

# Badabenakudi Village Spurs Community Participation in Response to the Cyclone Fani Emergency in Odisha, India

## SUMMARY

In 2019, cyclone Fani devastated Badabenakudi village, leaving its people traumatized. Many locals felt powerless and dependent on others. It was in this context that the UNICEF WASH team in Odisha and the government sought to develop the local capacity of the community and enhance awareness of WASH. UNICEF and its partners worked with the local ASHA (community health worker), schoolteacher, and village committee and were able to engage with community members. Community participation with the village committee was key in responding to the Cyclone Fani emergency.

This note is a diary of UNICEF staff in Odisha, India and in the perspective of the authors, Badabenakudi response is a rare story where community participation created a meaningful space to listen to and ensure that the distinct needs of the community were understood. When the team visited the village initially, the local village committee was made up entirely of men, who were unwilling to allow women to participate in decision-making. However, it was analysed that woman played a key role in consulting with communities and in the response phase to an emergency. Consequently, WASH services and facilities were designed and built based on the local expertise of hygiene promoters, masons, and the village committee.

## Background

Ensuring that WASH emergency response is done right is tough when things are chaotic. I know this from my personal experience in Badabenakudi. However, my team and I have tried to understand how to improve with the support of Badabenakudi village's community members. This is the story of that change in Badabenakudi.

Badabenakudi is a small village on the banks of Lake Chilka in the Brahamagiri Block of Puri district

in India. The people of Badabenakudi are from a wide range of social and economic backgrounds with different needs and interests. While the village had attained open defecation free (ODF) status, the damage to local sanitation facilities from Cyclone Fani forced households to defecate in the open for a period of time. When we visited the village, the local village committee was made up entirely of men, who were unwilling to allow women to participate in decision-making. While attendance at village committee meetings was regularly high,

they were typically attended by male community leaders, with only few women in attendance.

**Figure 2: Political map of India with Odisha highlighted**



## Story

Cyclone Fani devastated the village, leaving its people traumatized. The recovery process was daunting and overwhelming. Many locals were apathetic, felt powerless, and/or were unaccustomed to making decisions and felt dependent on others. In Badabenakudi, which had previously been open defecation free (ODF), community members were defecating outside again, because their toilets had been destroyed.

It was in this context that the UNICEF Odisha WASH team, and the government sought to develop the capacity of the local community and enhance community awareness on the importance of better WASH. We held preliminary discussions with community-based organizations, the Village Committee, the Gaon Kalyan Samity (GKS), Self Help Groups (SHGs), ASHA (the community-health worker), Anganwadi worker (AWW), and schoolteacher which began to pave the way for a coordinated response.

**Figure 1: Mason training to local masons**



The ASHA and the schoolteacher were instrumental in providing the first entry point for us and our partners with sceptical community members. When we rolled out the implementation of a slow sand filtration system, it convinced the local communities that something tangible was happening in Badabenakudi and they got on board.

## KEY STATISTICS

- *The Indian state of Odisha is situated in the eastern part of the country with an area of 155,707 square kilometers and a coastline of 480 kilometers.*
- *The state is divided into 30 districts, 314 blocks and 114 urban local bodies.*
- *Cyclone Fani destroyed more than a million homes.*
- *Approximately 16.5 million people in 14 districts and 16,659 villages were affected.*
- *Preliminary figures by the government estimate the cost of damage and loss were more than 120 billion INR.*

We observed that the schoolteachers and the ASHA worker, who were active in the village, were successful at mobilizing community participation and bringing people together to promote action, including education on food and water hygiene, water-supply protection, vector-borne disease control, and waste disposal. We could comprehend that the active presence of the ASHA and AWW facilitated discussions on risk and vulnerability

reduction with visible results. Additionally, we also found that the GKS raised levels of awareness within communities (including village youth and adolescents) on the importance of safe water, sanitation and hygiene behaviour (hand washing with soap, cleaning buckets, covering water pots, cleaning latrines, etc.) during emergencies.

