KEY FINDINGS FROM THE PARTICIPATORY VILLAGE ASSESSMENT

USING THE

QUALITATIVE INFORMATION APPRAISAL (QIA)

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1. THE QIA METHODOLOGY

1.1. OVERVIEW

The Qualitative Information Appraisal (QIA) is a participatory methodology, developed from the Methodology for Participatory Assessment (MPA) and the Quantified Participatory Assessment (QPA), by AJ James, Leonie Postma and Corine Otte.[1] It consists of:

- Quantified Participatory Assessment (QPA) – a 2-day assessment at the community level, using standard PRA tools (e.g., social mapping, transect walk, focus group discussions) and household interviews

- Stakeholder Meetings (SHMs) – including separate meetings with individual stakeholders (NGOs implementing the CEP, district government officials and district-level UNICEF staff) and facilitated multi-stakeholder meetings where village representatives were also present.

- Action Planning Report (APR) – which is this report.

1.2. INTRODUCTION

The QIA (Quantified Information Appraisal) is a methodology which, besides aggregating local numbers (e.g. on facilities installed), quantifies *qualitative* information on village processes, with gender and poverty mainstreamed in both scores and process. The methodology uses existing PRA methods such as Village Social Maps, Transect Walks, Scoring Matrices and Focus Group Discussions.

Based on the experiences with the Methodology for Participatory Assessment (MPA) (see Box 1 for more information on the MPA) the QIA was developed and used in India in a variety of development projects since 1999.[2] Apart from the expansion from the water and sanitation sector to other sectors, notably watershed development, poverty alleviation, rural livelihoods and water resources, the QIA added several other features to the MPA, including peer review of scores, documentation of reasons for scores, use of an MS ACCESS database to store and analyse information, several rounds of stakeholder meetings and a detailed action planning report. The QIA is designed for use in both one-time assessments for baseline, mid-term and overall project impact assessments, as well as for continuous monitoring as part of a project's regular monitoring and evaluation system. (James, Postma, and Otte, 2003).

Box 1 Development and use of the MPA

> The Methodology for Participatory Assessment (MPA)[3] was developed in the late 1990s by the Water and Sanitation Program (WSP) of the World Bank and IRC. The MPA has been developed to assess the sustainability of 88 water supply and sanitation projects in 15 countries and used participatory tools to bring out

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[1] See van Wijk (2001) *The Best of Both Worlds?,* IRC Technical Report No. 59?, for a description of the MPA, and for applications, Gross et al., (2001), van Wijk and Mukherjee (2001?). See James (2003) for a description of the QPA, and James et al., (2003) for a discussion of the QIA

[2] This work was done by AJ James who did the statistical analysis of the MPA data for the initial PLA study coordinated by Rekha Dayal of the Water and Sanitation Program.

[3] http://www.wsp.org/pdfs/mpa%202003.pdf

information and then translated this into numbers using a scoring system. The MPA continues to be used as a 'comparative evaluation tool in large domestic water projects and programs' and in this context has been used for participatory evaluations and appraisals of community managed water supplies and to a lesser extent for sanitation and hygiene (for references see Annex 2). The MPA participatory assessments have been carried out in Benin, Bolivia, Burkina Faso, Cambodia, Colombia, Ecuador, India, Indonesia, Kenya, Lao, Mali, Peru, Philippines, Senegal, South Africa, Togo, Vietnam and Zambia. Most were evaluations with rural communities, but studies in India and Vietnam were with poor urban settlements.

1.3. QUANTIFIED INFORMATION APPRAISAL

The QIA is a flexible participatory methodology that assesses people's perceptions rapidly on a range of qualitative issues using standard PRA tools (such as transect walks, social mapping, wealth ranking, pocket voting and focus group discussions) and then converts this information into numbers, using a variety of standardised scoring methods in order to generate comparable results across a large sample of stakeholders. The QIA uses participatory methods not merely to include perceptions of primary and other stakeholders in the project, but also to facilitate discussion and probing into related aspects so as to get an accurate picture of ground reality. Also, such methods give the community a platform to put forward their views and suggestions, and to seek clarification on project processes and to voice their concerns about project performance. Furthermore the QIA findings can be presented using a variety of methods including frequency diagrams of raw scores for individual indicators and for sets of indicators, and GIS layouts, while information can be presented to communities using 'web' diagrams. (James, Postma, and Otte, 2003). The main features of the QIA are summarised in box 2.

Box 2 Features of a QIA

> - *Uses* standard PRA tools for community assessment
> - *Measures* and assesses both;
>   Quantitative issues such as:
>   o   number of latrines constructed
>   o   number of existing WUG's
> - Qualitative issues such as:
>   o   The use of the constructed facilities,
>   o   the functioning of the committees
>   o   Process - whether women and men, poor and rich were targeted/involved
> - *Converts* qualitative information into different kinds of numbers (ordinal scores, percentages, indexes) *reliably*
> - *Collects* qualitative information to explain scores
> - *Facilitates* the analysis of information through stakeholder meetings
> - *Stores* information using a database programme for analysis
> - *Facilitates* learning and planning of action based on field reality

1.4. COMPONENTS OF THE QIA

The QIA consists of three distinct steps: Quantified Participatory Assessment or QPA at community level, stakeholder meetings at the district, state and/or national level (depending on the nature of the programme and the purpose of the assessment), and an Action Planning Report.

The first step, the Quantified Participatory Assessment (QPA), uses participatory methods (see Box 3 for examples of participatory tools which can be used) to generate people's

perceptions and techniques, such as indexes of change, cardinal measurement and ordinal scoring methods to convert this qualitative information into scores and reasons for scores.

Box 3 Tools for community assessment

- Welfare classification, used by village women and men to categorise local households into better-off, worse off and intermediate groups;

- Social mapping to map the access of the groups to improved water supply and sanitation and to identify the households which are unserved;

- Transect walk, to asses the construction quality, maintenance and use of the various parts of the water and sanitation systems, together with community representatives;

- Review of the existing management structures, to assess their performance and the division of work between the sexes. This is done with the male and female members of the local water management organisation as well as with male and female representatives of the users;

- Pocket voting and matrix voting on voice and choice in decision-making by women and men, use of water and sanitation systems and the division of training and paid and unpaid functions between women and men and the better and worse off groups in the villages;

- Rope voting, to assess the satisfaction of the different user groups of the water quantity and quality in the wet and dry season for their domestic and productive needs;

- Benefit-cost analysis of women and men in relation to the improved water supply, sanitation and the participatory processes;

- Card sorting to establish who – women, men, better and worse off – have made which kinds of contributions to the service establishment.

With the help of the participatory tools, teams of trained facilitators help different groups of villagers assess their situations, prior to, during and at the end of the project, and score the outcomes on a series of comparative scales.

All scales consist of a minimum- maximum range of mini-scenarios. For user payments for Operation and Maintenance (O and M) they may, for example, range from score 0, no user payments, to score 100 (the ideal) which means payments generate annual surpluses, over and above O and M costs (see also box 4).

Box 4 Example of ordinal scoring to assess how much of O&M cost is covered by user payments

Options	Score	Score
No user payments	0	
Payments made, but do not cover annual O& M costs	25	
No regular payment system, but money collected when needed to cover costs	40	
Payments just enough to cover annual O&M costs	50	
Payments cover all annual O&M costs	75	
Payments generate annual surpluses, over and above O&M costs	100	

The second step, the Stakeholder meetings (SHM), use the findings from the QPA to probe, along with key stakeholder groups, into the factors underlying the performance reflected in the scores, and to suggest corrective and progressive action for both, project management and project communities.

Step three, the Action planning report (APR) presents the findings of the QPA and the suggestions from stakeholder meetings in a manner most suitable for action planning by project management and project communities.

1.5. STEPS FOR SETTING UP A QIA

There are 4 steps to a typical QIA, comprising Planning of the Assessment, holding a Training Workshop, carrying out the assessment and post-assessment data analysis. Detailed information for each of these steps is presented in table 1.

Table 1 The 4-steps of a typical Quantified Participatory Assessment (QPA)

STEPS	ACTIVITIES	RESPONSIBILITY	TIME
I. Planning the Assessment	Defining assessment purpose and scope	QPA Facilitators and Project Management	1-2 days
	Deciding sample size		
	Selection of assessment teams		
	Planning training and assessment logistics		
II. Training Workshop	Deciding assessment issues and indicators	QPA Facilitators, local QPA Assessment Teams and Data Entry Operators	Around 14 days
	Developing QPA formats (scoring options)		
	Mock interviews		
	Two pre-tests followed by revision		
	Finalising QPA formats		
	Planning assessment logistics		
	Creating the computer database		
III. Assessment	Field work	Local assessment teams (4-6 per village)	@ 2 days per village
	Peer group scoring	Local assessment teams (of all villages)	
	Data entry and data checking	Local assessment teams/ Data Entry Operators	
IV. Post Assessment	Data analysis	QPA Facilitators	Around 10 days

1.6.   QUALITY ASSURANCE IN QIA

Quality assurance in QIA is essential since the *quality* of the data depends on the quality of *design of the assessment* and *fieldwork.* Main measures to assure quality include:

Selection assessment teams:
- social, and some basic technical, know-how in all subject areas of the project;
- review of skills and experiences of the team members with the use of participatory tools (not done, but each team had a team member experienced in QPA);
- review administrative and managerial skills (not done)
- assessment of attitudes of the team members for genuine participation and social and gender equality (which is more than participation) (not prior to recruitment, but quality review sessions held with each team at the start of the field work)
- assessment of attitudes of the team members to learn (see above)
- ensure mix of persons for each from different agencies, expertise and sex

During the training workshop:
- development of indicators and scales in a participatory manner, preferably with village representatives) (here no village representatives participated)
- review of indicators and for scientific quality and absence of social bias (afterwards by core team)
- pre testing of participatory tools, indicators and scoring formats

At the start of the assessment:
- observation of a full QIA cycle in initial 1-2 villages by representatives of core team (here only partial)
- development and agreement on a code of conduct to ensure quality information (taken up during the quality review visits by members of the core team)

During the assessment:
- mechanisms for internal review and peer learning to strengthen skills;
- problem-solving visits and assistance at distance to teams as required
- choice of villages was kept secret (or was changed when information was leaked)
- triangulation to counteract attempts for bias, including private reporting slips during SHMs to ensure that less powerful stakeholder and junior staff could react uninfluenced
- documentation of reasons and of valuable cases (case studies)
- documentation of 'lessons learned' on quality control

1.7.   DEVELOPMENT OF A MONITORING SYSTEM

The key factor perhaps is that the QIA enables everyone (including the poorest) to be included in the assessment of outputs and processes, as well as in taking decisions and planning for corrective action. The QIA thus offers those responsible for project and resource management not only to listen to the voices of all those involved, but also to enter into a purposeful dialogue for effective project management – which can go a long way towards increased sustainability. (James, Postma, and Otte, 2003).

Further, if the QIA is repeated systematically over time, it can be a powerful monitoring tool not only to provide perceptions of community men and women on project implementation at different timescales (e.g., quarterly, half-yearly, annual) for effective correction, it can also provide a continuous view of project progress, in contrast to disjointed baseline, mid-term and end line surveys. Setting up such a continuous monitoring and evaluation system, capable of storing large amounts of data using computer databases for analysis, where

information is used effectively for adaptive management has been defined as a Qualitative Information System (QIS) (James, Postma and Otte, 2003).

REFERENCES

Gross, Bruce, Christine van Wijk and Nilanjana Mukherjee (2001) *Linking sustainability with demand, gender and poverty: a study in community-managed water supply projects in 15 countries.* World Bank Water and Sanitation Program, USA. [Acrobat copy available from: http://www.worldbank.org/gender/resources/briefing/watersanitation.pdf]

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2.   STUDY DESIGN

2.1.   FIELD TEAMS

Three four-member field teams carried out the QIA in each of the 4 states. Each state had two facilitators – one male and one female - from IFFDC, a national-level NGO with prior experience with the methodology. Study consultants visited each state team regularly, including accompanying a team for a full 2-day village visit at the start of the survey, and subsequent visits to check quality of information collection and quality control in participatory methods.

2.2.   INDICATORS AND ISSUES

Tool	Main indicators/issues assessed
Community	
Community meeting	- number of households (APL and BPL) - information on project activities - existing community based organisations - overview of water supply and sanitation facilities
Social map	- overview location and number of APL and BPL households - location of water supply and sanitation facilities; functionality of water supply facilities; access
Focus group discussion – Village Water and Sanitation Committee (VWSC)	- profile members, how formed, - training of committee: who, awareness hygiene, use of knowledge and skills - committee's activities to promote hygiene and sanitation - decision making, by all members; participation of women and poor; consultation community - community monitoring systems present or not? - conflict resolution - arrangements for project withdrawal - challenges for the future
Focus group discussion Poorest Men and Focus group discussion Poorest Women	- Water Users Group (WUG) and Village Water and Sanitation Committee (VWSC): profile of members, participation of poor men in decision making - General community meetings: participation in decision making - Participation in hygiene and sanitation meetings - Access to project information - attitudes of the motivators and project staff - transparency of project financial information - influence on latrine technology - reasons for adopting or not adopting hygiene behaviours - reasons for constructing or not constructing a latrine - sources of information on hygiene and sanitation promotion
Observations Water points / transect walk	- type; installation date and users - quantity and quality of water during wet and dry season - main problems with the WP - sanitation around the WP - operation and maintenance arrangements and timeliness of repairs - payment system - quality of infrastructure - access for all? - changes in management

Tool	Main indicators/issues assessed
Household visits	
Household participatory interviews	- composition of household - affordability latrine, time and resources needed for construction - contributions to construction (hh and project) - use of latrine per family member
Observations	- water handling - hand washing practices - latrines: type; use; construction; privacy; space; sealing off; cleanliness; cleaning material; water; possibilities for hand washing; environmental protection
Schools	
General information	- number of male and female teachers and students; - number and type of water supply and sanitation facilities
Focus group discussion school children	- knowledge hand washing - frequency and kind of hygiene education lessons - outreach activities to community
Focus group discussion teachers	- training, kind, use of training - hygiene education – materials, use of the materials, methodologies and frequency - outreach to community – frequency and how - frequency and kind of support received from department
Observations water supply and sanitation facilities – together with the children	- facilities: type, functioning, operation and maintenance, use, access - operation, maintenance and cleaning arrangements (who involved and how organised) - access to latrines – problems using latrines from the perspective of both boys and girls - access to water supply facilities and other sanitation facilities such as hand washing facilities
Observations hygiene behaviours children	- hand washing before eating - hand washing after latrine use
Focus group discussion with School Management Committee	- profile of the members (men/women/better off and poor) - participation women and poor in decision making - operation and maintenance arrangements - financing - project activities - assessment of water supply and sanitation facilities

2.3.   VILLAGE WORK

Each team spent 2 days in the village to carry out 9 separate events in each village:

- Community meetings – to explain the purpose of the evaluation to the *sarpanch* (village leader) village elders and other community men and women and also to collect community level information on project inputs and institutional structures.

- Social mapping – with a set of key informants, to identify numbers of APL and BPL households, as well as unserved households and their location.

- Separate FGDs with students, teachers and School Management and Development Committees (SMDCs) or Village Education Committees (VECs) or Parent Teacher Associations (PTAs), wherever a primary school was available

- Evaluation of hand washing practices of school children, involving (1) a brief written test of class IV and V students on why they felt washing hands was important and (2) a covert observation of actual hand washing practices of Class IV and Class V students, when a snack was offered to them during a school break.

- Evaluation of hand washing after defection, involving observation of hygiene practices after using the urinal during a school break
- Direct observation of school water and sanitation facilities, jointly with students, of cleanliness, ventilation, design and hand washing facilities in latrines and urinals.

- FGD with Village Water and Sanitation Committees (VWSCs) or Water Management Committees (WMCs) and those who received training under the CEP

- Separate FGD with poorest men especially in the harijan basti or SC colony, on their involvement in taking decisions regarding community water supply and sanitation,

- Separate FGD with poorest men

In addition, the field teams randomly selected water points (4 per village) scattered around the village to carry out the following:

- FGDs with households using the water point focusing on management practices at the water point.

- Household hygiene and sanitation surveys using a questionnaire and involving a physical inspection of toilets and domestic water hygiene, in 4 households chosen randomly at each of the 4 surveyed water points.

The entire survey of 117 villages was carried out in a 5 week period between 8 March and 19 April 2004.

2.4.   SCORING AND DATA ENTRY

The day after the village visit, the field teams discussed the scoring, and filled in the QPA formats. Data entry was done locally directly into MS ACCESS data entry forms.

3. SAMPLING AND SAMPLE CHARACTERISTICS

3.1. SAMPLING DESIGN

Selection of states: The states to be surveyed for the evaluation were chosen by the Water and Environmental Sanitation (WES) section of the UNICEF India, New Delhi office, in consultation with the evaluation team. This consultation also fixed the number of villages to be surveyed using the QIA methodology at an upper bound of 120, or 30 per state. The 117 villages surveyed for the Village Participatory Assessment part of the independent evaluation of UNICEF's Child Environment Program in India (CEP Phase I: 1999 – 2003) is not a statistically representative sample since it is less than 1% of the CEP villages in the four states of Madhya Pradesh (MP), Orissa, Rajasthan and Uttar Pradesh (UP). The sample was therefore chosen purposively, to get a feel of the kind of village-level impact that the program has had, and to identify issues affecting implementation, rather than to generalize findings from the village assessments alone to each state.

Selection of villages: WES programme officers at the UNICEF state offices in each of these states were asked to provide a list of 40 to 60 villages, from which these 30 villages could be chosen. Since Rajasthan, Madhya Pradesh and Orissa had carried out a ranking exercise of CEP villages, these were used to select a sample in proportion to the A, B, C and D categories used to rank these villages. In the case of UP, however, such a ranking exercise had not been carried out, and moreover, instead of individual villages, background information was only available on the period of implementation, the final sample was chosen purposively: the oldest project villages were selected, across different administrative blocks, and where different agencies had implemented the project.

3.2. SAMPLE VILLAGES

The study sample consisted of 117 villages across the states of Orissa (30 villages), Madhya Pradesh (30 villages), Rajasthan (29 villages) and Uttar Pradesh (28 villages)
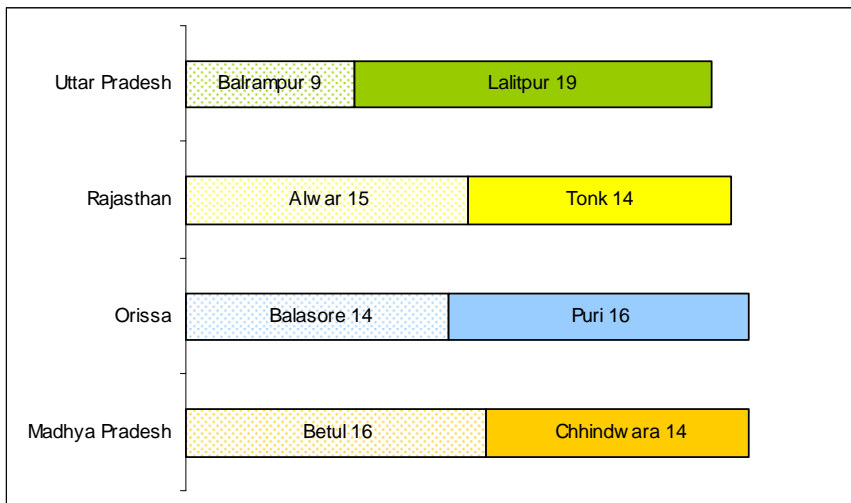
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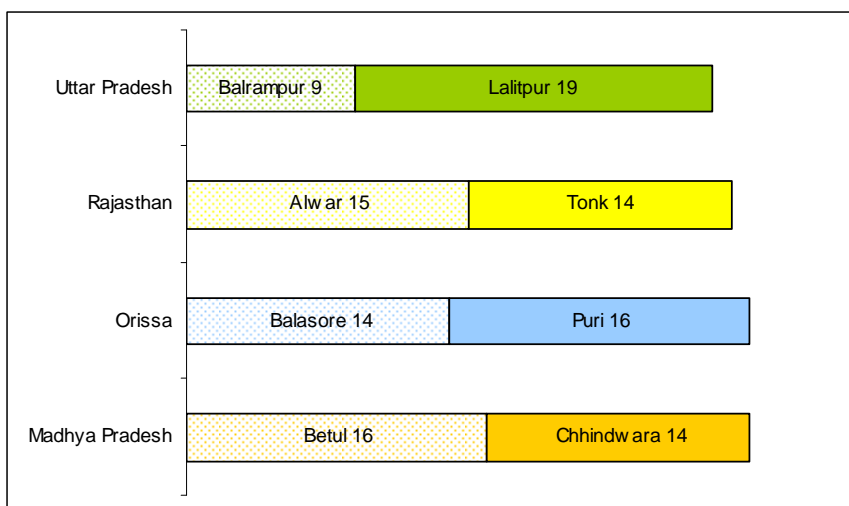
Figure 1   Number of villages in sample per district and state

3.3.   PROJECT PERIOD IN SAMPLE VILLAGES

The CEP was a 5-year project, starting in 1999 and ending in December 2003, but actual implementation in villages started at different times.[4] In the 117 village surveyed, the CEP started in 2001 on average, while it started in early 2003 in as many as 9 villages (Figure 2).

	Full Sample	MP	Orissa	Rajasthan	UP
■ 2003	9	0	0	2	7
■ 2002	26	1	13	1	11
■ 2001	40	20	7	3	10
■ 2000	28	4	2	22	0
■ 1999	14	5	8	1	0
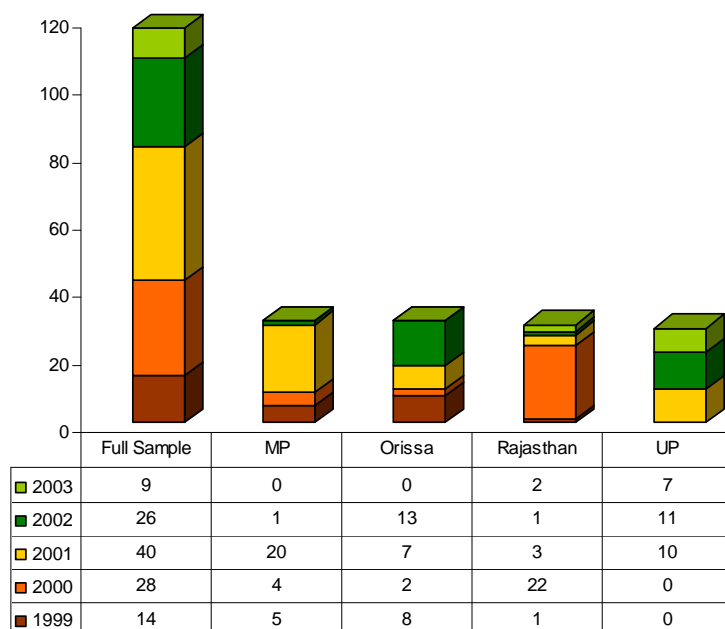
Figure 2: CEP start year in surveyed villages

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[4] The first village-level meeting held for the implementation of the CEP was taken as the start date in each village.

3.4. POOR HOUSEHOLDS IN SAMPLE VILLAGES

The 117 villages surveyed had more than 25,000 households, divided almost equally into poor (below poverty line or BPL) households and better off (above poverty line or APL) households (see Table 2 and Figure 3). Scheduled Caste (SC) constituted roughly 20% of households surveyed and Scheduled Tribe (ST) households were about 12%.

	Full Sample	MP	Orissa	Rajasthan	UP
All households	25,473	13,101	12,372	5,266	2,931
APL households	13,101	2,197	2,448	4,253	4,203
BPL households	12,372	2,069	4,799	1,918	3,586
SC households	5,266	470	1,466	1,650	1,680
ST households	2,931	1,371	571	512	477

Total villages surveyed: 117

Table 2   Village characteristics by households

The 117 villages surveyed had an average of 213 households, although the smallest village had only 38 households and the largest had 1036. There were, of course, variations among and within the four states and the eight districts.
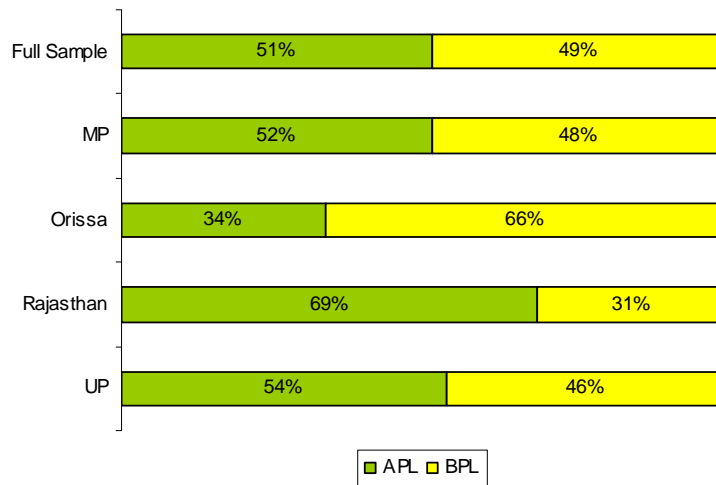
Full sample: 25,473 households

Figure 3   APL and BPL households in villages surveyed

3.5. SAMPLING WITHIN VILLAGES

Nine separate events were carried out within each surveyed village, as part of the participatory village assessment, starting with a community meeting and comprising focus group discussions (FGDs) with different village groups, a household survey of randomly selected households, and a survey of selected water points in each village (Table 3: the actual formats used are in Annexure 2).

Event	Frequency of event	Measure	Number	Total in villages surveyed	% of village total	Average per village
FGD with school management committee	1 per village	No: of committees surveyed	107	120	89%	1
FGD with VWSC members & trained	1 per village	No: of committees surveyed	111	111	100%	1
Primary school survey	1 per village*	No: of schools surveyed	116	116	100%	1
Household hygiene & sanitation survey	16 per village	No: of households surveyed	1,873	25,473	7%	16
Water point survey	4 per village	No: of water points sampled	384	2741	14%	3

Where available

Table 3: Community participation in evaluation events

3.6.   COMMUNITY PARTICIPATION IN THE EVALUATION

An average of 29 persons (19 men and 10 women) attended the community meetings, while an average of 14 women and 13 men attended each separate FGD (See Table 4).

Event	Frequency of event	Measure	Number	Total in villages surveyed	% of village total	Average per village
Initial community meeting	1 per village	No: of men & women attending	3,450	127,365	3%	29
FGD with poorest men	1 per village	No: of men & women attending	1575	24744	6%	13
FGD with poorest women	1 per village	No: of men & women attending	1664	24744	7%	14
FGD with school children	1 per village	No: of school children surveyed	3982	5659	70%	34
FGD with school teachers	1 per village	No: of teachers surveyed	301	408	74%	3

Table 4 Community participation in evaluation events

Of the 3,982 school children participating in the evaluation, slightly more were boys (54%) and of the participating school teachers more were male (60%) than female (40%).

4. VILLAGE LEVEL PROJECT INPUTS

Several activities have been undertaken at the village level under each of the three components of the CEP, viz., household environmental sanitation and hygiene, school water supply, sanitation and hygiene, and community water supply and environmental sanitation. These are given below in three Tables including one on project mobilization (sees Table 4, 5 and 6). Nevertheless, not all activities were done in all villages, and fewer activities than planned were actually implemented by the CEP at the village level.

4.1. PROJECT STAFFING

Most villages had village motivators (VM), although some had village animators and others called them Community Workers (Table 5). In some cases (e.g., Rajasthan), animators were not paid, while motivators got a small honorarium of Rs. 300 per month. Villagers in 6 villages said there were no Motivators, Animators or Community Workers, thought this could be because villagers could not remember if these people had worked and left after the project ended.

Project activities	No: of villages were activity was	
	Planned	Done
Appointment of Motivators	71	62
Appointment of Animators	43	41
Appointment of Community Workers	29	25
Formation of Multi-sectoral Team (MST)	26	23

Table 5 Project mobilization activities of the CEP

4.2. HOUSEHOLD

Household visits by animators, motivators or community workers are an important part of hygiene promotion activities, but these were not done in all cases (Table 6). Construction of individual household latrines was carried out in almost all villages, whether using UNICEF funds (in a minority of cases) or government funds from various sources, including the Total Sanitation Campaign and other state government schemes.

Project activities	No: of villages were activity was	
	Planned	Done
Household visits by Animators	42	36
Household visits by Motivators	23	18
Household visits by Community Workers	66	52
Construction of household garbage pits	73	40
Construction of household soak pits	76	48
Construction of household Latrines (IHL)	107	84

Table 6 Household-level CEP activities

The actual number of individual household latrines (IHLs) constructed is given below.

4.3. SCHOOLS AND ANGANWADIS

In the 116 primary schools in the 117 CEP villages surveyed during the evaluation, hygiene promotion was the main focus area and only few had water supply provided by the project (Table 7).

Project activities	No: of villages were activity was	
	Planned	Done
School hygiene promotion	98	84
School latrine construction/ improvement	88	67
School water supply	56	40
Trainings for school teachers	89	69
Educational materials on hygiene & sanitation for schools	81	59
Anganwadi latrine construction/improvement	22	13
Anganwadi water supply	26	16
Educational materials specifically for anganwadis	39	26

Table 7 School-level CEP activities

4.4. COMMUNITY MANAGEMENT

Training of motivators, animators, community workers and other community members was a vital part of project implementation, carried out by NGOs at village, block or district levels (see Table 8). This is distinct from trainings and other activities carried out by Motivators, Animators and Community Workers within each village (Table 9).

Project activities	No: of villages were activity was	
	Planned	Done
Trainings for Motivators	71	62
Trainings for Animators	41	42
Trainings for Community Workers	29	25
Training for VWSC/WMC Members	85	71
Training for SMC/PTA/VEC members	69	50
Training for WUG members	44	30
Training for Anganwadi workers	68	52
Training for Panchayat Members	65	50
Training for managers of production centres/sanitary marts	36	21
Training masons in latrine construction	86	68
Training for hand pump/self employed mechanics	75	55
Training for hand pump care takers	73	52

Table 8 Community and Household-level CEP activities

Note that all motivators, animators and community workers appointed (Table 7) received training.

Project activities	No: of villages were activity was	
	Planned	Done
Formation of VWSC/WMC	111	111
Formation of WUGs	64	43
Other (Mothers Groups, SHGs, School Sanitation Clubs, etc.)	47	47
Trainings by Motivators	33	18
Trainings by Animators	14	13
Trainings by Community Workers	21	19
Construction of hand pumps/piped water systems	53	38
Construction of washing platform	75	49
Community garbage disposal	71	28
Community wastewater disposal	81	57

Table 9 Community-level CEP activities

Villagers reported that VWSCs/WMCs have not yet been formed in 5 villages.

5. HOUSEHOLD SANITATION AND HYGIENE

5.1. OVERVIEW

Village level workers (variously termed Motivators, Animators or Community Workers, and hereafter referred to as Village Motivators or VMs) are the cornerstone of the project's village level activities. They were usually hired from the village itself or the main village in the *panchayat*. Each VM was tasked with visiting 10 households and holding small group meetings and trainings in order to create demand for latrines, water ladles and soak pits and promoted good habits of toilet use and improved personal and domestic hygiene. to promote good habits of toilet use and improved personal and domestic hygiene, and moving on to another cluster of 10 households within the village thereafter.

This section evaluates their performance in promoting household sanitation and hygiene, but divides issues into Processes and Outputs and Impacts.

Project Processes

1. Access by poor women and men to project-related information
2. Participation by poor women and men in hygiene promotion meetings in the villages
3. Motivators' attitude towards poor women and men in project villages
4. Creating demand for household toilets
5. Sources of information for the poor

Project Outputs and Impacts

6. Construction of individual household toilets
7. Use of individual household toilets
8. Quality of toilet construction and hygiene
9. Disposal of children's and infant faeces
10. Hand washing after defecation
11. Domestic water hygiene

5.2. PROJECT PROCESSES

The process of implementing the project is often as important as the outputs or impacts, especially in projects aiming at long term behavioural change within the target population. It may be difficult to see positive impacts at the end of even a 5-year project and yet, if implementation processes have been adequate, the chances of sustained impact over time are greater. Each of the key processes outlined above is discussed more fully below.

5.2.1. Access to project-related information

Achieving the CEP focus of reaching the poor and marginalized in village communities, especially women, depends crucially on the efforts made by the village motivators. However, according to poor men and women speaking in FGDs in the surveyed villages, motivators did not make the required efforts in most cases in making project related information available to poor men and women (see Figure 4).
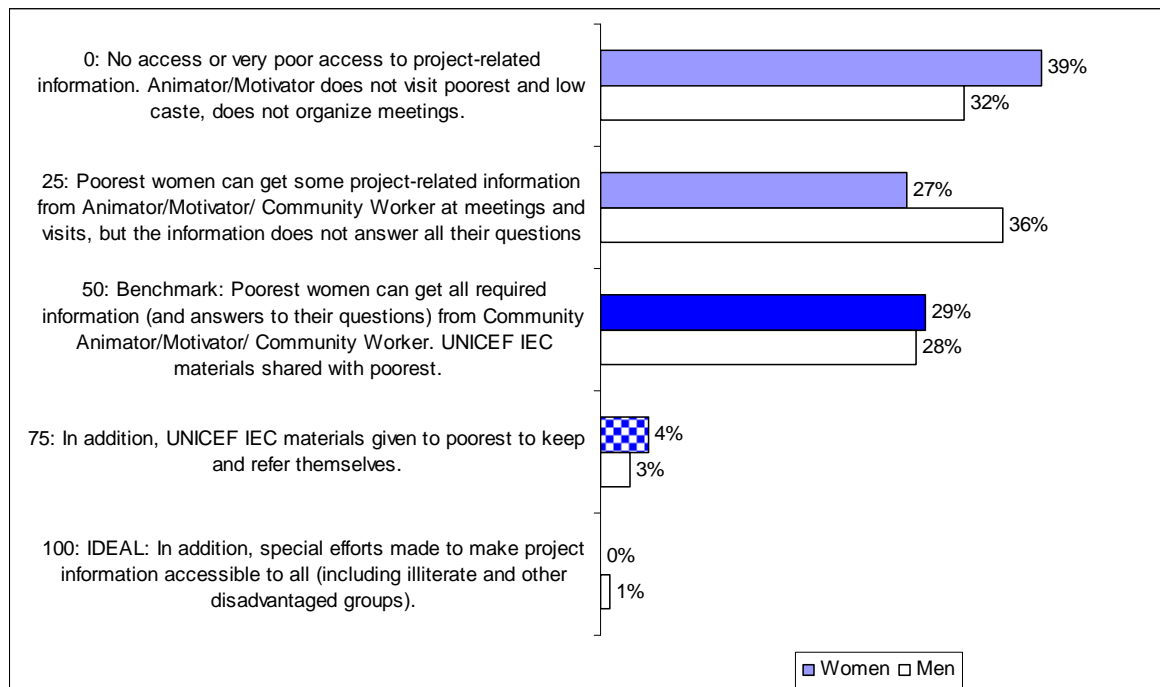
Sample size: 117 villages

Figure 4 Access of poor women and men to project-related information

Findings

- **Limited access to information:** Around 60% of poor women had some access to project-related information, though only 33% were above the benchmark. The corresponding figures for men, however, are slightly higher at 67% and 32% respectively.

