

# Control of Diarrhoeal Diseases

an integrated

Field Note

Orissa

*Life for a majority of Orissa's rural population is a continuous struggle for survival. Problems relating to water and sanitation, in particular, become acute due to the annual occurrence of floods that ravage the coastal areas, and the menace of perennial drought and cyclone in other districts.*

*UNICEF has been supporting the water and sanitation programmes of the State Government for several years. The Control of Diarrhoeal Diseases (CDD) WATSAN project, launched in 1996-97, operationalised the concept of environmental sanitation and water supply as an integrated strategy. It promoted community-based WATSAN model villages in selected districts, with the support of the Department for International Development (DFID) and the Swedish International Development Agency (SIDA).*

*In these model villages, integrated WATSAN interventions were implemented with active participation of the community. They serve as examples, and are expected to create a demand for such facilities in other villages.*

*The project has been launched in the districts of Ganjam, Kandhamal, Balasore, Kendrapara and Puri. This field note lists the achievements of the project in Ganjam.*



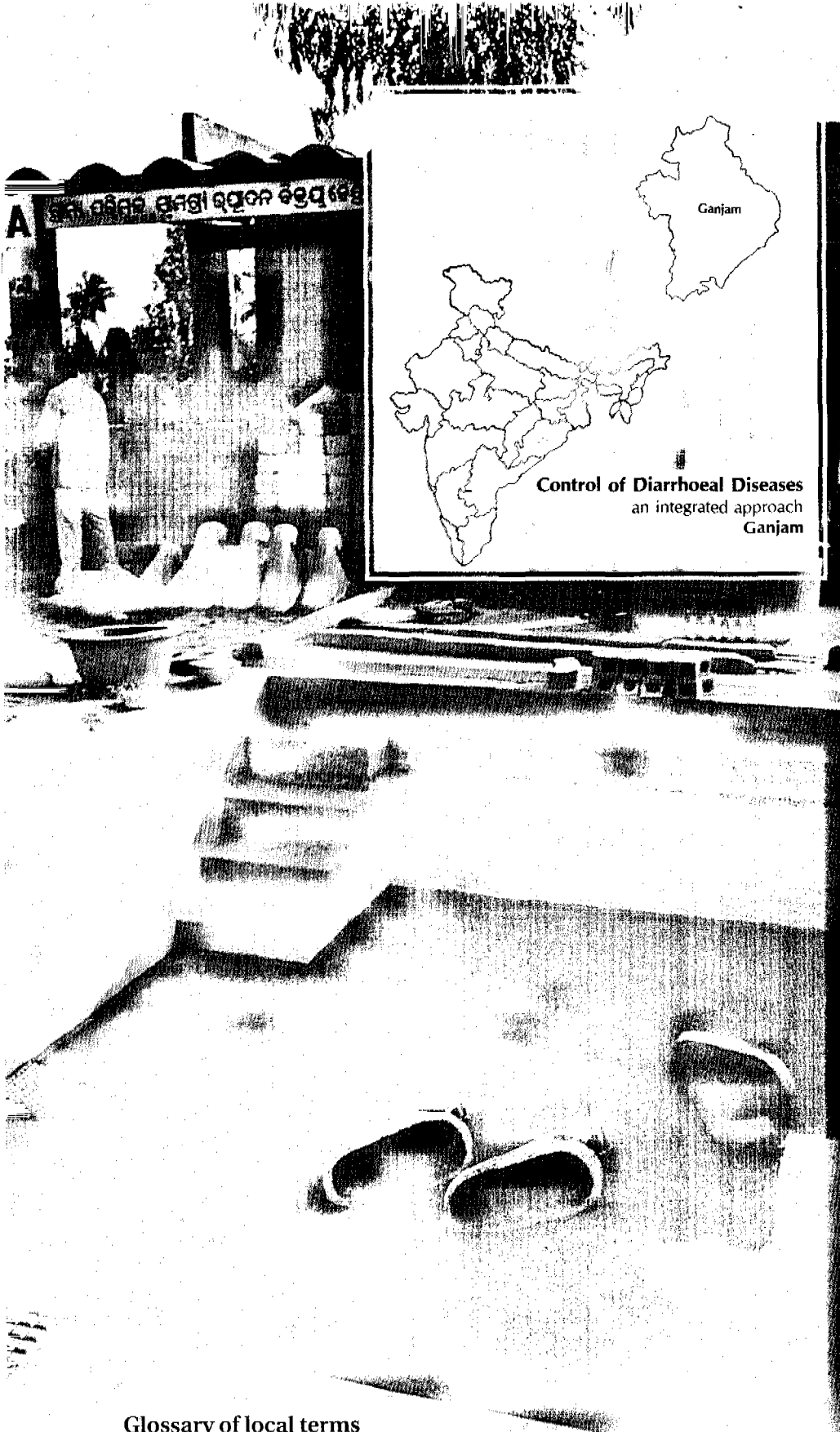
<b>Coverage</b>	14 blocks of Ganjam district
<b>Project duration</b>	1996-2000
<b>Cost and cost sharing</b>	Total cost: Rs. 56 million UNICEF contribution: Rs. 32 million Government contribution: Rs. 10 million Community contribution: Rs. 14 million
<b>Implemented by</b>	District Rural Development Authority (DRDA) and other departments of the district administration, 14 NGOs, with the United Artists' Association, Ganjam, acting as the nodal agency
<b>Technology</b>	Conversion of Mark II pumps to Mark III, decentralised maintenance, rejuvenation of borewells, construction of household and institutional latrines, conversion of open wells to sanitary wells, promotion of integrated sanitation models, School Sanitation and Hygiene Education (SSHE).



