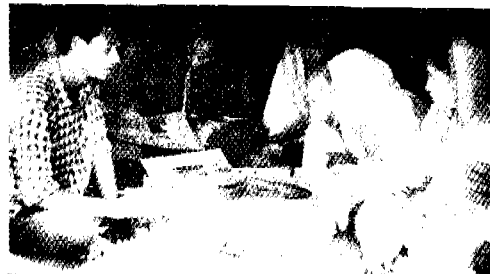


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Central & State Government Approved & UNICEF Sponsored

INTENSIVE SANITATION PROJECT MIDNAPORE

PROGRESS REPORT



RAMAKRISHNA MISSION LOKASIKSHA PARISHAD
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INTENSIVE SANITATION PROJECT-MIDNAPORE

Approved by :

Department of Rural Development
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&
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PROGRESS REPORT 1993



Ramakrishna Mission Lokasiksha Parishad

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PREFACE

HEALTH FOR ALL BY 2000 A.D.

WHO expects that by 2000 A.D. all the member countries would be able to achieve Health for All. To attain this objective the minimum that we require is to provide safe drinking water for all as well as clean environment. Unfortunately it has not been possible to provide this minimum basic service for all the people in our country. The major reasons of contamination of drinking water in our country is the lack of minimum sanitation facility particularly Sanitary Latrines in the villages and lack of awareness of personal hygiene. It is a regrettable fact that by the end of the 7th Five Year Plan only 3% of the rural population where 70% of our people have got the Sanitary Latrine.

Ramakrishna Mission Lokasiksha Parishad has been working in the field of Integrated Rural Development for over 3 decades. In our anxiety to improve the economic condition of the people we gave more stress on economic issues during the early phase of our development efforts. From mid '70 we came to realise that in addition to the curative Health Care Services major thrust should be given in preventive services as well. And we realise that providing low cost Sanitary Latrine to the rural population is the basic minimum requirement for the Health for All by 2000 A.D. From early '80s we took up promoting Sanitary Latrines in the rural areas with initial assistance from UNICEF. But in our programme of action we gave more importance on sanitation education, awareness building, and dissemination of knowledge and information. Thus from the beginning we did not provide 100% subsidies. Beginning from 60% subsidy at the initial stage we initiated the programme of promoting latrines without any subsidy. Towards the end of the '80s, UNICEF, Govt. of India and the State Government requested us to take up a bigger project in the district of Midnapore on the same model. Thus the emergence of ISP-Midnapore came into being. It was formally inaugurated in the month of March, 1989. The details of the Project have been given in the Progress Report. I hope that readers will find the details given herein very interesting and educative. I am glad to mention here also that already Central and State Governments are trying to initiate sanitation projects in some other states on the model of Midnapore. Already the

PREFACE

Government of West Bengal has taken up similar projects in 11 districts of the state. Number of NGOs, Panchayets and the District Administrations are jointly collaborating in implementing this programme. In fact, a kind of silent revolution is taking place in rural areas. Already 38514 Low Cost Latrines have been installed in Midnapore. 33 villages have already achieved the distinction of Total Sanitary Village by installing 80% or more Sanitary Latrines in those respective villages. If this is not a revolution what else it is !

2000 years ago a man of wisdom prayed :

Sarvey Cha Sukhino Santu

Sarvey Santu Nirāmayā

Sarvey Bhadrāni Pashyantu

Mā Kaschit Dukhābhag Bhavet.

(Mahānirvan Tantra)

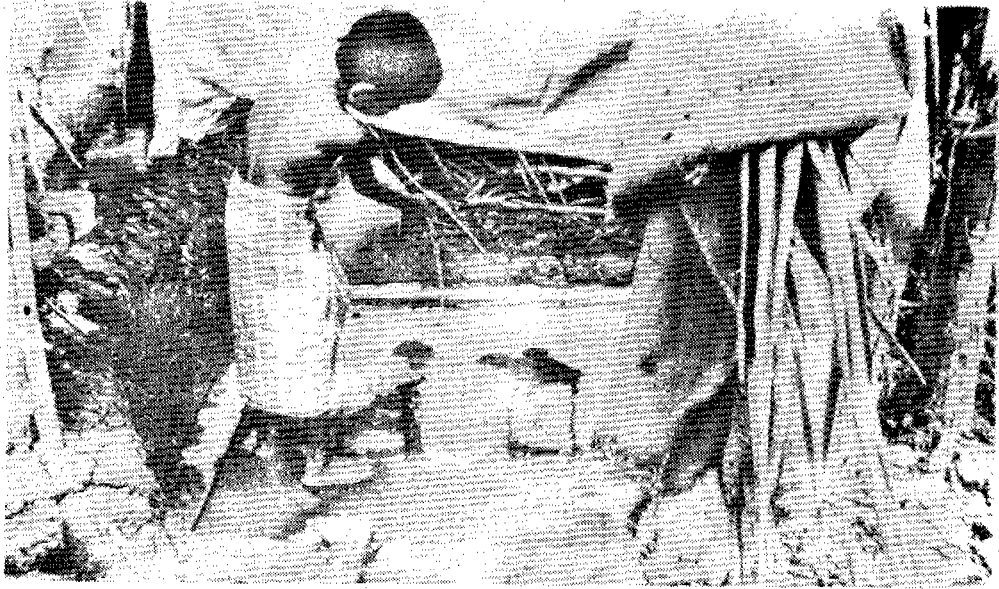
"Let everyone be happy, healthy and glorious,
let everyone be free from all diseases and distress,
let everyone see the good and the auspicious in all beings
and things, may not sorrow, agony overwhelm anyone."

We are happy to mention here that we are getting full support and cooperation from UNICEF, Government of India, State Government, District Administration and District Panchayet, Village Panchayet and a large number of village based Youth Organisations. One will be amply rewarded if the message of this experiment spreads far and near which will go in a long way to meet the objectives of Health for All by 2000 A.D.

I convey my heartfelt thanks and gratitude to everyone who is participating in this great national endeavour.

— Swami Asaktananda

PROGRESS REPORT

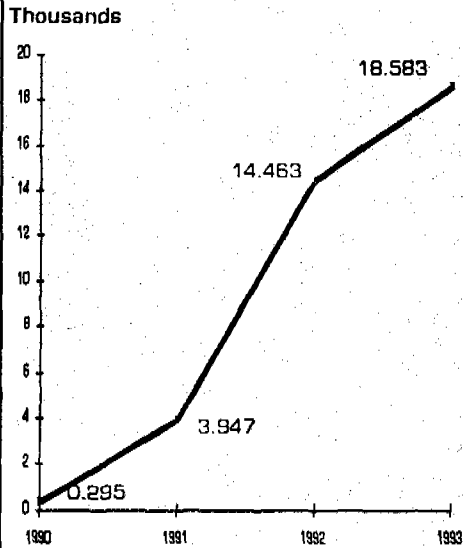


SANITATION DEVELOPMENT

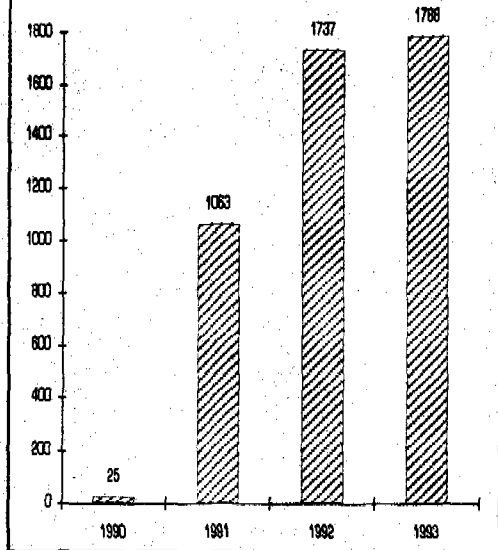
RAMAKRISHNA MISSION LOKASIKSHA PARISHAD'S APPROACH



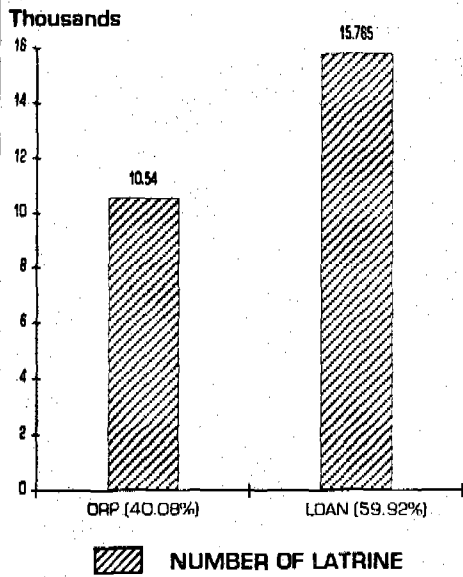
INSTALLATION OF HOUSEHOLD LOW COST LATRINE (YEAR WISE)



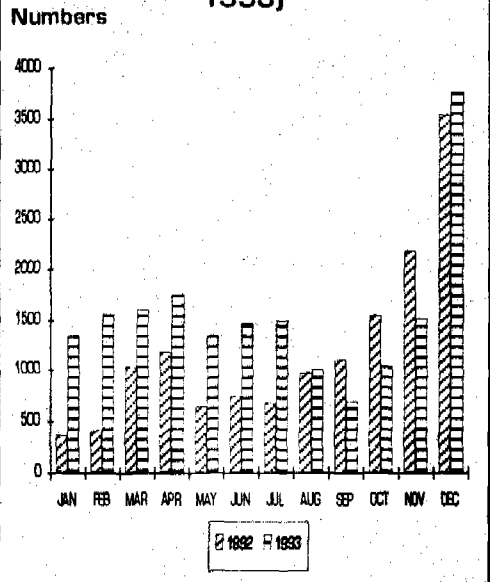
INSTALLATION OF SMOKELESS CHULLAH (YEAR WISE)



HHLCL INSTALLED WITH OUTRIGHT PAYMENT/LOAN



INSTALLATION OF HOUSEHOLD LATRINES (MONTHWISE-1992 & 1993)



Environmental Sanitation did not hold any significant importance in the national scenario till 70's. Actually planners and development leaders in our country started giving importance on stock taking since 80's during Water and Sanitation Decade. Several attempts were made to achieve a target of 25% rural families with Sanitary Latrine during this decade (1981-90). Against this target the achievement till March, 1992 was meagre 3%. Since 80's intensive coverage in terms of installation of Sanitary Latrine got the priority but it was mostly subsidy oriented. Secondly, the programmes were basically conceived more as a hardware support rather than integrated approach to enhance mass Awareness and Motivation towards Environmental Sanitation. It has resulted to non-use of 80% of the low cost Sanitary Latrines provided through subsidy based programme. As subsidy was the main consideration, intensive coverage with sanitation facilities became impossible. The two main reasons are :

- Allocation of fund for the installation of Sanitary Latrine was not adequate to meet the demand.
- Awareness towards Environmental Sanitation was very less among the rural mass.

It is also true that to provide subsidy to all the rural families of the country is really a dream because the rate of subsidy is very high and availability of funds for subsidy is really out of means. Moreover there is no technical option other than two pit latrine.

