

Revisiting the Midnapore model after ten years of Total Sanitation Campaign in India

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Abstract

Open defecation has remained a major concern in India since independence. Government of India from time to time through several policies and programmes has tried to increase the sanitation coverage. Total Sanitation Campaign (TSC) is the prime programme focusing on making India open defecation free. Although progress has been observed but India still has a long way to go. The present paper studies the well acclaimed Midnapore model of sanitation, adopted by the Government as a role model of TSC. In doing so, the paper examines the factors behind the success of the model which during the process of replication were probably overlooked. The paper also tries to address some policy level problems in the implementation of the TSC. Thus, the paper brings out some aspects which may be relevant for policy makers to consider and make necessary changes to achieve the set target of 100 percent sanitation coverage.

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Introduction

In 1988 only 4 percent of rural population in India had sanitation coverage. Since then the country made a long journey to achieve around 69.56 percent¹ rural sanitation coverage till date and vows to eradicate the problem of open defecation by 2012. Total Sanitation Campaign plays an important role in this path of progress. Although figures of progress on sanitation appear to be quite impressive, the actual achievement to make India open defecation free has been slow and uneven. Also the country still has a long way to go.

The first model to promote sanitation in the country was initiated by the Ramakrishna Mission Loksiksha Parisad (RKMLP), the most revered social organization in the state of West Bengal. It was implemented in the Midnapore district of West Bengal and is commonly known as the Midnapore model. Till date the model remains as one the most successful sanitation model in the country and many argue that it is the most successful model. The success of the model is evident from the fact that more than 50 countries of the developing world, besides various other agencies and institutions, came to study the project and its implementation. In the paper we try to analyze what makes the RKMLP model so successful and why after that first model the country failed to replicate many such models.

1 Sanitation campaign in India

Water supply and sanitation was considered as development issues ever since the formulation of the country's first five-year plan in 1951 after independence. It was only in the 1980s - the International Water and Sanitation Decade, that the sector started getting adequate attention and things started happening. The Central Rural Sanitation Programme (CRSP) was launched in 1986. In 1999 CRSP was restructured into Total Sanitation Campaign (TSC). TSC was a programme that followed the community-led total sanitation (CLTS) methodology. CLTS has now become the standard approach to eliminate open defecation. It relies on

¹Source: Department of Drinking Water and Sanitation, MRD, GoI.

behavioural changes among the masses which ensure that any improvement that takes place through the programme becomes sustainable. The method has been successful in countries like Bangladesh, Nepal and Nigeria². In India too, as we will subsequently see in the paper, it has been reasonably successful to reduce cases of open defecation. Although, CLTS was officially introduced first in Bangladesh in the year 2000³ one may argue that inception of such an idea can be traced in the Midnapore model itself.

1.1 Central Rural Sanitation Programme

The first national programme for rural sanitation, the Central Rural Sanitation Programme (CRSP) was launched way back in 1986 by the Ministry of Rural development, Government of India (GoI). The programme strived to improve the quality of life for rural people by providing them with individual household latrine, women complex, school sanitation and garbage disposal system. The sanitation model that it emphasized on was twin-pit-pour-flush (TPPF) latrines. Implementation of the project was done through the State Government Departments, namely, Public Health Engineering Department, Panchayati Raj Department and Department of Rural Development. NGOs were also actively involved through campaign approach. External support agencies such as UNDP, WHO and UNICEF also became an integral part of the programme by forming a technical advisory group to support the Government of India on issues of technical and capacity.

After six years, in 1992 when the programme was reviewed it was observed that the use of the sanitary latrines was not satisfactory. From 4 percent rural sanitation coverage in 1988 it went up to only 10 percent in 1992⁴. The slow progress - as anticipated at that time - was mainly due to the lack of hygiene consciousness among the people. It was observed that among the rural masses open defecation was not perceived as a hygiene problem and was accepted as a normal way of

²See WaterAid 2009 country reports on “Sustainability and equity aspects of total sanitation programmes”.

