

INDIA

**Child's Environment:
Sanitation, Hygiene and Water Supply Project**

2004 - 2008



unicef

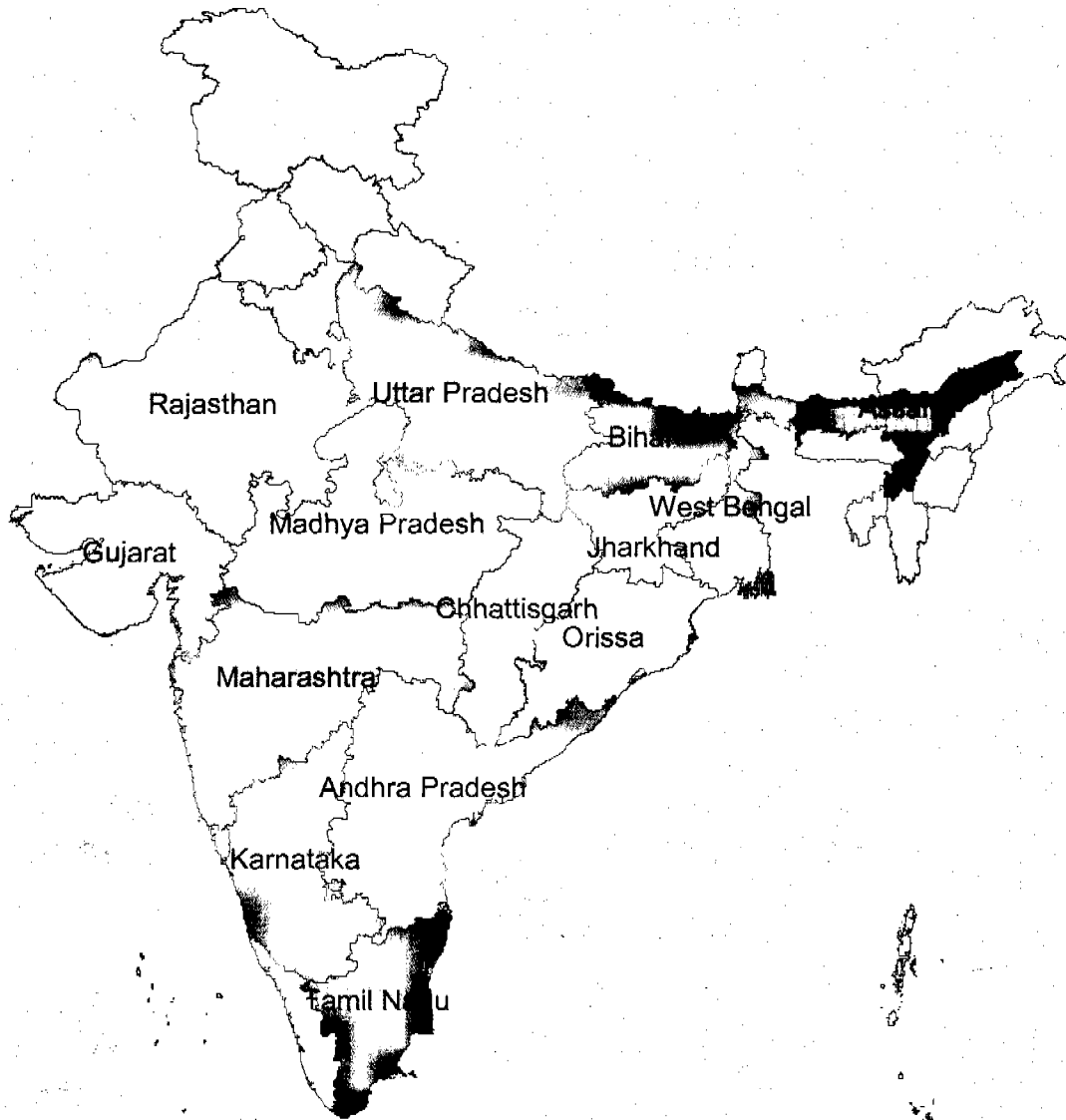
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UNICEF/Gol Child's Environment Programme Sanitation, Hygiene and Water Supply Project Phase II (2004-2008)

Figure 1: Project States



Abbreviations/Acronyms

AIDS	Acquired Immune Deficiency Syndrome
APL	Above Poverty Line
APO	Assistant Project Officer
ARGOSS	Assessing Risk to Groundwater Pollution by Onsite Sanitation
ARWSP	Accelerated Rural Water Supply Programme
BPL	Below Poverty Line
CBO	Community-based Organisation
CCDU	Communication and Capacity Development Unit
CDC	Centers for Disease Control and Prevention
CE	Child's Environment
CEP	Child's Environment Programme
CDN	Child Development and Nutrition
CMT	Country Management Team
CRC	Convention on the Rights of the Child
CSE	Centre for Science and Environment
CSRSP	Centrally-Sponsored Rural Sanitation Programme
DEEL	Department of Elementary Education and Literacy
DFID	Department for International Development (UK)
DDWS	Department of Drinking Water Supply
DRDA	District Rural Development Agency
DWCD	Department of Women and Child Development
DWSM	District Water and Sanitation Mission
EC	European Commission
ECOSAN	Ecological Sanitation
GBP	British Pound
GoI	Government of India
GP	Gram Panchayat (Village-level local government)
H ₂ S	Hydrogen Sulphide
HIV	Human Immunodeficiency Virus

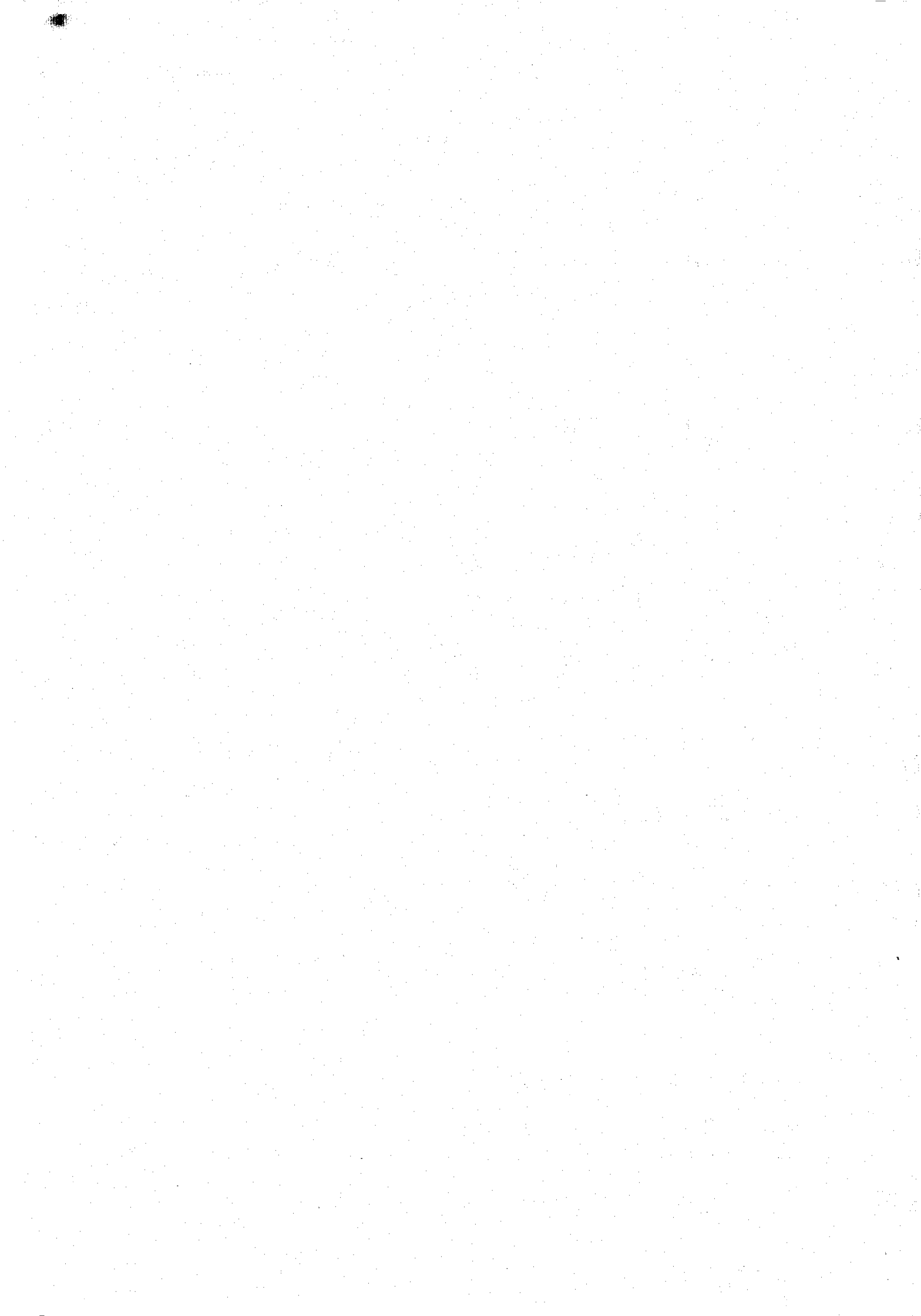
HR	Human Resources
HRD	Human Resources Development
HRS	Human Resources Section
IEC	Information, Education and Communication
ICDS	Integrated Child Development Services
ICO	India Country Office
IPC	Inter-Personal Communication
IPO	International Professional Officer
IRC	International Water and Sanitation Centre
MICS	Multi-Indicator Cluster Survey
MoU	Memorandum of Understanding
MPO	Master Plan of Operations
NFHS	National Family Health Survey
NGO	Non-Governmental Organisation
NPO	National Professional Officer
NSSO	National Sample Survey Organisation
OD	Organisation Development
O&M	Operation & Maintenance
PHED	Public Health Engineering Department
PO	Project Officer
PRA	Participatory Rural Appraisal
PRD	Panchayati Raj Department
PRED	Panchayati Raj Engineering Department
PRI	Panchayati Raj Institution
ProMS	Programme Manager System
RCH	Reproductive and Child Health
RedR-I	Register of Engineers for Disaster Relief-India
RGNDWM	Rajiv Gandhi National Drinking Water Mission
Rs	(Indian) Rupees
RSM	Rural Sanitary Mart
RWSS	Rural Water Supply and Sanitation
SC	Scheduled Caste

SEK	Swedish Krona
SHG	Self Help Group
Sida	Swedish International Development Agency
SPME	Strategic Planning, Monitoring and Evaluation
SSA	Sarva Shiksha Abhiyan
SSHE	School Sanitation and Hygiene Education
ST	Scheduled Tribe
SWASTHH	School Water and Sanitation towards Hygiene and Health
SWOT	Strengths, Weaknesses, Opportunities, Threats
SWSM	State Water and Sanitation Mission
TAP	Technical Assistance Project
TBA	Traditional Birth Attendant
TDS	Total Dissolved Solids
TFT	Temporary Fixed Term
TSC	Total Sanitation Campaign
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
VHC	Village Health Committee
VIP	Ventilated Improved Pit
VWSC	Village Water and Sanitation Committee
WES	Water, Environment and Sanitation
WESS	Water, Environment and Sanitation Section (in UNICEF New Delhi)
WHO	World Health Organization
WSP-SA	Water and Sanitation Program – South Asia
WRM	Water Resource Management
ZP	Zilla Parishad (District level local government)

Table of Contents

ABBREVIATIONS/ACRONYMS	II
TABLE OF CONTENTS	V
1. SUMMARY AND RECOMMENDATION	2
2. PROJECT LOGFRAME	1
3. PROJECT RATIONALE	6
CONTEXT.....	6
TENTH FIVE-YEAR PLAN AND SECTOR REFORMS.....	8
CE PROGRAMME 1999-2003 – RESULTS ACHIEVED.....	11
GOVERNMENT POLICY.....	13
SWAJALDHARA.....	14
TOTAL SANITATION CAMPAIGN (TSC).....	15
UNICEF POLICY.....	15
4. PROJECT APPROACH	16
COMPONENT 1: HOME HYGIENE, SANITATION & DRINKING WATER SAFETY.....	17
COMPONENT 2: SCHOOL SANITATION AND HYGIENE EDUCATION (SSHE).....	18
COMPONENT 3: COMMUNITY MANAGEMENT OF WATSAN AND FRESH WATER RESOURCES.....	19
SOCIAL DEVELOPMENT.....	20
CAPACITY BUILDING TO SUPPORT DECENTRALISATION.....	23
IMPROVED KNOWLEDGE MANAGEMENT.....	23
CONVERGENT COMMUNICATION FOR UNDER-THREES.....	25
LEVELS OF ENGAGEMENT.....	25
PROJECT ACTIVITIES.....	26
STRATEGIC PARTNERSHIPS.....	30
STRATEGIC PARTNERSHIPS.....	31
WORKING WITH THE PRIVATE SECTOR.....	32
EMERGENCIES.....	32
5. APPRAISAL ISSUES	33
GOVERNANCE APPRAISAL AND STAKEHOLDER ANALYSIS.....	33
SOCIAL APPRAISAL.....	34
TECHNICAL APPRAISAL (SEE ANNEX F).....	36
ENVIRONMENTAL APPRAISAL (SEE ANNEX G).....	37
ECONOMIC AND FINANCIAL APPRAISAL (ANNEX H).....	38
HUMAN RESOURCES APPRAISAL (ANNEX I).....	41
EVALUATION.....	42
6. IMPLEMENTATION	44
MANAGEMENT ARRANGEMENTS.....	44
TIMING.....	45
TABLE 3: PROJECT TIMELINE (MAY 2004 – JUNE 2005).....	46
INPUTS.....	47
CONTRACTING AND PROCUREMENT.....	47
ACCOUNTING AND AUDITING.....	48
MONITORING.....	49
7. RISKS AND UNDERTAKINGS	51
RISK.....	51
UNDERTAKINGS.....	54

ANNEX A: KEY MILESTONES 2004-5	A-1
ANNEX B: PROJECT BUDGET	B-1
ANNEX C: STRATEGIC PRINCIPLES: CE PROGRAMME 2004-2008.....	C-1
ANNEX D: GOVERNANCE APPRAISAL AND STAKEHOLDER ANALYSIS.....	D-1
GOI POLICIES AND PRIORITIES	D-1
STATE SCENARIO AND PRIS	D-2
NGO AND PRIVATE SECTOR	D-3
UNICEF	D-4
ANNEX E: SOCIAL APPRAISAL.....	E-1
CONTEXT	E-1
SOCIAL EXCLUSION.....	E-1
GENDER CONCERNS	E-2
APPROACHES TO SOCIAL INCLUSION, EQUITY AND GENDER.....	E-2
ACHIEVEMENTS OF THE CE PROGRAMME.....	E-3
EMERGING CONCERNS FOR THE CE PROGRAMME	E-4
OPPORTUNITIES AND IMPLICATIONS.....	E-5
ANNEX F: TECHNICAL APPRAISAL	F-1
CONTEXT	F-1
KEY ISSUES	F-2
IMPLICATIONS FOR NEW PROJECT.....	F-5
ANNEX G: ENVIRONMENTAL APPRAISAL	G-1
CONTEXT	G-1
KEY ISSUES	G-1
IMPLICATIONS FOR NEW CE PROJECT.....	G-4
ANNEX H: ECONOMIC AND FINANCIAL APPRAISAL.....	H-1
CONTEXT	H-1
OVERALL PROJECT FOCUS	H-2
FINANCIAL APPRAISAL.....	H-3
RATE OF RETURN	H-6
IMPLICATIONS FOR NEW PROJECT.....	H-6
ANNEX I: HR APPRAISAL.....	I-1
OVERVIEW	I-1
LESSONS LEARNT.....	I-1
CURRENT STAFFING STRUCTURE	I-2
THE WES EXTERNAL ENVIRONMENT	I-3
EMERGING ISSUES AND PROPOSED ACTION	I-4
GOVERNMENT AND OTHER PARTNERS.....	I-8
ANNEX J: SUMMARY HRD PLAN	J-1



particularly in areas of scarcity, have received inadequate attention.

- 1.5 Recognising these issues, Gol has developed, and is in the process of scaling up, an alternative strategy for rural water supply and sanitation. This is based on a demand-responsive, community-managed approach (known as sector reform) in which the government moves away from direct implementation and, instead, facilitates and regulates service delivery. At the same time, authority and responsibility are to be decentralised to local government bodies (primarily Panchayati Raj Institutions – PRIs)⁴. The new approach underpins two government programmes, *Swajaldhara* (meaning 'self-managed water stream' and applying to rural water supply) and the Total Sanitation Campaign (TSC). Both these programmes are being scaled up nation-wide, replacing government-sponsored supply-driven schemes.
- 1.6 Institutional arrangements for rural water supply, depicting the present and proposed situation, are shown graphically in Figures 1 and 2. These figures are designed to familiarise readers who are new to the generic institutional set-up of the sector in India. In reality, the situation in each state will differ from the illustrated model to a greater or lesser degree. Institutional arrangements for sanitation have not been shown to limit the figures' complexity.
- 1.7 During phase I of the DFID/Sida-supported Sanitation, Hygiene and Water Supply project (1999-2003), the emphasis was on developing a range of replicable models for rural sanitation, hygiene and water supply. This was undertaken in a limited number of focus districts. Many of the models have been successful, with various elements being incorporated into government programming. At the same time, important lessons have been learnt. The new project will apply the models and lessons learnt during Phase I to support the operationalisation of sector reform. This is emphasised in the 10 core principles agreed with DFID and Sida (Annex C) that have guided the development of this project.
- 1.8 The purpose of the new project, set out in the logframe, is to support government efforts to improve access to, use of, and control over safe water and sanitation, and to improve hygiene, achieved through operationalisation of sector reforms. The project will be implemented by national, state and local government, supported by non-governmental organisations (NGOs) and the private sector.

⁴ India's three-tier system of decentralised local government is known as Panchayati Raj.

The purpose will be achieved through three outputs:

- Improved hygiene practices in households and Anganwadis⁵, achieved through TSC and Integrated Child Development Services (ICDS);
- Improved hygiene practices among school children in elementary schools, achieved through TSC and Sarva Shiksha Abhiyan⁶ (SSA); and
- Greater equity and sustainability in rural water supply, achieved through operationalisation of Swajaldhara.

1.9 These outputs will be delivered by government departments, and the three tiers of Panchayat Raj that make up local government in India, supported by NGOs and the private sector. UNICEF will provide technical support and capacity development. For more details, see paragraphs 6.3 and 6.16 of this proposal.

1.10 The outputs will be achieved by developing a minimum-level of capacity to operationalise sector reforms. This will be achieved in 25 to 30 per cent of the districts in each of the 14 CE supported states, and at state level. This process will be informed by the models developed by the CE programme from 1999 to 2003 and the lessons learnt. The strategy will contribute to the body of experience, knowledge and systems needed to extend the reforms nation-wide.

1.11 Reflecting UNICEF's core strengths and resource constraints, the main focus of the project will be on home sanitation, hygiene promotion, safe drinking water, and school sanitation and hygiene education (SSHE). In all these areas, vigorous efforts are required if India is to meet the Millennium Development Goals.

1.12 A particular concern for the CE programme is how to ensure that marginalised groups, particularly women and the poor, are able to participate in decision making about improved water supply and sanitation services, and are able to access the benefits. This is particularly important in the context of a demand-responsive approach. Supporting the operationalisation of sector reform means reinforcing or revising policies and plans, and strengthening institutional capacity and monitoring systems to ensure that marginalised groups are willing, and able, to participate in a meaningful way. This is reflected in the design of the new project and the selection of logframe indicators.

⁵ A village-based centre under the Integrated Child Development Services programme of the government entrusted with early childhood care and development of children below five years of age, and the care of pregnant women and new mothers.

⁶ A mainstream government programme with the objective of universal elementary education, implemented through the Department of Elementary Education and Literacy, Ministry of Human Resources.

- 1.13 The change in focus from model development to model application presents the CE programme with a number of challenges. A human resource development plan, tailored to develop this essential competence, has been developed as part of this proposal. This will strengthen the managerial and technical capacity of UNICEF to implement this project.
- 1.14 The project will reinforce the partnership between the governments of the 14 states and Gol. The project will also collaborate with other organisations, in particular the Water and Sanitation Program–South Asia (WSP-SA) and the World Health Organization (WHO). Finally, the project will help refine the roles and inter-relationships of local government, line departments, NGOs and the private sector. This is a pre-requisite if the sector reform strategy is to be taken to scale.

2. Project Logframe

2.1 The following umbrella project logframe is complemented by three nested logframes, the purposes of which correspond to the three high-level outputs detailed below. The general activities required to achieve the outputs are identified in logframe below. The detail of implementation is, of course, dependent on state specific conditions, and detailed action plans are to be found the 14 state proposals under UNICEF's Country Plan of Operations. This structure ensures that each of the 14 state projects reflects its situation and priorities in the nested logframes, while contributing towards higher-level outputs and purpose.

Table 1: High-level Logframe

Narrative	Objectively Verifiable Indicators	Means of Verification	Assumptions
Goal: Improved child health, learning and well-being	In 14 CE programme States: <ul style="list-style-type: none"> Proportion of moderately to severely malnourished rural children⁸ decreases from 47 to 30% Per cent of women in rural households reporting children had diarrhoea in previous two weeks decreases from 12 to 8% Proportion of girl's enrolment in rural elementary schools (Grades I-VIII) increases from x to y% 	Survey results: RCH2 Department of Elementary Education and Literacy Baseline/endline surveys in 30 % of selected districts	
Purpose: Support government to improve access to, use of and control over safe water and sanitation,	In 14 CE programme States: <ul style="list-style-type: none"> Proportion of individuals and households, adopting key hygiene practices⁹, disaggregated by socio-economic group, gender and age, increased from x to y% 	Survey results: MICS, NFHS, NSSO, RCH2 Baseline / endline surveys in 40 selected districts	Improved co-ordination between government departments and other stakeholders Commensurate investments in water and sanitation infrastructure, education,

⁷ X and Y indicator values will be determined through the project baseline in 40 districts, with results available by October 2004. Figures have been inserted where sufficient data is available (for example, from RCH-2)

⁸ Although it is recognised that the project may only have a minor impact on this indicator, it has been included as it is a strategic objective for UNICEF/GoI.

⁹ The following are classified as key hygiene practices: (i) consumption of safe drinking water (ii) sanitary method of excreta disposal, primarily the use of toilets (iii) hand washing with soap or equivalent, before eating and feeding, and after defecation (iv) safe disposal of infant and child faeces.

Narrative	Objectively Verifiable Indicators	Means of Verification	Assumptions
and to improve hygiene, achieved through operationalisation of sector reforms	<p>In selected districts:</p> <ul style="list-style-type: none"> Proportion of communities and elementary schools demonstrating effective and sustainable local management of WatSan, increased from x to y % Indicator for sustainability to be developed by end of project inception phase 	Participatory Rural Appraisal (PRA) ¹⁰ (undertaken in a proportion of selected districts)	health and nutrition in place Government and other partners have capacity and resources to implement the reform agenda
Output 1: Improved hygiene practices in households and Anganwadis, achieved through operationalisation of TSC	<p>In selected districts:</p> <ul style="list-style-type: none"> Proportion of individuals and households (disaggregated to reflect gender and social economic group), adopting key hygiene practices, increased from x to y % Proportion of Anganwadi workers and children adopting key hygiene practices increases from x to y % 	Baseline and endline surveys PRA (both undertaken in a proportion of selected districts)	Selected districts together with state-level support provides critical mass to scale up improvements in hygiene state wide
Output 2: Improved hygiene practices among school children in elementary schools, achieved through operationalisation of TSC and SSA	<p>In selected districts:</p> <ul style="list-style-type: none"> Proportion of elementary schools with quality sanitary facilities and hygiene education programmes increased from x to y % Extent¹¹ to which rural elementary schools use and maintain water supply and sanitation facilities, reflecting equal involvement and use by girls and boys 	Baseline and endline surveys PRA (both undertaken in a proportion of selected districts)	Critical mass of school children become agents of change for water and sanitation at community and household level
Output 3: Greater equity and sustainability in water supply, achieved through operationalisation of Swajaldhara	<p>In selected districts:</p> <ul style="list-style-type: none"> Sustainability scores¹² (assessed using a number of sub-indicators) increased from x to y. 	PRA undertaken in a proportion of selected districts	Government prioritise sanitation and hygiene interventions in programming along with improvements in water supply

¹⁰ The PRA techniques used will complement survey data by quantifying qualitative information using a technique developed by WSP-SA and the International Water and Sanitation Centre (IRC). This will also be used to evaluate the impact of the Phase I project (1999-2003).

¹¹ 'Extent' in this context can only be established by a qualitative assessment in a sample of schools. This will be carried out using in a purposive sample of schools, using a mix of PRA tools, as part of the baseline.

¹² Measurable criteria for sustainability will be identified (based on global experience such as Sara 1999), applied in a sample of villages and averaged to determine an overall sustainability score.

Table 2: Logframe Outputs and Activities

Logframe Output / Activity	Generic tasks	Est. Input (US\$'000s)
Output 1. Improved hygiene practices in households and Anganwadis, achieved through operationalisation of TSC		20,735
		Activity Sub-total
Activity 1.1 Support the development and introduction of policies and guidelines for hygiene promotion and sanitation, reflecting lessons learnt and which address equity concerns, at national- and state-level and in selected districts through TSC	<ul style="list-style-type: none"> ▪ Document and communicate lessons learnt 1999-2003 ▪ Investigate the impact of subsidies for sanitation ▪ Support sector assessments: focus on hygiene promotion and sanitation / TSC ▪ Finalise the national strategy for hygiene communication ▪ Support drafting of policies / guidelines relating to hygiene promotion and sanitation ▪ Communicate policies and guidelines to district-level stakeholders ▪ Support the development and implementation of TSC Project Implementation Plans (focus being on capacity building of state and district-level stakeholders) ▪ Establish systems to monitor implementation and impact of hygiene promotion and sanitation, focusing on marginalised households 	7,212
Activity 1.2 Refine, document and operationalise effective approaches to hygiene communication for behaviour change, reflecting equity concerns	<ul style="list-style-type: none"> ▪ Assess existing approaches to hygiene promotion (including cost effectiveness and impact studies) ▪ At district level, document models and lessons learnt ▪ Where necessary, refine models (limited scale and timeframe) ▪ At national / state level, consolidate, document and communicate best practices and lessons learnt ▪ Undertake special studies on cost effectiveness and the impact of different approaches, focusing on women, children and poor communities and households ▪ Ensure inclusion of the above in state policies and related guidelines (Activity 1.1) ▪ Pilot introduction of an under-3 communication strategy in a number of districts 	5,044

Logframe Output / Activity	Generic tasks	Est. Input (US\$'000s)
Activity 1.3 Refine, document and operationalise affordable and effective household-based approaches to mitigate drinking water quality problems	<ul style="list-style-type: none"> ▪ With WHO, assess existing approaches to household- and community-based approaches to drinking water safety ▪ Refine household-based approaches, focusing on performance, quality, sustainability and affordability ▪ Develop and promulgate national/state standards for household filters ▪ Consolidate, document and communicate best practices (focusing on affected districts, also at state/national level) ▪ Incorporate household solutions within the Swajaldhara framework ▪ Support advocacy for household-based solutions as part of a full-fledged mitigation strategy 	3,057
Activity 1.4 Develop, refine and operationalise alternative delivery mechanisms for sanitation, linked to a range of demand-responsive, effective and environmentally sustainable sanitation options	<ul style="list-style-type: none"> ▪ Assess and document current delivery mechanisms, focusing on market awareness, outreach, sustainability, cost effectiveness, subsidies, regulation ▪ Communicate results to national, state and district level stakeholders ▪ Where necessary, continue to refine most promising approaches ▪ Ensure best practices and lessons learnt are incorporated in TSC policies and guidelines ▪ Strengthen district-level capacity to apply guidelines ▪ Tap the potential of the private sector in rural sanitation ▪ Establish sanitation requirements/demand in remote tribal communities ▪ Pilot ecological sanitation and promote VIP toilet technologies where appropriate 	3,057
Activity 1.5 Pilot, document and operationalise approaches for sanitation and hygiene promotion in Anganwadis	<ul style="list-style-type: none"> ▪ Assess current approaches to Anganwadi sanitation and hygiene promotion ▪ Pilot most promising approaches in a limited number of states and districts ▪ Document and communicate best practices / lessons learnt ▪ Ensure inclusion in TSC/Swajaldhara policies/guidelines ▪ Develop implementation capacity at district level ▪ Investigate the impact of Anganwadi sanitation 	2,365
Output 2. Improved hygiene practices among school children in elementary schools, achieved through operationalisation of TSC/SSA		15,175
		Activity Sub-total
Activity 2.1 Support the development and introduction of policies and guidelines for school	<ul style="list-style-type: none"> ▪ Assess and document current approaches to SSHE ▪ Compile manuals on school sanitation designs based on best practices and lessons learnt ▪ Support development of national and state policy and guidelines on SSHE (within TSC/Swajaldhara framework and informed by results of assessments) 	5,274

Logframe Output / Activity	Generic tasks	Est. Input (US\$'000s)
sanitation and hygiene behaviour change, through SSA and TSC	<ul style="list-style-type: none"> ▪ Facilitate co-ordination between DDWS and DEEL ▪ Establish linkages between SSA and TSC in policies and guidelines ▪ Carry out special studies of the impact on SSHE on girls education and hygiene and sanitation in surrounding communities ▪ Continue to advocate for SSHE as a UNICEF/ government 'flagship' 	
Activity 2.2 Support the development and implementation of state and district plans for scaling up SSHE, maintaining key quality standards	<ul style="list-style-type: none"> ▪ Refine, document and communicate a quality 'package' for SSHE ▪ Support the development and implementation of state-level master plans for SSHE ▪ Support the development and implementation of district plans for SSHE ▪ Establish monitoring systems to track implementation progress 	6,753
Activity 2.3 Refine, document and operationalise sustainable, innovative and effective approaches to SSHE	<ul style="list-style-type: none"> ▪ Identify most promising approaches, focusing on child-friendly, cost-effective designs, water for handwashing, management systems, hygiene education and materials ▪ Assess and document approaches ▪ Communicate best practices/lessons learnt (focus being on district stakeholders) ▪ Reflect best practices/lessons learnt in policies and guidelines 	3,148
Output 3: Greater equity and sustainability in water supply, achieved through operationalisation of Swajaldhara		9892
		Activity Sub-total
Activity 3.1 Support the development and introduction of policies and guidelines for Swajaldhara at state level and in selected districts, with increased emphasis on equity and system sustainability	<ul style="list-style-type: none"> ▪ Support sector assessments in at least seven states ▪ Assess, document and communicate best practices relating to integrated WatSan (focusing on rural water supply) ▪ Advocate for and support testing, marking and monitoring of water supplies (initially relating to arsenic and fluoride) ▪ Support the use of sanitary surveillance as a component of a water quality monitoring system ▪ Support the development of state policies and practical guidelines for Swajaldhara, ensuring emphasis is on sustainability, access, use and inclusion ▪ Support the communication of policies and guidelines and develop capacity to implement the latter (focus on district level stakeholders) ▪ Support the establishment of effective monitoring systems ▪ Support the establishment of a training and resource centre 	7,650

Logframe Output / Activity	Generic tasks	Est. Input (US\$'000s)
	network <ul style="list-style-type: none"> ▪ Support the compilation of training modules, primarily using existing materials 	
Activity 3.2 Refine, document and operationalise equitable and sustainable approaches to community-based water resources management (WRM) as an integral part of Swajaldhara	<ul style="list-style-type: none"> ▪ Assess and document current approaches to WRM, focusing on impact, sustainability and cost effectiveness ▪ Pilot approaches to water demand management as an integral part of a WRM package – focus on equity ▪ Develop guidelines for WRM in the context of Swajaldhara ▪ Ensure WRM is incorporated in Swajaldhara guidelines ▪ Develop capacity of district-level stakeholders to apply guidelines within the Swajaldhara framework 	2,242
Sub-Total Activities		45,802
Technical Assistance Project (TAP): Staff Salaries and non-activity related travel		12,458
HR Plan (for details see Annex J), less TAP element		1,000
TOTAL		59,260
UNICEF Cost Recovery ¹³		3,740
Grand Total		63,000

2.2 The total budget for the project is US\$ 63.00 million, of which UNICEF will contribute US\$ 22 million. For further details of the proposed budget, see Annex B.

