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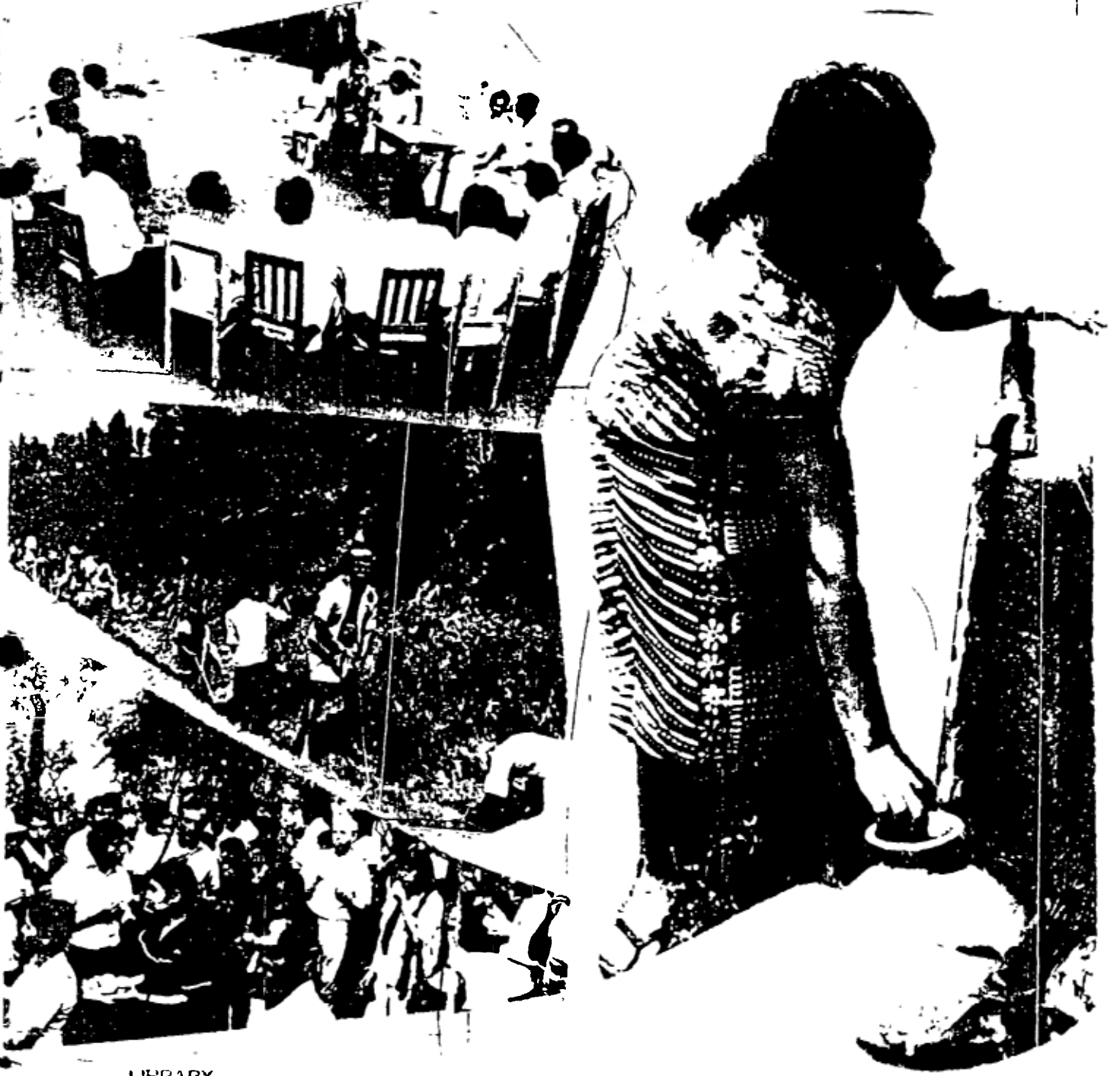
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a manual on

Community Participation

in water supply (PSWS)
and sanitation



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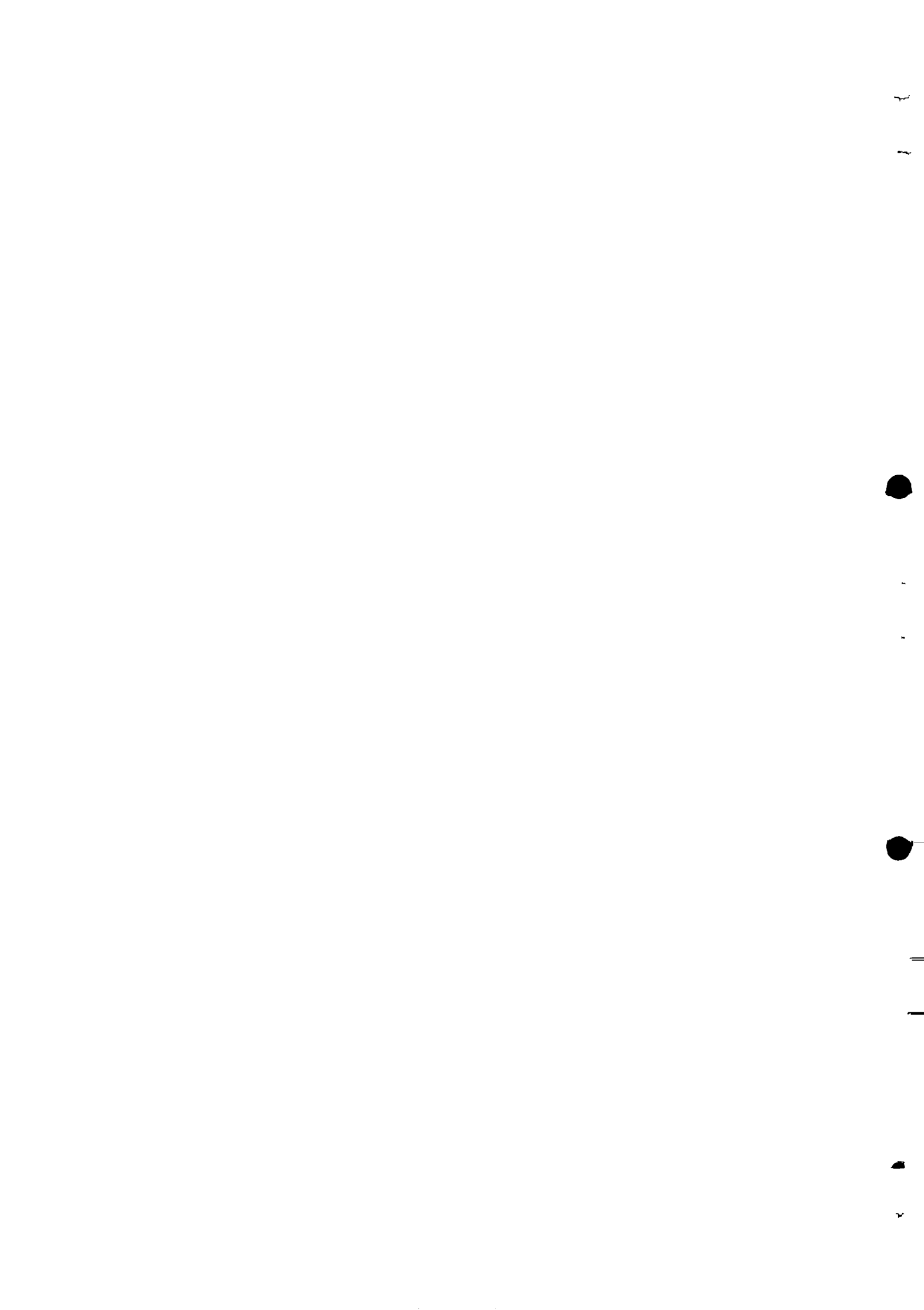


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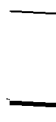
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H. I. KARUNADASA PH.D.

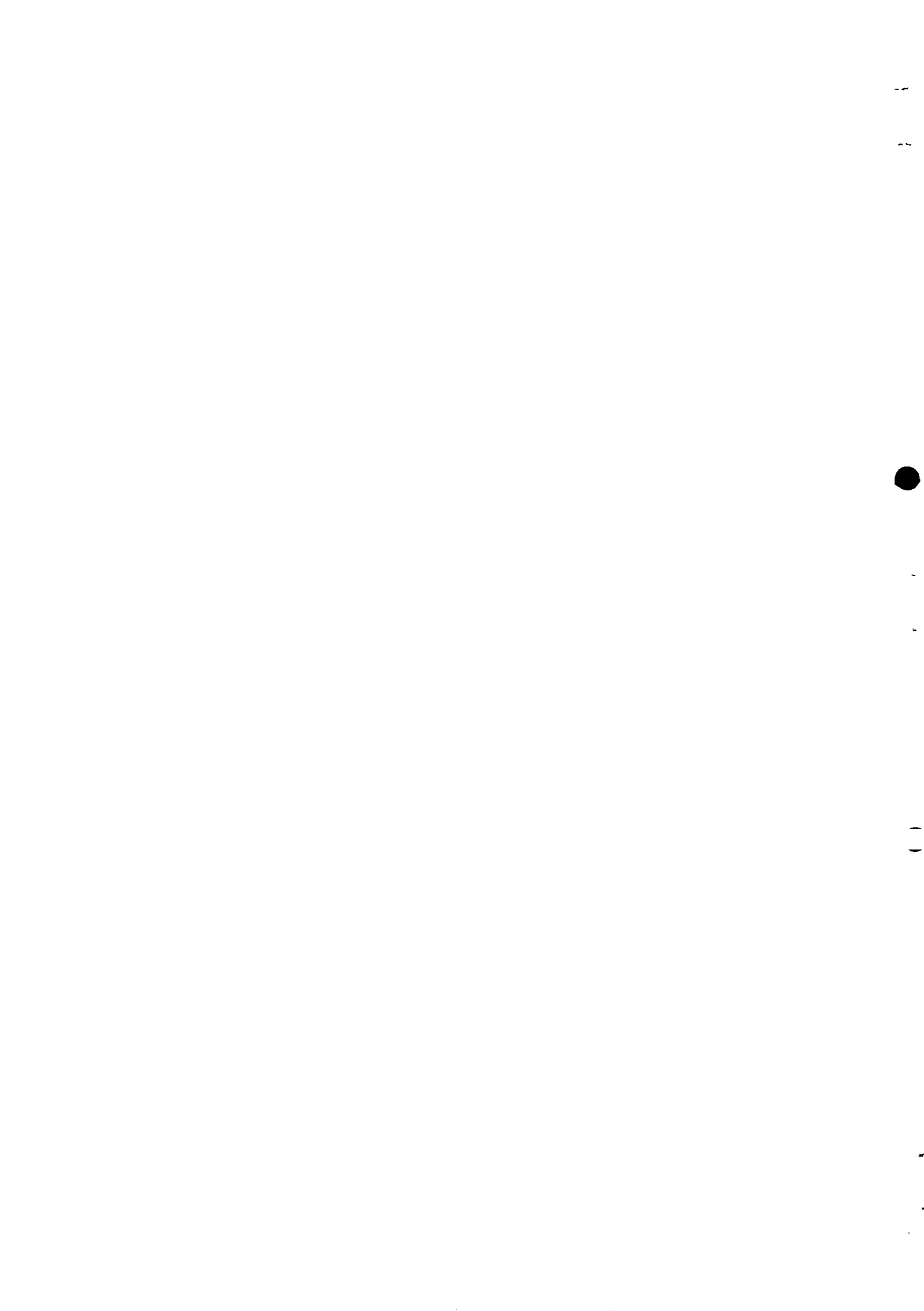
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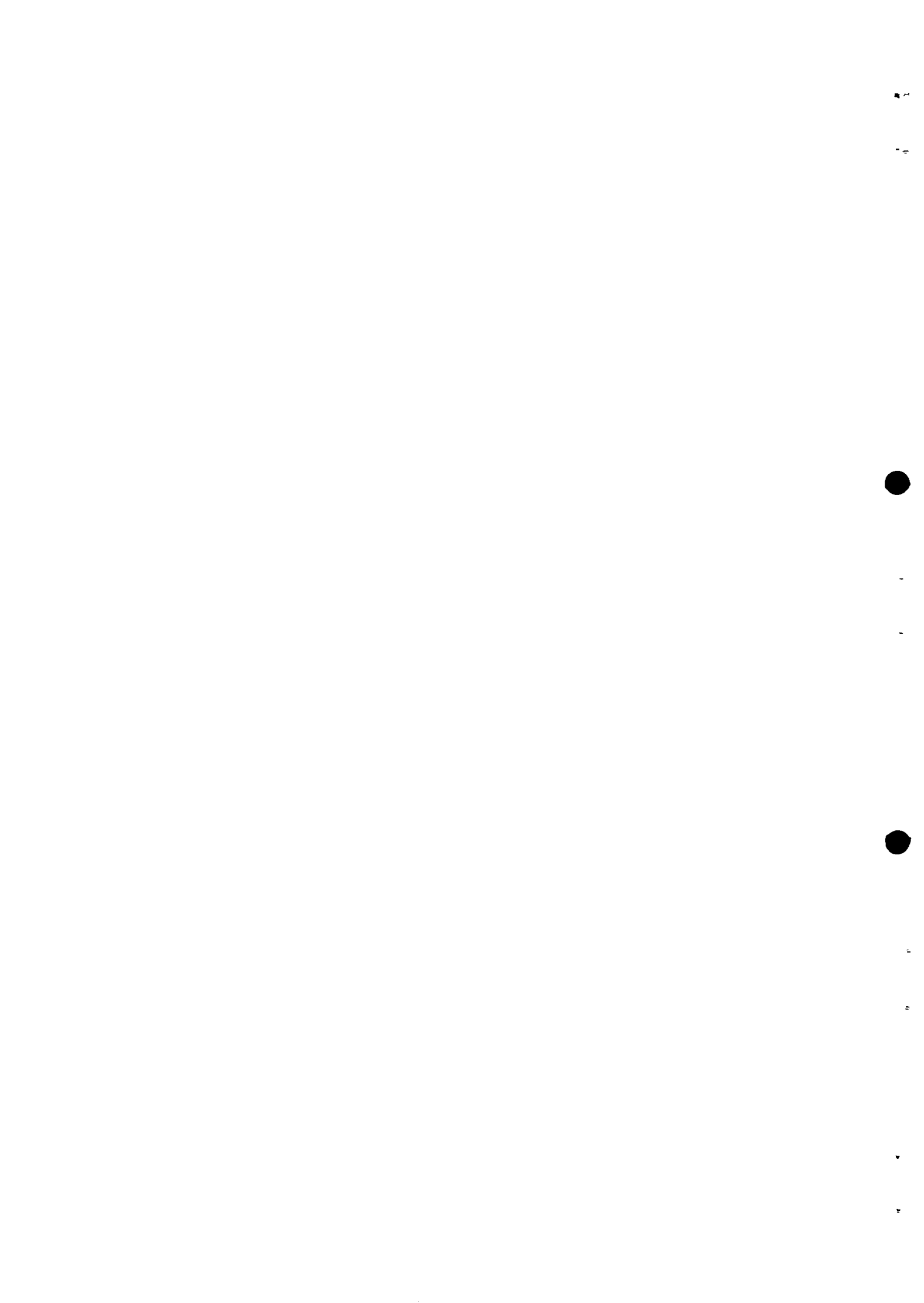


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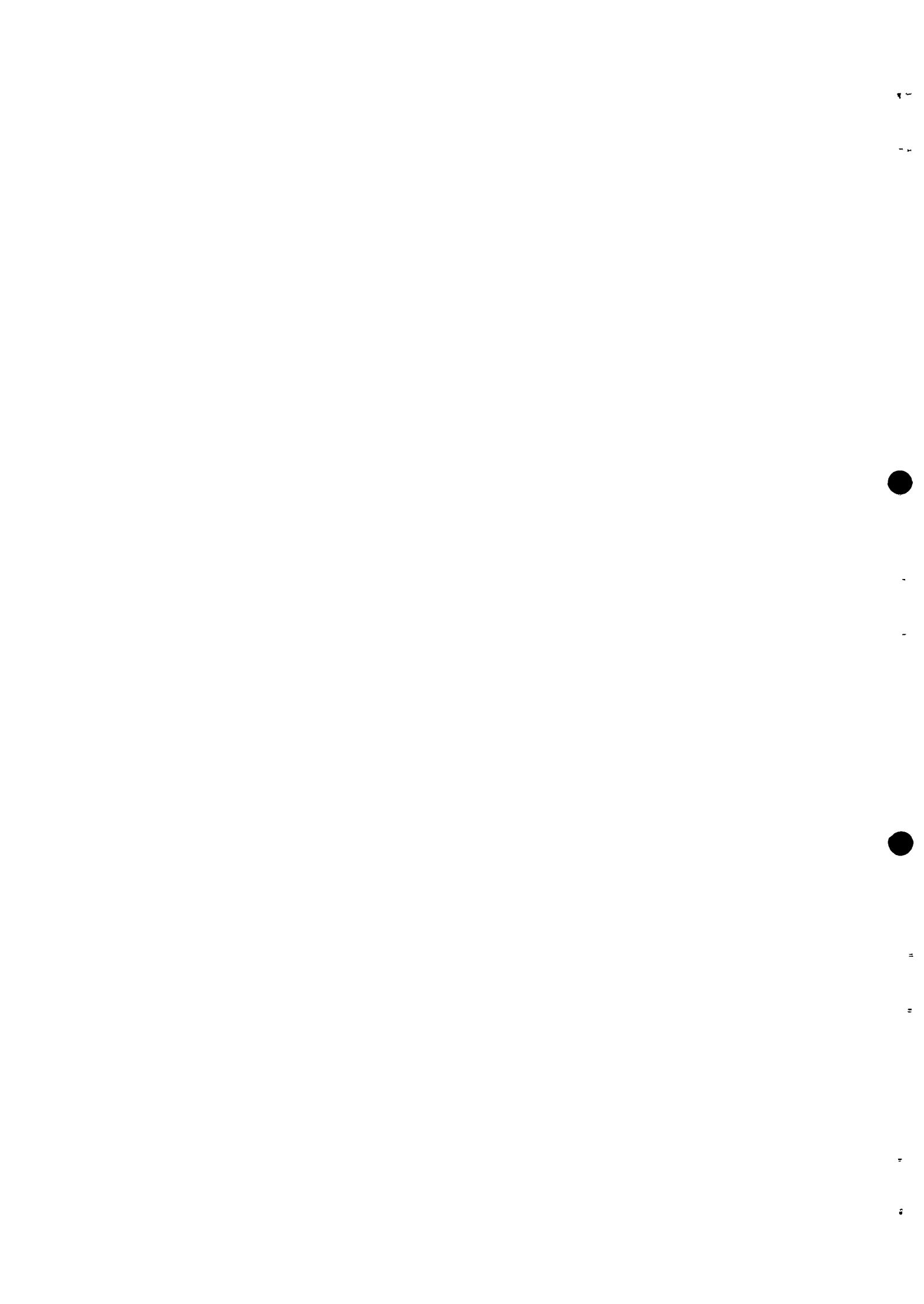
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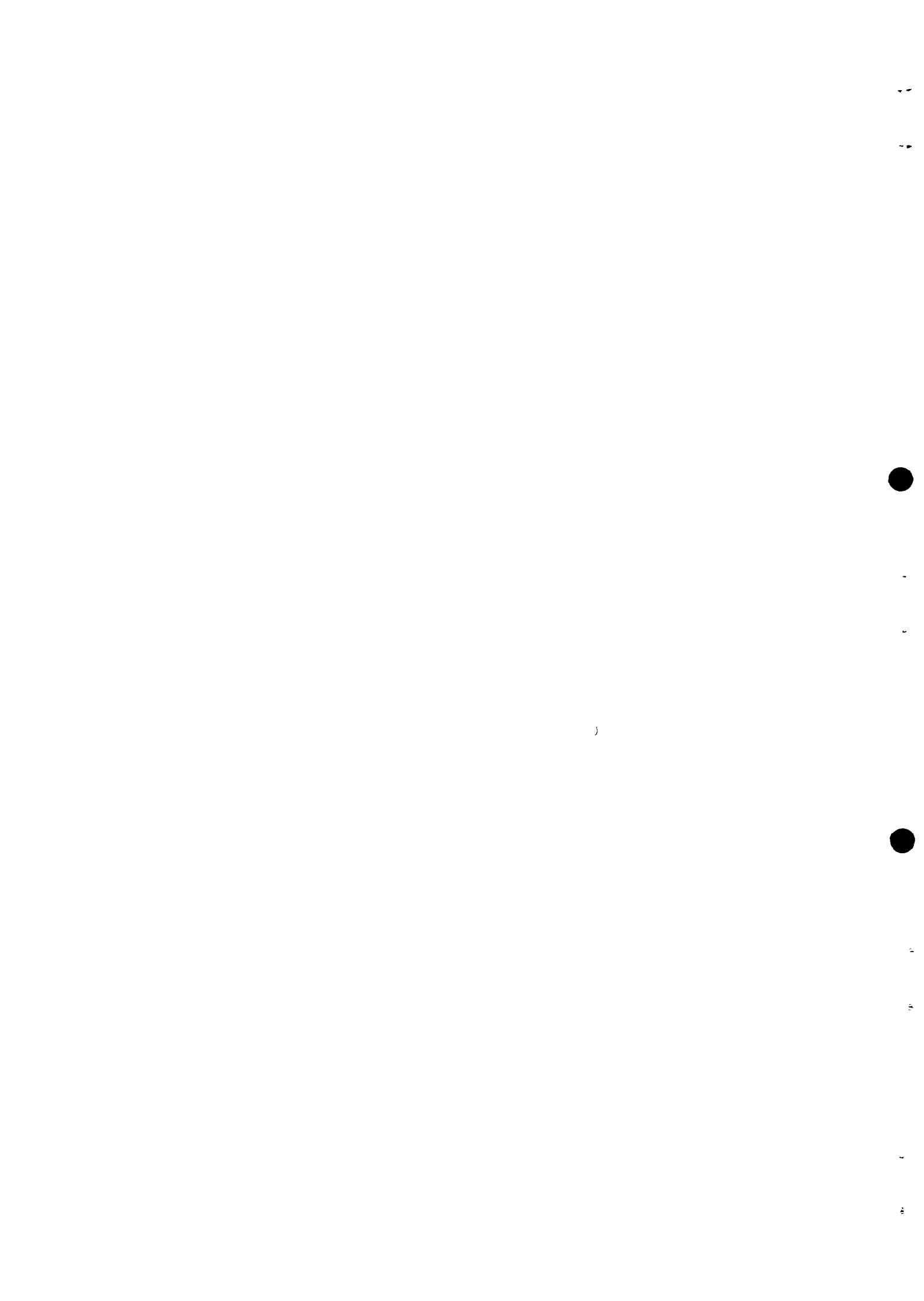
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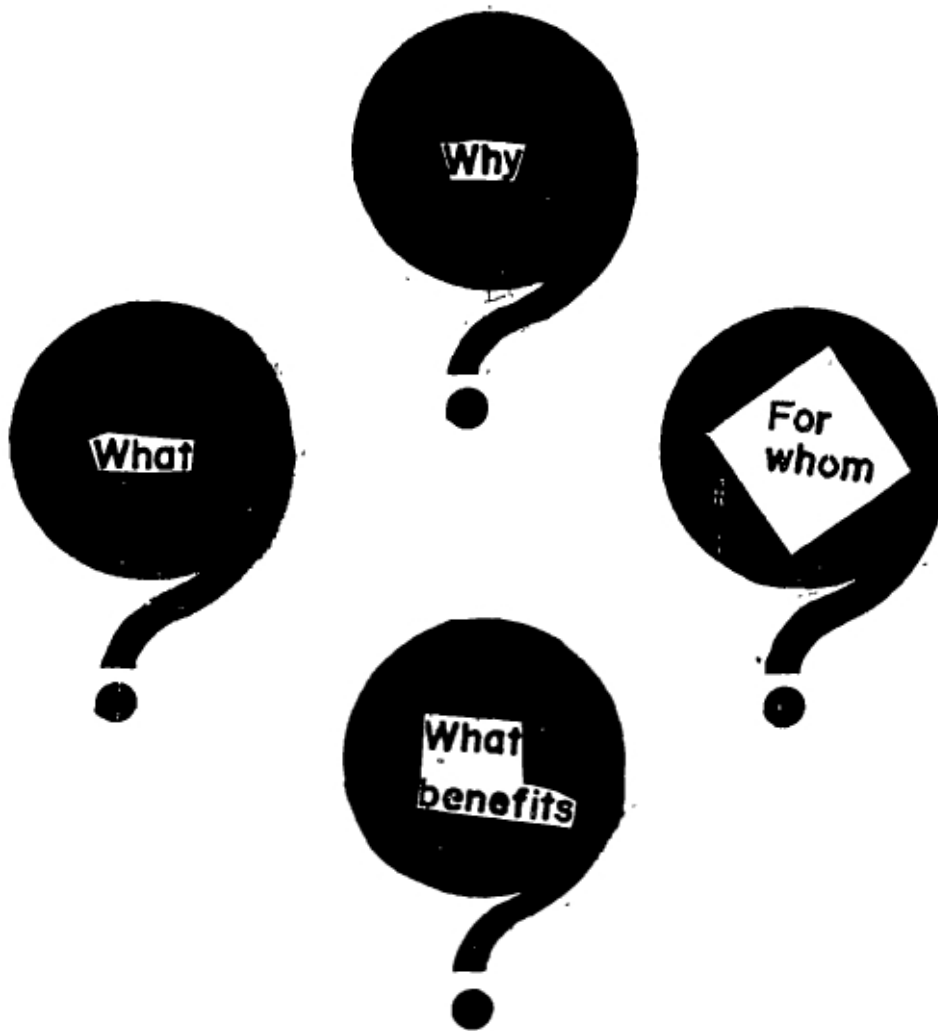


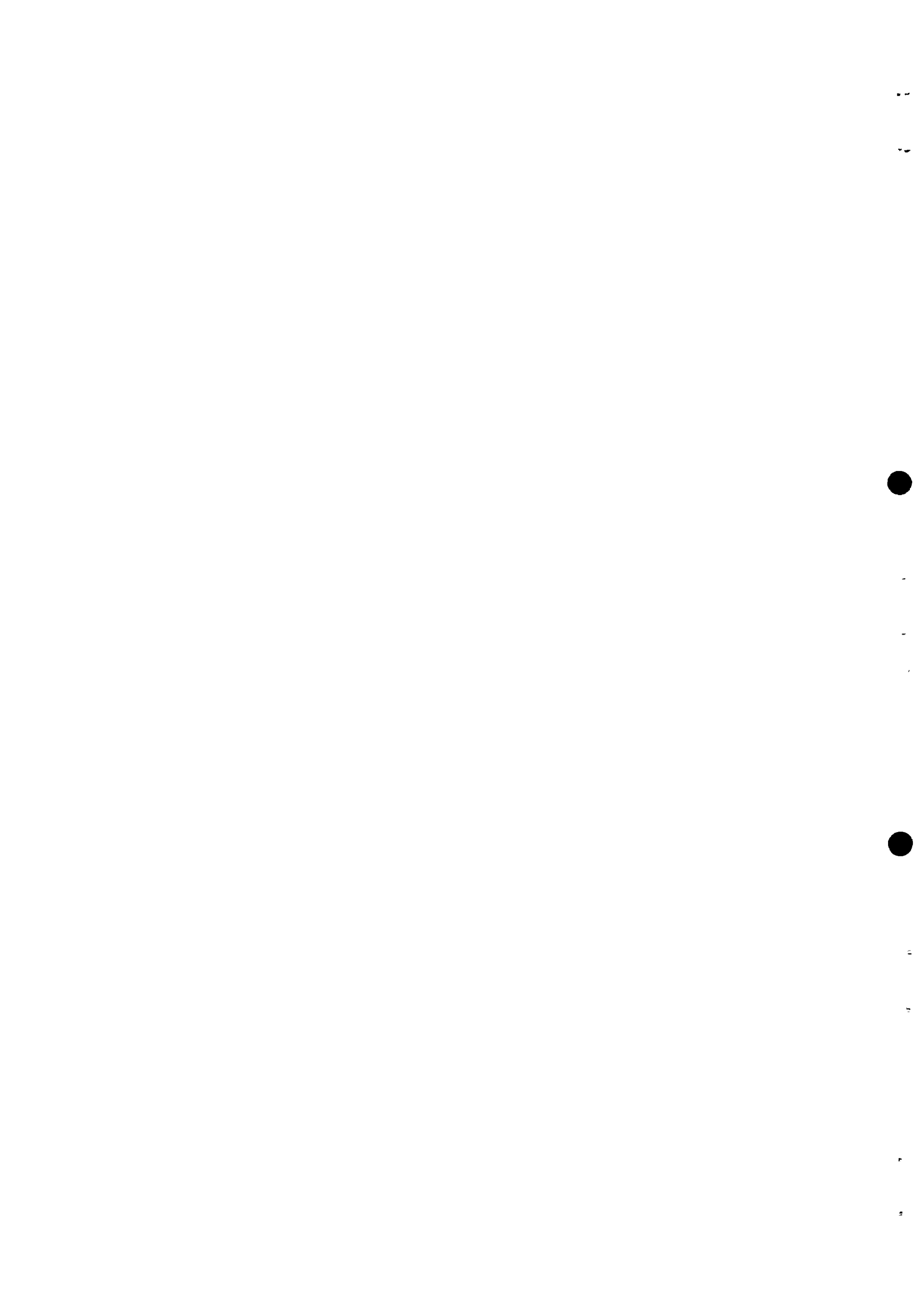
WHAT IS COMMUNITY PARTICIPATION





WHAT IS COMMUNITY PARTICIPATION





WHAT IS IT ?

It is a dynamic means available within the community for the solution of their problems.

It is dynamic because it is capable of promoting the aspirations of the people thereby getting them to make decisions which would effectively lead them to successfully plan, implement, evaluate and sustain a community service within their own resources and or with resources from elsewhere.

WHY IS IT ?

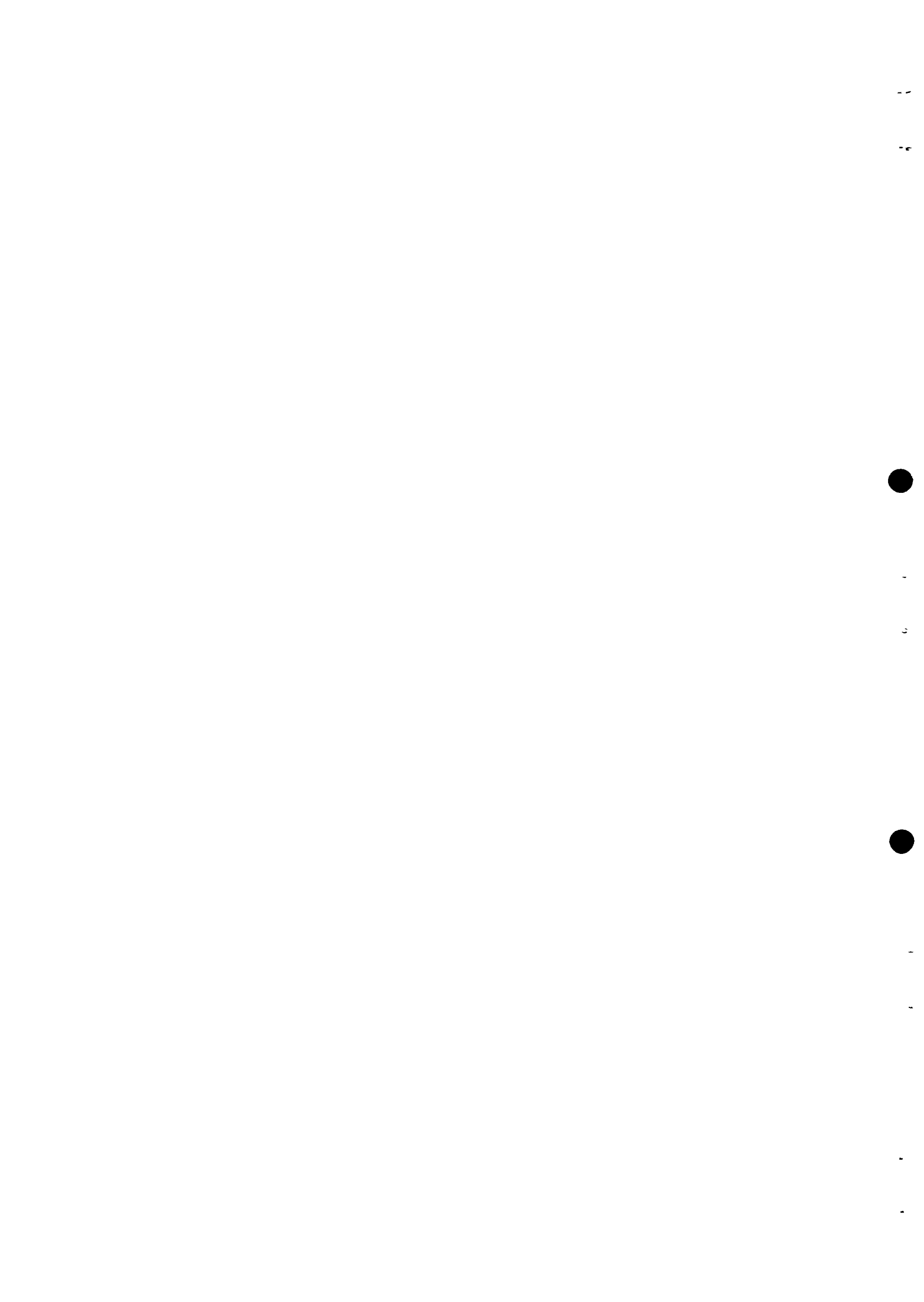
It is necessary because it has effectively responded in the solution of community problems.

FOR WHOM IS IT ?

It is for themselves and for the community. It is something that lies within the capacity of people.

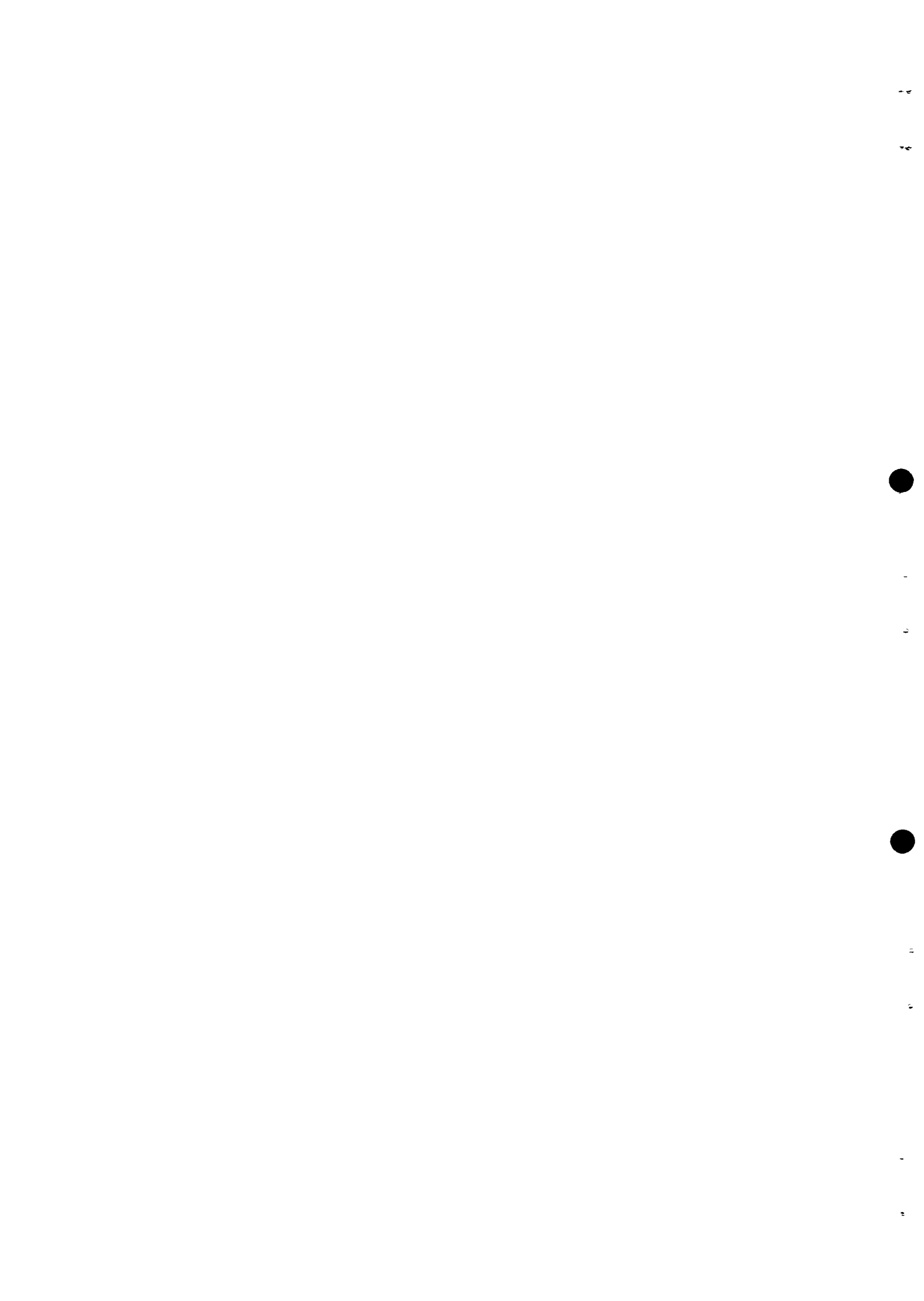
WHAT BENEFITS ?

Benefits are many and varied; and they are enjoyed by the villagers to the extent of their participation.



ADVANTAGES OF COMMUNITY PARTICIPATION

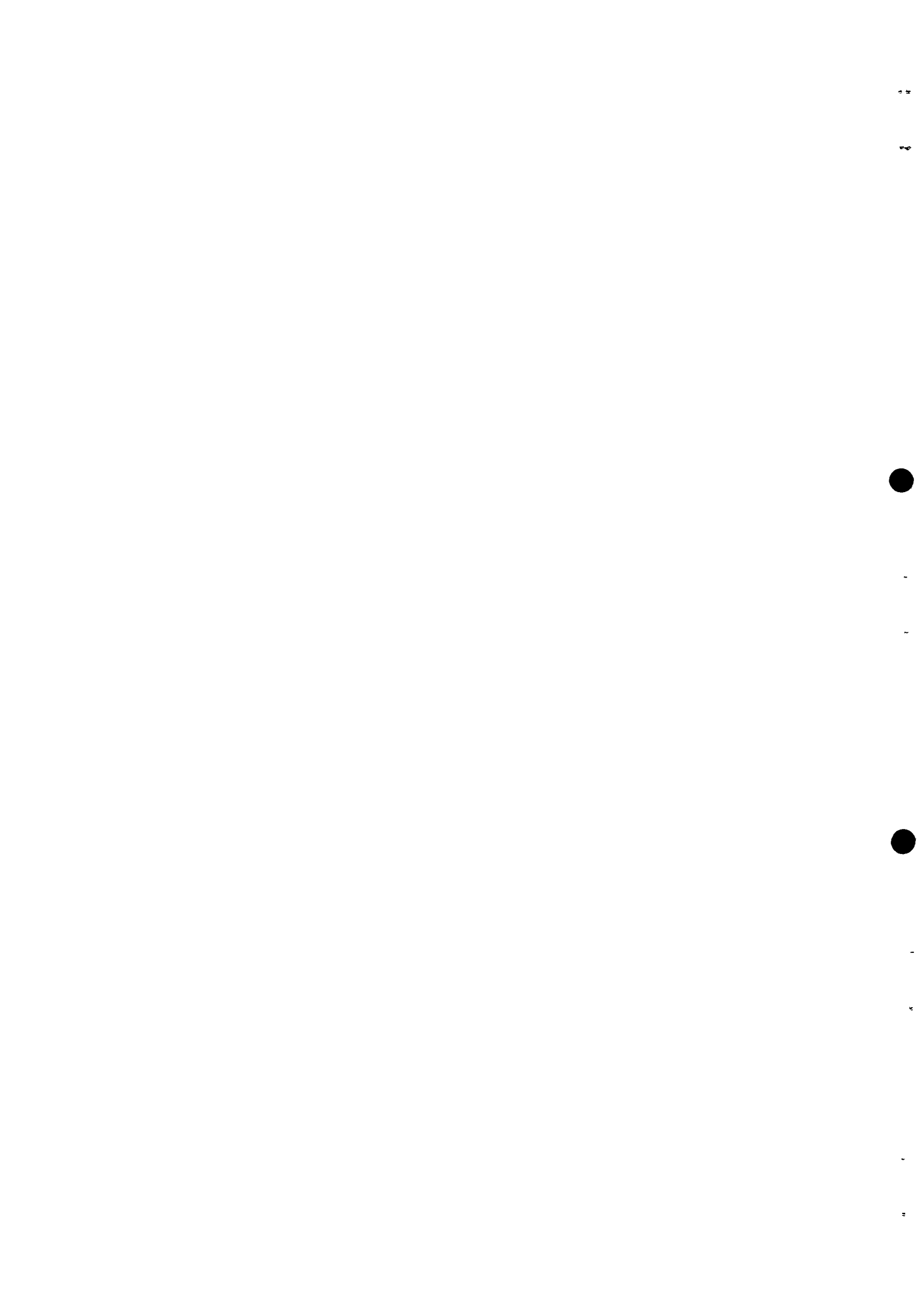
- * Brings them together and promotes better understanding.
- * Sets norms.
- * Paves the way for further development.
- * Makes them feel the needs of the community.
- * Facilitates them to identify their own resource
- * Provides them experiences which could be used for their own development.
- * Promotes the quality of life.
- * Assists to curb unnecessary costs.
- * Develops a deep sense of 'Identification' with the development programme.
- * Promotes staff - reliance and self-confidence which is a sound basis for further development.
- * Modifies dependence which in many village societies acts as a 'hindrance'.
- * Provides recognition to indigenous knowledge and skills and promotes further improvement and effective involvement of the community in development projects.
- * Enhances skills in people in planning and implementing their own programme thereby developing their confidence, sustaining self reliance and fostering emancipation from dependence.