³See Kar et al. 2008.

⁴Source: Department of Drinking Water and Sanitation, MRD, GoI.

life. Realizing the need of the situation, since then greater emphasis was given towards Information, Education and Communication (IEC) which was expected to generate greater awareness among the masses about hygiene and thereby make them feel the need for a household sanitation system. However, throughout the nineties - despite the emphasis on sanitation given by the eighth five year plan - the progress remained sluggish. The programme led to a marginal increase in the overall rural sanitation coverage, with average annual increase of only 1 percent per year between 1981 and 2001 with the census of 2001 reporting rural household latrine coverage as 21.90 percent.

1.2 Total Sanitation Campaign

In 1999 the CRSP was restructured into Total Sanitation Campaign (TSC) with the goal of eradicating the practice of open defecation in the country by 2012. The strategy behind the programme, as stated, was that to make it a “demand driven” approach and “people centred” with “low to no subsidy”⁵. Only a nominal subsidy would be given as an incentive to the poor people belonging to the below poverty line (BPL) to construct household sanitary toilets if it is considered to be inevitable for full coverage of the community. Moreover this cash incentive would be given to the BPL families only after they complete the construction of the toilet and start using it⁶. The sanitary models that are eligible to receive a subsidy are basic low cost models and may cost Rs. 2500 or more. The incentive amount given from the TSC fund by both Central and State Governments will be Rs. 2200⁷. However, a state government, if wishes, may provide for more incentive from its own funds. TSC, like CRSP also laid strong emphasis on Information, Education and Commu-

⁵The jargons like “demand driven”, “people centred” and “low to no subsidy” are introduced in the documents of TSC. The intended interpretation of these jargons, as we understand, is to make the programme participatory and community led where local people would take the initiatives to create awareness about hygiene and sanitation and thereby demand for sanitary facilities in individual households and schools would be generated. The programme would follow a principle of “low to no subsidy” where a nominal subsidy in the form of incentive would be given only to the poorest of the poor households for construction of toilets.

⁶See GoI 2007.

⁷See Office Memorandum No. W-11037/6/2005-CRSP, DDWS, GoI, dated 21.10.2008.

nication (IEC), Capacity Building and Hygiene Education for effective behaviour change with involvement of Panchayati Raj Institutions (PRI), Community-Based Organizations, and Non-Governmental Organization etc. The key intervention areas were Individual household latrines, School Sanitation and Hygiene Education, Community Sanitary Complex, which were supported by Rural Sanitary Marts (RSMs) and Production Centers (PCs). These RSMs are supposedly commercial ventures with a social objective. They cater to the local demand for sanitary facilities by supplying materials, hardware and designs for the construction of sanitary latrines, soakage and compost pits, vermi-composting, washing platforms, certified domestic water filters and other sanitation and hygiene accessories required for individuals, families and the environment in the rural areas. RSM are required to have all those items, which are required as a part of the sanitation package. RSMs and PCs can be opened and operated by NGOs, self help groups, panchayats etc. To give a boost to this endeavor, Government of India had launched Nirmal Gram Puraskar (NGP), a cash award, in October 2003, to recognize the efforts of fully covered PRIs and those individuals and institutions who have contributed significantly in ensuring full sanitation coverage in their area of operation. All PRIs, i.e., Gram Panchayats, Intermediate Panchayats and District Panchayats, are eligible to apply for the award. The cash award may vary between Rs. 50,000 to Rs. 50,00,000 depending on the population size of the PRIs. The first Nirmal Gram Puraskar was given in the year 2005. The TSC project is being implemented in rural areas taking district as a unit of implementation. Currently the project is running in 606 districts in 30 states of India⁸. Under TSC, rural sanitation coverage has received a fillip increasing from just 22 per cent in 2001 to nearly 57 per cent in 2008⁹. But still India has a long way to go since as figures of coverage go up, so does that of slip back. Moreover, the coverage figure masked predictable uncertainties about the use and maintenance of individual household toilets. Even if they are used as intended, it is generally the women who used them regularly whereas men and children frequently go for open defecation¹⁰. Also the toilets are often used for purposes other than excreta disposal. An estimated 20 percent of

⁸Source: Department of Drinking Water and Sanitation, MRD, GoI.

