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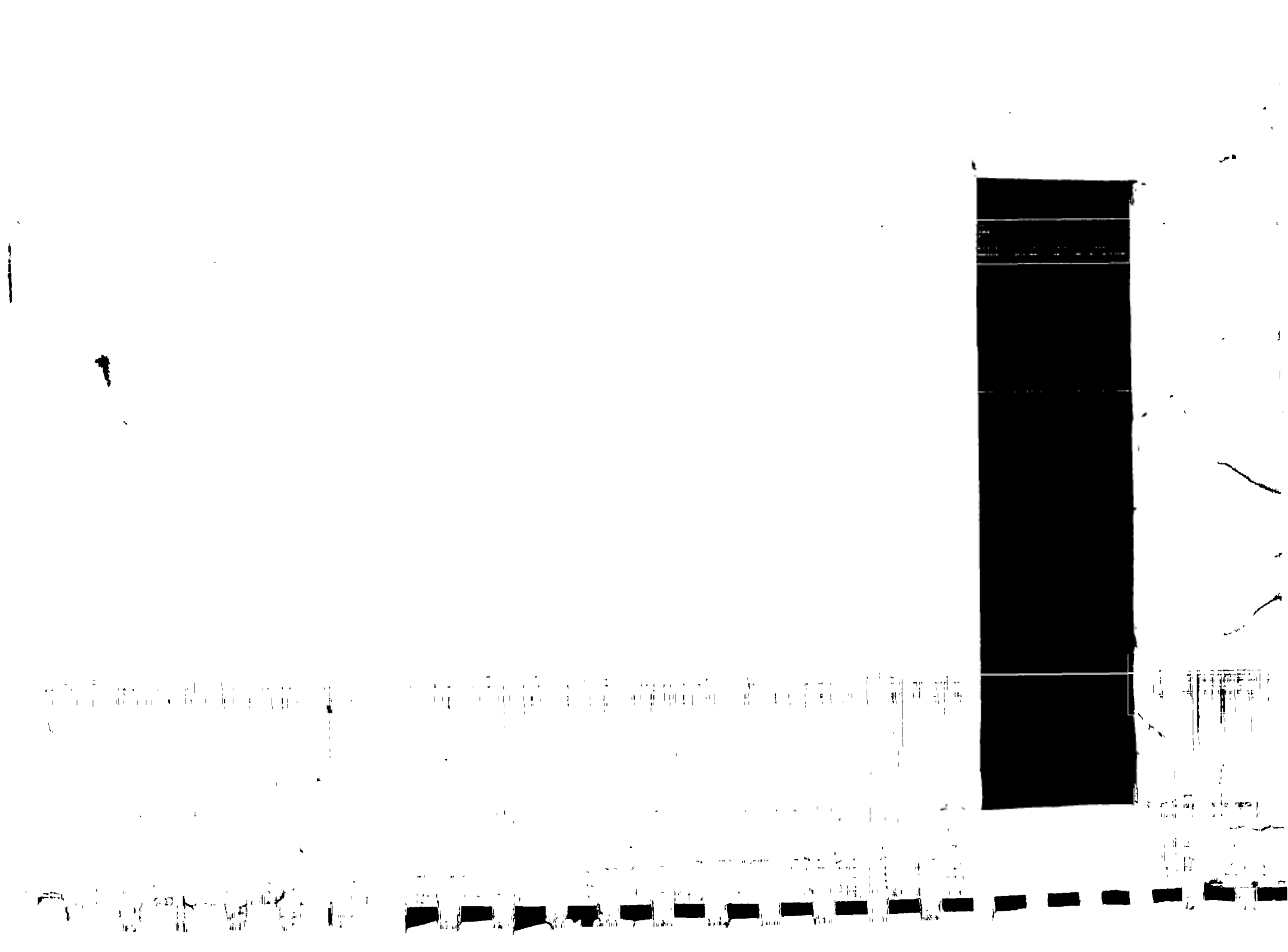

research report 2

INVOLVING COMMUNITIES IN DEVELOPMENT ACTIVITIES

A REVIEW OF EXPERIENCES IN INDIA

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No.1 Knowledge, Attitude and Practice of the health-related activities in the Danida funded drinking water projects of North Kerala. Prof C.M.Abraham, 1988

No.3 The availability of Health Data in Kerala. Kerala Statistical Institute, 1989 (planned)

No.4 The Utilisation and Appreciation of drinking water in various parts of Kerala. SEU-Kerala, 1989 (planned)

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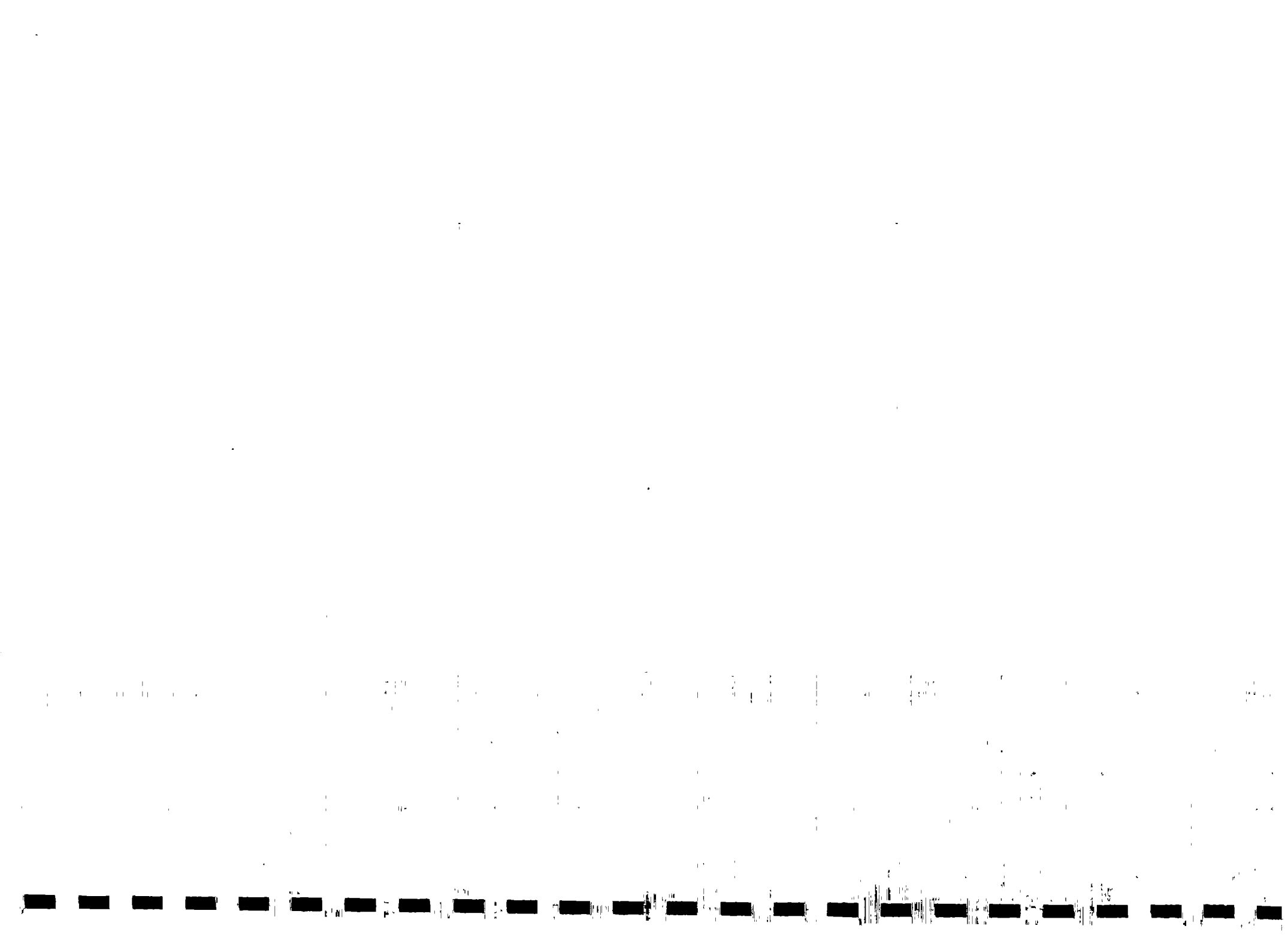

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INVOLVING COMMUNITIES IN DEVELOPMENT ACTIVITIES

A REVIEW OF EXPERIENCES IN INDIA

FEBRUARY 1989

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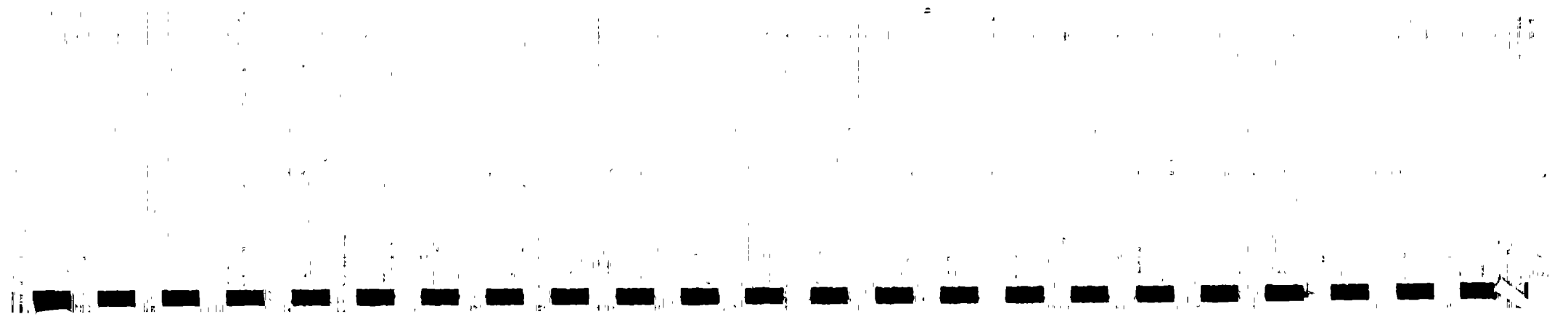


ANNEXURES

NOTE: ** Documents indicated under Annexure 2,3,4 & 5 are kept at the Socio-Economic Units, Kerala, Co-ordinating Office. Interested parties may contact this office for the same.

foreword

LEARNING INSTEAD OF RHETORIC

In India today no plan, report or speech is complete without some reference to the need for Community Participation. Politicians, planners and social scientists are slowly beginning to realise what most people already knew: development efforts should be based on the needs of people, should incorporate their resources and should, to some degree, be controlled by those who are supposed to benefit.

Although such thoughts about participation have now become popular topics for speeches and plans, the daily reality of development efforts is quite different. Once the politicians have made their public appearance and after the plans have been sanctioned, the bureaucrats and administrators take over. And then the scope for any meaningful involvement by communities or for some real influence over project design and program implementation turn out to be in inverse proportion to the speeches, slogans and rhetoric of all those "participatory strategies".

Perhaps effective community participation can not be simply added to development efforts as some after-thought or as the fashionable jargon which covers up the usual centralised control and the actual exclusion of people's knowledge, ideas and resources. Perhaps genuine participation requires much more drastic changes in power distribution, the orientation of civil servants and the style of operation of local and foreign development agencies. Changes which now are blocked by the resistance from those who are unwilling to share their power as well as the lack of understanding and experience among those who want to "participate".

The SEU-Kerala project has been initiated to find and test ways for involving communities in the solutions for their most basic problems: the lack and ineffective use of drinking water and sanitation facilities. Any solutions we might find will be specific for Kerala and might even differ from community to community. However we strongly feel that we should try to learn from all those colleagues and friends all over India who have been exploring these questions for some more time. In all corners of India people have been organising themselves towards solutions of their water and sanitation problems, often with support from voluntary agencies, sometimes with assistance from enlightened governmental institutions. Their experiences, both negative and positive are diverse but extremely instructive. All can learn from the mistakes, failures and successes of colleagues and some more systematic learning could lift our efforts above the hit-and-miss approach which seems to characterize most of the activities in this sector of "development".

It might tell us something about the nature of voluntary agencies, as well as the real importance attached to their experiences that there is no central clearing house or similar form for pooling their findings and sharing their lessons. But this made it necessary for us to conduct our own investigation. This report summarizes the approaches towards community involvement in relation to water and sanitation among the agencies whom we could identify and contact. We are aware that this report does not reflect the complete wealth of experiences and the uniqueness of their successes. We have certainly not included all who have lessons to offer and we would very much appreciate hearing about other stimulating examples of involving communities. But meanwhile we want to share our present knowledge and the detailed information contained in this report. We hope that this report can assist others as it does us: alerting us to the precedents of failure and success and most of all: helping us to look at community involvement in a more analytical and fact-based manner. No number of slogans can take the place of practical experience.

We are most grateful to the staff of the agencies who, in spite of their busy schedules, were willing to provide us with information and who often went to great lenghts to explain their strategies and provide us with information. In fact one of the most positive points in producing this report was the amazing openness and willingness to collaborate among the contacted agencies. Unlike often is suggested, we found open minds, accessible reports and genuine interests in such sharing. We hope that this reflects a more general willingness within the voluntary sector to (finally?) exchange and learn jointly, and we would enthusiastically support any further attempts towards sharing, joint research, developing training materials or other forms of collaboration. However diverse our specific environments are, we have a common mandate and a common interest: in the face of the ever more serious degradation of India's environment and the challenge of assisting people to improve their lives we have only one, common resource: our faith in the ability of man to learn, choose and act in a constructive and rational way.

Martin de Graaf
(Senior Adviser SEU-Kerala project)

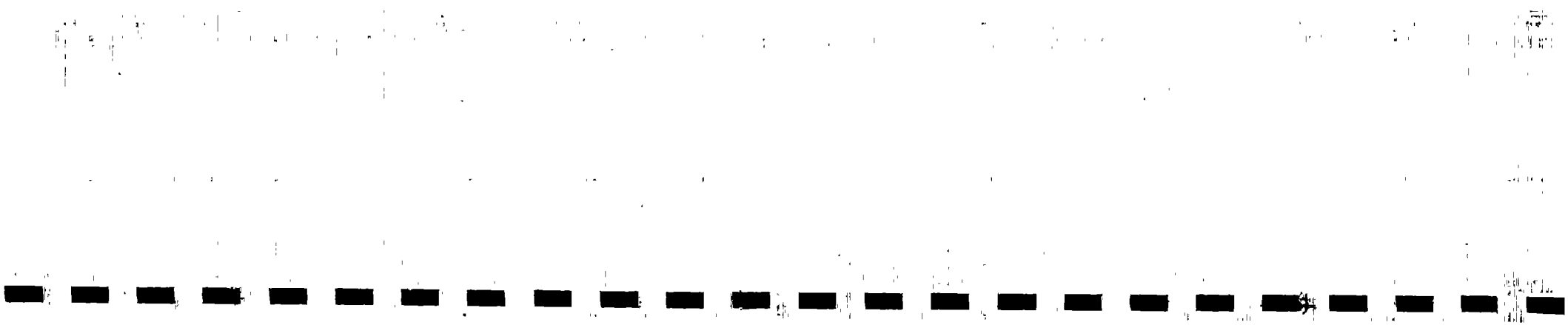
1. BACKGROUND AND APPROACH

The Dutch-Danish Supported Water and Sanitation Project in Kerala is being implemented by the Kerala Water Authority (KWA). The rural water supply schemes under the Project serve over 1.5 million people in 73 Panchayats. These schemes, which are to be constructed over a 6 year period, will cost over Rs.80 crores. The KWA is the organisation responsible for the construction operation and maintenance of the rural water supply systems in the State.

