



QUARTERLY PROGRESS REPORT

Report prepared by: NISHTHA

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1. Project information:

1.1 Basic Project Data:

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

b. Duration: 2011 - 2014

c. Reporting period: (June 2012- August 2012)

1.2 Status of the project at the time of reporting:

- In total 190 agreements have been completed.
- Construction of 180 latrines are complete and work in 10 latrines are going on.
- The project has extended its work to seven villages. These villages are Talpukur, Kamlat, Bibirchak, Baruli, Bamongachi, Radhaballavpur, Kochpukur.
- Five group meetings with the beneficiaries were conducted during the period.
- Two meetings were conducted with the women groups.
- One health awareness camp was organized in Baruli Village.
- Three committee meetings in different villages.

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 Nishtha, 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 practices. 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 behavior 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:

<p><u>Strategies</u></p> <ul style="list-style-type: none"> ▪ 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.
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General Objective :

<p>To Improve health and livelihood of households in Langalberia GP in South 24 Parganas, West Bengal.</p>
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Specific
Objective
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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 has 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 temporary bamboo structure is fixed for defecation. The pond water is overflowing in the rainy season. So people are living extremely unhygienic condition.

Communities have decided to stop open defecation through a social rule. 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 overall responsibilities to ensure the sustainability of the program.

A series of program to improve capabilities of poor households to manage their own health through reducing of communicable diseases is being run.

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

Projects 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.



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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	828 HH	–	828 HH
Training for mason		01	01	–	01
Meeting with stake holders		01	04	01	05
Health awareness Camp		01	01	01	02
Construction		170	90	90	180
Community Meeting		-	-	01	01

.3. Activity and Expenditure

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

Result 1: Open defecation practice reduced in target area.

1.1 Selection of staff, and train them to build their capacity:

This project is consisting 3 Project Staff e.g. 1 Project Manager and 2 Motivator. Initially there was training with FADV staff. The Project Manager who had joined in February had



left, and new Project Manager had joined the project on 28.5.2012. The same Project Manager had also left and the project is in search of a new Project Manager.

1.2 Small sessions and home visits:

Small sessions and home visits are a regular part of the project. Every visit to the fields involves home visits. Home visits were conducted regularly during the field session. These home visits focused at understanding their problems, their perception and becoming a part of the family at the beginning. The initial visits involved for building rapport with these families and then slowly explain to them the benefits and necessities of good hygiene practices. It is during these home visits and small sessions that the mothers are explained about the problems they face due to absence of a latrine. During home visits they are made aware about the model of toilet and their own contribution.

1.3 Relevant data collection through home visits:

The Baseline survey for 828 families was completed during the last reporting quarter with active cooperation and help from the village committee and the beneficiaries. The findings of the survey were reported in a tabular form through the last quarterly report.

1.4 Beneficiaries Selection:

The project had selected 250 families as the beneficiaries of this sanitation project. From different point of time, the beneficiaries selected had to be changed on different grounds like their inability of collecting the contribution amount, temporary postponement of the work etc. In those cases however, those beneficiaries were dropped and new beneficiaries were included..

While selecting the beneficiaries, the project and the WATSAN committee has given priority and based on the following criteria:

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

1.5 Rapport building and meeting with Gram panchayet-----

Meetings with the Panchayet are organized to keep them updated about the project. They are extending full support and cooperation and helping to run the project smoothly and efficiently. All the members of these seven villages where the project is working are extending their fullest cooperation. The Pradhan of the Panchayet is so happy and impressed



that he has already started approaching with the proposal of extending the project activities to other villages of the Gram Panchayet.

1.6 Meeting with beneficiaries--- Cumulatively, 20 meetings (15 till last quarter and five during this quarter) in 7 villages were conducted with the selected beneficiaries of home-based sanitation programme. The details are discussed with the beneficiaries at length including the aspect of the construction, their contribution, their role and responsibilities, etc. The role and responsibilities of the WATSAN committees was discussed at length which would include monitoring and usage and maintenance of the latrines.

1.7 Separate meeting with women and girls---- During the reporting quarter, two meetings with women and girls were organized, thus totaling to six meetings altogether. Different aspects of general health, hygiene, water borne diseases, faeces borne diseases, etc. were discussed. A detailed at length discussions were held on the current project, construction of latrines, usage and maintenance of the latrines and their role in the home based sanitation programme.

1.8 Agreement with Beneficiaries:

During the reporting period, 110 agreements with the beneficiaries have been signed upon in villages namely Talpukur, Kamlat, Bibirchak, Baruli, Bamongachi, Radhaballavpur, Kochpukur. Work is under process regarding more agreements with the beneficiaries. At present the sanitation work is going on in six villages i.e. except for Bibrchak.

1.9 Finalization of latrine model and cost:

One single model of the latrine was selected which is being followed since the beginning.

1.10 Training of Mason :

Mason training was not planned for this reporting quarter. Hence no such training was conducted.

