Third Party Endline Evaluation

Enhancing Access to Adequate, Quality Drinking Water Through Gender-Just Community Mechanisms in Valia Village, Bharuch District

Supported by:
EdelGive Foundation and Apcotex Industries

Submitted By:
Centre for Integrated Development
www.cfid.org.in

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Acknowledgement

We would like to thank EdelGive Foundation for entrusting us the responsibility of conducting the end-line study for the project 'Enhancing Access To Adequate, Quality Drinking Water Through Gender-Just Community Mechanisms' implemented by Utthan.

We express our sincere gratitude to the entire team of Utthan for their support for conducting desk research and logistics for field work. We thank all the community members for providing their valuable time for all the insightful conversations during the study.

Team CFID
November 2022

List of Figures and Tables

Abbreviations

AIL	Apcotex Industries Ltd.
CBO	Community-Based Organization
CAPI	Computerized Assisted Personal Interview
COVID	Corona Virus Disease
FGD	Focused Group Discussion
FHTC	Functional Household Tap Connection
GP	Gram Panchayat
HH	Household
IHHL	Individual Household Latrine
JJM	Jal Jeevan Mission
KII	Key Informant Interview
LPCD	Litre per Capita per Day
O and M	Operation and Maintenance
ODF	Open Defecation Free
PAPI	Pen and Paper Interview
RO	Reverse Osmosis
RRWHT	Roof Top Rain Water Harvesting Tank
SC	Scheduled Caste
ST	Schedule Tribe
SWM	Solid Waste Management
VWSC	Village Water and Sanitation Committee
WASH	Water, Sanitation and Hygiene
WASMO	Water and Sanitation Management Organization

Executive Summary

Background

Tribal community in many villages in the Valia block of Bharuch district faces multiple challenges regarding water and sanitation. The lack of sanitation facilities needs assessment in this region revealed that unhygienic conditions in villages due to widespread open defecation were causing health concerns for the children and adults. This was due to depilated conditions of household toilets and lack of sanitation facilities.

Apcotex Industries Limited (AIL) is committed to conducting its business in a socially responsible, ethical and environmentally friendly manner and to continuously work towards improving the quality of life of the communities in its operational areas. AIL supported a project near its Valia plant "Enhancing access to adequate, quality drinking water through gender-just community mechanisms in Valia village, Bharuch District" to ensure safe and adequate water and appropriate sanitation systems. The project was implemented by Utthan and facilitated by EdelGive Foundation with financial support from Apcotex Industries from 2020-22.

The project was implemented in two villages, namely, Dungri and Naldhari in Valia block of Bharuch district, Gujarat. The primary objectives of the project were,

- Strengthen women's leadership and improve their role in decision making
- Reduce challenges faced by women in accessing safe water and sanitation
- Capacity building of local institutions for improved WASH program implementation
- Increase ownership of the village community to use and maintain facilities based on equitable norms

The secondary objectives included,

- Enhanced availability of water, both for drinking and domestic purposes
- Improved management of solid waste and greywater management at the household and community level

About End Line Evaluation Study

Centre for Integrated Development (CFID), an independent agency was assigned to prepare a third-party report based on the evaluation of project outcomes and impact. The main objectives of the study were to,

- Assess activities, outputs, and outcomes, in terms of relevance, efficiency, effectiveness, impact, and sustainability
- Assess institutional capacity building around WASH interventions
- Assess awareness of WASH practices among men, women, and children's groups
- Assess the usefulness of COVID relief interventions

Study Approach and Methodology

Interviews (CAPI)	Households (84)
Interactive Exercise	Children (12)
FGD	Men and Women Group (4) Pani Samiti (2)
KII	PRI Members (8) Frontline Workers (4) COVID Relief Beneficiaries (8) NGO Official (1)

The study adopted a blended approach for primary data collection covering qualitative as well as quantitative methods. The quantitative study was anchored by a household survey in the two project villages Naldhari and Dungri. A total of 84 HHs were covered across two villages using a population-to-proportions sample (35 HHs in Naldhari and 49 HHs in Dungri). Sampling within the village was done through stratified random sampling covering varied socio-economy/ caste censuses as well as different clusters for water supply. A qualitative study was done with a focus on WASH and Institutional building through Focused Group Discussions (FGDs) with men and women groups, and through Key Informant Interviews (KIIs) with Pani Samiti members and NGO officials. Interaction with children was also facilitated to get an insight into WASH practices. The qualitative study also covered eight adjacent villages in addition to two project villages where COVID relief interventions were carried out. This included KIIs with PRI members, beneficiaries and frontline workers like ASHA and Anganwadi workers. Secondary research included the study of project documents, progress reports, and baseline reports to understand the context and process applied to the project.

A strategic review of interventions was done using the evaluation criteria of the Organization for Economic Co-operation and Development (OECD). This includes reviewing the project interventions on the criteria of relevance, effectiveness, efficiency, impact, and sustainability.

Key Interventions

The project primarily focused on WASH interventions in two villages. However, due to major COVID surges during the project period, Utthan also responded to the needs of the community in the project villages and adjacent eight villages for preventing the spread of the infection and providing relief materials during the lockdown period.

The interventions can be categorized into two parts: a) **WASH Interventions** and b) **COVID interventions**

A. WASH Interventions included,

- Formation and capacity building of Pani Samitis
- Construction and repairs of household toilets
- Construction of washing platform and soak pits
- Awareness generation of improved health and hygiene through WASH behaviour change, and
- Water resources development

B. COVID interventions included

- Distribution of hygiene kits, safety kits, and medicines
- Provision of seed kits to poor farmers
- Provision of the kitchen garden to families and Anganwadis for nutritional support, and
- Awareness generation of hygiene and COVID prevention

Key Findings

Two major impacts as given below summarize the project interventions,

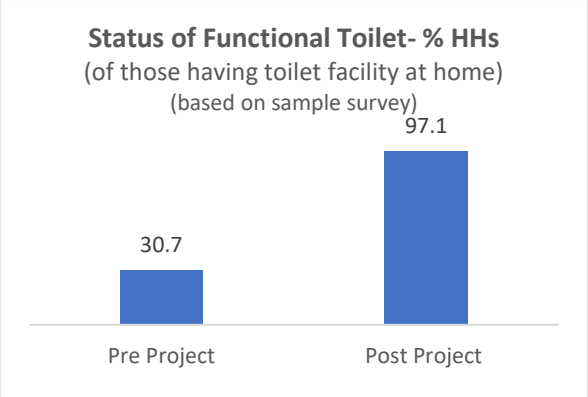
- Behaviour changes leading to a reduction in open defecation and use of the toilet
- Strengthening the governance process by activating Pani Samiti and ensuring the participation of women in water and sanitation works through this institution

Due to the COVID situation and extended rains, some of the physical activities as per target were not completed and will be taken up in the next phase.

Sanitation Status and Usage

One of the biggest achievements of the project has been the increase in the use of toilets and the discontinuation of open defecation. Before the project commenced, only 30.7% HHs (of those having HH toilets) reported having a functional facility, which increased to 97.1% post-project.

Nearly 82.6% HHs reported that all family members use the toilet at home, a significant leap from 26.3% before the initiation of the project.



WASH Institutions

Under the project, a new Pani Samiti (Water Committee) was formed with the support of PRI in both villages, since the previous committees formed under the Government programme were dysfunctional. The new committee consists of more than 60% trained enthusiastic and responsive. women members from both villages. The leadership in the group is slowly evolving. Discussions with men and women groups revealed that members of Pani Samiti are responsive and address the concerns of villagers.

Bath Facility and Grey water drainage

The project has facilitated the construction of new soak pits for draining grey water from various uses like washing clothes, utensils, bathing and other household activities. This has significantly reduced the spilling of wastewater on streets and open ground which created unhygienic conditions.

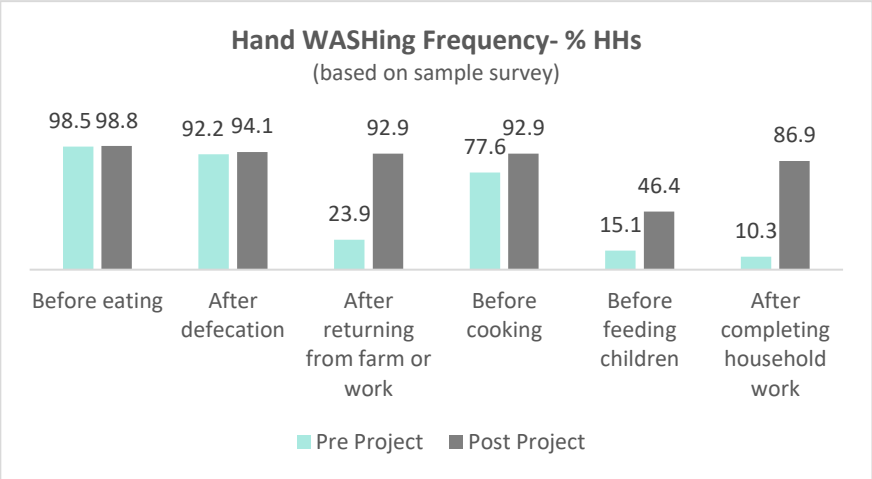
Grey Water/Waste Water Disposal - % HHs						
	Pre-Project (Dec 2019)			Post Project (Nov 2022)		
	Naldhari	Dungri	Total	Naldhari	Dungri	Total
Soak pit		1	2	54.3	73.5	65.5
Kitchen garden/ House Backyard	47.4	9.3	24.6	40.0	24.5	30.96
Open Spaces outside the house	40.4	81.7	65			
Drainage line/Open Drains	3.8	4.8	5.8	2.9		1.2
Absorber	3.8	7.2	5.8			
Others (Washing outside, near the pond etc)	4.9	1.5	2.8	2.9	2.0	2.34

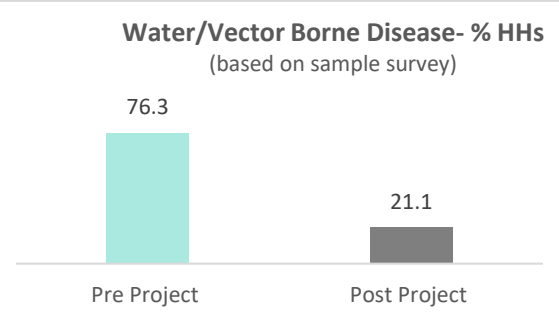
Motivated by the support provided for the construction of toilets, people have constructed bathrooms with their resources. Approximately 150 bathrooms/ bath spaces (100 in Dungri and 50 in Naldhari) were constructed with people's resources.

Improved health and personal hygiene

Extensive awareness campaigns for improved personal and household hygiene practices involving various stakeholders has resulted in adoption of improved hygiene practices, especially among children.

While the frequency of handwashing before eating and after defecation was already adopted in a majority of HHs pre-project, there has been an increased frequency of handwashing specifically before cooking, after household/farm work and before feeding children. Moreover, the use of soap for handwashing is adopted by 100% of households.





Similarly, all the children covered in the study were Washing their hands at critical times and using soap most of the time.

There has been a notable reduction in water and vector-borne diseases like stomach pain, malaria, typhoid, diarrhoea/vomiting and joint pains, as reported by households and corroborated in FGDs. The incidence of diseases has dropped from 76.3% HHs during baseline to 21.1% HHs in the endline study.

Benefits of COVID Interventions

Awareness programmes on COVID precautions and vaccination have been useful in generating understanding and adopting appropriate behaviour against COVID. People have reported that the distribution of mask and sanitisers have helped in the restriction COVID infection. Interaction with children showed that most of them identified at least 5 COVID precaution messages which suggests that understanding COVID prevention measures is good among children. Kitchen garden kits have been useful for some but many reported that due to heavy rains, the production of vegetables was not possible. Interaction with families suggests that seed kits have been beneficial to poor farmers as without this support they would have lost out on Rabi crop production.

