

# WASH status and practices in 28 villages of Manikpur block, Chitrakoot district, Uttar Pradesh

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Uttar Pradesh*

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## Introduction

This document presents the findings of a study conducted in June 2018 in 28 villages of Manikpur block of Chitrakoot district, Uttar Pradesh, to ascertain the following:

- Sources of water used for drinking and other household purposes by members of the community, with users' perceptions on quantity and quality of water
- Different types of private and public sanitation facilities in the village, and users' perceptions on the status of the facilities
- Drinking water collection, storage and use practices
- Waste disposal practices

The study was conducted as part of a project being undertaken in the 28 villages by Akhil Bhartiya Samaj Sewa Sansthan (ABSSS), Chitrakoot, with support from ChildFund India (CFI), New Delhi.

The 28 villages, like the rest of Manikpur block, fall under a region known as Patha, which is a rocky upland with poor soil and severely degraded forests. The major part of the population comprises people of the Kol adivasi group, which is designated as a scheduled caste in UP. Victims of exploitation for generations, the Kols are a highly marginalised and poor people with low educational and health levels. Many of their villages are in remote locations which are frequented by dacoit gangs. As a result, public services in the area are ineffective.

Poor health and nutrition levels are most alarmingly reflected in malnutrition figures. According to a data collected for 938 children of 0-5 years in the 28 villages through a health camp organised by ABSSS in association with the Community Health Centre (CHC), Manikpur, 21% of male children and 19% of female children are severely malnourished.

Considering the above, the ABSSS-CFI project has been designed with the objective of "enabling all children from 0-5 years and pregnant and lactating mothers living in poverty to lead healthier, more productive and self-sufficient lives through an integrated approach to tackling the health and nutrition issues".

Against the above background, the present study was undertaken to help the project team form a clear understanding of the WASH situation in the village of the basis of empirical data. The understanding is expected to lead to more effective project strategies and interventions.

The 28 villages fall under 10 gram panchayats (GPs) as given in Table 1. (Note: All the listed villages are not designated as revenue villages in government records, but people refer to them as distinct villages).

**Table 1: GP-wise list of villages**

No	Gram Panchayat	Villages
1	Ailaha Badhiya	Ailaha
2	Sarinya	Vinay Nagar, Muslim Purwa, Ramuriya, Ahari
3	Chureh Keshruwa	Suargarha, Harjanpur, Sukhrampur, Hata, Dandi, Kekramar
4	Umari	Umari, Khichari, Bhairam Purwa, Belha
5	Sakrauha	Sakrauha
6	Ranipur	Ranipur
7	Manikpur	Govind Nagar, Gudhva
8	Sarhat	Sarhat, Manikpur (rural), , Maugadhi
9	Kota Kandaila	Patrakar Puram, Hardiha
10	Unchadeeh	Unchadeeh, Gadhwa, Amarpur
11	Giduraha	Giduraha

## Methodology

Information required for the study was gathered through detailed interviews with two types of key informants in all the villages:

- Male and female community-members who were asked about private and public WASH facilities in the village
- Mothers of children of 0-5 years who were asked about the WASH practices they followed in their homes.

The interviews were conducted with the help of questionnaires in Hindi (attached). While male informants were interviewed in public places, with free participation of other villagers for cross verification of reported data, female informants were generally interviewed in their homes, due to the personal and sensitive nature of some of the information that was sought.

The questionnaires were administered by project staff after receiving orientation and training for this purpose. Male informants were interviewed by male or female staff but female informants were interviewed only by female staff.

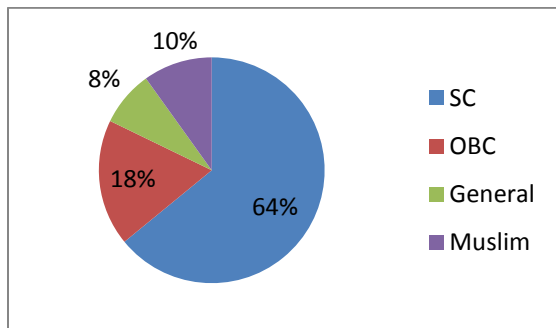
Additionally, informal but focused discussions were held in some villages by senior project staff, to identify key points, if any, which were not covered by the questionnaires.

