

ASSESSMENT REPORT OF SANITATION COVERAGE OF NANDIGRAM-II BLOCK, EAST MEDINIPUR, WEST BENGAL

1.0 BACKGROUND AND PURPOSE OF THE VISIT

1.1 The West Bengal Government submitted a Report to the Department of Drinking Water Supply, Ministry of Rural Development, Government of India stating that full sanitation coverage has been achieved in Nandigram-II Block in East Medinipur District. The Report claimed that all individual households in the block have sanitary toilets. A copy of the Report received from Government of West Bengal is enclosed (**Annex 'I'**). Government of India constituted a multi-disciplinary Team to visit Nandigram-II Block in East Medinipur District to verify the claims made by the Government of West Bengal.

1.2 Government of India constituted a six-member committee vide the order No W-11042 3/2002-CRSP(pt) dated 1st May, 2002 (Copy enclosed (**Annex-II**)) with the following terms of reference:

- To assess the extent of sanitation coverage in rural areas in Nandigram-II Block.
- To find out the main factors responsible for the success of sanitation programme in the aforementioned block.
- To assess the impact of rural sanitation on health and hygiene as well as quality of life of people in the block.
- To identify key persons and organisations who were responsible for the success of the programme.
- To identify the processes adopted in Nandigram-II Block, which can be replicated in other parts of the country.
- To suggest incentive pattern and norms for the block, organisations and individuals who are responsible for the success.

1.3 The composition of the committee is given below:

1. Dr. Ramesh Chandra Panda, Joint Secretary, RGNDWM - Chairman
2. Shri Vivek Srivastava, WSP-SA
3. Shri Kumar Alok, Deputy Secretary, RGNDWM
4. Ms Sumita Ganguly, Coordinator (Sanitation), UNICEF
5. Shri Ishwarbhai Patel, Director, Environmental Sanitation Institute, Ahmedabad.
6. A representative from WHO (Shri M. M. Dutta, Programme Officer, WHO was nominated).

The OM also constituted a Team of 5 members out of the above to visit Nandigram-II Block.

1.4 The Team visited Nandigram-II Block during **June 14-18, 2002**. Due to preoccupation of Shri Vivek Srivastava, Smt. Soma Ghosh Moulik, Institutional Specialist, WSP-SA, participated in the Team. Smt Srabani Sen, IEC Consultant, RGNDWM, was inducted to document the process involved in the sanitation programme in Medinipur District. She also accompanied the Team. Thus, the following persons visited Nandigram-II Block during June 14-18, 2002.

1. Shri Kumar Alok, Deputy Secretary, RGNDWM
2. Ms Sumita Ganguly, Coordinator (Sanitation), UNICEF
3. Shri Ishwarbhai Patel, Director, Environmental Sanitation Institute
4. Shri M M Datta, Programme Officer, WHO
5. Ms Soma Ghosh Moulik, Institutional Specialist, WSP-SA
6. Ms Srabani Sen, Consultant (IEC), RGNDWM

2.0 **METHODOLOGY ADOPTED BY THE TEAM**

Before leaving for Kolkata, the Team met under the chairmanship of Dr. R. C. Panda, Joint Secretary (TM) on **June 13, 2002** to discuss about the

methodology to be adopted during the field visit. The Team members were briefed by Dr. R.C. Panda, at New Delhi before departure. On arrival at Kolkata, the Team called on **Shri A Ghosh**, Director, Panchayati Raj in his office on June 14, 2002 and also met other **West Bengal Government officials** and important functionaries of **Ramakrishna Mission**. The Team members were briefed by the Director, Panchayati Raj, Government of West Bengal about the sanitation programme in West Bengal in general and Medinipur in particular. The itenary tour programme of the Team was also finalised. The itenary of the tour undertaken by the Team is at **Annex-III**.

2.2 The Team left for Nandigram-II in the morning of June 15, 2002. On the way, the Team called on Shri Anil Verma, District Magistrate, East Medinipur at Tamluk and was briefed by Shri Anil Verma as well as Shri Madhusudan Roy, Block Development Officer, Nandigram-II, about the sanitation programme in Medinipur in general and Nandigram-II in particular. The Team members were also introduced to the main functionaries (Govt, NGO and PRI) working for sanitation at the District and block levels.

2.3 After the briefing at Tamluk, the Team proceeded to Nandigram-II Block and visited Khodambari Gram Panchayat (GP). In this Gram Panchayat, the Team concentrated on School Sanitation and individual toilets constructed by the people. On June 16, 2000, the Team divided itself into three Groups and visited three Gram Panchayats (Boyal, Amdabad and Biruliya). The Team members randomly selected the villages and habitations within these GPs and visited all the households in the selected villages/habitations.

2.4 The Team members did door-to-door inspection, talked to the residents, visited the primary schools and interacted with the teachers and students. In the course of the field visits, a total of 12 villages and about 25 households in each village, 4 primary schools, a Primary Health Centre, a hospital, and 2 Rural Sanitary Marts cum Production Centres were visited.

The list of places visited and important functionaries with whom Team interacted is given in **Annex-IV**.

3.0 BACKGROUND OF SANITATION PROGRAMME IN MEDINIPUR AND NANDIGRAM BLOCK

3.1 Medinipur: With an area of 14,081 sq km and population of 97 lakhs, Medinipur is the largest district of India. It is located in the southern part of West Bengal, which has been recently bifurcated into East Medinipur and West Medinipur (January 2002). These districts are not only geographically diverse, but economically and culturally, too. While majority of tribal population inhabits West Medinipur, the literacy level in East Medinipur is high and it has a very rich tradition of being in the forefront of the freedom struggle in the country. In the last decade, a number of programmes were undertaken by the undivided district with people's active involvement. Some of these programmes were the Total Literacy Campaign and Intensive Sanitation Programme.

3.1.1 An intensive sanitation programme was launched in Medinipur in 1990 by the West Bengal Government. This was implemented by Ram Krishna Mission Loka Shiksha Parishad (RKMLSP), an NGO based in Narendrapur, with support from UNICEF. The RKMLSP is the social development wing of the Ram Krishna Mission. The thrust on sanitation was timely as it was realised that gains made through increased access to safe drinking water was not going to translate into the desired public health impact without acceleration in sanitation coverage and change of hygiene behaviour. Open defecation – the cause of high prevalence of water-borne diseases as well as high infant and child mortality, absence from schools, and loss of productivity continued to impede human development in a large measure. However, awareness among the people was very low and progress was slow across the country. When the programme was launched, Medinipur had a sanitation coverage of 4.74 per cent only. At the end of November 2001, the

coverage in the district reached 49 per cent. The district has set its goal of reaching total sanitation by the year 2005.

3.1.2 The main focus of the programme was

- Self-financed sanitation development through social mobilisation.
- Making household toilets affordable for all rural households, even for the poor.
- Demonstrating a model scalable and sustainable.
- Putting in place a system that will generate a demand among all income groups.

3.1.3 The main objectives of the sanitation programme were:

- to reduce IMR and water-borne diseases by providing sanitation education, improved low cost sanitation facilities at the household and institutional levels;
- to make the people aware of personal hygiene and sanitation;
- to introduce low cost, easy maintainable sanitation facilities;
- to make the sanitation project self-sustaining and self-expanding;
- to involve the community, especially, the local youths for the implementation of the sanitation programme;
- to establish linkage with other social activities like immunisation, ORT and income generation.

The State Government has accepted this model for all the districts of West Bengal.

3.1.4 Physical performance of Rural Sanitation Programme in Medinipur since inception (construction of sanitary latrines year-wise)

District	93-94	94-95	95-96	96-97	97-98	98-99	99-00	00-01	01-02
Medinipur	19,390	28,251	44,666	513,94	68,212	1,15,215	1,17,267	1,26,016	1,06,506

Source: State sanitation Cell, SIPRD, Kalyani, West Bengal

Total individual household toilets constructed in undivided Medinipur is 6,76,917. The Total Sanitation Campaign was sanctioned in Medinipur in 1999 with a total outlay of Rs 27.69 crore, out of which Central share is Rs 18.06 crore, State share is Rs 6.71 crore and beneficiary share is Rs 2.92 crore.

3.2 Nandigram-II Block

3.2.1 One of the 24 blocks of East Medinipur district of West Bengal, Nandigram-II Block has an area of 107.29 sq km and a population of 1,04,620. Located in Haldia sub-division of East Medinipur, it has seven Gram Panchayats and 75 Gram Sansads. The basic fact sheet on Nandigram-II Block is given in **Annex-V**.

3.2.2 The sanitation programme was launched in Nandigram-II Block in 1994, and was implemented by **Lok Jagaran**, a local organisation of RKMLP, but no remarkable progress could be achieved till 1998 due to lack of communication with the people. Even in 1998, the higher authorities had not targeted this block for full sanitation coverage. An initial household survey (Conducted in November 1998) revealed that out of 16,080 families, 4,965 (30.87%) families had latrines, which were installed on self finance basis. By December 2001, according to block statistics, 17,715 toilets had been installed among a total of 17,715 families listed through house-to-house surveys (However, this figure varies from that of the 2001 Census data, which records 18,917 families. This is explained by the BDO as a distortion arising out of over reporting by joint families as multiple individual households - A practice common to avail benefits of PDS and other Government schemes). Out of this, significant number of families belong to BPL group (according to a report submitted to the Central Government by the BDO, Nandigram).

4.0 SANITATION PROGRAMME IN MEDINIPUR AND NANDIGRAM

4.1 Organisational structure and institutional arrangement

4.1.1 The sanitation programme has been executed in close coordination with the Panchayati Raj Institutions and facilitated by local NGOs at the district and village levels. At the State level, the Panchayat and Rural Development Department formulates policies, allocates funds and monitors the functioning of the programme. A State Sanitation Cell has been created (initially with the support of UNICEF), which coordinates the network. Apart from monitoring the programme, this Cell also extends IEC and HRD support to the NGOs and PRIs functioning at the field level.