To assist the KWA in its efforts to achieve the socio-economic goals of the Project, 3 Socio Economic Units (SEUs) have been established - in Quilon, Trichur and Calicut.

One of the goals is to involve people in the design, planning, implementation and management of the water supply schemes. As a first step in this direction the Project intends to establish water committees at ward level. The Ward Water Committees (WWCs) are conceived as vehicles or channels for strengthening community involvement.

The task before the Project now is to develop, test and implement practical procedures and techniques for involving the communities in the Project area. Before taking up this task, the Project is keen to learn from the experiences of people and institutions working in this area in other parts of India .

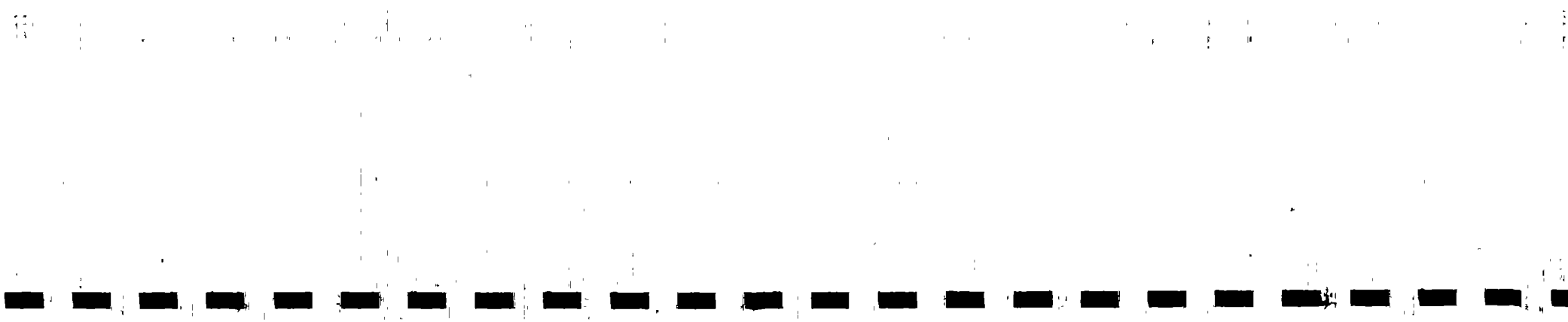


The objectives of this study are :

- To carry out an initial investigation and preliminary assessment of previous and current efforts in different parts of India to involve communities in decisions and action related to drinking water and sanitation.
- To collect, review and analyze the available documents on such experiences, in order to distil possible lessons, techniques, materials and procedures which could be used in the Kerala Water Project.

To provide a focus for his investigation the consultant first familiarized himself with the socio-economic profile and other relevant information on the Project area in Kerala. This was done through a study of certain reports including those of the Dutch and Danish project appraisal missions. This orientation facilitated effective dialogue with the organisations contacted and also helped, while reviewing the documents collected, to assess their relevance for the Kerala Project.

The Consultant had meetings with several organisations/individuals in Delhi (see Annexure 1, List A for the names of these organisations). While some of these organisations were able to provide relevant documents, almost all the meetings



were fruitful in that they yielded stimulating discussions and lists of other organisations to be contacted. The Consultant obtained names of several additional organisations from the "Directory of Organisations Involved in Community Education and Participation in Water Supply and Sanitation", IRC, Netherlands, 1983 (an extract from this Directory briefly describing all the Indian organisations listed in it is given in Annexure 4). Letters were sent to those organisations which are located outside Delhi (see Annexure 1, List B). Some of them have replied, copies of the replies are annexed (see Annexure 3).

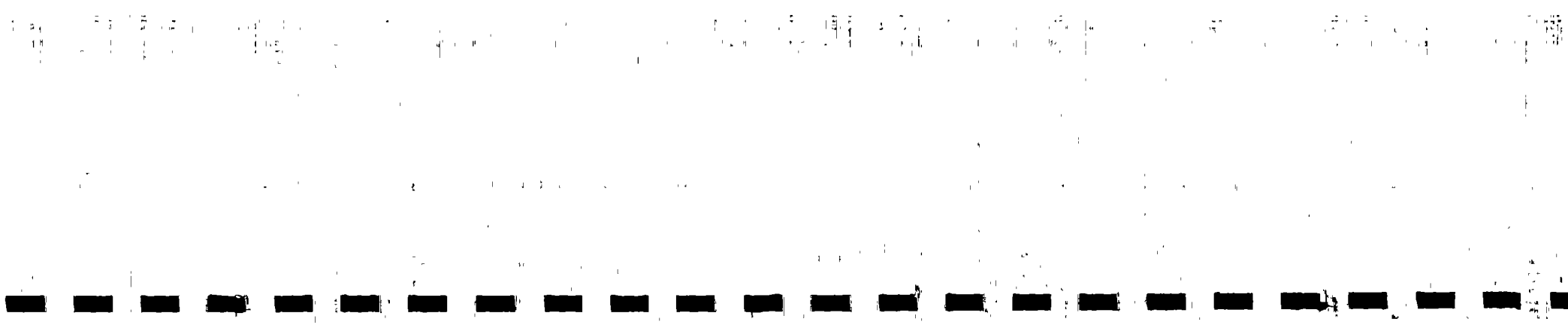
Section 2 contains some observations regarding the documents and materials obtained and the approach followed in reviewing them. The reviews themselves are in Section 5. Section 3 outlines suggestions about further action to be taken by the Kerala Water Project. In Section 4 are discussed certain points which should be considered while planning approaches to community participation for the Kerala Project.

2. OBSERVATIONS REGARDING DOCUMENTS COLLECTED AND THEIR REVIEW

From the investigations carried out it is evident that a lot of work has been done by both government and non-government agencies in involving communities in the area of water and sanitation and in other related areas. Unfortunately, very little of the experience has been properly documented. It would seem that there is no tradition of analysis of process in the area of community participation. The doers, who are usually field level people, are often not competent or trained or expected to document the process. Another problem is that being so busy with implementation, they are simply not able to take out time to write.

A lot of the know-how and experience will therefore be found to exist in men's minds. Visits to various projects in different parts of the country, and intensive dialogue with their planners and implementors would doubless uncover and unfold a wealth of experience.

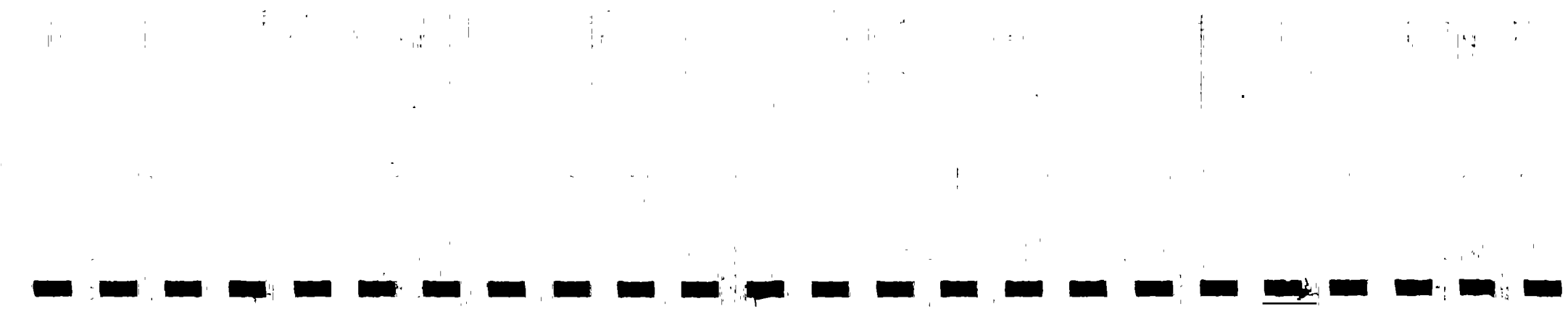
The prospect of embarking on such a venture is tempting, but it would require a lot of time, which is not available to us. But someone should carry out such a study.



Perhaps this report will suggest a suitable starting point.

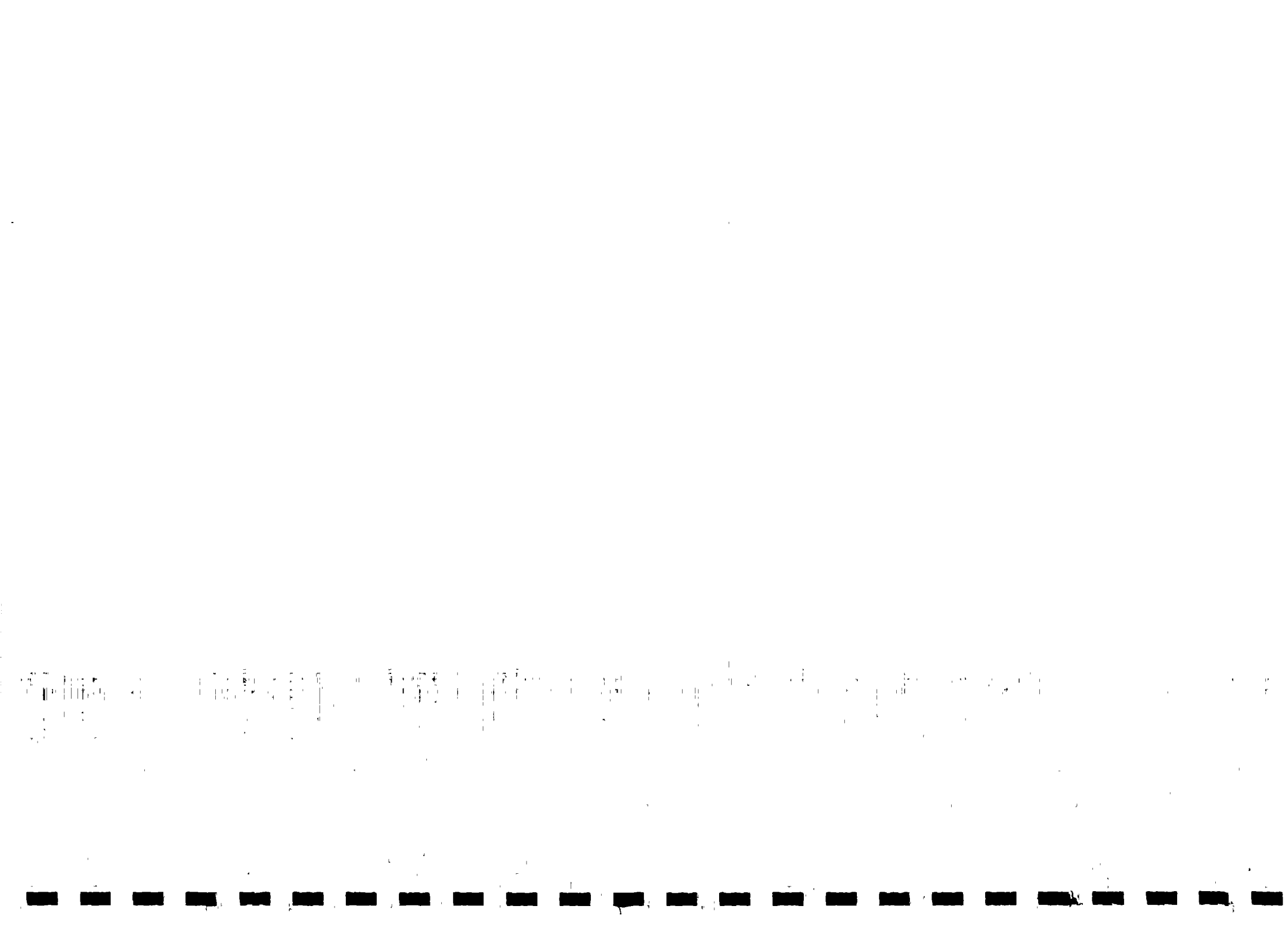
While most of the documents collected pertain to various projects and schemes, there are also some technical papers and guidelines on the subject of community participation. The projects described in these documents are highly diverse as regards their geographical location, objectives and the way they define community participation. Although few of them describe the entire strategy or process used for involving the community, most of them do convey, to a greater or lesser degree, the practical aspects and flavour of the process. An overview of the documents collected is given below :

Assisted/Organised/ Implemented by	Nature of Project/Study/ Activity	Pertaining to/ Implemented in (State/Region)
SIDA/UNICEF supported project, Implementor : Govt. of Rajasthan	Sanitation, Water Guineaworm Control and Community Health (SWACH)	Rajasthan
SIDA supported project, Implementor : PEDO (Local NGO)	Rural Water Supply Health Education Environmental Sanitation	Rajasthan
People's Education & Development Organisation (PEDO)	Training Programme for Environ-mental Reconstruction for NGO staff	Rajasthan
UNDP supported studies	Social Feasibility studies on Rural Sanitation.	Maharashtra, Tamil Nadu, Orissa, Rajasthan
WHO/UNICEF assisted Project. Implementor : PRAI, Lucknow	Banki Piped Water Supply Project	Uttar Pradesh



Assisted/Organised/ Implemented by	Nature of Project/Study/ Activity	Pertaining to/ Implemented in (State/Region)
Swiss Development Cooperation assisted Project. Implementor : Govt. of Karnataka and MYRADA (Local NGO)	Participative Integrated Development of Watersheds	Karnataka
Gram Gourav Pratishthan (GGP) Pune, Maharashtra	Pani Panchayat Scheme : Collection, equitable distribution of water for irrigation	Maharashtra
Institute of Economic Growth, Delhi	Study on "Water Resource Development and Rural Women"	
Hinduja Foundation. Implementor : Development Alternatives (NGO)	Drinking Water Supply	Rajasthan, Madhya Pradesh, Uttar Pradesh, Tamil Nadu, Maharashtra
Netherlands assisted Projects. Implementor : State Governments	Drinking Water and Sanitation	Gujarat, Andhra Pradesh, Uttar Pradesh

Assisted/Organised/ Implemented by	Nature of Project/Study/ Activity	Pertaining to/ Implemented in (State/Region)
DANIDA supported Project. Implementor : Govt. of Orissa	Handpump Maintenance : Study on User's contribution	Orissa
DANIDA supported Project . Implementor : Govt. of Karnataka	Study on Women Handpump Caretakers	Karnataka
Technology Mission on Drinking Water	Communication Strategy	National Level
National Institute of Health & Family Welfare (NIHFW)	Paper on Community Participation in Primary Health Care	
UNICEF supported Project. Implementor : Govt. of Nepal	Water Supply & Sanitation : Approach Paper on Women's Involvement	Nepal
WHO	Guidelines on Planning Water Supply and Sanitation Projects	



Assisted/Organised/ Implemented by	Nature of Project/Study/ Activity	Pertaining to/ Implemented in (State/Region)
DANIDA Supported Water Project. Implementor: Govt. of Orissa	Evaluation of Health and Sanitation Education Programme	Orissa
Govt. of India. Studies by: NIPCCD	Studies on Community Participation in ICDS	National Programme

For the purpose of review, some of the documents have been grouped together : where two or more documents pertain to the same project or research activity, they have been reviewed together.

