Executive Summary

Social Assessment, Capacity Building & Communications Strategy

State Project Management Unit
State Water & Sanitation Mission
Department of Rural Development,
Government of UttarPradesh

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1 Executive Summary

1.1 Context

This study has been undertaken as input into the design of the World Bank assisted project on improved water supply and sanitation services in the Eastern Uttar Pradesh. The study covers three major concerns of social assessment, capacity building and communication that can impact the eventual provision of water and sanitation services on the ground.

The study included intensive field visits to 5 out of the 28 districts of Eastern UP. Selection of sample districts was done using a set of criteria to ensure fair representation of different regions in Eastern UP and differential access of people to basic infrastructure and services. The composite development index (CDI) of districts as available in Government of UP's Planning Atlas of 2010 was used as one of the criteria, as the ranking of districts on the basis of CDI considers 36 development indicators on the state of development in the districts. CDI groups districts into very high, high, medium, low and very low categories using these indicators. None of the 28 districts in Eastern UP fall into very high and high categories. Five districts selected include: Shravasti and Kushinagar in the category of very low CDI; Chandauli and Kaushambi in the low CDI category; and Faizabad of medium CDI. Care was also taken in selecting the sample districts from different agro-climatic zones within Eastern UP to have a as geographically representative sample as well.

Eastern Uttar Pradesh: a socio-economic profile

TheEastern Uttar Pradesh (UP) comprising 28 out of total 75 districts in UP is one of the most socially and economically backward regions of the state, along with the Bundelkhand region. More than 80% of the people live below the poverty line and without access to basic services including water, sanitation and health.

The State Human Development Report 2007 (HDR) also highlights the developmental disparities of Eastern UP vis-à-vis UP as a whole. Among the bottom ten districts in terms of the human development index (HDI), eight belong to the Eastern UP. More than 80% of the households owning land are in the category of small and marginal farmers with precarious **subsistence farming, which is often not enough to feed the entire household for the whole year.**

Eastern UP lies largely on the Indo-Gangetic plain, and together with western Bihar is one of the most densely populated areas of India, and is characterized by frequent natural disasters mainly floods. Agriculture is a predominant activity -- Eastern UP

leads the tally[1] in the state with highest percentage of agricultural land holdings below one hectare, which classifies a farmer as marginal. The region tops with over 84 percent of land holdings below one hectare. Lower land holdings make farm mechanization rather uneconomical and the farmer is unable to reap the full benefits of economies of scale.

1.2 RWSS Services in Eastern UP: an overview

Field visits to 20 GPs across 5 districts (Chandauli, Faizabad, Kaushambi, Kushi Nagar and Shrawasti) in different agro-climatic zones of the Eastern UP suggest that close to 100% people in rural areas have access to drinking water through public and private facilities, mainly hand-pumps. Most of the households have shallow hand-pumps (dug at 30-60 feet) installed within the household premises, besides the public stand posts set up by Jal Nigam or GP under different schemes including Swajaldhara. People without a proper house or land, who are not more than 2% of the study sample, are dependent on public stand posts.

Data from the field suggests that despite near universal access to water for people in the rural areas, the quality of water being consumed is suspect and unsafe in most of the cases. This remains the most daunting challenge in terms of ensuring safe water supply to people. People as consumers and government agencies as service providers try and address water supply issues differently with varying perceptions and positions on what constitutes improved water supply. This is quite pronounced in the case of Kushi Nagar, which has a very high incidence of Japanese Encephalitis (JE) and Acute Encephalitis Syndrome (AES).

The government agencies believe that shallow hand-pumps, which are dug on the first strata, are the primary source of this killer virus. But people find the water coming out of India Mark II hand-pumps dug by Jal Nigam also to be of dubious quality in many cases. Like for example, as per many respondents in the 4 GPs visited in Shrawasti, the water from India Mark II hand-pump turns yellow or red within a couple of hours of storing the water and smells bad. The reasons quoted by them are that these hand-pumps are dug at a shallow depth of 30-60 feet (though at times this is also at 100 feet) and not at the second strata at the depth of 150-200 feet, as claimed by the Jal Nigam. This suggests the need to ensure the quality of construction as per agreed norms.

Other implications of this phenomenon are as follows. As most of the households have their own facility in the form of a shallow hand-pump and there is hardly any awareness about the quality of water being consumed, people are apparently not interested in the water facilities being set up by the Jal Nigam. Even in the case of Swajaldhara schemes visited across the study districts, only few interested people made the initial contribution of 10% for the scheme to come through.

