



# India WASH Forum

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### India WASH Forum News

WASH News and Policy Update is a bi-monthly e newsletter of the India WASH Forum. It is an open platform for engagement on contemporary issues, for an independent credible voice in the water, sanitation and hygiene sector.

We are conscious of the need to engage with and understand other larger debates in the social and economic development scenario, of which drinking water

and sanitation is a part. Hence we include in our news analysis and policy updates, events and developments from other related development fields, besides the WASH sector.

August 2011 witnessed a countrywide support for Anna Hazare led anti-corruption movement that brought almost all sections of people to relate to this movement in some way or the other and to support it. This was a singular achievement of this movement.

We share an interesting article by Dilip Dobb.

“Rarely does the Indian middle class abandon its material comforts and studied sense of complacency to take to the streets — literally getting their feet wet — as they did last month. The innumerable talking heads we were subjected to 24/7 over those 12 days of drama and suspense were of one view: enough was enough, corruption had gotten out of hand and that was the sole collective motivation for the middle classes to have bought the t-shirt, topi and tricolour and abandoned the nearest air-conditioned mall in favour of the slushy, sweaty crush of a massive public rally. In retrospect, however, the reasons could well be far more complex and deeper than a spontaneous anti-corruption outburst. Or, for that matter, an act of redemption for its earlier apathy towards politics and electoral participation. For the Indian middle class, Gandhi — the original — is not someone they easily identify with except in an attempt to claim an enlightened legacy. The Ramlila Gandhi may have been a rallying point but not the main motivation. Corruption, at one level, is an issue that has been partly fuelled by the middle class; their growing affluence gave them the resources to afford short-cuts to special services and privileges.”

We welcome articles and reports from readers, to make this a learning and advocacy platform. India WASH Forum reports and documents are hosted on the India page of WSSCC website.

**Global Sanitation Fund** in India is soon finalizing the sub grantees selection for Assam and Jharkhand(the two states it is working in India).

**WSSCC Global Forum on Sanitation and Hygiene**, a practitioners meet is slated for 9-14<sup>th</sup> October in Mumbai.

We share with recent **work India WASH Forum has done in recommending specific role that NGOs can play in the 12<sup>th</sup> Five Year Plan in Sanitation**. Our recommendations also include a perspective to Sanitation as Right that needs to be factored into Behaviour Change Communication in Total Sanitation Campaign. We also share a **Report of a consultation** held to discuss these



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recommendations and specific recommendations based on experience in states and how NGOs/CSOs.

**There has been much interest in addressing social inclusion.** From the 11<sup>th</sup> Five Year Plan to the 12<sup>th</sup> Plan. Social Exclusion is a focus in many international aid agencies strategies and agenda for the coming years. **In this issue of WASH News and Policy, we focus on social exclusion in water and sanitation.**

**Social exclusion approach**, attempts to go beyond the need based and entitlement based approaches of poverty reduction and development programming in the last few decades. Social exclusion discourse is relatively new(1970s) and is said to have emerged from France, where social exclusion was used to define people who are left out of the welfare state – disabled, mentally challenged, drug addicts, etc. The application of social exclusion requires clarity in its usage, so that economic deprivations that affect large sections of populations, without making distinctions for specific groups of people, are not included under a social exclusion scrutiny. **We analyse critically, the content and substance of what social exclusion by bringing together perspectives of practitioners and researchers in this subject.**

**Drinking water is not getting adequate focus.** Sanitation is getting a major focus nowadays. However it is important not to forget the critical state of drinking water resources, water pollution and related issues of availability, affordability and access. Even within drinking water quality issues, more focus is given to bacteriological contamination than chemical contamination.

There is **very little Research, Media and Advocacy focused work, of any major national and international WASH sector specific NGOs on the drinking water sources contamination.** If at all there is, the focus is more at the point of use(at home). We are pleased to see water pollution as a human rights issue is highlighted by **Amnesty International** and reproduce their report(The oil company Shell has had a disastrous impact on the human rights of the people living in the Niger Delta in Nigeria.....) in this newsletter. We are also aware of **reverse pumping of industrial waste into ground water, permanently contaminated ground water aquifers**, that is happening in some parts of India and perhaps elsewhere. Some of the successful **CLTS projects in Haryana** also report instances where people have built 30 feet deep toilet pits or placed a 100 ft borewell for drainage of waste water.

