

Empowered Community Works Wonders

A community-led initiative to make 'freedom from open defecation' the mantra

Sujata Tirkey and Jitendra Parmar

In 2008, AARAMBH initiated an intervention in 14 slums of Bhopal city. The support for this intervention came under the project, SWADHAR, which emphasised on advocacy and networking. This work was initiated to demonstrate to the government the efficacy of a participatory approach in the development of urban slums. AARAMBH, as this case depicts, could demonstrate how communities can be empowered to acquire sanitation facilities and how as a consequence of such efforts the slum dwellers are able to enjoy improved health conditions. The case put before us the efforts initiated by the organisation to engage the community and how the same helped in ensuring an open defecation free slum.

Context

Bhopal, the 2nd largest urban location in MP, is better known as the city of lakes. However, since the last decade the city has been losing its grace under the growing pressure of population. As per the 2001 census, the population of Bhopal was 14.35 lakh and this stands today (2011) at 17.96 Lakhs showing a growth of 25%. The city administration have divided the city into 14 zones and 66 wards. There are over 380 notified slums and they all vary in terms of size as well as problems. In 2005, during a Poverty Pocket Situational Analysis (PPSA) of these 380 slums done by AARAMBH in collaboration with the Bhopal Municipal Corporation (BMC) and WaterAid, it was seen that the slums were in very poor condition with regards to drinking water and sanitation. One of the slums, Arjun Nagar, was ranked the lowest as it had insufficient drinking water supply and very poor outreach of sanitation facilities. In the absence of all this, its residents had to resort to open defecation.

Lack of access to improved water sources and sanitation was the major problem faced by the slum dwellers of Arjun Nagar in Ward 63. Most of the households hailed from deprived and marginalized communities who had migrated to Bhopal from the villages of Chhattisgarh, Bihar and Orissa. They had migrated in search of better livelihood opportunities. The slum dwellers of Arjun Nagar were engaged in various kinds of occupations, which included daily wage labour, domestic work and small time businesses. Out of the 400 households in Arjun Nagar, only 180 had some access to sanitation facilities. In spite of there being IHHL, these toilets were not connected to septic tanks and were single pit ones. In most cases, the liquid component would spill out into the open drains. The existing IHHLs were technologically unsound and thus caused damage to the environment. Those who did not have toilets could not get them constructed due to financial constraints. Many of them also did not have the space for toilet. Some of them were also ignorant and due to poverty they had no option but to defecate in the open. The community was unaware of the available resources, technology and information on sanitation, which led to poor toilet coverage.



This practice of open defecation had serious consequence on the environment. Due to the practise of open defecation the morbidity among the residents was high. Incidence of diseases like diarrhoea, cholera, typhoid and skin diseases was high. It also led to wastage of time, especially for the women and girls who had to go to far away places to defecate. The PPSA also revealed that women and girls were abused and teased and also sometimes physically harassed while defecating in open. They would wait the whole day till dark to go out and defecate.

AARAMBH had been involved in working with children for the last 17 years. The main focus of its work had been to ensure rights and education for children. While working with the children, the organisation realised that sanitation was a major issue and absence of sanitation led to absenteeism among children. This hampered education significantly. Improved sanitation was seen as the solution and so when the city launched its Slum Environmental Sanitation Initiative (SESI) in 2005-07, AARAMBH was quick to get into action. It approached the issue using the tool of community participation by involving the children and women in order to provide safe drinking water and sanitation facilities in urban slums.

Intervention

Human beings are known to be the most dynamic ones among all living beings. But still to change the mindset of human beings is an extremely difficult proposition. Acting on the findings of the base line survey, AARAMBH focussed its attention on the problem of open defecation. AARAMBH adopted the methodology of Focus Group Discussion (FGD); house visits and transact walks to learn more about the conditions of the existing toilets and also to understand how the community perceived open defecation. The analysis of the data revealed that in the past not much work had taken place in the slums in relation to sanitation.