[1] Business Standard, Lucknow January 06, 2012

Consultations with people in most of the villages suggested that people are willing to pay for improved water supply services (through a piped water supply scheme) by way of user charges ranging from 10-50 rupees per household, but are not willing to share the capital cost for such schemes, as they already have access to water through existing private and public facilities and do not want to make substantial investment for the same.

In view of the above, it is evident that there is no apparent demand among people for improved piped water supply services. Most of the schemes being constructed and proposed are basically supply driven with practically no manifest ownership of the schemes by their potential consumers. This also suggested the need to work on the demand side of the water supply services by promoting awareness about the critical role of quality of water in determining the health status of people.

1.3 Social Assessment

The social assessment was carried out with a focus on the following key concerns:

Participation: people's involvement in planning and implementation of rural water supply and sanitation services at the community level in general and of socially and economically marginalised sub-groups such as scheduled castes and the poor in particular; and women's involvement in decision making in the planning and provision of RWSS services; there has been a special focus on the 'indigenous people' and the issue of their rights to their distinct social, economic and cultural resources.

Inclusion and equity:inclusion of the disadvantaged and marginalised including the scheduled caste (SC), scheduled tribe (ST), poor, women and children in the decision making processes at the planning and implementation level; and their equitable access to the RWSS services. Focus on 'indigenous people' continues as the central concern of inclusion and equity as well.

Decentralisation:decentralised management of RWSS services in line with the general policy direction in India and UP of decentralised governance of basic services; and the related role of Panchayati Raj Institutions (PRIs) in the planning and management of these services.

Institutional and human development: institutions and the people working therein at various levels play a major role in the planning, implementation and provision of RWSS services; and hence their capacities and skills are critical to the RWSS services, particularly in terms of quality of the services provided and their long term sustainability.

Participation, Inclusion and Equity

People, including the poor, in the study area have access to rural water supply services through private (shallow hand pumps) and public (India Mark II hand pumps). There has been practically no participation of people in the planning and implementation of rural water supply schemes and services created by the government at the village level. These include both piped water supply schemes and public stand posts established by UP Jal Nigam and schemes built under Government of India's national Swajaldhara programmes.

While UPJN has traditionally functioned in a top down and supply driven mode, Swajaldhara was supposed to be based on community participation including partial capital cost sharing (10-20%) and total sharing of the operation and maintenance cost of the schemes built. And this was to be done by every individual household benefiting from the scheme. But this has not happened on the ground, as in most of the cases, a few individuals have contributed the total 10-20% of the capital cost for the project. This has included people both working in the spirit of charity (in a few cases) or out of personal interest in getting the project to the village/GP.

Despite the past experience of a highly successful World Bank assisted Swajal (1996-2001) project in the undivided state of UP based on community participation, there is practically no institutional memory or legacy of implementing community based and demand responsive RWSS projects efficiently and effectively.

Inclusion of women

Women constitute the major agricultural work force and providers of water at the household level, but are largely excluded from the decision making processes at the household and community level.They are largely excluded from decision making processes and are practically invisible through out the entire chain of planning and implementation of rural water supply and sanitation schemes and services on the ground.

Given the fact that **women are the primary stake holders by dint of their roles and responsibilities as providers of water at the household level, their exclusion from planning and implementation processes is likely to adversely impact the long term sustainability of the services created.** The project has to address this challenge up-front for the following two reasons: One, to make the project efficient and effective in terms of not only delivering the improved water supply services to people but also for making it sustainable over time and ; second, to help women participate in planning and management processes as the most important stakeholders, as a matter of right,in forthe purpose of making the project sustainable and successful.

Inclusion of the marginalized

The case of Musahars, a highly marginalized scheduled caste community, (as available in the Box 1 in Social Assessment Section), suggests that it is quite likely to

have situations where highly marginalized communities such as SCs can end up having very unequal access to available water supply services. And moreover, their needs are likely to be **neglected even by the gram panchayat**. In order to make sure that this kind of exclusion of marginalized groups doesnot take place at all and certainly not on scale, it is important to ensure that the members of SC community have a **very strong and effective representation within the decision making bodies** such as jalprabhandan samiti (JPS) and VWSC.

The social assessment tried to find out the nature and extent of participation of people in the planning and provision of RWSS services. Assessment makes it clear that there has been no substantive participation of people in terms of their involvement in decision making including choice of service level and fixing up of user fees. Only a few have participated out of their own personal interest. This does not apply to the 'indigenous people', as there are none in the Eastern UP as per the understanding of OP 4.10 of the World Bank.

