

Realising the change...

Emerging trends in the
Indo-Dutch rural water supply
and sanitation programme in the
state of Uttar Pradesh, India

*PSU Foundation, UP Jal Nigam presentation :
Study tour in the Netherlands*

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Content

- 1. *Indo Dutch Cooperation in the rural water supply and sanitation***
- 2. *Emerging trends in the Indo Dutch rural water supply and sanitation***
 - 2.1 Appropriate technology design
 - 2.2 Process of participation
 - 2.3 Hygiene promotion and awareness
 - 2.4 Reaching out
 - 2.5 Sectoral integration and networking
 - 2.6 Sharing cost
 - 2.7 Local institution and capacity building
 - 2.8 Participatory Monitoring and Evaluation
- 3. *Realising the change***
 - 3.1 Gender balance
 - 3.2 Cost effective use and maintenance
 - 3.3 Water and beyond
 - 3.4 Community and grassroot governance
 - 3.5 Community based financing
 - 3.6 Human resource development
 - 3.7 Sustainable model for replication

Maps :

Uttar Pradesh : Coverage, Target and Achievement under different sub projects of IDC programme

Uttar Pradesh : Emerging focus in the different sub projects under IDC programme

Realising the change.....

Emerging trends in the Indo Dutch rural water supply and sanitation programme in the state of Uttar Pradesh, India

1. Indo Dutch Cooperation in the rural water supply and sanitation

The Indo-Dutch bilateral programme in water and sanitation in Uttar Pradesh dates back to 1978 when piped water supply schemes were initiated in the three selected districts of Rae Bareli, Allahabad and Varanasi. The programme has now expanded, both in terms of its components and physical coverage to 15 districts (**ref : maps on coverage and focus of IDC programme**). In 1988 a social component was introduced to complement the technical project components for optimisation of the implementation process as well as the accrued benefits. The programme profile includes several handpump projects, piped water supply schemes and a pilot rural sanitation project wherein the community participation component along with hygiene promotion and environmental upgradation are the major elements. The principal areas of development intervention presently include:

- technical cooperation in identifying the appropriate technology suited for the local condition, technological upgradation, providing assistance and imparting training to the professionals and local resource persons;
- creation of a local resource base, cost effective service delivery and financing of community based and decentralised operation and maintenance;
- involving the village women actively and integrating their role in every sphere of the project implementation, operation and maintenance in community empowerment perspective;
- facilitating participatory development process in the project villages to entail viability and sustainability to the facilities;
- strengthening local skill and operational and managerial capacities through training and orientation and generating awareness at the grassroots through participatory communication and hygiene promotion.

Uttar Pradesh Jal Nigam and PSU Foundation, the two implementing agencies of the programme, are working together in the project villages complementing each other's work along with the community, the local level institutions and the *Panchayati Raj* institutions.

2. *Emerging trends in the Indo Dutch rural water supply and sanitation*

2.1 *Appropriate technology design*

Since the beginning, the need for the locally-suited technologies was recognised which would ideally meet the requirements of any community based facility. In case of drinking water supply, the deep bore handpump technology was preferred due to its simplicity and cost effectiveness. Piped water supply, consisting of regional schemes covering a cluster of villages, are also being undertaken, wherein the major concern has been an appropriate system of maintenance. Recently, a pilot project aiming at optimising the O&M has been initiated. Whereas, the design for the sanitary unit was evolved through a participatory planning process and earlier experiences of implementation.

Initially, the UP Jal Nigam constructed 36 household sanitary latrines (HSLs) of different designs and costs on an experimental basis in two project districts of Raebareli and Varanasi. During a visit by the members of the State level Task Force the suggestions of the community was incorporated to arrive at a standardised design and cost. In the basic design some scope was left to incorporate finer modification as per the suggestion of the community. These adjustments included such minor inputs as a 15 cm. x 15 cm. concrete plate for putting water mug or lamp inside the latrine, two hooks on the door as clothes peg, etc.

