



## India WASH Forum Update 11; March 2010

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### India WASH Forum news

Greetings to all on the occasion of the World Water Day 2010. When we began producing our regular Updates (since Jan 2009), we believed our monthly email updates served the purpose of a newsletter and information sharing. Considering the fact that there is no dearth of web based list serves overload of news content, we have now decided to produce more analytical content based newsletter on a bi-monthly basis instead. Starting with the 9<sup>th</sup> Issue of IWF Update, we have focused on providing commentaries, book reviews and reporting on workshops, besides news updates. We are also bringing out the response we have received from our readers in a separate column : Readers Page.

IWF is committed to an independent credible voice in the water and sanitation sector. We bring together an update on all major initiatives by organizations and networks in India in the spirit of transparency, sharing and learning.

The programme of India WASH Forum for this year includes a commitment to supporting Right to Water and Sanitation initiatives that we have taken since last year, forming the larger commitment. With our modest resources from WSSCC, we will be undertaking two research studies and one national workshop. A study on sector financing for sanitation, will look at district level administrative mechanisms to identify opportunities for enhancing sanitation financing. The second study will look into critical aspects of menstrual hygiene and is being anchored by WaterAid India. A national workshop is planned in the later half of this year on urban pro poor sanitation.

IWF is also supporting the launch of the Global Sanitation Fund in India this year. This is a \$5 million five year fund

to be administered from WSSCC with an Executing Agency appointed by a bidding process in India.

A follow up review meeting on Right to Water and Sanitation was held on the 27<sup>th</sup> Feb in Pune. It was attended by FAN, IWF and WA India and SOPPECOM presented the results of their research work. The proposal made by a larger group of civil society, activists and experts had in the preceding two day meeting proposed that Right to Water for basic needs be taken up as a priority for seeking a constitutional enactment. IN the 27<sup>th</sup> Feb meeting, the discussions focused on some interesting aspects. Larger historical, social and cultural dynamics and why enforcement of sanitation behaviour change could be too simplistic a programming strategy in India. This is not to say that behaviour change away from open defecation needs to wait till be resolve all caste and culture issues, but that the sensitivity to cultural aspects is observed. Prioritising Right to Water was considered doable under the broader preamble of right to water for both basic needs and livelihoods needs. Excerpts of a draft Paper by Priya Sangameswaran on this issue, presented in the workshop, is enclosed.

The Fresh Water Action Network(FAN South Asia) at the initiative of Prakash Amatya, organized a two day workshop on Climate Change and Water and Sanitation in Kathmandu on 9-10<sup>th</sup> March. Excellent presentations were made on the science and politics of climate change by Bhushan Tuladhar, and on the bargaining and divisions among the developing countries during Copenhagen summit by Raju Chetri. That finally 32 countries(developed and developing) tried to strike a last minute deal on behalf of all, and the sense of betrayal that the other countries, including a complete rejection by 4 countries, was brought out very well in the presentation. Presentations can be obtained from Prakash (prakasha@mos.com.np).

A coalition programme/event as part of the Worlds Longest Toilet Queue, is being organized by MARI, an NGO and an active IWF and FAN member, in Warangal district of Andhra Pradesh on the 22<sup>nd</sup> March. The programme includes a public hearing on the status of school sanitation in about 100 schools, in addition to the toilet Queue campaign. Several other organizations are observing both the World Water Day and the Toilet Queue events in several parts of the Country.

The Expert Group to Review the Methodology for Estimation of Poverty was constituted by the Planning Commission in 2005, has revised the estimate of poverty in India for 2004-05 to 37.2%, from the earlier official estimate of 27.5%, and for rural India to 41.8% from 28.3%. It has, however, left the all-India urban poverty estimate unchanged at 25.7%. Excerpts of a critique on the new estimates by Prof. Utsa Patnaik highlights how the new methodology underestimates poverty level by lowering the benchmark(calorie intake) over the years,



and hence constitute a systemic underestimation and non comparability over time.

A Supreme Court Order has recently directed the Department of Science and Technology to work on identifying technical solutions for addressing water shortage and water related problems. Called WAR on Water, we present excerpts on this development.

A note on the Hygiene Practitioners Workshop held in Dhaka shares interesting developments. Recent evaluation of the UNICEF Bangladesh project called SHEWAH-B(had all the 3 critical elements of watsan interventions – safe drinking water, toilets and hand washing), showed that there was no perceptible improvement in health outcomes of this project when compared to control villages where no project intervention was made. Attributing health outcome of the improved hygiene practice(finding a direct result of hand washing practice on reduced diarrhea incidence or improved health) – is very difficult to establish in a project/programme.

Is it therefore better to only monitor improved behaviour change(hand washing at 2 critical times or safe water handling and improved toilet usage)? If it is shown that the project has lead to improvement in behaviour then is that enough to measure and monitor? Perhaps it is not possible for projects and project staff to ascertain why there have been or not been health impacts in their projects? These are some critical questions.

