

Partnerships Fund – Activity Progress Report

Summary

Organisation and contact details

Organisation name	RNZWCS Limited (Rotary New Zealand)
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Activity information

MFAT Activity Number	PF 1/290
Activity Title	Baddi Township integrated water, wealth, health and agriculture, India
Goal	To reduce extreme poverty by increasing access to and management of water, health and social protection mechanisms.
Intended outcomes	Long term outcomes <ul style="list-style-type: none">• Increased agricultural yields• Reduced vulnerability to disease and increased take up of treatment• Communities demonstrate financial mgmt. and long term planning skills Medium term outcomes <ul style="list-style-type: none">• Communities demonstrate more effective (productive) land and water management• Communities have consistent

	<p>access to safer drinking water all year round</p> <ul style="list-style-type: none"> • Increased awareness of and testing for TB and diabetes • Women's self-help groups engage governance structures and access social protection schemes <p>Short term outcomes</p> <ul style="list-style-type: none"> • Communities trained in land and water management • Check dams and irrigation systems completed • Natural springs protected • Community health team operating as a resource for communities • Women's self-help groups have organised and meet regularly
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Funding arrangement information

Funding arrangement start and end dates	1 March 2015 – 30 June 2018
Total cost	NZ\$ 556,551 (as amended by Variation No. 1)
Reporting period	1 March 2015 - 29 February 2016

Progress report preparation

Prepared by	Dharamvir Singh & Rob Wayne
Others involved or consulted	Stuart Batty

Key Conclusions and Necessary Actions

After some early delays arising from a slow start-up, and village council elections, the Activity is now well under way. Communities have re-engaged following the fundraising period. Community health monitors (CHMs) are trained and active. 2088 TB tests and 2034 diabetes tests have been conducted and 190 people have been referred to medical facilities for further diagnosis and treatment. Seven land and water training sessions have been delivered to 103 farmers. Some farmers have already started using irrigation water, practice crop rotation, and grow new vegetables like broccoli and golden yellow onions. Preferential use of organic

manure is also on the rise. Four compost bins and two trash bins have been installed, and component plates of a further 15 composting units and 5 trash bins have been pre-fabricated. Two irrigation tanks and three percolation tanks are complete. 23 village Self Help Groups (SHGs) have been established and are already able to manage themselves. 145 female office bearers were trained at RUCHI office in management and record keeping. RUCHI staff and the trained office bearers also passed on knowledge to 1300 women at village level. 103 women have taken a loan from their respective groups and 36 of these women have taken a repeat loan.

Despite these achievements, there are several Activity components which have been delayed. Many of the Year 1 construction targets have been only partially achieved. However, RUCHI is confident of catching these up in Year 2. No check dams have yet been constructed, though RUCHI is well advanced with site selection and design work. In this they have been aided by an Engineers Without Borders volunteer (also saving some anticipated consultancy fees). However, on some sites, the state government has already developed dams, and we don't wish to duplicate their efforts. On other sites, water availability is seasonal and perennial sources supplying water to them are distant, leading to higher costs than budgeted. We propose to complete three check dams, and then see if any alternative site/solution can be found for the others (before proposing any activity change).

Expenditure for Year 1 amounts to 72% of the Year 1 budget. This underspend is primarily due to the delays encountered, and permanent savings are not expected. In fact, the projected costs for several proposed changes will exceed the current budget if the exchange rate at the time of budgeting is used. Fortunately for the Activity, the exchange rate has moved favourably since the budget was prepared. If it remains at current levels there will be sufficient funds to cover the proposed changes. The risk of the rate changing remains possible, but it would have to move quite significantly to create problems for the Activity.

The availability of skilled masons during the agricultural season was an issue during Year 1. Whenever there is demand for extra manpower in their fields they leave construction works temporarily to join their families in agriculture. This impacted RUCHI's work during the first year of this Activity, and is seen as a risk that may affect subsequent years (particularly for ferro-cement water tank construction)

Rotary New Zealand is encountering challenges not anticipated in managing the matched funds required for the second tranche of MFAT funding in September 2016. These relate to achieving an acceptable level of involvement by Rotary India in the Activity. There is a risk (with likelihood currently rated as possible) that we may not raise the full amount, in which case the scope would need to be reduced.

Review of Progress to Date

Progress against results measurement table

Early in Year 1 there were setbacks due to a delayed start up of the Activity followed by local village council elections in the state. The first few months were therefore dedicated to an educational campaign regarding project deliverables. This helped to re-engage communities after the fundraising period. The trained Community Health Monitors (CHMs) went on educating people on health care, and TB diagnosis. They also engaged in the formation and empowering of local community based self-help groups (SHGs) of women, as agents of change. Once the people were better informed of the project their involvement level has increased. The targets at social level are almost fully achieved.

It is worth remembering that change is a slow process. The CHMs are shouldering the major responsibility for bringing about this change. They are local women without much exposure to higher levels of education. However, over a period of time they have developed good communication skills and their competence level is growing. With their dedication, and the support of other staff, the desired outcome is already visible. This is evident in terms of attitudinal changes, creating of assets with agreements, greater level of local involvement, and the achievement of most of the targets.

Output 1: Land and water management training delivered

Seven training sessions were conducted in small groups benefitting 103 farmers (55f). Techniques covered roof and surface water collection, trenching, gully plugging, earthen ponds/dams, recharge of springs, soil stabilisation etc. All farmers are now aware of soil and water conservation practices and their benefits, green house technology, crop rotation etc.

Some of them have already started using irrigation water; practice crop rotation and grow new vegetables like broccoli and golden yellow onions. Preferential use of organic manure is also on the rise.

Pre-fabricated plates for both trash bins (5 units) and 15 composting units are already ready to be installed. Four compost units and two trash bins are in place.

A seed bank has been established with 32 members (28f), serving five villages.

Output 2: Irrigation and potable water infrastructure enhanced

The accessibility to safe water has gone up in three villages with development and protection of natural water sources. These springs have benefited the entire village including its hamlets. In some cases this water is also used for irrigation in the nearby fields. A fourth spring is under repair.

Two irrigation tanks and three percolation tanks are now complete. Construction work has yet to commence on check dams. Engineering design and site selection is well advanced.

Output 3: Community Health workers trained and employed

All six CHMs have been trained at RUCHI, government health institutions, and in the field –Each training comprised two weeks, as planned.

Output 4: Women's self-help groups established

The SHGs are well informed and already able to manage themselves. Overall, progress is satisfactory. 145 women office bearers were trained at RUCHI office in management and record keeping. Subsequently, RUCHI staff along with the trained office bearers passed on knowledge to other members in their respective groups. Altogether 1300 women were trained at village level. 103 women have taken a loan from their group. 36 of these women took a repeat loan.

