
**BASELINE ANALYSIS ON SOCIAL
EXCLUSION IN RELATION TO WATER
AND SANITATION FOR IPAP
PARTNERS**

IN JHARKHAND AND ORISSA

FINAL REPORT -

Submitted to

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EXECUTIVE SUMMARY

Background: Under the INGO Partnership Agreement Programme (IPAP), the Regional Office, East of WaterAid India (ROE of WAI) is working in six districts of Jharkhand and 1 in Orissa, with the aim to improve the access to safe water and sanitation. It focuses particularly on excluded communities like Scheduled Tribes, Scheduled Castes, and other Marginalized Population in interior areas and other poor slum dwellers in the urban settlements. In all these areas, the focus is particularly on the disadvantaged groups such as women, children and persons with disabilities. Six CSO partners are being supported under IPAP to implement individual projects. Considering the requirements of information to set the current status with respect to the indicators selected for the programme, baseline information was collected by the partners in their respective project areas. An independent study was commissioned by ROE to analyze and compile the information collected by partners, and collect additional qualitative information on good practices and factors affecting and supporting access to water and sanitation to enrich the existing knowledge base. The key observations are summarized here.

Jharkhand: Jharkhand is a relatively newly formed state and has 22 districts with 211 blocks. The total area is 79.70 lakh hectares and the total population is 2,69,09,428. About 29% of the area of the state is covered with forests, and the area under cultivation and the net sown area is less. About 40% of the population belongs to SC and ST communities and the level of literacy is very low compared to other states. Particularly the districts under Santhal Parganas are very underdeveloped and so also are few districts under the Chotanagpur plateau. Due to presence of forests and undulating terrain, compounded with low road connectivity and electricity connection to interior villages, the districts under the project are largely inaccessible. The problem is more aggravated due to naxal extremism. This results in low coverage with services. Due to the large scale marginalization and social exclusion, the project activities in the area seem highly justified.

Access to safe water: A variety of water sources are found in the project area and the hand pump is found to be the most common source, with over 809 hand pumps serving 15428 households. Only in the urban slums in Ranchi the piped water supply through 782 taps is the main source, though there are 156 working hand pumps in that area also. About 83% of the hand pumps are in working condition. A sizeable proportion of the hand pumps in the areas under JCM, Gram Jyoti and Lok Prerna are not working currently and there is a good scope for augmenting the water supply in these areas through repair of these hand pumps. Water is mostly collected by women in over 80% of the households. Overall, operation and maintenance mechanisms supported by community based systems are required to be major intervention areas for functionality of water.

Water quality tests conducted over 290 samples from the programme area show bacterial contamination in over 50% of the samples. 100% of the samples in NBJK area show bacterial contamination indicating a contaminated piped water supply. Bacterial contamination is very less in areas under PJS (11%). Over 31% of samples also show iron contents, whereas 11% have high fluoride content. Iron problem affects all areas except urban slums. Fluoride content is particularly high in areas under Lok Prerna. Areas under PJS in coastal Orissa have high salinity levels and also odour problems.

During group discussions, people reported crowded conditions near water sources, compounded by low yield from the hand pumps. The situation is particularly bad in summer. Due to crowded conditions, the weak and vulnerable are pushed to other sources at a distance. In mixed-habitations, discrimination over use of hand pump is reported and those belonging to SC and ST communities have to wait for others to finish. This again indicates availability of handpumps to some extent, but low yield, non functional sources and non-potable water, are leading to load on few functional ones.

Sanitation-ownership and use of latrines: *Overall, about 23% of households in the programme area have access to latrine at home. Ownership is higher in the areas under NBJK (37.4%) and Lok Prerna (39%), and very low in JCM area (1.6%) and PJS area (7.3%). About 20% of households have a latrine with superstructure. Almost all the latrines in the areas under Gram Jyoti, Lok prerna, NBJK and JCM have superstructures, whereas under Sathee and PJS most of the latrines do not have superstructures. About 11.5% of households have a latrine under TSC, whereas about 7% have a latrine supported by WAI. Overall, 18.8% of the households use latrine at home. Most of the latrines were constructed by a trained mason who was employed by the NGO partner. Latrine use is almost non-existent under PJS and JCM and almost everyone resorts to open defecation.*

Discussions with people reveal that latrines are more in use during rainy season, and by the old and the sick. Scarcity of water, small size, absence of superstructure, proximity to the house, and availability of wide open space in forests and river banks are factors affecting latrine use. There is a lack of awareness about the consequences of open defecation and the implications in terms of water borne diseases, health related expenditure, and reduced earnings due to loss of mandays. Overall, about 3.6% of the households have a person who suffered from diarrhea, whereas 11% of households suffered from other water borne diseases. Therefore, besides increasing the access to services, the program should also focus on increasing awareness on sanitation, leading to increased use of facilities.

Sanitation in institutions: *In case of schools, while about 61% have toilets, 32% have a functional toilet, and only about 9% have water storage facilities. For other institutions at village level, about 7% of health sub-centers have a latrine, whereas about 15% of Anganwadi centers have latrines. Therefore, functionality and involvement of school teachers, children,*

AWW, and village level committee are important factors in operation and maintenance of the facilities.

Hygiene: About 47% of the households have adopted the practice of hand washing at critical times, and the situation is better in the fields of NBJK and PJS, but the area under Sathee needs a lot of focus for promoting this practice. Regarding menstrual hygiene, adolescent girls in about 11% of the households are aware of this. This awareness is very low in the fields of PJS. The Projects need to focus on promotion of basic key hygiene behaviors like Handwashing, use of toilets, and safe handling of water. Depending on the components of the projects, awareness on menstrual hygiene should also be promoted.

Participation of excluded communities in NGOs and CBOs: In the governing body of NGOs, a third of the members were found to be women (32.7%). Over 19% belong to Scheduled tribes and 8% belong to scheduled castes. Over 29% belong to OBC category. There is no disabled person in the board of any NGO. Considering the staff of NGOs, the proportion of women staff is at 38%. About 35% belong to scheduled tribes and 44% belong to OBC category. Scheduled castes are represented by only 3.1%.

Representation in VWSC was also noted during primary data collection. About half of the members are found to be women. The ST constitutes 33% of members, whereas the SC constitutes 17%. The minorities also constitute 17% of the VWSC members.

The baseline figures on major indicators and the Log Frame of the project are given underneath.

BASELINE VALUES ON MAJOR INDICATORS

AREA	INDICATORS	VALUE IN PROJECT AREA (in %)
Water	Proportion of hand pumps in working condition	83.3
	Proportion of households with access to safe drinking water	99.65
	Less than 1 km covered to collect water	97.9
	Proportion of sample showing bacterial contamination	50.7
Sanitation	Proportion of households having latrine at home	22.84
	Proportion of households using latrine	18.84
	Proportion of households having latrine with superstructure	19.94
	Proportion of households doing hand washing at critical times	47.11
	Proportion of households where adolescent	10.92

	girls are aware of menstrual hygiene	
	Proportion of schools having toilet	60.9%
	Proportion of schools having a functional toilet	32.3%
	Proportion of Anganwadi having toilet	16.2
	Proportion of health sub-centers having toilet	6.6
Representation in NGOs and CBOs	Proportion of women in NGO boards	32.7
	Proportion of ST in NGO board	19.2
	Proportion of women in NGO staff	38.5
	Proportion of ST in NGO staff	35.4
	Proportion of women in CBO board	50.6
	Proportion of ST in CBO board	32.6

Log frame

	Purpose	Key indicators	Baselines	Mid-term target (What Will be achieved by 2012)	End target (What will be achieved by 2014)	Source for verification
1	Increased responsiveness of the Government Service Delivery departments towards WASH services for the excluded and marginalized communities in the project areas	<p>-Increase in access to drinking water by hand pump (less than 1 km, 1-1.6 km, 1.6 km, more than 1.6 km- Increase in access to safe drinking water; Increase in access to individual household toilets (IHHL)</p> <p>-percentage of people having access to community toilets</p> <p>-</p>	<p>(Water – Baseline data yet to be analyzed)</p> <p>Will be captured in baseline</p> <p>Baseline will capture Increase in access to safe drinking water</p> <p>- Increase access to IHHLs will be captured in baseline</p> <p>- baseline will also capture increase in</p>	<p><i>Need to fill this</i></p> <p><i>Need to fill this</i></p> <p>40% IHHL coverage</p> <p><i>Need to fill this</i></p>	<p>60 % increase in coverage in safe drinking water by excluded communities (disaggregated data)</p> <p>70% IHHL coverage</p>	<p>Department of Drinking water and sanitation, Drinking water supply data for the project districts in the state of Jharkhand, Orissa and UP, Baseline surveys</p> <p>Water quality analysis Baseline surveys</p>

		<p>access to IHHLs/ community toilets (for urban area)</p> <p>Indicators only mentions for community toilets, Therefore IHHLs also need to added</p> <p>As this is indicator (MHM) is new addition so cannot be captured in baselines</p> <p><i>all projects is not focusing on MHM .looking at the supply chains of sanitary napkins, progress in % utilization of sanitary napkins is difficult to mention during endline</i></p> <p>14% to 18 % coverage (base line data of August 2009)</p> <p>- Increase in fund allocation and utilization of WASH funds in IPAP districts in Jharkhand, Orissa and UP</p>	<p>14% to 18 % coverage (base line data of August 2009)</p> <p><i>Baseline needed</i></p> <p>Will not be captured in baseline but log frame mentions source of verification of this indicator will be DDWS data and not project baselines</p> <p>Budget tracking and analysis will not be done by ROE partners TSC : 52 per cent fund utilization in 2008-</p>	<p><i>Need to fill % increase in adolescents having awareness and using sanitary napkins</i></p> <p><i>** % increase in utilization</i></p> <p><i>Need to fill % increase in adolescents having awareness and using sanitary napkins</i></p> <p><i>70 % utilization each in Jharkhand, (figures needed for UP and Orissa)</i></p> <p><i>80 % utilization (Jharkhand, need figures for Orissa and UP)</i></p>	<p><i>Need to fill this</i></p> <p><i>Need to fill % increase in adolescents having awareness and using sanitary napkins</i></p> <p><i>** % increase in utilization</i></p> <p><i>% increase in utilization in Jharkhand, Orissa and UP</i></p>	<p>Community monitoring and response in Orissa, Jharkhand and UP</p> <p>Evaluation</p> <p>For increase access to water and sanitation facilities (urban and rural) ROE will track the progress based on baseline surveys for project village</p>
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			2009 (Jharkhand); Water supply 73 per cent utilization in 2008-09 (Jharkhand)			Budget tracking and analysis by CSP partners DDWS data DDWS data
2	Shared understanding amongst CSO partners to address social exclusion in WASH	a) Perspective building exercises, leading to: Increased responsiveness of service provider for WASH coverage by people campaigns for a) activation of TSC programme in tribal districts of Jharkhand through campaigns	Baseline will give some quantitative data on this TSC coverage Godda (28 %; Dumka 28 %; Sahebganj (32 %)	Four training workshops <i>Number of campaigns</i> Increase in IHHL coverage of Godda,	90 % IPAP partners part of campaign focusing on issues of lack of WASH access as rights <i>Number of campaigns</i> Increase in IHHL coverage of Dumka,	Expenditure, programming, media reports, partner reports, Citizens' Charter on drinking water and sanitation Government data Number of circulars, Resolutions, etc

		<p>b) TSC and drinking water programme activation in Jalaun, UP</p> <p>-Creation of service delivery models</p>		<p>Dumka and Sahibganj districts by 20 %</p> <p>Number of models created and scaled up</p> <p><i>% increase in number of excluded persons benefitted</i></p>	<p>Godda and Sahebganj districts by 40 %</p> <p>Number of models created and scaled up</p> <p><i>% increase in number of excluded persons benefitted</i></p>	<p>Media reports</p> <p>Number of people who have raised their voice to discuss social exclusion</p> <p>Number of people from excluded groups benefitted</p> <p>Government data (DDWS), GRs, circulars, etc</p>
		<p>Increased representation of members from excluded and marginalized communities at the village level in WASH committees</p>	<p><i>Baseline needed</i> Will be captured in baseline</p>	<p>30 % of VWSCs have representation from excluded groups</p>	<p>At least 60 % VWSCs have representation from excluded groups</p>	<p>Partner reports, evaluation</p>
3	<p>Increase in proportion of staff and governing bodies in CSOS from excluded communities</p>	<p><i>Baseline needed</i></p>	<p><i>To be added</i> Will be captured in baseline but without WAI positioning on positive discrimination it will be difficult to pursue at partner level</p>	<p>90 % partner organisations to have 20 % from excluded groups</p>	<p>90 % partner organisations to have 30 % members from excluded groups</p>	<p>CSO board papers and recruitment, policies, data</p>
5	<p>Joint programming to address social exclusion</p>	<p>Number of joint programmes with IPAP partners</p>	<p>0</p> <p>Will not be captured in baseline</p>	<p>No of joint projects addressing social exclusion</p>	<p>No of joint projects addressing social exclusion</p> <p>Number of beneficiaries from joint programming</p>	<p>Number of excluded communities benefitted from WASH, NRHM, MGNREGA</p> <p>Number of networks</p>

					and advocacy	formed Number of members from excluded groups in VECs
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1. INTRODUCTION AND METHODOLOGY

1.1 BACKGROUND OF WATER AID'S IPAP INITIATIVE

After realizing that the poor were being excluded from the general development process and the increase in GNP was not leading to a decrease in the proportion of poor in the country, the 11th Plan of the Govt. of India adopted an inclusive development approach to bring the poorest at par with the privileged groups. Following this and the policies of the Government of India and DFID India to address the multi-faceted issues of social exclusion in a coherent fashion, the INGO Partnership Agreement Programme (IPAP) was developed in collaboration with 7 INGOs all over the country. The aim of IPAP is to develop synergies across the programmes of seven INGOs so that the common goal of social inclusion can be effectively realized. Water Aid is one of the 7 INGOs implementing the IPAP in different states of the country through its national and regional offices.

Water Aid works in the area of water, sanitation and hygiene. Following the focus of the recent development efforts on promoting inclusive growth, the **goal of the IPAP funded programme of Water Aid is reducing vulnerability and addressing social exclusion in water and sanitation access**. The primary focus of the programme is on excluded groups such as women, children, disabled, urban poor, dalits and tribals. It tries to build and consolidate knowledge on understanding exclusion in the area of water and sanitation. It also focuses on increasing responsiveness and accountability of service providers and enhancing access through supporting service delivery and addressing barriers to access. The two major objectives of IPAP are:

- Improved access to safe water and effective sanitation to the vulnerable, marginalized and excluded communities.
- Improved knowledge base to promote and disseminate best practices and advocate at different levels to influence practices, decision making process and policy.

The duration of the programme is from February 2009 to December 2013, and covers three states including Orissa, Uttar Pradesh and Jharkhand. It is spread over 10 districts, 21 blocks and 359 villages and 20 Urban slums. It is being implemented through 8 CSO partners in the 3 states. It covers a total population of 150,000 and this includes a bulk of excluded population including 75,000 ST, 43000 SC, 31,300 OBC and 700 PWD.

The IPAP initiatives of Water Aid follow two basic approaches in achieving its goal:

- Projects in Jharkhand promote access of the excluded groups to water and sanitation services through working with CSO partners using the service delivery approach, by strengthening the institutional delivery system; supporting implementation of water and sanitation infrastructure and services; and integrated water, sanitation and hygiene promotion. .
- WAI country office also coordinates citizen's action project in the field of water, sanitation and hygiene by promoting the rights based approach and by empowering the excluded groups to claim their entitlements related to water and sanitation, through joint monitoring, social audit, public hearings and people's campaigns.

