

Social Audit on Household and Community Sanitation Units - A Study in Tamil Nadu



Social Science

KEYWORDS :

Dr. R. Mani

Associate Professor & Head, Department of Gandhian Thought and Peace Science, Gandhigram Rural Institute-Deemed University, Gandhigram, Dindigul, Tamil Nadu

Mr. M. Diraviaraj

Ph. D Research Scholar (part-time), Department of Gandhian Thought and Peace Science, Gandhigram Rural Institute- Deemed University, Gandhigram, Dindigul, Tamil Nadu

ABSTRACT

The paper addresses the Major issue of Non-utilization of the sanitary facilities by beneficiaries, which is due to lack of awareness on sanitary practices and the strings of problems tied to the non practices on one side and that the units are built with poor cooperation and willingness of the beneficiaries on the other side. In most cases, the target coverage has been the priority than the actual needs and realization of the need and utilization by the users themselves, where the concentrated education on sanitation has been lacking. Where also the situation of huge contributions to be made by the beneficiaries as co-financing along with the government [TSC], has played a major role, in beneficiaries not willing to own a facility. The dominant factor has been that major portions of these units remained un-utilized due lack of awareness and community education on the importance of sanitation. At this background, an NGO called Y-NEEW, has adopted the principles of community education, participation and social audit, while promoting 5 community sanitation units, in 5 hamlets [with support of CAPART, Ministry of Rural Development, GoI-2004-2005] and 25 house hold sanitation units for as many families [with support of TSC-DRDA, Dindigul, Tamilnadu-2009-10], processed by the Community Sanitation Committee [CSC] and Social Audit Committee [SAC].

The paper studies these two situations in relation to the roles of social audit committee and community participation, where there has been intense community education on the need of sanitation, in leading the users into whole some utilization of the facilities. The study of two situations reveals that the units, as self-designed user friendly units, established with community cooperation and peer group influence. Such models of people acting for their own needs with external facilitation and focused education create scope for replication and lead to the wholesome practice among the rural population. If the MDG sanitation target is to be achieved, innovative approaches and people or user friendly models and strategies need to be developed and adopted to reduce the time span from policymaking to services delivery.

Introduction

Sanitation, no doubt, is one of the basic needs for the human survival and for sickness-free life. The Millennium Development Goal gives special emphasis on the need to reach the breadth and width of the world's poorest population, with minimum infrastructure. Though there is a progress on establishing sanitation facilities on war footing, the attention to the usage and sustenance of these units and their use is always debatable.

The rural households are not accustomed to using either the household toilets or the community units, for reasons that there is a little prior education either as community or as individuals, on hygiene and sanitation. Rather the achievement of the targets and the numbers are the priority in the minds of the policy makers.

The Background to the study

The present study was undertaken on the fields of the voluntary organization viz., Y-NEEW [Youth's Network to Educate and Empower the Weak], Dindigul, Tamil Nadu. Y-NEEW had constructed 5 community sanitation units in 5 hamlets, with support of CAPART, Ministry of Rural Development, Government of India, and 25 household sanitation units in 6 hamlets, with support of District Rural Development Agency (DRDA), under the Total Sanitation Campaign (TSC).

The following three situations served as the foundation of this study.

1. About 65 percent of sanitation units built are not utilized
2. The rural households are not informed of the importance of sanitation and hygiene are ignorant of the problems stringed to this practice.
3. The urgency shown in achievement of numbers is not shown in the aftermath of construction, which leaves a number of units as idle assets.

The study wanted to create an alternate situation and to observe

the results. The study purported to reason out the people's behavioral change in relation to their informed knowledge and their participation in the process.

Objectives of the Study

The following are the specific objectives of the study:

1. To identify the reasons behind the attitude of "people not using toilets" and impact of participatory education in generating awareness on sanitation among people.
2. To study the impacts of social audit and participatory management practices among the selected communities especially on the sanitation and the use of toilets
3. To bring out a implementable model for community participation and management of sanitation complexes and household units.