Indigenous Peoples

As per definition provided in the Bank's OP 4.10, the 'Indigenous Peoples' refer to a distinct, vulnerable, social and cultural group possessing the following characteristics in varying degrees:

a) Self-identification as members of a distinct indigenous cultural group and recognition of this identity by others;
b) Collective attachment to geographically distinct habitats or ancestral territories in the project area and to the natural resources in these habitats and territories;
c) Customary cultural, economic, social, or political institutions that are separate from those of the dominant society and culture; and
d) An indigenous language, often different from the official language of the country or region.

There are no communities in the proposed project districts which could be termed as Indigenous Peoples as per the above definition. Hence, OP 4.10 does not come into play in the context of the proposed RWSSP-LIS in UP.

Motipur Kalan in Sirsi Block of Shrawasti has been the only tribal (Tharu tribe) GP of the 20 study GPs visited across the five study districts, but they also do not qualify as the 'Indigenous Peoples', as they are largely integrated in the mainstream. The village is governed by an elected Gram Panchayat, and not the traditional Tharu leadership, which has weakened over the years.

Most of the households in the village have their own shallow hand pumps, besides having access to 10 public stand posts and 7 open dug wells. A Jal Nigam scheme for piped water supply in the village is proposed. The detailed project report (DPR) is in the process of being prepared and the GP has offered to provide land for the purpose free of cost.

As per the evidence from the ground so far, there do not seem to be any issues related to OP 4.10 of the World Bank, which is not applicable in this case.

Securing lands

Securing land for the purpose of constructing RWSS services could be potentially invasive of the rights of some of the socially and economically disadvantaged groups. But consultations at the state headquarters of UP Jal Nigam in Lucknow and investigations across 5 sample study districts in the field suggest that all land used so far for the construction of rural water supply schemes on the ground have been voluntarily given either by the concerned Gram Panchayat or donated by private individuals. No case of purchasing or procuring land against compensation has been reported from anywhere.

In all the schemes built by JN, land has been provided by Gram Panchayats free of cost. For Swajaldhara schemes, land has been provided either by Gram Panchayats or by private individuals free of cost. Getting land for water supply projects does not seem to be an issue in Uttar Pradesh so far.

OP/BP 4.12 is triggered when a Bank investment causes involuntary taking of land that results in direct social and economic impacts such as:loss of shelter leading to relocation, loss of assets or access to assets, loss of income sources or means of livelihood (whether or not the affected persons must move to another location). As no such thing was found across the five sample districts (Chandauli, Faizabad, Kaushambi, Kushinagar and Shrawasti) visited, **there are apparently no issues related to Bank's OP 4.12 in Uttar Pradesh.**

Decentralisation and Panchayati Raj Institutions

In view of the overall policy commitment of decentralized governance of basic services in the state, the piped water supply schemes built by Jal Nigam are supposed to be transferred to Gram Panchayats (GPs) for operation and maintenance in UP. There are following three types of scenarios on the ground as regards this transfer:

1. RWS schemes are built by Jal Nigam and are transferred to GP.

2. Schemes are built and proposed to be transferred to GPs, but GPs are not willing to take over these schemes: In Kushi Nagar 35 and in Kaushambi 18 such built up schemes are awaiting transfer to GPs, which are apparently not willing to take over these schemes for various reasons including huge unpaid electricity bills already incurred and lack of any orientation and training to the GP members for operation and maintenance of these schemes.

3. More schemes are in the process of being built by Jal Nigam: like for example in Kushi Nagar 20 more (than the existing 35) schemes are in the process of being built

on the basis of requests made by GPs, which have been obtained from them without any informed decision making at their level.

The current policy and practice around transfer of assets to GPs are marred with capacity gaps related to their operation and maintenance at the GP level. The efforts made to inform the GPs about the various dimensions of operation and maintenance and enhance their capacities to take care of technical, financial and managerial aspects of running a piped water supply scheme, have not yielded the desired results. GPs are often found to be at a loss to understand the issues related to fixing and collection of user charges from the consumers, management of the pumping station, minor and major repairs and end up in a situation where transferred schemes fail to sustain themselves and get dysfunctional sooner than later.

The UP Panchayati Raj Act, 1947, amended most recently in 2007, gives the freedom to the state government of UP to make as many committees of the Gram Panchayat as required. In view of this provision of the Act, Jal Prabandhan Samiti (JPS), the committee for water and sanitation is supposed to be formed at each Gram Panchayat (GP). Village Water and Sanitation Committee (VWSC) is formed as a representative group of the users by co-opting 6-8 non-elected members from the user community.