**NREGS Reform note by the Rural Development Minister**

[http://rural.nic.in/latest/Reforms\\_in\\_MGNREGA01092011.pdf](http://rural.nic.in/latest/Reforms_in_MGNREGA01092011.pdf)

National Rural Employment Guarantee Act is now in its fifth year of implementation. Recent reviews have shown that the National Rural Employment Guarantee Scheme(NREGS) under this Act, has provided an opportunity for peoples based planning and prioritization of works for securing employment on demand. According to the rules of NREGS, 50% of the funds are to be given to Gram Panchayat recommended works and the rest by Line Departments. Any works that the Gram Panchayats recommend, cannot be turned down by the Block and District administration, the administration can only assign that work to a Line Department if there are reasonable grounds to believe that the Gram Panchayat will not be able to implement the proposal. **The NREGS Reforms Note from the Ministry, aims at setting right the deficiencies of NREGS.**

NREGS, in principle, provides for a shift from top down to a peoples employment guarantee programme. Almost any type of employment work in public or private land and water development, is possible under NREGS. Hence **leveraging resources for labour and material works for drinking water supply and sanitation, is possible under NREGS.**

**Global Forum on Sanitation and Hygiene: Mumbai, 9-14<sup>th</sup> October 2011; Jon Lane, Executive Director WSSCC**

The Water Supply and Sanitation Collaborative Council (WSSCC) is pleased to welcome you to the WSSCC Global Forum on Sanitation and Hygiene in **Mumbai, India, from 9 to 14 October 2011.** Join us, along with colleagues from across the world, to make this a unique professional experience.

This is an exciting time to be working with sanitation and hygiene issues. The Global Forum on Sanitation and Hygiene will be a prime opportunity for WASH professionals from around the world to share ideas on leadership, skills, knowledge and actions that can make a substantial difference in the lives of the 2.6 billion people in the world without safe sanitation and hygiene.

The Global Forum offers a carefully selected mix of thematic sessions, technical training opportunities and urban and rural field visits, with a focus on leadership, accelerating behaviour change, equity and inclusion, and sharing across the regional sanitation conferences. The Global Forum will explore these themes as they apply to WASH, but will do so by drawing from successes in other sectors.



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The Global Forum is a unique opportunity to learn from practitioners who are at centre of policy and practice. This will not be a talk shop of speeches and declarations, but rather an interactive and informative setting to discuss the key questions and challenges that face all of us in all countries. WSSCC has a history of arranging such meetings, and the plans for the Global Forum grew out of a demand from WSSCC members for an opportunity to take stock and to plan for the future in a collaborative manner.

For regular updates, or to register, please check the dedicated conference website regularly: [www.wsscc-global-forum.org](http://www.wsscc-global-forum.org).

## **Role of NGOs/CSOs for 12<sup>th</sup> Plan: Consultation for CSO/NGO Perspectives : Report of the Consultation; 17<sup>th</sup> Aug 2011**

The Purpose of this Consultation was to review the potential role that CSOs/NGOs could play in the drinking water and sanitation sector, in the government programmes (Rural Water Supply and TSC). To provide this as an input to the 12<sup>th</sup> Plan Working Group on water and sanitation.

The following formed inputs to the consultation;

1. Paper on Behaviour Change Communication in Sanitation for 12<sup>th</sup> Plan
2. Two Papers on Role of CSOs/NGOs
  - a. Dr. Niraj, SATHEE, Jharkhand
  - b. Dr. Indira K, WaterAid
3. Input from Nafisa Barot: Modalities of CSO/NGO engagement in Coastal Areas development Programme in Gujarat, on water and sanitation.

### **Participants in the consultation:**

Invitations were sent to several national agencies but few could attend. Participants included;

Avinash Zutshi (WesNet India), Brijendra Singh (AIDENT, NGO in Haryana), NLM Reddy (MARI, NGO in AP), Saurabh Singh (Innervoice Foundation, UP), Vinay and Rajesh R (NRMC), Depinder Kapur (India WASH Forum)

### **Process followed;**

1. Experience sharing on government water supply and sanitation programmes from states. We had experiences shared from UP, AP and Haryana, and to a lesser extent from Gujarat, Bihar and Kerala.

2. Presentation and discussion on the Behaviour Change Communication Input Note to the 12<sup>th</sup> Plan to discuss the BCC Unit and team composition.
3. To arrive at overall recommendations.

### **Consultation priorities**

There needs to be a **commitment from the Working Group that meets on the 19<sup>th</sup> August**, to whom this input will be provided - that the inputs given from this meeting will be seriously reviewed and incorporated into the input to the 12<sup>th</sup> Plan.

**The Consultation should be continued in future.** There is a need to develop mechanisms to review and input to the government, on what is working and what is not working. Irrespective of the Planning Commission requirements, there is a need to have such consultations and to follow up on the outcomes of this consultation or else we lost out on the effort and time invested.

### **Experience Sharing from States.**

The major gap identified in the current dispensation of water and sanitation programmes is that they remain target driven programmes and the major focus of the district administration remains getting the targets accomplished, construction completed, so that they do not have to return grants. The pressure from the state level is always there asking for targets achieved and not on the quality of work done or on behavior change achievements. Unless there is a balance between physical targets achieved and quality of work done including behavior change – community engagement and ownership of what is essentially a demand lead programme – cannot be achieved.

### **Experience sharing from UP : Saurabh Singh, Innervoice Foundation**

Saurabh was speaking from experience of working with the State Water Supply and Sanitation entity – UP Jal Nigam in Balia district over the past decades. Specifically, the following points were raised;

1. Experience of different state level rural water supply and sanitation entities is varied. In UP the creation of Jal Nigam and has really not helped, as desired (in terms of making it more responsive to community needs). Experience of TWAD Board and WASMO has been better.
2. A major concern in UP Jal Nigam is that the WSSO is dysfunctional. Envisaged as a leader in Planning, Monitoring and Technical Advise – it is not performing this role.