2.2 *Process of participation*

Community participation has at times been described as a "now you see it now you don't" phenomena as reflected through the dynamics involved in the process. The experience so far lays emphasis on the need to clearly specify the objectives of participation in relation to the goals of the project. The scope and the nature of participation are defined thereafter. The process of ensuring participation and facilitating active involvement need to be sensitive and responsive to the social, cultural and economic dynamics of the specific communities. This warrants flexibility in the process within a given frame work. Thus, during the years of PSU Foundation's involvement in the water and sanitation programme, site selection (for handpumps and HSLs) process and community based operation and maintenance system have emerged as the major areas for the community.

The *site selection process for the waterpoints and sanitary facility* in the villages is the most important participatory planning exercise wherein community facilitation process commences in the project activities. The site selection process with women involvement was integrated with the introduction of social component. The programme visualised the active participation of the beneficiary community, specially the women, in guiding the process of site selection for the water and sanitation facility as most effective in attaining viable and sustainable benefits.

Information sharing with the community regarding the provision of facilities, its basic technical aspects, the quality criteria and checks have not only led to a greater degree of confidence but also encouraged them to monitor the process of implementation. A degree

of transparency is thus entailed to the relationship between the implementing agency and the community in the very beginning of the project.

The *critical link in this process of participation* has been the community based resource persons who have been mobilised to support the programme in principle on a voluntary basis. The process and nature of their involvement is now an integral part of the model for community participation being adopted under the IDC programme in Uttar Pradesh. These resource persons are identified through a prolonged and intense process of initial interaction with the criteria for selection being commitment and a minimum level of education. Intense inputs in terms of training and due respect to an understanding of local problems and local solutions are the factors which have contributed to the success of their involvement.

2.3 Hygiene promotion and awareness

More than 80% of the diseases in rural India originate from the unsafe water and poor sanitation. Health and hygiene promotion was considered as important and critical part of the water and sanitation programme. Initial experience suggests that in the villages with high water table and abundant water supply (albeit unpotable), a low level of awareness regarding the health *vis-a-vis* water and sanitation aspect has led to an ineffective use and improper maintenance of the water and sanitation facility.

The health education and hygiene promotion activities aim at building a clear perception in the community about health, safe water, sanitation. This is an inbuilt component of the social mobilisation process and activities are undertaken through the demand driven approach within the overall social marketing perspective. The respective field staff in association with the community health expert work out the situation specific strategy. This takes into cognizance the baseline information on community awareness on aspects of health and need for safe water and sanitation practices. The health communication activities target at the personal, household and community level.

Thus the main element of health education and hygiene promotion activities are situation specific, community specific disease pattern or the health problems.

2.4 Reaching out

In the early phase of the programme the major challenge was to make the concept of community participation acceptable not only by the village community, but also by other agencies involved in the implementation of the programme. This challenge presupposed the need for effective communication besides aiding project information dissemination and hygiene promotion. Hence, the approach incorporated the identification, adaptation and application of the local communication traditions. Local resource persons performing in different folk art forms were identified and gradually they adapted themselves to the development communication techniques. As a result, people who were earlier performing for the sake of entertainment have started doing the same for communicating certain social and scientific messages.

In the environmental sanitation programme through the initial village contact drives the field staff identifies the local resource persons (voluntary workers, performers, leaders, elders etc). A set of women volunteers (called Group Organisers) are subsequently identified who in turn support the process of campaign for the promotion of environmental sanitation and personal hygiene in the villages. Inter personal communication in the form of small group meetings and house to house contact further facilitates the creation of the demand base for the sanitary units. Children participate in a host of activities like school competition, writing of the wall slogans, songs, plays and the contribution of the voluntary help. In the process the children themselves become message transmitters rather than the receivers.

2.5 Sectoral integration and networking

In the course of implementing the social component of the water and sanitation programme it became apparent that the sustainability of the benefits is critically depending on the expansion of the base of the community participation. The compendium of efforts, referred as expanded base of community participation (ECP), was made by forging complimentary linkages with allied sectors. Thus the perspective was to view water and sanitation programme in the broad spectrum of rural development rather than an activity in isolation. This warranted greater interaction and cooperation of the government functionaries and dovetailing water and sanitation programmes with ongoing programmes particularly in the sector of literacy and health at the village level. The strategy followed to operationalise inter sectoral linkages and convergence of the development input was to evolve the District Coordination Committee (DCC) comprising of the representatives of the Department of Health, Education, Integrated Child Development Scheme (ICDS), Social forestry, *Prantiya Raksha Dal*, DWCRA and *Nehru Yuvak Kendra* (NYK) and the technical implementing agency - UP Jal Nigam. The District Magistrate is the Chairperson of the committee. These committees decentralise their operation through block level and village meetings. Similar structures have been developed at the block level and the Pradhan forum have particularly been useful for the cooperation of government and *Panchayat Raj* institutions.

