

PARTICIPATORY ACTION DEVELOPMENT

On

**“Promotion of Community Management of Rural Water
Supplies in Developing Countries”**

Eleventh six-monthly progress report

PAD Pakistan

**Water and Sanitation Extension Programme
The Aga Khan Planning and Building Service, Pakistan**

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1. Introduction

This progress report briefly describes the main activities carried out under manage dissemination project from July 1999 to Jan 2000. The activities included establishment of Information Focal Point (IFP), target group survey, follow-up visits to the partner communities, contact with NRG members, documentation, web page development, and the completion of remaining task regarding transcription and translation of the video.

2. Establishment of Information Focal Point

The following sub-tasks have been carried out towards establishment of the Information Focal Point at WASEP:

(i) Space Acquisition and Furnishing

WASEP, after shifting to a new location in late August 1999, provided space for setting up the IFP. The acquisition of the required shelves and other accessories for the IFP was also materialized in the last week of November 1999.

(ii) Acquisition of Hardware and Software

A new PC was purchased for the IFP. WASEP has also purchased a new photocopier for the joint use. In addition WASEP has also provided printing and scanning facilities to the IFP. For the automation of the documentation unit, a computer based software LAMP Version 2.0 has been purchased. LAMP stands for Library Automation & Management Program. This software was developed by the Netherlands Library Development Project (NLDP) in collaboration with the Pakistan Library Association and is commonly used in Pakistan. LAMP is based on CDS/ISIS version 3.07. This package provides a number of services including acquisition, cataloguing, searching and circulation facilities amongst others.

(iii) Training of Staff on Use of Library Software

In December 1999, training was arranged for two staff on the use of LAMP and on the classification system. During the training sessions both theory and practical demonstration were used to make the trainee understand the fundamental of library management and application of software for library automation. WASEP also intends to provide such training to some more staff as well, in order to ensure long term sustainability of the documentation unit.

(iv) Automation of Available Holdings

Soon after the training, the process of establishing a document unit was initiated from the very scratch as WASEP had no organized library at all. About 70 % of records have been computerized so far using LAMP. As for as the classification system is concerned, WASEP uses classification system of the IRC with some modification. It is expected to

finish computerization of records by the end of March 2000. As per work plan of inception report, the process of computerization of records was supposed to finish by the end of October 1999 starting from April 1999. With the completion of automation process, documentation unit will start functioning. The need, importance, and advantage of having computerized library became very clear and obvious to the WASEP during the process of automation when it was seen that that WASEP had a good collection of important documents (books, articles, and reports).

(v) Establishment of Documentation Committee

A documentation committee, responsible for acquisition of documents, setting rules and regulations and level of service to be provided, has been formed. The committee agreed to provide the following services to the target groups (readers) at local level:

- Library items will be issued to the WASEP staff only for a specified loan period. However, external readers (non WASEP staff) may borrow items through WASEP staff on the condition the latter will be responsible for the borrowed items.
- Reference material will not be taken out of the documentation unit.
- Documentation unit will assist the readers find the required material on a given subject and will provide photocopying facilities on nominal charges.

(vi) Web-page Development

WASEP has recently got access to Internet facilities and currently looking at the possibility of having its own web site. In this regard, WASEP is in the process of dialogue with the higher management of Aga Khan Planning and Building Service, Pakistan and AKF for approval. The proposed is expected to disseminate and share experiences on water, sanitation, and hygiene learned through PAR and WASEP interventions in northern Pakistan. PAD team has already developed the tentative layout and contents of the web page. Development of web site will be completed by end of April 2000 subjected to the approval of higher management. According to work plan given in inception report, PAD team needs to submit final version of web page to ISP in June 2000.

3. Target Group Survey

A target group survey was carried out to see how documentation units and libraries are working within Gilgit. NGOs with basic library facilities were visited which included: Aga Khan Rural Support Programme (AKRSP), World Wide Fund for Nature (WWF); IUCN, and Aga Khan Health Services (AKHS). All these institutions are involved in development through community participation. The main findings are listed below:

- In libraries visited there is no proper management system, a lot of materials have been misplaced and the users are not returning books and literatures in time.
- Most of the libraries in Gilgit have restricted membership to their own institutions because the outsiders do not return books in time; and to avoid shortage of materials.
- The usage of these facilities by external sector professionals is limited.
- The idea of establishing link amongst different resource centers/libraries in order to have access to a wide range of literature received high appreciation.

The findings of the target groups suggest that once the establishment of the IFP is complete WASEP needs to publicize required information on the IFP to the target groups through leaflet and other mechanism as well and that for effective dissemination and exchange of information to target groups both professionals and communities, others measures such as meetings, workshops and visits are very crucial. Similarly to maintain contact with target groups at national level, the use of internet appears to be best option.

4. Contact with NRG Members

PAD team initiated the process of contacting NRG members through correspondence and telephonic contacts. In this regard, a questionnaire was sent to them to assess the need and scope of establishing IFP. Unfortunately, only five of them responded (i.e., three members responded to the questionnaire while two were contacted through telephone). One of the reasons for this low response was that some of the members had been either transferred to other places or joined other organizations. This resulted in delay of holding the proposed seminar for NRG members. Now WASEP is in the process of bringing up new members from other organizations into the NRG forum.

