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VIRUDHUNAGAR **INTEGRATED DEVELOPMENT PROJECT** TAMIL NADU STATE INDIA و ن

CONCEPTION REPORT SECTION: POTABLE WATER SUPPLY, SANITATION AND HEALTH EDUCATION

NOVEMBER 1990

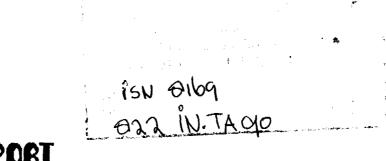
- ASSOCIATION FOR SARVA SEVA FARMS * MADRAS - INDIA
- PLAN INTERNATIONAL REGION SOUTH EAST ASIA MADRAS - INDIA
- WATERLEIDINGBEDRIJF ZUID-KENNEMERLAND HAARLEM - THE NETHERLANDS



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VIRUDHUNAGAR INTEGRATED DEVELOPMENT PROJECT

TAMIL NADU STATE INDIA



CONCEPTION REPORT SECTION : POTRBLE WATER SUPPLY, SANITATION AND HEALTH EDUCATION

NOVEMBER 1990

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I Virudhunagar Integrated Development Project Tamil Nadu State India

Conception Report Section : Potable Water Supply, Sanitation and Health Education

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TABLE OF CONTENTS

6.5

· · · · · ·		
– ABBREVI	ATION	S
– SUMMAR	Y	
CHAPTER	1	INTRODUCTION
CHAPTER	2 2.1 2.2 2.3	BRIEF DESCRIPTION OF CO-OPERATING PARTIES Association for Sarva Seva Farms PLAN International Region South Asia Waterleidingbedrijf Zuid-Kennemerland
CHAPTER	3 3.1 3.2 3.3	APPROACH TO THE PROJECT General project approach ASSEFA General project approach PLAN International Participation of the WLZK
CHAPTER	4 4.1 4.2 4. 3	PROJECT DESCRIPTION Project area and objectives of the project Section potable water supply, sanitation and health education Time frame and cost estimates
CHAPTER	5 5.1 5.2	VISIT OF WLZK-MISSION TO THE PROJECT Programme of visit Findings of the mission
CHAPTER	6 6.1 6.2 6.3 6.4	CO-OPERATION BETWEEN PARTIES IN THE SECTION POTABLE WATER SUPPLY, SANITATION AND HEALTH EDUCATION Introduction Contribution ASSEFA Contribution PLAN International Contribution WLZK

Checking the VIDP on GI-criteria

PAGE

TABLE OF CONTENTS (CONT.)

REFERENCES

APPENDICES

- APPENDIX 1 Aims and Objecticves of ASSEFA
- APPENDIX 2 ASSEFA Collaborators
- APPENDIX 3 Sharing/Division of Responsibilities between
- PLAN and its Indian Project Collaborating Agencies
- APPENDIX 4 Concept paper for Potable Water Project
 Virudhunagar India
- APPENDIX 5 SAGE Kariapatti Programme
- APPENDIX 6 PDO Kallupatti Programme
- APPENDIX 7 Cost Estimates VIDP Fiscal Years '91-'92-'93
- APPENDIX 8 List of Staff People met by WLZK Mission
- APPENDIX 9 Administrative Arrangement between ASSEFA, PLAN and the WLZK

ABBREVIATIONS

ASSEFA Association for Sarva Seva Farms CASP Community Aid and Sponsorship Agency CMR Child Mortality Rate Centre for Youth and Social Development CYSD DES Deepalaya Education Society Dfl. Dutch Florin DGIS Directorate General for Development Co-operation DSA **Daily Subsistence Allowance** FC Foster Child FOE Field Office Evaluation FP Foster Parent GI Gemeentelijke Initiatieven GOS Guild of Service IMR Infant Mortality Rate MYRADA Mysore Resettlement and Development Agency NGO Non-Governmental Organisation PCA PLAN Collaborating Agency PD0 Project Design Outline (ASSEFA) Project Development Outline (PLAN) PI PLAN International Rs. Rupees ROSA **Region** South Asia SAGE Situational Analysis and Goal Establishment SPO Sector Project Outline TNSWB Tamil Nadu State WaterBoard SUAD Sustainable Agricultural Development UNICEF United Nations Children Education Fund VIDP Virudhunagar Integrated Development Project WAFD Women's Action For Development WHO World Health Organization WLZK Water Supply Company South-Kennemerland

- 3 -

SUMMARY

This Conception Report on the Section, Potable Water Supply, Sanitation and Health Education of the Virudhunagar Integrated Development Project (VIDP) in Tamil Nadu State, India describes the co-operation between the Water Supply Company South Kennemerland (WLZK) with Foster Parents Plan International (PI) and the Sssociation for Sarva Seva Farms (ASSEFA).

These two Non-Governmental Organisations (NGO's) were selected by the WLZK forthe realisation of their objective to give form to their responsibility as municipal entity to contribute to the Development CO-operation.

The VIDP has a broad context and includes components such as direct family assistance, education, social services, improvement of health conditions and resources & skills development. The project is in its phase of advanced implementation with a total investment of nearly US\$ 4 million over a period of three years.

The approach of ASSEFA/PI is focussed on the community itself, through organisation of the villagers, education and creation of job opportunities, thus achieving a sustainable development.

The participation of the WLZK is restricted to the first year of implementation of the VIDP and consists of the following components:

- A direct financial contribution of US\$ 35,242 ,being the estimated cost of construction of the potable water supply facilities in the project villages
- Technical Assistance, as far as required, not only in the field of potable water supply, but also for related subjects such as sanitation, health education, etc., to a total estimated cost of US\$ 48,170
- Training of two ASSEFA/PLAN-employees in The Netherlands for a period of three weeks at a cost of US\$ 12,515

The Dutch Government (DGIS) is requested to participate in the project through financing of the travelling and DSA-costs from GI-funds.

This Conception Report is the result of a mission, carried out by two WLZK-employees. The conclusion of the Missionis that the approach of ASSEFA/PLAN is sound and adapted to local conditions and possibilities. However, technically some improvements have to be made, specifically in the detailed project preparation and design prior to the implementation. The proposed Technical Assistance will be directed at this subject.

The training of two ASSEFA/PLAN-engineers will be set up in such a way that an optimum exchange of know how and experience may be achieved, although it has to be realised that conditions in India and in The Netherlands are quite different.

An important objective of the WLZK's participation in the VIDP is the raising of consciousness of WLZK-employees and the consumers on the value of their own reliable and safe water supply and to make them familiar with technologies adopted in Developing Countries.

CHAPTER 1 INTRODUCTION

One year ago the Management of the Water Supply Company South-Kennemerland (WLZK), decided to prepare a proposal for the Board of the WLZK to take its responsibility to contribute to the Development Co-operation in the field of its professional strength : potable water supply.

Since twinning with a Water Supply Company in a Developing Country was considered to be inappropriate, the decision was taken to co-operate on a project formulated by Foster Parents Plan International (PI), an international Non-Governmental Organisation (NGO). The selected project was the Virudhunagar Integrated Development Project (VIDP) in Tamil Nadu State in India. PI proposed to extend this co-operation to their Programme Colaborating Agency (PCA), the Association of Sarva Seva Farms (ASSEFA), a local NGO. In order to formulate this co-operation and to investigate its financial impacts and ultimate benefits, a Project Formulation Mission was sent out to India from October 31st - November 7th, consiting of :

- Mr. J. Louwe Kooijmans, Managing Director WLZK

- Mr. C. Roos, Drilling Engineer WLZK

The findings of the Mission are elaborated in this so-called Conception Report. It provides backgrounds and information on co-operating Parties, an assessment of the actual situation, an analysis of the apporach and a brief description of the tasks and responsibilities of each Party.

The tasks and responsibilities of the WLZK are described in more detail.

The purpose of this Conception report is threefold:

- To define clearly the project and the tasks and responsibilities of the three Parties
- To serve as a basic and supporting document for the request to the Dutch Government (DGIS) for financing of travelling and DSA costs relating to the project, from GI-funds
- To serve as a reference document for the Parties and their employees in the further enrollment of the project.

Although the initial idea was to participate in the section Potable Water Supply only, it turned out to be quite appropriate to extend the Technical Assistance Component to subjects as sanitation, drainage, environment and health education.

The Mission wants to acknowledge to PLAN International and ASSEFA for their excellent support in the preparation and execution of the the visit to India. The concern of everybody involved in the project and their love for the beneficiaries will make the project defenitely a success. CHAPTER 2 BRIEF DESCRIPTION OF CO-OPERATING PARTIES

2.1 Association for Sarva Seva Farms

The Association for Sarva Seva Farms (ASSEFA) is a grassroot-level Non-Governmental Organisation (NGO), formally established in 1978, which has given a practical follow-up to the so-called "Bhoodan"-(land donation) - movement.

To understand this, we have to go back to the founder of New India, Mahatma Gandhi. His dream was to create the "Sarvodaya ", a society for the welfare of all in the country, including the untouchable cast.

Vinoba Bhave, a poet and philosopher, and a firm believer of the Gandhian thought of strengthening the villages, who is in fact the Godfather of ASSEFA, discovered in 1969 accidently a way to obtain land for the poor landless, as a basis for development. The conditon of the landless poor was of course a key concern. However, giving land to the poor people is not a panacea to the development. More had to be done. When somebody is hungry, don't give him a fish. He will come back next day, hungry again. Give him fishing equipment and he can catch the fishes himself for a sustainable income source!

ASSEFA transferred Gandhi's and Vinoba's philosophy into a workable and pragmatic implementation.

In 1990, ASSEFA is working in 6 States of India (fig.1) as a multiprogramme development institution. ASSEFA's strategy has the community as its focus. All programmes are implemented through the community in order to strengthen it and to improve the living conditions of the villagers.

Since money is always the major constraint in the success of NGO's, ASSEFA may pride itself fortunate to obtain financial support from numerous individuals and organisations, both Indian and foreign, see Appendix 2.

The aims and objectives of ASSEFA are described in Appendix 1. The general and unique project approach and its strategy will be described in more detail in Chapter 3.1.

ASSEFA is actually a network of localized efforts by voluntary groups, assisted by professional staff.

The method adopted is community and action oriented. It encourages mutuality and self-help to develop a sustainable society, balancing the material aspects of development with the essential human needs.

While bringing in the appropriate economic and technological inputs, ASSEFA tries to introduce these in the context of the social, cultural and moral situation existing within the community. However, ultimately the people themselves have to take the initiative for their own devlopment. ASSEFA's approach tries to achieve this.



Fig. 1 Map showing locations of ASSEFA projects, early 1989

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2.2 PLAN International

Foster Parents Plan (PLAN) International is a private, non-profit, non-political, international, voluntary development organisation, established in 1937.

PLAN provides development assistance to over 500,000 needy children, their families and their communities in 27 developing countries in Africa, Asia and South America, through about 80 Field Offices. Child sponsorship is the vehicle by which the financial and moral support of the donors, the Foster Parents, is mobilized in support of PLAN's work.

PLAN's International Board of Directors is composed of members of each of the eight Country National Boards. In the fiscal year 1988, total public support and investment income exceeded \$ 100 million for the first time in PLAN's history.

The system of communication at large distance between the individual donor and the benificiary families provides an opportunity for dialogue,through which concern and understanding can be expressed between people of different race, religion or culture.

PLAN's experience in over 50 years has shown that children, their families and the community wherein they live can best be served through flexible and responsive integrated development projects, covering the areas of health (including potable water supply and sanitation), education, social services, community development and resources and skills development.

PLAN's rapid growth in the last decade has prompted the need for decentralization of its operations, as a means of increasing the effectiveness of management structures by:

- upgrading the quality of staff capabilities
- supporting/supervising the Field Offices/Programmes more closely
- managing PLAN's activities with a regional focus and
- improving the overall effectiveness of both the internal organizational operations and the delivery of services to childfamily-community

In the Region of South Asia (ROSA), 16 PLAN Field Offices have been established, providing services to over 94,000 children (Fig. 2, 3)

In India PLAN collaborates with the following NGO's or PCA's (PLAN Collaborating Agencies):

- Community Aid and Sponsorship Program (CASP)
- Mysore Resettlement and Development Agency (MYRADA)
- Association of Sarva Seva Farms (ASSEFA)
- Deepalaya Education Society (DES)
- Women's Action For Development (WAFD)
- Guild of Service (GOS)
- Centre for Youth and Social Development (CYSD)

The PCA's are diverse in nature and philosophy and have different strength and expertise. The choice of the particular PCA is focussed on the coincidence of the PCA's strength with the project's needs for capabilities and experience.



Fig. 2 Location of Field Offices PLAN International Region South Asia

NUMBER OF SPONSORED CHILDREN IN ROSA FIELD OFFICES

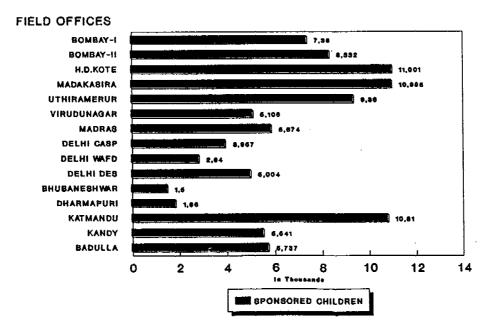


Fig. 3 Number of sponsored children in ROSA Field Offices

- 9 -

2.3 Waterleidingbedrijf Zuid-Kennemerland

The Water Supply Company South - Kennemerland (WLZK) is a small regional water supply company in the western part of The Netherlands, close to the national capital Amsterdam. The WLZK was established in 1985, after the junction of the municipal water supply companies of Haarlem, Bloemendaal, Velsen and Zandvoort. In total 250,000 people, institutions and industries are 24 hours per day serviced through a piped system. The average consumption is about 150 litres per capita per day.

The raw water is abstracted from sweet water acquifers in the dune area near the Northsea with an annual capacity of 15 million m³. The treatment process consists of aeration followed by rapid sand filtration. The quality of the water is controlled in the laboratory in conformity with governmental regulations.

Due to an increase of the consumption the WLZK is confronted with the problem of over-abstraction, resulting in drying up of the area and its typical vegetation. The Provincial Government therefore ordered the WLZK to reduce its abstraction of dunewater. As a consequence of this measure the WLZK is planning to realise a so-called "deep-infiltration project" with a capacity of 9 million m^3 per year. Surface water from the river Rhine will be infiltrated in the dunes, at a depth of 40 - 50 m, after an intensive pre-treatment. After a passage of 3 months underground, the water is abstracted again and will get a post treatment.

There are some 145 people working in the company in the divisions Production, Distribution, Administration, Personnel & Organisation and Research.

One m^3 of water distributed in the house costs to Dfl. 1.80 (Rs. 18). The Management of the WLZK falls under a Board, composed of Aldermen and Councillors of each of the member-municipalities.

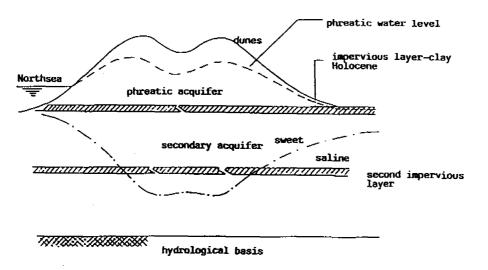
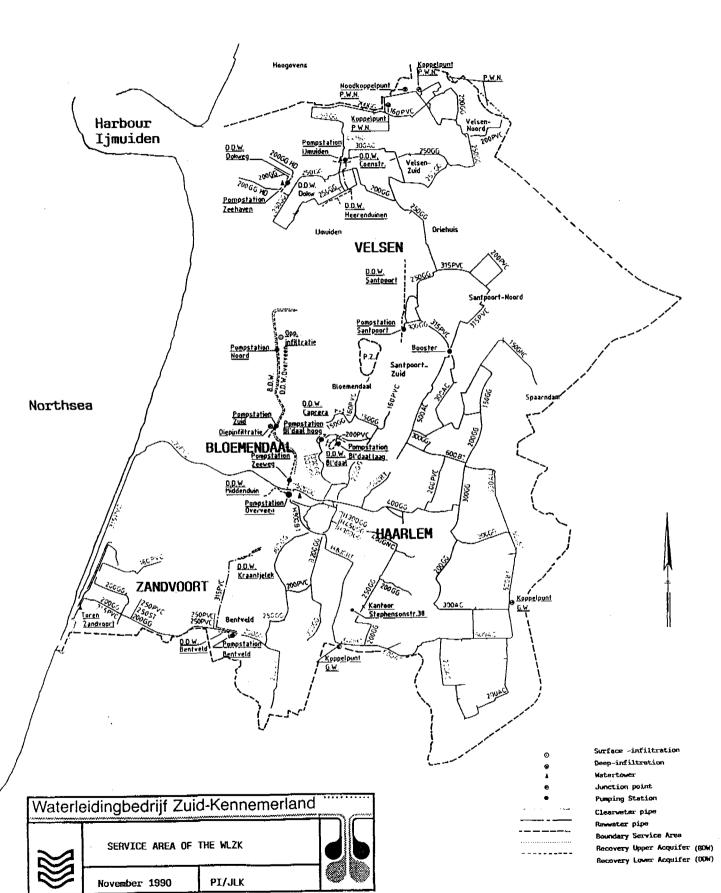


Fig. 4. Abstraction of water from the dunes

References: 1, 2, 3, 4, 5



- 11 -

Fig. 5 Service Area of the WLZK

CHAPTER 3 APPROACH TO THE PROJECT

3.1 General project approach

The national input of the Bhoodan Movement was not great, though 4.2 million acres changed hands as a result. Of this only 30%, or 0.3% of the cultivable agricultural land of India was distributed. The other 70% was unfit for cultivation.

However, with the land people to whom the land had been given were not better of, in spite of the efforts to organise them. The whole Bhoodan Movement came to a standstill by the end of the 1950's. It was within this context that ASSEFA stepped in by organising the beneficiaries to develop the land for irrigation farming by sinking open wells, levelling land, laying pipelines etc.

Later on an expansion in the scope and nature of its work took place, as will be reflected in the actual VIDP.

ASSEFA adopted a community development block, covering about 100 villages and a population of 100,000 people as the maximum possible extent of an area development programme. A working strategy for project development has been evolved (see fig.6 and Appendix 1), which encapsulates five distinct stages of growth for each project:

- initial communication

- pilot implementation
- advanced implementation
- training in self management
- spiral growth

This approach results in a partnership between ASSEFA and the village people which lasts between 7 and 13 years.

The first four stages describe the development life of the project village, and the fifth the process of expansion in new areas reliant upon the example and mission of villages started earlier in the project. At any time within the same project there may be villages and programmes at various stages.

The general approach of ASSEFA recognises that, in order to create lasting social and economic development, a substantial organisational, professional and financial input will be necessary.

However, it recognises that any development will only result from a true partnership, and that it is better to work gradually towards creating a working understanding.

A key-factor for the success of the ASSEFA approach is the formation of a "Gram Sabha "(village assembly) in the project village. In the village there is normally a five member government body, the "Gram Panchayat ". However, this is a political body and does not cover always the interests and benefits of the total village population.

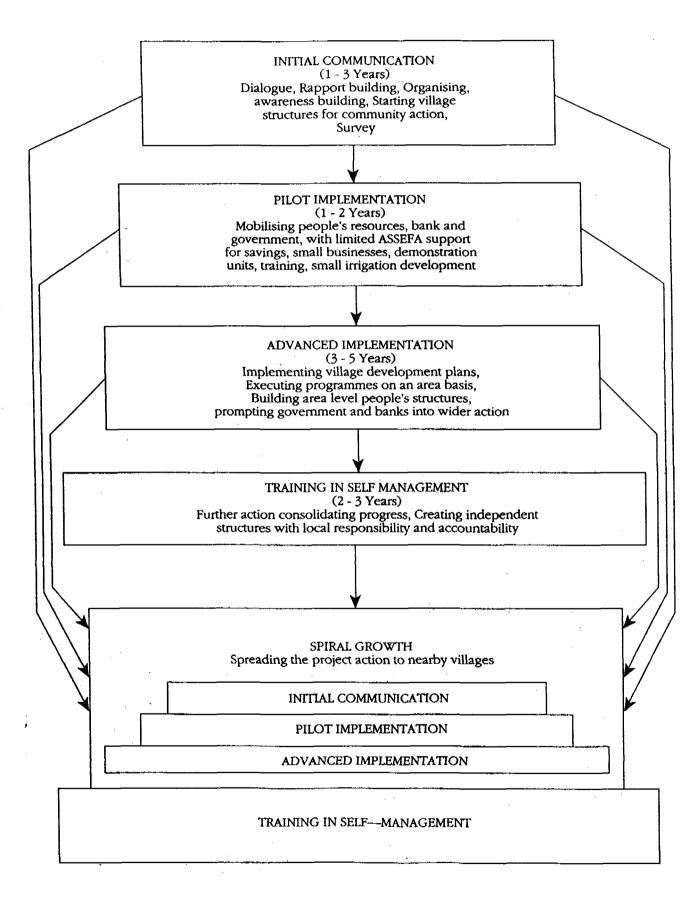


Fig.6 ASSEFA's working strategy

- 13 -

Within the ASSEFA approach every villager, including the harijans (scheduled cast), man or woman, poor or "rich" can become a member of the Gram Sabah. The initial admission fee (in de VIDP) is Rs. 11/30 and the monthly contribution is Rs. 2.

Sometimes one Gram Sabha is formed for more than one village, the maximum being 250 members. Within the Gram Sabha a Women's Club and a Youth Club is formed, as well as functional groups for matters such as :

income generating activities

- employment

- service promotion

- education

- health

- agricultural credits

- leadership training etc.

Money in the form of grants from PLAN is channelled to the Gram Sabha through ASSEFA for implementation of the different project components.

The Women's Club sets up, amongs others, a saving fund. Villagers can draw from this fund, for instance to improve their house, but they have to pay back in installments with interest. In this way the fund can grow for other activities. According to ASSEFA's experience it takes 2 years to get this organization stabilized.

The Board of the Gram Sabha consists of a President, a Secretary and a Treasurer, together with the Chairmen/women of the different committees. The Gram Sabha is the direct partner of ASSEFA/PLAN and is financially and operationally under its control.

Gram Sambhas naturally develop their own rules as they progress. The rules reinforce the process of collective decision making and action and articulate the responsibility of the villagers to the organization. It is important that they are simple and are written down for reference. Similarly, and it is important to mention, the meetings are minuted and decisions attested by the signatures of those present.



The Gram Sabha's leaders get an adequate training from ASSEFA/ PLAN after the formation of the Gram Sabha. It will be obvious that no implementation activity can take place before the Gram Sabha is formed.

Much of the success of community development depends on the community workers, their involvement, enthusiasm and courage. However, they must also be professionally capable to do the job and have knowledge and experience in data collection, monitoring and evalutation.

The community workers in the Virudhunagar Integrated Development Project (VIDP) have two important techniques at their disposal to ensure that programmes are based on proper planning : firstly a method of goal setting, kwown as SAGE (Situation Assessment and Goal Establishment), and secondly microplanning for individual projects. Baseline surveys are carried out by ASSEFA staff to fix the situation at the sart of the project.

The SAGE-process is useful, because it is a self-educational process. It always gives a reference point for future assessment. The microplanning is, similarly, a documentation technique to ensure people's participation and appropriate decision making. The PDO (Project Design Outline) consists of four parts : planning, implementation, monitoring and evaluation and requires for each separate village level development initiative to be set out and justified on paper.

Both ASSEFA and PLAN take care that the community workers will not become bureaucrats, being so overburdened with administrative work that he or she is unable to devote any time to the villages.

For this purpose project offices are set up in each block, under the direct responsibility of a Field Office. In the Field Office of Madras up-to-date computerized office equipment is available with professional staff to take care of project preparation and office paperwork.

3.2 General project approach PLAN International

PLAN International has evolved and set certain goals for itself. Field Offices are expected to meet these goals, and may add to them as applicable.

The goals are:

HEALTH

- Child survival implementation of child survival programmes in accordance with UNICEF/WHO standards and comprehensive primary health care systems.
- Potable water supply, both to Foster families and Non-Foster Families in case of a community water supply
- Sanitation and waste disposal
- Education how to use the facilities and why

EDUCATION

- Functional Literacy as far as possible and numeracy for children below 15 years of age
- Completion of primary school for children by the age of sixteen
- Secondary/vocational school as far as possible to ensure that each Foster-child and/or one sibling enters and completes secondary school education or a legitimate vocational course

LIVELIHOOD

- To ensure a sustainable level of income within a defined period, which is above the poverty level
- Capital accumulation to encourage Foater families to increase their capital through appropriate investment of their savings and/or assistance from PLAN.

Details on the investment income and money spending of PLAN International worldwide in the fiscal year 1988 (about \$ 100 million) are presented in Figure 7.