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## Background

The Control of Diarrhoeal Disease-Water and Sanitation (CDD-WATSAN) project was the result of the combined effort of the Government of Orissa and UNICEF, with financial support from DFID. The strategy was to bring down the incidence of diarrhoeal disease by providing safe drinking water and improved sanitation facilities. Since 1999, the approach has moved from ad-hoc interventions to the promotion of WATSAN as an integrated package, based on its convergence with health care and children's education. In order to implement this strategy and to make it a sustainable "people's movement", the district WATSAN network in collaboration with UNICEF launched a mass movement called Gram Parimal Abhiyan-Ganjam.

## Objectives

- Increasing access to sanitation facilities, both at the household and institutional levels.
- Increasing access to safe drinking water.
- Creating awareness regarding the prevention and management of diarrhoea, with emphasis on home hygiene practices.
- Motivating primary and secondary stakeholders to implement and manage the project.

## Institutional Partners

### UNICEF

UNICEF was primarily responsible for supporting the district administration and the state government in planning, guiding

## Glossary of local terms

*Anganwadi*—Early child care centre run by ICDS; *Gram panchayat*—Village local self-governing body; *Gram Parimal Abhiyan*—Initiative for a fragrant village, i.e. to clean and beautify the village; *Gullak*—Piggy bank; *Paan*—Betel leaf; *Shram daan*—Voluntary labour.

Rural sanitary production centre of Shelter (an NGO), Sanagopalpur

implementation, capacity building, monitoring and evaluation of the project. It extended financial assistance and provided hardware. It was responsible for the training of different stakeholders and provision of IEC material. DFID provided financial assistance of Rs. 30 million over the project period.

### State government

The state government, besides contributing financially, also helped convert Mark II pumps to the user-friendly Mark III pumps. The project supported the training of self-employed mechanics for hand pump repair. The state government took the landmark decision of handing over the operation and maintenance of hand pumps to the gram panchayat. The project also prioritised the rejuvenation of defunct borewells. The inclusion of hygiene education in the school curriculum has been another major decision taken by the government.