Progress against agreed workplan and budget

Work on construction activities was delayed owing to disagreements among people within the villages regarding site selection and internal conflicts on benefit sharing. Action commenced after nine months and RUCHI was able to achieve an average of 75% of its project targets in the remainder of the year. The achievement is as follows:

- Irrigation tanks: 66%

• Percolation tank:	75%
• Springs development:	75%
• Check dam construction:	0%
• Individual water storage tanks:	27%
• Trash bins:	40%
• Composting units:	27%
• Tree plantation:	100%
• SHG formation/training:	100%
• Farmers exposure:	100%
• Farm demonstrations:	100%

Although achievement of some targets has been delayed, RUCHI is confident of catching up in the next six months (with the initial hurdles now overcome). The targets not completed during year1 will now be completed in Year 2 along with the Year 2 targets.

The overall budget was amended by Variation No. 1 to address a summation error in the original budget calculation. In most respects the Year 1 expenditure conforms with the budget. There are a number of lines where, due to delays, the originally planned Year 1 expenditure has not been fully spent. More significant changes include:

- RUCHI was able to secure a volunteer engineer from Engineers Without Borders (EWB), saving some consultancy fees in Output 1.
- Between budgeting and the commencement of the Activity there has been cost inflation, affecting many budget lines.
- On commencing the Activity our partner found that the most suitable field office had a much higher rental cost than originally budgeted.
- Associated utilities costs also increased because high speed internet access is available at the office, but was not budgeted.
- A couple of items were overlooked when budgeting but are needed for the Activity. These include a refrigerator to store TB consumables under controlled conditions, and tools and implements for construction activities. New lines have been added to the budget spreadsheet to show these additional costs.

Expenditure for Year 1 amounts to 72% of the Year 1 budget. This underspend is primarily due to the delays encountered, and permanent savings are not expected. In fact, the projected costs for the changes identified above exceed the current budget if the exchange rate at the time of budgeting is used. This is addressed further in the updates section below, and in the detailed spreadsheet (attached).

Changes to Activity Context in the Reporting Period

Our partner, RUCHI, has expressed some concerns about developing all the proposed check dams. Three dams are certain to be developed. There are many good sites but their ability to be used to optimise environmental improvement and irrigation is in question. On some selected sites, the state government has already developed dams, and we don't wish to duplicate their efforts. RUCHI is in touch with panchayats and avoids those sites where panchayats have made plans. On other sites, water availability is seasonal and perennial sources supplying water to them are distant, resulting in higher costs than budgeted. Some sites do not have a bottleneck to develop a dam thereby demanding higher costs. Given existing budget constraints, we don't anticipate much room to increase costs for check dams. At this stage we would like to complete the 3 check dams and then see if any alternative site/solution can be found before proposing any activity change.

Relationship between Partners, Beneficiaries and Other Stakeholders

RNZWCS has maintained a good relationship with our partner in India (RUCHI). We have maintained regular communications and reporting, and have collaborated effectively in preparing this report.

In India, RUCHI's relationship with key stakeholders is cordial. Local people, through effective campaigning, understand the project implications and their level of involvement is rising. This is more evident for benefits accruing at family level than for the community. The local village councils extend their full support to RUCHI and the project. The cooperation with local government is amicable. Health institutions are cooperating more when it comes to TB detection since they also need help at ground level to achieve their targets.

Updates required to Key Activity Management Documents

Results Framework

Please refer to Appendix D which highlights several minor revisions to the results table.

Budget

RUCHI proposes to complete all remaining Y1 targets in Y2, thereby catching up on the delays. Any underspends reported for construction activities in Year 1 are to be carried forward for this purpose (i.e. not considered as permanent savings).

Our partner has provided a budget projection for Years 2 and 3, which we included with our Summary Financial Report (SFR) to MFAT in January 2016. Following MFAT guidance we are resubmitting this budget projection now, with NZD amounts calculated using the current exchange rate. This indicates that the proposed additional costs can be met from the existing budget total. The revised output totals compare within the original budget as follows: Output 1 -15%, Output 2 -4%, Output 3 -1%, Output 4 +4%, In-country support -2%, NZ-based support no change. We request MFAT approval for this proposed budget revision.

Whilst it appears unlikely at present, there remains a possibility that the exchange rate substantially drops before the remaining funds transfers. If this were to eventuate, our partner has identified some items that could be deleted if needed to reduce the scope in Year 3.

Risk management matrix

The information contained in the risk management matrix remains largely valid, but several new risks have been identified, and are included in Appendix F. These include:

The local economy is agriculture based. Even the skilled masons and labourers are agriculturists first. Whenever there is demand for extra manpower in their fields they leave construction works temporarily to join their families in agriculture. This has impacted RUCHI's work during the first year of this Activity, and is seen as a risk that may affect subsequent years. The risk is greatest when it comes to constructing ferro-cement storage tanks. Only highly skilled and trained masons can be used for their construction. Few masons have come forward to learn the technique because it is not in demand throughout the year. In mitigation, RUCHI is identifying masons with small agriculture land holdings, or migrant masons, to provide greater continuity of work. They have also started attaching a couple of

masons to the highly skilled mason so they learn the ferro-cement technology for construction of water storage tanks.

Rotary New Zealand is encountering challenges not anticipated in managing the matched funds required for the second tranche of MFAT funding in September 2016. These relate to achieving an acceptable level of involvement by Rotary India in the Activity. There is a risk (with likelihood currently rated as possible) that we may not raise the full amount, in which case the scope would need to be reduced.

The budget changes described earlier also increase the risk that there will not be sufficient funds available to complete the full Activity scope. However, further changes remain unlikely, and the effect of the changes has already been mitigated by the current exchange rate. The exchange rate risk remains possible, but would now have to move quite significantly to create a problem for the Activity.

Governance and management arrangements

No changes proposed.

Transition or Exit Planning

At this stage, after the first year of the Activity, a full exit strategy is not yet required. However, the challenge of raising the matching funds for the second part of the Activity presents a risk that we may not be able to complete delivery of the planned inputs. If a funding shortfall arises, this would affect the project outcomes. In the meantime RUCHI is focussing on those activities which can be sustainable and have a long lasting impact if the project comes to an early termination.

The SHGs are empowered to carry on with the initiated works and be economically independent. The CHMs are also being prepared to continue imparting knowledge to communities beyond the Activity period.