The reviews attempt to summarize, analyze and comment on the process/findings given in the documents. The intention was to try to convey the essence of each document, from the point of view of the Kerala Project. Several of the important findings, analyses and recommendations contained in the documents have, however, not been included in the reviews for the following reasons :

- Unnecessary duplication.
- Many of the points made are subtle, and can be fully understood only if they are read in the tightly woven context of the document as a whole. Such portions have therefore been marked in the documents themselves and/or referred to by page/chapter number in the review.

The projects/schemes described in these documents are of diverse nature and scope. Also the local parameters of the project areas, such as geography, politics, economy, culture, level of development, tradition of community involvement, etc., are extremely varied. All these factors influence community attitudes, practices as also the process of participation. Therefore, one has to be careful about using 'lessons'

from elsewhere, while doing the planning for Kerala. As it is, the profile of Kerala is quite uniquely different from that of other regions. The value of these documents is that they give a deeper understanding of process, and thereby equip the planner to anticipate problem areas. Of course, in the reviews, an attempt has been made to point to those ideas which are likely to have direct relevance . It is expected that the planner in Kerala, having intimate knowledge of the Project area, will identify many more such points from his study of the documents.

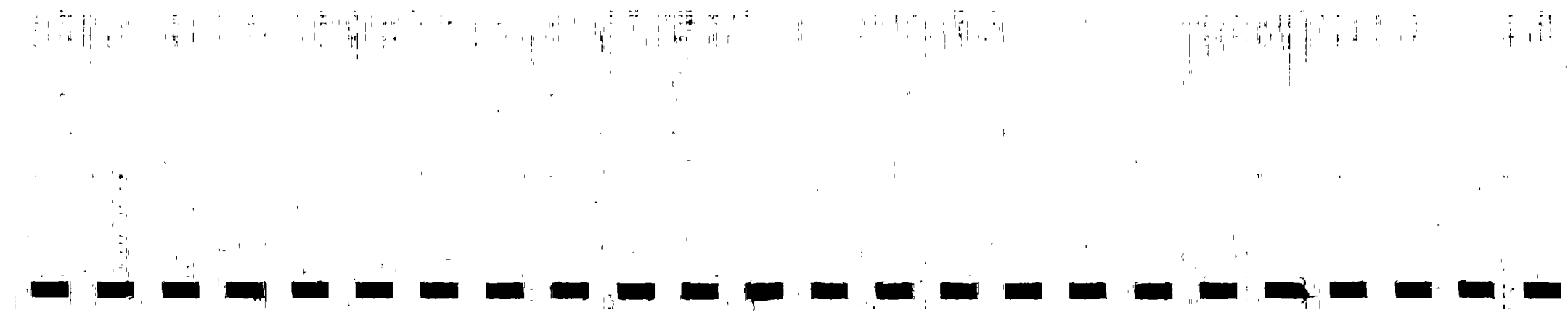
Training/Educational Material

Very little training/educational material could be obtained during this investigation. This includes :

- Material designed by the NGO ACORD of New Delhi for the DANIDA assisted Drinking Water Project in Madhya Pradesh.
  - * Training manual for village level workers/ volunteers for carrying out health education (in Hindi).
  - * A set of flash cards on health, hygiene, and water use.
- Material designed by the NGO CHETNA of Ahmedabad on water borne diseases with emphasis on guinea-worm. Includes an education 'kit' and a training manual (in Hindi).

- Manual for trainers of village handpump caretakers, published by Panchayati Raj Engineering, Andhra Pradesh - UNICEF.

It is suggested that a more focussed search be made for additional material after initiating the planning of community participation and educational approaches in Kerala (also see section 3).



3. FURTHER ACTION - SUGGESTED APPROACH

- During this investigation documents on a variety of experiences of community participation have been collected. Certain important themes and ideas have been found to recur in these documents. Gathering of more information at this stage might lead to a blurring of focus, besides consuming valuable time. It is therefore recommended to stop, for the time being, further investigation.

  After studying this report and the documents collected, the planning of an approach for involving the communities in the Kerala Project area should be initiated. The planning process itself should now indicate directions for further investigation.

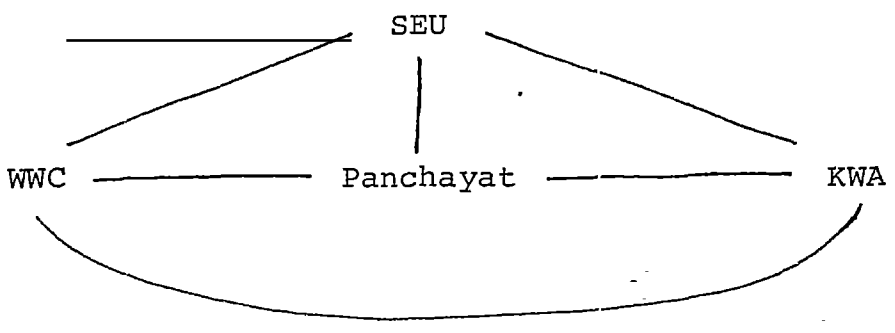
- The planner in Kerala would be familiar with the local terrain, socio-economic profile, Project aims and the present/potential capabilities of KWA, the SEUs, the Panchayats and the Ward Water Committees. With his background, he would be able to cull useful ideas from the information gathered.

- A plan for community participation should be extremely flexible and responsive to the developing situation. The plan should therefore be so structured that it can be continuously developed and refined. It should have a pilot component for testing out approaches.

During the planning, if additional documents are received in response to the letters written to the various organisations, useful learning from them should be incorporated.

- The first draft of the plan might indicate certain areas needing additional investigation for its further refinement. For this purpose information could be sought from some of the individuals/agencies amongst those already contacted, plus other agencies as needed. The plan could also be discussed with some of these agencies. A decision could be taken, at this or a suitable later stage, to enter into a longer term cooperation with one or more agencies.

- The final plan should have a mechanism whereby the role of the SEUs is phased out by the end of the Project period, with the KWA gradually taking over. To enable this to happen the communication linkages should ultimately be as follows :



4. PLANNING FOR KERALA - CERTAIN CONSIDERATIONS

High morbidity : Morbidity rates in Kerala are possibly the highest among Indian states, although mortality rates and birth rates are relatively low. Water-borne and faecally-related diseases constitute the major proportion of illnesses. Over the past 20 years there has been no appreciable reduction in the major morbidities.

Opening up a dialogue on preventive health measures and environmental sanitation should be one of the entry points for initiating participatory activities. People might already be sensitive to this aspect, particularly the poor, since illness often entails loss of earnings as well as expenditure on treatment. In Kerala the rural sanitation situation is extremely poor. Also, well water is preferred for drinking and cooking purposes. To realize the benefits of safe water supply, a combined educational strategy is required covering use of water, hygiene and environmental sanitation. For this purpose effective linkages with the health department are required.

In this context the reader is referred to the paper "Safe Water in Rural Areas" by K.K. Misra.

Employment and income generation activities: The economic situation in Kerala has been quite grim for a long time ; among its manifestations are low

per capita income and high unemployment rates. These issues will definitely emerge as priority problem areas in the process of dialogue with the community. The Project must have a strategy concerning this : it could refer people to the concerned department/programme (such as employment guarantee programmes). It would be more useful, however, to experiment with promoting employment and income generating activities in innovative and creative ways through local NGOs. The Dutch assisted project in Andhra Pradesh has a component on income-generation activities while the Uttar Pradesh project is considering the possibility of introducing such activities for women through the Paani Panchayats.

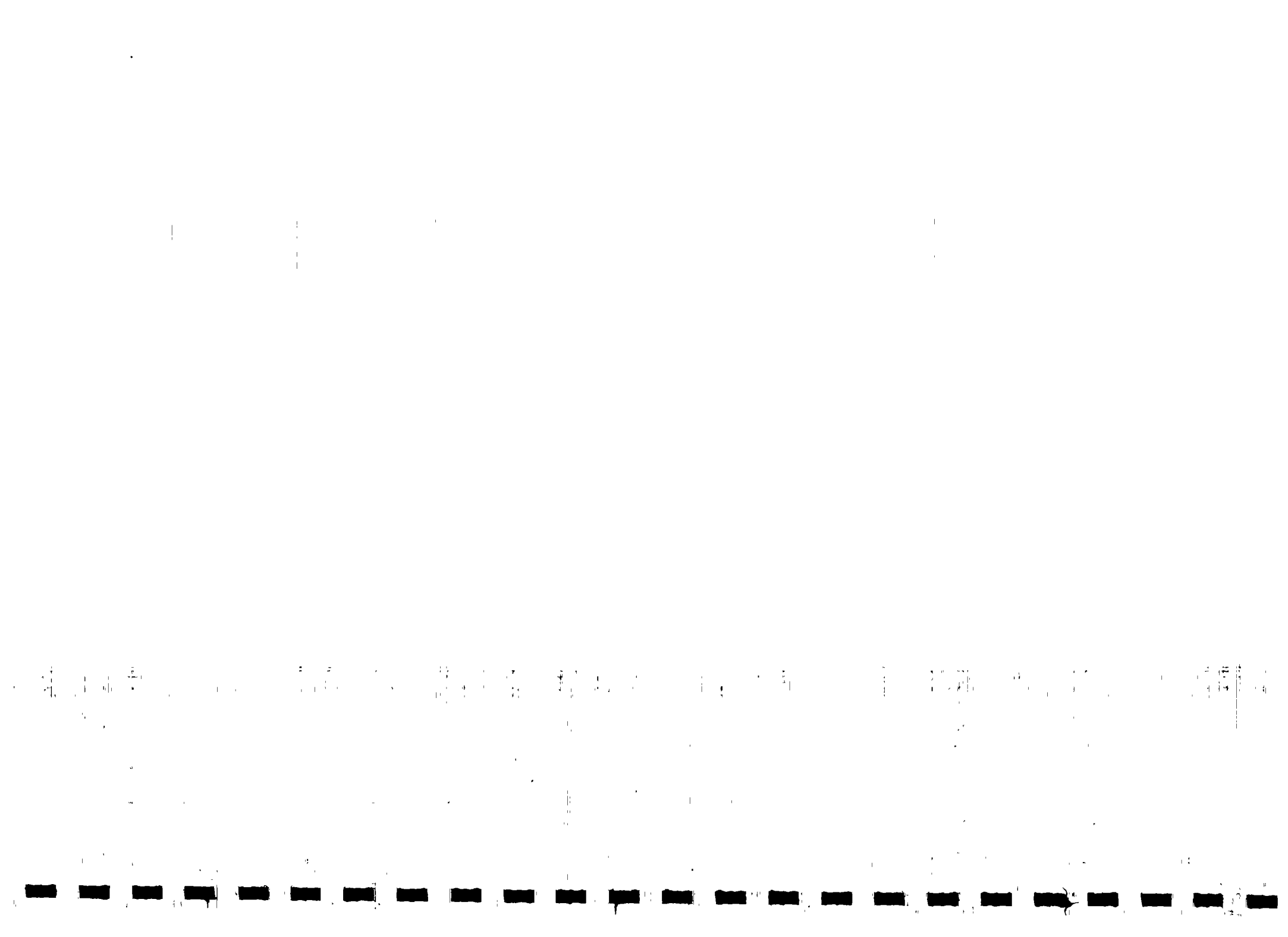
It is especially important to introduce such activities for women. The majority of working women in Kerala come from the poorer households. Apart from handling their work burden, these women have to find time to fetch water for the household. Discussing ways to augment their income in the spare time made available by more accessible water supplies would be an effective way of getting these women involved.

Participation by women : During the dry season when water is scarce, it is women who suffer the most. They have to walk longer distances to fetch water and they have to limit their baths, since they can neither bathe at public standposts nor carry

home the amount of water required. This is bad from the health and hygiene point of view. The Dutch appraisal report indicates that because of the difficulties and drudgery faced by them in fetching and processing of water, women are willing to work through solutions for the common good. This endorses the point made in many of the documents studied, that participation activities should primarily be directed at women, since they would be more responsive.

Reports indicate that members of Mahila Samajams and female members of the Panchayats are generally from well-off households and usually have little understanding of or contact with women from the poorer sections. This situation suggests that poor but (preferably) literate women be involved, in or through the Ward Water Committees, in mobilizing women.

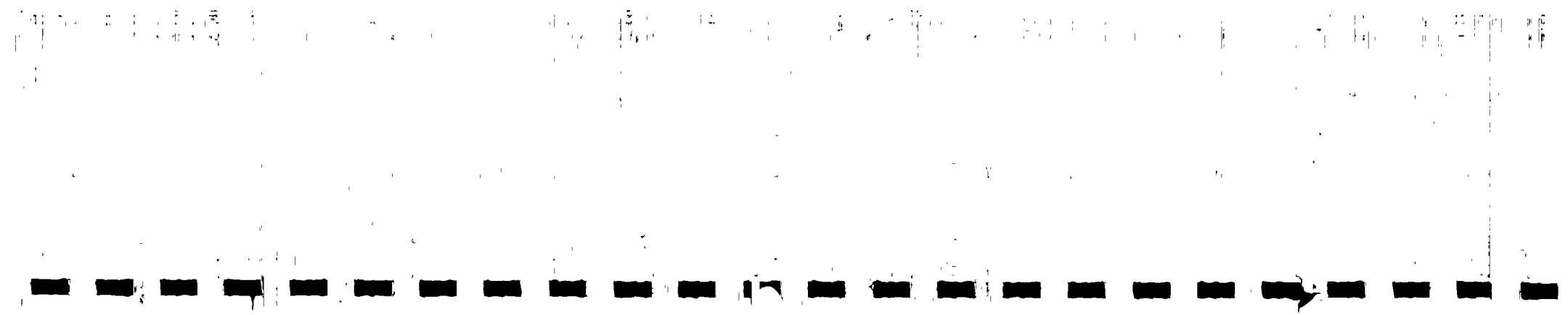
Health education : Kerala has a relatively high concentration of health facilities - both government institutions and private clinics. Doctors are posted even at the Panchayat level, at the Government Dispensary. This situation makes for good reach and access to the people via IEC activities. Ways should be considered of involving doctors/ other staff of both government and private institutions in promoting preventive health measures related to water use. Communication could be both interpersonal and through posters/displays.



