

**ANNUAL REPORT
OF
“Gender sensitive sustainable sanitation improvement and management
through community initiative”**

Reporting Period: June 2006 to July 2007



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I. Introduction

1.1 Context and Background

The intervention, **Gender Sensitive sustainable sanitation improvement and management through community initiative** is placed in the context of infrastructure development projects, particularly rural road projects funded by **Asian Development Bank (ADB)** in various parts of the country. These projects are important from the perspective that by improving the connectivity of the villages it ushers in greater economic enterprise. But at the same time it throws up certain challenges in the realm of water and sanitation, which are to be rightly addressed

While on one hand the rural roads project brings economic growth it also throws up certain challenges, especially in the realm of water and sanitation.

Firstly, the increased mobility and access attracts more population in search of economic opportunities. The roadsides and the villages have to contend with the increased population that also grows haphazardly. The requirement for water increases. If not planned well, the sanitation becomes a casualty and unsanitary conditions increase in the villages and the region.

The villages still do not have facilities of sanitary toilets, proper drains or facility for solid waste disposal. With the increased population that the better roads bring the drainage system is severely taxed. The choking of drains is a common problem. If the planning of the layout of the road does not take care of this aspect, there may be stagnation of excessive water on the road.

The lack of availability of sanitary toilets means that the people must go to open places outside of their homes for defecation. This is a common practice throughout the country. However once the areas that were once barren and less frequented become more accessed, it raises a big problem for the village inhabitants, particularly the women. There is a concentration on small patches of areas that become increasingly unhygienic and a virtual minefield for diseases.

Women in particular, who often use these spaces for their sanitation needs, find it increasingly difficult to come to these places for toilet needs due to severe lack of privacy. Often they may be forced to walk longer distance to find a private and safe place. This increases the time consumed and adds to the drudgery. The lack of privacy, safety renders the possibility of defecating only during the dawn or dusk. This forces the women to unnaturally regulate their bowel movements leading to disastrous consequences for their health.

As such the women in conservative villages can go for their toilet needs before dawn or after dusk. If the roadside that they visited earlier for their toilet need gets busier, it

becomes difficult for the women to use the same. Similarly the bathing ponds become frequently busy or often get located on the roadside and the local population finds it increasingly difficult to use these facilities. Once again the women do so at huge amount of personal discomfort, often under the prying eyes of insensitive passerby. With no attention ever given to this problem women have no choice but to accept it as their fate.

It is in view of the above situation, that ASK with the financial support from **Asian Development Bank (ADB)** undertook a pilot intervention aimed at improving the sanitation conditions in locations where rural roads are being developed so as to ensure that the location improved its environment sanitation conditions and particularly benefited the women in increasing the access and thereby improving the health as well as comfort for the women. The project was also expected to involve women as key participants in the analysis, intervention, monitoring and sustainability efforts. This way the project was to ensure that it benefited from the insights and efforts of women who are almost 50 % of the total population. This was also meant to ensure that the specific needs and concerns of the women were addressed effectively and they will have played active role in managing the local environmental sanitary conditions.

1.2 Objectives of the project

1. To successfully demonstrate a sustainable sanitation program model implemented and managed collectively by the community stakeholders; and
2. To ensure the availability of a practical process based manual on implementation of sanitation program.

1.3 Outputs (results achieved during the project upon completing the activities)

Intervention with women

- 12 SHGs have been strengthened
- 15 female volunteers are conducting awareness raising programs in the community at least once every month and making family visits
- 15 female Youth volunteers are conducting awareness programs in the schools, at least once every two months
- 11 SHGs have begun to forward loans to members
- 81 women mobilized loan for the construction of latrines
- 22 women are elected to represent in the Village Sanitation committee
- 80 latrines are constructed
- 80 soak pits are dug

Intervention with Panchayat and other leaders, teachers and health staff

- 03 Village sanitation committees have begin to function

- VSC is collecting the contribution as per its target
- 03 VSCs mobilized grants from the Panchayat and Government department as per its micro plan

Intervention with schools

- 30 Children of all schools in the village participated in the program conducted for them
- 30 children participated in the personal hygiene sessions

1.4 Activities agreed upon

- Establishment of Project office
- Conducting RRA
- Conducting PRA and Situational Assessment
- Introduction of Concept to the villagers
- Sharing of Concept with Panchayat leaders
- Process of SHG formation
- Identifying Women volunteers
- Strengthening Existing SHGs
- Training to:
 - (i) Women/SHG leaders
 - (ii) Panchayat leaders and Teaching staff
 - (iii) VSC Members
- Forming Village Sanitation Committee (VSC)
- Exposure visit
- Rally on social awareness
- Sanitation and personal hygiene awareness with school children
- Assistance to SHGs for construction of Toilets
- Construction of Low cost toilets

Further, following activities were *additionally undertaken*, as it was found necessary to achieve the results:

- **Assessment of existing SHGs** and as accordingly strengthening them as upon their needs
- **Networking with NGOs, Government Departments, Banks and other institutions**
- **Rapport building with adolescent girls/boys**
- **Linkage of VSCs under Total Sanitation Campaign (TSC)**
- **Training on Micro planning**
- **Training on Low cost toilet construction**

Chapter2: Activities undertaken during the period June 2006- July 2007

2.1 Activities conducted as agreed upon in the proposal

The following is a description offered under each activity that had been initially agreed upon. Each sub chapter deals separately with each activity and provides information regarding its status and adequate justification, thereafter.

2.1.1 Establishment of office

After the site for the intervention had been finalized, a Project office was set up in Ambikapur, the district headquarters of Surguja district. Establishment of a fully functional office included multifarious activities ranging from purchase of office furnitures, assets and goods as well as allied activities.

2.1.2 Conduct RRA

After the site for the intervention had been finalized, then next consequent step was to select three project villages, in accordance with the norms and conditions specified in the Project Proposal. A Rapid Appraisal was conducted for the final *selection to review the prevailing situation and thereby ascertain whether the actual conditions of the ground really necessitated the proposed intervention*

It helped to gather valuable information regarding the changes in the context of **socio-economic** factors as gender, economic activity, mobility as well as environment and population.

2.1.3 Conduct PRA and Situational Assessment

The **PRA/Situational Assessment** has been completed successfully with fruitful participation from the stakeholders. The primary objective of mobilizing accurate information associated with various facets and dimensions of the project villages have been fulfilled with satisfactory results.

The objectives behind this activity was to cover among others, the complete structure and detail of village governance, class and caste structure, status of village sanitation, status of women and the likely impact the rural road may have had on the sanitation pattern on a gender disaggregated basis, in our entire selection. The purpose of such an activity was to extract and reveal the physical as well as the socio-economic-political dynamics of the entire area that's generic as well as specific in parts.

The analysis and compilation is presented in the form of SA report, which is a comprehensive compilation and analytical interpretation of information obtained, covering the villages in its entirety. The SA report apart from providing general data regarding the village structure and detail provides an in-depth and detailed perspective of important issues pervading the socio-economic-political spectrum of the villages. Additionally, as women have been the focus of our intervention, the SA report also

transcripts the status, roles and responsibilities of women in the present context. This is considered critical as women play a primary role in use and management of water resources within the village periphery.

2.1.4 Introduction of Concept

The successful completion of this activity involved the village community being introductorily enlightened on various critical concepts ingrained in our intervention. The *concepts of community organization, community participation and ownership, importance of community level groups and organizations, relevance and importance of such groups in solving village-level issues, importance of female participation, gender parity, concepts related to maintenance of health and hygiene and need for promoting sanitary conditions in the village* were touched upon.

The main objective of this activity was to elementarily orient the community on the underlying principles and concepts of the intervention, in a way the community members found an association with the intervention. Apart from becoming cognizant of what's happening and the context of it, it was supposed that with greater knowledge there would be more appropriate participation from within the community.

This activity also included discussions on the generic role that the stakeholders can play in successful implementation of the intervention. As a part of it, generic roles that an individual as an entity or as important constituents of respective segments can play were also discussed. Through this the objective was to instill a feeling in them, that each individual in the village community is capable and important, so as to make collectively more responsible towards the intervention.

2.1.5 Sharing of Concept with Panchayat leaders

This activity was separately undertaken in each Panchayat and was satisfactorily completed. The Panchayat leaders were separately oriented about the context and the concepts of the intervention through individual Panchayat meetings held in each village

The main objective of this activity was to orient the Panchayat leaders on the context and concepts of the intervention, in a way they found an association with the intervention. Apart from having greater knowledge of the concepts and the context of it, it was supposed that with this there would be more appropriate participation from them. Also, as elected representatives of the village it was deemed appropriate to make them more precisely aware about the intervention. Their participation in the intervention as leaders and motivators of the community is considered of indispensable importance

2.1.6 Process of SHG formation

Initially it was envisioned that there would be a need to form new SHGs and then subsequently strengthen them so as to make them properly functional and worthy of their existence. It was also envisaged that in case SHGs already existed, and if there be a need, more so in a state where they required strengthening, the latter activity would come up to replace the formation of SHGs part.

The PRA/Situational Assessment and general interactions with the community revealed that some SHGs were existent but were in a state that called for their urgent strengthening. It was found that the SHGs were functional only for namesake, and personal interactions with individual SHG members only made the finding stronger. Members were not only void of any conceptual clarity on Self Help approach, they couldn't even articulate the basic objective behind formation of SHGs. It all indicated to a very discordant scenario where the SHGs, though somehow functional, were largely dormant and defied the concept and spirit of the Self Help Approach. Thus it was decided, keeping in view of the field condition that it would be better to fortify and strengthen the existing SHGs rather than form new ones. With this decision, the intervention modified the process of SHG formation to suit the local requirements.

