



Environment

Water Community



Solution Exchange for the Water Community Consolidated Reply

Query: Inputs for Consultations with Gram Panchayats on Watsan - Experiences

Compiled by [Nitya Jacob](#), Resource Person and [Sunetra Lala](#), Research Associate
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From [Sonali Srivastava](#), Arghyam, Bangalore
Posted 18 August 2009

I am Sonali Srivastava, working with Arghyam on ASHWAS (A survey of Household Water and Sanitation). ASHWAS is a participatory survey conducted by Arghyam to ascertain the status of household water and sanitation in rural Karnataka. ASHWAS covered 17,200 households in 172 Gram Panchayats across 28 districts of Karnataka. In addition, separate information was collected from gram panchayat officials and village elders. The State Governor launched the ASHWAS report launched on 20 July, 2009. We incorporated several suggestions from members in the earlier discussion on analysing the data, and also reorganised some parameters. You can read a brief report on ASHWAS at <http://www.solutionexchange-un.net.in/environment/cr/res-18080901.doc> (DOC; Size: 86KB).

The ASHWAS report's findings show a sub-optimal situation at the ground level on various aspects of water and sanitation, despite efforts from multiple agencies. As a follow up of the survey, Arghyam plans to have meetings with Panchayat members of all the 172 GPs covered across Karnataka. The purpose is to share findings detailed in customised GP reports, as well as to discuss possible actions the GPs can undertake. We will organise a half-day workshop in each gram panchayat and invite as many people as possible from that panchayat. The process will begin in September 2009.

The State Department of Rural Development and Panchayati Raj (RDPR), which has been involved with us in discussions, has also said they would support appropriate interventions that the survey recommends.

In this context, we are keen to hear from members on how to make the GP meetings productive and strategies to encourage GP members to take action.

- Experiences from the field which involve information dissemination to GPs and its follow-up
- What should we keep in mind while formulating agenda for the gram panchayat meetings?
- Please give us pointers on building the capacity of GPs to initiate and pursue action on WATSAN.

- Finally, ways to support RDPR in following up on survey recommendations

Your inputs will help in structuring the meetings with the GPs and in consolidating follow up actions.

Responses were received, with thanks, from

1. [Muhammad Mukhtar Alam](#), Center for Ecological Audit, Social Inclusion and Governance, New Delhi
2. [Kalyan Paul](#), Pan Himalayan Grassroots Development Foundation, Ranikhet
3. [Sacchidananda Mukherjee](#), National Institute of Public Finance and Policy, New Delhi
4. [Shriniwas Indapurkat](#), BAIF Development Research Foundation, Pune
5. [Dhananjaya B. N.](#), The Livelihood School - A BASIX Initiative, Bangalore
6. [Latha Bhaskar](#), Ashoka Trust for Research in Ecology and the Environment, Thiruvananthapuram
7. [Shrikant D Limaye](#), Ground Water Institute, Pune
8. [Shashikant Kumar](#), Green Eminent Research Centre, Vadodara
9. [Sonali Srivastava](#), Arghyam, Bangalore
10. Jim Baldwin, Water Consultant, Goa ([Response 1](#)) ([Response 2](#))
11. [Isac John](#), Socio-Economic Unit Foundation, Calicut
12. [Atul Rawat](#), DMV Business and Market Research Pvt. Ltd., Hyderabad
13. [Nitya Jacob](#), United Nations Children's Fund, New Delhi
14. [Aasha Ramesh](#), Centre for World Solidarity, Hyderabad
15. [Arunabha Majumder](#), Jadavpur University, Kolkata
16. [N. C. S. Seema](#), WaterHealth India Pvt. Ltd., Secunderabad

Further contributions are welcome!

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Summary of Responses

The Arghyam Survey of Household Water and Sanitation (ASHWAS) covered 17,000 households in 172 gram panchayats in 28 districts of Karnataka. It examined the status of water, sanitation and hygiene in these households. According to the report, the situation is far from satisfactory. A majority of households get their drinking water from unprotected sources, and over 40 per cent spend up to an hour a day to collect this water. The water quality is alarming; 60 per cent of the sources tested under ASHWAS exceeded 1 part per million (ppm) of fluoride. On the sanitation front, a whopping 72 per cent of households have no toilets, while just half of the reporting households said they use soap while washing hands.

The next step in the process is to share the ASHWAS report with the 172 gram panchayats. The purpose is two-fold: To get their inputs and discuss how to improve access and quality of the water and sanitation services. Members suggested that the Arghyam team can involve Village Water and Sanitation Committees (VWSCs) in this activity, as these are empowered by the local gram panchayat to handle all matters relating to water and sanitation. In addition, officials from

the line departments, the anganwadi worker, village health worker and local teachers must participate in these meetings.

It is important to keep the gender dimension in mind while organising meetings. All too often, men are more outspoken in village meetings. There is a need to take special care to bring out women's voices. One way to ensure this is to involve all women panchayat members. Women are the main water providers in households, and suffer more than men from the lack of sanitation facilities.

While Arghyam organises the gram panchayat meetings there is a need to recognize that socially excluded groups require special attention. Like women, Dalits and extremely backward castes are often excluded from these meetings. One way to ensure they are heard is to hold separate meetings with them; this will encourage them to speak out. Further, Dalits ought not to be the only community responsible for maintaining community toilets, where they exist.