Illustrative reasons for scores:

Below benchmark (Less than 50): 'Target group neither aware nor the motivator visit organize any meeting and project related issue' (Rajpur, Balasore); 'A Animator visits rarely. She talks about collection of money for O&M of hand pump' (Gairoli, Tonk); 'CW visited more in main village instead of hamlet; only slogans were written on walls of hamlets in name of IEC' (Tendua Nagar, Balrampur)

Benchmark and above (50 and above): 'They are well aware on water and sanitation issues butnot very much practice it' (Karajgaon, Betul); 'As the poorest women are majority in the VWSC, Hence they are able to get all required information time to time from unicef and other officials' (Harianta, Puri); 'Animator is very active of this village and he was regularly met with the poor families' (Pratappura, Tonk); 'Community worker found more response in poorest colony so he is interested to work with them and provide information related to project.' (Birari, Lalitpur)

5.2.2. Participation by the poor in hygiene promotion meetings

Apart from household visits, holding meetings especially for hygiene promotion is an important way of increasing awareness among poor men and women. While household visits were not always carried out (see Table 8), groups of poor men and women surveyed portrayed a mixed picture of the hygiene promotion meetings (see Figure 5).
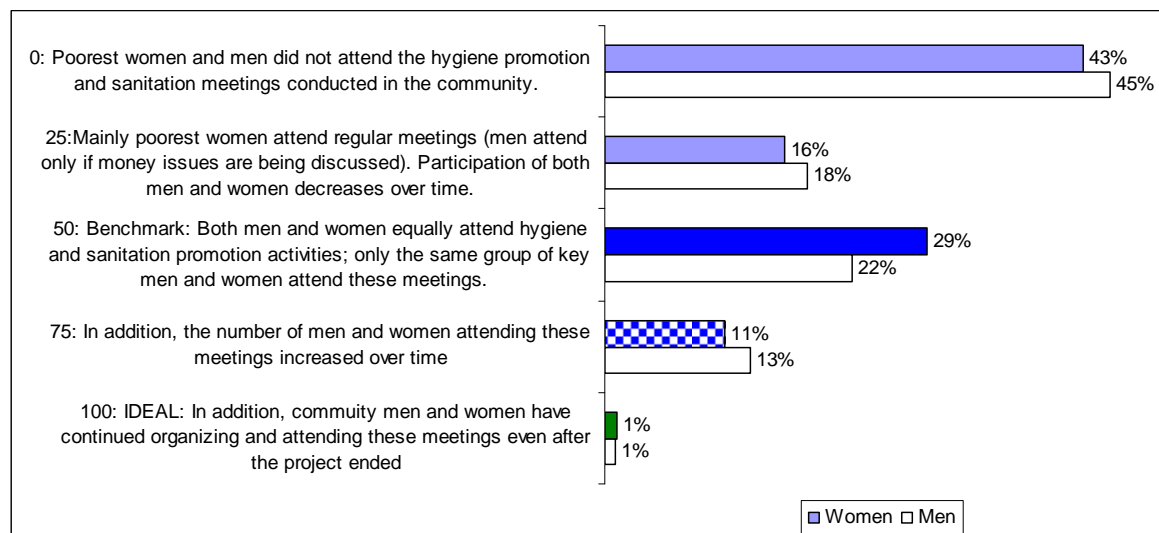
Sample size: Poor women: 94 villages; poor men: 99 villages

Figure 5 Participation by poor women and men in hygiene promotion meetings

Findings:

- **Meetings not held or not attended by poor men and women:** Focus groups of poor men could remember more meetings being organized (in 99 villages) than groups of poor women could (in 94 villages). Even where such meetings were organized, poor women and men were not informed, or called, and some men could not attend because it was organized during the day, when they had to work.

- **Several cases of good and rising attendance:** Several groups of poor men (36%) and groups of poor women (40%) reported good and increasing attendance in these meetings; a small proportion (1%) said that meetings were being held even after the project ended.

Illustrative reasons for scores:

Below benchmark (Less than 50): 'Never called to attend meetings and if we reached no body is supporting us only better off people are involved and do what they wish' (Suhagpur dhana, Betul district); 'Poorest men and women are not aware about hygiene promotion progamme of unicef and they are not called for such meetings' (Baliapal, Balasore); 'Poor men attend meetings when ever they are called, mostly on financial issues' (Nasarpur, Tonk); 'No meeting conducted in this village, all meetings at GP level.' (Daulatpur, Lalitpur).

Benchmark and above (50 and above): 'All the social group attends' (Baktidoh, Betul); 'When project started only Watsan committee members attending hygiene promotion meetings, but after some days more and more number of people conducting rallies, meetings, health camps etc. (Harshpura, Balasore); 'During last 3 years, members participation has increased' (Hadoti, Tonk)

5.2.3. Motivator's attitude towards the poor

If motivators are to impact hygiene and sanitation practices of poor men and women, they need to make special efforts to work with them. Discussions with groups of poor men and women in the surveyed villages showed that this is not always the case (Figure 6).

	Women	Men
0: Animator/Motivator/Community Worker seldom visits or has meetings with poor women and men at times that are convenient and known to them	32%	34%
10: Animator/Motivator/Community Worker visits & organise meetings, but only delivers general information and messages. Does not listen to people and involve them in discussions.	15%	16%
25: Animator/Motivator/Community Worker visits & organise meetings with women, listens to them and involves them in discussions – men (and male issues) are left out	16%	10%
50: Benchmark: Animator/Motivator/Community Worker visits & organises meetings with both women and men, listens to both and involves both in discussions. (S)he helps people voice individual problems and find solutions	24%	27%
75: In addition, Animator/Motivator/Community Worker helps poor women and men to join or form self help groups	14%	11%
100: Ideal: In addition, helps poor men and women to apply for government schemes for improved WatSan and Hygiene, open bank accounts etc.	0%	2%

Sample size: 117 villages

Figure 6   Motivators attitude towards poor women and men in surveyed villages

Findings

- **In 60% of cases, motivators seldom visit, meet the poor and listen to them:** In about half the villages surveyed, groups of both poor men and poor women stated that motivators do not make the required effort to discuss hygiene and sanitation issues.

- **In 40% cases, motivators make special efforts to reach out to the poor:** However, in more than 2/3rds of the villages surveyed, motivators have tried hard to reach the poor.

Illustrative reasons for scores:

Below benchmark (Less than 50): 'In first phase motivators come to one or two homes but after that don't visit & don't conduct meeting.' (Bhandi, Chhindwara); 'Motivator feels beneath her dignity to talk with these people.' (Kanthapur, Puri); 'Animator rarely comes there. Once he came to tell them they can buy ladles from the village shop' (Arniya Neel, Tonk)

Benchmark and above (50 and above): 'There are two hygiene educator who visits daily 5 HHs and also work with poor even in harijan basti and also motivated them to construct lastrine and to join mothers group and take part in rallies on every fortnight.' (Naikora, Lalitpur); 'Still motivator is in touch with all the households' (Thavarikala, Chhindwara)

5.2.4. Creating demand for household toilets

The strategy of the CE Project and the TSC for encouraging more rural households to install and use household toilets is to activate/create demand and then help them make an informed choice on the type of latrines they want and can afford to install and use. The FGDs with poor women and men revealed that this strategy is not yet working (Figure 7).
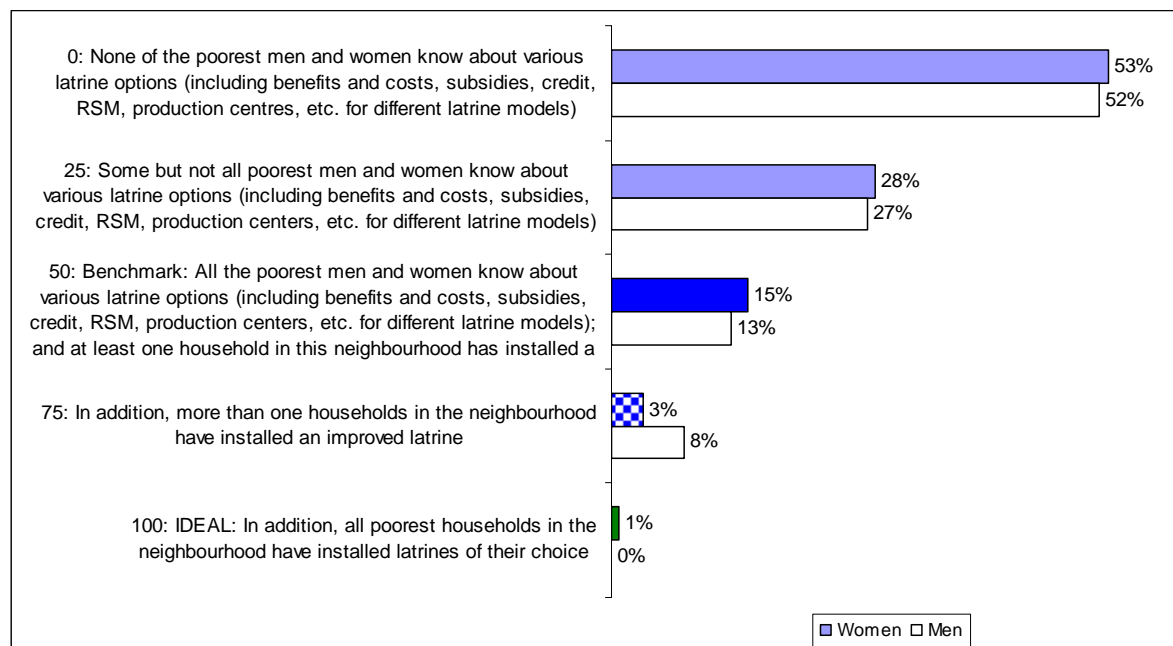
Sample size: 117 villages

Figure 7 Motivators attitude towards poor women and men in surveyed villages

Findings

- **The poor in over 50% of cases are not aware of latrine options:** In over 50% of villages, groups of poor women and poor men knew nothing about various latrine options

- **Poor men and women in about 20% of cases know about various latrine options:** Only around 20% of groups of poor men and poor women in the villages surveyed were aware of the various latrine options.

Illustrative reasons for scores:

Below benchmark (Less than 50): 'No information to villagers of SC colony. Mohan Ahirwar told 26 toilets construct on paper but not in practice' (Bamraulla, Lalitpur); 'Poorest women don't know any choices on latrine construction' (Banabehera, Betul); 'They were just asked to construct latrine - they did not know about different options' (Nareri, Alwar)

Benchmark and above (50 and above): 'Some of the poor households have installed two pit latrines. They have the knowledge about benefits of various options' (Iriniya, Alwar);' Construction as per household choice well informd low cost technology' (Bhaktidoh, Betul); 'Poorest know about low cost latrines, Gram Pradhan also constructed this type of latrine which is a model for community' (Busar Uchchawa, Lalitpur).

5.2.5. Sources of information for the poor

The groups of poor men and poor women stated that their hygiene and sanitation practices are most influenced by schoolchildren, poor women's own representatives on the VWSCs, the SHGs, the Sarpanch and fellow women at the water source.

> "As the entire community uses a big pond water for bathing and washing clothes they get some information at that place from other women about different projects, but they don't always understand" (poor women in Guhalia, Balasore).

Schoolchildren were mentioned most often (in 19 villages, see also Box 5).

> "We are aware due to the children and what we do, the children follow. Those who do not wash hand with soap and ash are not aware, habituated and ash or soap is not always available in the fields" (poor women in Bhandi, Chhindwara).

Box 5 Schoolchildren as change agents

The QPA Team was impressed by the SMC, the schoolchildren and the teachers of the school in Bamanthedi, inTijara Block of Alwar District in Rajasthan, for their effective, honest and committed efforts to improve the health and hygiene situation of the school and the village. The majority of the villagers have a good awareness of hygiene and sanitation and most families have neat and clean houses. They use ladles and keep their water pots covered. All these things we might observe in any other project village as well, but the difference is that the motivators are not the project staff, but the schoolchildren. We asked the villagers who had told them about all these hygienic practices, and they told us: "Our children are learning these habits from their school teachers and they have told us why one should wash hands with soap or ash, and why we should use the ladles, etc". Another interesting feature we found in this village is the excellent coordination between the employees of the NGO and the schoolteachers. The combined efforts of both these organisations have resulted in the positive impact and the villagers do not send their children to other schools.

Renu Katar and Hemlata Shekhawat

5.3. PROJECT OUTPUTS AND IMPACTS

5.3.1. Construction of individual household toilets

Both poor (below poverty line or BPL) households and non-poor (above poverty line or APL) households have constructed individual household toilets during the CEP period. BPL households were offered a subsidy under the Total Sanitation Campaign (TSC) of the Government of India (since 2002), even though, during the pre-TSC period, the CEP had promoted toilet construction without subsidy (e.g., in Madhya Pradesh).

Although this subsidy scheme covered several models of toilets, the most popular one among the BPL households is the cheapest single (on) pit latrine that cost Rs. 625, with Rs. 125 being contributed upfront and Rs. 500 being the government subsidy. This amount, however, only pays for the rings and the squatting platform, while the household has to pay extra for the construction material and labour to install the latrine, and more to erect a (temporary) superstructure (as the latrine has to be moved once full). Those who could afford it, especially APL households, went in for more expensive options with a permanent superstructure and with attached septic tanks.

Just over half the 4681 toilets surveyed in the 117 villages had been promoted by CEP, either directly funded by UNICEF or using government schemes (Figure 8). About a quarter was built using only government funds (e.g., TSC), usually before the CEP period. Another quarter was built using private funds.
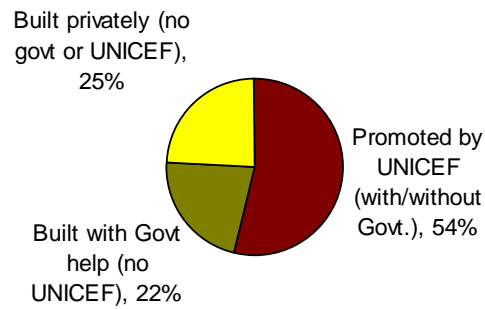
Figure 8   Support for the construction of surveyed household toilets

Of the total of 1873 households surveyed in the 4 states, comprising 1005 BPL and 868 APL families, a larger proportion of BPL households had constructed toilets (Figure 9).
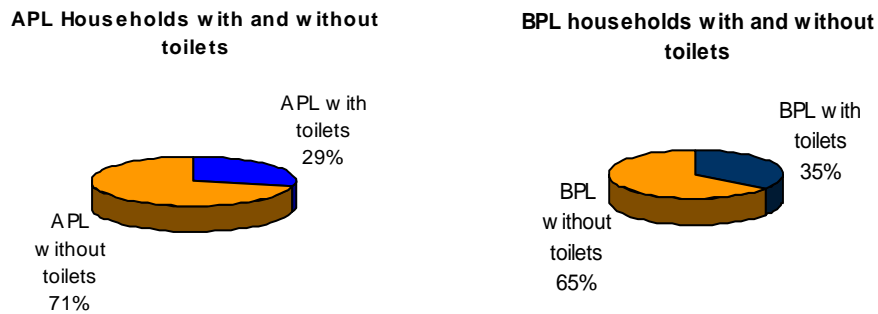
Figure 9 APL and BPL households with and without toilet

Types of latrines constructed

As mentioned earlier, there is an interesting and marked difference between the type of toilets constructed by the BPL households and those constructed by the APL households (see Figure 10). Although, as intuition suggests, the poorer households opt for the cheaper types of latrines, while the better off opt for more expensive options, there are contrary examples: a few BPL households that go for the more expensive options (14% opted for the twin pit) and a sizeable number of APL households that opt for the cheaper options (46%

opted for the single pit and a remarkable 7% for the traditional pit latrine). This may of course reflect the manipulation of the BPL lists and lack of transparency in and public accountability for allocating sanitation subsidies (see Box 6).
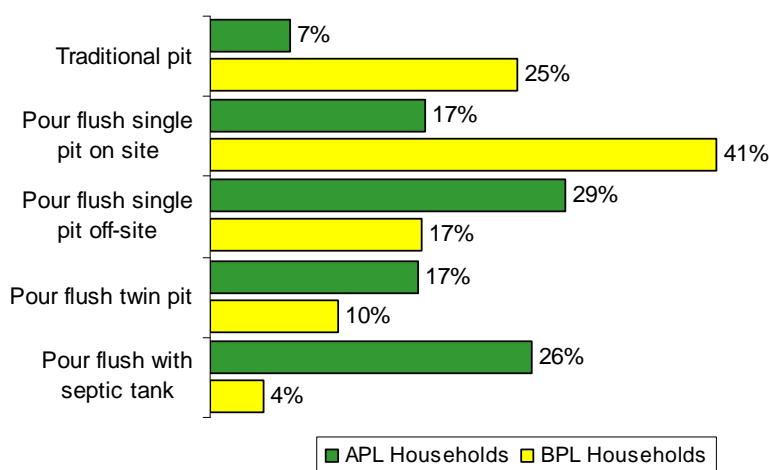
Figure 10 Types of latrines constructed by APL and BPL households

Box 6 A fan in a cowshed

One of the interesting features of Bastadiha village in Astaranga block of Puri district, Orissa, is that there are more households in the BPL and APL lists than there are houses in the village. The reason, according to one poor man was that, "As all the subsidies under any Government programme are distributed according to the number of BPL households, we must subdivide our families in the records to maximise the benefits". This affected the CEP implementation in the village where, investigations showed that in one case, money had been sanctioned for 3 cowsheds, but only one cowshed was actually built. More probing revealed that three brothers had got a sanction for one cowshed each, but constructed only one, as all of them belong to a single family - although in the record they are listed as three families. This joint family is quite well off, and this showed in the quality of construction and the cleanliness of the cowshed. The surprise was not that it was well ventilated but that the owner had installed a ceiling fan for the three Jersey cows! A poor woman (BPL) in the same village, and a mother of seven daughters, with a broken-down cowshed and a house that was only half completed under the IAY scheme, remarked tiredly that it was another case of favoritism in the selection of households for subsidy under CEP/TSC. When we asked for the reason, the NGO secretary replied that one member of that family was a volunteer who helped them to carry out their other NGO activities. The cowshed is the reward for his volunteerism!

Lokanath Sahu

Reasons for constructing toilets

The main reasons for installing a toilet are more convenience, dignity and privacy, and more social status, roughly in that order, for both poor women and poor men (Figure 11). There are small differences between proportions of poor men and poor women giving different reasons, but these are small and not likely to be significant in a large representative sample.
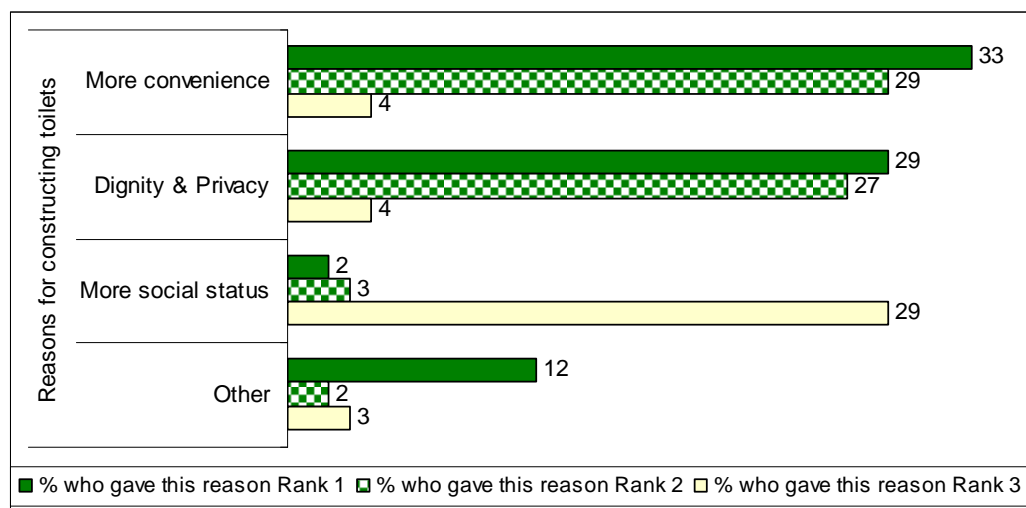
Figure 11 Reasons given by poor women for constructing toilets

Box 7 Toilet brings privacy, savings and happiness

Sepali Prasad is a progressive woman who lives in Badalpur village in Betul district (Madhya Pradesh) with her husband, three daughters and one son. Sita, the oldest daughter, used to get diarrhoea with fever and stomach pains several times a month. The diarrhoea forced her to go for open defecation frequently, which made her feel very embarrassed. Her siblings often caught the illness from her and the family would spend Rs. 2000 - 2500 per year to ay for medicines and treatment in the nearest towns of Chhopana or Betul. The NGO Gram Bharti Mahila Mandal started the CE Project in 2001 in their village and organized a sanitation awareness training. Coming to know about this, Sepali insisted that her husband Keval Singh attend the training. Keval was so impressed and motivated that he immediately constructed the toilet, made all his family members stop open defecation and follow hygienic practices. Sita exclaimed "I am so happy now! I have no more fears that somebody is looking at me when I go for defecation and I am not suffering any more from any diseases. Sephali added: "With the money we saved from having no more expenditure on treatment we could open a floor mill." Mr. Keval Singh said: "One training programme made my life much happier thanks to UNICEF".

Rakesh Pandey and Rainmanjusha Paliwal

Reasons for not constructing toilets

Discussions with groups of poor men and poor women yielded several reasons why poor people do not wish to construct toilets. Three reasons were suggested to them in the QPA formats (Figure 12), viz.,

- Not worth the money and labour
- Not being aware of the benefits and costs of a toilet, and
- Peer pressure
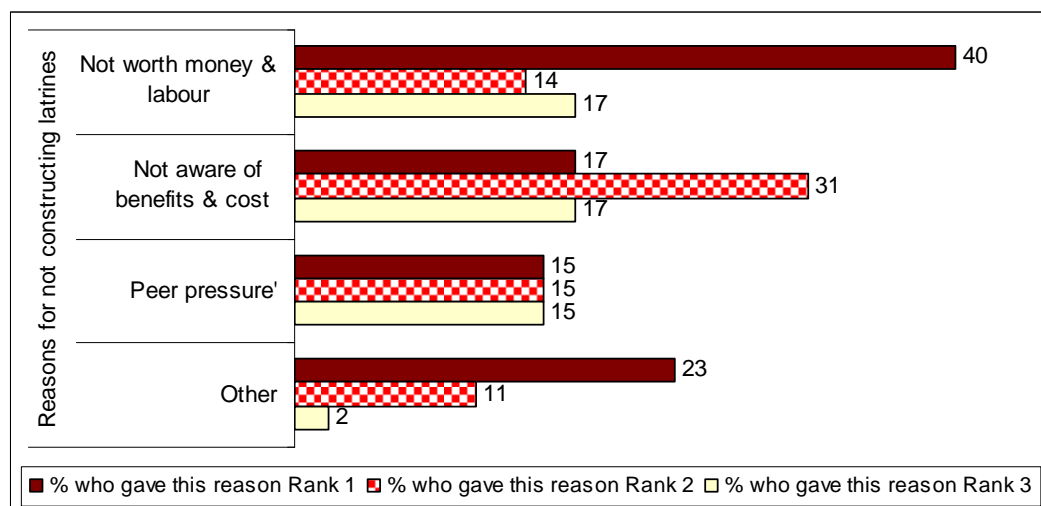
Figure 12 Reasons given by poor women for *not* constructing toilets

Box 8 Creating, but not meeting toilet demand

When our team entered Bhandi village in Chindwara (M.P.), the villagers literally attacked us, demanded that we return the goats to them, and pay back the money which they had spent on hospital expenses. Not understanding the situation, we asked them what this was all about. After spending some tense minutes, the villagers told us what had happened. In the first phase of the CE project, the village motivator had asked them to dig latrine pits, so that UNICEF could come and construct toilets. Believing the motivator, all families dug the pits and waited for the construction, but nobody came because the government sanction for the project did not materialize. Meanwhile, many small children and animals fell into the pits and they had to spend a lot of money. "Since you have come from UNICEF, you must now pay the amount", said the villagers. When the team tried to crosscheck this information with the motivator, she was not available. The villagers now refuse to believe anyone who approaches them for sanitation and hygiene improvements. They said that more care should be taken when selecting motivators and that the activities should be followed up regularly.

Sheeba Rehman, Shri Krishna, Horilal & Ajay Pandey

While these reasons were chosen by several groups surveyed (Figure 12), several 'Other' interesting reasons emerged during the course of the discussions. The key reasons are:

- **Benefits of open defecation:** A home toilet is 'confined' space, as opposed to open defecation, which also gives an opportunity to socialize (more important for women)

- **Apprehension of poor quality:** Village level experience with poor construction quality of toilets – and attendant problems (e.g., squatting plate breaking off)

- **Lack of resources:** To continue construction and build a suitable superstructure

- **Lack of convenient financing options:** The need to pay for construction in lump sum

- **Lack of space to build a toilet:** Either within the house or the courtyard

- **Difficulty in getting a trained mason:** to construct the toilet

- **Ineligibility to get subsidy:** despite being poor, as their names are not in the BPL list

- **'Impure' toilets:** Belief that a toilet should not be in the same house as the deity (in the *puja* space)

- **Bad smell:** Apprehension that a toilet in the house would smell bad.
- **Fear of being omitted from the next BPL list:** Fear among the BPL households that they will not be in the next BPL list if they construct a toilet (since that is a criterion for *not* selecting people for the BPL list)

Use of constructed toilets

Toilet *use* is much lower than toilet *construction,* especially for BPL households (around 40%), whose use is only half of that of APL households (around 80%) (see Figure 13).
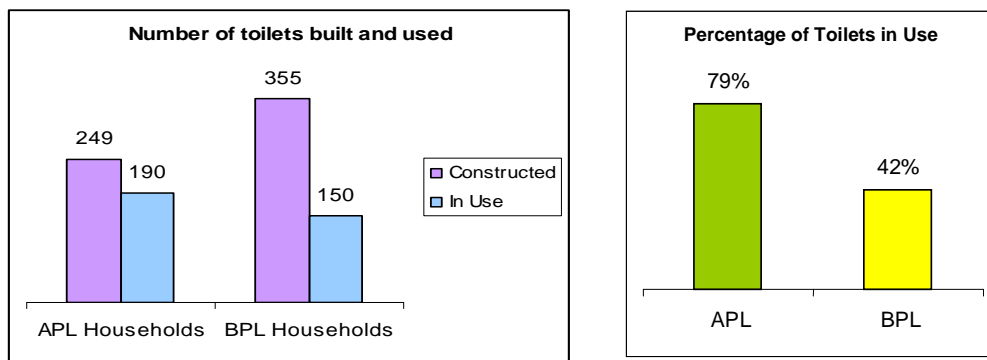
Figure 13   Toilets built versus used in BPL and APL households

This judgment of course concerns the definition of 'use'. In most cases, this was quite easy, since the toilet itself was filled with sacks, fire wood and other material, which clearly showed that the toilet was not in use. Many of these cases were toilets constructed under government programs in a hurry to fulfill targets given to local administration. However, there was also a detailed survey of the toilets in each of the 1873 households surveyed across the 117 villages, which detailed discussions with members of the household (especially children and women, albeit separately).

Discussions with these households, and also in focus groups revealed several reasons for not using toilets that households had spent money and labor to construct. The key ones are:

- **Inability to defecate:** Not being used to the confined space of a toilet, they would sit but not be able to defecate.
- **More water to flush**: at least one bucket as opposed to one tin for open defecation
- **Fear of the pit**: especially for children, the fear of falling inside.
- **Fear of having to clean the toilet once it the pit fills**: Without experience or information on how soon the pits fill, villagers feared the pits would fill in a few months if the entire family used it, and then they would have to clean the pit themselves (an 'unclean' task). ""I eat 1 kilogram of rice twice a day, there are 5 members in my family – this small pit will be full in 3 months time! And then we will then have to clean the pit ourselves" feared a male villager in Orissa.
- **Lack of awareness of problems with open defecation:** Especially health risks, and the consequent benefits of using a toilet

- **Feeling uncomfortable:** Some young women felt that since they could see out of the latrine, others may be able to see them. Some fathers-in-law hesitated to use the toilet after the daughter-in-law has used it – and vice-versa.

- **Problems due to poor construction or design:** including smell, flooding during rains (especially in Orissa), slab breaking off, etc.

- **Lack of privacy:** because they do not have the money to construct the superstructure.

Box 9 Alternative uses for toilets

One hamlet in the village, Somwar Purwa, has six latrines with a superstructure, but the villagers are using them for storing cow dung, wheat straw and fuel wood. During the meeting, they said: "We are used to open defecation and our peer group also doesn't use latrines so with them we go for open defecation. A few said that it is smelly and dirty so we do not use it."

Mahua *basti* in Kapasi village has six latrines, but not a single toilet is in use. Quite amazingly, the superstructure was constructed under government subsidy, but that these latrines do not have a pit! Project staff said that due to the layers of hard rock, it is difficult to dig pits, but the village development officer has a target for constructing latrines so he has built superstructures without pits in order to achieve the targets.

According to Khuman s/o Jalim it is just like heaven to use the open field for defecation. He felt that a latrine is just like a jail. Open defecation is good, as it provides fresh air.

Shailendra Verma

In several cases, villagers mentioned that although they had begun using the toilet soon after it was constructed, they returned to open defecation a few months later. Several toilets either began to be used for other purposes (e.g., storage) or were used only selectively. Such selective use includes the following:

- <u>By Old people</u>: who could not move around easily

- <u>During monsoons</u>: when it is difficult to go outside and the risk of snake bite is higher.

- <u>During periods of illness:</u> especially diarrhea or dysentery, for convenience

- <u>By children</u>: who, parents hoped, would get used to this new experience more easily.

- <u>By women:</u> since they usually have to wait till it was dark to defecate in the open.

Box 10 A male perspective on toilets for women

Shri. Jagat Ram, who is also a latrine mason, uses his latrine for bathing and washing clothes. When asked why they do not use it as latrine, he said that it provides more privacy for women while bathing. On privacy for defecation, he said that women go for open defecation in the early morning or the late evening when it is already dark, so they are no in need of privacy!

Shailendra Verma

This does not mean that BPL households do *not* use a free Government gift. There are many alternatives for using free toilet rings (Box 11).

Box 11 Alternative uses for toilet rings

In Radha Kishorepur, in Nilgiri Block in Balasore, Orissa, all BPL households have been covered under the sanitation (IHL) programme. Although all households were supposed to pay Rs. 60 each for a squatting plate and pan, most of them are very poor and unable to buy the squatting plate and have therefore not installed the latrine. The sanitary rings provided are used for many other purposes:

- *Pocket money*. Thinking that the sanitary rings were useless, some of the beneficiaries have sold them. Two persons in the village were caught red handed. One of the tribal men in the village explained: "The UNICEF people gave us three rings and promised to give one squatting plate and a pan later on, but they have not yet been provided. Instead, they have demanded Rs. 60 for the same. But we are not paying as firstly, we are poor; secondly, we are not habituated to use the latrine and so we don't need it. So thinking the three rings to be useless, I sold them to a person from the nearby village for Rs. 200, which fetched me a good sum of pocket money for liquor".
- *Protecting plants*. Proving that nothing in this world is useless, some villagers have made the wiser decision of protecting their plants by using the rings as a fence.
- *Garbage pit*. Being influenced by the motto "Keep your environment clean", they use the latrine rings as garbage pits.
- *Storehouse for cow dung cakes and fuel wood*. Sanitary rings are used as a storehouse for *ghasi* (a kind of fuel prepared by poor people by mixing cow dung and straw during the dry season) and fuelwood;
- *Protecting the roof of the house*. In some other cases, the sanitary rings are used to protect the roof from being blown away during storms.

Lokanath Sahu

5.3.2. Quality of toilet construction and hygiene

The joint survey of household toilets had several indicators on which the teams assessed the quality of toilet use and hygiene. The assessment was carried out in the houses of the poor (BPL) families as well as in the better off (APL) families (see Figure 14).
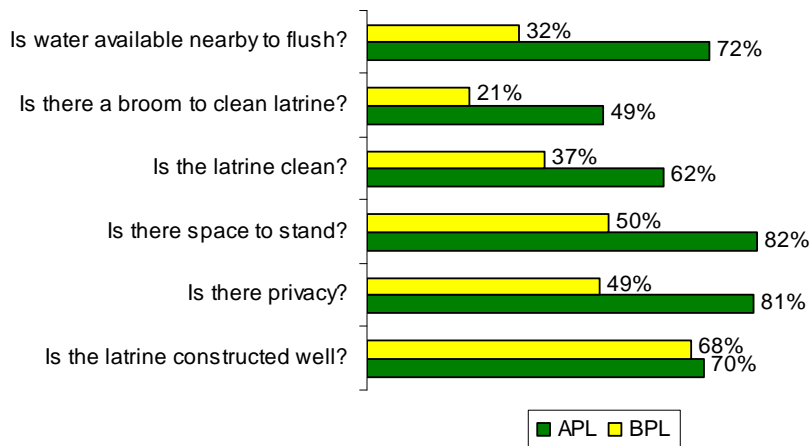
Figure 14 Quality of construction and hygiene of household toilets

The main points of interest in the comparison are:

- **Water to flush**: A smaller proportion of BPL latrines have water nearby for flushing
- **Brooms to clean:** A smaller proportion of BPL families had brooms to clean toilets.

- **Cleanliness:** A larger proportion of APL families have clean toilets (i.e., without excreta smears or deposits).

- **Privacy:** Many BPL toilets lacked a proper superstructure (had cloth curtains, cardboard planks, etc.) and hence lacked privacy, compared to be better superstructure of APL toilets.

- **Technical construction quality:** Seemed fairly good all round, but this judgment is only based on external examination and none of those who scored (householders and facilitators) were toilet technicians.

5.3.3. Toilet use within households

Patterns of toilet use varied considerably within and across poor (BPL) and better off (APL) households (see Figure 15).
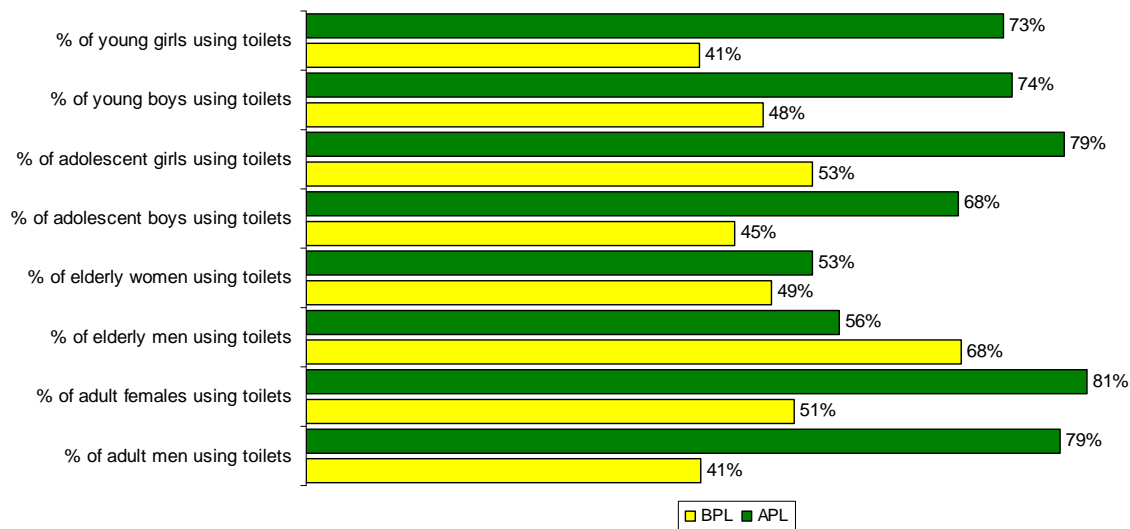
Figure 15 Patterns of use of toilets within APL and BPL households

The main patterns of toilet use are the following:

- **More APL household members use toilets:** In all categories of users, from young girls and boys to adult women and men, smaller proportions used toilets in BPL households.

- **Elderly APL men and women use toilets less:** While 70 – 80% of all other categories (except adolescent boys) of users in APL households use toilets, this proportion is much smaller (around 55%) for elderly men and women.

