The Purulia Experience on WASH

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Inspiring and instilling change in the centuries-old habits of villagers by slowly and steadily introducing the women of the SHGs in Purulia to sanitation and hygiene practices is both challenging and rewarding

BACKGROUND

When I joined PRADAN and heard that I had to stay in a village for 15–20 days for an assignment, the first thought that came to my mind was, 'Oh my God! How will I survive without a proper toilet and bathing space?' Being very finicky about clean toilets, I now had to make use of open spaces! I found it very difficult. Questions about how the women of the village manage immediately came to mind. The fear of someone turning up right there haunted me during my entire village stay. This is not an unfamiliar story for a PRADANite staying in a village, as is overwhelmingly evident when we initially shared about our experiences with each other. I questioned the women and girls of the village; most spoke of the lack of finances to make bathrooms and toilets. Many accepted the situation as natural and normal. Later, when the discussions in our meetings in PRADAN mainly focused on livelihood enhancement and community mobilization, this issue gradually faded out.

However, this problem has been spoken of by women over time. It is interesting that the villagers, initially, perceived us as 'livelihood *wallahs'*; therefore, their other problems hardly came up during discussions although members did share the need to have drinking water, and the difficulty and drudgery of carrying water over distances every day. Over the years and subsequently, in a meeting, at Anandamoyee Cluster at Berada village and later in federation meeting, many women members identified sanitation as a problem or a block in their way to progress as 'developed', recognizing that this needed to be worked upon. Such issues cropped up in SHG and cluster meetings too although we were tentative and evasive when dealing with these. Then PRADAN's focus in its Vision 2017—aspiring to enhance the well-being of the rural poor—opened a different door for us. It got strengthened with the Purulia team's intervention on women adult functional literacy. Our successful initiation on the literacy programme and our understanding on the concept of holistic development provided us with the confidence to venture on a path not treaded on so far.

It all started with the idea of a pilot project on Water, Sanitation and Hygiene, popularly referred as WASH. Water and sanitation being new areas of intervention, both for PRADAN as well as for the community, it was thought prudent to demonstrate the successful implementation of viable options for assuring these in one or two pockets, thereby leading to mass acceptance of the ideas. Simultaneously, during this phase, the aim was to enhance the organizational capacity of PRADAN so that the interventions could be taken up on a larger scale. We began with three villages—Berada, Jamkuri and Mohuldi—of Barabazar, Kashipur and Jhalda-1 blocks in Purulia district of West Bengal. These villages had strong SHGs that had successfully implemented a Special Swarnajayanti Gram Swarojgar Yojana (SGSY) programme; the villagers had already enhanced their income and were eager to bring about changes in other aspects of their lives. Three different blocks were chosen so that the positive experiences could be emulated easily in other villages, following a cluster-based approach.

BUILDING DEEPER UNDERSTANDING OF THE ISSUE IN THE AREA

To be prudent, we began with a situation analysis. We wanted to have a deeper understanding of the problem so that we know what the crucial areas for intervention are. We also wanted to understand the attitude of people towards WASH: is it a knowledge gap, or simply behavioural and attitudinal problems that stops people from adopting proper sanitary structure and other sanitation measures. A baseline survey of 710 families from the three pilot villages was conducted. It revealed that though a majority of the people use tube wells and dug wells for drinking water, these wells were often poorly managed, open, without any plastered walls, and were prone to getting water logged. Ten per cent of the surveyed families also fetched water from either ponds or rivers near their house to meet their requirements. None of the surveyed families had a sanitary unit at home; all of them defecated in the open.

The survey also revealed that a considerable number of families had some minimal knowledge about how to keep drinking water safe; when questioned about their capacity to do so, the percentages were lower.

A loan analysis of SHGs provided us with an idea about the purposes for which loans were taken by members. Data was gathered from 170 SHGs of Barabazar and Baghmundi blocks and generated from the computerized accounting system used by these SHGs for accounts maintenance. The data revealed that 10.46 per cent (Rs 19,07,029) of the total loan taken was to combat illnesses, amounting to nearly a half of what they took for agricultural activities (Rs 40,41,151), which is their lifeline.

