



Smile always
FOUNDATION

Project Title: **Proposal for Drinking Water Bore wells for Sustainable Water from Humankind Water in needy areas in Andhra Pradesh and Telangana States in India**

Implementing Agency: **Smile Always Foundation, India**

Number of wells to be repaired: **100 Drinking Water Bore Wells**

No. of Beneficiaries: **72,500 approx.**

Estimated Life of the repaired Wells: **5 years**

Cost of the Activity: **US \$ 60,670**

Background/Problem

India one of the largest democracies in the world has a Population of over 1.75 billion. This over population is causing many a socio-economic problems viz., poverty, unemployment, lack of food, education, minimum housing, health care, and in access to safe drinking water. In respect of Human Development Index (HDI), India ranked at 127 out of 177 Countries (UNDP report 2015).

In India about 45% rural poor do not have access to safe Drinking water. The drinking water crisis in Indian Cities has reached explosive proportions. Elsewhere, selling of water has become a lucrative business. On Rickshaws, bicycles or in road tankers, private suppliers for water from outside city limits and sell it per bucket to the city's thirsty populace. Under these conditions, the worst affected are the poor. They cannot afford to buy water from private suppliers. Thus they are forced to use any water that is available even it is highly contaminated. Consequently, it is this section of the population that is most often hit by water borne epidemics of Jaundice, Cholera or gastroenteritis.

Andhra Pradesh is the fifth largest State in India, both in area and population. It has a population of about 40 million as on to-day. 80% people live in Rural areas. Andhra

Pradesh has a illiteracy rate of 54.5% Illiteracy is highly prevalent in rural areas. The Literacy rate compared to all India level is very backward. The failure and untimely monsoon has resulted in drought in most of the Districts in Andhra Pradesh. The people are more affected with illiteracy, mal-nutrition and in access to safe drinking water, lack of basic health facilities. Poverty is the killer disease in India. More than 50% of the children in India are mal-nourished. 60% of the population live below the poverty line. The Government has planned many programmes for poor people and these are not reaching the right persons. There are no good attempts was made to tackle poverty directly through various anti-poverty programmes. Telangana is the newly formed State from the erstwhile united Andhra Pradesh.

The Multidimensional Nature of Poverty

UNDP's Human Development Report 1997 introduced the concept of human poverty. It argued that if income is not sum total of well-being, lack of income cannot be the sum total of poverty. Human poverty does not focus on what people do or do not have, but on what they can or cannot do. It is deprivation in the most essential capabilities if life, including leading a long and healthy life, being knowledgeable, having adequate economic provisioning and participating fully in the life of the community.

Water is essential prerequisite for development and growth. In fact, all civilizations have evolved around water. The World has entered the 21st century with an enormous challenge '**Safe Drinking water for all**' according to the Global Water supply and Sanitation Assessment Report over one billion people across the World do not have access to adequate and safe drinking water facilities.

Women and children, especially those living in rural areas, are disproportionately affected. Rural women can spend hours every day collecting and carting water, either from communal taps or directly from streams and rivers. Long cartage distances pose particular difficulties for elderly people and those with disabilities. Poor communities are often unable to afford the costs of maintaining pumps and bore holes, or lack the skills to do so.

Target Communities

100 Communities in the rural & urban slum areas and Tribal hill areas of Andhra Pradesh and Telangana States in India.

Brief outline of the organization:

Smile Always Foundation is an organization serving the poor and needy people especially children in the community in rural & urban slum areas and Tribal hill areas and backward communities in the States of Telangana and Andhra Pradesh in India. The Organization is helping children and their communities towards a wholesome future filled with hope, dignity, justice and peace. Reaching out to the poorest of the poor in target areas without respect to caste, colour and creed. 'Smile always' works through partnerships to bring about lasting change in the lives of vulnerable people. 'Smile always' is an independent entity within our country with a distinctly national identity. An active Board of Executive Committee governs Smile always Foundation.

Vision

“Vulnerable children, their families and communities are developed towards wholesome future filled with hope, dignity, justice and peace”.

Mission

“We are dedicated to care children, promote independence and build strong families through activities with the resources available.”