## Key findings

### Demographic profile

A total of 4322 households (HHs) with an average of 5.6 members per HH live in the villages. As shown in Figure 1, 64% of the HHs are of SC groups (Kol and others) and 18% are of OBC groups. HHs of the general category form only 10% of the total HHs. Apart from Muslim HHs, which form 8% of the total, there are a few Christian HHs in some villages.

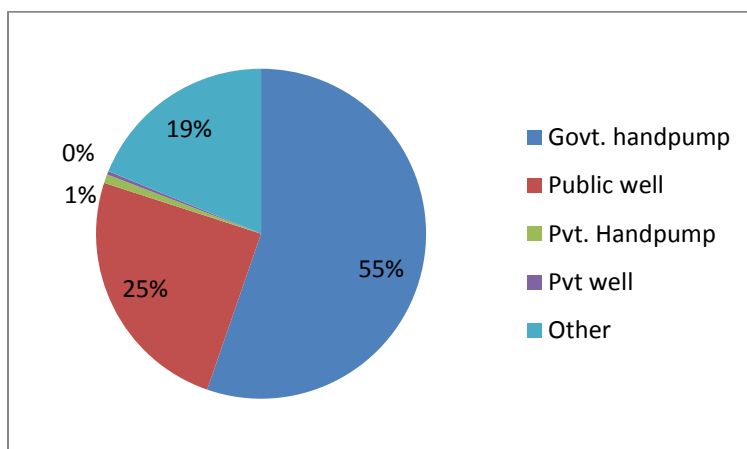
**Figure 1: Breakup of HHs by social group**



### Sources of water

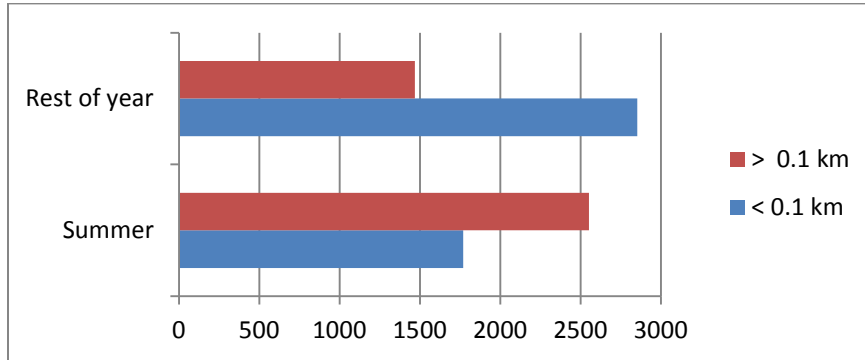
A total of 220 public handpumps installed by the government in the project villages are the main source of water, followed by 24 public wells and seasonal nallahs (Figure 2). Less than 1% of HHs have their own handpump or well. It has to be noted that most HHs use more than one source of water, particularly during summer or drought years.

**Figure 2: Breakup of HHs by sources of water**



For 66% of the HHs the water sources are at a close distance for most of the year (except summer) but during summer around 60% of the HHs have to walk a distance of 100 metres or more to fetch water (Figure 3). Some HHs reported walking a distance of up to 2 km.

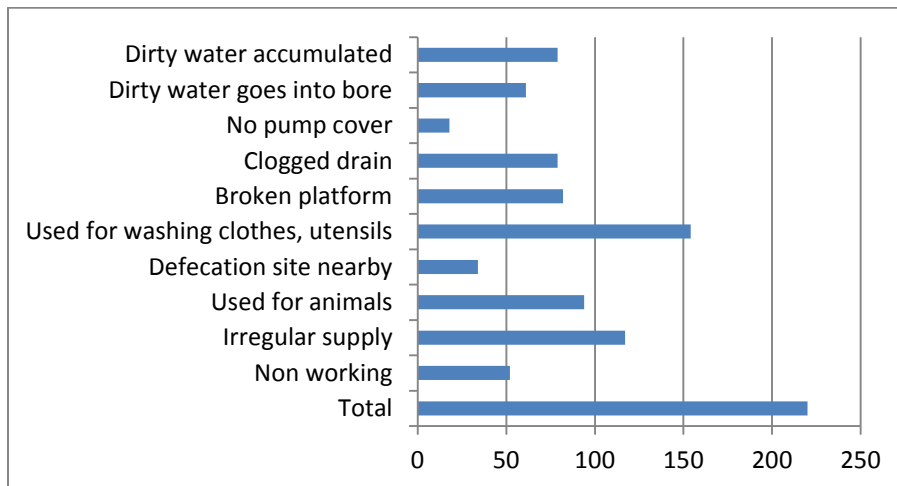
**Figure 3: Number of HHs by distance from water source (< or > 0.1 km)**



### Status of water sources

Data on status of water sources shows that around 20% of the government handpumps are reportedly non-working and a little over 50% provide irregular supply (Figure 4). Most handpumps have health threats, with the commonest health threat being washing of clothes and utensils at the handpump. In case of around 15% of the handpumps there is a defecation site nearby.

