INTRODUCTION

This paper attempts to record a few observations based on field experience of motivating the rural population to accept and adopt rural sanitation projects in West Bengal. It has particular reference to training and motivating of communities to accept and adopt the pour flush two-pit sanitary latrine construction programmes such as the Feasibility Study Programmes of the UNICEF/UNDP/GOI (Govt. of India).

GOVERNMENT RURAL SANITATION PROGRAMMES

The Background

In 1983, the Public Health Engineering Department (PHED), West Bengal, began a rural sanitation programme i.e. the construction of the pour flush two-pit sanitary latrines in households. Over 3000 sanitary latrines were constructed in 1983-84 in four districts.

The latrines were constructed up to plinth level by the PHED in each selected household and the full cost was borne by the government. The beneficiaries had to construct the super-structure from their own resources.

New Programmes

The eagerness shown by the villagers encouraged the PHED to take up the UNICEF/UNDP/GOI sponsored Feasibility Study in low-cost rural sanitary latrine in West Bengal, which is currently being implemented in 5 districts, covering 350 villages.

The PHED will construct latrines in 300 villages. The All India Institute of Hygiene and Public Health and the Women's Co-ordinating Council (WCC), a voluntary agency, will each construct latrines in 25 villages to give a wider scope for study.

The WCC, a women's voluntary agency co-ordinating 80 voluntary organisations in West Bengal, has also been entrusted with promotional and communication support activities. This includes organising orientation/training programmes with the help of the PHED, for all functionaries connected with the programmes at state level, district level, block level and village level;

- programmes devised to counteract some typical problems during the implementation of sanitation projects resulting from lack of adequate education and communication, particularly at village level.

Programmes at District Level

Integrated approach

It is important to motivate and ensure at all levels the participation of the Departments of Health Social Welfare, Rural Development, Education, Mass Media, the Panchayats and the community level workers, besides the beneficiaries themselves and voluntary organisations.

The personal involvement of senior engineers of the PHED and Govt. officials, the departments of Health, Social Welfare, Education, Panchayat, Rural Development, District Magistrates, Block Development Officers ensures the success of education/training campaigns.
At District and Block Level Programmes and Village Level Education/Training Camps we have found that motivated senior officials and leaders have offered to allocate funds for sanitation in their budget and extended all co-operation for sanitation programmes.

Block Medical Officer assists training

An integrated health, hygiene, water and sanitation programme would yield the best results in motivating the village community, raise the health status and improve the quality of life.

Social Welfare Department

The Social Welfare Department of West Bengal had also taken up schemes in ICDS (Integrated Child Development Scheme) blocks in several districts for construction of the pour flush two-pit latrines in village Anganwadi Centres, with UNICEF support.

These latrines in institutions will be effective as demonstration units, for familiarising and training the community, particularly mothers and children, in the use and maintenance of latrines and for motivating the community to adopt health and sanitation measures.

The programme is being implemented through four voluntary organisations - The Rama Krishna Mission, Loke Siksha Parishad, Women's co-ordinating Council, Gram Seva Sangha, J.P. Institute of Social Change.

Voluntary Organisations

Voluntary agencies have many decades of field experience. They are now co-ordinating with the Government, local bodies and other N.G.O.'s to develop integrated well designed, but flexible, programmes making maximum use of locally available resources, community participation and involvement of women at all levels of education, training and implementation.

Voluntary agencies have an important role as feedback mechanisms if trained in simple systems of monitoring and evaluation, utilising the services of village mahila mandals, youth clubs and community level workers.

Education and Training

Health

Health, hygiene and environmental sanitation education is an essential component of any rural sanitation project. Ideally a concurrent basic medical care input for children at regular intervals—perhaps through medical camps—could both educate and motivate active participation of the village community, particularly the women. It can also be the means of monitoring programmes.

A greater awareness and knowledge of health hazards related to open defecation motivates acceptance of sanitation programmes.

Simple Technology

Education through visual aids in rural sanitation should include other aspects such as water pollution i.e. pollution of the ponds, wells, tubewells, construction of low-cost or no-cost soak pits and drainage systems, garbage disposal systems, home sanitation, personal hygiene, vector control etc.