In an SHG meeting, when a member was confronted for not repaying the loan, she said, *"Amar to sab daktarer kachey kharach hoye galo, NREGA'r kaaj elo jakhon takhon to 'se' khatiyay porey achey. Kaaj korte parbe tobe to loan ferot korbo* (All of my money saved has been spent on paying the doctor and for medicines. Ever since the NREGA work came, my husband has been ill. I can repay the loan only when I earn something)." When the issue was raised in the cluster meeting, many women affirmed that this was a familiar situation.

The baseline survey also revealed that most of the diseases were caused by either unsafe water and/or unsanitary conditions, and the most prevalent disease was diarrhoea.

The analysis was 'mirrored' back to the members. The awareness of this recurrent drain on their monetary resources was a

trigger for the members, who realized that they needed to take active steps to arrest this. The situation was ripe now for us to diversify into the hitherto unexplored area of drinking water and sanitation (DW&S) and address the issue of availability of safe water for drinking, sanitation and hygiene. Support came from Water for People (WFP), in the form of funds and technical knowhow. The challenge, however, was to explain the link between illnesses and the loss of wages and income, and why these occur. The moot question was, "Why are people falling sick?"

PRADAN then concentrated on three major areas to initiate work in the project. One was to continuously build awareness and sensitization on WASH issues, and how the entire contamination cycle works; second, provision of clean drinking water; third, the latrine structures at household levels and, fourth and most important, building the capacity of SHGs and their associative tiers to manage and implement the project.

AWARENESS AND SENSITIZATION PROGRAMMES

Health camps

Health camps were arranged twice in Berada, Jamkuri and Mohuldi—first, post-monsoon and, then, pre- monsoon—to identify the diseases occurring during both these times. This was the first time that health camps were organized in these villages and the turn up was huge. The entire management and conduct of the health camps was championed by women SHG members. They held several meetings, supported by PRADAN, on planning the events. This included understanding the purpose of organizing the health camp in the project, planning the event, detailing the tasks and role-division among members. Every group collected an initial record of the families that would come for the check-up and Rs 5 per family was collected as a token registration. Important stakeholders such as the Block Development Officer (BDO),Block Medical Officer, Health (BMOH), and the *gram panchayat* (GP) Pradhan were invited; they supported the initiative by sending government doctors for the health check-ups. Some common medicines were also arranged for, after consultation with the doctors.

To make sure that the villagers attend these camps, SHG members made posters, wrote slogans, campaigned for and looked after the successful implementation of the health camp. These camps were arranged either in schools or in the open, with temporary arrangements. On the outside wall of the venues, some handwritten posters on health tips such as bathing regularly, maintaining hygiene and using soap to clean hands after using the toilet were displayed, to make the community more health-conscious. Following the success of the camps, one SHG member joyfully said, "It was only because of our SHGs and our cluster that we got the opportunity to arrange such a programme at our doorsteps."

As many as 769 people visited these six health camps, of which 10 per cent were children below 10 years, 30 per cent were old women (>50 years), 5 per cent were men in the range of 30–50 years, 4 per cent of the patients were men above 50 years, 7 per cent were adolescent girls and boys and rest were middle-aged women (25–50 years). All of them belonged to the three villages.

The findings of the report, prepared by the doctors, were shared and discussed with the community. The women said that diarrhoea and jaundice were prevalent especially during monsoons. The problem, especially for the women, as they described it, was because there was no privacy they were not able to clean

themselves properly during menstruation, leading to genital infections. They also talked about worms being common in children and even in elders, causing stomach ache.

Audio visual shows

From the day of inception of the WASH programme in these three villages, the fact that open defecation needs to be avoided and that it is essential to wash hands thoroughly before having food was discussed in every cluster and SHG meeting. The baseline survey revealed that the villagers had information on general hygiene; however, the challenge was with their attitude. With ample open spaces available in the area, they had become habituated to defecating in the open and not maintaining proper hygiene practices, generation after generation, year after year.