- **More elderly BPL men use toilets:** In contrast, nearly 70% of elderly men in BPL households surveyed, say they use the toilet

- **Fewer adult BPL men and young girls use toilets:** The lowest proportion of users are from the group of adult BPL men and young girls surveyed (only 41% are users)**.**

5.3.4. Disposal of child and infant faeces

Nearly half the surveyed households with children under 3 (708 out of 1873) disposed of children's faeces either in the compost pits (28%), the garbage pit (13%) or the latrine (7%) (Figure 16). About 40% of these households threw faces in the courtyard or in the street.
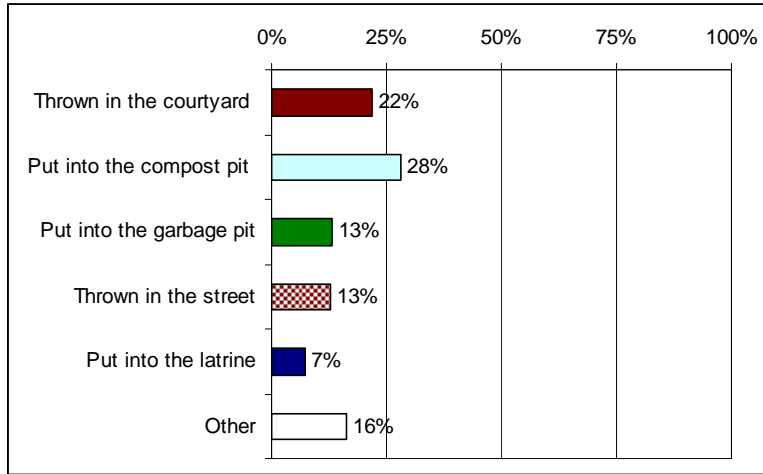
Sample size: 708 households

Figure 16 Disposal of faces of children under 3 in surveyed households

5.3.5. Hand washing after defecation

More APL than BPL household members washed hands after defecation (Figure 17)
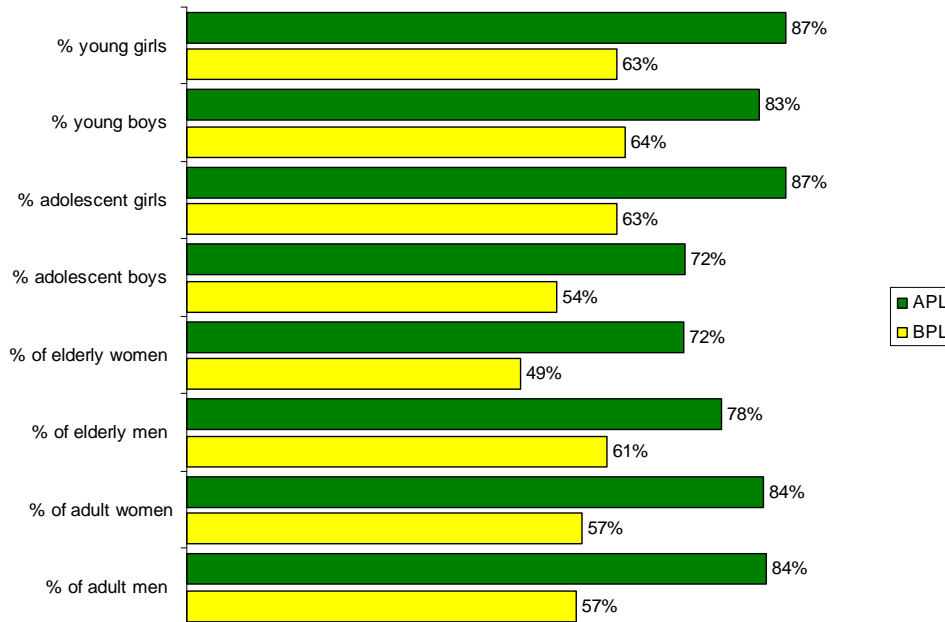
Figure 17 Hand washing after defecation by household members

A closer analysis of hand washing practices after defecation reveals the following patterns:

- **More APL girls and women wash hands:** Nearly 90% of young and adolescent girls in APL households wash hands, followed by adult women (84%).

- **Same proportion of adult APL men and women wash hands:** No difference in the proportion of adult men and women in APL households that wash hands after defecation (84%).

- **Fewer elderly men and women, and young boys wash in APL households:** Although around 75% of elderly men and women and young boys wash hands after defecation, this is relatively low compared to other members of the household.

- **More BPL young girls, adolescent boys and girls wash hands:** Nearly 65% of these groups wash hands after defecation, compared to other groups in BPL households.

- **Fewer BPL elderly women and adolescent boys wash hands:** Around half the total number of elderly women and adolescent boys surveyed in BPL households said that they wash hands after defecation.

A major caveat with these findings, nonetheless, is the risk of respondents giving the 'correct' answer as opposed to reporting actual practice, especially if they have had some hygiene education. Although field teams took as much care as possible while interviewing different household members (e.g., talking to different groups separately, starting discussions by saying that handwashing is not an easy practice to follow and then to probe), without an observation of actual practice (as done for instance in the case of school children), it is difficult to be completely sure of these results. Larger overall trends (e.g., differences between APL and BPL households) are more reliable than smaller differences between household groups.

Reasons for washing hands at critical times

Although several men and women in the households surveyed said that they were washing hands from even prior to the CEP, nearly half the respondents in both groups said they had newly learned how washing hands can reduce the risks of catching diseases (Figure 18).
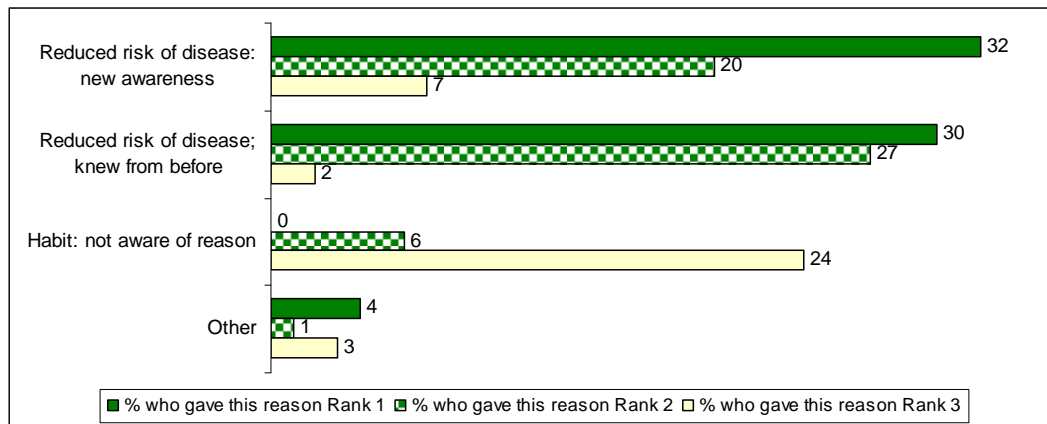
Figure 18 Main reasons for washing hands at critical times for poor women

Half of the sample of poor women and of poor men knew already before the project about risks reduction by washing hands at critical times. Slightly more men than women had gained new knowledge. Poor women in Gawan in Lalitpur, for example, explained that before the project they used only water, but now they used ash or soap ('Nirma' a particular brand of cheap soap was a popular choice). There were no major differences in the reasons given by poor men and by poor women.

Reasons for not washing hands at critical times

Major reasons given by poor women for not washing hands at critical times (see Figure 19) are

- Not being aware why hand washing is important

- Not able to convince others in the family to wash hands and

- Not always having water and soap/ash for handwashing.

There were no significant differences between the reasons given by poor men and poor women. Both groups cited lack of awareness almost twice as often as the other two reasons.
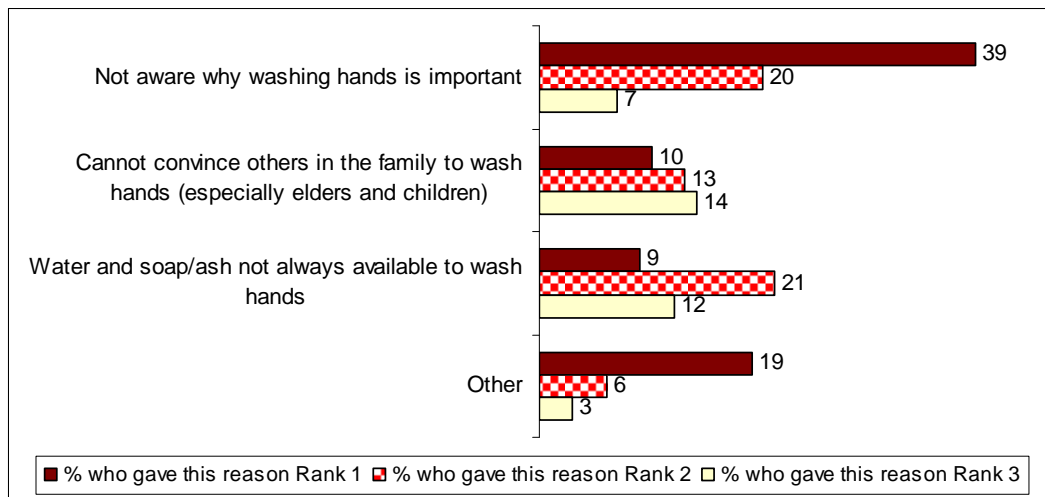
Figure 19 Main reasons for not washing hands for poor women

5.3.6. Domestic water hygiene

In each of the households surveyed, field teams observed domestic hygiene practices with regard to storing and handling drinking water (see Figure 20). The main findings are:

- **Water for hand washing:** Almost all BPL and APL households (92% of each) had kept water for washing hands

- **Drinking water pot:** Nearly all BPL households (90%) and APL households (96%) had a drinking water pot.

- **Cover for drinking water pot:** More APL households (93%) than BPL households (83%) had kept their drinking water pot covered.

- **Soap or ash for washing hands:** Slightly less than half of BPL households and more than 60% of APL households had placed soap or ash for washing hands.

- **Ladles for taking water out of the pot:** Nearly twice as many APL households (57%) than BPL households (31%) had ladles. The mere presence of ladles, however, is no indication that they are being used. In fact, some women complained that men often ignored the ladle and dipped the glass directly into the pot.
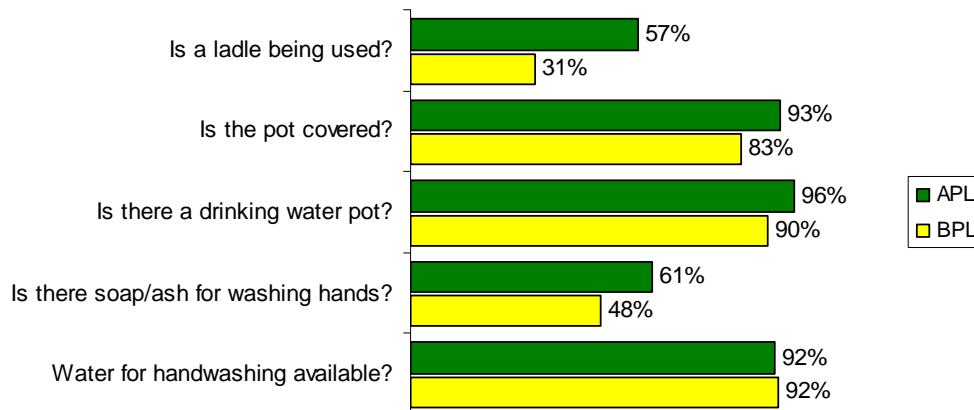
Figure 20 Observations on five hygiene practices with APL and BPL households

5.4.   OVERVIEW OF ANALYSIS

5.4.1. Project Processes

- **Access by poor women and men to project-related information**

Home visits and small meetings by village motivators are key elements in promoting better household sanitation and hygiene. In half the villages, motivators had met poor households, discussed with women, and in a minority, they went further and helped them set up or join SHGs. In villages with a score of 50 and more, the VM is the main source of information. S/he is friendly, interested in our problems, not biased. About half still visit even now.

The other half had motivators who did not bother about the poorest groups. They seldom visited them or organized neighborhood meetings (33%) or if they did, they only gave messages (15%). This was even more strongly pronounced by the men (60%). And after the project stopped, the motivators stopped coming.

- **Participation by poor women and men in hygiene promotion meetings**

Along with household visits, meetings for hygiene promotion are an important way of increasing awareness among poor men and women. Meetings were organized in 95-100

villages (out of 117), and in many of these cases, poor women and men were not informed, or called, and not all could attend because it was organized during their working day.

However, several groups of poor men (36%) and groups of poor women (40%) reported good and increasing attendance in these meetings; a small proportion (1%) said that meetings were being held even after the project ended.

- **Motivators' attitude towards poor women and men in project villages**

Discussions with groups of poor men and women in the surveyed villages showed that not all motivators had made special efforts to work with poor women and men. In about 60% of villages surveyed, groups of both poor men and poor women stated that motivators do not make the required effort to discuss hygiene and sanitation issues. However, in more than 2/3rds of the villages surveyed, motivators have tried hard to reach the poor.

- **Creating demand for household toilets**

The CEP and the TSC strategy to encourage more rural households to install and use household toilets is to generate demand and then help them make an informed choice on the type of latrines they want (and can afford) to install and use. But focus group discussions with poor women and men men revealed that this strategy is not working fully. Less than 50% of groups in villages surveyed knew about more than one toilet model and also, where to get materials, a mason and, where applicable, the subsidy.

- **Sources of information for the poor**

Schoolchildren, poor women's own representatives on the VWSCs, the SHGs, the Sarpanch and fellow women at the water source influence poor women's practices the most.

5.4.2. Project Outputs and Impacts

- **Construction of individual household toilets**

Not surprisingly, BPL households have mainly gone for lower cost options (over 80% have single pits) while a majority of APL households have more expensive options. Remarkably, however, nearly 15% of BPL households have installed pour flush twin toilets (some even with septic tanks), while a surprising 7% of APL families have a traditional pit latrine.

Two major reasons why poor people have not installed toilets are that they do not consider them to be worth their investment and because of insufficient information on their benefits and actual costs. Peer pressure to continue open defecation (or not build toilets) is a third, but less important reason (more important for poor women than men, indicating the social value of meeting and going out together). While many of the other reasons mentioned reflect a lack of awareness and information, a more serious impediment is the fact that owning a latrine disqualifies a household from being on a BPL list in future – with an loss of attendant government benefits.

- **Use of individual household toilets**

Toilet *use* is much lower than toilet *construction,* especially for BPL households (40% use constructed toilets) than APL households (where nearly 80% use their toilets). Reasons ranged from a lack of awareness and apprehensions about a new practice, to increased water needed to flush (a special problem in water stressed areas), compared to open defecation.

In almost all categories, toilet use was better in APL households than in BPL households. . The best users in APL households were adult women (with 81% toilet use) while in BPL

families this was the elderly men (with 68%). Poorest users were elderly women in APL households (53% toilet use) and adult men (41% toilet use) in BPL households. In APL households, elderly women and men found it hardest to break open defecation habits. Worst users in BPL houses were young girls and adult men (both with 41%).

- **Quality of toilet construction and hygiene**

BPL families have less often water available nearby for flushing and cleaning toilets, brooms are not as readily available, privacy is lower, and latrines are clean less often, than in APL Technical construction quality seems fairly good across both APL and BPL households, but then none of those who scored (householders and facilitators) are toilet technicians.

- **Disposal of children's and infant faeces**

Nearly 50% of the 708 surveyed households with children under 3 disposed of children's faeces either in the compost pits (28%), the garbage pit (13%) or the latrine (7%) About 40% of these households threw faces in the courtyard or in the street.

- **Hand washing after defecation**

About half the groups of poor men and poor women surveyed had newly learnt how washing hands can reduce the risks of catching diseases, while half the poor women and men already knew before the project about reducing health risks by washing hands at critical times. APL families had less problems with hand washing at critical times than BPL households. Gender-wise, there was no reported difference between practices of adult women and men, although they practiced much less in BPL than APL households. Young and adolescent girls practiced reportedly best in both types of households, closely followed by adult women and men in APL households. Overall, the habit was least adopted by adolescent boys and elderly women.

The three main reasons given by poor women and men for not washing hand at critical times were (a) not being aware why hand washing is important (2) not able to convince others in the family to wash hands and (3) not always having water and soap/ash for hand washing Both groups cited lack of awareness almost twice as often as the other two reasons.

- **Domestic water hygiene**

Nearly all APL and BPL households had kept aside water for washing hands, though far lower proportion of BPL households had ladles to take water out of the drinking water pot. APL households also scored better than BPL households concerning covers on drinking water storage pots and the availability of soap or ash at the hand washing place.

6.   SCHOOL SANITATION AND HYGIENE PROGRAMME

6.1.   OVERVIEW

The CEP had a separate school sanitation and hygiene education program, and in the 117 villages surveyed, the CE project assisted a total of 96 schools, comprising 69 primary schools out of a total of 72 primary schools in the sample. The CE Project also assisted 27 other schools (Shikshakarmi, upper primary schools, Rajiv Gandhi Paatshaala, Employment Guarantee Scheme schools, etc.). There were also 112 anganwadis, but these were not surveyed since it was not clear at the outset that these were part of the school sanitation and hygiene programme.

As shown in Figure 21, the SSHE component was implemented in almost all the primary schools as well as over half of the angawadis in the sample.
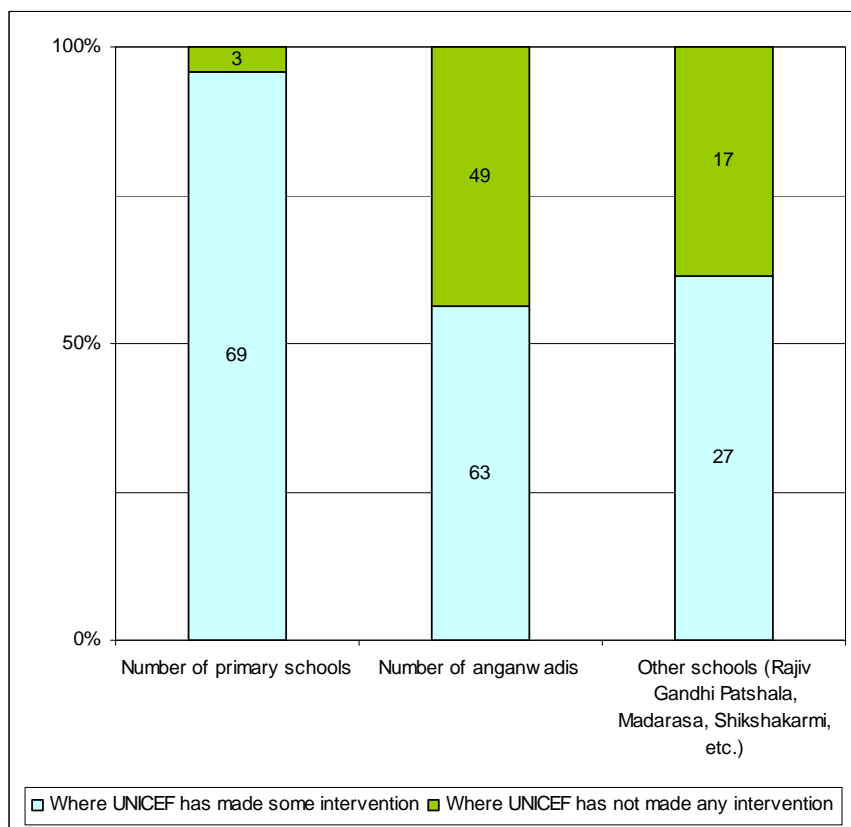
Figure 21 Schools and anganwadis with UNICEF interventions

Water and sanitation facilities in schools and practice among school children are discussed first, followed by hygiene education and impact. In both cases, processes and impacts and outputs are analysed separately.

6.2. WATER AND SANITATION FACILITIES AND USE

6.2.1. School water and sanitation facilities

About two thirds of the 116 schools visited had protected water source (mostly handpumps), mostly constructed under government programmes (see Figure 22). Only a quarter of the schools had a water tank within the premises or soap (or ash) with which children could wash their hands. This naturally makes it difficult for children to wash their hands even if they have been instructed to do so during hygiene promotion classes.
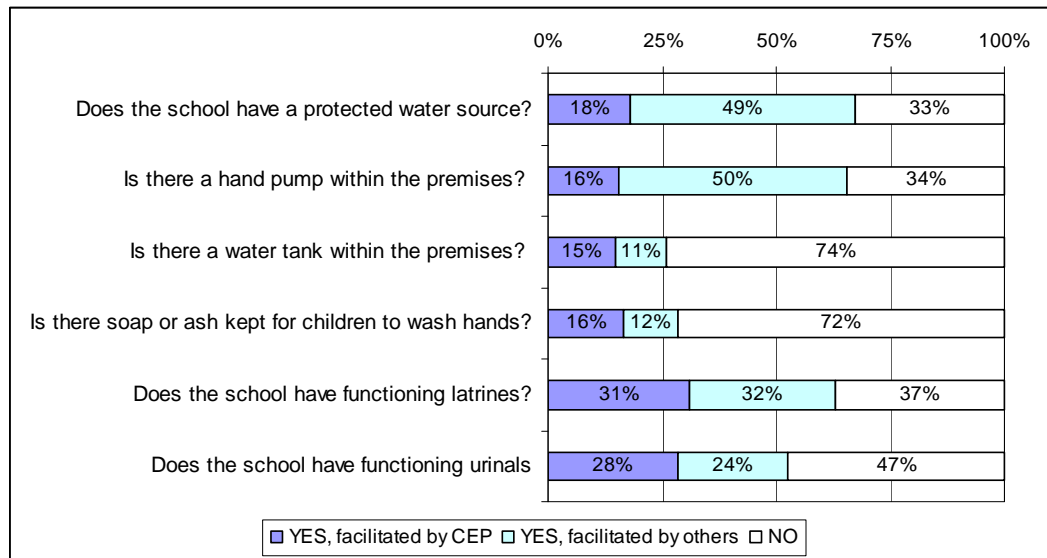
Sample size: 116 schools

Figure 22 Water supply, hand washing and sanitation provisions in schools

Around 60% of schools surveyed had functioning latrines, though only around 50% had functioning urinals. Roughly half these facilities have been provided by the CE Project. Others were constructed using funds from government sources or the PTA.

Around a third of the 116 schools had no latrines, nearly half had no urinals while a quarter had neither latrine nor urinal (Figure 23). Around 50% had either latrine or urinal, but not both. Not all were functional.
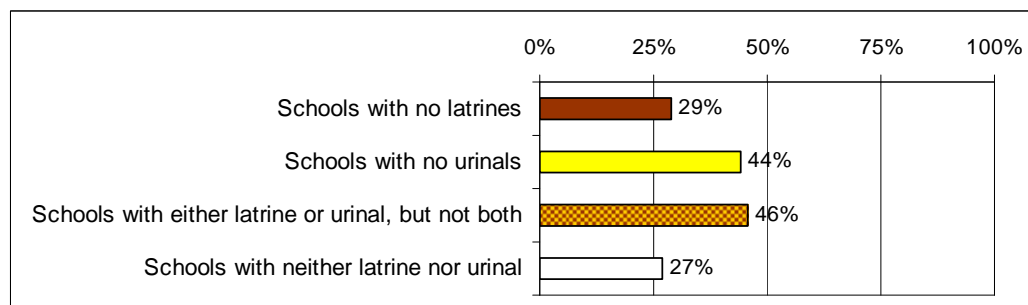
Figure 23 Sanitation facilities in schools

44

6.2.2. Participation in toilet construction

In the 78 schools with constructed latrines, around 50% of the school latrines were constructed with government funds, with only a small proportion using funds from the PTA or Panchayat, and the rest mostly dependent on NGO funds (Figure 24).
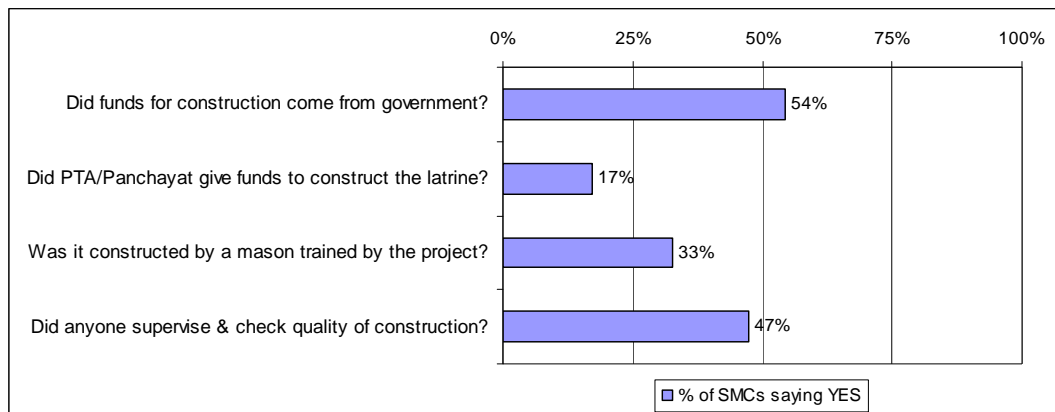
Sample: 78 schools with latrines

Figure 24   Financing and construction of school toilets

Only 33% of the latrines constructed were built by a mason trained by the project, the rest using 'outside' contractors. Nearly 50% of the toilets were supervised during construction.

6.2.3. Construction according to norms

Half the school latrines were built according to UNICEF/government norms (Sample size: *78 schools with latrines*
Figure 25).
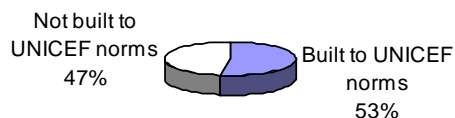
Sample size: 78 schools with latrines

Figure 25 Proportion of school latrines built according to UNICEF/Government norms

Box 1   Child-friendly school toilets

In Barbatpur village school Betul, children no longer have to carry water to flush and clean school toilets because the project NGO, PHED and the PTA installed a pipeline from the school hand pump to the storage tank of the toilet block. Now every user who pumps water sends 20% of the total outflow to the storage tank (i.e., 20 strokes worth of water for every 100 strokes). To force lift the water, there is a pipeline to the hand pump outlet, and a valve and oil seal moves the water through the pipe and prevents backflow. This simple, yet effective technology has made it easier

for schoolchildren to flush and clean their toilets - and they feel proud to own and use it.
Ashis K. Biswas and Indraneel Ghosh

6.2.4. Use of school toilets and urinals

In classes I to V, the average number of children varies from 11 to 20, with more boys than girls in all classes, and smaller numbers of both boys and girls in higher classes (Figure 26). The average number of children in the school is therefore around 75 to 80.
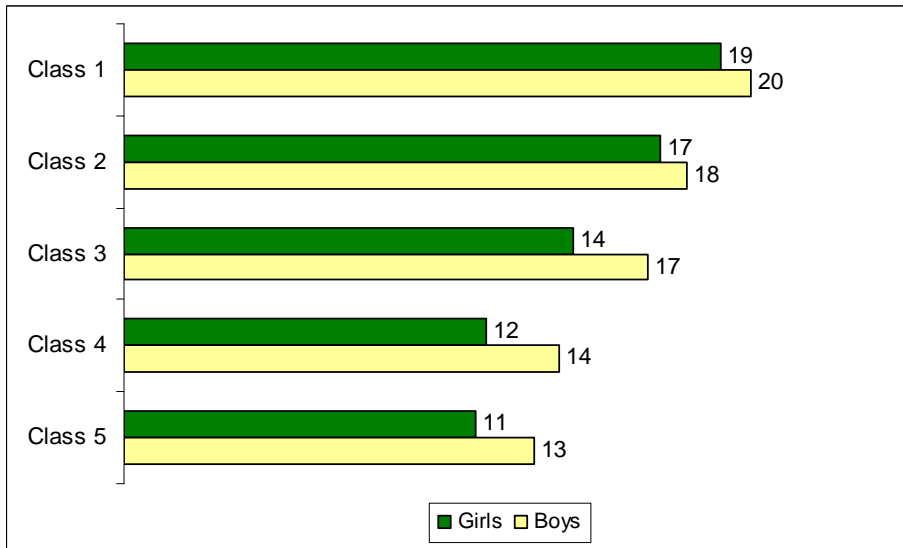
Figure 26 Number of School boys and girls in classes I to V

The urinals in schools are shared by nearly 60 girls and boys, while the toilets are shared by around 80 girls and boys (Figure 27). Given the average number of children in classes I to V, this is roughly one toilet and one latrine per school.

46
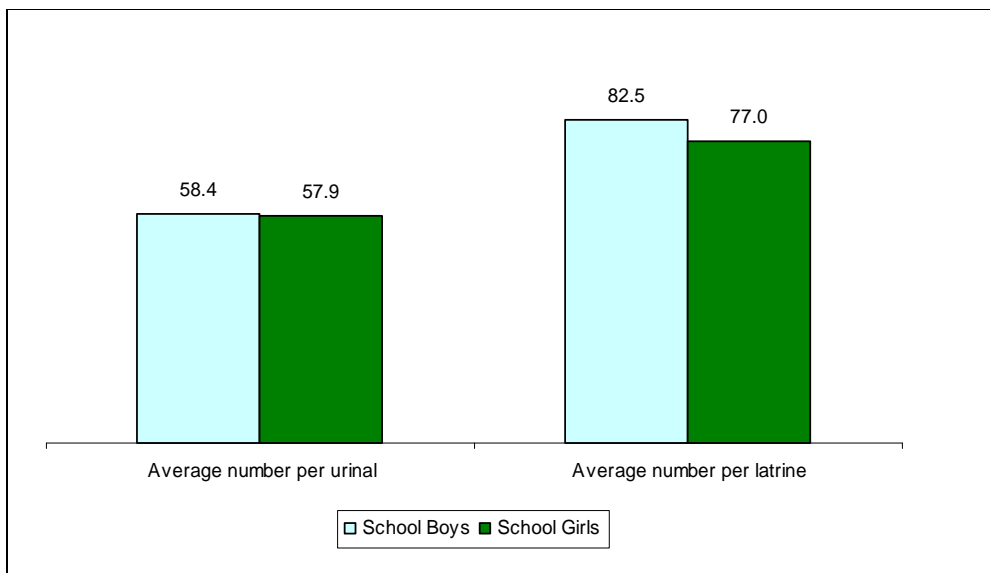
Figure 27 Average number of children per urinal and school toilet

6.2.5. Functioning of school urinals

About 60% of the schools do not have functional urinals, around 10% are not dark, smelly and dirty, and only 30% are useable (Figure 28). Only 1 school has a child-friendly urinal.

NA: Urinal does not exist or is being constructed	43%
0: Urinals exists but are not functional or not being used	17%
25: Urinals exist & in use but they are dark, smelly and full/blocked (urine on the floors)	9%
50: Benchmark: Urinals are clean (no urine stagnant on floor);	20%
75: In addition, no stagnant urine outside the urinal room AND there is water, soap or ash for hand washing within easy reach of the children	9%
100: Ideal: In addition, Urinals are child friendly (e.g., lower height, colourful walls, etc.)	1%

Sample size 116 schools

Figure 28 Functioning of school urinals

Illustrative reasons for scores:

Below benchmark (Less than 50): 'Urinals constructed by Oxfam but at present not being used.' (Bastidiha, Puri); 'Urinals exist & in use but they are dark, smelly and full/blocked (Amerkheda, Lalitpur); 'Urinals are in good condition, but only used by teachers' (Bhattapur, Puri)

Benchmark and above (50 and above): 'Urinals are child friendly and also seaparate for boys and girls. Easy to acess for even small children' (Srinagar, Balrampur); 'Urinals are clean, No stagnant urine outside the urinal room there is water shop for handwashing within easy reach of the children' (Ratanpura, Alwar);

Box 12 Dilemma of toilet use for the adolescent schoolgirl

An adolescent girl in Batkidoh in Betul district (MP): "I want to use the school toilet, as I am a grown up girl, but I cannot. Sometimes I am scared and sometimes I feel shy. My friends Kamala, Champa and Sefali also feel the same, but we cannot say this to anybody in school, because there is no female teacher in my school. The people of our village go for open defecation and I do not like it. I also know that open defecation is not good. I always feel that my school toilet is the best option for me, but I have so many apprehensions to use it, such as 'What will my friends say about me when I am using the toilet?". I also have a feeling that somebody might be looking through the ventilation hole. Sometimes I feel that teacher and other students may think that I have a stomach ache. Because of all these fears, I postpone using the toilet in the school and only use it at home and many of my friends do the same. I keep wondering to whom I can express or share my fears because I feel ashamed to discuss them with my male schoolteacher".

Asish Biswas and Indraneel Ghosh

6.2.6. Functioning of school latrines

More than 50% of schools surveyed do not have functional latrines, only 30% are clean; and only one is also child-friendly (Figure 29).
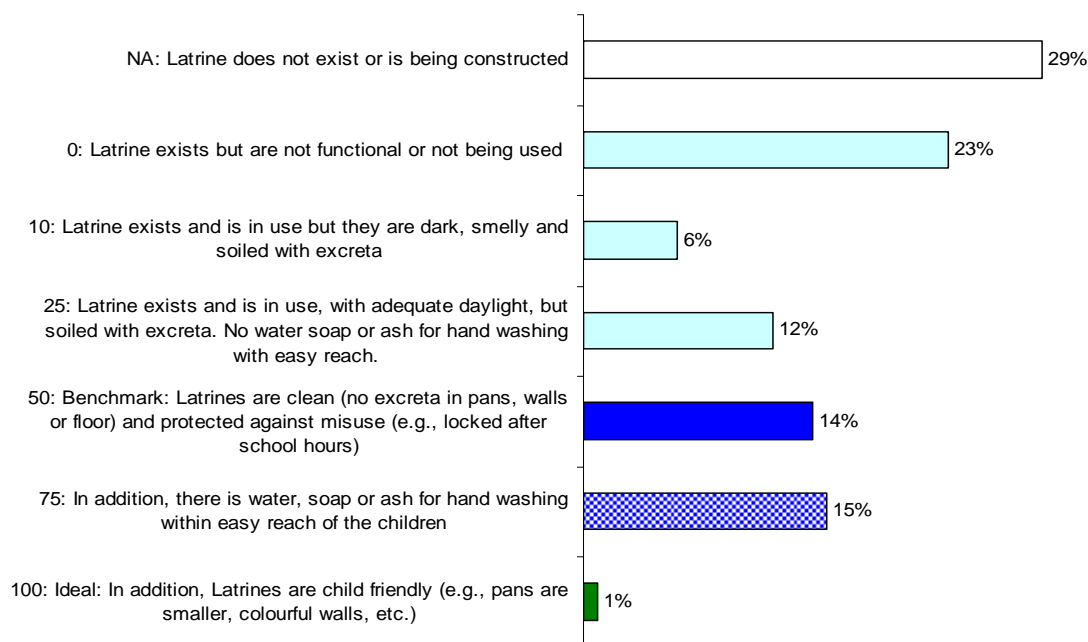
Sample size 116 schools

Figure 29 Functioning of school toilets

Illustrative reasons for scores:

Below benchmark (Less than 50): 'Recently UNICEF constructed one latrine and 2 urinals in school campus, but as there is leakage in tank, hence it is not used , due to lack of water supply' (Arisandha, Puri); 'Latrine exist but always locked by school teacher because of misuse by villagers' (Banguan Kalan, Lalitpur); 'Latrines not used as water is not available nearby' (Bachha Kuhi Mal, Betul)

Benchmark and above (50 and above): 'Latrines are clean, functional and has enough water available as HP is in school premises.' (Birari, Lalitpur); 'The latrine is clean. The children use it regularly and clean it after use. It is locked at 5 pm and opened at 10 am. The water point is in the school campus, from which children carry water in a bucket' (Harianta, Puri); 'Latrines are clean, there is soap / ash within easy reach. There is a washing tank attached to the toilet' (Nareri, Alwar)

The Siktihwa village school in Balrampur district (Uttar Pradesh) has two teachers and one *shiksha mitra* (assistant teacher). It has an education committee, a Parent Teacher Association, and a School Sanitation Club, but they now exist only on paper. Despite this, the *shiksha mitra* has taught a majority of the schoolchildren personal hygiene, the positive impacts of good sanitation and hygiene practices and the negative impacts of improper sanitation and hygiene practices. They now know why and how diseases such as diarrhoea, malaria and dysentery spread and how to prevent them disease spreading. Though the children are well aware, they are not able to use the school toilets since the toilets are locked all the time and they are forced to defecate in the open. When asked, the children said 'the teacher feels we will spoil the toilets'. The teacher however said that villagers come to use the toilets and hence he locks them.

