

**STATUS REPORT OF CDD-WATSAN ACTIVITIES OPERATED  
BY  
RAMAKRISHNA MISSION LOKASIKSHA PARISHAD,  
NARENDRAPUR**

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&  
Medinipore Zilla Parishad**



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WEST BENGAL, INDIA**

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**NARENDRAPUR, SOUTH 24 PARGANAS, 743 508**  
**WEST BENGAL, INDIA**

**Status Report of CDD-WATSAN activities operated by Ramakrishna Mission**  
**Lokasiksha Parishad, Narendrapur**

As spreading of Diarrhoeal Diseases are directly linked with drinking water, Sanitation, Personal Hygiene Practice, Food Hygiene etc., the ultimate objective of the control of Diarrhoeal Disease (CDD) Programme is to reduce diarrhoeal mortality and morbidity especially in under -5 age group children by providing safe water, sanitation facilities, promoting home management of diarrhoeal cases with ORT etc.

Keeping this in view, an integrated strategy was formulated jointly by the State Govt., Zilla Parishad, R.K.Mission Lokasiksha Parishad (RKMLP) and UNICEF in October, 1992 for Medinipore district. The main purpose of the strategy is :-

- 1) To reduce operational model for achieving the goals to reduce diarrhoea cases by 25% through universal access to safe drinking water, improving coverage of Sanitation facilities and promotion of ORT.
- 2) To develop ways to foster intersectoral collaboration, laying stress on community based convergent services.

It was also thought of in the strategy formulation workshop that different activities under CDD-WATSAN strategy will be handled by the different organisation. The RKMLP had been entrusted with the following responsibilities.

1. Plan, coordinate and implement all activities related to information, Education and communication (IEC) and social mobilization.
2. Organise all activities related to sanitation intervention including establishment of Production Centres/Sanitary Marts.
3. Impart the programme of TARA Hand pump installation including arranging for training /orientation programmes for caretakers /WATSAN committees, to develop a village based HP maintenance system in selected areas.
4. Train ORS depot holders and establish ORS Depot for promotion of ORS packets.
5. Monitor project progress, institute correct and prompt action whenever necessary and collect, compile and submit monthly/ quarterly progress reports.
6. Keep close contact with all other department like Zilla Parishad/Health Department /PHED/RDD etc. for effective implementation of the project.