Yes a case could be made that this project had the wrong design or/and bad implementation. But perhaps not. Perhaps the work of water and sanitation is only one important contributing factor to reduction in diarrheal incidence and child mortality and morbidity? Hunger and nutritional status, health status including affliction from other debilitating illness(malaria and any other local illness that breaks down resistance), cannot be addressed by WASH projects. Normally a reduction in water borne diseases happens when improvement in livelihoods and living conditions(not having to live in slums or garbage dumps, having well laid drainage systems alongwith clean water availability in urban areas, decent work and social security including health welfare benefits and food), of the majority of the people takes place, as witnessed in the developed capitalist and the ex socialist countries. It is for this reason that some of the poorest states and districts of India, exhibit indicators of IMR and MMR and severe malnutrition that are worse than sub Sahara Africa. This is not to undermine the very important contribution of toilet usage, improved hygiene practices like hand washing in developing and poor countries. But to only show that improved hygiene and toilet usage alone may not be enough to make a significant health impact.

Under the good sounding language of “Right to Water”, several recent initiatives actually deny even the existing

commitment of government to basic drinking water and sanitation. The recently released National Drinking Water Guidelines of Govt of India, among many others things, suggests that there will not be any minimum norms for household drinking water supply in rural areas. This is being advocated when official statistics of drinking water coverage report a reversal of coverage(access to safe and adequate drinking water) from 96% till a year ago to 69%. Real meaningful access to very minimum levels of safe, adequate and reliable drinking water supply could perhaps be much less than this. In this scenario, village communities under the new guidelines, are expected to decide their own norms for per capita water requirements and be responsible for all O&M. An exit strategy from rural water supply in the coming five years is proposed. How can this move be called a rights approach to drinking water? In Dec 2009, the Delhi Jal Board abolished free lifeline drinking water supply(6000 litres a month to a family). The COHRE and UN Habitat Manual on Right to Water says that “governments providing free drinking water is a myth and not a Right”, when securing a lifeline level of free drinking water has been secured as a right and remains a demand for many movements.

Proceedings of the Global Sanitation Fund Launch and Right to Water and Sanitation Workshop Report, and other reports and presentations of India WASH Forum, can be accessed from the India page of [www.wsscc.org](http://www.wsscc.org) We invite readers of our monthly update to send in their comments and any original material for the Updates. We will give priority to good quality people centered analytical commentaries, a max of 500 words please.

## Readers Page

### Rights, Rights Based Approach and Right to Water and Sanitation; IWF Update 10

**Laurent Le Denois from European Union writes;**

Pretty interesting. Have just forwarded to my colleagues here in the Operations section. Will also share with a few NGO partners.

**Neelkanth from GTF**

Thanks for sharing such a useful note on rights perspective. I was just thinking how these arguments can be linked with field based experiment in this sector. Can we verify/document and analyse field experiments with right based framework in India? Just a thought.

**Kolleen Buchanan from FAN**

This is a hugely important paper. I have wondered for some time about trying to facilitate an online discussion on these issues but was a bit lost as to how to start it and how to engage people and have dropped it in favour of a thousand other things.



While a platform on several issues would be useful what would be more useful would be a place where development folks who have not trained in human rights theory history etc could really get a background in it that would enable either to make a better human rights case or abandon that path for something more effective or at least do some tough thinking about where their approach fit into the overall contemporary context.

## ASHWAS report Review; IWF Update 9

### S Vishwanath

One of the big gains of ASHWAS was the sense of empowerment and better understanding of WATSAN issues that emerged within Arghyam as well as among the 30 partner NGO's we worked with.

Content of a survey is more important and this is often undervalued with more focus on the form and presentation. Secondly, we need to ask ourselves why we need more and more surveys and why we cannot move ahead with our existing level of knowledge of the problems in water and sanitation. I also believe that the 20 -80 rule applies here, don't we as practitioners already know what's wrong?

Dis-empowered , under trained and under capacitated institutions such as Gram Panchayat's for one, the absence of any legal framework to enable them and also to hold them accountable, no effort in people building...the cry simply goes out for more- more data, more surveys, more money - and the best in the field are splitting hairs over the inane.

Inspired by ASHWAS the GOI is now running a major M&E exercise all over India. Is this worth it? At another level, look at the poverty statistics of India. We have a cocktail of soaring food prices, farmer suicides, malnutrition and a BPL level we have dissected in ways more than 5 and yet are to arrive at WHO the poor are. More surveys on identifying poverty are prescribed! When intellectual exercises overtake practical actions of empowerment and sustainable solutions god help us.

### KN Vajpai

ASHWAS is among one of the unscientific surveys. As stated, it covered 17,200 household across 28 districts of Karnataka India, covering 100 household from each gram panchayat, but, failed in correlating the evidences scientifically. It seems that, the survey team neither referred valid documents, guidelines, norms, etc. related to water and sanitation nor did it has basic understanding about rural water and sanitation issues, per se. As envisaged, this survey can't be considered as citizen's report card and an acceptable document to disseminate

the findings, and make basis for planning purposes in water sanitation sector. It has been observed that, the study had not considered important aspects related to methodology, project processes and important norms of water sanitation sector. To highlight a few important issues, a general analysis of the study has been done which is given in following section.