This baseline research covers projects using both the approaches. The scope, activities, and coverage under both the initiatives are described as separate components in this report.

Under Additional Liason office East , projects focus on Strengthening of institutional delivery systems for water and sanitation. : The basic purpose of this is to promote service delivery and support infrastructure development for the most marginalized in the area of water and sanitation and set community process for planning, maintaining and sustaining assets. The focus is also on enhancing the responsiveness of government service delivery towards WATSAN services for the marginalized communities in the programme area through public hearings, and collaborating with state and district authorities for enhancement of the capacities. To fulfill this purpose the CSO partners work for strengthening of the institutional delivery system and also work at the community level for integrated water, sanitation and hygiene promotion. The major activities of the partners relate to providing support in construction of individual household latrines, school sanitation and maintenance of water sources. Partners also focus on mobilizing govt. support for infrastructure development. The activities under this initiative will serve to increase the access of the marginalized and excluded communities in the project area to water and sanitation services. Enhancing the role of the marginalized communities in the decision making process relating to water and sanitation services is also the target and this will manifest in increased representation of members of the marginalized communities in village level watsan committees and also an increased representation in the staff roll and governing body of the CSO partners.

The ROE initiative is being implemented by 6 partners in the 2 states of Orissa and Jharkhand. The 6 partners and their coverage details are as follows:

Nav Bharat Jagriti Kendra: This is the only partner which works for the poor in urban areas under the IPAP. It covers 20 slums in Ranchi city in Jharkhand, and works for increasing focus on people with disabilities. Their activities include identification of the people with disabilities in the project area and making sanitation services accessible to them.

Gram Jyoti: This partner is implementing the project in Mohanpur block of Deoghar district and Pakuria block of Pakur district in Jharkhand. It covers 25 villages in 6 Panchayats. It works with women and children of Santhal and dalit communities on sanitation and hygiene issues in Santhal tribal region.

Lok Prerna: Lok Prerna is implementing the IPAP funded project in Devipur block of Deoghar district and Jarmundi block of Dumka district, and covers 35 villages in 5 Panchayats. Its focus is on improving watsan institutional delivery system in Santhal Pargana tribal region.

Jan Chetna Manch: JCM is carrying out its interventions in Chas and Chandankiary blocks of Bokaro district, and this covers 20 villages in 10 Panchayats. JCM's activities focus on integrated water, sanitation and health through women Self help Groups in rural blocks of Bokaro.

Sathee: Besides implementing the Citizen's action project, Sathee also implements another project in Gopikandhar block of Dumka district and Boarijore block of Godda district. The

project caters to people in 20 villages in 10 Panchayats. In this project it addresses the primitive Pahariya tribes and strengthens the institutional delivery systems in the Santhal Parganas regions.

In Jharkhand , the projects are expected to set model villages in the direct intervention area in relation to community participation and empower people for demanding their entitlements for water and sanitation. . At the same time it will also set a process of active engagement with government in the district and state for addressing various forms of exclusion at district and state level.

Pragati Jubak Sangh: This is the only project in Orissa and it is being implemented in only 6 villages in 1 Panchayat in the Chandbali block of Bhadrak district in Orissa. The project focuses on providing integrated water, sanitation and health services for SC and OBC communities. It has a strong component on children and school sanitation.

Citizen's action: This initiative is being implemented by only one CSO partner, Sathee, in some areas of Jharkhand. Under this approach, citizen's action is promoted through several social mechanisms and excluded communities are empowered to demand their rights to water and sanitation through information dissemination, community mobilization and peoples' campaigns. This project will also demonstrate the use of community level processes such as social monitoring exercises, social audit, public hearings, use of RTIs, joint monitoring and jan sunwais, and people's campaigns to address water, sanitation and hygiene issues. This initiative focuses on empowering communities to claim their social entitlements and does not have service implementation component. It is being implemented in 5 districts of Santhal Parganas and 2 districts of Chotanagpur division and also includes a primitive tribe (the Pahariyas). This covers 10 blocks, 18 Panchayats, and 227 villages.

Baseline research: While the 6 CSO partners are implementing their 7 projects in the designated areas, a baseline study was considered necessary by Water Aid to generate measures on selected indicators. This will also help in setting future milestones, and for assessing the situation with respect to the needs, priorities and unique concerns of the project target groups so as to identify the potential problems and bottlenecks, and to formulate strategies to address those problems. Considering the task, selected baseline information was collected by the partners in their respective project areas. Subsequently, a study by an external research agency was commissioned to analyze the data collected by the partners and to collect additional data. The baseline study was implemented by Health and Development Initiatives, a Bhubaneswar based organization with extensive experience in conducting social and development research and specific experience in water and sanitation issues. This report presents the findings of the study. Subsequent sections of this report describe the objectives and scope of this study and the methodology used to collect the baseline information. Subsequent chapters present the findings, and the findings are organized according to the indicators of progress, separately for the ROE initiatives and the Citizen's action initiatives.

1.2 BASELINE STUDY OBJECTIVES

The objectives of the baseline research activity were:

- To assess the access to water and sanitation facilities by different excluded communities in the project areas.
- To assess the water and sanitation facilities available in village institutions like; schools, Anganwadi centers
- To assess the barriers being faced by the marginal communities in accessing WATSAN facilities and village level decision making forums.

1.3 SCOPE OF WORK

Considering that part of the baseline information was collected by the partners and part was collected by the agency, the scope of work included the following:

- To analyze data collected by the partner NGOs.
- To collect additional data and information.
- To prepare a comprehensive report.

AREAS OF ENQUIRY

The assignment included two sets of data; one which was already collected and needed to be analyzed, and another which needed to be collected from the field and then analyzed. Data which had already been collected and needed to be analyzed includes the following:

1. Demography
2. Access to safe water (including water quality)
3. Access to sanitation facilities
4. Disease and Hygiene Practices
5. School water Sanitation facilities

Another set of data which was needed to be collected includes the following:

1. Proportion of the excluded communities and forms of exclusion existing in the project area (Age, Caste, Gender, Person with disabilities etc).
2. The CBOs in the project area have representation of marginalized sections and their active role in the village level discussion forums.
3. Village level institutions like Schools, Anganwadi centers having access and using water and sanitation facilities.
4. Adequate safe water available (Water Quality) and the load on women for water collection.
5. Access and availability of water to excluded groups.
6. Access to Sanitation facilities and suitability to women and PWDs (Superstructure for privacy, user friendly designs for PWDs).
7. Prevalence of diarrhea and reported case.
8. Key hygiene behaviours adopted by HH (table 1 in Section D).

9. Meeting with partners' representative to assess proportion of staff and governing bodies of NGOs represented by excluded communities.

1.4 METHODOLOGY

Study Methods

The major information needed to be collected at the village or slum level within a limited time, and considering this a rapid appraisal was conducted to collect the required information. The specific methods that were used include qualitative techniques such as Focus **Group Discussion, In-depth interviews, and Observation** with the help of a check list.

Focus Group Discussion: This was done at the village and slum level. Separate FGDs were organized with the excluded men, excluded women, and PWDs in each sample location. This mainly dealt with issues of access, utilization and barriers and constraints to access.

In-depth interviews: This was conducted mainly with NGO functionaries, CBO functionaries, and officials at village level institutions such as schools and Anganwadi Centers.

Observation: Several points covered in the enquiry areas were physically observed. A check list of all such points was prepared to assist the observation. This included facilities in the village/institution, the condition of the facilities, design features, etc.

A detailed description of enquiry areas that were covered with different methods is given below:

Sl No	Areas of Enquiry	Sub-areas of Enquiry	Data Source/ Method for Data collection
1	Proportion of the excluded communities and forms of exclusion existing in the project area (Age, Caste, Gender, Person with disabilities)	Age (Children, Adults %)	Census/Panchayat/Anganwadi records
		Caste (%)	Census/Panchayat/Anganwadi records
		Gender (%)	Census/Panchayat/Anganwadi records
		Persons with disabilities	Census/Panchayat/Anganwadi records
2	The CBOs in the project area have representation of marginalized sections and their active role in the village level discussion forums	CBOs	Records/Observation in the village
		Presence of members belonging to marginalized groups in CBOs, and their role)	Records/observation in the village Interview with CBO representatives
3	Village level institutions like Schools, Anganwadi centers having access and using water	Water and sanitation facilities in schools and AWWs	Records/Observation/Interview with school and AWW authorities

	and sanitation facilities	Use of facilities in school and AWW	Observation/FGD/interview with school and AWW authorities
4	Adequate safe water available (Water Quality) and the load on women for water collection	Water Quality	• Water quality testing report available with NGO/others
		Load on Women	• FGDs with Women
5	Access and availability of water to excluded groups	Availability of facilities	• Observation in village
		Access to water	Observation and FGD
6	Access to Sanitation facilities and suitability to women and PWDs (Superstructure for privacy, user friendly designs for PWDs).	Access of all groups to sanitation facilities	• FGD in the village
		Suitability of design to different groups in terms of privacy and user friendliness	• FGD and observation of facilities
7	Prevalence of diarrhea and reported case		• NGO/PHC/CHC/Hospital
8	Key hygiene behaviours adopted by HH	Hygiene behaviours, hand washing/menstrual hygiene	• FGD/Observation
9	Meeting with partners' representative to assess proportion of staff and governing bodies of NGOs represented by excluded communities	Presence of members of excluded communities as staff or committee members in NGOs	• Record/Observation/Interview with NGO officials
10		Representation of Excluded Communities in NGOs	• FGD with excluded communities

1.5 STUDY SAMPLE

The study covered basically 6 NGO partners of WaterAid covering both Jharkand and Orissa. These **partner NGOs** are;

- a) Nav Bharat Jagruti Kendra
- b) Gram Jyoti
- c) Lok Prerana
- d) Jan Chetana Manch
- e) Sathee
- f) Pragati Jubak Sangha

Sathee NGO was covered for both the ROE component and also the Citizen's action component.

The following **Seven Districts** were covered:

Jharkahnd

1. Deoghar
2. Pakur
3. Godda
4. Dumka
5. Bokaro
6. Ranchi

Orissa

7. Bhadrak

Dhanbad district was covered additionally for the Citizen's action project.

Following nine (9) Blocks were covered in the study from among the 7 districts:

Jharkhand

1. Mohanpur
2. Pakuria
3. Boarijore
4. Gopikandar
5. Jharmundi
6. Devipur
7. Chas
8. Chandankiary

Orissa

9. Chandabali (Bhadrak,

A total of **18 villages** were covered in this study, taking two villages from each sample block. As Ranchi is the only urban area covered, only **2 slums** from among the slums in the city were covered.

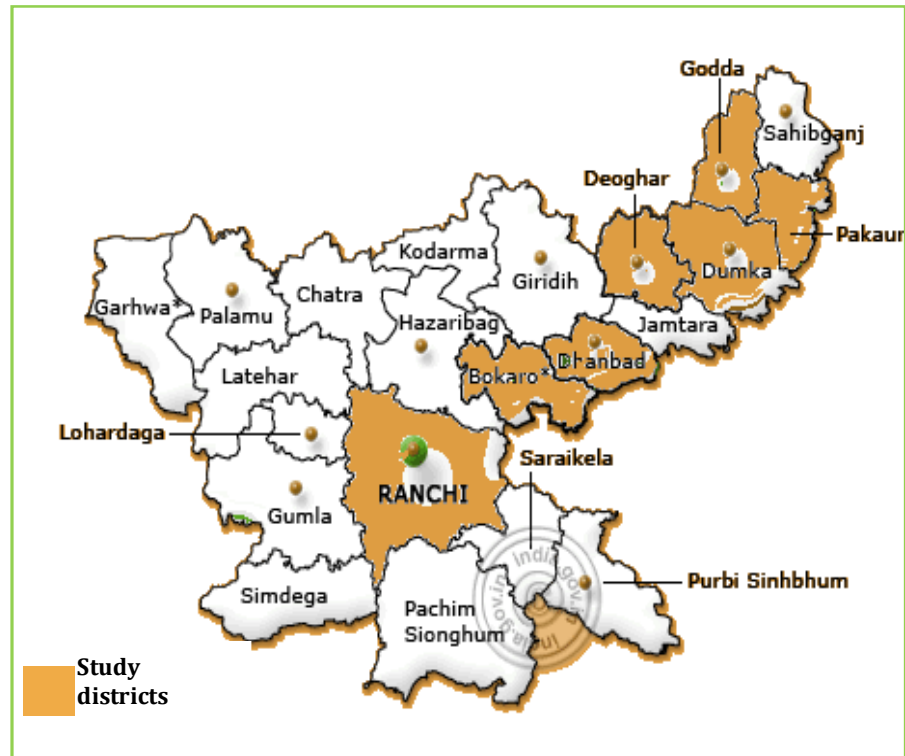
For the Citizen's action project, 2 villages were covered additionally from Nirsa block of Dhanbad district.

2. AREA AND DEMOGRAPHY

The baseline study includes 6 NGO partners; 5 in Jharkhand and 1 in Orissa. In terms of area coverage, 7 districts in Jharkhand and 1 in Orissa are included. Accordingly the description of the study area covers the Jharkhand state in brief and the 7 study districts, and the Bhadrak district in Orissa.

2.1 Jharkhand

Jharkhand is a newly formed state under the revised national plan of India and was carved out of Bihar on November 15th, 2000 with Ranchi as its capital. It is the 28th state of the Indian Union. It is surrounded by the states of Bihar to the north, Uttar Pradesh and Chhattisgarh to the west, Orissa to the south, and West Bengal to



to the east. Ranchi, its capital city is one of the key sources of income and livelihood for thousands of people with moderate levels of industrialization and urbanization. The other major cities include Jamshedpur and Bokaro; both based on steel based industries, and Dhanbad, based on coal mines. The state is very rich in coal and mineral deposits and has the potential to accommodate more mineral based investments. The region accounts for 35.5% of the country's known coal reserves, 90% of its cooking coal deposits, 40% of its copper, 22% of its iron ore, 90% of its mica and huge deposits of bauxite, quartz and ceramics. The name "Jharkhand" implies the land of "lungles" (forests) and "Jharis" (bushes). Located on Chhota Nagpur Plateau and Santhal Parganas, the state has evergreen forests, rolling hills and rocky plateaus. The new state of Jharkhand largely comprises of the forest tracks of Chhotanagpur plateau and Santhal Pargana and has distinct cultural traditions. This area in and around the districts of Chhotanagpur and Santhal Parganas was formerly Southern Bihar and is thickly wooded and consists of a succession of hills.

Main features of Jharkhand

Capital	Ranchi
Population	2,69,09,428

Male Population	1,38,61,277
Female Population	1,30,48,151
Per Capita Income	Rs.4161.00
Density of Population	338 persons / Sq. KM
No. of Districts	22
No. of Sub divisions	35
No. of Blocks	211
No. of Villages	32615
No. of Villages Electrified	14667 (45 % of total)
No. of Villages connected by roads	8484
National Highways	1006 kms
State Highways	4662 kms
Health Centers	506
Schools	21386
Total Geographical Area	79.70 Lakh Hectares
Cultivable Land	38.00 Lakh Hectares
Net Sown Area	18.04 Lakh Hectares (25% of total area)
Net Irrigated Area	01.57 Lakh Hectares (8% of net shown area)
Forest	29% of total area

Out of the area of 79.7 lakh hectares, the cultivable land is 38 lakh hectares and the present net sown area is 18.04 lakh hectares. More than 29% land is covered by forest area. Although Jharkhand is endowed with vast and rich natural resources, mainly minerals and forest, 80 per cent of its population residing in 32620 villages depends mainly on agriculture and allied activities for their livelihood. The state includes a number of industries and developed cities, which coexist alongside an underdeveloped, inaccessible and tribal dominated Santhal Parganas area.

