People’s initiative for total sanitation

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VERC was established in 1977 as a project of Save the Children-USA. In 1981, it was indigenized as a private voluntary development organization. Its vision is "A self-reliant society based on justice, equity and sustainability where every human being has the equal opportunity to maximize their potentialities". VERC has had a WATSAN program since inception and WaterAid has been funding this since 1986.

Despite a lot of effort made by different stakeholders in the country, the rural WATSAN context of Bangladesh still estimates safe drinking water coverage as 97.5% while actual coverage comes down to 74% because of arsenic contamination in the ground water source. Sanitation coverage for rural areas is only 41.3%, which in some cases goes down to 15%. Considering the situation, VERC thought of looking for a more effective approach to address the situation. Accordingly, the NGO has innovated the approach of 100% Sanitation in the country during the implementation of its Phase III project activities which started in 1999. Under the new approach, VERC has enabled 50 communities to achieve 100% sanitation coverage in seven sub-districts with increased access to safe water supply.

The approach
The approach is based on the assumption that communities have their own strength and willingness to overcome their own WATSAN problems. Therefore, the role of field workers is that of facilitators enabling communities to analyze their current situation, identify areas for improvement, plan how to improve them and then implement these plans. It focuses on social development using a process of institution building and community empowerment for effective social mobilization rather than concentrating on the delivery of WATSAN services at the outset of the approach. When the local WATSAN Committee is formed, they lead the planning, implementation, monitoring and evaluation of activities aimed at improvement of the situation. The approach also recognizes that in the area of WATSAN, the behaviour of an individual has a direct impact on the health and well being of others. Therefore, to bring about sustainable improvement in the quality of life and health of the rural people of Bangladesh as a whole, a community and ultimately Union view has to be taken. The term 100% Sanitation is used to reflect this view.

VERC believes it is important that 100% sanitation goes beyond the installation of latrines and tubewells, so field staff assisted the community to work out a behaviour-focused definition of 100% sanitation.

- No open defecation or open/hanging latrine use
- Effective hand washing after defecation and before taking or handling food
- Food and water covered
- Good personal hygienic practices
- Latrines well managed
- Using sandals when defecating
- Clean courtyards and roadsides
- Garbage disposal in a hygienic way
- Safe water use for all domestic purposes
- Water points well managed
- Waste water disposal in hygienic way
- No spitting in public places

Community involvement
The main entry point of the programme is the community. Accordingly, each and every component of the programme is community based. The process involves community people in all aspects of problem identification, planning/resource identification, implementation, monitoring and evaluation from their own perspective. This introduces ownership of the programme as well as ensures sustainability for the future. As part of the community, local Government bodies, GOs, NGOs, CBOs and other stakeholders are also to be involved in the process for greater involvement and efficiency of the programme approach.

Key activities involved
Entry PRA
The main purpose of entry PRA is collection of baseline data and the motivation of the community to change their WATSAN situation. A team of 3 or 4 Health Motivators and the APC uses transects, social mapping, well-being ranking and other tools to establish the current situation in the community over a period of 2-3 days. To help motivate the community to take action to change their WATSAN situation the effect of open defecation and unhygienic latrine use is highlighted.

Formation of a WATSAN committee
The key to the success of the approach is the involvement of the community members themselves in all aspects of planning, implementation and monitoring and evaluation. The WATSAN Committee is a community group that takes the lead. It usually involves both males and females from
all economic groups in the community. This is important, as the emphasis is on the community as a whole making changes and the richer members supporting those less well off.

**Meetings with the WATSAN committee**

One of the first actions of the WATSAN Committee is to produce an action plan. The community members themselves are the main implementers of the action plan. However, VERC has a key role to play in facilitating them. The committee plans for all sorts of activities, identifies required resources, assigns responsibility among actors, and fixes times for each action as well. They consider latrine installation as the first and foremost task to stop open defecation towards basic and more visible improvement of environmental sanitation and for that they ask for technology orientation from VERC for the committee members along with other interested individuals from within the community.

**Meetings with the community**

As the community is encouraged to find collective responses to problems and help each other, meetings with groups of members of the community are important. They serve a variety of purposes such as to discuss progress, suggest solutions, explain technology and see where VERC's input is needed. Meetings are also held with the elite to engage their support and encourage their involvement.

**Children's group formation**

The role of children in bringing about a sustainable improvement in WATSAN situations is believed to be important so children's groups are formed in communities to act as key motivators to the rest of the community. The children get involved in rallies and community cleaning exercises as well as individual motivational activities through friendship networks.

**Community cleaning exercise**

When progress is being made at individual household level the community often holds a cleaning exercise to clean up public places.

**Construction and installation of hardware**

People are free to select the latrine model that suits them best and get it from wherever they want. In total nine models of latrine are promoted at the outset of the approach along with any local designs that satisfy the criteria for being hygienic i.e.

- Preventing contamination of other things by faeces
- Free from odour
- Free from flies.

VERC provides some models and materials and trains the mason who is paid an agreed rate for the items constructed. The community then pays VERC a set cost (no subsidy) for the items purchased.

The subsidy for water points is set slightly lower than the government level. Installation of water points is done in association with the community with specialist contractors being used as necessary. VERC-supported water points always go to clusters with a high concentration of poor households, considering their limited access to safe water.

**Health and hygiene education sessions**

The whole approach depends on the promotion of good behavioural habits so health and hygiene education is crucial. Virtually all of the activities have some health and hygiene dimension but in addition four types of specific Health and Hygiene Education sessions are held; Courtyard Meetings, Film Shows, Health Campaigns/rallies and Child to Child Communication.

