

**TOTAL SANITATION CAMPAIGN WITH SPECIAL
REFERENCE TO INDIVIDUAL HOUSEHOLD LATRINES
IN
ADAT PANCHAYAT- AN EVALUATION**

BY
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(2002-05-04)



PROJECT REPORT

*Submitted In Partial fulfillment of the
requirement for the degree of*

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2007**

Declaration

DECLARATION

I, hereby declare that this project entitled "Total Sanitation Campaign with special reference to individual household latrines in adat panchayat-An Evaluation" is a bonafide record of work done by me during the course of project work and that it has not previously formed the basis for the award to me of any degree, diploma fellowship or other similar title, of any other university or society.

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CERTIFICATE

Certified that this project entitled “ Total Sanitation Campaign with special reference to individual household latrines in Adat Panchayat- An Evaluation” is record of project work done independently by Ms Anjaly.K.N under my guidance and supervision and that it has not previously formed the basis for the award of any degree, fellowship or associateship to her



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Needless to say, I alone am responsible for any errors, which may remain.

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Design of Study

CHAPTER 1

DESIGN OF STUDY

1.1 Introduction

Proper hygiene is a must for healthy life. Quite often the concept of hygiene among the people is narrow and unrealistic. People consider only personal hygiene rather than giving more importance to social hygiene. A total sanitation programme consisting of the entire strata of the population continues to be an ever-lasting dream. The sanitation practice adopted by the people is quite often not in tune with the surroundings. In such circumstances even if an individual strives for a healthy life it is not easily possible because of the turbulent environment. Apart from personal hygiene, household hygiene and social hygiene are equally important if the ever cherishing dream of total sanitation is to be fulfilled. More over in order to ensure total hygiene, it is important to ensure that the air we breath and the water we drink is cent percent disease free. Steps should be taken to ensure total sanitation by taking the society as a single entity.

According to the 2001 census, rural sanitation coverage was only 22% in India. Individual health and hygiene are largely depend on easy accessibility to potable drinking water and proper sanitation. Thus there is a direct relationship between water, sanitation and

health. In take of unsafe drinking water, improper disposal of human excreta, high infant mortality rate are also attributing to poor sanitation. It was in this context that the Central Rural Sanitation Programme (CRSP) was launched by Government of India in 1986 with the objective of improving the quality of life of rural people and to provide privacy and dignity to women. CRSP was restructured in 1999, following which a demand responsive community led Total Sanitation Campaign (TSC) was introduced which emphasizes more on Information, Education and Communication (IEC), human resource development, capacity development activities to increase awareness and demand generation for sanitary facilities. This programme is being implemented under Direction of Government of India (Department of Drinking Water supply, Ministry of Rural Development).

1.2 Statement of the problem

The concept of sanitation was earlier limited to disposal of human excreta by cesspools, open ditches, pit of latrines, bucket systems etc. Today it connotes a comprehensive concept, which includes liquid and solid waste disposal, food hygiene, personal, domestic as well as environmental hygiene. Proper sanitation is important not only from the general health point of view but also it has a vital role to play, in our individual and social life. Sanitation is one of the basic determinants of quality of life and human development index. Good sanitary practices prevent contamination of water and

soil and there by prevent diseases. The concept of sanitation is therefore important and it is expanded to include personal hygiene, home sanitation, safe water, garbage disposal, excreta disposal and waste water disposal.

Adat Grama Panchayat covers a total area of 23.22 sq.km including Puranattukara, Puzhakkal, Chittilapilly and Adat villages. The Panchayat covers 5600 households with a population of 29336. Being a rural area the people are characterized by poor health education, low standard of living, poor asset holdings, etc. The total sanitation Campaign was introduced in 1999 aiming at improving the living conditions of rural people especially their sanitation facilities. The implementation of the Programme has led to a total change in the living conditions of rural people and the study aims to uncover the effectiveness of the Programme being implemented in Adat Grama Panchayat.

1.3 Objective of the study

To evaluate the Total Sanitation Campaign with special reference to Individual Household Latrines in Adat Grama Panchayat.

1.4 Methodology/ technical programme

The study is primarily based on primary data collected on the basis of a structured schedule. The study was confined to the area of operation of Adat Grama panchayat. The structured schedule enquired about the details like socio-economic characteristics,

awareness about the scheme, performance of the scheme, and satisfaction towards the scheme. There are 17 wards in the Panchayat and three wards are selected randomly for evaluation. Total Household constituted the population from which the sample is collected. Among the representative ward 40 households from BPL families were selected for evaluation. There are 25 beneficiaries and 15 non-beneficiaries. The secondary data was on the basic details of the Panchayat and it was collected from the development report (2001 census).

Appropriate statistical tool like simple percentage was used for analysis. Another tool which was used for analysis is the satisfaction index and composite index. A number of statements were prepared and the respondents were asked to grade them on a 3-point scale. The score of all respondents for each grade added together to get the total score for each statement. The total score of each statement was then divided by maximum possible score to derive the satisfaction index for each statements. Then sum of the total score of each statements was divided by maximum score and number of statements to derive the composite index of all statements. The satisfaction index of awareness about the scheme, procedures of the scheme and performance of the scheme were derived using the following method.

$$\text{Satisfaction Index} = \frac{\text{Total score of each statement}}{\text{Maximum possible score}} \times 100$$

$$\text{Composite Index} = \frac{\text{Sum of the total score of each statement}}{\text{Maximum possible score} \times \text{number of statements}} \times 100$$

Based on the index value the respondents are divided in to three categories like satisfied (> 83.33 percent to 100 percent), no opinion (>50 percent to <83.33 percent) and dissatisfied (>33.33 percent to < 50 percent).

1.5 Review of Literature

Yusuf (1990) in his study on ' Sanitation in rural communities in Bangladesh', states that ' Household sanitation in developing countries, especially in the rural areas, is poor'. He observed that even where a safe water supply and sanitary latrines were provided, people did not use always them. He attribute this to socio- economic backwardness and poor level of education. So therefore he suggested improvements in socio-economic conditions and level of education as solution for non-proper use of latrine.

Galal (2001) conducted a study on ' Infections in children under 5 years of age and latrine cleanliness'. The aim of the study is to assess the cleanliness of the latrine and its relation to occurrence of disease in children under 5 years of age. He assessed the latrine cleanliness and its relationship to disease occurrence within a period of 2 weeks. Infection with diarrhea was found most in houses with latrine and water tap by him. He also found a relation between latrine cleanliness score and presence of flies, house building material and

maternal education, but none with occurrence of infection in children under 5 years of age within 2 weeks.

Mathekgana (2001) conducted a study entitled as 'Improvement of environmental health and hygiene practices-a case study in the Northern Province'. The purpose of the study was to investigate the different gaps in environmental health and hygiene practices with the aim of suggesting a strategy of improving this in this in the Northern Province of South Africa. The study concluded that with proper training of the water committees and their active involvement with the Government and NGOs, environmental health and hygiene problems can be minimized or eliminated.

Chaggu (2002) studied the socio- cultural and socio-economic situation of sanitation in Dar-es-salaam, Tanzania, with explicit emphasis on pit latrines. He found the problems like lack of or poor sanitation record keeping, unsatisfactory machinery for septic tank and pit latrines emptying, lack of a clear policy on pit latrine handling and low priority is accorded to an excreta disposal system among the people. He suggested that ecological sanitation toilets and anaerobic digesters could offer a good option to prevent ground water pollution and to recover useful products in human excreta and urine.

Keshab (2002) studied about the Issues in rural sanitation. In his paper he critically assesses a sanitation intervention experiment in rural Gujarat. He gave special focus on the nature and factors affecting hygiene behaviour. And also the pattern of demand for latrines. He found that there exist substantial demand for sanitation

facilities irrespective of socio-economic status. He also found that the awareness campaign by the local nodal agency did not generate popular enthusiasm and was found ineffective in bringing about positive changes in sanitation practices. He suggested that it is important to recognize that any intervention to change conventional sanitation behaviour in rural areas would require patience and sincerity on the part of implementers, actual demonstration and effective communication skills.

Karim (2003) done a situational analysis of water use, sanitation practices and personal hygiene awareness in rural Bangladesh. The study was conducted in the villages of Godagari and Sherpur upazilas in the northern part of Bangladesh with the objective of obtaining information on water use, sanitation practices and personal hygiene awareness of the villagers at the family level. The study reveals that the need for an integrated strategy of health promotion in rural Bangladesh. He suggested that hygiene education among the villagers should be introduced to increase the benefits of an integrated approach.

Cairncross (2003) presented a paper on 'Sanitation in the developing world: current status and future solutions'. In his paper he opined that more than a third of the worlds population lacks access to adequate excreta disposal. He found that constraints to increase sanitation coverage is not only because of the lack of demand but also the lack of supply of appropriate products and latrine designs. And the expense is too high for the poor. So the study reveals that

there is a need for subsidization. The expertise and marketing capacity of the private sector needs to be brought in to play, and public bodies must learn to assist it effectively in bringing sanitation to all.

As per the paper presented on the title of ' water, sanitation, and hygiene understanding (2004), the main focus was given on four factors that can increase human disease were poor sanitation, limited and poor quality of water supply, poor knowledge and hygiene practices, and poor housing and drainage. The paper stick on to the main categories of sanitation and the basics of hygiene education and its role in disease prevention. It was suggested that water, sanitation and health education programmes must involve the whole community - women, men, and children of all ages, classes and social status.

Simms (2005) done an evaluation of sustainability and acceptability of latrine provision in The Gambia. All households in 32 villages were provided with improved pit latrines in rural part of The Gambia. Latrine provision was externally driven and was not in response to a request from the communities involved. Materials were provided for free and labour was paid for. He found that before the intervention only 32 percent of household in these villages had access to any type of latrine. By the evaluation he suggested that externally driven latrine provision, without additional health education, to an area with poor latrine coverage can result in high, sustainable levels of uptake and generate future demand for sanitation.