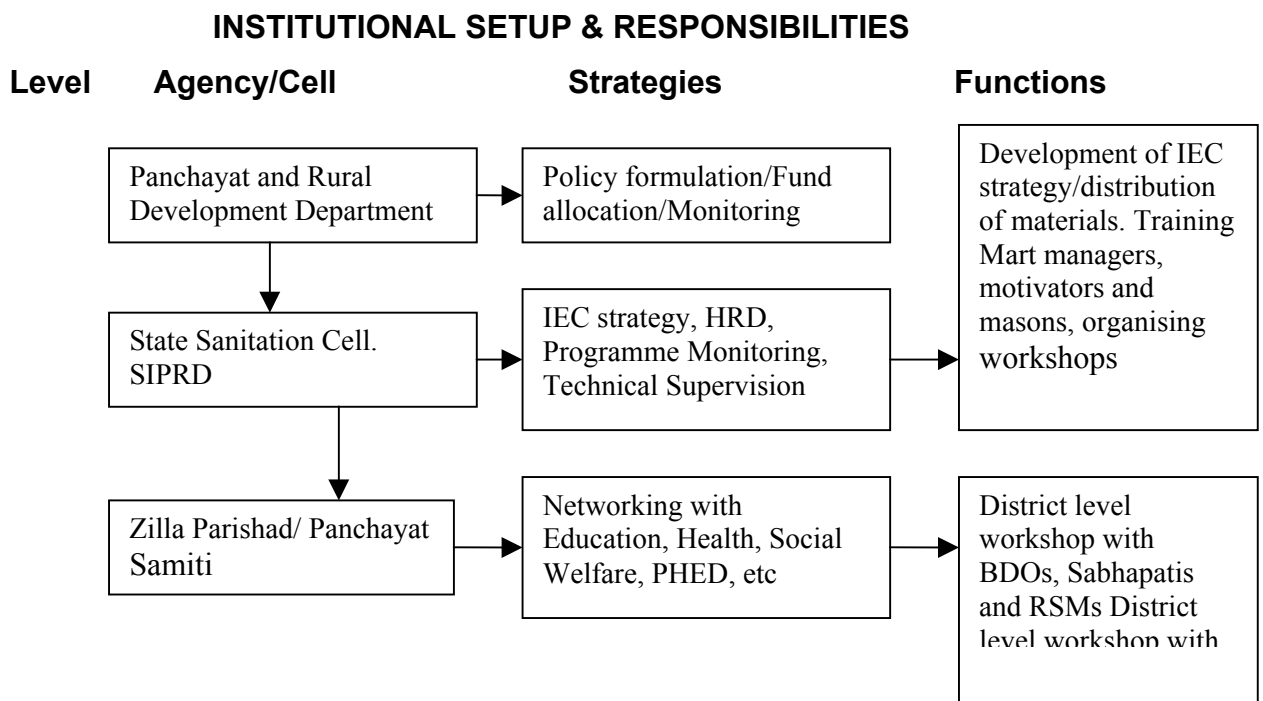
4.1.2 RKMLSP was assigned the task of the programme implementation and is the nodal agency for all WATSAN activities in Medinipur. RKMLSP supports Rural Sanitary Marts (RSMs) at the block level with the help of 15 cluster level organisations (each managing 4 to 5 RSMs) and 1,000 youth clubs at the village level. The youth clubs, according to their geographical locations, are affiliated to the respective cluster level organisations and are entrusted to propagate the programme at the grassroots level.

4.1.3 A 3-tier structure exists for the implementation of Intensive Sanitation Programme (ISP). RKMLSP is the central organisation, the cluster organisations are at the middle level and the village organisations are at the grassroots level. At the district level, the programme is implemented by the Zilla Parishad(ZP). The *Janaswasthya Sthayee Samiti* (Standing Committee responsible for public health of ZP) in consultation with Standing Committee on education (*Siksha Sthayee Samiti*) is responsible for programme implementation in the district. A separate district level WATSAN Committee has been formed at Zilla Parishad level to formulate implementation strategy and procedure. A District Sanitation Cell has been set up, which coordinates and monitors the implementation of the programme. The State Sanitation Cell supervises the functioning of the District Sanitation Cell. Three-tier organisational structure has been depicted in **Figure-1**.

4.1.4 At the block level, the programme is implemented by the Panchayat Samiti with the help of Block WATSAN Committee constituted for the purpose. RSMs, which are located at the block level, are represented by the motivators at the village level, who carry out all motivational and advocacy activities in the villages. The motivators are instrumental in implementing the sanitation drive and identifying the households not-covered by the programme.

4.1.5 The Gram Panchayat networks with grass-root level functionaries of all the Line Departments, School Teachers, Community Health Guides and dovetails the sanitation programme with the Literacy Mission. At the village level, the forum for planning the WATSAN strategy is the Gram Sansad (village level committee). The village-level meetings are attended by the BDO, RSM/NGO representatives and Government representatives with specific purpose of promoting water and sanitation projects. The motivator and the elected Panchayat Ward Member of the Sansad are largely responsible for the execution of the WATSAN-related decisions taken up at the Sansad level.

Figure-1

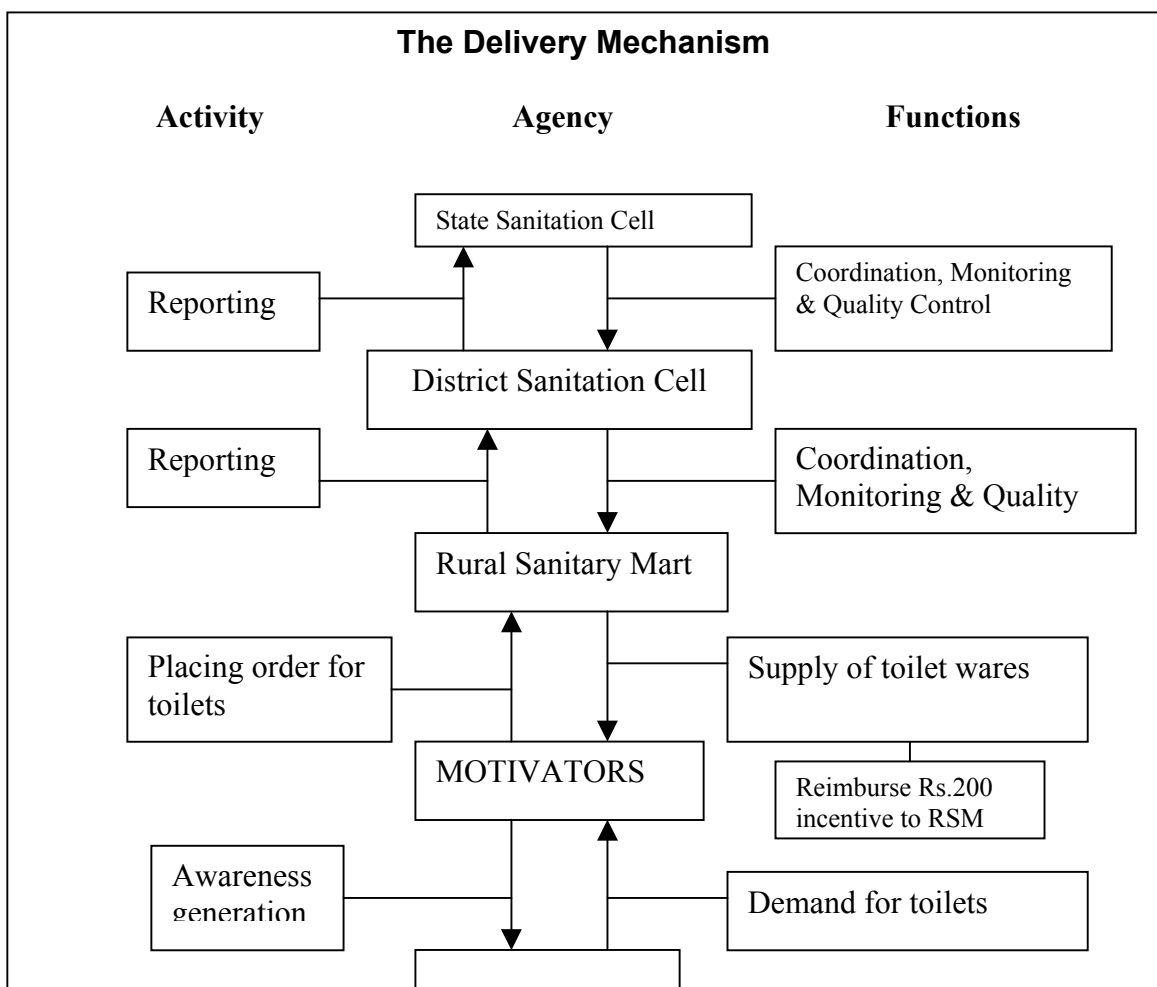


4.2 **Delivery mechanism:**

4.2.1 RKMLSP has played an important role in setting up the delivery system through the establishment of Rural Sanitary Marts (RSM) and Production Centres (PC) involving local youth clubs and their cluster organisations. RSMs are the retail outlets located at the block level. Each RSM has a sales counter and a Production Centre, where sanitary wares are manufactured. Normally there is one Production Centre-cum-RSM per block in Medinipur district. Nandigram-II Block also has one PC, managed by the Lok Jagaran Samiti, a part of the network of RKMLSP. This Production Centre produces mosaic pans and traps, sanitary platforms and pit-covers. The need for pit covers was minimal as 80 per cent of the constructions are single direct pit toilets. Mosaic pans are produced @ Rs 65/- per unit, which are installed almost exclusively in BPL households. The entire set of squatting plate with mosaic pan fitted inside costs Rs 375 in Nandigram-II Block.

4.2.2 The RSM is staffed by two mart managers, two chief motivators with a network of motivators located at the Gram Sansad level (one for each Gram Sansad) and two to three head masons with a group of masons. The RSM managers are paid a monthly salary of Rs 750 to 1000 each. The motivators get an incentive of Rs 20 per toilet they promote and install (this cost is built into the cost of the toilet). The wage of the masons is also built into the cost of the items produced by PC. The motivators are instrumental in implementing the sanitation programme and identifying the households not covered. When a household agrees to have a toilet, it makes an advance payment of Rs. 175 for the toilet to the motivator. Subsequently, within one month, the necessary hardware items are delivered to the household and a trained mason does the toilet installation including digging of the pit. A BPL family is given the subsidy of Rs 200, which is paid directly to the RSM by the BDO office. The RSM Manager recovers the subsidy amount after getting the report of toilet construction at the village level by the Gram Pradhan. Flow chart of the Delivery mechanism followed in Nandigram-II Block is given in Figure-2.

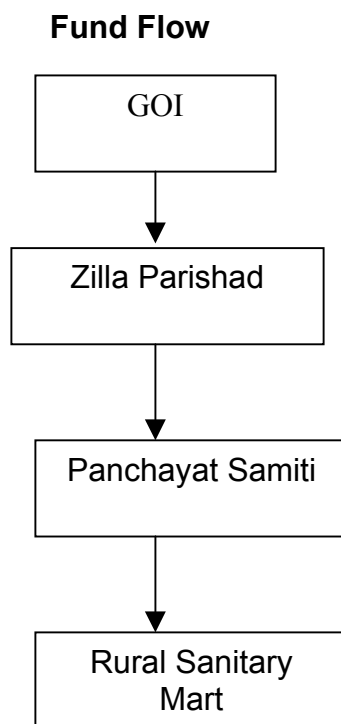
Figure-2



4.3 Fund flow (TSC)

4.3.1 The Central assistance under TSC which commenced in 1999 released funds to the Implementing Agency in four instalments (30, 30, 30, 10). The instalment was released immediately after approval of the project proposal by the National Scheme Sanctioning Committee subject to the receipt of details from the District Implementing Agency. The funds flow pattern can be very well ascertained from the flow chart (**Figure-3**) given below.

