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Outline for Final HABK Document

Drafted by: Andra Tamburro, IDM Fellow 1994-95

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List of Abbreviations used — bigger type face

GO	-	Government Organization
DDO	-	District Development Officer
DHO	-	District Health Officer
DEO	-	Distric Education Officer
GWSSB	-	Gujarat Water Supply and Sewerage Board
GJTI	-	Gujarat Jalsava Training Institute
HABK	-	Health Awareness Campaign, Banaskantha District
ICDS	-	Integrated Child Development Scheme
KAP	-	Knowledge, Attitude and Practice
NGO	-	Non-Government Organization
ORS	-	Oral Rehydration Solution
PHC	-	Primary Health Care Centre
RNE	-	Royal Netherlands' Embassy
SEWA	-	Self Employed Women's Association
SEU	-	Socio-economic Unit
SRWSS	-	Santalpur Regional Water Supply Scheme
CHETNA	-	Centre for Health Education Training and Nutrition Awareness
WHDRC	-	Women's Health and Development Resource Centre
CRC	-	Child Resource Centre

Meanings of Indian Words used

Indian		English
Shibir	-	Camp
Mahila	-	Woman
Mela	-	Fair
Doya	-	Ladle to retreive water from pot
Ukardo	-	Village Garbage
Gram Panchayat	-	Village level local elected body of administration
Sarpanch	-	Elected leader of the Gram Panchayat
Pani Panchayat	-	Water management committee at village level.
Lari - gallawala	-	Hawkers who sell food items from the stalls, that are located on the side of the road.
Nagar Panchayat	-	Township Council
Purdah	-	Veil

BACKGROUND OF WATER SITUATION

Water situation in India

India is a vast country spanning from large mountain regions to flat plains. The water situation of the different regions of India is as varied as the terrains. Parts of India are covered with lush tropical forests that receive plentiful rainfall, while on the other hand, vast areas of India are arid regions that receive very little rainfall and are prone to drought on a regular basis. These areas vary from semi-desert to desert regions mainly in the North-Western parts of the country. The Banaskantha region, located in Northern Gujarat, is classified as a semi-desert zone and has been identified by the Royal Netherlands Government and the Indian Government to receive bilateral aid to help fund water development in this arid region.

Water Situation in Gujarat

As the water situation in India varies from state to state, so does the water situation in Gujarat vary from region to region. Even though Gujarat is known to be one of the most arid states in India, the southern regions are humid and enjoy a plentiful rainfall, around 2,000 mm per year. The central part of Gujarat has a drier climate that receives an annual rainfall of around 750 mm per year. The climate of Gujarat is typical of the arid zones in India, with the Southwest Monsoons accounting for 80% of the annual rainfall. The monsoon occurs between mid-June to mid-August. It is the Northern and Western regions of Gujarat that suffer the most from a lack of water.

Water Situation and Physical Geography of the Banaskantha district, located in the Northern part of Gujarat is bordered by the Ran of Kutch to the west, Pakistan to the north and the state of Rajasthan to the east. The rainfall for this region usually follows a cyclical pattern, with 2 to 3 years of good rainfall, followed by 1 to 2 years of sparse rainfall. This rainfall pattern makes the region prone to regular droughts.

The Kankrej, Radhanpur, and Santalpur blocks are located in the western most regions of Banaskantha, which is extremely arid and is considered a semi-desert zone of India. Because of its close proximity to the Rann of Kutch, there are visible salty patches in the landscape, and most of the natural water sources are saline for part of, and many times, all of the year.

(For Maps of Project Area Refer to Annexure 1)

Banaskantha

Banaskantha is made up of stretches of land that are steep slopes of 200 m/km in and around the eastern blocks of Palanpur, to flat regions (slopes less than 10 m/km) towards the western blocks surrounding Santalpur. The only river in this region is the Banas River, which is the major source of water for the people of this region. The source of the river starts in Sirhoi, Rajasthan, it then flows through the center of Banaskantha and drains into the Little Rann of Kutch.

The soil in this region is slightly alkaline (ph 7.6 - 8.4) and saline. The texture of the soil is silt loamy which occurs because of the alluvial plain where it is located. There are a limited number of plant species that are suitable for this soil.

Agriculture is the main activity of the local economy, with 90% of the agricultural land being unirrigated crop area. The percentage of irrigated crop land increases towards the eastern tracts of Banaskantha. Even though only a small percentage of land is being irrigated, the overall usage of water in Banaskantha is being disproportionately used for agricultural purposes. It is estimated that 90 - 95 % of water is being used for irrigation alone. This demand for water for irrigation has put pressure on the ground water sources of Banaskantha. It is also causing problems for the pipeline project, because farmers are illegally tapping into the ground water sources around the tubewell field at Shihori.

Besides agriculture, other forms of livelihood in this region are the harvesting of salt in the villages near

the Rann of Kutch and the raising of livestock. Along with tending cattle, people also herd sheep, goat and buffaloes. Herders graze their animals on the scrub lands of this area. There is also labor migration of women and men to work in quarries, breaking stones for gravel production. This mainly occurs during monsoon when there is little agricultural work.

Cultural Description of the Banaskantha Region

Scattered throughout this rural region are many small villages like most rural areas of India. The population of these villages range from 150 to 3,000 people. Families in the villages all live in similar style houses that are made from the light sandy colored mud of this area. The houses usually contain one big room used for sleeping and other general household activities such as, cooking, eating and sewing. In the front of each house is a well swept courtyard where most of the daily activities are conducted. Most of the houses have mud walls or hedges for boundary.

Each village has at least one pond and many wells that were the traditional water sources for the villages. During times of drought and sometimes during the summer months these water sources run dry. This obviously causes hardships amongst the people and it creates conflicts and tensions as they struggle for every last drop of water. Most of the villages in the Santalpur, and Radhanpur blocks are classified as "non-source" villages or villages that have the most difficulty attaining water. Before the pipeline project was installed, many people in the villages relied on water tankers to provide drinking water during the times of drought and the summer months. This practice is costly to the government and is considered an unreliable source of water by the people in the villages.

Occasionally, a village will auction off the pond to raise funds for a community activity, such as the building of a temple. In this case, a private citizen will buy the pond to irrigate his fields. The pond then becomes the property of one person, and is no longer used by the community. This practice has become more frequent since the installation of the pipeline because people now have another source of water and do not solely rely on the pond water as their primary source.

Village Level Political Structure

Governing each village is a local level body called the Gram Panchayat (village governing committee). The Panchayat is an elected board that is headed by the Sarpanch (the elected leader of the village). The duties of the Gram Panchayat focus on the implementation of socio and economic development activities for the community.

At the village level, there is a sub-group called the Pani Panchayat - a Water Management Committee. The Pani Panchayat functions independently from the Gram Panchayat and has no legal status at the village level. Many NGOs and other water related agencies are working on making the Pani Panchayat a legal functioning body within or outside the Gram Panchayat.

The Pani Panchayats in Banaskantha were set up by the GWSSB (the Gujarat Water Supply and Sewerage Board) during the inception of the drinking water pipeline in 1986. The Pani Panchayat is a voluntary board and consists of the Sarpanch, the lineman (technical repair person for the pipeline) , two men and two women from each village. The village men and women members were not elected to the Pani Panchayat, but were nominated by the GWSSB. The purpose of the committee is to monitor water, collect water tariffs and to promote water conservation amongst the people in their communities.

Because it is a local board, the members have intimate knowledge of the water issues prevailing in their area. As a governing body, the Pani Panchayat can act quickly to solve local water problems such as, the wastage of water, the breaking of pipes, any illegal water connections and the improper use of water.

At the time CHETNA had begun their health campaign at the village level, most of the pani panchayats were in-active. On entry in a village CHETNA would first enquire about the women Pani Panchayat members and many times the women, whose names were registered on paper, were not aware of their membership in the pani panchayat. What had happened was that the men in their communities had on their own initiative registered these women's names for the Pani Panchayat due to the formal

requirements, but did not inform these women they were doing so.

The GWSSB, along with the help of CHETNA worked together in reactivating this committee. CHETNA realized the potential of the Pani Panchayat as a governing body for water and hygiene issues. CHETNA especially focused its energy on the women members of these boards.

From the list of Pani Panchayat members in each village, it was found, that at least one woman member was nominated from the backward caste or from one of the less preveledged, either economi cally or socially, caste in the village. It has been observed in this region, that the Scheduled Caste Pani Panchayat members are the most vocal and aggressive and hold much clout in their villages. Another reason for the strong representation of the Schedule Caste member in the Pani Panchayat is that these women do not have the same amount of societal restrictions regarding their ability to travel outside of their villages. Also, the older a woman is, the more respect she commands in her village.

Collection of Water by Women

The task of collecting water the world over is primarily done by women and it is time consuming and difficult onerous task. The distance to collect water can be anywhere from next to her home, to 8 to 10 kilometers away. The time it takes to collect water from a far source can take away many potentially productive hours of a woman's day. It also takes a lot of women's energy. In the Banaskantha region, as elsewhere in India, women are expected to fetch the water for their households. This is true for all villages in the project area except one, Par a Durbar dominated village, where the men fetch the water, as the women are required to stay in their households, where they observe strict "Purdah".

Along with collecting water, women in the Banaskantha region as elsewhere are expected to do all work relating to the household, i.e. cooking, cleaning, rearing of children and collecting fuel and fodder. In addition to all of their household duties, many women are also expected to spend substantial amounts of their time engaged in agricultural activities. Women may work from anywhere between 12 to 18 hours a day. This gives women very little time (if any) to rest, relax or engage in activities for her own development. The fetching of water took up much of a woman's time, as the sources of water tended to be at a distance from a woman's house. By installing a pipeline which brings drinking water to the villages, time spent on collecting water was reduced, thus reducing the time spend by a woman.

Before the pipeline was installed in these drought prone villages, women relied on the water from the ponds and the wells in their villages. If the monsoon was good, there was an adequate water supply for the time during the monsoon and a few months afterwards. During the summer season, the water sources were known to become saline or even worse dry up. Women would fight over drinking water, whether the water , be what was left, in dried up ponds and wells or the water that was brought in by the water tankers. Either way, the collection of water was a struggle and a large burden for women to constantly worry about and spend energy on.

The introduction of a drinking water pipeline has helped made the task of collecting water easier for the women in villages where the pipeline goes. But, women still collect water in earthen and brass pots that are very heavy and the distance to the standpost can still be quite a long walk. Carrying water can exert a negative amount of pressure on a woman's health. In general, 93% of the women surveyed said they used the pipeline water as their primary source of water and said they preferred it to other water sources.

Women are not only responsible for the collection of water, but they are also in charge of allocation of water in their households. Naturally, this aspect makes women the water resource managers of their homes and communities, because they allot the amount of water that is needed for cooking, cleaning and bathing. Because of the village women's integral connection to the sources of water in their communities and the uses of water in their households, CHETNA's first step in its Health Awareness Campaign was to conduct a Knowledge, Attitude and Practices Study in February 1991, concerning the water, health and sanitation practices in these communities.

For results to the KAP study see Annexure 2.

A. THE PIPELINE DRINKING WATER PROJECT

Because of the severity of the water situation in the Banskantha region, The Gujarat Water Supply and Sewerage Board (GWSSB) constructed a pipeline to provide drinking water for the villages of the Santalpur, Radhanpur and Kankrej blocks. In this scheme a bilateral aid project sponsored by the Indian and The Netherlands governments. The pipeline project has been financially and technically assisted by the Dutch government and the authority of the project falls under the auspecies of The Santalpur Regional Water Supply Scheme (SRWSS). Technical designs for the construction of the pipeline began in 1978 and by 1986, 72 villages were being supplied with water. The overarching goal of this project was to supply 151 villages with an adequate supply of drinking water by 1995.

For the initial stages of the project, tube wells were sunk into the bank of the Banas River, where there is recharged groundwater, that provides a good clean source of drinking water. After a few years, the tube wells could not supply the full amount of water needed by the population of this region, hence additional tube wells and one aerial well have been installed to increase the water supply.

As the number of tube wells and the demand for water for irrigation has increased, the level of the groundwater table has been declining at a rate of 3 to 4 meters a year. In 1994, due to the heavy monsoon this rate was halted and the levels did not decrease fur there.

There is also a problem of high fluoride levels in the tubewell water. This has been corrected by blending water from the aerial well with the water pumped from the tubewells. Flouride levels must be checked constantly, since there has been health problems related to flourosis in this region. Also, an underground check dam will be constructed in the Banas River to improve groundwater recharge. Recognising the severity of the water problem the project advisors recommend that the villagers utilise their traditional pond water for cattle, washing and irrigation uses and conserve the water from the pipeline for cooking and drinking purposes only.

Organizational Structure of the Pipeline Project

Royal Netherlands Embassy Mission Team (RNE Mission)

A team of water experts from The Royal Netherlands' Embassy work as technical advisors to the SRWSS pipeline project. Their advice is directed to the technical and socio-economic ends of the pipeline project. The Mission visits the field activities every six months, and holds a meeting with all relevant GOs and NGOs regarding the progress and problems with the project. The discussions from their bi-annual meetings and their field reports are published and distributed to all organizations involved in this project.

Gujarat Water Supply and Sewerage Board (GWSSB)

The GWSSB is the governing state level body that makes all decisions on water and sewerage policy. With the GWSSB's cooperation, the RNE was able to install three drinking water pipeline projects in the state of Gujarat. The pipeline for the Banaskantha region was the first pipeline built in Gujarat, funded by the RNE. The GWSSB makes all executive level decisions concerning the installation, maintenance and control of the pipeline project. Their main office is in Gandhinagar (the political capital of Gujarat) with regional offices located throughout the state.

The Santalpur Regional Water Supply Scheme (SRWSS)

The SRWSS is the regional governing body of the pipeline project and is under the jurisdiction of the GWSSB. The SRWSS is in contact with both the state level water board and the people at the village level. Its role is an important link to help solve water problems at the village level, while recommending solutions to regional water problems to the GWSSB.

The SRWSS is managed by an engineering staff only and is split organizationally into two levels: the engineering staff and the linemen staff. At the engineering level, the duties focus on the larger technical and managerial aspects of the project. A few of the mid-level engineers have been sent to the Netherlands training for enhancing their knowledge and skills on water pipeline projects.

The level of employees who have the most knowledge of the water The problems at the village level is the linemen staff. They are in constant contact with people at the village level and know what water problems they are facing on a daily basis. A lineman is expected to maintain the pipeline, standposts and water storage tanks for two to three villages. Their job broadly involves:

1. Cleaning of the standpost, the water storage tank and the cattle trough. They also are required to keep the surroundings of these structures clean.
2. Repairing of the standpost, the water storage tank, and the cattle trough. This requires plastering cracks and replacing taps.
3. Repairing of breaks and leaks in the PVC pipeline.
4. Operating and repairing of air and sluice valves.

The linesman is provided a set of tools to execute the above activities.

monitoring water availability

The Hardware of the Pipeline Project

Each village connected to the pipeline has at least one standpost (usually there are 2 or 3 standposts) erected per village. The standposts are of varied designs and have anywhere from 4 to 12 taps to dispense water. The shapes of the standposts have changed over the period of the project, as engineers have been working on the most appropriate design for the standposts. The standpost is expected to be easy to use and maintained by the women of this region, since they are the ones who use the standpost a majority of the time.

* Illustrations of Typical Standposts of the SRWSS Pipeline Project*

Large water storage tanks are also constructed in each village to store an adequate amount of water to supply the population.

The installation process of the standposts started as an authoritative process with the Water Board making the decision as to where the standpost was to be placed. This decision process has changed and now there is consultation with the villagers before the location of the standpost is decided by the community. But the location of the standpost is weighted more on the technical feasibility of installation, compared to any practical concerns relating to convenience or dominant caste preference. The standpost has to be placed in an area where the flow of water is to be ensured, hence most of the standposts are placed in the low lying outskirts of the villages, near to the water storage tanks, so that the optimum flow of water can be supplied.

The standposts are constructed of concrete and there are metal pipes that extend from the structure where the water is dispensed. Along with the structure of the standpost, proper drainage for water is installed. If the excess water from collection does not drain correctly, water can stagnate around the surroundings of the standpost, causing potential health problems for the people of that village.

The type of taps

The taps to dispense water are of two types -

The Wing Valve - This tap requires a simple turn to start and stop the flow of water. These taps are easy to use, but break easily. If the tap is broken, water will then flow freely causing a large loss to the water supply.

The Pressure Valve - This tap is more difficult to use and far more sturdier than the wing valve. The user must exertupward pressure on the valve and hold it up to keep the water flowing. These taps are far more difficult to break, but are considered a hinderance in getting water.

From observations at the village level, it has been noted that there are usually 2 or 3 taps that are not in working order at each standpost that has been visited.

Through this pipeline project, a person is allotted 55 litres of water per day. Of those 55 litres - 30 is for personal use

15 is for cattle use

10 is for water leakage

In comparison, a person in one of the urban centres of Gujarat, is alloted 140 liters of water. This fact does not go unnoticed by the people in the villages. They ask, why do you ask us to conserve water when we see how much you use in your homes in the cities.

Changing Emphasis of the Pipeline Project

The Dutch government was primarily involved with the financial and technical aspects of the pipeline project. Over time, the objectives of the project have expanded from a technically assisted project, to one that examines and provides for the socio-economic needs of the people, especially women, of the Banaskantha region. For this reason, women oriented NGOs, such as CHETNA and SEWA were asked to join this development project, in 1990, to work on health education and income generating activities.

This is a list of the objectives of the SRWSS project:

to improve the supply of potable water

to provide sanitary facilities

to establish local level social organisation

to adjust the institutional framework to the integrated approach

to explore possibilities for alternative income generating activities

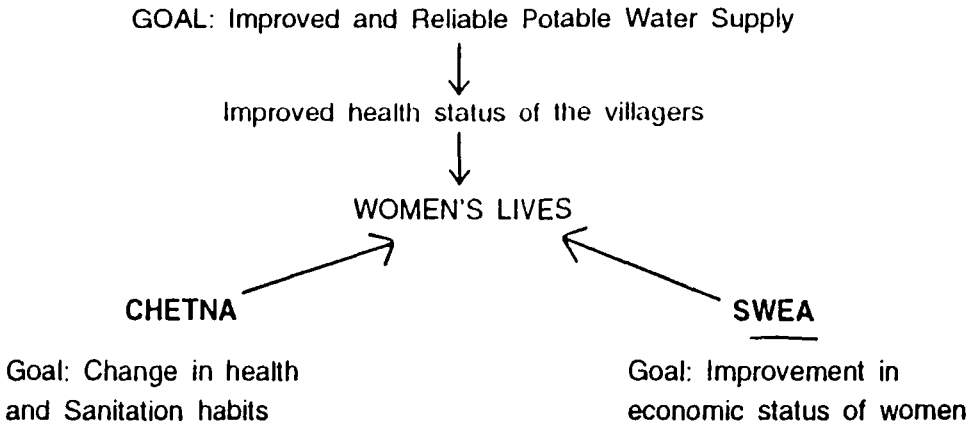
to promote health awareness among the target population

The project has expanded its focus from just the technical problems of supplying water, to acknowledging the whole scope this

implementors realised that by supplying water on a regular basis that the impact of the pipeline could be made more positive by involving NGOs at the local level to increase women's health awareness and income levels.

How the main NGOs and GOs are effecting the lives of women in Banaskantha is illustrated here:

Regional Water Supply Scheme



Benefits Derived from Improved Water Supply

- Less incidence of water borne and water related diseases.
- Women have more time to spend on other activities because they no longer have to fetch water from long distances.
- Mental anguish over the collection of water for women is decreased.
- Cooking time and fuel for cooking decreased because of availability of sweet water over saline water.
- Reduction of conflicts and tensions resulting from a shortage of water

Benefits Derived from a Positive Change in Health Habits

- Increased awareness of health problems and diseases in the community and increased knowledge of how to treat these diseases properly.

- Increased awareness of health and hygiene in the community
- Improved childhood development.
- Cleaner standpost surroundings and communal village areas.
- Improved co-ordination for health related activities with Pani Panchayat members, ICDS workers linesmen, Sarpanch and teachers.
- Increased health knowledge has made women more assertive to their rights regarding health.

Benefits Derived from Improvement in a Women's Economic Status

- Increased self-confidence.
- Increase of income being earned by the family.
- New respect within the household.

The Role of the Socio-Economic Unit (SEU)

To facilitate better co-operation between the NGOs and the GOs, the RNE created the SEU. The SEU acts as a liason between the GWSSB and the participating NGOs in all of the pipeline projects in Gujarat. The SEU is currently observing the activities of the NGOs and the GWSSB and will be developing out an Action Plan for these organizations.

THE ROLE OF CHETNA

The Centre for Health Education, Training and Nutrition Awareness (CHETNA), is involved in the health promotional activities for the disadvantaged women and children for more than fifteen years. In December 1990 it became a part of an integrated pipe line drinking water project funded by The Royal Netherlands Embassy (RNE) for creating health awareness in Banaskantha district in Gujarat.

CHETNA was to undertake the health education related to water aspect in the areas where the Gujarat Water Supply and Sewerage Board (GWSSB) would supply drinking water through pipelines. The Health Awareness Campaign Banaskantha District (HABK) project team initiated a health awareness campaign on water and sanitation issues in the villages, supplied with water from the SRWSS pipe project, of the Santalpur, Radhanpur and Kankrej blocks. The campaign began in January 1990 and will be continued to March 1996. The main objective of the HABK campaign is to not only create health awareness for the people of the Banaskantha region, but also to affect a positive change in people's health and hygiene habits. CHETNA believes that the most effective way to start this change is through education and community participation. Education here is defined in its most broadest sense; education needs to include people of all ages, genders, castes and classes. CHETNA envisages healthier and happier communities through increasing the level of health awareness to all people.

CHETNA mainly acts as a support organization for other NGOs and GOs. The HABK campaign is one of CHETNA's few fieldbased projects. HABK targets the many organizational levels that exist in most development projects, therefore CHETNA defines Community Participation as being the inclusion of all people who are connected to the water, be it the supply or the demand end. CHETNA believes that everyone from women and children at the village level, to the teachers, to the gram panchyats, to the water engineers, to the government officials should all be active educators of the water and sanitation message in their community.

CHETNA works organisationally through two different resource centres. One that focuses on the concerns of children, The Child Resource Centre (CRC) and the other that focuses on women's health and development issues through Women's Health and Development Resource Centre, (WHDRC). The goals, strategies and activities of the CRC, the WHDRC and the HABK project are as follows:

Main objective CHETNA

CHETNA's Goals in the SRWSS Pipeline Project

The goals of the HABK campaign is to achieve sustainability and effective usage of water through methods that are replicable.

Sustainability is achieved by capacity building at the local level, as to enable communities to anticipate and solve their own problems.

Effective use entails optimal hygienic and consistent use of water and sanitation facilities. The HABK project has mainly focused its campaign towards women, since they are the primary water resource managers. The water practices of the villagers will be effective when the women themselves accept new practices and make them part of their daily life.

Replicability of this campaign is needed at both the community and the NGO level. At the community level, users should achieve a high degree of self-sufficiency so that they can expand their efforts to new areas. For other NGOs interested in this project, the successful methods and approaches should be transferable to other projects in different geographical regions.

CHETNA's Expanding Role

CHETNA was initially commissioned to implement a health awareness campaign amongst the villages connected to the SRWSS pipeline project. As described in the previous section, CHETNA was to focus on the health education aspect of the SRWSS. The HABK team found that it was difficult to merely focus on health and sanitation issues, when there were many other problems to tackle at the village level. And health education was least priorised in the community. The HABK team soon found that the villagers would only pay attention to the health message after the HABK team listened to their problems concerning the water supply and employment issues.

Because of the, CHETNA has also taken on the role of liaison between the villagers and the GWSSB. People at the village level have very little patience to listen and partake in health education messages when they have no water. CHETNA realized the importance of its role and took a realistic approach by establishing a link between the villagers and the GWSSB and by taking on these responsibilities.

Gender Aspect of the Project

From the beginning of this project, CHETNA has reached out to targeted all levels of this project, from government officials to people at the village level, it has been CHETNA's primary focus to direct the HABK campaign towards the women and children of the project area. Women especially, since they are the primary water resource managers of their homes and villages. If there are any problems with the water supply, women will always be the first to be affected. Because of a woman's integral connection with water, CHETNA has ensured that the women are the most important link in the HABK campaign.

Even though women are the primary water resource managers in the villages and their homes, men still need to be educated on the importance of water and hygiene issues too. For this reason, CHETNA included a male co-ordinator in the HABK team. His task was to talk to men about water and sanitation issues at the village level and to get government officials to take CHETNA's work as seriously as that of supplying water through the pipeline.