Typically, a one-day meeting in a gram panchayat is enough for sharing experiences on both sides. The best time, though, is early in the morning or late in the evening; most people are out working during the day and holding a meeting then will deprive them of a day's income. Members noted that Arghyam can present the data collected from the particular gram panchayat pictorially as this has greater impact than simply talking about it.

The topics covered in the meetings can include an introduction to the diseases caused by poor sanitation and drinking contaminated water; the latter can be divided into the impact of fluorosis, bacterial diseases and the effect of water high in nitrates on the human body. Arghyam can stress the positive aspects, such as using safe water, rainwater harvesting, water conservation, solid and liquid waste management, and good hygiene practices.

Arghyam can use the Gram panchayat meetings to work out a strategy for improving sanitation coverage, especially the hardware aspects. As the State Department of Rural Development and Panchayati Raj (DRDPR) is keen to support appropriate interventions, the meetings can recommend village strategies to the Department. The Department can also reward gram panchayats for exemplary work on water and sanitation to encourage them, and act as an incentive for others.

The gram panchayat meetings are an opportunity to train VWSC members in the use of water testing kits. The H₂S kit is the easiest to use to detect the presence of bacteriological contaminants. Arghyam can instruct adolescent girls and women on menstrual hygiene during exclusive meetings with them. Alongside, self-help groups can either manufacture or retail sanitary napkins; SHGs in several parts of India have started these activities.

ASHWAS shows a high degree of nitrate pollution, probably caused by either fertiliser run-off or inadequate disposal of animal waste. The meetings can discuss sources of groundwater pollution to understand what farmers and others feel about their role in causing, and preventing, this. Arghyam can demonstrate methods to prevent fertilisers and animal waste from contaminating groundwater.

Local NGOs, SHGs and anganwadi and health workers can help train VWSC members to initiate action for improving watsan. For example, WaterHealth International ran a campaign in several villages of [Andhra Pradesh](#) to raise awareness about the need to drink safe water before setting up Water Health Centres in these villages. They worked especially closely with gram panchayats. In [Kerala](#), the government and World Bank-sponsored Jananidhi scheme has set up over 3,500 water supply systems, managed by 3,600 beneficiary groups.

The Jalswarajya scheme, [Maharashtra](#), owes its success to joint management and ownership by gram sabhas. These integrate water supply, sanitation and hygiene. In [Rajasthan](#), Aapni Yojna for supplying water has succeeded largely because of community participation for both providing water and solving disputes over water.

The meetings organisers can document the proceedings. Arghyam can collate these and work with the DRDPR on suitable follow up action. It can compare the ASHWAS finding with the results from the meetings to develop a gram panchayat specific strategy. As the survey covers the entire state, even a sampling of 172 panchayats will be representative of the conditions from all parts of Karnataka. The strategy that emerges from this analysis can guide a water, sanitation and hygiene programme for Karnataka that is location-specific and flexible. This will also be a truly participatory strategy, as it will have inputs from the beneficiaries themselves.

Comparative Experiences

Andhra Pradesh

Water Health Centres Succeed in Providing Safe Drinking Water for Rural Communities *(from [N. C. S. Seema](#), WaterHealth India Pvt. Ltd., Secunderabad)*

WaterHealth India has been providing Water Health Centres (WHC) in rural areas with capacities of around 3,000 litres per hour that treats water with ultraviolet light and/or reverse osmosis. An awareness drive is organised before distributing water to the community to raise awareness about the need to drink safe water. This involves gram panchayats in understanding the need for a WHC. These initiatives have made safe water more accessible to rural communities. Read [more](#)

Kerala

Jalanidhi Project Completes 3,681 Schemes for Water Supply *(from [Latha Bhaskar](#), Ashoka Trust for Research in Ecology and the Environment, Thiruvananthapuram)*

In June 2008, under the State Government's water supply programme, 3,681 water supply systems, managed by 3,891 beneficiary groups were completed. The beneficiary communities are operating and maintaining them. They collect Rs. 4-5/household for maintaining the system. Working with communities, the programme was able to fix an appropriate pricing mechanisms and the community actively participated, helping the programme to succeed. Read [more](#)

Maharashtra

Jalswarajya Aids Community Sensitization *(from [Jim Baldwin](#), Water Consultant, Goa; [response 1](#))*

Jalswarajya provides an example of successful decentralised water service delivery through sub-committees. The decision making is done by the Gram Sabha while the Social Audit Committee is responsible for monitoring the project. The integrated approach of water supply, hygiene and sanitation has aided community sensitisation and the reform initiative has resulted in many villages emerging as successful community based models in Watsan. Read [more](#)

Rajasthan

Aapni Yojana Provides Best Practice Example in Community Managed Water Services *(from [Sunetra Lala](#), Research Associate)*

The scheme has been implemented in three water scarce districts aimed at providing piped water supply and improving the health of the community. The institutional structure has been found to

work very well with community participation through a Community Participation Unit, Water and Health Committees and eventually Paani Panchayats to solve disputes. This is an experience that could be replicated in other states. Read [more](#)

Related Resources

Recommended Documentation

Jalswarajya Project - Best Practice Notes (from Jim Baldwin, Water Consultant, Goa; [response 1](#))

Best Practice Notes; by Scott Wilson Capacity Building Consortium; Water Supply and Sanitation Department, Government of Maharashtra; Mumbai;