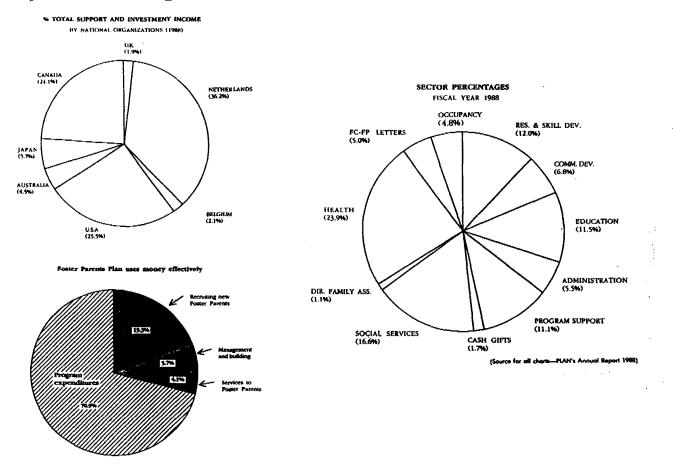


Fig. 7 Worldwide total support and investment income and sector spending PLAN International fiscal year 1988

In order to meet the goals, PLAN has deployed technical support staff at the Headquarters, Regional Offices and Field Offices. These technical areas are education, health, small enterprise development, management information systems etc..

Plan applies the same SAGE and PDO techniques as ASSEFA does. Moreover three other types of documents are used in the projects:

- the Sector Programme Outline (SPO)
- the Project Development Outline (PDO)
- the Field Office Evaluation (FEO)

SPO's are prepared for each programme sector. It summarizes the pertinent sections of the SAGE and serves as a basis for stating SPO objectives, attainable within the fiscal year or the next three years budget cycle as directly related to the SAGE goals.

The PDO is an annual planning document containing detailed budgets, time tables, location of project participants, description of activities and indicators to measure the project effectiveness. A PDO must be approved before any monetary assistance may be extended.

The FOE is a regular review of the impact of programmes, based on some quantitative indicators.

The approach of PLAN International India and ASSEFA's approach are quite similar. There are of course differences, but this is more related to the responsibilities of each party in the project as shown in Appendix 3.

An other different aspect is that PLAN starts from the Child's direct benefit in relation to the Child's parents, the Community and the Foster Parents, while ASSEFA starts from the Community and of course finally reaches the child as well (fig. 8)

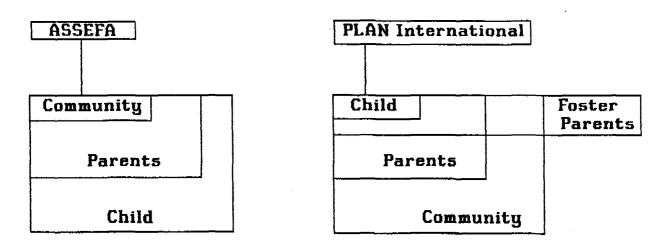


Fig. 8 Approach ASSEFA and PLAN International

3.3 Participation of the WLZK

In The Netherlands, International Development Co-operation is the concern of the Ministry of Foreign Affairs, Directorate General for International Co-operation (DGIS). Most of Dutch Aid is focussed on a restricted number of (the poorest) countries, India being one of them. The total Dutch Aid to India for the next year has been fixed at Rs. 200 Crore (Dfl. 200 million). In India the financial and technical assistance is concentrated on the States of Gujarat, Kerala, Karnataka, Andhra Pradesh and Uttar Pradesh, so not on Tamil Nadu State.

Improvement of the water supply and sanitation is the major sector in Dutch Aid (Ref. 7).

In the drinking water sector of The Netherlands exist a number of twinnings between Dutch Water Supply Companies and Water Supply Companies in Indonesia. It are normally more-years twinnings, focussed on improvement of the Operation & Maintenance, with typical items such as metering, leakage reduction, training etc. The Management of the WLZK considered this form of Development Co-operation not suitable for the WLZK, since funds are limited and experts can be sent out only for very short periods, due to their committment in the Company.

On the other hand, the Dutch Government made an appeal a few years ago (Ref. 8), stating that also provincial and municipal entities have their own responsibility to participate in Development Co-operation.

For this reason the WLZK decided to look for an other opportunity, for instance through a Dutch or international NGO. This has the advantage that project preparation, implementation and logistic support can be done by this NGO, in co-operation with a local NGO. After consultation with Foster Parents Plan International in The Netherlands and acceptance by PI of the criteria for co-operation as defined by the WLZK, it was decided to select a PI-funded project with a potable water supply component. After receipt of a concept note on the VIDP (Appendix 4), this project was accepted after checking the VIDP on the criteria for co-operation.

For the implementation of the potable water supply component of the VIDP in the first year of its implementation, US\$ 35,242 was committed to PLAN.

However the purpose of the co-operation is not just financing and to leave the implementation to ASSEFA/PLAN. It goes beyond that! WLZK wants to make its expertise available to the project as far as required and useful. This makes it also possible to realise an exchange of information, know how and experience, although local conditions and technologies are quite different in India and in The Netherlands.

This can make WLKZK-employees and even WLZK's clients, the consumers, more consicious of the value of their very reliable 24 hours per day water supply system, at adequate pressure and with a high quality, a violent contradistinction to the situation in the VIDP area. In order to achieve this objective a close information to and communication with the WLZK-employees and the consumers will be necessary.

The technical assistance to the project may not be restricted to the potable water supply component only, but can be extended to the sanitation and related health education component. Improvement of water supply facilities without improvement of the sanitation, environmental conditions and health education will limit the overall efficiency of the initial activity considerably.

In this field some Indian experience is available at the WLZK, although related to the situation in other States of India (Gujarat, Karnataka, and Uttar Pradesh).

A training of ASSEFA/PLAN -employees in The Netherlands for a short period is also proposed. Whether this will become a reality will depend on the willingness of DGIS to finance travelling and DSA costs from the so - called GI funds (Initiatives of Municipalities).

References : 3,4,6,7,8

CHAPTER 4 PROJECT DESCRIPTION

4.1 Project area and objectives of the project

The VIDP is situated in the Madurai District and the Kamarjar District of Tamil Nadu State (Figure 9).

The VIDP is focussed on three Blocks (the smallest Administrative Development Unit of the Government) in these districts.

- Kariapatti
- Kamarajar District
 Kamarajar District
- Sivakasi
- Kallupatti
- Madurai District nampati Kottagudi Periyakulam Fevadanappatti Kity alaivu Alagari Allinagarany ilma Sathiar Cholavanda Halappatti Яelu ndipatti Tamadippat Bodine Sakka Usilampatus MADURAI Tiruppar nguniany 6Tevata dupatti Elumala thinnamanu Tirumandalam A M D Uttamapalaiyam Kallupatt Tinppachchetti (ámbam Peraiyur (ariyapatti Kalligud Melgudatur ارا Watrap Panangudio yampalu T+ruchuli vira IRUDUNAGAR Pai alavanatha Srivilliputtur ruppukkottai KAMAR**∦**JAR Rajapalaiya Manaalamanikkan Sivakas Pandalkudi Settor Mandapa nolapuram Sattu Voippo

Fig. 9 Location of Project Area

For each of the three Block Programmes SAGE documents are being prepared. Two of the SAGE documents, namely for the Kariapatti and for the Kallupatti Programmes, are ready in draft. However they are not yet cleared to be issued by ASSEFA/PLAN. The draft of the SAGE for the Kariapatti Programme is enclosed as Appendix 5 to this Conception Report, although for instance data from the Baseline Surveys are not yet ready. It gives however a very detailed description of the actual situation and repetition is considered to be not useful. The main overall objectives of the project may be summarized as follows :

Economic situation, Resources and Skills Development

 Improvement of the economic situation of the families above the poverty level, by for instance bringing all cultivable land into productive use and providing other employment opportunities in a continuous matter. For details, see Appendix 5, page 17.
 For this purpose different Sustainable Agricultural Development (SUAD)-porgrammes are developed.

Health

- Increasing life expectancy from 52.2 to about 60 years through various programmes such as adequate medical care, safe drinking water, sanitation, health education etc.
- Reduction of Infant Mortality Rate (IMR) from 95.2 to 60 per 1000 and Child Mortality Rate (CMR) from 20.57 to 16 per 1000.
- This will be realised by, among others:
- Provision of effective prenatal and postnatal care and health care for 75 % of the children
- Provision of a safe and reliable potable water supply and sanitation.
- Nutrition Programmes
- Improvement of housing with provision of health related facilities.

Education

- Extension of primary education facilities by construction of ASSEFA/PLAN schools, paying salaries of teachers, provision of school equipment and books etc. This has to result in 90% enrollment of all school going-age children
- Reduction of drop-out rate in Government schools and ASSEFA/ PLAN schools to 15 - 10%
- Increasing adult literacy from 30% to 50%
- Imparting technical/vocational education.

It has to be mentioned that there exists a very serious problem, specially in the Sivakasi Block, with respect to Childlabour. Children at the age of 7, merely girls, are sent to match factories to carry out very unhealthy, monotonous and heavy work with long working days (04.00 - 17.00) and at a very low payment (Rs.10/day). The income of the child is necessary to increase the family budget for daily subsistence.

ASSEFA/PLAN's approach is focussed on creating education and better job opportunities for these families, in such a way that the child's income is not longer a "must". It will be obvious that the prospects for these children are at the lowest level that can be imagined, if nothing changes. Really a gloomy situation!

4.2. Section Potable Water Supply, Sanitation and Health Education

Due to the purpose of this Conception Report, authors have to restrict themselves to the subject of the co-operation : the section Potable Water Supply, Sanitation and Health Education. Up to now the Tamil Nadu State Water Board is responsible for the potable water supply in the towns and in the rural areas. They have realised quite a lot of facilities, even in the villages. The quality of these facilities will be discussed in Chapter 5. It will be clear that there is a difference between facilities and a reliable supply. The village Panchayat is responsible for the Operation and Maintenance of the systems. Due to a lack of knowledge, skills and money, Operation and Maintenance can be considered as rather poor. Many villages lack an adequate supply.

ASSEFA/PLAN's approach is not only to construct new or to repair the existing facilities, but to create better conditions for the Operation and Maintenance through the Gram Sabhas.

The activities which have been projected to be carried out in the first year of implementation are summarized in Table 1.

As an example of a more complete description of all activities the PDO for the Kallupatti Programme is presented in Appendix 6.

Although not forming part of the WLZK's financial assistance, sanitation, solid waste disposal and also improvement of environmental conditions in the project villages form a concern as well and have to be integrated in the health education programme. In general the objectives are:

- to improve sanitation by construction of sanitary blocks in combination with washing places (connected to septic tanks and soackage pits).
- construction of drainage canals for sullage and spilled water from the public taps, leading to kitchen gardens or soackage pits.
- promotion of construction of private biogasplants for biodegradation of cowdung by matching the grants given by the Government to the total costs (1/3).
- To keep the environment in the villages as clean as possible by improvement of the infrastructure, sweeping campaigns etc.

The health education programmes as far as these subjects concern, are supported by video's, made by ASSEFA/PLAN staff and drama expression with participation of the villagers.

Table 1. Objectives per health programme and activities first year

Kariapatti Programme	Kallupatti Programme	Sivakasi Programme
Objectives	Objectives	Objectives
a. Potable Water Supply	a. Potable Water supply	a. Pot able W ater Supply
To provide adequate safe and hygienic drinking water to the people. The Block is drought hit area and nearly 50% of the people do not get sufficient potable water. Most villages depend on their [contaminated] village ponds, which are used for other purposes such as public toilet, washing of clothes and cattle	To provide safe drinking water to 280 families in 7 villages. To minimise the water-borne diseases.	To provide adequate and safe drinking water & eradicate wate borne diseases. Provide necessar skills in repairing handpumps. To reduce anxiety of women in getting required quantity of water for their families
b. Sanitation	b. Sanitation	b. Sanitation
No data	To improve drainage conditions Construction of public latrines/ bathing/washing facilities. Waste disposal and elimination of environmental pollution by cowdung etc. through construc- tion of biogas plants, urinal and manure pits	No data
e. Health Promotion	c. Health Promotion	c. Health promotion
No data	Promotion of Health Rwareness through training , video's, drama's	No data
Programme 1st year	Programme 1st year	Programme 1st year
Potable Water Supply	Potable Water Supply	Potable Water Supply
Installation of 10 new handpumps at 10 villages. Construction of 5 overhead tanks. Renovation of 2 wells. Repair of non-functioning handpumps.	Construction of 7 borewells connected to overhead tanks in 7 villages.	Provision of 5 handpumps in 5 villages. Construction of overhead tanks and installation of electric pump sets for 13 villages. Arranging 4 training courses for 54 villagers for handling and repair of handpum
No. of Beneficiaries	No. of Beneficiaries	No. of Beneficiaries
FC's : 400 Non F C's : 3 50	FC's : 250 Non FC's : 100	FC's : 944 Non FC's : 429
Budget 1st year	Budget 1st year	Budget 1st year
<u>US\$ 8,107</u>	<u>US\$ 6,595</u>	US\$ 20,540

4.3 Time frame and cost estimates

The time frame for the implementation of the total VIDP is three years. The complete PDO Analysis of the cost estimates is given in Appendix 9.

An abstract of these cost estimates is given in Table 2.

Programme	FY 1991	FY 1992	FY 1993	Total	X
DIRECT FRMILY RSSISTANCE	81,185	80,190	91,724	253,819	6.4
SOCIAL SERVICES	105,815	106,844	122,143	508, #EE	8.4
HEALTH	257,002	281,724	316,448	855,224	21.5
EDUCATION	143,161	188,966	189,799	521,926	13.1
COMM. DEV.	146,905	178,395	211,195	536,446	13.5
R. & 5. DEV.	346,926	525,239	583,274	1,473,439	37.5
TOTAL	1,098,995	1,352,078	1,519,633	3,975,705	100

Table 2 PDO Analysis VIDP (US\$)

This cost estimate does not include the overhead-costs of PLAN. The total number of beneficiary families increases in three years from 6,105 PLAN-families in the first year to 10,005 PLAN-families in the third year. Some 40% has to be added for Non-PLAN families, covered by the VIDP, so say 14, 000 families in total. With an average of 5 people per family, 70,000 people can have benefits from the VIDP. With a budget of in total US\$ 3,975,706 this equals an investment of US\$ 284 per family over three years , or US 95 per family per year.

It was stated that about 12,950 families will benefit from the investments in potable water supply (total budget 3 years amounts to US\$ 86,731). This is equal to US\$ 6.7 per family, a rather low contribution.

However, the investment in the health programme is the second largest (21.5%), after Resources & Skills Development (37.1%).

CHAPTER 5 VISIT OF THE WLZK MISSION TO THE PROJECT

5.1 Programme of the visit

The programme of the visit of the WLZK Mission can be summarized as follows :

October 31st 1990

- Travelling Amsterdam - New Delhi (air)

November^{1st} 1990

- Briefing at the Royal Netherlands Embassy to
 Mrs. Maaike M. van Vliet First Secretary
 Mr. Sjef S. Gussenhoven Water Co-ordinator a.i.
- Briefing at PIAN International/ROSA office to:
 * Mr. L. Roger Braden Area Manager PLAN International/ROSA
 * Mrs. Alka Pathak India Representative PLAN India
- Travelling to Madras was planned, but cancelled, due to unexpected change in flight schedule Indian airlines

November ^{2nd} 1990

- Travelling New Delhi Madras (air)
- Discussions at PLAN office with Mr. Philip Abraham, Field Executive Collection of detailed information on VIDP preparation of field visit

November 3rd 1990

- Travelling Madras Madurai (air)
- Discussions at ASSEFA/PLAN office with :
 * Mr. P.P. Abraham Administrator
 * Mr. N.K. Esmael Programme Executive Kariapatti Programme
 * Mr. Philip Abraham
- Visit to Programme Office Kariapatti Briefing by Mr. P. Rajarethinam - Programme Executive
- Field visit to the following villages:
 * Chinnasubiampatti
 * Karisalkulam
 return to Madurai

November 4th 1990

- Visit to Programme Office Kallupatti Briefing by Mr. N.K. Esmael and showing video on health education
- Discussions with representative of local drilling company on drilling practices in region
- Field visit to the following villages :
 * Jari Usilampatti
 * Ravuthampatti
 * Deivanayagapuram
 * Avarampatti
 return to Madurai, preparattion Draft Administrative Arrangement
- Travelling Madurai Madras (nighttrain)

November 5th 1990

- Final discussions with mr. Philip Abraham on technical and administrative matters. Interpretation of project documents Finalisation of Adminstrative Arrangement
- Travelling Madras New Delhi (air)

November 6th 1990

- Visit Haskoning Kanpur/Mirzapur Project office. Discussions with mr. Abdullah Khan, Project Co-Director on low cost sanitation and health education
- Debriefing Royal Netherlands Embassy, Mr. Gussenhoven
- Debriefing PLAN International/ROSA, Mr. L. Roger Braden, Mrs. A. Pathak

November 7th 1990

- Travelling New Delhi - Amsterdam (air)

The logistic support received from PLAN Office Amsterdam and from ASSEFA/PLAN staff in India was excellent and highly appreciated by the Mission.

Although the planning of the field visit by the Mission was not very appropriate (weekend!), all ASSEFA/PLAN staff was available for discussion and assistance. Great!!

A complete list of people met by the WLZK Mission is enclosed as Appendix 8.

5.2 Findings of the Mission

During the visit of the Mission, all available data and information was transferred by ASSEFA/PLAN. Moreover the fieldvisits to the villages with the direct contacts with the beneficiaries were quite effective for a proper understanding of the actual situation and appraisal of the health components of the VIDP.

Potable Water Supply

The first and most important component of a potable water supply system is the source of supply. All the water supplied in the area is groundwater, abstracted from acquifers at a depth of 120 - 150 feet. Water may be defined as potable when it meets some physical/ chemical and bacteriological criteria. The most important parameter in the judgement of the potablilty of the water in the VIDP is the "tasteable" salinity or Chloride content, which should be less than 250 ppm, according to WHO-standards. A lot of wells produce only brackish tasting water, which is appreciated by the villagers as not potable.

The situation with respect of perennial sweet water sources is quite critical in the project area. The availability is characterized by the following qualifications:

- yellow : good
- white : gradual
- grey : depletion of water table
- dark : low sweet water potential

All the water supply projects within the VIDP are located in " grey" or "dark" villages.

Detailed geo-hydrological information on the situation in the project area was - unfortunately - not available at ASSEFA/PLAN and could also not obtained from ouside during the visit.

It was reported that reports on the subject are obtained either from the Government (Tamil Nadu State Water Board - TNSWB) or from private consultants. However, one such a report which was shown to the Mission, did not contain any specific geo-hydrological information. Nevertheless, it was reported that 80 - 90 % of the boreholes which were made based on these reports were "successful".

The Mission is of the opinion that this statement is very doubtful as many borewells made by the Government and visited by the Mission were "failures" or produced brackish water only.

Moreover a lot of borewells are running dry in the dry season, according to the villagers. This stipulates the importance of adequate geo-hydrological investigation, site selection and even test-drilling prior to the construction of production borewells.

The explanation of the salinity problem is quite clear. The area is a typical irrigation area with paddyfields for rice growing. Irrigation is practized by (over) pumping of the upper acquifer. Part of the irrigation water evaporates, which results in an increase of the salt content of the residual infiltrating water. A second phenomenon is the use of fertilizer. This results as well in an increase of the salt content of the infiltrating water. Due to the cycle pumping irrigation-infiltration-pumping, the Chloride-content of the water will increase as a function of time and the water will become brackish and not longer potable. This development can be stopped only by construction of drainage systems in the irrigated field and disposal of the drainage water to rivers. However, this a costly operation and has as a side-effect that the replenishment of the waterbearing acquifers may become insufficient.



Pumping OK farmer, it increases the yield, but the water will become brackish!

The Mission found that the selection of the sites for making borewells, as done by the TNSWB was not appropriate in some cases. They were sometimes located nearby the irrigation wells, which will give rise to a bigger chance of abstracting brackish water. Also siting near or even in the village ponds was observed. These ponds will be heavily polluted, since they are used as public toilets and washing place for the villagers and their cattle!

Most of the borewells made by the TNSWB are provided with the very sturdy and reliable Indian Mark III or IV pumps, although electrical motorpumps are used as well, in combination with concrete overhead tanks and public tap units. The problem is that the electricity supply in the rural areas is not very reliable, mostly there is electricity for 2 hours only. Due to this it is advisable to look for alternative solutions such as pumping units with diesel engines.

The design and construction of the public tap units by the TNSWB is mediocre, with no proper drainage facilities for spilled water, no soackage pits or re-use of the spilled water in kitchen gardens an no protection against cows and goats and their dung deposit.

Information was handed over on how to do this, based on good experience elsewhere in India.

The maintenance of the TNSWB facilities has to be done by the village itself under the responsibility of the Panchayat. However, this maintenance is neglected, specially with regard to the public taps. The taps are out of order or kept open with some rope, running the whole day!

The design and construction made by ASSEFA/PLAN looked much better, although the drainage and protection has to be improved. In the village of Chinnasubiampatti in the Kariapatti Programme,

a borewell provided with an electrical motorpump was made, connected to an overhead tank which is constructed at the top of a community building, realised by PLAN/ASSEFA. The water is supplied through public taps, constructed on a platform without a drainage gutter. Nearby a public latrine was made with bathing/ clothes washing facilities and connnected to a septic tank with a soackage pit for the overflowing effeluent.

However this soackage pit was located only 10 - 15 metres away from the borewell with a high risk of contamination of the acquifer. It is advised to site the soackage pit at least at a distance of 100 metres from borewells. The construction of the borewell with the electrical pump is satisfactory. It is advised to tighten the connection between the rising main and the borewell-head, preventing preventing the entrance of contaminating matter in the water.

Special attention has to be paid as well to protection of the pump, motor and appurtenances against climate, damage etc.

In this village the Women's club of the Gram Sabha takes care of the maintenance of the water supply and sanitation facilities, the result looking quite satisfactory!

Sanitation

The Indian rural tradition of defecation " in the field " is still widely practized in the VIDP area. Quite a lot of people are reluctant to use private or public latrines. Health education will be necessary to convince the people of its values.

A second point of discussion is how to get the sullage and animal waste out of the human environment. Small concrete drainage canals were constructed in some of the visited villages. However, stagnant conditions and obstruction, due to disposal of waste and manure could be observed everywhere. This also resulted in the clogging of the soackage pits as far as constructed at the end of the drainage canals.

ASSEFA/PLAN also promotes to connect these drainage canals to kitchen gardens, in order to grow vegetables. Since this water is polluted, only non-edible crops should be cultivated in these gardens!

A third component in the programme is the construction of small biogas plants for fermentation of cowdung. This practice has considerable positive impacts as there are : reducing the need for fuelwood. saving of time for the women in collection wood. no air pollution, getting the cowdung out of the human environment, re-use of the nutrients-rich slurry as manure (without health risks) for cultivation.

The Government promoted the construction of these small biogas plants by donating grants for 2/3 of the costs. However this programme was not such a success, since much of the money was spent or "lost underway" for other purposes, resulting in poor construction work and no functioning.

The 3 biogas plants constructed in the village of Deivanayagapuram were visited. They were functioning perfectly. They have a capacity for fermentation of the daily cowdung production of 2 cows and produce 2 m³ of biogas (methane). This is enough for coocking and water heating for a family of 5 people. Construction costs amount to Rs. 5,000/- of which 2/3 is granted by the Government and 1/3 matched by ASSEFA/PLAN, both directly through the Gram Sabha. This approach works quite satisfactory and no money is "sticking to the fingers".

Environmental conditions

Environmental conditions in the villages are traditionally bad, due to a poor infrastructure (no paved roads, no drainage, no proper waste disposal, cow- and goatdung everywhere etc.). An overriding component of the VIDP is devoted to consisciousness-raising on this subject. A special effort (health education, village sweeping campaigns, video, drama expression) will be made to understand the causes and effects of the people's activities on their environment.

The video presentation produced by ASSEFA/PLAN was quite impressive and will be very helpful for this purpose.

The Mission could also provide some assistance by transfer of information on this subject from other Dutch-aided projects in India.

Health development

A remarkable initiative of ASSEFA/PLAN is the introduction of the "Health Family Development Fund ", which falls under the Gram Sabhas.

For this fund every family, who wants to participate, donates Rs. 10/each 6 months to the fund. This is a maximum. An inventory is made in the house of the fund-member on the availability in or near the house of 10 types of health realated facilities such as : availability of potable water, latrine, biogas plant, maure pit, drainage etc. The more facilities, the less the monthly contribution to the fund.