CHETNA's Strategy

Initiating Health Education Campaign

at grassrotts level

Coordinating and working together with governmentagencies

ICDS, PHC Staff
Teachers

CHETNA

Linkages with GWSSB

Linesman

Supporting local Organisations
Bhansali Trust

CHETNA has clearly stated in its strategies that -

If a community already has a government health care facility there is little need to initiate parallel health programmes. Women in the community should demand the services and quality health care facilities from the government.

For this reason, CHETNA works at training and educating staff of existing infrastructure on the importance of imparting health education. In the HABK campaign, CHETNA has concentrated its efforts on training ICDS workers, PHC workers, Linesmen, Teachers and other relevant functionaries at the Health and Education departments and the staff of a local NGO. Much emphasis has been put on this strategy since the beginning of the project. Like all development projects, primary agencies can not remain in a project area forever, continually lending assistance. CHETNA has made self-sufficiency and sustainability a priority in the HABK campaign, so when the time comes for CHETNA to move on to other areas/regions, there will be competent people at the village, regional and state level to continue spreading the health message.

The CHETNA team worked at two different capacities, in the HABK project. The first capacity is as a grassroots organization in the Santalpur and Kankrej blocks, where CHETNA worked in direct contact with women, children and men at the village level. The second capacity is as a support organization in the Radhanpur block, where CHETNA works in collaboration with Bhansali Trust, a locally based NGO. As both a grassroots and a support organization, CHETNA is affecting positive change through community participation concerning people's water and sanitation habits.

Implementation of Health Awareness programme

Santalpur Block

Introduction at the Village Level

Of the three blocks that the SRWSS provides water, the Santlapur block has the most need for a consistent water supply. Because of its close proximity to the Rann of Kutch, the area gets very little rainfall, which makes for scarce and saline water. Even the water supply through the pipeline project is highly unreliable, particularly in the villages bordering the Runn of Kutch. The region being at a higher altitude often goes without water supply when the pressure is low. For this reason, CHETNA has focused most of their efforts at the grassroots level in this block.

CHETNA was the first NGO to introduce a health education campaign for this region. The HABK team had no earlier contact with the people in these villages, therefore the team had to progress slowly, building up trust and confidence, before starting the activities of the health campaign.

The HABK team started the health awareness campaign by visiting villages and holding meetings with the sarpanch, lineman, teacher(s) and Pani Panchayat members. During these meetings , the HABK team became acquainted with the village leaders and could find out how enthusiastic the people in the villages would be to have a health campaign started in their community. After visiting the villages, CHETNA perceived no resistance to their presence at the village level and the team could conduct the KAP study.

Knowledge, Attitude and Practice Study

CHETNA's next step was to conduct a Knowledge, Attitude and Practice (KAP) study in selected villages in the Santalpur, Radhanpur and Kankrej blocks. Through this intensive study, CHETNA became more familiar with the Pani Panchayat members, teachers and the people in the villages, while learning about their water and sanitation habits. Once a sense of trust and rapport between the CHETNA team and the people of the village were achieved, this usually took around six to eight months, CHETNA would then start initiating community based activities such as Mahila Melas (Women's Fairs), Bal Melas (Children's Fairs) and a Gynecological Health Camp.

(For KAP Study Results please refer Annexure 2)

After completing the KAP study in 18 villages, the HABK team collected a substantial amount of data regarding the water and sanitation habits of the people in this region. The next step was to disseminate the information to the people at the village level and to discuss what were the healthy and harmful habits practiced amongst these communities. The information from the KAP study was fed back to the people during the Mahila Melas (Women's Health Fairs), the Pani Panchayat member monthly meetings and the linemen, the teachers and the PHC health awareness trainings.

Mahila Melas and Shibirs - Women's Fairs and Health Camps

CHETNA's next step after the KAP study was to let the community understand the findings of the KAP study. CHETNA has always been committed to empowering women with health education and knowledge; for only through knowledge of self health and body can women create healthy environments for themselves, their families and their communities.

It was essential for CHETNA to let the women of the Banaskantha region know what the results of the study revealed about their water, health, hygiene and sanitation habits. It was also important for CHETNA to reveal this knowledge in a non-pedantic manner that would make the women feel comfortable with the topic of health and hygiene and so the women at the village level would not feel threatened by the ideas being expressed in the HABK campaign.

CHETNA has been innovative in their approaches to educating women and children. The HABK team understood that the most effective way to initially present health education was through a medium that the people would be comfortable with. Therefore, CHETNA organized traditional fairs (Melas/Shibirs) at

the community level. These Melas modify the themes of traditional fairs to incorporate the water and sanitation message. This form of entertainment activities is familiar to the people of this region, and the fairs act as a festive way to educate people about water and sanitation issues. Through this educational medium, CHETNA was able to avoid much of the resentment at the village level that strangers can invoke when advising the villagers what they should and should not do.

The Melas were also held before any of the monthly trainings for the Pani Panchayat members were organized so that the communities could become familiar with CHETNA in an informal way before any of the more formal meetings were initiated.

The First Mahila Mela - April 7, 1991

Women from 28 villages of the Santalpur block were invited to participate in a Women's Fair on water and sanitation issues. All women Pani Panchayat members and any other enthusiastic women were encouraged to join the fair. CHETNA realized that many of these women had never traveled beyond their villages before and were nervous about spending the night in a strange place. CHETNA reassured the women not to worry about their lodgings and that they could be escorted by one male member from their village.

The women enjoyed and whole-heartedly participated in the Mela. But beyond the enthusiasm the women showed to participate in the fairs activities, it was wonderful to observe normally shy and reticent women voice their fears, feelings and opinions without any apprehension. CHETNA created an enabling and supportive environment for these women, which in turn gave the women participants the confidence to present the water and sanitation message to their own communities.

One of the drawbacks to the mela was that the women could not spend the night because of house and agricultural work that could not be ignored back in their villages. The women participants suggested that the Melas be held in each of their villages, so they could spend more time participating in the fair, without neglecting their other domestic duties.

CHETNA took this suggestion seriously and made a concerted effort to reach as many villages as possible by orrganising melas at village level. CHETNA's aim was to give as many interested people as possible the opportunity to participate in the health awareness campaign.

Shibirs (Village Camps)

By 1994, CHETNA had held over 60 village level shibirs. The Shibirs are organized for 2 days and on average, around 65 women would attend each shibir. These attendance numbers are encouraging, especially since some of the shibirs were held during the heavy agricultural season, August to December, when women have little time to spare on activities beside agriculture. For this reason, many times the women can only spare an hour or two to participate in the activities. Much of the enthusiastic attendance can be attributed to the assistance of the ICDS worker, Pani Panchayat members and the linesmen who motivate as many women as possible to participate in the shibir.

It has been observed at the shibirs that the women participants relate easily with the visuals such as posters, flipcharts and water related slideshows, while folk songs are a popular medium in their own environment. They are quick in creating lyrics, that have a health related theme, based on popular songs. Also the village children tend to get excited by the activities and at times can be difficult to control. Though only women participate in the Shibir, their husbands usually support their attendance. After completion of the discussions with the women, men also come to see the exhibition.

Aims and Objectives of the Shibirs

- To impart information on personal hygiene, house-hold and village sanitation.
- To impart information on water related diseases.
- To make the women aware of the scarcity of water and to encourage the women to take care of water taps, standpost and to keep the premises of the standpost clean.
- To spread the health awareness message to as many people as possible.

- To promote health habits in the personal as well as community level
- To facilitate information sharing by the villagers concerning the water situation in their own villages.
- To encourage problem solving on water issues through better co-ordination and community participation in operation and maintenance of the village standpost.

Preparation for the Camp

- 15 days before the camp was to be held, postcards were sent to Pani Panchayat members to inform them of the upcoming shibir and to encourage them to inform as many women at the village level, ICDS workers, teachers to attend.
- Messages to be conveyed during the shibir are prioritized beforehand.
- Posters are created to convey these messages.
- Schedule for the camps was prepared on past experience as well as on the results of the KAP study.
- Existing educational and communication material is sorted out before the shibir and any new communication material is prepared beforehand.
- From past shibir experiences at the village level, it was found that posters, charts, and stories with pictures are accepted more readily then information presented through electronic media.
- Even though postcards are sent, the HABK team personally visits the villages on the previous day of the camp to ensure that the venue is ready and to remind the community of the upcoming camp.

Creating the Environment for a Village Shibir

- On the day of the shibir, the HABK team reaches the village two hours earlier than the camp to ensure that everything is in order.
- The room was cleaned and seating arrangements be made to make the participants comfortable.
- Microscope should be checked and adjusted.
- Loud speakers be tested.
- Health related banners and posters were prominently displayed.
- Educational material was to be distributed was sorted and displayed.
- Health messages were written on the strategic points of the village with the help of the youth in the village.

Primary Activities Conducted at a Village Level Shibir

The activities for the first day of the fair primarily focus on water use and management, where the second day's activities look at water borne and water related diseases.

First Day

Introduction of HABK Team and Participants

The meaning of "CHETNA" - awareness in many Indian languages- is explained. The activities and strategies of CHETNA are emphasized and the participants and the CHETNA team are introduced to each other.

Singing a Song

Before the programme starts, a song about women's awareness is sung to create a supportive and enabling atmosphere for the participants to express their feelings and opinions. Songs are also sung in between to maintain the level of interest in the participants.

Presentation of Women and Children's Health Status in Banaskantha

Before the activities begin, the HABK team addresses issues concerning the high infant and women's mortality rate, high maternal mortality rate, and low nutritional status of children and women in the Banaskantha region. This discussion is facilitated so that the women could become aware of the health and nutritional problems that were being faced in their region and the discussion is facilitated so that these women can have an open forum to discuss the diseases and health problems that afflict them and their communities. Water related and water borne diseases are also stressed.

The HABK team encourages the participants to discuss any diseases that are afflicting them at the village level. Gynecological problems and women related health problems are almost always discussed, because the women are rarely able to discuss these problems in an open forum.

Presentation of KAP Study Results

The women participants are presented the results of the KAP study and are asked to discuss openly their health and hygiene habits.

(For results of KAP study refer to Annexure 2)

Keys to Remaining Healthy

The next part of the programme focuses on the " Keys to Remaining Healthy". The activities focus on four main areas - Water, Water-borne dideases, Sanitation, Personal Hygiene and Nutrition.

Water

The first discussion was centered around the practice of collecting water. These following issues were presented and discussed.

- Though the water from the standpost is normally potable, it can become polluted while it is being carried from the standpost or during storage by:
- Not properly cleaned water pots. For example, if the pot is cleaned with mud, the water can become contaminated. Mud is full of bacteria and viruses from people's spit, defecation, urination, and cow dung.
- Often a woman carries water in more than one pot, keeping one above the other. If the bottom of the pot is not washed properly, it can pollute the water of the pot on which it is kept.
- While fetching water, the water is carried in open pots. Because of the distance from the standpost to their homes, dust and sand can pollute the water, which can make the water unpotable.
- In their homes, water is not properly covered.
- The use of a doya (ladle) is promoted. Most people use a glass or lota (brass vessel) to fetch the water from the storage pots. If nails and hands are not properly washed, the water can become polluted when the person puts their hand in the water.
- The glass is kept upside down on the paniyara (the place in the household where they store the water pots). When the paniyara becomes dirty, the dirt from it can contaminate the glass, and bacteria can be introduced to the body when drinking from this glass.
- Even if a doya is being used, it must be stressed to keep it properly cleaned so that it will not contaminate the water.

Demonstration with Microscope

To demonstrate the dangers of micro-organisms in contaminating water, the HABK team prepares a slide of water retrieved from a local water pot, to be viewed under a microscope. It is explained that germs can not be seen by our naked eyes, but can be seen under the microscope. The participants enjoy this demonstration since it is the first time they have ever used a microscope and are amazed at what they can not see in the water.

Personal Hygiene and Sanitation

Following messages are focused on with the help of posters, songs and discussions -

Personal Hygiene

- Wash eyes thoroughly after waking up.
- Brush teeth, especially after eating with neem stick.
- Wash hands with ash or soap after defecation.
- Bathe daily (with special hygienic care for private parts).
- Daily washing of clothes.
- Wash hands before cooking, eating and feeding children.
- Wear footwear when going out, especially for defecation.

- Cut nails of children and other family members who have long nails regularly.
- Do not wash hands with mud, which may be full of bacteria.
- Do not use saree palav (end section of saree) as a multipurpose duster/handkerchief for wiping utensils, hands, children's nostrils, etc.

Household Sanitation

Household sanitation, especially kitchen hygiene, plays an important role in spreading diseases such as diarrhea, worms, typhoid, cholera, etc. The emphasis is to be placed on:

- To clean utensils and water pots with ash or soap.
- To wash vegetables thoroughly before cutting them.
- To clean house and the place for animals.
- To cover all food items.
- To keep windows open to allow sun-rays into rooms and kitchen.
- To install a passage for smoke to escape from the kitchen area or use a smokeless stove.

Village Sanitation

By keeping the communal areas of the village clean, the frequency of many diseased can be reduced, such as malaria, typhoid, worms and cholera. The emphasis is to be placed on:

- To keep the surroundings of the standpost clean.
- To close the water taps after each use.
- To take care not to break the water taps.
- To ensure that there is no stagnant water or puddles near the standpost or in the village. This excess water encourages the breeding of mosquitoes and flies.
- To install a proper drainage system for waste water from the standpost, so that the water may be drained into a garden or any other place where the water can drain off quickly.
- Kitchen and bathroom water should not be disposed of on the roads. If possible, use it to grow plants, otherwise construct a soak-pit. Demonstrations on how to construct a soak pit can be part of the Shibir activities.
- The rubbish and waste should be disposed off to a far off place.

Water Conservation

The participants are encouraged to conserve water and to use the water from the standpost for drinking purposes only and to use the water from the wells and ponds for household and irrigation purposes. CHETNA explains where the source of the pipeline water comes from and how difficult and costly it is to provide water to the villages. Subsequently CHETNA took the PP members to the Head Works in Shihori to witness the process involved in the supply of drinking water.

Dissemination and Sharing of Educational Material

Though many of the participants may be illiterate, they are still enthusiastic about receiving educational material. They can take it back to their homes and get their children to read the information to them and other family members. Posters, charts, booklets and pamphlets are distributed regularly to the participants. Since most of the materials are developed by CHETNA, the education level of the particular group is always kept in view. The education materials produced for HABK project are mainly visual based, since most of the participants are illiterate.

Second Day

The days activities are started by singing a song to get the participants excited about the day ahead of them.

Review of Previous Day's Issues

As with all educational processes, repetition and review is needed to ensure that people retain the information that they have learned. The review session is conducted in a relaxed manner, in which the participants are asked to discuss the issues that were presented on the previous days. It has been found that the women do not forget the issues easily and show a great competence in learning new ideas.

Presentation of Diseases

Diseases are presented in the following sequence -

1. the causes
2. signs and symptoms
3. treatment
4. prevention

Diseases that are usually presented are diarrhea, gynecological problems, malaria, jaundice, worms, scabies, tuberculosis, typhoid and polio.

Role Play on Diarrhea

From CHETNA's previous experience, it is found that delivering straight lectures on signs, symptoms, causes, blindbeliefs, treatments and prevention of diseases do not have much impact on people. So, the CHETNA team performs a role play on the problems of diarrhea to generate interest in the participants.

Discussion is encouraged on the issues presented in the role play. This medium is effective at the Shibirs because women enjoy the presentation of the issues in this entertaining manner. From this role play the women learnt about:

- Causes of diarrhea - contaminated water.
- Signs and symptoms - dehydration.
- Treatment - administration of Oral Rehydration Solution (ORS).

prevention - avoiding contaminated water and food

Demonstration of Oral Rehydration Solution (ORS)

- Take one glass of clean water (200 ml. approximately)
- Add three fingers of salt and stir it.
- Taste the water, it should be no saltier than the tears from our eyes.
- Add a handful of sugar, stir it and make the patient drink as much as possible.
- For adults, give two glasses of ORS after each defecation and for children, one glass after defecation.

Presentation of Gynecological Problems

White Discharge Many participants are eager to talk about this problem with people who will give them straightforward answers and will not make them feel embarrassed about addressing personal issues. The women find out:

- **The Causes** - lack of personal hygiene of the man and the woman. Malnutrition, especially anemia.
- **The Symptoms** - White discharge is natural, but any color change, itching in vagina, thick discharge like curd, bad smell, backache and pain during urination are signs of lucchorea.
- **The Treatment** - Some of the simple household remedies are:
- To wash the vagina inside and out with Neem water (Neem leaves boiled in water) or with turmeric powder
- Take a strip of clean muslin cloth, tie a few garlic cloves at one end and insert this into the vagina, keeping the other end outside of the vagina. So that in the morning it can be easily pulled out.
- Prevention - Proper hygiene and nutrition.

Five Messages that are Focused on During the Shibir

After discussing common diseases at the village level, the HABK team recaps the most important messages of the Shibir.

1. Water Conservation. Use of clean water.
2. Take proper care of water taps.
3. Do not use water from animal trough.
4. Cutting of finger nails.
5. Personal and Household Hygiene.

Demonstration of Soak-Pit

- A pit is dug 3 feet in length, width and depth.
- Big bricks and stones (approximate size of coconut) are put in 1/3 of the pit.
- Medium size bricks (approximate size of orange) are added for another 1/3 of the pit.
- Small pieces of bricks (lemon size) are added for the last part of the pit.
- A sack is spread on top, followed by a layer of leaves and a covering of mud.

Distribution of Doya (Ladle)

Stainless steel ladles are distributed to the participants at a subsidised rate. This price was agreed upon in the past by the participants who have said they would rather pay a small price for the doya, then receive a handout. If they pay for the doya, they are more apt to use it in the future.

Conclusion of Women's Mela

The participants are asked for the feedback and suggestions on the Shibir, so that the HABK team can improve the programme and activities for future fairs.

Responsibility is given to the Pani Panchayat members, ICDS workers and any other enthusiastic women to:

- Implement the messages presented at the Shibir.
- To read the educational material and discuss it during the Mahila mandal's monthly meetings.
- Promote regular use of doya.
- Encourage proper maintenance of standpost.
- Promote beneficial health habits.

BUILDING SUSTAINABILITY

Building Sustainability in Health Education through Existing Infrastructure

After launching the introductory Mahila Melas in the Santalpur block, the HABK team began to organize monthly water and sanitation meetings for:

Pani Panchayat members - PP members
Integrated Child Development Scheme workers - ICDS workers
Linesmen
Primary Health Center workers - PHC workers
Teachers

These trainings were held to increase these people's knowledge concerning water and sanitation issues and to encourage them to promote this knowledge to the people in their communities.

PANI PANCHAYAT MEMBERS

Age : 25 to 50 years.

Level of Education: No formal education or up to the 7th Standard.

Role:

- Attend the monthly trainings conducted by CHETNA.
- Transmit the information learned at the trainings to the community, with the help of communication materials distributed by CHETNA.
- Popularize the use of soap, doya and filters amongst the community. Spread message of cleanliness.
- Seek support from the Sarpanch and the linesmen for maintenance of the water facilities.

First Step - Introduction to Pani Panchayat Members

CHETNA first approached the women Pani Panchayat members, who were registered by the GWSSB, and asked them if they would be interested in becoming active health educators in their communities. If the women agreed, then CHETNA would explain the duties they expected them to get involved in and informed them of the monthly meetings they would have to attend. If the answer was negative, CHETNA then went about the community and identified other women who were interested to participate in these activities. In no way did CHETNA influence the selection of the new women Pani Panchayat members; the participation of the new members was on a purely voluntary basis. CHETNA then submitted the new list of women PP members to the GWSSB for confirmation of their position in the community.

Second Step - Monthly Meetings

The Objectives of Monthly Health Meetings:

- To remind the Pani Panchayat members of their role.
- To guide them to seek community participation in the implementation of their role.
- To discuss problems on the misuse of the standpost and cattle trough.
- To motivate the Pani Panchayat members to carry out their responsibilities effectively.
- To understand the problems faced by the Pani Panchayat members in their communities and find solutions to them.
- To make Pani Panchayat members aware of the importance of safe drinking water.
- To emphasis the importance of team work and co-ordination.

- To encourage the Pani Panchayat members to continue spreading the health messages.

CHETNA invited 3 women from each village to attend the monthly health meetings. At these meetings, women were encouraged to discuss water problems in their villages. For each meeting, one topic was chosen to be discussed, such as community hygiene, malaria, gynecological health and standpost maintenance. It was emphasized that as a Pani Panchayat member, they had to attend the monthly meetings and there was no monetary compensation for performing these. Their becoming Pani Panchayat members was for the betterment of their own community and should not require a wage. It should be noted that CHETNA however, did provide a stipend to cover travel and food costs at these trainings. The knowledge the Pani Panchayat members acquired at these meetings was then expected to be transmitted back to the people in their villages.

The resolution of the wage issue was a constant dilemma for the HABK team and the women Pani Panchayat members. Poverty is a major problem in this area and missing even one day of work can substantially set back the income generated by in and or outside the home of home work. CHETNA went through a difficult phase for the first few months persuading the women Pani Panachayat membersat times on the importance of knowledge for their own growth and health. The women Pani Panchayat members at times were adamant on the salary issue and organized themselves to demand money for the time taken in their Pani Panchayat and health education duties.

Once again it was stressed that the women Pani Panchayat members were coming to these meetings out of their own interest and the interest of their communities. The HABK team explained that CHETNA was not forcing them to attend these monthly health meetings and if the women did not want to participate, CHETNA would discontinue their meetings at this set of villages and move their activities to the next set of villages. The women were not pleased with this idea, and a compromise was made. The women were given a travel allowance instead of food provided at the training.

This was a positive experience for both the HABK team and the women Pani Panchayat members. By attending these meetings, they were not only gaining knowledge, but were understanding how to empower themselves through group organization. CHETNA was able to observe the women organize themselves on an issue that they felt strongly about and to come to a logical solution on their demands. It was now encouraged by CHETNA to use the organizing energy from this experience and apply it to health education in their own villages.

Evaluation of Health Educators Training

After working with these women Pani Panchayat members for over a year, the HABK team wanted to discern how effective these trainings had been. CHETNA organized an evaluation meeting, where the Pani Panchayat members were asked to recount what they had learned from the monthly health meetings. Instead of communicating what they learned in typical rote style, the HABK team asked the participants to draw what they has learned. The women were given poster size paper and asked to draw the signs/ symptoms, cure and prevention of the diseases that had been covered during the meetings. Most of the women were enthusiastic to try this recollection process, but some were more skeptical, especially those who had never held a pen before. In the end, all the women were persuaded to participate and the women and CHETNA were rewarded with descriptive drawings. For an example of one of these drawings.

For an example of the drawing refer annexure - 3

CHETNA held 4 of these evaluation meetings and found that the women could recall exceptionally well the information they were taught and they understood the health and sanitation message, but they were still not sure how to convey this information at the village level. The Pani Panchayat members said that they only passed on their knowledge in an informal manner when they had time. From these observations, CHETNA knew it was imperative for them to start conducting trainings in communication skills.

Communication Trainings and Camps

The 162 CHETNA trained Pani Panchayat members of the Santalpur block were divided into three groups that were invited to a three day Communication Training Programme.

The Objectives of the **Communication Trainings** were:

- To develop skills in communication and health education.
- To develop leadership skills.
- To distribute specially prepared flip-charts and other educational material.

Participatory methods were used in the training to facilitate effective learning and to enhance their ability to communicate. Once their confidence as educators was strengthened, CHETNA distributed illustrated flip-charts to them as supportive educational material. Mock sessions were held so they could practice handling typical situations at the village level. A plan of action was prepared by the women Pani Panchayat members and the HABK team. The participants decided that they would hold monthly health meetings in their villages, with the help of the community ICDS worker. By the end of the meeting, the participants said they were more confident in their role as a health educator and were more confident to spread the health and sanitation message in their communities. It was also interesting to note that some of the Pani Panchayat members added small realistic episodes to the illustration while narrating the flip chart to the participants.

Activities that Pani Panchayat Members have initiated in their communities

- Imposing fines on people who misuse the water or do not maintain standpost hygiene. The fines have been either monetary or in food items that go to the local Pre-school.
- Constructing their own drainage facilities for the standpost.
- Holding monthly health meetings.
- Organizing clean-up days in their communities.
- Developing and mobilising youth groups to keep the surroundings of the standpost clean.
- Encouraging women in their communities to attend CHETNA Mahila Melas and encouraging teachers to organize Bal Melas for the children.