3. Project Rationale

Context

3.1 Unsanitary practices, primarily defecation in open spaces, and the consumption of contaminated drinking water remain major causes of child death, disease, and malnutrition in India, especially among the poor. Only 22 per cent of rural households have toilets, and the annual rate of increase has averaged only one per cent. The rate of progress in rural sanitation requires considerable acceleration if India is to achieve the Millennium Development Goal. Evidence indicates that a significant number of family members, primarily men, do not use household toilets every day. A significant number of families, particularly those

¹³ UNICEF Cost Recovery Policy – this proportion of the budget is retained by UNICEF Headquarters and covers the cost of financial administration.

living in water scarce areas or in times of seasonal water scarcity, are unable to find enough water to operate pour flush toilets.

- 3.2 The use of a sanitary toilet (or, more generally, the adoption of a safe and environmentally sustainable means of excreta disposal) is one of four key hygiene practices advocated by UNICEF. The other three practices are the consumption of safe drinking water; hand washing (with soap or an effective alternative) after defecation; and the safe disposal of infant and children's faeces. Though progress has been made, these practices have yet to become accepted norms.
- 3.3 Of India's 700,000 rural elementary schools, only 15 per cent have a toilet, with a large proportion not in use for a variety of reasons. This situation is a factor deterring children, more so girls, from attending school: almost half of the girls enrolled do not complete their primary education. There is, therefore, a need to improve personal, home and community hygiene practices, including the ownership and use of toilets, across society.
- 3.4 The physical availability of protected sources of water has improved significantly over the years. With near-universal 'coverage' reported by state governments, the operation and maintenance of water systems; acceptable standards of water quality, and sustainability of sources are now top priorities. A key concern for the CE programme is that marginalised groups, especially the poor, are able to use protected water sources.
- 3.5 Protecting drinking water from faecal contamination remains a major challenge in many parts of India, not least because of the widespread lack of sanitation. Protecting vulnerable water sources is one strategy (for example, by ensuring handpumps have appropriate platforms and drainage arrangements and these are maintained). But global evidence¹⁴ indicates that the most cost-effective approach is to focus on household water management (including water treatment) and related hygiene practices. These include the use of a toilet and hand-washing with soap or an effective alternative, such as ash. This strategy is reflected in the new project.
- 3.6 Apart from faecal contamination, excess arsenic and fluoride in drinking water also pose major health threats in large areas. In most cases, there is a need to develop the political and institutional will and capacity to test, mark and monitor drinking water sources, ensuring that people are aware of the health risks they face, and provide a range of appropriate and affordable mitigation options. Whilst a number of systems may be available to mitigate water quality problems, the focus of this project will be on affordable, cost-effective, home-based solutions.

¹⁴ See, for example, 'Household Water Management: refining the dominant paradigm' by Clasen T.F. and Cairncross S, in *Tropical Medicine and International Health*, Vol 9 No 2 pp187-191, February 2004. This editorial emphasises the importance of better home management of drinking water.

- 3.7 Water quality is an area in which the rights argument can be used to lever change, and there are clear indications of this happening. The constitutional right to safe water goes beyond coverage (the availability of a protected water source which is assumed to provide safe water). The decentralisation of authority to more accountable institutions, coupled with an increase in people's awareness of water quality and their right to receive it, and improved access to the legal system, are driving water quality up the political agenda.
- 3.8 Finally, the alarming and increasing unsustainability of drinking water sources in the dry summer months, mainly due to over-exploitation of groundwater for irrigation, is of great concern in many states. In particular, the situation in Rajasthan, Gujarat, Maharashtra and Madhya Pradesh requires urgent attention. There is a need for equitable management of water demand, coupled with focused interventions to improve groundwater recharge. Experience shows that without demand management, the benefits of recharge may be rapidly squandered, while supply augmentation (for example, by piping in water from more remote sources) is an option that only the better-off can afford.

Government of India Tenth Five-Year Plan and sector reforms

- 3.9 Together, these points indicate that the needs of the rural water supply and sanitation sector have changed significantly. The sector requires a major shift in emphasis from a top-down, supply-driven approach focused on achieving physical targets, to a demand-responsive approach focused on the judicious use and sustainability of improved water supplies and sanitation facilities, coupled to an effective strategy to promote key hygiene practices.
- 3.10 Reflecting many of these concerns, the Tenth Five-Year Plan sets out the strategy for rural water supply and sanitation to be adopted by Gol (2003-2007). The strategy includes the following points:
- The decentralisation of planning and implementation functions to the Panchayats, as provided for by law;
 - The adoption of a community-based and demand-responsive approach to promote use and sustainability;
 - The participation of primary stakeholders (potential users) in informed decision-making at all stages in the project cycle, particularly in regard to a range of priced service levels;
 - Capacity building of key stakeholders, particularly of PRIs;
 - Responsibility for operation and maintenance (O&M) should rest with the GPs, with VWSCs playing a key role;
 - Sanitation subsidies provided only to Below Poverty Line (BPL) families, with those Above Poverty Line (APL) paying the full cost;

- The mobilisation of NGOs to support the programme, especially in planning, development, management, monitoring, training and the provision of micro-credit;
- School sanitation should be given the highest priority. (The 93rd Constitutional Amendment, 2003, makes elementary education the right of every child between 6 and 14 years of age.)

(Source: Chapter 5.5, Tenth Five Year Plan, Gol)

- 3.11 The above points are reflected in the strategy for rural water supply and sanitation (known generically as sector reform) which was introduced in 1999 by the Rajiv Gandhi National Drinking Water Mission (RGNDWM). The implementation of the Tenth Plan requires that sector reform be scaled up nationwide. This is being achieved through two national programmes: *Swajaldhara* and the Total Sanitation Campaign (TSC).
- 3.12 *Swajaldhara*, a demand-responsive, community-based approach to rural water supply, is now being operationalised countrywide. The programme was developed from the sector reform pilot projects implemented between 1999 and 2003 in 67 districts, and the World Bank-supported *Swajal* project in Uttar Pradesh and Uttaranchal. Presently 20 per cent of central funds for rural water supply are allocated to *Swajaldhara*. Gol intends to phase out the supply-driven Accelerated Rural Water Supply and Sanitation Programme by 2007.
- 3.13 Similarly, TSC involves a fundamental shift away from the provision of subsidised toilets, to one based on stimulating demand for sanitation with an affordable range of options. These should be based on users' informed perceptions of what they want and are willing to pay for. In this context, there is clear evidence that the majority of households acquire a toilet because they value the convenience and the privacy. Few households with toilets claim that the subsidy was a major motivating factor. In spite of this, current TSC guidelines still employ a retrospective cash reward as an incentive for BPL families to build a toilet (60 per cent of the cost in the case of a single pit toilet design).
- 3.14 Like *Swajaldhara*, TSC is being scaled up, and now covers 398 of the 602 districts in the country. Subsidies are to be phased out, and will be replaced with a range of collective rewards¹⁵ linked to behaviour change - i.e. the use of toilets and the elimination of open defecation. Information, education and communication is being used to inform people about sanitation options and their potential benefits and to modify people's

¹⁵ The Nirmal Gram Puraskar scheme, introduced in June 2003, for promoting full coverage and eliminating open defecation. Rewards are offered at district, block and village level, based on population criteria.

hygiene practices. Currently, 15 per cent of TSC funds are reserved for information, education and communication. This reflects the importance given to effective communication at all levels. Under TSC, human resource development (HRD) funds are also available to build the capacity of organisations and individuals involved in the promotion of sanitation or the supply of related goods and materials.

- 3.15 While considerable funds are available to the states to institute sector reform, there is a need to develop policies, systems, plans and institutional capacity to be able to do this. In particular, sector reform has to be strengthened in regard to poverty and gender. In a demand-responsive regime, the willingness and ability of marginalised groups to participate in decision-making and influence project design cannot be assumed. Furthermore, sector reform is specifically designed to be implemented by PRIs. The State Water Supply Agencies are in general reluctant to relinquish authority and assume as yet poorly defined responsibilities for facilitation, monitoring and regulation.
- 3.16 In this context, Gol is now in the process of establishing a Memorandum of Understanding (MoU) with each state. This formal agreement will set the pace and direction of reform in the rural water supply and sanitation sector. UNICEF is working with the Water and Sanitation Programme – South Asia (WSP-SA) and RGNDWM to develop the scope of the MoU, ensuring it is focused on the use of facilities (especially by women and the poor) as well as system sustainability, and that sanitation, hygiene promotion and water quality concerns are not marginalised by water supply.
- 3.17 As this implies, UNICEF's future contribution to the sector lies increasingly in technical assistance, capacity building, facilitating learning partnerships, and informed advocacy. In this context, UNICEF will strengthen its gender and poverty focus. The new project provides the opportunity to apply models developed during the previous DFID and SIDA supported phase of the programme, or more accurately, their components, and related lessons learnt in the context of earlier reforms.
- 3.18 The shift in focus for the Child Environment Programme from the development of models to their application, tied to the scaling up of sector reforms, has significant implications for UNICEF. Its capacity to facilitate change will become a critical factor.
- 3.19 To help refocus the programme in this way, DFID, Sida and UNICEF agreed to a set of 10 principles in early December 2003. These underpin the design of the new project. The principles are set out in Annex C.

UNICEF Child's Environment Programme 1999-2003 – Achievements

- 3.20 During the period 1999-2003, the CE programme was focused on model development. Project inputs included 29 professional staff allocated to 16 states (10 of which were funded by DFID and Sida) and funding of about US\$ 60 million. An independent end-of-project evaluation, including participatory evaluations in 120 villages in eight districts, commenced in February 2004. The results of this will be available in May 2004.
- 3.21 Three types of model were developed, covering (i) integrated approaches to water supply, sanitation and hygiene; (ii) hygiene communication and promotion of key practices; (iii) specific models, associated with the planning, implementation, monitoring and management of SSHE. The unit of application in most cases has been the block, typically consisting of 100-150 villages and many more habitations (i.e. hamlets).
- 3.22 The model 'experience' is vested in a range of stakeholders including government officers at district and block level, PRIs, NGOs, village-level committees, SHGs and individuals.
- 3.23 Models have been more effective in some states than in others and not all have involved government structures to the degree necessary to ensure their replicability. In some cases, further refinement is required. As a whole, the models have provided a mutual platform for learning, demonstration and advocacy. The following points provide more detail in specific areas:
- Hygiene promotion through village motivators or animators, school-children, parent-teacher associations and Anganwadis have improved people's understanding of the importance of hygiene and resulted in changes in hygiene behaviour. Some models have also piloted the use of community-based monitoring of indicators (for example, in Orissa).
 - The use of social marketing techniques by sanitation extension workers, SHGs, private entrepreneurs, community organisations, co-operatives and NGOs has resulted in a modest but accelerating demand for affordable home toilets, with minimal or no subsidy. While latent demand for sanitation exists (to varying degrees in different states), a well-designed and medium- to long-term programme of interventions is needed to stimulate it.
 - The programme has also developed a range of affordable and sustainable sanitation options, tailored to meet local preferences and conditions. This has included the use of dry (ventilated improved pit - VIP) toilets in Rajasthan.

- National guidelines for TSC, School Sanitation and Hygiene Education (SSHE) and sanitation options have been informed to a considerable extent by the project outcomes. The implementation of a national communication strategy for hygiene promotion, currently being developed by the CE programme, will help fill a critical gap in the sector.
- Models for domestic water treatment (related to fluoride and arsenic) have been developed and are now being standardised, together with quality control systems and sustainable support mechanisms for the regeneration and eventual disposal of the filter medium.
- Development of approaches for the testing and monitoring of water quality for fluoride and arsenic, particularly in West Bengal.
- Models for SSHE (incorporating child-friendly toilet designs, training of teachers, local management systems for SSHE, hygiene education packages, quality control and monitoring systems) have been developed and lessons learnt disseminated.
- Institutional links between PRIs, water supply and sanitation line departments and the education sector have been strengthened. As a result, the CE programme is in a much stronger position to facilitate the scaling up of SSHE within the context of sector reform and SSA.
- In SSHE districts, children have been involved as 'change agents' to spread hygiene messages to the community. Although hard evidence needs to be collected, anecdotal reports suggest this has led to an increase in the construction and use of home toilets.
- Community participation in micro planning has been successfully demonstrated in many states, initially coordinated by UNICEF working with NGOs, more recently by State and District Water and Sanitation Missions. The processes have assisted marginalised groups, particularly women and the poor, to participate in decision-making processes. This has led to a more equitable division of benefits and responsibilities.
- People are generally willing to contribute towards the capital and running costs of improved water supply facilities, provided this meets their requirements and the financial systems are accountable and transparent.
- Community management and monitoring of rural water supply and sanitation has been an integral part of the CE programme models. This has led to greater ownership and sustainability of systems. A number of state governments have already adopted the community-based processes demonstrated by the CE programme.

- The Child's Environment Programme has contributed to influencing special needs. Designs for hygiene and sanitation facilities suitable for girls and disabled have been adopted in both schools and Anganwadis. The new TSC Guidelines include a reservation of incentive for households with disabled.

3.24 Models (or more accurately, elements of models) developed by the CE programme have been adopted by state and the national government. Examples include West Bengal (sanitation); Rajasthan (community processes); and Orissa (SSHE). The concept of rural sanitary marts (RSMs), originally developed in Midnapur District, West Bengal, with UNICEF support, is now an important part of TSC.

3.25 Despite these successes, there has been limited scaling up of the interventions demonstrated in UNICEF focus districts. This may be due to insufficient interest of the government at the state level; slow implementation of policies relating to decentralisation; ambiguity over roles and relationships; and resistance to change in key institutions and among individuals. Reflecting the district-focus of the Phase I project, in most states, engagement of UNICEF staff in the development of policies, guidance and systems at the state level has also been limited.

3.26 With the government strongly pushing the sector reform agenda (as demonstrated by the MoU process), the CE programme is now in a stronger position to advocate the application of the models developed during Phase I, while supporting the government's efforts to operationalise reforms in a relatively large number of districts. As mentioned earlier, this strategy has particular implications for the development of UNICEF capacity and staff resources.

Government Policy

3.27 In overall terms, sectoral policy has been dominated by the shift from a top-down, supply-driven approach, to a more demand-responsive, community-based model. At the same time, the role of government is changing from implementation to facilitation, support and regulation. Finally, authority and responsibility is being decentralised to elected Panchayats, in line with the 73rd Amendment to the Constitution¹⁶.

¹⁶ Whilst the 73rd Amendment provides elected PRIs with legal and constitutional mandates to function as participatory local government, it does not define sectoral responsibilities. This has been left to the states to decide. In some cases, up to 29 separate functions are being transferred from various line departments. Although the legislation has accelerated political decentralisation; the financial and administrative capacity of PRIs remains weak in most cases, limiting their effectiveness.

- 3.28 The speed and scale of change is globally unprecedented. Until December 2002, sector reform was a pilot project (albeit undertaken in 67 districts). Before the impact of these pilots could be ascertained, the decision was taken to scale up the process as Swajaldhara, so that any Gram Panchayat in the country could initiate a rural water supply project. Swajaldhara guidelines were disseminated in 2003.
- 3.29 Although water supply and sanitation are state subjects, in practice the reforms have been driven by the national government at the centre, with state authorities somewhat marginalised. To establish the reforms in each state, RGNDWM now plans to enter into a formal and binding MoU¹⁷ with each state government. The MoU will be signed only after a state has developed a vision statement, a state policy for water supply and sanitation, and an agreed action plan for establishing the reforms, complete with milestones and a timeframe.
- 3.30 Progress made against these milestones will be used to trigger the release of central funds. A strong incentive for the states to enter into the MoU is the fact that central funding to the sector will be reduced and finally cut if this does not happen.
- 3.31 As already mentioned, the reforms are founded on two programmes, Swajaldhara and TSC. The principles on which these programmes are based are shown below.

Swajaldhara

- (i) Adoption of a demand-responsive, adaptable approach, along with community participation based on empowerment of villagers to ensure their full participation in the project through a decision-making role in their choice of a drinking water scheme and its planning, design, implementation, control of finances and management arrangements;
- (ii) Full ownership of drinking water assets to rest with appropriate levels of the Panchayats;
- (iii) Panchayats/communities to have the powers to plan, implement, operate, maintain and manage all rural water supply and sanitation schemes;
- (iv) Partial capital cost sharing, either in cash or kind including labour, or both,
- (v) Full responsibility for O&M with the users;
- (vi) An integrated service delivery mechanism (combining water supply, sanitation, hygiene, SSHE and aspects of water resource management);

¹⁷ The MoU 'instrument' has been used to guide fiscal and power reforms in India.

- (vii) Taking up of conservation measures through rain water harvesting and groundwater recharge systems for sustained drinking water supply; and
- (viii) Shifting the role of government from direct service delivery to that of planning, policy formulation, facilitating community action, monitoring and evaluation, and partial financial support.

(Source: Guidelines on Swajaldhara: Gol, June 2003)

Total Sanitation Campaign (TSC)

- (i) TSC to be implemented by Panchayats in project mode with district as unit;
- (ii) Information, education and communication (15 per cent total budget) used to stimulate demand, with sanitation motivators rewarded according to the number of toilets built and used;
- (iii) Households offered a range of appropriate and affordable sanitation options, using RURAL SANITARY MARTs as outlets;
- (iv) Cash incentive to be offered after a toilet has been completed, based on the cost of the toilet and economic status (i.e. Below Poverty Line/Above Poverty Line) of household;
- (v) Proportion of incentives reserved for Scheduled Caste or Schedule Tribe (SC/ST) and people with disabilities;
- (vi) Community Sanitary Complex, maintained by Gram Panchayats, to be offered in areas where household toilets are impractical;
- (vii) Priority given to Anganwadis and schools;
- (viii) Role of NGOs emphasised in both supply of hardware and demand creation.

(Source: Guidelines on TSC, Gol February 2004)

3.32 These principles effectively summarise current sector policy. While there are inevitably some concerns (mainly in respect of their interpretation and translation into practice), they provide the context in which the new project will operate.

UNICEF Policy

3.33 The current UNICEF-Gol programme of co-operation (2003-2007) is designed to contribute to the fulfilment of the rights of all children to survive, grow and develop to their full potential. In this respect, the CE programme and the new project cannot be seen in isolation from other UNICEF/Gol programmes and related initiatives, because they have been designed together to fulfil UNICEF's five medium-term strategic priorities.

- 3.34 The CE programme is well placed to contribute to two of these priorities: ensuring that every child gets the best possible start in life, and ensuring that every girl and boy completes a quality primary school education. The CE programme specifically supports the reduction of under-five mortality, improvement in child nutrition and the achievement of universal primary education. It does this by strengthening the capacity of government, PRIs and NGO partners to deliver effective rural water and sanitation interventions, with emphasis on equity and the needs of the poor and marginalised.
- 3.35 The concept of supporting the operationalisation of a government policy spread over a relatively large number of districts (with the emphasis on developing sufficient capacity to establish sector reform), is a logical step for the CE programme. The new project will, however, require innovative solutions to complement the work of other UNICEF/government programmes that remain geographically more focused.

4. Project Approach

- 4.1 In support of the unfolding reforms in rural water supply and sanitation, this project will strengthen government capacity to operationalise sector reforms at state level and in a significant number of districts that would constitute a critical mass to take the reforms forward. This approach will be informed by operational and programmatic lessons learnt by UNICEF and other organisations and agencies active in the sector.
- 4.2 The CE programme's strength is based on two factors: an established field presence in 14 states, and long experience of working with government and NGOs at district level and below. The programme's experience relates mostly to hygiene and sanitation promotion, SSHE, community management and household-based water quality interventions. The new project will use and develop these areas.
- 4.3 The project's overall focus will remain sanitation and hygiene. Activities include: (i) promoting personal, home hygiene and sanitation practices; (ii) supporting community-based water quality surveillance and home water quality improvement; (iii) accelerating school sanitation and hygiene education; (iv) supporting community management of water supply and sanitation systems and fresh water resources.
- 4.4 As already explained in Section 2, the use of nested logframes will help ensure that individual state projects can reflect the local context and priorities. This presents a particular challenge in some states where, for example, GPs have still to be elected or where local governance is particularly weak. In such cases, specific strategies must be designed that adhere to

the basic principals of sector reform, but which also take into account existing constraints.

- 4.5 In line with the GoI-UNICEF Country Programme of Cooperation for 2003-2007, the project consists of three components relating to the home, school and community environment. These components are reinforced by a number of cross-cutting themes: social development, capacity building and support to decentralisation, and improved knowledge management. These themes will be supported through existing and new partnerships with international, national and district-level organisations.
- 4.6 Finally, to contribute to UNICEF's core objective of reducing child mortality and morbidity, the project will support the development of a convergent communication strategy focusing on the survival and development of children under 3 years of age. Each of these elements is explained in more detail below.

Component 1: Home Hygiene, Sanitation & Drinking Water Safety

- 4.7 This is the major component of the project, with 35 per cent of the total budget allocated to it. The project will support operationalisation of TSC in 130 districts (of the nearly 400 districts that have TSC projects at the moment). State-level activities will include analysis, development and application of policies, practical guidance and related capacity strengthening. In TSC districts, the project will support the development and implementation of Project Implementation Plans as required by the TSC guidelines.
- 4.8 Informed by the models developed in Phase I and key lessons learnt, the project will identify and scale up cost-effective hygiene promotion and measures for creating demand for sanitation. At the same time, supply chains will be reinforced, emphasising the role of the private sector and NGOs, and developing an appropriate quality and regulatory framework.
- 4.9 The use of subsidies and incentives have for long been a subject of debate. Whilst TSC principles refer to a move from 'low-to-no' subsidy, in practice, basic toilets for BPL families are still subsidised, with subsidies ranging from 60 per cent cash assistance (RGNDWM guidelines), to even higher amounts in a few states. Evidence suggests that in most cases the acquisition of a toilet is not motivated by a subsidy and that the cash assistance will not necessarily ensure a toilet is used once it has been built. The CE programme will further investigate the role and relevance of sanitation subsidies, particularly on the poorest households.
- 4.10 On the basis of available evidence, the CE programme will advocate for intensifying demand generation for sanitation and hygiene, with a range of appropriately priced, affordable options and designs for toilets, to encourage the phasing out of

individual subsidies for toilet construction. Ensuring that sanitation meets the needs of the poor, women and children, will be a priority. In tribal areas, with scattered settlement patterns, a change in hygiene practices may be far more effective than investing in building toilets.

- 4.11 In collaboration with WHO, an assessment of the health impact of high sanitation coverage will be undertaken in West Bengal. The programme will track similar studies, supported by World Bank and the Centers for Disease Control and Prevention (Atlanta), London School of Hygiene and Tropical Medicine and others. The results will be used to inform advocacy aimed at policy makers and planners at national and state levels, and to further focus efforts at state and district level.
- 4.12 As already stated, household approaches to drinking water safety will be supported and advocated, rather than community-based approaches, which have proved difficult to sustain. Where possible, the current emphasis on fluoride and arsenic contamination will be used as an entry point to address the faecal contamination of water sources. In the context of Swajaldhara, sanitary surveillance will be introduced to complement the use of field test kits and laboratory-based water quality testing. The project will also improve the co-ordination of water quality testing, introduce cost-effective water quality monitoring systems, and in the case of arsenic and fluoride, establish a regulatory framework for state-level mitigation programmes.

Component 2: School Sanitation and Hygiene Education (SSHE)

- 4.13 This component is the second-largest, with 24 per cent of the project budget allocated. State policies, plans, guidelines, capacity and partnerships will be developed to ensure that SSHE is established as a core element of SSA, and undertaken through TSC and Swajaldhara.
- 4.14 Elementary education is a national priority, recognised by the 93rd Constitutional Amendment. The central rationale for emphasising SSHE is that it contributes significantly to the quality of education, especially for girls. The impact of SSHE on the enrolment and retention of girls in elementary schools will be further investigated. The impact of SSHE on sanitation and hygiene practices in the surrounding community will also be studied.
- 4.15 Apart from these studies, the SSHE component will also address the following:
- Incorporating child-friendly, cost-effective toilet designs and related specifications in TSC;
 - Including hygiene education in the school curriculum and lesson plans;

- Effective management of water supply and sanitation facilities by school-based institutions (parent-teachers' association, village education committee, etc);
- Introducing effective quality control systems;
- Improving the monitoring of SSHE progress and outcomes;
- Ensuring the adequacy of school water supplies through Swajaldhara, with hand washing facilities and drainage systems provided under TSC.

4.16 Water supply, sanitation and hygiene interventions must be integrated within the SSA framework. SSA is a programme of the Department of Elementary Education and Literacy (DEEL) under the Ministry of Human Resources. The CE programme will, therefore, work closely with the UNICEF/Gol Elementary Education programme, to strengthen inter-departmental coordination and planning. Improved collaboration will be led by the UNICEF-supported SWASTHH¹⁸ PLUS pilot project (with USAID funding) being implemented in four districts by the state governments of Karnataka and Jharkhand.

Component 3: Community Management of WatSan and Fresh Water Resources

- 4.17 This last component (with 18 per cent of the total budget) will focus on two related areas: the operationalisation of Swajaldhara and Water Resource Management (WRM).
- 4.18 Although the MoUs proposed by Gol for institutionalising sector reform go well beyond Swajaldhara, they provide the starting point for this component in the new project. In 2004, the CE programme will facilitate the development of MoUs in the majority of the 14 states. As a first step, the programme will support sector assessments in several states, focusing on the issues of use, sustainability and social inclusion. The draft terms of reference for this purpose has already been prepared.
- 4.19 Each sector assessment will lead to the development of a vision statement for the state; comprehensive policies supported by operational guidelines; and an agreed action plan to operationalise the reforms. The CE programme will support each of these activities, ensuring that the experience gained in Phase I of the project is reflected in state and district plans for Phase II.
- 4.20 In the first year, the new project will also ensure that lessons learnt from its community-based models for integrated

¹⁸ SWASTHH PLUS: School Water and Sanitation towards Health and Hygiene. This project, managed by UNICEF/Gol's Education Programme with CE programme technical support and USAID funding, will focus on the development of training material and teacher training for school hygiene education in four districts in Karnataka and Jharkhand.

water supply and sanitation are recorded and communicated to inform the sector assessments.

- 4.21 Although the new project is not model-focused, it will continue to refine models and pilot new approaches, albeit at a much reduced scale. With the exception of these activities, the CE programme will phase out support to its focus districts, ensuring that sufficient capacity exists for activities to continue under TSC or Swajaldhara. Phasing out will continue throughout 2004.
- 4.22 To augment and develop capacity, the project will select and place specialist personnel in State and in some District Water and Sanitation Missions, pending the establishment of government-funded CCDUs.
- 4.23 Based on the lessons learnt in Phase I, this project will refine and apply practical approaches to WRM, including key aspects of water demand management. In four water scarce states – Gujarat, Madhya Pradesh, Maharashtra and Rajasthan – key aspects of WRM, focusing on the sustainability of drinking water sources rather than the availability of water per se, will be integrated with Swajaldhara and its policy, institutional and financial framework.
- 4.24 Four cross-cutting themes have been identified as particularly important to strengthen to achieve the purpose and outputs of the project, i.e. social development, capacity development, support to decentralisation and improved knowledge management. These themes are described in detail below.

Social Development

- 4.25 Social development is an important focus for this project, one that cuts across the three components already described. The project will adopt a rights-based approach, in line with UNICEF's global strategy and in particular its support to the Convention on the Rights of the Child (CRC). The project will also use the Gol Tenth Five-Year Plan and the fundamental rights of the Constitution of India to strengthen equity and social justice aspects of the project.
- 4.26 The human right to water entitles everyone to sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses. Article 11 of the International Covenant on Economic, Social and Cultural Rights specifies a number of rights emanating from the realisation of the right to an adequate standard of living. The right to water is also related to the right to the highest attainable standard of health. The right should also be seen in conjunction with other rights enshrined in the International Bill of Human Rights, foremost among them the right to life and dignity. The right to water has been recognised

in a wide range of international documents, including treaties, declarations and other standards.