MISCONCEPTIONS OF COMMUNITY PARTICIPATION

- * It does not mean just one single community activity.
- * Very often a shramadana campaign is interpreted to mean community participation. It is just a strong component of the total process.
- * A meeting when fully attended is interpreted to mean community participation. It is again an activity within community participation.
- * Community participation does not come to an end with the performance of one single activity by the community.
- * Mere involvement of some community leaders in a development programme does not mean that community participation is achieved.
- * A programme developed elsewhere and brought to the village for their acceptance and implementation does not mean community participation is fully harnessed.
- * When strong incentives (money and materials) are offered, villagers are seen strongly motivated and rally round to share the benefits. When incentives are withdrawn neither villagers nor activities are seen. This is just an activity but not community participation.



HOW COMMUNITY PARTICIPATION IS SEEN BY OTHERS?

How it has been seen by other writers are interesting to note. Here are some (these are mainly on water and sanitation).

"The active involvement of all members, or at least all sections of the population, in the various stages of the introduction of the development in question - in this case the planning, design installation, operation, maintenance and use of a new water supply, as well as in the process of behaviour changes in relation to sanitation and personal hygiene. Active and successful community participation in this enterprise can in many cases be expected to lead to a growth in the community's capacity for self reliant co-operation which will carry over into other development activities - ".

14. Bulletin Series - community education and participation in Slow Sand Filtration Project.- I.R.C. July, 1979.

"While bearing in mind that the equitable sharing of benefits is essential, we take community participation to be defined by involvement of the local population activity in the decision making concerning development projects as in their implementation."

A Whyte - Community Participation in Water and Sanitation - Concepts Strategies and Methods - I.R.C. Tec. Paper No. 112, 17th June 1981.

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"The new type of involvement requires identification with the movement, which grows only out of involvement in thinking, planning, deciding, acting and evaluating, focussed on one purpose, namely socio-economic development, of which health is only one part (a major part nonetheless). It indeed is a mental process as well as a physical one.

Community participation has no absolute, distinct and clearly defined boundaries. It comprises inputs that are variable from place to place and from time to time. It will however, be a measure of how much is being done for people for themselves. Community participation involves people in an assessment of the situation, a definition of the problem and the setting of the priorities. It involves people in the making of decisions and the planning of an action programme to solve the problems. And it involves people in the acceptance of high degree of responsibility for implementing the programme. Community members contribute to programme implementation by the contribution of labour, financial and other resources and continue their contributions for the operation and maintenance of completed systems".

Guidelines for Planning Community Participation in Water Supply and Sanitation. Anne Whyte, W.H.O. ETS/83.3



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STAGE-1

PREREQUISITES TO COMMUNITY PARTICIPATION AND PARTICIPATORY PLANNING

objectives

- To determine the relevance of Policy, guidelines of the agency in selecting project areas.
- To ensure that all relevant information and data relating to water supply and sanitation are collected.
- To complete the review of the administrative, physical, financial and manpower resources required for the planning of the project.
- To arrange the mechanisms and procedures for the active involvement and participation, of the profile in the planning, implementation, monitoring and evaluation of the project.

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STAGE - I

PREREQUISITES TO COMMUNITY PARTICIPATION

STEP - I

Review Project documents and relevant literature

- Identify all institutions (both Government and NGO's) that are involved in Water Supply and Sanitation.
- Identify bilateral agencies interested in water supply and sanitation programmes.
- Collect project documents and pertinent literature ^{from} above institutions and agencies.
- Review all literature collected.
- Collect all literature (research studies, survey reports, publications of Ministry of Health and other Agencies) and review them.
- Request IRC, WHO, UNICEF, UNDP World Bank and other International Agencies for literature on Water Supply and Sanitation and review them.



STEP-2

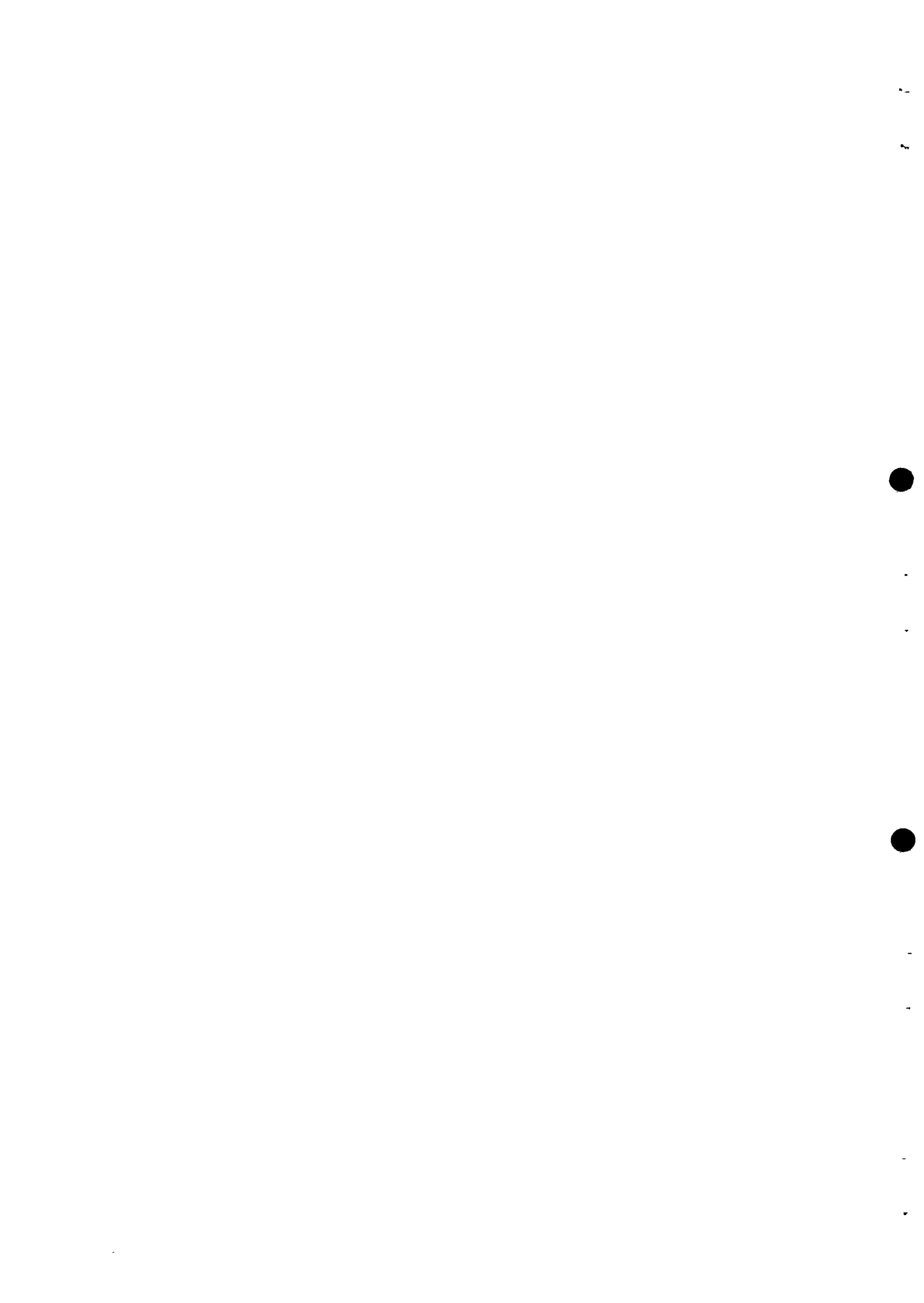
Make exploratory visits and acquaint yourself with the area, with the people and particularly with voluntary organizations & social institutions

- Study the geography of the area
- Physical - hills, valleys, rivers, springs, land terrain, vegetation etc.
- Population - size, distribution of families, density and spacing of communities.
- Roads and road links.
- Migration and mobility of populations.
- Climate - temperature, rainfall patterns.
- Existing water and sanitation facilities.

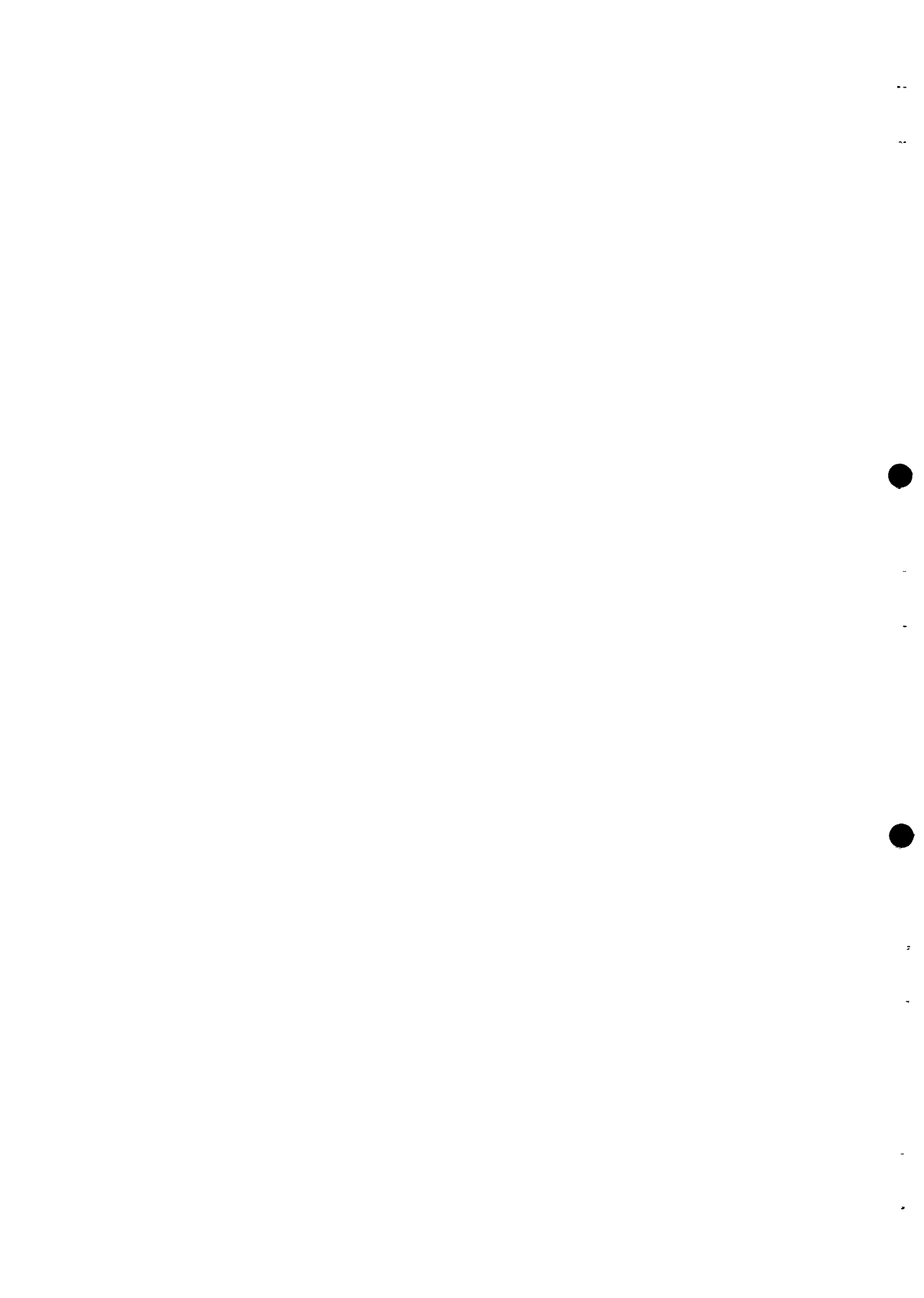
REMEMBER

During your exploratory visits to collect

- List of all voluntary organisations
- List of names of known leaders
- List of religious institutions
- Whatever information you feel very necessary.
- Study general characteristics of ethnicity and religions of the population
- Meet the Project Managers of other water and sanitation projects and discuss their programmes.



- Meet the Member of Parliament and discuss the Project.
- Meet the DDC Chairman and other members and discuss:
- Meet Gramodaya Chairman of the area and discuss:
- Meet the Assistant Government Agent of the area and discuss:
- Meet A.G.A.'s staff, the Rural Development Officer, Special Services Officer Cultivation Officer, Development Officer, Land Officer, etc. and discuss:
- Meet Grama Seva Niladaris. Collect preliminary information and discuss:
- Meet Health Ministry Staff - The Medical Officer of Health, Public Health Inspector, Family Health Workers, Health Education Officers and others and discuss:
- Meet other Government Officers working at village level and discuss:
- Visit all the schools in the area, meet Principals and discuss.
- During the above visits collect names of persons who are known for their leadership roles in the community and visit them and discuss.
- Visit families in the area and discuss with them, their problems and establish links with them.



STEP-2

Contd:

Voluntary Organizations

- Visit all voluntary organisations and meet the chairman, secretary and other members and discuss the project.
- There are voluntary organisations that are not registered. Do not avoid them. Discuss with them.
- Sometimes the Gramodaya is not sufficiently represented. In such cases look for voluntary organisations in the area not represented in Gramodaya and visit chairman, secretaries other members and, discuss possibilities of their participation.

Social Institutions

- Identify all Social Institutions, (religious leaders, caste leaders, and political leaders etc.)
- Meet religious leaders and discuss.
- Meet caste leaders if they are known and discuss.
- Meet political leaders and discuss.



STEP - 3

Study sanitation and water related behaviour in depth

- Use participant observation to study behaviour in depth.

- Group houses into blocks of 10 to 15 following some criteria.

REMEMBER

Participant and Non-participant observation to study behaviour in depth

- Identify existing sources of water supply to the community.

- Identify defecation grounds? if there are any in the community.

- Use morning and evening hours of the day for investigation work.

REMEMBER

Questionnaires, observations and field notes to study behaviour in depth

- Visit sources of water supply early in the morning and keep on observing.

- How they collect water, how they wash their linen, and utensils, how they bathe?

- Note down different types of habits.

Observe the type of vessels they bring to collect water.

REMEMBER

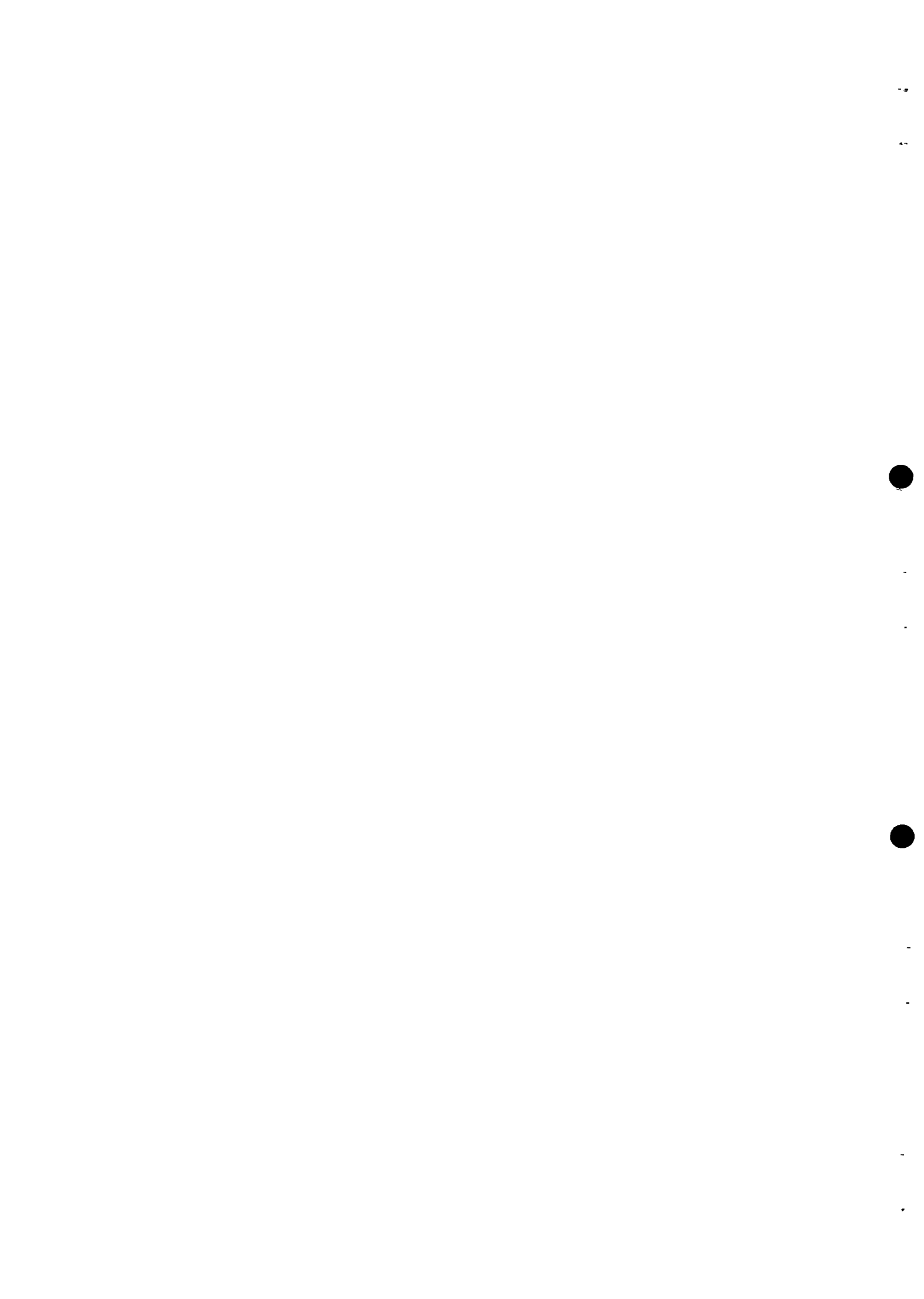
Wherever possible take photographs that would facilitate to describe appropriate situations

- If possible ascertain the distance to the water source (from residence to water source).

- How they transport and store water.

- If possible, time on an average they spend at the source.

Refer to Domestic Use of Water and Sanitation by H.I. Karunadasa for further details of content for the study of behaviour.



STEP-4

Study the Morbidity and Mortality patterns of water and sanitation related diseases of the area

- The objective of this step is to determine the extent of sanitation and water related morbidity and mortality prevailed in the area before the commencement of the project.
- Identify the sources from which morbidity and mortality data could be obtained.
- Identify the medical institutions within and outside the community where people go for treatment.
- Identify local physicians aopathic, traditional and ayurvedic within and outside where people go for treatment.
- Identify the location of the local Registrar of Births, Deaths and Marriages.
- Meet the PHI, PHN and FHW and discuss their sources of vital statistics.
- Keep them (PHI, PHN, FHW) informed and collect whatever data available with them.
- Visit Local Medical Institutions and meet D.M.O. or other physicians and collect related statistics for as many years as possible.



STEP-4

- Make arrangements to get related data from all medical institutions that are being reported.
- Visit all private practitioners within and outside and collect data of water and sanitation related diseases if they have any.

Our experience is that it is difficult to get past data from Private Medical Practitioners. Private Practitioners do not wish to give information fearing that they will lose practice.

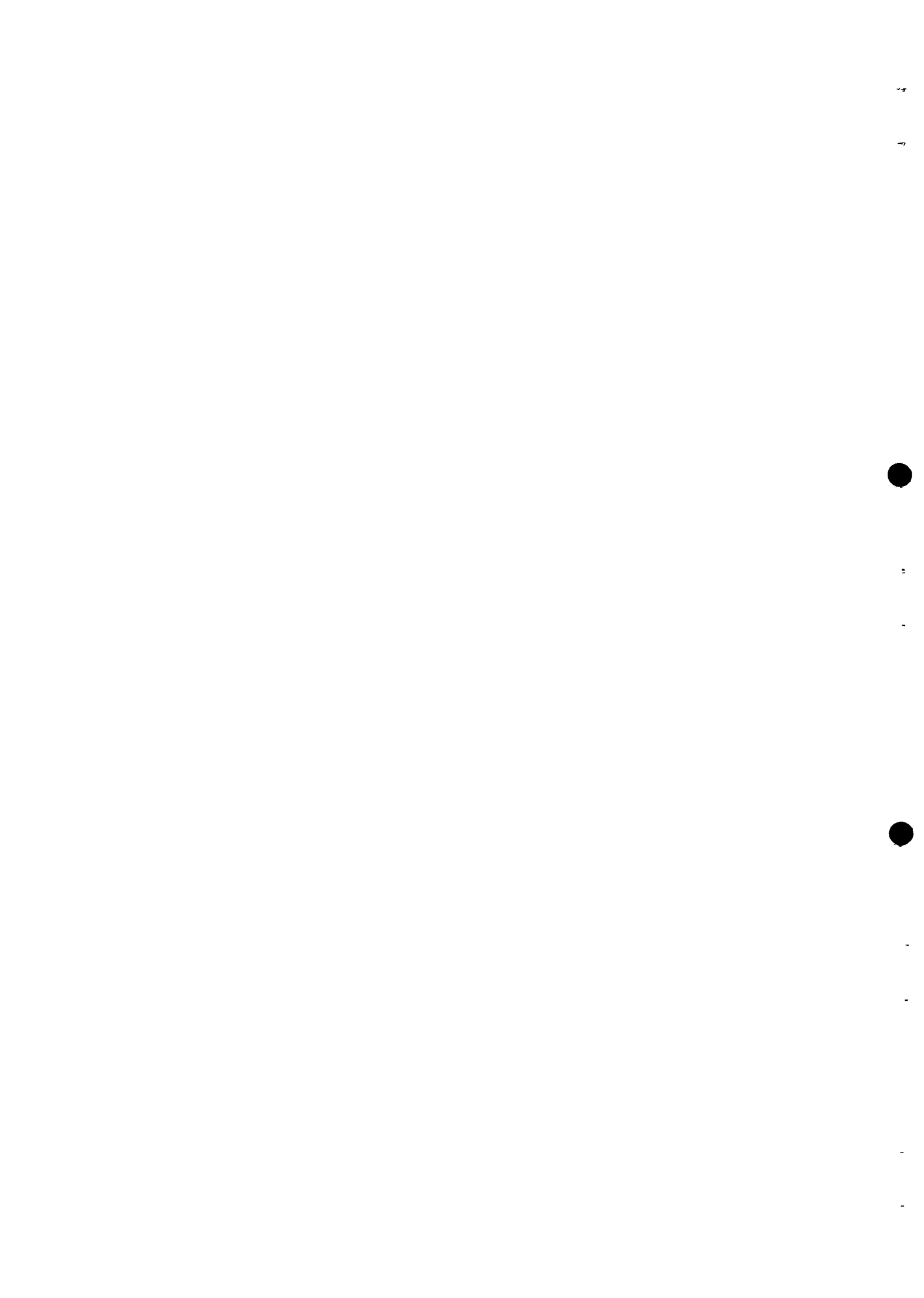
- Discuss with Private practitioners and make arrangements to get concurrent data from them. Discuss with traditional and ayurvedic practitioners and make arrangements to get cases (water and sanitation related) that are being reported to them. Inform that this is for the purpose of evaluation and not to do anything with his private practice.
- Obtain morbidity and mortality data related to water and sanitation from all above sources.
- Obtain morbidity and mortality data related to water and sanitation at District and National level.
- Study and compare the local data with that of the District and National.
- Analyse past data and keep them available for reference. Treat data upto the time of commissioning of water supply as baseline or retrospective.
- Treat data after commissioning of water supply as concurrent or prospective.
- Evaluate data to determine whether there is any impact on health aspects.



STEP-5

Study the effectiveness of the Gramodaya Mandalayas and the Voluntary Organizations in the area.

- Identify the Gramodaya Councils in the area.
- Meet Special Service Officers and Gramodaya Chairmen and get the dates of their meetings.
- Attend the Gramodaya Council Meetings. Participate, observe and study their proceedings.
- Study the attendance records for at least 12 months retrospectively. Study the voluntary organisations that are actively participating in Gramodaya activities.
- Ascertain whether there is a Health Committee under the Gramodaya Mandalaya if not, establish one.
- Analyse the proceedings and study their views, proposals, strengths, resources, weaknesses, their approaches in solving local problems.
- Discuss the Project with Gramodaya Members in detail.
- Use community based educational aids in discussing the details of the project.
- Focus more attention to the current behaviour which is harmful to health.



STEP-5

Promote the activities of the Gramodaya Mandalaya.

- Our studies indicate that the Gramodaya Councils are not properly attended. (We cannot generalise on this) and when further explored the

members came out with different types of comments. The following points need to be taken to promote.

- Get the list of all absent members.
- Before visiting them study their voluntary organizations, their objectives, strengths and weaknesses and effectiveness.
- Study the background of the representative of NGO who is getting absent.
- Visit him and have a freindly discussion.

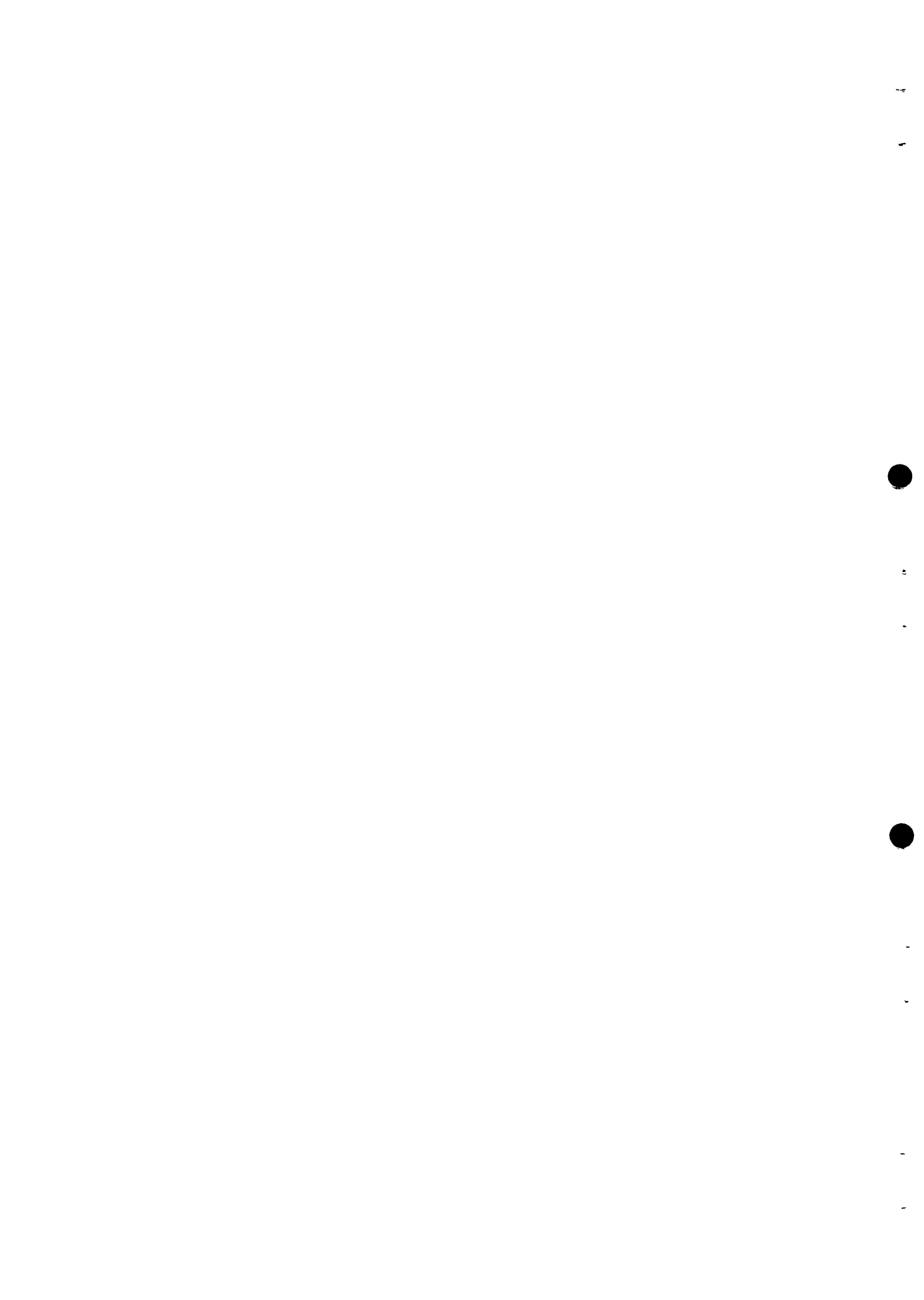
Very often they come out saying "Nothing can be done. We are just wasting time in Gramodaya meetings for nothing". There are political differences but do not pay much attention to political differences.

- Make an attempt during the discussion to learn as to why he is getting absent.

- Discuss the objectives of the project.

- Make them understand that this is their project and the necessity of the involvement of the total community.

- Similarly visit the members. Discuss with them in the same manner. Request their participation.



STEP-5

REMEMBER

that success depends on how you promote, organise and educate them

- Visit these NGO leaders individually and discuss with them as mentioned above.

- Get them to a discussion and merge them with the Gramodaya Council, if possible.

- If possible get voluntary organisations formed and promote them to be enlisted as members of the Gramodaya Council.

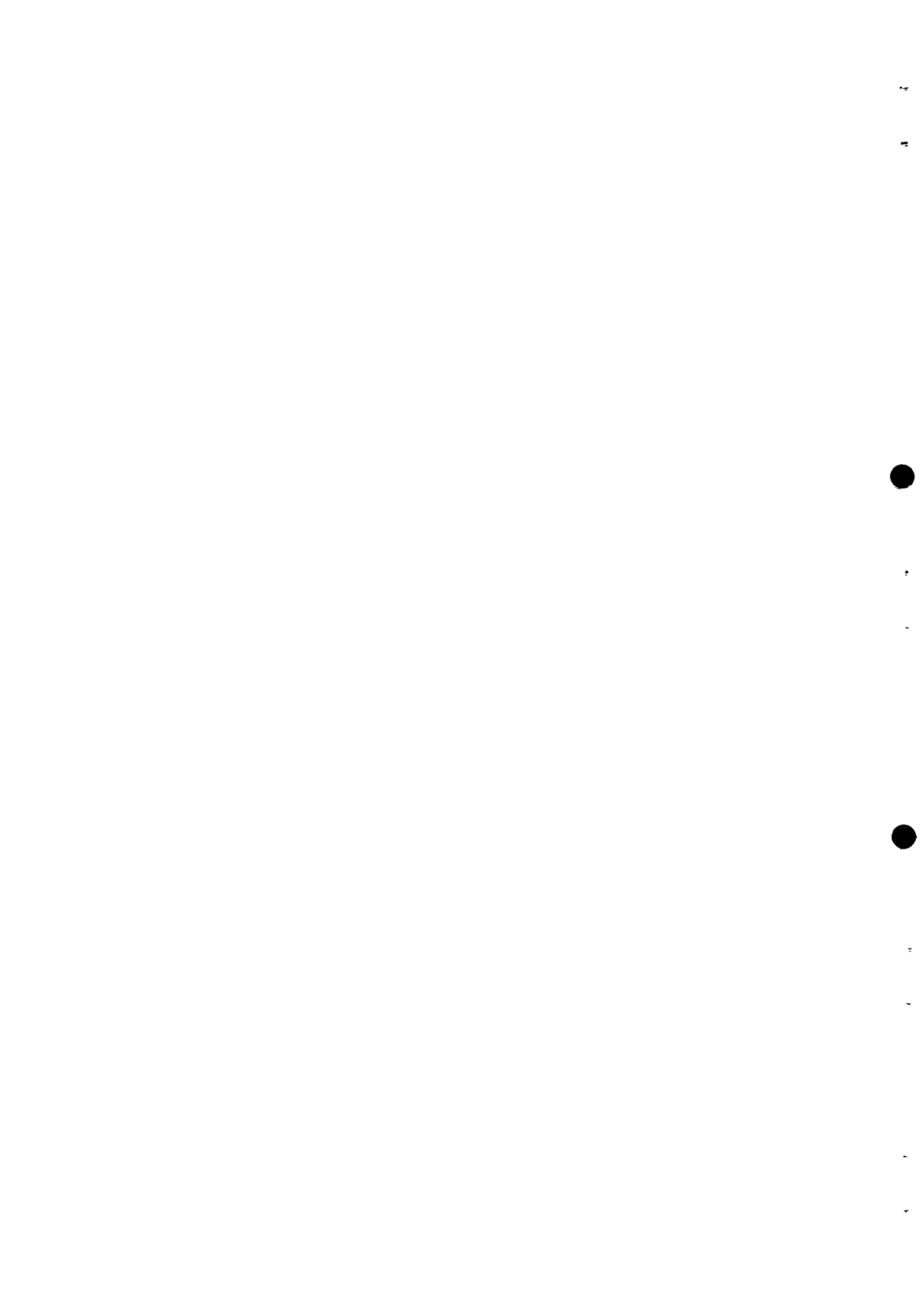
REMEMBER

If the Gramodaya Council is not representative remember to find other NGO leadership in the area.

- Based on the Socio-economic and anthropological investigations reinforce the programme by doing intensive education.

Sometimes a Water Supply and Sanitation Programme covers a part of a Gramodaya area. It has been found that such an area is not properly represented in Gramodaya Council.

Our experience is that Gramodaya requires Community representation and support.



STEP-6

Study the Socio-economic background of the community and determine socio-economic cultural and technical feasibility.

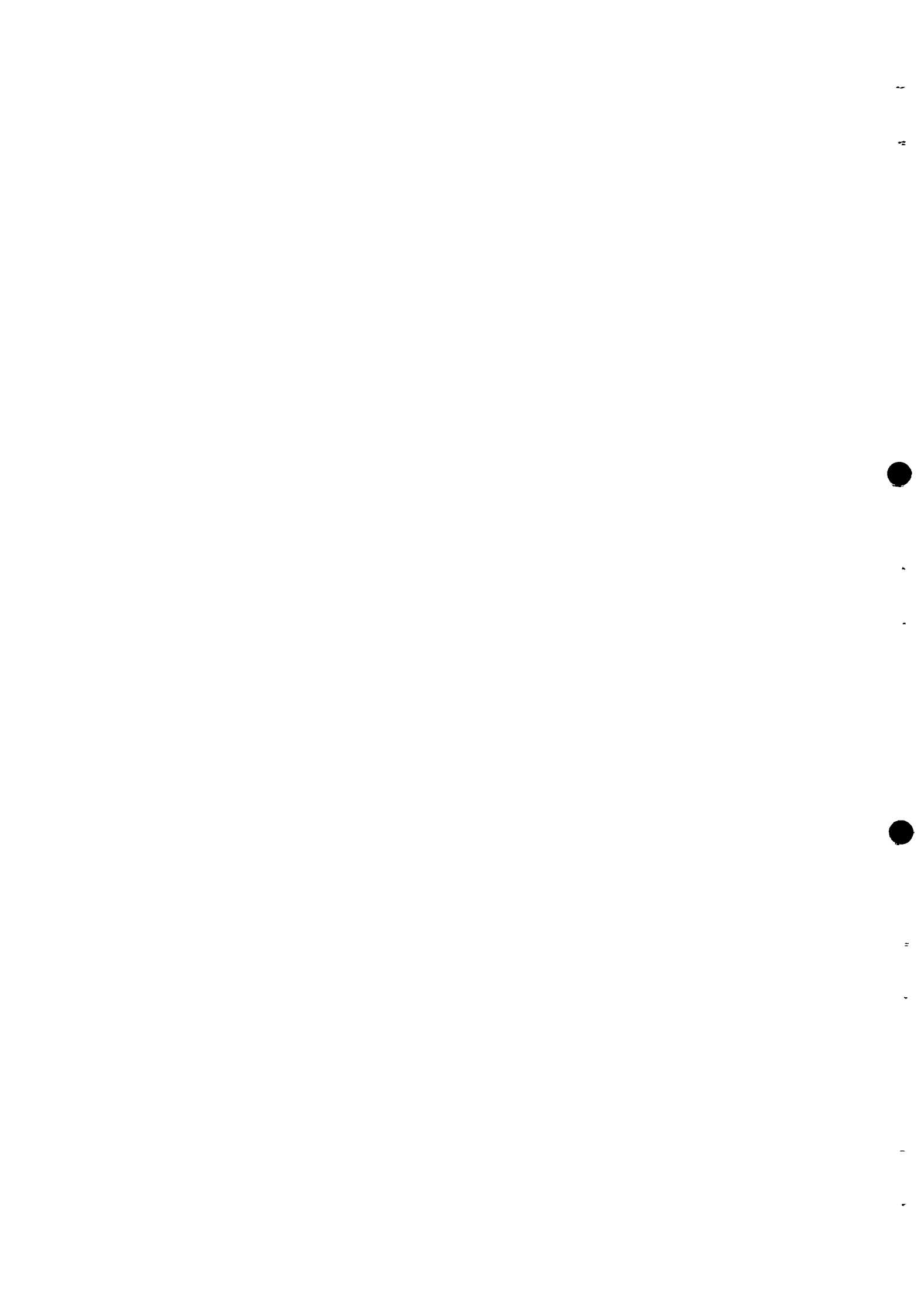
REMEMBER

The questionnaire based survey is confined to the questionnaire based information only. It gives only the breadth. Couple it with other methods particularly observation & discussion so that the depth is explored whenever found necessary.

- (It is assumed that the person conducting survey has knowledge on social science and research methodology).
- Review findings of Step 3 (The sanitation and water related behaviour) and identify behavioural factors that require investigation in depth.
- Review whatever literature available on water and sanitation.
- Consult social scientists. Develop your objectives of the socio-economic study.
- Decide on methodology and sampling procedures.
- Develop the questionnaire taking into consideration the above (study literature pertaining to the questionnaire construction).
- Develop observation schedules.
- Pretest the questionnaire and modify suitably (establish objectivity).
- Finalise observation schedules.
- Train interviewers if you are unable to get trained interviewers.