Improved participation of women in community decision making is leading to greater self-confidence. Over time this will increase their assertiveness within their community and with external stakeholders, particularly local governance structures.

Authorisation

I declare that the information contained in this report is true and correct and confirm:

- MFAT Funds were received and used only for the agreed purpose(s); and
- All conditions attached to MFAT's Funding have been met; and
- MFAT Funds have been fully utilised for the intended purpose, OR
- (For Grant Funding Agreements only) There are unspent Funds and I understand that MFAT may deduct this amount from the next tranche payment of Funds or may require the return of unspent funds.

STUART J. BATTY

Full Name (in block capitals)

A handwritten signature in dark ink, appearing to be 'SJB', written on a light blue rectangular background.

Signature

Executive Director

Title / Position (e.g. Programme Manager)

31 May 2016

Date

Appendices

Appendix A: Progress against Results Measurement Table

Appendix B: Financial Acquittal Report

Appendix C: Partnerships Fund Budget and Expenditure Report (see attached spreadsheet)

Appendix D: Revised Results Framework for subsequent period

Appendix E: Annual workplan for year ahead

Appendix F: Revised Risk Matrix

Appendix A: Progress against Results Measurement Table

From agreed results measurement table in Funding Agreement				Data up to and including this reporting period	
Outcomes and outputs	Indicators for measuring performance	Baseline data	Planned targets	Actual measurement (against targets using indicators)	Comment/Variance explanation
Long term Outcomes					
Increased agricultural yields	Number of households with increased crop production	Baseline health/socioeconomic survey (Year 1, Qtr 1)	Target = (Year 3, Qtr 3) 60% of target 700 families with an average increased yield of USD 500 per family	< 10%	The figure is tentative and follows farmers' exposure to soil and conservation practices and their visit to Solan Horticulture University where they learned of crop rotation and off season vegetables. The results will be visibly measurable in the 2 nd year when the benefits of water infrastructure development are also utilised.
	Additional value of agricultural production* (Dollars, Outcome)	Baseline health/socioeconomic survey (Y1 Q1)	Target = 20% increase in dollar value of agricultural outputs (at household level) by end Y2	n/a	Dollar value increase to date is negligible.

Reduced vulnerability to disease and increased take up of treatment	Percentage of adults and children reporting no water borne disease in the past 12 months	<p>Baseline health/socioeconomic survey (Year 1, Qtr 1)=</p> <p>Typhoid = 98.42%</p> <p>Gastroenteritis = 88.88%</p> <p>Jaundice = 99.78%</p> <p>CAVEAT: Information on disease frequency from government hospitals. Large proportion go to the chemist or private hospitals.</p> <p>Baseline: Typhoid: 9%</p> <p>Gastroenteritis 50%</p> <p>Diarrhoea 21.5%</p> <p>Jaundice 4.5%</p>	Target = 99.9% for all diseases (Year 3, Qtr 3)	<p>After 1 Yr</p> <p>Typhoid: 32.0%</p> <p>Gastroenteritis 39%</p> <p>Diarrhoea 12.4%</p> <p>Jaundice 0.8%</p>	<p>The people report less recurrence of diseases. However, stomach disorder and gastroenteritis is widely reported, more so in slums. Though the people say they are taking precautions, health institutions admit that almost everyone in the area is suffering from gastroenteritis. More cases are reported during summer and monsoon when the level of water contamination increases.</p> <p>The CHMs are doing their best and keep educating participants on personal hygiene, sanitation and water purification. A health calendar has been prepared to show the disease incidence occurrence and is being followed for education.</p>
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	Percentage of women and men diagnosed who are accessing TB and diabetes treatment	Baseline health/socioeconomic survey (Year 1, Qtr 1) = 10% diabetes, 80% TB	<p>Target = 50% Diabetes 90% TB (Year 3, Qtr 3)</p> <p>Target: 90% TB referrals accessing DOT centres by year 3 Q4</p>	<p>Diabetes: 100% (M: 40% and F: 60%)</p> <p>TB: 92% of referrals (M: 45% and F: 55%)</p>	<p>Diabetes: 212 were found on borderline and 112 with high level of sugar (diabetes). Constant monitoring is advised. This group were advised certain precautions and to follow a strict diet. 8-10 people were required to take medicines. All of them (100%) are accessing medicines.</p> <p>TB: Total people tested for TB: 696. 70 (26 men and 44 women) testing positive in field tests were referred to DOT Centres but only 65 used their investigation service. 16 were also diagnosed TB positive by DOT centres with microscopic test of sputum and treatment started. However, 4 of them have already migrated to somewhere else. The rest are all continuing treatment but 5 of them are irregular and not taking medicines as per prescription.</p>
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	Extent of adherence to treatment		Qualitative assessment by health workers during community and household visits to identify barriers to treatment adherence. On an on-going basis from Y1 Q2	<p>TB:</p> <p>Migration (No record since they have migrated): 25%</p> <p>None (people who do not take medicines or stop within 2-3 weeks): 0%</p> <p>Irregular (who skip some medicines everyday or 1-2 days in a week): 42%</p> <p>Good (who are regular and take medicines as per prescription): 58%</p> <p>Diabetes:</p> <p>None (not bothered about their sugar levels and do not take any medicines): 70%</p> <p>Poor (who are careless about food and not regular in medication): 21%</p> <p>Good (who follow doctor's advice and regular on taking prescribed medicines): 9%</p>	<p>TB is still regarded as a social stigma and people try not to make it public. Because of this, it becomes hard to convince them to visit DOT centre and continue the course.</p> <p>The duration of treatment is 6 months. A patient is supposed to visit the DOT centre everyday for medication. Medicines are not given to them for self administration. This discourages patients to visit distant DOT centres.</p> <p>There are a number of medicines a patient has to consume on a daily basis which spoils their mouth taste for some time and causes acidity or other abdominal upsets.</p> <p>The CHMs find it difficult to monitor the patients. Quite often they hide to avoid medication on regular basis, especially in slums.</p> <p>The attitude of government health personnel is also not cordial towards patients. This also discourages patients to visit DOT centres and take the full course. RUCHI is trying to convince the patients to take medicines regularly and complete the full course for TB for their own life. One of the reasons the doctors do not respect patients is their big monetary loss due to abandoning courses midway. Then they also fail to achieve their targets. At 2 health centres, the doctors have agreed to give medicines to our CHMs for administration to patients in person, on a trial basis.</p> <p>The people suffering from diabetes are also indifferent to it and do not give much importance to its treatment (except those who use insulin injections). RUCHI has not yet come across a patient who survives on insulin injections or needs dialysis. The ones needing insulin tabs can be monitored properly.</p>
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Communities demonstrate financial mgmt. And long term planning skills	Percentage of households with financial savings habits	Baseline health/socioeconomic survey (Year 1, Qtr 1) = 37.6% (80% of village households and no slum households)	Target = 75% (Year 3, Qtr 3)	70%	90% of women from 23 SHGs (all in villages, none in slums) are regularly saving money.
	Percentage of households using seed banks	Baseline = 0	Target = 50% of households in rural areas (Year 3, Qtr 3)	5%	Roughly 50% of the population lives in 7 slums and do not need seeds (as they do not own agriculture land). 5% of the families living in villages have already made use of seed bank in Quarter 4 of year1.
Medium Term Outcomes					
Communities demonstrate more effective (productive) land and water management	Proportion of land irrigated	Baseline = 20% of land is cultivated and irrigated	Target = 30% (Year 3, Qtr 3)	➤ 3% increase	The water bodies were developed in Q4 of Year1. The water from them will be used for irrigation in the forthcoming summer.
Communities have consistent access to safer drinking water all year round	People with increased access to safe water*	Baseline = 0	Target = End Y1: 3,500 End Y2: 7,000 End Y3: 10,000 Disaggregated by sex	F: 1,500 M: 1,750	They have access to safe water from the new springs as well as use of water purification drops in old water sources in slums and villages. Some communities depend on springs and others on purification drops.