'Every committee constituted under sub-section (1) shall consist of a Chairman and six other members, who shall be elected by the members of the Gram Panchayat from amongst themselves in the prescribed manner; Provided that in each such committee there shall be at least one woman member, one member belonging to the Scheduled Castes or the Scheduled Tribes and one member belonging to backward classes; Provided further that the State Government may, by notification, direct that the Pradhan or Up-Pradhan or any other member of Gram Panchayat shall be the Chairman of any such committee.' The UP Panchayati Raj Act 1947 (Amended 2007)

There is also a provision of joint committees, where committees from different GPs can join hands to transact business of common interest. This provision of the Act can be invoked by the state government for making a provision of scheme level committees (SLCs) that would be required in the case of multi-village/GP piped water supply schemes.

Institutional & Human Development

Institutions, particularly community institutions, are critical to the effective provision of RWSS services at the community level. Besides the GP, self-help groups of women and other community groups also play a critical role at the village level.

Jal Prabandhan Samiti and VWSCs at the village level are found to be more notional than real. But for one GP, in none of the 20 GPs visited GP members could tell the

names of the JPS members. People, including the GP members, are equally vague and ignorant about the presence of a VWSC even in Swajaldhara villages.

Training and capacity building activities being currently organized for the elected representatives of GPs are limited to one or two day's orientation on their roles and functions at the block level. Most of the GP representatives, who have attended these events, are barely aware of what happened during the orientation training. Moreover, as this is a one-time activity with no follow-up and with no organic link with the actual work being carried out by the GP on the ground, they do not really result into any substantive capacity building at the GP level.

In order to make the GPs play a central role in the management of RWSS schemes, their capacities will need to be built considerably. Current capacity levels are limited and inadequate to ensure the effective management of RWSS schemes and services. Regular meetings of the GPs are not held; Gram Sabhas i.e. community wide meetings are rarely held in their true spirit and are mostly shown to be held on paper to fulfil the requirement of GS meetings every six months. Decisions are taken by the Gram Pradhan/Panchayat President or a small coterie of his confidants, if the president is a male. In case of women Panchayat Presidents, many a time their husbands or in one case (Fatehpur Bangai GP in Shravasti) father-in-law were found to be functioning as one on their behalf. People at large are usually not aware of the decisions taken at the Panchayat level, as they are rarely a part of the process and there is often no attempt on the part of the GP to inform them of the decisions taken.

The biggest challenge is to make GPs function in a transparent and inclusive manner with substantive involvement of the larger community. This will include ensuring that the major decisions regarding the schemes are taken in community wide meetings during Gram Sabhas using a consultative process. The Jal Prabandhan Samiti (JPS), the committee of the GP, responsible for managing water supply and sanitation issues, needs to be more real than virtual in order to be truly effective. As required, Village Water and Sanitation Committees (VWSCs) should be formed through a participatory process and it must be ensured that the co-opted members of VWSC enjoy the confidence of the larger community and represent their best interests.

1.4 Capacity Building

Capacity has emerged as the biggest challenge in ensuring equity, inclusion, cohesion and accountability in the implementation of water supply and sanitation initiatives in UP in general and Eastern UP in particular. Capacities to implement participatory demand driven water supply and sanitation services are limited and inadequate across all the levels including state, district and GP/village levels.

- Key decision-makers at the district level feel that the government set-up needs to be capacitated & geared up for implementing participatory projects, as by default it works in supply driven mode.

- NGO staff in earlier participatory projects such as Swajaldhara were not appropriately trained: trainings were not linked to scheme cycle in most of the cases; change in NGO staff due to delays in implementation and; new staff was often untrained in participatory processes

- Training of VWSC members being conducted by regional institutes of rural development is also a standalone activity not linked to the processes actually being carried out on the ground: there is no mechanism to know as to how the training benefitted the implementation process.

- In all the study districts except Chandauli, functionaries had no idea about community led total sanitation approach. In Chandauli, where the District Project Coordinator (Sanitation) knew about it, never applied it on the ground.

- Most people feel that Gram Panchayats are less equipped and weak to handle piped water supply schemes efficiently; lack of dialogue with larger community found in almost all the villages visited which resulted in lack of trust on GPs and its committees; people feel that technical guidance and monitoring by knowledgeable government functionaries and direct conversation with larger community to ensure transparency and timely decisions and avoid delays is critical.