NGOs : In most of the literature studied it is emphasized that it is usually helpful to involve experienced NGOs having a local base, in community participation activities.

- Only those NGOs should be selected whose concerns and activities are compatible with Project aims.
- Perhaps an 'umbrella' NGO(such as the KSSP) could help in coordinating health education activities throughout the Project area. Local NGOs could be more intensively involved in the different sub-zones.
- Pilot approaches should be tried out with one or two NGOs before involving them in a big way.
- The pilot approaches should, among other things, try to compare the nature of people's response in two types of communities - those having had experience of participating in some programme(s) in the past and those with no such experience.

Multi-sector development needs : It is clear from experiences elsewhere (see reports of PRIA and Mette Jorstad) that in the process of dialogue with the community to establish rapport, the people are bound to mention a number of priority needs and development concerns. After all, people do not



categorize their problems in terms of sectors. Again, different sub-groups by caste, class, gender, etc., will have different sets of priorities. The Project must develop a planned response for such a situation, a response which is 'meaningful' to the community.

- The basic training of the Ward Water Committees, and 'animators' if any, at village level must include information on other development departments and their activities. Staff of the KWA/SEUs might also need orientation in this regard.

- NGOs are often involved in development activities in more than one sector and thus have a working knowledge of how the administration functions. Some of the local NGOs might be the most competent entities to open a dialogue on development issues and priorities, in cooperation with the Ward Water Committee.

- The Project will have to develop links with the other concerned departments, to consider ways of working together. Active collaboration with the Health and ICDS sectors would be useful and mutually supportive. Health Workers, Anganwadi Workers and Ward Water Committee members could jointly plan and coordinate some of the health education activities. The Water Committees by themselves

would probably not be able to sustain the efforts required to bring about changes in people's KAP.

Quality of services/payment by people : According to the SEU Trichur study, more than half the people would like piped water, many would go in for private connections. At the same time a large majority have complained about irregular supplies, location of standposts and quality of water. These problems will have to be rectified, otherwise community response would be inhibited. People should be told about measures being taken to rectify these problems. They could be involved in regular monitoring/feedback regarding services. If people see tangible improvement in services, it would increase the chances of their paying for maintenance, etc. Water users associations could be organised around standposts to exercise vigilance about aspects such as drainage, misuse/abuse, etc.

Timing of participatory/educational activities : During the dry season in Kerala, traditional sources of water dry up, taps are then the only source. Studies show that there is a marked difference in people's attitudes during the dry and wet seasons : during summer, they are more willing to go in for taps and to pay for them. Such a situation would be psychologically ripe for initiating community involvement and sustaining it. However, before making any promises, the department should

take into account the degree to which it can manage regularity/quality of water supply. It is likely that people's attitudes towards installing and using latrines would depend on the availability of water during the dry season.

Responsibilities at field level : In the Project area, the population in a Panchayat ranges from 20,000 to 25,000. There will probably be 9-10 Ward Water Committees in one Panchayat. While formulating procedures for management, operation, maintenance, payment, etc. for the schemes, the workload and population coverage should be kept in mind. Roles should be assigned to the Panchayats and Water Committees based on their capacities to carry out the task.

Status of the various schemes : Seven out of the eight Dutch assisted schemes will be completed by 1989. The Pavaratty Scheme commenced in 1988-89 and will be completed by 1992. Taking cognizance of the status of the Pavaratty Scheme, the participatory approach there might have to be different from the approaches in the other areas.

5. REVIEWS OF DOCUMENTS COLLECTED

5.1 THE SWACH PROJECT, RAJASTHAN

The Integrated Sanitation, Water, Guineaworm Control and Community Health Project - Rajasthan (SWACH): Second Progress Report Covering the Period July 1987 - June 1988. UNICEF. (Relevant extracts from this document are annexed to this report).

Evolving an Educational Strategy for Community Education and Action. Om Srivastava. ASTHA.

Notes for the SWACH Mid Term Review, October 1988.

5.1.1 Introduction

The SWACH Project is a joint effort of the Government of Rajasthan and UNICEF. Supplementary funding is being provided by the Swedish International Development Authority (SIDA). The Project is being implemented in the rural areas of Dungarpur, Banswara and Udaipur districts of Southern Rajasthan (Except for Bichhiwara block in Dungarpur district, which enjoys separate bilateral SIDA - support, through a local NGO).

The general objectives of the Project are:

1. To supply drinking water by :

   assisting villages in upgrading existing unsafe water sources, such as stepwells.

   providing new tubewells fitted with handpumps.

   strengthening and further improving an operation and maintenance system for handpumps and converted stepwells.

2. To improve domestic and environmental sanitation by :

   improving sanitation conditions around water sources

   constructing latrines at selected institutions.

3. To establish a process of continuous Health Education, Health Promotion/Communication and Guineaworm Control.

The local communities, especially its women, are to actively participate in planning and executing these interventions.

In the Project districts, there is a heavy concentration of tribal population. Most of the people are illiterate. The literacy rate is very low (men 16%, women 8%). People live in scattered habitations and there are no community centres where they can get together. The people have a tradition of communication through singing and dancing and communicate many messages to their children through this oral medium.

5.1.2. Approaches to Community Participation

Village contact drives

The concept and techniques of Village Contact Drives have been used and further developed by the Project. The aim of the drives is to build up intensive awareness among the maximum number of people within a rather large area within a short time-span. In these drives a great number of Village Contact Teams (VCTs) travel on foot, hence it is called a 'Padyatra'. Direct, interpersonal communication is used in these drives to disseminat SWACH messages to the villagers. In the process, basic information about drinking water sources, guineaworm patients and sanitary conditions is collected from the villagers. In one such drive carried out in Udaipur district, 150 VCTs, consisting of 4 persons each (2 men, 2 women), covered not less than 1703 villages with a total population of nearly 14 lakhs. This was done over a 2-week period travelling on foot.

The VCTs consist of local persons who are selected with the help of local Block Development Officers, Sarpanches, Adult Education Supervisors and NGOs.

The animator (Sachetak)

The function of VCTs is to organise the initial intensive promotional campaigns in the Project villages. However, the core person to initiate and mobilize community support for Project activities in the villages is the animator (Sachetak), the grass root level functionary in SWACH. The animator, a female worker, is chosen from the community itself. She is expected to have some basic education and some leadership qualities and is usually between 20 to 45 years old. She acts as a catalyst in the bottom up approach adopted by the Project.

Each animator works with a cluster of 5 to 7 villages having a total population of 4000 to 5000 depending upon the nature of habitation. An animator visits each of her villages twice/thrice a month. She moves in an area of 8 to 10 K.M. from her village of residence. Two Supervisors (Nirikshaks) per block (Panchayat Samiti level) have been appointed to provide backup, technical support and guidance to the animator. Each supervisor has 5 to 6 clusters (animators) with 30 to 36 villages to visit. She (the supervisor) conducts fortnightly meetings with the animators and assists them in planning and implementing various activities of the Project. The supervisor has usually had secondary school education and is between 25 to 45 years old.

Animators and supervisors are paid on an honorarium basis: Rs. 200/- Plus travel allowance of Rs. 50/- for the animator and Rs. 300 Plus travel allowance of Rs. 100/- for the supervisor.

Monitoring of animators' work

There is regular monitoring of the animators' work. As earlier mentioned, fortnightly meetings are organised by each supervisor of all the animators in her cluster. In addition, monthly meetings of the supervisors and animators are conducted at Panchayat Samiti level by the Asst. Project Officer (Education) and Health Educator. The major achievements and problems faced during the month are discussed in detail and planning for the next month is done.

Problems faced

Some of the problems faced in the animators' scheme are: the girls find it hard to get established in the villages in their new roles, they find some of the things they promote to be of fairly low priority, and sometimes difficult to communicate about. Furthermore, there have been quite a few dropouts; some of the trained animators/supervisors are switching over to other jobs like nursing, teaching, etc. in their search for better prospects.

Training of trainers

The training approach followed in the SWACH Project is interesting.

In all, three village contact drives have been carried out in the Project districts since 1986. The total number of VCT members involved in each drive is quite large; e.g. in the Udaipur village contact drive mentioned earlier, there was a total of about 600 VCT members. For training such a large number of people, District Training Teams (DTTs) were constituted before each drive to undertake the gigantic task of training all VCTs usually within a very short time period.

The total number of VCTs employed was different in each of the three drives. The number of trainers in the DTTs was therefore adjusted according to the training load for each drive. For the first drive the DTT was composed of 18 members mainly drawn from different departments, most of them were from schools, others were educated youths. The team composition was changed for the second drive. Twenty persons were drawn from the

Education and Health Departments to constitute the training teams. For the third drive, 25 members, mostly from the NGOs of Udaipur district constituted the DTT.

Training of the DTTs for their role as trainers was in all cases carried out by NGOs, Seva Mandir for the first training, and ASTHA for the second and third training. The training design had 3 dimensions. The first dimension was to provide general information regarding the project as well as scientific knowledge about guineaworm infestation. The second dimension was to sensitize the trainees to various aspects regarding the process of involving poor rural tribal women, the aim being to go beyond mere lip service. The third dimension was to prepare them as trainers operating as a team to organise and implement training programmes for the VCTs. The processes of participatory training were built into DTT training design. The participants were not only provided knowledge but were taken through a process of understanding and internalization with the help of practice through laboratory situations. This training was for 7 days.

(In one of the role play sessions during this training, male participants played the role of women and went through the experience of a typical woman's drudgery in fetching water and the kinds of insults she had to suffer. This helped them to understand at the feeling level why women should be involved in making decisions about placement of handpumps).

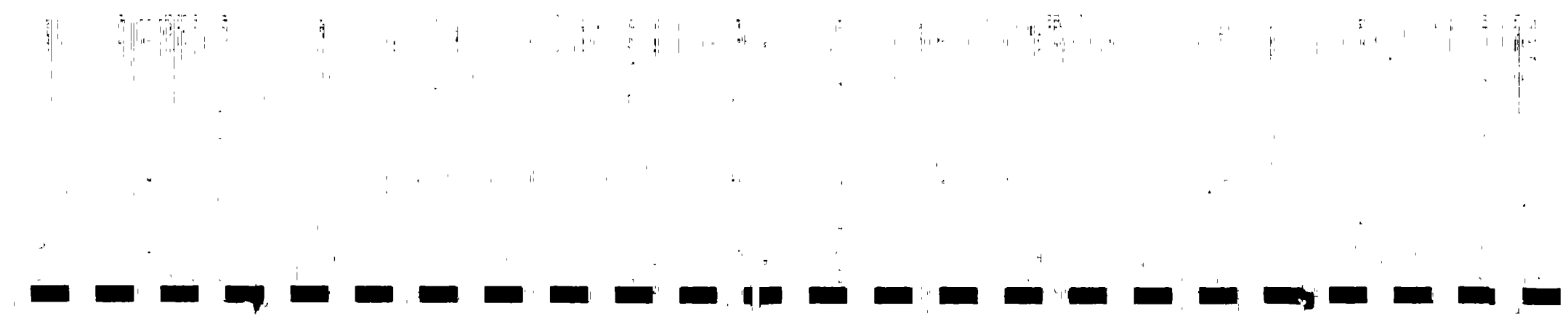
Training of Village Contact Teams

The DTTs were divided into small groups of 3 to 4 members each. Each group was assigned to different Panchayat Samities for conducting training of the VCTs which were to operate in the Samiti area. For each drive, the training of all the VCTs was completed in 30 to 35 days. VCT members were trained in batches of 30 to 40 with 4 days training for each batch.

Training animators/supervisors

One hundred and twenty animators have been recruited through a comprehensive selection system that has, at the same time, also had the character of training. Twenty supervisors have been selected through a similar procedure.

The animators have been given intensive training by the Project itself, by an NGO identified for that purpose and eventually by a training team (with NGO background) recruited by the Project. Each animator/supervisor has been through 2 to 3 training courses.



Initially a brief one-day orientation was given regarding the SWACH project - its objectives, organisational structure, relationship with other field functionaries and the role of the animator in the community. Subsequently an indepth 4 day residential training course was conducted covering the following aspects:

- Relationship building
- Understanding their role
- Knowledge package on safe drinking water
- Guineaworm disease and its control
- Communication skills
- Use of monitoring formats
- Training in Conducting meetings

For this training the participatory training approach was followed. The training methods used were expected to be subsequently used by the trainees in the field. These included: role play, discussion, demonstration and field visits.

Continuous support and technical backup has been planned for the animators and supervisors through refresher courses. A newsletter will be sent to them every month. It will include information for monthly activities, technical support, and success stories from the field.

Tie-up with the Women's Development Programme

The Women's Development Programme (WDP) operates in eight districts of Rajasthan, including the SWACH districts. It is implemented by the Directorate of Women, Children and Nutrition, Government of Rajasthan, with UNICEF assistance. The objective of WDP is to empower rural women to improve their status and situation through a process of information, education and communication and thereby enable them to participate and benefit from the government schemes and programmes of social development. The programme is built upon a framework of collective reflection and analysis through introspective, participatory interactions among women facilitated by trained communicators selected from the local communities.

Under the WDP, at the village level each selected Gram Panchayat (cluster of 5 villages) has a trained worker called a 'Sathin' who belongs to one of the

villages of the Gram Panchayat. She is responsible for the function of women's forums at the village level. She works in close link with nine other Sathins of neighbouring Gram Panchayats, A cluster of 10 Gram Panchayats with 10 Sathins is coordinated by one Pracheta. The Pracheta, a block level Government functionary, provides support and guidance to the Sathin. She also provides the communication link with district level. At district level, the programme is coordinated by the District Women's Development Agency (DWDA), under the Chairmanship of the district Collector. Each DWDA has a Project Director, specifically for WDP. Technical resource support is provided at the district level by the Information Development and Resource Agency (IDARA), a voluntary agency working in the field of adult education and rural development.

In general, the impact of WDP is discernible in the demands made by Women's groups in WDP districts on several fronts - employment in food for work programmes and entitlement of subsidized credit and skill training facilities, social measures to counter alcoholism and sexual exploitation, the accessibility of drinking water. Women have participated in the proper siting and location of handpumps, sanctions of additional sources, completion of works left incomplete and repair of handpumps. Experience gained in the implementation of WDP indicates that a lead time of 18-24 months is required for project initiation as well as strengthening and consolidation of the processes of WDP.

Many of the aims of WDP and SWACH are mutually supportive, therefore linkages have been established between the two. During the VCTs' activities in the field, the VCTs and the Sathins of the WDP established coordination in the matter of siting of water facilities and community education and demonstration for safe drinking water. The Project Director (WDP) in Banswara district took the responsibility of the planning and implementation of the training of the SWACH animators. In future the staff of WDP including the IDARAs will assist in the training of social animators and the VCTs. In turn, SWACH has given orientation to WDP supervisors and Sathins in Project activities. SWACH will also lend technical support to the sanitation programme of WDP, in the education and latrine construction activities.

