

**Advocacy paper on
Supporting Initiative for Open Defecation Free Village
(Creating Environment for People's Participation)**



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Supporting Initiative for Open Defecation Free Village (Creating Environment for People's Participation)

Background:

People's Learning Center (PLC) for Water & Sanitation (WATSAN) works for supporting access to communities rights from a gender just perspective through new initiatives based on people's experiences and tries to share it with larger community in the development sector.

One of the initiatives of PLC- WATSAN in Bhavnagar district of state of Gujarat is to explore effective approach for making a village Open Defecation Free (ODF) along with adapting other good sanitation practices, such as waste water and solid waste management, personal – including menstrual hygiene etc. At household, school and community levels.

Open defecation causes not only health hazard but also is a major issue for old, physically challenged and specially for women of inconvenience, dignity and safety. Prevention of OD can contribute to, apart from these issues to preventing diseases and could also be productive. Hence the global initiative focuses on addressing all these issues.

In PLC watsan's Major focus, in the initial stage, is on toilet at house hold or community level. Access to toilet is the first step for restricting the open defecation. Community Led Total Sanitation (CLTS) is a global campaign (and an approach) in this direction.

In India the flagship programme for this purpose is Total Sanitation Campaign (TSC). And the major focus is on promoting construction of the toilets at the household level. The government also provides financial incentive to those who construct the toilet at the household level. For the villages that attain the status of ODF receives Nirmal Gram Puraskar (NGP). It is a recognition as well as token financial support to carry on the sanitation related activities in the village.

The central government (GoI) provides financial support to the state governments to implement the programme of TSC. The targets are as per the commitment under the Millennium Development Goals (MDGs). Thus there is a time bound activity plan to cover the villages and make them ODF.

There are studies that indicate instances of slippages, people's resistance to construct and/ or use the toilet.

This note/ document is to capture insights, experiences gained in making the villages ODF in true sense of the term. And the objective is to share this with larger community of practitioners (CoP) to highlight policy implications.

In brief this document emphasizes that the process followed for making a village ODF and the financial support is key to the successful implementation of the programme like TSC.

PLC implemented the ODF initiative in four villages of Bhavnagar district and now the nearby villages have expressed willingness to join the process for similar action programme in their villages.

This section focusses on the processes that were facilitated in the villages to initiating and sustaining the activities of ODF. The major components of the processes were not so very different from what has been suggested in number of other ongoing efforts; such as mobilisation through awareness, participatory situational analysis, gender disaggregated data collection, formation or strengthening of village watsan committee, involving and activating the entire village

(through gram sabha, panchayat and several meetings community level meetings) to participate in planning and decision making, specially the women and the most vulnerable communities, schools, capacity building, developing and establishing norms for implementation and management, accessing financial assistance, building linkages with other related institutions etc.etc.

Following is the process followed. The important aspect of the process is the decision about how much incentive to provide to whom and on what criteria and when? Result based Financing (RBF) along with other inputs therefor are important strategic interventions which generates demand, critically supports the most vulnerable communities and makes communities responsible for achieving the goal.

Village level processes

1. Gramsabha (village meeting)

In the first meeting at the village level information about the programme on ODF was shared and the villagers were asked to decide if they wanted to implement the programme. It decided to hold the second meeting to continue the dialogue and to finalize the decision of the villagers.

2. The second Gramsabha

The second meeting was organized after a period of one week. Understanding about the proposed programme was strengthened. The doubts in the minds of the villagers got cleared. The villagers decided to implement the programme on ODF in the village. A committee was formed and roles and responsibilities were clarified.

3. Data collection

Efforts were initiated for compilation of village level information. This included items like: How many households have the toilets? Do they use it regularly? Did they receive any external financial support for construction of the toilet?

4. Signing of agreement

Post the second Gramsabha and formation of the committee an agreement was signed between PLC and the village level committee. The agreement contained details on roles and responsibilities of both the parties regarding the processes for implementing ODF related activities in the village.

5. Training

Awareness programmes were undertaken for the villagers in general and for teachers and school going children. Training was organized for the members of the village level committee emphasizing on linkages between sanitation and health.

6. Financial matters

After the signing of the agreement an account was opened in the bank and the first installment was released by PLC. The members of the committee and other villagers were informed that all the transactions must be made through bank. In a way this was the mechanism to promote practices of good governance and to ensure transparency and accountability in financial aspects. The most important aspect missing here is how the whole

financial arrangement was made? How PLC watsan's assistance was co ordinated with TSC fund? What were the pre requisites/ activities which the house hold or community had to first fulfill before receiving any assistance (subsidy) ? How much assistance or what assistance will each family receive and how? How many families took the help of loans from women's federation or PLC's micro finance?