2.6 Sharing cost

The Foundation's approach and facilitation in community participation during the years of its functioning in the water and sanitation sector has resulted in active involvement of the community in a big way in almost all spheres of the project, including sharing cost for operation and maintenance in terms of money as well as labour.

In case of the sanitation programme, a part of the total unit cost of the HSL is borne by the partner household in form of cash and/or labour, as determined by the economic status of the household. Variations in cost sharing on the basis of the economic category of household exist and contributions range from 9.5% to 23% of the total cost.

The sanitation programme is one of the acknowledged success stories of the region and can be attributed to the involvement of the community from the selection of design for

latrines, to involvement in terms of undertaking transportation and cartage of construction material, mixing of mortar, digging of leaching pits, curing of the units, and above all, supervision of the construction process as per the technical norms already communicated to the community during the awareness drives. The women are the critical factor in this process of community involvement.

2.7 Local institution and capacity building

In case of the water supply programme, (specially in the case of handpumps) the element of cost sharing was a more gradual and is in the process of being institutionalised through integration with the *Panchayati Raj* system. The planning and management of the water facilities more than the sanitation facilities, which are individual assets, require collective decision making at the neighbourhood level in the village. The approach in this respect tries to compensate for the gender disparity accommodating substantially the views and opinion of the village women. In the backdrop of felt need for organising the users of the facility into a local level institution the *Jal Samitis* (or water committees) emerged. These participatory bodies provide a forum for deliberating the issue of water and sanitation in their neighbourhood. The first *Jal Samiti* was established on a pilot basis in the village of Tanghan. Since then the *Jal Samiti* has undergone changes largely in terms of its constitution and structure in response to the felt need for legalising the *Samiti* and equipping it with resources to undertake the operation and maintenance of handpumps.

A similar experience with regard to the piped water supply scheme in the planning phase of the World Bank funded UP rural water supply and environmental sanitation in the 27 pilot villages in 4 districts of Uttar Pradesh has shown that the involvement of the community from the planning stage itself brings about not only the low cost option but also the sharing of capital cost and willingness to undertake the responsibility of the maintenance.

2.8 Participatory Monitoring and Evaluation

The process of change in community based development programmes is rather slow and it is only through regular and participatory management of such programmes, that such changes can be documented. Therefore a planned and easily retrievable computerised database has been developed through a management information system (MIS). The monitoring of the output and input variables along with the performance indicators are collected through simple, concise and comprehensive graphic and pictorial data formats. The monitoring information is collated through the local level resource persons (also Group Organisers). The concurrent evaluation is then undertaken through the monthly progress reports.

Recently, terminal evaluation was undertaken for the subproject V on rural sanitation.

3. Realising the change....

3.1 Gender balance

The PSU Foundation has clearly recognised the gender concerns in the water and sanitation programme from the early days of its inception. Therefore, it has consciously adopted and followed the policy of gender balance, bearing in mind the men-women disparity in roles, responsibilities and benefits.

The approach adopted in the water and sanitation has by and large directly addressed the practical needs of women. The process of providing equal opportunity to both men and women at every stage of planning and implementation of the project, it was observed, led to a significant improvement in the strategic position of women. As a consequence the Foundation embarked on a more studied process of addressing the gender issues in the state and integrating it with the development aspects.

The position of women in the state *vis-a-vis* the social system and family structure, levels of nutrition, health and fertility status, living conditions, participation in the decision making process from the household to the community level, levels of knowledge and skill and the consequent employment and income earning status and lastly their own image and perception of their status in society are some of the issues which are currently being carefully studied by the Foundation. The profile thus generated will be the basis of an analytical device for depicting information related to the position of women from the strategic framework of autonomy, its principle elements being physical, economic, political and socio-cultural.