5.1.3 Comments

Animators Scheme: This is a useful model which could be considered for adaptation and use in Kerala. Given the

importance of involving women there does seem to be a need for a female worker at village level. The permanent presence of a local worker would facilitate more continous and intensive contact with the community. However certain points need to be considered to help decide on the need for such a worker : Would the Ward Water Committee (WWC) members have the time, mobility, and the degree of contact required to initiate and sustain community involvement? A full-time village level worker would generally want to be paid. Would the community be willing to pay for her services (at least in part) if she performed certain "tangible" services, including responsibility for maintenance and repairs?

Village contact drives (VCDs) : The technique of village contact drives was evolved to meet a local set of conditions and factors in the Project area in Rajasthan. One factor was the emphasis on rapid education of the people through mass-education campaigns before launching the hardware aspects of the programme. This was because guineaworm control had been chosen as the entry point for promoting the safe drinking water objective, for which rapid awareness had to be built up. Now, some of the local socio-cultural factors relevant to communication planning have been briefly mentioned earlier; these include a high degree of illiteracy, scattered habitation of the people and their use of the oral communication medium, including songs and dances.

It was for these reasons that VCDs were planned in Rajasthan. The situation and terrain in the Kerala Project area is very different and therefore this technique is not relevant for us. Another factor is that being a one-time effort, mass contact drives lack the durability and continuity required of communication efforts which aim to influence attitudes and practices.

Training: The training methods used are of considerable interest. The participatory training approach is necessary to sensitize trainees to the participation process. The training design has been well described in Dr Om Srivastava's report and could be adapted for the training of the WWCs in Kerala. Teams such as the DTTs in SWACH could be temporarily constituted to train the WWCs. The DTTs in Rajasthan included persons from different development departments of the Government and Schools, NGOs etc. One benefit of this approach is that it might foster and strengthen intersectoral coordination for involving the community.

Women's Development Programme (WDP) : It would be good to follow the progress of the WDP in Rajasthan, since this Project has built up considerable experience in involving women.

5.2 THE BICHHIWADA BLOCK WATER PROJECT, RAJASTHAN

Integrated Rural Water Supply, Health Education and Environmental Sanitation in Bichhiwara Block, District Dungarpur. Pilot Project. Jan Shiksha Avam Vikas Sangathan (People's Education & Development Organisation). Mada, Rajasthan (Relevant extracts from this document are annexed to this report).

The Bichhiwada Block Water Project, Dungarpur District, Rajasthan, India. A Process Review Carried Out by Mette Jorstad, Consultant to UNDP/PROWWESS. PROWWESS Publication Series. October 1986.

The Bichhiwara Block Water Project is being executed by the People's Education and Development Organisation(PEDO), Mada village, Rajasthan, since 1986. PEDO, a local NGO, operated till 1986 as one of the branches of the Social Work and Research Centre (SWRC), Tilonia, Rajasthan. The project is being implemented under a tripartite agreement signed between Ministry of Rural Development, Government of India, the Swedish International Development Authority (SIDA) and the SWRC. The project is being assisted by SIDA and several other agencies.

The overall SIDA objective is an improved Socio-economic standard of living for the project population through:

- increased agricultural production and attendance at schools
- increased knowledge on health and hygeine issues, leading to improvements in the health situation

Experience gained on this pilot project is to be used in the planning of other larger SIDA financed projects.

The more specific objectives are to:

- obtain 95% success in eradicating the dreaded guineaworm
- improve the socio-economic standard of women and children
- provide safe water, improved sanitation and health education to the population

The objectives are to be met both through the participation and support of members of the affected community in the design and execution of various projects, as well as through their cash contributions. The PEDO particularly recognizes that any health project it initiates could only be successful if women were involved right from the start.

PEDO has a rural base with local workers. Its objective is to improve, through a variety of development activities, the social and economic conditions of the Scheduled Tribes and Scheduled Castes in Bichhiwada block. Its basic philosophy is that the more independent of the government and outside agencies the villagers can become, the better. PEDO aims, with outside funding, at developing the main unexploited resources, i.e. the capacities and capabilities of the villagers themselves.

PEDO's policy is that for deprived rural populations, a one sector development strategy will not often lead to a self-sustained development process for the majority of the target group. PEDO is therefore promoting and supporting activities in the necessary variety of sectors that have contributed to deprivation.

PEDO has made interventions in various sectors through a number of integrated development projects :

- Education : Establishment of non-formal educational centres for grades 1 to 3.
- Health : Training of male health workers
- Income generation : Directed uniquely toward women. Training at handloom centres and in propagation of seedlings.
- Water supply and sanitation: Upgradation of step

wells. New handpumps. Lift irrgation and cooperative well scheme. Maintenance training for village mechanics.

- Rural credit : Credit scheme for purchase of bullocks. Establishment of revolving emergency fund to obviate going to moneylenders.

- Energy and the environment : Smokeless oven (Chulha) introduction programme undertaken. 40 biogas plants introduced in 4 villages.

Initially when the project began PEDO had to face hostility and suspicion, especially on the part of local leaders and moneylenders who feared that their authority would be undermined by the project. Project personnel, however, managed to gain the confidence of villagers by initiating projects with immediate and tangible results.

Comments

- The PEDO report contains overall information on the pilot project in Bichhiwara block. It doesn't describe the process of involving the community, though, perhaps because PEDO had, before the pilot project began, developed close contacts through living and working with the community. The report will however be useful to any agency/NGO planning integrated development activities, as it does describe their practical aspects.

- Mette Jorstad's report, in describing policy, process and impact, fills in the picture. It clearly brings home the importance of an integrated development strategy both for involving the communities by addressing their priority needs and for their sustained development.

5.3 TRAINING PROGRAMME FOR ENVIRONMENTAL RECONSTRUCTION, RAJASTHAN

Report of a Training Programme for Environmental Reconstruction. Madhu Sarin et al (The SAHAJ Team). March 1988 (Relevant extracts annexed).

This report is a well documented account of a training programme that was conducted for staff of three NGOs engaged in integrated development activities. The training was an intense experience in collective and participative learning for all the participants, including the resource persons. The report contains a lot of learning for those planning training for persons working directly with the community.

Participants from the following three NGOs took part in the training:

PEDO (People's Education and Development Organisation), Mada, Distt Dungarpur, Rajasthan;

SARTHI (Social Action for Rural & Tribal in-Habitants of India), Godhar, Distt Panchmahals, Gujarat; and

HSWRC (Haryana Social Work & Research Centre), Khori, Distt. Mohindergarh, Haryana.

The SAHAJ team is a group of five professionals who came together over a period of four years. During this time, they were developing a methodology for disseminating the improved Nada Chulha in rural areas. The Nada Chulha had evolved in response to women's keen desire to remove smoke from the kitchen.

In the past, the three NGO's work with women had largely been confined to training selected women in skills like handloom and 'dari' production and providing them some employment. During the period 1983-87, the SAHAJ team worked, among others, with these NGOs to help introduce the Chulha programme in their areas. Through the regular interaction with local women while training women chulha mistries, the basis for starting broader women's development programmes started emerging.

In January 1987, some members of the SAHAJ team planned an outline training structure for building up the skills and leadership qualities of core teams of women staff of SARTHI and PEDO. The training design was finalized in December 1987. The training was planned in coordination with the Society for Promotion of Wasteland Development (SPWD), which was already providing technical and financial support to the women's programme.

The training was carried out over a period of 10 days in January 1988 at Mada, Distt. Dungarpur, Rajasthan. The total number of participants from the 3 NGOs was 37. There were a total of 11 resource persons from 4 different organisations: the Jawaja Project, SPWD, PEDO and the SAHAJ team.

The main teaching methods used during the training programme were group work, role plays, songs, practical work and discussion. Lectures were avoided almost completely except for short ones on specific knowledge/ skill areas. By the use of these methods, it was the participants who generated most of the learning. The main role of the resource persons was to organise the learning generated into a coherent framework and to facilitate its incorporation into the future work of the participants and their organisations. The use of these methods also ensured active participation and attentiveness of the participants.

According to the report, the participants displayed marvellous talent and creativity by producing innumerable songs and plays at very short notice. This goes to prove that there is immense potential just waiting for the right conditions to be released. If these talents could effectively be incorporated in the day to day work of community level workers to improve their communication with the villagers, the impact of their work could increase manifold.

The chapter titles of the report will give an overall idea of the ground covered by the training:

Ch.1 Background of Training Programme

Ch.2 Outline of the Training Programme

Ch.3 Review of Experiences in Environment Related Work

Ch.4 Environmental Changes and their Impact

Ch.5 Appropriate Environmental Action and Organisational Objectives

Ch.6 Women's Role in an Environmental Programme

Ch.7 Working on Common Lands

Ch.8 Planning Planting on Private Lands

Ch.9 Forest Laws and People's Rights

Ch.10 Nurseries

Ch.11 Basket Nurseries

Ch.12 Soil and Water Conservation with Contour Trenching

Ch.13 Planning and Organising at the Field Centre Level

Ch.14 Training Local Nursery Raisers

Ch.15 Methods of Communication at the Field Level

Chapters 6,7,12,13 and 15 are especially useful for us.

Chapter 6 has a useful discussion on various aspects of women's participation. Sub-topics include: The Role Women can Play, Means of Increasing Women's Participation, Reasons Limiting Women's Participation, Improved Communication Methods, Reducing Opposition by Men, Improving Women's Knowledge and Skills, Improving the Skills of Women Staff, Deal with Problems of Women Staff, Adoption of certain Policies by the Organisation, Conducting Meetings with Women.

At the end of Chapter 7 there is a useful discussion on the technique of conducting meetings with villagers.

Chapter 13 discusses how the learning that trainees acquire may be integrated into and benefit the trainees' organisation's work at the field level.

5.4 UNDP SUPPORTED SOCIAL FEASIBILITY STUDIES

20 Lessons from Social Feasibility Studies on Rural Sanitation in Four Indian Regions. International Drinking Water Supply and Sanitation Decade India 1981-1990. UNDP.

Role of Women in Water and Environmental Sanitation Services. A Social Feasibility Study in Two States of India : Orissa and Rajasthan. Society for Participatory Research in Asia (PRIA), New Delhi, India. March 1988. (summary report)

Social feasibility analysis is a methodology that can be thought of as the software counterpart to technical and economic feasibility studies. It helps to ensure that proposed schemes fit with the social and cultural environment of the envisaged users. In addition, a social feasibility study provides an ideal opportunity to test out approaches to community participation; study teams rely on participatory techniques to build up an accurate picture of a community's needs, perceptions and willingness to change.

The involvement of women in the process of implementing rural sanitation projects is particularly important. With the intention of generating greater understanding in this area, the Government of India requested the UNDP inter-regional project PROWWESS (Promotion of the Role of Women in Water Supply and Sanitation) to support social feasibility studies in India. The brief was to examine factors affecting the implementation of rural sanitation programmes and to provide insights into the potential roles of women.

Four organisations carried out studies in different regions. They are:

Research Centre for Women's Studies, SNDT Women's University, Bombay	-	Maharashtra
Centre for Development Research and Training(CFDRT), Madras	-	Tamil Nadu
Operations Research Group (ORG), Bhubaneswar	-	Orissa
Society for Participatory Research in Asia(PRIA), New Delhi	-	Orissa & Rajasthan

The first of the two documents contains the executive summaries of the four studies. In addition their overall findings have been distilled and summarized in the form of "20 lessons". The second document is the complete report on one of the four studies - the one carried out by PRIA.

The UNDP document summarizes valuable findings on a wide range of issues affecting and determining the participation of people, particularly women. These findings are useful because

- They have been derived through a participatory process and not through mere statistical research
- They are broadly representative of the Indian situation, since the studies have been carried out in the different zones of the country. Since some of these zones share certain characteristics with Kerala, the findings can be interpreted and extrapolated while doing the planning for Kerala.

The PRIA report is detailed and analytical. It describes how participatory processes were set in motion with the assistance of local NGOs in four villages in Orissa and four in Rajasthan, under the overall aim of determining the social feasibility of water and sanitation services. It is useful for the following reasons:

- It contains several interesting findings. An attempt has been made to relate these findings to the complex mix of local factors such as : socio-economic status, geography, caste, class, gender, climate, culture, past traditions of collectivization and participation, to name just a few.
- At the same time, it is a detailed account of the experience of the participatory process itself, and conveys to the reader some of the 'flavour' of being involved in such a process. It also constantly points out how events unfold in unexpected ways, requiring adjustments in plans.

Although portions of interest have been marked, the reader is urged to study this report in its entirety.

5.5 BANKI WATER PROJECT, UTTAR PRADESH

Safe Water in Rural Areas. An Experiment in Promoting Community Participation in India. K.K.Misra

This is a brief but well documented account of how a community participation strategy was implemented in a rural area in Uttar Pradesh. The Banki Piped Water Supply Project was undertaken by the Planning, Research and Action Institute of Lucknow, in 1963, with the assistance of the WHO and UNICEF. It was funded largely by UNICEF. The Project was jointly implemented by the Institute and the local engineering department.

The Project covered a group of seven villages situated about 9 kms from the headquarters of Barabanki district. The total population of these villages in 1964 was 4420. The literacy level was low - 70% of family heads were illiterate. At the start of the Project, 96% of the people were using open wells as their source of water.

The Project was started with acute resistance from the villagers but after 5 years, its acceptance was evidenced by the fact that 289 out of a total of 836 families had taken private house connections at their own cost. By 1973, the number of private connections had risen to 350 and the rest of the families were drawing water from 42 public stand posts. A village waterworks executive committee appointed by the people had assumed responsibility for maintenance. People were prompt in paying water charges, there were no arrears.

Strategy for Involving the Community

Before the Project began, baseline information on people's attitudes to the Project was collected by talking to representative members of the various sub-groups in the villages. The data indicated that people were generally opposed to the scheme, for a wide variety of reasons.

In consultation with the heads of the panchayats, a water-works executive committee was formed, comprised of seven members, one from each village involved. The educational effort was first focussed on this group, and then on the community as a whole.

The educational approach developed to promote involvement of the people had two aspects:

- to counter the various negative views expressed by the people
- to demonstrate the relation between unsafe water and illness.

To deal with the first aspect, a package of messages, information and common-sense arguments was developed. The most practical and effective method of educational contacts with the people was found to be participation in the "evening sitting". This is a sort of informal spontaneous meeting which takes place almost daily in all the villages when people gather at some convenient place during leisure hours to talk about matters of interest. By joining these sittings, the health educator, over a period of time, was able to build up close rapport with the people and gradually inculcate favourable attitudes.

