



achievements

AAPNI YOJNA 2001

**Integrated Water Supply, Sanitation and
Health Education Programme in Rajasthan**
(A Jointly Funded Project by the KfW, Germany & PHED, Govt. of Rajasthan)



Community Participation Unit

Nodal Agency

Indian Institute of Health Management Research, Jaipur

(WHO Collaborating Centre for District Health Systems)

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Community Participation Unit

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Indian Institute of Health Management Research, Jaipur

(WHO Collaborating Centre for District Health Systems)

Indian Institute of Rural Management, Jaipur

Gandhi Vidya Mandir, Sardarshahar

Bhoruka Charitable Trust, Churu

Urmul Setu Society, Bikaner

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ए.योजना

आपनी योजना

आपनी योजना

1999-2000

MISSION

The ultimate mission of Aapni Yojna is to improve the standard of health of population

OBJECTIVES

The main objective of the Complementary Measures is a community development through community participation and the implementation of the following activities

- *Reduction of wastage of water*
- *Contribution by the community towards cost recovery*
- *To create awareness and responsibility for the consumption of water (Water and health committee)*
- *To implement the construction of low cost sanitation facilities*
- *To launch women development activities and to promote family welfare measures*
- *To implement adhoc measures according to a particular situation in the villages.*



Dr. S. D. GUPTA

Director
IHMR
Jaipur

FOREWARD

During the past five years when planners and policy makers in Rajasthan and elsewhere in the country were talking and writing about population control, droughts, shortage of water, sanitation, etc., and the impediments in the way to achieving the desired goals - villagers' illiteracy, backwardness, superstitions, resistance to change and disbelief in the promises made by politicians and reformers - something marvellous was happening in three districts of Rajasthan : Churu, Hanumangarh and Jhunjhunu.

What was happening was something that has never so far happened in the history of Rajasthan. Aapni Yojna put into operation its Integrated Water Supply, Sanitation and Health Education Programme in these three districts of Rajasthan situated in the driest parts of the Thar Desert to achieve its objective of a community development through community participation. More specifically, the programme strove towards making potable water available round the clock to lakhs of people in hundreds of villages and to improve the health status and the living conditions of these villagers.

But it was not "Ready, steady, go". The project staff had to face several ordeals. Problems surfaced during field activities, which sometimes appeared insurmountable. But with the dedication, perseverance and commitment of the project staff and the cooperation and untiring efforts of the CPU, PMC, the Consultants and KfW, the Chief Engineer, PHED and his staff, things started taking shape.

Resistance of the villagers weakened; their distrust made room for trust; women and girls came out of their shells and perceived, for the first time, meaning in their contributions; people were ready to sort out problems. In short, the project generated community participation which, in turn, encouraged the project staff to keep on marching ahead. I wish them godspeed and congratulate them.

I congratulate the partner organisations, the governments of Rajasthan and Germany, the consultants, and the people of the project areas for making a miracle appear possible.

S. D. Gupta, MD, PhD



सत्यमेव जयते

अशोक गहलोत
मुख्य मंत्री
राजस्थान सरकार

सन्देश

मुझे यह जानकर प्रसन्नता है कि कम्युनिटी पार्टीसिपेशन यूनिट 'आपणी योजना' चूरू के वार्षिक प्रतिवेदन का प्रकाशन किया जा रहा है।

सामुदायिक सेवाओं को व्यापक बनाने में शासन-प्रशासन के साथ-साथ स्वयंसेवी संगठनों एवं जनता की भागीदारी आवश्यक है। इससे बिजली, पानी, शिक्षा, चिकित्सा आदि के क्षेत्र में किये जा रहे प्रयासों में सक्रिय जन-सहयोग का मार्ग प्रशस्त होता है। प्रदेश के चूरू, हनुमानगढ़ एवं झुन्झुनू जिलों के ग्रामीण क्षेत्रों में इंस्टीट्यूट ऑफ हैल्थ मैनेजमेंट एण्ड रिसर्च, जयपुर; भोरूका चैरिटेबल ट्रस्ट, चूरू; गांधी विद्यामन्दिर, सरदारशहर; इण्डियन इंस्टीट्यूट ऑफ रूरल मैनेजमेंट, जयपुर और उरमूल सेतु सोसायटी, बीकानेर द्वारा कम्युनिटी पार्टीसिपेशन यूनिट के माध्यम से पेयजल आपूर्ति और स्वास्थ्य शिक्षा के क्षेत्र में किये जा रहे प्रयास स्वागत-योग्य हैं। आवश्यकता इस बात की है कि इस प्रकार के प्रयासों की जानकारी व्यापक हो जिससे अधिकाधिक जन-भागीदारी विकसित हो सके।

मुझे विश्वास है कि आपणी योजना के वार्षिक प्रतिवेदन की सामग्री इन संस्थाओं द्वारा सामुदायिक भागीदारी के लिए किये गये उपाय एवं प्रयासों को व्यापक बनाने तथा अन्य क्षेत्रों में भी इसी प्रकार की भावना जागृत करने में सहायक होगी।

प्रकाशन की सफलता के लिए मेरी हार्दिक शुभकामनाएँ।

(अशोक गहलोत)



रामसिंह बिश्नोई
मंत्री
जन स्वास्थ्य अभियांत्रिकी
राजस्थान सरकार

13, सिविल लाइन्स
जयपुर
31 अगस्त, 2001

सन्देश

यह प्रसन्नता का विषय है कि चूरू एवं हनुमानगढ़ जिलों के 370 गाँवों तथा 2 शहरों के लिए 402 करोड़ रुपये की लागत से 'एकीकृत जलापूर्ति, स्वच्छता एवं स्वास्थ्य शिक्षा कार्यक्रम' के तहत संचालित 'आपणी योजना' का कार्य निश्चित कार्यक्रम के तहत प्रगति पर है।

जन-सहभागिता, महिला स्वास्थ्य एवं सशक्तिकरण के क्षेत्र में स्थायी परिवर्तन के लिए एक सही सोच एवं प्रभावी प्रयासों का होना जरूरी है। स्वच्छ पानी की आपूर्ति से लोगों के जीवन स्तर में सुधार सुनिश्चित करने के लिए समुदाय में जागरूकता एवं निर्णय लेने की क्षमता बढ़ाने की आवश्यकता है। किसी भी परियोजना की सफलता उससे लाभान्वित होने वाले व्यक्तियों को साथ जोड़े बिना सम्भव नहीं हो सकती है। अतः परियोजना क्षेत्र में सहभागिता की प्रवृत्ति अपनाये जाने के लिए उपयुक्त वातावरण बनाने में ईमानदारी से प्रयास किये गये हैं।

मुझे प्रसन्नता है कि परियोजना में उच्चस्तरीय तकनीकी प्रावधानों के क्रियान्वयन के साथ लाभार्थियों को भी योजना बनाने से लेकर पेयजल की आपूर्ति के तहत उपभोग किये हुए पानी का स्वयं भुगतान संकलन करने तक के सभी चरणों में सफलतापूर्वक जोड़ा गया है। जिसका परिणाम है कि राजस्थान एवं अन्य प्रदेशों में 'आपणी योजना' एक आदर्श परियोजना के रूप में उभर रही है।

मार्च, 2001 तक जलापूर्ति से सम्बन्ध होने वाले सभी 114 गाँवों में ग्राम्य स्तर पर महिला एवं पुरुषों द्वारा बनाई गयी समितियों ने स्थानीय जलापूर्ति व्यवस्था के रख-रखाव, भुगतान संकलन की व्यवस्था एवं छोटी-मोटी टूट-फूट को स्वयं सुधारने में महत्वपूर्ण भूमिका निभाई है। स्वयं सहायता समूहों, उपभोक्ता समूहों एवं घरों में स्वच्छता सुविधाओं के निर्माण, उपयोग एवं रखरखाव में महिलाओं की भागीदारी से परियोजना अपने परिकल्पित उद्देश्यों की पूर्ति करने में सफल हुई है।

यह भी प्रशंसनीय है कि राज्य में लगातार गत 3 वर्षों के अकाल के बावजूद सभी गाँवों ने समय पर जलापूर्ति का भुगतान किया है, कोई भी गाँव ऐसा नहीं है, जिसके प्रति ऐसी माँग बकाया है।

मैं कामना करता हूँ कि परियोजना प्रबन्ध प्रकोष्ठ, सामुदायिक सहभागिता इकाई एवं सलाहकार समूह के सभी अधिकारी व कर्मचारी ऐसी ही भावना एवं समर्पण के साथ परियोजना के उद्देश्यों को प्राप्त करने की दिशा में तत्परता से कार्य करते रहेंगे।

(रामसिंह बिश्नोई)



K. L. MINA
Secretary



**Public Health Engineering &
Ground Water Department**
Government of Rajasthan
Jaipur

MESSAGE

The AAPNI YOJNA, a scheme of Integrated Water Supply Sanitation and Health Education, being implemented in Churu, Hanumangarh and Jhunjhunu districts of Rajasthan, is a successful project. It is for the first time that the community participation concept has been experimented successfully in the drinking water supply sector. This is being done by the Community Participation Unit, a consortium of 5 leading NGOs.

I had an occasion to visit some of the villages covered under the project. It was extremely satisfying to see the involvement of women on such a large scale. They are jointly managing water distribution system. Internal faults are repaired promptly and efficiently by them. The Payment Model evolved in this regard for paying water charges voluntarily and without any default is a matter of great satisfaction. The positive impact of Community Participation Components initiated by the CPU with a sense of belonging in the villages has given them self-confidence.

117 villages have already been commissioned by March, 2001. These villages have 24 hours water supply with full pressure. The villagers have constructed soak pits for every public stand post to ensure proper drainage of waste water. They have also constructed sanitation packages in their houses for the purpose of hygiene and cleanliness with subsidies provided under the project.

These significant achievements would not have been possible without the support of KfW of Bank, Germany. The commendable work done by the officers and staff of the PMC also deserves to be appreciated. The consultants and the CPU have also played significant roles in their respective fields. I would like to congratulate and give my best wishes to all of them on this occasion.

K. L. Mina

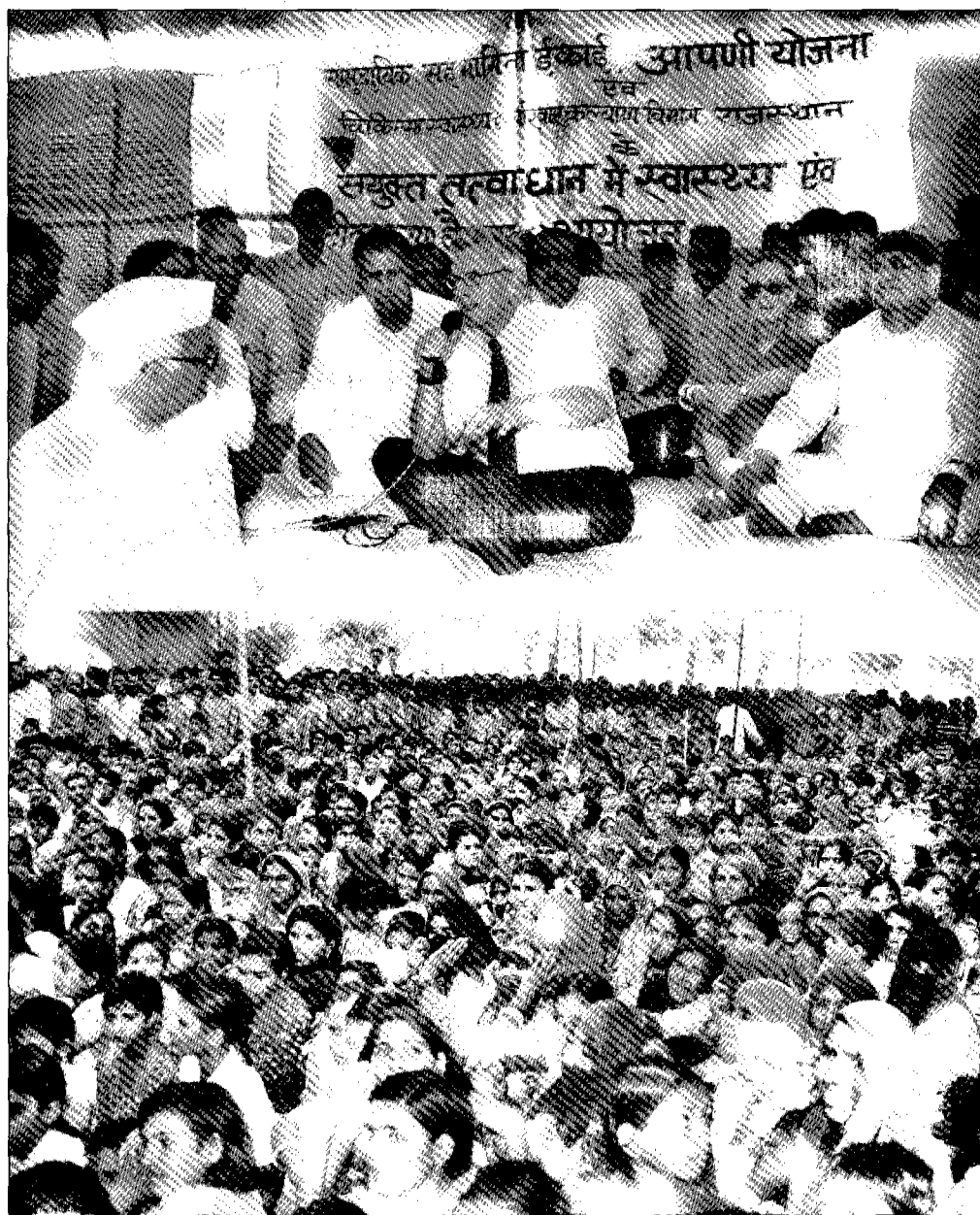
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AAPNI YOJNA 2001

"Thank you for this most warm and hospitable welcome. I am happy that my Government has the opportunity to contribute to such a successful project: to bring water and with the water more health. It is your project now, you have to administer it and keep it viable eternally."

— Heimo Richter

His Excellency the Ambassador to India Federal Republic of Germany



Shri Ram Singh Vishnoi, Minister for PHED; Master Bhanwar Lal, Minister for Youth & Sports; Shri Chandan Mal Baid, Ex-Finance Minister, Govt. of Rajasthan in a meeting with Mr. Heimo Richter at Churu.



PETER HILLIGES

Project Manager
KfW, Germany

MESSAGE

When friends ask me about the way to Churu from Delhi, I usually tell them: "You take the four-lane highway from Delhi to Jaipur, you leave it after about an hour drive and continue on a typical Indian two-lane highway. After another hour or two, the road gets bad, the Aravalli hills appear at the horizon and you stop at a mid-way restaurant for a tea. You should take the break because the road only becomes worse now. At the end, the undulating landscape has turned into a desert, and when you come to Churu, you are happy to be there just because the ride is over."

I made this trip for the first time in December 1997 and met with a CPU, which had just started field activities and debated fiercely about hundreds of problems, including the distrust of the villagers who would not believe in the promise of safe drinking water. And when I saw their villages and the economic and cultural conditions under which the people live, I wondered how this project was expected to become successful.

At this time, CPU, PMC, the Consultant and KfW fought a hard battle about the future project strategy, and the seed was planted for what I am considering today one of the major reasons for the project success: the women and girls in the villages were drawn from the shadow into the light of people's participation. Well, initially, the importance of women for the project was recognised only by a few people, but the seed was to grow into a plant over the years.

Another metaphor is still in my mind (created by the then Chief Consultant): Aapni Yojna is like a bird with CPU and PMC being the wings. It can only fly when both wings work together. I still like this saying and am happy to see today that the wings have become equally strong so that the bird flies straight on.