Audio visual aids were used to make the demonstration lively because visual effects have a greater and more permanent imprint on our minds. However, because the discussions around WASH took place only in SHGs and its associative tiers, the other villagers were never a part of these. Building an 'all-clean village' had to ensure awareness in the whole community; therefore, audio-video shows to generate awareness of the need for toilets, clean drinking water, uncontaminated source of water for bathing and washing, etc., were organized for the whole village. Approximately 800 people saw the three shows. The show was interactive, and included deliberations on the effects of open defecation, how it spreads disease and how it aggravates other health problems. Visuals of different sanitary latrine models were shown and there were many queries regarding the cost, the technology, the durability, the time period, etc. Interestingly, none of the villagers attending the show left till the end of the show and the discussions. This was one of the most effective awareness programmes; the ripples created could be built on gradually into huge waves, resulting in action.

EXPOSURE VISIT TO SSDC

The video show triggered many queries among the villagers and they were keen to understand the model, its functioning and the cost. A two-day exposure visit to the Sundarban Social Development Centre (SSDC) in North 24 Parganas was organized, with support from Water for People (WFP), to see different toilet models, and understand the systems and processes for implementing and building these. A team comprising 12 SHG members, 5 masons (for technical understanding) and 3 PRADAN professionals went to SSDC. The team also saw the local sanitary mart run by SSDC and the water works in the local villages. It was a learning experience for the exposure team because this was the first time they saw people using sanitary units in a village.

DEMONSTRATION OF THE SANITARY LATRINE MODEL

On its return from the exposure visit, the team was eager to share their experiences with other villagers. This was another important step towards initiating the sanitary latrine unit construction. There were, however, only 12 people to influence 750-odd families. So, the next step was to have a demonstration of different models of the sanitary latrines so that villagers could watch these and select what suits them and their budgets.

For the demonstration model, the land required was donated by the villagers through a written agreement with the SHG on stamp paper in all the three villages. The models were determined by the people who had been on the exposure visit and PRADAN, together with inputs from WFP. In all three villages,

three models were selected for demonstration. These were ones with:

- Seat on pit with ceramic pan and squatting plate
- Leach-pit and off-pit model with ceramic pan
- Latrine with urinal/ bathroom

WFP provided technical knowledge and sent three experts to help the local masons construct these models. With these models in place, people were able to clarify their doubts better through a physical inspection of the models. Many misconceptions such as the toilets will smell bad, will fill up soon or will overflow were laid to rest by explaining the technical aspects during the demonstration. This boosted the confidence of the community and helped the villagers make the decision.

These models were even visited by the Damodar Valley Corporation (DVC) personnel and from other villages from the neighbouring Bankura district where they were initiating a sanitation project.

SENSITIZATION TRAINING FOR CLUSTER AND FEDERATION LEADERS

In a place like Purulia, the concept of a sanitary latrine was never in focus. Therefore, making a success of this project was very challenging. It called for an attitudinal change to the issue; only then could behavioral changes be expected. From the beginning, the women leaders of the SHGs played a very crucial role in influencing and mobilizing the community around this. They have been the major force in other areas of development too such as livelihoods and literacy. These women have created a small space for themselves, through different activities, to influence the decisions of the family. Almost 70 per cent of the families are covered under SHG membership and, hence, this platform plays a crucial role. Therefore, we realized that if we could sensitize and train the leaders to talk on these issues, they would be able to motivate and organize the community. They would be very good actors in influencing the entire community. They had never been taken through the whole concept of WASH, although there had been discussions on it sporadically. Then there was the question of not only having the sanitary infrastructure, but to using it regularly and maintaining its cleanliness and hygiene. With these ideas in mind, a two-day training-cum-sensitization event was organized.

Much emphasis was given to explain the ways through which diseases spread because of open defecation. That women are the worst sufferers because of open defecation was doubly emphasized

A module was developed by the PRADAN staff, using some of the components of Community Lead Total Sanitation (CLTS) approach of training. (CLTS is an innovative methodology for mobilizing communities to completely eliminate open defecation. Communities are facilitated to conduct their own appraisal and analysis of open defecation and take their own action to become open defecation free.) The event highlighted how practices such as open defecation, polluting water by washing their cattle in ponds, and throwing waste here and there in the village impacts their families and village negatively and what actually happens. Much emphasis was given to explain the ways through which diseases spread because of open defecation. That women are the worst sufferers because of open defecation was doubly emphasized. The process included sharing the concept, exploring real-life experiences, analyzing these experiences and then building new knowledge.