Devendra Singh Yadav

6.2.7. O&M of school latrines and urinals

About a third of the schools did not have a functional latrine or urinal, but a third of the schools had latrines or urinals which were in use but not being maintained or cleaned (Figure 30). A system of O&M was present in about 25% of schools, with funds, materials and an equitable system of task sharing in about 6% of cases.
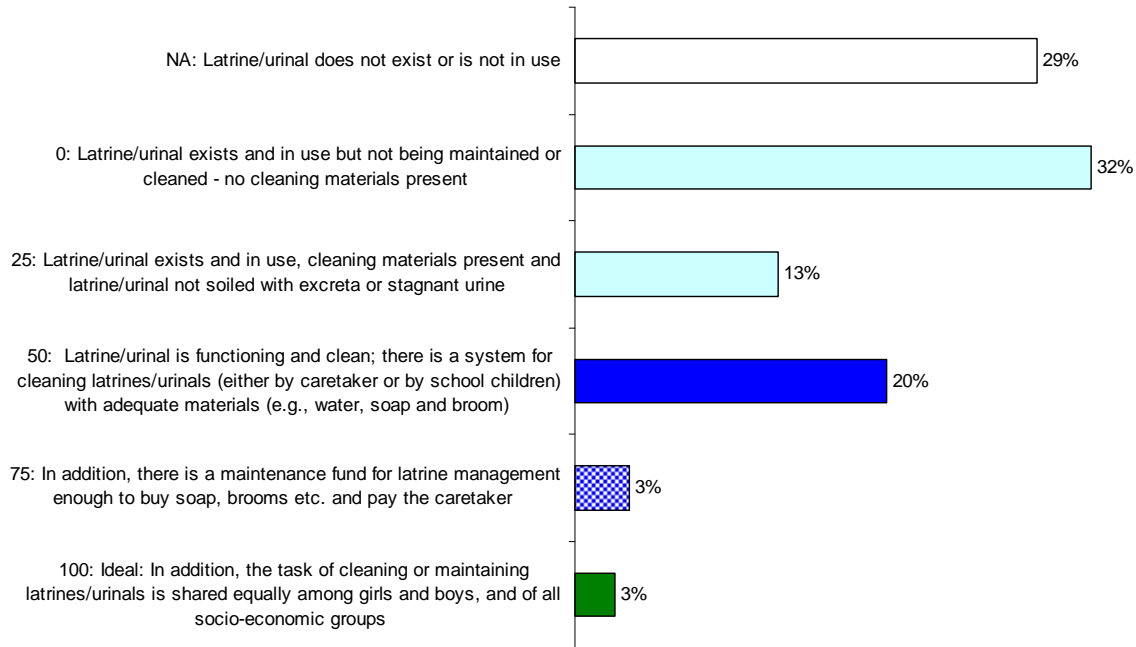
Sample size 116 schools

Figure 30 Functioning of school toilets

6.3. SCHOOL HYGIENE PROMOTION

6.3.1. School teachers trained in hygiene promotion

Of the 400 odd schoolteachers in the school surveyed, the CE Project had trained about 40% of the teachers on school sanitation and hygiene education (SSHE). Although there were more male than female teachers, an almost equal proportion of male and female teachers were trained (around 40%).

During the school visit part of the village assessment, almost 75% of all teachers were present and participated in the assessment. More women teachers (82%) were present, compared to men (70%), while almost the same proportion of women teachers trained in SSHE (61%) was present as were men (57%).

Comment [I2]: is this the % of TEACHERS that attended the FGDs or the % of the groups where some teachers had been trained??

6.3.2. Effectiveness of teachers' training

Nearly 70% of the teachers who attended hygiene promotion training did not learn much from the training, and although 30% who felt they had learnt the skill, only a small proportion (around 10%) have developed their own lessons or attended refresher trainings (Figure 31).

0: None of the teachers took the training seriously and did not learn anything	38%
25: Even those who attended seriously could not learn much (e.g., badly organised, bad trainers, no educational material or poor quality material, etc.)	32%
50: Benchmark: All those who attended seriously learnt the skill sufficiently, at least 1 is using it effectively, and good quality educational material has been provided and is being used	22%
75: In addition, teachers have prepared their own locally-relevant lessons and educational materials for hygiene promotion	8%
100: Ideal: In addition, they have attended refresher trainings	1%

Sample size: School teachers in 111 schools

Figure 31 Effectiveness of teachers' training

6.3.3. Teachers' awareness of hygiene and sanitation issues

About 40% of the 400 odd school teachers (around 140 women and 260 men) in 111 of the 116 schools surveyed had received training in hygiene promotion and sanitation. These teachers were asked to recall the 7 components (or 10 in some states) that were central to these trainings.

Only a third of the teachers could recall these messages correctly. About 20% were able to explain these messages as well (Figure 32). This went beyond memorising programme contents and indicated understanding and internalisation.
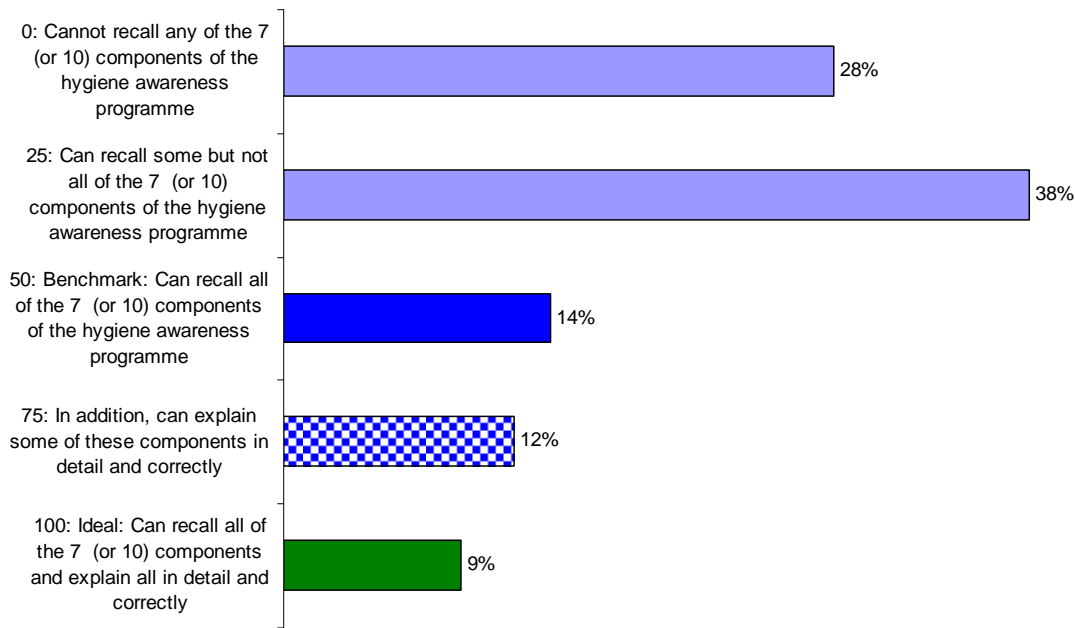
Sample size: School teachers in 111 schools

Figure 32 Awareness of hygiene and sanitation messages

6.3.4. Teachers' use of training in school

Of the 100 trained teachers present in 111 of the 117 schools surveyed, 30% said that no hygiene education classes had been held, while 20% said this was only on special days in the year or during morning assembly or prayers (figure 33). But nearly 40% said hygiene promotion classes were in the time table and held, while about 14% had taken their own initiative to train school children (Figure 33).
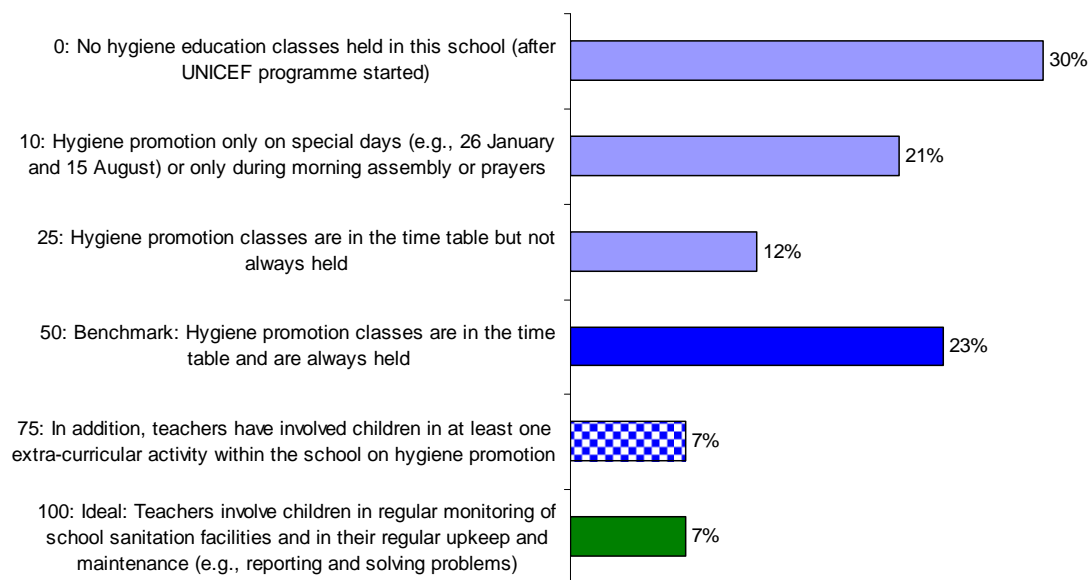
Sample size: School teachers in 111 schools

Figure 33 Teachers' use of training in schools

6.3.5. Teachers' use of hygiene education material

Over 70% of the schools had introduced hygiene education in school. Some teachers also undertook extra-curricular activities, such as working with School Health Clubs, or visited school toilets and other facilities with the children to monitor maintenance and hygienic use. However, less than 40% of the schools have so far included hygiene education in the regular time table.

Half of the schools had UNICEF material for school hygiene education, and in one third of the schools these were used (Figure 34. Moreover, 5% use participatory learning materials and 3% also prepare their own educational material relevant to the local conditions.
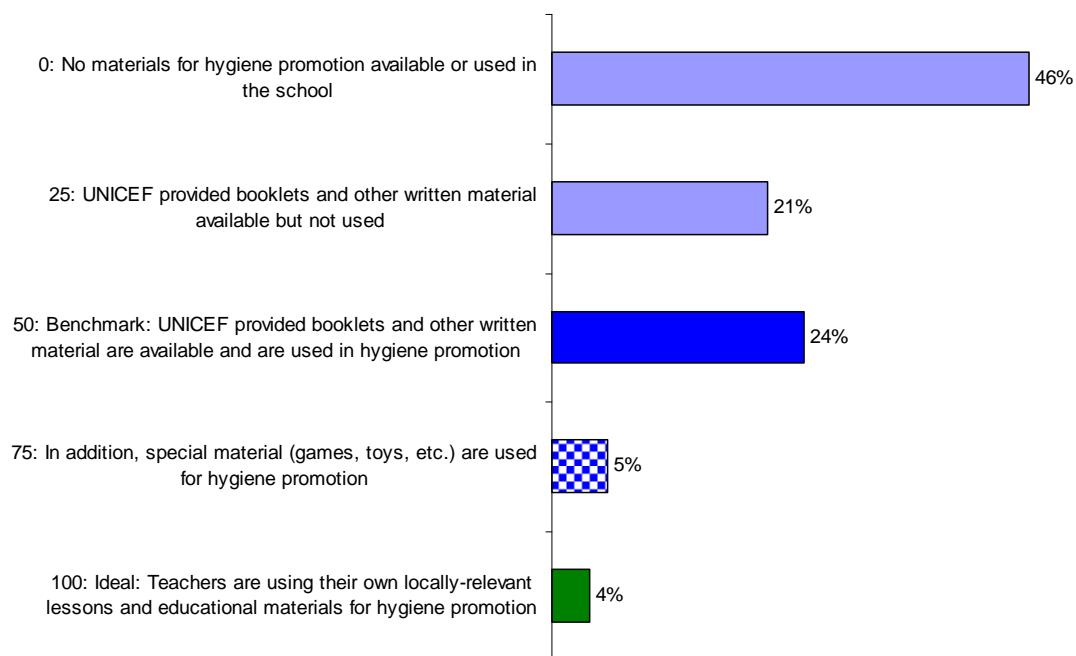
. Sample size: School teachers in 111 schools

Figure 34 Teachers' use of hygiene education materials in schools

Teachers used mainly conventional educational methods for hygiene education. A few schools used a more holistic approach, in which children also introduced changes at home or assessed home and village conditions and teachers use the information for lessons in school.

6.3.6. Hygiene promotion by children in their homes

Outreach to homes and communities is practised by children in 60% of the schools surveyed. Although in one out of three cases this is in the form of one-way messages in rallies and marches, in nearly 30% of these schools, children were encouraged to talk about their hygiene lessons at home (Figure 35).
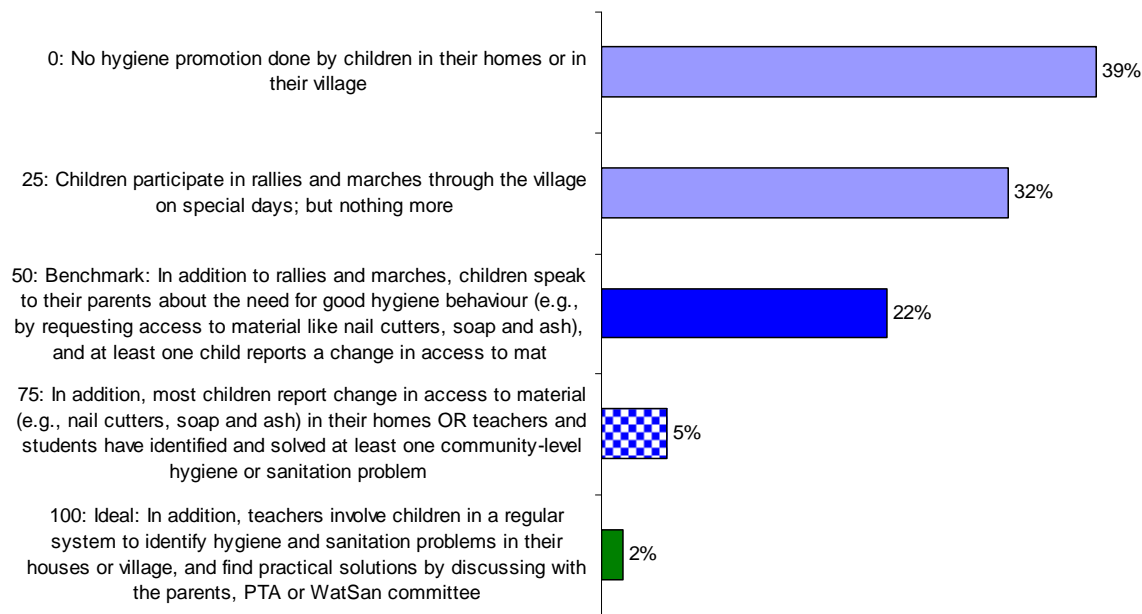
. Sample size: School children in 116 schools

Figure 35 Outreach in homes and community by school children

Box 14 **Changing customs with respect**

Jagannath Kamila struggled between traditions and maintaining personal hygiene. Jagannath is a student in class I of Jogendranath Nodal Upper Primary School in Birishpur, Orissa. A typical ritual in some of the tribal families is that they must not cut their nails and hair if the mother dies. When Jagannath's mother died, he did not cut and comb his hair and trim his nails. At the regular hygiene checks in school, the teachers found him unhygienic and warned him during the morning assembly after prayer. Finally, the headmaster also told him strictly, but Jagannath was reluctant because of his family custom. Jagannath complained to his father about the warnings in school. His father then came to the school to meet the teacher. The teacher tried to convince Jagannath's father of the problems of being unhygienic and the risk that he would spread diseases to other students, but Laxman Kamila refused to listen, saying that this is their custom and they must obey it. In their turn, the teachers told Jagannath and his father that the custom may generate disease and there is no meaning in obeying rituals which may make them ill. Finally, little Jagannath was convinced and made his father accept what the teachers said. Next day, he came to the school wearing clean clothes, properly combed short hairs and hands and toes with trimmed nails
Loknath Sahu and team

6.3.7. School children's hygiene knowledge and habits

Since it is difficult to assess school children's knowledge of hygiene by asking questions in an open classroom, an innovative and participatory method was used with children in classes IV and V. They were asked to write on a slip of paper *why* they felt hand washing was important. Very many school children were able to give a simple but correct answer (e.g., 'if we eat food with dirty hands, the germs in our hands go down into our stomachs and make us ill'). The number of right answers were calculated by the facilitator and written on the black board in the class room. Overall, 70% of the school children were able to answer correctly, and there was no significant gender difference in hand washing knowledge Table 10).

	No: of Schools	'Right' answer	Total number of girls in class	Percentage of answers
Girls	96	1102	1573	70%
Boys	100	1296	1831	71%

Table 10 Class IV and V children who knew why hand washing is important

6.3.8. Children's Hygiene in Practice: hand washing practices

Before eating food

While children may know the 'theory' of good hygiene behaviour, it is difficult to check their practice. For this reason, a novel method was adopted to test actual practice. Field teams purchased some snacks (like *samosas* and *puris*) and offered it to children during the break, and observed how many of them washed their hands before eating the (oily) snack. These tally marks were then added and the percentage of practice worked out (Figure 36). Around 40% of 2000 girls and 2200 boys did not wash hands, around 35% of both girls and boys washed with water, and a minority (20% boys and 26% girls) washed with soap or ash.
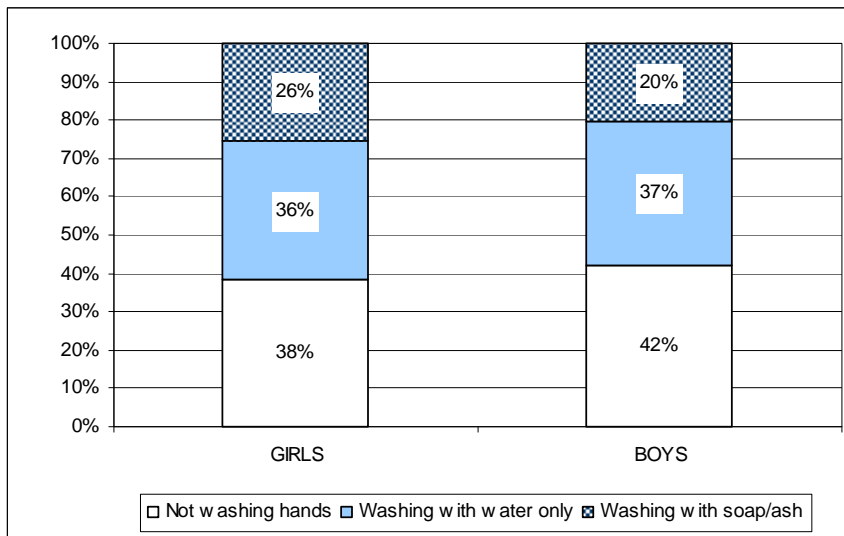
Sample: 2058 school girls and 2222 school boys from Classes IV and V

Figure 36 Hand washing by school boys and girls before eating food

After defecation

Observation of school children washing hands in the school during breaks yielded information on actual hand washing practice after defecation. Nearly 40% of girls used soap and ash to wash their hands water compared to boys (33%), although more boys (46%) washed their hands with water compared to girls (40%). However, nearly 1 in 5 boys and girls did not wash their hands (Figure 37).
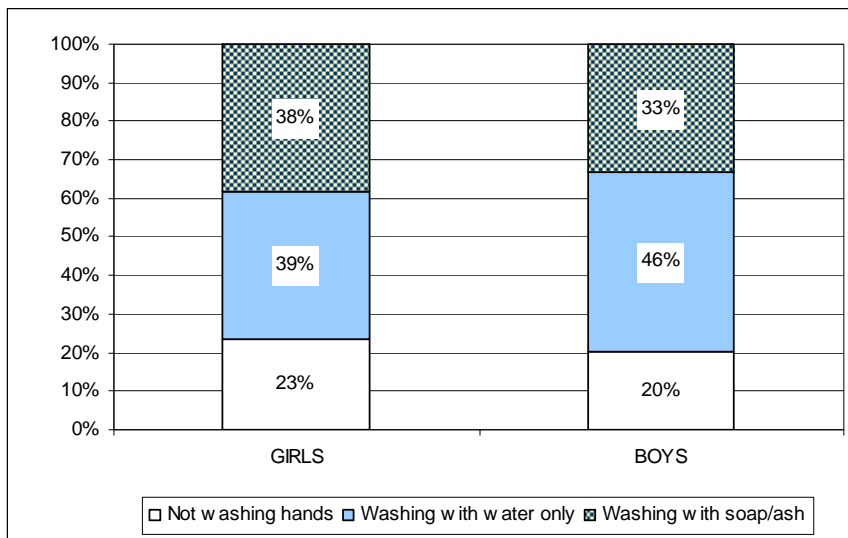
Sample: 816 school girls and 822 school boys from 116 schools

Figure 37 Hand washing by school boys and girls after defecation

6.3.9. Children's Hygiene in Practice: Nails

These school children also participated in a quick round of observations on who had cut their nails and kept them clean, as an indicator of personal hygiene habits. This activity had to be done very sensitively, as it could otherwise discriminate against children in specific situations, such as illness or death of a parent (see, for example, the case in Box 14).

Comment [I3]: for an unknown reason I could not put in a cross reference to this box. Can perhaps be done later.

The field teams were therefore reminded that children can be very cruel to each other and tease children with dirty nails during the public examined. Keeping in mind that children may have dirty nails because of very good reasons and require sympathy and not criticism, they discussed with them the reasons why some of them had dirty nails. The activity revealed that two-third of the girls and 60% of the boys had short and clean nails (Table 11).

	No: of Schools	Clean Nails	Total number of girls in class	Percentage of answers
Girls	97	1044	1547	67%
Boys	101	1121	1874	60%

Table 11 Percentage of girls and boys in class IV and V with clean nails

Reasons for dirty nails

A third of the children with dirty or long nails simply said that they did not have a nail cutter at home, but in almost two-third of the cases, children were simply lazy! (Figure 38). In many cases, a nail cutter was available in school (but this aspect was not investigated in depth).
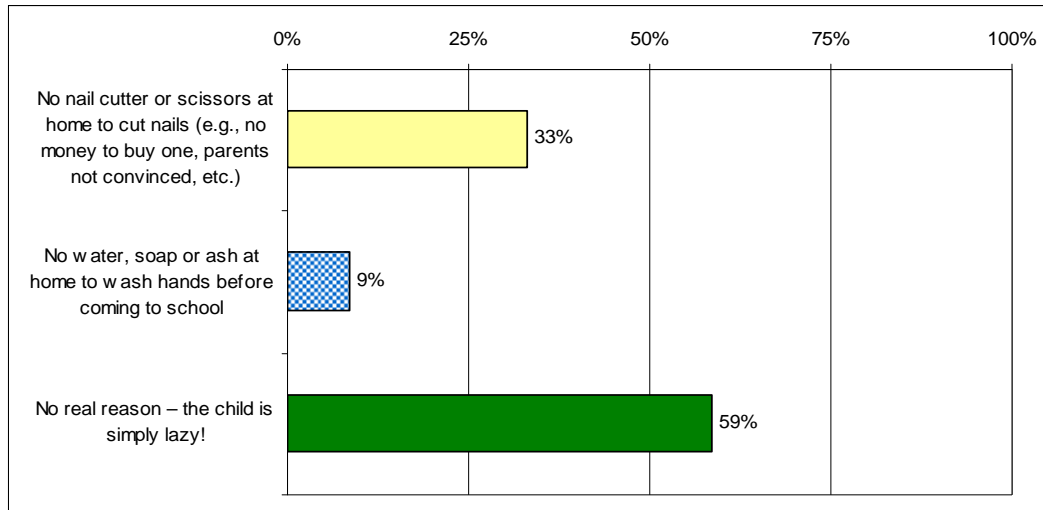
Figure 38 Why some school children do not have short and clean nails

6.4.   SCHOOL MANAGEMENT

In 50% of cases, teachers get support from district officials such as the District Educational Department, mostly in the form of training (Figure 39). Visits to the school, supply of materials and responding to teachers demands are much rarer.
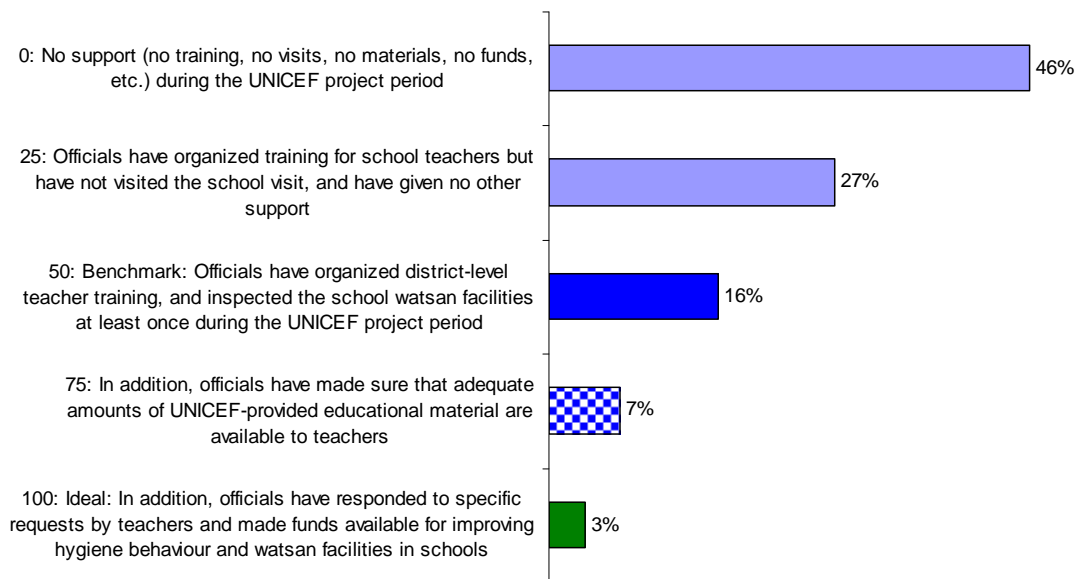
Figure 39 Support from District officials

Box 2   Interlinkage of CE school component and Government school programme

Unlike other schools, the Bharna Government School in Gairoli in Tonk was sanctioned a Mid Day Meal Programme. In the initial stages of the scheme, three or four schoolchildren would spent three hours a day to cook the mid day meal. Around 8-10 children spent two hours once a week for cleaning wheat and one teacher used to spend half a day per month to arrange for the fuel wood. Looking into the overload of work on the children, the school management committee (SMC) decided to call a *gram sabha* to make an alternative arrangement. The *gram sabha* appointed Mrs. Shimla Sharma to cook the meal on a contract basis. The contract includes cleaning, washing, cooking adding flavors, such as *gud*, vegetables and salt, and serving the meal, for which she was paid Rs. 5 per kg of cooked food. If she did not come, her husband replaced her at work and cooked the meal. However, at the end of the academic year she had to move to another place due to her husband's work. This year, the Gram Panchayat has hired Mrs. Geeta Devi Sharma to cook with similar terms and conditions. The schoolchildren always bring their utensils with them and clean them before and after finishing the food. Inspired by the school's teachers, the SMC is developing the Bharna Government School into a model school. The case demonstrates how UNICEF can dovetail their programme with other ongoing Government programmes.

Vinod Lasod

7. COMMUNITY MANAGEMENT

7.1. GENERAL OVERVIEW

Most of the domestic water supply in the villages surveyed is provided by household connections or hand pumps, though several agricultural bore wells are also used (Figure 40). With open wells and other sources, around a fifth of the domestic water supply used by villagers in the 117 villages surveyed still do not use the hand pumps, public taps or household connections of public supply.
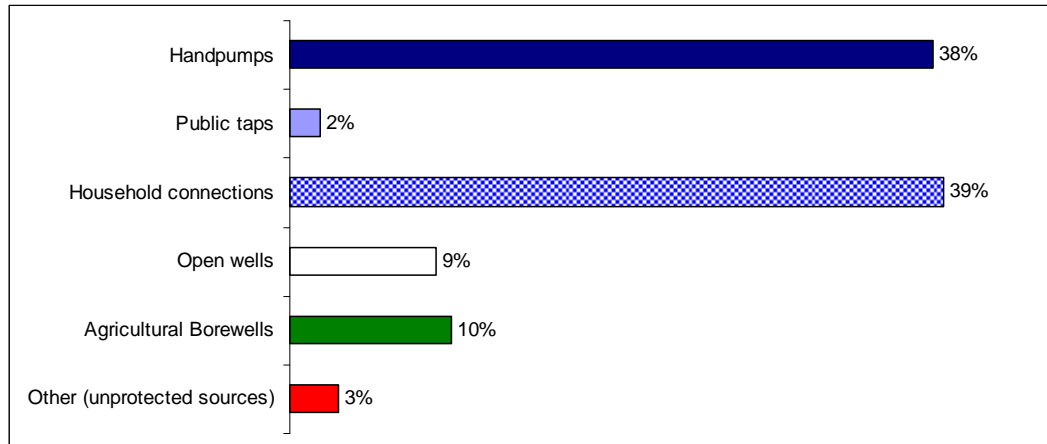
Figure 40 Type of water supplies in the sample villages

Most sources of domestic water supply have been provided privately, but there are a sizeable number of household connections, hand pumps and public taps provided by UNICEF or the government (Figure 41).
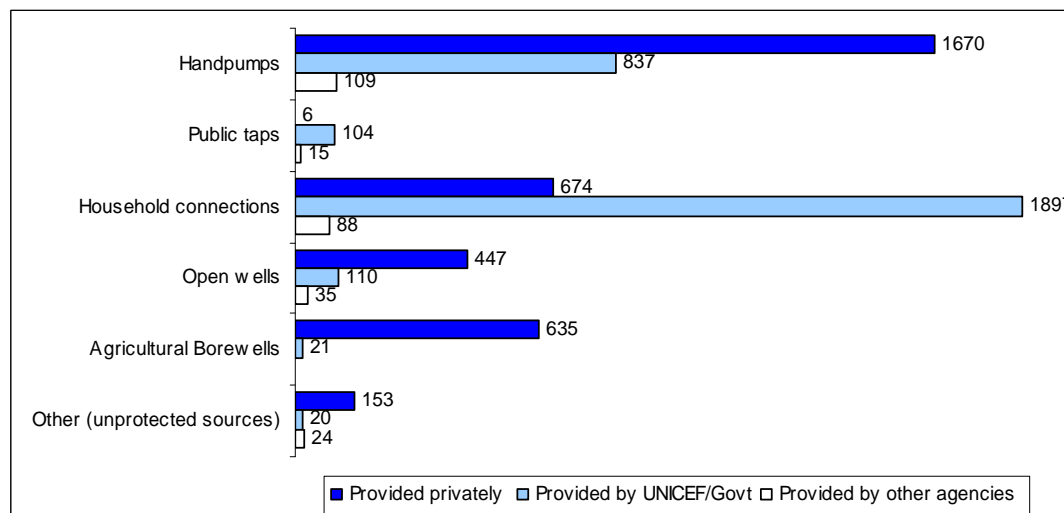
Figure 41 Sources of village water supply

One impact of the expansion of water supply sources through the CEP has been the reduction in 'unserved' households, i.e., households without access to improved sources of domestic water supply, by about 40% (Figure 42). However, it is difficult to ascribe all the

increase in coverage to just the CEP; several changes have occurred independent of project work in these village over the past 5 years.
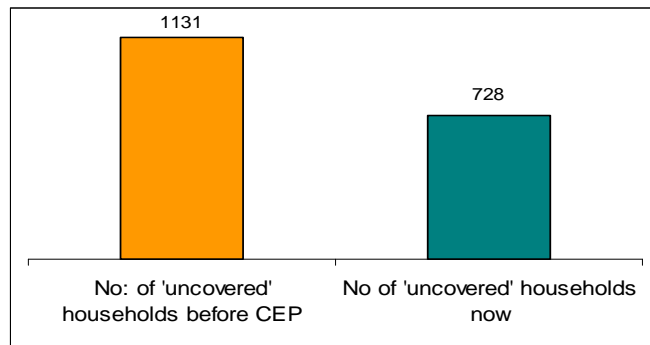
Figure 42 Number of 'uncovered' households in surveyed villages, before and after CEP

The CEP worked to strengthen community management of water supply & sanitation through water user groups (WUGs) at public water points and village water and sanitation committees (VWSCs) set up for village-level management. Some other community based organisations (CBOs) such as, Self Help Groups (SHGs) and Meena Clubs (in Orissa, for adolescent girls) have been set up by CEP staff and NGOs as part of the CEP process (Figure 43).
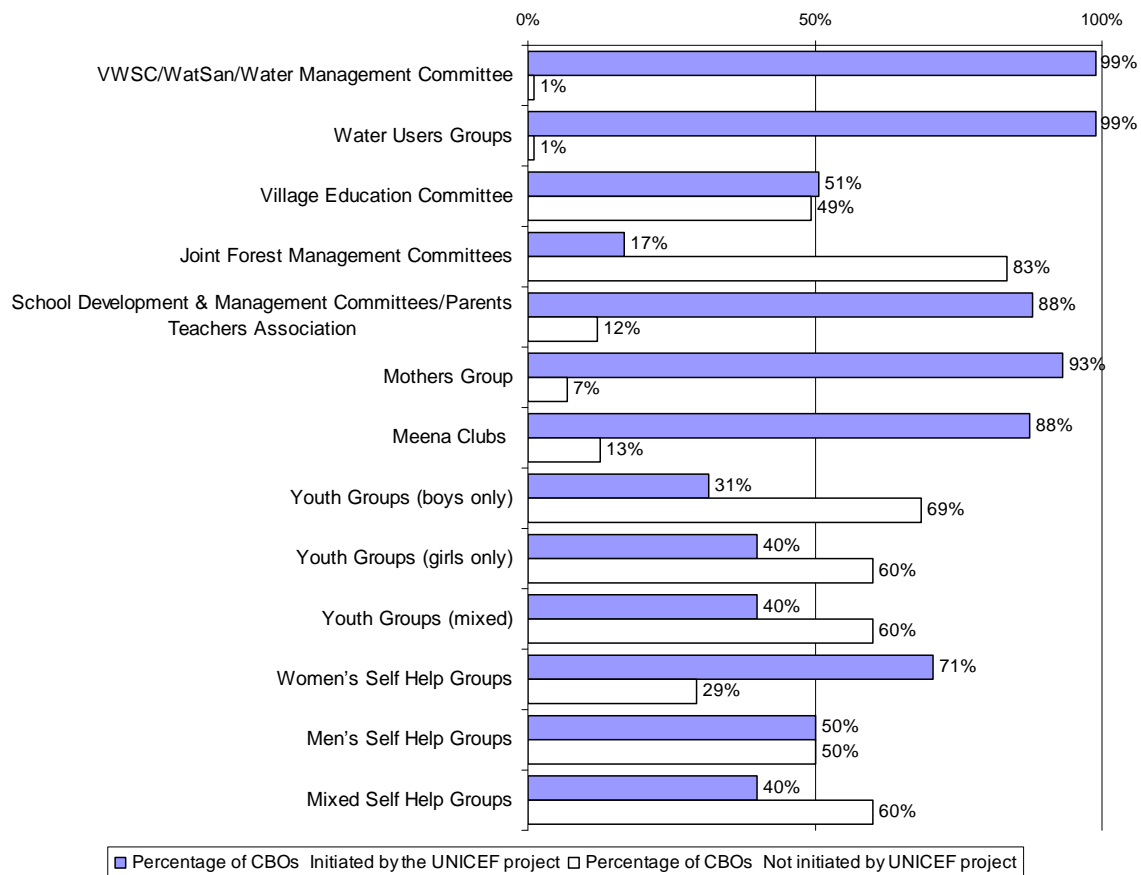
Figure 43 Different Community Based Organisations set up in surveyed villages

The rest of this section looks at the performance of two such groups, in particular, the WUGs and the VWSCs, beginning with the latter.

