

# Initiating Community Action on Water and Sanitation

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Funder: WaterAid

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## Background

Water plays a central role in village communal life in Bihar, and access to safe drinking water continues to be a daily battle. Among the most deprived classes, however, there is a common belief that sanitation is appropriate only for the more affluent members of society.

Furthermore, many villagers believe that having an inside toilet undermines the dignity of the house. This project therefore had to overcome these deep-rooted barriers and demonstrate the clear practical and economic benefits of proper sanitation practices.

## Scope of the Project

This project to bring safe drinking water, toilets, and additional sanitation improvements was conducted in two phases. The first phase (2004–2008) initially targeted below poverty line (BPL) families in four villages near Patna, using a combination of the natural science approach and grassroots perspective. After that pilot stage, eight more villages were added to the project, and in the third year an additional four villages were included. Phase two (2008–2011) targeted the most deprived and excluded communities in an additional 15 villages of three *panchayats* in the Maner block.

## Goals

The goals of the project were (1) to create awareness in the target communities of the importance of safe water and sanitary latrines, (2) to increase access to these facilities and transform the villages into open defecation-free locations, and (3) to leverage community power to compel the government to adhere to adequate standards in the provision of water pump and sanitation installations.

## Objectives

- To develop health and hygiene programs to mobilize and educate the community.
- To reduce incidence of diarrhea by 80 percent.
- To create and support the local grassroots organizations required to maintain and manage the improvements.
- To create a replicable model for introducing clean water and sanitation in other locations.

### Integrated Development Foundation

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## Activities

### Phase-in

In the initial phase a baseline survey was conducted and resource mapping carried out. While women's self-help groups (SHGs) already existed, village water and sanitation committees (VWSCs) were formed as the key element in implementing and maintaining the interventions.

### Trainings

Training of key personnel in a variety of areas was an integral part of the project. First, teachers were trained to educate students about diarrhea, sanitation, hygiene, and so on. Parent-teacher associations also received an orientation on sanitation and hygiene. *Panchayat* members, Anganwadi (health and wellness center) workers, and VWSC members attended special programs on water and sanitation issues. Community mechanics were trained to repair and maintain hand pumps, with IDF providing essential tools for demonstrations. Female hygiene chain (FHC) members underwent three phases of training, while adolescent girls learned menstrual hygiene management and how to make sanitary pads at home.

### Behavioral Change and Communication (BCC) activities

Cleanliness campaigns were instituted with the participation of schools, Panchayat Raj Institutions (PRIs) and VWSCs. Wall paintings and writings were created to communicate the project's core message in a way that all members of the community could understand. A children's rally and *nukkad natak* (street show) were also important aids in this respect. Community members celebrated World Water Day and organized a "sanitation week" incorporating cultural events, quizzes, competitions, and other programs. A clean house competition reinforced and inspired the FHC members to implement improved personal hygiene practices.

### Hardware interventions

- Sanitary latrines were built for households and schools.
- New hand pumps were installed to a depth of 82 meters on (private) sites selected via community participation.
- Existing hand pumps were repaired and brought up to the required standard using platforms.
- Water storage drums with water taps were distributed to schools.
- Existing wells were improved, and silt was removed from ponds.
- Soak pits were constructed to ensure that water from existing pumps remained of good quality.
- Compost pits were introduced as a way to use kitchen waste and enable growing of own vegetables.
- Roof water harvesting was introduced at two schools to enable toilets to be flushed during monsoons.

- A “spares bank” was set up to ensure the availability of pump parts at a fair price in case of need.

## Outcomes

Following is a selected list of outcomes of the intervention for the reported years:

- 40 toilets were installed in the target villages.
- The number of total usable hand pumps increased to 107, with 101 providing drinking water of good quality.
- Hand pumps of inadequate depth were eliminated, and installation of 28 new hand pumps was completed, while nine hand pumps were repaired and restored.
- Force and lift hand pumps were installed in four village schools.
- A total of six wells were converted to sanitary wells.
- 20 model compost pits were constructed in the villages.
- 10 wall paintings were completed in the project intervention villages.
- The role of women increased, and many became influential members of their VWSC.
- FHCs were successfully maintained in every target village.
- The average distance to safe water decreased from between 2 and 3 kilometers to 500 meters.
- Regular meetings of 15 VWSCs with a total of 237 members (42 percent women) were established.

## Achievements and Challenges

The project has resulted in many long-term and sustainable benefits.

Women’s and children’s safety and comfort have greatly increased, as they no longer need to defecate in the fields, risking snake and scorpion bites as well as sexual harassment. A further benefit of having toilets nearby is that women and children need much less time both to get water and attend to their personal needs, and women are able to earn more money as a result.

With the population as a whole now sensitized to the importance of clean drinking water and proper sanitation, community members are asserting their rights and are no longer willing to accept substandard facilities. The community as a whole is now initiating the construction of soak pits/garbage pits for solid and liquid waste disposal, as well as insisting on the construction of platforms around hand pumps to keep ground water free from contamination.

Anecdotal evidence shows that the number of cases of diarrhea, especially among children, has significantly decreased, and a study is under way to confirm these findings scientifically. With all women now knowledgeable about proper female hygiene practices, the number of reproductive tract infections has also declined. Consciousness of and adaptation to menstrual hygiene management among adolescents is another positive outcome. Children have internalized the need to wash their hands with soap, surf, or hearth ashes, but *not* mud. Open defecation has not yet been completely eliminated but has been very much reduced.

Despite all these real achievements, sanitation still takes second place to livelihood, which remains the paramount issue. Congested patterns of habitation also make it harder to practice proper hygiene in these settings. As the Department of Public Health and Engineering continues to be sluggish about providing services to deprived and powerless communities, future efforts will focus on the total sanitation campaign, encouraging community-based initiatives to assert the right to full and adequate water and sanitation facilities provided by the state government.

## **Case Study**

### **Acceptance and change: one woman's experience**

Binda Devi's daily clock has always revolved around her domestic chores of fetching water, cooking, washing utensils and clothes, and grazing pigs. Recently, however, after listening carefully to the key water, sanitation, and hygiene issues being discussed during the water and sanitation project team's visits, the 35-year-old Lodipur resident started asking questions about her own and her family's diarrhea and skin-related problems. "I soon realized that if I made sure to drink only clean water, use the new toilet, and always wash my hands, I could prevent illness and save myself expensive treatments."

But Binda wasn't content with just improving her own health. Next she convinced her family, and then she began a campaign to persuade other members of her community. She visited Anganwadi centers, schools, and other community centers to educate other mothers and children and tell them of her own experience, and though initially she did encounter some negative attitudes, her persuasion and passion for the cause eventually turned the tables in the community.

## **Related Resources**

Article: "A day in the life of Rajeev Rajan, Project Coordinator for WaterAid's partner Integrated Development Foundation in the Bihar State of India."

[http://www.wateraid.org/international/about\\_us/oasis/springsummer\\_06/4110.asp](http://www.wateraid.org/international/about_us/oasis/springsummer_06/4110.asp)