7. Planning & implementation

Members of the village level committee decided on roles and responsibilities for various tasks for planning and implementation of different activities under the ODF programme. Time line for starting and completion of activities were finalized. Matters related with purchase of materials, supervision etc were also discussed and decided during the meetings of the committee members and other villagers.

8. Monitoring- supervision

Members of the village level committee and team members of PLC monitor and supervise the activities and extend required information as well as guidance. Hand holding is an integral part of the process.

9. Linkages

PLC helped in establishing linkages with other institutions- Taluka & District Panchayat, TSC programme of the state government and WASMO (Water And Sanitation Management Organization).

Facilitation of above processes is very important and they have played very important role in achieving the results in terms of making the villages ODF.

Information on the achievements is as below:

Sr.	Village	Block/ District	Proposed Target	Actual No.	Self Financed Bathroom	Self finance soak pit
1	Boda	Mahuva Bhavnagar	170	162	37	45
2	Rohisa	Mahuva Bhavnagar	67	67	10	34
3	Kundavi	Talaja Bhavnagar	96	91	60	
4	Ratanpar	Talaja Bhavnagar	67	61	28	30

The table above makes it clear that against the target of 400 toilets the villagers constructed 381 toilets (00%). However, the villagers also constructed 135 bathrooms and 109 soak pits for disposal of waste water. In other words the villagers constructed additional facilities i.e. bathroom and soak pit, that too without any financial assistance, in a self finance mode. We need to clarify why certain household did not make soak pits or bathrooms? – Is it because they are managing their waste water within their backyard and not allowing it to run in the street? Why

fewer bathrooms in Rohisa, Boda and Ratanpar? This analysis is important, specially from the gender perspective.

In terms of the financial status PLC (WATSAN), with support of ARGHYAM, supported the programme with INR 8,92,200/-. Financial support received from the government, under TSC, is INR 7,20,950/-. The total investment comes to INR 29,25,450/-. The villagers' contribution is INR 13,12,300/-. (is this cost inclusive of their contribution towards soak pits and solid waste management)?

Distribution of the financial costs per village and agency is as in the table below:

Sr.	Village	No of Units		Support from			Total
		Toilet	Bathroom	ARGHYAM	Govt/ TSC	Villagers	
1	Boda	162	37	3,81,000/-	2,07,250/-	5,76,250/-	11,64,500/-
2	Rohisa	67	10	1,53,600/-	1,53,250/-	1,46,800/-	4,53,650/-
3	Kundavi	91	60	2,11,200/-	2,26,250/-	3,70,750/-	8,08,200/-
4	Ratanpar	61	28	1,46,400/-	1,34,200/-	2,18,500/-	4,99,100/-
		381	135	8,92,200/-	7,20,950/-	13,12,300/-	29,25,450/-

Cost of a toilet was INR 6300/- and cost of toilet & bathroom was INR 10400/-. Distribution of the cost for BPL and APL family is as shown in the table below:

Toilet for BPL families				Toilet for APL families			
Break up of INR 6300				Break up of INR 6300			
Sr.	Support Agency	Amount	%	Sr.	Support Agency	Amount	%
1	PLC/ ARGHYAM	2400	38	1	PLC/ ARGHYAM	2400	38
2	Government (TSC)	2200	35	2	Government (TSC)	1250	20
3	Household contribution	1700	27	3	Household contribution	2650	42

Toilet & Bathroom for BPL family				Toilet & Bathroom for APL families			
Break up of INR 10400				Break up of INR 10400			
Sr.	Support Agency	Amount	%	Sr.	Support Agency	Amount	%
1	PLC/ ARGHYAM	2400	23	1	PLC/ ARGHYAM	2400	23
2	Government (TSC)	2200	21	2	Government (TSC)	1250	12
3	Household contribution	5800	56	3	Household contribution	6750	65

Details in the tables above shows that:

- BPL families contributed 27% of the cost for a toilet
- BPL families contributed 56% of the cost for a unit of toilet & bathroom
- APL families contributed 42% of the cost for a toilet and 65% of the cost for a unit of a toilet and a bathroom.

This proves the point that the people are willing & capable to invest in the sanitation facilities. However, it is important to note that the people, in general, do not get motivated to construct makeshift- low cost facilities. They have certain quality related aspects in their mind and they would not mind paying extra (more) for it.

We also need to give a table of other output indicators – both of physical and behavioral changes – such as change in menstrual hygiene practices, members happy / forced to use the toilet, children/ old people? Change in other hygienic practices – hand washing, drinking water, covering food etc., management of solid waste etc. School?