Available at <http://www.solutionexchange-un.net.in/environment/cr/res-18080902.zip> (ZIP Size: 4MB)

A set of 20 best practice notes on how under the Jalswarajya Project, Maharashtra the gram panchayats were involved in delivering Watsan services

From [Sunetra Lala](#), Research Associate

Public Private Partnerships And The Poor In Water and Sanitation

Report; by Water, Engineering and Development Centre (WEDC) and Department for International Development (DFID); United Kingdom; 2003

Available at <http://www.dfid-kar-water.net/projects/files/R7388.html>

Describes sustainable and practical processes for water supply and sanitation services to the poor through public-private partnerships

Going Public: Southern Solutions to the Global Water Crisis

Report; by High Warwick and Vicky Cann; World Development Movement; United Kingdom; 2007

Available at <http://www.wdm.org.uk/resources/reports/water/goingpublic14032007.pdf> (PDF, Size: 3.20MB)

Features public water experts from Brazil, India and Uganda, describing the successes they have had in connecting the poor to clean water by involving local actors

Sanitation: A Human Rights Imperative

Report; by Maria Katsabanis; Centre for Housing Rights and Evictions, Water Aid, UN-Habitat, Swiss Agency for Development and Cooperation; Geneva; 2008

Available at <http://www.cohre.org/sanitation> (PDF, Size: 716KB)

An advocacy tool to encourage more funding for sanitation, more debate and research into the barriers to accessing affordable sanitation and how to remove them

India - Water Resources Management Sector Review : Rural Water Supply and Sanitation Report

Report; by World Bank; January 1998;

Available at

http://www-wds.worldbank.org/servlet/main?menuPK=64187510&pagePK=64193027&piPK=64187937&theSitePK=523679&entityID=000009265_3980901105844 (PDF; Size: 8.33MB)

Addresses the need to devolve decision-making powers relating to water and sanitation projects to panchayats, who will have the incentive and opportunity to initiate action

People's Initiative in Water - Olavanna Village in Kerala, India Shows the Way

Paper; by Joy Elamon in Reclaiming Public Waters; Transnational Institute; The Netherlands; 2005;

Available at <http://www.tni.org/books/waterindia.pdf> (PDF; Size: 97.7KB)

Presents a case study on how drinking water projects were successfully initiated in the state of Kerala with the involvement of local panchayats

Needed, A Paradigm Shift

Article; by Vibhu Nayar and V. Suresh; The Hindu; October 2008;

Available at

<http://www.thehindu.com/thehindu/mag/2008/10/26/stories/2008102650130400.htm>

Discusses how only new initiatives between state institutions, such as panchayats and the citizen, based on transparency, can ensure fair access to water for everyone

Pani Panchayat in Orissa, India: The Practice of Participatory Water Management

Article; by Basanta Kumar Sahu; Palgrave Macmillan; England; March 2008; Available at <http://www.ingentaconnect.com/content/pal/dev/2008/00000051/00000001/art00021>

Argues the need for strengthening existing local institution such as panchayats, for ensuring equity in water access, which will lead to better development of water resources

Recommended Organizations and Programmes

United Nations Children's Fund (UNICEF), New Delhi (from [Muhammad Mukhtar Alam](#), Center for Ecological Audit, Social Inclusion and Governance, New Delhi)

73, Lodhi Estate, New Delhi 110003; Tel: 91-11-24690401/24691410; Fax: 91-11-24627521, 24691410; newdelhi@unicef.org; http://www.unicef.org/wes/index_emergency.html

An international development agency, UNICEF works to provide better sanitation and water facilities across India

National Rural Employment Guarantee Scheme (NREGS), New Delhi (from [Kalyan Paul](#), Pan Himalayan Grassroots Development Foundation, Ranikhet)

Ministry of Rural Development, Krishi Bhawan, New Delhi 110001; Tel: 91-11-23063581,23034922; Fax: 23385466; singhrp@sansad.nic.in; <http://nrega.nic.in/guidelines.htm>;

Provides for 100 days of work per year to each person in a family below the poverty line; works taken up under the scheme include construction of water harvesting structures

BAIF-Institute for Rural Development-Karnataka (BIRD-K), Karnataka (from [Shriniwas Indapurkat](#), BAIF, Pune)

P. B. No. 3 Kamdhenu, Sharda Nagar, Tiptur 572202, Karnataka; Tel: 91-8134-250658; Fax: 91-8134-251337; birdktpr@gmail.com; www.birdk.org.in

BIRD-K has developed and installed water harvesting systems for individual households in flouride-affected areas of Karnataka, thereby meeting water demands of the area

Jalanidhi, Kerala (from [Latha Bhaskar](#), Ashoka Trust for Research in Ecology and the Environment, Thiruvananthapuram)

PTC Towers, SS Kovil Road, Thampanoor, Thiruvananthapuram 695001, Kerala; Tel: 91-471-233700; Fax: 91-471-2337004; mis@jalanidhi.com; <http://jalanidhi.com/decentralization.htm>

State-level project assisted by the World Bank to provide water and sanitation services, and augment groundwater resources in the state

Water Health International, Secunderabad (from [N. C. S. Seema](#), WaterHealth India Pvt. Ltd., Secunderabad)