A capacity building strategy aimed at building capacities at the state, district and GP/village levels is suggested to be implemented throughout the project period to help ensure required systems strengthening and enhancing the quality of human resource available in the sector

The proposed strategy is to create a robust institutional arrangement for designing and undertaking capacity building interventions and tracking their results to meet the RWSSP-LIS objectives. This would be done in view of the following:

- Focus on communities and PRIs
- UPJN to be involved in a big way as the lead engineering institution
- Critical mass of trainers
- Technical assistance for standardized training manuals
- Planning for regular improvements in capacity building
- Needs assessment in every phase and batch
- Periodic Impact Assessments
- Mentoring in the field and dissemination of learning

- CLTS as entry point activity
- WSSO to manage rather than directly implement training
- Decentralized delivery of training

The two alternative models along with their respective merits and demerits have been presented to choose from in order to put this strategy into action. The centralized model of management of training, though adds to the overall work burden of SWSM/SPMU, carries the promise of uniformity in planning and implementation of training activities and better quality control on their outcomes. The out sourcing model of training management, though providing breathing space to SWSM/SPMU, calls for appropriate management/monitoring of performance contract of the hired training institutions in order to ensure that they deliver the desired outputs with quality and in time.

1.5 Communications Strategy

The current communication practices in the provision of water and sanitation services in the state are limited to one way production and dissemination of messages envisaged to be carrying the potential to trigger behaviour change among the intended target audience.

The common terminology prevalent to refer to these practices is known as information, education, and communication (IEC). This one way process largely led by WSSO at the state level has been one of top-down sanitation and hygiene behaviour teaching, using traditional ways of communication such as wall paintings, pamphlets, meetings, street plays etc. IEC activities around water have been limited and not so effective so far, as most of the respondents at the community level have not really been aware of what these schemes have to offer and why.

The fact that despite these IEC activities being organised and undertaken over last many years, there has been no substantive difference in the hygiene behaviour of people in study villages suggests that this has not worked as intended.

In absence of the desired results of the conventional type of IEC campaigns and activities mounted under TSC over the years, there is a need to explore more effective ways of getting sanitation communication messages across to people. The new strategy has to focus on sustainable sanitation behaviour change at the household and community level.

1.6 Social and Project Risk Mitigation Action Plan

S.N.	Issues/Risks	Mitigation Action
1	A routine supply driven construction program of water supply and sanitation facilities without effective demand from user communities for improved services	(i) Creating demand for improved piped water supply services with innovative communication campaigns involving the use of participatory methodologies such as Participatory Rural Appraisal (PRA), Participatory Learning and Action (PLA), Community Led Total Sanitation (CLTS) and Community Led Action for Sanitary Surveillance (CLASS) (ii) Re-defining the functional goals and strategies of key sector institutions of SWSM, Jal Nigam, Panchayati Raj and WSSO. (iii) Re-articulating their respective roles and responsibilities in the context of the WB supported project in Eastern UP
2	Lack of ownership of the constructed schemes by Gram Panchayats (GPs)	(i) Ensuring the substantive involvement of GPs at all stages of project planning and implementation beginning from the feasibility study stage itself (ii) Training the GP members in general and Jal Prabandhan Samiti (JPS) members in particular about the project design, scheme cycle and the implementation strategy and plan along with their roles and functions in all of these
3	Exclusion of poor and the marginalised, particularly women, from project processes	(i) Ensuring substantive, rather than the notional, involvement of the poor and women in project planning and implementation by ensuring their active involvement in taking key decisions related to project planning and implementation on the ground. (ii) Engaging community based organisations such as self-help groups (SHGs) of women and joint liability groups (JLGs) of men for various project related tasks such as feasibility study, site selection, determining the service level, fixing up the user charges etc.

4	Lack of transparency in project planning and implementation	(i) All the key decisions related to the size of the scheme, villages/GPs to be involved, service level, payment of user charges are taken in community wide meetings called Gram Sabhas, and not by the executive body of the GP (ii) Details about project expenses are subject to periodic social audit, which is carried out in community wide meetings/Gram Sabhas
5	Lack of accountability in case of time and cost over runs of the schemes	(i) Processes for preparation and approval of detailed project reports (DPRs) are designed so as to minimise the delay without compromising on the quality of the end outcome (ii) Responsibility, authority, and accountability are located strategically and evenly (iii) Capacities of all the institutional and individual stakeholders are built through training and re-training throughout the project cycle (iv) Training programs are designed in view of clearly identified training needs of various stakeholders at different stages of the scheme cycle.
6	Sanitation remains a poor add on to the overall project with its primary focus on water supply: and as a result, water supply and safe sanitation do not get addressed as an integrated issue having a major bearing on the quality of water and the resultant health status of people	(i) Safe sanitation in terms of open defecation free (ODF) communities/GPs is made into an incentive for improved water supply services (ii) Water supply and safe sanitation are offered as an integrated service with emphasis on communication and capacity building for effective sanitation and hygiene behaviour change at the community level.

In view of the above, it is clear that the possible ways to mitigate these risks is to invest in large scale and intensive communication and capacity building of stakeholders, particularly of user communities and GPs.