Conclusion

- The activities in the project have been found in line with the community's needs. During the discussions, people appreciated the work done by Utthan, especially the construction and repair of toilets, the construction of the washing platform and support to augment water resources.
- The use and functionality of toilets have significantly increased and open defecation has decreased
- With the use of chowkdi (washing platform), hygienic conditions have been enhanced.

- Women's drudgery related to water and sanitation is being reduced.
- Work with PRI and the formation of Pani Samiti were also relevant to bring about change in governance in this sector.
- Enhance women's participation and community ownership
- The project has been effective to bring about behaviour change regarding the use of toilets and stopping open defecation.
- Projects have also been instrumental to bring in confidence among women, who have traditionally been marginalized and had no say in community works and governance.
- One of the highlights of the project may be the success in getting cash and kind contribution by households to build and repair their toilets and construct soak pits for wastewater. Given the socio-economic conditions, this kind of participation is noteworthy
- Crucial aid in times of COVID in agriculture and nutrition

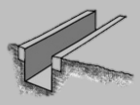
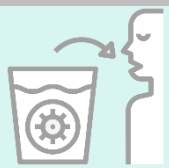
Way Forward

The strategy of the next phase of the project should look at strengthening the works in existing project villages and also scaling up the works a little to have a cluster of impact. Major interventions suggested in line with ongoing interventions include :

1) Functional toilets and ODF: 100% functional toilet and significant social and behaviour change communication for achieving actual ODF status.
2) Solid and Liquid waste management: Integrated planning and leverage of funds from government and other sources need to be undertaken.
3) Strengthening Pani Samiti: Pani Samiti should be formalized and empowered to plan and execute water-related activities, including a collection of water fees for the operation and maintenance of service
4) Source sustainability- extensive rooftop rainwater harvesting system and borewell recharge should be done for source sustainability
5) Functional tap: it should be targeted to have 100% FHTC in project villages.

Comparison of Baseline vs Endline Indicators

Table 1 Baseline Indicators Vs. Endline Indicators

Parameters/indicators			Baseline (n=464)	Endline (n= 84)
Sanitation				
Improved Access to Sanitation		HHs with IHHL	68.1%	82.1%
		HHs with functional IHHL	30.7%	97.1%
Increased drainage of wastewater		HHs with soak pit/sewer line connection	7.8%	66.7%
Reduction in water /vector-borne diseases		% HHs reporting diseases	76.3%	21.1%
Reduction in health expenditure		% HHs with health expenditure due to water/vector-borne diseases	70.4%	21.7%
		Water		
Enhanced Drinking water Facilities		Functional HH Tap (FHTC)	42.3%	50%
		Drinking Water Adequacy	97%	97.6%
		Daily Availability	97.2%	98.6%
		Improved Water Quality (perception based)- Good Quality	80.8%	90.48%
Reduction in Women's Drudgery for water fetching		No drudgery	0.0%	34.5%
		0.5-1 hour/day	69.8%	63.1%
		2 hours /day	20.9%	2.4%
		>2 hours/day	9.2%	0.0%

1. Introduction

This chapter gives brief details of the project and its objectives, project partners as well as study rationale.

1.1 Project Background

Apcotex Industries Limited (AIL) is committed to conducting its business in a socially responsible, ethical and environmentally friendly manner and to continuously work towards improving the quality of life of the communities in its operational areas. In this direction, AIL has a support project near its Valia plant "Enhancing access to adequate, quality drinking water through gender just community mechanisms in Valia village, Bharuch District" to ensure safe and adequate water and appropriate sanitation systems, project. The project has been implemented by Utthan and facilitated by Edelgive Foundation with financial support from Apcotex Industries from 2020-22.

Safe water and sanitation can play a major role in enhancing lives by improving the health of communities. The economic benefits of improved sanitation can potentially increase productivity, reduce healthcare costs, prevent illness, disability and loss of working days and thus improve livelihood security and well-being. Further, availability and access to water help the community especially women to save time, and improve personal hygiene and have also enabled the community to bring change in the attitude towards sanitation practices. This project has thus been undertaken to ensure safe and adequate water and appropriate sanitation systems in the project region.

The project has been implemented in two villages Dungri and Naldhari with expected outcomes as listed below:

I. Strengthened women's leadership and improved their role in decision making
II. Reduced drudgery of women for water and sanitation activities
III. Capacity building of local institutions for improved WASH
IV. Increased ownership of the village community to use and maintain facilities based on equitable norms

1.2 Project Timeline at a glance

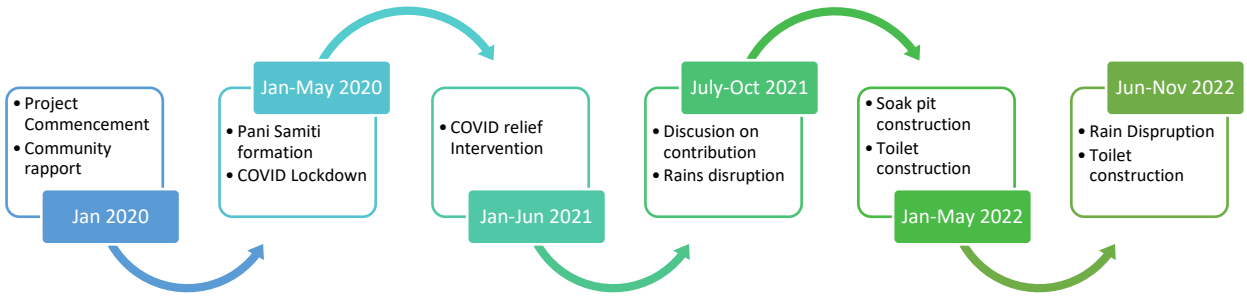


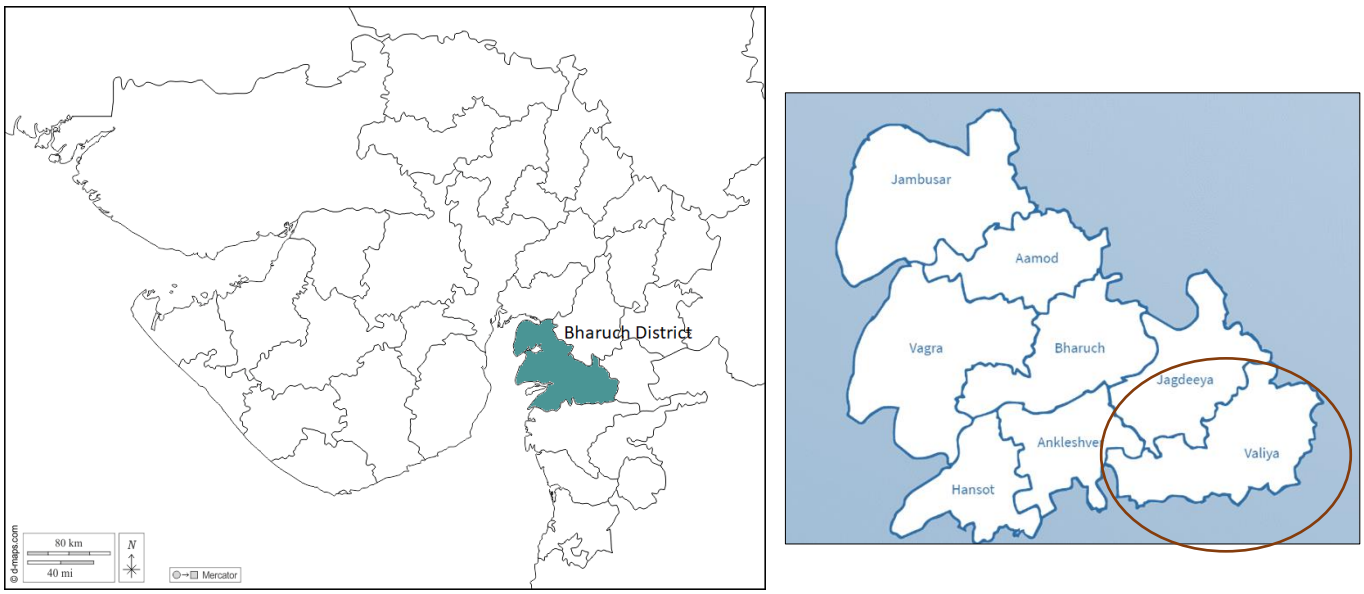
Figure Project timeline and highlights

1.3 Rationale for Third-Party Endline Evaluation

Centre for Integrated Development (CFID) was assigned to prepare a third-party assessment report (Endline Study) as an independent agency to evaluate project outcomes and the impact of the project. The Endline assessment focused on assessing activities, outcomes and objectives in terms of relevance, efficiency, effectiveness, impact and sustainability. The main objectives of the study were:

- Assessing activities, outputs, and outcomes, in terms of relevance, efficiency, effectiveness, impact, and sustainability.
- Assessing institutional capacity building around WASH interventions
- Assessing awareness of WASH practices among men, women, and children's groups
- Assessing the usefulness of COVID relief interventions

Project location map



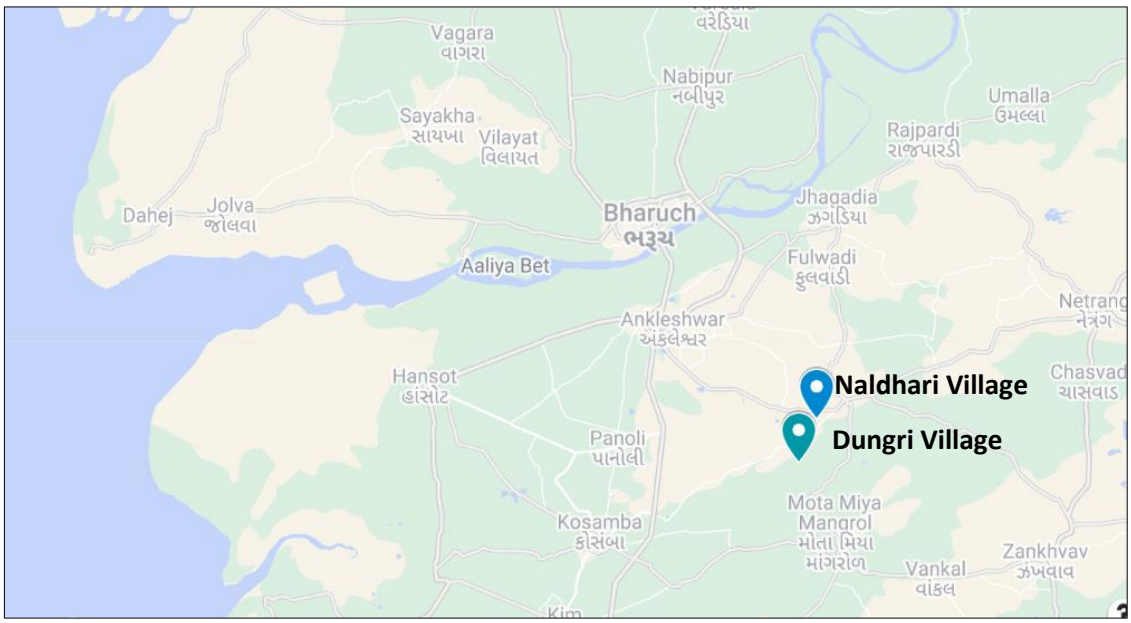


Figure 1 Project Location Map

2. Study Approach and Methodology

This chapter describes baseline study objectives, study approach and methodology.

2.1 Study Approach

Desk research included the study of project documents, progress reports, and baseline reports to understand the context and process applied to the project.

