

**Rural Water Supply, Sanitation  
and Health Project for Balochistan**

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**Project Appraisal Document**

**LGRDD/Dutch Project**

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December 1989

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Cowater International  
NESPAK  
Local Government and  
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**Rural Water Supply, Sanitation  
and Health Project for Balochistan**

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# Project Appraisal Document

## LGRDD/Dutch Project

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December 1989

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Local Government and  
Rural Development Department

BALUCHISTAN RURAL WATER SUPPLY, SANITATION AND HEALTH PROJECT  
PROJECT PREPARATION DOCUMENT

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concerning the preparation of strategic investment plans

~~EXECUTIVE SUMMARY~~

~~BACKGROUND~~

1.1. Strategic investment plan for Balochistan

1.1 The Government of Pakistan, in collaboration with the World Bank and CIDA invited the Dutch Development Cooperation Agency (DGIS) and other bilateral donors to participate in a review mission for water supply, sanitation and <sup>hygiene education</sup> health arrangements during March 1989. Mr. Teun F. Bastemeijer of IRC visited Quetta <sup>with</sup> and attended the Steering Committee meetings <sup>during</sup> on ~~March 28, 1989~~ in which the <sup>proper</sup> ~~Inception~~ Report of the Consultants <sup>was</sup> discussed ~~and approved~~.

for the strategic investment plan study

1.2 Another Dutch Mission, headed by Dr. J.C. Cappon of Socrates visited us during 4 July -1 August 1989 and had discussions with the Government officials and Consultants and formulated proposals for the strengthening of Rural Development Academy, Balochistan, Quetta, for human resource information service and training.

Balochistan

1.3 The Strategic Investment Plan for the ~~Sector~~ has been approved by the Government of Balochistan and concept clearance has been given by the Government of Pakistan. The project preparation document has been finalized for consideration by the Dutch Authorities for appraisal.

~~PRESENT SECTOR INVESTMENT~~

2.1 The Government of Balochistan has shown increasing emphasis for investment in rural water supply schemes. In 1988-89, approximately Rs. 180 million was allocated to rural water supply from the ADP. For 1989-90, Rs. 245 million has been allocated from the ADP (including an estimated Rs. 30 million from the Rapid Development Programme). Funding is also available from the SDP (BIAD, Pak-German, BALAD) with annual investment expected to be in the range of Rs. 35 to 45 million per year. The People's Programme may provide an additional Rs. 30 million to the water sector annually.

3 ~~STUDY FINDINGS~~

3/1  
OK

~~The Consultants of the World Bank/CIDA have concluded that~~ The existing level of investment is producing significant results (roughly 5% in coverage each year or 250000 new people served annually). However the major implementing agencies i.e. PHED and LGRDD have reached limitations on their capacity to complete schemes as planned. More importantly, water supply schemes are being implemented without proper concern for planning, community involvement, design, evaluation, cost recovery, human resource information and training. ~~Under the present system, the following are the main constraints.~~ *mentioned in the Strategic Investment Plan*

- . little effort to develop lower cost systems and implementation techniques;
- . no improvement in rate of recovery for water charges, resulting in a rapidly increasing recurring cost burden;
- . poor training of operators, resulting in greater number of repairs; and
- . increasing number of schemes requiring rehabilitation, augmentation, or extension which reduces the funds available for new schemes.

6/2

The Consultants advised the Government of Balochistan to follow a plan of action that strengthens the institutional capability of PHED and LGRDD to plan and implement low cost sustainable schemes. Institutional strengthening would involve the creation of cells within PHED and LGRDD for planning and community involvement. The objective would be to establish and utilize selection criteria for new schemes and to negotiate agreements with the beneficiaries for the payment of operation and maintenance costs. Institutional strengthening and training would also involve improved design capabilities; increased

skills for water resource development, testing and monitoring; and a training coordinator for operators, managers and other technical staff.

*Strategy Investment Plan indicates*

3.2

The LGRDD has weaknesses in project planning and implementation. However, the Consultants believed that LGRDD is the appropriate institution to assist the development of small scale services in rural areas. Their role should be to assist and guide the planning and implementation process at the District Council, Union Council and Village levels. Better training of field officers is required to improve their planning and technical advisory capabilities. Only then can more projects be properly implemented. The opportunity is greater because there is:

- . a large demand for water supply in small villages;
- . ~~the cost of~~ <sup>all</sup> simple schemes is more cost effective;
- . the potential for cost recovery is high (both for capital and O&M costs); and
- . the long term financial burden on Government is <sup>likely to be</sup> less.

3.4

Consequently, the Consultants have recommended a two pronged approach to the investment in the sector, focusing on PHED and LGRDD. Present levels of investment in new water supply schemes are reasonably adequate but additional funding is required for institutional strengthening and training. The donors' involvement in the sector has been recommended as under:

- . a comprehensive draft project document for PHED has been completed and the project is proposed to be financed by IDA at the total cost of Rs. 1200 million out of which World Bank credit would be Rs. 850 million over a period of 8 years;
- . a water supply, drainage and sanitation project, covering 16 large communities is also under preparation by the Consultants



for PHED. Some components from this project are proposed for IDA funding in the rural water supply and sanitation projects; and

*the present project document concerns*  
~~a project document for~~ Bilateral assistance to the LGRDD for an integrated water supply, <sup>and</sup> sanitation ~~and health~~ project ~~has also been prepared and presented for appraisal to the Dutch authorities, as the Government of Netherland has expressed interest in this project.~~

*sponsor on two districts,  
Ombaka and 2406.*

#### 4. LGRDD/DUTCH PROJECT COMPONENTS

4.1 The LGRDD/Dutch project components would include:

construction, integrally with the water supply schemes, of 375 demonstration latrines, over 3 year period and assisted by providing essential material for about 12000 latrines constructed by house holders. This component may possibly be executed by UNICEF, on behalf of LGRDD;

private sector support including training of artisans/small contractors and technical guidance in improved latrine components manufacture and marketing;

training of managerial and technical staff, village leaders, extension staff, private sector contractors, manufacturers, artisans and the participating communities;

provision of a management information system within LGRDD and data base for water supply, sanitation, health and hygiene; and

preparation of District Development Plans in the selected districts.

4.2 Project Cost

Total project cost	Rs. 150 million (over 3 years)
Dutch assistance	Rs. 110 million
Local financing	Rs. 40 million

4.3 Sector Investment

The indicated level of assistance from the Government of Netherlands being 10 to 12 million guilders would comprise of the following components:

a. Institutional Aid	1.20 million
b. Technical Assistance	3.80 million
c. Demonstration Phase-1	3.50 million
d. Community projects	1.80 million
e. Community organization	0.20 million
f. Training	0.44 million
g. Hygiene Education	0.06 million

---

11.00 million Guilders

4.4 The project initially designed for a period of four years is liable to be extended upto 1998 (8th Five Year Plan period) and similar level of assistance is possible for the next four years. This will however be possible after an evaluation of the programme and the results achieved in the sector.

~~1. GENERAL DESCRIPTION OF THE PROJECTS~~

~~1.1 Project Description~~

1.2

*five year  
Government plans*

The Seventh Five Year Plan of the Government of Pakistan presents a bold and comprehensive development programme within the context of a well articulated economic policy framework. It speaks of combining rapid economic growth based on a greatly strengthened and diversified production base with the demands of social justice. The aim is the rapid and equitable development of the country to help the poor emerge from their poverty and to enable them to earn or obtain the necessities of life through a decisive break-through in the provision of physical infrastructure and social services to the rural areas. The emphasis is on nutrition, water and sanitation, and especially education and health to increase human resource productivity and to establish equality of opportunity.

In the said plan Rural development efforts have been undertaken both as a part of overall sector programme and as integrated programme executed by District Councils, Union Councils and LGRDD. Greater emphasis is given to local projects based on felt needs. An innovation is the attempt to have District plans prepared by local councils for submission to provincial authorities.

It is calculated in the 7th Five Year Plan that more than half of the total population has access to clean water. Although the ratio in urban areas is much higher than in the rural areas the gap has been reduced with increase in coverage of population from 22% to 45% in rural areas and from 77% to 80% in urban areas. More than half of the urban population has access to sewerage facilities. In rural areas, these facilities have not been expanded fast enough and only 10% of rural population is covered.

The quality of life indicators for the 7th five year plan relating to the sector are as under:

	<u>1982-83</u>	<u>1987-88</u>	<u>1992-93</u>
Access to clean water			
% of total population	58.6	61.0	63.0
% of rural population			
% of urban population			
Access to Sewerage Facilities			
% of total population	16.0	23.0	44.0
% of rural population			
% of urban population			
Infant Mortality (age 0-1) Per thousand	98.5	80.0	60.0

*Sulochana*  
 In Balochistan, physical and social infrastructure lagged well behind the national average due to its geo-political situation and tribal conditions. The strategic importance of the area associated with its backwardness demands a multi sectoral investment programme for its development. The present sectoral conditions in Balochistan as assessed in the Strategic Investment Plan are as under:

1.	Access to clean water	25%
2.	Access to sewerage facilities	3%
5.	Child Mortality (0-5) per thousand	219.4
4.	Life expectancy	60 years
3.	Average Income (monthly)	Rs 1400
6:	Common causes of death	
	Respiratory	59%
	Diarrhoea	51%
	Cholera	44%
	Malaria	26%

*new*  
 The problem in the Province is not of providing envisaged coverage level but <sup>also</sup> of sustainability of the system, the cost of O & M of water supply schemes to the Government and lack of knowledge of the beneficiaries of clean water, better health & hygiene, human waste disposal and their inter-relationship. <sup>only</sup> Various reasons can be attributed to this drawback.

These include

- ~~a) political and tribal interventions and subsequent policy of the Government for the selection of schemes and their approval; O & M, cost recovery, and priority procedure;~~

- b) human resource limitations; and limitations of line Departments;
- c) planning procedure and lack of long term strategy;
- d) financial resource limitation and emphasis on high cost technologies;
- e) lack of Community participation and very low cost recovery;
- f) low comprehension of health hazards due to lack of hygiene education and sanitary disposal of excreta.

Based on the above key constraints, the following strategy has been recommended for implementation in the Strategic Investment Plan.

Strengthening the Government Departments which are more close to the communities, working for the communities and developing their human resource capabilities by arranging adequate training opportunities;

ensuring a system which is constructive and appropriate to the community it serves; meeting the Community's needs and being sustainable at the village level;

transferring responsibility for the operation and maintenance of the system to beneficiaries who have the vested interests in its continued operation;

involving the beneficiaries in all phases of planning and execution to develop a sense of ownership and responsibility; and

providing the beneficiaries the information they require to enable them to maximize the potential health benefits of the system and minimize the health hazards by way of strengthening the existing institutions, demonstrations, promoting hygiene education programme and the disposal of human waste and stagnant water.

~~Socio-economic data~~  
1.2 ~~Overview of the Province and its water resources~~

Balochistan Province lies between latitudes 25 N and 32 N and longitudes 61 E and 71 E. It is the largest province of Pakistan bordering Afghanistan and the North West Frontier Province in the north, Iran in the west and Punjab and Sind in the north east and south east respectively. It is bounded by Arabian Sea in the south. Balochistan covers an area of 221,000 sq.km (134,000 Sq. miles) which is about 43 percent of the total area of Pakistan. The Province has a population of over 4.5 million out of which rural population is 3.655 million (1981 census). The climate varies widely. The coastal belt of Makran is hot and humid but low precipitation. The hilly areas in the north have cool dry climate. Kachhi plain and Kharan desert are the hottest places not only of the Province but also of the country. Most of the area is arid with very low precipitation. The average rainfall ranges from 50 mm in Chagai District to 400 mm in Musa Khel area of Loralai District. According to the National Household Income and Expenditure Survey (1984-85) the average income for rural household was Rs.1400 per month and 47% of rural households were below the national poverty line of Rs.1000. The Map of Balochistan showing 6 administrative divisions and 20 Districts is at Figure 1.

Water is of crucial importance to the communities. It is their source of survival, subsistence, wealth and enrichment. How close a farm is to water is equivalent to its owners social status in the community indicating his privileges or lack of privileges, his power or his servility. Water is the major topic around which are centred most conversations and discussions, disputes and their resolutions. Since 1978 the Balochistan Ground Water Rights Administration Ordinance is in force. Under this Ordinance a Provincial Water Board and for each District a District Water Committee has been created and procedures for extracting water and its use has been regulated.

Since the creation of Baluchistan as a province in 1970 Government has been taking active role in the provision of drinking water supply to rural

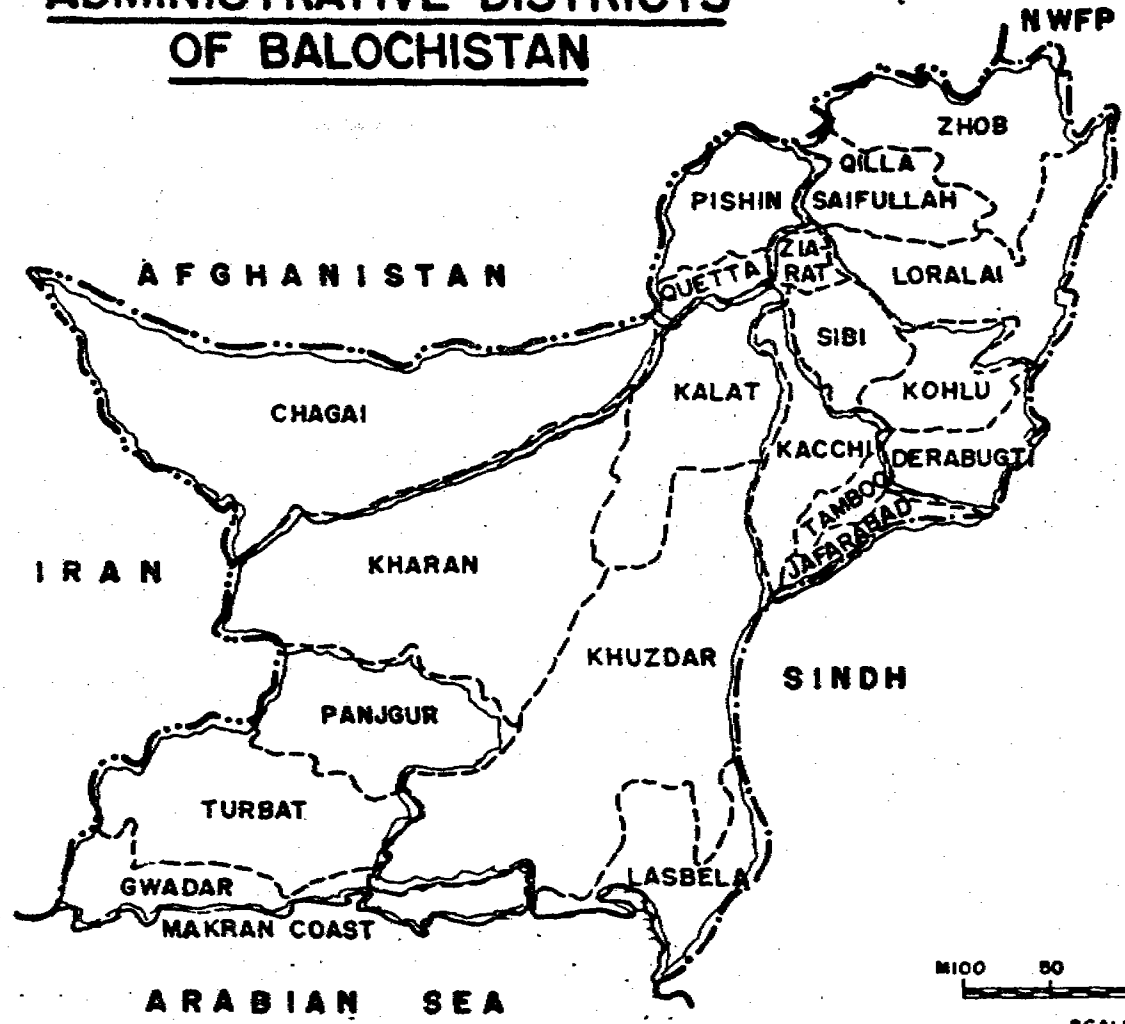
60°

65°

70°

FIGURE 1

# ADMINISTRATIVE DISTRICTS OF BALOCHISTAN



30°

25°



and urban areas. There are several Government Departments in Balochistan, which to some extent are involved in water supply, health and sanitation/drainage. They are:

1. Water and Sanitation Authority (WASA);
2. Balochistan Development Authority (BDA);
3. Irrigation And Power Department (I&P);
4. Water and Power Development Authority, Hydrogeology Division (WAPDA-hyd.);
5. Public Health Engineering Department (PHED);
6. Balochistan Integrated Area Development (BIAD);
7. Local Government and Rural Development Department (LGRDD);
8. Education Department (EDD); and
9. Health Department (HD).

Figure 2. shows the various types of water supply technologies by the implementing agencies. With the exception of LGRDD, Education and Health Departments all the other departments have adopted high and costly technologies for water supply which can neither be afforded by rural poor nor the benefits have reached them. BIAD has attempted to involve communities in its efforts to provide drinking water and to improve sanitation but these efforts have not produced substantial results for O & M and cost recoveries by the communities. WASA has recently added latrine construction to its mandate and is experimenting in suburb localities of Quetta Towns (Pakhtoonabad) and this experiment can be further replicated in other towns. /

Public Health Engineering Department as bifurcation of Irrigation Department was created in July 1987 to deal with drinking water supply arrangements. PHED took over the charge of 299 drinking water supply schemes from Irrigation Department for O&M purposes. The PHED has completed another 83 schemes (total 382) and more than 100 schemes are ongoing PHED has a strong engineering base and is fully responsible for development of new water supply schemes, but they are neither conversant with the new low cost technologies which may be applied nor is their



## WATER SUPPLY TECHNOLOGIES IN USE IN BALOCHISTAN

<u>Agency</u>	<u>Technology Type</u>	<u>Number of Schemes</u>
PHED	1. Tubewell, Pumping, Transmission, Distribution	300
	2. Spring W/WO Pumping, Transmission, Distribution	few
	3. Infiltration Gallery, Collection Chamber, Distribution	few
	4. Canal, Slow Sand Filtration, Pumping, Distribution Transmission, Distribution	5
	5. Openwell, Pumping, Transmission, Distribution	100
	6. Rain Water Collection Pond, Treatment, Distribution	10
BIAD	1. Tubewell Schemes	28
LGRDD	1. Wells, Pumping, Community Tank	numerous
	2. New Karez	few
	3. Karez Improvement	hundreds
	4. Water Collection Ponds	numerous
	5. Water Tanks	numerous
Pak-German	1. Handpumps	100
Private Sector	1. Karezes	hundreds
	2. Tubewell Irrigation	8300
	3. Wells	numerous
	4. Hand pumps	very few

Source : Various departments, agencies and government statistics.

2.4  
~~Abol LGRDD. In future desired role of LGRDD~~

programme community based. Nothing is being done by the department about sanitation and human waste disposal. Moreover, to implement the strategy relating to the sector, the World Bank has agreed to provide material support to PHED for their water supply projects; concept clearance has been given by the Federal Government and for which project preparation is being finalized by the World Bank/CIDA consultants. No human resource development facilities exist within the Department and the training opportunities are lacking.

*unpublished*  
LGRDD is ~~a~~ community based organization dealing with the people at the community, union and the district levels. It is within the mandate of LGRDD to organize the communities, and provide basic services in the field of public works, (drinking water supply, tanks, ponds and other works of infectious diseases and system enforcement of vaccination); sanitation and drainage (adequate system of public drains and disposal of human waste) and Education (grants and subsidies to institutions and organizations engaged in the promotion of education). These are the compulsory functions of the local councils (district councils and union councils) as laid down in section "A" and "C" of fifth schedule of Balochistan Local Government Ordinance 1980 (Annexure "A"). Planning and implementation procedure has also been separately laid down in the Manual of Instructions for Rural Development.

LGRDD has already been implementing small water supply, sanitation and drainage scheme of communities and has the staff available at the grass root level. The Department has links in the villages through elected councillors of union and district councils. Low cost technologies are required to minimize the burden to the communities for running and maintenance, but these technologies need to be developed under the policy and procedure laid down in the Strategic Investment Plan. The existing technical expertise of the department is not upto the standard so far as designing and low cost technologies are concerned.