Brief outline and rationale of the project:

Smile Always Foundation (SAF) is an Organization that committed to serve the vulnerable people in the community for their Sustainable Development. SAF has been extending services like Child care and Education, Integrated Community Development and Drinking water bore wells in the target areas. There is no doubt that Water and Sustainable Development are inextricably linked. Without adequate supplies and management of fresh water sources, sustainable development simply cannot take place. ‘Smile Always’ has been providing Drinking Water Bore Wells in the states of Andhra Pradesh and Telangana in India

However, the resources are limited but there is a great need for safe water in the backward rural areas in both the states. There are many communities where the bore wells provided by the Government are damaged and need repair and deepening to draw water. In these areas the rural households have no access to piped water schemes to meet drinking and domestic water needs. Most use water from tube wells or open wells, while a small minority uses tanks and springs. Hence, there is a high dependence on groundwater for drinking and other domestic purposes. Poor rural households collect water from community sources, which are often remote and spend much time in collecting water. The collected water is causing water-borne diseases. Diseases due to contamination of drinking water constitute a major burden on health. Improvement in the quality of drinking water will significantly benefit the health and wellbeing of people. Therefore, the organization is working towards providing safe drinking water to the maximum extent possible in its target villages.

Children are perhaps the most cheerful and omnipresent facet of rural villages. Curious, unafraid to stare, and ready to smile, they are unconcerned about their running noses, bare feet, unkempt hair and ragged clothes. If they are fortunate enough to have a school and a regular and dedicated teacher – and if their parents can spare them from work - they get an education. But more often than not, the conditions are not ripe. They are often uninformed about health issues, hygiene and sanitation, since their mothers are often uninformed too. Diseases can still kill and infant mortality is still high in many parts of rural India.

Problems and water challenges currently faced:

The people in the target areas trek long distances to collect water from the streams which are contaminated. The women, girl child and children spend much time in getting pots of water for their drinking and usage purposes. Traditionally, poor rural women have worked alongside their husbands in fields, brought up children and managed the house, kept accounts, collected water, fuel wood, and fodder, looked after the animals, and

looked after their husbands, children and in-laws. They are poorly educated (mostly illiterate), either due to the prevailing custom of not educating girl children or a lack of means while growing up, and they have little time or opportunity once they are married off. The people especially, the children are affected with water-borne diseases.

The provision of safe drinking water is a key development issue in the target areas, where rural households have no access to clean and safe water and communicable diseases are water-related. Rural households in the rural districts suffer frequent outbreaks of jaundice, diarrhea, and gastroenteritis. Some of the challenges in providing clean water in rural areas include geographic remoteness, poor maintenance of existing systems, and a paucity of public funds. Social factors also contribute to poor service levels in rural areas, notably the caste system and high rates of illiteracy. Providing safe drinking water to poor families in the rural areas of Andhra Pradesh and Telangana are critical for the economic development of the region as well as for improving health and living conditions.

The general situation is dismal. The target rural households had no access to sanitation facilities and no latrine facilities. The rural households, thus, use 'the bush'.

Our Project beneficiaries belong to Backward Class, Scheduled Caste and Tribal communities who are poor and marginalized. The beneficiaries are laborers in the agricultural fields and some of them go to nearby town in search of their livelihood. While taking our surveys in the remote villages the people in the community came forward and explained about the need to combat the scarcity of Water. The community came forward for their participation in owning the bore well and its maintenance.

Community meetings are arranged with village people. This is to mobilize interest and enthusiasm as well as raise awareness about the project. The location of the project is decided by the Local people along with Sarpanch (Village Head). The Children are also beneficiaries in this Project.

How many beneficiaries?

- More than 72,500 approx. people will be benefited through drinking water (Reference to the Third Party Verifications)
- 100 communities (72,500 approx. people) will be benefited through sanitation and Hygiene.

Maintenance and Sustainability

The project has long term benefit that the maintenance and repair of the Water system is managed by the community itself with the help of 'Committee On Safe Water And Sanitation' (COSWAS). The Project is aligned with sanitation and hygiene. The community people will get awareness on sanitation. The children will attend their school instead of investing lot of time on procuring water. The community came forward for their participation in owning the bore well and its maintenance. The training will be given to COSWAS members of each community in capacity building and awareness on Water and Sanitation to handle the water infrastructure in proper way.