3.2 Cost effective use and maintenance

The proper and effective use of water supply and sanitation facilities has been ensured through information sharing on health gains that shall accrue from the proper operation and maintenance of the facility. This is evident in the cleanliness maintained by the users around the handpump and the sanitary units, made possible through the awareness generation activities. This has had a synergetic effect on the benefits accruing in the project area to the users thus making the service delivery more meaningful. The community has also shown willingness to undertake preventive care of the handpumps and the ongoing breakdown maintenance training at the cluster level will ensure the cost effectiveness of handpump maintenance.

3.3 Water and beyond

The sustainability issues required the need for addressing the felt needs of the community and also to integrate the programme/sectors critically allied to the water and sanitation such as literacy, environmental sanitation, youth mobilisation, health, Integrated Child Development Scheme (ICDS), Development of Women and Children in Rural Areas (DWCRA) etc. The convergence of these allied sectoral in the project villages also

required inter agency/department coordination. This was ensured through the District Coordination Committee (DCC) and the Panchayat body.

This has made the water supply and sanitation programme as an integrated activity in the villages rather than an isolated programme. The complimentary linkages forged with the allied sectors, programme and agencies/ department is slowly providing the base for the sustainability of the programme achievements.

3.4 Community and grassroots governance

In the new process that has been initiated, ward and village level committees within the framework of the *Panchayati Raj* are emerging as an improvement on the system which was earlier adopted. The most outstanding feature is the participatory nature of the process at each level of implementation and the involvement of the district, block as well as the Panchayat system in the planning of the project .

Initially the major responsibilities of the *Jal Samitis* were re-examined *vis-a-vis* the activities to be performed and the consequent powers that needed to be delegated to them so that they could discharge certain identified functions. The constitution and composition of the committee have been determined keeping in mind the need to facilitate the process of management and resource generation at the micro level with the *Panchayati Raj* providing the uniformity and legality to the structure.

3.5 Community based financing

In a pathbreaking and first ever effort, the resource mobilisation (in cash, material and labour) is being undertaken by the community for the upgradation and maintenance of the water and sanitation facility. In the Subproject VIII the water user charges are being realised which will be utilised at the ward level within the provisions of the *Panchayati Raj* Act. The accounts for the fund thus generated are to be maintained at the village level. The formation of a total of 1732 *Jal Samitis* and collection of more than Rs.200,000 in the six districts has been achieved for handpump maintenance, thus reflecting the potentialities of the approach.

In the Subproject IV- the rural piped water supply scheme, presently, effort has been made for optimisation of operation and maintenance. For this purpose revenue collection camps have been organised and nearly Rs. 75,000 of revenue has been collected in 5 months with the active involvement of the community. A significant portion of this revenue is spent on repair of leakages and breakages. Besides community labour has also been mobilised for repair activities which reduced the cost of maintenance work.