*LGRDD*  
LGRDD consists of one Director located at Quetta; six Joint Directors at each of the 6 Divisional Headquarters; 20 Assistant Directors, 20 Assistant Engineers and 20 Chief Officers (LCS) at the District

Headquarters; 52 Development Officers, 52 supervisors and 52 sub-engineers at the sub-divisional headquarters and 316 Secretaries of Union Councils (village Extension workers). The organization chart and staffing levels of LGRDD are shown in Figure 3 and Figure 4 respectively.

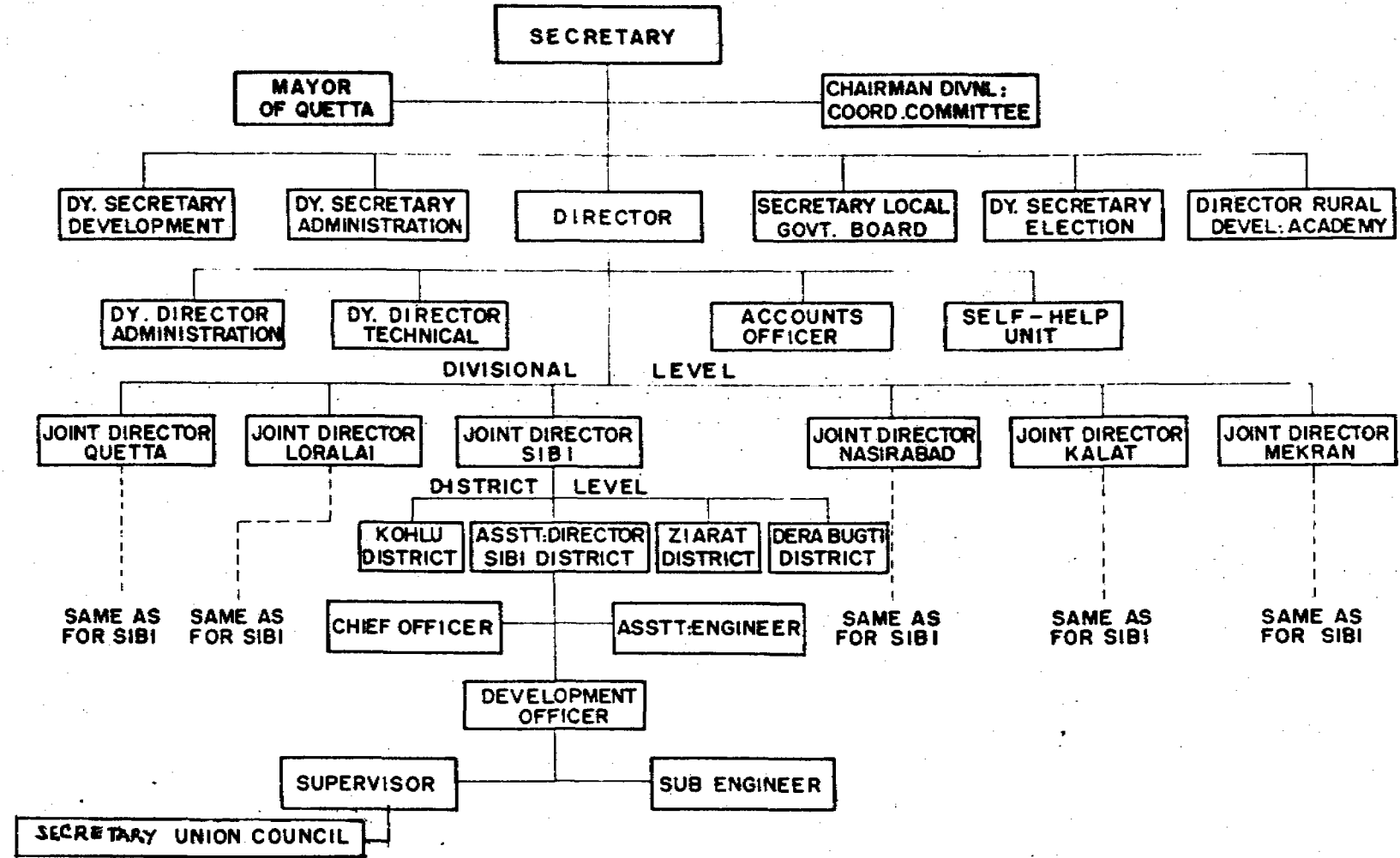
The LGRDD has reserved 25% of its allocation for water supply, health and sanitation schemes under the rural development and this percentage has increased during the preceding 5 years period. LGRDD has thus completed about 2000 small water supply schemes within far flung areas of District Councils and Union Councils but ~~due to lack of funds, mobility, and technical expertise for low cost technology, the Department has not been able to provide adequate coverage.~~ <sup>many systems also not functioning well under the protected services.</sup> The annual allocation of funds to the District Councils and Union Councils and investment in the sector for the preceding five years period is as under:

<u>Years</u>	<u>Total R.D. Allocation</u> (in Rs.)	<u>Investment in sector</u>	<u>% of Investment</u>
1984-85	26 million	9.1 million	35%
1985-86	24 million	6.72 million	28%
1986-87	40 million	28.4 million	33%
1987-88	50 million	15.0 million	30%
1988-89	55 million	20.9 million	38%

The schemes of LGRDD belong to the communities, on completion schemes are handed over to the communities and are operated and maintained by the communities. Therefore, no liability of O & M rests with LGRDD. Financial support is however, extended to the beneficiaries/communities for repair or expansion of schemes. In addition to the obligatory funding under the rural development programme, optional/discretionary funding is also made by the Government for completion of schemes by the LGRDD. These sources include Special Development Programme Funds, Presidential grants, Chief Minister/MPA/MNA/Senator Funds, Kachi Abadi and Seven Marla Funds, Women programme Funds etc. The details of these allocation during the past five years are shown at Annexure "B".

FIGURE 3

# ORGANIZATION CHART OF LGRDD



10

FIGURE 3

Figure 4

**STAFFING CAPABILITIES OF LGRDD**

<u>Administrative Level</u>		<u>Number of Staff</u>	<u>Grade</u>
Provincial	Director	1	19
	Deputy Director Technical	1	18
	Dy. Director(H.Q)	1	18
	Planning Officers	2	17
	Asst. Director	3	17
	Assist. Engineer	2	16/17
	Town Planner	1	17
Divisional	Joint Directors	6	19
	Divisional Engineers	6	17
	Town Planner	6	17
	Ch. Officers	6	6/17
District	Assist. Director	20	17/18
	Chief. Officers	20	16/17
	Assist. Engineers	20	16/17
sub-Division/ Tehsil	Development Officers	52	16
	Sub-Engineers	52	11
	Supervisors	52	9
Union Council	Village Extension Workers (Secretary Union Council)	316	5/6

## Human Resources

The LGRDD at this time has no Human Resources Information Systems (HRIS) to organize staffing capabilities. However, a proforma at Annexure "C" has been devised and circulated to field staff (528 personnel) for their Bio-data which will be monitored for the training needs of LGRDD. Currently the LGRDD is <sup>establishing new kitchen for the</sup> ~~operating a~~ Rural Development Academy ~~out of~~ temporary facilities in Quetta. ~~There are two buildings, one for faculty members and one for administrative officer and a classroom. Training equipment (audio-visual) is limited and the blackboards and furniture are in poor condition. A library does exist, but without proper learning materials for students. There are five instructors and the necessary support staff, but the instructors appear to have limited capabilities. There is neither a set curriculum nor a proper plan of action has been developed. New facilities for the Academy are being constructed on the outskirts of Quetta and completion is scheduled for late 1990. The present training activity is limited to courses for newly elected local councillors and LGRDD officials from the administrative wing of Local Government and the Provincial Local Government Board (PLGB).~~

### 1.3 Problems and Solutions

The following problems\constraints exist within LGRDD:

- . Proper planning and implementation procedure is inadequate;
- . Long term strategy is lacking;
- . Financial allocations are meagre;
- . Little attention is paid to community participation;
- . In-adequate technology choice;
- . Lack of adequate Government policy or guidelines;

Human resources limitations;

quality  
credit

Absence of hygiene education; and

Delayed implementation due to late release of funds or the non-approval of certain ADPs.

The possible solution to the problems are:

Strengthening the planning and implementation procedure which in turn will necessitate greater community involvement through water users organizations/ committees;

Increase of financial allocation along with increase of capacity to implement low cost technology projects;

Recruitment of female community Hygiene promoters to identify women to promote hygiene education in coordination with the Health Department;

Preparation of District development plans for shorter and longer durations and recruitment of District Planners;

Adopting targets of water supply, Sanitation and human waste disposal coverage;

Setting standard of basic service levels;

Establishment of inhouse training programme for the District and Union Council levels;

Provision of material support (equipments and vehicles); and

Providing equipment and furniture and transport to RDA to facilitate its vastly expanded role in human resource development for the sector.

### History of Strategic Investment Plan

In 1976 the World Bank Commenced a two-year research programme into appropriate water supply and sanitation technologies suitable for implementation in low income urban and rural communities in developing countries. The objective of under-taking such a programme was that the Bank and other inter-national and national agencies might be better informed on alternative low cost technologies so that their investment in water supply and sanitation would be better able to benefit the very large number of low income communities, whose immediate need for these basic services is so great.

Following the Bank research programme, the UNDP, in preparation for the International Drinking Water Supply and Sanitation Decade (1981-1990) initiated Global Project in November 1978 with the World Bank as executing agency in order to translate these research results into actual practise. The objectives of this Global Project were to assist Government in developing water supply and sanitation projects which were responsive to the needs of low income urban fringe and rural areas which the beneficiaries could afford and which maximized public health benefits and which could be realized and widely replicated within institutional, financial and socio-cultural constraints. The project also helped Governments identify suitable sources of funds for implementation. In January 1982 the Global Project was succeeded by Inter-regional Project with essentially the same objectives and is currently active in a number of developing countries in Africa, Asia, and South America.

In Mid 1987 the Government of Pakistan requested the World Bank and CIDA for assistance in the rural water and sanitation sectors. A joint mission prepared a sector review document which was discussed with the Federal and Provincial Government officials in April 1988. At the same time the World Bank supported a national workshop in which Federal and Provincial Government Staff, International Agencies, NGOs and all related to the project participated. The following key issues were discussed in the workshop:

- . Sector priorities and finances;
- . Integrated approach to Government;



- . Institutional frame work;
- . Technology choice;
- . Sustainability of investment;
- . Cost recovery;
- . Role of the private sector;
- . Role of the women; and
- . Investment planning and project preparation.

The workshop was simultaneously followed by a Policy Conference which resulted in a declaration and specific recommendation defining sector policy, incorporating lessons learned from earlier experience. Specific recommendations were formulated concerning inter sectoral coordination through Provincial Committees, establishing broad based village associations, provision of low cost technology system at basic service level, operation and maintenance and cost recovery and community financing. These policy recommendations provide guidance for future sector investments and development projects. In the final version of the sector review report of June 1988, it was recommended to prepare Strategic Provincial Investment Plan for each Province. CIDA agreed to finance this study project with the World Bank as the executing agency. Strategic Investment Plan has been finalized by the Consortium of Consultants composed of WARDROP-ACRES from Canada, Co-water International with branches both in Canada and Pakistan and NESPAK from Pakistan. The following were the stages of study outputs commenced in Balochistan from December 1988.

- 1) Inception report prepared within three months and approved by the Steering Committee on March 28th 1989.
- 2) Draft Provincial Investment Plan prepared within six months and approved by the Steering Committee on July 20th 1989.
3. Final Provincial Investment Plan approved by Steering Committee on October 10th 1989.

Administrative Set-up.Civil Divisions

The present administrative Divisions and the Districts in Balochistan are as under:

	<u>Division</u>	<u>Districts</u>
1.	Quetta	- Quetta, Pishin and Chagai;
2.	Loralai	- Loralai, Qilla Saifullah and Zhob;
3.	Sibi	- Sibi, Ziarat, Kohlu and Dera Bugti;
4.	Nasirabad	- Jaffarabad, Tamboo and Kachhi;
5.	Kalat	- Kalat, Khuzdar, Lasbella and Kharan; and
6.	Makran	- Gwadar, Turbat and Panjgur.

Divisional level: In each Division, there is a Commissioner who is responsible for law and order and development. There is also a joint Director LGRDD, who is responsible for coordination, planning and scrutiny of ADPs at the Divisional level. The Commissioner is the Chairman of the Divisional Coordination Committee and the joint Director is its Secretary. All the Divisional heads of Government Departments are available at this level.

District Level: Administratively, the District is the most important level for implementing development projects and administering activities of local government. District Councillors are elected members who make planning decisions for each district, in cooperation with local government officials and line department staff. There are 20 Districts in Balochistan, each headed by a Deputy Commissioner to deal with Law and Order and other issues of provincial and local importance.

Development plans are carried out by the various Government departments and social services are administered by District Councils. The District Council is also responsible for collection of local tax, revenues and non-tax charges. Each District has one Assistant Director who also acts as the Secretary of the District Council; an Assistant Engineer for Local

level designing, estimating and costing development schemes; a Chief officer responsible for all local council affairs and the support staff. There are 316 District Councillors in Balochistan elected on the basis of direct ballot from their constituencies (Union Councils) for four year terms. They in turn elect two representatives of peasants, workers, tenants and two women for their District Council. They are 80 in number. Both elect and representative members of the District Council elect their Chairman.

Sub-Division: There are 52 Sub-Divisions in Balochistan each headed by an Assistant Commissioner for law & order, administration and collection of local revenues. Heads of Government Departments and an implementation team of LGRDD, comprising of a Development officer, supervisor and sub-engineer also exist at this level which is directly responsible to Assistant Directors of LGRDD.

Formerly, there was a Tehsil Council in each sub-Division that carried out development and coordination duties and included electoral representatives below the District level, but these councils have since been abolished.

Union Council: The Union Council is the lowest elective body of Local Government, involving elected representatives (Union Councillors) and Local Government extension worker (Secretary Union Council). There are currently 316 rural Union Councils in Balochistan and this number is expected to be revised upwards by the next census (1991) to reflect population growth. In general, each Union Council serves 10-15,000 people, represented by 10 to 15 elected councillors. They have authority to implement small schemes and collect local revenues. A district wise distribution of the Union Council's constituencies of councillors (wards) and the population covered is given under:

<u>District</u>	<u>Union Councils</u>	<u>Consti tuencies Wards</u>	<u>Rural Population Covered (1981)</u>
Quetta	8	76	96,000
Pishin	31	284	3,34,000
Chagai	12	94	1,09,000
Loralai	35	303	3,69,000
Zhob	17	160	1,91,000
Q. Saifullah	11	112	1,38,000
Sibi	11	76	71,000
Dera Bugti	10	82	1,04,000
Kohlu	9	64	71,000
Ziarat	4	32	32,000
Jaffarabad	26	215	1,51,000
Tambo	12	99	2,15,000
Kachhi	28	237	2,82,000
Kalat	19	233	3,14,000
Khuzdar	22	268	3,56,000
Kharan	10	97	1,18,000
Lasbella	13	115	1,57,000
Turbat	21	248	3,27,000
Gwadar	6	58	69,000
Panjgur	11	114	1,51,000
<b>20</b>	<b>316</b>	<b>2967</b>	<b>36,55,000</b>

#### Representative members

Workers,	20	-	-	-
Peasants	20	316	-	-
Women	40	632	-	-
	<b>80</b>	<b>948</b>		

**Mauza:** Below the Union Council level is a mauza which is not an administrative unit but rather an electoral unit from which a Union Councillor is elected (wards). For convenience, a mauza also forms the lowest level of census reporting.

**Village:** Within each mauza, there may be one or more villages. There is no official administrative body at the village level. A village is defined as a settlement with a population less than 5000. Larger

settlements are called towns and Municipalities and have legal right to form urban councils with full administrative duties. Currently, there are proposals to extend the civil administration to the village level but there is some doubt about the viability of this concept in Balochistan due to small villages sizes, weakness of the existing administrative system below Union Council level, low levels of education and development, and prevailing tribal conditions.

#### 1.6 Role of Donor Agencies

The World Bank and the Government of Netherlands have shown interest in the development of water supply sanitation and health sector in Balochistan and the World Bank has made preliminary commitment to provide technical and financial support for material requirements of PHED. The Government of Netherlands is more interested in the strengthening of LGRDD and human resources development for sustainability of the sectoral projects and organizing the communities for O & M and cost recovery. The Dutch assistance would be between 10 to 15 million Guilders, for a period of four years. The justification for donors assistance to LGRDD is based on following points:

- . develop and test procedures for the implementation of integrated low cost water supply and sanitation schemes for small villages;
- . improve the training of field officers for community involvement in sector development, particularly the Development Officers;
- . enhance the technical capability of LGRDD staff, both at the Provincial and the District levels. (low cost technologies for water supply, sanitation, drainage and human waste disposal);
- . assist the set up and training of staff for the new water supply, sanitation and hygiene promotion cell at the District level, particularly the female Community Hygiene Promoters;

. training the new staff of District Planners to prepare water development plans and coordinate activities in the sector;

. set up a programme for the installation of handpumps on dug wells and protection of existing water sources;

. improve the capability of the Rural Development Academy to develop training programmes for government staff and local officials;

. assist LGRDD to establish a Human Resource Information System to identify existing capabilities and future requirements; and

. enhance the coordination of related Departments involved in the sector, particularly PHED, Health and Education.

2. PROJECT FRAMEWORK

2.1 Goals, Objectives and Outputs

The goals of this project are two-fold

improvement in the quality of health and sanitary conditions in the rural areas of Balochistan; and

cost-effective and sustainable water supply, sanitation and hygiene education schemes ) <sup>↑ Treatment</sup> which are effectively used

Since these goals are inter-related, careful coordinated planning and execution of water, sanitation and hygiene improvements will be required.

The ultimate aim is the enhancement of the basic quality of life of the rural population, especially for women.

*From project*  
The overall objective of the Dutch assistance could be to strengthen the institutional capability of IGRDD to plan, implement and evaluate integrated sector development in small rural settlements and to ensure the sustainability of existing and new facilities at an appropriate level of service.

From a more operational perspective, the objectives of the project are to:

provide services which are appropriate and can be sustained in the long term in a reliable and cost effective manner;

integrate water supply, sanitation and hygiene education thereby maximizing the improvement of health;

involve the community and its resources by which the burden on government can be reduced and community organization and skills can be high lighted;

develop a system for monitoring water supply schemes and demands ~~at the district levels;~~

provide service levels that reflect the expressed demand of the beneficiaries and their ability and willingness to afford and sustain them;

enhance the quality of life of women in the rural communities through improvements in their own and their families' health and the reduction in energy, time and drudgery incurred in providing water for their household;

ensure good coordination and efficient use of resources through improved planning and implementation procedures; and

strengthen the ~~private sector.~~

The outputs of the project would be as follows.

1. The provision and effective use of water supply, sanitation and hygiene improvement services to rural people; services which are appropriate, reliable and are sustained in the long term. These services would be provided through joint effort by government (specifically the LGRDD, Health and Education Departments), the beneficiaries and the private sector.
2. Enhancing the ability of the beneficiary communities to contribute to planning and implementation, and to assume ownership and responsibility for the water supply and sanitation services.
3. The enhancement of technical, organizational and management skills within the beneficiary communities.
4. The strengthening of the responsible government departments through enhancement of their personnel, improving their ability to relate



to and participate with rural communities, and the provision of necessary physical infrastructure.

5. Technical assistance in the form of advisory and management services for system design, construction methods, community development, planning, hygiene education and program management.
6. The strengthening and creation of training capacity within the Rural Development Academy.
7. The establishment of a full-fledged program of basic water supply, sanitation and hygiene improvement services within the LGRDD in association with the Departments of Health and Education which is cost effective, draws on community contributions and is sustainable with a minimum drain on government resources.
8. The identification of district level demands which will be developed into plans (with coordination from PHED and P & D) to ensure the most efficient management and use of water resources in the province.