The state of Jharkhand spreads upto an area of 79,714 sq. km., and includes 22 districts, 211 blocks and 32615 villages. The State is densely populated and has a population density of 338 per sq. km. (as against the national average of 312). However, the population density varies considerably from as low as 148 in Gumla district to as high as 1167 in Dhanbad district. Jharkhand has a population of 26.90 million, consisting of 13.86 million males and 13.04 million females. The sex ratio is 941 females to 1000 males. The population consists of 28% scheduled tribes, 12% Scheduled Castes and 60% higher castes, backward castes and other minorities.

Jharkhand has remained a home to a number of tribal communities since time immemorial and some districts have a predominantly tribal population. Jharkhand has 32 primitive tribal groups. However, Santhals constitute the major tribal group in the state, followed by the Pahariyas. The main languages spoken in Jharkhand are Santhali , Mundari, Kurukh,

Khortha, Nagpuria, Sadri, Khariya, Panchparagnia, Ho, Malto, Karmali, Hindi, Urdu, and Bangla.

2.2 Profile of study districts in Jharkhand

A brief profile of the 7 study districts with no. of blocks, panchayats, revenue villages, population (male and female), literacy, etc., is given below:

Administrative details: The state of Jharkhand consists of 22 districts, 211 blocks, 4562 Panchayats and 32615 villages. There are 5 divisions in the state, and of the 7 study districts covered under IPAP, 4 are concentrated in the Santhal Pargana division, followed by 2 districts in North Chotanagpur division and 1 in South Chotanagpur division. The table below shows the number of blocks, panchayats and villages covered under the 7 IPAP districts. Ranchi is the largest district with 20 blocks while all others have between 6 to 10 blocks and Pakur is the smallest with only 6 blocks. Similarly, while Ranchi has over 384 Panchayats, Pakur has only 128 Panchayats. In terms of number of villages, while Dumka in Santhal Parganas has over 3019 villages, Bokaro has only 646 villages. Overall, the districts under Santhal Parganas, mostly with tribal population, have larger number of villages compared to other districts.

ADMINISTRATIVE SET UP OF THE STATE OF JHARKHAND					
Sl. No.	Division	Name Of District	No. Of Block	No. Of Panchayat	No. Of Villages
1	2	3	4	5	6
1	South Chhotanagpur Ranchi	1 Ranchi	20	384	2076
4	North Chotanagpur	15 Dhanbad	8	383	1213
		16 Bokaro	8	248	646
5	Santhal Pargana	17 Dumka	10	206	3019
		19 Deoghar	8	201	2706
		20 Godda	8	200	2304
		22 Pakur	6	128	1250
		Sub Total	45	1019	12169
STATE TOTAL			211	4562	32615

Population: In terms of population and its composition with regards to different social groups, the state has a total population of 21843951 (2001 Census). Ranchi is the largest district in terms of population and has over 2214088 people, followed by Dhanbad with 1949526 people and Bokaro with 1454416 people. The tribal districts under Santhal Parganas have less population, ranging from 564253 in Pakur to 950853 in Dumka.

Area, urban population and population density: The geographical area of the districts varies from a maximum of 758,000 sq.km. in Ranchi to a minimum of 181,700 sq.km. in Pakur. The area of other project districts varies between 200,000 to 400,000 sq.km. As regards urban population, the proportion of urban population is very low in the Santhal Parganas area, varying between 4 to 10%, the lowest being Godda. The other 3 districts seem to be fairly urbanized, owing to major cities such as Ranchi, Dhanbad and Bokaro. The proportion of urban population rises to a maximum of more than 50% in Dhanbad,

In terms of population density, Dhanbad district has a very high density of 1167 persons per sq.km., followed by Bokaro district which has a density of 621. The density in the tribal districts varies from 290 in Dumka to 496 in Godda.

District wise Area, Population & Density of Population in Jharkhand State

Sl. No.	Name of District	Geographical Area (in"000 Hqt.)	Population (in Lakh)	Rural Population (in Lakh)	Urban Population (in Lakh)	Density of Population Per KM
1	Dumka	379.03	11.06	10.47	0.59	290
2	Deoghar	248.15	11.66	10.06	1.60	468
3	Godda	231.84	10.48	10.11	0.37	496
4	Pakur	181.70	7.02	6.66	0.36	388
11	Bokaro	288.97	17.78	9.73	8.05	621
12	Dhanbad	204.16	23.97	11.42	12.55	1167
13	Ranchi	758.25	27.85	18.07	9.78	362
Total Jharkhand State		7970.08	269.46	209.52	59.94	338

Source:-Census of India 2001 Series 21(Jharkhand)

Disadvantaged population: Of the districts under the project, Ranchi, Pakur and Dumka districts are predominantly inhabited by tribal communities. As the table below shows, the highest concentration of ST population (49.33%) is in Pakur district followed by 46.62% in Dumka, and Ranchi occupies the third position with 43.6% ST population. Comparatively Godda district has moderate tribal population with 25.09% ST. Deoghar is also under the Santhal Parganas division, but has low tribal concentration (12.76%). Bokaro also has low tribal population (12%), but Dhanbad has the least tribal population (8.8%). The districts with low tribal population have higher concentrations of Scheduled Castes population, ranging from 16% in Dhanbad to 12.4% in Deoghar. The 4 districts with higher ST concentrations have low SC coverage, ranging from 3.81% in Pakur to 8.46% in Godda.

Proportion of SC and ST population across different districts of Jharkhand								
Sl. No	Name of District	Total Population	ST	ST %	SC	SC %	Other caste	Other %
1	Bokaro	1454416	177123	12.18	197365	13.57	1079928	74.25
3	Deoghar	933113	119085	12.76	115697	12.40	698331	74.84
4	Dhanbad	1949526	171741	8.81	312467	16.03	1465318	75.16
5	Dumka	950853	443285	46.62	52763	5.55	454805	47.83
9	Godda	861182	216047	25.09	72893	8.46	572242	66.45
16	Pakur	564253	278331	49.33	21484	3.81	264438	46.87
18	Ranchi	2214088	964422	43.56	123239	5.57	1126427	50.88
	Total	21843951	6044010	27.67	2589252	11.85	13210689	60.48

Please note: Several districts - including Palamau, Dumka, Gumla, etc.- were bifurcated after the Census was done

Literacy: The literacy rate of Jharkhand is 53.6%, with a wide gap in literacy between males (67.3%) and females (38.9%). Three districts; Ranchi (64.6%), Dhanbad (67%) and Bokaro (62.1%) have higher literacy rates compared to the state average. For the districts under the tribal dominated Santhal Parganas, the literacy rates are lower than the state average, with a low of only 30.6% in Pakur to 50.1% in Deoghar. The female literacy situation in these 4 districts is particularly bad, ranging from 20.6% in Pakur to 32% in Deoghar.

District-wise Population, Literates and Literacy rate by Sex

State and District	Total Population	Number of Literates			Literacy Rate		
		Persons	Males	Females	Persons	Males	Females
JHARKHAND	26945829	11777201	7646857	4130344	53.6	67.3	38.9
DEOGHAR	1165390	469652	327557	142095	50.1	66.4	32.0
GODDA	1047939	363825	253504	110321	43.1	57.5	27.4
PAKUR	701664	170931	114765	56166	30.6	40.2	20.6
DUMKA	1106521	421322	281823	139499	46.4	60.9	31.4
DHANBAD	2397102	1348584	860583	488001	67.0	79.5	52.4

BOKARO	1777662	923150	600048	323102	62.1	76.0	46.3
RANCHI	2785064	1500541	920164	580377	64.6	76.6	51.7

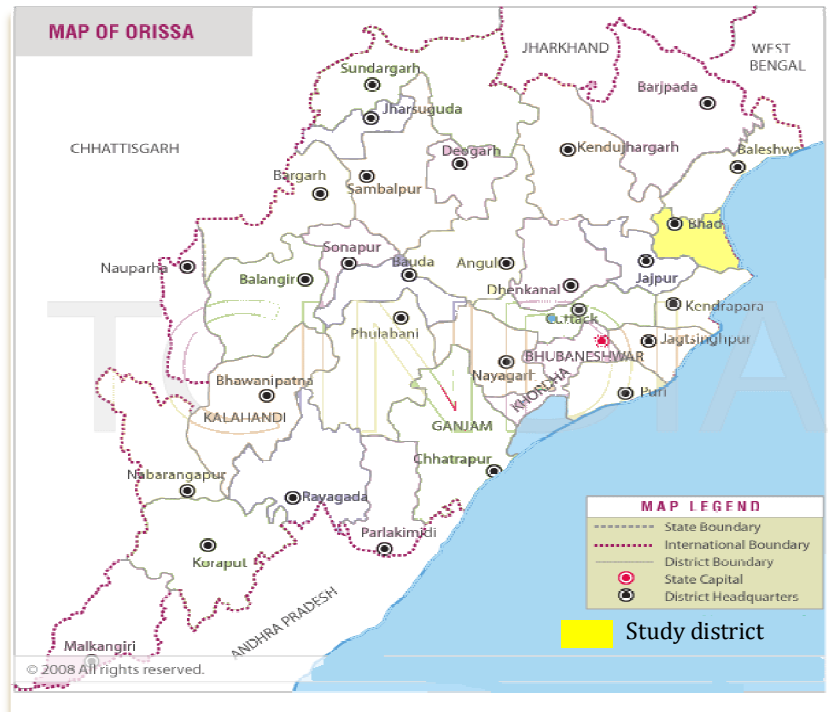
Source:- (Census of India, 2001)

Disabled Population: Out of total population in the state, the percentage of disabled or differently-abled population is about 1.66%. Gender wise, a higher proportion of males are disabled (0.98%) compared to females (0.68%). It is further seen that a large proportion of the disabled population suffer from disability of the eye (41.5%), followed by disability of movement (30.85%), mental disability (12.47%), disability of speech (8.85%) and disability of hearing (6.3%).

Total Population in the State			Total Disabled population in the state		
Population	Male	Female	Population	Male	Female
26945829	13885037	13060792	448377	264229	184148
Percentage	51.5%	48.5%	1.66%	0.98%	0.68%

2.3 Orissa

Orissa comprises of 4.74% of India's landmass and 36.80 million people (2001 Census), accounts for 3.58% of the population of the country. Scheduled Castes and Scheduled Tribes population in the State, as per 2001 census, was 60.82 lakh and 81.45 lakh respectively, which was 16.5% and 22.1% of the total population of the State as against 16.2% and 22.2% in the previous census in 1991. The decennial growth rate of SC & ST population during 1991-01 was 18.6% and 15.8%



respectively. Similarly as per 2001 census the sex ratio among SC & ST people was 979 and 1003 respectively as against 936 and 978 at all India level.

Nearly 85% of its population live in the rural areas and depend mostly on agriculture for their livelihood.. It has also plentiful water resources. According to the estimate of the Central Ground Water Board, the total ground water resources in Orissa was 21,01,128 hectaremeter in 2001. The gross annual draft for all uses in 2001 was 3,10,689 hectaremeter. Accordingly, 14.79 percent of ground water resources had been harnessed till 2001. The total cultivable land of the State is nearly 65.59-lakh hectare of which only 26.89-lakh hecta1e has been provided with irrigation facilities by the end of 2003-04, which constitutes around 40% of the cultivable land. Planned exploitation and optimum utilization of rich natural resources like mineral, land, water and others including human resources holds the key to rapid economic development of the State.

2.4 Profile of study district in Orissa

Bhadrak

Bhadrak is situated at a distance of 159 kms. from Bhubaneswar, it is famous for Bhadrakali Temple . It has been separated from Balasore and thus is a new district born in the year 1993. The district spreads over 2,677 Sq. Km. having total population of 13,32,249. It comprises of 1 Sub division namely Bhadrak itself, 1 Municipality, 7 Blocks, 6 Tehsils, 3 NACs. The total number of GPs in the district is 166 covering 1307 inhabited villages. Unlike other district agriculture is the main occupation of the people.

Suitability of the project area

The preceding description of the project state Jharkhand and the districts makes it clear that the area is one of the most backward and marginalized in the country. The state is one of the poorest in the country. The low level of urbanization, with only 45% of the villages having electricity connection and with only about 30% of villages connected to roads. make it a very difficult area in terms of accessibility and service delivery. The high proportion of disadvantaged population, such as the scheduled caste and the scheduled tribes, with very low levels of literacy also indicates further marginalization of the area. Particularly the area under the Santhal Parganas is inhabited predominantly by the tribals. The Ranchi district under the Chotanagpur division also has a very high tribal population. The state is also home to about 23 Primitive Tribal Groups. The area is very inaccessible due to thick forests and the undulating terrain. Difficult terrain and disadvantaged population make the project area one of the most marginalized in the country. Due to these factors, delivery of different services by the service providers is highly affected. Besides other services, coverage of the area by water and sanitation related services under different programmes of the central and state govt. is also very inadequate. Considering these, the selection of the state and the districts to address vulnerability and social exclusion seems highly justified.

2.5 DEMOGRAPHIC PROFILE OF THE RPROJECT AREA

Baseline information pertaining to the performance indicators of the project were collected by the partner NGOs in their respective project areas. This also includes the basic demographic information. The information collected by the different NGOs has been compiled and this section describes the demographic situation in the project area on selected indicators.

Household and population: The ROE programme area covered by the 6 partners includes a total population of 77554 who live in 15271 households. In terms of households, Gram Jyoti has the maximum coverage of households at 3517, closely followed by Jan Chetna Manch at 3373 households. Pragati Jubak Sangh of Orissa has the least coverage of households at 1061 only. Similarly for population, Gram Jyoti caters to a maximum of over 19109 people whereas PJS covers only 8485 people. Most of the other partners cover between 11000 to 13000+ populations.

Caste composition

NGO	Total HH	Caste				
		Gen.	SC	ST	OBC	Min.
Gram Jyoti	3517	10	257	1539	1304	407
	%	0.28	7.31	43.76	37.08	11.57
Jana Chetana Manch	3373	400	699	357	1917	0
	%	11.86	20.72	10.58	56.83	0.00
Lok Perna	2179	202	485	483	903	106
	%	9.27	22.26	22.17	41.44	4.86
Nava Bharati Jagriti Kendra	2528	90	701	910	472	355
	%	3.56	27.73	36.00	18.67	14.04
Pragati Jubak Sangha	1061	274	262	0	525	0
	%	25.82	24.69	0.00	49.48	0.00
Sathee	2613	4	152	1796	522	139
	%	0.15	5.82	68.73	19.98	5.32
Total	15271	980	2556	5085	5643	1007
	%	6.42	16.74	33.30	36.95	6.59

Social groups: The IPAP programme targets the marginalized and disadvantaged communities and the interventions are focused on improving the status of the backward communities. In this context, it is observed that the households belonging to the **Other Backward Castes** category constitute the largest chunk in the project area (37%), followed by those belonging to **Scheduled Tribes** category (33.3%). The Scheduled Castes households constitute the third group and constitute about a sixth of the households. The minorities and the higher castes each constitute over 6% of the households. Thus, the OBC and the ST constitute the bulk of the target group in the project area.