Green (2005) conducted a study on 'small scale sanitation technologies'. In his study he states that 'small scale systems can improve the sustainability of sanitation systems as they more easily close the water and nutrient loops'. He found that appropriate sanitation provision can improve the lives of people with inadequate sanitation through health benefits, reuse products as well as reduce ecological impacts. He suggested that sanitation systems need to be selected according to the local, social, economic and environmental conditions and should aim to be sustainable.

Waterkeyn (2005) conducted a study entitled as 'creating demand for sanitation and hygiene through community health clubs'. The study describes an innovative methodology used in Zimbabwe - community Health clubs - which significantly changed hygiene behaviour and built rural demand for sanitation. He found that within 2 years, 2400 latrines had been built in Makoni, and in Tsholotsho 1200 latrines were being built in 18 months. So he concluded his study by suggesting that formation of social clubs and implementation of latrines or sanitary improvements scheme through their participation is a successful method for creating demand for sanitation.

1.6 Scope of the study

The scope of the study was limited to the evaluation of individual household latrines in Adat Grama Panchayat.

1.7 Limitation of the study

Since total sanitation campaign is a vast topic, the study is limited to the area of operation of Adat Grama Panchayat's individual household latrines.

1.8 Scheme of the Study

The study was completed in four chapters. The first chapter explained the design of study through statement of the problem, objective, review of literature, methodology and limitation of the study. Chapter two gave an over view of the Total Sanitation Campaign. The evaluation of the Individual Household Latrine Scheme were given in chapter three. The final chapter summarised the major findings of the study.

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*Total Sanitation Campaign – an
overview*

CHAPTER 2

TOTAL SANITATION CAMPAIGN – AN OVERVIEW

Individual health and hygiene is largely dependent on adequate availability of drinking water and proper sanitation. There is therefore, a direct relationship between water, sanitation and health. In take of unsafe drinking water improper disposal of human excreta, improper environmental sanitation and lack of personal and food hygiene have been major causes of diseases in developing countries. India is no exception to this. Prevailing High Infant Mortality Rate is also largely attributed to poor sanitation. It was in this context that the Central Rural Sanitation Programme (CRSP) was launched in 1986 primarily with the objective of improving the quality of life of rural people and to provide privacy and dignity to women.

The concept of sanitation was earlier limited to disposal of human excreta by cesspools, open ditches, pit latrines, bucket system etc. Today it connotes a comprehensive concept, which includes liquid and solid waste disposal, food hygiene, personal, domestic as well as environmental hygiene. Proper sanitation is important not only from the general health point of view but it has a vital note to play in our individual and social life too. Sanitation is one of the basic determinants of quality of life and human development index. Good sanitary practices prevent contamination of water and soil and thereby prevent diseases. The concept of sanitation was therefore expanded to include personal

hygiene, home sanitation, safe water, garbage disposal, excreta disposal and wastewater disposal.

A comprehensive Baseline Survey on Knowledge, Attitudes and Practices in rural water supply and sanitation was conducted during 1996-97 under the aegis of the Indian Institute of Mass communication, which showed that 55 per cent of those with private latrines were self-motivated. Only 2 per cent of the respondents claimed the existence of subsidy as the major motivating factor, while 54 per cent claimed to have gone in for sanitary latrines due to convenience and privacy. The study also showed that 51 per cent of the respondents were willing to spend up to Rs.1000/- to acquire sanitary toilets.

Keeping in view the above facts, the CRSP was improved. In the new format, CRSP moves towards a 'demand driven' approach. The revised approach in the programme titled "Total sanitation campaign (TSC)" emphasizes more on Information, Education and Communication (IEC), Human Resource Development, Capacity Development activities to increase awareness among the rural people and generation of demand and sanitary facilities. This will also enhance people's capacity to choose appropriate options through alternate delivery mechanisms as per their economic condition. The programme is being implemented with focus on community led and people centered initiatives. Children play an effective role in absorbing and popularizing new ideas and concepts. This programme, therefore, intends to tap their potential as the most persuasive advocates of good sanitation practices in their own households and in schools. The aim is also to provide separate

urinals/toilets for boys and girls in all schools/Anganwadis in rural areas in the country.

2.1 Objectives of TSC

1. To bring about an improvement in the general quality of life in the rural areas.
2. Accelerate sanitation coverage in rural areas.
3. Generate felt demand for sanitation facilities through awareness creation and health education.
4. Cover schools/Anganwadis in rural areas with sanitation facilities and promote hygiene education and sanitary habits among students.
5. Encourage cost effective and appropriate technologies in sanitation.
6. Eliminate open defecation to minimize risk of contamination of drinking water sources and food.
7. Convert dry latrines to pour flush latrines and eliminate manual scavenging practices, wherever in existence in rural areas.

2.2 Strategy followed by TSC

The strategy is to make the programme 'community led' and 'people centered'. A demand driven approach is to be adopted with increased emphasis on awareness creation and demand generation for sanitary facilities in houses, schools and for cleaner environment. Alternate delivery mechanisms would be adopted to meet the community

needs. Subsidy for individual household latrine units has been replaced by incentive to poorest of the poor households. Rural school sanitation is a major component and an entry point for wider acceptance of sanitation by the rural people. Technology improvisation to meet the customer preference and location specific intensive the company involving Panchayati Raj Institutions, Co-operatives, Women Groups, Self Help Groups, NGOs etc. are also important components of the strategy. The strategy addresses all sections of rural population to bring about the relevant behavioural changes for improved sanitation and hygiene practices and meet their sanitary hardware requirements in an affordable and accessible manner by offering a wide range of technological choices.

2.3 Implementation of TSC

Implementation of TSC is proposed on a project mode. A project proposal connotes from a district is scrutinized by the State Government and transmitted to the Government of India. TSC is implemented in phases with start up activities. Funds are made available for preliminary IEC work. The physical implementation gets oriented towards satisfying the felt needs, wherein individual households choose from a menu of options for their household latrines. The built in flexibility in the menu of options gives the poor and the disadvantaged families opportunity for subsequent up gradation depending up on their requirements and financial position. In the campaign approach while a synergistic interaction between the Government agencies and other

state holders, intensive IEC and advocacy, with participation of NGOs/Panchayati Raj Institutions/resource organization take place to bring about the desired behavioural changes for relevant sanitation practices, provision of alternate delivery system, proper technical specifications, designs and quality of installations are also provided to effectively fulfill the generated demand for sanitary hardware.

TSC is being implemented with a district as unit the States/UTs are expected to draw up a TSC project for the selected districts to claim GOI assistance with commitment of their support. The number of TSC projects in a State are allocated based on the demand raised by the States as well as their performance in implementation of the existing projects. Selection of the districts is done by the respective State/UTs Governments. The number of project districts will be progressively increased to cover the entire rural area of the country. The TSC project cycle in the project districts is expected to take about 4 years or less for implementation.

2.4 Components of TSC

The Programme components and activities for TSC implementation are as follows:

a) Start-Up Activities

The start-up activities include conducting of preliminary survey to assess the status of sanitation and hygiene practices, people's attitude and demand for improved sanitation, etc. with the aim to prepare the

District TSC project proposals for seeking Government of India assistance. The start-up activities will also include conducting a Baseline Survey (BLS), preparation of Project Implementation Plan (PIP), initial orientation and training of key programme managers at the district level. The cost of Start-up activities will be met fully by the Government of India assistance and, should not exceed 5 per cent of the total project.

b) IEC Activities:

Information, Education and Communication (IEC) are important components of the Programme. These intend to create demand for sanitary facilities in the rural areas for households, schools, Anganwadis, Balwadies, and Community Sanitary Complexes. The activities carried out under this component should be area specific and should also involve all sections of the rural population, in a manner, where willingness of the people to construct latrines is generated. The motivator can be given suitable incentive from the funds earmarked for IEC. The incentive will be performance based i.e. in terms of motivating the number of households, and schools/Anganwadis to construct latrines and soakage pits and also use the same subsequently. The IEC should also focus on health and hygiene practices and environmental sanitation aspects. Under IEC, wall painting on a community building or hoardings should display the details of activities undertaken in that Panchayat. Further, audio/video clippings in AIR, Doordarshan and cable TVs may

be screened for demand generation. IEC funding will be in the ratio of 80:20 between GOI and the State Governments and the total IEC cost should not be less than 15 per cent of the project. Each project district should prepare a detailed IEC action plan with defined strategies to reach all sections of the community. The aim of such a communication plan is to motivate rural people to adopt hygiene behaviour as a way of life and thereby develop and maintain all facilities created under the programme.

Funds available under IEC may be used for imparting hygiene education to the people as well as children in schools.

c) Rural Sanitary Marts and Production Centres:

The Rural Sanitary Mart is an outlet dealing with the materials required for the construction of not only sanitary latrines but also other sanitary facilities required for individuals, families and the environment in the rural areas. RSM should necessarily have those items, which are required as a part of the sanitation package. It is a commercial venture with a social objective. The main aim of having a RSM is to provide materials, services and guidance needed for constructing different types of latrines and other sanitary facilities, which are technologically and financially suitable to the area. Production/centres are the means to improve production of cost effective affordable sanitary materials. The Production Centres/Rural sanitary Marts could be opened and operated by NGOs/SHGs/Women

Organisations/Panchayats. For this purpose, less than 5 per cent (subject to a maximum of Rs.35.00 lakhs) of the total Government outlay has been earmarked. Funding for this component will be in the ratio of 80:20 between the GOI and the State Government. Further, under the TSC project, maximum amount of Rs.3.5 lakhs per Rural Sanitary Mart/Production Centre can be provided. The fund may be provided to the NGOs/Panchayats/other agencies for setting up of RSMs/PCs. The fund can be provided for construction of shed, training of masons and also as a revolving fund. After RSM/PC attains a level of sustainability. The revolving fund should be refunded to the District Implementing Agency. The District implementing agency should identify key training institutions/Resource persons to train the Mart/Production Centre Managers. They should also have a Memorandum of Understanding with the RSMs/PCs and, a system of joint monitoring evolved to ensure that the RSMs and PCs are successful as an enterprise and, function in accordance with the objectives of the Programme.

d) Construction of Individual Household Latrines:

A duly completed household sanitary latrine shall comprise of a Basic Low Cost Unit (without the super structure). All existing dry latrines in rural areas should be converted to pour flush latrines. The programme is aimed to cover all the rural families. Incentive as provided under the scheme may be extended to Below Poverty Line families, if the same is considered necessary for full involvement of the community.

