



## QUARTERLY PROGRESS REPORT

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Date of submission of report: 17.03.2012

### 1. Project information

#### 1.1 Basic Project Data

a Title of the project: HOMEBASED SANITATION PROJECT SUPPORT FOR THE DISADVANTAGED COMMUNITIES IN THE DISTRICT OF SOUTH 24 PARGANAS

b. Duration 2011 - 2014

c. Reporting period: (December, 2011- February, 2012)

#### 1.2 Status of the project at the time of reporting:

We are regularly interacting with the committee regarding construction. Construction of latrine is going on into the 3 most effected villages (Talpukur, Kamlat, Bibirchak). Continuous field preparations are being made through our project staff for satisfied implementation. 10 no. of household latrine Construction are (Talpukur-4, Bibirchak-3, Kamlat-3) started by local trained mason. 10 no of latrine materials are distributed. Construction would be started very soon. We planed to construct maximum no of household latrine by March.

#### 1.3 Executive Summary of the project: (Main issues, Objective, activity, target area and target group etc.) {Kindly refer to the project proposal

The sanitary situation of 10 proposed villages of Langalberia GP is very poor. Many families have no latrines or urinals. For the total of 4046 families in these villages nearly 57 % only have the household latrines (Source: Panchayats of the areas). The people normally go to open fields or banks of the canal for defecation but they urinate here and there. The children do not have any particular place for defecation. Thus, the villagers live in extremely unhygienic conditions. There is very little awareness about health and personal hygiene. Under this situation Nistha, the local NGO intends to implement a Sanitation project called *SANMAN (Respect)*. The project is proposed with the comprehensive concept of Sanitation which includes home based sanitation support and also awareness and advocacy on personal health and hygiene issue focusing on good sanitary practises. The project will provide direct support to 500 poor families for toilet construction. The partner has plan to equally divide the total number of 500 latrines over 10 villages i.e. 50 latrines in each villages. It is also planned that 30% of the construction cost will be contributed by the beneficiary.

However, while implementing the project if any problem arises out, e.g. a BPL beneficiary cannot contribute the amount, another willing beneficiary does not have space, etc.; then other villager would become eligible for the facility and the beneficiary will be jointly selected in a village meeting where Nishtha, Panchayet and villagers will be present. If despite of best efforts from all levels, 50 latrines cannot be constructed in a particular village, the remaining



number of latrines from the quota (50 latrines) would then transfer to other village under this GP. Otherwise, each village will get 50 latrines. The project also aims at behaviour changes of rural community through advocacy and campaign on good sanitation and hygiene practices. Because sanitation is one of the basic determinants of quality of life and human development index. Good sanitary practices prevent contamination of water and soil and thereby prevent diseases. The concept of sanitation in this project is therefore, expanded to include personal hygiene, home sanitation, safe water, garbage disposal, excreta disposal and waste water disposal. It is completely a community based project. Sanitation and Hygiene Committee will be formed with local youth of each ten project villages. Their main responsibilities would be to disseminate the knowledge and information gathered to the beneficiaries and other villagers to ensure the sustainability of the program.

Strategy:

Strategies

- Establishing linkage with Gram Panchayet to ensure the optimum utilization of existing government facilities, tagging up with Scheduled Government funds and generate fund from the community.
- Creating a provision for technical and part monetary support for construction of household toilets to ensure sanitation facilities.
- Building capacity for the community specially women and girl children, so that they become well aware about the importance of sanitation issues.
- Conducting series of awareness generation program on the issues related to sanitation and hygiene practices.
- Formation of sanitation and hygiene committee to ensure the sustainability of the program.

General Objective:

To Improve health and livelihood of households in Langalberia GP in South 24 Parganas, West Bengal

Specific Objective:

To improve capabilities of poor households to manage their own health, both by reducing the incidence of communicable diseases and by improving their ability to cope with major health problems in target areas.



NISTHA have started the Home based sanitation project in ten backward communities in langalbaria gram panchayet. All are very poor families, 40%household have no latrine. They are going to open field and pond where fixed a temporary bambu structure for defecation. The pond water is over flowing in the rainy season.so people are living extremely unhygiene condition.

community have decided to stop the open defecation through the social rules . Majority of the women and girls are participating in the meeting where men are negligible participating.

IT is a community based approach where community will take the over all responsibilities to ensure the sustainability of the program.

Through series of program to improve capabilities of poor households to manage their own health through reducing of communicable diseases.

Whole communities is our target but special emphasis to be given to women and adolescent girls.

Project have planned to construct 250 latrines during the year through community based approach where sanitation and hygiene committee will play the key role with involvement of PRIs and NISHTHA as well as FADV.

2. Review of Progress as per project indicators: (Kindly refer to the logical framework of the project proposal)

Logical intervention	Indicator	Target	Achievement		
			Till previous quarter	Current Quarter	Cumulative
Open defecation practice reduce in target area	90% of the target group use latrine and improve hygiene condition within three years.				
Base line survey		894 HH	625 HH	203 HH	828 HH
Training for mason		01	na	01	01
Meeting with stake holders		01	Nil	01	01
Healthawareness Camp		01	Nil	01	01
Construction		84	Nil	1	1



### 3. Activity and Expenditure

3.1 Description of key activities: (Details of each activity)

#### 0.1 Training of Project staffs:

This project is consisting 3 Project Staff e.g. 1 Project Manager and 2 Motivator. Initially there was a training with FADV staff. After joining New project Manager from February,2012 FADV staff was introducing about the project at FADV office.