- 4.27 The CRC, adopted by the General Assembly of the United Nations in 1989, states that to “ensure the child such protection and care as is necessary for his or her well-being....and to this end shall take all appropriate legislative and administrative measures” (Article 3). The Convention also establishes that states recognise the right of the child to the highest attainable standard of health (Article 24) and combat disease by, inter-alia, the provision of clean drinking water, taking into account the dangers and risks of environmental pollution. In the context of school sanitation, Article 28 commits member states to take measures to encourage regular attendance at schools and the reduction of drop out rates.
- 4.28 This project responds to several of the recommendations given by the Committee on the Rights of the Child at its 35th session, where the Committee considered the second period report of Gol on the implementation of the CRC¹⁹.
- 4.29 In the Indian context, a rights-based approach to water and sanitation is reinforced through the right to life and the right to equality vis-à-vis religion, caste, sex or place of birth, laid down in the Constitution (Article 21 and 16). In addition, the Tenth Five-Year Plan emphasises the need for social equity to ensure that basic needs are met and access is given to services for the poor.
- 4.30 Experience has shown that it can be very difficult for marginalised communities or households (for example, the landless poor or those of a disadvantaged social group or minority religion), or individuals within households (for example, women, girl-children, the old or infirm, or people with disabilities, to express their demand and participate in decision making. As a result they risk being excluded from the benefits of a demand responsive service delivery. Special provisions have to be made to ensure the effective participation of the poor and marginalised, women, children and the disabled.
- 4.31 The approach to social development adopted by this project is based on two mutually reinforcing components: enabled participation and fulfilling obligation:
- Participation: enabling people to participate in informed decision-making processes relating to water supply, sanitation and hygiene practices;
 - Obligation: strengthening institutions (at all levels) and policies to ensure the recognition and fulfilment of these human rights.

¹⁹ Committee on the Rights of the Child, 35th session, Consideration of reports submitted by State Parties under Article 44 of the Convention.

4.32 This will be achieved in the following ways:

- Ensuring that the CE programme clarifies its approach to social development and poverty, including a rights-based approach, and strengthens related staff capacity.
- Ensuring that key data relating to communities and households are disaggregated in terms of gender and other social dimensions, starting with the baseline for the project.
- Ensuring that best practices and lessons learnt from 1999-2003 specifically refer to the participation of poor and marginalised households and individuals in project processes, and that the impact on these groups is also documented and communicated.
- Wherever necessary, successful models should be revisited and adapted to ensure that they are capable of reaching socially disadvantaged groups.
- Ensuring that specific options (technical, financial, and institutional) are developed with representatives of weaker sections, taking into account their capacity, resources and constraints.
- Ensuring that, in the context of the Centre-State MoUs, the state vision, targets, policies, plans and related strategies and guidance make specific provisions for the participation of poor and marginalised, women and children, and the disabled.
- Emphasising that capacity building, undertaken at any level, ensures the inclusion and participation of potentially excluded groups in decision-making processes.
- Ensuring that monitoring systems, evaluations and reviews use disaggregated data and maintain an overt poverty and gender focus.

CE Programme and HIV AIDS

With about 4.5 million people estimated to be living with HIV in India, the prevalence of HIV at 0.8 per cent is still low compared to many other developing countries. While HIV/AIDS does not discriminate among individuals, certain groups of people have greater risks of exposure and are thus more vulnerable to infection. For social and biological reasons, women are more vulnerable than men. Poor people are more vulnerable than the better-off; adolescents are more vulnerable than adults; and young girls are more vulnerable than young boys. Poverty, malnutrition, poor housing facilities, **poor sanitary conditions**, lack of access to public health services and illiteracy, have accelerated the HIV/AIDS epidemic.

Policy makers, programme planners and managers, donors and field workers need to treat HIV as a chronic disease and plan for better water supply, sanitation and hygiene to counteract the impact on people's day-to-day health, work, income and

dignity²⁰. This project aims to improve sanitary conditions that have an impact on the health and nutrition of people living with HIV/AIDS and their families.

Capacity Building to Support Decentralisation

- 4.31 Decentralisation and sector reform are indivisible. Operationalising sector reform will require the development of PRI capacity to plan, manage, support and monitor improvements in rural water supply and sanitation.
- 4.32 While local government provides the institutional framework of the project, this approach inevitably carries some risk. For example, in some cases, PRIs may be unwilling to focus on rural water supply and sanitation due to other priorities, while elected local leaders may find it politically difficult to begin charging people for water. In many cases, institutional roles and operating systems have not been finalised, delaying progress. The programme will not, however, seek alternatives to PRIs (except in Jharkhand where Gram Panchayats have still to be elected) but will work with them to the extent possible, developing their capacity needed to fulfil their role envisaged under the reforms.
- 4.33 While the project will be able to interface directly with ZPs (the district-level PRI) and the DWSMs under their control, it will be more difficult to establish and maintain contact with a larger number of block-level and village-level structures. This sort of outreach will require the development of a capacity-building system, comprising government institutions, NGOs and the private sector, all working to an agreed agenda. Establishing, refining and supporting such a system will be a core activity throughout the new project in every CE state.
- 4.34 Decentralisation also has profound implications for the line departments previously mandated to implement the rural water supply and sanitation programmes. In many cases, these are UNICEF's nodal counterparts and both organisations have developed a long-term relationship. To the extent possible, the project will also develop the capacity of these line departments to assume their new roles as facilitators and regulators of the sector. The needs of decentralisation require an effective partnership between local government and these line departments.

Improved Knowledge Management

- 4.35 Effective knowledge management is essential to the project. With the overriding emphasis on capacity building at state and district levels, it is imperative that this is informed by relevant, timely and accessible information on best practices and lessons learnt from the field, relating to programmatic and operational

²⁰ WELL fact sheet-December 2003 HIV/AIDS and water supply, sanitation and hygiene. Compiled by: Christine van Wijk, IRC Reviewed by: Sandy Cairncross, LSHTM and Madeleen Wegelin, IRC.

(management related) issues. Although much more will be done to capture and document lessons learnt by the CE programme, the project must also be informed by lessons learnt by other organisations operating in the sector. In overall terms, improving knowledge management will require a change of individual attitudes and practices, team-building and collaboration, as well as improved information sharing systems.

- 4.36 As a prerequisite to improve knowledge management, the CE programme will, using the opportunities presented by the establishment of Centre-State MoUs, and others, forge information-sharing partnerships with other agencies and organisations in the sector. A revitalised UN interagency working group on water, environment and sanitation will help this process. The CE programme will then be in a better position to support the development and dissemination of practical guidance.
- 4.37 The project will support RGNDWM in establishing a network of resource and training centres across the 14 CE states, from district-level institutions to nodal resource centres serving a number of states. At the national level, the project will also support the compilation of core material to be used in the training of functionaries at different levels. It must be stressed that much of this information already exists, but requires refining and consolidation into training modules. The project will also support an expansion of the website of the Department of Drinking Water Supply (DDWS), for improved exchange of information among Centre, States and districts.
- 4.38 Project staff must work hard to develop institutional and staff capacity in this respect. Documentation must be improved. In 2004, the CE models and related lessons learnt will be fully documented and the results communicated to a wide variety of stakeholders. Learning opportunities and incentives for professional development will be strongly encouraged as part of the HR plan, while a revised staffing structure will provide additional technical support where this is needed.
- 4.39 Specific areas for improving knowledge management will be refined by project staff with their counterparts during the inception phase. Programmatic and operational themes likely to be included for 2004/2005 are social inclusion, advocacy/influencing (see below) and the design and establishment of effective monitoring systems.
- 4.40 Whilst advocacy efforts will be state-specific, in overall terms, the CE programme will initially focus on six broad areas: (i) to raise the profile of sanitation in government at all levels; (ii) the centrality of gender and poverty in the context of operationalising a demand-responsive approach; (iii) the need for *quality* processes, products and services; (iv) the need for improved inter-sectoral coordination (v) institutional reform of the

state water supply authorities (vi) improved monitoring systems – focusing on impact and use in addition to access. These areas will be developed into a fully-fledged advocacy plan during the project inception phase. This will include how the programme will work with other organisations and their advocacy networks.

Convergent Communication for Under-threes

- 4.41 The last element that makes up the project is focused on children under three years of age. The survival of children in this particular age group will contribute most to reducing child mortality levels in India.
- 4.42 The CE programme will support a dialogue with families that, if translated into behaviour change, will greatly enhance the prospects of child survival and development. The messages will include aspects relating to hygiene, health, nutrition and child development, and will be delivered on a person-to-person basis by Anganwadi workers, health workers and sanitation extenders.
- 4.43 This strategy will be piloted in a number of districts in eight states, and will use the opportunities and resources provided by existing government programmes such as TSC. Specialist support will be provided by UNICEF's Programme Communication Section. If this initial pilot is a success, it will be scaled up.

Levels of Engagement

- 4.44 The project will include a mix of support at national, state and district levels. A brief summary of the nature of project engagement at each level is as follows:
- National-level support will focus on four areas: strengthening and enhancing government initiatives, informed advocacy (the focus of which will be developed during the inception phase), developing and sustaining effective partnerships with key agencies and organisations such as WSP-SA and WHO, and capacity development of UNICEF field staff and immediate counterparts.
 - State-level support will focus on capacity building, the development of state-specific policies, plans and practical guidelines, and developing effective monitoring systems. State level advocacy plans will also be developed during the inception phase. These generic activities will be informed by the models and key lessons learnt from 1999-2003.
 - District-level support will focus on creating the core capacity required to establish sector reform, again informed by the models and lessons learnt. By 2008, this will have been achieved in 130 districts in the 14 states.
 - To inform learning, advocacy and capacity development, limited piloting of innovative approaches will be required in

some districts. In the former CE focus districts, ongoing activities will be brought to conclusion and brought under the TSC/Swajaldhara framework.

Project Activities

4.45 Each project activity (extracted from the high-level logframe) is broken down into a number of generic tasks in Table 2. These represent activities in the nested logframes that form the basis of the 14 state proposals. Their generic nature reflects the diversity of the states and their proposals. For further details, the reader should consult the 14 state proposals and the national-level proposal that support this document.

Table 2: Logframe Outputs and Activities

Logframe Output / Activity	Generic tasks
Output 1. Improved hygiene practices in households and Anganwadis, achieved through operationalisation of TSC	
Activity 1.1 Support the development and introduction of policies and guidelines for hygiene promotion and sanitation, reflecting lessons learnt and which address equity concerns, at national- and state-level and in selected districts through TSC	<ul style="list-style-type: none"> ▪ Document and communicate lessons learnt 1999-2003 ▪ Investigate the impact of subsidies for sanitation ▪ Support sector assessments: focus on hygiene promotion and sanitation / TSC ▪ Finalise the national strategy for hygiene communication ▪ Support drafting of policies / guidelines relating to hygiene promotion and sanitation ▪ Communicate policies and guidelines to district-level stakeholders ▪ Support the development and implementation of TSC Project Implementation Plans (focus being on capacity building of state and district-level stakeholders) ▪ Establish systems to monitor implementation and impact of hygiene promotion and sanitation, focusing on marginalised households
Activity 1.2 Refine, document and operationalise effective approaches to hygiene communication for behaviour change, reflecting equity concerns	<ul style="list-style-type: none"> ▪ Assess existing approaches to hygiene promotion (including cost effectiveness and impact studies) ▪ At district level, document models and lessons learnt ▪ Where necessary, refine models (limited scale and timeframe) ▪ At national / state level, consolidate, document and communicate best practices and lessons learnt ▪ Undertake special studies on cost effectiveness and the impact of different approaches, focusing on women, children and poor communities and households ▪ Ensure inclusion of the above in state policies and related guidelines (Activity 1.1) ▪ Pilot introduction of an under-3 communication

Logframe Output / Activity	Generic tasks
	strategy in a number of districts
<p>Activity 1.3 Refine, document and operationalise affordable and effective household-based approaches to mitigate drinking water quality problems</p>	<ul style="list-style-type: none"> ▪ With WHO, assess existing approaches to household- and community-based approaches to drinking water safety ▪ Refine household-based approaches, focusing on performance, quality, sustainability and affordability ▪ Develop and promulgate national/state standards for household filters ▪ Consolidate, document and communicate best practices (focusing on affected districts, also at state/national level) ▪ Incorporate household solutions within the Swajaldhara framework ▪ Support advocacy for household-based solutions as part of a full-fledged mitigation strategy
<p>Activity 1.4 Develop, refine and operationalise alternative delivery mechanisms for sanitation, linked to a range of demand-responsive, effective and environmentally sustainable sanitation options</p>	<ul style="list-style-type: none"> ▪ Assess and document current delivery mechanisms, focusing on market awareness, outreach, sustainability, cost effectiveness, subsidies, regulation ▪ Communicate results to national, state and district level stakeholders ▪ Where necessary, continue to refine most promising approaches ▪ Ensure best practices and lessons learnt are incorporated in TSC policies and guidelines ▪ Strengthen district-level capacity to apply guidelines ▪ Tap the potential of the private sector in rural sanitation ▪ Establish sanitation requirements/demand in remote tribal communities ▪ Pilot ecological sanitation and promote VIP toilet technologies where appropriate
<p>Activity 1.5 Pilot, document and operationalise approaches for sanitation and hygiene promotion in Anganwadis</p>	<ul style="list-style-type: none"> ▪ Assess current approaches to Anganwadi sanitation and hygiene promotion ▪ Pilot most promising approaches in a limited number of states and districts ▪ Document and communicate best practices / lessons learnt ▪ Ensure inclusion in TSC/Swajaldhara policies/guidelines ▪ Develop implementation capacity at district level ▪ Investigate the impact of Anganwadi sanitation
<p>Output 2. Improved hygiene practices among school children in elementary schools, achieved through operationalisation of TSC/SSA</p>	
<p>Activity 2.1 Support the development and introduction of policies and guidelines for school sanitation and hygiene behaviour change, through SSA and TSC</p>	<ul style="list-style-type: none"> ▪ Assess and document current approaches to SSHE ▪ Compile manuals on school sanitation designs based on best practices and lessons learnt

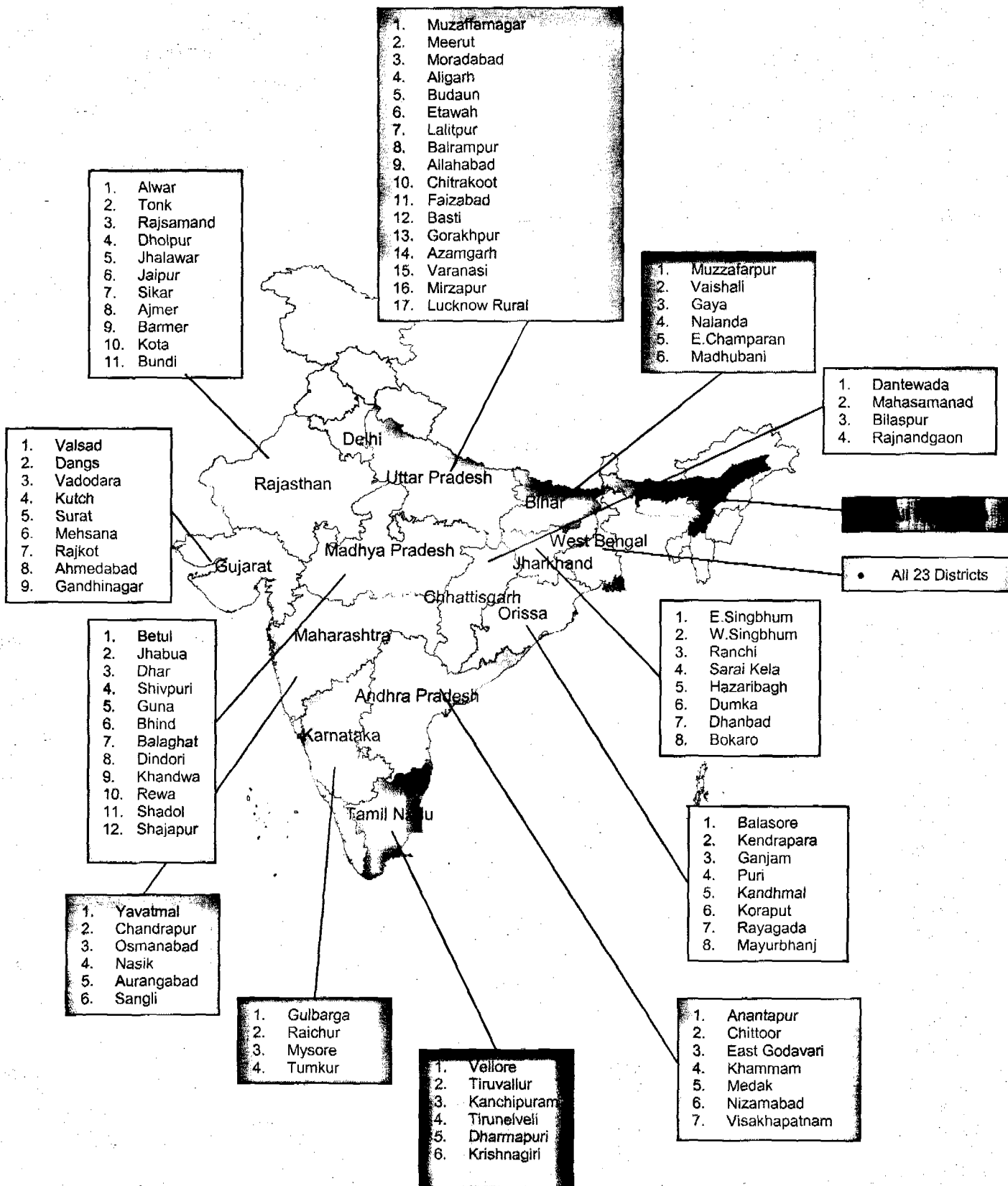
Logframe Output / Activity	Generic tasks
	<ul style="list-style-type: none"> ▪ Support development of national and state policy and guidelines on SSHE (within TSC/Swajaldhara framework and informed by results of assessments) ▪ Facilitate co-ordination between DDWS and DEEL ▪ Establish linkages between SSA and TSC in policies and guidelines ▪ Carry out special studies of the impact on SSHE on girls education and hygiene and sanitation in surrounding communities ▪ Continue to advocate for SSHE as a UNICEF/ government 'flagship'
<p>Activity 2.2 Support the development and implementation of state and district plans for scaling up SSHE , maintaining key quality standards</p>	<ul style="list-style-type: none"> ▪ Refine, document and communicate a quality 'package' for SSHE ▪ Support the development and implementation of state-level master plans for SSHE ▪ Support the development and implementation of district plans for SSHE ▪ Establish monitoring systems to track implementation progress
<p>Activity 2.3 Refine, document and operationalise sustainable, innovative and effective approaches to SSHE</p>	<ul style="list-style-type: none"> ▪ Identify most promising approaches, focusing on child-friendly, cost-effective designs, water for handwashing, management systems, hygiene education and materials ▪ Assess and document approaches ▪ Communicate best practices/lessons learnt (focus being on district stakeholders) ▪ Reflect best practices/lessons learnt in policies and guidelines
<p>Output 3: Greater equity and sustainability in water supply, achieved through operationalisation of Swajaldhara</p>	
<p>Activity 3.1 Support the development and introduction of policies and guidelines for Swajaldhara at state level and in selected districts, with increased emphasis on equity and system sustainability</p>	<ul style="list-style-type: none"> ▪ Support sector assessments in at least seven states ▪ Assess, document and communicate best practices relating to integrated WatSan (focusing on rural water supply) ▪ Advocate for and support testing, marking and monitoring of water supplies (initially relating to arsenic and fluoride) ▪ Support the use of sanitary surveillance as a component of a water quality monitoring system ▪ Support the development of state policies and practical guidelines for Swajaldhara, ensuring emphasis is on sustainability, access, use and inclusion ▪ Support the communication of policies and guidelines and develop capacity to implement the latter (focus on district level stakeholders) ▪ Support the establishment of effective monitoring

Logframe Output / Activity	Generic tasks
	systems <ul style="list-style-type: none"> ▪ Support the establishment of a training and resource centre network ▪ Support the compilation of training modules, primarily using existing materials
Activity 3.2 Refine, document and operationalise equitable and sustainable approaches to community-based water resources management (WRM) as an integral part of Swajaldhara	<ul style="list-style-type: none"> ▪ Assess and document current approaches to WRM, focusing on impact, sustainability and cost effectiveness ▪ Pilot approaches to water demand management as an integral part of a WRM package – focus on equity ▪ Develop guidelines for WRM in the context of Swajaldhara ▪ Ensure WRM is incorporated in Swajaldhara guidelines ▪ Develop capacity of district-level stakeholders to apply guidelines within the Swajaldhara framework

4.46 Taking into account state priorities and the number and capacity of UNICEF project staff, the third component (relating to Swajaldhara and WRM) will not be undertaken in every state. Figure 2 lists the 130 districts in which the operationalisation of sector reform will be supported. Support will be phased in and out over the five years.

4.47 Districts have been selected according to an agreed set of criteria, including: (i) status of reforms; (ii) existing relationship with the CE programme; (iii) geographical / social characteristics including health and socio-economic indicators (iv) political stability and (v) practicality.

Figure 2: Map of India Showing CE Programme's Selected Districts



Strategic Partnerships

- 4.48 The new focus of the Phase II project will require effective partnerships with government (at all levels, including PRIs), NGOs, other international agencies and the private sector. The following points refer to the development of strategic partnerships, primarily for knowledge sharing, capacity development and informed advocacy. At national level, strategic partners will include IRC, based in the Netherlands, WSP-SA and WHO. The rationale behind each of these partnerships is explained below.
- 4.49 The CE programme has a long-term relationship with IRC that began in early 2000. IRC has considerable capacity in the following areas: SSHE, hygiene promotion, community management and monitoring, capacity development planning, and participatory evaluation and assessment. The partnership, currently linked to a two-year enabling agreement to support SSHE, will be strengthened, particularly in light of the HR implications of refocusing the CE programme. IRC are members of the DFID-supported WELL resource centre.
- 4.50 The CE programme will also strengthen its partnership with WSP-SA. This agency has particular capacity related to policy formulation, institutional reform and advocacy. This complements the strengths of the CE programme, including a long-term state presence, and a thorough understanding of the rural water and sanitation sector at district and sub-district level, SSHE and hygiene promotion. The partnership will focus on two areas: establishing the reforms in states, initially through the MoU process, and monitoring systems for sector reform.
- 4.51 The third strategic partnership is with WHO (both the South East Asia Regional Office and the India Office). WHO has capacity in water quality, environmental epidemiology and cost effectiveness studies. It also has a range of counterparts in the health sector. The CE programme will work closely with WHO to assess the impact of key interventions, and to strengthen links between WatSan and health. The project will fund a short-term professional to design and establish a number of key studies. This person will be recruited by WHO. During the project's mid-term review (mid-2006), the partnership with WHO will be assessed with a view to strengthening it further.
- 4.52 The CE programme will reinforce existing partnerships and establish new relationships with a number of other organisations in the new project. These include several established NGOs, including the Centre for Science and Environment (CSE), currently focussing on rainwater harvesting and associated advocacy, PRIA, WaterAid and the National Dairy Development Board, which is associated with sanitation and hygiene. Many

other partnerships exist and will be reinforced in the 14 CE states.

Working with the Private Sector

- 4.53 The need to work more closely with the private sector is identified in the governance appraisal (Annex D). The new project will engage with the private sector in two major areas. The first is in the context of supporting capacity development, particularly within selected districts. The operationalisation of sector reforms will require a major increase in the capacity of Gram Panchayats and their Village Water Supply and Sanitation Committees to fulfil their intended roles. Organisations at state, district, block and district level, with the potential to undertake this capacity-building role, must be identified, prepared and mobilised. Given that the CE programme intends to work in 130 districts over the five-year timeframe, many of these organisations will come from the private sector.
- 4.54 The private sector accounts for the great majority of household toilets constructed in most states (the exception being in West Bengal where block-level Rural Sanitary Marts operated by NGOs have undertaken this role). This fact is not immediately apparent, because most toilets are completed without government support. In Bihar, for example, it is estimated that for every toilet provided by the government in the last 10 years, about 50 have been constructed by the informal private sector.
- 4.55 The project will build on the ability of the private sector to respond to demand for sanitation, coupled with the use of social marketing to stimulate the latter. A first step will be to assess the potential of the private sector to fill a demand gap, identifying key constraints and ways to fill them. Such studies have already been initiated in Bihar, prompted by the weak performance of the government rural sanitation programme. Systems to regulate supply and ensure quality will also be developed and introduced.
- 4.56 Regulatory systems will also be developed to ensure the quality of school sanitation facilities, and also to regulate the supply and regeneration of domestic water filters that employ *activated alumina* to reduce fluoride and arsenic concentrations in drinking water.

Emergencies

- 4.57 Between 1999 and 2003, the CE programme responded to several natural disasters in different parts of the country. There was an earthquake in Gujarat; severe drought (for several consecutive years) in Gujarat, Madhya Pradesh, Maharashtra and Rajasthan; floods in Assam, Bihar and West Bengal; and the super-cyclone in Orissa. UNICEF was involved in extending emergency relief in all these situations.

- 4.58 In the 2001 UNICEF/GoI Mid-Term Review, a decision was taken to mainstream emergency preparedness into regular sectoral programming. This resulted in staff training, the development of preparedness plans for the UNICEF State Offices and the establishment of an Emergency Unit in UNICEF New Delhi, primarily to liaise with other UN agencies.
- 4.59 Developing emergency preparedness and response capacity is not an immediate priority. Before the project's mid-term review of the project, UNICEF and Government will strengthen this aspect of the programme. This will involve:
- The review, development and refinement of emergency preparedness plans (in particular, for UNICEF New Delhi).
 - Training for all project staff on emergency preparedness and response (to be undertaken by RedR India²¹ with WHO support).
 - Develop linkages between normal programming and community-based emergency preparedness initiatives, piloted by UNICEF in Assam, and supported by UNDP and others.

5. Appraisal Issues

Governance Appraisal and Stakeholder Analysis

- 5.1 The governance appraisal (Annex D) has identified the major institutional issues relating to the rural water supply and sanitation sector as a whole, and UNICEF's position in this sector. The CE programme, with an established field presence and the experience of developing WatSan models in select districts, will now focus on building sufficient understanding and capacity to operationalise sector reforms in a relatively large number of districts.
- 5.2 Within the 14 CE programme states, the project will not be able to provide equal support across all districts. In addition to state-level assistance, the project will support the operationalisation of sector reform in 130 districts. Working in close coordination with other external support projects, the support provided at state level and in these districts is expected to provide the critical mass necessary for successfully scaling up the reforms.
- 5.3 Whilst supporting the operationalisation of the reforms is by no means simple, it is important to note that an increasing number of government officials at all levels are committed to the

²¹ Red-R India, originally the Register of Engineers for Disaster Relief, was established in India (based in Pune) in 2003. The organisation runs training courses of different aspects of emergency response, including environmental health.

process, under the leadership provided by the Rajiv Gandhi National Drinking Water Mission. The programme will work with and encourage these champions of reform.

- 5.4 As stated in the Annex, the programme will work both on demand and supply sides of sector reform to create the capacity required to ground the process at state level and in a large number of districts. In overall terms, more effort will be spent to strengthen the capacity of PRIs to plan, implement, manage and monitor service improvements (and commensurate changes in hygiene practices). Whilst the main focus will be at district level, the programme will have an indirect impact on lower level institutions by creating the systems required to develop their capacity. Activities will include the definition of roles and responsibilities, orientation of key stakeholders, supporting the development and implementation of state policies and operational guidance, and the establishment of operational systems. The proposed Centre-State MoUs provide an important opportunity in this respect.
- 5.5 At the same time, the programme will continue to work with nodal (line) departments to prepare them for their new role (facilitation, capacity building, technical support, monitoring, coordination and regulation). This will remove the uncertainty and in some cases hostility surrounding the reforms – a potential threat to their successful introduction. Whenever possible, the programme will work with other agencies such as WSP-SA, which has considerable experience in this area.
- 5.6 The role of NGOs and the private sector to support the reform process will be clarified and developed. Much more use can be made of their potential to support the delivery of quality water and sanitation services, and to link marginalised groups to local government, reinforcing rather than undermining its role.
- 5.7 In most states, the capacity of staff in NGOs and in the private sector must be developed if they are to have a significant impact. The CE programme will apply lessons learnt during the 1999-2003 project cycle, not least to ensure that effective independent monitoring systems are developed and implemented – particularly important during scaling up.
- 5.8 As detailed in the Annex, undertaking these activities will present UNICEF with a significant challenge. Whilst this project provides the programme with a strategic direction and focus, state and in some cases district-specific approaches are needed. The implementation of the HR plan (Annex J) will help ensure a successful outcome.

Social Appraisal

- 5.9 Sufficient, safe, acceptable and affordable water for personal and domestic consumption, access to appropriate sanitation, and improvements in domestic and personal hygiene

underpin the fulfilment of the rights of the child and the Millennium Development Goals. In this rights-based context, the project aims to improve people's access to and use of safe water and sanitation, together with sufficient information for people to make informed decisions about hygiene practices, both collectively and individually.

- 5.10 Some of the main social achievements of the CE programme are: partnerships with a range of community institutions; enhanced access to education for girls; generation of livelihood opportunities; strengthened participatory planning processes; and improved capacity of NGOs. The main challenge facing the project is how to support the implementation of sector reform, ensuring that the poor and marginalised (specifically women, children (especially the girl-child), disabled and others facing exclusion by virtue of their caste, class, ethnicity, religion or other dimensions) are able to participate in decision-making processes. In spite of the constitutional protection of rights for SCs and STs, caste-based exclusion is still present. Clearly, the opinions of the poor and marginalised must be recognised so that their participation is reflected in the results of interventions.
- 5.11 The approach adopted is described below. Firstly, to react to such issues, they must be recognised and, therefore, highlighted in monitoring systems, special studies, advocacy, policies and related government orders, guidelines and plans. The project aims to ensure that this is done.
- 5.12 Secondly, community processes, so important to the operationalisation of the reforms, must be refined to ensure that the poor and marginalised have a voice. To an extent, this has been achieved in the models developed in Phase I of the project, although refinement is needed in most cases. The ongoing end-of-project evaluation will clarify the situation.
- 5.13 Thirdly, a range of options (financial and management options as well as technical options relating to service level) must be developed, valued, priced and offered. Willingness to pay should not be assumed, but based on people's informed perceptions of value and benefit. The need to have options tailored to meet the needs of women and children and specific cultures must be recognised to ensure access and use. For girls, this is particularly true in schools. Again, many technical options have been developed by the Phase I project and these can be used (and supplemented as necessary). Rather less work has been undertaken to flesh out non-technical options.
- 5.14 The project must ensure that the training of UNICEF staff and main partners on gender sensitivity and other social development dimensions is not only linked to implementation objectives, but also that learning is sustained through an internal environment that supports self change. Equally, equity and gender concerns should be internalised by communities, PRIs

and those responsible for facilitating community processes, and the means of addressing them should be accepted as standard development tools.