As such the intervention was committed to form no more new SHGs but strengthened the existing ones. The idea was to undertake the strengthening process so as to uplift them to a stage where they are viable, properly functioning and self sustainable

2.1.7 Strengthening of existing SHGs

The **assessment** (*dealt under additional activities, later in this section*) helped with the final selection of SHGs that were made from each village and thus a total figure of around 12 SHGs emerged. It was decided to keep the focus of intervention on the select band, so as to make changes in them visible, permanent, durable and definitely self-sustainable. The assessment also threw up this fact that almost all the SHG s were in a similar state of malfunctioning and more or less could do with a similar kind of prescription

The next step within this process was to prepare a plan for the strengthening which would suffice their needs. Some of the requirements were of urgent nature and needed to be introduced at the earliest. Since all the SHGs lacked even the basic concepts of Self Help and were severely malfunctioning, the idea was to at least make a beginning, although in a modest way, in the form of regularizing their periodic meetings first

This activity included meeting with individual SHGs and instructing them to start off with organizing regular meetings to be attended by all the members, and it was ensured that the Presidents and Secretaries of individual SHGs provided prior information of date and venue of their periodic meetings, to the general members. The meetings of

individual SHGs were supervised and necessary inputs provided as required. The inputs were in form of instructions, guidance, information sharing, trainings (dealt in the subsequent part) regarding concepts of Self Help approach, SHG management, Record keeping etc

As a part of the strengthening process following trainings were given to women/SHG leaders, apart from special inputs given on Record Keeping

- (i) Training on SHG management
- (ii) Training on Gender Sensitization
- (iii) Training on Record keeping

With regard to the strengthening process and the activity dedicated towards better maintenance of records, the identified SHGs are now working more effectively, particularly on the following counts

- **The Groups have realized the basics of Self help approach**
- **Women groups are now holding regular meetings of their SHGs**
- **Maintenance of relevant records (Attendance and meeting registers, Savings Book-Personal and Group, Loan register)**

2.1.8 Identification of women volunteers

Women volunteers have been successfully identified in each village.

Five volunteers from each village have been identified, taking the total to fifteen women volunteers, who have been chosen keeping in view their interest, willingness, potential and ability to do justice to the role.

These groups of women are performing as sanitation and personal hygiene volunteers. These volunteers have been provided with special training inputs and assisted to carry out awareness and motivation activities. These volunteers are carrying out activities such as:

- Awareness programs for the community in general and SHGs and school children in particular .It will focus on general cleanliness, personal hygiene, and sanitation issues.

2.1.9 Trainings

Training as an intervention has been successfully carried out with three segments of the community:

- (i) Women/SHG leaders
- (ii) Panchayat leaders and school teachers
- (iii) VSC members

Trainings to Women/SHG leaders:

Total number of trainings: 05

The details of the trainings including topics covered, number of participants and results arising out of such trainings has been presented in the tabular format below:

S.no	Training Topic	Number of Participants	Result(s)
1	Training on Concept Sharing	105	There was an increase in community participation
2	Training on SHG management	35	Almost all the SHGs began functioning more effectively. The result was quite evident in their regular meetings, better participation rate and improved records
3	Training on Gender Sensitization	40	Women began to come forward to participate in various activities of the intervention
4	Training on Record keeping	Each Individual SHGs	Group leaders became quite capable to maintain there records.
5	Training on Sanitation and hygiene	25	The awareness about issues related to Sanitation & Hygiene increased significantly

Trainings to Panchayat leaders and schoolteachers:

The details of the trainings including topics covered, number of participants and results arising out of such trainings has been presented in the tabular format below

Total number of trainings: One (1)

S.no	Training Topic	Number of Participants	Result(s)
1	Training on Concept Sharing and Gender Sensitization	32	There was an increase in participation and support from the Panchayat members. Simultaneously, there was an increase in the number of women participating in Panchayat meetings, Gram Sabha as well activities related to the intervention

Trainings to VSC members:

The details of the trainings including topics covered, number of participants and results arising out of such trainings has been presented in the tabular format below

Total number of trainings: 02

S. No	Training Topic	Number of Participants	Result(s)
1	Training on Micro Planning	30	Micro plan has been prepared with the help of each VSCs individually
2	Training on Low cost Toilet construction	35	Now the VSC members are quite capable of constructing and providing technical guidance on low cost toilets in their respective areas

2.1.10 Formation of Village Sanitation Committee (VSC)

The village leadership has been sensitized about the issue and have been motivated to form 3 Village Sanitation Committee (VSC), one in each village. Each VSC consists of 10-15 members, consisting representatives of Panchayats, traditional leaders, leaders of women SHGs and Health and education functionaries. It has been ensured that the representation of women is at least 50 %.

A self supportive mechanism has been established by the community in the form of Village Sanitation Committee to address the unsanitary conditions in the village.

The VSCs have prepared comprehensive micro plan for sanitation improvement and management in there respective areas and it is implemented by combining own resources with the grants and schemes of the government (TSC).

In the future, The VSC will mobilize grants from the Panchayat, Block administration and other central and state government schemes. The VSC also may collect a contribution from the individual families. The cleaning of the village lanes and drains and waste water and solid waste disposal will be ensured by recruiting local employees. Care will be taken to ensure full dignity of these employees. They will be provided with health and safety equipment and tools that make their work less strenuous.

2.1.11 Exposure visit

A five day exposure visit was organized for the VSC members to **Sulabh International Academy for Environmental Sanitation (SIAES)**, Patna. It was envisioned that the VSC members after the experience, would be motivated and inspired and of course, in a position to work towards improvement of sanitary and hygienic conditions of the village.

It was noticed that after the exposure visit, the VSC members themselves identified reasons and sources of poor hygiene and sanitation in the region. Then they themselves came forward with ideas and proposals for addressing the identified issues. The Exposure visit very prominently brought about a marked change in the attitude and energy levels of the VSC members. The result has been very positive

2.1.12 Rally on social awareness

This rally aimed at creating general awareness among the larger community regarding social issues, including sanitation and hygiene. The rally was hugely successful not because of only large participation, but the awareness it created among the villagers on relevant issues

2.1.13 Sanitation and personal hygiene awareness with school children

Sanitation and Hygiene awareness with School children has been done. Women volunteers and other community members like VSC members, Teachers etc were actively involve in this process of creating awareness among the school children. Rally on social awareness was also aimed at creating awareness among the school children and large numbers of School children participated in Rally.

2.1.14 Assistance to SHGs for construction of Toilets

As per the need of the groups, assistance was given to individual SHGs for the construction of toilets. The members of SHGs have taken the amount from their respective groups as a loan for construction of personal toilet. After the completion of the construction some members have started repayment of the amount to the group with fixed interest. Each SHGs has made the repayment schedule of the group, it includes details of members who take loan, Interest on Loan, Duration/ Installment etc. 81 members from 11 SHGs have mobilized assistance for construction of their personal toilets.

2.1.15 Construction of Low cost toilets

After getting training on low cost toilet construction, the villagers are quite capable to construct their own toilets. Most of them have made their own toilets with out taking help of any mason, some took help from other trained members with in the community.

It was noticed that women showed greater involvement during the construction in comparison to Men.

81 toilets have been constructed with in SHGs. It has played a greater role in spreading awareness among other community members/ villagers about the construction of low cost toilets and now gradually most of the villagers are ready for the same and some of them have started construction.

2.2 Activities additionally undertaken

Some of the activities have been additionally undertaken in order to ensure the achievement of the results. These activities in conjunction with the already prefixed ones have in reality made the intervention more meaningful and effective

2.2.1 Assessment of existing SHGs

This activity was successfully carried out prior to the strengthening phase. The assessment involved interaction/meeting with each individual SHG and interaction with members on relevant topics. The actual assessment was carried out with the help of an assessment and monitoring tool prepared for this purpose. With the help of this tool, valuable information regarding **SHG operation, functioning, management, records, funds, control** etc were obtained.

The outcome of the assessment helped to design the phase of SHG strengthening on a strong basis and also assisted to more accurately plug in the existing gaps, as presented by the assessment

2.2.2 Networking with NGOs, Government Departments, Banks and other institutions

It was realized that it's always better to learn from mutual experiences and perspectives. It was on this basis that the networking drive was initiated, as a process to come together with **NGOs existing locally, Government Departments, banks and other institutions**. Also bodies working here for long could help to enhance the understanding of local demographics and dynamics.

Links have been established and information has been exchanged mutually with NGOs like **CARE, Yuva Grameen Uthan Samiti and Diocesan Social Work Center of Ambikapur**. Local offices of other consulting services implementing ADB funded phase I roads like **RENARDT. SA** and **ARTIFACT** have also been visited and brief outline of our intervention has been suitably disseminated. Similarly a good rapport has been established with the district headquarters of **Pradhan Mantri Gram Sadak Yojana (PMGSY)**.

The result of the networking initiative has been increased awareness and knowledge about the intervention among various Government functionaries, as they have now much better understanding of our process. Local Government officials made efforts to fully cooperate on the issue towards the closing and critical stages of the project.

2.2.3 Rapport building with adolescent girls/boys

It was thought that a group of adolescent girls/boys would be identified to perform as sanitation and personal hygiene volunteers. These volunteers were to be provided with special training inputs and assisted to carry out awareness and motivation activities. These volunteers were to in turn carry out activities such as Awareness programs for the community in general and SHGs and school children in particular. These were focus on general cleanliness, personal hygiene, and sanitation issues.

So, it was deemed important to establish a good rapport with such a segment. For this purpose interactions/meetings were held with adolescent girls/boys to make them more aware about general issues of health and hygiene, as well as to keep motivating them to come forward as volunteers. Presently, the team has established a considerable rapport especially among adolescent girls

2.2.4 Linkage of VSCs under Total Sanitation Campaign (TSC)

All the three VSCs have got recognition through the government department and successfully linked with the Total sanitation Campaign (TSC) of Govt of India. Now the concerned officers are ready to provide every kind of support for better working of the VSCs. Time to time VSCs are receiving guidance from the concerned department. With the help of such linkage of VSCs under TSC, now each VSC is in a strong position to work in the village as well as implement the government schemes related to sanitation.

2.2.5 Training on Micro planning

The training on Micro planning aimed that after the training, the participants would have the capacity and knowledge, and would be able to develop their own micro plans, independently. This result was successfully achieved after the training. Now each VSC has prepared its own monthly micro plan and work accordingly.

2.2.6 Training on Low cost toilet construction

As a result of the Training on low cost latrine construction, the participants acquired the knowledge and expertise to construct their own latrines independently. During and after the training, some of the participants demonstrated this by constructing their own latrines

2.3 Activities Planned but not done (with reasons)

Following are some activities, which were planned at initial stage but as per the field conditions and local requirements, these activities were cancelled

2.3.1 Formation of new SHGs

It was decided (refer 2.1.6) keeping in view of the field condition that it would be better to fortify and strengthen the existing SHGs rather than form new ones. With this decision, the intervention modified the process of SHG formation to suit the local requirements.