The study methodology is not scientifically correct, so are the evidences, for example: a.) In the study methodology mentioned that PPS (probability proportional to size) is used for selection of respondents, which is not correct (it is used to select the primary sampling units), b.) how many households were covered and how they were selected is not clear, c.) there is no rationale for having such huge coverage for the survey. In the report, there is no base/total 'N' (number) given for any table or chart, where as none of the tables/charts reflect about the source of the data (house hold level or community level). The survey didn't consider any project process, through which the available infrastructure for water and sanitation in a Panchayat had been developed; also, there is no mention about elements like-information education and communication [IEC] interventions, human resources development [HRD] initiatives and capacity building measures, etc. This survey did not consider the 'voice and choice' and 'willingness' of people during any project, and the contribution of beneficiaries in asset creation.

It seems that, there is no understandings among the team about community lead sanitation facilities and adequacy, rural sanitary marts (RSMs), basic understanding about 'wet' and 'dry' toilets. The actual status of toilets in schools and Anganwadi's, and separate provisions for girls and boys has not been considered in this so called large survey. The survey didn't analyzed and explored vital issues like 'incentives' to poor and 'vulnerable' communities in accessing and developing the water sanitation facilities. Also, household garbage and water disposal system, and accessing the risk related to water contamination due to them, had not been touched upon. The study emphasized that, WatSan service should be provided by the 'Gram Panchayat', which makes meager role of beneficiary.

The survey didn't consider people's access to 'safe water' rather it relied on 'good water' and the households had been assumed owning a number of water 'purifying' techniques, rather getting 'safe' water through certain sustainable delivery mechanism. About the types of questions, for example, upon safe handling of water, there are no adequate options given in questions, also, though the respondents were not informed initially about complaining on breakdown (of water supply) to government officials, it calculatedly focused on asking questions on the bribe taken by the government functionaries.



It is to be noted that, in the entire study there is no mention about 'APL' (Above Poverty Line) and 'BPL' (Below Poverty Line) population and the 'incentive' provision for Sanitation Facilities and accessibility for safe drinking water, however, the respondents were asked about 'capital investment' (?) they received from Government Project.

The study also reflects the basis understanding of the survey team about different technological options towards latrines / toilets, for example it mentioned 'Water Seal' and 'Pour Flush' as separate toilet types. There is missing link related to hand washing (by soap, ash and mud/soil) and most prevalent water borne diseases. It is to be noted that, in the whole study the only options (discussed with respondents) for water borne diseases were 'dysentery' and 'chikungunya'. Among many others, the illogical questions on water quality, invalid options in many important questions, evidence based facts, usage of school toilets by Gram Panchayat president/members, etc. are the flaws of this survey.

#### Ravi Chopra( People Science Institute)

Thanks for the 9th India WASH Forum Update. The Review of the ASHWASH report was very useful. Are there any plans to do similar reports, with improvements, for other states? PSI would be interested in doing them for Uttarakhand and Himachal Pradesh.

### Understanding recent poverty estimates of India

#### Trends in Urban Poverty under Economic Reforms 1994-2005; Utsa Patnaik; Economic and Political Weekly; 23<sup>rd</sup> Jan 2010

The most repeated critique of the poverty estimation is that the same basket of goods(food and non food, from the mid 1970s) and the inflation adjusted household expenditure equivalent, is being used in the new poverty estimates. While the actual basket of food consumption has changed and its price adjusted real measure of household expenditures is not being taken to assess the level of calorie consumption by households. It means that Bajra, Maize, Ragi and some other non food items of the 1970s are indexed for price inflation at current prices and household expenditures.

Prof. Utsa Patnaik however highlights that the new methodology by the Expert Group of Suresh Tendulkar while retaining the same basket of food and non food commodities, applies this measurement to a lower calorie norm of 1800cal/day as poverty benchmark. In the 1970s it was 2,400 calories per capita a day for rural and 2100 calories per capita for urban that was the norm.

These are the two critical shortcomings of the methodology. "The methodological error, to repeat, arose from counting the poor below a *continuously declining nutritional standard*, arising from the increasing

underestimation of the rural and urban poverty lines over time, since these lines were the price-index updated cost of a fixed basket which by now is 36 years old."

In a talk a few months ago Dr. Vinayak Sen had said that as per WHO norms, if large populations of a country or a sub region of the country display malnutrition over a longer period of time – then that population is categories as suffering from famine conditions. This applies to large parts of our tribal belt and as the statistics of nutrition under the poverty line show – to large parts of urban populations as well. When there is already a high level of malnutrition prevalent, having the minimum calorie norm of 1800cal/day is questionable.