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3. The implementation arm of Jal Nigam continues to play a dominant role, its implementation role gives it a lot of say in the way schemes are planned and implemented. NGOs have a peripheral space in planning.
4. There is a need to strengthen WSSO role. It should be vested with providing approvals, its technical advice should be mandatory and it should provide a platform for NGOs to come together and input on the strategy, monitoring and evaluations of the works undertaken or planned by Jal Nigam.
5. Convergence at district level is needed to ensure that WSSO directions are followed. At least a monthly meeting at district level is needed to review water and sanitation related issues.
6. Capacity building of VWSCs – by NGOs is another area of priority. There is no budget or a planned institutional response to training of VWSCs and for NGOs to play this role.
7. Data Monitoring is a major area of concern.
  - a. IMIS data is monitored online. There are concerns on the way this data is currently gathered and reported – relating to the authenticity of the information/data collected and reported. The data is not giving a true picture on the ground.
  - b. Currently the data management is done by private agencies. Professionally competent NGOs could also be engaged in data entry. Given the pressure
  - c. A technical solution to the problem could be using GPS/GIS coordinates, to identify all government created water sources, water schemes, latrines and sanitation facilities. This will ensure that spending on such infrastructure can be monitored, in addition to monitoring their functionality and usage.
8. NGO role in a formal validation of district/state data and reports, also using social audits to validate.

## Experience sharing : NLM Reddy, MARI

1. In AP, many large projects have come up in the last couple of decades in all sectors, but NGOs have been only engaged for consultation at the project formulation stage. Not after that in the review of progress, mid term or end term evaluations.
2. In water and sanitation programmes, social mobilization and community engagement is often left out. Focus is entirely on infrastructure and construction. It is recommended that there should be a component of social mobilization, budgeted

- for, in the large water resources infrastructure projects - for NGOs to do social mobilisation work and to be compensated for this.
3. The current implementation of water and sanitation programme at the district level highlights the lack of staff, time and resources – for them to undertake community mobilization and behavior change activities. Hence NGO facilitation in planning and mobilization in water and sanitation programmes is required.
    - a. Competent NGOs are needed to do this work and should be adequately compensated for it.
  4. Another role that the NGOs can perform is in District and Madal level Statutory Advisory Bodies (Convener of this Body should be an NGO).
    - a. These Advisory Bodies can perform the roles of – validation of project reports, review of progress, planning new infrastructure, etc.
  5. Activating Grievance redressal mechanisms – defined institutional body that looks into complaints and grievances of communities that are relating to service levels, infrastructure creation, repairs and maintenance, water quality, construction related complaints, etc.
  6. Capacity Building of NGOs is a major concern. While there is a desire to engage NGOs in programmes of service delivery, there is little commitment and resources from RWS, TSC and other government programmes – where NGO capacity building is a priority. Limited capacity building is there in some projects. What is needed is institutionalized NGO capacity building system – of some educational or HR training Institute – that provides year round trainings to NGOs. Budgets from RWS and TSC should be used to develop institutionalized NGO capacity building plans as suggested here, instead of some one off trainings.
  7. Sensitization of government staff, their capacity to undertake community focused water and sanitation programmes is needed.
    - a. NGOs can support this capacity building.
    - b. Regular filling of all vacant staff and consultants – and making the departments responsible to fill these positions.
    - c. The success of TWAD Board experience needs to be disseminated and applied in other states.
  8. Convergence is needed of water and sanitation programme with NREGA/NRHM with RWS/TSC – source protection, water quality testing, etc.





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## Behaviour Change Communication and the need for a BCC Unit in TSC programme: Depinder Kapur

1. Analysis of trends in sanitation progress in India;
  - a. Increase in rural sanitation coverage has happened in all states of India. Overall at the national level, more rural BPL households have constructed toilets than the APL households.
  - b. Resistance that people earlier had to having a toilet – is not a barrier anymore
  - c. Issues of sustainability and usage of these toilets are becoming an issue. Also seen in NGPs.
  - d. DLHS survey – 34% Rural coverage 2007-08
2. Experience of BCC initiatives has been documented well by field NGOs – experience of Gramalaya, AIDENT, Sathee Jharkhand and WaterAid was read out from the note as well as from their submissions.
3. BCC experience in India – key lessons
  - a. BCC not a stand alone activity. It needs to be linked to the programme, to different contexts/states.
- b. Role of incentives in sanitation should be seen from different experiences. Not from a reductionist lens.
- c. BCC as a marketing approach to individual behaviour change may not be the best way to undertake behavior change in water and sanitation. BCC as a social outcome/change approach may lead to different approaches and strategies for BCC.
  - d. Different motivating factors for behaviour change – not just health. Health outcomes may not be visible in a project(SHEWA – B project).
4. Key challenges in BCC in India;
  - a. Increasing felt need for toilets at individual household level, yet toilets not being constructed in larger numbers. Low usage too.
  - b. Who will undertake the behavior change communication on the ground. BCC under TSC is weak?
5. Failure of sanitation and hygiene programme - the main reasons:
  - a. Construction through contractors, not owner managed or built
  - b. Lack of staff on the ground to oversee behavior change
6. Hence the proposed BCC strengthening – requires a BCC Unit that has enough people on

the ground to undertake BCC – the main weakness of the current TSC programme.