Lessons learnt

Experience of PLC, working in the four village, for ODF village has resulted in to understanding issues related to construction of sanitation facilities at the household level in the villages. The main points are briefly described in this section. (gender dimentions missing completely – such as demand from women, young girls – their leadership / strong stand etc. Also conflicts resolutions ?

- a. Creating ‘demand’ for the sanitation is the key to success of the programme on ODF, with a major focus on women, physically challenged, children and youth. Target driven approach does not yield any success. Making the programme “demand driven” is fundamental and the first step. This requires efforts, time, resources and trained personnel. Any short cuts at this stage will have negative impact on the outcomes.



- b. The people need adequate and relevant information and effective communication to motivate them and able to ,take decisions about actions for sanitation facilities. The information must be disseminated in appropriate manner. Inter personal communication plays very important role in such situations.
- c. Creating awareness about sanitation is the stepping stone for initiating other activities of the programme. Once the people gets convinced about the need for a toilet and a bathroom they manage and overcome other difficulties. Those who did not have required financial resources also constructed

the toilet. They managed to mobilize the required finance in their own ways/ or by accessing the loaning facilities

- d. Combined efforts of the local community, with active participation of leaders / panchayat members (both women and men) the government and NGOs stands better chance for success in making the villages ODF. Each stakeholder should play complementing role based on the capacity and contribute for achieving the common goal (of ODF society).
- e. The mechanism provides Scope for people's participation and their empowerment in the implementation strategy, therefore making them own the process and share responsibilities. This helps in smooth implementation and in some cases carrying out activities faster. The villagers (themselves) solve many problems that an outsider (be it NGO or Government) will not be able to identify easily and resolve with out the cooperation of the villagers. Thus, ownership makes the people responsible and ensuresthier committment.
- f. Enhancing the Capacities of community and contributing to building their knowledge base is an important input. Hence facilitating learning from participatory situational analysis process and developing an action plan based on it helps in developing understanding, sensitivy and skills among a group of people who will contribute in facilitating the proceeses for programme implementation. This learning takes place while acting on ground as well as in specific enabling environment, through trainings, exposures etc. Such a group of people help others develop alternative understanding about the need for investing in adapting good sanitation facilities and practices as a priority.
- g. Young girls and women, find it extremely beneficial. Children get very excited about the new learning and an active role they could play in motivating others not to defecate in open or getting habituated with good hygienic practices. Menstrual hygiene which was always seen as only ' secret women's issue' has found an accetance in the family as their issue enabling space for young girls and women to dry their cloths in the sunlight.
- h. Co odinated and strategic financial assistance from PLC watsan, TSC and communitie's contribution, ensured good quality of work and great motivation to all families



The programme on ODF is not without difficulties and challenges. Some of these are mentioned here.

Difficulties and challenges

- a. Management of solid and liquid waste poses many problems. Mainly this is due to encroachment of the land. In some villages the common land is not available as a dumping site. In other villages the people have develop habit of dumping waste nearby the house and are not willing to vacate those places.

- b. Mind set among some of the people that construction of the toilet near the house is not a good thing. Moreover, some argue that they do not feel comfortable sitting in an enclosure and prefer to go for defecation in the open. Thus beliefs and habits, in some ways, come in the ways of changing old habits. Addressing such matters are difficult and time consuming.
- c. There is also a gap between the older and the younger generation. The younger people are more receptive for facilities at home and do not mind investing for the same. However, the decision making is in the hands of the elderly members, who may not be in favour of changing the old habits and thinking. Such conflicting situations pose a different set of problems.
- d. Due to various dynamics at play- social, economic and cultural, time bound and target based programme of ODF becomes more challenging. Particularly in case the availability of time is too short to complete the required processes. Shortage of time leads to short cuts in the process and the quality of the programme is compromised. Being too eager to declare success is very dangerous.
- e. The villagers have their own priority for attending to the work of sanitation. In the agriculture season they will not have enough time for such activities and the implementing agency will have to understand and reschedule some of the activities.
- f. There were issues with few families in meeting the pre requisite – such as waste water disposal/ reuse or solid waste management. Sometimes there were genuine problems and sometimes resistance. However, due to peer pressure and monitoring, most families do adapt these. But 100% ODF with other hygienic practices, may or may not be achievable in all villages and communities take their own time to build this pressure or understanding to change others.
- g. One of the most difficult issue is of accessing resources from the government. But if this approach is adapted by the policy makers than hopefully, this would become part of the system.