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**Strategies for sanitation - collaboration in India.**



1. INTRODUCTION

The unacceptably high infant and child mortality rates in India, particularly in rural areas, is a matter of concern. The national averages are 120 and 15 per 1000 births respectively. It is widely accepted that the improvement of sanitation is a necessary intervention to reduce the high sickness load and loss of life. The Government of India has set an objective of achieving 25 percent and 80 percent sanitation coverage in the rural and urban sectors respectively by the end of the decade. In its collaborative efforts, over the past three years, with the Government of India (GOI) to fulfill its objectives, UNICEF has made some encouraging headway particularly in raising awareness at national level. This has resulted in favourable response by policy makers and functionaries as well as of the community. The objective of this paper is to outline some strategies UNICEF has adopted in the promotion of sanitation and to relate some of the experiences gained.

2. APPROACHES FOR PROMOTION OF SANITATION

Against a background of massive poverty, high illiteracy and a lack of awareness, the interaction of sanitation activities with other developmental inputs, such as preventing diseases of children by immunizing them, early childhood education and income generation is necessary. Improvement of sanitation involves largely behavioural change through a change in attitude; hence, education, improved awareness and higher incomes are desirable change agents.

2.1 Sanitation as a Comprehensive Package

Sanitation is quite often misinterpreted as sanitary latrine per se. No doubt, exposed excreta as a result of open defecation, which is the rule rather than the exception, particularly in rural

India, is the major source of disease transmission. However, behavioural change related to personal hygiene, food sanitation, home sanitation etc. are equally important to break the cycle of disease transmission. Hence, a comprehensive sanitation package emphasising on education and including wastewater and garbage disposal as well as smokeless chulhas (stoves) is promoted.

2.2 Target

Our focus is on the improvement of sanitation at child-related institutions in addition to individual households. In India, the vast network of primary schools and anganwadis (nurseries) catering for an estimated 70 million children offers a ready-made infrastructure to educate them and mould their habits. According to a 1982 survey (1), only 10 and 55 per cent of the rural and urban primary schools have any sanitary facilities. The coverage at the anganwadi centres is practically nil.

Sanitation activities benefitting individual households are integrated with water supply and other developmental schemes in order to maximise the various inputs aimed at raising the level of awareness through education and other social activities. In addition, sanitation in new housing schemes, combining the provision of a sanitary latrine with sanitation education is being promoted since a change in surroundings enhances the willingness of the new occupants to give up the age-old habit of open defecation.

The Primary Health Centres or Subcentres are also suitable institutions visited by large numbers of people. Schemes for the construction of sanitary latrines for usage by visitors and to serve as demonstrational units are being initiated.

UNICEF is currently supporting a rural feasibility study spread over thirteen states incorporating the construction of some 37,000 sanitary latrines. The study, which is due for completion in April 1986, is designed to assist the various state governments to promote sanitation programmes up to the end of the decade and further.

### 2.3 Education & Community Participation

There is a Chinese proverb which says, "If you plan for a day, sow rice; if you plan for a decade, grow trees; if you plan for a lifetime, educate the people." Improvement of sanitation which basically involves behavioural change should be seen as a long-term objective; hence education of the target group is of prime consideration.

In the context of sanitation schemes in primary schools and anganwadi centres, two-day orientation is imparted to headmasters, teachers, supervisors and anganwadi workers to strengthen their capability to improve sanitary practices of children, as well as to reach out to the community. In the household schemes, motivators from the community, such as youth club members, village leaders, teachers, etc. are given two-day orientation courses, supported by education materials, to equip them better for creating awareness and enlisting people's participation in the projects. A range of education materials including audio-visuals and booklets have been produced for advocacy as well as field application.

### 2.4 Technology

In a society in which forty percent of the people are reported to be living at or near poverty levels, the appropriate technology has invariably to be low-cost. The on-site excreta disposal system based on the pour-flush waterseal latrine having two pits used alternately is gaining wide acceptance by people using water for anal cleaning; in north-eastern states where solid material is used, the ventilated improved pit latrines are being promoted.

Soakage and garbage pits to dispose of wastewater and garbage respectively are introduced to improve the environment. Where appropriate, wastewater is discharged into vegetable plots. Simple bathing platforms attached to a soakage pit and provided with enclosures made of locally available material are promoted. The construction of smokeless chulhas made of earth and fitted with a pipe and minor accessories to eliminate the hazards of smoke are also being supported. The know-how on these simple technologies are transferred to the village level by imparting systematic training to the motivators and local masons.

