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**SOME EXPERIENCE FROM THE NETHERLANDS SUPPORTED PROJECT
IN AP AND UP.**

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In describing the effectiveness of development aid in the field of drinking water one of the critics of Dutch aid remarked that (and I quote) 'most water projects suffer from a strong emphasis on the technical side of the implementation. Time and again the lesson, already known from the 1970s, seems to be forgotten. A lesson that learns that also drinking water projects have to be embedded into the local structure on village and regional level and that these projects demand a flexible approach in which there is a focus on education and training' (end of quote). I would say that it is a statement that also counts for the drinking water programme supported by this ministry in India.

I was asked to provide a comparison between the drinking water projects in Andhra Pradesh and Uttar Pradesh and to distill out of this comparison some policy implications. It will be clear that in the short time that is available it will not be possible to provide a thorough investigation of the projects in these two states. I therefore have to limit myself and possibly not do justice to all aspects of the projects. My luck then is that all of you are very familiar with the programmes, I would say more familiar than I am.

Following the request of the IRC I would like to discuss first the project known as AP-I which is a piped water supply programme. After that I will jump to Uttar Pradesh and mainly pay attention to what is known as SP-VI. Thirdly I will try to deduce some common features that, I think, are important for policy development in India. In all this, and as indicated already by the statement I started with, I will restrict myself to what is usually referred to as the 'software aspects': participation and education. Besides, the more technical aspects of drinking water projects are not really my turf, and they do, in general, not form a major problem in India.

Andhra Pradesh

Excess fluoride is a major problem in this state. At the same time it is the major reason why at the end of the 1970s the Netherlands agreed to finance a large piped water scheme, which became known as the AP-I project. In total 201 villages were to be supplied by safe drinking water. The largest scheme was in the district of Prakasam, where a single source pipeline was to cover 111 villages. Actually it was the largest single source drinking water supply project in India, with more than 400 kilometers of pipeline, more than 100 service reservoir, and with an ultimate population of more than 240,000 people.

Up to 1985 the project was restricted to technical construction. Activities in the field of health education and involvement of people in site selection were ~~virtually~~ non-existent, despite pressure from the Netherlands in this field. What it actually meant was that the government was incapable of including health education in the AP-I villages in its normal activities. At the same time there was a rather strong opposition from the engineers from the Panchayati Raj Engineering Department responsible for construction.

At the end of 1986 India and the Netherlands agreed to include several new activities in AP-I: sanitation, a dairy project, a monitoring unit (called the NAP-office), as well as a health education and participation component.

Right from the start the implementation of these so-called software-activities ran into problems. Sanitation, implemented by Sulabh International, became an outright failure. 'Contract work badly implemented and poorly supervised' was the conclusion of the NAP-office already in 1987. They were right: only after a more active involvement of another NGO in the early 1990s some of the more than 500 latrines constructed are now being used by the people.

But also the Community Education and Participation component did far from run smoothly. The first NGO contracted for this job never really entered the field. Also the work of the second NGO didn't really show much results. In 1990 a relaunching of the programme, under the heading of 'Project Clean Village' was announced.

Project Clean Village had as major objective to educate and organise villagers in order to create a better sanitation and improve the maintenance of the drinking water facilities and, by doing so, improve the health situation of the people. An important part of the programme consisted of setting up so-called Village Action Committees. In May 1992 the first 18 villages were selected and work continued with the staff of the NGO originally contracted for Community Education and Participation.

When I visited the project area for the second time in the beginning of 1994 the project had come to a stand still. The NAP-Office, which acted as a coordinating cell, was placed under the direct leadership of a Dutch consultancy firm and the field staff was on strike following a long period of disputes with this NAP-office. An inventory in 23 villages showed that maintenance of the drinking water facilities was in many villages at best erratic and in many cases completely lacking: nearly half of all taps and standposts in these villages were broken, damaged service reservoirs and pipes contributed to a less than necessary availability of water, bleaching powder was added irregular and in some cases never, the same accounted for cleaning of service reservoirs, whereas cleaning of the surroundings was obviously something not done. The majority of people in the project area were aware of the fact that the water from the old sources was contaminated with excess fluoride. Nevertheless, there was still a large number which, even after years of health education activities, was unaware of this. Old sources were still in heavy use, largely because of distance reasons. The activities in the field of participation and organisation, which got a new push with Project Clean Village in the early 1990s, were in most cases difficult to find in the villages. The Village Action Committees, forming a central part of the project, were at the moment that I visited them in the beginning of 1994 inactive. Basically all of them were waiting for guidance from the field staff. Unfortunately this field staff was dismissed from its duties and the project had therefore come to a stand still.