The study adopted a mixed-methodology approach for primary data collection covering qualitative as well as quantitative methods.

The quantitative study was anchored by a household survey in two project villages (Naldhari and Dungri).

A qualitative study was done in two villages with a focus on WASH and Institutional building through FGDs with men and women groups and through KIIs with Pani Samiti members and NGO officials. Interaction with children was also facilitated to get an insight into WASH practices.

Further, the qualitative study also covered 8 adjacent villages in addition to two project villages where COVID relief interventions were carried out. This included KIIs with PRI members, beneficiaries and frontline workers like ASHA and Anganwadi workers.

The participants of the study included men and women community members, children, Pani Samiti members, front-line workers in COVID response (ASHA workers, Anganwadi workers), teachers, and NGO official

2.2 Sampling Method

Household sampling:

Sample Size Estimation for household (HH) survey using the CAPI method

The sample size (n) is calculated according to the following formula:

n = [z2 * p * (1 - p) / e2] / [1 + (z2 * p * (1 - p) / (e2 * N))]

Where: z = 1.645 for a confidence level (α) of 90%, p = proportion (expressed as a decimal), N = population size, e = margin of error.

z = 1.645, p = 0.1, N = 491, e = 0.05

n = [1.6452 * 0.1 * (1 - 0.1) / 0.052] / [1 + (1.6452 * 0.1 * (1 - 0.1) / (0.052 * 491))]

n = 97.4169 / 1.1984 = 81.289

n ≈ 82

The sample size (with finite population correction) **is equal to 82**

Sample Selection

- A total of 84 HHs were covered across two villages using a population-to-proportions sample (35 HHs in Naldhari and 49 HHs in Dungri). Sampling within the village was done through stratified random sampling covering varied socio-economy/ caste censuses as well as different clusters for water supply.
- HH survey was done through CAPI (Computer Assisted Personal Interview) using Kobo Collect App

Apart from Households, the inclusion of other stakeholders for qualitative insights was done through purposive sampling which is given in the below table

2.3 Study Tools

Table 2 Study Tools

Tool	Stakeholders	Frequency	Distribution	Focus Areas
HH Survey (CAPI)	Households (beneficiary family- preferably women)	84	Proportionate to population (35 in Naldhari, 49 in Dungri) Random Stratified sampling in project villages	Changes in water availability and sanitation status, impact on health and drudgery and other socio-economic impacts. Perception on water quality, behavioural change in WASH and gender roles in WASH, payment of water taxes etc Impact of other interventions like kitchen garden, etc
FGD	Men group	2	1 in each project village	Project impact on water availability, involvement of all the socio-economic strata in planning and decision making, a gender perspective on water management,
	Women Group	2		Project impact on water availability, impact and benefits specific to women, improvement in hygiene practices, gender roles and women's involvement in water management at village-level
KII- project villages	Pani Samiti/ PRI	2		Impact of the project on domestic water availability, quality, O and M of system, grievance mechanism sanitation and water-related infrastructure availability, water tax recovery and adequacy, and future needs. Impact of reduction of water and vector-borne diseases
Individual Survey- Children	Children Group (a separate group of girls and boys if required) age group 8-14 years	12		Changes in hygiene practices especially the usage of toilets and hand-washing practices
Individual Survey- COVID interventions	HH survey	8		Impact of COVID interventions
KII	NGO officials	1		Overview of the region and its needs in terms of WASH, project objectives and their achievement, overall perception of the impact of project interventions, learnings and challenges, future needs
KII	frontline workers like AWW, ASHA,	4	2 in each village	Behavioural changes including children on hygiene practices and handwashing,
KII	PRI members (COVID villages)	8	1 each in COVID relief villages	Effectiveness and usefulness of COVID interventions and behavioural changes Impact on hygiene practices nutrition and sustainable livelihoods

(Total 84 HH survey (drinking water), 12 children survey, 8 HHs (COVID interventions), 6 FGDs and 18 KIIs)

A strategic review of interventions was done using the evaluation criteria of the Organization for Economic Co-operation and Development (OECD) as given below. This includes reviewing the project interventions on the criteria of relevance, effectiveness, efficiency, impact and sustainability.

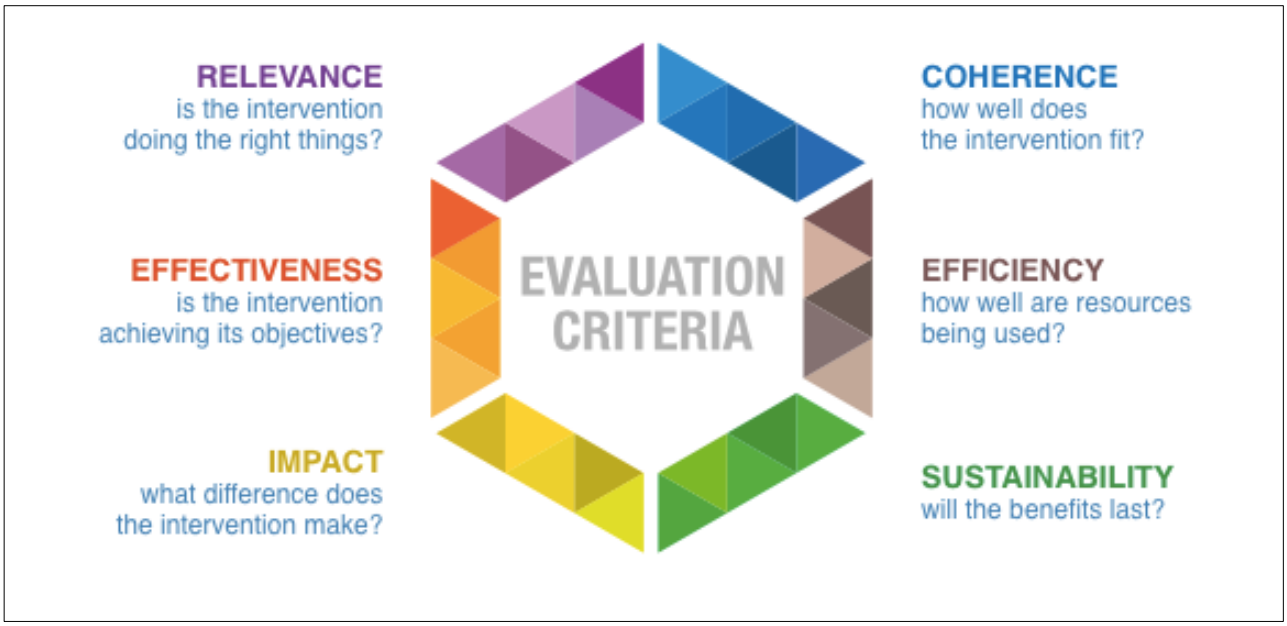


Figure 3 Evaluation criteria

- Relevance was assessed on basis of priority needs which were addressed or fulfilled through the project.
- Coherence was assessed by determining how well different activities complement and supplement each other.
- Effectiveness was assessed by the progress and output of project activities against the target. The processes (participatory, inclusive) adopted in achieving the targets were also considered.
- Efficiency was assessed based on how much and how well community contribution has helped in enhancing the outreach of the project activities. Also, the spinoffs and voluntary actions that were triggered by project activities were assessed.
- The impact of the project was assessed on the medium to the long-term effect of activities on the social well-being and health prospects of beneficiaries as well as the community.
- Sustainability was assessed in terms of the capacity of community groups and institutions to perform the activities and carry them forward without external interventions.

3. Key Findings

This chapter highlights key outcomes and the impact of major interventions in project villages. It also includes COVID support activities in adjacent villages. Findings are based on both qualitative as well as quantitative assessments.

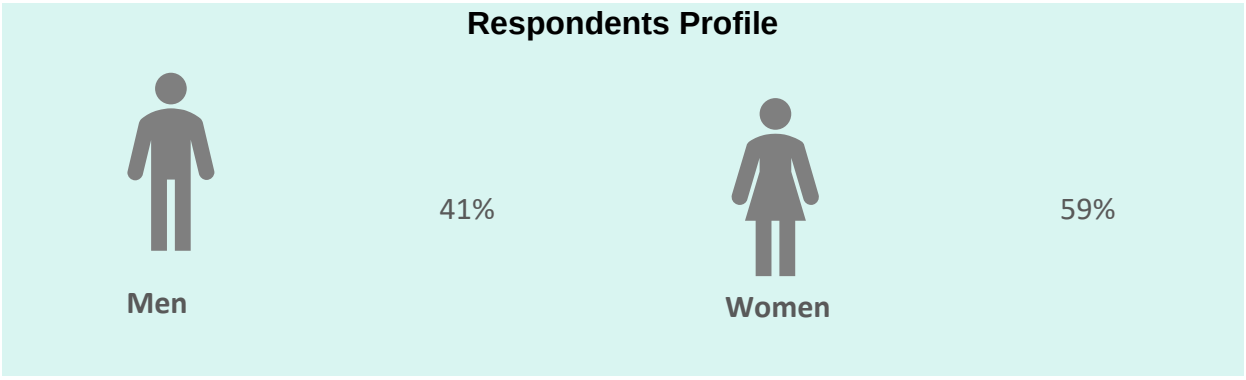
3.1 Socio-Economic Profile of respondents

Project villages, Dungri and Naldhari are located in Valia block of Bharuch district in Gujarat. Both villages are close to Valia taluka headquarters. Of the total 466 HHs in both villages, (92%) 428 HHs belong to the Scheduled Tribe (ST). Agriculture labour work is the major occupation here and there is high migration[1].

For endline total of 84 HHs have been covered of which 59% are women respondents. The profile of respondent households is covered as listed ahead.

Figure 4 Dungri Village Pond

[1] Based on baseline data by Utthan



Parameter	Category	% HH
Family Size	Upto 4 members	39.3
	5-8 members	53.6
	More than 8 members	7.1
Caste Category	General	2.4
	Other Backward Class (OBC)	0
	Schedule Caste	0
	Schedule Tribe	97.6
Disability	Paraplegic	2.38
House Condition	Kutcha	48
	Semi Pucca	43.4
	Pucca	8.4
Occupation	Agriculture and Animal Husbandry	14
	Labour work	29
	Private job or self employed	52
	Government Job	2
	Other	3

Figure 5 Profile of Study Respondents

3.2 Type of Project Interventions

The project primarily focused on WASH interventions in two villages. However, due to major COVID surges during the project period, Utthan also responded to the needs of the community in adjacent 10 villages for preventing COVID infection and providing relief materials during the lockdown period. Thus interventions can be categorized into two parts: **a) WASH Interventions and b) COVID interventions**

