

IMPACT ASSESSMENT STUDY IN PITAMPURA

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By

Yash Patle

Under the Supervision and Guidance of

Dr D.K. Mangal

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Sincerely,

Mr. Yash Patle

SIGMA RESEARCH AND CONSULTING PVT LTD

CERTIFICATE

Sigma

This is to certify that Mr/ Ms YASH PATLE was
associated with us as a Research Trainee during APRIL 24 - JUNE 23, 2022
_____. During this period, he/she was involved in Research, Field and Data Processing activities and
got exposed to aspects of social and market research.

During this period, we found him/her to be sincere, good and energetic at learning research
and related aspects. We wish him/her all the best in his/her future endeavour.




Dr. U V Somayajulu
CEO and Executive Director

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ABBREVIATIONS

ASHA	:	Accredited Social Health Activist
AWW	:	AnganWadi Worker
BCC	:	Behaviour Change Communication
CAPI	:	Computer Aided Personal Interview
FGD	:	Focus Group Discussion
HH	:	House Hold
HO	:	Head Office
KII	:	Key Informant Interviews
MCD	:	Municipal Corporation of Delhi
MHM	:	Menstrual Health Management
MTV	:	Mobile Toilet Van
NGO	:	Non-Governmental Organization
SD	:	Standard Deviation
SHG	:	Self Help Group
SPSS	:	Statistical Package for Social Scientists
TOT	:	Training Of Trainers
WASH	:	Water and Sanitation for Hygiene

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Abstract

The management of solid household waste is an important public health problem in the population of the community and is closely related to daily human life. People in the community can play a crucial role in managing household solid waste. Objectives: This study aimed to assess the knowledge and practice of household waste disposal among people living in Pitampura, Delhi. Methods: A qualitative correlative study design was used. A total of 305 participants were selected using the convenience sampling technique. Data were collected from participants through face-to-face interview through door-to-door survey using a structured questionnaire. Data were analyzed using descriptive statistics, Pearson's correlation, t-test and one-way ANOVA. The general awareness and practice level of household waste disposal was at a moderate level among people in the community. Education in household waste disposal and recyclable waste disposal correlated statistically significantly with household waste disposal of Policymakers can use this baseline data to develop a strategy to raise awareness among people in the community

1 INTRODUCTION

1.1 BACKGROUND

Waste and hygiene are major issues in Delhi and the project aimed to empower women through sensitization on health and hygiene, the concept of waste to wealth and introduce waste based small entrepreneurs like manure making.

The project aimed to mobilize women leaders as self- help group (SHG) leaders and as change agents in the communities to motivate people to adopt the best practices towards hygiene, health and waste management. . Household waste management is a major public health concern for people in communities around the world and is closely linked to everyday human life. Municipal waste management means the collection, transportation, treatment, recycling, disposal, and management of waste. Delhi is one of the most polluted countries in the world due to improper disposal of household waste. Disposal of solid waste at home is a major challenge for people living in the area

1.2 PROJECT OBJECTIVES

The project aims to strengthen SHG through trainings and creation of awareness on waste, health, hygiene, environment and waste based income generation activities

The specific activities of the project are mentioned below:

1. WASH Committee- Formation and strengthening of WASH committees

2. Solid Waste Management- Training women in solid waste management (domestic)
3. Park beautification and tree plantation by WASH Committee/ SHGs.
4. BCC Awareness rising/ Behaviour Change Communication (BCC) on water and sanitation among Basti residents.

1.3 STUDY DETAILS

Sigma conducted the project's baseline in Sept. 2019 in Pitampura covering 300 sample households. There were some project design changes due to covid 19 pandemic.

An attempt was made in this impact report to indicate any comparable changes occurred during the project period of last three years (2019-2022).

Methodology

Present study was conducted using mixed method approach employing quantitative structured interviews and qualitative In-depth Interviews and Focus group discussions.