REMEMBER

We do not have enough trained interviewers, and incorrect findings mislead everyone



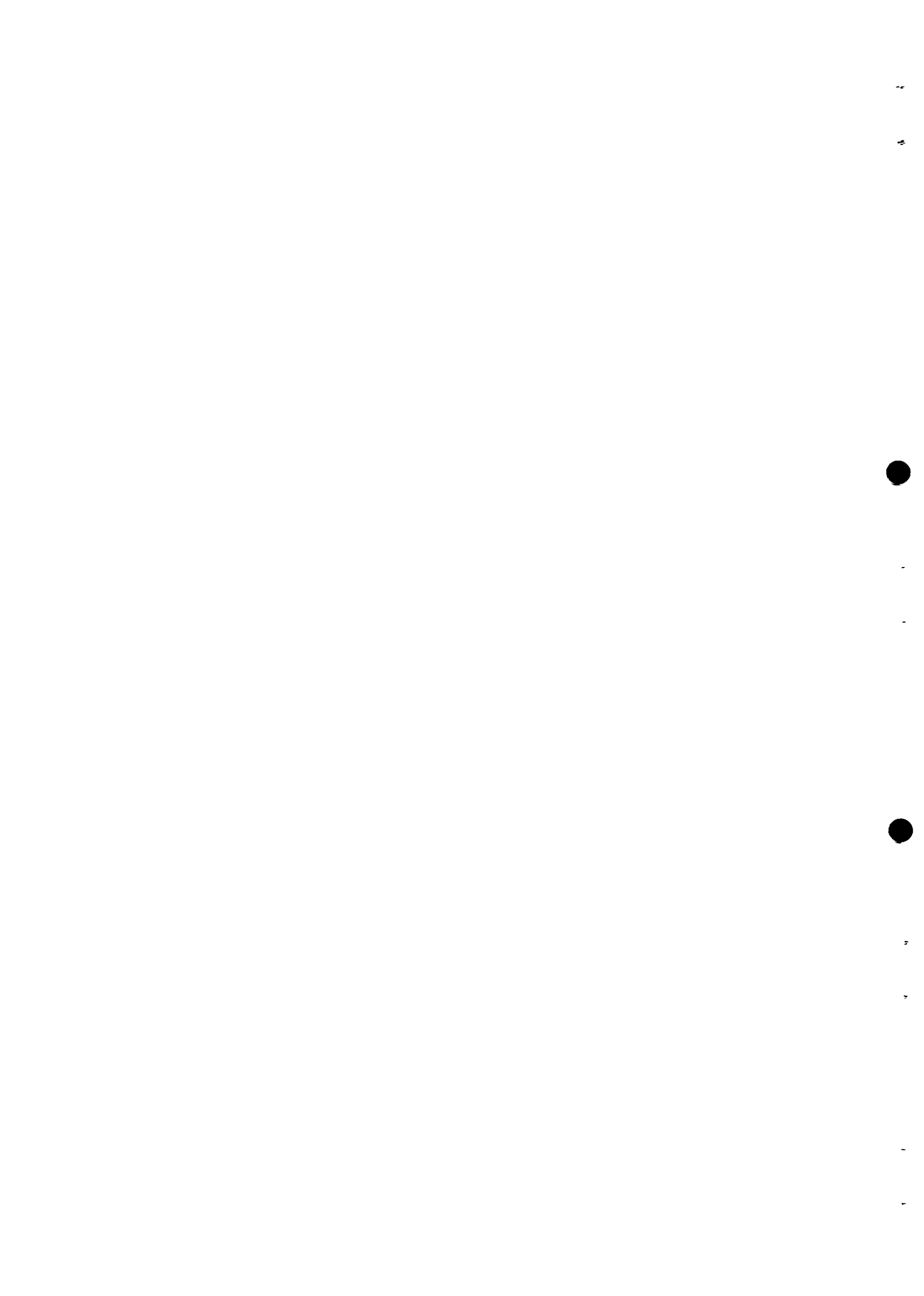
STEP-6

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REMEMBER

Surveys are conducted to achieve many objectives would be to decide socio-economic feasibility of the intended project or service

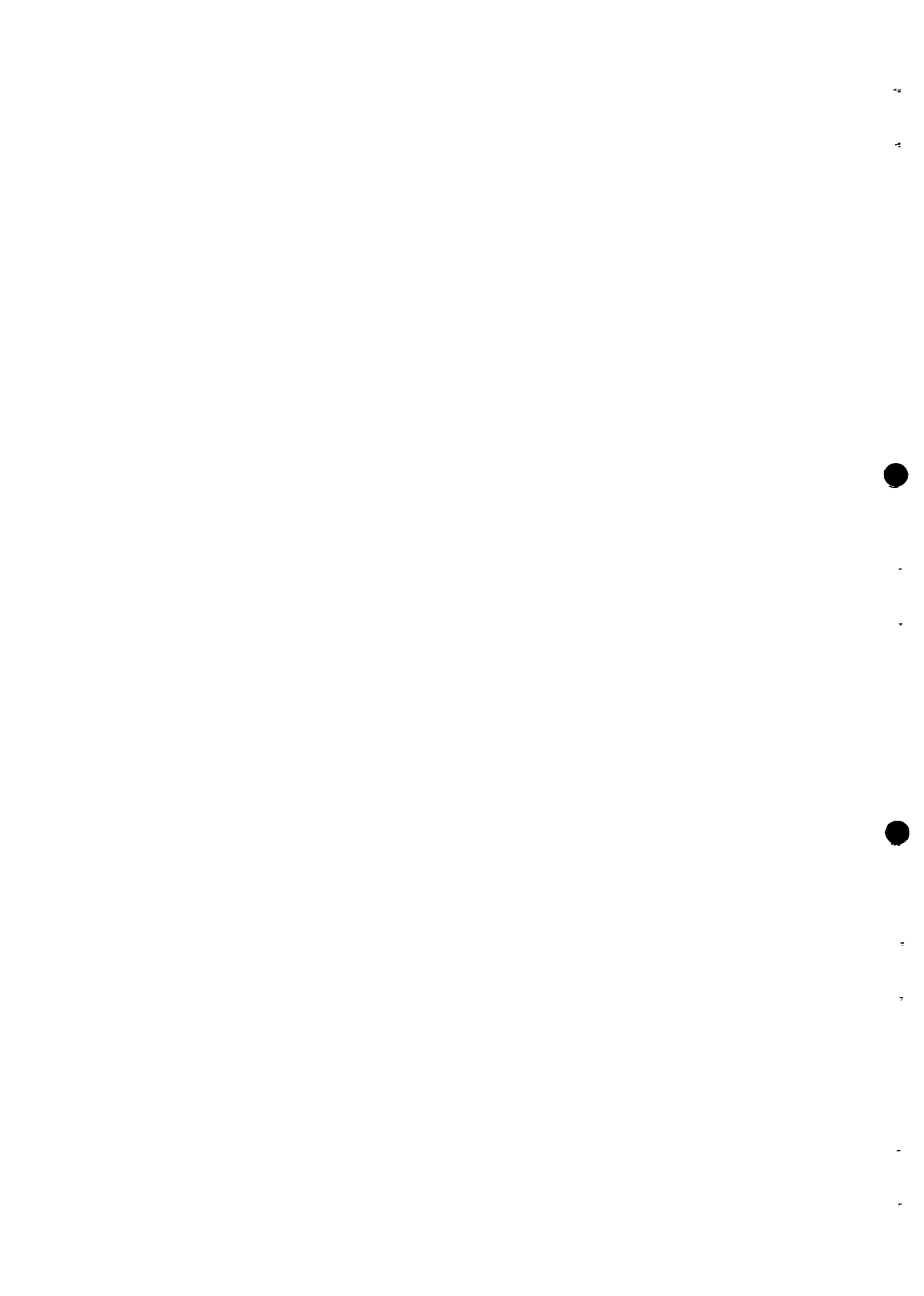
- Plan the implementation of the survey.
- Get the interviewers to collect data.
- Supervise interviewers personally.
- Do a random check on the data already collected and establish reliability and accuracy of data.
- Develop dummy tables and the manner in which data are required to be presented.
- Get the data processed. (If possible by a computer. Remember that computerised data are more reliable and accurate than hand sorted data.)
- Analyse the data and interpret.
- Analyse the data collected through observation schedule and interpret.
- Study the socio-economic aspects of the technical design of the water supply and sanitation.
- Study the costs and operation and maintenance aspects of the water supply.
- Study how current water supply schemes are managed.
- Study who looks after the operation and maintenance and how they attend to it.
- Ascertain its strengths and weaknesses.
- Use data in evaluating the impact related to morbidity and mortality.
- Obtain morbidity and mortality data related to water and sanitation from all above sources.
- Analyse the proceedings and study their views, proposals, strengths, resources, weaknesses and the approaches in solving local problems.



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STAGE

2



STAGE-2

DEVELOPING OBJECTIVES OF HEALTH EDUCATION COMMUNITY PARTICIPATION

objectives

- Review and reformulate the health education and community participation objectives based on socio-economic and indepth studies.



STAGE-2

DEVELOPING OBJECTIVES OF HEALTH EDUCATION AND COMMUNITY PARTICIPATION

STEP-7

Review objectives of community participation and health education in terms of socio-economic and anthropological findings of the community.

- Determine the nature and extent of community participation by reviewing the socio-economic data, and previous experience.

- Study the objectives of community participation originally drafted.

REMEMBER

The objectives of health education and community participation have to be in draft form

- Determine whether these objectives are realisable in terms of socio-economic and cultural data.

- If modifications are required modify these objectives and keep them in draft form.

REMEMBER

that community participation is achievable through community education and community health education

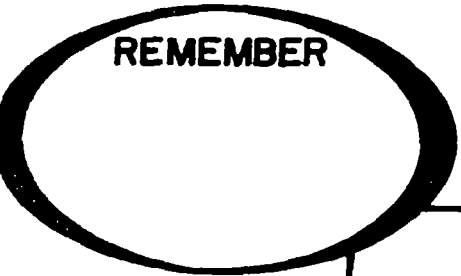
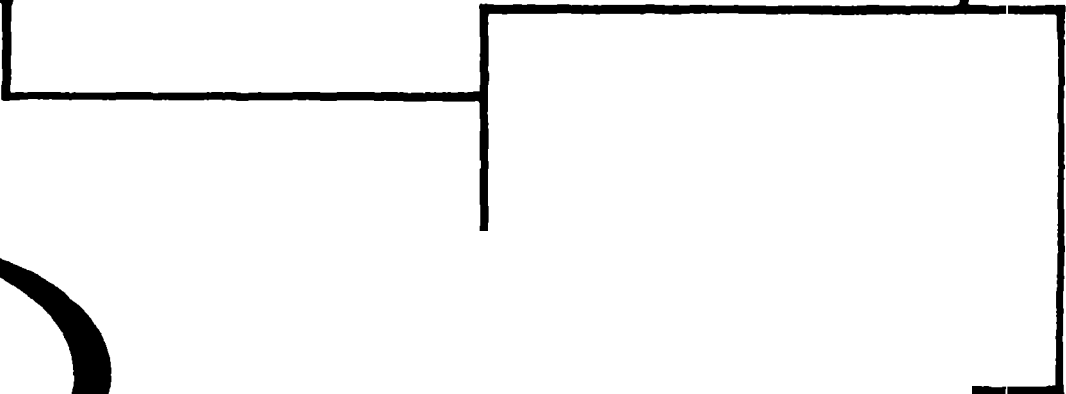
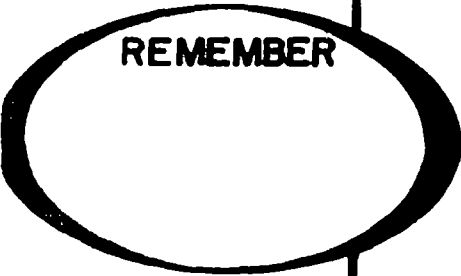
- Similarly study the draft objectives of the health education plan.

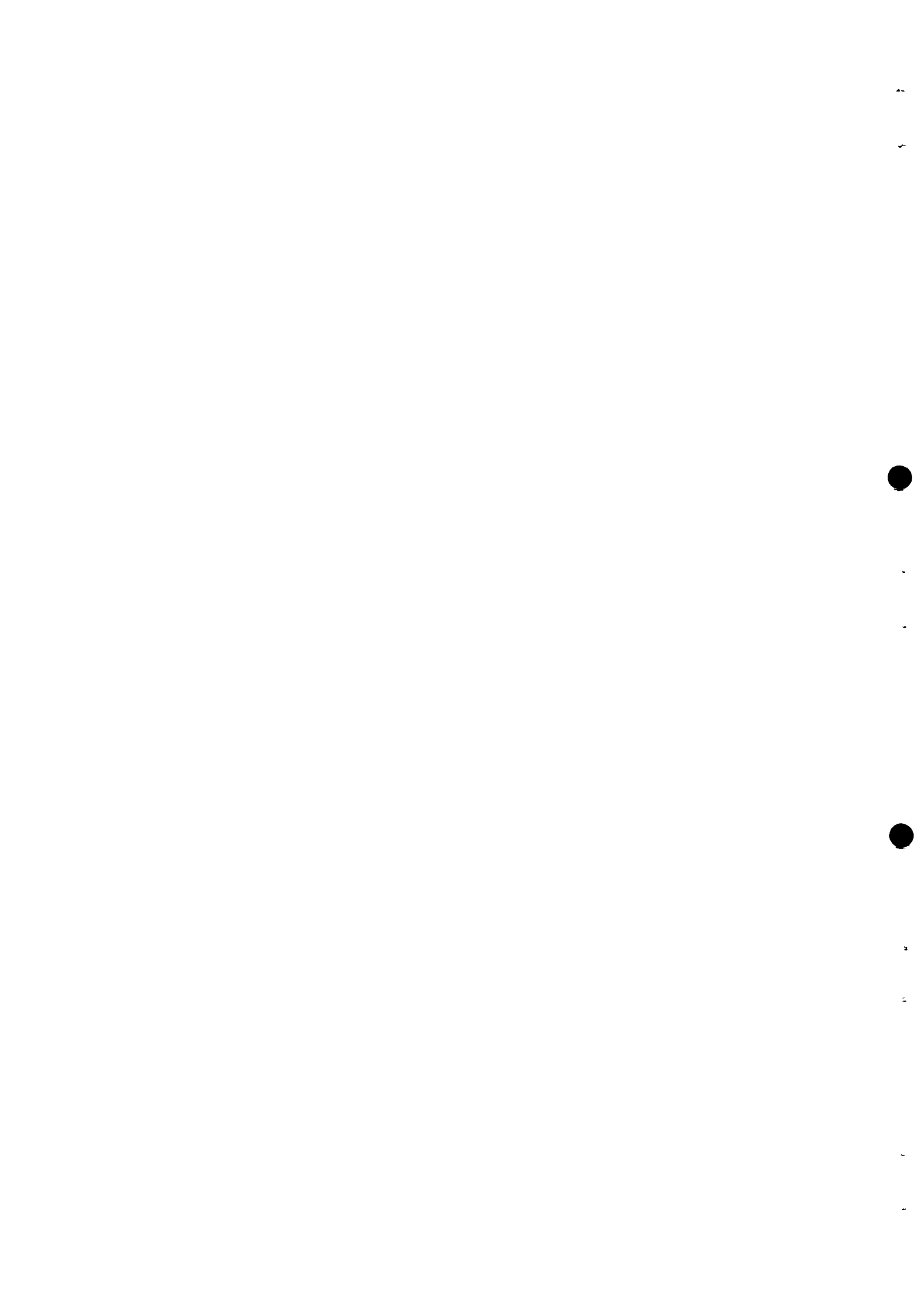
- Determine whether these objectives are achievable in terms of socio-cultural data.

Read literature on how to develop objectives.
Consult health education specialists.



STEP-7





STEP-7

Contd:

- How they pollute water sources in washing linen, bathing, collecting water into vessels etc.
- Cleanliness of surroundings of water sources.
- Any nuisances.

Note down behaviour at the first visit and then prepare a flexible Observation Schedule for further exploration.

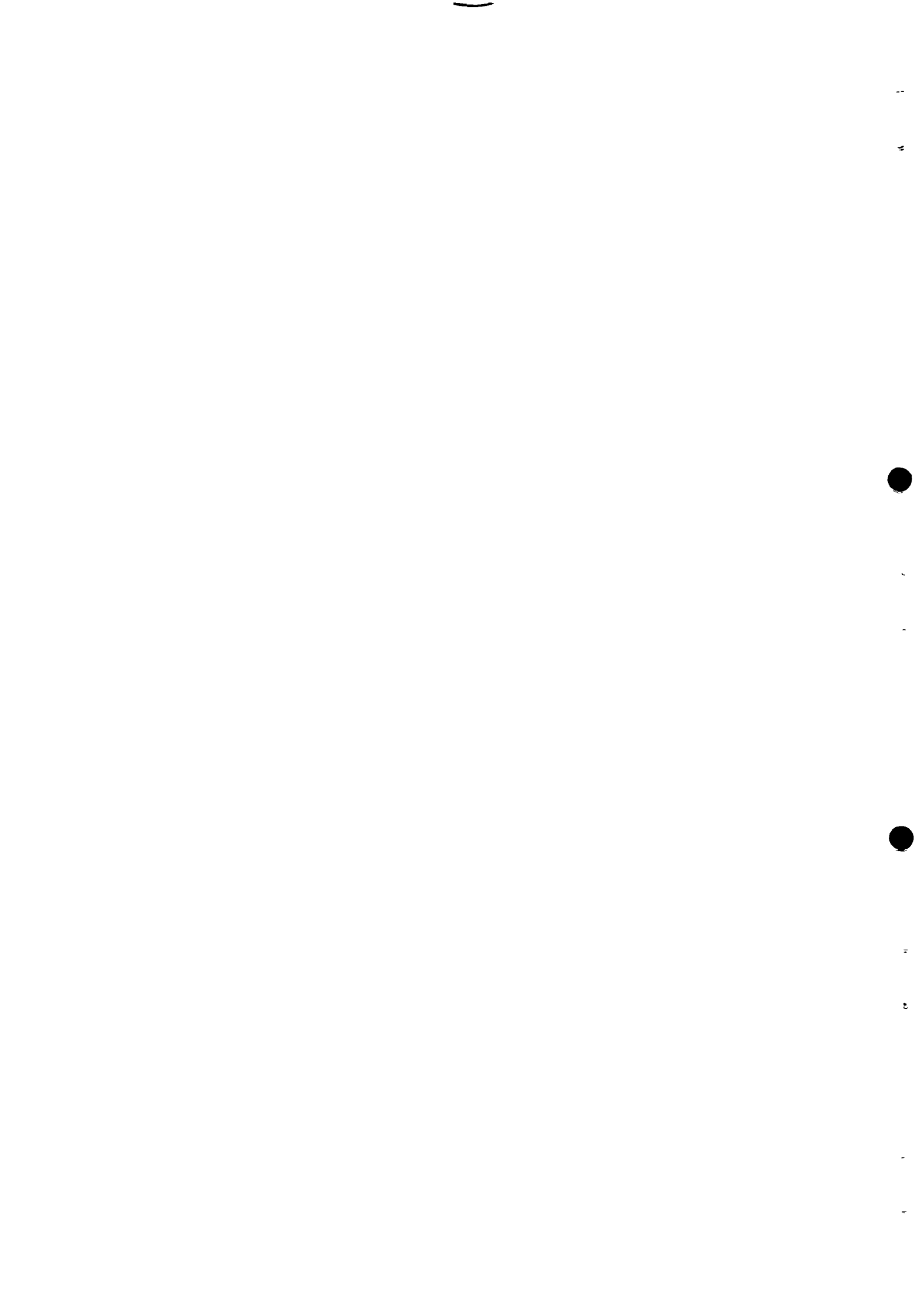
- Visit common defecation grounds and note down the type of persons using the ground.

Note Down

- The time of the day they visit.
- Where do they attend to the ablution.
- Their personal habits in attending to defecation and ablution.
- Water sources and their relationship to the defecation ground.
- Visit few (one or two) houses in each block. Meet house wives and others. Be sure to visit all blocks.

Observe and Discuss

- Storage of water - quantity, how stored, where stored the type of vessels used for storage, how handled, how used etc.
- Discuss how and when water is brought and who brings water to house.



STEP- 7

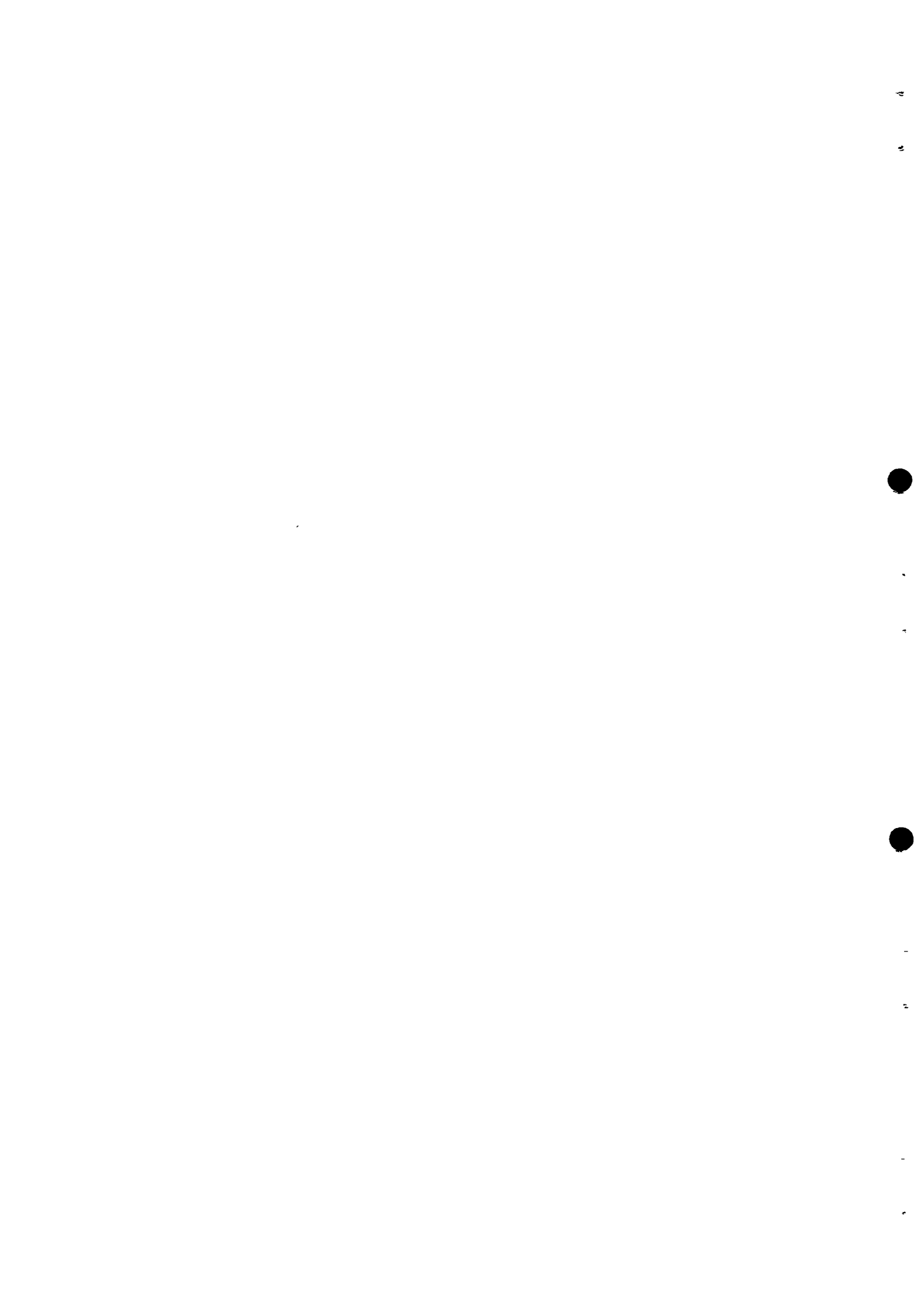
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- If the source of water is within the premises - visit the source and study its type, construction, how protected, etc and others using water etc.
- Observe how water is being used for domestic purposes?
- Observe whether they have latrine facilities, if available note down the type of facility, the sanitary standard, type of construction, distance to house (rough estimate) who use the facilities etc.
- Determine whether anyone is used to open defecation habit.
- If there are pre-school children observe how their faeces are disposed of?
- Observe the cleanliness of surroundings and the associated behaviour.
- Observe personal habits and personal hygiene especially with regard to water and sanitation.

Visit and meet leaders (use the list of names collected earlier)

Discuss and collect:

Beliefs and attitudes related to water and sanitation.
Discuss prevailing behaviours of the community as regards water and sanitation.



STEP - 7

Contd:

Discuss how the existing facilities are used by the community and their attitudes.

Discuss about special rituals that are held to invoke blessings of gods for water and maintenance of good health.

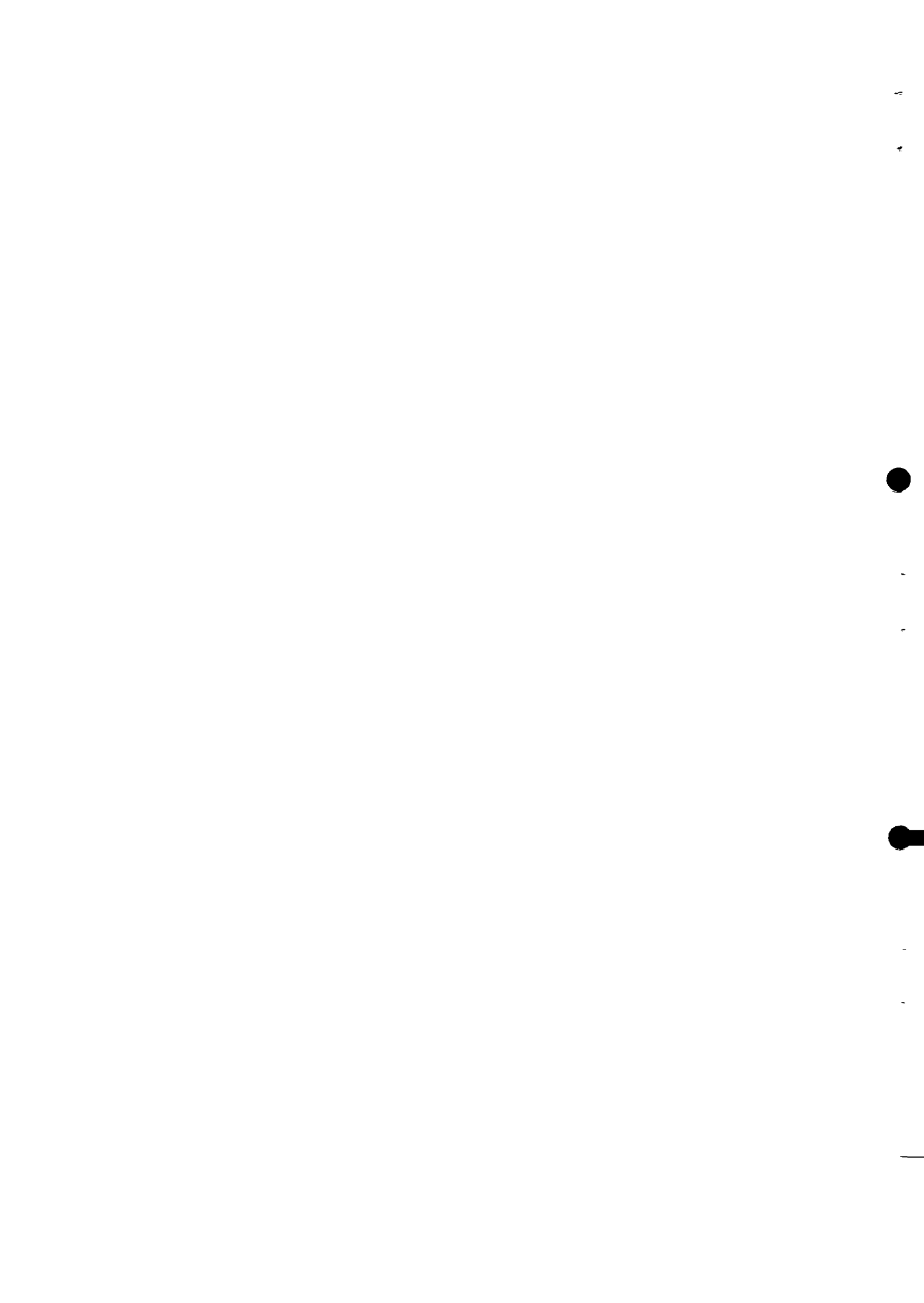
Discuss and determine whether they know -

- That water and sanitation are related to health.
- That water and sanitation are related to disease.
- How water and sanitation are causing diseases in the human system.
- The water they drink is safe or not.
- That their personal habits are responsible for the transmission of disease.

REMEMBER

A project can be technically feasible. If it is not socio-economically and culturally feasible it will not achieve the desired objectives

- Determine the socio-economic feasibility in terms of socio-economic data and data of the intended service.
- Feed the data to relevant project agency and seek their advice.
- A community should not be over burdened. If modifications are required in terms of socio-economic data consult technical experts and modify the design suitably.
- Submit a report covering the socio-economic and cultural aspects of the community so that views of experts could be utilised.



STAGE

3



STAGE-3

COMMUNITY ORIENTATION AND PREPARATION FOR COMMUNITY PARTICIPATION

objectives

1. To identify key persons in social organizations and institutions as facilitators for orientation and training.
2. To plan and conduct orientations to social organizations, key persons in formal and informal organizations, institutions, and facilitators so as to prepare them for their involvement in project work.



STAGE-3

COMMUNITY ORIENTATION AND PREPARATION FOR COMMUNITY PARTICIPATION

STEP-8

Plan and conduct orientation to formal and informal groups including Gramodaya. Conduct group educational activities in all voluntary organizations.

- Ensure that all Government servants working at field level are properly

oriented as regards the project objectives and proposed implementation plans.

- Government servants include all public servants as mentioned in Step 2.

- Ensure that the health staff from Medical Officer of Health to the Family Health Workers and, if there is a hospital, the District Medical Officer and other staff members are contacted and oriented.

- Involve public health staff particularly the Public Health Inspector and the Family Health Worker actively in health education work.

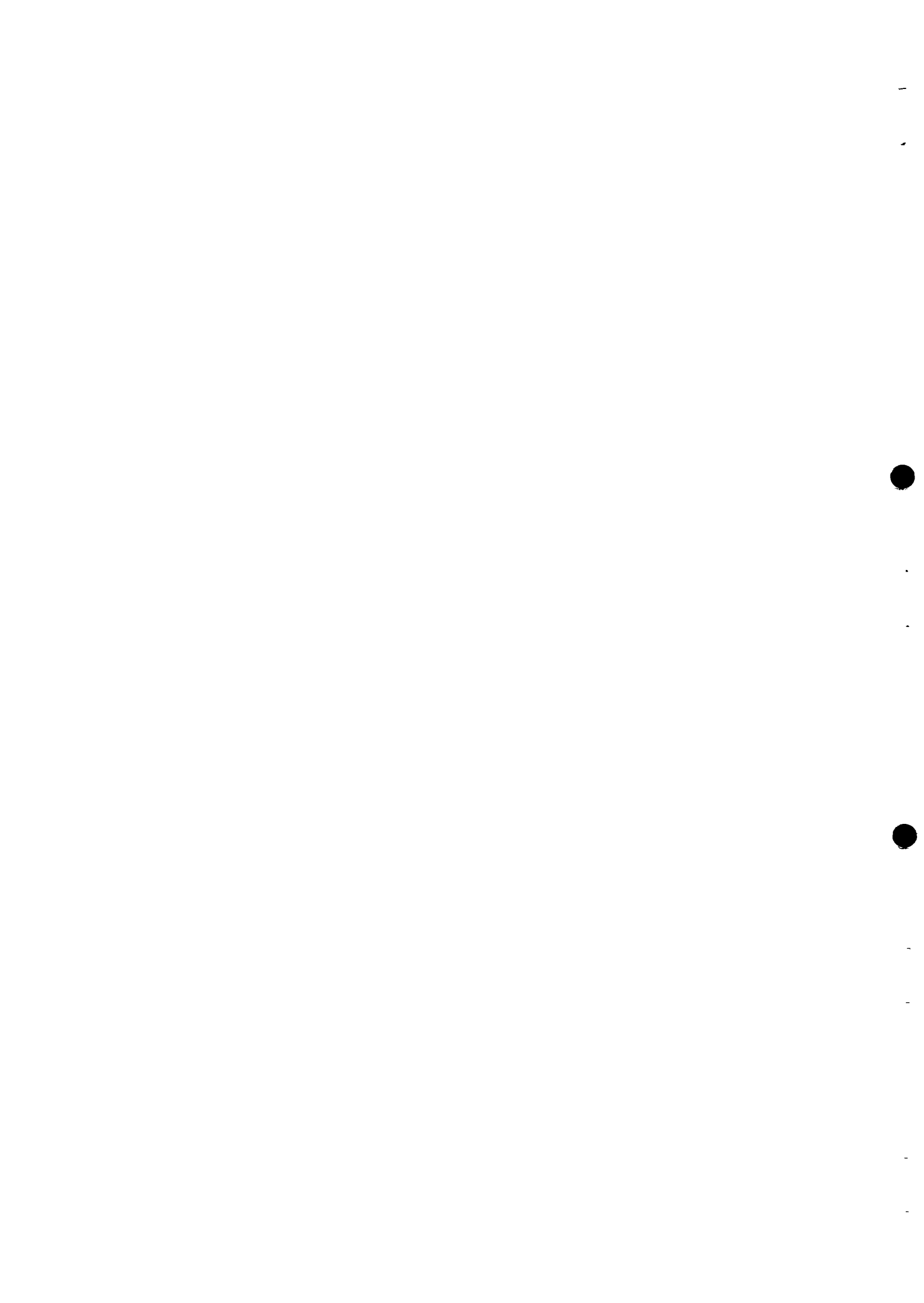
- Ensure the assistance of community and political leadership for orientation work.

Keep ready the educational aids and other literature required for elaboration of your point.

- Meet Special Services Officer and Gramodaya Chairman and plan to have a special meeting of all members.

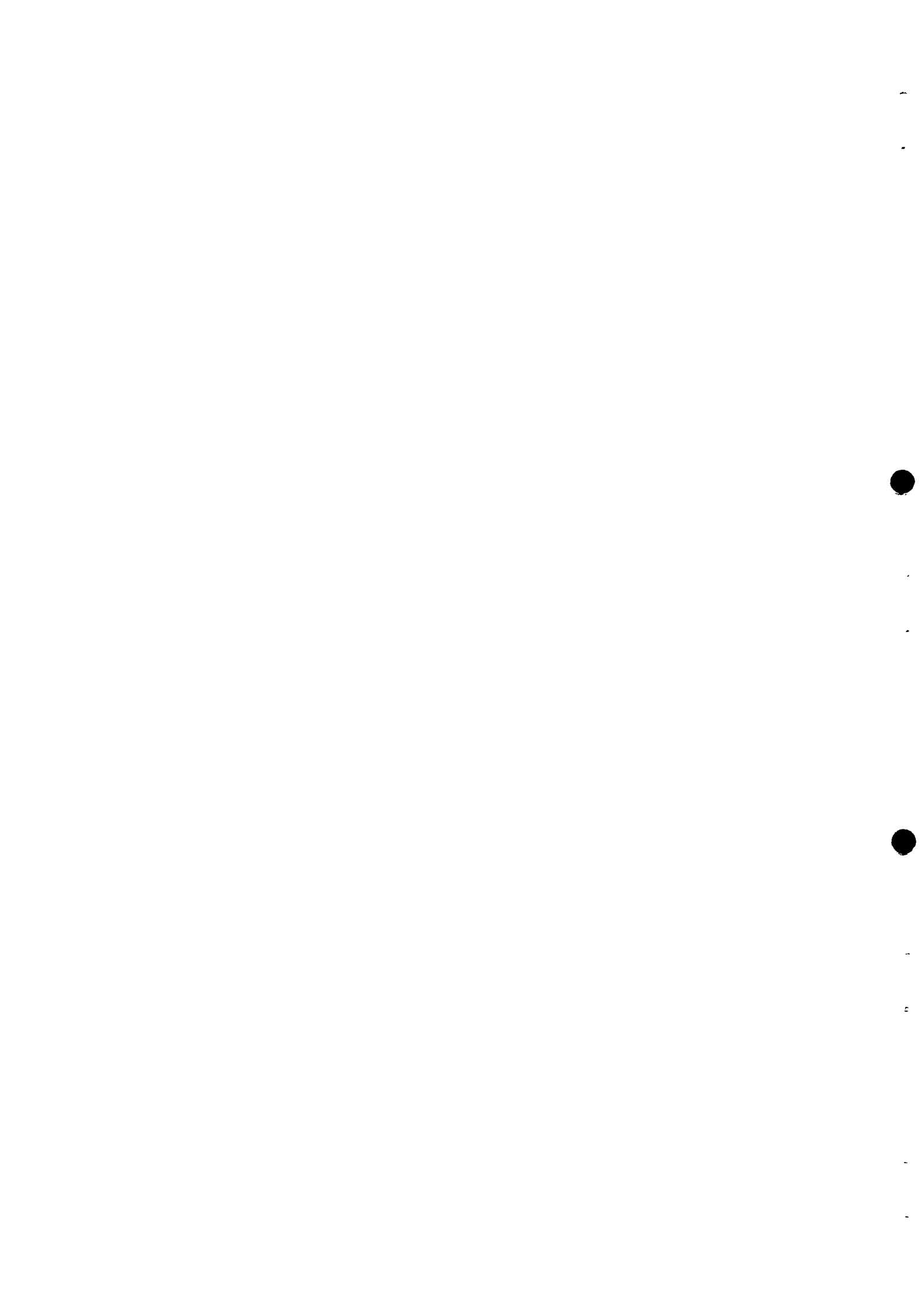
- Meet members personally if possible, before the meeting and motivate them to attend the meeting.

- Introduce the project briefly step by step.



STAGE

4



STAGE-4

COMMUNITY CONSULTATION, EDUCATION AND PLANNING

objectives

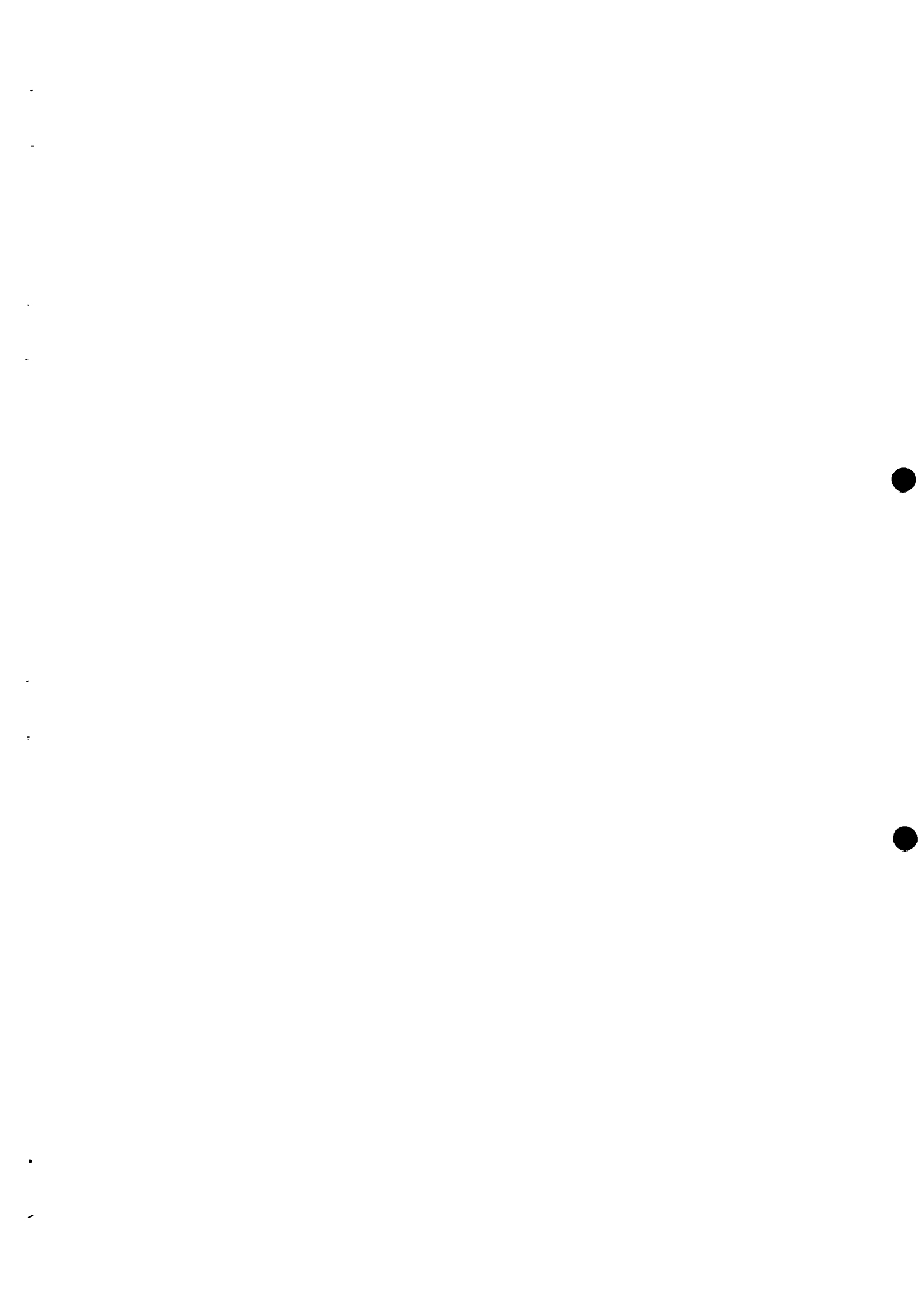
To establish the participatory planning and strengthen the decision making process.

To plan with the community and develop draft plans of water supply and sanitation.

To apprise the community and the health education plan and solicit their involvement for implementation.

To identify the community share and its involvement in the water supply programme.

To get the community representatives to elect an Action Committee to carry forward the decisions of the consultation meeting.