**0.2 Small sessions and home visits:** --- We conducted regular home visit during the field session. Through home visit we try to make them understand the necessity of good hygiene practices. During the process regular home visit is going on. At the time of agreement our project staffs judge the eligibility through checklist review. They sensitized people during home visit regarding sanitary model supported by NISHTHA and their own contribution. It is been proposed from WatSan committee of Radhaballavpur village to full support some of beneficiaries in this village as they belongs handicaped family and monthly income is very nominal. We talked to panchayet to support them at their best. They assure us to make this issue into their general meeting agenda.

#### 0.3 Relevant data collection through home visits:

Base line Survey Completed: Total 828 families are surveyed. During the survey, village committee and beneficiaries help a lot to make it be completed.

Beneficiaries are selected on certain criteria. Criteria are as follows-

1. Poorest family of community.
2. Physically challenge family
3. Widow family,
4. Those who have own land.
5. Family who have maximum no. of member with minimum income
6. Aged person

#### Findings are-

Particulars	Number
Total No of village	2982
Number of families who have latrine	346
Number of families that do not have latrines	482
Number of families uses latrine and not go out for open defecation	422

Number of families they do not use the latrine and go out for open defecation	406
Number of families who do not have toilet due to not having money	350
Number of families using pond water for washing	528
Number of families washes hands after coming from defecation	350
Number of families keep their food covered	714
Number of families had Diarrhea last year	146
Number of families had Malaria last year	10
Number of families had Hepatitis last year	6
Number of families had skin disease last year	19
How many families use ORS when needed	228

#### 0.4 Beneficiaries Selection:

Initially 250 beneficiaries are selected for the home based sanitation support as disadvantaged group of people among 30% survey and recommended by WatSan committee.



This is one of the unhygienic sanitary Model of Protima Mondal (Household No- KML14) is one of our selected beneficiaries from Kamlat village. Monthly income of her family depends on their daily labour payment. She uses unhygienic sanitary practices. Often she and her family compelled to go for open defecation.

### Some example of their unhygienic sanitary model



Krishna Mondal, Bibirchak (Household No-BBR 7)



Tutu Pramanik, Kamlat (Household No- KML 6)

#### **0.5 Rapport building and meeting with Gram panchayet-----**

We regularly met with panchayet staff regarding the implementation of the project. Panchayet had taken some initiative for smooth implementation of this project. Pradhan and Upa Pradhan promise us to do their best at the time of project implementation.

**0.6 Meeting with beneficiaries---** We have organized 15 No village meeting in 8 villages where selected beneficiaries were participated. We discuss our plan to implement the project. We analyzed how we can go for the construction of latrine. How they will play the roll pre, post and during the construction. After construction WatSan committee will take the responsibilities and monitor the uses of the latrine. We will follow up through committee and direct field visit.

**0.7 Separate meeting with women and girls----** We have conducted 5 meetings with women and girls. We analyzed the present status of women and girls where they are suffering various types of diseases and living UN hygienic condition. They are always dominated by men; they have no power in decision



making process in house as community. To day they are happier because they are the key leaders of community to implement of the program.

**0.8 Agreement with Beneficiaries:**

More than 50 agreements (Talpukur, Kamlat, Bibirchak) with the beneficiaries have been completed and the agreement process is going after checklist review.

**0.9 Finalization of latrine model and cost:**

We have completed only 1 unit of latrine last quarter.

**0.10 Training of Mason :**

One Training of mason have been completed. Project Manager of sanitation department, Ramakrishna Mission LokSikha Parisad imparted the training of mason for starting the project. Masons are now constructing latrine at field area.

**0.11 Field preparations and related issues:**

For construction we select our vender who will supply best quality product for this construction work at affordable price. We visit the field area where exactly latrine will be constructed. Primarily we select 250 names of beneficiaries through survey and recommended by WatSan committee. We are reviewing this list through check list. For construction materials our staff regularly monitors its quality. We regularly met with panchayet members for the project implementation. Already construction is started into 3 villages (Talpukur, Bibirchak, Kamlat).

**0.12 Periodic awareness camps:**

More than 34 periodic camps have been organized in different villages (Talpukur, Kamlat, Bibirchak, Baruli, Bamongachi, Radhaballavpur, Kochpukur). We analyzed the good hygiene practices, the cause of diarrhea and its affect into our health, demerits of open defecation and its affect on our health. Women basically mothers and girls they imparted their views. They strongly oppose of this system. But they compelled to do because of their low income. Some time they are dominated by their husband. They have no power to take action independently.

**4. Problem faced and Recommendations:**

Problems/Challenges	Recommendations / Corrective measures
Open defecation in the field and pond	Social Pressure group (Sanitation hygiene committee) has formed to create social pressure to reduce the open defecation.



	Poster, Baners, Wall writing, Audio visual program to be organized. Mass awareness program to be organized in the community level where Pradhan, Upa pradhan, Karmadhakhya of JANASASTHYA, Sabhapoti of Sonarpur to be strongly facilitative the program
Lack of Mason in the project area. They claim double money than our estimated money.	Training to be organized at the time of construction