

**SIX MONTHLY PROGRESS REPORT
OF
“Gender sensitive sustainable sanitation improvement and management
through community initiative”**

Reporting Period: June to December 2006

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I. Introduction

1.1 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 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 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 under **assistance of Asian Development Bank (ADB)** 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.

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 (expected results to be achieved during the project upon completing the activities)

Intervention with women

The specific targets have been fixed upon completing the situational assessment

- **135** women will have formed / strengthened **12 SHGs** (Intervention has been done in already existing SHGs)
- **15** female volunteers will be conducting awareness raising programs in the community at least once every month and making family visits
- Female Youth volunteers will be conducting awareness programs in the schools, at least once every two months
- **12 SHGs** will begin to forward loans to members
- **30 women** will have mobilized loan for the construction of latrines
- **15 women** will have been elected to represent in the Village Sanitation committee (5 women each in a VSC)
- **30 latrines** will have been constructed
- **30 soak pits** will have been dug
- Federation will have been formed
- Sanitary mart will have been established and women learn how to manage the mart

Intervention with Panchayat and other leaders, teachers and health staff

- Village sanitation committee will have begun to function
- VSC will have been collecting the contribution as per its target
- VSC will have mobilized grants from the Panchayat and Government department as per its micro plan

Intervention with schools

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

II. Activities carried out and their description

2.1 Activities carried out in relation to those planned

Activities Planned	Activities Achieved
A Project office has to be established	A fully functional Project office has been established
RRA has to conduct	RRA has been conducted
PRA and Situational Assessment has to be conducted	Situational Assessment and PRA has been conducted
Concept to be introduced in the community	Concept has been introduced
Concept to be shared with Panchayat leaders	Concept has been shared with Panchayat leaders
Process of SHG formation to be started	Intervention has been carried out with already existing SHGs
Training has to be given to Women SHG leaders	Training has been given to Women SHG leaders
Training has to be given to Panchayat leaders and teaching staff	Training has been given to Panchayat leaders and teaching staff
Village Sanitation Committee has to be formed in 3 villages	Village Sanitation Committees has been individually formed in three villages
Further, following activities were <i>additionally undertaken</i>, as it found necessary to do proper and greater justice to the intervention:	
	Monitoring of the intervention
	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

2.2 Description of activities undertaken during the reporting period June – December 2006

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. However, there are some activities that were additionally undertaken, as it was felt necessary. This section also separately deals with them

2.2.1 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.

The office is strategically placed from a logistic point of view and also at a convenient distance from the Project villages. Its well equipped with associated infrastructure as electricity, furnitures, two-wheelers, computers, phone and internet connectivity. This office is serving as a nerve-centre for implementation of activities at the field level as well coordinating with the National office

2.2.2 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*

The intervention had been prepared with a hypothesis that construction of infrastructure related projects, such as laying of PMGSY stretches impacted the immediate community at some levels. Some of the envisioned impacts such as improved mobility, increase in economic activity, better connectivity with adjoining towns and cities were definitely positive in nature. At the same time some negative impacts were also visualized as adverse effects on sanitation pattern with special regard to women, as increased mobility and thereby traffic increased the vulnerability of women; also expansion of population along roadside meant additional burden on the sanitary conditions of the vicinity.

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.

2.2.3 Conduct PRA and Situational Assessment

The **PRA/Situational Assessment** has been completed successfully with fruitful participation from the stakeholders. The primary objective of extracting 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 main objective had been to encompass the situation as well as the context of the villages in its entirety, comprehensively compiled to provide a deeper understanding of the mentioned area. Since the project is aligned towards gender issues, efforts have been made to specifically cover the status of women with special regard to their social role-playing as well as their resources' access and control capabilities. Specific gender tools have been utilized to ascertain accurate and specific gender related issues that are discreetly or subtly intertwined into the scope of our intervention

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 has 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.

2.2.4 Introduction of Concept of the project

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 holding cognizance 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.

To successfully complete the activity, the overall village community was compartmentalized into relevant segments of stakeholders. This was done to achieve a better reach and effect. Further, it was not deemed feasible to mobilize the entire gamut of stakeholders at one single juncture of common time and place. The division of stakeholders resulted into different segments like *Panchayat members, teaching staff, health functionaries, women group leaders/SHGs etc.* Thereafter, interactions/meetings were held with different segments involving discussions regarding the context and the concept of the intervention. Things were kept simple to and fine-tuned to a level, which could be easily comprehended by the community members.

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

2.2.5 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

Panchayat members as the constituted governing body of the village can be instrumental in spreading and driving 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 during their regular meetings and specially so during Gram Sabha. Further they can lead and show the villagers how the various concepts can be implemented in day-to-day functioning of the village

2.2.6 Process of SHG formation started

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 all seemed quite viable and thus was included in the list of activities agreed upon. Additionally, the fact was also taken care of 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 are existent but are in a state that calls 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 furnish the basic objective behind formation of SHGs. It all indicated to a very discordant scenario where the SHGs though somehow functional and some dormant ones as well, lacked 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 is no more committed to form new SHGs but have strengthened the existing ones. The idea is to undertake the strengthening process so as to uplift them to a stage where they are viable, properly functioning and self-sustainable

2.2.7 Existing SHGs have been strengthened

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 atleast 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 have been given to women/SHG leaders, apart from special inputs given on Record Keeping

- (i) Training on SHG management
- (ii) Training on Gender Sensitization

As of now, arising out of the strengthening process, the SHGs are in much better state. The change has begun to be visible in several associated aspects like regular meetings of SHGs, such meetings being held periodically and more frequently, increased participation of SHG members in meetings, proper maintenance of various records like attendance register, meetings register, savings record etc, proper enforcing of rules and regulations for better functioning of SHGs. These things that were initially notably absent have started to show and is indicative of the strengthening that has taken place

2.2.8 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 of their interest, willingness, potential and ability to do justice to the role

This group of women as identified, will 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:

- 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.

