

Environmental Health

Senarath Tennakoon

Towards decent housing for all

The Million Houses Programme in Sri Lanka aims to provide new or improved accommodation for all of the country's underprivileged people by the end of 1989. Partly financed and strongly promoted by the state, it relies heavily on the social awareness, imagination, innate abilities, and hard work of the intended beneficiaries.

Launched in January 1984, the Million Houses Programme is helping neglected and backward areas of rural Sri Lanka towards development. The goal is that the country's socially and economically disadvantaged people should all have decent houses by the end of 1989. The programme was started after the successful completion of the 100 000 Houses Programme in 1983, which benefited 35 691 families at an average cost of US\$ 1222.

A helping hand

The state provides financial aid to each family, technical advice, and other support. There is a high degree of decentralization. Community participation is significant and there is strong political leadership. The programme's steering committee is chaired by the Prime Minister, and the District

Ministers chair the district housing committees. Decisions on sites, plans and building materials are essentially taken by the beneficiaries. Wherever possible, locally available housing materials and methods are employed.

The programme is designed to improve or upgrade existing houses and to build new ones. The key components of the programme are as follows.

- The rural housing sub-programme, which commenced in January 1984 and by mid-June 1986 had covered over 10 000 of the 25 000 Sri Lankan villages. In 1984 alone 42 213 rural families were given shelter comprising upgraded houses with latrines in 50% of cases, new houses with latrines in 31%, new houses alone in 15%, and other types of construction in 4%.
- The urban housing sub-programme, which began early in 1985, has already covered 4422 urban families in 49 of the country's 51 urban localities.

The author is Regional Director of Health Services, Ratnapura, Sri Lanka.

The cost to the state of implementing the programme in 1984 was US\$ 202–212 per family. This small sum is regarded as an incentive and an economic base. The beneficiaries have to be resourceful, obtain community support, identify their specific

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needs and priorities, and marshal and use locally available experience, traditional building materials, and technology in order to construct houses that suit their taste. The state only gives a helping hand and attempts to make the best possible use of the innate potential of the people.

The operational arrangements are identical in both sub-programmes. The beneficiaries are offered a housing option and loan package with various choices. Needs are translated into options, and loan ceilings, interest rates, and repayment periods are decided. The selection of beneficiaries is the responsibility of governmental and nongovernmental organizations represented on the development councils. In the rural sub-programme the local *gramodaya mandalayas* do the work of selection and supervision; this function is performed in the urban sub-programme by the housing development committees.

Community endeavours

The people now realize that the government cannot bear the full cost of building houses for everybody in need of better

accommodation. The Million Houses Programme aims to bring progress and development, create a friendly and wholesome living environment, and make use of the inherent skills and potentials of the people. Self-respect and self-reliance are at the core of the programme, a massive developmental process based on self-help and community participation.

The communities are organizing themselves and the district housing committees are obtaining the assistance of government departments, including those of agriculture, health, education, water resources, rural development, housing, and highways. The health sector participates through those among its staff who are responsible for preventive work. Health activities relate to the prevention of communicable diseases, the construction of latrines, and the giving of advice on the benefits of using boiled water, attending clinics, making use of the health services, and family planning. The Department of Health offers subsidies and provides squatting plates and water-sealed porches as incentives for latrine construction.

Cheap and attractive traditional methods and materials are being employed in many areas for building houses. Mud balls, unburnt bricks and stones of various kinds have been used. The houses are small, simple and pleasant; each has two or three rooms, a water supply, and a garden. They are not constructed according to a predetermined government design.

The Millions Houses Programme has revived the notion of community leadership and is planned and implemented from the bottom. Buddhist priests, schoolteachers, and native doctors have become the advisers and supervisors of the programme in the rural communities. Community participation has been invaluable. A spirit of neighbourliness

and mutual aid has underpinned the success of the programme. The role of rural youth is significant: in some areas young people have become leaders, thanks to training provided by the country's Rural Leadership Foundation. After training in the capital, the young people return to their villages,

organize community support, and implement plans to improve living conditions.

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Shelter and health

Approximately a billion people lack a dwelling adequate to protect them from the elements and provide basic amenities and space for family functions, and about a hundred million people lack any kind of dwelling. Makeshift structures almost invariably fail to guard against extremes of heat and cold, they are highly vulnerable to floods, wind and storms, and offer no defence against noise, dust, insects and rodents.

An estimate made by the World Health Organization at the end of 1985 indicated that 23 % of urban populations and 64 % of rural populations in developing countries other than China lacked access to safe and adequate water supplies. Drinking-water is a primary medium for the transmission of diseases, notably typhoid, cholera, hepatitis, poliomyelitis, dysentery, amoebiasis, and those caused by intestinal protozoa.

Many experts believe that the provision of adequate sanitation and safe, ample and convenient water supplies is the most important step that can be taken to improve health. Human excrement is the principal source of the pathogenic organisms causing many communicable diseases, particularly infections of the intestinal tract.

Health can be affected by the indiscriminate disposal of solid wastes, chemicals, sewage, and waste materials from mining or ore-processing, which results in land being spoiled for other uses. Health implications of land use also arise where there is no tenure for residents of low-income settlements and consequently no incentive to improve dwellings, where industrial plants emit pollutants and pose other hazards to nearby residential areas, and where such areas are unsuitably located.

More information can be found in the following documents, available on request from the Programme of Environmental Health in Rural and Urban Development and Housing, World Health Organization, 1211 Geneva 27, Switzerland.

Shelter and health. Contribution of the World Health Organization to the International Year of Shelter for the Homeless (document WHO/EHE/RUD/87.1).

Housing—the implications for health. Report of a WHO Consultation, Geneva, 9–15 June 1987 (document WHO/EHE/RUD/87.2).