- 5.15 Finally, to ensure that the project stays on track with respect to poverty, gender and child focus, process indicators for monitoring qualitative improvements, and impact indicators for measuring the results obtained, must be developed, agreed and actively used. The importance of disaggregating data to reflect child-related, gender and poverty concerns is recognised, and this concept must be built into all processes and procedures as a matter of course.

Technical Appraisal (See Annex F)

- 5.16 The project will systematically assess, analyse and document the approaches, impact and lessons learned during the 1999-2003 phase. Much of this will be done at the state level, with support provided by UNICEF's Water, Environment and Sanitation (WES) section in New Delhi. This will include investigations incorporating elements of quantitative and qualitative research and cost-effectiveness studies.
- 5.17 The project will support the development and implementation of communication strategies that seek to bring about household action for better care of young children. This will be supplemented by the development, refinement and promotion of environment- and user-friendly water, sanitation and hygiene technologies.
- 5.18 The range of technical options for household sanitation (suited to different budgets and varying conditions), developed during the 1999-2003 phase, will provide the starting point in the 130 TSC districts. Refining the range of toilet design options, including VIP toilets and ecological sanitation, the project will take steps to improve the availability of low-cost materials and services to enable households to build their own toilets. The project will also promote the use of credit schemes to improve access to sanitation, particularly for the poor.
- 5.19 Special attention will be given to enhance opportunities for small-scale entrepreneurs of both sexes to raise and meet the demand of households for home water treatment devices and household toilets.
- 5.20 The project will demonstrate approaches for mitigating drinking water quality problems and continue the development and promotion of home drinking water treatment options.
- 5.21 The project will expand on the learning from the school sanitation and hygiene education models developed during 1999-2003, establishing state-specific strategies and plans for school hygiene, sanitation and water supply. In collaboration with the education sector, the project will support the inclusion of

hygiene and sanitation learning in the pre- and in-service training of teachers, classroom curricula, appropriate teaching-learning materials and activity-based learning methods. The project will also explore the links between technological improvements, hygiene education and the participation of schools, parents and communities in technology-related decision-making and management. Through special studies, the project will seek to validate child-to-child and child-to-parent approaches.

- 5.22 The project will work on rationalising SSHE designs (for drinking water supply, sanitation and hand washing facilities), demonstrating their cost-effectiveness (e.g., through action research projects), and disseminating results to inform national and state policies and guidelines. Particular attention will be paid to demonstrating child-friendly designs, including options that can accommodate the requirements of children with special needs and adolescent girls. A network of resource agencies to support capacity to plan, implement, manage and monitor SSHE will be developed.
- 5.23 The project will introduce quality assurance systems, developed during the 1999-2003 phase in Andhra Pradesh, in other states. Quality assurances will also be applied in training and social mobilisation, as an integral part of SSHE.
- 5.24 In all states, the project will ensure that action plans for SSHE are developed, agreed and incorporated within the TSC framework.

Environmental Appraisal (See Annex G)

- 5.25 Environmental issues are a growing concern in India, where population pressure, rapid economic growth and dwindling natural resources are causing unprecedented pressure on environmental resources, especially water. In the rural water supply and sanitation sector, these problems are compounded by: (i) widespread open defecation that presents a real health risk, especially for children; and (ii) falling water tables caused by the unregulated extraction of groundwater for irrigation. This, in turn, is linked to deteriorating water quality (measured in terms of increasing concentrations of fluoride, nitrates, iron and chlorides).
- 5.26 The project will respond to these challenges by taking the following course of action:
- Ensuring users' right to information, including the right to know about the safety of the water they consume. This knowledge can be used to identify and promote mitigation (the programme will focus on household mitigation solutions which have proved more popular, affordable and sustainable than community-based options). It can also be used to ensure

that the authorities responsible for water supply provide safe water and monitor its safety on a regular basis.

- Community-based monitoring, based on sanitary surveillance and the use of field test kits, will also be promoted under Swajaldhara. Schools will be an important entry point for working with children and the broader community on improvements of the home and community environment.
- Action will be taken to reduce the risks of faecal pollution of drinking water sources from toilet leach pits, by more informed location of wells and toilets and the promotion of ecological sanitation. The relative risks posed by on-site sanitation and that associated with other sources of pollution will be compared. In Orissa, the findings of the DFID-funded ARGOSS²² research project will be translated into practical guidance and piloted in a selected district.
- UNICEF and government will progressively strengthen environmental aspects in the guidelines for TSC and Swajaldhara. A mechanism is needed to ensure that sector reform principles can be applied to waste water disposal. Although rainwater harvesting is mentioned in the Swajaldhara guidelines, much more is needed to ensure that a range of cost-effective measures is available to ensure source sustainability, including measures designed to regulate groundwater extraction.

Economic and Financial Appraisal (Annex H)

5.27 The principal arguments for moving away from a supply-driven approach to one that is more responsive to demand have already been made in Section 3 of this document. Although such a strategy does not come without risks, it is warranted in economic terms. The conventional supply-driven paradigm may have increased coverage, but unless water supplies are safe and sustained, toilets used and related hygiene practices adopted, theoretical benefits (relating to health, wellbeing, education and livelihood) will not be fully realised.

5.28 While public information, enforced legislation and even peer pressure may all help conserve limited stocks of fresh water, there is strong evidence that people are willing to pay for (in cash and/or kind) services designed to meet their needs. Paying for the amount of water used will help conserve what is an increasingly scarce resource.

5.29 The purpose of the project is to support the operationalisation of sector reform, in which Gol and state governments are making substantial investments. By strengthening and enhancing the reforms, the project's average

²² ARGOSS: Assessing the Risk to Groundwater pollution through On-Site Sanitation

annual budget of US\$12.5 million will improve the return on a total annual investment by the central and state governments of over US\$1 billion. This is a unique opportunity.

- 5.30 The thematic focus on sanitation, hygiene and safe water is not only desirable but also appropriate, given the current situation (particularly in regard to coverage) and the comparative advantage of UNICEF in these areas. Programme funds will be used to build capacity where it is needed, and to fill associated gaps in information and systems.
- 5.31 It is difficult to quantify the health impact and cost effectiveness of different interventions. For example, it is hard to attribute a reduction in the incidence of diarrhoea to the use of sanitation or the adoption of hygiene practices or to measure the impact that SSHE has on the enrolment and retention of girls. Furthermore, a 'rule of thumb' suggests that a critical mass (typically quoted as 70-80 per cent) of toilet use is needed to achieve health gains. This makes it difficult to quantify the health benefit of increasing toilet use from, for example, 15 to 30 per cent.
- 5.32 That said, key studies provide strong evidence that investments in hygiene, sanitation and home water treatment can yield substantial health benefits. The project's relative emphasis on creating demand for improved services and behaviour change, reflects global best practice.
- 5.33 In line with the agreed principles (Annex C), the project will only invest donor funds in hardware for limited piloting, or, when absolutely essential, to catalyse outputs that would otherwise not be achievable within a reasonable timeframe.

Demand Creation

- 5.34 Several approaches will be used to create demand for improved services and related behaviour change, based on the range of models developed from 1999 and applying some of the key lessons learnt. The approaches to be used include:
- Mass communication, including media spots, wall painting and street theatre, focusing on sanitation options and their benefits, hygiene practices, drinking water safety and household based drinking water treatment options;
 - The use of sanitation motivators (sometimes attached to RURAL SANITARY MARTs, private production centres, and SHGs) for inter-personal communication;
 - Printed materials (primarily graphical) used as tools by sanitation motivators, posters and other advocacy material;
 - The use of schools and Anganwadi centres to promote household sanitation and hygiene behaviours (child-to-child, child-to-parent);

- Convergent communication strategies (involving Anganwadi workers, teachers, health extenders) to promote key practices fundamental to early child survival and development

Supply Capacity

5.35 While hardware support will be the exception to the rule, the project will invest funds in supply-side areas where there is a specific gap. The following instruments are to be used:

- Developing supply chains, particularly those related to private sector provision of sanitary wares;
- Developing capacity of suppliers to test and monitor water quality;
- Developing approaches and related guidelines on tariffs, billing and cost recovery, relating in particular to piped water supplies;
- Developing systems to regulate the private sector (ensuring the quality of home water filters and filter media regeneration/disposal, the quality of sanitary components and school sanitation facilities).

5.36 No project funds will be used to subsidise the construction of home toilets. The project advocates a move from low to no subsidy for sanitation. Subsidies have resulted in a lack of ownership, a lack of use and a lack of care for home toilets. They have acted as a barrier to the private sector and are often captured by better-off households. At the same time, evidence suggests that even poor households are willing to pay for an appropriate form of sanitation. It is in this context that TSC now offers subsidies to households after a basic toilet has been constructed, rather than before. TSC also offers collective rewards for achieving full sanitation coverage, having a clean environment, and no open defecation. These strategies are still too young to be evaluated.

5.37 The CE programme will conduct several robust studies to examine the role and impact of subsidies. The data collected will inform advocacy (for reducing the scale and eventually phasing out subsidies) aimed at policy makers and planners, particularly at state level.

Applied Research into Impact and Cost Effectiveness

5.38 To improve global understanding of these issues and inform advocacy, the project will fund a number of special studies into the health impact (working in close collaboration with WHO) and cost effectiveness of various approaches. These will include:

- An assessment of the health impact and cost effectiveness associated with moderate to high levels of sanitation

coverage to determine the point at which distinct health benefits can be expected (West Bengal);

- An assessment of the impact of subsidies and rewards on sanitation outcomes (Andhra Pradesh);
- An assessment of the impact of SSHE on girl's enrolment and retention in rural primary school (Karnataka);
- An assessment of the effect of hygiene education in schools on hygiene practices in the surrounding community (child-to-child, child-to-parent);
- An assessment of cost effectiveness of alternative methods used to stimulate demand for sanitation (multi-state) and promote hygiene practices;
- An assessment of the potential of the small-scale private sector to meet demand for sanitation.

5.39 At the same time, the project will network similar investigations of health impact and cost effectiveness planned by the World Bank, WSP-SA, TERI and CDC Atlanta.

Human Resources Appraisal (Annex I)

5.40 The main thrust of the Phase II project is the operationalisation of sector reforms, applying the Phase I models and lessons learnt; supporting the development and implementation of state policies, plans and guidelines; and developing critical capacity at state level and in a relatively large number of districts.

HR: Counterparts and other Partners²³

5.41 This implies that the project will have to engage with a large number of counterparts and other partners at state and district level and support capacity development in several areas, clarifying roles, responsibilities and relationships. In most states and the 67 sector reform pilot districts, gaps in capacities to plan and implement a community-based demand-responsive programme are abundantly evident.

5.42 To assist Gol and state governments to strengthen HR, the national project will help the RGNDWM to develop a national resource and training network, comprising several of the best training institutes in the country. These will act as nodal training centres. The project will also consolidate several modules for use by the network and satellite centres, primarily aimed at developing the capacity of PRI members and attached functionaries from decentralising line departments.

5.43 Within districts, in accordance with RGNDWM guidelines, CCDUs will be established under State Water Supply and

²³ Here the term 'counterparts' refers to UNICEF's principal partners in government.

Sanitation Missions to coordinate HR issues. Similar bodies may be established at district level.

HR: the UNICEF WES team

- 5.44 Simultaneously, the human resource capacities of UNICEF staff responsible for managing and supporting the implementation of the CE programme will have to be geared to meet the needs of the Phase II project.
- 5.45 Based on the recommendations of reviews of the CE programme and related HR reports, UNICEF is developing the human resources capacity of the WES team, addressing immediate- and long-term constraints to programme development. Organisational development issues are coming to the fore in this capacity-building process.
- 5.46 In the WES Section in UNICEF New Delhi, an adequate staff structure, qualitatively and quantitatively, will be needed to manage and support project implementation.
- 5.47 Most staff on the WES team will need to develop new skills (e.g. relating to problem analysis, programming, policy formulation, systems development and advocacy), strengthen partnerships with state counterparts and updating their existing knowledge in core areas. Time and resources must be prioritised for this purpose.
- 5.48 Capacity building will be planned and managed by the Human Resources Section (HRS), UNICEF New Delhi, which will implement the HR plan developed for the WES team (See Annex J). This is commensurate with the needs of the project and in line with the project cycle. The plan will be regularly reviewed and modified to respond to actual needs, on the basis of project reviews and performance reviews of team members.
- 5.49 The structure of UNICEF WES posts has recently been reviewed and rationalised across all eleven offices. The new staff structure of the WES section in New Delhi will enhance its ability to provide optimum support to the project. The need for regular staff rotation has been recognised, although there are barriers to be overcome before this can be institutionalised. The relationship between the WES team in the State Offices and the WES section in New Delhi will become more systematic and proactive, to ensure efficient project management.

Evaluation

- 5.50 The 2000, an evaluation of 30 years of UNICEF support in the water and sanitation sector concluded the following:

“CE programme strengths include the close co-operation with government, a committed team of staff members with a broad range of appropriate skills; incremental gains towards convergence; increased focus on hygiene and sanitation,

improved participation through reviews; greater programme focus and rigour through the use of Logical Framework Analysis”.

CE programme challenges include weak monitoring of the effectiveness of approaches under development; weak gender mainstreaming and poverty focus; over-ambitious programme targets; and inadequate attention to staff skill development in community processes and behaviour change strategies”.

- 5.51 The 2001 and 2002 reviews of the DFID- and Sida-funded CE projects added to this analysis and recommended a focus on capacity development for government, NGOs and the PRIs; adoption of a more clearly defined and focused strategy for advocacy; and a more conscious and orchestrated focus on the poor and marginalised, as well as more attention to gender mainstreaming.
- 5.52 All of the above have informed the design of this project. In addition, DFID, Sida and UNICEF all recognise the need to strengthen monitoring and evaluation and this will be a priority for this project. Improved arrangements will include independent baseline studies, mid-term reviews and end-of-project evaluations in all states, documentation of demonstration projects, cost-benefit analyses of key initiatives, and the introduction of third party quality assurance.
- 5.53 The logframe indicators of the national and state projects provide the basis for the monitoring and evaluation plan of the umbrella project. Government, designated NGOs and community groups, UNICEF and external agencies will collect data on these indicators, using qualitative and quantitative methods. Monitoring qualitative aspects of the programme, for example behaviour change and the effectiveness of training and community mobilisation activities, will be challenging. The project will receive support from the Strategic Planning, Monitoring and Evaluation (SPME) section of UNICEF to implement the monitoring and evaluation plan of the project.
- 5.54 The project will also contribute to global, national and state monitoring of progress in the sector, especially in the areas of drinking water from protected sources, toilet use and hygiene practices. This will be done in close collaboration with WHO and the Planning Commission in the context of updating the national Assessment Report on the sector. Based, in part, on the data collated during the development of state MoUs, the second Reproductive and Child Health Survey, the 2001 National Census and the 2000 Multi Indicator Cluster Survey (MICS) survey, this assessment will inform the 2005 global Joint Monitoring Programme.

6. Implementation

Management Arrangements

- 6.1 At the national level, UNICEF New Delhi will manage the project through its Water, Environment and Sanitation (WES) section, under the supervision of the Deputy Director (Programmes). The 10 UNICEF State Offices will support government in implementing the project in the 14 states.
- 6.2 While RGNDWM will be the primary agency responsible for policy issues related to project implementation at the national level, in the states the project will be implemented through the SWSM, Public Health Engineering Department (PHED) and Panchayati Raj Department (PRD), depending on the prevailing institutional arrangements. At the district level, the project will be managed by the Zilla Parishad or the DWSM.
- 6.3 UNICEF will mainly be responsible for project planning, strategy development, capacity building of senior counterparts, studies, operational research, advocacy, technical support, monitoring, evaluation and dissemination.
- 6.4 In the districts where the project will support the development of communication strategies focusing on children under the age of three, the arrangements mentioned above will be reinforced with efforts in the health, child development and nutrition sectors. Similarly, in districts where the project overlaps with UNICEF support in the education sector, efforts will be closely coordinated.
- 6.5 In the UNICEF State Offices, the project will be administered by a Project Officer (PO), with an Assistant Project Officer (APO) for offices supporting either a focus state or two states. The division of work between the officers will depend on how their respective competencies relate to the requirements of the new project. In general, where there are two POs in a State Office supporting two states, each PO will be the focal point for one of the states.
- 6.6 Where there are two POs covering one state, each PO will have primary responsibility for one of the main project components (home hygiene/sanitation or school sanitation). Even with this division of responsibilities, the two POs will ensure that their complementary skill sets will be used to full project advantage.
- 6.7 Over the years, UNICEF and government have refined the methodologies for the planning, implementation and management of joint programmes. These processes will continue within the framework of the agreed Plan of Operations and the State Plans for 2003-07.

- 6.8 As the focus of UNICEF support in the new cycle is primarily to support the operationalisation of sector reform, dissemination of best practices and knowledge sharing will be a key activity, to be managed jointly by the WES teams in the State Offices and the WES Section in Delhi, in close co-ordination with RGNDWM.
- 6.9 UNICEF and government will jointly recruit professionals to provide technical support to the RGNDWM, state CCDUs or equivalent bodies, SWSMs (or equivalent) and District Panchayats. For each technical input, the terms of reference will be agreed between government, the UNICEF State Office and the WES Section in New Delhi.
- 6.10 Several UNICEF State Offices have a PO for Programme Communication, who will support the WES team in the development of hygiene promotion strategies. Hygiene promotion is a key component of the under-3 communication strategy for improving home care practices for young children, one of the three specific objectives of the GoI-UNICEF Plan of Operations for 2003-2007.
- 6.11 The WES section in UNICEF New Delhi, headed by a Chief of Section, will be responsible for the overall planning, co-ordination and management of the CE programme. The WES section will ensure that the 14 state projects and the national project progress towards the achievement of the project outputs and purpose.
- 6.12 The WES section will consist of three senior POs, each responsible for one of the three project components. An additional PO may be given specific responsibility for WRM. Each PO will also be the focal point for a cluster of states. The section will contract services needed for better knowledge management.
- 6.13 The project will support one specialist in the HR section, one APO in the Programme Communication section, and a PO in the SPME section. Under the supervision of the respective Chiefs of Section, they will support HR development for CE programme staff; the development of communication strategies for hygiene promotion; and the implementation of a monitoring and evaluation plan.
- 6.14 The project includes a provision for UNICEF staff support at national and state levels. This will absorb 21 per cent of the project budget. Staff support costs are higher than in the previous project, because of the increasing focus on capacity development and software.

Timing

- 6.15 The project will be implemented over five years in a phased manner, starting in May 2004. The inception phase will continue

until August 2004, culminating in a DFID/Sida review. A project timeline is shown in Table 3.

- 6.16 In Year One of the project, UNICEF will undertake baselines in about 40 of the 130 selected districts. The focus districts of the 1999-2003 phase will be evaluated and documented, and outcomes will inform project work in new districts as well as advocacy at state and national levels. At the same time, the CE programme will reduce district-wide interventions to focus more on operationalising the reforms. Support will be provided to at least seven states to enter into a MoU with Gol (i.e. sector assessment, visioning and policy formulation).
- 6.17 Project focus and direction, as well as the project staffing patterns will be assessed in Year Three during a Project Mid-Term Review in 2006, which will determine necessary adjustments. An End-of Project Review will be completed in early 2009.

Table 3: Project Timeline (May 2004 – June 2005)

Date	Event
May 2004	Early May: Inception phase begins End-May: Feedback meeting: multiple village participatory assessment (part of the WELL end-of-project evaluation)
30 June 2004	Project documents submitted for 14 States and the national-level project State milestones defined
12-16 July 2004	First interim review
End August 2004	DFID-Sida appraisal: Inception phase Partnership with WHO formalised through exchange of letters CE programme HR plan finalised and presented CE programme advocacy plan developed and agreed
October 2004	National communication plan for hygiene and sanitation in place Baseline data available: logframe indicator values completed Sector assessments leading to MoU initiated in at least seven states with CE programme support
November 2004	Second interim review DDWS website redesigned and operational UNICEF WES website/intranet designed and operational
December 2004	Lessons learnt from CE programme models (1999-2003) documented and communicated
March 2005	Annual project review
July 2005	Third interim review

Inputs

- 6.18 Details of the project budget are given in Annex B. An annual breakdown of the project budget is shown in Table 4.

Table 4: Project Budget, US\$'000

	2004	2005	2006	2007	2008	Total
Project budget	9,000	14,600	14,191	13,160	12,049	63,000
Per cent of total	14%	23%	23%	21%	19%	100%

- 6.19 Total project costs are US\$ 63.00 million over five years in 14 states and at the national level. The states are Andhra Pradesh, Assam, Bihar, Chhatisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal.
- 6.20 Following a detailed appraisal, a location-specific package of software-based interventions has been designed that will be used to leverage change in each state in policies and approaches for rural water supply and sanitation and influence improved hygiene and sanitation behaviour, primarily in homes and schools. Central and state governments will fund hardware costs, and a significant proportion of software, in accordance with Swajaldhara and TSC guidelines.
- 6.21 Project funds will be used for the development of communication strategies for hygiene behaviour change, capacity building, social mobilisation, piloting water supply and sanitation improvements, quality assurance services, NGO support, operational research, surveys, studies, evaluation, documentation, dissemination, workshops, seminars, staff and project support.
- 6.22 In case of slow or no progress, project teams, in consultation with their counterparts will adjust annual plans and project funds may be shifted to other geographic areas or other activities of the project.

Contracting and Procurement

- 6.23 UNICEF procurement of services and supplies (including printing) for the project is done on the basis of written requests from the concerned government agencies. UNICEF has elaborate internal procedures, rules and regulations, which apply to all procurement, irrespective of the source of funding.
- 6.24 Procurement of supplies and printed material is done through a process of competitive bidding, involving three or more short-listed suppliers. All supplies are inspected by recognised quality assurance agencies, prior to dispatch to the

consignee. The Supply & Procurement section of UNICEF, New Delhi, handles all major local procurement.

- 6.25 For services to be contracted from institutions, UNICEF follows a system of bidding, involving at least three qualified agencies. In case of individual consultants, the selection process requires that at least three potential consultants are considered. UNICEF-Delhi issues all major contracts. Each contract has an UNICEF PO designated to be responsible for monitoring performance.
- 6.26 Where appropriate, UNICEF will enter into Project Co-operation Agreements with NGOs. Such agreements are used where UNICEF and government agree to work in partnership with an NGO.

Accounting and Auditing

- 6.27 The procedures for the release and accounting of the donor funds for this project will be in accordance with the standard agreement for DFID and Sida financial support to UNICEF programmes.
- 6.28 Introduced in 1999, the Programme Manager System (ProMS) links UNICEF's global field operations. ProMS is a database management tool, which allows for the close integration of work planning with financial management. Using ProMS, all 11 UNICEF offices in India have a complete overview of the programme/project structure, objectives, activities, progress and fund utilisation. ProMS has a complementary reporting tool, Cognos, which is increasingly used to monitor various aspects of programmes and projects. Now that the software is more robust and reliable, project managers will increasingly use its capabilities to report to partners.
- 6.29 With water and sanitation hardware costs increasingly funded by the government's Swajaldhara and TSC schemes, a larger proportion of the UNICEF funds for the project will be used in cash.
- 6.30 UNICEF will explore all possibilities with government at all levels to reimburse agreed costs, rather than advance funds. Where the use of advances is inevitable, the responsible UNICEF PO will ensure that funds are released to cover activities for a period of three months. Accounting for advances must be done within six months of the date of release.
- 6.31 Audits conducted by UNICEF's Office of Internal Audit will also cover the utilisation of the DFID and Sida project funds, which become an integral part of UNICEF's resources. Working through UNICEF, DFID and Sida can scrutinise government accounts for project cash advances and reimbursements.

Monitoring

- 6.32 Monitoring of project implementation will be carried out in accordance with a detailed monitoring and evaluation plan covering all 14 state projects and the national project. The summary of the plan is shown in Table 5.
- 6.33 The monitoring system will follow from the logframe using the indicators and means of verification specified. A baseline/endline survey will be undertaken in 40 districts, with an average of 2,400 households per district being sampled to give statistically representative results. This is being planned by UNICEF's SPME section. The baseline/endline will be complemented by a number of qualitative investigations, designed to detail processes and sustainability outcomes, with a special emphasis on women and the poor. These studies will be informed by the methodology and results of the ongoing independent end-of-project evaluation for Phase I.
- 6.34 UNICEF will report on project progress thrice a year. In March, an annual report will be prepared, followed by interim reports in July and November. These reports will be based on information provided by the State Offices and extracted from ProMS.
- 6.35 One annual and two interim joint donor reviews will be organised to coincide with this reporting cycle, with the participation of UNICEF POs (WES), their government counterparts and key NGO partners.

Table 5: Project Monitoring and Evaluation Plan 2004 to 2008

2004	2005	2006	2007	2008
Component 1				
Baseline survey of hygiene and safe drinking water practices in households	UNICEF-Govt joint review of water quality measures adopted	Midline survey of hygiene and safe drinking water practices in households	UNICEF-Govt joint review of water quality measures adopted	Endline survey of hygiene and safe drinking water practices in households
Baseline survey of hygiene practices in Anganwadis	Rapid assessment of implementation of state guidelines on hygiene promotion and sanitation, including Anganwadis	Midline survey of hygiene practices in Anganwadis	Rapid assessment of implementation of state guidelines on hygiene promotion and sanitation, including Anganwadis	Endline survey of hygiene practices in Anganwadis
	Rapid assessment of outreach of the communication strategy on hygiene promotion	Rapid assessment of outreach of the communication strategy on hygiene promotion	Rapid assessment of outreach of the communication strategy on hygiene promotion	UNICEF-Govt joint review of hygiene promotion strategy
	Rapid assessment of development and awareness of home toilet options	UNICEF –Govt joint review of hygiene promotion strategy	Rapid assessment of development and awareness of home toilet options	
Component 2				
Baseline survey of hygiene practices among school children and teachers in elementary schools	Rapid stakeholder assessment of the awareness of delivery mechanisms in school sanitation	Midline survey of hygiene practices among school children and teachers in elementary schools	Rapid stakeholder assessment of the awareness of delivery mechanisms in school sanitation	Endline survey of hygiene practices among school children and teachers in elementary schools
	UNICEF-Govt joint review of scale up of school sanitation and incorporation of hygiene education in elementary education		UNICEF-Govt joint review of scale up of school sanitation and incorporation of hygiene education in elementary education	UNICEF-Govt joint review of scale up of school sanitation and incorporation of hygiene education in elementary education
		Investigation of innovative school sanitation approaches		Investigation of innovative school sanitation approaches
Component 3				
Sector Assessments of Swajaldhara and TSC (relating to MoU and issues of access, use and sustainability)		Special study and joint review of Swajaldhara and TSC on institutional roles, O&M, equity and inclusion		Special study and joint review of Swajaldhara and TSC on institutional roles, O&M, equity and inclusion
Baseline survey of use of protected drinking water sources		Midline survey of use of protected drinking water sources		Endline survey of use of protected drinking water sources

2004	2005	2006	2007	2008
Investigation of water resources management		Investigation of water resources management		Investigation of water resources management
<i>General</i>				
Annual review (Phase I Project) Two interim reviews	Annual review	Mid-term review	Annual review	Annual review (note: End of Project review scheduled for March 2009)
	Two interim reviews	Two interim reviews	Two interim reviews	Two interim reviews

7. Risks and Undertakings

Risk

7.1 The project carries, in overall terms, a medium risk that it may not achieve its goal due to factors outside its control (see Table 6 below). Most of the contributory risks are well known and have been managed in past Gol-UNICEF WES programmes.

Purpose to Goal

Risk 1: Weak co-ordination among relevant government departments hampers progress towards an effective strategy for better care for young children. (Medium probability: medium impact).

7.2 The project will seek to bring together the various government departments and improve interdepartmental cooperation and planning. Opportunities to develop links with DEEL (through SSA) and Health (through WHO) have been mentioned. There are already strong links with the Department of Women and Child Development (DWCD), UNICEF's nodal counterpart in Gol. The under-3 communication strategy will also provide opportunities to improve coordination at national, state and district levels. Within districts, capacity development of Panchayati Raj representatives by the project will further enhance this co-ordination.

Risk 2: Government action to devolve functions, funds and functionaries to PRIs to manage rural water supply and sanitation systems will be slow or ineffective. (Medium probability: medium impact).

7.3 Although there is reluctance on behalf of some levels of government to relinquish authority, the new sector reform guidelines focus attention at Gram Panchayat level and reduce the responsibilities at higher levels. Coupled with the MoUs, this will encourage the transfer of funds, functions and functionaries to PRIs. The project will support this process.

Risk 3: Sector reform revoked. Sector reform challenges the current status quo (in particular, the role of established line departments) and, being associated with user-contributions and reduced subsidies, may be unpopular with politicians. As such there may be pressure to scrap the strategy, particularly if results are not achieved visibly. (Low probability: high impact)

7.4 Although this risk would severely damage the project, in practice, it would be difficult to revoke sector reform, because this will reduce the authority and responsibilities of elected PRIs, contrary to the spirit if not the letter of the 73rd Amendment to the Constitution. Also, there is a lack of a credible alternative. This risk reduces with time, as capacity is built to operationalise the reforms and successes/achievements are communicated.

Risk 4: Fiduciary risk. (Low probability: medium impact).

7.5 Better monitoring of government certification at field level through field checking, concurrent monitoring and cost effectiveness studies will mitigate fiduciary risk.

Risk 5: Continuing declines in water tables and groundwater pollution result in deteriorating quality and yield of drinking water sources. (High probability: low impact).

7.6 Whilst the project is not focusing exclusively on water supply and water resource management, the issue of declining water tables and groundwater quality is an extremely serious issue in India. In water-scarce areas, the project will link the local management of water resources (including water demand management) with Swajaldhara initiatives, focusing on measures that will improve the sustainability of drinking water sources. The project will also advocate for the adoption and implementation of state policies, modelled on the National Water Policy, that address water resource management issues and protect the integrity of drinking water sources. However, other actions are necessary outside the scope of the project to address this major issue.