To demonstrate the relation between unsafe water and illness, a number of diarrhoea and morbidity surveys were carried out. A list of all families with children below 5 years of age was drawn up and every fortnight, on a fixed day, they were contacted by a health worker who enquired whether the child or children had had loose motions on that particular day. The survey was conducted from August 1965 to February 1967 and then extended for 2 more years. The initial survey showed that: (a) there was a high incidence of diarrhoea among children below 5 years of age, (b) the incidence was significantly lower among children belonging to families using tap water. These surveys gradually contributed to the success of the educational programme aimed at promoting community involvement. Furthermore, a series of annual surveys carried out following the introduction of the piped water supply showed the regression of diarrhoea among children below 5 years of age : from 24.4% in 1965, when the scheme started, the incidence fell to 5% three years later. Safe water supply was however only one of the factors responsible for this sharp decrease; other health and sanitation measures were being carried out simultaneously.

A general morbidity survey was also carried out: 100 randomly selected persons were checked for diarrhoea and dysentary, typhoid, scabies and conjunctivitis.

A survey for trachoma was also done. These activities helped people in accepting that morbidity could be reduced through use of tap water.

Management

Management of the scheme was taken over by the waterworks committee, which was recognized by the State Government. The committee has appointed 2 clerks: one of them is stationed at the office, looks after the pump, and collects water charges. The other tours the villages, checks the pipelines and standposts and repairs leakages in private taps.

Comments

- Morbidity rates in Kerala are extremely high. Surveys such as those carried out in the Banki scheme could be a useful entry point for influencing people's attitudes/awareness regarding safe water. This is particularly important since, given a choice, people in Kerala prefer well water to tap water for drinking purposes.

- Another parallel with Kerala, is that the Banki region had an abundance of natural water sources, which is why the villagers were in a position to exhibit reservation about the proposed scheme. This is unlike the situation in Rajasthan, where people's motivation is generally "pre-existent".

- This report brings home the already well-known point that people's acceptance/involvement in new projects is a process that can take a long time. While planning for Kerala this has to be borne in mind.

- No mention is made of any education and participation activities directed at women.

5.6 DEVELOPMENT OF WATERSHEDS (MYRADA - PIDOW PROJECT), KARNATAKA

Reflection on People's Participation in the Management of Mini Watersheds in PIDOW, Gulbarga - The MYRADA Experience (Article in the September 1988 issue of The Great Concern, the quarterly newsletter of the Indo German Social Service Society, New Delhi).

Extracts from the report of a consultant on a support mission to the MYRADA - PIDOW Project (Title of report and name of consultant not available).

Mini Watershed Management Systems, How They Interact in PIDOW - Gulbarga. MYRADA. Rural Management Systems - Paper 5. September 20, 1988.

The term watershed refers to any terrain draining into a single outlet. In geographical terms, it is the area of all the tributaries above a given drainage point. Where two or more rivulets join at the edge of the terrain, a drainage point is created. In watersheds where man's exploitation of nature has among other things, depleted the forest cover, a vicious cycle starts operating. Instead of moisture being retained, rain water runs downstream at high speed, taking with it the top-soil and silting infrastructures such as the reservoirs below. Recurring droughts followed by rains progressively wash out the life-sustaining bio-mass from watersheds. Corrective action to arrest this process is called watershed development. Watershed development is a complex process requiring people to work together in planning and implementing suitable measures including soil and water management, forestry, horticulture, among others.

Based on an agreement between the Government of India and the Government of Switzerland, the first phase of the Project for Participative Integrated Development of Watersheds (PIDOW), in Gulbarga District, Karnataka State, was implemented covering the period April 1985 to March 1988. PIDOW, conceived as a pilot implementation-cum-action research project was implemented by a tripartite partnership between the Government of Karnataka, the Swiss Development Cooperation and MYRADA (Mysore Resettlement and Development Agency) , a Voluntary agency specialised in rural development

projects, with head office in Bangalore. The role of MYRADA was to enable people to become an effective fourth partner.

MYRADA's focus in PIDOW was on :

- fostering people's participation and the development of appropriate people's institutions;
- the landless, marginal and small farmers subsisting near or below the poverty line;
- influencing concerned government departments to accept people's participation;
- making watershed inhabitants aware of the inter relation between watershed ecology and agricultural productivity.

Based on planning done in mid-1986, 3 mini watersheds were chosen, which were between 600-800 acres and had 80 to 100 families each.

After working in these mini water sheds (MWSs) for 28 months, MYRADA reflected on their experiences in the community during a workshop held in February 1988.

Regarding effective participation, the group came to the understanding that it requires that:

- in every programme, the people mobilise at least part of the resources from themselves and plan, manage and monitor all the programmes, and resources of the MWSs;
- people manage common assets of the MWSs in a manner where rights and resources are shared by all the people utilizing the resources of the MWSs;
- the people evolve and implement innovative systems for managing resources and see their way through emerging incompatibilities in community participation.

One area where incompatibilities emerged was concerning the structural features of people's institutions. One

of the underlying principles of MYRADA's approach is that to foster effective participation, people's institutions must be small in size, homogeneous, fully participative, non-political and voluntary. How to reconcile this with the watershed development approach which requires Watershed Management Associations, which often tend to be large, heterogeneous, non-participative and political?

After reflection, the following approach was arrived at:

(a) As a first step several small groups may be formed, with a maximum of 30 members, which are homogeneous (people from the same cultural or economic status or interest group) fully participative (collective system of decision making), voluntary and non-political.

(b) Non-formal education programmes should be strengthened to help the weaker members in each of these sub-groups to participate fully and effectively.

(c) Time and effort should be given to educating these sub-groups on the need for watershed development, and on imparting to them relevant skills and knowledge for the management of MWSs. This would ensure that all sub-groups are working towards the same goal.

(d) Each sub-group should be encouraged to nominate representative(s) to the Watershed Management Committee which would consist of a maximum of 15 people. A mechanism was worked out to ensure that these representatives would not start controlling the resources of the watershed.

Comments

- MYRADA follows an analytical and process oriented approach to the dynamics of community participation. Through an ongoing process of documentation, review and evaluation the agency has been able to build up "know-how". It is suggested that the Kerala Project establish contact with this agency and consider developing the community participation approach in consultation with it.

- Although the watershed development scenario is quite different from a drinking water project, the dynamics of the participatory process discussed in these documents is of relevance to us. Different segments of people on the basis of class/caste/gender etc. would have different priorities and interests. The question is how to reconcile these and promote effective mechanisms for working together.

5.7 PANI PANCHAYAT MOVEMENT, MAHARASHTRA

Pani Panchayat: Dividing Line between Poverty and Prosperity. Col. S.P. Salunke, Gram Gourav Pratisthan, Pune, Maharashtra. November, 1983.

Chapter 14 - Water for People. V.D. Deshpande, S.P. Salunke, and David C. Korten. (from the publication 'Interventions to Empower").

The Pani Panchayat (water council) movement founded by the Gram Gourav Pratisthan (GGP) in Pune District of Maharashtra is a prominent example of a people - centred effort to improve the conservation and equitable distribution of water resources in drought prone areas.

Seven thousand of the villages in Maharashtra, accounting for one-third of its population and cultivatable land, have been classified as drought-prone. In these areas the value of unirrigated land is very low, but once irrigated the land becomes highly productive and gains substantially in value. Consequently it is the distribution of water rather than of land per se that is the key to both productivity and equity within the region. In the areas in Maharashtra where government irrigation schemes were operating, a conflict was found to exist between the community interest and the interest of those few individuals in a position to capture the bulk of the irrigation water. Those individuals with lands towards the head of the system were reasonably free to take as much water as they wanted. This they did, and used it to grow cash crops (sugarcane) for quick money. And this was happening in a situation where anyway only a fraction of the land intended to be covered by these schemes was getting reliable water supply.

Observing the havoc wrought on people by the severe drought of 1972, V.B. Salunke (founder and current managing trustee of the GGP) was moved to consider experimentation with improving facilities for local soil and water management. Salunke had found that the potentials for impounding water for irrigation were not being adequately exploited, and furthermore, little attention was being given to the equitable distribution of this water.

In 1974 Salunke acquired a lease for 40 acres of barren unirrigated village common lands in Naigaon village and established the Gram Gourav Pratisthan as a charitable trust to manage the land. The 40 acre plot was located on a micro watershed of about 200 total acres. Over a period of 5 years soil and water management techniques were applied, and alternative agricultural methods were tested aiming at optimal production of food and income. The results were spectacular. Observing this, the villagers flocked to Salunke requesting help with similar schemes. A meeting was held with 40 families from various socio-economic levels, and it was decided to form a Pani Panchayat, with the proviso that they must share the water equally. Many more Pani Panchayats were subsequently established in other areas.

The basic philosophy for the Pani Panchayats is that in a drought prone area, no individual should be deprived of a rightful share of the limited water resources on which life and livelihood depend. The Pani Panchayat is an instrument through which all members of a community have a voice in water use decisions within guidelines intended to insure reasonably equitable water allocation. The intent is to insure each family, at minimum, enough water for its own staple food requirements plus a small income from cash crops. Among the important guidelines are:

- Water will be shared on the basis of number of family members, not in proportion to land holdings. Each family will have one vote in the affairs of the Pani Panchayat.

- Beneficiaries would share 20% of the cost of the lift irrigation project, thus insuring participation and a stake in success.

- Beneficiaries would administer and operate all aspects of the project themselves, thus recognizing and enhancing the leadership skills of the rural people.

Each Pani Panchayat scheme group administers its own project from the beginning. While there is an elected group leader, there is no executive body. Thus problems are resolved by the group as awhole to insure broadly based participation.

A suitable Patkari, or water distributor, is appointed by the Pani Panchayat for each scheme to assure fair day-to-day allocations of water to all its beneficiaries.

GGP has a training centre where extension workers are trained to work with and provide technical support to the assisted communities.

A survey conducted in 1982 showed that although 44 lift irrigation schemes were in place in 25 villages, only nine of these were actually in operation. The reasons are discussed on page 192 of "Water for People".

In 1985, GGP compiled data from five systems which demonstrated, among other things, the very sustainable difference that a very small amount of irrigation water can make to the income of a household.

Comments

The key concept behind the Pani Panchayat approach is that "with irrigation, small farms intensively cultivated, would achieve higher levels of productivity than larger farms less intensively cultivated. Therefore, the overall agricultural production in a village economy would increase more through the strategy of allocating water to a large number of small farmers rather than to a small number of large farmers."

As news of the effectiveness and workability of this approach spread, an increasing number of groups approached GGP for assistance with starting their own schemes. These documents provide an interesting study of how people went through a process of 'revolutionary' transformation : starting with an attitude of scepticism towards the GGP's initial experiments, they finally reached a stage where they were working their own schemes with a high degree of cooperation and even trying out innovations. These schemes included both small and large farmers, and even the landless. For the poorer farmers the benefits were obvious. The fact

that the larger farmers also joined in formulating schemes shows that they could foresee, in cooperation, benefits even for themselves- an assured supply of rationed water and access to know-how on improved farming techniques.

5.8 STUDY ON WATER RESOURCE DEVELOPMENT AND RURAL WOMEN

Water Resource Development and Rural Women. Bina Agarwal, Institute of Economic Growth, University of Delhi, Delhi, 1981.

In this paper an attempt has been made to assess the ways in which the development of water resources, both for irrigation needs and domestic uses, has been observed to or is likely to affect rural women in India. It looks at the differential impact of water resource development by both gender and socio-economic characteristics of households. The focus on women manifests the concern that water resource development affects women in ways differently from men. It has been argued that water supply schemes which benefit the men of a household, need not be equally or even necessarily beneficial to the women of those households, nor can scarcity of water be seen to have equally negative implications for women and men of given households.

The implications of irrigation schemes and domestic water supply schemes have been dealt with separately. The types of effects on women discussed here relate broadly to the following aspects :

(a) work load/employment
(b) nutrition and health
(c) access to cash income
(d) participation in decision making in the home and in the public sphere

The paper is based on a fairly extensive study of secondary sources of material. The section on Rural Water Schemes contains a member of insights which it would be useful to bear in mind while doing the planning for Kerala. These insights will be especially useful in the efforts to build up interpersonal contact and rapport with women. Some of

these are outlined below :

- Fetching water : The time spent by women of poor households in carrying water often has a high opportunity cost in terms of alternative income-generating activity, as well as in terms of much needed leisure and rest.

- Water and disease : While it is children who are most susceptible to water-borne diseases, among adults, women are more exposed to them than men for a variety of reasons. Firstly, their degree of contact with polluted water sources in higher because of the nature of their work at home and even is the fields. Secondly, since childcare is primarily women's responsibility, when children get infected, women are more likely to catch the infection than are men.

  Furthermore, since the task of caring for the sick of the household tends to fall on women, any illness due to polluted or inadequate water implies an additional 'cost' for women in terms of time and energy expended.

- The "top-down approach" bias : On pages 55-62 are discussed the problems that beset projects which fail to involve local people in the conceptualization, implementation and continuous management of the scheme. The Banki Project in U.P. (reviewed earlier in this report) is quoted as one example of a project which did combine most of the major components for programme success. These include the need for a practical demonstration of the benefits of the scheme and the need for a comprehensive approach incorporating a health education and a sanitation programme.

  A number of studies show that villagers often do not think there is any connection between water quality and health. Good taste and visual clarity is associated with clean water. It is necessary that these misconceptions be removed, both to ensure acceptance of alternative water sources, and for effective use of the sources where acceptance exists.

All too often breakdowns lead to an abandonment of public standposts and a return to old polluted sources. Projects must ensure that villagers ultimately assume some direct responsibility for the control, repair and management of the system.

- The "class/caste" bias : What is often overlooked is that the village community is not a homogeneous unit with uniform interests. It is segmented by class and caste divisions and further by gender. (This factor has been considered in some detail in the documents on the MYRADA-PIDOW Project, reviewed earlier in this report). One of the principal manifestations of the caste system in village India, in people's everyday lives, has been unequal access to water for drinking and other domestic purposes. Even government sponsored projects tend to follow the pattern of unequal distribution. One Planning Commission study done in 1980 found that water points generally tended to be in the non-poor rather than the exclusively poor areas. Also, in a number of villages where the poor localities did have water points, maintenance was poor, breakdowns were frequent, duration of waterflow was often inadequate.

- The "gender" bias: Typically women are not involved in the initiation and management of water projects. Now, since it is women who bear the major brunt of water fetching, male - female perceptions on the acuteness of water-scarcity problems can differ. Hence, when only men's involvement is sought, not only is the information obtained likely to be biased, but the receptivity to the project is also likely to be less than if women were involved: for the latter, the advantages would be more direct and immediate. Further, since the allocation of water for different uses in the home is made by women, it is especially important that if they have any reservations about using water from the new sources, the causes of these reservations be understood.

Women's stake in regular water supply is likely to be most direct. There is therefore a case for their involvement in the monitoring and maintenance aspects of the scheme.

5.9 WATER SUPPLY PROGRAMME OF THE HINDUJA FOUNDATION

Drinking Water for the Millions. Hinduja Foundation, October, 1988.