ALTERNATIVE APPROACH

Considering the vastness of the problems the planners are naturally concerned about developing an alternative approach and model for promotion of Environmental Sanitation Programme. Numbers of alternative approaches have been experimented in different parts of the country. One such alternative model has been started in West Bengal, involving Ramakrishna Mission Lokasiksha Parishad (RKMLP), Narendrapur. The salient feature and major focus of the Project is Self-Financed Environmental Sanitation Development Programme through social mobilisation.

The strategies are enumerated as follows :

01. Major emphasis has been given in promoting Information, Education and Communication (IEC) to make the beneficiaries aware enough to realise the need and importance of Sanitation in improving the overall physical quality of life.
02. Planning and implementation is carried out involving village voluntary organisations working at the grass-root level.
03. No subsidy is being given for installation of sanitation facilities. Entire cost of installation is being borne by the beneficiary families.
04. As there is no subsidy, the Project has developed different low cost models of latrines and other sanitation facilities considering the economic affordability of the rural families.
05. Trained Volunteers, Motivators, Masons etc. have been deputed at different levels for continuous follow-up and monitoring of the sanitation programmes.
06. A specific delivery system has been developed at village level involving the village youth clubs for easy availability of hardware components.
07. The programme is being implemented in a decentralised manner with built-in-mechanism for co-ordinating with different agencies at different levels. At the grass-root level, village youth organisations and at Middle Level cluster organisations (Consortium of village youth clubs involved in Sanitation Programme) have taken up the responsibilities of planning, implementation, co-ordination, monitoring and regular follow-up of the programme.
08. Panchayets and Government Officials have been oriented on Self-Finance Approach and tagged in advocacy and social mobilisation activities.

THE PROJECT

Intensive Sanitation Project (ISP) being implemented in the district of Midnapore had started functioning in March 1990 though the preparatory work was initiated since October 1989. The Project was formulated with the following aspects :

1. Problems and Justification for the Project

Safe water and Sanitation are closely associated with the Diarrhoeal diseases. According to the Register General's News-Letter of January 1989 the estimated Infant Mortality Rate (IMR) of West Bengal in 1986 was 78 per 1000 live births in rural areas. According to 1981 Census, accessibility of safe water in rural areas is 59% and to Sanitary Latrines, less than 1%. People have never shown any eagerness to accept and to follow the principles of Sanitation.

Proper motivation, education and awareness generation in rural areas for promotion of Environmental Sanitation and personal hygiene have not been taken up in right earnest, primarily due to indifference to a series of problems. These problems need to be tackled with seriousness and the NGOs having better rapport with the community and flexibility in approach, to be involved to achieve more in educating the people, creating awareness and motivating them to accept the sanitation facilities, through person to person contact.

Based upon the problems experienced, the Intensive Sanitation Project (ISP) was formulated to cover the following basic areas :

- i) To make the people aware about Environmental Sanitation as a whole.
- ii) To make necessary arrangements for making sanitation facilities available at the doorstep of the rural people.
- iii) To adopt various programmes/activities to motivate the people continuously to accept/utilise the sanitation facilities.

2. Objectives of the Project

- i) To reduce the IMR and water borne diseases by providing improved Sanitation Education and low cost sanitation facilities at the household level and institutional level.
- ii) To make the people aware of personal hygiene, food, sanitation, safe water, excreta disposal, solid and liquid waste disposal, disease transmission and relationship of safe water and sanitation with health.
- iii) To create a better and safe environment for better living through a package of total sanitation measure.
- iv) To introduce low cost appropriate technology, making it affordable and acceptable to the people of rural areas.
- v) To develop the test of a methodology and operational strategy so as to make the Sanitation Programme self-sustaining and self-expanding.
- vi) To involve the community, especially the local youth clubs/women's groups in planning and implementation of the Sanitation Programme at the grass-root level.
- vii) To establish intersectional linkage to help and promote immunisation, ORT, nutrition education and income generation activities amongst the women.

3. Target

- i) General Advocacy on Sanitation to cover minimum 80% of the population of the district.
- ii) 75% of the target household to accept the packages of sanitary facilities.
- iii) Actual construction of Sanitary Latrine as well as its use and maintenance by 50% of the target household.

4. Selection of District and Basic Information

After consideration the Midnapore district of West Bengal has been selected for implementation of the Project. The basic informations of the district is given below according to 1981 Census:

Total Population	:	67,42,796	(Rural : 61,70,039 Urban : 5,72,757)
Area	:	14,081 sq.kms.	
No. of Sub-divisions	:	7	
No. of C.D. Blocks	:	54	
No. of Families	:	10,85,626	
Literacy Rate	:	41.37%	

5. Implementing Agencies

The **Ramakrishna Mission Lokasiksha Parishad (RKMLP)**, Narendrapur, 24-Parganas (South), West Bengal has been selected as implementing agency by Govt. of India, Govt. of West Bengal and the UNICEF. The Project is being implemented through the network of clusters (consortium of youth clubs/Mahila Mondals) and clubs in the district.

RKMLP is involved in the *Integrated Rural Development Programme* through youth clubs and Mahila Mondals in West Bengal since 1956 and has been implementing various programmes/activities particularly on Child Care, Community Health, Non-Formal and Adult Education, Income Generation etc. in 11 districts including Midnapore in West Bengal.

RKMLP is directly involved in the implementation of *Environmental Sanitation Programme* since 1980 and it has been identified by the UNICEF as well as CAPART for imparting training for the various categories of workers of different sanitation projects supported by the Govt. of India through CAPART, UNICEF and State Govt. The RKMLP is also experienced in running self-financed sanitation development in West Bengal.

6. Components of the Project

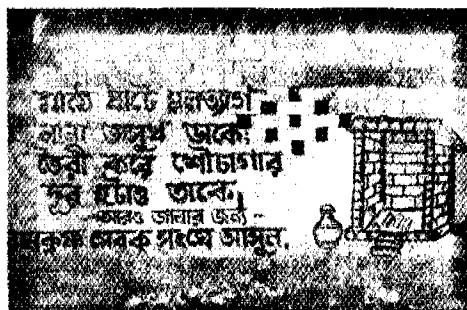
The Project was formulated with the following components :

- i) Strengthening the infrastructure of RKMLP at Central, Cluster and Club levels.
- ii) Training of all categories of beneficiaries at various levels.
- iii) Development of appropriate Advocacy Materials and messages for awareness generation and motivation.
- iv) Development of alternative low cost technology by using locally available materials, considering the economic status of the common people.
- v) Production of various components of sanitary facilities at Cluster level.
- vi) Creation of facilities for construction of sanitary facilities in the beneficiaries' house.
- vii) House to house motivation and awareness generation.
- viii) Funding and recovery of loans for construction of sanitary facilities.
- ix) Collection of base line information.
- x) Supervision of construction, use and maintenance of sanitary facilities.
- xi) Promotion of other health related facilities like ORS, immunisation, nutrition, education, etc.
- xii) Monitoring of all aspects of the programme and scientific/systematic record keeping and reporting.

ADVOCACY FOR AWARENESS



Home Visit : the motivation at home



Sanitation message on a village wall



*One-act-play
on
sanitation*



Sanitation songs and slide-show in a village motivation camp

PROGRESS REPORT

ACHIEVEMENT

Advocacy

The project has started functioning in March 1990 keeping in view the objectives and goals of the Intensive Sanitation Project (ISP) – Midnapore. The major emphasis of the Project is given on Advocacy. In terms of Advocacy the Project has formulated specific strategy to make the people aware about Environmental Sanitation and took the initiative to motivate them to instal sanitary facilities.

In the advocacy strategy major emphasis is laid on personal contact and group mobilisation.

To activate the strategy the Project has identified Motivators at club level at the ratio of 1:200 families.

The Motivators are given 2.5 day duration training and the major responsibility of the Motivators is to contact with the families at regular intervals. *Voluntary workers but get bonus of Rs 30 for every latrine installed by their families.*

The youth club leaders also took the initiatives to visit the families alongwith the Motivators for which some of the youth clubs have divided their working area according to the number of executive committee members and the responsibility to visit the families to motivate them.

Till the end of 1993, 1628 Motivators have been identified through 780 youth clubs who have been involved in spreading the messages of Sanitation and low cost facilities at household levels.

Other than the personal contact the group mobilisation is the another strategy to spread the messages of Sanitation and ISP as a whole. Till December, 1993, 1655 village group meetings have been organised involving 54,129 opinion leaders, school teachers and active women members of the community and they have been exposed to ISP concept and activities to spread the message of Sanitation in their respective areas.

As a part of social mobilisation activities, Village Motivation Camp is the main. 1068 Motivation Camps have been organised where about 6,28,250 village people participated till December '93.

These camps are generally organised in the evening for 2.5 hrs. to 3 hrs. duration where a small exhibition is put up on Sanitation and ISP. Sanitation Songs Squads perform the live programme only on Sanitation songs composed in local language. Slide and video shows are also organised on disease transmission and low cost sanitation facilities. These Motivation Camps attract the people and really help them to understand the problems of insanitary situation and motivate them to accept the sanitation facilities. The Project has developed and produced a number of Advocacy Materials considering the socio-cultural background of the target group.

Advocacy Materials produced by the Project

- | | | | |
|----|---|---|----------------------------------|
| 1. | Flash cards on ISP | : | 6000 sets
(A set of 12 cards) |
| 2. | Pictorial Calendar on ISP concept | : | 1,25,000 (in 2 yrs.) |
| 3. | Folder on ISP | : | 10,000 copies |
| 4. | Leaflets | | |
| | a) About the Project | : | 50,000 copies |
| | b) Special Features of low cost latrines | : | 50,000 copies |
| 5. | Question Answer Book for Volunteers | : | 5,000 copies |
| 6. | Technical Drawing Book of low cost sanitation facilities | : | 1,000 copies |
| 7. | Audio Cassettes of Sanitation Songs | : | 1,000 pieces. |
| 8. | Video Film | | |
| | a) Documentary on ISP | : | 1 (English) |
| | b) Motivational film on Sanitation | : | 1 (Bengali) |
| | c) Dubbing of video film from English to Bengali for the following topics : | | |
| | i) Spots on safe water, Sanitation, Hand Washing, ORS, Food Hygiene, Open Defecation etc. | | |
| | ii) Prescription for Health. | | |

PROGRESS REPORT

The Project has visualised the Sanitation Programme from two angles. One is health aspect and the other is socio-motivational aspect. The Advocacy Materials produced by the Project demonstrate not only about the health but more emphasis has been given on the social and motivational aspects like privacy of women, especially of the grown-up girls, economic affordability of the rural people etc.

One of the Goals of the Project is to cover 80% of the population of the district under Advocacy in eight years. Since its inception in March 1990, the Project has been able to spread the messages of Sanitation concept and the messages of ISP as well amongst 28,24,969 population (40.59%) covering 2620 (26.20%) villages in little more than 3 years. Out of which 7,25,040 population (25.67%) have been covered under the 'Home Visit' programme. Rest 59.41% , out of total target of 80% will be covered by 1995.

ADVOCACY ACTIVITIES AT A GLANCE

Sl. No.	Activities	No. of Activities	Participants
01.	Motivation Camp	1068	6,28,250
02.	Video & Slide Show	473	2,77,850
03.	Songs Squad's Prog.	366	2,08,350
04.	Village Group Meeting	1655	54,129
05.	Home Visit	145008	7,25,040
06.	Exhibition in mela etc.	163	4,09,950
07.	Wall Writing on village walls	2,057	4,11,400
08.	Hoarding in public places	11	1,10,000
			28,24,969

It is observed that, the personal contacts through Home Visits and Village Group Meetings have been increased more according to the people's desire for installation of sanitation facilities.