Members can draw from the fund to improve their facilities and thus reducing afterwards their contribution. It is not known to the Mission whether it works in practice, but the basic idea looks sound.

Miscellaneous

- * Another initiative of ASSEFA/PLAN is to establish "Namedhu Angadi's" (our shop), a kind of co-operative for wholesale of agricutural products produced by the members and for foodstuff and household-equipment. Such a shop could not be visited inside, since it was a sunday.
- * Special effort is being made to encourage women to take an active role as community and group leaders and to arrange devopment of their skills to increase their employment opportunities. ASSEFA/ PLAN hired staff to work specifically on the development of women.

CHAPTER 6 CO-OPERATION BETWEEN PARTIES IN THE SECTION WATER SUPPLY, SANITATION AND HEALTH EDUCATION

6.1. Introduction

ASSEFA and PLAN International have already a long-standing co-operation. Also within the VIDP this co-operation exists already for a couple of years, the programme being now in the third phase : the advanced implementation (fig.6).

Administrative and financial arrangements have been made as well between ASSEFA and PLAN. For the participation of the WLZK, although relatively small in magnitude, an administrative arrangement in the form of a Memo of Understanding had to be made. It was drafted during the Mission's visit and has been approved already by the WLZK's Managing Director and PLAN's Area Manager ROSA in New Delhi on November 6th 1990. It could, unfortunately, not be discussed with ASSEFA's Programme Executive, but it is expected that concensus on the draft (Appendix 9) will be reached very soon.

6.2 Contribution ASSEFA

The tasks and responsibilities of ASSEFA are described in general terms in Appendix 3. The more specific tasks and responsibilities within the VIDP, as far as this subject concern, are described in Article 4 of the Administrative Arrangement. Major financial inputs will not be done by ASSEFA.

6.3 Contribution of PLAN International

PLAN's most important contribution to the Programme is of course the overall financing. But its tasks and responsibilities are not just limited to financing. It goes far beyond that as will be clear from Appendix 3.

The contribution of PLAN to this section of the VIDP is described, although again in general terms, in Article 6 of Appendix 9.

6.4 Contribution of the WLZK

The contribution of the WLZK has been described in general terms in Article 5 of the Administrative Arrangement. But for the purpose of this Conception Report, this contribution has to be described in more detail.

A. Direct financial contribution

The direct financial contribution of the WLZK amounts to US\$ 35,242, for the financing of the estimated cost of implementation of the potable water supply component in the first year of the VIDP.

This amount is fixed and may not be subject to alteration.

The amount will be transferred to PLAN International The Netherlands, in installments, according to Article 5 of the Administrative Arrangement.

B. Technical Assistance

The technical assistance will not be restrited to the potable water supply component, but to the complete section of potable water supply, sanitation and health education.

The type of technical assistance has been defined after discussion with the Progamme Executives to concern the following subjects:

- geo-hydrology	(a)
- drilling technology	(b)
- sanitation and drainage	(c)
 environmental technology 	(d)
- health education	(e)
- exchange of know how and experience	(f)
- programme evaluation	(g)

The following WLZK experts will be involved in this assistance (provisionally): (figure 10).

subject a-g	– mr. P.Groenewoud – geo-hydrologist
subject b-g	– mr. C. Roos – drilling engineer
subject c-d-e-f-g	- mr. J. Louwe Kooijmans, Managing
	Director

Any other required assistance can be discussed after mutual consultation.

Moreover the WLZK will take care of information and consciousness raising of its employees and WLZK's consumers

The time spending (including reporting) of the proposed experts has been estimated as follows:

Mr. P.Groenewoud	The Netherlands	1 week
	India	3 weeks
Mr.C. Roos	The Netherlands	2 weeks
	India	3 weeks
Mr. J. Louwe Kooijmans	The Netherlands	3 weeks
-	India	5 weeks

The related salary cost to this assistance is estimated at dfl. 30,000,- (US\$ 17,000).

Other related costs are:

 travelling costs * international air travel (actual 6 x dfl. 4,700 = * national travelling costs : * local travelling costs India : 	Dfl. Dfl.	level) 28,200 1,000 2,500				
- DSA costs India 11 x 7 x US\$ 115	Dfl.	15,500				
- preparation costs × vaccinations, passports, visa :	Dfl.	1,800				
 reporting costs * Conception Report * Mid-term Report * Programme Evaluation Report 	Dfl. Dfl. Dfl.	1,900 900 2,500				
Total cost of Technical Assistance	Dfl.	84,300	(US\$	48,17	70)

1991 1990 F Planning of Technical NDJ MAM JJASOND No. of No. of weeks Assistance weeks Neth. India Mr. P. Groenwoud 1 3 Mr. C. Roos 2 3 3 Mr. J. Louwe Kooijmans 5

Fig. 10 Planning of Technical Assistance

C. Training

It has been foreseen that two engineers of ASSEFA/PLAN will get a fellowship for a period of three weeks (May 1991) at the office of the WLZK in Haarlem. The Netherlands. This is still optional and can be realised only when the Dutch Ministry of Foreign Affairs (DGIS) will finance all the travelling and DSA costs of the Technical Assistance and Training Component.

The costs for training are estimated at:

Travelling costs 2 x Df Preparation costs		1. 9,000 1. 600
DSA 2x7x 3 x Dfl.150 Salary costs Dutch support	Df	fl. 6,300
$3 \times 5 \times 8 \times D$ fl. 50		fl. 6,000
Total costs Training Comp	onent Di	fl. 21,900 (US\$ 12,515)

6.5 Checking the VIDP on GI-criteria

Within the scope of the VIDP, financial support is requested from the Ministry of Foreign Affairs, Directorate General International Co-operation (DGIS) from the GI-funds. WLZK's funds are not sufficient to cover all expenses related to Technical Assistance and Training.

The fund is directed to input of know how available at provincial or municipal entities. The WLZK may be considered as a municipal entity, since it is the water supply company of 4 municipalities. The municipalities are the owners of the WLZK.

The following criteria are applied by DGIS for the judgement of the requests:

* The effect of the activities shall be structural

It will be obvious that improvement of basic facilities such as potable water supply, sanitation and health education are directed to a structural development. Moreover ASSEFA/PLAN?WLZK's approach is focussed on a sustainable development through the proposed project inputs.

* The project objectives shall fit within the priorities of the developing country

It is very claer that improvement of the economic situation and health conditions min the rural villages is a priority of the Indian Government. Dutch Aid in other Indian States is concentrated as well on these sectors.

* Professional know how shall be available at the Dutch Party's Organization

Without being swanking, WLZK may be assumed to have know how and a longstanding experience in the field of potable water supply. Moreover specific expertise is available on rural water supply, sanitation and health education, even under Indian conditions.

* The project shall be located in one of the so-called " concentration countries"

India is one of the "concentration countries " for Dutch Aid.

* The implementation of the proposed activities shall be realised within the duration of the proposed co-operation

The financing, the Technical Assistance and the Training are focussed on activities in the first year of advanced implementation of the VIDP, which coincides with the duration of the co-operation.

Information on the co-operation shall be guaranteed on a structural basis

Information to the WLZL-employees will be given through internal information sessions and publications in the WLZK Magazine. External information will be provided through publication in local newspapers and to the municipalities.

Reporting will be guaranteed through:

- this Conception Report
- a Mid-term Progress report
- a Project Evaluation Report

* The contribution from GI-funds shall not exceed Dfl. 200,000.per year

The requested contribution from GI-funds amounts to Dfl. 69,200.and may be specified as follows:

Dfl. 6,300.-

a. Technical Assistance

- DSA costs

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- travelling costs	Dfl. 30,700
- preparation costs	Dfl. 1,800
- DSA costs	Dfl. 15,500
- reporting costs	Dfl. 5,300
Training	
- travelling costs	Dfl. 9,000
- preparation costs	Dfl. 600

Information on the co-operation shall be guaranteed on a structural basis

Information to the WLZL-employees will be given through internal information sessions and publications in the WLZK Magazine. External information will be provided through publication in local newspapers and to the municipalities.

Reporting will be guaranteed through:

- this Conception Report
- a Mid-term Progress report
- a Project Evaluation Report

* The contribution from GI-funds shall not exceed Dfl. 200,000,per year

The requested contribution from GI-funds amounts to Dfl. 69,200.and may be specified as follows:

Dfl. 6,300.-

a. Technical Assistance	a.	Technical	Assistance
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- travelling costs	Dfl. 30,700
- preparation costs	Dfl. 1,800
- DSA costs	Dfl. 15,500
- reporting costs	Dfl. 5,300
Training	
 travelling costs 	Dfl. 9,000
- preparation costs	Dfl. 600

- DSA costs

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APPENDICES

Appendix I

Aims and Objectives of ASSEFA

The aims and objectives of ASSEFA, as enshrined in its Memorandum of Association, are as follows:

- To undertake reclamation and cultivation work of Bhoodan, Gramdan, ceiling surplus land and other fallow lands for the rehabilitation and exclusive benefit of backward, poor and downtrodden people in the rural areas of India;
- To provide equipment such as agricultural implements, etc., for the same object;
- To undertake the reclamation and cultivation of the above said Bhoodan and Gramdan and other fallow lands in such a way as to recover the agricultural capital made available by the society, to the extent possible, in each project, and reinvesting it in financing further reclamation work on other fallow lands;
- To start and carry on small agro-industries for the exclusive benefit of the rural poor;
- To train the poor agriculturalists in sound modern techniques in careful and effective management;
- To provide full employment to the beneficiaries of the Sarva Seva Farm projects, encouraging them to work on a joint and co-operative basis, including collective responsibility and reciprocal assistance;
- To encourage independent thinking among the project's beneficiaries by exchange of knowledge, experiences, and having open discussions on relevant and up-to-date questions, in order to give them fair and broad information, banning party propaganda and dogmatic assertions;
- To impart literacy, citizenship training, and to inculcate the concept of rights and reciprocal duties and community living; and
- To undertake community health programmes as part of Sarva Seva Farms project, or

independently, to promote the total health of the community. The programme content will include, *inter alia*, promotive, preventive, and curative aspects of health care, including sanitation, hygiene, nutrition, health education, medical aid, etc.

ASSEFA Collaborators

Foreign Collaborators

- 1. Action Aid, Bangalore
- 2. Action in Distress, London
- 3. Aide et Action, Paris
- 4. ARBEITERWOHLFAHRT, West Germany
- 5. ASSEFA Group Pinerolo, Italy
- 6. ASSEFA Group Sanremo, Italy
- 7. Boys Town
- 8. Canadian Save the Children Fund (India)
- 9. Canadian High Commission, New Delhi
- 10. Canadian Hunger Foundation, Canada
- 11. Canadian International Development Agency, (CIDA) Canada
- 12. Caritas India, New Delhi
- 13. Caritas Italiana, Rome
- 14. Caritas International, Rome
- 15. Central Relief Committee, New Delhi
- 16. Christian Aid, London
- 17. Comite Catholique Contre la Faim et pour le Developpement (CCFD), Paris
- 18. Comite Catholique Organisation for Development and Peace, (CCODP), Canada
- 19. Fondation Vaujania, Switzerland
- 20. Foster Parents Plan International, INC
- 21. Group Sarvodaya France, Paris
- 22. Harvest Help, London
- 23. Interchurch Co-ordination Committe for Development Projects (ICCO), The Netherlands
- 24. Inter Pares, Canada
- 25. Isle of Man Government, U.K.
- 26. Mani Tese, Italy
- 27. Manos Unidas, Spain
- 28. Misereor, West Germany
- 29. Movimento Sviluppo e Pace, Italy
- 30. Oxfam, England
- 31. PARTAGE Avec Les Enfants Du Tiers-Monde, France
- 32. Service Cultural Scientifique et de cooperation, New Delhi
- 33. Swiss Aid., Switzerland
- 34. The 1%Fund, London

Indian Collaborators

- 1. Action for Food Production (AFPRO), New Delhi
- 2. Asian Institute of Rural Development, Banglore
- 3. Industrial Credit Investment Corporation of India, Bombay
- 4. Ministry of Human Resource Development, Department of Education, Government of India
- 5. Ministry of labour, Government of India
- 6. National Wastelands Development Board, Ministry of Environment and Forests, Government of India
- 7. Tamil Nadu Bhoodan Board, Government of Tamil Nadu
- 8. Tamil Nadu Corporation for Development of Women Limited

Sharing/Division of Responsibilities between PLAN and its Indian Project Collaborating Agencies

Sharing/Division of Responsibilities Between PLAN And Its Indian Collaborating Agencies

- Joint Responsibilities
- -Programme/project planning and evaluation
- ---Programme/project's budget approval, final review and budget adjustments.
- PLAN Responsibilities
- -Procurement of sponsors for all identified and eligible children.
- Provision of funds for financing of all project expenses, including operating and administrative support costs.
- Provision of experienced PLAN personnel, to assist/train staff in programme formulation, implementation and evaluation; development and management of administrative accounts and donor service systems.
- * Collaborating Agency's Responsibilities
- Recruitment, appointment and terminations, supervision and evaluation of all project personnel, as per service rules of the collaborating agency. Appointment of the project director (field director and senior staff are appointed in consultation with PLAN).
 Performance of such staff evaluated jointly by PLAN and the collaborating agency.

- -Receiving, disbursing and accounting for funds from PLAN, in accordance with the Indian laws.
- Accepting and discharging all legal obligations for programme/projects in accordance with the Indian laws.
- -Mobilization of resources.
- Programme/Project Staff Responsibilities
- Enrolling eligible children from poor and needy families, within communities/locations approved by PLAN and the collaborating agency.
- —Programme/project planning, implementation, monitoring and evaluations, within the overall policy frame work of PLAN and the collaborating agency.
- Accounting for all funds and resources utilized in the execution of the programme/projects.
- Mobilization of resources.

Concept Paper for Potable Water Supply Project within the VIDP

Sponsoring Agency:

Foster Parents Plan of the Netherlands

Association of Sarva Seva Farms (ASSEFA)/PLAN

Implementing Agency:

International - Joint Project in Virudhunagar 1 July 1990 - 30 June 1991

Project Term:

Amount Requested: US\$35,242

A. PARTICULARS OF AGENCY

1. Applying Agency

Foster Parents Plan of the Netherlands P.O. Box 5000 1007 AA Amsterdam, The Netherlands Telephone: 020-767676

2. Operational Agency

Mr. P.P. Abraham, Administrator ASSEFA/PLAN International Virudhunagar Project at Madurai 26, Seikilar Street Madurai Tamil Nadu 625 002 India

Telephone: 42701

Cable Address: SARVAPLAN MADURAI

3. Objectives of Organization/Types of Projects

The goal of PLAN International is to help poor children, their families, and communities to help themselves and avoid dependency. Integrated development programs with projects in preventative health care, formal and non-formal education, community development, income generation, and agriculture and resource conservation are a means to this end, as well as ends in themselves. PLAN cooperates with and strengthens local institutions so that it leaves self-sustaining development structures behind when it phases out of an area.

In India, PLAN works in partnership with indigenous development organizations. The purpose, nature and structure of PLAN's partnership program in India is described more fully in Annex A. In Virudhunagar, PLAN's partner is a Non-Government Organization (NGO) called the Association of Sarva Seva Farms (ASSEFA), which is described in Annex B.

The goals of ASSEFA/PLAN International Project in Virudhunagar are:

- 1. To identify and elaborate key development issues in a geographically defined disadvantaged community in and around the Virudhunagar area.
- 2. To use sponsorship of children as an effective means to enable families to work toward their own socio-economic upliftment.
- 3. To integrate the Virudhunagar Project into the existing socio-economic and cultural community context, and to assist program participants to utilize available sources of governmental and non-governmental assistance.

B. DETAILS OF THE PROJECT

1. Description of Local Conditions

The ASSEFA/PLAN International partnership began in 1987 in Virudhunagar. The Virudhunagar project is actually three separate projects or programs whose central administrative office is now located in the City of Madurai, State of Tamil Nadu. The three programs are very similar in their basic program philosophy and approach while, at the same time, very distinct in terms of the specific objectives they have formulated to address the particular needs in their locales.

The three Program Offices of Kariapatti, Kallupatti and Sivakasi are surrounded by hundreds of small villages whose inhabitants eke out a subsistence as small farmers (see map - Annex C). Our partner ASSEFA has, for some time, been working in these villages providing training to village leaders and generally assisting in the formation of village organizations locally called "grama sabhas". About two years ago, PLAN joined them in their efforts.

Economic Conditions

Initial surveys of economic conditions in Virudhunagar were taken in the first quarter of 1987 by the ASSEFA team and present the following picture:

- The rural people are primarily dependent on agriculture. Nearly 40-50 percent are agricultural laborers.
- Virudhunagar is a marginal agricultural growing area that has been severely hit by drought successively for the last five years.
- o Since there is no income from the land, the laborers and poor farmers have to continuously borrow from the money lenders.
- o Ground water is not adequately explored.
- o Land holding is very much fragmented and underutilized.
- o The average daily laborer makes between eight to eleven Rupes for males, and four to seven Rupes for females.

Health Conditions

- o No medical attention is provided in the villages. All the villages have to depend on primary health centers in the larger cities, often situated at a distance of 15-25 km.
- o Even if sub-centers are there, the personnel are not available.
- Insufficient potable water linked with inadequate health facilities and a general lack of understanding of hygiene have led to a high incidence of disease and infant mortality.
- o Since there is a lack of adequate medical facilities, the children are prone to contagious and chronic diseases such as leprosy, TB, etc.

Social Conditions

- o The lower caste system is very rigid amongst the general population which does not lead to a strong cooperative community.
- Communication and transport facilities are inadequate.
- o There is an outward migration from the rural areas to the towns and cities looking for employment.

Education Conditions

- Only 40-50 percent of the children join a standard one primary school.
- Not many villages have schooling facilities. There is inadequate transport or ways of reaching nearby schools.
- o Of the 40-50 percent of children that join the school, 55-65 percent drop out by standard six.
- o The educational standard is very poor. Many children go to school only for the noon meal.
- o Only 1 or 2 percent reach secondary level schooling.

These problems are both severe and inter-related. To address them, the ASSEFA/PLAN International partnership carries out a multi-sectoral program with components in health, education, community development, and resource and skills development. This program is described in Annex D.

C. PROJECT DESIGN

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1. Goals and Objectives

Poverty, harsh climatic and environmental conditions, including insufficient potable water, inadequate health facilities and the target population's lack of understanding of the relationship between sanitation, hygiene and disease, have led to a high incidence of disease and high rates of infant and child mortality. Because infants and children are the most seriously affected by these poor health conditions, the overall goal of PLAN's health sector is to reduce infant and child mortality.

Increased water supply and improved water quality will contribute significantly to the accomplishment of the health sector goal. The goal of ASSEFA/PLAN Virudhunagar's water program is to provide an adequate year round source of potable water within a reasonable distance of the household for PLAN families in 105 villages. To accomplish this, PLAN digs boreholes, equips them with pumps, repairs and constructs overhead tanks, lay distribution lines and repairs existing systems.

Specific project goals are:

- a. Installing and repairing boreholes and hand pumps in 87 villages.
- b. Installing and improving 18 water supply systems, including existing systems.

c. Training of villagers for repair and maintenance of hand pumps.

Through Village Level Committees, villagers will be assisted by a borehole program to provide a potable water system and technical inputs to train them in the maintenance and repair of hand pumps. Close monitoring and supervision will be provided by the Virudhunagar project program promoters who work with individual families to plan and implement their own projects. The promoters help the families to establish linkage with Indian government agencies, use available local resources for training and technical assistance, and to build strong community support groups. The ultimate goal of this project and the Association of Sarva Seva Farms (ASSEFA) and PLAN International Joint Project in Virudhunager is to enable these families and communities to develop their potential and to improve their material and social conditions to the highest level which can be sustained using their own resources.

2. Project Impact

Provision of an adequate supply of water in terms of quantity and quality for domestic consumption is a fundamental human necessity. Clean water for drinking, washing and food preparation is essential for good health.

When asked to identify problems and recommend solutions, ASSEFA/PLAN communities and families consistently name a reliable source of water as a very high priority. In order to sustain life and all forms of economic and social activity, communities rely on their wells, whether deep boreholes or traditional, shallow hand dug wells. PLAN supports a rural water supply program because water is the key to all development activities in the area. For example, a community may be unable to build a school because of insufficient water to make bricks. It might not attempt a reforestation project for fear of exhausting its limited water supply. The availability of water makes these and many other projects possible.

3. Involvement of Beneficiaries in Project Planning

Potential beneficiaries do not participate in the detailed technical planning needed in building a water project. However, they establish prorities, make a cash or in-kind contribution to the project, and organize themselves to provide unskilled labor and local materials.

PLAN's entire program is predicated upon the active participation of beneficiaries in all phases of a project, from planning and implementation to evaluation. PLAN offers options, but the decisions are left to the families and communities. Participation is not limited to financial contributions but includes labor, knowledge, experience and commitment.

4. Institutionalization and Technical Assistance

A major striking part of this program involves the transfer of knowledge and technical assistance from the donor agency to ASSEFA/ PLAN. Technical skills in design, implementation, evaluation and maintenance of water projects will be transferred.

D. SUSTAINABILITY

PLAN promotes sustainable, integrated development programs at the local level through family, group, and community activities. PLAN has a long term presence in the communities it serves and PLAN's programs address complementary objectives. For example, PLAN's water programs are complemented by programs in important supporting sectors such as female literacy, food availability, health and income generation. As a result, PLAN's programs are more effective and, because they involve various projects with overlapping timeframes, they are longer lasting.

Four important aspects of sustainable development have been identified as time, finances, personnel, and link with community. It is useful to see how PLAN's approach addresses each aspect.

1. <u>Time</u>. PLAN recognizes that the funded periods of many programs are too short to develop local capacity to sustain the program. In part, PLAN deals with this by having long term Field Offices, by being able to draw on Foster Parents as an independent source of revenue, and by working closely with the host country's government and a partner agency. When a project's external funding ends, PLAN is able to draw on other sources to see the project through to completion. This means that PLAN is able to use a time horizon sufficient to establish sustainability even when a funding agency's time horizon is much shorter.

Furthermore, by relying on long term Field Offices, PLAN avoids lengthy and expensive start-up periods. Most PLAN programs "hit the ground running" and are operative fairly quickly. Since sustained community development is central to PLAN's philosophy and objectives, all PLAN programs are required to incorporate sustainability as an integral part of the program design. Because of its integrated, multi-faceted approach, PLAN institutionalizes its programs from the very beginning. All programs are able to draw on prior work and institution building in other sectors, and this also reduces start-up time considerably.

2. Financial. Financial sustainability is a major consideration. For a program to be sustained, it must be solvent after the PVO has left. PLAN addresses this issue in several ways. First, PLAN programs are designed to incur the greatest costs early on so subsequent costs are lower and more stable. Second, depending on local conditions, many PLAN programs rely on user fees or some other local source of revenue for cost recovery. Third, PLAN programs are comprehensive. This means income-generating activities often complement other programs.

The result is an increase in a community's ability to pay for services and, therefore, an increase in demand at the same time the supply of these services is being increased. In addition, PLAN programs undergo an evaluation that routinely includes a cost-effectiveness study.

3. <u>Personnel</u>. With sustainability as a major goal and with education and community development as major sectors of PLAN activities, recruitment and training of indigenous personnel are central to all PLAN activities. PLAN follows a policy of pairing expatriates with local counterparts and, in this way, training the local counterparts. PLAN's Field Office staff are drawn from the host country or local area. In addition, PLAN recruits volunteers from the local community. These individuals provide PLAN with unparalleled access to individual households that sets it apart from many other private development agencies, governments, and multi-lateral organizations.

PLAN programs are designed to complement and reinforce those the host government has initiated, and they are respectful of indigenous traditions and values. PLAN assists these organizations in carrying out their activities, and training becomes a major element in PLAN's activities. In general, PLAN programs have a focus on training local leadership and providing the technical resources and assistance they need.

4. <u>Community-Based Programming</u>. PLAN programs are highly centered on the local community. Since PLAN has a relatively long term status in most communities it serves, PLAN is better able than most PVOs to use community action in all phases of planning.

PLAN's objective is to create conditions for sustainable development. This requires a program focus on training local leadership and providing the technical resources and assistance they need. When PLAN phases a program out of an area, we leave behind the seeds of new development institutions capable of implementing sustainable development programs on their own.

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SAGE Kariapatti Programme (Draft)

N.B. This SAGE has not yet been cleared by ASSEFA/PLAN and has to be considered for demonstration purpose only !