## Recommendations

**The meeting focused on making concrete recommendations for the Role of NGOs in the 12<sup>th</sup> Plan.** There is enough documentation on what the NGOs have done independently and with government over the last plan period. We do not want to make a compilation of such experiences in this submission.

The following recommendations for concrete NGO Role is proposed;

1. **Water and sanitation are state subjects. These are also Rights as agreed upon by Indian Govt in 2010.** NGOs can play a supporting role only, in realizing of the Rights, with the state assuming responsibility for realization of the Rights.
2. **At the National and State level:** There is an absence of Effective Statutory Bodies at the National and State and District Levels Advisory bodies at state/district levels, where NGOs have a space to input on a regular basis. The current dispensation of SWSMs, DWSMs and National level Advisory Groups are deficient in making regular consultations with CSOs/NGOs a part of their functioning.
  - a. Few NGOs are aware of who is there in which committee or Mechanism. This should be placed in the public domain in a defined place for greater openness.
  - b. SWSMs and DWSMs are not having adequate CSO/NGO representation. They do not meeting regularly and the work done including Minutes are not available.
3. **There is a need for Experience sharing and Learning Forums – institutionalized at state level.** With a frequency of annual or bi-annual meetings taking place – where NGOs working in water and sanitation are invited for experience sharing and the audience of these meetings are the WSSOs/CCDUs/PHEDs/PRIs.
4. NGOs realize that when we demand greater role in supporting and augmenting the government water and sanitation programmes, there is also a question regarding the **credibility of the NGOs – their capacity and transparency in being entrusted with public funds to implement programmes.** The following actions are proposed;
  - a. **Accreditation of NGOs for minimum norms of governance and transparency.** Could be done as part of the national initiative of Planning



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Commission with all donors contributing to this.

- b. **Grouping is done for NGOs to profile their strength and not as a ranking or selection exercise.**
  - c. **Training and capacity building of NGOs.** Adequate budgets and institutional training of NGO staff and for systems, if NGOs are expected to play a meaningful role in supporting the government programmes.
5. **Review the current set of IEC/BCC/KAP tools and Structure of implementation**
  6. **Strengthen the TSC programme by setting up BCC Unit. Constituted under the TSC structure and managed by NGOs.** , housed in the PHED or an independent place where it can perform its functions professionally, have adequate operating and programme budgets and approval systems that are not constrained by the PHED norms.

#### **The BCC Unit to perform the following;**

- a. Undertake all research – including Formative research and others
- b. Hiring of Professionals for Technical, Communications and Media work
- c. Community mobilisation and demand generation

#### **At the state level the BCC Unit should have;**

- a. Operations and Monitoring functions are separated.
- b. Focus on institutional and Informal BCC.
- c. Learning and knowledge building linked with monitoring – to build knowledge based over time

#### **BCC Teams at District and Block level :**

Five member team at district level with two distinct functions of programme and learning.

**BCC teams at Block level :** Six member team at block level is needed per block. To ensure that regular BCC interventions and follow up is there.

**The consultation concluded that unless this level of commitment is made in augmenting the teams to implement and follow up on BCC – sustainable behavior change is impossible. NGOs can be entrusted with this job for a 3 to 5 year pilot initiative in the 12<sup>th</sup> Plan.**

## **Role of NGOs/CSOs in Sanitation and Hygiene Promotion: 12<sup>th</sup> Plan Working Group input**

This note was prepared by Gramalaya and India WASH Forum. It presents a Framework for Behavior Change Communication(BCC) for the 12<sup>th</sup> Five Year Plan of Govt of India, with special focus on sanitation and hygiene.

**This note providing the framework and Priorities for behavior change communication for sanitation and hygiene covers the following aspects;**

1. Main trends in the sanitation sector: Priorities and Challenges for Behaviour Change Communication(BCC)
2. Existing BCC/IEC component in the TSC programme: overview, key issues, lessons learnt, BCC as a marketing approach vs. a social good approach
3. Principles: Rights Based BCC Approach in promoting sanitation and hygiene
4. Recommendations for BCC strengthening within the TSC Programme. Setting up of a BCC Unit in TSC – state/district/block level structure and operational modalities

### **1. Main trends in the sanitation sector: Priorities and Challenges for BCC**

#### **1.1 BCC priorities in relation to sanitation progress and challenges**

The progress made in sanitation improvements in terms of rural individual household toilets availability, from 1% in 1980 to 35% in 2010, has been witnessed.

There are some clear trends available in this change;

1. Increase in rural sanitation coverage has happened in all states of India. Overall for India and specially where rural IHHL sanitation progress has been the least, the increase in sanitation coverage is strongly correlated to the subsidy provided for the BPL toilets under TSC. Hence overall at the national level more rural BPL households have constructed toilets than the APL households.