**Figure 4: Number of govt. handpumps by status**



With respect to the 24 public wells, it is seen that all of them have broken walls, and in 20 wells, dirty water can easily enter the wells. All the well-sites are used for washing clothes or utensils. In case of nine wells there is a defecation site nearby.

### Quality of water

Quality of water has been a chronic problem in the Patha area, due to the rocky substratum and poor maintenance of handpumps. While there are reports of the water having chemical

contaminants above permissible limits, these could not be verified as chemical testing of water samples was not undertaken. From respondents' answers, it is seen that a little over 50% of the government handpumps are reported to be providing "poor" quality of water. Typical complaints about the quality of water are:

- Water is reddish or yellow coloured.
- There is high sand content in the water.
- The water has a foul smell.

Additionally, the water from handpumps or public wells may have high bacterial content including presence of E. coli and faecal coliform. Indirect evidence is provided by high incidence of diarrhoea, which is discussed later.

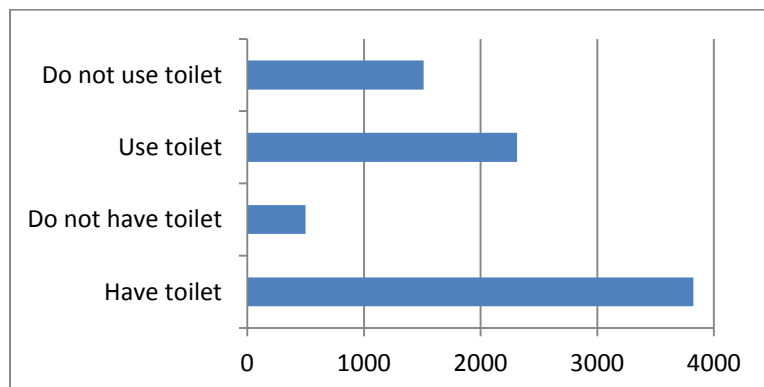
## Use of toilets

While nearly 90% of the HHs have toilets constructed with government subsidies, 40% of these toilets are unused (Figure 5) because of one of the following reasons:

- Toilets do not have adequately sized pits.
- Toilets are broken.
- HHs do not have adequate water for flushing.
- Some persons, particularly elders, prefer open defecation.

As a result, only half the total HHs report to be regularly using a toilet. Even in this case, all members of all the HHs do not regularly use toilets, as discussed later.

**Figure 5: HHs by use of toilet**



## Use of bathroom

Less than 4% of HHs have a properly constructed bathroom which is regularly used. In the rest of the HHs, people take a bath in makeshift bathrooms, or at handpumps and wells.

## Use of garbage and compost pits

Around 40% of HHs report using garbage dumps, but these are generally irregular mounds near the house without protection. No systematic attempts are made to hasten the decomposition of waste in a proper and useful manner. Virtually no HH has a proper composting pit.

## **WASH facilities in public places**

Of the 33 schools in the project area, eight do not have drinking water facilities. The situation is worse in case of anganwadis: six of the nine centres do not have these facilities. Water is obtained from nearby handpumps and stored in buckets, or children are compelled to go home to drink water.

While none of the villages have public toilets or bathrooms, toilets are present in schools and anganwadis. However, one of the 33 schools and three of the nine anganwadis do not have a toilet for females. Of the 12 panchayat buildings in the project area, only two have toilets and only one has drinking water facilities.

## **WASH practices reported by mothers**

In-depth interviews were conducted with 143 women selected from all the villages to ascertain WASH practices at home. Only women who were mothers of CFI-sponsored children below 6 years were selected. Hence, while all social groups and age-groups were covered, 76% of the interviewed women were from SC groups (mainly Kol) and 77% were from the 21-30 years age-group.

The women were interviewed with the help of a questionnaire that covered HH practices related to (i) use of drinking water (ii) general hygiene (iii) defecation. The women were also asked about incidence of diarrhoea or malaria in their HH in the previous three months.