The Hinduja Foundation, a private organisation, has been involved in a number of activities for public welfare, including the setting up of medical and educational institutions. In January 1988 the Foundation launched the programme 'Drinking Water for the Millions' with the following objectives :

- To provide sufficient clean drinking water in deficit villages.

- To create community awareness on the relationship between hygiene, clean drinking water and health.

- To develop effective methodologies for replication in projects elsewhere.

The programme was implemented by Development Alternatives, a non profit organisation working in the areas of environmental management, appropriate technology and institutional design.

The programme was implemented in a total of 117 selected villages in five states - Rajasthan, Madhya Pradesh, Uttar Pradesh, Tamil Nadu and Maharashtra. The total population covered is 1,32,450. While selecting the villages, priority was given to those problem villages not covered by government schemes. The technology used was mainly handpumps. In four out of the five states the responsibility for implementation of both hardware and software components was given to local voluntary agencies.

The document reviewed contains a brief outline of the project schemes. While it emphasizes that community involvement was one of the key activities, details of method or strategy are not given. However, such activities must have been carried out by the local implementing agencies, since the document mentions positive changes brought about in the attitudes and practices of the community. In the Tamil Nadu Scheme,

villagers even contributed to the cost of the programme.

The first step in the implementation of the programme was to generate involvement through education activities. ACORD (Asian Centre for Organisation of Research and Development) was commissioned to develop a communication package.Community workers were recruited from the selected villages. Their task was to reinforce messages regarding safe water so as to bring about attitude changes.

Most of the responsibility for handpump maintenance lies with the village community. One woman from each village has been identified as the caretaker of the installation. If the handpump malfunctions, she informs the local coordinator using specially designed post cards.

It is likely that the programme will go into a second phase and will expand its coverage to other areas. Once some documentation has been done, it would be of interest to obtain details of the strategies used. Letters seeking this information have already been sent to the local implementing agencies in the concerned states. A reply has been received from the agency ACT (Action through Cooperation and Technology) which implemented the programme in 21 villages of district Jaipur, Rajasthan. The salient aspects of their experience are:

- The fact that ACT had worked in the project area earlier helped in involving the community and in other aspects of the work.

- There had been a failure of the monsoon in the previous three years; handpumps had dried up. ACT was able to locate the few existing sweet water pockets and install handpumps. Naturally, the people were favourably inclined towards the project.

- While it is relatively easy to motivate people to accept handpumps as a source of safe water in place of ponds, wells, etc. when it comes to maintaining such facilities, enthusiasm levels are much lower, and people tend to revert to old methods. A local person who commands respect is needed to contine to motivate people for a long time.

ACT proposes to carry out an assessment of the programme next summer.

5.10 DUTCH ASSISTED WATER PROJECTS IN INDIA

Extracts from selected Mission Reports on the Dutch assisted water projects in Gujarat, Andhra Pradesh and Uttar Pradesh, and related papers.

5.10.1 Gujarat (Extracts from Mission Reports GU-15, G-16, GU-17 and GU -18).

These extracts relate to the Paani Panchayats, or village water supply committees, which are being established in the project area.

While considering what type of organisation should deal with water supply issues, it was found that the village Panchayat was not a proper forum for this purpose. The majority of villagers were in favour of initiating village water supply committees. A number of Paani Panchayats (PPs) have been formed. They usually consist of : 2 female members, 2 male members, the linesman/woman, and the Sarpanch or Deputy Sarpanch. (The Terms of Reference for the PPs are in the extracts).

The project is considering the possibility of the PPs introducing income generating activities for women who have extra time available, because of improved access to potable water.

To strengthen the functioning of PPs an action research study is proposed to be carried out by an outside agency. (The proposals for the action research are in the extracts and contain some useful observations regarding the present situation).

5.10.2 Uttar Pradesh (Extracts from Mission Report UP-18, vol.1 and vol.2. Plus a draft discussion paper "Community Involvement in Rural Water Supply Programme : Policy, Approach and Pilot Project" for the UP Project).

The extract from UP-18 contains a proposal for a sub-project on sanitation and health education to be implemented in District Varanasi.

The draft discussion paper outlines the overall approach proposed for community involvement in the UP Project, plus details of a pilot project to be implemented in Allahabad district in 1989.

Though neither of these papers contains much by way of detailed strategy, it would be useful to share information with the UP Project once the activities are under way.

5.10.3 Andhra Pradesh (Extracts from Mission Reports AP-18 and AP-19)

The first extract is a draft proposal prepared by the Netherlands Assisted Project Office (NAPO), Hyderabad, entitled "Strategy and Action Plan for Conceptualising, Designing, Operationalizing, Implementing, Maintaining, Monitoring, Appraising and Evaluating a Participatory Approach to Rural Water Supply in the 433 Villages covered/ to be covered under AP-I and AP-II of the Netherlands Assisted Rural Water Supply Project". The proposal is quite comprehensive and sets out the major activities, training needs, and roles and responsibilities. One of the key elements of the strategy is the establishment of Village Action Committees (VACs). An independent health agency will be responsible for establishing the VACs and planning and implementing health education. This health agency is CHAI (Catholic Hospitals Association of India). CHAI is a reputed non governmental association of more than 2000 health agencies all over India, its history dating back to the 1930's. The second extract contains certain observations by the Mission regarding the role of CHAI and the scope of its activities.

CHAI has considerable experience in setting up projects at the village level, and in managing professional and voluntary personnal. The Kerala Project should consider some kind of collaboration or know-how sharing arrangement with the NAPO, Hyderabad and CHAI. It is likely that several member agencies of the CHAI are located in Kerala; they could be involved in field activities.

A letter had been sent to CHAI. A copy of their reply is ? included in the Annexures.

5.11 STUDY ON USERS' CONTRIBUTION FOR HANDPUMP MAINTENANCE

Will the Community Pay ? Feasibility Study of Users' Contribution for Handpump Maintenance. Sanjay Kumar Khatua, Consultant, Orissa Drinking Water Supply Project (DANIDA), Orissa. September 1988.

DANIDA is supporting the Orissa Drinking Water Supply Project which will ultimately cover 20 coastal blocks of Orissa in 3 phases. The project aims at covering all the habitations in the Project blocks through installation of tubewells fitted with handpumps.

Handpump maintenance and repair (HMR) is an important issue in such schemes. Problems usually faced are lack of adequate funds and absence of a suitable machinery for HMR. One of the suggestions made in the Orissa Project was that the community should pay for HMR. It was felt that (a) the Government would not be able to meet the increasing expenditures involved in HMR and (b) the communities contribution can inculcate a feeling of responsibility and involvement in the community towards HMR. It was therefore decided to carry out a feasibility study on the possibility of establishing 'water committees' and of covering the costs of HMR through users' contributions collected by the water committees. The objectives of the study included:

- to gather knowledge on the functioning of village level socio-cultural institutions.

- to study the function of the Gram Panchayats with specific reference to collection and management of funds.

- to study users' willingness and ability to pay

- to suggest a possible organisational set up and mechanism for collection, administration and execution of funds.

The findings and observations in this study are of course directly related to the special characteristics of the

Project area and to the Project implementation strategy. Even so it is useful for the planner in Kerala because it highlights various facets of the complex and intricate issue of contribution by the community. The powerful influence of local and state level politics on this issue is particularly well brought out.

The following major areas have been investigated :

- users' willingness to pay for HMR

- the pros and cons of alternative systems/models for collection of contribution and management of HMR. Alternatives include management by water committees or by Gram Panchayats or by the PHED or through collaboration by these institutions. The capabilities and roles of these different institutions have been examined.

Interestingly, a strong case has been made for entrusting the Gram Panchayats with management of HMR. Further, it is argued that 'water committees' would stand a slim chance to survive and be effective in an environment where several other development activities are already being promoted by different agencies/workers. Also, from discussions with villagers it emerges quite clearly that a community defined as a uniform interest group does not exist. Instead there exist different frame-works catering to the specific needs and interests of the various village sub-groups.

5.12 STUDY ON WOMEN HANDPUMP CARETAKERS

A Study of the Effectiveness of Women Handpump Caretakers Programme in Bagepalli Taluk, Kolar District. Shamala Devi, DANIDA, August, 1988.

The DANIDA assisted Drinking Water Scheme in Karnataka state is being implemented in four districts - Bijapur, Chitradurga, Gulbarga and Kolar. A number of handpumps have been installed under the scheme. The handpumps are being looked after by women caretakers who work on a voluntary basis.

The above study is based on field visits and discussions with the caretakers and community members and with programme officials. It looks at various aspects of caretakers' functioning: their background, training status and knowledge levels, approach to communication, interaction with and support from officials and users, the problems faced by them, recommendations by caretakers and users. Some of the observations and findings are of interest to the planner, since they pertain to problems which could occur anywhere.

The caretakers scheme, it appears, is an isolated intervention and not part of a comprehensive strategy for involving the community. Consequently, the caretakers are not extended any support by the users and even the department officials. As isolated workers in the community, they face a lot of hardship when confronting people and users to prevent misuse/abuse of the handpumps. The people tend to regard the facility as public property to be cared for by the government. Their lack of awareness of the water/hygiene - health link results in a general indifference to issues concerning water supply.

In the face of all this, the caretakers continue to work with a surprising degree of commitment. A large majority of them could recall the content of their initial 2-day training. They have been reasonably effective as communicators. Both caretakers and people at large felt that women are more suitable for the job of caretaker, and gave various reasons for this.

Usually maintenance is better where the village is small with more or less homogeneous social and cultural characteristics.

One of the recommendations is that the caretaking task should be collectivized by training more people from different sections of the population. With more than one caretaker per unit, the task could be done by rotation. A local committee should be given collective responsibility.

5.13 COMMUNICATION STRATEGY

Technology Mission on Drinking Water and Related Management: Communication Strategy-Stage I. Ashoke Chatterjee, National Institute of Design, Ahmedabad.

The document in its present form does not really present a communication strategy, but then it is not possible to talk of a strategy at the national (non-local) level. What the document contains is a comprehensive listing of target audiences, desired responses, as also the specific messages to be directed at different target audiences to elicit the desired responses. To that extent it is definitely useful as a reference for planning.

5.14 COMMUNITY PARTICIPATION IN PHC

Community Participation in Primary Health Care. Somnath Roy and BBL Sharma. Technical Paper 6. National Institute of Health and Family Welfare (NIHFW), New Delhi 1986.

In this paper the nature and dimensions of community participation, and its role and scope in implementation of different components of primary health care, have been described. The steps needed for operationalizing participatory process have been indicated. Some successful experiences in involving the community in health projects in different parts of the country have been briefly presented.

The paper provides an overall orientation on community participation from the perspective of health care. This orientation will be useful to staff of the Water Project because the Project will at some stage have to coordinate/ integrate participatory activities with the health care department and other sectors.

The guidelines on pages 170-173 constitute a useful planning 'checklist'.

(The NIHFW is in the process of initiating certain studies with the aim of developing strategies and methodologies for community participation in primary health care).

5.15 APPROACH PAPER ON WOMEN'S INVOLVEMENT

Women's Involvement in Community Water Supply and Sanitation Projects: Approach Paper. Y.K. Gurung, J. Schwierin, M. Engler, UNICEF. Nepal, 1987.

The Community Water Supply and Sanitation Programme (CWSS) in Nepal is being implemented by the Ministry of Panchayat and Local Development (MPLD) with the assistance of UNICEF.

This brief approach paper outlines how to gradually involve women in the planning and decision making concerning water supply so that ultimately they can participate in the management of the project.

5.16 GUIDELINES FOR PROJECT PLANNING

Achieving Success in Community Water Supply and Sanitation Projects. WHO Regional Office for South East Asia. New Delhi 1985.

In this publication a comprehensive procedure is presented to assist planners of community water supply and sanitation projects. This six-step procedure is designed to involve people and planners in a joint search for the proper mix of hardware and software to meet community needs. The procedure makes use of local project facilitators to help mobilize people and proposes establishment of a local institution for the future management, operation and maintenance of facilities. The document emphasizes that planners

must go beyond mere coverage of population, and build systems that ensure continued functioning and utilization of the facilities.

The guidelines contained in this publication were derived from case studies carried out by local institutions in nine developing countries of the Asia and Pacific Region of UNDP.

5.17 EVALUATION OF HEALTH EDUCATION PROGRAMME

Health and Sanitation Education Programme : Evaluation of Media Coverage, Perception, Retention, Process of Implementation and Management. Socio-Economic Division. DANIDA Project Directorate, Bhubaneswar, Orissa, August,1987.

During Phase-I of the DANIDA assisted Drinking Water Supply Project in Orissa (see also Section 5.11), a Health and Hygiene Education Programme (HHEP) was implemented with the help of two local NGOs. The objectives of the HHEP were to

- motivate people to use tubewell water,
- spread awareness about hazards of using contaminated water sources,
- promote hygienic ways of water collection, storage, use, and household sanitation.

The NGOs, operating in different areas, had the freedom to evolve their own communication strategies. The communication techniques included : cluster animators for intensive coverage of 10-15 villages each,cultural programmes, films, exhibitions, school programmes and printed media. In addition, orientation workshops were conducted for implementing staff, workers and volunteers.

In this evaluation study an attempt has been made to critically assess the degree of media coverage, degree of perception and retention of the imparted messages, and to analyze the process of implementation and management and

suggest ways to improve the HHEP during Phase-II. The evaluation was jointly carried out by the Socio-Economic Division and the two NGOs.

The report includes the following elements :

- the proposals of the 2 NGOs for the HHEP,
- photocopies of selected printed communication materials,
- gists of the cultural programmes,
- a critical assessment of the effectiveness of each of the communication media/techniques used and of the orientation workshops.

While these elements convey to the reader an overall picture of the nature of the programme, the usefulness of this study lies in the fact that it also analyzes the problems besetting the management aspects of the programme. All too often it is found that planners of communication programmes concentrate on the creative approach, and pay little attention to the management/logistics aspects; this results in loss of effectiveness.

results/findings ?

5.18 COMMUNITY PARTICIPATION IN ICDS

Monitoring Social Components of Integrated Child Development Services : A Pilot Project. Adarsh Sharma. National Institute of Public Cooperation and Child Development (NIPCCD). New Delhi. 1987.

Indepth Study on Community Participation in Kanjhawala ICDS Block. NIPCCD. New Delhi.

Indepth Studies of Community Participation in ICDS : A Compilation of Summaries. NIPCCD. New Delhi.

Enhancing Capabilities of ICDS Functionaries for Eliciting Community Participation - A Research Study. NIPCCD. New Delhi. 1988.

The Integrated Child Development Services programme of the Government of India, which was started in 1975, now covers more than one-third of the community development blocks of the country. The programme provides a package of services catering to the health, nutrition and developmental needs of children below 6 years old, and their mothers. The package comprises broadly of health and social inputs; the latter include non-formal preschool education, health and nutrition education, and community participation. Of course, community participation is not an independent component, it cuts across all the other components.