Another important activity of the training was an 'Open Defecation Mapping' of the village,

which was specially designed to trigger disgust and shame about the practice. The mapping had a strong impact on their minds and created considerable turmoil. Most of the women were illiterate; therefore, games, sub-group activities, movies/documentaries, songs, etc., were used to convey the message of the ills of open defecation and lack of hygiene. The women themselves came up with beautiful slogans and songs on the issue. They took an oath and decided to influence everybody in the village to stop open defecation. After the training programme, the process of registration of families wanting sanitary infrastructure became easier and smoother.

Since this programme was being anchored at the federation level, the leaders were required to understand the intricacies of the issue; it was not merely the construction of a sanitary latrine unit. The WASH programme is running in three villages, one under each federation currently. This may be expanded next year and, hence, it becomes very important to build the capacity of the federation leaders. The leaders were given exposure to the three villages where the work was initiated; they were provided in-house training on sanitation and hygiene and their views on the same were sought. This generated much excitement among the federation leaders; they shared in another meeting that they now think twice before using pond water for bathing, etc. The federation members decided to spread the programme to every village and expand it as early as possible. These training programmes particularly made a huge impact in mobilizing the community and encouraging the villagers to opt for sanitary latrines.

STREET PLAYS AND HYGIENE DAY CELEBRATION

As the structures were being built and the training programmes were going on, we wanted to infuse energy and trigger enthusiasm among the whole community. As a part of this, two programmes were planned—a street play on the concept and issues of WASH, and a Hygiene Day celebration, involving the whole village through a rally, etc.

Street dramas have special attraction and are an effective tool in influencing people and making them aware of issues. For this, a street play was planned in the village in the local language by the local street play troupe. The play was a comedy replete with messages. The incidents portrayed were everyday ones and very practical so that every child, man and woman could relate to it. The play called *Sukher Thikana* highlighted the problems and humility faced by women when they defecated in the open. Audiences were further energized when, at the end of the play, a quiz competition was organized to recapitulate the messages and the learning.

Hygiene Day was celebrated to enthuse and concretize the experiences of the training programmes, the street play and other discussions into some joint action in the community as one. These were mostly followed by street plays because it generated a lot of enthusiasm for bringing about change. On Hygiene Day, the community actively participated in cleaning their village surroundings of any filth and dirt. They cleaned their houses, village roads and all the water sources. A drawing competition for children on the theme 'My neat and clean village' was organized. Cultural programmes were also organized, in which the women and children participated.

SUSTAINING THE ENERGY AND THE MOMENTUM

Merely bringing about awareness once is not all; there needs to be continuous fuelling and

discussions at regular intervals. Celebrating Hygiene Day regularly is one way by which the women organize activities and competitions on hygiene and cleanliness among children and adults. They also organize rallies, make posters and slogans and celebrate the day-long event with stalls on information, knowledge and models. Quizzes and drawing competitions were also regularly organized, to sustain the momentum.

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Along with this, SHGs and clusters are platforms where discussions and follow-ups happen. The capacities of women leaders were enhanced to facilitate the processes; these women followed up on the maintenance and renovation of the newly constructed drinking water structures as well as on the cleanliness and hygiene of sanitary units. They also follow up on the use of the infrastructure by family members and the progress of construction of new structures.

WATER WORKS

The situation was bad. Hand pumps broke down, especially during summer months, and it took the *panchayat* between 7 days and 6 months to repair these. During the dry season, the handful of staff members were incapable of addressing problems across so many villages.

Such being the existing situation, it was imperative to work towards making safe water, which is cost-effective, available to the population; this would also serve as a model for the government.

One of the reasons for villagers not adopting the sanitary latrine is its requirement of water, which is an integral part of the package. For sanitary latrines, at least one bucket of water is required per use for washing and flushing; with water being so scarce, the apprehension and resistance to constructing a sanitary latrine is natural. PRADAN had already been working on water conservation measures through water harvesting structures in these villages. Hence, we decided to work on making available drinking water first. Social mapping revealed that there are a few water sources in each of these three villages, and we only needed to renovate these to ensure a smooth supply of water.