Target groups and Research Technique

- FGDs among SHG members
- Quantitative survey among Community members (Male and Female)
- In-depth Interviews with ASHA, WASH committee member, Outreach worker, community leader

Sample size /Coverage

- Household survey: 305
- KIIs: 6
- FGDs: 2

Tools

The data was collected in CAPI mode using tablets. Questionnaire and guides were finalized with help of Habitat Team. Qualitative interviews/FGDs were conducted by Field coordinator with the help of supervisor.

1.4 FIELD OPERATIONS

Training Details

The field teams were trained at Sigma HO Delhi during March 2-3, 2022. Overall, 8 interviewers were present during the training. The training was imparted by Sigma's Sr field manager- Mr. Sudhakar Gaur.

Team deployment

Field work was carried out by one team with 1 supervisor and 6 female interviewers during April 12, 2022. Field manager was the overall field coordinator and making efforts to ensure quality data collection including daily briefing for field work review.

De-Briefing

After one day field work, de-briefing was organised at Sigma HO Delhi. Queries from the participants were clarified during this session. Based on the abilities of different interviewers, team was organised and they were communicated about the study location.

Training Session for Supervisors (ToT)

During the training, one participant was selected as supervisor and he was given training on supervision so that he can comfortably take lead in supervising and supporting the field interviewers. Supervisors were briefed about guiding the interviewers, study locations, to approach to the right respondent and to avoid duplication of visiting the same HH by the same interviewer and communication with Field coordinator, etc.

Quality Assurance

Initially, Supervisor accompanied the interviewers and gave feedback. The quality control norms adopted include :

- 30 % of the interviews were checked by Field Supervisor on day to day basis
- 5% of the interviews were checked by Field executive
- Initial days of the interviews verified and giving the feedback then and there itself

1.5 ANALYSIS

Data Management

The data collected was uploaded to the centralized server on daily basis. Team of data managers accessed the data and exported to SPSS for validation and shared in SPSS format. Data was kept under password protected systems and only project staff have accesses to data.

Analysis

Analysis plan was prepared by Sigma team with normal frequency tables and cross-tabs. SPSS was used for data analysis.

1.6 Literature review

The report structure was prepared by Sigma. This report has eight sections as described below.

Section 1 ‘Introduction’ gives background, objectives, study details, field operations, data collection, analysis, etc.

Section 2 ‘Profile’ of the households and target groups gives demographic characteristics of ASHAs, community leaders, WASH committee members, male and female respondents.

Section 3 ‘Sanitation Facility’ gives the results in terms of Use of toilets, Improvement in the toilet facilities and cleanliness of toilets, wet and dry wastes management and drainage system.

Section 4 ‘Drinking Water’ gives the findings relating to improvement of source of drinking water, frequency of water supply, quality of drinking water.

Section 5 ‘Hygiene Practices’ gives the findings in terms of awareness, participation on activities conducted and hand washing practices,

Section 6 ‘Menstrual Hygiene’ gives the results about the importance of menstrual hygiene as sanitary materials used during menstruation and the problems faced by the females during disposal of sanitary napkins.

Section 7 ‘Training Programme and Communication’ gives the results on the SHG participation in training programmes and mode communication used by the Habitat for Humanity India.

Section 8 ‘Conclusions’ gives the summary of overall findings and suggestions.

2 PROFILE

This section gives the demographic profile of households, and respondent groups covered in the study.

2.1 HOUSEHOLD PROFILE

The total number of respondents was 305 with 23% males and 77% females. Most of the respondents belong to the age group of 26 - 59 years (61%), while 31% belong to the age group of 18 - 25 years. The average age of the respondents is 36 years.

Table 2.1: Demographic Profile of HH Survey Respondents (%)

Gender	
Male	22.6
Female	77.4
Age of Respondents- Years	
18 – 25	31.1
26 – 59	60.7
Above 60	8.2
Mean	35.83
Median	34.00
SD	13.49
Total N	305

Table 2.2 gives the profile in terms of religion, social category and marital status. Most of the respondents are Hindus and from Scheduled caste and other backward castes. Most of the respondents are married but a sizeable proportion of the respondents are not married.

