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DELIVERING WATER, SANITATION AND HYGIENE SERVICES
IN AN UNCERTAIN ENVIRONMENT

Journey from fringe to centre — asserting rights and dignity: experiences of WASH intervention in India

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The government efforts for improved WASH services in the rural areas eventually favour the socioeconomic well off groups rather than reaching the excluded communities. Against this backdrop, project intervention in Morena district of MP adopted a decentralized and inclusive approach for integrated planning and implementation of WASH-services. The intervention intended to address pro-poor and social exclusion concerns by reflecting the needs and voices of communities. The major focus of the project has been on capacity building of the community members, local institutions, and field level extension workers and collaborating with the government department to leverage resources and linkages with national flagship programmes like NBA and MGNREGA. In about three years of field intervention the project was able to influence the lives of hundreds of marginalized families by creating a number of water and sanitation facilities and empowered institutions capable of planning and executing WASH interventions.

Introduction

The central Indian state Madhya Pradesh has a population of 72.59 million (Census 2011 provisional). Itis home to a substantial marginalized scheduled tribe and scheduled caste population, which accounts for 35.5% of total population. In the recent past, the water, sanitation and hygiene (WASH) sector in the rural areas has witnessed the initiation of flagship programmes in an attempt to ensure improved access. However, there is still a substantial gap in terms of institutional strengthening for decentralized and equitable service delivery. In Madhya Pradesh, rural water supply is mainly dependent on ground water where, out of 127,197 habitations, 48,246 are still not fully covered. Bacteriological and geogenic contamination are major water quality problems in the state and, which have been reported by 2917 habitations in the state (Majumdar S. 2012).

Similarly, for improved sanitation coverage, efforts were made under the Total Sanitation Campaign (TSC) but the desired results have not been achieved. The total coverage stands at 29% with rural coverage at merely 13% (National Census data 2011). As observed in different parts of the country, non-dalit households may use self-supply methods to obtain water from their privately owned sources such as wells, tube wells or hand pumps. The marginalized households, comprising mainly of dalit (scheduled caste), have little land and less financial resources to create such sources. Their dependence on water infrastructures created by public agencies is higher than that of the non-dalits. Dalits invariably walk longer distances to fetch water from the common source; as such sources are located in the 'main village' and not in the dalit hamlet (Rizvi and Thorat 2006). Therefore, the brunt of both deprivation and discrimination falls upon dalit women who, on an average, spend over three hours fetching the daily drinking and domestic water for their families from common sources (Phansalkar-2007). These instances are clearly reflected in the project intervention areas of Morena district. Apart from social discrimination, there are additional challenges in the state and study areas;

- The Gram Panchayat (lowest tier of local administration, see note below) and communities are often not involved in the planning, implementation, monitoring and operation & maintenance of their rural water supply systems.
- Poor operation & maintenance often leads to non-functionality or low yield of many schemes especially piped water supply schemes. Many of them remain incomplete even after 3-4 years.
- Highly centralized delivery mechanisms at state and district level are not able to deliver equitable services
- Resource institutions within the nodal department and lowest tier of Local government institutions lack human resources and capacities for planning and managing the TSC program. Similarly Gram Panchayats (GPs) do not have capacity to implement the TSC program by generating demand for sanitation. Monitoring and Evaluation of WASH efforts are limited to only reporting physical and financial indicators. There is no monitoring system in place to capture process and outcome indicators.

Against the above backdrop, WaterAid adopted (August 2008-March 2011) an inclusive and decentralized approach for integrated planning and implementation of WASH intervention in selected GPs of Morena district in Madhya Pradesh. The approach was based on the premise that empowerment of the governance system and strategic facilitation at community level can help improve access to basic water & sanitation facilities, irrespective of socio-economic status. The project aimed to address pro-poor and social exclusion concerns through integrated and holistic planning reflecting the needs and voices of the community.

This paper is an attempt to assess the impact of a community driven integrated WASH programme by comparing this with a non-intervention area. It also aims to understand the extent to which equity and inclusion is addressed.

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The project area at a glance

The three-year project intervention started in 30 Gram Panchayats of Ambah Block, in Morena district. The area is characterized with deep-rooted caste system where accessibility of basic WASH facilities is a major challenge for the socially marginalized community.

Table 1. Basic project information

	Total number
Gram Panchayat	30
Total village	108
Households with marginalized communities	7368
Total households	13000
Total population	36893

The project area is mainly dependent on hand pumps to meet drinking water needs. However it was observed that more than 50% of hand pumps and 95% of piped water schemes are non-functional. The high rate of failure is mainly attributed to the continued decline of the water table. This was due to groundwater overexploitation in the recent past as well as poor operation and maintenance of water facilities. The District Level Household and Facility Survey (DLHS-3), (2007-08) found that only 5.4% of the rural population had access to piped water supply schemes, whereas the rest depended on hand pumps or dug wells. The baseline survey and focus group discussions (FGDs) clearly reflect that while the government efforts to enhance the availability of safe drinking water have achieved substantial success, their impact on poor and marginalized households has been low. The data shows that household sanitation facilities were available to less than 15% of households and used by an even smaller percentage. The Human Development Report (HDR) in 2007, showed that 79.3% of primary schools in Morena district had a drinking water facility and only 13% of schools had sanitary blocks.