5. Status of PAR Communities

In order to assess the current status of the PAR communities, PAD team conducted follow-up visits. Following is the brief summary of follow-up visits:

(i) Hasis Bala

The non-availability of piped water to more one third of the population has been a big and challenging issue which the communities of Hasis Bala in general, and CRT members in particular faced. In order to resolve this issue, the CRT wrote proposals to many funding agencies and institutions including WASEP. The committee members visited WASEP office several times and after putting a lot of efforts, they managed to get into partnership with the WASEP to rehabilitate the existing water supply system and to carry out sanitation and hygiene interventions in the village. The good management record of the communities during PAR phase provided a basis to the WASEP for its selection. As a result of new interventions a lot of changes has happened in Hasis (please see box 1 for detail).

Text Box 1: Update on Hasis Bala, one of the PAR Village

Hasis Bala:

Entering new millennium with integrated approach towards water and sanitation

Introduction

As a result of new interventions in Hasis Bala since October 2000, many changes regarding various aspects of the rehabilitation project have happened. The changes include formation of new water and sanitation committee, redesign and extension of the existing water supply system, construction of sanitation facilities at household level, water quality monitoring, beginning of hygiene education, monitoring of health and hygiene status, and most importantly major changes in the management structure of water supply schemes. The following sections gives brief account of the nature of changes:

Changes in the Water Committee

A new committee known as Water and Sanitation Committee (WSC) has been formed with full representation of the whole community. Formation of WSC took place in a general meeting of the whole community. This committee will replace the exiting CRT. The WSC include a president, a secretary, treasurer, water and sanitation operator (WSO), and water and sanitation implementer (WSI) and few ordinary members. It is compulsory for the WSI to be a female community member. This committee is responsible for maintenance and operation of the system, setting and collecting monthly water tariffs and developing local legislation amongst others. The WSO is trained in the maintenance and upkeep of the system and is commonly referred to as the village plumber. The WSI is trained in promoting health and hygiene and provides village women with advice on cleaning and use of the scheme. WASEP has planned to provide training to WSC's in order to build their capacity.

Establishment of Monetary System

As per requirement of the WASEP, the community of Hasis Bala in partnership with the WASEP has established a monetary system to deal with the maintenance and operation cost on permanent basis. For this purpose the community raised fund equivalent to 7 % of the total cost of the scheme. Thus every household in the community contributed Rs.913 making the total amount about Rs. 98,000. On top of this amount WASEP contributed Rs. 30,000 bringing up the total fund to Rs. 1,28,000. Major share of this fund will be deposited in the community's bank account as a fixed deposit. The monthly profit from this account will be utilized by community to remunerate WSO and WSI for their services. While a small share of the fund will be used by the community to purchase spare parts for the system for the future intended use. Apart from this fund, the community has agreed to collect water tariff in cash not less than Rs. 15 per month per household. Fund generated through tariff collection will be used to repair the system in the case of emergencies.

Text Box 1: Continued

Rehabilitation of Existing Water Supply System

The existing water supply system was serving only 70 households out of 107 despite the fact that all the households had participated in construction work. According to the rehabilitation plan all the households will be provided with potable water. For this purpose detailed technical survey was conducted with full participation of the community on the proposed alignment of the pipelines and location of taps. Usually technical surveys for the water supply schemes begins after carrying out certain PRA exercises to gather basic information related to social dynamics existing in the community, ability of the community to manage the scheme, and other criteria set by WASEP taking cognizance of village institutional set up to ensure future sustainability of the system. However in the case of Hasis, all the basic information was readily available as a result of PAR activities in the village, so gathering of basic information through PRA was kept to a minimum. The community was involved in the project right from the planning phase. During the initial engineering survey, members of the village (both men and women) and CRT members assisted WASEP to determine the route of the pipelines and decide about the location of their tapstand and latrine. Usually women make the choice about the location of tapstand and latrine. In order to dispose wastewater from the tap drainage facilities are provided to the communities. It is expected that the rehabilitation work will be completed by the end of May 2000.

Community Participation in the Construction Work

WASEP provides non-local materials (pipes, cement, steel bars etc.), cost of skilled labour and technical and supervisory support to the partner communities towards the accomplishment of rehabilitation work while the communities are required to provide free unskilled labour and local materials such as stone, gravel and sand. The community in Hasis has agreed to fulfil their share of participation and has completed 4 feet digging of main lines so far. The construction work will be completed in few months.

Sanitation

In order to maximize the health benefit of water supply scheme, WASEP highly encourages partner communities construct sanitation facilities (latrine) of their own choice. For this purpose it offer a subsidy of Rs. 900 to those household who opt for building latrine. In Hasis Bala the communities showed great interest in constructing latrine, more or less all the participating households opted for construction of pour flush latrine. Out of 107 households, 36 have completed construction of latrine while the rest are busy in construction. It is worthwhile to mention that it costs approximately Rs. 6000 to construct a latrine. This means the communities are contributing about 85 % of the total cost. Women in Hasis played a significant role in making choices for the type and location of the latrine they want to build.

