

## Background Information

### Name of Intervention: “Swajal” Project

1. Location and Scale				
Number of villages by block, district and state names	Population covered	Time period		
1000 villages in 19 districts across two State, UP & Uttranchal ( twelve districts 690 villages of the Uttranchal) and seven districts and 310 villages of the Bundelkhand region of UP.	90,260,325population across both the states was covered under the project.	1996 – 2002 (6 years)		
2. Agencies				
Lead agency(ies)	Implementing agencies	Type (Govt./NGO/Private)	Sponsor/Donor	
Govt of UP Govt of UA World Bank	<ul style="list-style-type: none"> <li>• State PMU</li> <li>• Department of Rural Development government of UP and Uttranchal.</li> <li>• 857 Village Water and sanitation Committees</li> </ul>	Govt. Multilateral donor (World Bank)	World Bank	
3. Intervention Description				
Goal and Objectives	Key strategies	Key components/activities	Primary target	Secondary target
<p>(1) Assist the GOUP to identify and implement an appropriate policy framework to promote long term sustainability of the Rural Water Supply and Environmental Sanitation sector.</p> <p>(2) Deliver sustainable health and hygiene benefits to the rural population through improvements in water supply and environmental sanitation.</p> <p>(3) Improve rural incomes through time savings and income earning opportunities for women.</p> <p>(4) Test alternatives to the current supply driven service delivery mechanism.</p> <p>(5) Promote sanitation and gender awareness.</p>	<p>1. Community mobilization for sustainability of rural water supply system, sanitation and environment.</p> <p>2. Demand driven participatory approach rather than conventional supply driven approach.</p> <p>3.Capacity building of VWSCs, Support Organizations, PMUs</p> <p>4. Women’s empowerment</p> <p>5-Awareness building for health, hygiene, sanitation and gender equity.</p>	<p>1-Formation of VWSCs and selection of SOs ( Support Organizations)</p> <p>2- Orientation and training workshops by district PMU.</p> <p>3- Preplanning, planning and implementation meetings with stake holders. Demand generation activities through news paper , meetings with gross root functionaries, meetings with villagers and community to impart knowledge and benefits of scheme/provisions. Impart knowledge about operation, maintenance and resource mobilization.</p> <p>4-Trainings and workshops for district PMUs, Support Organizations and village water and sanitation committee members.</p> <p>5-Women participation in implementation of water supply and sanitation in VWSC.</p> <p>6-Gender training and information for SOS and community leaders for the VWSC</p> <p>The support organization or NGO in Swajal project mobilize the community to form the village water &amp; sanitation committee. The VWSC consist of 7 to 12 members, democratically elected and representative, with minimum of 20% SC and ST members and 30 per cent women members. Women from SC/ST communities were also represented. VWSC was most intimately involved with the planning, maintenance and management of water sanitation schemes.</p> <p>The culmination of the community participation process was the formulation of nine community action plans for each village. These CAPs outlined the way in which they were going to implement all the project activities in their community, according to their needs. The nine CAPs which were as follows:</p> <p>1-Water scheme layout plan 2-Drainage and latrine plan 3-Village enviournment plan 4-Non formal education plan 5-Women’s development initiative plan 6-Hyzine and sanitation awareness Plan 7-Cash and labor contribution plan 8-Monitoring and evaluation plan 9-opration and maintenance Plan</p> <p>These CAPs were developed by VWSC with the assistance of SOs. The SOs identification by PMU. The role of VWSC was to implement all above nine Community Action Plans effectively. An implementation phase tripartite agreement (IPTA) was signed by the PMU, SO, Village Water Sanitation Committee. The signing of IPTA marked as the commencement of the project. The community level procurements of goods, work and services was a unique feature and better done by VWSC to ensure good quality, appropriate quantity, exact timing and responsibility of rates,</p>	House holds	Women
4. Information Sources				

Publication names	Websites)/on-line	
1-Implementation completion Report(CPL40560;SCL4056-a) Report no.27288 World Bank November-2003 2-Background Paper Swajal Project published by Swajal ( <a href="http://www.swajal.org">www.swajal.org</a> )	<a href="http://www.worldbank.org">www.worldbank.org</a> <a href="http://www.swajal.org">www.swajal.org</a>	
<b>5. Program Cost</b> The total planned cost of the project was US\$ 71 million ( Rs. 300.76 crores), of which the share of World Bank was 84%, State Government 5% and the community 11% The actual expenditure was around 63.8 million.		