2.3.2 Formation of federation of women

The formation of the federation was not facilitated because the SHGs have not yet reached a stage where they feel the need to build a federation. They are yet trying to streamline their functioning and achieve the objectives of SHGs systematically. It took quite some time to revive the SHGs that were in dormant state. Had the project continued for one or two more years, as was envisaged in the initial proposal (but was later cut down to one year), it would have been possible to organize the federation.

2.3.3 Establishment of Sanitary mart

The Sanitary mart was supposed to be belonging to the federation and also managed by the federation. But as the federation was not coming into being, it was explored if the mart could be established and managed by an informal collective of SHGs. But later it was decided and the SHGs themselves made arrangement for purchasing of items related to construction of toilets and provided these to their members, earning their part of the commission and the members getting their material at the doorsteps.

2.3.4 Training on Communication/Theatre & facilitation

Due to the constant facilitation, support and guidance by the team as well as the result of exposure visit & various trainings, the women volunteers were quite capable to motivate the community for the intended purpose e.g. spreading out health, hygiene and other social messages, using various means of communication like slogans, stories, local songs etc.

The capabilities of the women became evident when they organized the rally on social awareness. The women volunteers worked very hard while organizing the rally on such a large scale. They undertook family visits, motivated the common villagers etc for this purpose. Therefore after seeing this condition, it was realized that there was no need of any such extra training, as they were already capable of spreading social messages in the villages.

2.3.4 Training on Mart management

The result aimed though this training was that, after the training the participants would be in a position to manage the sanitary mart independently.

This particular training was cancelled, as the activity of owning and managing a rural sanitary mart was suspended.

2.3.5 Rally on Social awareness (IInd)

It (IInd rally) was planned at the end of the project but due to the agricultural activities during same period, it was not possible for villagers to participate in rally. Therefore instead of rally, a general meeting of villagers was organized keeping in view the same objective of rally.

2.3.8 Competition on personal hygiene & cleanliness

It was also planned at the end of the project but during the same period, the villagers were busy in agricultural activities and some of them also in construction process. Therefore it was realized that the particular activity has less importance at this time and it was cancelled.

Chapter3: Challenges Faced and Strategies to overcome the challenges

This section particularly deals with the major difficulties that were encountered and the subsequent learnings derived out of the circumstances

- The initial response was not very encouraging

The area primarily an interior rural area had not witnessed any sort of intervention by development agencies or other similar institutions. So in absence of any prior experience of any kind of development related interface, it was quite natural for the community to show trifle inertness and act with caution and suspicion. Visits to the Project villages, and thereafter interactions with the community members demonstrated a lack of interest and response. This situation existed at the very beginning of the intervention. With repeated visits and by intensively interacting with the community members, acceptance was slowly gained and this resulted in few persons comprehending what we had to offer. Then with time and increased visibility and interaction, more and more community members started offering response and finally also began participating.

- During the initial stages, participation of women was low

As mentioned above, in the present rural and social settings, far removed from influences of modern and liberal thinking, it would be but natural that women would be the last to come forward and participate. The conservative society and rigid social customs, along with the fact that women being so much secluded from the socio economic mainstream would be the most difficult to integrate into the activities of the intervention. The male dominated society and the fact that women have for long remained farthest off from any kind of changes of time, made it initially difficult to get them to interact and understand the context of the intervention. The first inroads would have to be made from the male heads, and this was practically done. After winning the confidence of the male stakeholders, access to the women was allowed. This opportunity was fully capitalized as they were explained the benefits arising out of the intervention. This process slowly, gathered momentum, and women participation started to increase gradually. Again, with time and increased confidence more and more women started coming in and participating in the activities.

- Due to the late onset of monsoon, the stakeholders were busy in agricultural activity

Agriculture being the primary occupation for the entire population, late monsoon only compounded their woes. The region being a single-cropping

region, the year's livelihood depends only on a single season of agriculture. As the monsoon arrived late, most of the stakeholders were busy in agricultural activities as for them it was much more important. As an alternative arrangement, some of the activities were rescheduled as according to the convenience of the stakeholders

- Community members initially couldn't be mobilized at the appointed date, time and place

The community living a primitive rural life had never been used to adherence to time or place, initially found it difficult to adjust to timings. They cited various reasons for non mobilization, primarily loads of household chores. With constant persuasion to pay attention to time and relentlessly motivating them for the purpose, the discussed problem could be more or less be overcome

- Due to spread of diseases, the stakeholders were notably indisposed

The region, as been understood suffers from various health problems arising out of unsanitary conditions prevailing in the vicinity. As a result of which some of the stakeholders/resource persons remained indisposed. The main learning arising out of it apart from the reinforcement of the fact that unsanitary conditions only aid in spread of diseases is that one should not be completely dependent on a single source for completion of activities. Its always better to have contact with multiple sources, so as to continue the activities, in emergency situations

- Long absence of women resource persons / others during festivals

There have instances where local festivals have come in the way of activities, primarily because community members have been unavailable during such occasions. It was noticed that the people, strongly entrenched in conservative and strong religious customs lay more emphasis on such events over any other work. It's therefore best to plan the activities, keeping in view of the local festivals and if possible avoid them or plan activities, which don't require substantial community mobilization

- Some negative influences from within the community coming into play.

It's natural that due to present social settings, and the level of conservatism among the community members, along with some vested interests, some negative influences may be experienced. As in this case, there have been instances where some people have tried to work against the interest of the process. Its best dealt with by acting diplomatically, avoiding direct confrontation but never diluting one own stand

- While organizing the rally, one major difficulty that was encountered was in ensuring participation of large number of community members. It was experienced that roping in the direct stakeholders was far easier than the indirect ones. Ensuring the participation of people across different segments proved a difficult task.
- It was noticed that, practically it is far easier to motivate the direct stakeholders of the project. For the people who are indirectly associated with the intervention, constant motivation must be provided to ensure participation. An extra effort is always required to rope in their participation.
- As experienced, it is always best to utilize an existing platform established in a particular village to extract participation of the larger village community. We did the same, while delegating responsibility to individual VSC to ensure a wide and large participation and it worked quite successfully.

3.1 Strategies adopted to overcome the Challenges

- The Project team constantly motivated the community to come forward and participate in meetings and other activities. Also, household visits were conducted for rapport building and thus increasing the participation of the community. Interactions and general meetings were held with individuals and small groups to especially encourage women participation in various activities of the intervention
- The male members/leaders of the family/village were consulted and motivated to allow and encourage the women to participate
- Interactions and meetings were held with individual woman/women groups, thus directly motivating to come forward
- At the onset of monsoon, as people were busy in agricultural activity, the team had to cater to the convenience of time and place of the community. This implied sometimes working at odd hours as well as traveling awkward distances to reach out to the community. Efforts were fully made to ensure the convenience of the stakeholders
- Often it would happen that desired stakeholders never turned up at appointed time and place. The team approached this problem by repeatedly motivating the community members to be more responsible. The importance of discipline for arriving at some change was also impressed upon

- In cases where some resource person fell ill, explored alternative persons who would shoulder responsibilities delegated upon them well
- Worked in adverse weather conditions. The monsoon was long and intense. To maintain the continuity of work the team sometimes had to work in uncomfortable weather conditions
- Absence of women during local festivals prompted the team to re-sequence certain activities so as not to upset the pace and balance of the process. During this period activities with some other groups were carried out
- Forces detrimental to the intervention were tactfully and diplomatically dealt with. Efforts were made neither to aggressively confront them nor to dilute our stand on any count
- It was relatively easier to motivate the direct stakeholders of the project. For those involved indirectly with the intervention, regular visits and motivation was provided. Responsibility was delegated to the respective VSCs to motivate and mobilize maximum participation of people, from across different segments

Chapter 4

ANALYSIS OF THE PROJECT AND THE LESSONS LEARNED

The implementation of the Gender Sensitive sustainable sanitation improvement and management through community initiative was throughout a learning process for all, particularly for ASK. It has gathered learning at different stages of the project cycle right from identification of the project location and the needs, developing project interventions, to implementing the planned interventions and monitoring the process on an ongoing basis. An analysis of the entire process has led to the following reflections about the project:

1. Relevance of the Project Interventions

The project and its interventions were very relevant considering the overall context and particularly the water and sanitation situation as a result of the construction of rural road in the project area, with funding support from ADB. The rural road that was constructed under Pradhan Mantri Gram Sadak Yojana (PMGSY) from Kunjnagar to Jamdoi in Surajpur block of Surguja district of Madhya Pradesh has total five villages and out of those five villages, 3 villages (Harratikra, Koreya and Kandarai) were selected as the target villages for implementation of this project. In all these three villages, the project interventions were relevant in answering the problems, both general (sanitation issues) and the specific & immediate problems like privacy of people, especially the women and their health & safety issues because of the lack of privacy.

At the beginning of the project, it was seen that there were hardly any sanitation facilities in the project area, either public or private. The situational assessment carried out at the beginning of the project also clearly showed that most of the villagers were compelled to undertake open-air defecation, mostly in the open fields nearby. This practice became heavily problematic especially during the rainy season and prevailed throughout the seasons when agricultural activity took place. Only 2% of the families in these three villages had in house sanitation facilities whereas rest 98% families were used to defecation in the open. Only a meager percentage of the community thus had access to the sanitary facilities. It was also revealed that particularly the women were mostly exposed to this problem, as there was acute shortage of places deemed suitable for privacy. Since the women have to generally go far off for their sanitary activities it also impinges on their safety.

The construction of the rural road through the villages further aggravated the situation in following ways:

- ✚ The presence of Rural Roads increased the mobility of women and the associated convenience

- ✚ As the requirement for water increased with increased traffic flux, the unsanitary conditions increased in the villages because of not having proper plan, facilities of sanitary toilets, proper drain or solid waste disposal. Water logging and water flowing down the roads into the villages, even into the houses of the villagers, became another problem after the road construction. Stagnation of water especially during monsoon was being experienced by the villagers.
- ✚ The Rural Roads increased the traffic flux within the villages making the villages relatively congested
- ✚ With the increased traffic, women had to find newer places for their ablutions as nearby roads could be no more used due to lack of privacy. They had to search for places away from the road that are private, safe and convenient.
- ✚ Since the women had to travel a bit further for sanitation it becomes very difficult after dark and especially during the monsoon. This in a way impinged on their security as well. It was also revealed during investigation that though both the sexes have been impacted with relation to sanitation, it's the women who have been relatively more affected. This is quite natural due to the social norms as men don't require as much privacy and security while undertaking sanitation activities.
- ✚ As such, the rural roads increased the drudgery of the women. This forced the women to unnaturally regulate their bowl movements leading to disastrous consequences for their health, which was accepted and expressed by the women during the initial situational assessment and latter, several times during the project implementation.