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2. The increase in individual household toilets in rural areas shows that the resistance that people earlier had to constructing household toilets in rural areas and accepting the need for household toilets – is not a barrier anymore (except in some instances). The threshold level of acceptance for household toilets has been crossed.
3. As the numbers of toilets constructed at the rural household level increases, issues of sustainability and usage of these toilets are becoming an issue. NGP villages that were seen as a way forward for accelerating the household toilet coverage in rural areas, have failed in the core area of inspiring all the communities in a village to use toilets constructed under the programme and its guidelines and implementation is under review and reformulation.
4. The states with the lowest IHHL coverage (Jharkhand, Chattisgarh, Orissa, Bihar, UP, MP and Rajasthan) as well as with states that showed a significantly poor IHHL coverage as per the latest DLHS survey (Andhra Pradesh and Tamil Nadu) – highlight the challenges in the diversity of contexts and the mounting slippages in sanitation coverage that need to be addressed.

## 1.2 Two major challenges in developing a behavior change communication strategy for sanitation;

- A. **There is an increasing felt need for toilets at individual household level, yet why are toilets not being constructed in larger numbers and why some toilets that have been constructed are not being used?** What needs to be done to ensure that this need is translated into both construction and usage of toilets (in terms of the TSC programme priorities in the 12<sup>th</sup> Plan), of which BCC is a supporting programme strategy element and not a separate communication component.
- B. **Who will undertake the behavior change communication on the ground, how can it be organized most effectively at the district and state levels? Why is the current BCC component in the TSC not delivering? Addressing the institutional BCC implementation at state/district level.**

## 1.3 Non usage of toilets: Contracted out construction process

The experience of many NGOs and government departments in studying barriers to usage of toilets, cannot be summarized in this note. Formative research studies are needed.

Evaluations done agencies (CMS Study 2010) have highlighted technical failures (arising out of “poor quality and unfinished installations/toilets”) as the single most important factor for non usage of toilets in India. Why do we have “poor quality and unfinished installations/toilets” – is not addressed in any research. It is assumed that poor implementation of TSC arising out of capacity gaps, is responsible for the outcome of poor quality toilet construction. This is only partially true.

There is also an implicit conclusion drawn, is that incentives given for individual household toilet construction are a reason for technology failure. In a later section of this Note (“Suggested BCC Approach for sanitation and hygiene”), we have shown how this cannot be concluded.

**Unfortunately in the TSC programme implementation in India, a major reason for non usage of toilets arising out of poor quality construction and unfinished toilets – is its contractor driven implementation.** Technology failure is at best a proxy indicator of the failure of the contractor driven implementation of TSC, not its core reason for failure. If this implementation process is changed towards owner managed programme and incentives given directly to owners, the construction will be of a quality that is acceptable to the people and will ensure a higher usage.

If the toilets construction is through a contracted out construction process, it is more likely that the toilets are not as per the choice and need of the community. Not just the technology of toilet construction but also its demand, design, location and materials used – are unlikely to be as per the desire of the people.

For example if the toilet constructed by contractors along the road side, not having enough space inside for the person to sit without their backs getting grazed on the back wall, not having high enough side walls, roof and door to provide privacy to the toilet user, shallow pits that get filled up easily – could be a result of the contracted



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process of toilet construction, that leads to the toilets not getting used. It may later appear that the toilets were left unfinished and incomplete, thereby leading to non usage. Whereas it may be the other way around. Toilets like this will not be used and will become broken and dysfunctional. It may then appear that they are not used because they are of poor quality and are unfinished.

A toilet may not be used, or partially used by some members of the family, or during some times of the year. Lack of water availability for flushing the toilet is also a critical factor undermining usage and resulting in toilets left uncared for and broken down.

## 2. Existing Behaviour Change Communication component in the TSC programme and suggested Approach

Information Education and Communication(IEC) forms an integral component of TSC programme, with 15% of the total IEC funding devoted to it. In practice it has been observed that this budget allocation is not fully spent or is not effectively spent for the purpose intended. One reason for this is that the TSC programme is heavily focused on individual household toilets construction. The energies of the PHED departments in the states is geared towards completion of the construction component(toilets). The district water supply and sanitation missions(DWSMs) find it difficult to undertake the IEC programme in light of absence of standard operating budget lines for this work that cannot be standardized as in physical works, lack of staff and cumbersome procedures for recruitment of consultants.