Risk 6: Natural calamities such as droughts, floods, cyclones, require government and UNICEF to provide humanitarian assistance, diverting resources, and interrupting project implementation. (Low probability: low impact).

7.7 UNICEF and other external support agencies have supported disaster mitigation planning in states frequently facing such emergencies (Assam, Bihar, Gujarat, Orissa and West Bengal). These states are now better prepared to face disasters. At the same time, Gol appears to be less willing to call for external support.

Risk 7: Complex emergencies (i.e., associated with conflict, seriously impede project progress.

7.8 In a country as large and diverse as India, there is always the risk of conflict, related to underlying economic, ethnic, caste, religious or political tensions. Conflict and violence occasionally come to the surface. The CE programme does not operate in states in the north and north-east, where such strife occurs more often. There is nevertheless a small risk that the threat or consequence of local conflict disrupts project progress. Depending on the circumstances, the CE programme's link with government policies and service delivery may make it difficult to operate in these areas. As a last resort, resources could be shifted to a more stable region in the country. This action could only be taken after consultation with government at the appropriate level(s).

Output to Purpose

Risk 8: Attention given to arsenic and fluoride pollution is disproportionate to their contribution to the burden of disease, as compared to faecal pollution, which is largely ignored. (Medium probability: low impact).

7.9 There is a growing realisation across the states that drinking water quality issues, particularly the problem of faecal contamination, is prominent in the minds of all consumers. It is also an emerging rights issue, attached to the threat of litigation. The project will advocate at national and state levels for improved testing and appropriate mitigation measures to be adopted routinely.

Risk 9: The pressure for physical target achievements in School Sanitation and Hygiene Education compromises sustainability and construction quality and neglects hygiene promotion, social mobilisation and capacity building. (Medium probability: medium impact).

7.10 The project will determine the appropriate minimum standards for construction of school toilets and make these widely available. Hygiene promotion, social mobilisation and capacity-building modules will be progressively improved and widely used to support improved school sanitation.

Risk 10: Gender and social exclusion issues have just begun to be addressed by government guidelines. Its limited practical applications would reduce the potential of the programme to contribute to poverty reduction. (Medium probability: medium impact).

7.11 UNICEF's position with government at district, state and national level means that the organisation is well-placed to strengthen government policies and guidelines in respect of this and other issues. The project will improve the level of understanding of project stakeholders through awareness workshops and capacity building.

Risk 11: At district level and below, those with an interest in continuing a target-driven and hardware-focused approach will resist

institutionalisation of reforms in rural water supply. (Medium probability: medium impact).

7.12 The new Swajaldhara guidelines define the way to a demand-led approach implemented through PRIs, based on participation and expression of choice. This will reduce the likelihood that target-driven and hardware-focused approaches take priority. The project will advocate for strengthening the institutionalisation of sector reforms, improved sustainability and quality, through special joint reviews and studies.

Other Risks

Risk 12: Suitable project staff and competent institutions cannot be identified to manage project implementation. (Low probability: high impact).

7.13 UNICEF will implement a comprehensive and supporting HRD plan during the early stages of the project for its own staff. This will include succession planning to address the problem of international professional posts remaining vacant for long periods in the absence of suitable candidates.

Risk 13: Frequent transfers of government officials in a few states weaken government support at state and district level (High probability, low impact).

7.14 The CE programme is well used to this issue. The project will work to develop a broad-based commitment by stakeholders to participatory, demand-responsive, people-centred approaches. The intention is to enable service providers to facilitate change through partnership and convergence, and to create a critical mass, and so reduce dependence on individuals.

Table 6: Summary of Risk Analysis

Impact	Low Probability	Medium Probability	High Probability
Low impact	6, 7, 10	8	13
Medium impact	2, 4, 5,	1, 9, 10, 11	
High impact	3,		

Undertakings

7.15 To facilitate initiation and integrity of the project activities, government and UNICEF will:

- Formalise the national and state projects for 2004-08 through an exchange of letters;
- Ensure agreement on annual Project Plans of Action through an exchange of letters;
- Contribute to joint workshops to agree strategies to be adopted in areas such as water resources management,

water quality monitoring and the integration of water supply and sanitation, poverty and gender;

- Support special studies in areas such as institutional roles and responsibilities, operation and maintenance, water resources management, cost effectiveness, social exclusion and gender.

Annex A: Key Milestones 2004-5

The following table covers the major project milestones for the first 16 months of the project.

Table A-1: Project Milestones

Time	Milestones
Project start up	<ul style="list-style-type: none"> • Annual Plans for 2004 agreed by government counterparts • Monitoring & Evaluation plan refined • Summary HRD plan in place • End-of-project report for 1999-2003 shared
Within four months of start up	<ul style="list-style-type: none"> • National and state projects agreed, through an exchange of letters • State milestones defined • Independent end of project evaluation completed (including multi-village PRA) • National communication strategy in place • WHO partnership agreed • First four-monthly review of the project • Project appraisal marking end of inception phase
Within six months of start up	<ul style="list-style-type: none"> • Baseline survey done • HRD plan finalised • Advocacy plan finalised
Within eight months of start up	<ul style="list-style-type: none"> • Baseline data analysed • Sector assessments initiated in at least seven states
Within nine months of start up	<ul style="list-style-type: none"> • Second four-monthly review of the project • DWSS website redesigned and operational • UNICEF WES website/intranet operational
Within 12 months of start up	<ul style="list-style-type: none"> • Lessons learnt documented and communicated • Terms of reference for special studies focusing on health impact and cost effectiveness developed and agreed • Review of policies and guidelines for hygiene promotion and sanitation completed • Sector assessments completed in at least seven states • First annual review of the project
Within 15 months of start up	<ul style="list-style-type: none"> • State Visions finalised in at least five states • Sector policies drafted in a number of states • Hygiene education in school curriculum reviewed and gaps identified • Standardised SSHE state plans adopted in several states

Annex B**Annex B: Project Budget**

The project budget is shown in the table below. Staff costs (salary and travel) are included under a Technical Assistance Project (TAP). Allowance has been made for salary increments and upgrading of some posts. Budgets have been prepared by State Offices in consultation with state partners to ensure resource allocation is demand-driven.

Table B-1: Project Budget

CE programme Budget 2004-2008							
<i>All figures in US\$' 000s</i>							
States	Components	2004	2005	2006	2007	2008	Total
1. Andhra Pradesh	Component 1	150	190	180	140	135	795
	Component 2	140	200	176	140	130	786
	Component 3	96	105	95	90	90	476
	TAP	23	45	45	45	45	203
	Total	409	540	496	415	400	2260
2. Assam	Component 1	175	385	400	390	335	1,685
	Component 2	70	365	360	300	276	1,371
	Component 3	60	100	105	100	100	465
	TAP	35	70	70	70	70	315
	Total	340	920	935	860	781	3,836
3. Bihar	Component 1	250	385	385	360	360	
	Component 2	170	375	370	360	350	
	Component 3	70	100	120	100	100	
	TAP	65	210	207	205	200	
	Total	555	1070	1082	1025	1010	4742
4. Chhatisgarh	Component 1	105	170	166	160	152	753
	Component 2	55	180	162	160	152	709
	Component 3	110	125	125	120	115	595
	TAP	25	45	45	45	45	205
	Total	295	520	498	485	464	2262
5. Gujarat	Component 1	100	125	120	104	102	551
	Component 2	128	160	131	112	102	633
	Component 3	92	133	101	85	80	491
	TAP	40	80	80	80	80	360
	Total	360	498	432	381	364	2035
6. Jharkhand	Component 1	195	190	193	163	160	901
	Component 2	90	170	140	133	110	643
	Component 3	88	100	90	85	85	448
	TAP	30	60	60	60	60	270
	Total	403	520	483	441	415	2,262

Annex B

7. Karnataka	Component 1	110	120	114	114	100	558		
	Component 2	138	125	114	105	105	587		
	Component 3	70	75	70	48	48	311		
	TAP*	40	80	80	80	80	360		
	Total	358	400	378	347	333	1,816		
8. Madhya Pradesh	Component 1	225	515	515	475	445	2,175		
	Component 2	85	415	410	375	325	1,610		
	Component 3	155	210	210	200	200	975		
	TAP	73	145	145	145	145	653		
	Total	538	1285	1280	1195	1115	5,413		
9. Maharashtra	Component 1	200	150	205	210	210	205	202	977
	Component 2		96	100	210	193	170	170	839
	Component 3		158	195	204	210	207	202	981
	TAP		40	80	80	80	80	80	360
	Total	444	704	693	662	654	3157		
10. Orissa	Component 1	275	350	350	335	310	1,620		
	Component 2	115	175	175	165	160	790		
	Component 3	190	241	280	280	260	1,251		
	TAP	95	190	190	190	190	855		
	Total	675	956	995	970	920	4,516		
11. Rajasthan	Component 1	395	420	425	400	380	2020		
	Component 2	248	330	307	282	260	1427		
	Component 3	245	265	265	260	256	1291		
	TAP	110	140	140	140	140	670		
	Total	998	1155	1137	1082	1036	5408		
12. Tamil Nadu	Component 1	195	170	160	130	100	755		
	Component 2	120	140	130	70	65	525		
	Component 3	20	40	35	20	20	135		
	TAP	55	90	90	80	80	395		
	Total	390	440	415	300	265	1810		
13. Uttar Pradesh	Component 1	292	435	438	380	380	1925		
	Component 2	181	340	324	305	300	1450		
	Component 3	80	183	180	180	180	803		
	TAP	65	125	125	125	125	565		
	Total	618	1083	1067	990	985	4743		
14. West Bengal	Component 1	415	380	350	275	240	1660		
	Component 2	270	385	280	140	120	1195		
	Component 3	30	50	40	30	30	180		
	TAP	70	70	70	70	70	350		
	Total	785	885	740	515	460	3385		

85%

Annex B

CE Programme Budget 2004-2008							
<i>All figures in US 000s</i>							
States	Components	2004	2005	2006	2007	2008	Total
15. Delhi	Component 1	550	520	525	525	500	2620
	Component 2	200	205	190	190	200	985
	Component 3	200	220	200	200	180	999
	TAP	400	1340	1340	1340	865	5285
	Total	1350	2285	2255	2255	1744	9889
16. HR Plan ²⁴	Activities	100	250	250	250	150	1000
	TAP	65	165	165	165	165	725
17. Total		8683	13676	13301	12338	11262	59260
18. Cost Recovery (UNICEF New York)		317	924	890	822	787	(3,740)
19. Grand Total		9000	14600	14191	13160	12049	63,000

V. Ganes L. a.

²⁴ See HR Summary Plan: Annex J for details

Annex C: Strategic Principles: CE programme 2004-2008**1. *Primacy of the Master Plan of Operations***

The Child's Environment Programme (CEP) 2004-2008 will reflect the objectives and strategies of the Country Programme Recommendation and the GoI/UNICEF Master Plan of Operations (MPO) for 2003-2007. The overall goal of the MPO is the progressive fulfilment of the rights of all children and women, and the creation of an enabling environment to ensure equity and strengthened accountabilities. Priorities relating to the CEP include early childhood development through a focus on children under three years of age, and the promotion of elementary education, particularly for girls. The CEP will thereby contribute to the national goals of reducing infant and child mortality, morbidity and malnutrition. Within this common framework, state projects will reflect the local context, objectives and capacity as set out in State Plans.

2. *Overall focus on Sanitation, Hygiene and Sustainability in Rural Areas*

The CEP will cluster its activities in three areas within the context of sector reform. These are: (i) Home hygiene, sanitation and drinking water safety; (ii) School sanitation and hygiene education; and (iii) Community management of water supply and sanitation systems and fresh water resources. Significantly more emphasis will be placed on hygiene and sanitation (in the domestic and school environment) than on water supply. This reflects the status of the rural water supply and sanitation sector in India, as well as the need for the CEP to focus its limited resources. CEP will also support the development of state-specific inter-sectoral communication strategies for the survival and development of children under the age of three.

3. *Supporting Reforms in Rural Water Supply and Sanitation*

From 2004, CEP will apply the approaches and lessons learnt during the previous project cycle (1999-2003) and support the practical operationalisation of sector reforms to improve service delivery, as they are being taken to scale by government. In this context, operationalisation is more than establishing the conditions and capacity to get sector reform off the ground. It also means strengthening and enhancing the reforms, ensuring that the poor and women in particular, are enabled to participate in decision making and can afford and use the improved services that result. Thus defined, the operationalisation of sector reforms is a significant shift in emphasis for CEP, and will impact on where and how it will operate.

In keeping with Principle 2, whereas all CEP state-level projects will seek to enhance and strengthen TSC in the home and school environment, a lesser number of states will be able to support the scaling up of Swajaldhara (sector reform in rural water supply).

4. *Facilitating Decentralisation in Rural Water Supply and Sanitation*

Although CEP will work through line departments designated by government as the nodal agencies for TSC and Swajaldhara, PRIs are key stakeholders whose importance and influence will increase as decentralisation progresses. Working in partnership with organisations active in this area, CEP will support

Annex C

capacity building²⁵ of PRIs, especially for elected women members. While supporting the development of PRIs to fulfil their responsibilities under sector reform is a priority, the CEP will also develop the capacity of state water supply agencies to assume their new role under sector reform²⁶.

5. *Exit Strategies*

CEP interventions will be time-bound and incorporate agreed exit strategies. This principle applies to activities at every level (see below) from community-level piloting to state-level support. Interventions will be designed accordingly. The CEP will also agree and implement exit strategies to enable the programme to phase-out its support to district-wide implementation in 2004.

6. *Activities at State Level*

At state level, the CEP will work primarily with government to:

- Develop the capacity of state-level institutions to operationalise (plan, implement, review, monitor and evaluate) sector reforms.
- Strengthen critical areas, especially related to communication strategies for hygiene promotion.
- Develop and maintain institutional linkages, networks and partnerships to promote coordination and learning; enhance inter-sectoral collaboration; support decentralisation and optimise the participation of civil society and the private sector. CEP will collaborate with related programmes supported by WSP, World Bank, and others in the sector.
- Record and analyse critical lessons and approaches and communicate these to the RGNDWM to inform national policy and guidelines.

7. *Activities at District Level*

At district level, CEP will work with government and other partners within districts to:

- Identify and document lessons learnt, relating to the approaches developed by CEP over the last project cycle.
- (If necessary), pilot innovative approaches or systems. The scope, scale and timeframe of any pilot activity must reflect the overall objective of strengthening or enhancing the scaling up of sector reform by filling specific gaps in knowledge and/or understanding. Government counterparts at district- and state-level must be involved to the maximum extent in the identification, design, and implementation of pilot studies to ensure their ownership of the end result.
- In each state, CEP will also provide specific support to a significant number (between 25 and 30 per cent) of districts to operationalise sector reform. Support will include technical assistance, the clarification of roles and responsibilities, district-level capacity building, monitoring, and learning between districts and from district to state. These districts will be selected according to criteria which include their potential to transfer

²⁵ Capacity strengthening includes supporting the development of policies, operational guidelines and related systems; improving knowledge management; fostering effective partnerships and specific training. It would initially require an assessment of capacity in these areas. The balance of these activities will vary from state to state.

²⁶ The CEP is not in a position to advise on the restructuring of state water supply and sanitation agencies. Support will be limited to re-orientation through exposure and training.

Annex C

operational lessons to neighbouring districts, and so contribute to the scaling-up of sector reform.

- In general, CEP will not fund direct service delivery. In exceptional cases, direct support may be justified on a limited scale to pilot an innovative approach that government is unable to support. CEP shall not provide hardware or services that can be provided government.

Together with the state level activities already referred to, the work at district level will help establish the critical mass of experience needed to institutionalise the reforms state-wide.

8. *Moving away from Hardware*

In-line with current trends, the emphasis of CEP will be on software rather than hardware. This will be reflected in budgetary allocations. As already explained in Principle 7, the CEP will not provide materials or services that could be provided by government, unless exceptional circumstances apply. Even then, CEP support would be limited to piloting innovative approaches or technologies, and would not include taking these to scale.

9. *Reflecting State Diversity and Priorities*

State diversity (in particular, the status of decentralisation and willingness of government to support reforms) will be recognised through the extent, balance and phasing of CEP activities in each state project. Within the three-component structure outlined in Principle 2, UNICEF State Offices have sufficient space to design strategies and activities that address state-specific concerns and solutions.

10. *Activities at National Level*

At national level, the CEP will focus on:

- Support to the RGNDWM to manage the reforms process, mainly through technical assistance. The CEP will support RGNDWM to refine its guidelines and institute systems for capacity strengthening and knowledge management. This process will be informed by (and inform) pilot studies and the operationalisation of sector reforms supported by CEP at state- and district-level.
- Advocacy on critical issues to improve support to the sector, informed by lessons learnt in districts operationalising the reforms. This aspect will benefit from partnership with other agencies (including WSP, WHO and the World Bank²⁷) as well as a number of organisations such as WaterAid, CSE, and the National Dairy Development Board.
- Applied research and special studies to fill gaps in knowledge or understanding. This work will be done together with State Offices, ensuring that the results are used to enhance sector reforms.
- Supporting the implementation of the state projects, coordinating the development of a baseline against which progress will be monitored, building staff capacity, streamlining operations (including reporting and

²⁷ Papers outlining the potential for collaboration with WSP and WHO have been formulated and are available on request. In this respect, the framework to collaborate with WHO is significantly more advanced.

Annex C

monitoring arrangements) and improve learning (analysing, documenting and communicating lessons learnt).

Annex D

Annex D: Governance Appraisal and Stakeholder Analysis

The CE programme 2004-2008 will support government in the operationalisation of reforms in rural water supply and sanitation. The key results and outcomes are proposed to be reached through inputs delivered within the framework of the following three components: (i) Home hygiene, sanitation and drinking water safety; (ii) School sanitation and hygiene education; and (iii) Community management of water supply and sanitation systems and fresh water resources. At the national level, the CE programme is implemented by the Department of Drinking Water Supply and the RGNDWM. In the 14 states, the Departments of Rural Development, Panchayati Raj, Public Health Engineering, Education, Women and Child Development as well as the PRIs will be responsible for implementation, in collaboration with NGOs, CBOs and the UNICEF State Offices.

Gol Policies and Priorities

In 2002, Gol reviewed and revised the National Water Policy. The new policy defines water allocation priorities. In all cases of development of water resource projects, drinking water is to be the primary consideration. Water zoning, water quality and conservation, flood control and management, problems of land/soil erosion and drought prone areas have also been addressed. The policy emphasises physical and financial sustainability of existing and new facilities. Water charges for different uses are to be designed to cover operation and maintenance costs. Subsidies to the marginalised sections of communities are not only to be well targeted but also transparent. Management of all water projects needs to follow a participatory approach involving not only all government agencies but also user groups and other stakeholders. The private sector too is to be encouraged to participate. Local bodies are to be made progressively responsible for the management of facilities, for which necessary legal and institutional provisions are to be made at various levels and within implementing agencies. Interestingly, the policy does not address the issues of sanitation and hygiene, so intricately linked with the provision and use of safe water.

A process of change had been initiated in the rural drinking water sector during the International Water and Sanitation Decade (1980s) itself. In response to the existence of the enormous gaps in access to safe drinking water in rural areas, Gol set up the National Drinking Water Mission in 1986 (renamed as the Rajiv Gandhi National Drinking Water Mission in 1991) and increased funding for the Accelerated Rural Water Supply Programme (ARWSP). In 1986, the Centrally-Sponsored Rural Sanitation Programme (CSRSP) was launched. From the mid-nineties, the Public Health Engineering Departments (PHEDs) set up HRD, sanitation and information, education and communication cells. However, many of these cells functioned only marginally.

From 1999, reforms in the rural water supply and sanitation sector were initiated on a pilot basis in selected districts. From 2003, reforms in rural water supply were expanded country-wide, as Swajaldhara. TSC and Swajaldhara have been introduced as vehicles for reforms and designed as peoples' programmes, the intention being to devolve the ownership and management of water supply schemes to community level, and to develop new water and sanitation systems on a demand-driven basis, through the PRIs.

However, it appears that Gol is taking TSC and Swajaldhara to scale without having sufficiently tested the pilot interventions or providing adequate space and time for accompanying institutional reforms – particularly of the State Water Supply Agencies. The HRD and Sanitation/Information, education and communication cells that were set up earlier have mostly remained inactive for lack of proper staffing, guidance and

Annex D

support. What is more, TSC and Swajaldhara guidelines do not adequately explain how the reforms are to be operationalised and little pre-project training has been provided for senior managers at state level. Hence, the states tend to simply follow the Gol guidelines for TSC and Swajaldhara with uneven understanding of the processes involved, without considering their long-term implications and without providing training for key officials. This lack of understanding, clarity and informed guidance is a critical area that the project will address.

Meanwhile, this situation is creating confusion and uncertainty in the states and, in many cases, line departments that are overseeing TSC and Swajaldhara remain rooted in centralised, supply-driven approaches. While Gol sees the need for capacity development, the institutional mechanisms that need to be in place are far behind the rapid rate of expansion of TSC and Swajaldhara. Gol is urging the states to achieve numerical targets, which will inevitably compromise essential processes including institutional change and quality. The consequences will make a deep dent in sustainability and impede the reform goals. The CE programme will therefore advocate for quality (of process and product) and assist government to establish monitoring systems that focus on the use and sustainability of service improvements, as well as on changes in hygiene practices.

State Scenario and PRIs

TSC and Swajaldhara are yet to be wholly 'owned' by the states (although there is evidence that this situation is improving). In many states, the policy and institutional environment remains largely centralised due to the fact that the funding flowed directly from RGNDWM to DWSMs when the reforms started. There is uneven understanding and commitment to demand-responsive approaches across states and subsidy patterns vary markedly. It appears that many states are implementing Swajaldhara under pressure since Gol has indicated that funding under ARWSP will end in 2007. These factors and the absence of a policy decision on the future role of the rural water and sanitation agencies are limiting the impact of TSC and Swajaldhara; in most states they are still seen as projects rather than becoming vehicles for reform. The recent move by Gol to use Memoranda of Understanding between Centre and State to institute the reforms in the States is however an opportunity to enhance their sense of ownership and responsibility. Not surprisingly, the CE programme is to support the MoU process in every state in which it operates.

The National Water Policy, revised in 2002, is still to be adopted and operationalised by most states. The main obstacle to progress, however, is not so much a lack of policy documents or guidelines as the absence of accountability and the capacity to implement them. For example, very few states have independently developed processes for implementing a demand-responsive approach, or have an explicit capacity development plan for the Gram Panchayats to manage rural water and sanitation.

Although no policy decision has been announced, staff in the State Water Supply Agencies feels threatened by the reform programme – especially Swajaldhara. In many states the PHEDs seek to retain control over the development of new water supply schemes. For example, PHEDs make their officers members of VWSCs, control VWSC funds, decide technologies, design and cost schemes, continue to make centralised purchases and, perhaps most important, appoint contractors. Very few have made plans to develop the capacity of Gram Panchayats and their VWSCs to plan, implement and manage schemes on their own. The line departments are not, in any case, equipped for such a role. Similarly, information, education and communication is often seen as a one-off, stand-alone activity and community participation is taken to mean mandatory contributions to capital costs, with little

Annex D

consideration for the capacity of GPs/VWSCs to implement, operate, maintain or repair their schemes.

A lack of clarity over roles and responsibilities within the ZP, DWSM, GP and VWSC is a particular problem and undermines accountability for the use of TSC and Swajaldhara funds. Besides, varying institutional arrangements for implementation exist across states, ranging from TSC/Swajaldhara cells located within PHED in states like Madhya Pradesh and Chhatisgarh, to separate dedicated missions or agencies in states like Orissa and Gujarat.

Against this discouraging background, the states value UNICEF's support in helping them develop mechanisms for service delivery that can be institutionalised within the government framework. Whilst UNICEF continues to partner primarily with the SWSAs, following the introduction of sector reform, it is developing increasingly close links with the Rural Development and Panchayat Raj Departments. UNICEF is particularly well positioned to engage with government at different levels across a relatively large number of states.

The underlying strategy for the CE programme is to work both on the demand side (building capacity of Panchayats (and indirectly VWSCs and other local institutions) to plan, implement, manage and monitor service improvements) and the supply side (working with line departments to help redefine their role and build enough capacity (and understanding) for them to engage in the 'reformed' sector. In this context the programme will work with the champions of sector reform – an increasing number of government staff at every level.

There is wide variation in the extent to which PRIs are afforded real power and responsibility. Across states (with the exception of Jharkhand where Panchayat elections are yet to be held), the degree of devolution of funds, functions and functionaries for rural water supply and sanitation varies considerably. Although a few states like West Bengal and Uttar Pradesh have made more progress in this respect, in most states the Gram Panchayats have as yet little effective power. The political will to delegate powers to the PRIs, especially the devolution of funds and functionaries who are actually accountable to local bodies, remains tentative in many states. State legislation on Panchayati Raj is evolving, and all states require Standing Committees of the GPs, varying from four to as many as eight, each responsible for various critical sectors of development. Many states have rightly recognised safe water and sanitation as a critical determinant of health and the Standing Committee on Public Health (or equivalent) has the responsibility of ensuring safe water and sanitation. Yet in almost all cases, even in states like Madhya Pradesh where the health sector has been further decentralised, the Standing Committees have little capacities or powers to function effectively.

The institution of self-governance, thus mostly remains an extension of the various departments of the state government. A decentralised water and sanitation service cannot be introduced within a centralised policy and institutional environment. On the other hand it is observed that where properly functioning Panchayats exist, they are well placed to facilitate community-managed development in the rural water supply and sanitation sector and beyond. To oversee TSC and Swajaldhara effectively, however, PRIs need orientation, training and guidance through a well-planned capacity development approach. Providing this is now a strategic priority for many of the state programmes and here UNICEF has a distinct role to perform.

NGO and Private Sector

Most states recognise the value of NGOs in the implementation of their rural water supply and sanitation programmes, and give them important roles in areas such as household toilet promotion and construction, community mobilisation and hygiene

Annex D

education. However, some government agencies are suspicious of NGOs, especially in places where they tend to be highly politicised. The availability of competent NGOs with relevant skills is also a constraint in some locations.

While some NGOs operate within the framework of a government strategy, others are contracted by UNICEF to implement special projects that do not always contribute to the strengthening of government initiatives in the sector. With the CE programme moving beyond the development of models, the UNICEF State Offices have to evolve a framework for cooperating with NGOs, wherein NGOs fulfil similar functions in the reforms programme.

The CE programme, informed by lessons learnt during the previous project cycle, strongly advocate for the use of NGOs to support government programmes. At the same time, it will provide guidance on how government can work most effectively with NGOs, and provide mechanisms to develop their capacity to engage in the sector. How this is achieved depends on the state context, but in many cases, the process will start by a participatory assessment of existing and potential capacity based on the scoping tool developed by the CE programme in 2000/2001.

In most states the PHEDs make regular use of private contractors for construction works. Otherwise private sector involvement so far has been limited to some of the rural sanitary marts and sanitation production centres. However, with both the rural sanitation and water supply programmes now on the fast track of community-based development, there is greater opportunity for private sector and CBO involvement. It also opens doors for generating livelihood opportunities for poor people and unemployed youth and offers opportunities for competition and quality services.

The CE programme will therefore identify and develop opportunities to engage with (and in some cases, mobilise) the private sector. It will also assist government to develop a regulatory framework to protect consumers and ensure quality – the same system also applies to the NGO sector. This is especially important considering the ambitious targets set by government.

UNICEF

UNICEF is a highly respected partner of Gol and the CE programme has a good working relationship with the RGNDWM. However, the potential value of this relationship has not been used to its full extent because the UNICEF as a whole has not had a well-defined and structured advocacy agenda. On the other hand, in some states, the CE programme has had some notable successes in advocacy, for example the institutionalisation within government of the West Bengal rural sanitation programme and its adoption as the model for TSC. Overall however, performance in this area is limited. UNICEF POs are conscious that their role is changing, and that advocacy is part of the new role, but not all POs have skills in this area and most are more comfortable with their traditional, technical role in the field.

A more fundamental challenge for UNICEF is to define its current role in the water and sanitation sector in India. UNICEF supports water and sanitation improvements because they form an important component of a healthy environment and a necessary condition for child survival and development. At the same time, UNICEF is (after the World Bank) the largest aid agency working in the rural water supply and sector and has to be clear about its response to sectoral needs, including a position on sector policy and institutional reforms. The absence of a common strategic framework has led to state CE programmes with widely differing approaches. Some have concentrated on the operationalisation of TSC and Swajaldhara, while others have devoted their energies to projects that operate outside of the sector reform framework. In some states (e.g. Rajasthan and West Bengal), approaches developed in UNICEF-supported demonstration projects have been adopted by government as

Annex D

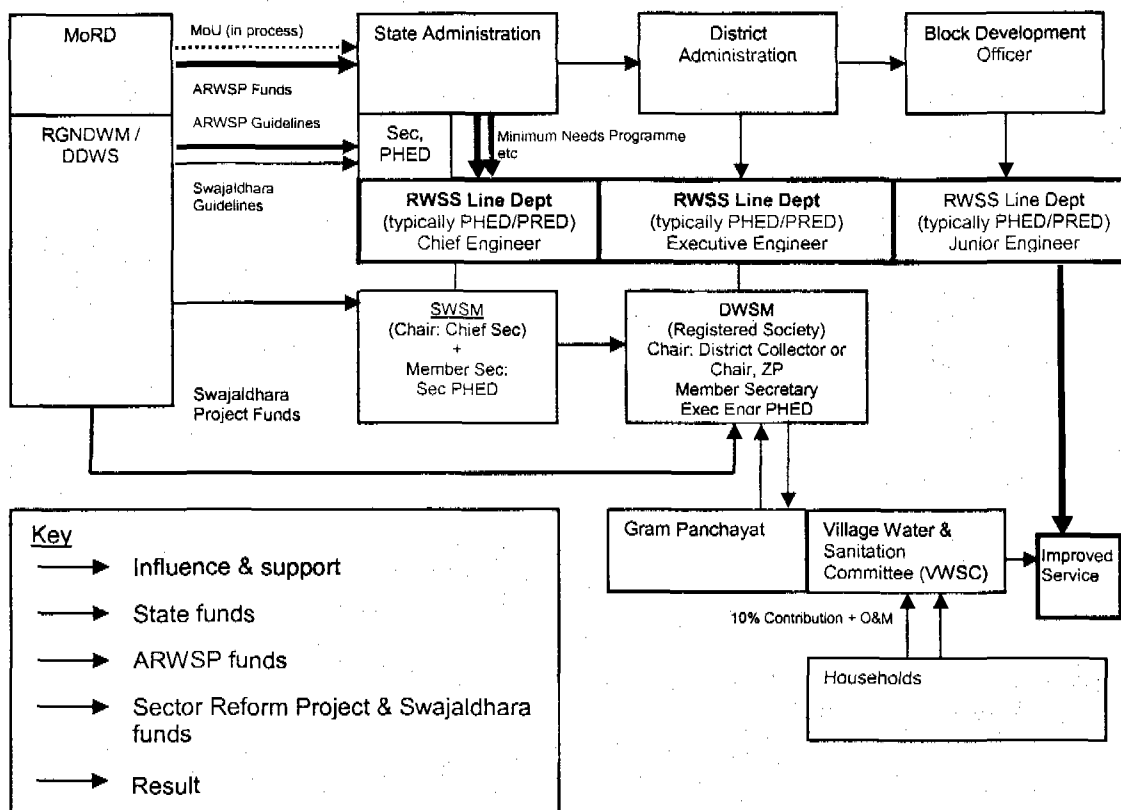
the model for state-wide implementation. In others, however, the linkage between UNICEF pilots and government policy and practice is not so evident.