Development of Infrastructure

One of the objectives of the Project is to involve the community in planning and implementation process by developing and strengthening the infrastructure at central level, cluster level and village level. From the inception, the Project has emphasised on decentralisation of the planning, implementation and monitoring process by involving village level clubs/organisations at grass-root level and cluster organisations (consortium of clubs involved in ISP) at middle level. Accordingly, 11 cluster organisations have been developed with a network of 780 village clubs in 45 C.D. Blocks.

The cluster organisations are planning, implementing and monitoring all the activities including Advocacy, Training, Production & Procurement, Installation and Monitoring. All the clusters chalk-out the activities in consultation with the associated clubs for their concerned areas. Similarly, the clubs also shoulder the same responsibilities for their allotted areas. The implementation strategies are formed in consultation and suggestions made by the clusters in monthly review meeting held once in every month with the cluster leaders.

Initially it was thought that one cluster organisation would be formed in each C.D. Block. This idea has been changed on the suggestions made by the clusters. The changed decision is that, one cluster will be formed for 3-4 C.D. Blocks, but for each block there will be ISP Implementation Committee to look after and supervise the activities of the Project.

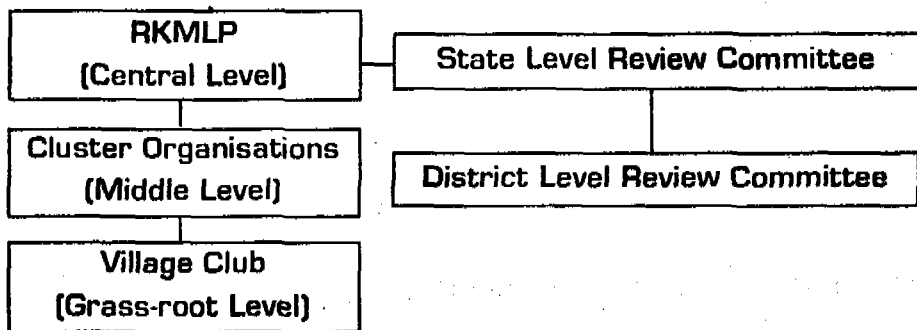
It was also thought that for each block 3 paid field level personnel (One Programme Assistant, one Work Assistant - Accounts and one Work Assistant - Production and Field) will be placed. On the review and suggestions made by the clusters it has been decided that there will be one Programme Assistant, one Work Assistant (Accounts) and one Work Assistant (Production) for each cluster and one Work-Assistant (Field) in each Block.

PROGRESS REPORT

Accordingly for 11 clusters working in 45 Blocks the following nos. of field staffs have been placed :

Programme Assistant	:	11
Work Assistant (Accounts)	:	11
Work Assistant (Productions)	:	11
Work Assistant (Field)	:	45
TOTAL	:	78

To achieve the goals of the Project a three-tier organisational infrastructure has been developed for planning, implementation and monitoring of all activities of the Project. The following diagram will provide a clear picture of the Project's Organisational Infrastructure :



The Project has also established 16 Production Centres to produce various components of the sanitation facilities to cope with the demand. Considering the demand and capability of Production Centres, another 10 Production Centres need to be established.

Till December 1993, the project has extended its activities in 45 C.D. Blocks covering 3,62,703 families of 2620 villages through the network of 11 cluster organisations and 780 village clubs.

The Project has also been able to develop a band of Trained workers/ and Volunteers at cluster level and club/village level. The following trained Sanitation Workers/Volunteers are with the Project in Midnapore district at present :

ISP - MIDNAPORE

Sl No.	Categories of Trained Workers	Nos.
01.	Village Motivators	1628
02.	Seed Mason	32
03.	Village Mason	712
04.	Youth Club Leaders	1228
05.	Accounts Workers at Club Level	267
06.	Smokeless Chullah Workers	586
07.	Tara Handpump Women Caretaker	647
08.	Tara Handpump Water Committee Members	896
09.	Drilling Mistries for Tara Handpump	41
10.	Sanitation Songs Singers	22
11.	Field Level Project Personnel	88
TOTAL		6147

Other than the above trained workers, the Project has also oriented 4999 Panchayet members and Block Level Functionaries till December 1993.

Installation of Sanitation Facilities

It was one of the major objectives of the Project that a supply and service system will be developed by the Project involving the village clubs, so that motivated families could get the materials and services for construction of sanitation facilities. Accordingly, the Project has developed the service system involving the local youth clubs, associated with the Project and are working as service centres for installation of sanitation facilities. The Clubs are discharging the following services :

Each club has got at least one trained Mason, 2-3 trained Motivators and one Smokeless Chullah construction worker.

PROGRESS REPORT

The low cost technical know-how of different sanitation facilities and latrine models is available with all the clubs.

The beneficiaries are depositing the cost of materials at the club and the clubs are arranging the materials from clusters. They are also managing all arrangements for installation of Sanitation facilities at the beneficiaries' house.

If a beneficiary needs financial assistance in form of loan, the club is arranging the same from the clusters.

The Clubs are also supervising and monitoring the installation during construction. Follow-up, Use & Maintenance of Sanitation Units are looked after by the local clubs. *No monitoring forms on use & hygiene conditions of installed latrines as yet.*

The clubs are taking entire responsibility of repayments of financial assistance (Loan) given by them for construction of sanitation facilities.

As the clubs/motivators are taking full responsibilities of motivating the families and installation gradually the rate of installation began to increase. In the initial stages, self-financed approach was not spontaneously accepted by the people. But gradually, the rural mass understood the messages and began to accept the ideas of ISP and its facilities.

It is found that at initial stage of the Project acceptance of sanitation facilities was very low and gradually it is increasing.

NO. OF SANITATION FACILITIES INSTALLED IN DIFFERENT YEARS

Year	HHLCL	SC	SP	GP	BP	THP	Total
1990	295	25	14	15	12	18	379
1991	3947	1063	47	360	60	62	5539
1992	14463	1737	50	100	54	101	16505
1993	18583	1788	56	950	84	129	21590
TOTAL	37288	4613	167	1424	40	310	44013

ISP - MIDNAPORE

HHLCL - House Hold Low Cost Latrine BP - Bathing Platform GP - Garbage Pit	SP - Sokage Pit SC - Smokeless Chullah THP - Tara Direct Action Handpump
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It is very clear from the above Table that installation of sanitation facilities was very poor in 1990 and 1991. But since 1992 the rate of installation is increasing. Even the rate of installation is much higher in 1993 than in 1992.

So far details of 26,305 nos. of beneficiaries have been inserted in the computer. The data of the 26,305 units in the computer says that 10,540 units (40.08%) of Household Low Cost Latrines have been installed with outright payment and rest 15,765 units (59.92%) with loan. The Project has developed 12 different models of low cost latrines costing Rs. 230/- to Rs. 3,000/-, considering the economic affordability of the common people and self-financing approach of the Project. It is also notable that 75.27% beneficiary families have accepted Direct One Pit Latrines (Model-I of Rs. 750/-; Model-J of Rs. 550/-; Model-K of Rs. 230/- and Model-L of Rs. 260/-). Out of which 61.67% are of Model K&L (Direct non-lining one Pit). It means that the Project has been able to motivate the middle and lower income group families to install latrine. And secondly, the beneficiaries are also mostly interested in the low cost models considering their economic affordability.

Model No.	Description of Latrine	No. of Latrines	%
K,L	Direct One Pit (Non-lining Pit)	16222	61.67
I,J	Direct One Pit (Lining with bricks/RCC Ring)	3577	13.60
G,H	One Pit (Upto plinth and provision of 2nd Pit)	892	3.39
E,F	One Pit with brick superstructure and provision for 2nd Pit	274	1.04
C,D	Two Pit without superstructure	1434	5.45
A,B	Two Pit with brick superstructure	3906	14.85

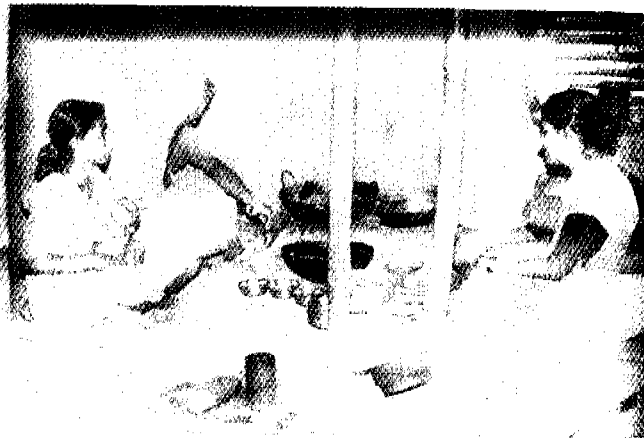
SANITATION FACILITIES



A woman with their clean and tidy latrine



*Tara Pump :
Women's own pump*



*Smokeless Chullah :
a clean and cosy kitchen*

PROGRESS REPORT

Income Generation Aspect of the Project

When the Project was prepared, it was not considered that the Project would contribute a lot even in the field of income generation activities. So far (August 1993) the Project has created directly 1,49,572 mandays (of Rs.30/- per day) for production of various components and installation of latrines in Midnapore. A sum of Rs. 44,87,162.75 (Rupees fortyfour lakh eighty seven thousand one hundred sixty two and paise seventy five only) has been paid as wages and incentive for construction of 30,259 latrines and 5652 nos. of other sanitation facilities. If the indirect wages like loading, unloading, carrying etc. are included then the number of mandays and amount of wages will be much higher. This may also be considered one of the achievement of the Project.

WAGES PAID BY THE PROJECT (MARCH '90 - AUGUST '93)

Sl. No.	Description of work	Total Wages (in Rs.)
01.	Construction of Mosaic Pan & Traps	7,13,860.00
02.	Construction of Pre-fabricated components of Latrines	9,73,542.95
03.	Installation of Latrines	18,23,877.30
04.	Installation of other sanitation facilities	44,762.50
05.	Incentive for Motivators	
	i) Construction of Latrines	9,07,770.00
	ii) Construction of other sanitation facilities	23,350.00
		<u>9,31,120.00</u>
		<u>44,87,162.75</u>
	Wage component	35,56,042.75
	Incentive	9,31,120.00
		<u>44,87,162.75</u>

The wage component is 19.53% of the total turn over of Rs. 2,29,81,576.42 of the Project.

Linking Water Programme with Sanitation : A feature worth noting

The Project has linked the Water Programme with the Sanitation. When 40-50 families in a community install latrines then one Tara Direct Action Handpump is installed for these families to get safe water. In the process of linking of Water Programme with Sanitation the Project has been able to introduce community based maintenance system for all the pumps.

A seven (7) member water committee including four (4) women members has been formed for each pump to look after the maintenance of the pump. The beneficiary families are contributing Rs. 500.00 as initial deposit and @ Rs. 0.50 per month per family towards Tara Pump Maintenance Chest Fund. 2/3 women care-takers selected by the villagers and trained by the Project are very efficiently doing the repairing and maintenance job. A movement towards "Our pump, our problem, our solution" has been created. Seeing the little success of this movement, a number of Panchayets are also coming forward and involving themselves in the process.