My second visit to Churu took place in January 1999, and nothing much seemed to have changed. The village meetings were equally frustrating because water still seemed a far-fetched idea of some development bureaucrats but with no link to Hanumangarh reality. It vowed never to come again in winter. I wish I had not, because the next time I saw Churu was in June 2000: sandstorms, scorching heat, completely dried out landscape and sand dunes on the supposed-to-be roads.

achievements

AAPNI YOJNA 2001

But the change of the climate coincided with a turn-around in the project. The first 50 villages had been connected to the water supply. Joy and celebration were everywhere, the project had really kept the promise (although much delayed, one has to admit). It was marvellous to be there and to see the first benefits of the yearlong efforts. At such an occasion, one forgets the trouble and the strain of work and wants to share the happiness of the people, which I did and will never forget.

I had the chance to see CPU grow over the last four years to a mature social organisation, to see them acquire the social skills and the confidence to apply them in their daily work. I met with the field teams, which I admire for their relentless efforts in the village and their success in helping the villagers to organise themselves. And I recognised the dire need of the people in the project region for an organisation like CPU not only in the area of water supply but for other development as well. CPU has helped the people to empower themselves, to work together on their common interest and to make use of the resources extended to them by the project. The work of CPU is far from over, a lot of things can and should be improved, but CPU deserves praise for what it has contributed to the development of the people.

When I return from Churu, friends ask me whether I was glad to be back home. And I tell them: It's great to see you friends here, but I have other friends in Churu, which I had to leave for another year until I see them again.

Peter Hilliges



Members of KfW Mission with CPU Steering Team



A. HENSEN
Senior Advisor
KfW, Germany

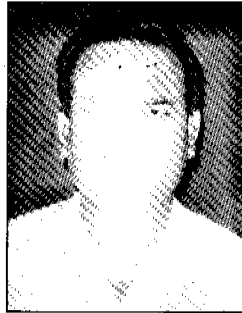
MESSAGE

The Indo-German Project Phase 1 is on the way to be commissioned in 2002. The so far reached acceptance of the rural supply schemes and by this the sustainability of the investment is closely related to the input that has been and will be further provided by the CPU, working with its highly motivated staff together with the target group, the villages. There is still a lot to do in education, and convincing people that the safe water supply provides the key for a better and successful life.

Wishing CPU all the best, above all a further engaged working approach and personal success.

I am sincerely yours,

A. Hensen



RAMAVATAR RAGHUVANSHI

District Collector &
District Magistrate
Churu

MESSAGE

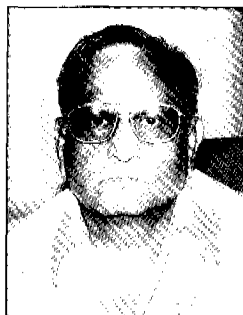
District Churu has a glorious history and rich cultural heritage. The people of this area are hardworking and honest. The overwhelming success of Shekhawati businessmen all over India is a demonstration of this fact. Geographically the area is a desert and is deprived of basic amenities. The people of the area have to struggle a lot to ensure their minimum livelihood.

Churu has been facing serious droughts consecutively for the last three years. The district administration has been successfully coping with the situation. Employment has been generated for the people suffering from drought. By now no case of food scarcity has been reported in the district from anywhere. This shows the success of drought relief program of the district.

In this situation providing round the clock water supply to 117 water starved villages by Aapni Yojna is a great relief to the people of this area. I have personally visited several of the villages connected to Aapni Yojna water supply. The people of the area are fully satisfied with the water supply. The goodwill of the project is demonstrated by the ever-increasing demand of the villages not covered under the project for getting connected Aapni Yojna water supply.

Aapni Yojna, the first of its kind, has employed an innovative approach to involve communities since the very beginning of the project. The communities are involved in planning, decision making, O&M, and village internal management of water supply system of a village. The concept is strongly accepted by the communities. Even under severe drought conditions prevailing for the last three years, people's motivation to pay for water is not weakening at all. However, their understanding of the benefits makes all the difference. Beneficiaries are convinced of the necessity and advantage of safe drinking water and sanitation and its direct link to the reduction of water-borne diseases. Assurance of regular availability of water at the nearest point, reduction in irresponsible use and wastage of water, the good image of the CPU and the PMC staff in the villages, communities' trust in the project and the active role of WHCs, and a well-defined payment model are substantially contributing to the success of the project. The project has earned a brand name for reliability of water supply. I hope that the project will prove a milestone in the history of water supply program in the State and will serve as a model for future water and sanitation projects in the State.

I congratulate all the officers and staff members of the CPU and the PMC for the successful implementation of the project philosophy.



R. S. CHORDIA

Chief Engineer
PMC, PHED
Aapni Yojna, Churu

MESSAGE

Aapni Yojna is a rural water-supply project of unusual size and complexity. The project area covers about 20,000 km² in three districts of northern Rajasthan: Churu, Hanumangarh and Jhunjhunu where there is an acute shortage of potable water. The Government of India, the Government of Rajasthan, and the Government of Germany through its development bank, KfW jointly are funding the Project

The present Phase I covers a population of 9 lakhs in 370 villages and two towns, namely Taranagar and Sardarshahar, at a cost of Rs 402.57 crores. The Project Management Cell, a special unit of the Public Health Engineering Department of Rajasthan in consultation with Chief Consultant IK Consortium implements the technical works. The Project's main objective is to give round the clock assured potable water supply and to improve the health status and living conditions of the target population. The main components of Phase I are expected to be completed by September 2002 and follow up stage of CPU up to 2003.

To ensure sustainability and enhancement of the benefits, the concept of community participation through CPU is being used in a drinking water project for the first time in the history of the state and probably in the country. The establishment of a community-based water distribution management is at the core of this effort, mainly comprising a Water and Health Committee in each village, awareness-building for payment and for water conservation, equal and fair distribution to all villages, health education measures, and sanitation measures.

Since last year the village level committee's Water and Health Committees have developed their capacity for paying their water bill without any default and managing their internal management very successfully in the 117 villages commissioned so far.

The blessings of the Honourable Chief Minister, the valuable and regular guidance of the Honourable Minister, PHED, Rajasthan, Shri Ram Singh Bishnoi and Shri K. L. Mina, Secretary, PHED contributed to the success so far achieved.

I congratulate all the people directly and indirectly involved with the project activities, KfW Germany and Chief Consultant and staff associates for their timely support, the Programme Director, CPU and his associates, my associates and subordinate for their hard and dedicated work which is going to make this project a success. It is just the beginning, but given the present level of strong partnership and commitment, the future is bound to be glorious.



H. G. FISCHER

Chief Consultant
IK Consultant
Aapni Yojna

MESSAGE

My Rajasthan Year

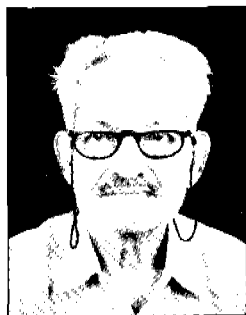
It has now been almost a year since I came to Churu and Aapni Yojna to take over from Mr. Czyrka. His shoes were very hard to fill, after all he had been here permanently for more than 6 years and had accompanied and steered the project since its very beginning in 1991. The taking-over period of two weeks was very short for a project of this magnitude and I soon found myself on my own and wondering how I would manage. Fortunately, my colleagues in the IK team were also quite experienced and helped me through a sometimes difficult acclimatisation period. It was not only the heat, dust and frequent power cuts I was trying hard to get used to but also the social environment in Churu, Rajasthan and India as a whole, which is so very different from the several African countries that I had spent more than 20 years in. Taking these aspects and various other factors into account, I must confess that Churu is by far the most difficult place that I have lived in and I now wonder how I managed to survive for one year already. However, the reason why I am here is the project work of course and there I must admit I found quite some challenge but also a few pleasant surprises. For instance, the enthusiasm that is often displayed by communities and their active participation in the project is very encouraging. Also I have never experienced a 100% revenue collection rate anywhere else; in fact, I did not even think that it was possible.

Amongst the experiences that stand out during the past year was the arrival of a new Chief Engineer who pushes himself and his staff very hard in order to achieve better work progress than in the past and, of course, the visit of the German Ambassador which was celebrated and enjoyed by so many people. One of the experiences that I enjoyed a great deal less was the impossible merry-go-round of staff transfers at PMC that seriously threatens not only the continuity but even the sustainability of the project. Fortunately, CPU does not suffer from this constraint and can therefore ensure the continuity that is of utmost importance especially when working with communities.

The second half of the year also witnessed a much-needed improvement in the cooperation between PMC and CPU, which I believe is vital for the success of the project. This teamwork can only function if both parties regard it as a mutually beneficial relationship but in the past that often left much to be desired. Therefore, this improvement is a development that is much appreciated.

Although I have certainly no intention of trying to beat my predecessor's record of six years with the project I do look forward to at least another year of fruitful work with PMC and CPU and the continued cooperation from all stakeholders.

H. G. Fischer



Prof. S. SAMADDAR

Vice Chancellor
Gandhi Vidya Mandir
Sardarshahar

MESSAGE

On the 31st March 2001 Aapni Yojna completed 7.5 years of its existence reckoning from 18 August, 1994 when the Initial Agreement was signed between the Government of Rajasthan and KfW, and 4 years & 9 months of its operation reckoning from June 1997, the date it entered into the first village.

Out of 287 villages to be covered in Phase I of the Project, Community Participation Unit (CPU) has started functioning in 222, while Water & Health Committees (WHCs) are formed in 189. Agreements have been signed with Project Management Cell (PMC) by 172 WHCs after depositing the security money for water distribution out of 179 villages which collected the same. Money deposited to PMC comes to Rs. 11.14 lakhs for security and Rs. 12.63 lakhs for water charges. Money which WHCs have to receive from PMC amounts to Rs. 10.35 lakhs for trench digging and Rs. 1.26 lakhs for maintenance @ 10% of the above water charges.

Total sanitation packages including latrines members 3700 in 2000-2001, exactly the half of the running totals so far, which is a laudable achievement.

On the physical plane, CPU has now to organise activities in the towns for which a competent study was effected through partner-NGOs in September 2000.

On the cognitive plane, CPU has two large aspects on hand, viz. sustainability of the programme and women's empowerment when, by 2003, it withers away in a classical concept. It is heartening that CPU has girded up its loins by initiating several studies by experts and full length discussion in meetings.

About the shape of things to come when CPU phases out of some of the villages, CPU has suggested four models :

1. Pani Panchayat (PP) in each cluster around an elevated supply reservoir (ESR) for water consumption, payment, utilisation of fund, maintenance, and deposit to PMC
2. Village Animators selected by CPU for two more years for each cluster to be paid by the NGO of the area (11 for the first 222 villages) given the same role as Field Team (FT) comprising one co-ordinator and size facilitators
3. Retention of CPU FTs after CPU transfers funds to NGOs
4. CPU-FT supports PPs of (1) and (3) above- one FT contacting 10 PPs

The main issues which are coming up now and the weaknesses which are showing up may be summarised in one sentence : WHCs are too dependent on CPU for

problem solving and are having doubts about PMC's response after CPU's withdrawal. The issues coming up include irregular supply of water, tardiness in operation and maintenance, sustainability of WHCs themselves and women empowerment. If the WHCs now and the envisaged PPs in due course are to maintain facilities they must have reliable access to the village water fund, which means timely transfer of 10% water charge to WHS for internal management as well as operation and maintenance (O&M).

If any of the other three models are adopted for the sustainability of Water Distribution Management, village animators are to be put in position at the appropriate time to help WHCs with PMC. If FTs are to be retained in the field after CPU's withdrawal they are to be paid from the sustainability budget and from funds transferred to NGOs. The weaknesses might show up otherwise also :

- how to ensure quantity and quality of water
- how to ensure the training of mistris and the supply of spare parts and tools kits on an ongoing basis, if even now these are interruptions

CPU may start a vigorous dialogue with PMC to intercede on behalf of WHCs, but the ultimate remedy has to come from the Government in Public Health Engineering Department. In fact PIIED and PMC have quite a few grey areas in between which require to be delimited early.

On this day of annual stocktaking I wish, on behalf of myself and Gandhi Vidhya Mandir, all employed in these nation-building activities including Programme Director and his team hearty felicitations and further hardwork in the days to come.

Shivaprasad Samaddar



Health Survey



RANJIT SINGH KUMAT

Principal Advisor
BCT, Jaipur

MESSAGE

I am happy to note that you are bringing out the annual report on the working of CPU. It has been a matter of great privilege and learning to be associated with CPU. The task that seemed impossible has been made possible and the community is not only paying charges for the water use but is effectively guarding their Public Stand Posts and Cattle Water Troughs to prevent the misuse and wastage of the water. The people are keeping meticulous accounts of family units and water charges to be collected. All this community mobilisation has been possible only because of the earnest and Herculean efforts made by the team of CPU and the keen involvement of all the members of the Consortium, which lays down the policy guidelines of the CPU. The task of constructing a large number of sanitation packages is no mean achievement and the CPU could have done much more had there been a proper tie-up between KfW and the Government of Rajasthan had there been no procedural tangles in getting the money to the CPU.

It was my great privilege to have been associated with the two studies, one for the urban towns and the other for sustainability of WIICs, conducted for the CPU. I hope these studies will pave the way for further consolidation and sustainability of the CPU efforts. Let me take this opportunity to congratulate you and members of your team and the community leaders in achieving the seemingly impossible target.

Ranjit Singh Kumat



Consortium Members with CPU Team at Cluster Office



J. P. SAPRA
Executive Director
IIRM, Jaipur

MESSAGE

Social change is a dynamic process, which is now being experienced, in rural societies. The journey of C.P.U in bringing a direct, planned and structured change in the villages has been an uphill path. There has been impatience in bringing evolutionary progression in roles, responsibilities, habits, behaviour and values of the community, but gradually not only were the results achieved but visible improvements in the roads were made through sustained efforts of team and leadership of C.P.U, backed by a consortium of five N.G.Os. Had the scheduled the progress from technical side in the supply of water been maintained, the change in the community would have been speedier. Now after the first phase where work has been completed, there is a need for institutionalisation of the system which has been created, viz., water management, collection of charges, maintenance and use of sanitary units, continuation of self-help groups etc.

The real satisfaction and success from the work of C.P.U will find its reflection from the community demonstrated after the withdrawal of its teams. This is the real acid test, which has to be accomplished by groundwork to be undertaken at this stage of the project. The N.G.Os of the consortium have to share the responsibility with objectivity to ensure that the transition in post-project period is smooth, consistent and well sustained by a system embedded in the community.

J. P. Sapra

V. K. MADHAVAN

Secretary
Urmul Setu Society
Lunkaransar, Bikaner

MESSAGE

There are two characteristics of the Community Participation Unit (CPU) of the Aapni Yojna that have excited me from its creation and continue to excite, challenge and engage me.

The first is the notion of participation of communities in a large centralised water distribution system. The participation ranges from decision making regarding distribution systems within the village to the actual management and control over the system within their villages. The financial payment that communities in Churu and Hanumangadh districts make in lieu of drinking water is a revolutionary step for Rajasthan and the CPU must take pride in its ability to motivate communities to pay for drinking water.

Detractors of this model could very well deride it as yet another indicator of the privatisation of the economy. It would be prudent to remember that families in western Rajasthan have paid for drinking water for years. There has been a private economy related to the provision of drinking water that has existed for as long as wells have existed. True, the entry of the state and the PHED as a provider of drinking water has led to alterations in the arrangement, nevertheless communities and especially the poor have had to pay to survive and to keep their livestock alive. The current cost that families pay as part of the Aapni Yojna has led to a significant saving.