This situation is changing. The opportunity provided by the new project has led UNICEF to refocus on supporting the operationalisation of the reforms. This provides the organisation with forward thinking and a strategic role, noting its limited resources and capacities, but also taking into account its strengths. The challenge is tailoring the programme's generic strategy to meet state- or district-specific needs. With this in mind, the plan to improve the HR environment within the organisation (Annex J) will significantly strengthen UNICEF staff capacity as well as related operational systems.

Annex D

Figure D1: Present Institutional Arrangements of the Rural Water Supply Sector in India

(Generic Setup)

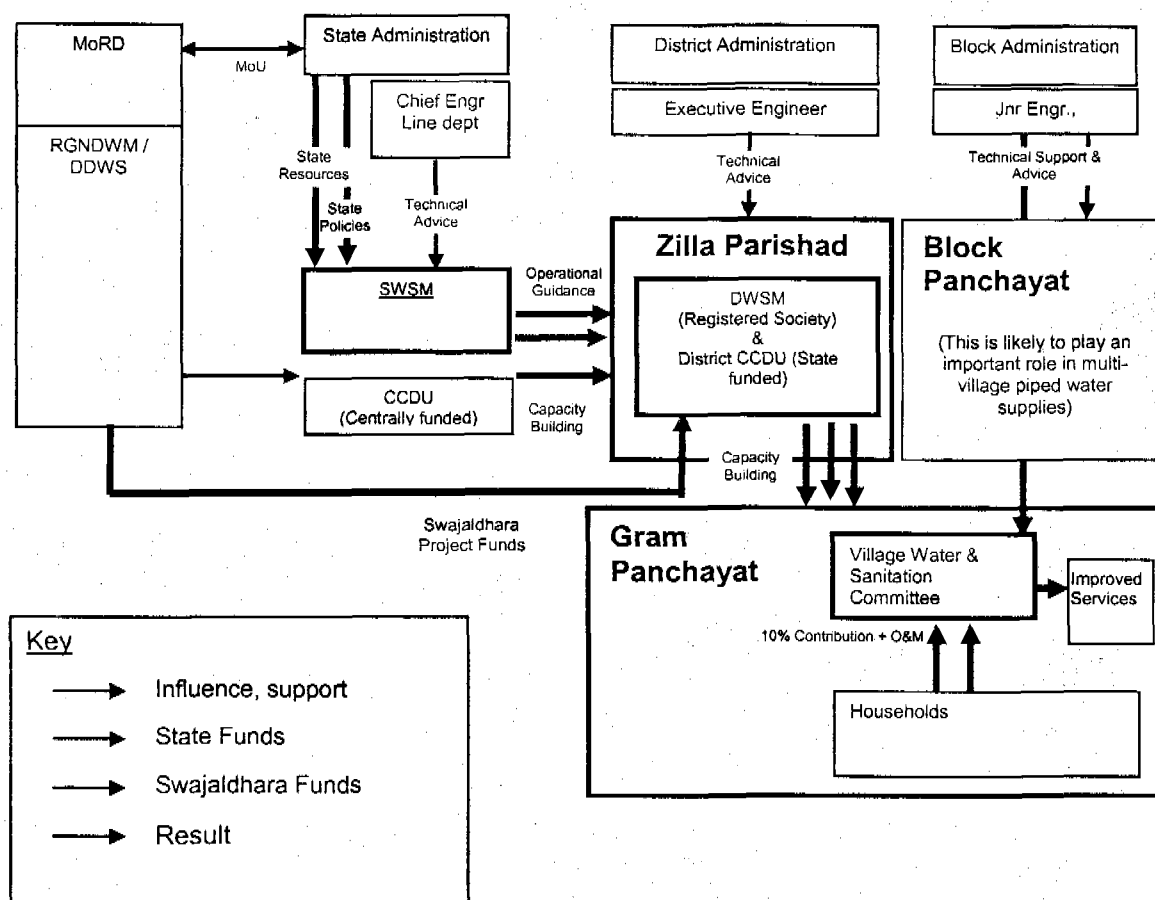
Key points about the present institutional set-up:

1. About 75 per cent of central funding allocated to the supply-driven Accelerated Rural Water Supply Programme (ARWSP), used by the State Water Supply Agencies (typically the Public Health Engineering Department (PHED) or equivalent);
2. The Sector Reform Pilot Projects, started prior to 2003, will be phased out in April 2004, and replaced with Swajaldhara;
3. Implementation of rural water supply schemes is still undertaken by the State Water Supply Agency (represented at State, District and Block levels) with little input from the Gram Panchayat (GP) (the lowest tier of local government)
4. The emphasis is on new schemes rather than supporting existing schemes (about 10 per cent of ARWSP funds is allocated for operation and maintenance);
5. The State Water and Sanitation Mission (SWSM) is often not fully established or has only a limited role;
6. Swajaldhara funds are routed directly to the District Water and Sanitation Mission (DWSM) in response to proposals from the Gram Panchayats;
7. In most States, the Zilla Parishad (district-level local government) has not yet assumed full responsibility;
8. The role of NGOs is not shown to reduce the complexity of the diagram. In practice, NGOs often work with Village Water and Sanitation Committees (VWSCs) and Self-Help Groups (SHGs) to support the implementation of projects. NGOs also manage independent water supply and sanitation projects.
9. VWSCs are often, but not always, a sub-committee of the GP, with limited powers.
10. Gov and State governments are preparing to enter into a Memorandum of Understanding (MoU).

Annex D

Figure D-2: Proposed Institutional Arrangements of the Rural Water Supply Sector in India

(Generic Setup)

Major changes (compared to the present institutional set-up described in Figure 1)

1. The Accelerated Rural Water Supply Programme to be phased out by the end of 10th Five-year plan (March 2007);
2. Most State Governments and GoI enter into an MoU;
3. State Water Supply Agencies (SWSA) adopt an advisory / facilitation / regulation role;
4. Establishment of state policies and operational guidelines;
5. Centrality of State and District Water and Sanitation Missions;
6. Establishment of centrally-funded Communication and Capacity Development Unit (CCDU) at State level, and State-funded CCDU in each district;
7. District Water and Sanitation Mission (DWSM) firmly established within the Zilla Parishad (Swajaldhara funds still routed to DWSC to improve process efficiency).
8. A proportion of SWSA functionaries transferred to the Zilla Parishad;
9. Block-level Panchayat in an increasingly important role, especially in areas with existing multi-village piped water supplies;
10. VWSCs, as standing committees of the GPs, have powers to procure supplies and procure services;
11. The GP has legal authority to fix tariffs and collect water charges. VWSCs/GPs prepare plans and submit these to the DWSM for approval and funding;
12. Emphasis shifting from new schemes to the sustainability of existing schemes; NGOs play an important role in developing the capacity of VWCS, other community-based organisations, and Gram Panchayats, ideally working closely with the DWSM and the CCDU.

Annex E

Annex E: Social Appraisal

Context

According to official estimates, about 34.7 per cent²⁸ of the total population of the country fall below the poverty line that is lower than the US\$1 a day benchmark.²⁹ While figures for relative poverty indicate substantial reductions, the absolute numbers have not declined due to population growth. The majority of the poor live in rural areas and the rates of poverty vary widely between states, from 54 per cent in Jharkhand, 43 per cent in Bihar, 22 per cent in Andhra Pradesh to only 14 per cent in Gujarat. While poverty has predominantly been defined in economic terms, there is a growing recognition of its multi-dimensional nature encompassing human, social, cultural and economic aspects.³⁰ This new system of determining poverty could have an adverse impact on the sector because the criteria related to the presence of a home toilet adds to the total score for a particular household and could result in it being reclassified from the BPL to the APL category. Households could, therefore, be reluctant to report against this criterion or be less willing to adopt home toilets.

Poverty is intrinsically linked to water deprivation. *Control* of the water and sanitation facilities determines *access*. This is of particular relevance to communities based on heterogeneous caste lines. The CE programme has noted that despite coverage of habitations with a protected source of drinking water, in general, the rural poor, particularly women and girls, spend more time collecting water either because of non-functioning sources or social relations. This in turn affects their wellbeing and access to educational and income-generating opportunities. Social and gender relations underlying water and land rights, coupled with limited mechanisms to prevent over-exploitation (e.g. ineffective groundwater regulations) has a disproportionate impact on the livelihood security of the poor, pushing them further into indebtedness and enforced (distress) migration.

Social Exclusion

Scheduled Tribes (STs) account for 7 per cent of the population and Scheduled Castes (SCs) account for 18 per cent, though this varies among states. Despite the constitutionally guaranteed reservations for this section of the population, poor implementation and enduring caste prejudice means that it continues to be endemic to the social fabric of the nation. An analysis of data on access to water and sanitation facilities, disaggregated by ST/SC, shows that discrimination exists in terms of access to community facilities and physical outreach. Most SC/ST dwellings tend to be clustered in the margins of villages and/or in the more difficult terrain in scattered habitations, largely invisible to planners. Gender is another axis of inequality within STs/SCs. Though the position of women is generally better in many of these societies (relative to caste-based society), there are still intra-household relations of power which result in women taking on the bulk of the work burden for livelihood and they are denied decision-making rights or control over resources.

Another increasingly recognised aspect of exclusion is disability. The National Centre for Promotion of Employment for Disabled People estimates India's disability

²⁸ India Human Development Report 2002

²⁹ This is the internationally accepted threshold for absolute poverty.

³⁰ There is currently a countrywide government survey on poverty with 13 capability indicators including women-headed households, households with physically challenged members, household assets, access to water and sanitation, with a score-based ranking on relative deprivation.

Annex E

population to be between five and six per cent, which translates into over 70 million disabled people.

Gender Concerns

The relational aspect of gender underlies access to resources and benefits, rights and responsibilities, while intersecting with other dimensions of social exclusion (caste, class, and religion), domination (age) and institutional structures. Not only do women and girls across caste or class bear the drudgery of domestic water collection; they have little entitlement in terms of participation, control and ownership of assets. SHGs comprising poor women have been important in negotiating for rights, but their participation in mixed community institutions (Panchayats, village water and sanitation committees) where critical decisions about community resource management are made, is constrained for a variety of social and political reasons. Recurring emergencies such as drought (Gujarat, Rajasthan, Andhra Pradesh, Madhya Pradesh and Maharashtra) and floods (Orissa, Bihar, and parts of West Bengal and Uttar Pradesh) have adverse gender impact, particularly for the poor, in the face of distress migration by men. Children suffer the most – miss out on immunisation, basic health care and are taken out of schools. Malnutrition increases during this period as feeding and care often get compromised.

The CE programme has seen that if sanitation is promoted from the perspective of privacy, safety and dignity of women, it has greater acceptance. The distance to a water source and the time taken to fetch it are critical determinants to the use of home toilets. Appropriate sanitation options that are less water-dependent are, therefore, critical in water scarce areas. These are being piloted and have found initial acceptance. Similarly, where households use shallow handpumps for domestic water supply, the location of the leach-pit toilet is crucial.

Approaches to Social Inclusion, Equity and Gender

GOI Rural WatSan sector reforms

The National Water Policy (2002) calls for the state to play a facilitating role in the new framework of demand-responsive water delivery and maintains that water management should be decentralised to the lowest level of governance. Although the policy calls for community participation in the management of local water sources, there is little contextualised understanding – women and vulnerable groups are simply subsumed under the general category of 'stakeholder participation'.

The ongoing water and sanitation sector reforms require at least a 10 per cent contribution towards capital costs and the full cost of O&M from user households and communities. This has significant implications for the poorest among the poor.

Men determine the use of resources and the home toilet is most often overlooked in favour of 'luxury items' often specific to the needs of men. This jeopardises the privacy, safety and dignity of women. Emerging evidence from Madhya Pradesh suggests that subsidies for toilet construction tend to go to the upper stratum of the BPL. The choice of design of WatSan facilities is critical in determining the capital and short- and long-term operational costs. The lack of a mechanism to offer a range of options to different sections of the community, particularly the poor, negates the very purpose of the initiative, often compelling them to 'agree' to the most 'familiar' option or the option most convenient to the implementers. UNICEF is conscious of these issues and is trying to find flexible means of addressing the WatSan needs of the poor without unduly increasing their financial liabilities.

The weakness of poverty and gender equity considerations in the new Swajaldhara programme has created a key role for UNICEF to work with partners to facilitate

Annex E

operational guidelines and monitoring indicators which address social inclusion. Women's participation in PRIs and SHGs, and their emerging leadership potential in many of the CE programme districts, provide opportunities to demonstrate the significance of their participation in the GPs/VWSCs (and eventually, district committees and state-level bodies).

The CE programme

Unsanitary practices, primarily open defecation, and the use of contaminated water, remain significant causes of child mortality, disease and malnutrition in India, especially affecting the poor and marginalised³¹. Of the estimated 25 million children born in India every year, nearly 1.8 million die before they are one year old. Of the 200 million children in the age group of 6-14 years, some 50-60 million are out of school either due to frequent bouts of disease or the absence of WatSan facilities in schools.

The United Nations General Assembly Special Session Resolution on a 'World Fit for Children' recognises the need to promote good health and give children the best possible start in life. Increased access to WatSan and hygiene information for every household is imperative for a qualitative change in lifestyle. UNICEF is currently working with state government partners to facilitate the development of state Plans of Action for Children, along with a National Plan of Action for Children. However, despite this recognition, there are few specific strategies to ensure that the poor and the marginalised are included in project benefits or that gender as a social relation construct is mainstreamed.

Within the 14 states implementing the CE programme, focused interventions are made in those districts that have high infant and maternity mortality rates, low female literacy and low mean age of marriage. Although 'everybody is a user', the CE programme has addressed the specific concerns of marginalised groups (BPL, adivasis, dalits and other ethnic minorities) through demonstration models, policy advocacy and capacity building of all partners. In supporting the rural WatSan sector reforms, the CE programme has drawn attention to less developed districts and has sought the participation of socially excluded groups in decision making and capacity building.

Achievements of the CE programme

A number of achievements of the CE programme relate to poverty, gender and equity concerns, despite the limited use of process indicators and monitoring and evaluation to assess impact or the documentation of learning within a social analysis framework.

Improved learning environments and enhanced access to education especially for girls: School sanitation and the 'Meena'³² initiative have had a positive impact on female literacy rates, achieving higher enrolments and lower dropout rates, and has sensitised communities on gender disparities that undermine equal opportunities.

Partnerships with a range of community institutions to address social inclusion: Women's SHGs are important institutions across state programmes for advocacy and choice of technological options. Partnerships with milk co-operatives have been initiated in Gujarat and the potential of working with the network covering 285 districts and 10 million members holds promise of creating synergy that will have a positive impact in improving household environment and the gender-poverty profile of the

³¹ Marginalised refer to those who are socially excluded on the basis of their caste, class, ethnicity, religion or other, particularly social, dimensions.

³² Meena is a SAARC initiative to focus attention on the girl child

Annex E

rural areas. In some of the focus districts, like Hazaribagh in Jharkhand, special efforts have been made to influence the district administration to have an explicit memorandum of understanding with women from participating households, largely *adivasi* (tribal communities) and encourage them to 'own' the household toilet.

Training, capacity building and generation of livelihood opportunities: In many villages, SHGs or small CBOs (West Bengal) are running RURAL SANITARY MARTs which as micro-enterprises provide income-generating opportunities for the rural poor and a sanitation and hygiene-focused communication link between communities and local government. Many women have been trained as masons and handpump mechanics, enhancing their social standing and ability to influence the delivery of WatSan services. In some of the states, the CE programme has created opportunities for capacity building of socially excluded groups and women and linked it to empowerment and management responsibilities of WatSan assets. An example is the partnership between SEWA's campaign on Water, Women and Work and the Gujarat Jal Seva Training Institute. Efforts such as this require further strengthening.

Strengthening participatory planning processes, enabling vulnerable communities: The CE programme has sought to ensure that through the use of participatory community assessment tools during micro planning, the specific needs of vulnerable communities are addressed. Convergent Community Action has also been advocated in the facilitation of village development plans through PRIs, for example in West Bengal where a strong framework of decentralised governance exists. The 'schools in development' initiative in Maharashtra has been instrumental in demonstrating the role of children as change agents to transfer sanitation and hygiene messages to families and communities. Community monitoring systems that are visual and participatory have been introduced in many districts in Andhra Pradesh, Tamil Nadu and Orissa.

Working with NGOs: The CE programme has been working extensively and effectively with NGOs across all states. Most of the NGO partners have a local base and limited capacity to implement multi-dimensional WatSan programmes. UNICEF has been supporting capacity building of NGOs as an ongoing effort to improve programme delivery. Most NGO partners are responsible for community processes, hygiene education and village-level capacity building.

Emerging Concerns for the CE programme

While the achievements cited above have improved water security, access to sanitation and community wellbeing, there are a number of emerging concerns that need to be addressed. For the CE programme to situate firmly within a rights-based perspective, greater conceptual and operational clarity on social development issues is needed. The implications for capacity building within UNICEF arising from these concerns are:

- To ensure that training programmes, for example, on gender sensitivity and social development perspectives are not only linked to implementation objectives but also that learning is sustained through a more facilitative internal environment that supports self-change and extends to the external environment.
- To develop process indicators for monitoring the qualitative aspects of improvements and the impact of different strategies for empowering vulnerable groups and strengthening community institutions.
- To ensure that participatory processes such as micro planning disaggregate communities on the basis of gender, vulnerability, assets, etc. and provide the means for identifying emerging inequalities.

Annex E

- To ensure that equity and gender concerns are internalised by communities and that the means for addressing them is accepted as a development tool by political leadership at the local level.

Opportunities and Implications

UNICEF has been able to facilitate a responsive institutional environment at the national, state and district level that has been conducive for policy advocacy and influencing key actors on sensitive issues. In addition, existing pro-poor policy frameworks in different states – for example, the focus on *adivasi* rights in Jharkhand and Chhatisgarh – provide significant opportunities for the CE programme to address social inclusion sensitively. The Indian Constitution, which specifically mentions prohibition of discrimination on grounds of religion, race, caste, etc. and access to public services, provides a conducive framework for a rights-based approach to programming.

The PRIs are going to play an increasingly important role in the delivery of water services through government programmes like Swajaldhara and TSC. This provides UNICEF with a mandate to enhance their capacity to address social exclusion and equity concerns.

The establishment of partnerships with NGOs working with social issues provides new opportunities for the CEP to influence participation, access and control for the poor and socially disadvantaged to water and sanitation services.

UNICEF is increasingly being asked to support state governments to operationalise water policies that recognise the links between poverty and water deprivation. This provides an opportunity to facilitate emerging partnerships between government bodies and a range of women's groups at the community level as well as strengthen poor women's participation in PRIs and their VWSCs.

Inter-sectoral approaches would be essential for achieving the goals of poverty reduction and gender equality. Therefore, there is a need for interventions in the health, nutrition and education sectors to recognise these concerns and take co-ordinated action. The Integrated Early Childhood Development framework that will be piloted by UNICEF in this programme cycle provides ample scope for this programmatic convergence to be tested.

Annex F

Annex F: Technical Appraisal

Context

The rural water, sanitation and hygiene sector in India is undergoing transition from a centralised, supply-led approach to a demand-responsive system which is closely linked to the PRIs at district, block and village level.

Sanitation and Hygiene

Sanitation remains a poor relation of water supply but is receiving more emphasis under TSC. Even so, only about one in five Indian households have toilets; and this figure (which says little about toilet use) is only increasing by an average of one per cent a year. Although TSC is not completely understood at district level, it has already been scaled up to 398 districts. There are serious concerns that by striving to achieve ambitious coverage targets, true demand will not be stimulated and that the toilets built will not be fully used or maintained.

A second concern is the position of hygiene promotion in the sector. The government has no hygiene programme. Instead, it is embedded within an information, education and communication framework. This tends to focus on building awareness of sanitation options. The lessons learned by the CE programme need to be captured to inform the development of hygiene related policies, guidelines and materials. UNICEF is currently supporting the RGNDWM to develop a national communication strategy for this critical area.

The approaches to communication developed by the CE programme are based on village motivators who pay home visits and hold small group meetings, complemented by mass media. The motivators communicate with families to create demand for household toilets and also to improve key hygiene behaviours. The motivators could be anganwadi workers, traditional birth attendants (TBAs), members of SHGs, local youth, or individuals affiliated to a CBO or NGO. NGOs are also responsible for building capacity for interpersonal communication. Critically, the cost effectiveness and impact of this approach has yet to be established.

Rural Water Supply

Water supply continues to dominate the sector. About 95 per cent of rural habitations are covered according to government norms. This says little about people's willingness or ability to use the infrastructure, or whether the water provided is safe to consume.

The sector reform pilot project, introduced in 1999, has evolved into Swajaldhara, a scaled-up programme based on a demand-responsive approach. Swajaldhara heralds the decentralisation of responsibility to PRIs. This includes the O&M of existing assets. Any GP can now initiate a water project under this scheme. The process needs to be fully operationalised at field level, ensuring, above all, that the local elite do not capture it. Meanwhile, there is a major concern that as maintenance continues to receive little priority, the condition of many handpumps will deteriorate. At the same time, water tables are falling and a variety of chemical water quality problems are emerging as groundwater reserves become over-exploited. Data from recent large-scale household surveys indicates that even as coverage is increasing, use is levelling off at around 80 per cent.

While the issues of arsenic and, to a lesser extent, fluoride are increasingly in the public domain, faecal contamination has not been given sufficient emphasis. Most State Water Supply Agencies have little incentive or capacity to investigate and

Annex F

mitigate the problem, which is likely to present a far greater risk to human health than any other parameters. The situation in Bihar, Uttar Pradesh and West Bengal is particularly alarming due to high population density, poor environmental conditions around private handpumps, the poor condition of most of these private handpumps, and the vulnerability of the shallow aquifers these handpumps draw water from.

School Sanitation and Hygiene Education (SSHE)

Over 90 per cent of India's rural children age 6 to 11 years live within a kilometre of a lower primary school. However, school sanitation facilities (including adequate water supplies) have received far less priority than classrooms. Only 50 per cent of schools have a protected water supply, and only 15 per cent have sanitation facilities, many of which are not used. The lack of basic facilities threatens to undermine government targets for elementary education.

School sanitation is now receiving higher priority, with many states setting ambitious targets. Funds are available from a variety of sources, including the TSC and SSA. Master Plans of Action will bring these resources together to rapidly accelerate the rate of construction of facilities. Maintaining construction quality, maintaining and managing the completed facilities, and ensuring that school sanitation is accompanied by improvements in hygiene present huge challenges.

UNICEF has been very active in SSHE; indeed this is one of its designated flagships for advocacy. SSHE is not only seen as a prerequisite for the child's right to education (associated with a number of attached responsibilities regarding the use and upkeep of facilities). It is also seen as an entry point to improve hygiene and sanitation in the child's home environment, primarily through child-to-child and child-to-parent communication.

Between 1999 and 2003, UNICEF supported the completion of water supply and sanitation facilities and hygiene education in 20,000 schools in 16 states. UNICEF has also developed a variety of teaching and learning materials and techniques. In addition, it has piloted a range of child-friendly toilet designs, a third-party quality assurance system and a number of participatory monitoring techniques.

Key Issues

Hygiene Promotion

Institutional Home for Hygiene While change in hygiene behaviour is critical to reap the benefits of improved water and sanitation facilities, 'hygiene promotion' does not have an institutional home in any government programme. TSC provides the overall umbrella within which hygiene promotion would be addressed. However, at present, the focus is on toilet construction. Within TSC, the promotion of hygiene behaviour is implied and not explicit, and there is a risk that it may be marginalised.

Inadequate Information, Education and Communication TSC is often overseen by PHEDs, which have little capacity or interest in stimulating demand for sanitation. TSC provides funds for information, education and communication. However, in government, information, education and communication expertise is weak. For hygiene, this often results in short-term, one-way promotion of uniform, top-down designed messages through a limited set of standard information channels. These strategies are rarely adjusted to the heterogeneity within villages, and between areas, and do not necessarily reflect the different perceptions and needs of women and men, and of the better-off and the poor.

Gender Sensitivity Women and adolescent girls perform most of the critical hygiene behaviours at home. As a result, well-intending hygiene educators often target

Annex F

women, excluding men and adolescent boys. Culturally, it can be difficult for women and girls to influence and change male practices. In addition, men play important roles in family decision-making and financing (e.g., the purchase of soap, and the construction of a toilet). Without the involvement of men, hygiene promotion becomes less effective. This has implications, inter-alia, for the selection of motivators.

Time Required for Behavioural Change Hygiene behaviours are particularly difficult to change because they relate to daily activities, the whole community shares them, and they form part of the culture and traditions of the community. Changing hygiene behaviour is time and resource intensive, and this must be reflected in the project strategy and programming.

Cost Effectiveness Interpersonal communication, based on home visits, is known to be most effective for changing practices³³. All the same, it is resource intensive. Government agencies may not want to contract a large cadre of motivators for a long time. There is a need to investigate, demonstrate and advocate a cost-effective approach that takes into account real resource constraints. To do this, a system is needed which can monitor process as well as impact.

Rural Sanitation

The CE programme has explored innovations in options for household toilets, materials and services. In some states, UNICEF has facilitated efforts to initiate a chain of production and marketing facilities for such components. In Uttar Pradesh, Orissa, Rajasthan and West Bengal, rural sanitary marts and local production centres have been established. In Bihar, local entrepreneurs have been guided and encouraged to set up small units to manufacture, market and construct four models of low-cost toilets. In other states, various toilet designs and marketing approaches (e.g., where there is a scarcity of water, VIP toilets have been introduced as an option because they do not require water for flushing). Another toilet alternative known as ecological sanitation is currently piloted in Rajasthan and Tamil Nadu. However, these initiatives are still new, and their widespread applicability, effectiveness and acceptance are yet to be evaluated

Scaling Up: If implementation of TSC is successful, the pace of rural sanitation will be greatly accelerated. There will be a large demand for toilet hardware components. In this context, however, maintaining a well-balanced range of toilet options (including financial options such as micro-credit schemes) will be crucial to success.

Coverage vs. Use Gol is applying considerable pressure on states to increase rural sanitation coverage. However, primary emphasis is placed on the construction of toilets and meeting numerical targets. While changing hygiene behaviours is implied in TSC, in practice, little recognition is given to the time and resources required to bring about the behavioural changes that are needed to ensure a commensurate increase in use.

Subsidies: Although in the TSC guidelines the subsidy amount for household toilets has been reduced and confined only to BPL families; it is still the cornerstone of many state strategies. Often the subsidy is associated with a single option of an expensive toilet (e.g., Andhra Pradesh, Tamil Nadu, Karnataka, and Gujarat). Many such toilets have been converted to other uses. The CE programme has demonstrated that promoting a range of toilet options (with no subsidy or a well-targeted low subsidy) through effective social mobilisation is more effective.

³³ Recent research of IRC and partners showed that IPC also leads to better-sustained hygiene practices after hygiene promotion activities have ended. See the IRC website or contact bolt@irc.nl for further details.

Annex F

In Madhya Pradesh, the CE programme, following the no-subsidy approach for household toilets, has demonstrated that low-cost toilet options are affordable for most people. Of the 18,000 toilets constructed in Betul and Chhindwara an estimated 30 per cent have been in BPL households.

In West Bengal, remarkable improvements in household toilet coverage have been achieved in the past 10 years. More than 2.3 million toilets have been constructed so far under the UNICEF-supported rural sanitation programme. This began in Midnapur district but is now far more extensive, with 15 out of 18 districts supported by TSC. Coverage has risen from 12 per cent in 1991 to an estimated 40 per cent in 2003³⁴. The rate of toilet construction has significantly accelerated in the last two years. Three blocks have been declared fully covered with household toilets and several more are close to this mark.

The West Bengal state government supports a demand-responsive approach to toilet promotion and has limited the TSC subsidy for BPL households to Rs. 200 (about US\$ 4.40) instead of the standard Rs. 500 (about US\$ 11). A combination of low subsidy and low-cost toilet design allows the available funds to be used for toilet promotion on a huge scale. The state has avoided a 'mission' approach to toilet promotion. Instead, it manages the rural sanitation programme through state and district sanitation cells.

Environmental Impact The lack of funding under TSC or Swajaldhara for drainage and wider aspects of environmental sanitation is a cause for concern, particularly in densely populated areas with a high water table, or in areas prone to flooding. Another concern is the limited information concerning the relative risk to groundwater quality posed by on-site sanitation.

School Sanitation and Hygiene Promotion

Child-friendly Designs School toilets are rarely child-friendly. They are often constructed with minimal consultation, in places that are often difficult to access or use. School toilets often lack sufficient water for cleaning or hand washing. They have inadequate lighting, so children are afraid to use them. Even the numbers of toilet units are inadequate to cope with peak demand. Within the current project, UNICEF has developed and demonstrated a number of child-friendly designs in focus districts. However, these innovations generally cost more than the funds allocated by government for construction. There is an unmet need to provide facilities for children with special needs.