### Hygiene Practitioners Workshop Highlights

**An international Hygiene Practitioners' Workshop** organised by BRAC, IRC, WaterAid and WSSCC took place 1-4 February in Bangladesh. 50 prominent professionals from South and South East Asia sought to improve understanding of the key success factors to large-scale hygiene behaviour change. <http://www.irc.nl/page/51605>

This workshop is part of a 5 workshop series for 2009-2010. Participants included the coordinators, approx 15 NGOs and coalitions, UNICEF Bangladesh, a representative from WSP in Vietnam and one official from Bangladesh government. The purpose of the workshop was to share and learn from recent knowledge and experiences related to hygiene programs. Home hygiene, hand washing with soap and menstrual hygiene – were the 3 major thematic hygiene areas covered in the workshop. Since the workshop relied on presentations submitted in advance of the workshop, discussions were mostly on the presentations.

#### Key lessons;

##### 1. Methodology (research on status of hygiene):

- a. Tools – direct spot observations, self recall surveys, pocket voting, discrete observation, Qualitative Information Systems Group discussions based surveys and perhaps more. Self reporting and direct observations tend to over report, that it is better to employ a triangulation of survey tools.
- b. Designing a media campaign for hand washing: Relevant stakeholders should be engaged in developing the campaign logo and message. Sometimes this process becomes lengthy.
  - In the Vietnam experience of WSP Hand washing campaign



– in the first stage of the campaign (focusing on mothers and care givers), all the stakeholders were involved in designing the campaign. But not in the second stage of the campaign focusing on children.

- While developing logs and campaign materials (posters), it is always better to have more than one prototypes developed by the communication agency for the stakeholders.

## 2. M&E. Measuring results of a hygiene intervention:

- a. Knowledge of improved hygiene behavior does not mean a 100% correlation with change in practice<sup>1</sup>. Behavior change is possible to monitor and measure. It is extremely difficult to exclusively attribute diarrhea reduction to hand washing. Evaluation report of the SHEWAH-B, a five year long UNICEF Bangladesh rural water-sanitation-hygiene project that ended in 2009, highlighted a significant improvement in hand washing behavior, as compared to non intervened villages. However no significant health impact (on incidence of diarrhea reduction in children under 5 in the last 48 hrs) was observed when compared to non intervened villages.
- b. How much time is enough for behavior change? As a programmatic implementation issue this is important to know. It is not possible to standardize the time period for behavior change “As much as it takes to change behavior”.
- c. Village Water and Sanitation Committees and School committees – by performing a monitoring function

regularly to see how many people practice improved hygiene behaviors – these groups can influence behavior change and improvements.

## 3. Programme implementation:

- a. Key behavior change messages in a programme/campaign: Should we focus on single vs multiple behaviors?<sup>2</sup>
- b. Media campaign. A focus on beauty and aesthetic appeal, plus health outcomes, appeals to responsible motherhood and fatherhood: all can be combined in the message.
- c. Community hygiene promotion follows a process of developing tools and modules spread over a few months and followed by community monitoring of results. This approach was demonstrated by some project presentations (ex. DSK Bangladesh). Comparative analysis of different modules of community hygiene promotion (on the content, process and trainers), is needed.
- d. Highly dedicated and qualified trained staff and an extensive network of trained community volunteers are critical for hygiene programme success. Qualified and trained staff have more impact on communities for hygiene behavior change than community volunteers. More formal trainings are better.

<sup>1</sup> Danquah found that in a study of 1,000 households reported knowledge was high in comparison with observed practices (90% of female caregivers identified before eating and after defecation as important times for hand washing but only 38% were observed using soap two-thirds or more of the time) and concludes that self-reporting of hand-washing measures is subject to over-reporting. While Collett reports that a survey of households in rural Bhutan found that over 90% of the respondents “could give one or more answers about critical moments to wash their hands, but only 21.5% of households were observed to have a hand-washing place in or nearby the toilet”.

<sup>2</sup> Jenkins et al (2009) suggest that although limited, there is evidence to suggest that targeting a single behaviour change (such as handwashing - PPHWS) may be more beneficial (and easier to accomplish) than a multi-behaviour change approach like PHAST or Community Health Clubs used in Africa. There is evidence that multi-behaviour change approaches are being successfully deployed in South Asia and worldwide but there is concern that some approaches address too many issues. This dilutes the effectiveness of the intervention and can lead to failure – low uptake of important hygiene behaviours or change being only temporary.