There were two types of drinking water sources in these villages—tube wells and open dug wells. The renovation of a well involved its cleaning, the plastering of its inner walls where required, a net to cover the well, repairing the platform, proper drainage of waste water into a soak pit, and making washing platforms where necessary and possible. Renovating a tube well meant flushing, changing its internal parts, repairing the platform and the broken tube well, and assuring proper drainage of waste water into a soak pit. Later on, flushing was decided against because of the risk involved if not done correctly. Although we started by repairing dug wells, the use of dug wells was discarded because these were considered as unsafe water sources. Tubes were installed in those areas that did not have, or had very few, tube wells.

A piped water supply system, drawing water from the river bed, was devised. The selection of these water sources was made by the community, keeping in mind where a majority of the villagers are dependent upon collecting their drinking water.

The work was supervised and regularly monitored by SHG members and their associative tiers. They monitored the progress in weekly meetings, by updating the tasks done, identifying problems and physically inspecting and supervising work regularly. In Jamkuri village, help to repair a tube well, defunct since long, was sought and received from Kashipur block. The SHGs submitted an application to the block; after many visits by the villagers to the block and regular follow-ups with the panchayat, finally, the block sent plumbers, who repaired the tube well. The engineer also helped in supervising the semi-skilled masons in the civil work, designing and estimating and giving layout. Thus, at least two or three masons were trained so that they could maintain the slope of the platform properly, build the honeycomb soak pit (which they were unfamiliar with so far), construct the drain ensuring a proper slope and make each structure durable. The internal parts could not be repaired because of a lack of skilled persons to do it. We have decided to complete that in the next project. At present, 60 water resource renovations and 3 new installations have been completed. The population of 12,000 villagers is now able to access good quality drinking water with these interventions.

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SANITARY LATRINE STRUCTURE CONSTRUCTION

The construction of sanitary latrines took time; there were much back–and–forth deliberations with the community, the SHGs and the associative tiers. Moreover the structures of their choice could not be fitted with the subsidy amount only, more investment was required. This extra cost was proposed to be as a part of zero interest loan. In a backward region like Purulia, which is abundant in open spaces with jungles for open defecation, constructing the sanitary unit by taking loan was a very big challenge. Moreover, the district officials too showed lack of interest in the idea initially. We wanted to help families to access the subsidy for sanitary infrastructure creation under Total Sanitation Campaign (TSC), which went unutilized in Purulia.

A three-day technical training for masons was conducted, with support from WFP, so that the structures are technically sound, with no complaints of water logging, smelling, etc. After many awareness and sensitization programmes, a handful of people were convinced initially and agreed to go ahead with establishing a unit. Hoping this would inspire others, we worked steadily on accessing the subsidy for them.

Currently, the process is that a beneficiary submits an application to the federation, expressing interest in having a sanitary latrine constructed. The applicant pays Rs 150 as service charge to the federation as well as Rs 900 in advance as the installment, required to access the subsidy amount. The government has increased the subsidy it provides to Rs 5,100, to help build a good structure so that the community is encouraged to use it. The model, standardized over time and accepted by one and all, is the off-pit model with a brick superstructure, tin roof and door. With the subsidy, a family does not need to invest its money unless it wants additional features such as tiles in the structure.

COLLABORATION WITH THE GOVERNMENT AND ADMINISTRATION

From the very beginning, we worked to establish collaboration on this with the block and the *panchayat* as well as the district officials. Our aim was to align our activities with government policies and involve local officials of different tiers of governance with the water and sanitation work, especially the sanitary latrine activity. We invited the officials and people's representatives to all the events.

The challenge was to contextualize the learning, think creatively and make innovations in the processes and systems, techniques and technologies