A. WASH Interventions include

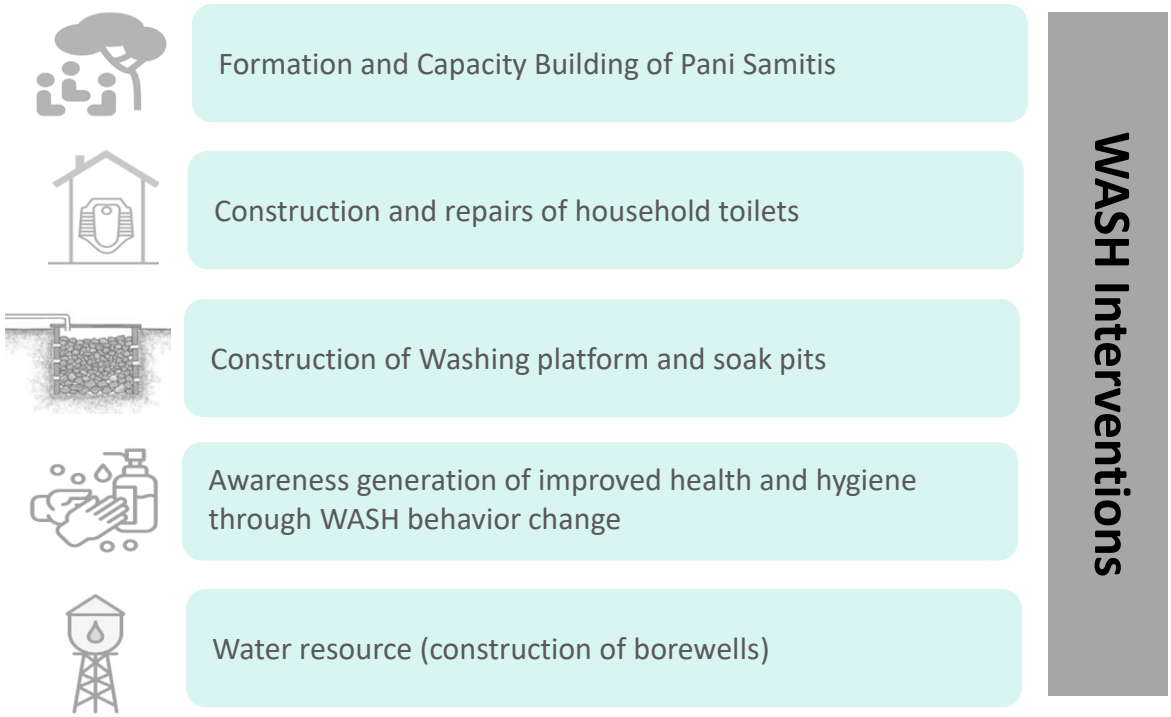


Figure 6 WASH interventions

B. COVID interventions include

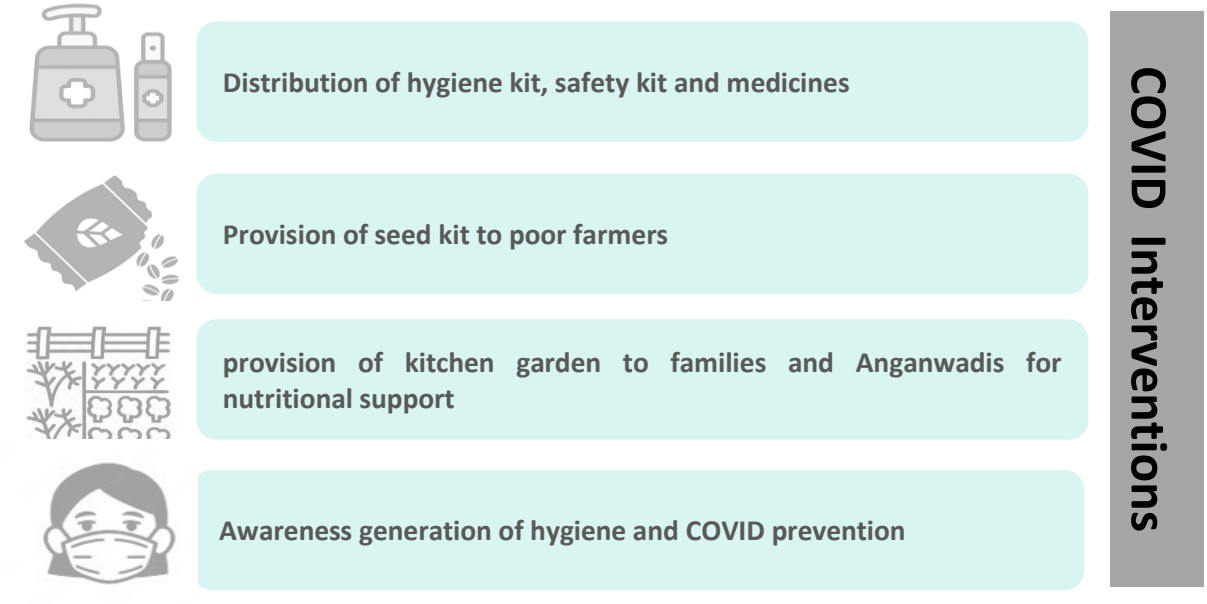


Figure 7 COVID interventions

3.3 Status of WASH Institutions

Baseline assessment revealed that Pani Samiti created under Jal Jeevan Mission (JJM) has different members and is largely dysfunctional. This was a glaring gap in institutional mechanisms to ensure safe and adequate water in the village. With the implementation of the Jal Jivan Mission, the role of Pani Samitis become all the more important at the village level.

Figure 8 FGD with Women at Naldhari

Utthan initiated the process of forming a separate Pani Samiti, ensuring the representation of women and vulnerable communities to facilitate better water management in the village. These informal Pani Samitis have more than 50% women members and have gained the support of Gram Panchayat.

Discussions with Pani Samiti members in both villages reveal that most of the members are highly enthusiastic and responsive. Members of Pani Samiti have been trained for its functions. Discussions with men and women groups reveal that members of Pani Samiti are responsive ad address the concerns of villagers. However, women's leadership is yet to be evolved to take effective decisions and more meaningful participation at community-level engagements.

Discussion with project staff of NGO claims that there have been regular meetings of Pani Samiti, but FGD with Pani Samiti members reveal that the meetings are not regular or frequent. As reported in FGD with community groups and KII with PRIs, currently there is no separate water tax collected by Panchayat. It was reported that water fees are part of property tax, which is collected annually There is a need to prepare a water and sanitation plan and levy water tax for the sustainability of services given by Panchayat.

3.4 Sanitation Status

3.4.1 IHHL (Individual Household Latrine/toilet) Facility

Access to sanitation facilities at the household level was one of the major objectives of the project. There were many toilets in the villages but many of them were not usable. Construction of new toilets and repairing of existing toilets was taken up in two villages with active participation and contribution of community members. This has resulted in a significant rise in the number of households having access to toilets and also using it. Post-project, 82.1% of HH have toilet facilities, a significant rise from 68% pre-project as per baseline. The target of achieving a 100% functional toilet was hampered due to COVID disruptions and extended rains in the area. However, another 12% HHs construction is in progress as reported in the study. FGD with

> ***"Due to increased HH toilet construction in our village, there has been dramatic reduction in filth and open defecation",*** *PRI Member, Male, 65 years, Naldhari*

community members and PRIs reveal that there are still 60 odd households without a functional toilet in Dungri village.

Figure 9 Typical Toilet and Bath Room Facility in Naldhari

Table 3 Village-wise IHHL availability- baseline v/s endline

HH Toilet Availability Comparative Scenario Pre and Post Project - % HHs						
	Pre Project (Dec 2019)			Post Project (Nov 2022)		
	Naldhari	Dungri	Total	Naldhari	Dungri	Total
	n=186	n=278	n=464	n=35	n=49	n=84
Yes	60.2	73.4	68.1	91.4	75.5	82.1
Under Construction	Data not taken			8.6	14.3	12
No	39.8	26.6	31.9	0.0	10.2	5.95
Based on sample survey						

For HHs without toilets, financial constraints and space constraints have been major reasons given for not constructing a toilet. One significant aspect of this initiative was that people have contributed to the construction, renovation and repairs of toilets supported under the project. Considering the socio-economy of the region, this may be termed a major achievement. Not only the process was participatory, but people also contributed in cash and in-kind.

The provision of toilet seats for differently abled community members was also appreciated by people.

"No one other than Utthan thought of my condition and provided seat for toilet. Now I am relieved of daily struggle and pain ", *Elderly women with limb disability in Dungari*

Figure 10 Special Toilet Seat for Differently Abled

3.4.2 Functionality of Toilet and its usage

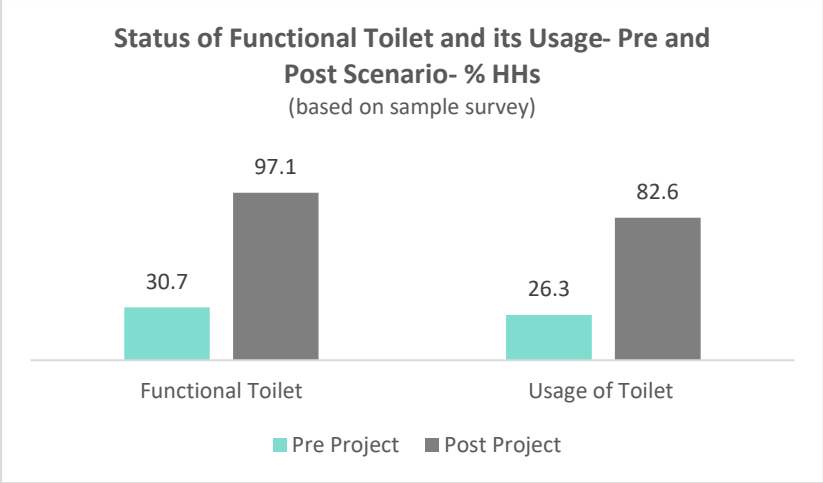


Figure 11 Functionality and Usage of Toilet- Pre and Post Project Condition

One of the biggest achievements of the project has been to increase the use of toilets and discontinue open defecation. Only 30.7% HHs (of those having HH toilets) reported having a usable and functional facility. However, post-project 97.1% HHs reported having a functional toilet.

Due to extensive social and behaviour change communication under the project, the community have realized the importance of toilet usage for better hygiene and health. Nearly 82.6% HHs currently reported that all family members use the toilet at home. Pre-project only 26.3% HHs reported that all family members were using a toilet which indicated a significant reduction in open defecation due to project interventions. As discussed with children in school, all of them have said to be using the toilet at school and home. FGDs with men and women groups confirm that open defection has been reduced to a large extent in the last two years.

"I will marry my daughter to a family, only if it has household toilet ", *a woman community leader from Naldhari inspired after watching a movie shown for sensitization on importance of household toilet*

"Earlier not one preferred to marry daughters in houses without toilet. This project has been instrumental in solving this social issue", *Farmer, 45 years, Naldhari*

Figure 12 Toilet usage in Naldhari Village

3.4.3 Bathroom Facility

HH Bathroom Availability Comparative Scenario Pre (Dec 2019) and Post Project (Nov 2022) - % HHs			
	Naldhari	**Dungri**	**Total**
Pre-Project (baseline report)	19.6	15.6	22.3
Post Project	57.1	34.7	44.0
N=464 in baseline and N=84 in Endline			

HHs having bathroom facilities at home have been doubled during the project intervention period. Pre-project, about 22.3% HHs (baseline survey) or 29.8% (current sample survey) reported having a toilet facility, which has increased to 44% post-project (sample survey). This can be attributed to improved water availability and increased awareness of hygiene practices.

Table 4 Village-wise HH bathroom availability- baseline v/s endline

3.5 Status on waste management

3.5.1 Toilet Waste Disposal

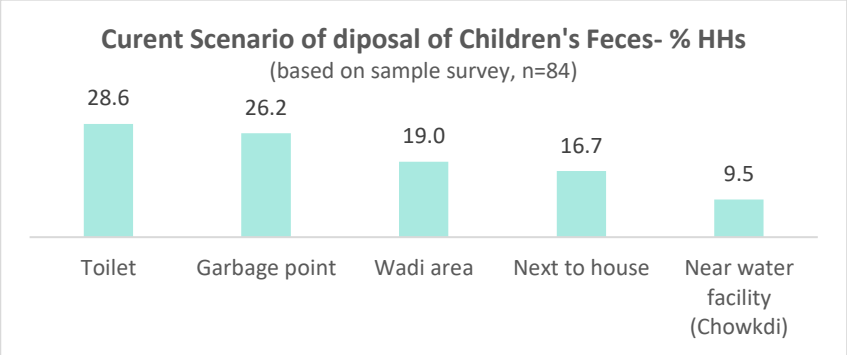


Figure 13 Current Scenario for disposal of children's feces

Earlier the toilets didn't have hygienic and functional soak pits and that was the major reason for not using the toilets. In project activities, the construction and repair of soak pits along with the toilet super structure were given priority. As a result 97% HHs having toilets reported to have lined soak pits (mainly twin pits) for toilet waste disposal. However, disposal of children's faeces is still not practised hygienically. Only 28.6% HHs (of those having infants), reported disposing of faeces in the toilet, while the remaining disposed of it in open areas. Of those having toilet facility also, nearly 40% HHs dispose faeces in open, both in Naldhari and Dungri.