Samu Thakor and Ratan Sipai Wagela - Two Active Pani Panchayat Members from Shergadh Village

Samubhen and Ratanbhen are two active women Pani Panchayat members who are employed to manage a SEWA sponsored nursery. They both have participated in CHETNA's training for Pani Panchayat members and visited regularly by the Bhansali Trust field worker, who is involved with the HABK project. Their work is testament to the positive changes that have occurred because of the combined efforts of the GWSSB, SEWA, CHETNA and Bhansali Trust. SEWA provided economic activities and self-sufficiency to these women, while CHETNA introduced a new understanding of the health and hygiene habits in their community.

After attending the Training of Pani Panchayat Members, May 1994, the two women made a concerted effort to clean-up their village. They organized a cleaning committee to remove the ukardos (garbage heaps) from the common village areas, cleaned the area around the standpost and created proper drainage. When asked if women clean their pots or bathe near the standpost, the two women say this does not occur because they have educated the women in their area to the importance of proper maintenance and hygiene around the standpost.

Along with increased economic opportunities and increased health awareness, CHETNA's, SEWA's and Bhansali Trust's trainings have given these two Pani Panchayat members and many other women in Shergadh the confidence to voice their opinions and the confidence to move freely from their village. Both of these women also explained that they did not know what the meaning of empowerment or oppression of women was until CHETNA and SEWA had started their work in Shergadh. While working on health and economic activities, these organizations have been acting as a catalyst for these women to educate their daughters and to improve their status and the status of their daughters in their community.

Integrated Child Development Scheme Workers - ICDS workers

Age : 20 to 45

Level of Education : 7th to 12th Standard

Role:

- To provide Mother and Child Health Care (MCH Services)
- To organize Pre-School education activities.
- To manage the Anganwadi Centre (Local Creche).
- To organize Mahila Mandals (Women's Groups) at the village level.
- To provide health education.
- To distribute supplementary food to children below 3 years and pregnant women.
- To help the Primary Health Center (PHC) worker administer immunizations and Primary Health Care.

The **"Integrated Child Development Scheme"** is being implemented by the government of Gujarat in the Banaskantha region. The ICDS workers are paid employees of the government. The ICDS programme provides supplementary food and imparts health education to children below 3 years of age and to pregnant women. The ICDS workers also organize Mahila Mandals (Women's Groups) twice a month to discuss issues that are relevant to women, their families, and their communities.

The training and management of the ICDS workers in the Santalpur, Radhanpur, Harij, Vav, Tharad and Sami blocks, in Banaskantha, has been handed over to Bhansali Trust, a local NGO in the Radhanpur block. In this manner, a local NGO is managing a health programme, in a area where they are familiar with the pressing health needs of the people. Bhansali Trust has good rapport with the villagers and the villagers feel they have more access to Bhansali Trust, compared to the government. The ICDS programme has been run successfully by Bhansali Trust, satisfying both the

villagers and the government Health Departments in the services being offered.

Training Meetings for ICDS Workers

CHETNA has used the opportunity to participate in the ICDS monthly meetings to add the health issues of the HABK campaign to the ICDS training sessions. Since the ICDS workers were already acting as health educators in their communities, CHETNA felt that it was appropriate to engage their help in the HABK campaign. By including the ICDS workers in the HABK campaign, CHETNA was educating more of the existing infrastructure, which has ensured the sustaninablility of health education in this region. Also, many of the ICDS workers are Pani Panchayat members since their role allows them access to many people in their villages.

The Objectives of the HABK Training Programme for ICDS workers:

- To assess the difficulties faced by ICDS workers in meeting the needs of the community and follow-up with action from Bhansali Trust.
- To explore the different methods used in health education in the ICDS programme.
- To facilitate the role of the ICDS worker as a health educator at the village level.

The topics discussed at the ICDS monthly meetings were the same topics that were discussed at the Pani Panchayat meetings - water borne and water related disease, gynecological health, standpost maintenance, etc. Along with providing technical information to the ICDS workers, efforts were made to develop their communication skills for imparting health education.

CHETNA also held a Communication Training Session for the ICDS workers. The format of the 2 day training session was based on the activities held for the Pani Panchayat members. These being role plays and practice using the flip charts. The ICDS workers were sensitized on these crucial issues that are needed to impart water and health education effectively:

Trust
Team building
Co-ordination/Co-operation
Problem solving

Interview with Ranjan Vasantlal Joshi - ICDS worker from Gotarka village

Runjanben is an active ICDS worker who has been working with Bhansali Trust since 1988. Initially, she became an ICDS worker for economic reasons. When the position of ICDS worker was offered in her village, Runjenbhen knew she had the qualifications to run the local creche, since she had been a kindergarten teacher for many years. She was also interested in becoming active with women's issues, as well as imparting child education and care.

An important part of the ICDS workers role is to organize a Mahila Mandal (Women's Group) for the village women. At first, women were reluctant to get involved with the Mahila Mandal and only 4 or five women would participate in the bi-monthly meetings. With the help of AWAG (The Ahmedabad Women's Action Group), Runjanbhen was able to help set up income generating activities for the women in her village. This generated the enthusiasm needed for women to get involved with the Mahila Mandal. Now, over 100 women attend the bi-monthly meetings.

In 1993, Gotarka was connected to the SRWSS pipeline project. The women in the village were excited by the new and reliable water supply and tended to misuse the standpost water. Women would wash their pots, clothes and even fodder at the standpost. Around the same time the pipeline water was introduced, CHETNA and Bhansali Trust held a Water and Sanitation Training Session for all ICDS workers in the Radhanpur block. At this Training Session, Runjenbhen learned about water and health issues, proper standpost maintenance and where the source of water for the pipeline came from.

Runjanbhen took this new knowledge back to the women in the Mahila Mandal and was able to introduce water and health issues into the bi-monthly meetings. The women were receptive to the water and health messages being discussed because they know the difficulties involved with fetching water from ponds and wells. The women in the village realize that if they take care of the standpost, they are taking care of the water supply. After these meetings, the washing of pots, clothes and fodder had reduced at the standpost, but there is still work to be done to get the whole community involved with proper standpost maintenance.

Runjanbhen is extremely dedicated to her role as a health educator for water and sanitation issues that she has become a field worker for the Bhansali Trust, part of the HABK campaign. She now works on promoting water and sanitation issues in ten villages near to hers. Runjenbhen has also helped organize two Water and Sanitation Bal Melas (Children's Fairs) for over 200 children. This work for water and sanitation issues is done in addition to on top of her role as an ICDS worker.

Linesmen

Age range: 25 to 45

Level of Education: No formal education or up to 7th Standard

Role:

- To maintain the water supply at the village level.
- To repair breakages or faults in the pipeline.
- To report daily the water situation at the village level to the GWSSB staff.
- To seek support from the village leaders and the community to dissuade misuse or damage to the water facilities.
- To provide awareness on the care and maintenance of the water facilities.
- To support Pani Panchayat members, ICDS workers, teachers and PHC staff on their education of water and sanitation issues.

Linesmen Training on Water and Sanitation Issues

The linemen are paid employees of the GWSSB. CHETNA believed that there was great potential to train the linesmen on health and sanitation issues. Though their work mainly focuses on the technical side of the pipeline project, repairing leaks and cleaning the water storage tanks, they are able to play an important role in the health education process at the village level if properly trained in water and sanitation issues. Since the linesmen are constantly working on the upkeep of the pipeline for two to three villages, their knowledge of the status of village standposts and the sanitation habits of the women collecting water is vast. For these reasons, CHETNA feels that the participation of the linemen in the HABK project was essential to continue efficient and sustainable health education at the village level.

The Objectives for the Linesmen Training:

- To strengthen their health knowledge and communication skills in water and sanitation related education.
- To sensitize the linemen towards the need for community participation.
- To specify their job responsibilities.

At the beginning of the HABK campaign, CHETNA held monthly meetings for the linesmen. During these meetings, CHETNA not only educated the workers on water and sanitation issues, but also held activities that emphasized the need for communication and trust between the linemen and the people at the village level. CHETNA also asked the lines men to describe the problems they faced at the village level. This is a list of the most common problems these workers faced:

- Washing and bathing at the standpost and cattle trough.
- Villagers not closing water taps after use.
- Breaking of water taps on the standpost by the villagers, due to a delay in the water supply.
- Villagers climbing on the cisterns to fetch water due to delay in the water supply.
- Villagers opening the water valves by themselves to get water but not closing it later.
- Quarrels and fights over the water supply at the standpost.
- Villagers breaking the pipeline to irrigate their fields.
- Exaggeration of the water situation by the villagers (if water is not available for 2 days, they claim it to be not available for a month).

Some of the linesmen are allotted more than one village to manage. If the villages are distantly located it may not be possible for the linemen to maintain the regularity of the water supply or take care of any other technical problems timely. It is note worthy that the linesmen are assigned to open and close the water value two times in a day.

Another difficulty faced by the linesmen was that the cluster of villages they worked in was rarely their native village. The people of these villages were not familiar with the linesmen and at times resented his advice when it came to water and sanitation issues. For this reason, CHETNA stressed that it was imperative for the Pani Panchayat members, the ICDS workers and the Sarpanch to fully support the advice the linesmen had to give and the linesmen had to fully co-operate with the Pani Panchayat members and ICDS workers on their water and sanitation activities.

CHETNA also acted as an intervening agency for the linemen to the executive engineers at the SRWSS. The linesmen would vent their grievances at the meetings and ask that CHETNA relay their problems to the managing engineers at the SRWSS, who the linesmen were hesitant to approach. CHETNA did this for the case of obtaining a better set of tools for repairing the pipeline. CHETNA presented the linemen's demands and the SRWSS acted upon it.

Activities Initiated by Linemen at the Village Level

- Planted gardens to utilize the waste water from the stand post drainage.
- Engaged in co-ordination meetings with Pani Panchayat members, ICDS workers and teachers on water and sanitation issues.
- Worked on interacting with village women in a more positive manner to help keep the standpost and surroundings clean.
- Helped in co-ordinating clean-up committees for the standpost.

Rahuḍa, Lineman from Babra Village

In a village called Babra, several women said that their village linemen, Rahuba, had showed all of them the cut portion of a PVC water pipe, that had become choked with the roots of a bavard tree. It took the lineman one full month to investigate why the water was not flowing and where exactly the problem was along the pipeline. By examining every length of the pipeline, he was able to find the problem area, cut out the blocked piece and replace it with a new portion of pipe. The lineman was also considerate enough to show the entire process to the women of the village. They watched him dig the pipe out and cut out two small pieces (10 cms long) where the roots had completely clogged the pipe. Observing this process, the women were able to see the where the problem was, without needing an explanation for the low water pressure. This act has enhanced the position and prestige of the linesmen in the community. Now the women of the village trust the expertise of the linemen and trust his advice on other water and sanitation related issues.

Teachers

Teachers educate children on the importance of proper water and sanitation care as part of the formal school curriculum. The children are then encouraged to take this message to their homes. and educate their family members on the importance of water and sanitation issues.

Before the teachers could emphasis community hygiene and water and sanitation issues as an important part of the school curriculum, CHETNA added new dimensions, such as conducting Bal Melas and emphasizing water and sanitation issues, to the school curriculum. This was done through the Education Departments at the local - village, the regional - Banaskantha and the state - Gujarat, levels. Now that the government approved of the new curriculum, CHETNA could then introduce more participatory and hands-on methods to teach personal and community hygiene practices.

Teacher's Training

Objectives for the Teacher's Training:

- To strengthen the teacher's concepts and knowledge related to health issues, so to inculcate these new health activities in the school's curriculum.
- To make the teachers more responsible towards community health.

CHETNA organized a Training for Teachers where the teacher's knowledge was imparted on water and sanitation issues and they were sensitized to new issues such as community hygiene, water borne and related diseases and proper standpost maintenance. The teachers learned about new and innovative ways to present these issues to the children and were given educational material to help them implement these new learning methods in their classrooms.

Teachers are also the key to organizing and running the Bal Melas (Children's Fairs) in the villages. After CHETNA leaves this project area, CHETNA would like to ensure that these fairs become a part of every school's curriculum and become a tradition in the community.

Primary Health Care Staff - PHC staff

Age : 20 to 45

Level of Education : 10th to 12th Standard

Role :

- To help improve environmental sanitation at the community level.
- To engage in field level activities related to family welfare, maternal health, family planning and immunization.
- To promote health education activities.
- To co-ordinate health related activities with Traditional Birth Attendants and ICDS workers.
- To take initial steps to control communicable diseases.

The Indian government has sponsored a health programme designed to provide primary health care to people with no access to health facilities in rural regions. Since many diseases are water borne/related or spread by unhygienic conditions, the PHC staff can help to prevent these diseases by disseminating information on water and sanitation to their patients.

The para-medical staff and the Block Extension officer of the PHC department have health education as a major responsibility in their official job responsibilities. As the ICDS workers have close contact with women and children, it is the PHC staff who has contact with the rest of the villagers (men primarily) needing medical attention. Hence, information on water and sanitation can be spread by them to everyone. In fact, 80 percent of the diseases in the country are alledgely caused by drinking unsafe water. Therefore, it is very appropriate for the government to focus on water and sanitation aspect to prevent occurance of illnesses.

The PHC staff Training

The first step of the training was to discuss the problems the PHC staff faced at the village level. This is a list of some of the common constraints:

- Misbeliefs, myths and customs concerning common diseases.
- Villagers not interested in placing confidence in government run facilities.
- Immunizations schedules not followed correctly.
- Drinking water availability is serious in most villages.
- Diarrhea is widespread in villages.
- Shortage of field staff in the government health services.
- Irregular field visits by the PHC workers.

Since the PHC staff was already educated on problems related to water and sanitation, the CHETNA training sessions were much more focused on improving communication, co-ordination, trust and skills. CHETNA was aware that the need for these skills was essential to get the PHC staff to effectively get the water and sanitation message across to the community. Participatory activities were performed during these meetings, emphasizing the problems with one-way communication and lack of co-ordination and co-operation skills.

Orientation Tours to Shihori Tubewell Field for : Pani Panchayat members, ICDS workers and Linemen

As part of the training in water and sanitation issues for the Pani Panchayat members, ICDS workers and the linemen, CHETNA organized orientation tours to the Shiori tubewell field, where the water is drawn for the pipeline project. This tour was organized to educate all the CHETNA trained health educators on the amount of energy and the financial cost that is incurred in the pipeline project. Several trips were organized, with 20 to 30 participants joining each tour.

At the tubewell site, the executive engineer of the pipeline project explained the technical process of drilling and transporting the water in easy to understand terms. The women were also encouraged to ask questions and pose their doubts to the executive engineer. It was good for the women to engage in this discussion, because the male engineers were answering the women's questions in all seriousness and were not making light of their problems.

All of the participants were pleased with the experience and they were glad to know about the technical aspects of the pipeline. Most participants thought the water came from a check dam on the Banas River and were fascinated to see the water being drawn from the tubewells.

Another benefit derived from this orientation tour was that it was an excellent opportunity for these women to set foot outside of their villages. Many of these women rarely leave their villages during their lifetime, and CHETNA made it possible for them move outside of their villages. Most women said that after this orientation tour, they had more confidence to travel outside of their villages to attend other meetings and to engage in other outside activities on their own.

Camp for Hawkers (sellers of food)

Laari-gallawala Shibir (Food Hawker/Seller Camp)

CHETNA felt that along with the education the Pani Panchayat members, ICDS workers, linemen, teachers and PHC staff, it was imperative to hold a health camp concerning water and hygiene issue for the laari-gallawalas (hawkers that sell food items from stalls that are located on the side of the road These food sellers are present all over India and are frequented by most citizens. With their co-operation, they play an important role in propagating correct hygiene standards.

It was found from the preliminary meetings that these were the sanitation problems they were facing:

- Severe water problems.
- No place for waste disposal.
- No fixed/legal areas marked for stalls.

The meeting was held on s Sunday at 1:00 p.m., so as to make it convenient for as many vendors as possible to attend. At the health camp, the HABK team described how water borne/related diseases ca be spread through unhygienic conditions that occur in the stalls. The team also stressed the importanc of using a doya (ladle) and distributed the doyas for Rs. 5/- each.

The Nagar Panchayat (the township council) pledged their support to the laari-gallawalas and 10 day after the health camp, the Panchayat had arranged for a new standpost for the stall owners.

Gynecological Health Camp

Even though gynecological health is not directly linked to water related diseases, its impact on women's general health is of paramount importance. This fact was evident after speaking with Pani Panchaya members and ICDS workers who stressed the need for education of this subject to the women in the villages. The HABK campaign was focused on water and sanitation issues, but CHETNA believed it was important to address as many health problems facing these women as possible.

With the help of the Health Department, the concept for a gynecological camp was conceptualized. The camp required the input of the whole CHETNA team, as well as help with organization, management and field level activities were required with the Health Department.

The camp was held on March 12, 1993, to celebrate International Women's Day. The local PHC staff members of Bhansali Trust and the SRWSS staff offered their support in organizing the camp.

A team of 11 doctors from Ahmedabad Civil Hospital arrived with the necessary equipment at the Varahi PHC Centre. The HABK team expected that 200 women would attend and were amazed when over 300 had registered for the camp. Although three doctors simultaneously examined the women and the other doctors helped in writing prescriptions and supplying free medicines, it was impossible to examine all the women. By 6:00 p.m. about 250 women were examined and the rest had to go home disappointed.

This camp was a prime example of how NGOs and government departments can work together to successfully administer to the needs of the people.

Bal Melas (Children's Fairs)

The Child Resource Centre (CRC) of CHETNA regularly conducts activities related to children's development. CRC's frequent interaction with children has helped the centre become more adept at creating health related activities that are aimed at involving children in a participatory and an enjoyable manner. The members from the CRC team helped the HABK team organize Bal Melas focusing on water and sanitation issues for the children of the Santalpur region.

The fairs are two day events, with an average of 80 to 200 children attending. Children are invited from different villages to participate in the fair. The grounds and accommodations must be fairly big, since the

children eat and sleep at the fair site for two days.

One of the first activities is to conduct a village rally/cleanup, where the children set out early in the morning (6:00 a.m.) and shout out health slogans throughout the village. After the rally, they are organized into small groups and given brooms to clean-up the different communal areas in the village.

During the day, the fair is set up so that there are 8 to 10 different stalls illustrating different water and sanitation issues, such as diarrhea, water conservation, personal hygiene and community cleanliness. All the stall activities during the fair are participatory based with children's high energy levels in view. The children eagerly participate in all the activities and at night, they hold a cultural show, where the children and teachers participate in skits and dances that incorporate health messages.

At the end of the two days, the teachers and the children are asked to write up an action plan for their own villages, outlining the points and activities they will plan for their own villages.

CHETNA conducted 20 children's camps in Santalpur in which the emphasis was given to personal hygiene, clean water, water management, diarrhea and worms. Two of the camps included a "Puppet Show" into the format of the fair's activities. CHETNA was interested to see if this would be become a regular feature in the Bal Mela format.

Note For more information on activities conducted at a Bal Mela, CHETNA has published an instructional booklet and video on organization and management of a Bal Mela.

COMMUNICATION MATERIALS

COMMUNICATION MATERIALS FOR FIELD LEVEL HEALTH EDUCATION

Poster

A poster was developed to promote the use of a doya (ladle) and the importance of filtering water. The drawing on the poster was extensively field tested before CHETNA printed the final copy. The poster was produced because it was found that many people had not started using the doya, even after buying it. It was hoped that the poster would visually remind people to use the doya.

Postcards

A postcard was designed with the symbol of the water pot on the front. This postcard was sent to Pani Panchayat members, ICDS workers, teachers and linemen whenever an HABK activity was being organized in their village or to invite them to a CHETNA training sessions.

Flipcharts

User-friendly flip-charts were created to help the Pani Panchayat members, ICDS workers, linemen and teachers spread the water and sanitation message in a more effective manner. They are four separate flip-charts depicting these following issues:

1. Water and its Uses
2. Water at its Source
3. Community Cleanliness (Key to cleanliness)
4. Role of the Lineman

While the scripts are written elaborately for the story line, pre-testing would essentially involve assessing whether the women were able to weave a story out of the visuals. If the story they created was nothing like the script or did not convey the message, the visuals were modified.

Pani ni Vaat Newsletter cum Poster on water and sanitation

Three issues of the newsletter cum poster "Pani ni Vaat" have been published. Each newsletter has discussed an individual issue on:

Water and Health Activities
Details about Diarrhea
Malaria

The newsletters have been distributed to all village Pani Panchayat members, ICDS workers, PHC health staff and teachers. During the village follow-up visits, it was observed that the "Pani ni Vaat" was displayed on walls of many ICDS centres, schools and at the GWSSB office in Radhanpur during our field visits.

Video Documentation of the HABK Project

CHETNA has filmed many of their field level activities in the Santalpur block on video. Towards a Healthy Life is a half an hour video documentation, which depicts the activities conducted in the first two years of the HABK campaign.

Monitoring Activities

Follow-up Meetings and Reports

After CHETNA had held a Women's Mela and trained the Pani Panchayat members, ICDS workers, linemen and teachers in water and sanitation issues and communication skills, the HABK team then

encourages the CHETNA trained health educators at the village level to take on the responsibility for health education in their own communities. Since the inception of the HABK campaign, CHETNA has trained health educators to be independent of CHETNA and to take their own initiatives whether it be towards health education or their own empowerment.

Instead of leaving the health educators entirely on their own, after the training sessions, the HABK team has continued to interact at the village level by conducting regular follow-up visits, once every two months.

The follow-up visits assess the progress of the HABK campaign and monitor action oriented work, such as community clean-up days and standpost maintenance. During the follow-up meetings the HABK teams observes the conditions of the standpost and its surroundings. If the conditions are poor, the HABK team works on getting the help of the Pani Panchayat members, ICDS workers, lineman and teachers to organize a clean-up committee.

The HABK team then holds community level meetings with women Pani Panchayat members (277), ICDS workers, PHC staff and any other concerned individuals. The HABK team facilitates discussions on water and sanitation issues in their community and gets these people to discuss the successes and problems they are facing in their villages. Most of the time, people want to talk about the lack of water in their communities, which makes it difficult for the HABK team to discuss other related water and sanitation issues. Meetings are also held with teachers after Bal Melas, to monitor the progress of activities since the fair and to assess if water and sanitation concerns are being incorporated into the school curriculum.

After the meetings, the HABK team submits a report of their observations of the village hygiene conditions and a record of the issues that the villagers have discussed. These reports are documented as a reference to monitor future progress of the village.

Results of Final KAP Study - Santalpur

There was a total number of 47 households surveyed from nine different villages. The villages were chosen based on the villages surveyed from the first KAP study in 1991. The data from one village was not used because the HABK campaign was not initiated in this village. One household was surveyed from each caste in a village. Most villages have between 4 to 6 castes.

The villages located in the Santalpur block are located on the tail-end of the SRWSS pipeline. Of the 10 villages surveyed, 6 reported that water was not coming regularly or not at all to their communities. Due to the inconsistent supply of water, life is more difficult in these communities and the struggle for water is a constant worry for these people.

CHETNA's strongest impact on these communities has been changes in people's personal hygiene habits.

- 66% of the households reported an increase in frequency of bathing habits after HABK.
- 39% of the households said they started clipping their nails after HABK.
- 53% of the households switched from washing their hands with mud to water, soap or ash.
- 59% of the households strengthened their habit of washing hands after defecation after HABK.
- 43% of the households switched from washing their utensils with mud to ash or powder.
- 60% of the households now use a doya to retrieve drinking water, prior to the HABK campaign nobody used a doya.

Issues relating to community participation in standpost maintenance and water supply issues were not strong in this block compared to the Radhanpur block. Most of the respondents replied strongly to issues such as using a doya (16 people responded) and washing hands (10 people responded) as the most important issues of the HABK campaign. Issues relating to the water supply were not as strongly acknowledged, 7 people responded said they learned about the source of the standpost water and 3 people said they learned about water conservation from HABK.

The following is a compilation of the findings:

Observations at the Village Level 9 Villages Surveyed

1. Positive change in village hygiene after HABK.

	Number of villages
Yes	4
No	5

2. Where ukardos are located.

Courtyards	6
In village	6
Outside of village	4

- Respondents indicated more than one location.

Change in placement of ukardos after HABK

Yes	5
No	4

3. Conditions of Standposts

Good condition	6
Bad condition	2

- One village had a temporary standpost.

Positive change in standpost cleanliness after HABK.