Increased awareness of and testing for TB and diabetes	Number of TB and diabetes tests	Baseline = 0	TB tests End Y1: 2,000 End Y2: 4,000 End Y3: 6,000 Diabetes tests End Y1: 2,000 End Y2: 4,000 End Y3: 6,000	TB Tests: 2088 Diabetes Tests: 2034	TB: 2080 tests were done on 696 people (M: 239 and F: 457). For 100% accuracy, three types of TB rapid tests are done on each person (2 with blood samples and one with urine). Microscopic testing is about 60% accurate and it cannot diagnose extra pulmonary TB. Since women can be found at home easily, more tests were performed on women. Diabetes: 2034 tests were done on 678 (M: 233 and F: 455) people. Three tests are done on each person: one early morning empty stomach (fasting) and one after an hour of taking breakfast and one after a full meal. 212 people were found to be on the border line of diabetes and 112 with a high level of sugar. They have been advised to take precautions and consult doctors if it further aggravates.
	Number of people that Community Health Workers have reached with information on TB	Baseline = 0	Target = End Y1: 2,000 End Y2: 4,000 End Y3: 6,000	2500	Information was passed through family visits and educational camps.
	Number of people that Community Health Workers have reached with information on diabetes	Baseline = 0	Target = End Y1: 2,000 End Y2: 4,000 End Y3: 6,000	2500	Information was passed through family visits and educational camps.
Women's self-help groups engage governance structures and access social protection schemes	Number of communities participating in Panchyats	Baseline = 0	Target = 30 23 in panchayats	22	Panchayat meetings are held in all communities. However, 50% of the population participate in them from almost all communities . Some slums do not form a part of panchayat but come under notified area committee. Besides, other slum dwellers have no interest in panchayat meetings as they do not get any benefits from them.

	Proportional increase in households accessing government social protection mechanisms	Baseline health/socioeconomic survey (Year 1, Qtr 1) = 10% of households (346)	Target = 100% increase (yr 1 – 20% of households) 100% increase (yr 2 – 40% of households) 50% increase (yr 3 – 60% of households)	Y1 = 10% of total households (50% of targeted households)	With enhanced knowledge people have started visiting the local government offices and arranging documents as per the scheme requirements. The pace was slow in year 1 because of panchayat elections.
	Number of Women's Self-help groups that establish Savings and Loans Clubs	Baseline = 0	Target = 10 (End Yr 1) Target = 30 (End Yr 2)	23	All 23 SHGs have started savings and interloaning.
	Number of Discretionary Grants allocated to Women's Self Help Groups for e.g. training, small infrastructure (such as lighting or repairs to toilets), resources for income generating etc.	Baseline = 0	Target = 10 (End Yr 1) Target = 30 (End Yr 2) Purpose and outcomes of discretionary grants documented	10	10 SHGs assisted with grant of 10,000 Rs each for use in water source repairs, income generation, purchase of utensils/assets for their group, dairy and treatment of cancer patient in a family.

	Usage of Savings and Loans facilities by members		Qualitative assessment of the usages of loans, repayment rates, and the administration of them (e.g. are they going to the community members who need them most). On on-going basis from Y1 Q3		<p>The members use loans for both household as well as productive purposes like agriculture seeds, fertilisers, establishing shops, etc. 25% of the loaned amount was used for consumption whereas 75% of loans were used for economic activities including farm based and non-farm activities.</p> <p>Rates of interest are decided by each group and vary between 10 to 24%, repayable within 12 months.</p> <p>Repayment rates are 100% to date.</p>
	Number of local governance awareness and education sessions	Baseline = 0	Target = 30 communities (10 per year) 50:50 of participants Female/Male	30	Held in all communities. <u>RUCHI has</u> been visiting all communities on monthly basis and talked about good governance and other educational topics. 80% of the participants are women.
	Increased understanding of local governance	Baseline = pre-training awareness levels	Target = 100% of participants increase their understanding	100%	All are aware of local governance and how a panchayat functions.
Short Term Outcomes					

Communities trained in land and water management	People who have gained access to agricultural technologies* (Number of people trained in floriculture/vegetable growing/organic farming/integrated pest management)	Baseline = 0	Target = 450 over 3 years (75 women and 75 men attend training each year)	150 Male: 70 Female: 80	The villagers in 23 villages are all farmers and they were educated on organic farming, pest management etc. The training was conducted through village camps and at RUCHI's office as well. After seeing demonstrations in RUCHI farmers are exploring possibilities to apply for govt. subsidies for establishing poly-green houses and using micro-irrigation and sprinklers to save on water.
	Number of farmers trained on improved farming and resource management through educational exposure visits	Baseline = 0	Target = 300 over 3 years (50 women and 50 men attend training each year)	103 Male: 48 Female: 55	Educated through exposure to demonstrations and research institution visits.
	Implementation of organic techniques by trained farmers e.g. permaculture, crop rotation, natural fertiliser	Baseline: Measurement of organic techniques was not possible	On-going from Y1 Q2 Qualitative assessment of individuals and communities at least annually	Estimate of farmers using: a) Crop Rotation: 85% b) Natural fertiliser: -Totally NF: 25% -Mix of both: 75% c) Permaculture: 35%	People understand the benefits of organic farming and slowly accepting it. However, 100% organic farming is yet to be practiced because of lack of higher prices availability to farmers for organic products. Till now, they use organic fertilisers and a mix of pesticides. Permaculture is being used in limited ways - following it as a tradition and not quite scientifically.