Still illiteracy is an issue as one-third of the respondents are illiterates. More than half of the women are home makers (57%) followed by domestic workers (18%) and wage labour (12%).

Table 2.2 : Religion, Marital Status and education of Respondents (%)

	Impact assessment
Religion	
Hindu	95.1
Muslim	4.9
Caste category	
Scheduled Caste	70.2
Scheduled Tribe	2.0
Other Backward Castes	11.8
General	16.1
Marital status	
Married	69.2
Unmarried	22.3
Widow/Separated/Divorced	8.5
Total N	305

Level of Education	Impact assessment
Illiterate	32.5
Literate without formal schooling	1.6
Primary (1-5)	17.4
Middle (6-8)	11.5
Secondary (9-10)	17.4
Higher/Senior Secondary (11-12)	13.8
Graduate (13-15)	5.2
Above Graduation	0.7
Occupational Status	
Housewife/ Home maker	57.4
Domestic worker	18.0
Wage labour	12.5
Petty Business/ Vendor	10.2
Working in factory	4.6
Rickshaw/ Auto driver	3.9
Clerical/Typing/Achar/ papad/Agarbatti making	3.6
Construction	1.3
Business	.3
Other (specify)	9.8
Total N	305

Family Size

Median size of the male and female members indicates that families having more male members than the female members. Average size of the family is 5.

Table Family size (%)

	Male members	Female members	Total Members
1-2	48.3	58.0	5.2
3-5	48.3	38.3	57.4
6-8	2.0	3.0	29.2
More than 9	1.3	.7	8.2
Mean size	2.7	2.6	5.4
Median size	3.0	2.0	5.0
SD	1.67	1.47	2.37
Total	305	305	305

2.2 QUALITATIVE RESPONDENTS

The qualitative component included Key Informant Interviews and Focus Group Discussions. The target groups for the KII include: Community leader, ASHA, Outreach worker and WASH committee member. Respondents of the FGDs were females from SHG group.

Table 2.3 : Qualitative Respondents

Type of Respondent	No. of Respondents	Technique used FGD/KII
Community leader	1	KII
ASHA	3	KII
HFH India Outreach Worker	1	KII
WASH Committee member	1	KII
SHG - Female	20 (in 2 FGDs)	FGD

3 SANITATION FACILITY

3.1 AVAILABILITY OF TOILET

Table 3.1 provides the information about type of toilets used by the household members. Most of the HH members are using public toilets, and this has increased from 64% in baseline to 88% in the impact assessment. However, use of community toilets dropped from 47% to 9%, due to covid 19 restrictions and strict norm of social distancing practices. Conversely, mobile toilet van usage increased to 24% and open defecation declined to 3%. Long queues at the facility emerged as the main reason for the open defecation practice, indicating the need to increase availability of functional seats in these facilities.

The individual toilets are basically constructed by those HHs who are living beside/near sewage pipelines. The waste materials from the toilet can easily get disposed into drains.

Table 3.1 : Type of Toilets used by Community Members (%)

Type	Baseline	Impact assessment
Public toilet	64.0	88.5
Community toilet	47.3	9.2
Open defecation	22.3	3.0
Individual Toilet	2.0	3.9
Mobile toilet van (MTV)	1.3	24.3
Total N	300	305

3.2 CLEANLINESS OF TOILETS

Table 3.2 gives the information about frequency of toilet cleaning. Mostly, (77 percent) the toilets are cleaned daily followed by weekly cleaning.

Impact of the intervention and campaign resulted in increasing the frequency of the toilet cleaning compared to the base line.

