

Rejuvenation of Community Toilets

Prepared by

Water for Asian Cities Programme, India – UN-HABITAT
&
Directorate of Urban Administration & Development
Government of Madhya Pradesh

CONTENTS

Preface – 5

Chapter – I: Introduction – 7

1.1. Background and rationale – 7

1.3. Context – 8

Chapter – II: Situation Analysis of Community Toilets – 9

2.1. Status of community toilets – 9

2.2. Status of infrastructure in community toilets – 9

2.3. Status of maintenance of community toilets – 10

2.4. Status of payment of user charges – 12

Chapter – III: Implementation strategy – 14

3.1 Approach – 14

3.2 Community mobilisation for demand generation – 14

3.3 Implementation of initiative – 15

3.3.1 Start-up activities – 15

3.3.2 Development of memorandum of understanding – 15

3.4 Handing over and commissioning – 16

PREFACE

Sanitation services are necessary to support urban stability, enable social balance, economic growth and development and are imperative for the improvement of urban public services. Although there have been several national initiatives to increase sanitation coverage in India, a substantial part of urban population, especially in slums, has no adequate sanitation facilities made available to them by the government machinery, whether local or central. In cities, as on-site sanitation option, Urban Local Bodies have constructed community toilets. Community toilets not only provide sanitation facility but at the same time have a demonstrative effect as well. The people using these become habitual users of toilets, and in turn realize the need for individual household toilets. Community toilets thus are the tools for bringing behavioural changes amongst the public residing in the slum areas as well as in generating a demand for the use of the individual toilets.

Large and sizable investment has been made for the construction of community toilets, which have become either hazardous, unhygienic or abandoned due to poor construction and planning, or lack of water supply or lack of proper maintenance. At the same time it must be understood that community toilets are specifically important for slums, especially where it may not be possible to construct individual household toilets due to the non-availability of space. Under these circumstances not only the construction but devising measures for strengthening operational and maintenance aspect of the community toilets becomes all the more important. This scenario necessitates initiatives not only in the construction but over and above in the 'Operation & Maintenance' (O&M) of community toilets.

Water for Asian Cities (WAC) Programme, a collaborative initiative between UN-HABITAT and Asian Development Bank (ADB), is supporting the implementation of the water and sanitation related targets in Asian cities and promoting new/innovative investments in the urban water and sanitation sector. In India, WAC is supporting the ADB financed MPUWSEI Project in cities of Bhopal, Gwalior, Indore and Jabalpur in the state of Madhya Pradesh for the improvement and expansion of urban water and sanitation services.

This is a joint publication of UN-HABITAT and the Directorate of Urban Administration & Development, Government of Madhya Pradesh and analyses status of community toilet in terms of its infrastructure, operation and maintenance, uses and payment of user charges. The paper also discusses examples where community toilets are well maintained and the users are paying for charges and examined the possibility of involving user /community groups and enhancement of their capacity for handing over operation and management. The chances of success of these groups are more when women are actively involved. Therefore, it recommends a system based on empowerment of users, owning, operation & maintenance and collection of service charges by user groups seems to be a sustainable solution for rehabilitation of defunct community toilets and also for the construction of new ones.

The initiatives suggested in policy paper are targeted to all the relevant stakeholders to put in practice for increasing the coverage of water. These initiatives are extremely useful for the professionals and those engaged in improving the quality of life by promoting sanitation to adopt and adapt innovative mechanisms for rejuvenating establishing community toilets based on community managed operation and maintenance with the involvement of NGOs and CBOs. I am happy to note that Directorate of Urban Administration and Development has issued the instructions for piloting the initiative in municipal areas.

Andre Dzikus
Programme Manager
Water for Cities Programme
UN-Habitat, Nairobi

Chapter – I

INTRODUCTION

1.1 Background and rationale

Sanitation services are necessary to support urban stability, enable social balance, economic growth and development and are imperative for the improvement of urban public services. In the absence of proper sanitation, people suffer from high levels of infectious, contagious, water borne, air borne and vector borne diseases leading to high incidences of morbidity and mortality. This directly affects the ability of a country to maintain an efficient economy and implies great personal suffering among infected individuals and their families. Thus, improving environmental health is the most cost effective means of enhancing people's health and welfare.

Although there have been several national initiatives to increase sanitation coverage in India, a substantial part of urban population, especially in slums, has no adequate sanitation facilities made available to them by the government machinery, whether local or central. In cities, as on-site sanitation option, Municipal Corporations have constructed community toilets. These are required for slums & pavement dwellers, rickshaw pullers and the floating population and therefore they serve a purpose. Community toilets not only provide sanitation facility but at the same time have a demonstrative effect as well. The people using these become habitual users of toilets, and in turn realize the need for individual household toilets. Community toilets thus are the tools for bringing behavioural changes amongst the public residing in the slum areas as well as in generating a demand for the use of the individual toilets.