## 2.2 Boundary Conditions or Assumptions

The assumptions on which achievement of the Project objectives will depend are:

LGRDD is willing to accept the advisory services and to implement suggestions being made;

Members of the Steering Committees and the area committees are willing to accept assistance from Dutch advisors and the department staff in the setting of District Development Plans and they are willing and able to work together to coordinate sector activities;

The Government is willing and able to approve the expansion of the concept that the beneficiaries ought to be involved in the management and financing of the recurring cost of their system;

Women in Balochistan can be organized and they have managerial, training and promotional capabilities; and

The RDA if properly reorganized, strengthened and re-established, is capable to implement the training demands at the Provincial and decentralized levels.

2.3

### Women's Involvement and Interests

Traditionally, drinking water, sanitation and health have been the responsibilities of women. Culturally, especially in the rural areas, it is accepted that these issues are basically related to women, and that women should be, as the community members, approached concerning them.

In order to approach women at the community level as beneficiaries, there is a need to create an approach that works towards the development of an institutionalised cadre of female managers, health educators, trainers, promoters, implementors, community workers and programme monitors. Such a female-based system for the sector is presently lacking due to socio-cultural and religious constraints. Yet it is acknowledged that it should not take a long time to develop. There have been experiments on a limited scale with female health promoters and community workers in UNICEF sponsored projects such as BIAD or the Self Help Project of LGRDD that is Pak-German project, that have produced very interesting results. and have demonstrated that women in Balochistan do have managerial, training and promotional capabilities.

At the community level in the villages, women have their own social mobilization system; they share and help each other in times of sickness, childbirth, marriage and death, sharing personal problems. Water supply to the household is one of the main collective female activities. Women bring the water to the household, store it and use it with care.

It is therefore essential to include women in the entire project cycle. Unfortunately, they are often dealt with as a separate issue, rather than as an integrated part of the community. This project aims to address the

This should be the policy since it is the positive sense.

under  
strategy

example

specific needs of women, tap their potential and involve them as much as possible within the constraints of the traditional community structure.

TRAINING  
(ACTIVITY)

At the provincial level, a female health educationalist will be responsible for liaison with related government departments. They will develop training materials on the basis of field monitoring and feedback. It is strongly recommended that the health educator on the district level team should be a woman. The entire project is based on promotion and community involvement, therefore at each district the health educator will be supported by two female Community Hygiene Promoters. These CHPs would preferably belong to the same district and work in close collaboration with the lady councillors, TBA and lady social worker of the area. The required educational levels for these posts should be flexible due to the limited female educational status in the province. At the community level, the traditional, informal village institution of Traditional Birth Attendants (TBAs) will be utilised to provide community promoters for sanitation and hygiene education. A TBA exists in almost every village. They are women who have access to every house in the village and enjoy respect and acceptance by both men and women.

JUST  
GOOD

this  
is  
more  
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PHC.

The TBA will bring the programme to the households and will maintain efficient feedback and monitoring. She will act as a communication channel between the householder, the village committee and the Community Hygiene Promoter at the district level. She will introduce hygiene messages into the household during her regular work as a midwife, and will motivate the family to construct a latrine. She will be provided with a free latrine by the project, which will enhance her status, improve her own sanitation practices and enable her to speak knowledgeably about the construction and advantages of a latrine. At the family level, the women will have access to outside information through the TBA. Thus the women of the family will have the opportunity to discuss the possibility of having a latrine with the men, possibly persuading them to construct one.

The entire strategy for involving women is based on the existing traditional social involvement of women and their interest in the sector. Each step is explained in detail in the project cycle (refer to Section 3.5).

In order to bring about the active involvement of women as project workers, and to create around them an environment of acceptance in society as a whole, it is essential to provide incentives. These will ensure that they get social support from their immediate families and allow them to act as role models. It is proposed that female staff members should be paid higher salaries than those usually paid at their grade level. The TBAs will be given incentives by the project, such as refresher training and a free latrine. Additional incentives may be determined by the community. The female staff at the district and provincial level must have career options and permanency in their jobs, and their job placement should be in the district they live in. It is essential that transportation is provided. Additional benefits, such as maternity leave, should be included.

The financial incentives and improved career opportunities for women proposed in this project could be a part of the beginning a process of change in women's status in Balochistan, as has happened in other provinces. The involvement of women and the development of a community based system in a traditional tribal society like Balochistan will require substantial effort, otherwise the results will be mixed. It is important that each step be implemented keeping in mind that women at all levels of the project will need extraordinary financial, training and monitoring support, support which is vital in order to achieve substantial results impacting on the community as a whole and women in particular.

Contribution  
to  
substantial  
effort.

#### 2.4 Community Target Group Involvement

The majority of sector development is conducted with little or no community involvement at the planning, designing, implementation or operating stages. Very little contact is made directly with the beneficiaries regarding their preferences or willingness to contribute to

a) parties to be trained  
b) parties to be involved

the implementation and operation of the scheme. Schemes are often proposed by influential Sardars, local councillors or MPAs, and very often a majority of the villagers are not informed about the scheme and the process of gaining benefit from it.

PROBLEM  
AT  
LOWER  
LEVEL.

The principle behind the entire implementation method of this project is the involvement of the beneficiaries or community to the greatest extent possible. It is based on the analogy that the community, if permitted, is capable (especially if assisted and trained), of implementing and managing development projects. It is also believed that the role of outside help must be emancipatory rather than making the community passive receptor of imported programmes. This also implies that the project procedures are flexible and prepared for the convenience of the community and not for facility of the outside agency.

The Community involvement in the proposed integrated project has been elaborated at each stage of the Water Supply, Sanitation and Hygiene in the Project Cycle (see Section 5). However, various components of community involvement may be summarized here as follows:

- . the project will involve majority of households in the community;
- . information will be provided about all the components, stages, terms and conditions of the project;
- . similarly, the community will also provide all the required information and assist IGRDD in conducting needs assessment, feasibility and socio-cultural surveys;
- . the community will form a broad-based committee for the implementation and operation of the project. The committee members would be elected by at least 75% of the village households;
- . women will be represented in the Project Committees;

the community will be fully involved, and assure female participation also in decision making concerning site and technology selections, project designing and planning, implementation, operations, maintenance and the ownership of the project;

the community will select persons such as masons and plumbers to be trained for the maintenance of the schemes. It will also select a female counterpart in the village who will be responsible for dissemination of hygiene education and promotion of sanitation programmes among village women; and

the community will ensure that the hygiene education and sanitation programme activities (i.e. TBA home visits and meetings in women groups) are performed regularly and support their activities.

### 3. PROJECT ACTIVITIES

#### 3.1 Institutional Strengthening

##### 3.1.1 Introduction

The present procedures for implementing schemes have certain planning deficiencies that reduce the effectiveness of investments in the sector.

The following deficiencies have been observed:

- . absence of long term master plans for districts;
- . lack of community involvement in planning and implementation;
- . lack of women's involvement;
- . insufficient feasibility studies; and
- . lack of criteria or guidelines for scheme selection.

These problems stem from the lack of staff, time and financial resources to prepare plans in advance of implementation requirements. The present procedures for approval of water supply schemes enables projects to begin without proper technical investigations nor involvement of communities in the assessment of needs and decision making process. Each scheme is assessed individually without much concern for broader planning implications. Without planning guidelines and capable staff to conduct proper planning and investigation, schemes are hastily prepared and approved to satisfy political wills and pressure groups which may not reflect the real needs of the people.

LGRDD has a large number of field staff at or below the District level. However, they are not supported by planning strategies, nor do they have the mobility to adequately serve rural areas, with the result that staff are under utilized. Despite this, LGRDD is still lacking key personnel

at the District level for effective planning and coordination of development activities. Also the technical wing of LGRDD does not have the expertise in a wide range of technologies for water supply, sanitation and drainage. LGRDD does not have female field staff to deal with all the concerns for improve-ment in the quality of life.

Most of the above mentioned constraints, stem from human resource limitations within the line departments who are implementing schemes and within planning staff at the provincial and district levels. LGRDD staff are weak in community development skills and application of new low cost technologies. The Health Department has competent staff but not in sufficient numbers to reach the rural population. Using other cadres to deliver hygiene messages means greater reliance on less capable staff.

The Rural Development Academy has been identified as a critical resource centre that has the potential to enhance the quality of government staff and local leaders with respect to sector development. The Academy has played a very small role in the past due to limited facilities - financing and staffing. Progress is already being made to greatly improve facilities, but this must be backed by good instructors and financial support for properly equipping the Academy, devising curriculum and conducting courses. At present, very little financial authority resides with the Director of Academy. This means that virtually all decisions must be made by the Secretary of LGRDD. More responsibility must be given to the Director for the day-to-day operations of the Academy.

Many of the solutions to the above constraints (planning procedures, new low cost technologies, institutional streng-thening, community involvement and cost recovery) depend directly or indirectly upon improved human resources. There-fore the success and speed at which proposed strategies can be implemented is geared primarily to human resource capabilities.

### 3.1.2 Organization

LGRDD requires institutional strengthening for their Technical Wing, planning capabilities at the provincial and district level and



implementation of projects at the village level. These aspects are discussed below.

### 3.1.3 Staffing

A new cell (RWSS) within the LGRDD Directorate should be established to promote water supply, sanitation/drainage, latrines and hygiene education. This would be headed by a Project Coordinator (Deputy Director) who should report to the Director of LGRDD. Under the Project Coordinator would be a Hygiene Educator/Sanitarian who would coordinate the training and monitoring of Community Hygiene Promoters, and one Planning Coordinator who would be responsible for training and supervision of District Planners. Initially, District Planners and Community Hygiene Promoters would be posted in 3 project Districts. These could increase subsequently if the project is extended beyond 1993-1994. Eventually, LGRDD should aim to sanction these posts in every District.

The Technical Wing of LGRDD only has two assistant engineers under the Deputy Director. It is recommended that one additional assistant engineer be appointed to provide expertise in low cost technologies related to the sector and conduct training programmes for the District level Assistant Engineers and Overseers. He would liaise directly with the new RWSS cell.

The Rural Development Academy will be shifting to their new facilities by the end of 1990. The Director of the Academy must have an appropriate level of decision-making powers to manage the day to day operations. Staffing requirements are relatively modest since it involves filling posts that have already been sanctioned. As the Academy becomes more active, further evaluation of staffing requirements will be necessary.

### 3.1.4 Human Resource Development

Human resource development and training is a major requirement for LGRDD staff and for District and Union Councillors. The need will be great in the short term because changes in planning and implementation policies are proposed which demand re-training of existing staff and training for newly

created posts. Since the thrust of sector development depends on greater community involvement, it will be necessary to enlighten local officials regarding new procedures and explain the most effective methods for pursuing development objectives. Also, it is important to inform villagers of new opportunities through community meetings conducted by Union Councillors and/or LGRDD staff (Development Officers and Secretary of Union Council).

Many of the training requirements for LGRDD staff could be met through the Rural Development Academy, particularly for District Planners, Development Officers, Overseers, and Union Council Secretaries. Courses, seminars and workshops would focus on rural development and planning needs at the District level, community involvement at the village level and methods of promoting integrated sector development. The advantage of the Academy is that courses can be taught to mixed audiences, including several line department staff, local elected officials and selected village members. It also provides a good forum to involve women in training and awareness programmes, discussion of sector issues and ultimately the decision making process.

This year's ADP allocation of Rs. 8 million should be adequate to finish construction and another Rs. 5 million has been proposed for ADP in 1990/91 to equip and furnish the Academy. Additional funding in the order of Rs. 15 million is initially required to properly equip the new Academy.

Once the Academy is fully operational (1991), the annual operating cost is estimated to be Rs. 4 to 5 million. This expenditure includes training of local administrators which is not directly related to sector development.

LGRDD will also need training programmes for technical staff which could be accommodated at the Academy or in the field. This will involve developing expertise in low cost technologies (water supply, sanitation/drainage and latrines) and imparting this knowledge to Assistant Engineers and Overseers. For the handpump projects, expertise will have to be developed for advising on the procurement of appropriate

equipment, installation techniques and operator training courses. Since other agencies like WASA, BIAD and Pak-German Self Help are also working to develop similar technologies, workshops could be arranged at the Academy to share experiences. An establishment cost of Rs. 2 million is required to train master trainers and upgrading the knowledge of professional staff. The annual recurring cost of running the in-house training programme would be Rs. 0.5 million.

LGRDD would also be responsible for training programmes conducted at the District or Union Council level for elected representatives. The purpose is to strengthen local capabilities in planning and development and to improve coordination of the line departments at the District level. This requires local officials to assume a longer term development perspective rather than only addressing immediate needs which are strongly directed by political motives. LGRDD staff should set up seminars in the local council offices, relying on experiences and materials developed by the Rural Development Academy. The establishment cost is negligible and the annual recurring cost would be Rs. 0.5 million (excluding staffing which is paid out of regular salaries).

### 3.1.5 Physical Infrastructure

LGRDD presently has inadequate transportation for their field officers which severely limits their effectiveness in rural areas. At the District level, jeeps are only provided for the Assistant Directors. All LGRDD field staff must depend upon the availability of these jeeps or use private hire vehicles according to their entitlement. One exception is the Self Help Project which has provided jeeps to Development Officers in 9 sub-divisions. The estimated cost of new vehicles is Rs. 11 million which would be phased in during the planning period.

The World Bank has agreed to provide credit for vehicles to LGRDD to support sectoral development in conjunction with strengthening for PHED.

### 3.2 Technical Assistance

The proposed strategy for LGRDD is to strengthen the department's capability to implement integrated sector development at the village level for small and medium size schemes. The requirements for LGRDD focus on institutional aid and human resource development. Given these existing weaknesses, there is a clear role for donor agencies as discussed in Section 1.6.

The project will essentially be executed by LGRDD staff but in view of present constraints, expatriate and local expertise will be required to develop skills, staff resources, and implementation procedures. The donor will provide one expatriate senior Planning Advisor/Project Manager and one expatriate Technical Advisor/Training. Local consultants will include a Training Coordinator, a Design Engineer/Cost Expert experienced in low cost water supply, sanitation/drainage and human waste disposal, a female Hygiene Education Expert and a Community Development Expert. Other expatriate consultants may be brought in for short periods and support staff will be recruited locally.

The project can also assist LGRDD's implementation capabilities by providing vehicles and other equipment for staff in project areas. (The World Bank has proposed financing for LGRDD vehicles requirements in addition to the Dutch project areas.) The Rural Development Academy will need ongoing support in terms of audio-visual equipment, computers, reference materials and other training supplies.

### 3.3 District Data Base and Plans

Whereas the strategic Provincial Investment Plan provides a valuable data base and strategic planning document set out sector development upto the end of the Eighth Five Year Plan, detailed plans will be required at the District level. Reasons are fourfold:

1. Sector data bases are required at the district level. More accurate data and more comprehensive data analysis is required before rational plans for sector development can be developed.
2. A holistic approach has to be taken at the district level which incorporates all of the parameters necessary for rational plan development. This includes institutional strengthening (PHED, LGRDD, DHO, DEO), water resources, demand and need for water, cost recovery potential, project sequencing etc. Such information is incomplete and has not been amalgamated into one data base for planning purposes.
3. At present the ultimate selection of schemes is strongly influenced by political demands. This can lead to inefficiencies in a program which lacks cost effectiveness. Project selection and sequencing must adhere to certain technical, economic and social guidelines which can only be implemented through a district level planning mechanism.
4. In order to utilize existing and scarce resources effectively, rational planning documentation has to be prepared and made available to all parties (including the communities themselves and their political representatives). They must be acknowledged and endorsed by government to limit their strongly influenced by political demands. This can lead to inefficiencies in a programme which lacks cost effectiveness. Project selection and sequencing must adhere to certain technical, economic and social guidelines which can only be implemented through a district level planning mechanism.
5. In order to utilize existing and scarce resources effectively, rational planning documentation has to be prepared and made available to all parties (including the communities themselves and their political representatives). They must be acknowledged and

endorsed by government to limit the tendency towards haphazard program development. District plans are the best form that such documentation can take.

The content of district plans should incorporate

1. Water resources: hydrological and hydrogeological data on the availability and periodicity of water from all sources.
2. Patterns of settlements: going beyond the mauza level to identify clustering of communities to determine the appropriate technology options and level of service.
3. Organizational and ethnic background: hierarchical and organizational patterns necessary for the definition of methodology which will ensure sustainability (including cost recovery).
4. Implementation methods: Details of roles and responsibilities of all parties including the community which will lead to long term sustainability and minimization of burden on Government.
5. Technology: identifying which technologies for water and sanitation are appropriate for the various physiographic conditions within districts.
6. Institutional responsibilities: clear lines of demarcation between government departments as to community size, technologies, service levels, and implementation strategies. Means of ensuring communication and coordination between agencies (including NGOs) in the sector.
7. Selection and Approval: definition of the approval route from initial request of the community through meeting specified requisite criteria to approval for implementation.

8. Phased Sector Development: the rational sequential development of the sector which defines the sequences of areas and communities over the planning horizon.

Preparation of the district level plans will be the overall responsibility of the Water and Sanitation section of the P&D Department. It would act in a coordination role which ensures the collection of data and preparation of each department's separate district plans (particularly those of the LGRDD and PHED). Plan development will start with the priority districts (Zhob, Qilla Saifullah, Lasbella, Ziarat, Kachhi, and Chagai). The first three should be selected as those with adequate resource data. With as much sharing of information and coordination as possible and under the supervision of the P&D Department, the LGRDD (Rural Water Supply and Sanitation Unit) and the PHED (Planning Cell) would prepare separate plans. These would be integrated into one plan by the P&D Department with the necessary inputs from the District Health Officer (DHO) and District Education Officer (DEO). Preparation of the 20 District Water Plans will require a major effort. The P&D Department's cell should be staffed by technically competent planners with good understanding of physical, technical, economic and political issues.

### 3.4 Stages of Implementation

#### 3.4.1 Training and Institutional Strengthening

Prior to 1972, the training and research requirements of the Provincial and District level staff of Government functionaries in Balochistan were met by the Pakistan Academy for rural Development (PARA) Peshawar, 1950 kms away from Quetta and for these facilities a subsidy of Rs. 450 to 550 thousand was annually paid by the Government of Balochistan. The training needs of senior officers were also met by the National Institute of Public Administration (NIPA) Lahore/Karachi and those of the field staff of LGRDD by the Local Government Training Institutes at Lalamusa (Punjab) and Tando Jam (Sind). No such institutional facilities existed in Balochistan and the Government functionaries were dependent on the initiatives taken by the above institutions. No substantial research work has been done for

Balochistan as a result of which basic statistics or basis line data is hardly available.

Balochistan gained provincial status in July, 1970 and thereafter the need of having a full fledged Academy for rural development was badly felt. With the strenuous efforts of LGRDD, the Rural Development Academy came into being during July 1972, and started functioning out of temporary facilities in the premises of Food technology building of Agriculture Department, Sariab Road, Quetta. These premises are in real poor shape without class rooms, hall, material and equipments. Moreover, the capabilities of five available instructors, out of which one is a female. are quite limited. The training activities are limited to courses for elected local Councillors and LGRDD field staff; and seminars and workshops when organized are in the District Council Hall and Railway Accounts Academy, Quetta, subject to their availability.

A new Academy Complex is under Construction at Quetta which will be occupied by the end of 1990. This complex will have the following facilities as shown in the master plan at annexure "D".

**Academic and Administration Block:** These facilities comprise of faculty staff offices, class rooms, common room; conference room and different sections of administration e.g. establishment, accounts, training, research, publication, equipments/Store, Transport and farming. It also includes facilities of Auditorium (multi purpose Hall), Library and dark room; and

**Residential facilities:** These include 1) residential training facilities for trainees of grade 16-18, trainees of grade 11-16, male and female councillors and a guest house for expatriate, local experts and guest speakers and staff residential facilities from grade 1-19; 2) commercial facilities consisting of cafeteria, utility store and shops; 3) Recreational facilities consisting of children parks and club for indoor games and 4) health facilities i.e. a full fledged dispensary.