No. 206, Ashoka MyHome Chambers, 1-8-301, S. P. Road, Secunderabad 500003, Andhra Pradesh; Tel: 91-40-67011709; Fax: 91-40-67011710; infoindia@waterhealth.com;

www.waterhealth.com

The company uses a combination of technology and business models to deliver highly affordable, clean water to even the most remote, low-income rural communities

From Jim Baldwin, Water Consultant, Goa; [response 1](#)

Jalswarajya, Maharashtra

1st Floor, Mantralaya, Madam Cama Road, Nariman Point, Mumbai 400032, Maharashtra; Tel: 91-22-22885144; Fax: 91-22-22814623; director@mahagsda.org;
http://www.mahawssd.gov.in/dataentry/Performance_page.asp

A World Bank funded project, the project is designed to strengthen the implementation of the water sector reform all over the state

The World Bank, New Delhi

69-70, Lodi Estate, New Delhi 110003; Tel: 91-11-4617241; Fax: 91-11-4619393;
info@worldbank.org;

<http://www.worldbank.org.in/WBSITE/EXTERNAL/COUNTRIES/SOUTHASIAEXT/INDIAEXTN/0,menuPK:295589~pagePK:141159~piPK:141110~theSitePK:295584,00.html>

International agency, works in the area of water and sanitation across India, including decentralised water management systems at the gram panchayat levels

Scott Wilson Limited, United Kingdom

Scott House, Basingstoke RG21 7PP, United Kingdom; Tel: 44-20-72223651; Fax: 44-20-78241929; mail@britishexpertise.org; http://www.britishexpertise.org/bx/pages/bx_projects.php

Provides a range of services, including river basin planning and management, flood investigation and defences, water resource evaluation and development, etc

From [Sunetra Lala](#), Research Associate

Kerala Rural Water Supply and Sanitation Agency, Kerala

PTC Towers, S. S. Kovil Road, Thampanoor, Thiruvananthapuram, Kerala; Tel: 91-471-2337002; Fax: 91-471-2337004; mis@jalanidhi.com; <http://www.jalanidhi.com/index.htm>

Works through Panchayats for implementation of its water supply schemes. 3699 water supply schemes, managed by 3929 beneficiary groups have been completed so far

Water and Sanitation Management Organization, Gujarat

3rd Floor, Jalsewa Bhavan, Sector 10-A, Gandhinagar 382010, Gujarat; Tel: 91-79-23247170; Fax: 91-79-23247485; wasm@wasm.org; http://www.wasm.org/cms.aspx?content_id=15

Focuses on community-managed drinking water supply, with the involvement of panchayats, coordinates the activities of the Village Water and Sanitation Committees

Uttarakhand Rural Water Supply and Sanitation Project - Swajal Project Management Unit, Uttarakhand

Mussoorie Diversion Road, Makkawala, Dehradun, Uttarakhand; Tel: 91-135-2744022, 2733380; pmu_uttaranchal@rediffmail.com; <http://gov.ua.nic.in/swajal/programme.htm>

Implements water and sanitation programmes in the state and facilitates panchayats activities under the Total Sanitation Campaign

Swajaldhara, New Delhi

9th Floor, Paryavarn Bhawan, CGO Complex, Lodhi Road, New Delhi 110003; Tel: 91-11-24361043; Fax: 91-11-24364113; jstm@water.nic.in; <http://ddws.nic.in/swajaldhara.htm>

Programme focuses on decentralised implementation of rural drinking water supply, involving the participation of panchayats and communities

Aapni Yojana Sanitation Project, Rajasthan

Rural Development and Watershed, KFW Office, New Delhi. 21 Jor Bagh. New Delhi 110003; Tel: 91-11-23641202; Fax: 91-11-2462-1203; iihmrcpu@sancharnet.in;

<http://cbhi-hsprod.nic.in/listdetails.asp?roid=87>

Addresses the issue of scarcity of water, sanitation and hygiene through community participation, designed to cover 2.6 million people living in 1000 villages and 11 towns

Related Consolidated Replies

Survey on Household Water and Sanitation, from Binayak Das, Arghyam, Bangalore (Advice). Water Community, Solution Exchange India,

Issued 23/02/2009. Available at <http://www.solutionexchange-un.net.in/environment/cr/cr-se-wes-30010901.pdf> (PDF, Size: 84KB)

Inputs regarding the desirable parameters for analyzing Arghyam water and sanitation data

Responses in Full

Muhammad Mukhtar Alam, Center for Ecological Audit, Social Inclusion and Governance, New Delhi

I would like to endorse that local bodies are critical in taking forward ecologically sustainable development agenda both in the rural and urban areas as neighbourhoods are the most critical zone where policy changes and propositions get shaped, nourished and nurtured for the needful impact. Promoting **carbon-neutral instruments and measures** for meeting, I would like to suggest that participation, consultation across the social groups in a sustainable way is conducted for the needful changes. UNICEF's approach for transforming national goals in community goals is the most important slogan that needs to be adopted though in some contexts where lands are being forcibly acquired, it is difficult to get the community support. I would like to share the experiences from Mewat where there are instances of how some of task of water and sanitation has been achieved through the cooperation of the community. The work conducted in Ghasera village is an example. There are other instances where lack of cooperation had resulted in halting the work in the schools such as Shikarpur village in Tauru village where Sarpanch wanted all control on the construction of additional classrooms. Building cohesion for the creation of public infrastructure is the most critical task at the GP level.