Table 3.2 : Frequency of Toilet Cleaning (%)

Frequency	Base line	Impact assessment
Daily / continuously once in an hour	45.7	77.4
Once in 2 days	44.0	4.6
Weekly	8.3	14.8
Monthly	1.7	0.3
Never cleaned	0.3	3.0
Total	300	305

Fig 3.1 gives the percentage of HHs paying for using public or community toilets. Mostly, the HHs never paid to use of the toilet.

Fig 3.1 : Percentage of HHs paying for Toilet Use (%)

3.3 IMPROVEMENT OF SANITATION FACILITIES

With regard to the improvement of sanitation facilities of public / community toilets in the project area (*Table 3.3*), 47 percent reported no improvement. The improvement reported was in terms of:

- increased frequency of cleaning
- increased supply of water
- increase in number of functional seats with proper repairs/replacements undertaken.
- increased hand washing facilities.

Table 3.3 : Reported improvements of sanitation facilities of Public / community Toilets (%)

Improvements	Impact assessment
There is no improvement	47.2
Increase frequency of cleaning	36.9
Availability of water	29.1
Damaged seats are repaired	16.7
Hand washing facility	7.4
Number of seats increased	7.1
Separate toilets for men and women	4.3
Quick repairing in case of damages	4.3
Closed doors	4.3
Availability of electricity	3.2
Waiting in queue is reduced	2.1
Others	3.5
Total N	293

Defecation

Before the intervention program, most of the people did not use toilet and were going out for defecation, because of lack of basic facilities such as doors, care taker, taps, electricity, dustbins, cleanliness, inadequate number of toilets and long queues.

Community toilets

Community toilets were in very bad condition before implementation of the program due to poor facilities such as door, electricity, cemented walls, inadequate number of toilets seats, cleanliness, dustbins, taps, caretaker etc. After implementation of the program, all the problems were solved through repairing of doors, provision of toilet seats and electricity, plastering of the walls, availability of caretaker, provision of dustbins, and proper water supply.

Even after improving these conditions there are still people who go out for defecation because of issues relating to proper maintenance of the toilets.

4 DRINKING WATER

This section provides an insight of drinking water facilities in Pitampura including quality of drinking water, and frequency of water supply.

4.1 SOURCE OF DRINKING WATER

Table 4.1 gives the information about drinking water sources. Public water supply from the same locality (77%) followed by Individual connection(23%) is the major source of drinking water.

While every household aspires for an individual water connection to save the time and stress. Availability of individual connection grew by two and half times from 9% in baseline to 23% in the impact assessment period, thanks to the efforts of NGO in creating awareness and public health officials of MCD and Jal Board to make this happen.

Table 4.1 : Source of Drinking Water (%)

Source	Baseline	Impact assessment
Public water in the same locality	89.7	76.7
Individual connection	9.3	22.6
Hand Pump	0.7	-
Public water from other locality	0.3	0.7
Total N	300	305

Some of qualitative the responses are given below

There are pipelines in the area, as well as government taps and hand pumps in 100-150 homes.

The pipes are mostly found in public places. Some homeowners have also connected the pipe lines in their homes. The source of drinking water is the same as that used for other purposes. People must go to the taps to get water. Few homes have taps installed outside. Some HHs have taps inside their homes as well- FGD.

4.2 FREQUENCY OF WATER SUPPLY

Table 4.2 gives the information on frequency of water supply. The frequency is reportedly twice a day (45 percent) and always (37 percent). There is an improvement in regular water supply and getting regularly.