The new Rural Development Academy will need on-going support in terms of Audio-visual equipments, Computers, reference material and other training supplies for which another project by the Government of Netherlands has proposed assistance. If both the projects are under taken institutional strengthening for the Academy can be coordinated. However, improvements required for rural water supply, sanitation and health sector coverage have been proposed in this report.

During the Project Preparation, the Strategic Planning Consultants, its training advisors, assisted by the LGRDD staff and the Director RDA developed a proposal for training Programme for the sector.

The component inputs for the RDA includes:

- a) commodities such as office facilities, computers, and Audio-visual equipments, library books, dark room equipments, dispensary equipments, for detail see Annexure "F".
- b) 24 man months of Technical assistance by providing a Dutch training specialist; (refer Fig 4.1 "F").
- c) Training activities including trainer's travel, lodging, training coordination and training sessions; seminars, workshops; and
- d) In country and overseas training to develop the ability of instructors, the staff of RWSS cell and the field staff.

**Courses/Subjects for sector development:** The Training requirements of the sector would be carried out within the Project Unit by the specialists/expatriates and local experts; in the RDA, by the instructors under the guidance of training specialists and in the field at the district level for government functionaries and the union council level for the community leaders/beneficiaries and caretakers/operators by the master trainers. On the job method of training at various work locations will be adopted.

Project Unit Level Training: The project unit staff including the expatriate/specialists and local experts are expected to be in position by July 1990 (subject to the approval of the project by the Government of Balochistan/Pakistan and the donors commitment). Simultaneously the LGRDD will organize the WSS cell within its Directorate to act as counterpart of the project unit staff. The training process at the project unit level will be as under:

. the senior planning advisor will work with the district project coordinator and the deputy director RWSS cell to develop skills and experience for coordination, administration and management; planning, monitoring and reporting; tariff collection and general approach;

. the community development specialist will work with the community relation expert and one of the instructor of RDA dealing with community development to acquire basic skills of community participation, organization and encouraging and facilitating the communities and training the communities towards tasks and responsibilities;

. the hygiene specialist will work with the hygiene/sanitation expert and community health promoters in health and hygiene practices and mass mobilization for sanitation/ drainage and benefits of having latrines in the houses;

. the training specialist will provide on the job training to the instructors of the Academy dealing with health and hygiene education, community development and programming and the training coordinator of RWSS cell to develop their skills in:

- a) Training the trainers;
- b) Training needs analysing;
- c) Job occupational analysis;
- d) Preparation of Students learning material;
- e) Preparation of Teaching material; and

Figure 5

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Course Contents/Subjects for Sector Development

- |    |   |  |  |
|----|---|--|--|
| 1. | Senior Planning advisor will Team Train     | 1.1  | 1) District Project Coordinators<br>2) D/Director (WSS)<br>3) ADLG (WSS) |
|    | 2.2 TO                                      | 1) Acquire skills of Coordination and Planning.<br>2) Plan Procedure, and executive Strategy<br>3) Development Administration and management Procedure<br>4) Area Planning, Long term programme and base line data.<br>5) Monitoring and reporting<br>6) Tarrif collection<br>7) Strategy, Techniques and approach in the sector.<br>8) Procedure of Planning & Implementation<br>9) Sector Constraints and this solutions   |  |
| 2. | Community Development Specialist will train | 2.1  | 1) Community Relation expert<br>2) Community Relation Instructor (RDA)   |
|    | 2.2 IN                                      | 1) Basic Skills of Community Participation-organizing-encouraging and facitilating.<br>2) Strategy, Techniques and approach in Community Involvement.<br>3) Public Relations and Communication<br>4) Analysing current situation and chosen problem<br>5) Choosing and carrying out a plan of action.<br>6) Monitoring and evaluating.<br>7) Training, Communities towards tasks and responsibilities; (Record keeping, accounting, Budgeting, Tarrif collection, Planning and setting targets.) |  |
| 3. | Hygiene Specialist will train               | 3.1  | 1) Local Hygiene/Sanitation expert.<br>2) Community Hygiene Promoters    |
|    | 3.2 IN                                      | 1) Health and Hygiene Practices<br>2) Water born diseases - Contamination, polution.<br>3) Sanitation practices - Importance of public and private latrines.<br>4) Assessing shortcomings of field staff and develop training programmes.<br>5) Communication and coordination with line Department staff.   |  |

4. Community Relations expert/community relations specialist will Train. 4.1 1) Development Officer (WSS)  
2) Community Health Promoter (WSS)  
3) Community Development Instructor (RDA)
- 4.2 IN 1) Organizing, encouraging and facilitating Communities  
2) Training Communities, record keeping, Accounts and Tarrif Collection.  
3) Operation and maintenance of schemes/projects  
4) Objective, Strategy and goals of sector.  
5) Importance of Health, Hygiene, Sanitation and drainage.  
6) Tarrif Collection and formulation of schemes.
5. Hygiene Specialist/Female Hygiene Sanitation expert and Departmental Health Educator will train. 5.1 1) Community Healths Promotor (RWSS)  
2) Health & Hygiene Instructor (RDA)
- 5.2 IN 1) Health and Hygiene Practices  
2) Water born diseases - Contamination, pollution.  
3) Sanitation practices - Importance of public and private latrines.  
4) Assessing shortcomings of field staff and develop training programmes.  
5) Communication and coordination with line Department staff.
6. Training Specialist will provide on Job Training to: 6.1 1) Director RDA  
2) Health and Hygiene Instructor RDA  
3) Education Instructor RDA  
for Training Coordinator (RWSS)
- 6.2 1) "Training the Trainers"  
Training needs analysis  
Job occupational analysis  
Preparation of students learning material  
Preparation of Instructors/Lectures Teaching material  
Administrative and management Topics relating to the operation of RDA.
7. Technical designer will train 7.1 1) Assistant Engineer Designe (WSS)
- 7.2 IN 1) Preparation and use of standard design  
2) Technical fesibility study  
3) Installation and maintance of machinry  
4) Operation of pumps  
5) Repair of machinry  
6) Bore hole plant

8. O & M Trainer will train 8.1 1) Sub-Engineer O & M (WSS)  
2) Machinery Maintenance Instructor RDA
- 8.2 IN 1) Train the Trainer  
2) O & M activities related to hand pumps, Centrifugal pump  
and small mechanized pumps, electric Motors.  
3) O & M of small pipe water supply schemes
9. The District Planner/Community Health Promoters/Development and his staff will Provide training to: 9.1 1) Chairmen, Water user Committees  
2) Secretary water user Committees  
3) Treasurer of water user committee.
- 9.2 1) Administration, management and organization  
2) O & M of water supply schemes and Tarrif collection  
3) Implementation Health and Hygiene Courses.  
4) Sanitation and drainage  
5) Area Planning.  
6) Scheme execution and follow up.
10. Sub-Engineers O & M (WSS) will train. 10.1 1) Assistant Engineer LGRDD  
Sub-Engineer LGRDD  
Care takers/operators
- 10.2 IN 1) Train the Trainer  
2) O & M activities related to hand pumps,  
Centrifugal pumps  
and small mechanized pumps, electric Motors.  
3) O & M of small piped water supply schemes
11. Development office LGRDD will train 11.1 1) Community members,  
NGOs members,  
Sub-Divisional and Union  
Council level officials
- IN 1) Survey, head assessment and feasibility studies  
2) Planning, implementing and evaluating environmental  
needs improvements in hygiene education programmes  
3) Maintenance of record and accounts  
4) Organizing, encouraging and facilitating  
5) Improvement of problem solving, group work and  
project development skills.

12. Female Community Health Promoters will Train 12.1
- 1) TBAs
  - 2) Selected village women
- 
- 12.2 IN
- 1) Cleanliness
  - 2) Vaccinations
  - 3) Good food - energy, protected and body building food.
  - 4) Preparation of food.
  - 5) needs of pregnant women
  - 6) O T R
  - 7) Treatment of wounds, cold and cough and eye protection
  - 8) Treatment of sick persons
  - 9) Const. and maintance of Latrines and disposal of stagnant and sullage water.

- f) Administrative and management topics relating to the operation of RDA.

The technical design expert will train the assistant engineer designs (RWSS) to develop skills in preparation and use of standard designs, low cost technologies, feasibilities studies and installation, operation and maintenance of machinery;

The O & M trainer will train the sub-engineer (RWSS) in

- a) training the trainer
- b) O&M activities related to the handpumps, centri- fugal pumps and small mechanized pumps, and electric motors; and
- c) O & M of small piped water supply schemes.

In the second phase of training at the project unit level the following training activities will be implemented:

- 1) The community relations experts will transfer the knowledge and skills to a) Development Officers of the selected districts b) supervisors of selected districts, and secretary union councils of the selected districts;
- 2) The female hygiene/sanitation experts will transfer the knowledge and skills to a) Community health promoters and health and hygiene instructor (RDA); and
- 3) The Assistant Engineer O&M (RWSS) will transfer knowledge and skills to a) assistant engineers and sub-engineers of the selected districts and caretakers/operators of the demonstration project.

Academy Level Training: It is hoped that the Rural Development Academy will be fully established in the new complex and starts functioning by end of 1990. The training specialists with the coordination of the faculty

members of the Academy will develop curriculum and training programme for the Government Officials associated with the sector. Workshops and seminars may also be organized for the development of the sector.

Field Level Training: The master trainer thus produced by the project unit and the Academy will meet the training requirements of the field staff placed at the district, union and community levels. Courses, seminars and workshops would focus on rural development and planning needs at the district level, community involvement at the village level and methods of promoting integrated sector development. Responsibilities in respect of training at various levels and subjects covered are in Figure 5.

#### 3.4.2 Demonstration (Phase 1)

The first phase of the project termed demonstration responds to the fact that there are no proven models for meaningful community involvement in participatory projects. Firstly the Rural Water Supply and Sanitation Unit (RWSS) within LGRDD will have to develop field methodology which is suited to the specific conditions under which it operates. This should take the form of pilot projects which utilize variations within the overall methodology described in Section 2. Care must be taken in selecting the areas for the pilot tests. Criteria should relate to the potential for success and representativeness of the communities as well as the potential for successful replication of the results. The pilot projects should be sizeable and adequate in number to test the necessary number of approaches. They should also be representative in terms of the level of inputs required from government. All methods tested should be viable in terms of the resources they require for implementation. The demonstration phase is not a research but should be full scale field trials with realistic budget and time limitations. The proposed timing for demonstration will occur from year 2 to year 4, and the projects expected to be included in the demonstration phase 1 etc. are shown in Figure 6.



Figure 6

## DEMONSTRATION PROJECT FOR DUTCH ASSISTANCE

S.No	COMPONENTS	YEAR 1		YEAR 2		YEAR 3		YEAR 4		TOTAL		COST PER SCHEME (Rs.'000)
		#	Rs.'000	#	Rs.'000	#	Rs.'000	#	Rs.'000	#	Rs.'000	
1.	WATER SUPPLY SCHEMES											
	• HAND PUMPS	0	-	50	1500	50	1500	25	750	125	3750	30
	• GRAVITY SCHEMES	0	-	5	1500	5	1500	2	600	12	3600	300
	• INFILTRATION GALLERIES	0	-	3	3000	3	3000	0	0	6	6000	1000
	• KAREZ IMPROVEMENT	0	-	9	3000	9	3000	4	1070	25	7070	350
	• SMALL PUMPED SCHEMES			6	2400	6	2400	3	1200	15	6000	400
	• VILLAGES (OVERHEAD)/ TECHNICAL ASSISTANT (30%)	0	-	50	3570	50	3570	25	1290	125	8430	
2.	SANITATION/DRAINAGE											
	• PROMOTION (30% COST)	0	-	50	300	50	300	25	300	125	900	
	• DEMONSTRATION SCHEMES	0	-	5	1000	5	1000	5	1000	15	3000	200
3.	LATRINES											
	• PROMOTION (VILLAGES)	0	-	50	60	50	60	25	30	125	150	
	• POUR FLUSH	0	-	50	100	50	100	25	50	125	250	2
	• VENTILATED PIT LATRINES	0	-	50	100	50	100	25	50	125	250	2
4.	HYGIENE EDUCATION											
	• PROMOTION (VILLAGES)	0	-	50	100	50	100	25	100	125	300	
	• TBA TRAINING	0	-	25	100	25	100	25	100	75	300	4
	TOTAL (VILLAGE/COST)	0		50	16730	50	16730	25	6540	125	40000	

### 3.4.3 Evaluation and Modification

There is a natural temptation to expand the programme immediately after the demonstration phase has yielded workable models. However, too early acceleration of the programme will naturally result in staff overload and failure. This is dangerous at the beginning of the programme when positive models for demonstration are badly needed. First, a thorough review of the more successful pilot trials are required and methodology standardized. Manuals need preparation which clearly spell out the roles and responsibilities of all staff, agencies and the community itself step by step. Recruitment and training is required to provide the necessary resources for an expanded programme. Procurement is also needed to ensure that the equipment and supplies are on hand when needed. Evaluation of the project will take place during year 4.

### 3.4.4 Expansion (phase 2)

The programme should be expanded only when the LGRDD is fully prepared, staff trained and methodology clearly understood. Expansion could take place in the district used for the pilot tests or expanded immediately to other districts, depending upon the progress and success achieved in phase 1.

Prior to expansion into new Districts, the District Planner and Hygiene Promoters should be recruited, trained in the pilot project areas before posting to the new districts. Preference is given to Zhob, Kachhi, Lasbella, Qilla Saifullah and Chagai districts as those meet the above criteria and/or in which the Netherlands government is already supporting projects.

## 3.5 Project Cycle

### 3.5.1 Integration of Activities

An essential component of the approach of the project is the integration of the activities. This theme, important to maximise the health benefits of the project, is reflected at the levels of inter-departmental

coordination, staffing responsibilities, training and, most importantly, within the communities.

While each of the separate components (i.e. improvement in water availability, water quality, latrines, drainage and hygiene education) have all demonstrated varying health impact alone in projects elsewhere in the world, expert assessment of the their impact when combined in well designed projects suggest a decline by one third to one half in infant and young child morbidity from diarrhoeal diseases. Integrated projects can also be expected to achieve significant reductions in a range of other water and sanitation related diseases that effect both children and adults.

Integration of the activities of different departments will be achieved in the project through the creation of a permanent Rural Water Supply, Sanitation and Health Steering Committee which will include the Heads of relevant departments and agencies, chaired by the ACS (Development). Integration of project activities within LGRDD will be achieved through the establishment of a new Rural Water Supply and Sanitation Unit, with a Deputy Director reporting to Director LGRDD.

At the Divisional level the project activities will be taken care of by the Joint Director LGRDD while at the District level there will be a water supply sanitation and health committee headed by the Chairman District Council with the following members

1. Assistant Director LGRDD;
2. Executive Engineer, PHED;
3. District Health Officer/Health Educator;
4. Dutch Advisor for the District.
5. District Planner as Secretary;

Below the District level, there will be a team of LGRDD staff responsible for implementation (Development Officers, Supervisor, Overseers, Secretaries of Union Councils, Community Health Promoters). These will

be coordinated by a Project Staff member (Dutch) posted in each pilot district.

Some staff will combine different sectoral activities within their job responsibilities. LGRDD Development Officers will be responsible for introducing all components of the project at their introductory sessions with communities. Female Community Hygiene Promoters, recruited by LGRDD with Female Health Technician (FHT) or Lady Health Visitor (LHV) training, will combine responsibilities for latrine promotion and hygiene promotion at the community level, through training TBAs, teachers, lady councillors, mid wife and others by leading discussion groups with village women.

Training for these cadres will emphasize the integrated approach to their work.

An important requirement for integration is the logical sequencing of activities at the community level. It has been found from other experiences that promotion of hygiene is a waste of educational resources and the time of learners unless proper hygiene can be practised. While there are some measures that do not require improved water and sanitation such as food protection from flies and waste disposal, these are unlikely to attract widespread support and will have minimal impact while other major hygiene problems remain unresolved.

The first priority is therefore to work with the community to assist them in creating conditions that will make hygiene education feasible. While improved health can be one argument for water supply and sanitation, for the community its more obvious benefits are likely to be perceived as time saving in water collection and the convenience of more modern facilities.

The process within a typical village might therefore be as follows:

1. introduce water supply - household hand pumps or community systems, including the school;

2. if there is a community water system and soil conditions require, then organise self-help labour for drainage;
3. begin hygiene education with emphasis upon promotion of household latrines, on grounds of convenience, privacy, status and hygiene;
4. construct school latrines (pupil self-help labour) and start hygiene education in the schools; and
5. continue hygiene/health education for adults with the assistance of TBAs.

### 3.5.2 Implementation Steps for Water Supply Schemes

The principles behind the implementation methods described below are that:

community resources are used to the extent that is reasonable and possible in provision of water supply;

the community is fully informed and takes the lead role in decision-making, planning and implementation, supported by LGRDD;

the relevant LGRDD staff will undergo extensive training in low cost technologies, community organization/ involvement and project management/implementation; and

the community will receive adequate technical assistance and training in project management and operation and maintenance.

The typical range of village size for LGRDD schemes will be between 200 and 1000 people. The technologies will be community handpumps on dugwells, gravity flow schemes from protected springs, karezes, infiltration galleries, and small mechanized piped water schemes serving community tanks.

Based on available water resources information, district water supply plans will be developed by District Councillors in cooperation with LGRDD staff and the PHED Executive Engineer responsible for that District. The plans will identify needs for various areas (e.g. Union Councils) and a list of potential schemes to meet these needs. Given the limitations on financial resources, priorities for investment should be determined for a five year planning period which are based on criteria that are agreed to by District Councils and are compatible with Provincial objectives. These plans will serve as the basis for developing Annual Development Plans. Political pressures for ad hoc selection will not be eliminated but greater justification will be required for deviations from the plan and its criteria, thus making politicians more accountable for their decisions. Villagers require greater confidence that the investment decisions scheduled for future years are carried through, otherwise the present system of demanding immediate action (which only works for the most influential people) will continue. The creation of a new position within LGRDD of a District Planner will help to implement these changes by providing advice based on the assessed needs of the people, not simply political interpretations.

The typical steps in the "project cycle" are shown in Figure 7. The proposed methods of implementing LGRDD water supply schemes are not radically different from present practices but they clearly define responsibilities which demand greater capabilities from LGRDD staff and villagers. Institutional responsibilities, staff roles, community participation and rationale are discussed below.

#### Promotion and Information Steps

Promotion for water supply is generally not required in Balochistan because priorities are obvious when shortages of water exist. In areas where water is available but quality is poor, some education is required to convince villagers of the needs. This should only be attempted when low cost solutions are possible and likely to be accepted by the community (e.g. chlorination of water). This is seen a longer term task that could be performed by LGRDD Development Officers in coordination with a mass

Figure 7

Project Cycle

Water Supply

Sanitation and Hygiene  
Education

- |     |  |     |  |
|-----|--|-----|--|
| 1.  | Promotion and Information Request      | 1.  | Promotion and Information Request          |
| 2.  | Needs Assessment and Feasibility Study | 2.  | Needs Assessment and Feasibility Study     |
| 3.  | Committee Formation                    | 3.  | Meeting pre-requisites                     |
| 4.  | Selection, Agreement and Approval      | 4.  | Selection, Agreement and Approval          |
| 5.  | Technical Survey                       | 5.  | Hygiene Education and Sanitation Promotion |
| 6.  | Joint Planning                         | 6.  | Technical Survey                           |
| 7.  | Detailed Design                        | 7.  | Joint Planning                             |
| 8.  | Community Training                     | 8.  | Detailed Design                            |
| 9.  | Contractor's Selection                 | 9.  | Community Training                         |
| 10. | Construction                           | 10. | Contractor Selection                       |
| 11. | Handover                               | 11. | Construction                               |
| 12. | Cost Recovery                          | 12. | Handover                                   |
| 13. | Operation, Maintenance and Repairs     | 13. | Cost Recovery                              |
| 14. | Rehabilitation and Major Repairs       | 14. | Operation, Maintenance and Repairs         |
| 15. | Monitoring and Feedback                | 15. |  |

media approach conducted by the Health Department, linked with an overall hygiene education and sanitation programme.