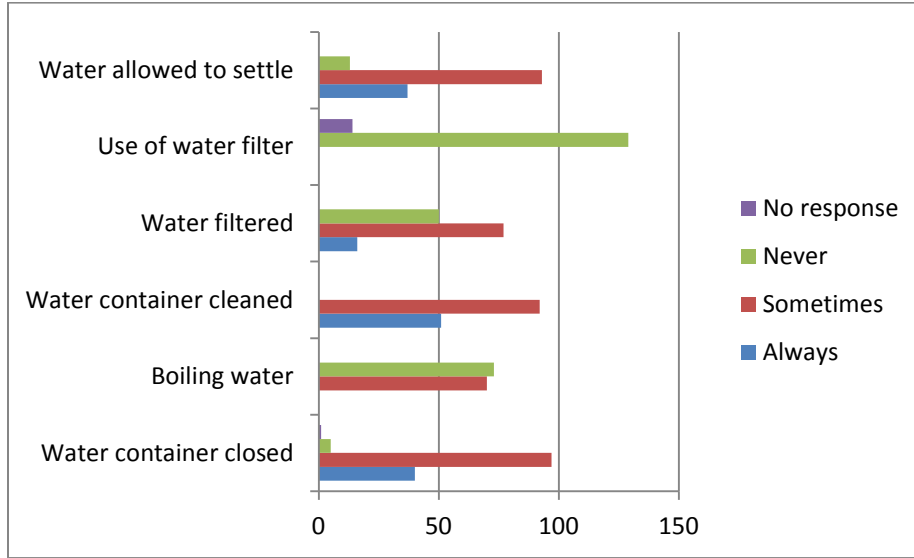
The key findings are discussed below under separate heads.

### **Drinking water related practices**

The main findings related to use of drinking water (Figure 6) are as follows:

- Despite poor quality of water, no HH boils water before use regularly. The practice is adopted only when children fall ill.
- The majority of the HHs do not even allow water to settle after collection before they use it for drinking. Only 25% women reported covering the water container regularly.
- Only 11% of HHs regularly filter before use. Around half the HHs filter water occasionally, particularly during monsoons or when water contains visible dirt particles.
- No HH uses any commercially available water filter, and around 10% of the women were not even aware of such a product (hence they did not respond to the question).

**Figure 6: Drinking water related practices**

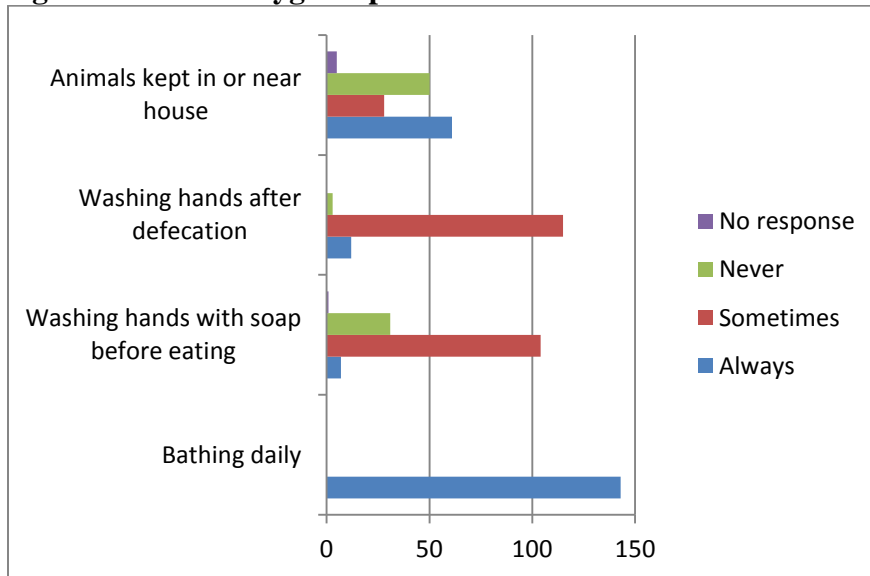


**General hygiene practices**

The main findings related to general hygiene practices (Figure 7) are as follows:

- While all the women reported that bathed daily, less than 10% always wash hands with soap after defecation, and less than 5% always wash hands before eating.
- Around 62% of HHs have animals (mainly cows) in a part of the house or close to it. The health threat from the animals and their urine/dung is high.