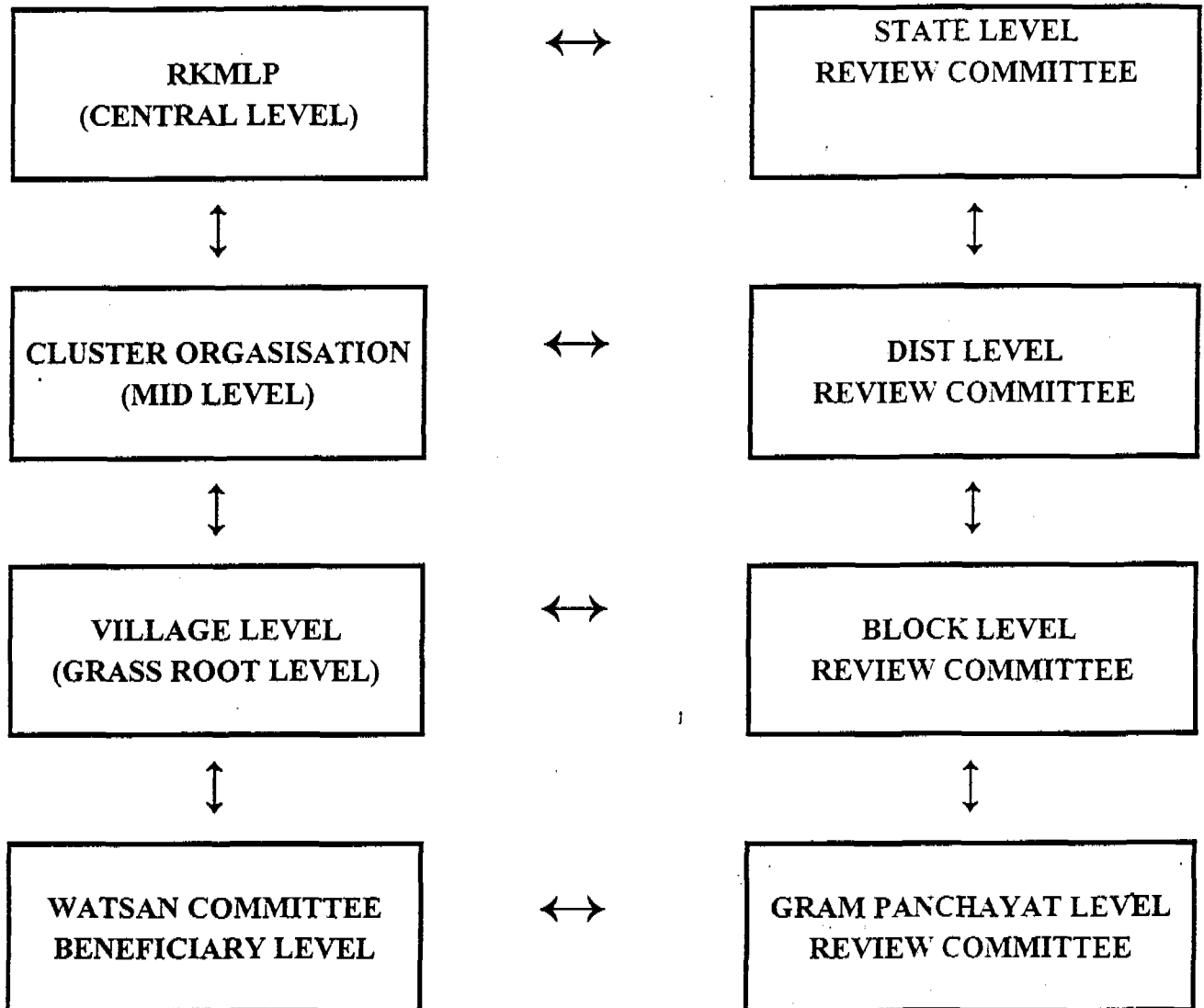
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Accordingly, the RKMLP with direct collaboration of the Medinipore Zilla Parishad and Panchayat institutions at block and village levels is implementing the Sanitation and ORS promotion activities involving the cluster organisations and village youth clubs.

The Parishad has developed a four tier implementation in involving the beneficiary, local NGO and Panchayat Institution. Along with this a four tier review infrastructure has been developed starting from State, district level, Block level and Gram Panchayat levels.



## Status

### Grass root level infrastructure

Cluster organisation	:	15
Youth/ Women Club	:	1107

### The RKMLP entrusted with the following activities under CDD-WATSAN strategy

	Target	Present Status till October '97
<b>A. Training</b>		
01. Training of Supervisos	45 blocks	50 blocks
02. Women Care Taker	40 blocks	39 blocks
03. Block level officials/ Panchayat fuctionaries	54 blocks	54 blocks
04. Village Motivator	45 blocks	54 blocks
05. NGO functionaries	50 blocks	50 blocks
<b>B. IEC/Social Mobilization</b>		
01. Identification of Motivators	45 blocks	54 blocks
02. Mother's meeting	02 blocks	40 blocks
03. Group discussion/Exhibition/fairs	45 blocks	54 blocks
04. PRA Technic	02 blocks	under process
05. Wall painting	45 blocks	54 blocks
06. Mass publicity with vedio/slide	45 blocks	54 blocks
<b>C. Health</b>		
01. Promotion of ORS packets at village level	02 blocks	40 blocks
<b>D. Water</b>		
01. Community based maintenance of Hand pump	20 blocks	39 blocks
02. Training of Women caretaker	30 blocks	39 blocks
<b>E. Sanitation</b>		
01. Construction of House hold latrine	45 blocks	54 blocks

## Advocacy for Demand Generation

To generate the demands for sanitation facilities the major emphasis of the project was on Advocacy. In terms of Advocacy the project has formulated specific strategy to make the people aware about sanitation and took the initiative to motivate them to instal sanitary facilities. Major emphasis was on personal contact and group mobilisation and awareness generation is launched by way of wall writing, group discussion, exhibition in school, club mela etc. motivation camp, cinema slide, songs squad programme, hording. leaf-lets, poster etc..