In the short term, it is more essential that villagers receive better information about the development opportunities and how to take advantage of them. The Secretaries of the Union Councils should inform village leaders of the opportunities for technical and financial assistance through line departments and the procedures for obtaining assistance. The Union Council members should have direct input to the formulation of the District Water Plan and they should follow these guidelines or propose amendments for approving future schemes.

The community would be informed about all the steps involved in the cycle of the integrated water supply, sanitation and hygiene education project, and about the administrative structure of the project. The community would also be informed that the start of the project would be conditional on the participation of the community, including the participation of women, in all the project steps. The nature and extent of the participation expected would be discussed so that the community understood the importance of the requirement to organize themselves and form a broad based committee.

If possible, this information would be made available to all the villagers during the first meetings with the LGRDD field team. If not possible, i.e., in the case of mediation through tribal Sardars, the latter would be asked to inform all the villagers in a broad-based meeting in the presence of the Development Officer.

#### Formal Request

The community can make its own request direct to the Assistant Director of LGRDD (ADLG) in its district, or may obtain assistance from local politicians or LGRDD Development Officers. If the scheme is compatible with the District Water Plan, the ADLG will arrange for a needs assessment and feasibility study to be conducted by LGRDD field staff.



### Needs Assessment and Feasibility Study

The Development Officer, Overseer and Secretary of the Union Council will undertake a needs assessment and survey in the field from which a feasibility statement will be prepared. Community assistance in all the surveys will assure their involvement in the project from its early stages. The Sub-engineer will have received training in low cost technologies and can request advice from his senior (Assistant Engineer). The Development Officer will have received training in community organization. The LGRDD field staff will work with the villagers to determine technology options, costs, requirements for implementation, operation and maintenance and financing options.

### Committee Formation

The LGRDD Development Officer will assist the community to organize itself and form a water supply, sanitation and hygiene education committee. For schemes that receive funding from government, this step should be mandatory and a contract agreement be signed before the scheme can be approved.

The committee would be broad-based and the Committee members would preferably be elected by each household (the Tribal Leader could choose himself to be the President of the committee if he was the feudal authority too). It would be expected that at least 75% of the village households would be represented and would participate in the elections.

An other option, though less desirable, is that the committee members would be nominated in a broad-based meeting of villagers. Females should have representation on the committee, and in many instances women would be encouraged to form a parallel committee.

The RWSS would be involved in the implementation of the following major steps of the project cycle.

### Selection, Agreement and Approval

The village committee would be responsible for selecting the proposed option based on the feasibility studies and subject to financing alternatives. An agreement would be drawn up between the village committee and the agency that will be providing technical and financial assistance (usually LGRDD). This agreement would determine responsibilities for implementation, operation, maintenance and major repairs. For LGRDD schemes, the community would be fully responsible for operation, and repairs provided proper training and warranties are provided. Approval of financing would follow normal procedures depending upon the agency and amount of funding.

### Technical Survey

The Assistance Engineer who will be professionally responsible for technical design and decisions at the district level, and the sub-engineer will conduct any necessary technical survey of the area to meet the requirements of detailed design.

### Joint Planning

Both the community and LGRDD staff will be responsible for planning the schemes. The community will participate in such decisions as pipe routing, water source selection, land acquisition, and location of handpumps, community tanks, or stand posts.

### Detailed Design

If detailed design is necessary, it will be contracted out to consultants. Standardized designs will be developed and promoted by LGRDD technical experts. Private consultants will have access to training seminars at the Rural Development Academy in Quetta.

### Community Training

The village water committee should appoint two persons to be responsible for operation and maintenance -- one would be the caretaker and the other would be a helper. Certain members of the village water committee will receive training in project management and administration from the Development Officer with expert assistance from other LGRDD staff if necessary. The Committee would also identify women (eg. TBAs) who could be trained to deliver hygiene education and promote a sanitation programme in the village.

### Contractor Selection

Depending upon the source of capital financing, the community and/or LGRDD will select the contractor and accept responsibility for ensuring good quality workmanship.

### Construction

In accordance with the agreement, the community will provide labour and materials to the level of its ability.

Construction will be supervised by the village committee and the LGRDD engineers according to levels of financing. LGRDD staff would be available in an advisory role even if the scheme were community financed. Payments to contractors would be made according to normal practice.

### Hand-over

On completion the scheme will be handed over to the community which will undertake ownership and full responsibility for its up-keep. This will include a certificate of satisfactory completion and operating and maintenance warranties.

### Cost Recovery

At present, all LGRDD water supply schemes (whether funded directly or through local councils) are managed by the communities without any financial contributions from the public sector. This policy would continue and villagers would be bound by a contractual agreement. In the case of new technologies promoted, LGRDD may provide extended warranties against major repairs. Methods of community financing would include regular contributions to an O & M fund (which are required when O & M costs are sizeable and regular) or payments in times of need (which are viable when O & M costs are minor and irregular).

### Operation, Maintenance and Repairs

The village caretaker will be responsible for monitoring and maintenance on a regular basis. For example, if the scheme consists of community handpumps, the caretaker would visit each once a week to undertake preventative maintenance.

### Rehabilitation and Major Repairs

Rehabilitation and major repairs will be the responsibility of the community. Therefore, the water committee must be made fully aware of the magnitude and consequences of this responsibility. For similar reasons, only simple schemes with low O & M cost will be supported by LGRDD unless the community shows extraordinary capacity to finance and manage major repairs. Otherwise, if the village cannot pay for the cost of major repairs (after an extended warranty period), public sector funds could only be obtained from the local council's annual budgets which are very limited.

### 3.5.3 Implementation Steps for Sanitation Promotion and Hygiene Education

The hygiene education and sanitation promotion components are designed to be integrated with the project cycle for water supply. The provision of water supply improvements can be a fairly rapid process once the community

is organized and the various agencies coordinated. However, changes in sanitation and hygiene practices take place much more slowly, as they involve changes in attitudes, beliefs and long standing traditions. In this area the involvement and participation of women are particularly crucial. For these reasons it is expected that the process of hygiene education and sanitation promotion will be started by the project, but will be ongoing, and will have results only over the long term.

#### Promotion and Information

Hygiene education and promotion will begin at the earliest stages of the project cycles, as information about the project is disseminated. In addition, health, hygiene and sanitation measures may be supported by the use of the broadcasting services and other medias.

#### Request

Each request would be considered during assessment for hygiene education and sanitation activities as well, as hygiene education and sanitation would be part of the package of water supply.

#### Needs Assessments and Feasibility Study

The studies would examine the general health, hygiene and sanitation practices, of men, women and children, existing traditional beliefs, norms, rituals and taboos. An assessment will also be made of the capacity and willingness to pay for sanitation improvements.

The role of women in the community's hygiene and sanitation practices, and their potential role in hygiene education would also be assessed.

#### Meeting Prerequisites

As mentioned in the water project cycle, the village would have to meet certain prerequisites. The following would be particularly essential for the success of the hygiene education activities:

- . the selection of a trained TBA in the village to receive additional training at the Basic Health Unit at the Tehsil level in hygiene education and sanitation promotion;
- . the determination of a method of incentive for the TBA;
- . agreement to allow women to receive TBA hygiene education visits; and
- . the identification of people who want to be trained in masonry work.

Suggested criteria for TBA Selection

- . already trained in safe delivery techniques under BIAD/DOH programme;
- . age between 35 and 55;
- . popular;
- . has daughters;
  - . to provide assistance;
  - . to pass on knowledge and experience to; and
  - . to take over profession.
- . member of same community in which she will work;
- . healthy;
- . preferably literate or has received Quranic education;
- . has knowledge of dialects or languages spoken in rural Balochistan; and
- . mobile.

### Selection, Agreement and Approval

The village committee would be responsible for agreeing to the specified conditions and accepting the proposed designs based on the feasibility studies and subject to financing alternatives. The agreement would identify responsibilities for promotion, construction and operation and maintenance of latrines. The committee will also agree to the involvement of women in health and hygiene education activities.

### Hygiene Education and Sanitation Promotion

Since hygiene education and sanitation promotion are primarily to be undertaken by the TBA, the role and responsibilities of the TBA are outlined in detail.

The Community Hygiene Promoters (CHP) will train the TBAs in the following functions:

- . sanitation promotion and hygiene education;
- . integration of hygiene messages with regular work as a midwife;
- . latrine construction;
- . water supply protection;
- . coordination with village organization and the district team;
- . providing feedback to the district; and
- . monitoring.

There should be constant training and upgrading of the TBAs. They should attend training seminars and refresher courses. If village women want to attend training sessions along with the TBAs it should be strongly encouraged. The daughters of TBAs should also be encouraged to attend.

## Functions of the TBA (village level)

- . Education of the family in;
- . personal hygiene (using pictorial material or examples);
- . handwashing, especially after defecation and before meals;
- . nail cleaning and cutting (especially mother's);
- . washing of hair and combing;
- . breast feeding;
- . dangers of bottle feeding;
- . home preparation and use of ORT;
- . promotion of latrine construction;
- . cleaning of lanes and garbage disposal;
- . latrine maintenance and use;
- . household cleanliness;
- . cleaning of utensils;
- . disposal of wastewater;
- . proper disposal of human and animal excreta;
- . garbage disposal;
- . safe drinking water; and
- . water storage.

The TBAs will integrate the dissemination of hygiene education messages with their regular work as midwives. The TBAs visit the houses when a baby is to be delivered, give advice on the birth and on care of the infant, and help the mother after the birth. Thus they have opportunities to include advice on hygienic practices and sanitation improvements.

The TBAs already receive a TBA kit and initial training in its use as part of their regular training as midwives, and this is regularly replenished. For their work as midwives, they are paid by the households they serve in cash or in kind. They will receive incentives from the project for doing hygiene education and sanitation promotion in the form of a free latrine and refresher courses. The project will also provide a work certificate after one year of productive health and hygiene promotion.



## Technical Survey

The soil conditions and availability of material and skills would be examined in order to facilitate the choice of latrine design and siting.

## Joint Planning

Both the community, the individual households and LGRDD (Tehsil Level) will be responsible for planning the construction of latrines in the households. Their responsibilities are as follows:

### LGRDD

- . with the support of its Tehsil level staff, training of the TBA and the community mason in motivation and construction of household latrines;
- . monitoring and technical supervision;
- . undertaking repairs (pit collapse, pipe blockage etc) within the first month of construction;
- . preparation of agreement forms, receipts, interview papers, provision of some stationery items to the village committee;
- . testing of soil conditions;
- . selection criteria for the construction of demonstration units shall be:
  - . family on Zakat list and currently receiving Zakat; and
  - . family with large number of small children and no regular income.
- . procurement of latrine construction materials

. transportation of material to community (to be left with Community Project Committee until paid for by households)

#### Community Project Committee

- . identification of skilled or unskilled labour;
- . assistance with sanitation promotion campaign; and
- . keeping the households and the project staff informed with constant feedback.

#### Households

- . allowing TBA to talk to the women about hygiene education and sanitation;
- . allowing women to participate in sanitation related activities;
- . attending community meetings;
- . negotiating with the mason and paying him the agreed amount;
- . paying for latrine materials;
- . digging the pit;
- . keeping the latrine clean;
- . ensuring that the entire family uses the latrine;
- . allowing project staff to monitor;
- . undertaking small repairs (blockage, cracks, pipe breakage);
- . disposing of garbage and ensuring lane sanitation;

### Detailed Design

Standardised designs will be developed and promoted. These designs will be adapted for the communities.

### Community Training

The following community members will be trained by the tehsil level project staff:

The mason will be trained (during construction of demonstration latrines) in:

- . digging of pits (size, location);
- . use of material;
- . bricklaying;
- . preparing lids (covers);
- . fitting pan, P trap, pipes;
- . cement:sand ratio;
- . quality control;
- . slops and flushing;
- . correct operation and maintenance; and
- . feedback and monitoring.

The village project committee will be trained in:

- . importance of sanitation;
- . process of community involvement;
- . need for women's involvement;
- . design, cost, construction of latrines;
- . operation and use of latrines;
- . structure of LGRDD;
- . structure of project;
- . holding meetings;
- . feedback to LGRDD and household; and
- . being partners in monitoring.

The TBA would preferably be present during this training so that she may participate also. Training will continue as short refresher courses developed during the monitoring process. Field visits to other provinces such as AJK would be useful.

#### Contractor Selection

Since latrines will be financed by the householders, the selection of the mason should be left to the household. Householders may also decide to do the construction themselves. The overseer on the project team at the Tehsil level will supervise the construction to ensure quality.

#### Construction

The digging of the pit and the masonry will also be a household responsibility. The construction will be supervised by the village committee and advice and support will be provided by the project staff.

#### Handover

On completion of the latrine the householder will pay the mason directly, and will sign a verification certificate of satisfaction. The householder then takes over responsibility for operation and maintenance.

#### Cost Recovery

The only latrines which will be provide free of charge will be the demonstration latrines built for deserving the households. (TBAS and destitute households). These will be built with a very simple mud superstructure consisting of four walls and a wooden door. The rest of the householders will pay the full cost of the latrines themselves.

#### Operation, Maintenance and Repairs

The household members, especially the women, will be instructed in the correct use of the latrine by the TBA. The family must maintain the

latrine with regular cleaning, flushing and small repairs. Children must be taught to use the latrine correctly also.

### Monitoring and Feedback

Monitoring will be done by the following staff at various levels of government.

Local Government Directorate.

Provincial Level Unit

- . one local sanitation and hygiene expert; and
- . one expatriate hygiene expert.

District Level

- . motivation/promotion team;
- . engineer (SDO);
- . development officer;
- . health educator (preferably female); and
- . two community hygiene promoters (CHP) (female education upto middle standard).

Functions of the CHP

- . assistance to the district team in activities involving women;
- . selection and identification of TBAs according to specified criteria; and
- . training of the TBAs.

## Monitoring

The households are monitored by the TBA. The TBA is monitored by CHP who provides feedback to the district and to households. The CHP is in turn monitored by the District Team.

The monitoring schedule should be prepared according to the project size and area. Each district would be monitored preferably once a week. The monitoring schedule will not be disclosed to the TBA. The CHP will do visits weekly, the District Team will do visiting fortnightly and the Provincial Team will do visiting monthly. The visits will be scheduled in such a way that each house will receive more than five visits; three by the CHP and two by the District Team. If necessary one visit may be by Provincial Team member. The visits should be scheduled to stretch out over a period of one year.

4. PROJECT INPUTS

4.1 Description of Inputs

4.1.1 Man Power

The Project will provide a team of Dutch expatriates, Local Consultants and support staff, specified in Table 4.1. These advisors will be for short term and long term duration as under:

4.1.2 Expatriates

- a) Senior Planning advisor (48 mm);
- b) Training specialist for RDA (24 mm);
- c) Hygiene Specialist (6 mm);
- d) Technical Advisor (6 mm); and *TRAINING*
- e) Community Development Specialist (3 mm).

Local Consultants

- a) Female Hygiene/Sanitation expert(36 mm); → UNICEF
- b) Community Relations Officer (36 mm); DO
- c) O & M Trainer (18 mm); and ? DO
- d) Three District Project Coordinators (30 mm).each

Local Support Staff

- a) Office Manager (48 mm);
- b) Accountant (48 mm);
- c) Two Computer operators (48 mm); each
- d) Office Secretary (48 mm);
- e) Office Assistant (48 mm);
- f) Six Divers (48 mm);each
- g) Three Messengers (48 mm);each
- h) Three Watch Man (48 mm).each

## RECURRING BUDGET IMPLICATIONS OF LGRDD/DUTCH PROJECT OF WATER SUPPLY, HEALTH &amp; SANITATION IN BALOCHISTAN

Table 4.1

S.No	PERSONNELS	M.M	MONTHLY RATE	LOCAL CURRENCY (in million)				TOTAL	DUTCH CURRENCY (Rs.10 = 1 GILDER)
				1990-91 Rs.	1991-92	1992-93	1993-94		
UNIT STAFF									
1.	EXPATRIATE FEE								
	SENIOR PLANNING ADVISOR	48	DFL 16,700	2.00	2.00	2.00	2.00	8.00	0.800
	TECHNICAL DESIGNER	12	DFL 16,700	2.00	-	-	-	2.00	0.200
	COMMUNITY DEVELOPMENT SPECIALIST	3	DFL 16,700	0.50	-	-	-	0.50	0.050
	HYGIENE SPECIALIST	6	DFL 16,700	1.00	-	-	-	1.00	0.100
	O & M TRAINER	6	DFL 16,700	1.00	-	-	-	1.00	0.100
	TRAINING SPECIALIST	24	DFL 16,700	2.00	2.00	-	-	4.00	0.400
	SUB-TOTAL	99	-	8.50	4.00	2.00	2.00	16.50	1.650
2.	LOCAL CONSULTANTS								
	FEMALE HYGIENE/SANITATION EXPERT	36	(Rs.50,000)	0.60	0.60	0.60	-	1.80	0.180
	COMMUNITY RELATION EXPERTS	36	(Rs.50,000)	0.60	0.60	0.60	-	1.80	0.180
	DISTRICT PROJECT COORDINATORS (3)	48	(Rs.45,000)	0.54	0.54	0.54	0.54	2.16	
		48	(Rs.45,000)	0.54	0.54	0.54	0.54	2.16	0.648
		48	(Rs.45,000)	0.54	0.54	0.54	0.54	2.16	
	SUB TOTAL	216		2.82	2.82	2.82	1.62	10.08	1.008
3.	SUPPORT STAFF								
	OFFICE MANAGER(1)	48	Rs. 6000	0.072	0.072	0.072	0.072	0.288	0.029
	ACCOUNTANT(1)	48	Rs. 5000	0.060	0.060	0.060	0.060	0.240	0.024
	COMPUTER OPERATORS(2)	96	Rs. 5000	0.120	0.120	0.120	0.120	0.480	0.048
	SECRETARY(1)	48	Rs. 3000	0.036	0.036	0.036	0.036	0.144	0.014
	JUNIOR CLERK(1)	48	Rs. 3000	0.036	0.036	0.036	0.036	0.144	0.015
	DRIVERS(6)	288	Rs. 2500	0.180	0.180	0.180	0.180	0.720	0.072
	PEONS/MESSANGERS(3)	144	Rs. 1500	0.054	0.054	0.054	0.054	0.216	0.021
	CHOWKIDARS(3)	144	Rs. 1500	0.054	0.054	0.054	0.054	0.216	0.021
	SUB TOTAL	864		0.612	0.612	0.612	0.612	2.448	0.244
	EXPATRIATE STAFF	99		8.50	4.00	2.000	2.000	16.500	1.650
	LOCAL STAFF	216		2.82	2.82	2.800	1.600	10.080	1.008
	SUPPORT STAFF	864		0.61	0.61	0.600	0.600	2.450	0.245
	TOTAL	1179		11.93	7.43	5.400	4.200	29.030	2.903



Water Supply Sanitation and Health section/Cell will be located within LGRDD Directorate as shown in Table 4.2. These will include administration staff, technical staff and support staff as under:

#### 4.1.3 Administrative Staff

- |    |  |             |
|----|--|-------------|
| a) | Deputy Director for Coordination                         | grade 18    |
| b) | Assistant Director Planning and Monitoring and reporting | grade 17/18 |
| c) | Development Officer O & M and Cost recovery              | grade 16/17 |
| d) | Community Health Educator                                | grade 17    |
| e) | District Project Coordinators(3)                         | grade 16/17 |

#### Technical Staff

- |    |                                  |          |
|----|----------------------------------|----------|
| a) | Executive Engineer               | grade 18 |
| b) | Assistant Engineer Design        | grade 17 |
| c) | Sub-Engineer low cost Technology | grade 16 |

#### Support Staff

- |    |                       |          |
|----|-----------------------|----------|
| a) | Office Superintendent | grade 16 |
| b) | Office Assistants (3) | grade 16 |
| c) | Junior Clerk (3)      | grade 14 |
| d) | Drivers (4)           | grade 11 |
| e) | Messengers/peon (4)   | grade 2  |

4.1.4 District Level Staff: The Staff as shown in Table 4.3 will be as under:

#### Administration Staff

- |    |                                       |          |
|----|---------------------------------------|----------|
| a) | District Planners (3)                 | grade 17 |
| b) | Female Community Hygiene Promoters(6) | grade 16 |
| c) | Development Officers (3-6) existing   | grade 16 |