Coming to the project area of the partners, it is observed that the **OBCs** constitute a large majority of the target group (57%) in the project area of JCM, and they constitute less than a

fifth of the households in the areas of NBJK and Sathee. For PJS and Lok Prerna also the OBCs constitute the largest group. While the **tribal groups** constitute the second largest community in the project areas, for Gram Jyoti, NBJK and Sathee, it is the largest group. More than two-third of the households in the area of Sathee belong to ST. The **scheduled caste** community does not form the main group in any project area, but for most it constitutes about one-fourth to one-fifth of the households. About the **minorities**, they are completely absent in the fields of PJS and JCM, but for NBJK and Gram Jyoti they constitute more than a tenth of the households.

Women: The women also constitute an excluded and marginalized group and in this context the presence of women in the target area is examined. Overall, the women constitute only 48.4% of the total population covered by the interventions. In all the 6 partner area the proportion of women ranges between 48.79% to 49.69% and is marginally over the area average, **but the proportion of women is very low at 44.98% in the area of JCM which works in the rural areas of Bokaro and uses women SHGs to promote water, sanitation and health.**

Proportion of women in project areas

CSO partners	Men	Women
Gram Jyoti	9738	9371
%	50.96	49.04
Jana Chetana Manch	7554	6176
%	55.02	44.98
Lok Perna	5780	5533
%	51.09	48.91
Nava Bharati Jagriti Kendra	6789	6705
%	50.31	49.69
Pragati Jubak Sangha	4307	4178
%	50.76	49.24
Sathee	5850	5573
%	51.21	48.79
Total	40018	37536
	51.60	48.40

Age distribution: While the distribution of people of different age groups is discussed here, it is important to observe the distribution of vulnerable and excluded groups such as the old, children and the adolescents (particularly girls). Infants below the age of 1 year constitute about 3% of the population. Small children in the age range of 1 to 5 years constitute over 12%. The age-range of 6 to 15 years which includes small children and young adolescents constitute about 23% of the population. The age-range of 16 to 60 years which includes the adult (in rural areas) and working group constitutes the largest and the biggest chunk of about 55%. The old people over 60 years in age form about 4% of the

population. Though the group is small it is important to note that older women are more in proportion than older men.

Population by age group

NGO	Population										Total Population
	0-1		1 to 5		5 to 15		15 to 60		60+		
	M	F	M	F	M	F	M	F	M	F	
Gram Jyoti	300	264	1220	1189	2237	2083	5790	5473	242	362	19109
	1.57	1.38	6.38	6.22	11.71	10.90	30.30	28.64	1.27	1.89	
Jana Chetana Manch											13730
Lok Perna	216	219	667	656	1387	1349	3190	3014	320	295	11313
	1.91	1.94	5.90	5.80	12.26	11.92	28.20	26.64	2.83	2.61	
Nava Bharati Jagriti Kendra	180	172	621	562	1436	1368	4335	4172	217	431	13494
	1.33	1.27	4.60	4.16	10.64	10.14	32.13	30.92	1.61	3.19	
Pragati Jubak Sangha	321	421	906	818	906	811	1380	1383	794	745	8485
	3.78	4.96	10.68	9.64	10.68	9.56	16.26	16.30	9.36	8.78	
Sathee	245	235	848	807	1319	1277	3049	2956	364	298	11423
	2.14	2.06	7.42	7.06	11.55	11.18	26.69	25.88	3.19	2.61	
Total	516	483	1887	1845	3624	3432	8980	8487	562	657	77554
%	1.69	1.59	6.192	6.055	11.89	11.26	29.47	27.85	1.84	2.16	

Other vulnerable groups: The presence of other vulnerable groups in the project areas is described here. This includes the people with disability (PWD), widows, and those with stigmatized infections such as HIV, leprosy and TB as they risk being excluded from services due to the infections.

The **PWDs** constitute less than 1% of the population. There are variations in their presence in the fields of different partners, and PJS in Orissa has as low as 0.31%, whereas Lok Perna in the Santhal pargana areas has 1.43% and NBJK working in the slums has 1.29%.

Widow, Disable and Others with HIV, Leprosy, TB

NGO	Total Population (*)	Female Population (**)	Disable (No./*)	Widow (No./**)			Others with (HIV, Leprosy, T.B.)
				15-60	60+	Total	
Gram Jyoti	19109	9371	180	441	191	632	146
			0.94	4.71	2.04	6.74	0.76
Jana Chetana Manch	13730	6176	61				
			0.44	0.00	0.00	0.00	
Lok Perna	11313	5533	162	275	88	363	
			1.43	4.97	1.59	6.56	
Nava Bharati Jagriti Kendra	13494	6705	174			253	
			1.29	0.00	0.00	3.77	
Pragati Jubak Sangha	8485	4178	26			641	
			0.31	0.00	0.00	15.34	
Sathee	11423	5573	104			341	45
			0.91	0.00	0.00	6.12	0.39
Total	77554	37536	707	716	279	2230	191
	%		0.91	2.25	0.88	7.11	0.25

The **widows** constitute about 7.1% of the female population in the project area. However, their presence is really strong in the PJS area where they constitute about 15.3% of the female population. In NBJK field area in the slums of Ranchi, the widows constitute only 3.8% of the female population. In the other 3 NGO areas, they constitute more than 6% of the female population.

Information on **individuals with infections** is available for only Gram Jyoti (0.76%) and Sathee (0.39%) areas and they constitute less than 1% of the total population in that area.

Economic status: Information on economic status is available for only 3 partners. Overall, those households below the poverty line form about 47% of the total households. However, in the areas of Gram Jyoti and Lok Prerna in the districts of Santhal Parganas, BPL are just over 58%. In the area of JCM in rural areas of Bokaro, the BPL constitute just over a quarter (26%) of the households.

BPL status

NGO	Total HH	APL		BPL	%
Gram Jyoti	3517	1450	41.23	2067	58.77
Jana Chetana Manch	3373	2503	74.21	881	26.12
Lok Perna	2179	897	41.17	1282	58.83
Nava Bharati Jagriti Kendra	2528				
Pragati Jubak Sangha	1061				
Sathee	2613				
Total	9080	4850	53.41	4230	46.59

3. **DRINKING WATER ACCESS AND USE**

The major focus of IPAP is on addressing social exclusion in water and its goal relates to increasing access to water. Maintenance of sources and repair of platforms are included among the activities related to water which should be the responsibility of the partners. Services related to provision of safe drinking water to marginalized communities are being provided under the programme. In this context, this section discusses the current level of access to safe drinking water in the project area, workload and drudgery of women while collecting water, and factors affecting access to safe drinking water. Data from the baseline conducted by partners is supplemented with primary data from sample villages to provide a better insight into the issues.

3.1 **Access to safe drinking water:**

Availability of water sources in the project area was also looked into. A variety of sources are used by the people, such as bring through machines, hand pumps, wells of different varieties, and stand post. Stand post and piped water supply has been reported only in the urban slums in the NBJK area. In the areas under most partners, a variety of sources are found.

Coming to the number of each water source in the areas under partners, hand pump is found to be the most common in most areas, except in the villages under Sathee where there are 208 wells compared to 172 hand pumps. The presence of a large number of wells is also marked in the urban areas under NBJK. Wells are almost absent in the area under PJS in Orissa, but it is seen that there are 32 ponds. Another notable information is the large number of taps (782) in the urban area under NBJK. Overall, there are 809 hand pumps, and 589 wells in the project area.

Available water sources

NGOs	Type of water sources	Available Water Sources				
		Hand pump	Well	Joria	River/Pond	Tap
Gram Jyoti	Machine Boring HP,, Puccas and Kutcha well, Joria	150	90	8	0	0
		100.0	100.0	100.0		
Jana Chetana Manch	Pond, Dug well, HP, 'River	117	91	57		
		100.0	100.0	100.0		
Lok Perna	Machine Boring HP,, Puccas and Kutcha well, Joria	150	55	2		
		100.0	100.0	100.0		
Nava Bharati Jagriti Kendra	Hand Pump, Stand post, Well, Tap,	156	143		1	782
		100.0	100.0		100.0	100.0
PJS	Deep HP	64	2		32	
		100.0	100.0		100	
Sathee	HP, Well	172	208		18	
		100.0	100.0		100	
Total		809	589	67	51	782
		100.0	100.0	100.0	100.0	100.0

Condition of sources: Availability of sources does not necessarily imply availability of water as some of them may be dysfunctional and may not yield water. In the project area, in case of hand pumps, a majority of 83% are found to be functional. The proportion of working hand pumps is found to be very high in the areas under NBJK and PJS. The hand pumps in Gram Jyoti and JCM are not in a good condition and 68% to 77% are found to be in working condition.

In case of wells, 87% are found to be working. Maximum dysfunctional wells are found in areas under Sathee (21%). All the 143 wells under NBJK are found to be working. In case of taps, of the 780 present in urban areas under NBJK, only 2 are not working. Overall, most of the sources of water are in working condition in the project area.

NGOs	Available Water Sources					Working					Not working				
	Hand pump	Well	Joria	River/Pond	Tap	Hand pump	Well	Joria	River/Pond	Tap	Hand pump	Well	Joria	River/Pond	Tap
Gram Jyoti	150	90	8	0	0	116	75	3			34	15	5		
	100.0	100.0	100.0			77.3	83.3	37.5			22.7	16.7	62.5		
JCM	117	91	57			80	79	57			37	12			
	100.0	100.0	100.0			68.4	86.8	100.0			31.6	13.2			
Lok Perna	150	55	2			122	48	2			28	6			
	100.0	100.0	100.0			81.3	87.3	100.0			18.7	10.9			
NBJK	156	143		1	782	149	143		1	780	7				2
	100.0	100.0		100.0	100.0	95.5	100.0		100	99.74	4.5				0.26
PJS	64	2		32		61	1		32		3	1			
	100.0	100.0		100		95.3	50.0		100		4.7	50.0			
Sathee	172	208		18		146	165		17		26	43		1	
	100.0	100.0		100		84.9	79.3		94.4		15.1	20.7		5.6	
Total	809	589	67	51	782	674	511	62	50	780	135	77	5	1	2
	100.0	100.0	100.0	100.0	100.0	83.3	86.8	92.5	98.0	99.7	16.7	13.1	7.5	2.0	0.26

Access to safe drinking water: Information about households with access to safe drinking water is available in terms of number of households who have access to safe sources and this does not mention about the source and how and why it was considered safe. Going by the available information, it is observed that 99.65% of the households have access to safe drinking water.

Access to Safe Drinking Water

NGO	Total HH	Families benefited	Caste					Other categories		
			GEN	SC	ST	OBC	Minority	Widow	Disabled	Any other (HIV, TB, Leprosy)
GJ	3517	3510	10	254	1532	1311	407	611	169	145
	%	99.80	0.28	7.22	43.56	37.28	11.57	17.37	4.81	4.12
JCM	3374	3374	400	739	348	1921	0	0	64	14
	%	100.00	11.86	21.90	10.31	56.94			1.90	0.41
Lok Perna	2335	2335	202	500	483	1044	106	402	185	0
	%	100.00	8.65	21.41	20.69	44.71	4.54	17.22	7.92	
NBJK	2528	2481	90	681	894	472	344	50	171	0
	%	98.14	3.56	26.94	35.36	18.67	13.61	1.98	6.76	
PJS	1061	1061	274	525	262	0	0			0
	%	100.00	25.82	49.48	24.69	0.00	0.00	0.00	0.00	
Sathee	2613	2613	56	449	361	1682	76	78	8	12
	%	100.00	2.14	17.18	13.82	64.37	2.91	2.99	0.31	0.46
Total	15428	15374	1032	3148	3880	6430	933	1141	597	171
	%	99.65	6.69	20.40	25.15	41.68	6.05	7.40	3.87	1.11

3.2 **Water quality:** the quality of water was tested by different partners by taking samples from sources in their areas. A lot of quality problems are observed. Of the 290 samples tested, almost half showed bacterial contamination. This was found to be very common in the areas under Sathee, NBJK, Lok Perna, and Gram Jyoti. High iron content was also observed in the area, particularly in the samples given by Sathee, Lok Perna and Gram Jyoti. Fluoride problem is also observed, mainly in Lok Perna area. Only 1 case of Nitrate and 3 cases of Arsenic were observed.

Water quality in different areas

Contamination in area	GJ	JCM	LP	NBJK	PJS	Sathee	Total
Fluoride	7		25			0	32
%	11.86	0.00	32.89	0.00	0.00	0.00	11.03
Nitrate	1					5	6
%	1.69	0.00	0.00	0.00	0.00	5.95	2.07
Water with soil content (Turbidity)	0					0	0
%	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Salinity	0				4	0	4
%	0.00	0.00	0.00	0.00	22.22	0.00	1.38
Iron content	25	6	25		6	29	91
%	42.37	46.15	32.89	0.00	33.33	34.52	31.38
Odor	0	1			6		7
%	0.00	7.69	0.00	0.00	33.33	0.00	2.41
Arsenic	2		1			0	3

%	3.39	0.00	1.32	0.00	0.00	0.00	1.03
Bacterial contamination(in HP)	24	6	25	40	2	50	147
%	40.68	46.15	32.89	100.00	11.11	59.52	50.69
Total	59	13	76	40	18	84	290
%	20.34	4.48	26.21	13.79	6.21	28.97	100.00

Collection of water: The member in the family who collects water mostly for the house is frequently under scrutiny as traditionally women in the house have been collecting water and water collection responsibilities have been one of the major sources of workload and drudgery for women. Here also it is observed that overall, in 81% of households it is women who collect water. The proportion of households where males collect water is about 13%. In close to a tenth of the households the female children are engaged in water collection. The male children play a minor role and the role of domestic servants is very insignificant.

While the role of women in collecting water is dominant in the areas of Gram Jyoti, JCM and Lok Prerna, their role is not so important in the fields of NBJK, PJS and Sathee (between 59 to 67%).

Who collects water?

NGO	Total HH	Water Collection				
		Female	Male	Male children	Female Children	Domestic Servants
Gram Jyoti	3517	3454	668	213	568	0
	%	98.21	18.99	6.06	16.15	0.00
Jana Chetana Manch	3374	3129	140	0	105	0
	%	92.74	4.15	0.00	3.11	0.00
Lok Perna	2335	1962	170	58	134	0
	%	84.03	7.28	2.48	5.74	0.00
Nava Bharati Jagriti Kendra	2528	1638	330	201	359	0
	%	64.79	13.05	7.95	14.20	0.00
Pragati Jubak Sangha	1061	715	201	54	85	6
	%	67.39	18.94	5.09	8.01	0.57
Sathee		1534	534	260	285	0
	%	58.71	20.44	9.95	10.91	0.00
Total	15428	12432	2043	786	1536	6
	%	80.58	13.24	5.09	9.96	0.04

Distance covered to collect water: Given that in most areas the women play major role in collecting water, from the point of view of workload it is important to know the distance that they have to travel to get this water. In many areas, the source of water is either inside the house or is very close to the house. This is very high in most households in JCM area (77%), and is close to half in the area of Gram Jyoti (47%), whereas in PJS area about 42% have the source inside the house or very close. In many other households, the

source is less than 1km away. This is true for large majority of households in Sathee area (98%), for all the households in LP area, and over half of the households in PJS area. In 23% of households in JCM area the source is closer than 1 km. The source of water is more than 1 km away in only 4.7% of households in the area of Gram Jyoti and in 4.1% of households in the area of PJS in Orissa.