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ASSEFA-PLAN PROJECT KARIAPATTI PROGRAMME SAGE - CONTENTS

1		2141	CIA	ı
VOL	LUME		I	

			VU		
6.No			Par	ticulars	Page No
1.	CHAPTER	1	:	INTRODUCTION	1
		1.1	:	History	
		1.2	:		
		1.3	=	Process	
2.	CHAPTER	2	:	SITUATION ASSESSMENT	:
				Geography Demography	
		2.1	:	RURAL ECONOMIC CONDITIONS	5 -
		2.1.1	:	Families owning Farm Land	İ
		2.1.2	:	Other Facilities	
		2.2	:	HEALTH CONDITIONS	
		2.2.1	:	Live expectancy at birth	
		2.2.2	:	Infant mortality rate	
		2.2.3	:	Child mortality rate	
		2.2.4	:	Diet and nutrition	
		2.2.5	:	Mother and child health	
		2.2.6	:	B.C.G.	
		2.2.7	:	D.P.T. and Polio	
		2.2.8	:	Family Welfare	
		2.2.9	:	Health infra-structure	
		2.2.10	:	Potable water supply	
		2.2.11	:	Common Diseases	
		2.2.12	:	Child health	
		2.2.13	:	Housing, Hygiene and Waste disposal	
		2.3	:	EDUCATIONAL CONDITIONS	1
		2.3.1	:	Existing Literacy rate	
		2.3.2	:	Primary Education	
		2.3.3	:	Secondary Education	
		2.4	:	Government Planning and Support	1
		2.5	:	Non-Governmental Plannin and support	g 1
_					
3	CHAPTER			PROGRAMME APPROACH	1

.

ľ,

1

4.1

:

4.1.1 2 Goal statement 4.1.2 Magnitude 1 4.1.3 Target area and population : 4.1.4 Time frame : 4.1.5 : Constraints 4.1.6 Assumptions : 4.2 HEALTH 20 2 4.2.1 Goal statement with magnitude : 4.2.2 Target area and population : 4.2.3 Time frame 1 4.2.4 Constraints 3 4.2.5 Assumptions : 4.3 22 EDUCATION 2 4.3.1 Goal statement 1 4.3.2 Magnitude : 4.3.3 Target area and population : 4.3.4 Time frame 2 4.3.5 Constraints 1 4.3.6 Assumptions :

ASSEFA-PLAN PROJECT, KARIAPATTI PROGRAMME

SITUATION ASSESSMENT & GOAL ESTABLISHMENT (SAGE)

Volume - I

CHAPTER -1

INTRODUCTION

1.1 HISTORY:

ASSEFA initiated the Kariapatti Programme in November '86 with the focus on promoting and strengthening the habit of savings through viable youth, women and other functional groups, so as to minimise/check the cancerous growth of exploitative money-lending. Towards realisation of this objective, the programme moved ahead motivating the people to have a selfsustained system wherein accessibility to credit is fully ensured for all, particularly the downtrodden to meet their economic, health and other social needs.

ASSEFA'S partnership with Foster parents Plan International, which commenced in October '85 at Uthiramerur, was extended to ASSEFA/PLAN VIRUDHUNAGAR PROJECT and since September '87, Kariapatti Programme became one of the three constituents of the Project.

1.2 SUMMARY:

Specific areas of concern for ASSEFA-PLAN KARIAPATTI PROGRAMME are:

- Absence of people's credit structures at village and area level results in usurious money-lending and its attendant problems.
- Presence of high rate of illiteracy has led to exploitation and ineffective management of resources.
- Lack of concern for physical well-being of the children and women.
- Prevalence of litigation, faction and funds resulting in social disharmony.
- 30% of the lands lying waste and uncultivated. Sizeable portion of cultivable lands are also left follow.

The key elements of the Programme approach are:

- Initial communication and motivating the people to organise people's forums,
- Statement of purpose for which the programme works with target families.
- iii) Programme planning and implementation through participatory approach between people and staff.
- iv) Group level approach based on family and child sponsorship through Gramsabha, Youth/Women's forums, village level and programme level functional groups.

Page. 2

1.3 PROCESS:

The SAGE document is the outcome of a well designed series of Consultations and workshops at various levels of people in the villages, all the programme staff of ASSEFA-PLAN Project. Kariapatti, Programme Executives from ASSEFA and PLAN and senior resource persons from outside. the total number of families involved was 1,096. Using the method of random sampling, a sample of 274 families was selected from all the four directions, keeping kariapatti as the centre of this 274 families 221 were families and 53 were non- sponsored target families. The primary data were collected through the programme Associates for Development and the teachers of Sarva Seva Schools. Apart from the primary data, we have extensively used the data related to health and savings, already available with the project. The details of land holdings and irrigation facilities which are available with the Block Development Office were also used as important source of secondary data. The collected data was fed in the computer and was analysed. This analysis is useful leading to interpretation.

Page. 3

CHAPTER -2 SITUATION ASSESSMENT

Situation Assessment exercise was initiated with the families in the villages where we started working from November '86. There were 17 villages and 1096 families at that time. Among those families, a representative sample of 274 families was covered under this exercise. This number is a typical sample of the entire block of Kariapatti.

The Situation Assessment and analysis of data collected were confined to assets (Land, Animal wealth, Housing, movable Assets, etc.) skills, education, health, income and expenditure pattern, which are covered in the four major programme areas of plan.

GEOGRAPHY:

Kariapatti is a block (the smallest Administrative and development unit of the Government) in Kamarajar District situated at 9° 31' North latitude and 77° 57' East longitude consisting of 401.56 sq.kms. and is divided into 53 revenue villages, which includes 166 villages. Out of the villages 28 are uninhabited. Kariapatti town is situated at 470 kms. Southwest of Madras, the Capital city of Tamil Nadu State, 30 kms. South of Madurai and 22 km. Southwest of Virudhunagar which is the district headquarter of Kamarajar district.

Both Virudhunagar and Madurai are connected with Kariapatti by road transport. The nearest airport and railway station are at Madurai.

The climate is tropical and the temperature range from 24.9c to 34.5c and has an annual rainfall of 725.4 mm. The area is plain with vertisol and artisol soil dotted with monsoon fed irrigation tanks. The fertility status of the lands is poor to modulate. Due to the erratic and truant rainfall and gross mismanagement of land and water by the illiterate and resource poor local people, more and more lands are prone to soil erosion and a substantial land area has been already rendered alkaline. The villages and hamlets are scattered all over the block and are divided into two parts, the main villages inhabited by well to do caste people and the poor-class Scheduled Caste people settled away from the main villages and these habitats are called colonies (cheries).

DEMOGRAPHY:

The Kariapatti block where ASSEFA-PLAN Project is operating has a population of 70501 as per 1981 census. Out of this 19% belong to Scheduled Castes. The sex ratio of the population is 1003 females for every 1000 males.

Page. 4

2.1 RURAL ECONOMIC CONDITIONS

Kariapatti Block is predominantly an agricultural area, purely depending upon rainfall. The experience in the past few decades shows that for every good year of rainfall, there were three drought years. Harvesting of rainwater devices at the farm level are non-existing. Even the village irrigation tanks maintained by the village panchayats and Public Works Department(P.W.D. - a Government agency) are silted up, including the sources of water supply. Therefore, the tanks normally do not get filled up affecting irrigation potential, agricultural yield potential and employment and income generation potential.

The number of P.W.D. and panchayat tanks are 148. Of this, 60% are almost dry every year. They need to be de-silted. The other sources of irrigation are 1,496 open wells and 649 borewells. Electric motor pumpsets are fixed in 1170 wells and oil engines in 197 wells and the remaining wells are operated by the traditional mote system. (It establishes a case for digging 2000 new wells, fitting 1500 motor pumpsets and 500 oil engines).

2.1.1. FAMILIES OWNING FARM LAND:

Regarding land use, the extent of area available for cultivation is 17,010 hectares in the project area, out of the total geographical area of 32,668 hectares. There is also wasteland available to the extent of 15,658 hectares.

Of the total cultivated area, the distribution of lands as per sizes of Farms is as follows as revealed in the SAGE survey.

	Total	100	<i>.</i>
		13	/•
-	Other Farm Holdings (above 2 hectares) -	13	-/
	(between 1 to 2 hectares)-	19	7.
-	Small Farm Holdings		
_	Marginal Farm Holdings (less than 1 hectare) -	53	7.
—	Landless -	15	7.

The percentage of families who are not owning land at all is 15 %. Some of the families also do tenant-farming. the percentage of families who have access to cultivable land out of the total number of families in the target area is 85%. But around 40 % of the lands owned (15,658 hectares of lands) is not put to use for various reasons.

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Page. 5

The households who do not own any piece of agricultural land viz. the landless labour households is 15 %. Due to lack of assured irrigation, agriculture is not carried out continuously. the artisans and craftsman do not have continuous work. The income levels obtained from the survey data for the various economic groups are as follows:

From the survey, it is discerned that the average annual income derived from agricultural production is Rs.655/- and from other sources of employment it is Rs.224/-per family. The annual per-capita income for all the sectors put together for kariapatti block is Rs.564/-. In contrast, the per-capita income at Tamil Nadu State level and India National Level are Rs.778/- and Rs.779/- respectively in the year 1986-87.*

The average income levels are poor as they are forced to sell the agricultural produce by way of distress sales for want of adequate production credit facilities and storage facilities, resulting in imperfect agricultural marketing. All the produced cereals, cotton, chilies etc. are sold at the thrashing floors to the merchants ad middlemen who have advanced money to the farmers. If only an efficient institutional production credit system linked with institutional marketing net-work is made available, the agricultural situation in the project area will brighten up with institutional marketing net-work is made available, the agricultural situation in the project area will brighten up with institutional marketing net-work is made available, the agricultural situation in the project area will brighten up with increased agricultural production and per-capita income.

2.1.2 OTHER FACILITIES:

In the surveyed villages, all the families have easy accessibility to potable water fitted with hand-pumps. But 50 % of the handpumps are disfunctional, necessitating the women to walk a distance of 1 to 2 kms.

In order to obtain adequate health care from Government Clinics/Hospitals, individuals should travel a distance of 10 to 15 kms. But to reach ASSEFA-PLAN Health Centres, individuals have to travel nearly 5 to 8 kms. The Government runs two Primary Health Centres and seven sub-centres (only maternal and child health services) supplemented by two Rural Health Centres located at remote and inaccessible areas, run by ASSEFA-PLAN PROJECT.

* SOURCE: India Economic Information Year Book - 1988-89.

2.2 HEALTH CONDITIONS

The primary and secondary data collected in the project area yielded useful information on life expectancy and mortality rates.

2.2.1 LIFE EXPECTANCY AT BIRTH:

The 1981 census estimated life expectancy at 54 years for the national level and 52.2 years for the state level. For the females and males it is 51.9 and 52.5 respectively for Tamil Nadu. The state level average could be readily accepted for the block level, since no such information is available for Kariapatti block.

2.2.2 INFANT MORTALITY RATE:

The IMR at the national level is 125/1000 as per 1981 census. It is 80/1000 for Tamil Nadu for the year 1986 as given by the Directorate of Family Welfare. For the Kariapatti Project which is co-terminus with Kariapatti Community Development Block, the IMR is 95.23/1000 which is lower than the National average but higher than the state average.

2.2.3 CHILD MORTALITY RATE:

ASSEFA-PLAN Kariapatti Project conducted a health survey in the year 1988 and it found out the child mortality rate to be 20.57/1000. The child population in the age-group of 0-5 years is 799 out of the total population of 5,943 the percentage being 13.44%. The Tamil Nadu Integrated Nutrition Project for the children below 3 years age-group is operating in 41 villages out of 142 villages, covering about 1/3 of the target population of the children. The high incidence of child mortality is due to undernourishment, lack of immunization coverage and medical services etc.

2.2.4 DIET AND NUTRITION:

The normal diet in the Project area is rice and coarse cereals. But gradually rice is becoming the staple food of the family, which is nutritionally of low value. Meat, Milk, Fruits etc., are not part of the normal diet as majority of the families can ill afford. Though the population is non-vegetarian, consumption of meat is restricted to special occasions. Wheat is gradually appearing in the fair price shops. the people take it to a limited extent. As a result diet is not balanced and therefore, nutritional status is poor.

2.2.5 MOTHER, AND CHILD HEALTH:

The services available for expectant and lactating mothers in the project area are marginal. The TINP is able to supply supplementary feeding to only 16% of the antenatal and postnatal mothers. This results in high risk pregnancy. It is this area that need special attention. Immunisation services to expectant mother is poor and therefore tetanus is rampant. About 80% of the deliveries also take place at home attended to by untrained traditional dias, affecting the health of both the children and At the time of the initiation of the ASSEFA-PLAN mothers. Project, only two trained delivery attendants were working. During ASSEFA-PLAN Project the number was increased to 11. However the remaining villages have to be covered with trained dais. If trained dais are to be made available then the high neonatal death rate (63.49/1000) and maternal mortality rate (9.13/100) could be reduced to a considerable extent.

2.2.6 B.C.G:

The Project survey data have revealed the B.C.G. immunisation coverage for the children below 5 years at 19.43. The reason for the low coverage is that a high percentage of deliveries take place at homes. But after the community health project implementation B.C.G. vaccination is given to 78.57% children.

2.2.7 D.P.T. AND POLIC:

In respect of D.P.T. only 27.59% of children take all the three doses and only 24.58% of the children take the Polio vaccination. This shows that the more than 75% of the child population do not receive all the three does under D.P.T. and Polio along with the booster dose vaccination.

However after the initiation of the community health project by the ASSEFA-PLAN Project, D.P.T. vaccination was given to 69.04% and Polio 63.49% of the new born under D.P.T. and Polio vaccination in the coming years.

2.2.8 FAMILY WELFARE:

The survey revealed an average family size of 4.52 for the project area. The fertility rate for the Project area is reckoned at 150.8 while the national fertility level is 150. Number of eligible couples per 1000 is 168 for the state level and for the project level it is 137.* It explains the vigorous family planning campaign being carried out by the Primary Health Centres in the programme area.

2.2.9 HEALTH INFRA-STRUCTURE:

The Project area has two Government primary Health Centers and 15 health sub-centers. None of our project villages has any sub-centers or PHC. Therefore, our project population have to travel a distance of 2 to 5 kms. to a sub-centre and 3 to 24 kms. to a Primary Health Centre. ASSEFA-PLAN has started two subcenters in two villages located outside the project area but which could cater to the medical service requirements of our project villages to facilitate easy accessibility and quick transportation. Our SAGE survey shows that 58.4% of people take treatment from Private Practitioners, 15.96% from Government Hospitals located in Aruppukottai, Virudhunagar and madurai and PHCs located at Kariapatti and Mallanginar. The remaining 28.57% get treatment from Sarva Seva health Centers. The towns are away from the project area with distances ranging from 19 kms., 24 kms., and 30 kms. respectively.

2.2.10 POTABLE WATER SUPPLY:

The Project area has 52 open-wells provided with over head tanks with many pipe points depending upon the population of the villages covered. To supplement this there are 325 bore wells all fitted with handpumps. Though in theory all villages are covered with potable water supply scheme, as many as 50 % of the above sources are disfunctional. In such villages the sources of drinking water are the irrigation wells, village tanks and the nearest village drinking water sources. this makes out a case for our project undertaking supplementary drinking water schemes in those villages. So far the project has been able to carry out repairs for 33 handpumps, renovation of two open-wells with devices to provide wire mesh protection and constructed six new overhead tanks. However the remaining inoperative overhead tanks and handpumps need renovation and repair. When this is achieved provision of safe drinking water to the project population could be completed.

SOURCE: Data furnished by project health personnel in FY 189.

2.2.11 COMMON DISEASES:

Common diseases found in the project area are common cold, fever, water borne diseases, T.B. Bronchitis, Asthma, worm infestation, diarrhoea, scabies, fungal, leprosy, dysentery etc. Of the total population T.B. patients are 188, with the T.B. prevalence rate of 33.02/1000. The leprosy patients are 43 with the prevalence rate of 7.55/1000. There are other diseases like night blindness, angular stomatitis, anaemia, marasmus, kwashiorkar etc. attributed to under nourishment.

2.2.12 CHILD HEALTH:

Common diseases found among children are Primary complex, Angular stomatitis, Vit. A deficiency, Dental carries, scabies, anaemia, kwashiorkor and fungal infection. the road to health card programme covers 726 children in the project area. The nutritional status of the children below 5 years as per RHC programme is given as follows:

Normal weight					-	18	7	
Ist	degree	of	under	weight	-	60	7	
IInd	degree	of	under	weight	-	16	%	
IIIrd	degree	of	under	weight	-	6	7	

These figures indicate that the majority of the child population suffer from deficiency diseases and therefore are vulnerable to all forms of infections.

2.2.13 HOUSING, HYGIENE AND WASTE DISPOSAL:

As regards housing and sanitation in the project area, 12.9% have permanent houses, 48.1% are mud-roof houses and 39% are huts. The mud-roof houses and the huts do not have proper roofing and ventilation. These houses have poor walls and floors. 90% of the houses have no electricity for lighting. All houses have no smoke outlet and they are exposed to great health hazards. This problems is aggravated as all the houses use firewood and dried cowdung. Bio-gas is yet to make its headway. Use of dried cowdung as firewood results in wastage of organic manure. Therefore, improved housing schemes with bio-gas plants is a pressing need of the project area.

Regarding sanitation 3 villages have public latrines but not under proper use. People use open air places for defecation, resulting in faecal borne infectious diseases. Many villages have no proper disposal of waste water from kitchens and handpumps.

Page.10

2.3 EDUCATIONAL CONDITIONS

2.3.1 EXISTING LITERACY RATE:

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The literacy rate at the National level is 37.1 % as against the literacy rate of Tamil Nadu 46.8 %. Of the combined literacy rate of 46.8 %, the literacy rate for male constituted 58.3 % and that of female 35.0 %. The analysis of the survey conducted in Kariapatti block on the target families as also the secondary data collected from Government departments have revealed 34.29 percentage of literacy in the block.

It is a fact that a higher percentage of students stop their education at the higher primary level. The reason is that their families could not afford education for the children. The SAGE survey revealed that 80 % of the children could not attend schools for reasons of poverty and the remaining children had to tend the cattle. It also revealed that the drop-outs from the school range between 10 th and 15 th age of children.

2.3.2 PRIMARY EDUCATION:

Of families surveyed, the children between the age groups of 5 and 16 were 247. The survey indicated 68 children constituting 27.53 % belong to the school going age who do not attend school. A deeper analysis reveals that there are less female children than male children at school. Here again the data revealed the need for concentrated work to be done in increasing the enrollment of children in general and female children in particular.

There are 100 primary schools (from I to V standard) in the project area of which 90 are Government run and 10 are ASSEFA run. Of these 90 Government schools, 78 are directly run by the Government and the remaining 12 are Government aided private schools. All these 100 schools are located in 95 villages with 5 big villages having two schools each.

The project area consists of 142 villages. Out of this 42 villages have no schools. These school-less villages have 2500 school going age children. But all the villages are not viable for starting schools at the rate of one per village. The average distance between two Government schools is 2 kms. and the average distance between Government school and ASSEFA school is 3 km. therefore, there is a need for grouping the villages into 20 groups, warranting establishment of 20 schools in the 42 school-less villages. It is because the average distance between 2 school-less villages is only 1 to 1.5 km. necessitating grouping of villages. Thus the existing primary schools have enrolled 14,800 children out of 16,980 children for primary education in that age-group.

Page.11

All the schools have no separate rooms for different classes. In the project area schools, all 5 classes are conducted in one big-hall, with one or two teachers, managing all the five classes. There is thus a vast need for providing separate rooms for separate classes in all the existing schools as well as the new schools proposed. The average number of children per class (not per class room) is around 12.

As regards the pre-primary education, there are 12 preschools, having an enrollment of 2940 in the age-group of 3 to 5 but only 15% of the children attend pre-schools. This works out to a ratio of 1:3.5 to that of the pre-school age children numbering 9,825. Thus it brings out a clear case for establishing maximum number of pre-schools. Regarding day-care centers in the project area, the project is yet to open its account.

2.3.3 SECONDARY EDUCATION:

Secondary Education, Regarding there are 13 middle schools(from VI to VIII standard) with a student strength of 2517 comprising 1385 boys and 1132 girls. This reveals the fact that only 16.5% of children completing primary education reach middle This explains the vast gap to be filled. schools. The number of high schools in the project area is six. As for higher secondary schools offering upto 12 th standards, the schools number only two. The project area cannot boast of any college or industrial training institute. However, there is one Private Polytechnic which equipped is not well with buildings, equipments, faculty etc. The void therefore regarding technical education continues to exist.

It was reported that school enrollment at various levels has been increased on account of provision of free noon-meal scheme. But, there has been no authentic data to establish the correlation. However, the high drop-out rate of 18.5 % at the primary level as per records received indicates that the noonmeal scheme had no perceptible impact on the school attendance. If one goes through facts, the drop-out rate will be very high.

By and large,in Government schools, the children are not taught education related to the home environment by way of imparting skills in the area of home and society-related arts and crafts. This is primarily due to the fact that the teachers do not stay in the villages. In contrast ASSEFA school teachers live in the villages facilitating children learning home environment-related arts and crafts including vegetable and fruit gardening.

Page.12

2.4 GOVERNMENT PLANNING AND SUPPORT:

Kariapatti is one of the twenty one community Development blocks in Kamaraj District. The Block consists of 53 Revenue villages consisting of 36 villages Panchayats and 2 towns panchayats. Kamarajar District is one of the three districts which constituted the erstwhile Ramnad District. The district is a Drought Prone Area Programme District (DPAP) and hence special programmes of Government of India and State Government of Tamil Nadu are carried out through the District Rural Development Agency (DRDA) along with other Development and poverty alleviation programme like IRDP, NREP, RLGEP (Now Jawahar Rojgar Yojana (JRY), Massive Agriculture Production Programme (MAPP), TRYCEM, DWCRA, TINP etc.

Since block is the unit of Development Administration all development resources are routed through the block organisation. Co-operative Banking and other commercial banking institutions as well as RRB (Regional Rural Banks) and LDB (Land Development Banks) also play a developmental role in the block area. The financial assistance coming from outside agencies to the Block area constitute subsidy from government, loan from financial institution and infra-structure development expenditure from Block Development organisation attempts at the government. development of the villages in all aspects, similar to that of ASSEFA-PLAN Project. The block authorities are guided by the District Rural Development agency in matters of conduct of survey, planning, implementation and evaluation. Governments Development Priorities are; eradication of poverty through sponsoring of Intensive Agricultural Development Programmes by introducing scientific agricultural practices, establishing live stock development programmes and establishing small projects under industries business and trade for families living below poverty line consisting of small farmers, marginal farmers, landless labourers, agricultural labourers, artisans etc. In addition to that drinking water supply schemes and educational development programme both formal and non-formal are also attended to by block development programmes. Therefore both the ASSEFA-PLAN Organisation and Government Block Development Organisation more or less have similar development priorities. But the methodology followed by both differ vastly in the that government Programmes are run through bureaucracies while ASSEFA-PLAN Programmes are run through self-reliant organisations like Gramasabhas, Women's Forum, Youth forums, etc. There exists a collaborative arrangement between Government Block Development Organisation and drda as well as Kariapatti ASSEFA-PLAN in many areas of common concern. This collaboration will be intensified in the years to come as the State Rural Development Directorate Officials are being involved in the administration of the Programme including financial support.

Page.13

2.5 NON-GOVERNMENTAL PLANNING AND SUPPORT

There are four Non-Governmental Organisations operating in the project area. Three NGOs namely Mayer Trust, Movement for social Equality and CREATE(Centre for Rural Awareness through Education) have their headquarters at Madurai. The fourth one namely READ(Rural Education and Development) has its Headquarters at Manamadurai. All the four concentrate on creating social awareness through printing of publicity materials, conduct of processions etc. Mayer Trust alone undertook digging of 22 irrigation wells which was sponsored by the Government.

These 4 NGOs are disfunctional except for occasional visits to the project area by the representatives of the organisations. Therefore, it is found not necessary to have any collaborative arrangements with these organisations.

However kariapatti ASSEFA-PLAN Project Organisation has successfully established collaborative arrangements with NGOs based outside the Project area namely Odukkam Tree Plantation Scheme based at Palani, Society for Promotion of Waste-land development based at Delhi, social Forestry Information Programme based at Madurai, Auroville Social Forestry Project based at Pondicherry, Pondicherry Multi purpose Social Service Centre and Madurai Aravind Eye Hospital. Most of these organisations are tapped for extending training facility to our staff, conducting health camps, organising and establishing forestry projects etc. Also Kariapatti ASSEFA-PLAN Project elicits help of experienced staff of other ASSEFA Project in Tamil Nadu in training programmes.

Page.14

CHAPTER - 3 PROGRAMME APPROACH

ASSEFA's concept of initial communication which envisages promotion of village level organisations striving for people's development through their savings had already been introduced in the project area at the time of PLAN's entry.