Since we designed the programme for the common good of Badabenakudi and not only select sections of the community trust started to build. The village's cohesiveness was evidenced by the fact that the opinions of the most vulnerable, poorest members of the community were considered by the larger community. We observed that the Village Committee was the unifying force in terms of outlining actions to be taken and made the decision to retrofit toilets in most poor households. As a result, we noticed that there was no conflict between individual and group interests.

**Figure 3: Rebuilding of Toilets by villager**



When we visited the village initially, the Village Committee, made up entirely of men, were at first unwilling to allow women to participate in decision making, due to social norms and their conservative nature. While attendance was regularly high at Village Committee meetings, they were typically attended by male community leaders, with few women in attendance. When we consulted them at home, women expressed a willingness to support WASH interventions, despite often being reluctant to express this opinion in a community consultation. We had to convince the Village Committee to be sensitive to gender and incorporate women views in all decision making.

Our combined efforts subsequently paved the way for women to voice their concerns on the WASH response measures. In fact, we analysed that women leader were particularly instrumental in involving the SHGs and representing women's interests and needs in WASH. The Village Committee focused on community-level support in the construction of environmental sanitation and supporting climate resilience. Our efforts led the community in the reconstruction of broken sanitation facilities and households.

The community-maintained water supplies, ensuring that water points were clean and functional; regularly disinfected shallow boreholes and fitted them with hand pumps; and ensured that taps at piped supplies were operating. Community-based interventions were adequately supported by the government in terms of water supply and the chlorination of hand pump tube wells.

As part of our intervention, the Village Committee received WASH kits to support general clean-up activities including removing solid waste from the community.

Soap was distributed as an incentive for people involved in these activities. Our intervention also undertook a communications programme including participatory exercises with both children and adults. Participation in the clean-up activities grew significantly where interventions were intensive and followed on by additional activities.

**Figure 4: Distribution of Hygiene Kits by UNICEF**



We saw that Badabenakudi village, which had previously been ODF, embraced the community

approach to sanitation (CATS) in order to once again achieve ODF status within the community. The CATS approach sought to foster a “can do” culture in the community and to solicit solutions for achieving ODF status from community members rather than from outside the community. We found that community members shared latrines with their neighbours. Also, women members of the WASH committee formed a watch team to restrict people from open defecation by visiting the forest area in early morning and late evenings. The Village Committee encouraged more people to construct toilets in their houses.

## Lessons learned

1. Our emergency intervention strategy had the active involvement and participation of communities during multiple stages of the programme including response, analysis, planning, decision-making and implementation leading to a seamless implementation and significant impact.
2. We invested in local trusted community members (such as the ASHA and schoolteacher) and identified youth strengthened community systems and created key influencers/channels of communication with strong reach and relevance, which in return lead to strong and influential communication campaigns changing behaviours.

## Challenges

1. Strong, cohesive community participation was essential for a successful intervention during the emergency. We did face challenges in shaping community involvement including supply constraints, limited capacity, socio-cultural differences between “outsiders” and “insiders”, and time to listen to affected populations when a rapid response is necessary.
2. Communities often expect tangible supplies from government/international organizations, which can further compromise the extent to

which communities are effectively involved in the process of decision making.

## Conclusion

While opportunities for community participation may vary greatly from place to place and vary at different points in the disaster-management cycle, we implemented a participatory approach to disaster-related activities. This model must be promoted to achieve sustainable development. The intervention which we rolled out in Badabenakudi village was an important part of empowering the community and building local resilience. The participatory approach which we fostered was more effective in finding solutions than a centralized, top-down approach. Active participation encouraged by our team also empowered the Village Committee, who otherwise may have acted as a passive recipient of hardware and supplies. Overall, the response that we received in Badabenakudi village helped to replace local apathy with a sense of active interest, involvement, and participation.

## References

Government of Odisha, *Cyclone Fani: Damage, loss and needs assessment*, Odisha, May, 2019

## Photo Credit

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