Women’s participation in total sanitation campaign - the Orissa experience

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This paper attempts to illustrate the experiences of UNICEF in Orissa state (India) on involvement of women Self Help Groups in accelerating the Total Sanitation Campaign towards creating demand for and supply of individual toilets among the rural communities. Where years of top down approach did not yield the desired results, these women have demonstrated that given the necessary skills, guidance and encouragement, they can change the attitude of the rural communities adopting cost effective household toilets and improved hygiene practices at the household, community and the institutional levels. The focus of the experiment was to promote a number of rural sanitary production centre managed by women, which could double up as social mobilization dissemination points. While supporting a national programme towards improving the quality of life, these women have created an opportunity for their own income generation. Thus, the sustainability of the programme has been ensured with the Government acknowledging the strategy as a truly replicable one.

Background

Orissa is one of the eastern states of India with a population of 37 million people, 85% of which live in rural areas. Orissa is one of the poorest states in India, with one of the highest rates of infant and maternal mortality in the country, as well as the lowest rate of sanitation in the country. A few years back, less than 5% of the State’s population had access to adequate sanitation. Towards improving the situation, the Government of Orissa joined the rest of the States of India to embrace the Total Sanitation Campaign (TSC). The objective of TSC is to create a state-wide awareness for sanitation which along with water has received little attention over the years. The critical component of the TSC is that the beneficiaries are equal partner with equal stake in the implementation of both the hard and software of the programme. The activities carried out so far have focused on women as mere receivers rather than as significant partners that have vital role to play towards the successful implementation of TSC. In Orissa, there are over 2 million Self Help Groups female members in all the 30 districts. These groups of women over the years have been engaged in various development activities linked to their social economic well being. Encouragingly, many of the district administrations have expressed interest to involve these groups with inclusion of sanitation as part of their development programme.

The issue – Women’s’ participation

Studies all over the world and experience have shown that women play a significant role in influencing the family’s sanitary habits particularly as it affects girl-children and infants. It is assumed that a woman’s perspective can contribute a great deal to improve planning, functioning and utilization of the sanitary facilities, especially when they are made aware of the linkage that exists between safe sanitation and health and are simultaneously provided with appropriate training and support. Under TSC, the involvement of women has been seen as target groups but will be considered as informed consumers, clients and managers who are capable of making informed choices. They will be involved as active agents who can contribute to decision making, generation of ideas, mobilization of labor, providing resources and disseminating health related messages as well as act as partners in implementing new innovations.

Programme strategy and activities

It is on this basis that UNICEF has initiated a strategy towards working jointly with the Government on a pilot basis through its network of Women Self Help Groups (SHG) in order to
improve the participation of women in the current drive for sanitation. This approach is designed for training Self Help Groups to manage Rural Sanitary Production Centers where most of the sanitary ware is produced. These women are supported with various women-friendly tools and technical assistance to be able to perform their function in mobilizing the community towards adapting better hygiene practices, creation of demand for household toilets and meeting the demand by constructing affordable toilets.

The current strategy is aimed at establishing/expansion/upgradation of all-women Production Centers in each of the UNICEF assisted district. Each Production Centre has a minimum of 25 women member from the local SHG. The women have been trained on various related subjects varying from production of sanitary ware, hygiene promotion and basic accounting/book keeping. These Production Centers double up as training centres for training of women masons who are encouraged to procure hardware materials from the production centers for the construction of individual, community, school and anganwadi (pre-school) toilets. Selection of the village motivators is jointly carried out with the full involvement of the women Production Functionaries, Masons and the Community leaders to maintain certain level of linkages and trust. Each production center is given a number for easy identification and each trained mason is given an identification card and linked with the Production Center. Processes are on for officially registering these Centres with the District Water and Sanitation Missions as authorized producers and builders of toilets under the TSC.

The block level Child Development Project Officer (CDPO) under the Women and Child Development Department is the nodal person who will identify, select, train and deploy the SHG members, monitor their progress and ensure continuous support and patronage by all concerned stakeholders. The technical assistance is garnered from the Junior Engineer of the District Mission. Participatory methods are applied in all stages of consultations, discussions and selection processes.

Thus, the network has a three pronged strategy, as follows:

- The Motivators facilitate the creation of demand and work towards bringing about the desired behavioral changes at the household level that includes use of toilets and adopting correct hygiene practices such as water handling and hand washing at critical time. The motivators earn Rs 50.00 (a little over $1 from the Government for sensitizing and creation of demand for one household toilet.
- The Production Centers produce sanitary hardware and meet the demand created by the motivators as well as serve as the centers for the subsequent training of local masons. A typical Production Centre earns Rs 100 ($2) per each household toilet.
- Trained Masons construct the individual, community, school and anganwadi toilets depending on the chosen option. One mason can earn a minimum of Rs 100 ($2) per day.

Participatory methods are applied in identifying and selecting the SHG members and the Production Centres. The criteria adopted for the selection are:

- Female members of an approved Self Help Group, above 18 years of age.
- Living below poverty line
- Must be belonging from same block
- Willingness to participate and to be trained.
- Support from husband (if married) or family member.

### The stakeholders

Different stakeholders have different roles to play in establishing this network of SHG-led Production Centres. Some...
of them are as under:

Child Development Project Officers (under the Women and Child Development Department)
- Nodal persons for the community network
- Identify and select active SelfHelp Groups as Production Centre holders
- Identify individual members as Village Motivators, Production Centre Functionaries and Masons
- Hold monthly meetings to review progress of work
- Co-signatory to the SHG Bank account
- Provide over sight, supervise and facilitate the smooth running of the production centers.

Block level Engineer (under the District WATSAN Missions)
- Provide technical supervision for the production of sanitary hardware
- Support the technical training for the women masons
- Jointly with the nodal officers hold monthly meeting with the SHG members to review progress of work
- Register the SHG members with the District Mission and ensure patronage
- Monitor and provide technical input for the construction of the individual household toilets

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- Training for the Village Motivators on behavioral change communication
- Training of Production Centre Functionaries
- Provision of women-friendly tools and equipment
- Provision of moulds and shutters
- Provision of start-off construction materials
- Provision of lady bicycles to facilitate mobility
- Support in demand creation strategies and activities

Key lessons
- The capacity of the local women to facilitate community processes should not be underestimated. However, they need constant hand holding and support, especially from the Government.
- Community management only becomes a reality if decision making, including financial control is devolved to the women
- Decision making implies that communities have choices to make throughout the project process. Systems are therefore needed to provide people with an informed choice of options.
- For the women to become active in development, it requires quality facilitation. Once developed, a successful demand driven approach can achieve more in a year than a decade of top-down service provision.
- Demand and supply must go hand in hand.

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The achievements
UNICEF and the state Government started this process in mid 2005 in one of the tribal districts of Orissa. Today, the process has spread to 8 districts and has established 105 production centres with over 5000 village level motivators and 2500 women functionaries who are actively supporting the Total Sanitation Campaign.

Photograph 4 : Even after the training is over, the SHG women continue producing