The project strategies

- Ensuring a community based, demand responsive, participatory approach by extending capacity building, community mobilization & technical support to Gram Panchayats and village water and sanitation committees (VWSC)
- Reviving and strengthening local institutions to streamline decentralized planning and service delivery approach at all levels.
- Facilitating inclusive planning processes to ensure leveraging of government resources for improved WASH coverage in Dalit (scheduled caste) dominated areas.
- Identifying unserved hamlets within project Panchayats to ensure the creation of hardware facilities to improve access to services.
- Promoting the integration of the Sanitation Campaign with flagship government schemes like Nirmal Bharat Abhiyan (A programme to achieve sanitized status for country) , The Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) and National Rural Health Mission (NRHM) that focus on improving infrastructure and usage of sanitation facilities by linking Accredited Social Health Activists (ASHA) (from NRHM programme) with the TSC programme.

The approach

1. Community mobilization - Awareness-raising on sanitation through:
    - Interpersonal communication - this was done by trained ASHA workers and project staff through house to house visits, regular review meetings involving community leaders and the project team.
    - Mass media mobilization through murals and wall painting, the celebration of important events like global hand-washing day, world toilet day and world water day, and the use of local cultural groups and local print media.
    - Ensuring school participation by engaging children and school teachers through various activities for improved personal hygiene behavior and functional WASH facilities in schools.
2. Situational analysis for water and sanitation coverage through base line data collection
3. Vulnerability mapping through participatory data collection to identify who was marginalized. This identified 43% of households as members of vulnerable community and 57% general community
4. Developing Human Resources-: Under the programme several training packages were developed and training was conducted to strengthen both supply and demand for better WASH coverage and access:

Table 2. Theme based training for different stakeholders

Name of training and stakeholder	Total number
VWSC members Training – on their role and responsibility	907
Accredited Social Health Activist (ASHA) on personal hygiene	193
AWW Training on personal hygiene behavioral change in children	157
Hand pump Mechanic Training on Installation, repair and maintenance	136
Caretaker Training (Village Youth)-	113
Mason Training (Village Mason) for construction of appropriate low cost models	174
Panchayati Raj Institutions (PRIs) Training (PRIs Représentative)	1215
Water Quality Training (Trained Handpump Mechanic & Caretaker)	179
Teachers Training –from project villages	907

5. Focus both on demand and supply side engagement -The programme focus was to establish a strong linkage between demand and supply with an initial focus on ‘creation of awareness’ and then ‘demand generation’ as the basis for improved WASH access. The demand generation was achieved by establishing linkages at block and district levels both with government officials and elected

representatives for the timely release of sanitation funds. For example, this continued engagement resulted in the release of Rs. 1735800/- for 13 project Gram Panchayats. The engagement on both the demand and supply side resulted in the installation of 31 new hand pumps, the restoration of 52 hand pumps and the repair of 32 hand pumps.

6. Strengthening community leadership especially amongst the marginalized population. For drinking water and sanitation, government schemes have provisions for creating Village Committees with adequate representation of marginalized groups. This is to ensure that they are included in decision making process. While this structural arrangement is conducive, the poor economic status of dalits implies that they are unable to contribute their share and hence still remain excluded (Veerashekharppa 2006). Against this backdrop efforts were made to strengthen a decentralized framework with a focus on improving leadership among marginalized and excluded communities. The strengthening of the Gram Sabha (village council) as a legally mandated decision making body has also helped the project villages, in how they are now adopting principles of inclusion and equity in their planning process.

Major outcomes

The empowered village level institutions and committees are capable of inclusive planning processes and demand generation. Gram sabha has been is streamlined as a decision-making body. The project intervention resulted in improved access of water and sanitation facilities in habitations dominated by the marginalized community; this is clearly reflected in the table given below. The key difference that the project has achieve is increased usage of sanitation facilities and regular water quality monitoring of drinking water sources

Table 3. Improved equitable access of WASH facilities (between 2008-11)

	1	2	3
New Hand Pump	54	0	54
Restored hand Pump	86	41	127
Repair Hand Pump	126	16	142
Piped water supply scheme	01	0	01
Individual House hold latrine	1776	0	1776
School Sanitary Block	07	0	07
Compost Pit- NADEP	45	0	45
Biogas	12	0	12
Community Building Roof water harvesting	14	04	18
Other structures-Soak pit	23	24	47

The training of masons and handpump mechanics has improved the availability of local skills for the creation and timely maintenance of water and sanitation structures. The training of handpump mechanics has decreased the down time of repairing of handpumps from 7-10 days to one day. This is because of the reduced dependency on the government's Public Health Engineering Department (PHED) mechanics through the availability of local trained persons from villages.

