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**ACCESS TO SANITATION AND SAFE WATER:
GLOBAL PARTNERSHIPS AND LOCAL ACTIONS**

**Role of advocacy campaign to achieve sustainable
rural sanitation reform**

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The paper has discussed the results of case study on the role of field advocacy campaign for Sanitation Reform Programme launched during 2005-06 by the Public Health Engineering Department in the state of Arunachal Pradesh. The major emphasis was on the awareness, motivation and advocacy to construct household toilets in the Lempia village of Lower Subansiri District. Field level advocacy was undertaken to generate demand among the villagers for the construction household toilets. A behavioural change was noticed when the villagers started using toilets. The lesson learnt from the case study was the role of advocacy for motivating villagers to construct their own household toilets which has a direct bearing on the health of the people. The institutional development and capacity building must be given due importance to take up advocacy at the grass-root level to motivate the villagers and to generate demand for the construction of toilets.

Introduction

Arunachal Pradesh, with 83,743 sq. km. area and its location in the remote North-Eastern part of India, comprises of about 85 % mountain rugged topography. The population of the province is 1,096,702 with the climate ranging from hot and humid to micro thermal. The population density is only 13 people per sq. km. Besides 26 major tribes; there are a number of sub-tribes. All of them have their own ethos, dialects and cultural identities. The living condition over here is just excellent due to pollution-free environment.

Water supply and Sanitation is a state subject. Therefore, all the schemes pertaining to water supply and sanitation are executed by State owned Public Health Engineering Department (PHED). Since its inception, the PHED has been always active and continuously involved introducing schemes like Central Rural Sanitation Programme (CRSP) and Minimum Need Programme (MNP) for promotion of health and hygiene (sanitation). However, unawareness about benefit of safe drinking water and sanitation and enabling capacity coupled with absence of effective hygiene education among poor communities in relatively tougher geographically isolated rural areas is for not having encouraging results in terms of construction of Individual House Hold Sanitary Latrines and in controlling the infectious disease caused due to filthy surroundings. The PHED management is very keen to create awareness for motivating villagers to improve their sanitary conditions by launching health and hygiene promotion schemes and innovative ways to igniting demand for sanitation with behavioural change while appropriately subsidies to supplement community efforts. Also, thrust is directed on introducing the advantage of safe drinking water, construction of sanitary latrines for safe disposal of human excreta, adoption of hygienic practices and other precautionary measures for maintaining healthy living. This has resulted gradually their involvement in the demand generation for construction of drainage system and low cost sanitary latrines (LCSL) to improve upon present sanitation deficiencies. The latter aspect calls for attention towards use of capacity building as tool to carry forward the Sanitation Reform Programme (SRP) keeping in view the tribal sentiments and sustainability of sanitation system through permanent change of behaviour of the communities and overall growth of the state. It is realized that eliminating open defecation a key objective of Total Sanitation Campaign call for support of trained motivated human resource to meet up the goal successfully. The present trend in development in foothills of Himalayan region recognizes providing safe water and sanitation facilities and improved hygiene behaviour for promoting living condition among the rural people. The growing consciousness to use safe drinking water and Low Cost Sanitary latrines (LCSL) in villages has led the PHED management to assign the task to Communication and Capacity Development Unit (CCDU). The primary role of CCDU to develop state specific IEC strategy for reform initiative in water and sanitation sector and capacity building of stakeholders at state, district

block and village level. The trained Inter Personnel Communication Officers (IPCO) and Village Motivators (VM), equipped with new education methods and audio-video aids, for pouring information to grass root level people. The involvement of trained school teachers and school-going children has been of immense help in promoting sustaining hygienic practices in particular, hand washing with soap after using the toilets and before eating on regular basis to provide positive health advantage for the schoolchildren. They allow dissemination of information to community by virtue of their increased participation in community, and help create an environment to foster political and social will. While extension of such concepts is bringing positive results in isolated places, the village level motivators use their skills to change the mindset of the people towards adopting water supply and sanitation facilities provided by the PHED. Increased awareness has compelled people to think about better livelihood through improved sanitation standards.

The paper discusses the pros and cons of lasting sanitation reform where more emphasis is given on Information Education and Communication (IEC) and Capacity Building for giving rise to demand for construction of Individual Household Sanitary Latrines and other sanitary devices among rural people, and enhancing water sanitation and hygiene understanding political and social will with a view to improve standard of living for disease free health and overall economic development of tribal people in Arunachal Pradesh.

Problem identification

Rural sanitation coverage is very big development challenge in Arunachal Pradesh. Majority of its people live in a un healthy and unclean surroundings due to lack of access to safe water and sanitation. It is increasingly evident that government alone, even with the assistance of external organization, will not be able to provide the necessary expansion of quality service to growing population. A radical shift in approach is needed in order to achieve goal of sanitation. The Central Rural Sanitation Programme was earlier totally government run without the participation of stake holder. This has created a scenario, in which villagers consider that government has entire responsibility for construction of LCL in every household in the villages. Evaluation Report on Rural Drinking Water Supply Programme (Arunachal Pradesh) (Omeo Kumar Das Institute of Social change and Development, 2003) indicates that only 5.7% of the rural household have hygiene latrines. The programme has been implemented by the government agencies as supply driven programme, with little consideration regarding acceptability and use. The programme was almost subsidy oriented, government programme.