Figure-3



5.0 Findings of the Committee

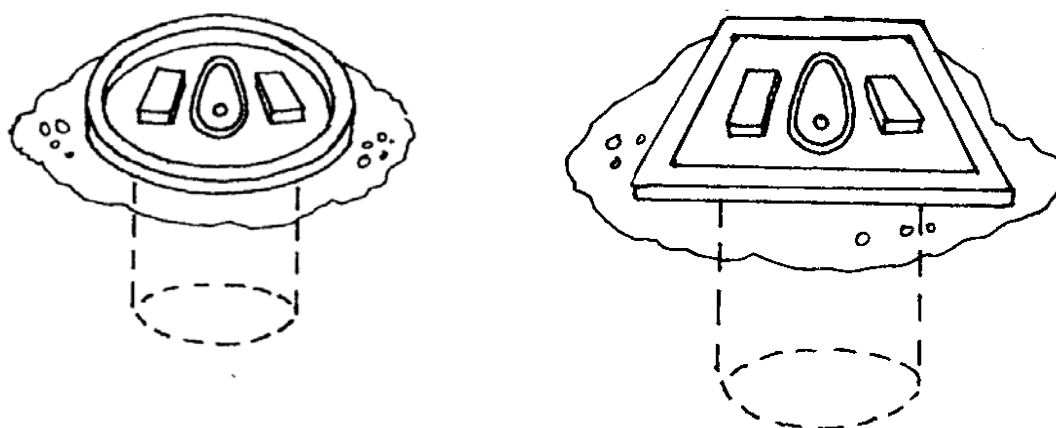
The Committee was mandated to submit its recommendation on specific items mentioned in the Terms of Reference. The finding of the Committee as per the Terms of Reference is given below:

5.1 Extent of Sanitation Coverage in Nandigram-II Block

5.1.1 **Coverage:** After visiting, randomly selected 12 villages out of 75 in Nandigram-II Block, the Team is of the view that **access to sanitary latrine is 100 per cent in the Block**. The Team members visited APL & BPL houses and primary schools at random and found all having latrines. According to Census 2001, there are 18,917 families in Nandigram-II Block. However, the Block Statistics show that by December 2001, 17,715 toilets had been installed out of a total of 17,715 families listed through house-to-house surveys. The variance with 2001 Census data is explained by the BDO as a distortion arising out of over reporting by joint families as multiple individual households (a practice common to avail benefits from PDS and of other similar facilities). Out of 17,992 families, 40 families, as claimed by the Block authorities, have not been covered till June 14, 2002. These households have emerged due to bifurcation of families after the claim for 100% sanitation coverage was made by the district authorities. It may be mentioned here that State Institute for Panchayat and Rural Development (SIPRD), Kalyani, had earlier verified the claim through a survey of a sample of 1,462 households, representing seven GPs of the Block, and concluded that the 100 per cent claim was correct. As per the latest information available as on 30th September, 2002, 18,003 families have been covered.

5.1.2 **Use of latrines:** According to district authorities, **construction of latrine is 100 per cent, but about 15 per cent open defecation still exists**. Uses of latrines were found to be about 85 per cent as some men are still found to practice open defecation. Site of open defecation was also seen in one village. Some men in one village admitted that although the women and children use the latrines, they cannot use it as “it smells awfully”. As claimed by the block administration, the non-users were the working males, who do not have access to facilities at their work places and consequently practice open defecation. The same is probably true of children. Therefore, **more IEC is needed to prevent open defecation totally**. The maintenance of toilets was by and large satisfactory.

5.1.3 **Latrine model in use:** In almost all the households, the below ground design was uniform – single, unlined pits with R C C platforms and locally produced mosaic pan and trap were seen. Almost all the toilets exist within 50 feet of the dwelling. Some were within the compound. Different types of superstructures were used, for example, jute cloth hangings on bamboo frames, polythene sheets, bamboo matting were common. Roofing material varied from tiles to thatch to asbestos. **There were some excellent examples of superstructures made out of sun-dried bricks made by local artisans.** Access to sanitary facility, therefore, was universally good. The commonly used design is given in **figure-4**. Other designs, which are also being promoted are given in **Annex – XI**.



Commonly used Toilet Designs

5.1.4 **Cost of latrine construction:** The average cost of the below ground structure was Rs 375. The Government subsidy was Rs 200 and the household contribution was Rs. 175 (for BPL families).

5.2 **Factors responsible for success**

The Team is of the view that sanitation coverage in Nandigram-II Block is part of an overall combined effort of the Government of West Bengal, RKMLSP, Medinipur District Authorities, Nandigram-II Block Authorities and UNICEF. The factors that contributed to this success are narrated below:

5.2.1 Strong IEC for demand generation: It is found that the **villagers have a desire for a toilet in their household** for privacy, convenience and also as a status symbol. But due to lack of awareness and long cherished habit of open defecation, it took time to change behavioural pattern. However, this was made possible by strong IEC activities supported by growing general and female literacy (in particular) and density of dwellings, reducing open space for open defecation. The IEC strategy adopted and the activities undertaken in Nandigram-II Block is quite impressive. This proved to be one of the key factors for success. **The uniqueness about the strategy is that all sections of the people including the representatives of political parties, Government officials, grassroots level workers, PRI representatives were fully involved in the programme.** The Ram Krishna Mission Loka Shiksha Parishad, Panchayat Samiti and the Block Development Officer took the lead in involving Iswar Chandra Jana Chetana Kendra (ICJCK), the field-level functionaries, Gram Panchayats, NGOs and cluster organisations. A house-to-house **awareness generation campaign** was started, where people were explained about the ill-effects of open defecation, the issue of insecurity of women and their dignity, inconvenience to elderly people and children, and also technical clarification about the functioning of toilets were issued. Activities like group meetings/ mothers meetings, wall writings, hoardings, exhibitions, cinema slides, video shows, tableau, folk songs, TV and radio advertisement have been taken up. Special emphasis was on home visit by motivators and para Sanitation Committee members. In villages huge wall paintings were noticed at every possible place. These were very well done and were visually attractive. A statement related to various IEC activities undertaken in Nandigram-II Block is given in table below:

Various IEC activities conducted in Nandigram-II Block

Name of the programme	No. of Programme
Awareness Camp(Slide and video show)	197
Sanitation Song Programme	106
Group Meeting (Opinion Leaders)	184
Mother's Group Meeting	62
Street corner Meeting	26
Wall Writing /Banner	766
Wall Poster and Door Poster	35000(2times)
Distribution of leaflets	10000
Exhibition	25
Mike Campaign	75
Home Visit	17700(Families 9 times)
Rally by Primary School Children	85

RKMLSP, which is strongly based in every village of the block, is carrying out the IEC activities in the villages. UNICEF supported the IEC cell in the SIPRD in promoting and implementing the communication and mobilisation efforts. **RKMLSP and UNICEF have developed a good collection of IEC materials/tools** to be used by the motivators. It involved the local people for developing these materials. The strong point is that about 75 motivators (30 per cent women) work for generating awareness, besides the network of volunteers, youth clubs and women's self-help groups.

5.2.2 Emphasis was on generating awareness among the primary school children. The school sanitation programme has been implemented effectively in the block. Schools played a key role in sanitation promotion in Nandigram-II in influencing young minds on the need for hygiene and sanitation. It also served as a demonstration point for promoting the concept in the community. **All 91 primary schools were identified in Nandigram-II Block for upgrading sanitation and hygiene promotion.** Primary Schools Sanitation Programme was introduced in the State in 1997-98 to address the need for water and sanitation facilities in primary schools and promote

hygiene education. The programme has been taken up under the Total Sanitation Campaign (TSC). School sanitation in Nandigram-II has been done systematically. Each school toilet block consisted of a standard design with one lavatory and one urinal. The unit cost was Rs 11,000. However, this was superseded by a more recent model costing Rs 15,000, which has separate urinals for boys and girls. Schools also have a source of drinking water (TARA handpump) close to the toilet block.

Construction of toilets in all schools have been undertaken. In addition hygiene education to the children has been imparted properly. Teachers are involved in generating awareness among the school children and teaching the children about proper use of toilet and other personal hygiene practices. **Children learnt various aspects of sanitation mainly through rhymes, songs and play.** The school children are well aware of the dos and don'ts and the impact of improper health and unhygienic habits. They are aware of the good impact of hand washing with soap, good practices of health and hygiene like nail cutting, personal cleanliness, etc. These are taught to them through prayers and songs in schools. Awareness level is also high among the women and elderly people in the villages. Although messages related to health and hygiene have been well given to the villagers, they still need education and awareness on issues like maintenance of the latrines, technology, etc.

5.2.3 Capacity building: RKMLSP, SIPRD and UNICEF tie-up and a concerted and well-coordinated effort among the three partners helped in accomplishing the initial master trainers trainings required to establish the trainers network at various levels in the district. UNICEF assistance was focussed on imparting training to mart managers, masons and motivators. Various training modules have been gradually put in place for Panchayat members, NGOs, teachers, and other development workers to develop capacity, promote and create demand among communities. Regular training programmes are held for:

- NGO leaders (for NGOs selected to run RSMs)
- Mart Managers
- Master Motivators
- Master Masons and
- Village Sanitation Motivators

The State Sanitation Cell, located at the State Institute for Panchayat and Rural Development (SIPRD), coordinates all training activities. After the initial training at SIPRD, further training of motivators and masons are conducted at the Rural Sanitary Mart. The SIPRD also conducts orientation programmes for Panchayat Representatives and District Coordinators at the centre and facilitates district level sensitisation workshops for district level officers. District level officers further conduct block and village level sensitisation workshops. RKMLSP played pivotal role in conducting training programs in the district. A list of trainings conducted by RKMLSP in Nandigram-II Block is given as **Annex-VI**.

5.2.4 Strong delivery mechanism: A strong delivery mechanism has been set up by establishing Production Centres (PCs) to manufacture and deliver sanitary wares to the households locally. These PCs generate demand for toilets. Local people, particularly women, are trained to manufacture sanitary wares with locally available raw materials. Representatives (motivators) of the PCs motivate the households to opt for toilets. The role played by the Panchayat is very important in the demand generation followed by the motivators to secure order, along with household share of contribution to ensure installation within one month. The role of the PCs in getting the installation done in a timely manner has been a key factor in establishing trust and credibility.