Table 4.2

## RECURRING COST IMPLICATIONS OF LOCAL COMPONENTS

S.No	PERSONNELS/POSTS	GRADE	PAY	ALLOWANCES	MONTHLY TOTAL	LOCAL CURRENCY				TOTAL Rs.
						1990-91	1991-92	1992-93	1993-94	
1.	W.S.S. SECTION - TOTAL		10255	6874	17129	205548	205548	205548	205548	822192
	DEPUTY DIRECTOR	18	2710	1757	4467	53604	53604	53604	53604	214416
	ASSISTANT DIRECTOR PLANNING	17	2065	1383	3448	41376	41376	41376	41376	165504
	DEVELOPMENT OFFICER O&M COST RECOVERY	16	1350	968	2318	27816	27816	27816	27816	111264
	COMMUNITY HEALTH EDUCATOR (FEMALE)	17	2065	1383	3448	41376	41376	41376	41376	165504
	DISTRICT PROJECT COORDINATOR	17	2065	1383	3448	41376	41376	41376	41376	165504
2.	TECHNICAL SECTION - TOTAL		5685	3748	9433	113196	113196	113196	113196	452784
	XEN	18	2710	1757	4467	53604	53604	53604	53604	214416
	ASSISTANT ENGINEER	17	2065	1383	3448	41376	41376	41376	41376	165504
	SUB-ENGINEER	11	910	608	1518	18216	18216	18216	18216	72864
3.	SUPPORT STAFF - TOTAL		9930	6882	16812	201744	201744	201744	201744	806976
	ASSISTANTS (3)	11	2730	1824	4554	54648	54648	54648	54648	218592
	JUNIOR CLERKS (3)	5	2100	1458	3558	42696	42696	42696	42696	170784
	DRIVERS (4)	4	2700	1888	4588	55056	55056	55056	55056	220224
	PEONS/MESSANGERS (4)	1	2400	1712	4112	41344	41344	41344	41344	165376
	TOTAL		25870	17504	43374	520488	520488	520488	520488	2081952
	DIFFERENCE OF PAY AND ALLOWANCES WITH 10% ANNUAL INCREASE DUE TO ANNUAL INCREASES AND ESCALATION OF PRICES									418048
						GRAND TOTAL				2500000

Table 4.3

## RECURRING COST IMPLICATIONS OF LOCAL COMPONENTS

S.No	PERSONNELS/POSTS	GRADE	PAY	ALLOWANCES	MONTHLY TOTAL	LOCAL CURRENCY				TOTAL Rs.
						1990-91	1991-92	1992-93	1993-94	
1.	DISTRICT LEVEL STAFF - TOTAL		55330	38034		1120296	1120296	1120296	1120296	4481184
	ASSISTANT DIRECTOR LGRDD (3)	17	6195	4149	10344	53604	53604	53604	53604	496512
	DEVELOPMENT OFFICER LGRDD (5)	16	6750	4840	11590	139080	139080	139080	139080	556320
	SUPERVISORS LGRDD (5)	11	4550	3040	7590	91080	91080	91080	91080	364320
	SECRETARY UNION COUNCILS (14)	9	14940	10098	25038	300456	300456	300456	300456	1201824
	ASSISTANT ENGINEER LGRDD (3)	16	4050	2904	6954	83448	83448	83448	83448	333792
	SUB-ENGINEER LGRDD (5)	11	4550	3040	7590	91080	91080	91080	91080	364320
	FEMALE COMMUNITY HYGIENE PROJECTORS (6)	16	8100	5808	13908	166896	166896	166896	166896	667584
	DISTRICT PLANNERS (3)	17	6195	4155	10344	124128	124128	124128	124128	496512
2.	SUPPORT STAFF - TOTAL		10680	7398		216792	216792	216792	216792	867168
	ASSISTANTS (3)	11	2730	1824	4554	54648	54648	54648	54648	218592
	JUNIOR CLERKS (3)	5	2100	1458	3558	42696	42696	42696	42696	170784
	DRIVERS (6)	4	4050	2832	6870	82440	82440	82440	82440	329760
	PEONS/MESSANGERS (3)	1	1800	1284	3084	37008	37008	37008	37008	148032
	TOTAL		66010	45432	111424	1337088	1337088	1337088	1337088	5348352

DIFFERENCE OF PAY AND  
ALLOWANCES WITH 10% ANNUAL  
INCREASE DUE TO ANNUAL  
INCREASEMENTS AND EXCALATION  
OF PRICES.

951648

GRAND TOTAL

6300000

- d) Sub-Engineers (3-6)- existing grade 16
- e) Village organizers (10-15)- existing grade 11

**Support Staff**

- a) Assistants (3) grade 11
- b) Junior Clerk (3) " " 7
- c) Drivers (6) " " 4
- d) Messengers/Peons (3) " " 2

**4.1.5 Requirements of Staff for WSSHS**

The requirement of the staff for Water Supply Sanitation and Health section; Technical section, District level and the support staff will be the responsibility of LGRDD. A schedule of new expenditures (S.N.E.) will be prepared and the new posts will be sanctioned in the budget as soon as possible, not later than July 1990. Most of the posts will be filled out of the surplus staff available with the LGRDD.

**4.2 Equipments and Funds**

The equipments to be provided for new establishment including RDA are shown in Annexure "E". These include:

- a) office equipments including computer/printer, air conditioner, furniture and fixture, photo copier etc;
- b) equipments furniture for RDA which includes items for dark room, audio visual and class room, Library books auditorium, hostel, mess and research purposes;
- c) equipments for demonstration purposes including handpumps, pumping sets, first aid, construction of latrines, hand boring; and
- d) Provision of vehicles for mobility of staff.

The equipments, furniture and vehicles proposed for the RDA are to enable the Academy to meet the training requirements of the sector. It will be possible to fully strengthen the Academy when another similar project of the Government of Netherland is matured. A brief of the requirements is given in Table 4.4 below.

Table 4.4

**REQUIREMENTS OF FURNITURE, EQUIPMENTS, VEHICLES FOR PROJECT UNIT.**

1.	Equipments and articles	1.439 Million Rupees
2.	Furniture and Fixture	5.025
3.	Teaching Aid	0.176
4.	Mess Items	0.100
5.	Other miscellaneous items	0.392
6.	Transports	4.415
		11.547 Million Rupees

**Funding**

- 1) The project cost will be shared by the Government of Balochistan (36% of the total) and DGIS (64% of the total). The Government share will be used for furnishing the offices and the Academy. In addition to this financial commitment, LGRDD will provide appropriate office space for the technical assistance staff and the support staff;
- 2) All foreign exchange costs plus same local costs DGIS complements of the Project (in current prices) is presented in Table 4.5; and
- 3) Financial management of the Project will be the responsibility of the Executing Agency. It will forward funds to the senior advisor for support of the advisory staff including housing, transport and local travels and other local operations as outlined on section 4. Funds from the Government will be released in line with the

Table 4.5

## CAPITAL COST INVESTMENT

Rs. million

	Items	Local	Foreign	Total	% of Total Base Cost
1	Institutional Aid				
	. Equipments/Furniture for Project Units WSS Cell and the field.	4.0	5.0	9.0	6.0%
	. Vehicles for Project Unit	1.0	5.0	6.0	4.0%
	. Others	2.0	2.0	4.0	2.7%
2	Technical Assistance				
	. Expatriate fee	-	17.0	17.0	11.3%
	. Local Consultants	-	11.0	11.0	7.3%
	. Support Staff	-	3.0	3.0	2.0%
	. Local Expenses	8.0	7.0	15.0	10.0%
3	Demonstrations				
	. Water Supply Schemes	5.0	30.0	35.0	23.3%
	. Sanitation/Drainage	-	4.0	4.0	2.7%
	. Latrines	-	1.0	1.0	0.7%
4	Hygiene Educations				
	. Promotion (villages)	-	0.3	0.3	0.2%
	. TBA Training	-	0.3	0.3	0.2%
5	Community Organization				
	. Mobilization/Involvements	-	2.0	2.0	1.3%
6	Courses, Seminars, Workshops	-	4.4	4.4	2.9%
7	Machinery/Equipments	10.0	9.0	19.0	12.7%
8	Civil Works	10.0	9.0	19.0	12.7%
	<b>Total Base Cost</b>	<b>40.0</b>	<b>110.0</b>	<b>150.0</b>	<b>100.0%</b>

departments standard procedure. Local expense money will be released to the senior advisor on an imprest basis and will be topped up as funds are expended and accounted for.

Annual phasing of the capital cost of the project is shown in table 4.6 on the following page.

Table 4.6

## Annual Phasing of Capital Cost

Rs. million

	ITEMS	1990-91	1991-92	1992-93	1993-94	TOTAL
a	Institutional Aid - Total	10.0	5.0	3.0	1.0	19.0
	• Equipments	5.0	3.0	1.0	-	9.0
	• Vehicles	4.0	1.0	1.0	-	6.0
	• Others	1.0	1.0	1.0	1.0	4.0
b	Technical Assist. - Total	16.5	11.5	9.5	8.5	46.0
	• Tech. Expert	9.0	4.0	2.0	2.0	17.0
	• Local Consultants	3.0	3.0	3.0	2.0	11.0
	• Support Staff	0.8	0.8	0.8	0.8	3.0
	• Local Expensive	3.8	3.8	3.8	3.8	15.0
	Demonstration - Total	-	14.4	13.4	12.3	40.0
c						
	• Water Supply Schemes	-	12.0	12.0	11.0	35.0
	• Sanitation\Drainage	-	2.0	1.0	1.0	4.0
	• Latrines	-	0.4	0.4	0.3	1.0
d	Community Projects - Total	4.0	12.0	13.0	9.0	38.0
	• Machinery & Equipment	4.0	6.0	6.0	3.0	19.0
	• Civil Works	0.0	6.0	7.0	6.0	19.0
e	Community Organization	0.5	0.5	0.5	0.5	2.0
f	Courses Saminars\Workshop	-	2.0	1.4	1.0	4.4
g	Hygiene Eduction - Total	-	0.2	0.2	0.2	0.6
	• Promoters (villages)	-	0.1	0.1	0.1	0.3
	• T.B.A. Training	-	0.1	0.1	0.1	0.3
	<b>TOTAL</b>	<b>31.0</b>	<b>45.6</b>	<b>41.0</b>	<b>32.5</b>	<b>150.0</b>



## 5. PROJECT ORGANIZATION

### 5.1 Organization Structure

At the Provincial level a stronger and more effective mechanism is required to coordinate the activities of the various line departments within this sector. At present these decisions are made by the Additional Chief Secretary (Development). To reduce the burden on the ACS and to facilitate greater cooperation between line departments, it is recommended that a permanent Rural Water Supply Sanitation and Health Steering Committee be established to include heads of departments and agencies involved in the sector, chaired by the ACS (Development).

A separate Water Supply, Sanitation and Health Section, under the Secretary Planning and Development Department, will be required to deal with the sector. The other staff of this newly created section will include one Chief of Section (COS), one Assistant Chief, one Planning Officer, one Research Officer and two Assistants. Representatives of PHED, LGRDD, Health and Education Departments will be associated with the section.

A Water Supply, Sanitation and Health Committee under the Chairmanship of Secretary of LGRDD will be setup at the provincial level and the Director LGRDD, Director Rural Development Academy, Director Health and Director Education would be its members. The Committee will be advised by the expatriate Planning Advisor.

A new cell would be established in LGRDD to implement small water supply schemes and promote sanitation/drainage, latrines and hygiene education. This cell would be headed by a Deputy Director who would report directly to the Director of LGRDD. The staff requirements of this Cell have been discussed in section 4.

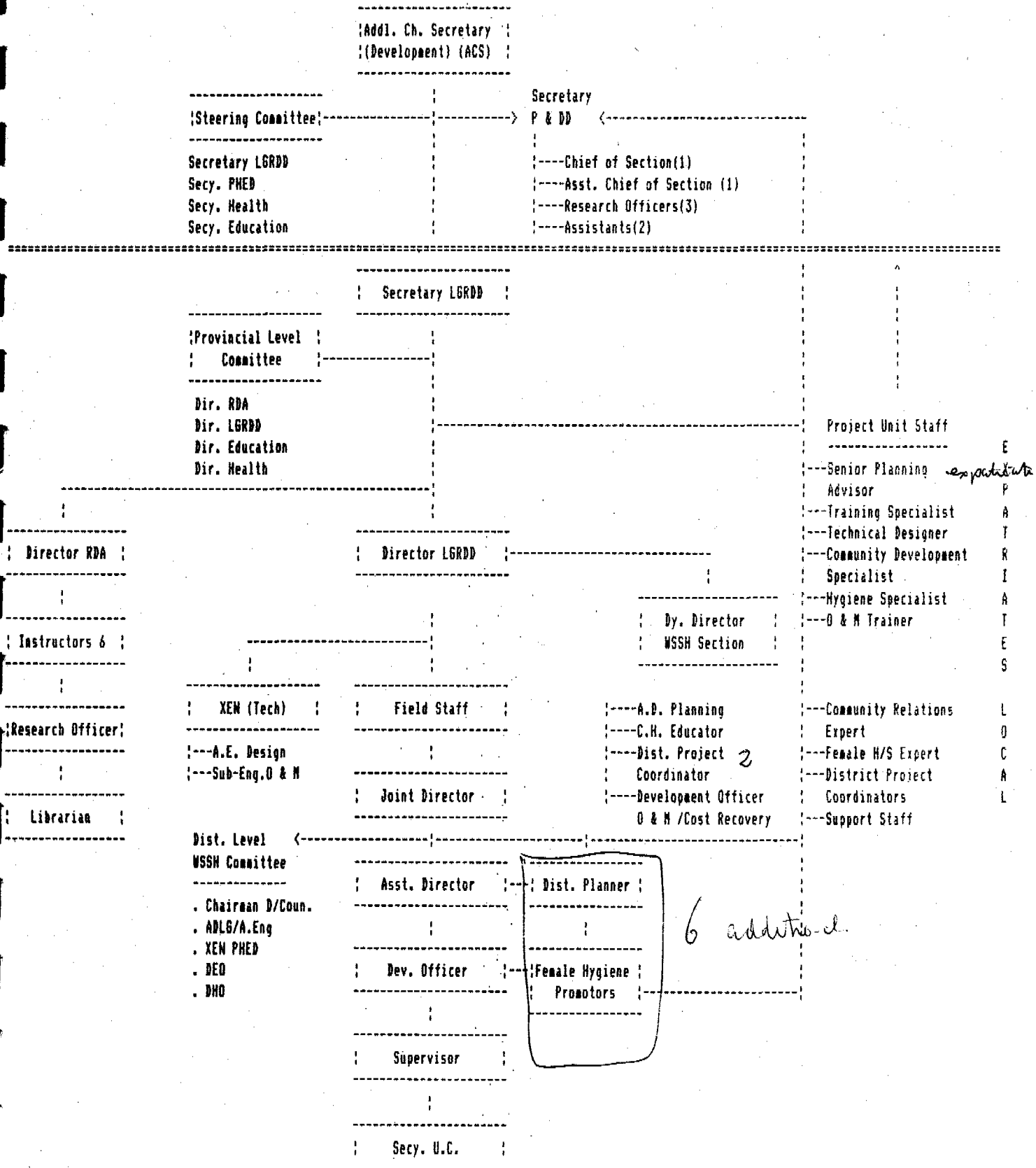
District level staff would include the Assistant Director, a District Planner, a Development Officer, Assistant Engineers, Overseers,

Supervisors, Community Health Promoters (female) and Secretaries of the Union Council details of which are given in section 4.

The organizational chart is shown in Figure 8. Table 5.1. explains the management committees, member/officials and functions to be performed for the sector development.

Figure 8

PROPOSED ORGANIZATIONAL STRUCTURE FOR LGRDD



6 additional

Committees	Members/Officials	Functions
1 Steering Committee	<ul style="list-style-type: none"> <li>1. ACS (Dev.) P&amp;DD as Chairman</li> <li>2. Secretary LGRDD</li> <li>3. secretary PHED</li> <li>4. Secretary Health Department</li> <li>5. Secretary Education Department</li> </ul>	
1.1 Water Supply Sanitation and Health Section within P & DD	<ul style="list-style-type: none"> <li>Secy P&amp;DD</li> <li>Chief of Section Water</li> <li>Research Officer</li> <li>Rep. LGRDD, PHED, Health Education and Social Welfare</li> <li>Advisor World Bank/Dutch</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring the ADP financed sector investment for PHED (World Bank) and LGRDD (Dutch assistance).</li> <li>Provide opportunities for coordination of various department role.</li> <li>Provide inputs for policy point of view</li> <li>Provide overall planning</li> <li>Arrange M&amp;E of programme</li> </ul>
2 Provincial WSSH committee within LGRDD	<ul style="list-style-type: none"> <li>Secretary LGRDD as Chairman</li> <li>Director LGRDD</li> <li>Director Rural Development Academy</li> <li>Senior Dutch Planning Advisor</li> <li>Director Education</li> <li>Director Health</li> <li>Director Social welfare</li> </ul>	
(a)		
2.1 WSSH Section with LGRDD Directorate	<ul style="list-style-type: none"> <li>Deputy Director/Sector coordinator</li> <li>Assistant Director Planning and Monitoring</li> <li>Development officer O&amp;M and cost recovery</li> <li>Community Health Educator (Female)</li> <li>Director Project Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>Monitor the ADP financed sector investment for LGRDD/Dutch Project</li> <li>Provide overall planning and coordination of activities</li> <li>Provide inputs, mobility and Frame policy for creation for water</li> </ul>
(b)		
Technical Section	<ul style="list-style-type: none"> <li>XEN LGRDD</li> <li>Assistant Engineer, designing and estimation</li> <li>Sub-Engineer, Low cost Technology</li> </ul>	<ul style="list-style-type: none"> <li>user communities, at grass root level</li> <li>Designing estimating and supervising of low cost schemes</li> <li>Provide advise as required by the Communities.</li> <li>initiate repairs and or rehabilitation of system at the end of designed life.</li> </ul>

Table 5.2

(c)	Rural Development Academy	Director	Arrange surveys, seminars and workshop within the sector.
		Instructors (6)	Organize Refresher courses for upgrading the existing sectoral staff.
		Research officer(1)	
		Librarian (1)	Arrange long term training of future staff of the sector.
3	Divisional WSSH Committee	1) Commissioner 2) Joint Director 3) SE/XEN PHED 4) Dy. Dir. Health/Health Educator 5) Dy. Dir. Education/DEO.	Coordination, channalization and promotion of activities of the Sector.
4	District WSSH Committee	1) Chairman D/Council (ADLG/A/ENG) 2) District Planner 3) Distt. Health Educator/DHO 4) DEO 5) Asstt. Director Social welfare	<ul style="list-style-type: none"> <li>Planning and formulation of long term District Plan.</li> <li>Monitoring and reporting</li> <li>Coordination of the implementation of Distt. Investment Plan relating to the sector.</li> <li>Identify Communities in which new water supply scheme are to be constructed</li> <li>Organize the Communities for O&amp;M and cost recovery</li> <li>Provide short term refresh courses and upgrading the existing staff (Technical and non technical)</li> <li>Promote health and hygiene measures and arrange latrines within the communities.</li> </ul>
5	Sub-Divisional/Tehsil WSSH Committee	1) DOLG/supervisor/Sub-Eng. 2) ADEO/Supervisor Education 3) Medical Officer/LHV/Compounder 4) Community Health Promotor(Female)	<ul style="list-style-type: none"> <li>Act as implementation team of the Sectoral programme.</li> <li>Prepare need assessment and survey reports</li> <li>Introduce strategy in the Communities</li> <li>Organize Communities for O&amp;M and cost recovery</li> <li>Assist. Communities to perform their role to achive the targets of the sector</li> <li>Determine technology option, cost requirements for implementation, operation and maintenance of schemes; Financial option and signing of the Contracts/Agreements</li> </ul>
6	Union WSSH Committee	Chairman Union Council Councillor Concerned Secretary Union Council	

Table 5.2

6.1 Project Implementation Team	<ul style="list-style-type: none"> <li>(1) D.O. LGRDD</li> <li>(2) Supervisor LGRDD</li> <li>(3) Sub-Engineer LGRDD</li> <li>(4) Secy. Union Council</li> <li>(5) Community Health Promoters</li> </ul>	
7 Village Water User Committee	<ul style="list-style-type: none"> <li>(1) Chairman elected by villagers</li> <li>(2) Secy. elected by villagers</li> <li>(3) Organizer elected by villagers</li> <li>(4) Operator/caretaker from village</li> </ul>	<ul style="list-style-type: none"> <li>. Involvement in all phases of designing and supervising the construction of all low cost schemes of the sector.</li> <li>. Accept or behalf of the community ownership of completed schemes.</li> <li>. accept responsibility for managing, operating and maintaining schemes</li> <li>. accept responsibility for collection of O&amp;M charges and cost recovery if possible.</li> <li>. entering into contract/agreement on behalf of the community.</li> </ul>

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6. RATIONALE AND EXPECTED RESULTS

6.1 Benefits

6.1.1 General Benefits

**Improvements in Health**

- . reduction of water washed diseases (faecal-oral, hand-to-hand, skin diseases) due to increased quantity of water for hygiene;
- . reduction of waterborne and water based diseases due to improved water quality;
- . reduction in sanitation related diseases (faecal-oral) due to improved human waste disposal;
- . reduced infant mortality due to improved sanitation and hygiene; and
- . reduction in health problems due to carrying water (back problems, miscarriages, exhaustion etc.).