### Advocacy Materials Produced by the Project :

- |     |                                                                                              |   |                 |
|-----|----------------------------------------------------------------------------------------------|---|-----------------|
| 01. | Flash cards on ISP<br>(A set of 12 cards)                                                    | : | 6000 sets       |
| 02. | Pictorial calender &<br>poster on ISP concept                                                | : | 3,00,000        |
| 03. | Folder on ISP                                                                                | : | 10,000 copies   |
| 04. | Leaflets                                                                                     | : |                 |
|     | a)How to Control Diarrhoea                                                                   | : | 1,00,000 copies |
|     | b)Need of Latrine & Hygiene practice                                                         | : | 1,00,000 copies |
| 05. | Question Answer book<br>for volunteers                                                       | : | 9,000 copies    |
| 06. | Technical Drawing of<br>low cost Sanitation<br>facilities                                    | : | 2,000 copies    |
| 07. | Audio Cassettes of 10<br>sanitation songs                                                    | : | 2,000 copies    |
| 08. | Video film                                                                                   | : |                 |
|     | a) Documentary on ISP                                                                        | : | 1 (English)     |
|     | b) Motivational film on:<br>sanitation                                                       | : | 1 (Bengali)     |
|     | c) Dubbing of video film<br>from English to Bengali                                          | : |                 |
|     | i) Spots on safe water, sanitation, Hand washing,<br>ORS, Food Hygiene, Open defecation etc. | : |                 |
|     | ii) Prescription for Health.                                                                 | : |                 |

The project has visualised the sanitation programme from two angles, one is health aspect and the other one is socio-motivational aspect. The Advocacy materials produced by the project say not only about the health but emphasis is more on the social and motivational aspects like privacy of women, specially, of the grown-up girls, economic affordability etc. The project's details Advocacy for Demand generation activities are as follows:

### Advocacy Activities at a glance (up to October 1997)

	Jan '96 to Oct. '97	Since inception (March '90)
01. Motivation Camp	594	3005
02. Video & Slide Show	433	1878
03. Songs Squad's prog.	447	1942
04. Village group meeting	2394	6610
05. Home visit	2,96,318	7,08,251
06. Exhibition in mela etc.	151	520

07.	Wall Writing in village walls	2478	12,265
08.	Mothers' meeting	298	298

### Human Resource Development

The project has also been able to develop a band of workers and trained volunteers at Cluster level and club/village level. As may be seen below :

SL	Categories of Trained Workers (Till Oct. 1997)	No. of workers Trained	
		From Jan. '97 to Oct '97	Since inception (March '90)
01.	Village Motivators	2416	7051
02.	Seed Mason	98	130
03.	Village Mason	253	1402
04.	Youth Club leaders	2150	4711
05.	Accounts workers at Club Level	185	617
06.	Smokeless Chullah Workers	1989	2910
07.	Women Tara Handpump Caretaker	2539	3428
08.	Tara Handpump Water Committee	929	1854
09.	Drilling mistries for Handpump installation	43	84
10.	Sanitation Songs Singers	98	153
11.	Field level project personnel	127	328
12.	Training Task force (Motivators)	112	143
13.	ORS Depot. holders Trg.	4626	6422
14.	Trg. Task Force (THP/IM-III Care-Taker)	163	230
15.	Orientation of Panchayat Members	5405	14,936
16.	Dist. level Panchyat functionaries orient.	351	351
17.	Workshop on LFA	74	74

### Physical Achievement of the Project

As a result of Sanitation education and demand generation the project has been able to install 1,73,509 unit of self financed household latrines and 25,865 units of other sanitation facilities till October 1997. Out of the total installation 72,096 unit of household latrines and 14,528 units of other sanitation facilities installed in 1996 and 1997 (October) calendar year. Details of achievement is given below :