PROBLEMS

The following problems have been encountered by the Project since inception :

- At the initial stage, the advocacy and installation activities had been disrupted due to heavy rains and frequent floods in the project area which has ultimately retarded the desired rate of growth.
- At the initial stage the common people were not prepared to accept the self-financing approach because almost all the Government and Non-Government development programmes are highly subsidy oriented. A long time has taken to establish the new idea. Even a number of village clubs was not accepting the new concept but through a regular interaction at all levels, the problem has been minimised.

PROGRESS REPORT

- ❑ In the project area, CAPART's subsidised Sanitation Programmes are creating misunderstanding and hindering the growth of the movement.
- ❑ Bad road communication in the villages is one of the major hindrances in achieving the physical target of the Project.
- ❑ Sometimes crisis of raw materials has also slowed down the pace of installation of the facilities.
- ❑ Originally it was thought that the educated and economically viable people would accept the idea of self-financing quickly and the programmes were chalked-out accordingly. But the assumption was not correct. This initial strategy has also been a hindrance to the movement.
- ❑ Initially, the loan facilities were provided at a higher rate and the regular income group people were given priority considering their affordability of repayment. But this assumption proved to be wrong. This gave a teething problem at the initial stage of the Project.

PROSPECTS

- ❑ The Project is encouraging because a number of new village clubs in the project district is coming forward to implement the Sanitation Project in their own areas. There has been a visible multiplier effect so far as the people's acceptance of the Project is concerned.
- ❑ The common people including the low income groups and backward communities are coming forward to install the facilities.
- ❑ Women groups are getting involved in motivating the menfolk to accept the facilities. This has enhanced the pace of growth of the movement.
- ❑ The village level Panchayets are getting involved in the total process and advocating the idea regularly.

ISP - MIDNAPORE

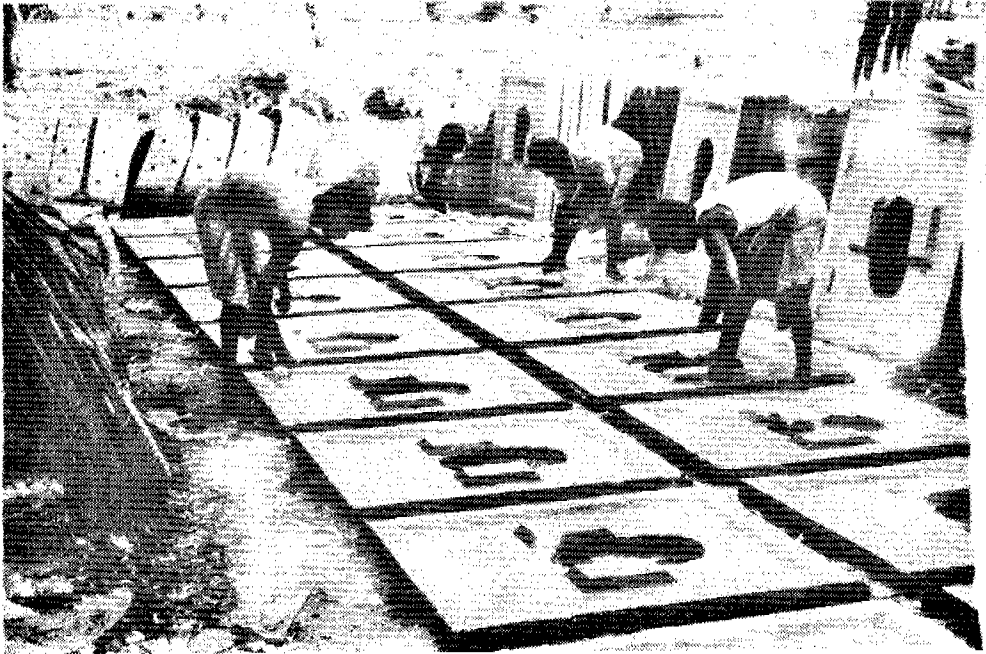
- ❑ The District Administration and Panchayets are extending full help and cooperation in implementing the Project at all levels.
- ❑ The C.D. Blocks and villages not yet covered under the Project are contacting to extend the facilities to their areas.
- ❑ Seeing the examples of Sanitation Villages, people of neighbouring villages are coming forward to accept the idea of Self-financed Environmental Sanitation Activities in their villages. Villagers of Sanitation Village feel proud of their environmentally clean, tidy and healthy village.
- ❑ The Project has been able to create a sense of self-respect amongst the womenfolk by giving importance to the housewives in decision making process for installation of household low cost latrines, smokeless chullahs etc.
- ❑ The Project has been able to create a confidence amongst the village womenfolk by giving them the entire responsibility of repairing and maintenance of Hand Pumps.
- ❑ Through installation of Environmental Sanitation Facilities about 1,50,00 mandays worth of Rs. 44,87,000.00 have been created in 3 years. This is considered as one of the biggest avenues for income generation programme for economically backward and rural womenfolk.
- ❑ Other than the Environmental Sanitation Activities the Project is acting as one of the factors for Social Cohesiveness between family and family and between family and community.
- ❑ Last but not the least, the Panchayets, the District Administration and even the state level functionaries are appreciating the approach. This will in the long run help to implement other programmes in the similar way. Besides, those of the development workers who worked with close mind also appreciate this approach and believe that ISP is one of the surest avenues of development.

Midnapore has a hoary past. It was the abode of Pandit Iswar Chandra Vidyasagar, the great social reformer who dedicated his life to the cause of women's education and also against other social evils. The sacrifices of Matangini Hazra and score of others during the Freedom Movement has given Midnapur a permanent place not only on the pages of history but in the hearts of millions. The legacy of Pandit Vidyasagar has been reiterated through the Mass Literacy Programme, and Midnapore today has earned the distinction of being a Total Literate District. The fall out effect of Literacy is manifold. So, today Midnapore is gradually inching towards a Total Sanitation District also through the Intensive Sanitation Project.

TALES OF TOILS

Sustained effort is warranted to change the attitude and approach of the people. ISP aims at changing the approach and attitude towards sanitation. Without people's participation such a movement can never be succeed. Much of toils is being poured in to bring a change. To evaluate the impact of the project and particularly to assess peoples' participation in the planning and implementation of the programmes, case study method was adopted for an indepth study of the above aspects. *Palas Sharangi*, the faculty member of Ramakrishna Mission Lokasiksha Parishad conducted the case studies in 3 villages.

ISP - MIDNAPORE



ISP has created more scope of
Income Generation even for women



TARA HAND PUMP**— a beckon to
a new beginning**

Kamalchak is a small village populated by 45 families having a total population of 250, under Nandigram Block. It is a remote village not connected by metal road. This village has emerged as an example for emulation by virtue of being a total sanitation village. The scenario prior to the present status was punctuated by open air defecation, lack of awareness regarding personal hygiene and lack of safe drinking water. Diarrhoeal and other preventive diseases mauled the villagers every year. Vivekananda Lokasiksha Mandir under the Loka Jagaran Cluster Committee started implementing the Intensive Sanitation Project in the area.

Shri Sudam Chandra Sanki came in contact with the Cluster Committee and he was impressed rather he was convinced about the efficacy of environmental sanitation. He communicated the information to his father Sri Binode Behari Sanki, a stout old man of 77 with progressive out look. The greying father latched on to the information as his long experience has sharpened his vision regarding the problem of open air defecation, the deadly effect of drinking contaminated water and the fall out effect emanating from the connivance towards personal hygiene. He followed the wise maxim "Charity begins at home".

Shri Sanki at first motivated all his five sons and two brothers to install low cost sanitary latrine at the cost of Rs. 300 a piece, which had been already installed by himself also in his own premise. He then took over himself to campaign in favour of installing low cost sanitary latrine. Ofcourse, Miss Shila Jana, the accredited motivator also contributed her mite, in this campaign. Ultimately the effort which was initiated in the year 1990 bore fruit in the year 1993 and the village concerned boasts of 39 low cost latrines of different models out of 45 families. As an incentive to their utmost effort a Tara Hand Pump has been installed. A Beneficarie's Committee consisting of 7 members (2 Female, 5 Male) have been constituted to look after the maintenance of the Tara Pump. The female members of the

committee who are the daughters-in-law of Shri Binode Behari Sanki have been trained to become the Care Takers of the Pump. The villagers are contributing 50 paise per month per family towards the maintenance cost of it.

But what is the impact ?

Mr. Sanki conceded that in this rainy season no single instance of diarrhoeal disease has been reported which was a regular feature in the previous rainy season especially among the children.

The investigator then asked Shri Sanki "Have you been able to motivate 6 remaining families to install low cost sanitary latrine ?"

Shri Sanki replied "Babu, don't worry. Within this year the remaining 6 families will also install it. I have already motivated them to do so. After the harvesting season is over they will deposit the necessary amount to meet the installation cost."

While the communication was going on between the investigator and Mr. Sanki which was taking place just beside the Tara Pump, a woman came with a bucket and began to jerk the handle violently which attracted the attention of Mr. Sanki. He rushed to the woman and pleaded, "Don't be so violent. The pump will respond with your tender touch. So try to handle it carefully."

The old man after that began to tenderly caress the handle of the Tara Pump as if to demonstrate to the woman that it should be looked upon as child who needs the care of a loving mother.

Sri Shanki also reported that the example set by his village is being closely studied by the neighbouring villages. The diarrhoeal diseases have lost its teeth to maul the villagers. While the investigator was on the verge of departing, the grand old man patted on the shoulder of the investigator and said, "Tara Pump is really a Tara (Star) in our life."

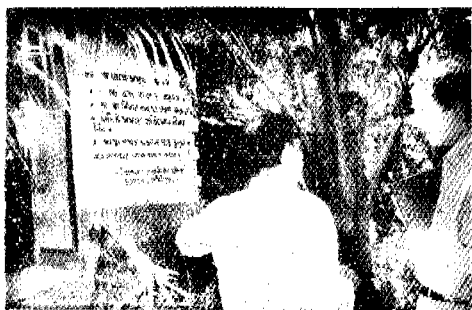
VISITORS



*Dr. Watanabe, Chief of UNICEF, India and
Mr. G. Ghosh, Director, Water Mission with others*



*Vietnam delegates in a women's group meeting
on sanitation motivation*



*Dr. Gordon Alexander,
Dy. Director, UNICEF, India in a sanitation village*



*Mr. Y. D. Mathur,
Chief of UNICEF Calcutta observing pump repairing*

INGENUITY IS THE MOTHER OF INVENTION

Habits die hard as it is the second nature of human being. So, initially counselling and persuasion floundered on the rock of entrenched habit and attitude of the villagers. But ingenuity is the mother of invention. So, they evolved a novel strategy to change the habit and attitude which ultimately changed the age old practice.

Mahatma Sporting Club by virtue of its ingenuity and imagination has earned a niche in the movement for better sanitation unleashed by ISP in Midnapore district. The event occurred in the village Chandankhali where about 55 families are huddled together. Except 1 family the rest 54 families inherited the practice of open air defecation.

