

Every household counts: Ensuring community participation in Orissaⁱ

It is not difficult to understand why the 67 villages covered by the Rural Health and Environment Program (RHEP) in Orissa have become favored destinations for prospective brides. The introduction of water and sanitation facilities by a local NGO, Gram Vikas, in collaboration with the community has enhanced the quality of life, improved health conditions and reduced the drudgery of collecting water. The success of the scheme is evident-- Gram Vikas no longer provides support to many of these villages, yet the schemes are fully operational through the collective efforts of the villagers. There are no conflicts over water and no significant problems operating and maintaining the schemes.

The approach of Gram Vikas is based on the participation of every member of the community and the creation of local institutional mechanisms to ensure sustainability of the project. Ownership and stakes are built by ensuring that all households contribute financially to the development of infrastructure and operation and maintenance of the scheme.

The RHEP initiative began in 1992 covering 337 families in five pilot villages in Ganjam and Bargarh districts of Orissa. Today Gram Vikas covers 67 vilages in the most backward districts of the state. When the program began, there was a complete absence of hygiene and sanitation, and no source of clean and safe drinking water. Using health and hygiene as an entry point to improve the lives of the people, Gram Vikas initiated its program by providing proper waste disposal, effective drainage systems and safe drinking water. Success in the field of health and sanitation soon led to demands for other changes and eventually to people's involvement in a multitude of development activities, such as housing, community infrastructure, education and livelihood programs.

The water and sanitation program is based on the principle of total coverage. Sanitation infrastructure (a separate toilet and bathing room for each family) is established and piped water supplied to every household in the village. All families must prepare a soak pit and the foundation for the toilet/bathing room before Gram Vikas begins intervention.

Construction is on a cost sharing basis. A typical household sanitation facility (latrine and bathroom) costs approximately Rs 4,000 depending on the type of material used. Gram Vikas contributes around Rs 2,500 and the household contributes the rest. Similarly, the community contributes about 30 percent of the capital cost of setting up a piped water supply system.ⁱⁱ Poorer families can offer material or labor as their contribution.

To ensure the commitment of the community to the project, clear-cut financial responsibilities and contributions from the community for the maintenance fund are agreed to before intervention can start. Each village decides its own method for collection to cover repair and maintenance of pumps and the salary of the pump operator (Rs 300-500 per month). The current maintenance cost of RHEP facilities is an average of Rs 500 per family per year. Again, the poorer families contribute labor and materials as their share. Communities evolve penalties for families violating the norms.

ⁱ Article Published in Jalvani, November 2002

ⁱⁱ A project supplying water to 60 families with a 30,000-liter water tank and 120 ft borewell costs approximately Rs 150,000.

The program generates employment opportunities and ensures sustainability by training local youth in masonry, and plumbing, and to operate the pumps and maintain the pipe lines. Minor repairs are attended to locally. To optimize the use of local resources and ensure total coverage, the technology package has been demystified and a standardised design for the toilet and bathroom is promoted.

A critical factor for project sustainability is the institution of a corpus fund. All families contribute an average of Rs 1,000 to the fund, which is used for water and sanitation activities. Since contribution to the fund is mandatory, the richer families subsidize poorer families or part support is extended from the community fund.

Setting up the corpus fund has led to enhanced village unity as all families are shareholders in the fund and have an equal stake in decision-making. Communities now work together, negotiate with each other and other players, and build independent institutions. Success in constructing and managing their own sanitation and water supply systems has fostered a strong community spirit and greater self-confidence.

To ensure that local voices are heard and the scheme is demand-responsive, village executive committees with equal representation of men and women are elected by the community. These are registered legal entities. Women's participation in village committees has enhanced their role in decision-making and given them a greater standing in the community. Women have also been encouraged to set up savings groups, which have, in many cases, become credit delivery mechanisms.

Today, the successful completion of projects has generated a demand from neighboring villages for the introduction of similar schemes. Gram Vikas is now poised to extend the program to a critical 1 percent of the poorest families in Orissa over the next ten years by replicating the model and influencing government and non-government agencies to implement the program. Links with local government could also be explored to upscale this initiative.

Although the program has been initiated by an NGO, this experience has shown that once systems are in place and local institutions developed, communities can successfully manage and maintain their facilities and ensure sustainability of the project even after the external assistance is withdrawn.

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