### 2.1 Overview of the current IEC promotion - Various IEC Strategies using under TSC for the past 10 years:

- Handbills / Pamphlets / booklets / Calendars
- Posters
- Wall paintings
- Film Shows
- Cultural Programs
- Card exercise Flip charts
- Hygiene Transect walk
- Menstrual Hygiene exclusively for Adolescent girls

- Water and Sanitation campaigns and exhibitions
- Demonstration of sanitary wares
- Door-to-door Campaigns
- Interpersonal Communication

### 2.2 Key issues relating to current BCC/IEC strategies

Based on the experience of Gramalaya in Tamil Nadu, the following has been the experience of developing IEC strategies;

- IEC materials such as posters, pamphlets and flash cards printed but not circulated properly to the beneficiaries. It is stored in the block development offices or district level offices without distribution.
- Films on water, sanitation and hygiene and many other resources developed but not shared and used.
- TSC Coordinators are not aware of the hygiene messages and technical options of toilets.
- Under TSC programme, Toilet Parks are available in few districts constructed with NGO support nearby District collector office. The idea is creating awareness among the people when they come to the Collector office and they should know about the low-cost toilets and the costs involved. But TSC has no funds to maintain these Toilet Parks and now the toilet parks are in abandoned conditions.
- TSC Block Coordinator needs motivation, exposure and resources to undertake BCC and motivation of communities.
- In many places, no NGOs or CBOs are involved in the TSC implementation. As a result only hardware structures/toilets are created, that too without proper standards and technical aspects. In many states, NGOs are being used as contractors with low piece rate incentives linked to toilets constructed. Hence BCC/IEC component is not provided.
- No systematic IEC strategies with trained personnel made available to the team working for sanitation at the District-level with the DWSMs





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- No follow up visits to ensure sustainable hygiene practices and monitoring of the usage and maintenance of the structures created.
- For ensuring usage of toilets by men - no strategy has been adopted.
- Lack of IEC and technical designs for construction of toilets based on the geographical location. Though technical designs are available, the staff involved are not provided with adequate training and capacity to adopt locale specific structures.
- Lack of media support to disseminate the IEC to the public.
- Lack of knowledge among cement fabricators to manufacture toilet construction materials with proper specifications and standards.
- People construct toilets with leach pit and air-vent pipe.
- Toilets are constructed with heavy expenditure, due to the septic tank models.

The experience of IEC implementation in other states, specially the worst performing states of Bihar, Jharkhand, Chattisgarh and Orissa requires much to be desired

## 2.2 BCC in sanitation and hygiene: Lessons learnt

BCC is not a magic wand and the following need to be considered in a new BCC strategy for sanitation and hygiene.

Behaviour change communication in itself alone as a purely communication intervention can have only a limited impact on sanitation improvement at scale. Did the BCC/IEC alone contribute to the sanitation progress in Kerala, Punjab? Behavior change communication strategy for each state and for the rural and urban contexts, has to be therefore developed to suit the requirements of the particular state/district for its development status, physical and social contexts and the sanitation and hygiene challenges. It also has to address institutional failures in delivering the BCC/IEC component of the TSC.

CLTS and other approaches. Focus on health and hygiene outcomes, using naming and shaming techniques - have proven successful in many countries, but not so in India so far. What may have worked in Bangladesh (CLTS) may offer useful lessons for India, but should not be blindly copied for India. We should have space for

different BCC approaches at a district level, alongwith strengthened institutional delivery framework for BCC delivery. CLTS should not be viewed as an option for reducing state responsibility in sanitation promotion and BCC.

## 2.3 Incentives in TSC : role and lessons from past

Progress in sanitation coverage has been made in India, and we do have a flagship national sanitation programme (TSC) that is based on the principle of providing incentives for individual household toilet construction. Is the incentive based sanitation programming flawed or not, as a developmental model, cannot be addressed in this Note. What is important for the DDWS and the TSC to review is whether in the implementation of the incentive based TSC programme for individual toilet construction in rural areas, what is successful and what is failing, what can be done to improve the failures.

Unfortunately today, incentive based sanitation and many other development programmes are being viewed from a narrow market efficiency lens and discarded without an adequate and a transparent review of their success and failures. It has been observed that many developmental programmes including health, education and food provisioning under universal schemes – often fail because they are not adequately financed to ensure delivery at the cost intended, and secondly because not enough transparency is built into a top down implementation. Hence failure through corruption, is inbuilt into the programmes.

In the case of sanitation programming, large individual subsidies for toilet construction under the CRSP in the 1980s are cited as an example of failure of incentive based models for individual toilet construction. What is forgotten is that the CRSP approach of pucca toilets in the early 1980s, was done when majority of the houses were kuccha and the pucca toilet looked out of place and was therefore used for purposes that appeared better for the people. The higher subsidies then for pucca toilets looked out of place, and this led to a move towards lowering individual subsidy for toilet construction. The context however has changed now. With more pucca houses, people are demanding pucca toilets as well. Asking them to follow the Bangladesh model of basic pit latrines as the first step of a sanitation ladder – amounts to blindly copying an approach that is not suitable for India.



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## 2.4 BCC as a Marketing approach to individual behavior change

Behaviour change communication has been reduced to an information communication delivery. It is only seen as an awareness generation input for behaviours change in sanitation and hygiene, with little focus on addressing root causes of problematic behaviours. BCC has been reduced to a commercial marketing concept of trying to address one specific behavior element of sanitation and hygiene, forgetting that something larger may be preventing the adoption of individual behaviour change. A campaign approach is also reduced to campaigning for one specific programme outcome and not for a larger social change outcome of which the particular behavior change element is one.