STAGE-4

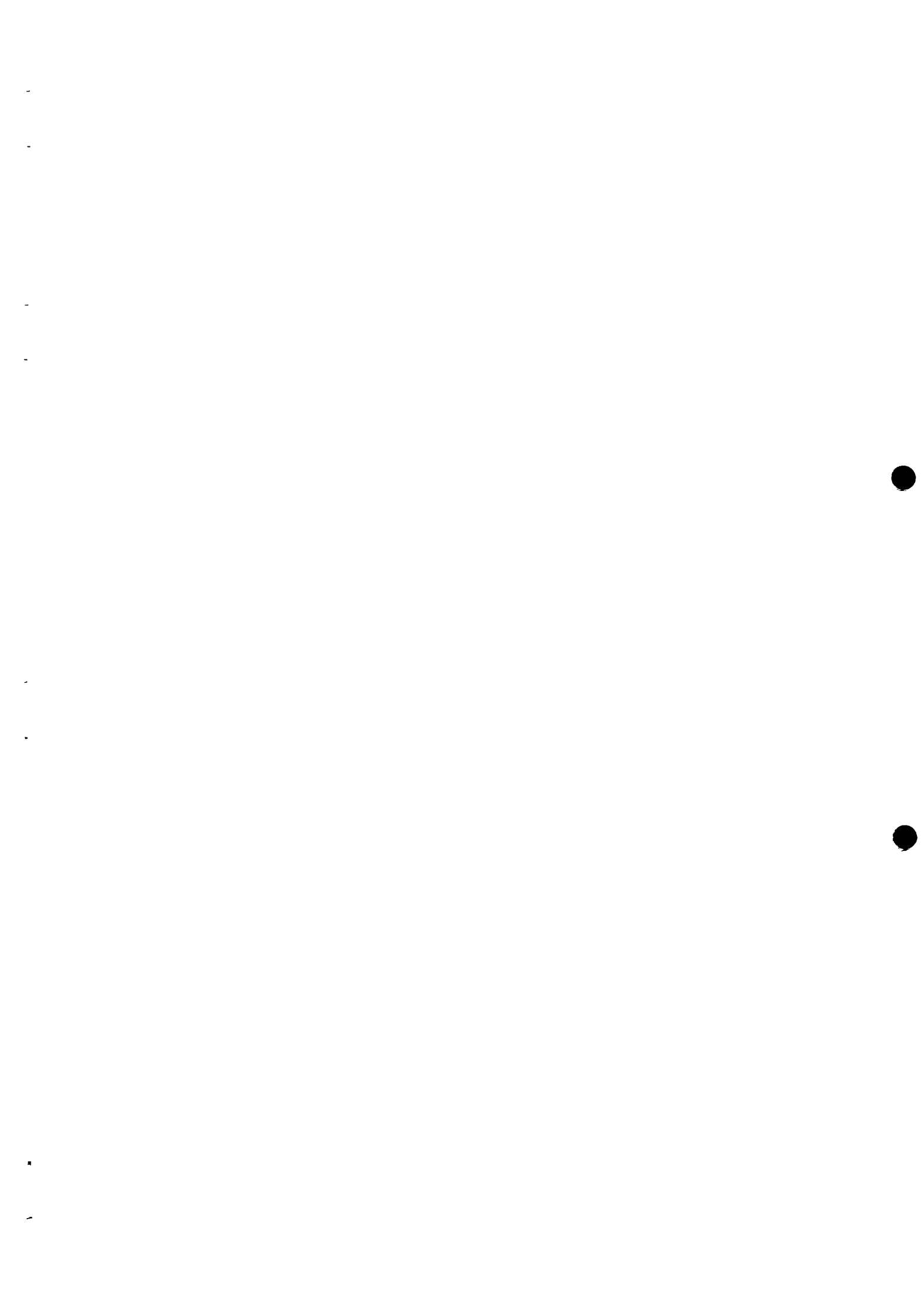
COMMUNITY CONSULTATION-EDUCATION AND PLANNING (AT VILLAGE LEADERSHIP LEVEL)

STEP-9

Plan and conduct a consultation education and planning session with them
Plan with them the programme of health education and sanitation. Reinforce community participation and establish an action committee to be responsible for the plan.

Our experience is that we have achieved much more than what we have expected by successfully organising this consultation education programme. Very careful planning is necessary to achieve the objectives.

Participants for this session include leaders, heads of voluntary organizations including Gramodaya Chairman, Heads of Schools in project area, Government officials working at field levels (in project area) and women representatives.



STEP-9

The expected outcomes of the consultation education programmes are:

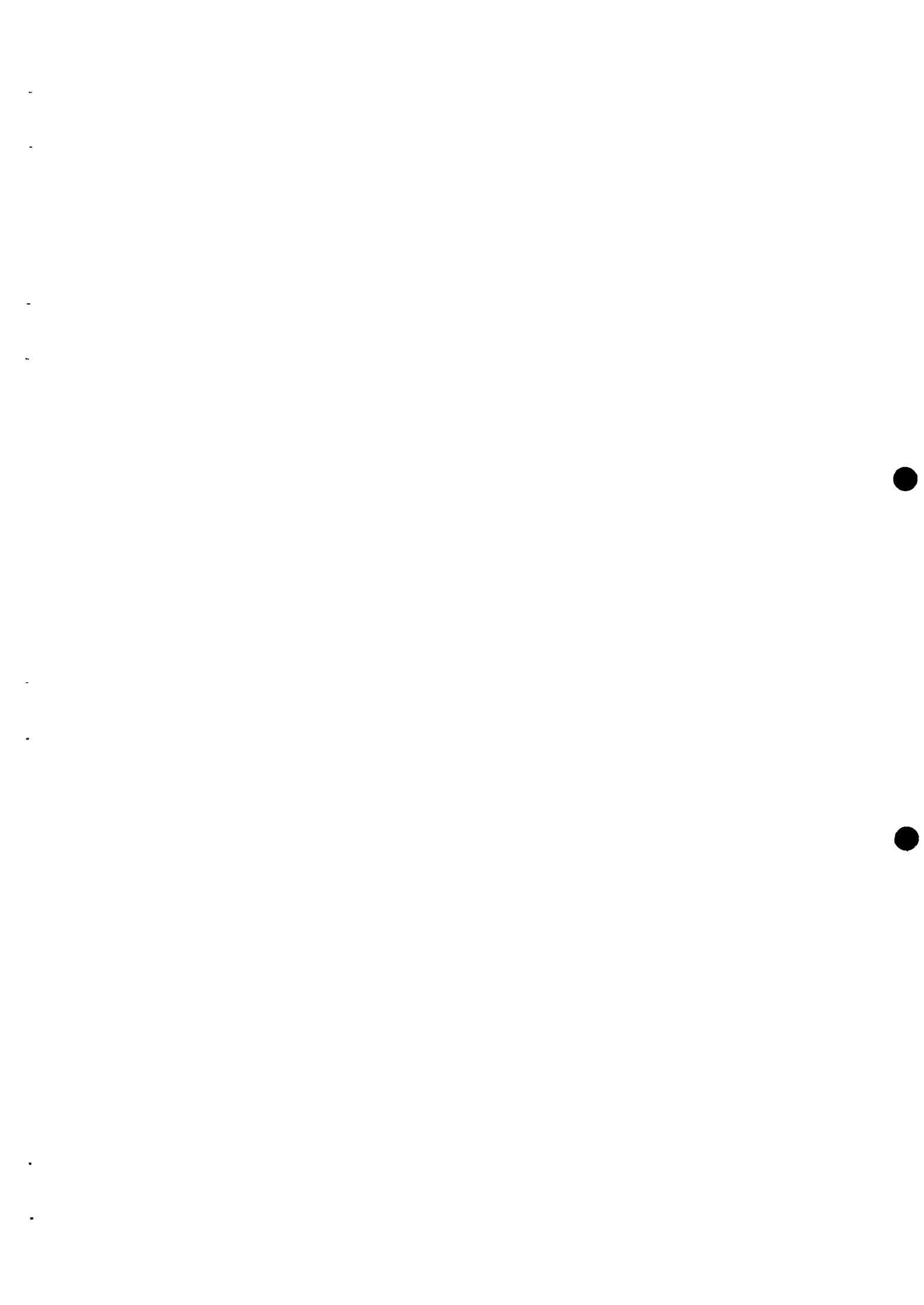
A good knowledge of the socio-economic status of their community.

A sound understanding of the water and sanitation behaviour injurious to their own health.

A good knowledge of the prevalent water and sanitation related diseases, in the community.

An awareness of the above water and sanitation related diseases, their causation, transmission and spread.

A good understanding that safe water and sanitary disposal of excreta are the answer to the above problems.

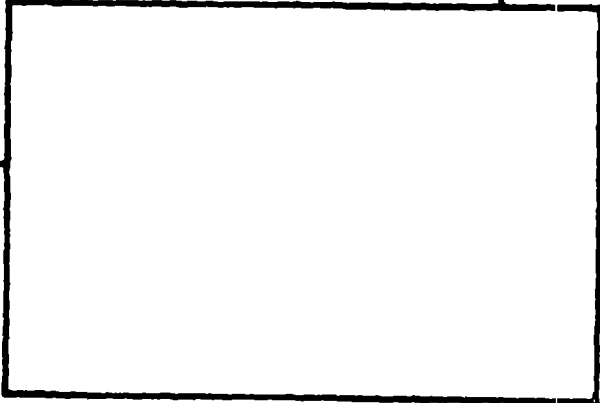


STEP-9

Contd:

- An understanding that low socio-economic status is associated with poor sanitation and, unsafe and poor water supply.
- Knowledge of the intended water supply and how it has to be achieved.
- An understanding of the intended sanitation programme.
- The modified design of the distribution of the water supply programme.
- A programme illustrating how they are proposing to construct latrines in the community.
- A health education plan.

REMEMBER
Consultation - Education programme is a link of the cumulative educational process & the expected outcomes are not too much to be expected



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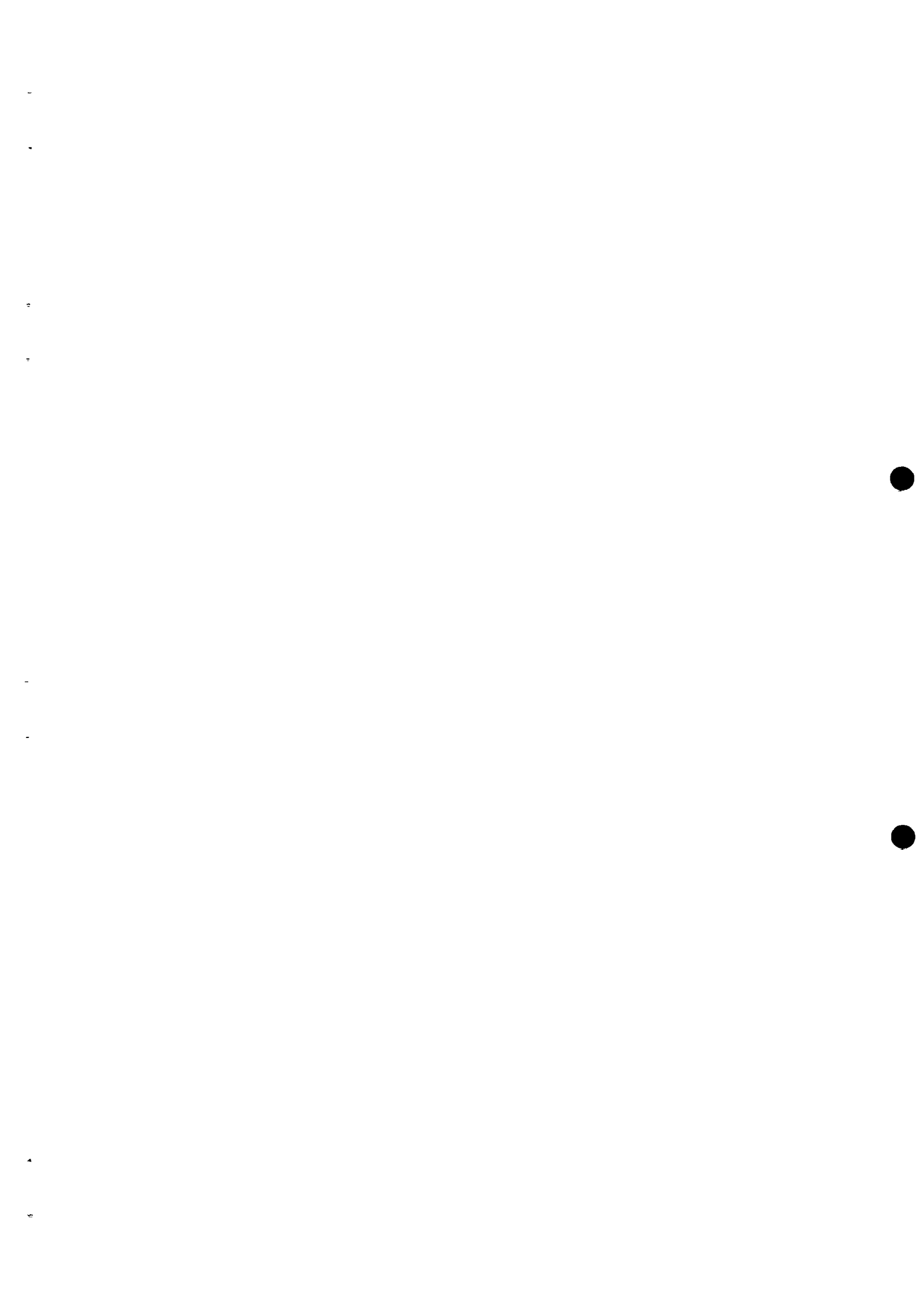
STEP-9

Contd:

- Decide with Health Committee of Gramodaya Mandalaya on objectives, methodology, audio visual aids, lecturers, venue and other support materials.

Consult experts and get their views.

- Review the list of names for the consultation (leaders, Gramodaya members, very important persons, Government Officers) and discuss with AGA, GS, Health Staff, Gramodaya Chairman and others and finalise the list of names of participants for the consultation meeting.



STEP - 9

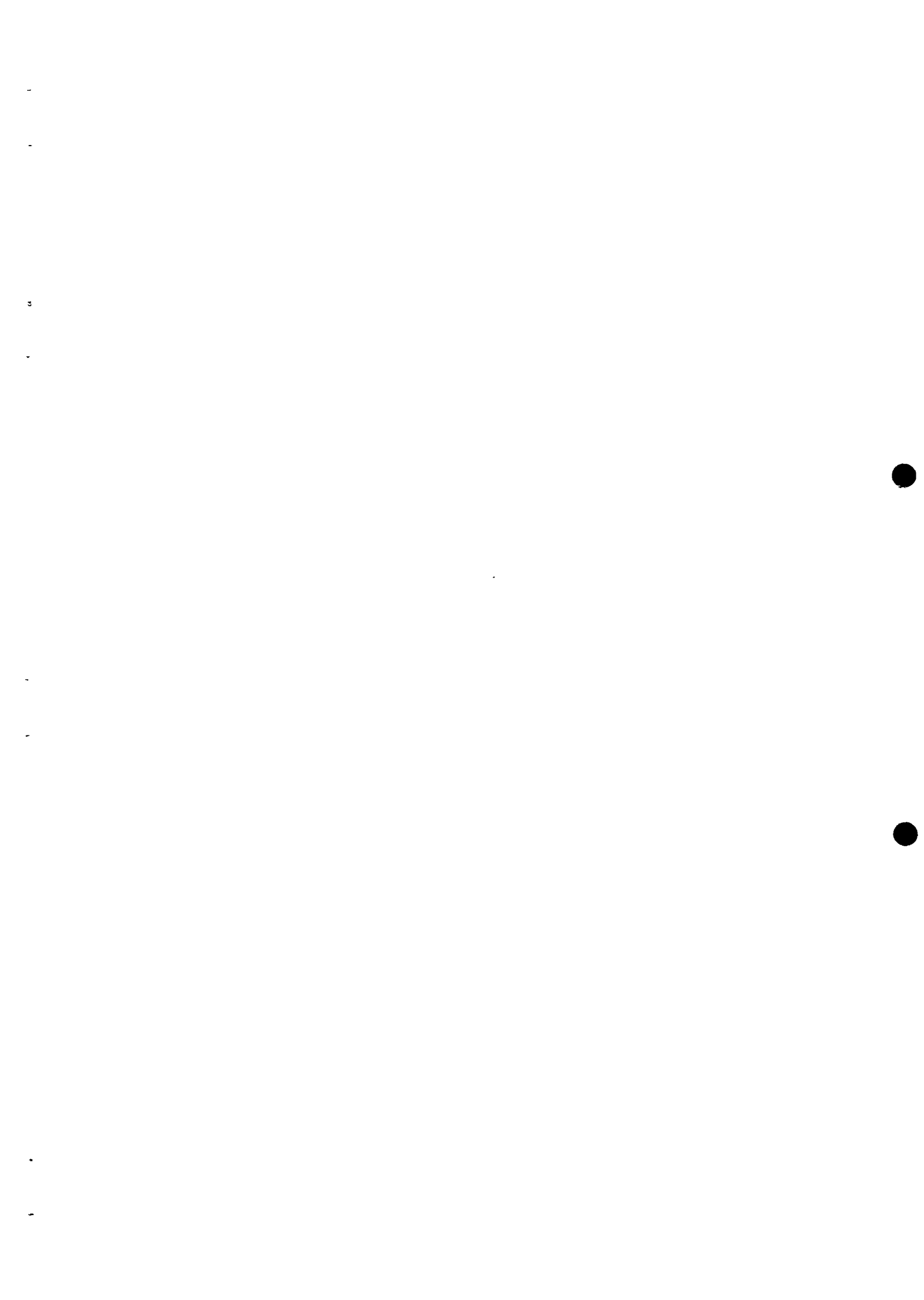
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- Get the support staff to attend to other matters particularly secretarial work.
- Develop a tentative programme for 2 to 3 days. The programme should include objectives, content, methodology, local expertise for lecture discussions, audio visual aids on local behaviour.
- Discuss the programme with the Project Management Committee and if necessary with experts on relevant subject areas and get their opinions.
- Make sure that you personally visit the lecturers and discuss what you want them to do at the lecture discussion session.
- Prepare a checklist of all activities and check them on as you proceed with organization work.

Make sure at least 6 to 7 days before the consultation that the following are achieved:

Preliminaries for the consultation programme

- Letters to participants.
- Letters to resource persons.
- Letters to invitees.



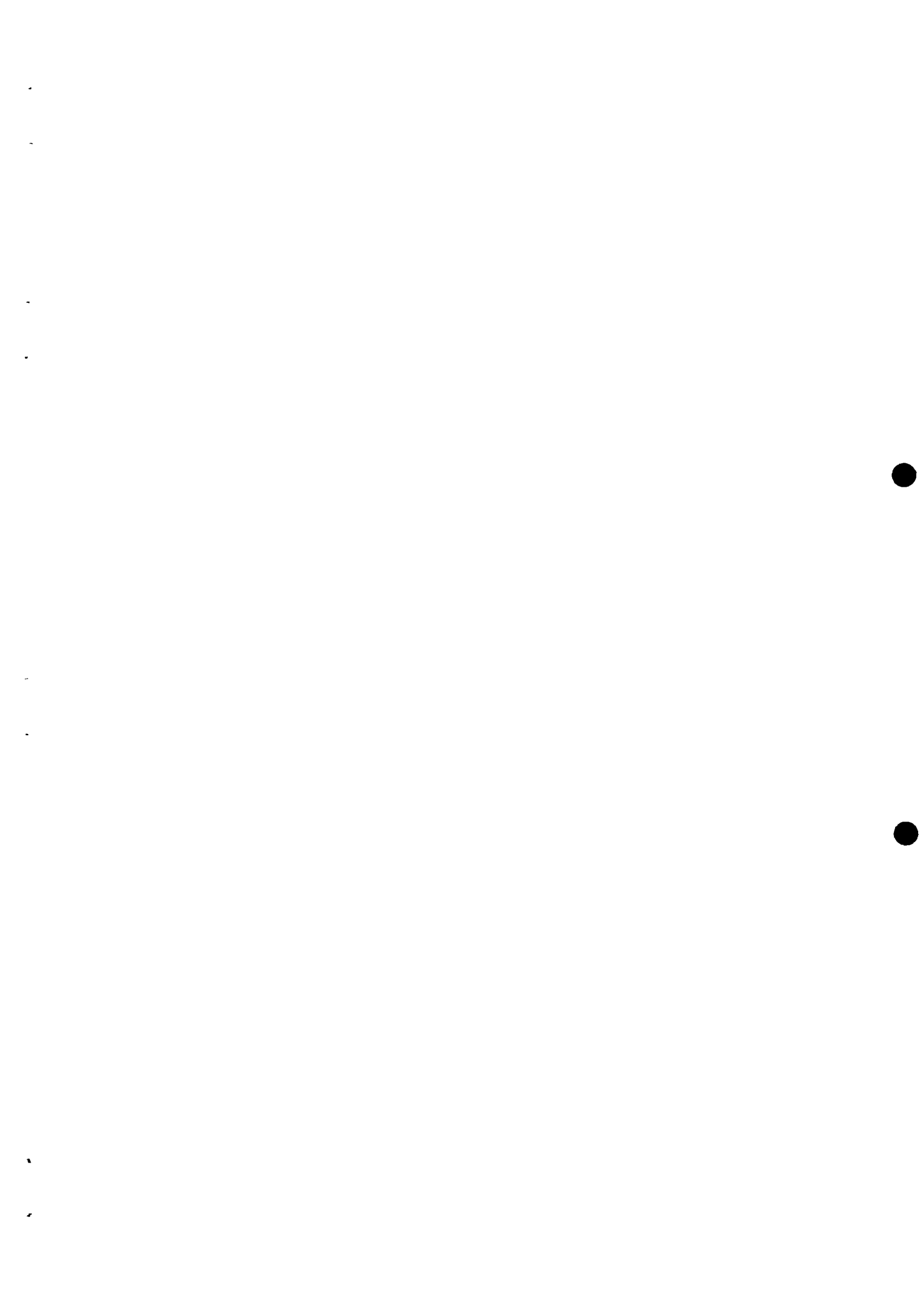
STEP-9

Contd:

- The necessary authority to use a school building or other type of building is obtained from local education authorities (in rural areas it is always advisable to select a local school).
- Arrangements for lunch, tea and transport facilities are finalised.
- All background documents are prepared.
- Ensure that materials - cement, reinforcements, syphon moulds, models of syphons and squatting plates are available. If possible transport them to the venue in advance.
- Make a field visit and assess the situation.
- Brief the resource persons before the meeting.

Points to remember in developing the programme

- Session on objectives of the programme
- Session (very brief) on socio-economic findings
- Session on existing local behaviour related to domestic use of water and sanitation.



STEP-9

Contd:

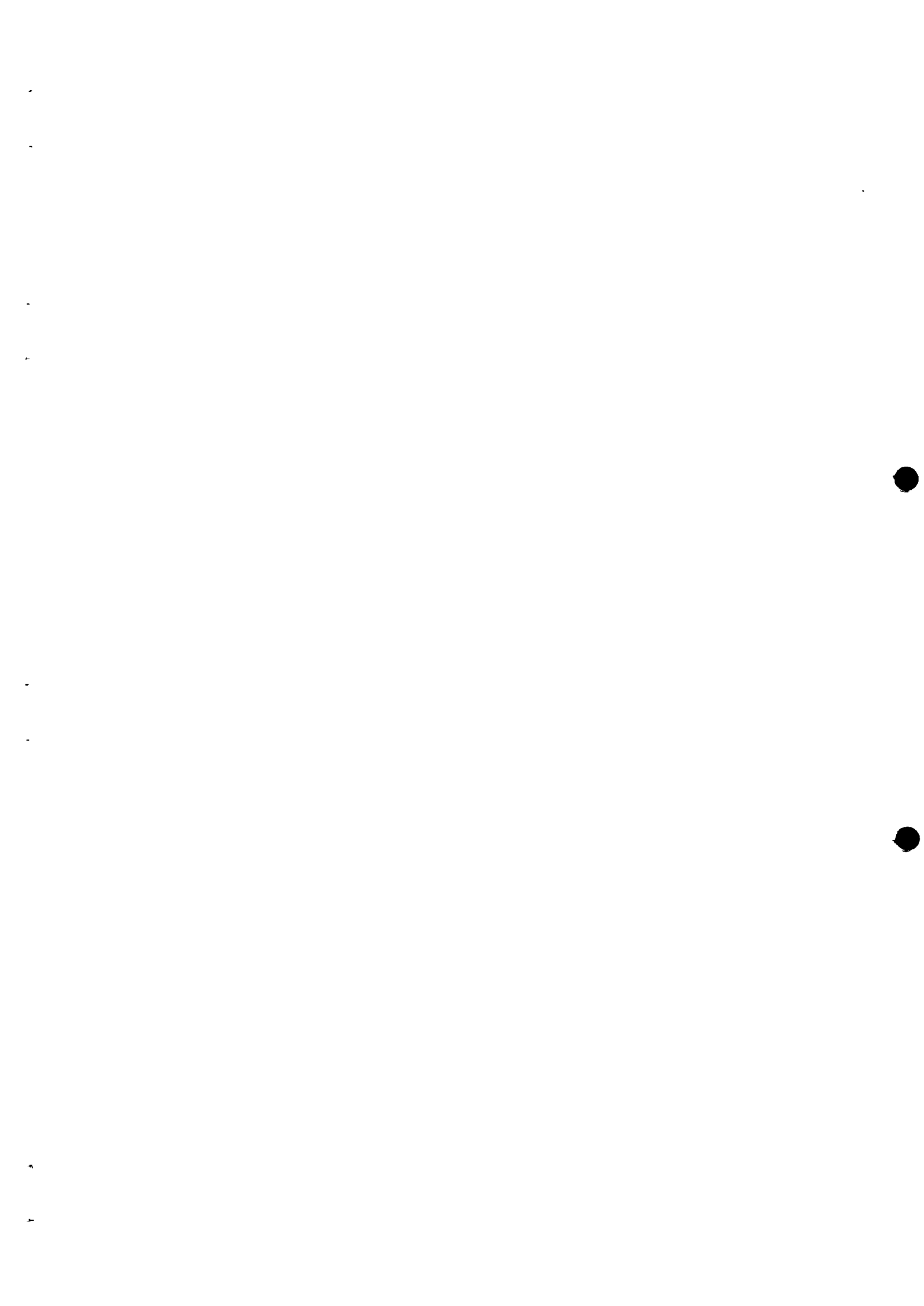
- Session on prevalent water and sanitation related diseases in the area.
- Session on the proposed programme of sanitation.
- Demonstration - how to turn out low cost syphons squatting plates and latrines.
- Session on community participation (practical session is suggested).
- Group discussions on sanitation programme, water supply programme and health education programme.
- Plenaries to plan community share and make decisions.
- Plenary to establish an Action Committee and decide their responsibilities and functions.
- Involve engineers and other technical personnel in the presentation sessions on the proposed water supply.

REMEMBER

We are presenting only an initial proposal on programmes of water supply and sanitation and not a finalised one

- Brief them how to do the session
- Involve them as resource persons in group discussion on planning the water supply programme.

Refer to Annex 1 for a programme already implemented.



STEP-9

REMEMBER

We have to plan with them and impress them that we are assisting them to plan a programme that suits them

- Explain technical limitations.
- Select group members from among participants in such a way their specialities are very well represented. For example a civil engineer could be requested to function in Water Supply Group rather than in Health Education Group.
- Brief the resource persons that more discussions are expected from participants rather than resource persons dominating.

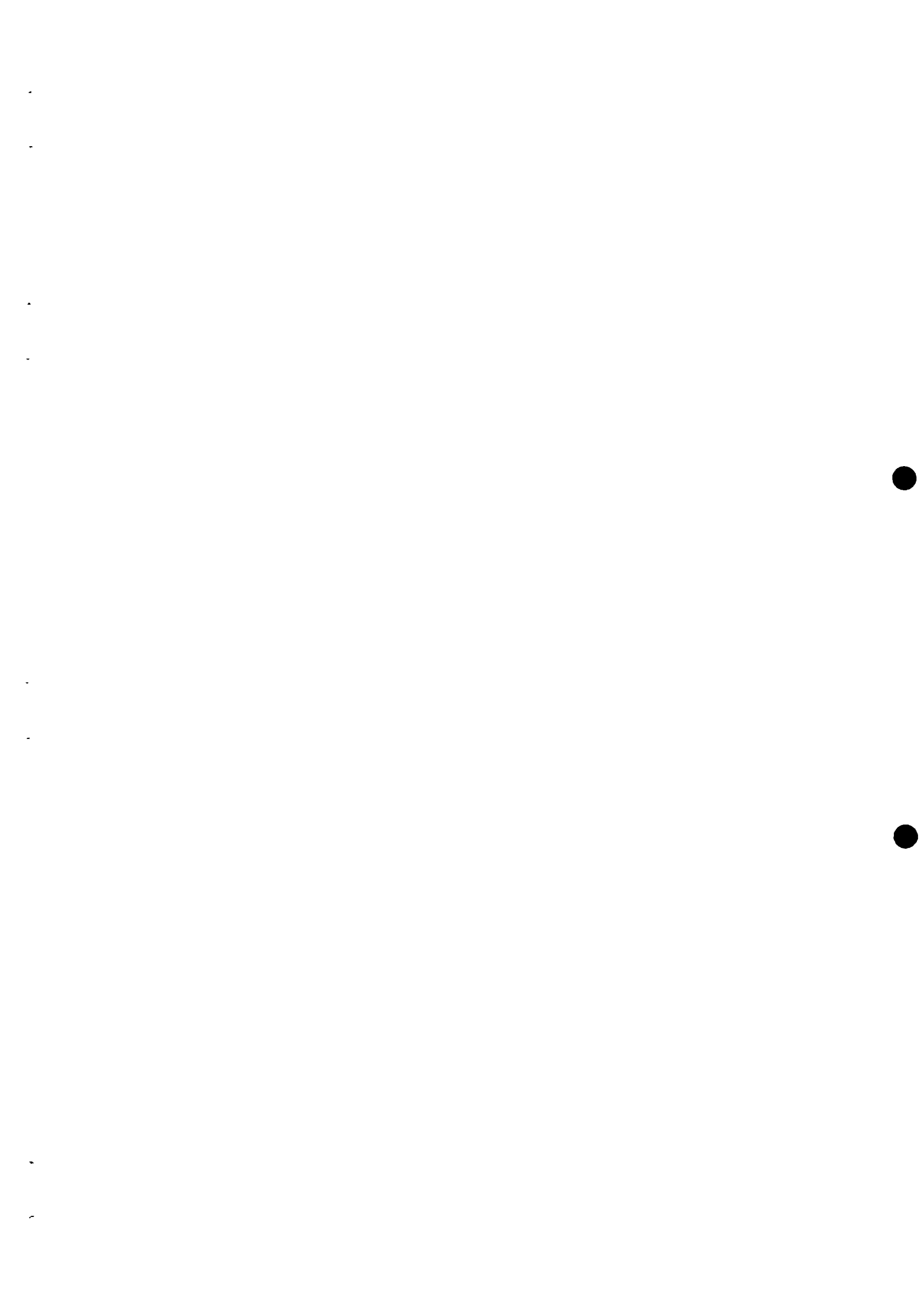
It is important to include a health education specialist or a health education officer for the session on the development of health education plan.

Be on the look out for problems that could arise during discussion sessions.

The session on existing behaviour related to water and sanitation will have to be based on social science investigations. Support this session with slides, photographs or any other suitable aids.

Get the local District Medical Officer for the session on water and sanitation related diseases.

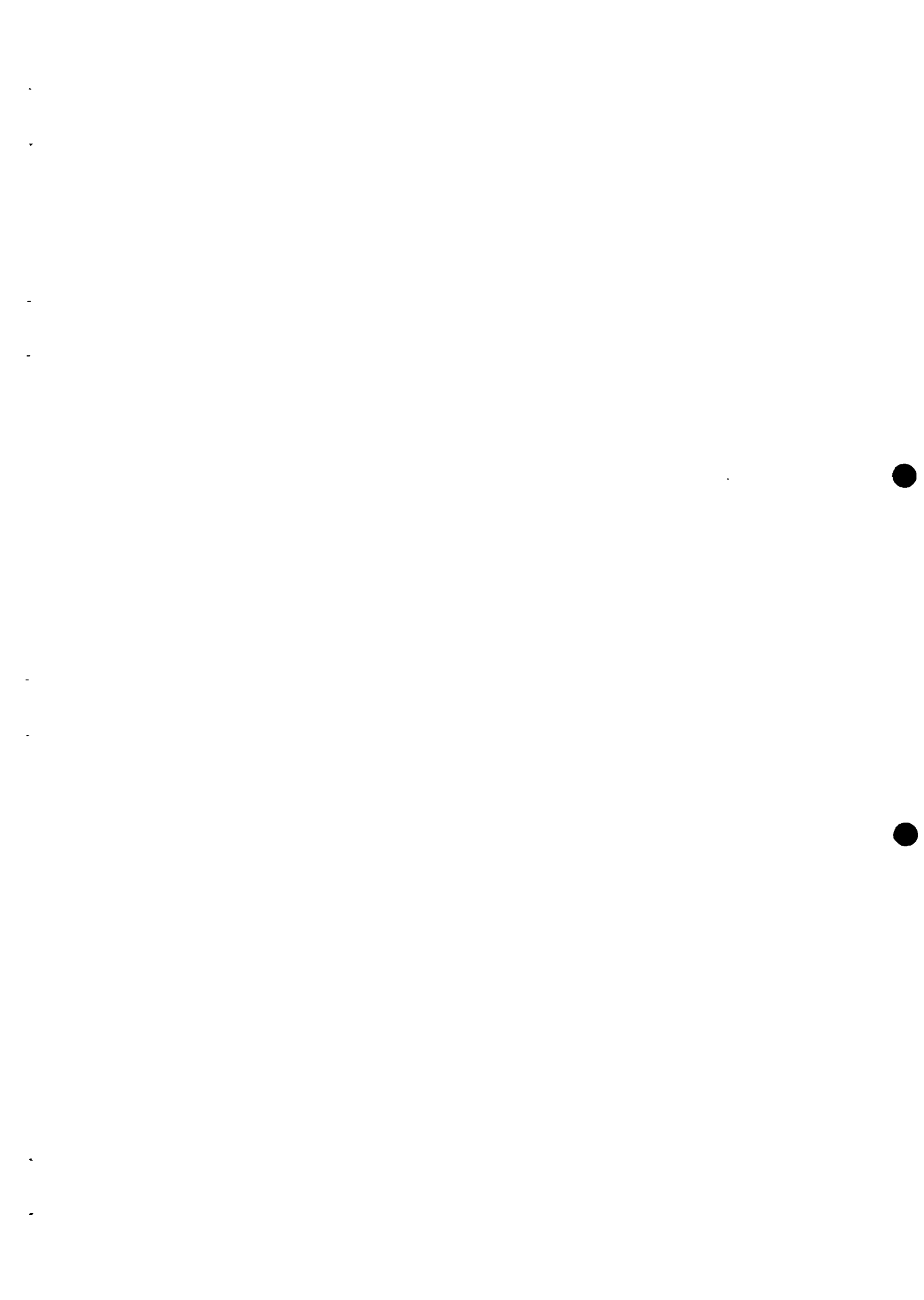
If the local Medical Officer of Health is also available, involve them in a panel discussion.



STEP-9

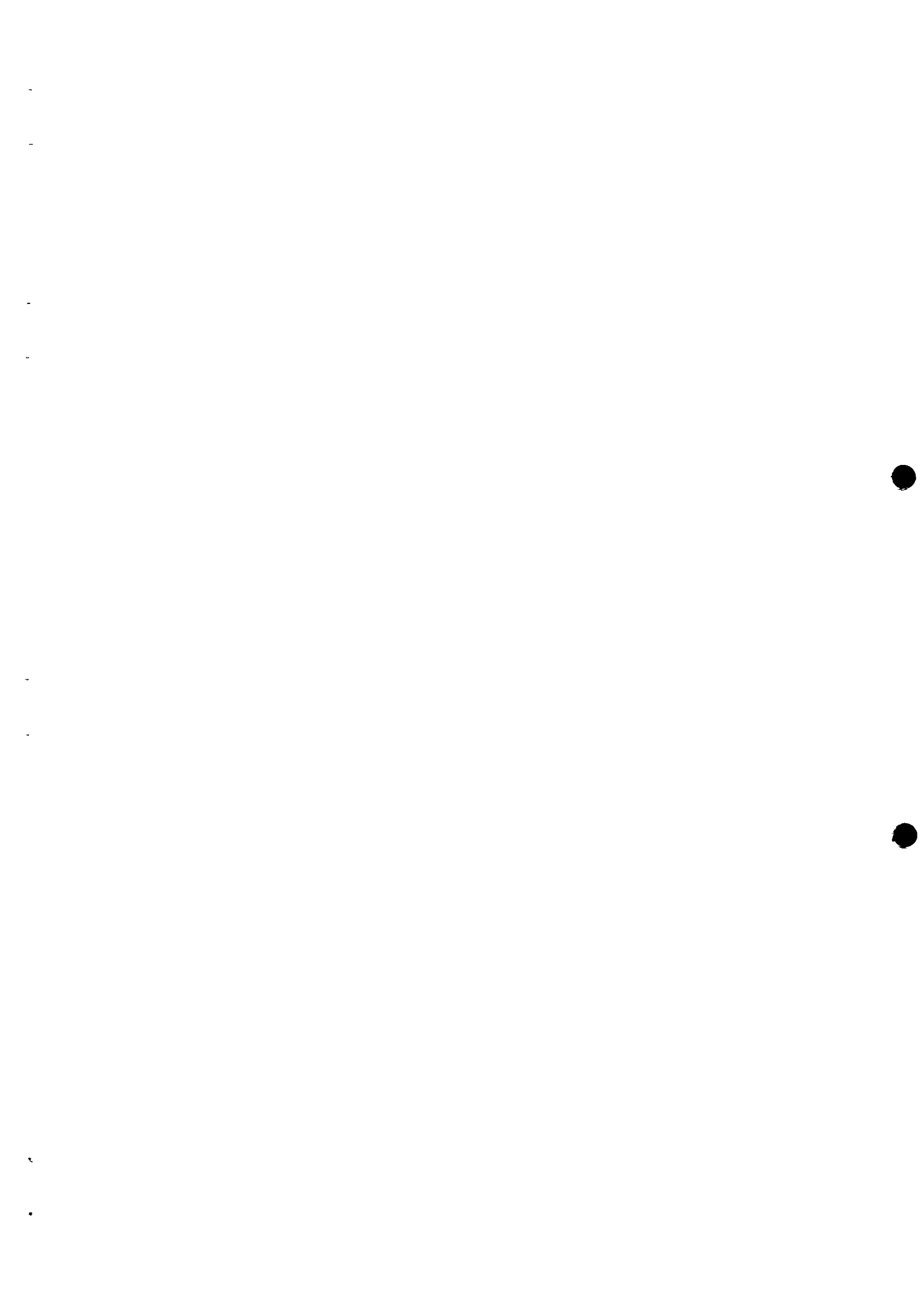
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- Assist the groups by giving guidelines so that they could keep the discussion to the point.
- Supply the group whatever it requires, eg., resource materials and knowledge in specific areas through resource persons.
- See that the rapporteur prepares a report on group proceedings and group decisions.
- Be on the look out to see whether problems hinder the progress of the group.
- Keep someone in readiness in groups to feed the progress or problems in the group.
- Attend discussion groups and take remedial measures wherever necessary.
- Get the tentative plan presented through a resource and get it discussed in detail.
- Support the session with behavioural factors and AV aids. In all sessions allow them sufficient time to raise questions.
- The demonstration session on turning out syphons and squatting plates should be taken as the last item of the first day of the programme.



STEP-9

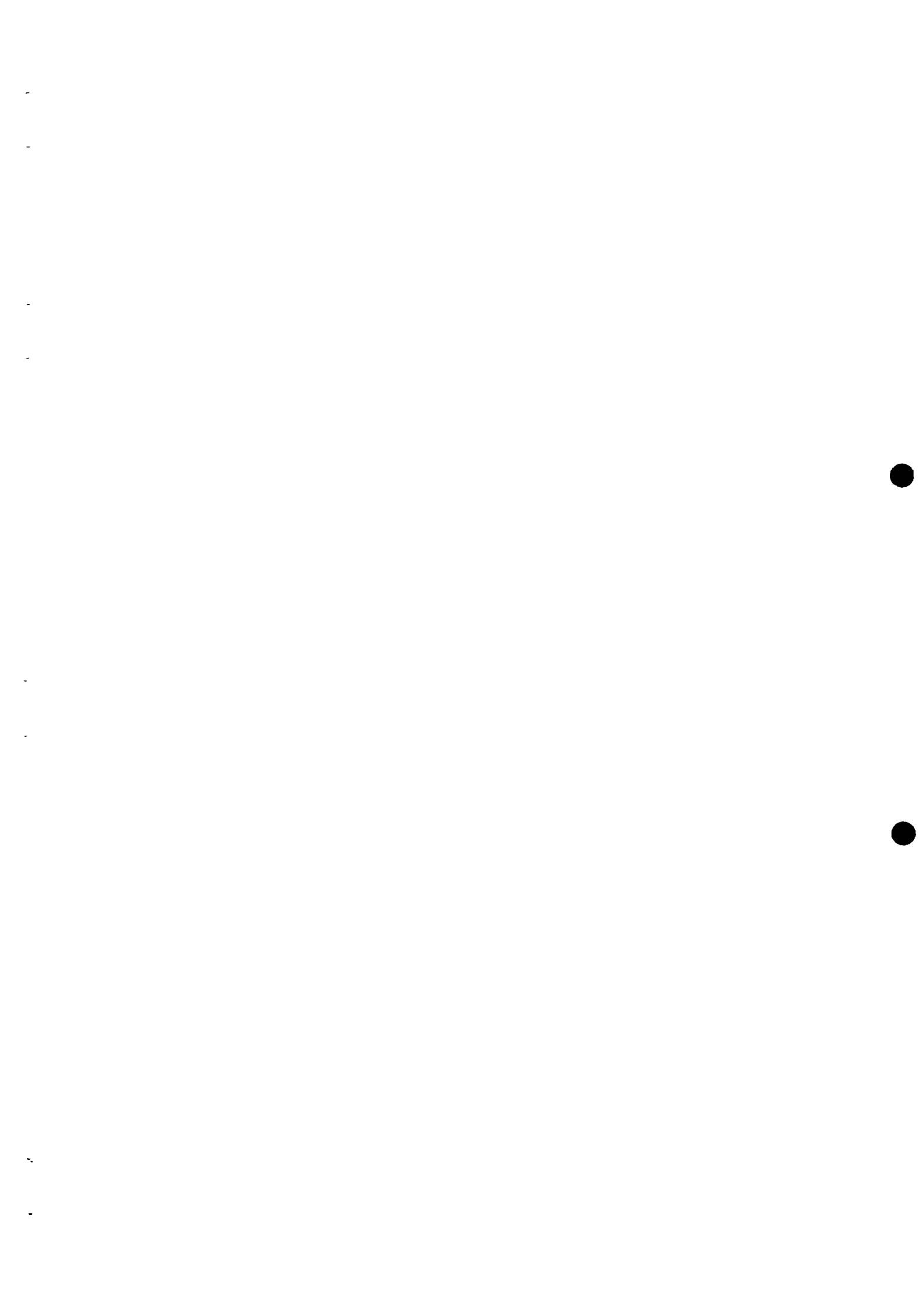
- Ensure that sufficient number of local masons are invited for this session.
- Explain the methodology and get a skilled mason to demonstrate the turning out of a syphon and a squatting plate, step by step.
- In planning group discussion make provision to describe the methodology in layman's language.
- Plan for three groups to cover water supply, sanitation and health education.
- Allow at least one fifth of total time for group discussions.