Mahatma Sporting Club somehow came into contact with the Tamralipta Cluster Committee and this embridgement helped it to know about ISP. The concept of ISP greatly impressed the President of the Club and which had a multiplier effect on the members of the Club through the President. The members who were quite young in the beginning tried to motivate the villagers to adopt sheltered defecation by constructing low cost sanitary latrine. Even Ajit Kumar Ghorai, the President of the Club, though he has a latrine in his house took the initiative to construct a low cost sanitary latrine to demonstrate before the villagers the efficacy of it. But, all such efforts failed to make much headway.

The initial failure prompted the members of the Club to think of a novel strategy that would ultimately goad the villagers to break loose from their age old practice of committing open air defecation. The members decided on a Satyagraha, that is just making their presence felt whenever anyone

ISP - MIDNAPORE

(whether male or female) ventured out to defecate in the open. This Satyagraha ultimately had a electrifying effect on the villagers and which ultimately galvanised the community as a whole to give up their age old practice and go in for constructing low cost sanitary latrine offered by the ISP.

Mahatma Sporting Club launched the programme in the month of December 1992. And within a span of 6 months it could motivate 50 out of 55 families to install low cost sanitary latrines in their houses. The Club has maintained constant vigil to ensure that the families are using the latrines and maintaining it properly.

So, this village has been declared as a Total Sanitation Village and as an incentive they have been awarded a Tara Pump to ease drinking water problem which is now being maintained under community based maintenance approach. The club has assured this investigator that within this year the remaining 5 families will be covered.

'I believe that education is the fundamental method of social progress and reform.'

— Swami Vivekananda

KHANRAPARA IS INCHING TOWARDS A SILENT REVOLUTION IS IN PROGRESS

The movement generated by ISP is gradually bearing fruits. Deshapran Tarun Sangha under the Lokajagan Cluster Committee adopted Khanpara to implement ISP on September 1, 1990. The village is dotted with 73 families having a total population of 465.

This village is accessible by fair weather roads. Moreover this village has earned the distinction to become a fully literate village. All the children in the school going age are attending schools or non formal education centres. The club is also organising a pre-school education with supplementary nutrition. But owing to resource constraint the club could not in a big way take up environmental sanitation programme. This lacunae has been compensated by ISP.

The club stressed on people awareness campaign regarding environmental sanitation and particularly to discourage open air defecation. This is being done through family counselling, awareness camps, mother's meetings, video shows, displays of posters and charts, folk songs etc. The sustained effort has produced the desired effect and the village at present boasts of 66 latrines in 63 families.

The members of the club have expressed the hope that within this year the rests 7 families will be goaded to install low cost sanitary latrine.

Deshapran Tarun Sangha has proved beyond doubt that sustained awareness campaign can bring about a desired change. In this connection this investigator made contacts with some villagers who narrated an interesting story. Once a woman while going to the pond after easing herself slipped and fell which resulted in her injury. This incident prompted her husband to approach the club to install a low cost sanitary latrine. This is an example of learning through trial and error.

The investigator also had the occasion to meet Bansari Sen, a minor girl of 12 years who informed that she and her mother had told her father that they would forgo new clothes during the Puja and to invest the money to install a low cost sanitary latrine in their house. This incident clearly demonstrates how the movement for better sanitation unleashed by ISP is gradually catching on.



The media in India has been highlighting the environmental issues related to environmental sanitation over the years, ever since the World Community took note of the environmental situation at the United Nations Conference on Human Environment held at Stockholm in 1972.

MEDIA EXPOSURE

The media has frequently focussed attention on various aspects of environmental degradation and also articulated the fears and anxieties of the people. In the process, the media has covered the activities of ISP in Midnapore district and this has created quite a ripple in the general psyche.

The Statesman

CALCUTTA MONDAY APRIL 5, 1993

SUCCESS STORY OF A SANITARY PROJECT

From Our Staff Correspondent

MIDNAPORE, April 4. - A silent revolution is under way in Midnapore district following the installation of in-house low-cost sanitary latrines in the countryside under the Intensive Sanitation Project. So far, 25 villages of the district have been declared "sanitation villages" where almost all the families, mostly day labourers and economically backward, have installed self-financed sanitary latrines, bringing about a significant change in their life style, according to Mr Susanta Dasgupta, District Panchayat Officer and member of the review committee of the project.

The project, sponsored jointly by the Centre, the State Government and the UNICEF, was being implemented with the guidance of the Ramakrishna Mission Lokasiksha Parishad, Narendrapur, a voluntary organisation. The Mission, now working in 250,000 households of 2,000 villages in the district, already made living meaningful for about 20,000 families by providing

sanitary facilities since the project was launched in 1990. The Mission is hopeful of installing 5,00,000 low-cost latrines in the district by 2000, Mr Chandi Charan Dey, coordinator of the Mission, said.

Even the success story of the project reached far off Vietnam from where a seven-member team of representatives visited Midnapore last year to see for themselves the working of the programme. They reportedly expressed their desire to take up the Midnapore model of low-cost toilets for their village folk with the assistance of the UNICEF, Dr. Dasgupta said.

About 98 per cent people still defecate in the open for having no sanitary latrines of their own. As a result, they become prone to water-borne diseases, such as cholera, jaundice and various other stomach ailments. Even the Centre's Rs 300 crore sanitation scheme of 1981 did not click in the manner required. In many States, latrines have either, fallen into disuse or have been

misused. In the backdrop, the Mission's initiative has evoked enthusiasm among villagers, particularly the down-trodden.

But much of the credit for the success of the sanitation project goes to the village-level clubs whose relentless guidance and endeavour have created a craze for sanitary latrines among the people in the countryside. Each club member has been entrusted with motivating 200 families to go in for sanitary toilets. Besides the individual bonus of Rs 30 as incentive against each installation, many of them are earning money as masons with training given by the Mission in building the toilets. A total of about 550 clubs and organisations are holding meetings and exhibitions and visiting homes to educate the people, particularly the womenfolk.

Mrs. Niyati Rakshit, a housewife with three children, of Pichhalda village in Nandigram, narrated how after attending a meeting, organised by the Pichhalda Netaji Sangha on sanitation, she took an on-the-spot decision to set up a sanitary latrine in her house. But her husband, a day labourer, stood in the way because of his paltry monthly income varying between Rs 400 and Rs 500. Nevertheless, the indomitable Niyati started saving from that poor earning and finally deposited an initial contribution of Rs 100 against the total cost of Rs 250. Now Niyati has a direct pit latrine and hers is a case for emulation

by others.

The Mission has set up a number of fabrication units to make low-cost toilets at prices varying between Rs 250 and Rs 3,000 each. The cheapest model consists of a mosaic pan and trap embedded in a concrete plate that covers a four-foot deep pit which the beneficiary digs at his cost.

The enclosure is improvised with local material, such as thatch or bamboo. The beneficiary can buy what he needs on a down payment of nearly half the cost, paying the rest in 12 or 16 monthly instalments without any interest as the case may be. The most encouraging factor is that the Mission gets back its 40 per cent investment even during the installation period.

But the project, according to the DPO, is not an end in itself as the motivators are also propagating other allied schemes, such as garbage dumps, smokeless chullahs, urinal-cum-bathrooms and hand pumps. A hand pump is donated by the Mission after 50 families of a village instal latrines.

So far, work on about 20,000 low-cost sanitary latrines, 3,000 smokeless chullahs, 500 garbage dumps, 200 urinal-cum-bathrooms and 200 tubewells has been completed in the district, with no serious stomach ailments being reported from those villages, according to Health Department sources.

Indian Express

NEW DELHI, WEDNESDAY, SEPTEMBER 16, 1992

SILENT REVOLUTION IN MIDNAPORE

by Malabika Bhattacharya

A revolution is taking place in rural Bengal transforming the lives of hundreds of men, women and children. But contrary to popular ideas, the revolution is noiseless and being conducted by an organisation of monks. The politician is just out of it.

The two-year-old revolution is about the fundamental issue of life – sanitation facility. As issues go, it never finds a place on any political party's election manifesto, but as far as fundamentals are concerned, its absence can make life sub-human. Ramakrishna Mission Lokasiksha Parishad (RMLP) – one of India's better-known religio-social bodies – aided by UNICEF, has made living slightly different for an estimated 6,500 people, mostly downtrodden, spread across eight villages in the agrarian district of Midnapore.

The way things are going, poor people in at least 20- villages will have been

blessed by individual low cost, scientific sanitation facilities. Says prof. Shiv Shankar Chakraborty, the Intensive Sanitation Project (ISP) director : "We tell people that owning a sanitation facility means making a significant step towards honourable living."

The Mission's programme, which envisages installation of toilet facilities at a cost payable by the users, is successful in involving the villagers through a strong campaign. Prof. Chakraborty has a point. The programme for installation of sanitation facilities, each comprising a latrine and a soakpit, is executed with active participation from the scores of village clubs which normally exercise tremendous influence on rural life. The campaign slogan is : "You buy what you need, and you need it."

Surveys have brought out the fact that an average villager is prepared to pay

for sanitary facilities. What exactly makes the RMLP's programme click? To know, you will have to zip down to the villages which, standing at a spitting distance away from the 21st Century, were enveloped with a primitive gloom till the RMLP appeared on the scene, "Sanitation is a big thing for rural folk," says Mr Chandni Dey, ISP's articulate director.

"What is important, we have succeeded in giving the villagers, especially women respectability. "How? Take the case of Pichhaldia, a village in Midnapore's Tamluk sub-division populated by 70 people most of whom are landless labourers. Niyati Chakraborty, 35, finds living hard. Her husband, Dulal's, erratic income, failing health, estrangement from her 15-year son, Swapan working in a small tea shop in Howrah and the thought of feeding her two children are crushing her. But she turned an ear to Ashim nicknamed kabla (idiot) by the villagers when he explained to her how vital it was to have an in-house sanitation facility.

"Initially, my husband wouldn't listen to me. But, I insisted on having it because I was convinced it was a need, not a luxury," says she. How did she manage to pay such a hefty sum, in this case 50

per cent of Rs 250, the cost of the cheapest model? "Frankly, I couldn't save more than Rs 25. But the club boys paid the rest." But how are you paying off the loan? "Oh, it's tough. Sometimes, I pay them Rs 5, at others, Rs 1. There is no pressure as such."

Today, 94 out of 102 families own in-house sanitation facility, thanks to the untiring campaign of motivators like Kabla. According to kabla the wise, the success of the programme largely depends on the village women because it is they who benefit most. There are cases where the wives of a family have brought the feuding husbands together ensuring a common in-house sanitation. Says Kanchan Das, 25 : "I and didi Jyotsna convinced our husbands who were not on talking terms to jointly pay for a sanitation facility. It's been a great help not only to us but our old father-in-law who does not have to walk miles for performing ablutions."

Prasanna, 81, kanchan's father-in-law, is happy, does not mind reading *The Geeta* sitting in the countryard next to his in-house facility. "In the past, it would be considered a sin to do so., But now I feel that exposing myself to public gaze everytime I go out in the field, as a greater sin."

Interestingly, the RMLP's programme is in a way creating a new class of have-nots - the ones who cannot afford to own an in-house sanitation facility. There are at least six families in Pichhalda who have to go through the humiliation of setting out with their little buckets of water. The women say they feel like dying everyday. But cannot do anything about it, for without money they cannot construct a toilet.