5.2.5 Low Subsidy pattern and cost effective technology: At a time when the national sanitation programme was promoting the Rs 2,500 worth twin-pit pour-flush model with Rs. 2,000 as subsidy, Medinipur adopted an approach that offered a toilet at Rs. 375, where the beneficiary contribution

was Rs. 175 and the subsidy was only Rs. 200. The logic behind this was to focus on the BPL category of households. The lowering of the subsidy ensured that the combined resources available (from Centre and State Governments) can be spread much wider and more households can be covered. The strategy further envisaged that visible change among the poorer households will create pressure among the APL category and will self-finance their installations through available trained masons. Since the low cost model was promoted APL families also didn't find much difficulty in adopting the same without subsidy.

5.2.6 Community Participation: There was strong community involvement in implementation of the programme at all levels. The PRI representatives at all levels, Youth Clubs, representatives of political parties, Gram Panchayat and Government functionaries all were actively involved in the implementation of the programme, specially in undertaking IEC activities for generating demand for toilet. Teachers and members of the Women's Self-help Group participated in generating awareness. The list of PRI members and members of WATSAN committee who were actively involved in the programme is given in **Annex-VII**.

5.2.7 Network of motivators/volunteers: This is a very important factor in the success. The presence of a facilitating technical resource agency was essential and RKMLSP, which was already involved in rural sanitation from the mid-eighties and had a network of youth clubs active in Medinipur, became a willing partner in the process. The network of volunteers, also known as '**motivators**', one per village/habitation visited houses and helped in mapping of the areas to determine the extent of gaps and the needs. The sanitation project started in 1990 when the literacy mission was in full swing. Ishwar Chandra Jan Chetan Kendra (ICJCK), located in each village due to literacy movement and a focal point for all social mobilisation activities in the district played a key role. Many of the present motivators and volunteers are literacy workers of the area. Apart from the formally registered motivators, (who get an incentive of Rs 20/- for every order secured on behalf of the

RSM/PC), there is a chain of volunteers who work directly within the Panchayat system.

At the block level, there is one sanitation supervisor, who guides seven Gram Panchayats (average 10 villages in each Gram Panchayat). Each Gram Panchayat has a supervisor, many of whom are ICJCK volunteers. For every booth, there is one motivator (anuprerak). Below the booth, there are area-wise volunteers for each "para". The structure of the volunteers in the block is given in **Annex-VIII**. The list of voluntary force involved in sanitation programme in Nandigram-II is given in table below:

Voluntary Force in the Sanitation Movement of Nandigram-II Block

Sanitation Supervisors of the Block and Gram Panchayats	8
Literacy Volunteers	83
Sanitation Motivators	125
Members of Zilla Parishad & Panchayat Samity	16
Members of Gram Panchayat	88
Staff of Block & Gram Panchayats	30
Staff of Block Agricultural office	07
I C D S Workers	82
Volunteers of village clubs	125
Volunteers of Sanitary Mart	16
Members of different Political Parties	40
Total No. of members involved :	620

5.2.8 Support and Monitoring by State Sanitation Cell

The State Sanitation Cell at SIPRD, Kalyani coordinates the sanitation programme in the State. The cell is financially supported by UNICEF and is

extending software support to the Project Districts. It has developed good IEC tools and materials, which has been extensively used by District implementing agencies. The cell imparts training for master trainers for various purposes, organises sensitisation workshops and extends necessary support. It monitors the implementation of the programme, provides IEC and HRD support to the NGOs.

5.2.9 Role of the Panchayat Samiti and BDO: In Nandigram-II Block, the achievement can be attributed to a very dynamic Block Development Officer (Shri Madhusudan Roy) who has been successful in motivating people from all walks of life in actively participating in the sanitation programme. Similarly, the Sabhapati and the Saha Sabhapati have worked with devotion and enthused the elected PRI members for working towards the sanitation movement. The high level of involvement is visible in all aspects of their work. This is borne out by the fact that reportedly on matters of public health, sanitation and education, the political parties are willing to cooperate and work together despite their political and ideological differences. The BDO acknowledged that this was a robust environment, which allowed the work to go on unhampered.

5.2.10 Ram Krishna Mission Lok Shiksha Parishad:

The Ramakrishna Mission Lokasiksha Parishad (RKMLSP) was assigned the task of implementation of the programme in Medinipur. RKMLSP is the nodal agency for all WATSAN activities in the district. The demand driven sanitation programme with low subsidy was conceived by RKMLSP and piloted in Medinipur with the technical and financial support of UNICEF and State Government. When success was achieved in some villages in the district, the PRIs were actively involved to spread the programme throughout the district. RKMLSP supports Rural Sanitary Marts (RSMs) at the block level with the help of 15 Cluster Level Organisations (each managing 4 to 5 RSMs) and 1,000 Youth Clubs. The RKMLSP motivates and organises the cluster and village organisations to take active parts in the implementation. It further

formulates the IEC strategies, develops IEC tools and imparts professional training. A detailed note on the role of RKMLSP is enclosed as **Annex-IX. Its overall contribution to the success of sanitation coverage in Nandigram-II Block is commendable.** Some of the contributions of RKMLP in the sanitation sector are:

- Conceived and implemented first beneficiary financed sanitation in **1985** and installed 349 household latrines.
- Conceived, designed and implemented demand-driven Intensive Sanitation Project for the highest populated Medinipur district.
- Influenced and motivated Medinipur District Administration and Zilla Panchayat leadership to take up time-bound, area-concentrated social mobilisation and household latrine construction programme involving all political, social and educational institutions of the area.
- Organised various Managerial and Technical Training for State, District, Block and village level sanitation functionaries in West Bengal and in other States. A list of training programmes conducted by RKMLSP is given at **Annex-X.**

5.2.11 Innovativeness: Despite the conducive environment, implementation problems occurred from time to time and the facilitating agencies had to find innovative ways of addressing these. For example, there were families who resisted acceptance of toilets and preferred open defecation. The Panchayat Samiti mobilised pressure on such families. **The families were isolated and were made to feel responsible for polluting the environment and water bodies.** Apart from persuasion, the families were singled out as unwilling to cooperate. The District Collector and **even the local police's help was taken to create "a little pressure".**

Innovativeness was also seen in the **mobilisation techniques** – these consisted of many creative IEC activities – plays, dance dramas, group songs (many of them written and composed by the BDO and local artists). Women, youth, children, all volunteered their time to perform in these activities.

Another unique way of promoting health and hygiene and influencing the consumers was that **private practitioners/doctors were involved to “prescribe” toilets as a preventive measure for diarrhoea and related problems.**

5.3 Impact of the sanitation programme

Although no formal study has been made to assess the impact of the sanitation programme but prima facie the committee observed the following;

5.3.1 **Shift in behaviour and value:** Change of human behaviour on excreta disposal and use of toilet was prominently visible during our field visits in the villages. **Soap and water** was seen in every latrine (in school latrines too). They knew the basics of **cleanliness** like cutting of nails, washing hands with soap, etc. They were also aware of the negative impact of not practising good habits of health and hygiene. When the school children were requested to take out drinking water from a tumbler, they used a small container with a long handle to take out water. They also did not forget to cover the tumbler after use. **School campus and surroundings** were clean. The **houses, kitchen and utensils** were found to be clean. Some of the houses were found using **smokeless chullas**. **Using a latrine has become a habit for them, and when asked whether they would ever practice open defecation, the common answer, particularly of the women was that they “cannot think of it again”.** They knew that the latrines need to be cleaned properly at least once a week, for which, they said they were using cheap detergents. In some villages sweepers also come once a week to clean the latrines. However, some of the latrines were found to be not cleaned properly.

5.3.2 **Reported reduction in diarrhoeal diseases:** Data show that over the years, cases of diarrhoeal diseases have gone down.

Occurrence of diarrhoea in Nandigram-II Block (1999-2001)

Year	Treatment (out door)	Hospital (indoor)	Health sub-Centre	No of deaths
1999	415	352	32	NIL
2000	329	278	20	NIL
2001	264	186	11	NIL
Total	1006	816	63	NIL

Source: Report submitted by the BDO, Nandigram-II

5.3.3 Hygiene consciousness among children: The school sanitation programme in the block has been successful. The children are aware of the hygienic practices. Hand washing with soap is being practised by all children and adults. They knew the good impact of hand washing before eating and after defecation. Soap and water was also seen in the latrines.

5.3.4 Change in lifestyle: As part of the campaign use of smokeless chulla was also propagated. Many houses were found to be using smokeless chullas. Many were found to be cooking in the open, as they said that they knew about the “bad impact of indoor smoke pollution”. This awareness had a positive impact upon women's health.

5.4 Key persons/organisations as driving force

5.4.1 The committee is of unanimous view that among all the organisations the most important role was played by Ram Krishna Mission Loka shiksha Parishad followed by its cluster organisation **Lok Jagaran** which runs the Sanitary Mart cum Production Centre in this block as well as four other blocks in the district. The Panchayat Samiti, Nandigram-II played a catalytic role in accelerating the movement and securing assistance of all sections of society. Considering this, the committee recommends to suitably reward these three organisations i.e,

- **Ram Krishna Mission Loka shiksha Parishad:** Ram Krishna Mission Loka shiksha Parishad is the prime mover behind successful

implementation of sanitation programme in the Medinipur district. The success in Nandigram-II is a result of RKMLSP's untiring efforts. It was conceived and implemented with full sincerity and dedication. RKMLSP is undoubtedly the driving force behind successful implementation.

- **Panchayat Samiti, Nandigram-II:** The success of sanitation programme in Nandigram-II has been a product of intensive social mobilisation, which was achieved primarily because of total involvement of all functionaries of 3-Tier Panchayati Raj System. The Panchayat Samiti, Nandigram-II played a catalytic role in mobilising all the Gram Panchayats Line Departments, school teachers, motivators engaged by Production Centres for successful implementation of the programme.
- **Lok Jagran (NGO):** The large-scale construction of toilets needed a strong delivery mechanism for supply of sanitary wares to the individual households as well as schools. This was facilitated by Lok Jagran the cluster organisation of local clubs working under the close supervision and guidance of RKMLSP. Lok Jagran has set up Production Centres in five blocks including Nandigram-II and supplied the squatting plate fitted with pan and U-trap to all the households. The trained masons and motivators of Lok Jagran worked very hard to first generate the demand for toilets and subsequently install the toilets.

5.4.2 The Committee also is appreciative of the role played by UNICEF, which was catalytic in the promotion of Sanitation in Nandigram. The brief role played by UNICEF is given below:

UNICEF has provided technical and financial assistance for a series of key activities to catalyze the process. Some crucial ones have been:

- Assistance for **establishment of the production center by RKMLSP** in the block, which brought affordable toilet hardware close to the people
- **Human resource development** - separate orientation courses for panchayat functionaries and government officials at different levels to ensure involvement and administrative support to the programme; training of NGO officials, mart managers, motivators and song squad groups on

motivational aspects; training of masons to maintain standards and quality of the products

- **Strategic communication** – guidance and funds for enhancing opportunities for interpersonal communication through street corner meetings, mothers' group meetings, rallies with school children and door-to-door campaigns; development and provision of communication and information materials (such as leaflets, posters, wall charts, booklets, so on) for use by motivators, mart managers, panchayat functionaries etc.
- **Maintenance of quality** through issue of technical specifications and regular monitoring.