The construction of household toilets should be undertaken by the BPL household itself and on completion and use of the toilet by the BPL household, the cash incentive can be given to the BPL household in recognition of its achievement. The financing pattern including the incentive for BPL household for construction of individual household latrines is shown in Table No.2.1

Table 2.1 Financing pattern including the incentive for BPL household for construction of individual household latrines.

Basic Low Cost Unit Cost (Rs.)	Contribution					
	GOI		State		Household	
	BPL	APL	BPL	APL	BPL	APL
Up to Rs.625/- (single pit)	60%	NIL	20%	NIL	20%	100%
Between Rs.625/- and Rs.1000/-	30%	NIL	30%	NIL	40%	100%
Above Rs.1000/-	NIL	NIL	NIL	NIL	100%	100%

Source: TSC guidelines

The incentive given by the Central Government will continue to be admissible with reference to the cost of basic low cost unit as given in the above Table and in no case will the overall quantum of Central incentive exceed the admissible amount.

It is assumed that A.P.L. families, through motivation, will take up construction of the household latrines on their own. The IEC activities, will, however, cover all the families in the district, without exceptions.

Construction of dry latrines is not permitted in the rural areas. The existing dry latrines, if any, should be converted to our flush latrines

and the unit cost and sharing pattern shall be identical to that of construction of individual house hold latrines.

e) Community Sanitary Complex

Community Sanitary Complex is an important component of the TSC. These Complexes can be set up in a place in the village acceptable to women/men/landless families and accessible to them. The maintenance of such complexes is very essential, for which Gram Panchayat should own the ultimate responsibility or make alternative arrangements at the village level. Maximum unit cost prescribed for a community complex is up to Rs. 2 lakhs. However, it will be approved by the National Scheme Sanctioning Committee based on the detailed design and estimates. Sharing pattern amongst Central Government, State Government and the community is in the ratio of 60:20:20. The community contribution, however, can be made by the Panchayat. There will not be any upper ceiling for expenditure on this item. However, total expenditure proposed on Community Sanitary Complex and Individual Household Toilets should be within the ceiling of 60 per cent of the total Government outlay. Ordinarily such complexes should be constructed only when there is lack of space in the village for construction of household toilets and the community owns up the responsibility of their operation and maintenance. The ultimate aim is to ensure construction of maximum IHHLs and construction of community complexes will be restricted to only when IHHLs cannot be constructed, for whatever reason, and also teach the community of "Hygiene

practices” Such complexes can also be made at public places, markets, etc. where large scale congregation of people takes place.

f) School Sanitation & Hygiene Education:

Children are more receptive to new ideas and schools/Anganwadis are appropriate institutions for changing the behaviour, mindset and habits of children from open defecation to the use of lavatory through motivation and education. The experience gained by children through use of toilets in school and sanitation education imparted by teachers would reach home and would also influence parents to adopt good sanitary habits. School Sanitation, therefore, forms an integral part of every TSC Project. Toilets in all types of Government Schools i.e. Primary, Upper Primary, Secondary and Higher Secondary and Anganwadis should be constructed. Emphasis should be given on toilets for Girls in Schools. The Central assistance per unit will be restricted to Rs.12,000/- for a unit cost of Rs.20,000/- Separate toilets for girls and boys should be provided which are treated as two separate units and each unit is entitled to Central assistance up to Rs.12,000/-. Funding for School Sanitation in a TSC Project is provided by the Central Government, State Government and Parent Teachers in the ratio of 60:30:10. Gram Panchayat can also contribute the 10 per cent share of Parent-Teachers. State/UT Governments, Parent-Teachers Association and Panchayats are free to contribute from their own resources over and above the prescribed amount.

In addition to creation of hardware in the schools, it is essential that hygiene education is imparted to the children on all aspects of hygiene. For this purpose, at least one teacher in each school must be trained in hygiene education who in turn should train the children through interesting activities and community projects that emphasize hygiene behaviour. The expenditure for this purpose can be met from the IEC fund earmarked for the project.

Anganwadi Toilets

In order to change the behaviour of the children from very early stage in life, it is essential that Anganwadis are used as a platform of behaviour change of the children as well as the mothers attending the Anganwadis. For this purpose each Anganwadi should be provided with a baby friendly toilet. One toilet of unit cost up to Rs.5,000 can be constructed for each Anganwadi or Balwadi in the rural areas where incentive to be given by Government of India will be restricted to Rs.3,000. Additional expenses can be met by the State Government or the Panchayats. Since there are a large number of Anganwadis operating from private houses, following strategy may be adopted;

- a) In all the Anganwadis, which are in Government buildings, baby friendly toilets should be constructed from out of the TSC funds to the extent laid down.

- b) Those Anganwadis, which are in private buildings, the owner must be asked to construct the toilet as per design, and, he/she may be allowed to charge enhanced rent for the building to recover the cost of construction. Alternatively, the toilet may be constructed under the TSC and, suitable deductions made from the monthly rental paid to the owner to recover the cost over a period of time.
- c) For new buildings, which are going to be hired for Anganwadis, buildings having baby friendly toilet facility only should be hired. More than 10% of the total Government outlay can be utilized for School Sanitation and Anganwadi toilets.

g) Administrative Charges

The Administrative Charges include money spent on training, salary of temporary staff deployed during project period, support services, fuel charges, vehicle hire charges, stationary, Monitoring & evaluation of TSC project. However, in any case no additional posts shall be created nor separate vehicle purchased for the implementation of the TSC project. But in order to implement the projects professionally, specialist consultants from the fields of Communication, Human Resource Development, School sanitation & Hygiene education and Monitoring may be hired for the project period. The fees of the consultants may be paid from the administrative charges. Administrative

charges should not be used for buying vehicles, etc. Purchase of one computer with accessories is permissible per district.

2.5 National Scheme Sanctioning Committee

National Scheme Sanctioning Committee (NSSC) was constituted to approve the project proposals for the select districts, as received from the State/UT Governments. Secretary, Department of Drinking Water Supply, Ministry of Rural Development will be the Chairman of the NSSC. There will be six members in the NSSC. Two members are the officials of the Government of India viz. Additional Secretary & Financial Adviser and Joint Secretary (Technology Mission). Four experts in the rural sanitation field will be non-official members.

2.6 Special Provisions

For adequate coverage of the weaker sections and disadvantaged sections of the society, while selecting the districts blocks, villages and demand for sanitary latrines, preference should be given to the Scheduled Castes and Scheduled Tribes. Out of the total incentive earmarked for the construction of household latrines, a minimum of 25 per cent should be earmarked for the individual households from Scheduled Castes and Scheduled Tribes.

Further, a 3 per cent reservation of incentive for individual toilets for BPL households shall be provided to the households with

disabled persons. It may also be noted that while constructing toilets in schools, and other institutions, the construction should be made in such a way that the facilities can also be used by the disabled students and persons.

2.7 Implementing Agencies

Implementation of the Total Sanitation Campaign requires large-scale social mobilisation so its implementation at the District level should be done by the Zilla Panchayat. However, in case Zilla Panchayat is not in existence, District Water and Sanitation Mission should implement the project. However, both the TSC and Swajaldhara should be implemented by the same agency. The line departments will play the catalytic role in implementation.

At the state level, State Government should set up an appropriate institutional arrangement to monitor the projects and facilitate the districts in implementing TSC. However, in states where Water supply & sanitation are handled by two different departments, separate institutional set up may also be made subject to the condition that officials handling water supply should be actively associated with this institutional set up. Specialist consultants from the fields of Communication, Human Resource Development, Monitoring and School sanitation & hygiene education can be engaged at the state level. The expenses towards engaging these consultants will be borne by the GOI

and the States under the HRD fund available on 75:25 basis. Similarly common IEC and HRD activities for the whole state can be taken up at the state level for which limited fund may be provided to the states on a 75:25 sharing pattern. Separate bank account in any public sector bank would have to be opened exclusively for this programme.

2.8 Role of Panchayati Raj Institutions

As per the Constitution 73rd Amendment Act, 1992, Sanitation is included in the 11th Schedule. Accordingly, Gram Panchayats have a pivotal role in the implementation of Total Sanitation Campaign. The TSC will be implemented by the Panchayati Raj Institutions at all levels. They will carry out the social mobilisation for the construction of toilets and also maintain the clean environment by way of safe disposal of wastes. Community Complexes constructed under the TSC will be maintained by the Panchayats/ Voluntary Organisations/Charitable Trusts. Panchayats can also contribute from their own resources for School sanitation over and above the prescribed amount. They will act as the custodian of the assets such as the Community Complexes, environmental components, drainage etc. constructed under the TSC. Panchayats can also open and operate the production Centres/Rural Sanitary Marts.

2.9 Role of Non-governmental Organisations (NGOs)

NGOs have an important role in the implementation of TSC in the rural areas. They have to be actively involved in IEC (software) activities as well as in hardware activities. Their services are required to be utilised not only for bringing about awareness among the rural people for the need of rural sanitation but also ensuring that they actually make use of the sanitary latrines. NGOs can also open and operate Production Centres and Rural Sanitary Marts. NGOs may also be engaged to conduct base line surveys and PRAs specifically to determine key behaviours and perceptions regarding sanitation, hygiene, water use, O&M, etc. Selection of NGOs should be done following a transparent criterion.

