THE TRANSFORMATIVE STORY OF PHULJORI VILLAGE, JHARKHAND
TATA WATER MISSION, TATA TRUSTS – CENTRAL INDIA INITIATIVE

• Background
The village of Phuljori is surrounded by hills because of which during monsoon, the runoff flows from the hills to the village. However, lack of conservation and water harvesting measures lead to most of the precipitation to flow away. This leads to scarcity of water in the summer season. Drinking water provisions include two handpumps and one public well for the 62 households.

There was no toilet in any household and open defecation was a normal practice. People initially did not see open defecation as a problem as they felt having a toilet in close proximity to the house was unhygienic. Availability of water was a limitation, so people preferred going out for their daily ablutions. Occurrence of water borne diseases like diarrhoea were common during the monsoon - at least 50% households reported facing some diseases related to contaminated water. But the community did not relate these health problems directly to open defecation practices. Contamination of water sources was directly linked to defecation habits of the community.

Collectives for Integrated Livelihood Initiatives (ClI) is an associate organization of Tata Trusts and anchor the Central India Initiative of the Trusts. ClI decided to work in Phuljori with an overarching goal of making the village open defecation free within a period of six months through provision and use of individual household toilets and improved hygiene practices.

• Location, Date
Phuljori village, Palojori block of Tribal Jharkhand; 2014

• Areas
Rural

• Stage/Scale
Fully Implemented in Phuljori village

• Objective of the assignment
To make the village open defecation free through provision and use of individual household toilets and improved hygiene practices

• What was done
The process of implementation of the community mobilization programme in Phuljori village entailed bringing the community together and creating a local level committee to coordinate and organize the sanitation programme in the village.

This case study was curated by the India Sanitation Coalition
- **Intensive Community Engagement:** Meetings were held at regular intervals to sensitize and bring awareness to the people on the need for sanitation and its impact on their life.

- **Community Level Activities and Environment Creation:** Community based programmes were organized like the “Village Safai Abhiyan” and “School Safai Abhiyan”, involving children; and an environment was created for community action. This led to frequent meetings and formation of a Committee at the village level to oversee and coordinate the construction of toilets for 62 households. The resolution to complete the construction work within 4 months was taken in a village meeting and a committee of six members involving three male and three female members was formed for this purpose.

- **Orientation of Committee Members:** The Committee was then oriented on the technical aspects of construction of toilets, its functioning, costs involved and quantity of materials required. The costing was worked out as per local rates; and the contribution from each household for construction of toilets was decided.

- **Construction of Household Toilets:** The committee followed up with each household to fasten the soak pit digging work and facilitated collection of INR 1200 per family for mason wages. As the soak pits got made, material for construction was supplied to each household of the village. The Committee members were trained on maintaining the record of utilization of materials.

- **Behaviour Change Education:** Once the toilets were constructed, the households were sensitized towards usage and maintenance of the toilet. The Committee held meetings and gave a period of two months for all households to start using the toilets.

- **Leveraging Government Funds (SBM – G):** While the community engagement and construction was going on, the staff members also established a linkage with the Department of Drinking Water and Sanitation, to help mobilize the incentive of INR 12,000 per household for construction of toilets. The norm was to channelize the incentive amount through the Village Water and Sanitation Committees by advancing for small batches of 5 families to make their toilets.

- **Impact**

  - The outcome of 6 months of continuous engagement and support to Phuljori village led to it becoming the first ODF village in the block. In a span of 4 months, all the 62 households constructed their own toilets.
  - People are more aware about hygiene practices especially related to hand washing and one can see the overall cleanliness of the village to ascertain the awareness of the people.

- **Challenges and Issues**

  - The first and foremost challenge was to convince all members of the team towards the strategy of making the village ODF at one go and mobilizing community contribution for the same. People were also hesitant as non-availability of water was seen as a barrier for continued use of the toilets.
• Creating awareness and motivating the community for constructing toilets was a challenge as they did not consider open defecation an unhealthy practice. They could not see a linkage of lack of sanitation on health.
• The construction of toilets were challenging since people wanted full support for construction whereas unless financial stake was created, people would not care for the facilities. The cash poor tribal families found it difficult to contribute INR 1200 towards mason wages. The organization had agreed to support towards the material cost for construction but raising cash contribution in a stipulated time was difficult.

• **Innovation**
  The innovation was the approach used for community mobilization for making Phuljori an Open Defecation Free village which banked on three pillars:
  • Mobilizing financial resources for supporting households for construction of toilets
  • Organizing for materials for construction and ensuring the supply chain; and
  • Instilling a behaviour change trigger within the community for collective action by involving all households in the village.

• **Lessons learnt**
  The experience threw up significant learning’s for the team as well as the community in community mobilization and people's engagement for their own development.
  • The sustainability of the intervention banked on the level of community engagement and their involvement in the development of their village. The role of women was particularly essential in demand generation since sanitation is not considered as an issue by men. Various tools like Community level activities, video shows and exposure visits were organized to create demand for sanitation in the village.
  • Community contribution in kind as well as cash is also important to create ownership in the programme.
  • Once demand is generated and the community agrees in principle to take action, there is a need to have a provision for gap funding for investment in toilet construction. Poor socio-economic conditions of tribal communities become a challenge if the programme has to be completed on time. Thus, there is a need for gap funding to support the families to construct toilets while investing from their end.
  • It is important that such efforts are highlighted and brought to the notice of decision makers especially within the Government so that good practices are disseminated leading to policy level changes to facilitate community action and support.

• **Financials**
  The incentive of INR 7, 44, 000 was received by the village for the construction of toilets from the government.

• **Economic sustainability/Revenue Model**
  Financial stake was created by asking all the households to invest in digging the two soak pits and contributing INR 1200 for mason charges.

• **Implementer Contact Persons**
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• Sources and References
  • Study submitted by Tata Trusts