### NGOs

Earlier, the nodal agency for implementing project activities at the grassroots level was the District Rural Development Agency (DRDA). However, following a paradigm shift since 1999, implementation was carried out under the overall supervision of the nodal NGO, the United Artists' Association (UAA), based in Ganjam. A network of 14 block-level NGOs was formed, trained and institutionalised under the overall guidance and

## Woman power

The main force behind the success of the WATSAN programme in Chatarpur block are the women. Their determined efforts have had a tremendous impact not only in their own block, but also on activists in other blocks, who want to mobilise women in their villages. In fact, one of them had this to say: "I will try my best to encourage the women of my house to reach the forefront of these activities. I have a firm belief that other women will not only admire them, but will also come forward and join them."

supervision of the UAA. The project implementation was greatly facilitated because of the excellent networking by these NGOs.

The 14 partner-NGOs were:

Block	Partners
1. Beguniapara	SATHI
2. Bellaguntha	SARATHEE
3. Buguda	SAAR
4. Chatarpur	AID
5. Chikiti	GUIDE

6. Ganjam	SHELTER
7. Hinjilicut	JAGRUTI
8. J.N.Prasad	ASSA
9. Khalikote	SAMATA
10. Kukudakhandi	RKYS
11. K.S. Nagar	DASS
12. Purushottampur	AVS
13. Rangeilunda	PAID
14. Sheragada	VARSA

### District administration

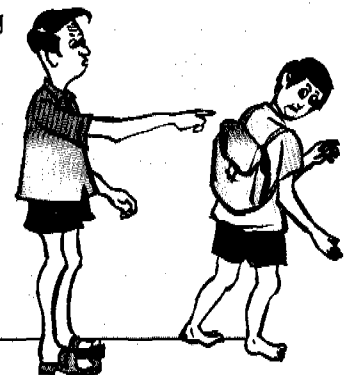
Various departments of the district administration were put in charge of different aspects of

## Loyal to his duty!

The WATSAN project created a significant behavioural change among students. This incident witnessed by the documentation team during its visit to the Totapalli Prathmik Vidyalaya explains it.

The elder of two brothers, being a member of the school WATSAN committee, refused to allow his younger brother into the school premises because he was not wearing any footwear. The older boy had been entrusted with the duty of monitoring sanitation-related activities in the school. He explained that by taking appropriate corrective measures even against his own brother, he was being loyal to his duty.

Daily sanitation activities, monitored by the school WATSAN committee, included everything from nail-cutting to washing hands after using the toilet. The student sanitation committee in the school comprised 10 students, with two members from each class.





Sanitary well and hand pump at Totapalli village, block Chatarpur

the project. The Department of Rural Water Supply and Sanitation (RWSS) made the hardware and construction material available, and installed the facilities. It also trained masons and mechanics. The district health administration arranged for medical check-

ups, promoted better management of diarrhoeal diseases, as well as the establishment of ORS depots. The District Field Publicity Office, along with the Department of Information and Public Relations, organised activities for creating awareness.

### Some landmarks of the project

<b>November 1997</b>	Joint review by DFID and UNICEF
<b>March 1998</b>	Visit of project personnel on an "exposure" trip
<b>December 1998</b>	Annual review by DFID
<b>January 1999</b>	Inclusion of six more blocks and formation of State Apex Committee on Water and Sanitation
<b>March 1999</b>	Secretary of State, UK, visits Ganjam
<b>May 1999</b>	Adoption of the concept of model sanitation village through participatory learning appraisal (PLA)
<b>September 1999</b>	First meeting of State Apex Committee
<b>October 1999</b>	Interruption of the project by two cyclones
<b>March 2000</b>	Joint review by DFID, UNICEF, State Government and extension of the project by a year

## Community Partners

### WATSAN committees and self-help groups

The community was the most important stakeholder in the project. Village WATSAN committees and self-help groups helped identify the specific needs of the villages, created awareness and tried to increase the community's financial contribution to the project. They offered information, formed solutions to specific problems and planned IEC activities. The WATSAN committees were also in charge of monitoring the health status of the community.

### Panchayats

The panchayats were involved in the recruitment of self-employed mechanics and masons for the project and also in micro-planning for model villages.