2.10 Project Funding

The table 2.2 below gives the percentage share of the allocation (i.e. the total approved TSC project cost) for different components of a TSC Project, the GOI/State share and the beneficiary contribution towards each components. In the case of Union Territories, the state share under the TSC will be borne by the Govt. of India.

Table 2.2 TSC Component-Wise earmarking and funding pattern

Sl. No.	Component	Amount earmarked as percent of the project outlay	Contribution percent		
			GOI	State	Beneficiary/ Household Community
a.	Start-up Activities (Preliminary Surveys, Publicity etc.)	Less than 5% (subject to a ceiling of Rs. 20 lakhs per district)	100	0	0
b.	IEC, Including Motivational Awareness and Educative Campaigns, Advocacy etc.	More than 15%	80	20	0
c.	Alternate Delivery Mechanism (PCs/RSMs)	More than 5% (Subject to a Maximum of Rs. 35 Lakhs per district)	80	20	0
d.	(i) Individual Latrines for BPL/disabled house holds. (ii) Community Sanitary Complexes	Less than 60% (Subject to para 9 (d) of the Guidelines)	60	20	20
e.	Individual house hold latrines for APL	Nil	0	0	100
f.	School Sanitation including Anganwadis (Hardware and Support Services)	More than 10	60	30	10
g.	Administrative charges, including training, staff, support services, Monitoring & Evaluation etc.	Less than 5% (subject to a ceiling of Rs.40 lakhs per district)	80	20	0

Source: TSC guidelines

In case the amount sought for/utilized for under any component of the TSC is less than the earmarked percentage, the balance percent will be adjusted for construction of individual household latrines. In no case the per cent earmarked for components relating to start up activities and administrative charges should exceed 5 per cent of the project outlay.

2.11 Release of Funds

The Central assistance shall be released to the implementing Agency in four instalments (30, 30, 30, 10). The first instalment will be released immediately after approval of the project proposal by the National Scheme Sanctioning Committee subject to receipt of details of the Implementing Agency at District level and name of the bank and a/c No. etc. The release of further instalments will be subject to the following conditions:

1. Release of State Share:

The State share must be released to the concerned project district at least in the same proportion as central share has been released within a fortnight of release of the central share.

2. Household/Community Contribution:

For all the hardware activities executed, the corresponding household/community contribution, including APL house holds must be taken and reflected appropriately in the progress report.

3. Expenditure and Utilization Certificate:

At least 60 per cent of the total available funds under central share as well as State share, including interest must have been properly utilized. There should be more than 60 per cent utilization

under Central and State share separately. Separate Utilization Certificate for the central fund and the state fund should be submitted. The Utilization certificate should be furnished for each financial year since the year in which the project was sanctioned and fund released. All utilization certificates should be countersigned by Chairman. DRDA/District Collector or CEO of Zilla Parishad as the case may be.

a. Audit Certificate

The accounts of the TS project should be audited annually by a Chartered Accountant. At the time of submission of the proposal for release of further instalments, the audited statement of the preceding financial year should be submitted. It should be duly countersigned by the Chairman DRDA/District Collector or CEO, Zilla Panchayat as the case may be. In case two instalments of funds are claimed in the same financial year, the accounts should be audited for the part of the financial year (up to the period for which utilization certificate is submitted).

4. A certificate regarding not purchasing any in admissible items:

This Department vide its letter No.W-11013/4/2000-crsp dated 4th March 2003 has prescribed certain do's and don't's for the TSC project districts. A certificate must be given by the Chairman of the DRDA/District Collector or CEO, Zilla Parishad as the case may be, certifying that no condition in the aforementioned letter has been violated.

5. The proposal for release of second or subsequent instalment should be sent by the District Implementing Agency through the concerned Administrative Department in the State Government dealing with Rural Sanitation.
6. The last instalment will be released only if the expenditure is at least 80 per cent of the available funds (separately for centre and state) and on submission of the Utilization Certificate and AG Certificate/Chartered Accountant Certificates of previous year.
7. Other conditions that may be prescribed from time to time

2.12 Utilisation of Interest Earned on Project Funds

The TSC funds (Central, State and Beneficiary/Panchayat) should be kept in a bank account. The interest accrued on TSC funds shall be treated as part of the TSC resources. The District Implementing Agency may utilize the interest accrued on TSC funds for the purpose of additional IEC activities, however not exceeding the financial limits kept under the programme, and for providing additional hardware infrastructure in the TSC district as per the Guidelines. The District Implementing Agency has to submit utilisation of Interest accrued on TSC funds along with centres for subsequent instalments and it should be reflected in the Utilisation Certificates.

2.13 Maintenance

It is essential to train the community, particularly all the members of the family in the proper upkeep and maintenance of the sanitation facilities created. The maintenance expenses of individual household sanitary latrines should be met by the households. The maintenance cost of community sanitary complexes may be met by the Panchayaths/Voluntary organisations/Charitable trusts/Self Help Groups. Institutions/Organisations operating and maintaining the Sanitary Complexes may charge suitable user charges to meet the operation and maintenance cost fully. The concerned departments should provide adequate funds for maintenance of School / Anganwadi toilets.

2.14 Inspections

Monitoring through regular field inspections by officers from the State level and the District level is essential for the effective implementation of the Programme. The inspection should be to check and ensure that construction work has been done in accordance with the norms, the community has been involved in the construction, the latrines are not polluting the water sources and also to check whether there has been correct selection of beneficiaries and proper use of latrines after construction. Such inspection should ensure that the sanitary latrines are not used for any other purpose. Inspection should be done to check whether TSC information of a Gram Panchayath has been displayed

transparently in Gram Panchayath (by wall painting or special hoarding). Project authorities should constitute a team of experts in the district who should review the implementation in different blocks frequently. Such review should be held at least once a quarter. Similarly the State Government should conduct review of projects in each district once a quarter. In addition, Government of India will send its review missions to the states periodically to assess the quality of implementation.

2.15 Revision in Project

It is expected that after conducting the Baseline survey. The exact requirement for different category of hardware may undergo change which will necessitate revision in the project. Such revision in the project will be allowed after proper scrutiny; and the project recast suitably by the Department of Drinking water Supply. The matter will be placed before the NSSC for ratification.

2.16 Reports

The following reports will be sent by the Project Authorities and States/UTs. to the Government of India.

- Monthly Progress Report will be furnished by the 20th of the succeeding Month.
- Cumulative Annual Report of achievements under the Programme during the year shall be furnished by 30th April of the succeeding year.

- Conversion of dry latrines, if any, to pour flush latrines, shall be intimated to this, once in 6 months in a financial year.

2.17 Evaluation

The States/UTs should conduct periodical Evaluation Studies on the implementation of the TSC. Evaluation studies may be got conducted by the reputed Institutions and Organisations. Copies of the reports of these evaluation studies conducted by the States/UTs should be furnished to the Government of India. Remedial action should be taken by the States/UTs on the basis of the observations made in these evaluation studies and also in the Concurrent Evaluation conducted by or on behalf of the Government of India. The cost of such studies can be charged to the HRD component of the TSC.

For a group of TSC Projects in states(s), implementation progress review may be organised by the Government of India for 2 times in a year. A multi agency team of not less than 2 officers/professionals may undertake the review.

2.18 Nirmal Gram Puraskar

To add vigour to TSC implementation, Government of India have separately launched an award scheme called the "Nirmal Gram Puraskar" for fully sanitised and open defecation free Gram Panchayats,

Blocks and Districts. The 'Nirmal Gram Puraskar' scheme will have the following ingredients:

a) Eligibility

(1) Gram Panchayats, Blocks and Districts, which achieve 100 per cent sanitation coverage in terms of

(a) 100 per cent sanitation coverage of individual house holds,

(b) 100 per cent school sanitation coverage

(c) free from open defecation, dry latrines and manual scavenging, and

(d) clean environment maintenance.

(2) Individuals and organisations, who have been the driving force for effecting full sanitation coverage in the respective geographical area.

b) Incentive pattern

Table 2.3 The incentive pattern will be based on population criteria and will be as follows:

(Rupees in lakhs)

Sl. No.	Particulars	Gram Panchayat		Block		District	
		Upto 5000	5001 and above	Upto 50000	50001 and above	Upto 10 lakhs	Above 10 lakhs
1.	Population Criteria	Upto 5000	5001 and above	Upto 50000	50001 and above	Upto 10 lakhs	Above 10 lakhs
2.	Cash Incentive Recommended	2.0	4.0	10.0	20.0	30.0	50.0
3	Incentive to Individuals	0.10		0.20		0.30	
4	Incentive to Organisation/s other than PRIs	0.20		0.35		0.50	

Source: TSC guidelines

c) Selection Procedures

The general procedure for identifying 100 per cent sanitised blocks and districts will be based on the following principles.

1. State Government will identify and select Gram Panchayats, Blocks and Districts, which are fully covered and conform to the eligibility criteria indicated in para 2 (a) above. After selection they will send the report to the Government of India.
2. For districts, blocks and Panchayats, the Government of India may engage independent evaluation(s) or Multi-disciplinary Team(s) to assess the status of full sanitation coverage of the Gram Panchayats, Blocks and Districts.
3. There will be a National Committee on Nirmal Gram Puraskar constituted by this Department to draw up criteria for annual selection of Gram Panchayats, Blocks, Districts, Individuals and Organisations for the Puraskar.

d) How the incentive can be used:

The incentive for Panchayathi Raj Institutions can be used for improving and maintaining sanitation facilities in their respective areas. The focus should be on solid and liquid waste disposal, drainage facilities and maintenance of sanitation standard in the PRI area.

2.19 Research

Research Institutes, Organizations and NGOs with proven track record in the areas of Sanitation and National/State level institutions involved in the research related to the issue of Health, Hygiene, Water Supply and Sanitation should be involved to study the present technology of human excreta and waste disposal systems in the rural areas. The research outcome should provide an affordable low cost technology to suit the requirements of different geo-hydrological conditions for ecologically sustainable long-term solutions for disposal of wastes. Government of India will be organizing such studies. However, States may also take up such studies for improving the content of the programme. The cost thereto can be charged to the HRD component of the project. In case of shortage of funds, additional support for such endeavours can be obtained from the Government of India.