Simple technology for self help, should form a part of education such as soak pits, garbage disposal systems, construction of tubewell platforms, latrine design, construction site selection, super-structure designs and cost estimates.
Training

It is necessary to familiarise not only the village community but all personnel connected with the department of health, education, rural development, Panchayat, youth clubs, mahila samiti’s, school teachers, sanitary inspectors, Gram Sevikas, ICDS project workers, ANM’s, local doctors, with the simple message relating to the above subjects.

Village motivators can be drawn from among the community health workers, anganwadi workers, mahila samity members, youth club representatives, school teachers, and villagers who may be popular for their community service.

Men and women motivator’s training

Education/training programme for village masons are very effective as they can become motivators and educators also. Government, contractors, supervisors, and other field personnel should be participants at education and training programmes.

In-field training should be given to village motivators to build up an infrastructure for community-based programmes.

It is important that education/communicators are well trained to build up a rapport with people of different areas.

A simple system of monitoring should be built into the education training and motivation programme. A few simple questions should be asked to evaluate the effectiveness of the education and promotional campaign.

Group discussions and village camps are effective for education and motivation, however, house-to-house visits by communicators and motivators are essential to gauge the extent to which education has resulted in practice. In a household latrine construction scheme it is important to motivate the householder to construct the superstructure, which is at their own expense, and ensure that it is used and maintained.

Communication Techniques

Various communication techniques can be used to sustain the interest of the village community. It has been found that the technical aspects of the two-pit latrine i.e. construction, design, use, maintenance, construction of different types of super structures etc. can be best explained through clay models, wooden blocks, posters, flip cards, photographs, slides etc.

Video shows would be very effective media if voluntary agencies engaged in education campaign could have access to it. Mobile education units i.e. vans equipped with audio visual education material will be the most effective way of educating and motivating the maximum number at the minimum per capita cost. (WCC organise mini exhibitions at all education/training camps).

Clay models on water pollution

Education and motivation of community participation can be achieved through demonstration of low-cost or no-cost environmental sanitation measures, such as, the soakage pit which can often be constructed with material lying around the villages, as we have done during
a training programme for our communicators by UNICEF/TAG.

Demonstration of diarrhoeal management measures such as the ORT which must be incorporated into rural sanitation - education and training programmes, also has an immediate impact.

Slides showing enlarged pictures of hookworms, tape worms, round works, etc. in the human body and its relation to open defecation are effective.

The priorities of both men and women have to be gauged to assess which subject will be an effective entry point. Broadly, child health, water supply and other daily domestic problems are the starting points, but approaches are to be developed after assessing local interests and concerns.

**Motivation of Women**

The importance of the role of women as planners, trainers, educators and active participants in health and sanitation programmes has now been recognised. However, achieving the involvement of rural women in development programmes is a difficult task.

It has been found that village women are largely reticent in involving themselves with matters of a technical nature and it is here that women voluntary workers are able to draw them out and explain to them the benefits of simple sanitary technology.

One of the objectives of WCC is to design, test and demonstrate techniques of motivating rural communities, specially women, to participate in community based health and sanitation programmes.

In order to motivate women's participation in sanitation programmes it is necessary to involve women in planning, education and motivation at all levels.

Much of the responsibility of maintaining home and environmental sanitation rests on women. Initially it is necessary to involve a number of women communicators who can train women motivators at village levels.

Women construct temporary super-structure

**Over motivation of village communities**

In latrine construction programme the degree of motivation to be achieved should be very carefully balanced with the available resources such as funds, material resources etc. Demand for latrines may be so far in excess that it becomes an obstacle in the efficient and smooth implementation of the programme. Unfulfilled commitments can be a detriment to the entire programme.

Motivating village communities for better health, hygiene, and no-cost or very low-cost environmental sanitation should be taken up on a massive scale.

**CONCLUSION**

In subsidised domestic latrine construction programmes it is very important to motivate the family to construct the super-structure immediately and they should be educated on various low cost or even no cost super-structure designs. Ideally the putting-up of the latrine super-structure and its use should be simultaneous and a system of monitoring is needed to ensure that the latrines are kept clean and well maintained.

Large amount of funds are required for meeting the targets of rural latrine construction but it is equally, if not more, important to create an infrastructure for education/training at all levels, particularly at village level for motivating the community to develop a higher standard of health, hygiene, home and environmental sanitation which is culturally acceptable and appropriate for them.