



QUARTERLY PROGRESS REPORT

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1. Project information

1.1 Basic Project Data

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

b. Duration 2011 - 2014

c. Reporting period: SEPTEMBER TO NOVEMBER 2011

1.2 Status of the project at the time of reporting:

Through General village meeting, interaction with PRIs we have collected the information's on sanitation of 10 communities of Sonarpur Block.

Total villages ----- 10

Total households – -----2982

Total latrine less family --- 1154 (38.69%)

Total latrine based family- 1828

Home based sanitation project started with 10 communities in langalbaria gram panchayet under sonarpur block, during this period we have organized so many meeting with Gram panchayet. Women and adolescent girls, meeting with Beneficiaries and small season and home visit.

We have organized so many meetings in 8 villages out of 10 within the period. Rest 2 villages to be covered within December.

Relevant data collection of 629 families (30% families) of Six villages have completed due to identify the Sanitation and status of hygiene practices. Baruli, Bibirchak, Kamlet, Talpukur, Radhaballavpur and Kochpukur.

Six Communities have formed six sanitation and hygiene committee where women, Girls and men are the members. Every section of the community have participated. All the key leaders taken the responsibilities to implement the program, they gained knowledge through various sensitize programmes and to be shared to others people.

One community (Bibirchak) have identified the beneficiaries for construction of latrine, Beneficiaries have selected through same criteria's, Like---

1. Poorest family of community.
2. Physically challenge family,
3. Widow family,



4. Those who have own land.

Those who have received facilities under 'Indira Abasik' housing scheme, will not get benefit under this project under first priorities.

Three stake holders meetings have organized at Panchayat as well as village level where pradhan, Upa-Pradhan, Panchayet Samity members were participated. After long discussion Pradhan and upa pradhan have given assurance for any type of help to smoothly implement the program. Three informal meeting organized with Karmadhakshya of Janasasthya, Sabhapati of Sonarpur Block, they have given assurance to help the implement of the works.

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

Main Issues

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. The ponds are full of waste matters, rotten leaves etc. In the rainy season, if they need to go outside for any purposes, they have to brave an infernal liquid with faeces, mud, wastes, disease-causing bacteria etc. Normally the villagers live in extremely unhygienic conditions. There is very little awareness about health, personal hygiene and about arsenic contamination. On the other side, pond or canal water is highly contaminated mainly because of open defecation and back washing after defecation, also by using chemicals in the field. As a result, they suffer from various health hazards. In order to maintain privacy women can only go to the fields early in the morning and late in the afternoon for defecation and use ponds for urination. Sometimes, they need to control nature's call for the whole day. As they have to control nature's call for the whole day, they often suffer from different diseases. They suffer most during the menstruation period, when they fail to maintain normal hygienic condition. These create many gynaecological problems. But, nobody cares this serious problem in community or family. This is the norms of rural society that women's problems always be neglected.

The women and the girls are in dire need of a covered area not only for toileting but also for bathing, but till today, having such a facility is beyond their imagination. As of today, even one percent families do not have a bathroom. Earlier the area had huge guava cultivation and women used to go in the guava fields for defecation for with growing urbanization the guava field has been reduced considerable. The privacy factor which was somehow managed earlier has now become a huge challenge where girls and women had not much of option but to face huge embarrassment. Considering all these factors, it is proposed that under this project Nishtha will aim to use service provision, awareness and advocacy to ensure that the people living in Langalberia gram panchayat (with a special emphasis on women and girls) have proper sanitation facilities and hygiene awareness

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 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.

<p>Strategy:</p>	<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.
<p>General Objective:</p>	<p>To Improve health and livelihood of households in Langalberia GP in South 24 Parganas, West Bengal</p>
<p>Specific Objective:</p>	<p>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.</p>

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 communitybased approach where sanitation and hygiene committee will play the key role with involvement of PRIs and NISHTHA as well as FADV.

The villages under Langalberia GP of Sonarpur Block, where the project is being implemented are Langalberia, Kochpukur, Bibirchak, Kamlat, Bamungachi, Talpukur, Gangadharpur, Radhaballavpur, Baruli, Bargachia.

Target group

- Through infrastructures support of home based sanitation 500 families (3 years) of 10 villages will get benefit from the Project.
- Special emphasis will be laid upon women and girls.
- A core team local youth with leadership qualities will be formed as sanitation and hygiene committee to ensure the use and maintenances of toilets among the targeted beneficiaries.
- Through health education and awareness, the whole community i.e. all the 4046 families will be benefited by the end of the project period.

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	625 HH
Training for mason		01	na	nil	nil
Meeting with stake holders		01	nil	03	03



30% base line survey of 10 communities = 894 . we have completed 625 families of six villages. Rest survey to be completed within december 2011

Training for mason not completed due to non availability of resource person form RKMission. Training to be completed within december 2011

3 Meeting with stakeholders have conducted in Panchayet somity level,Panchayet and village level where panchayet have gladly spent . Nishtha willbe arranged a meeting in december where large nos of participants to be participated.

3. Activity and Expenditure

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

Training of Project staff----- One day staff orientation have organized by FADV at FADV office where two staff along with Project Manager were participated, Debatri das country representative for India and Mrs Sucharita Chakrabarty were facilitated the program,Debatri das analized the homebased sanitation project. Like---Aims and Objectives, Strategy, Indicators, Approach and sustainability of the project.

Mrs chakrabarty told about Planning, implementation, Monitoring of the project. Selection of beneficiaries, formation of sanitation and Hygiene committee, involvement of youth,Adolesent Girls and women with key role of Panchayat representatives, Roll and responsibilities of key leaders and Panchayat for sustainability of the program.

0.2 Small season and Home visit--- During the period project staff have covered 745 home visit of six villages and analyzed the importance and necessities of toilets, Site selection, Responsibilities and contribution, personal hygiene etc.

03 Relevant data collection through home visit----- Project have completed the data collection of 629 families of 7 villages(30%) to understand the village status on sanitation and hygiene practices.

0.4 Identification of beneficiaries ----- One village (Bibirchak) have identified that 86 families have no latrine facilities. Sanitation and hygiene committee have prepared a priority list through same criteria's Like---

1. Poorest family of community.
2. Physically challenge family,
3. Widow family,
4. Those who have own land.

0.5 Rapport building and meeting with Gram panchayet----- Three formal meeting have conducted with Gram panchayt and community level. Where pradhan,Upa,Pradhan, Panchayet Samiti Member were participated, three non formal meeting conducted with Karmadhakshya of Janasasthya, Sabhapati of Sonarpur Block. They are highly accepted of the program and they assured their full cooperation. .Prodhan and Upa Pradhan was fully involved in the village level meeting & encouraged and motivated the people to build a NIRMAL GRAMPANCHAYET.

0.6 Meeting with beneficiaries----- We have *organized 18 No* village meeting in 8 villages where 2408 participants were participated. We discussed about the various problem such as reduce open defecation in the field and pond, water borne diseases, how to over come the problem, utility of toilet, maintenance and assurance of regular usage of latrine etc. .



0.7 Separate meeting with women and girls---- We have conducted 6 meetings in 6 villages where 560 women and girls were participated. 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.

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 formed to create social pressure to reduce the open defecation.</p> <p>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</p>
Negligible men participation in village level meeting	More discuss to be required with Panchayat and men s to involve in the process