2.20 Annual Audit

The District Implementing Agency should get the accounts audited by a Chartered Accountant and submit the report to the State Government and Government of India. Further, District Implementing Agency should furnish audited accounts while filling claims for the second and subsequent instalments.

2.21 Project Completion

When a Project gets completed fully in a District, the Implementing Agency at the District level shall submit a completion Report along with the Audit Certificate and Utilisation Certificate through the State Government to the Department of Drinking Water Supply, Ministry of Rural Development, Government of India. Acceptance or otherwise of the Completion Report will be informed to the State Government and the District Implementing Agency by the Government of India. In no case, the project implementation period of any TSC project shall exceed 4 years from the date of approval and/or release of first instalments of GOI funds. Post Project evaluations, at random, will be taken up by the Government of India. The states may also take initiative for conducting such evaluations, and seek GOI assistance, for the purpose.

*Individual Household Latrine Scheme –
an evaluation*

CHAPTER 3

INDIVIDUAL HOUSEHOLD LATRINE SCHEME-AN EVALUATION

Sanitation is the essence of healthy living. Total sanitation campaign (TSC) was introduced in the year 1999, an innovation of the erstwhile Central Rural Sanitation Programme implemented in the year 1986. The Total Sanitation emphasizes more on Information, Education and Communication (IEC), human resource development, capacity development activities to increase awareness and demand generation for sanitary facilities.

Individual Household Latrine Scheme is one of the major components of the Total Sanitation Campaign, with the objective of providing a sanitary latrine of a Basic Low Cost Unit (without the super structure). The programme aims at converting all existing dry latrines in rural areas into pour flush latrines. The programme is expected to cover all the rural families. Incentive are provided under the scheme is extended to Below Poverty Line (BPL) Families. The construction of household latrines have to be undertaken by the BPL household itself and on completion and use of the toilet by the BPL household the cash incentive is given in recognition of its achievement. For the evaluation of the above scheme Adat Grama Panchayat in Thrissur District was selected.

Adat Grama Panchayat (GP) is one of the special grade Panchayats in Puzhakkal, development block in Thrissur District of Kerala. The Grama Panchayat had a total geographical area of 23.22square kilometers. It consists of 17 wards with a population of 29336 persons. The Panchayat lies on the northwest part of the Thrissur town. The Grama Panchayat comprises of 4 villages such as Puranattukkara, Puzhakkal, Chittilapilly and Adat.

The total population of Adat Grama Panchayat as per 2001 census is 29336. Out of this 50.2 per cent were female. The scheduled caste and scheduled tribe population is 2346, which constituted 7.9 per cent of the total population. The sex ratio of the population is 1007. The density of population in the Grama Panchayat is 1274.37. The effective literacy rate of the Grama Panchayat is 96.4 per cent. The basic demographic indicators of the Adat Grama Panchayat are given in Table 3.1

Table 3.1 Basic demographic indicators of Adat Grama Panchayat (2001 census)

Indicators	Adat Panchayat
Total population in numbers	29336
Density of population (person/sq. km)	1274.37
Total male population	14614 (49.82)
Total female population	14722 (50.18)
Sex ratio	1007
Total SC/ST population	2346(8)
Total literacy rate	96.4%
Total male literacy rate	80%
Total female literary rate	85%

- Source: Compiled from development reports
Note: Figures in parentheses show percent to total population.

3.1 Evaluation of Individual Household Latrine Scheme

In Adat Grama Panchayat Individual Household Latrine Scheme was introduced in the year 2004. Panchayat is the implementing agency of the scheme. Panchayat disburse the amount only after the completion of the construction of latrines. In the year 2004 -2005 the Panchayat, sanctioned 93 household latrines. The number increased to 100 in the year 2005-2006, and in 2006-2007 the number of houses that were sanctioned latrines declined to 75. The present study was done to make an Evaluation of the Individual Household Latrine Scheme in Adat Panchayat. The data required for the evaluation of the scheme were elicited from three wards selected randomly and 40 BPL families selected randomly by a structured schedule. The analysis is presented in the following sequence, socio-economic characteristics of the respondents, asset details, evaluation of TSC scheme, analysis of awareness of TSC scheme, source of awareness, satisfaction of procedures of the scheme, details of amount expectation and cost of construction, analysis of hygienic conditions, role of Panchayat in the scheme, improvement in sanitation in Adat Panchayat, suggestions to improve the scheme and conclusion.

Before a detailed analysis of the Individual Household Latrine Scheme, the socio-economic characteristics of the respondents are studied.

3.2 Socio-Economic Characteristics of the Respondents

For analysing the socio-economic characteristics of the respondents, seven indicators are taken, viz. age, community, educational status, occupational status, size of family, monthly income and size of land holdings, which are depicted in Table 3.2. The socio-economic characteristics of the respondents were analysed to have a clear picture about the respondents' basic background.

Table 3.2 socio-economic characteristics of the respondents

SI.No	Characteristics	Number	Percentage
1.	<u>Age in years</u>		
	30-40	2	5
	40-50	12	30
	50-60	19	47.5
	60-70	7	17.5
	Total	40	100
2.	<u>Community</u>		
	SC	34	85
	ST	0	0
	OBC	0	0
	RC	6	15
	Total	40	100
3.	<u>Educational status</u>		
	Illiterate	19	47.5
	Primary	15	37.5
	Upper primary	4	10
	High school	2	5
	Total	40	100
4.	<u>Occupational status</u>		
	Mason	23	57.5
	Carpentry	8	20
	Home made	7	17.5
	Tailoring	2	5
	Total	40	100

Sl.No	Characteristics	Number	Percentage
5.	<u>Size of family (in number)</u>		
	1-2	3	7.5
	3-4	29	72.5
	4-6	8	20
	Total	40	100
6.	<u>Family income (scale in Rs.)</u>		
	100-500	8	20
	500-1000	11	27.5
	1000-1500	21	52.5
	Total	40	100
7.	<u>Land holdings (in cent)</u>		
	1-2 cents	0	0
	2-3 cents	6	15
	3-5 cents	34	85
	Total	40	100

Source: primary data

It is seen from Table 3.2 that majority (47.5 percent) of the selected respondents fall under the age group of 50-60 years, 30 percent fall under the age group of 40-50 years, 17.5 percent coming under the age group of 60-70 years and the remaining 5 percent coming under the age group of 30-40 years.

Community wise classification of the respondents revealed that 85 percent of the respondents belonged to the Scheduled Caste and the remaining 15 percent belonged to Roman Catholic.

An important characteristic that could be derived from the Table is that the low educational level of the respondents. 47.5 percent of the respondents are illiterate, 37.5 percent have an

educational qualification up to primary level and remaining 10 percent have upper primary level education and only 5 percent have high school level education. So it is to be noted that none of the respondents have above high school level education.

The respondents earned their living out of manual labour. The occupational pattern of the respondents shows that 57.5 percent of the respondents are work as Mason. Poor educational status prevents them to getting a better job. It can also able to see from the survey that majority of the members in a family are doing the same job as done by their parents, and because of this occupational status they have no heights in their life. The occupational pattern reveals a pattern in tantum with the educational characteristics of the respondents. The Table 3.2 clearly brings out that most of them are having the nuclear family system.

Absence of regular and well-paid occupation keeps the monthly income also low. It is seen from Table 3.2 that the monthly family income of 52.5 percent of the respondents ranged between 1000-1500 rupees and the rest of the respondents have a family income of below 1000 rupees.

Land is the most important asset in rural area and it could be derived from the Table that the respondents are marginal holders. Majority (85 percent) of the respondents have land holding of 3-5

cents and the remaining 15 percent have only 2-3 cents. This shows their poor living conditions, they have small land holdings and none of them were not able to possess more than 5 cents because of their financial backwardness.

Thus the socio-economic characteristics of the respondents reveals that the respondents of Individual Household Latrine Scheme are from the lower strata of the society, who deserves to be the beneficiaries of the development programmes of government.

3.3 Asset details of the Respondents

An important indicator which reflects the backwardness or otherwise of population generally is the nature of the dwelling. Moreover, as far as an analysis of sanitary latrine is concerned, the land area and the type of dwelling assumes significance. Therefore, during the survey details regarding the houses and the facilities were collected. They are summarized and presented in the present sections. Asset details of the respondents include the roof of the house, floor area of house and also the details of sanitary latrine. These variables are helpful in measuring the housing conditions and living conditions of the respondents. Summary of major characteristics of houses are presented in Table 3.3

Table 3.3 Asset details of the respondents.

Sl.No	Details	Number	Percentage
1.	<u>Roof</u>		
	Thatched	0	0
	Tiled	30	75
	Concrete	10	25
	Total	40	100
2.	<u>Floor Area (in sq.ft)</u>		
	200-250	7	17.5
	300-350	6	65
	Above 400	7	17.5
	Total	40	100
3.	<u>Sanitary Latrine</u>		
	Houses with latrine	40	100
	Houses without latrine	0	0
	Total	40	100
4.	<u>Number of Latrine</u>		
	One latrine	40	100
	More than one latrine	0	0
	Total	40	100
5.	<u>Type of Latrine</u>		
	ESP	0	0
	Single pit	40	100
	Two pit	0	0
	Total	40	100
6.	<u>Separate Bathroom</u>		
	Having	8	20
	Not having	32	80
	Total	40	100

Source: primary data

From Table 3.3 it reveals the subsistence level of living of the respondents. Majority (75 percent) of the respondents possess tiled houses and the remaining 25 percent possess concrete houses.

Floor area of houses indicates that they have only small houses reflecting their financial backwardness. Average plinth area of the houses is 300-350 sq.ft.

From Table 3.3 it is evident that all the respondents have a latrine in their houses and it shows their hygienic consciousness and all the respondents have only one latrine. All of them have only single pit latrine.

