

Community - Led Total Sanitation Project - ABBOTT

- **Background**

According to the 2011 Census, nearly half of India's population has no toilet at home. Effects of inadequate sanitation in India go beyond lack of access to toilets. It extends to health impacts caused by prevalence of communicable diseases, decreased attendance in schools and inadequate safety for women. Recognized the need for improved sanitation, especially considering Prime Minister Narendra Modi's Swachh Bharat campaign, Abbott took up the task of making two villages in Gujarat, Talodara and Dadheda in Bharuch District, Open Defecation Free (ODF).

The two villages were mostly inhabited by tribal communities. A baseline survey in the two villages revealed that the sanitation condition for these villages were dismal. It was found that nearly 70% of the households do not have toilets. 85% of the villagers were not aware about sanitation.

The Community-Led Total Sanitation Project was, thus, conceived to overcome the rural sanitation problem by developing infrastructure and building awareness. The initiative aimed at creating behavioural changes as an important step to curbing communicable diseases, thereby making a positive impact on health, safety for women and attendance in schools.

- **Location, Date**

Village Dadheda and Village Talodra in Bharuch District, Gujarat; 2014

- **Areas**

Rural

- **Stage/Scale**

The project was completed in December 2016. While construction of toilets was completed 8 months ago, awareness sessions are still being continued in both the villages.

- **Objective of the assignment**

The objective of the program was to make Dadheda and Talodara ODF by creating behavioural change and constructing individual household toilets for all households without sanitation facilities as well as toilets in anganwadis and schools in the villages. The goal was to embed sustainability into this initiative by empowering the local community to handle maintenance and upkeep of sanitation facilities, enhancing personal and household hygiene awareness, highlighting the importance of sanitation and its effect on health and monitoring the progress continuously to evaluate the effectiveness of these interventions.

- **What was done**

A structured plan was designed and implemented for the adoption of the total sanitation model, as detailed below:

- **Target Selection**

The primary reason for focus on two villages was due to their proximity to Abbott's manufacturing plant in Jhagadia, as well as high rates of open defecation.

- **Needs Assessment**

Before the onset of the project, a detailed needs assessment study was conducted to identify the requirements of the community as well as individual households with regard to sanitation and waste management. Information regarding the number of individuals using toilets, hand-washing behaviour, incidence of sanitation-related illnesses, school attendance, cost of healthcare, etc. was captured to gain an in-depth understanding of the community need.

- **Demand Generation**

To initiate with, model toilets were built in few households to explain the advantages of the twin-soak pit model, before moving to full-scale construction. This was done to convince people that the model was sustainable. Subsequently, measures were taken to engage with the communities, including households, schools, and community leaders, through performance of folk plays to raise awareness of the important connections between sanitation and health. These plays initiated dialogue and debate amongst the residents and encouraged community participation.

- **Awareness**

To build awareness, Abbott partnered with Mahila Housing Trust SEWA for conducting Awareness Sessions in the two villages. They inducted the women in the village for spreading the message of personal and household hygiene and highlighting the importance of sanitation and its effect on health. Generating local leadership for improved sanitation and behaviour change with the communities ensured quicker adaptation of the total sanitation model. Apart from women, we also engaged with school children. Schools in the area have long suffered from poor sanitation and hygiene conditions. By conducting workshops and folk plays in schools, we not just internalized good habits in them but tried to foster a culture that can be transferred year-on-year.

- **Monitoring**

The initiative was monitored through the p3 platform. Activities were tracked on an ongoing basis and data collected from beneficiaries was done through p3, which is a cloud based mobile application which enables, real-time, geo-tagged data to be collected to ensure that visibility into the initiative is high.

- **Evaluation**

The aim was to measure the impact of intervention with respect to certain clear, relevant and measurable indicators. For this, apart from the detailed baseline evaluation, a mid-line evaluation was conducted to determine if the initiative was moving in the right direction and if there were conditions that were hindering the achievement of the objective. An exit survey was also planned to establish the link

between the intervention and the outcome, assessing the impact it created in the sanitation infrastructure and mind-sets of people.

A robust feedback mechanism was built wherein inputs were accepted from the community on the construction or sanitation needs and consulted with the implementation agencies to ensure that the needs are met. The local community was empowered to handle maintenance and upkeep of sanitation facilities. The project encouraged formation of Community Based Organisations and revived the dysfunctional Pani Samitis and Village Sanitation Committees and assisted them to plan, manage and maintain the water supply and sanitation facilities in both the villages. A behaviour change programme has been continued even after the end of the project, to sustain the interventions.



- **Impact**

The project's biggest impact was to bring about an improvement in the quality of life in the two villages by promoting cleanliness, hygiene and eliminating open defecation. It not only accelerated the sanitation coverage but motivated the communities and local bodies to adopt sustainable practices and facilities through awareness creation. Overall, the project impacted 3150 beneficiaries.

- **Challenges and Issues**

- **Challenges within the local community**

The biggest challenge was to build awareness to create sustainable behavioural changes. Peers, neighbours and other community members defecate in the open making it a common and widely accepted behaviour that is deeply rooted in the local culture. There was also a perception among the community that deeper single pit toilets were better. They thought shallower pits will mean that the toilets will become defunct more easily.

- **Challenges with monitoring the progress of construction and sensitization:**
Given the gravity of the intervention and the community involvement in the project, monitoring the progress was tough.

- **Innovation**

The uniqueness of the project was rooted to community participation and leadership. Abbott's total sanitation model relied on engaging with the communities including households, schools, government institutions and community leaders. It encouraged the formation of Community Based Organisations and revived the dysfunctional Pani Samitis and Village Sanitation Committees in both the villages. But most importantly, it tried to ensure meaningful participation of women and children; promoting gender equality and social inclusion by enabling them to become the drivers of behavioural change in every household.

Another unique feature was use of an IT platform to monitor progress of the project:

- Activities were tracked on an ongoing basis and data collection from beneficiaries is done through p3, which is a cloud based mobile application which enables, real-time, geo-tagged data
- Linked the p3 mobile app with Google maps to enable users to see what projects were progressing in each of the locations, using the map as an interface
- Configured dashboards to get a view of the project progress and financials for various stakeholders. This enabled visibility into project, making implementation partners more responsible and accountable for completing activities timely.

- **Lessons learnt**

- Bolstering the local skill set strengthened community capacity and ensures long-term sustainability.
- Triggering collective behaviour change is essential for sustainable CLTS approach.
- Technology can be used for effective monitoring of the project.
- Women and children, if properly trained, can be drivers of behavioural change

- **Financials**

Cumulative budget was INR 3 Crores.

- **Economic sustainability/Revenue Model**

Abbott led the Total Sanitation Project through a INR 3 crore commitment. The expenditure was incurred for not just construction of the sanitation facilities but for the conduct of the awareness sessions too. Post Abbott's exit, the local community will bear the financial responsibility of ensuring the maintenance and upkeep of the sanitation infrastructure built. Extensive trainings were conducted, empowering the people to handle maintenance of sanitation facilities.

- **Implementer Contact Persons**

- **Jasraj Viridi**
Director – Corporate Citizenship
jasraj.virdi@abbott.com

- **Sources and References**

- Study submitted by Abbott
- Company Website