STEP-9

Contd:

- Discuss with all participants the role, functions and scope of the Action Committee.
- If time permits make arrangements for the Action Committee to meet for few minutes to work out future working arrangements.
- Get the participants to evaluate the consultation session (Apply suitable methodology to evaluate the session - pre and post evaluation if done gives a good comparison).
- Get someone to propose the vote of thanks (Villages are found to be keen on this - remember - they require recognition and appreciation and that would mean many things in the village.



STEP-10

Identify the problems that emanate during the process and apply remedial measures. Develop the technical design with them and modify it taking into consideration their views and present the developed design for their acceptance at the community consultation programme

- Ensure that at least one expert is detailed to each group.

- Present the objectives of health education, sanitation and water supply to groups, respectively and get them to discuss, review and modify them.

- Get the resource person to brief fully the proposed tentative programme for the water supply. Explain the technical design and support it with sketches and other visual aids. Tell the group that the design has to be developed to suit the people.

REMEMBER

The resource persons will have a major responsibility of guiding the group to develop the plan.

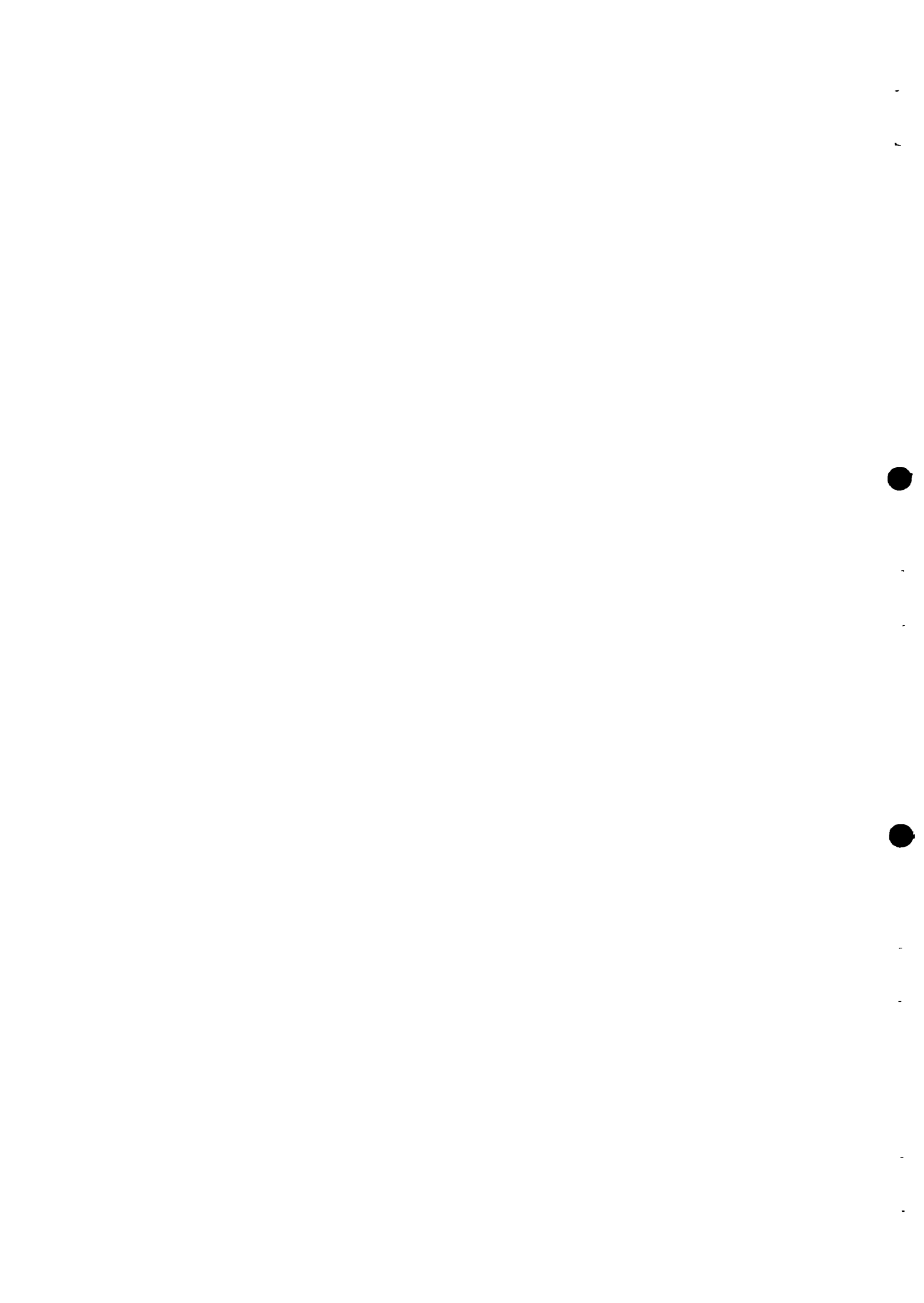
- Do not inform straight away that there will be an imposition of tax or they will have to pay. Instead ask them how they are going to operate and maintain the system? Request them to make suggestions.

- Get the group to develop the plan. This has to be a negotiated plan wherein the share of the community and the share of the agency are clearly identified.

To plan with people, requires skillful handling.

This is the resource person's responsibility.

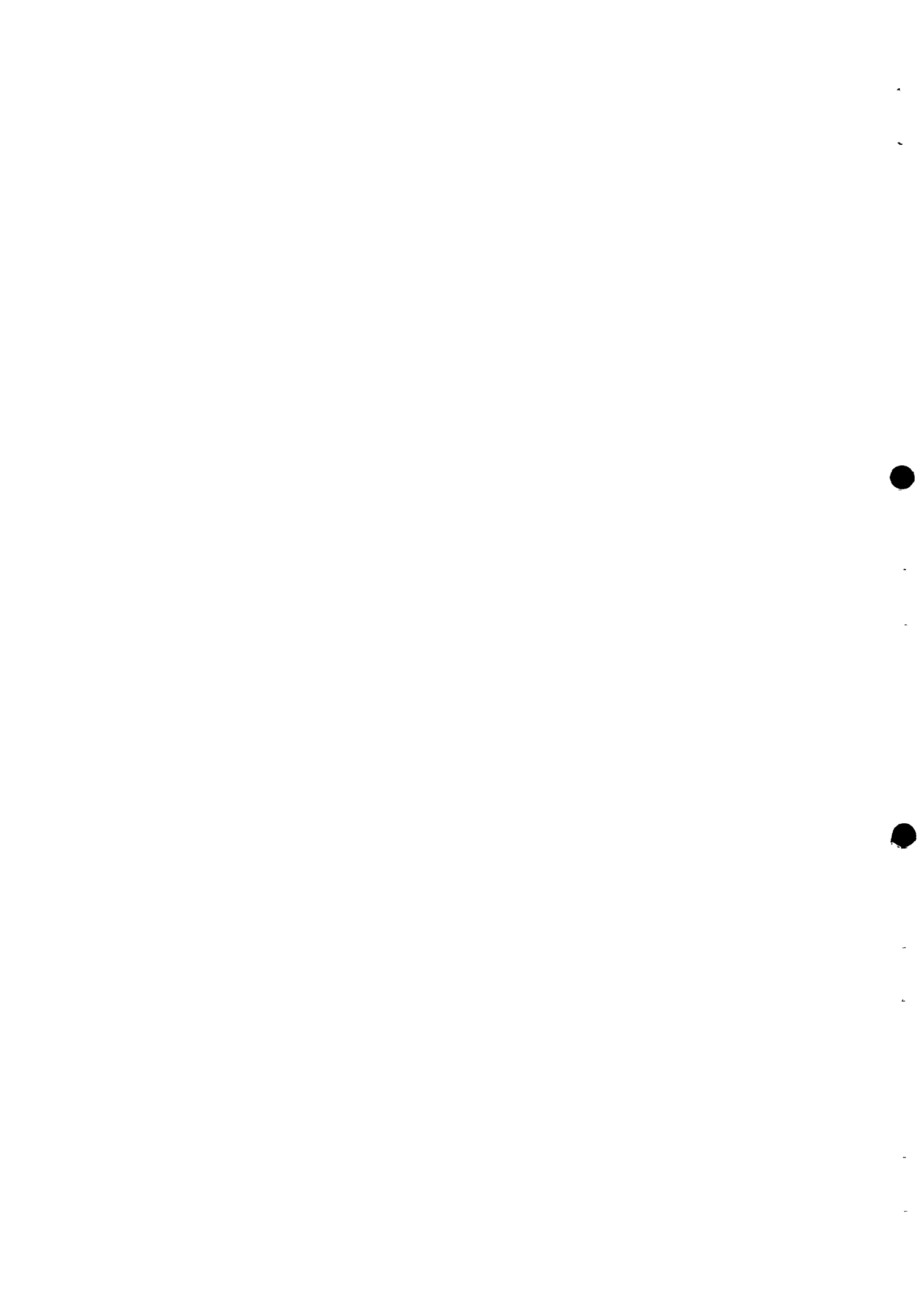
- During the plenaries where group reports are presented see that one of the group members or the leader of the group is given the responsibility of chairing the session.



STEP-10

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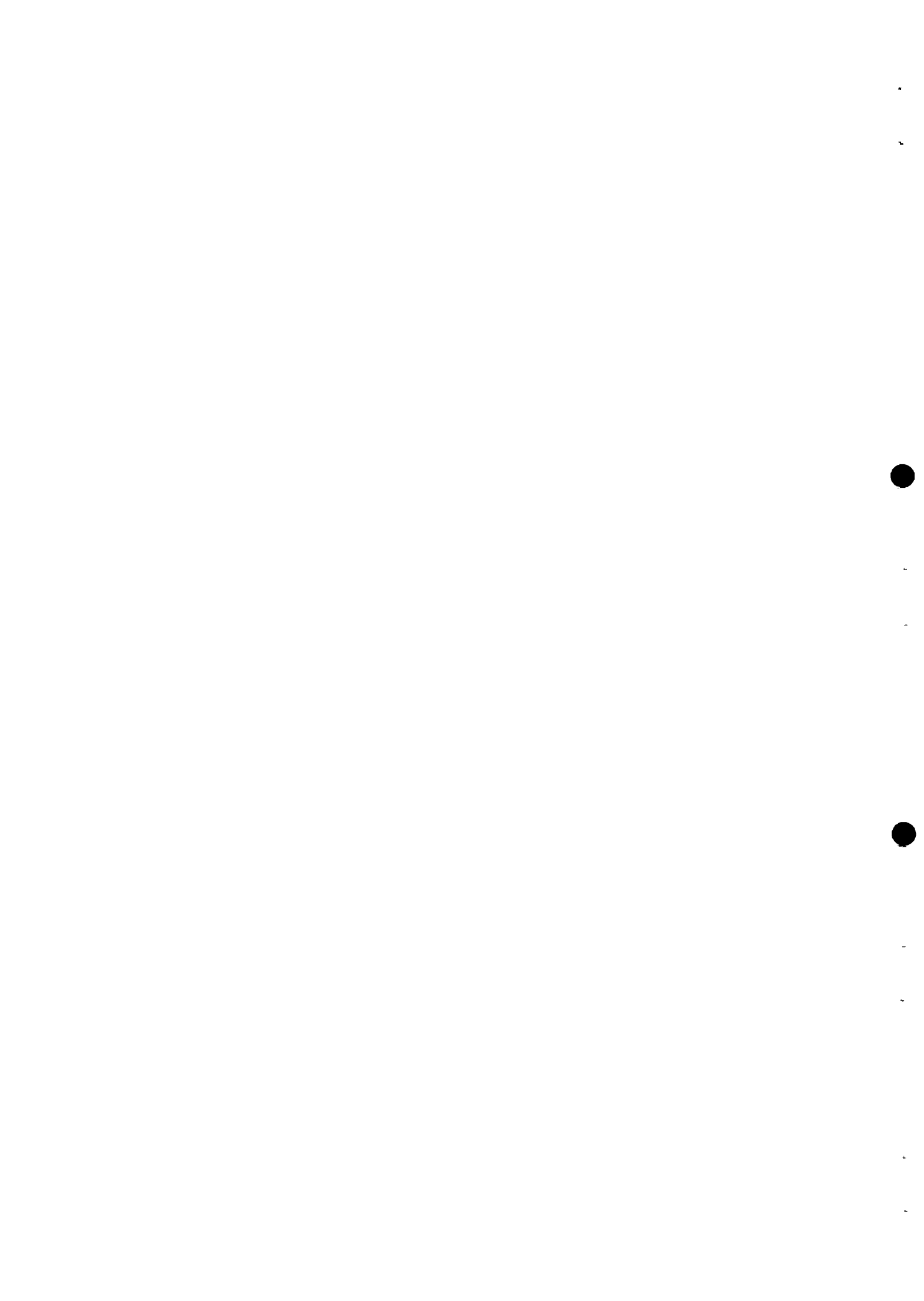
- Get the sanitation group to develop the sanitation programme. Provide them assistance through resource persons.
- Similarly get the health education group to develop the health education plan. Provide them assistance through resource persons.
- Pay special attention to the group that discusses the water supply programme.
- Get the group to identify their share of the construction in assessing the local resources available. This may be in the area of provision of rubble, metal, sand and free labour.
- Get them to develop a set of criteria to enable them to decide the location of community standposts.
- Get them to plan the water supply programme including the location of standposts and planning for the community share of construction.
- Establish a simple mechanism for the monitoring of the Project by the Action Committee.
- Get them to explore ways and means of operating the system once it is handed over.
- See that speakers use visual aids to clarify points and strengthen the presentation.



STEP-10

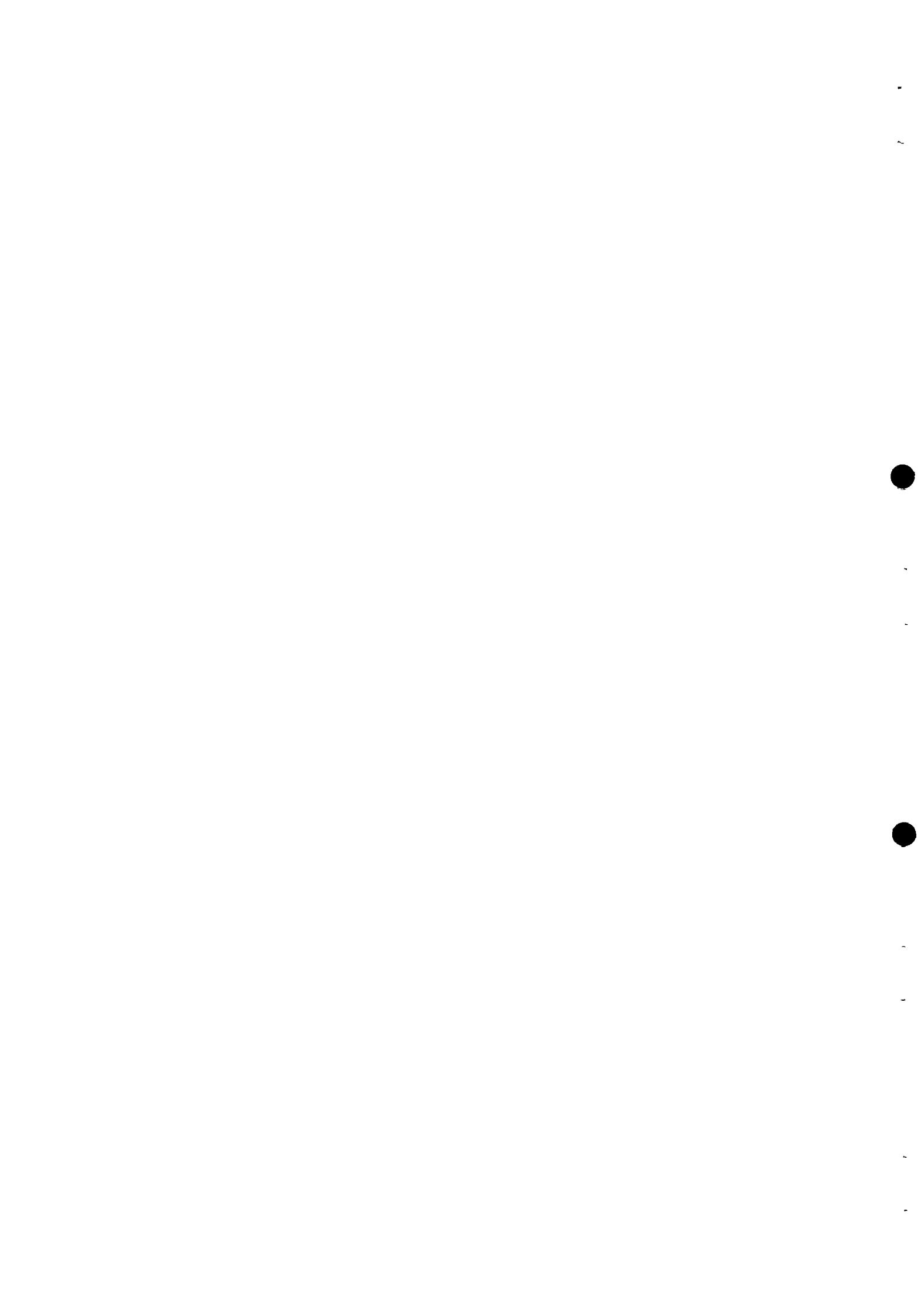
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- Stimulate the presentation and motivate members for a healthy discussion.
- During the final plenary, make arrangements to get the group rapporteurs to present group reports one by one.
- Allow sufficient time to discuss group presentations. Get all the participants to make a decision once the presentation is done and discussed.
- Once all the presentations are over make the participants feel the need for an Action Committee to be responsible for the Community share of the work and also to work with the Board/Agency/Department etc.
- Get this Action Committee appointed and see that the whole project area is fully represented.
- If more than one Gramodaya Council is involved see that all Gramodaya Chairmen are selected and the Action Committee is equally balanced with members of all Gramodaya Councils and others.
- Make an announcement to say that all Public Officers working at field level and heads of schools are ex-officio members of the Action Committee.



STAGE

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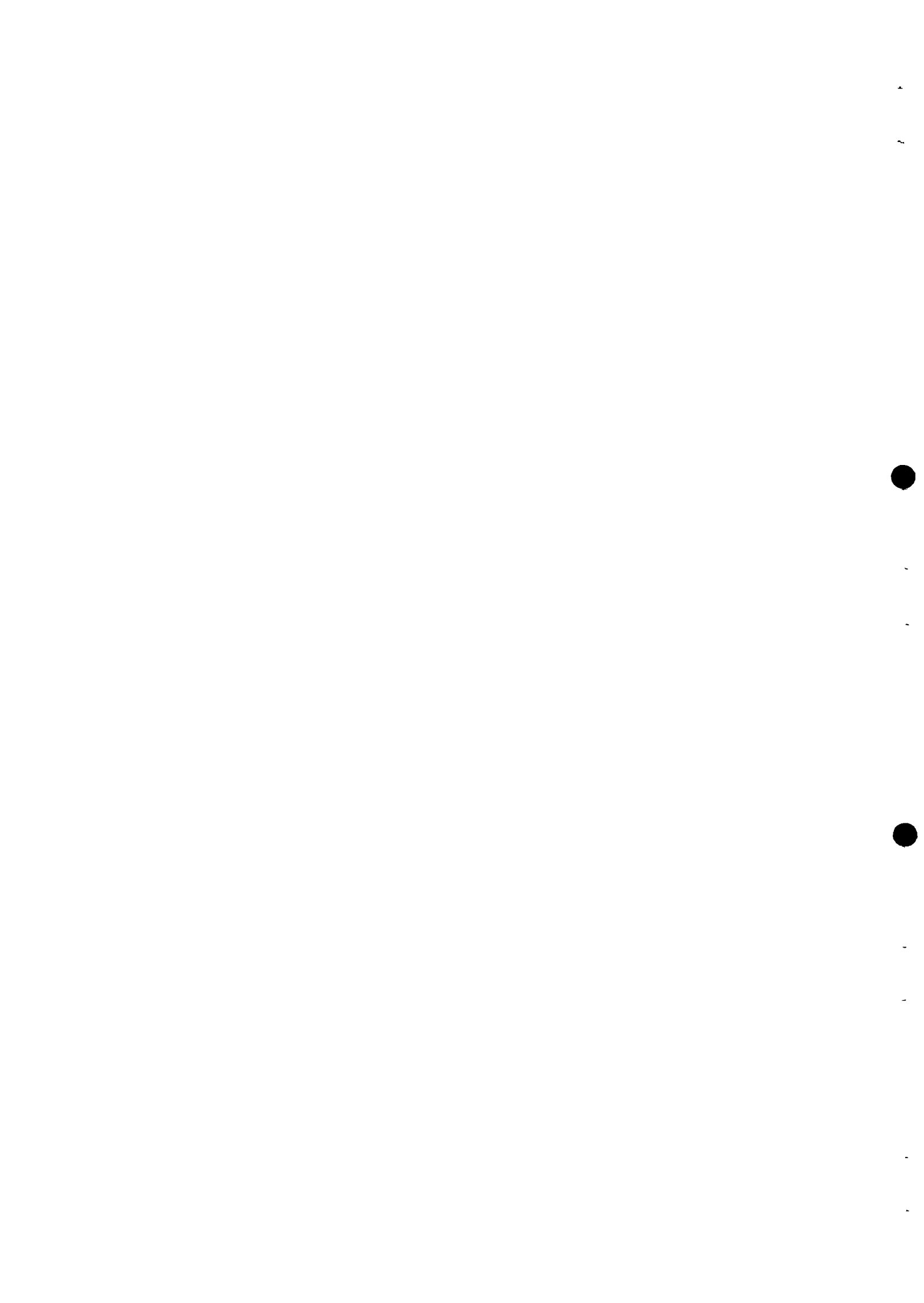


STAGE-5

PLANNING THE WATER SUPPLY AND SANITATION PROGRAMME WITH THE ACTION COMMITTEE AND COMMUNITY

objectives

1. To actively involve the Action Committee and other community leaders in all stages of the planning, designing, implementation and operation and maintenance of the project.
2. To develop simple monitoring and evaluation mechanism and procedures and ensure that these components are included in the plan.
3. To review, the draft plan of the water supply and synchronise the community share with that of the technical component for implementation.
4. To allocate the community share to the community and prepare a consolidated action plan.
5. To organise measures for the implementation of the health education plan and involve the community in all stages of the planning, designing, implementation and operation and maintenance of the water supply system.
6. To plan the construction of syphons and slabs on self help basis and provide support to those who need assistance in the construction of latrines.



STAGE-5

PLANNING THE WATER SUPPLY AND SANITATION PROGRAMME WITH ACTION COMMITTEE AND COMMUNITY

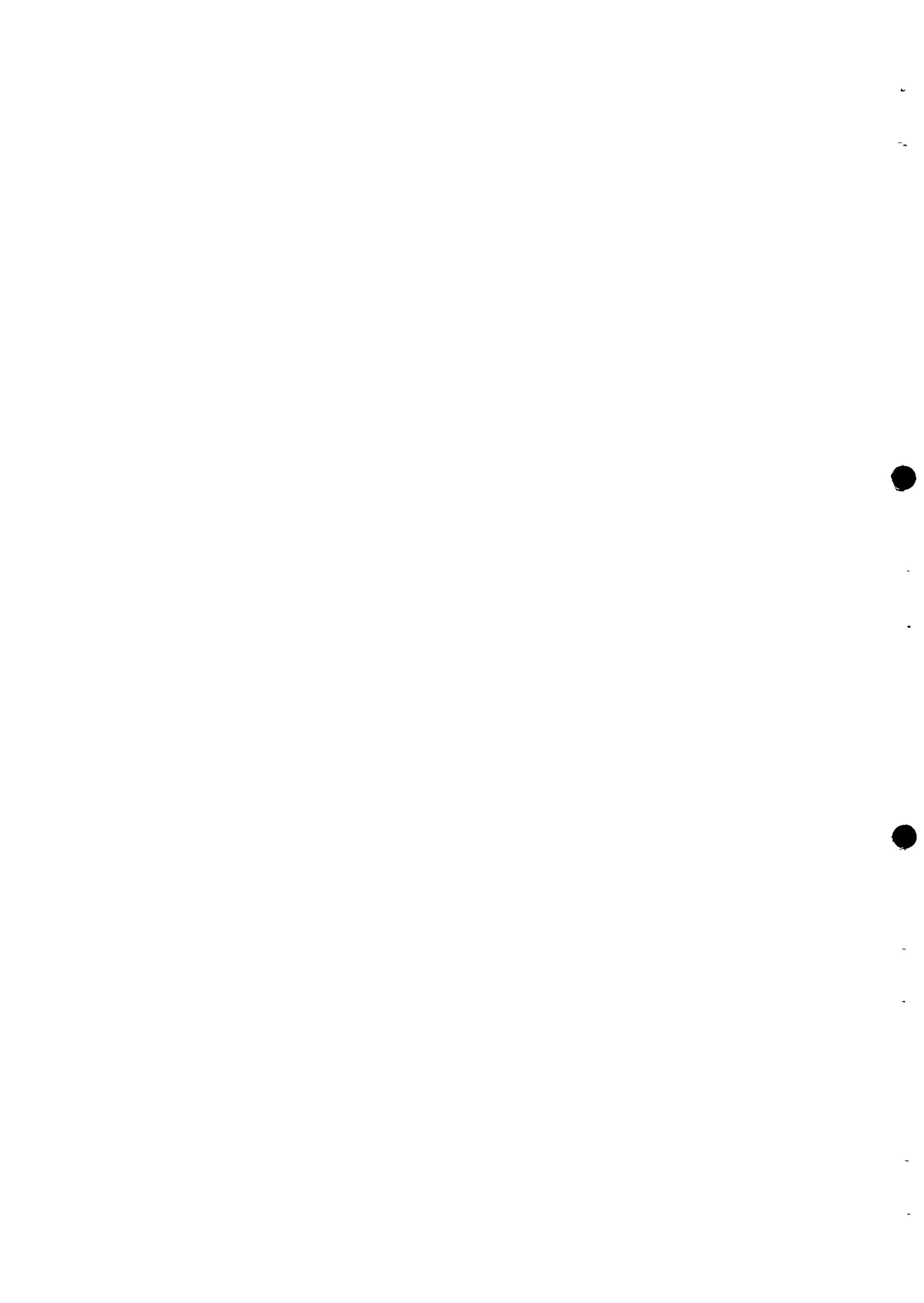
STEP-11

Match the community share of the construction plan with that of the technical design of the water supply and prepare a consolidated plan allocating functions to agreed groups.

- The objective of the Action

Committee is to implement the decisions arrived at in the consultation programme.

- When the Action Committee meets, first see that a Chairman and Secretary are elected. The Secretary should always be a member of the Project Staff to facilitate implementation of the project. It is preferable for the Chairman to be elected from among Gramodaya Chairmen to facilitate co-ordination.
- It is always better to get these positions filled by consensus.
- Invite the local M.P. to the first Action Committee meeting.
- Before the Action Committee starts its work the Project Staff should ensure that all materials necessary for construction are readily available.
- Review the water supply design accepted by the participants at the community consultation programme.
- Identify separately the share of the community and the share of the outside Agency/Department/Corporation in planning, implementation, monitoring and evaluation.
- Get the community share analysed such as donations of labour, supply of raw materials etc.



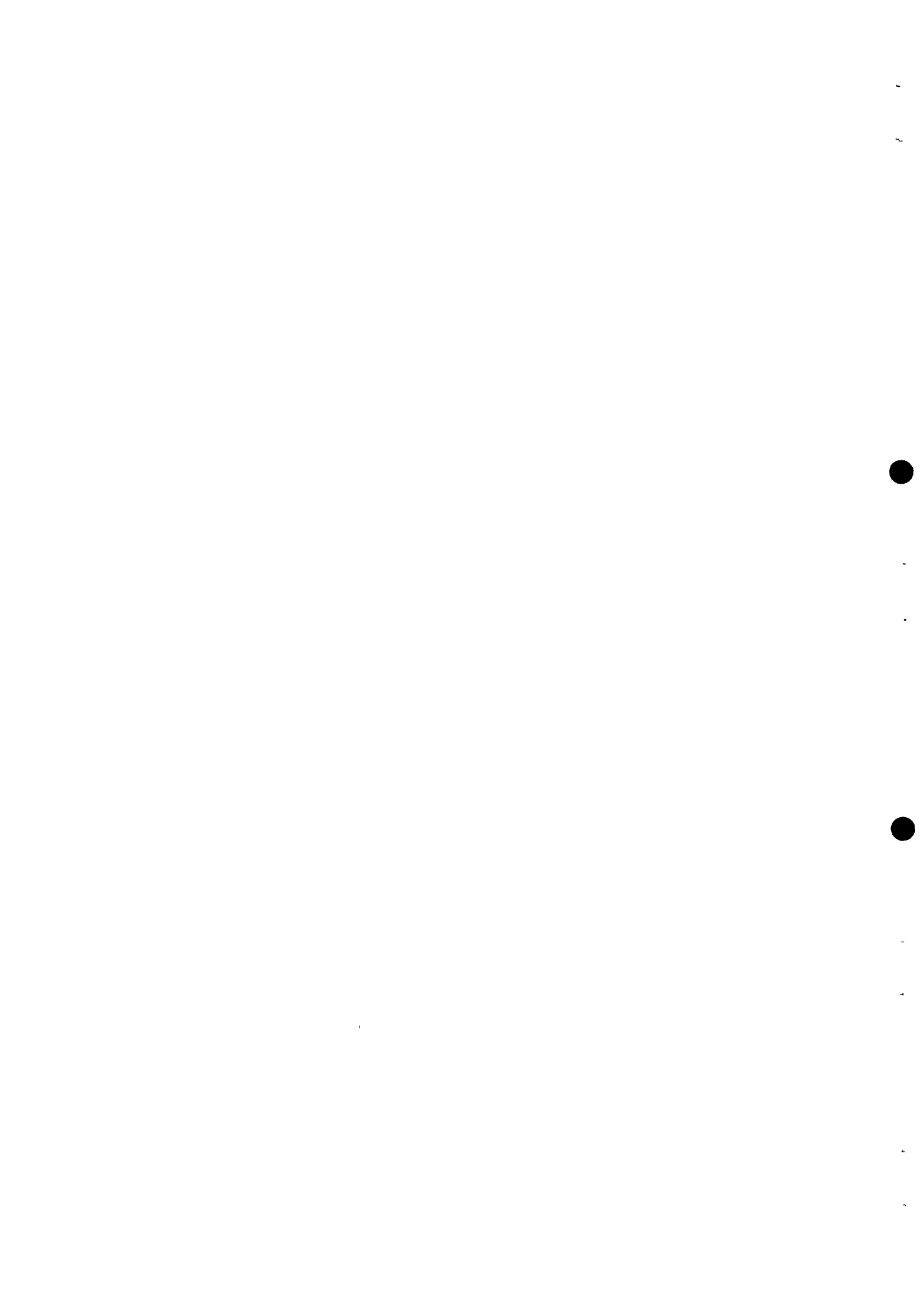
STEP-II

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REMEMBER

Take the planning & decision making functions to the community to the deepest extent possible through the existing Organizations. Although it is difficult & time consuming it will give excellent results.

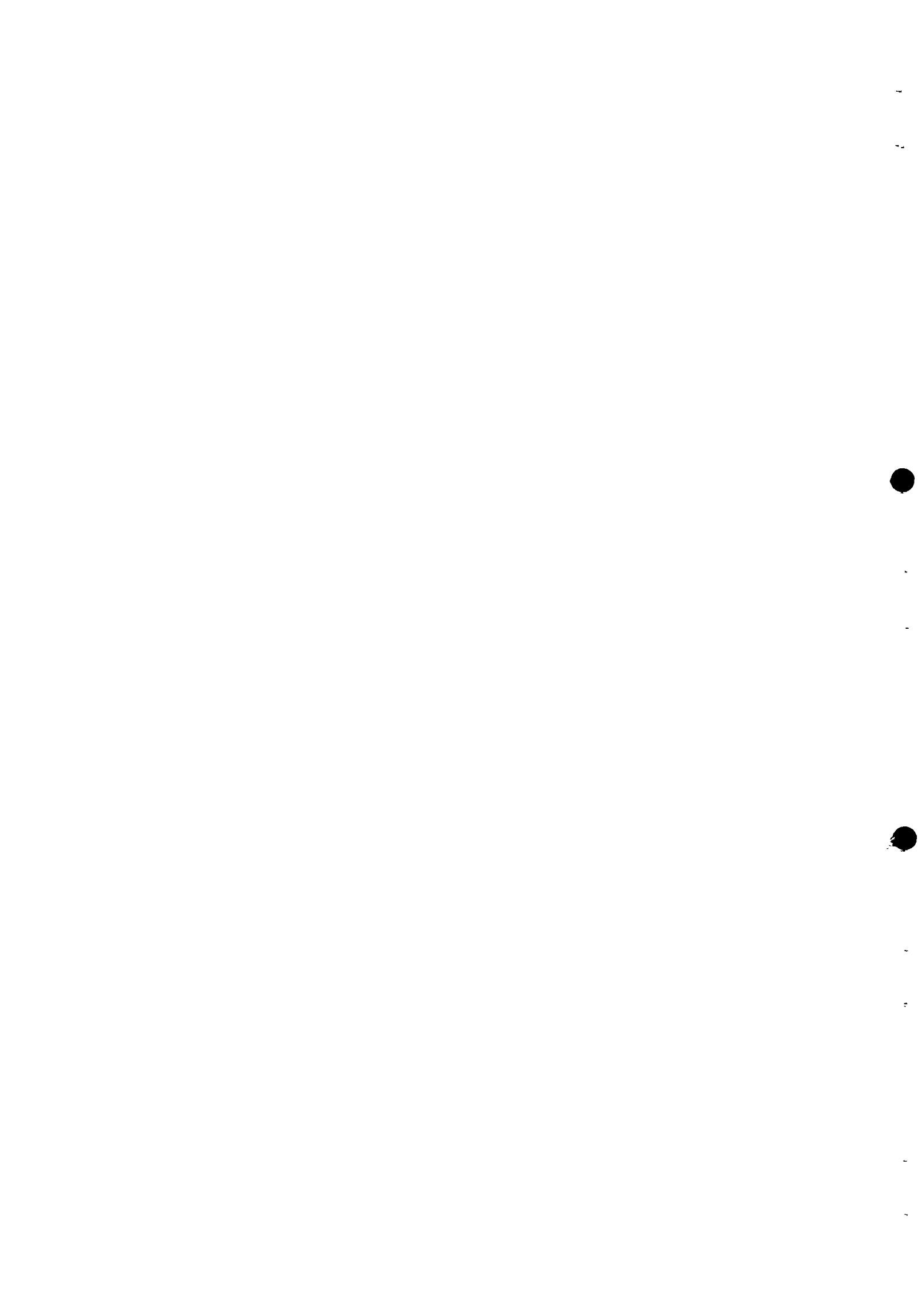
- Discuss the construction, operation and maintenance plan in detail with time frames.
- Evolve suitable monitoring of the construction, monitoring and evaluation of the project.
- Taking into consideration the nature of community share, identify the areas where community share could be fitted.
- Plan with the Action Committee in such a way that the agreed community contributions are best utilised in the planning, construction, operation and maintenance.
- If the construction work covers more than one Gramodaya Council area then take each portion that falls on to a particular Gramodaya area and plan the activities further with their respective Gramodaya Councils.
- Get the Gramodaya members to discuss the plan and the community share with their own organizations. This gives them a chance to educate them and ensure their support at the delivery of the community share.
- This could be further spread by allocating functions to individual organizations.
- Get the Action Committee to discuss with the standpost users the importance of the payment of water tariffs.
- Stress the significances of an efficient operation and maintenance, mentioning that this depends on regular payment of water tariffs by the water users.
- Evolve a mechanism to collect water tariffs particularly from standpost users.



STEP- II

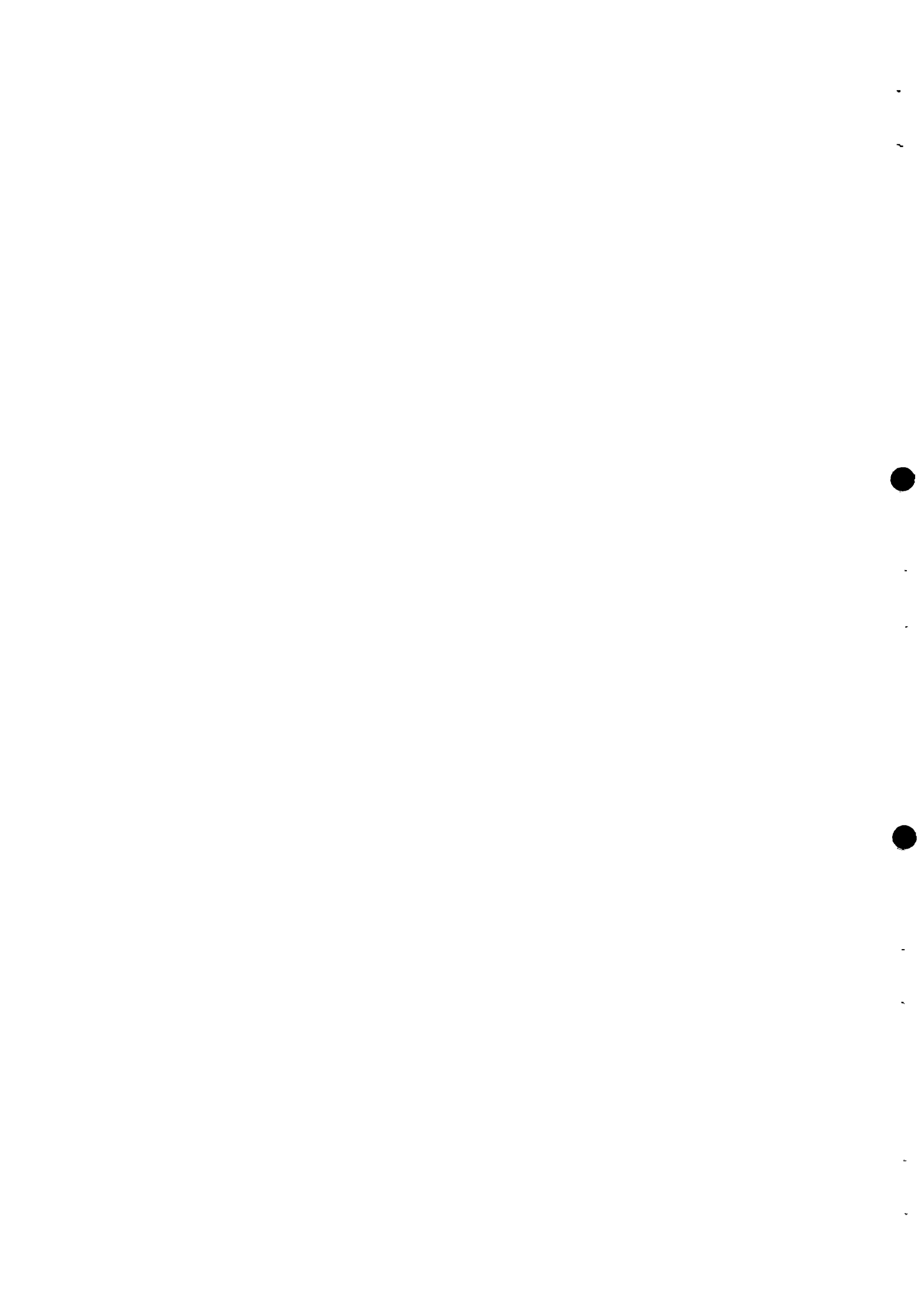
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- It is always wise to form Sub-Committees or selected individuals from the Action Committee to be responsible for the community share so that he could co-ordinate functions.
- Match the work of both parties and develop the construction operation and maintenance plan of the water supply.
- Similarly review the sanitation programme agreed at the community consultation programme.
- Ensure that cement and reinforcements are available for construction of syphons and squatting plates before discussing the programme.
- Detail out the work amongst the members so that the whole area could be covered.
- Calculate the amount of cement and reinforcement required for the construction of syphons and squatting plates.
- Prepare a detailed plan for distribution of cement and reinforcements assigning a member of the project staff to be responsible for issue of such articles.
- Review the Health Education Plan agreed at the consultation programme.
- Identify the work that the members and their respective organizations could do by themselves.