7.2. VILLAGE WATER AND SANITATION COMMITTEES (VWSCs)

7.2.1. Formation of VWSCs

111 out of 117 villages had VWSCs at the time of the evaluation, of which about 45% were formed without the due process of a village-level meeting with representation from different socio-economic groups (Figure 44). However in more than 50% of these villages, a village assembly had been convened to discuss the formation (and tasks and duties) of VWSCs and to choose members. But only in a small minority (6%) of cases were special efforts made to inform the disadvantaged, especially poor, low caste and women, and to involve them in the meeting more fully.
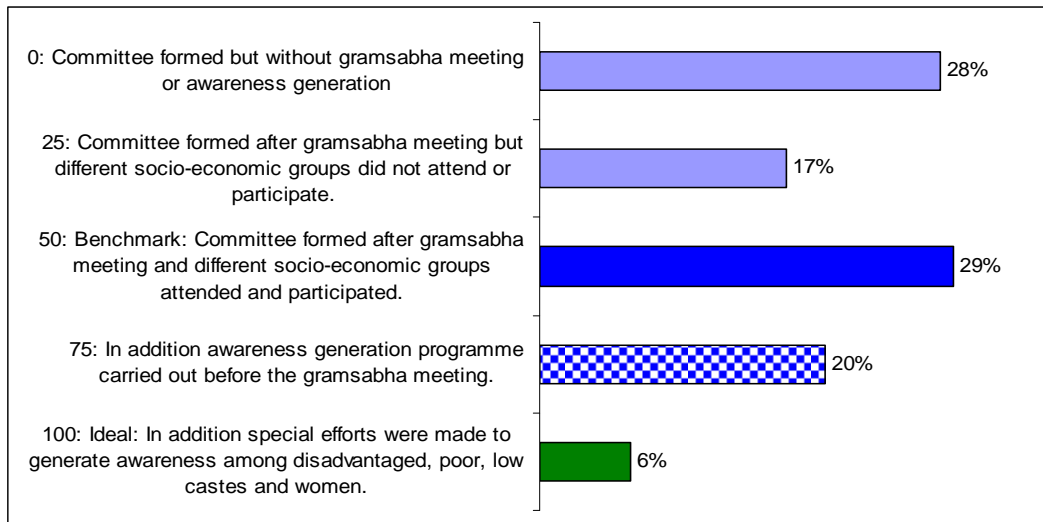
Sample size: 111 villages

Figure 44 Formation of VWSCs: Democracy, gender and social equity

In terms of social equity, the VWSCs in these 111 villages have far fewer representatives from women (35%), the poor (38%) and the lower castes (28%) (Figure 45).
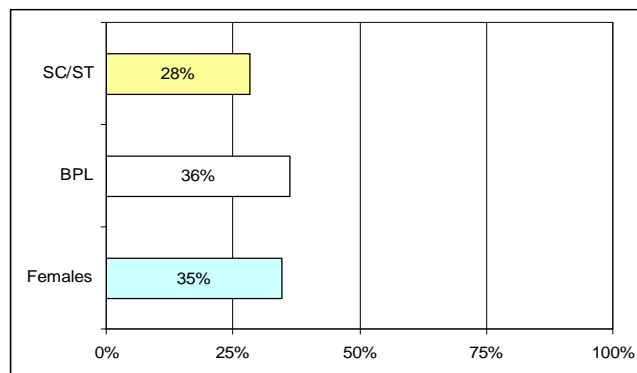
Figure 45 Social equity in VWSCs of surveyed villages

7.2.2. Participation, gender and the poor in VWSC decision-making

Participation by members

The social equity within the membership of the VWSCs is reflected in the nature of decision making, where a few members take all the decisions in a majority (76%) of the villages (Figure 46). But in nearly a third of the villages, members felt that (even if a few take the decisions), other members have been able to speak up and influence at least one decision.
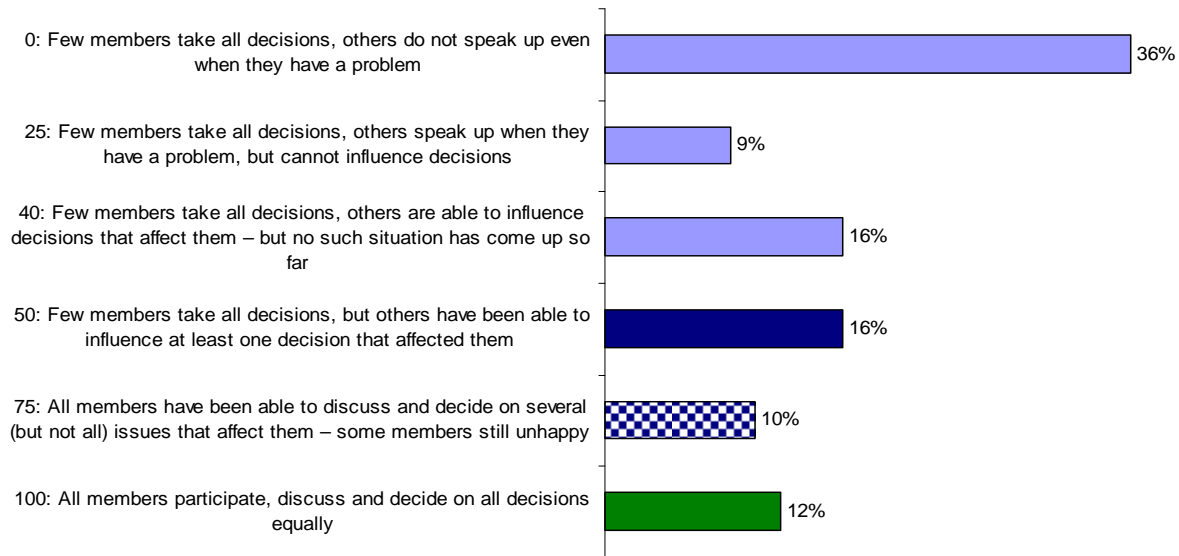
Figure 46 Members' participation in VWSC decision making

Participation by poor women

In 10% of VWSCs, poor women felt they could speak up on all issues and influence decisions just like men. In 40% of cases, they have influenced decisions that affect them. But 60% of poor women either do not attend meetings (40%), if they attend they do not speak (8%) and if they speak they have not yet influenced decisions (18%) (Figure 47).
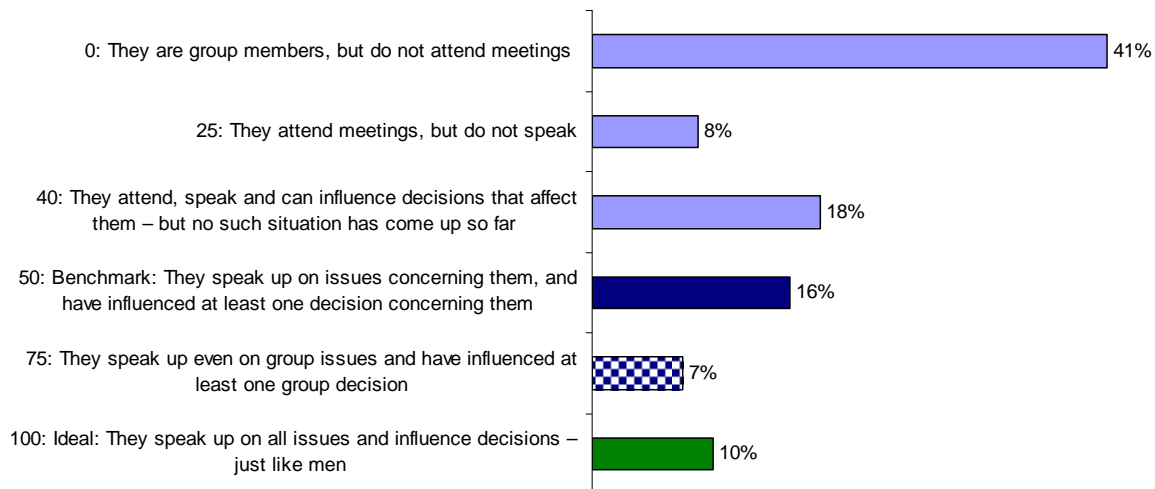
Figure 47 Participation by poor women in VWSCs

Participation by poor men

Like the poor women members of VWSCs, around 10% of poor male members feel they are able to influence all decisions as equals, while a third feel that they are able to influence decisions that concern them (. However, a large proportion (over 60%) does not attend many meetings (especially after being ignored in the first few).

Participation by poor men in VWSCs:

- 0: They are group members, but do not attend meetings — 37%
- 25: They attend meetings, but do not speak — 11%
- 40: They attend, speak and can influence decisions that affect them – but no such situation has come up so far — 16%
- 50: Benchmark: They speak up on issues concerning them, and have influenced at least one decision concerning them — 19%
- 75: They speak up even on group issues and have influenced at least one group decision — 8%
- 100: Ideal: They speak up on all issues and influence decisions – just like equals — 9%

Figure 48 Participation by poor men in VWSCs

Participation by better off women

A small proportion (9%) of better off women feel they can participate on par with men, and nearly a third feel they are able to influence decisions that affect them (Figure 49). There is however a large majority (70%) of women who either do not attend VWSC meetings (40%), attend but do not speak (15%) and even if they speak, do not influence decisions (15%). This has also led them to stop going to meetings, although they used to initially.

Participation by better off women in VWSCs:

- 0: They are group members, but do not attend meetings — 39%
- 25: They attend meetings, but do not speak — 16%
- 40: They attend, speak and can influence decisions that affect them – but no such situation has come up so far — 16%
- 50: Benchmark: They speak up on issues concerning them, and have influenced at least one decision concerning them — 11%
- 75: They speak up even on group issues and have influenced at least one group decision — 10%
- 100: Ideal: They speak up on all issues and influence decisions – just like men — 9%

Figure 49 Participation by poor men in VWSCs

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7.2.3. Decision-making within the VWSC

With the low levels of participation by women and the poor, it is clear that decision-making power is held by a small group of people within the VWSC. However, according to VWSC members who participated in the group discussions in the villages surveyed, about half the VWSCs have a democratic way of functioning with the office bearers explaining to the rest decisions may have had to take on their own, in between meetings, and the other members accepting these decisions (Figure 50). However, in 50% of the cases, the other members resented the officer bearers taking decisions on their own.
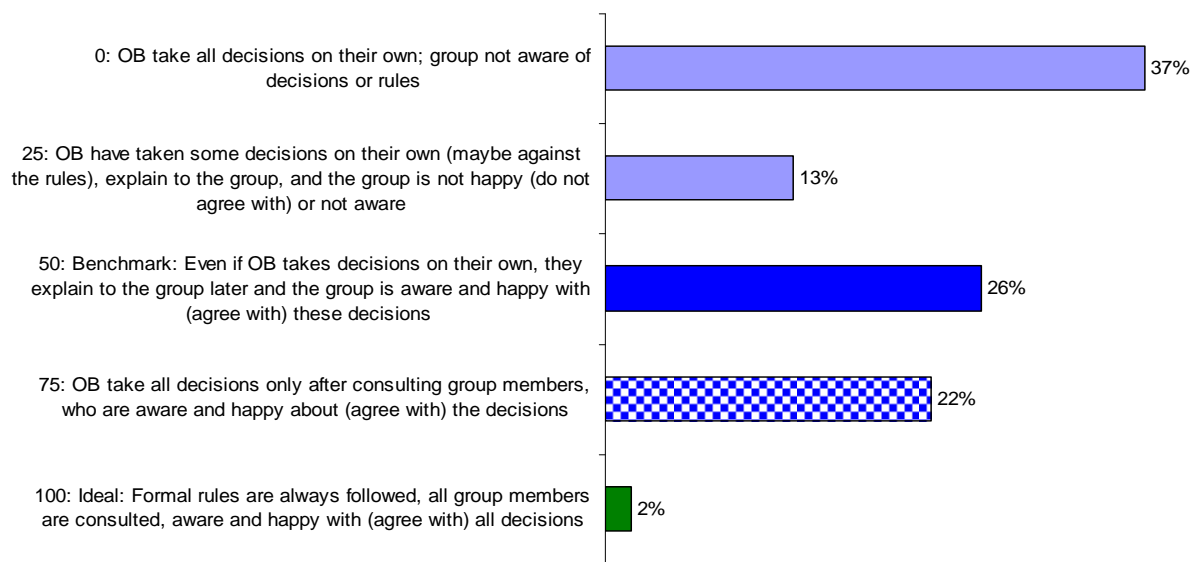
Figure 50 Participation by poor men in VWSCs

Box 15 Who rules and benefits?

In Bhuli village in Chindwara (MP), Madanlal Hajari, the *Upasarpanch* (Panchayat Vice President) holds three other positions: of motivator, Watsan President and PTA (SMC) member. With these four roles in his hands, plans and implements all the activities on his own and there are no meetings and no involvement of the community in the programme.

   When we asked the women about home visits for promoting sanitation and hygiene, they said: "*Wo Badee Malik Hai, Hum Gareebo Ke Ghar Ainge Bhla? Aisa ho hi nahi saktha.*" (How can our *upasarpanch* come to our old and small houses? That is not possible at all"). When we enquired why the school toilet is located outside the school premises, they replied: "*Yee souchalay bachoo ki liye thodi hi banaye.*"(This toilet is not constructed for the schoolchildren). They added that the *Sarpanch* and *Upasarpanch* took all the decisions and constructed the school toilet behind the bus stop to utilize it as a *sulabh* (paid toilet) complex for their own interests. When the teacher who was working in the village objected to this idea, he was transferred and a new teacher of their choice brought in, who did not object. The villagers are of the opinion that there is lot of mismanagement in toilet construction. The estimated cost of Rs. 32, 500 was exceeded due extra labour requirement - and it still requires another Rs. 5,000 to be completed. When the evaluation team asked why they are keeping quiet when they know all these things, the PTA secretary replied: "I complained on all these issue many times but no one listened to me – people listen only to the politicians".

Sheeba Rehman

A comparison of the two voices – on participation by the poor and the marginalised and on decision making by office bearers (Table…) is revealing for the confirmation of the field situation through this triangulation of information.

Decisions by Office Bearers	%	Participation of other VWSC members	%
0: OBs take all decisions alone	37	0: Few members decide all, others silent	36
25: As above, OBs explain later, whole group not aware or happy	13	25: Others can speak, but not influence	9
		40: Others can influence, but has not yet happened	16
50: Benchmark: as above, groups aware and happy	26	50: Benchmark: Others have influenced at least one decision (with elaboration)	16
75: OBs decide after consultation and authorization of members	22	75: All could discuss, and other members could influence several decisions (with elaboration)	10
100: As above, and VWSC established formal rules	2	100: All members participate, discuss and decide on all decisions equally	12
Total	100	Total	100

Table 12 Comparing decision making processes in VWSCs

In this study, the nature of the VWSCs' management decisions and the relation with their impact have not been investigated. A glimpse of one decision raises the curiosity not only on such relationships, but also on their equity Box 16 Gender discrimination in managing toilet use).

Box 16 Gender discrimination in managing toilet use

Madhapada village in Bramhagiri Block in Puri District in Orissa has a unique and excellent practice, but it is limited to one gender only. All the women and adolescent girls are restricted from defecating openly. If caught, they have to pay a fine. This village was under the implementation of the DANIDA water and sanitation project and all households had individual sanitary latrines sanctioned 15 years ago. During implementation, the village committee decided to impose a fine on all those who were not using the latrines. Initially, the fine was only Rs 10 Those who gave the information received a reward of Rs 5 from the fund of collected fines. During the CE project, the fine gradually increased to Rs 125. Although at the inception of the project the fine was imposed on both men and women, fining the men slowly disappeared, and only the women are now fined for open defecation. When we asked why men do not have to pay fines, the women said: "Men are the law makers, if they are not obeying, who can ask or punish them?" Some other women added that most of the time the men are in the fields or outside the house, where it is not possible for them to use a toilet, so for them there are no restrictions." When we asked the village committee, they said: "We used to have it earlier also for the men, but somehow it got discontinued. Now we will start again". For the women, there are some relaxations. Those who cannot use the toilet, because their toilets were spoiled and require repairs, can defecate in their own open space, but not in common places or on the roadside. The relaxation is provided after obtaining prior permission from the Village Committee. Now the women of this village feel that men also should have restrictions so that entire village can be kept clean and neat. All the women felt that their village rule is forcing them to use the toilet and said that they were happy about it, provided the men also follow it…..

Lopamudra Kanungo

If poor women and men are involved in decision-making, they begin to have an influence on decisions. Table 13 gives the findings from FGDs for those villages with women and men on VWSCs (55 and 80 cases respectively). If present, poor women and men begin have some influence on VWSC according to their fellow villagers, with a remarkably small difference between the scores of both sexes.

Table 13 Influence of poor women and men on VWSC decisions according to FGDs

Scores with options	Poor women's influence acc. to poor women FGDs	Poor men's influence acc. to poor men FGDs
0:Few members take decisions; poorest/SC dont speak even when they have problems	29	29
25: Few members take decisions; the poorest/SC speak when they have a problem, but cannot influence decisions	16	15
40: Few members take all decisions, the poorest and low caste are able to influence decisions that affect them – but no such situation has come up so far	20	20
50: Benchmark: Few members take all decisions, but the poorest and low caste have been able to influence at least one decision that affected them	18	20
75: Decisions are taken by majority rule, but some of the poorest and low caste members are unhappy with decision	13	9
100: Ideal: Decisions are taken by consensus (though each member has the right to say No)	4	8
Total	100%	101%

Comparisons between the scores of the two FGDs showed hardly any difference in perceived influence among poor women and men.

Mostly, women's influence is on getting a water point in their area, much less on its management. Where poor men have no influence, this is because they are not a member, do not attend, cannot speak, or cannot influence decisions, e.g. because the better off form the majority. This goes also for poor women. Equality is exceptional, but does happen, although the case below is only explicit on social equity, and not also on gender.

> "There are 3 SC members in the VWSC and they always attend meetings. They express their views as better off and also take decisions. Regarding distribution of latrines, they raised their voice and it was decided to provide latrines to each household in Harianta" (poor men's FGD).

Women's influence was higher at lower levels. Over 60% of the women who are WUG members had influenced at least one decision.

The transparency of managing public water supply and sanitation is still low. This is even more so for poor women than for poor men. (**Error! Reference source not found.**). In 70% of the villages, there is no regular public presentation and discussion of service performance and financing to all villagers. One in four has occasional reviews, and only 9% does it

regularly, but only in the committee meetings. The perceived need for accountability was still low. Most groups simply said they do not know because no information is given.

7.2.4. Conflict resolution within the VWSCs

Over 50% of VWSCs are functioning without conflict, although 35% have wound up and 10% are carrying on despite conflicts. (Figure 51). Some have successfully resolved conflicts.
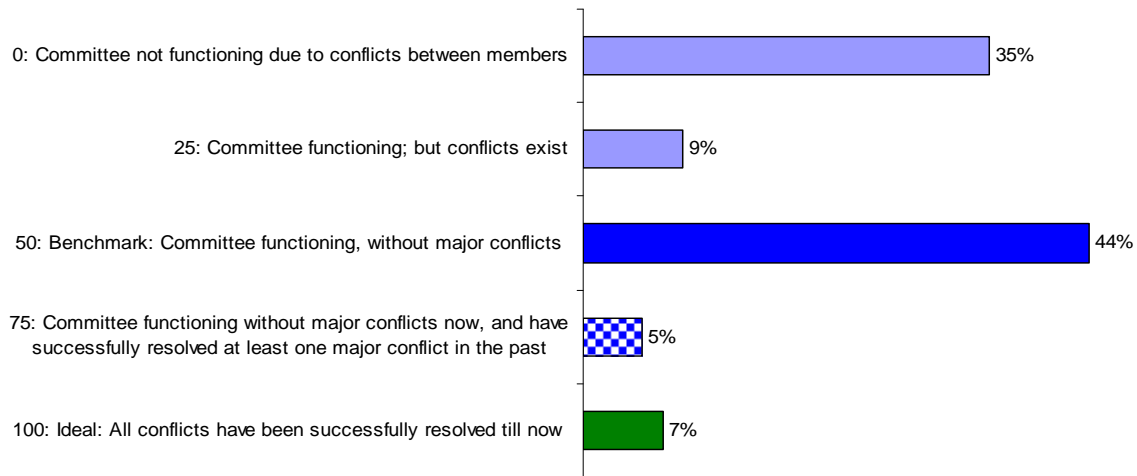
Figure 51 Conflicts and their resolution in VWSCs

7.2.5. Effectiveness of training

For VWSC Members: A maximum of three trainings were assessed by the QPA team in each village, and the findings below (Figure 52) perhaps reflect training quality best. Nearly 50% felt they learnt something useful that they could use effectively, and a minority (5%) have begun doing so and teaching others. The remainder felt that the training could have been organized better so that capacity of the serious trainees could have been built.
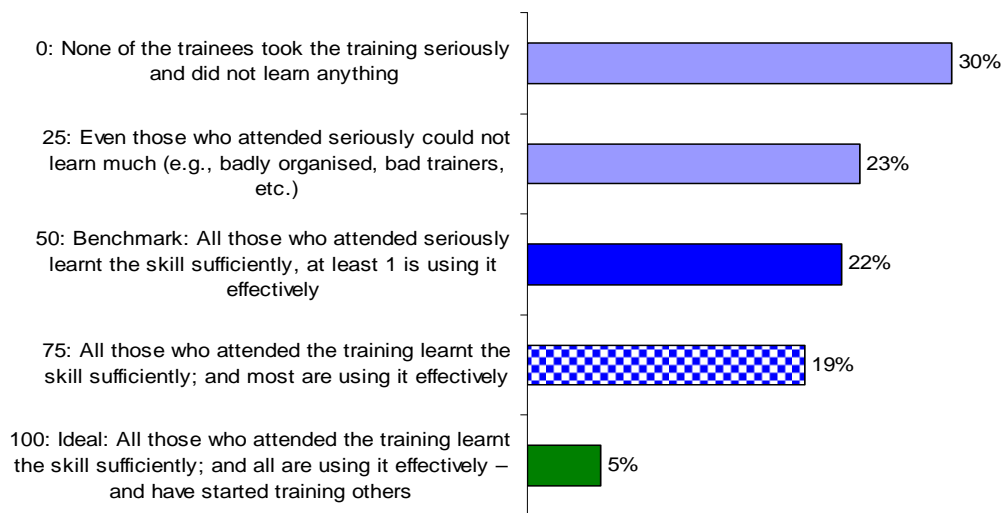
Figure 52 Effectiveness of training for VWSC members

For hand pump mechanics: The training appears to be successful since about 30% found it useful, effective and were able to teach others, while 15% or so were able to do the work, but handicapped for other reasons (eg., lack of tools) (Figure 53). The rest were not trained.

Category	%
0: A trained person is not available at GP/cluster level to carry out hand pump repair	53%
25: Person trained to carry out hand pump repair, but cannot repair hand pump because of other reasons (e.g., incapable, no spare parts or tools available, etc.)	16%
50: Benchmark: Those trained can repair hand pump with help from PHED/RWSS/Jal Nigam mechanic	12%
75: Those trained can repair hand pump on their own	14%
100: Ideal: In addition, those trained have trained others in that village who can now repair hand pumps	4%

Figure 53 Effectiveness of hand pump repair training

For masons: This training appears to also be successful, more or less like the hand pump repair training described earlier (Figure 54).

Category	%
0: A trained mason is not available in Gram Panchayat to construct latrines	53%
25: Person trained to construct latrines, but does not do so because of other reasons (e.g., incapable, not in the village when needed, etc.)	16%
50: Benchmark: Those trained can construct latrines on their own	14%
75: In addition, those trained are being asked to construct latrines by non-BPL also	7%
100: Ideal: In addition, those trained are being asked to construct latrines even by people outside the village	9%

Figure 54 Effectiveness of mason training

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Box 17 Lack of quality control causes toilet rejections

The experience of Mr. Dambarudhar made the Harshapura villagers in Puri reject all ideas of toilet construction. Mr. Dambarudhar recollected: "I have been one of the beneficiaries under the CE Project. I received a sanction for an individual sanitary toilet. UNICEF supplied me with the material for toilet construction such as rings, pan and washing platform. Without looking at their quality, I used the material to construct the toilet. On the very first day of using the latrine, the platform broke and I fell down and was injured. I keep cursing myself for not verifying the quality beforehand." Eighty more households also faced this problem. After these incidents all villagers have refused to use this low quality material for toilet construction. Mr. Dambarudhar said that the quality of the washing platforms was also bad: they either crack or break, hence none of the villagers now want to use the material provided by UNICEF.

Lopamudra Kanungo

7.2.6. Awareness of hygiene and sanitation

Following the trainings received by VWSC members, the QPA teams asked them if they could recall the 7 (or 10) components of the hygiene awareness programme. As in the case of the school teachers, nearly 40% were able to recall all components, and 15% could explain them correctly (Figure 56). Around half the members, however, could not recall all components correctly.
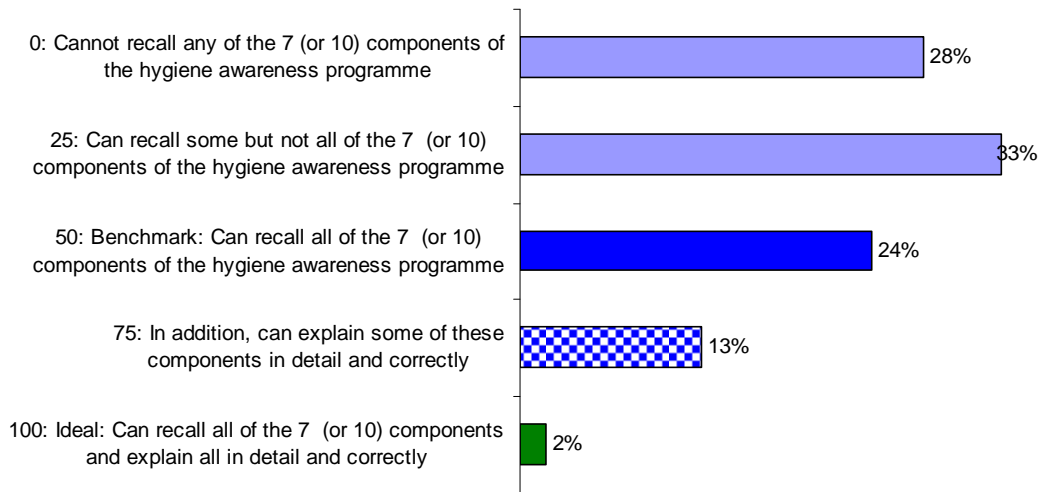
Figure 55 Awareness of hygiene and sanitation in the VWSC

7.2.7. Community monitoring of WatSan issues

A key task of community management of water and sanitation by VWSC is monitoring. About 20% of VWSCs were applying themselves strenuously to the task of collecting information about community water and sanitation issues and taking follow up action to resolve problems, but a majority of VWSCs depend on the NGOs or other agencies to carry out monitoring (e.g., wall paintings on village action plans are managed by NGOs not villagers).

VWSCs do not yet pro-actively take stock of water points, latrines, soak pits, drains, etc. and takes necessary action (including, payments, administration, social barriers, etc.) to solve problems.
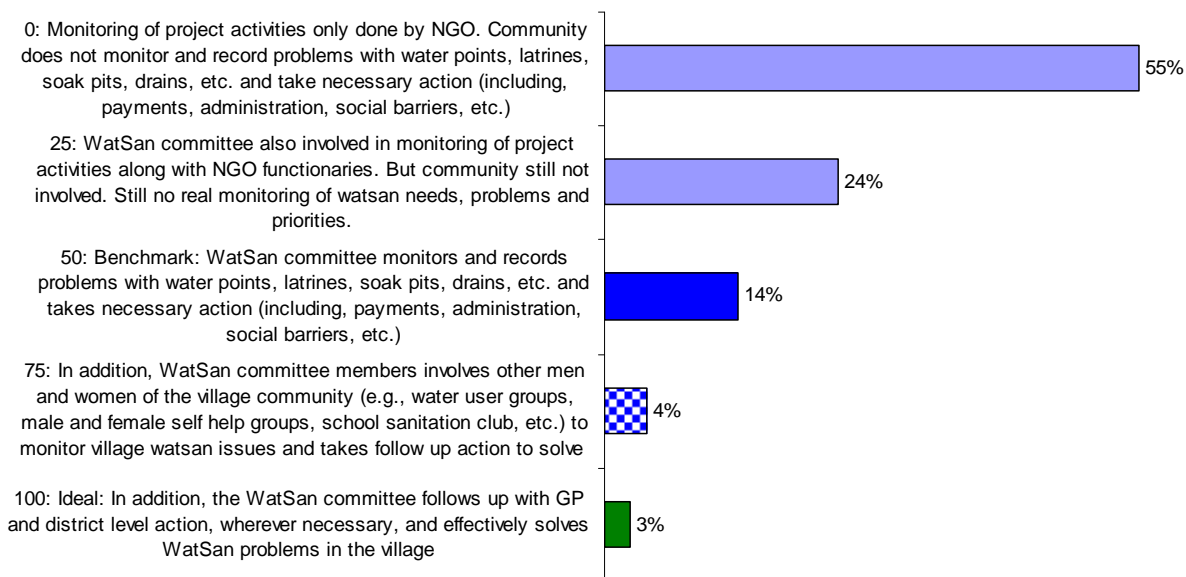
Figure 56 Community Monitoring by VWSCs

Box 18 Who monitors progress?

Dalingia village (Balassore district, Orissa) has a wall painting on a wall near the school, depicting the seven components of water and sanitation and an action plan of the village. But when asked, only one or two from the entire set of villagers could recall and explain it clearly. Participants in all the FGDs (with the VWSC, in the ST/SC colony and with the poor and key informants meetings) said: "We do not even know what that [the action plan] is because we cannot read English. When we read out the action plan in Oriya, they were not aware about so much money being spent for this programme and felt they were being cheated by the NGO and the secretary and president of the VWSC. Although the VWSC resolution book showed that 12 meetings had been conducted, with the signatures of five or six members in each meeting, a detailed discussion with the villagers confirmed that only the initial 4 meetings had actually been conducted! The others were meetings using the DTDS (Door TO Door Signatures) procedure, where the members had put their signatures sitting at home with out knowing the contents/subject matter of the topic. Furthermore, the secretary had closed the VWSC bank account without anybody's prior knowledge. The villagers, including the other VWSC members did not know about this situation. They suspected some mismanagement and wanted to settle the problem, but the secretary had not been seen for the last three days after the news of the evaluation team's visit had reached the villagers. The villagers now want to investigate the matter thoroughly.

Lokanath Sahu

7.2.8. Arrangements for project withdrawal

The NGOs in some villages have taken a lot of steps to prepare the village community for the withdrawal of the CEP, including making linkages with local administration and government programmes (**Error! Reference source not found.**). In a majority of villages (67%), however, little has yet been done to prepare the local community for the withdrawal of direct project support, indeed many were not even informed about the end of the CE project in their village.
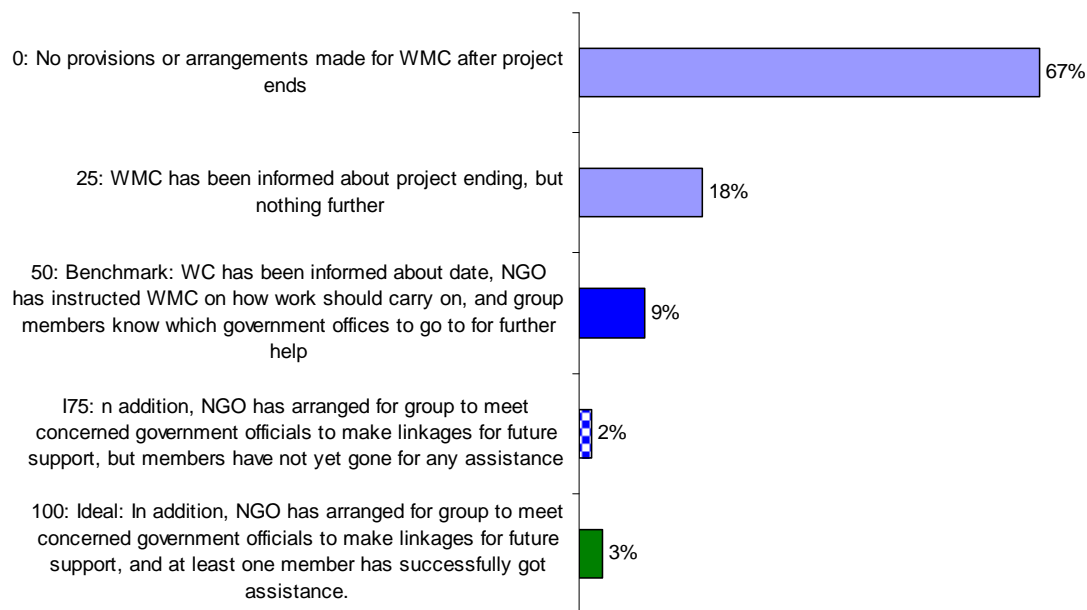
Figure 57 Arrangements for project withdrawal

7.3.   WATER USER GROUPS (WUGS)

Although VWSCs are in charge, overall, of water supply and sanitation in the village, the Water User Groups (WUGs) constitute the lower level of management of water points (WPs). This section looks in some detail at the performance of WUGs, based on focus group discussions around water points, and with groups of poor men and women.

7.3.1. Involving poor men and women in management

In organising water users, poor women and men seem to be less involved than other villagers. Only one fifth of the FGDs with poor women or men had WUG members present. At community level, however, poor women were represented on Village Water and Sanitation Committees (VWSCs) in over half of the villages.

Financial matters concerning water supply and sanitation are also not a matter of interest to the poor, either because they are not informed or because they are illiterate and cannot read information painted on walls and boards (Figure 58). .A few groups of villagers said they were not interested and one group said that information is only for the men. Another group said that the woman member of the VWSC knew, but that she did not understand the figures. Only Rajwara in Lalitpur, UP has regular public meetings on project and payments, but without special efforts for the poor to attend. ."They have also service and financial information painted on the Panchayat wall, but no arrangements for the illiterate".

Effective village-level management has nevertheless led to some innovative solutions, as in the case of Bhanwata, in Tonk, Rajathan (
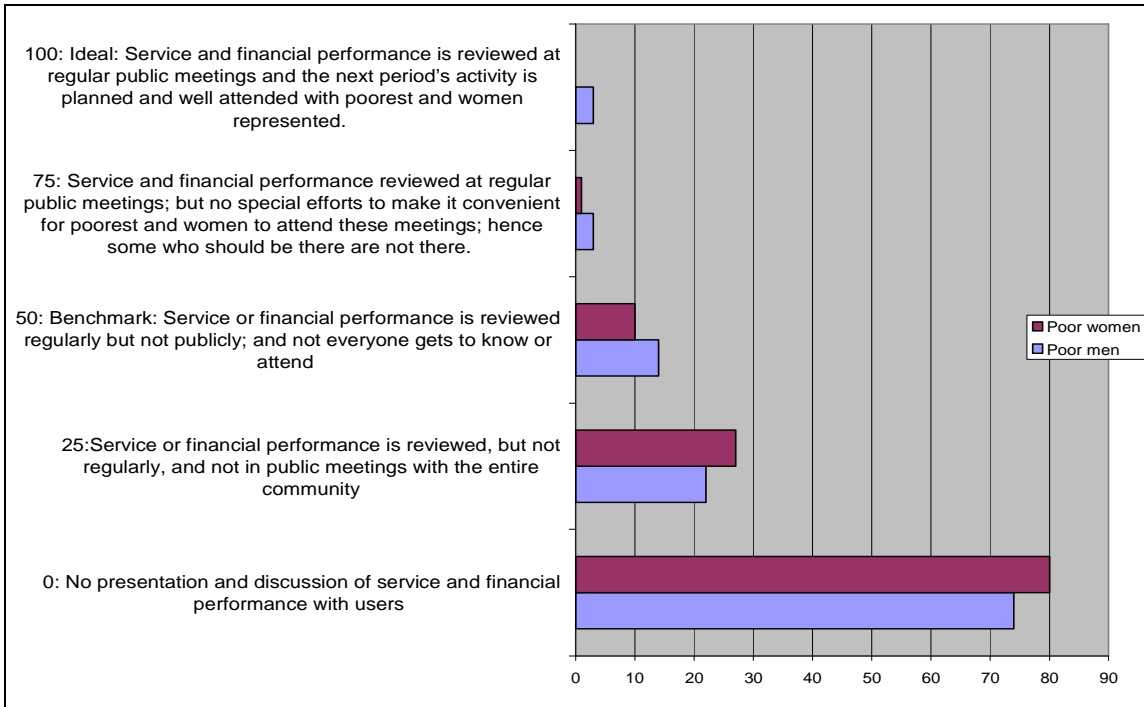
Box 19)

Figure 58 Accounting for the performance and financing of the water supply

Box 19 Pro-active VWSC finds new drainage solution

Three years ago the streets of Bhanwata village in Todaraising block in Tonk district, Rajathan was full of wastewater from houses and hand pumps. After the CEP started, through motivation and awareness generation, the villagers formed Water User Groups and these groups started working effectively. WUGs took utmost care to construct platforms at the water point with appropriate height, maintaining a proper slope and connecting the platform to the main *nala* of the village which the Panchayat had constructed earlier. Individual households also constructed soakage pits for wastewater disposal. A special feature in this village is that two WUGs connected the hand pump drainage channels to open dry wells for wastewater disposal. They have covered the wells and added a filter which stops physical impurities, for the effective disposal of wastewater from the hand pump. This method not only serves for wastewater disposal, but also helps in recharging the ground water and prevents the stagnation of wastewater around the water point. The village water and sanitation committee (VWSC) is very pro-active. It regularly monitors local water use and management and tries out all the possible innovations.

