

EXECUTIVE BRIEF

The Govt of Tripura has implemented Total Sanitation Campaign (TSC) in the rural areas of South Tripura District. South Tripura is one of the distinguished districts in the country to have achieved 100 per cent coverage of IHLs. The study aims at reviewing, qualifying and critically examining the interventions carried out under the TSC, right from the preparation of PIP, design & development of software components, technical options etc. The Govt of Tripura appointed STEM, Bangalore to conduct the Mid-Term Evaluation of TSC in South Tripura District. The best practices identified in the process could form the base for replication in other Villages, Blocks and Districts.

1. THE STUDY

The study is aimed at evaluating the successes achieved in TSC in South District, *viz.* a. Assess the achievement of TSC objectives, b. Highlight the deficiencies in technical and software activities, and c. Suggest improvements in implementation process.

2. METHODOLOGY AND APPROACH

The Study Team of STEM held discussions with several officials at the state, district, block and GP/ADC levels and collected the secondary data. The officials included Commissioner and Joint Secretary - RDD, Deputy Director - Family Welfare and Preventive Medicine, Education and SSA officials at the State level, DM and other officials of Line Department at the District level. At the block level, discussions were held with the BDO, TSC implementation staff, the Engineers, NGOs, etc. to obtain inputs on the implementation process.

3. FIELD VISITS AND DATA COLLECTION

South Tripura has 11 Blocks and 320 PRIs (153 GPs and 167 ADCs). The field team visited 300 PRIs (GPs - 153 GPs and 147 ADCs), across all the 11 Blocks. About 1926 households, i.e. 1.3 per cent of total households, were interviewed. Similarly, 299 schools were visited to assess the implementation of SSHE.

The Field Study Team consisting of 15 members were trained on the three structured formats designed for data & information collection.

4. FINDINGS

The Baseline Survey and Project Implementation Plan (PIP) were required to be conducted by the District Authority prior to the implementation of TSC. These were completed satisfactorily and the information generated in the Baseline Survey matched the Census data. The PIP was prepared based on the Baseline Survey.

The implementation frame formulated in the PIP laid emphasis on extensive and intensive IEC activities to disseminate sanitation and hygiene messages to the families, with the focus on school sanitation. It sought to integrate and involve the local bodies, PRIs, NGOs, Women Groups and SHGs. This for one is considered one of the main reasons for successes of TSC in this district.

The level of awareness of TSC was 89 per cent and 87 per cent among APL and BPL families, respectively. The Block office had utilised human resources of PRIs as well as local SHGs to disseminate messages on TSC at the village / habitation level. The Block Offices had adopted various channels to disseminate messages of TSC to the families. The materials include those in the printed mode (posters, folders, booklets, handouts, wall paintings, etc.) which was 43 per cent, group meetings was 77 per cent, followed by house visits at 48 per cent.

5. IHL PROMOTION

A few villages still have open defecation areas. Prior to implementation of TSC, families had defecation places within the premises of the dwelling house and these were unsanitary latrines. During implementation of TSC, platform and pan with siphon were provided to all BPL families. A few APL families constructed latrines on their own. About 74 per cent BPL families were found to be using sanitary toilets with siphon and 18 per cent BPL & APL families were using without siphon.

The construction of 19 community sanitary complexes in the market places of the villages was in progress.

6. HYGIENE PRACTICES

The usage of IHL was to the extent of 96 per cent. About 32 per cent families wash hands with soap. This is a significant improvement in hygiene behaviour as observed in this survey, compared to the limited practise as identified during the Baseline Survey. About 53 per cent households dispose child excreta in the toilet.

7. MORBIDITY

About 11 per cent U5 children suffered from common illnesses such as fever, cough and diarrhoea while 9 per cent of the other family members suffered from water and sanitation related diseases.

8. SCHOOL SANITATION AND HYGIENE EDUCATION

As against the 652 schools where interventions were found necessary at the time of preparation of PIP, infrastructure (toilet & urinal units) was provided to 736 schools. The team visited 299 schools across 11 blocks to assess the school sanitation and hygiene education programmes. About 44 per cent of the schools had water supply and 35 per cent of the schools provided with hand washing facilities. Only 34 per cent were in a good condition. The usage of toilets was 93 per cent, which is highly appreciable. The schools had wall paintings and other printed IEC material. Latrines and urinals provided in the schools, especially for girls, were inadequate.

9. LATRINE FACILITIES TO ANGANWADI CENTRES

Child friendly toilets were built near the AWC / BWC premises. However, the purpose is not achieved if there is no water supply.

10. INSTITUTIONAL STRUCTURE

Overall performance of the PRIs from the state level to GP/ADC level is appreciable. Their involvement has brought about a perceptible change in the sanitation scenario among the villages.