STEP- II

- Identify support needed from the Action Committee.
- Action Committee and Project Staff set criteria in selecting volunteers for training.
- Get the members to support the Health and Project Staff in selecting volunteers for training in health education.
- Identify houses that are to be allocated to volunteers.
- Group these houses into 10 to 15 per block depending on the number of volunteers intended to be taken for training (Usually the number is 10 to 12).
- Consult chief house holders and housewives of these houses as to the selection of a volunteer acceptable to them and who is resident in these 10 to 12 houses.
- Make the people understand that the volunteer is the person who is going to be the link between the two parties (agency and the community).
- Make them understand that it is their responsibility to nominate a volunteer in case the selected volunteer drops out.



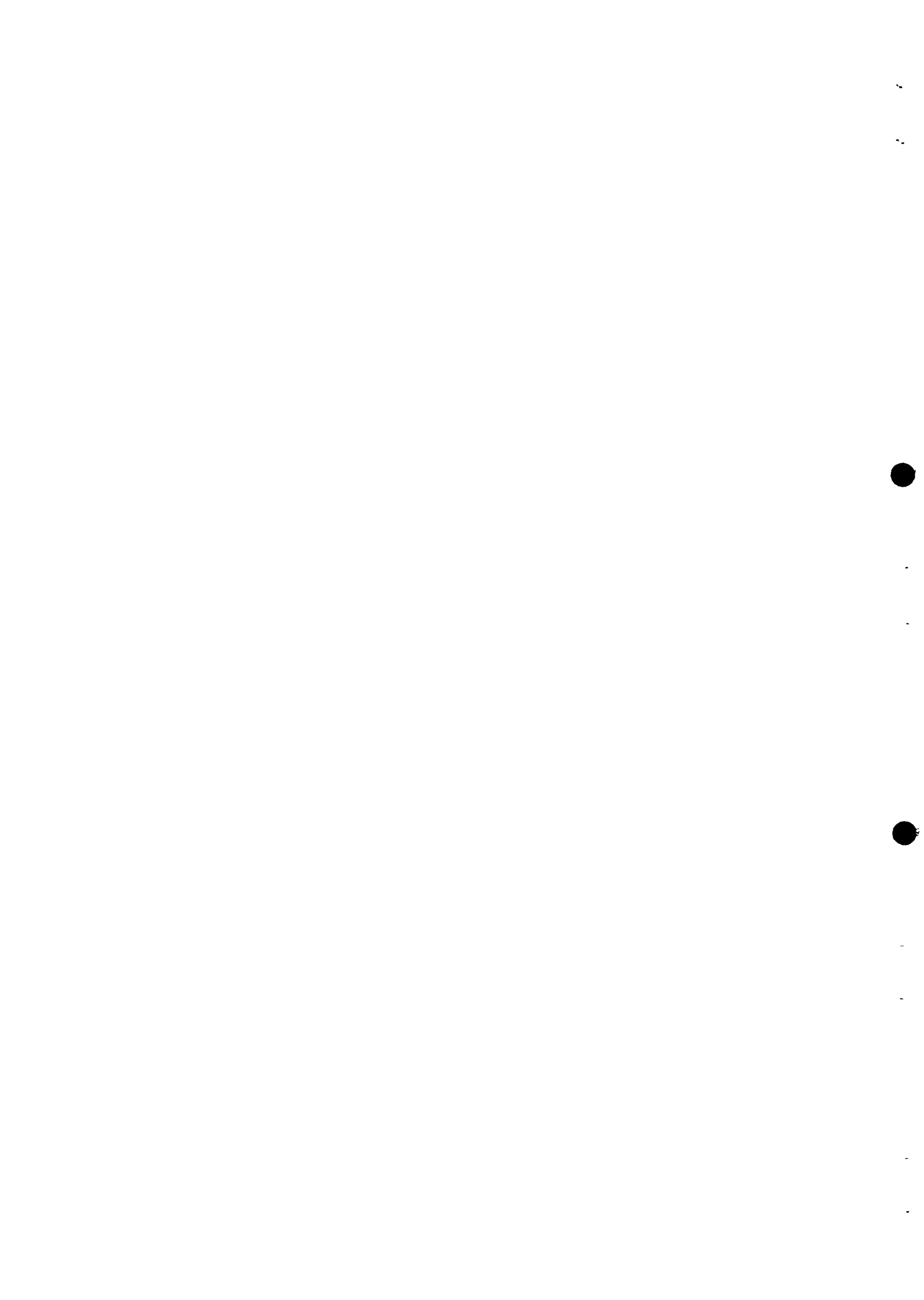
STEP-12

Discuss and develop their share of work plan with the Action Committee. This may include water supply and sanitation. Discuss the share of work with their individual voluntary organizations and if possible, with the community and get their approval.

- In the water supply programme as identified at the community consultation, education and planning session.
- Review the community share of the water supply programme and assess the manpower and other local resources agreed upon by the community.
- Distribute the work amongst the representative voluntary organizations and (villagers) community members.

In earlier stages the community share has been identified in both water supply and sanitation programmes. This share has also been matched with the construction plan in consultation with the project staff. The purpose of step 12 is to discuss this further with Action Committee and provide opportunities to their representative organizations to discuss the plan further and arrange field level organizations for implementation.

In the sanitation programme the community share includes the digging of the pit, supply of sand and metal, the necessary labour to turn out squatting plates and syphons and the construction of the superstructure.



STEP-12

- Once the voluntary organizations are assigned their task it is necessary to have further discussions with their members and work out details so that their involvement could be planned at the meetings.

It is assumed that these organizations have agreed to their share of construction at the community consultation programme.

- Similarly meet all representative organizations and plan out details with them.

- Select days suitable to the community (this may be sometimes not suitable to the project staff members).

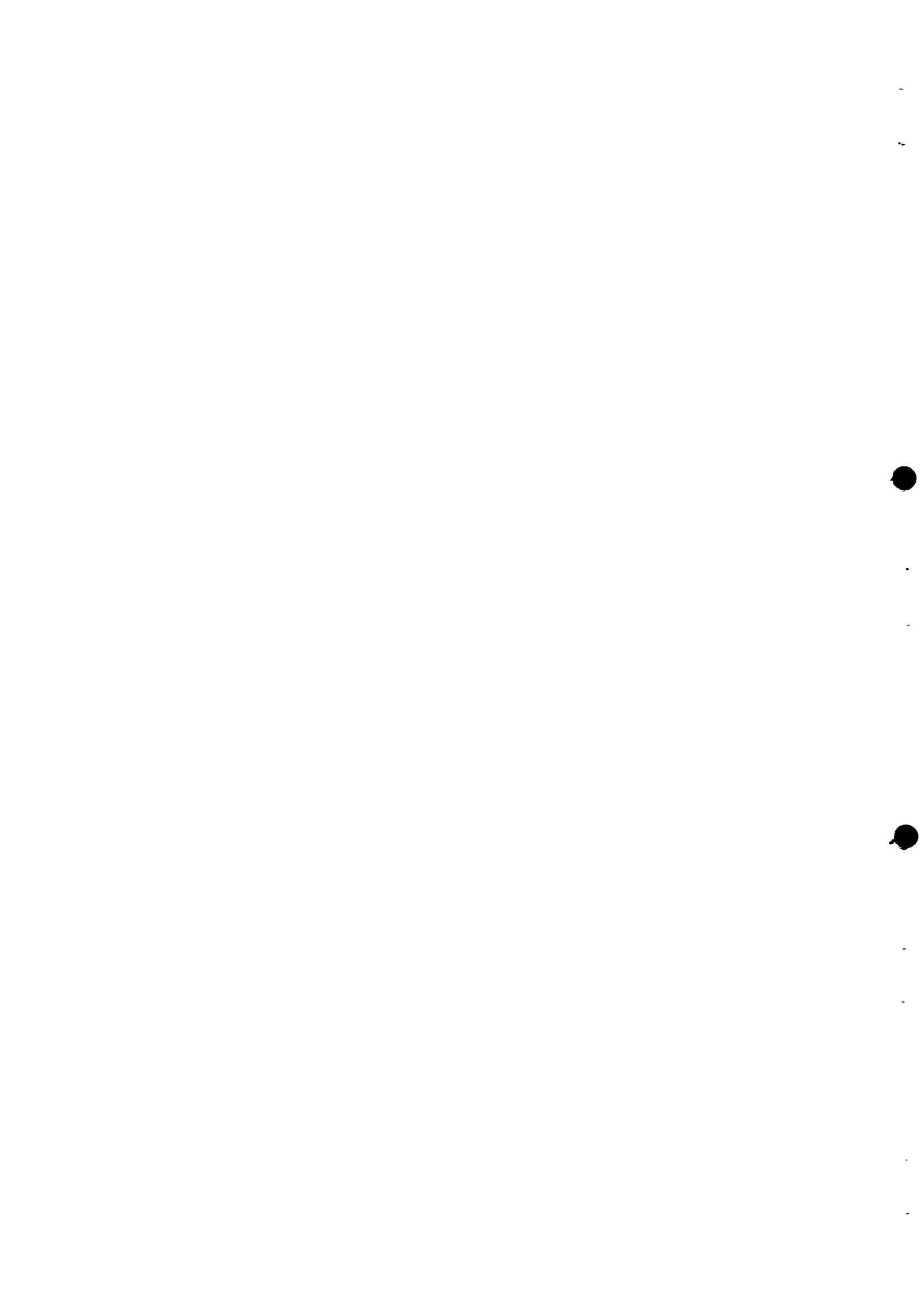
- Get a committee appointed from each voluntary organization and get such committees appointed from all other voluntary organizations.

Usually committee share comes in as voluntary labour (Shramadana) and villages are usually free during the weekend and holidays.

- Get these committees to visit all houses in their assigned area and talk to the people and get their support. It is necessary, if possible for project staff members to accompany committee members during their home visits and discuss with family members the benefits of the programme.

The nature of work involves the excavation work for pipe laying and collection of rubble, sand and metal and provision of labour.

- During home visits make the villagers aware of the programme and get their approval for it.



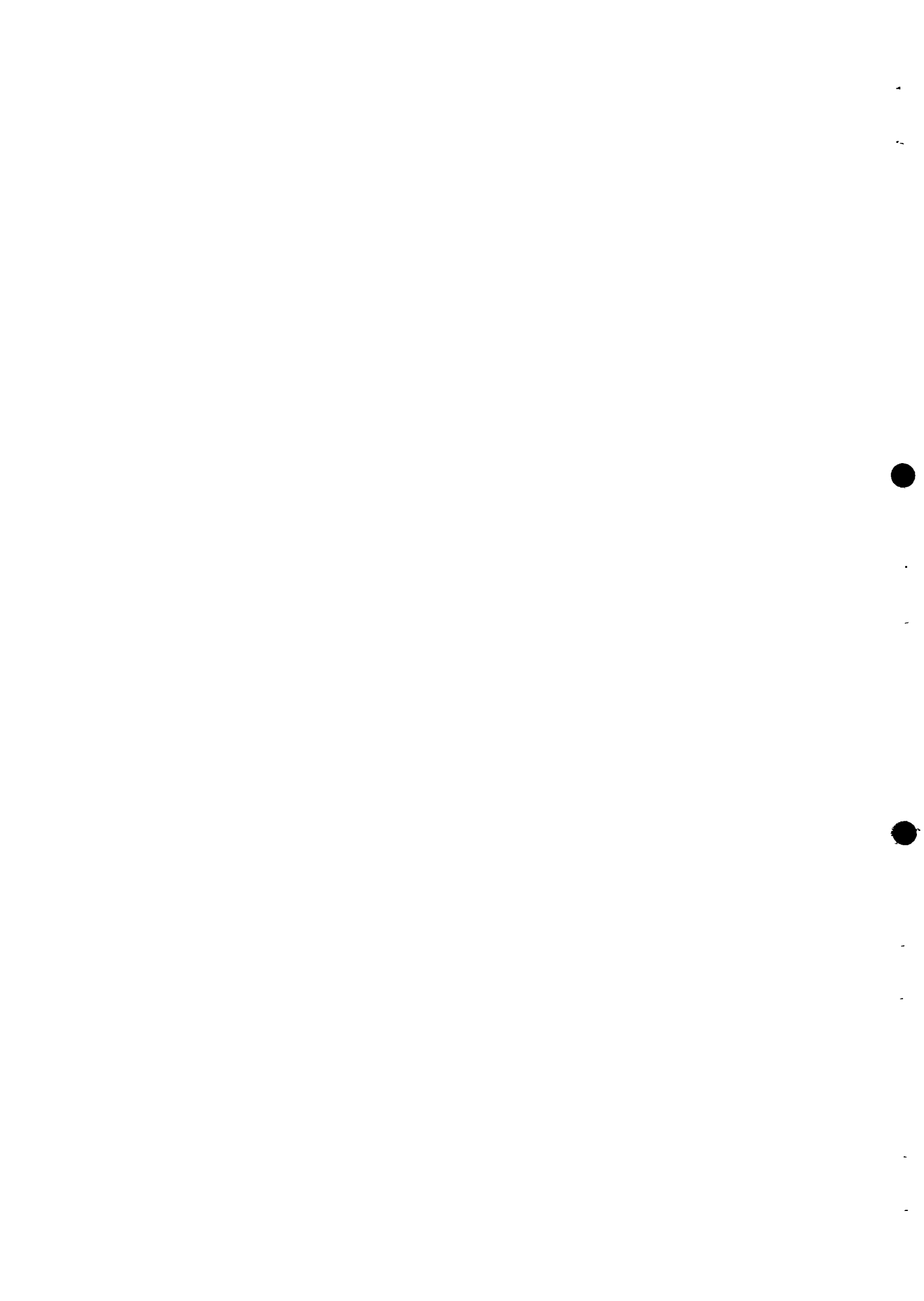
STEP-13

To support the programme promote health education to special groups like schools, formal groups, voluntary groups etc.

- Meet heads of schools. Organise and conduct orientation programmes for the members of the school staff.
- Organise upper class school children and give them a good understanding of the project.

Health education is an ongoing activity and it is assumed that the health education plan is in operation. In this plan it is envisaged that special programmes are conducted to special groups. Since these special groups are dynamic and could be utilised to expand educational activities.

The purpose of this step is to promote the programme further by doing health education to special groups. (It is also assumed that the project staff would have a well developed plan for health education.)



STEP-13

Contd:

- Similarly organise other groups through local health staffs and conduct discussion programmes. (Other groups include all groups in the area for example all voluntary organizations and whether they are representing Gramodaya or not, and other village groups).

REMEMBER

By this time it is expected that due to previous interventions the special groups mentioned in Step 13 must have had some understanding of the project.

- In all these health education situations, use educational aids to suit local conditions.

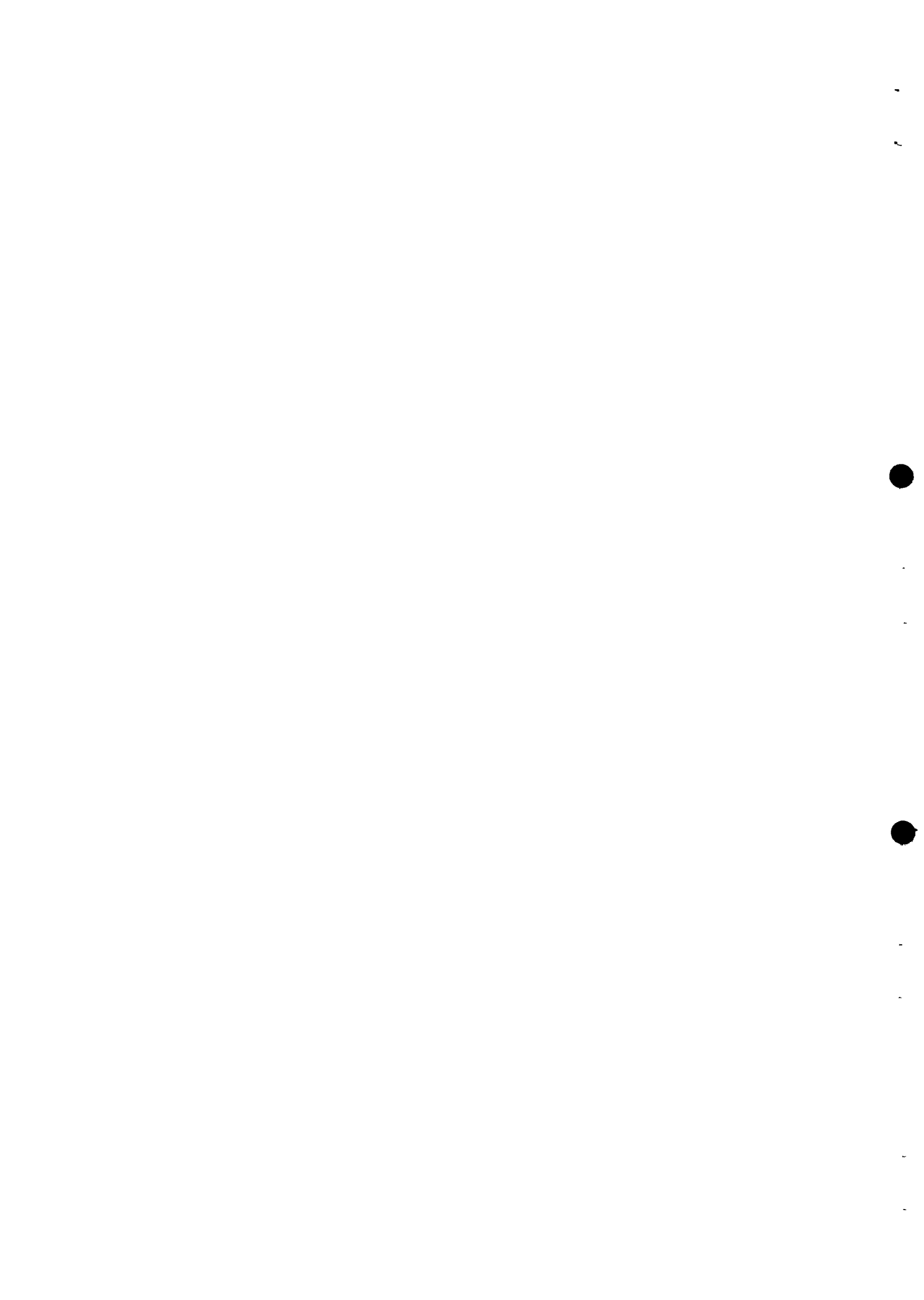
- Use local health staff for health education activities.

- Supply them whatever is necessary to do health education (transport etc.) work.

- In all these health education situations see that the present plan of the community share in the construction of the water supply system and the latrine construction programme are presented, where ever possible get them to comment and obtain their agreement to the project.

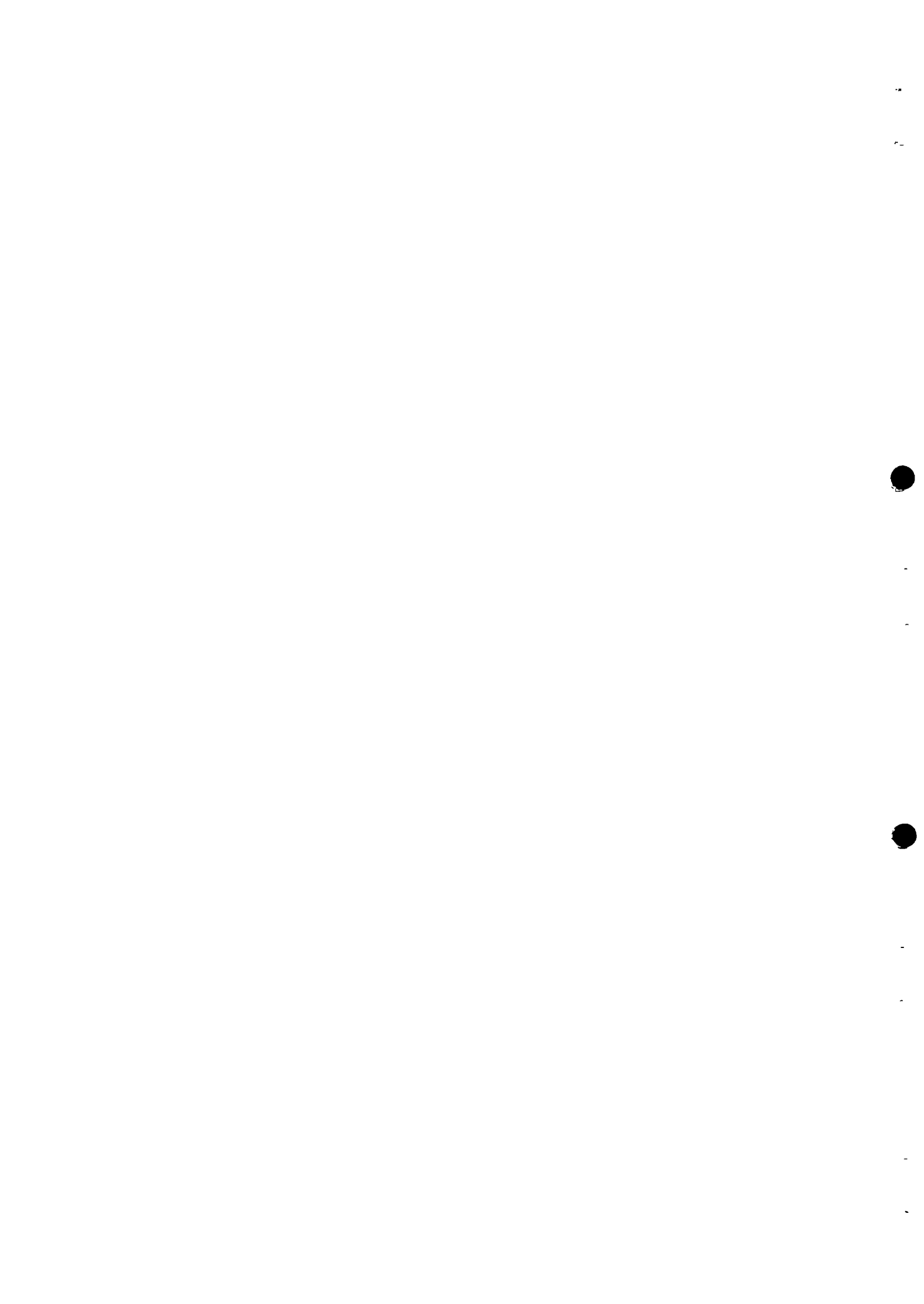
REMEMBER

The commitment of every member of the community is essential irrespective of whether he is in a position to assist the project or not



STAGE

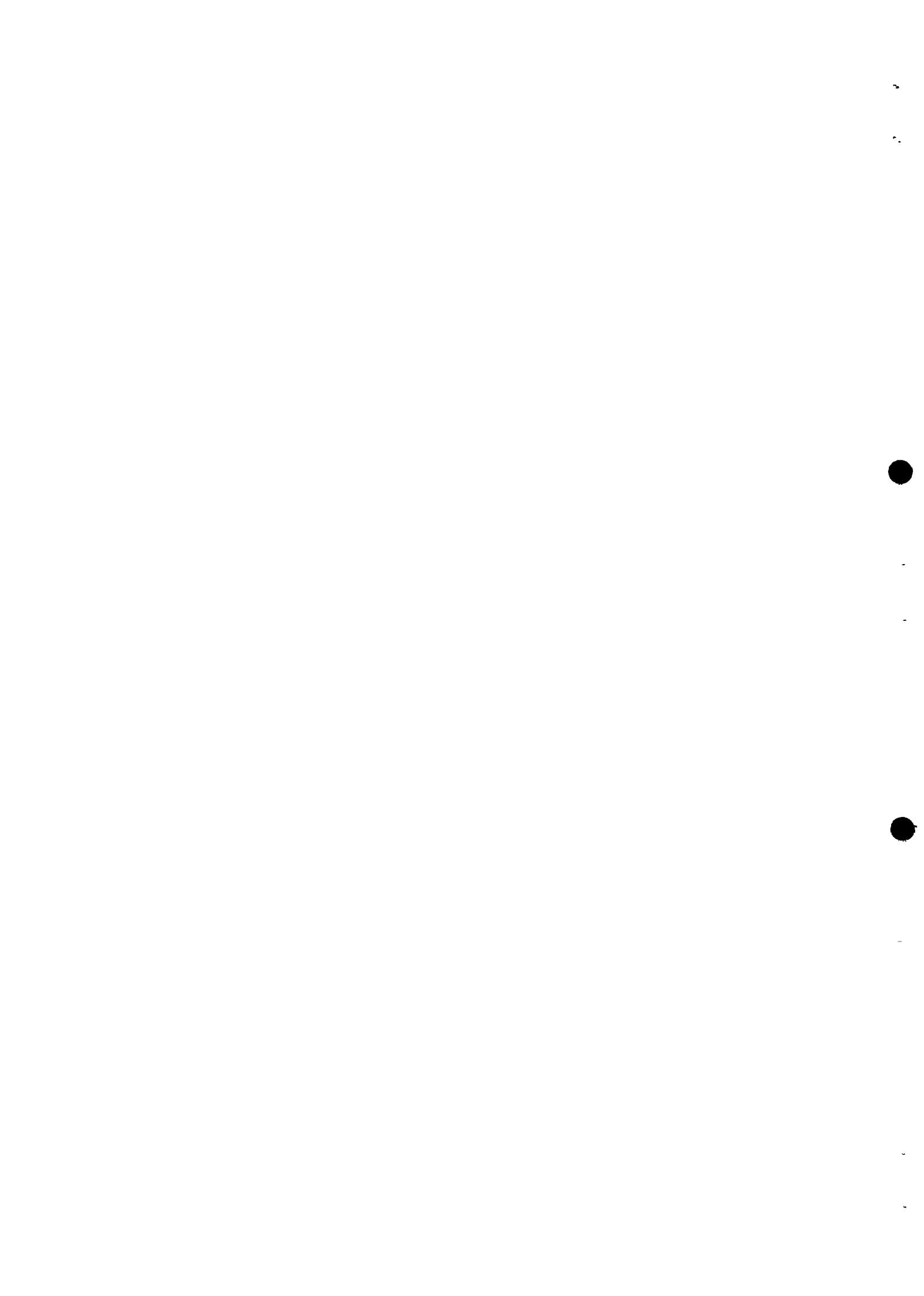
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STAGE-6

objectives

1. To get the Action Committee to select volunteers in consultation with the community.
2. To get the involvement and concurrence of the Action Committee and the community in deciding the location of standposts.
3. To ensure that support services and equipments are available before implementing the programme with the community.
4. To get the Health Staff and NGOs, to work with the community in planning and implementing the latrine construction programme.



STAGE-6

REINFORCEMENT OF THE SOCIAL AND EDUCATIONAL BASE OF THE COMMUNITY

STEP-14

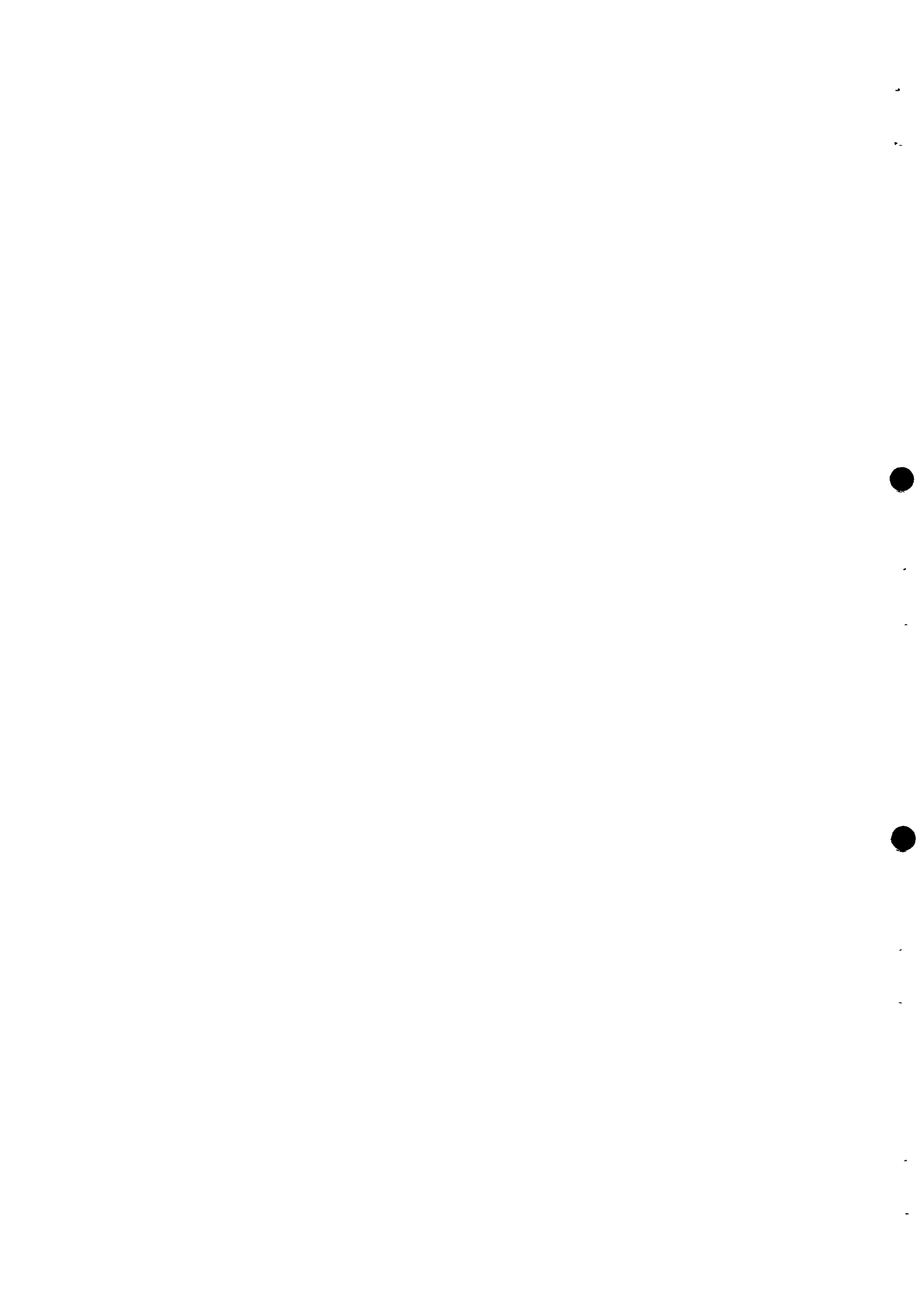
Get the Action Committee to group houses into blocks (8 to 15) and get the families of each block to select volunteers for training. The volunteer need not necessarily be a young person. The option should be given to the families for the selection.

- Study spatial distribution of houses in the area.

- Taking into consideration the proximity of houses to each other identify clusters or blocks of houses.
- Each block could comprise 10 - 15 houses. It may be more or less (the easiest method is to get the standpost water users as one block)
- Organise the members of each block to a group and describe and discuss what the project is going to do to the villagers and the necessity of having representatives from each group for training so that he or she will look after health education needs and function as a link between project health staff and the villagers.

The purpose of stage 6 is to reinforce what has already been done and intensify health education. The programme could be given a longer life with measures for sustenance.

Number of houses in each block varies usually 10 to 15 or more.

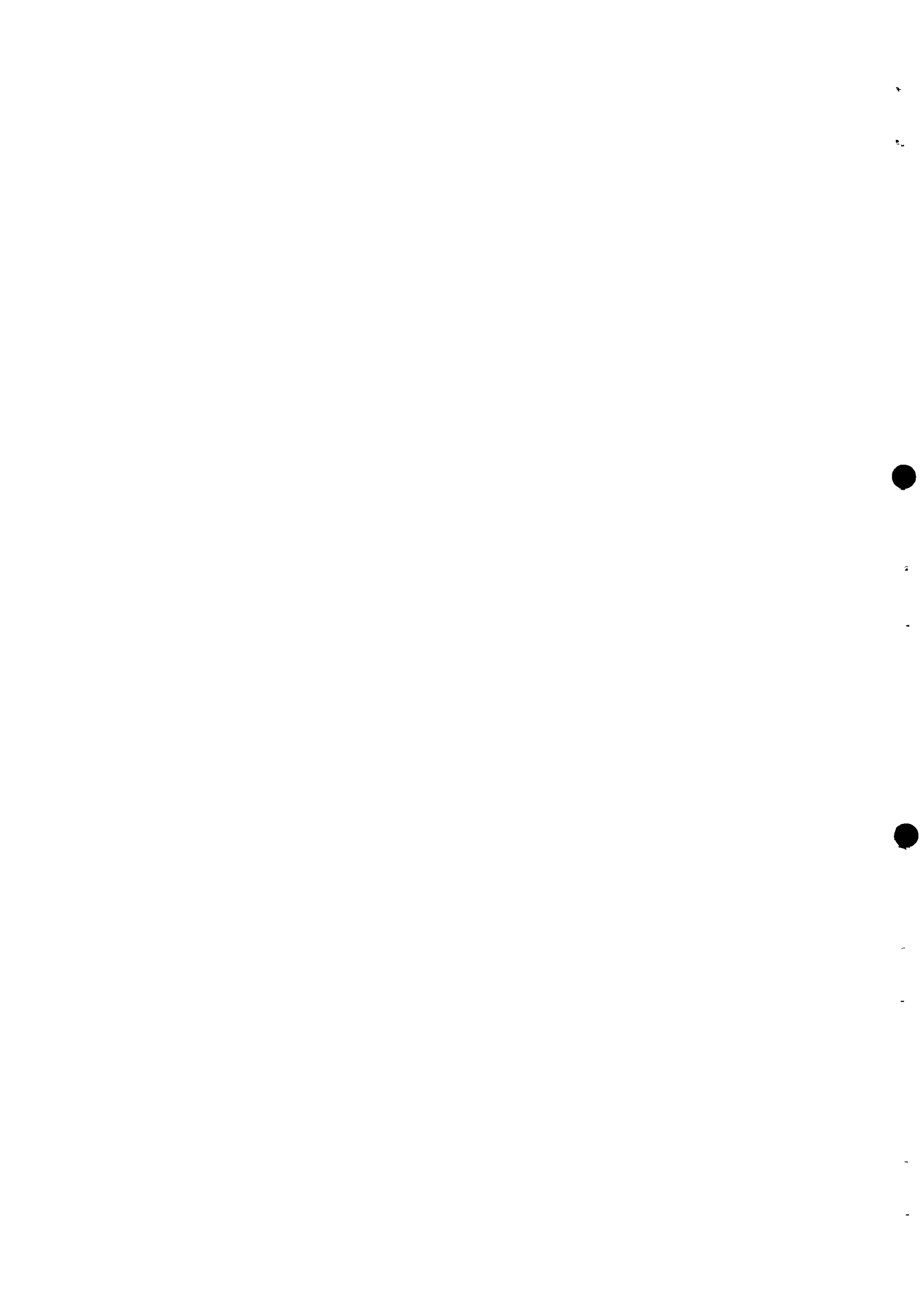


STEP-15

Get the Action Committee to finalise the location of standposts in consultation with families to be served with it. Action Committee is to facilitate and the families are to select a common location agreeable to them and appoint caretakers.

- Get the Action Committee to identify families served by each standpost. This has to be done in respect of all standposts that are going to be installed in the area.
- Once these families are identified, organise them into one group.
- Select a house acceptable to all other families for the meeting.
- Organise similarly other families (one standpost and one group).
- Select a day and time most suitable to these families.
- Invite them for a discussion at the selected house at a convenient time.
- During the discussion make them clear about the benefits of safe water and the importance of the elimination of water and sanitation related diseases by improving sanitation.

At the consultation education session it was agreed to have the number of standposts and where those standposts were to be located. By this time it is assumed that 50% of training of volunteers would be completed.

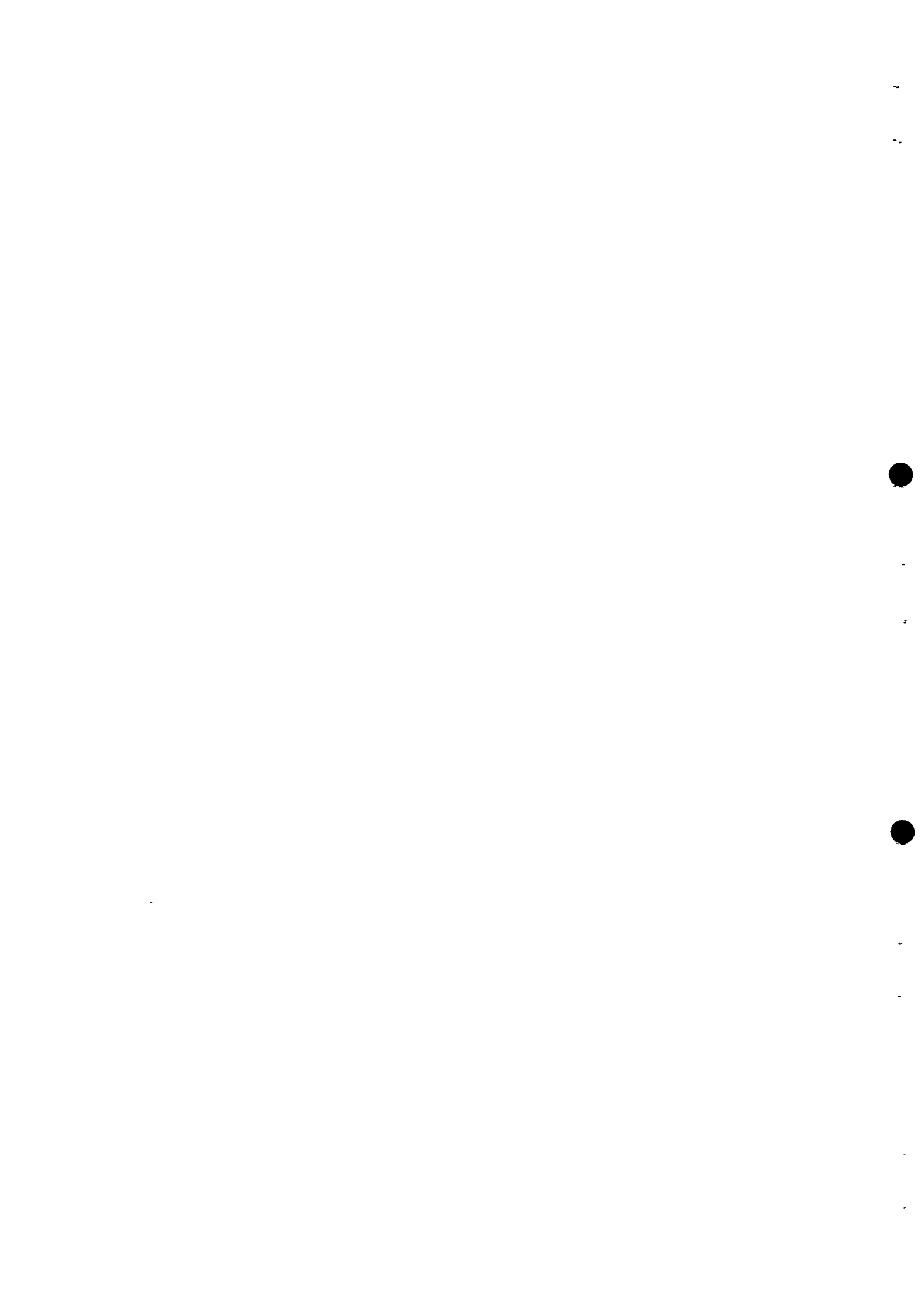


STEP-15

Contd.

- Involve the Action Committee members and health staff in these discussions.
- Apply the same procedure in respect of other groups (for example if there are no standposts there should be no such group).
- Get the groups of the families of each standpost to select a common site for the installation.
- It has been found that this is an extremely difficult task and it will not be possible to get the exact location on the same day.

It should also be remembered that during the consultation/education the decision was arrived at only on the general location and not the exact place where the standpost is to be constructed.