Under the above said situation, the project planned and implemented by ASK with ADB support for promoting sustainable sanitation program was highly relevant. The project interventions have been very helpful in addressing both short term and long term problems caused due to road construction. The awareness created among the villagers regarding safe sanitation practices, the urge created within them for adopting such practices, and the collective efforts taken by the villagers through community based forums like SHGs and VSCs to bring visible and sustainable changes in the local sanitation situation, especially construction of latrines at houses, became very helpful in solving the problems of privacy, safety and health of women, and also in improving the overall sanitation condition of the area that was deteriorated due to road construction. Availability of proper sanitation facilities within the village would certainly help to rid of unsanitary conditions. Specifically, to women it will lessen their drudgery resulting into greater comfort and convenience.

The relevance of the Project in addressing the general and immediate problems have also been admitted, accepted and acknowledged by the villagers, SHG members,

Panchayat members and Government Officers, before, during and after completion of the project.

2. Effectiveness of the Project

The major objective of the project was to successfully demonstrate a sustainable sanitation program that is implemented and managed collectively by the community stakeholders. The strategies and methodologies adopted by the project during its implementation period helped positively to achieve the above said objectives and thus the strategies and methodologies were proved as effective to establish a sustainable sanitation program.

Conducting Rapid Rural appraisal, participatory rural appraisal and situational assessment at the beginning of the project helped the project to thoroughly understand the local context, particularly the health, water and sanitation conditions in the villages, impacts of the rural road construction in the lives of the villagers, how the rural road condition led to increase in the water & sanitation conditions in the villages and how women were adversely affected, status of women in the communities, and prevailing social, economic & cultural aspects. It also helped to build rapport with the community, share the basic concept of the project with them, and also developing a feeling of ownership among the villagers towards the project, as they were actively involved in the appraisal and processes.

One major strategy of the project was to make interventions with the women through Self Help Groups and Women Health Volunteers. As women are the worst affected of the situation, the project targeted them right from the beginning to mobilize and organize them around their issues. ASK did not tell people to construct latrines at individual houses at the beginning of the project, as it found that people were habituated in open defecation for long time, and were indifferent towards the negative impacts of open defecation on the health of people, especially the women. ASK choose the way of community mobilization, sensitization and organization first so that a congenial environment is created within the community towards initiation of discussion regarding water and sanitation needs and a genuine urge is created among people to bring changes in the existing sanitation scenario. Creating the condition for development within the target community is essential for any development initiative, and ASK followed that principle earnestly by taking serious efforts to “create the conditions” within the target villages so that gradually the villagers themselves start understanding and demanding sanitation facilities. Making intervention with the women was a major strategy for creating the conditions in the project area for sustainable development.

12 SHGs those were on paper only at the beginning of the project have been strengthened. The SHG members did not have the concept of SHG, were not used to participate in meetings and discussions, come out from their families to participate in

the decision making process related to their village development, and also their savings and credit activities were irregular. These SHGs were formed under government Integrated Child Development Scheme (ICDS), but were majorly inactive when our project was started. The project opted to reactivate and strengthen the SHGs through regular facilitation support, motivation, guidance and capacity building inputs. A major component of the SHG strengthening was assessment of the SHGs based on specific indicators and using SHG rating tool that helped the project a lot to understand the then situation of each SHG and make realistic plan for strengthening each SHG.

The result of this strengthening of the SHGs led to the following major shifts:

- Bringing the women out of their homes into the community level
- Strengthened the concept of “Self Help” among the community in general and women in particular
- Created an Institutional mechanism of the community through which loans could be channeled and a pool of resources due to collective savings of the women
- Convinced the community of ASK credibility and facilitative styles

At the end of the project, the SHG strengthening strategy could yield the following positive results –

- ✚ Members in all 12 groups are involved into conducting regular meetings, savings, maintaining records and registers including books of accounts (either by themselves or by taking help from someone else from the community), managing the internal processes of the groups effectively, and using the savings money for meeting emergency needs through interloaning. They have understood the concept, need & importance of SHGs and savings & credit activities. They have also understood the aspects of group management and are able to continue the groups with effective group management and regular group activities. 11 out of 12 SHGs have begun to forward loans to the members.
- ✚ The inclusion of women in community based development forums and their active participation in the decision making process has already been started. 22 women were elected in the Village Sanitation Committees and taking part actively in the discussions, decision making, and activities of the those committees.
- ✚ These committees have been recognized by the Government (district administration) as legal statutory bodies for implementation & monitoring of government water & sanitation programs, especially the “Total Sanitation Campaign”. This happened due to the Project’s constant efforts at liaising with the Government officers and updating them on the progress of the project
- ✚ Members are highly sensitive now about the problems because of open defecation, non existence of sanitary latrines, and the positive and the negative impacts of road

construction that posed serious threats towards their privacy, safety & security, and self esteem & dignity. They are continuously raising these issues at different platforms and the discussion is not limited in their monthly SHG meetings only. The demand for sustainable solution of the water and sanitation problems in the village is strongly being raised by the women SHG members before Panchayat, Village Sanitation Committee and Government Officers.

✚ The effort is not limited in raising the issues or highlighting their demands only, women members are determined now to construct latrines at their houses, and it is seen that 81 women have already mobilized loans for construction of loans and 80 latrines have already been constructed in the villages. 80 soak pits have also been dug in the villages for solution of water stagnation. The fact that the women and their families have opted for loans and not look for grants shows the clear change in their perspective and their keenness and commitment.

As a part of the above said strategy, the project also identified women volunteers and actively engaged them in raising awareness on health and sanitation among general villagers and school children. 15 such female volunteers are now actively involved in information dissemination & awareness building. They have created a pool of community based resource persons for carrying out sensitization of all villagers & school students, and ultimately create a sustainable and positive environment within the villages towards safe health & sanitation practices.

The financial assistance (seed money) provided by the project to the SHG members proved very useful in helping the poor families in construction of latrines. The assistance is being used as revolving fund by the SHG members to provide loan to the members on a rotation basis for construction of low cost latrines.

Thus, the above strategy and method have been proved “effective” in bringing the expected changes and achieving the desired objective of the project.

Another effective strategy adopted by the project was to make interventions with Panchayat and other stakeholders. The project realized at the very beginning that without active involvement of all sections of people in the village, and especially the Panchayat members, it is almost impossible to reach to the project objective of establishing sustainable sanitation model and it may not be enough to sensitize and empower the women only. To have a common platform in the villages, with representatives from all sections like panchayat members, social leaders, school teachers, health functionaries etc, the concept of **Village Sanitation Committee** was introduced. As part of this strategy and method, the project facilitated formation, activation and capacity building of these committees. 3 such committees are active now (1 in each village), they are collecting community contribution to build village development fund, preparing micro plans for effectively carrying out their activities, and also started to mobilize grants from the Panchayats and Government departments

for water & sanitation activities. They are effectively planning, implementing and monitoring sanitation activities in the villages. The VSC members facilitated organizing rallies in the villages on social awareness. Government has recognized these committees and authorized them to work as the statutory committees under Total Sanitation Campaign program, thus enabling the committees to access government financial and technical resources, and implement / monitor the government supported development activities in the villages. **Thus, the above strategy and method adopted by the project have been effective to establish a sustainable mechanism in the villages to plan, implement & monitor development programs with government support.**

The intervention with school resulted in participation of 30 children in the programs conducted for them and in personal hygiene sessions, that increased their knowledge on sanitation & personal hygiene and developed interest towards adopting safe health, hygiene & sanitation practices right from their childhood. **This strategy was also “effective” in inculcating the sense of good hygiene & sanitation practices among school children.**

Systematic and well planned “Capacity Building” was adopted as a very important strategy for the project implementation and also was proved a very strong method to achieve the project objectives. Various trainings were provided to the Women, SHG leaders, teaching Staff, Village Sanitation Committee members in a process oriented manner where each training was conducted at a specific time, aiming every time to give a further push to the work done in the community by the people and the community workers of the project and then identify the next few steps to be taken by the community and the people. The trainings improved the knowledge level of the villagers, enhanced their skills and brought changes in their perception and attitude level. Trainings provided to the SHG members included concept sharing,

The Exposure Visit conducted under the program, true to expectation, proved as a turning point for the project as it generated very high level of interest among the SHG and VSC members for construction of low cost latrines, soak pits, adopt nature friendly sustainable methods like vermicomposting and smokeless chullah. Participants gained practical experience and basic technical know how regarding the above components, were exposed to various models of low cost latrines, learned how rural women are collectively struggling for better health and sanitation and took a resolution to adopt the same practices and techniques in their respective villages also. **Thus, the overall strategy of capacity building through trainings, exposures and follow ups proved very “effective” in preparing the community to design, manage and own a sustainable sanitation program.**

Linkage and Networking with Government Departments, Banks and other institutions worked as an effective strategy to get the desired results of the project and lead to sustainability of the interventions made under the project. The results are clear – The SHGs are successfully operating their bank accounts and transactions through

Surajpur Gramin Bank (and will be eligible in near future to access easy credit facilities from the Bank for income generation purpose), Government has accepted the Village Sanitation Committees as the working committees for planning, implementing and monitoring of government water & sanitation activities through linkage of the VSCs with the government "Total Sanitation Campaign" and the VSC has also been able to mobilize government fund for water and sanitation programs in their villages.

Thus it can be concluded that the strategies adopted and the methods applied in this project were effective for project implementation and also for getting the desired results.

On the other hand it was a conscious choice not to try and complete all activities planned in the project. Appropriateness of all interventions from the point of view of community preparedness and relevance and need was always considered. It was for this reason that the Formation of federation was not facilitated. Specific reasons for this were:

SHGs are yet in a stage of strengthening themselves and do not have the perspective to begin thinking of the advantages of expanding their reach by forming a bigger group in the form of a federation

Too much energy would be required to establish the federation and with the ground not being ready for the federation, it will have only meant an effort to simply trying to prove a point that all activities have been completed whereas it may not lead to any benefits. On the contrary it will create wrong impressions about the concept and idea of federation.