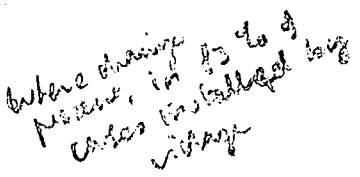
Yes	7
No	2

Are there drainage facilities present?

Yes	6
No	3

Drainage facilities installed by:

Villagers	3
GWSSB	1
Pani Panchayat	4
ICDS	1



- Some villages listed more then one option.

Are the drainage facilities useful?

Yes	6

Change in number of broken taps on the standpost after HABK.

Decrease	8
Same	1
Increase	0

4. Is there a cattle trough in the village?

Yes	9

Only used for animal use.

Yes	9
No	0

Personal Hygiene

1. Bathing Habits

Adults	**Number Surveyed**	**Percentage**
Daily	24	52%
Alternate day	16	16%
Weekly	6	6%
Change after HABK		
Yes	30	66%

Of the 30 respondents who replied yes, 28 said their bathing practices were more frequent after the HABK campaign.

Children		
Daily	27	58%
Alternate day	16	34%
weekly	3	8%

2. Where do they bathe?

Courtyard/home	37	78%
Bathroom	8*	17%

Pond	2	5%
Has this placed change since the HABK campaign?		
Yes	10	22%
No 37	78%	

- One village, Kalyanpura had latrines and bathrooms installed by the ESI (Environmental Sanitatio

All the respondents who said that the location for their bathing had changed were in the village of Kalyanpura.

3. Brushing teeth

Yes	46	99%
No	1	1%
Change after HABK campaign?		
Yes	7	15%
No	40	85%
What Changes:		
Before HABK just used water, now use neem stick and salt		3
Children brush teeth regularly		2

4. **Cutting Nails**

Yes	37	78%
No	10	22%

- Women are constantly working with their hands, hence their nails do not get a chance to grow.
- This question applies to children and other members of the household.

Change after HABK		
Yes	18	39%
What Changes:		
More frequent/regular	18	39%
Frequency:		
Weekly	19	65%
Irregular	9	31%

5. **Washing Hair**

Women		
Alternate Day	24	52%
Weekly	22	46%
Monthly	1	2%

- Women's hair is very long and requires a lot of time to wash, therefore women do not wash their hair as often as men.

Children and Other Family Members		
Daily	16	34%
Alternate Day	22	46%
Weekly	9	20%

	Change After HABK		
	Yes	16	34%
	What Change: More Frequent	16	34%
6.	**Wash Hands Before:**		
	Cooking Food		
	Yes	46	98%
	No	1	2%
	Serving Food		
	Yes	46	98%
	No	1	2%
	Use for Washing Hands:		
	Water	36	78%
	Soap	7	15%
	Mud	3	7%
	Change After HABK		
	Yes	25	53%
	What Change:		
	From mud to soap or water	25	53%
7.	Wash Hands After Defecation		
	Yes	47	100%
	Use for Washing Hands:		
	Soap	30	63%
	Ash	9	19%
	Mud	6	12%
	Water	3	6%
	Change After HABK		
	Yes	28	59%
	What Change:		
	Practice became regular	28	59%
	Children Wash Hands after Defecation		
	Yes	44*	100%
	Mother Washes Her Hands after Small Child Defecates		
	Yes	44*	100%

* 3 households surveyed did not have children.

8.	**Washing Clothes**		
	Daily	18	40%
	Alternate Day	19	40%
	Weekly	10	20%

	Location		
	Home	37	78%
	Pond/Well	10	22%
	Change After HABK		
	Yes	17	39%
	What Changes:		
	More frequent	14	33%
	Personal cleanliness improved	3	6%
9.	Waste Disposal		
	Location		
	Ukardo (Garbage Heap)	47	100%
	Change After HABK		
	No	47	100%
	Washing Utensils		
	Location:		
	Home/courtyard	46	98%
	Pond	1	2%
	Use to Wash Utensils:		
	Ash	30	64%
	Powder	7	14%
	Sand	5	11%
	Mud	5	11%
	Change After HABK		
	Yes	20	43%
	What Changes:		
	Before used Mud	14	30%
	Before used Sand	6	15%
10.	**Waste Water Disposal**		
	Location		
	Courtyard	45	96%
	Bathroom	3	4%
	Change after HABK		
	Yes	6	13%
	What Change:		
	Planted garden to utilize waste water	6	13%
11.	**Location for Defecation**		
	Field	42	90%
	Latrines	5	10%*

* Kalyanpura had latrines installed by ESI. From the survey results, CHETNA found that only women used the latrines.

Cover Feces		
yes	2	4%

Water use

1. Where do they get their Drinking Water

Standpost	47	100%
Pond	4*	8%*

* The pond was reported as a source of drinking water only when standpost water is not available.

2. Where do they get their Water for Household Use

Standpost	39	83%
Pond	12*	25%*
Well	5*	11%*

* Pond and well water is only used when standpost water is not available.

2. Villages where water was reported as coming irregularly:

Fulpura
Chansara
Barara
Par
Jakhotra

3. Filter Water

Yes	47	100%
Use to Filter Water:		
Cloth	44	93%
Nylon net	3	7%
Change after HABK		
Yes	17	37%
What Change:		
Practice strengthened	17	37%

4. Do they Cover Drinking Water

Yes	47	100%
Why:		
Prevents dust, insects	45	95%
Prevents diseases	2	5%
Change after HABK:		
Yes	7	15%
What Change:		
Practice strengthened	7	15%
What they use to Retrieve Water:		
Doya	28	60%

	Lota	17	38%
	Glass	1	2%
	Change after HABK		
	Yes	26	55%
	What Changes:		
	Used 'lota' previously	26	55%
	Do they cover water for Household Use		
	Yes	46	98%
	No	1	2%
	Why:		
	Prevent dust, dogs	42	93%
	Prevent diseases	3	6%
	Is there a Paniyara (Water Stand) Present?		
	Yes	47	100%
	Is the Paniyara clean?		
	Yes	47	100%

6. **Conditions of Household and Surroundings**

Clean	45	96%
Not so clean *	2	4%

* Uncleanliness due to livestock living near households.

7. **Main Points Learned from HABK**

Doya	14
Washing Hands	10
Filtering Water	9
Cleanliness	8
Water related diseases	8

Water Supply

2. **Whom do you complain to when there is a problem with the water supply?**

Lineman	17	36%
Nobody	15	32%
Sarpanch	8	17%
Pani Panchayat	5	10%
GWSSB	4	9%

* **Respondents indicated more than one person.**

3. **Do they know the Lineman or the Pani Panchayat members in their community?**

Lineman

Yes	34	73%
No	13	27%

	Pani Panchayat Members		
	Yes	36	76%
	No	11	24%
4.	**Who should maintain the Standpost?**		
	Villagers	26	55%
	Lineman	20	42%
	Government	3	6%
	Pani Panchayat	1	2%

* Respondents indicated more than one choice

	Do they know where the source of the Standpost Water?		
	Yes	37	79%
6.	**Main Use of Pond Water**		
	Cattle		
	Household Use		
	Agriculture		
	Drinking (Only if standpost water is not available)		
7.	**Main Points learned about Water Supply from HABK:**		
	Source of Water	7	
	Water Conservation	5	
	Who to Contact	3	
	Clean Water Pots	3	

Radhanpur Block and Bhansali Trust

As mentioned earlier, CHETNA mainly works as a support organization. In this capacity, CHETNA is collaborating with a local NGO, Bhansali Trust, in the Radhanpur block.

Bhansali Trust has been working in the Banaskantha region for the last 25 years and has established an effective rapport with the villages in this area. Bhansali Trust has established hospitals and one school in the Radhanpur block and it has organized eye hospital camps and a famine relief effort as part of its overall development activities in the Banaskantha region. Bhansali Trust is also dedicated to water conservation and the promotion of traditional water sources. Because of their strong interest in water issues, Bhansali Trust was willing to work in collaboration with CHETNA on the water and sanitation campaign.

One of the projects implemented by Bhansali Trust is the government intiated Integrated Child Development Scheme (ICDS). ICDS is an on-going government project which Bhansali Trust is managing. The ICDS workers are trained to provide general health education to new others and to provide pre-school education. Adding water and sanitation education to the existing ICDS curriculum was not a difficult task. The ICDS workers have been enthusiastic to integrate these new issues into their health education and they have been integral to the planning and implementing of the Bal Melas in the Radhanpur block.

Due to Bhansali Trust's wide experience at the field level in the Radhanpur block, they were adept at launching an effective Health Awareness Campaign in this area, as well as having it implemented quickly at the field level. Their organization is known by both the people in the villages and by the Bhansali Trust sponsored ICDS workers. Since the WHDRC and CRC strategies stresses the fact that CHETNA is a support organization, hence it was a natural step for CHETNA to work in a support capacity with Bhansali Trust.

Bhansali Trust has been working on the HABK campaign for one year and the contract between Bhansali Trust and CHETNA has been extended one more year. CHETNA will continue its role as a support organization for Bhansali Trust for the 1995-96 year.

The following points outline the roles and duties that Bhansali Trust and CHETNA are to undertake in the HABK campaign in the Radhanpur block.

Role of Bhansali Trust

- Bhansali Trust undertakes the responsibility of implementing the health awareness campaign at the field level, which includes collecting base line data and conducting health awareness camps for women and children.
- Bhansali Trust plays a major role in supervising, monitoring and evaluating the HABK campaign at the village, block and district level.
- Bhansali Trust assists CHETNA to follow-up on the activities conducted in the Santalpur and Kankrej blocks through their existing infrastructure.

Role of CHETNA

- CHETNA's involvement in the HABK project includes conducting a Training of Trainer's (TOT) for the Bhansali Trust supervisory and co-ordinating staff prior to implementation of the HABK campaign at the field level. CHETNA extends neccessary guidance and support to the field level activities to Bhansali Trust as and when it is required.
- CHETNA provides health education material to Bhansali Trust which is distributed in the project area.
- CHETNA co-ordinates project activities at the state level and assists with co-ordiantion of the activities at the block and district level with Bhansali Trust.
- CHETNA provides guidelines for the collection of baseline data, monitoring and evaluation of Bhansali Trust's progress in the HABK campaign.

The Bhansali Trust HABK Field Staff

Bhansali Trust has a team of workers that are conducting the same grassroots' work that CHETNA did in the villages of the Santalpur block. The team consist of one full time worker and two enthusiastic ICDS workers that have taken on the work from the HABK campaign on top of their ICDS duties. Bhansali Trust started their campaign by conducting a KAP study, with CHETNA's support. CHETNA then held a Training of Trainers (TOT) for the HABK staff of Bhansali Trust so that they could effectively execute the work of the HABK campaign in the Radhanpur block.

KAP Study in Radhanpur Block

To ensure a firm foundation of the HABK campaign, the central theme of the participatory approach was used to strengthen the existing knowledge at the community level. For this purpose, a KAP study to collect data on the knowledge, attitude and practices of the community about their habits related to drinking water, personal hygiene and sanitation was conducted. A questionnaire was developed that surveyed four topics to elicit information on:

- General information and observations at the village level.
- General information and observations at the personal level.
- Personal hygiene.
- Environmental sanitation.

The KAP study was conducted in March 1994.

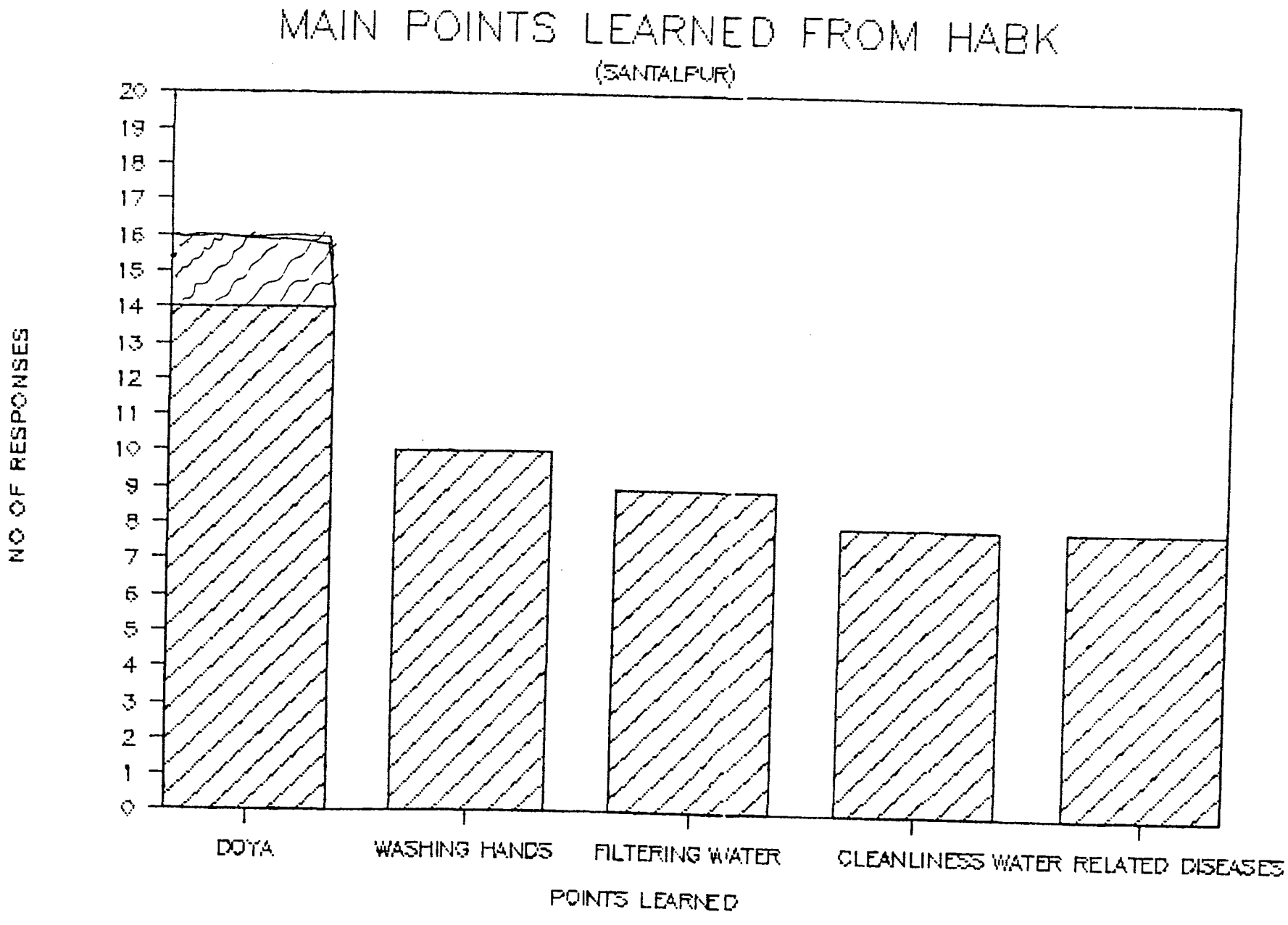
Training of Trainers

Bhansali Trust has extensive experience and an established network to function at the field level. To utilize this infrastructure effectively for health education, CHETNA conducted a Training of Trainers (TOT) programme for the members of the Trust. The objectives of this TOT were:

- To strengthen their knowledge regarding health related issues to water and sanitation.
- To improve their communication and health education skills.

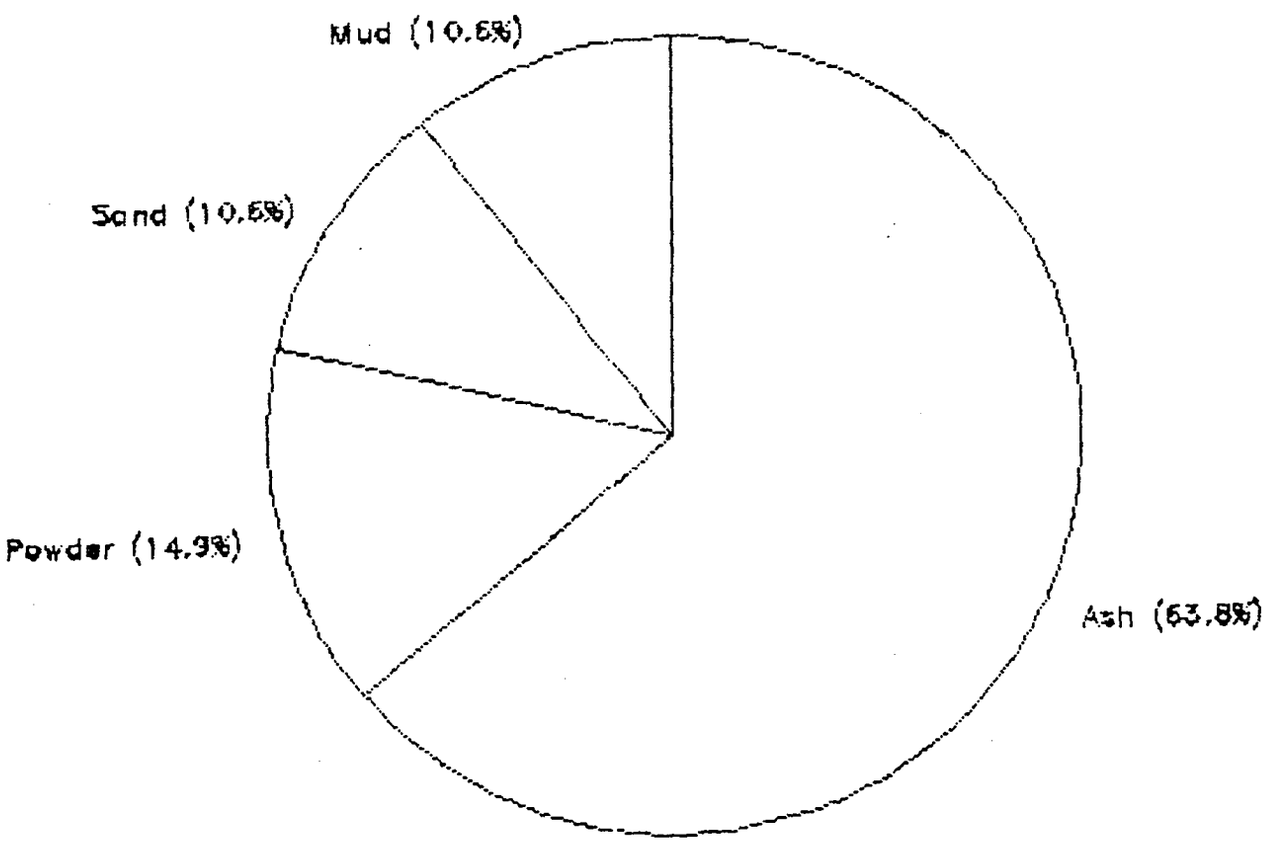
The three members from the Bhansali Trust HABK team, three supervisors from the ICDS project and the engineers linked with Bhansali Trust's ground water management programme participated.

The programme started with an introductory session informing them about the objectives of the training, followed by introduction of the participants. To understand the village situation and the practices that villagers follow related to water and sanitation, the data related to the KAP study was discussed in detail. Other activities included sessions on health related issues, water borne and related diseases and communication skills. The staff from Bhansali Trust was also requested to make suggestions as to how to make this campaign more effective in the Radhanpur block.

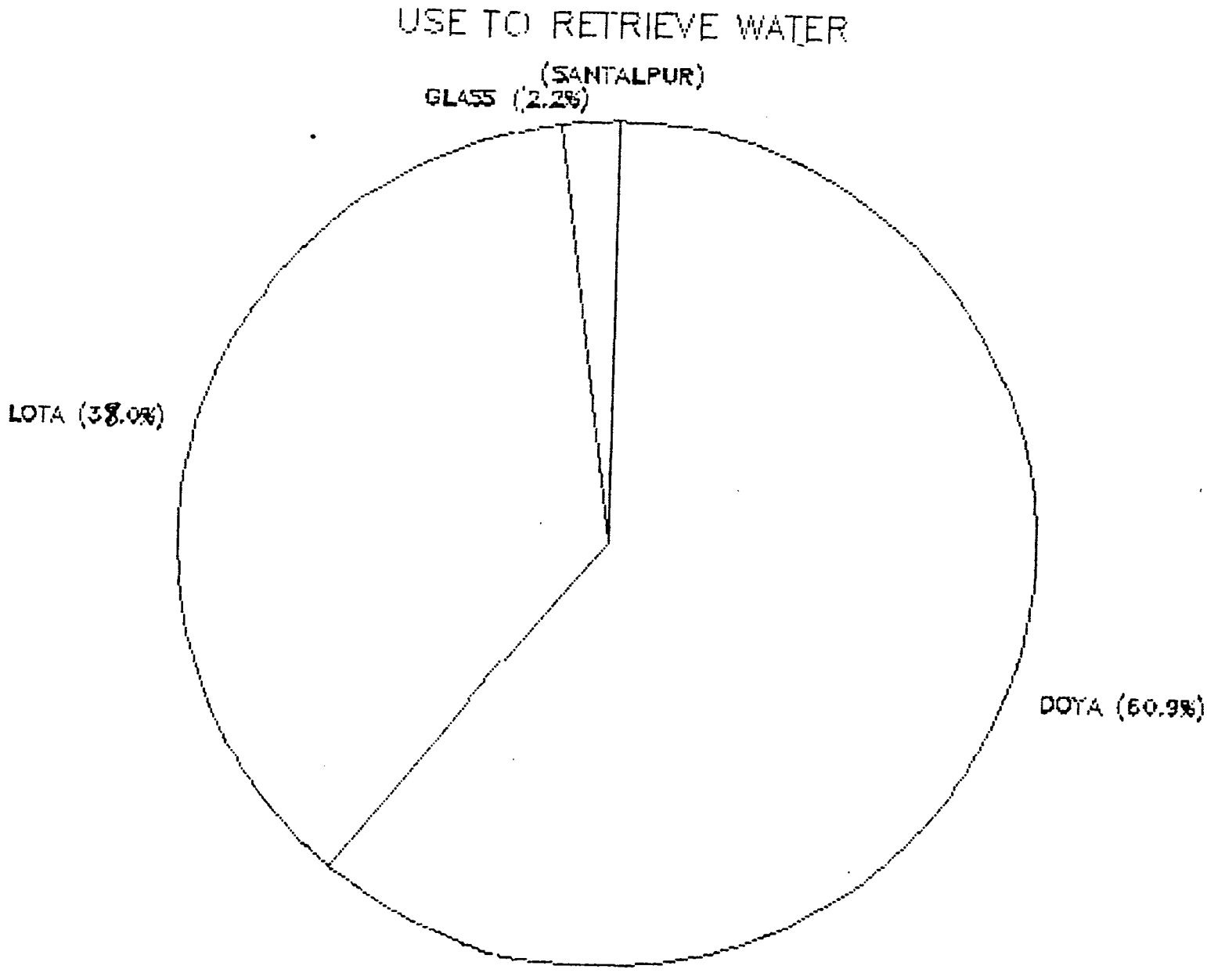

MAIN POINTS LEARNED FROM HABK
(SANTALPUR)
NO OF RESPONSES
0
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
DOYA
WASHING HANDS
FILTERING WATER
CLEANLINESS
WATER RELATED DISEASES
POINTS LEARNED

~~USE TO~~ WASH UTENSILS

(SANTALPUR)