**Effectiveness Data**  
Name of Intervention: "Swajal Project"

<b>Monitoring and Evaluation Methodology/Design</b>				
The base line study established the status of certain health and hygiene indicators in 10 Swajal villages and 10 non-Swajal villages located in 2 districts of Banda & Jhansi before the project was established in Swajal villages and a 2 <sup>nd</sup> Repeat Compression study was conducted in the same Swajal and Non Swajal villages after the project. There were forty studies conducted for different purposes and by different agencies during the project life and major high lights were shown in the Implementation Completion Report.				
<b>List of "output" indicators with achievements(1)</b>	<b>Quality of data</b>	<b>Key finding learnt regarding the intervention</b>	<b>List of process indicators</b>	<b>Specify if the intervention targeted and reached women and/or vulnerable</b>
<p>100% Village where community contribution to the capital cost was fully recovered in the both the state Achivement-100%</p> <p>Average no. of women functional SHG per village against the target of 1 per village Achievement: UA1.1 UP1.4</p> <p>SC/ST Village Water &amp; Sanitation Committee members against the target of &gt;20% Achievement : UA22% UP48%</p> <p>Female VWSC members against the target of&gt;30% Achievement : UA40% UP36%</p> <p>Self help group formed against target of UA-860 Achievement-1550 UP-504 Achievements: 1270 (excl PRI) Participation in training programmes for Support organizations Target-UA 2850 UP-1222 Achievement : UA-8325 UP-4731</p>	<p>Comparison study on health benefits conducted by Department of Community Medicines KGMC lucknow-2003.</p>	<p>The KGMU report state that the Project achieved satisfactory and sustainable outcomes primarily because it empowered the communities and women stakeholders through making them the decision makers in the program. These empowerment efforts have led to the villagers' ownership and motivation to perform O&amp;M of the program. In addition allowing the communities to manage funds, maintain books of accounts, and carry out procurement, contributed in cost reduction of the program. Cross visits for exposer among communities also proved to be an effective method for creating awareness, learning lessons, and adopting changes among stakeholders. The project used a demand driven participatory approach rather than conventional supply driven approach. The Project is an innovative experiment in Community participation, Community Procurement and partial Capital Cost recovery in Water Supply systems. Communities were expected to share about 10% in the capital cost and 100% of the O &amp; M Cost of water supply systems. The government provide a subsidy up to Rs. 2250/- are given in constructing individual sanitation facilities, such as household sanitary latrines</p>	<ol style="list-style-type: none"> <li>1. VWSCs formed</li> <li>2. Orientation and training workshops held</li> <li>3. Preplanning, planning and implementation meetings held with stake holders</li> <li>4. Demand generation activities through (news paper , meetings with grass-root functionaries, meetings with villagers ) to impart knowledge and benefits of scheme/provisions.</li> <li>5. To impart knowledge about operation, maintenance and resource mobilization</li> <li>6. Trainings and workshops for district PMUs, Support Organizations and Village Water and Sanitation Committee.</li> <li>7. Women participation in VWSC.</li> <li>8. Gender training and information for VWSC</li> </ol>	<ol style="list-style-type: none"> <li>1. Required % of women as members</li> <li>2. Required % SC/ST as members</li> </ol>

**Efficiency Data**

**Name of the intervention: Swajal**

**Part A:  
List of inputs and their costs**

Name of Input	Input Details – Breakup <sup>1</sup>	Units/ Details (e.g., days, quantity, number)	Cost Estimate <sup>2</sup>	Additional Elements <sup>3</sup>	Comments
Personnel (including volunteers & unpaid staff)	Details not available				
IEC Materials (including free supplies, donations received)					
Training Workshops					
Travel for Motivators to support the master trainers (including volunteers & unpaid staff)					
Overhead Expenses & miscellaneous					

**Note:**

1. Under Input details - breakup, please provide details such as managerial staff, field staff (personnel), print media, electronic media (IEC), etc. where available
  2. Estimate as per government unit/ program cost.
  3. Describe elements/ factors that are beyond the current/ standard Government program (e.g. political support, charismatic leadership, external technical assistance).
- Please add additional rows if necessary.

### Efficiency Data

Name of the intervention: Swajal

**Part B:  
Efficiency Indicators**

Major Cost Heads	Unit/ Total Cost (Rs)	Output	Outcome	Impact
<b>TOTAL COST</b>				

Note:

1. Major cost heads/components for e.g. TT vaccination, IFA tablets supplied, etc.
2. Cost components can be related to output and/ or outcome and/ or impact, Fill which ever is relevant. Overlapping of output/outcome/impact is possible.
3. Units of measurement for output/outcome/impact may vary (numbers, percentages, rates, etc).