Check dams and irrigation systems completed	Ability of the check dams to provide irrigation water after monsoon	Baseline = No irrigation is provided by the gullies	Target = Check dams provide water for irrigation: For 1 month Y1 For 2 months Y2 For 3 months Y3	nil	Check dams not yet developed - hence there is no extra month irrigation post monsoon.
	Impact of the check dams on the water table in the immediate surrounding area	Baseline = Flow profile of springs downstream of the check dam	Target = Increase in spring flow rate profile TBC by Year 1, Qtr 3	nil	No impact since check dams have not yet been developed. No data is yet available on ground water table increase owing to dams.
Natural springs protected	Communities have water for drinking, household use, irrigation and cattle from protected springs (achieved through appropriate and hygienic diversion of water for different uses)	Baseline = 0	Target = 11 communities Year 1 = 4 communities Year 2 = 4 communities Year 3 = 3 communities	3 completed 1 under repair	The accessibility to safe water has improved in three villages with the development and protection of natural water sources. These springs have benefitted the entire village including its hamlets. In some cases this water is also used for irrigation in the nearby fields.

Community health team operating as a resource for communities	Number of visits to communities by health team to provide e.g.: -Health information -Tests for TB, diabetes -Referrals to clinic and education centre	Baseline = 0	Target = Bi-monthly from Yr 1, Qtr 2	Achieved - ongoing	CHMs visit each village once a week and pay about 40 visits to a village in a year. They visit RUCHI office 3 times a month for reporting, feed back and on job orientation.
	Range of health promotion and referral support provided (e.g. on health issues: TB, diabetes, nutrition, maternal health, HIV)	Baseline = 0	Target = Year 1 - 400 people attending SHG Workshops over the year Year 2 - 800 people Year 3 - 1000	400	Covered topics included: MCH, TB, diabetes, diarrhoea, typhoid, skin diseases, general sickness.
	Referrals to clinics	Baseline = 0	Target = Yr 1: 60m/50f Yr 2: 100m/100f Yr 3: 200m/200f	M: 66 F: 124	Cases of TB, diabetes, diarrhoea, and MCH referrals were referred to health institutions.

Women's self-help groups have organised and meet regularly	Number of self-help groups which meet regularly	Baseline = 0	Target = 30 self-help groups meeting regularly by end of Year 1	23	<p>All formed SHGs meet regularly on a fixed date every month.</p> <p>7 SHGs in slums could not be formed as women are not regular and fail to elect office bearers. They still have an interest in having a SHG of their own. RUCHI is still trying to establish slum SHGs. The women show interest but they do not meet regularly. Their drop out is higher and groups disband.</p>
Outputs					
Land and water management training delivered	Number of training sessions delivered	Baseline = 0	<p>Target = 6 (2 per year)</p> <p>Target = min. 5 communities per training: 100 community members/representatives per year (50:50 Female/Male)</p>	<p>7 in small groups benefitting 103 farmers from 20 communities.</p> <p>M: 48 F: 55</p>	<p>Farmers in batches of 15-20 were trained in techniques of roof and surface water collection, trenching, gully plugging, earthen ponds/dams, recharge of springs, soil stabilisation etc.</p>

	<p>Increased understanding of land and water management by participants in e.g.</p> <ul style="list-style-type: none"> •Conservation and collection of rain water •Efficient distribution of limited water for maximum irrigation impacts •Rotation of crops and permaculture approach of growing complementary plants together to reduce insect attraction and promote healthy growth •Collection and appropriate uses of organic fertilisers such as household food waste, livestock manure, and worm farms 	Baseline = 0	Target = 100% of 100 community members per year increase their understanding	100% (of 103 members)	<p>All 103 farmers are now aware of soil and water conservation practices and their benefits, green house technology, crop rotation etc.</p> <p>Irrigation systems were installed after the training Some farmers have already started using this water; practice crop rotation, and grow new vegetables like broccoli and golden yellow onions.</p> <p>Preferential use of organic manure is also on the rise.</p>
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	Number of composting units, trash bins and incinerators constructed and in use	Baseline = 0	Targets Composting units = 32 Y1=16, Y2=16 Trash bins & incinerators = 10 Y1=5, Y2=5	Composting: 4 Trash bins: 2	After a delayed start, the skilled masons were busy with construction of water tanks on a priority basis and hence less focus was given to these units. 5 units of pre-fabricated plates for trash bins, and 15 composting units are ready. It will take 2 days to assemble each of them.
	Seed bank established	Baseline = 0	Y1 = 1	Established	In operation. 32 farmers (Male: 4 and Females: 28) hailing from 5 villages have used the seed bank service.
Irrigation and potable water infrastructure enhanced	Number of covered ferro-cement irrigation tanks (constructed in accordance with the description in environmental impact assessment)	Baseline = 0	Target = 9 irrigation tanks: 3 by end of Y1 6 by end of Y2 9 by Y3, Q2	2	Both tanks are constructed keeping in view the environmental concerns, and usability, according to people's wishes. The number is lower than expected due to the delayed start, and the difficulty keeping skilled masons during the agricultural season.
	Number of percolation tanks constructed (constructed in accordance with the description in environmental impact assessment)	Baseline = 0	Total = 10 perc tanks 3 Y1 4 Y2 3 Y3 (Q2)	3	All were constructed at appropriate locations and without environmental damage.

	Number of check dams constructed (in accordance with the existing overall design specifications specially provided for RUCHI by New Zealand engineers and Engineers without Borders. The designs have been tested and proven in earlier activities.)	Baseline = 0	8 dams in total: 3 by end Y1 3 by end Y2 2 by Y3, Q2	0	The sites have been identified. Although delayed, construction will be done according to the designs recommended by EWB engineer and also used previously in other locations.
	Number of village storage tanks constructed and used	Baseline = 0	30 new village storage structures are used: 10 by end Y1 10 by end Y2 10 by Y3, Q2	4	Constructed as per designs used previously. Delayed start and availability of masons meant less were completed than planned.
	Number of natural springs protected	Baseline = 0	Target = 11 4 Y1 4 Y2 3 Y3	3 completed and work on 4 th spring is going on	Constructed in accordance with traditional wisdom and designs previously used by RUCHI.
Community Health workers trained and employed	Number of health workers recruited and trained in e.g. basic health and hygiene, TB and diabetes testing, nutrition, referrals to clinics and education centre	Baseline = 0	Target = 6 women trained for 2 weeks twice a year (6 training sessions in total)	6	All CHMs were trained at RUCHI, government health institutions, and in field – overall for 2 weeks under each training.