## Highlights of key Papers/Presentations

Paper title and author	Main theme	Findings	Conclusions
<p>"Measuring Handwashing behavior: Methodological and Validity Issues"</p> <p>Lisa Danquah</p>	<p>Research methodology – baseline</p>	<p>"In about 1000 households, approximately 1% or less of female caregivers were observed to wash their hands with soap or ash before preparing food, before eating, and 3% before feeding a child. Hand washing with soap was higher for defecation related events with approximately 29% of female caregivers using soap two thirds or more of the time after cleaning a child's anus/disposing of a child's stools; and, 38% used soap two-thirds or more of the time after defecation. Soap was observed at the hand washing location in about 50% of the households; however, actual practice was much lower. Reported knowledge was high; approximately 90% identified before eating and after defecation as important times for hand washing and approximately 50% before preparing food and after cleaning/changing a baby.</p>	<p>Practice of improved hygiene behaviors is found to be lower than knowledge levels about their health impacts.</p> <p>"This research demonstrates that self report hand washing measures are subject to over reporting. Structured observation provides useful information on directly observed hand washing behaviours and the frequency of behaviours. Spot check methods of soap and hand washing locations also provide more optimistic data than observations".</p>
<p>"Participatory Community Hygiene in Dhaka Slums"</p> <p>DSK Bangladesh</p>	<p>Evaluation of hygiene behavior change</p>	<p>This paper describes how the programme to improve hygiene knowledge and practice was designed and implemented. It provides information on impact from an assessment. Community participation in decision making processes was crucial for designing the hygiene promotion programme.</p> <p>4% of the families were observed to wash their hands with soap before eating versus 8% in the baseline study. 90% had knowledge of this practice versus 30% at the baseline.</p>	<p>Tools for community hygiene promotion developed as a package of interventions and implemented as per plan in the project successfully</p> <p>Continuous community hygiene education along with physical access to water supply and sanitation positively influences change of hygiene behaviours.</p>
<p>"Stages of Hygiene Monitoring: and Operational Experience from Nepal"</p> <p>Gautam et all</p>	<p>Monitoring indicators of a hygiene project</p>	<p>Monitoring indicators developed for hygiene project interventions.</p>	<p>Need to move away from monitoring hygiene impacts, to monitoring behavior change.</p> <p>Need to focus on communities, schools (school teachers and students), mothers and fathers in addition to focus on care givers and children</p>
<p>"Study on Perception and Practice of Hygiene and Impact on Health in India"</p>	<p>The central theme of the research paper is to assess the level of health awareness and hygienic practices and its health impacts in urban vis-à-</p>	<p><b>Study methodology</b> Using government data, villages were randomly selected from each of the following states from three categories of sanitation coverage - 100%, 50% to 90% and less than 50% coverage. Similarly the urban population was categorised in two groups: those with adequate water supply &amp; sanitation and inadequate</p>	<p>Some basic socio-economic factors like religion, education and level of economic status play a pivotal role in conditioning the perception and practice of hygiene</p> <p>Perception of the community on health and</p>



<p>KJ Nath, India</p>	<p>vis rural areas in the five select states of Eastern India - Assam, Bihar and Jharkhand, Orissa &amp; West Bengal.</p> <p>This study attempts to gauge the existing level of awareness on public health and hygiene issues and how it influences the hygiene practices in the community. The correlation of the same with the disease burden of a few selected water and sanitation related diseases are also examined.</p>	<p>water supply &amp; sanitation in terms of availability of water supply &amp; sanitation facility in the cities. A total of 2000 sample respondents were selected from rural and urban areas as detailed in Table 1. Two thousand women (housewives) were randomly interviewed from 10 municipal areas and 30 villages representative of these five states. The sampling ensured geographic and socio-economic representation of the target population.</p> <p><b>Findings</b></p> <p>For personal hygiene and home/food sanitation - awareness was low while practice was high.</p> <p>There were some behaviours where awareness of health impact is low but improved practice levels are high. This is explained by some personal and home hygiene behaviours being customary, are sustained as usual practices for traditional or other reasons, not necessarily related to hygiene awareness.</p>	<p>hygiene issues has a strong influence on practice of hygiene and both together along with provision of sanitation facilities have significant impact on reducing burden of communicable diseases like cholera, diarrhoea, typhoid, hepatitis, etc.</p> <p>Improved infrastructure changes behavior and vice versa. Both are applicable hence both are needed.</p>
<p>“Designing Evidence based Communications Programmes to Promote Handwashing with Soap”</p> <p>Nga Kim Nguyen</p>	<p>Design of Hand washing campaign in Vietnam</p>	<p>The health and education ministries have endorsed all communications products developed by the initiative, and teachers and school administrators have been particularly keen to include within their schools the informal and participatory games developed for children. In addition to national institutions,</p> <p>WSP has responded to requests for support from provincial health and education departments as well as from several World Bank investment projects in water and sanitation to integrate HWWS into their existing programs.</p> <p>Most recently, in December 2009, the Vietnam Women’s Union signed a Memorandum of Understanding with the World Bank agreeing to mainstream HWWS activities into Women’s Union activities within all 63 provinces in Vietnam without additional financial support from WSP. This shows that our Vietnamese counterparts value HWWS activities and are committed to seeing activities sustained even after the end of the project in 2011.</p> <p>Looking ahead, we anticipate seeing increases in HWWS rates and hope to quantify the health impact of the behavior change once the end line impact evaluation has been completed in late 2010.</p>	<p>Formative research is key to a BCC campaign for hand washing. Is critical to know your audience/target group you want to address in the campaign.</p> <p>A clear brief on what you expect from the advertising agency, is necessary.</p> <p>Pre testing is critical and you need to work with options that the policy and programme people can choose from. The advertising agency needs to factors this in.</p> <p>Involve policy makers in the campaign development process. They decide which option is the best, not the advertising agency.</p> <p>People change, they evolve, so must our programmes.</p> <p>In Vietnam, a two phase campaign module was developed. The first focussed on mothers and care givers and the second phase on children.</p>