⁹See GoI 2008 (2).

¹⁰See Ganguly 2008.

toilets are used for different purposes other than defecation¹¹.

2 Locating TSC in the contemporary economic paradigm

The economics behind the strategy of the TSC, although projected as a tailor-made strategy for the programme, was not really specific to the programme itself. It is a part of the broader economic policy that is being pursued in this country. There has been a marked change in economic policies in the country since the economic liberalization taken place in early 1990s. Emphasis was given to let the market forces play a dominant role in all spheres of economic development. Role of the State over the years was reduced to a minimum. Limitations of a market economy was often overlooked and apathy towards all forms of subsidy was very apparent among the policy makers as it was believed to generate distortion and inefficiency in a market economy. Against this backdrop the Total Sanitation Campaign was launched and it is hardly surprising that the programme followed the principle of “low to no subsidy”. The strength of CLTS methodology lies in behavioral changes among the masses through the communitys analysis of their sanitation profile and their awareness about the practices of defecation and its consequences. In principle there is no conflict of interest between the CLTS methodology and a financial assistance policy. The principle of “low to no subsidy” therefore is neither necessary nor sufficient for implementation of a CLTS programme and has been incorporated in the TSC for fulfillment of an objective that is not related to CLTS methodology. In the first half of 1990s an idea developed among the policy makers that subsidy should be given only to the poorest of the poor people. Subsequently in the year 1997 Government introduced the BPL and APL cards for people below poverty line and above poverty line respectively. It was primarily introduced for distributing food to BPL and APL people at a differentiated rate through the public distribution system. Later the system was used for implementing other projects like TSC. A BPL card holder would get benefits like getting goods and services at a subsidized rate whereas APL card holders are more or less left to buy things

¹¹See GoI 2008.

at market price. It was assumed that APL people can afford to buy things from market.

Although, this innocuous looking system may appear sensible at the face value as it talks about targeting the poor so that they get the maximum benefit of subsidy, a closer look shows the danger inbuilt in it. The division of the entire population into BPL and APL categories has been done in a rather arbitrary way. The arbitrariness was manifested in two routes. First, the poverty line itself was not determined in a convincing way. In India 77 percent of the population lives with an income less than Rs. 20 per day¹². According to World Bank data 75.6 percent of the people in India lived on less than \$2.00 a day (purchasing power parity) in the year 2005. The official poverty line for rural population, however, amounts approximately to Rs. 11.90 per day per person which can at best be considered as a destitution line. 28.7 percent of the population lived below this line in 2005 who are considered as the BPL population. Evidently a very large proportion of genuinely needy people are excluded from being recognized as poor. What is more revealing is the fact that a small upward revision of the poverty line from Rs. 12 to Rs. 15 would include no less than 100 million new person in the BPL category¹³. Secondly, once the poverty line has been determined, the process of identification of families with income below poverty line (i.e., the issuance of BPL cards) was done on the basis of some arbitrary criteria as the Government does not collect information about income on a regular and systematic way. The process is also vulnerable to corruption and bribery. As a result there exists a huge gap between the number of people below poverty line and the number of BPL cards issued.

The beneficiaries of the Total Sanitation Campaign who receive financial assistance are those who possess a BPL card. It is therefore evident that a very large proportion of the genuinely needy rural population remains outside the financial assistance net of the TSC and are left to buy sanitation facilities at the market price even if it is supplied through the TSC. For a person who makes a daily living less than Rs. 20 it would surely be a luxury to install a sanitation system that

¹²See NCEUS 2007.