NIPCCD was entrusted with the task of developing a system for monitoring the social components of the ICDS programme. For this purpose a pilot project was initiated in 1985 in 13 ICDS blocks in collaboration with 11 academic institutions. As part of the activities under the pilot project, a number of indepth studies of the community participation component were carried out in different parts of the country. The objectives of these studies were to measure people's awareness of the programme and the extent of participation, and to identify problems in eliciting participation.

One of the points emerging from these studies is that although the basic training of ICDS functionaries includes a component on community participation, this component is rather vague on specific techniques and methods. As a first step towards strengthening the training programme, a pilot training intervention programme was implemented by NIPCCD in the Kanjhawala ICDS block. The aims were to implement training to improve the functionaries' capabilities, to evaluate the training, and to suggest changes in the basic training syllabi based on the learning from the training experiment.

The fourth among the documents listed above is a report on this pilot training intervention. Of the four, this document is of the most direct interest to us because it contains an example of one possible framework for designing training on community participation for village level workers and their supervisors. However, the details of the training content are not particularly relevant, since they pertain to the specifics of ICDS.

The first document is a report on the larger exercise in which NIPCCD is involved, of developing a monitoring system for the social components of ICDS. The second and third documents describe the earlier mentioned studies on community participation which led to the design of the intervention training.

ANNEXURE - 1

LIST - A

NAMES OF ORGANISATIONS/INDIVIDUALS MET IN DELHI

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NGOs/INDIVIDUALS

1.	PRADAN Community Shopping Centre Niti Bagh New Delhi.	Met : Mr. Deep Joshi (Phone: 668619)
2.	Indian Social Institute 10, Institutional Area, Lodi Road New Delhi.	Met : Mr. J.C. Das (Phone: 622379, 625015)
3.	AFPRO 25/1-A, Institutional Area D Block, Janakpuri New Delhi-110058.	Met : Dr. Dixit, Mr. Dhusa (Phone: 5492412, 5492413)
4.	PRIA 45, Sainik Farm, Khanpur New Delhi-110062.	Met : Mr. Binoy Acharya (Phone: 651174, 651126)
5.	Institute of Social Studies Trust 5, Deendayal Upadhyaya Marg New Delhi.	Met : Ms. Sridevi (Phone: 3312972)
6.	Voluntary Health Association of India (VHAI) 40, Institutional Area, South of IIT New Delhi.	(Phone: 668071, 668072)
7.	Development Alternatives B-32, Institutional Area, Behind Kutab Hotel New Delhi.	Met : Mr. George Varughese (Phone: 665370)
8.	Indo German Social Service Scheme (IGSSS) Institutional Area Lodi Road New Delhi.	Met : Fr. H. Bacher Ms. Anita Ratnam (Phone: 692192, 692193)
9.	EFICOR 806/92, Deepali Building Nehru Place, New Delhi.	Met : Mr. Sasi Kumar (Phone: 6413102, 6462449)
10.	Society for Promotion of Wasteland Developement (SPWD) Sriram Bharatiya Kala Kendra 1, Copernicus Marg New Delhi.	Met : Mr. Arun Kumar (Phone: 384521, 383713)

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11.	Asian Centre for Orgn. of Research & Development (ACORD) C-126, Greater Kailash-I, New Delhi-110048.	Met : Prof. B.M. Kapur (Phone: 6435993, 6410616)
12.	Foundation for Rural Recovery & Development (FORRAD) 10, Panchsheel Park Shopping Centre, New Delhi.	Met : Mr. J.B. Singh (Phone: 6436388)
13.	Ms. Bina Agarwal 111 Golf Links New Delhi-110003.	(Phone: 692203, 623380)
14.	Mr. P. Subramaniyam Director Centre for Dev. Research & Trg. (CFDRT) 15, North Crescent Road T-Nagar Madras - 600017.	(Phone: 441320)
15.	Mrs. A. Wahabuddin Ahmad President Bharatiya Grameen Mahila Sangh Savitri Nagar Sheikh Sarai, Phase-I, Opp. Panchsheel Park New Delhi-110017.	(Phone: 6443150)

UN/BILATERAL/INTERNATIONAL ORGANISATIONS

16.	UNICEF 73, Lodi Estate New Delhi-110003.	Met: Ms.Sumita Ganguly Dr.S.Gururaja Mr. Esa Ovaskainen Mr. G.T. Chetty (Phone: 690401)
17.	UNDP (PROWWESS) 55, Lodi Estate New Delhi-110003.	Spoke to: Ms. Jennifer Haslett (Phone: 690410)
18.	WHO (SEARO) World Health House Indraprastha Estate New Delhi-110002.	Met : Mr.H.S.Suphi (Phone: 3317804)

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19.	Swedish International Development Authority (SIDA) E-9/12, Vasant Vihar New Delhi-110057.	Met : Ms. Anna Runeborg (Phone: 670588, 676810)
20.	Swiss Development Co-operation (SDC) 2, Kautilya Marg Chanakyapuri New Delhi-110021.	Met : Mr. Rudolph Hager (Phone: 3012723, 3014275)
21.	DANIDA 7, Golf Links New Delhi-110003.	Met : Mr. Lars Lund Mr. Dilip Fouzdar (Phone: 616273, 616274)
22.	Netherlands Embassy 6/50, Shanti Path New Delhi-110021.	Met : Mr. Jan Speets (Phone: 609571)
23.	CARE India B-28, Greater Kailash-I, New Delhi-110048.	Met : Ms. Shelley Kessler (Phone: 6418341, 6418342)
24.	Oxfam (India) Trust C-2, Community Centre, Safdarjung Development Area, New Delhi-110016.	Met : Mr. Mathew Cherian (Phone: 669534, 660970)
25.	International Development Research Centre (IDRC) 11, Jorbagh New Delhi-110003.	(Phone: 691411)

CENTRAL/STATE GOVERNMENT

26.	National Institute of Health & Family Welfare (NIHFW) New Mehrauli Road Munirka New Delhi-110067.	Met : Dr. T. Mathiyazhagan (Phone: 665482)

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LIST - A

27.	Central Health Education Bureau, (CHEB) Ministry of Health Kotla Road, Temple Lane New Delhi-110002.	Met. Dr. Y.P. Gupta (Phone: 3316694).
28.	CAPART Guru Nanak Foundation Building New Mehrauli Road New Delhi-110067.	Met : Prof. S. Ramachandra Ms. Pragya Verma (Phone: 665107, 6676643)
29.	National Institute of Public Coopn. & Child Development (NIPCCD) 5, Siri Institutional Area Hauz Khas, New Delhi - 110016.	Met: Dr(Ms) Adarsh Sharma (Phone:653002, 656392)

ANNEXURE - 1

LIST - B

NAMES OF ORGANISATIONS OUTSIDE DELHI WHICH WERE CONTACTED

Note: The first 17 names are from the IRC Directory of Organisations (See Annexure - 4)

1. Director
Seminary, Shramadana Sangha
St. Joseph's Seminary
P.B.No. 503
Mangalore - 575 002
Karnataka

2. Kottar Social Service Society
Community Health Development Programme
B.P. 17
Nagercoil - 629 001
Kanyakumari District
Tamil Nadu

3. Director
Xavier Institute of Social Service
Purulia Road
P.O.Box.7
Ranchi - 834 001

4. Prof. A.K. Gupta
Indian Institute of Management
Vastrapur
Ahmedabad - 380 015

5. Chairman
Sulabh International
Gandhi Maidan
Patna 800 001
Bihar

6. Coordinator-In-Charge
Centre for Medical Social Science and Social Medicine
University of Hyderabad
Nampally Station Road
Hyderabad - 500 001

7. Head Unit for Urban Studies
Tata Institute of Social Sciences
Sion-Trombay Road, Deonar
Bombay - 400 088

8. Secretary General
Udaipur Environmental Action Group
206, Ashok Nagar Road No.13
Udaipur - 313 001

9. President
The Rural Reconstruction Service Society
17225 Bakaram
Musheerabad
Hyderabad - 500 048

10. Medical Superintendent
Christian Welfare Centre
Community Health Project
Malappuram 676 505
Kerala

11. Executive Secretary
VIKAS, Centre for Development
Dalal House
Panchvati Marg
Ahmedabad - 380 006

12. Chief Coordinator
Gandhigram Institute of Rural Health and Family
Welfare Trust (GIRH & FWT)
P.O. Ambathurai R.S.
Madurai District
Tamil Nadu - 624 309

13. Dean, Faculty of Rural Health and Sanitation
Gandhigram Rural Institute
P.O. Ambathurai RS
Madurai District
Tamil Nadu 624 309

14. Senior Associate Rural Health
Planning, Research and Action Institute(PRAI)
Kalakankar House
Lucknow, U.P.

15. Director
Safai Vidyalaya - Sanitation Institute
Gandhi Ashram
Ahmedabad 380 027

16. Lutheran World Service
3, Hungerford Street
Calcutta - 700 017

17. Indian Rural Reconstruction Movement
49, Richmond Road
Bangalore - 560 025

18. Mr. Minu Vadehra,
Urmul Health Trust
P.O.Box. 55
Bikaner

19. Mr. Tushaar Shah
Institute of Rural Management
Anand
Gujrat - 388 001

20. Dr. R.S. Arole
Comprehensive Rural Health Project
Jamkhed
Ahmednagar District
Maharashtra- 414 001

21. Dr. M.A. Ghare
NAWDA
3-C, Shankarshet Road
Poona - 411 002

22. Mr.Bunker Roy
The Social Work and Research Centre (SWRC)
Tilonia 305816
Madanganj
District Ajmer, Rajasthan.

23. Mr. V.Srinivasan, Convenor,
Ullaipavar Panchayat,
C-1, Sea Brook Apptts,
IV-Seaward Road, Valmiki Nagar,
Thiruvan Mayur,
MADRAS-600 041.

24. Rev.Fr.M.Arokiaswamy,
Secretary, Vellor Social Services Society,
Bishop's House, 34 Officer's Line,
Vellore-632001,
Tamilnadu.

25. Dr.K.K. Singh,
ASCI
Bella Vista,
Hyderabad.

26. Fr. Victor Maria Soosai
Tamil Nadu Social Service Society
Bhimanagar,
Near Catholic Bishop's House,
Melapudur, Tiruchy - 1.

27. Mr. Murugan,
Community Organisation for Dev. Education,
Radhapuram,
Nellaikattabomman Distt.
TAMIL NADU.

28. Action Aid
10/1 Bride Street
Langford Road
Bangalore - 560 025

29. Mr. V.B. Patel, Secretary
Govt. of Gujrat
Dept. of Water Supply
Block No. 7
New Sachivalaya
Gandhinagar - 382 010

30. Ms. Mirai Chatterjee
SEWA
SEWA Reception Centre
Opp. Victoria Gardens, Ellis Bridge
Ahmadabad - 380006

31. Shri R. Bhakter Solomon
Secretary
'Development Promotion Group'
17, Melpadi Muthu Naicken Street
Nungambakkam
Madras : 600 034
Tamil Nadu

32. Dr. Anuradha Gadkari,
Scientist, Life Sciences Division,
National Environmental Engg. Res. Institute,
NAGPUR - 440 020.

33. Mr. Gopal Swarup,
Executive Director,
Action Through Cooperation and Technology,
4-CH-4, Jawahar Nagar,
JAIPUR - 302 004.

34. Prof.R.K.Patil,
Centre for Application of Systems Analysis &
Development
12, Aboli,
102, Law College Road,
Pune 411 004.

35. The Head,
Research Centre for Women's Studies,
SNDT Women's University,
Bombay.

36. Centre for Development Research & Training
15, North Crescent Road
T-Nagar,
Madras 600017

37. Operations Research Group,
Plot No.F-24,
BJB Nagar (Behind Kalpna Area),
Bhubaneswar-751014.

38. Executive Director,
Catholic Hospitals Association of India,
Secunderabad,
Andhra Pradesh.

39. Mr. Joe Madiath
Gram Vikas
Narasinghpur
P.O.Mohuda
Berhampur 760002

40. Fr. Mathew Vadakemuriyil
Malanadu Development Society
Kanjirapally-686507
Kerala

41. Dr.A.Dayal Chand
Ashish Gram Rachna Trust
Comprehensive Health & Dev.Project
Navjeevan Rungnalaya
Pachod - 431 121
Dist.Aurangabad
Maharashtra

42. Mr. Ajay Mehta
Seva Mandir,
Vidyapeeth Marg
Udaipur 313001

43. Dr.S.S.Chakraborti
Ramakrishna Mission Lokasikha
Parishad
Narendrapur - 743 508
24. Parganas (W.B.)

44. Mr. V.P.Vasimalai
Association for Sarva Seva
Farms (ASSEFA)
No.1 Lady Doak College Road
Madurai - 625002
Tamil Nadu

45. Bansgaon Vikas Parishad
Chatur Banduary
Bhatauli Bazar
Unwal 273 002
U.P.

46. Shri K.M. Namboodiri
Officer-in-Charge
AFPRO GIT Unit III
69, Valluvar Street
Tatabad
Coimbatore 641 012
Tamil Nadu

47. Lutheran World Service
Project WHAT
Village Kaira
P.O.Kumra, via Bandwan,
Distt.Purulia
West Bengal 723 129

48. Mr. J.M.Gandhi
Marathwada Sheti Sahayya Mandal
P.O. Box 45,
Jalna 431 003, Distt.Aurangabad
Maharashtra

49. Mrs. Alice Garg
Bal Rashmi Society
A-48, Shanti Path
Tilak Nagar
Jaipur 302 004 Rajasthan

50. CINI-Child in Need Institute
Village Daulatpur
P.O. Amgachi, Via Joka
Distt. 24 Parghanas
West Bengal

51. Mrs. Meenalbalakrishnan,
PREPARE
(India Rural Reconstruction & Disaster Response Service)
364, North Main Road, Anna Nagar,
West Extension,
MADRAS-600 101.

52. Mr.Aloysius Fernandes
Director, MYRADA
No.2A-Service Road
Domulur Layout,
Bangalore - 560071.
Phone: 576166
572028

53. Ms.Nafisa Barot,
MAHITI
83/387, Saraswati Nagar,
Azad Society, Nr. Himmetlal Park,
Ahmedabad - 380 015.
Phone: 467781

DOCUMENTS AND MATERIAL COLLECTED
(Enclosed with this report)

Note: The titles of the documents collected are given in Section 5. An outline of the training/ educational material collected is given at the end of Section 2.

LETTERS RECEIVED FROM THE ORGANISATIONS CONTACTED
(Enclosed with this report)

ANNEXURE 4

EXTRACT ON INDIAN ORGANISATIONS FROM THE "DIRECTORY OF ORGANISATIONS INVOLVED IN COMMUNITY EDUCATION AND PARTICIPATION IN WATER SUPPLY AND SANITATION", IRC, NETHERLANDS, 1983
(Enclosed with this report)

ANNEXURE 5

BROCHURES/PROFILES OF SOME OF THE ORGANISATIONS CONTACTED

(Enclosed with this report)