3.6 Human resource development

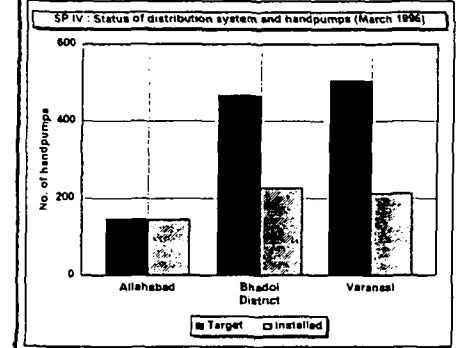
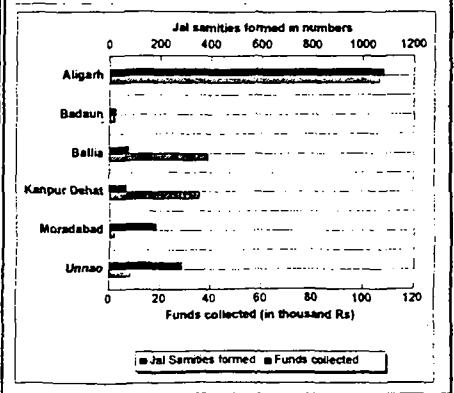
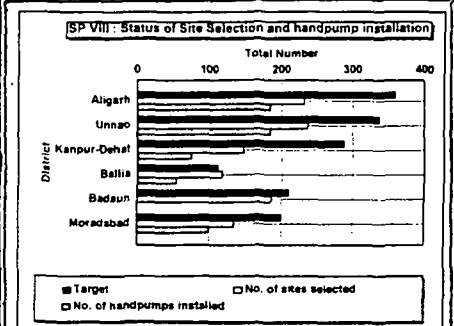
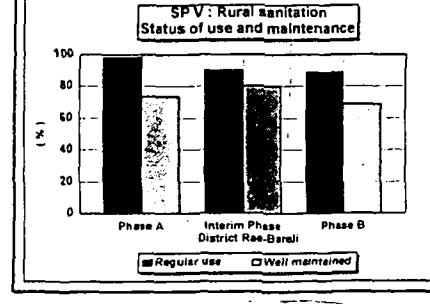
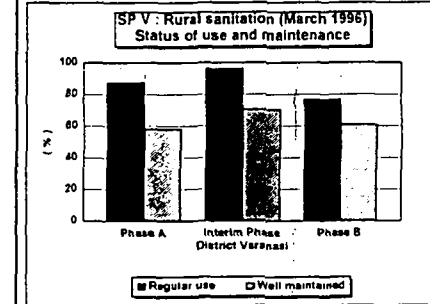
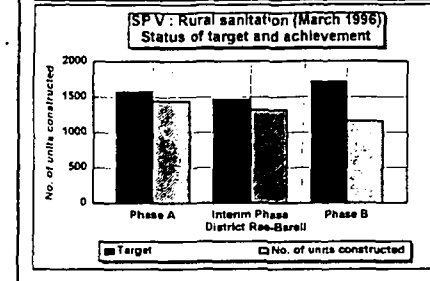
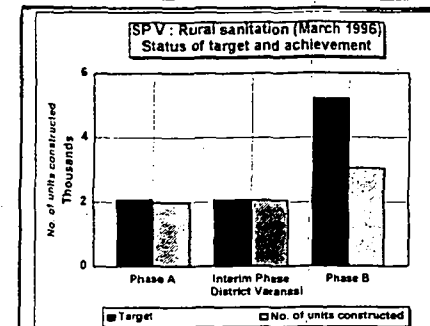
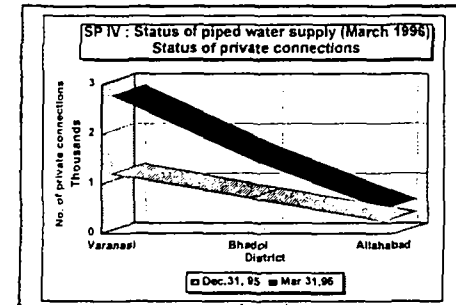
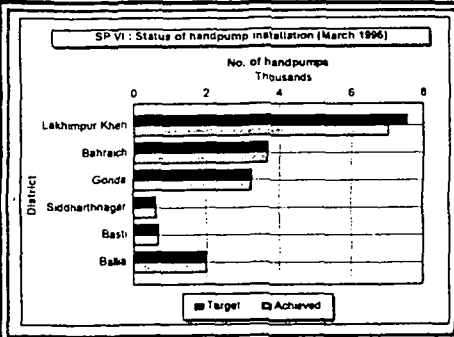
Local human resource building is emerging as an important pillar of sustainability. As has been stated initially, a community based O&M has emerged as the sustaining input of the programme. A critical element of this system is the development of local skills for

operations and maintenance. Thus, in the course of the project, teams of mechanics, including a significant number of women, have been trained and located at points in the community to undertake the responsibility of O&M. Further, as has been noticed in the participatory communication, the local core communication team evolved on the basis of cultural art forms have not only been able to provide a viable and vibrant form of communicating development but also have lent dignity, honour and relevance to the traditional social communicators. Regular training workshops are being organised to build the capacity of the local community to maintain the water and sanitation assets.

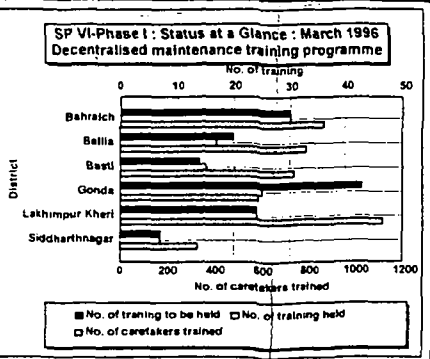
3.7 Sustainable model for replication

The models of the water and sanitation as emerging in the Indo Dutch programme have yielded important learnings on technology design, aspect of cost sharing and maintenance, planning of the facilities, hygiene promotion and participatory communication activities, local level institution building and gender balance, considered relevant for sustainability and community based maintenance. The field success of these models raises hope for replication.

