



Photograph: Malay Mukherjee

The poor, both in rural and urban areas, bear a disproportionate burden of non-availability of water, as well as of poor quality. They often supplement public sources of water with supplies obtained at high prices from other sources. Women bear the physical burden of fetching water. Women and children are particularly vulnerable to the effects of water contamination.

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70-80 per cent of illnesses are related to water contamination and poor sanitation. In fact, no water supply and sanitation programme can be successful if water-related illnesses are not reduced. It is a matter of concern that despite the government's claim of progress made with water supply, the level of water-related sickness continues to be high.



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Causes of contamination of water are indiscriminate use of chemical fertilisers and chemicals, poor hygienic environment of the water sources, improper disposal of sewage and solid waste, pollution from untreated industrial effluents, over-exploitation leading to quality degradation. Thus, the supply of additional quantity of water by itself does not ensure good health; proper handling of water and prevention of contamination are also equally important.



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The shape of the land is like a basin that does not allow rainwater to flow out of the area resulting in stagnation of water till late winter, when it gets dried up by the sun. Only after that a single crop of paddy, some pulses and oilseeds are grown making use of the canal water. A sizeable section of the farmers grow fish in ponds as an alternative vocation. Most of the families rear duck, hen and goat. Only a few can afford to keep cows. Fruits like banana, coconut, mango, guava, sapota etc. and some vegetables are grown in home gardens and on pond banks. Thus, the economic situation is very grim in most of the farm families.



Women from small and marginal farm families collect drinking water in earthen or metal pots from a community hand-pump or tube-well installed by the local Panchayat. The pumps are arbitrarily scattered in the area and when one breaks down, women and even small children walk long distances to collect drinking water. This becomes a feat in the monsoon months when the roads are flooded and the entire area unhealthy and unhygienic.

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Pond water is generally used for bathing, cooking and washing utensils. In the absence of household toilets, women use the pond for urination and washing their persons after defecation..



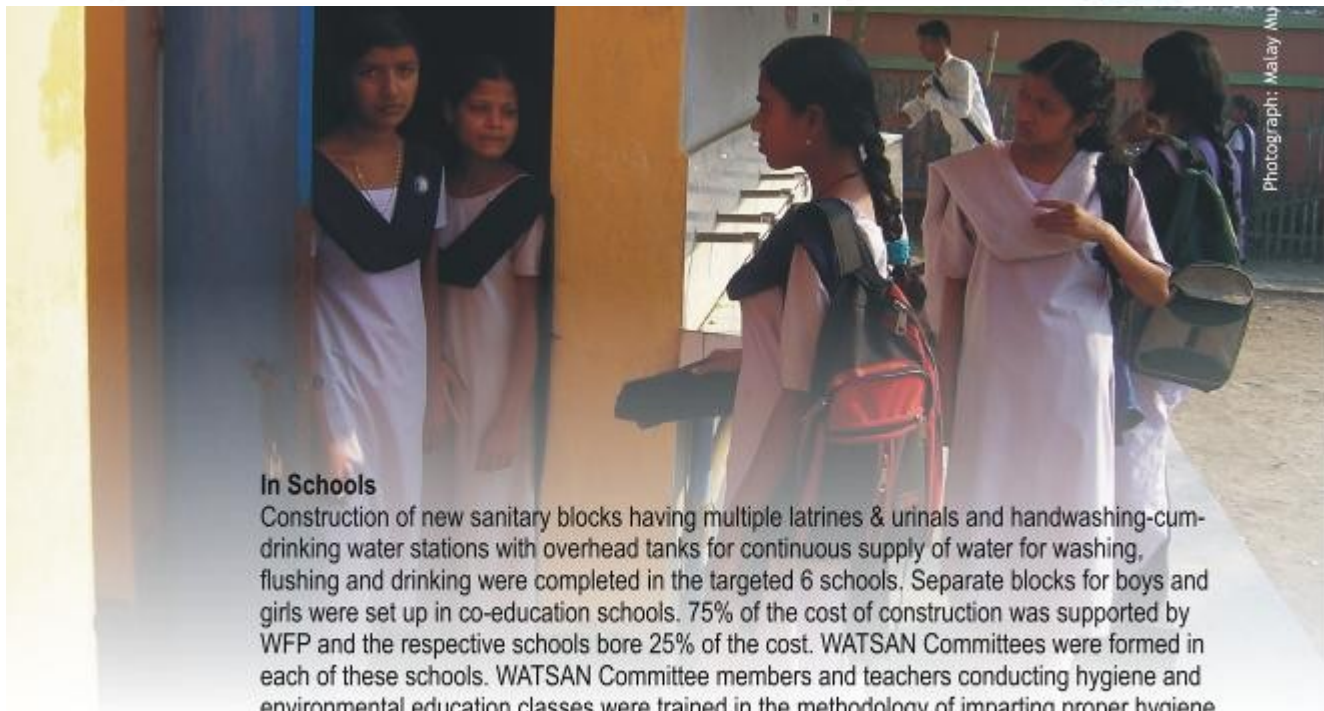
Our goal for the project is to ensure a situation wherein all people living in the project area and all students attending the mainstream schools situated in the area will have a closer access to safe drinking water & sanitation facilities and will adopt hygienic behaviour.