The outcome of this effort has been exemplary - by December 2001 every family of the block had access to a home toilet.

5.4.3 A large number of individuals played a pivotal role in building the movement. After visiting the Block and interacting with various agencies, the Committee finds that the following **four individuals** were driving force and but for their involvement the programme would not have succeeded. The Committee recommends suitable rewards.

- **Shri Chandi Charan Dey, Coordinator, Sanitation, RKMLSP:** Shri Chandi Charan Dey of RKMLSP was the key anchor behind the sanitation movement in Medinipur. He has very patiently implemented the new approach in this district. He had the confidence that the new concept of demand responsive sanitation programme would succeed. In his initiative, he could muster the support of all stakeholders in successful implementation of the project.
- **Shri Madhusudan Roy, BDO Nandigram-II Block:** The success of sanitation programme in Medinipur has been appreciated and there is full acceptance by local people. The name of Shri Madhusudan Roy, BDO is in the forefront. Once he was posted as BDO, his strong leadership helped in motivating all agencies for 100% sanitation coverage. It was his

complete attachment and devotion to the sanitation programme, which led to full coverage in Nandigram-II Block. He took the task as a challenge and could fulfil that also.

- **Smt. S.K. Acharya, Sabhapati and Shri Durga Shankar Giri, Saha Sabhapti, Nandigram-II Block:** The task of large scale social mobilisation is not possible without active involvement of PRI members. Nandigram-II block was privileged to have very dynamic Sabhapati, Smt. Smriti Kanya Acharya and Saha-Sabhapati, Shri Durga Shankar Giri. They played pivotal role in mobilising all PRI members, school teachers, etc., for successful implementation of sanitation programme.

5.5 Replicability potential of Medinipur model

5.5.1 The Medinipur model has the potential to be replicated in other States, too. The model has well recognised the basic reform principles and conditions of success, that is, to ignite communities and trigger a change in sanitation practices by sensitizing the people about the impact of lack of sanitation on health as well as inconvenience to people. The community is then motivated to change behaviour patterns and seek the introduction of sanitation facilities without external subsidy, which will ultimately lead to improved health and self-esteem. The success and sustainability of this model is based on the principle that once good hygienic practices are adopted, people generally do not go back to unhygienic behaviours. Rather, they opt for superior options as and when they could afford. The model emphasises on community empowerment and strong institution building. It recognises that communities can be empowered to actively plan and implement their own sanitation solutions. When the people own assets, they do not mind paying for the same or bearing the cost of maintenance.

5.5.2 Another important thread that was picked up to give impetus to this model was that once the community became aware, community-based action groups of youth and women were formed to promote behaviour changes and

accelerate social marketing. The most important condition of success relates to Information, Education and Communication (IEC). Children, youths and women are the primary targets for behavioural changes, who would then carry forward and implant awareness among other rural people. This was based on Child to Parent, and Parent to Community (CPPC) system of hygiene message.

5.5.3 To meet the hardware needs of the community, production-cum-sale centres for latrines have been opened in villages, and women are trained to produce the sanitary wares.

5.5.4 The committee feels that all the factors responsible for success of Medinipore experiment can be easily replicated in other TSC districts with local modifications to suit the state specific needs.

5.6 **Incentive pattern**

After deliberations the Committee is of the view that there is need to recognise the role and services of Gram Panchayat, Block and Zilla Parishad, Organisations and individuals who were driving force to achieve full sanitation coverage. Although, there are large number of villages which have achieved 100% sanitation coverage, there are very few blocks and hardly any district in the country which has achieved 100% sanitation coverage and free of open defecation. Government of India should encourage and award incentives to such Gram Panchayats, Blocks and Zilla Parishads, Organisations and individuals. The Panchayats, Blocks and Districts which achieve 100% sanitation coverage, in terms of (a) 100% individual household coverage and (b) 100% school sanitation coverage and are free from open defecation and maintaining clean environment may be eligible for the incentive. The incentive for the eligible PRIs, Organisations and Individuals should be linked to the population and following incentive pattern is suggested to be provided fully by Government of India under TSC.

Sl. No.	Particulars	Gram Panchayat		Block		District	
		Upto 5000	5001 and above	Upto 50000	50001 and above	Upto 10 lakh	Above 10 lakh
1.	Population Criteria	Upto 5000	5001 and above	Upto 50000	50001 and above	Upto 10 lakh	Above 10 lakh
2.	Cash Incentive Recommended (Rs. in lakh)	2.0	4.0	10.0	20.0	30.0	50.0
3.	Incentive for Individuals	0.05		0.10		0.25	
4.	Incentive for Organisation other than PRIs	0.10		0.20		0.50	

*The incentive fund for PRIs can be utilized by the PRIs for improving and maintaining sanitation status in their respective areas. The focus may be on solid and liquid waste disposal.

*The key driving force at the Panchayat, Block and District level both individuals and organisation may be suitably rewarded with incentive. The rewardees may be given a 'Tamrapatra' including citation and scroll.

6.0 LIMITATIONS:

6.1 Despite good success achieved in implementation of sanitation program in Medinipur, committee feels that there are few shortcomings which can be overcome at the initial stage of such project implementation.

6.2 **Excessive use of mosaic pan:** The programme has focussed only on use of mosaic pans avoiding ceramic pans altogether. Although the cost of the ceramic pans is slightly more than the mosaic pans, its maintenance is less and has better cleanliness. It appears that as a matter of policy the State Government as well as District and Block authorities have promoted only mosaic pans.

6.3 **Lack of Technology options:** Although the sanitary model offered to the people is cost-effective (minimum Rs. 375), technology options are not really available to the people to make their own choice. The Production

Centre (PC) produces mosaic pans, traps, sanitary platforms and pit-covers. Other items are not produced by the PC. The RSM also does not display many alternative products for the users to choose. As a result almost every body was adopting same model in the block. Mosaic pans which were produced by the PCs were found to be installed in the household toilets only. School toilets had ceramic pans. There was no satisfactory analysis regarding why single choice was offered and why more choices could not be offered to the BPL as well as APL families (who could perhaps afford to have ceramic pans).

6.4 Quality : Although there were a few complaints about collapse of the pit, but by and large it seems to withstand the rainy weather. The real test will lie in a quick assessment in the post-monsoon period to see how well the single unlined pit has withstood the rains and floods. However, a tested and standardised design that was affordable with very strong promotional measures had clearly led to rapid acceptance and willingness to own one.

6.5 Economic viability of the PCs: With the high coverage achieved, now the PCs have to look at the diversification of product range, not only to sustain the programme and the enterprise but also to promote growth and healthy competition. So far not much thinking has gone into this except that the PCs will be using their capacities fully to supply the products to neighbouring blocks and districts (where apparently demand is outstripping supply). The Team is also of the opinion that RSM should not be centralised in functioning.

6.6 Inadequate involvement of women in the programme: The women workers are engaged in preparing moulds and casting and polishing the mosaic pans and traps. Taking note that this is not a traditional stereo type function for women to work, these activities are considered a major achievement. But, women in general do not occupy central place in this entire project. There were barely any women visible in managerial positions. The Self Help Groups (SHG) for women are not very active and functional. As

members of women SHGs, they have immense potential to sustain the growth of household, community sanitation and domestic hygiene besides promoting credit mechanisms for upgrading the facilities.

7.0 ISSUES FOR FOLLOW-UP ACTION: The committee feels that the sanitation program in Medinipur must maintain the momentum it has gained. At the same time it should take follow up action on the following points for improving the implementation quality:

- Quality control of toilet construction – both specification and standards should be done at the Production Centre level.
- Upgradation from basic low cost unit design to two pit pour flush type should be promoted.
- Better quality of superstructures should be promoted.
- Promotion of alternative sanitary hardware.
- Promotion of less water using ceramic pans for those who can afford.
- Promotion of competitive small entrepreneurs in sanitary marts and hardwares.
- Support to SHGs and facilitation of micro-credit for the rural poor.
- Emphasis on universal usage – sanitary solutions for small children to be promoted.
- Improvement in database especially with regard to health data is required. Under-5 diarrhoea – case reporting, ORS use and ORT practice, case management etc should be monitored.
- Women's participation should be improved.
- Encourage community contribution for school toilet construction and upkeep.
- Diversification of RSM activities to health and hygiene product marketing is needed.
- IEC on maintenance & upgradation of latrines needed for making people aware of the technology provided to them. Many did not know what to do if the pits get filled.
- In place of RCC slabs, use of ferrocement slabs may be promoted.

- Focus should be on solid & liquid waste management i.e. soak pit, composting, disposal of liquid waste in Kitchen garden tree plantation etc.
- Nandigram-II has already reached full sanitation coverage so the focus should be on improvement of quality of toilets (Pan, substructure and superstructure) and the upgradation should be closely monitored.

8.0 **Conclusion:** The work done in Nandigram-II Block is exemplary. It has taken close to 10 years to achieve the present result, which could not be achieved in the last so many years of development plan and implementation. The programme could not have achieved such a remarkable outcome without the joint initiative by the Government, RKMLSP and PRIs. The partners worked single-mindedly to achieve their goal and in doing so they have faced and overcome many hurdles and found solutions collectively. Noteworthy, is the competence and dedication of the resource agency (RKMLSP) and its network of youth clubs. They have reached out to every village and family and provided technical support to the efficient functioning of the RSM/PCs and made the delivery mechanism a success. Extensive awareness generation and motivation enabled to change the mindset of the people and helped the programme to be demand responsive. It is also worth mentioning that the collaboration between RKMLSP, UNICEF, District and State administration, has raised the issue of sanitation from its past marginalised form to the present centre of attention.

ANNEXURE-I

**West Bengal Government's Report on Full Sanitation Coverage in
Nandigram II block**

ANNEXURE-II

The Office Memorandum regarding composition of the Committee to assess the extent of sanitation coverage in Nandigram-II Block

No. W-11042/ 3/ 2002-CRSP (Pt.)
Government of India
Ministry of Rural Development
Department of Drinking Water Supply

9th floor, Paryavaran Bhavan,
CGO Complex, Lodi Road,
New Delhi – 110 003.

Dated the May 1, 2002.

Office Memorandum

Subject: Full Sanitation covered Nandigram-II Block in Medinipur District of West Bengal

It has been reported that in Nandigram-II Block in Medinipur District of West Bengal, cent percent sanitation facilities for the individual households has been provided. A Committee is hereby constituted to assess the extent of sanitation coverage as well as its impact in rural areas of Nandigram-II Block of Medinipur District.