The collected data was also shared with the lady corporator. This was done to seek her support in terms of fund, since there was no such provision available with the municipality, In the meantime, with support of WaterAid, it was decided that 85 IHHLs would be constructed in two phases. AARAMBH together with community members evolved a criterion of selection of

households. The criteria included families who were financially weak, families having growing daughters and those having senior citizens. It was decided that such families would be given the sanitation facilities on priority basis. However, these households were expected to provide for certain support by way of doing free labour and also digging the pit in their own premises.

AARAMBH adopted the strategy to initiate the formation of a WASH committee and planned to form a group of 12 members who would be made responsible to work with the community and empower the community on improved sanitation practices. Investments were also made to build the capacities of the communities towards health, hygiene and sanitation.



As there were no existing community groups in the slum, AARAMBH team had problems in identifying the key members for the formation of the WASH committee. Through regular interactions and meetings, the community itself decided and selected the active members. 12 members, including women and men, were selected, with representatives from each lane of the slum. The WASH committee reflected on the data, analyzed the problems and evolved ways to work on them. Capacity building training on hygiene and sanitation was organized by AARAMBH to promote safe hygiene practices.

Out of 400 households, 220 households in Arjun Nagar did not have sanitation facilities. The WaterAid project was to help only 85 households to construct a single leach pit toilet. The amount provided under this project would help in the construction up to the ground level and the user had to construct the superstructure on their own. The selected households were also expected to carry out the digging of the pit and provide labour work to the mason. It was also decided that the

material would be distributed on the condition that the family had completed pit digging. The cost per household was estimated at Rs.1,500 up to the ground level and without the superstructure. The mason was also selected by the WASH members from the slum itself.

The households found it difficult to spare time for digging pits. With the earning hands in the family involved in pit digging, they would not be able to earn for the day. Most of the families thus were not willing to start pit digging work. It was only when one from among them, the WASH committee president Mrs. Kusum Pal, took the initiative to dig the pit on her own, that others followed suit.

Dedicated efforts were also made by AARAMBH team members to dispel the reservations in the minds of the community. Many of them avoided the digging as they thought having a toilet within the house would mean bad odour within the house. Observing the problems, AARAMBH team facilitated and educated the households about the technology of low cost toilets. Some were convinced, whereas others adopted a wait and watch approach.

WASH members also kept watch on all the activities including the material distribution and quality of construction. The material was brought to the roadside and distributed among the families in the presence of the WASH members. Each family was provided with 300 bricks, 15 bags of sand, 2 bags cement, and 1 toilet seat (pan) with 1 P-Trap. According to the requirement the materials were distributed and the records of these distributions were kept by the WASH members. In the construction process of a single pit, a pit measuring 4 * 4 feet was dug up and a circular brick wall constructed with gaps in between in the form of a honeycomb so that the water get soaked. It took about 2-3 days to construct up to the base level for each households. The WASH committee oversaw the quality of construction and provided some directions as well. During the execution of the work the ward councillor was also involved in the process. Within the next four months all the 85 IHHLs were constructed.



During the construction and after the completion of construction of all the toilets, awareness programmes about the use, importance and maintenance were conducted at frequent intervals. Proper ways of using individual toilets were demonstrated and the households were told to take the responsibility of maintenance and cleanliness of their individual toilets. The entire process brought ownership among the community.

AARAMBH team regularly visited and facilitated the process within the community and motivated them to build their individual toilets. Observing the need and importance of sanitation, the remaining 135 households also adopted the concept of low cost toilets and started constructing the same using their own resources. Since they had seen that the support from outside was meagre, they did it on their own. Although in the beginning some of them did seek some support, when the same did not come through, they went ahead on their own. By, 2010 all 400 households had constructed the toilets.