The main objectives are

- To improve the health status of the community people and school children by promotion of hygienic behaviours, improvement of accessibility to safe drinking water and sanitation facilities within the community and school premises
- To create awareness and impart training so that school students adopt hygienic behaviour themselves and, in turn, help to promote hygienic practice among their parents
- To reduce child mortality rate by eradicating causes of diarrhoea
- To reduce drop out rate, especially of girl students

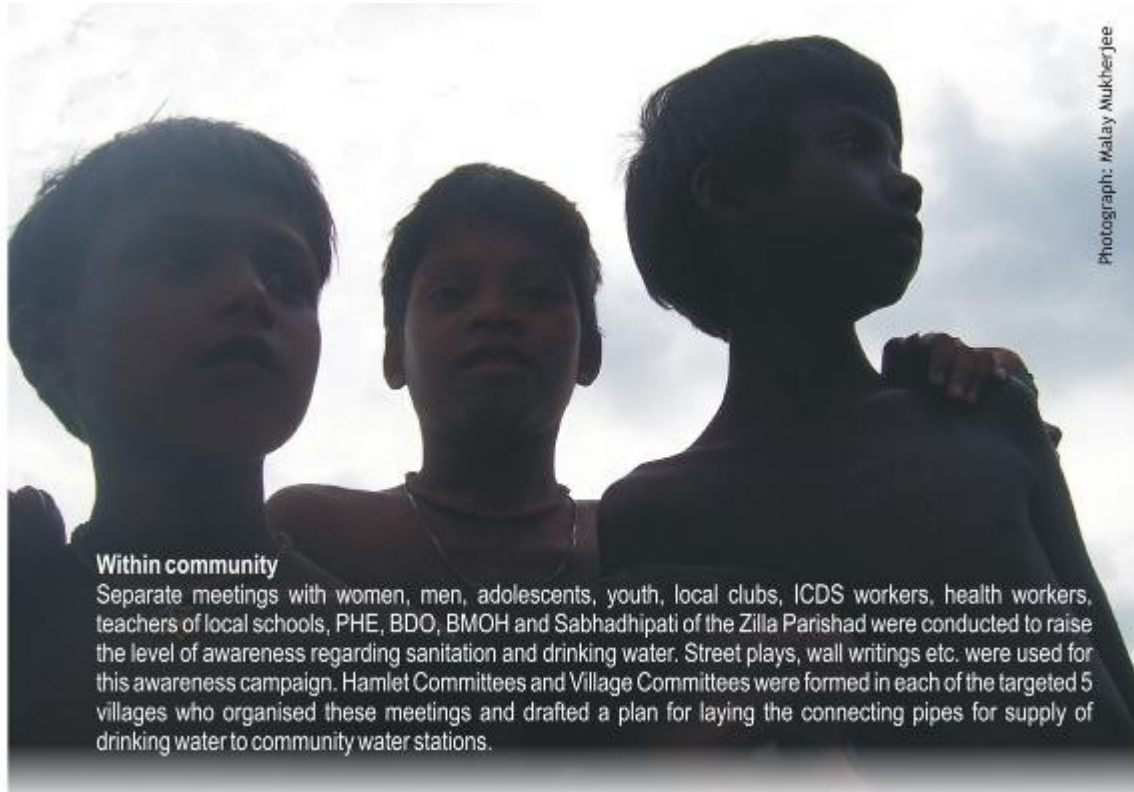
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In Schools

Construction of new sanitary blocks having multiple latrines & urinals and handwashing-cum-drinking water stations with overhead tanks for continuous supply of water for washing, flushing and drinking were completed in the targeted 6 schools. Separate blocks for boys and girls were set up in co-education schools. 75% of the cost of construction was supported by WFP and the respective schools bore 25% of the cost. WATSAN Committees were formed in each of these schools. WATSAN Committee members and teachers conducting hygiene and environmental education classes were trained in the methodology of imparting proper hygiene education. A hygiene module with special hygiene education tools was introduced. Students conducted hygiene awareness campaign among the community in 5 villages in the vicinity.



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Within community

Separate meetings with women, men, adolescents, youth, local clubs, ICDS workers, health workers, teachers of local schools, PHE, BDO, BMOH and Sabhadhipati of the Zilla Parishad were conducted to raise the level of awareness regarding sanitation and drinking water. Street plays, wall writings etc. were used for this awareness campaign. Hamlet Committees and Village Committees were formed in each of the targeted 5 villages who organised these meetings and drafted a plan for laying the connecting pipes for supply of drinking water to community water stations.

Infrastructure Building - Community Water Stations

The tap points were finally connected. 50% of the cost of extension and a platform with shade over the tap was given by Nishtha as a grant. 50% of the cost was to be borne by the beneficiaries. Soak pits were made for collecting the waste water. 25 such tap points could be constructed.

It is a dream come true for Asha Singh, an adolescent girl of Hanta to have clean water at her doorstep. She cannot forget the drudgery of fetching drinking water from a community tube well far from her home.



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