2. The Committee will consist of the following :

- (i) Dr. R. C. Panda, Joint Secretary (TM) - Chairman
- (ii) Shri Vivek Srivastava, Country Team Leader, WSP
- (iii) Ms. Sumita Ganguly, Project Director, UNICEF.
- (iv) Prof. Ishwarbhai Patel, Director, Environmental Sanitation Institute, Gandhi Ashram, Ahmedabad.
- (v) Representative of WHO
- (vi) Shri Kumar Alok, Deputy Secretary, RGNDWM - Convenor

3. Terms of Reference of the Committee will be the following:

- (i) To assess the extent of sanitation coverage in rural areas in Nandigram-II Block.
- (ii) To find out the main factors responsible for the success of sanitation programme in the aforementioned Block.
- (iii) To assess the impact of rural sanitation on health and hygiene as well as quality of life of people in the Block.

- (iv) To identify key persons and organizations who were responsible for the success of the programme.
- (v) To identify the processes adopted in Nandigram-II Block, which can be replicated in other parts of the country.
- (vi) To suggest incentive pattern and norms for the Block, organisations and individuals who are responsible for the success.

4. However, a Team consisting of the following members of the Committee may visit Nandigram-II Block:

- (i) Shri Vivek Srivastava, Country Team Leader, WSP
- (i) Ms. Sumita Ganguly, Project Director, UNICEF.
- (iii) Prof. Ishwarbhai Patel, Director, Environmental Sanitation Institute, Gandhi Ashram, Ahmedabad.
- (iv) Representative of WHO
- (v) Shri Kumar Alok, Deputy Secretary, RGNDWM - Convenor

5. The Team is requested to visit and submit the report to the Committee by 31st May, 2002.

6. The TA/ DA for Prof. Ishwarbhai Patel, non-official member, will be borne by the Department of Drinking Water Supply and those for all other persons will be borne by their respective organizations.

[Kumar Alok]
Deputy Secretary to the Government of India
Tel. No. 436 4518
Fax: 436 4113

To

- 1. Shri Vivek Srivastava, Country Team Leader, WSP
- 2. Ms. Sumita Ganguly, Project Director, UNICEF.
- 3. Prof. Ishwarbhai Patel, Director, Environmental Sanitation Institute, Gandhi Ashram, Ahmedabad.
- 4. Representative of WHO

ANNEXURE-III

Tour Programme of the Team

June 14-17, 2002

June 14 – Arrival at Kolkata

Briefing by Director Panchayat at the state level

Night halt in Kolkata

June 15 –	7:00 a.m.	Departure Kolkata
	11:00 a.m	Arrival Tamluk: Briefing by District Collector
	2:00 p.m	Visit to schools and villages in Nandigram –II block Night halt in Haldia
June 16 –	7:00 a.m	Visit to different villages in three groups in Nandigram-II Block
	7:00 p.m.	Arrival at Haldia Night halt in Haldia
June 17-	8:00 a.m.	Departure for Anand Niketan
	10:00 a.m	Arrival at Ananda Niketan- Meeting with Howrah district ZP executive committee and NGOs working in Howrah District
	4:00 P.M	Arrival at Kolkata and debriefing meeting at UNICEF Kolkata office with state Govt and UNICEF officials Night halt in Kolkata
June 18		Return to Delhi

ANNEXURE-IV

Places visited by the Team and important functionaries with whom the Team interacted

The Team visited the following places during June 14-18, 2002:

- Kolkata

- District Headquarter at Tamluk
- Block Headquarter at Nandigram
- Khodambari GP
- Biruliya GP
- Boyal GP
- Amdabad GP

The Team met the following important persons during June 14-18, 2002 in Kolkata and Medinipur:

- Shri A Ghosh, Director, Panchayati Raj
- Shri Anil Verma, District Magistrate along with other district and block authorities
- Shri Sakti Kumar Chattopadhyay, State Coordinator
- Shri Madhusudan Roy, BDO,
- Smt Smritikana Acharya, Sabhapati
- Shri Durga Shankar Giri, Sahakari Sabhapati
- Shri Chandi Dey, Representative of Ramakrishna Mission Lokshiksha Parishad (RKMLP),
- Shri Chandan Sengupta, Representative of UNICEF, Kolkata
- Shri Somnath Basu, Representative of UNICEF, Kolkata

ANNEXURE-V

The basic Fact Sheet on Nandigram-II Block

Total area	(sq.km.)	107.29
Gram Panchayat	(Nos.)	7
Gram Sansad	(Nos.)	75
Iswar Chandra Jaana Chetaana Kendra (Nos.)		75

Mouza (Nos.)	41
POPULATION (as per 2001 census)	
Total population	1,04,620
Male	53,239
Female	51,381
Schedule Caste	13,993
Schedule Tribe	172
Landless labour	26,211
Marginal farmers	7,963
Small farmers	2,160
Total families	18,917
LITERACY RATE (Percent)	69.31
EDUCATIONAL INSTITUTIONS	
Primary Schools	91
Junior High Schools	7
Secondary Schools	14
Higher Secondary School	4
Village library	5
Child Education Centre	5
No of village without Primary School	5
Post Literacy Centre	91
DRINKING WATER SOURCES	
Tubewell	374
Pipewater supply	2 projects completed; water supply to begin soon
HEALTH CENTRES	
Rural hospital with 30 beds	1
Primary Health Centre	2

Health Sub-centre	16
SANITARY MART	1

ANNEXURE-VI

List of training conducted by RKMLSP in Nandigram-II Block

Trainings conducted by RKMLSP in Nandigram-II Block

Training Programme	
Motivators' Training	
Orientation of Panchayat members	
Orientation of of Youth Club functionaries	
Village Mason Training	
Seed mason training	
Training for Construction of Improved Chullah	
Tara handpump caretaker training	
Training for water Committee members	
Orientation on ISP accounts	
Training workshop on ISP songs	
School orientation on sanitation	
Teachers' training on sanitation	
Head teachers' training on sanitation	
TOTAL SO FAR 60	
TOTAL no of participants	3172

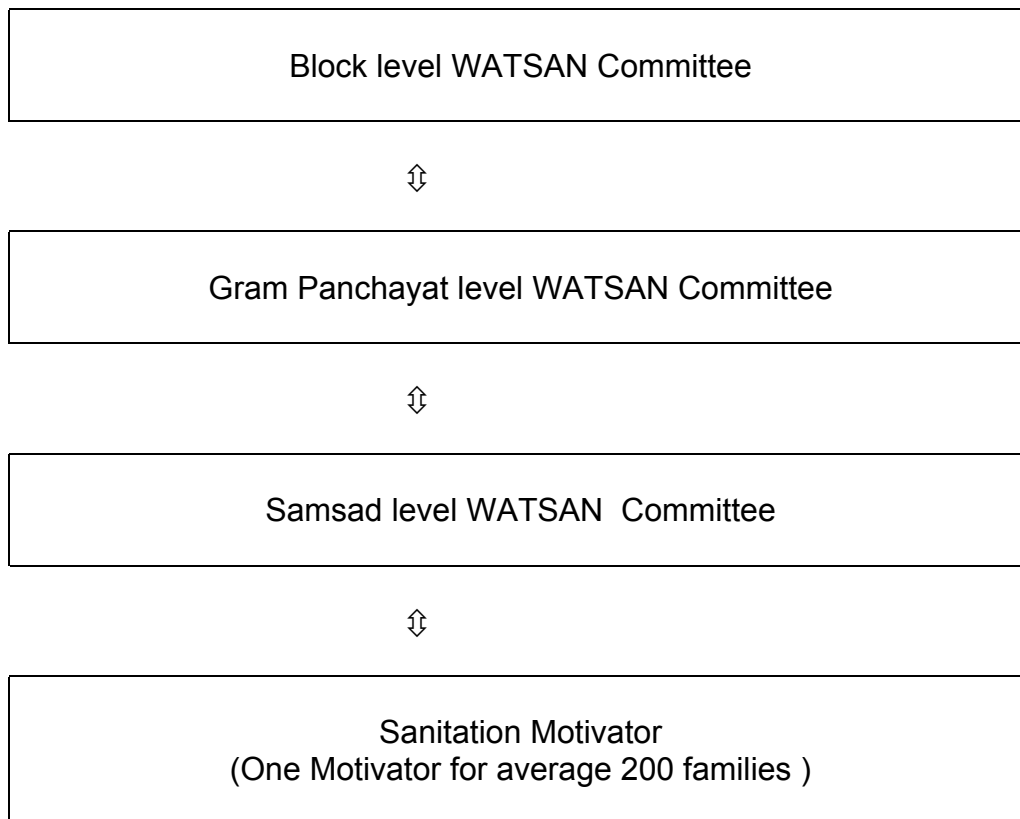
Total in the District:

