary Selection
- Supporting distribution of materials
- Supporting in organising/participating various Health/mobilisation related activities