The alarming problem of sanitation and hygiene practices was studied in detail by the PHED by involving a Non Governmental Organization (NGO). An awareness level among community about obvious benefit of access to safe sanitation and hygienic practices in reduction of diseases is fairly low hence awareness creation among the rural community and capacity building of stakeholders is the primarily requirement. An effort is being made through the paper to highlight the emerging success of Total Sanitation Campaign (TSC) programme, based on demand driven approach.

Strategy and process of using capacity building as tool for sanitation reform

The Total Sanitation Campaign (TSC) programme emphasizes more on Information Education and Communication (IEC) activities to increase awareness and demand generation for sanitary facilities and capacity building to empower people to become active agent of sustainable and equitable development. Fig.1. shows State Level Capacity Development Plan. The programme is being implemented with focus on community-led and people centered initiatives. The school teachers and children play an effective role in absorbing and popularizing new idea and concepts. The programme, therefore, intends to tap their potential as the most persuasive advocates of good sanitation practices in their own households and in schools. The strategy is to make the programme "Community led people centred". A "demand driven approach" is to be adopted with increased stress on awareness creation and enhanced stakeholders ability for demand generation from the people for sanitary facilities in houses for cleaner environment. Under the TSC programme a duly completed household sanitary latrine shall comprise a basic low cost unit. In first place, the programme is aimed to cover all the Below Poverty Line (BPL) families and Above Poverty line families by the end of the year 20012. Subsidy disbursement subject to close supervision and monitoring and linked with the construction activity so as to assure sincere participation and full involvement of the community. This improves ownership and sustainability of campaign. Cost contribution patterns for BPL families for construction of Low Cost Sanitary Latrines were fixed at 60%, 20% and 20% among Govt. of India, State Government and beneficiaries.

In the year 1999 TSC programme was effectively launched. The programme focused on implementation in demand responsive manner creating awareness and putting community in forefront. It also laid emphasis on school sanitation and hygiene education for bringing about attitudinal behavioural change for relevant

sanitation and hygiene practices for a young age. The Government of India (GOI) approved TSC programme for four districts Lohit, West Siang, Dibang Valley and Upper Subansiri of Arunachal Pradesh during March, 2000 and January, 2002 respectively comprising unit cost of Rs. 625 for construction of Low Cost Sanitary Latrine. There was one project for each district. Making shift in policy Govt. of India approved TSC Project for all districts of Arunachal Pradesh during the year 2005-06. The total approved costs of the all the projects are Rs 3151.51 lakhs. State Level Evaluation indicates that the performance to achieve the target of 148311 Individual House Hold Latrines and 2160 School toilets gradually being picked up at 14% and 11% respectively Fig.2. During the visit of State Level Review Mission – Panel of Experts, the people involvement in the programme and motivation to work for changing quality of life were found to be very much encouraging.

Sanitation Reform initiative aims at ensuring health of people in the villages. By involving the school children permanent behavioural change towards sanitation is expected. Adoption of sound hygiene practices would take the state to the gateway of being a very developed state raising its overall economy by poverty alleviation. The role of village level motivators and school children is over emphasized in the paper.

A case study of Lempia village

Lempia is a small village in Lower Subansiri District of Arunachal Pradesh located near Hapoli Township. The population of the village is 917. The entire population is schedule tribe and belong to Apatani community; out of 138 household of the village 82 are Above Poverty Level (APL) and 56 Below Poverty Level (BPL). The village is very much scattered. The people have been provided with water supply from the surface source which were exposed to the risk of bacteriological contamination. Prior to the year of 2005 only 2 Nos. of the BPL & 19 Nos. of APL families were having sanitary latrines and all were defecating openly. Besides health hazard, women and children were facing risk of wild animal during night time and rainy days. The dignity of the girls and women were seriously in stake. The High School of the village was neither having dependent safe water source nor any sanitation facilities, which were causing serious inconvenience for the boys and girls.

For the Lower Subansiri District, GOI sanctioned TSC project during the year 2005-06 as per proposal submitted by the state government. The core principle of the reform should be demand responsive and participatory and cost sharing. The DWSM (District Water and Sanitation Mission) and DWSC (District Water and Sanitation Committee) were constituted. As per the condition of the TSC programme for construction of Sub-structure i.e. up to the plinth of I.H.H.L each of the B.P.L families contributed Rs. 125.