Number of Courses: 4,473

Number of Participants: 2,12,626

ANNEXURE-VII

PRIs and WATSAN Committees in Sanitation Movement in Nandigram-II Block

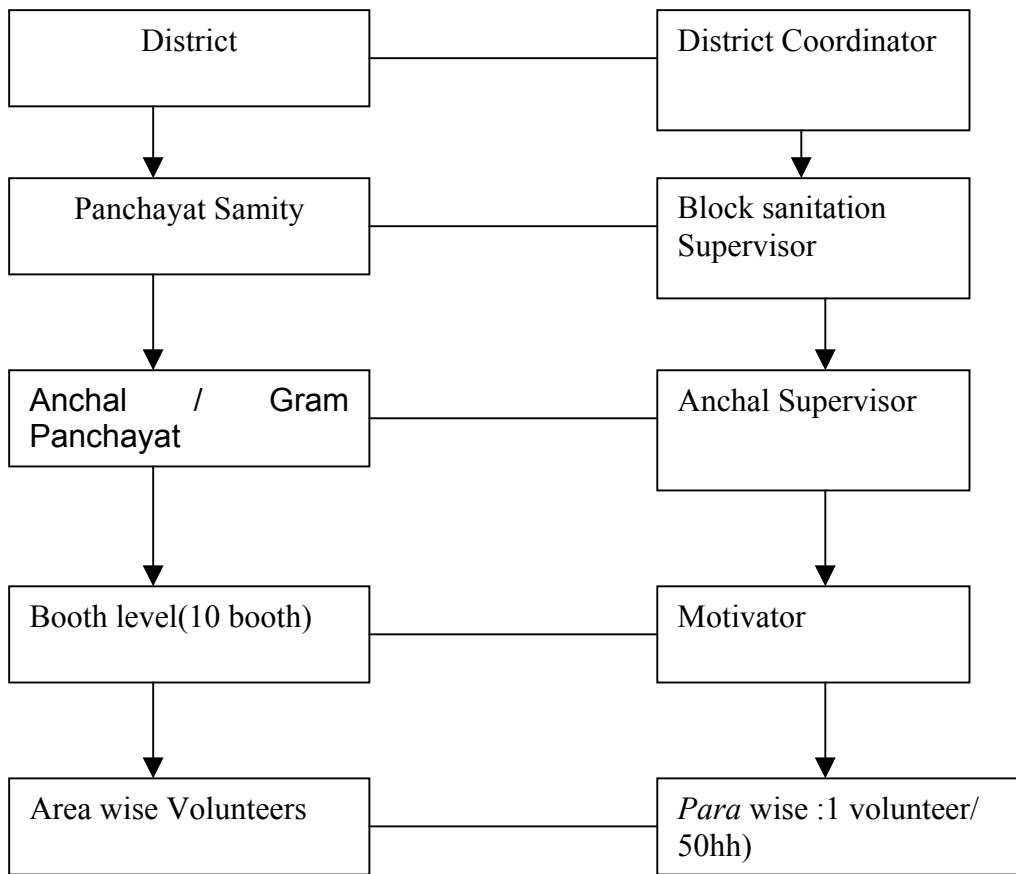


Members of Block WATSAN Committee:	Sabhapati, Saha-Sabhapati, BBO, Jt. BDO, all members of Zilla Parishad & Panchayat Samity, all Karmadhyakshas, Leaders of all Political Parties, all Pradhans of Gram Panchayats, BMOH, Sanitary Inspector, Rep. of Lokajagaran(San. Mart), Block Sanitation Supervisor, all Extn. Officers and staffs of Block, Sub-Asst. Eng. (RWS), CDPO (ICDS)
Members of Block WATSAN Committee:	Pradhan, Upa Pradhan, GP Sanitation Supervisor, Rep. of San. Mart, Rep. of all Political Party, all club representatives, Chief Motivators of Post Literacy Prog., all staff of GP, Rep. of Block (one officer + one Panchayat Samity rep.) Head Teacher of all Primary Schools
Members of Samsad WATSAN Committee :	Panchayat Members of the samsad, Sanitation Supervisor, Volunteer of Literacy Centre, all Head Teachers of Primary Schools of Samsad area,

	Leaders of all Political Party, Rep. of village club, opinion leaders.
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ANNEXURE-VIII

SANCTION STRUCTURE OF VOLUNTEERS
Iswar Chandra Jana Chetana Kendra



Detailed note on Ram Krishna Mission Lok Shiksha Parishad

RAMAKRISHNA MISSION LOKASIKSHA PARISHAD

Ramakrishna Mission Lokasiksha Parishad (RKMLP) is one of the biggest of the units of the Ramakrishna Mission Ashrama, Narendrapur, which is a branch centre of the Ramakrishna Mission, P.O. Belur Math, District Howrah. The Parishad has been involved in implementation of Integrated Slum and Rural Development Activities since more than four decades. The Parishad has three wings:

- i) Field extension
- ii) Training and
- iii) Research and evaluation

Working Area

The Parishad's work is mainly concentrated in West Bengal especially in 11 districts namely: 1) Purba Medinipur 2) Paschim Medinipur 3) South 24-Parganas 4) North 24-Parganas 5) Murshidabad 6) Bardhaman 7) Nadia 8) Howrah 9) Purulia 10) Bankura and 11) Kolkata.

Working area of some of the units of the Parishad like 1) Information Development and Resource Agency (IDARA), and 2) Training Orientation and Research Centre (TORC) in the field of Youth development is beyond State territory.

The Parishad mainly deals with the following activities under the field wing -

1. Adult and Non formal Education.
2. Integrated Women and Child Development.
3. Preventive health care and general health services.
4. Promotion of self sustained Water and Environmental Sanitation activities.
5. Agriculture and Animal Resource Development.
6. Forest Management and Social Forestry.
7. Promotion of self help group activities.
8. Promotion of Solar Energy.
9. Training on vocational skills, Entrepreneurship and organisational management.
10. Promotion of Youth groups/ organisations for social development.

Implementation Mechanism

All the development programmes are implemented through the associated village youth clubs and cluster organisations (Federation of associated village clubs) under the guidance and expertise support of the Parishad. The RKMLP has developed a network involving more than 2000 village youth clubs and 21 cluster organisations for decentralised programme planning, implementation and monitoring of its development activities.

RAMAKRISHNA MISSION LOKASIKSHA PARISHAD AND SANITATION MOVEMENT

First Sanitation Initiative

The Ramakrishna Mission Lokasiksha Parishad formally started the sanitation promotion activities in 1981 as a part of Integrated Child Development activities in the 7 villages of Arapanch area under Sonarpur block in South 24-Parganas. The programme was implemented with partial support of UNICEF. UNICEF extended support for Technical Training and 60% cost of household two pit latrine upto plinth level. The RKMLP mobilised the beneficiary families to contribute the full cost of superstructure and 40% cost for latrine upto plinth level. 250 latrines were installed within a year. The RKMLP through its social mobilisation and community contact drive created a demand for construction of household latrines in the programme area. Second phase of the project proposal for construction of 350 household latrines was initiated on the basis of demand of the Mother's Committees of the Arapanch area. UNICEF informed that due to constraint of funds, they would not be able to extend support for construction of 350 latrines. But UNICEF assured that the support could be extended for construction of 250 household latrines. RKMLP called a meeting of the Mother's Committees and placed before them the information received from the UNICEF. The RKMLP proposed in the Mother's Committee meeting that if the beneficiary families shared 60% cost for construction of household latrine upto plinth level and full cost of superstructure, then with the available resources of UNICEF all the 350 families could be covered. The Mother's Committees agreed to the proposal of the RKMLP and household latrines in 350 families were constructed within one year. Above two programmes were for the benefits of the economically weaker families of the community.

Learning From the First Initiative

After implementation of the above two programmes the RKMLP conceived two major strategies for promotion of sanitation activities. These are -

- I. Installation of Sanitation facilities can be promoted without subsidy if proper Sanitation Education Activities be taken up involving village level voluntary organisations.
- II. The sanitation programme should be planned for an integrated area with the objective of covering all the families in spite of their economic/ social status.

First Self-financed Sanitation Initiative

Keeping the above two strategies in view the RKMLP planned a proposal for no-subsidy household latrine construction programme in 10 villages of South 24-Parganas, North 24-Parganas and Medinipur districts. The proposal was submitted to the UNICEF-Kolkata in 1985 and the UNICEF extended support with Rs.1.20 lakh as revolving fund and Rs. 0.40 lakh for Human Resource Development and Social Mobilisation Activities. Within a span of 2 years, 349 Household Latrines were installed through this Project. The beneficiary families shared 100% cost for installation of their latrines. By this time the RKMLP developed expertise in the sanitation sector. UNICEF and CAPART recognised and used RKMLP as one of the Resource Agencies for Human Resource Development for sanitation activities for the projects supported by them.

INITIATION OF MEDINIPUR SANITATION PROJECT

During the Water and Sanitation Decade (81-90) the West Bengal State was selected as one amongst the 7 States to start Intensive Sanitation Programme under Decade Programme. But till 1985 the State Government could not take up any Sanitation activity under WATSAN Decade programme. UNICEF being one of the partners of WATSAN Decade, requested RKMLP to prepare a bigger proposal for promotion of sanitation with innovative ideas.

On the request of the UNICEF-Kolkata, WESS, RKMLP prepared a proposal in 1988 for Intensive Sanitation Programme for Medinipur district and submitted to the UNICEF for support and to the Government of West Bengal for forwarding the same to the UNICEF.

The salient features of the Medinipur Sanitation Project

1. It is a Demand Driven programme.
2. Highest emphasis is given on Intensive, Area Specific and Time bound IEC/Social Mobilisation activities and specific actions and programmes conducted for demand generation.

3. Intensive Human Resource Development programme designed and implemented for all level of functionaries of Administration, Panchayat and NGO/CBOs from district to village.
4. No subsidy approach. There was no provision of subsidy for construction of household latrines. The beneficiary families contributed entire cost for their latrines. Low subsidy of Rs. 200.00 for household latrine of BPL families was introduced in the State on the basis of Medinipur experience only from 1995.
5. The RKMLP developed Affordable Technological Options in Latrine Models with upgradation facilities. Initially there were 12 different cost effective models introduced (Cost Rs. 250-3000/- in 1990). Ultimately 6 models were accepted by the beneficiaries and the State Government is presently promoting these 6 models developed by the RKMLP in Medinipur.
6. An alternative delivery network including production and supply, has been developed involving the community based voluntary organisations on no-loss no-profit basis. Network of voluntary workers (Sanitation motivator) has been developed involving CBOs and Gram Panchayats.
7. Voluntary organisation had been entrusted to act as Nodal Agency for implementing the Sanitation project for a district. District Administration and Panchayat extended all supports to implement the project.
8. A regular monitoring mechanism involving all sectors at all levels has been developed to monitor the progress and to over come the shortcomings.
9. This is the first sanitation project in the country which had been started as a movement for promotion of sanitation.

Medinipur sanitation programme has two distinct phases. The first phase was from 1990-1994 and the second phase started from 1995 to till date. During the first phase the programme had the following features:

1. It was fully no-subsidy programme.
2. Implemented by RKMLP and associated cluster organisation and youth clubs while the panchayat played a secondary role.
3. Various area specific implementation strategies developed involving the CBOs.

4. Government and panchayat functionaries of different levels were oriented and prepared for participation in self-financed sanitation programme.

The Zilla Parishad in its first district level sanitation committee meeting held in September 1989 resolved that as this was a no subsidy programme, the RKMLP should initiate the programme in the villages through their NGO network. Zilla Parishad would extend all support for implementation of the strategy.

In the second phase when the low subsidy (Rs.200.00) for the BPL families was introduced by the State Government in 1995 then it became a multi-agency programmes. The Zilla Parishad and RKMLP jointly played the role of nodal implementing agency and developed the joint plan of action to implement the programme involving the Panchayati Raj Institutions and RKMLP's voluntary organisation network.

RKMLP ADVOCATED TIME BOUND INTENSIVE SANITATION PROMOTION PLAN

In the year 1996, RKMLP developed a district plan and presented before the District Administration and Zilla Parishad.

The major strategies under this plan were:

1. The district authority/ Zilla Parishad should adopt area specific time bound plan of actions for covering all the households with latrines. To achieve the target intensive Social Mobilisation activities should be implemented jointly by RKMLP and ZP.
2. All the Block authorities and Panchayats should follow the guideline of the district to strengthening the Water and Sanitation committees at block, Gram Panchayat and Samsad levels involving all political, social and educational organisations of the concerned area.
3. The block authority should take up intensive sanitation education/ awareness generation activities covering all villages.
4. Each block should try to cover all families with latrine at least in two Gram Panchayats within one financial year. They can also take up such programme for the entire block in the first year itself.
5. Block authority should designate one officer for one Gram Panchayat to support and monitor the sanitation activities.