Improved household-level sanitation access in project area

At the end of the third year of the project intervention, an attempt was made to understand the impact of community level facilitation by comparing the output of household sanitation facilities in project intervention GPs and equal number of non intervention GPs. This comparison was the same model used for the flagship government programme, the total sanitation campaign, in which all GPs in a district can access the government fund for families below the poverty line (BPL). The following table shows the

data for total number of toilets constructed in the 30 Panchayats covered by the intervention, and the 30 other Panchayat of the block. The table shows there was better access to facilities and utilization of the Total Sanitation Campaign fund in the project area than in other Gram Panchayats in the same Block and in other Blocks of the District in the three years 2008 - 2011.

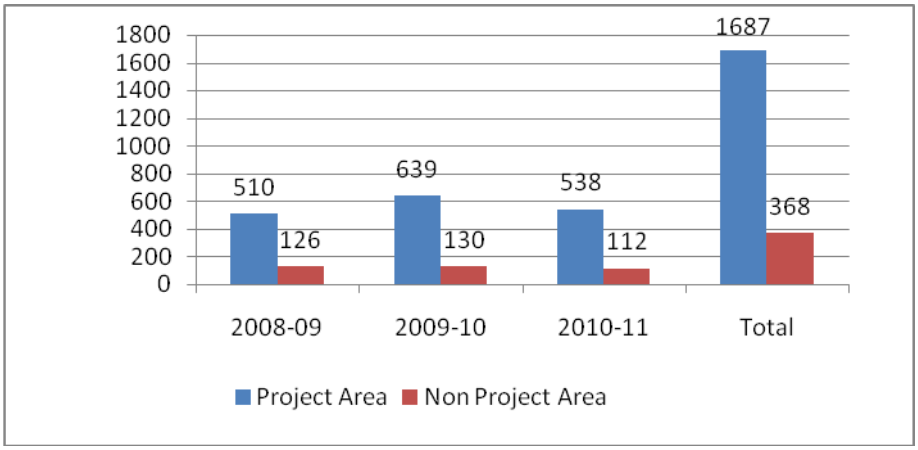

Figure 1. Sanitation access in project and control villages

Better sustainability in totally sanitized Panchayat

The intervention has also demonstrated how a structured training programme, inclusive planning processes, and community mobilization initiatives led to improved sustainability. To assess this, an attempt was made to compare two GPs, one from the project intervention area and other from a non intervention area

Table 4. A comparison between intervention and control Gram Panchayat

	Non-Intervention GP	Intervention GP
Name of GP	Jatawar Ka Pura	Goth
Total Household	350	227
Demographic detail	150-Gen, 100-OBC &100 SC	OBC-104, Dalit-120 and Balmiki-3
Coverage	80%	100%
Dysfunctional toilet	30%	0

Empowerment of marginalized community led to sustained drinking water access

An example from Nayapura Village, within the project intervention area, demonstrates how an empowered marginalized community can withstand the pressure of social exclusion to ensure the functionality of their water supply. This village with 80 households, including a population of 600 members of scheduled Caste community, had only two hand pumps which were not sufficient for the requirements of the whole village. Continued mobilization and empowerment of local institution resulted in Village Health and Sanitation Committee members taking the lead to plan and implement a piped water supply facility with a storage tank with capacity of 35000 liters and household connections at a cost of Rs. 400,000/-. The communities were poor, yet each contributed Rs. 200/- per households which was deposited as a corpus fund. They also established a system of Operation and Maintenance with a provision of a nominal monthly tariff. Once the facility became operational it was a great benefit to the entire community. A woman from the village, Jamuna bai said “We have never enjoyed having such a smooth accessibility of drinking water; I feel like living in a big city.” However, the joy of Jamuna bai and others was short-lived as the upper caste took away the entire wiring system of the Mini Water

Supply within six months of its installation. The dalit community members united to fight for their rights. They approached the local Member of the Legislative Assembly and the Member of Parliament for support. After relentless efforts, they were provided with a separate electricity connection under the Rajiv Gandhi Rural Electrification Scheme. This shows that structured community empowerment process can lead to sustained access of drinking water facilities.

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Note/s

Gram Panchayat- Lowest tier of village level administrative unit comprised of single village or number of villages.

NBA- Nirmal Bharat Abhiyan- The flagship programme of Govt of India to achieve total Sanitation Coverage

General(Gen), Other backward class(OBC) and scheduled cast(SC) are social stratification in India and is known as cast system. Government of India use this classification for affirmative action to improve the status of marginalised categories such SC and OBC

MGNREGS-Mahatma Gandhi National Rural Employment Guarantee Scheme- This programme has provision for water conservation and HH Sanitation in rural areas

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