

## Module 9 /// Innovative Activity Profile 3

### India: Gender in Community-managed Sanitation Program in Kerala<sup>1</sup>

The purpose of the Clean Kerala State Sanitation Program is to improve health, the environment, and socioeconomic development by ensuring that all households have and use sanitary toilets and good hygiene and that the environment is free of human excreta, solid waste, and wastewater. Two pilot projects, cofinanced by the governments of Denmark, Kerala, and the Netherlands from 1988 to 2000 and by the European Union from 2002 to 2006, were particularly instrumental in developing and testing the gender approaches.

#### What is Innovative?

The state sanitation program in Kerala, India, shifted from a supply-driven, externally subsidized approach to a decentralized, community-managed program covering safe excreta, wastewater, and solid waste disposal. Gender awareness and capacity building were part of the local planning campaign that involved women's NGOs and water and sanitation NGOs with gender expertise. Gender equity in decision making, local program management, hygiene and technical education, and economic opportunities for poor women were part of the objectives and strategies.

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The community-managed sanitation project's general objective was to develop ways of providing poor households with proper latrines. Specific objectives were to develop a mobilization program focusing on women and men, organize gender-balanced participation in planning and implementation, construct technically sound latrines at low costs targeted especially at the poor, promote good hygiene and monitor maintenance, use, and hand washing. The objectives of safe drainage and improved water quality through well chlorination were added later.

The EU project Women, Work, Wellbeing, Waste and Sanitation had as its objectives to measure the cost-effectiveness of a pro-poor, gender-based approach to excreta and solid waste management in low-income coastal towns and peri-urban settlements in Bangladesh, Kerala, (India), and Sri Lanka. It aimed to measurably improve sanitation in three locations, compare the costs and effectiveness of the government programs, scale up the approaches in sanitation policies and programs of local and state governments, and strengthen cooperation between local universities and NGOs in participatory research.

#### Sanitation, Hygiene, and Local Government in India

Gender equality is included in India's constitution of 1947, but measures toward gender equality in laws, politics, policies, and programs related to water and sanitation emerged much slower:

- A national rural sanitation program was formulated in 1985, 13 years later than for water.
- The national program did not have a community participation component or gender strategy.
- There was no user choice in technology and design. The relatively costly double-vault pour-flush toilet was made the national standard.
- Subsidy was high: initially 80–100 percent for all households, later only for below-poverty-line households. Due to high costs, construction by states and households was slow.
- Lack of information for the poor and low transparency and accountability on targeting

subsidies made the non-poor benefit most. Many did not use toilets for excreta disposal.

- In 1992 a new act delegated responsibility for water and sanitation to local governments. One-third of the seats were reserved for women. In practice, state engineering agencies still planned, implemented, and financed programs without user participation.
- A national sanitation policy in 2001 earmarked a maximum of 6 percent of the budget for Village Sanitary Complexes for Women and stipulated separate school toilets for girls. It also stressed that *all family members* should be trained on upkeep and maintenance. The policy overlooked, however, gender equality in decision making, organizations, training, functions, and paid work. It also overlooked the different needs for, access to and channels of information for women and men.
- A Total Sanitation Campaign was started, with a wider range of options, local toilet production centers, and rural sanitary marts (selling outlets), as well as trained masons, intensive information, education and communication (IEC) program, and broader participation of NGOs and community based organizations (CBOs). The gender policies remained the same as outlined above, and no gender analysis on policies and implementation has taken place so far;
- In Kerala, the government implemented the national policy by organizing a People's Planning Campaign. NGOs trained local women to formulate their own demands. The elected local governments then made and submitted project proposals. Sanitation came second: 990 Panchayats planned 1,793 projects with an estimated cost of Rs. 303 million (\$450,000). For funding, the government devolved 35–40 percent of its annual plan funds in 1997–2000.