Methodology

- The team conducted a household survey of 25 selected beneficiaries, who had been covered with the facility of individual toilets in their houses.
- The team conducted personal interviews with 12 adolescent girls, who were part of the peer groups selected for motivating the construction of individual toilets.
- The team conducted Focused Group Discussion with three of the 5 CSCs.
- The team had a special Focused Group Discussion with 6 members of the SAC.
- The team collected data from the secondary sources such as manual records, printed leaflets, personal interview from the members of the Community Sanitation Committee (CSC) and Social Audit Committee (SAC) and opinion survey from the target communities. The team has visited the beneficiaries' houses and the hamlets where the units are in use.
- The study chose all the five hamlets namely Thandalkarapatti [BC], Valakkaipatti [SC & BC], Nambikottai [SC], Uri-maikarapatti [SC] and Kannarpatti [BC] that have benefited from the community sanitation unit and the twenty five families that have benefitted from the household toilet units.

Salient Findings

The Voluntary Organisation (VO) had formed CSC [Community Sanitation Committee] in all the five hamlets. There were 7 members and 3 were women. There was caste-wise representation in one heterogeneous community. The VO had formed SAC [Social Audit Committee] prior to the start of the programme. There were 10 members in the committee, out of which 5 women 3 men were from the communities but were non beneficiaries of the program. 1 each represented from the VO and the academics.

The SAC had been well oriented prior to the start of the project on the roles and responsibilities through 2 trainings.

The CSC members had collective training over 3 phases and they in turn organized village level meet to transfer the sanitation truth. In all, there were 3 joint awareness programmes and 10 village level programme. The VO had used street theater, children cultural events and there were songs on popular cinema tunes.

While enacting street theater, the VO adopted two popular incidents in two of the villages. 1 the case of chicken pox affecting to more 100 persons in one village, where District Administration had to come in action and 2. The breakdown of diarrhea in one village where more than 50 persons affected.

While using the CSC as the role player in the establishment and usage of community toilets, the VO has used the peer pressure of adolescents for building the household toilets. The VO had organized Adols.Net in these hamlets and took the sanitary education to the adolescents of the village; they took the information to the parents and demanded for their support and corporation to bring total sanitation.

The CSC met once in a month and SAC met also once in the month. The SAC had the intervening and guiding power over the CSC. They had the right over the utilization of the money and submitting reports every month, which is verified by SAC and rectified and sanctioned for further process. The CSCs organized 15 per cent of the value of the construction by labour from the communities. The Households managed 30 per cent value of the toilets construction cost.

The toilet construction had been over at the right time, with exception of 1 toilet, which lacked in report submission on time.

The Lessons Learned

- The direct roles taken by the community leaders led to the participation of the community as such.
- The community leaders' involvement in education programme motivated the community on sanitary practices.
- The initial hurdles tied to the superstitions were solved by the community leaders themselves using their own strategies.
- The CSCs had done their roles and successful in establishing control over the community
- The CSC ensured the ownership of the community by making a common rule of one-labour-from every family
- The usage has brought to sustenance through common sanitation tax collected from every family on monthly basis.
- Cleansing the community toilets not connected to a caste, where the CSC itself involves in maintenance.
- The community has accepted the common rule that nobody should encourage for open defecation.

- 3 out of 5 communities have succeeded. In 2 communities the superstitions have prevailed. Out of 5 settlements, in 3 settlements the desired results are achieved. However, in 2 settlements the VO is still struggling for bringing total sanitations due to location specific problem.
- Community involvement proved that roles sharing in such common initiatives will ensure long team positive impact
- Social audit committee ensured equal and holistic participation of the CSCs.
- All the members had direct access to the SAC members which provided platform for transparent functioning and participation.
- Eliminated the problem of chicken pox and diarrhea in the villages
- The individual toilets witness 100% usage, which out speaks the power of family members role in both need-realization and ownership of the assets created.
- The impact is visible in more families willing to undertake household toilets.
- It is also big lesson for the implementers that people's role/participation and regular facilitation will lead to the successful reach of Millennium Development Goals.