**Figure 7: General hygiene practices**





## **Defecation practices**

The interviews with the women revealed that open defecation is far more prevalent than indicated by data on use of toilets, reported earlier. The women were specifically asked if there is any member of their HH who defecates in the open. In response, 90% of the women reported that one or more member of their HH "always" defecates in the open. Only 3.5% of the women reported that there is no member of the HH who ever defecates in the open. The women's responses strongly indicate that regular use of toilets is extremely low in the project area and open defecation remains the norm.

As the respondents have children who are likely to defecate within the house itself, the women were asked about their practices regarding disposal of the stool. Only 7% of the women reported that the stool was always or sometimes thrown into the toilet.

## **Incidence of diarrhoea, malaria**

The poor WASH conditions in the communities and their hygiene practices strongly indicate that incidence of diarrhoea and malaria would be common in the project area. This surmise was confirmed by the interviews with women. Nearly 75% of the women reported that at least one member of the HH (usually their children or themselves) had suffered diarrhoea in the previous three months, and nearly 30% reported that one member of the HH had suffered malaria.

## **Other unhealthy practices**

Another unhealthy practice found in the project area, through observation by surveyors, is that children below the age of 5 years are routinely left to roam around and play in the open with minimal or no clothing. As a result, they are highly susceptible to skin ailments and mosquito bites.

## **Conclusions**

The WASH status and practices in the project area are extremely poor and the following issues are of high concern:

- Over 50% of government handpumps, which are the main source of drinking water, are reported to be providing poor quality of water.
- Despite poor quality of water, boiling and filtering of water is not practised regularly.
- 95% of HHs have one or more members practising open defecation.
- Regular use of soap to wash hands before eating and after defecation is very low.

While the solution to the first of the above points might involve considerable capital investment, in terms of constructing alternative sources of water or structures for rainwater harvesting, the other points can be addressed through intensive public-awareness efforts. As safe drinking water and basic hygiene are prerequisites for good health, these need to be addressed on priority. Unless this is not done, other interventions made by the project might not yield any significant positive results related to the project's objective.

## Appendix 1: Representative photos



**Handpump without platform**



**Incomplete and unused toilet**



**Children playing without proper clothes**

## Appendix 2: Hindi questionnaires

### WASH status questionnaire

#### समुदाय वाश सूचना प्रपत्र

#### Community WASH (Water, Sanitation and Hygiene) Survey Format

ग्राम पंचायत का नाम:	
सर्वेक्षणकर्ता का नाम	
सर्वेक्षण एवं विषयगत समूह चर्चा की तिथि	
गाँव की जनसंख्या – कुल पुरुष/ महिला नवीनतम सरकारी आंकड़ों के आधार पर	
गाँव का क्षेत्रफल हेक्टेयर में (सरकारी आंकड़ों के आधार पर	
गाँव में सामूहिक शौचालयों की संख्या	

#### 1. पारिवारिक विवरण (विषयगत समूह चर्चा से)

सामाजिक समूह	कुल परिवार
अनुसूचित जाति परिवार	
अनुसूचितजनजाति परिवार	
अन्य पिछड़ा वर्ग परिवार	
सामान्य परिवार	
मुस्लिम परिवार	
कुल परिवार	

## 2. घर पर स्वच्छता सुविधाएँ (विषयगत समूह चर्चा से)

घर पर स्वच्छता सुविधाएँ	परिवारों की संख्या
शौचालय नहीं	
चालू शौचालय	
उपयोग न होने वाले शौचालय	
चालू स्नानगृह	
उपयोग न होने वाले स्नानगृह	
अपना कूड़े का ढेर	
गंदे पानी के भंडारण का स्थान	
कम्पोस्ट पिट	

## 3. परिवारों के लिए पेयजल संसाधन/श्रोत (विषयगत समूह चर्चा से)

	सामुदायिक क हैंडपंप	निजी हैण्ड पंप	घर पर नल	सामुदायिक नल	निजी कुआं	सामुदायिक कुआं	अन्य- नाला, तालाब आदि
कुल संसाधन/श्रोत							
चालू संसाधन/श्रोत							
बंद संसाधन/श्रोत							
नियमित आपूर्ति							
अनियमित आपूर्ति							
कुल उपयोग करने वाले परिवार							
अच्छी गुणवत्ता वाले जल श्रोत							
खराब गुणवत्ता वाले जल श्रोत *							