Distance covered to collect water

Distance covered	GJ	JCM	LP	NBJK	PJS	Sathee
Inside house/ Very near	1644	2608	0		442	
	46.7	77.3	0.0		41.7	
Less than 1 Kms.	1708	766	2335		575	2562
	48.6	22.7	100.0		54.2	98.05
1 to 3 Kms.	155	0	0		44	51
	4.4	0.0	0.0		4.1	1.95
More than 3 Kms.	10	0	0		0	
	0.3	0.0	0.0		0.0	
Total	3517	3374	2335	2528	1061	2613

Time taken to collect water: Along with distance to water source, the time taken to collect water is another factor which can increase the load on women. A majority of households in JCM area (77%) and a minority in other areas spend less than 15 minutes per day in collecting water. The proportion of households who spend within 30 minutes to collect water includes about 44% in Gram Jyoti area, 100% in Lok Prerna area, 81% in Sathee area and 76% in PJS area. Only about a quarter of households in PJS area (25%) have to spend more than 30 minutes, compared to less than that (23%) in the area of JCM. Majority of households only in Gram Jyoti area (57%) spend more than half an hour to collect water.

Time taken to collect	GJ	JCM	LP	NBJK	PJS	Sathee
More than 60 minutes	1092	0	0		0	245
	31.0	0.0	0.0		0.0	9.38
31-60 minutes	905	766	0		261	238
	25.7	22.7	0.0		24.6	9.11
16-30 minutes	846	0	2001		390	1365
	24.1	0.0	85.7		36.8	52.24
Less than 15 minutes	674	2608	334		410	765
	19.2	77.3	14.3		38.6	29.28
Total	3517	3374	2335	2528	1061	2613

Availability of water: Quantity of water available to households was looked into. The quantity of water is expressed in buckets, and it is observed that in GJ area about a third of households get only within 6 buckets of water, another quarter get between 6 to 10 buckets. About 43% get more than 10 buckets of water. The situation is better in areas under Lok Prerna and a large majority of about 90% get more than 10 buckets. In both areas, only about 18% get more than 15 buckets.

Availability of water (in bucket)	GJ	JCM	LP	NBJK	PJS	Sathee
Bucket 0-6	1107		0			
	31.5		0.0			
Bucket 6-10	905		260			
	25.7		11.1			
Bucket 11-15	846		1643			
	24.1		70.4			
More than 16	659		432			
	18.7		18.5			
Total	3517	3374	2335	2528	1061	2613
	22.80	21.87	15.13	16.39	6.88	16.94

In case of PJS, a quarter get less than 200 liters, whereas 46% get 200 to 300 liters, and 27% get more than 300 liters.

Availability of water (in litres)		
Pragati Jubak Sangha		
units(units in lit per bucket)	HH	
Less than 200lt(10pots)	285	26.86
200-300lt(10-15 pots)	490	46.18
Above 300lt(15 pots)	286	26.96
Total	1061	

Drinking water in school: Information about facilities for drinking water in schools in the project area was collected for only schools in the area of JCM and sathee. It is observed that all the schools in JCM area have drinking water facility, while in the area of Sathee about 87% of schools have this facility.

NGO	No. of Schools	With Drinking water
Gram Jyoti	28	28
		100.0
Jana Chetana Manch	26	26
		100.0
Lok Perna	26	26
		100.0
Nava Bharati Jagriti Kendra	13	6
		46.15
Pragati Jubak	16	12

Sangha		75.0
Sathee	24	21
		87.5
Total	133	119
		89.47

3.3 Dynamics of use of water sources: Access to water

Scenario in urban slums: Women in the slums in Ranchi stated that largely piped water supply is the main source that they access. The timing of the water being supplied however is very erratic, mostly coming late at night (about 2'o clock in the morning) *“one has to be alert throughout the night to listen to the peculiar hissing sound coming from the tap(hawa jesa sunai deta hai) and then we run to become the number one in the queue”*, mentioned Geeta Begum of Rudigada slum of Ranchi where 5 stand posts cater to 130 households . Asking about the timing of the piped water a lady mentioned *“ raat ko to aati hai lekin kabhi kabhi din mein bhi ata hai”*

Due to a large number of houses depending on one source, a lot of fighting takes place to avail a place in the queue. People come with 4/5 pots with an additional member with them who transfers the filled up pots to the house. Due to the crowd and the fighting, the weak and the vulnerable, such as women with younger kids, and old and disabled people with no support in their houses do not get in to fights and prefer fetching water from the nearby wells located at a distance of 1 km. *Thus, due to scarcity of safe sources and the consequent competition, the able and the powerful are able to access the safe source and the weak and the marginalized are pushed towards the unsafe sources.*

Other factors contributing to fights are when some women get more number of pots leaving others to go empty handed. Fights are common near the safe sources and local women mentioned that their effort to get amicable solutions of allowing everybody to have access to drinking water has failed.

Repair and maintenance: Women mentioned facing no problem for reaching the stand post. The previous location of the stand post was on the outer side of the settlement present on the main road. A few months back the stand post was uprooted by a drunkard at the middle of the night. This prompted the women of the settlement to come together to contribute Rs. 100/- per family amounting to Rs.2000/- to construct the new stand post situated well within the *tola* (habitation) and remaining within the sight of women. All the families are members of a Mahila Samitee (Gulab Mahila Smittee) who interact quite frequently on issues pertaining to thrift and credit, loans and repayment and entrepreneurship development.

Seasonal shortage and use of unsafe sources

It was evident from discussions conducted at Rudigada slum that water in the pipes come through different contaminated locations and is subjected to different sources of pollution. Therefore especially during rainy season water has to be boiled. Most women mentioned boiling water during rains. A handful of women do not boil water due to the strange taste that is associated with boiled water. Some even mentioned that boiling water allows the iron content to get settled at the bottom of the vessel.

During summer season there is acute shortage of water for days together and the nearby open wells are the only source. Santali women from Bandarbasia village of Deoghar district mentioned that hand pump water is used for drinking purpose and for all other purposes a nearby pond is restored to. It was observed that the pond used is in extreme unsanitary condition. Villagers from Parandi village of the same district mentioned that the pond in which they take bath and use the water for other purposes is also used for cleaning menstruation clothes. The same place is used for washing utensils also.

During summer, due to shortage of water the force of water in the hand pumps is very slow. Other than the rainy season, one has to wait for 5-10 minutes for the water to be pumped into the system again to be taken up by another member. Silvia Soren of Badasabadar village mentioned, *"Therefore just imagine in regular days one has to wait for 1 hour to 1½ hour to collect water. As you know we all go out to work, so during particular hours (evening and morning) the load is maximum on the hand pump"*.

In Gangpura village, drinking water is obtained from hand pumps, but during summer the situation gets worse where one has to go for ½ to 1 km. to reach river Baitarani to get water. A bund (chua) is prepared where a hole is dug and water is collected. Boiling is rare and straining is more common. Women feel relieved that river Baitarani has saved them in a major way by providing drinking water during summer season. When asked about the priority of safe drinking water and safe sources, Sumi Hasda of Ganpura village mentioned *"we do not know whether river water is clean or not but it is definitely helpful as food gets cooked easily, thus saving time"*.

In Dhamna village (Dumka), predominated by Santhals, people depend upon the hand pump located close by. When the hand pump gets defunct, people depend upon the nearby well. Once the hand pump became defunct for nearly two and ½ years in which time the nearby open well was the only source. The reason for waiting for such a long time was that they felt that the Govt. officials would come and repair it. Since there was no response, the people took the matter into their own hands and repaired the pump themselves with the help of the local Anganwadi Worker. Recently, however, after the hand pump has been repaired insects have appeared in the source. Therefore the people are using the water for drinking after straining.

It was reported in Dhobna village that water level is decreasing gradually and as a result not only the force of water is less but during summers season it takes a lot of time to fill in a bucket of water. Out of a total nine hand pumps present in the village, five are working and therefore there is a lot of load on the rest of the hand pumps.

3.4 **Caste dynamics in sharing water**

Villages predominantly inhabited by Muslims and tribals show less conflicts over water issues. The Muslims women in the group discussion expressed their openness towards tribals which was denied by the tribal women. A tribal women in the group mentioned *“children of upper caste would be playing with the hand pumps for hours together but when we ask them to leave the hand pump to us as we have to take water urgently, immediately the mothers would come and start fighting with us. As if they have exclusive right to take water. Even though for every repair we pay whatever is stipulated for all”. Another woman added to the discussion “we work hard to save water but people from upper caste would come and in our absence will ask our children to give away the water to them..... can we tolerate this? They always do this with us* (she seemed quite upset while speaking on the above mentioned issue)

The discussion became louder and tribals seemed eager to express their views. There is one hand pump catering to 38 households in Dhobna village. The problem is encountered when the hand pump gets defunct and tribals have to depend upon the sources present in the neighborhood locality dominated by the Muslims. *“They scold us like any thing..... one by one they would come and take water and we have to wait for a long time for all of them to finish. Therefore, we prefer getting water from the nearby stream which is located 2 km. from our village.*

Exclusion and discrimination in use of drinking water: While asking about the penetration of caste inhibition in the two divergent communities, the Tribals and the Muslims, on the issue of drinking water use, it transpires that it still persists although not in a strong way. The simple mind set of collecting drinking water from the public sources (tube well) by persons of two communities with a spirit of competition has a visible caste difference. At times, when a tribal lady comes “to collect drinking water from the public source, the Muslim children playing with the hand pump do not allow her to collect water and on the event of confrontation, the Muslim mothers intervene with pugnacious attitude. Their instant intervention and consequent resistance by tribal women give a semblance of communal conflict.

In the village Dhobna it was marked that people of diverse communities stay in a harmonious environment. Although every community has its own compartment on the issues of settlement and social practices, participation of Tribals in Muslim festivals and vice versa is visible. As such, festivals are accepted as sources of fun and merry making by different communities. In normal time one can gather the feeling of “unity in diversity” but an abnormal situation arises when there is instance of sharing the common public source, like tube well. Immediately the communal differences and cast inequalities surface and the community with higher

demographic strength prevail. Obviously the other community harbours an ill feeling toward the other.

The scenario in another village Ganpura is different. It carries all the element of an “Early Indian Village” and the human settlement here appears to have taken place earlier than that of village ‘Dhobna’. People belonging to different caste patterns stay together in separate sectors may be for security reasons or easy intra caste interactions. A common platform is not visible. Rather, distance and avoidance between upper caste and lower caste people are visible, when a person belonging to upper caste purifies the hand pump (by pouring water over it) after the same has been used by a person belonging to a lower caste.

Advocacy, counseling, education, building common platforms, increasing awareness through different tools like street plays etc. are few connective measures to bring in harmony & removal of differences.

Demonstrating the interface between OBCs and SCs, village Malteara Beltikri speaks a typical story of social exclusion. Traditionally, OBCs appear to be opinion makers although the SC have greater population in the village. When a tube well used by SCs for drinking water gets dysfunctional, in such situation they rush to the tube well normally used by OBC to get their quota of drinking water. At this point of time they are made to wait in an undignified manner till the last OBC person collects his/her water. They are even restricted to use the source for a specified period. In the process they are forced to repair their dysfunctional tube well by private intervention and by organizing contributions.

Life changed in a magical way.....

There is a small village named as Dhobna comes under Pakur district. Three years back the condition of the village was not good. No effort was ever taken at Govt. or private level for the development of the village. Not a single organization was working over there. Even the regular panchayat meeting was also a dream. There was hardly any scope for people to participate in any meeting or activity.

But with the intervention of an NGO Gram Jyoti there was change in the lives of people. It created enough opportunities for community participation. By participating in different competitions on sanitation issues, awareness programs and getting toilet facilities they tried to understand the true meaning of leading a healthy life. This type of activities changed their practices to a great extend. The villagers developed the habits of using toilets, treating the water before drinking, washing hands before food and after defecation.

Gradually they became the members of VWSC by Gram Jyoti. They conduct 2 meetings in every month where all members discuss about the water resources, sanitation situation of the village. Different problems are discussed and solutions also come out at the end. Besides the water and sanitation facilities people also get other information related to different govt. schemes and benefits.

There were awareness activities among School children on toilet, hand washing and safe drinking water practices. Adolescent girls also receive knowledge on menstrual hygiene and other personal hygienic practices. Now a days students take water bottles from their homes rather than drinking water from the outside sources. The students are also communicated about the root causes of water borne diseases and how that can be prevented.

So now people are more conscious about leading a healthy and hygienic life and indeed life has changed in a more magical way.

4. **SANITATION: ACCESS TO AND USE OF LATRINES**

Enhancing access to latrines among the marginal communities and promoting use of latrines constitute major responsibilities under the IPAP. Here the partners are also engaged in provision of latrines in terms of actual installment. Several aspects of access to latrines and use of latrines are discussed here.

- 4.1 **Access to individual household latrine at home:** Access to individual household latrine is a major issue in sanitation in the rural areas. In this context it is observed that in the programme areas, about 23% of households have latrines at home. Ownership of IHHL is found to be high in the areas of Lok Prerna (39%) in the Santhal Parganas area and NBJK (37.4%) in urban slums. Gram Jyoti which also works in Santhal Parganas has 29% IHHL and so also for Sathee which has slightly less at 20%. While PJS in rural Orissa has 7.3% IHHL, only 1.6% of households in the rural Bokaro areas where JCM is active has access to IHHL.

NGO	Total HH	Having Latrine	Using latrine
Gram Jyoti	3517	1008	845
		28.66	24.03
Jana Chetana Manch	3374	54	54
		1.60	1.60
Lok Perna	2335	909	555
		38.93	23.77
Nava Bharati Jagriti Kendra	2528	945	1145
		37.38	45.29
Pragati Jubak Sangha	1061	77	31
		7.26	2.92
Sathee	2613	531	277
		20.32	10.60
Total	15428	3524	2907
		22.84	18.84

Superstructure: since latrines funded under the TSC scheme of govt. and by other agencies rarely fund for construction of superstructure, presence of superstructure has traditionally been considered as an indicator of awareness and interest of the people in using latrines. In this context, it is seen that in most cases where latrine is there, the superstructure is also present. Overall, 20% of households in the project area have IHHL with superstructure. Only about 3% of IHHL do not have superstructure. It is seen that most latrines without superstructure are in the areas of PJS and Sathee. The gap between presence of IHHL and presence of superstructure is very wide in case of households in the area of Sathee.

Latrine ownership and Use

NGO	HH	Having Latrine	Using Latrine	Latrines having Super Structure
Gram Jyoti	3517	1008	845	988
		28.66	24.03	28.09
Jana Chetana Manch	3374	54	54	54
		1.60	1.60	1.60
Lok Perna	2335	909	555	904
		38.93	23.77	38.72
Nava Bharati Jagriti Kendra	2528	945	1145	945
		37.38	45.29	37.38
Pragati Jubak Sangha	1061	77	31	31
		7.26	2.92	2.92
Sathee	2613	531	277	155
		20.32	10.60	5.93
Total	15428	3524	2907	3077
		22.84	18.84	19.94

Use of latrine versus open defecation: large gaps have been observed between ownership of latrine and use its use in rural areas. In this context, it is observed that overall; about 19% of the households are using latrines at home. It is also observed that about 73% are resorting to open defecation. It is thus apparent that a great responsibility of converting open defecation to use of latrine still rests on the partners. The responsibility is particularly large in case of JCM in Bokaro and PJS in Bhadrak in Orissa where very large proportions still resort to open defecation.