Seen objectively, the programme for sanitation, be it sponsored by the government or Ramakrishna Mission, is a priority. With rapid urbanisation,

there is a hunger for housing which means pressure on lands. As land shrinkage intensifies, the availability of fields for ablutions gets limited.

Against this background is the need for creating in-house sanitation facilities. But, the implementation of the programme is not without hassles. The RMLP is engaged in work in an area where the panchayat is supposed to play a role. The latter, as reports suggest, in certain areas is increasingly feeling that RMLP, by virtue of its growing proximity to people, is pushing the elected political representatives on panchayat bodies from their constituency of support.

INDIA TODAY

SEPTEMBER 30, 1992

SANITATION

FLUSH WITH SUCCESS

A low-tech scheme in West Bengal could be a model

Bagda village in West Bengal's Midnapore district is a cluster of thatched houses on swampy land. Its 124 families do not have electricity or reliable water supply. It has on TV which runs on a car battery. But each house has a fully functional toilet complete with a scientifically designed commode and soak pit - paid for by the villagers themselves.

The hamlet is part of an unusual programme launched in January 1990 by the Ramakrishna Mission's Lokashiksha Parishad, a social service organisation, that is heralding a sanitation revolution in the country. Already the scheme is at work in two lakh households in 806 villages in Midnapore. Nine of them, like Bagda, have been fully "sanitised". The plan aims to cover 60 per cent of the villages in the next seven years. "The programme has the strongest community participation that I have seen - in planning, implementation and

costing. This is the only sustainable basis of development," says mesbahuddin Akhter, head of UNICEF's water and environmental sanitation wing in India.

The Mission's work is crucial considering the task confronting the nation. Even 45 years after Independence, 97 per cent of Indians still defecate in the open. This is a major cause of water-borne diseases such as cholera, jaundice and meningitis. Even the Government's Rs 300 crore sanitation scheme of 1981 hasn't made a significant dent. In many states, toilets have either fallen into disuse or been misused. The new estimate to bring sanitation facilities to all Indians is an impossible Rs 28,000 crore - a fourth of the country's annual budget.

When the Mission launched its programme two years ago, it decided to avoid "the usual pitfalls" as Parishad Director S. S. Chakraborty describes them. It didn't do what the Government did :

float heavily subsidised schemes that had little public involvement and therefore no stake for the people to invest in and maintain their own toilets. Instead they are uniquely tackling the key factor – motivation, low technology and delivery.

First, to break through the age-old resistance to toilets, grassroots support was enlisted through the local social and cultural "clubs", and by drawing motivators from a village itself, each one covering about 200 families. Motivators visited each household, telling them about the need for sanitation and various alternatives. The motivators' incentive? Apart from the bonus of Rs 15 per installation, many of them are masons who set up the toilets.

Simultaneously, the Parishad set up a number of fabrication units to make low-cost toilets, in the price range of Rs 350 to Rs 3,000 each. The cheapest model consists of a mosaic pan and trap embedded in a concrete plate that covers a 4-foot-deep pit which the beneficiary digs himself. The enclosure is improvised with local materials such as thatch or bamboo. The user can buy what he needs on a down payment of half the cost – paying the rest in 12 monthly instalments. The Parishad covers its initial investment quickly – for instance, out of Rs 16 lakh

invested in toilet hardware in the Nandipur cluster, the Parishad has already recovered Rs 9 lakh.

The project is, of course, not a one-shot affair. The team – clubs, motivators and cluster committees – will be later used to propagate other health-related ideas, including garbage dumps, hand-pumps, immunisation and smokeless chullahs. In fact, when 40-50 families in a village install toilets, the Parishad donates a hand-pump.

But is Midnapore replicable elsewhere? West Bengal Minister for Rural Development Surya Kanta Mishra says it is difficult to prescribe a model for a country as diverse as India. But it certainly will work in other districts of the state where people's participation in development has been institutionalised through the panchayati raj and land reforms. P. Sivanandan, Joint Secretary, Ministry of Rural Development, however, recommends it for others to follow with modifications to suit local conditions.

What is crucial is that it draws on local people's resources – both man-power and money – to provide what is an essential need in the country. But it calls for qualities that few government agencies have; no red tape, team motivation and grassroots support.

আনন্দবাজার পত্রিকা

১৩ অগ্রহায়ণ ১৪০০ মঙ্গলবার ২৯ ডিসেম্বর ১৯৯৩ শহর সংস্করণ ২.০০ টাকা

সাক্ষরতার হাত ধরে মেদিনীপুরে জনস্বাস্থ্য-চেতনার আন্দোলন

দেবীদাস আচার্য, নন্দীগ্রাম (মেদিনীপুর) -- দেওয়ালটা মাটির, লেখাটাও অপটু হাতের, তবুও কোনও ভাবেই নজর এড়িয়ে যাওয়ার নয়। 'মা-বোনদের সম্মান রক্ষার্থে, ন্যূনতম ৩০০ টাকায় বাড়িতে একটি শৌচাগার করুন।' রাজনৈতিক দলের সভা-সমাবেশ কিংবা ভোট চেয়ে অজস্র দেওয়াল লিখনের ভিড়েও এমন একটি আবেদন তো হারিয়ে যাওয়ার নয়। তাও আবার নন্দীগ্রাম থানার এই প্রত্যন্ত গ্রামে। গ্রামের নাম খোদামবাড়ি। পশ্চিমবাংলার অধিকাংশ গ্রামের মতোই নারী-পুরুষ নির্বিশেষে প্রকৃতির ডাকে সাড়া দিতে মাঠেঘাটে যাওয়াই ওখানে বরাবরের অভ্যাস। আর এই অভ্যাসটা দূর করতেই বছর দুই হল সমানে চেষ্টা চালিয়ে যাচ্ছে এখানকার ঐকতান ক্লাব।

সে চেষ্টায় যে আশানুরূপ ফল মেলেনি ক্লাবের সভাপতি প্রবাল মাইতি তা স্বীকার করেন। 'প্রথমটায় মনে হয়েছিল গরিব-গুর্বো মানুষ, ভাত-কাপড়ের সংস্থান করতেই যারা হিমসিম, বাড়িতে একটা শৌচাগার করাই হয়তো তাঁদের কাছে বিলাসিতা। পরে বুঝলাম, দীর্ঘকালের অভ্যাসটাই হল আসল বাধা'। সেই বাধা কাটানো যায় কীভাবে, দুপুর গড়িয়ে গেলেও তা-ই নিয়েই মিটিং চলছিল ক্লাবে। ঠিক হল, সদস্য সংখ্যা বাড়তে হবে। বিশেষ করে মহিলা সদস্য। সমস্যাটা সার্বিকভাবে গ্রাম সমাজের হলেও, মহিলাদের ক্ষেত্রে আরও প্রকট। তা ছাড়া একটি সদস্য বাড়ানো অসুত একটি বাড়িতে কংক্রিটের শৌচাগার বসে যাওয়া।

সদস্য অবশ্য বাড়ছে। মহিলাদের দিক থেকে তেমন করে বলার মতো সাড়া এখনও মেলেনি বটে, কিন্তু যুবকরা এগিয়ে আসছেন। তার অবশ্য অন্য একটা কারণও রয়েছে। একটি বাড়িতে ন্যূনতম ২৩০ টাকা ব্যয়ে একটি শৌচাগার বসাতে পারলে 'মোটভেটর' হিসাবে সদস্যটি পান ৩০ টাকা। ক্লাবের থাকে ১৫ টাকা। গ্রামাঞ্চলে, বিশেষ করে নবসাক্ষর যুবকদের কাছে কাজটা তাই মোটেই ফেলনা নয়। আর ২৩০ টাকা খরচ করলে পাঁচজনের একটি পরিবারে চার-পাঁচ বছরের সমস্যা মেটে। এমনকি তার পরেও কংক্রিটের ওই জিনিসটি ফের ব্যবহারে লাগানোর জন্য নতুন জায়গায় বসানো যায়।

শুধু খোদামবাড়ির ঐকতান ক্লাবই নয়, গোটা নন্দীগ্রাম থানা এলাকায় এই দায়িত্ব হাতে নিয়েছে অন্তত ৫০ ক্লাব। আর তাদের 'মোটভেটের' কাজ করছে মুরাদপুরের গুচ্ছ সমিতি, লোক জাগরণ।

লোক জাগরণের এই উদ্যোগ মূলত নরেন্দ্রপুরের রামকৃষ্ণ মিশন লোকশিক্ষা পরিষদের। 'ইউনিসেফ' অনুমোদিত এই প্রকল্প তাঁরা হাতে নেন ১৯৮৯ সালে। শুধু নন্দীগ্রামেই নয়, গোটা মেদিনীপুর জেলাতেই। বিভিন্ন ব্লকে কাজ করছে ১১টি গুচ্ছ সমিতি। এক একটি গুচ্ছ সমিতির অধীনে রয়েছে ৩০ থেকে ৫০টি স্থানীয় ক্লাব।

কিন্তু এমন একটা জরুরি অথচ সুলভ প্রকল্পে যতখানি সাড়া পাওয়া উচিত ছিল ঠিক ততখানি হয়নি কেন?

হয়নি যে, তা অবশ্য মানতে রাজি নয় লোকশিক্ষা পরিষদ। কাগজে - কলমে '৮৯-তে শুরু হলেও মূল কাজে হাত লাগাতে সময় লেগেছে। তা ছাড়া বন্যার জন্যও বেশ কিছুদিন কাজ বন্ধ রাখতে হয়েছে। সময়ের বিচারে স্বাস্থ্য সচেতনতার কাজ যতটুকু এগিয়েছে তাও খুব খারাপ নয়। তবে এটা ঠিক প্রথমে প্রকল্পের সময়সীমা ১৯৯৭ সাল থাকলেও ইতিমধ্যেই তা বাড়িয়ে ২০০০ সাল করা হয়েছে।

শতাব্দী শেষের আগে যদি একটি জেলার মানুষও চিরকালীন এক ক্ষতিকর অভ্যাস থেকে সরে আসেন তাহলেই অনেক বলে মনে করেন প্রকল্পকর্মীরা। শুধু পশ্চিমবাংলা কেন, সারা দেশে এ ধরনের কোনও প্রকল্প সম্ভবত নেই। তাই সবারই নজর রয়েছে এর সাফল্যের দিকে। লোকশিক্ষা পরিষদ তা জানেন। তাই শুধু অল্প খরচের ভরসায় ফেলে না রেখে ব্যাপক প্রচার শুধু করেছেন স্বাস্থ্য সচেতনতা নিয়ে। বোঝাতে চেষ্টা করছেন, গ্রামের যাট ভাগ রোগই জলবাহিত। মাত্র একবার ২৩০ টাকা খরচ করে সেইসব রোগ ও তার পিছনে অচেল ব্যয়ের হাত থেকে রেহাই পাওয়া যায়। রাতারাতি সাফল্য আশা করা ঠিক নয়। সাক্ষরতা আন্দোলন অবশ্য সাম্প্রতিক বছরগুলিতে একটুখানি পার্থক্য গড়েছে। আর তাকেই মূলধন করে কোমর বেঁধে লেগেছে প্রায় হাজার পাঁচেক ক্লাব। অনেক ক্ষেত্রেই গ্রাম পঞ্চায়েতও পাশে এসে দাঁড়িয়েছে।