Also the associated activity of establishing the sanitary mart that will be owned by the federation was not carried out. One simple reason was that the holding organization, the federation, itself was not formed. But the project did explore the possibilities of establishing a mart that is jointly managed by the SHGs. But the SHGs did not seem to have enough motivation to handle this additional responsibility. The project did not have sufficient time to carry out a process through which it could form either the federation or bring the SHGs together to co own the sanitary mart. The latrines had to be constructed within a stipulated time. On the other hand, it was found that the areas around the villages did have the market places where private entrepreneurs owned shops which sold the sanitary ware. Hence the availability was not a problem and the sanitary mart was not absolutely essential.

Hence it can be seen that even for the activities not done and outputs not achieved, there are valid reasons and sufficient thought has been given not to push for certain actions and outputs.

3. Efficiency

The financial support that was provided for the construction of latrines has been as grants to the SHGs but the SHGs will be able to use these funds several times over as it has been given to the members as loans. Each of the 81 members who have received the amount so far took it as a loan through the SHGs, with clear terms and conditions. Some members have already started paying back the amount to their respective SHGs with interest and as per decided installment plan. The paid back amount will be used as revolving fund to provide loan to more and more members for construction of the latrines.

Further as per the agreement, besides the loans from the SHG, each member family have invested own savings to meet a part of expenditure for latrine construction. The loans have taken care of constructing the infrastructure and the super structure of constructing walls and roof for the latrine has been done by the members themselves.

As another facility for the families that fall below the poverty line (BPL) will get reimbursement of a fixed amount from the Government (under total sanitation campaign) for completion of construction of the latrines through the Village Sanitation Committee (VSC). The first installment has already been transferred to the VSC bank account and the beneficiaries have received the support amount. The second installment will be paid after physical verification of the completed latrines by a Government Officer. According to the existing government rules, the reimbursement is done after the beneficiary construct the latrine by his/her own resources or managing resources from any other source. The government reimbursement is done in two phases, firstly after partial construction, and the final amount is paid after completion of construction. The families who have received the first installment have immediately paid back the loan borrowed from the SHGs, thus keeping the matters very clear and transparent.

81 families have constructed latrines so far, with the loan provided by SHGs, and also using either their savings money or other available resources. Beneficiaries who participated in the Latrine Construction training organized by the project, or who have members in their families who know the construction process, did the mason work themselves (project ensured that standards were not compromised) and thus saved the money payable to outside mason.

For continuation of the latrine construction in other families in the villages, there are the following options –

- ✚ The paid back loan by SHG members will be revolved for supporting other members (and if possible, to non members also)
- ✚ Members may use their savings money after some time and take loan from SHGs

- ✚ The VSCs are negotiating with the Government Officers so that they can provide the Government Grant (1st installment) under “Total Sanitation Campaign” in advance, before construction of latrine, and they are ready to take the guarantee that the advance grant will be used only for the purpose for which it is given. That will help the poor families. VSC will do the monitoring. VSC members are confident that they will get the authority soon, as the government officers have “very high confidence” on them.

As stated above, though the project supported 81 families for construction of latrines, the money is being used as LOAN only, and going to benefit many families in a revolving manner. This money has already been used “efficiently” by 81 families and will be used “efficiently” by many more members in future. The project’s intention was introduce savings and interloaning through SHGs and encourage the community to build their own. Project has encouraged both savings and interloaning through 12 SHGs and in all SHGs, regular savings and proper interloaning are a compulsory feature. The savings and credit activities are being carried out both effectively and efficiently. However, as building the toilets fully on their own was not possible within a time span of one year, they needed “seed money” to be used as loan. The project was efficient at the end of the project and it managed to get the SHGs pay for their own toilets (all loan receivers are supposed to pay back the entire loan amount).

On the basis of the above said situation, it can be said that the project was implemented efficiently. The component of Cost effectiveness was taken care of by the project for each activity that was implemented and for all methods that were adopted.

4. Sustainability

The community has been made aware and sensitized regarding the need for construction of latrines and on other health & sanitation issues. SHG and VSC members are highly motivated, trained and capacitated to continue activities related to water & sanitation improvement. The urge for change has been created and the conditions for change have been ensured, before the project is over. Apart from the SHG and VSC members, general community is also showing interest and eagerness to construct latrines.

The program has already been linked with the Government’s total sanitation campaign (where government intends to build latrine in each house and make the villages completely free of open air defecation). Thus, government has taken over the activities from ASK-ADB and they will continue to support both BPL & APL families for construction of latrines and also implement other development activities in the villages. Linkage of the ASK ADB program with TSC is the most successful step to ensure sustainability of the interventions. All three VSCs have been authorized by the district administration to work as the “Village Water & sanitation committees” under total

sanitation campaign. Now government will transfer TSC fund to their account, implement water & sanitation activities through these committees and also make them responsible for monitoring of government water & sanitation activities. VSC have already received government money for supporting BPL families for latrine construction, and interestingly, the VSCs have started negotiations with the district administration for giving them the authority to provide financial support to BPL families in advance, at pre construction period. All VSCs have submitted complete list of BPL families, with the authorization and verification by the Panchayat Heads, to the district administration for getting support for latrine construction in coming years.

Thus, there are several indicators to say that the community will continue construction of latrines.

Major Lessons Learned from the Entire Process

The following lessons were learned through implementation of this project. The lessons are important for integration of social components in any future infrastructure project, especially rural road projects –

1. Physical infrastructure projects (like rural road construction) create problems of water and sanitation, in areas where basic facilities are not available. It also poses threats to the health condition, privacy and security to women, where open air defecation is a common practice.
2. It is not enough to build physical infrastructure only. Infrastructure building project should not be implemented in an isolated manner, without studying the social impacts and integrating appropriate interventions to address the social concerns. All physical infrastructure projects, therefore, should be accompanied with a social development project, incorporating the strategies to address the problems created by the infrastructure, particularly for the vulnerable groups like women & girl children.
3. Proper study needs to be conducted for assessing the social impacts, positive and negative, of infrastructure projects to identify or develop “relevant” and “appropriate” interventions. All activities need to be developed according to the social context and made relevant and need-based, to address the social consequences in an effective manner.
4. To make any developmental intervention sustainable and effective, it is important to create an urge within people for “bringing changes” (making them convinced that the changes will make their lives better) and develop an environment / create conditions for changes.

5. Mobilizing and organizing women, especially through Self Help Groups, is a strong tool or mechanism not only for their gradual economic empowerment & improvement in their socio-economic status but also for successful community development activities.
6. On the other hand, the project and the staff need to be patient and trust the process oriented approach and not hanker for quick success and not try to achieve it through the so called entry point activities of providing sops to the community to win their confidence. If and when this is done, while the community does get interested, it begins to look at the implementing agency as a “provider” and not as a “facilitator” and the self help ethos gets eroded.
7. Local resources like community based volunteers / animators help in retaining the knowledge at community level and sustain the efforts taken during a particular project implementation
8. Providing SEED MONEY to community groups for using it as loan & revolving fund for activities like construction of latrines is a good option, where people are poor but highly interested for such activities. This helps to solve the problem, without creating any dependency on any outside agency, hurting the self esteem of the community people, and spoiling the process of development
9. For making any community based program sustainable, it is also important to establish effective linkages and networking with all possible agencies, including Government. In Chattishgarh project, Government took over the activities and it will now go on without any problem. The need for external support by ADB or ASK is over now and the empowered, sensitized community will now carry on the water & sanitation activities in collaboration with the Government departments
10. Another important aspect of effectiveness, efficiency and sustainability of any project is real involvement of all stakeholders, in all cycles of project implementation, beginning from need identification to monitoring of activities. Chattishgarh project effectively involved the villagers, SHG members, school teachers, health functionaries working in the villagers, Panchayat members and Government officers at different stages of project implementation. This created a genuine feeling of ownership and partnership among these stakeholders towards the project which further led to take necessary steps to continue the project, after ADB funding is over.

1. Project Proposal

Cooperation Fund for the Water Sector

Pilot Demonstration Activity

Request Form

Activity Title: Demonstrating the Integration of Health and sanitation with gender sensitive approach in the infrastructure projects (Sustainable Sanitation improvement and management through community initiative)	
Proposer (Name, Div/Dept):	
Request Date:	
Country (DMC):	Region:
Activity Proposed Start Date:	Activity Proposed Duration:
Cost Estimate:	
Implementing Organization Contact: Dr. Aqueel Khan, Director, Association for Stimulating Know How (ASK), V 30/ 3 DLF Phase III, Gurgaon, Haryana, India	
Consultant Identified?	If so, Consultant(s) Contact:
ADB Activity Officer – name, position, division, telephone and e-mail:	

Short Description:

1. Background and Rationale:

This proposal is placed in the context of the Infrastructure development projects, particularly rural roads projects that are being funded by ADB in several parts of the country. These projects are important from the point of view of improving the connectivity of the villages which in turn enhance the mobility of the communities. This brings greater opportunity for economic enterprise.

While on one hand the rural roads project brings economic growth it also throws up certain challenges, especially in the realm of water and sanitation.

Firstly, the increased mobility and access attracts more population in search of economic opportunities. The road sides and the villages have to contend with the increased population that also grows haphazardly. The requirement for water increases. If not planned well, the sanitation becomes a casualty and unsanitary conditions increase in the villages and the region.

The villages still do not have facilities of sanitary toilets, proper drains or facility for solid waste disposal. With the increased population that the better roads bring the drainage system is severely taxed. The choking of drains is a common problem. If the planning of the layout of the road does not take care of this aspect, there may be stagnation of excessive water on the road.

The solid waste quantity also increases manifold and there is every chance of spread of disease or epidemic. It is common place to see that the people come to stay too close to the plot of land earmarked for solid waste disposal or sometimes the solid waste disposal facility itself may be encroached upon, thus leaving no planned space for the disposal of waste.

The Lack of availability of sanitary toilets means that the people must go to open places outside of their homes for defecation. This is a common practice throughout the country. However once the areas that were once barren and less frequented become more accessed, it raises a big problem for the village inhabitants, particularly the women. There is a concentration on small patches of areas that become increasingly unhygienic and a virtual minefield for diseases.

People in general and the Women in particular, who often use these spaces for their sanitation needs, find it increasingly difficult to come to these places for toilet needs due to severe lack of privacy. This affects their dignity and also makes their safety an issue. Often they may be forced to walk longer distance to find a private and safe place. This increases the time consumed and adds to the drudgery.

