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WATER, SANITATION AND HYGIENE: CHALLENGES OF THE MILLENNIUM

Importance of water supply in sanitation promotion

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THE STUDY DISCUSSES the experience of a village in the semi arid area of Gujarat, India, where inadequate water supply was an impediment in the implementation of sanitation programme. The village had a total population of 7050 people. The undulating topography was affecting access to water supply to about 211 households counting to 45 per cent of 466 households falling under the low socio-economic segment. Though these households were falling under the Integrated Rural Development Programme (IRDP)[1] benefeciaries, they did not go for sanitary latrine construction due to non availability and accessibility of water supply. With the catalytic inputs from the project partners and active collaboration of government agencies the construction of a supplementary water tank with stand-post cum washing platforms assured water supply making sanitation interventions easy for the underprivileged segments.

The project

The Environmental Sanitation Programme is an effort towards improvement of water and sanitary condition of the project area consisting of 112 villages of Patan, Banaskantha and Junagadh District of Gujarat, India.

The goal

The goal of the project is to improve the environmental health of the community, especially women and children, by facilitating environmental sanitation interventions.

To achieve this goal the following objectives were set :

- To enhance the availability of and accessibility to improved quality of water used for drinking purposes and domestic consumption.
- 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.
- To assess the effects of the proposed interventions on the health behaviour of the target population and to assess the cost-effectiveness of the identified interventions.
- To ensure sustainability of the interventions by developing appropriate human resources, village level organizations, rural sanitary yards, and through co-ordination with government and non-government organizations.

The partners

The "Environmental Sanitation Programme" is a collaborative effort of Aga Khan Health Service, India, Muniwar Abad Charitable Trust and Aga Khan Rural Support Programme, India funded by Aga Khan Foundation, India.

Background of project village

The village Meta, has a geographical area of 777 hectares. The village is located in Banaskantha District of Gujarat State, India. Meta is one of the densely populated village within the District. The total number of households and population of the village is 1400 and 7050 respectively. The district literacy rate is 61.29 per cent of which 44 percent females are literate.

The village is composed of population from various religions; Muslim, Hindu and Ismaili. There exists many caste and sub-caste within these population. 29 percent of the population fall under the low socio-economic status largely agricultural labourers and employed in unorganised sectors. The average annual income of these households is Rs. 8000 (US $ 178) approximately and, hence fall in the list of Integrated Rural Development Programme (IRDP) beneficiaries.

Need Identification

This was based on the following two parameters

- *Water availability :* Undulating topography of the village was affecting access to safe drinking water and water for other purposes viz. bathing, washing etc. to the under privileged segments. Moreover, a large number of connections from the distribution network resulted in pressure reduction and hence low discharge at standposts failing to suffice the requirement of the needy population. Again dependence on nearby private tubewells taken as continuous obligations led to many socio-economic problems. During summer months the problem of inadequate water reached its peak as yield of the Panchayat[2] tubewell reduced and actual water requirement of people increased. Though the village had got a water distribution tank of 150,000 litre capacity with 7 distribution mains it could cater to 700 households through direct connections. Due to limitations of tank capacity and availability of power for 8 hours/day only, the distribution system helped to served a zone for only an hour or so, leaving the rest of the 700 households without direct water connections.

- *Water utilisation pattern:* The households without direct water connections mostly depended on the supply of water at standposts, connection of nearby houses and private tubewell in the fields. There were only seven standposts in the village and the distrubution of these standposts were not uniform, hence women had to travel half a kilometre to fetch water. The households did not have any water storage facility at household level to supplement requirements for cleaning utensils, clothes and taking timely bath. This was identified as a major factor adversely affecting to their personal hygiene. During interactions with the community it was realised that people had not constructed sanitary latrines even under the Integrated Rural Development Programme (IRDP), with the apprehension of increasing water consumption. Sanitation interventions hence were not taking off.

Process

Interventions not only include hardware construction related to water and sanitation, but also attempts to create awareness through Information Education and Communication activities.

Hardware Construction:

During the field visits and participatory appraisal it was found that the remedy to the existing problem was to have better water storage facilities at the village level. Subsequent meetings with the Panchayat members of the village and the community led to an agreement for construction of water tank with stand-post cum washing platform. From the inception phase itself, active community participation was encouraged. Contributions from community and village panchayat amounted to 33 per cent of the total cost for construction of the water tank of 25,000 litres capacity and a stand-post cum washing platform with 17 taps. The equitable distribution of water supply from this supplementary tank directly benefited a population 1088 covering about 211 households and comprising of 45 per cent of the underprivileged population. With the assurance of water supply sanitary latrine construction programme got impetus.

Information Education Communication activities for sanitation promotion:

Involvement of community health volunteers, emphasised community participation, responsibility and accountability for construction of sanitary latrines and promotion of personal & environmental hygiene. This was mainly through a multimedia communication approach comprising of mass media and interpersonal approaches.

Mass Media:

The major influence of mass media was to propagate information and opinion building.

- *Audio-video shows* : Audio-video shows were organised to create mass awareness and to promote sanitation in the area. Local ethos and cultural practices were upheld to drive home the impact for sanitary latrine construction.
- *Wall slogans :* Wall slogans were written by the school children with the active support of the community health volunteers near water points, bus stand, schools etc for communicating messages on safe water use, sanitation and hygiene practices.

Interpersonal approaches

Interpersonal approaches concentrated mainly to take household decisions and reinforce change of attitude and behaviours for water and sanitation..

- *Home visits*: The strategy of interpersonal communication through home visits was undertaken to motivate and educate members of the household, especially women on personal hygiene practices and use of safe drinking water. The community health volunteers used flip-charts for communication. Preparation of ORS to avoid diarrhoea was also demonstrated.

IEC through community volunteers proved to be very efficient and effective.

Achievements

Hardware Construction

- Contribution from the community and village panchayat amounted to 33 percent of the total cost of construction of the water tank and stand-post cum washing platform
- Committee, comprising of members of the community and panchyat managing operation and maintenance of the system.

Follow-up of IEC

- 127 latrines constructed in the area
- 60 percent coverage of sanitary latrines in the area

KABP Observations

- 90 percent households were utilising the latrine facilities.
- 93 percent latrines were found clean without a yellowish pan
- 92 percent of the latrines were used by all the family members. 100 percent women used the facilty
- 96 percent practice handwashing after defecation with soap/ash.

Lessons learnt

- Sanitation programmes received greater acceptance, with availability and accessibility of water supply for basic needs.
- Acceptance of the programme/interventions is ensured with the involvement of the community at all stages.

- Selection of appropriate communication approaches are very important for effective delivery of messages to community.
- Interpersonal communication through home visits is more effective in promoting knowledge, attitude, behaviour and practices change.
- Women are the key role players in household sanitation and hence should be targeted in communicating sanitation messages.

Thus conscious participation of the community supported by intensive IEC, enhanced utilisation of local resources for better water management and environmental sanitation.

[1] *IRDP:* A programme of the Government of India for elimination of unemployment and eradication of poverty.

[2] *Panchayat:* A village level local self government body.

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