## Water Conflicts Workshop:

A two day workshop was held by The Forum (Forum for Policy Dialogue on Water Conflicts in India Workshop; Pune 25-26<sup>th</sup> Feb 2010), brought together nearly a hundred activist, Institutions, NGOs and academics. Two Sub groups had worked during the past one year on producing two sets of position papers on;

1. Water Entitlements and Allocations for Livelihoods and Ecosystems
2. Legal and Institutional Issues related to water conflicts and their resolution

While the workshop report will be shared by the organisers(SOPPECOM) soon, we share excerpts of some critical and compelling arguments related of the first sub group.

“How much water should a person or a household be entitled to as a right? Here we need a livelihood needs framework that sees the assurance of minimum livelihood needs and the corresponding water requirement as an associated right. Associated with this is the need to share shortages and surpluses in a principled manner. It also entails doing away with the obstacles that deny the disadvantaged sections of our society their rights. To this we should add another concern, the ecosystem. Ecosystems have no voice, no votes, and some important ecosystem issues have never entered the agenda for water conflicts.”

“We would argue that whatever the mode of provision, there should be certain non-negotiables such as the provision of a certain amount of water to meet basic needs (including precise details of the conditions of such supply) which should be included in the legal instruments that govern the working of the concerned public or private body (such as contracts, acts of parliament, and so on) along with clear mechanisms for redress in case of violation of the non-negotiables. The latter is critical because it is this that would ultimately help in ensuring the right.”

“Hence clear guidelines are needed on which body would be responsible for judging violations, who would be penalized and how in case of violations as well as whether a system of compensation for those without water for basic needs can/should be put in place.”

“Any discussion of pricing would therefore have to consider whether or not pricing is the most suitable instrument to attain these goals as well the various pricing options available. However, a lot of this discussion would pertain to non-basic needs. The goal of capturing the true value of water or curtaining consumption would really not be relevant in the case of water for basic needs (although over a longer time frame, one might want to consider ways of reducing the requirement of water even for basic needs, such as alternative technological options for sanitation which would use lesser water).”

“In order to lay down guidelines for basic needs, it might be useful to think of three different categories of quantity of

water for households – lifeline water (which could cover just minimum water required for drinking and cooking); water over and above lifeline water or lifeline plus water (which would cover uses of water that are necessary for maintaining a decent life such as washing, hygiene, sanitation, etc); and luxury water (water used by households for purposes which are not strictly essential e.g., water for washing cars ). Only lifeline and lifeline plus categories of water would be included in basic needs.”

“Minimum quantity, quality, and physical accessibility norms for both lifeline water and lifeline plus water should be laid down at the central level. State governments and local bodies would be free to adopt higher quantity or quality norms in order to deal with varying requirements in different contexts. Water for basic needs (both lifeline and nonlifeline) should be defined on a per capita basis rather than on a household basis, even though actual supply may happen at the unit of the household. For administrative expediency, it might be necessary to use an average figure for the number of members per household; however, the average figure could vary across different areas (either across districts or across states) in order to ensure that this average is a reflection of the actually existing situation in a given area and that larger households are not implicitly penalized. There should also be explicit clauses (in the constitutional amendment if undertaken, the national water policy, as well as state and sub-state norms) that guarantee provision of basic water to all residents (temporary or permanent) of a locality at any given time irrespective of the legality or otherwise of their domicile status as well as of possession of relevant documents thereof; this would include (but not be restricted to) new migrants and refugees from other regions whether within or outside the state/country in question as well as those whose older source of water for basic needs has been alienated from them or has been rendered unusable due to reasons such as displacement, pollution, and so on.”

## WAR for Water

R Ramachandran, Frontline Vol 27, Feb 2010

“It is somewhat unusual that a Supreme Court order should result in the launch of a major technology mission in the country. But the mission WAR for Water, which Prime Minister Manmohan Singh highlighted in his inaugural address at the 97th session of the Indian Science Congress in Thiruvananthapuram, is actually the consequence of a Supreme Court directive. The apex court’s Bench comprising Justices Markandey Katju and H.L. Dattu issued the directive on April 28, 2009, in a matter of public interest litigation (Writ Petition (C) No. 230 of 2001) by M.K. Balakrishnan and Others against the Union of India and Others.”

“The petition related to the conservation of wetlands for protecting the environment and maintaining the ecology. However, the court, observing that one of the chief causes for acute water scarcity in the country was the failure to conserve waterbodies, expanded the scope of the petition





*suo motu* to address the problem of water shortage. Accordingly, it directed the government to constitute a committee of scientists specialising in the field within two months and find out technical solutions to water-related problems on a war footing.”