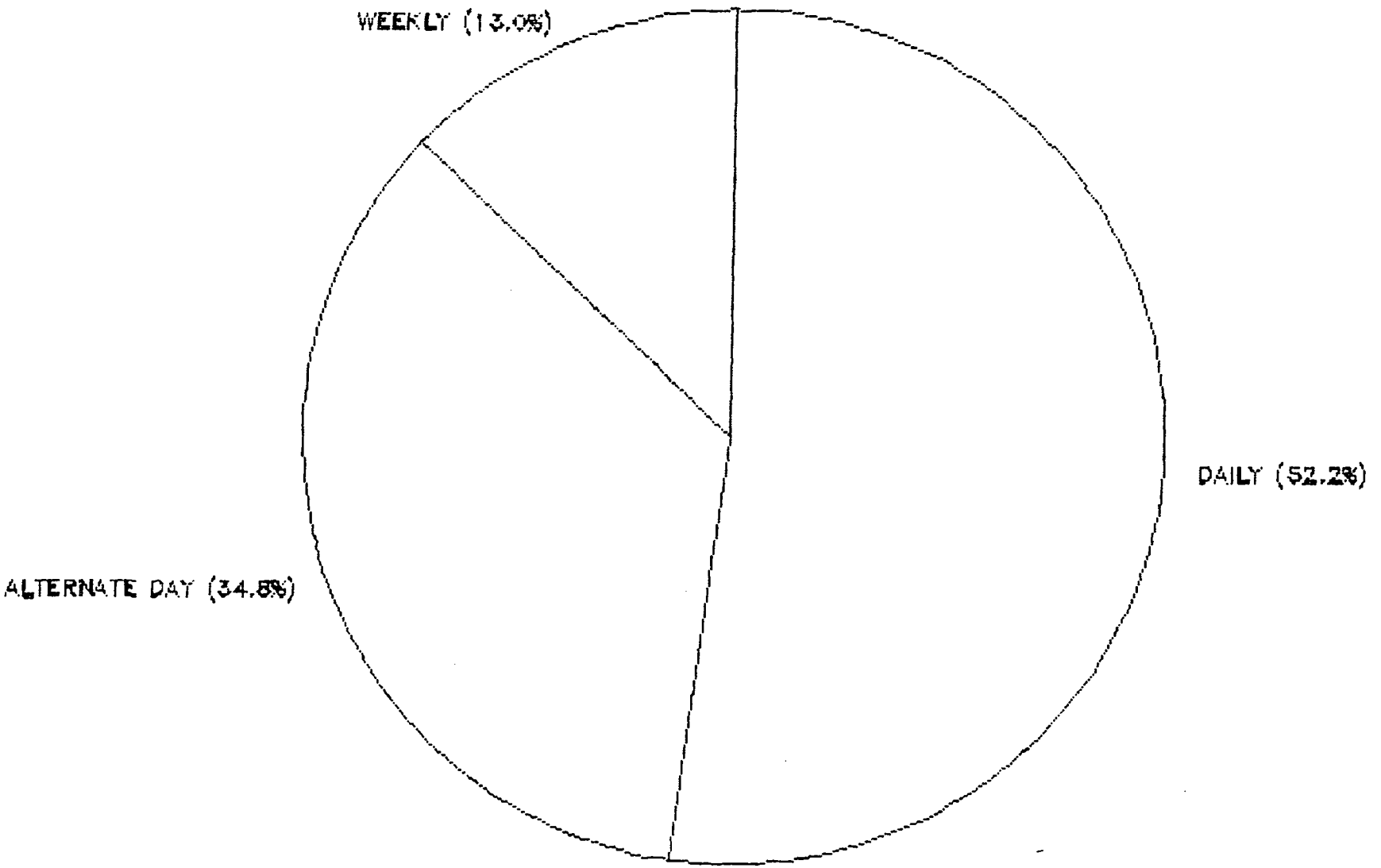
Before HABK



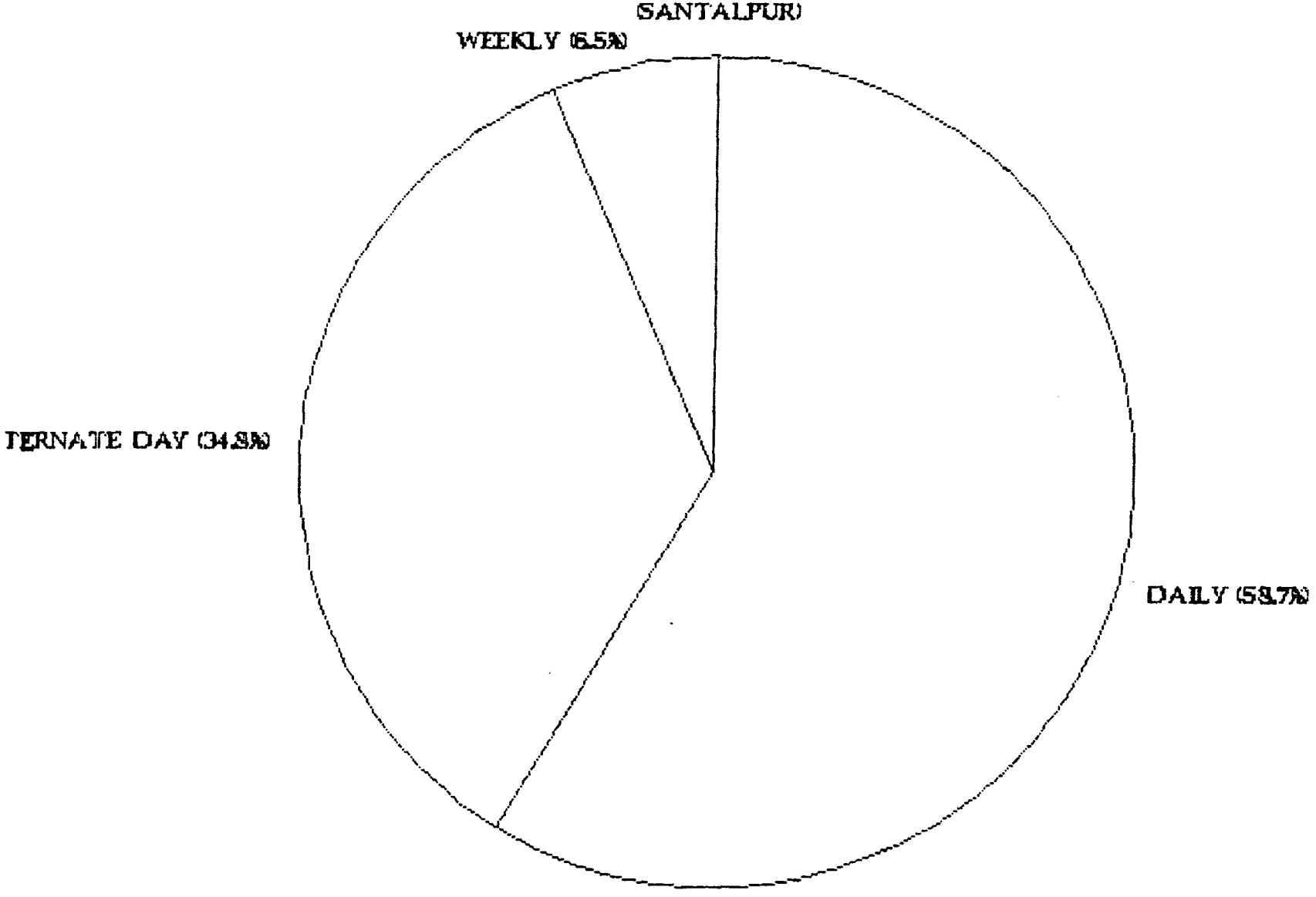
Rafiq HARK

ADULT – BATHING PRACTICES

(SANTALPUR)



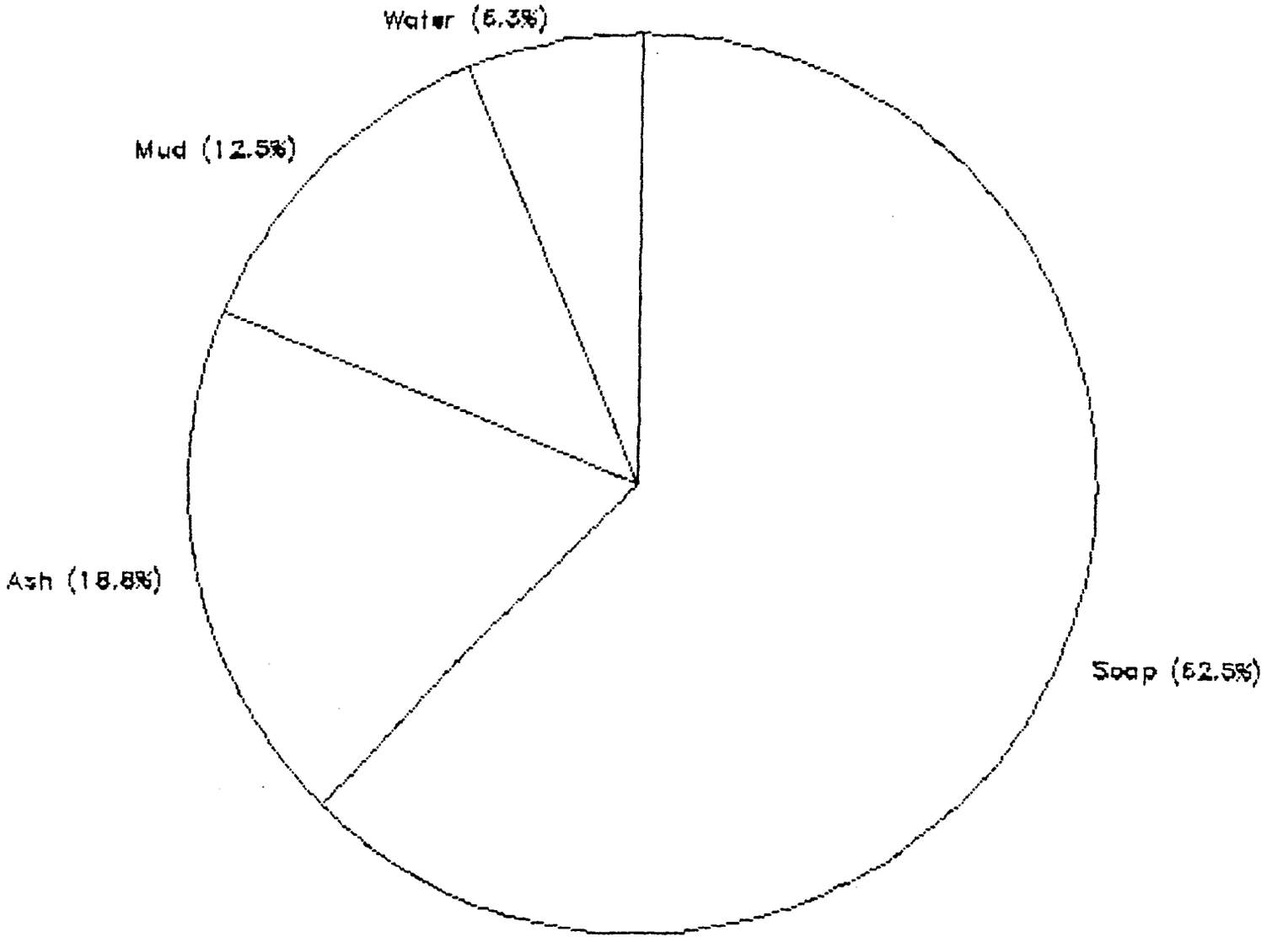
CHILDREN – BATHING PRACTICES

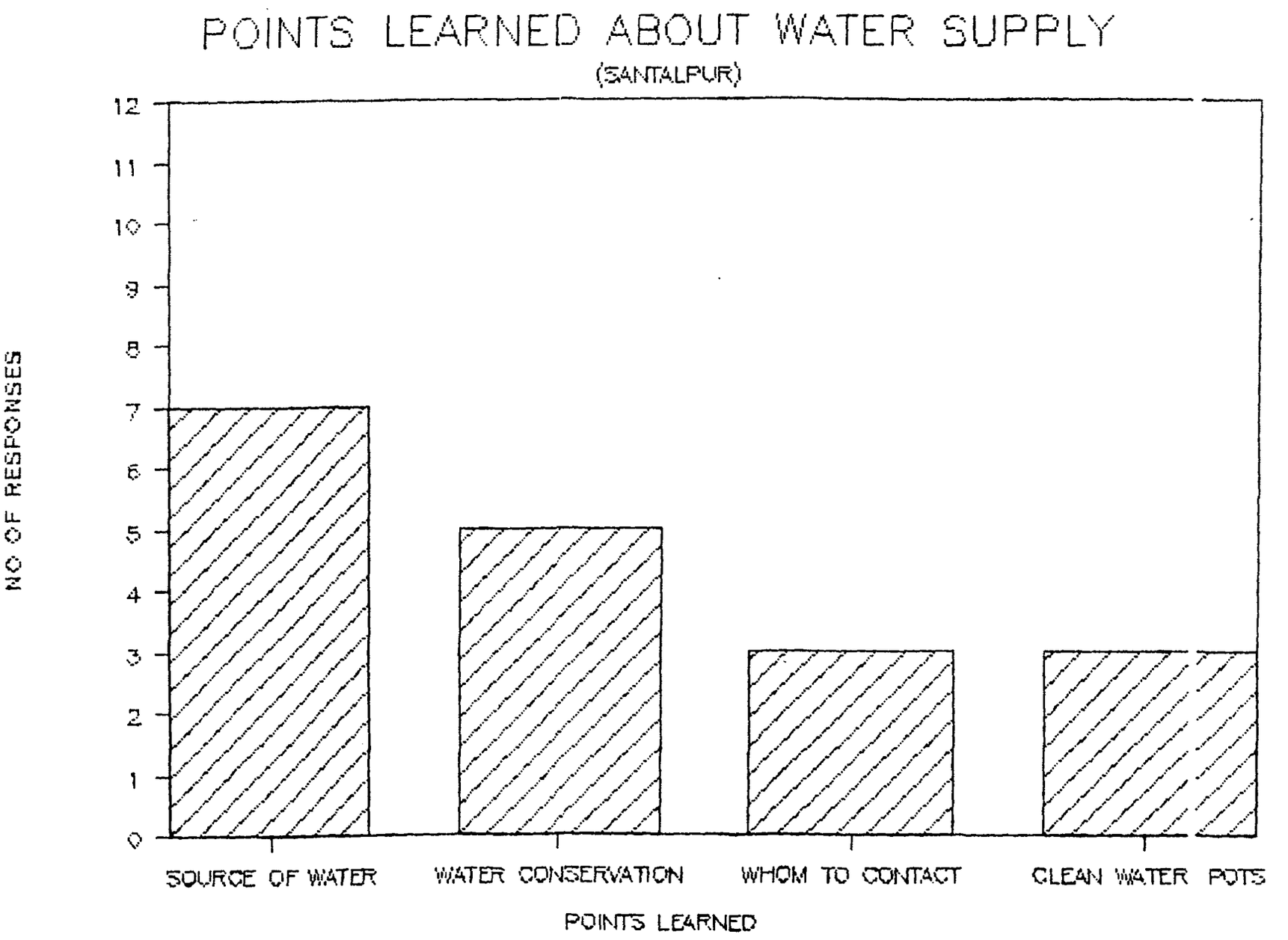


Before H.A.B.K

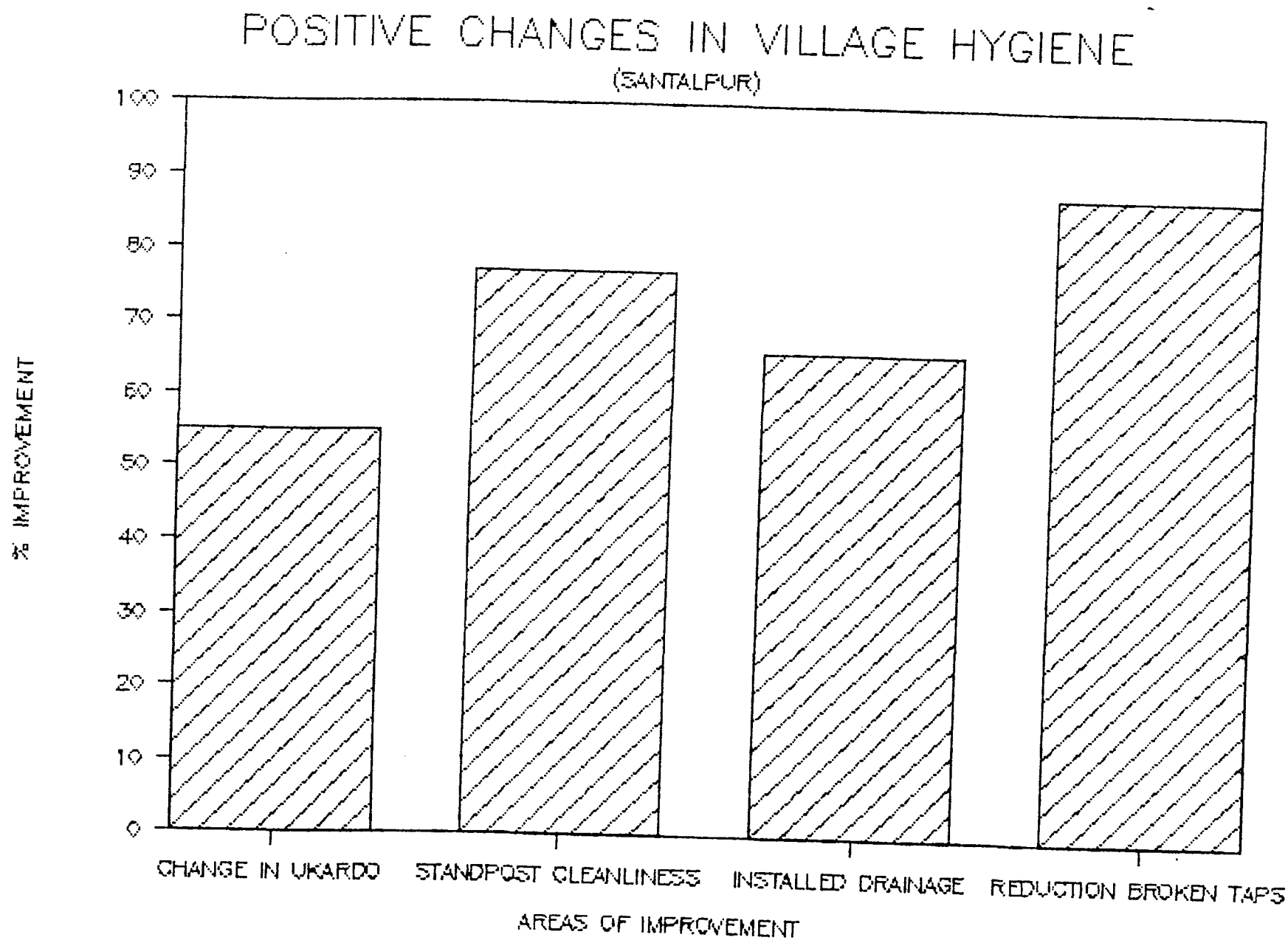
WASHING HANDS AFTER DEFECATION

(SANTALPUR)




POINTS LEARNED ABOUT WATER SUPPLY
(SANTALPUR)
NO OF RESPONSES
12
11
10
9
8
7
6
5
4
3
2
1
0
SOURCE OF WATER
WATER CONSERVATION
WHOM TO CONTACT
CLEAN WATER POTS
POINTS LEARNED

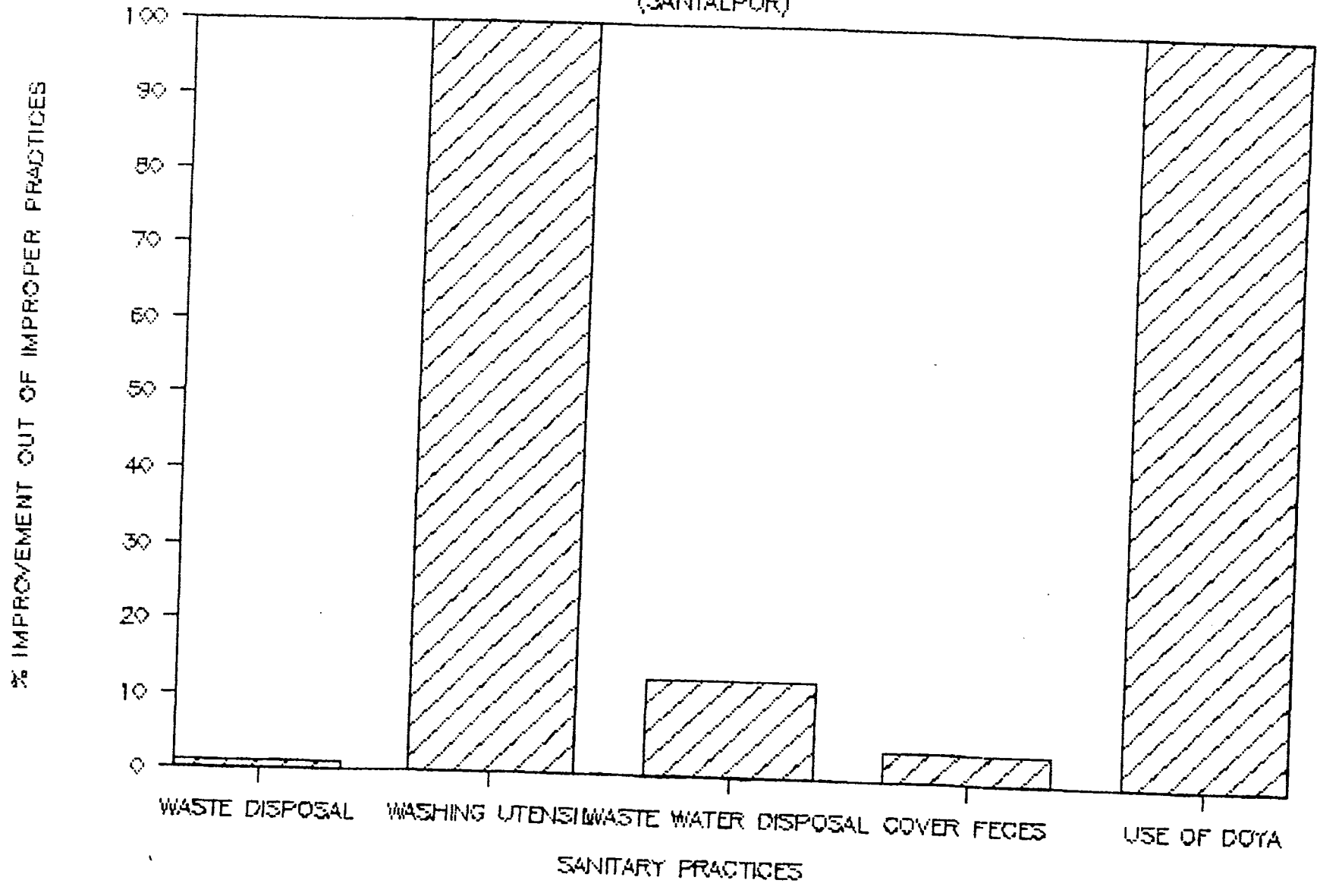
After HABK


POSITIVE CHANGES IN VILLAGE HYGIENE
(SANTALPUR)
% IMPROVEMENT
100
90
80
70
60
50
40
30
20
10
0
CHANGE IN UKARDO
STANDPOST CLEANLINESS
INSTALLED DRAINAGE
REDUCTION BROKEN TAPS
AREAS OF IMPROVEMENT

After HASK

POSITIVE CHANGE IN SANITATION .

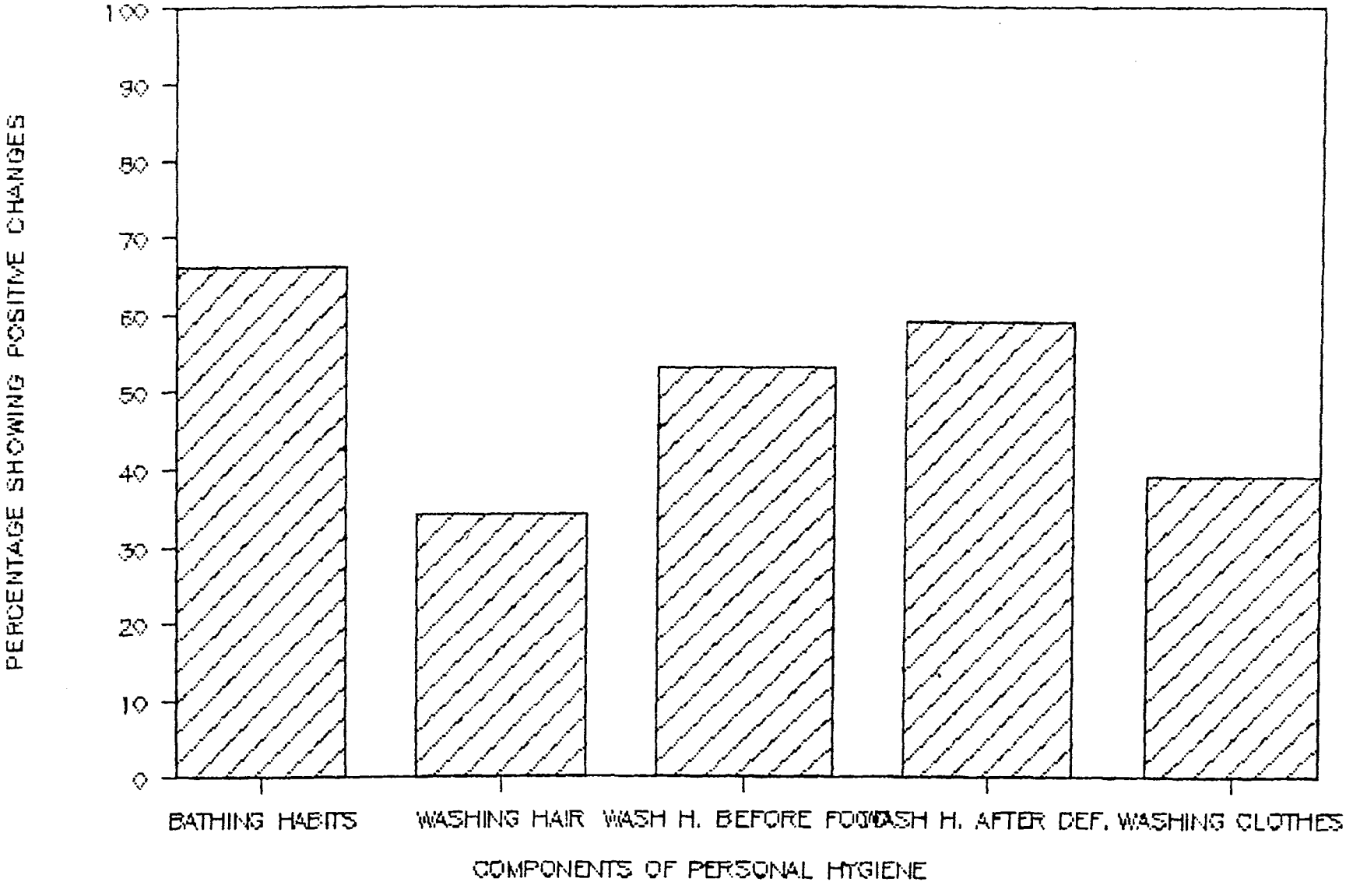
(SANTALPUR)



After HA.3K

CHANGES IN PERSONAL HYGIENE AFTER

HABK CAMPAIGN (SANTALPUR)



After HABK

Activities at the Field Level

Presently in the Radhanpur block, the emphasis of Bhansali Trust, with the support of CHETNA, is to organize health education meetings, village clean-up days, Bal Melas (Children's Fairs), the distribution of CHETNA educational material and to monitor activities in the villages of the Radhanpur block. The Bhansali Trust team has eagerly promoted these activities and has worked efficiently and quickly promoting the HABK campaign through their HABK field staff and ICDS workers.