3.5.2 Wastewater disposal

Figure 14 Chowkdi/Platform for water drainage

Baseline assessment revealed that wastewater from the home was spilt on open grounds and streets which added to filth and unhygienic conditions. As suggested by community members, the project facilitated the construction of a new platform (chowkdi) with soak pits for greywater drainage at the household level. Hence now, drainage of wastewater from various uses like Washing clothes, utensils, bathing etc is drained into these soak-pits. Nearly 65.5% HHs currently use soak pits, which was almost nil during baseline. This has significantly reduced the spilling of wastewater on streets and open ground and ensured hygienic conditions around the houses.

Table 5 Village-wise wastewater disposal- baseline v/s endline

Grey Water/Waste Water Disposal Comparative Scenario Pre and Post Project - % HHs						
	Pre-Project (Dec 2019)			Post Project (Nov 2022)		
	Naldhari	Dungri	Total	Naldhari	Dungri	Total
	n=186	n=278	n=464	n=35	n=49	n=84
Soak pit		1	2	54.3	73.5	65.5
Kitchen garden/ House Backyard	47.4	9.3	24.6	40.0	24.5	30.96
Open Spaces outside the house	40.4	81.7	65			
Drainage line/Open Drains	3.8	4.8	5.8	2.9		1.2
Absorber	3.8	7.2	5.8			
Other (Washing done outside, near pond)	4.9	1.5	2.8	2.9	2.0	2.34

3.5.3 Solid Waste Management

The intended activities on Solid Waste Management have been hampered due to COVID disruptions and extended rains in the region. No major interventions have been done for solid waste management under the project yet. Segregation of wet and dry waste is still not yet followed. Based on the sample survey, only 10.7% HHs surveyed segregate waste at home, which was nearly 8.3% of HH pre-project. Those who segregate wet waste use it in cattle feed or for compost on farms. The remaining mix wet waste with dry waste and the majority HHs burn some waste or dispose of it in designated garbage points (*Ukardo*). Littering of waste in open streets is seen more in Dungri and minimal in Naldhari.

3.6 Hygiene Practices

Various interventions and awareness have been undertaken in the project for improved personal and household hygiene practices including the provision of a hygiene kit with soap, awareness of appropriate water storage at home, and awareness of appropriate hand Washing practices, which has resulted in the adoption of improved hygiene practices.

Extensive awareness campaigns for improved personal and household hygiene practices involving various stakeholders have resulted in the adoption of improved hygiene practices, especially among children.

While the practice of handwashing before eating and after defecation was already adopted in a majority of HHs pre-project, there has been an increased frequency of handwashing specifically before cooking, after household/farm work and before feeding children.

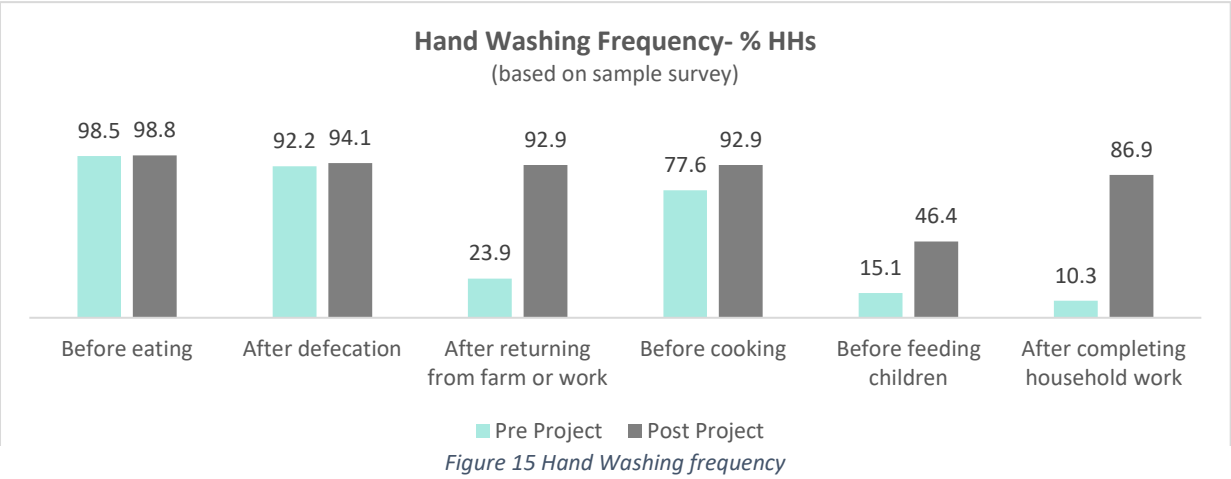


Figure 15 Hand Washing frequency

Interaction with children reveals that all use toilets at home as well as school. They have reported that toilets in school are clean and have hand washing facility. All children also WASH their hands at critical times. Most of the students use soap for washing their hands, while few use soil or clay. Most of the children have been trained to WASH hands by teachers or parents. 25% of them have also reported that Utthan NGO has trained them in hand Washing. This was a timely and significant intervention considering the COVID-19 pandemic raging during the project period.

A hygiene kit including soap has been introduced under the project and extensive awareness has been done in the project for use of soap for handwashing resulting in 100% HHs using soap now. The practice of storing drinking water in a container with lead and using of long hand ladle for fetching water from a pot/ vessel has increased after awareness programmes.

3.7 Overall Impact on Health

FGDs with men and women groups revealed that due to improved drinking water and sanitation facilities and improved hygiene practices, there has been a notable reduction in water and vector-borne diseases like stomach pain, malaria, typhoid, diarrhoea/vomiting and joint pains. This is also corroborated by the household survey. Incidences of water and vector-borne diseases have been reported by 21.1% HHs as compared to 76.3% HHs during baseline.

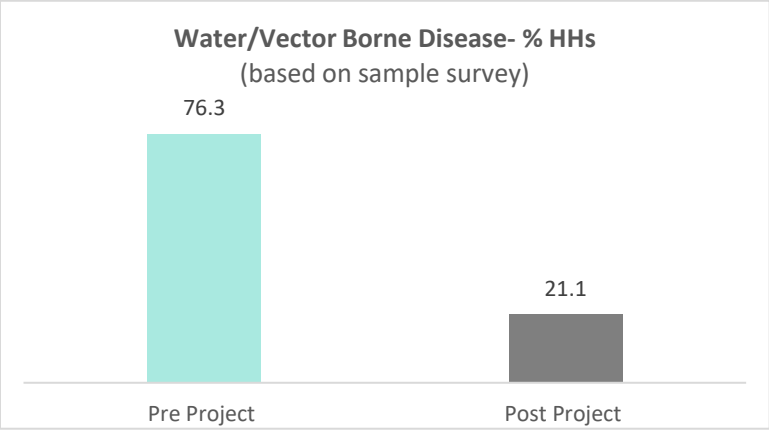


Figure 16 Water/vector borne diseases

Due to the reduction in diseases, medical expenditures have also been reduced. Families reporting no major expenditure on water/vector-borne diseases have increased from 29.6% during baseline to 78.6% HHs post-project. Of those who have reported any expenditure in the last year, the majority HHs have incurred less than Rs. 5000 annually, and none have spent more than Rs. 10000 annually.

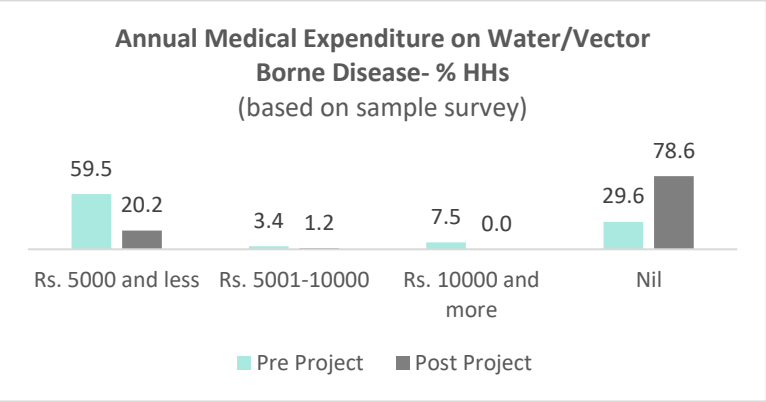


Figure 17 Annual medical expenditure on water/vector borne diseases

3.8 Status of drinking water and domestic water

3.8.1 Water Sources

The needs assessment revealed that communities of certain clusters experience water scarcity. Hence,

two borewells, one in each project village were constructed under the project to augment the water availability in the deprived clusters. A participatory process and inclusive approach were ensured to determine the location of the borewell and access to water from that source. However, the construction of Rooftop Rainwater Harvesting systems, which was planned earlier, has been delayed due to COVID interruption and extended rainfall. The beneficiaries have been selected for this purpose and this activity will be covered in the next phase.

Borewells have been major sources of drinking and domestic water in both villages. With the recent thrust on Jal Jeevan Mission, the household tap connection has increased. However, not all households with tap connections get a water supply. Comparison of pre and post-data, based on household survey indicate that household receiving tap water has increased from 42.3% HH during baseline/pre-project (December 2019) to 50% HHs post-project interventions (November 2022). The scenario in Naldhari is quite better with 100% HHs surveyed reporting having a drinking water facility at home indicating a significant reduction in drudgery for fetching water.