**Expandability Data**

**Name of the Intervention: Swajal**

SN	Broad issues	Available Information	Expert's comment
1	<p><b>Simplicity and clarity (Is the intervention clear and simple, are the components clear and simple? Could it possibly be simplified and still have results? Does it take long to get results?)</b></p>	<p><b>A. Project notes</b> Yes, All project components are being implemented by the project management units (PMU) under the department of Rural development of GOUP. The SPMU, headed by a full time director, has a team of professionals with skill mix of both the public and private sector. Villages were selected on the basis of transparent criteria (such as demand, need, technical feasibility factors, economic viability and social and environment soundness etc.) There were four batches of the project to cover the all villages in selected areas. Initially, single village scheme were taken up. Short listed NGO (support organization) are assisting village community in planning and construction of the schemes. The project cycle of each batch has three distinct phases: pre planning, planning and implementation phase. The major activities in pre planning phase are identification of SOs through news paper and active involvement of district level functionaries and DPMUS, orientation and training of SOs etc. In planning phase major focus given to empowering communities. A significant tool used by the SOs to initially mobilize the community and get the beneficiaries to start acting in group was SARAR (self esteem associative strength resourcefulness, action planning and responsibility) The SARAR kit consists of games and creative to motivate community and specially women to take charge of their situation to solve their problem. On the basis of this , the action Planning process was initiated and SOs form the VWSC after community mobilization which consist of 7-12 members democratically elected and representative with a minimum of 20% SC/ST and 30% women members. The culmination of the community participation process was the formulation of</p>	

		<p>Community Action Plan. These CAPs outlined the way in which they were going to implement all the project activities in their community, according to their needs. The output of beneficiary's participation in the project is the formulation of nine CAPs in each project village with the assistance of SOs. The nine CAPs are as follows:</p> <p>1-Water scheme layout plan 2-Drainage and latrine plan 3-Village environment plan          4-Non formal education plan 5-Women development initiative plan          6-Hygiene and sanitation awareness Plan 7-Cash and labor contribution plan 8-Monitoring and evaluation plan          9-Operation and maintenance Plan</p> <p>These CAPs were developed by VWSC with the assistance of SOs and identification of SOs done by PMU. The role of VWSC was to implement all above nine Community action Plans effectively. In implementation phase tripartite agreement (IPTA) signed by PMU, SO, Village water sanitation committee. The signing of IPTA marked as the commencement of the project. The community level procurements of goods, work and services was a unique feature and it done by VWSC to ensure good quality, appropriate quantity, exact timing and responsibility of rates. The length of the project in each batch is around 33 months with each batch overlapping the other and the project duration is six years i.e. 1996-2002. Demand driven participatory approach rather than conventional supply driven approach were followed in the project. The Project is a major innovative experiment in Community participation, Community Procurement and partial Capital Cost recovery in Water Supply systems. Communities are expected to share about 10% in the capital cost and 100% of the O &amp; M Cost of water supply systems. Subsidy up to Rs. 2250/- are given in constructing individual sanitation facilities, such as household sanitary latrines.</p> <p>The process and components can be simplified as per needs and requirements of the intervention and completing the entire process and keeping in mind the results it seem not a time taking intervention.</p> <p><b>B. Originator's Comments</b></p>	
2	<p><b>Key Processes documented (Are the key processes well documented?)</b></p>	<p>A. <b>Project notes</b>          YES, As stated above</p> <p><b>B. Originator's Comments</b></p>	

3	<p><b>Feasibility for Government System to implement (Could the Government system assimilate this intervention relatively easily, does it match well with current Govt systems and capacities, does it require a minimum of new learning, new inputs, and change)</b></p>	<p><b>A. Project notes</b>                  Yes, It is feasible with modification. Involvement of local NGO/SO and their expected role in developing village plans and active role of district PMU under NRHM frame work may help in initial years to develop village health plans and it can help and empower village health and sanitation committee to take integrated village planning exercise in future to strengthen the decentralize planning process at lowest level.</p> <p><b>B. Originator's Comments</b></p>	
4	<p><b>“Dependencies” (What does the intervention’s success depend on? For ex strong PRI, strong supervision system, lots of dedicated NGOs in the area, a charismatic leader. Does the intervention have a minimum and practical no. of dependencies?)</b></p>	<p><b>A. Project notes</b>                  Involvement of committed NGO/SO and active involvement of community are the key component to the success of integrated village planning intervention. Availability of NGO, Role of district NRHM PMUs, perception of government functionaries about NGO and how best service delivery mechanism handles the interfacing with PRIs are the dependencies and challenges in integrated village health Planning .</p> <p><b>B. Originator's Comments</b></p>	