Women's self-help groups established	Women trained in e.g. group management, financial skills, record keeping	Baseline = 0	Target = at least 300 women trained in SHGs in their villages on a regular basis, and at wider annual all-day training sessions of up to six SHGs (15 area training sessions in total, 5 in each year).	145 women office bearers trained in RUCHI office and all together 1300 women trained at village level. 7 Trainings were held, 4 at RUCHI. Others in villages of Bated, Dhanyon and Dora.	Training to office bearers in management and record keeping was given in RUCHI office. Subsequently, RUCHI staff along with trained office bearers passed on knowledge to other members in respective groups. 102 women benefitted through exposures 103 women have taken a loan from their respective group. 36 of these women took a repeat loan.
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* Provide sex-disaggregated data in your report where relevant

Appendix B: Financial Acquittal Report (For Grant Funding Agreements Only)

Name of Organisation: RNZWCS Limited (Rotary New Zealand)
Date of Acquittal Report: 31 May 2016
SDF # / Name of Project: Baddi Township integrated water, wealth, health and agriculture
Country: India

Period covered by the acquittal From: 1 March 2015 To: 29 February 2016

1. Financial Statement

Balance of funds carried forward	NZD	0
MFAT funding for the period	NZD	188,839 (Tranche 1)
Other income (other funders)	NZD	70,562.70 ¹
Other income (interest)	NZD	776.18 ²
FX (gain/loss)	NZD	0
Total income	NZD	260,177.88
Less total expenditure	NZD	140,294.30 ³
Balance of funds on hand (as at Activity Year End)	NZD	119,883.50

2. Reconciliation of expenditure against agreed Costed Outputs Table

(Please attached detailed spread sheet budget)

Output # & description	Budget Amount for period	Actual Expenditure for period	Amount of over / under expenditure	± % variation to budget
Output 1: Land and water management training delivered	33,310	24,331	8,979	27%
Output 2: Irrigation and potable water infrastructure enhanced	75,230	37,783	37,447	50%
Output 3: Community Health workers trained and employed	45,600	42,370	3,230	7%
Output 4: Women's self-help groups established	16,640	15,408	1,232	7%
In-Country Support Costs	7,605	6,907	698	9%
NZ Based Support Costs	16,950	13,495	3,455	20%
Total	195,335	140,294	55,041	28%

¹ in kind TB kits converted at budget fx rate.

² at fx rate achieved for Y1 transfers.

³ includes in kind contribution for Y1 at budgeted rate

3. Statement

I declare that the above information is true and correct and confirm:

1. MFAT funds were received and used only for the agreed purpose(s), and
2. All conditions attached to MFAT's funding have been met, and
3. MFAT funds have been fully utilised for the intended purpose, OR
There are unspent funds and I understand that MFAT may deduct this amount from the next tranche payment OR a cheque is attached returning these funds to MFAT.

Stuart J. Batty

Full Name (in block capitals)



Signature

Director

Title / Position (e.g.CEO)

31 May 2016

Date

Appendix D: Revised Results Framework (with proposed revisions highlighted)

From agreed results measurement table in Funding Agreement

Outcomes and outputs	Indicators for measuring performance	Baseline data	Planned targets
Long term Outcomes			
Increased agricultural yields	Number of households with increased crop production	Baseline health/socioeconomic survey (Year 1, Qtr 1)	Target = (Year 3, Qtr 3) 60% of target 700 families with an average increased yield of USD 500 per family
	Additional value of agricultural production* (Dollars, Outcome)	Baseline health/socioeconomic survey (Y1 Q1)	Target = 20% increase in dollar value of agricultural outputs (at household level) by end Y2
Reduced vulnerability to disease and increased take up of treatment	Percentage of adults and children reporting no water borne disease in the past 12 months	Baseline health/socioeconomic survey (Year 1, Qtr 1) = Typhoid = 98.42% Gastroenteritis = 88.88% Jaundice = 99.78% CAVEAT: Information on disease frequency from government hospitals. Large proportion go to the chemist or private hospitals. Baseline: Typhoid: 9% Gastroenteritis 50% Diarrhoea 21.5% Jaundice 4.5%	Target = 99.9% for all diseases (Year 3, Qtr 3)
	Percentage of women and men diagnosed who are accessing TB and diabetes treatment	Baseline health/socioeconomic survey (Year 1, Qtr 1) = 10% diabetes, 80% TB	Target = 50% Diabetes 90% TB (Year 3, Qtr 3) Target: 90% TB referrals accessing DOT centres by year 3 Q4

	Extent of adherence to treatment		Qualitative assessment by health workers during community and household visits to identify barriers to treatment adherence. On an on-going basis from Y1 Q2
Communities demonstrate financial mgmt. And long term planning skills	Percentage of households with financial savings habits	Baseline health/socioeconomic survey (Year 1, Qtr 1) = 37.6% (80% of village households and no slum households)	Target = 75% (Year 3, Qtr 3)
	Percentage of households using seed banks	Baseline = 0	Target = 50% of households in rural areas (Year 3, Qtr 3)
Medium Term Outcomes			
Communities demonstrate more effective (productive) land and water management	Proportion of land irrigated	Baseline = 20% of land is cultivated and irrigated	Target = 30% (Year 3, Qtr 3)
Communities have consistent access to safer drinking water all year round	People with increased access to safe water*	Baseline = 0	Target = End Y1: 3,500 End Y2: 7,000 End Y3: 10,000 Disaggregated by sex
Increased awareness of and testing for TB and diabetes	Number of TB and diabetes tests	Baseline = 0	TB tests End Y1: 2,000 End Y2: 4,000 End Y3: 6,000 Diabetes tests End Y1: 2,000 End Y2: 4,000 End Y3: 6,000
	Number of people that Community Health Workers have reached with information on TB	Baseline = 0	Target = End Y1: 2,000 End Y2: 4,000 End Y3: 6,000