NGO	Total HH	Having Latrine	Using Latrine	Open Defecation
Gram Jyoti	3517	1008	845	2662
		28.66	24.03	75.69
Jana Chetana Manch	3374	54	54	3320
		1.60	1.60	98.40
Lok Perna	2335	909	555	1625
		38.93	23.77	69.59
Nava Bharati Jagriti Kendra	2528	945	1145	1383
		37.38	45.29	54.71
Pragati Jubak Sangha	1061	77	31	984
		7.26	2.92	92.74
Sathee	2613	531	277	1316
		20.32	10.60	50.36
Total	15428	3524	2907	11290
		22.84	18.84	73.18

Latrines for disabled people: Hardly few latrines for the disabled people are found in the project area. A total of 11 such latrines are there, 5 in the slums of Ranchi under NBJK project area, 4 in PJS area which focuses on the disabled people, and 2 in the area of Lok Prerna.

NGO	Total HH	Disable Latrines
Gram Jyoti	3517	0
		0.00
Jana Chetana Manch	3374	0
		0.00
Lok Perna	2335	2
		0.09
Nava Bharati Jagriti Kendra	2528	5
		0.20
Pragati Jubak Sangha	1061	4
		0.38
Sathee	2613	0
		0.00
Total	15428	11
		0.07

Type of latrine: While the traditional type of latrine uses the single pit design, the new type being promoted for the rural areas is the double-pit type. In this context, the type of latrine owned by the households was noted. Of the about 3813 latrines present in the area, 29% are single direct pit lined type, and another 29% are single offset pit lined type. About 22% of the latrines are double offset pit lined type. It is also observed that 14% of the latrines have septic tank. One ECOSAN toilet is also observed in the area of Sathee.

Type of latrine

Type of latrine	Gram Jyoti	Jana Chetana Manch	Lok Perna	Nava Bharati Jagriti Kendra	Pragati Jubak Sangha	Sathee	Total
Single direct pit Lined	623	200	0	28	0	263	1114
	61.81	65.36	0.00	2.96		46.30	29.22
Single direct pit Unlined	0	0	0	0	42	107	149
	0.00	0.00	0.00			18.84	3.91
Single Offset pit Lined	385	0	684	0	35	0	1104
	38.19	0.00	75.25			0.00	28.95
Single Offset Unlined	0	0	0	0	0	0	0

	0.00	0.00	0.00	0.00		0.00	0.00
Double Offset pit Lined	0	53	225	414	0	155	847
	0.00	17.32	24.75	43.81		27.29	22.21
Double Offset pit Unlined	0	49			0		49
	0.00	16.01	0.00	0.00		0.00	1.29
Septic tank	0	4	0	503	0	42	549
	0.00	1.31	0.00	53.23		7.39	14.40
Connected to a sewer	0	0	0	0	0	0	0
	0.00	0.00	0.00	0.00		0.00	0.00
Ecosan	0	0	0	0	0	1	1
						100	100
Community toilets	0.00	0.00	0.00	0.00		17.61	2.62
Total	1008	306	909	945	77	568	3813
	26.44	8.03	23.84	24.78	2.02	14.9	100

Who constructed the latrine: Of the latrines owned by about 22% of the households, about 5.4% were built by the households themselves. This is found mostly in the NBJK area in urban slums in Ranchi. About 6.6% have been built under the funding made available by Water Aid India. This is mostly in the area of Sathee NGO (20%), followed by NBJK (10.5%), and then in the area of Lok Prerna (7.1%). While latrines by WAI is absent in JCM project area, it is very less in the areas of PJS and Gram Jyoti. Overall, most of the household latrines in the project area have been built under Total Sanitation Campaign (TSC) funding. This is found to be the highest in the area of Lok Prerna (32%), followed by Gram Jyoti (25.4%). TSC latrines are present to some extent in the area of Sathee (4.5%).

NGO	Total HH	Who constructed				
		HH	WAI	TSC	Trained mason employed by HH	Trained mason employed by NGO
Gram Jyoti	3517	63	53	892	61	945
		1.79	1.51	25.36	1.73	26.87
Jana Chetana Manch	3374	54	0	0	0	0
		1.60	0.00	0.00	0.00	0.00
Lok Perna	2335	2	165	742	5	961
		0.09	7.07	31.78	0.21	41.16
Nava Bharati Jagriti Kendra	2528	682	266	0	648	174
		26.98	10.52	0.00	25.63	6.88

Pragati Jubak Sangha	1061	29	27	21	0	0
		2.73	2.54	1.98	0.00	0.00
Sathee	2613	0	513	117	0	2
		0.00	19.63	4.48	0.00	0.08
Total	15428	830	1024	1772	714	2082
		5.38	6.64	11.49	4.63	13.49

The trained mason who constructed the latrine and whether he was employed by the household or by the NGO was also noted. It is seen that of the 22% households who owned latrines, a majority of 13.4% were made by masons who were employed by the NGO and a minority of 4.6% were employed by the household themselves. NGO employed are found maximum in Lok Prerna area, followed by Gram Jyoti area. NBJK has also employed mason to some extent. Masons who built the latrines were mostly employed by the owner households themselves in the NBJK area.

4.2 Disabled: use of toilet and hygiene

- Those who are affected by polio are unable to carry out their daily works. So their family members help them during bathing and defecation. They face problems at the time of defecation as they cannot sit properly.
- The handicapped /physically challenged girls face more problems to do their daily works like bathing, defecation and changing clothes, etc., and the problems become more acute during menstruation cycle as they face utter difficulty in changing and washing used clothes.
- With the active support of WAI few families who have physically challenged members have built a different type of toilet which is comparatively of more height than the normal toilets, so it is easier for disabled people to use.
- But those who are severely affected by polio and unable to walk or move with the support of their hands, they use the same toilets used by the normal people. For those who have lost their legs in any accident, iron rods have been fixed at one side of the toilet to provide them support.
- After defecation almost all have the habit of washing hands with soil and ash.
- Here slight difference could be observed as those who use soil use it thrice, while the ash user uses it only once due to the belief that ash is more germ free and it is safer and hygienic to use it after defecation.
- In WAI intervention areas there is a provision of forming VWSC in which there is a norm of selecting at least one physically challenged person as the committee member. But it was learned during field visit that indeed they do not have any right to take any decision and during meetings they are ignored by others and even they are also not communicated about the imminent meetings.
- Still there is stigma attached to disability as people blame them for committing something *adharm* activity in their previous birth for which they were cursed and in this birth they have become disabled.
- Those who are mildly affected by polio or any minor physical deformity also suffer as they cannot completely restrict themselves from doing any domestic work. For example: for carrying water they have to face problem to wait in the queue till long.

4.3 **TOILET USE AND DEFECATION PRACTICES**

Dhamna village: tribal perspective on toilet use: Dhamna is a village in the district of Dumka of Jharkhand. The place has its importance for Baba Basukinath temple. There are 150 houses of OBC/S.C. settlements and 50 houses of Santhal settlement constituting 'santhali pada'. The OBC persons have their traditional practice of serving the God head – Baba Basukinath and are known as 'pujaks'. Those 'pujaks' assume a higher strata in the society and claim themselves to be pure. The purity is reflected in their action wherein every house hold uses toilet for defecation. They are found to keep their toilets tidy too. Their exposures to different situations by way of interactions with devotees coming from many places of the state might have invoked a sense of healthy living in them, which might have transformed their traditional attitude.

The Santhal in the same village are primarily aboriginal community of the locality. For their difference in living styles and occupational practices, they have remained away from the 'pujaks' in a community within the limit of Santhali pada. It transpired from the interaction with them that they prefer to remain clean and relish to use soaps, during every bath. But as regards use of toilets, they have inhibitions. They do not like the idea of using the same toilet by many and even do not like to keep it near the house. Still there has been visible awareness among them for use of toilets to have easy defecation (especially during sickness, in the evenings, rainy seasons, etc.). It is observed that with the consultation of the NGO (Lok Prerna) they have dug pits for establishing toilets- when asked as to why they have made preparation for the toilets, they replied that those toilets would be used when they become old and their mobility would be restricted.

Other uses: The discussion held with women of Ganpura village of Pakuria block reveals that toilet has been constructed in at every house but use is seasonal and rare.

Toilets have multifarious uses too. During their menstrual cycle Women feel that toilet in the close vicinity is of much use for washing clothes. Some women even say that they use it when men have gone to the field to work.

Size of toilet: Sanoni Soren, a Santali woman in the group mentioned that the toilets being built in their area are too small to get in. Women laughed when one woman pointing out at the fat researcher said – "apni our bhitere dhukte parben na" (you cannot get inside it). There were more complaints like when one stands inside the toilet every one can see him/her.

Distance from the house: Another woman added that it is too close to the house. Maina Murmu's version was, "*I told the mason to construct it a little away from my*

house but he did not give an ear to what I said. He constructed it very close to my house..... How can I enter the toilet in the presence of other members in the family?"

Sunaful Soren, a young woman of about 25 years added instantly, "amra beta cheleder samney pishab karte parbo?" (can we use the toilets for urinating in front of the male members?) Lugi Hembram further expressed her disappointment by stating, "there was no one strong to talk to the mistry (mason) (she meant a male member) since I my self could not place the bricks at a distance he made it right next to my house. Now how can I use it?"

From dusk to dawn (Life changes when someone is there to lend a helping hand).....

It is an inspiring story of Pravita Kumari a girl from Lalpurdihi. She had no confidence in leading a good life as destiny had played a cruel game with her making her physically challenged. Being polio stricken she was unable to walk and her suffering had no limit. Even she was not in a state to carry out her daily grooming activities smoothly without the help of others. Particularly attending natures' call was more difficulty on her part.

With the intervention of Jan Chetna Manch she got selected as a member of VWSC (Village Water Sanitation Community). Gradually her life started blooming like a beautiful flower. She was fortunate enough to receive a tricycle from Water AID India. With the support of WAI a toilet was constructed for her which not only reduced her drudgery but also helped her to use her time in a more productive manner and it also increased her level of confidence. Now she does not feel herself helpless.

Pravita never misses any meetings organized by the VWSC and participates very actively with utter interest. Life has been more meaningful for her and now the dusk period of her life has come to an end. With the new morning she has started seeing new dreams of her life.

Need for repair and maintenance: Women in Badasabadar village of Pakur district were dissatisfied when they mentioned that the pan is broken since a longtime and they are unable to use it. There is a latent expectation that the organization that has provided the toilet would take up the responsibility of repair and maintenance.

Some of the toilets observed showed perfect cleanliness. But the space next to the toilet used mostly for bathing purposes is not so hygienically maintained. The flooring has slopes at one side allowing water to accumulate. Women urinate there and the water does not get flushed out entirely, leaving the space stinking and dirty.

Use by children: "Children", they said, "feel scared to go into a closed tight room..... they are much used to going out." Further asking about children's defecation practices they said that children are normally allowed to sit in the Verandah. Then with the help of a straw, the stool is removed from the place and thrown out.

Use by men: With the question of whether male use toilets or not the reply was given by Nilamani Hembrum in the group, “why should men go to toilets when they have a cycle and vast open space left to them..... the entire Baitarani River bed is for their use” (every one laughed with her).

Making of Superstructure: People have tried to erect superstructures out of various materials such as plastics sheets , bamboo, branches of trees, etc. In Badasabadar village in Pakur, people were seen having erected superstructures with bamboo frame but later it had collapsed and the toilet remains unused. In Ganpura village some women mentioned in the Group Discussion that the external agency / NGO had promised to erect a superstructure, give bucket and soap but has failed. In Ganpura village some creative superstructure were seen. Some write ups were displayed on the outer wall. Water is kept in the toilet and the toilet is getting regularly used.

Awareness and sensitization drives by partners: Since regular competitions are held in the area organized by the NGO (Gram Jyoti), some have come up with extreme creativity not only just to win the prize but have been front runners in the block to be emulated by others. The water handling practices and immaculate toilets are testimonies to their creativity.

Use by working women: Santhal women of Badsabadar village have a slightly different story to offer. These are the women belonging to the economically lower class of the society who go out to graze animal early in the morning. Sunity Marandi of the village mentioned, “We go out to the field taking cows, goats, etc., with us. While they graze we get enough time and space to attend to nature’s call. We use our toilets only during the evening hours.”

Lack of space in urban slums: The slums in Ranchi are located in the heart of the city and therefore people do not have enough spaces around for defecations purposes. Lack of space around has prompted people to use toilets provided by external agencies and they have also established private toilets.

Community toilets: Sulabh (Sulabh Souchalay, a group which specializes in construction of latrines) has constructed a 36-seater toilet which is being used by women. But women say that it is not sufficient to cater to a large population as theirs.

Problems in open defecation: Rudigada slum has 51 toilets; 31 apparently built with the support of Water Aid India and 20 with personal efforts. It was mentioned that it has become increasingly difficult to go to the *kheti* (agriculture fields) located quite far off which is about 2 kms away from the slum. People face harassment from *kheti* owners. “*Kheti wale hame gali dete hain*”, stated a Muslim woman in the group discussion.

4.4 Sanitation in schools

Along with the sanitation measures in the households, information about the condition of sanitation in schools was also observed and the results show the proportion of schools with toilets and the proportion of these toilets which are functional. The facility of storing water in these toilets is also observed and so also the hand washing among students in these schools. There are about 133 schools in the project area and these schools have a total of 25899 student base. Boys constitute the majority (54%) of students while girl students constitute 45.6%. There are 63 students with disabilities.

Sanitation in schools

NGO	No. of schools	No. of Students				Sanitation facilities		
		Boys	Girls	Disabled	Total	With Toilets	Functional toilets	Water storage facilities
Gram Jyoti	28	2863	1828	28	4719	17	12	3
	21.1	60.7	38.7	0.6	18.2	60.7	42.9	10.7
Jana Chetana Manch	26	6673	5630	0	12303	25	0	0
	19.5	54.2	45.8	0.0	47.5	96.2	0.0	0.0
Lok Perna	26	1540	1531		3071	14	6	6
	19.5	50.1	49.9	0.0	11.9	53.8	23.1	23.1
Nava Bharati Jagriti Kendra	13	743	613	9	1365	8	8	3
	9.8	54.4	44.9	0.7	5.3	61.5	61.5	23.1
Pragati Jubak Sangha	16	845	834	7	1686	8	8	0
	12.0	50.1	49.5	0.4	6.5	50.0	50.0	0.0
Sathee	24	1364	1372	19	2755	9	9	0
	18.0	49.5	49.8	0.7	10.6	37.5	37.5	0.0
Total	133	14028	11808	63	25899	81	43	12
		54.16	45.59	0.24	100.0	60.90	32.33	9.02

Overall, about 61% of the schools have toilets, whereas those with functional toilets constitute only 32%. Further, only about 9% of the toilets have water storage facilities. Mostly schools in the NBJK area have functional toilets (61.5%), followed by schools in PJS area (50%). In the area of JCM, while over 96% of schools have toilets, none of them is functional.

Hand washing: About a quarter (24.1%) of schools have hand washing practice. This is found in all the schools under PJS, and in 23% of schools each in the area of Lok Prerna and NBJK. Very less proportion of schools in the area of Gram Jyoti, Sathee and JCM have this practice.