¹³See Ramakumar 2010.

costs Rs. 2500. It is important that we revise the sanitation policy and make sanitation system accessible to a larger population if we are serious about achieving the Millennium Development Goal.

3 The Ramakrishna Mission Loksiksha Parisad model

In the year 1981, even before the CRSP was launched, Ramakrishna Mission Loksiksha Parisad on its own initiative started sanitation promotion activities in 7 villages of Arapanch area under Sonarpur block of South 24 Parganas in West Bengal. The programme mainly focused on construction of household two-pit latrine. In the first phase 250 latrines were constructed. The cost of these latrines up to plinth level (i.e. without any superstructure) was shared between UNICEF and the beneficiaries. UNICEF paid sixty percent of the costs and the rest forty percent was borne by the beneficiaries. The costs of any superstructure were also borne by the beneficiaries. In the second phase 350 latrines were built. This time UNICEF confined its contribution to forty percent of the cost of latrines up to plinth level. Implementation of the programme helped RKMLP to conceive the following two major strategies for promotion of sanitation activities -

1. Proper sanitation education would induce people to install sanitation facilities without any subsidy.
2. The programme needs to be implemented in integrated areas in a way such that all families in one area get saturated with household toilets.

In the year 1990, State Government of West Bengal launched an intensive sanitation programme (ISP) in Midnapore district which at that time was one of the largest rural sanitation project in the world. RKMLP was given the responsibility of implementing the programme in the district. They along with UNICEF jointly designed country's first demand driven sanitation promotion programme and started implementing it in Midnapore district in collaboration with Government of West Bengal, Midnapore Zilla Parisad and Government of India. This programme turned out to be very successful and was consequently accepted as a

role model for the promotion of CRSP as well as for the TSC. Few years after the launch of ISP the Midnapore district was divided into two smaller districts - East Midnapore and West Midnapore - for administrative purposes. The sanitation programme, however, continued in its usual way in both the districts. Subsequently in the year 2001 Nandigram II Block in East Midnapore district was declared the first Block in the country to have 100 percent access to sanitary toilets. Subsequently in the year 2005 Nandigram II Block in East Midnapore district was awarded with the Nirmal Gram Puraskar (NGP). As per NGP guidelines, once the Village, Block or District Panchayat has received the award, there is a responsibility thrust on them, to maintain the *Nirmal Gram* or clean village status. Keeping the sustainability issue in mind, RKMLP accordingly structured its activities by gradually involving the youth clubs, motivators and cluster organizations in other community based activities that relate directly or indirectly to sanitation, e.g. social marketing of ORS, income generating activities, post literacy programmes and qualitative testing of drinking water. Besides, a regular, intensive system of monitoring and reviewing at all levels exist; and progress, achievements and drawbacks are evaluated. East Midnapore district achieved 100 percent coverage status during the fiscal year 2001-2002. West Midnapore achieved the same in 2003-2004. Since then both the districts have maintained their status.

Although, the programme remains as one of the biggest success stories and was cited all over the world, we believe that due attention has not been given to certain features of this model before trying to replicate it. These features were crucial to the success of the model and demands special attention.

The success of the Loksiksha Parisad model stands on three pillars, namely, i) an excellent network system that connects the end user in the village with the programme implementation authorities, ii) a group of dedicated volunteers who worked at different tiers of the network to make the project a success and iii) maintenance of low cost sanitation hardware that made the system viable and affordable to the end user. We shall be arguing here that all these three strong points of the RKMLP model made it somewhat difficult to replicate; especially in

an economic system that relies heavily on market ideology.

4 The mechanism of RKMLP model

Ramakrishna Mission Loksiksha Parisad (RKMLP) which is the development wing of the Ramakrishna Mission, Belur Math has been involved in strategizing and implementing several religious, socio-economic and cultural development programmes for the rural youth and underprivileged since more than four decades. Implementation of such programmes is done with the help of a network of organizations that the RKMLP have developed over time. The network is pyramidal in structure with the RKMLP at the top, several cluster organizations in the middle level and village level organizations at the base¹⁴.