Kalyan Paul, Pan Himalayan Grassroots Development Foundation, Ranikhet

There are several good practices in WATSAN across the country, but we could certainly speak of the mountains, where our organisation has been involved with empowering communities to provide 100 percent coverage for drinking water as well as sanitation.

Well, WATSAN is a long hard road and it is perhaps best for experienced development professionals to be involved with accelerating action at the grassroots. The problem is that currently all shades of people are trying to push the WATSAN agenda without much understanding or experience of rural development. It is almost like us, in the development sector, trying to accelerate the efficiency of the banking sector!!

I would like to suggest a workshop with selected organisations with sufficient experience in WATSAN with the idea of creating a learning platform. For example, we always 'push' water along with sanitation. Then we always insist that communities share at least 10 percent of the cost of drinking water systems and at least 60 to 70 percent of the sanitation component. Plus,

the technical assistance program must include simple designs for construction of appropriate capacity twin soak pits, junction box and water seal pans.

NREGA could quite easily help to mobilise 100 percent families in each GP to construct the individual household level twin soak pits for toilets. Alongside, they could make random rubble blocks for the superstructure of the toilet. The point is that empowering GPs to act on WATSAN is a complex matter and we should be patient with developing strategies, based on Good Practices.

Sacchidananda Mukherjee, National Institute of Public Finance and Policy, New Delhi

I attempt to address the Water Quality aspects of the Arghyam report, viz., "ASHWAS - A Survey of Household Water and Sanitation: Karnataka — 2008-09", and that also on Nitrate and Bacteriological contamination only.

The ASHWAS results show that 20 per cent of the drinking water sources have a nitrate concentration of more than 45 mg/l, which varies significantly across the districts from 1 per cent in Belgaum and Uttara Kannada to 56 per cent in Koppal. More than 20 per cent of the samples from 12 districts (out of 28 districts) have nitrate concentration more than 45 mg/l. In addition, another 36 per cent of the groundwater samples drawn from the villages show nitrate concentration more than 45 mg/l. This is an alarming situation.

The report does not provide information on multiple contaminations of drinking water sources. However, it is expected that high bacteriological contamination of sources could be found, due to high nitrate contamination. Some 38 per cent of the samples have bacteriological contamination which varies across the districts from 1 per cent in Belgaum to 100 per cent in Gadag. More than 38 per cent of the samples from 10 districts have bacteriological contamination.

It is suspected that the high nitrate contamination is mostly due to application of nitrogenous fertilisers and insanitary disposal (or management) of human and animal waste. However, the study needs to capture the causes of pollution and try to address the problem before GP meeting.

I hope that the following aspects could be considered for discussion with Gram Panchayats (GP)

1. What is the degree of consensus among farmers about groundwater pollution?
2. Is there consensus about the causes of the pollution?
3. Do individuals link their own situation and behaviour (or practices) to the pollution?
4. Do farmers sense that viable alternatives to current practices exist?*
5. If alternative practices are modelled and nurtured, do they become acceptable?
6. Whether villagers are willing to contribute to construct a water treatment plant or pay for water from alternative safe sources

* Alternative practices also known as best management practices (BMPs) like adoption of bio-fertilisers, organic farming, bio-gas plant (using both animal and human waste), construction of latrine etc.

Shriniwas Indapurkat, BAIF Development Research Foundation, Pune

In many places of India groundwater contamination is commonly observed, e.g., arsenic contamination in West Bengal or fluoride in Karnataka. In Karnataka, in the Tumkur district, BIRD-K (a BAIF-associate organisation) has handled fluorine contamination successfully. In many other villages the model is being adopted by other organisations. They have focus on rooftop

rainwater harvesting. They also collect water in the upper strata of the soil so that water contamination gets reduced. They have adopted technologies which do not allow contaminants from the soil to mix with the water. You can find more information on their website, <http://www.birdk.org.in/>.

Dhananjaya B. N., The Livelihood School - A BASIX Initiative, Bangalore

It is indeed a great job to prepare GP wise survey status report of water and sanitation which carried out in a participatory way. In fact under various state / external aided projects too many have enumerated the status of these facilities and are well documented even at village level too. In spite of all these GP members and villagers are not fully sensitised on the real issues and are not acting to meaningfully fight to remove those issues. Though access to drinking water has been improved, still proper water handling practices, operation and management of the water supply system, regular chlorination, etc., needs greater attention.

Hence, any meeting with GP on water and sanitation issues should have the agenda of making them more sensitised and drive them to act on the issues seriously. After getting to know about the survey findings of that particular GP (It is better to ask GP members themselves to present the findings of the survey by picking up one or two enthusiastic members), members should do the brainstorming seriously to act on the issues.

Involvement of the women members is of top priority in the discussion.

During the discussion it is necessary to see that concerned RDED engineer, doctor, school teacher, ANM workers and representatives from the block panchayat are present. The presence of active NGO working in the area and representatives from SHGs is also beneficial.

The GPs should evolve action point both of long term and immediate measures. Also they should made aware of their roles and responsibility in the decentralised system of maintaining water supply and sanitation facilities.