Another important corollary emanating from the pricing of water that shall empower communities in the future is that they are now consumers and not just beneficiaries of the state's largesse. Experience has shown that the financial participation of communities has also led to a greater demand for accountability of the PHED or engineering staff of Aapni Yojna.

The second remarkable feature of the CPU's existence has been the participation of five organisations in this endeavour, in itself no mean achievement.

The credit for the success of the CPU does not really go to the participating organisations like the one I represent. It actually goes to the team of the CPU that has demonstrated the benefits of collective action in the face of challenges that communities, the government and we have thrown in their paths.

I wish them continued success and best wishes on behalf of Urmul Setu Sansthan.

V. K. Madhavan



GOUTAM SADHU

Programme Director
Community Participation Unit
Aapni Yojna

PREFACE

Community Participation Unit (CPU) was established in 1994 by a Consortium of five leading NGOs with the aim to carry out complementary measures in Aapni Yojna, an integrated rural water supply, sanitation and health education programme covering three districts of Rajasthan, under a Project Management Cell (PMC) of the Public Health and Engineering Department (PHED).

Aapni Yojna, the first of its kind in this area, employs an innovative approach to integrate communities in all phases of the project from planning through construction phase to O&M of the whole scheme. These field activities began about four years ago, as a logical but little tried concept, which did not fit into any existing national strategy of rural water supply.

Over this period, it has become clear that the concept is strongly accepted by the PHED as well as many more agencies working in the water and sanitation sector. But, more importantly, this is recognized by the householders themselves, who are prepared to invest large sums of money on maintaining "their own" facilities and to regularly pay their water tariff.

Even under the severe drought conditions prevailing for three years, people's motivation to pay for water is not weakening at all. However, their ample understanding of the benefits makes all the difference. Beneficiaries are convinced of the necessity and advantages of safe drinking water and sanitation and its direct link to the reduction of water-borne diseases. Assurance of regular availability of water at the nearest point, good image and rapport of CPU and PMC staff with the villagers, communities' trust in the project, and last but not least, the active role of WHCs and WGs as well as the revival of traditional Angan system, a well-defined payment model, are substantially contributing to the project's success.

In the villages commissioned so far, from the second month onwards, a tendency of levelling out of the average water consumption is observed and now it is below the prescribed norms. In the first month, due to villagers' euphoric behaviour and severe drought conditions, water consumption and the corresponding water bills were very high.

In order to support the improvements achieved in village internal water supply, PMC will establish a system for regular and proper O&M. Each WIIC should have access to spare parts of a specified quality and adequate tool sets made available by PMC at their intermediate pumping station (IPS).

During the past year, CPU achieved appreciable results in its work at the grassroots level.

By 31st March 2001, in 113 villages where water supply is commissioned, Water and Health Committees (WHC), representing a population of 1,35,000, are in charge of their internal village water management as well as community based maintenance. A strongly developed sense of ownership in village societies is an important means to sustain the water supply system and to reduce Government's resources.

WHCs, Water Management Groups, and Pani Panchyats developed a great deal of self-confidence in their work with water users, communities at large, and PMC/PHED. With elaborate residential training, CPU enhances decision-making processes, capacity-building and institutional development of these groups to become equal and accepted partners in the scheme. Women's keen involvement in decision-making within these groups is a key requirement for sustainability.

Women's participation in the project is a cross-sectoral component and is considerably increasing. Women's-, Self Help -, User- and other Groups serve as platforms for women's decision-making and are now multiplying in all villages where CPU is actively involved. Female stakeholders take up responsibilities related to water, sanitation and health education at WHCs, Pani Panchayats, User Groups etc., at the mohalla and village level. However, because of the demand-driven nature of this programme, women's involvement, in particular, is certainly expanding into many new areas of community development. A step towards empowerment has been taken.

CPU increasingly supports women's participation in WHCs and its related structures. Based on the lessons learned, CPU modified its strategy. This new strategy is anticipated to gradually induce a shift in gender balance; hence, CPU tries to achieve at least 50% female representation in WHCs in the new villages. Stand Post Attendants, called User Group Leaders, who are generally women, need further support to gain due recognition at their mohalla and village level. As done for the other groups, CPU regularly organises residential training and experience sharing sessions for female stakeholders and related groups in order to support self-confidence, capacity building and institutional development. To enhance processes of self-realisation on gender issues and work implementation in the sector of women's participation, CPU organised **gender sensitisation** training for its own team.

Original targets set for the rural sanitation programmes are always hard to achieve. In addition, many circles expressed their doubts about the sustainability of CPU's sanitation programme. Problems in fund flow, low subsidy levels, severe drought conditions and fluctuation in cement prices are well-known obstacles. However, the CPU's achievements in this component prove beyond doubt that with an effective method combining hardware management, committed community involvement and beneficiaries' contribution, subsidies can be reduced. Thus, the output in the number of latrines completed per million rupees spent can be increased by over one and half times that of the former levels, which will benefit a larger number of household. Consequently, communities develop the necessary sense of ownership on the sanitation facilities, which CPU considers a very important step in the right direction.

In this financial year, the construction of sanitation packages reached a record of 3300 units, the highest ever amount of construction in all the financial years. Since the implementation of the sanitation construction, CPU has covered about 6000 households in the project area and imparted educational sessions and demonstration on personal hygiene to all beneficiaries as well as to schools under the school sanitation programme. School Health Committees comprising students and teachers have been formed to spread the news of personal hygiene, necessity of proper sanitation facilities from school to school and from students to parents and village society. In terms of village sanitation, CPU motivates water users to discharge wastewater from their Public Stand Post to soak pits or plantation for safe disposal. These constructions are initiated and supported in cash and kind by the beneficiaries themselves.

As it is well-known, the provision of hardware alone, i.e. providing safe drinking water to the villages, may achieve little in terms of improved health, unless it is matched by distinct behavioural changes relating to personal hygiene. Thus, CPU focuses on improving the habit of hand washing, personal hygiene, and water-handling practices, which already proved remarkably effective. This approach is backed by health education. Information, discussions, and health camps dealing with the most prevalent diseases, in particular women's health, support the trend towards improved personal hygiene.

Practical training plays a major part in CPU's capacity-building approach. Such training mainly focuses on local masons (345 till date) who are in charge of sanitation construction, WHC (191 WIICs) members in regular maintenance of village internal supply system as well as WG/SHGs (97 SHGs) in record keeping, medicine distribution etc. The training initiatives are seen as important contributions to the formation of Pani Panchayat as they enhance skills at village, ESR and project levels.

The MIS component is further developed and proves to be very helpful in identifying critical gaps and serves as the basis for more detailed planning. The recent project review by the KfW mission headed by Mr. Hilliges, Project Officer, Germany has enhanced CPU's self-assessment and gave valuable ideas and advice on how to improve CPU's work further on. Moreover, it was particularly reassuring when the Ambassador of the Republic of Germany, the Secretary, PHED, the Minister, PHED and the KfW mission visited the villages, when they officially endorsed the CPU's work and suggested that the implementation of complementary measures like those in Aapni Yojna, should become a regular activity of other projects under the National Rural Water Supply and Sanitation Programme.

CPU's staff has gained extensive practical experience over the years of CPU's field work. They are fully committed to their involvement and are contributing to the impressive achievements made during last year. I compliment them on their hard work and dedication, which can easily be recognised while assessing the achievements at the field level and taking feedback from the beneficiaries who are the best witnesses.

Goutam Sadhu

Community Participation Unit

Provision of safe drinking water has always been a major thrust area of the government since Independence. In the first Five Year Plan (1951-56), the total provision for water supply schemes was Rs.18 crore. By now, government expenditure on water supply schemes sums up to thousands of crores of rupees, but still a major portion of the population is deprived of safe water. Although many schemes started with sound technical plans and fund provisions, they could not sustain their benefits. As such schemes did not assess the social implications of a water supply system and the target communities were not involved in any part of the scheme. As a result, in the long run, these schemes could not manage their operation and maintenance up to the end users' point and failed in sustaining the supply. From the social point of view, the following are the major reasons of failure of such schemes :

- Heavy water wastage by the beneficiaries as the value of water is not understood. Hence, the tail ender villages do not receive water. Unmetered or free supply of water has induced a feeling in the users that water has no value.
- No sense of ownership in the community regarding water supply system. The community considers water supply as a government business; hence, village level installations are not properly maintained and, in the long run, the system collapses.
- Communities are not involved in site selection for village level installations; hence, facilities are constructed at inappropriate places.
- The concept of safe water handling, hygiene and sanitation practices is not communicated to the community. Hence, even after providing safe drinking water the health status of the target population remains inadequate.
- Local governance bodies, like panchayats or municipalities, remain unresponsive to the water supply systems and do not share responsibility in O & M
- PHED staff have pure technical orientation only and do not consider social aspects during planning and implementing water supply schemes.
- Lacking cost recovery from users results in poor or nil financial viability of the schemes

Churu, Hanumangarh and Jhunjhunu districts of northern Rajasthan are blended in the Thar desert and the communities face harsh living conditions and scarcity of water. A major portion of the population is dependent on irregular rainwater and ground water, which is saline and contaminated by high levels of fluoride. Earlier water supply schemes in this area, like the PHED supply, being available to a limited number of villages only, were launched with huge budgets, but most of them failed to achieve their targets and to fulfil people's need.

In 1994, with financial assistance of German Development Bank (KfW) the Government of Rajasthan launched the "Integrated Water Supply, Sanitation and Health Education Programme: Aapni Yojna" to provide safe drinking water for

achievements

AAPNI YOJNA 2001

about 9,00,000 population in 370 villages and two towns in Churu, Hanumangarh and Jhunjhunu districts during Phase-I.

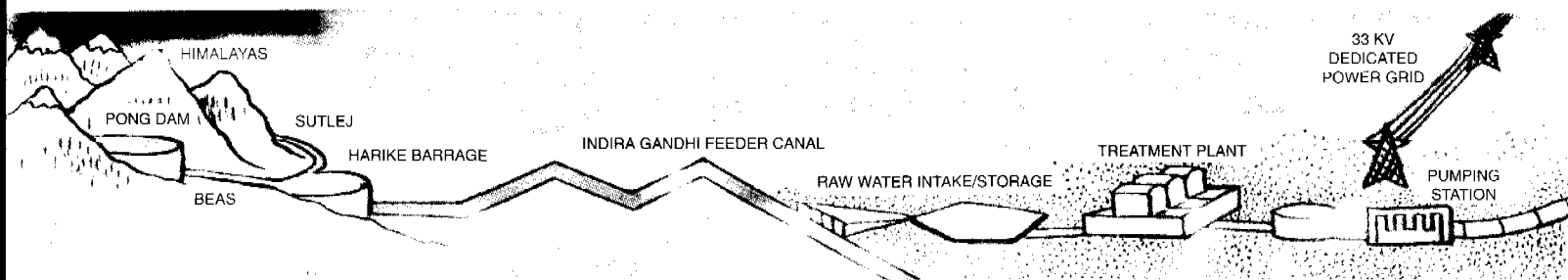
A detailed feasibility study conducted by German and Indian experts suggested the target group's involvement in planning, implementation and O & M of the internal system as a necessary tool to ensure the project's sustainability. Hence, for the first time in Rajasthan, a separate unit, CPU, was formed to take care of complementary measures through community participation. CPU's work currently covers 121 villages.



Mr. K. L. Mina, PHED Secretary Addressing a Press Conference at Aapni Yojna Office

The ultimate mission of the project is to improve the health status of the target communities by providing safe water and better sanitary conditions. The establishment of a community-based water distribution management is at the core of this effort, mainly comprising a Water and Health Committee in each village, awareness-building for payment and for water conservation, equal and fair water distribution to all villages, health education and sanitation measures.

As women are the main beneficiaries of improved water supply and also the principal target group for health education, their participation is a key element across activities in sanitation, health education and water distribution management.



In addition, women are starting to organise their own Self-Help Groups, for the first time in local history.

C P U's key objectives :

- Reduction of water wastage
- Community contribution towards cost recovery
- Awareness building on responsible use of water (Water and Health Committee)
- Construction of low cost sanitation facilities
- Women development activities and promotion of family welfare measures
- Implementation of ad hoc measures (Rehabilitation of traditional water sources)

Organisational and Institutional Set up of the CPU

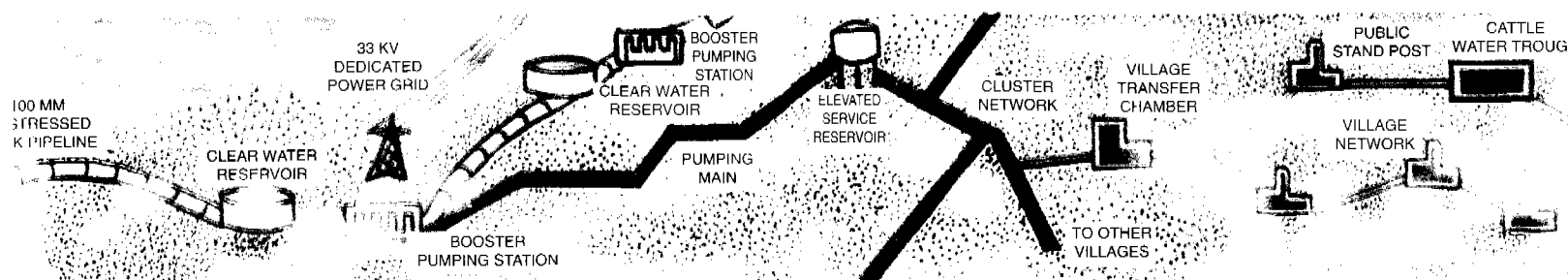
The CPU is a consortium of five regional NGOs :

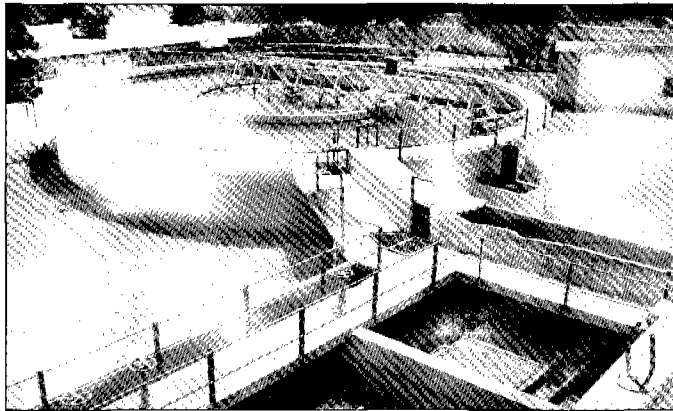
- Indian Institute of Health Management Research (IIHMR), Jaipur – Nodal Agency
- Indian Institute of Rural Management (IIRM), Jaipur
- Gandhi Vidhya Mandir (GVM), Sardarshahar, Churu
- Bhoruka Charitable Trust (BCT), Bhorugram, Churu
- Urmul Setu Society (USS), Loonkaransar, Bikaner

The Programme Director supervises a steering team of programme officers for water distribution management, sanitation, health education/women participation, operations, MIS and accounts. Field teams are the communicators, supporters and catalysts in the villages. A communication team performs lively plays and puppetry. The CPU is increasingly networking with the local GO and NGO. Indian and German consultants also support it.