By analysing the asset details it is clear that their housing conditions are poor but their sanitary conditions are good, sanitary details shows that they are hygiene consciousness. Therefore there is scope for implementation of the scheme.

3.4 Evaluation of TSC Scheme

On the background of the socio-economic characteristics and housing conditions, the study makes an in depth analysis of TSC Scheme of Adat Panchayat. As a pretest to the analysis, selected characteristics of respondents regarding TSC were summaries and presented in Table 3.4.

Table 3.4 Frequency distribution of selected characteristics of respondents regarding TSC

Sl. No	Particulars	Number	Percentage
1.	<u>Beneficiaries of the scheme</u>		
	Benefited	25	62.5
	Not benefited	15	37.5
	Total	40	100
2.	<u>Reasons for not applying for the scheme</u>		
	Already have latrine	0	0
	Applied but not sanctioned	15	100
	Total	15	100
3.	<u>Beneficiaries from schemes other than TSC scheme</u>		
	Benefited	2	5
	Not benefited	38	95
	Total	40	100

Source: primary data

It is seen from the Table 3.4 that out of the total respondents 62.5 percent are beneficiaries of the scheme and the rest 37.5 percent have not benefited from the scheme. From this it is assumed that majority of the BPL families in the Panchayat are benefited from the scheme.

All the non-beneficiaries have applied for the scheme but could not get sanction the amount. It may be due to the fact that Grama sabha might be following the principles of 'andhyodaya' i.e; prioritising the poorest of the poor just and hence, the non-beneficiaries might be getting the benefit in future.

It is also noted that the NGOs and Panchayat have similar schemes and only two of the respondents have benefited from other schemes other than TSC scheme. The two persons are benefited from the schemes like Puranattukkara Ashramam scheme and 900 rupees scheme from the Panchayat. However the TSC scheme is the prominent programme as far as total sanitation of the Panchayat is concerned.

3.5 Analysis of Awareness of TSC

To know the popularity of the scheme awareness index of the scheme are derived. The factors relating to the awareness towards the scheme are awareness about the scheme and awareness about the conditions or procedures of the scheme. The respondents were asked to grade them on a 3-point scale. The score of all the respondents for each statement were added to get the total score for each statements. The total score of each statements was then divided by the maximum possible score to derive the satisfaction index of awareness. The composite index is the sum of the total score of each statements divided by the maximum possible score multiplied by the number of statements. The satisfaction index of awareness is shown in Table 3.5

$$\text{Satisfaction Index} = \frac{\text{Total score of each statement}}{\text{Maximum possible score}} \times 100$$

$$\text{Composite Index} = \frac{\text{Sum of the total score of each statement}}{\text{Maximum possible score} \times \text{number of statements}} \times 100$$

Table 3.5 Satisfaction index of awareness

Sl.No	Factors	Total score	Satisfaction index
1.	Awareness about the scheme	120	100
2.	A family below poverty line can only apply	120	100
3.	Application form should be collected from the concerned Panchayat	120	100
4.	Aware about the selection procedures	120	100

Source:- primary data

It is evident from Table 3.5 that there is 100 percent satisfaction towards the awareness of the scheme. All the selected respondents are aware of the fact that there is a TSC scheme under which subsidy is provided for the construction of Individual Household Latrine. They were also aware that a family below poverty line can only apply for the scheme, application form should be collected from the concerned Panchayat, maximum amount provided under the scheme is Rs. 2000. It is to be noted that the respondents were well clear about the selection procedures. This shows the positive attitude of the implementing agency and the effort they have taken in popularizing the programme. The composite Index 100 percent also points to full satisfaction towards the awareness of the scheme.

3.6 Source of Awareness about the Scheme and Assistance for filling the Application Form

It is important to know that from where they got information about the scheme and the assistance received by them for filling the application form. As the education level of the respondents is poor, it is binding on the authorities to provide assistance in these aspects. These factors are depicted in Table 3.6

Table 3.6 Source of awareness about the scheme and assistance for filling the application form.

Sl.No	Factors	Number	Percentage
1.	<u>Source of awareness</u>		
	Panchayat Officials	2	5
	Grama sabha	22	55
	Panchayat member	16	40
	Total	40	100
2.	<u>Assistance for filling the application form</u>		
	Panchayat member	14	35
	Panchayat officials	21	52.5
	Neighbours	1	2.5
	Self	4	10
	Total	40	100

Source: primary data

It is clear from Table 3.6 that 55 percent of the selected respondents came to know about the scheme from Grama sabha. Another 40 percent became aware of the scheme from Panchayat member and the remaining 5 percent directly from the Panchayat itself. The implementing agency of the scheme is the Panchayat and

all the Panchayat members and Grama sabha are part of the Panchayat. So it is indicative of successful role played by the implementing agency in creating awareness about the scheme among the people in the Panchayat.

Majority of the respondents come from the poor educational background, they seek help from others for filling the application form. It can be seen from the Table 3.6 that majority (52.5 percent) of the respondents sought the assistance from the Panchayat official; Panchayat members assisted 35 percent of the respondents and the remaining respondents were helped by neighbours and very few of them filled the form themselves. Therefore it reveals the sincerity of the implementing agency in popularising the scheme.

3.7 Satisfaction of Procedures of the Scheme

For analysing the satisfaction of the respondents towards the procedures of the scheme the study identified certain factors and converted them in to statements relating to various stages in the implementation of the programme they are number of visit by the respondents for getting the facility, time taken to sanction the amount and also the personal bias towards sanctioning the scheme. Responses were measured on a 3-point scale. In the case of number of visit to the Panchayat, those who could get the facility within 2-3 visits to the Panchayat are regarded as fully satisfied, those who visit 3-4 times coming under the satisfied scale and those who visit 4-6 times regarded as to dissatisfied.

In the case of time taken to sanction the amount it is asked only to the beneficiaries and those who got the amount within 1-2 months from the date of application, came under the fully satisfied scale, those who got the amount within 2-4 months were coming under the satisfied scale and the remaining were coming under the dissatisfied scale.

In order to find out the satisfaction index of procedures towards the scheme the score of all the respondents for each statements were added to get the total score of each statement. The total score of each statement was then divided by the maximum possible score to derive the index. The satisfaction index of procedures of the scheme is presented in Table 3.7.

$$\text{Satisfaction Index} = \frac{\text{Total score of each statement}}{\text{maximum possible score}} \times 100$$

Table 3.7 Satisfaction Index of procedures of the scheme

Sl.No.	Factors	Total score	Satisfaction index
1.	Number of visit by the respondents to the Panchayat for getting the facility.	70	58.33
2.	Time taken to sanction the amount after the submission of application	71	94.6
3.	Personal bias towards the sanctioning of the scheme	98	81.6

Source: primary data

From Table 3.7 it is evident that the score of the number of visits to the Panchayat has an index of 58.33, implying moderate satisfaction. It was not possible to analyse the reasons for the delay of services from the part of the Panchayat. Only 12.5 percent expressed full satisfaction. However the respondents expressed high level of satisfaction towards the limited time taken to sanction the amount. The implementing agency quickly sanctions the amount to the beneficiaries after the submission of application.

Majority opined that there was personal bias in the sanctioning of the facility. With political influence or interference by political parties it is easier to get the facility from the Panchayat. A base of any poverty alleviation, sanitation or rural development programme had been the political patronage.

3.8 Satisfaction of Beneficiaries about the performance of the Scheme

The beneficiaries' assessment of the performance of the scheme was done by analysing their satisfaction towards the scheme. The satisfaction measured by certain factors like beneficiaries satisfaction, adequacy of the amount sanctioned, usefulness of the scheme like latrine facility, hygiene awareness, feeling of status and sickness. These factors are graded on a 3-point scale. The score of all the respondents for each statement were added to get the total score of each statement. Then the total score of each statement divided with the maximum possible score to derive the satisfaction index and to derive the composite index find the sum of the total score

of each statement and divide it with the maximum possible score and number of statements. Satisfaction index of beneficiaries depicted in Table 3.8.

$$\text{Satisfaction Index} = \frac{\text{Total score of each statement}}{\text{Maximum possible score}} \times 100$$

$$\text{Composite Index} = \frac{\text{Sum of the total score of each statement}}{\text{Maximum possible score} \times \text{number of statements}} \times 100$$

Table 3.8 Satisfaction Index of beneficiaries

Sl.No	Factors	Total score	Satisfaction index
1.	Satisfaction of beneficiaries towards the performance of the Scheme	73	97.33
2.	Adequacy of the amount sanctioned	25	33.33
3.	Latrine facility	67	89.33
4.	Hygiene awareness	71	94.66
5.	Feeling of status	60	80
6.	Sickness	69	92

Source: primary data

From Table 3.8 it is clear that the beneficiaries expressed high overall satisfaction towards the performance of the TSC. Nonetheless, the amount sanctioned by the Panchayat in the construction not sufficient to meet requirements.

The latrine facility provided under the TSC have got 89.33 percent satisfaction index. It means that the beneficiaries are satisfied with the latrine that they got through the scheme.

Hygiene awareness of the beneficiaries is increased by the scheme and they were highly satisfied with the creation of hygiene awareness among the people in the Panchayat.

Majority of the beneficiaries have got a feeling of status by the scheme and the sickness of the people in the Panchayat has reduced after the implementation of the scheme, it is because of the creation of hygiene awareness of the scheme and the people are conscious about their health and they maintain their house as clean as possible.

The composite index of these factors has 81.1 percent and therefore it could be concluded that the beneficiaries are satisfied with the performance of the scheme.

3.9 Details of Amount Expectation and Cost of Construction

All the beneficiaries have the same opinion that the amount provided under the scheme is not adequate. To know the extend of inadequacy it is important to know the cost they incurred for the construction and to fill the gap, we should know the amount expected by the beneficiaries. These things and also the source of their additional amount is presented in Table 3.9.

Table 3.9 Amount expectation, cost of construction and source of additional amount.