Strategies Developed from the field implementation

RKMLP developed these strategies from the experiences of Sanitation Programme implementation in Medinipur from 1990 to 1994. Since inception of the programme in Medinipur the RKMLP tried out the strategy of 100% installation of household latrine in the identified villages. As a result of this strategy, 8 villages had been saturated with household latrines within 9 months of the initiation of the project. It is noteworthy that during this period there was no subsidy for household latrine construction. Till 1993 more than 200 villages were saturated with 100% cost sharing latrines. In 1994, an attempt was made to cover all the households with latrine in 3 Gram Panchayats. As a result of this attempt 2 Gram Panchayats were fully covered. The State Government recognised and declared these two Gram Panchayats, Chaksimulia Gram Panchayat in Nandakumar Block and Radhamohanpur-II in the Debra Block as the first two Gram Panchayats in the State where all the families had access to sanitation facilities of their own.

District Authorities Accepted RKMLP's Idea

From the above experiences, RKMLP was trying to motivate the district administration and Zilla Parishad to take up the same strategy for saturating household latrines in the blocks. As a result of this persuasion, the then District Magistrate Sri Arun Bal, IAS and the then Sabhadhipat Sri Harekrishna Samanta accepted the strategy developed by the RKMLP and requested the RKMLP Sanitation Coordinator to prepare a guideline for the entire district. Accordingly the RKMLP Sanitation Coordinator prepared a guideline which was accepted and implemented by Zilla Parishad in 1997.

Achievement of Nandigram-II Block is the product of the strategy which was initiated in 1997

The 1997 strategy had the following features:

1. The Block authority and the RKMLP's block level cluster organisation would jointly prepare the plan of action for covering all the houses with sanitary latrines within 2 years. They would have to cover all families with household latrines at least in 2/3 Gram Panchayats in the first year.
2. The Block Authorities and the RKMLP's Block NGO would jointly prepare and implement social mobilisation activities for the entire block. This programme should be time bound. Emphasis should be given on group meetings and home contact drive.

3. All political groups, social groups/NGOs, educational institutions, development departments, of the Block would be included in the Block, Gram Panchayat and Samsad level Sanitation Committees.
4. The District authority, district Panchayat and RKMLP jointly would be present in the Block level orientation and planning workshop.
5. The RKMLP would provide guidance and support to the blocks and gram panchayats to plan and implement the IEC activities.
6. Block authority would identify and tag one officer, Block Panchayat member and RKMLP's Block NGO representative for each Gram Panchayat.
7. Weekly monitoring would be conducted on specific day at Gram Samsad, Gram Panchayat, Block, Sub-Division and District level.

The strategy developed in 1997 actually had been taken in to field operation in 1998. A district level workshop involving all the District, Sub-Division and Block level officers, Zilla Parishad and Block Panchayat functionaries and RKMLP's Block NGOs held in September 1998 to plan the Sanitation programme on the basis of new guideline and strategy developed by the RKMLP. After that district level workshop 14 blocks and 94 Gram Panchayats came forward to take up intensive time bound sanitation programme to cover all the houses with latrine by 2000.

Salient Result of 1998's endeavour (as on May 2002)

A. Physical Achievement

1.	100% access to household latrine.	2 Blocks (Nandigram-II and Haldia)
2.	80-99% access to household latrine	8 Blocks
3.	70-79% access to household latrine	3 Blocks
4.	60-69% access to household latrine	7 Blocks
5.	50-59% access to household latrine	7 Blocks
	Total:	27 Blocks

27 Blocks of the district have been able to achieve more than 50% household latrine coverage.

B. In 1990, latrine coverage in rural households in Medinipur (undivided) was 4.74%. In May 2002, it has been increased to 51.02%. In Purba Medinipur district rural household latrine coverage is 71%.

C. Medinipur sanitation strategy has been replicated in other districts of West Bengal for implementation of TSC programme.

Contribution of Ramakrishna Mission Loksiksha Parishad in Sanitation Movement

1. Conceived and implemented 1st self-financed sanitation in 1985 and installed 349 household latrines with 100% cost contribution of beneficiaries.
2. Conceived, designed and implemented Demand Driven Intensive Sanitation Project for the biggest and the most highest populated Medinipur district.
3. Influenced and motivated Medinipur District Administration and Zilla Panchayat leadership to take up Time Bound, Area Concentrated Social Mobilisation and Household Latrine Construction Programme involving all political, social and educational institutions of the area.
4. Motivated, guided and supported block, Gram Panchayat and voluntary organisation leaderships to take up time bound programmes for awareness generation and sanitation education activities and 100% household latrine construction in their respective blocks and Gram Panchayats.
5. Advocated Demand Driven Self-Financed Sustainable Sanitation Promotion Strategy in West Bengal, other States and at National Forums.
6. Extended full-fledged support to the State Government to replicate the Medinipur Sanitation Model in other districts of West Bengal.
7. Organised various Managerial and Technical Training for State level to village level sanitation functionaries in West Bengal and in other States.
8. Organised orientation and exposure study visits to Medinipur sanitation programme for the high officials from almost all the State Governments of India and for the foreign delegates from China, Vietnam, Bangladesh, Pakistan, Burma, Nepal, South Africa, Egypt, Indonesia, Sri Lanka, etc. Also organised various study visits to demonstrate the success of Medinipur sanitation model for different International Funding Bodies like DFID, SIDA, DANIDA, Aus-Aid etc.
9. Developed and successfully demonstrated the various affordable, sustainable cost effective latrine models with upgradation options. Conducting training programmes both in West Bengal and out side West Bengal for the technical persons/ masons of Government department and NGOs.
10. Supporting State Government to organise various training programmes on Water and Sanitation Sector.

11. Ramakrishna Mission Lokasiksha Parishad's Medinipur Sanitation Model Advocated and Influenced West Bengal Government -
 - a) To replicate Medinipur sanitation strategy in all other districts and establish Sanitary Marts in all the blocks of the State by the NGOs only.
 - b) To introduce low cost subsidy for household latrine (Rs. 200.00 for BPL families).
 - c) And sanitation got the second highest priority in the State Governments development sector.

12. National Government revised CRSP guideline on the light of Medinipur Sanitation experience in 1993. The Government of India allocated specific funds for IEC/ Social mobilisation in this revision. Medinipur Sanitation also helped and influenced to develop the TSC strategy in 1999.

13. Ramakrishna Mission Lokasiksha Parishad's Medinipur Sanitation Movement set the land mark in the field of Sanitation.
 - 1990 1st Demand Driven self-financed sanitation programme initiated in the country. First time in the country, responsibility of planning and implementation of a big sanitation project for a district given to a NGO.
 - 1993 Medinipur strategy of sanitation programme replicated in other 9 districts of West Bengal involving Block level NGOs only.
 - 1993 Government of India revised the CRSP guideline on the experience of Medinipur sanitation programme.
 - 1995 Self-financed household latrine installed in all houses of Chaksimuliya Gram Panchayat under Nandakumar block and Radhamohanpur-II Gram Panchayat under Debra block in Medinipur district. Government of West Bengal declared these two GPs as the first in the State where all the houses have access to latrine.
 - 1998 High coverage in the household latrine influenced UNICEF to take up school sanitation programme in primary schools of Medinipur involving RKMLP and Medinipur Zilla Parishad.
 - 2001 Government of West Bengal declared and recognised Nandigram-II as the first block in the State where all the households have access to latrine.
 2002. Haldia block completed the installation of latrine in all houses of the block.

2002 Haldia sub-division is going to complete the construction of Latrines in all houses of the sub-division by August, 2002.

14. Physical Achievement

Through the Intensive Sanitation Education and Social Mobilisation activities involving RKMLP's associated Village Based Youth Clubs, Cluster Organisations and Panchayati Raj Institutions in Medinipur district following sanitation facilities installed till May, 2002.

Household Latrines	8,18,162
School Toilet Blocks	6,358
Improved Chullas	24,553
Latrine linked household Bio-gas plants	1,487
Sokage pits	7,905
Garbage pits	7,762
Bathing & Washing platforms	2,075
ORS Packets sold	1,26,897

15. A Strong Partnership between district and block administration, 3 tier Panchayats and Ramakrishna Mission Lokasiksha Parishad and its associated block and village level NGOs has been developed in the district.

RKMLP's contribution in Water Sector

Ramakrishna Mission Lokasiksha Parishad successfully demonstrated Community Based Maintenance in 800 Spot Drinking Water Sources in Medinipur. A seven member Water Committee with core women members has been formed for each hand pump from the beneficiary families. Two women from beneficiary families Selected and Trained on O&M by the RKMLP. Two trained women of each hand pump are independently undertaking the O&M job voluntarily. A maintenance Chest Fund has been developed for each pump and each beneficiary families are contributing One Rupee Monthly in the maintenance Chest Fund. Water Committee of each pump collects Rs. 500.00 from the proposed beneficiary families before installation of hand pump and deposit in their maintenance Chest Fund. Following are the responsibility of the Water Committee:

- i) Selection of site for hand pump
- ii) Selection of women caretaker and send them for training
- iii) Collection of Rs. 500.00 before installation of hand pump and @ Rs.1.00 per month from the beneficiary families and deposit the money in the maintenance Chest Fund and keeping the accounts.
- iv) Collect spare-parts from the club/cluster organisations and maintenance of stock record.

v) Organise awareness generation/ orientation activities relating to safe collection, storage and handling of drinking water.

vi) Promotion of sanitation, personal hygiene and ORS.

Seeing the success of this venture Medinipur Zilla Parishad introduced this strategy and mechanism in about 22,000 hand pumps installed by the Zilla Parishad from 1996.

ANNEXURE-X

List of Human Resource Development Programmes conducted by Ramakrishna Mission Lokasiksha Parishad, Narendrapur in Nandigram-II Panchayat Samity for proper implementation of sanitation programme.

Sl. No.	Training Programme	No. of courses	No. of participants
01.	Motivators Training	9	405
02.	Orientation of Panchayat Members	7	387
03.	Orientation of Youth Club Functionaries	2	82
04.	Village Mason Training	4	68
05.	Training for Construction of Improved Chullah	2	52
06.	Tara Hand Pump Caretaker Training	4	136
07.	Water Committee Member's Training	3	96
08.	ORS Depot Holders Training	8	169

09.	Seed Mason Training	1	21
10.	Orientation of School Children on Sanitation	14	1365
11.	Orientation of Head Teacher & Core Teacher on Sanitation	2	273
12.	Orientation on ISP Accounts for Club Functionaries	2	57
13.	Training on Sanitation Song	2	61
Total:		60	3172

TOILET DESIGNS