NGO	No. of schools	With Hand Washing
Gram Jyoti	28	3
	21.1	10.7
Jana Chetana Manch	26	0
	19.5	0.0
Lok Perna	26	6

	19.5	23.1
Nava Bharati Jagriti Kendra	13	3
	9.8	23.1
Pragati Jubak Sangha	16	16
	12.0	100.0
Sathee	24	4
	18.0	16.7
Total	133	32

Sanitation practices in schools

- Almost all schools have toilets and urinal facilities, but those are not properly used as the teachers keep them locked most of the time. Because if those are regularly used there will be a burden of cleaning it regularly for which there is no man power. Even if the students are engaged in cleaning, they are not able to clean properly. So in this case the students are compelled to go outside for defecation and after defecation they are bound to wash their hands using soil.
- In case of few schools where there is no OHT on the toilets, students carry water from nearby sources and in this case the students clean the toilets. The buckets, mugs and soaps have been provided in the toilets
- Use of soaps, slippers, before food hand washing practices, post defecation hand washing practices, avoiding open defecation are the issues on which awareness programs are organized by NGOs through School teachers.
- All most all schools have Tube wells which are used for drinking purposes
- But when those get defunct the teachers inform the students beforehand to bring water bottles from their home.

4.5 Sanitation in institutions

Presence of latrines in different institutions was observed. Regarding **Anganwadi centers**, about a quarter to half were found having latrines. In NBJK area, close to half of the AWW have latrines. In Gram Jyoti and in Sathee area, a third to a quarter has latrines, respectively.

In **schools** also, the proportion of those having latrines varies between a quarter to three-fourth. In JCM area, about 77% have latrines, whereas in NBJK urban area, only a quarter have the facility. The proportion varies from a half to two-fifth in PJS and Sathee area, respectively.

Sanitation in Institutions

NGO	Total HH	Village/ GP level Institutions							
		Aganwadi centres	Aganwadi with Latrines	Schools				Health Sub Centre	Health Sub Centre Having Latrines
				P.S.	M.S	H.S	Having Latrines		
Gram Jyoti	3517	26	8	14	7	2		4	1
		0.74	30.76	0.40	0.20	0.06	0.00	0.11	25.00
Jana Chetana Manch	3374	31	0	16	9	1	20	1	0
		0.92	0.00	0.47	0.27	0.03	76.92	0.03	0.00
Lok Perna	2335	19	0	13	12	1		78	0
		0.81	0.00	0.56	0.51	0.04	0.00	3.34	0.00
Nava Bharati Jagriti Kendra	2528	16	7	3	3	2	2	1	1
		0.63	43.75	0.12	0.12	0.08	25.00	0.04	100.00
Pragati Jubak Sangha	1061	9	0	10	4	2	8	1	1
		0.85	0.00	0.94	0.38	0.19	50.00	0.09	100.00
Sathee	2613	16	4	13	12	2	11	5	3
		0.61	25.00	0.50	0.46	0.08	40.7	0.19	40.00
Total	15428	117	19	69	47	10	41	90	6
		0.76	0.12	0.45	0.30	0.06	0.27	0.58	0.04

Regarding latrines in **health sub-centers**, in the areas of JCM, NBJK and PJS, there is just one sub-center, and only the last two have a latrine in the SC. In Gram Jyoti, only 1 out of 4 SCs have latrines, whereas in the area of Sathee NGO, 3 out of 5 SCs have latrines. There seems to be a clear need for latrines in the health sub-centers.

5. Disease prevalence and hygiene practices

Some of the partners of IPAP implemented a project on promotion of integrated water, sanitation and hygiene. Changing hygiene practices and inculcating good practices among the people in the rural areas was a major focus of the project. This includes hand washing practices at critical times, and menstrual hygiene among adolescent girls. The prevalence of different water borne diseases in the area is also an indicator of the state of use of safe water and the level of sanitation and hygiene in the area, and therefore this aspect was also looked into.

- 5.1 Hand-washing at critical times: The proportion of households in the area who are washing hands at critical times was noted and the information is compiled. Hand washing is being done by different proportion of households in different areas, varying from a low of 3.4% in the area of Sathee to a maximum of 80% in the urban area under NBJK. In PJS area in Orissa, more than two-thirds of households are engaged in hand washing at critical times. Half of the households in the area of Lok Prerna do this, compared to 56% in JCM area. There is a need to focus on this aspect by the NGOs, particularly Sathee.

Hand washing

NGO	Total HH	Disease/Hygiene Practice			
		Hand washing at critical time		Use of Tisni	
		Yes	No	Yes	No
Gram Jyoti	3517	1387	2130	349	3168
		39.44	60.56	9.92	90.08
Jana Chetana Manch	3374	1885	1489	0	0
		55.87	44.13	0.00	0.00
Lok Perna	2335	1145	1232	147	2265
		49.04	52.76	6.30	97.00
Nava Bharati Jagriti Kendra	2528	2029	499	1182	0
		80.26	19.74	46.76	0.00
Pragati Jubak Sangha	1061	733	328	942	119
		69.09	30.91	88.78	11.22
Sathee	2613	89	2524	0	2613
		3.41	96.59	0.00	100.00
Total	15428	7268	7703	2620	8165
		47.11	49.93	16.98	52.92

5.2 Hand washing after defecation and personal hygiene

People, especially women, seem to be aware of personal hygiene- especially hand washing after defecation. Soaps are mainly used and also small particles of detergent being used for washing clothes (Rudiguda slum). *Mitti* (earth) is used for washing hands after open defecation. When water is available in the spring their washing is done there, but if there is no water then after defecation one would return home to use the toilet for cleaning. After using *mitti* some people clean themselves with soap again. Women do not wash their hands after handling dishes feeling that enough soap / detergent has been used so their hand would be clean.

Hand washing in water before taking food, without using soap, is a regular practice. When one uses the toilets a separate “toilet soap” is used. The behavior of “Toilet use ←-----→ hand washing with soap” is well established. Washing with soap is done every time one uses the toilet, but not otherwise.

Use of Tisni: Use of Tisni is a very good way of handling water and helps in keeping water safe at home during storage and use. However, its use was found to be common only in the area of PJS (89%) and to some extent in NBJK (47%). Only about a tenth of households in the area of Gram Jyoti use this. This is virtually absent in the areas of Lok Prerna, JCM, and Sathee. Some partners need to start working on this while others need to focus more attention on this practice.

5.3 Awareness on menstrual hygiene: The level of awareness is very low and probably not much work has been done in this area. Only about half of the girls (48%) in the urban slums under NBJK are aware of this concept. Less than a tenth of girls in the areas under Gram Jyoti and Lok Prerna are aware of menstrual hygiene. Awareness is virtually absent in the areas of Sathee, PJS and JCM. It is clear that all the partners need to focus their activity on creating awareness on the issue.

NGO	Total HH	No. of adolescent girls aware of menstrual hygiene
Gram Jyoti	3517	305
		8.67
Jana Chetana Manch	3374	0
		0.00
Lok Perna	2335	158
		6.77
Nava Bharati Jagriti Kendra	2528	1206
		47.71
Pragati Jubak Sangha	1061	15
		1.41
Sathee	2613	0
		0.00
Total	15428	1684

Menstrual hygiene practices

Field visit to village Mathura Beltikri, Dhobna, and nearby urban slums opened a prelude to understand, realize, and suggest intervention regarding menstrual hygiene and to improve the condition of adolescent girls. The prevailing situation in different villages is different. There is less availability of water, poverty and ignorance which have conditioned their attitudes to accept the available ground reality. Hence there is a strong need for intervention to change the ground realities. The following paragraphs describe the prevailing conditions in different localities and suggestions thereof to address the problems.

- In Tetulia Village of Dhanbad district, during menstrual cycle the Muslim women have a habit of disposing of panties along with menstrual clothes used in those days. There is a belief that these clothes have lost their purity and have become *asudh* (impure). Usually it is used once.
- Adolescent girls have a practice of washing clothes used during menstrual cycle at the same bathing *ghat* where they take bath and wash general clothes. Generally soaps are used for washing those clothes. The same soap is also used for washing other clothes. (This was found in Belkupa of Dhanbad, Tetulia, Dhamna, Dumka, etc.)
- Old clothes such as saya, saree torn cotton etc. are used for a menstrual hygiene. A life span of cloth could be 4-5 years to 10-12 years or until it gets torn on its own.
- Women in the group discussion at Ganpura village of Pakur and Tentulida of Bhadrak , mentioned that 2/3 cloths are used and kept in a plastic bag to be taken near the river to be washed.
- Washing takes place with the help of soap but removal of stain depends on the nature of blood. If the blood is good the stain is removed easily. Some people have bad blood which is dark, thick and obstinate and sticks to cloth leaving deep stain.
- Women who go to far away places such as streams or river find it less tedious to clean in it in the bathroom or toilet. This was mentioned by women of Badasabadar Santhal village who go as far as 2 km. to clean their menstrual clothes.
- Women mentioned that they make hemming on the clothes to give it a look of handkerchief, so that they will feel free to dry it in a common place where other clothes of the family are exposed under sun. So no one will be able to guess whether it is a cloth which has been used during menstruation. In the group discussion, Manand Marandi of Ganpura stated, *"I stitch my menstrual clothes in such a manner that they look like a big scarf or a handkerchief and I leave it under the open sun. Thus no one can ever dream that it is a menstrual cloth.*
- After washing clothes usually they dry it at the backside of the houses where no one, particularly males will not be able to see. But during rainy days they face problem as the

clothes do not get dried properly and remain damp. So while they use those damp clothes they come up with different skin allergies like itching and rashes for which they use different ointments. But they buy those ointments directly from the medicine stores without consulting doctors.

- As the Tube wells remain crowded during the day time, the girls do not feel free to wash those used clothes near the Hand pumps. So during day time they wash it near wells, but during night hours they wash it near Hand pumps.
- A few also dry those clothes in the common places where the entire family dry their clothes. But they do it slight differently as after drying they cover it with another piece of cloth.
- Those who have bathroom and toilet facility they carry water from wells and wash those clothes inside the bathing room.
- Dettol (popular brand of antiseptic liquid) is not at all used by women. Women and Girls in villages have never heard about it but some in the urban slums reported having heard about its use.
- Women in general do not know about use of sanitary pads. A very small numbers of girls know about Personal hygiene, but for a majority it is not a big matter at all.
- In Ganpura village of Pakur almost all except 2 to 3 girls are using clothes during menstrual period. Very few know about the sanitary pad. They came to know from television & from their friends. In Mathura Beltikiri & Bandarbasaa village a training programme was organized by Lok Prerana NGO where they gave some training about the hygiene and food habit and some related knowledge to adolescent girls. They also gave the idea about sanitary pad. They also told them that there is a provision of free supply of pads to girls in school but till date they have not given any thing. Those who know about the pads do not know where to purchase and how to purchase.
- In Orasahi village they get training from NGO (Pragati Jubak Sangha) that during menstrual cycle they should clean their clothes with Dettol (antiseptic liquid) to prevent infections.
- During menstruation cycle usually the girls and lady teachers remain on leave as there is no facility in schools to change clothes/pads.
- There are many superstitions around menstrual hygiene.

“you have to get back the cloth well before evening lest it is eaten up by dogs which, it is believed, can stop a woman from being pregnant.”

“if you leave the cloth out in night then it may be sniffed by reptiles such as snakes, spider, Scorpion etc.”

“You should not throw away your used clothes in open field which might be used by person practicing black magic and witchcraft. It should be buried deep in the ground.”

- 5.4 Prevalence of different water borne diseases: Water borne diseases affect people due to a combination of factors; mainly because the water used for drinking is not safe and carries infections to the user. This can be prevented through use of safe water for drinking, presence of sanitary condition in the area, and adoption of hygienic practices such as hand washing or good water handling practices by the people. High levels of prevalence of water borne diseases indicate an unsatisfactory state of affairs with respect to water, sanitation and hygiene. In this context, the levels of morbidity and mortality with diarrhea and other water borne diseases was

noted. It is found that the proportion of households affected with diarrhea ranges from less than 1% in the urban slums to about 8% in the area of PJS in Orissa. In the areas covered by Gram Jyoti, Lok prerna and Sathee, the levels of diarrhea is around 5 to 6%. However, mortality due to diarrhea is found in the area of Sathee only and there seems to 4 deaths due to diarrhea in this area.

NGO	Total HH	Disease/Hygiene Practice		
		No. of People Affected with Diarrhea	No. of People affected with Water borne diseases	No. of Diarrheal Deaths reported
Gram Jyoti	3517	158	533	0
		4.49	15.15	0.00
JCM	3374	0	0	0
		0.00	0.00	0.00
Lok Perna	2335	159	313	0
		6.81	13.40	0.00
NBJK	2528	6	31	0
		0.24	1.23	0.00
PJS	1061	83	734	0
		7.82	69.18	0.00
Sathee	2613	155	52	4
		5.93	1.99	0.15
Total	15428	561	1663	4
		3.64	10.78	0.03

For other water borne diseases, the number of people affected varies between 13 to 15% in the areas of Lok Prerna and Gram Jyoti. It is about 1% in the areas of Sathee and NBJK. In the areas under PJS, a maximum of 69% are suffering from other water borne diseases.

6. PARTICIPATION OF EXCLUDED COMMUNITIES IN NGOs AND CBOs.

IPAP programme of WAI is focused on promoting water and sanitation services for the excluded communities. Besides the service delivery approach, the programme also incorporates a rights based approach where the excluded communities are empowered to demand their rights and claim their entitlements. To further this objective, one of the indicators of the programme is an increase in the proportion of the excluded communities in decision making forums not only in the villages but also in the partners' organizations. Accordingly, the baseline research looked into the structure of the governing bodies of the partners' organizations and also into their staff composition to examine the proportion of members from the excluded groups. The different village level committees in the study areas were also examined for representation of the excluded groups. The information is presented in the sections below:

6.1 Representation in governing Bodies of CSOs: Overall, the information on the governing body membership obtained from the 6 participating CSO partners shows that there are a total of 52 members in the governing bodies of the partners. Of these, close to a third are women members. The OBC constitute about 29% of the total members, whereas the ST constitutes only 19%. The proportion of SC is less at about 8%. The minorities only have a 2% representation. There is no single PWD member in the governing body of any of the partners.

Among partners, Lok Prerna and PJS have a better representation of women. The OBCs are in great strength in PJS and Gram Jyoti. PJS also has a very high representation from the Scheduled Castes. For tribes, Sathee, Lok Prerna and JCM have a high representation ranging from 29% to 36%. Only Gram Jyoti has a higher representation from the minority community.

Representation of excluded groups in NGO Governing Body

NGO/GB Members	GJ		JCM		LP		NBJK		PJS		Sathee		Total	
	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
Total Members	9		7		9		9		7		11		52	
Women members	2	22.2	2	28.6	4	44.4	3	33.3	3	42.9	3	27.3	17	32.7
PWDs	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Caste	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%		
OBC	4	44.4	2	28.6	1	11.1	3	33.3	4	57.1	1	9.1	15	28.8
SC	0	0.0	1	14.3	0	0.0	1	11.1	2	28.6	0	0.0	4	7.7
ST	0	0.0	2	28.6	3	33.3	1	11.1	0	0.0	4	36.4	10	19.2
Minorities	1	11.1	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	1.9
Others	4	44.4	2	28.6	5	55.6	4	44.4	1	14.3	6	54.5	22	42.3

6.2 Representation in staff of CSOs: The CSO partners together have a total staff of 278. It is observed that about 38% of these are women. The OBC constitute a fifth of the staff, and the tribals have little less representation at 16%. The SCs, minorities and the PWDs are not represented adequately in the staff list.

Considering individual partners, PJS and NBJK have a very high representation from women, from 67% to 73%. Sathee is the only organization which has 4 staff who are disabled. No other organization has any disabled staff. JCM and PJS have very high proportions of OBC members. For tribals, Sathee has 57% tribal staff, whereas NBJK has about 27%. The SC and the minorities are not well represented well.