Promoting and strengthening the habit of savings amount the people not only provides easy accessibility to credit without being exploited by a few persons, but also aids to investment for their development, without which this resource might have gone waste. Therefore, ASSEFA-PLAN strongly believes in this scheme, wherein people are guided to pool and share the resources with the needy of their own community. This exercise of pooling and sharing the resources leads to co-operation, unity, concern for others, mutual trust and brotherhood. It will act as the panacea for all social, economical and cultural evils that are existing in to-day's society.

In order to achieve the above, keeping in mind the basic principles of self-management by the people through village Assembly(Gram-sabha) and self reliance at the village level, the programme aims at training for promoting i) Leadership skills, ii) Organisational skills, iii) Credit management iv) Cordial relationship with local Government bodies and banks and resources building and utilisation.

It is also well planned to organise people at programme. level to fight against exploitative forces.

a) In checking the marketing of the agricultural produce at throwaway prices (distress sales)

b) Through formation of co-operative structures in producing materials in bulk, to do away with the middleman.

c) In creating a mutual risk fund to redeem the loss of live-stock.

It is also planned at programme level.

a) For establishing health committees at various levels to give a clear direction on healthy programmes.

b) In creating a marketing network at programme level for the products of rural based industries.

c) For enabling the people for the optimum utilisation of waste/fallow lands through creating village/programme level people's organisations.

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For the project to achieve the desired goals, there is need to update the skill and professional competence of the staff working with the project. The training of staff has already been initiated, with the adoption of SAGE process. This will continue through group level meetings, village level meetings, area level meetings and training in the years to come among staff, between staff and people and among people.

In order to achieve self-reliance, village level savings groups in many forms will be promoted and strengthened so that on the withdrawal of ASSEFA/PLAN, after a particular period of time, the village people can manage with their own resources for their sustained growth and development.

Page.15

CHAPTER - IV

4.1 RURAL ECONOMIC SITUATION

GENERAL STATEMENT:

The economic situation of the target families obtaining in 142 villages is characterised by the following features:

- 1) 72% of land holding's are small and marginal
- 2) 47.93% of the arable lands viz. 15,658 hectares remains uncultivated and so unproductive
- Imperfect agricultural marketing system, resulting in the exploitation of farmers by middlemen cum merchants cum money-lenders.
- 4) 65.71% of the people are illiterate, which affects productivity and skills development.
- 5) 42.75% of people are unemployed 30.51% of people are under employed for want of alternate occupations and new skills.
- 6) Per capita monthly income is Rs. 85 resulting in dissaving and high propensity to borrow at high rate of interest.
- 7) Disproportionate social spending (30%)
- B) 87.1% of the houses are katcha and hutments which are semi-permanent in nature, recurrent expenditure on repairing.
- 9) Negative attitude to work and save because of erosion of values and politically oriented populist measures.
- 10) Oppressive social institutions like dowry, necessity of getting married etc. have rendered women weak land vulnerable.

4.1.1 GOAL STATEMENT

 To lift the target families in the village communities above the poverty line viz. Rs. 6,400/- per annum from their present level of Rs. 4,395/- by way of bringing all arable lands into productive use and providing other employment opportunities in a continuous manner.

Page.17

- 2) To develop 6 to 10 projects for sustainable agricultural Development (SUAD) in blocks of compacts waste land & consisting of 100 to 250 hec. in the project area, involving about 50 to 100 members of the village organisations per village where various components like seasonal crops, fruit crops, farm forestry, boundary plantations, check-dams, Farm-ponds, irrigation wells, fishery, calf-rearing, fodder development, processing industries, etc. with a view to promote environmental preservation/ecological balance as well as sustained employment generation and income creation. (One such project covering 225 hectares of waste-land owned by Kilavaneri Assembly members but 800 families from Kilavaneri and neighborhood 12 villages getting gainful employment has been sponsored in the FY '90. On the basis of the experience gained, the remaining projects proposed for the coming years would be launched. The project stipulates an additional employment creation of 80,000 man days producing about eight lakhs of incremental income in the first year itself.
- 3) Agricultural marketing is imperfect as reflected in the vast price-spread between the producers price and the consumer's price requiring improvements in the marketing system. Network of marketing channel has to be established at village/area level so that 50% of the marketable surplus is marketed through institutional agencies, resulting in the reduction of price spread.
- 4) To impart activity specific training programme under various livestock development schemes and other local resource based industrial and business units to a minimum of 50% of the landless families.
- 5) Widening and deepening the thrift habit and savings potential already promoted as peoples banks in the present 45 villages and extension of the same scheme to 97 villages. In quantitative terms, the savings mobilised so far through Women's Forums, Health Committees, Gramsabhas. Animal Husbandry committees, Daily Savings, School Savings, etc. in all the 44 villagers is Rs. 4,60,000/- as on 31.12.89. It is proposed to increase it by 300% and also proposed to achieve similar goals in the new villages. (This savings scheme is promoted/controlled and managed by the community The community structures, assisted by project staff. structures have the discretion to decide the purposes (mostly productive) for which the loans could be advanced).

- 6) Through the organisations, reduction of unnecessary spending on festivals and functions and tackling effectively the other social problems like drinking, dowry, widows remarriage, education of female children, family planning, savings mobilisation child-care etc.
- 7) Through the community structures, again it is planned to organise cattle insurance, crop-insurance and even health insurance thus promoting social consciousness and group action for community welfare.

4.1.2 MAGNITUDE:

- i) All the families numbering 10,000, the split up being 6,000 sponsored families and other deserving nonsponsored families would be the target families for lifting them above the poverty line through various resource use and skills development programme.
- ii) All the individuals at the rate of one per target family who are to be assigned with alternative economic occupations under livestock and informal sections for training in development new skills.
- iii) Covering all the target families with peoples bank scheme so that all can partake the benefits of the scheme.

4.1.3 TARGET AREA AND POPULATION:

In the next seven years, Kariapatti project would cover all 56 revenue villages, including 86 hamlets. It has a population of 75000 as per 1981 census. It is likely to reach 1,00,000.

4.1.4 TIME-FRAME:

The project period is reckoned at 10 years from September 1987 to July 1997. At the terminal year, through self-reliant and self-supporting village communities ably supported by peoples bank, SUAD etc. the project villages would be able to selfsupport itself without outside support.

4.1.5. CONSTRAINTS:

- i. Resistance of the existing financial institutions to the innovative schemes sponsored by the project.
- ii. Animosity of politicians to the project for its increasing influence with the people as evidenced by the people showing no interest in politicians.
- iii. Deep-seated caste structure resulting in village factions and communal disharmony.
- facilities.

Page.19

4.1.6 ASSUMPTIONS:

- i. It is assumed that the Government would continue to support the NGOs like ASSEFA in playing their development role.
 - ii. It is assumed that severe floods and severe droughts do not occur.
- iii. It is expected that from being antagonistic, the politicians would become appreciative and co-operative in the project work.

4.2. HEALTH

GENERAL STATEMENT:

- i. Life expectancy is 52.2.
- ii. IMR is 95.23 per 1,000 which is higher than the state average.
- iii. The CMR is 20.57 per 1000 which is on high side.
 - iv. The diet is not balanced and nutritional status is poor.
 - v. High risk pregnancy due to in adequate prenatal and postnatal care. Maternal mortality rate is high at 9.23 per 1,000 and still-birth rate is high at 63.49 at 1,000.
 - vi. The D.P.T and Polio vaccines do not reach 75% of the child population.

vii. Inadequate coverage of project village by sub-centers, though there are 2 primary health centre.

- viii. 50% of the drinking water sources is disfunctional.
 - ix. T.B. incidence rate is 33.02 per 1,000 and leprosy 7.55 per 1,000.
 - x. Majority of the child population suffer from nutrition deficiency diseases.
 - xi. Poor housing conditions with no proper disposal facilities for wastes.
- 4.2.1 GOAL STATEMENT WITH MAGNITUDE:
 - i. Increasing life-expectancy from 52.2 to about 60 through various programmes like ensuring adequate medical care, maternity and child welfare, safe drinking water, health education for taking balanced and nutritional diet etc.
 - ii. Reduction of IMR 95.2 per 1000 to 60 per 1000.(State level is 80 per 1000).
 - iii. The CMR at 20.57 per 1000 would be reduced to 16 per 1000.
 - iv. provision of effective prenatal and postnatal care and facilities to all pregnant women at village level by posting health animators and trained dais.
 - v. Provision of potable water supply to all village where the water supply source is disfunctional.
 - vi. 50% of the houses in poor condition would be either replaced by permanent houses or improvement to the existing houses, with provision of health related facilities.
 - vii. Promotion of a comprehensive health-carte system for 75% of children with the help of NGOs specialising on health care for children including night blindness and also promotion of health insurance coverage for the school-age children.

Page.20

viii. With regard to nutritional status of the children it is found that 16% and 6% of the children are in the second and third degree of mal-nutrition respectively. Our goal is to bring it to the normal stage within the stipulated period.

The children who are in the first degree of mal-nutrition who form 60% at present, will be reduced to 20%.

4.2.2. TARGET AREA AND POPULATION:

All the villages constituting the project/block would be the target area. For IMR all the children below 6 years, for MMR, all the population would constitute the targets.

4.2.3. TIME FRAME:

Ten years from Sep.1987 to Aug.1997.

4.2.4. CONSTRAINTS:

- i. Lack of adequate funds if not made available at the right time and at the right quantity may pose a constraint.
- ii. Retention of trained health staff on a continuing basis is a problem.

4.2.5 ASSUMPTIONS:

Availability of sufficient construction materials and skilled masons to carry out such a massive housing programme is assumed.

Page 22

4.3 EDUCATION

GENERAL STATEMENT:

- i. School enrollment rate is 14,800, with 18.5% drop-outs at the primary level.
- ii. Number of children enrolled in the middle school is 2,517 as against 3,690 of children requiring middle school education. Enrollment does not mean attending to the school regularly.
- iii. Number of female children attending primary and middle schools are 7,221 and 1,132 respectively as against the total number of 13,233.
 - iv. The literacy rate of the age-group of 15 to 35 is low at 31.77% with a split-up being 42% for males and 21.54% for females.
 - v. The literacy level of the children in Non-ASSEFA/PLAN Schools is so poor, needing supplementary education.
 - vi. 48 schools out of 103 Government schools and 8 schools out of 10 ASSEFA/PLAN schools have no permanent buildings and separate class-rooms.
- vii. All the schools have no educational aids except some charts and maps. Other requirements such as playground, gardening space and public convenience facilities have to be improved.
- viii. There is no institute to offer technical and vocational education.

4.3.1 GOAL STATEMENT:

- i. 90% enrollment of all school going-age children in project schools, and 600% enrollment in Government schools.
- ii. Promotion of adult literacy programmes from 30% to 50%
- iii. Concerted efforts is to be made to bring the female literacy rate to the level of the male literacy both formal as well as non-formal.
- iv. Promoting the vocational and technical education by establishing two institutes for the benefit of the beneficiaries.

4.3.2 MAGNITUDE:

- i. Extension of the primary education facilities to 2000 school going age children in 42 school-less centers.
- ii. Reduction of the droop-out rate from 18.5% to 15% in Government schools and reduction from 15% to 10% in ASSEFA/PLAN Schools.
- iii. Increasing adult literacy rate from 30% to 50% covering 3,000 illiterates in 80 villages.
- iv. Imparting technical/vocational education to 1500 youths
 per year (men & women) on new vocations and trades.
 Supply of educational aids/equipment, etc. to all
 ASSEFA/PLAN schools (40) and Government schools (20).

4.3.3. TARGET AREA AND POPULATION:

All the block/project villages numbering 142 would be the assert as and all the population of 1,00,000 would be covered.

4.3.4 TIME FRAME:

10 years from September 1987 to August 1997.

4.3.5 CONSTRAINTS:

Funds would be the constraint because construction of permanent buildings with independent class-rooms, establishment of four technical and vocational institutes, supply of educational aids and equipments etc. would pose a resource constraint.

4.3.6 ASSUMPTIONS:

NIL

* * *

ASSEFA/PLAN VIRUDHUNAGAR PROJEGT KARIAPATTI PROGRAMME



CUGLUME-II D

ASSEFA-PLAN PROJECT KARIAPATTI PROGRAMME SAGE - CONTENTS VOLUME - II

S.No	•	Particulars	Page	No.
1.	Appendix - I	Chronology of SAGE Preparation		1
2.	Appendix - II	Household baseline survey for Situation Assessment	Υ.	4
з.	Appendix - II	Land Paraticulars		11
4.	Appendix - IV	Demographic picture of Tamil Nadu		12
5.	Appendix - V	Health vital Statistics upto June' prepared by ASSEFA~PLAN Health Staff	87	14
6.	Appendix – VI	Maps India Tamil Nadu Project Area Kamarajar District Kariapatti		16

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ABBEFA-PLAN PROJECT, KARIAPATTI PROGRAMME

SITUATION ASSESSMENT & GOAL ESTABLISHMENT (SAGE)

Volume - II

APPENDIX - I

Chronology of SAGE Preparation

SAGE was taken up with a view to sharpen our planning process in order to achieve the objectives of ASSEFA-PLAN.

In the preparation of SAGE, all the concerned staff and people were involved fully. The various workshops and deliberations at village/programme and project level provided an opportunity to obtain clarity of the organisation goals and their roles as well as linkages between the organisation and the people, the staff and people, the concepts, philosophies and the programmes through which the above are to be implemented.

The chronological events of SAGE preparation is given below:-

1. Orientation of staff:-

1. An orientation of the staff about

- a) ASSEFA
- b) PLAN
- c) ASSEFA-PLAN, Kariapatti Project
- d) Long term goal of ASSEFA-PLAN, Kariapatti indicators, time frame and media (Organisation role clarify)
- e) The role and functions of workers as individuals and as collective to achieve the above goal in partnership with people.
- f) An understanding of the meaning and purpose of SAGE by defining SAGE and accepting it as a process towards development and liberations
- 2. The orientation was given in the all staff meetings which were held in the years 1988 and 1989 at ASSEFA-PLAN KARIAPATTI office.

DECEMBER '87

Mr. T. K. Mathew and PLAN officials conducted a workshop on the societal structure and ASSEFA-PLANs development work.

ASSEFA-PLAN INTERNATIONAL KARIAPATTI PROGRAMME Page 2 Mr. T. K. Mathew and PLAN officials conducted APRIL '88 a field level orientation on needs of the people in the rural areas and the development work to be undertaken. SEPTEMBER '88 A workshop was organised by ASSEFA-PLAN officials, wherein staff and the people interacted defining the problems and fixing the goals. DECEMBER '88 Discussion was initiated to have a consultant SAGE and Mr. Michael Rajadurai was for invited to be a consultant. JANUARY -MARCH '89 Meeting with the consultant on the SAGE and finalisation of the various processes that have to be followed namely; a) Developing of a format for survey of families b) Developing of a format for village survey Guidelines for investigators **c**) d) Listing source of information already available and information to be collected Estimate of work load and man power e) required f) Organisation of training and time schedule for the training "SAGE Questionnaire" Preparation of by project staff of Kariapatti and T.Kallupatti programme and a review of the format by the . Executives and the consultant and redesigning of the format incorporating the changes/alterations proposed Mr.V.Mohanraj, from ASSEFA, Head Office came APRIL '89 and assisted us in designing the format, to be conveniently fed into the computer. MAY '89 Executive Director of ASSEFA and Mr.Philip Abraham from plan international reviewed the progress of SAGE work. JULY '87 Formulation of guidelines in filling up the SAGE format in consultation with the consultant on the SAGE and the conveyance of the same guidelines to the staff who are going to collect data.

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Page. 3 the SAGE Gathering of information on OCTOBER '89 questionnaire from the villagers and test checking of the work by the Supervisor and the Consultant. NOVEMBER '89 Processing of information. ----DECEMBER '89 TO Completion of data collection FEBRUARY '90 _ MARCH '90 AND APRIL '90 Feeding the information to the computer _ Interpretation of data and writing the SAGE MAY '90 report Volume-I First draft of SAGE Vol.I was submitted to JUNE '90 ASSEFA office. First draft of SAGE Vol.II was submitted to OCTOBER '90 ASSEFA office. * * * *

	APPENDIX-II ASSEFA/PLAN PROJECT KARIAPATTI		Page - 4
-	JSEHOLD BASELINE SURVEY FOR SITUATION ASSESSMENT	1	1
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S.1.1. IDENTIFICATION: a) Date of Survey Survey done by	;;	÷	na an a
b) Head of the Family	· •		
c) Door No.	; .		
d) Name of the Cluster	*	· · · · · · · · · · · · · · · · · · ·	
e) Cluster Code	3		
f) Name of the Village		- <u></u>	
g) Village Code	÷		
Note :- To enter code for v	illage and cluster refer	to W.1-	List of Villages.
<pre>S.1.2. Social Status: a) Caste Scheduled Caste(S) Scheduled Tribe(T) Backward(B) Most Backward(M) Other(O) b) Religion Hindu(H) Muslim(M) Christian(C) Others(O) c) Mother Tongue Tamil(T) * Telugu(G) Kannada(K) Urudhu(U) Others(O) d) Language known Tamil(T)</pre>	<pre>3</pre>		
Telugu(G) Kannada(K) Urudu(U) Others(O)			· · · ·
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	use that If you're m Ol to 12 (Codes for t The monthly	level can a column to men pentioning the if studying :	lso be used ntion wheth e class, me in School), ll be gener ughout this	for er a ention or t ated	literad member BL for he actu by Comp	is 'li Below Mal cou Duter O	terate or lst stand rse done r perators.	not. Jard. Jow.
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Note: 1. 2. S.2.2 Det Fami Sloc	use that If you're m Ol to 12 (Codes for t The monthly income earn ails about ly Type. or or	level can a column to men pentioning the if studying the the later wi income through the local through the Institutions of Institutions	lso be used ntion wheth e Class, me in School), ll be gener ughout this he year. ; on Distan in /0) Kms.	I for ber a section or t ated form	literad member BL for he actu by Comp at ind	is 'li r Below Mal cou Duter O Icates Regu atte (Y/	terate or ist stand rse done r perators. the avera larly nding N)	not. lard, low. sge
Note: 1. 2. S.2.2 Det Fami Sloc	use that If you're m Ol to 12 (Codes for t The monthly income earn ails about ly Type. or or	level can a column to men pentioning the if studying the later wi income through the ned through the Institutions of Institutions School(G/M/P School(G/M/P	lso be used ntion wheth e Class, me in School), ll be gener ughout this he year. ; on Distan in /0) Kms.	I for ber a section or t ated form	literad member BL for he actu by Comp at ind	is 'li r Below Mal cou Duter O Icates Regu atte (Y/	terate or ist stand rse done r perators. the avera larly nding N)	not. lard, now. sge
Note: 1. 2. S.2.2 Det Fami Sloc	use that If you're m Ol to 12 (Codes for t The monthly income earn ails about ly Type. or or	level can a column to men pentioning the if studying the later wi income through the ned through the Institutions of Institutions School(G/M/P School(G/M/P	lso be used ntion wheth e Class, me in School), ll be gener ughout this he year. ; on Distan in /0) Kms.	I for ber a section or t ated form	literad member BL for he actu by Comp at ind	is 'li r Below Mal cou Duter O Icates Regu atte (Y/	terate or ist stand rse done r perators. the avera larly nding N)	not. lard, low. sge
Note: 1. 2. S.2.2 Det Fami Sloc	use that If you're m Ol to 12 (Codes for t The monthly income earn ails about ly Type. or or	level can a column to men pentioning the if studying the later wi income through the ned through the Institutions of Institutions School(G/M/P School(G/M/P	lso be used ntion wheth e Class, me in School), ll be gener ughout this he year. ; on Distan in /0) Kms.	I for ber a section or t ated form	literad member BL for he actu by Comp at ind	is 'li r Below Mal cou Duter O Icates Regu atte (Y/	terate or ist stand rse done r perators. the avera larly nding N)	not. lard, now. sge
Note: 1. 2. S.2.2 Det Fami Sloc	use that If you're m Ol to 12 (Codes for t The monthly income earn ails about ly Type. or or	level can a column to men pentioning the if studying the later wi income through the ned through the Institutions of Institutions School(G/M/P School(G/M/P	lso be used ntion wheth e Class, me in School), ll be gener ughout this he year. ; on Distan in /0) Kms.	I for ber a section or t ated form	literad member BL for he actu by Comp at ind	is 'li r Below Mal cou Duter O Icates Regu atte (Y/	terate or ist stand rse done r perators. the avera larly nding N)	not. lard, now. sge
Note: 1. 2. S.2.2 Det Fami Sloc	use that If you're m Ol to 12 (Codes for t The monthly income earn ails about ly Type. or or	level can a column to men pentioning the if studying the later wi income through the ned through the Institutions of Institutions School(G/M/P School(G/M/P	lso be used ntion wheth e Class, me in School), ll be gener ughout this he year. ; on Distan in /0) Kms.	I for ber a section or t ated form	literad member BL for he actu by Comp at ind	is 'li r Below Mal cou Duter O Icates Regu atte (Y/	terate or ist stand rse done r perators. the avera larly nding N)	not. lard. bow. sge

rage - L

3.2.3. Drop out details Description Family Reason for Slno Dropout _____ Note: Use following codes for the reasons for dropouts :- 1. Distance, 2- Baby sitting, 3- Loss of Income, 4. Grazing, 5- Social discrimination 6. Refusual, 7. Physical capacity, 8. Other reasons S.3. SOURCES OF INCOME S.3.1. LAND USAGE AND INCOME: -----Total Leasing Prodn. Unit Net Crop Gross Oty price Income Expenses Charges Income 5.3.2. Income through sources other than Land: Family Occupation Job Mandays Monthly Total Net Sl.no type Description created Gross income Expenses Income Note: The codes for occupation type are : 1- Agri labour, 2- livestock, 3- Artisan, 4- Vocational skills, 5- Govt/Private Employment, 6- Business, 7- Service, 8-Others. 2 S.4. HEALTH . . S.4.1. Morbidity : Family Sl.Nc. Diesease Code o References a second de la prese de la condición de la deservação de la presentação Note: The disease codes are 1. Diahorrea, 2. Scables, 3- Fever, 4- Respiratory infection, 5- Vit 'A' deficiency, 6- Kwashiorkar, 7- Marasmus, 8- Anemia, 9- Tuberculosis, 10- Polio, 11- Cholera, 12- Leprosy, 13- Cough -