Table 6 Village-Wise Drinking Water Source- baseline v/s endline

Village-Wise Drinking Water Source- Comparative Scenario Pre and Post Project - % HHs						
	Pre-Project (Dec 2019)			Post-Project (Nov 2022)		
	Naldhari	Dungri	Total	Naldhari	Dungri	Total
	n=186	n=278	n=464	n=35	n=49	n=84
Tap at home	86.6	12.6	42.3	100	16.3	50
Stand post	3.8	32.7	21.1	0	24.5	15.48
Bore well	0	32	19.3	0	30.6	17.86
Institutional Tap Stand	9.7	10.4	10.2	0	36.7	22.62
Pond	0	6.1	3.7	0	0.0	
Bought the water	0	5.4	3.2	0	4.1	2.38
Hand pump	0	0.7	0.4	0	0.0	

Figure 18 Handpump as source for drinking water in Dungri

Figure 19 Women fetching water from Stand Post at Naldhari

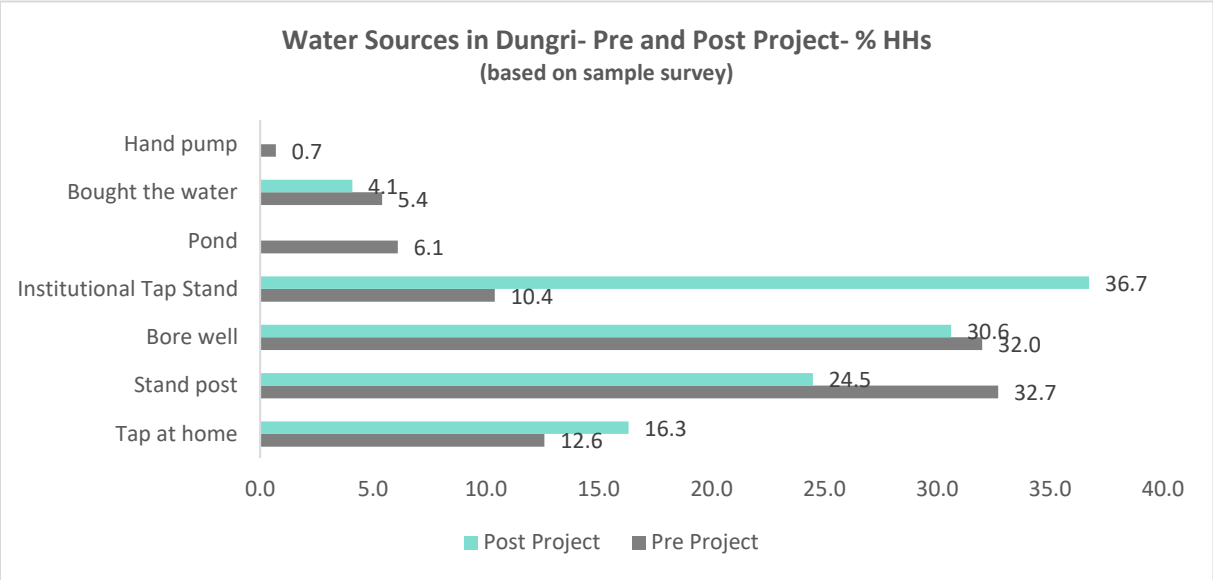


Figure 21 Drinking Water Source in Dungri- Pre and Post Scenario

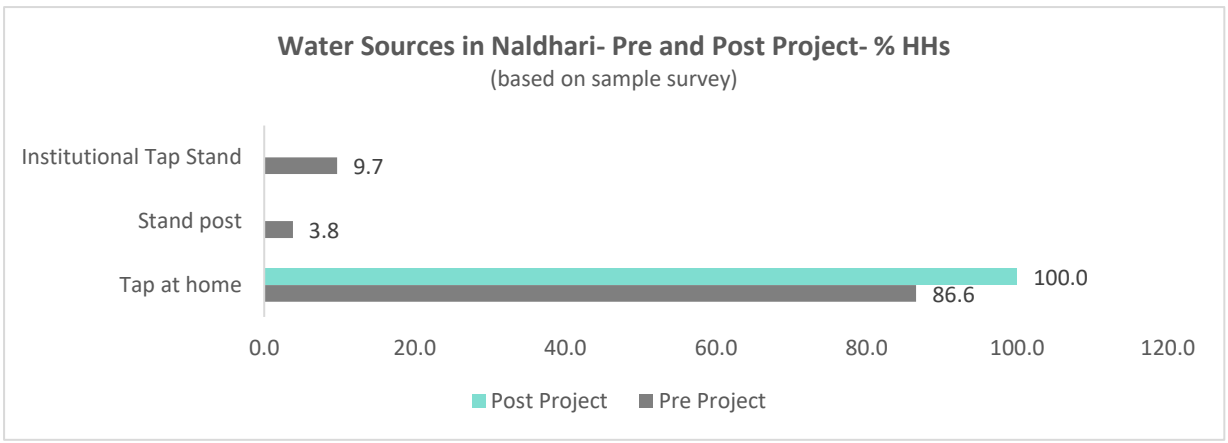


Figure 20 Drinking Water Source in Naldhari- Pre and Post Scenario

3.8.2 Water Adequacy and Availability

With the increased participation of Pani Samiti in water management, there has been an improvement in the availability of drinking as well as domestic water. In Naldhari, all respondents have reported having an adequate daily water supply except for a few days in summer when the water depletes in the borewell.

Table 7 Adequacy and Frequency of Drinking Water- Baseline v/s endline

Adequacy and Frequency of Drinking Water- Comparative Scenario Pre and Post Project - % HHs							
		Pre Project (Dec 2019)			Post Project (Nov 2022)		
		Naldhari	Dungri	Total	Naldhari	Dungri	Total
		n=186	n=278	n=464	n=35	n=49	n=84
Adequacy of drinking water	Adequate	97.8	96.4	97	100	95.9	97.6
Frequency of getting water	Daily	98.4	96.4	97.2	100	95.9	98.6
	Two days	0	2.2	1.3	0	4.1	2.38
	Weekly	0	0.4	0.2			
	Not fixed	1.6	1.1	1.3			
Based on the sample study, n=464 in baseline and 84 in endline							

Interaction with children of age group 8-14 in both villages reveals that safe and clean water is available

at schools in both villages. However, sometimes the water tank gets empty, hence, all children in Naldhari bring water from home. Children from Dungri don't bring water from home to school as adequate water is available at school.

3.8.3 Source of Domestic Water and Sufficiency

Besides drinking water, there has been increased availability of domestic water also with increased tap connections. This has led to a reduction in drudgery for fetching water, especially for women. Currently, 60.7% HHs reported to have tap water availability, as compared to 40.8% pre-project. Moreover, even most of the other HHs can fetch water from nearby stand post reducing dependence on other private and far away sources.

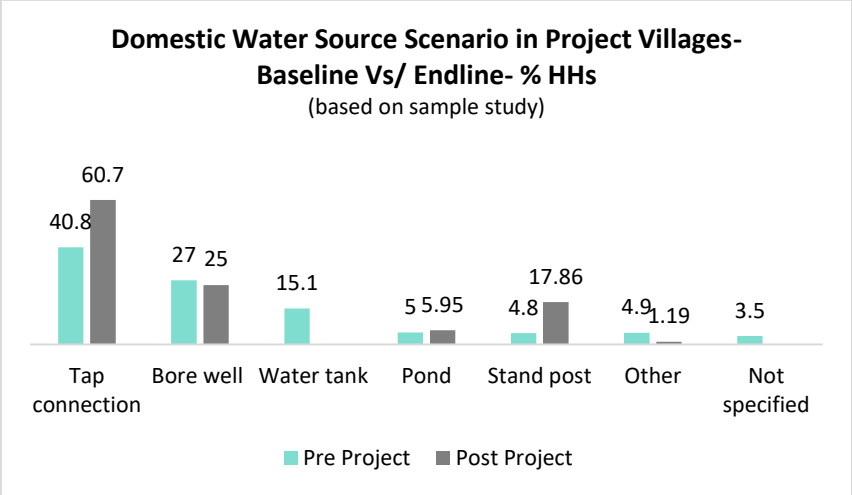


Figure 22 Domestic Water Source- baseline v/s endline

Table 8 Village-Wise Domestic Water Source

Domestic Water Source- Comparative Scenario Pre and Post Project - % HHs						
	Pre-Project (Dec 2019)			Post Project (Nov 2022)		
	Naldhari	Dungri	Total	Naldhari	Dungri	Total
	n=186	n=278	n=464	n=35	n=49	n=84
Tap connection	78.4	15.8	40.8	100	32.7	60.7
Bore well - Public	1.6	38.8	24		42.9	25
Water tank	1.1	24.5	15.1		0.0	
Pond	0	8.3	5		10.2	5.95
Stand post	1.1	7.2	4.8		30.6	17.86
Neighbors tap/bore	5.9	2.2	3.7		0.0	
Bore well - Owned	1.6	4	3		0.0	
Company site	1.6	2.2	1.9		0.0	
Petrol Pump	2.7	1.4	1.9		0.0	
Hand pump	0	1.8	1.1		0.0	1.19
Not specify	7	1.1	3.5		0.0	
Based on sample study						

3.8.4 Drinking Water Quality

With additional sources and better water management, more people covered under the HH survey now agree that the quality of water has improved. Post-project 90.5% HHs reported having to get good quality drinking water as compared to 80.8% HHs during baseline. All HHs in Naldhari village have reported having good-quality of drinking water.

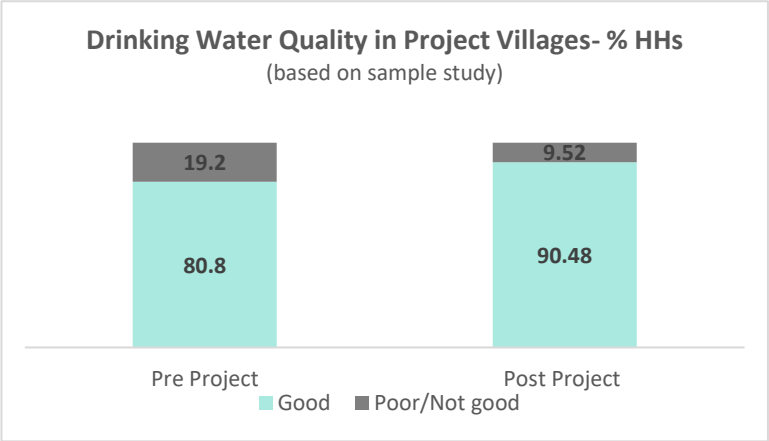


Figure 23 Drinking Water Quality- baseline v/s endline

Pre-project water quality reports indicate that the TDS of various sources in both villages was around 1000mg/lt on average. However, it varies from 300-1200 for different sources[2]. (as per test in pre-project by government sources). While the quality of water from most sources is not very suitable for drinking purposes, the same was usable for domestic use. Discussion with community group indicated that a government water treatment plant has been dysfunctional for some time now.

3.8.5 Impact on drudgery for fetching water

Due to increased tap connections and increased water availability at home and within the village, drudgery for fetching water outside the home and outside the village has reduced significantly.

The project has been pivotal in generating awareness of gender issues. Both men and women were sensitized to share the responsibility of managing water. Post project, 34.5% HHs have responded that both men and women share this responsibility, which was not the case earlier when only women took this responsibility.

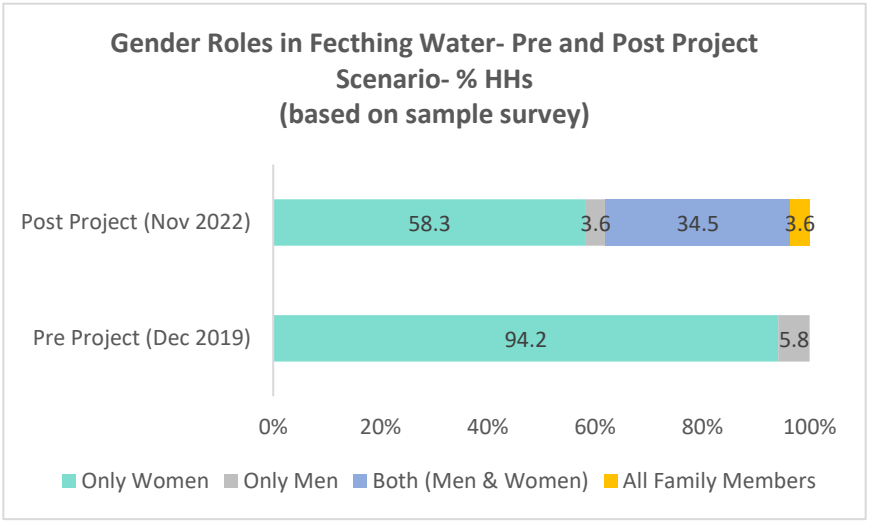


Figure 24 Gender roles in fetching water

While during baseline all the HHs used to spend more than one-hour fetching water; post interventions, 34.5% HHs reported having no drudgery for fetching water (water available at home), while 50% HHs get water nearby and spent half an hour daily. Only 14% HHs spend 1-2 hours a day fetching water. Compared to baseline, where more than 9% HHs use to spend half a day or more fetching water, no HHs now spend such long hours fetching water. The situation in Naldhari is comparatively better than in Dungri with 57% HHs reporting to have no drudgery compared to 18.4% HHs in Dungri.

