

Water, and more importantly, sanitation and improved hygiene behavior are crucial to overall quality of life. Water-borne diseases are caused by viral or bacteriological contamination of water at source owing to poor sanitary conditions. The risk of water contamination resulting in water-borne diseases is higher where there is a high degree of open-air defecation; lack of adequate means of disposal of human, animal and household wastes; and lack of awareness of good sanitation and personal hygiene practices.

Despite its vastness and population of more than 1 billion, India is working hard to provide water and sanitation facilities to its people. The Joint Monitoring Programme (WHO/UNICEF) 2004 report states that India has succeeded in providing 86% of its population with improved water supply and only 33% with improved sanitation. Because of the slow progress in sanitation, the government of India, both at central and state levels, has committed to achieving the sanitation MDG target. This is evident from the increased funding allocation for the total sanitation programme every year.

Efforts are being intensified to focus on provision of sanitation in schools and communities. Awards have been created like ***Nirmal Gram Puruskar***, which is an incentive scheme to add vigor to the sanitation drive by local self governments. The paradigm shift in rural sanitation in India uses innovative financial incentives as part of the larger total sanitation campaign and has empowered people to innovate and implement successful models across the country. These models include rural sanitary marts and production centres including outlets not only to provide the materials required for construction of sanitary latrines and other facilities, but also items required as a part of the sanitation package. The rural sanitary mart also serves as counseling centre for those interested in building a toilet on their own. Nongovernmental organizations and local governments have established such marts in remote areas.

Innovative community-led approaches for total sanitation in Tamil Nadu, Maharashtra and West Bengal have taken huge strides in rural sanitation in the last four years, largely as a result of adoption of a community-led total sanitation approach. The five types of innovation — technology, procurement, community mobilization, monitoring and financing at micro level — are a model for other states to follow and to achieve the MDG goals.

A success story from Tamil Nadu

The local panchayat of Cuddalore district of Tamil Nadu had taken up the “watsan” (water and sanitation) drive to ensure water supply and sanitation to all its houses.

As a result, the practice of open defecation has been totally arrested in Keerapalayam, a village in Cuddalore district, where all 1,160 houses have constructed their own household toilets. Public toilets are also provided in the local market place. All the schools have been provided with water and sanitation facilities. A holistic approach to sanitation was adopted with provision of toilets, proper drainage systems and proper solid waste management combined with hygiene education. Household collection of garbage within the village has been introduced with the principle of separation of wastes into degradable and non-degradable wastes and composting and recycling. The proper management of solid wastes and human excreta at the household level has now removed the ugly and unhealthy piles of garbage that had been common in the village.

Achievements in Keerapalayam include:

- All the people in this village have access to improved drinking water
- Open defecation has been eliminated
- The village has been turned into a clean and green environment

- No deaths due to communicable diseases after introduction of the watsan drive
- School drop-out rate has been zero following the watsan drive

One of the key factors that assisted the construction of toilets in the village was the presence of a self-help group which provided masonry services. There are about 10 women members in the group and these women could construct about 20 toilets in a day.



Women – agent for change in Maharashtra

The Adivasi gond community consisting of about 72 households is located in a remote village called Sakhara, in Yeotmal district in Maharashtra. This village has received an award as the first “open defecation free” village in the block from the state government of Maharashtra. The village was successful in providing toilets to all the households primarily because of the ingenious efforts of self-help groups (SHG) of local women. Sakhara had four active SHGs formed in 2001. The SHG decided to take up the cause of making a clean and open-defecation free village in April 2005. Initially each group contributed INR 500 and the total amount of INR 2000 was utilized as working capital to purchase basic materials to construct toilets. The group also provided speedy credit to its members willing to build toilets. However, mobilizing funds is only one aspect of achieving total sanitation in a rural community; more important is to change the behavior and mindset of the people who are used to defecating in open spaces.

In this village, continuous interactions by the SHG women with the community and discussions on the need for good hygienic behaviour, the need of toilets and their proper use helped to reinforce the work.

A community monitoring system was instituted to ensure that the toilets are being used and maintained well. A village senior was appointed on a two-month rotation basis to watch and warn people against open defecation. All these efforts, together with the determination and persistence of the steadfast SHGs, have made Sakhara a village free of open defecation.