Large and sizable investment has been made for the construction of community toilets, which have become either hazardous, unhygienic or abandoned due to poor construction and planning, or lack of water supply or lack of proper maintenance. At the same time it must be understood that community toilets are specifically important for slums, especially where it may not be possible to construct individual household toilets due to the non-availability of space. Under these circumstances not only the construction but devising measures for strengthening operational and maintenance aspect of the community toilets becomes all the more important. This scenario necessitates initiatives not only in the construction but over and above in the 'Operation & Maintenance' (O&M) of community toilets.

The community toilets in municipal areas are maintained by the corporations through their health departments. Some of the community toilets have been constructed and are being maintained by "Sulabh International" on a "pay and use basis". The upkeep of the CTs constructed by Municipal Corporation has been dismal, with the conditions turning so unsanitary that people prefer open defecation to using the community toilets. Many community toilets have also become non-functional on account of a variety of reasons ranging from non-availability of water to lack of maintenance. The possible reasons for none in use of community toilets have been discussed below:-

Technical issues

- Faulty construction, not conforming to norms of availability of sustainable water supply, ventilation, natural lighting etc.,
- Lacking in special provision for children and handicapped / disabled persons,
- Lacking in safety and security for women,
- Lack of operation and maintenance.

Financial issues

- Insufficient funds for running the system,
- Non-availability of funds for augmentation, rectification and up gradation of facilities.

Institutional & behavioural issues

- Non-consultations with community on design and location of CTs,
- Lack of motivation and non-generation of felt need towards sanitation,
- Lack of public health and hygiene education among poor sections of society,
- Lack of sensitisation on gender issue.

The reasons identified are indicative of general failure of toilets in serving their intended functions; the analysis based on case studies will enlighten and guide in the formulation of rational operation and maintenance policy for community toilets.

1.2 Context

Water for Asian Cities (WAC) Programme in India is one of the instruments to pursue the accomplishment of MDGs related to water and sanitation at the local level, especially in four cities viz. Bhopal, Indore, Gwalior and Jabalpur in the state of Madhya Pradesh. The WAC Programme is supporting various thematic priority areas agreed upon during the Regional Consultations held in August 2004 and reiterated later at Bhopal in March 2005. One of the priority areas is integrated urban environmental sanitation, which includes the mapping of the poor by using existing data, resources and participatory consultation. As a follow up to the recommendation the poverty mapping exercise termed as "Poverty Pocket Situation Analysis (PPSA)" was carried out in project cities of Bhopal, Gwalior, Indore and Jabalpur, which aimed at mapping all the "poverty pockets" in the project cities in terms of availability and access to water and sanitation facilities and infrastructures. The status of community toilet in terms of its infrastructure, operation and maintenance, uses and payment of user charges was one of the parameters of the PPSA. Following the cause analysis, a policy on operation and maintenance could be evolved. The possibility of involving user /community groups and enhancement of their capacity for handing over operation and management also needs to be explored.

Chapter – II

SITUATION ANALYSIS OF COMMUNITY TOILETS

2.1 Status of community toilets

The status of community toilets in the poverty pockets (PP) of the project cities as tabulated below (Table 2.1) has been analysed for getting a better understanding of the scenario.

Table 2.1: Status of community toilets (CTs) in poverty pockets

S. No.	Parameter	Bhopal	Gwalior	Indore	Jabalpur	Total
1.	Number of poverty pockets	380	229	604	324	1,526
2.	Number of households	128,170	60,787	176,545	109,866	475,368
3.	Number of household(HH) defecating in CTs or defecating in open	61612	23053	42562	56788	184015
4.	Number of CTs in PPs	71	115	126	164	476
5.	Total Number of seats in CTs in PPs	841	826	1463	773	3,903
6.	Average Number of seats per CT	12	7	12	5	9
7.	Average Number of HH per seat	73	28	29	73	47

(Source: Poverty Pocket Situation Analysis)

There are 71 CTs in 380 poverty pockets (PPs) in Bhopal, 115 CTs in 229 PPs in Gwalior, 126 CTs in 604 PPs in Indore and 164 CTs in 324 PPs in Jabalpur. Out of 475,368 HHs living in 1526 PPs in the project cities, 184015 HHs (39%) are using 476 CTs or defecating in open.

In Jabalpur 52% of HHs living in PPs are using CTs or defecating in open, where as in Indore 24% of HHs living in PPs are using CTs or defecating in open. The load of households per seat of community toilet on an average is 47, more in the case of Bhopal and Jabalpur (73HHs/Seat of CT) and it only 28 HHs/Seat in Gwalior and Indore.

The numbers of seats in CTs are also not uniform in the cities. The average number of seats per CT in Bhopal and Indore are 12 whereas it is 7 and 5 in Gwalior and Jabalpur, indicating small size of community toilets.