Emphasis is placed on inculcating sanitary habits like hand-washing with soap after latrine usage and before handling foods, proper storage of water, food sanitation, etc. These interventions incur barely any cost and yet are highly effective in breaking the cycle of diseases.

### 2.5 Infrastructure Building

The weak infrastructure, both in support of sanitation education and of programme formulation through-to implementation, is a major constraint. In several states, we are advising and assisting in the building of this cadre of socio-technocrats through training programmes. Our focus is to forge a closer and more meaningful link between the educational and physical implementation. Closer collaboration between health and engineering departments is emerging.

Good non-governmental agencies are also being encouraged to incorporate sanitation as part of their developmental field activities. Business houses and the Scouts and Guides movements are beginning to promote sanitation.

## 3. EXPERIENCES

The response of the anganwadi and primary school staff on sanitation orientation has been promising, resulting in improved sanitation at these institutions. Where sanitary latrines have been constructed as part of the sanitation scheme, the usage and maintenance of the units at the anganwadi centres were good, while

the response at the schools was somewhat mixed. The misuse of some school latrines by villagers nearby and the lack of motivation by some headmasters are constraints. The use of motivators, consisting mostly of village volunteers, to create public awareness has been quite encouraging although in a few cases the enthusiasm has decreased after the initial eagerness. This is partly a result of the lack of continued support by the implementing agency such as the slowing down of activities and poor workmanship leading to dissatisfaction among the intended beneficiaries.

Over the past three years, over 15,000 sanitary latrines including those at child-related institutions have been constructed with UNICEF assistance. The response to the construction and use of sanitary latrines has in general been good. Evaluations have indicated a level of usage exceeding 90 percent in some project areas. In a few cases, the initial response was, however, as low as 40-50 percent. In the latter case, the basic weakness has been the wrong and arbitrary selection of beneficiaries. The quality of work executed by the implementing agency, such as uncompleted work and poor workmanship, has also a significant bearing on the attitude of the beneficiaries in using the units.

Our experiences, drawn largely from the rural projects, show that the level of usage of sanitary latrines is not correlated with the level of education. This is supported by the variable usage level observed among high-literacy groups in Kerala, as well as the significantly higher usage by tribal communities compared to the more educated non-tribal population in Orissa. The interest in possessing a latrine does not vary significantly between lower and higher income groups. Women form the larger part of the user-population. The indication so far implies that the change of habits is brought about largely from self-motivation based primarily on the advantages of privacy and convenience.

The construction of garbage pits, soakage pits, bathing cubicles, simple drains, and smokeless chulhas is gaining momentum, particularly where the role of motivators and the implementing agencies are good. These facilities are being stressed as they are essentially do-it-yourself technologies and are very low cost.

The home chlorination of drinking water at a project area in West Bengal has demonstrated that childhood gastroenteric diseases can be reduced by as much as 80 percent over a 12-month period. This intervention is being supported where safe drinking water supplies are not yet available, and villagers draw their water from unprotected sources.

#### 4. ANALYSIS OF CONSTRAINTS

The limited fund allocation at the Central and State levels consequent to low priority given to sanitation leads to inadequate infrastructure for developing and implementing sanitation schemes. This remains the major constraint. Lately some states have strengthened their capability for formulating, implementing and monitoring sanitation projects as well as to raise public consciousness on sanitation.

In an effort to stimulate and expand sanitation activities in the field, we are collaborating with non-governmental agencies to incorporate sanitation in their rural development schemes. The linkage between educating the project population and the physical implementation requires strengthening. Potential sanitation resources teams are given training with the objective of building up larger resources for training and orientation of village level motivators.

Besides low income, poor literacy, and sanitation not being the felt-need, a lack of financial subsidies compounds the difficulties to promote sanitation. The need for a large section of the population to generate its own resources has to be fulfilled if sanitation is to be propagated on a significant scale. UNICEF is initiating schemes on a demonstrational basis, aimed at the better-off groups, in which local masons are trained and either the beneficiaries can draw loans from a revolving fund or have to meet the whole cost of sanitary facilities.

#### 5. CONCLUSION

For the last three years, our efforts have been directed at evolving a strategy to promote sanitation, in order to reduce infant and child mortality and morbidity rates. In statistical terms, our achievement is a drop in the ocean in the Indian context. However, seen against a background of long neglect,

lack of funds, poor infrastructure and low awareness, the concerted effort can be compared to the germination of a seed. The encouraging response by many states and non-governmental agencies is expected to contribute and take the country closer to the goal which has been set for this decade.

#### REFERENCES

1. Fourth All India Educational Survey, publication by NCERT, India, 1982