\*खराब गुणवत्ता वाले श्रोतों के लिए- मुख्य समस्या लिखें :

**4. गर्मियों एवं वर्ष के अन्य महीनो में पेयजल श्रोतो की परिवार की दूरी :**

दूरी मीटर में	परिवारों की संख्या	
	वर्ष के अन्य महीनो में	गर्मियों में
100 मीटर तक (< 100)		
100 मीटर से 200 मीटर तक (100 to < 200)		
200 से 500 मीटर तक (200 to <500)		
500 मीटर से अधिक		

**5. सामुदायिक हैण्ड पंप की स्थिति (विषयगत समूह चर्चा एवं सर्वे से)**

स्थिति Condition	हैण्ड पम्पों की संख्या
जानवरों द्वारा उपयोग किया जाता है	
10 मीटर के अन्दर शौचालय या मानव/जानवर शौच का स्थान है	
लोग नियमित नहाते है , कपडे/बर्तन धोते है	
हैण्ड पंप प्लेटफार्म टूटा है	
गन्दा पानी प्लेटफार्म में एकत्र होता है	
नाली नहीं है , टूटी है या ठसी हुई है	
पंप का कवर नहीं है या टूटा है	
गन्दा पानी बोर होल में जा सकता है	

**6. सामुदायिक कुओं की स्थिति (विषयगत समूह चर्चा एवं सर्वे से)**

स्थिति Condition	कुओं के संख्या No. of Wells
जानवरों द्वारा उपयोग किया जाता है	
10 मीटर के अन्दर शौचालय या मानव/जानवर शौच का स्थान है	
लोग नियमित नहाते है , कपडे/बर्तन धोते है	
दीवाल नहीं है या टूटी है	
गंदे/मिट्टी युक्त पानी कुए में जा सकता है	

**7. सामुदायिक स्थल में पेयजल एवं स्वच्छता सुविधाए (विषयगत समूह चर्चा एवं सर्वे से)**

कुल	स्कूल	आंगनवाड़ी	सरकारी/ पंचायत ऑफिस
गाँव में कुल कितने पेयजल श्रोत एवं शौचालय है ?			
कुल कितने में पेयजल उपलब्ध है?			
पुरुषों हेतु उपयोग होने वाले शौचालय कितने है ?			
महिलाओं हेतु उपयोग होने वाले शौचालय कितने है ?			

## WASH practices questionnaire

### समुदाय वाश सूचना प्रपत्र

Community WASH (Water, Sanitation and Hygiene) Survey Format

पारिवारिक आदतों के बारे में विवाहित महिलाओं का साक्षात्कार

गाँव का नाम :

महिला का नाम :

उम्र) :

सामाजिक समूह (अनु० जाति=1, अन्य पिछड़ा वर्ग=2, सामान्य =3, मुस्लिम =4) :

प्रत्येक रो(row) की किसी एक सेल में टिक लगाये :

क्र०	पारिवारिक आदत	हमेशा	कभी कभी	कभी नहीं	कह नहीं सकते या लागू नहीं
1	परिवार के कुछ सदस्य शौच बहार करते है				
2	पेयजल बर्तन को ढक्कन से ढकते है				
3	नियमित पेयजल बर्तन को धोते है				
4	पीने से पहले पानी को उबालते है				
5	पीने से पहले पानी को कपडे से छानते है				
6	वाटर फ़िल्टर का उपयोग होता है				
7	पानी को पीने से पहले थमने का समय देते है				
8	शौचालय में बच्चे का शौच रखते है				

9	रोज नहाते हैं				
10	खाने से पहले नियमित साबुन से हाथ धोते हैं				
11	शौच के बाद नियमित साबुन से हाथ धोते हैं				
12	नियमित कपडे धोते हैं				
13	घर या घर के पास में जानवर है				
14	क्या परिवार का कोई सदस्य अंतिम 3 महीनों में डायरिया से ग्रसित हुआ है				
15	क्या परिवार का कोई सदस्य अंतिम 3 महीनों में मलेरिया से ग्रसित हुआ है				

साक्षात्कारकर्ता का नाम व् हस्ताक्षर	
साक्षात्कार की तिथि	
सुपरवाइजर का नाम , हस्ताक्षर व् निरीक्षण की तिथि	
डाटा एंट्री की तिथि	