Considering all these things I would say that maximum 50-60% of the people were actually using the drinking water facilities. This makes the AP-I project not only one of the largest schemes, but also one of the most expensive.

Concluding the observation regarding AP-I I would like to say that the project has failed to achieve some of its major objectives. Especially the activities under the umbrella of community participation and health education have largely not paid off. The setting up of Village Action Committees was a 'quick and dirty' job, whereas the activities in the field of latrines deserve the same criticism as given at the address of the NGO which was active in this field in the mid 1980s. This should, however, not lead to the conclusion that community participation and health education should not be part of a drinking water project. It should lead to the conclusion that the way it has been implemented in AP-I was not the correct way. It is my opinion that the lack of clarity about implementing activities in this field and the lack of coordination and guidance are at the base of what could be called the failure of AP-I.

Proof of the necessity of software activities in drinking water projects, and also proof that it can work if implemented sincerely, can be found in the project to which we now turn: SP-VI in Uttar Pradesh.

After a few years of discussion between the Netherlands and India, the implementation of software activities in SP-VI starts at the end of 1989. The construction of handpumps under the project had started already earlier, more than 60% of the handpumps were already installed before the PSU started its activities in the project.

One of the first activities of the PSU was to check on the already installed handpumps to see whether they were constructed with a platform, were functioning properly, and were installed at a socially acceptable site. Simultaneously, the PSU got involved in site-selection for new handpumps together with Jal Nigam and villagers. The pre-occupation with review and site-selection meant that the intended activities in the field of the formation of Water Committees (or Jal Samitis) and consolidation of the social mobilisation programme for a large part had to be postponed till the beginning of 1993, at a time when the construction part was largely completed. Only in Lakhimpur-Kheri this site-selection continued as it was decided to an addendum-phase aimed at saturation in this district.

With the expanded base of community participation presented at the end of 1992 the PSU provided an answer to the need to intensify the contact with the villages. At the same time it provided a means of supplementing the Dutch programme with health and education activities and of institutionalising of the concept of community participation.

As such, the 'expanded base'-plan tried to broaden the programme in two directions. First, the involvement of government departments (like DWCRA and the department of health) was sought, thereby creating the possibilities for enlarging the scope of the programme to a larger area as could be reached by the PSU itself. Secondly this broadening was supposed to be reached by aiming at a more general development process for which local level organisations together with government departments would set the lines. The programme therefore demanded an organisation at the local level or village level.

The expanded base plan thus moves, and to my opinion correctly, away from the narrow objective of increasing the use and maintenance of drinking water facilities. Nevertheless, this still remains the major point of departure.

When I visited the project in 1993/1994 the activities under this expanded base plan were still in the early stages. The impact of it, however, was already quite clear. There was a sharp difference in maintenance of handpumps between the villages selected as Intensive Mobilisation Villages and those not taken up. Whereas broken platforms and damaged handpumps seemed to be quite common in those villages that fall outside the direct PSU working area, the handpumps and surroundings in the Intensive Mobilisation Villages were not only better cleaned and maintained, but also other sanitary activities were being set up. The 'feeling of ownership' in these villages was definitely higher as in others, leading to a point where people no longer simply regarded the handpump to be government property.

all that glitters is not gold.
Of course, ~~there is never fire without smoke.~~ So lets take a look at some of ~~this smoke.~~ *the less shining parts.*

First of all, the question could be raised whether the software programme also had an impact on the use made of handpumps. My own research indicated that the utilisation level had less to do with the state of maintenance of the handpump or with the awareness level of the villagers regarding the health impact of safe water, but more with the availability of other sources which were considered more convenient.

Secondly, and directly related: although it is true that the handpumps in the Intensive Mobilisation Villages look much cleaner than in other villages, the question remains whether the preventive maintenance of the villagers has an impact on the breaking down of handpumps or whether it, as one of the engineers in Lakhimpur Kheri said, only has an impact on the beauty of the pump.

Thirdly, despite the obvious success of the 'software activities' in some areas, the impact of these activities in the total project area are less clear. There are several reasons for this, of which the fact that the project area stretches over more than 2,000 villages while there is only a handful of staff to implement these activities is the most important. Besides, the activities are not institutionalised in the sense that they form an integral part of the government activities. Instead they are financed by a donor and as such are temporary by nature. Considering also the fact that the frequency of interaction with the villagers determines to a great extent the success of the programme poses the question whether it will be possible to grow above and beyond the creation of some 'islands of good use, operation and maintenance' within a pool of villages in which people do not feel responsible for what happens to their water supply.