### **Decentralized Sanitation Strategy with Gender and Poverty Perspectives**

In Kerala, the program piloted three approaches to improve sanitation: by semigovernmental and civic institutions, by an NGO, and by the local government. Each group helped 500 poor households build a toilet. An external evaluator found that the last model was the most cost-

effective. The program then developed a 13-step community-managed sanitation strategy:

- The NGO identified Panchayats (communities governed by an elected council) with a high willingness to allocate financial and human resources to sanitation program. Within this group, priority was given to those with the most open defecation and good water availability. Demand was especially high where the presence of female council members and women's participation in decentralized planning were high.
- Panchayat members invited to form a committee in each ward (lowest administrative areas with about 450 households. In Kerala, Panchayats have 45,000–50,000 people). Each Water and Sanitation Committee (WSC) has seven members, of which at least three are women; the elected representative is also a member.
- The NGO trained WSCs to conduct surveys on conditions and demand, mobilize households, target and account for local toilet subsidies, monitor construction and purchase, organize health education, monitor progress and construction quality and follow-up use and hygiene.
- A local mason built several sample toilets with local materials. This helped the WSCs and Panchayats to reduce unit costs, choose a basic model, and calculate the cost of community latrine coverage. The WSCs then informed poor local women, often single mothers already working in the building industry, of the opportunity to be trained and work as toilet masons, and those suitable are trained and form entrepreneurial groups.
- The NGO then assisted WSCs and Panchayats to make and cost a total sanitation plan, including household toilet payments (100 percent by households above the poverty line, and at least 25 percent by families below this line) and Panchayat contributions in cash and kind. The Panchayat signed a contract with the NGO and opened a sanitation account with joint signing and control by the Panchayat and the NGO. The WSCs informed their wards about the program, the design, basic costs, opportunities for toilet upgrading, subsidy for the poorest, ease of pit emptying, and productive use or sale of

composted excreta. They also motivated contributions from better-off families to increase funds for latrine subsidies to the poorest families in their ward.

- Household mobilization then starts. A gender approach revealed differences that helped to specifically tailor messages for men and women. Men wanted better awareness of different models, costs, and affordability; better access to designs, materials, and skills; safe sanitation for their wives and daughters; alternatives due to decreasing open space, increased property value, and saving of medical costs. Women wanted to do away with the hardships, shame and risks of open defecation—having to cut down on food and drinking, enduring teasing and threats by men and boys. They also wanted the convenience of nearby toilets, toilets for brides marrying into the family, to obtain toilets so as to keep up with neighbors, and men’s support to improve domestic and environmental cleanliness and hygiene.
- The WSCs pre-allocated subsidies on locally specific poverty indicators, not the India-wide standard of an income below Rs. 11,000/hh/yr. Pooling resources from donor, Panchayat, households, and gifts increased the number of poor families that could get a subsidy. For transparency and accountability, the lists of names were posted for two weeks in public places. Complaints could be referred to the WSC, the Panchayat and the NGO. When judged valid, the name(s) would be removed. The Panchayats then made the lists official.
- Health and technical education was targeted at both sexes. Health education started during mobilization, three to six months before actual construction. Those who had registered for a toilet were obliged to take part in three sessions: on health, technical aspects and maintenance, and use. Equity in use and cleaning were stressed. The mason checked the attendance card before construction. A pictorial plaque on toilet doors helped remind users of gender-equitable use and hygiene.
- When a sufficient number of households had registered, pit marking and digging began.
- Material acquisition and transport for the first batch of toilets then started (step 10 out of

13). A Panchayat-employed works inspector, WSC members, (women) masons, suppliers, storekeepers, and participating families were all informed about the rules for purchase, payment, transport, and delivery for better quality and less corruption. Works inspectors, senior NGO staff, and committee members went around to find and negotiate for the best materials at the lowest price. Overcharging was reduced by price-quality assessment, tendering, inspection on delivery, returning of goods below standard and blacklisting underperformers. Teams of two (women) masons then built the first batch. Seeing their quality brought new demands.