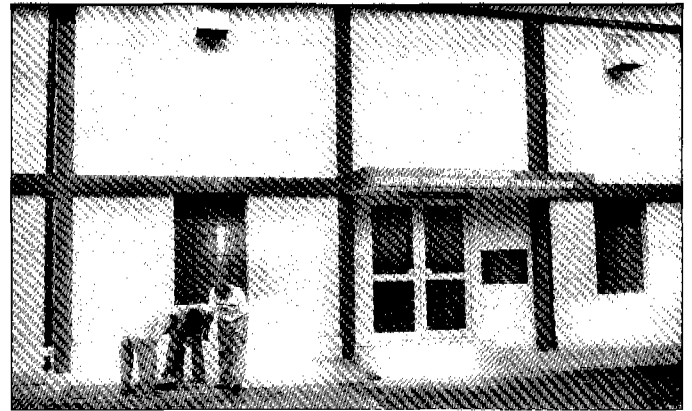
Approach of the Community Participation Unit

The overall objective is to improve the health status of the population. The challenge is to convince mostly illiterate users, who see at their end only a small fraction of the whole infrastructure, of the need to own and manage their local system and to contribute to the general cost of O&M. The answer is a carefully sequenced, differentiated and adapted plan. The non-technical measures are implemented in the spirit of community participation, from the planning stage through the construction phase to O&M of the whole scheme. These measures start with an





Water Treatment Plant



Pump House



Elevated Supply Reservoir



Cattle Water Trough



Public Standpost

advance of up to about one and half years in those clusters in which the technical work will start in three stages: preparation, implementation and follow-up. Activities in four programme components are unfolded in a stepwise approach :

1. Water distribution management as the core component
2. Sanitation (construction of latrines and bathrooms with soak pits)
3. Health education to realise the potential for improved health
4. Women participation, essential across all activities

A fifth activity is that of building a system of monitoring and evaluation and of management information functioning in a two-way mode, from the head office to the cluster office and the village, and vice-versa.

In a village, CPU starts its activities by collecting basic information. This information is used for preparing local level plans. After that the activities of the components are started. For every phase i.e. preparation, implementation and follow-up, a separate set of activities has been designed. These activities are carried out in a step-wise manner so that they may lead to achieving the overall objectives of CPU. Though the activities in the components are different, they have strong integration and interdependence among themselves. The strategies and experiences of different components of CPU are described in the subsequent chapters. ◆

Water Distribution Management

The philosophy of Aapni Yojna entails transfer of Water Distribution Management to target communities. Hence, the most important elements are : *formation of village level committees called Water and Health Committees, and involvement of community in decision-making, planning, construction, maintenance and financial management of the water supply in their village.*

Water Distribution Management (WDM) refers to village internal management of water supply involving fair distribution of safe water to all community members at easily accessible water points, and reduction of irresponsible use and wastage of water. Other key factors are payment for water consumed as well as internal maintenance.

To achieve this ambitious goal, formation of a village level committee representing the interest of water users being supported and recognised by the village community across gender, class and caste is of utmost importance. The CPU focuses capacity building for village internal WDM activities by various skill development programmes organised at the village and cluster levels. Effective community involvement in WDM as well as securing a sustainable water supply system requires a holistic approach of WDM activities as described below :

- Communities' involvement right from the onset of the project ensures communities' acceptance of the project and development of a necessary sense of ownership
- Institutional capacity building and strengthening of all stakeholders involved at the village level



Village General Meeting

- Equal involvement of all strata of target communities in planning, decision-making, management of the facilities and their construction at the village level
- Motivation for the use of safe drinking water and for adoption of safe hygienic behaviour
- Awareness building of the importance of water as a commodity with economic value
- Awareness building in policy- and decision- makers as well as the general public of the necessity of community participation for village level WDM
- Establishing close contact and co-ordination between Project Management Cell (PHED) and communities at an equal partnership level

To achieve the above, a sequence of activities is executed in a step-wise manner, initiating necessary social processes, which are so important for sustainable community participation. The activities are divided into three phases, viz., preparatory phase, implementation phase and follow up phase.

The preparatory phase involves :

- Information campaign for environment building in the villages, information on project details and benefits, tremendous cost involved, and how the project will ensure a reliable water supply.
- Explanation of social and technical reasons of failures of water supply in the past.
- Visits to individual households, communities in small groups, formal and informal leaders to remove their doubts and convince them to accept the project.
- Detailed information on communities' roles and responsibilities.



Village Community Selecting WHIC's Members

The implementation phase involves:

- The village general meeting to select members for Water and Health Committee as the core link.
- WHCs to act as project leaders at the village level. The structure of a WHC provides proper work distribution among members.

A WHC consists of the following five members:

1. **Communicator**, who acts as WHC president and is responsible to organise regular meetings, initiate decision-making and follow-up activities
2. **Caretaker**, who is responsible for repair and maintenance of the internal water supply system. CPU provides technical training for preventive and corrective maintenance.
3. **Payment Collector**, who collects water charges from the villagers and maintains proper records of water bills and payment.
4. **Sanitation Representative**, who is responsible for initiating activities of the sanitation component.
5. **Women Representative**, who represents the women in WHC meetings, and is responsible to ensure involvement of women's decision on water, health and sanitation issues in WHC's resolutions.

Additional members can be selected who will act as assistants to the main members.

The WHC, on behalf of the village signs an agreement with the PMC. The agreement clearly defines the roles and responsibilities of the PMC and the WHC. While signing the agreement, WHCs have to pay security money equal to one-month water charges



Repairing of Taps by Village Caretaker



Voluntary Labour by Community

as a token of their willingness to pay for water. WHCs take up all village level activities of the project :

- Preparation of a social village map through the PRA method with the help of the whole village community. These maps contain important information on the location of the present water sources, community buildings, schools, health facilities and other government buildings, all streets of the villages, houses, caste distribution, availability of latrines etc. Village maps are powerful tools for site selection for public stand posts (PSPs), and other activities in sanitation and health education
- WHCs, assisted by the CPU team, conduct village census, covering both human and cattle population of the village. These census data are the basis to devise a communal payment model, as water bills are issued for the entire village connected to a bulk water supply meter.
- Mohalla-wise site selection of PSP/CWT on the basis of social maps and strong involvement of women's decision; technical feasibility of sites selected is cross-checked with PMC engineers

The project provides one PSP with two taps for 150 persons, based on 1991 population of the village. As in most villages the allocated numbers of PSPs do not match villagers' demand, additional PSPs can be provided against 50% cost contribution by the community. Thus, an unnecessary demand is avoided and a sense of ownership developed.

- The community provides unskilled labour for trench digging and pipe laying in the village to enhance a sense of ownership and responsibility for village internal water supply.
- A fair village specific payment model is devised by WHCs with CPU support. Collecting individual household's water charges is based on the principle of social justice and often resembles traditional Aangan system
- WHCs, jointly with the community, develop a fault reporting system to ensure proper operation and maintenance of the water supply system. WHCs are responsible to maintain records of faults reported to PMC and those repaired, spares, payment and meter reading.

The CPU strengthens WHCs' and communities' capacity and institutional development with well-tailored training programmes.

During the **follow-up phase** (water supply functional), CPU provides necessary support to all WHC activities:

- Ample focus is given to ensure equal participation of all community sections, marginalized groups in particular.
- Strong community mobilisation for any event at the village level is ensured by involving all village level groups and stakeholders (WHC, WG/ SHG, UG), formal and informal leaders, school children and the community at large.

- WHCs regularly meet, take necessary decisions and maintain records.
- WHCs show a keen interest in monitoring qualitative and quantitative aspects of water supplied to their villages
- WHCs are in close contact with the relevant PMC unit
- WHCs deposit their water bills regularly.

In general, CPU's experience with the WHC concept and its functioning is very positive. WHCs are highly accepted in the villages and their decision is taken seriously.

WHCs have proved their ability to mobilise communities' labour and monetary contributions in the preparatory stages. Moreover, they have shown their ability to recover operation and maintenance costs on a sustainable basis. The prospect of having control over the operation of their local system and being fairly independent of a poorly functioning government service is a highly motivating factor for the communities to participate in management and implementation by contributing cash and kind.

Work Done in the First Batch of Clusters

The first batch of clusters comprises 121 villages. In these villages the water supply has become functional.

The main activities in the field of water distribution management in 121 villages (the first batch of clusters) are almost completed. CPU is ready to start the follow-up phase in all these villages. We hope that, by and large, the measures will be sustainable.

WHCs have been formed in all the villages of the first cluster group. They have signed agreements with PMC and deposited advance water charges. The total security deposit of 121 villages sums up to Rs 7,56,552. Water supply was commissioned to 117 villages from March 2000 to March 2001. All the relevant sites for PSPs and cattle water trough are selected, using social maps. 117 WHCs contributed community labour for trench excavation for laying village distribution network. In all, villagers contributed about 140 km of trench excavation.

Monthly meter reading is organised by WHC members and the PMC jointly. The water bills issued are divided among the households according to the village internal payment model. Once bills are paid in time, WHCs are eligible to receive 20% rebate as well as 10% for internal maintenance to be reimbursed by the PMC. Rebate and maintenance charges are deposited in WHCs' bank accounts called Village Water Fund. All the WHCs connected to the new system have about Rs 1 million in their bank accounts. The Village Water Fund can be utilised by the WHCs for replacing taps, valves and other repairs of the water supply system. So far more than 500 taps have been replaced by the WHCs.

So far there has not been even a single defaulter village among the villages connected to the new system. Up to now, approximately Rs 3.5 million were collected from

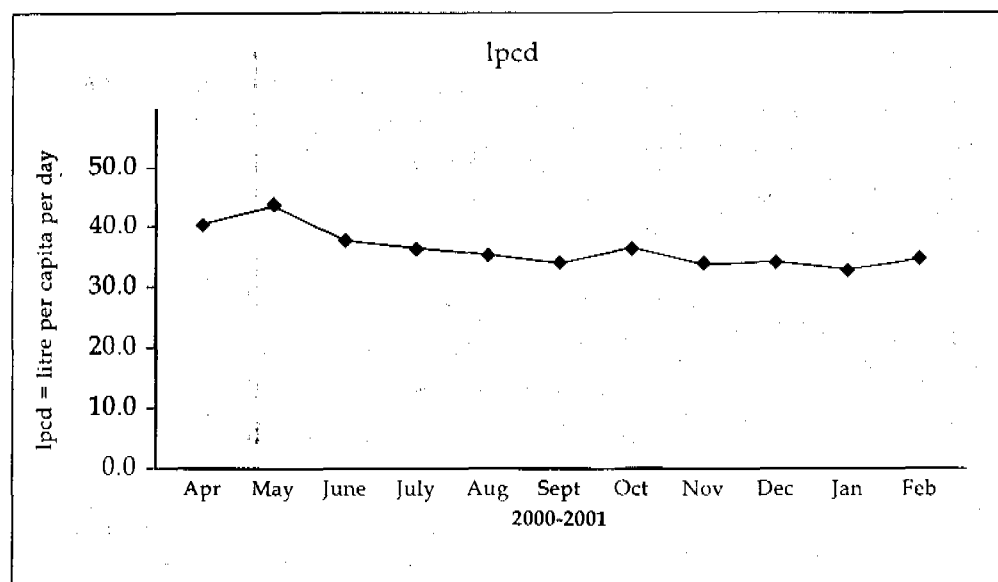
the water users of their villages against water bills and they have paid Rs 2.7 million to the PMC.

Table 1 : Month-wise details of water consumption and water charges

Month	Population benefited	Total water consumed in M ³	Water charges paid	Per capita per day consumption in litres	Percentage of villages which paid water charges in time
April 2k	28772	34689	82458	40.2	100
May 2k	47519	61882	157248	43.4	100
Jun 2k	67735	76424	186512	37.6	100
Jul 2k	81151	88133	208968	36.2	100
Aug 2k	92706	99036	232687	35.6	100
Sept 2k	98190	99467	224435	33.8	100
Oct 2k	108584	118096	271880	36.3	100
Nov 2k	115622	116506	252336	33.6	100
Dec 2k	118142	120578	263249	34.0	100
Jan 01	120712	119185	249629	32.9	100
Feb 01	126259	131007	286393	34.6	100
Mar 01	132343	145228	299433	36.6	100
	132343	1210231	2715228	~	100

Water consumption is below 40 litres per capita per day. However, during the initial 2-3 months of commissioning water, consumption is generally high as water users fill their stores, *tankas* and *kunds*. Once satisfied with the reliability and regularity of water supply, the consumption falls below the design criteria.

Figure 1 : Pattern of Water Consumption



Second Batch of Clusters

Since July 2000, CPU has started intervention in the second batch of clusters comprising 101 villages. In 72 villages, WHCs are formed and legalised. WHCs in 57 villages have signed their agreements with PMC and deposited Rs 3,58,396 as a one-month advance water charges. Social village map making and PSPs' and CWTs' sites selection, involving both men and women, are completed in 55 villages.

Outlook

To maintain and improve the present level and quality of community participation in all WDM activities in the long run after CPU's withdrawal is our main concern. Thus, standards and targets for the long-term sustainability of the project are defined. However, standards and targets for community participation may be less precise because they are related to the human factor, which is unpredictable. CPU considers the following to be the most effective for ensuring long-term sustainability of the project's benefits :

Each cluster of villages is supplied water from a common elevated stock reservoir. Hence, identity among those villages in an ESR cluster and a sense of ownership towards the ESR are already developed in the communities, which is required for the realisation of maximum benefits of the water supply system. WHCs feel responsible for their village internal supply as well as for the system serving all villages within the ESR cluster. Hence, it is self-explanatory that committees or *Pani Panchayats*, comprising representatives of each WHC served by the same ESR, are initiated.

In each WHC there are at least 1-2 members (male and female) who are interested in project activities. Their decisions are respected by a majority of communities, which are not involved in controversies. They work for village development without any vested interest. CPU teams motivated WHCs and those eligible members to form an apex group, "Pani Panchayat," of all the WHCs served by an ESR.

Pani Panchayat members are responsible to act as go-betweens to other Pani Panchayat's WHCs and their own WHC. At present, Pani Panchayat organises monthly meetings, which can later on be reduced to quarterly meetings. Important issues discussed in these meetings are :

- Review of WDM situation in individual villages and water consumption per capita per day in each village
- Payment for water
- Use of village water fund
- Status of maintenance of facilities
- Record keeping

In addition to reviewing the effectiveness and functioning of the WHCs of their clusters, the Pani Panchayats have to interact with the PMC to give feedback on the services rendered by the PMC to its cluster. Moreover, they plan and implement awareness campaigns through the WHCs.

CPU assumes that these village level committees are able to fulfil their tasks even after CPU's full withdrawal (CPU has partially withdrawn from the old clusters) and Aapni Yojna will be a strong and sustainable community based programme. Strong positive indicators are already visible now, which enhances the prospects of project sustainability :

- WHCs regularly collect and pay their water charges.
- WHCs have finalised rules and regulations regarding WDM.
- WHCs regularly monitor water consumption pattern.
- Villagers have constructed soak pits near PSPs.
- Irresponsible use and wastage of water is decreasing.
- Users' groups for all the PSPs are formed.
- Users' groups take responsibility for the upkeep of their PSPs.

WDM Component : Lessons learnt

- Villages being connected to regular and free of cost water supply are not easily motivated to accept the project. Creating a need for safe water supply is CPU's strategy in these villages. By focusing on the health benefits of the new water supply and sanitation, the target groups can slowly be motivated to accept the project.
- Trust building is a time-taking and serious task; hence, promises made by the project should be fulfilled. Mutual trust between the WHCs, CPU, PMC and the project is a key to the success of AY.
- Communities are able to manage their internal water supply system, once both proper training and management structures are provided. Moreover, project staff's faith in local community capacities is of utmost importance.
- In many villages, vested interests, politics and caste factor dominate and determine the village dynamics. The staff, dealing with these situations, have to retain their neutral image. But, simultaneously, they should protect the rights of the weaker sections.
- From the outset, local leaders and Panchayats should be informed about the project and their help should be taken. Otherwise they may create an environment against the project. However, every care should be taken that they do not dominate the WHC or other village level groups. The WHC should work independently.
- The values, customs and traditions of the target communities should be properly respected and addressed while working in the villages.