Hence broad agenda of the GP meeting should be:

- 1) Understanding the status of water and sanitation in GP (in participatory way)
- 2) Identifying the burning issues
- 3) Evolving action points (through brain storming)
- 4) Drawing action plan - long term and short term

Latha Bhaskar, Ashoka Trust for Research in Ecology and the Environment, Thiruvananthapuram

I have the following suggestions:

While organising the workshops, arrange water testing kits for the said parameters and show the people that their water is contaminated. Arrange films show to show related health hazards, pollution channels and methods to plug them. Participatory learning methods will be more useful. Ask the member of the Panchayat or some community volunteers to do the water quality checking demo which will make a lasting impression on the people.

Fluoride contamination is dangerous, so ask the people to use that water only for cleaning and washing, and provide them drinking water through alternate arrangements. There may be some safe sources still available that can be used for drinking water but with frequent checks. If there is no source free of fluoride in an area, go for rain water harvesting, reverse osmosis, etc., to

provide potable drinking water for the people. In such cases the local self government should take the responsibility.

To prevent contamination from fields, people must be taught to apply only the required quantity of fertiliser. Shifting over to organic farming and using the weeds, etc., growing in such areas for composting will reduce pollution from runoffs from the fields. But strong training and awareness building is required for this.

Safe sanitation is very important for any community. Even in places like Kerala with 98 percent sanitation coverage, the groundwater sources are contaminated by the deep pit latrines; these directly contaminate the groundwater. So safe containment of excreta underground is very important and designs of latrines should consider this. If sufficient land is not available to construct latrines (but where do they defecate in the open then), community latrines (pay and use, separate for men and women) will be the best. Panchayats can install such community latrines in suitable places and with appropriate technology modifications like a combination of bio-gas plants to generate energy to light their streets may be considered as a combination option. Community latrines should be maintained well for which a team of managers on payment needs to be fixed locally. The pay and use system will generate enough money to maintain them.

Menstrual hygiene should be taught to adolescent and young girls (focusing on schools and SHGs). Some SHGs should be encouraged to make and sell hygienic sanitary napkins at affordable prices with adequate information sharing. In toilets an incinerator for used sanitary napkins should be provided.

With adequate facilities and training involving the community using participatory learning methods, things will work out.

I wish to point out the model of Jananidhi in Kerala (this was a World Bank-funded Kerala rural water supply and sanitation programme) in which the cost sharing by the user communities, and gram panchayats was done effectively. Gram panchayats took an active interest in the management, operation and maintenance of such projects, through user groups organised under their control. So sufficient models and best practices are already available. Maybe you can contact the pioneers in the field to support you in these.

[Shrikant D Limaye](#), Ground Water Institute, Pune

Fluoride content can be reduced by repairing the village tank for collecting more rainwater and locating drinking water well near the tank. The idea here is to dilute the fluoride-rich groundwater by percolation of rainwater having zero-fluoride and bring the fluoride content within acceptable limits.

Arsenic (As) pollution is more serious. In Bangladesh, villagers are charging As-rich wells with rainwater. The human body can be stimulated to excrete pass As through urine, by taking homeopathy drug Arsenicum (30 potency). Moreover, taking 3 cloves of crushed raw garlic with morning and evening meals helps in excreting the As from body.

[Shashikant Kumar](#), Green Eminent Research Centre, Vadodara

Congratulations to Arghyam, for conducting this study in Karnataka. Some findings are rather serious, requires immediate intervention from the state level agencies like in case of high fluoride

and fertilizer content. You need to have scientific assessments of the situation done for these two parameters before proper interventions.

Regarding the WATSAN management at the GP level, it's important to involve the community at the following level:

(a) Information dissemination at GP, design and campaign for WATSAN using local socio-cultural parameters, skits, drama, songs etc. Posters and banners should be carefully planned to make effective communication.

(b) GP should be rewarded and encouraged by the state for maintaining proper sanitation, may be given certain grants associated with WATSAN improvement. You can take lessons from 'NIRMAL GUJARAT' Campaign and rewards programmes.

(c) GPs meetings should be based on your findings and measures you suggest for improvement. Community initiatives during such meetings can be planned and listed.

(d) GPs can initiate enforcing SWM measures on the citizens, take initiative in cleaning the WATSAN areas on special days, regularise- social and religious functions on WATSAN issues and build its technical and human capacity for management of WATSAN.

(e) Financial capacity needs to be looked into Operations and maintaining SWM and Sanitation in GPs. Lack of fund should not make the operations

(f) Involve CBO and NGOs for the effective implementation of WATSAN strategies in village.

(g) In case of individual space constraints (if this is true), community WATSAN can be encouraged with Public-Private participation.

[Sonali Srivastava](#), Arghyam Bangalore

Your comments have been extremely useful. We plan to go back to the gram panchayats with a view to discuss the key issues that are emerging from the survey. These are:

- Ensuring source sustainability
- Maintaining water supply systems
- Addressing contamination (Fluoride, Nitrate and Bacteriological)
- Issues of equity for access to watsan services
- Reducing open defecation
- Solid and liquid waste management
- Menstrual Hygiene (protection methods and disposal systems)
- Personal hygiene and health
- Governance (GP Capacity building - from perspectives of planning, institution building, budgeting, technical etc.)

We are trying to capture best practices in above areas, which GPs (and even ZPs and State) can access and learn from. Any stories and references by members will be useful.