Outcomes

The effort by the team to work in the slum of Arjun Nagar has proved to be highly beneficial for the dwellers. Some of the broad benefits that the interventions brought forth are:

Sanitation has become one of the significant indicator prominently reflecting social status:

Having a toilet is now a status symbol. This has become an important consideration today. This was never a need when AARAMBH started its intervention. People had doubts about the efficacy of the same and many had problems of having the same within the four walls of the house. But as these doubts got dispelled, people started constructing the same. Families today are looked down upon if they do not have a toilet.

Sanitation has improved the quality of life in Arjun Nagar: Arjun Nagar has become a model urban slum, showing that total sanitation using proper technology and low cost is possible. The efforts have proved that success is within possible reach. Scaling up the skills of WASH members has established this successful picture and made Arjun Nagar an open defecation free slum. The benefits of sanitation and its resultant, i.e. hygienic behavior, have accrued to the community at large. There is today a reduction in incidence of diseases like diarrhea, typhoid, malaria etc. The doctors who have clinics in the area and who once made fortunes out of people's illness are contemplating shifting base.

Arjun Nagar is duly recognized for its efforts: The dedicated efforts and proper counseling by the WASH committee members have made not just 85 households grab the benefit from AARAMBH, but also made the remaining 135 households construct their own toilets, using their own resources. The BMC took cognizance of this hard work and also appreciated the efforts and awarded Arjun Nagar slum for the first open defecation free slum in the Antodaya Mela held in 2011.

Women now feel secure: Besides the dignity of women, safety too has been achieved. The women were earlier harassed and teased and sometimes physically assaulted when they went out for open defecation. Today they feel safe and secured as they do not have to venture out for open defecation. Their health have improved as they can relieve themselves any time now and need not have to wait for the sun to set. This has also helped them to save time.

Learnings

Working with the slum dwellers of Arjun Nagar had been an experience to treasure. The work included methods applied to form a facilitating institution, making the institution responsible for carrying out the task and thereafter getting the entire community to have their own toilets without a penny of support. This has yielded valuable learnings for those involved. Some of these were:

Involve the community for decision making to make the programme successful: The community participation has proved that unity is a catalyst. This can help remove any problem. Involving the WASH members helped in creating a vision among the community members and this made the place an open defecation free area. This has been possible as from the very onset AARAMBH involved the community in all processes. They were involved in understanding the problem, developing methods to deal with the problem, motivating the users to use the toilets and then to make the rest construct their own toilets.

People are always ready to double up if provided: “If you help us take the first step, we are willing to take two”, is what Mrs. Kusum Pal once said when she was first approached by AARAMBH. Sanitation is an issue that starts from the individual and spreads to the community. It is the interpersonal communication that facilitates and makes way for desired behavioural changes. The people are ready to put in their share in the process if someone comes with some support.

Water and sanitation without dialogue with women will never move: Sanitation definitely provides privacy and safety to women and adolescent girls and it is they who gain the most from this intervention. Once the toilets were constructed in a few houses it is the women who took initiatives within their own families to convince others. They convinced and motivated the rest of the community members and tried to bring attitudinal change by participating in this programme. Such interventions thus get the support it requires if agencies involved in such intervention take it with women.

Reflecting together always makes things sustainable: This is in reference to the Health Card. AARAMBH collected the data in consultation with the community members and added some other dimensions as inputs given by the community. Through various interactions and meetings, community recognized and conveyed that decrease in incidences of diseases has been observed due to the availability of sanitation facilities in their premises. The reflection process which the agency carried out with the community time and again aided in making the programme a success.

Conclusion

Arjun Nagar has surely moved ahead in ensuring better water and sanitation services by adhering to the principle of community participation. The participation of women has been commendable; in fact, the real catalysts have been the women who extended full support in this drive under the persuasive leadership of the WASH members. Engagement of WASH and community members also created the vision among the slum dwellers to make their slum clean. Arjun Nagar has now become known in Bhopal among the municipal corporation staff, despite the fact that it never got support from anyone except the community itself.