The lack of privacy, safety renders the possibility of defecating only during the dawn or dusk. This forces the women to unnaturally regulate their bowel movements leading to disastrous consequences for their health. The stories are too common of newly wed women (often in their adolescence) who when suffering from diarrhea or dysentery have gone through hell as they cannot express the problem considering it a matter of shame.

As such the women in conservative villages can go for their toilet needs before dawn or after dusk. If the road side that they visited earlier for their toilet need gets busier it becomes difficult for the women to use the same.

Similarly the bathing ponds become frequently busy, often get located on the road side and the local population finds it increasingly difficult to use these facilities. Once again the women do so at huge amount of personal discomfort, often under the prying eyes of insensitive passerby. With no attention ever given to this problem women have no choice but to accept it as their fate.

The pollution of such ponds due to increased human and economic activity often renders these public water bodies highly polluted thus increasing the likelihood of health risks.

The other problems brought to the villages with the development of infrastructure is the deteriorating sanitary conditions due to increased waste disposal from the physical and economic activities of the increased population, often not matched with a commensurate water and sanitation improvement effort.

All of this combined with a general lack of personal hygiene which is more of an attitude issue can lead to worsening of the situation.

It is in view of the above situation, that ASK would try and pilot an intervention aimed at improving the sanitation conditions in locations where rural roads are being developed so as to ensure that the location improves its environment sanitation conditions and particularly benefits the women in increasing the access and thereby improving the health as well as comfort for the women. The project will also involve women as key participants in the analysis, intervention, monitoring and maintenance efforts. This way the project will ensure that the project will benefit from the insights and efforts of women who are almost 50 % of the total population. This will also ensure that the specific needs and concerns of the women will be addressed effectively and they will play active role in managing the local environmental sanitary conditions.

2. Objectives:

The project has two main objectives. These are:

3. To successfully demonstrate a sustainable sanitation program model implemented and managed collectively by the community stakeholders
4. To ensure the availability of a practical process based manual on implantation of sanitation program

3. Scope and location of Work / Description of Activities:

Location of the project

The project will be implemented in a location where rural roads project funded by ADB is being implemented. This will be in the state of Madhya Pradesh. For the pilot intervention 3 villages of one Panchayat in any one block will be chosen.

The Scope / overall strategy of the project

- The project will target major community level stakeholders, particularly the women and the village leadership to effect change in them as well as ensure their participation in a self help Sanitation improvement and management (together with a component of personal hygiene) effort.

Besides the local Public health department staff of the government set up will also be mobilized to play a role in the effort.

The major strategy components of the project are presented below.

I. Understanding the context - Situational Assessment.

The situational assessment will cover the aspects of:

Village governance – structure and status

Religion, Caste and class composition

Status of village sanitation

Likely impact on a gender disaggregated basis of the rural roads project

Gender analysis – general and in relation to water and sanitation

Credit mapping

The project intervention will be simultaneously made with the women and the village leaders.

II. Women for self development – mobilizing and investing for health and sanitation

The women will be motivated and organized initially into the basic unit of Self Help Groups (SHGs). These SHGs will take up self help activities and simultaneously create a pool of savings.

The women will alongside be exposed to gender sensitization and sanitation and hygiene awareness inputs. The need for initiating self help actions for improving own sanitary conditions and reducing the drudgery and discomfort due to lack of sanitation facilities and practices will be brought to surface.

From within the SHGs, a group of women and adolescent girls will be identified to perform as sanitation and personal hygiene volunteers. These volunteers will be provided with special training inputs and assisted to carry out awareness and motivation activities. These volunteers will carry out activities such as:

Wall writings

Health awareness rallies

Awareness programs for the community in general and SHGs and school children in particular will be carried out. These will focus on general cleanliness, personal hygiene, and sanitation issues.

Individual family visits for encouraging for simple personal hygiene messages and for encouraging the SHG members for taking loans for construction of latrines will be made by these volunteers.

The leaders of the SHGs will simultaneously be provided with capacity building inputs on the management of the SHGs.

The pool of saving that will have been created will be augmented by providing grants to SHGs. These grants will in turn be forwarded as nominal interest loans to the members for the purpose of constructing sanitary latrines at the family level.

The latrine may be a single or double unit depending upon whether both the sexes will be willing and free to use same latrine or will need different latrines. Particularly this may be the case if the married couples and the parents are living in a joint family.

The women leaders of the SHGs will be the ex officio members of the Village Sanitation Committees that will be established in each village.

III. Women to own and manage a Rural Sanitary Mart

In the third quarter of the year of the project the women SHGs will be organized into a federation. This federation will own and manage a Rural Sanitary mart that will sell all sanitary ware requirements and will be managed on a nominal profit basis. This mart will be established before the Latrine construction work starts, perhaps in the later part of the first year and the women federation members will be the legal owners of the mart. They will be assisted by hired staff to manage the mart. Towards the end of the year they will hopefully develop an insight into the functioning of the mart after receiving some intensive training. They will accordingly continue to manage the mart beyond the project.

The rural sanitary mart will be established at a market place so that it has adequate clientele.

The rural sanitary mart will stock the material that will be demanded by the community. The approach will be demand driven rather than supply driven. The different models of sanitary toilets and other facilities will be discussed with the communities and only after they select the model will the sanitary mart procure the materials in view of the demand.

IV. Developing Institutional mechanism for sustainable sanitation improvement and management in the villages – enlisting the support of leaders – Panchayat representatives, traditional leaders and Public health department and District administration functionaries

Simultaneous to the interventions with the women the project will involve the leaders of the Panchayat and the other opinion leaders and the local health and education functionaries in a sensitization and dialogue process.

The leaders will be provided with inputs on:

- Sharing of sanitation improvement success and failure stories – visits will be made to SPARC Mumbai, ECOSAN, and SULABH and towns such as Surat, Gujrat that once suffered heavily from plague but later learnt their lessons to be one of the best managed municipalities in the country.
- Gender sensitization workshop
- Hygiene education and its importance

Once the village leadership is sensitized about the issue, they will be motivated to form a Village Sanitation Committee (VSC) or revive the existing one. The committee will ideally have representatives of Panchayats, traditional leaders, leaders of women SHGs and Health and education functionaries. The Public Health department functionaries and the district government functionaries will be involved in an invitee capacity. The support of the government functionaries will be important from the point of view of continuation of the initiative beyond the project period. The representation of women will at least be 50 %.

The VSC will prepare a comprehensive micro plan for sanitation improvement and management. The micro plan may be implemented by combining own resources with the grants and schemes of the government. Some of the activities that the village sanitation committee may do are:

- Repair of lanes and drains
- Arranging the regular periodic cleaning of the drains, lanes and the water bodies
- Facility for garbage collection and disposal
- Disinfecting the water bodies
- Keeping the existing drinking water sources functioning and clean

The VSC will mobilize grants from the Panchayat, Block administration and other central and state government schemes. The VSC also may collect a contribution from the individual families. The cleaning of the village lanes and drains and waste water and solid waste disposal will be ensured by recruiting local employees. Care will be taken to ensure full dignity of these employees. They will be provided with health and safety equipment and tools that make their work less strenuous.

V. Process documentation of the entire initiative

As the project process unfolds, it will be documented in its entirety, including the factors for success, bottlenecks faced, changes brought about in the project sequence and the implementation strategy, the sequence of intervention with rationale, the major turning points, the facilitating and inhibitive factors in dealing with different stakeholders etc, the gender considerations.

This entire documentation will be converted into the shape of a manual that will be available as a guide for integrating gender sensitive sanitation and personal hygiene intervention in all infrastructure projects supported by the ADB.

Description of Activities

Initial assessment before the intervention:

Assessment of the villages with the help of a combination of PRA and baseline survey will be conducted to find out the status of:

- Village governance
 - Different aspect of village governance
 - Water and sanitation
 - Style of functioning of the governance institution
- Status of hygiene and sanitation
- On likely impact on sanitation due to rural roads
- Gender analysis-from general and sanitation perspective
- Youth- their status and role in society

Intervention with women

- SHG awareness- introduction to concept
- Facilitate the formation of new SHGs or existing ones are strengthened where women are saving, exchanging loans for Income Generation Activities and for latrine purposes
- Invite selected women for training on SHG and gender sensitivity training
- Training on record keeping to youth motivators and leaders
- SHG management training
- Facilitate linkages with bank- A/c or loans
- Identification and training of selected women and adolescent girls to serve as community volunteers for sanitation and hygiene awareness
- Sanitation and personal hygiene awareness programmes

- Introduction to sanitary pit latrines, soak pits, waste water disposal, Dos and Don'ts for personal hygiene and sanitation and solid waste disposal
- Provision of loans to members for latrine construction through SHGs
- Collection of waste disposal charge from members
- Formation of federation
- Transfer of sanitary mart/Loan to federation for sanitary mart to be managed by youth volunteers in employee capacity

Intervention with Panchayat and other leaders, teachers and health staff

- Concept sharing
- Exposure
- Gender sensitization
- Establishment of Village Sanitation Committee
- Developing water and sanitation plan with role of Panchayat, youth and women
- Recruitment of sanitation workers
- Collection of sanitation charge from SHGs, families
- Mobilization of grants for repair of lanes and drains, hand pump installation, cleaning of ponds

4. Implementation Schedule, Institutional Management Arrangements, and Proponent Qualifications:

Management of the project

The project will be implemented in a location where rural roads project is implemented. This will be in the state of Madhya Pradesh. ASK will depute a team of Social Development and health professionals who will work in autonomous manner. This project unit will be responsible for developing quarterly plans from within the overall project plan. The execution and monitoring will be the responsibility of this project unit. The project unit will be headed by a Project Coordinator.

The role of the head office will be to provide policy directions to the project. The head office will have one person directly in charge of the project who will constantly keep in touch with the project on one hand and the ADB on the other hand. This person, designated as the Project Manager will visit the project at least once a quarter and will assess, inter-alia, the qualitative results and the quality of interventions. The project manager will also discuss the findings of the quarterly review done by the project team and add value to the quarterly plan.

The head office will also facilitate the development of monitoring and reporting system that will be result based but will also capture the process. The project will have, besides other staff, a documentation officer who will be responsible for the process documentation of the entire project.

