



## Self sustained sanitation programme in Midnapore

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MIDNAPORE, WITH AN area of 14081 sq.km and population of 97 million, is the largest district of India. It is located on the southern part of the state of West Bengal. The district has geographic diversity. It has areas in the east bordering Bay of Bengal whereas the western parts are hilly and laterite in nature. A lot of the tribal population inhabits the forests in the western part of Midnapore. The district has a very rich tradition of being in the forefront of the Freedom Struggle in the country. In the last decade, a lot of programmes have been taken up by the district, which can be termed as people's movement. These are the Total Literacy Campaign, Total Sanitation Programme and Self Help Groups for Women. These programmes transcend the boundaries of Government programmes and involved people of all categories, cutting across political lines. A lot of voluntary agencies and people's organizations participated in these programmes along with Local Government representatives and Government officials.

### Total sanitation programme

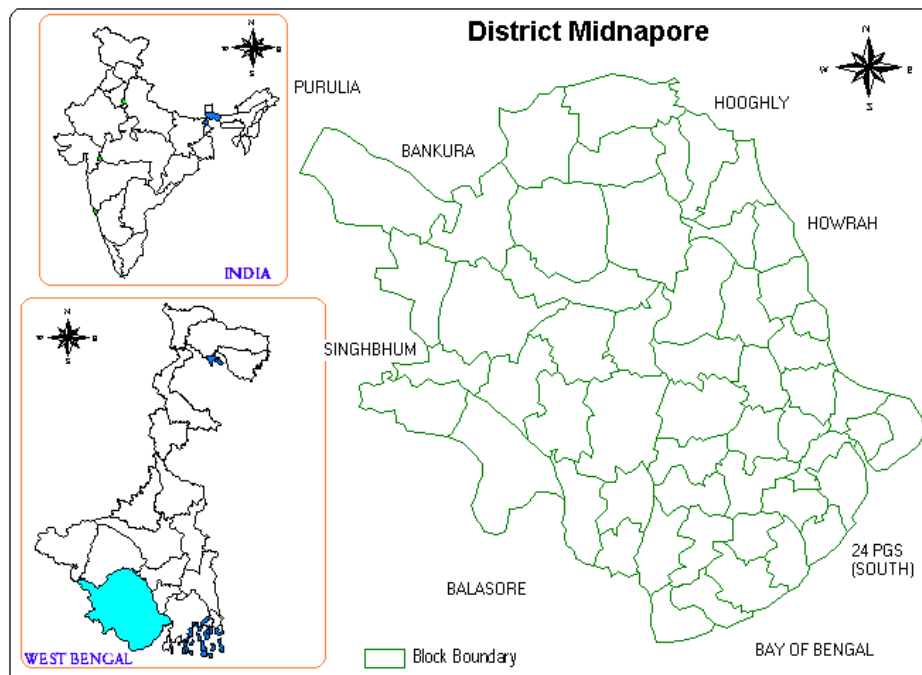
An intensive sanitation programme was launched in Midnapore in 1990. When the programme was launched, Midnapore had a sanitation coverage of 4.74 %. At the end of July 2001, over 720,000 sanitary latrines were constructed representing a coverage of 49 %. The district has set its goal of reaching total sanitation by the year 2005. The main objectives of the programme are:

1. To increase sanitation coverage
2. To increase availability of safe drinking water through strong IEC, social marketing and participatory approaches

### Why earlier efforts did not succeed

- The emphasis was on hardware only, without taking into account users' perceptions about sanitation and its

Table 1. District Midnapore



use. It was a top down approach, which was unlikely to succeed because of the diverse geographic conditions and needs in a country like India.

- The available models were not cost effective and not within reach of the average user. The average person always felt a sanitary latrine was a luxury. There was no social marketing of the materials.
- There was no emphasis on use of the facility. Even in those cases where common people got the latrines built with the help of a Government subsidy, there was no effective use of the same. The latrine used to be the best part of the house, which was normally a hut. People used to keep all valuables and important articles in the most valuable portion of their house.
- It was more a 'Government Programme' and not a people's programme. It was subsidy-oriented and people's contribution was almost non-existent. There was no effort to bring the latent demand for sanitation into the open and translate it into a workable proposition on a mass scale.

### Why Midnapore sanitation programme is unique

1. Strong political commitment has been developed for successful implementation of the programme. Capacity development of Local Government units, CBOs and Government functionaries could be initiated with considerable success. During the last ten years, more than 190,000 persons have been trained under this programme. These include village motivators, village masons, women caretakers of hand pumps, Panchayat members, teachers, students, folk singers spreading the messages, ORS depot managers, etc.
2. Implementation is done through decentralized methods. In each block there is a production centre called Sanitary Mart. Most of the materials are produced locally by village masons.
3. Different low cost models of Rs.375/- to Rs.4500/- are developed in the production centres. The user will have options to choose from depending upon their financial condition. The cost of intervention is very low compared to some programmes being undertaken in the country.
4. The programme is sustainable, as overheads are included in the sale price of materials.
5. The programme has influenced the Indian Government policy formulation on sanitation. It has been decisively proven that a subsidy alone is not the driving force for successful implementation of such programmes. After Midnapore experience, the Government has reduced the subsidy under a sanitation programme from Rs.2000/- to Rs.200/- per family living below the poverty line. Demand responsive approaches and social marketing of materials has brought enormous success in achieving the objectives.

