



## Modification of the Communication strategies for the construction of household toilets

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### Background :

Environmental Sanitation Program was a five year project funded by Aga Khan Foundation (AKF) under the assistance with CIDA & EU. This was implemented by Muniwar - Abad Charitable Trust in more than 105 villages in the district of Mehsana, Patan, Banaskantha & Junagadh districts of Gujarat, through their field offices at Sidhpur & Keshod. We would like to share some of our learning from the sidhpur area.

### The Project :

The Environmental Sanitation Programme (E.S.P.) was initiated by Muniwar - Abad Charitable Trust (M.A.C.T) during July 1995 in 34 selected villages of Mehsana, Patan & Banaskantha Districts. The project is being funded by Canadian International Development Agency (CIDA) through a donor agency, the Aga Khan Foundation (A.K.F).

### The Goal :

Goal of the project is to improve the environmental health of the community especially of women and children by facilitating Environmental Sanitation Interventions.

### The objectives :

1. To enhance the availability of and accessibility to improved quality of water used for drinking purpose and domestic consumption.
2. To demonstrate the market potential of environmental sanitation interventions with a strategy of turning around from a high subsidy situation to a minimal subsidy situation.
3. To assess the effects of the proposed interventions on the health behavior of the target population and to assess the cost-effectiveness of the identified interventions.
4. To ensure the effects of the proposed interventions by developing appropriate human resources, village level organizations, rural sanitary yards, and through co-ordination with government and non-government organisations.

### Promotion /marketing of toilets through IEC on Environmental Health & hygiene.

Effective IEC campaign for the promotion of Environmental Health & Hygiene was undertaken in the project villages. These campaigns were linked with the promotion of hardware activities / interventions i.e. the construction of the toilets and other activities in the village.

Methodology used were village meetings, group meetings, door to door visit, etc.

Materials used were posters, flipcharts & audiovisual shows.

With the process we were able to achieve our targets in the project village. During the mid term evaluation we saw that though we have been able to achieve our objectives, despite all our efforts and regular IEC sessions we were not able to construct a single toilet in this particular village.

### Profile of the Area :

Hissor is the most socio-economically poor village of the project area having 189 households. The total land area of the village is 626 hectares of which 205 Hectare is unirrigated, 180 hec is not for cultivation & 50 Hectare is cultivable waste. The total population of the village is 1031 of which 543 are male & 488 female. Total number of literate is 400 of which 331 is male & 69 is female. 3 rivers from all the sides cover this village. Two of the rivers have brackish water and only one contains good water. Hence there is an acute drinking water shortage. Salinity is also the problem of the area. Economically it is a very poor & backward village.

### The problem it's analysis and solution:

The reasons for the non-construction of toilet in the village were studied. The availability of water in the village was a problem. The water distribution system had been lying defunct for the past 20 years and the people have been collecting water from the wells in the field across the sweet river.

The women had to travel 3-4 kms across the sandy river to collect fresh water for drinking purpose. They were made to realize the problem faced by them and that they can find a solution to the problem. With there

support the 20 years old defunct water distribution system was repaired / renovated and used for the purpose.

*With the availability of water we presumed our house hold sanitation program to take off but actually it did not happen.*

Now with the availability of water the biggest problem and the priority was not of toilet but of bathroom, As for toilet they didn't feel as a problem as the plenty of open space with thorny bush but for bathroom they have to bathe in open space, as they had no choice. They could collect water from the village stand post and bathe in the open in their courtyard in the cover of a cot, or a hanging saree for cover. **"The women felt that for toilet they have to be half naked only but for bathing they have to be full naked and half naked is better than full naked."** Hence (economically) the first priority of the villagers was that of the bathroom and not of toilets.

The biggest problem for us was that "none of the government agencies or the UNICEF of the foreign funding agencies provide funds for the provision of bathroom. For the construction of toilet it's easily available. If we don't offer the alternative option, people will construct the toilet as they are getting the subsidy for it and later the same will be used for other purpose."

*WE had conducted a study in the project villages as to "Why do people build & use latrines?" The findings of the study showed that the prime reason for the construction of Toilets was Safety & Security of women folks. Other reasons were provision of subsidy, status symbol, or benefits during the rainy season etc. The health and hygiene factor, which was believed to be the main motivation factor, was found at the 7th position (literally the last).*

*Hence we at MACT decided to change the strategy for motivating people of the village for the construction of household sanitation in the village. Now the focus was shifted from health benefits to the safety & security of the women folks of every household. To support this we had to consider the case of provision of individual bathroom to the beneficiaries.*

#### **Provision of subsidy for the construction of bathrooms :**

We had a lot of discussion at all levels, for the change of policy regarding the provision of subsidy to the people for the construction of bathroom in the villages.

Then MACT went for the construction of bathrooms in the village. 48 beneficiaries constructed bathrooms. (The total construction cost of the Bathrooms was Rs 4,000.00 of which 25% was provided by MACT and the remaining 75% was borne by the beneficiaries.)

*As a result of this 43 house hold toilet units were constructed in the village. (The total construction cost of a toilet is Rs 4,800.00 for which 69 / 75% was provided by the beneficiary & the remaining 31 / 25% was provided by M.A.C.T.)*

In the village of 181 household you will hardly find a pukka house but surely find pukka toilet & bathroom well maintained & decorated. Later we constructed 13 open re-charge wells & now going for the cattle trough.

#### **Lessons Learned :**

- Recruitment of female social educators to provoke the women of there daily problems on a day to day basis did the trick. This provided them the platform to discuss their problem and find the solution.
- Provoking them to find solution of their problem, lead to the collection of 20% contribution for the renovation of the 20 year old defunct water distribution system, totally by the women of the village.
- This also gave the base to the idea / concept that Rural Planning can be a real mode of development as per the dreams and aspirations of the villagers.
- Documentation of both success and failures especially the problems faced and the solutions provided better insight to our future planning.

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