Despite doubts, the CPU has taken the challenge to form effective WHCs which are able to manage their village internal water-related affairs as well as remove the chronic misleading notion that drinking water is a commodity without any economic value.

achievements

AAPNI YOJNA 2001

This virtual "free meal syndrome" is being cured very successfully in the first 117 villages by the WHCs and CPU. Successful implementation of the cost recovery, active participation of communities, a growing sense of ownership and responsibility as well as immediate fault reporting to PMC will certainly address the issue of sustainability.

Table 2 : Achievements in WDM

Activities	No. of Villages
Formation of WHCs	191
WHC-PMC agreements	184
WHCs selected sites	171
WHCs organised voluntary labour	121
WHCs ready for organising voluntary labour	50
Water supply functional	117
WHCs paying their water charges regularly	117



Jal Yatra

Sanitation

Unless the creation of awareness of water-borne diseases and appropriate health education is taken care of, the supply of safe drinking water by itself is insufficient to improve the health status of the population in the project area.

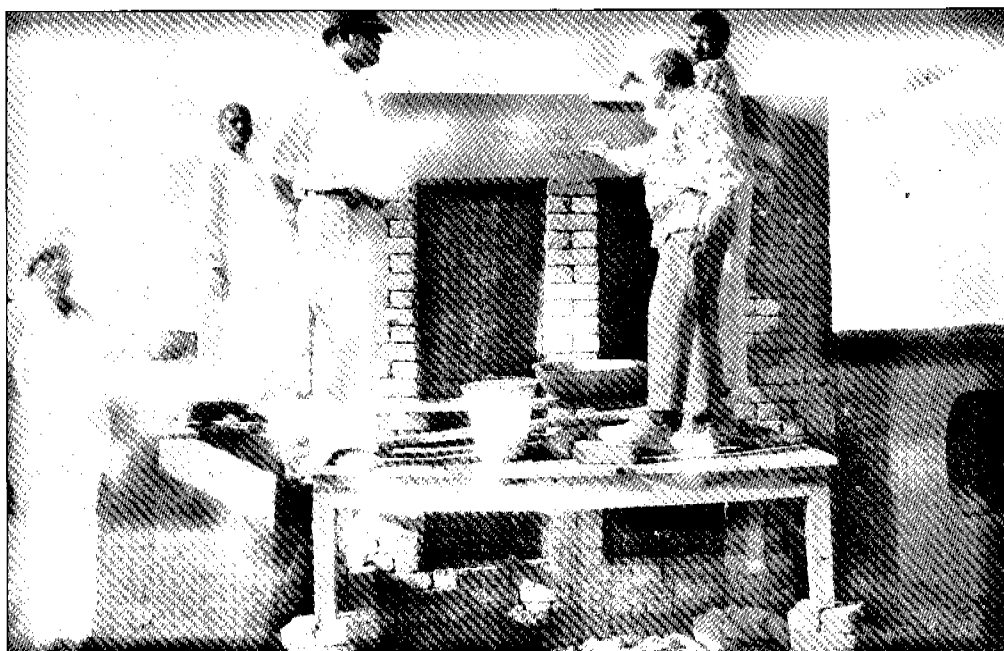
Harsh geographical conditions, open land, lack of awareness, superstitions and traditional concepts of impurity and purity, low level of literacy, and gender inequality are the main causes of the lack of awareness of sanitation and unhygienic practices. In general, mothers' status is low, women's time is entirely spent on fetching water for the family and other household work. They are unable to devote sufficient time for their role as family caretakers and for changing unhygienic behavioural patterns. Hence, occurrence of diseases in the communities is a general feature. A lot of time and money is wasted to overcome these problems.

Drinking water is contaminated at each stage of water handling right from pot filling to the use and storage at the household level. 80% of diseases are caused mainly because of drinking unsafe water and insanitary conditions in the household and the surroundings. Ample reduction of diarrhoea cases, infant cases in particular, can be achieved by generating awareness of proper hand washing before handling food and drinking water, cooking, eating and after defecation.

Thus, in Aapni Yojna, as the first project of its kind in this area, the CPU's sanitation component focuses on these issues, besides the construction of sanitation facilities.

The following key features in Sanitation Component are based on a stepwise participatory approach :

- Awareness generation and need establishment for sanitation facilities



Sanitation Unit under Construction

- Motivation on adoption of routine and healthy hygienic behavioural patterns
- Capacity building in all aspects of the programme
- Organisation of village sanitation with the support of WHCs, women's groups and general community
- School sanitation programmes
- Masons training programmes for construction of low-cost sanitation facilities
- Construction of sanitation packages
- Training, follow-up programmes on proper use and maintenance of sanitation facilities
- Ensuring effective women's involvement in all activities

1. GENERAL AWARENESS AND NEED ESTABLISHMENT

As sanitation is not the foremost and essential need for survival under acute drought conditions, changing communities' behavioural patterns is one of the most difficult and challenging tasks of this project, particularly under the project's limited time frame.

To create awareness of sanitation and its benefits, the field team imparts effective health education. In particular, where drinking water is still available, communities respond faster to accept the CPU's sanitation programme and realise the correlation of community health and sanitation.

CPU's awareness campaign focuses on the following issues :

- Safe disposal of excreta
- Safe disposal of waste water
- Safe disposal of solid waste/garbage



Cleaning sanitation facility

- Personal hygiene
- Domestic/food hygiene
- Village sanitation (school sanitation)
- Environmental sanitation

2. VILLAGE SANITATION

The target community is introduced to the concept and the resulting benefits of a clean village. However, the village situation is not as unsanitary as it is in urban areas. The CPU perceives village sanitation as a precautionary measure, following the principle: Prevention is better than cure. The following activities are emphasised

● **Removal of Permanent Stagnant Waste Water Points**

Permanent stagnant water in villages provides unwanted mosquito breeding places, the main cause of a high number of malaria cases. Together with WHC and other stakeholders, most problematic points have been identified. Community action plans are prepared and, by employing voluntary labour, these points have been converted into neat and clean open grounds where children can play.

The people of Devasar village in Sardarshahar Block took the initiative and are now satisfied with this development, and are spreading the news to other neighbouring villages. Hence, CPU only acted as a facilitator, initiating the entire process in a participatory manner. Like Devasar, today many other villages are successfully dealing with similar problems.

● **Systems for Safe Disposal of Waste Water at Newly Constructed PSPs**

Although the incidence of stagnant waste water is relatively low in the project area, it became a problem with the construction of mohalla based PSPs and regular water supply.

Most of the villages and households do not maintain proper waste water disposal systems, as they did not face this problem prior to commissioning AY water supply.

CPU facilitates to connect newly constructed PSPs and households to an appropriate system for safe and proper waste water disposal as per technical feasibility. So far, out of 868 PSPs in 114 villages 622 PSPs have been connected with a suitable waste water disposal system. The remaining work will be completed in the first quarter of the next financial year.

A Success Story of Established Proper System of Safe Disposal of Waste Water

The dream of a clean village came true in Tamba Kheri (Sidhmukh cluster), where the community decided to create a clean village. No drainage system at all was available in the small and narrow lanes of Tamba Kheri, the soil, containing a high amount of clay, having very low absorption capacity.

However, the new sweet water supply was celebrated. But after some time, the village was converted into a pool of stagnant waste water. Moving in the streets, while collecting water from the PSPs, was difficult and breeding of mosquitoes created a nuisance. WIIC, realising that the problem also affected many other villages in the area, took up the matter with Pani Panchyat, the community and the

CPU. A mutual WHC decision initiated the construction of a low cost, safe waste water disposal system under the CPU's technical guidance and the support of the WHC, other stakeholders and the community. Deep soak pits were constructed at all PSPs as well as at every household.

Now the situation of Tamba Kheri has changed totally. All the streets are neat and clean. Women are happy to move around easily, especially while fetching water. Villagers consider this new technique wonderful and regret that they did not know earlier about this, as they had been suffering from stagnant water for quite some years.

The good news automatically spread to the surrounding villages, which encouraged them to construct soak pits. This experience shows that the CPU's participatory and demand-driven approach results in highly committed community participation and a sense of ownership.

Village Sanitation Rallies and Awareness Campaign

To generate awareness and to sensitise communities to sanitation and environmental pollution, rallies were organised in 30 villages.

With the help of village stakeholders, participants aimed to motivate the people by posters, slogans, wall paintings and street plays. Finally, the cleaning of the most unsanitary places of the village was undertaken.

Rekh Kolasar village set up a new milestone in village cleanliness. Its people set up a regular village cleaning system on rotation basis.

3. SELECTION OF BENEFICIARIES AND ORGANISATION OF USERS' EDUCATION PROGRAMME

WHC, WG, SHG, together with FT educate the community at household level about the necessity and importance of sanitation facilities. After the completion of this education drive, stakeholders together with the field staff assess the need of sanitation facilities and start the application procedure.

The final beneficiary selection, on the basis of criteria set by the Project, gives priority to physically handicapped persons, women-headed households, the poorest of the poor and the weaker section of society. Health education concerning sanitation is imparted to the selected beneficiaries to ensure proper use and maintenance of constructed sanitation facilities. Past experience showed that in the absence of this educational programme the use and maintenance of constructed sanitation facilities were insufficient and most of the units were used for some other purpose, like storage, goat sheds etc.

Nowadays, CPU organises a series of users' health education programmes before, during and after the construction as well as during follow-up visits. This new approach has resulted in the satisfactory use and maintenance of the facilities, particularly the bathrooms, which are mostly used by women.

4. CONSTRUCTION OF SANITATION FACILITIES

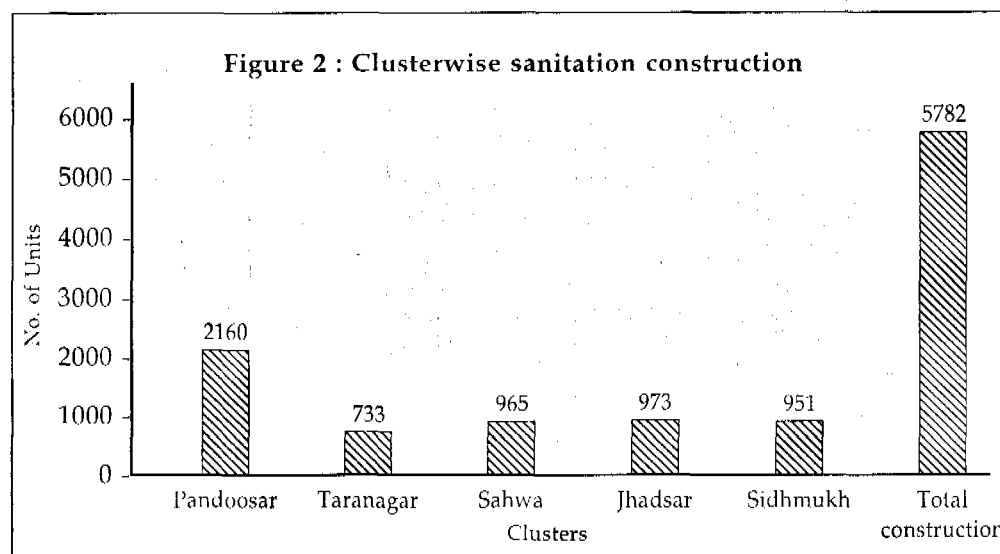
The construction of individual sanitation facilities at the beneficiary's household premises is the main focus of CPU's sanitation activity. Locally adapted strategies

were formulated. Sanitation packages consisted of a low cost flush latrine with a bathroom and a soak pit.

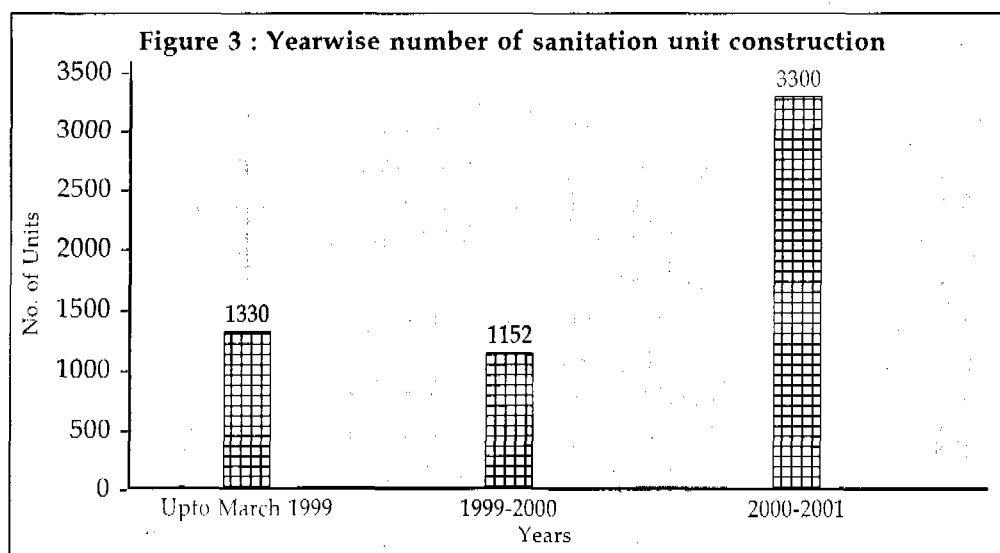
Notwithstanding the prevailing acute drought situation for the last three years and its severe impact on the economic situation of the villagers, communities' demand and response to construct sanitation facilities is exceptional.

In this financial year, the CPU has constructed 3300 units, the highest number of sanitation facilities constructed in one financial year. In all, 5782 units have been constructed so far, and a long list is still waiting to be served.

Cluster-wise details of sanitation facilities are as follows:



The year-wise progress is as follows:



5. School Sanitation Programme

Children are most receptive to new ideas; hence, behavioural changes in terms of good personal hygiene can easily be achieved. Moreover, they act as change agents

in their own family by spreading the message of personal hygiene and environmental sanitation. Appropriate education on these issues during formal school education encourages children to adopt good habits.

There are about 500 primary, upper primary, and secondary government and private schools in the project area. This huge network of schools offers a ready-made infrastructure, which is used by CPU to mobilise and motivate children, teachers, parents and the community to involve in better sanitation practises. The school also serves as a demonstration centre for the adoption of the sanitation package by the household and the community at large.

School teachers, respected by the students and the community alike, serve as positive role models for sanitation and personal hygiene habits.

The CPU launched a school sanitation programme in 200 villages. In most schools, the field staff discussed the seven main health education topics related to sanitation using interactive, informal methods, like educational games, songs and contests. Nowadays, the impact of health education programme is easily visible to anyone visiting the schools.

● **Organisation of School Health Check-up**

Most school students mainly suffer from water-borne diseases due to poor personal hygiene, but their parents do not get them proper medical treatment. To identify and cure severe cases in school children, 20 health camps were organised at different schools with the support of the Health Department. Various kinds of diseases caused by worms, skin diseases, eye infections, dental problems, anaemia, polio, T.B etc were identified as most prominent. Provision of appropriate medicines as well as precautionary health education cured most of the students. Severe cases were referred to the district hospital for further treatment. Additionally, follow-up health check-up camps were organised to maintain the impact of the health check-ups.