Recommendations

- DRDA and its subsidiaries could follow community participatory methods, by allowing the panchayat to form such committees in its hamlets.
- Instead of contracting the constructions to the outsiders, the community should be made responsible for construction.
- Government on the other side takes up adolescent education. It can use its peer group pressure to both establishing and utilizing the household sanitation units.
- DRDA can make the organization of community sanitation education as mandatory to the sanitation coordinators, prior to the start of construction.
- The subsidy is increased now. There is possibility for more intake from the community households. At the same time, DRDA and its subsidiaries should consider the involvement of local VOs/NGOs/ CBOs/ SHGs in taking up the activity, so that calculated risks could be easily managed collectively by such groups.

Conclusion

This study concluded that the roles of Social Audit Committee and Community Sanitation committee has ensured holistic participation of the beneficiaries in both availing the facility and utilization of the same, which is witnessed by the fact that these units are utilized by the beneficiaries and have challenged the problem of poor sanitation in this Panchayat. The administrative and policy making process consumes a lot of time, while community participation and external facilitation or the intense community education suffer from the process for lack of time, idea and energy. Investing in sanitation infrastructure involves a long project cycle. But it is role shared with the concerned community; it is short cycle with long impact. If the MDG's sanitation target is to be achieved the present study concludes that innovative approaches and strategies such as quoted in the paper need to be developed and adopted to reduce the time span from policymaking to services delivery.

The study's results give one a hope that the words and belief of Mahatma Gandhi on 'Self-Help of the village is the road to development' is sustainable.

REFERENCE

1. Access to Improved Sanitation — India. WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation, Coverage Estimates 1980-2000, WHO and UNICEF, September, 2001. | 2. ADB (Asian Development Bank). 2006. Model Terms of Reference: Planning Urban Sanitation and Wastewater Management Improvements. | 3. Global Water Supply and Sanitation Assessment 2000 Report. World Health Organization, United Nations Children's Fund, and Water Supply and Sanitation Collaborative Council, 2000 | 4. WHO/UNICEF, 'Estimates for the Use of Improved Sanitation Facilities: India', Joint Monitoring Programme for Water Supply and Sanitation, World Health Organization & United Nations Children's Fund, March, 2012 | 5. Agenda for the Conference of Ministers of Urban Development, Local Self Government and Housing of States/Union Territories. Ministry of Urban Development and Poverty Alleviation, New Delhi, September 2002. | 6. Roy, A. K., et al. 1984. Manual on the Design, Construction and Maintenance of Low-Cost Pour-Flush Water seal Latrines in India. TAG Technical Note No. 10. Washington, D. C.: World Bank. | 7. Franceys, R., J. Pickford, and R. Reed. 1992. Guide to the Development of On-Site Sanitation. World Health Organization. | 8. Kumar SG, Kar SS. Sustainable behavioral change related to environmental sanitation in India: Issues and challenges. Indian J Occup Environ Med. 2010. | 9. Cotton, A. P., and D. L. Saywell. 1998. On-Plot Sanitation in Low-Income Urban Communities: Guidelines for Selection. WEDC. Loughborough University, Loughborough. | 10. Franceys, R. 1997. 'Private Sector Participation in the Water and Sanitation Sector'. Water Resources Occasional Papers No 3. DfID WELL Task paper. WEDC, Loughborough University and IHE, Delft. | 11. Pandve HT. Environmental sanitation: An ignored issue in India. Indian J Occup Environ Med. 2008. | 12. Majra JP, Gur A. India needs a great sanitary awakening. Indian J Occup Environ Med. 2008. | 13. Clasen T, Roberts I, Rabie T, Schmidt W, Cairncross S. Interventions to improve water quality for preventing diarrhea. Cochrane Database Syst Rev. 2006. | 14. Gupta, S. (2012), 'Woman who risked marriage for sanitation awarded', The Times of India, February 24. |