লোকশিক্ষা পরিষদ ও গ্রামের যুবকরা যে কাজে নেমেছেন তার গুরুত্ব অস্বীকার করেন না মহিলারাও। জেলার সহ সভাপতি সিপিআই-এর কল্যাণী কামিল্যা বলেন, মানুষের মধ্যে সচেতনতার অভাবেই এখনও তেমন সাফল্য আসেনি। এমন অনেক জায়গা আছে, যেখানে সরকারি উদ্যোগে শৌচাগার করা হয়েছিল। কিন্তু মানুষ ব্যবহার করেনি। তিনি বলেন, "আমরা সাক্ষরোত্তর কর্মসূচিতে গ্রামের মানুষকে স্বাস্থ্যসচেতন করার চেষ্টা করছি। যেখানে সচেতনতা বাড়ছে, মানুষজন নিজেরাই এই ব্যাপারে উদ্যোগী হচ্ছেন। আমাদের লক্ষ্য অন্তত ৮০ শতাংশ বাড়িতেই শৌচাগার তৈরি করা।" নাম জানাতে অনিচ্ছুক গ্রাম পঞ্চায়েতের সিপিএম নেত্রী বলেন, সচেতনতার অভাব ছাড়াও নতুন কোনও প্রকল্পের উপযোগিতা হাতেকলমে না দেখার আগে দীর্ঘদিনের অভ্যাস মানুষকে ছাড়তে বলার অর্থ হয় না। সবং পঞ্চায়েতের কংগ্রেস নেত্রী মঞ্জু দাস মনে করেন, "সচেতনতার প্রশ্ন তুলে সমস্যাকে পাশ কাটানোর অর্থ হয় না। দায়টা একা মহিলার হবে কেন? বাড়িতে কী মহিলারাই সব সিদ্ধান্ত নিতে পারেন? বিশেষ করে যে সিদ্ধান্তে আর্থিক প্রশ্ন জড়িত?"

গণশক্তি

১০ই ডিসেম্বর, শুক্রবার, ১৯৯৩, ২৪শে অগ্রহায়ণ, ১৪০০

মেদিনীপুরের গ্রামে গ্রামে

সাধারণ মানুষকে উদ্যোগী করে রূপায়িত হচ্ছে জনস্বাস্থ্যের তৃণমূল কর্মসূচী

হরেকৃষ্ণ সামন্ত : মেদিনীপুর - আমাদের দেশের যারা খাদ্য, বস্ত্র, বাসস্থান থেকে বঞ্চিত স্বাভাবিকভাবে তারাই শিক্ষা ও স্বাস্থ্যের অধিকার থেকে বঞ্চিত। অধিকার বঞ্চিত মানুষ যুগ যুগ ধরে অবহেলার শিকার হতে হতে হতাশাগ্রস্ত। তাই সুযোগ না পাওয়ার বেদনাকে তাদের অনেকে 'ভাগ্যদোষ', 'কপালদোষ' ইত্যাদি অভিহিত করে নির্মম সমাজ ব্যবস্থার কাছে আত্মসমর্পণ করে বসে থাকে। অধিকারহীন মানুষদের নতুন নতুন অধিকারবোধ অর্জনের ক্ষেত্রে সরকারী, বেসরকারী প্রকল্পগুলিকে এমনভাবে ব্যবহার করা যেতে পারে যাতে গরিব মানুষরা আত্মবিশ্বাসী হয়ে উঠতে পারেন। দুর্বল শ্রেণীর মানুষ, পেছিয়ে পড়া জাতির মানুষ ও মেয়েদের কিছু করার ক্ষমতা নেই - এই সব ধারণাকে মিথ্যা প্রতিপন্ন করা যায় চলতি প্রকল্পগুলিকে বাস্তবে রূপায়িত করার এই বিকল্প দৃষ্টিভঙ্গি কার্যকরী করার মধ্য দিয়ে।

দুর্বল শ্রেণীর মানুষদের জন্য জনস্বাস্থ্য প্রকল্পের কথা ধরা যেতে পারে। খেতে না পাওয়া মানুষ, কম খেতে পাওয়া মানুষ, অপরিষ্কার অপরিচ্ছন্ন পরিবেশে বসবাসকারী মানুষ হাজারো রকমের অসুখের শিকার হয়। একে পুষ্টিবিহীন খাদ্যের অভাবে শরীর থাকে দুর্বল, রোগ প্রতিরোধের ক্ষমতা থাকে অত্যন্ত কম, অন্যদিকে তারাই বঞ্চিত থাকে বিশুদ্ধ জল থেকে, পরিষ্কার পরিচ্ছন্ন পরিবেশ থেকে, তাই অসুখ-বিসুখ তাদের নিত্যদিনের সঙ্গী। অসুখের জন্য চিকিৎসা কেনা তাদের সাধ্যের বাইরে। গাছ-গাছালি, জড়িবিট, জলপোড়া, তেলপোড়ায় কিছু না হলে অগত্যা হাতুড়ে ডাক্তারের দরজায় যাওয়া এবং সেইমতো চিকিৎসা করানো আর 'কপালের ফেরে' মরা বা বাঁচা-এই তার 'ভবিতব্য'। নতুবা সরকারী ডাক্তারখানায় বা হাসপাতালে চিকিৎসার সুযোগ নেওয়া অর্থাৎ সরকারী অনুগ্রহ প্রার্থী হওয়া। পাশাপাশি জনস্বাস্থ্য রক্ষার চলতি প্রকল্পগুলিকে অধিকারহীন মানুষের আত্মপ্রত্যয়ী হয়ে ওঠার প্রকল্পে রূপান্তরিত করার দৃষ্টান্ত মেদিনীপুর জেলায় খানিকটা সম্ভব করা গেছে।

১৯৯০ সাল থেকে একদিকে যেমন প্রশাসন, পঞ্চায়েত, সামাজিক প্রতিষ্ঠান, রাজনৈতিক দল ও গণসংগঠনগুলির পারস্পরিক সহযোগিতায় সার্বিক সাক্ষরতা ও সার্বিক রোগ প্রতিবেদন অভিযানে লক্ষ লক্ষ মানুষকে বিনা পারিশ্রমিকে যুক্ত করে শিক্ষা ও স্বাস্থ্যের অধিকার অর্জনের সংগ্রাম পরিচালিত হচ্ছিল

তারই পাশাপাশি ঐ সময়ে স্বাস্থ্যসম্মত পরিবেশ গড়ে তোলার জন্য 'ইনটেনসিভ স্যানিটেশন প্রজেক্ট' নামের একটি অভিনব প্রকল্প মেদিনীপুর জেলায় চালু করা হয়। এই প্রকল্পের অভিনবত্ব এইখানে যে, এই প্রকল্প ভরতুকি নির্ভর নয়। গ্রামের অধিবাসীরা নিজেদের বাড়িতে নিজ খরচে স্বাস্থ্যসম্মত পায়খানা, স্নান করার চাতাল, নেংরা জলশোষণ গর্ত, ধূমবিহীন চুল্লি ও আবর্জনা গর্ত নির্মাণের ব্যবস্থা নিজেরাই করে নিতে পারবেন।

এই প্রকল্প রূপায়ণের দায়িত্ব গ্রহণ করেছে নরেন্দ্রপুর রামকৃষ্ণ মিশন লোকশিক্ষা পরিষদ এবং সহযোগিতায় ইউনিসেফ ও রাজ্য সরকার। মেদিনীপুর জেলার অনেকগুলি ক্লাব ও গুচ্ছ সংগঠনের মধ্য দিয়ে জনসাধারণের মধ্যে প্রচার ও ঘনিষ্ঠ যোগাযোগের মাধ্যমে এই প্রকল্প রূপায়িত হচ্ছে। এক একটি ক্লাব প্রায় ৩০/৪০ হাজার মানুষের মধ্যে কাজ করছে। আবার এক একটি গুচ্ছ প্রতিষ্ঠান প্রায় ৩০টি ক্লাবের কাজকর্ম তদারকি করছে এবং গুচ্ছ প্রতিষ্ঠানগুলির কাজ তদারকি করছে নরেন্দ্রপুর রামকৃষ্ণ মিশন লোকশিক্ষা পরিষদ।

মানুষের মধ্যে সচেতনতা সৃষ্টি করার কাজে পঞ্চায়েত প্রতিষ্ঠানগুলি গুরুত্বপূর্ণ ভূমিকা পালন করে চলেছে। এই প্রকল্প রূপায়ণে প্রশিক্ষণ প্রাপ্ত মহিলারা মানুষের কাছে ব্যক্তিগত ঘনিষ্ঠ যোগাযোগ গড়ে তুলতে গুরুত্বপূর্ণ ভূমিকা পালন করছে। দেওয়াল লিখন, গানের দল, নাটক, আলোচনাচক্র, গ্রামীণ মেলা ও হাটবাজারে প্রচার, পরিষ্কার-পরিচ্ছন্নতা সম্বন্ধে চেতনা সৃষ্টিতে সহায়ক হয়েছে। এই প্রকল্প সম্বন্ধে প্রচার করার জন্য প্রায় দেড় হাজার প্রচারককে প্রশিক্ষণ দেওয়া হয়েছে। প্রশিক্ষণ শিবিরগুলি বিভিন্ন গ্রামের প্রতিষ্ঠানগুলিতে অনুষ্ঠিত হওয়ায় প্রকল্পের বৈশিষ্ট্য ও পরিষ্কার পরিচ্ছন্নতার প্রয়োজনীয়তা সম্বন্ধে গ্রামের মানুষ ভালোভাবে অবহিত হতে পেরেছেন। গ্রামসংগঠনগুলির ৬৫৩ জন নেতৃত্বকেও অনুরূপভাবে গ্রামের মধ্যে প্রশিক্ষণের ব্যবস্থা করা হয়েছে। এছাড়া এই প্রকল্পের হিসাব রাখার জন্য ২৬২ জন স্বেচ্ছাসেবক, ৩২ জন মাস্টার রাজমিস্ত্রি, ৫৯১ জন রাজমিস্ত্রি, ধূমহীন চুল্লি নির্মাণের জন্য ৪০০ জন স্বেচ্ছাসেবক, তারা নলকুপ সারানোর জন্য ২৮৫ জন মহিলাকে প্রশিক্ষণ দেওয়া হয়েছে। এই সঙ্গে ৪৭৬০ জন পঞ্চায়েত সদস্যকে নিবিড় শৌচাগার প্রকল্প সম্বন্ধে অবহিত করার জন্য আলোচনাচক্রের ব্যবস্থা করা হয়। নিবিড় শৌচাগার নির্মাণ প্রকল্প সম্বন্ধে মানুষকে আগ্রহান্বিত করার জন্য ১১০ টি দেওয়াল লিখন, ৮৫৯টি গ্রামে গ্রামবাসীদের নিয়ে সভা, প্রায় দেড় লক্ষ পরিবারে বাড়ি বাড়ি যাওয়া, মেলা, বিদ্যালয়গুলিতে প্রচারসভা, ভিডিও, স্লাইড শো, গান ও নাটকের দলের অনুষ্ঠান করা হয়।