Drinking of Contaminated Water

On the onset of rehabilitation work, WASEP conducted bacteriological test of the existing drinking water at household level for faecal contamination. The results of the water quality monitoring revealed that on average the communities were drinking water with contamination level of 477 E.Coli per 100 ml. These results suggested that although there was no contamination at the spring eye, the water possibly got contaminated in the intake chamber as well as during the storage. These findings substantiated the need of hygiene education in addition to availability of tap water at doorstep.

Text Box 1: Continued

Women Participating in Hygiene Education

In order to ensure of the proper usage of tap water and sanitation facilities and adoption of healthier behaviours so as to reduce the risk of water and sanitation related diseases, WASEP has initiated hygiene education programme for women known as Community Health Intervention Programme (CHIP). Under this programme two rounds of education sessions have taken place in Hasis Bala on on identification of problems related to water and sanitation related diseases, latrine promotion, and transmission routes of diseases. The participation of women in these education session was very high: during the first round around 70 women participated in three different session while in the 2nd session around 40 women participated in a single session. The female CRT members are actively taking part in these sessions and contributing a lot in gathering other women for the education session. In general the women in Hasis Bala are highly supportive and motivated towards hygiene education. *"If we had knowledge of all these things (referring to the causes of diarrhoea) our children would not have died because of diarrhoeal disease. It implies from this discussion that we kill our children with our own hands"*, said one of women giving her feedback on the education session. These remarks indicate the willingness of the women to accept their new responsibilities towards health of their children. WASEP periodically collects information at the household level to monitor the changes in hygiene and health status. Comparison of the last three visits with the first visit (i.e., baseline data) revealed an increase of 46 % in hygiene status. Hygiene status is measured using a scale developed by the WASEP to assess the level of domestic, personal, and environmental hygiene as well as degree of latrine usage. Based on the results of hygiene status, Hasis Bala is considered to be 2nd best village among 9 villages under intervention in Gilgit region. More sessions on other issues related to hygiene behaviours as well as management of the Rural Water Supply System will be conducted with the women.

Involvement of Children

Under School Health Intervention Programme (SHIP), school going children at primary level are participating in hygiene education programme to improve the prevailing hygienic conditions. SHIP uses Child to Child approach (CtC) to disseminate messages and bring about behavioural changes not only in their respective homes but also in the village as a whole. So far 12 sessions have been conducted in the primary school of Hasis on handwashing and safe disposal of faeces. As part of homework the children conducted survey in the village on handwashing and usage of soap for handwashing and disseminated the messages of handwashing to their parent and other non-school going children. The children also arranged village walk during which they disposed of the garbage and faeces. In next rounds of sessions topics related to management issues of water supply system will be discussed both under SHIP and CHIP.

(ii) Ghaziabad

In Ghaziabad the system is working very well and there has not been any freezing or major breakage in the system. Whenever there is any small breakage the plumber repair it. It was reported that due to damage of socket in the main line the system was closed for one day. The CRT provided a new socket and the plumber fixed it. CRT members are holding meetings occasionally to discuss the water-related issues like cleanliness of tank. The committee also meets the community whenever needed. The plumber is monitoring the system regularly. Although he doesn't receive any cash money for his services, he has been exempted from participating in other compulsory communal works like periodic cleaning of irrigation channels. There is no any management issue in Ghaziabad, however, there still exists a technical issue of non-uniform pressure in the system i.e., there is low pressure in one part of the village and high pressure in the other part. No separate operation and maintenance fund is being collected from the households, instead it is planned to use the saving in the Villager Organization (VO) for operation and maintenance if needed.

(iii) Hoto

In Hoto water management issues still exist, which is a main cause of concern for the CRT and the community. Fifty percent of the households still don't have access to tap water, which is the root cause for other management issues, for example tariff not being paid, there is no plumber to look after the system etc. CRT holds meetings whenever needed to discuss problem related to system such as freezing problems encountered during the winter. On the whole the system is not working well. Breakages in the main and branch lines have not been repaired. As mentioned in the last progress report the community of Hoto didn't accept the terms of partnership of the WASEP for rehabilitation of the scheme.

(iv) Pakora

No major changes have been observed in the case of Pakora except the community is trying hard to get support from agencies for the extension of the existing water supply system. Recently, the community has agreed to accept the WASEP's terms of partnership for carrying out rehabilitation work. WASEP has planned to carry out feasibility survey in Pakora in very near future.

6. Documentation

The PAD team has submitted an article to Waterline for possible publication. More articles on the participation of women in water and sanitation scheme, role of children in making water and sanitation schemes successful, and on community management of rural supply system in northern Pakistan are planned to be presented in the next WEDC conference to be held in Bangladesh. In this regard work on the abstracts of proposed articles are planned. It is expected that this conference will provide ample opportunities to disseminate and exchange ideas on community management, water, sanitation and hygiene.