The DWSC prepared district specific IEC strategy. Keeping provision for engagement of 2 nos IPCOs per Block and 2 nos Village Level Motivators for each village. The Village Water and Sanitation Committee (VWSC) identified Village Motivators (VMs) which included Anganwadies workers and Panchayati Raj Institution (PRI) members. Training for IPCOs and VMs was imported at the district and Block head quarter. A systematic water and sanitation awareness including person to person contact giving more thrust on eradication of open defecation was launched. The campaign continued till villagers started asking for sanitary latrines in their houses. Not only this, this students started pressing their parents to construct sanitary latrines in their houses.

In the school also toilet facilities for both boys and girls were created. All the latrines are at present in use. The villagers made a radical change in their early habit of open defecation. A team of officials comprising assessment team when visited open defecation free village, the village community specially women group welcomed them in their traditional way and expressed that they have been immensely benefited by the empowerment of the reform approach and involving themselves in the water supply and the sanitation programme of their own village. The behavioural change and their change of mindsets helped them achieve better quality of life. Thus, Lempia village where all the households are having hygienic latrines against 14 % of the state and 44% of the country.

The District Rural Development Agency (DRDA) Lower Subansiri district declared that “all the households in Lempia village are having toilets, which are in use. This is to further certify that practice of open defecation; dry latrines, and manual scavenging have been fully eliminated in Lempia village”. The Deputy Commissioner Lower Subansiri District has recommended Lempia village for National Award Nirmal Gram Puraskar which is instituted by Govt. of India and is to be given to the village that have attained 100% sanitation. Lempia village has become eye opener for other villages of the district.

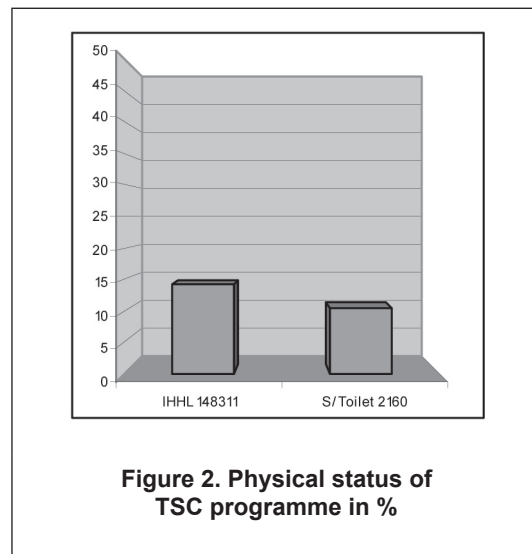
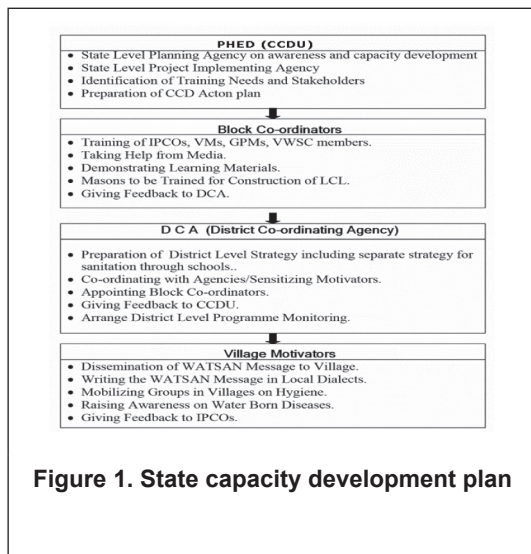
Table: 1. and Table: 2. shows status of house latrines during the base line survey and present in Lempia village.

Table 1. Status of household latrines during the base line survey, June 2003

No of household	Population	BPL household		APL household	
		With toilet	Without toilet	With toilet	Without toilet
138	917	2	54	19	63

Table 2: Present status of household latrines

No of household	Population	BPL household		APL household	
		With toilet	Without toilet	With toilet	Without toilet
138	917	56	-	82	-



Conclusion

The present work establishes the usefulness of an attempt tried through the novel case study which is meant for benefit for existing villages, located in remote villages in the foothills of eastern Sub-Himalayan region. State level strategy of using capacity development tool and trained village level motivators will ignite the mind of villagers through continuous persuasion about obvious benefits of access to safe water and sanitation in reduction of infectious diseases by adoption of household latrines and other sanitary devices in their houses. This will further enable to keep entire village environment clean and pollution free. The entire village community will be induced to the good sanitation practices. Therefore, major thrust should be given to create awareness among the villagers through trained village level motivators for construction of household latrines and other sanitary devices followed by possible subsidy. The case study of Lampia village is an example of success of Sanitation Reform initiative in the state of Arunachal Pradesh. It will give scope for extending sustainable sanitation programmes in other villagers of the state. In the long-run these measures will be able to make appreciable dent on the poor rural economy in terms of poverty alleviation in this under developed state of North-Eastern region by improving hygiene and health of the people.

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Note/s

Unit cost of IHHL has been revised to Rs.1500.00 by Govt. of India.

Keywords

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