**No of Sanitation facilities installed in different years**

Yr.	HHLCL	SC	SP	GP	BP/ WP	THP	LLBGP	ORS	TOTAL
1990	295	25	14	15	12	18			379
1991	3947	1063	47	360	60	62			5539
1992	14463	1737	50	100	54	101			16505
1993	18583	1788	56	950	99	132			21608
1994	23429	1508	43	1147	97	48			26272
1995	40750	914	104	1265	201	81	104	47477	43315
1996	31539	5740	105	1149	177	104	265	969	40048
1997	40503	5948	215	536	238	119	155	46374	94088
<b>TOT.</b>	<b>173509</b>	<b>18723</b>	<b>634</b>	<b>5522</b>	<b>938</b>	<b>665</b>	<b>524</b>	<b>94820</b>	<b>247754</b>

**HHLCL**- House Hold low cost latrine, **SC** - Smokeless Chullah. **SP**- Soakage Pit. **GP** - Garbage Pit. **BP** - Bathing Platform. **THP** - Tara Hand Pump, **LLBGP** - Latrine Linked Bio Gas Plant. **ORS** - Oral Rehydration Solution

### **ORS Promotion Programme**

The Medinipore Zilla Parishad has ensured the availability of ORS packets in all health centres. But ORS packets of WHO formula are not available in chemist shop. The RKMLP has been entrusted to develop a supply system to get the ORS at villate level round the clock. Accordingly one ORS depot holders selected by the youth clubs/panchayats for 1/2 villages and they have been trained on ORS administration at home level. So far 5422 ORS depots started in the district. Through these depots about 94820 ORS packets sold in last 2½ years. As a result of Social mobilization and IEC on ORS use, the common mass comming forward and keeping a ready stock of ORS packets in home for emergency use.

### **Safe Water Supply Programme :**

The safe water supply in one of the major component in the project. In the process of development of Water Programme the Project has been able to introduce community based maintenance system for all the pumps.

A seven member water committee including four women members has been formed for each pump to look after the maintenance of the pump. The beneficiary families are contributing Rs. 500.00 as initial deposit and @ Rs. 0.50 per month per family towards Tara Pump Maintenance Chest Fund. 2/3 women care-takers selected by the villagers and trained by the Project are very efficiently doing the repairing and maintenance job. A movement towards "Our pump, our problem, our solution" has

been created. Seeing the little success of this movement, a number of Panchayets are also coming forwards and involving themselves in the process. Till October 1997 a sum of Rs.4,55,110.00 (Rupees Three lakhs fiftyfive thousand one hundred ten) only has been contributed by the beneficiaries in the maintenance chest fund for 665 hand pumps.

### Changing the attitude and habits

The ISP has developed 12 different models of low cost latrines ranging from Rs. 370/- to Rs. 3500/-, considering the economic affordability of the common people and self-financing approach of the project. It is also notable that 75.27% beneficiary families have accepted Direct one pit Latrines, out of which 61.67% are of non-lining Pit. It means that the project has been able to motivate the middle and lower income group families to install latrines. And secondly, the beneficiaries are also mostly interested in the low cost models considering their economic affordability. The idea of changing attitude towards "*Open air defecation to low cost latrine is being activated*".

### Income Generation Aspect of the Project

When the project was prepared, it was not considered that the Project will contribute a lot even in the field of income generation activities. So far (October '97) the Project has created directly 5,55,680 mandays of Rs. 40/- per day for production of various components and installation of latrines in Midnapore. A sum of Rs. 2,22,27,227.00 (Rupees two crore twenty two lakhs twentyseven thousand two hundred twentyseven) has been paid as direct wages and incentive for construction of 1,73,509 latrines and 25,865 nos. of other sanitation facilities. If the indirect wages like loading, unloading, carrying etc. are included then the number of mandays and amount of wages will be much higher. This may also be considered one of the achievement of the Project.

#### WAGES PAID BY THE PROJECT [MARCH '90 - OCTOBER '97]

Sl.	Description of Work	Till Dec. 1995	1996 & '97 (Oct.)	Total wages (in Rs.)
<b>01. Wages Component</b>				
01.1.	Construction of Mosaic Pan & Traps	1,092,906.00	901,200.00	1,994,106.00
01.2.	Construction of Pre-fabricated components of Latrines	1,385,658.00	1,297,728.00	2,683,386.00
01.3.	Installation of Latrines	6,691,910.00	2,523,360.00	9,215,270.00
01.4.	Installation of other Sanitation facilities	267,140.00	233,760.00	500,900.00
01.5	Direct Wages for Carrying	2,164,080.00	2,162,880.00	4,326,960.00
<b>Sub-Total</b>		<b>11,601,694.00</b>	<b>7,118,928.00</b>	<b>18,720,622.00</b>