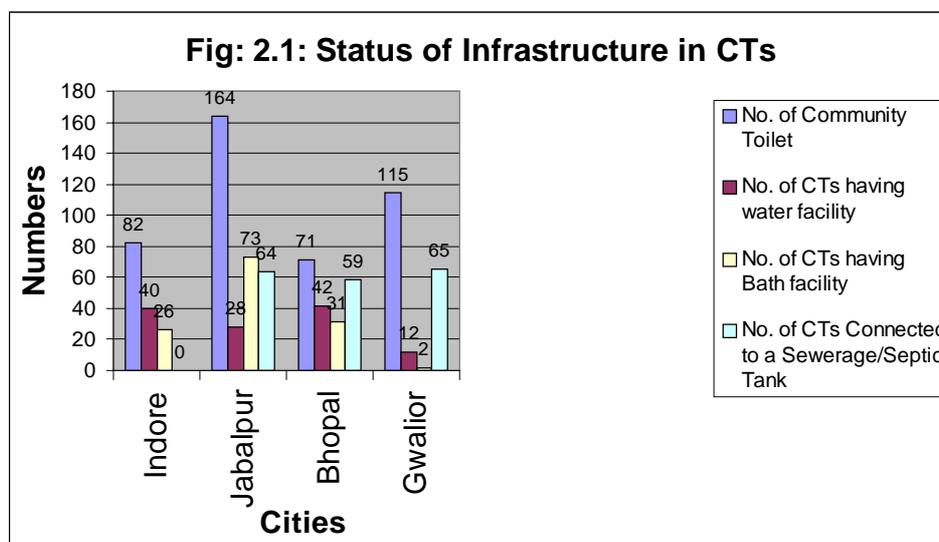
2.2 Status of infrastructure in community toilet

The uses of the community toilets also depend on the availability of infrastructure facilities such as water, bathing facility, effluent disposal in sewer line or in septic tank. The status of infrastructure in community toilet in project cities is presented in Table 2.2.

Table 2.2: Status of infrastructure in community toilet in project cities

Sl. No	Parameter	Bhopal		Gwalior		Indore		Jabalpur		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
1.	Total CTs	71		115		126		164		476	
2.	CTs having availability of water	42	59	12	10	40	32	28	17	122	27
3.	CTs having bath facility	31	44	2	2	26	21	73	44	73	15
4.	CTs connected to a septic tank or sewerage	59	83	65	57	110	87	64	39	298	63

Out of 476 CTs in 4 cities, only 122 have the water supply which is quite low. Interestingly, this ranges from 59% in the case of Bhopal to 10% in the case of Gwalior. The bathing facility is available with only 15% of community toilets in project cities. However, in Bhopal and Jabalpur 44% of CTs have these facilities. On an average 63% of the CTs are connected to septic tanks or sewerage systems. In Indore, most of the CTs are connected to septic tanks. Figure 2.1 shows comparative status of CTs with respect to availability of water, availability of bathing facility, disposal of effluent (waste water) from CTs.



Availability of water has not been ensured in the 100 % CTs. Their limited use is also explained by the lower availability and accessibility, apart from poor maintenance in terms of irregular or no water supply, bad sanitary condition and lack of proper drainage are major issues. Providing a bathroom also does not appear to be the norm with less than half CTs in Bhopal and only 2 CTs in Gwalior providing them.

2.3 Status of maintenance of community toilets

The CTs have been grouped under various categories depending upon status of operation and maintenance. Table 2.3 shows the status of operation and maintenance of community toilets in poverty pockets of project cities.

Table 2.3: Status of O&M of community toilets in poverty pockets of the project cities

Sl. No.	Parameter	Bhopal		Gwalior		Indore		Jabalpur		Total	
		No.	%	No.	%	No.	%	No.	%	No.	%
1.	Total number of CTs	71		115		126		164		476	
2.	CTs not maintained and not used	16	23	37	32	33	40	30	18	116	24
3.	CTs poorly maintained but used	15	21	57	50	42	39	64	39	178	37
4.	CTs properly maintained but over crowded	27	38	14	12	29	33	54	33	124	26
5.	Number of CTs properly maintained and not crowded	13	18	7	6	22	10	16	10	58	12

23% of CTs in Bhopal, 32% of CTs in Gwalior, 40% of CTs in Indore and 18% of CTs in Jabalpur are not maintained and therefore not in use. It is evident from the above analysis that the scenario of Jabalpur, Gwalior and Indore is quite unsatisfactory with more than fifty percent of the CTs in slum are under poorly maintained and not maintained category. In the case of Bhopal, the situation appears to be better with 31 out of the 71 CTs having satisfactory maintenance.

Overcrowding appears to be an important issue in Jabalpur, Indore and Bhopal where more than 30% of the toilets appeared to be overcrowded and it seems that the number of seats is not enough to cater to the demand of the population in a substantial number of poverty pockets. 40% of the CTs in Gwalior, Jabalpur and Indore, however are poorly maintained but still being used. The overcrowding in 30% of CTs and uses of poorly maintained CTs indicate the passive demand for CTs and necessitates the measures of operation and maintenance.

The status of maintenance of community toilets having availability of water is tabulated below:

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