The village level organizations are key to the implementation process as they are the ones who implement the programmes at the ground. These organizations are mainly youth clubs at the local level and are categorized in two groups, namely, affiliated and associated. Affiliated youth clubs are those who principally follow the ideology of Ramakrishna Mission, Belur Math. The associated youth clubs are local youth clubs that do not necessarily follow the ideology of the Mission but cooperate with the RKMLP in order to implement the development programmes taken by the Parisad.

At the mid-level there are several cluster organizations. These are formed with 10-20 village clubs, organizations, Community Based Organization (CBOs) etc. which form a communication bridge between the village level organizations and the Parisad. Another type of such mid-level organization is the Gram Unnayan Kendras (village development centre).

Loksiksha Parisad being at the top of this network pyramid controls and monitors the activities taking place at different layers and nodes of the network.

¹⁴See RKMLP 2007.

The network that was put to work in the Midnapore district for implementing the Intensive Sanitation Programme was astonishing. As mentioned earlier the network had more to do than the sanitation project and was not built overnight. It was the fruit of years of pursuit by the Ramakrishna Mission towards its goal of life enrichment of the people which they call 'development theology'. They are using this network to communicate and implement different ideas of the Mission at the village level for more than four decades. Such an excellent network helped the Loksiksha Parisad to run almost a parallel administration in the district so far as implementation of sanitation programs are concerned. The reach of such a network within a limited time span probably was unparalleled in the country. Their understanding and grasp over the process was so robust that the government officials also sought the opinion or advice of RKMLP during their departmental meetings on implementation of sanitation projects. The RKMLP, however, was able to build such a network because of its religio-cultural activities. The long legacy of the Ramakrishnite ideas preached by the monks of the Mission forms the basis of its enormous influence and acceptance among the masses in Bengal. Ramakrishna Mission is not like any other NGO; it is more than that. It is unlikely that a network system of this scale can be build by an NGO or a group of NGOs coming from outside for implementing some government project who otherwise has no business with the people in that area.

Next coming to the army of volunteers and staffs of RKMLP who physically constitute the network and keep it vibrant and functional, the dedication of the volunteers and administrative staffs is unmatched and does not seem to be linked with pecuniary incentives. Rather it can only be explained through the Ramakrishna Mission's philosophy of development theology. The entire group works as an organization of motivated people. They do it as if it is their duty towards people as a part of their religious praxis. Such dedication that comes out of religious motivation possibly cannot be generated through monetary incentives.

The third reason of success of the RKMLP model is the low cost of the final output. The low cost of the sanitary hardware, that made it affordable to the

people, was crucial to the success of a model that was so much propagandized as a demand driven model. The low cost of the final output is partly maintained by the low wages of the masons. The masonry job was mainly performed by the village women who generally belong to the poor households and otherwise do not have a decent job. They are ready to produce sanitary hardware and water filters for a very low wage. The masons are generally paid anything between Rs. 10 and Rs. 20 (depending on the item they make) per piece of sanitary hardware they produce. With that rate often their daily earning is less than the official minimum wage. As per a UNICEF study a head mason earns a fixed salary and commission amounting to Rs. 2000 a month¹⁵. Ordinarily a mason earns anything between Rs. 1000 and Rs. 1500 per month which again is much less than the approved minimum wage¹⁶. Although it is evident that in a country like India with massive rural unemployment private operators would be able to hire labourers at a low wage, the exploitative nature of such employment still cannot be denied. Apart from the low wage the low cost of the final output was maintained by promoting a rudimentary sanitation model. Although, it cannot be denied that such a basic TPPF model is a good starting point to promote hygienic sanitation system in rural areas, a more environment friendly technology such as EcoSan models¹⁷ would have increased the cost.

¹⁵See Cheruvari 2006.

¹⁶See Menon 2008.