Sl.No	Factors	Number	Percentage
1.	<u>Amount expectation of Beneficiaries</u>		
	2000-4000	0	0
	4000-5000	23	92
	5000-6000	2	8
	Total	25	100
2.	<u>Cost incurred for latrine construction by beneficiaries</u>		
	2000-4000	0	0
	4000-5000	23	92
	5000-6000	2	8
	Total	25	100
3.	<u>Source of additional money</u>		
	Own sources	2	8
	Borrowed from friends and relatives	13	52
	Money lender	2	8
	Borrowed from self help group	8	32
Total	25	100	

Source: - primary data

From Table 3.9 it is indicated that majority (92 percent) of the respondents expect an amount of rupees 4000-5000 from the scheme, remaining 8 percent of the respondents expect an amount of rupees 5000-6000. So by considering this expectation of beneficiaries the authorities concerned can take measures to increase the subsidy.

Out of the beneficiaries 92 percent are incurred a cost of rupees 4000-5000 for the construction of latrine. It is clear from this that the amount provided under the scheme is not sufficient.

For the latrine construction majority (52 percent) of the respondents borrowed money from friends and relatives to meet the cost. 32 percent borrowed from self-help group to fill the gap of money, and the remaining beneficiaries borrowed money from own sources or from moneylenders. It is clear from the survey that

borrowed beneficiaries didn't repay the money they borrowed. It is because of their financial backwardness.

So it is evident that the amount provided under the scheme is not sufficient, and the beneficiaries expect an amount of rupees 4000-5000 and they incurred a cost of rupees 4000-5000 and to fill the gap apart from subsidy they borrowed money from other sources.

3.10 Analysis of Hygienic Conditions

For analysing the hygienic condition the factors like distance from latrine to kitchen and public tap are taken up. Distance from latrine to kitchen and public tap is presented in Table 3.10.

Table 3.10 Distance from Latrine to Kitchen and Public tap

Sl.No.	Factors	Old Latrine	New Latrine
1.	Distance from latrine to kitchen	13	22
	0.75-1.5 meter	(52)	(88)
	2-4 meter	10	2
	4-5 meter	(40)	(8)
	4-7 meter	0	1
		(0)	(4)
	2	0	
	(8)	(0)	
	Total	25	25
		(100)	(100)
2.	Distance from latrine to public tap	2	1
	1-4 meter	(8)	(4)
	5-9 meter	9	10
	10-14 meter	(36)	(40)
	15-20 meter	6	4
		(24)	(16)
	8	10	
	(32)	(40)	
	Total	25	25
		(100)	(100)

Source:- primary data

Figures in parentheses show percent to total

From Table 3.10 it is seen that majority of the beneficiaries have a distance of .75 -1.50 meter from their old latrine to kitchen and the remaining beneficiaries have more than this distance from latrine to kitchen. It clearly indicates that even though the distance between new latrine and kitchen was reduced compared with old latrine, the hygienic conditions were improved because of single pit latrine provided under the scheme, and also the new latrine was more closer to their houses, so they get more security and privacy.

Distance from latrine and public tap is important while considering the hygienic condition. It was observed from the survey that the respondents have no well, and they depend the public tap for drinking water. Majority of the beneficiaries have a distance of 5-9 meter from their old latrine to public tap and majority of the beneficiaries have a distance of 10-14 meter from their new latrine to public tap. But however compared to the old latrine, the new latrine of the beneficiaries are more secure and the hygienic conditions are better than the old latrine.

3.11 Role of Panchayat in the Scheme

The implementing agency of the scheme is the Panchayat. So it is important to analyse the role of Panchayat from the point of view of respondents. Role of Panchayat in the scheme is presented in Table 3.11.

Table 3.11 Role of Panchayat in the scheme

Sl.No	Role of Panchayat	Number	Percentage
1.	Visit the construction site and sanction the amount	30	75
2.	Provide information about the scheme	2	5
3.	No opinion	8	20
	Total	40	100

Source: primary data

It is seen from the Table 3.11, 75 percent of the respondents opined that the role of Panchayat in the scheme is to visit the construction site and disburse the amount. 20 percent of the respondents have no opinion about the role of Panchayat in the scheme and remaining 5 percent opined the role of Panchayat in the scheme is to provide information about the scheme among the people in the Panchayat. So it is indicated that the main role of Panchayat in the scheme is to visit the construction site and sanction the amount. Panchayat play an important role in the scheme as an implementing agency.

3.12 Improvement in Sanitation in Adat Panchayat

To know the impact of Total Sanitation Campaign in the Panchayat it is necessary to collect opinion from the respondents about the improvement in Sanitation in Adat Panchayat after the

introduction of the scheme. Improvement in sanitation in Adat Panchayat is presented in Table 3.12.

Table 3.12 Improvement in Sanitation in Adat Panchayat.

Sl.No	Improvement level	Number	Percentage
1.	Highly improved	0	0
2.	Improved	21	52.5
3.	Not improved	19	47.5
	Total	40	100

Source: primary data

Table 3.12 clearly shows that majority (52.5 percent) of the respondents opined that sanitation level in Adat Panchayat has improved after the introduction of the scheme, the remaining 47.5 percent opined that there is no change in the sanitation level of Adat Panchayat after the introduction of the scheme. So majority of the respondents think that there is improvement in sanitation in Adat Panchayat after the introduction of the scheme.

3.13 Suggestions for improving the scheme

In order to improve the scheme it is important to collect suggestions from the respondents and these suggestions may help to

improve the scheme. Suggestions for improving the scheme are presented in Table 3.13.

Table 3.13 Suggestions for improving the scheme

Sl.No	Suggestion	Number	Percentage
1.	The subsidy amount should be increased	25	62.5
2.	No suggestion	15	37.5
	Total	40	100

Source: primary data

It is evident from the Table 3.13 that majority 62.5 percent of the respondent have the same opinion that the subsidy provided under the scheme should be increased to improve the scheme. The remaining 37.5 percent have no opinion to improve the scheme. It is understood from this that the increase in the subsidy amount should be considered seriously.

3.14 Conclusion

From the analysis it is clear that all the beneficiaries are satisfied with the scheme and the scheme is very successful in creating awareness among the people in the Panchayat. The beneficiaries are dissatisfied with only one thing that is the subsidy provided under the scheme is not sufficient. All the surveyed people are poor ones and they deserve the facility under the scheme.

Summary of Findings & Conclusion

CHAPTER 4

SUMMARY OF FINDINGS AND CONCLUSION

Sanitation is the essential and important part of a healthy life. For attaining proper hygiene in daily life and to improve the general quality of life in rural area, the Total Sanitation Campaign (TSC) was introduced in the year 1999. TSC emphasizes on Information, Education and Communication (IEC), human resource development, capacity development activities to increase awareness and demand generation for sanitary facilities.

The present study was done to make an evaluation of Individual Household Latrines Scheme in Adat Panchayat. The study was entitled as *"Total Sanitation Campaign with special reference to Individual Household Latrines in Adat Panchayat - An Evaluation"*. The study was confined to the area of Adat Panchayat. Both primary and secondary data were collected for the study. Primary data collected through a field survey based on a structured schedule, three wards selected randomly. Among the representative wards 40 households from BPL families were selected for evaluation of TSC. Satisfaction of the respondents towards three major aspects of the scheme viz, awareness creation by Panchayat, procedure of selection, and performance of the scheme were analysed and presented. The major characteristics revealed by the survey are the following.

4.1 Major findings

4.1.1 Socio-Economic Characteristics of the Respondents

1. The majority of the respondents are between fifty to sixty years of age.
2. Most of the respondents (85 percent) belonged to the scheduled caste. Majority of the BPL families in the Panchayat belonged to scheduled caste. Therefore special consideration should be given to these groups.
3. The educational status of most of the respondents is illiterate and none of the respondents have above secondary level education.
4. Majority of the respondents are work as mason, because of their illiteracy they cannot offer a job better than mason.
5. The family size reveals that most of the respondents are having the nuclear family system.
6. Majority of the respondents (i.e. 85 percent) have land holdings of three to five cents and have a family income of 1000-1500 rupees.

The socio- economic characteristics reveal that the respondents are from the lower strata of the society. They have poor financial background and poor literacy.

4.1.2 Asset details of the Respondents

1. About 75 percent of the respondents are having tiled houses, they cannot able to afford the cost of a concrete house.
2. Most of the respondent's (i.e. 65 percent) houses have a floor area of 300-400 sq.ft. They have the houses with a small area.
3. All the respondents have latrine in their houses. It shows their hygiene consciousness.
4. All the respondents possess only one latrine. And because of their poor financial background they are not able to think about more than one latrine.
5. All the respondents have only single pit latrine, the cost of double pit latrine is more than the single pit latrine and they cannot afford the cost.
6. About 80 percent of the respondents not having separate bathroom, this is also because of their poor financial background.

4.1.3 Evaluation of TSC

1. Out of the total respondents twenty-five are beneficiaries of the Individual Household Latrine Scheme.
2. All the non-beneficiaries are applied for the scheme but not yet got the facility due to priorities.
3. Majority (i.e. 95 percent) of the respondents are not benefited from any other scheme before the TSC scheme and only 5

percent are benefited from the schemes like Puranattukkara Ashramam scheme and 900 rupees from the Panchayat. Even though these schemes are there in the Panchayat only two persons are benefited from those scheme. So there is scope for the implementation of the TSC scheme.

4.1.4 Analysis of Awareness of TSC

1. All the respondents are aware about the scheme.
2. All the respondents are aware that a family below poverty line can only apply for scheme.
3. Application form should be collected from the concerned Panchayat is known to all the respondents.
4. All the respondents are aware about the selection procedures of the scheme.

So there is 100 percent satisfaction for the awareness of the scheme. The scheme is very successful in creating awareness among the people in the Panchayat.