Public health outcomes in terms of diarrhea and disease reduction is understood as the most significant outcome of a hygiene and sanitation programme. Sanitation as a health message is not programmed adequately in other departments(health and education) work. For example the Polio immunization national campaign, has no focus on the risk of and need to control polio spreading as a result of open defecation(which is a major cause for its spread).

Commitment to improving public health outcomes requires a focus on improving sanitation and hygiene, not simply as a personal behaviour change, but as a social necessity. And communication that is larger than a marketing exercise for improving individual behaviour.

## 2.5 Different motivating factors for sanitation improvement.

Eliminating open defecation is certainly an improved behavior change but may not in itself contribute to a significant reduction in health outcomes(diarrhea and child morbidity and mortality).

The experience of the large UNICEF Bangladesh project(SHEWA-B) has recently demonstrated that improving hygiene practices alone may not lead to a significantly improved health outcome. The review of the multi million dollar hygiene and sanitation improvement project showed that the results of the programme lead to improvement in hygiene practice, without any significant improvement in health outcomes, when compared to control areas in rural Bangladesh. Therefore, improvements in health outcomes, specially for

populations that are living on the margins of extreme poverty, malnutrition, extremely unsafe and unhealthy environments of slums and filth – in such conditions, improved hygiene behaviours alone may not lead to any significant reduction in health outcomes.

We do aspire for a 100% open defecation free rural and urban slums community, but we need to appreciate and consolidate on the gains being made through the improvements in sanitation coverage and usage in India. If more toilets are being built and if these are being used primarily by women and old people as a matter of dignity and convenience – this is a significant step forward and any BCC strategy should build on these elements to induce men and children to also use toilets.

## 3. Principles for a Rights Based BCC Strategy: promoting sanitation and hygiene

### A Rights Based Behaviour Change Communication Approach for TSC





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## 4. Recommendations for BCC strengthening within the TSC Programme. Setting up of a BCC Unit in TSC – state/district/block level structure and operational modalities

Water and sanitation are state subjects. TSC involves a large centrally sponsored scheme for improved sanitation, with a smaller contribution from states and individual households. Some states have provided for incentives in addition to the TSC, for individual household latrines. At the state level the State Water and Sanitation Mission, a nodal body usually constituted by the Public Health Engineering/Rural Development department, is expected to coordinate and monitor the sanitation programme. At the district level, District Water and Sanitation Missions are constituted a small team of deputed Engineers from the PHED and some consultants hired. The District Collector, as the in-charge of all development programmes at the district level, Chairs and monitors all programmes including TSC.

The CCDUs, at the State Water and Sanitation Missions, were expected to undertake both capacity development and behavior change communication to support the TSC programme. Under the revised guidelines, Block Resource Centres have been constituted to support implementation and coordination at Block level.

### 4.1 Major reasons for failure of the current IEC component delivery in TSC programme include;

Even though the need for BCC is recognized in the TSC, the way it is programmed as an IEC component is a stand alone sanitation promotion component. The district and state level coordination at the PHED level is geared towards construction and hardware, since these are the strengths of the implementing agency. Hence at the institutional level there is a structural gap in planning and delivery effective BCC for sanitation. Some of the critical areas are;

- Inability to adequately staff CCDUs and other similar teams at state and district levels(short term contracts, low remuneration, not enough budgets to travel and implement BCC interventions independently)
- Reticence of the District Executive Engineers in utilizing the IEC component of TSC. They find it difficult to undertake the IEC programme in light of

absence of standard operating budget lines for this work that cannot be standardized as in physical works

- Lack of coordination with the TSC incentives for construction work

The experience so far has been that the state level CCDUs main function has been reduced to data collection and compilation from districts for the national level reporting for TSC. At the district level the priority always remains drinking water provisioning, specially for district level townships that do not have dedicated water supply sources and have to depend on tankers. The Engineers at the district PHED consider sanitation programme as an additional burden to drinking water priority. They do not have the contracting procedures for BCC worked out and are afraid of contracting out IEC/BCC activities.

TSC coordinators are tied up with chasing contractors and NGOs to perform and deliver on TSC targets. **There is no dedicated team on the ground, to undertake BCC work.** NGOs are expected to work on low piece rate contracts(as low as Rs.15 per toilet constructed in Bihar), and also undertake BCC.

Unless this lacunae(dedicated team for BCC) is addressed, in terms of identifying teams at state and district levels to work full time on BCC that could be consultants or local NGOs, it is difficult to implement effective BCC for sanitation and hygiene promotion.

Even where limited staff are hired as consultants for the CCDUs and with the DWSMs, inadequate provisioning for their travel, independent planning and promotion of BCCs(in line with the TSC programme implementation) and monitoring – is not feasible on account of lack of budget and financial resources.