Vinod Lasod and Pradeep Sharma

7.3.2. User payments for community water services

Through the WUGs, the CEP project has promoted user payments to sustain domestic water service. A payment system is now in place 32% of water points, as opposed to merely 6% before the project, whereby user households either pay monthly amounts or collect money as and when required (Figure 59). Concurrently, the proportion of water points with no payment system has come down from 83% pre-CEP to 56%. More however can be done.
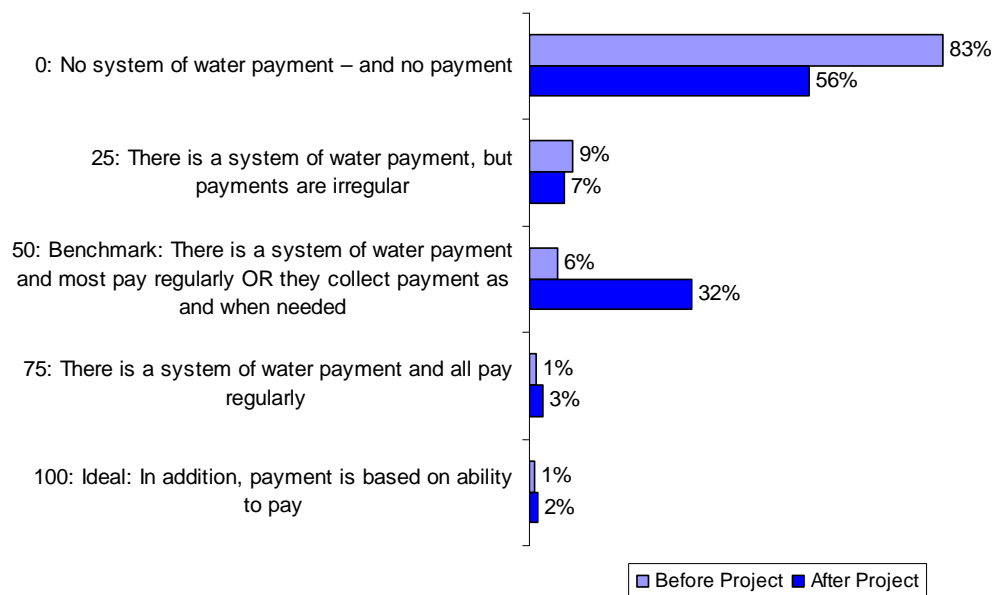
Figure 59 Payment system for domestic water supply

A related question is here how gender equitable it is when only women raise the payments for the village water supply (**Error! Not a valid bookmark self-reference.**)

Box 20 Innovative means to a deserving end…

Srimati Sukanti Mukhi is a poor women of Baliapal village in Balasore district. She stays in a broken cottage in the SC colony along with her husband and children. Labour is their only source of income and it was very difficult for the family to get three meals a day. Her situation in summer is worse, as half of her time goes to fetching drinking water from a lift irrigation pump installed far from her house. The tube well in the colony goes dry during summer. At this juncture the village was sanctioned for the CE project. All the women were happy when the NGO started the site selection for the installation of hand pumps. Unfortunately, the NGO closed down due to political problems and Sukanthi's struggle for drinking water continued as before. Then another NGO entered and promoted the SHG concept. Sukanthi took the lead and formed the Kalyani Swain Sahayak Gosthi SHG, which successfully managed a thrift and credit scheme. Through her personal efforts, she then motivated the members to save Rs. 20 per month towards the installation of a hand pump. The amount they could raise was not sufficient, however, and she started looking for other sources of money. She tried the bank loan programme for SHGs, but found that they do not loan money for installing a tube well. She discussed the issue with all the group members and they agreed that she would apply for a loan for crop harvesting and none of the members would reveal the real purpose of the loan. Finally, the loan was sanctioned and they could install the tube well.

Nandita Rath

7.3.3. Downtime

One clear impact of the project is that in the experience of the users, the downtime of water points that are out of order has gone down. Previously users had had downtimes of more

than six months in about 40% of water points, but after the CEP, such periods of downtime were experienced only in 27% of these points (Figure 60). Downtimes of over a week reported previously in 35% water points sampled, were now only at 23% of these points.
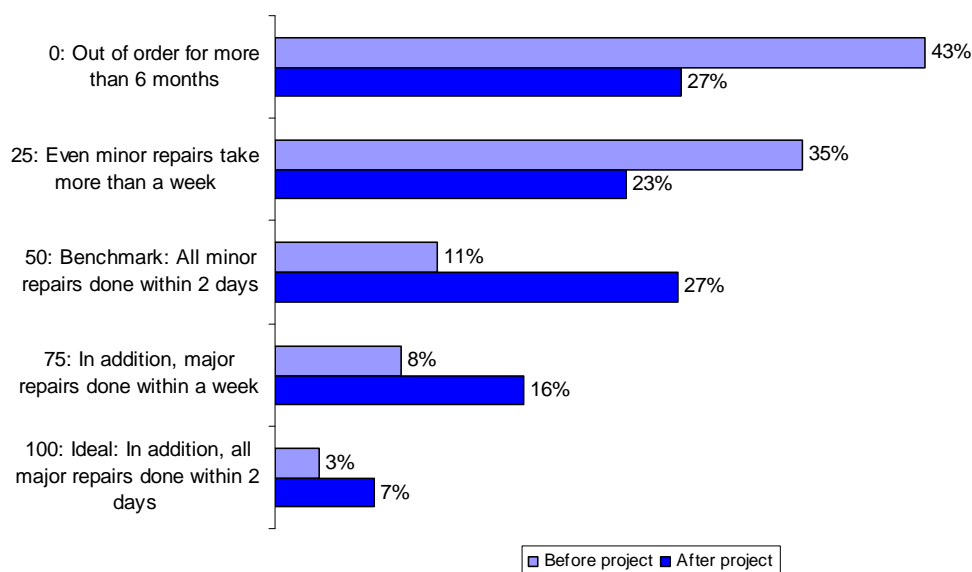
Sample size: 382 water points

Figure 60   Changes in downtime at water points

One of the factors in ease of repairs is the distance at which spare parts are available (Table 14). It is most difficult for water supply in the sample villages in Madhya Pradesh, where travel distance over three times farther than for those in Orissa, and worse than for sanitation. In the villages in the other states, there is little difference in travel time between getting (spare) parts for water supply and sanitation.

Table 14 Average distances to procure parts for water and sanitation systems

Average distances in kms	For parts for water supply	For parts for sanitation
Madhya Pradesh	17	10
Orissa	5	7
Rajasthan	14	15
Uttar Pradesh	11	11
Overall sample	12	11

7.3.4. Availability of water from water points

According to FGDs at a sample of water points in each study village, the project also improved the availability of drinking water from an improved system (**Error! Reference source not found.**). At the 384 water points visited, the situation improved for all categories, except for the second one where the number of cases with a shortage of water for drinking remained the same. The percentage that reached or surpassed the benchmark, a working water point with at least enough water for drinking, has grown from 61% to 78%, an increase of 17%.
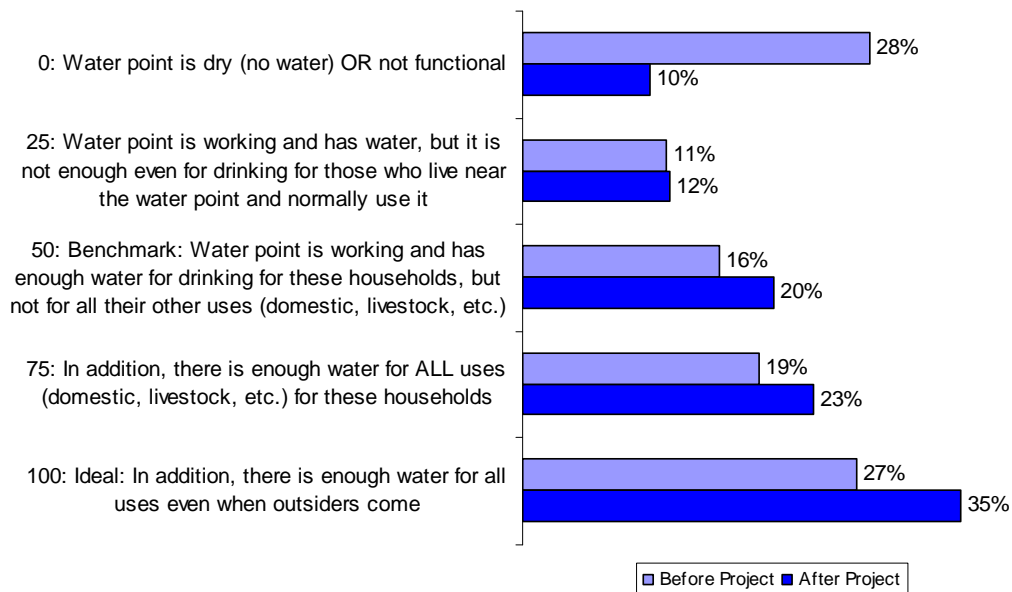
Figure 61 Changes in drinking water availability

Although the number of problem water points has halved (from 40% to 20%), there is, nevertheless, still a problem of water shortage and/or social access in one out of every five water points in the study villages.

7.3.5. Water point problems

The total range of problems investigated with the users of the sampled water points before and after project intervention is given in Table 15. The data show that as a whole, the users now experience more problems than they recall experiencing earlier (Figure 62). (Note that the totals add up to more than 100% because users can experience more than one problem at a water point.)

Table 15   Nature of water point problems before and after CEP

% Water points with users reporting problem on:	Before project	After project
Overcrowding	95	90
Frequent breakdowns	31	28
Water point not functional	4	10
Less water in summer (have to pump/wait for a long time)	46	59
No water in summer (completely dry)	2	2
Low pressure due to too many (illegal) connections	2	2
Bad water quality	34	56
Other problems	26	34
No problems	135	94
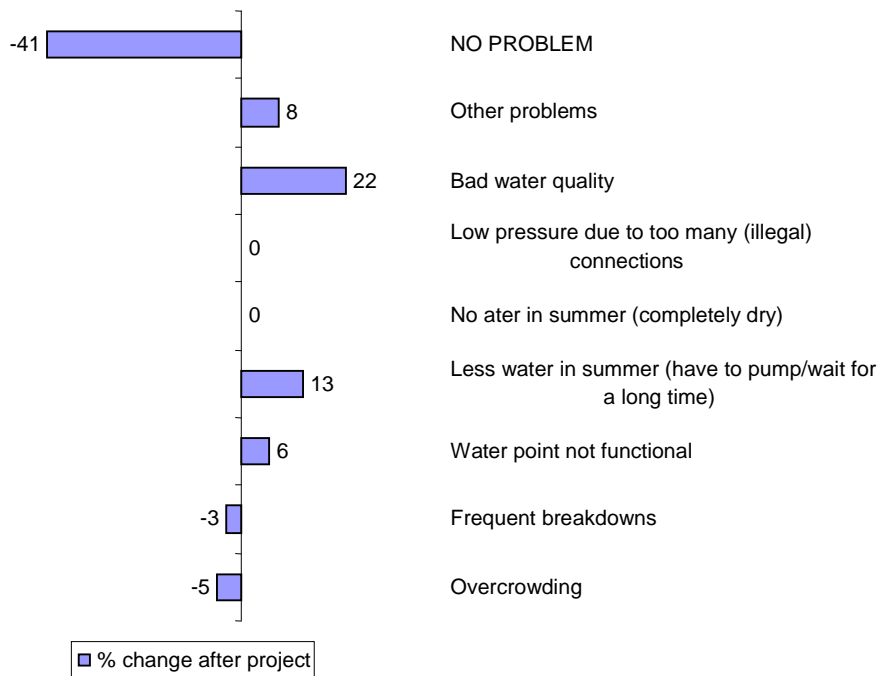
Figure 62 Reported changes in problems at water points

Tnumber of water points without problems has decreased by over 40%. Most problems relate to a bad water quality, an increase of 22%. This is followed by poorer water availability in summer (+ 13%). These problems are currently beyond solving by the VWSCs. Although functionality problems of water points have reportedly increased by 6%, not surprising when the majority of systems become older, repairs have improved as experienced breakdowns have decreased by 3%. Overcrowding has also become less.

7.3.6. Drainage at water points

According to users' perception, nearly 60% of water points in the 117 villages surveyed score above the benchmark (score of 50) after the project, compared to 28% before the project (Figure 63). Also, where more than half the water points scored 0 in the pre-CEP situation, only 24% of water points now score that low. These improvements are undoubtedly due to better awareness among user households, through the formation of water user groups, greater interest taken by the VWSCs, although there could be a variety of other contributing factors too.

0: No drain; large stagnant water pool and overflow, platform broken or dirty	51% / 24%
25: Drain or soakpit exists, but still stagnant water pool and overflow, platform broken	21% / 19%
50:Benchmark: Drain or soakpit exists, so little stagnant water, little runoff; platform clean	17% / 23%
75: No stagnant water when water point is in use; water flows through drain into kitchen garden or soak pit, platform intact and clean, but can be improved	6% / 22%
100: Ideal: No stagnant water when water point is in use; platform intact and clean; drain into kitchen garden or soakpit; no cattle near water point	5% / 12%

□ Before ■ After

Figure 63 Changes in drainage problems at water points

Box 21 Community solves its drainage problems

Kapasi village in Lalitpur district in Uttar Pradesh is surrounded by the huge Vindhyanchal Mountains. It used to have a shortage of drinking water as only one dug well was available for the entire village. Later on the Government installed a number of hand pumps in the village. Although the drinking water problem has been solved, the drainage around the water points has become an issue. Wastewater stagnates around the water points, contributing to the spread of water-related diseases among the children. The community did not attempt to address this problem as, according to them, the hand pumps are community property and not the responsibility of individual users. At this juncture, the village was selected for the implementation of CEP. Awareness was created on sanitation and problems related to sanitation which convinced the community that it had to solve the drainage problem. The construction of a proper drainage system for wastewater disposal requires a large budget and it was very difficult for the villagers raise the required amount. Soak pits were much cheaper, but the villagers were not really convinced that the small soak pits could solve their problem and had lot of apprehensions in taking them up - until Radhe Shree showed the way. Smt. Radhe Shree, the most enthusiastic and committed woman of the village constructed a soak pit. She then convinces all her neighbours to do the same, showing that within two days the soak away made the street clean in front of her house. Seeing this result, most of the villagers dug soak pits and the village streets got rid of the wastewater flowing on the roads. This also helped in eliminating the diseases related to lack of proper hygiene and sanitation. Radhe Shree is now known as 'Mummy' to all the villagers of Kapasi.

Sunil Jain

7.3.7. Leakage from public taps

Although there are very few public taps from piped water systems in these 117 villages, and only 29 of these were assessed by the field teams, the results show that there have been significant drops in the proportion of taps with a constant major leak (from 41% before CEP to 10% after), and an increase in the proportion of taps with no leaks from 21% to 34% (Figure 1). Where villagers, through personal motivation or CBOs have supplemented good

drainage at water points with many, well-maintained household soakpits, they have solved their village drainage problems at an economical costs (Box 21).
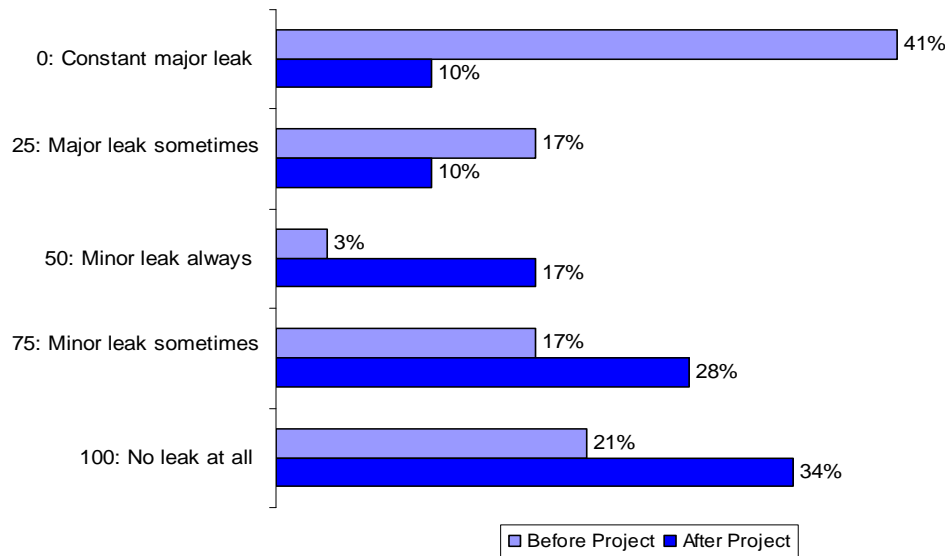
Figure 64 Changes in drainage problems at water points

7.3.8. User perceptions of water quality

Although formal water quality testing was not carried out in the surveyed villages, the issue of water quality was discussed in the FGDs at water points. According to users, the proportion of water points with 'good' quality (used for drinking) has increased from 36% to 42% , while those with 'poor' water quality (not used for drinking) has come down from 64% to 58% (_Sample size: 382 water points_

Figure 65 Changes in users' perception of water quality at water points
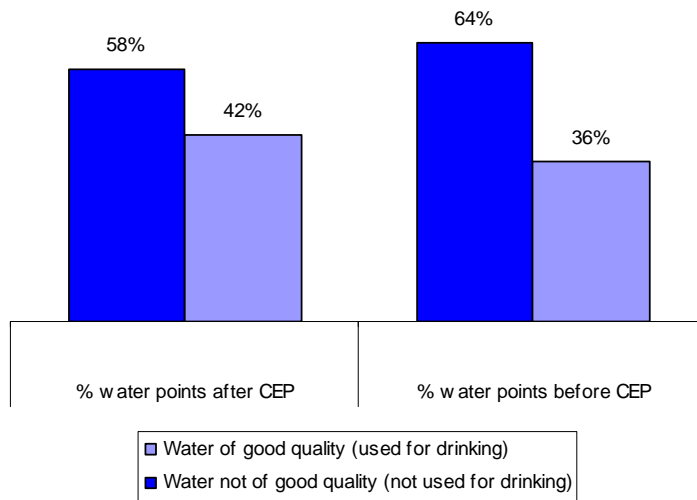
Sample size: 382 water points

Figure 65 Changes in users' perception of water quality at water points

7.3.9. Rules for convenience

Rules to change user practices for greater convenience for all users have had some success at water points since the project started. Two main areas of improvement are the practice of collecting and taking water away from the water point to bathe or wash clothes – as opposed to the usual practice of doing so at the water point itself (. , preserving the possibility for women to reduce their workload bathe and wash at water points without contamination risks to the source are shown in **Error! Reference source not found.**. The conclusion in most focus group discussions with poor women was that the number of instances to combine time and energy saving water use with prevention of source contamination has increased. Privacy for bathing by women increased little, however (**Error! Reference source not found.**).
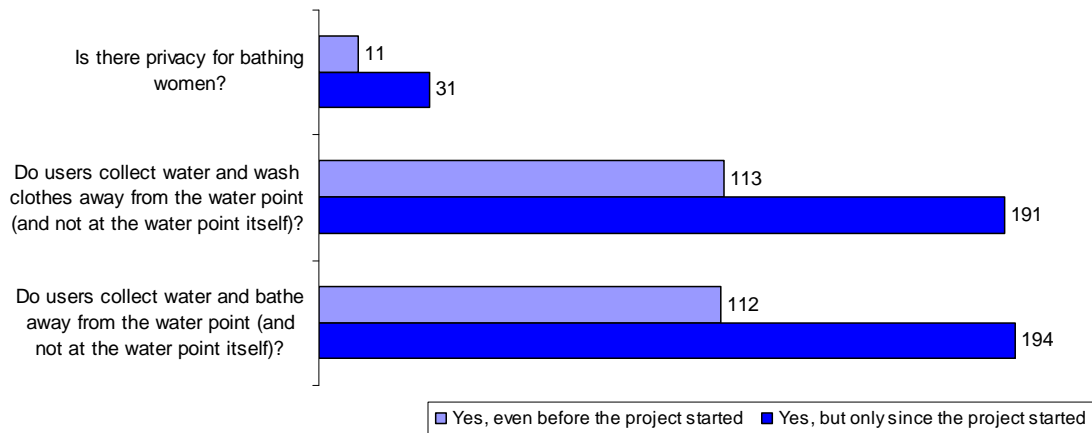
Figure 66 Opportunities for women to reduce workloads without source contamination risks

7.4. OVERVIEW OF FINDINGS

7.4.1. Village capacities for managing water, sanitation and hygiene

Democratic, gender and poverty sensitive management

The main expected outcome of the community management component of the CEP is that a model is developed to build communities capacities to effectively manage village water supply and sanitation (though not their own hygiene improvement programmes yet).

- **Representation of women and poor in the VWSC:** Poor women were represented on Village Water and Sanitation Committees (VWSCs) in over half of the the villages. Poor men are a member of VWSCs in 2/3rd of the cases

- **Participation in decision-making by women, poor and lower castes:** Representation of women, the poor and lower castes in the VWSC is there, but not yet near 50%. This need not reflect in the extent to which they participate in decision-making. The village-level findings are that, in a majority of cases, decisions in the VWSC are taken by a small group of office bearers, and that after attending some initial meetings, the marginalised groups tended to stay away because they felt they were not being taken

seriously. There are, nonetheless, certain VWSCs where poor men, women and lower castes felt they could participate as equals.

- **Decision-making by VWSC office bearers:** Perhaps not surprisingly given the findings on VWSC composition, half of the VWSCs' office bearers manage totally on their own, without informing and consultations with the other members. In the other half, decisions taken are communicated to the rest of the group, who appear satisfied with this arrangement. In a minority of cases, decisions are taken jointly. Triangulation with findings on members' perceptions of their influence on VWSC decisions confirmed these statistics.

- **Impact of management decisions:** This study has not investigated the nature of the VWSCs' management decisions and the relationship with impact. It is however true that effective village-level management has led to some innovative solutions, in at least one case (Bhanwata village, Tonk, Rajasthan).

- **Managing conflict:** By the end of the project, over half the 111 functioning VWSCs had reached or surpassed the benchmark of functioning without major conflicts. Of these, 5% had successfully resolved at least one major conflict and 7% had successfully resolved all conflicts so far.

Training for different management tasks

- **Training for VWSC members:** VWSC members in about half the villages surveyed felt that they had gained some skills, but on average, only 10% of these said that they used most or all what they had learned. The remainder felt that training had been of poor quality and the participants had learned little.

- **Technical training:** Constructing toilets, maintaining and repairing water supplies and building soak pits are core skills. Most (65%) of those who received technical training (like the hand pump mechanics, masons and maintenance caretakers) felt that they could do at least a basic job. One in three hand pump mechanics felt able to work on their own and one in ten hand pump mechanics had trained other villagers on preventive maintenance. Masons felt capable of expanding toilet coverage: One in six masons works also for APL households and one in five has built toilets outside the own village. Village capacities and power to check quality of materials and installation are, however, not yet ensured. However, half of the villages have no trained hand pump mechanic or toilet mason and 60% has no trained water point caretakers. Further, 35% of the trained masons and mechanics either did not feel capable of carrying out the work, or could not do so for one reason or another (e.g., not capable, no spare parts available, away from village, etc.).

- **Awareness of hygiene and sanitation issues:** As the VWSCs manage sanitation, hygiene and water in their community, they were asked specifically about their awareness of the various aspects of sanitation and hygiene with which they may deal. The findings of the village survey are that 40% of the 111 VWSCs surveyed have reached or surpassed the benchmark score on hygiene knowledge, but the majority have not.

Management functions

- **Monitoring water, sanitation, hygiene:** So far, a minority of VWSCs monitor community water, sanitation and hygiene conditions and improvement projects on their own. In a quarter of the sample, VWSCs are involved in monitoring of project activities along with NGO functionaries. Here, the community at large is not involved and there is

no real community monitoring of needs, problems and priorities. One in five VWSCs had so far reached or surpassed the benchmark. They monitored and recorded problems with water points, latrines, soak pits, drains, etc. and take action, including on payments, administration and social barriers. Eight villages have participatory monitoring with water user groups, male and female self help groups, school sanitation club, etc. and in three of them, the VWSC also follows up and solves problems on community water supply, environmental sanitation and hygiene with the Gram Panchayat.

In over half of the study villages, only the NGO or village motivator does the monitoring. Wall paintings on village action plans were managed by the NGOs, not the villagers. VWSCs did not yet pro-actively take stock of water points, latrines, soak pits, drains, etc. and takes necessary action (including, payments, administration, social barriers, etc.) to solve problems.

- **Improvements in Watsan infrastructure:** In line with the projects' and India's focus on reducing the gap between water supply and sanitation, almost all villages had household latrine projects planned. Other sanitation provisions were also planned very often. Construction of new water supply was planned least, by less than half of the villages. Thus, there still was a focus on constructing new water supplies in the CEP villages surveyed. Although implementation lagged behind for all types of physical works, this was least for the construction of new hand pumps or piped water systems, and most for community drains/soakpits.

- **Transparency of VWSC operations:** The transparency of managing public water supply and sanitation is still low (and more so for poor women than for poor men). In 70% of the villages, there is no regular public presentation and discussion of service performance and financing to all villagers. One in four has occasional reviews, and only 9% do it regularly, but only in the committee meetings. The perceived need for accountability was still low. Most groups simply said they do not know because no information is given. A few said they were not interested and one group said that information is only for the men. Another group said that the woman member of the VWSC knew, but that she did not understand the figures. Only Rajwara in Lalitpur, UP has regular public meetings on project and payments, but without special efforts for the poor to attend. ."They have also service and financial information painted on the Panchayat wall, but no arrangements for the illiterate".

- **Preparation for handing over:** Community Support Agencies, mainly NGOs, prepared the local management for the withdrawal of direct project support in about 15% of the cases (scores of benchmark and above), while the majority (78 out of 111 VWSCs) were not informed about the end of the CEP in their village.

7.4.2. Water User Groups

The lowest level for managing water points (WPs) are the Water User Groups (WUGs). They look after the WPs, their use and drainage and organise and raise funds for repairs.
In organising water users, poor women and men seem to be less involved than other villagers.

- **Participation of women in WUGs decision-making:** Women's influence was higher at lower level. Over 60% of women WUG members have influenced at least one decision.

User payments for community water services

The CEP has promoted payment through the WUGs to sustain domestic water service, and the proportion of water points where users are now paying has grown from 17% prior to CEP to 44%. But while the system of paying directly when a repair needs to be made has increased by 36%, the percentage of water points with a system for regular payment (and with users paying regularly) is still small. A related question is here how gender equitable it is when only women raise the payments for the village water supply.

Quality of water services under community management

- **Availability of water:** Access for all to an improved water supply before and after the CE project has improved from 73% to 80% of project villages. According to FGDs at a sample of water points in each study village, the project also improved the availability of drinking water from an improved system (**Error! Reference source not found.**). At the 384 water points visited, the situation improved for all categories, except for the second one where the number of cases with a shortage of water for drinking remained the same. The percentage that reached or surpassed the benchmark, a working water point with at least enough water for drinking, has grown from 61% to 78%, an increase of 17%.

- **Down time for water point repairs:** Users felt that the downtime of water points that are out of order has gone down. One factor affecting down times is of course distance of the village from the nearest town for spare parts. This was longest for water supply in the sample villages in Madhya Pradesh, where travel distance over three times farther than for those in Orissa, and worse than for sanitation. In the villages in the other states, there is little difference in travel time between getting (spare) parts for water supply and sanitation.

- **Water point problems:** Although the number of problem points has halved (from 40% to 20%), there is, nevertheless, still a problem of water shortage and/or social access in one out of every five water points in the study villages. The number of water points without problems has decreased by over 40%. Most problems relate to a bad water quality, an increase of 22%. This is followed by a poorer water availability in summer (+ 13%). These problems are currently beyond solving by the VWSCs. Although functionality problems of water points have reportedly increased by 6%, not surprising when the majority of systems become older, repairs have improved as experienced breakdowns have decreased by 3%. Overcrowding has also become less.

- **Drainage at water points:** User households felt that drainage has improved, with fewer water points reporting stagnant water, and a widespread adoption of soak pits and drains to handle waste water from these water points.

- **Leakages:** Users felt that in the 29 cases of piped water supply surveyed, constant leaks from the tap have reduced from 58% to 20% and the proportion of taps without leakage increased from 21% to 34.

- **User perceptions of water quality:** Users feel that the proportion of water points with water quality problems has increased from 58% to 64%. Note that these are perceived problems and are not backed up by water quality assessments.

Innovations at the water point

Formulating rules for water point use has increased convenience of all user households. Collecting and taking water away from the water point, for bathing and for washing clothes is

being adopted increasingly, but innovative methods to increase privacy for bathing women is not spreading fast.

ANNEXURE 1: Names and locations of villages surveyed

1. **Madhya Pradesh**

	District	Village	Gram_Panchayat	Block	Name of Implementing Agency
1	Betul	Aamabagholi	Duetia	Multai	Gram Bharti Mahila Mandal
2	Betul	Aasti	Aasti	Atner	D.S.S.
3	Betul	Badalpur	Badalpur	Ghodadongri	Gram Bahrati Mahila Mandal
4	Betul	Banabehera	banabahera	sahapur	Action for Community Empowerment
5	Betul	Baretha	Desawadi	Sahapur	Action for Community Empowerment
6	Betul	Batkidoh	Batkidoh		Gram Bharti Mahila Mandal
7	Betul	Borpani	Borpani	Atner	DSS
8	Betul	Brahmanwara	Shouapur	Ghodadongri	Gram Bharti Mahila Mandal
9	Betul	Charghati	Khirwara	Atner	DSS
10	Betul	Dahua	Dahua	Multai	Gram Bharti Mahila Mandal
11	Betul	Gakhalpur	Dabona	Atner	DSS
12	Betul	Karajgaon	Pisata	Multai	Gram Bharti Mahila Mandal
13	Betul	Lendagondi	Lendagondi	Multai	Gram Bharti Mahila Mandal
14	Betul	Sarangdhana	Batkidoh	Ghodadongri	Gram Bharti Mahila Mandal
15	Betul	Sheetalijhiri	Sheetalijhiri	Sahpur	Action for Community Empowerment
16	Betul	Suhagpurdhana	Silpati	Sahapur	Action for Community Empowerment
1	Chhindwara	Antara	Anbari	Chourai	Vikas Samiti
2	Chhindwara	Bachha kuhi mal	kishanpur		Vikas Samiti
3	Chhindwara	Bandhan mal	Pathri	Bichhua	Vikas Samiti
4	Chhindwara	Bara Bariyari	Bara Bariyari	Chourai	Society for Communication & Social Reseach
5	Chhindwara	Bariya	Bariya	Chhindwara	Vikas Samiti
6	Chhindwara	Bhaji pani	Bhaji pani	Pandhruna	Gram Bharti Mahila Mandal
7	Chhindwara	Bhandi	Umarya isha	Chhindwara	Vikas Samiti
8	Chhindwara	Bheemkhedi	Bheemkhedi	Pandhruna	Gram Bharti Mahila Mandal
9	Chhindwara	Bhuli	Bhuli	Pandhruna	Gram Bharti Mahila Mandal
10	Chhindwara	Buchan Khapa	Buchan khapa	Pandhruna	Gram Bharti Mahila Mandal
11	Chhindwara	Khairaikhurd	Khairaikhurd	Chourai	Socity for Communication & Social Research
12	Chhindwara	Ramgarh	Ramgarh	Chourai	Society for Communication & Social Reseach
13	Chhindwara	Sarra	Sarra	Chhindwara	Vikas Samiti
14	Chhindwara	Thavarikala	Thavarikala	Chhindwara	Vikas Samiti

2. Orissa

	District	Village	Gram_Panchayat	Block	Name of Implementing Agency
1	Balasore	Baliapal	Baliapal	Baliapal	Subanarekha Youth & Atheletic Association
2	Balasore	Birispur	Laxamnath	Jaleshwar	LIFE
3	Balasore	Dalingia	kospa jaypur		Lok Agruti Kender
4	Balasore	Ghanti lodi	Sultanpur	Bhogarai	Giramaya Urnati
5	Balasore	Guhalia	Bausabania	Oupada	Vikas Bharti
6	Balasore	Harshpura	Sargan	sadar	CHETNA
7	Balasore	Jaladha	Jaladha	Khaira	ORDAR
8	Balasore	Kati sahi	Bausadiha		Ganesh Kinkar Youth Club
9	Balasore	Kuligoan	Kuligoan	Remuna	Center for Human Research & Development Studies
10	Balasore	nuapada	panpana		Lokshakti
11	Balasore	Radha kishorepur	Radhakishorepur		VERSA
12	Balasore	Rajpur	Rajpur		LIFE
13	Balasore	Sangrampur	Kansa	Nilgiri	Nari Jagariti Kendra
14	Balasore	Sugo	Sugo		Vivekanand youth centre
1	Puri	Alikia	Gopinathpur		F.M.Welfare Club, Puri
2	Puri	Arishandha	Arishandha		Pingalakhi People's Welfare Organisation
3	Puri	Bastadiha	Astharang		Budheswani Club
4	Puri	Bhattapur	kadua		F.M.Welfare Club, Puri
5	Puri	Birgovindpur	Dugal		F.M.Welfare Club, Puri
6	Puri	Dharmakirti	Raibidhara		Jan Mangala Mahila Samiti, Dimirisiona
7	Puri	Horianta + Patnasahi	Govindpur		Freedom
8	Puri	Kakatpur	Kakatpur		Aasha
9	Puri	Kanthapur	Hata sahi	Pipli	Madina Walfare Association
10	Puri	Khandia Bandha	Gopinathpur		F.M.Welfare Club, Puri
11	Puri	khataphiringa	raibidhar	brahmgiri	BIRD
12	Puri	Madarang	Khanapada	Gop	OVARR
13	Puri	Madha Pada	Mona Pada	Brahmagiri	Janamangala Mahila Samiti
14	Puri	Nadhana	Bhoga salada	Nimaprra	Jana mangala samiti (WSS)
15	Puri	Paikasahi	Krishna Prasad		Maa Binjeswari Sanskrutika Club
16	Puri	Talajanga	Talajanga	Brahmagiri	F.M.Welfare Club, Puri

3. Rajasthan

	District	Village	Gram_Panchayat	Block	Name of Implementing Agency
1	Alwar	Aam Ki wal	Kaleshan		MSGD
2	Alwar	Bamanthedi	Luhadera		Shri Hari Krishna Shiksha Awam Seva Samiti
3	Alwar	Basna	Holawas		DWDA
4	Alwar	Berla	Berla		IIRD
5	Alwar	Chitos	Rajgarh		MSGD
6	Alwar	Dheekwad	Kanhawas		SOHARD
7	Alwar	Ghengoli	Desula		IIRD
8	Alwar	Hodaheli	Firozpur		Mata Shree Gomti Devi Jan Sewa Nidhi (MSGD)
9	Alwar	Irniya	Iteda		IIRD
10	Alwar	Malawali	Khora Malawali		IIRD
11	Alwar	Narahat	Padak Chhapli	Thanagazi	Upkar Sansthan
12	Alwar	Nareri	Sorkha Kalan		Lok Vikas Shikshan Sansthan
13	Alwar	Nasarpur	Ramsinghpura		Hymana People to People
14	Alwar	Pragpura	Pragpura		CEDECS
15	Alwar	Ratanpura	Balawas		DWDA
1	Tonk	Arnia Neel	Dhakhia	Tonk	Jan Sewa Khadi Gramodhyog Vikas Samiti
2	Tonk	Balithal	Balithal		Nehru Yuvak Kendra (NYK)
3	Tonk	Bhagwanpura	Dhani Jugalpura	Newai	Utthan
4	Tonk	Bhanwata	Bhanwata	Todarai Singh	IIRD
5	Tonk	Bhanwata2	Chainpura	Newai	Rashtriya manav Sansadhan Vikas Sansthan
6	Tonk	Bharthala	Bharthala	Newai	Marudhara Academy
7	Tonk	Bijalpura	Ranoli		Women Era Society
8	Tonk	Gairoli	Gairoli	Deoli	SLNVAPS
9	Tonk	Goleheda	Bassi		Shri Dev Narayan Gram Vikas Sansthan
10	Tonk	Gunsi	Gunsi	Newai	Uthan Sewa Samiti
11	Tonk	Hadoti	Dhuan Kalan		SLVEPS
12	Tonk	Kunder	Kunder		Dr. Ambedkar Welfare Society
13	Tonk	Pratappura	Diggi	Diggi	Centre for Development Communication & Studies
14	Tonk	Rajmahal	Rajmahal	Deoli	Manav Sewa Sansthan

4. Uttar Pradesh

	District	Village	Gram_Panchayat	Block	Name of Implementing Agency
1	Balrampur	Bhusar Ucchawa	Bhusar Ucchawa	Pachpedwa	Din Dayal Shodh Sansthan
2	Balrampur	Ganwariya	Ganwariya		Nehru Yuvak Kendra
3	Balrampur	Harbanspur	Harbanspur	balrampur	Nehru Yuvak Kendra
4	Balrampur	Lokhawa	Lokhawa	Pachpedwa	IREED, Lucknow
5	Balrampur	Mehmoodabad Grant	Mehmoodabad Grant	Utraula	Prem Sewa Hospital & IREED
6	Balrampur	Sangrampur	Sangrampur		Mahila Vikas Sansthan, Balrampur
7	Balrampur	Siktihwa, Bandrijot, Odajharkhurd	Siktihwa		Community Participation Unit, Uttar Pradesh Jal Nigam
8	Balrampur	Srinagar	Srinagar	Balrampur	Community Participation Unit, Uttar Pradesh Jal Nigam
9	Balrampur	Tendua nagar	Tendua Nagar	Haraiya Satdharwa	Nehru Yuvak Kendra
1	Lalitpur	Amar kheda			Vasundhara
2	Lalitpur	Bamrawlla	Satarvans		CHETNA
3	Lalitpur	Banguon Kalan	Banguon Kalan		C.E.P.
4	Lalitpur	Birari	Birari	Birdha	Chetna Poorv Niyojan Caran Sanyi Jyoti Gramodhog
5	Lalitpur	Chadara	Gauna	Mahroni	District Panchayat Raj Department
6	Lalitpur	Daulatpur	Digwar	Madawara	Gramin Chetna
7	Lalitpur	Digwar	Digwar	Madawra	Gramen Chetna Seva Sansthan Lalitpur U.P.
8	Lalitpur	Gawna	Gawna		District Panchayat Raj Department
9	Lalitpur	Jeeron	jeeron	Birdha	Lok Bharti & Vasundhara
10	Lalitpur	Kakrua	Kakrua		Vikashdhara(vidhya) Sansthan/Sambhav sansthan Lali
11	Lalitpur	Kapasi	Kapasi		Sai Jyoti
12	Lalitpur	Karitoranc & jmlia	Karitoranc & jmlia		Community Participation Unit, Uttar Pradesh Jal Nigam
13	Lalitpur	Khajra	khajra		Community Participation Unit, Uttar Pradesh Jal Nigam
14	Lalitpur	Nikora	Nikora	Mehroni	District Panchayat Raj Department
15	Lalitpur	Rayware kushpura	Raywara		Sai Jyoti Gramadhy samy Sewa Samiti
16	Lalitpur	Saidpur	Saidpur	Mahroni	Gramodhay Vidya Nibatan Samiti Chirgoan
17	Lalitpur	Satarwas	Satarvans	Birdha	CHETNA
18	Lalitpur	Serwas kalan	Serwas Kalan	Talbehat	Community Participation Unit, Uttar Pradesh Jal Nigam
19	Lalitpur	Thanwara	Thanwara		Akhil Bhartiya Sambhav Sansthan

ANNEXURE 2

Formats of the Quantified Participatory Assessment (QPA)

Quantified Participatory Assessment (QPA)

For the Participatory Village Survey to evaluate

UNICEF's Child Environment Programme (1999 – 2003)

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1. COMMUNITY DATA COLLECTION

1.1 Community Meeting

	Men	Women	Total
Community members present			

1. **General Information**

Name of the state	
Name of the district	
Name of the gram panchayat	
Name of the village	
Name of implementing agency (e.g., NGO, Line Department, etc.)	
Dates of assessment	
Name of Field Investigator 1	
Name of Field Investigator 2	
Name of Field Investigator 3	
Name of Field Investigator 4	

Start time		AM/PM

2. **General Village Information**

Total number of households	
Number of BPL households	
Number of APL households	
Number of SC households	
Number of ST households	
Number of Other households	

3. **How long has the CE project worked in the village**

	Month/Year
When was the first project-related community meeting held in the village?	
When did the CEP work end in the village?	