Operation and Maintenance is required to ensure the sustainability of any project in which a new infrastructure has been put into place.

Maintenance Plan

The following Plan is adopted for maintenance and Sustainability of the repaired Drinking Water wells:

Activity	Description	Responsibility	Frequency
Training	The Local People are trained in the maintenance of the Drinking water bore wells. Hand Pump Repairing	Technicians are hired to give training to the Community people in Maintenance of the Drinking water bore well.	Initial Stage Quarterly Refresher Training annually
Maintenance 2 Categories. <i>Minor repairs:</i>	The repairing of hand pump which does not requires lifting of hand pump. Assembly is treated as minor repair	Households and members of the community need to be informed about the system that has been put in place for a proper operation. COSWAS Committee : Member in COSWAS Committee of repairing involves replacement of handle nut & bolts, repairing of chain, bearing etc.,	Regular Basis Whenever there is a Major Repair
<i>Major Repairs:</i> the repairing of hand pump which involves un-lowering of hand pump	Check the fittings such as nuts, bolts and handle assembly and tighten them. Check the axle bolt and tighten as needed. Make sure the lock nut is tight. Make sure the hand pump is firm on its base. Check the flange bolts fastening the water chamber to the pedestal are tight. Testing water quality using a Field Test Kit.	Trained Members in COSWAS Committee	Whenever there is a repair.

Ownership	Community as a whole takes up the Bore well as their Own asset	Community At large	Strengthens and sustain the life of the Bore well by regular repairs and Maintenance
Sanitation	Awareness Programs	Community Organizer	Periodic
Hygiene	Awareness Programs	Health activist	Periodic

Sustainability Plan

In order to ensure the sustainability of the Water well it is necessary to have a community ownership and management approach, making the end-users directly responsible for the operation and maintenance of the installed facilities.

Financial	Water is Precious and basic need. Beneficiaries pay at least for the maintenance costs Rs. 5 per family monthly.
	Costs for the water should not exceed the economic resources of the users (including guaranteed long term external contributions).
	COSWAS Committee appoints a Treasurer to collect the money from the beneficiaries.
	Sustaining the water supply is not dependent on volunteers. All involved people.
Organizational	Agreements regarding tasks and sanctions need to be officially established.
	A pump is only installed if agreements regarding maintenance, finances and sanctions are established.
	Users who do not pay are excluded from the water supply.
	If a responsible person does not fulfill his tasks, the field staff give them awareness to fulfill the tasks.
	The Organization is not the service provider. The Organization is only regulating, controlling and facilitating.
	Planning and implementation is a gradual expansion from a central (geographical) starting point. This facilitates also the maintenance (including spare parts supply).
Environmental	Regular water quality monitoring is part of the established tasks and responsibilities.
	Per situation the requirements for preventive maintenance should be assessed (depending on pump type, water depth, user intensity and water quality).
	Maintenance should be done by a trained members with experience in comparable activities.
	Repairs should only be conducted by skilled mechanics.
	Spare parts must be available within less than 24 hours.
	The water supply system must be able to develop into a higher service level.
Social	The implementation of improved water supplies goes along with awareness rising regarding the importance of clean water, Sanitation and Hygiene.

Monitoring & Reporting

The Project is monitored by the Project staff in all its phases. Supervision and collection of data is done by field staff. The Progress reporting is done in the form of Management Information System (MIS). The completion report is prepared at the end of the Project and send to the Donor agency and also the Government of India. In addition to this COSWAS will monitor the progress and function of the project in day to day basis and report to the Project Staff.

Budget

Budget for repairing of 100 Drinking Water Bore Wells

S. No.	Budget Line Item	Amount USD \$
1	Repairs to 90 bore wells @ \$ 450 x 90 bore wells	40,500
2	10 new bore wells @ \$ 1000 x 10 bore wells	10,000
3	Water Quality Analysts Test \$ 25 x 100 bore wells	2,500
4	Trainings	1000
5	Administration Cost, Staff Salaries, Office Maintenance, Conveyance	5,000
6	Computer/Laptop	670
7	Monitoring and evaluation and audit charges	1,000
Total Amount Requested in USD \$		60,670