Codes used for Place of Treatment are S- Sub Centre, imary Centre, G- Govt. Hospital, H- House remedies, al Centre, V-Village Health Person 0 - Others. Vaccination Answer (Y/N/D) a) Small pox b) ECG/TEC c) Cholera d) Measles e) Polio f) DPT g) Other The answer is - Y for Yes, N for No and D for Don't know. b. Child Birth: Family Place Distance Conductor Ante/Post Sinc of Birth in of Delivery Education (S/P/G/H) Kms. (T/S/D/O) (Y/N) c. Child Birth: f. The place of birth is S- Subcentre, P- Private Hospital, G- Hospital, H- Home centre, D- Doctor Private/Govt., O- Others. c. Attitudes and Practices in Family Planning a) Additional child wanted (Y/N) b) Explanation for Family planning needed (Y/N) c) Age at which the mother suspend breast feeding f) Family planning adopted (Y/N) c) The subtant these codes: f - teproscopic	
Codes used for Place of Treatment are S- Sub Centre, imary Centre, S- Boyt. Hospital, H- House remedies, al Centre, V-Village Health Person O - Others. Knowledge of Immunization done: Vaccination Answer (Y/N/D) a) Small pox b) REG/TBC c) Cholera d) Measles e) Polia f) DPT g) Other The answer is - Y for Yes, N for No and D for Don't know. Child Birth: Family Place Distance Conductor Ante/Post Sino of Birth in of Delivery Education (S/P/G/H) Kms. (T/S/D/O) (Y/M) : 1. The place of birth is S- Subcentre, P- Private Hospital, G- Hospital, H- Home .2. Codes for Conductor of Delivery is T- Thai, S- H.W. at Subpri Centre, D- Doctor Private/Govt., G- Dthers. Attitudes and Practices in Family Planning a) Additional child wanted (Y/N) b) Explanation for Family planning needed (Y/N) c) Age at which the mother suspend breast feeding J family planning adopted (Y/N) e) If yes what method? Enter one of these codes: J- Leproscopic	
Vaccination Answer (Y/N/D) a) Small pox b) ECG/TEC c) Cholera d) Measles e) Polio f) DPT g) Other 3. Child Birth: Family Place 5. Child Birth 6. Child Birth 7. Of Birth 8. Child Birth: Family Place 9. Distance 6. Conductor 7. Ante/Post 8. Child Birth 8. Child Birth 9. Conductor of Delivery Education 10. (S/P/G/H) 7. Kms. 7. Conductor of Delivery is To Thai, So H.W. at Subpride theorem is the second	•
<pre>a) Small pox b) ECG/TEC c) Cholera d) Measles e) Polio f) DPT g) Other The answer is - Y for Yes, N for No and D for Don't know. c. Child Birth: Family Place Distance Conductor Ante/Post Slno of Birth in of Delivery Education (S/P/G/H) Kms. (T/S/D/O) (Y/N) c. Codes for Conductor of Delivery is T- Thai, S- H.W. at Subpri Centre, D- Doctor Private/Govt., Q- Dthers. c. Attitudes and Practices in Family Planning a) Additional child wanted (Y/N) b) Explanation for Family planning needed (Y/N) : c) Age at which the mother suspend breast feeding : for the planning adopted (Y/N) : b) If yes what method? Enter one of these codes:</pre>	
<pre>b) BCG/TBC c) Cholera d) Measles e) Polic f) DPT g) Other The answer is - Y for Yes, N for No and D for Don't know. Child Birth: Family Place Distance Conductor Ante/Post Sho of Birth in of Delivery Education (S/P/G/H) Kms. (T/S/D/O) (Y/N) 1. The place of birth is S- Subcentre, P- Private Hospital, G- Hospital, H- Home .2. Codes for Conductor of Delivery is T- Thai, S- H.W. at Subpri Centre, D- Doctor Private/Govt., O- Others. 3. Attitudes and Practices in Family Planning a) Additional child wanted (Y/N) b) Explanation for Family planning needed (Y/N) c) Age at which the mother suspend breast feeding for Family planning adopted (Y/N) c) Family planning adopted (Y/N) c) If yes what method? Enter one of these codes: f- Leproscopic for family field for the formation for for family field for the formation for for field for the formation for for family field for the formation for formation for for formation for for formation for for formation for format</pre>	
<pre>c) Cholera d) Measles e) Polio f) DPT g) Other The answer is - Y for Yes, N for No and D for Don't know. D. Child Birth: Family Place Distance Conductor Ante/Post Sino of Birth in of Delivery Education</pre>	
<pre>d) Measles e) Polio f) DFT g) Other The answer is - Y for Yes, N for No and D for Don't know. D. Child Birth: Family Place Distance Conductor Ante/Post Sino of Birth in of Delivery Education</pre>	
<pre>e) Polic f) DPT g) Other The answer is - Y for Yes, N for No and D for Don't know. Child Birth: Family Place Distance Conductor Ante/Post Sho of Birth in of Delivery Education (S/P/G/H) Kms. (T/S/D/O) (Y/N) 1. The place of birth is S- Subcentre, P- Private Hospital, G- Hospital, H- Home .2. Codes for Conductor of Delivery is T- Thai, S- H.W. at Subpri Centre, D- Doctor Private/Govt., O- Others. S. Attitudes and Practices in Family Planning a) Additional child wanted (Y/N) b) Explanation for Family planning needed (Y/N) c) Age at which the mother suspend breast feeding d) Family planning adopted (Y/N) e) If yes what method? Enter one of these codes: 1 - Leproscopic </pre>	
<pre>f) DPT g) Other g) Other The answer is - Y for Yes, N for No and D for Don't know. Child Birth: Family Place Distance Conductor Ante/Post Sino of Birth in of Delivery Education (S/P/G/H) Kms. (T/S/D/O) (Y/N) 1. The place of birth is S- Subcentre, P- Private Hospital, G- Hospital, H- Home (S/P/G/H) Kms. (T/S/D/O) (Y/N) 1. The place of birth is S- Subcentre, P- Private Hospital, G- Hospital, H- Home (S/P/G/H) Kms. (T/S/D/O) (Y/N) 2. Codes for Conductor of Delivery is T- Thai, S- H.W. at Subpri Centre, D- Doctor Private/Govt, Q- Others. 3. Attitudes and Practices in Family Planning a) Additional child wanted (Y/N) : b) Explanation for Family planning needed (Y/N) : c) Age at which the mother suspend breast feeding i b) Family planning adopted (Y/N) : c) If yes what method? Enter one of these codes: i Enter one of these codes: i </pre>	
<pre>g) Other The answer is - Y for Yes, N for No and D for Don't know. . Child Birth: Family Place Distance Conductor Ante/Post Slno of Birth in of Delivery Education (S/F/G/H) Kms. (T/S/D/O) (Y/N) . The place of birth is S- Subcentre, P- Private Hospital, G- Hospital, H- Home . Codes for Conductor of Delivery is T- Thai, S- H.W. at Subpri Centre, D- Doctor Private/Govt, O- Others.</pre>	
<pre>A The answer is - Y for Yes, N for No and D for Don't know. A. Child Birth: Family Place Distance Conductor Ante/Post Slno of Birth in of Delivery Education (S/F/G/H) Kms. (T/S/D/O) (Y/N) A the place of birth is S- Subcentre, P- Private Hospital, G- Hospital, H- Home A codes for Conductor of Delivery is T- Thai, S- H.W. at Subprint Centre, D- Doctor Private/Govt., O- Others. A thitudes and Practices in Family Planning a) Additional child wanted (Y/N) b) Explanation for Family planning needed (Y/N) c) Age at which the mother suspend breast feeding d) Family planning adopted (Y/N) Enter one of these codes: 1- Leproscopic</pre>	•
D for Don't know. Child Birth: Family Place Distance Conductor Ante/Post Slno of Birth in of Delivery Education (S/P/G/H) Kms. (T/S/D/O) (Y/N) 1. The place of birth is S- Subcentre, P- Private Hospital, G- Hospital, H- Home 2. Codes for Conductor of Delivery is T- Thai, S- H.W. at Subpri Centre, D- Doctor Private/Govt., O- Others. 3. Attitudes and Practices in Family Planning a) Additional child wanted (Y/N) : b) Explanation for Family planning needed (Y/N) : c) Age at which the mother suspend breast feeding : b) Family planning adopted (Y/N) : c) Age what method? Enter one of these codes: 1- Leproscopic	
Sino of Birth in of Delivery Education (S/F/G/H) Kms. (T/S/D/O) (Y/N) 1. The place of birth is S- Subcentre, P- Private Hospital, G- Hospital, H- Home 2. Codes for Conductor of Delivery is T- Thai, S- H.W. at Subpri Centre, D- Doctor Private/Govt., Q- Others. 3. Attitudes and Practices in Family Planning a) Additional child wanted (Y/N) : b) Explanation for Family planning needed (Y/N) : c) Age at which the mother suspend breast feeding : d) Family planning adopted (Y/N) : e) If yes what method? : Enter one of these codes: 1- Leproscopic :	
<pre>Hospital, H- Home , 2. Codes for Conductor of Delivery is T- Thai, S- H.W. at Subpricentre, D- Doctor Private/Govt., D- Others. Attitudes and Practices in Family Planning a) Additional child wanted (Y/N) b) Explanation for Family planning needed (Y/N) c) Age at which the mother suspend breast feeding d) Family planning adopted (Y/N) e) If yes what method? Enter one of these codes: 1- Leproscopic </pre>	
 a) Additional child wanted (Y/N) b) Explanation for Family planning needed (Y/N) c) Age at which the mother suspend breast feeding d) Family planning adopted (Y/N) e) If yes what method? Enter one of these codes: 1 - Leproscopic 	
 c) Age at which the mother suspend breast feeding	<u></u>
<pre>d) Family planning adopted (Y/N) :</pre>	
e) If yes what method? : Enter one of these codes: 1- Leproscopic	
Enter one of these codes: 1- Leproscopic	
Enter one of these codes: 1- Leproscopic	
1- Leproscopic	
2- Operation	
3- Diapiram	
4- Tablets	
5- Vasectomy	
6- Nirodh 7- Others	

Page -

	BENULD FARITULANS
S.5.1. House: a) Ownership Status Owned(O) Rented(R) rent Floor space(F) Mortgage(M) Fartly mortgage(P)	**
built on Loans(L) Colony(C)	ì
b) House Type Thatched(T) Semi Pucca(S) Pucca(P)	۔
c) Flooring Mud(M) Bricks(B) Cement(C)	2
d) Condition of the house Good(G) needs Repairing(R) New(N) e) The house has	2
Potable Water(Y/N)	· · · · · · · · · · · · · · · · · · ·
Good ventilation(Y/N)	
Electricity(Y/N)	*
. Sewage(Y/N)	and the second
f) No. of rooms	۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰
g) Confirms to Government Standard (Y/N)	:
<pre>H) Kitchen is In-bouse-separate(I) Not separate(N) Out-door(0)</pre>	* *
S.6.1. Family Expenses: a) Total monthly expenses Household expenses	· ·
Medical expenses	÷ •
Educational expenses	· · · · · · · · · · · · · · · · · · ·
Transportation expense	₽°
Festival including Re	ligious . :
Others	*
b) Who determines family n	eds :(family slno)
c) Who monitors the expens	es : (family slno)

.7.1. Things of D		، جا بری کار والی میں ایک ایرون <u>میں میں میں میں میں میں میں میں میں میں </u>			
Type of go	ods used by 1	family are	Value		
Vehicles			·	<u>=</u>	
Family Acce	ssories		۲ <u> </u>		
Entertainme	ent		<u>، ځ</u>		
Jewellery			:		
Others			;		
				Lat # 22	<u></u>
.7.2. Livestock:			•		
Type of Liv	vestock	No	Value	میں ملک ہیں ہوتا ہے۔ ایک میں بین این ہیں جب این ہیں ا	- ****
یں ہے ہے جو جو جو جا کہ بی ہو کہ جب جب کہ اور میں ہے کہ د		، سو دی سو اللہ بنہ ہے ہوا سو اللہ اللہ بنہ ہوا		· · · · · · · · · · · · · · · · · · ·	
				:	
	10-Horse, 11		ck, 6- Sheep, - Dove, 13- 0		8- 710
9- Chicken,					8- P10
	10-Horse, 11 				
9- Chicken, .7.3. Savings: Saved	10-Horse, 11 	- Ducks, 12			8- 710
9- Chicken, .7.3. Savings: Saved	10-Horse, 11 Ат	- Ducks, 12 bount ved			8- 710
<pre>?- Chicken, .7.3. Savings: Saved at</pre>	10-Horse, 11 Am sa ===================================	- Ducks, 12 bount wed Postal, 3-	- Dove, 13- 0	 	
<pre>?- Chicken, .7.3. Savings: Saved at ote: Use the cod .7.4. Lends:</pre>	10-Horse, 11 Am sa ===================================	- Ducks, 12 Dount Ved Postal, 3- Do Mortgage.	- Dove, 13- 0	 	
<pre>9- Chicken, .7.3. Savings: Saved at ote: Use the cod .7.4. Lands: Survey Gar No. la</pre>	10-Horse, 11 Am sa ===================================	- Ducks, 12 bount ved Postal, 3- bn Mortgage.	- Dove, 13- 0	Total Value	

Type of	Description of	Amount		Conditions
Loan	Source		Interest	
/	·		•	

e: Type of loan M- Mortgage	is 6- Govt. loan, , 0-Others.	B- Bank	loan, P- Priv	ate,
.6. Assistance:				
Assistance	from Value			2
te: The assistan	ce can come from G- on, S- Subsidy, T-	Governmen	it, P- Frivat	e, V- Voluntary
7.7. Net Income: a) Gross Inco		:	;	
b) Expenses		**		
c) Net Income		;		
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I. <u>IRRIGATION SOURCES</u>	APPEN LAND PA			!		Page 11
Public Works Depa Minor Irrigation		tar	iks	. <u>-</u>	38 110	
<u>Open Wells for Irr:</u> Mhote Electric	igation: connect	ior	n Dies	el Eng	ine	Total
778	1170			197	-	2145
<u>Panchayat Union:</u> Panchayats Rever	we villa	ges	Vil:	lages	Town	panchayats
36	49			168		2
II.LAND PARTICULARS:						
Wet land		.	4,278	hec.		
Dry land			16,060			
Poramboke			4,071			
Fallow			8,390			
Road, build	ing,					
tank,river		-	7,357	11		
Т	otal	-	40,156			
		-				

* * * * *

APPENDIX - IV DEMOGRAPHIC PICTURE OF TAMIL NADU

Page 12

1. Area in sq.kms		1,30,058
2. Number ofl districts		20
3. Number of Municipal Corporations		3
4. Number of Municipalities	* • • .	- 78
5. Number of Panchayats		12,610
6. Number of Revenue villages		17,029
7. Number of towns		434
		378
9. Population:		
a) 1981 census		4,84,08,077
b)Estimated population 1987		5,26,90,000
c)Estimated Population 2000 .A.D		6,50,00,000
10. Details of Urban Population		33 %
(in percentage)		
11. Details of Rural Population	• • •	67 % ·
(in percentage)		
12. Density of Population (per sq.kms)		372
13. Sex Ratio		
Number of Females per 1000 males	• • •	977
14. Literacy Rate:		
Combined		46.8 %
Males	• • •	58.3 %
Females	•.• •	35.0 %
15. Vital Rates(1986):		
Birth Rate		23.7
Death rate	* * *	9.5
Infant mortality rate		80
Maternal Mortality Rate		2
16 Age at Marriage(1987)		
Male		25 years
Female .		21 years
17. Religious Break up		~~ ~
Hindus	43016546	
Cristians	2798048	
Muslims	2519947	
Others	73536	0.15 %
18. Age structure (percentage)		~~
0 to 14		35
15 to 59		58.5
60 above		6.5
19. Expection of life		
combined		52.2
Females	• • • 1	51.9
Males (51/2/10/2000)		52.5
20. A) Number of Eligible couples for 1000		
population		168
B) Total number of eligible couples in		
the state as per 1981 census	• • •	81,34,000

			Page. 13
	C) Total number of eligible couples at 2000 A.D.	•••	1,10,00,000
21.	Number of couples effectively protected (in percentage) (1986-87)		44.4
	a) By sterlization b) By other methods	• • •	38.5 5.9

Sd. X X X X DEMOGRAPHER

Letter received from the Director of Family Welfare, 417, Pantheon Road, Egmore, Madras 8. R.No.21588/Fw/SI/88, Dt.11.07.'88.

Page 14 APPENDIX - V HEALTH VITAL STATISTICS UPTO JUNE '89 PREPARED BY ASSEFA-PLAN HEALTH STAFF Total No.of villages under health programme - 19 - 1492 Total No.of houses Permanent -182 12.19% Katcha 728 48.79% 39.00% _ Huts 582 ---Total No.of families - 1314 family size 4.5 Total population - 5943 2996 50.4% Male 2947 _ 49.6% Female Agewise Population: **Population** <u>Percentage</u> 0-5 years 13.44 799 6-14 " 20.83 1238 15-20 ñ 12.97 771 21-40 .. 1821 30.64 41-50 #1 10.33 614 11.77 700 above 50 Occupation Status: Percentage in Total Population

Coolies	—	1423	-	23.94
Farmers	-	1396		23.48
Govt.servants	-	67	-	1.12
Others	-	1657	—	27.88

Others include sheep rearing, mason etc.

INCOME STATUS:(per annum)

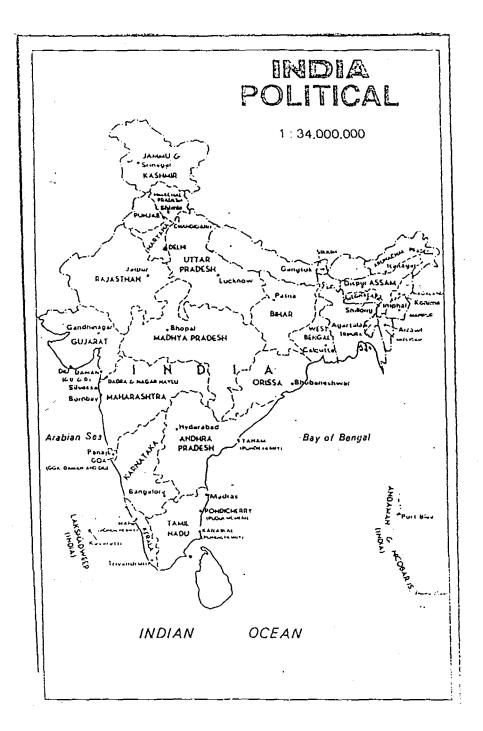
Below Rs.2000	-	- 188	families -	14.30%
Rs.2001 to 4000	-	· 538	families -	40.94%
Above Rs.5000	-	- 588	families -	44.74%

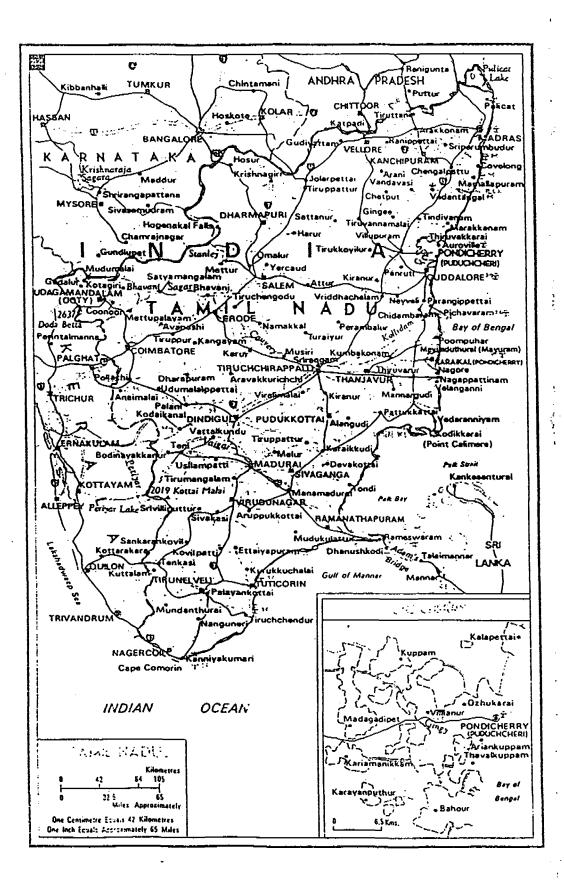
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				Page. 15
Educational Status:				
Literate		34.29 %		
Illiterate	· -	65.70 %		
<u>0-5 year children:</u>				
799 children		13.4 % of	total	population
Immunisation Coverag				
BCG - 19.				
DPT - 37.5			the Con	mmunity Health
Polio - 34.	56 % Pro	ject		
_				
BCG - 78.				•
				Project - all
Polio - 63.		ı borns are	cover	ed
Measles - 51.	,58 %			
Family Welfare:	•	700		
Total No. of E.C.		780		
Total No. of E.C.				
as per 1000 popu	Hation -	131.24		
Camily Planning Cha.	L			
Family Planning Star	<u>cus:</u>			
Tubectomy	 ,	234		
Vasectomy	-	9		
Total -	243	- 31 1	5%	Sterilisation
coverage	240	01.1	5 /1	OLEI TITOGLIUI
Temporary Methods		3.40 %		
Temporary nechod	2	0.44 /		
<u>Nutritional Status</u>	• •	-		
Total No.of child		Joart	_	729
	Sien Deron o	years		121
No.of children r	enistered in			•
Road to Health	-	5		729
Noad to hearth		-		<i>~ _ ·</i>
At normal weight	- 18 1	% - 13:	1	
···· ···· ····· ····· ······ ·········			-	
1st Degree of und	er			
weight	- 60	% - 433	7	
2nd Degree of und	er			
weight	- 16 %	- 116	4	
	****		-	
3rd Degree of und	er		•	
weight	- 6%	- 4:	5	
	Total	729	9	
			_	

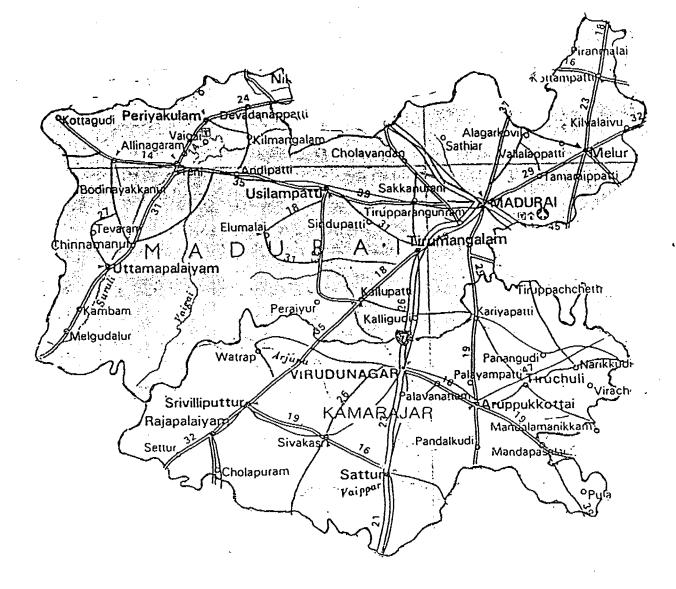
APPENDIX - VI

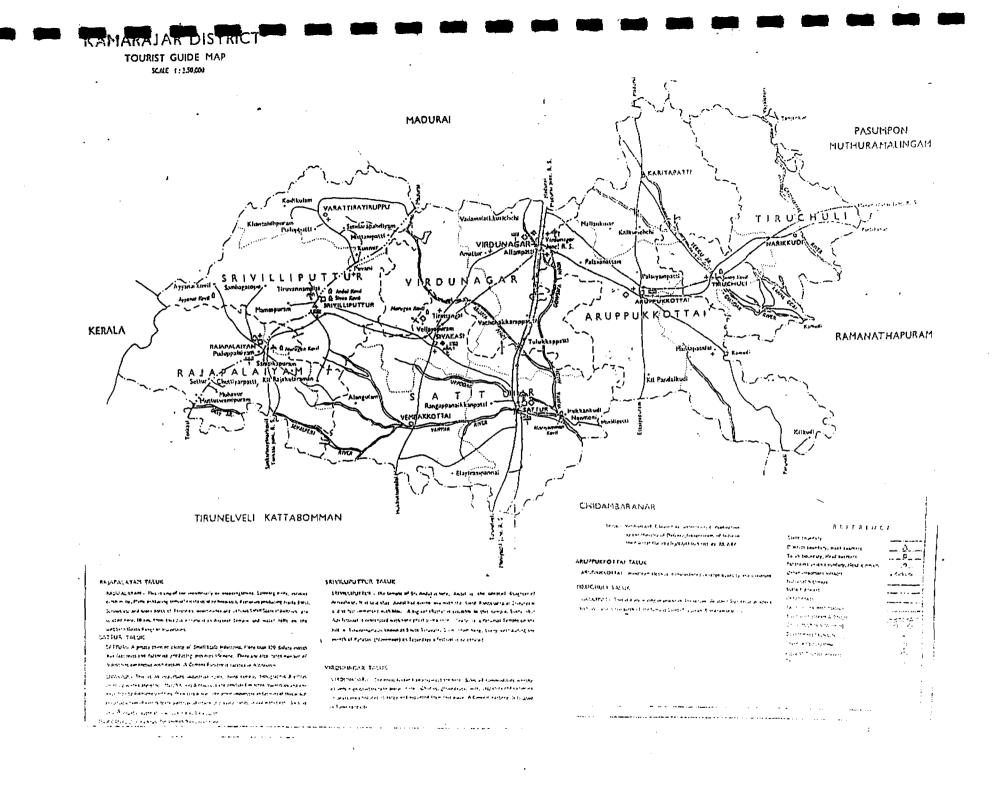




ASSEFA/PLAN INTERNATIONAL VIRUDHUNAGAR PROJECT

PROJECT AREA HIGHWAYS





Appendix 6

PDO Kallupatti Programme

Field Office:

: ASSEFA/PLAN, VIRUDHUNAGAR INDIA

T.KALLUPATTI PROGRAMME.

F. O. NO. : 261

A.Name of the SPD : Health

1

B.Budget

FY '90'	FY '91'	FY '92'	·FY 1931	FY 91 to 93 Total
31158	\$82412	\$96317	\$104957	283686
			•	

C. Sage Goals:

- 1. Promotion of Health awareness on the part of the villagers and Health Workers through continious training Programmes.
- 2. Improvement in public hygiene by putting urinal and manure pits in 30 villages .
- 3. Promotion of environmentel hygiene and prevention intheir dental problems amongs School Children in15 Schools.
- 4. Reduction in the rate of incidents of water borne diseases in 35 villages and promotion of portable water supply for 28 families in 7 villages .
- 5. Improvement of Nutrition condition of 146 families.
- 6. Promotion of free and post-netal care to pregmant women and lactating mothers.

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D. Sector Objectives:

- i) To arrest the spread of the chronic disease by bringing under treatment 200 positive cases of Tuberclosis
- ii) To Provide accesibility for immediate medical aid to 850 families.