“In particular, the order directed the committee to (i) find out inexpensive methods of converting saline water into fresh water; (ii) find out methods of harnessing and managing monsoon rainwater; (iii) manage flood waters; (iv) do research in rainwater harvesting and waste water treatment so that water may be recycled; and (v) recommend any other methods, including those for the protection and preservation of wetlands and related issues.”

“The court also said that the committee should be given all financial, technical and administrative help by the Central and State governments. The mission – Winning, Augmentation and Renovation (WAR) of water resources – is essentially the Ministry of Science & Technology’s plan of action on the above fronts.”

<http://www.hinduonnet.com/thehindu/thscrip/print.pl?file=20100226270404800.htm&date=fl2704/&prd=fline&>

## Making water-excreta accounts

Sunita Narain, CSE

“The fact is no municipality can do what economists preach—raise prices to reflect the full costs. Instead, they spend money on supply and as costs go up, they have to increase the subsidy to the users or supply less to most. On an average, Indian cities charge between Rs 2-3 per kilolitre (kl), when they should be charging Rs 8-10/kl. And if their distribution losses are taken into account, charge between Rs 10-14/kl. If we add sewage costs, then the bill increases by roughly 5 times the cost of water supply. In this case, the family, which pays Rs 2-3/kl will have to pay Rs 40-50/kl. How feasible is this?”

“Currently, the country has installed capacity to treat roughly 18 per cent of the ‘official’ excreta it generates. But it is well accepted that some of these plants do not function because of high recurring costs—electricity and chemicals—or because they do not get any sewage to treat. This is because, like water pipelines, sewage pipelines must be built and then maintained. The fact is most of our cities, old and new, do not have underground sewerage and even if they do, most of the pipes are old and defunct. If all this is put together, then officially the country actually treats 13 per cent

of the human excreta it generates. The final blow comes when the partial sewage ‘actually’ cleaned through expensive treatment gets mixed with the untreated sewage of the majority”.

## News Update

1. The Department of Drinking Water Supply has put up a plan document for developing Village Water Security Plan on their website. ***This is open for comments – Visit the site and give your comments*** - <http://www.ddws.nic.in/popups/Water%20Security%20Plan%20document.doc>
2. The Comptroller and Auditor General of India ([www.cag.gov.in](http://www.cag.gov.in)) is starting a ***Performance Audit*** on "Pollution of ground water, lakes and rivers in India" and has invited citizens to point out specific problems / issue regarding water pollution affecting them or the environment. You may write to the CAG at [cag.water@gmail.com](mailto:cag.water@gmail.com) with comments on the same.
3. The Government of India has initiated a process for a ***Results-Framework*** for all the 84 union ministries/ departments. Under this, at the beginning of each financial year, with the approval of the Minister concerned, each Department will prepare a ***Results-Framework Document*** (RFD) consisting of the priorities set out by the Ministry concerned, agenda as spelt out in the manifesto if any, President’s Address, announcements/agenda as spelt out by the Government from time to time. The Minister in charge will decide the inter-se priority among the departmental objectives. To achieve results commensurate with the priorities listed in the Results-Framework Document, the Minister in charge will approve the proposed activities and schemes for the ministry/department. <http://performance.gov.in/RFD.html>
4. Unlike the official UN climate meeting, a parallel civil society forum did not neglect the issue of water in Copenhagen. The Klimaforum09 declaration states that “real solutions” to the climate crisis are “based on safe, clean, renewable, and sustainable use of natural resources, as well as transitions to food, energy, land, and water sovereignty”. Read the [declaration](http://www.klimaforum09.org/IMG/pdf/A_People_s_Declaration_from_Klimaforum09_-_ultimate_version.pdf) - [http://www.klimaforum09.org/IMG/pdf/A\\_People\\_s\\_Declaration\\_from\\_Klimaforum09\\_-\\_ultimate\\_version.pdf](http://www.klimaforum09.org/IMG/pdf/A_People_s_Declaration_from_Klimaforum09_-_ultimate_version.pdf)



5. The Department of Drinking Water Supply is seeking requests for **R&D proposals** on specific topics/ areas identified in rural drinking water and sanitation (WATSAN) sector for funding by the Department of Drinking Water Supply, Government of India. Visit their site for more details <http://www.ddws.nic.in/popups/Requests%20for%20R&D%20proposals%20on%20specific%20areas.doc>
6. The Department of Drinking water supply has released **Guidelines for IEC** for the National Rural Drinking Water Programme. Download the guidelines at <http://www.ddws.nic.in/popups/IEC%20Guidelines.pdf>
7. Many civil society organizations including Centre for Budget and Governance Accountability, National Social Watch Coalition and Wada Na Todo Abhiyan organised the **National Consultation of the People's Mid Term Appraisal of the Eleventh Five Year Plan** on 4th and 5th February, 2010 at the India Social Institute, Lodi Road, New Delhi. The event marks the consolidation of the People's Mid Term Appraisal of the Eleventh Five Year Plan. Download the research chapter at <http://www.wadanatodo.net/newsletter/17-02-10/Document%202.pdf>