Month	General	Women volunteers	Women	Panchayat	Schools
1 st	Assessment of the area				
2 nd			Introduction to concept		
3/4 th			Formation of SHGs	Concept sharing	
4 th		Sharpen objectives, Identify women volunteers, Awareness on health and personal hygiene/Sanitation	Strengthen of existing SHGs		
5 th		Training on latrine, soak pits, waste water disposal/record keeping, Training on facilitation and communication	SHG and gender sensitivity training	Gender sensitization training	Gender sensitization training with teachers together with the women groups or the Panchayat groups
6 th		Exposure, Establishment of Village sanitation Committees	Exposure, Establishment of Village sanitation Committees	Exposure, Establishment of Village sanitation Committees (VSC)	
7 th	Mart established	Communication through low cost	Construction of latrines,		Sanitation and personal

		media, Facilitate construction of latrines	establishment of federation of SHGs		hygiene awareness with children,
8 th	Monitor and guide the management of the mart	Facilitate Construction of latrines	Construction of latrines, Training on record keeping to leaders, Linkage with the banks	Monitor and clean the village, develop a self supported mechanism for village cleanliness	sanitation awareness with children, sessions on personal hygiene - Continued
9 th	Monitor and guide the management of the mart	Facilitate Construction of latrines	Construction of latrines, Inter loaning among the members, Post office,	Follow up of VSC	sanitation awareness with children, sessions on personal hygiene - continued
10 th	Monitor and guide the management of the mart	Facilitate Construction of latrines	Construction of latrines	Follow up of VSC	
11 th - 12 th	Monitor and guide the management of the mart	Facilitate Construction of latrines	Construction of latrines	Follow up of VSC	Personal hygiene and cleanliness competitions

5. Expected Results (outputs/outcomes/effects/impacts):

Impact (result to be achieved beyond the project period)

At the community level

- The health of the community in general and women in particular and physical convenience in day to day activities will have improved instead of deteriorating in the event of enhanced mobility and access due to infrastructure projects
- The community, particularly women will be playing an active role in the sanitation improvement and management initiatives
- Sanitation improvement and management component will be integrated in the infrastructure development projects of ADB and other multi laterals

At the intervening agency level

- Sanitation and personal hygiene projects will be implemented together with infrastructure projects based on clearly available guidelines

Outcomes (results by the end of the project)

At the community level

- The latrines that get constructed will have been used by the family members, particularly the women
- The water source and supply will be maintained on a sustained basis by the community with the help of the local Public Health Department
- Sanitary mart will have been established and will be profitably functional
- Village Sanitation Committee will be functioning and prepare plans to carry out activities such as:
 - Disposal of solid waste
 - Waste water disposal
 - Maintaining lanes and drains in the village
 - Stagnant water will be properly disinfected in all villages

At the Project level

- A good quality manual will have been prepared and available in printed form for further dissemination to infrastructure projects implementing agency

Outputs (results achieved during the project upon completing the activities)

Intervention with women

- Women form SHGs
- Female volunteers are conducting awareness raising programs in the community at least once every month and making family visits
- Female Youth volunteers are conducting awareness programs in the schools, at least once every two months
- SHGs begin to forward loans to members
- Women mobilize loan for the construction of latrines
- Women are elected to represent in the Village Sanitation committee
- Latrines are constructed
- Soak pits are dug
- Federation is formed
- Sanitary mart is established and women learn how to manage the mart

Intervention with Panchayat and other leaders, teachers and health staff

The specific targets can be fixed upon completing the situational assessment

- Village sanitation committee begins to function
- VSC is collecting the contribution as per its target
- VSC mobilizes grants from the Panchayat and Government department as per its micro plan

Intervention with schools

The specific targets can be fixed upon completing the situational assessment

- Children of all schools in the village participate in the program conducted for them
- All children participate in the personal hygiene sessions

6. Measurable Performance Indicators:

Indicators of impact

- Mortality and morbidity rates
- Reduction in the number of hours spent for water and sanitation activities
- Number of women represented in the VSCs
- Extent of increase in the level of participation of women in the sanitation planning and execution
- Number of infrastructure projects where the sanitation project is being simultaneously implemented

Indicators of Outcome

Corresponding to the outcomes the indicators too are at the community and the project level

At the community level

- Number and percentage of latrines used daily by the family members
- Number and percentage of latrines used daily by the women
- Number of villages where VSC is acting as per the plan and carrying out activities such as:
 - Disposal of solid waste
 - Waste water disposal
 - Maintaining lanes and drains in the village
 - Stagnant water will be properly disinfected in all villages
- Number of villages where the women are represented in the village sanitation committee
- Number of village where the women and men express that the participation of women has increased from the past (to be ascertained based on set criteria)

At the Project level

- Percentage of assessors who rate the manual as per the expected standards

Indicators of Outputs

Intervention with women

- Number of SHGs formed
- Number of women who are members
- Total savings

- Total loan taken
- Percentage of loan recovery
- Number of awareness programs done with the women
- Number of rallies conducted
- Number of women volunteers
- Number of family visits done by volunteers
- Number of family visits done by volunteers
- Number of women who take loan for construction of latrine
- Number of latrines constructed
- Number of soak pits dug
- Number of meetings of the federation conducted
- Number of decisions taken by the federation
- Number of decisions implemented
- Profitability of the sanitary mart

Intervention with Panchayat and other leaders, teachers and health staff

- Number of meetings of the VSC
- Number of decisions taken by the VSC
- Number of decisions implemented
- Amount of contribution collected from the members
- Surplus available with the VSC after meeting all expenses
- Number of schemes mobilized from the government

Intervention with schools

- Number of Children of all schools in the village who participate in the program conducted for them

7. Stakeholders Participation:

As is evident from the entire proposal the strategy is totally focused on ensuring that the various stakeholders participate and perform different activities. The expected final result is that the stakeholders own up the responsibility of the sanitation initiatives.

However this is pilot intervention and a specific location has not yet been identified for the implementation. Obviously the community has not participated in the formation of this proposal. It is proposed that once the location of the project is identified and the rapport with the community is developed to the stage of formation of youth groups, SHGs, meetings will be organized with these two and the Panchayat of the village to share the concept of the project and appropriate modifications will be done based on the field realities.

Thereafter the representatives from the different VSCs will be elected to form a Project management Committee and all planning will be carried out together with them. The PMC will also monitor the project. The report based on the indicators will be placed before the Project management committee.

8. Scope for Replication/Use in Other DMCs:

The very purpose of the project is to demonstrate sustainable practice of health and sanitation and to develop a manual that will help in building this component into the infrastructure development projects.

2. Inception Report

**PROJECT ON SUSTAINABLE SANITATION IMPROVEMENTS AND MANAGEMENT
THROUGH COMMUNITY INITIATIVE**

INCEPTION REPORT- June to July 2006

Submitted by:

ASK, India

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- 1. Background & Rationale of the Project**
- 2. Objectives of the Project**
- 3. Results achieved during this period**
- 4. Activities undertaken during this period**
- 5. Action Plan for next month**

Annexure:

1. District Profile of Sarguja
2. Project Work Plan

1. Background and rationale of the project

This project intervention is placed in the context of the infrastructure development projects, particularly rural road projects that are being funded by Asian Development Bank (ADB) in several parts of the country. These projects are important from the point of view of improving the connectivity of the villages which in turn enhance the mobility of the communities. This brings greater opportunity for economic enterprise.

While on one hand the rural roads project brings economic growth it also throws up certain challenges, especially in the realm of water and sanitation.

Firstly, the increased mobility and access attracts more population in search of economic opportunities. The road sides and the villages have to contend with the increased population that also grows haphazardly. The requirement for water increases. If not planned well, the sanitation becomes a casualty and unsanitary conditions increase in the villages and the region.

The villages still do not have facilities of sanitary toilets, proper drains or facility for solid waste disposal. With the increased population that the better roads bring the drainage system is severely taxed. The choking of drains is a common problem. If the planning of the layout of the road does not take care of this aspect, there may be stagnation of excessive water on the road.

The solid waste quantity also increases manifold and there is every chance of spread of disease or epidemic. It is common place to see that the people come to stay too close to the plot of land earmarked for solid waste disposal or sometimes the solid waste disposal facility itself may be encroached upon, thus leaving no planned space for the disposal of waste.

The lack of availability of sanitary toilets means that the people must go to open places outside of their homes for defecation. This is a common practice throughout the country. However once the areas that were once barren and less frequented become more accessed, it raises a big problem for the village inhabitants, particularly the women. There is a concentration on small patches of areas that become increasingly unhygienic and a virtual minefield for diseases.

Impact on women

Women in particular, who often use these spaces for their sanitation needs, find it increasingly difficult to come to these places for toilet needs due to severe lack of privacy. Often they may be forced to walk longer distance to find a private and safe place. This increases the time consumed and adds to the drudgery. The lack of privacy, safety renders the possibility of defecating only during the dawn or dusk. This forces the women to unnaturally regulate their bowel movements leading to disastrous consequences for their health.

As such the women in conservative villages can go for their toilet needs before dawn or after dusk. If the road side that they visited earlier for their toilet need gets busier, it becomes difficult for the women to use the same. Similarly the bathing ponds become frequently busy or often get located on the road side and the local population finds it increasingly difficult to use these facilities. Once again the women do so at huge amount of personal discomfort, often under the prying eyes of insensitive passerby. With no attention ever given to this problem women have no choice but to accept it as their fate.

It is in view of the above situation, that ASK is undertaking a pilot intervention aimed at improving the sanitation conditions in locations where rural roads are being developed so as to ensure that

the location improves its environment sanitation conditions and particularly benefits the women in increasing the access and thereby improving the health as well as comfort for the women. The project will also involve women as key participants in the analysis, intervention, monitoring and sustainability efforts. This way the project will ensure that the project will benefit from the insights and efforts of women who are almost 50 % of the total population. This will also ensure that the specific needs and concerns of the women will be addressed effectively and they will play active role in managing the local environmental sanitary conditions.

2. Objectives of the project

5. To successfully demonstrate a sustainable sanitation program model implemented and managed collectively by the community stakeholders; and
6. To ensure the availability of a practical process based manual on implementation of sanitation program.