4. **What work has UNICEF supported between 1999 and 2003?**

Type of work	Part of plan?	Was it done?	Period From	To	Some Details
School hygiene promotion	YES NO	YES NO			
School latrine construction/ improvement	YES NO	YES NO			
School water supply	YES NO	YES NO			
Educational materials on hygiene & sanitation for schools	YES NO	YES NO			
Anganwadi latrine construction/improvement	YES NO	YES NO			
Anganwadi water supply	YES NO	YES NO			
Educational materials specifically for anganwadis	YES NO	YES NO			
Trainings for school teachers	YES NO	YES NO			
Construction of hand pumps/piped water systems	YES NO	YES NO			
Construction of washing platform	YES NO	YES NO			
Community garbage disposal	YES NO	YES NO			
Community wastewater disposal	YES NO	YES NO			
Household garbage pits	YES NO	YES NO			
Household soak pits	YES NO	YES NO			
Household Latrines (IHL)	YES NO	YES NO			
Formation of VWSC/WMC	YES NO	YES NO			
Formation of WUGs	YES NO	YES NO			
Appointment of Motivators	YES NO	YES NO			
Appointment of Animators	YES NO	YES NO			
Appointment of Community Workers					
Trainings for Motivators	YES NO	YES NO			
Trainings for Animators	YES NO	YES NO			
Trainings for Community Workers					
Training for VWSC/WMC Members	YES NO	YES NO			
Training for SMC/PTA/VEC members	YES NO	YES NO			
Training for WUG members	YES NO	YES NO			
Training for Anganwadi workers	YES NO	YES NO			
Training for Panchayat Members	YES NO	YES NO			
Training for managers of production centres/sanitary marts	YES NO	YES NO			
Training masons in latrine construction	YES NO	YES NO			
Training for hand pump/self employed mechanics	YES NO	YES NO			
Training for hand pump care takers	YES NO	YES NO			
Household visits by Animators	YES NO	YES NO			
Household visits by Motivators	YES NO	YES NO			
Household visits by Community Workers					
Trainings by Motivators	YES NO	YES NO			
Trainings by Animators					
Trainings by Community Workers					
Formation of Multi-Sectoral Team (MST)	YES NO	YES NO			
Other (specify)	YES NO	YES NO			
	YES NO	YES NO			
	YES NO	YES NO			
	YES NO	YES NO			

5. **Existing sanitation facilities**

	Promoted by UNICEF (with/without Govt.)	Built with Govt help (no UNICEF)	Built privately (no govt or UNICEF)
School sanitation facitities			
Individual household latrines (IHL)			
Others (specify)			

6. **What is the existing water supply?**

	Private	UNICEF/ Government	Other	No: of households using this source
Hand pumps (HP)				
Public tap stands (PT)				
Household connections (HHC)				
Open (dug) wells (OW)				
Agricultural Borewell (AB)				
Other (unprotected) sources				

7. **Households in the village without access to piped water supply or hand pumps**

	Before project	Now
Number of households without access to protected water supply (HPs or PTs)		

	Rough Location	Number of households	Predominantly Poor? (YES/NO)	Reasons for lack of access
1				
2				
3				

8. **Distances from the community**

Details	Distance (kms)	Name of town/village
Nearest town/village for water supply system spare parts, tools etc.		
Nearest town/village for sanitation system spare parts, tools etc.		

9. **Community Based Organisations (CBOs) in the village**

Community Based Organisations	**Number**	
	Initiated by the UNICEF project	Not initiated by UNICEF project
VWSC/WatSan/Water Management Committee		
Water Users Groups		
Village Education Committee		
Joint Forest Management Committees		
School Development & Management Committees/Parents Teachers Association		
Mothers Group		

Meena Clubs		
Youth Groups (boys only)		
Youth Groups (girls only)		
Youth Groups (mixed)		
Women's Self Help Groups		
Men's Self Help Groups		
Mixed Self Help Groups		
Others – specify		
Observations		

10. **Schools in the community**

	Where UNICEF has made some intervention	Where UNICEF has not made any intervention
Number of primary schools		
Number of anganwadis		
Other schools (Specify)		

End time		AM/PM

1.2 SOCIAL MAP

	Men	Women	Total
Community members present			

Start time		AM/PM

Draw a rough social map (ONLY 2-3 HOURS), showing all major landmarks (e.g., roads, rivers, schools, temples, etc.), and:

(1)   Mark all water points, coding them as follows:

HP1/12, HP2/12, … for Hand Pumps in a village with a total of 12 Hand Pumps,
PT1/15, PT2/15, … for Public Taps in a village with a total of 15 Public Taps
OW1/3, OW2/3, . . . for Open Wells in a village with a total of 3 Open Wells.

Select 4 water points for the Water Point Survey to cover different types of village population (e.g., SC colony, upper caste, far away, nearby, etc.)

(2)   Mark a house number in each house and write the name of the head of the household and other details on a separate sheet of paper (given on the next page). Photocopy this list as many times as necessary.

Note that in the same house, you may have 3 'chulas', which will be counted as 3 families in a BPL survey. So write the number of families in each house. For this reason, the total number of houses may not be the same as the total number of households in the village.

(3)   Mark all households with UNICEF CEP promoted IHLs and Other IHLs (got through private means).

(4)   Mark all Scheduled Caste and Scheduled Tribe habitations. Cross check the rough number of SC and ST households from the community data collected earlier.

(5)   Leave a copy of the community map and household list with the most active group in the village (after asking the villagers).

Comments and observations

End time		AM/PM

VILLAGE HOUSEHOLD LIST

S. No	Name	SC/ ST/ OC	Number of families in the same house			Number of latrines		
			APL	BPL	Total	Total	Built in project period?	Subsidised?
	Write the name of the head of the household (especially women-headed households)							

1.3   QPA EVENT PLANNING CHART

Timing and location for Events - Focus Group Discussions (FGDs), School visits and Meetings (with teachers, school children, school management committee, water user groups, water and sanitation committee, poor women, better off women, and poorest men and women)

	EVENT	Date	Time	Rough Location
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

- *Make sure that the timing for these FGDs are convenient for the community men and women expected to attend – and that they are informed about the time and location.*

- *Have separate FGDs with poor men and poor women. Also for school children separate from the teachers.*

- *Please give them the correct time for each event – and make sure that you start the FGD or survey at that time.*

- *Do not make them wait, by giving them a time one hour earlier than the actual start time planned.*

2. EVALUATION OF SCHOOL SANITATION & HYGIENE EDUCATION

2.1 GENERAL SCHOOL INFORMATION

Name of Village	
Name of District	
Name of State	
Name of Field Investigator 1	
Name of Field Investigator 2	
Date of Survey	

START TIME		AM/PM

Fill in one sheet for each school in the village.

1. **General details**

Type of school (*Circle the correct number*)	Name of School
1 Primary	
2 Upper Primary	
3 Rajiv Gandhi Paatshaala	
4 Education Guarantee Scheme	
5 Other (specify)	

2. **Number of school teachers/school staff**

	Number of teaching staff/Shiksha Mitra	Number who received hygiene education?
Male		
Female		
Total		

Number of people employed by the school to clean the latrines?   _____

3. **Number of primary school children**

Class	Total	Girls	Boys
1			
2			
3			
4			
5			
TOTAL			

4. **Water supply, hand washing and sanitation facilities**

Fill in Yes in the right column and row

	Facilitated by UNICEF	By others
Does the school have a protected water source?		
Is there a hand pump within the premises?		
Is there a water tank within the premises?		
Is there soap or ash kept for children to wash hands?		
Does the school have functioning latrines?		
Does the school have functioning urinals		

Note: If there are no functioning latrines or urinals, do not ask the remaining questions in this section.

5. **Number and type of school latrines**

	Constructed within project period	Constructed before project period
Traditional pit latrine		
Pour flush direct pit		
Pour flush off set single pit		
Pour flush off set twin pit		
Others (specify)		
Septic tank		
Comments		

6. **Latrine availability**

	For Boys only	For Girls only	For boys AND girls	For teachers only	For all	Number of boys per urinal/latrine	Number of girls per urinal/latrine
Number of urinals							
Number of latrines							
Comments							

7. **Ratio of children to latrines**

Is the latrine unit built according to UNICEF/state government norms?　　　　YES　　　　NO

Example of UNICEF norms:

≤200 children:　　2 urinals + 2 latrine (1 for boys + 1 for Girls);
200–500:　　　　3 urinals + 2 latrine (1 for boys + 1 for Girls);
>500 children:　　6 urinals + 4 latrine (2 for boys + 2 for Girls)

END TIME		AM/PM

2.2 FOCUS GROUP DISCUSSION WITH SCHOOL CHILDREN

No: of school children present		No: of teachers present, if any	
Boys	Girls	Male	Female

Start time		AM/PM

Hand washing knowledge and habits (for classes IV and V)

1. Why do children feel it is important to wash your hands?

- *Ask children to write their answers on slips of paper.*
- *Ask one boy to collect from all the boys, and one girl to collect from all the girls.*
- *These children can then read out from the slips, while another child marks tally marks on the board. (You may have to help them do the first 2 or 3 slips.)*
- *When all the slips have been read out and all tally marks have been marked on the board, ask them to total and calculate the percentage of children who gave the 'right' answer – i.e., germs – infection in stomach – diseases.*
- *Copy these results in this School Scoring Sheet (for our data entry), and also make a copy on a fresh piece of paper and hand it to the teacher at the end (because the information on the blackboard will be wiped away after use).*

GIRLS	Tally marks	TOTAL of tally marks	Total number of girls in class	Percentage of answers
'Right' answer				
'Wrong' answer or No answer				
BOYS	Tally marks	TOTAL of tally marks	Total number of boys in class	Percentage of answers
'Right' answer				
'Wrong' answer or No answer				
Comments				

2. **Frequency of hygiene education classes:** On average, how many times does the trained teacher/animator conduct hygiene education classes?

Frequency	Scores	Score
No hygiene education classes held in this school (after UNICEF CEP started)	0	
Hygiene education messages only on special days (e.g., 26 January and 15 August)	25	
Benchmark: Hygiene promotion during morning assembly or prayers	**50**	
In addition, hygiene promotion classes are in the weekly time table but not always held	75	
Ideal: Hygiene promotion classes are in the time table and are held at regularly (every week)	100	
Comment		

3. The use of hygiene promotion material and methods

Options	Scores	Score
No special materials for hygiene promotion available or used in the school	0	
Booklets and other written material available in school, but not used	25	
Benchmark: Booklets and other written material used in hygiene promotion and School Sanitation Committees or Clubs formed by children	**50**	
In addition, special material (games, toys, etc.) are used for hygiene promotion *and* School Sanitation Committees or Clubs are active	75	
Ideal: Teachers involve children in regular monitoring of school sanitation facilities and in their regular upkeep and maintenance (e.g., reporting and solving problems)	100	
Comment		

4. Hygiene promotion activities by children in their homes and in the community

Options	Scores	Score
No hygiene promotion done by children in their homes or in their community	0	
Children participate in rallies and marches through the village community on special days; but nothing more	25	
Benchmark: In addition to rallies and marches, children speak to their parents about the need for good hygiene behaviour (e.g., by requesting access to material like nail cutters, soap and ash), and at least one child reports a change in access to material in their homes.	**50**	
In addition, most children report change in access to material (e.g., nail cutters, soap and ash) in their homes OR teachers and students have identified and solved at least one community-level hygiene or sanitation problem	75	
Ideal: *In addition,* teachers involve children in a regular system to identify hygiene and sanitation problems in their houses or community, and find practical solutions by discussing with the parents, PTA or WatSan committee	100	
Comment		

5. **Nails**

Do a quick check of all children present. Use tally marks and calculate the percentages.

GIRLS	Tally marks	TOTAL of tally marks	Total number of girls in class	Percentage of answers
Dirty and long nails				
Clean nails				
BOYS	Tally marks	TOTAL of tally marks	Total number of boys in class	Percentage of answers
Dirty and long nails				
Clean nails				

6.   **Reasons for unclean nails**

Keeping in mind that children may have dirty nails because of very good reasons – and require our sympathy and not criticism – please discuss with the children the reasons why some of them have dirty nails. Remember children can be very cruel to each other, and tease children with dirty nails who have been publicly examined by us!

Possible reason	Codes	Details
No nail cutter or scissors at home to cut nails (e.g., no money to buy one, parents not convinced, etc.)	1	
No water, soap or ash at home to wash hands before coming to school	2	
No real reason – the child is simply lazy!	3	
Other (specify)	4	

7.   Suggested solutions

Ask the children for practical ways in which their particular problems can be overcome (e.g., the school buying a pair of nail cutters which children can use – if their parents are too poor to buy them one at home).

Suggestions made (if applicable)

End time		AM/PM

2.3 OBSERVATION OF PRIMARY SCHOOL SANITATION FACILITIES

Start time		AM/PM

To be done with school children on a walk to observe the school latrine complex, water supply and hand washing facilities.

If there is no functioning latrine or urinal, do not ask this question!

1. **Functioning of School Latrines**

Options	Scores	Score
Latrine exists but are not functional or not being used	0	
Latrine exists and is in use but they are dark, smelly and soiled with excreta	10	
Latrine exists and is in use, with adequate daylight, but soiled with excreta. No water soap or ash for hand washing with easy reach.	25	
Benchmark: Latrines are clean (no excreta in pans, walls or floor) and protected against misuse (e.g., locked after school hours)	**50**	
In addition, there is water, soap or ash for hand washing within easy reach of the children	75	
Ideal: *In addition*, Latrines are child friendly (e.g., pans are smaller, colourful walls, etc.)	100	
Comments		

2. **Functioning of School Urinals**

Options	Scores	Score
Urinals exists but are not functional or not being used	0	
Urinals exist & in use but they are dark, smelly and full/blocked (urine on the floors)	25	
Benchmark: Urinals are clean (no urine stagnant on floor);	**50**	
In addition, no stagnant urine outside the urinal room AND there is water, soap or ash for hand washing within easy reach of the children	75	
Ideal: *In addition*, Urinals are child friendly (e.g., lower height, colourful walls, etc.)	100	
Comments		

3. Who cleans the latrines? A. Students B. Caretaker C. No one cleans regularly

Comment

4. **Latrine and Urinal Operation & Maintenance**

Options	Scores	Score
Latrine/urinal exists and in use but not being maintained or cleaned - no cleaning materials present	0	
Latrine/urinal exists and in use, cleaning materials present and latrine/urinal not soiled with excreta or stagnant urine	25	
Benchmark: Latrine/urinal is functioning and clean; there is a system for cleaning latrines/urinals (either by caretaker or by school children) with adequate materials (e.g., water, soap and broom)	**50**	
In addition, there is a maintenance fund for latrine management enough to buy soap, brooms etc. and pay the caretaker	75	
Ideal: *In addition*, the task of cleaning or maintaining latrines/urinals is shared equally among girls and boys, and of all socio-economic groups	100	
Reason for score with examples		

5. **Problems in using latrines**   *Circle the correct numbers and write your comments. There can be more than one problem.*

Options	Code	Comments
Latrine is locked when children need to use it	1	
No separate latrine unit for students; have to share with teachers	2	
No separate latrine unit for boys and girls; have to share both	3	
No water available nearby for flushing or handwashing (e.g., needs to be carried from water point, etc.)	4	
No soap or ash available regularly for hand washing	5	
Other (specify)	6	
Observations, if any		

6. **Problems in school water supply** *Circle the correct number and write your comments.*
There can be more than one problem.

Go with the children to the school water point and jointly observe and score the problems with the water point. If there is no water point in the school, do not ask this question.

Options	Code	Comments
Water is not always available (e.g., water point goes dry in summer, always under repair, not functional, tap broken or pipe blocked, etc.)	1	
No drain/soakpit from water point	2	
Drain exists but is blocked	3	
Other (specify)	4	
Observations, if any		

End time		AM/PM

2.4 OBSERVATION OF HYGIENE BEHAVIOUR IN SCHOOLS

START TIME		AM/PM

- *Buy some foodstuff (e.g., samosas, puris, etc. NOT sweets) for the school children from the Rs. 500 per village that in the evaluation budget.*

- *Tell schoolteachers that you would like to distribute these during the school, but to send out Class IV and V students separately.*

- *When they assemble, tell them some snacks are going to be served, and observe their hand washing behaviour.*

- *Use tally marks to fill in the sheet below and calculate percentages at the end of the exercise.*

- *At the same time, observe the children's hand washing behaviour when they use the latrines during this break. For example, two team members can observe girls and boys separately in their latrines, and the other team members can observe the hand washing behaviour before eating the food.*

- *After children of class IV and V have finished eating, call the other children to eat the rest of the foodstuff.*

- *During this time, copy the results on to the attached sheets and give it to a class IV and V girl and boy to read out to the other children when they have assembled.*

- *Leave these sheets (given separately below) with the teacher or put it up in the classroom.*

1. **Handwashing before eating**

GIRLS	Tally marks	TOTAL of tally marks	Total number of girls in class	Percentage of answers
Not washing hands before eating				
Washing hands with water only				
Washing hands with soap or ash				
BOYS	Tally marks	TOTAL of tally marks	Total number of boys in class	Percentage of answers
Not washing hands before eating				
Washing hands with water only				
Washing hands with soap or ash				
Comments				

2.   **Hand washing after latrine use**

GIRLS	Tally marks	TOTAL of tally marks	Total number of girls in class	Percentage of answers
Not washing hands after latrine use				
Washing hands with water only				
Washing hands with soap or ash				
BOYS	Tally marks	TOTAL of tally marks	Total number of boys in class	Percentage of answers
Not washing hands after latrine use				
Washing hands with water only				
Washing hands with soap or ash				
Comments				

END TIME		AM/PM

PRIMARY SCHOOL HYGIENE AND SANITATION RATING SHEET

Name of School		Name of Village	
Classes Assessed		Date of Assessment	

1. **Nails**

GIRLS	Number of girls with this behaviour	Total number of girls in class	Percentage of answers
Dirty and long nails			
Clean nails			
BOYS	Number of boys with this behaviour	Total number of boys in class	Percentage of answers
Dirty and long nails			
Clean nails			

2. **Handwashing before eating**

GIRLS	Number of girls with this behaviour	Total number of girls in class	Percentage of answers
Not washing hands before eating			
Washing hands with water only			
Washing hands with soap or ash			
BOYS	Number of boys with this behaviour	Total number of boys in class	Percentage of answers
Not washing hands before eating			
Washing hands with water only			
Washing hands with soap or ash			

3. **Hand washing after latrine use**

GIRLS	Number of girls with this behaviour	Total number of girls in class	Percentage of answers
Not washing hands before eating			
Washing hands with water only			
Washing hands with soap or ash			
BOYS	Number of boys with this behaviour	Total number of boys in class	Percentage of answers
Not washing hands before eating			
Washing hands with water only			
Washing hands with soap or ash			

2.5 FOCUS GROUP DISCUSSION WITH TEACHERS ALONE

Start time		*AM/PM*

1. **General**

	No: of teachers		No: of teachers with hygiene promotion training	
	Total	Present	Total	Present
Male				
Female				
Comment				

2. **Details of training**

	Training on?	Supported by UNICEF?	Year of training
1		YES NO	
2		YES NO	
3		YES NO	
4		YES NO	

3. **Effectiveness of training**

Options	Score	Score
None of the teachers took the training seriously and did not learn anything	0	
Even those who attended seriously could not learn much (e.g., badly organised, bad trainers, no educational material or poor quality material, etc.)	25	
Benchmark: All those who attended seriously learnt the skill sufficiently, at least 1 is using it effectively, and good quality educational material has been provided and is being used	**50**	
In addition, teachers have prepared their own locally-relevant lessons and educational materials for hygiene promotion	75	
Ideal: *In addition,* they have attended refresher trainings	100	
Reason for score		

4. **Use of training in school**

Options	Scores	Score
No hygiene education classes held in this school (after UNICEF programme started)	0	
Hygiene promotion only on special days (e.g., 26 January and 15 August) or only during morning assembly or prayers	10	
Hygiene promotion classes are in the time table but not always held	25	
Benchmark: Hygiene promotion classes are in the time table and are always held	50	
In addition, teachers have involved children in at least one extra-curricular activity within the school on hygiene promotion	75	
Ideal: Teachers involve children in regular monitoring of school sanitation facilities and in their regular upkeep and maintenance (e.g., reporting and solving problems)	100	
Reason for score		

5. The use of hygiene promotion material and methods

Options	Scores	Score
No materials for hygiene promotion available or used in the school	0	
UNICEF provided booklets and other written material available but not used	25	
Benchmark: UNICEF provided booklets and other written material are available and are used in hygiene promotion	50	
In addition, special material (games, toys, etc.) are used for hygiene promotion	75	
Ideal: Teachers are using their own locally-relevant lessons and educational materials for hygiene promotion	100	
Comment		

6. Hygiene promotion activities by children in their homes and in the community

Options	Scores	Score
No hygiene promotion done by children in their homes or in their village	0	
Children participate in rallies and marches through the village on special days; but nothing more	25	
Benchmark: In addition to rallies and marches, children speak to their parents about the need for good hygiene behaviour (e.g., by requesting access to material like nail cutters, soap and ash), and at least one child reports a change in access to material in their homes.	50	
In addition, most children report change in access to material (e.g., nail cutters, soap and ash) in their homes OR teachers and students have identified and solved at least one community-level hygiene or sanitation problem	75	
Ideal: *In addition,* teachers involve children in a regular system to identify hygiene and sanitation problems in their houses or village, and find practical solutions by discussing with the parents, PTA or WatSan committee	100	
Comment		

7. Awareness of hygiene and sanitation issues

Options	Scores	Score
Cannot recall any of the 7 (or 10) components of the hygiene awareness programme	0	
Can recall some but not all of the 7 (or 10) components of the hygiene awareness programme	25	
Benchmark: Can recall all of the 7 (or 10) components of the hygiene awareness programme	50	
In addition, can explain some of these components in detail and correctly	75	
Ideal: Can recall all of the 7 (or 10) components and explain all in detail and correctly	100	
Reason for score		

8. What kind of support do teachers get from district education officials?

Options	Scores	Score
No support (no training, no visits, no materials, no funds, etc.) during the UNICEF project period	0	
Officials have organized training for school teachers but have not visited the school visit, and have given no other support	25	
Benchmark: Officials have organized district-level teacher training, and inspected the school watsan facilities at least once during the UNICEF project period	50	
In addition, officials have made sure that adequate amounts of UNICEF-provided educational material are available to teachers	75	
Ideal: *In addition*, officials have responded to specific requests by teachers and made funds available for improving hygiene behaviour and watsan facilities in schools	100	
Reason for score		

9.   What suggestions do teachers have for improving water & sanitation facilities in the school?

Teachers' suggestions	
1	
2	
3	
4	
5	

End time		AM/PM

2.6 FOCUS GROUP DISCUSSION WITH SCHOOL MANAGEMENT COMMITTEE/ PARENT TEACHER ASSOCATION/ VILLAGE EDUCATION COMMITTEE

START TIME		AM/PM

1. Which year was the School Management Committee (SMC)/Parents Teachers Association (PTA)/Village Education Committee (VEC) established? _____

2. Profile of Members

	Name	Designation	Male/ Female?	BPL?	SC/ST?	No: of trainings received	Present? Yes/No
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

3. **Details of Latrines/Urinals constructed** *Put a tick mark in the right column*

Issue	Answer	Some Details
Did funds for construction come from government?	YES NO	
Did PTA/Panchayat give funds to construct the latrine?	YES NO	
Was it constructed by a mason trained by the project?	YES NO	
Did anyone supervise & check quality of construction?	YES NO	
Comments		

4. **Details of financial operations of the SMC/PTA/VEC**

Issue	Some Details
When was the community contribution fund started?	
What is the contribution amount?	
What is the frequency of collection?	
How much money is there in the bank account now?	
Approximate total cost of building latrine (incl. labour)	
Comments	

5. **What is the nature of support for SMC/PTA for O&M of school WatSan facilities?**

Options	Scores	Score
No support from Watsan committee or panchayat (no meetings, no visits, etc.)	0	
Some support from Watsan committee (meetings and visits), but no training organized for teachers or SMC members	25	

Benchmark: Support from WatSan committee (meetings, visits, organization of trainings, minor repairs, etc.)	50	
In addition, funds from Panchayat or WatSan committee for O&M of facilities	75	
Ideal: Support from Panchayat and WatSan Committee for refresher trainings and expansion of existing water and sanitation facilities	100	
Reason for score		

6. **What measures have been taken by SMC/PTA/VEC to promote hygiene & sanitation in the school *under the UNICEF CEP*?**

Issue	Yes/No	Details
Garbage pit		
Wastewater disposal		
Latrine availability & use		
Water supply		
Personal hygiene		
Health check ups		
Other (specify)		
Comments		

7. **Do SMC office bearers (OB) (President/Secretary) take decisions after consulting members?**

Options	Scores	Score
OB take all decisions on their own; group not aware of decisions or rules	0	
OB have taken some decisions on their own (maybe against the rules), explain to the group, and the group is not happy (do not agree with) or not aware	25	
Benchmark: Even if OB takes decisions on their own, they explain to the group later and the group is aware and happy with (agree with) these decisions	50	
OB take all decisions only after consulting group members, who are aware and happy about (agree with) the decisions	75	
Ideal: Formal rules are always followed, all group members are consulted, aware and happy with (agree with) all decisions	100	
Reason for score		

8. **What is the nature of participation of poorest/lower caste women in SMC/PTA/VEC decision-making?**   *NA*

Options	Scores	Score
They are group members, but do not attend meetings	0	
They attend meetings, but do not speak	25	
They attend, speak and can influence decisions that affect them – but no such situation has come up so far	40	
Benchmark: They speak up on issues concerning them, and have influenced at least one decision concerning them	**50**	

They speak up even on group issues and have influenced at least one group decision	75	
Ideal: They speak up on all issues and influence decisions – just like men	100	
Reason for score		

9. **What is the nature of participation of better off/upper caste women in SMC/PTA/VEC decision-making?** *NA*

Options	Scores	Score
They are group members, but do not attend meetings	0	
They attend meetings, but do not speak	25	
They attend, speak and can influence decisions that affect them – but no such situation has come up so far	40	
Benchmark: They speak up on issues concerning them, and have influenced at least one decision concerning them	**50**	
They speak up even on group issues and have influenced at least one group decision	75	
Ideal: They speak up on all issues and influence decisions – just like men	100	
Reason for score		

10. **What is the nature of participation of poorest men in SMC/PTA/VEC decision-making?** *NA*

Options	Scores	Score
They are group members, but do not attend meetings	0	
They attend meetings, but do not speak	25	
They attend, speak and can influence decisions that affect them – but no such situation has come up so far	40	
Benchmark: They speak up on issues concerning them, and have influenced at least one decision concerning them	50	
They speak up even on group issues and have influenced at least one group decision	75	
Ideal: They speak up on all issues and influence decisions – just like the others	100	
Reason for score		

11. **How are conflicts (e.g., on spending money, site selection, distribution of work, etc.) resolved in the SMC/PTA/VEC?**

Options	Scores	Score
Committee not functioning due to conflicts between members	0	
Committee functioning; but conflicts exist	25	
Benchmark: Committee functioning, without major conflicts coming up so far	**50**	
Committee functioning without major conflicts now, and have successfully resolved at least one major conflict in the past	75	
Ideal: All conflicts have been successfully resolved till now	100	
Reason for score		

END TIME		AM/PM

3. WATER POINT SURVEY

3.1 Focus Group Discussion with Water User Group

Please fill a separate form for each of the 4 water points sampled

Village	
Date	
Name of Field Investigator 1	
Name of Field Investigator 2	
Water Point Number: (from social map*)	
Type of water point	1. Hand pump 2. Public Tap 3. Open (dug) well
Rough Location in the village	
When roughly was the water point installed?	1. Within last 5 years 2. 5–15 yrs 3. More than 15 yrs
Type of users	1. SC/ST (Poor) 2. Non-SC/ST Poor 3. Non-poor

1. **Is there enough water for different uses from this water point?**

Scoring Options	Scores	Before project	Since project start
Water point is dry (no water) OR not functional	0		
Water point is working and has water, but it is not enough even for drinking for those who live near the water point and normally use it	25		
Benchmark: Water point is working and has enough water for drinking for these households, but not for all their other uses (domestic, livestock, etc.)	**50**		
In addition, there is enough water for ALL uses (domestic, livestock, etc.) for these households	75		
Ideal: *In addition,* there is enough water for all uses even when outsiders come	100		
Reasons for score			

2. **What is the main problem with this water point?**

Problem	Code	Main problem	
		Before project	Since project start
Over-crowding (too many users)	1		
Very far from households			
Frequent breakdowns	2		
Water point not functional	3		
Less water in summer (have to pump/wait for a long time)	4		
No water in summer (completely dry)	5		
Low pressure due to too many (illegal) connections	6		
Bad water quality (specify below)	7		
Other (specify below)	8		
Reason for score			

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3. **How quickly is the water point repaired if it breaks down?**

Options	Scores	Before Project	Since project start
Out of order for more than 6 months	0		
Even minor repairs take more than a week	25		
Benchmark: All minor repairs done within 2 days	**50**		
In addition, major repairs done within a week	75		
Ideal: *In addition,* all major repairs done within 2 days	100		

Reason for score

4. **What is the quality of water from this water point according to users?**

Options	Codes	Before project	Since project start
Water used for domestic purposes, but not for drinking	1		
Iron contamination suspected, (e.g. smell, colour), but still used for drinking	2		
Unspecified water contamination suspected (e.g. film on the water, particles in water, Soap does not lather, etc.)	3		
Fluoride contamination suspected (e.g. pain in joints, etc.) but still used for drinking	4		
Water is of 'good' quality (potable)	5		

Reason for score

5. **If this is a public tap, is there leakage from the public tap?**

Options	Scores	Before project	Since project start
Constant major leak	0		
Major leak sometimes	25		
Minor leak always	50		
Minor leak sometimes	75		
No leak at all	100		

Reason for score

6. **How is the sanitation around the water point?**

Options	Scores	Before project	Since project start
No drain; large stagnant water pool and overflow, platform broken or dirty	0		
Drain or soakpit exists, but still stagnant water pool and overflow, platform broken	25		
Drain or soakpit exists, so little stagnant water, little runoff; platform clean	50		
No stagnant water when water point is in use; water flows through drain into kitchen garden or soak pit, platform intact and clean, but can be improved	75		
No stagnant water when water point is in use; platform intact and clean; drain into kitchen garden or soakpit; no cattle near water point	100		
Reason for score			

7. **What is the system of payment for O&M of the water point**

Options	Scores	Before project	Since project start
No system of water payment – and no payment	0		
There is a system of water payment, but payments are irregular	25		
Benchmark: There is a system of water payment and most pay regularly OR they collect payment as and when needed	50		
There is a system of water payment and all pay regularly	75		
Ideal: *In addition,* payment is based on ability to pay	100		
Reason for score			

8. **Are there social barriers to access of water supply?**

Is the water point used by people of different caste groups?   YES   NO   *If YES, ask this question*

Options	Scores	Before project	Since project start
During shortage or breakdown, only 'advantaged' groups (e.g. upper castes) use water point; 'disadvantaged' groups (e.g. lower castes) not allowed to use it	0		
During shortage or breakdown, 'disadvantaged' group can use when no 'advantaged' person is using the water point	25		
Benchmark: All use water point; but during shortage or breakdown only the 'advantaged' groups use or use first	50		
All use water point; during shortage or breakdown, some 'advantaged' groups allow lower castes to use on a *first come first served* basis	75		
Ideal: All can use water point when they want to, on a first come first served basis	100		
Reason for score			

9. **Have there been any changes in management of the water point since the project began?**

Issue	Before project	After project started
Is there privacy for bathing women?	YES NO	YES NO
Do users collect water and wash clothes away from the water point (and not at the water point itself)?	YES NO	YES NO
Do users collect water and bathe away from the water point (and not at the water point itself)?	YES NO	YES NO
Other (specify)		
Comments		

END TIME		AM/PM

3.2 Household Hygiene & Sanitation Survey

Water Point Number		Village	
Date		District	
Name of head of household		Son/daughter of?	
No: of adult males		No: of adult females	
No: of boys		Boys in school		No: of girls		Girls in school	
Type of household	SC ST OC	Is it APL or BPL?	APL BPL

Start time		AM/PM

1. **Latrine Availability:**   Does the house have a latrine?   YES   NO

If YES, Put a tick in the right column in the table below

		Subsidised?	Built privately, not under any programme
Under-ground	Traditional pit latrine		
	Pour-flush single pit (pan directly over pit)		
	Pour-flush single pit (offset pit)		
	Pour-flush twin-pit		
	Pour-flush with septic tank		
	Eco-san latrine (describe)		
	Other (specify)		
Super-structure	Katcha		
	Pucca		

2. **Latrine Affordability and Construction Time**   *Ask the house owner the following*

(1)   How much did you pay for the latrine (in cash)?   Rs. _____/Don't Know

(2)   Did you get a subsidy from the government/NGO?   YES NO   Don't Know

(3)   If YES, how much subsidy did you get?   Rs. _____/Don't Know

(4)   Did you contribute labour for its construction?   YES NO   Don't Know

(5)   Did you contribute material for its construction?   YES NO   Don't Know

(6)   Who built the latrine pit?   Mason Self   Other

(7)   Who built the superstructure?   Mason Self   Other

(8)   How long did it take to get the latrine constructed?   _____ days

(9)   If installed under the project, was the quality of construction checked?   Yes   No

(10)   If Yes, who checked the quality of construction?   Mason Self   Other

3. **Problems with hand washing & latrine use in the household (Self-scoring sheet attached)**

Is there a provision for hand washing at home?   YES   NO

- *Find out and discuss the problems that some household members may have in washing hands or using the toilet.*
- *Ask the same questions for the different groups of household members (e.g., adults, elders, etc.).*
- *Help household members to fill the table given on the next page separately, and copy the answers on to this sheet for our data entry. Look at the sample sheet to understand how to fill in this table.*

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Activity	MALES			FEMALES		
	No: not doing activity	No: doing activity	Total Males	No: not doing activity	No: doing activity	Total Females
Adults (18 – 60)						
Using the toilet						
Washing hands with soap/ash after defecation						
Washing hands before eating						
Sub total						
Elders (> 60)						
Using the toilet						
Washing hands with soap/ash after defecation						
Washing hands before eating						
Sub total						
Adolescents (14 – 18)						
Using the toilet						
Washing hands with soap/ash after defecation						
Washing hands before eating						
Sub total						
Children (6 – 14)						
Using the toilet						
Washing hands with soap/ash after defecation						
Washing hands before eating						
Sub total						
MALE AND FEMALE SCORES						
Male and Female Percentages						
TOTAL SCORE						
Household Percentage						
Reasons for problems:						

4. **Disposal of excreta of children less than 3 years old**

Does the household have children less than 3 years old?	YES NO
If yes, how are their excreta disposed?	A. Left in yard B. Put into the compost pit C. Put into the garbage pit D. Thrown in the street E. Put into the latrine F. Other (Specify)

5. **Water hygiene in the home (Household self-scoring sheet attached)**

Ask the household member if she can show you how she stores drinking water in the home. Help her to score that part of the household scoring sheet and copy the results below.