Sl.	Description of Work	Till Dec. 1995	1996 & '97 (Oct.)	Total wages (in Rs.)
<b>02.</b>	<b>Incentive for Motivators</b>			
02.1.	Construction of Latrines	1,821,510.00	1,580,730.00	3,402,240.00
02.2.	Construction of other Sanitation facilities	45,925.00	58,440.00	104,365.00
<b>Sub-Total</b>		1,867,435.00	163,970.00	3,506,605.00
<b>Total</b>		13,469,129.00	8,758,098.00	22,227,227.00
<b>The Wages component is 19.53% of the total turn over of Rs. 11,38,10,686.00 of the Project</b>				

## PROBLEMS

The following problems have been encountered by the Project since inception :

- At the initial stage the common people were not prepared to accept the self-financing approach because almost all the Government and Non-Government development programmes are highly subsidy oriented. A long time has taken to establish the new idea. Even a number of village clubs was not accepting the new concept but through a regular interaction at all levels, the problem has been minimised.
- In the project area, Full subsidised Sanitation Programmes run by other agencies are creating misunderstanding and hindering the growth of the movement.
- Bad road communication in the villages is one of the major hindrances in achieving the physical target of the Project.
- Sometimes crisis of raw materials has also slowed down the pace of installation of the facilities.
- Originally it was thought that the educated and economically viable people would accept the idea of self-financing quickly and the programmes were chalked-out accordingly. But the assumption was not correct. This initial strategy has also been a hindrance to the movement.

## IMPACT

- \* The project has been able to cover all the families with low cost latrines in 5 gram panchayats areas. From this examples other 61 Gram panchayat authorities came forward to access low cost latrine in all houses in their areas.
- \* The Project is encouraging because a number of new village clubs in the Project district is

coming forward to implement the Sanitation Project in their own areas. There has been a visible multiplier effect so far as the people's acceptance of the Project is concerned.

- \* The common people including the low income groups and backward communities are coming forward to install the facilities
- \* Women groups are getting involved in motivating the menfolk to accept the facilities. This has enhanced the pace of growth of the movement.
- \* The village level Panchayets are getting involved in the total process and advocating the idea regularly.
- \* The District Administration and Panchayets are extending full help and cooperation in implementing the Project at all levels.
- \* The C.D. Blocks and villages not yet covered under the Project are contacting to extend the facilities to their areas.
- \* Seeing the examples of Sanitation Villages, people of neighbouring villages are coming forward to accept the idea of Self-financed Environmental Sanitation Activities in their villages. Villagers of Sanitation Village feel proud of their environmentally clean, tidy and healthy village.
- \* The Project has been able to create a sense of self-respect amongst the womenfolk by giving importance to the housewives in decision making process for installation of household low cost latrines, smokeless chullahs etc.
- \* The Project has been able to create a confidence amongst the village womenfolk by giving them the entire responsibility of repairing and maintenance of Hand Pumps.
- \* The State Government has accepted the Medinipur model for all the districts of West Bengal. For wider coverage the Government has reduced the subsidy for beneficiaries under the centrally sponsored scheme of CRSP from Rs.2,000/- to Rs. 200/- for target families.
- \* A number of State Governments have introduced self-financed sanitary projects in their areas and substantially reduced the quantum of subsidy. Many of them have also started involving village organisations in implementation of this programme.
- \* The villages where more than 80% households have adopted the low cost latrine and other facilities, impact on health has been very significant.
- \* Social tension and conflict in many villages have come down because of social mobilisation through introduction of low cost latrine.
- \* A new partnership has grown between Panchayat and voluntary social organisations through the intensive sanitation project.

## **Our Conviction**

Thus, CDD-WATSAN Programmes should be viewed not merely as a Sanitation Programme but it should be looked upon as a multi-dimensional programme having a bearing on various social facets of life. But to achieve this objective the programme should be initiated as a movement involving largest number of people of a given areas. We are convinced that if such a movement-oriented programme is taken up, the country will be able to achieve significant progress in the field of sanitation by the end of this century.