UTTAR PRADESH : COVERAGE, TARGET AND ACHIEVEMENT UNDER DIFFERENT SUB-PROJECTS OF IDC PROGRAMME



D.M. → DCC
7 blocks
Pradhikars

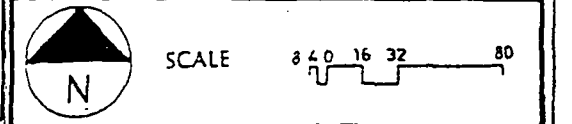


LEGEND
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 STATE BOUNDARY
 DISTRICT BOUNDARY

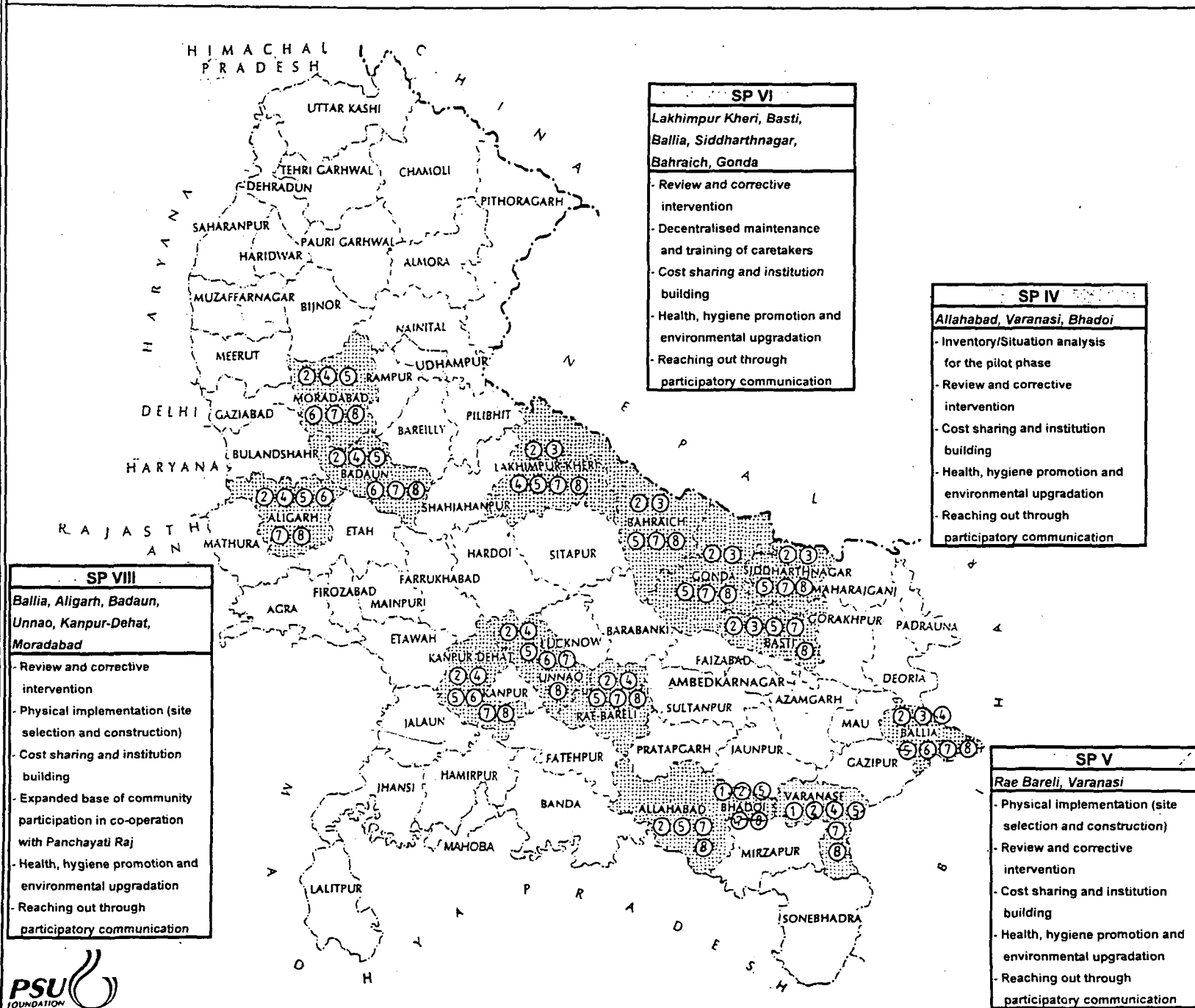
IDC SUB-PROJECTS AT A GLANCE

Sub-Projects	Districts
Sub-Project IV Piped water supply/ Handpump installation Covering : 262 villages 14 schemes 1124 Hps	Allahabad, Varanasi (Bhadoi)
Sub-Project V Rural Sanitation Phase A Covering : 12 villages 3432 (HSL)/26 (SSL) Interim Phase Covering : 11 villages 3523 (HSL) Phase B Covering : 23 villages 6916 (HSL)/22 (SSL)	Rae-Bareilly, Varanasi
Sub-Project VI: Phase I Handpump installation Covering : 1638 villages 10485 Hps * Decentralised maintenance : training of caretakers & cluster level mechanics Covering : 23 blocks Training of Hp caretakers and cluster level mechanics Phase II (Addendum I) Handpump installation Covering : 694 villages 3704 Hps Phase III (Addendum II) Handpump installation Covering : 816 villages 1840 Hps	Bahraich, Ballia, Basti, Gonda, Lakhimpur-Kheri, Siddharthnagar Lakhimpur-Kheri Siddharthnagar
Sub-Project VIII Handpump installation Covering : 3251 villages 15943 Hps * 14085 handpumps include 489 handpumps installed from savings	Aligarh, Badaun, Ballia, Kanpur Dehat, Moradabad, Unnao

Abbreviations
 Hp Handpump
 HSL Household Sanitary Latrine
 SSL School Sanitary Latrine



UTTAR PRADESH : EMERGING FOCUS IN THE DIFFERENT SUBPROJECTS UNDER IDC PROGRAMME



SP VI
Lakhimpur Kheri, Basti, Ballia, Siddharthnagar, Bahraich, Gonda
 - Review and corrective intervention
 - Decentralised maintenance and training of caretakers
 - Cost sharing and institution building