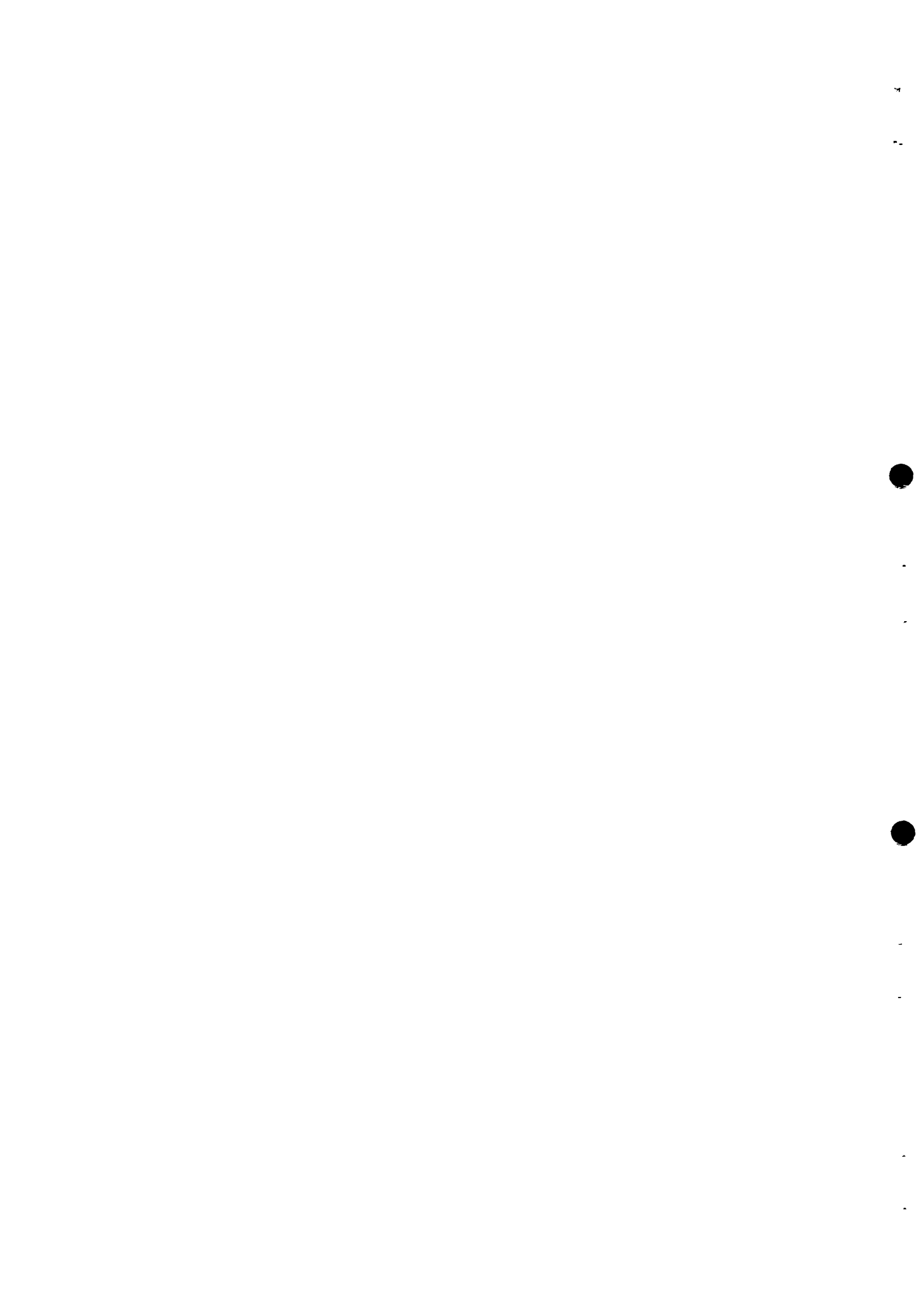


STEP 15

REMEMBER

The decision on the exact place for the construction of the standpost has to come from the families and not from project staff.

- If they do not agree on the same day give them time to decide.
- In the meantime keep on educating them and look for developments.
- When they disagree tell them the importance of common acceptance and proper operation and maintenance once it is installed.
- When they agree on a common place get a letter of consent from the owner of the land.
- Request the families to appoint a caretaker. Explain that the water supply is theirs and the need for its protection is also in their hands.
- Make sure that there is accessibility to the standpost.
- Continue health education and involve volunteers in giving health education.



STAGE- 6

STEP-16

Assure that the technical expertise and support equipments (cement, reinforcements, moulds and other materials for pipe laying etc.) are available before implementing the programme.

Meet the national level officers.

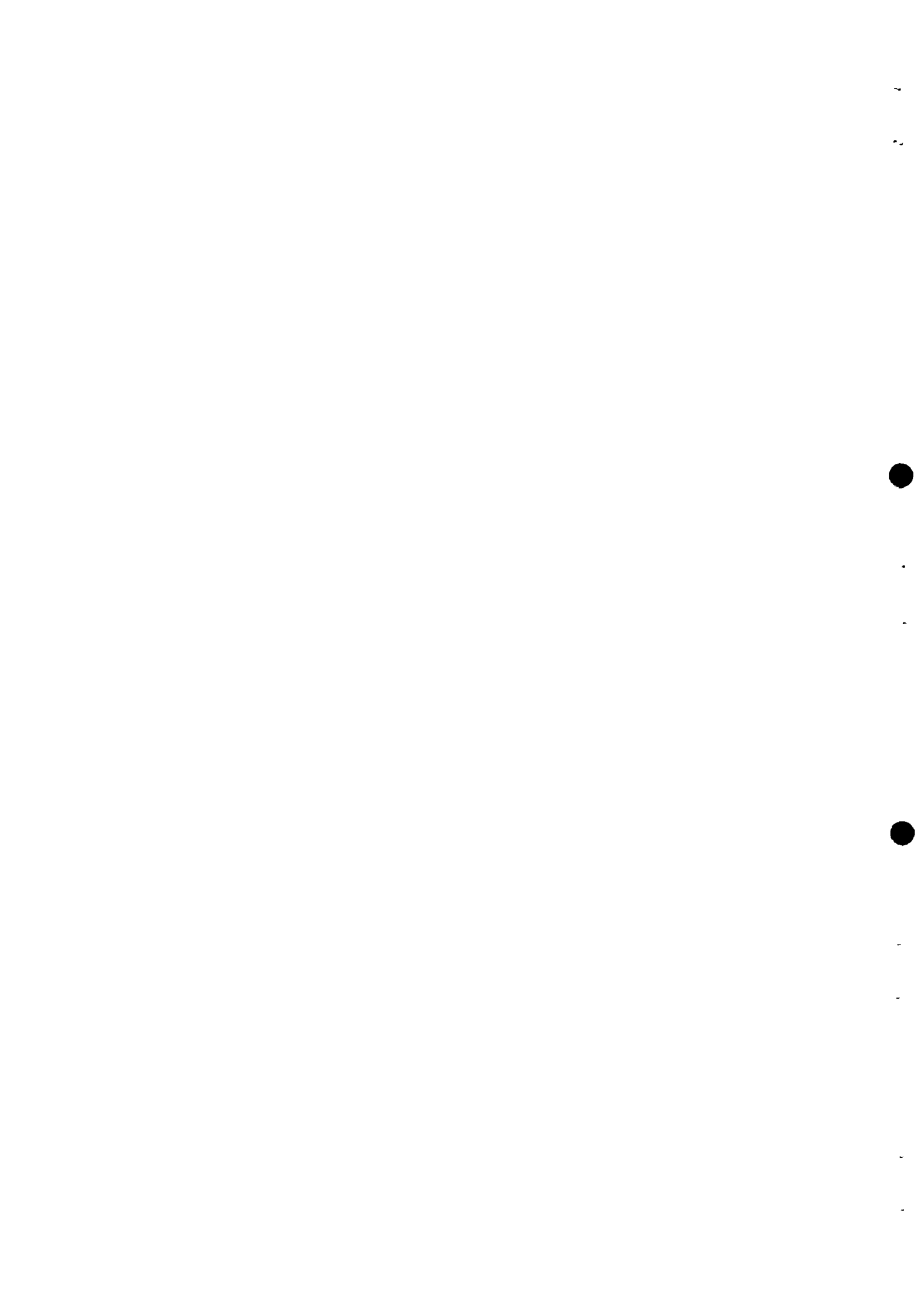
Discuss with them the importance of having all materials necessary to go ahead with construction.

Before the commencement of shramadana have a meeting with the Action Committee and the technical staff. Allow interested persons also to join the meeting.

Get the Action Committee to come out with their shramadana plan and the project staff should coordinate the plan.

The objective of this step is to ensure that the community efforts are not wasted. It has been found that when the community is over enthusiastic they go ahead with massive shramadana (donation of labour) campaigns in excavation work for pipe laying and when pipe laying is not followed immediately after shramadana, people are frustrated. This may seriously affect the whole project.

Introduction of this step is also mainly due to failures of construction work to keep pace with community work.



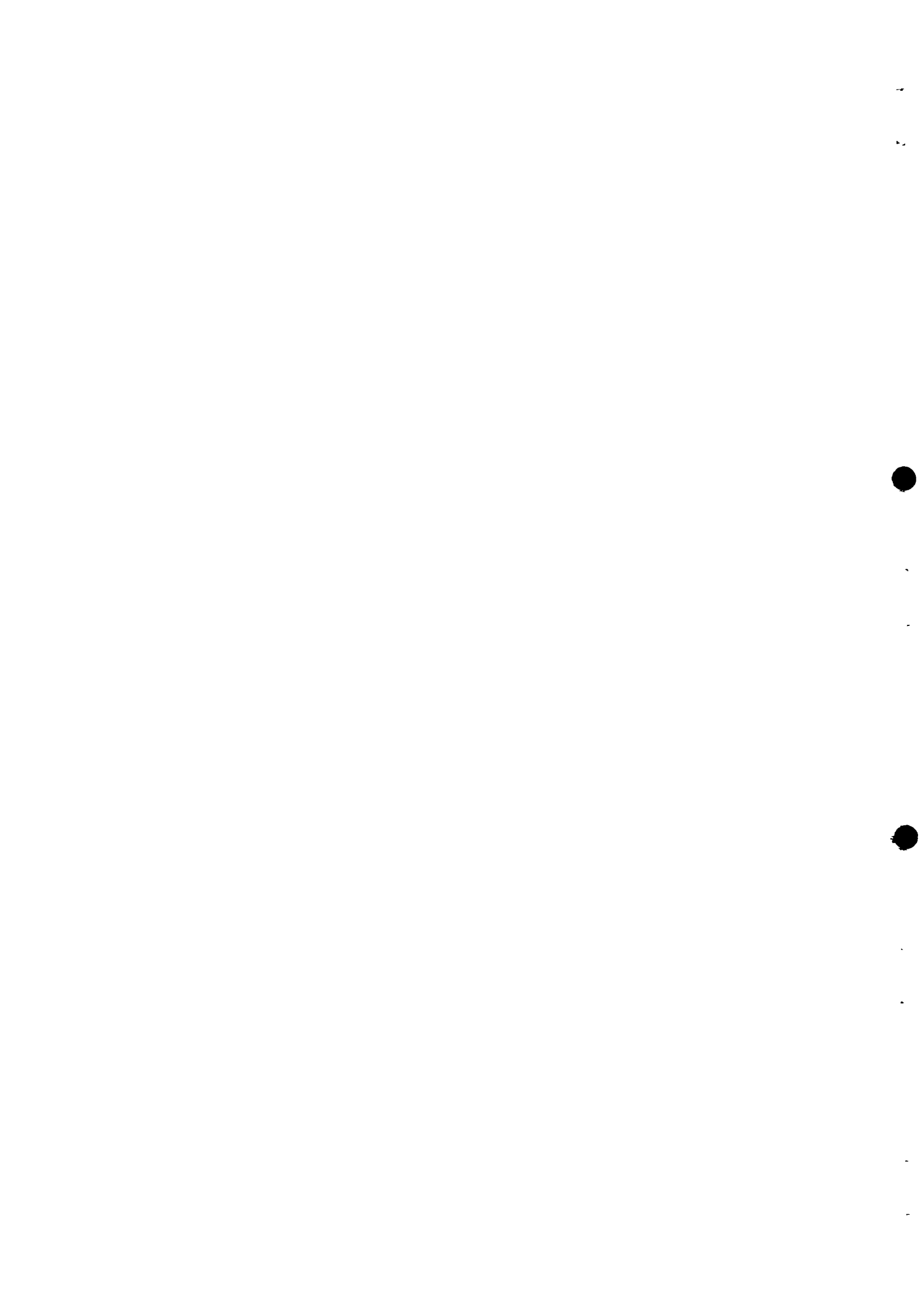
STEP-16

Contd:

- Get the technical staff to assess the work and see whether they have everything for pipe laying including skilled labour and also to provide other forms of assistance. For latrine construction see whether reinforcements, cement moulds etc., are available before hand.

REMEMBER
not to keep any room
for community to get
frustrated.

- Get the community to start their work plan, only when the materials are available on site.



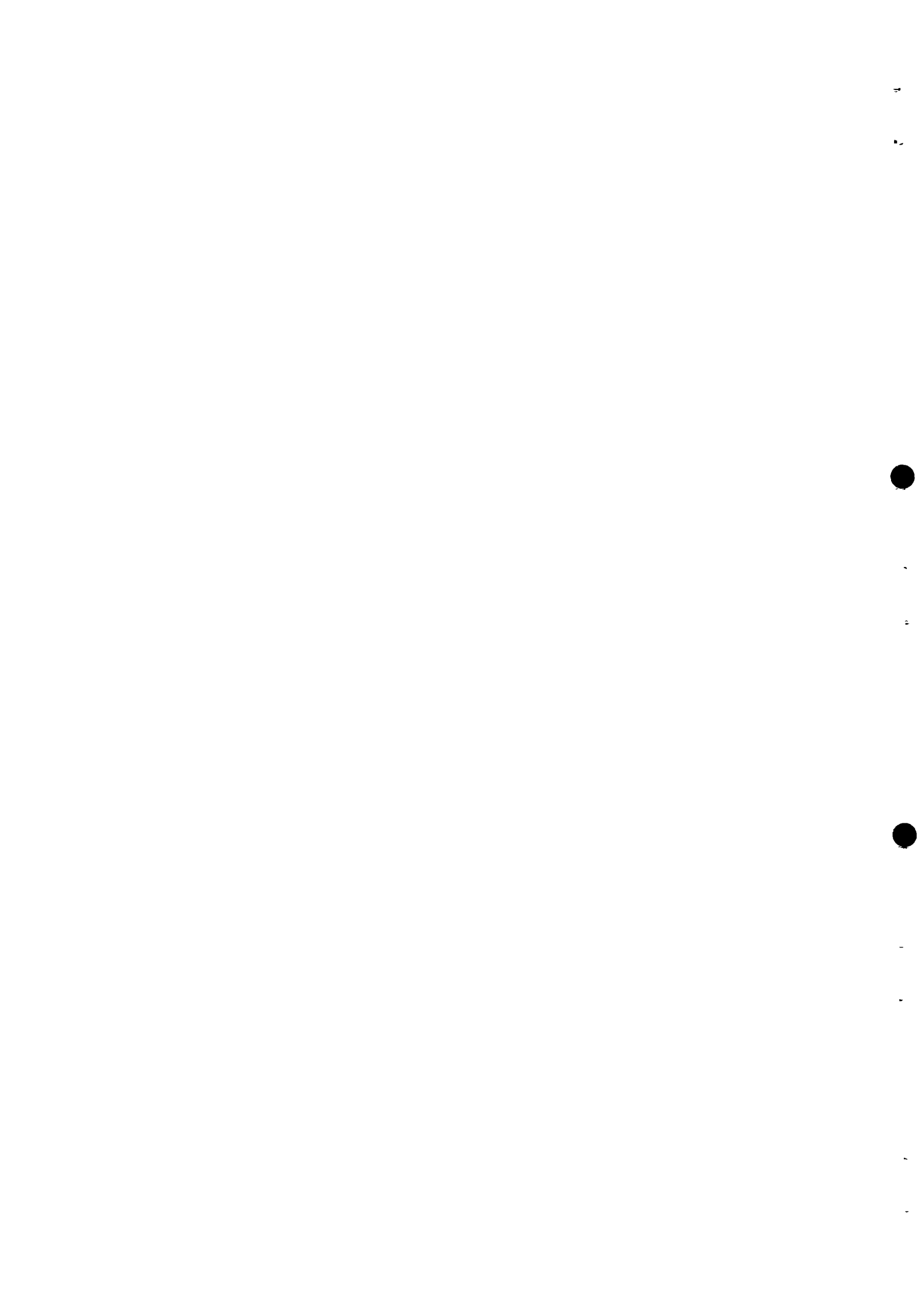
STEP-17

Get the health staff and volunteers to locate the sites for latrine pits in consultation with the beneficiaries and see that these pits are dug to the size given and continue health education.

- Review the list of families and get the Action Committee members, volunteers and health staff to visit the houses and discuss with family members.
- During these visits inform them what the project is providing and the latrine is no longer an economic burden and that it raises the quality of their life.
- Show them the suitable sites to dig latrine pits.
- If possible, organise the community for a shramadana to dig pits for the poor in the village.
- Involve volunteers in all these activities and get them to organise shramadana activities for the preparation of pits.

The objective of this step is to persuade the villagers to dig latrine pits and to educate them as regards the importance of having a latrine to each family in order to control water and sanitation related diseases. It is also necessary to tell them how the project proposes to finance latrines.

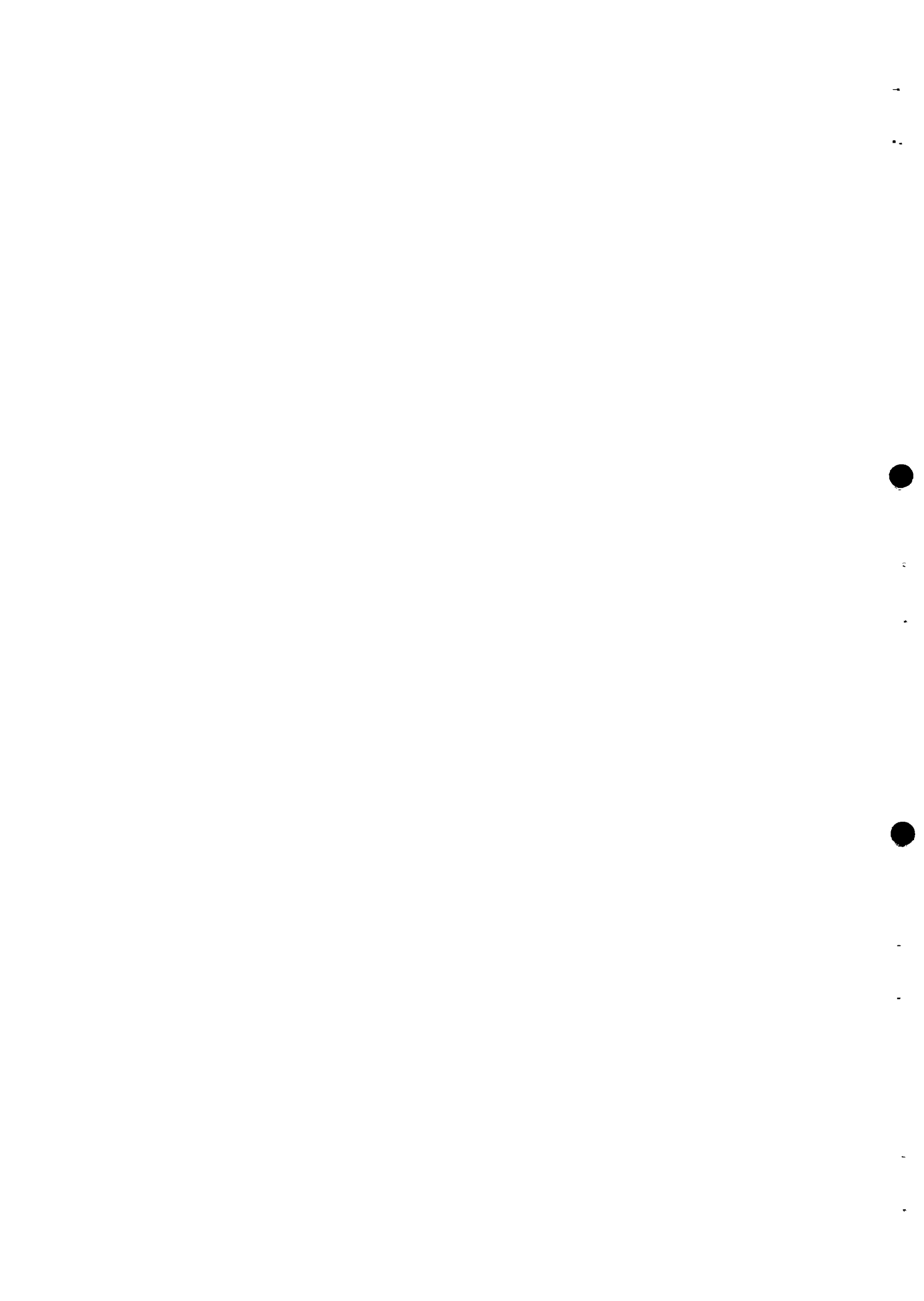
The socio-economic survey must have given the list of names of families which have no latrines. The Action Committee may also be having a list.



7

STAGE

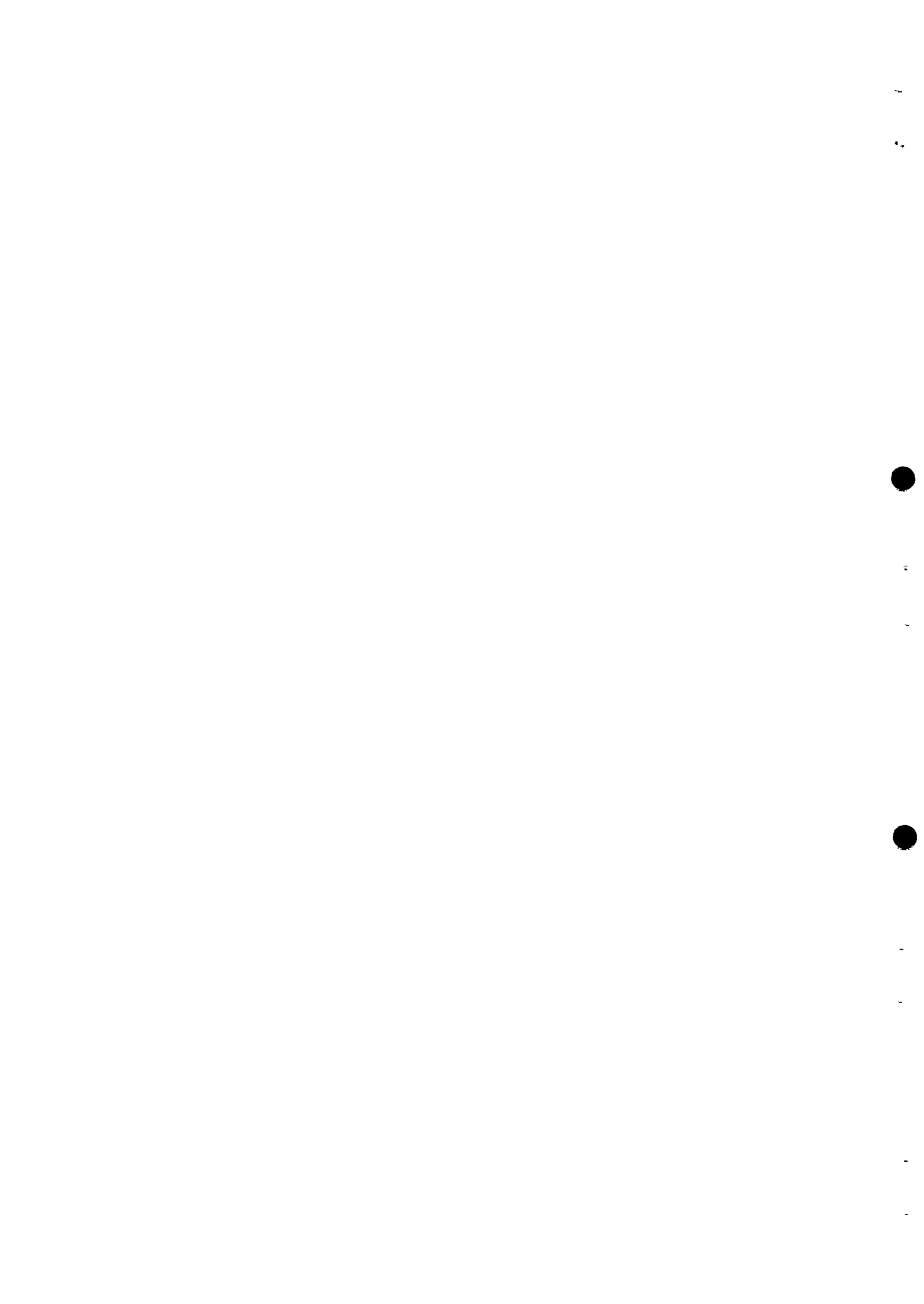
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STAGE- 7

objectives

1. To get the Action Committee to synchronise the community share with that of the construction plan and implement the programme with the community.
2. To get the community efforts mobilised in turning out latrine plates and syphons.



STAGE-7

IMPLEMENTING THE CONSTRUCTION WITH COMMUNITY CONTRIBUTION

STEP-18

Implementing the community share concurrently with that of the construction work plan for the water supply and sanitation in detail with the technical personnel and arrange dates for the physical contributions of the communities (eg. excavation of pipe lines collection of locally available materials and continue un-
till agreed community coverage is achieved.

- Have a joint meeting of all health staff, technical personnel of the

external agency and other interested persons) in the shramadana work a day before the shramadana and discuss the plans of both the community and the external agency.

- Finalise the activities.

- Make sure that personnel and materials are available for pipe laying.

The objective of this step is to actively involve the community in the construction work.

In the earlier stages the community contributions were discussed and arranged to be implemented along with the construction work of the external agency. In (earlier) stages (5&6) decisions have been arrived at as regards dates and time of shramadana. Materials necessary for pipe laying etc., must also be ready by this time.

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STEP-18

Contd:

- Motivate the groups (Action Committee, health and volunteers) visiting houses to enroll villagers and ensure that the required number participate.

How to organise a shramadana campaign is not discussed here. Sri Lankan villagers are very well acquainted with this.

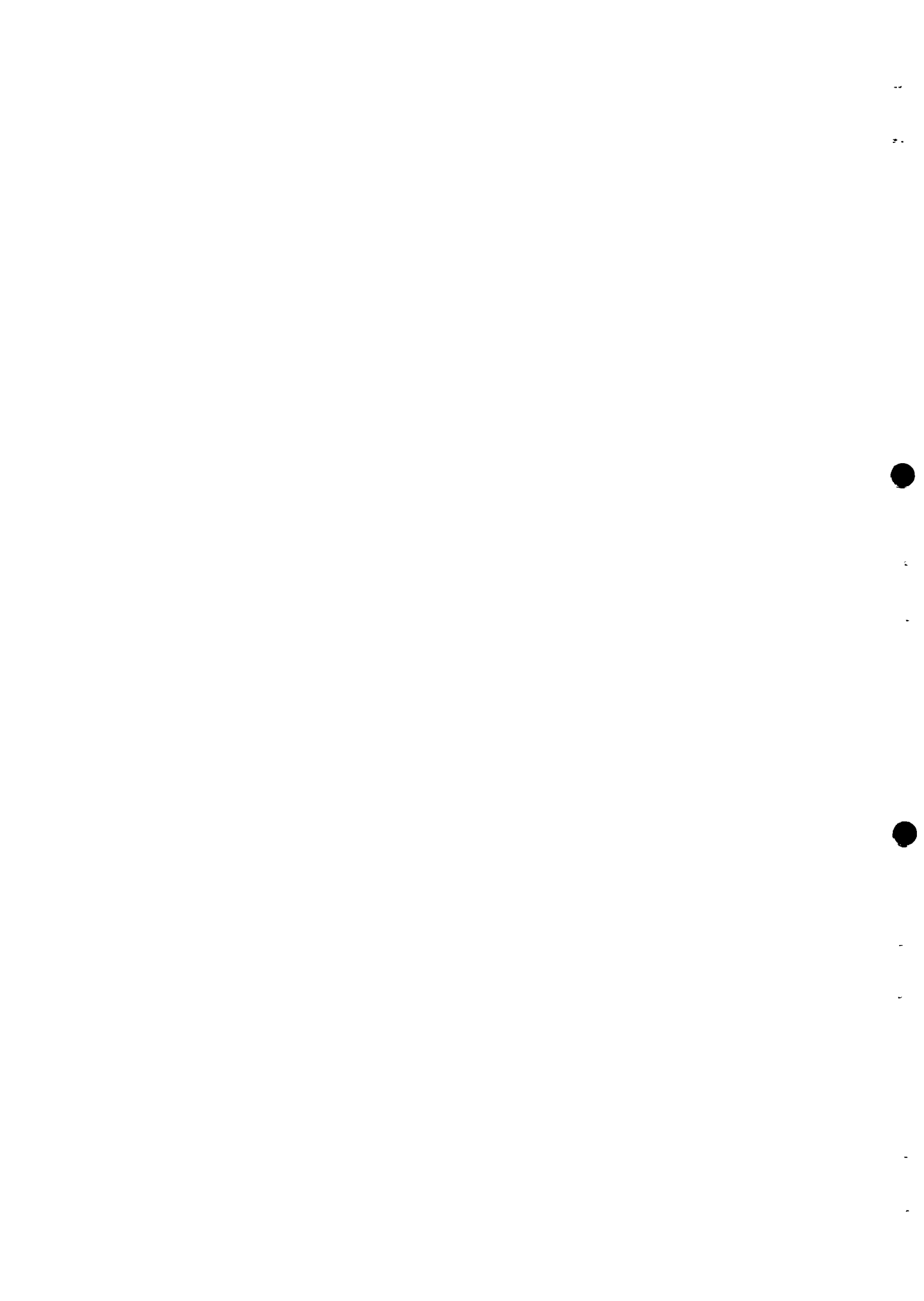
- In the morning on the day of Shramadana see how many have turned up.

- Get technical personnel to assess the work and inform the group of the expected quantity of work for the day.
- Group the villagers into number of groups. If they themselves have formed into groups allow them to have such groups.
- Get the technical assistant or the technical person in charge to measure work loads and assign the work to the groups.
- When the work is in progress give them instructions as to how to do it correctly.
- Get the fitters to do the pipe laying immediately after trenches are prepared.

REMEMBER

To involve as many villagers as possible irrespective of whether they are capable of work or not. What is more important is their subjective involvement in the work. This has the virtue of emotional attachment to the project.

- Communities have their own plans to raise funds for food and refreshments. Support and assist distribution of food and refreshments.



STEP-18

Contd:

- Continue pipe laying as long as the community decides to work.

- Educate these families that cement and reinforcements will

In the earlier health education endeavours, it is assumed that villagers must have received the message of how to co-operate with masons and others in turning out squatting plates and syphons.

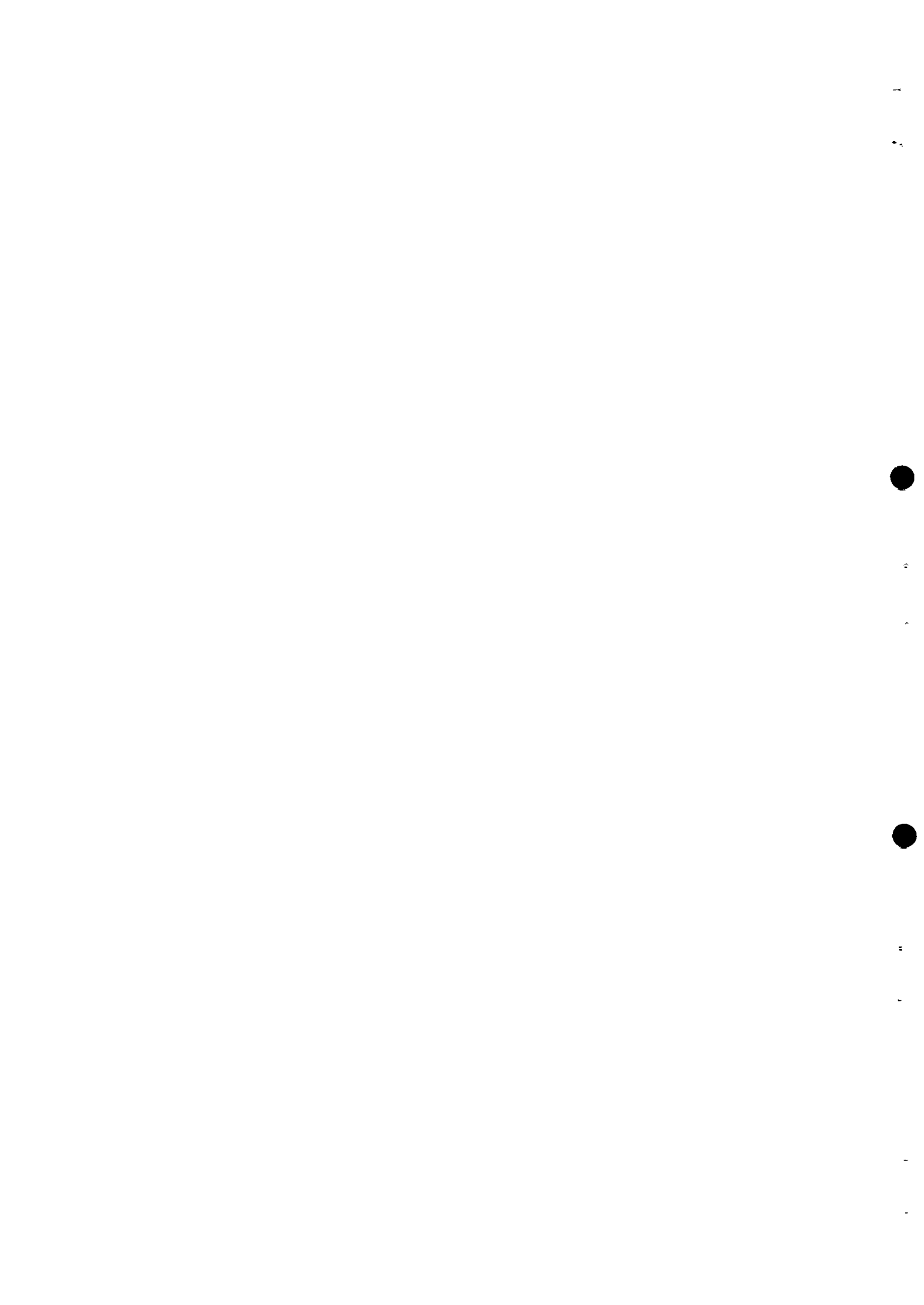
be issued to them and the cost of these materials will be deducted from the subsidy of Rs. 350/= paid by the Ministry of Health.

- Before commencement of the activity, discuss with the members of Action Committee, health staff, external agency personnel and others as to how to do the work for the following day.

- Review the houses which have collected sand, and metal to turn out squatting plates.

- Meet these families few days before the construction and inform them the dates of construction. Request them for their assistance.

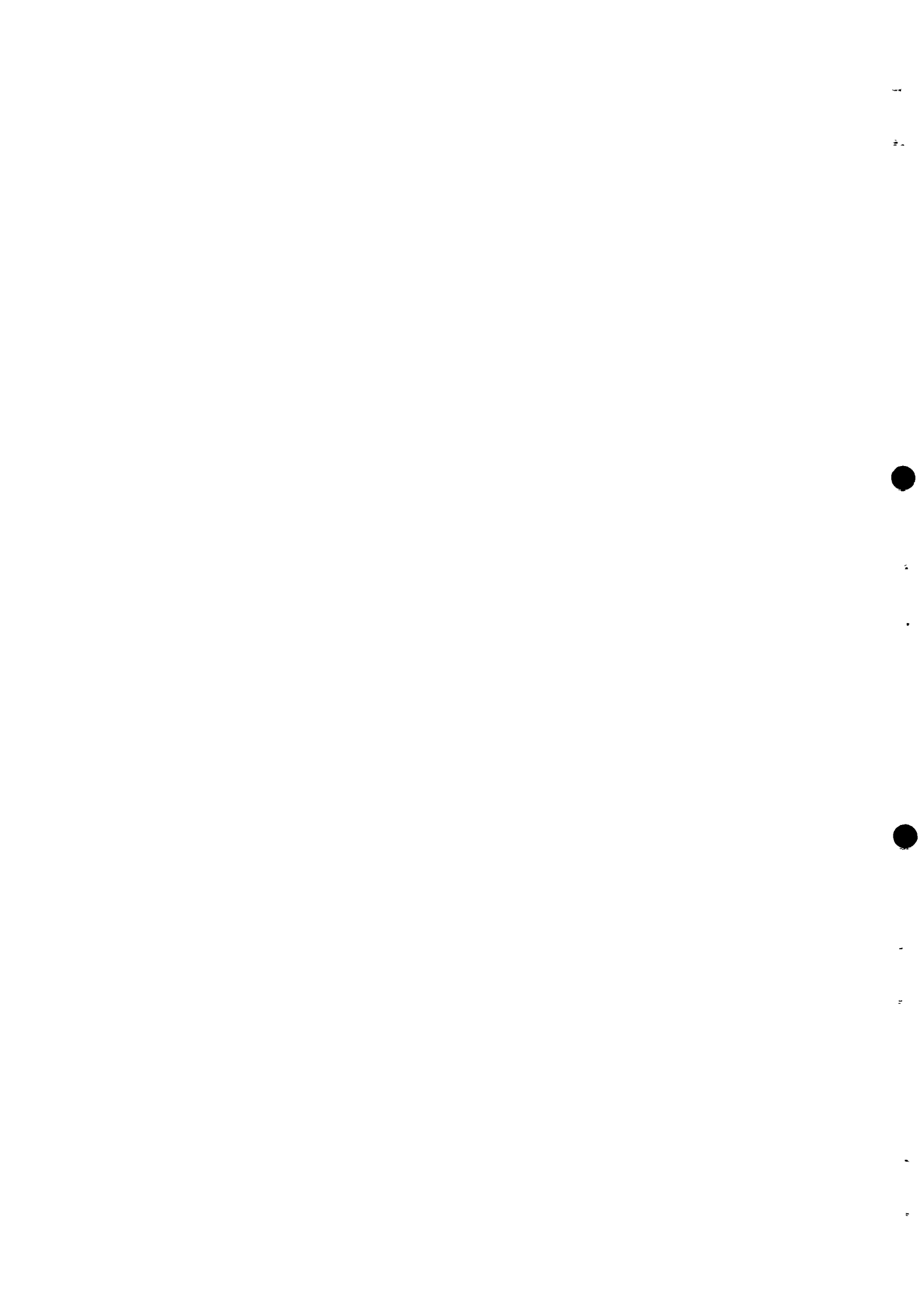
- Organise the families to provide the necessary labour.



STEP-18

Contd:

- Get Technical Assistants to measure out the size of pits and issue cement and reinforcements to turn out the squatting plates.
- At the end of shramadana work organise a community meeting and allow them (Leaders and others interested) to address the villagers.
- Thank the villagers and organisers for having completed their share of work.
- Make the Action Committee responsible for (shramadana) the community's share of work and assist them as indicated above, since most of the community share is done by them by organising shramadana campaigns.
- Take note of villagers attending each shramadana.
- Take note of work done by the villagers at each shramadana, with a view to determining the financial value of the self help component.
- Work with the Action Committee and the community until the agreed community coverage is achieved.



STEP -19

Get the Action Committee to organise local masons and others to turn out squatting plates and syphons.

- Once the cement and reinforcements are issued get the chief householder to sign for the materials he/she had received.

The objective of this step is to organise the local masons - Volunteers and others to turn out squatting plates and syphons for house holders who do not have latrines.