**Monitoring behaviour changes**

Community monitoring is supported through the use of community held monitoring charts. Individuals take on responsibility for monitoring several households and individuals. The WATSAN committee also monitors progress against the action plan.
As expected there is a range of progress across the 427 communities that are currently involved in this approach but most have shown a good improvement in their WATSAN situation. The outcomes identified in fifty communities have shown that the 100% sanitation approach can bring about a significant improvement in the WATSAN situation in a community within 9 to 10 months. Women participants updating the Hygiene Behavior Monitoring Chart.

Communities are also willing to act as promoters for other communities and so spread the message. This is important for the widening of the approach across communities as it is a more sustainable method of promoting 100% sanitation in the long term and helps when NGO resources are limited in the short term.

**A menu of options**

A single-model ‘blueprint’ approach for technology has not been advocated. The traditional approach has been to provide a few ‘acceptable’ technological options, such as the concrete ring-slab with water seal, a wide range of hardware options have been made available and users can choose an appropriate model based on affordability. Local innovations are actively encouraged to expand the range of options available. As of now, there are almost 30 options which have been innovated and are in use at field level, of which 19 were innovated by community catalysts known as Rural Sanitation Engineering Group Members. Even families with limited funds could opt for appropriate options, depending on affordability, with models ranging from as little as Taka 105 (US $1.8) to more sophisticated models at Taka 1,700 (US $29.3). Households were at different levels of the sanitation ladder, and many had made a gradual shift from a low-cost temporary model to a permanent structure. Families were proud to show off their latrines, which are viewed as status symbols.

**Cost Involvement**

VERC maintains no subsidy for latrine installation. Community people get orientation on technology options ranging from no cost, through low-cost to higher cost according to individual family choice matching with well-being status. Operation & maintenance of installation and use is by families in collaboration with the WATSAN Committee. The WATSAN Committee negotiates with a cleaner the charge against bulk demand from communities. Negotiations have ensured availability of services at a cheaper rate; besides, the cleaner has sufficient work and higher monthly income compared to the past.

**Behavior change on hygiene practices**

The community-initiated model is based on the principle of ‘igniting’ behavior change in sanitation practices by creating awareness in the community of the lack of environmental sanitation and its adverse impact on hygiene and health conditions.

Following this, communities begin to look at ways to improve their current sanitation environment. Individuals are identified to work as catalysts in the community to spread the demand for latrines. The community is made aware that to achieve total sanitation it is necessary that every household adopt hygienic sanitary practices, and behavior change must be taken up collectively.

**Lessons learnt**

The main driving forces behind the paradigm shift in mindset and behavior are –

- A key feature is empowering communities to help themselves, and a shift from technocratic and financial patronage to participatory approaches. This requires a change in approach from training and management to an emphasis on empowering communities and strengthening local institutions.
- One of the most noteworthy features is the absence of household-level subsidy. Unlike earlier approaches, the process of behavior change was initiated without external financial support to households.
- By creating awareness within communities, a change in mindset is achieved. The shift from open defection to fixed spot defecation is irreversible as, in addition to health benefits, it provides privacy and safety and people are likely to find it difficult to regress to traditional practices.
- The old mindset of promoting a single model approach for technology had not been advocated. Rather, a variety of innovative technology options were available on the ground. Households are at different levels of the sanitation ladder, and many had made a gradual shift from a low-cost model to a more durable one.
The effect of peer pressure and participatory monitoring systems has ensured sustainability. Innovative systems are being used to police open defecation, for instance through watchmen and children’s groups. The refusal of families to allow their daughters to marry into households without sanitation systems is an effective incentive for encouraging total sanitation practices.

The variety of sanitation equipment on sale in the roadside shops indicates that there is a significant demand in the area. The introduction of cheaper materials and of multiple technology options has increased the demand, as a growing number of users are able to enter the market. It needed no special efforts to create the supply chain. Private producers of pit latrines and related equipment have largely met the growing demand.

Challenges ahead

The approach needs to address the issues for effective replication and sustainability and they can be summed up as:

- Back up support to further try out the approach in broader area contexts in the country and region as well
- Institutional linkage between line actors as well as other stakeholders across government departments and other agencies
- Integration of all stakeholders including the donor community to carry forward the innovative approach to link up with other development interventions
- Effective replication of the approach in the country is still very much dependent on advocacy at the policy level which is still a big challenge, as of its leadership and incorporating it into national policy.

Conclusion

There is a real sense of ownership and responsibility for the changes made in the community. Considering the issue of refusal of families to allow their daughters to marry into households without sanitation systems is an effective incentive for encouraging total sanitation practices. Despite some challenges, the approach has aroused interest in the country among NGOs, Government department and donor communities. A high powered team of the Indian Government and NGOs paid a visit to the program and considered the approach worth replicating and already has achieved some success in doing that.

References

Dr. Kazi Ali Azam – Environment and Sanitation Promotion, mass communication and social mobilization, environment technology mass communication, Dhaka 1997.
Baseline Report on Integrated Water, Sanitation & Hygiene Promotion and Community Institution Building Project of VERC – April 2000
Determining Area Specific Approach for a Greater Community Participation in WATSAN Program of VERC/WaterAid - 2000 – Kamal Kar, Participatory Development Consultant, Calcutta, India
Shifting Millions From Open Defecation To Hygienic Latrines-(Process Documentation of 100 Percent Sanitation Approach, VERC 2002
Jal Manthan- A rural think tank, Water and Sanitation Program-South Asia, India country team, April 2002.

Footnotes

1 The lowest national administrative strata in Bangladesh
2 A community is a composition of 75 to 125 households in a village in the programme areas. A common under standing and a mutual dependence exist in them.

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