**Timesaving**

- . decrease in time for water collection; and
- . time saved may be used for income generating activities, family health and welfare, schooling and education, leisure.

**Availability of Water**

- . elimination of seasonal fluctuations; and
- . improvement in reliability of source.



## **Production**

- . water available for income generating activities (vegetable growing, livestock, orchards).

### **6.1.2 Community Benefits**

- . creation and strengthening of village organizations;
- . subsequent ability of village organizations to initiate other development activities;
- . acquisition of new skills by community members;
- . development of confidence, self esteem; and
- . perception of equity, openness in village dealings.

### **6.1.3 Benefits Specific to Women**

- . improved access to water reduces drudgery;
- . improved sanitation facilities offer more privacy and convenience to women restricted by purdah;
- . reduces restrictions on bowel/bladder movements by women caused by socio-cultural behaviours;
- . reduction in distance to source results in timesaving and allows more time for education, leisure, attention to personal health and hygiene, community involvement;
- . opportunity to engage in income generating projects due to both more available time and source of water for those activities (food processing, vegetable growing, livestock raising) requiring it;

. integration of female community workers (TBAs, CHPs, Health Educators) provides valuable role models and raises women's aspirations;

. existence of posts reserved for women within government civil service provides employment opportunities;

. raising status, knowledge level and remuneration of TBAs provides greater incentive to women entering the profession, which will lead to improved service;

. health benefits specific to women;

. reduction in miscarriages;

. reduction in back problems due to carrying water;

. reduction in health problems related to exhaustion;

. reduction in illnesses due to improved hygiene habits; and

. reduction in urinary tract/other infections due to improved personal hygiene.

There are many additional, unquantifiable benefits to women, such as the ability to provide better motherhood due to more time and a better supply of water, more time for personal hygiene and accompanying increase in self esteem, the raising of women's confidence by involvement in community organisation and the possible reduction of number of pregnancies in the future due to reduced child mortality.

#### 6.1.4 Benefits to the Environment

- . drainage systems will improve disposal of wastewater, both at the household and village level;
- . construction of latrines will reduce faecal contamination of soil due to defecation in fields; and
- . promotion of proper disposal of solid waste, which is often dispersed randomly throughout the village, will avoid blocking of drainage channels and infestations of vermin such as rats.

#### 6.1.5 Private Sector

- . training in improved latrine construction and business skills will be offered to contractors engaged in building latrines;
- . latrine promotion will result in an increase in the number of latrines constructed will thus generate business for private sector contractors;
- . stimulation of local industries producing materials (such as latrine pans);
- . local procurement of pipe, concrete, fittings etc. will provide contracts to local businesses; and
- . larger fleet of government vehicles provides business for local mechanics.

#### 6.1.6 Government Agencies

- . institutional strengthening will make government agencies more competent in implementing other projects;

strengthening of Rural Development Academy will provide a training facility for other agencies/other programmes; and

human resource development will increase level of ability and morale of civil servants.

## 6.2 Government Priorities for the Sector

The Federal Government of Pakistan has announced national targets of 75% coverage for water supply and 50% for human waste disposal by the end of the 7th Five Year Plan, and 100 % for water supply and 75% for human waste disposal by the end of the 8th Five Year Plan.

Typically, national targets are inappropriate for Balochistan because the local conditions often make more modest targets necessary. The Provincial Government is nevertheless very serious about meeting demands for water supply, and over the last three years a major thrust has occurred, both financially and institutionally. No targets for rural sanitation, drainage, human waste disposal or hygiene education have been set, but the province has set targets for water supply of 50% coverage by 1993 and 70 to 75% coverage by 1998. An assessment of these targets has shown them to be realistic. Their achievement is possible, and would represent impressive progress in the province.

The Government of Balochistan has launched a major investment program in the sector. The 1989/90 budget has been increased by 84% over the 1988/89 allocation. The allocation to PHED has been increased by 60% (233 Rs million as opposed to 132 Rs million) and Rs 30 million has been allocated through the Rapid Development Programme. The Government has sanctioned 412 additional posts within PHED.

However, this investment program has been initiated without the development of a policy for the sustainability of schemes. The institutional capacity to implement and maintain schemes is a more serious constraint than financial limitations. There is a need for planning policies and procedures, particularly for the selection of water supply

schemes. PHED is left with the responsibility for operations and maintenance, and unless policy decisions are made regarding financial contributions from the beneficiaries the financial burden of recurrent costs will reduce the Government's ability to meet its objective of increased coverage for the rural population. It is for these reasons that this project is geared toward the requirements for sustainability, including institutional strengthening and human resource development.

Most of the water supply schemes have focused on large communities, which was appropriate given the great need and desire to reduce costs through economics of scale. In the future, greater emphasis and focus will be required for smaller, isolated communities. Low cost solutions must be found and implementation procedures must involve community participation. For these reasons, LGRDD must take a more active role in the provision of rural water supply. The proposed investment plan envisages that LGRDD increase investment in water supply schemes.

### 6.3 Side Effects

Various side-effects or externalities, which do not form part of the expected results, are possible.

#### **Possible Positive Side-effects**

The use of new water sources to provide water for small income generating activities such as:

- . vegetable gardens;
- . livestock raising;
- . poultry raising;
- . tree growing; and
- . food processing.

The growing of trees by the household, using sullage water, would also have environmental benefits.

Improved village services and conditions may reduce rural to urban migration.

#### **Possible Negative Side-effects**

The provision of standpipes, yardtaps or house connections would mean that women would no longer leave the house to go with other women to collect water from a distant source. This would further limit women's opportunities for leaving the house, so that women would have fewer chances to meet other women, communicate, discuss problems, share concerns and socialize.

Drainage problems (pools of sullage water) may occur unless the drainage component of the project is correctly carried out.

The villages will have greater reliance on mechanized schemes. Unless these schemes are manageable by villagers, they may become more dependent on government for the provision and maintenance of services.

#### **6.4 Indicators for Evaluation**

There are eight major categories of performance indicators which would be monitored and analysed on a regular basis. Recommendations based on the results would be made in order to assess and improve project implementation.

#### **Post Construction Management**

- . failure periodicity;
- . repair response by community;
- . O&M performance;
- . % of cost recovery; and
- . payments of arrears.

### Community Organization

- . functioning community based organization;
- . broad-based membership (ie 50% of households represented); and
- . skills upgrading.

### Water Use

- . water demand;
- . water quality;
- . quality protection;
- . wastage; and
- . income generating projects based on water (vegetable gardens, livestock raising, tree planting).

### Health Protection

- . hygiene practice changes;
- . personal and household cleanliness;
- . latrine use and maintenance;
- . hygienic disposal of children's faeces; and
- . hygiene education.

### Timesaving

- . comparison of pre and post project round trip time to source; and
- . comparison of women's time budgets before and after project.

### Environmental Impact

- . wastewater management;
- . solid waste disposal; and
- . defecation in open fields.

### Institutional Development

- . training;
- . staffing pattern/changes;
- . physical infrastructure-utilised, maintained; and
- . positions reserved for women filled.

### Sector Development

- . progressive water system expansion;
- . service level upgrading; and
- . latrine dissemination.

These indicators were identified by analysing the objectives and expected benefits of the project. The analysis is presented below:

### Benefits

### Possible Indicators

#### Improvements in health

- . reduction of water washed diseases due to increased quantity of water for hygiene
- . reduction of water borne and water based diseases due to increased water quality and better quality water available for ORS
- . reduction in sanitation related diseases (faecal-oral) due to improved human waste disposal

#### Indicators

- health indicators are very difficult to quantify
- need baseline data which do not exist in Pakistan
- collection of these data is a large and complicated undertaking



decrease in health problems related to exhaustion due to reduction of effort required for water gathering  
reduction in health problems due to carrying water (back problems, miscarriages etc.)

Time saving

decrease in round time source time saved may be used for income generating activities, family health and welfare schooling, and education leisure

- decrease in round trip time over sources present

Better Availability

elimination of seasonal fluctuations  
improvement in reliability source

- comparison of amount paid for water under conditions of duress of (drought, seasonal drying up of source etc.) amount paid for new scheme

Organization

creation and strengthening village organizations

- existence of functioning CBOs

subsequent ability of village organization to initiate other development activities  
50%

- tariffs collected  
- community managed repairs done  
broad based membership of CBO (ie. of households represented)

acquisition of new skills by community members

community skills

development of confidence other

- expansion of CBO in to sectors

### Production

- water available for income generating activities (vegetable growing, live-stock, trees) - number of income generating schemes
- amount of income

### Benefits Specific to Women

- improved access to water reduces drudgery budgets - comparison of women's time before and after project
- improved sanitation facilities offer more privacy to women restricted by purdah - access of women to latrines
- reduction in distance to source results in timesaving and allows more time for education, leisure, attention to personal health and hygiene, community involvement
- improved hygiene, less drudgery result in higher self esteem
- opportunity for community involvement raises confidence
- integration of female community workers (TBAs, CHPs, Health Educators) provides valuable role models and raises women's aspirations
- existence of posts reserved for within government civil service provides employment opportunities - number of posts women filled by women
- raising status, knowledge level and remuneration of TBAs ensures that more women will enter the profession and that they will improved service - number of TBAs, use of kit, level of service provided
- health benefits specific to women
  - reduction in miscarriages

- . reduction in back problems due to carrying water
- . reduction in health problems related to exhaustion
- . reduction in urinary tract/skin/other infections due to improved personal hygiene
- . reduction of restrictions on bowel/bladder movements by women

In addition, there are indicators which are not linked to specific benefits, which are indicators of the operational efficiency of the project.

#### Indicators of Operational Efficiency

- . number of water schemes built and operating;
- . number of latrines built;
- . number of latrines used and maintained properly;
- . willingness to pay for capital cost, maintenance;
- . compliance with contribution agreements (payments in arrears etc.);
- . presence of water, soap and towel indicating that hand washing is practised; and
- . changes in other hygiene practices (breastfeeding, community solid waste disposal, food and water protection from flies etc.).

## 7. **FRASIBILITY**

### 7.1 Local Government & Rural Development Department Involvement

The assumptions on which the project is based are outlined in section 2.2. The risks which may affect realisation of the objectives relate to these assumptions:

- . LGRDD staff are unwilling to change;
- . the P&DD is unable to develop plans and is unwilling to accept assistance from line staff;
- . politicians conclude that asking beneficiaries to pay for operation and maintenance of their systems is unacceptable; and
- . beneficiaries are unwilling to take part in the development of their own communities.

However, LGRDD has shown itself to be committed to serving the rural population in an effective manner. Department management is aware of the department's problems and has tried to deal with them. There is evidence throughout the Province of communities carrying out self-help projects. By 1993, it is assumed the success to date will be sufficient to allow the Politicians not to stop the process.

### 7.2 Women's Involvement

The strategies proposed to ensure the involvement of women are considered feasible for the following reasons:

- . most importantly, the project works within the existing traditions of rural life;
- . traditionally and socially it is accepted that water supply, sanitation and hygiene education are related to women;

culturally and religiously it is appropriate for a woman to approach and deal with a woman;

TBAs have existing traditional status in the villages and are respected by both men and women;

despite extremely low female literacy rates, women can be reached through traditional channels and with promotional activities;

the type of involvement required or expected from women in planning, decision-making, community is reluctant to have women and men on the same committee, the formation of a separate women's committee will be encouraged. This is consistent with local traditions whereby women meet to plan celebrations and visits;

the involvement of women is a condition for village participation in the project

the principle of women's involvement and fact that it is vital to the success of the project have been agreed upon at all levels of the province;

the number of female students in the schools and colleges is increasing, so the supply of educated women who can work as Health Educators and Community Hygiene Promoters is also increasing;

due to economic pressures, strong financial incentives will encourage women to work (as Health Educators, CHPs and TBAs) and their families to support them in this work; and

some awareness has already been created by past projects such as BIAD and Pak-German.

## ANNEXURE "A"

### THE FIFTH SCHEDULE OF BALOCHISTAN LOCAL GOVERNMENT ORDINANCE 1980.

#### A. FUNCTIONS OF UNION COUNCILS

##### Rural Development

1. To formulate ADP and act as construction and maintenance agency following sub-sectors:
  - . Primary Education, Rural health clinics, family welfare clinics, Basic health units, Pipedwater supply, potable water storage tanks, Handpumps/wells and Tube wells;  
Karez;  
Sanitation; and  
Farm to market road.
2. Monitor the implementation of development projects of the line departments by regular review meetings, inspections and review of periodical progress reports;
3. Make recommendations about the location of various facilities to the Tehsil Council and District Council;
4. Identify gaps in various sectors in the Union Council areas and to take steps to remove these gaps with the available resources in accordance with the priorities laid down by District Council;
5. Circulate widely the information on the project allocations and physical programmes to be executed by various line departments and the Union Council within the Union Council area to enlist the voluntary financial and material support to the local development programme and to stimulate better community supervision.

#### B. Functions of Tehsil Councils how performed by District Councils Local Government and Local Councils.

1. To act as supervisory agency for the implementation of schemes under sub-sectors:
  - . Primary Education, Rural Health clinics, family

welfare clinics, Basic health units, piped water supply, potable water storage tanks, Handpumps/Wells, Tubewells, Karezes, Sanitation; Farm to market road.

- 2) Monitor the implementation of development projects of the departments by regular review meetings, inspections and review of periodic progress reports;
- 3) Make recommendations about the location of various facilities to the District Councils;
- 4) Identify gaps in various sectors in the Tehsil areas and to take steps to remove these gaps with the available resources in accordance with the priorities laid down by the District Council;
5. Circulate widely the information on the projects, allocations and physical programmes to be executed by various line departments and the Tehsil area to enlist the voluntary financial and material support to the local development programme and to stimulate better community supervision; and
- 6) To Co-ordinate the functions of the Union Councils in the Tehsil.

**C Functions of District Councils Local Government, Rural Development and Local Councils**

**a) Public Works**

- 1) Provision, maintenance, improvement and management of its public roads, public streets and public ways, culverts bridges, public buildings, walls, water pumps, tanks, ponds and other works of water supply;
- 2) provision, maintenance and management of series, dak bungalows, rest houses and other buildings for the convenience of travellers;
- 3) plantation and preservation of trees on road sides, public ways, public places and public buildings;
- 4) provision and maintenance of public gardens, public playgrounds and public places;

b) Public Health

- 5) prevention and cure of infectious diseases and enforcement of vaccination;
- 6) establishment, maintenance and management of hospitals and rural health centres;
- 7) establishment, maintenance and management of First Aid Centres;
- 8) provision and maintenance of Medical Aid Units;
- 9) establishment, management and visiting of health centres, maternity centres, and centres for the welfare of infants and children, training of Dais and adoption of other measures likely to promote health and welfare of women, infant and children;
- 10) payment of grants to medical aid societies and institutions;
- 11) establishment, management, maintenance and the visiting of Unani, Ayurvedic and Homeopathic dispensaries; and
- 12) promotion of sanitation, public health and educating people in public health;

c) Education

- 13) provision, maintenance and management of primary schools;
- 14) construction and maintenance of buildings as hostels of students;
- 15) payment of grants and subsidies to institutions and organizations engaged in the promotion of education;
- 16) promotion of adult education;

d) Agricultural Development and Economic welfare

- 17) agricultural, industrial and community development, promotion of national reconstruction promotion and development of cooperative movement and village industry;



- 18) adoption of measures for increased agricultural production;
- 19) establishment and maintenance of model agricultural farms;
- 20) popularization of improved methods of agriculture, maintenance of improved agricultural implements and machinery and lending of such implements and machinery to cultivators and adoption of measures for bringing waste land under cultivation;
- 21) promotion of agricultural credit, agricultural education and adoption of other measures likely to promote agricultural development;
- 22) promotion and coordination with Agrovilles;
- 23) provision, regulation and maintenance of markets;
- 24) popularization of cooperative movement and the promotion of education in coordination;
- 25) construction and repair of embankment supply, storage and control of water for agricultural purposes; and
- 26) promotion of cottage industry.

e Articles of Food and Drink

- 27) protection of foodstuff and prevention of adulteration.

f Drainage

- 28) provision and maintenance of adequate system of public drains and regulation of the disposal of industrial wastes;

g Livestock and Dairy Development.

- 29) voluntary registration of the sale of cattle and other animals;

- 30) prevention of cruelty to animals and measures to combat ordinary and contagious disease of birds and animals;
- 31) provision, maintenance and improvement of pastures and grazing grounds;
- 32) regulation of milk supply;
- 33) establishment and maintenance of cattle colonies;

H Culture

- 34) holding of fairs and shows;
- 35) promotion of public games and sports;
- 36) provision, organization and maintenance of museums, exhibitions and arts galleries;
- 37) provision and maintenance of public halls, public meeting places and community centres;
- 38) celebration of national occasions;
- 39) establishment, management and maintenance of welfare Homes and other institutions for the relief of the destitutes;
- 40) suppression of beggary, prostitution, gambling, taking of injurious drugs, consumption of alcoholic drink and other social evils;
- 41) establishment and maintenance of Information Centres;
- 42) encouragement of national and regional languages;  
and
- 43) reception of distinguished visitors.

Public Safety

- 44) relief measures in the event of any fire, flood, hail storm, earth quake, famine and other natural calamities.

j Other Functions

- 45) provision and maintenance of libraries and reading rooms;
- 46) prevention and abatement of nuisances and encroachment; and
- 47) regulation of traffic, licensing of vehicles and the establishment and maintenance of public stands for vehicles in Rural areas.

k Rural Development

- 48) Aggregation of the financial allocation and physical programmes and targets received from the Provincial Government in defoerent sectors and to draw up a District Development programme. In this work the Council will take into account Federal Projects, their allocations and the physical targets falling in or benefitting the districts (Generally the organization may develop and take on complete planning functions).
- 49) To propose/submit, if necessary, to the Local Government and Rural Development Department for modifications in the aggregate district programmes after identifying the a) gaps, b) Internal inconsistencies c) compatibility of the programme with capacity available in the District implementation, maintenance, and supervision and d) evaluating it in the light of local priorities;
- 50) To facilitate the formation of associations for the performance of tasks that can be done/performed collectively, for example, consumer association for distribution of electricity, farmers association for water courses management, associations, for distribution of agriculture inputs, cooperative marketing associations, etc;
- 51) To discharge the overall responsibility for the identification appraisal projects and approval of projects prepared and to be constructed by the following sub-sectors;

Primary schools, Basic Health units;  
Family welfare clinics, piped water supply,  
potable water/storage tanks,  
Handpumps/ Sanitation,  
Rural roads.