All the PRIs and their representatives were fully aware of TSC, the role they played, involvement of local SHGs and total participation of the families converted into people's movement. The members of the GPs/ ADCs expressed that the group pressure tactics seem to have yielded/ motivated hardcore people to construct latrines.

11. ROLE OF SHGs

Nearly 3000 SHG members were involved, and such a strong network helped in promoting IHLs. Selected SHGs established squatting plate production centre at village/ paras with the assistance of trained masons. They procured pan and siphon and extended support to build IHLs and were the most effective agents in promoting IHLs. SHGs were given Rs.20/- per household latrine as an incentive.

12. FINANCE

About 92 per cent, of the funds received, was spent on the project. However, 37 per cent of the money allocated for IEC has not been utilised. Further, nearly Rs.1.5 crore funds are yet to be received from the authorities. This can be used for achieving cent per cent sanitation in the villages.

13. IEC

The multimedia approach yielded good results in the entire district. Continued IEC activities are required to change the mindset of people to adopt good sanitation and hygiene practices to improve the quality of life.

14. HRD

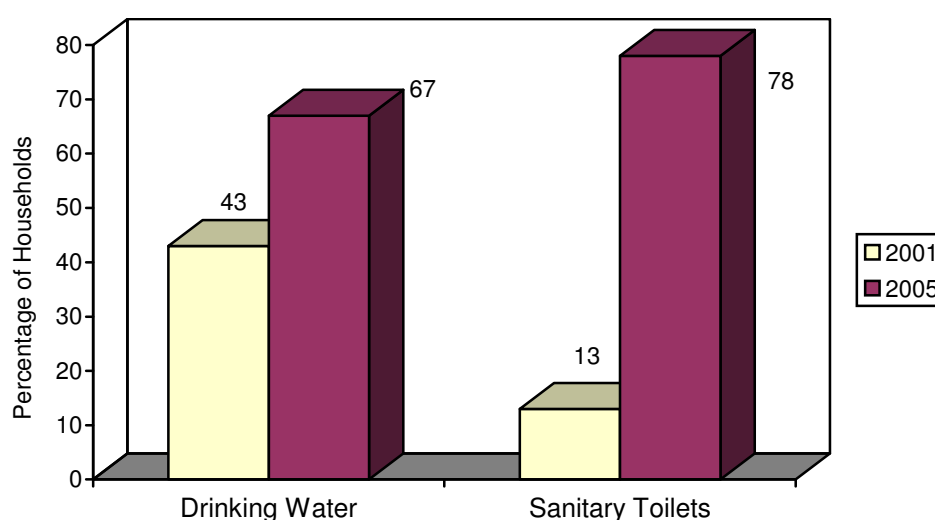
Success of TSC can be attributed to the integrated approach strategy adopted, which involved the line departments as well as the elected representatives at all levels under the leadership of the District Authority. Training to GP/ADC members, teachers, SHGs, masons and the other staff involved in TSC has to be continued intensely.

15. KEY OBSERVATIONS

- The Communication and Capacity Development Unit (CCDU) was not formed under DWSSM.
- The TSC programme is demand-responsive and emphasises community participation. However, the mechanism which is supply-driven needs to be changed.
- No technical options were given for building toilets of their choice.
- While TSC is being implemented in the District, the software support is not keeping pace with the hardware construction activities.
- Interpersonal communication interventions for promotion of sanitation and hygiene through SHGs were not strong enough since processes involved in building a toilet were too many.
- Importance of hygiene practices among the beneficiaries was not emphasised to the desired level, which may have resulted in loss of interest in continuing the hygiene practices, by the community in the villages.
- There was no emphasis on other environmental issues concerned with the community.
- Drinking water and sanitation facilities in the schools were not designed keeping in mind the gender requirement and strength of the students.

- SHGs were not adequately capacitated with various models for building toilets and promotion of hygiene practices.

Figure 1: Percentage of Households with Drinking Water & Toilets – 2001 & 2005



16. RECOMMENDATIONS

- Train the good network of SHGs in the District as change agents on sanitation and hygiene behaviour to achieve better health status and lifestyle.
- The development of various technical options of TPPFL and information about the same should be made available at the GP and village levels.
- Develop periodical survey formats and establish mechanism for monitoring sanitation and hygiene behaviour.
- The GPs / ADCs should initiate punitive action for continued offence of open defecation and letting wastewater onto the roads.
- The traditional practices of ablution using vegetation and throwing into the pan of the toilet are to be discouraged through continued health education. IEC material to change the mindset should be developed and propagated.
- Continued IEC activities should be intensified to address the traditional practices among the tribal and other poor communities.
- The DM of South Tripura submitted a proposal for Nirmal Gram Puraskar Award for all GPs /ADCs but only one GP, Purab Mirja in Kakraban Block, was given the award. The reasons for non-selection were that all the households were not using the latrines and the other criteria as per TSC guidelines were not fulfilled
- The Guidelines for NGPA as per TSC are to be highlighted.