Table 4.2 : Frequency of Water Supply (%)

Frequency	Impact Assessment
Daily, once	13.1

Daily, twice	45.2
Daily, more than twice	3.3
Always	37.4
Alternate days / Irregular supply	1.0
Total N	305

Some of the qualitative responses are given below

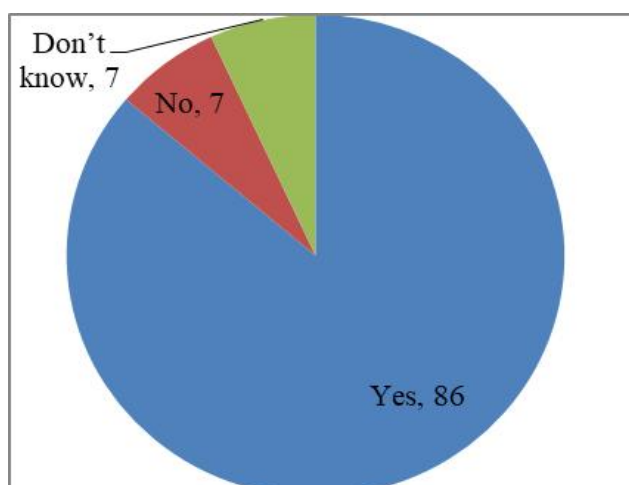
The government has established water supply lines to individual HHS - HFH members.

Prior to the programme, the drinking water pipes were broken, and water used to leak, and the tap was not working, and there were few pipes that came from gutters - ASHA employee.

4.3 CLEAN DRINKING WATER

The respondents were asked whether they get clean water and Figure 4.1 gives the percentage of HHs who reported getting cleaned water.

Fig 4.1 : Percentage of HHs who Purify Drinking Water (%)

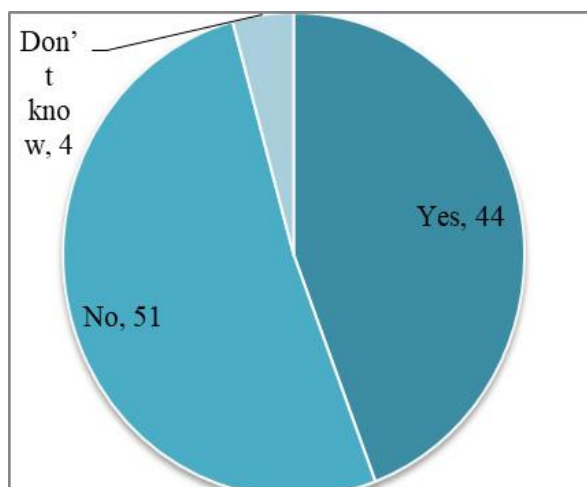


It is encouraging that most of the households (86%) reported getting clean drinking water and they attributed this to the programme efforts to make the facilities accessible as promoted by the NGO field workers under the project.

4.4 CHANGE IN FREQUENCY AND QUALITY OF DRINKING WATER

The respondents were asked about change in frequency / quality of drinking water after the programme implementation and results presented in Figure 4.2

Fig 4.2: Change in frequency / quality of drinking water (%)



More than half of the HHs reported that there is no change in the frequency / quality of drinking water due to the programme, whereas 44 per cent of the HHs reported that there is a change due to the intervention of the NGO.

Water is now available 24 hours a day, seven days a week, thanks to the training programme," says an HFH member.

Water quality has improved, and we now have water 24 hours a day, seven days a week.

Previously, people received poor quality water; however, the quality and duration of water availability have improved - ASHA

5 HYGIENE PRACTICES

5.1 HAND WASHING

Awareness and participation

Respondents were asked about awareness about the programmes conducted by HfH I. Almost all the respondents reported that they are aware of the awareness campaign organised by the HfH I and about three fourth of the respondents reported to have participated.

Practice

The hand washing practices of the family members are presented in figure 5.1. All the respondents reported about hand washing practices after defecation and before eating food, which is very encouraging.

More than one-third of the respondents reported that they understood the importance of hand washing practices at critical time, only after the programme intervention began in their locality and credited the efforts of field outreach workers of the Sadbhavna NGO.

Fig 5.1 : Hand Washing Practices (%)

Use of soap or liquid soap is universal. Using soap for hand wash is an usual practice and only one fourth are reported that they started after programme / campaign.