4.1.5 Source of Awareness about the Scheme and Assistance for filling the Application form

1. Majority of the respondents (i.e. 55 percent) came to be aware of the scheme from Gramasabha and the remaining respondents from ward member or Panchayat. This points to

the concreted effort the authorities have taken to create awareness among the people in the Panchayat.

2. Majority of the respondents were illiterate and they seek assistance from others to fill the application form and most of the respondents (i.e. 52.5 percent) seek assistance from Panchayat official to fill the application form.

4.1.6 Satisfaction of Procedures of the Scheme

1. Majority of the respondents (i.e. 50 percent) made visit to the Panchayat 3-4 times for getting the facility and expressed action over the speed with which they received benefit from the Panchayat.
2. Most of the beneficiaries are got the assistance from the scheme within 1-2 months from the date of application. This shows the speedy disbursement procedure of the scheme.
3. Out of the total respondents majority, 72.5 percent have an opinion that the authorities exercised personal bias personal bias in the selection of beneficiaries.

4.1.7 Satisfaction of Beneficiaries

1. Majority (i.e. 6 percent) of the beneficiaries were satisfied with the individual Household Latrine Scheme.
2. All the beneficiaries have the same opinion that the assistance provided under the scheme is not adequate.

There is least satisfaction towards the adequacy of amount by beneficiaries.

3. Majority of the beneficiaries (i.e. 6 percent) were highly satisfied with the latrine facility provided under the scheme. They opined that the latrine facility provided under the scheme is very good.
4. There was highest satisfaction towards the hygiene awareness. Majority of the beneficiaries have an increase in their awareness about hygiene.
5. Status felling of majority of the beneficiaries have an opinion that their occurrence of sickness has reduced by the scheme.

4.1.8 Details of amount expectation and cost of construction

1. Majority of the beneficiaries (i.e. 92 percent) expect an amount of rupees 4000-5000 from the scheme for the construction of latrine.
2. Most of the beneficiaries (i.e.92 percent) incurred a cost of rupees for the construction of latrine. The subsidy amount is less than the actual incurred amount.
3. Most of the beneficiaries fill the gap of rupees 2000-3000 by borrowing from their friends and relatives or from other sources like self help groups, moneylenders, etc.

4.1.9 Analysis of Hygienic conditions

1. Old latrine was built at a distance of 0.75-1.50 meter from the kitchen. In the case of new latrine it is closer to their houses and they feel security and privacy. The respondents had kept the latrine as clean as possible because of the hygiene awareness created by the scheme.
2. The new latrine was built closer to the public tap and the distance increased from 5-9 meter to 10-14 meter from public tap was also a variable.

4.1.10 Role of Panchayat in the Scheme

Majority (i.e. 75 percent) of the respondents opined that the role of Panchayat in the scheme is to visit the construction site and sanction the amount. 20 percent of the respondents have no opinion regarding the role of Panchayat and 5 percent opined that the role of Panchayat in the scheme is to provide information about the scheme to the people in the Panchayat.

4.1.11 Improvement in Sanitation in Adat Grama Panchayat (GP)

Most (i.e. 52.5 percent) of the respondents think that there is improvement in sanitation in Adat Panchayat after the introduction of the scheme, and the remaining 47.5 percent think that there is no improvement in sanitation in Adat Panchayat after the introduction or implementation of the scheme.

4.1.12 Suggestions to Improve the Scheme

Majority of the respondents, i.e. 62.5 percent have only one suggestion to improve the scheme that is the subsidy amount provided under the scheme should be increased. The non-beneficiaries have no suggestion to improve the scheme. Another suggestions to improve the scheme were as follows:

The personal bias towards the scheme should be removed. The scheme should be more transparent.

Now the system of the scheme is to provide the subsidy amount after the construction of the latrine. If the amount can be provided at the half of the construction it will be more helpful to the poor people.

From the survey it is clear that the Panchayat officials were visit the construction site only after the completion of latrine construction and disburse the amount. if they visit the site before the latrine construction they can be able to know the pathetic conditions of the poor people and disburse half amount of subsidy before the construction work. And they can also able to know who is the real person who wants this type of facility.

4.2 Conclusion

The Total Sanitation Campaign was introduced in the year 1999 with the objective of improving the general quality of life in the rural area and also to generate felt demand for sanitation facilities through awareness creation and health education. Individual Household Latrine Scheme is one of the components of Total Sanitation Campaign. This study was done to make the evaluation of Individual Household Latrine Scheme in Adat Panchayat.

The beneficiaries of the scheme were satisfied with the Individual Household Latrine Scheme provided under TSC. The scheme is very popular among the people in the Panchayat. All the respondents were aware of the scheme very well. The scheme is completely successful in creating hygiene awareness among the people. Thus the TSC programme of Adat Panchayat is a Programme that could be emulated by the rest of the Panchayats in Kerala.

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Appendix

KERALA AGRICULTURAL UNIVERSITY
COLLEGE OF CO-OPERATION, BANKING AND
MANAGEMENT

SURVEY SCHEDULE

(Academic Purpose Only)

**Topic : Total Sanitation campaign with special reference to individual household
Latrines in Adat Panchayat- An Evaluation**

1. Name and Address of the Respondent :

2. Community

a) General b) OBC c) SC d) ST

3. Family Particulars

Sl. No.	Name of the Member	Relationship with the Respondent	Age	Sex M/F	Educational Qualification	Occupation	Monthly Income

4. Asset Details

a) Housing conditions : Thatched / tiled / concrete / Others (Specify)

b) Floor area (in sqft)

c) Size of land : < 1 cent / 1-2 cent / 2-3 cent / 3-5 cent / > 5 cent.

5. Do you have Latrine

Yes/No

If No, what is the substitute for latrine and give details ?

If Yes

a) Number of Latrines you have

b) Whether it is from the TSC scheme

Yes / No

If No, Do you get the facility from any other scheme.

Yes / No

If Yes, Specify the scheme

If No, why you are not applying for TSC scheme.

a) Already have latrine b) Financial problem c) Others (specify)

6. Do you have separate bathroom

Yes / No

7. Do you get the facility more than one time from the TSC scheme ?

Yes / No

If yes, how many times and in what way you get the facility.

8. From where did you get in formation about the TSC scheme ?

a) Panchayat b) Grama Sabha c) Village Officer

d Panchayat Member e DRDA f)others (specify) —

9. How many times you contracted panchayat officials for getting the facility ?

10. Who helped you to fill the application / provided the guidance for getting assistance under the TSC Scheme ?

11. How much time it will take to get the amount under the scheme after submitting the application.

12. What are the documents to be attached with the application form ?

1.

2.

3.

13. Do you think that it is a difficult process or not to attach the documents ?

Yes / No opinion / No

14. Do you think that there is personal bias towards this facility ?

Yes / No opinion / No

15. Whether you are aware about the procedure for getting the facility under the TSC scheme.

Do you know whether

a) A family below poverty line can only apply Yes / No opinion /No

b) Application form should be collected from the
concerned Panchayat Yes / No opinion / No

c) The maximum amount available under
the scheme is Rs. 2000 Yes / No opinion / No

d) Do you know the selection procedure
under the scheme Yes / No opinion /No

16. Do you think that the amount provided under the scheme is sufficient ?

Yes / No opinion / No

If No, what is your expectation and what is the alternative you suggest to increase the amount.

17. Cost of construction (specify the amount)

18. From which source you get the additional amount for construction

- a) Own sources
- b) Borrowed from friends / relatives
- c) Money lender
- d) Charitable institutions
- e) Others (Specify)

19. Year of construction

20. Did the Panchayat official visit the construction site ?

Yes / No opinion / No

If Yes

Number of visits	Pre-sanction	Post sanction

21. Whether there is any monitoring by the Panchayat officials after 2 or 3 years of construction

Yes / No opinion / No

22. Have you contributed any input to the construction ?

- a) Labour
- b) Materials

23. The type of Latrine facility available under the scheme

- a) ESP b) Single pit latrine c) Two pit latrine d) Others

(Specify)

24. Distance from Latrine to well, kitchen neighbour, public tap

Particulars	Distance from old Latrine to	Distance from new Latrine to
a. Well		
b. Kitchen		
c. Neighbour		
d. Public tap		

25. Are you satisfied with the Latrine facility under the TSC scheme / Do you enjoy actual hygiene ?

Yes/ No opinion / No

If Not state the reason

26. In your opinion what is the role played by panchayat in the scheme ?

27. In your opinion whether there is any improvement in sanitation in Adat Panchayat after the introduction of the scheme.

Yes / No opinion / No

If yes, In which way

28. In what respect the new scheme is useful to you

a) Latrine facility

Very good good Satisfied

b) Hygiene awareness

Increased No change decreased

c) A feeling of status

Increased No change decreased

d) Sickness

Reduced No change Increased

29. Do you have any suggestion to improve the scheme ?

**TOTAL SANITATION CAMPAIGN WITH SPECIAL
REFERENCE TO INDIVIDUAL HOUSEHOLD LATRINES
IN
ADAT PANCHAYAT-AN EVALUATION**

By
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(2002-05-04)

ABSTRACT OF THE PROJECT REPORT

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ABSTRACT

The study entitled "*TOTAL SANITATION CAMPAIGN WITH SPECIAL REFERENCE TO INDIVIDUAL HOUSEHOLD LATRINES IN ADAT PANCHAYAT-AN EVALUATION*" was undertaken with the objective of evaluate the Total Sanitation Campaign with special reference to Individual Household Latrines in Adat Grama Panchayat. For analyzing the objective primary data was collected through a field survey based on a structured schedule. 40 BPL households were selected from three wards for the study.

The study revealed that all the beneficiaries are satisfied with the scheme and the scheme is very popular among the people in the Panchayat. All the respondents were aware of the scheme very well. The scheme is completely successful in creating hygiene awareness among the people. The beneficiaries are dissatisfied with only one thing that is the subsidy provided under the scheme is not sufficient.

Therefore the study suggests the authorities to increase the subsidy amount provided under the scheme and to make the scheme is more transparent.

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