● **Formation of Management Committees**

In order to sustain the school sanitation programme after CPU's phasing out, school sanitation programme management committees have been formed. These committees will look after all the activities related to the programme. Generally, the committees are constituted by five (or more) students of different classes, who take up responsibilities of the cleanliness of the school, proper use and maintenance of the sanitation facilities, checking the personal hygiene habits of the students, generating awareness in the community of sanitation issues and educating the community about water-borne diseases. Teachers actively advised and supported the committee members. This year more than 100 school management committees were formed and trained by the CPU.

Finalisation of Technical Design for Construction of Sanitation Facilities in the School

The Project recommended the construction of appropriate school sanitation facilities. In the past, due to improper technical designs, most of the original school sanitation facilities were not used. Feedback gathered from different female and male users

revealed that most of the sites were not found appropriate due to socio-cultural reasons.

Thus, the CPU, following its participatory approach, involved students, teachers, and parents across caste-, age- and gender- groups in all relevant discussions on site selection, choice of technical design, etc.

Demonstration models of different designs were constructed to invite valuable feedback and suggestions from the community. On this basis, the majority of the community suggested the final technical design, which might differ in the number of urinals according to the number of students.

● **Construction of School Sanitation Facilities**

In this financial year, 15 sanitation facilities were constructed in different schools. Apart from this, five existing sanitation facilities were rehabilitated.

6. FINAL SELECTION AND TRAINING OF MASONS

As proper and good quality construction positively affects the use of sanitation facilities, the CPU pays special attention to effective technical training and selection of qualified masons. This year, more than 200 masons from 60 villages were identified by the respective WHCs and trained by the CPU. Communities' appreciation of the CPU-trained masons and the good construction quality substantially contributed to the greater use of sanitation facilities.

Lessons Learnt

- CPU's participatory approach in sanitation proved to be successful. However, this holistic approach being more time-consuming than simple construction of sanitation facilities, sustainable solutions should be developed.
- The quality of construction is a key influencing factor in a sanitation success story as it also determines proper and regular use and maintenance of sanitation packages. Hence, a quality check at every level during the construction process is necessary to ensure better quality of sanitation packages. Material provision in place of cash grant as well as checking the proper use of material also ensures the quality of construction. CPU procures necessary material in bulk and documents the whole process of construction.
- Involvement of local masons, trained by the CPU, proves profitable in terms of socio-cultural reasons: beneficiaries are friendly and trustful to a known person; additional jobs are created within the villages; and knowledge and skill of appropriate construction technologies remain in the village. In addition, local masons also act as local animators generating awareness of the necessity of sanitation facilities and improved personal hygiene.
- Organisation and construction of sanitation units at the village level requires active involvement of all stakeholders, such as WHCs, women groups, SIIGs and the community. They all provide their contribution at different stages. WHCs, WGs, SIIGs together with the community select most needy beneficiaries and monitor the construction.

achievements

AAPNI YOJNA 2001

- Special efforts are required to involve households below the poverty line as well as the weaker sections of the village society in sanitation package construction. Occasionally, extra subsidy or loan, forwarded through SHGs, is required to initiate sanitation construction.
- Wrong site selection for a sanitation unit in a house adversely affects the use of facilities by female users. If a unit is constructed next to the drawing room, which is mainly used by males, women will hesitate to use it.
- In villages with prevailing severe water scarcity, construction of sanitation facilities is difficult to start, as beneficiaries are not ready to spend the little water available on cleaning sanitation units. Hence, the CPU avoids early construction, taking into consideration the approximate date of AY sweet water supply.
- Males, children and old persons are not always easy to convince to use a latrine whereas women start using the facility immediately after one or two orientation sessions
- The major factor that promotes the use of CPU latrines is the equal importance given to the bathing facility and the latrine. As seen in other projects, most of the constructed latrines will be converted into bathrooms in the absence of a completely covered bathroom.
- Wherever the community is fully involved, and accept the project and considers it as their own programme, the results achieved are outstanding and sustainable. ◆

Women Participation

The benefits of improved health and living conditions from AY water supply can only be achieved with strong and competent women's participation. Women are responsible for safe collection, handling and storage of water. It is up to them to use the new water supply to improve the domestic and kitchen cleanliness. It is the woman who can translate the benefits of this water supply into development of personal hygiene in her children. Women themselves directly benefit from abundant and regular water supply as well as from sanitation facilities at their doorstep, which enables them to maintain personal hygiene.

Women's participation is the essential requisite for sustainability of any water supply and sanitation facilities. Women are traditionally responsible to maintain these facilities. However, the same facilities fall into disrepair when the decisions to report faults, make repairs and provide money for repair is not in women's hands. To address this problem, CPU focuses on including women in all relevant activities beginning from map making and site selection to maintenance and fault reporting within the village. PSPs are usually maintained by female stand post attendance together with the user group. Sanitation units are constructed in the name of women to enhance their self-confidence and sense of ownership. Finally, to incorporate women's concerns in the decision-making process, women's representatives are elected to the Water and Health Committee and the Pani Panchayat — the highest community authorities in this scheme.

BACKGROUND

Strict and conservative society in the project area compels women to stay within the house observing the purda system in joint families. They are isolated from all decision-making activities even within their household. The young mother carries



SHG Members Depositing their Monthly Contribution

the major workload of the household – she enables male members to earn and children to get educated by providing them a trouble-free home, food and care. She works in the field. For all her contribution, the woman receives no respect, no authority, has no financial independence and gets no recognition. To add to her degradation, the female sex is perpetually discriminated against in life, beginning with female foeticide and infanticide, nutritional neglect of the girl child and a total disregard for the health of women of all ages.

It is in this section of extremely marginalised society where CPU has to implement women's participation.

ACHIEVEMENTS IN WOMEN'S PARTICIPATION

1. Stepping out of the house

In the beginning of CPU's involvement, women would not come out of their houses to participate even in all-women's meetings held in their own *mohalla*. Under such circumstances, it was a great achievement when 49 women (including many Rajput women) from five villages went to another village in Sahwa for a three-day residential training. It was the first time that they stayed out two nights with people other than their family members. All this was possible with the support of their family, who took over their share in domestic work. It is one thing for women to want independence, but changing the views of society to enable women's empowerment is truly the greatest achievement for women's participation.

2. Participating in development work

- Social map making is an exercise that initiates the process of confidence building in rural women. When first asked to draw a map of their village, the women were at a loss and did not know where to begin. With a little guidance from the FFF, the first hesitant strokes turned into a work of art embellished with



Social Map Making

imaginative symbols using materials like *haldi*, red powder, soil etc. The preliminary maps were redrawn on paper to serve as a basis for PSPs site selection and health survey. At the end of the exercise, women were elated at their first participatory activity.

- An important intangible aspect of women's participation is motivating others for voluntary labour and supporting them in digging. There have been instances when men have not been able to reach a consensus on whether to participate in voluntary labour or not. In such cases, the backstage work of women in motivating the men folk is commendable.
- Site selection for PSP is one activity that has really endeared the women. It makes them feel that at last somebody is paying attention to their views. This activity, though quite popular with the women, still needs to be monitored all through as men try to influence women's decisions to suit their own egos or personal rivalries.
- There has been a change in policy to construct sanitary units in the name of women. It was observed that many SUs remain unused because male family members selected the site; hence, the location of the unit was inconvenient for the women. Moreover, this approach enhances women's sense of ownership of the unit.

3. Entering traditional male territory

Some of the unexpected achievements are those activities that were never planned for women :

- Women did the digging work at 2 PSPS at Reyatunda.
- Women took the responsibility to collect water charges at many places.
- Some women wished to be trained as masons.

4. Forming groups and taking responsibility

Groups are more influential, their decisions are taken more seriously as compared to those of the individual. The impetus for women's participation has actually come from unregistered groups called Women's Groups (WG). A women's group (one per village) is a heterogeneous group comprising permanent members as well as occasional visitors. The group members represent almost all different classes and castes of the village communities. Besides their own office holders, viz., Chairperson, Vice Chairperson, Secretary and Treasurer, this group selects the formal or informal stakeholders' water, health and sanitation-related project activities, like the water representative, sanitation representative, stand post attendants and representatives to the Pani Panchayat.

The Self-Help Groups are **more cohesive groups than women's groups** as they have fixed number of members, a common agenda (money matters which are very important for women who do not traditionally own money), essential record keeping activities, and have more socio-economic homogeneity as compared to the WG.

With group formation women are given a common platform to meet women from other communities to share their experiences, to develop communication and organisational skills, to work for a common cause, and to realise the power of the individual woman and of the group.

When first approached, even literate women had as little confidence as the illiterate ones. Centuries of being told that they don't have the capacity to think and to take decisions, leaves them with an inferiority complex. The efforts of the FFF have transformed such self-effacing women into vocal, confident office holders with recognised status in their society. Here is an example :

Place : Village Khuian

Person : Mrs. Rukma Devi

Event : Small group meeting giving information on the project

Rukma Devi's response – "I am a woman that is why I cannot do anything. Give this information to men who will be able to do something for the project".

Event : WHC meeting, Rukma Devi attending as W.R.

Response of male members of WHC : "There is no need for women to come to the meeting. The work, after all, will be done by men only."

The present scenario : Rukma Devi participates in WHC meetings, voices her concerns, her views are considered by WHC.

5. Achieving financial independence through Self-Help Groups

SHG is a mechanism that links micro-savers with formal financial systems. The mechanism helps in extending credit facilities to people who, but for this collective saving procedure, would never be able to enter a bank. The basic idea behind SHG formation is to increase the credit capability of a person by utilising the savings of the whole group. Some of the groups have availed of this opportunity by facilitating loans of up to Rs. 5000 for individual members.

To date 67 SHGs are in existence in the project area. Thirty-seven of these are linked to banks. The total number of members of all SHGs is 722 and their combined saving is Rs.1,65,830. The implications are that if an apex body of SHGs is formed combining the savings of all the groups, it may get a loan of Rs. 6,63,320 (4 times the total saving)!

Meanwhile, the small savings of these groups are being used through internal and bank loaning for the purpose of :

- Purchase of seeds, fertilisers, grain and fodder
- Setting up shops
- Purchase of cattle
- Support in deposition of advance money
- Other purposes mentioned under health education

HURDLES

- Some of the groups break up due to internal conflicts.
- Migration of group members and the dissolution of group.
- Yet, another unavoidable and unfortunate cause is the lack of money for saving. The three-year long drought has starved the economy of the region and some of the groups are unable to make even the mandatory deposit of Rs. 10 per month.

- Most of the members were illiterate or semi-literate, but they managed to maintain their records with the help of literate male or female family members.
- Women, below the poverty line, voluntarily organised into SHGs. The concept has become so popular that men also approached the staff asking them to help them form SHGs.
- SHGs ensured a certain measure of financial independence. Women no longer had to approach moneylenders who lent money at exorbitant interest rates.

Women's Participation across all Components

No.	Activities	Achievements
A. Women's Activities		
1.	Formation of Women's Groups	138 villages
2.	Members of Women's Groups	1907 members
3.	Self Help Groups	67 groups
4.	Members of Self Help Groups	722 members
5.	WG training	107 villages
B. Water Distribution Management		
1.	Preparation of village map	168 villages
2.	Site selection for PSP	164 villages
3.	Promotion of voluntary labour	78 villages
4.	Women participating in voluntary labour	43 villages
5.	SPA selection	116 villages
6.	Promotion of collection of security money	159 villages
7.	Formation of PSP user groups	122 villages
8.	Training of users' groups	112 villages
C. Sanitation		
1.	Distribution of application forms	112 villages
2.	Users' training separately with women	106 villages
3.	Follow-up on use and maintenance	106 villages
4.	Beneficiary selection	111 villages
D. Health Education		
1.	Education in women's groups	138 villages
2.	Education in communities with the help of rallies	25 villages
3.	Health awareness and diagnostic camps	22 villages
4.	Health Education in small groups	193 groups
5.	Health survey	24 villages

The difference that women's participation has made to the lives of these women can be best summed up in the words of Mrs. Dhapi Devi, W.R, village Devasar :

"Before becoming W.R. nobody used to give me any importance. I was known only as a dai. In the past, I didn't have the courage to speak up in a group because I felt nobody would listen to me. With encouragement from FFF now I am able to speak up in a meeting. After becoming W.R. everybody respects me. I feel that, like men, I have also achieved something." ◆

Health Education

Health education in AY has been perceived as an activity necessary for need establishment for the installations of Aapni Yojna i.e., for creating the need for PSPs and SUs. As such, health education activities have largely been focused on the adverse health consequences of using raw, unclean water and of defecating in the open. During the second half of the year, the scope of health education was widened to include education on site-specific health issues, conducting health camps and health surveys.

1. HEALTH EDUCATION IN WG

The group is named women's group but the meetings are attended also by school going teenage daughters, young children and in most cases the men of those households where the meeting takes place. Most of the women, the actual targets of the exercise, are illiterate who know nothing about human anatomy and disease-causing microbes. To this group, the field facilitators talk about personal hygiene, safe handling of water, consequences of defecating in the open, transmission routes of diseases, the structure and functioning of the female reproductive system and infant problems like diarrhoea.

2. HEALTH EDUCATION IN SHG

Since this group meets at regular intervals, the group is the target of more focused health education activities. SHG is educated on all the topics dealt with in WG. In addition, they also have discussions (with exercises) on gender sensitisation, nutrition, and making hygienic sanitary napkins.

Some of these groups have contributed to the promotion of health care in the village through :

- Taking loans for the health care of family members
- Providing capital for the construction of sanitary units
- Providing ladles, brushes (for cleaning toilets) and strainers for cleaning drinking water

3. HEALTH EDUCATION AND TRAINING OF SPAS & SU BENEFICIARIES

Health education is imparted to SPAs and SU users as part of maintenance training for the PSPs and SUs. This group is told about the consequences of using water from unclean sources and the consequences of defecating in the open. The education is thus focussed on water and human wastes as transmission routes of diseases. The members are educated on how to clean these installations.

4. CLEANING CAMPAIGNS

The school children are occasionally motivated to take up cleaning campaigns in their villages. At Dhani Chhatusingh village (Taranagar) the SPA took the initiative to clean up the street of their mohalla by motivating the women.

5. COMMUNICATION TEAM PROGRAMMES

The communication team, a group of dedicated staff talented in performing arts is the most visible and popular part of CPU's village intervention. Their contributions

to the health education programme are spreading messages about personal hygiene, proper water handling, need establishment for PSPs as the source of potable water, the need for household sanitation units, the need to take care of the health and nutrition of females in the family, etc. Spread out among comic skits and religious songs, the messages are easily imbibed by the spectators.



Communication Team Programme

In comparison to most of the other health education activities that are targeted at either women or school children, these programmes have a wider outreach. During feedback, it was found that when women repeat to their men folk what they have learned about health care in their meetings, they don't believe them. But when the same messages are given in the communication team programmes they themselves see that women are telling the truth. Therefore, this is a powerful medium for education and will be strengthened during the next year.

6. SANITARY NAPKIN DISTRIBUTION

In January, distribution of sanitary napkins was taken up at Rampura with 15 packets being distributed and records were maintained. The activity was continued in March in WGs and SHGs. This commodity was in high demand among the women who started using them. The need for this activity arose as it became obvious that many women suffered from leucorrhoea because they used sand or soil as soaking material in sanitary napkins. The women were also taught how to make hygienic napkins at home. This information was well received and the women demanded that their daughters also be trained on this issue. The young girls also readily adopted the habit of using cotton instead of sand. Users said they felt better since they started using such sanitary napkins.