6. Representatives of Local Government, Government officials, NGOs & UNICEF have worked together to make this programme a success. It has proved that Government and NGOs can work in harmony to achieve common goals. Over 950 community-based NGOs participated at the grass root level. These organizations have been arranged into clusters and a coordinating mechanism has been created under the guidance of Ramakrishna Mission Loksiksha Parishad, a State-level NGO.
7. There has been a significant reduction in the incidence of diarrhoeal diseases as the impact of sanitation has spread across the district. The main worry after the occurrence of floods used to be the outbreak of these diseases, but it is a great achievement for the district that this apprehension has become a thing of the past.
8. The role of Government agencies has become a facilitator and catalyst instead of the earlier role of a constructor.
9. The experience has motivated many other districts in the country to replicate this programme. Midnapore has been attracting many foreign delegations also in the last few years.
10. Community based handpump maintenance has been introduced in the district. Women caretakers are trained in the maintenance of handpumps. Users pay a contribution so that the community can take care of maintenance without depending upon Government help.

### School sanitation programme

There are about 7,840 primary schools in the district and nearly one million school children go to these schools. A school sanitation programme was launched in 1999 with the objective of providing sanitation and safe drinking water facilities in all the primary schools. Health and hygiene education is an integral part of this programme. Teachers, students and the community are oriented in sanitation principles, safe drinking water and sensitized in ideas like hand washing, clean environment and the impact of these on community health. A cost-effective model for a toilet block has been developed, keeping the needs of school children in view. The toilet blocks are constructed with the help of local masons. Cost-effective designs ensure that the intervention cost is not high and coverage is achieved in a fixed time frame. Funds for this project are provided by Central Government, State Government and UNICEF. A strong IEC component is the significance of the programme. Wall writing, video shows, community meetings and student rallies are some of the methods employed to spread the sanitation messages.

### Child health promotion programme

The district has about a million children in the age group of 5-9 years, who go to primary schools. There are 7,840 primary schools, 1,521 community managed schools and 40 child labour schools in the district. A programme has

been launched to monitor the status of health of these children in the year 2000. Local teams of teachers and health workers, under the guidance of doctors, were formed and trained in the objectives of the programme which include:

- ✓ to check nutrition levels
- ✓ to verify the incidence of water-borne diseases and stomach disorders
- ✓ to check skin disorders
- ✓ to test eye sight
- ✓ to verify any other health problem.

Every child has been given a 'Health Card' which will be a permanent record. This will be an effective tool for the parents and teachers to monitor the health of children on a regular basis. All the data has been compiled school-wise and a data bank has been created at district level. This data has been analyzed and it has given valuable insight into child health problems and the areas where intervention is required:

Totalschools covered	9401
Total no. of students enrolled in schools	1,026,378
Total no. of students examined	862,436

**Result:**

Health check-ups have shown that students suffer from these disorders:

Anaemia	26.47%
Malnutrition	13.47%
Skin disorders	6.93%
Dental problems	17.30%
Eye problems	3.55%
Ear problems	4.17%
Stomach disorders	11.70%

Steps have been initiated to strengthen the sanitation programme and health and hygiene education in those areas where the incidence of stomach disorders is common among school children. All children needing primary health care have been provided the necessary care. All those children referred for further treatment have been given subsequent treatment. The health check-up programme will be a regular programme done at six-month intervals. The programme has generated tremendous enthusiasm among parents and teachers.

**Self help groups for rural women**

Currently a campaign has been going on in the district to form Self Help Groups for rural women. The main objective of this initiative is the empowerment of women. Traditionally, women have suffered neglect on many accounts in a male dominated society. They remained disadvantaged in education and other fields as the society denied them equal opportunities.

Each group has 10 rural women as members. They are from the same neighbourhood and have similar socio-economic status. They meet regularly and discuss issues of mutual interest. They are encouraged to save small amounts on a daily basis. To start with, they have been encouraged to save Rs.1/- per day. They keep their savings in a nearby Bank.

Government and Banks together assist them in providing an initial revolving fund, so that they can start income generating activities. The members also utilize their own savings to meet urgent needs.

The groups act as an effective forum for discussion of various issues concerning women. As the group grows in confidence over a period of time, it can effectively address issues like early marriage of girls, lack of knowledge about family planning methods, immunisation of mothers and children, health and hygiene of the family and community, sanitation and safe drinking water, education of children particularly girls. Various field workers of Government departments like health, social welfare, education and rural development meet the group members while they have their meetings. Previously, the officials of these departments used to function independently without proper co-ordination. Due to democratic decentralization and the emergence of strong Local Self Government units, there have been serious efforts to bring these line department staff under one roof.

About 12,000 women's groups have been formed in the district so far. The campaign to bring more and more women into the fold of self-help groups is continuing. Experience shows that these groups are effective means for women to realize their strengths. They are an excellent medium to reach the goal of socio-economic development of women. To strengthen these groups and for their capacity development, training programmes are being conducted with the help of Government agencies, training institutes and NGOs. An enlightened woman guides her family in a proper way. Society can only get better by this development.

**Road Ahead**

Midnapore has been in the forefront of a lot of peoples' movements aimed at enhancing people's awareness and their participation in their development which ultimately enhance living standards of people. There has been convergence of various initiatives and programmes in the last decade. As all these programmes have the common underlying theme of socio-economic development through participatory processes, it is easy to expect that the district will witness many such initiatives in the future. Past experience and lessons learnt will ensure the successful implementation of such initiatives.

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