In Kashipur block, we organized a small orientation event with the BDO and the staff involved in TSC and the *gram panchayat* Pradhan. We made a presentation on the project goals and objectives along with the progress made till date. We shared our monitoring and implementing systems as well. We had a discussion on this as well as the processes and systems. At Barabazar, the local BDO and Assisstant Project Officer APO Sanitation visited the water works and the model sanitary latrine construction. The (APO) visited Berada to see all the work done by the villagers; he talked with the villagers, to assess the demand for sanitary latrines in the village. Impressed, he offered his suggestions on the construction of latrines to the villagers. Following this visit, the BDO and the APO took initiative and influenced others in the block, including the *Sabhapati*, and forwarded the name of Narayani Mahila Samiti of Berada as implementing agency (IA)/sanitary mart of the *gram panchayat*. The SHGs now have more control over the structure they help build and its quality. From being mere conduits for registration money, the federations now began to be actively involved in the implementation of the scheme. In Barabazar Block, the Narayani Mahila Samiti is now respected and is regularly invited in the monthly TSC meetings; its representatives are heard with attention. A workshop, attended by the BDO, the *Sabhapati* and *gram panchayat* Pradhans and *panchayat* Secretaries, was conducted, in which the women of the Samiti presented the models and their systems of work, earning praise and appreciation from all present.

ACHIEVEMENTS AND LEARNING

This has been a learning project for the team. We were trained by WFP. The challenge was to contextualize the learning, think creatively and make innovations in the processes and systems, techniques and technologies. Purulia district is ranked among the lowest on sanitation achievement. The challenges we faced were in two major areas: first, to adopt the best processes to build motivation and sustain the trigger and, second, to identify those sanitary structure models that would be accepted by and financially viable for the community, keeping the availability of water in mind. The achievement has been at three levels—at the organizational capacity building level, the community level and the district policy/norm level.

At the organizational capacity building level:

- The concept of safe drinking water, sanitation and hygiene as a comprehensive and inseparable package was developed and strengthened through our engagement.
- We enhanced capacities in the concepts of:
  - Community-led total sanitation
  - Motivational processes

- Technologies—water infrastructure and sanitary structures
- Hygiene practices

- Policy modifications/changes in the district regarding TSC
  - Change in perspective around the implementation strategy for TSC
  - The SHG as the IA
  - More than one IA in one *gram panchayat*
  - Change in the model of Individual IHHLs
  - Change in format of the Utilization certificate and muster rolls to make it more genuine and transparent
- Community level capacity building and hardware
  - Training and exposure of 45 federation leaders of three block-level federations on the concepts and practices of sanitation and hygiene
  - Training of 250 cluster leaders on the concept and practices of sanitation and hygiene
  - SHGs in charge of implementation and monitoring of the water works (tube well repairing and proper sanitized drainage structures) and sanitary structures
  - Four hundred IHHL structures constructed with Rs 18.2 lakhs taken as loan; repayment till date Rs 14.4 lakhs
  - Ninety-eight per cent IHHLs are in regular use
  - Use of water for drinking purposes, other than the tube well, is reduced to 10% from 48%
  - Nine lakh rupees leveraged from the government by the SHG–based institution as a part of entitlement access on IHHLs
  - Celebration of Hygiene Day once a year, to keep the sensitization and awareness alive and to introduce best hygiene practices

CHALLENGES AND WAYS FORWARD

The big challenges are to initiate processes, to make the block-level SHG federations assume charge effectively and ensure access to all its members, and to take the initiative beyond the pilot villages. The other challenge is to motivate the villagers to invest in the installation of the units, a pre-requisite for receiving the government grant. Mechanisms have to be strengthened to ensure a smooth flow.

SOME COMMENTS FROM WOMEN

- "I am saved from defecating in fear."
- "The shortcut to the village is now clean and we can walk freely on it." ~ Arati
- "I am saved from the trouble of finding space for defecating, especially during the monsoon." ~ Sarala
- "Now I am not ashamed to welcome my guests during festivals." ~ Bugi
- "The myth of piped water supply for towns only has been broken in my mind." ~ Saraswati

Besides federations, clusters and WASH committees at the village level need to play a more active role (larger in scale and depth) in stimulating change in the attitude of villagers towards hygiene practices, who will then assume more responsibility in the implementation processes. More SHGs need to play the role of IAs so that the villagers access proper structures.

An area of major struggle is the time that PRADAN professionals devote to develop and establish systems and processes; and to groom leaders and institutions in their roles. Having a structure installed is only half the battle won; the other half requires time in the initial days. Sanitation and hygiene not being the mainstream activity of PRADAN, the support and appreciation of the time invested by professionals is not always forthcoming. There is need for sensitization at the organizational level, with more workshops, discussions and exposure.