- For technical verification, all interest groups got a checklist with simple drawings. WSC members explained how to use it. Women at home could thus monitor the quality of the work. The works inspector also inspected each latrine before the masons were paid.
- After completion, WSC members visited three times at increasing intervals to monitor toilet use by all household members, hygienic use, and cleaning and handwashing with soap.
- The WSC documents the data for analysis and action planning.

Action research in Allepuzha, the third town in Kerala, helped pilot community solid waste management through vermicomposting of organic waste. The gender aim was the economic empowerment of poor women. The toilet program was the same as above. An area in the capital served as matched control. The local university did baseline studies and poststudies, and the NGO organized mobilization, organization, and training with a gender balance, except for the women-only technical training. After two years, costs and effectiveness were compared and documented.

### Outputs, Costs, and Impacts

- **Installed toilets.** From 1988 to 1995, 60,000 latrines were built in 80 Panchayats. Statewide, the NGO facilitated the installation of 200,000 household latrines, 2,000 institutional latrines, and 200 child-friendly toilets between 1996 and 2003. All toilets were completed to standard. Annual output was almost twice that

of the state programs and the combined output of 122 NGOs.

- **Effective use.** A first study gave 96 percent use of latrines. Use was lowest by fishermen, who continued to use the beach. Research after up to nine years showed 94 percent consistent latrine use by women and 59 percent by men (Zacharia and Shordt 2004). The EU-supported project showed 23 percent improvement in hygiene and repair of household toilets against 1 percent in the control area. The proportion of households in which men also cleaned toilets after use increased from 5 percent to 16 percent.
- **Sustainable financing.** The program had high local financing and a low external subsidy. Contributions varied from \$1,500 to \$22,000 per Panchayat. Between 1992 and 1997, local government contributed over \$380,000. External subsidy fell from 80 percent to 15 percent.
- **Low cost, high cost-efficiency.** The combined efficiency and anticorruption measures led to a low average unit cost. Taking inflation into account, latrine unit costs fell from Rs. 2,700–3,600 (depending on local conditions) to Rs. 2,250–2,500. This was 1.5 times cheaper than the government and other NGO programs, and 1.75 times cheaper than the World Bank program (Balachandra et al. 1996).
- **Better poverty targeting.** The use of local criteria, participatory social mapping, and public listing of selected households improved subsidy targeting to the very poor. The strategy more than doubled their ownership of latrines. In the EU-supported project, no toilet subsidy was given. Toilet ownership nevertheless increased from 78 percent to 91 percent.
- **High user payments.** Latrines were only installed after Panchayats had received the money and signed a receipt and masons had checked the receipts. The strict procedure and a lot of time for payment (construction was only steps 11–13) helped over 95 percent of the poor to complete payments. If they were really too poor to finish payment, the program served them at the end.
- **Well-sustained toilets.** Corruption prevention and quality monitoring, for which

also women heads of households get information, made for good-quality construction. Almost all latrines were built or upgraded over time with permanent materials for walls, roofs, and doors. This, and the monitoring of maintenance, led to high sustainability of the facilities, even after 15 years.

- **Composted organic waste.** Under the EU project, all 400 female household heads were trained to segregate and recycle biodegradable waste. Vermicomposting was taken up by 69 percent of the female household heads, while earlier only 10 percent composted kitchen waste. In the control area, the level of vermicomposting was and remained at 6 percent. A neighborhood plant that recycles biological waste collected by the municipality employed five women.
- **Gender impacts.** Positive effects include a great reduction of the hardships associated with excreta disposal for women and girls; equitable capacity building and participation of women and men in latrine mobilization, health education, and technical and financial management; the election of 220 WSC members in local government (number and functions of women yet to be researched); over 1,200 women masons trained and working in their own enterprises; higher quality work, higher incomes and a higher status for poor women (Raghavan 2000); a permanent and autonomous Jeevapoorna Women Mason's Society and training center serving the whole state; at least one more operational training center; and women mason training mainstreamed in other programs, e.g. the national Total Sanitation Campaign and UNICEF's Child Development Program, and approach and training exported to e.g. Bangladesh and Sri Lanka. Potential negative impacts are an increase of work in water collection for toilet flushing and hygiene and increased workloads of women in behavioral monitoring.
- **Income.** The net profit on toilets was Rs. 250 (\$5.40). Income varies with demand, but in the EU-supported project, average annual income was Rs. 4500 (\$37) against Rs. 350 (\$9) earlier. Income from solid waste recycling was Rs. 2000–2500 (\$ 43–53). Plant nurseries