[2] Note: Good quality here is potable without any odour and acceptable taste is good as per people's perception.

Table 9 Village-wise time spent by HHs on fetching water- baseline v/s endline

Time Spent on Fetching Water- Comparative Scenario Pre and Post Project - % HHs						
	Pre-Project (Dec 2019)			Post Project (Nov 2022)		
	Naldhari	Dungri	Total	Naldhari	Dungri	Total
	n=186	n=278	n=464	n=35	n=49	n=84
Nil				57.1	18.4	34.5
Half Hour				40.0	59.2	51.2
One hour	81.7	61.9	69.8	2.9	18.4	11.9
Two hours or more	18.3	38.2	29.2	0.0	4.1	2.4

3.9 Impact of COVID-related Interventions

Due to COVID waves in 2020 and 2021, the project activities were disrupted. Also, people were under stress in the project region due to a lack of employment and agricultural activities. Considering the need of people during this phase various relief interventions were carried out.

"Kits provided in COVID period have been a boon for us", *Asha Worker, Female, 34 years, Karsad*

Various interventions were undertaken during the COVID period to support health, and hygiene and provide nutritional support to families in 10 villages including Naldhari and Dungri villages which included hygiene kits including soap and masks, nutritional support through kitchen garden kits and seed kits, ration, medicine kit as well as awareness related to hygiene and COVID precautions. The household survey indicates that out of 84 HHs surveyed, 98.8% HHs have received a benefit from one or more interventions. The majority of HHs have received benefits like hygiene kit (soap) and mask during COVID, 16..7% HHs have received seed kits and 20.2% HHs have received kitchen garden kit.

Due to closure of market in COVID, we didn't have seeds to sow in Rabi season. If we had not got the seeds from Utthan, we would not have able to take the crop. Seed kits have helped us sustain our agriculture and livelihood last year.

- *A farmer from Naldhari*

Ration kits were given to only needy families as identified by the villagers, although there was initial resistance to this selective approach. Need-based targeting for relief distribution is a noteworthy achievement for NGOs as it needs tenacity and social engineering skill to convince leadership and other community member to put the interest of vulnerable families above their own.

Table 10 Benefits received by Sample HHs under Project

Benefits received by Sample HHs under Project- % HHs			
	Naldhari	Dungri	Total
	n=35	n=49	n=84
Soap	97.1	100.0	98.8
Mask	91.4	100.0	96.4
Kitchen garden kit	34.3	10.2	20.2
Seed kit	20.0	14.3	16.7
None	2.9	0.0	1.2
Based on sample survey			

3.9.1 Kitchen Garden Kits

With the disruption in government services and the closure of the market, people were also not getting vegetables. Utthan distributed the kitchen garden kits to poor families and Anganwadis so that the nutrition intake of family members, especially pregnant and lactating women be maintained. From sampled HHs, a total of 17 HHs have benefited from the kitchen garden kits, of whom, 88.2% have used the kit. From those using the kit, nearly 66% HHs have stated to have increased intake of vegetables thus resulting in increased nutritional food intake. About 6.7% HHs stated to have generated income by selling vegetables grown from these kits. About 20% HHs did not have a noteworthy impact and 6.7% HHs could not get vegetables from the kit due to heavy rains that failed the yield. The kitchen garden given in Anganwadis has failed also to yield due to heavy rains.

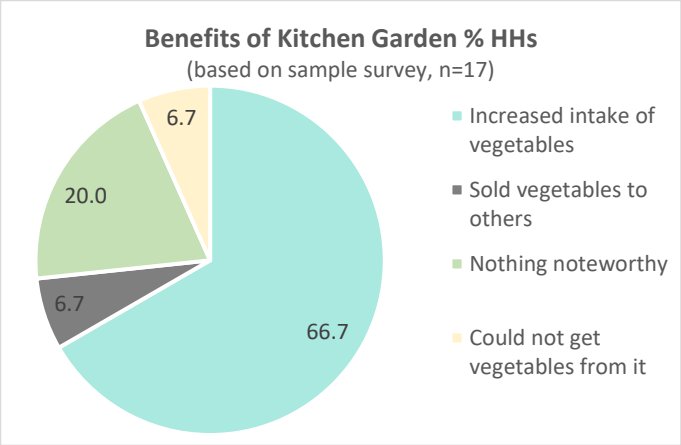


Figure 25 Benefits of kitchen garden kits

3.9.2 Seed Kits

With the closure of the market, farmers didn't have the seeds to sow in the Rabi season. Utthan provided seed kits to poor and small farmers which helped them take rabi crops. From sampled HHs, 14 HHs have received seed kits and all have used them. About 78.6% HHs of them have reported cost saving on seeds. 64.3% HHs reported to have improved crop quality 50% reported timely sowing of crops due to this intervention. Interaction with families in all villages suggests that seed kit has been beneficial to poor farmers as without this support they would have lost out on Rabi crop production,

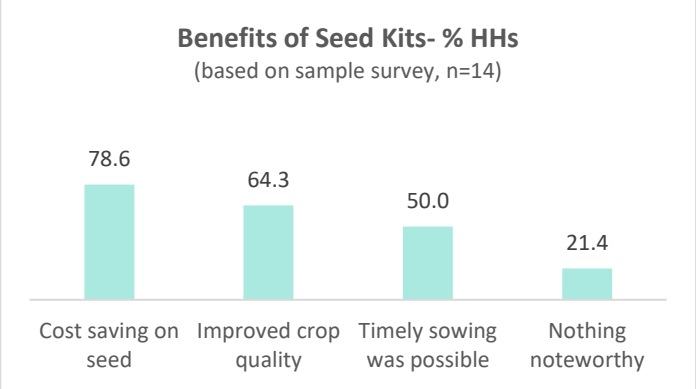


Figure 26 Benefits of seed kits

3.9.3 Awareness of COVID Precautions and Safety

Awareness programmes on COVID precautions and vaccination have been useful in generating understanding and adopting appropriate behaviour against COVID. People have reported that the distribution of mask and sanitisers have helped in the restriction COVID infection. Interaction with children showed that most of them identified at least 5 COVID preauction messages which suggest that understanding COVID prevention measures is good among children.

Figure 27 Various COVID Relief Interventions in 10 villages

3.10 Capacity Building and Awareness building

Various orientation sessions and capacity-building programmes were conducted with Pani Samiti and other community groups on a range of issues including understanding WASH issues, solutions, planning, monitoring and sustainability and needs of the most marginalized. These awareness campaigns, cluster meetings and training on water, sanitation and hygiene formed the backbone of the project and mobilized the community to participate and contribute to activities. It also created goodwill for NGOs and helped in overcoming the barriers for implantation of project activities .

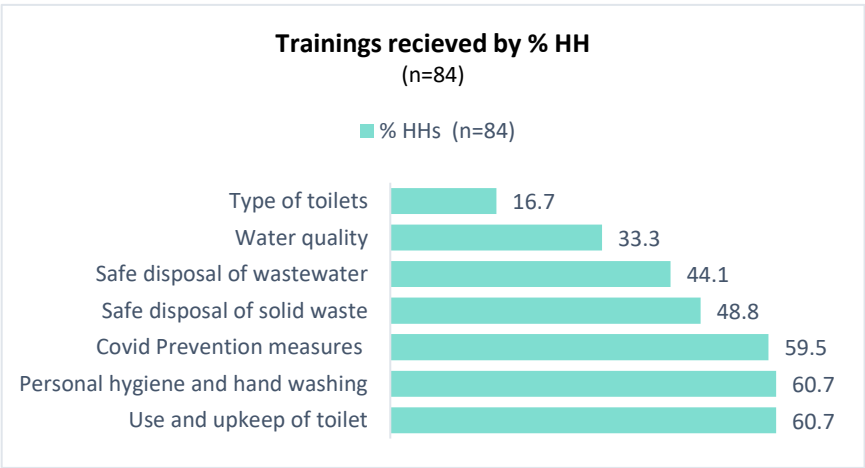


Figure 28 Trainings received by sample HHs

The household survey indicates that more than 60% HHs have received training on the use and upkeep of toilets, personal hygiene and handwashing. 59.5% HHs have received training on COVID precaution measures. More than 44% HHs have received training on the safe disposal of solid waste and wastewater. 33% have received training and awareness on water quality aspects, while 16.7% HHs have received training on various toilet types.

3.11 Awareness and information

Various awareness sessions and information dissemination through IEC materials (Information Education and Communication) were undertaken in the project, which enhanced the community's awareness of WASH, waste management and COVID precautions. Sample surveys reveal that the majority of HHs received various information through the project (Utthan) followed by media (TV/newspaper).