5.2 WET AND DRY WASTE MANAGEMENT

Awareness and participation

Respondents were asked about awareness relating to the activities carried out by Habitat for Humanity in their locality related to waste management and their participation. Results are presented in Table 5.1

Awareness of at least one activity related to Waste management carried out by HfH I is universal. Awareness about campaign on dry and wet waste management (98%), distribution of coloured dustbins (95%) and safe disposal of waste (93%) is very high. Awareness about all the 5 activities and 4 activities implemented by HfH I is high.

Extent of receipt of coloured dustbins (87%) and participation in campaign on dry and wet waste management (77%) and receipt of training on dry and wet waste segregation and safe disposal of waste is very high.

Table 5.1: Awareness and participation in the activities on Waste management (%)

Activities	Awarness	Participation
Campaign on dry and wet waste	97.7	76.7

management		
Distribution of coloured dustbins	95.4	86.9
Safe disposal of waste	93.1	65.9
Training on dry and wet waste segregation	89.5	66.9
Training on waste composting	70.2	27.5
Total N	305	305

Practice

Further respondents were asked about their practices of dry and wet waste segregation, Participation of respondents in waste management activities is high. Practice (66%) of dry and wet waste segregation is also high. The practice of dry and wet waste segregation was (62%) started after the intervention/programme conducted by HfH I.

Reasons for not practicing

Out of 242 about one third of the respondents are not practicing segregation of waste segregation and all those were asked about reasons for not practicing. Results are presented in Table 5.2.

Not having space to keep segregated waste (74%) emerged as the major reason for not practicing segregation of dry and wet waste.

Table 5.2 : Reasons for not segregating waste (%)

Activities	Awariness
Don't have space to keep segregated waste	74.1
It is not necessary to segregate the waste	24.7
Couldn't understand the process	1.2
Total N	81

Qualitative responses are given below :

Prior to the programme, people were unaware of the waste segregation procedure and its benefits – **ASHA Practices**

After the intervention, people have started segregating the waste into wet and dry waste and using it to make fertilizers from wet waste and sell the dry waste. People have been using different dustbins for their wet and dry waste; and dispose the garbage at Nagar Nigam garbage dumpster. The waste is cleared daily from the locality.

Some qualitative responses are given below.

People were trained in waste management and waste segregation, but they only did it for a few days before selling the dustbins for 5 rupees- HfH member

People are not managing their waste as well as they did during the intervention programme, but the municipality used to collect waste on a daily basis, and people do not segregate their waste properly- Community member

Following the training programme, people separated their waste into wet and dry categories. They have also made fertilisers from wet waste and sold dry waste to earn money- ASHA member 1.

People were given waste management training, after which they planted trees and separated their waste- ASHA Member .

5.3 DRAINAGE SYSTEM

The water from kitchen and bathroom mostly gets disposed into the drainage. As part of the intervention, big drain was constructed and it was connected to the kitchen of most of the people and now everyone's kitchen water goes to that big drainage. Drainage used to get cleaned frequently, to avoid overflow. Kitchen water does not get wasted as they use this in plants and toilets. Only one fourth of the respondents reported that there is an improvement in frequency of cleaning of the drainage.

5.4 CONTACT

Respondents were asked about whether they know whom to contact in case of any issues arise related to community toilets, drainage or water. Only 30 percent of the respondents reported affirmatively. Most of the people know the name of the person whom to contact than the designation, only few reported that they will contact MCD officials or local leaders.

If we have a problem with the toilets or water, we contact MCD officials.

If there is a water problem, we contact our Municipal Counsellor," ASHA says.