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- iii) To Promote awarness on environmental hygene by digging model sokage and manure pits in 35 villages.
- iv) To Promote awarness on various aspects of health by giving constant trai ing and honararium to the animators, health workers country doctors, and local midwives so that they in turm can educate the people.
- v) To promote awarness on environmental hygene among school children of fifteen schools and villagers.
- vi) To reduce the rate of incidense of water borne disease in 35 villages.
- vii) To promote pre and post matal care for pregnant women.
- viii) To provide potable water source for 280 families in 7 villages.
- ix) To reduce the dental problems among school going children
- x) To improve the Residential condition of 146 families.

'E. Relationship of each activity with SPO objectives.

The activity nam-ly Disease and Paraside control is linked with the objective.

The activity namely Medicene and drugs, Clinic Construction, clinic equipments, and family planning are related to the objective (No.2.)namely providing accessiblity to immediate accessiblity medical cure. The activities are combined in the putting up light mini health centers.

The activity namely Hygene is related to he objective (3) and it involves digging 15 urinal pits in Schools and 40 model menure pits in forty villages.

The activities namely Bealth personal honorarium and health promotion training are related to the objective of promoting awarness among the villages on various aspects of health. Sixty five animators and Eleven health workers

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under the close guidance of qualifed doctor will interact with villages and through forums camps there by impart information about health.

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Hygene activity is related to digring of Urinal pits in fifteen villages and of model manure pits in forty villages.

The reducation of water - borne disease is made possible through the activity namely water disposal which against involves Bonstruction of drainage to the length of 185 meters, public bath in one village and construction 70 biagas plants in 40 villages.

The Pre - Post matal care and family planning are the activities related to the promoting close care for the pregnant Women. The activities involve regular supply nutritious supplimentary food to all the pregnant women.

The activity namely potable water is related to the provision of water source is seven bore - wells are to be sunk in 7 villages.

The reduction of dental roblem is related to dental care. The beneficiaries are the primary school children of twenty three schools. Camps will be conducted in schools and the health Workers will adress to the students on the need for health care.

The house repair and home improvement involves construction of 146 new houses at the each and repairing of twenty houses. This is related to improving the residential conditions of the 186 families.

P. F. Integration with other sectors.

5

Health is the bedrock of human -well being. Without health, the developmental effort suggests scratching the surface rather than striking at the root of the problems. As a harmony between man and environment health constitutes non-economic dimension of the development, and for its promotion involves awarness, knowledge, and Community effert. Thus it gives rise to knowledge and community spirit width is essential for effective management of resource and for generation of more income. In this respect health forms the core of the development of various sectors in rural life.

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PDO ACTIVITIES

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•31	Dental care	
	Dental Care	To hold 8 dental camps covering 23 schools involving 1200 FCs and 3000 NFCs. The
		total cost is \$ 676. The expenses include the consultant on changes \$ 100, equipment
		(Travelling and transport) \$ 76 and remaining will go for medicines etc. The Schools
		will organise these camps.
· ·]		
•33	Health Related -	To construct 70 houses at the cost of \$ 297 each The Housing committee will undertake
	Home Improvement	the responsibility of the construction. The beneficiaries are 60 FCs and 10 NFCs. The
-	House repair	repairing of 20 thatched houses at the cost of \$ 47 each. The total cost for repair is
· I		3 946. The total cost of the construction of houses and house repair \$ 21757.
.11	Nutrition/Feeing	Existing Nutrition centres are 4 and 6 more to be added. To provide mid ay meals for
	Programmes	6 primary school children. The total number of beneficiaries belonging to 3 to 5 age
		group are 180 FCs and 60 NFCs. The Nutrition centre will be monitered by Ecalth
		Committee under the guidance of Women Development organiser and the programme will be
		generated through dialogue among. Health organiser, Women Development organiser and
	•	the Programme Executive The total cost is \$14227.
.14	Disease & Parasite	The total co t is \$ 13919. Supply of drugs medicines and ergs, to 200 positive cases
	•	of Tuberculosis. The beneficiaries are 80 FCs and 120 NFCs. The expenses also include
		health consultancy charges, and the identification of beneficiaries.
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	PDO NO.	NAME M	ACTIVITY (Concise description of the project, its objectives, its relation to the SPO objectives, target group and their responsibilities, number of units to complete, prospects of continuancy and emount.
÷., *	13.20	Medicine & Drugs.	To provide medicines and drugs for 8 mini health centres. The beneficiaries are
			1120 FCs and 1680 NFCx. The total cost amounts to \$ 2054. The total cost amounts to
			\$ 2054. The centre will be managed by Health worker under the close guidance and supervision
			of qualified doctor.
	13.21	Clinic construction	To construct new clinic is prompted by the need to shift the old one. This centre will be
			looked after by the Health Committee at cluster level. The beneficiaries would be 220 FCs
		and a second br>Second second br>Second second	and 400 NFCs. The cost of the clinic construction is \$ 541.
	13.23	Clinic equipments	To Provide the clinic with steel Bureaus tables, & other clinical equipments such as B.P.
			apparatus, wightmachine, Scissors etc for 8 units. The beneficiaries are 1600 FCs and
· .			3500 HFCs.
	13.30	Realth personal	To provide honourarium for 14 health workers, To health animators, and a Health Consultant,
		Honoréria	for the service to the people of 70 villages. The total cost amounts to \$ 12405.
	13.32	Pre-Post natal care	To provide nutritious feed for the 60 (30 ANC 30 ENC) Pregnant Women. The cost amounts
			to \$2703.
	13.33	Family Planning	To hold 6 Training camps for eligible couples on the various methods especially the
			natural methods of Family Planning Ist also includes the message related to the need for
]		Family Planning. The to al cost is \$324.
	13.36	Health Promotion	
	ļ	and Training	The training includes regualr meeting of health committee, of Health animators Training,
	1		Exposure visits, and Eye camps The to al number of beneficiaries are 1120 FCs and 1680 NPCs.
	·		The cost is \$ 10703.

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	T. KALLUPATTI PROGRAMME.	1.10
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	PDO NO.	NAME	ACTIVITY (Concise description of the project, its objectives, its relation to the SPO objectives, target group and their responsibilities, number of units to complet prospects of continuancy and amount.
	13•40	Hygiene	To dig 15 unimal and 40 manurepits in 15 Schools and 40 villages respectively. The Total
			cost is \$ 1946. The beneficiaries are 210 FCs and 70NFCs .
	13.41	Potable Water	To sink 7 Borewells in 7 villages with a total cost of \$ 6595. The beneficiaries are
- - -			250 FCs and 100 NFCs.
	13-47	Waste Disposal	To install 70 Biogas Plants with the cost of \$ 135 each leaving the subsidy amount
•			to-tally amounts to \$ 9450.
			To construct drainage to the total length of 925 metres in 10 villages. The total cost
• •			
			To construct drainage to the total length of 925 metres in 10 villages. The total cost of the construction is \$ 5568 and to construct public bathrooms in one village at the co of \$ 486. The total cost of all the activities put together is \$ 15504.
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			of the construction is \$ 5568 and to construct public bathrooms in one village at the co
			of the construction is \$ 5568 and to construct public bathrooms in one village at the co of \$ 486. The total cost of all the activities put together is \$ 15504.

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T.KALLUPATTI PROGRAMME.

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F. O. NO. : 261

A. Name of the SPD : Education

B. Budget.

F	¥ 1901	FY '91'	F Y 92'	F Y '93'	F Y '91' to	'93' Total	
1	2240	\$ 23495	\$ 26045.	\$ 28327,	\$ 77867		T

C. Sage Goal

1. Promotion of formal literacy among a school going age children on the present rate ofto......... in the project villages and drop out rates.

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- 2. Provision of Literacy Programme to the village adults by way of establishing functional literacy centers in 8 villages.
- 3. Promotion of special informal education Programme for development of women with special reference to better home management and child care.
- 4. Establishment of reading rooms in 14 villages for promoting reading habits, knowledge levels and general awareness.
- 5. Promotion of games and sports for school children and the same for adults in 8 villages with a view to promote physical fitness and sociability.

D. Sector objectives:

- i) To reduce drop out rate among Primary School Children in 6 villages.
- ii) To Promote functional literacy in 8 villages untouched by the Adult Education Programmes conducted by the other agencies.
- iii) To widen the outlook and to enable the villagers to have access to facts about outside world by means of strengthening the reading havits among the people of 14 villages.
- iv) To Promote awareness among women folk over the need for and means of home management, child. rearing etc.,
- v) To Promote sports activities among primary and pre school children in 6 Schools and in 8 villages through Youth Forums .
- vi) To improve the performance of the 3000 primary School children in their studies and examinations

D. <u>Relationship</u>

- i) The school supplies, School Teacher Training, School Teacher Honoraria, Recreational and cultural activities School Equipment, School Construction is liked up with the sector objective
- ii) Literacy can be related to Sector objective.
- iii) Libraries Reading rooms that can be linked with the sector objective
- iv) Family life orientation activity that can be related to the sector objective.
- v) Recreation and cultural activities can be related to the sector objective.
- vi) Remedial and special education can be linked up with sector objective

F Integration with other Sectors

The three sections of the popul tion namely the children, women and youth form the basis for better future of the whole community. By means of attending to the needs of these sections the objectives related to Community Development and income generation will become a reality. The problems related to effective management resources and maintenance of social cohesion and ' harmony will become capable of easy solution in the future only when the needs both articulated, in articulable are ' fuffilled for this people, The objectives of this sector thus enable realising the objectives of other sectors.

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PDD ACTIVITIES

PROPOSED

FORM P-2

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PDO NO.	NAME	ACTIVITY (Concise description of the project, its objectives, its relation to the SPO objectives, target group and their responsibilities, number of units to complet prospects of continuancy and amount.
11.43	School Books	To distribute School books among 180 FCs and 60 NFCs students of the 6 primary schools. This includes text books those prescribed by Government of Tamilnadu. The Educate on committee undertakes the purchase and distribution of school books.
11.46	Remedial/Special Education	To add 32 Remedial School centres with already existing 28 Remedial School centres. The total cost of one centre is \$ 163 include honorarium for animators, School books Supplies Black Board Chalk piece, registers lightfitting, folding chairs and the training of the animators. The benef ciaries are 2000 FCs and 1000 NFCs. The total cost amounts to \$ 9769.
14.14	School supplies	To provide the materials like stationeries, duster, registers, colour pencils, charts, Chalk, Maps, etc for 6 Schools. The beneficiaries are 180 FCs and 60 NFCs. The total cost is \$ 216.
14.19	School Teacher Honoraria	To provide Honorarium for 12 Teachers and 2 women development associates for their service through Educational Committee the total cost is \$ 4768
14.20	School Teacher	To give training to the 12 teachers, and 2 women development Associates, the involves exposure visits, orientations, etc. The total cost is \$ 270.
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T. KALLUPATTI PROGRAMME.

F. O. No. : 261

A. Name of the SPO : Community development

B. Budget

 F Y'90'	FY '91'	FY '92'	₽¥ '93'	F Y 91 to 93 Total
\$ 18,919	\$ 43,592	\$ 48,240	52,533	\$ 1,44,365

C. Sage Goal

To Promote self realince, by means of enabling the Grama Sabha's to manage and reorganised the local resources more effectively.

D. Sector objectives.

a. To facilitate easy passage of people and transportation agriculture produces for marketing purposes.

b. To check soil erosion and the prevent flooding of the villages.

c. To provide facility for community life in five villages, By means of constructing community centres.

d. To conduct (or) organise training programmes to develop leader-ship qualities and community responsibility to the Grama Sabha Office bearers.

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e. To engage and induce savings habit among the rural masses.

FO NO.		•••••
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PDO NO.	NAME	ACTIVITY (Concise description of the project, its objectives, its relation to the SPO objectives, target group and their responsibilities, number of units to complete, prospects of continuancy and amount.
14.21	Literacy	To stat 8 Adult Education centres at 8 villages. The beneficiaries are FCs 200 NFCs 120.
		These Centres will conducted by Animator and managed by Educ tion committee . The amount
		is \$ 649.
14.22	Family life	
	orientati n	To give trainings t the women folk on Childrearing, home management, natural methods of
		family planning, women facurdity beneficiaries are FCs 300 and NFCs 200. The amount is \$541.
14.30	Recreational and	
	cultural activities	To provide enducational materials for the children below 5 age for \$270. The beneficiaries are
		180 FCs and 120 NFCs Playthings for 6 Regular Schools to be provided at the cost of \$162.
		The beneficiaries are 180 FCs and 60 NFCs, To Provide play things and sports materials to the you
·		people at the cost of \$ 378 for 14 youth forums. Traditional festivals for 8 Clusters are to
		The total of all the activities acounts to 1351.
14.32	Libraries	To provide books for the Centres already introduced by the Govt. of India namely Jana Shikshan
1		Nilayam amounts to \$ 432 The beneficiaries are 200 FCs and 120 NFCs To provide reading rooms
		for 6 villages at the cost of \$ 195. The beneficiaries are 180 FCs and 60 NFCs. The total
		cost for this activity is 3627.
14.40	School Equipment	To provide equipments like 6Bweaus, 6Wooden boxes, 12 Arm chairs, 12 Tables for 6 Schools
		for 12 School Teachers. The cost is \$ 1816.
14.42	School Construction	To Construct 4 New Schools in 4 villages The beneficiaries ar FCs 120 and 40 NFCs. The
		costs for school construction amounts to \$ 10810.
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PDO ACTIVITIES

261 FO NO.

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PDO NAME ACTIVITY (Concise description of the project, its objectives, its relation to the SPO NO. objectives, target group and their responsibilities, number of units to complete, prospects of continuancy and amount. Feeder Road/Street To repair the road to the stretch of 1 K.M. in 7 villages by filling up the 15.10 Repair breeches with the sand and jelly and to stretch the road to connect the mainlane. The people uill undertake all the responsibilities relativity rich people contribute money and the poor contribute labour. The total cost of this project is \$ 3243. To construct small culverts in 7 villages. The total cost is \$ 2054. The 15.11 Bridge Construction people will implement the programme by organising the taskforce and by deciding the manners of involvement of different people some will contribute money and others labour. The beneficiaries 200 FCs and 80 NFCs. 15.12 Lighting Electrification of newly built houses. The number of 146 houses electrification cost to \$ 6486. The beneficiaries are 160 FCs and NFCs. 15.14 Community Centre To construct 7 new community centres in 7 villages and to repair 4 community centres already existing in 4 villages. The beneficiaries are 300 FCs and 140 NFCs. The total cost for construction and repair amounts to \$ 6649. Flood Control 15.16 To line the banks of the 3 ponds with stones in 3 villages. The beneficiaries are 80 FCs and 40 NFCs. The total cost amounts to \$ 1892.

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NO.	NAME	ACTIVITY (Concise description of the project, its objectives, its relation to the SPO objectives, target group and their responsibilities, number of units to complete, prospects of continuancy and amount.
15.21	Leadership Training	The Leadership Training compuses of Expessure Visits, orientations, women development Trainings, Donor Service Training, Committees Training,
		intensive Grama Sabha training refreshment training, Field Visits, Cluster staff training, cluster level Accountants training etc., of 40 trainings amounts to \$ 8065. The beneficiaries are 1700 FCs and 2000 NFCs.
15.30	Co-op/Credit Union	To provide matching grant for the savings of women forum, Youth Forum and Grama Sabha accounts to \$ 5189. The beneficiaries are 200 FCs and 80 NFCs. To constitute a provision shop at programme level amounts to \$ 8108.
		Totally both activity amounts to \$ 13297. The beneficiaries for the provision shop are 1700 FCs and 2000 NFCs.

T.KALLUPATTI PROGRAMME

F. O. No. : 261

A. Name of the SPO : Resource and Skills development

B. Budget

FY 90	FY 91	FY 92	F ¥ 93	FY 91 to 93 Total
71947	1,21,705	2,12,750	2,34,587	5,69,042

C. Sage Goal

- i) To generate income by maximum utilisation of the resource of land and manpower.
- 2) To reduce by 50 % the drain of monetary resources by beneficiaries through promotion of institutional financing.
- 3) To check migration of the people by generating employment opportunity through resource based production units
- 4) To double the income of all village artisons of craftsmen.

D. Sector objectives.

- a. To recoganise 807 acres under ten group farming system and to bring in all the modern technology of dryfarming and new crop pattern.
- b. To Promote the subsidiary activities through various live -stock development Programmes for increasing employment and income generation of farming.
- c. To generate employment opportunity through starting 16 resource based production units reen by the peoples structure.
- d. Improving the skills and increase the number of village artisans.

E Relationship of each PDO activity to SPO objectives.

- a. The activity of Grain cultivation, Grain storage, Erosion control/reforestation, Fruits and Vegetables, irrigation, Modelfarm Agricultural implements can be linked up with the sector objective.
- b. The activity of Animal husbandry, Agricultural credit can be related to the sector objective.

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c. The activity of small Business Development can be related to the sector objectives.

F. Integration with other Sectors

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The achievement of the objectives related to Resource and skills development represents the videx of the effective accomplishment in other sectors. In other words if the objective of this sector remains the manifest aspect the other objectives are the latent qualities of the success. Unless there is a Conducive social environment, Unless the younger section and women folk are encouraged to play a role in developmental . activities and unless the people are healthy enough to show the spirit of zeal and enthusiasm the achievement of the objective is out of the question. This is how the objectives in general are well integrated to form a cohesive developmental whole.

ASSEFA-PLAN INTERNATIONAL VIRUERUNAGAR ROLOSED F1 91 - 92 - 93 BUDGEA FIELD OFFICE

PROJECT AT MADURAL.

PDO ACTIVITIES

261 FO NO. T. KALLUPATTI PROGRAMIE

16. RESOURCE AND SKILLS DEVELOPMENT.

PDO	NAME 1	ACTIVITY (Concise description of the project, its objectives, its relation to the SPO
NO.		objectives, target group and their responsibilities, number of units to complete, prospects of continuancy and amount.
16.10	GRAIN CULTIVATIO	Total number of beneficiaries FC 62 and NON FC 28. Two kinds of cultivation
		wet and dry. Under wet cultivation acerage is 56 and dry is 250 aceres.
		The crops for which seeds required for Wet Rice, Cotton, Groundnut, Chilly,
		Tomato, Pulses and Beans. Under dry, Black Gram, Green Gram, Sun Flower,
		Cowpea, Lemon Grass Cotton, Maiz, Cholam or sorgam and Trees. The total
		cost of Wet Cultivation is \$ 9242 and dry is \$ 19845. The major activities
		involved, preparatry cultivation sees treatment, seeds sowing, manures and
		manuring, Harvest and processing, after cultivation formation of broad beds and furrows, plant protection, labour for all distillation (analise to Labour
ľ		and furrows, plant protection, labour for oil distillation (applies to Lemon Grass only), Lining and digging pits. The cultivation is a group effort
		under the close guidances of the agricultural expert. There are six compact
		track of lands each covering the maximum 50 acres and the minimum 25 acers.
		The impact of this programme in term of income. Under dry farming (surplus
ŀ	х	Income - income after deducting the cultivation expenses) - 1 Year = \$ 2849:
		2nd year = \$ 37405. Surplus Income for Wet Crop is 1st year \$ 6622, -
	•	2nd year \$ 11524.
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T. Kallu pathi Program

PDO ACTIVITIES

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FO NO. 2-61

ACTIVITY (Concise description of the project, its objectives, its relation to the SPO-NAME PDO objectives, target group and their responsibilities, number of units to complete, NO. prospects of continuancy and amount. Construction of three store-houses with the total cost \$ 8108. The total 16.11 GRAIN STORAGE number of beneficiaries 360 FCs and 25 NON FCs. The important produce to be stored are Groundnut, Paddy, Cotton, Chilly, Maiz, Sunflower Seeds, gingili Black gram, Green Gram etc. Marketing Committee will manage this. It will help people to store and market goods at the time when price is favourable. Plantation of trees such as Tamarind, Silk Cotton, Neem, Subabul, Cashenut. 16.12 EROSION CONTROL/ Acid line in 80 acers of land. Nursery, plantation, maintenance which includes REFORESTATION watering and supervision. The total cost is \$ 4757. The number of beneficiaries are FCs 63 NFCs 17. To distribute 40 units of milch animals, 200 goats and 80 sheeps. Total 16.13 ANIMAL HUSSANDRY cost is \$ 24324. Management cost which involves identification and training of animators and consultation fee for veterinary doctor \$ 2705. Total cost of the project \$ 27027. The implementation of the activities like purchase and maintenance of animals will be done through people respective committees. The number of beneficiaries are FCs 240 NON FCs 80. 16.14 FRUITS AND Plantation of trees under 20 acres of land. Border Plantation and Kitchen VEGETABLES Garden are to be included. The important trees are Guava, Papaiya, mango, cashewnut. Total cost is \$2703/- beneficiaries are FCs 15 NON FCs 5.

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FIELD OFFICE T. Kallupatti program <u>PDO ACTIVITIES</u> يترابطوني الأرابي الجاريان

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PDO NO.	NAME	ACTIVITY (Concise description of the project, its objectives, its relation to the SPO objectives, target group and their responsibilities, number of units to complete, prospects of continuancy and amount.
16.15	IRRIGATION	Total cost \$ 8600. Number of bneficiaries FCs 12 NON FCs 3. Two borewells and twobere well are to be sunk. 3 oil Engines, Pipe line to 200 meters. 15 acres will be brought under intensive cultivation.
16.18	AGRICULTURAL IMPLEMENTS	Total cost is \$ 7550. Number of beneficiaries FCs 32 NON FCs 10. To provide 4 oil Engines, 2 power sprayers, 5 hand sprayers, 2 dusters, 8 bullocks two arts and 4 iron ploughs.
	· ·	
16.28	DEMONSTRATION PLOT/MODEL FARM	Model Forms is dry farming for 25 acres in five blocks - each block will demonstrate one aspect of modern technologies. The technologies include 1. Graded Broad beds and furrows 2. Seed hardening technique 3. Pre monson sowing 4. choice of varieties of crops 5. Palmarosa and Fertilizer applicatio Number of beneficiaries are 15 FCs and 5 NON FCs. Total cost is \$ 1351/-
16.28		demonstrate one aspect of modern technologies. The technologies include 1. Graded Broad beds and furrows 2. Seed hardening technique 3. Pre monson sowing 4. choice of varieties of crops 5. Palmarosa and Fertilizer application
.6 .2 8		demonstrate one aspect of modern technologies. The technologies include 1. Graded Broad beds and furrows 2. Seed hardening technique 3. Pre monson sowing 4. choice of varieties of crops 5. Palmarosa and Fertilizer application
		demonstrate one aspect of modern technologies. The technologies include 1. Graded Broad beds and furrows 2. Seed hardening technique 3. Pre monson sowing 4. choice of varieties of crops 5. Palmarosa and Fertilizer applicatio
		demonstrate one aspect of modern technologies. The technologies include 1. Graded Broad beds and furrows 2. Seed hardening technique 3. Pre monson sowing 4. choice of varieties of crops 5. Palmarosa and Fertilizer application

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Appendix 7

Cost Estimates VIDP Fiscal Years '91-'92-'93

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DIRECT FAMILY ASSISTANCE

PROPOSED 17 191 - 192 - 193 BUDGET

PDO ANALYSIS (US DOLLARS)

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FORM P-3-11

SPO INCIA-VIRUDUNAGAR

FIELD OFFICE

<u>261</u> FO NO.

	1	FY J	1991		FY	1992	FY 1993			
	FAHII				ILIES	1		LIES		
NO. NAME	NON-PLAN	PLAN*	AMOUNT	NOK-PLAN	PLAN*	AMOUNT	NON-PLAN	PLAN* ·	AHOUNT	
11.07 Financial Assistance	<u>xx</u>		·	X			<u>xx</u>			
11.08 Family Dev. Plan				<u> </u>	l	l	<u>xx</u>	I		
11.09 Group Dev. Plan				<u>xx</u>			XX			
11.31 Dental Care	3210	1570	1242	3555	2140	1307	3910	2370	1445	
11.32 Hospital/Specialist	1305	1020	2000	1010	1240	2103	1020	1260	2488	
11.33 Home Repair/Construction	75	210	37258	105	305	32801	130	445	42727	
11.41 School Fees	75	145	695	77	153	744	- 77	158	757	
11.42 School Uniforms	272	546	4357	286	567	· 4615	300	600	4829	
11.43 School Books	243	605	5548	290	698	6276	330 .	790	7069	
11.44 School Transportation	83	125	2569	70	138	2677	100	150	2805	
11.45 Scholarships		I					<u> </u>			
1.46 Remedial/Special Ed.	10155	4733	26435	6120	6550	28336	7462	7900	26677	
1:50 Special Services	0	20	1081	0	40	2051		60	2927	
1.51 Legal Assistance		[· ·	[]						
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<u>. </u>		[•	II	<u> </u>			1_		
II	ll	i	· · · · · · · · · · · · · · · · · · ·	ll				I_		
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	!	Į	81185	[]		80910	!	l_	91724	
Total Projects	<u>xx_</u>	XX			<u> </u>	80910	<u> </u>	<u> </u>	91724	
GRAND TOTAL		<u> </u>	81185	<u>I xx i</u>	<u> </u>	00910	<u>xx</u>	<u> </u>	22123	

*Based on numbers of FCs whose families are participating in this particular PDO.