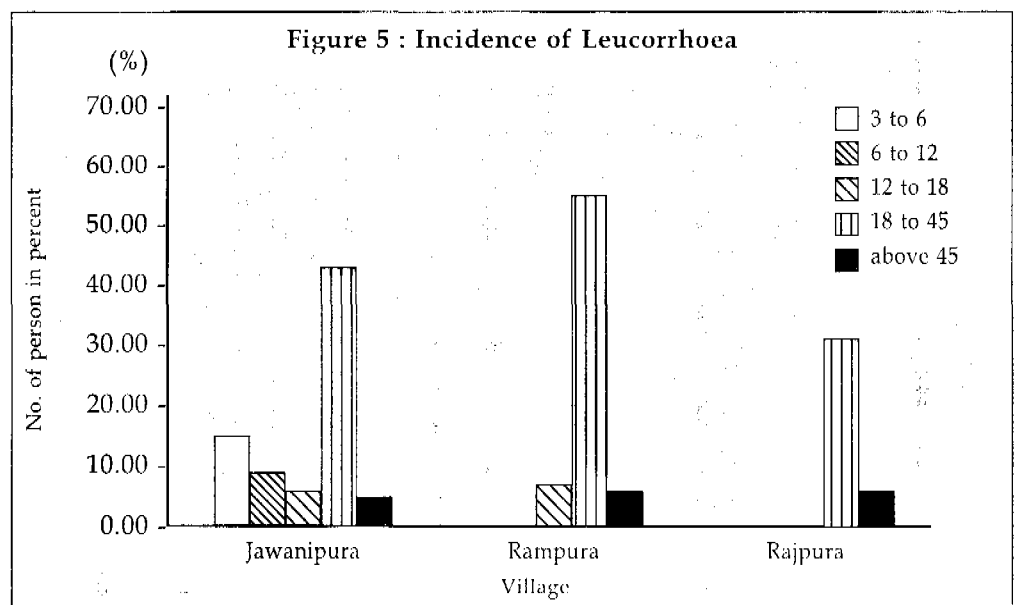
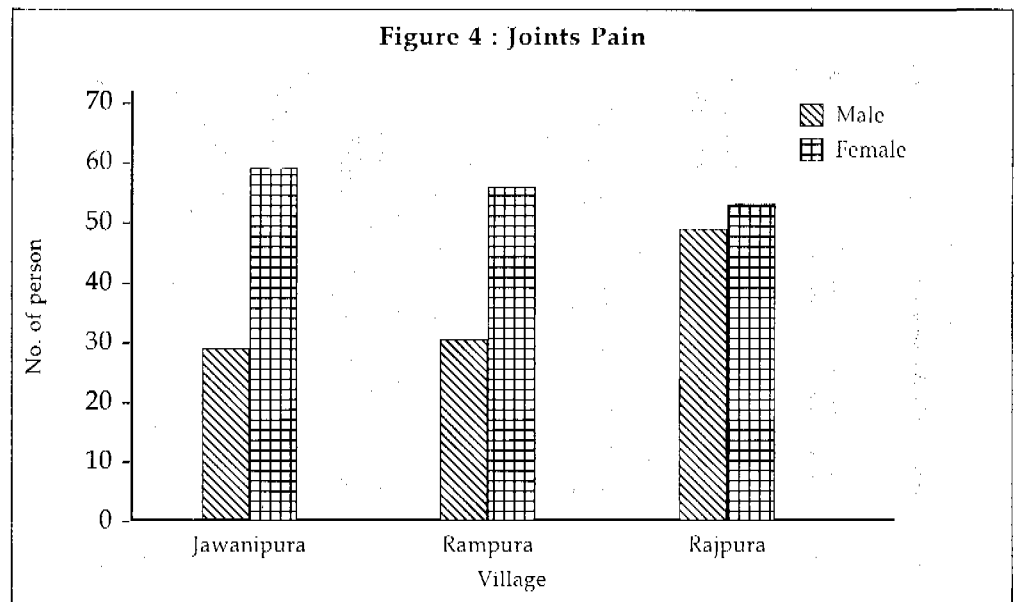
7. MEDICINE DISTRIBUTION

In the month of March two medicine boxes were handed over to two SHG in Rampart and Jawanipura. The medicines were bought from the revolving fund

distributed to these groups. Training was imparted by a doctor to the SHG leader on leucorrhoea and on issuing medicines. The consumption of medicines is being monitored to standardise the type and amount of medicines to be supplied in future. A leucorrhoea treatment kit was given to the SHG at Kalwas (Sahwa).

8. HEALTH SURVEYS

Though health surveys were conducted in many villages during the project period, the surveys were taken up as a planned activity during the last quarter only. Among the accomplishments of the health survey are the village health maps produced by the women during health surveys. These maps, largely prepared by illiterate women, show the location of each household in the village and also depict all existing health problems. The results of surveys conducted in three villages in Satyoo cluster entrusted to the new FC are described below :



The surveys reveal that illnesses experienced are stomachache, leucorrhoea, joints pain, diarrhoea, asthma, tuberculosis, white discharge, skin diseases, earache, boils, headaches, fever, and seasonal disorders. There is a high incidence of leucorrhoea affecting mostly the reproductive age group (30 to 54%) with a few cases being recorded among the pre-reproductive age group in Jawanipura.

A high incidence of joints pain has been observed in all the villages surveyed, the persons affected being in the age group of 18 years and above. In females, the percentage of sufferers is above the age of 45 years. In males, however, those between 18 to 45 years old show a higher percentage of sufferers as seen in Jawanipura and Rampura. The male population of Jawanipura between 18 to 45 years old shows a very high percentage of occurrences of joints pain as depicted in the figure.

An attempt was made to ascertain the knowledge of the people regarding the causes of their illnesses. Some of the findings are tabulated below.

Table 3 : Perceptions Regarding Causes of Illness

S.No.	Illness	Causes (no. of respondents)		
1	Leucorrhoea	weakness (70)	doing a lot of work (5)	excessive intake of tea (60)
2	Diarrhoea/Vomiting	do not know (20)	cold (26)	teething (30)
3	Lice	bad hygiene (65)	excessive worry (5)	
4	Cold-cough-fever	due to cold (90)	effect of water (20)	it is normal (100)

This survey indicates that it will be a major task of health education to induce the people to change their deep-seated convictions regarding causes of illnesses.

9. HEALTH CAMPS

Health camps were conducted at 12 places during the year. These camps were meant for general diagnosis and distribution of some basic medicines. Usually both lady doctors and other physicians or specialists participated in the camp along with ANMs. Video films on relevant topics were screened and an exhibition illustrating health messages was set up. An entrance fee of Re. 1/- was charged, the amount collected being deposited with the WHC or SHG.

The results of the health surveys and camps conducted during this quarter will be analysed to formulate a strategy for reinforcing the health education component.

Hurdles

- The people have some deeply ingrained unscientific ideas of the causes of health disorders.
- In some cases, unhygienic practices are promoted by socio-cultural factors.
- Health disorders in mild initial stages are not perceived as problems; therefore, it doesn't occur to them to seek medical help for them. Only in acute stages, they consult a doctor.

achievements

AAPNI YOJNA 2001

- In general, the family does not pay attention to the health of females. Their health problems are considered unimportant.
- Poverty prevents them from seeking medical help and buying medicines.
- In times of peak agricultural activity hygiene naturally takes a back seat.

Achievements

- Due to regular follow-up of PSPs, CWTs and SUs, they are now being properly maintained.
- It has been observed that health education in schools is showing some positive results in personal hygiene, wearing footwear, and maintaining cleanliness in the schools.
- Personal hygiene among women has improved and domestic cleanliness including that of kitchens is showing improvement.
- Training of girls and women in making sanitary napkins or using ready-made ones has been very successful. ◆



School Health Programme

Management Information System

The role of Management Information System (MIS) in CPU has been perceived as a sub-system of the programme, which supports planning, monitoring and evaluation of field level activities.

Even the project planners felt the need for a strong MIS for CPU at the time of feasibility study. Until today, CPU has developed a well-designed MIS which takes into consideration the complexities and constraints of the Project.

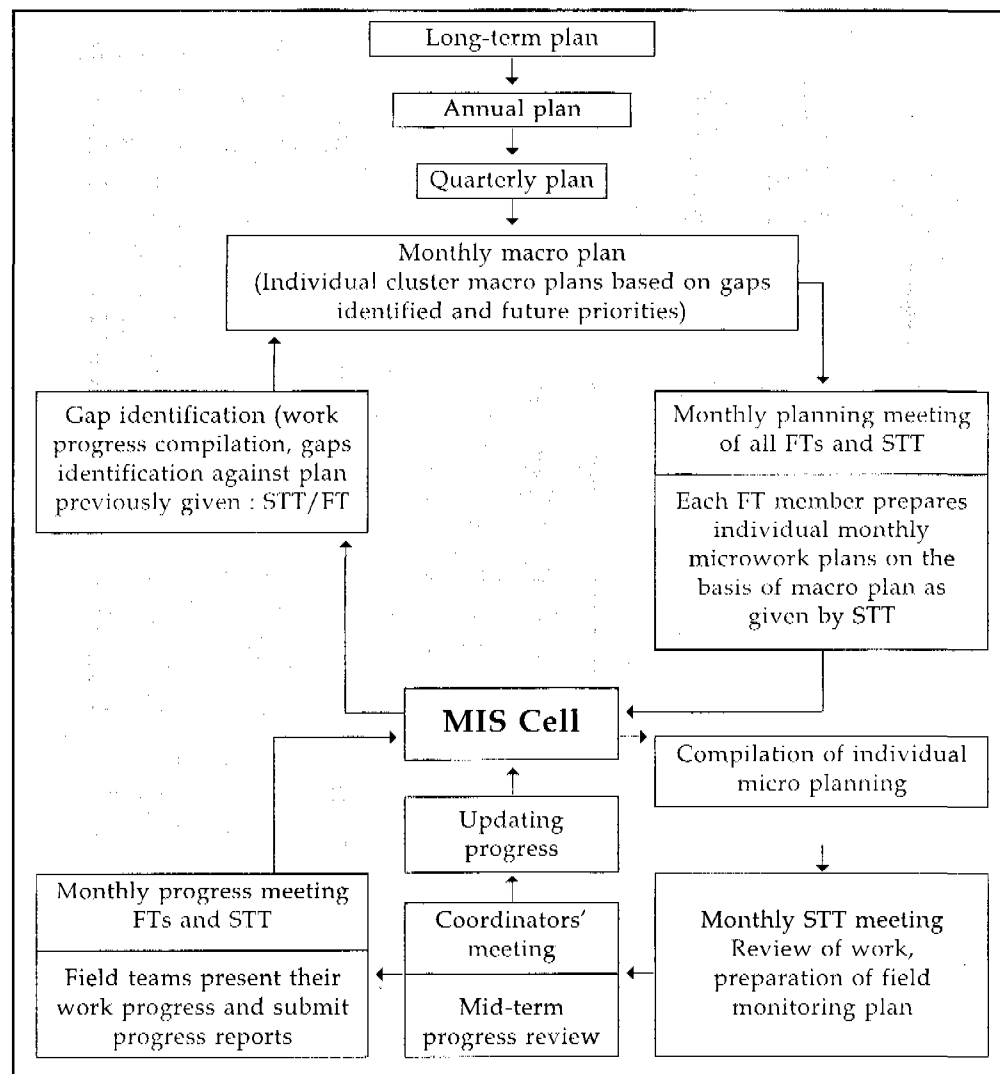
Qualitative and quantitative information is collected in regular intervals to identify critical issues and relevant gaps in all components. Appropriate feedback is given to the staff to initiate necessary changes. The key components of MIS are :

- Delivering a database for planning, monitoring and evaluation of all key activities in every component at cluster and headquarter levels
- Regular monitoring of the work progress, - gap identification and initiating corrective measures
- Collection and preparation of relevant background information to enhance site-specific macro- and micro- planning and matching strategies
- Processing of qualitative and quantitative information
- Carrying out specific studies and assessment of CPU's intervention where in-depth analysis is required
- Development of key indicators, input & output formats
- Maintaining flow of information
- Planning and progress review
- Documentation of sanitation construction work and store/inventories
- Regular tracking of the progress of milestone indicators for each village and component
- Regular documentation, reports and newsletter, distributed to partner-, funding- and other organisation as well as partly to stakeholders at the field level
- Adequate information flow is ensured to and from CPU HQ, FI and village level groups
- CPU enhances village level groups' capacity building in record keeping, in particular for WHCs and SHG concerning sanitation construction, water consumption and payment as well as fault reporting.
- Hardware base comprises 17 computers (including 10 Pentiums) and 7 printers. All the computers at the head office are connected with LAN. In future, there is a plan to provide computers to cluster offices.

CPU's focus on strengthening the linkage between MIS and field operations facilitates planning and monitoring of current field activities. Field operations are based on monthly planning and progress review done individually by each field team member as well as team wise.

The diagram below shows the monthly planning and operation cycle and MIS.

Figure 6 : Linking MIS with the Field Operations



Planning process : On the fourth of every month, STT (Steering Team) prepares individual macro plans for each cluster. These macro plans focus on component-wise work priority. Based on these macro plans each field team member prepares his/her monthly individual plan, supported by STT members. The MIS cell compiles these plans for STT members. On the 6th of every month, STT meeting is conducted and, parallel to discussions on other issues, a monthly field-monitoring plan is prepared.

On the 21st of every month, the field co-ordinators meet with STT for a monthly mid-term review. MIS cell updates the progress. On the last working day of every month, a progress review meeting of the complete field teams with STT is held. FTs present the progress made and the problems faced in the field. The monthly progress report, village and component-wise as well as the reasons hampering achievement of pre-set targets are compared against the monthly plan. Gaps are identified and shared with Programme Officers concerned and field teams and appropriate solutions are worked out.

BASELINE SURVEY OF NEW CLUSTER AREAS

Background

Before launching any field activities, CPU collects the basic information through the PRA method in new villages. As this information still shows some limitations, background information collection work is now complemented with a baseline survey for detailed local level planning of CPU activities.

Objectives

- Assessment of family structure and socio-economic status of the target population
- Analyses socio-economic status of women in particular
- Appraisal of the present water consumption pattern.
- Analyses of target groups' willingness to pay for water and readiness to take up responsibility AY
- Assessment of availability of sanitation facilities
- Need assessment for sanitation facilities
- Analyses of personal hygiene behavioural patterns and endemic occurrence of diseases

Methodology

Multi-stage random sampling is used to conduct the survey. Ten out of 37 villages were selected and in each village, 30 households were interviewed. The households are selected using the village maps prepared by PRA method. CPU's field teams conduct interviews.

Key Findings

- Annual income of half of the target population is less than Rs. 30,000/-
- Half of the families earn less than Rs. 13,000/- per annum.
- Average income per family is Rs. 27,671/- per annum.
- Already 32% of the households are paying for water, directly or indirectly.
- More than 70% of the households are not satisfied with the present water supply.
- Ground level reservoirs, wells, rainwater *kunds* and *joharas* are the main sources of present supply.
- 87% of the households are willing to pay for better water supply.
- Rs. 24.70/- per month per household is the average amount households are willing to pay (median - Rs. 20/-).
- One-fourth of the households possess latrines, but only 55% of all latrines are water sealed.
- 68% of the households are willing to construct latrines through Aapni Yojna.
- 90% of the households use neither soap nor ash for hand washing after defecation, but sand
- 82% of the interviewed take a bath daily, 43% clean their teeth daily.
- 40% householders enrol girl children in school.
- Women's discrimination is prevalent : 56% of the households emphasize son preference and 46% of female household members are not allowed to go out of their homes.
- 70% women prefer equal status of male and female in society.
- 75% of women expressed their willingness to participate in the project activities.