- 52) To propose disbursement of ADP funds for the approved projects to various Local Councils mentioned in 51) above inclusive of Municipal Committees if necessary.
- 53) To take appropriate measures for the development of skills, crafts and cottage industries, Development of skills would include promotion of industrial homes, domestic and cottage level crafts and trades, modest repairs of agricultural and other machinery, training of un-skilled labour etc;
- 54) To review the implementation of the District Development programmes (as an extension of the function of Government and as their agent) by holding review meetings within the district as well as through periodic inspections and progress reports from the lower tiers etc;
- 55) To supervise and submit to the Government regular progress reports on the implementation of Development projects at different levels within the district;
- 56) To evolve standard designs and specifications to the extent possible and desirable in harmony with the general conditions obtaining in the district and use appropriate technology to executes its development projects on a more economic basis;
- 57) To monitor the supply of agricultural inputs and to make appropriate recommendations to the concerned authorities;
- 58) To formulate Tehsil Markaz development programmes derived from the District Development Programmes in consultation with the respective Local Councils in Tehsil and to review periodically its implementation;
- 59) Disseminate information about the projects and allocations of funds, for the District Development Programmes throughout the District to keep the people fully informed about the projects to be executed in the district. This will not only mobilise the interest of the people in the development work, for the district but also make them more watchful about the use of development funds by the better community supervision;
- 60) Improvement of breeding of cattle, horses and other animals;
- 61) Establishment and maintenance of Cattle colonies;

- 62) Establishment and maintenance of cattle and dairies;
- 63) Initiation, promotion, undertaking individually or on cooperative basis of commercial schemes, like the establishment of cattle poultry, fish and agricultural farms, installation of wells/tubewells, construction of tanks for the storage of irrigation water, establishment of workshop for manufacture and repair of agricultural implements and machinery, provision and maintenance of transportation services, construction of shops, establishment of markets and other commercial enterprises for which funds are available.

## INVESTMENT THROUGH LGRDD FOR RURAL AND URBAN DEVELOPMENT

S.No.	Sector	1984-85		1985-86		1986-87		1987-88		1988-89		Total	
		Allocations	Schemes	Allocations	Schemes	Allocations	Schemes	Allocations	Schemes	Allocations	Schemes	Allocations	Schemes
1	RURAL DEVELOPMENT	26.000	1041	24.000	1135	40.000	1675	50.000	1522	55.000	1982	195.000	9355
2	URBAN DEVELOPMENT	6.898	73	6.668	81	7.836	93	10.000	82	12.000		43.402	329
3	RURAL WATER SUPPLY	11.238	11	0.950	17	-	-	-	-	0.660	1	12.848	29
4	PRIZES TO BEST UNION COUNCILS	3.200	22	3.200	27	-	-	-	-	-	-	6.400	49
5	RENOVATION IMPROVMENT OF KAREZES	1.500	60	12.300	248	-	-	-	-	-	-	13.800	308
6	REPAIR OF LGRD BUILDINGS	1.000	29	-	-	-	-	-	-	-	-	1.000	29
7	EDUCATION PROGRAMME, REPAIR EDUCATION BUILDINGS	64.811	273	43.722	145	18.706	84	25.970	123	5.300	21	158.509	646
8	HEALTH PROGRAMME, REPAIR HEALTH BUILDINGS	12.100	34	15.164	21	1.820	3	0.450	1	-	-	29.534	59
9	SOCIAL WELFARE (COMMUNITY HALL)	1.349	2	6.400	13	-	-	8.100	18	-	-	15.249	33
10	RURAL ROADS	-	-	6.976	76	-	-	-	-	-	-	6.976	76
11	CONST OF PROTECION BUMBS	-	-	4.290	32	-	-	-	-	-	-	4.290	32
12	GRANT IN AID TO M/C; T/C; UNION COUNCILS	-	-	10.250	38	-	-	-	-	25.298	159	35.548	197
13	CONST: OF W/TANKS; RESERVOIRS LINING OF CHAMALS, WELLS ETC.	-	-	14.855	140	-	-	-	-	-	-	14.855	140
14	WOMEN PROGRAMME (COMMUNITY HALL)	-	-	3.330	12	-	-	-	-	-	-	3.330	12
15	POULTRY FORM AT QUETTA	-	-	1.170	1	-	-	-	-	-	-	1.170	1
16	PRESIDENTIAL GRANT GOVERNOR SPECIAL FUNDS	0.850	10	-	-	-	-	-	-	-	-	0.850	10
17	CHIEF MINISETER'S FUNDS	2.765	7	-	-	-	-	-	-	-	-	2.765	7
18	M.P.A. FUNDS	-	-	-	-	192.175	1602	119.914	684	0.800	3	312.708	2288
19	M.N.A. FUNDS	-	-	-	-	22.424	196	-	-	-	-	22.424	196
20	SANATOR FUNDS	-	-	-	-	45.733	247	-	-	77.000	48	122.733	295
21	KATCHI ABADI	-	-	-	-	-	-	37.040	1	-	-	37.040	1
22	7-MARLA SCHEMES	-	-	-	-	-	-	59.453	1	-	-	59.453	1
23	RURAL DEVELOPMENT ACADEMY	-	-	-	-	-	-	29.847	1	-	-	29.847	1
24	IMPROVEMENT OF USTA TOWN	-	-	-	-	-	-	-	-	1.000	1	1.000	1
25	IMPROVEMENT OF ZHOB TOWN	-	-	-	-	-	-	-	-	1.000	1	1.000	1
26	IMPROVEMENT OF LORALAI TOWN	-	-	-	-	-	-	-	-	1.000	1	1.000	1
27	CONST:OF M.C. HALL TURBAT	-	-	-	-	-	-	-	-	0.500	1	0.500	1
28	CONST:OF DISTRICT COUNCIL HALL PANJGUR	-	-	-	-	-	-	-	-	0.500	1	0.500	1
29	CONST:OF CONMR. OFFICE ROAD TURBA	-	-	-	-	-	-	-	-	0.500	1	0.500	1
30	CONST:OF SUB-ENG. RESIDENCE SIBI	-	-	-	-	-	-	-	-	0.500	1	0.500	1
31	CONST:OF FIRE BRIGADE (WATER STORAGE TANK) NASTUNG	-	-	-	-	-	-	-	-	0.375	1	0.375	1
32	CONST: OF SLANGHER HOUSE NASTUNG	-	-	-	-	-	-	-	-	0.150	1	0.150	1
33	COST: OF DISTT. COUNCIL OFFICE AND RESIDENCES JAFFARABAD	-	-	-	-	-	-	-	-	2.000	1	2.000	1
34	WAGHUL ROAD KHARAN	-	-	-	-	-	-	-	-	1.500	1	1.500	1
35	MASHKEL-POTHANI ROAD	-	-	-	-	-	-	-	-	1.500	1	1.500	1
TOTAL ALLOCATIONS		131.711		166.955		337.865		340.774		187.292		1163.907	
TOTAL SCHEMES			1562		2553		4251		2433		2228		15027

-----  
PERSONNEL PROFILE

A) NAME \_\_\_\_\_

B) DIVISION \_\_\_\_\_

C) JOB TITLE: \_\_\_\_\_

D) GRADE LEVEL: \_\_\_\_\_ SENIOR \_\_\_\_\_ OR JUNIOR \_\_\_\_\_

E) MALE/FEMALE: \_\_\_\_\_ F) AGE: \_\_\_\_\_

G) JOB DESCRIPTION \_\_\_\_\_  
(Attach copy) \_\_\_\_\_

1) EDUCATION

- SECONDARY: WHERE \_\_\_\_\_ WHEN ? \_\_\_\_\_  
WHAT LEVEL ? \_\_\_\_\_

- COLLEGE: WHERE \_\_\_\_\_ WHEN ? \_\_\_\_\_  
WHAT LEVEL ? \_\_\_\_\_

- UNIVERSITY: WHERE \_\_\_\_\_ WHEN ? \_\_\_\_\_  
WHAT LEVEL ? \_\_\_\_\_

2) IN WHICH YEAR WERE YOU RECRUITED AND HOW DID YOU LEARN THE JOB ?

Year \_\_\_\_\_

3) WHAT WAS YOUR JOB TITLE WHEN YOU WERE HIRED AND WHAT WAS THE GRADE LEVEL ?

Title \_\_\_\_\_ Level \_\_\_\_\_

4) WHAT TYPE OF EXPERIENCE (WORK) HAD YOU GAINED PRIOR TO JOINING THIS DEPARTMENT ?

\_\_\_\_\_

- 5) HAVE YOU EVER RECEIVED ANY TRAINING FOR THE POSITION YOU NOW PERFORM ?  
IF SO, WHERE ? AND WHAT TYPE OF TRAINING ? (ON-THE-JOB-COURSE-WORK-SHOP/SEMINAR)

\_\_\_\_\_

\_\_\_\_\_

- 6) DO YOU FEEL THAT YOU LACK CERTAIN SKILLS OR KNOWLEDGE IN PERFORMING  
YOUR JOB ? IF SO, WHAT ARE THEY AND WHY DO YOU FEEL THAT WAY ?

\_\_\_\_\_

\_\_\_\_\_

- 7) CAN YOU BE PROMOTED FROM THIS POSITION ? IF YES, WHAT POSITION COULD  
YOU OBTAIN ?

Yes/No \_\_\_\_\_ Posit \_\_\_\_\_

- 8) WOULD ADDITIONAL TRAINING HELP IN YOUR PROMOTION OR WOULD IT BE BASED  
ON SENIORITY ?

Yes/No \_\_\_\_\_ Expla \_\_\_\_\_

\_\_\_\_\_

- 9) IF YOU WERE OFFERED AN OPPORTUNITY TO BE TRAINED IN SKILLS AND  
KNOWLEDGE WHICH WAS ASSOCIATED TO YOUR JOB WHICH TYPE OF TRAINING  
DO YOU PREFER ? (PLEASE CIRCLE THE APPROPRIATE RESPONSE)

- A) ON-THE-JOB TRAINING
- B) PRACTICAL EXERCISES OR HANDS-ON TRAINING
- C) LECTURE TYPE TRAINING
- D) COMPUTER ASSISTED TRAINING
- E) CORRESPONDENCE, RADIO, TV LEARNING
- F) MANUALS, PACKAGE COURSES, LEARN AT YOUR SPEED
- G) ALL OF THE ABOVE

- 10) WHO IS RESPONSIBLE FOR TRAINING IN YOUR ORGANIZATION ?

\_\_\_\_\_

- 11) HOW CAN YOU MAKE YOUR TRAINING NEEDS KNOWN TO YOUR ORGANIZATION ?

\_\_\_\_\_



12) WHAT IS YOUR REACTION TO OVERSEAS TRAINING FOR PEOPLE IN JOBS LIKE YOURS ? Page 3 of 3

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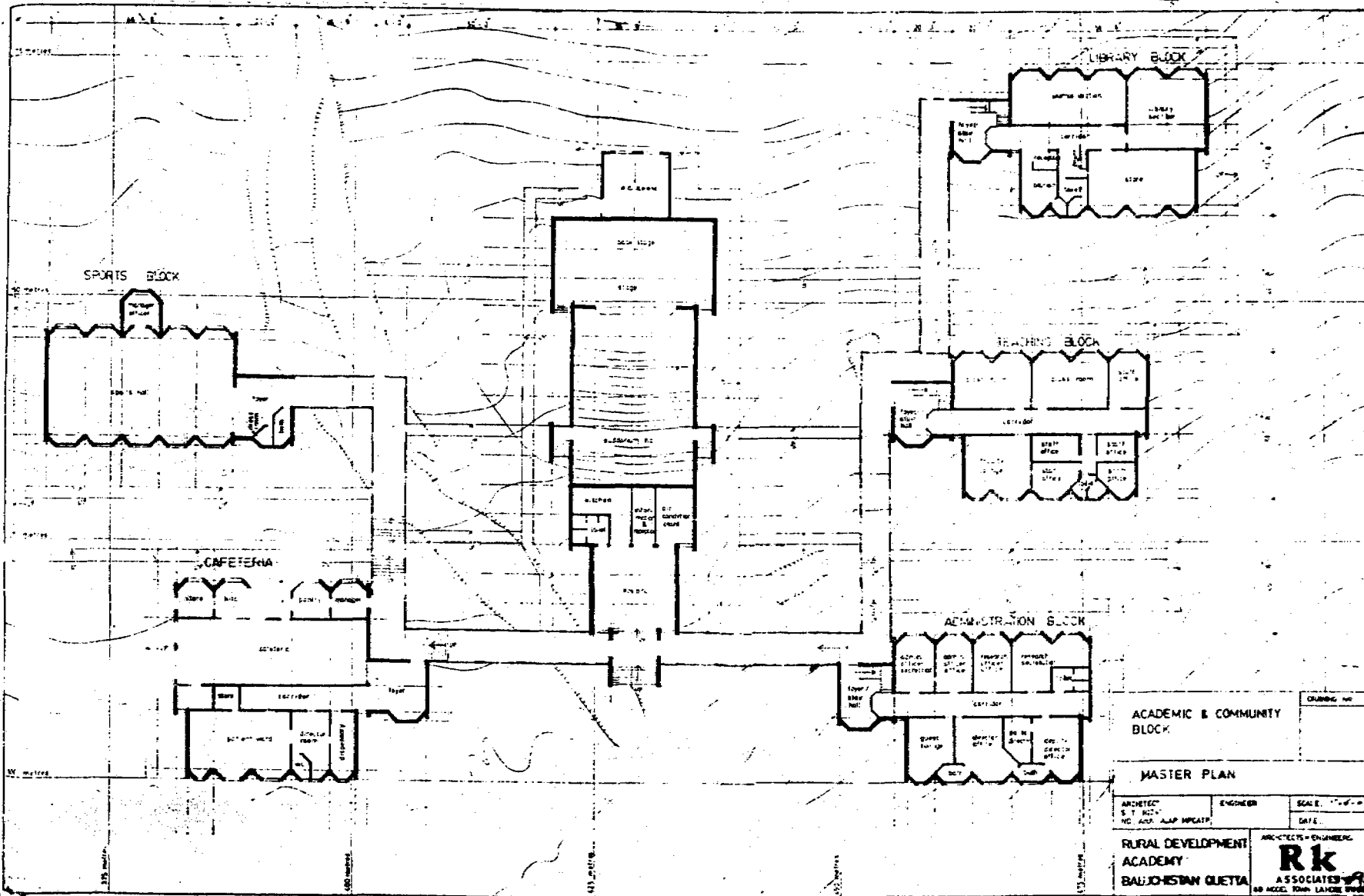
13) LOOKING AT YOUR JOB DESCRIPTION, WHAT AREAS DO YOU PERFORM AT A HIGH FREQUENCY, LOW FREQUENCY AND NOT AT ALL ? (HIGH FREQUENCY 6-8 TIMES PER MONTH AND) (LOW FREQUENCY 1-5 TIMES PER MONTH)

JOB AREAS / TASKS	LOW	MEDIUM	HIGH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14) Any other information not covered above

Please return to Mr. Naseem Gadri Dy. Director (Tech) Local Government of Rural Development Department Quetta.

ANNEXTURE "D"



ACADEMIC & COMMUNITY BLOCK		DRAWING NO.
MASTER PLAN		
ARCHITECT S. Y. HOTA	ENGINEER M. C. ADI, A. P. BHATT	SCALE: 1/4" = 1'-0"
		DATE
RURAL DEVELOPMENT ACADEMY BALUCHISTAN QUETTA		ARCHITECTS & ENGINEERS <b>Rk</b> A ASSOCIATES 88 ACC. TOWN LAHORE

RURAL WATER SUPPLY, HEALTH AND SANITATION PROJECT LGRDD/DUTCH  
LIST OF EQUIPMENTS, FURNITURE, TRANSPORT ETC.

1	ITEM	TYPE	PROJECT UNIT	LGRDD CELL	LGRDD FIELD	TOTAL	UNIT COST	TOTAL	RDA		G. TOTAL Rs. in million	
									NO	AMOUNT		
2	3	4	5	6	7	8	9	10	11	12		
I	Equipments and Articles										1.439	
1	Computer-PC AST-5/286	-	1	1	-	2	65000	130000	1	65000	0.195	
	Lazer Jet Printer	-	1	1	-	2	65000	130000	1	65000	0.195	
	UPS	-	1	1	-	2	18500	37000	1	18500	0.056	
	Stabilizer	-	1	1	-	2	2500	5000	1	2500	0.008	
2	Photocopier Toshiba	-	1	1	-	2	48000	96000	1	48000	0.144	
3	Typewriters All-15	Ordinary	1	1	3	5	24000	120000	2	48000	0.168	
	OP-1	Electric	1	1	-	2	35000	70000	2	70000	0.140	
4	Refregreter 12 CFT	National	1	1	-	2	14000	28000	8	112000	0.140	
5	Deep Freezer	-	-	-	-	-	22000	-	4	88000	0.088	
6	Crokery	-	-	-	-	-	-	5000	-	50000	0.050	
7	Air Conditioner	1 1/2 Ton	1	1	-	2	20000	40000	10	200000	0.240	
8	Amplifeir	Compleat set	-	-	-	-	5000	-	3	5000	0.015	
II	Furniture & Fixture										5.025	
1	Desks	Executive	-	14	6	-	20	5000	10000	4	20000	0.120
		Ordinary	-	15	15	10	40	3000	120000	30	90000	0.210
2	Chairs	Executive	-	14	3	-	17	800	13600	4	3200	0.068
		Ordinary	-	88	50	60	198	400	79200	1000	400000	0.480
3	Side racks	-	-	20	15	9	44	1000	44000	34	34000	0.078
4	Carpet	Executive	-	1000	500	-	1500	34	51000	20000	680000	0.731
		Ordinary	-	500	100	200	800	18	14400	40000	720000	0.825
				(SFT)	(SFT)					(SFT)		
5	Curtains	-	-	18	8	-	32	2500	80000	4000	100000	0.180
6	Sofa Set	-	-	2	1	6	3	10000	30000	20	204000	0.210
7	Central Table	-	-	4	2	-	6	1000	6000	45	45000	0.051
8	Heaters-Gas/Electric	-	-	20	10	-	30	1500	45000	200	300000	0.345
9	Cabinets-steel	-	-	20	12	12	44	2000	88000	20	40000	0.128
10	Book Shalves	-	-	4	2	-	6	2000	12000	36	72000	0.084
11	Conference Table	(15x10)	-	1	1	-	2	20000	40000	4	80000	0.120
12	Table Lamps	-	-	7	6	-	13	500	6500	90	45000	0.052
13	Fans-Electric-Padestal	-	-	7	8	3	18	2000	36000	20	40000	0.076
14	Dinning Tables 25x16	-	-	-	-	-	-	20000	-	2	40000	0.040
15	Dinning Chairs	-	-	-	-	-	-	350	-	80	28000	0.028
16	Auditorium Chairs fixed	-	-	-	-	-	-	350	-	500	175000	0.175
17	Speaker DiasRostrum	-	-	-	-	-	-	3000	-	4	12000	0.012



RURAL WATER SUPPLY, HEALTH AND SANITATION PROJECT LGRDD/DUTCH  
LIST OF EQUIPMENTS, FURNITURE, TRANSPORT ETC.

ITEM	TYPE	PROJECT UNIT	LGRDD CELL	LGRDD FIELD	TOTAL	UNIT COST	TOTAL	RDA		G. TOTAL Rs. in million	
								NO	AMOUNT		
1	2	3	4	5	6	7	8	9	10	11	12
1	26 Seater Coaster	-	-	-	-	-	-	-	1	750000	0.750
2	15 Seater Van (Hiece)	-	-	-	-	-	-	-	1	550000	0.550
3	Four Wheel drive jeepster	-	2	1	3	6	275000	1650000	-	-	0.165
4	Staff Cars	-	1	1	-	2	350000	700000	1	350000	1.050
5	Suzuki Jeeps	-	2	2	3	7	200000	1400000	-	-	1.400
6	Motor Cycles	-	-	-	14	14	25000	350000	6	150000	0.500

1)	Equipments and Articles	1.439
2)	Furniture & Fixture	5.025
3)	Teaching Aid	0.176
4)	Items for Mess	0.100
5)	Miscellaneous/unforseen Items	0.392
	Total	7.132
6)	Transports	4.415
	Grand Total	11.547