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SOCIAL SERVICES INDIA-VIRULUNAG'R FIELD OFFICE 261 FO NO.

PROPOSED-FY '91 - 192 - 193 BUDGE1

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FORM P-3-12

PDO ANALYSIS (US DCLLARS)

	1		FY 1	1991	+		1992	FY 1993			
o	NAME	FAHI	LIES	AHOUNT	FAM NON-PLAN	ILIES	ANQUNT	FAN NON-PLAN	ILIES	AHOUNT	
	_		1 14007 1			<u> </u>	39744	1000-110		41145	
2.01	Salaries	<u></u>	<u></u> X	28706	<u>xx</u>	. <u>xx</u>]	•	XX	<u>X</u>		
2.02	Salary Related	<u>xx</u> _	<u></u>	10100	XX	<u>xx</u> .	12422	<u> </u>	<u></u>	, 14459	
	Total Salary & Related	<u> </u>	<u></u>	38806	X	<u>xx</u>	52166	<u>xx</u>	<u>xx</u> .	55604	
2,03	Consultents	<u>xx</u>	XX	324		xx	356	<u> </u>	<u></u>	400	
2,61	Vehicle Related	xx	<u></u>	16024		X[18831	<u></u>	<u></u>	2705	
2.62	Travel	xx	<u></u> xx	9871	xx	<u></u>	10848	xx	XX	12008	
2.64	Evaluation	XX	XX	1341	X	X	1383	xx	<u>xx</u>	1446	
2,66	Equipment	XX	<u></u> _	20364	xx	X	1820	XX	<u></u>	199	
2.73	Supplies	XX	XX	7571	X		8292	XX	xx	921	
2.80	HRD	XX	XX	6298	XX		8284	xx ·	xx	907:	
2.81	Other	XX	xx	5216	X	xx	4864	xx	xx	535	
	Total Program Support	xx	XX	67009	<u>xx</u>	xx _	54678	X	xx	6653	
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		II			II				l [_		
	 Total Projects		l_		[]				_	<u> </u>	
	GRAND TOTAL		<u> </u>	xx 105815		<u> </u>	<u> </u>	<u>××</u> ××	<u> xx </u>	<u>xx</u> 12214	

*based on numbers of FCs whose families are participating in this particular PDO.

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HEALTH SPO

PROPOSED FY '91 - '92 - '93 BUDGET

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FORM P-3-13

PDO ANALYSIS (US DOLLARS)

INDIA/VIRUDUNAGAR

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FIELD OFFICE

261 FO NO. PAGE No.1

		FY 1	991		FY	1992	FY 1993		
e	FAHI		•		ILIES		FAMILIES		•
NO. NAME	NON-PLAN	PLAN*	ANOUNT	NON-PLAN	PLAN*	AMOUNT	NON-PLAN	PLAN*	AMOUNT
13.01 Salaries	<u> </u>	[<u>xx</u>]	3494	XX	xx	4863	xx	<u> </u>	5130
13.02 Salary Related	XX	<u>xx</u>	1381	XX	<u>xx</u>	1730	<u></u> _	XX]	<u> </u>
Total Salary & Related	XX	xx	4875	X	XX	€593	X	<u></u>	7078
13.03 Consultants	<u>xx</u>	<u></u>		X	<u> </u>		<u>xx</u>	<u>xx_</u>].	
13.61 Vehicle Related			1623	<u> </u>	xx	- 1720	XX	xx	1862
13.62 [Trave]	xx	<u>xx</u>]		<u>xx</u>	<u> </u>	·	<u>xx</u>	<u>xx_</u> .	
13.64 Evaluation	<u></u>	<u> </u>		<u></u>	<u></u>		<u></u> _	<u>xx</u>	
13.68 Equipment	<u></u>	<u></u>	249	<u></u>	<u>xx</u> _	189	<u></u>	<u>xx_</u>]	198
13.73 Supplies	<u>xx</u>	<u>xx</u>]	951	<u>xx</u>	xx]_	1020	<u>xx</u>	xx	.1097
13.80 HRD	<u>xx</u>	<u></u>]	848	IXX	<u>xx</u>	912	XX	<u> </u>	978
13.81 Other	XX	<u>xx_</u>]		XX:	xx	·····	<u>xx</u>	<u> </u>	
Total Program Support	<u>xx</u>	Xx	4 968	38	<u>xx</u>	3341	<u>xx</u>	<u>xx_</u>]	4135
13.11 FEEDING/NUTRITION	1679	2701	54767	2190	3560	67444	2860	1965	70974
13.14 DISCASE & PARASITE .	220	180	33784 -	300	300	41324	• 450	150	51971
13.20 MEDICINE & DRUGS	4054	5450	7351	5500	65801	E363	7000	5330	. 8904
13.21 CLINIC CONST/RENOVA	2400	4550	3632	2000	3630	1037	2700	4330	1154
13.23 CLINIC EQUIPMENT	5500	5930	1406	69,00	7330	1949	840	6130	2436
13.26 MOBILE HEALTH CLINIC	1000	2830	10670	1500	3300	2978	2000	3830	3399
13.30 HEATH PSNL HONORA	4870	6410	32491	6095	7460	41595	7170	6210	44076
13.34 VACCINATION	800	1500	3244	1500-	2200	3590	2100	900	3903
13.36 HEALTH PROMOTION TRO	3880	5750	28676	4950	6550	33464	6100	5330	36500
Total Projects	I				<u>xx </u>		xx I	xx	
GRAND TOTAL	<u>xx</u> 1	XI	1	<u>xx</u> l	X	<u> </u>	<u>xx</u> 1	<u>xxl</u>	<u> </u>

*Based on numbers of FCs whose families are participating in this particular PDO.

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* 900 d	of The	wose fami	lies are pa	rti <u>cip</u> ati <u>ng</u>	in this	particular l	200 .

	1	FY 1991 FAMILIES 1			<u> </u>		1992	FY 1993			
	1	FAHI	LIES	ł	FAM	ILIES			ILIES		
NO.	NAHE	NON-PLAN	PLAN*	ANOUNT	NON-PLAN	PLAN*	AHOUNT	NON-PLAN	PIAN*	AMOUNT	
13.40	HYGIENE	588	1265	9945	1520	2335	15474	1650	-460	1940	
13.41	POTABLE WATER	1729	2994	35242	1875	2965	23819	2395	990	2767	
13.47	WASTE DISPOSAL	1504	2110	25627	2200	2505	29897	2640	1290	3450	
13.51	SPECIAL PROJECTS	120	80	324	150	100	356	250	150	38	
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.[] 	Fotal Projects	_	[[247159([1	271290	l	_ xx _	30528	
	GRAND TOTAL		 xx	2570021	<u>xx · l</u>	<u>xx</u>	281724	xx1	×x /	31649	

261 FO NO.

<u>HEALTH</u> SPO

INDIA-VIRUDUNAGAR FIELD OFFICE

PROPOSED FT '91 - '92 - '93 BUDGL PDO ANALYSIS (US DOLLARS)

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PAGE NO.2

EDUCATION

PROPOSED FY '91 - '92 - '93 BUDGET

PDO ANALYSIS (US DOLLARS)

FORM P-3-14

SPO INLIA/VIRUDUNAGAR

FIELD OFFICE

261 FO NO.

	1	l		1991	4		1992	FY 1993		
	÷	FANILIES				ILIES 1		FAMILIES		
NO	NAME	NON-PLAN	PLAN*	AHOUNT	NON-PLAN	PLAN*	AHOUNT	NON-PLAN	PLAN*	AMOUNT
14.01	Salaries	<u>xx</u>	<u>xx_</u>	6008	<u>xx</u>	<u>xx</u>	7032	<u>xx</u>	<u>xx</u> _	7300
14.02	Salary Related	<u> </u>	<u>xx</u>	1816	<u>xx</u>	<u>xx</u>]	2702	<u>xx</u>	<u>xx</u>]	<u> </u>
	Total Salary & Related	<u></u>	X	7824	XX	<u></u>	9734	X	<u>xx</u>]	10366
14.03	Consultants	<u> x</u> x	<u>xx</u>	540	<u></u>	X	554	XX	X[570
14.61	Vehicle Related	XX	<u></u>	<u> </u>	<u>xx</u>	XX		<u>xx</u>	<u>xx</u>]	
14.62	Travel	<u></u>	XX	2982	<u></u>		2684	<u></u>		2875
14,64	Evaluation	XX	<u>xx_</u> _	· ·	<u>- xx</u>	<u>xx_</u> _]		xx	<u>xx</u>]	
14.68	Equipment	<u>xx</u>	<u>xx</u>	434	<u></u>		1632	<u></u> _	<u>xx</u>]	1669
14.73	Supplies		<u>xx</u>	951	Xx	<u>xx</u> _	- 1056	<u> </u>	<u>xx_</u>]	1242
14.80	HRD	<u>xx</u>	xx	1741	xx	xx[1840	xx	<u>xx_</u>]	1972
14.81	Other	<u>xx</u>	<u>xx</u>	·	<u>xx</u>	<u>xx_</u>]_		<u></u>	<u>xx</u>]	
	Total Program Support	xx	xx	6648	xx	xx	7766	<u></u> _	<u>xx</u>]	8328
4.14	SCHOOL SUPPLIES	510	1030	4140	505	1175	4905	595	1325	5380
4.18	DAY CARE/PRESCHOOL	222	443	10378	460	900	13158	480	920	14390
4.19	SCHOOL TEACHER HON.	1210	3460	27172	1770	4010	31318	2330	4620	33978
4.20	TEACHER TRAINING	12010	3460	2964	1770	4010	3374	2330	4673	4324
4.21	LITERACY	1320	3430	19278	1940	4050	12313	2560	4730	12973
4.22	FAMILY LIFE	395	585	1459	400	755	1961	405	715	1985
4.30	REC/CULTURAL ACTIVI	1480	3990	14572	2110	4620	36573	2750	5330	28270
4.32	LIBRARIES	2180	4710	8303	3230	5740	6485	4080	6820	7288
4.40	SCHOOL EQUIP/FURNI	110	280	2356	170	410	3280	230	540	.4130
	Total Projects	xx I	xx	· .		XX			xx	
	GRAND TOTAL	1 xx	xx I		<u>xx</u>	xx I	1	<u>xx</u> I	<u>xx</u> I	

*Based on numbers of FOs whose families are participating in this particular PDO.

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PAGE NO.1

EDUCATION

PROPOSED TY '51 - '92 - '93 BUDGE.

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INDIA-VIRUDUNAG/R FIELD OFFICE

PDO ANALYSIS (US DOLLARS)

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PAGE NO.2

261 FO NO.

ł	ł	1	FY	1991	f		1992	l		1993
		FAMILIES			FAMILIES			FAN.	ILIES	-
NO	NAME	NON-PLAN	PLAN*	AHOUNT	NON-PLAN	·PLAN*	AHOUNT	NON-PLAN	PLAN*	AMOUNT
14.42	SCHOOL CONST/REPAIR	400	1000	38067	525	1235	58199	685	1455	58387
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T	otal Projects	X	xx	128689	X	<u>xx_</u>	171466	xx I	××	171105
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PROPOSED FY '91 - '92 - '93 BUDGET

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FORM P-3-15

COMMUNITY DEVELOPMENT SPO INDIA-VIRUDUNA GAR FIELD OFFICE

PDO ANALYSIS (US DOLLARS)

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<u>261</u> FO NO.

1	FY 1991			4		1992	FY 1993		
	FANI		ł		ILIES		FAMILIES		+
NO. NAME	NON-PLAN	PLAN#	AMOUNT	NON-PLAN	PLAN*	AMOUNT	NON-PLAN	PLAN*	AMOUNT
15.01 Selaries	 	<u>xx</u>	2175	XX	<u>xx</u>	2268	<u>xx</u>	<u>xx</u>	2406
15.02 Salary Related	<u>xx</u>	<u>xx</u>	316	<u>xx</u>	<u>xx</u>	1050	<u>xx</u>	<u>xx</u>	1175
Total Salary & Related	<u>xx</u>	<u>xx</u>	2491	<u>×x</u>	<u>xx</u>	3318	<u>xx</u>	<u>xx</u>	3581
5.03 Consultants	<u>xx</u>	<u>xx</u>		<u></u>	<u></u> X		<u>xx</u>	<u>xx</u>	l
5.61 Vehicle Related	<u>xx</u>	X		XX	XX		XX	<u>x</u> x	! <u></u>
5.62 Travel	<u>xx</u>	XX	1208	<u> </u>	<u>xx</u>	1299	<u>xx</u>	<u>xx</u>	1462
5.64 Evaluation	<u>xx</u>	<u>xx</u>		<u> </u>	<u>xx</u>		<u>xx</u>	<u>xx</u>	
5.68 Equipment	<u></u>	XX	68	<u></u> xx	XX		XX	<u>xx</u>	<u></u>
5.73 Supplies	<u></u>	<u>xx_</u>	544	XX	xx	575	<u> </u>	<u>xx</u>	.735
5.80 HRD	<u>xx</u>	<u>.xx_</u>]	108	<u>xx</u>	<u>xx</u>	110	<u>xx</u>	<u>xx</u>	216
5.81 Other	<u></u>	<u></u>		<u>xx</u>	<u>xx</u>		<u>xx</u>	<u>xx</u>	· ·
Total Program Support	<u>xx</u>	X	1928	XX	XX	1984	<u>xx</u>	<u>xx</u>	2413
5.10 FEEDER ROADS/STREET	399	944	4406 .	489	1104	5669	639	674	6562
5.11 BRIDGE CONSTRUCTION	80	200	2054	90	225	2259	110	260	2465
5.12 LIGHTING	93	340	9352	155	385	10854	285	445	11284
5.14 COMMUNITY CENTER	1540	2900	22189	1655	2330	21224	1670	2765	22372
5.16 FLOOD CONTROL	40	вq	1892	50	100	2081	60	120	2270
5.21 LEADERSHIP TRAINING	4000	6030	37540	5300	7230	59482	6300	7980	77268
5.30 CO-OPS/CREDIT	3460	4084	57702	3881	4480	66596	4334	5029	78770
5.51 SPECIAL PROJECTS	247	1 388	7352	169	1166	4928	150	1105	4210
I	I			1				·	
Total Projects	Xx	xx l	142487	XX	xx	173093	xx	;	205201
GRAND TOTAL			146906	88 1		178395	XX	<u>xx</u> I	211195

R6S DEVELOPMENT SPO INDIA-VIRUDUNAG/R FIELD OFFICE 261 FO NO.

PROPOSED FY '91 - '92 - '93 BUDGET

PDO ANALYSIS (US DOLLARS)

PAGE NO.1

	1	1FY 1991			+		1992	FY 1993		
		FAHILIES .		÷ •	FAHILIES			FAH	. [.]	
<u>NO</u>	NAME	NON-PLAN	PLAN*	AHOUNT	NON-PLAN	PLAN*	AHOUNT	NON-PLAN	PLAN*	AMOUNT
16.01	Salaries	X¥	<u> </u>	5154	<u>xx</u>	<u>xx</u>	5549	XX	<u>xx</u>	5941
16.02	Salary Related	<u>xx</u>	<u> </u>	1476	<u>XX</u>	<u> </u>	1541	<u></u>	<u></u>	1662
	Total Salary & Related	X	<u> </u>	6630	xx	Xx	7090	<u>xx</u>	<u>xx</u>	7603
16.03	Consultants	XX	<u>xx</u>	l <u></u>	<u>xx</u>	<u>××</u>		<u> </u>	<u>xx</u>	·
16.61	Vehicle Related	<u></u>	<u>xx</u>	<u></u>	<u> </u>	. <u> </u>		XX	<u>xx</u>	
16.62	Travel	xx	xx	1150	<u> </u>	<u></u>	1255	<u>xx</u>	<u>xx</u>	1371
16.64	Evaluation	<u>xx</u>	<u> </u>		Xx	<u>xx</u>		<u>xx</u>	<u>xx</u>	
16.68	Equipment	XX	<u></u> X	133	XX	<u>xx</u>		X	<u></u>	
16.73	Supplies	XX	X	455	xx	<u>xx</u>]	510	XX1	<u>xx</u>	566
16.80	HRD	XX	xx	919	<u></u>	<u>xx</u>]	· 97 7	XX	<u>xx</u>	1038
16.81	Other	<u>xx</u>	<u>xx</u>		xx	Xx		<u>xx</u>	<u>xx</u>	
	Total Program Support	<u>xx</u>	<u>xx</u>	2657	xx[<u>xx_</u>	2742	<u>xx</u>	<u>xx</u>	2975
16.10	GRAIN CULTIVATION	28	62	29087	56	124	60783	120	250	66308
16.11	GRAIN STORAGE	535	1200	25390	555	1280	34647	592	1410	37135
16.12	EROSION CONTROL	317	613	31297	375	685	35227	440	775	45816
16.13	ANIMAL HUSBANDRY	621	1311	82672	673	1501	139412	744	1914	166489
16.14	FRUITS & VEGETABLES	105	215	11203	208	270	12300	265	332	13491
16.15	IRRIGATION	100	399	45520	142	476	65510	187	563	77437
16.16	FISHERIES	120	230	3250	150	280	3590	180	320	4000
16.18	AGRICULTURAL IMPLE	829	924	38573	778	1015	48968	788	1114	48073
	Total Projects	<u>xx</u> [X	<u> </u>	xx i	<u>xx </u>		xx	_xx[
	GRAND TOTAL	,								

FORM P-3-16

PROPOSED FT '91 - '92 - '93 BUDGET R&S DEVELOPMENT TORM 1-3-15 7 SPO INDIA/VIRUCUNAGAR PDO ANALYSIS (US DOLLARS) FIELD OFFICE 1 PAGE NO.2

261

FO NO.

		I	F(_)	991			1992			1993
		FAHILIES			FAMILIES		J	FAMILIES		
2	NAHE	SON-PLAN	PLAN*	AMOUNT	NON-PLAN	·PLAN*	AHOUNT	NON-PLAN	PLAN*	AHOUNT
.25	AG.LAND-LEASE/PUR	43	162	1486	33	93	20256	29	- 84	731
.26	AGRICULTURAL	195	985	2217	295	985	2308	<u> 395</u>	1085	276
.28	DEMO PLOT/MODEL FARM	87	218	9454	210	245	11747	137	278	1407
.30	AGRICULTUPAL CPELIT	187	649	19282	185	690	13943	235	770	1468
.31	SMALL EUSINESS DEV.	88	241	33671	98	238	42259	151	314	3744
.33	EMPLOYMENT OPPORTU.	236	1523	30743	260	1607	33007	350	1725	3620
.51	SPECIAL PROJECTS	4	6	1081	5	10	1282	8	12	146
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of the whose families are participating in this particular PDO. ~ ~ ~ ~ ~ ~

Appendix 8

List of Staff People met by WLZK Mission

Mrs. Maaike M. van Vliet

Mr. S.G. Gussenhoven

Mr. L. Roger Braden

Mrs. Alka Pathak

Mr. Abdullah Khan

Mr. Philip Abraham

Mr. P.P. Abraham Mr. S. Parasuraman

Mr. P. Rajarethinam

Mr. N. Khadir Esmael

Mr. Janaki Raman Mr. M. Nagaraja First Secretary Royal Netherlands Embassy - New Delhi Water Supply Co-ordinator (a.i.) Royal Netherlands Embassy New Delhi Area Manager PLAN International India-ROSA - New Delhi India Representative PLAN International India- New Delhi Project Co-Director Indo-Dutch Environmental&Sanitary Engineering Project Kanpur - Mirzapur - New Delhi Field Executive PLAN International India - Madras Administrator ASSEFA/PLAN-Madurai Sociologist- Tata Institute of Social Sciences - Bombay Programme Executive Kariapatty Programme VIDP - Madurai Programme Executive Kallupatty Programme VIDP - Madurai Civil Engineer ASSEFA/PLAN -Madurai Sri Shakkara Borewell - Madurai

Appendix 9

Administrative Arrangement between ASSEFA, PLAN and the WLZK

Administrative Arrangement between

The Water Supply Company South-Kennemerland (WLZK) at Haarlem, The Netherlands and

The Association of Sarva Seva Farms (ASSEFA) at Madras, India in co-operation with Plan International, Region of South Asia (PI) at New Delhi, India

concerning

The Virudhunagar Integrated Development Project in Tamil Nadu State, India (VIDP)

The Water Supply Company South-Kennemerland, hereinafter referred to as WLZK and The Association for Sarva Seva Farms, hereinafter referred to as ASSEFA, in co-operation with PLAN International, hereinafter referred to as PI

HAVING DECIDED to co-operate in the potable water section of the Virudhunagar Integrated Development Prject in Tamil Nadu State, India, hereinafter referred to as the VIDP

HAVE AGREED AS FOLLOWS:

ARTICLE 1

WLZK, ASSEFA and PI, hereinafter referred to as the Parties to this Arrangement, shall co-operate in improving the water supply facilities and health conditions in the area covered by the VIDP, according to the 3-years planning of activities, within the limits of their technical capabilities and the duration of validity of this Arrangement, in conformity with the prevailing laws and regulations in The Netherlands and India, and within the financial limits as presented in ARTICLE 3 of this Arrangement.

ARTICLE 2

The co-operation under this Arrangement shall be concentrated on the following objectives:

- a. Improvement of the potable water supply facilities in the selected villages of the VIDP.
- b. Improvement of the sanitary conditions in those villages.
- c. Training of caretakers for operation and maintenance of the said facilities, in order to achieve self-reliance and a sustainable project.
- d. Health education to the villagers in order to get optimum efficiency of the realised improvements.

All other objectives and project components of the VIDP are covered by the co-operation between ASSEFA and PI under an existing Arrangement.

ARTICLE 3

The co-operation shall be implemented by means of:

- a. Financial support by WLZK to PI for the realisation of the project objectives for the potable water supply section of the VIDP for the first year.
- b. Technical assistance to ASSEFA and PI by WLZK as far as required and within the option of financing of travel and DSA costs by the Dutch Government
- c. Exchange of information, knowledge and experience.
- d. Training of employees of ASSEFA/PI, however within the option of financing of travel- and DSA-costs by the Dutch Government.

ARTICLE 4

The ASSEFA-contribution to the co-operation shall consist of the following:

- a. Planning, preparation and implementation of the potable water supply facilities and sanitation within the selected villages of the VIDP.
- b. Provide guarantees with respect to operation and maintenance and sustainability of the project after its implementation (through the Grama Sabhas).

c. Payment of salary costs of ASSEFA/PI-employees in case of training in The Netherlands.

ARTICLE 5

The WLZK-contribution to the VIDP shall consist of the following:

- a. A financial contribution of US\$ 35,242 for the financing of the estimated cost of implementation of the potable water supply facilities in the first year in the VIDP.
- c. Cost of salaries of qualified employees for the technical assistance component.
- c. Training of ASSEFA/PI employees (max. 2 persons), within the option that travel- and DSA-costs are financed by the Dutch Government.

The said amount of US\$ 35,242 will be transferred to PI at Amsterdam in The Netherlands in the following installments:

50% at the signing of this Arrangement

- 40% at six months after signing of the Arrangement
- 10% at the presentation of the Project Evaluation Report on this part of the VIDP (see ARTICLE 6b).

ARTICLE 6

The PI-contribution to the co-operation shall consist of the fóllowing:

- a. Overall financing of the VIDP, excluding the WLZK-contribution, but including the sanitation and health education component.
- b. Responsibility for the project evaluation at the end of the first year and submission of a Project Evaluation Report on this part of the VIDP within 14 months after the signing of the Arrangement.
- c. Taking care of the health education and training component within the VIDP.
- d. Payment of salary costs of ASSEFA/PI employees in case of training in The Netherlands.
- e. Providing administrative and logistic support to WLZK- employees during their stay in India.

ARTICLE 7

Any dispute arising from the interpretation of this Arrangement shall be settled amicably by consultation between Parties.

ARTICLE 8

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This Arrangement shall enter into force on the date of signing and shall remain effective for a period of 14 months.

DONE at New Delhi in the English language, this 6th day of November 1990.

For ASSEFA,

S. Loganathan Executive Director

For PI,

L.R. Braden, Manager Region South Asia

For WLZK,

ir. J. Louwe Kooijmans Managing Director