As of now, as women volunteers have been identified, they are being prepared to undertake activities as discussed above in the future, which are planned for the next half year

2.2.9 Trainings

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

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

Trainings to Women/SHG leaders:

Total number of trainings: Three (3)

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 has been an increase in community participation
2	Training on SHG management	35	Almost all the SHGs are functioning more effectively. The result is quite evident in their regular meetings, better participation rate and improved records
3	Training on Gender Sensitization	40	Women are coming forward to participate in various activities of the intervention

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 has been an increase in participation and support from the Panchayat members. Simultaneously, there has been increase in the number of women participating in Panchayat meetings, Gram Sabha as well activities related to the intervention

2.2.10 Process of Village Sanitation Committee (VSC) formation started

As the village leadership has been sensitized about the issue, they are being motivated to form a **Village Sanitation Committee (VSC)** in each individual village, **for which the process has already been initiated**. The VSC is scheduled to be constituted in the month of January. Each VSC would preferably consist of atleast 10 members, consisting

representatives of Panchayats, traditional leaders, leaders of women SHGs and Health and education functionaries. It has to be ensured that the representation of women is at least 50 %.

In future, 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.

As of now, the process of formation of VSC is in process. Awareness is being created among community members regarding the nature and the expected role of the VSC, in the context of maintenance of health and hygienic conditions in the village. Simultaneously, awareness is also being spread through general interaction/meetings on such relevant issues, alongside constantly motivating them to come forward and participate in the VSC, thus proving to be more responsible citizens of the village.

2.3 Activities additionally undertaken

Some of the activities have been additionally undertaken and that have found to do greater justice to the intervention. These activities in congruence with the already prefixed ones have in reality made the intervention more meaningful and effective

2.3.1 Monitoring of the intervention

The monitoring on the intervention has been carried out in the month of September 2006. The monitoring has been successfully undertaken to cover various aspects of the intervention

2.3.2 Assessment of existing SHGs

This activity was successfully carried out prior to the strengthening phase. Interaction with all the formed SHGs in the region emphasized the importance of their impending assessment, which would provide us with the valuable information about their present status, condition, strengths and weaknesses. Before embarking on a corrective and remedial step to strengthen and fortify them, proper knowledge about them would only

enable accurate diagnosis and would assist in their need based strengthening. So keeping in view of the above repercussions, it was decided to carry out a wholesome assessment of all the SHGs within the Project area

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

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

It was realized that its 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 MPSS-Diocese** (Ambikapur chapter). 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 **PMGSY**

The process of networking is a continuous process, will provide us with better reach and help us to discover newer potentials and opportunities

2.3.4 Rapport building with adolescent girls/boys

It was thought that a group of adolescent girls/boys 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:

- 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.

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

3: Challenges and constraint Faced and overcome

3.1 Challenges faced

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 a 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, and thereby slowly gaining more acceptance 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 participation

- 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 trickle. Again, with time and increased confidence more and more 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 entirely the whole of the 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 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

3.2 Challenges overcome

- 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

IV. Plan for the next half year

Keeping in view of the present field situation and re- prioritization of activities, the activities that are planned for the next half are as follows:

- Training on Hygiene and Sanitation to be given to women volunteers
- Training has been given on communication/ Theatre and facilitation
(To: Women volunteers)
- Exposure visit has been undertaken
- Federation of Women has been established
- 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 mart management (To: Women SHG leaders)
- Training has been given on latrine construction (To: Women SHG leaders)
- Sanitary mart has been established
- Sanitation and personal hygiene awareness with school children has been done
- Project Management Committee (PMC) has been formed
- Construction of latrines has been started
- Follow up of Village Sanitation Committees (VSCs) has been taken up
- Mart has been effectively managed
- Mart has been monitored
- Rally on social awareness has been conducted
- Competition on personal hygiene & cleanliness has been conducted

Annexure

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

The specific targets can be fixed upon completing the situational assessment

- ___ 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.

Annexure 2. Project timeline (With additional activities)

Project Time Line (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	13 June
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: Women SHG leaders)							■						

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
Expected results													
Training has been given on Sanitation and hygiene (To: Women volunteers)													
Micro plan has been prepared for Exposure visit													
Training has been given on communication/ Theatre and facilitation (To: Women volunteers)													
Rally on social awareness has been conducted													
VSC has been formed													
Exposure visit has been undertaken													
Federation of Women has been established													
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 mart management (To: Women SHG leaders)													
Training has been given on latrine construction (To: Women SHG leaders)													
Sanitary mart has been established													
Sanitation and personal hygiene awareness with school children has been done													
PMC has been formed													
Construction of latrines has been started													
Follow up of VSCs has been taken up													
Mart has been effectively managed													
Mart has been monitored													
Rally on social awareness has been conducted													
Competition on personal hygiene & cleanliness has been conducted													
Process documentation has been done													