using compost and urine (fertilizer) had an average monthly income of Rs. 9600 (\$2004).

- **Cost-effectiveness.** The results were achieved at a 20 percent lower cost when compared with the state government program.
- **Replication and scaling up.** In 1991, 5.5 million households in Kerala had no sanitary latrine. The existing programs could not close the gap. About half of the poor would still have no latrine. When people in neighboring Panchayats saw the progress and quality of work, they put pressure on their governments to adopt the new approach. In 1997, over one-third of the districts launched a Panchayat-managed program. In 1998, it became the statewide Clean Kerala program. A Sanitation Task Force formulated the strategy. It retained a 75-percent subsidy for poor households, but planning, implementation, and management were kept as demonstrated. The government made the founder NGO a member of the Task Force and contracted it for training and support. Replication was also taken up under the World Bank-supported Jananidhi program. The output of the first three years was more than three times the output under Kerala's 8<sup>th</sup> Five-Year Plan. Gendered solid waste recycling was scaled up to all 25 wards of Allepuzha. A workshop with representatives from 21 local governments in five districts resulted in proposals for replication from 14 local governments, 12 Panchayats, and two cities. The approach is also part of the state policy.

### Emerging Shortcomings

Although three women with gender expertise among the seven senior NGO staff and a female advisor with gender expertise at the management level clearly made a difference, a gender analysis was never carried out, no gender policy or strategy was developed, and gender was not systematically monitored and evaluated. This has limited the mainstreaming of gender in policy, scaled-up programs, and staffing. People's planning underlying the prioritization of sanitation and the state's financial allocations are further under threat from politicians and bureaucrats who saw their influence reduced. In 2001, the newly elected

party lowered budgeted government funds to Panchayats by 16.4 percent and granted Rs. 250,000 (\$5,360) to each MP to spend on development at his or her discretion. The new government also changed the composition and influence of the Task Force. A review by the comptroller and auditor general showed that this scheme has been severely affected by misuse and diversion of funds (Mohanty 2005). Influence of civic society decreased. Regulations on women's representation in decision making were abolished, except for women-only projects. Women's self-help groups can no longer get government project support when any member works 10 days or more per month as a seasonal laborer. This put an abrupt end to many groups and to the formation of new ones (Mohanakumar 2002).

Whether these changes have had any negative effects on community-managed sanitation has not been researched. However, the diversion of development funds from local government bodies to individual politicians, withdrawals of rules for women's representation in decision making, reduced funding for women's groups with members from the marginal strata, and the cancellation of an important program function fulfilled mainly by NGO staff are bound to have some repercussions on the program.

### Lessons Learned: Gender and Poverty

- Gender equity strategies must be explicitly developed, tested, and documented during the learning phase if they are to be mainstreamed during scale-up. This is needed for organizational development and for training staff in other organizations who have not gone through the learning process.
- Helping poor women to work in toilet mason groups freed them from financial and sexual exploitation by male masons and allowed them to work near home in their own communities. It also provided income and career opportunities (e.g., as trainers and in the housing industry, including in sanitation production centers and government housing schemes) and built on their easier contacts with fellow women, including on health and hygiene. The female mason had a high commitment to high-quality sanitation work and suited the preference of male and female

household members to have female rather than male masons working in the house or compound while male household members are away at work.

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