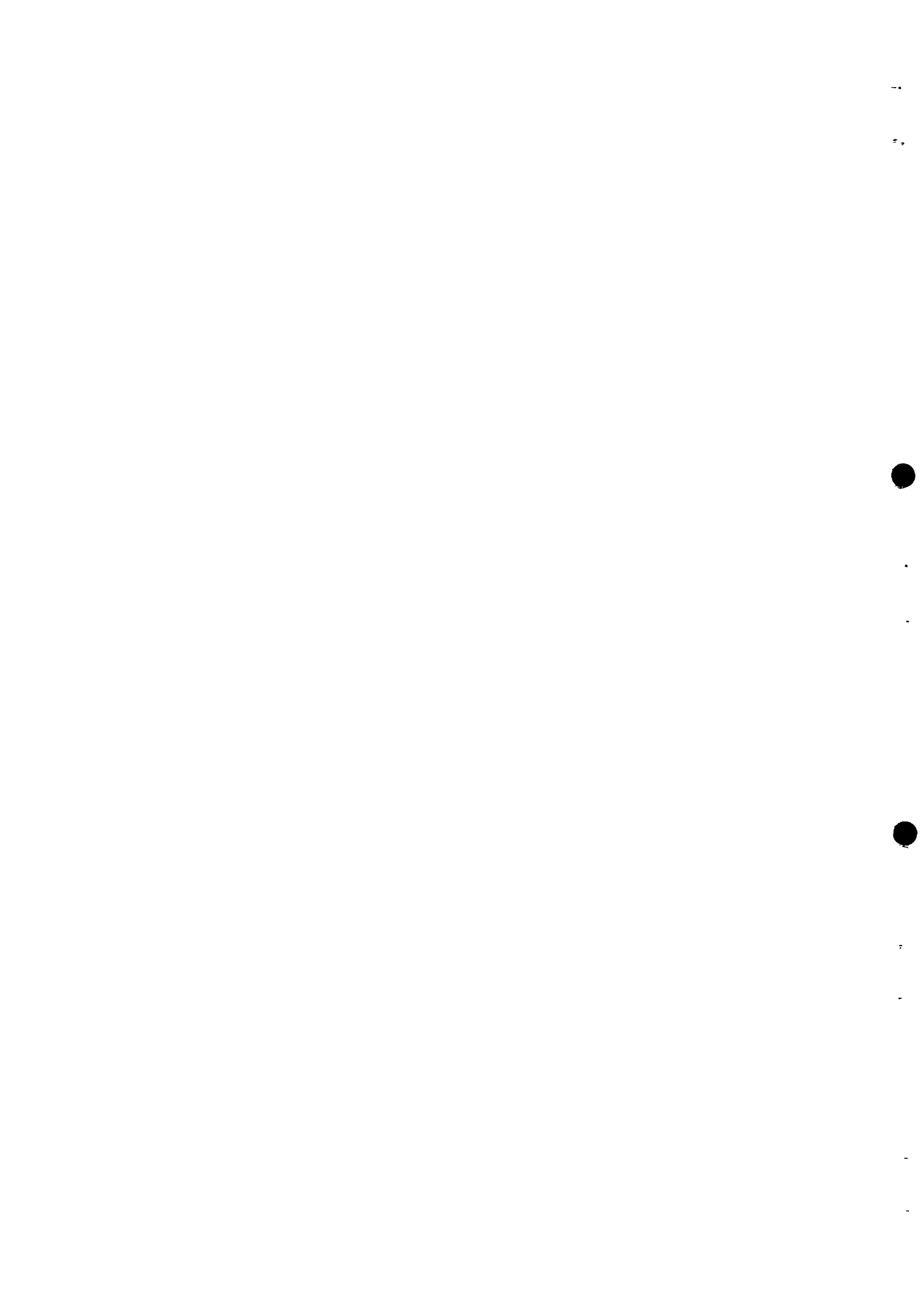
- Detail the already trained masons to turn out squatting plates. It is assumed that the turning out of syphons would have been done earlier

- Refer to construction details and design, accepted by NWS & DB/Ministry of Health.
- Follow the monitoring mechanisms and procedures followed by NWSDB/Ministry of Health.
- Provide labour for mixing concrete and transporting it to the mason.

REMEMBER

That it was found by preparing the community this way 7 to 8 squatting plates can be turned out for a day

- Once a plate is complete move out to the other plate and continue the same procedure.
- Educate the families as regards the construction of the super-structure and the use of the latrine.



STAGE

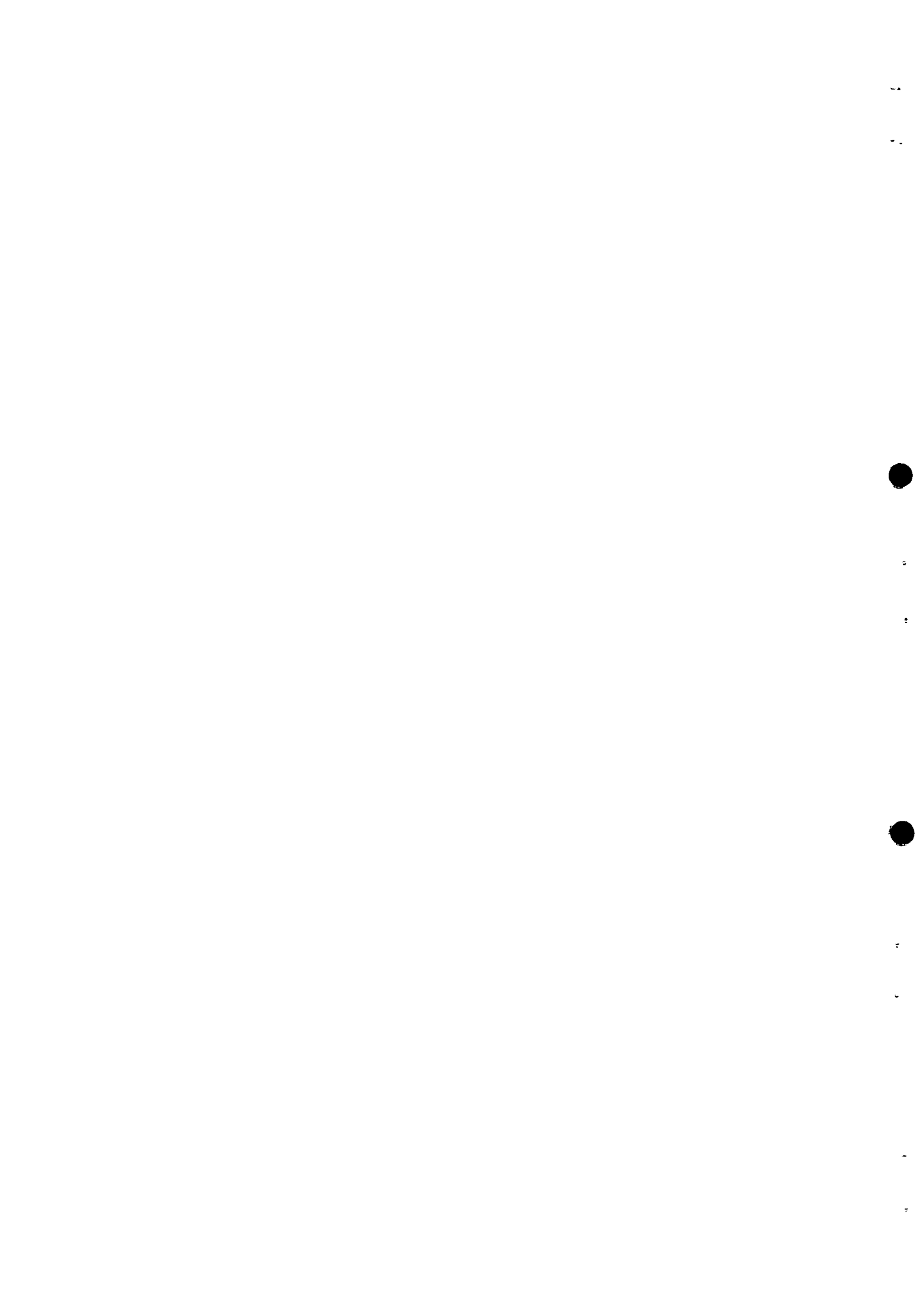
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STAGE-8

objectives

1. To identify problems that emanate during implementation of the community share of the construction plan.
2. To get the Action Committee and the community to discuss appropriate remedial measures for such problems and apply them.



STAGE-8

PROBLEM IDENTIFICATION AND PLANNING FOR SOLUTIONS

STEP-20

Assess problems and discuss with the Action Committee as regards the implementation of the share of the community and supporting institutions.

- Whenever you come across a problem get the full information from the community.

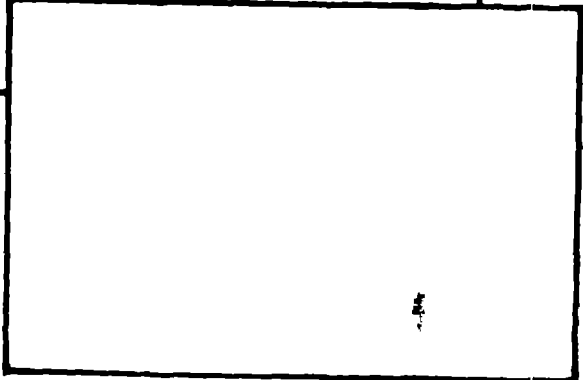
The objective of this step is to identify and solve the problem as regards the implementation of the community and supporting institutional shares.

By experience it was found that although they agreed to provide consultation they were found to be hesitating in the exact delivery due to many problems that subsequently emerge. It is imperative that these problems be identified early and remedial measures taken.

- Discuss the problems and possible solutions with the Action Committee. If outside assistance is required try to get that soon.

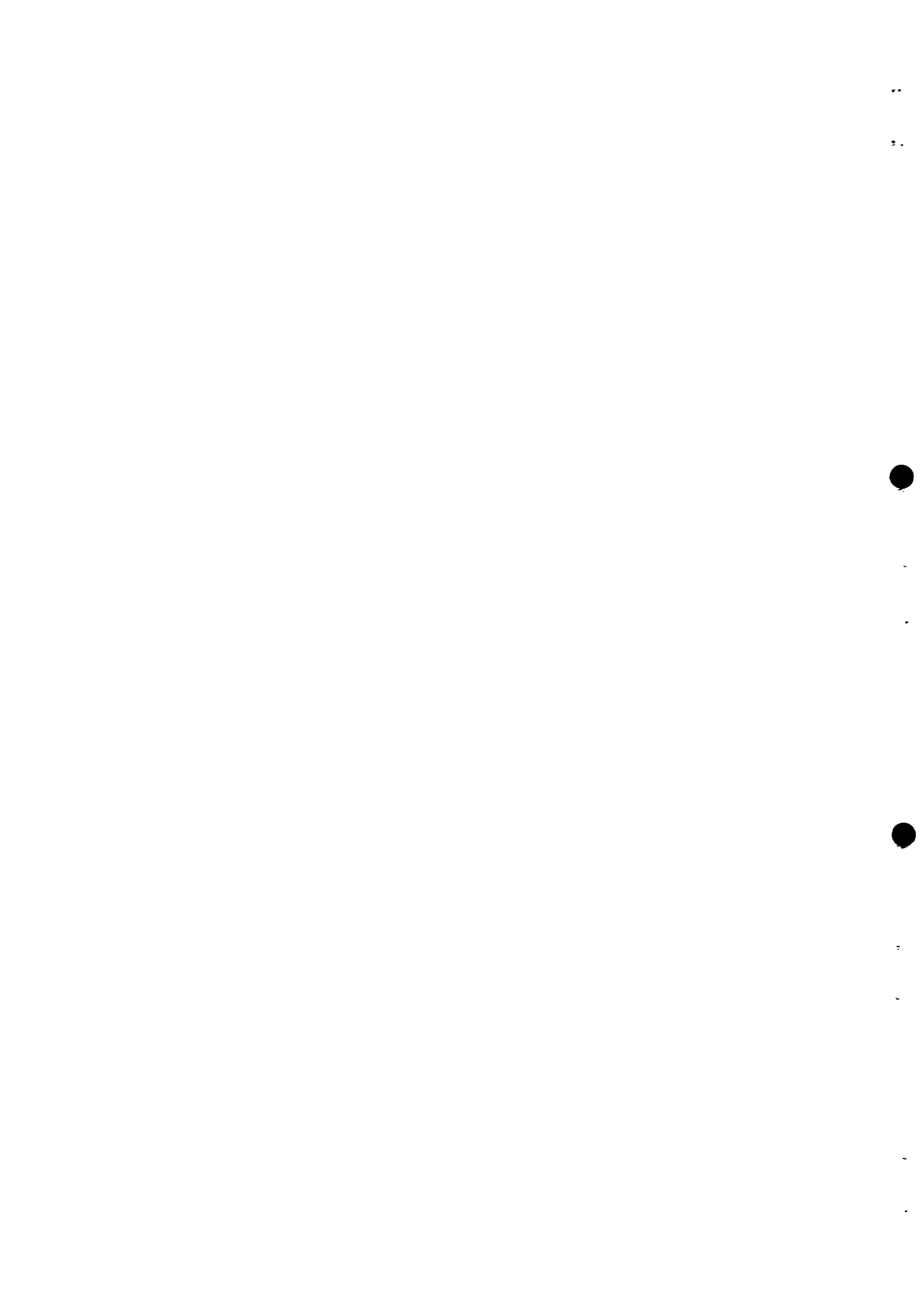
Technical problems need to be referred to technical personnel.

If was found that most of these problems come up during Action Committee meetings and field visits.



REMEMBER
To avoid political problems to the greatest extent possible

REMEMBER
That most of the problems come from families on the selection of the location standposts



STEP-20

REMEMBER

That problems come from them and they have to solve their problems by themselves with your help and guidance.

REMEMBER

They respect solutions they arrived at or agreed to. —

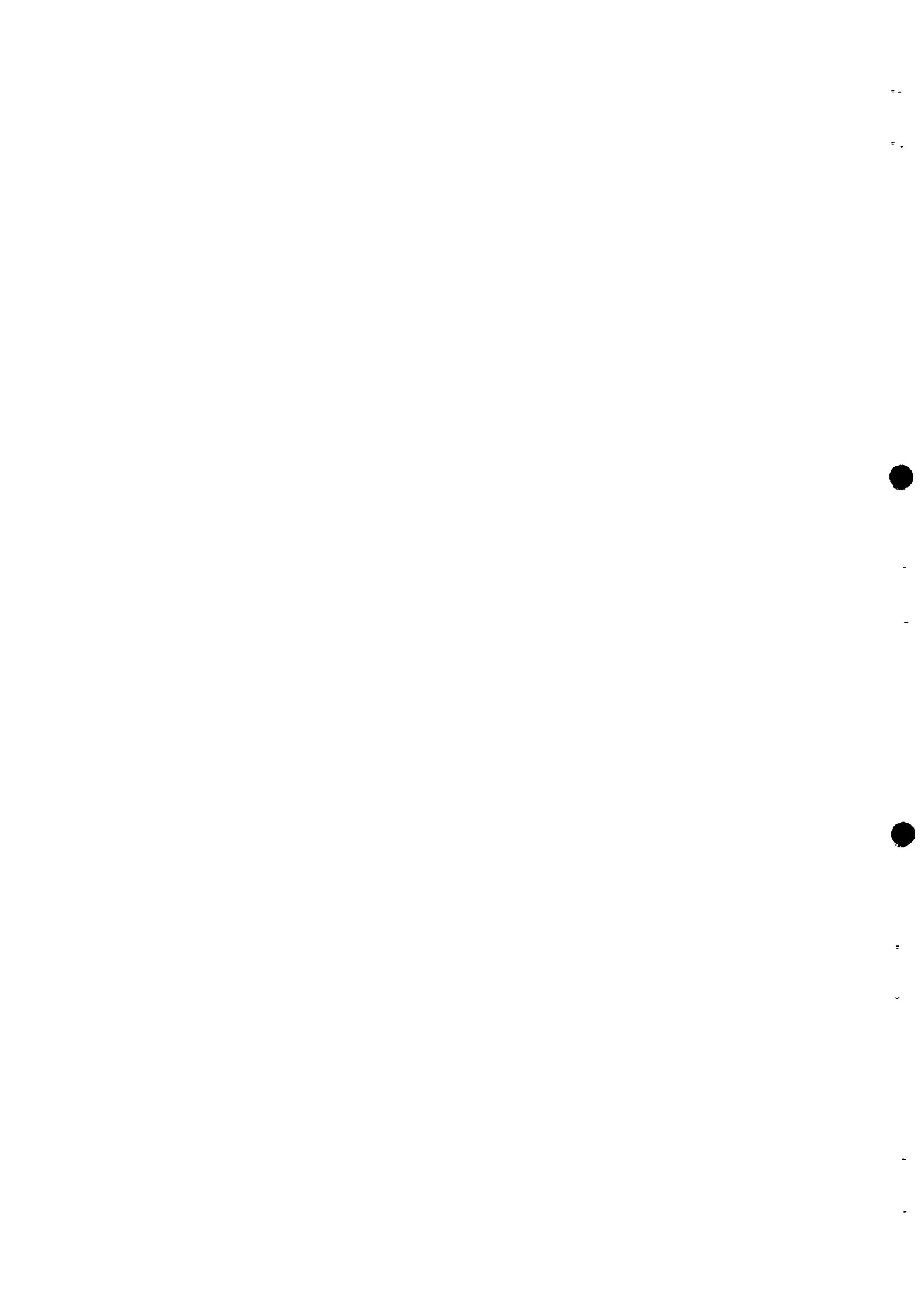
- If you are unable to get a solution to your problems refer these to an expert and seek his assistance.
- Plan to avoid politics to the greatest extent possible.
- If the problem is in respect of the location of standpost leave it to the families concerned so that they would come to a settlement.
- Avoid taking decisions by yourself. Instead get the community to discuss and get them to arrive at solutions.
- Do not have any bias towards any political party. It has been found that complete neutrality has paid very rich dividends.

* For the problems likely to happen please refer to. An interim Report of Progress of Public Standpost Water Supply and Sanitation by Dr. H.I. Karunadasa - NWSDB Publication 1984.

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STAGE

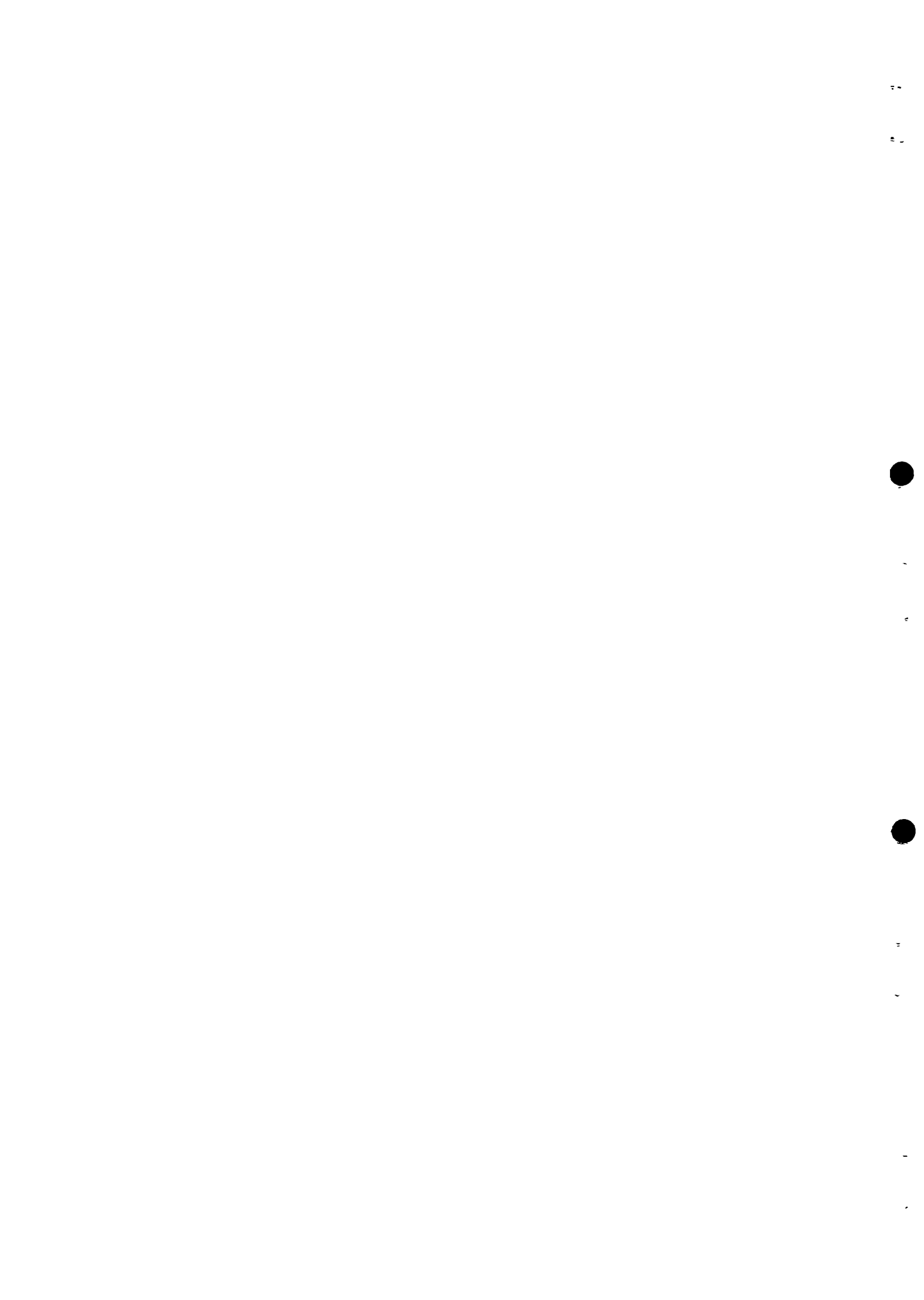
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STAGE- 9

objectives

1. To make the Action Committee and community understand that the operation and maintenance phase depends largely on revenue generation activities and the suitability of the technical design to the aspirations of the community.
2. To establish standpost committees and educate them regarding taking over the responsibilities of operation and maintenance of standposts and support revenue generation activities for the general operation and maintenance of the system.
3. To get the community to support the Local Authority taking over the operation and maintenance of the water supply system.



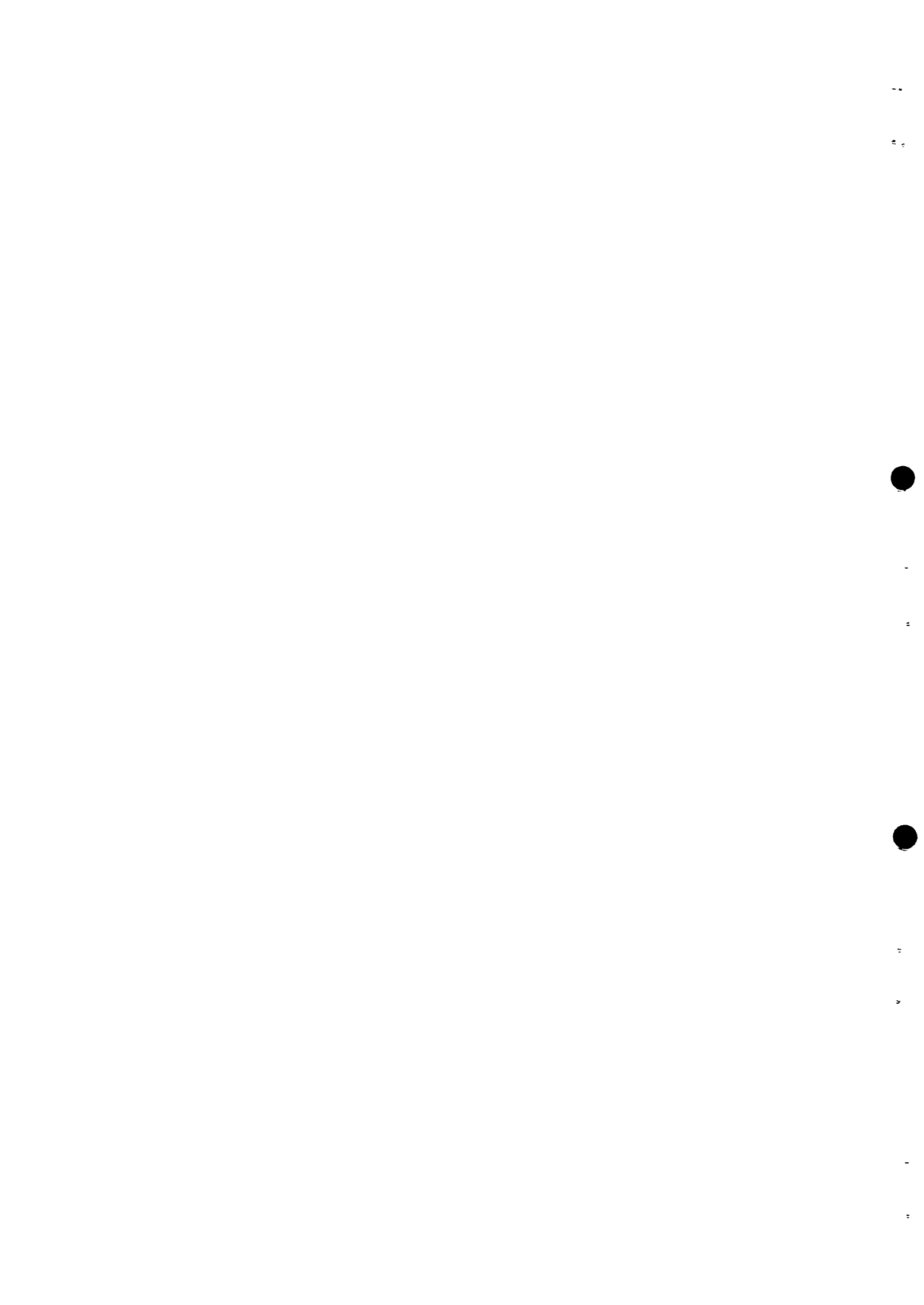
STAGE-9

PLANNING FOR OPERATION AND MAINTENANCE

STEP-21

Plan for the behavioural involvement of the operation and maintenance of water supply with the people.

- The objectives of this step is to plan well ahead the operation and maintenance of the water supply system. Very often this is the most neglected aspect of any water supply system.
- The involvement of the action committee with the field project staff in undertaking to interpret the role and responsibilities of the community in operation and maintenance is a forward step in ensuring community support.
- Community participation in public standpost water supply system does not come to an end with the mere construction of the water supply system. If the water supply system is to be sustained in the most technically efficient manner, consistent community support with financial back-up is exceedingly important.
- Socio-economic status and financial viability should be reviewed to ascertain the extent of viability and, if there is a gap, measures to be taken to remedy the situation need be suggested.



STEP-21

- Study population density, spatial distribution of families and previous experience of community as regards programmes of this nature.

REMEMBER

The best system is the system accepted by the people.

- Discuss the revenue generating activities as agreed at the community consultation and planning programmes and review them to assess that the monies to be collected are sufficient for the operation and maintenance of the water supply system.

- Review location for standposts generally agreed at the consultation programme.

Technically best suited system is not the best system for the people if the system is not accepted by the people.

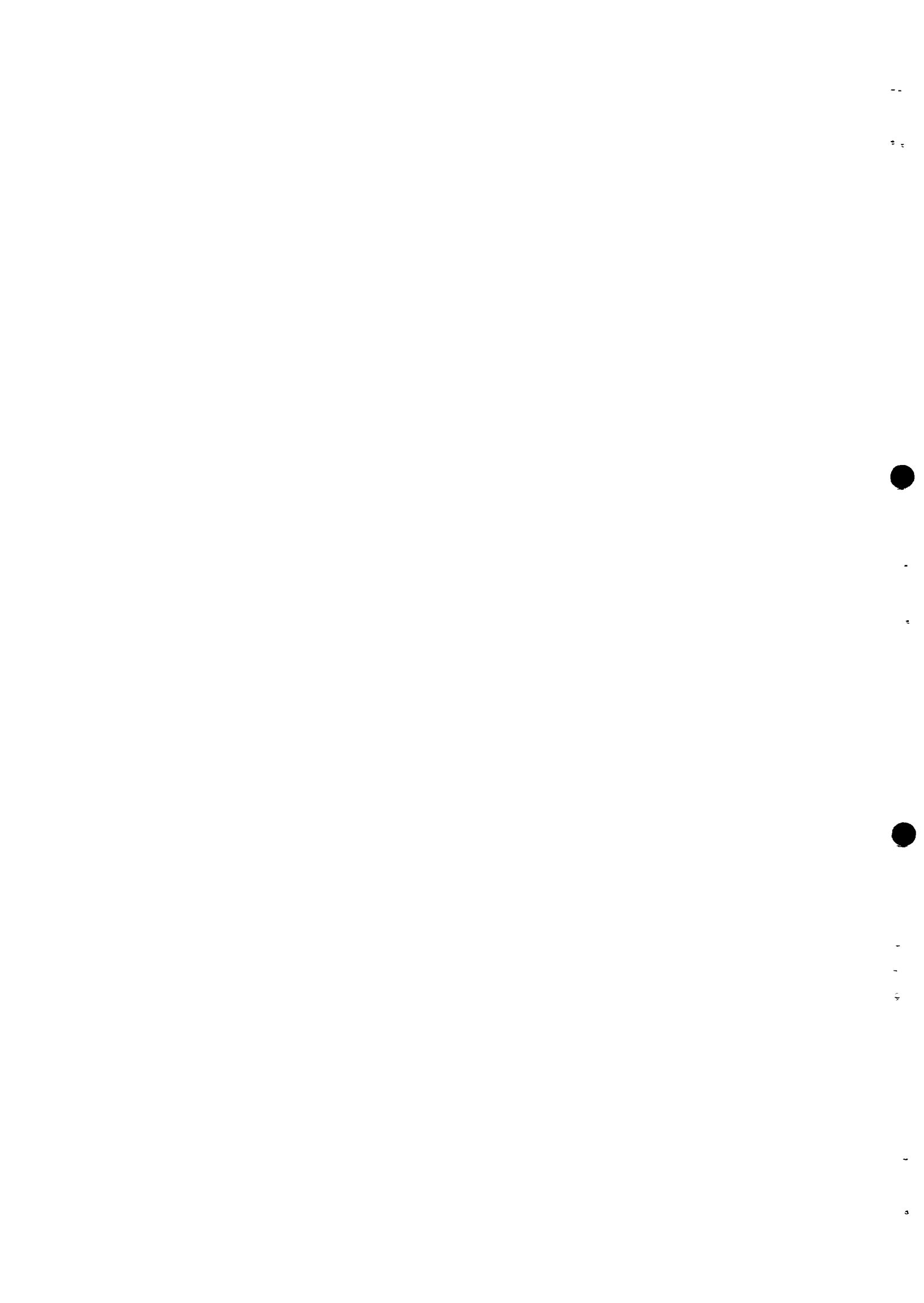
- Feed this information to technical designers and await their technical instructions.

- Take into consideration the spatial distribution of families and every family to have access to the standpost conveniently.
- Identify families that are going to be served by each standpost.
- Organise these families into one unit and request them to agree on a common location convenient to all of them.

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- Educate them as regards the importance of safe water, safety of standpost and what not to do at a standpost.
- Make them fully understand that the water supply system is theirs and it is their responsibility to maintain the system.
- Also make them understand that each family has to contribute money to run the water supply system.
- Establish standpost Committees for each standpost and carryout health education.
- With the concurrence of the Gramodaya Mandalya get the standpost Committees to select one person to function as caretaker and also to collect monies.
- The decisions on how much to be paid, and procedures of collection should be made by the Community.
- Impress that monies collected are not for the Government or to the sponsoring Agency but for themselves.
- Continue education as to the effectiveness of standpost so that frequent breakdowns could be prevented.
- As regards private connections follow the officially approved procedures.
- Ensure that the authority taking over the water supply system should properly be briefed how the system was built and plans for the operation and maintenance of the water supply system.
- If the taking over authority is known involve them for all the discussions from the very beginning of the planning and design.



STAGE

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STAGE-10

objectives

- To get the Action Committee and the Project Staff to initiate monitoring, right from the beginning of the project and apply corrective measures.
- To ensure that the project is satisfactorily progressing.

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STAGE-10

MONITORING PROCESS

STEP-22

Monitoring is a continuous process. It is an integral component of the total process and should be applied right at the beginning of the project although it is given as a separate stage.

- The objective of this step is to ensure whether what has been planned in consultation with the community is effectively being carried out as planned and are on schedule. It provides further opportunities for both the community and Agency providing services

Monitoring is carried out not to find faults of anyone but to assess day to day activity performance.

to associate themselves in activities and take corrective measures within allowable limits and budget. It has the

further advantage of keeping close track of the course of activities.

REMEMBER
Not to fix the monitoring and control of Funding Agency & the local agency with the village level monitoring by the Action Committee and others.

- At the first meeting of the Action Committee set norms and agree to meet regularly.

- Make a note to meet very often when there is a heavy load of work.

- At every meeting, review the work planned and how much done by the community and assess in terms of effort and effectiveness.

REMEMBER
Monitoring is to see, whether the implementation of planned activities are proceeding as planned and are on schedule.

- If any work planned has not been done within the stipulated period, analyse the short falls.

- Discuss how this could be avoided with corrective measures to be taken.



STEP-22

- Discuss corrective measures one by one and assess their feasibility.

Regular meetings will pave the way to discuss whether what has been planned are being achieved as planned.

- Bring it to the notice of all who are interested in the project about short-comings and suggested corrective measures.

- Apply corrective measures and see whether they are applied in the implementation of the planned activities.
- Continue health education and motivate the community for the performance of the community share of the responsibility.
- Meet with the Action Committee and others and continue to assess day to day activities.

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STAGE

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STAGE-II

EVALUATION

objectives

1. To develop suitable indicators, methods and techniques for evaluation of the project.
2. To assess whether project programme is moving successfully in achieving the objectives of the project.
3. To identify failures and weaknesses during planning and implementation of the project and bring up corrective measures for strengthening.
4. To determine respective indicators and measure the impact in terms of quality of life of beneficiaries, resultant benefits, financial viability for operation and maintenance and cost of the project.

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STAGE-II

EVALUATION.

Evaluation is an integral component of the total project and cannot be considered a separate step or phase. It is an operation activity that leads to successful project implementation and development. It should be progressive, building with it the lessons learned, experiences gained and simultaneously correcting the weaknesses detected in the implementation.

Evaluation studies should be designed and carried out at the initial stage of planning and also at subsequent stages so as to support the programme with its findings.

The process of evaluation namely; What is it that need be done and V/ho should carry it out, are matters that need be decided at the initial stage. This should be done by the Project Manager or any other person responsible for the project.

It is also important to involve the community or the Action Committee in the evaluation. The degree of their involvement and the task of educating them on their roles, lies with the project planners. It should be borne in mind that evaluation supports the achievement of project objectives.

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STEP-23

Identify those persons who should undertake monitoring and evaluation activities and impact studies and allocate responsibilities.

- Project Management Committee to assume leadership role, monitoring and evaluation.
- Project Manager should assume overall responsibility for monitoring and evaluation activities in collaboration with a social scientist.
- Action Committee could be given responsibilities in evaluating the community share with the project staff.
- Project engineers and technical officers (Regional Managers and technical staff).
- School systems to evaluate the role of children.
- Volunteers to monitor and evaluate the community behaviours with the project staff and health education inputs.
- Local Public Health Staff to collect retrospective morbidity and mortality data of water sanitation related diseases and continue prospectively after completion of project for some considerable length of time.

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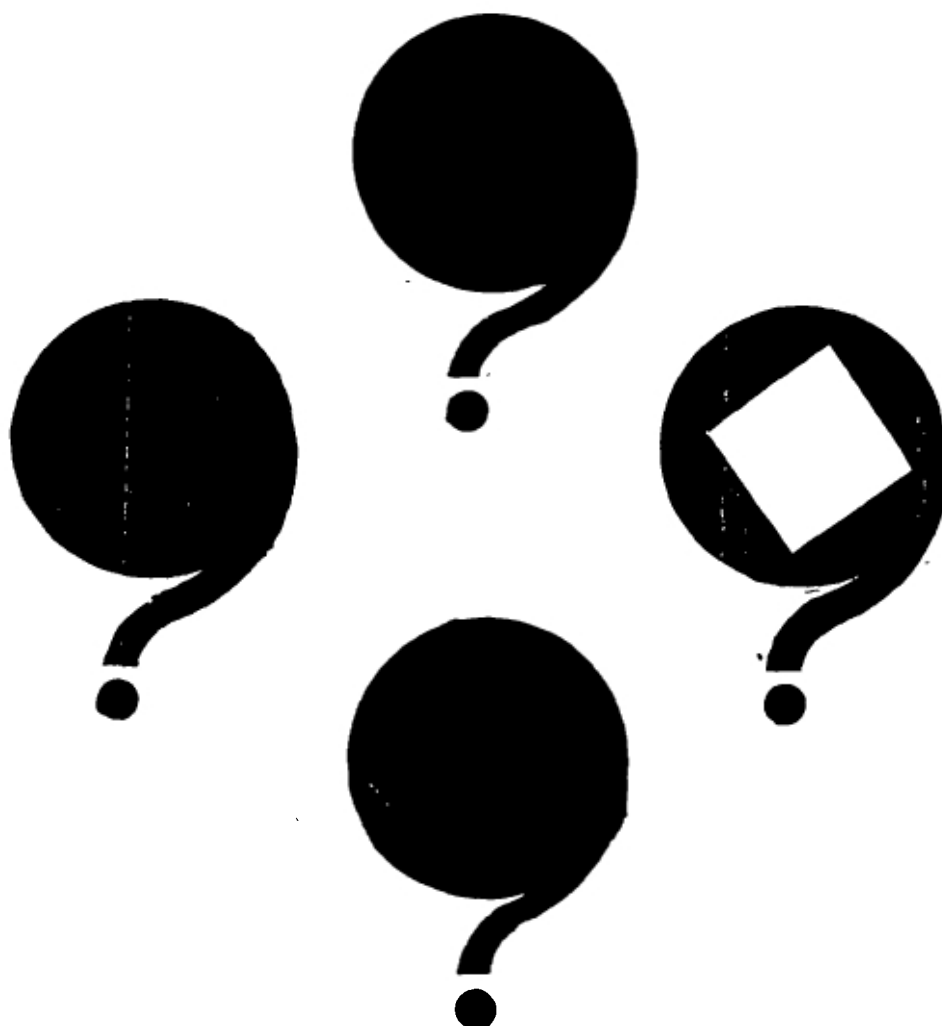
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WHAT IS COMMUNITY PARTICIPATION





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STEP-24

Decide on indicators of community participation activities.

- Number of orientation sessions with Public Health Staff, Technical Staff and other public servants working in the project area.
- Benefiting population and their reaction and attitudes to previous programmes of similar nature.
- Orientation sessions with school system.
- Personal counselling with key persons and known leaders.
- Orientation sessions with voluntary organizations.
- Consultation sessions with the selected group to represent the community to make decisions on behalf of the community.
- Discussion sessions with community groups for further ratification of decisions made.
- Discussion sessions with the Action Committee - regarding indicators.



Contd:

- Number of shramadana campaigns.
- Number of village folks attended shramadana and number of hours of shramadana work carried out.
- Value of the shramadana or self help component - Number of man days etc.
- Number of visits of Project staff to the project area.
- Number of visits of local technical staff including Regional Engineers.
- Number of volunteers recruited and trained. Number of home visits by volunteers.
- Number of sessions conducted and coverage by hours including both field and classroom activities.
- Quantity of printed matter (educational aids) distributed.
- Number of standpost committee meetings held.
- Number of specific group meetings held.

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STEP-25

Determine the indicators to evaluate the effectiveness of the community participation programme.

- Number of households benefited by the water supply system.
- Number of standpost committees formed and functioning.
- Number of standpost caretakers recruited and trained.
- Number of standposts where minor repairs have been carried out by caretakers, and the money value and the self help contributions.
- Proportion of reduction of breakdowns of taps etc.
- Number of families voluntarily contributing towards operation and maintenance.

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Contd:

- Proportion of houses utilizing the improved water supply.
- Proportion of houses with improved storage of water.
- Proportion of households where standard of living is improved.
- Proportion of houses where income generation activities are undertaken.
- Number of households improved on community solidarity and cohesiveness.
- Time saved in avoiding travel, to distant water sources.

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STEP-26

Determine the nature and type of evaluation.

- The process of evaluation has to be decided on the nature and type of evaluation. It should be simple and easy to handle but, it should give the data that is actually required.
- Pre-test and post-test studies are done to obtain data for comparison of status. Longitudinal studies are done to obtain pretest, (baseline) concurrent and post test data are much more valuable than mere pretest and post-test studies. (The IRC PSWS Project utilised this process).
- Experimental studies are normally undertaken, some of them are quasi- experimental studies with or without project. - These are followed up by post experimental studies.
- Experimental studies are undertaken with parallel controls. They are designed to suit the objectives. In such studies, variables need be carefully selected for manipulation.

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STEP-27

Decide on criteria for evaluation of participation in the operation and maintenance of the project.

- Number of households who have shown willingness to pay for use of standposts and number actually paying.
- Number of shramadana activities (free donation of labour) planned and conducted with numbers participated and volume of work completed.
- Number of standpost breakdowns and those attended to by caretakers.
- Number of standpost breakdowns informed by caretaker and attended by project staff.
- Number of consumer complaints and nature of such complaints.
- Nature and type of protests by consumers.
- Number of meetings of standpost committees to discuss operation and maintenance activities.
- Number of households improved with regard to storage and transport of water through health and hygiene education.

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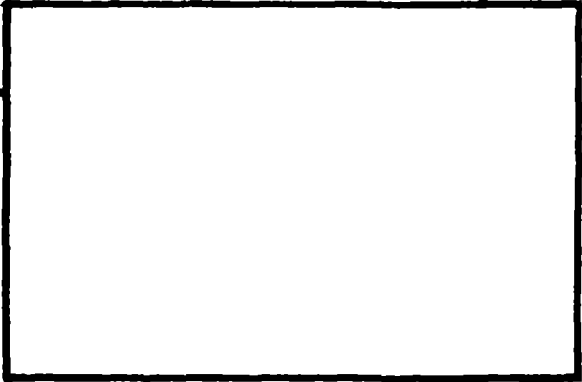
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STEP-28

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participation.

- Cost of local materials donated by the community - rubble, sand etc.
- Cost of labour, by way of shramadana activities.
- Cost of repairs done by caretakers.
- Value of land donated by the community (for standposts and pipe lines).
- Cost of poor workmanship and delays.
- Cost of tool kit etc., issued to caretakers.
- Value of the scheme.
- Income for a month - NWSDB/Agency
- Expenditure for a month - NWSDB/Agency.



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STEP-29

Determine indicators to evaluate community health education.

- Number of families exposed to the risk of unsafe water.
- Number of families accepting safe water.
- Number of families having correct knowledge on the use of safe water and sanitary facilities.
- Number of families resorting to open defecation practices.
- Number of families newly accepting the use of latrines.
- Pre and post test differences on K.A.P.
- Differences on extent of participation pre and post test results.