		If YES score 25
Is there a separate pot for drinking water?	YES NO	
Is the drinking water pot covered?	YES NO	
Is there a long-handled ladle for taking water from the water pot?	YES NO	
Is there soap or ash in kitchen to wash hands?	YES NO	
TOTAL SCORE		

6. **Conditions of the individual household latrine (Household self-scoring sheet attached)**

Ask the household member to come with you to the latrine and score the latrine observations together. Copy the scores below.

Observed conditions		If YES, Score 10
Use: Does the toilet show clear signs of being used for excreta disposal?	YES NO	
Construction: Is the pit directly under slab (if direct pit) or behind it and with perforation (if off-set pit)	YES NO	
Privacy: Does the superstructure provide privacy?	YES NO	
Space: Is there sufficient room to squat AND stand?	YES NO	
Sealing off: Is water seal intact (for pour flush latrine) or is there a cover over the hole AND a handle on the cover (for pit latrine)	YES NO	
Cleanliness: Is the pan/floor free from excreta/excreta smears?	YES NO	
Cleaning material: Is there a broom to clean the latrine?	YES NO	
Water: Is there water to flush the latrine?	YES NO	
Hand washing: Is there water and soap/ash to wash hands after latrine use?	YES NO	
Environmental protection: Is there no risk that the contents from the leach pit reach a drinking water source? (latrine over 7 meters away and not uphill from source; no high water table or flooding of latrine, etc.)	YES NO	
TOTAL SCORE		

Leave the household self-scoring sheet with the household.

END TIME		AM/PM

Composition of household

Number of	MALES	FEMALES
Adults (20 – 60)	2	2
Elders (> 60)	1	1
Adolescents (12 – 19)	3	2
Children (< 12)	0	0

Hygiene behaviour scores

Activity	MALES			FEMALES		
	No: not doing activity	No: doing activity	Total doing + not doing	No: not doing activity	No: doing activity	Total doing + not doing
Adults (18 – 60)						
1 Using the toilet	1	1	2	2	2	2
2 Washing after defecation	1	1	2	2	2	2
3 Washing before eating	1	1	2	2	2	2
Sub total		**3**	**6**		**6**	**6**
Elders (> 60)						
1 Using the toilet	1		1		1	1
2 Washing after defecation	1		1		1	1
3 Washing before eating		1	1		1	1
Sub total		**1**	**3**		**3**	**3**
Adolescents (14 – 18)						
1 Using the toilet	3		3		2	2
2 Washing after defecation	1	2	3		2	2
3 Washing before eating		3	3		2	2
Sub total		**5**	**9**		**6**	**6**
Children (6 – 14)						
1 Using the toilet						
2 Washing after defecation						
3 Washing before eating						
Sub total						
MALE AND FEMALE SCORES		**9**	**18**		**15**	**15**
Male and Female Percentages		50%			100%	
HOUSEHOLD SCORE					**24**	**33**
Household Percentage				73%		

EXCELLENT: 100%   GOOD: 75 – 99   AVERAGE: 50 – 74   POOR: < 50

NAME OF THE HEAD OF THE HOUSEHOLD: _____

<div align="right">

DATE: _____

</div>

Composition of household

Number of	Males	Females	Number of	Males	Females
Adults (20 – 60)			Adolescents (12 – 19)		
Elders (> 60)			Children (< 12)		

Hygiene behaviour

Activity	MALES			FEMALES		
	No: not doing activity	No: doing activity	Total doing + not doing	No: not doing activity	No: doing activity	Total doing + not doing
Adults (18 – 60)						
Using the toilet						
Washing with soap/ash after defecation						
Washing with water before eating						
Sub total						
Elders (> 60)						
Using the toilet						
Washing with soap/ash after defecation						
Washing with water before eating						
Sub total						
Adolescents (14 – 18)						
Using the toilet						
Washing with soap/ash after defecation						
Washing with water before eating						
Sub total						
Children (6 – 14)						
Using the toilet						
Washing with soap/ash after defecation						
Washing with water before eating						
Sub total						
MALE AND FEMALE SCORES						
Male and Female Percentages						
HOUSEHOLD SCORE						
Household Percentage						

4.   FOCUS GROUP DISCUSSIONS WITH VWSC AND THOSE TRAINED

Name of Village	
Name of District	
Name of State	
Name of Field Investigator 1	
Name of Field Investigator 2	
Date of Survey	

START TIME		AM/PM

1.   Year in which the Village Water & Sanitation (or WatSan) Committee (VWSC) was established? _____

2.   **How was the VWSC formed?**

Options	Scores	Score
Committee formed but without gramsabha meeting or awareness generation	0	
Committee formed after gramsabha meeting but different socio-economic groups did not attend or participate.	25	
Benchmark: Committee formed after gramsabha meeting and different socio-economic groups attended and participated.	50	
In addition awareness generation programme carried out before the gramsabha meeting.	75	
Ideal: In addition special efforts were made to generate awareness among disadvantaged, poor, low castes and women.	100	
Reason for score		

3.   **Profile of Members**

	Name	Designation	Male/ Female	BPL?	SC/ ST?	Trainings received in?*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

** 1. Construction guidelines; 2. Hygiene promotion; 3. Accountancy & Book keeping; 4. Other (specify)

4. **What is the profile of others trained in the project?**

	Name	Designation	M/F	BPL?	SC/ST?	Ttraining received in?*
1						
2						
3						
4						
5						

* 1. Construction guidelines; 2. Hygiene promotion; 3. Accountancy & Book keeping; 4. Other (specify)

5. **Was VWSC members' training effective?**

Specify upto 3 main trainings received and ask this question for those 3 trainings:

Training 1: _____

Training 2: _____

Training 3: _____

Note: Ask about trainings on 'hard' construction issues AND 'soft' commuity management issues

Options	Score	Training 1	Training 2	Training 3
None of the trainees took the training seriously and did not learn anything	0			
Even those who attended seriously could not learn much (e.g., badly organised, bad trainers, etc.)	25			
Benchmark: All those who attended seriously learnt the skill sufficiently, at least 1 is using it effectively	**50**			
All those who attended the training learnt the skill sufficiently; and most are using it effectively	75			
Ideal: All those who attended the training learnt the skill sufficiently; and all are using it effectively – and have started training others	100			
Reasons for score				

6. **What is the awareness within the VWSC of hygiene and sanitation issues promoted?**

Options	Scores	Score
Cannot recall any of the 7 (or 10) components of the hygiene awareness programme	0	
Can recall some but not all of the 7 (or 10) components of the hygiene awareness programme	25	
Benchmark: Can recall all of the 7 (or 10) components of the hygiene awareness programme	**50**	
In addition, can explain some of these components in detail and correctly	75	
Ideal: Can recall all of the 7 (or 10) components and explain all in detail and correctly	100	
Reason for score		

7. **What is the effectiveness of training (maintenance caretaker)?**

Options	Scores	Score
Preventive maintenance training not given to any persons in the community	0	
Training given: but those trained do not carry out preventive maintenance	25	
Benchmark: Those trained carry out preventive maintenance regularly (according to schedule – tightening bolts every 7 days and greasing within 15 days)	**50**	
Those trained carry out preventive maintenance regularly (according to local requirement – more than schedule)	75	
Ideal: In addition, they have trained others also in effective preventive maintenance	100	
Reason for score		

8. **What is the effectiveness of training (masons for latrine construction)?**

Options	Scores	Score
A trained mason is not available in Gram Panchayat to construct latrines	0	
Person trained to construct latrines, but ***does not do so*** because of other reasons (e.g., incapable, not in the village when needed, etc.)	25	
Benchmark: Those trained ***can construct latrines*** on their own	**50**	
In addition, those trained are being asked to construct latrines by non-BPL also	75	
Ideal: *In addition*, those trained are being asked to construct latrines even by people outside the village	100	
Reason for score		

9. **What is the effectiveness of hand pump repair training?** (*e.g., changing axle, re-aligning connecting rod, washer)*

Options	Scores	Score
A trained person is not available at GP/cluster level to carry out hand pump repair	0	
Person trained to carry out hand pump repair, but ***cannot repair hand pump*** because of other reasons (e.g., incapable, no spare parts or tools available, etc.)	25	
Benchmark: Those trained ***can repair hand pump*** with help from PHED/RWSS/Jal Nigam mechanic	**50**	
Those trained can repair hand pump ***on their own***	75	
Ideal: ***In addition***, those trained have trained others in that village who can now repair hand pumps	100	

Reason for score

10. **What improvements in hygiene and sanitation have been promoted by VWSC in the village?**

Items	Yes/No	Some Details
Community		
Water point management	YES NO	
New water points	YES NO	
Drains and soak pits	YES NO	
Solid waste management	YES NO	
Community awareness activities	YES NO	
Monitoring by VWSC	YES NO	
Other (specify)	YES NO	
Household		
Garbage pits	YES NO	
Individual latrines	YES NO	
Soak pits	YES NO	
Septic tanks	YES NO	
Motivator visits	YES NO	
Inter-personal communication	YES NO	
Other (specify)		

11. **To what extent is the community involved in effective monitoring and follow up action?**

Options	Scores	Score
Monitoring of project activities only done by NGO. Community does not monitor and record problems with water points, latrines, soak pits, drains, etc. and take necessary action (including, payments, administration, social barriers, etc.)	0	
WatSan committee also involved in monitoring of project activities along with NGO functionaries. But community still not involved. Still no real monitoring of watsan needs, problems and priorities.	25	
Benchmark: WatSan committee monitors and records problems with water points, latrines, soak pits, drains, etc. and takes necessary action (including, payments, administration, social barriers, etc.)	**50**	
In addition, WatSan committee members involves other men and women of the village community (e.g., water user groups, male and female self help groups, school sanitation club, etc.) to monitor village watsan issues and takes follow up action to solve problems	75	
Ideal: *In addition*, the WatSan committee follows up with GP and district level action, wherever necessary, and effectively solves WatSan problems in the village	100	

Reason for score

12. **Do VWSC office bearers (OB) (President/Secretary/Treasurer) take decisions after consulting members?**

Options	Scores	Score
OB take all decisions on their own; group not aware of decisions or rules	0	
OB have taken some decisions on their own (maybe against the rules), explain to the group, and the group is not happy (do not agree with) or not aware	25	
Benchmark: Even if OB takes decisions on their own, they explain to the group later and the group is aware and happy with (agree with) these decisions	**50**	
OB take all decisions only after consulting group members, who are aware and happy about (agree with) the decisions	75	
Ideal: Formal rules are always followed, all group members are consulted, aware and happy with (agree with) all decisions	100	
Reason for score		

13. **Do all members' participate in VWSC/WMC/VEC Decision-Making?**

Options	Scores	Score
Few members take all decisions, others do not speak up even when they have a problem	0	
Few members take all decisions, others speak up when they have a problem, but cannot influence decisions	25	
Few members take all decisions, others are able to influence decisions that affect them – but no such situation has come up so far	40	
Few members take all decisions, but others have been able to influence at least one decision that affected them	**50**	
All members have been able to discuss and decide on several (but not all) issues that affect them – some members still unhappy	75	
All members participate, discuss and decide on all decisions equally	100	
Reason for score		

14. **Do poor women participate in VWSC/WMC/VEC decision-making?** *NA*

Options	Scores	Score
They are group members, but do not attend meetings	0	
They attend meetings, but do not speak	25	
They attend, speak and can influence decisions that affect them – but no such situation has come up so far	40	
Benchmark: They speak up on issues concerning them, and have influenced at least one decision concerning them	**50**	
They speak up even on group issues and have influenced at least one group decision	75	
Ideal: They speak up on all issues and influence decisions – just like men	100	
Reason for score		

15. **Do better off women participate in VWSC/WMC/VEC decision-making?**   *NA*

Options	Scores	Score
They are group members, but do not attend meetings	0	
They attend meetings, but do not speak	25	
They attend, speak and can influence decisions that affect them – but no such situation has come up so far	40	
Benchmark: They speak up on issues concerning them, and have influenced at least one decision concerning them	50	
They speak up even on group issues and have influenced at least one group decision	75	
Ideal: They speak up on all issues and influence decisions – just like men	100	
Reason for score		

16. **Do poor men participate in VWSC/WMC/VEC decision-making?**   *NA*

Options	Scores	Score
They are group members, but do not attend meetings	0	
They attend meetings, but do not speak	25	
They attend, speak and can influence decisions that affect them – but no such situation has come up so far	40	
Benchmark: They speak up on issues concerning them, and have influenced at least one decision concerning them	50	
They speak up even on group issues and have influenced at least one group decision	75	
Ideal: They speak up on all issues and influence decisions – just like the others	100	
Reason for score		

17. **Are VWSC/WMC/VEC conflicts (e.g., on spending money, site selection, distribution of work, etc.) resolved**?

Options	Scores	Score
Committee not functioning due to conflicts between members	0	
Committee functioning; but conflicts exist	25	
Benchmark: Committee functioning, without major conflicts	**50**	
Committee functioning without major conflicts now, and have successfully resolved at least one major conflict in the past	75	
Ideal: All conflicts have been successfully resolved till now	100	
Reason for score		

18. **What rrangements have been made for project withdrawal?**

Options	Scores	Score
No provisions or arrangements made for WMC after project ends	0	
WMC has been informed about project ending, but nothing further	25	

Benchmark: WC has been informed about date, NGO has instructed WMC on how work should carry on, and group members know which government offices to go to for further help	**50**
In addition, NGO has arranged for group to meet concerned government officials to make linkages for future support, but members have not yet gone for any assistance	75
Ideal: In addition, NGO has arranged for group to meet concerned government officials to make linkages for future support, and at least one member has successfully got assistance.	100
Reason for score	

19.   **What are the major achievements and problems of the project?**

Note: Make sure that you discuss not just physical achievements (e.g., construction of latrines or water points), but also on institutional capacities developed, social impacts and improvements, etc.

Major achievements	Major Problems
1	1
2	2
3	3
4	4

20.   **What are the major challenges and opportunities with promoting WatSan and Hygiene in future, after the project?**

Major challenges	Major opportunities
1	1
2	2
3	3
4	4

END TIME		AM/PM

5. FOCUS GROUP DISCUSSION WITH POOREST MEN

Note: Conduct this in the SC colony or Harijan basti – at a convenient time for the poorest to attend.

Village		District	
Date		Location	
No: of adult males		No: of adult females	
Mostly SC/ST/OC?		Member of WUG?	

Start time		AM/PM

1. **Are poor men part of a water user group (WUG)**? YES NO Not Applicable

2. **If YES, what is the nature of decision-making within the water user group?**

Options	Scores	Score
Few members take decisions; poorest/SC dont speak even when they have problems	0	
Few members take decisions; the poorest/SC speak when they have a problem, but cannot influence decisions	25	
Few members take all decisions, the poorest and low caste are able to influence decisions that affect them – but no such situation has come up so far	40	
Benchmark: Few members take all decisions, but the poorest and low caste have been able to influence at least one decision that affected them	**50**	
Decisions are taken by majority rule, but some of the poorest and low caste members are unhappy with decision	75	
Ideal: Decisions are taken by consensus (though each member has the right to say No)	100	
Reason for score		

3. **Is any poor man in the VWSC/WatSan Committee?** YES NO

4. **If YES, what is the nature of decision-making within the VWSC/WMC/VEC?**

Options	Scores	Score
Few members take decisions; poorest/SC dont speak even when they have problems	0	
Few members take decisions; the poorest/SC speak when they have a problem, but cannot influence decisions	25	
Few members take all decisions, the poorest and low caste are able to influence decisions that affect them – but no such situation has come up so far	40	
Benchmark: Few members take all decisions, but the poorest and low caste have been able to influence at least one decision that affected them	**50**	
Decisions are taken by majority rule, but some of the poorest and low caste members are unhappy with decision	75	
Ideal: Decisions are taken by consensus (though each member has the right to say No)	100	
Reason for score		

5. **Do poor women and men participate in hygiene and sanitation promotion meetings?**

Options	Scores	Score
Poorest women and men did not attend the hygiene promotion and sanitation meetings conducted in the community.	0	
Mainly poorest women attend regular meetings (men attend only if money issues are being discussed). Participation of both men and women decreases over time.	25	
Benchmark: Both men and women equally attend hygiene and sanitation promotion activities; only the same group of key men and women attend these meetings.	**50**	
In addition, the number of men and women attending these meetings increased over time	75	
IDEAL: *In addition*, commuity men and women have continued organizing and attending these meetings even after the project ended	100	
Reasons for score		

6. **Do poorest men participate in village meetings on general issues?**

Options	Scores	Before project	Since project start
Poorest do not even attend meetings	0		
Poorest attend but do not speak even when they have a problem	10		
Poorest speak if they have problems, but cannot influence decisions – which are taken by better off	25		
Benchmark: Better off take decisions, but poorest have participated & influenced at least one decision that affected them	**50**		
In addition, poorest have influenced more than one (but not all) decisions	75		
Ideal: Poorest also participate in decision-making, as equals with the better off	100		
Reason for scores			

7. **How easy is it for poorest men to get project-related information?**

Options	Scores	Score
No access or very poor access to project-related information. Animator/Motivator does not visit poorest and low caste, does not organize meetings.	0	
Poorest men can get some project-related information from Animator/Motivator/ Community Worker at meetings and visits, but the information does not answer all their questions	25	
Benchmark: Poorest men can get all required information (and answers to their questions) from Community Animator/Motivator/ Community Worker. UNICEF IEC materials shared with poorest.	**50**	
In addition, UNICEF IEC materials *given* to poorest to keep and refer themselves.	75	
IDEAL: *In addition*, special efforts made to make project information accessible to all (including illiterate and other disadvantaged groups).	100	
Reasons for score		

7. **What is the attitude of the Animator/Motivator/Community Worker towards the poor?**

Options	Scores	Score
Animator/Motivator/Community Worker seldom visits or has meetings with poor women and men at times that are convenient and known to them	0	
Animator/Motivator/Community Worker visits & organise meetings, but only delivers general information and messages. Does not listen to people and involve them in discussions.	10	
Animator/Motivator/Community Worker visits & organise meetings with women, listens to them and involves them in discussions – men (and male issues) are left out	25	
Benchmark: Animator/Motivator/Community Worker visits & organises meetings with both *women and men*, listens to both and involves both in discussions. (S)he helps people voice individual problems and find solutions	**50**	
In addition, Animator/Motivator/Community Worker helps poor women and men to join or form self help groups	75	
Ideal: *In addition,* helps poor men and women to apply for government schemes for improved WatSan and Hygiene, open bank accounts etc.	100	
Reason for score		

8. **How transparent is project-related financial information and performance?**

Options	Scores	Score
No presentation and discussion of service and financial performance with users	0	
Service or financial performance is reviewed, but not regularly, and not in public meetings with the entire community	25	
Benchmark: Service or financial performance is reviewed regularly but not publicly; and not everyone gets to know or attend	50	
Service and financial performance reviewed at regular public meetings; but no special efforts to make it convenient for poorest and women to attend these meetings; hence some who should be there are not there.	75	
Ideal: Service and financial performance is reviewed at regular public meetings and the next period's activity is planned and well attended with poorest and women represented.	100	
Reason for score		

8. **Have the poorest men and women made informed choices on latrine construction?**

Options	Scores	Score
None of the poorest men and women know about various latrine options (including benefits and costs, subsidies, credit, RSM, production centres, etc. for different latrine models)	0	
Some but not all poorest men and women know about various latrine options (including benefits and costs, subsidies, credit, RSM, production centers, etc. for different latrine models)	25	
Benchmark: All the poorest men and women know about various latrine options (including benefits and costs, subsidies, credit, RSM, production centers, etc. for different latrine models); and at least one household in this neighbourhood has installed a new latrine.	**50**	

In addition, more than one households in the neighbourhood have installed an improved latrine	75
IDEAL: *In addition,* **all** *poorest households in the neighbourhood have installed latrines of their choice*	100
Reasons for score	

9. **What are the reasons for constructing or not constructing an improved latrine?**

Top 3 reasons for construction	Rank	Top 3 reasons for no construction	Rank
1. More convenient		1. Benefits not worth the money and labour	
2. Dignity, privacy		2. Not enough information on benefits & cost	
3. More social status		3. Noone else has constructed in neighbourhood	
4. Other (specify)		4. Other (specify)	
Comments and reasons			

10. **What are the main reasons why certain hygiene promoted hygiene improvements are adopted or not adopted by the poor?**

- Every one in households using latrines (that have been constructed)

Circle the right number

Top 3 reasons for everyone using latrines		Top 3 Reasons for some not using latrines	
Reason	Rank	Reason	Rank
1. More convenient (don't have to walk far, carry water, safer, etc.)		1. Not used to latrines (don't like to be confined, smelly)	
2. More privacy for all (have to go early morning, when it is dark, etc.)		2. Peer pressure (other people of the same group (e.g., men, boys) don't use either)	
3. Less soiling of the surroundings		3. Often away from home (e.g., in the fields)	
4. Others (specify)		4. Others (specify)	
Reasons for score			

▪ Washing hands with soap after defecation and before eating food

Top 3 reasons for everyone washing hands		Top 3 reasons for some not washing hands	
Reason	Rank	Reason	Rank
1. Now know that it reduces risk of disease		1. Not aware why washing hands is important	
2. Have been doing it even before UNICEF project, to reduce risk of disease		2. Cannot convince others in the family to wash hands (especially elders and children)	
3. Have always washed hands (even before UNICEF project) but did not know the reason		3. Water and soap/ash not always available to wash hands	
4. Other (specify)		4. Other (specify)	
Reasons for score			

11. **What are the major sources of information on sanitation and hygiene for the poorest men?**

	Possible sources of information	Rank	
		Information on Sanitation	Information on Hygiene Practices
1	School children		
2	School Management Committee/Parents Teachers Association		
3	Mothers Groups		
4	VWSC		
5	Panchayats		
6	Motivators/Animators		
7	NGOs		
8	Others (Specify)		

Comments and observations

End time		AM/PM

6. FOCUS GROUP DISCUSSION WITH POOREST WOMEN

Note: Conduct this in the SC colony or Harijan basti – at a convenient time for the poorest to attend.

Village		District	
Date		Location	
No: of adult males		No: of adult females	
Mostly SC/ST/OC?		Member of WUG?	

Start time		AM/PM

1. **Are poor women part of a water user group (WUG)?**　YES　NO　　Not Applicable

2. **If YES, what is the nature of decision-making within the water user group?**

Options	Scores	Score
Few members take decisions; poorest/SC dont speak even when they have problems	0	
Few members take decisions; the poorest/SC speak when they have a problem, but cannot influence decisions	25	
Few members take all decisions, the poorest and low caste are able to influence decisions that affect them – but no such situation has come up so far	40	
Benchmark: Few members take all decisions, but the poorest and low caste have been able to influence at least one decision that affected them	**50**	
Decisions are taken by majority rule, but some of the poorest and low caste members are unhappy with decision	75	
Ideal: Decisions are taken by consensus (though each member has the right to say No)	100	
Reason for score		

3. **Is any poor woman in the VWSC/WatSan Committee?**　YES　　NO

4. **If YES, what is the nature of decision-making within the VWSC/WMC/VEC?**

Options	Scores	Score
Few members take decisions; poorest/SC dont speak even when they have problems	0	
Few members take decisions; the poorest/SC speak when they have a problem, but cannot influence decisions	25	
Few members take all decisions, the poorest and low caste are able to influence decisions that affect them – but no such situation has come up so far	40	
Benchmark: Few members take all decisions, but the poorest and low caste have been able to influence at least one decision that affected them	**50**	
Decisions are taken by majority rule, but some of the poorest and low caste members are unhappy with decision	75	
Ideal: Decisions are taken by consensus (though each member has the right to say No)	100	
Reason for score		

5. **Do women and men participate in hygiene and sanitation promotion meetings?**

Options	Scores	Score
Poorest women and men did not attend the hygiene promotion and sanitation meetings conducted in the community.	0	
Mainly poorest women attend regular meetings (men attend only if money issues are being discussed). Participation of both men and women decreases over time.	25	
Benchmark: Both men and women equally attend hygiene and sanitation promotion activities; only the same group of key men and women attend these meetings.	**50**	
In addition, the number of men and women attending these meetings increased over time	75	
IDEAL: *In addition*, commuity men and women have continued organizing and attending these meetings even after the project ended	100	
Reasons for score		

6. **Do poorest women participate in village meetings on general issues?**

Options	Scores	Before project	Since project start
Poorest do not even attend meetings	0		
Poorest attend but do not speak even when they have a problem	10		
Poorest speak if they have problems, but cannot influence decisions – which are taken by better off	25		
Benchmark: Better off take decisions, but poorest have participated & influenced at least one decision that affected them	**50**		
In addition, poorest have influenced more than one (but not all) decisions	75		
Ideal: Poorest also participate in decision-making, as equals with the better off	100		
Reason for scores			

7. **How easy is it for poorest women to get project-related information?**

Options	Scores	Score
No access or very poor access to project-related information. Animator/Motivator does not visit poorest and low caste, does not organize meetings.	0	
Poorest women can get some project-related information from Animator/Motivator/ Community Worker at meetings and visits, but the information does not answer all their questions	25	
Benchmark: Poorest women can get all required information (and answers to their questions) from Community Animator/Motivator/ Community Worker. UNICEF IEC materials shared with poorest.	**50**	
In addition, UNICEF IEC materials *given* to poorest to keep and refer themselves.	75	
IDEAL: *In addition*, special efforts made to make project information accessible to all (including illiterate and other disadvantaged groups).	100	
Reasons for score		

8. **What is the attitude of the Animator/Motivator/Community Worker towards the poor?**

Options	Scores	Score
Animator/Motivator/Community Worker seldom visits or has meetings with poor women and men at times that are convenient and known to them	0	
Animator/Motivator/Community Worker visits & organise meetings, but only delivers general information and messages. Does not listen to people and involve them in discussions.	10	
Animator/Motivator/Community Worker visits & organise meetings with women, listens to them and involves them in discussions – men (and male issues) are left out	25	
Benchmark: Animator/Motivator/Community Worker visits & organises meetings with both *women and men*, listens to both and involves both in discussions. (S)he helps people voice individual problems and find solutions	**50**	
In addition, Animator/Motivator/Community Worker helps poor women and men to join or form self help groups	75	
Ideal: *In addition,* helps poor men and women to apply for government schemes for improved WatSan and Hygiene, open bank accounts etc.	100	
Reason for score		

9. **How transparent is project-related financial information and performance?**

Options	Scores	Score
No presentation and discussion of service and financial performance with users	0	
Service or financial performance is reviewed, but not regularly, and not in public meetings with the entire community	25	
Benchmark: Service or financial performance is reviewed regularly but not publicly; and not everyone gets to know or attend	50	
Service and financial performance reviewed at regular public meetings; but no special efforts to make it convenient for poorest and women to attend these meetings; hence some who should be there are not there.	75	
Ideal: Service and financial performance is reviewed at regular public meetings and the next period's activity is planned and well attended with poorest and women represented.	100	
Reason for score		

10. **Have the poorest men and women made informed choices on latrine construction?**

Options	Scores	Score
None of the poorest men and women know about various latrine options (including benefits and costs, subsidies, credit, RSM, production centres, etc. for different latrine models)	0	
Some but not all poorest men and women know about various latrine options (including benefits and costs, subsidies, credit, RSM, production centers, etc. for different latrine models)	25	
Benchmark: All the poorest men and women know about various latrine options (including benefits and costs, subsidies, credit, RSM, production centers, etc. for different latrine models); and at least one household in this neighbourhood has installed a new latrine.	**50**	

In addition, more than one households in the neighbourhood have installed an improved latrine	75
IDEAL: *In addition,* **all** *poorest households in the neighbourhood have installed latrines* *of their choice*	100
Reasons for score	

11. **What are the reasons for constructing or not constructing an improved latrine?**

Top 3 reasons for construction	Rank	Top 3 reasons for no construction	Rank
1. More convenient		1. Benefits not worth the money and labour	
2. Dignity, Privacy		2. Not enough information on benefits & cost	
3. More social status		3. Noone else has constructed in neighbourhood	
4. Other (specify)		4. Other (specify)	
Comments and reasons			

12. **Which are the main reasons why certain hygiene promoted hygiene improvements are adopted or not adopted by the poor?**

▪ Every one in households using latrines (that have been constructed)

Circle the right number

Top 3 reasons for everyone using latrines	Rank	Top 3 Reasons for some not using latrines	Rank
1. More convenient (don't have to walk far, carry water, safer, etc.)		1. Not used to latrines (don't like to be confined, smelly)	
2. More privacy for all (have to go early morning, when it is dark, etc.)		2. Peer pressure (other people of the same group (e.g., men, boys) don't use either)	
3. Less soiling of the surroundings		3. Often away from home (e.g., in the fields)	
4. Others (specify)		4. Others (specify)	
Reasons for score			

- Washing hands with soap or ash after defecation and before eating food

Top 3 reasons for everyone washing hands		Top 3 reasons for some not washing hands	
Reason	Rank	Reason	Rank
1. Now know that it reduces risk of disease		1. Not aware why washing hands is important	
2. Have been doing it even before UNICEF project, to reduce risk of disease		2. Cannot convince others in the family to wash hands (especially elders and children)	
3. Have always washed hands (even before UNICEF project) but did not know the reason		3. Water and soap/ash not always available to wash hands	
4. Other (specify)		4. Other (specify)	
Reasons for score			

12. **What are the major sources of information on sanitation and hygiene for the poorest women?**

	Possible sources of information	Rank	
		Information on Sanitation	Information on Hygiene Practices
1	School children		
2	School Management Committee/Parents Teachers Association		
3	Mothers Groups		
4	VWSC		
5	Panchayats		
6	Motivators/Animators		
7	NGOs		
8	Others (Specify)		

Comments and observations

End time		AM/PM

ANNEXURE 3

EVALUATION OF THE QIA BY FIELD ASSESSMENT TEAMS

The Qualitative Information Appraisal is a participatory methodology for measuring qualitative aspects of development projects in a gender and poverty-specific manner. Using it for rapid, one-time assessments in a large number of villages, e.g. evaluations, limits its participatory nature, however. This note contains a summary from several brainstorming meetings on the strengths and weaknesses of the methodology and ways how to strengthening the participatory quality of the methodology under such circumstances. The note gives an overview of the different aspects in which the participants think improvements can be made.

Positive aspects of the Qualitative Information Appraisal
All teams felt that the QIA is participatory methodology which allows, in a limited amount of time, to involve representatives of all different social economical groups of the community in the assessment of the programme. The use of participatory tools and focus groups discussions gives the community the opportunity to bring out critical and real issues, and reach consensus, which reduces the risk to collect biased information. The assessment teams thus feel that the methodology helps to get a good insight in the strengths and the weaknesses of the project and the impact on the ground in a relatively short period.

Unlike regular quantitative methods of assessment and evaluation, the application of the participatory tools and multi level stakeholder meetings, makes it possible for both the community members and the assessment teams to interact with the large number of different stakeholder groups and get the opinion of each of these stakeholders. This process is especially beneficial for the weaker sections who are often neglected in general meetings and other assessments. Furthermore it was felt that the use of the methodology boosts the performance of the community and creates a sense of self respect amongst the communities. Additionally the methodology offers scope not only for measuring knowledge and attitudes, but also to assess practice and habits.

The teams also appreciated their involvement in the identification of the indicators to be assessed and the development of the scales and formats. They also felt that the opportunity to learn such an innovative approach as well as their direct involvement in carrying out the assessment and analysis has resulted in enhancing the capacities of all NGO's, which is useful to improve implementation of similar programmes.

Because the QIA gives a good insight in the strengths and weaknesses of each of the project activities as well as the impact on the ground, the teams indicated that the methodology offers a lot of scope for future planning both at community and NGO level.

Constraints
The limited use of participatory tools and therefore the limited participation of community members was felt a main constraint by both the field teams as well as the core evaluation team. This was due to the fact that the methodology was used for a rapid assessment and therefore the possibilities to use participatory tools other than community mapping and focus group discussion was limited.

Other problems faced by the field teams included the length of the formats, which although lengthy, still were not able to capture all the issues. The formats should have been reviewed after the pilots in each of the states, however due to time constraints and elections this was not possible. An additional constraint to ensure that all issues were covered in the formats

was the fact that most of the members of the assessments teams were not fully aware of all the different activities implemented by CEP, neither the objectives. During recording and documenting the assessment found it difficult to record negative outcomes and more general comments which give an overall idea of the village situation. Furthermore most team members indicated the need for translation of the formats in the local languages. The assessment teams also indicated the need to include technical methods such the water quality testing and the testing of quality of construction materials in the QIA.

Though the aim of the QIA is to involve all stakeholders in the assessment of the programme, the assessment teams felt that the accompaniment of the Panchayat Raj staff to the villages did hinder in collecting the true information.

Although the stakeholder meetings were a useful platform to discuss, verify and analyse the collected information, these meetings could have been more useful if they would have been one full day instead of a half day, and if all stakeholders including the villagers and VWSC members would have been involved. Additionally the site selection for the multi level stakeholder meetings should have been more appropriate and the meeting could have been better planned.

The QIA/QPA is more difficult to apply in larger bigger village and will require more time. Main difficulties include, more time required for the transect walks, need to use tom-toms to collect people, community mapping is more time consuming and more people to include in the assessment.

Additional constraints which were mentioned included: the training logistics, seating arrangements and number of participants attending the training, the time gap between the field study and the training due to elections and poor planning which resulted in waste of time, and the lack of contracts and timely payments of per diems and wages.

Possible Improvements
Briefing and orientation of the assessment teams
There is need for a proper orientation of field facilitators and a clear division of their roles and responsibilities at start of evaluation. All members of the assessment teams agreed that a good insight in both the project activities as well as the base line information at the start of the assessment is essential. This would enable the assessment teams, together with the community not only to assess the process and the situation on the ground, but also to identify changes and improvements over time.

Support during assessment
Although the support from Delhi was highly appreciated, it was felt that there is a need for separate consultant responsible to oversee and support the assessment teams in each of the regions.

Night halts in the communities
Although night halts in village can be useful to observe hygiene behaviour and meet women at the water points, the assessment teams indicated that this can not be made a hard and fast rule and the decision should be left up to the team. Constraints for night halts include safety, (alcoholics), security and convenience, e.g. to complete paperwork.

Translation
Translation of the formats in the local language would have been useful, especially in the future in case you want to involve the community in scoring.