Use and Sustainability Evidence from the states tells us that sanitation facilities are often inadequate in terms of (i) location (ii) construction quality (iii) the availability of water for cleaning and hand washing (iv) child-friendliness (v) ease of maintenance (vi) the numbers of cubicles provided for girls (vii) waste water disposal. Quality should be assured by instituting a quality assurance system that addresses software as well as hardware concerns, and processes as well as outputs. Monitoring and MIS systems, mainstreamed with the emerging institutional framework for SSHE, need to be developed.

Establishing the Impact of Hygiene Education in Schools Hygiene education is now in the curriculum, where it often forms part of environmental studies. Teachers have a fundamental role to play as agents of change. The aim is not only to have an impact within the school in terms of education quality, but also in terms of hygiene and sanitation in the domestic environment. The assumption that SSHE improves the quality of education and leads to improved hygiene practices in the home is yet to be validated.

³⁴ Source : MICS 2000

Annex F

Rural Water Supply

Institutional Support for sector reform: Under sector reform, responsibilities for operation and maintenance are now being transferred to PRIs and VWSCs (or equivalent). In most states, this transfer of responsibilities is not proceeding smoothly. While former implementing agencies are uncertain about what the future holds and reluctant to relinquish control, PRIs and VWSCs are unaware of what is expected of them, and lack capacity, including operational systems, to fulfil their new responsibilities. Far more work is needed to identify and close these gaps.

Scaling Up and Process Quality Sector reform is founded on a set of principles that relate the application of a demand-responsive, community-based approach to rural water supply, conceptualised and developed in the 1990s. Rapid scaling up of sector reform through Swajaldhara could undermine the basic principles on which the approach is based. The capacity to implement the programme needs to be reinforced, emphasising the need for a participatory, inclusive and informed approach to decision-making, monitoring process as well as output quality, and source sustainability and environmental impact.

Gol is planning to establish a network of resource centres to develop the capacity of district-level staff to implement sector reform, linking this to CCDUs at state level, with similar structures at district level. UNICEF will support the development of a national resource network and CCDUs at state level.

Spot Sources Handpumps fitted on tubewells remain the dominant water supply option in many areas of rural India, especially for poor households. The manner in which tubewells are planned, constructed and tested is a matter of concern. People are still not consulted about the location and number of sources required as a matter of course. To an extent, this is a result of rigid government norms and a lack of accountability. Construction standards are rarely applied, and safe yield and water quality is not established before the installation of a handpump. The sanitary seal and platform are not always installed, compromising water quality.

Piped Water Supplies: In many states, PHEDs have retained responsibilities for implementing piped water supplies. This may satisfy emerging demand for higher service levels. However, in many cases, unrealistic design criteria are being followed, source quality and sustainability are often not substantiated, and there is inadequate attention given to cost recovery, operation, maintenance and environmental impact vis-à-vis wastewater disposal.

Water Quality and Source Sustainability: These important issues have already been referred to above and are developed in Annex G.

Implications for New Project

Successful approaches and lessons learned by the CE programme need to be analysed, documented and the results used to refine programme design and implementation. Much of this will be done at the state level, with support provided by UNICEF New Delhi and WHO. This will include studies incorporating elements of qualitative research and cost-effectiveness.

Capacity building of counterparts and partners is a critical aspect of the new programme. The underlying principle is first to arrive at a consensus on roles, responsibilities and relationships, before identifying critical bottlenecks. These should then be addressed. Training has an important role to play, but a range of other activities, including policy and systems development, operational guidelines and field materials are also required.

Annex F

The impact and cost-effectiveness of current approaches to modifying hygiene behaviour first need to be assessed and refined. Future communication strategies and approaches are likely to involve a balanced mix of mass media, community contacts, traditional/folk media and inter-personal communication delivered through an array of grass root functionaries and community representatives using participatory techniques.

A range of technical options of household toilets to suit varying conditions of water availability (e.g., from water scarce areas to flood prone areas) needs to be promoted. Options should be expanded to include financial systems for obtaining a toilet. The risk to groundwater quality caused by on-site sanitation (leach pits) should also be minimised.

Cost-effective and child-friendly school sanitation designs (including hand washing facilities, urinals and systems for wastewater disposal) need to be refined and communicated. At the same time, an effective (and cost effective) quality assurance system, covering software as well as hardware and processes as well as outputs must be developed (informed by the Andhra Pradesh model) and introduced as an integral part of SSHE.

The project should establish state-specific guidelines for SSHE, reflecting national policy and best practice. In collaboration with the education sector, the new project should support the inclusion of hygiene and sanitation learning in the pre-service and in-service training of teachers; the classroom curriculum in elementary schools; appropriate teaching-learning materials; and activity-based learning methods. The new project should also test key assumptions concerning the impact of SSHE on girls education and the home environment.

The institutionalisation of sector reforms requires considerable support. Advice should be provided to guide the development of state-owned policies and operational guidelines; cost effective and inclusive approaches, which ensure user participation in decision-making; and a range of costed options. The latter should include consideration of wastewater disposal and the assessment of safe yield and water quality.

Internal-monitoring systems should be strengthened and dovetailed with those of government. Considerable effort has been invested during the planning of this project to develop a common set of outputs and indicators across the 14 states. Data on household sanitation and hygiene practices will be collated and analysed, broken down by sex and class for gender and poverty-specific information. Some in-depth studies to validate behavioural information that may suffer from overly optimistic reporting (e.g. hand washing), or the cost effectiveness of a particular approach will be taken up. Ongoing support to government counterparts includes strengthening its monitoring systems, emphasising the need to address qualitative and quantitative concerns, and processes as well as outputs.

Annex G

Annex G: Environmental Appraisal

Context

Widespread open defecation, poor hygiene practises and poor environmental management pose immediate and long-term risks to human health, especially of children. Competing water uses, especially related to over-exploitation of groundwater for agriculture, are directly affecting access to sustainable drinking water sources. Faecal contamination of unprotected water sources and indiscriminate disposal of human waste, and increasing incidence of harmful minerals in drinking water, like fluoride and arsenic, are threatening drinking water quality. These problems are disproportionately affecting the poorer segments of society although, on paper, many of them may have access to a 'protected' drinking water source.

Key Issues

Open defecation, solid and waste water management

Open defecation is still widespread and its removal from the rural scene is a priority for Gol. It is now considered a matter of national pride. Only 22 per cent of the rural population have domestic toilets and only 15 per cent of elementary schools have sanitary facilities, but a high proportion are unused and in poor condition. This situation has serious consequences for children's health through contamination of drinking water sources and the spread of diseases through vectors. Hookworm in children is a serious problem that is a direct result of contact with open defecation.

Gol, together with state governments, is addressing these issues mainly through TSC, which is aiming to increase sanitation coverage for households, schools and anganwadis through awareness creation, social mobilisation, strengthening of delivery mechanisms and a low-incentive scheme for household toilets. Other environmental sanitation problems such as solid waste and wastewater disposal are not addressed in TSC, though several schemes exist under which resources could be mobilised for these purposes.

At the state level, UNICEF has strengthened State Water and Sanitation Missions to guide and support district-level bodies to facilitate the implementation of sanitation programmes. At the village level, UNICEF has worked through PRIs, NGOs and SHGs to empower communities to improve environmental sanitation at community and household level.

Drainage around water points and solid waste - The most obvious environmental problems in the average village are related to drainage from houses and areas around water points, and the accumulation of solid waste. The importance of removing stagnant water to prevent mosquito breeding is not sufficiently understood. Measures to mitigate these problems are often lacking. Under sector reform and Swajaldhara, the emphasis on new piped water supply systems without consideration for proper drainage, has increased wastewater disposal problems. While addressing wastewater problems is a recognised need in most communities, solid waste is not seen as an equally high priority.

Model Village approach - Properly planned and designed "model" approaches have worked well in many pilot areas of the 1999-2003 CE programme and have, as a result, become effective tools for advocacy. A key achievement was the establishment of many model WatSan villages (including, for example, protection of water sources, drainage, garbage pits, cowsheds, composting, soak pits, and

Annex G

washing platforms). State governments have endorsed this approach with a view towards replication under the TSC and Swajaldhara projects. However, the model village approach has some limitations since the establishment of these models demands high levels of management attention that might not be easily replicated. They also do not necessarily address fundamental issues such as poverty. Partnerships are important and a wealth of capacity has been built in NGOs and CBOs that are now playing an important role in scaling up these examples.

Drinking Water Quality

Bacteriological contamination of drinking water - In all states, bacteriological contamination of water sources was raised as an important issue, although reliable data on the extent of the problem was not available. The problem is not limited to dug wells or shallow handpumps, but also water from deeper bore wells (using Indian Mark II or III handpumps) cannot be considered safe by definition, even though they are classified as "protected". Poor well siting and bad quality of construction and pump installation and a lack of sanitary considerations during pump repairs are partly responsible for this problem. Another issue is the possible adverse effect of leach pit toilets and soak pits near wells. This risk is especially high in areas with a high water table and shallow aquifers, where the density of shallow household tubewells is generally high, as is the case in Bihar, Uttar Pradesh, Orissa and West Bengal.

Chemical contamination of drinking water - In many states, high levels of fluoride in groundwater is a concern. However, the extent of the problem varies widely. In some states the problem can be attributed to over-exploitation of groundwater under certain geological conditions. Arsenic contamination is especially a problem in West Bengal. Arsenic contamination has also been found in relatively small pockets in other states, where the scope of the problem is still being studied. Iron problems occur in many areas. Total Dissolved Solids (TDS) is a widespread problem in villages. Excessive nitrate levels, which can have serious health consequences for babies, have been detected in some places, closely linked to the use of agricultural fertilisers. Organic chemical contamination from industrial pollution is currently a small but growing problem as industrialisation spreads. This remains undetected in view of the limited testing capabilities.

Government is responsible for routine monitoring of the water quality of public water sources. However, the frequency with which each source can be checked is limited, and so is the action taken after wells have been tested and found contaminated. In general, arsenic and fluoride problems are taken seriously. However, marking affected sources has become a politically sensitive issue. There is little attention paid to bacteriological water quality problems.

Water quality approaches - UNICEF has focussed its water quality efforts in the areas of:

- Creating awareness about water quality issues at the village level (in some cases through the use of field test kits);
- Promoting the use of H₂S tests through district-level institutions for the detection of bacteriological contamination;
- Building government capacities in water quality monitoring (e.g. training and laboratory equipment); and,
- Introducing household filters for arsenic and fluoride removal.

Lessons learnt - The following lessons have been learnt during 1999-2003:

- Household-level treatment is often more successful than community-level treatment;

Annex G

- NGOs can play an important role in awareness creation, testing, production of home filters and the regeneration of filter material;
- The promotion of community action on water quality management needs to be based on a thorough understanding of the lessons learned in relation to water quality surveillance.

Depletion of Groundwater Levels

Over-abstraction of groundwater - The problem of depleting groundwater levels is affecting drinking water sources in many states. This is attributed in most cases to excessive abstraction of groundwater, mainly for irrigation. Drinking water sources have to compete with agricultural demands for water, which are driven by economic considerations rather than environmental and equity concerns. The lack of coherent water policies, enforceable regulatory frameworks and the lack of inter-departmental co-ordination exacerbate the problem.

Conservation – UNICEF has supported state governments in projects that address water harvesting and groundwater recharge. There is now a high level of awareness on groundwater recharge issues and watershed management within UNICEF and its partners. UNICEF has also been supporting state governments to develop draft water policies (e.g. the White Paper on Water in Gujarat). This is seen as a good first step towards comprehensive water resources management and groundwater regulation. While some states have framed their state water policies, enforcing such legislation effectively is proving difficult.

Lessons learnt - The following lessons have been learnt from the current CE programme:

- Watershed management programmes are aimed at soil and water conservation for increasing agricultural productivity and are not focussed on the recharging of drinking water sources.
- Water harvesting measures alone are inadequate to increase the availability of water for drinking and other domestic purposes. Management practices that address water use efficiency, agricultural practices, allocation and equity issues are required. To secure drinking water supplies, government will need to deal with the broader issue of water resources management.
- The lack of regulation of demand allows over-exploitation of groundwater.
- Water policies are not by themselves enough to regulate water use. Enforcement of regulations and demand management requires political will and a broader understanding of water resource management issues.
- Environmental Impact Assessments are required to determine the extent to which leach pit toilets are affecting drinking water quality under different sub-soil and water table conditions.
- Monitoring bacteriological water quality needs to be improved. The linkages between bacteriological water quality and health need to be emphasised at all levels. Also, implementation strategies and procedures are needed for the rehabilitation of existing water sources, quality standards for siting and construction of new sources and hygienic practices during maintenance and repair need to be formulated to reduce bacteriological contamination.
- There is a need to build on the experiences in community water quality surveillance and promote community action on water quality management.
- Solid waste and wastewater management need to be addressed in TSC.

Annex G

Implications for New CE Project

Environment, health and information, education and communication linkages -

A significant effort needs to be made to:

- enhance understanding among individuals and community leaders of the immediate and long-term risks to human health posed by widespread open defecation, poor hygiene practices and poor environmental management;
- analyse the appropriateness and effectiveness of existing and proposed information, education, and communication approaches and materials;
- promote environment- and user-friendly water, sanitation and hygiene interventions.

Scaling up model villages - UNICEF and government need to scale up the model village approach in the context of TSC and Swajaldhara. This will require advocacy for including solid waste and wastewater management. Schools will be an important entry point for working with children and the broader community on improvements of the village environment.

The project will need to continue working on raising the profile of sanitation in those states where sanitation has a low priority, and build on experiences in low- and zero-subsidy toilet construction.

Water quality - Water quality issues must receive priority. Use of field test kits (including H₂S tests) by communities will be useful in creating awareness of quality problems and communities need wider exposure to such technologies. Structured surveillance of drinking water sources coupled with community awareness of water quality will be the key focus at community level. This will imply strengthening VWSCs/ VHCs/ PRIs on water quality issues. At the same time the project will need to work on strengthening the government water quality monitoring systems with an emphasis on communicating test results to communities and taking action on the information.

Community-level water resource management – The promotion of community water resource management will have to continue. The project will need to facilitate the development and adoption of water policies. On-going support for capacity building and awareness generation on water resource management at village level will be important. Project support will be required for demonstration projects, including rainwater and roof water harvesting approaches. Integration of groundwater recharge interventions with drinking water supply schemes in Swajaldhara will also need to be pursued.

Annex H

Annex H: Economic and Financial Appraisal

Context

Sanitation

Rural sanitation coverage is only 22 per cent and is increasing at little more than one per cent per year. The proportion of toilets regularly used by all household members is known to be lower. The use of subsidies for toilet construction is generally decreasing, supporting the conclusion that, in the past, subsidies have dampened, rather than stimulated, effective demand and also hampered the emergence of private sector suppliers of sanitary wares.

Gol's approach to sanitation (TSC) is based on providing people with a choice of options; subsidies for designated BPL households; reinforcing supply lines, typically using NGO-managed RSMs, rather than the private sector; and information, education and communication, which promotes sanitation with rather less emphasis on hygiene. On the whole, capacity to deliver and monitor hygiene improvements is insufficient and this threatens to undermine investments in rural sanitation and water supply.

TSC also has provisions for school sanitation, including hand-washing facilities (distinct from water sources). The funds available are limited and may not be sufficient to construct a child-friendly toilet (such as those promoted by UNICEF), designed to encourage its sustained use together with the adoption of key hygiene practices.

Despite its demand-responsive credentials, in practice TSC often remains target-driven. This undermines its demand-based principles and the effective delivery of its hygiene component. If demand for sanitation is not first stimulated (requiring time as well as investment in building capacity), there is a risk that the toilets built will not be fully used. While TSC permits only limited subsidies for toilets for BPL households, some state governments use their own funding to increase subsidy levels. This sends out conflicting messages to people and undermines efforts to generate demand.

Rural Water Supply

Gol's approach to rural water supply is in a state of transition from a 'traditional' supply-led approach (ARWSP) to a more demand-responsive approach in which people play a key decision-making role in planning, in implementation as well as operation and maintenance. Users are required to contribute at least 10 per cent of the capital costs (more for higher levels of service), and the full cost of operation and maintenance.

Swajaldhara currently absorbs about 20 per cent of the Gol 2003-04 allocation for rural water supply³⁵. The Centre's allocation to Swajaldhara is seen as a one-off to achieve full coverage, after which responsibilities for further improvement (and maintenance) will shift to the states. There are justified concerns that the limited funding will be captured by the more responsive state administrations and by better-off communities, marginalising less responsive states and poor communities.

Strong evidence is emerging in a growing number of states that there is significant demand for piped water (with household connections), although the extent to which rural households will find this an affordable or environmentally sustainable option is

³⁵ Based on ARWSP and Swajaldhara totals.

Annex H

still not clear. Issues of **community capacity** (to plan, design, construct and sustain the system) and environmental impact (related to source sustainability and wastewater disposal) are addressed in the Technical and Environmental Appraisals.

The O&M of existing public water supplies leaves much to be desired. Years of sector policies that allowed for little community participation have reduced the sense of ownership among the users of water supplies. Responsibilities for O&M are being increasingly decentralised, typically from the State Water Supply Agencies, to the Panchayats at district, block and village levels. However, their capacity (including resources and incentives) to fulfil this role is generally weak.

Water Quality

There is an additional and growing concern that the water provided by a significant number of handpumps, private as well as public, is contaminated with faecal matter (and/or hazardous minerals such as fluoride or arsenic) and presents significant health risks. The assumption that handpump water is safe underlies government investments and, to a lesser degree, household demand (issues of convenience seem to be an even stronger determinant). The full extent of the economic impact of drinking polluted water is unknown.

Government efforts to mitigate water quality problems are still insufficient given their probable extent. While technical solutions proposed by PHED tend to be designed for community water points or clusters of villagers, there is a growing body of evidence of demand for household-based solutions. These also tend to be more effective (because however safe water is at the source, it is easily contaminated before it is finally consumed).

Overall Project Focus

The project will focus on supporting the operationalisation of sector reforms, the arguments for which have already been detailed in Section 3 of this document. The goal of the reform is to improve the sustainability of interventions and ensure that the facilities provided are used. Global studies have shown that community-managed, demand-responsive approaches are more effective in both respects. These studies are complemented by evidence that in India's rural areas, many people are willing to contribute significantly towards the costs of receiving and sustaining an improved water supply. Similarly, there is evidence that once demand for sanitation has been stimulated, many people are prepared to invest in it themselves with little or no subsidy.

While Gol is investing significant funds in water supply and sanitation, there are significant capacity gaps that must be filled before the reforms approach can be scaled up as envisaged. Ensuring that marginalised groups, particularly women and the poor can effectively participate in processes and outcomes, is a specific concern for UNICEF. In the broadest terms, this is the niche for the new project.

More specifically, while 95 per cent of rural habitations are reportedly covered by protected water sources (according to government norms), only one in five households has a toilet, and even fewer use them on a regular basis. Furthermore, the quality of drinking water consumed in households cannot be assumed to be safe, whatever the source. One reason is the prevailing practice of open defecation. Outside the domestic environment, few elementary schools have adequate sanitation. In fact, lack of adequate sanitation in schools is thought to contribute to the poor enrolment and retention, particularly of girls.

While state and central governments continue to prioritise water supply (sanitation is, however, receiving more attention than before), the CE programme will continue to focus on hygiene, sanitation and domestic water quality (in 2003, these areas

Annex H

accounted for 78 per cent of the programme's budget). The unique relationship that UNICEF has with RGNDWM at the central level, and with state governments, will be used to support government to achieve a more appropriate balance of investments. With annual government spending on the sector now above US\$ 1.2 billion, there is an opportunity for considerable leverage in this respect.

Financial Appraisal

Both central and state governments are investing heavily in rural water supply and sanitation. In the Tenth Five Year Plan, the central government allocation for rural water supply and sanitation is Rs. 142 billion (US\$ 3.1 billion), of which Rs. 132 billion (US\$ 2.9 billion) is for rural water supply and Rs. 10 billion (US\$ 200 million) is for rural sanitation³⁶. By comparison, in the Ninth Plan, the corresponding figure was Rs. 81 billion (US\$ 1.8 billion). These allocations reflect an increase of 76 per cent from the Ninth Plan to the Tenth Plan period, reflecting the push to meet total coverage (in rural water supply), and also to accelerate rural sanitation coverage.

Table H-1: 10th Plan Projected Outlay for the States (for Water Supply and Sanitation)

(in US\$ million)	
For the CE programme States	Total projected outlay for water supply and sanitation under Tenth Plan (2003-2007)
1. Andhra Pradesh	397.2
2. Assam	137.8
3. Bihar	173.0
4. Chhatisgarh	184.1
5. Gujarat	849.3
6. Jharkhand	120.0
7. Karnataka	664.6
8. Madhya Pradesh	194.3
9. Maharashtra	168.7
10. Orissa	142.6
11. Rajasthan	234.8
12. Tamil Nadu	1,043.5
13. Uttar Pradesh	1,160.4
14. West Bengal	159.3
All States/UTs	9,610.1

Table H-1 shows the Tenth Plan outlay for water supply and sanitation for the states and Union Territories, which amounts to a total of US\$ 9.6 billion³⁷. Therefore, the total Tenth Plan outlay, centre and state, for water supply and sanitation is US\$ 12.7 billion. The table shows substantial inter-state variations. This can be explained partially by inter-state variations in populations and requirements. For example, Rajasthan, a water-deficit state, will receive almost 11 per cent of the total outlay for water supply and sanitation. Such a large share reflects the intensity of its requirements.

Evidence from the state appraisals suggests that most of the funds allocated to rural water supply are spent (80 - 90 per cent). However, these figures apply to ARWSP rather than Swajaldhara, which is still in the process of being operationalised. By comparison, fund utilisation in rural sanitation is not as good, and highly state-specific. This indicates the relatively lower priority accorded to sanitation in a number of states, which have difficulties providing the state share of funding.

The CE programme's annual expenditure on sanitation, hygiene and water supply is approximately US\$13 million. This is roughly two per cent of the central government budget for financial year 2002-03 (or only one per cent if the state government investments in the sector are also considered). While not insignificant, the fact that government spends at least 80 times the value of UNICEF's sectoral inputs

³⁶ Planning Commission (GoI), Tenth Five Year Plan, 2002-2007, Vol. II, page A-68.

³⁷ Planning Commission (GoI), Tenth Five Year Plan, 2002-2007, Vol. III, annex 6.1.

Annex H

emphasises the crucial importance of working within government programmes. The cost-effectiveness of this strategy is, however, difficult to access.

Subsidies

In terms of rural water supply, the funds provided by the centre for Swajaldhara represent a 90 per cent subsidy towards the capital cost of new or improved schemes. In terms of being demand-responsive, this figure is typical of many government programmes, but it represents a quantum leap for India, long used to a supply-led approach without any community contribution. One important issue is who pays. In practice, what should be a collective contribution is often paid for by a minority, usually the more affluent or those with a vested interest, invalidating the philosophy of generating broad ownership.

Subsidies have a built-in disadvantage. Because it is not possible to determine the cost of efficient provision accurately, subsidies are often used to finance inefficiency. As a result, the scale of provision is often limited due to subsidies being made available. Under Swajaldhara, the users must pay O&M charges. However, in many states the government meets the cost of electricity for pumping, thus protecting the users from the actual costs of operation. Many state governments also heavily subsidise the electric power farmers use for pumping water to irrigate their crops. This is the main cause of over-exploitation of groundwater, resulting in a rapid decline in groundwater levels, especially in drought-prone, hard rock areas. This forms an immediate threat to the sustainability of drinking water sources. Ongoing power sector reforms have resulted in the gradual reduction of subsidies for power in many states.

The use of subsidies to make toilets more affordable to poor households is a risky strategy for several reasons:

- It is difficult to focus these subsidies on the poor. The list of households below the poverty line is known to be inadequate as it includes some households which are relatively well-off and does not include some of the poorest families.
- The subsidy may conceal or distort demand, rather than stimulate it. As a result, the ownership, use and upkeep of toilets may be compromised.
- The approach may not be affordable when it is scaled up.
- It may undermine private sector participation in the emerging sanitation market.

More should be done to stimulate genuine demand through understanding and stimulating the determinants of demand. This could include the development of financial options as well as a range of attractive and affordable designs. Demand for the adoption of hygiene practices other than the use of toilets should be stimulated in the same way.

The potential for private sector involvement should not be overlooked. In Bihar, a highly poverty stricken state, for example, the private sector, over the last decade, has produced 50 times the number of toilets produced by government subsidised rural sanitation programme.

The CE programme

At less than one per cent, UNICEF's financial contribution to the sector is small compared to government investments, whereas its influence at both state and national level would seem rather more significant. As already mentioned, the CE programme has the potential to influence the use of the government investments even more than it has done in the past.

The CE programme's support can be classified as hardware (material assistance) and software (capacity building, technical support, development of approaches, etc).

Annex H

Overall, the hardware component of the support provided has been declining since 1999. In most states, software now accounts for between 75 and 95 per cent of total expenditure. In one respect this presents a problem: the quality and impact of software is more difficult to monitor than hardware.

Whilst the programme has invested in demand creation and the reinforcement of the supply side (for example, supporting the establishment of RURAL SANITARY MARTs), in overall terms, demand creation has received priority. The emphasis on demand creation will increase in the new project, reflecting the focus on the use and sustainability of improved services (rather than extending coverage). From the point of view of economic effectiveness, the move to invest more resources on demand enhancing software is welcome.

CE programme allocations for the last project cycle are analysed in Table H-2 and H-3, covering the use of Sida and DFID funds respectively. Comparisons are difficult because of the different charge areas used in ProMS. In overall terms, 40 per cent of the total budget was spent on environmental sanitation and 22 per cent on water supply. The low expenditure on development of human resources and social mobilisation may be significant. While this may indicate that this area received less than required investments, further analysis would be needed for any firm conclusion as costs are not always charged to the appropriate budget heads. At the same time, MIS and project support were under-budgeted.

Table H-2: UNICEF-GOI-Sida Funded RWSS Project (1 May 1998 - 30 April 2003)

Cost Area	Project Allocation (US\$)	Budget Utilisation (US\$)
Water systems	860,000 (15%)	166% (25% total allocation)
Environmental sanitation	1,680,00 (30%)	126% (37% total allocation)
HRD and social mobilisation	1,680,000 (30%)	14% (4% total allocation)
MIS/project support (incl. staff support)	580,000 (10%)	164% (16% total allocation)
National activities (incl. staff support)	970,512 (17%)	73% (12% total allocation)
Grand Total	5,770,512	94% of total allocation

Table H-3: UNICEF-GOI DFID-Funded Project (1 January 1999 – 30 April 2003)

Cost Area	Project Allocation (US\$)	Budget Utilisation (US\$)
Environmental sanitation	13,694,00 (55%)	80% (44% total allocation)
Water systems	5,530,00 (22%)	92% (20% total allocation)
Urban	1,650,000 (6%)	8% (0.5% total allocation)
MIS & Surveillance	755,000 (3%)	231% (7% total allocation)
Support staff	3,450,000	93% (13% total allocation)

Annex H

	(14%)	
Grand Total	25,079,00	85% of total allocation

Rate of Return

Establishing an economic justification for water supply and sanitation programmes is fraught with difficulty. While the time savings associated with an improved water source can be measured and valued, it is more difficult to quantify the social and health impacts of drinking safe water, using a toilet, or adopting other key hygiene practices. Yet it is precisely these aspects that the new project is focusing on.

For example, a reduction in incidence of diarrhoeal disease could be attributed to the increased use of toilets. But it could also be attributed to improved personal hygiene practices, or an improvement in water quality. In any case, measuring the incidence or prevalence of diarrhoea is notoriously difficult. It is difficult to define what a case is, and a majority of cases are not reported to health authorities.

There are problems of non-linearities as well. For example, it is generally believed that a critical mass of a local population has to use toilets in order to get a measurable health impact. Other impacts, related to wellbeing rather than health (convenience, privacy, security, status, etc) are felt immediately, but are difficult to quantify. It is difficult to build these factors into an econometric model.

During the course of the project, a number of special studies will be established to answer some of these questions, including an investigation of the health impact as a function of toilet use.

In global terms, there is documented evidence that the types of activities supported by the CE programme are more cost effective for the control of diarrhoea among young children than the use of oral rehydration salts. It should be noted that the goal of the project goal is not limited to diarrhoea, but has other health benefits as well, and also addresses the well-being of children and their education.

No specific studies have been carried out on the economic rate of return for comparable water supply and sanitation programmes in India, if indeed there are any at all. The rate of return for the proposed project is likely to be comparable with the rates of return established for similar national programmes in South/South East Asia, including Pakistan (14.3 per cent) and Nepal (14.7 per cent). However, in many ways it makes more sense to look at specific elements of the project and at the ability of the project to impact on the use of government funds for the rural water and sanitation programmes. In the medium- to long-term, this approach could result in far higher rates of return.

Implications for New Project

The new project has been designed to take into account the issues described and specific points made. As already mentioned, the overall emphasis will be on hygiene and sanitation (both in the domestic and school environment) and domestic water quality, with more priority given to demand creation than supply.

While the programme should focus on these aspects, the opportunity should be used to improve the understanding of the impact and cost effectiveness of its key inputs. The results could be used to fine tune the programme and to inform advocacy aimed at senior policymakers and planners at national and state level. The following areas would be studied:

- The relationship between sanitation coverage and health impact, focusing on communities in West Bengal where relatively high coverage has been achieved.
- The impact that investments in school sanitation and hygiene education have on enrolment and retention, especially of girls.

Annex H

- The impact of school sanitation and hygiene on hygiene practices in the surrounding communities.
- The relative cost effectiveness of different approaches to demand generation.
- The performance and potential of the private sector to supply sanitation hardware to rural households.
- The impact of subsidies and other incentives on toilet use and on suppliers of sanitary hardware.

Annex I

Annex I: HR Appraisal

Overview

Changing Sector Scenario and GoI–UNICEF Partnership

The rural water and sanitation sector in India has witnessed changes in focus and strategy over the last three decades, reaching a watershed in 1999 with the initiation of a major reform initiative. The International Water and Sanitation Decade (1981-90) was a major milestone that compelled the central government to recognise the huge gaps in access to safe drinking water and household sanitation. Since then, there has been a gradual shift in focus; firstly, to include sanitation as an essential component of improved domestic water supply, followed by a change from a supply-driven to a demand-responsive approach, from agency management to community management, from an emphasis on technology to community processes, from high subsidies to low subsidies and, at least in intent, from the provision of protected water supply to water resources management.