Representation of excluded groups among NGO staff

NGO/Staff members	GJ		JCM		LP		NBJK		PJS		Sathee		Total	
	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
Total Members	82		28		71		15		12		70		278	
Women members	38	46.34	11	39.29	15	21.13	11	73.33	8	66.67	24	34.29	107	38.5
PWDs	0	0	0	0.00	0	0.00	0	0.00	0	0.00	4	5.71	4	1.4
Caste	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%		
OBC	0	0	22	78.57	0	0.00	5	33.33	8	66.67	22	31.43	57	20.5
SC	0	0	2	7.14	0	0.00	0	0.00	1	8.33	1	1.43	4	1.4
ST	0	0	2	7.14	0	0.00	4	26.67	0	0.00	40	57.14	46	16.5
Minorities	0	0	0	0.00	0	0.00	3	20.00	0	0.00	2	2.86	1	0.4
Others	0	0	2	7.14	0	0.00	3	20.00	3	25.00	1	1.43	22	7.9

6.3 Participation in village forums: For enhanced decision making role in the village, the excluded groups should be given due representation in different decision making forms in the village. In this context, the committees in the villages, mainly the Village Water and sanitation Committee, were examined for the type of members. The results show that of the total 261 members, 50% are women. With respect to PWD, their representation is nil. Both OBC and ST constitute one-third each of the total members. The scheduled castes constitute about 175 of the members. The minority groups also form 17% of the total members. In respective partner areas, women are found to be very highly represented in NBJK and PJS. STs are well represented in Sathee areas, and also in Grm Jyoti and NBJK areas. SCs are more in the areas of PJS and Lok Prerna. The minority group constitutes half of the members in the area of NBJK.

Representation of excluded groups in CBOs (VWSC)

CBO/VWSC Members	GJ		JCM		LP		NBJK		PJS		Sathee		Total	
	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
Total VWSC members	42		40		51		36		24		68		261	
Women	20	47.6	14	35.0	22	43.1	32	88.9	20	83.3	24	35.3	132	50.6
PWD	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Caste	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%
OBC	11	26.2	22	55.0	29	56.9	0	0.0	13	54.2	13	19.1	88	33.7
SC	8	19.0	5	12.5	18	35.3	2	5.6	11	45.8	0	0.0	44	16.9
ST	19	45.2	2	5.0	3	5.9	16	44.4	0	0.0	45	66.2	85	32.6
Minority	4	9.5	11	27.5	1	2.0	18	50.0	0	0.0	10	14.7	44	16.9

6.4 VILLAGE WATER AND SANITATION COMMITTEE

There have been important interventions designed by NGOs to prevent public defecation, keeping the habitation clean & tidy, ensuring access to clean water. In such an attempt to achieve all these above mentioned, the Village Water Sanitation Committees (VWSC) have been formed. Some VWSCs are formed 1 to 1 ½ years back while others have been formed new.

Conceptually, the committee has a two pronged approach. While it has to look into building awareness relating to water sanitation issues, as one major aspect, actions taken around critical issues revolving around water and sanitation forms another major component.

They carry out identification of different problems and improvement and transformation of people and suggest corrective measures. As its regulatory obligations, the committee has to sit once in every month to supervise the cleanliness of village environment, prevent public defecation, look into access to clean drinking water, keep the source of drinking water clean and tidy, and to keep the toilets clean and useable and prevent a situation which would challenge the cleanliness of the environment.

While visiting village Mathura Beltikiri it was observed that the discussions made in the committees have not been furthered to necessary action points. For instance, it was unanimously decided to establish toilets for defecation but as regards its location (putting emphasis on gender concerns) use of superstructure methods to

keep it clean etc., have not been reduced to action points. For better appreciation of the discussion, the version of one of the members of the committee, is given below, *“committee mein saf safai key bare main batchit hota hei..... pani dhakna, saaf pani pin,a yeh sab ke bare main hum gaon ke logo ko jankari dete hain.”* When asked whether they have taken any role in selection of the toilets, they mentioned in the negative. It was further corroborated by the women in Belltikiri village that they have never participated in the construction of their toilets

A dialogue between Nursingh Rana (OBC), a carpenter by profession and Mr Pradeep Paswan (SC),members of VWLC sheds some light as to the functioning of the committee.

RESEARCHER

“Committee main aap log kya kartein hain”

RESPONDENTS

“Ham logo committee main meeting kartein hain sab”

“Mahine main ek bar jarur meeting kartein hain”

“hamare committee main biklang bhi hain”

“saaf safai, pani main dhakan dena, chapakal ka pani pina, ye sab ke bare main charcha hoti hai”

“humlog gaon ko saaf bhi karte hein sir”

Showing a particular area right in front of where the discussion took place the member stated proudly, *“yahain pe bahat maila tha hum milke isko saaf kiyein hain”*

All these discussions revealed that the formalities present in the VWSC are strictly adhered to. Meetings held regularly, participation of women, people from schedule caste, persons with disabilities, etc., are ensured, discussions are held on water sanitation issues but the immediate and the critical issues revolving around water sanitation which has a direct bearing on women are not taken up. For example in the above mentioned village toilets are being constructed in almost all the houses but hardly any use was reported. People, especially women complained severely on the low quality materials used in construction of toilets, absence of pits in toilets and thin walls erected as superstructures. It was stated that there was hardly any discussion pertaining to these toilets which would have prepared them for accepting such a toilet (indicating a toilet without a superstructure). There was apparently no step taken by the VWSC to reduce their anxiety nor has there been any measure to look into the low quality construction taken up by the contractor.

However, the preliminary step of following the guide lines has been followed strictly.

In another village the members themselves expressed extreme dissatisfaction over the issue of relatives being present in the VWSC and one of the relatives working as contractor. The older member (*chacha*) complained against his nephew on not giving the promised money to him in time. He had apparently constructed the toilets on his own and feels that the money provided by Govt. is taken away by his *bhatija* (nephew). In the discussion it surfaced that the money has not yet been received by the nephew. Here too, the norms and regulations have been followed but the essence and spirit is not achieved. The way forward is not known by the members.

After the discussion was over in the village, one member came upto the researcher and asked in a flat but inquisitive and low tone “*madam, ye bikalang yahan pe kya karenge?*” The person with disability was affected by polio. The researcher told the story of Paklu Tudu to the group for a better comprehension.

A dream unfulfilled..

Dhamina is a small village of Dumka District of Raipur, where Paklu lives with her parents. Life has left no option for her as she is severely affected by polio from her birth which has obstructed her normal growth process. She has a stunted growth and hardly of 3 feet height and is thinly built.

As her legs are thin it becomes a difficult task for her to move from one place to another. She only crawls to move from one place to another. Her bones are very fragile (as the Doctor says) and being so she has broken her bones several times. Her younger sister is her only company in carrying her to the far off field for defecation.

Even though she is a member of the VWSC, she has never got the chance to express her wants. She does not really know the exact reason for which she is a member of VWSC and why she is asked to remain present in the committee meetings.

She takes bath near the tube well but due to a long queue she has to wait for a long time to do so. There she gets humiliated as no one understands her actual problem rather they ask her to come later. Sometimes she falls down and hurts herself. She is only there to put signatures at the time of meetings being asked by the other members. Since she does not feel the need of her being present in the committee, she does not attend it now a days.

7. CITIZEN'S ACTION PROJECT

The introduction section described the citizen's action initiative under which it is envisaged to empower the communities and the citizens to claim their rights and entitlements in the area of water and sanitation through participation of excluded members in village level forums, public campaigns, and other advocacy measures such as public hearings, interface meetings, etc. In this context, the committees formed in the villages as part of the empowerment process were examined to assess how far the process of sensitization and education of the committee has been started and what is the effect on the members. Few VWSCs were observed in this process and discussion conducted on the activities and the comprehension of the members. The results of the discussion are presented here.

7.1 **VWSC:** Discussion with Villagers in Belkupa and Tentulia villages at Dhanbad gave insight into the functioning of Gram Sabha and Village Water Sanitation Committee.

In Belkupa it was understood that Gram Sabha is held and people are selected from respective Tolas (habitations) as members of VWSC. Representations from all categories such as SC, OBC, minorities, and disabled have been included in the committee. Women representation is not there. The VWSC was constituted on 9th June 2009 with eleven members. Five members belong to scheduled tribes and six to OBC. The VWSC of Tentulia comprises of thirteen members out of which ten are male and remaining three female. Besides, all the members belong to the minority community (Muslims).

The objective of this committee is better governance, stopping exploitation and alienation of their resources. This is meant to be achieved through capacity building processes and continuous information and knowledge sharing among the members.

The objective of the committee is achieving better coordination and convergence. The Govt. functionaries have been largely met which came out clearly from the group discussion. It was mentioned by some in the group that previously no one in the Govt. would ever listen to their problems on WS but now the situation has changed for better as representation from the VWSC sent to the PHED JE has some meaning and he responds to the villagers quite well.

Coming to repair of hand pumps, men came out saying that now the JE comes immediately to the village to get the hand pump repaired. There is a lot of pressure on him if the letter is sanctioned from the VWSC. A few days back one of the hand pumps in the village broke down. Not only did the JE turn up immediately but the mason also refused to take money from people. *"We only offered the money to the mason out of happiness It was not bribe."*

It was observed that while the initial steps of formation of a good VWSC involving all formalities are taken up by the concerned organization (SATHEE), a lot of clarity among the members in terms of comprehension regarding the objective, goal, purpose and actions taken thereof pertaining to water and sanitation issues is lacking.

The selection of members to the committee from different Tolas have been made in the manner where enough time and guidance/orientation has not been given. It could be due to lack of time and clarity on the part of the organization for which it has not been possible. As a result the person who has been selected to the apex committee as a member, responsible to represent his Tola is not even aware why he was selected, let alone reflecting the needs of his area.

The action points to be taken by the VWSC after each meeting does not get disseminated to the entire village.

After the researchers had an elaborate discussion with the committee members, some men took one of the researchers to near by well and asked her as to whether something could be done about it and whether issues pertaining to well water and its contamination come within the purview of VWSC. He enquired if anything could be done about it.

The immediate need of the village / Tola has to be reflected in the VWSC and then a plan including all those priorities has to be developed.

The same village (Belkupa) has a pond which is used for all purposes (including washing menstrual cloth). Since one source is used so much, it is obvious that the source has to be sanitary, in order to be beneficial to the entire community.

The NGOs explained to us on the cadre (representative from the tolas) system which is developed by them.

Talking to the woman, it was revealed that they are not aware of the VWSC. The men have seen the cadre boy and mentioned seeing him going to the block but don't know as to why he has gone there. "Many people go to the block to seek work as contractors; he must have gone for that purpose". It was felt that the cadres have to be close and connected to the community conveying the concerns of the community on one hand and reflecting the priorities in the VWSC on the other.

However it is a slow process of action where the foundation has been laid but it has to be grounded properly.

7.2 DESCRIPTION OF AREA AND PEOPLE FOR CITIZEN'S ACTION PROJECT

The area where the NGO Sathee is implementing the Citizen's Action (CA) project and the demography and socio-economic and water-sanitation related features of the area are described in this section.

The ST form the bulk of the households, while the minority groups constitute about 16% and the SC are only about 10%. There is good representation from tribals and the minorities. On gender, only 48.72% of the population is female. There are 92 disabled people, forming only 0.19% of the population. The widows constitute about 35 of the population, while 0.11% are affected with some severe infections.

The age distribution also shows that the children below 5 years constitute about 14% of the population, whereas 7% are old and more than 60 years in age.

Regarding water collection practices, women collect in 69% of households, and males in 17% of households, whereas male children also collect in 6% of cases. On ownership of latrines at home, about 17% have latrines, whereas only 4.35 are using it. A bulk of the population is resorting to open defecation (43%).

Of the latrines owned by the people, most are of double offset pit lined (42%) and single offset unlined (41.85%) variety.

The latrines were mostly constructed under the TSC, whereas about a fifth was constructed under the WAI project.

Regarding prevalence of water borne diseases and hygiene practices, only 0.47 were affected with diarrhea and 0.43 with other water borne diseases. A large proportion of the people are carrying out hand washing at critical times. However, only 0.77% uses Tisni. Only 2.16% of girls are aware of menstrual hygiene.

Caste Composition of Sathee(N)

Caste/ NGO	Sathee N	
	No.	%
General	91	1.23
SC	764	10.32
ST	5108	68.97
OBC	225	3.04
Minority	1218	16.45
Total HH	7406	100.0

NGOs	Male	Female
Sathee(N)	24869	23626

	(51.28)	(48.72)
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Population details

NGOs	Total Population	Female	Disable	Widow	Others with (HIV, Leprosy, TB)
Sathee(N)	48495	23626 (48.72)	92 (0.19)	1499 (3.09)	54 (0.11)

(Figures in parentheses indicate percentage)

NGO	Population										Total Population
	0-1		1 to 5		5 to 15		15 to 60		60+		
	M	F	M	F	M	F	M	F	M	F	
Sathee (N)	1181	1235	2300	2179	5376	4892	14304	13579	1708	1741	48495
	2.44	2.55	4.74	4.49	11.09	10.09	29.50	28.00	3.52	3.59	100.00

Water Collection

NGO	Total HH	Water Collection				
		Female	Male	Male children	Female Children	Domestic Servants
Sathee(N)	9432	6366	1594	539	701	7
		69.14	17.31	5.85	7.62	0.08

NGO	Total HH	Having Latrine		Using Latrine		Open Defecation		Latrines having Super Structure		Disable Latrines
		Yes	No	Yes	No	Yes	No	Yes	No	
		Sathee (N)	9432	1608	7824	411	9021	4095	5337	
		17.05	82.95	4.36	95.64	43.42	56.58	1.99	98.01	0.01

Type of latrine - Sathee (N)	No.	%
Single direct pit Lined	70	4.34
Single direct pit Unlined	21	1.30
Single Offset pit Lined	21	1.30
Single Offset Unlined	675	41.85
Double Offset pit Lined	684	42.41
Double Offset pit Unlined	117	7.25
Septic tank	22	1.36
Connected to a sewer	0	0.00
Community Toilets	3	0.19
Ecosan	0	0.00
Total	1613	100.00

NGO	Total HH	HH without external funding	WAI projects	TSC	Untrained Mason employed by HH	Trained mason employed by NGO
Sathee (N)	554	17	112	424	0	1
		3.07	20.22	76.53	0.00	0.18

	No of people affected with Diarrhea	No of people affected with other water borne diseases	No of Diarrheal Deaths reported	Handwashing at critical time (before food and after defecation	Use of tismi or long necked pitcher for drinking water handling	Number of adolcent girls aware of menstural hygiene practices	Nos of HH using cholronaition (Tablets, liquids, powders)	Nos of HH having Filters	Total Population
Sathee(N)	231	209	26	40926	374	1054	100	17	48839
%	0.47	0.43	0.05	83.80	0.77	2.16	0.20	0.03	100.00

NGO	Primary School	Middle	High School	Aganwadi centers	Health sub centres	Panchyat office
Sathee (N)	58	22	5	83	15	4

NGO	No. of schools	No. of Students				With Drinking water	Sanitation facilities			With HW
		Boys	Girls	Disa bled	Total		With Toilets	Funci onal toilets	Water storage facilitie s	
Sathee (N)	113	4881	4176	129	9186		62	18	7	83
		53.1	45.5	1.4	100.0		71.3	20.7	8.0	95.4