



December 2005

Project Update: Melakarthishapatti, India

Project Location:

Northwestern region of Tiruchirapalli District in the Thottiam Block

Beneficiary Information:

Number of Households: 410

Number of Beneficiaries: 2,432

Project Status:

Ongoing

Project Budget: \$17,000

Cost per Beneficiary: \$6.99



Background

With more than 1 billion people, accounting for 15% of the world's total population, India's population size is second only to China. Yet, it has only 4% of the world's water availability. With a population size that is continuing to increase and strain its natural resources, India faces a severe water crisis. While the Indian government has made progress in the supply of safe water to its people, gross disparity in coverage still exists across the country.

In rural India, the preventable contamination of existing water sources is of increasing concern. With only 14% of the rural population having access to latrines, the current sources continue to be contaminated leading to an increase in water-related diseases. Further, poor access to safe water and latrines contributes to India's high infant morbidity and mortality rate, accounting for the bulk of the two million deaths of children each year.

Community Description

Melakarthishapatti is a small village located in Thottiyam in the northwest section of the Tiruchirapalli District. Although there are a few concrete houses in Melakarthishapatti, an overwhelming majority of the houses are thatched or tiled. The village economy relies heavily on the rice paddies that surround it.

The community has three government-installed hand pumps that are not working properly because a maintenance system was not initiated when the pumps were installed. There is also an overhead tank, but the water supply is insufficient to meet the community's needs, supplying only 2/3 of the total amount needed per family. The water sources have not been maintained properly and stagnant gray water lies around each of the hand pumps. This stagnant water has created a breeding ground for disease-carrying mosquitoes.

Like many other rural villages, Melakarthishapatti has poor sanitation coverage. Only 11% of the households have individual household latrines. Of those 11%, most remain unused by household members. More than 94% of the population actively practices open defecation often near the rice

paddies. However, during the time that the rice paddies are cultivated, there is no place for open defecation and women and girls must often wait until after sunset or before sunrise to defecate.

Activities Completed

Participatory Rural Appraisal

During the first stage of this project, our Partner Organization performed a Participatory Rural Appraisal (PRA) to help community members understand the benefits of a sanitation program and the importance of having 100% community participation. This unique approach to community organization has been effective in maintaining community excitement and support for the project. The community owns the decision to improve their village, and therefore owns the improvements. They are committed to seeing the project to its full completion and to maintaining the changes made.

As part of the PRA, a baseline study was conducted. The study indicated that considerable attention was needed to educate the community on hygiene and sanitation practices. In Melakarthigaipatti, awareness of basic hygienic practices is incredibly low. For example, no one was aware that hands should be washed after defecating, that solid and animal wastes should not be dumped near the water sources or that wastewater could be used to water a kitchen garden. The lack of hygiene and sanitation awareness has had far-reaching effects—more than 97% of the population has suffered from acute diarrhea or other diseases in the past six months.

Formation of Village Water & Sanitation Committees

In conjunction with a neighboring village, one of the first activities of the project was to create a Village Water & Sanitation Committees (VWSC). The VWSCs play a critical role in the project. In the beginning, their primary purpose is to motivate other community members to fully participate and, later, their roles in the project will continue to increase and eventually they will assume full responsibility for the new water system. Trainings are fundamental in this maturing process. In the beginning, the trainings are primarily educational. During the past quarter, members of the VWSC were shown how to use kitchen waste water to grow “kitchen gardens” and basic hygiene education.

Our partner also focused on creating and strengthening local Self Help Groups (SHGs). By acting as an informal means of educating the community, the SHGs are critical for the success of the project and for the overall community development.

Sanitation Program

Since the start of the project, there have been remarkable changes in Melakarthigaipatti. On January 26, 2006, Melakarthigaipatti was declared “100% sanitized”. Because of the condition of the existing household latrines, each household constructed its own low-cost latrine. Families were able to chose the type of latrine they preferred and to obtain loan funds from their local Women’s Self-Help Group. As a result, all houses have a toilet, and a sanitation block has been built at the local primary school. This, in turn, has been a great community motivator.

Similar striking changes have happened at the local school as well. Prior to the start of the project, the school facilities were in disrepair and had no water facilities. Over the past three months, the renovation of the school latrine block has been reconstructed with separate facilities for boys and girls. Water has been piped in from a nearby ground-level reservoir.

Problems Encountered

None reported.

Continuing Activities

Over the next couple of months, Melakarthigaipatti and our partner organization will begin to renovate the existing water systems and construct new ones. As the construction gets underway, the members of VWSCs will learn how to appropriately maintain the water system to reduce breakage and how to fix it should the system breakdown.

Our partner will also continue to work with strengthening the local SHGs and CBOs. As these groups grow stronger, they will take on an increasing role in the project and, with our partner organization, will

adopt additional projects.

Additionally, our partner organization, in collaboration with the local primary school, will continue to work with the School Health Clubs. These clubs focus on spreading education about hygiene methods and on practicing hygienic behaviors in their every day life.