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# CASE STUDY TEMPLATE

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## INSTRUCTIONS:

Please fill out the six sections below using the questions to guide your answers. The goal is to have a finished case study that tells a story about the work you are doing. This is NOT a “success story” that aims to tell just the positive personal stories. This is a CASE STUDY where you should use an evaluation lens to review your work and tell it to your colleagues in a way that they can learn something about HOW to do the work. These case studies should be able to be published and shared with donors, colleagues, and other stakeholders.

## 1. THE PROBLEM

- **Explain the problem in the village/town/city your organization is trying to address**

The village members of Dostiyan Gram Panchayat (GP) in the Purnahiya Block had the same water, sanitation and hygiene problems like many other villages in Sheohar. Families that Water For People (WFP) - India spoke with did not have individual household toilets, and they were left with no other option but to go for open defecation. The level of personal hygiene was poor, and they were unaware of the importance of safe drinking water and of clean village conditions. The members of Dostiyan GP are mainly engaged in agricultural activities, but this livelihood source does not provide enough to rise out of poverty, which restricts their choices on food, clothing, shelter, hygiene and sanitation. In addition to shortage of funds for toilet construction, the members also had many misconceptions about the presence of a toilets at home (such as toilets bringing bad luck), and did not see anything wrong with the age-old practice of open defecation.

As well, although many members have a handpump at their home, the pump accesses the shallow water table, which does not contain contaminant free water (both biological contaminants, and iron is a common contaminant in Sheohar with arsenic as an additional contaminant in some areas). Access to deep water sources is not common, and without corresponding knowledge on the importance of safe water and its link to short- and long-term health, women will just use the handpump that is conveniently located at their home.

And so, Shiv Guru Mahila Swachhta Samooh (Shiv Guru Women Sanitation Group) was formed in April 2016 with the help of WFP for tackling these issues. The Group is comprised of 15 women from Ward No. 3 and 4 of Khaira Pahari Village. The Group was formed as part WFP's



interventions in behavior change communication (BCC) activities on access to potable water, hygiene and sanitation. The Group is meant to create awareness among the women of the community on water, sanitation and hygiene related issues as peer educators spreading BCC messaging to not only their family members, but to others in the village.

- **Why is the problem important?**

Poor public health from unhygienic behavior, consumption of unsafe water and open defecation have far reaching consequences, especially for women. Women have many health-related issues, especially because of poor sanitation behavior. Since women usually go out for open defecation when its dark, they do not eat or drink water sufficiently during the entire course of the day. All this leads to many gastrointestinal, as well as malnutrition among them. They often fall prey to diseases caused due to consumption of contaminated food and water. Intestinal illnesses due to poor sanitation and hygiene behavior prevents children from retaining and absorbing nutrients, leading to stunting in their overall growth and learning abilities.

Open defecation and poor hygiene behavior forces the community members into a vicious cycle of poverty, as they fall ill regularly and spend a lot of their small earnings on medical expenses. Members also lose their income on days they are unable to go to work, because of sickness.

- **How was the problem identified?**

During the formation of the sanitation group in April 2016, a household sanitation survey was conducted by WFP's Social Arts Field Facilitator to ascertain the prevailing sanitation condition. Also, during the inter-personal communication with the women in the village the Field Facilitator found that:

- Most of the women were unaware about the basic hygiene practices.
- They consumed food and water that was not covered/stored properly.
- They rarely washed their hands with soap, and threw trash everywhere.
- Many of the women faced stomach-related health issues.
- Most of the families did not have a toilet in their homes and practiced open defecation.
- The community was unaware of the negative impacts of open defecation.
- There was a poor level of understanding amongst the community members on the relation between sanitation and health.

- **What broader or longer-term effects does the problem have?**

Open defecation is an undignified and dangerous practice, especially for the women and the girls. Women and girls are vulnerable and various diseases due to open defecation and poor hygiene conditions. As noted, apart from the immediate health impacts, linking WASH and nutrition impacts, open defecation and poor hygiene behavior leads to poor overall development amongst children. As well, children will miss school and the social advantages that come with education due to illness, or, in the case of girls, due to menstruation.

Sheohar is known for its water logging issues during heavy rains in monsoon season. Most of the time, the faeces finds its way into open sources of water, seeps into the ground water, and causes different kind of water borne diseases. People fall ill often, and spend considerable amounts of money on medical expenses, which worsens their already tight financial condition. Many times people of this village are forced to take a loan from family and friends for bearing medical expenses. Illness also results in loss of earnings. All this has led to slower development of the entire community of Dostiyan GP.

- **Who is most affected by this problem?**

Women, girls, children, people with disabilities, and the elderly are the ones who are most affected by this problem of open defecation and unhygienic practices.

Children frequently suffered from diseases like cholera and diarrhoea caused due to consuming unhygienic food and water, these diseases are also one of the largest killers of children in India. Women and girls face humiliation and security threats when open defecating far from their home in the dark; they also face difficulties when menstruating, particularly school-aged girls without school toilet facilities. Since they do not eat and drink properly, they are often mal-nourished. Also, since they usually hold their urine and bowel movement during the day, they are also susceptible to many gastrointestinal diseases. For people with disabilities and the elderly, challenges with ease of movement make open defecation challenging, but they face no other option due to lack of resources.

## 2. STEPS TAKEN TO ADDRESS THE PROBLEM

- **How has your organization taken action to resolve the problem?**

After the formation of the sanitation group, the Field Facilitators have been organizing regular focus group discussion to create awareness of water, sanitation and hygiene related issues. There have been sessions on personal hygiene and maintaining cleanliness in and around the house. They have also been talking to the women on a one-on-one basis through inter-personal communications to capacitate them on good hygiene behaviour.