UNICEF-GoI cooperation in the sector, dating back to the late sixties, has been a catalyst in these fundamental changes in programme strategy. In the sixties and seventies, hard rock drilling, handpump development and standardisation and associated technologies formed the core of the UNICEF-government partnership. The early nineties saw a shift towards integration, with district pilot projects linking the control of diarrhoeal diseases with water supply and sanitation improvements. This represented a progression in sector strategy as it encompassed for the first time a public health objective: to reduce the incidence of diarrhoeal diseases - a result of contaminated drinking water and poor sanitation and hygiene practices.

The core of the ongoing sector reform process is to place decision-making and resources in the hands of local government and to adopt a demand-responsive approach that enables communities to make choices around options that they can maintain with their own resources. These changes require a paradigm shift entailing programme planning and implementation focusing on community processes, communication for behaviour change, and social inclusion. UNICEF's human resource capacities have to be geared to meet these needs in the new programme cycle.

Lessons Learnt

The changing nature of UNICEF-government collaboration in the sector called for corresponding changes in the structure and profile of UNICEF's human resources. During the late eighties and the early nineties, UNICEF gradually replaced the master drillers and handpump development specialists with professionals with a broader range of water supply and sanitation skills. Engineering continued to be the dominant qualification, which matched the focus of the State Water Supply Agencies. This core competency was highly regarded for its ability to support the government to rapidly increase coverage of protected water supplies.

In 1999, UNICEF reviewed its 30 years of partnership in the water and sanitation sector. UNICEF also carried out an assessment of the HRD needs of the WES team. Based on the findings and recommendations, UNICEF started to improve the human resources environment to systematically address both immediate and long-term constraints. UNICEF prepared new job descriptions reflecting the 1999-2003 programme requirements, introduced a comprehensive staff orientation programme, designed more rigorous selection processes to improve the quality of newly appointed staff, completed recruitment of six social scientist posts, reduced the

Annex I

gender imbalance in the WES team, defined WES competencies, conducted a training needs assessment for community management, and delivered targeted training programmes in community processes for the WES team.

In 2002-2003 the WES capacity-building project focussed its efforts in organising training programmes in the area of community management and processes, gender and monitoring and evaluation. In April 2003, individual learning plans were designed for the WES teams with the active participation of each staff to enable them fulfil individual learning needs, which meet specific state programme objectives. The various WES training events and review meetings offered opportunities to the team to discuss programme issues and improve their capacity. Since April 2003, the direction of the capacity-building project has evolved to address the organisational development issues, which were identified by the WES review in 1999.

Current Staffing Structure

State and National scenario

The 14 states included under the project are managed by 10 UNICEF State Offices, which fall into four basic categories:

- Offices managing one priority state;
- Offices managing one less-priority state;
- Offices managing one priority and one less-priority state;
- Offices managing two less-priority states.

The WES staffing structure of each State Office broadly reflects this configuration, both in terms of numbers and levels and mix of skills. It is also influenced by other factors, such as governance, whether the state is prone to natural calamities, etc. With the exception of Mumbai and Gandhinagar, each State Office has two posts. The office in Chennai does not have a professional staff post - a temporary fixed-term (TFT) staff member supports the programme.

The WES country team managing the CE programme has currently 29 professional posts of which six posts are TFT appointments. IPOs account for six of the 29 professional posts. The remaining 23 posts are for NPOs. The section in Delhi has four support staff and in the 10 State Offices, the WES POs share support staff with POs from other sectoral programmes. The fact that the CE programme has six professional who are recruited on TFT appointments confirms to some extent that the current staffing structure might not be adequate, qualitatively and quantitatively, to implement the new CE programme strategy. The section also receives professional support from one Programme Communication Officer, who is responsible for the development of the communication strategy for the programme, located in the Programme Communication Section in New Delhi. Her support extends to the State Offices on a demand basis. Although much has improved in recent years, there is still a gender imbalance in the WES professional team with two-third being male.

Functioning of Teams

The role of WES staff needs to develop as the new project moves forward. The competencies required are likely to move towards the capacity to play greater roles in advocacy, in pushing state reforms and in the integration of hygiene education, gender etc., and have somewhat less focus on technical skills.

Annex I

State Teams

The responsibilities of the UNICEF state teams are primarily to manage the planned project interventions, including community participation, institutional development and capacity building at various levels and networking with NGOs and other partners. While UNICEF is not directly involved in implementation, it has provided both technical and managerial expertise and extenders in the project focus districts. Technical and managerial experts are provided to assist the district administrations in social mobilisation, communication for behaviour change and overall coordination. Extenders are responsible for facilitating UNICEF inputs and for monitoring field activities. UNICEF encourages contract appointments of these professionals by the district authorities (in consultation with UNICEF) and that they report to the CEO, District Collector or Project Officer (DRDA). UNICEF and government recognise that these temporary inputs should not be allowed to take a predominant role in project implementation.

At community level, NGO workers and frontline functionaries of relevant government departments are the focal points through which project inputs reach the communities.

National (New Delhi) WES Section

While the state WES teams are managed by the respective UNICEF State Representatives, the WES section in New Delhi provides planning, co-ordination, technical and monitoring support. Besides, a key role of the New Delhi team is to maintain relationships with the nodal ministries and agencies at the national level and to inform policies drawn from field activities. The WES section is also a member of the UN Inter-agency Working Group on Water, Environment and Sanitation. The section actively engages in dialogue with national NGOs, professional institutions, and other UN partners with the aim of stimulating policy debates and optimising intellectual input towards sector policy development. Notably, at present the accountability of the state WES teams to the WES section in Delhi is limited.

UNICEF outsources a large number of activities like training, documentation, studies and surveys. The WES teams manage these contracted service providers in terms of substance, technical quality and timely delivery of outputs. Where such services result in reports, their content is disseminated both for advocacy as well as to inform sector policy.

Convergence within UNICEF

Until recently, the UNICEF WES teams in New Delhi and the State Offices worked largely independent of the other sections (Health, CDN and Education). However, with the new programme focus on the under-threes, efforts are being made to work together more closely. In 2003, UNICEF created a new Programme Communication section, with the primary task of helping sectoral programmes develop communication strategies that result in improvements in the care of very young children. The APO for communication and social mobilisation in the WES section in New Delhi was redeployed to the Programme Communication section, where she ensures that the hygiene and sanitation content of the communication strategies for the under-threes are correctly and consistently incorporated.

The WES External Environment

At the national level, the RGNDWM is UNICEF's key partner in the rural water supply and sanitation sector. DDWS is headed by a Secretary to the GoI, who reports to the Minister of Rural Development. In late 2001, the rural sanitation programme was brought back to the RGNDWM, which allows for better integration of rural water and sanitation programme planning. The core management structure of the Mission

Annex I

consists of the Joint Secretary-cum-Mission Director and his team of three Directors (Swajaldhara, Total Sanitation Campaign and Technology Mission). The RGNDWM manages an annual budget of about US\$ 500 million for rural water supply and about US\$ 35 million for rural sanitation. The Mission has a number of advisors who provide technical support to this core group of administrators drawn from the Indian Administrative Services. Generally, the Mission is over-stretched with inadequate staff resources to provide support to the implementation agencies in the states.

All states have a State Water Supply Agency to manage the rural water supply programme. This agency, usually headed by a Chief Engineer or Engineer-in-Chief, has a hierarchy down to the block level consisting of various levels of engineering staff. At the lowest level is a maintenance functionary such as the block mechanic who is the most visible face of the State Water Supply Agency at the community level. During the nineties, most State Water Supply Agencies set up HRD, information, education and communication and/or Sanitation Cells, encouraged by the central government which provided funding for these cells. The degree of success of these cells varied: few became very successful, while others functioned only on a very limited scale.

The rural sanitation programme of the states is located in the State Water Supply Agency in some states, while in others it is managed by the Panchayati Raj and/or Rural Development Department. The latter is the case in states where decentralisation to PRIs has made more progress.

In recent years, interactions between the State Water Supply Agencies, the Panchayati Raj and Rural Development Departments and other relevant departments (Health, Education, and DWCD) have increased and joint reviews are gradually being institutionalised. Encouraged by Gol and UNICEF, the state and district administrations increasingly involve a range of NGOs, CBOs, civil society organisations and training and support institutions in the sector. However, there are wide variations in presence, quality and performance of these institutions across states. Most NGOs and support organisations have experience in the broader areas of community development and mobilisation with limited or no previous exposure to the rural water and environmental sanitation sector. Private sector partners, mainly in the form of contractors for various physical works, are also critical.

Emerging Issues and Proposed Action

The new programme cycle coincides with ongoing changes in both the rural water and sanitation sector and also improvements in the human resource environment for the UNICEF WES team. The CE programme will need to build on these opportunities to enhance the likelihood of achieving project purpose. The successful implementation of the UNICEF/DFID/Sida-funded CE programme for 2004-2008 requires, in addition to funding, robust systems, human resources, an appropriate skills mix and effective institutional capacities. The following section discusses some of the issues and proposed UNICEF action to address these:

Issue: The current staffing structure might not be adequate, both qualitatively and quantitatively, to implement the new CE programme.

In light of the new project there is a need to continuously adapt the staffing structure to support programme implementation effectively. The WES and HR sections have to initiate staff profiling to determine what measures are needed to bridge the competencies gap by means of staff development and recruitment. If the New Delhi team is expected to provide support services to the State Offices, its current staffing level needs to be strengthened. In addition there is a need for a full-time specialist to manage the implementation of the capacity-building project.

Annex I

The WES section, with the support of the HR section is responsible for the overall human resources planning for the CE programme, by forecasting the human resources need of the programme and planning the steps necessary to meet these needs. The human resources needed for the programme should derive from a comprehensive analysis of the skills needed to implement the CE programme.

Issue: The structure and role of the WES section in New Delhi is not defined to provide optimum support to the programme

The WES section needs to review its operating structure, i.e., including roles, responsibility and authority as well as the co-ordination with the State Offices. The role of the WES section needs to be reviewed to ensure that it can provide high-quality services to the state offices and to support effective monitoring and implementation in the field. The WES section has to define its core human resources required to support the implementation of the new programme. The section has to be restructured to reflect the three major components of the new CE programme: home hygiene and sanitation, school sanitation and water resources management.

Issue: The functional relationship between the State Offices and the New Delhi WES section is not organised appropriately for most efficient programme management.

Presently the major interaction between the State Office WES teams and the WES section in New Delhi is limited to the process of developing the annual plans, periodic monitoring and review, end-of-year reporting, training and participation in major events. The state CE projects work within a logframe and staff has progressively begun to adopt the practice of reporting progress against the outputs of the project logframe. The WES section provides thematic but intermittent inputs to the state WES teams. Often what is provided differs from what the state teams require. As a result, the inputs are often only reluctantly welcomed and fall short of the desired results. While the state WES teams function largely independently under the overall supervision of the State Representatives (who are not sector professionals and, therefore, unable to provide technical supervision or support), the WES section in New Delhi has only a limited role in ensuring effective management of the state projects.

In the new project, the field teams will need to be managed by the State Representatives and the WES Chief in such a way that there is an overall strategic staffing plan which will provide each state with the right staff input, agreeing upon which core skills must be present in a State Office and which could be more effectively provided from a hub, another State Office or from Delhi. The Chief of the WES section in New Delhi will be involved in the setting of key assignments for each of the professional staff in the state WES teams. Each PO of the WES section will be responsible to lead one of the three project components. (S)he will also be the point of contact for a cluster of states. The state WES teams will be accountable to the State Representative for achieving the overall state objectives and to the WES Section Chief for achieving the larger sectoral objectives.

Issue: There is an apparent limited use of UNICEF's Performance Appraisal System. This limits the effective use of performance analysis and conclusions regarding the need for improvements in staff performance. It also does not allow for enhancing the effectiveness and efficiency of project management through necessary corrective measures and interventions.

The existing performance management system has the Chief of the WES section as the second reporting officer for the (A)POs for WES in the field. However, his involvement in defining the objectives at the beginning of the year depends on more on personal relationships with the State Representatives than procedural

Annex I

requirements. At the beginning of the reporting period, key assignments for each (A)PO for WES should be defined jointly by the State Representatives and the Section Chief. The Section Chief should also be involved in performance management during the year and facilitate staff development.

Issue: Many of the POs(WES have been serving at the same duty station and the same post for many years. Although this does have the advantages of continuity, it also can lead to complacency and a lack of drive. It also prevents the placing of specific experts in the areas where they are required. The combined impact would limit project effectiveness.

UNICEF will ensure the timely rotation of national and international staff for the benefit of the programme and this will be linked to the review of performance. In view of the magnitude of the CE programme, it is both in the best interest of the programme and the NPOs to serve in different State Offices. Rotating the (A)POs for WES who have been in the same duty station for many years will increase their efficiency and contribute to career development and enrichment. It can also energise the WES team, in support of the new CE programme.

Issue: The CE programme has three international posts in the State Offices. The IPOs bring international experience and knowledge of other countries, which could add value to the programme. However, this advantage reduces as IPOs spend more than three to four years in the same duty station. The lack of local language skills is a disadvantage as increasingly government business is conducted in the official language of the state.

IPOs need intensive language training programmes before being posted in the State Office to be able to follow-up discussions with counter-parts. The need for IPO posts at the State Offices should be carefully analysed and, if needed, these should be relocated to a central location (hub) where their knowledge and expertise could be used for more than one office. The CE programme should introduce hubs in selected State Offices to provide specialised technical support across a number of State Offices, using highly experienced international and local consultants.

Issue: Time-consuming administrative procedures continue to reduce the full utilisation of professional capacities and strengths of the UNICEF WES teams. The WES professionals in the State Offices in particular spend a disproportionate amount of time on routine project administration, in spite of the support of administrative staff.

The project and the ongoing HRD efforts will analyse both the time management of WES professionals as well as the nature of project administration to arrive at a more rational arrangement, which will allow professionals to spend more time on professional project matters.

Issue: The UNICEF State Offices have different interpretations regarding the role of extenders. There are discrepancies between the expected role of extenders and their competencies. The use of long-term consultants has increased substantially, but State Offices do not follow similar practices.

The programme will adopt more stringent criteria for the use as well as the selection of extenders, revisit their job profile and job description and ensure effective monitoring of their performance. To ensure that UNICEF does not involve itself too directly in project implementation, the policy of contracting extenders by government will be strictly applied.

Similarly, the purpose and use of long-term consultants in specific thematic or programme areas also needs to be rationalised. The project will explore the

Annex I

possibility of creating a group of consultants to cater to specific needs of several states. Such expertise will be based in the State Offices.

Issue: Operational convergence between programmes is relatively more visible in the State Offices; however, capacities and an overall strategy are lacking.

There is a need to develop clear guidelines for operational convergence between programmes within UNICEF. In the new programme cycle, UNICEF New Delhi will manage this, under the leadership of the Deputy Director (Programmes).

Issue: Over the years UNICEF has scored a number of successes in the sector³⁸. However, these need to be consolidated to make a visible impact on the reforms process. Skill groups are needed in UNICEF to communicate lessons learnt without reinventing the wheel.

In the new programme cycle, knowledge management will become a critical area and inter-office sharing will become an integral part of project management. Knowledge management will include coaching of WES staff, identification of best practices, sharing information, education and communication, gender, and community approaches, international experiences from World Bank and UNICEF's offices, etc. The sector may link up with research institutions in India and other organisations involved in the water sector to enhance the section's ability in the areas of policy development. This kind of arrangement would enhance the team's capacity to participate effectively in sector reforms. It will also build networks with different institutions, both within the UN and outside, to strengthen the overall WES team's capacity to provide better support and services to the WES team in State Offices. The sector requires sufficient expertise and capacity to develop knowledge management rather than just adding these tasks to the existing workload of the team.

Besides, the WES team network needs to be used to tackle difficult issues, which the programme might face during implementation by bringing the best minds together to collectively tackle such problems, which give staff the opportunity to apply his/her expertise and perspective.

Issue: The WES team needs to acquire a new set of competencies to upgrade its performance on a continuous basis to meet the changing need of the programme. UNICEF has invested in its WES staff to build capabilities that are the anchor for a strong interdisciplinary multi-faceted team, capable of managing and providing technical inputs for the programme. However, there is scope for improvements in several areas.

The strategic strength of the WES team needs to be reviewed with considerations for reconfiguring to match needs. Some principles:

- A strong WES section in New Delhi to provide overall programme management, guide and support State Offices in project implementation and effectively support the RGNDWM; UNICEF will attend to succession planning in view of staff movements and retirements that will happen during the project period;
- Leadership and augmentation of capacity in SSHE and in communication for hygiene behaviour development;
- Partnership building as a central theme to be pursued at all levels;
- Advocacy strategies to be made operational;

³⁸ Strategy of low subsidy for the BPL families only; RSMs to improve outreach of sanitary hardware; range of design and price options for home toilets; NGO partnership for hygiene communication; priority for school sanitation; inclusion of anganwadi sanitation; convergence as an approach of choice.

Annex I

- Clarification of UNICEF's position on poverty, gender, water quality, water resource management, urban WatSan, communication for hygiene behaviour etc.;
- Capacity for monitoring and evaluation as a non-negotiable competence.

The DFID capacity building project has introduced an individual coaching programme to deal with systematic issues. This will reinforce ongoing technical training undertaken in groups. In addition to bringing in external professionals, the WES section in New Delhi will provide on-the-job training through coaching to build overall WES team capacity.

Government and Other Partners

Long-standing target-driven approaches continue to dominate the State Water Supply Agencies. In most states and many districts selected to pilot the sector reforms approaches, gaps in capacities to plan and implement a community-based demand-responsive programme are abundantly evident. Enhancement of capacities through additional human resource support and capacity building of existing staff is an integral part of the project.

There will be closer integration with the government-led sector reforms in sanitation, hygiene and drinking water. UNICEF's role will be to facilitate the transition to effective decentralised management. UNICEF's own experience in community capacity building, micro planning and working with NGOs will be a critical input in designing this transition with changed roles and responsibilities of the traditional water and sanitation nodal agencies in government. Devolving authority to PRIs and creating an enabling environment through NGO and CBO partnerships has not been easy. Supporting institutions to devolve authority to PRIs and creating an enabling environment for them to function effectively within a local regulatory framework, while maintaining the oversight function, is an area that will demand UNICEF attention. Hence, the CE programme will be strategically built around developing the institutional capacities and strengthening the operationalisation of Swajaldhara and TSC with increasing emphasis on equity and sustainability.

Addressing the root causes of poverty, deprivation, social and gender discrimination is critical for assuring child rights. It is also important to recognise that the primary responsibility for the protection, upbringing and development of children rests with the family. The CE programme human resource strategy, therefore, rests on this fundamental principle that leadership and core competence within UNICEF and partners must display commensurate commitment, passion and competence to demonstrate transformation at family and societal levels as a component of sustainable development.

Annex J

Annex J: Summary HRD Plan

1. Rationale

1.1 Context

The 2004- 2008 CE programme presents opportunities for the piloting of a renewed organisation development (OD) process within the WES section. The process started in 1999, with the evaluation of 30 years of UNICEF-Gol cooperation in the WatSan sector. Following the recommendations of the evaluation, a separate review of HRD environment of the CE programme was undertaken the same year. Thereafter, HR issues have remained in the forefront of all subsequent reviews of the 1999-2003 programme, as well as the appraisal undertaken for the new 2004-2008 programme.

Since 1999, UNICEF India has made efforts to create a more enabling HRD environment and address underlying OD issues. This outline plan is a result of these efforts. A full plan will be developed during the inception phase of the project.

Findings of the 1999 HR study

The 1999 WES HRD environment study focused on staffing structures and professional and personal development. The study report stated that while the WES team comprised of skilled and committed professionals who identified with UNICEF's mission for children, there were some critical gaps in the internal HR environment. These related to:

- Overly ambitious targets given the limited programme period;
- Insufficient match between staff profiles, job descriptions and programme activities;
- Inadequate reflection on new activities and hence, outdated job descriptions and the use of a staff profile that was not aligned with programme direction;
- Less than adequate performance appraisal and HR systems; and
- Use of cumbersome and staff intensive administrative processes.

The report concluded that UNICEF needed to take appropriate action to create an enabling HRD environment and address these systems-related issues.

Summary of the HR appraisal

The appraisal undertaken in 2003 during the development of this proposal recognised the efforts made by UNICEF to address some of these issues. It also emphasised that more was needed to ensure the establishment of robust systems and a proactive management structure in response to the changing programme needs. The key issues that emerged from the appraisal include:

- Existing staffing patterns and strengths should be restructured to respond better to the needs of the new programme;
- The structure and role of the WES section in New Delhi needs to be re-defined together with reorganising the functional relationship between the

Annex J

State Offices and the WES section, for most efficient programme management;

- The scope of UNICEF's use of the Performance Appraisal System needs to be improved to enable the effective use of performance indicators to enhance the effectiveness and efficiency of programme management;
- There is a need to rotate (A)POs of WES serving for many years in the same duty station to increase efficiency.
- Time-consuming administrative procedures continue to reduce the full utilisation of professional capacities and strengths of the UNICEF WES teams. The WES professionals in the State Offices in particular spend a disproportionate amount of time on routine project administration.
- Operational convergence between UNICEF programmes is more visible in the State Offices; however, capacities and an overall strategy still need to be developed.
- UNICEF has yet to evolve adequately as a learning institution. Over the years UNICEF has scored a number of successes in the sector. However, these need to be consolidated to make a visible impact on the reforms process.
- The WES team needs to acquire a new set of competencies to upgrade their performance on a continuous basis, to meet the changing needs of the CE programme.

1.2 Summary of SWOT Analysis

Following the 2003 appraisal, a SWOT analysis of the CE HR profile was undertaken to help identify the opportunities and strengths of the human resources of the CE programme, as well as its weaknesses. This was done in the context of the new programme. The results of this exercise are summarised below.

The **strengths** within the WES team relate to the long and committed field experience, and include applied engineering as well as social science skills. The section has in-depth knowledge of government machinery and the key stakeholders (individuals and organisations) involved in each of the 14 states and in New Delhi, and a detailed knowledge of the structures and dynamics of project implementation at district level. Other strength areas relate to the experience of working with different partners, including NGOs, PRIs, government staff and increasingly the private sector, across 14 major states.

Weaknesses are inherent in the existing management set up and related HR systems. Problem areas include: uncertainty about UNICEF's role in the sector reforms initiative; staff capacity in critical areas (relating to the ability to internalise and communicate concepts, design and maintain systems, analyse and document lessons learnt, etc); inadequate systems for the technical management of field staff, limited investment in (and time for) staff capacity building; lack of an effective staff rotation strategy. It should be noted that UNICEF does not have a global rotation policy for national staff.

The new programme presents UNICEF with a number of significant opportunities relating to HR and organisation development. These not only relate to the WES

Annex J

section, but also to the organisation as a whole. Some of the potentially more strategic opportunities are:

- To develop a more strategic role for the CE programme, thus improving the use of limited financial resources;
- To design and implement an organisation development plan for the India Country Office (ICO) to ensure effective support to the new CE programme. This provides a model for programme management for ICO and other UNICEF country offices;
- To improve communication, coordination and knowledge management throughout UNICEF India;
- To design and implement an effective capacity development programme that combines the individual staff need and new programme challenges.

The key **threats** to the programme are those which would be a natural consequence of ignoring the recognised weaknesses and failing to build on opportunities. These include:

- Failure to design and implement an appropriate capacity building programme in response to staff capacities and changing programme requirements;
- Failure to develop and implement clearer performance objectives and indicators;
- Failure to revise the current role of the WES section in relation to the field teams;
- Failure to revise the current arrangement of sections working in isolation rather than together.

Moreover, the effectiveness of the programme will be restricted if the WES team does not internalise the changing direction and context which the new programme is to operate.

1.3 HR Progress achieved 1999-2003

In response to these developments UNICEF began to improve the human resources environment to systematically address both immediate and long-term constraints. Some of the major milestones achieved since 1999 include:

- Preparation of new job descriptions reflecting the programme requirements for 1999-2003;
- Introduction of a comprehensive staff orientation programme;
- Designing a rigorous selection processes to improve the quality of newly appointed staff;
- Completion of recruitment of the six social scientist posts;
- Reduction in the gender imbalance in the WES team;
- Training needs assessment, focusing on community processes;
- Training programmes, focusing on community processes, social marketing and gender;
- Introduction of staff rotation for National Professional Officers; and

Annex J

- Preparation of individual learning plans for each WES PO in line with an individual needs assessment and programme objectives.

2. HR Plan

The remainder of this Annex is a summary of what is proposed under the HR plan. Details will be finalised through consultation during the inception phase of the project.

The changes envisaged under the HR plan go beyond the WES section in New Delhi and the WES team as a whole. They also address broader organisation development issues intended to strengthen the management structure and systems of ICO and the CE programme.

2.1 Purpose and Objectives

The purpose of the 2004-2008 HR plan is to ensure the availability of an appropriate staffing structure and skilled human resources, backed up by efficient management systems, to enable the CE programme achieve its purpose.

As part of the plan, specific objectives, milestones and indicators will therefore be agreed relating to ICO, the WES section and the WES team as a whole.

2.2 Planned Activities

HR activities are categorised as management or technical and apply to ICO, the WES section, and the WES team deployed in 10 State Offices. Key activities are summarised in the following table. An indicative budget is also provided – a more detailed budget would be presented in the detailed HR plan.

Focus	Generic Activities	Indicative budget (US\$) 2004-2008
UNICEF ICO/CMT	1. Finalise the development and endorsement of a full HR plan for WES in the context of change management – Country Management Team (CMT) retreat	Five-year indicative budget for ICO/CMT level activities: 40,000
	2. Specific training and coaching provided to CMT members, initially focusing on strategic positioning, change management, and performance management systems	
	3. Establish CMT coaching panel to facilitate the above process	
	4. Standardise performance management indicators and agree related roles and responsibilities for performance management	
WES Section (New Delhi)	5. Working with Front Office and the HR section, develop the HR plan for discussion and approval	Five-year indicative budget for WES Section related activities:
	6. Reconfigure the WES section in Delhi for new role (improving both management and technical support to the WES teams in the field)	

Annex J

Focus	Generic Activities	Indicative budget (US\$) 2004-2008
	7. Specific coaching for the new WES Section Chief, focusing on change management processes and new managerial responsibilities	60,000
	8. Strengthen staffing of WES section – with recruitment, induction and placement of senior technical specialists (Temporary Fixed Term or consultant, international or national), and placement in New Delhi or in regional hubs, each supporting a number of States Offices	
	9. Finalise revised job descriptions and staff profiling	
	10. Provide specific training / capacity building for the WES section to fill critical gaps (technical and management related)	
	11. Develop and introduce systems to reduce time consuming administrative bureaucracy and improve work-load distribution and time management	
WES Team (State Offices)	12. Reach agreement on core and specialist skill set needed by each State Office, and mode of delivery, based on revised proposals for CEP 2004-2008	
	13. Complete the rotation of NPOs, linked to performance appraisals and project needs	
	14. Complete individual learning plans for each WES PO (learning days being ring-fenced to support their implementation)	
	15. Introduce technical coaching. A technical coaching panel will be set up and related partners will be developed	
WES Team (State Offices)	16. Design and implement capacity building programme primarily for the WES team (but also including other project officers, depending on programme needs) focusing on improved knowledge management (social inclusion / rights-based approaches; advocacy and influencing skills; understanding sectoral change and underlying concepts; documentation and communication; systems design and implementation including quality monitoring; hygiene promotion)	Indicative budget for WES team (+) related activities: 900,000
	17. Develop and introduce systems to reduce time consuming administrative bureaucracy and improve work-load distribution and time management	
General	18. Identify, develop and implement specific measures to improve knowledge management within UNICEF India and more widely with a range of partner agencies/organisations	Indicative budget for general activities: 50,000
	19. Use a WES regional workshop (planned for India) as a forum to focus on HR capacity development and related lessons learnt	
	20. Design team learning event to break down barriers between sections – one per year starting in 2005	

Annex J

Focus	Generic Activities	Indicative budget (US\$) 2004-2008
Technical Assistance Project (TAP) (i.e. additional HRS staff resources)	To implement above activities: 1 x IPO (L-4/L-5 International) 1 x GS 4 (Administrative Support)	Indicative five-year budget for TAP: 725,000
Grand Total		US\$ 1,775,000

3 . Management Arrangements

The HR plan will be managed by the Chief, Human Resource section, in close collaboration with the WES Section Chief, and the Deputy Director, Programmes.

The experience of the 2000-2003 capacity building programme has clearly shown the need for a full-time HR project manager to ensure the timely implementation of planned activities. The project will therefore fund a full-time project manager in the HR section, supported by OD consultancy and administrative capacity. The HR manager will also support the WES team with OD interventions to build the capacity of external partners.

In addition an Advisory Group for the WES Capacity Building will be constituted to ensure that the plan and its implementation is supported and to champion the changes anticipated in the programme. The group will comprise the Country Representative, the two Deputy Directors, Chiefs of WES, HR, CDN, RCH, Programme Communication and two or three State Representatives. The plan will be regularly reviewed and modified to respond to actual needs, on the basis of project reviews and performance reviews of team members.

3.1 Phasing

The HR plan will be designed to be implemented in a number of well-defined phases. These will be detailed in the full HR plan, finalised during project inception. Annual workplans will also be developed. This allows some flexibility in defining which activities are to happen and where – vital considering the changing needs of the rural water and sanitation sector in India. Progress will be linked to achievement of specific outputs and related milestones.

3.2 Inputs Required

The total budget for the HR plan, including staff support to the HR section to manage and implement it, is US\$ 1,775,000. This is about 2.7 per cent of the total WES budget for 2004-2008, and 12 per cent of the TAP budget. This budget is indicative; the precise costs will depend on the rate of implementation of the various activities. In terms of the time required to implement the plan, an average of 10-15 days will be required of Project Officer per year.

Annex J

4. Risks

Just as the CE programme is associated with a degree of risk, so is the HR project designed to support it. The principal risks will be assessed and graded in the full plan to be developed during the project inception period. Risks are associated with four particular factors:

- Less than full commitment of UNICEF India's senior management for the OD components of the HR plan may delay its implementation;
- Limited willingness of UNICEF WES POs to undertake aspects of HR plan such as rotation;
- Time requirements vis-à-vis other priorities;
- Availability of suitably qualified consultants/facilitators to support capacity development.

These risks, and mitigation strategies, will be developed and graded in the full HR plan.