

Cooperation Fund for the Water Sector

Pilot Demonstration Activity

Request Form

(vs. 29 July 2005)

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| Activity Title: Demonstrating Sustainable Sanitation Improvement and Management through Community Initiative (in the context of increased rural infrastructure development) | |
| Proposer (Name, Div/Dept): Dr. Aqueel Khan, Director, Association for Stimulating Know How (ASK) | |
| Request Date: May 2005 | |
| Country (DMC): INDIA | Region: South Asia |
| Activity Proposed Start Date: September 2005 | Activity Proposed Duration: 12 months |
| Cost Estimate: \$50,000 | |
| 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: | Jennifer Francis, Social Development Specialist (Gender and Development), RSDD, (+632)632-5729, jfrancis@adb.org |

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, and 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 Lack of availability of sanitary toilets means that the people must go to open places outside of their homes for defecation as a common practice. 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 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, and forcing particularly the women to unnaturally regulate their bowel movements

leading to disastrous consequences for their health. All of this combined with a general lack of personal hygiene which is more of an attitude issue will lead to worsening of the situation.

It is in view of the above situation, that ASK would 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 and expected outcomes:

The project has two main objectives.

1. Successfully demonstrate a sustainable sanitation program model implemented and managed collectively by the community stakeholders; and
2. Ensure the availability of a practical process based manual on implantation of sanitation program.

Project Outcomes (Results to be achieved by the end of the project)

At the community level

- The latrines that get constructed will be 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;
- A Sanitary Mart will be established, and will function profitably and sustainably;
- Village Sanitation Committees will be functioning and preparing plans to carry out activities such as:
 - Disposal system for solid waste
 - Waste water management and 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 (in English and Hindi) will be prepared and made available in printed form for further dissemination to infrastructure projects implementing agencies.

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

Location of the project

The proposed PDA will be in the state of Madhya Pradesh in a location where a rural roads project funded by ADB is being implemented. 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 effort (together with a component on personal hygiene). 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 and activities 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) which 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 through organized programs and Home visits. 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 and awareness programs for the community in general and SHGs and school children in particular. The women leaders of the SHGs will be the ex officio members of the Village Sanitation Committees that will be established in each village.

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.

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 establish, own and manage a suitably located 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.

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 engaged in the Sharing of sanitation improvement success and failure stories – visits will be made to SPARC Mumbai, ECOSAN, and SULABH and towns such as Surat, Gujarat that once suffered heavily from plague but later learnt their lessons to be one of the best managed municipalities in the country. The leaders will also be provided with Gender sensitization workshop and 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 in the long run 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.

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.

4. 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 a pilot intervention and a specific location has not yet been identified for implementation. 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.

5. Institutional Management Arrangements

The project will be implemented in a location where rural roads project is implemented in the state of Madhya Pradesh. ASK team of Social Development and health professionals will work on a full time basis in the field in an autonomous manner by setting up a project implementation unit in the community and area of operation. 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 national office of ASK will be to provide policy directions to the project. The national 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 national 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.

6. 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 integrating this component into infrastructure development projects, among others.

7. Budget :**BUDGET****INR 2,192,500 = US\$ 49,830 (1 USD= INR 44/-)**

| S.NO. | PARTICULARS | Total amount Indian Rupees | in US\$ |
|-------|--|----------------------------|------------------|
| 1 | Assessment | 40,000.00 | 909.00 |
| 2 | Intervention with women volunteers | 109,000.00 | 2,477.00 |
| 3 | Intervention with women SHG leaders | 61,500.00 | 1,398.00 |
| 4 | Intervention with Panchayat and other leaders including Government employees | 32,000.00 | 727.00 |
| 5 | General interventions | 890,000.00 | 20,228.00 |
| 6 | Staff | 492,000.00 | 11,182.00 |
| 7 | Process Documentation | 100,000.00 | 2,273.00 |
| | Compiling/formatting/ | | |
| | Designing/printing | | |
| 8 | Administration | 468,000.00 | 10,636.00 |
| TOTAL | | 2,192,500.00 | 49,830.00 |