

Municipality Mobilises Community To Clean Up Its Own Slums

By Kalinga Seneviratne

Kalyani, West Bengal: A Professor of Entomology who has been doubling up as the chairman of Kalyani Municipality Council here since 1995 is spearheading a community mobilisation campaign where slum dwellers themselves are helping to clean up its own community, thus providing a model for millions of such people across India.

"All the counsellors unanimously took the decision that yes, they want to achieve a certain success. The success is to make our town open defecation free place. So that's how through the participation of the community we gradually improved our situation" explained Dr Shantanu Jha, chairman of the Kalyani Municipality Council (KMC) during an interview at his council chambers.



Dr Shantanu Jha

Dr Jha has been the chairman of the council since 1995, while still lecturing at the university situated close to his municipality office. He has been elected thrice to office by the voters of this municipality of 82,000 people situated 48

km from Kolkatta, the capital of West Bengal state. He increased his vote from 48 percent in 1995 to a landslide 78 percent in 2005. His council includes three political parties.

Providing water and sanitation services has been a major priority of his in this municipal area which has a large population of refugees from Bangladesh and Harijans (low caste people) who live in some 52 slums spread across different wards.

"What people expect from us is better service. What they expect from us is total transparency in taking decision," argues Dr Jha. "This transparency fosters good governance and people expect from us a well governed local body".

In order to get the confidence and trust of the different political factions and the community he has introduced a transparent system of governance where the council takes consensus decisions and the council workers visit the slum communities and explain their decisions and mobilise community participation in its programmes.

One such programme is to stop open defecation in the slum areas, which is a top priority for KMC. Though there was a lot of money made available by a British development agency to build toilets for the slum communities, the council has taken a unanimous decision in February 2006 that they will not accept this money and instead mobilise the community to build its own toilets.



Toilet



Toilets not banana plantations

KMC introduced the Community Led Health Initiative (CLHI) in February 2006 in 5 selected slum areas with the objective of piloting community led development initiatives in poor communities with public health a top priority and environmental sanitation, elimination of open defecation and solid waste disposal pivotal necessities.

Dr Jha said that prior studies they have done in slum communities have shown that even when toilets have been built for them by outside intervention open defecation was still going on. "So we realized that its not money its not any hardware issue, it's basically the community, at least community should understand how open defecation affects. So we took the decision to make the community involve in the issue" he noted.



The Clean Community

Within 5 months of its initiation, CLHI began to show results with at least 9 slums stopping open defecation and constructing their own toilets without any external subsidy. KMC studies have also shown that most slum households were spending between Rs 150-200 (US\$5) a month for cable television connections, and between Rs 500-600 per year for health services. The council health workers had to do a lot of explanation to convince the communities that spending on better sanitation would save much of the health costs, and its more essential than spending on entertainment.

“We had to fight a lot. We had to explain a lot” recalled Dr Jha. “We had to go through a series of debates through cable television networks, through other media. We had to explain that they were not spending too much (for sanitation)”.

“What we did was go to slums and talk to the people, telling them first thing we haven’t come here to give you anything but to listen to your concerns about living conditions (in the slums)” explained Dr Kasturi Bakshi, a medical practitioner who joined KMC and took charge of its health services in 2000.

Dr Bakshi who seems to be in her 40s and perform her duties with a passion to uplift the health standards of the slum communities, visits them regularly and has establish a close rapport with the people. “When we found that open defecation was widespread in the community, we took them there and showed how the place was literally



Kasturi in the community

contaminated with faeces and how it effect their health” she recalled. “We explained how cows and goats roaming around will trample on the faeces and bring them home, insects like flies will also do the same and infect their food”.

“We used to live in very dirty conditions. We never knew what cleanliness is, until Kasturi madam came and explained to us” recalled Kailash Basfore, who was described as a young natural leader of Harijan Community of Kalyani No. 2 Ward community. “We had a meeting



Kasturi

and decided that we must stop open toilets (defecation) and we decided to build our own toilets and bathrooms. Now our locality is very clean” he added.

At the time Dr Bakshi first visited the community only 4 out of 94 families had a toilet. Now all the families have toilets and there is no open defecation. “They had this impression that building a toilet costs a lot of money, but when we showed them that it could be built for lot less and how they could save on health costs as a result, many bought the idea” noted Dr Bakshi, adding “one of the conditions was that every household has to build a toilet”.

Known as Community Led Total Sanitation (CLTS) where the whole community needs to build a toilet in order to stop open defecation and improve community health standards, Kalyani was the first urban municipality in India to adopt this method. While the community was given the right to decide how they will build the toilets, there were 3 criteria involved, such as faeces should not be seen, there should be no foul smells coming out of the toilet and no animals or insects should be able to reach the faeces matter.

“We were fully convinced by Kasturi madam that building scientific toilets don’t cost us a lot of money and it will stop the spread of infectious disease” said Pulin Nayak, another young natural leaders of Harijan Community of Kalyani No. 2 Ward. “Now every household in our community has a toilet and washroom”.

Members of this community belong mainly to low-caste sweeper community (of Harijans) who earns a living by sweeping streets or cleaning the households of richer people. “We work to keep other’s households and localities clean. So why can’t we keep our own community clean? asked Nayak. “Now the concept of cleanliness has inspired us so much that we are spreading this idea to other communities and started addressing their meetings and even producing a drama”.

Pointing out to the surrounding banana plantations and clean grass field, Tarak Biswas a young man of another Harijan slum community the Vidyasagar colony close by

explained: "Most of us used this banana plantations and the field as open toilet and this place used to stink like hell".

He added that because the colony was "unauthorised" meaning that they are a squatter community, they could not complain and they were very poor to do anything about it either. But once the KMC's health workers convinced them that building toilets could be done cheaply, they started building them and now all 213 households in the colony have a toilet.

"Many of us used to see the doctor 10 to 12 times a month for diarrhoea but now these visits have dropped drastically, almost nil" said Geeta Biswas a mother of 4 from the same colony, who has invested in building an indoor toilet and washroom.

"We take it for granted that they cannot do it, they are poor people we have to do it for them. But after this programme we can see that they are willing to spent for themselves to improve their health" noted Dr Bakshi. "What is needed is a change in mind set. If you build toilets without behavioural change it is absolutely no point".

KMC's chairman has even set in motion a scheme to change the mindset of his councillor with a football style card system where a chart in his office has a colour card attached to the photo of each councillor. The red denotes no success in stopping open defecation in his wards, yellow means improving and green shows success. Dr Jha is confident that by the end of this year Kalyani would become the first urban municipality in India to be declared 100 percent open defecation free.

"Super structure is not a priority. For a family defecating within a toilet has become an urgent priority and then they



Dr Shantanu and his Cards

will spend money for it" argues Dr Jha. "Through the participation of the community we have gradually improved the situation and by December we plan to declare our town an open defecation free town".

(END, 16 October 2007)