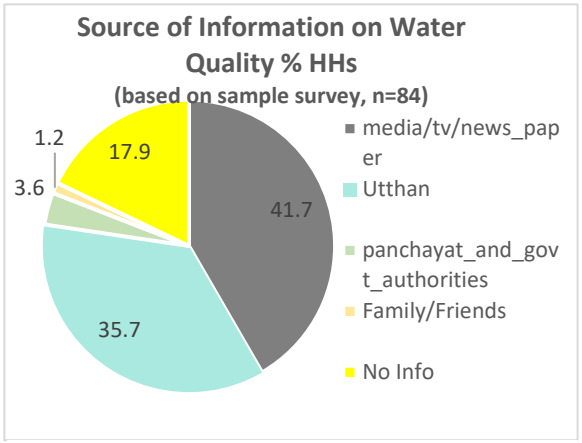


Figure 29 Information source on water quality

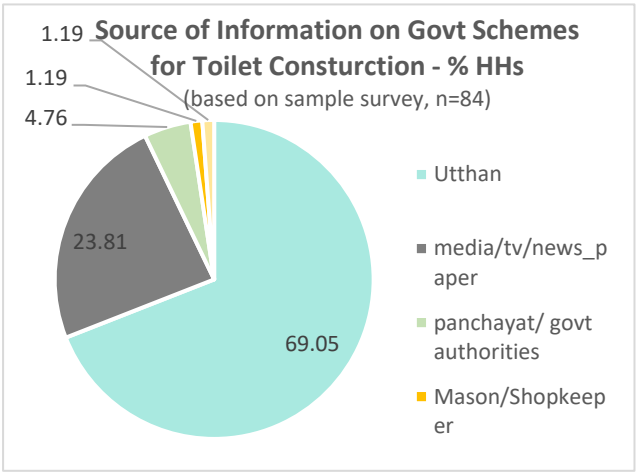


Figure 30 Information source of Government Schemes

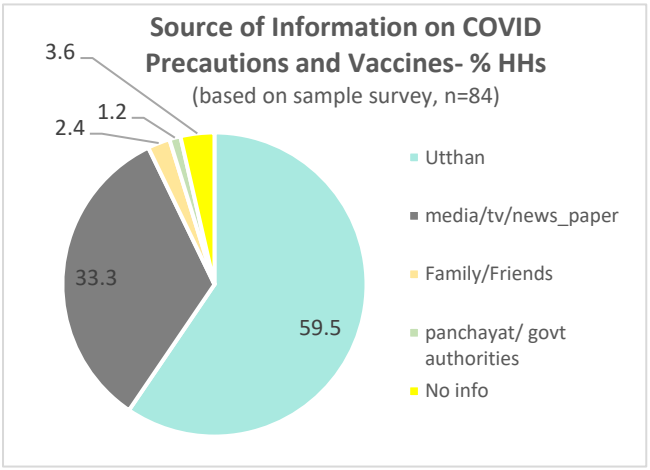


Figure 32 Information source for COVID Precautions

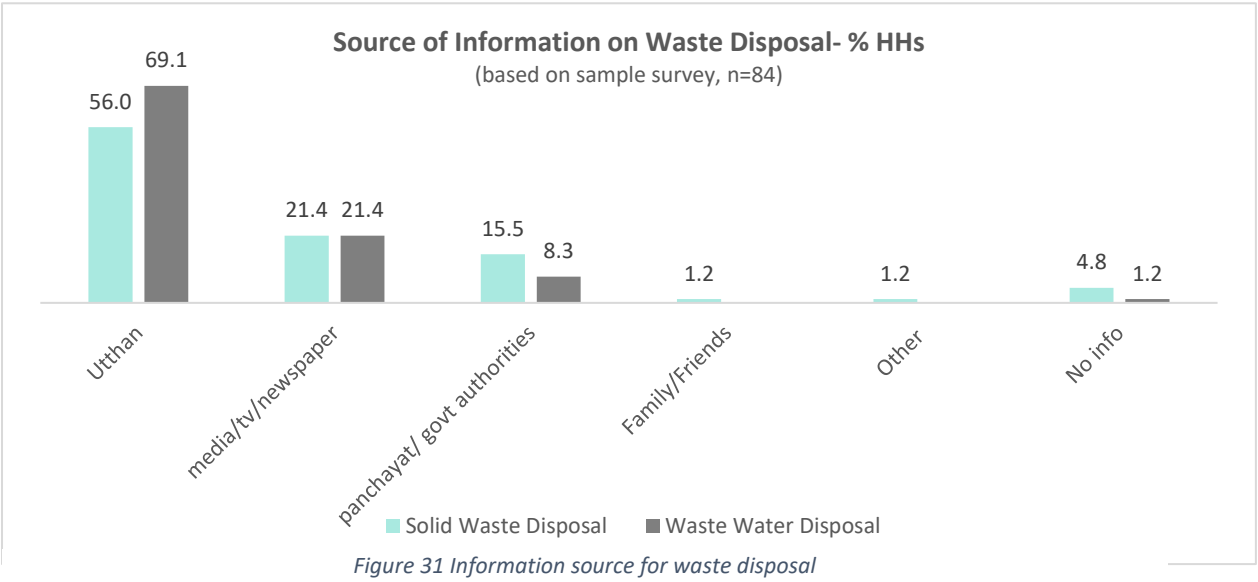


Figure 31 Information source for waste disposal

4. Strategic Project Review

The chapter highlights the project achievements against the target, project relevance, efficiency, sustainability and overall impact.

4.1 Project Target Vs. Achievement

Due to the COVID situation and extended rains, some of the physical activities were not completed as per targets and can be taken up in the next phase. While the frequency of capacity building and soft skill activities have exceeded the targets. Some of the activities have not been completed due to continuous and excessive rain in the region and COVID disruptions. It's planned to complete all activities and achieve 100% targets by end of December 2022. Progress of some of the key activities is given here.
Details of activities are given in Annexure 1.

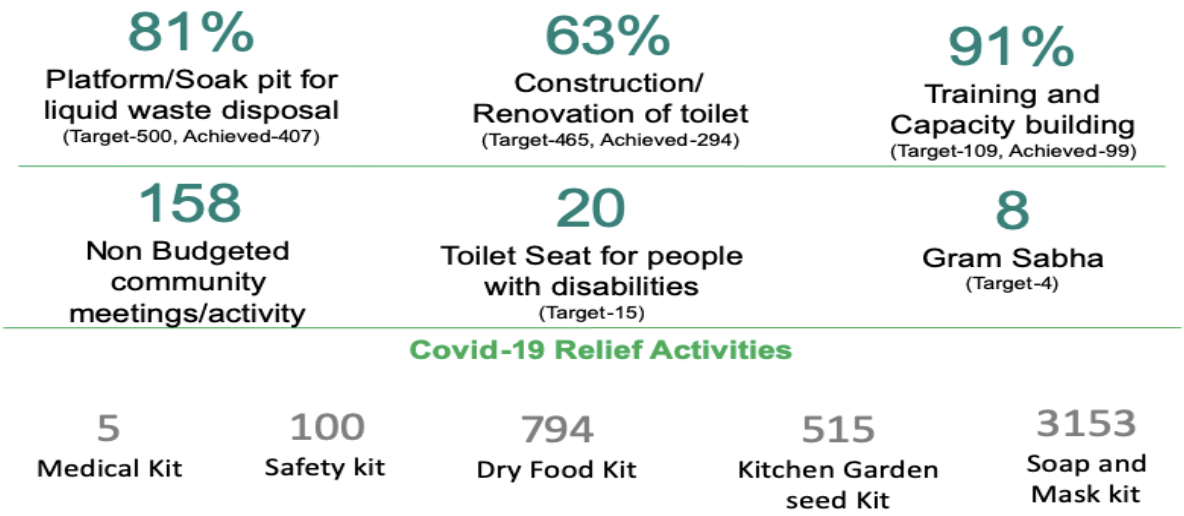


Figure 33 Status of Target Achievement of Planned Project Activities

COVID-related interventions in addition to project activities have been listed below:

Table 11 Status of Non-budgeted Activities

Details of Non-Budgeted Interventions in 10 Villages	
Activities	**Units- No.**
Faliya (cluster) meeting	75
WASH Committee meeting	54
Water testing for drinking water source	11
COVID-19 Awareness program	18
Technical Survey	455
Relief Activities – Distribution of Items	
Dry Food Kit	794
Kitchen Garden seed Kit	515
Seed kit Support	145
Soap and Mask kit	3153
Safety kit	100
Medical Kit	5

4.2 Strategic review

The OECD DAC Network on Development Evaluation (EvalNet) has defined six evaluation criteria – relevance, coherence, effectiveness, efficiency, impact and sustainability – and two principles for their use. These criteria provide a normative framework used to determine the merit or worth of an intervention (policy, strategy, programme, project or activity). They serve as the basis upon which evaluative judgements are made for this specific project listed ahead.

Table 12 Strategic review of the project

Relevance and coherence	The activities in the project have been found in line with the needs of the community. It was reported that after the needs assessment, the focus of the project was aligned to make it relevant to community needs. With poor sanitation, open defecation and no functional institution in villages to improve the situation, the focus on water and sanitation in the project villages underlines the urgent need to bring about change in this aspect to improve health and hygiene. People have appreciated the work done by Utthan, especially the construction and repair of toilets, the construction of the washing platform and support to augment water resources. Work with PRI and the formation of Pani Samiti was also relevant and needed to bring about change in governance in this sector. Due to COVID waves, the project interventions were reconfigured to provide immediate protection and relief from the effects of the pandemic.
Effectiveness	The project has been effective to bring about a sea change in the behaviour of people regarding the use of toilets and stopping open defecation. Projects have also been instrumental to bring in confidence amongst women, who have traditionally been marginalized and had no say in community works and governance. Though much remains to do to evolve the leadership qualities, it's a good starting point to leverage in the next phases of work.
Efficiency	One of the highlights of the project may be the success in getting cash and kind contribution by households to build and repair their toilets and construct soak pits for wastewater. Given the socio-economic conditions, this kind of participation is noteworthy. The tenacity of NGO staff has overcome the hostile conditions in the initial phase of the project and now commands good rapport and respect among the community and PRI members.
Impact	Two major impacts can be summarized from project interventions. - Behaviour change leading to a reduction in open defecation and use of the toilet. - Strengthening the governance process by activating Pani Samiti and ensuring the participation of women in water and sanitation works through this institution.
Sustainability	While much remains to be done to sustain the impacts that have been achieved under this intervention, the ownership of individual assets created in the project has been ensured. Formalizing Pani Samitis, linkages to government programmes and strengthening community participation, especially women in development work may be the road ahead for sustainability.

5. Way Forward

This chapter gives a brief on further opportunities for improved water and sanitation interventions in the project's geography.

The strategy of the next phase of the project should look at strengthening the works in existing project villages and also scaling up the works a little to have a cluster of impact.
Major interventions suggested in line with ongoing interventions are :

Sanitation and Waste Management

- **ODF and Behaviour Change**: to take forward the good work of this phase, the next phases should focus on 100% functional toilet and significant social and behaviour change communication for achieving actual ODF status.

- **Solid and Liquid waste management:** with the good support of the community, integrated planning and execution of Solid and Liquid Waste Management (SLWM) should be taken up. Methods and processes for recycling and reuse of both solid and liquid waste may be explored. Special focus may be laid on plastic waste management in the cluster of villages.

Water security and water management

- **Source sustainability**: to ensure drinking water security, a rooftop rainwater harvesting system may be taken up on a massive scale. Also, the recharge of borewells should be taken up so that the major source of water for the villages is replenished and sustained.
- **Functional Household Tap**: 100% functional Household tap connection should be ensured through capacity building of PRI and Pani Samiti to leverage funds and resources under the government's flagship scheme of Jal Jeevan Mission (JJM).
- **Formalizing Institutions**: The institutions like Pani Samiti should be formalized and activated in sync with JJM so that they can take decisions effectively and carry out work legitimately.
- **Financial sustainability**: With increased household connection and JJM provisions, the village panchayat needs to have resources to operate and maintain the source, storage and distribution of water supply. Without any water fees, this would be difficult to sustain. So along with capacity building, the water fees structure should also be worked out and sensitization of the community to cooperate with PRI may be taken up.
- **Livelihood:** Livelihood was one of the major concerns for many poor families in the project villages. Home-based livelihood activities for women may help to augment the income of poor households.

Annexure 1 Progress of activities till 15 November

S no.	Heads	Total Target for 3 years	Progress till 15th Nov.2022	Activities done (%)
A	**Programme Activities**			
1	**Field-level Capacity building**			
1.1	Community Organization and rapport building	Day-to-day and continuous process		
1.2	Gram Sabha	4	8	200
1.3	Awareness program (Video show, Rally and games, PRA and Faliya Meeting etc.)	20	27	135
1.4	Role and responsibility of the WASH Committee	2	2	100
1.5	Hygiene Promotion Training for WASH Committee and Village Leaders	12	9	75
1.6	Masons Training/pre-construction training	2	1	50
1.7	Hygiene Promotion Training for Women and young adolescent girls	10	10	100
1.8	School Hygiene promotion Programs	30	15	50
1.9	Post-construction training for the WASH committee	2	1	50
1.10	Maintenance, monitoring and Sustainable Training	6	10	167
1.11	WASH and Gender equity and equality training	6	0	0
1.13	Leadership training for CBOs	7	2	29
1.14	Training and awareness materials and printings	12	22	183

1.15	Celebration of World Water Day, Hand WASH day and World Women's Day	2	0	0
1.16	Exposure visit for WASH committee, leaders and Panchayat members	2	1	50
2	**Physical work and Demonstration**			
2.1	Construction and renovation of toilet	465	294	63
2.2	Platform and Soak pit for safe liquid waste disposal	500	407	81
2.3	Demonstration of Solid waste Management pits (Original target =50, Revised target = 8)	50	0	0
2.4	Development of new drinking water source	2	2	100
2.5	Roof water tank (Original target= 12, Revised target = 2)	12	0	0
2.6	Toilet Seat for people with disabilities	15	20	133
2.7	Eco-sanitation toilet (Original target= 0, Revised target = 2)	0	0	0
3	**Team Capacity building**			
3.1	Team training and workshop on WASH and program implementation	1	2	200
3.2	Exposure visits for team members	2	0	0
3.3	Participation/attendance at training/workshop and Annual meeting by team members.	2	4	200
	Non-budgeted activities essential for the success of the program			
	Faliya (Cluster) Meeting		75	
	WASH Committee meeting		54	

	Water testing for drinking water source		11	
	COVID-19 Awareness program		18	
	Technical Survey		455	
	Relief Activities			
	Dry Food Kit		794	
	Kitchen Garden seed Kit		515	
	Seed kit Support		145	
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