	Number of people that Community Health Workers have reached with information on diabetes	Baseline = 0	Target = End Y1: 2,000 End Y2: 4,000 End Y3: 6,000
Women's self-help groups engage governance structures and access social protection schemes	Number of communities participating in Panchyats	Baseline = 0	Target = 30 23 in panchayats
	Proportional increase in households accessing government social protection mechanisms	Baseline health/socioeconomic survey (Year 1, Qtr 1) = 10% of households (346)	Target = 100% increase (yr 1 – 20% of households) 100% increase (yr 2 – 40% of households) 50% increase (yr 3 – 60% of households)
	Number of Women's Self-help groups that establish Savings and Loans Clubs	Baseline = 0	Target = 10 (End Yr 1) Target = 30 (End Yr 2)
	Number of Discretionary Grants allocated to Women's Self Help Groups for e.g. training, small infrastructure (such as lighting or repairs to toilets), resources for income generating etc.	Baseline = 0	Target = 10 (End Yr 1) Target = 30 (End Yr 2) Purpose and outcomes of discretionary grants documented
	Usage of Savings and Loans facilities by members		Qualitative assessment of the usages of loans, repayment rates, and the administration of them (e.g. are they going to the community members who need them most). On on-going basis from Y1 Q3
	Number of local governance awareness and education sessions	Baseline = 0	Target = 30 communities (10 per year) 50:50 of participants Female/Male
	Increased understanding of local governance	Baseline = pre-training awareness levels	Target = 100% of participants increase their understanding

Short Term Outcomes			
Communities trained in land and water management	People who have gained access to agricultural technologies* (Number of people trained in floriculture/ vegetable growing/ organic farming/ integrated pest management)	Baseline = 0	Target = 450 over 3 years (75 women and 75 men attend training each year)
	Number of farmers trained on improved farming and resource management through educational exposure visits	Baseline = 0	Target = 300 over 3 years (50 women and 50 men attend training each year)
	Implementation of organic techniques by trained farmers e.g. permaculture, crop rotation, natural fertiliser	Baseline: Measurement of organic techniques was not possible	On-going from Y1 Q2 Qualitative assessment of individuals and communities at least annually
Check dams and irrigation systems completed	Ability of the check dams to provide irrigation water after monsoon	Baseline = No irrigation is provided by the gullies	Target = Check dams provide water for irrigation: For 1 month Y1 For 2 months Y2 For 3 months Y3
	Impact of the check dams on the water table in the immediate surrounding area	Baseline = Flow profile of springs downstream of the check dam	Target = Increase in spring flow rate profile TBC by Year 1, Qtr 3
Natural springs protected	Communities have water for drinking, household use, irrigation and cattle from protected springs (achieved through appropriate and hygienic diversion of water for different uses)	Baseline = 0	Target = 11 communities Year 1 = 4 communities Year 2 = 4 communities Year 3 = 3 communities
Community health team operating as a resource for communities	Number of visits to communities by health team to provide e.g.: -Health information -Tests for TB, diabetes -Referrals to clinic and education centre	Baseline = 0	Target = Bi-monthly from Yr 1, Qtr 2

	Range of health promotion and referral support provided (e.g. on health issues: TB, diabetes, nutrition, maternal health, HIV)	Baseline = 0	Target = Year 1 - 400 people attending SHG Workshops over the year Year 2 – 800 people Year 3 – 1000
	Referrals to clinics	Baseline = 0	Target = Yr 1: 60m/50f Yr 2: 100m/100f Yr 3: 200m/200f
Women's self-help groups have organised and meet regularly	Number of self-help groups which meet regularly	Baseline = 0	Target = 30 self-help groups meeting regularly by end of Year 1
Outputs			
Land and water management training delivered	Number of training sessions delivered	Baseline = 0	Target = 6 (2 per year) Target = min. 5 communities per training: 100 community members/representatives per year (50:50 Female/Male)

	<p>Increased understanding of land and water management by participants in e.g.</p> <ul style="list-style-type: none"> •Conservation and collection of rain water •Efficient distribution of limited water for maximum irrigation impacts •Rotation of crops and permaculture approach of growing complementary plants together to reduce insect attraction and promote healthy growth •Collection and appropriate uses of organic fertilisers such as household food waste, livestock manure, and worm farms 	Baseline = 0	Target = 100% of 100 community members per year increase their understanding
	Number of composting units, trash bins and incinerators constructed and in use	Baseline = 0	<p>Targets</p> <p>Composting units = 32</p> <p>Y1=16, Y2=16</p> <p>Trash bins & incinerators = 10</p> <p>Y1=5, Y2=5</p>
	Seed bank established	Baseline = 0	Y1 = 1
Irrigation and potable water infrastructure enhanced	Number of covered ferro-cement irrigation tanks (constructed in accordance with the description in environmental impact assessment)	Baseline = 0	<p>Target =</p> <p>9 irrigation tanks:</p> <p>3 by end of Y1</p> <p>6 by end of Y2</p> <p>9 by Y3, Q2</p>
	Number of percolation tanks constructed (constructed in accordance with the description in environmental impact assessment)	Baseline = 0	<p>Total = 10 perc tanks</p> <p>3 Y1</p> <p>4 Y2</p> <p>3 Y3 (Q2)</p>

	Number of check dams constructed (in accordance with the existing overall design specifications specially provided for RUCHI by New Zealand engineers and Engineers without Borders. The designs have been tested and proven in earlier activities.)	Baseline = 0	8 dams in total: 3 by end Y1 3 by end Y2 2 by Y3, Q2
	Number of village storage tanks constructed and used	Baseline = 0	30 new village storage structures are used: 10 by end Y1 10 by end Y2 10 by Y3, Q2
	Number of natural springs protected	Baseline = 0	Target = 11 4 Y1 4 Y2 3 Y3
Community Health workers trained and employed	Number of health workers recruited and trained in e.g. basic health and hygiene, TB and diabetes testing, nutrition, referrals to clinics and education centre	Baseline = 0	Target = 6 women trained for 2 weeks twice a year (6 training sessions in total)
Women's self-help groups established	Women trained in e.g. group management, financial skills, record keeping	Baseline = 0	Target = at least 300 women trained in SHGs in their villages on a regular basis, and at wider annual all-day training sessions of up to six SHGs (15 area training sessions in total, 5 in each year).