Rehabilitation of Traditional Water Sources

Present Practice in Management of Traditional Sources

Traditionally people in the project area depend on ground water, which is scarcely available, and is mainly salty and brackish, except in a few pockets. Sweet but irregular rainwater is the main source of drinking water for the human population, whereas well water is fed to the cattle and used for domestic purposes. Hence, in the traditional water supply, rainwater harvesting plays an important role to ensure availability of drinking water. Rainwater is stored in elaborate systems like kunds and joharas available in every village.

Kunds are the deep cylindrical wells with lime and bhata (stone) walls; the depth varies from 10 to 15 m. The mouth of the well is covered with a dome, constructed with bhata and lime or with stone slabs leaving a lidded passage. A lime covered sloping stretch around the mouth of the well forms the catchment area. Water enters the well from small apertures at the base of the dome. Joharas are big open ponds with lime and mortar walls and flooring. They are constructed in open farms having stable sand. They are the main sources of drinking water for cattle and are owned by the community.

Even after being connected to the modern piped water supply, most of the communities do not ignore the importance of these centuries old traditional water sources. As modern water supply schemes cannot guarantee 100% regular and trouble-free water supply, private and common kunds and wells are only maintained according to the financial capability of the owner. The art of regular cleaning and maintaining these traditional sources is inherited from generation to generation. During a breakdown of the piped water supply, villagers depend on these sources.

Transition

However, deteriorating economical condition due to continuous drought situation has affected a change in communities' behaviour. Decreasing dependence on traditional water sources, migration in search for better income opportunities and poor economic condition manifest in abandoned traditional water sources. Especially in the case of public kunds and joharas, negligence becomes obvious, whereas private sources are still maintained. Public property worth lakhs and crores of rupees is left unmaintained.

Man-made state-of-the-art water supply like AY does change centuries old practices in water management and consumption as well as threaten sustainability of the traditional systems. Old systems may break down, technologies may be forgotten. But still, instances of repeated occurrences of system failure and breakdowns in the modern water distribution system forces the community to realise the importance of the traditional sources. Hence, CPU emphasises the importance of traditional water supply sources, as well as the preservation of traditionally used know-how and skills to build and repair these facilities.



Rehabilitation of Traditional Water Reservoir

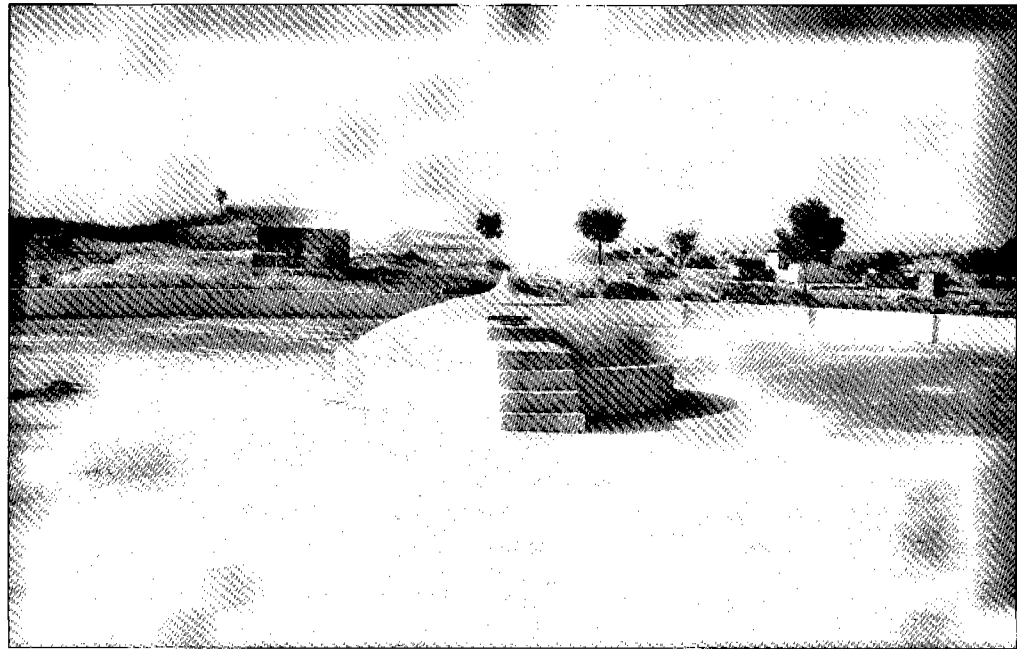
Rain water is the main source of drinking water for the human population, whereas well water is fed to the cattle and used for domestic purposes. Hence, in the traditional water supply, rainwater harvesting in particular plays an important role to ensure availability of drinking water. Rainwater is stored in elaborate systems like kunds and joharas available in every village.

COMMUNITY PARTICIPATION

In some villages Water and Health Committee realises the importance of public kunds and joharas. CPU also helps WHCs to inculcate this message within the community. It is worthwhile to note the leading role of some of the WHCs in organising the community in the rehabilitation of these traditional water sources.

Bhawaldeshar

This is the second village commissioned by Aapni Yojna in March 2000. Even after months old regular water supply of Aapni Yojna, the WHC felt the need of repairing the public johara, which was constructed years ago in famine relief programmes by the village Panchayat. But because of lack of the sense of ownership within the community no one had taken care of them, which resulted in damaging the public property of about Rs 5 lakhs. It is also worthwhile to quote the name of Mr. Khiraj Khot who was the WHC member and has now become the Sarpanch of the village Panchayat. He has taken the initiative to organise the community along with the WHC. The matter of repairing the johara was discussed in the village general meeting. The community agreed to provide unskilled labour and camel cart services for repairing the Johara. CPU has motivated the community by assuring the help of Rs. 1800 for the purchase of lime, cement, mortar and other construction material. We are thankful to the WHC for organising the community for repairing the johara. Now the WHC has been entrusted with this water source permanently. The WHC



Traditional rain water harvesting tank repaired under ad-hoc measures

has taken the responsibility to clean the sand from inside and outside the catchment area of the johara before rainfall.

Dhani Bhamboan

At the time of the commissioning of the villages the CPU has organized Jal Yatra from one village to another village accompanying WHC members and the community to inculcate the importance of Aapni Yojna water which is carried out from Himalayan rivers, about 600 km from these villages. We had a public meeting for reiterating the role of the community and WHC in village level O&M of the new water supply. The WHC and the community felt the need of repairing the public kund at the primary school compound. The WHC was of the opinion that during emergencies and breakdowns this source might be very useful to cater to the water demand. This kund, worth more than Rs. 70,000/-, was abandoned due to the damaged dome and walls. Here again the WHC organised the community for contributing to the repair of the kund. It was the second year of the famine; the poor community did not have sources for the purchase of other construction material. The CPU has come forward with Rs. 10,200 for the purchase of material, and the WHC organised the community for unskilled labour contribution. ◆

In-House Capacity Building					
Month	Name of the Training	Type of Training	No. of Participants	Duration	Sponsoring Agencies
Aug 2000	Visit to different NGOs of Ahmedabad	Exposure visit	4 members from STT.	7 days	CPU, Churu
Sept 2000	Training of communication team at URMUL Setu Society, Loonkaransar, Bikaner	Communication Training	5	1 month	CPU, Churu
Oct 2000	Sanitation training for Field Staff at Safai Vidyalaya, Ahmedabad	Technical Training, School and Community, Health	25 Field Team members and 5 SR.	5 days	Safai Vidyalaya and Rajiv Gandhi Drinking Water Mission
Nov 2000	Visit to different NGOs of KfW supported West Bengal project	Exposure visit	2 Members from STT along with a Consortium member	10 days	CPU, Churu
Dec 2000	Management training/ workshop of Field Functionaries at IIRM, Jaipur	Time mgt., Problem Solving, PIM, others, Grassroot level management	25 Members from Field Team along with 2 STT members.	5 days	CPU, Churu
Dec 2000	MDP on Leadership and Management on Mother and Child Health Care at IIHMR, Jaipur	Leadership and Management, Health Issues, etc.	One STT member	6 days	CPU, Churu
Jan 2000	HRD Workshop of CPU Staff Members at GVM, Churu	HRD, Problem Identification and Solving	Whole CPU staff	2 days	CPU, Churu
Jan 2001	State level policymaking on women's issues at IIHMR	Policy Making Exercise	One STT member and Consultant	2 days	IIHMR, Jaipur
Feb 2001	Gender Sensitisation Training at Fatehpur	Gender, Gender in Development	All STT members and Consultant	4 days	IK
Feb & Mar 2001	Gender Sensitisation Training of Field team at BCT, Bhorugram and at URMUL Setu Society	Gender, Gender in Development	All Field Team Members	4 days	IK

Steering Team Members

Mr. Goutam Sadhu

Programme Director

Prof. Sadhu is a management graduate and specializes in community management and involvement. Currently, he is Programme Director, Community Participation Unit. He obtained his PG Diploma in Rural Development from XISS, Ranchi, and Master of Business Administration. He has obtained a Diploma in Health System Management. He has also been associated with CAPART, New Delhi and has been a consultant in different projects funded by the UNICEF and the World Bank. His main fields of interest are rural development, community participation, women's development, sanitation, health and hygiene.



Mr. Rajendra Singh Shekawat

Senior Account Officer

Mr. Shekawat is an M. Com. (B. Adm.) from Rajasthan University. He has a long association with BCT, Jaipur. He has 16 years of work experience. He is well-versed in financial management, internal financial control, financial analysis, administration, and liaisoning. He has also developed interest in community participation, sanitation, health and hygiene.



Mr. Govind Narayan Sharma

Programme Officer (Operation)

Mr. Sharma is a law graduate and an MA in Sociology from Rajasthan University. He has also been awarded a Post Graduate Diploma in Management from K.O.U. He has had a long association with Gandhi Vidya Mandir and has a vast experience in different development projects. He has 17 years of work experience. His main fields of interest are rural development, community participation, women's empowerment, sanitation, health and hygiene and gender studies.



Mr. Jitendra Pareek

Programme Officer (WDM)

Mr. Pareek is an M. Sc. in Chemistry from the University of Rajasthan. He was a Lecturer in Chemistry at Ayurvedic College, Gandhi Vidya Mandir, Sardarshahar, District Churu. He has 20 years of work experience. He has been associated with several developmental projects and specializes in water distribution management. He is also an active member of several social clubs, such as Rotary Club, Indian Junior Chamber, where he holds several key positions. His main fields of interest are rural development, community participation and water distribution management.



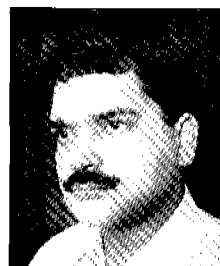
Mr. Hemant Nischal
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Mr. Nischal is an M. Com. from the University of Rajasthan. He has 11 years of work experience and specialises in sanitation. He had a long association with Indian Institute of Rural Management and has worked in several developmental projects. His main fields of interest are rural development, community participation and sanitation.



Mr. Santosh Kumar Sharma
Programme Officer (MIS)

Mr. Sharma has an MBA from the Institute of Management Research, Jalgaon, Maharashtra. He has more than 6 years of work experience in different national and international projects. He has specialised in Management Information System, Monitoring and Evaluation. His main fields of interest are research, evaluation, monitoring, MIS, community participation, sanitation and health.



Dr. Alka Awasthi
Programme Officer (WP & HE)

Dr. Awasthi is an M. Sc. in Botany, M. Phil. in Microbial Biochemistry from Kurukshetra University, and a Ph. D. in Phytogeography from Rajasthan University, Jaipur. She has been a Senior Research Fellow of CSIR. She has more than nine years of work experience in environmental monitoring at NEERI, Nagpur, and biodiversity conservation at WWF, India, New Delhi. She has written 20 research papers and one book. Her main fields of interest are natural resource conservation and community participation.



Ms. Birgitt Merkelbach
Consultant

Ms. Merkelbach is a German citizen. She has done advanced studies in economics and in agriculture extension. She has worked for several development projects in Nepal, Vietnam and in other developing countries. She has been associated with the CPU for the last one year. Her main areas of interest are women empowerment, women health, and project management.



Dr. Sashi Bhatanagar
Gyneecologist

Dr. Bhatanagar is working for the women health programme of the CPU. She has long experience of working with the health department of the Government of Rajasthan. ◆

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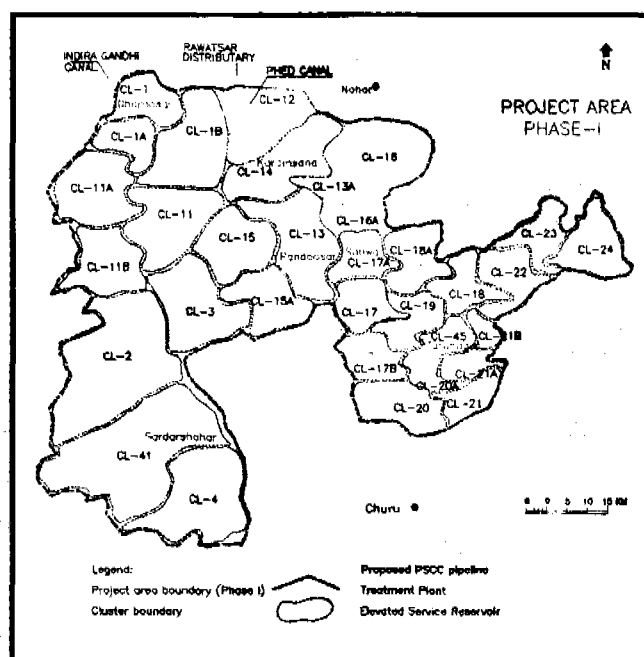
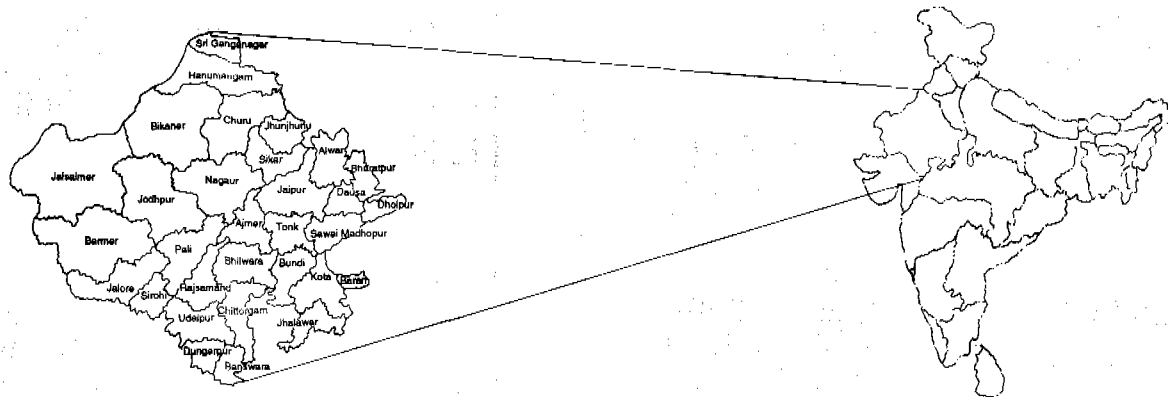
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- Indian Institute of Rural Management, Jaipur
- Gandhi Vidhya Mandir, Sardarshahar, Churu
- Urmul Setu Society, Loonkaransar, Bikaner
- Bhoruka Charitable Trust, Bhorugram, Churu



Map of the Project Area Phase I with Cluster-Boundaries



Aapni Yojna Bhawan, Churu



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