¹⁷TPPF is a low cost basic sanitation model that was promoted for rural sanitation in several developing countries all over the world. The model maintains a fine balance between hygiene and cost which helped it acquire a status of standard sanitation design. However, the model also have some limitations in terms of water usage, excreta management etc. In May 2010 a new section was introduced in the TSC guidelines that points out towards some such limitations of the conventional system and emphasizes the importance of moving towards the EcoSan models. For more details see TSC Guidelines amendment, W-11013/31/2010-CRSP, GoI, MRD, DDWS, dated 21/05/2010.

5 Scope of RKMLP model under the present policy regime

As on 2010, the Government of India believes that sanitation coverage in terms of individual household latrines in the country stands at 69.56%, which falls far below the target. Moreover as discussed earlier, figures are often deceptive and do not reflect the real picture. Both these aspects taken together, it seems that there is an urgent need to farther intensify the sanitation campaign. With the government playing a minimalist role the process would be dependent more on the market forces. One may wonder whether the RKMLP model can be replicated through market mechanism that follows a principle of no subsidy to a vast majority of rural population. Creating an elaborate network, as was used in the case of Midnapore district, would require substantial time, money and workforce. In the present case the network already existed. The intention behind setting up and running such a huge network was to fetch returns for a larger purpose, namely to implement several religious, socio-economic and cultural development projects of the Ramakrishna Mission for the rural youth and underprivileged, and was not limited to the sanitation project itself. To establish such a network for the sanitation project through market mechanism (i.e., by paying regular wages to people for generating such network) and to make it perform desirably would require substantial investment and therefore is likely to increase the cost. If this cost is to be recovered from the end users of the project, as would be demanded by the market philosophy, then it would add to the price of sanitation. Again the production cost of the hardware is also likely to increase if workers are to be paid an officially approved minimum wage. This would again raise the price tag of the final product. Adding to this, the present model of promoting twin-pit-pour-flush latrines may be a good one to choose as a starter and may also help the rural people get habituated with a low cost sanitation system. However, there is a need to move towards more environment friendly technologies which would evidently increase the cost of sanitation.

For the success of a demand driven strategy it is essential that the people feel the

need for the products and the need gets translated into demand. A commodity will be demanded only if people can afford it. Therefore, the translation of ‘need’ into ‘demand’ is not an automatic one. A mismatch between the affordability of people and the price of the product may sever the link between ‘need’ and ‘demand’. The projects like ISP are mainly targeted towards the rural poor who neither have consciousness towards hygiene nor have any means to afford it. The challenge is therefore twofold - first to make people feel the need and second, to create demand. The IEC may generate awareness among these people and thereby generate the need for a hygienic sanitation system. But that does not guarantee the translation of those needs into demand. Habituating them with a low cost sanitation system may make them feel the need for a better sanitary system but the mismatch may remain. In a country where 77 percent of the population lives with an income less than Rs. 20 per day, people hardly can afford hygiene. It appears that in the RKMLP model this mismatch has been mitigated by cost suppression. If the cost of sanitation increases then such mismatches would surely dampen the momentum of the campaign and spoil the fruits that have been created by years of labour. The mismatch can, however, be bridged by an extended government support. A suitably designed financial support system that can cover the increased cost and can include a larger population base under it would be the appropriate way to tackle the problem.

6 Conclusion

India lately has made considerable progress in its mission to eradicate open defecation. Although, there has been quite a spectacular rise in the area under sanitation coverage, the country still has a long way to go. Moreover there are cases of slip backs which could be as high as 20 percent. 2012 was set as a deadline to achieve 100 percent sanitation coverage under TSC and it is knocking at the door. In the paper we have tried to revisit the TSC programme and discussed that the most successful model would be somewhat difficult to be replicated throughout the country under the present policy regime. Therefore it is important that we address the issues mentioned in the paper and make suitable changes in the policy

so as to make it replicable. Keeping these in mind it appears that the country needs a new fillip. The present policy may fall short in this respect and a new stimulus may be the need of the hour.

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