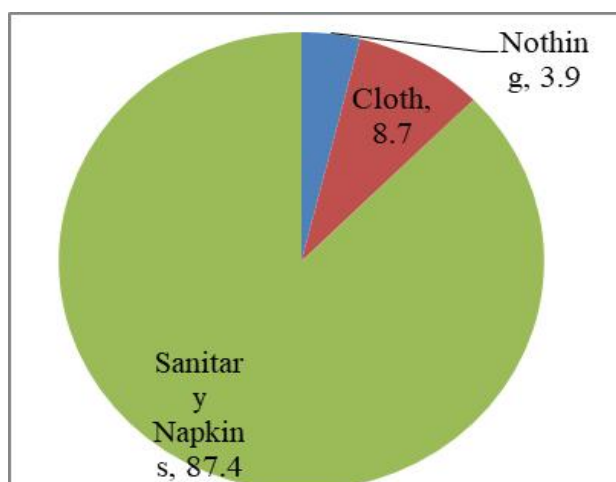
If the sewer becomes clogged or there is a water problem, we contact Mr. Dinesh or Mr.

Bansal of the Rana Pratap DSO office- ASHA.

6 MENSTRUAL HYGIENE

6.1 MATERIAL USED DURING MENSTRUAL PERIOD

Fig 6.1 : Material Used during Menstrual Period



Women in reproductive age (231) were asked about the material used during the menstrual period. Mostly, the women are using sanitary napkins during the menstrual periods. Only 17 percent of the women reported that they received the napkins distributed by the Habitat for Humanity India. Majority of the women who are using Sanitary Pad reported that they were using Sanitary napkins before the programme as well.

6.2 MENSTRUATION RELATED HYGIENE MANAGEMENT

Disposing the used sanitary pads in the Nagar Nigam garbage dumpster (77%) is more common. About one fifth (23 percent) reported throwing the sanitary pads in the toilets which could obstruct the toilet cleaning process.

Menstrual hygiene is very necessary as it keeps the women away from many diseases. Before the training, many women were not using sanitary napkin but using dirty cloth. Some women were using sanitary napkin but they were disposing it in the community toilets, leading to toilets getting blocked.

The women were given sanitary napkins and they were trained on the way to use and dispose. The women were told about proper cleaning procedures of cloth.

After the training programme, women fold their sanitary napkin and throw it in the dustbin instead of throwing in toilet. They are also using clean cloth and wash it.

According to HFH member, trainings were given to the women along with sanitary napkin and they were informed about its use and disposal way. The women have followed the same during and after the training.

According to Community member, training was given on menstrual hygiene practices and women have started following the ways they were told.

According to ASHA, The women were trained on menstrual hygiene including proper disposal of sanitary napkins. They have followed it after the training programme.

According to ASHA women were informed about the menstrual hygiene along with planting of trees to maintain cleanliness and they have planted trees after the programme and are following menstrual hygiene practices

7 TRAINING PROGRAMME AND COMMUNICATION

7.1 SELF HELP GROUPS

SHG membership is very low as only 10% of the respondents reported that women of their family are member of Self Help Group (SHG). Most of those who are SHG members reported to have participated in the training programme organized by Habitat for Humanity India.

All the participants who attended the training programme were asked about the topics discussed in the training programme. The topics covered in the training include : dry and wet waste management , wet composting and menstrual hygiene.

Fig 7.1: Topics Covered in Training Programmes (%)

Satisfaction

Out of 23, 21 reported that they are satisfied with the training programmes organized by the Habitat for Humanity.

7.2 WASH COMMITTEE

Existence of WASH (Hygiene) Committee in their area is very low and this requires attention. This could be due to non-participation of some families in the project activities and the consequential unawareness. Out of 54, only 6 are members of WASH committee and 5 attended the training organized by the Habitat for Humanity India.

Qualitative responses from key stakeholders corroborate the household survey information. Few responses are quoted below.

Yes, a committee was formed, and it was responsible for keeping track of the changes that occurred following the training program- HFH member

SAG group formed to address water issues, but it has yet to begin working-community member

There is a committee in charge of cleanliness issues and accomplishments. Meetings are usually held once every month or every two months - ASHA.

7.3 COVID 19 CAMPAIGN

Habitat for Humanity India conducted a campaign to educate the people in the locality on Covid 19 precautions and created awareness. Awareness about this campaign is high while participation in the programme is moderate..