This brings us to the third part of my contribution: what are the central lessons from these two projects?

To start with it is necessary to note that the activities falling under the software part are important elements in any drinking water project, whether financed by an outside donor or by the Indian government itself. This is not only the conclusion of many studies in this field, and of the story on SP-VI, but is as such also acknowledged by the Indian government. In the Eight Five Year Plan it is stated that there is a clear link between environmental sanitation and health. At the same time the need for a more comprehensive and integrated approach is mentioned. In the Seventh Plan already participation of people is an important point taken up. Participation then is not only restricted to a better operation and maintenance of drinking water facilities. Instead participation has to be seen also in light of a more general development policy. In this policy a revitalisation of the Panchayat Raj structure is combined to involvement of villagers in planning and implementation of development programmes and activities. As such, it calls for a more integrated approach in which activities in the field of economic, social, and political development are combined.

This brings me to my second point. If drinking water and sanitation projects are intended to be maintained by the villagers themselves if only in order to lower the pressure on the government budget, it is necessary that health education and participation activities are part and parcel of the project. However, activities in these fields are not sufficient. They should be supplemented by economic activities and by actions in the field of what I prefer to call political development, that is increasing the involvement of people in decisionmaking at the local level. It is because of this that the Netherlands started the dairy project in AP-I, although also this was badly implemented. Economic activities can provide incentives to the people in the villages to be more responsible to operation and maintenance. They should therefore be standard procedure in all projects.

Of course, for a project financed largely by a foreign donor the political development aspects are very difficult if not impossible. It means a direct interference in the internal affairs of the aid receiving country and that is something that will not be easily accepted.

Thirdly: who is going to implement the necessary software activities? In the Indo-Dutch programmes in the different states several implementing structures have been set up. In UP it is the PSU which is the coordinating as well as implementing agency. An agency that was specifically set up for this and which, if I am informed correctly, now has become an NGO with expertise in drinking water and sanitation. In AP it were, and are, already established NGOs that were contracted to implement the non-technical parts of the projects. In both cases, therefore, it have been outside agencies, that is outside the government. Why then does it work relatively successful in UP and did it not work in Andhra Pradesh?

There are several reasons for this. Lets look at a few of the most important ones. Partly it has to do with the fact that in Andhra Pradesh it were already established NGOs, with their own strategy and their own constituency. They were hired as contractors to implement a specific part within a programme that was alien to them. They were also asked to work with all people in a village and to work within the framework of the local government structure. Most NGOs, and certainly not the worst ones, normally have a more restricted target group and many times do not have a strong relationship with the government structure whether at local or state level. More important yet is the fact that the selection of NGOs in Andhra Pradesh left much to be desired. Screening of the capacities of NGOs was at best unclear. Two of the NGOs now involved in AP have previously been funded by a private organisation in the Netherlands. This relationship has been terminated because of the fact that the NGOs did not perform very well.

Finally, the experiences in AP have shown that coordination and monitoring of the ^{software} activities in the field of software activities is very important. The success of PSU can for a large part be contributed to this coordination and monitoring, which is institutionalised in the organisation itself.

The problem with the involvement of outside NGOs, or for that matter with establishing an own NGO remains that they form part of a foreign funded project. This means that when funding ends also the involvement of these agencies ends.

What then is the solution? According to the evaluation department of this ministry there are basically two options. One either tries to get the integrated approach adopted at the level of the state water authorities and tries to involve other government departments. Or, one tries to create a, what they call, core foundation in which governmental and non governmental organisations are equal partners.

Both options have many positive and negative sides. My own experiences with NGOs in India, the relationship between these organisations and the government, and the attitude towards each other makes me opt more in favour of an institutionalisation of the integrated approach within the government machinery.

In Andhra as well as Uttar Pradesh a problem was that the organisations were only involved at a time that the technical part was for a large part completed. Experiences in India and elsewhere show that for the success of a drinking water programme it is necessary that participation and education activities are an integral part of the programme right from the start. Or even better: before any construction is undertaken.

This brings me to the last point I would like to make: the sustainability of the activities. My finding is that software aspects can not be sustainable unless (1) they are part and parcel of the programme from the start, (2) are implemented together with other, also more economic and political activities, (3) are financially sustainable in the sense that people contribute in money terms, and (4) are implemented in the whole project area. This, of course, points at probably the largest problem in the drinking water projects in India, which is a problem of scale.

There remains a large discrepancy between the need to move fast in drinking water construction and the need to move slower in order to make participation and education having a higher degree of impact. It is almost like a chicken and egg discussion for which also I don't have the ultimate solution or answer.

Thank you.