[Jim Baldwin](#), Water Consultant, Goa (response 1)

The World Bank-funded Jalswarajya project in Maharashtra was an excellent opportunity for NGOs, consultants and support organizations to develop best practices in the field. I worked as a consultant with the Scott Wilson Capacity Building Consortium up to 2007. A number of best

practice notes were produced by our team that I recommend to all practitioners in the hope that wheels do not have to be reinvented! A set of 20 is attached (<http://www.solutionexchange-un.net.in/environment/cr/res-18080902.zip>; Zip file, Size: 4MB)

Isac John, Socio-Economic Unit Foundation, Calicut

I am from Socio-Economic Unit Foundation and our core working area is the water and environmental sanitation sector. When we started our work in 1987 we had similar problems; now our state sanitation coverage is around 90-95 per cent. If you can organise a one-day meetings of elected representatives of the GPs before the meeting, it will help to facilitate your further work.

The benefits of that meeting will be

- You could convince their leaders
- Leaders will have fair knowledge about you/organization, the programme and its benefit at individual, family and community levels
- The meeting should be participatory
- Convince the leaders to construct the latrines first as role models
- Encourage the leader and their family members to use the latrine.
- Educate the leaders Nirmal Puraskar award and benefit the GP
- Then Plan GP level meetings

GP level meetings' agenda can include

- Strategy for construction of quality and affordable latrines
 - IEC plan
 - Convergence of all the funding source to get maximum support
-

Atul Rawat, DMV Business and Market Research Pvt. Ltd., Hyderabad

While having meetings with Gram Panchayats, the following things should be kept in mind:

- The agenda of the meeting should be sending to working members of the panchayat working committee prior to scheduled date.
 - While sending agenda, should send some study or information providing material related to the topic to be discussed, as it will help them to understand the topic better.
 - Try to keep meeting on Sunday, which will help you to indulge villagers.
 - Should tell them about the benefits of your work
 - Use local languages to make them fully understand the discussion.
 - It would be great if you could involve the educated and highly regarded person from the local population.
-

Nitya Jacob, United Nations Children's Fund, New Delhi

A few pointers on the questions Sonali has raised. ASHWAS is a great opportunity to understand how the excluded communities are using (or have been left out) from water and sanitation.

1. I have seen using graphics helps in getting messages across better, especially when speaking to non-technical people. I don't mean graphs and charts but pictorial material. You could pick key messages from the panchayat concerned based on your analysis of the data and make interesting graphics – cartoons or sketches – to get the messages across. If you have the time and money, use multimedia (Flash is a great software for making animations and is relatively easy to use), and I think you have the in-house

- expertise to do so. You could also adapt a lot of material already available with the state communication and documentation unit under TSC. Once you're done with the information bit, you can leave the GP members with a checklist based on the findings and ask them to send it back to you, as part of the follow-up. This would help them take action on the points you raise, and you can track what they have done. This would also help understand what GP members feel is important in the area of water and sanitation. Late evenings are the best time for meetings as people are home though this will present logistical problems. See if you can find a local NGO or person to help with this. Take care of the electricity situation by carrying batteries or generators. You may want to meet sub-groups in GPs such as Dalits, STs and women separately as they may not be forthcoming in large meetings.
2. The programme (agenda) of a GP meeting could include
 - a. An introduction to your findings, done pictorially
 - b. A skit/play on water and sanitation based on this
 - c. Highlighting the best (or worst) points to start a debate
 - d. A 2-3 hour discussion (you may need more time for this, as discussions cannot and must not be rushed to get the maximum number of people involved; remember the people who need sanitation facilities and water the most are usually the Dalits and their women, and they seldom get heard in large discussions
 - e. An explanation of their homework (the checklist)
 - f. Redressal processes for those who have been excluded
 3. Most often people aren't aware of water schemes and sanitation programmes. Or if they have a water sources, they may be drinking untreated water. Your assessment will indicate this and you and suggest corrective action. The Water Community has had a few discussions on community-based drinking water treatment options, that can be as cheap or as expensive as you want. There have also been discussions on sanitation options and creating awareness about the need for sanitation and hygiene. You could use this material. Alternatively, you could call in the people who have contributed to these discussions as they are experts with years of experience. There is a financial implication for the second option, but if you work with the government and some agencies, you can address this problem.
 4. Document the experiences from these meetings in writing, photographs and video. This will help to make case studies and draw an overall picture in the state. You can discuss specific cases with the State Department of Rural Development and Panchayati Raj for further action, as well as the action required at the state level. It would help to work with the Department and call a meeting of all district, block and gram panchayat water and sanitation people, both from the line departments and the elected representatives. This would help the districts while they make their plans.
-

[Aasha Ramesh](#), Centre for World Solidarity, Hyderabad

I think the effort for consultations with GPs is absolutely crucial on issues of water and sanitation. As many of you are aware, most GPs have set up VHSCs (Village Health and Sanitation Committees) which comprise of GP members and representatives from the community. This committee in some areas is very active and in others less active depending on the inherent drive the committee may have or based on its close association with an active CBO or NGO working in the area. Having said this, the point I wish to underline is that in meetings with GPs, efforts should be made to ensure that all EWRs (Elected Women Representatives) are present, since often such meetings get attended only by the powerful leaders who invariably are the men. The gender dimension in Watsan needs to be given special attention, which from my experience so far in the field and hearing from others is that, this is not happening to the extent it should. Women are the most affected when there is water scarcity as they are the ones who collect

water for the home. Therefore it is imperative that women are active participants and decision makers when issues of access to water, especially potable water are being addressed.