Water For People – India also organized behavior change communication activities through social arts like multi-disciplinary shows (MDS), screening of short films and street theater in the community for further awareness generation on WASH issues. Based on feedback taken on the BCC activities to ascertain understanding and learnings from the BCC activities, it was observed that the street plays had made an impact on the communities on the health concerns associated with sanitation and drinking unclean water.

After a couple of months of regular meetings and training sessions, the women of the sanitation group were motivated enough to take the charge themselves. The women started conducting meetings themselves, and had started taking small steps towards sanitation and hygiene within their families. They were also passing on the message to their neighbours and other community members. They all had started paying attention to small details like keeping the food covered; ensuring that all family members bathed every day and wore clean clothes; washing hands with soap before eating and after using the toilets; clipping their nails; etc. Initially these women were also subject to mockery by their own family members, but with continuous persuasion their family members understood them, and started adapting good hygiene behavior.

Some of the women from the sanitation group also got in touch with the Social Art Field Facilitators to get more information about the cost and space needed for constructing individual household toilets, and, by the end of May 2017, 12 out of the 15 members in the sanitation group constructed toilets in their homes.

The women in the sanitation group also started walking a distance from their homes to get safe drinking water, especially for cooking and drinking, from a deep source of water installed by an elderly person in the village.

- **How have other groups in the area you work in assisted with the problem? Explain partnerships and links**

NA

- **Explain the details of your organization's work in this problem area (who, what, where, when)**

In April 2016 Water For People started work in this village through collectivizing the women of this village into sanitation group for water, sanitation and hygiene education and behavior change. As part of the sanitation group activities, focus group discussions were done with the women to ascertain their present situation; raise their awareness on the importance of toilets

and their usage; and the importance of safe drinking water and good hygiene practices. There were also one-on-one, inter-personal communication done with these women to capacitate them of good hygiene practices.

Along with FGDs and inter-personal communication there were other BCC activities through social arts like MDS, street theatre and screening of short films on subjects such as: importance of safe drinking water, construction and usage of toilets, and hygiene.

There were also regular followup meetings between the Field Facilitators and sanitation groups members where the sanitation group members would tell about the good practices which they have adopted and the changes which they are seeing in their lives.

### 3. RESULTS

- **Present data from surveys, focus groups, monitoring visits**

The sanitation group conducts monthly meetings on WASH-related issues, and all the members have actively participated in the many focus group discussions organized by WFP since the beginning of the intervention. The details of the meetings are maintained in the group's register. All data related to the monitoring visit would be present in the beneficiary counting table and the in the results of the FLOW survey conducted.

- **Explain the outcomes of the work you have documented (number of people helped, impact)**

According to the sanitation group members, approximately, 50% of the population of the village have started adopting hygienic practices in their lives and started consuming water from safe source. Twelve out of 15 households associated with the sanitation group now have an individual toilet in their homes.

With improved health, families are spending less on medical expenses.

- **Include analysis by gender of the activities**

In their role as peer educators, the all-women sanitation group is passing on messages related to menstrual hygiene management to other women and adolescent girls in the village, which they have learned from the Field Facilitator.

They also state that in the absence of toilets, they used to face a lot of challenges during menstruation. But with toilets in the home, now things are getting better, and their level of hygiene has also increased over the time.

People, including the men and elderly, also now listen to these sanitation group women, and give value to their messages and are slowly adopting them. This gives the women a lot of confidence and happiness that they have been able to change the community towards something good.

#### 4. CHALLENGES

- **Explain the challenges and how they were met**

There were many hurdles when the project was initiated, and one of the biggest challenge encountered was that the people of this village were resistant towards change. But with regular meetings, a relationship was built with the women of the sanitation group and the Field Facilitator, and WFP was able to convince them on the issues and their resolution.

These community were very poor with smallholder agriculture as their primary source of income. They were unwilling to spend even one rupee of their savings on anything else not directly associated with farming, like the construction of toilets. Moreover, the men were comfortable with doing open defecation, while some believed that having a toilet within the home brought back luck to the residents of the house.

These were some of the notions about getting toilets built in their homes, which were addressed through regular meetings, inter-personal communications, multi-disciplinary show, street theatre and screening of films in the community.

All these activities were undertaken to encourage the community to get individual household toilets made and their usage; and to generate awareness on the importance of sanitation and hygiene in their daily life.

#### 5. LESSONS LEARNED

- **Discuss what lessons your organization has learned and how you will improve the project for the future**

Continuous meetings are needed to build relations with the community, and to convince them that what they had been practicing for generation is detrimental to their health. Also, collectivization of the women into the sanitation group resulted in better community outreach rather than just gathering everyone from the community and trying to create awareness on water, sanitation and hygiene related issues. We also learned that participation of women is very importance for the success of community-based interventions.

BCC activates are an integral part of any kind of intervention for sustained behavior change and sustainability of the program.

As WFP moves forward with the implementation of the project to other areas, WFP has to continue with the BCC activities and provide support to the sanitation group for reaching desired outcomes. Our relations with the group members has a spillover effect of motivating others to adopt the change.

- **Any unexpected results (positive or negative)?**

The most unexpected result of this intervention is that women from the neighboring village have also met the sanitation group and the WFP Field Facilitators. They have requested support in forming a similar kind of sanitation group in their village too. It is also encouraging to see that with some orientation and handholding support, these women, most of whom are without basic education, have emerged as peer educators. They now show greater levels of confidence while discussing issues related to the development of their village.

## 6. PHOTO

- Attach (in jpeg format) at least one photo that tells a story about this project and the CHANGE that you have seen.
- Write a caption for the photo(s)
- Before and after photos are one example of how you might visually tell the story