In the coming year, Bhansali Trust will be continuing with these activities, while also organizing and holding Mahila Melas (Women's Fairs) in the Rahdanpur villages. Bhansali Trust would like to reach as many women and children as possible, in the Radhanpur block, through the Mahila and Bal Melas (Women and Children Health Fairs).

Monitoring Activities

Follow-up Visits

Bhansali Trust is following the same procedure for the follow-up activities that are taken in the Santalpur block. The Bhansali Trust team goes into villages in the Radhanpur block, reports on the conditions of the standpost and holds village level meetings with Pani Panchayat members, ICDS workers, PHC staff, lineman and teachers to discuss the successes and problems they are facing at the village level.

ICDS Worker's Village Reports

Along with the follow-up visits in the Radhanpur block, Bhansali Trust has engaged the help of the ICDS workers in the monitoring process. The ICDS workers are a valuable resource for this project, since they know the health and water conditions of their villages very well. The ICDS workers of the Radhanpur block meet once a month at the head office of Bhansali Trust. During these meetings the ICDS workers fill out a form about the condition of the standpost, the hygiene of the community and the actions that have been taken on these issues. This information is then given to the HABK team at Bhansali Trust to use. This consistent form of monitoring is an effective tool to monitor the progress of the HABK activities in these villages.

(For an English translation of this form Refer to Annexure 4)

RESULT OF FINAL KAP STUDY - RADHANPUR

There was a total number of 46 households surveyed from nine different villages. The villages were chosen based on the villages surveyed from the KAP study conducted by Bhansali Trust and CHETNA in May 1994. One household was surveyed from each caste in a village. Most villages have between 4 to 6 castes.

Of the 9 villages surveyed in the Radhanpur block, only one reported a problem with the water supply. In most cases, the villages located in this block receive water for 24 hours a day. This consistent supply of water reflects in the surveys findings on people's personal hygiene habits. People in this block bathe regularly and have indicated little change in the frequency of their bathing habits.

Two issues that are worth noting are the use of mud to wash hands after defecation (48% reported doing this) and the use of a lota to retrieve water (83% reported using this). Bhansali Trust should focus the health education component of their HABK campaign on these two issues for the coming year.

Bhansali Trust has been highly effective in communicating the need for community participation in civic hygiene practices. The survey found that 98% of the respondents said it was the villagers duty to maintain the standpost and its surroundings and more villages in the Radhanpur block indicated a positive change in village hygiene compared to the Santalpur block.

The respondents in Radhanpur said they had learned much about the water tax and water conservation (22 and 20 people replied positively), with less emphasis being put on personal hygiene habits, where 12 people said they learned about personal hygiene and 7 people said they learned about cleanliness.

The following data is a compilation of the findings:

Observations at the Village Level

9 Villages Surveyed

1. **Positive change in village hygiene after the HABK campaign.**

	Number of villages
Yes	5
No	4

2. **Where ukardos are located**

Courtyards	6
In village	6
Outside of village	4

* Villagers have more than one place for the disposal of waste.

Change in placement of ukardos after HABK

Yes	5
No	4

3. **Condition of Standposts**

Good condition	6
Bad condition	2

* **In one village, the standpost was only temporary.**

Positive change in standpost cleanliness after HABK

Yes	7
No	2

Are there drainage facilities present?

Yes	6
No	3

Installed after HABK

Yes	4

Drainage facilities installed by:

Villagers	3
GWSSB	1
Pani Panchayat	4
ICDS	1

* **Respondents indicated more then one choice.**

Are the drainage facilities useful?

Yes	6

Change in number of broken taps on the standpost after HABK

Decrease	8
Same	1
Increase	0

4. **Is there a cattle trough in the village?**

Yes	9

Only used for animal use

Yes	9
No	0

Personal Hygiene

1. **Bathing Habits**

Adults	**Number Surveyed**	**Percentage**
Daily	21	47%
Alternate day	18	40%
Weekly	7	13%

Change after HABK

Yes	11	22%

Of the 11 respondents who replied yes, 11 said their bathing practices were more frequent after the HABK campaign.

Children		
Daily	31	67%
Alternate day	13	28%
Weekly	2	5%

2. **Where do they bathe?**

courtyard/home	39	85%
bathroom	7	15%

Has this placed change since the HABK campaign?

yes	2	4%

- Some households had private bathrooms installed.

3. **Brushing teeth**

Yes	46	100%

Change after HABK campaign?

No	46	100%

4. **Cutting Nails**

Yes	46	100%

- Women are constantly working with their hands, hence their nails do not get a chance to grow.
- This question applies to children and other members of the household.

Change after HABK

Yes	9	20%

What Changes:

More frequent/regular	9	20%

- Many children get their nails clipped at the ICDS Centre.

Frequency:

Weekly	32	72%
Irregular	10	28%

5. **Washing Hair**

Women

Daily	18	39%
Alternate Day	25	54%
Weekly	3	7%

- Women's hair is very long and requires a lot of time to wash, therefore women do not wash their hair as often as men.

Children and Other Family Members

Daily	16	34%
Alternate Day	22	46%
Weekly	9	20%

Change After HABK

Yes	9	20%

What Change:

More Frequent	9	20%

6.	**Wash Hands Before:**		
	Cooking Food		
	Yes	46	100%
	Serving Food		
	Yes	46	100%
	Use for Washing Hands:		
	Water	34	74%
	Soap	12	26%
	Change After HABK		
	Yes	6	13%
	What Change:		
	From water only to soap.	6	13%
7.	Wash Hands After Defecation		
	Yes	46	100%
	Use for Washing Hands:		
	Soap	20	44%
	Ash	2	4%
	Mud	22	48%
	Water	2	4%
	Change After HABK		
	Yes	7	15%
	What Change:		
	Previously used mud	7	15%
	Children Wash Hands after Defecation		
	Yes	40*	100%
	Mother Washes Her Hands after Small Child Defecates		
	Yes	40*	100%
*	***6 households surveyed did not have children.***		
8.	**Washing Clothes**		
	Daily	13	28%
	Alternate Day	26	56%
	Weekly	7	16%
	Location		
	Home	43	94%
	Pond/Well	3	6%

	Change After HABK		
	Yes	7	16%
	What change		
	More frequent	7	16%
9.	**Waste Disposal**		
	Location		
	Ukardo (Garbage Heap)	46	100%
	Change After HABK		
	No	46	100%
	Washing Utensils		
	Location:		
	Home/courtyard	46	100%
	Use to Wash Utensils:		
	Ash	37	80%
	Powder	2	6%
	Sand	2	6%
	Mud	4	8%
	Change After HABK		
	Yes	7	16%
	What Changes:		
	Before used Mud	7	16%
10.	Waste Water Disposal		
	Location		
	Courtyard	39	85%
	Bathroom	1	2%
	Streets	1	2%
	Garden	2	5%
	Change after HABK		
	Yes	10	22%
	What Change:		
	Previously threw in the street.	10	22%
11.	**Location for Defecation**		
	Field	41	90%
	Latrines	3	6%*
	Courtyard	2	4%

* Some households had private latrines installed. From the survey results, CHETNA found that onl women used the latrines.

Cover Feces		
yes	2	4%

Water use

1. Where do they get their Drinking Water

Standpost	46	100%
Pond/Well	4*	8%*

* The pond and well were reported as a source of drinking water only when standpost water is not available.

2. Where do they get their Water for Household Use

Standpost	46	100%
Pond	1*	2%*
Well	4*	8%*

* Pond and well water is only used when standpost water is not available.

2. Villages Where Water was Reported as Coming Irregularly:

Jawahar Nagar

3. **Filter Water**

Yes	43	94%
No	3	6%
Use to Filter Water:		
cloth	39	85%
nylon net	4	15%
Change after HABK		
Yes	3	6%
What Change:		
Practice strengthened	3	6%

4. **Do they Cover Drinking Water**

Yes	46	100%
Why:		
Prevents dust, insects	46	100%
No change after HABK		
What they use to Retrieve Water:		
Doya	6	13%
Lota	38	83%
Glass	2	4%
Change after HABK		
Yes	6	12%
What Changes:		
used lota previously	6	12%

Do they cover Water for Household Use

Yes	46	98%
No	1	2%

Why:

prevent dust, dogs	46	100%

Is there a Paniyara (Water Stand) Present?

Yes	45	98%
No	1	2%

Is the Paniyara clean?

Yes	45	100%

6. **Conditions of Household and Surroundings**

Clean	36	78%
Not so clean *	10	22%

* Uncleanliness due to livestock living near households.

7. **Main Points Learned from HABK**

Personal Hygiene	12
Cleanliness	7
Bathing	5
Remove ukardos	5

Water Supply

2. Whom do you complain to when there is a problem with the water supply?

Lineman	34	74%
Nobody	4	8%
Sarpanch	9	19%
Pani Panchayat	5	10%
GWSSB	1	2%
Husband	3	6%

* Respondents indicated more than one person.

3. Do they know the Lineman or the Pani Panchayat members in their community?

Lineman

Yes	41	89%
No	5	11%

Pani Panchayat Members

Yes	41	89%
No	5	11%

4. **Who should maintain the Standpost?**

Villagers	45	98%
Lineman	9	20%
Government	1	2%
Pani Panchayat	10	22%

* **Respondents indicated more than one choice**

Do they know where the source of the Standpost Water?

Yes	42	92%

6. **Main Use of Pond Water**

Cattle

Household Use

Agriculture

Drinking (Only if standpost water is not available)

7. **Main Points learned about Water Supply from HABK:**

Water Tax	22
Standpost Maintenance	20
Water Conservation	16
Many villages connected to pipeline	14

CONSTRAINTS FACED IN THE HABK CAMPAIGN

Constraints faced in the Implementation of the HABK Campaign

As in all projects, the recognition of lessons, problems and limitations are essential for sustainable critical impact of the project. By analyzing and solving the obstacles of the HABK campaign, CHETNA was able to make the project more effective and efficient. This section discusses some of the constraints faced by CHETNA and the suggestions and decisions applied to these limitations.

1. NGO and Village Interaction

The Situation at the Field Level

Consistent and regular contact between the NGO and the villages is essential to implement a development project efficiently. This is particularly crucial during the beginning stages of a project. Repetition and constant reminding of the water and sanitation message was needed to motivate Pani Panchayat members, ICDS workers and teachers to organize educational meetings and fairs for the community.

Action Taken by CHETNA

CHETNA's first contact at the community level was through the implementation of the KAP Study. Once the interviews were conducted and the data was collected, CHETNA efforts focused towards feeding back the information back to the community.

The second step was to hold women's fairs in as many villages as possible to expose people to the water and sanitation message and to enable the community to see the results from the KAP Study.

After people at the community level became acquainted with CHETNA and the HABK campaign, the third step was to organize monthly meetings at the field level for Pani Panchayat members, ICDS workers, linemen, PHC staff and teachers.

Lessons Learnt

Trust and rapport between the NGO and villagers is essential before any programmes or action can be taken at the field level. Examples of this lesson were realised at these levels:

Women's camps held in individual villages are more effective than conducting a large meeting including number of villages.

Bhansali Trust, a local NGO in the Radhanpur block, was very effective in implementing the HABK campaign in only one year.

Future Action

CHETNA is extending their project for one more year to build stronger rapport and linkages between the government and the communities and Bhansali Trust and CHETNA. This will be done to ensure the continuation of the health education activities after CHETNA withdraws from the Banaskantha district.

2. Gender Aspects

Women's Situation at the Field Level

The project coordinators of the SRWSS pipeline project have identified women as the primary resource managers of water at the village level. When the focus of the pipeline project switched from a technical based project to one that encompassed the needs of women, the needs of the men and their relationships to the work it were neglected. As described at the beginning of the document, women's work days are already over burdened. By asking women to take on the role of a Pani Panchayat member or a health educator in her community, a NGO is only adding to their workload.

Action Taken by CHETNA

All positions taken by the women to be health educators of the water and sanitation message in their communities was done on a purely voluntary basis.

Linesmen and teachers were later included in the health education training, as a strategy to get men more involved with the HABK campaign.

CHETNA also included a male field co-ordinator worker to help in the balance of gender perspective of the project. Being male he could easily discuss water and sanitation issues with men in the villages and he also co-ordinated meetings and activities with male government staff.

Lessons Learnt

It is impossible to focus a development project at the community level on just one gender, while ignoring the needs and relations of the other.

Since the village men were not initially given a role in the HABK campaign, some resentment towards CHETNA arose.

One of the reasons the village women were eager to become health educators on top of the other everyday duties, could be because the message imparted was relevant to their everyday lives and the issues and practices being taught could be implemented in their daily routines. Another reason could be that, it was the first time they were given importance by an outside agency.

Even when CHETNA expressed their intention to withdraw from village level activities because the women demanded a wage for their added duties, the women at the village level did not want CHETNA to discontinue their educational efforts, and continued participating in the trainings without monetary compensation.

3. Level of Community Involvement

The Situation at the Village Level

During the initial stages of the SRWSS pipeline project, the pipeline and the standposts were installed without consulting the community. By the time the SRWSS decided to include health education to the project, villagers had already become accustomed to the top down approach to water development and the villagers were not prepared for the level of community involvement that CHETNA had envisaged for the HABK project.

Action Taken by CHETNA

The HABK campaign was implemented in over 100 villages, for CHETNA to be involved with every person at the village level would have been an impossible task. To ensure sustainability, CHETNA's strategy was to focus their trainings for health education and communication skills on a few individuals, within each community. These individuals would then be able to mobilize their fellow villagers to become involved with the health campaign. Once people at the community level had taken up the initiative to spread the water and sanitation message, CHETNA could then rely on their follow-up meetings to monitor community involvement.

Lessons Learnt

Community Involvement is difficult to measure. Many factors are involved, including the enthusiasm of the Pani Panchayat members, ICDS workers, teachers and linemen, and the willingness of the community to respond to the HABK campaign.

- Some examples of issues relating to Community Involvement are:

Civic Duty to Standpost Maintenance

Because of these issues:

- Maintaining the standpost is one of the defined tasks in a lineman's contract with the GWSSB.
- At the village level, people have little sense of ownership to the water supply and the standpost

Many people do not want to take on the added responsibility of keeping the standpost and its surroundings clean. Many of the people surveyed in the Santalpur block, feel the upkeep of the standpost is either the responsibility of the lineman or the Pani Panchayat members.

Action taken by CHETNA

Through the health education trainings conducted by CHETNA and Bhansali Trust, it has been emphasized that proper maintenance of the standpost does fall under the lineman's duty, but it should also be a civic duty if the lineman is not fulfilling his responsibility.

Personal Hygiene vs. Community Hygiene

It has been found at the village level that peoples' hygiene habits have changed on a personal basis, but their attitude towards community hygiene has barely been effected in the Santalpur block. Bhansali Trust has been very effective at educating people on the importance of community hygiene.

Community hygiene is not only an issue in the villages, but in the cities also. The habit of throwing waste outside one's home in the villages, only reflects the waste disposal habits of people in urban areas. There is also no overall waste disposal system in rural or urban areas.

If maintained properly the ukardos (garbage heaps) can be used as fertilizer. But with the introduction of chemical fertilizers into this region, the use of ukardos as fertilizer has decreased, resulting in the garbage remaining in the village itself.

Action taken by CHETNA

Repeated and regular education of the health benefits of a clean village. CHETNA has also sponsored Village Clean-Up Days where the children remove the ukardos from the inside of the village and put in an outlying area.

HABK team and activities

1. Field Based Activities and Office

The Situation

CHETNA is a NGO based in Ahmedabad, a four hour jeep ride from the Banaskantha region. As mentioned earlier, for any project to be successfully executed at the field level, there needs to be continual and consistent contact between the NGO and the people at the village level.

Action Taken by CHETNA

For the first 3 years of the project, CHETNA's HABK office and team were located in Radhanpur. This gave CHETNA a local base to work from and to be in close contact with the people they were working with was possible.

CHETNA also made consistent efforts to include local individuals and NGOs into the HABK campaign.

CHETNA decide to change its role to a support organization to a local NGO, in the fourth year of the HABK campaign.

Lessons Learnt

It was essential to have a local base in the Banaskantha region. There would have been no possible way to execute field based activities from Ahmedabad.

By acting as a support organization to a local NGO that had already built up rapport at the village level, the HABK campaign could be implemented much faster at the field level.

2. Rural and Urban Perspectives

The Situation

Whether the programmes for the SRWSS pipeline project came from Indian government agencies, NGOs or foreign government officials, the majority of the time, the staff involved with programme implementation were not native to this region.

3. Multi-faceted Role

The Situation at the Village Level

Many of the villages, near the tail-end of the pipeline project, where CHETNA was implementing the HABK campaign were receiving an irregular supply of water. The HABK team found it difficult to implement a health education campaign on water and sanitation issues in areas where water was scarce.

Action Taken by CHETNA

CHETNA became a liaison organization between the villagers and the GWSSB. When complaints arose about the water supply, CHETNA would mobilize the villagers to take control of the situation. If the villagers themselves could not solve the situation, CHETNA would then act on their behalf.

CHETNA also included issues such as, water conservation and who to contact when a water problem arises, to the HABK campaign.

Lessons Learnt

By becoming a liaison for the villagers, more respect was given to CHETNA by the GWSSB and the people at the village level.

Networking with Government and NGO Agencies

1. NGO and GO Co-operation

The Situation

CHETNA's strategy from the beginning was to co-ordinate its activities at the grassroots level and with existing government infrastructure. CHETNA promotes this strategy to engage the assistance of the existing infrastructure and not to replicate the work which is done by the agencies.

Action Taken

CHETNA along with the other government agencies, such as the GWSSB and the Education Board, involved with the SRWSS pipeline project have arranged co-ordination meetings at the state level, regional level and local level to implement the HABK campaign in the most efficient and effective manner.

Lessons Learnt

The integration of grassroots and government level work is not always the most efficient way to initiate community participation for the water and sanitation message. For effective and efficient NGO and government co-ordination, it is necessary that all agencies concede to:

- The need for the establishment of formal linkages, that did not take place in the initial stages of the project.
- Clarity of government officials sensitization to local issues.
- Government officials should be willing to take on health education duties after attending trainings.
- One-way co-ordination is not sufficient when two or more agencies have agreed to work together on a project.

It needs to be mentioned here that the frequent transfer at the SRWSS management level also affected CHETNA's Health Awareness Campaign to some extent. In two years CHETNA has worked with three different Executive Engineers of the SRWSS.

2. Co-ordination

The Situation at the Field Level

Economic activities were of the utmost concern to the women in this region. It was important that these concerns be addressed and acted upon while health education activities were being implemented, so as improve the many problems facing these women simultaneously. p73

Action Taken

CHETNA and SEWA set up meetings to facilitate proper timings for the implementation of health education and income generating projects.

Lessons Learnt

Co-ordination is essential if more than one NGO is working in a designated area. Even if the projects of the NGOs are different, co-ordination of timing and implementation of the projects are needed if the NGOs want to be truly effective in all aspects of their work.

3. Collaboration with other NGOs

The Situation

For the 4th year of the project, CHETNA handed over all field level activities to Bhansali Trust, a local NGO, in the Radhanpur block. Bhansali Trust has an established network in the Radhanpur villages and is in a position to implement field level activities very effectively in this area.

Action Taken

If problems arose between the two organizations, communicating the problems or needs of each organization was essential to maintaining effective co-operation.

Lessons Learnt

When an NGO is working in collaboration with another organization, it is imperative that the collaborating NGOs understand the different ideologies and perspectives of the other organization. By doing this, the collaborating organizations can avoid conflicts arising in difference of work styles, processes and implementation of activities.

The planning process and the role of each organization should be well defined at the beginning of the project, so that interdependency does not occur during the middle of the project.

Monitoring and Follow-up

1. Awareness versus Change

The Situation

In most cases, women and children are aware of proper water and sanitation procedures, but some people still do not apply their knowledge at a practical level.

Lessons Learnt

Education concerning water and sanitation habits can be implemented, but it does not necessarily follow that people's habits are changed because they have gained information and knowledge. India is a country that prides herself on thousands of years of tradition, changing people's beliefs and habits that have been practiced for ages is a slow process. That people's awareness level has increased after CHETNA's healthawareness campaign can also be justified by the statement made by the Excutive Engineer, Mr. Mehta of the SRWSS. he made a comment that the letters he was receiving from the pipeline project area mostly demanded clean uncontaminated water supply. This, he noted, was a definite shift from the usual demend of more water supply, standpost installation and the linesmen's transfer etc.

Future Action

CHETNA will be continuing in the HABK campaign for another year (1995-96). During that time, CHETNA envisages to lend support to Bhansali Trust and other government officials in helping to create more of a positive change in people's health habits at the field level.

2. Data Collection

The Situation

Though monitoring was an important part of the HABK activities, data collection was not always consistent and was difficult to use as comparative data to measure the effectiveness of the HABK campaign.

Action Taken by CHETNA

For the final KAP study, CHETNA surveyed the villages from the original KAP study and formatted the questions to enquire about the changes that had occurred in their communities because of the HABK campaign.

Lessons Learnt

If an organization is going to conduct studies during the midterm of a programme to measure the impact of the project, it is important that the data be easily interpreted and it can be used for facilitating effective future action.

Time Constraints

1. Project Period

The Situation

The question, what is an effective amount of time that an NGO should spend working in the field?, is debatable. In many of the villages, Pani Panchayat members, ICDS workers and teachers have taken on a active role in organizing and educating water and sanitation activities. But, still more work is needed in some communities to motivate people to maintain the standpost and to be more conscientious of the hygiene standards of their communities.

Action Taken by CHETNA

CHETNA, along with other NGOs and GOs, is working to make the Pani Panchayat a legal entity in the villages. This will help give more respect to Pani Panchayat members in their communities and provide Pani Panchayat members incentive to continue with their work.

CHETNA has suggested guidelines for the GWSSB to award prizes to the best Pani Panchayat member, the most active Lineman and the most improved village to people interested and active in the HABK campaign.

Lessons Learnt

Because sustainability is one of the final goals of the HABK campaign, CHETNA has focused their energies on training people to continue with the HABK campaign after CHETNA withdraws from the Banaskantha district. Whether this will become a reality will only be realized over time.