এখন পর্যন্ত নিজ নিজ খরচে স্বল্প ব্যয়ের পায়খানা তৈরি হয়েছে ৩২০০টি। এছাড়া আবর্জনা ফেলা, নেংরা জলশোষণ গর্ত, ধূমবিহীন চুল্লি প্রভৃতি প্রায় ৬০০০ বাড়িতে তৈরি করা গেছে। মেদিনীপুর জেলার ৩২টি গ্রাম আজ পূর্ণ পরিবেশ-পরিচ্ছন্ন গ্রাম হিসেবে চিহ্নিত হয়েছে। এই গ্রামগুলির শতকরা ৮০ ভাগেরও বেশি বাড়িতে নিজ ব্যয়ে স্বল্প মূল্যের পায়খানা তৈরি হয়েছে এবং এগুলি ভালভাবে ব্যবহৃত হচ্ছে। দেখা গেছে, উপকৃত পরিবারগুলির মহিলারা এসব বিষয়ে বেশি আগ্রহী। শতকরা ৪০ ভাগ ক্ষেত্রে পুরো খরচ পায়খানা বসানোর পূর্বে বা সঙ্গে সঙ্গে মিটিয়ে দেওয়া হয়েছে। শতকরা ৬০ ভাগ

ক্ষেত্রে ঋণের সুযোগ দেওয়া হয়েছে এবং এই ঋণ পরিশোধ হয়ে যাচ্ছে। মাঝারি আয় ও নিম্নমাঝারি আয়ের পরিবারগুলির এক্ষেত্রে আগ্রহ অনেক বেশি। সর্বনিম্ন ২৩০ টাকা থেকে ২৫০০ টাকা পর্যন্ত বিভিন্ন মডেলের পায়খানা এই প্রকল্পে নির্মিত হচ্ছে। যে যে গ্রামগুলিতে এই প্রকল্প বেশি করে রূপায়িত হচ্ছে সেই গ্রামগুলিকে উৎসাহিত করার জন্য এক বা একাধিক নতুন নলকূপ বসান হচ্ছে। আর এই নলকূপগুলি সারানোর সব যন্ত্রপাতি সরঞ্জাম দেওয়া হয়েছে ঐ নলকূপের সঙ্গে যুক্ত প্রশিক্ষণপ্রাপ্ত মহিলা কর্মীদের। এঁরা এগুলির প্রয়োজনীয় মেরামতির কাজ করে চলেছেন। এছাড়া এই গ্রামগুলির সবচেয়ে গরিব পরিবারগুলির যারা পায়খানা ঘেরা বা ছাউনি করতে পারেনি তাদের এই খরচ জেলা পরিষদ থেকে দেওয়ার ব্যবস্থা হয়েছে।

জেলার পৌরসভাগুলির নতুন পায়খানা নির্মাণ ও ব্যবহারের একটি তথ্য বিশ্লেষণে জানা গেল, শতকরা ৮০ ভাগ নতুন পায়খানা হয় মানুষ ব্যবহার করে না অথবা নষ্ট করে দেওয়া হয়েছে। এই পায়খানাগুলি করা হয়েছিল সম্পূর্ণ সরকারী অনুদানে। আরও জানা যায় যে, শহরগুলিতে ৫ লক্ষ টাকা খরচ করে যাঁরা বাড়ি তৈরি করান তাঁরা পায়খানা তৈরির জন্য ৫০০০ টাকা সরকারী অনুদান আশা করে বসে থাকেন। তাইতো মেদিনীপুরের পিছলদা গ্রামের মতো ৩২টি গ্রাম যেমন আমাদের গর্ব তেমনি শহরগুলিতে এখনও মধ্যযুগীয় ব্যবস্থা মানুষের দ্বারা মানুষের মলমূত্র বহনের দৃশ্যে লজ্জায় মাথা হেঁট হয়। আমরা আত্মপ্রত্যয় নিয়ে এগিয়ে যেতে চাই।

LIST OF SANITATION VILLAGES TILL DECEMBER, 1993

SL. NO.	NAME OF SANITATION VILLAGE	GRAM PANCHAYAT	BLOCK	NAME OF THE VILLAGE YOUTH CLUB	NAME OF THE CLUSTER ORGANISATION
01	Ramchandrapur	Panchet - 4	Pataspur - II	Ramchandrapur Vivekananda Shmriti Sangha	Grammangal, Pratadighi
02	Haridrogeria	Gokulpur - I	Pataspur - II	Chak-Srikrishna Balaram Smriti Sangha	"
03	Ayma Barbaria	Gokulpur - I	Pataspur - I	- Do -	"
04	Chak Kafika	Pataspur - 5	Pataspur - II	Krishnapur Sabuj Sangha	"
05	Chak Srikrishna	Pataspur - 5	Pataspur - II	Chak-Srikrishna Balaram Smriti Sangha	"
06	Pichalda	Iswardpur - 5	Nandigram - III	Pichalda Netaji Sangha	Lokajagaran, Nandapur
07	Kamalchak	Dibakarapur - 9	Nandigram - III	Vivekananda Loka Siksha Mandir	"
08	Baisachak	Brindabanpur - 4/2	Nandigram - III	Harikhali Vivekananda Mitali Sangha	"
09	Marichdanda	Daudpur - 8	Nandigram - I	Marichdanda Swamiji Seva Sangha	"
10	Banashri Gouri	Haripur - 5	Nandigram - I	Banashri Gour Sabuj Sangha	"
11	Bishwanathpur	Boyal - 2	Nandigram - II	Arunodaya Sangha, Biswanathpur	"
12	Choukibari	Boyal - 2	Nandigram - II	- Do -	"
13	Jotharo	Malighati - 7	Debra	Jotharo Nitai Charan Seva Sangha	Trilochanpur, Sijgeria
14	Chakrajput	Bhabanipur - I	Debra	Akalpoush Nabarun Sangha	Kangsabali Guchha Samity
15	Nurullachak	Radhamohanpur - 11/1	Debra	Khashbazar Bright Future Club	"
16	Chakuddhab	Radhamohanpur - 11/1	Debra	- Do -	"
17	Chakharo	Radhamohanpur - 11/1	Debra	Bonsda Sitala Sangha	"
18	Sijgeria	Malighati - 7	Debra	Trilochanpur Seva Brati Sangha	"
19	Kanta Geria	Golgram - 8	Debra	Kangsabali Guchha Samity, Trilochanpur	"
20	Purushottampur	Malighati - 7	Debra	- Do -	"
21	Joykrishnapur	Nandanpur - 4/1	Daspur - I	Joykrishnapur Pratikar Club	"
22	Tellya	Pathar - 8	Midnapur Sadar	Tellya Palashi Palli Pradip Sangha	"
23	Mirjapur	Bharatpur - 2	Debra	Akalpoush Nabarun Sangha	Sarbik Gram Bikash Kendra, Daspur
24	Nandanpur	Nandanpur - 4/1	Daspur - I	Nandanpur Baikali Sangha	"
25	Mirjapur	Nandanpur - 4/1	Daspur - I	- Do -	Tamralipta Guchha Samity Dihigumai, Khanchi
26	Bagda	Kismatnaikundi	Mahishadal - II	Binodan, Bagda	"
27	Chandankhali	Chaksimulia - 4	Mahishadal - I	Chandankhali Mahatma Sporting Club	SRI Ramakrishna Guchha Samity, Vivekananda Yuba Parishad
28	Harumasoni	Bibhisnanpur - 4	Bhagwanpur - I	Barbasudebpur Deshopran Pragati Sangha	"
29	Durbachak	Mahammadpur - 1/2	Bhagwanpur - I	Mahammadpur Netaji Sangha	"
30	Joshipur	Talgachhari - 2	Ramnagar - I	United Atheletic Club, Bodhra	Kangsabali Guchha Samity
31	Bachhipur	Basudevpur - 8	Egra - 2	Bachhipur Ramakrishna Sevak Sangha	Trilochanpur, Sijgeria
32	Chokmandaleswar	Radhamohanpur -	Debra -	Bright Future Club, Kshashbazar	Sri Ramakrishna Guchha Samity, Garbhara
33	Kharigeria	Chaulkuri	Sabong -	Sundarpur Netaji Club	"

INTENSIVE SANITATION PROJECT - MIDNAPORE

Working areas of Cluster Organisations including Blocks, Gram Panchayats, villages,
No. of families and associated village organisations

Sl. No.	Names of Cluster Organisations	Nos. of C. D. Blocks	Nos. of Gram Panchayats	Nos. of Villages	Nos. of Families	Nos. of associated Village Organisations
01.	Vivekananda Yuva Parishad - Satmile	07	145	199	28,221	116
02.	Gram Mongal - Pratapdighi	02	24	250	31,000	82
03.	Lokajagaran - Muradpur	05	41	331	59,939	85
04.	Sri Ramakrishna Guchcha, Samity - Garvera, Gurgram	03	34	290	47,500	107
05.	Tamralipta Guchcha Samity - Dehigumai, Kanchi	05	46	176	38,645	63
06.	Abhyudaya - Haldia, Chaitannyapur	02	26	90	23,900	43
07.	Kangsabati Guchcha Samity - Trilochanpur, sijgeria	04	48	390	41,817	52
08.	Sarbik Gram Bikash Kendra - Daspur	05	48	373	38,215	81
09.	Prabudhya Bharati Sishu Tirtha - Khirinda, Krishnapriya	04	28	182	21,371	49
10.	Jhargram Mahakuma Jana Siksha Prasar Samity - Raghunathpur, Jhargram	07	14	251	15,865	75
11.	Vivekananda Kalyan Parishad - Kismatpatna, Dumurdanri	01	09	88	16,230	27
Grand Total : 11		45	463	2620	3,62,703	780

INTENSIVE SANITATION PROJECT - MIDNAPORE

Statement showing the installation of sanitary facilities in different month/year

Sl. No.	Facilities	Year	Numbers Installed												Total Installed during the year
			Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	
01. Household Low Cost Latrine	1990	-	-	08	-	-	27	-	-	76	-	-	184	295	
							(During June qr.)			(During Sept. qr.)			(During Dec. qr.)		
	1991	-	-	914	-	-	926	228	279	232	514	454	400	3947	
				(During March qr.)			(During June. qr.)								
	1992	368	410	1032	1181	684	747	688	980	1110	1543	2178	3542	14,463	
1993	1334	1552	1594	1754	1348	1469	1491	1012	695	1054	1506	3774	18,583		
														37,288	
02. Smokeless Chullah	1990	-	-	-	-	-	-	-	-	-	-	-	25	25	
	1991	-	-	274	-	-	363	75	54	104	57	108	28	1063	
				(During March qr.)			(During June. qr.)								
	1992	72	93	107	259	108	146	267	235	45	81	155	168	1,737	
	1993	175	122	242	386	149	145	190	76	64	77	88	74	1,788	
														4,613	
03. Soakage pit	1990	-	-	-	-	-	-	-	-	06	-	-	08	14	
										(During Sept. qr.)			(During Dec. qr.)		
	1991	-	-	31	-	-	01	01	03	-	03	06	02	47	
				(During March qr.)			(During June. qr.)								
	1992	-	-	02	05	05	02	02	12	03	05	08	06	50	
1993	03	05	04	09	12	06	03	-	04	03	02	5	56		
														167	



Pump Maintained by Women :
A Women's development programme in progress in Midnapore Villages.