Fig 7.2: Awareness and Participation in Covid 19 campaign (%)

People were made aware of COVID -19 in terms of maintaining basic routine, such as washing of hands, using sanitizers, vaccination, wearing mask, maintaining proper distance and maintaining basic hygiene. The impact assessment indicates that all have followed what was told to them.

According to HFH, community, and ASHAs, everyone has started washing their hands before and after eating, keeping their surroundings clean, and doing everything they were told to do during the training.

7.4 COMMUNICATION

Habitat for Humanity India used various methods of communication as part of the awareness campaign in the community.

Nukkad natak (56%), followed by community meetings (51%) and rallies (30%) were mentioned by the respondents..

Fig 7.3: Communication Mode Used for Campaign / training (%)

When asked about changes brought in the lives of the families in that area, there were mixed response.

Following changes were noticed in the locality

- Improvement in cleanliness
- Getting cleaned water regularly
- People started using dustbins and dumping in municipality Garbage dumpsters

- Maintaining regular cleanliness in Community toilet
- Protection from Covid 19

Some reported that there is no change in the lives of people. Even after training, people will not change and through the garbage anywhere and not practicing any safety precautions during Covid 19.

When asked about continuing the practices learned from the campaign / training programmes, almost all the respondents reported they would like to continue the good practices to ensure health and hygiene.

Trainings were provided to the people with regard to health and hygiene practices and people were given information on duration and timing of hand washing, and regular bathing.

Prior to the training not everyone was following these hygiene practices but after the programme, most of the people have understood the importance and started following it.

The health and hygiene maintenance committee was having ASHA, Sarpanch, Pradhan, Teachers, and Community members.

According to HFH member, people have received the training and they have started following it.

According to ASHA, people wash their hands before and after cooking, take regular bath, and maintain cleanliness in house along with proper drainage system.

According to ASHA, they follow the hygiene practices mentioned during the training.

8. Conclusion and Recommendations

. Conclusion

The general awareness and practice of household waste disposal among the people in the community was moderate. Training in household solid waste and recyclable waste management was statistically significantly correlated with practices and household solid waste management. Decision makers can use this baseline data to develop a strategy to raise awareness among people in the community.

The impact assessment performed defined the most significant environmental impact from the solid waste landfill in the municipality of Pitampura, Delhi. The matrix method was used to identify all possible impacts (both positive and negative) associated with each phase of the project and the activities undertaken on the environment. Predictions have also been made to forecast the nature, magnitude, extent, and duration of the main impacts. Taking into account the designed measures for eliminating and mitigating the negative impacts, it is possible to conclude that there will be no negative environmental impacts. The authors propose a more detailed

examination of the evaluation phase, which is concerned with determining the significance of residual impacts that cannot be mitigated.

. Limitation of the Study

The study's main limitations were a single set, a small sample size, and a self-administered questionnaire. Because of its unique characteristics, the current study's findings cannot be generalised to other contexts. It might be more generalizable if data were collected from a variety of settings.

Recommendations

Large sample sizes and multiple large settings require additional research. Experimental studies can be conducted to encourage the disposal of solid household waste from community residents. intervention studies could also be counselled to analyse the connection between house waste disposal awareness and apply. .. Current research results can serve this purpose as baseline information for higher authority to require steps for initiatives to lift the extent of awareness and practice of individuals within the community. The mass media will play a vital role in that specialize in solid waste management for native people. They can increase their notoriety. Long-term awareness, NGO demonstrations and campaign programs can be organized to raise awareness and practice levels for local residents. So people Motivated by waste separation, recycling, reuse, cleanliness and personal hygiene.

Reference

<http://www.sigma-india.in/>

<https://www.habitat.org/ap>

<https://www.globalgiving.org/pfil/17>

<https://www.unicef.org/media/91266/file/UNICEF-Strategy-for-WASH-2016-2030.pdf>