ANNEXURE-2

Results of Knowledge, Attitude and Practice Study conducted in March 1991

The survey was done before any trainings or health campaign were initiated in the Santalpur, Radhanpur and Kankrej blocks. Out of the initial 97 villages where CHETNA would be working, 17 were chosen to be canvassed for the survey (around 17% of the villages) during February and March 1991. This number was chosen because of limited availability of time and resources, and it is an adequate size/distribution for sampling purposes. Once the survey was completed, the data was analyzed and the results were given back to people in the community. This process gave the people in the villages an insight into how their whole community perceived water and sanitation issues and the survey gave CHETNA baseline data to implement and monitor its health campaign. This is a synopsis of the survey results:

Water Attributes	Good	Bad
(In order of priority)	Sweet/Non-Saline	Contaminated
	Clean	Dirty
	Tasty	Moss
	Aids Digestion	Open
	Insect free	Bad Smell
	Cold	Muddy

Source of Water	Findings
Standpost	93% of the respondents used standpost water because they found it sweet, clean and a good cooking medium.
Well	10% of the respondents said it is used as an alternate source to the standpost.
Pond	Also used as an alternate source to the standpost and is primarily used for cattle and washing clothes.
Use by Source Drinking	93% used the standpost and used the pond or well as an alternate source.
Agriculture	Rain fed
Household	Standpost water, wherever available if standpost water is not. Pond water. Some villages used pond water for bathing and washing purposes.
Cattle	Pond for 4 to 5 months of the year, when pond dries up, then use the cattle troughs with water supplied from the pipe-line.

Awareness of Water Borne and Water Related Diseases		
	Diarrhea	50%
	Vomiting	50%
	Fever	40%
(In order of priority)	Skin Problems	20%
	Headache	20%
	Cholera	20%
	Cold/Cough	10%

Fetching Water

100% of the women used either earthen clay or brass pots to collect water. A problem arising from this practice occurs when women carry two pots, one on top of each other. The area around the standpost is usually wet and muddy. A woman will fill one large pot to the brim and place it on her head; while she is filling the large pot the small pot is placed on the ground beside the standpost, where it collects sand and mud on the bottom. When the small pot is filled with water, it is then placed on top of the larger one. The sand and mud on the bottom of the smaller pot then falls into the larger pot, thus contaminating the water in the large pot.

Filtering Water

85% of the respondents said they filtered their water, problems were observed after watching this practice. The biggest concern was that the cloth being used to filter the water was extremely dirty, nullifying the benefits of filtering the water.

15% of the respondents said they did not filter the water, because they believed the water to be clean an/or it was too much effort to filter water.

Cleaning Water Pots

60% - Everyday The respondents cleaned their pots everyday because they do not like to drink or the smell of stale water.

20% - Once every 2 -3 days The respondents said they liked cold pot water and did not like to waste water on cleaning their pots out every day.

20% - Do not wash pots The respondents said that water was very scarce and not a drop is to be wasted.

Storing Drinking Water

53% - Store water on Paniyaras (stand of about 1 meter height) This was done to keep children and dogs from dirtying the water storage pots.

47% - Store water on the floor

Handling Drinking Water

100% of the respondents used either a glass or lota (Brass vessel) to retrieve their drinking water. By using a glass or a lota, the people are contaminating their water by sticking their hands in the water when retrieving it out of the storage pot. The respondents knew what a doya (ladle) was, but nobody was using one.

Bathing

- 7% – Everyday
- 17% – Once every 2 to 3 days
- 23% – Once every 4 to 5 days
- 17% – Once a week
- 13% – Once every two weeks
- 13% – Once a month

Some of the respondents said that when the water was very scarce they would go without bathing for up to 3 or 4 months, but once water was readily available they would return to their regular bathing regimes.

Washing Clothes

All of the respondents wash their clothes simultaneously to when they are bathing.

Washing Kitchen Utensils

53% – use mud and water

30% – use ash and water

17% – use mud alone

Mud is not a hygienic medium to be washing kitchen utensil, but ash (ash is bacteria free) is a hygienic medium to be cleansing utensils.

Defecation Practices

100% – of the adults go outside the village or on their crop land

The respondents do not defecate near their houses or in their villages because they do not want the area to become dirty and stink. Also, they believe defecating in the open is good because the feces dries up quickly, leaving very little smell. Women and men defecate in different locations.

50% – of the children defecate on the ukardo (the garbage heap outside of the home).

50% – of the children defecate anywhere.

Believed Diseases from Defecation Practices

50% – Defecation practices causes diarrhea

23% – Defecation practices do not cause illness

10% – Did not know there was a link between illness and defecation.

Dirty Water Disposal

83% – dispose dirty water in their courtyards

7% – dispose dirty water on the bank of the ponds

7% – dispose dirty water on the ukardo (garbage heap)

If dirty water is not disposed of properly or it does not drain completely, stagnation can occur which can cause health problems in the community.

Garbage Disposal

100% – of the respondents threw their garbage on ukardos (garbage heaps outside of their homes).

Ukardos are the place where rubbish is thrown. These heaps are full of straw, dung and any household refuse and children's feces. After the rubbish accumulates for a long period, it is used as compost in their fields. This form of composting for organic farming is to be commended, but what usually happens is that the village becomes infested with flies and mosquitoes, This causes many health related problems, especially when the ukardos are located close to the home.

Difficulties Reported with Collection of Drinking Water

- The standpost is far away.
- Large crowds and long queues occur because of only one standpost.
- Leakage and breakage in the pipeline, resulting in water being cut off and sometimes it could take many days before the pipeline was repaired.
- Fights and quarrels happened at crowded standposts.
- Water pressure was low at the standpost because of the height of the village.
- Availability of water is erratic or not provided long enough.

20% of the respondents said there was no problem with the drinking water supply.

The villages most affected by a lack of water supply are those located in the Santalpur block, which are at the tail-end of the pipeline. These are the villages that are in the most need of a regular supply of water, because these villages are the closest to the Rann of Kutch. This close proximity makes the land and climate very arid and the water sources are more likely to be saline.

Average Water Use and Requirement Per Capita Per Day

The average amount of water used per person per day was calculated by asking each woman how much water she collected for the members of her household. This was divided by the number of heads in each household (with children being counted as 1/2 of a full head).

- 15% needed less then 1 Beda* of water
- 63% needed between 1 - 2 Bedas of water
- 22% needed between 2 - 4 Bedas of water

* 1 Beda = 20 liters of water

Average per capita/day = 1.6 Bedas

Average per capita/day requirement = 1.8 Bedas

Annexure 4

Questionnaire to Enlist Information in the Radhanpur Block

To be filled out once a month by ICDS workers and submitted during monthly meetings at Bhansali Trust.

Name :
Village :
Date :

1. What is the condition of the taps on the standpost ?

   number

   broken

   closed

   working

2. If there were problems with the standpost or water storage tank, did the lineman repair the problem that month ?
3. Does the lineman clean the water storage tank regularly ?
4. Does the lineman clean the cattle troughs regularly ?
5. Is there stagnant water around the standpost ?

   If yes, who has tried to clean the surroundings ?
6. Is there stagnant water surrounding the cattle trough ?

   If yes, who has tried to clean the surroundings ?
7. For this month, how many days was their water at the standpost ?

Information on the Standpost

1. Are there quarrels occuring because of the water supply at the standpost ?
2. Are women washing utensils and clothes at the standpost ?
3. Do people bathe at the standpost ?
4. Are there ukardos (garbage heaps) near the standpost ?

   If yes, has there been any action taken to remove them ?
5. Do people defecate near the standpost ?
6. Was a Pani Panchayat meeting held this month ?

   If yes, list some of the points discussed.
7. Was there a village meeting held to discuss water and sanitation issues this month ?

   If yes, list some of the points discussed.
8. Was there any meeting with teachers held this month ?

   If yes, list some of the points discussed.
9. Was there any meeting with the lineman this month ?

   If yes, list some of the points discussed.
10. What actions have you taken concerning water and sanitation issues in your community. Please list :

Annexure 6

List of Progress Reports and Documents on the HABK Project

"Progress Report" December 1990 - May 1991

"Progress Report" June 1991 - November 1991

"Progress Report" December 1991 - May 1992

"Progress Report" June 1992 - November 1992

"Progress Report" December 1992 - May 1993

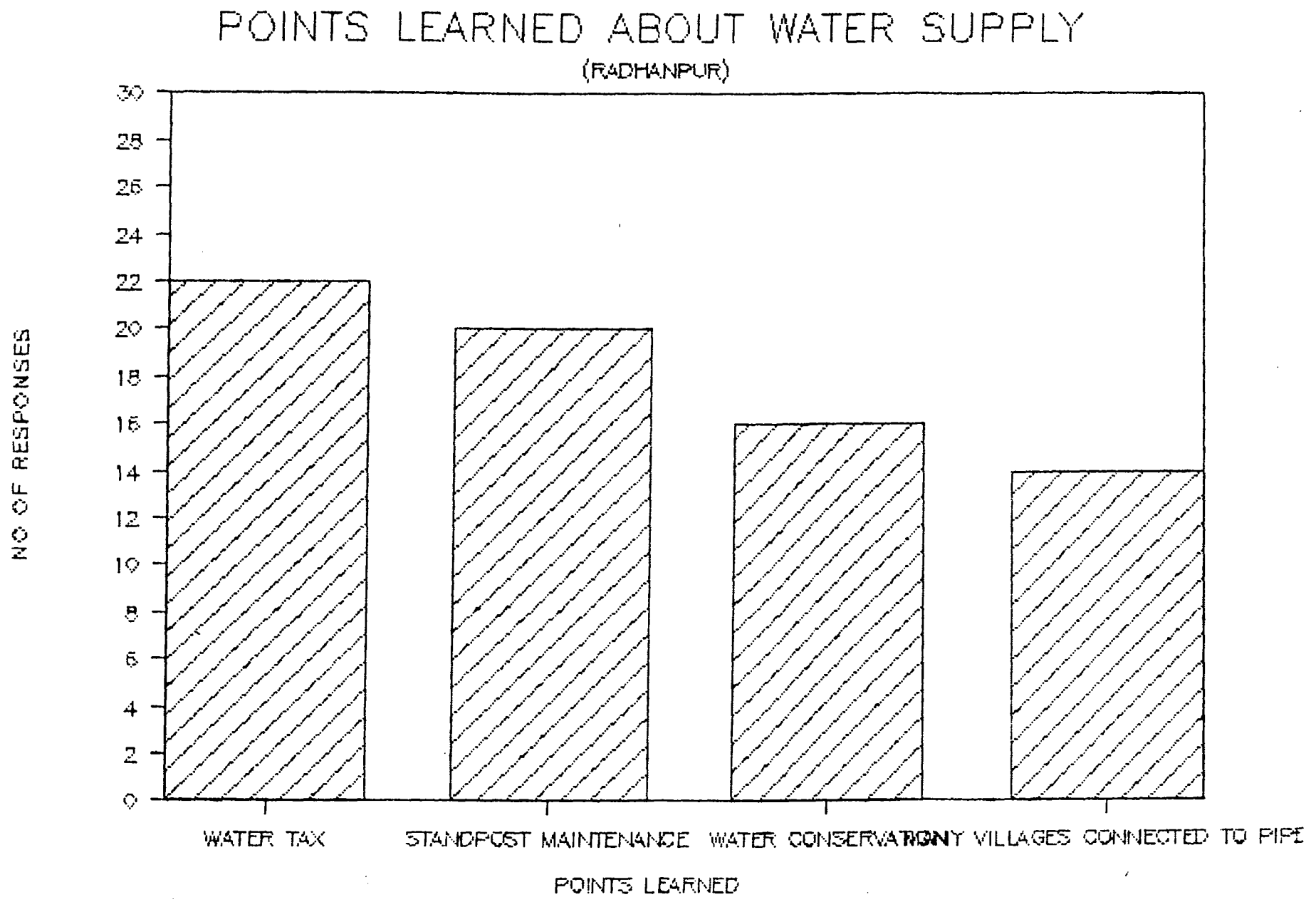
"Progress Report" June 1993 - November 1993

"Progress Report" December 1993 - May 1994

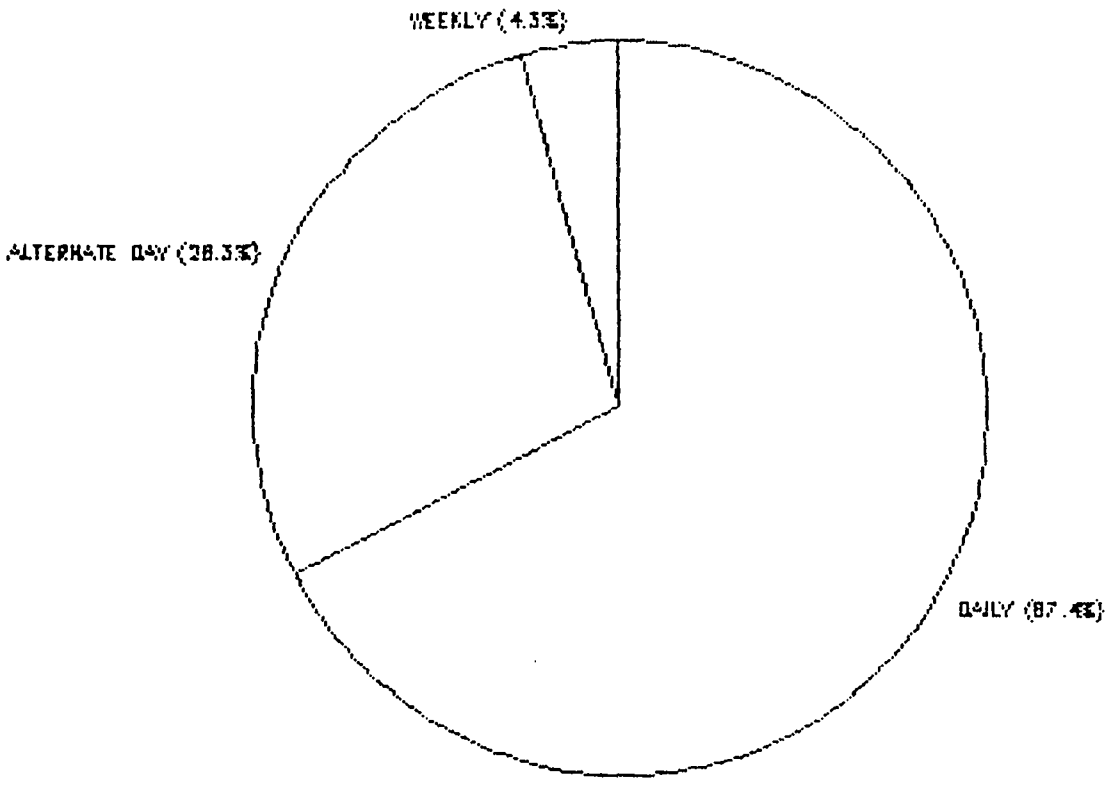
"Progress Report" June 1994 - November 1994"

"Feeling the Pulse - An Ongoing Exercise in People's Participation in Water". 1992 Paper Prepared by: S. Harini, Varsha Bhattt, Maheswari Vyas, Pallavi Patel.

"Feeling the Pulse - 2 ". December, 1994. Paper Prepared by : Andra Tamburro, Vijay Jani, Pallavi Patel.

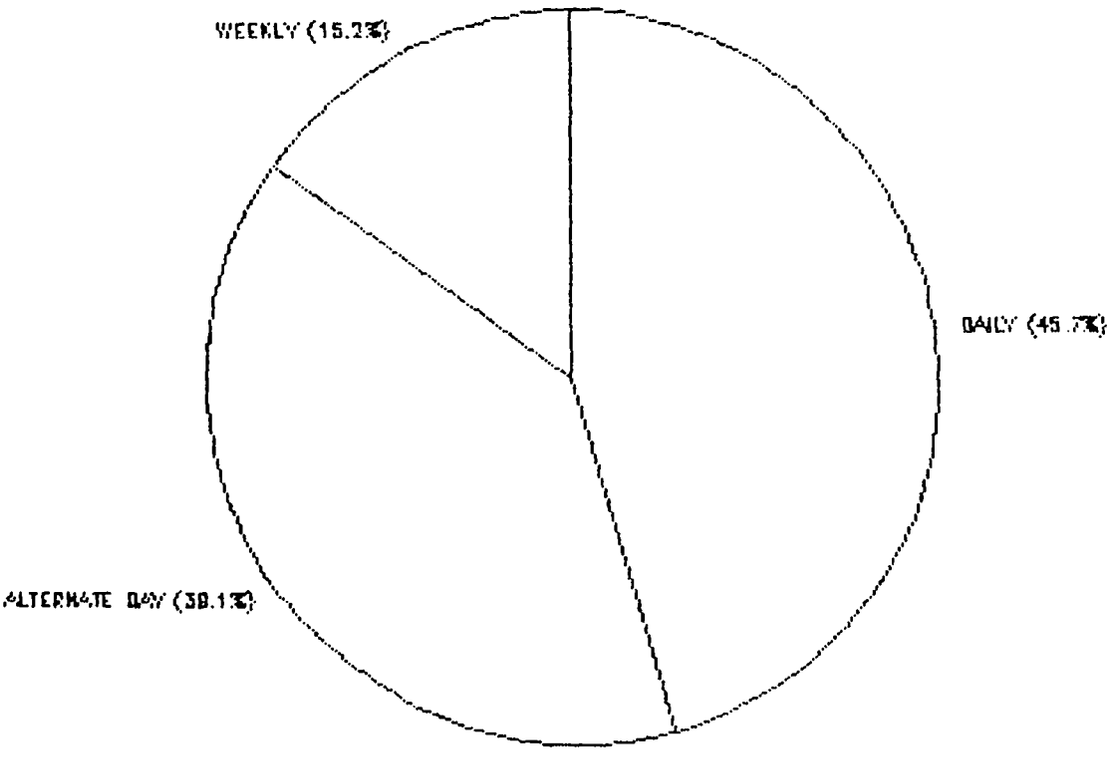

POINTS LEARNED ABOUT WATER SUPPLY
(RADHANPUR)
NO OF RESPONSES
30
28
26
24
22
20
18
16
14
12
10
8
6
4
2
0
WATER TAX
STANDPOST MAINTENANCE
WATER CONSERVATION
NONY VILLAGES CONNECTED TO PIPE
POINTS LEARNED