Safe sanitation and hygiene is another area that women have a key role to play, with the men playing the supportive role of providing the where with all for its construction etc. Lack of proper sanitation facilities make women and young girl children vulnerable to sexual abuse and rape. Safe sanitation is also necessary to protect adolescent girls and women's sexual and reproductive health. Therefore, any interventions in this area require to be developed with a gendered lens.

Another section that should be integral in the discussions and who should play an active role in deciding where water points need to be installed are the socially excluded groups. It is common knowledge that all facilities are provided in the upper caste areas and whatever is provided in the Dalit hamlets either do not function or is not adequate to the needs of the population. Again when the issue of sanitation is being addressed, I think it is important that maintenance of such facilities if it is community toilets should not be with the Dalits alone, as that is the practice. I think it is discriminatory if the Dalits are identified for this, on the grounds that it is their traditional occupation. Initiatives like this should break such caste based occupations and enable the community to take responsibility for provision of clean and safe drinking water and safe sanitation, which is a basic right that each person is entitled to and it is the responsibility of the local governing body to create pressure and have these facilities provided for by the respective line departments.

I would like to reiterate as non-negotiable the involvement of women and socially excluded groups in discussions with community leaders, both formally elected and others. Their perspective and needs must become central to such efforts.

[Jim Baldwin](#), Water Consultant, Goa (response 2)

Getting large numbers to attend a village meeting and understand messages being given, is not easy. One of the best ways to bring the maximum numbers to a village meeting is to develop a programme based on the showing of a film in local language on a subject such as sanitation as an introduction - everyone wants to see a film show and will rush not to miss the start.

Take care to stop the film halfway through and run a short PowerPoint presentation based on photographs taken in and around the village – pick views with people and show both the good points and the bad, all to help the messages being given. Children in particular will respond amazingly to questions about what is being shown and the grown-ups learn to be responsive also after seeing the children so open. This I have found really interests villagers because it is their village and is illustrating their problems - which they may not have even recognised as a problem. Finish off with the rest of the film.

This approach unfortunately requires a laptop, a good projector (and power available) and a digital camera. Believe me that the effort and cost is well worth while.

The point made by another [contributor](#) concerning disadvantaged groups not attending is very relevant. They do not like to speak in large meetings. I found that corner a meeting in their area to discuss the points and specifically invite them to send more confident representatives of their group often works well. A neutral location for the meeting is also quite important. Do not have chairs for the panchayat members and the ground for the rest - try and get mats for all to sit at the same level. Mapping of the village problem areas and presentation by the villagers is another good approach, but it requires very careful mentoring.

Arunabha Majumder, Jadavpur University, Kolkata

I furnish hereunder my inputs:

1. Initiate discussions with G.P. members on the linkages between Watsan and health.
 - a. What is the actual disease burden from inadequate Watsan facilities?
 - b. What is the extent and magnitude of man-days lost due to disease burden?
 - c. What are the effects on the socio-economic condition?
 2. The quality of life can be improved with a better Watsan situation. Improved water and environmental sanitation condition will reduce the disease burden and thereby the villagers' socio-economic condition can be improved.
 3. Stress on the following:
 - a. Use of safe water for drinking and cooking
 - b. Use good water for other domestic purposes
 - c. Minimise wastage of water
 - d. Water conservation
 - e. Rain water harvesting and recharging
 - f. Water safety plan, Water quality monitoring
 - g. Use of toilet, stop open defecation
 - h. Liquid waste management, soak pit, leach pit
 - i. Solid waste management, composting
 - j. Personal hygiene, domestic cleanliness
 - k. Use of smokeless chulla
 4. Use IEC materials during the discussions. Stress on the need of awareness, sensitization and motivation of villagers.
-

N. C. S. Seema, WaterHealth India Pvt. Ltd., Secunderabad

WaterHealth India has been working in rural areas, providing safe drinking water at affordable cost and motivating them to drink safe water through different activities. It provides Water Health Centres (WHC) with capacities between 500 litres per hour (LPH) and 3,000 LPH that treats water with ultraviolet light and/or reverse osmosis blending or ultra-filtration. It conducts a detailed techno-feasibility study before installation with water quality testing and social mapping. The WHC center is designed as per the community's requirement. An awareness and motivation drive is organized before distributing water to the community to enhance their awareness of the need to drink safe water.

The awareness campaign includes

1. Involving Gram panchayat members in understanding the need for a water health center (WHC) with detailed discussions on the importance of drinking safe water. Once they are convinced, the village passes a resolution to install a WHC in the village with contribution from panchayat.
2. School is the focus point in reaching the community as child to child and child to community approach.
3. Slide presentation on importance of safe water and effects of drinking contaminated water also bring the community together for discussion
4. With games, skits and *kalajathas* involving the local artisans.
5. Live demonstration of microorganisms through high resolution microscope has helped the community to understand the need to drink safe water.
6. Women group are also focused to interact and are made ambassadors by forming a local group which helps in motivating the community for active discussion.

A similar approach can be adopted with regard to the panchayat meetings for the ASHWAS survey.

Many thanks to all who contributed to this query!

If you have further information to share on this topic, please send it to Solution Exchange for the Water Community in India at se-wes@solutionexchange-un.net.in with the subject heading "Re: [se-watr] Query: Inputs for Consultations with Gram Panchayats on Watsan - Experiences. Additional Reply."

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