



QUARTERLY PROGRESS REPORT

Report prepared by: NISHTHA

Date of submission of report: 15.06.2012

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: (March, 2012- May, 2012)

1.2 Status of the project at the time of reporting:

- In total 170 agreements have been completed.
- Construction of 90 latrines are complete.
- During the reporting quarter, the project has extended its work to seven villages in comparison to three villages in the previous quarter. These villages are Talpukur, Kamlat, Bibirchak, Baruli, Bamongachi, Radhaballavpur, Kochpukur.
- 15 group meetings with the beneficiaries were conducted during the period.
- Four meetings were conducted with the women groups.
- Two mass awareness camps were organized 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:

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 has started the Home based sanitation project in ten backward communities in Langalberia 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.



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	Nil	01
Health awareness Camp		01	01	Nil	01
Construction		170	01	89	90

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 new Project Manager had not undergone any training or orientation on this project.



1.2 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. 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 handicapped 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.

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 4 reported in a tabular form through the last quarterly report.

1.4 Identification of beneficiaries:

The project had selected 250 families as the beneficiaries of this sanitation project. On due course of time and as the project progressed, there has been changes in the beneficiaries on different grounds like their inability of collecting the contribution amount, temporary postponement of the work. In these cases the project had taken in new beneficiaries for the construction work.

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-----

Regular 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.



1.6 Meeting with beneficiaries--- 15 meetings in 8 villages were conducted with the beneficiaries who have been selected for the home-based sanitation programme. We discussed our plan to implement the project. Every aspect of the construction, including their contribution, their role and responsibilities in implementing the programme were discussed with them in detail. The role and responsibilities of the WatSan committee was discussed at length which would include monitoring or usage and maintenance of the latrines.

1.7 Separate meeting with women and girls---- Four meetings with women and girls were organized in which different aspects of general health, hygiene, sufferings from water borne diseases etc were discussed. Most importantly, a thorough discussion was 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, 80 agreements with the beneficiaries have been signed upon in villages namely Talpukur, Kamlat, Bibirchak, Baruli, Bamungachi, Radhaballavpur, Kochpukur. Work is under process regarding more agreements with the beneficiaries.

1.9 Finalization of sanitary latrine model and cost:

During the current reporting period, the project has completed 89 home based sanitary latrines.

1.10 Training of Mason :

No mason training was conducted during the reporting period.

1.11 Purchase of equipment for latrines

The construction materials are being purchased following all statutory rules and accounting system and the work is progressing accordingly. It is worthwhile to mention here that the suppliers are often not supplying materials as per schedule time frame due to sudden hike in price of the construction materials. This is leading to tremendous problems to the project and we are failing to progress with the work as per schedule. We are being forced to go for lookout for new vendors, collect quotations, enter into negotiations, etc. All this is putting tremendous problems and leading to delay and further delay in implement the project as per plan and as per time schedule. Last but not the lease, this price hike is also upsetting the project budget.



1.12 Field preparation 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. The fact of ability to contribute was also taken into consideration while selecting the beneficiaries. With regard to the supply of construction materials, the project had faced some problems due to hike in price, but has been resolved and the work has gained pickup. The project staffs are continuously monitoring the quality and quantity of the materials supplied by the vendor. In addition, regular meetings and discussions are held with the Panchayet members. The construction has already started in 7 villages namely, Talpukur, Bibirchak, Kamlat Baruli, Bamongachi, Radhaballavpur, Kochpukur.

1.13 Construction of low cost toilet blocks:

During the reporting quarter, the project has constructed 89 home based sanitary latrines. It is expected that by the end of the next quarter nearly 180 latrines would be constructed.

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 two awareness camps have been organized in villages like Talpukur, Kamlat, Bibirchak, Baruli, Bamongachi, Kochpukur, and Radhaballavpur. The subjects and topics of awareness were good hygiene practices, effects of open defecation, water and faeces borne diseases, bacterial contamination of water, etc.

2.2 Special Health Awareness Camps:

During the reporting Health awareness camps could not be organized.



PROGETTI D'AMORE PER I BAMBINI

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

Till the end of the quarter, 45 wall writings could be 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 taking food, etc. health hazards and diseases that are caused and lead by open defecation.

2.4 Formation and sensitization of Sanitation and Hygiene Committee:

During the reporting, Sanitation and Hygiene Committees were formed in villages like, Kamlat, Talpukur, Baruli, Bibirchak, Kochpukur, Bamungachi, Radhaballavpur and Bargachia. The committees could not be formed in Gangadharpur and Langalberia as the project has not yet started working intensively in these two villages. In every villages, meetings with these committees were held and at times in case of needs more meetings are done with particular committee. During the reporting period, eight meetings were conducted and the main points of discussions in the meetings were centered on beneficiaries' selection, methodology of implementing the latrine construction work, the role and responsibilities of the committees, etc.

2.5 Preparation of IEC Material:

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

The latrines / toilets villagers traditionally use



Completed Latrines



Chaya Pramanik – Baruli Village



Tapan Bansi – Talpukur Village

Latrine of Sri Chimai Mondal – two stages

Under Construction

After Completion



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, Karmadhakhya of JANASASTHYA, Sabhapoti of Sonarpur are to be strongly facilitative the program.</p>
Lack of Mason in the project area. They claim double money than our estimated money.	More masons are in search to expedite the construction work.
Delayed and inadequate supply of construction materials is adversely affecting	New suppliers are being looked for who can make prompt and adequate supply of



PROGETTI D'AMORE PER I BAMBINI

the work.	materials.
The excessive hike in price of different construction materials has put barriers in the programme.	The existing budget be modified.
In many places, due to lack of space, two pit latrine models cannot be followed.	An alternative latrine model may be looked for in consultation with FADV.
After the agreement is signed, some beneficiaries opts to defer the construction with some or other excuse.	In such cases, the project should look for alternative new beneficiaries who would be ready for the construction.