<http://www.indianexpress.com/news/Rs-1-cr-water-reservoir-is-now-home-to-pigs--DJB-survey/581179/>

- **Bureau of Forest Genetics to be set up at Dehra Dun** - <http://beta.thehindu.com/news/national/article108495.ece>
- **Govt to amend Wildlife Protection Act** - [http://www.ptinews.com/news/523180\\_Govt-to-amend-Wildlife-Protection-Act](http://www.ptinews.com/news/523180_Govt-to-amend-Wildlife-Protection-Act)
- **80% Mumbaikars don't get water directly from tap: Study** - [http://www.dnaindia.com/mumbai/report\\_80pct-mumbaikars-don-t-get-water-directly-from-tap-study\\_1348753](http://www.dnaindia.com/mumbai/report_80pct-mumbaikars-don-t-get-water-directly-from-tap-study_1348753)
- **Water contamination at Khemkaran in Punjab** - <http://beta.thehindu.com/health/diet-and-nutrition/article107749.ece>

## Upcoming Events

1. **The World's Longest Toilet Queue** takes place 22 March, World Water Day 2010. Visit their site to join the online queue or what you can do in your city - <http://www.worldtoiletqueue.org/>
2. **National Research Conference on Climate Change (March 5 and 6, 2010)** being organised by Indian Institute of Technology Delhi (IITD), Indian Institute of Technology Madras (IITM), and the Centre for Science and Environment (CSE) to be held at IITD. See the programme - [http://www.cseindia.org/userfiles/national\\_climate\\_conference.pdf](http://www.cseindia.org/userfiles/national_climate_conference.pdf)
3. **International Symposium on Rural Water Services, Providing Sustainable Water Services at Scale (April 13-14, 2010)** The Thematic Group on Scaling up Rural Water Services in collaboration with the Ministry of Water and Environment of the Government of Uganda is organising this symposium in Kampala. See details at - [http://www.wsscc.org/fileadmin/files/pdf/WASH\\_advocacy\\_materials/Networking\\_Knowledge\\_Mgmt/Uganda\\_Symposium\\_Announcement\\_1.pdf](http://www.wsscc.org/fileadmin/files/pdf/WASH_advocacy_materials/Networking_Knowledge_Mgmt/Uganda_Symposium_Announcement_1.pdf)
4. **Agenda for Survival (June 1-30, 2010)** - A month-long summer certificate course on environment / development issues allows participants to understand and critically evaluate issues that lie at the interface of environment and development;

## Media Alerts

- **BMC bats for hike in water rates** - <http://timesofindia.indiatimes.com/city/mumbai/BMC-bats-for-hike-in-water-rates/articleshow/5590363.cms>
- **People power: Tribals unite to green Shahapur again** - <http://timesofindia.indiatimes.com/india/People-power-Tribals-unite-to-green-Shahapur-again/articleshow/5585953.cms>
- **Notice issued to company building Maheshwar Dam** - <http://beta.thehindu.com/news/national/article108471.ece>
- **Drinking water detrimental for health** - <http://timesofindia.indiatimes.com/city/allahabad/Drinking-water-detrimental-for-health/articleshow/5585317.cms>
- **Rs 1-cr water reservoir is now home to pigs: DJB survey** -



poverty; democracy, equity and justice. Visit the site for more details - <http://www.cseindia.org/node/447>

## India WASH Forum Trustees

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## India WASH Forum

India WASH Forum is a registered India WASH Forum is a Registered Indian Trust, since July 2008. It is affiliated to the WSSCC Geneva and is a membership based coalition of Indian organizations and individuals working on water, sanitation and hygiene.

A unique feature of IWF is its non-hierarchical set up. The organisation is a coalition and its Trustees are on the IWF as individuals and not representing the organisations they are associated with. The agenda and activities that India WASH Forum are determined at the initiative of the Trustees and Members and support from organisations and individuals. We receive a very small operations grant from WSSCC.

### Our Charter includes the following commitments;

- ❑ **Promoting knowledge generation** through research and documentation which is linked to and supported grassroots action in the water-sanitation-hygiene sectors. Special emphasis is given to **sector-specific and cross-cutting thematic learnings.**
- ❑ **Supporting field-based NGOs and networks in their technical and programmatic work.** The IWF would also consistently highlight gender and pro-poor considerations, and provide a national platform for interest groups working in the sector to come together.
- ❑ **Undertaking policy advocacy and influence work** through
  - Monitoring and evaluations
  - Media advocacy and campaigns, and
  - Fact finding missions
- ❑ **Undertaking lobbying and networking to promote common objectives** in the sector.

**Registered office of India WASH Forum: K-U, 6 Pitampura, Delhi-110034**

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