CHILDREN BATHING HABITS



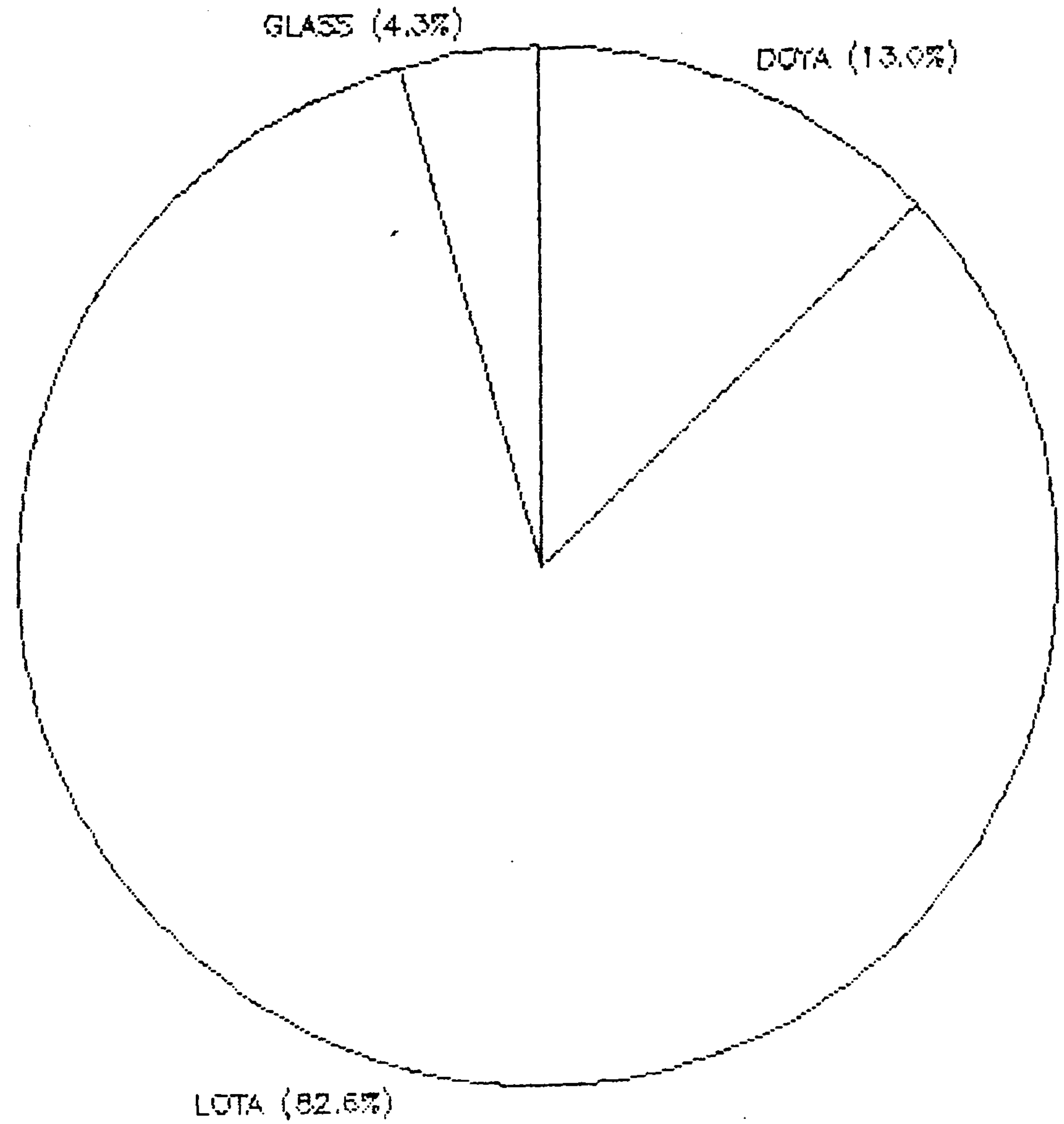
Before HACK

ADULTS BATHING HABITS

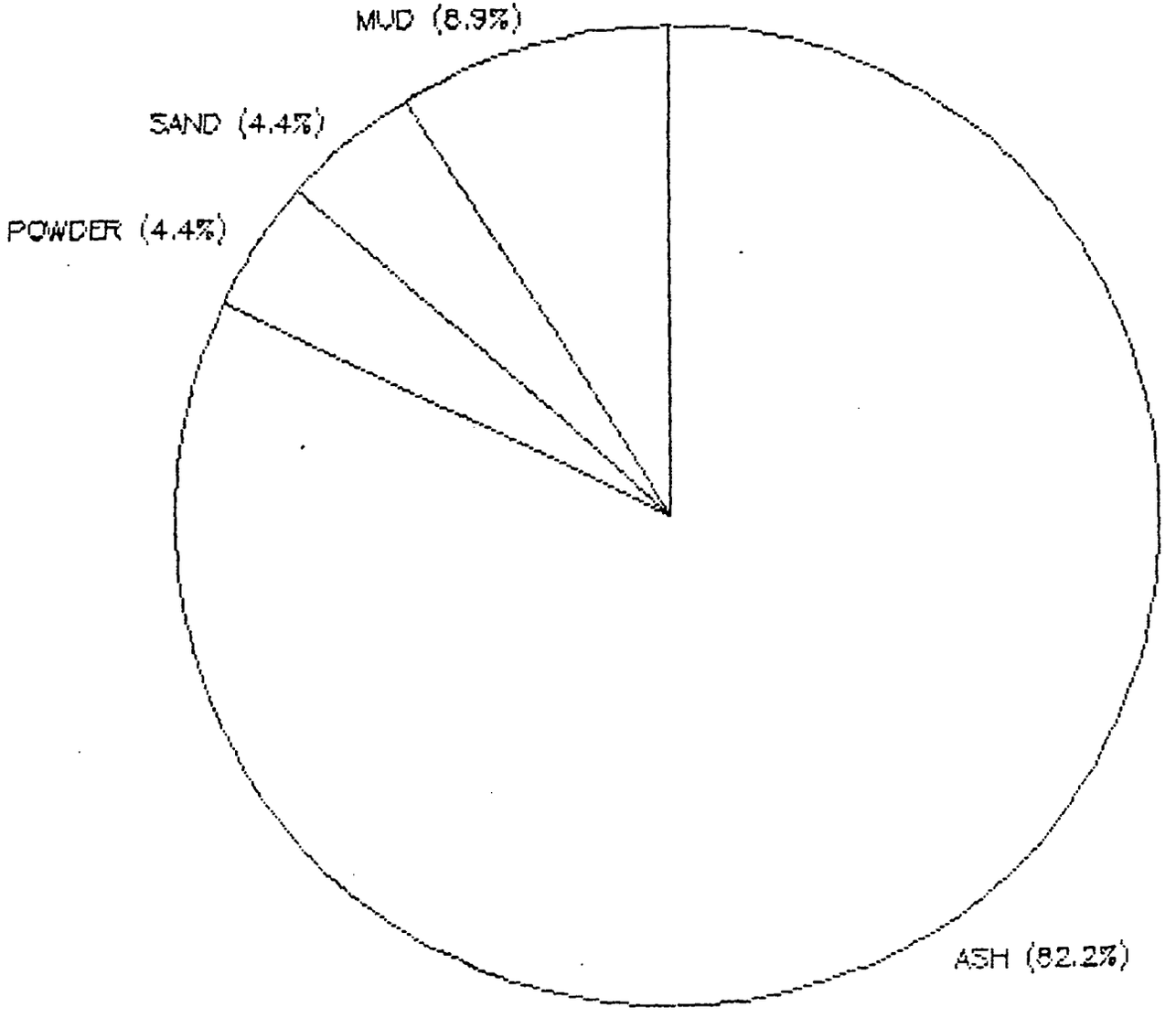


Before HABK

USE TO RETRIEVE WATER

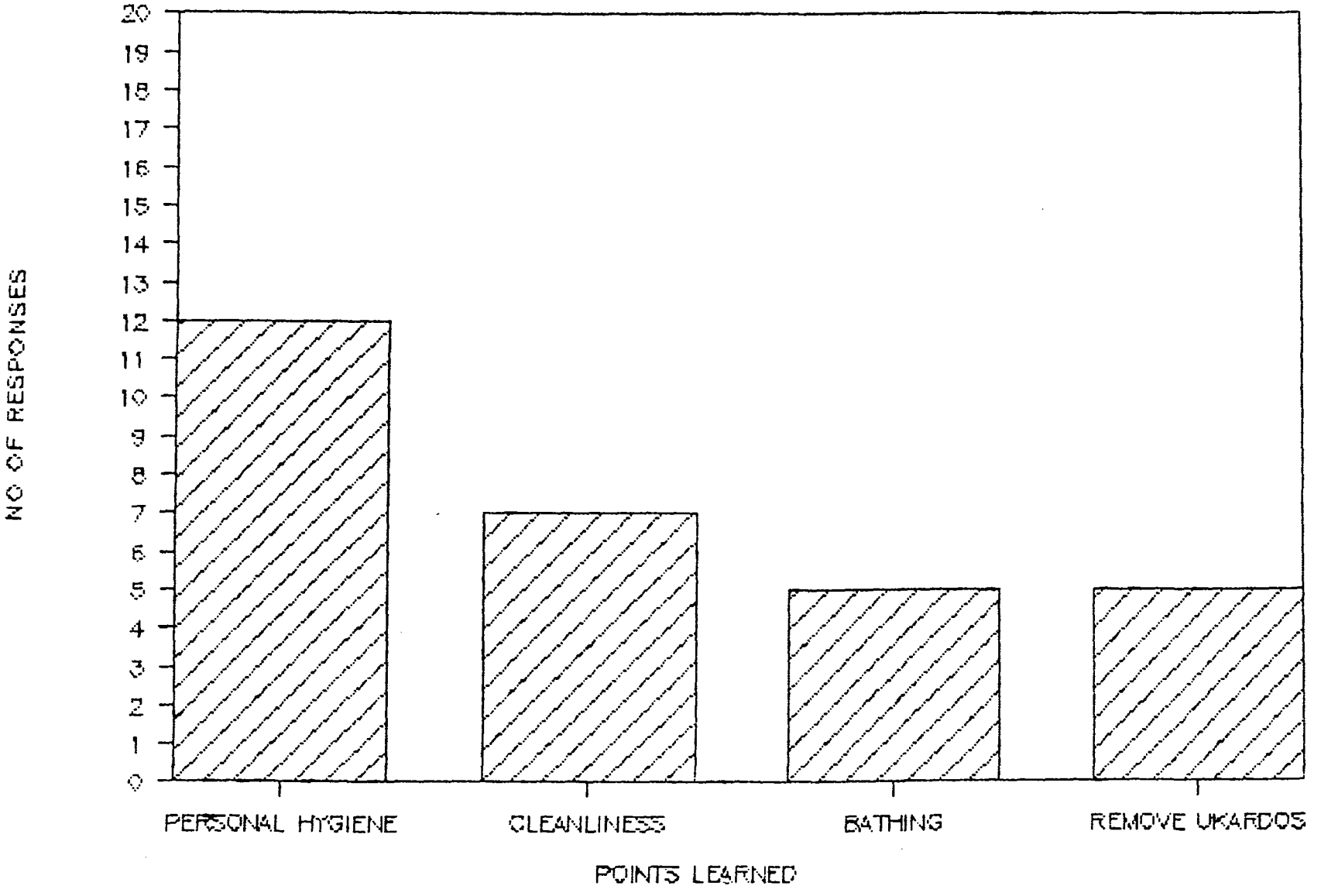


USE TO WASH UTENSILS

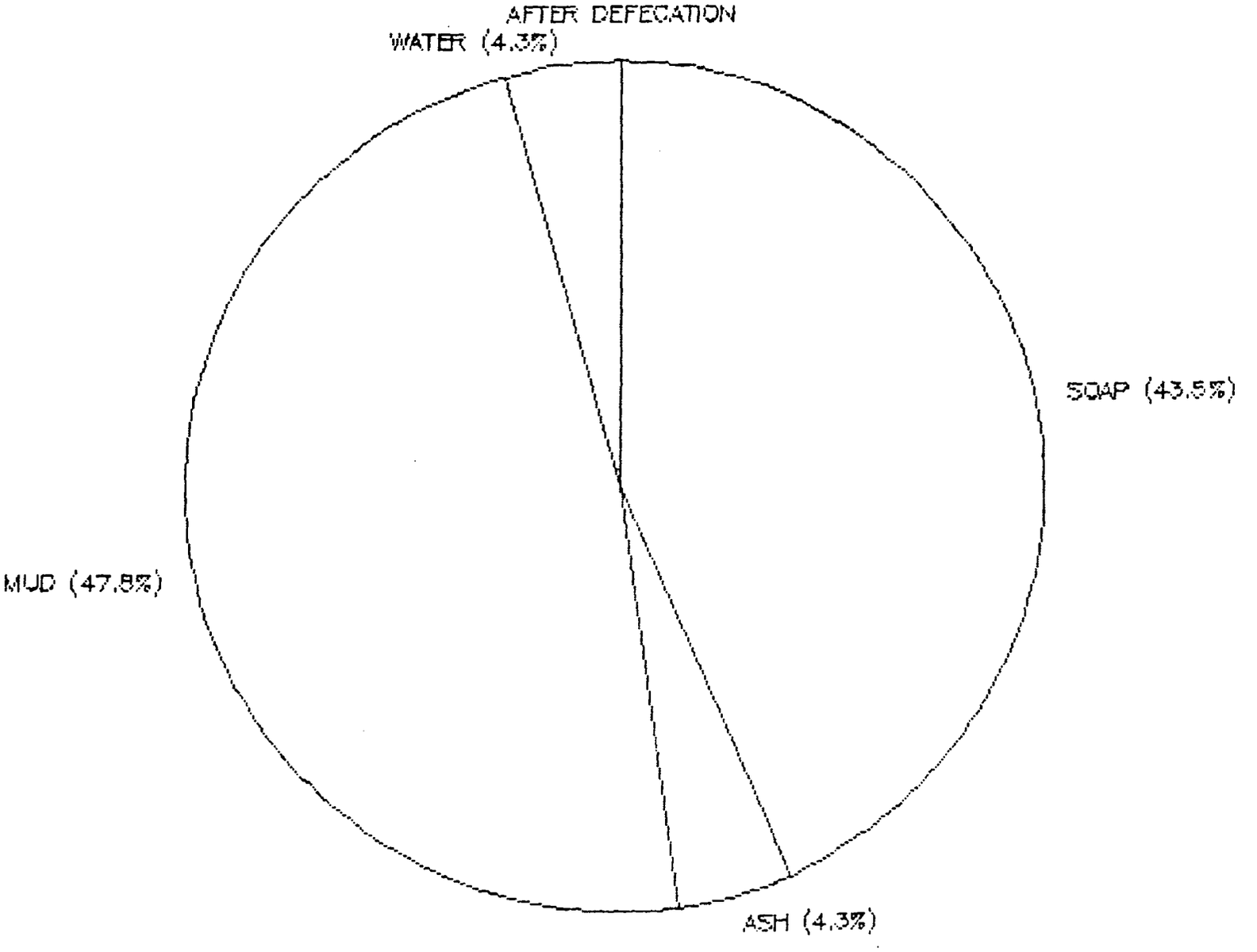


Before HASK

MAIN POINTS LEARNED FROM HABK



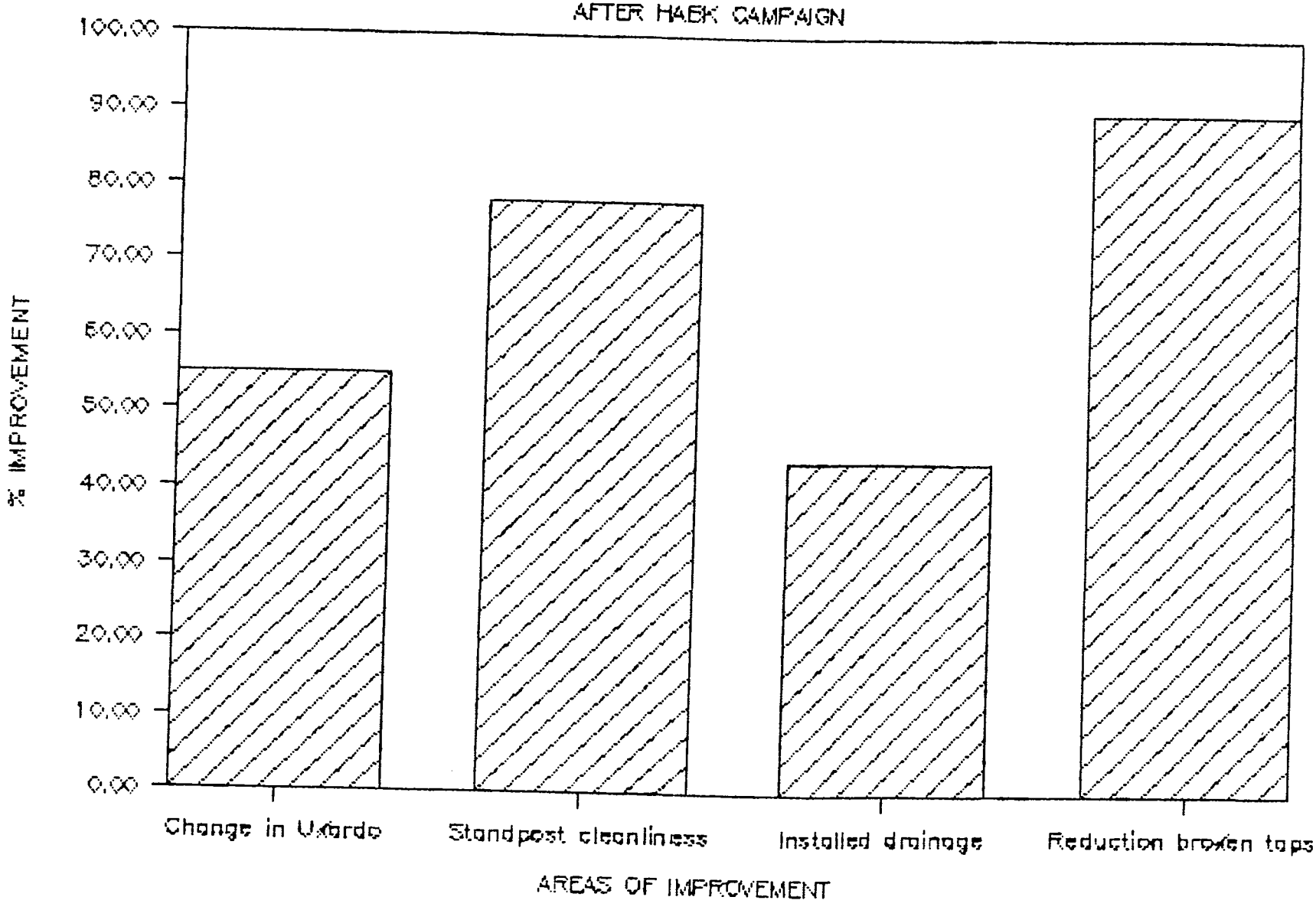
USE FOR WASHING HANDS



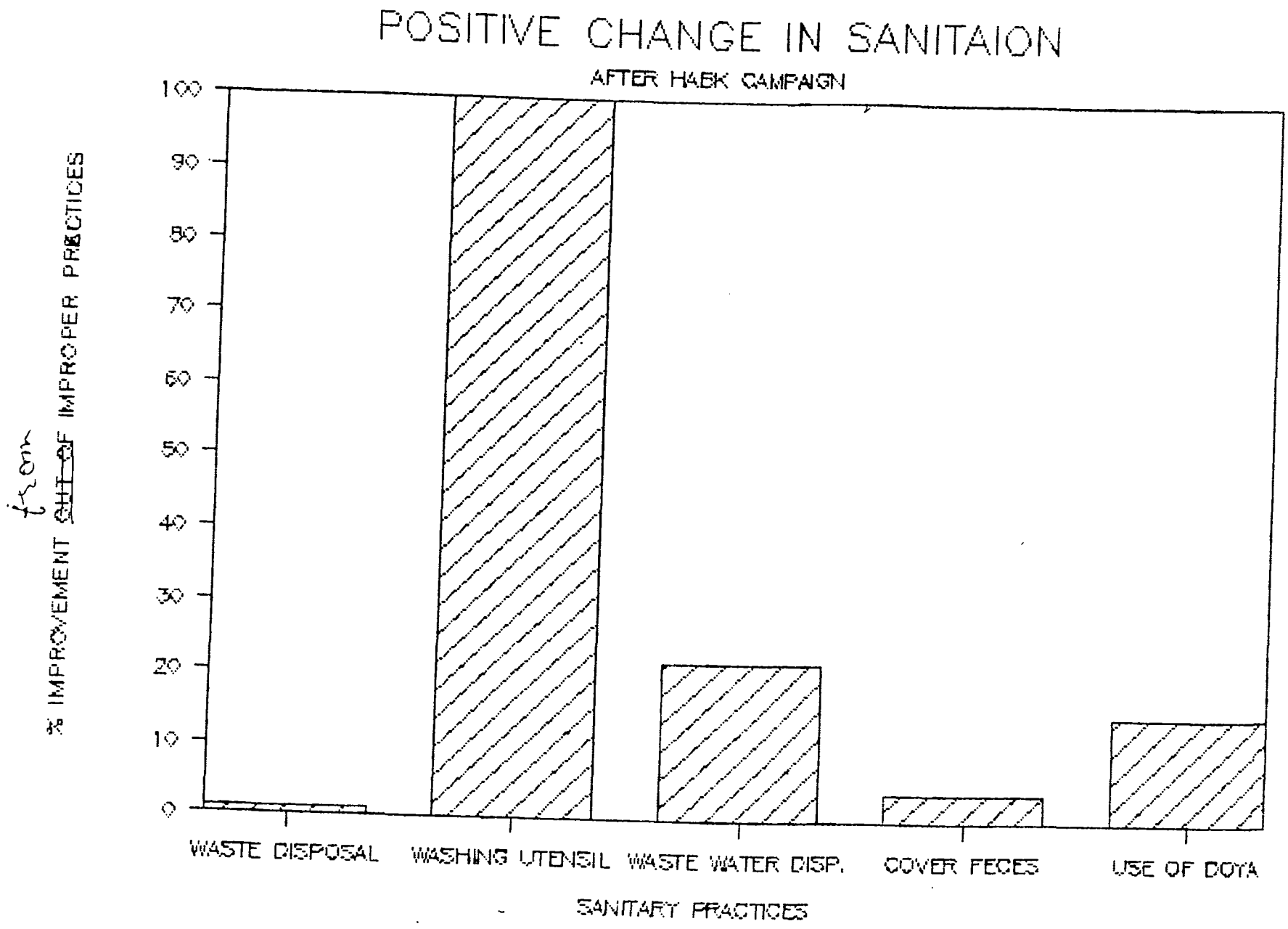
Before HABS

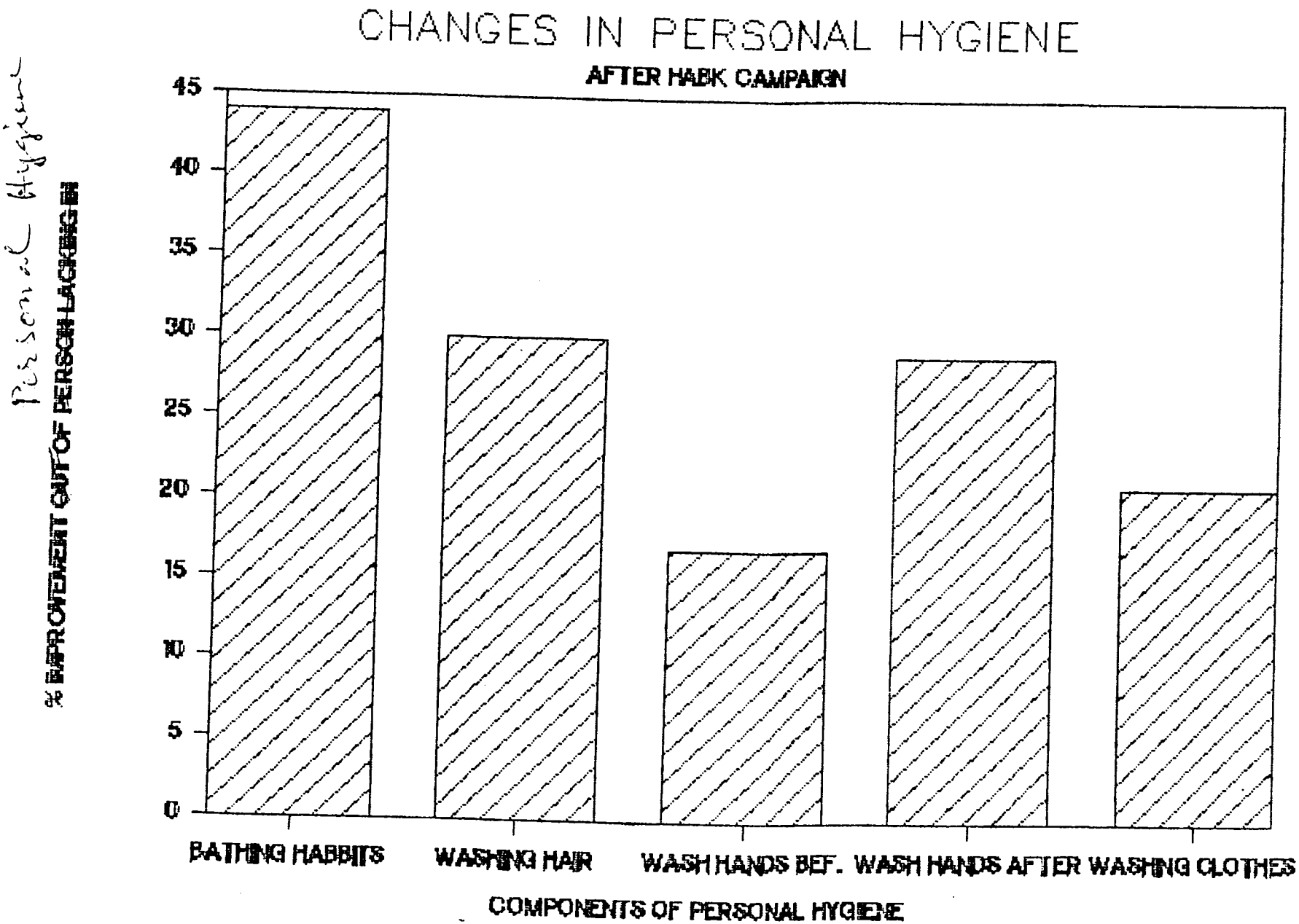
POSITIVE CHANGES IN VILLAGE HYGIENE

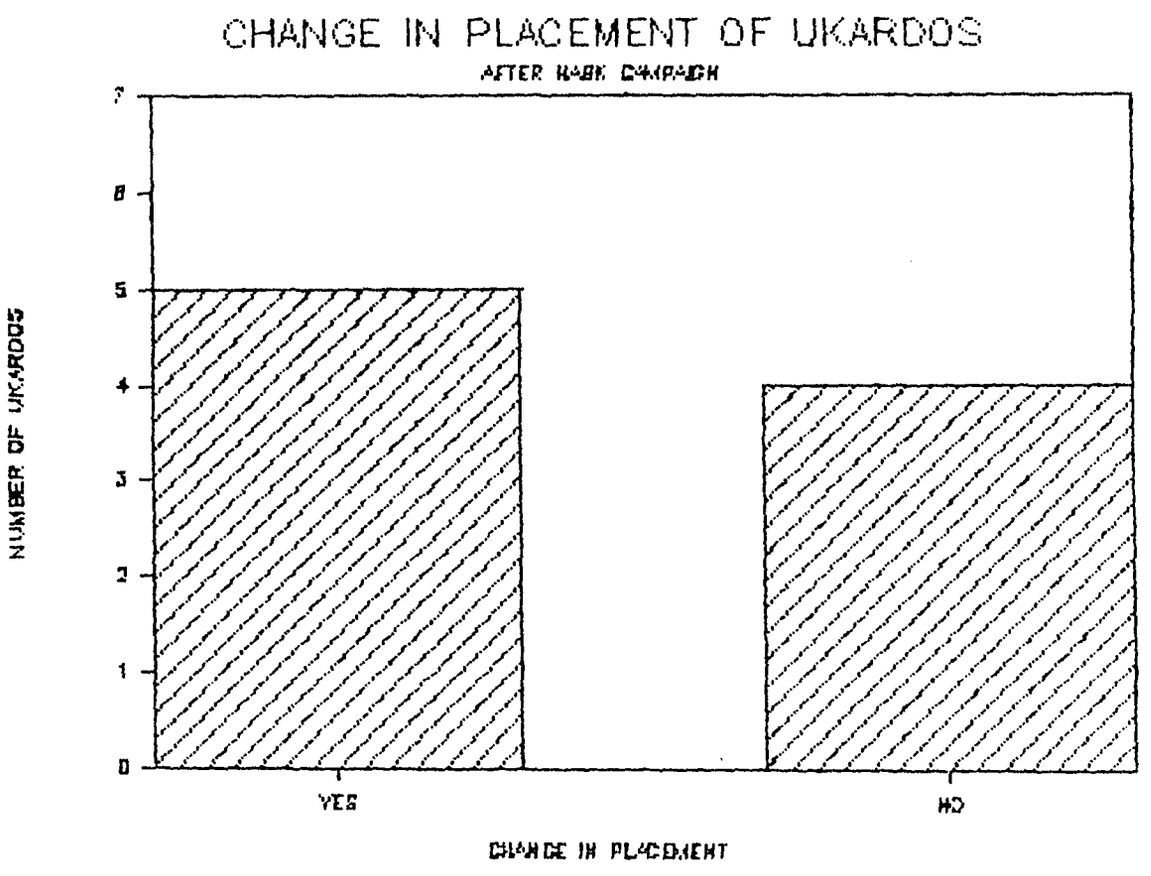
AFTER HABK CAMPAIGN



After HABK


POSITIVE CHANGE IN SANITAION
AFTER HABK CAMPAIGN
% IMPROVEMENT FROM IMPROPER PRACTICES
100
90
80
70
60
50
40
30
20
10
0
WASTE DISPOSAL
WASHING UTENSIL
WASTE WATER DISP.
COVER FECES
USE OF DOYA
SANITARY PRACTICES


CHANGES IN PERSONAL HYGIENE
AFTER HABK CAMPAIGN
% IMPROVEMENT OUT OF PERSON LACKING IN
45
40
35
30
25
20
15
10
5
0
BATHING HABBITS
WASHING HAIR
WASH HANDS BEF.
WASH HANDS AFTER
WASHING CLOTHES
COMPONENTS OF PERSONAL HYGIENE


CHANGE IN PLACEMENT OF UKARDOS
AFTER HABR CAMPAIGN
NUMBER OF UKARDOS
7
6
5
4
3
2
1
0
YES
NO
CHANGE IN PLACEMENT

After HABR

PLACE OF UKAROOS