* Provide sex-disaggregated data in your report where relevant

Appendix E: Annual workplan for the year ahead

Year 2 Workplan

	<i>Month</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>	<i>8</i>	<i>9</i>	<i>10</i>	<i>11</i>	<i>12</i>
Output 1:	<i>Land and water management training delivered</i>												
101	<i>Baseline land survey</i>												
102	<i>Annual land surveys</i>												
103	<i>Establish Seed bank</i>												
104	<i>Set up Floriculture/vegetable demonstrations</i>												
105	<i>Tree plantation (1,000 trees)</i>												
106	<i>Composting units (28 Nos.)</i>												
107	<i>Trash bins and incinerators (8 Nos.)</i>												
108	<i>Consultancy fees to visiting scientists and engineers</i>												
109	<i>Educational exposure visits for farmers (100 Nos)</i>												
110	<i>Project Officer Agriculture & Water</i>												
Output 2:	<i>Irrigation and potable water infrastructure enhanced</i>												
201	<i>Baseline health/socioeconomic survey</i>												

202	<i>Annual health/socioeconomic surveys</i>												
203	<i>Construct covered ferro-cement Irrigation Tanks (4 Nos)</i>												
204	<i>Construct percolation Tanks (4 nos.)</i>												
205	<i>Construct small check dams (6 nos)</i>												
206	<i>HDPE pipes for water transportation</i>												
207	<i>Transportation of materials</i>												
208	<i>Gully plugging</i>												
209	<i>Construction of water storage tanks (16 Nos.)</i>												
210	<i>Develop 11 natural springs (5 Nos)</i>												
211	<i>Purchase water quality testing kits</i>												
212	<i>Purchase consumables for water quality monitoring</i>												
213	<i>Transportation of materials</i>												
214	<i>Project Officer Agriculture & Water</i>												
215	<i>Agriculture Engineer</i>												
Output 3:	<i>Community Health Workers trained and employed</i>												
301	<i>Purchase TB diagnostic kits</i>												
302	<i>Purchase Diabetes testing kits</i>												

303	<i>Purchase consumables for TB & Diabetes tests</i> A. Conduct TB tests (4000) B. Conduct Diabetes tests (4000)												
304	<i>Training for health workers</i>												
305	<i>Stipend for 6 health workers</i>												
306	<i>Transport costs for health workers</i>												
307	<i>Project Officer Health and Community</i>												
Output 4:	<i>Women's self-help groups established</i>												
401	<i>SHGs formation/campaigning</i>												
402	<i>Exposure visits</i>												
403	<i>SHG discretionary grant</i>												
404	<i>Project Officer Health and Community</i>												

Appendix F: Revised Risk Matrix

New risks highlighted purple

All operational risks to the Activity have been identified as having a Medium risk profile. This remains unchanged.

External risks include natural disasters and political instability. Natural disasters remain unlikely, and political instability is also unlikely following local elections in Year 1.

Organisational risks are mainly the moderate consequence of staff turnover. This remains unlikely. RUCHI promotes staff retention by providing a good working environment and has strategies in place for intensive training for new staff who require it.

Financial risks include cost escalations and exchange rate fluctuations. Cost escalations have been encountered in Year 1, due in part to substantial price increases, and some budgeting oversights. Looking forward to Years 2 & 3 the risk of further cost escalation remains unlikely. Many of the costs are now better established following Year 1 activities, and RUCHI has decades of experience of managing similar activities. RUCHI and Rotary New Zealand will continue to monitor expenditure and activity progress.

The proposed changes to the budget have increased the risk that there may not be sufficient funds available to complete the full Activity scope. However, the effect of the changes has already been mitigated by the currently strong exchange rate. The exchange rate risk remains possible, but would now have to move quite significantly to create a problem for the Activity. Nevertheless both RUCHI and Rotary New Zealand will continue to monitor whether the Indian rupee strengthens significantly against the New Zealand dollar.

Rotary New Zealand has encountered more challenges than originally anticipated in raising the matched funds required for the second tranche of MFAT funding in September 2016. There is a new risk (with likelihood currently rated as possible) that we may not raise the full amount, in which case the scope would need to be reduced.

Summary of environmental and social impacts and risks

Potential Environmental or social impact	Risk Level	Management/Mitigation Actions	Responsible
Soil erosion and loss of vegetation during construction of dams and plugging	Medium	The dam construction takes place with a few weeks which reduces erosion by foot traffic, and vehicles are not permitted too near the site (i.e. off the road) so they do not cause damage. More than one route to the site is often used to spread the flow of people and materials and if any route begins to show signs of erosion then alternative routes are used.	RUCHI and PAC
Health and injury risk to labourers	Medium	RUCHI and the community work out the safest and most secure routes to the sites and adjust the route if any particular area begins to show signs of degradation.	RUCHI and PAC
Long term soil quality degradation	Medium	RUCHI supports communities to increase their knowledge of organic and rotational farming techniques to increase the quality of the soil rather than overuse it. Agricultural extension workers provide training and facilitate exposure visits for community members, and help them greatly increase the diversity of their crops. Communities are also supported to experiment with growing flowers and fruit.	RUCHI

Flooding caused by the dams	Low	Sites are selected carefully to maximise the advantages of steep slopes on either side of a gully and there is very little likelihood that these small dams can cause any flooding as there are no plains in the immediate surrounding area.	RUCHI and PAC
Disputes among communities	Medium	RUCHI conducts extensive community consultations with the target and neighbouring villages as part of its commitment to ensuring effective partnerships and addressing potential issues.	RUCHI
Inappropriate plants which do not survive the conditions	Low	"Tree planting" covers a wide range of flora and not only trees. Low lying groundcover plants are planted alongside native trees particularly near dams to stabilise soil.	RUCHI
Non-native plants which overtake natural flora	Medium	A proportion of trees, particularly fruit trees, are unlikely to be native to India but have been cultivated there for centuries and are deemed non-invasive.	RUCHI
Damage to structures and properties caused by tank construction	Medium	Care is taken to site structures such as tanks a suitable distance from existing buildings so that digging does not risk destabilising the soil.	RUCHI and PAC
Unstable tank construction	Medium	RUCHI takes care to ensure that tanks and other structures (compost bins etc.) are not sited in the paths of natural water channels which can cause erosion around the tank.	RUCHI and PAC
Disputes about placement of communal resources	Medium	RUCHI's approach is to work with the community as a whole to meet all the water needs of all members. This includes both communal and household water tanks. RUCHI ensures that communal resources are physically accessible to all community members, and frequently places multiple units in different places to make sure that all areas of the community are served.	RUCHI and all community members
Damage to natural springs	Low	Construction around springs ensures that the source is not built on directly to avoid damaging it.	RUCHI
Air pollution from burning rubbish	Low	Burning rubbish is kept to minimal levels by providing composting for organic waste and by communities recycling materials that can be reused.	PAC
Shortage of skilled masons <input type="checkbox"/>	Low	Construction work using ferro-cement technology is dependent on 2 highly skilled and trained masons and hence it is important that this work is given priority - particularly the during non-peak farming season. If the skilled masons still leave work, alternative technology will be used to develop structures.	RUCHI