### Project Phasing

Implementation commenced in April 1996 in eight blocks and continued till February 1997. State-level WATSAN committees were constituted in February 1997 and a project coordinator was recruited in Ganjam in July 1997.

### Implementation

The project was integrated with the government's Rural Sanitation Programme. A total of 214 villages were selected for development as model WATSAN villages. Activities included:

- Participatory learning action (PLA) exercises for government officials, NGOs and community-based organisations (CBOs).

- Micro-planning for all 214 villages.
- Establishment and capacity building of 196 WATSAN committees.
- Creation of village drainage systems, construction of soak pits and digging of community and individual garbage pits.
- Training workshops for 602 village masons, (of which 335 masons, mostly women, were employed with the rural sanitary production centres), and 2,055 motivators.
- Imparting training in hygiene education to nearly 3,000 primary school teachers under the School Sanitation



Women on the march—Sanitary messages for the people (Totapalli village)

Programme; training workshops were extended to parents and students.

- Training of health workers and volunteers in anganwadi

centres/primary health centres (AWCs/PHCs) in hygiene, health and toilet-habits.

- Establishment of 19 rural sanitation production centres

### Self-reliance is the only way forward

The village WATSAN committee comprises 17 members, majority of whom are women. Its sub-committees monitor WATSAN-related activities in the village. The president and secretary of the WATSAN committees share their experiences:

“We did not know what sanitation meant until we heard about it from the neighbouring model sanitation villages. Eventually, a meeting was organised in which all the villagers expressed their serious concern on the issue. Some of us, including the president and secretary of the committee, attended the PLA training in Ganjam and Gopalpur. On our return, we organised another village meeting, where we conducted a PLA exercise, through which an action plan emerged for the entire village. When the budget, based on the action plan of various



Women workers at the rural sanitary production centre—Sanagopalpur

activities, exceeded the funds estimated as receivable from different sources, the villagers offered a viable solution - either they would contribute monetarily or through *shram daan* (voluntary labour). When the real work of construction started in the village, the participation of the villagers was overwhelming. Each and every member of the community extended his labour gratis. They sacrificed their

daily earnings for the collective welfare of the village. As a result, we were able to finish our work before the deadline.”

“Now, we feel we are self-reliant. In future we are not going to confine ourselves to issues of water and sanitation. We are also planning to intervene in other sectors for the development of our village.”



Promoting the message of sanitation through cultural programmes at Hindalapalli

for production of sanitary-ware, using locally available material.

- Conversion of open dugwells to sanitary wells and installation of over 100 India Mark-III OTC hand pumps.
- Decentralisation of the system of maintenance of hand pumps through the introduction of self-employed

mechanics, who were trained and equipped with the necessary tools. Each mechanic was responsible for 25 pumps and was paid Rs. 15 per pump, per month, by the RWSS.

- Construction of over 1,000 school toilets.
- IEC programmes for school sanitation.

## Exchange Programme

Under the exchange programme, 202 women from Kandhamal visited Ganjam to observe the involvement of women's groups in WATSAN activities. Twelve officials from Ganjam visited Kandhamal to learn about the process of community-based monitoring of health indicators. Village WATSAN committees now monitor 3,296 families in Ganjam and Kandhamal for 10 common health indicators.

## Oral Rehydration Therapy (ORT)

Over a 1,000 well-stocked ORS depots were set up. Depot caretakers and mothers were trained in preparing and using ORS at home for better management of diarrhoea. In addition, 34 ORT corners were established in primary health centres.

The Pulse Vitamin A Campaign for children under three was integrated

## "WATSAN opened our eyes"

### Village Hariapalli, block Chatarpur

"For old people like us this sanitary well is really a blessing. Now, it has become very convenient for me to fetch water from this well because a hand pump has been installed beside it. Earlier, when there was no hand pump, it was very risky for an old woman like me to fetch water from an open well. I have also heard in a village meeting that it is unhygienic to keep the well open because many filthy materials fall in it whenever the wind blows. I believe that since it has



A clean village—View of a model sanitation village

been closed now, it is no more hazardous to drink its water," explained an old lady collecting water from a newly renovated sanitary well.