1.11 Purchase of equipment for latrines:

The construction materials are being purchased following all accounting rules and system and the work is progressing accordingly. The project continues to face the problems it has been facing all through the previous quarter of reporting. During this quarter too, the suppliers are often not supplying materials as per schedule time frame. The hike in price of the



construction materials has played a major role in putting a barrier in smooth progress of the project. This is leading to tremendous problems to the project. All these have put tremendous problems and leading to delay and further delay in implement the project.

1.12 Field preparations and related issues:

Initially base line survey was conducted and preliminarily 250 beneficiaries were selected for the sanitary latrine programme. This was done in accordance with the findings of the survey report and recommendations of the village 'Watsan' committee. Intensive field visit and discussion with the beneficiaries are conducted by the project staff on the various aspects of the programme. But later considering various factor including inability of contributing in accordance with the hiked price, the beneficiaries had to be changed. The project staffs are monitoring the materials supplied by the vendor. In addition, regular meetings and discussions are held with the Panchayet members.

1.13 Construction of low cost toilet blocks:

During the reporting quarter, the project has constructed 90 home based sanitary latrines and work at ten more sites is going on.

Result 2: Communities of Langalberia GP have increased knowledge on sanitation and personal health and hygiene.

2.1 Periodic awareness camps:

During the reporting quarter awareness camps are organized in villages as a regular routine activity. These discussions were centered on general health, Personal hygiene practices, different water and faeces borne diseases, effects of open defecation, contamination of water, etc.



2.2 special Health awareness camps:

During the reporting quarter, one special Health Awareness Camp was organized at Baruli village. The programme was organized in collaboration with Panchayet and Primary Health Centre. Panchayet members and Block Medical Officer of Health had attended the programme as a Resource person and they enlightened and highlighted different aspects of safe sanitation and hygiene practices. Community People fully participated in this Camp. Many other stake holder had participated in the programme namely, ANMs, ASHA's Panchayet Pradhan. Through this Camp we intended to generate awareness on health, drinking water, proper uses and maintenance of latrine, effects of open defecation, water and faeces borne diseases etc. Mother groups actively participated in the programme. At the end of the programme they promised to share the message with their neighbors in their villages.



Community people were sensitized more about utility of latrine and maintenance of their own toilet and practice of hygiene. At the end of every programme general feedback was also received between the participants.

2.3 The community will be made aware through wall writing and hoarding:

During the reporting quarter wall writing and hoarding programme was not done. Till the end of the previous quarter, 45 wall writings were done. The activity was carried out in villages namely, Kamlat, Talpukur, Baruli, Bibirchak, and Kochpukur. The messages of these wall writings were on general hygiene practices, walking barefoot leads to worm infestation, washing hands after defecation and before talking food, etc. health hazards and diseases that are caused and lead by open defecation.

2.4 Formation and sensitization of Sanitation and Hygiene Committee:

Sanitation and Hygiene Committees were formed in villages like, Kamlat, Talpukur, Baruli, Bibirchak, Kochpukur, Bamungachi, Radhaballavpur and Bargachia during the previous reporting quarter. During the current reporting quarter no new committees have been formed.

2.5 Preparation of IEC Material:

No IEC materials have yet been developed.

2.6 Project Documentation

At the end of third year document will be published to share the impact and results of the sanitation project. The document will include the positive changes in respected of health and hygiene issues.

2.7 End line Survey:

During the last couple of months of the project, an end line survey will be conducted jointly by FADV and NISTHA. This survey will be carried out in order to measure the changes and achievements of the three year project.

Photograph of Latrines



Completed latrine under use

4. Problem faced and Recommendations:

Problems/Challenges	Recommendations / Corrective measures
Open defecation in the field and pond.	<p>Social Pressure group (Sanitation hygiene committee) has been formed to create social pressure to reduce the open defecation.</p> <p>Poster, Banners, Wall writing, Audio visual programme are to be organized. Mass awareness programs are also to be organized in the community level where Pradhan, Upa pradhan, Karmadhakya of JANASASTHYA, Sabhapoti of Sonarpur are to be strongly facilitative the program.</p>



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<p>Increasing cost of construction materials.</p>	<p>The continuous rise in prices of the construction materials is putting more and more pressure on the beneficiaries with regard to their contribution. As a result many potential beneficiaries had to be left as they failed to arrange the increasing amount of contribution.</p>
<p>In many places, due to rise in prices, beneficiaries are asking for one-pit latrines in place of two pit as that would involve less finance and less contribution.</p>	<p>The beneficiaries are being continuously discussed and motivated and they are being made it understand and realize the usefulness advantages and benefits of two pit latrines.</p>
<p>Till the previous reporting quarter, some beneficiaries had decided not to take a latrine even after signing the agreement, and this had created enormous problems to the project.</p>	<p>In such cases, the project looked for alternative new beneficiaries who would be ready for the construction. This was a problem till the last quarter. However, during the current reporting quarter, the project did not have to face such problem.</p>