 - Health, hygiene promotion and environmental upgradation
 - Reaching out through participatory communication

SP IV
Allahabad, Varanasi, Bhadoi
 - Inventory/Situation analysis for the pilot phase
 - Review and corrective intervention
 - Cost sharing and institution building
 - Health, hygiene promotion and environmental upgradation
 - Reaching out through participatory communication

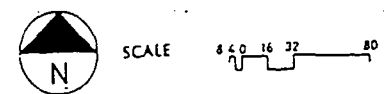
SP V
Rae Bareli, Varanasi
 - Physical implementation (site selection and construction)
 - Review and corrective intervention
 - Cost sharing and institution building
 - Health, hygiene promotion and environmental upgradation
 - Reaching out through participatory communication

SP VIII
Ballia, Aligarh, Badaun, Unnao, Kanpur-Dehat, Moradabad
 - Review and corrective intervention
 - Physical implementation (site selection and construction)
 - Cost sharing and institution building
 - Expanded base of community participation in co-operation with Panchayati Raj
 - Health, hygiene promotion and environmental upgradation
 - Reaching out through participatory communication

LEGEND
 INTERNATIONAL BOUNDARY
 STATE BOUNDARY
 DISTRICT BOUNDARY

KEY FEATURES OF THE COMMUNITY PARTICIPATION COMPONENT UNDER DIFFERENT SUB-PROJECTS OF THE IDC PROGRAMME

- Inventory/Situation analysis
- Review and corrective intervention
- Decentralised maintenance and training
- Physical implementation (site selection and construction)
- Cost sharing and institution building *Creation of ALAP*
- Expanded base of community participation in co-operation with Panchayati Raj
- Health, hygiene promotion and environmental upgradation
- Reaching out through participatory communication





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