After that I met another old man, who was sweeping the courtyard of his house. I went near him and asked his opinion regarding the

ongoing WATSAN programme in his village.

"Although it was late, it was not too late. The WATSAN programme opened our eyes, otherwise, we would have slept forever."

with this project because vitamin A increases resistance against diarrhoeal diseases.

### Diarrhoea Management

Intensive campaigns were held on the prevention and management of diarrhoea. The methods used included wall paintings, street plays and cycle rallies, posters, pamphlets and messages using the local dialect. The importance of washing hands as an effective preventive method was an integral part of all the campaigns, training camps and community-level interactions.

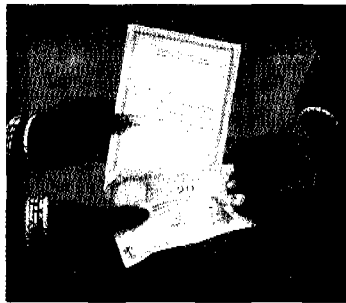
Planning, monitoring and evaluation were carried out through quarterly district and block-level coordination committee meetings. Fourteen block-level coordination meetings were held. Some were held on a monthly basis while others were held quarterly.

### Achievements

Over 20,000 individual household latrines and more than 1,000 institutional latrines (in schools/AWCs/PHCs) were constructed; and 200 tubewell platforms were constructed and repaired.

Besides these tangible achievements, the greatest success of this project has been to strengthen the network of primary and secondary stakeholders and to enable them to manage the programme on their own. The networking among the 14 NGOs (and their 50-odd community-based organisations) was extremely successful. They are now empowered to implement

## An innovative mechanism



Collecting money for cleanliness

There are six sub-committees under the village WATSAN committee of Taraipatapur model sanitation village in Chatarpur block. Each sub-committee was provided with a *gullak*, (a sealed earthen jar with a slit on the top to insert money). This has a story behind it. The former president of the village WATSAN committee, a lady, narrated the story:

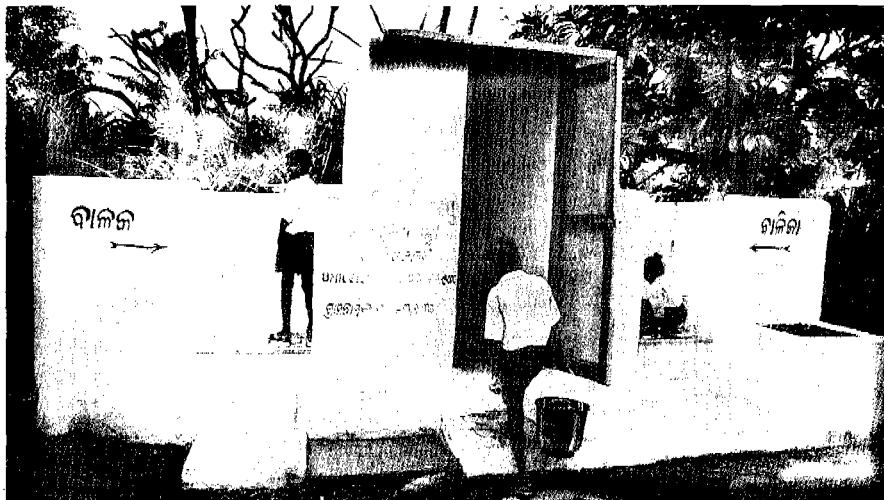
“Earlier, we and our husbands frequently used to eat *paan* (betel leaves) and tobacco, for which we spent two rupees a day on an average. At a village WATSAN committee, we decided to save this money. We were supposed to put this money into a *gullak*. Six *gullaks* were distributed to the convenors of six different sub-committees. Till now, none of the six *gullaks* have been broken. As soon as we break these *gullaks*, we will collect all the money and deposit it into the account of the women’s committee. We are yet to decide as to how we are going to spend this amount.”

the project and also any other community-based social development work.