3. Results achieved during this period

- The project team has been recruited and administrative arrangements are in place
- Complete understanding of the team has been developed on the development context of Chhatisgarh, the project objectives and their roles and responsibilities
- An initial rapid appraisal has been conducted in the area
- The project area – district, block and the three villages have been identified based on outcomes of the rapid appraisal.
- A project work plan for the entire project duration has also been outlined

4. Major activities undertaken during this period

Recruitment of Project team

The Project team as per the proposal comprises of the following:

- Project Manager (who will be based in the field office and will coordinate with national office)
- Project Coordinator (who will be based in field office)
- Social worker (will be based in field office, is yet to be recruited)
- Documentation officer (will be based in national office and will be responsible for process documentation)

The Project Manager and Coordinator have been recruited, both being professionals in the development sector. After establishing a complete understanding about the project and their respective roles the team immediately moved to Chhatisgarh to initiate the process of selection of project areas and setting up office.

Inception meetings at National Office

Inception meetings were held at the national office on 30th June and 1st July, 2006 to discuss the project in its entirety. The project team as well as members of the national office participated in it. Intensive discussions were held regarding various aspects and nuances of the project, for a better

and comprehensive understanding of the project. Some of the salient features of the meeting are as follows:

- Discussions were held on the process of selection of project site
- Initial rapid appraisals and more in-depth situational assessments of the selected area were also discussed.
- The budgetary allocation under various heads were discussed which formed the basis for further planning
- The channels of communication between the field office and the national office were worked out
- Various activities to be undertaken were put up for discussion which provided inputs for developing the work plan for the project
- Discussions were also held regarding logistic set up

Developing project work plan

Activity Plan of Project from June 2006- May 2007 was prepared giving a detailed layout of the proposed activities to be undertaken with reference to time. The work plan has been attached as Annexure 2.

Preparation of team prior to field visit

Before leaving for the field, the project team devoted considerable time to prepare themselves in terms of building the understanding about the development context of Chhatisgarh, and also to prepare for the situational assessment that would be conducted in the selected areas. For this purpose following work was undertaken:

- Existing resource and know how at the organization was utilized
- Relevant literatures were consulted
- Human Development Reports were consulted to understand the context
- Relevant information was extracted from the internet which added to the knowledge base of the team
- Tools / PRA exercises including exercises for Gender analysis were developed for the situational assessment.

Selection of project area

As the per the project guidelines, this particular intervention will be done in only those villages which have been covered under the rural roads project funded by ADB.

In keeping with this basis, Sarguja district of Chhatisgarh has been identified since this is the only district where the stretch of roads sanctioned by ADB have been completed. A district profile of Sarguja has been attached as Annexure 1.

In Sarguja, ADB funded rural roads have been constructed in two Block namely, Surajpur and Ramanujnagar. Surajpur has two stretches while Ramanujnagar has three. In both the Blocks and all stretches rapid appraisals were conducted and finally the decision was to select Surajpur block.

Rationale behind selection of Surajpur:

- In Surajpur block the stretches cover several villages with considerable population density so the project if implemented will encompass quite a substantial population.
- In one particular stretch an industrial park is being constructed. It is envisaged that this will have an impact on the sanitation patterns of the nearby villages.
- Both the stretches in the Block are connected to NH 78 so a considerable flux of vehicular movement is noticed. This will also influence and impact the sanitation pattern of the village population.
- Surajpur is situated at a distance of 40 km from Ambikapur, the district headquarters of Sarguja. This also makes it a more practical base from a logistic point of view.

Selection of three villages

After a process of rapid appraisal in the Surajpur Block, the stretch from Kunjnagar to Jaundei under ADB supported project was chosen. Further the following villages that lay on this stretch were chosen for intervention:

1. Harratikra
2. Koreya
3. Kandarai

The 3 villages show a complete absence of sanitation facilities. In such a scenario, the entire population is compelled to undertake open air defecation, most commonly in the adjoining fields. In several places the existing road and its immediate vicinity used to be the preferred place of sanitation. As of now this sanitation pattern is being highly disturbed by the existence of the PMGSY road. Complete absence of development agencies and other institutions is yet another characteristic of these villages which necessitate a development intervention. One positive feature is that in Harratikra the Sarpanch is a female candidate which will be an impetus to eliciting participation of women in the village. A more comprehensive profile of these villages is being developed.

Setting up of project office

A project office will be set up at Surajpur block, Ambikapur. From this office the complete project will be coordinated. This office would communicate with the national office for all necessary inputs and guidance. The team has identified the space and is presently setting up the office and also making other logistic arrangements.

Rapport building with community in three villages

At present the team besides completing the logistic arrangements is simultaneously involved in regularly visiting the three selected villages. This has ensured a regular contact with the community and relationship building. Preliminary discussions and concept sharing is being done with the community leaders to abreast them about the project intervention. The entire focus as of now is on building the relationship with the community and information sharing.

5. Action plan for next month

The action plan for the next month will entail:

- The process of rapport building will be continued in the three villages.
- A Gram Sabha will be organized for concept sharing with the larger community and seeking their opinion on the project.
- The situational assessment in the three villages will be initiated
- Completion of the logistic arrangements

DISTRICT PROFILE OF SARGUJA¹

Human Development Indices	2004	
Human Development Index (HDI)	0.418	
HDI RANK	11	
Alternate Human Development Index	0.393	
Alternate HDI Rank	11	
POPULATION	1991	2001
Share of State's Population (%)	8.98	9.47
Area (sq km)	16034*	16034
Urban Population (%)	5.40	6.96
Scheduled Caste Population (%)	4.70	4.81
Scheduled Tribe Population (%)	56.72	54.60
Density of Population (per sq km)	101	125
HEALTH	1991	2001
Infant Mortality Rate**	76	56.1
Under 5 Mortality Rate	113	79.37
Crude Birth Rate (per 1000 population)	33.44	30
Number of Hospitals	2	2
PHCs	74	65
Sub-centres	594***	488
Community Health Centres	8	18
AGRICULTURE	1991	2001
Average Land Holding Size (in ha)	2.230	1.920
Per Capita Forest Area (ha)	0.704	0.524
EMPLOYMENT (%)	1991	2001
Work Force Participation Rate		
Rural	50.03	51.5
Urban	26.5	27.6
Share of Primary Sector	90.7	DNA
Share of Secondary Sector	2.5	DNA
Share of Tertiary Sector	6.8	DNA
Total Employment in Agriculture	89.2	86.19
Agricultural Labour	18.4	34.9
EDUCATION	1991	2001
Literacy Rate (%)	27.34	54.8
Male Literacy Rate	39.01	67.6
Female Literacy Rate	15.21	41.6
Scheduled Castes	25.2	51
Scheduled Tribes	19.5	48.3
HOUSEHOLD STATUS (%)	1991	2001
Households with Pucca Houses	8.38	6.04
Semi- pucca Houses	90.44	92.57
Kutchra Houses	1.19	1.39

Source: UNDP Human Development Report, Chhatisgarh, Sarguja, 2004

Households with Access to:

Electricity	21.95	28.36
Safe Drinking Water	27.66	27.24
Toilet Facilities	7.72	7.95
All of the three given above	5.51	4.11
None of the three given above	60.49	22

GENDER

	1991	2001
Sex Ratio (no. of females per 1000 males)		
Rural	970	977
Urban	894	904
Total	966	972
Scheduled Castes (sex ratio)	967	979
Scheduled Tribes (sex ratio)	979	987
Female Work Participation Rate	49.5	44.0

Annexure 3

Timeline June 2006– May 2007

Months	1 June	2 July	3 Aug	4 Sep	5 Oct	6 Nov	7 Dec	8 Jan	9 Feb	10 Mar	11 Apr	12 May
Expected results												
Office has been established	■	■										
RRA been conducted	■	■										
Situational assessment/PRA has been conducted	■	■	■									
Concept has been introduced			■	■								
Concept has been shared with Panchayat				■								
Process of SHG formation started				■	■							
Women volunteers have been identified					■							
Existing SHGs has been strengthened					■	■						
Training has been given on latrine const, SHG, gender sensitivity (women, Panchayat & schoolteachers)						■						
VSC has been formed							■	■				
Exposure visit has been undertaken								■				
Sanitary mart has been established								■	■			
Training has been given on record keeping to leaders								■				
Const of latrines has been started									■	■	■	■
Mart is effectively managed									■	■	■	■
Mart has been monitored									■	■	■	■
Linkage with banks has been established									■			
Inter loaning among members has been started										■		
Follow up of VSCs has been taken up									■	■	■	■
Competition on personal hygiene & cleanliness has been conducted												■

Annexure 3. Project timeline (With additional activities/revised/implemented)

Project Time Line (June 2006 – June 2007)

Months	1 June	2 July	3 Aug	4 Sep	5 Oct	6 Nov	7 Dec	8 Jan	9 Feb	10 Mar	11 Apr	12 May	13 June	14 July
Expected results														
Office has been established	█	█												
RRA has been conducted	█	█												
Situational assessment/PRA has been conducted	█	█	█											
Concept has been introduced			█	█										
Concept has been introduced with Panchayat members/Teaching staff/Health functionaries				█										
Monitoring has been conducted				█										
Concept has been introduced with women leaders/ SHGs				█										
Assessment of SHGs has been done				█	█									
Strengthening of SHG has been started					█									
Training has been given on concept Sharing (To: SHG members/women leaders)					█									
Networking with NGOs and other institutions has been initiated					█									
Training has been given on SHG management (To: Women SHG leaders)						█								
Rapport building with Adolescent girls/boys has been started						█	█							
Women volunteers have been identified						█	█							
Training has been given on Concept sharing and Gender sensitization (To: Panchayat members and school teachers)							█							
Training has been given on Gender sensitization (To: Women SHG leaders)							█							
Training has been given on Record keeping (To: Each Individual SHGs)							█							

Months	1 June	2 July	3 Aug	4 Sep	5 Oct	6 Nov	7 Dec	8 Jan	9 Feb	10 Mar	11 Apr	12 May	13 June	14 July
Expected results														
Micro plan has been prepared for Exposure visit														
VSC has been formed														
Training has been given on Sanitation and hygiene (To: Women volunteers)														
Exposure visit has been undertaken														
Self supported mechanism has been established for village cleanliness with the help of Panchayat														
Training has been given on Micro Planning (To: Women SHG leaders)														
Training has been given on latrine construction (To: Women SHG leaders)														
Rally on social awareness has been conducted may														
Sanitation and personal hygiene awareness with school children has been done														
Construction of latrines has been started														
Follow up of VSCs has been taken up														
Rally on social awareness has been conducted														
Competition on personal hygiene & cleanliness has been conducted														
Process documentation has been done														