Community motivation was significant. The community responded with enthusiasm, not only in specific matters like taking over the maintenance of hand

pumps, but also in more general ways like participating in planning and implementation. In financial terms, their contribution amounted to about 20 per cent of the cost of the project.

The project also brought together various functionaries working in



Changing habits at an early age—School toilet at Chatarpur Primary School, Mariapalli block

## Workshop to develop self-reliance

Several workshops were held in the project to make the community self-reliant.

Members of local CBOs, who were trained by a block-level NGO, conducted the workshops. All the participants were women from eight different model sanitation villages of the block. There were 10 representatives from each village. The participants were divided into eight groups comprising 10 members each.

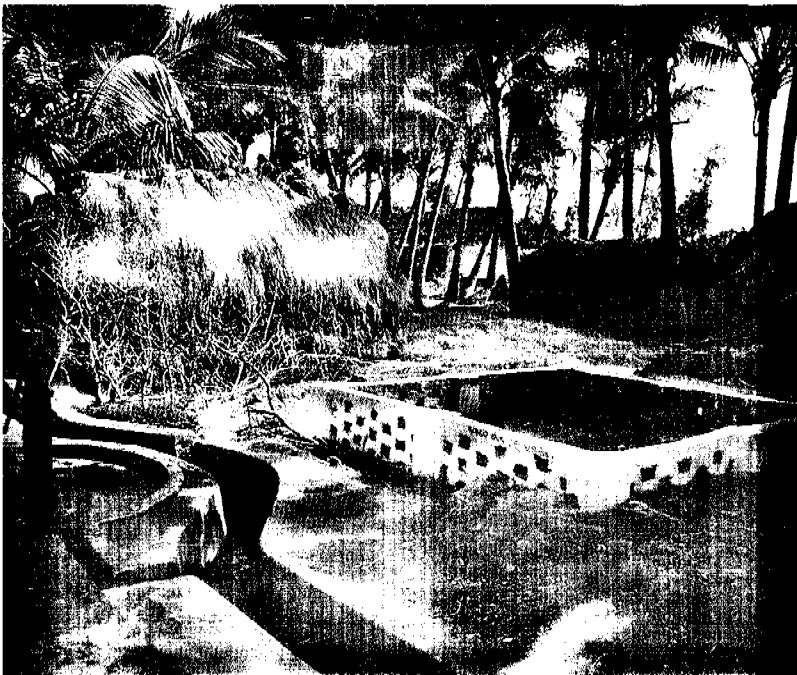
- Each group was given a sanitation-related theme and each of them was supposed to respond to it in writing. This reaction or response was to be taken as a yardstick for future planning. The themes covered household latrines, sanitary well and drainage (repairing, cleaning, etc.), improvement of sanitation fund, village cleanliness, model sanitation school, education and sanitation awareness, child care and home sanitation.
- Reactions and responses on these themes were collected, and each was discussed separately, so that all the participants could contribute meaningfully to the discussion on the issue.
- The workshop was made informal and joyful



A workshop to build the capacity of women

through songs, physical exercises, jokes, story-telling, etc.

The most significant feature of the Rural Sanitary Production Centre at Podapadar (N.H.5), in Chatarpur block, was that all the masons and workers of this production centre were women. The masons working in this centre were trained by the master mason, who in turn was trained by UNICEF. These women workers have now become experts and are being invited by production centres in other blocks to train their masons.



A hand pump at Totapalli village, block Chatarpur

the areas of health, nutrition, education, water and sanitation, RWSS, and the Integrated Child Development Services (ICDS) programme. The project has had a far-reaching impact in terms of helping to alter government policy. Encouraged by its success, the government has decided to launch a "Sanitation for All in Ten Years" mission on the same lines.

The WATSAN model village strategy was also endorsed at a state-level apex committee chaired by the Chief Secretary. The committee decided to work on an effective plan to replicate this participative model across the state.