### 4.2 Recommendations for Institutional strengthening for BCC at state and district level

Institutional strengthening for delivering quality BCC at the state and district level is required. Considering the limitations mentioned in the current TSC delivery/implementation at the district level, as mentioned in the previous section, **having a separate BCC Unit at the State level could help improve sanitation and hygiene outcomes.**

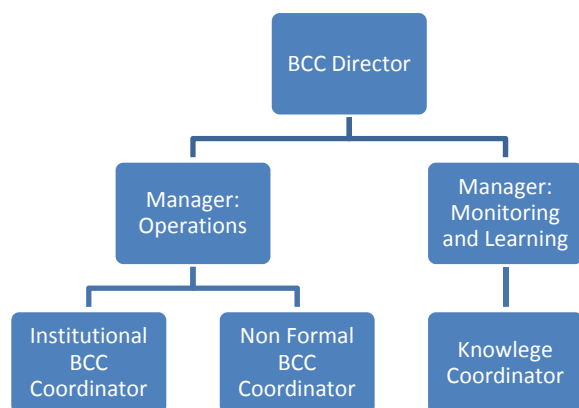


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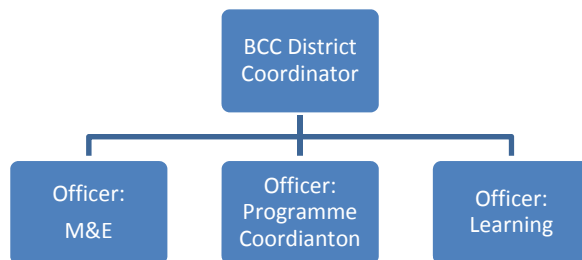
A team of dedicated BCC specialists needs to be set up at the state and district levels - to undertake and support BCC work that is aligned with the sanitation programme. This unit should be well funded to undertake BCC activities in a planned manner for a five year period.

**Proposed structure of the team is presented below:**

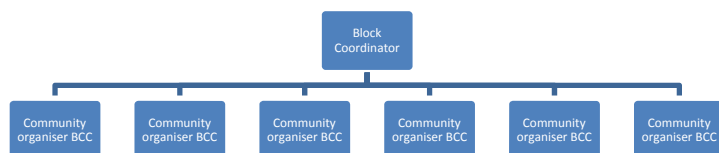
## **BCC Unit at the State Level – working under the Secretary**



## **BCC Teams at the District level**



## **BCC Teams at Block Level**



A team of 6 Community Mobilisers working under a Block Coordinator(possibly one of the two BCC officers).

**BCC Teams at District and Block level could be given out to NGOs. The BCC team at the state level could also be an NGO, reporting to the Director who should be from the state government.**

The proposed team structure of a separate BCC Unit with State, District and Block level teams, is proposed for a 5 year period. They will need dedicated budget for their operational costs of travel, monitoring, as well as for programming aspects of learning, research, communication materials, campaigns, monitoring, etc. The budget for BCC Unit can be met from the current 15% TSC budgets for IEC, it should be met 100% from the central grant for the first five years.

## **4.3 Functions of the BCC Team at the State, District and Block levels:**

### **1. State BCC Unit.**

The BCC Unit at the state level should consist of a team of 2 Managers and 3 Coordinators working under the Director of BCC and a Manager.

Main role of the State BCC Unit will be Planning and Coordination with the TSC Programme to ensure;

- a. Designing the State BCC strategy and budget
- b. Ensure coordination with TSC - incentives for toilet construction are preceded with awareness generation
- c. Facilitate specialized support agencies at state and district level to support BCC implementation. Supporting district and block level teams in planning the annual BCC components, in supporting training of trainers and in monitoring progress in behavior change.
- d. Ensuring that construction of toilets is owner lead and not contracted out with no engagement of the communities.
- e. Undertake Formative research and assessments on key behavior change barriers is done as a start up activity. Conduct/Commission research studies and documentation.
- f. To provide a repository of knowledge base over the years. That is missing in the current system where all knowledge and





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behavior change learnings are with external agencies and donors

- g. Partnerships with Resource organizations, NGOs and informal BCC methods
- h. Monitoring of outcomes – mid term review and studies to assess impact.

## 2. Teams at district level

A District Coordinator and three Officers. To report to the two Managers at State level and support the community mobilization for improved behaviours at the block level.

Key functions of district team;

- a. Strengthen the BCC input coordination, M&E and Learning.
- b. Develop annual work plans to undertake the demand generation for hygiene behaviours and construction of new toilets, repairs of old non usable toilets.

## 3. Block Level teams

Each Block should have atleast 10 member team working under a Block Coordinator.

Key functions;

- a. Implement the BCC strategy in the block.
- b. Facilitate demand generation, door to door interaction and BCC work, monitor regular use of toilets and improved hygiene behaviours.

### 4.4 Operational modalities of effective BCC in the TSC

The TSC guidelines on IEC strategies are vividly narrated right from the dangers of open defecation, to the hand washing practices. Very elaborate guidelines are provided with regard to the IEC interventions for what purpose and to whom it should be provided. The major problem is that reaching the communities especially women, children and men who are family heads.

**Strong commitment** is required right from the top officials at the District-level to the grassroot-level staff to be involved in the TSC program.

**District-level Water and Sanitation Mission** should comprise one third of NGOs representatives with other

voluntary organizations, service providers, bankers and government officials.

**Pooling of IEC funds of TSC for the BCC Unit operations.** TSC funds will need to be sourced for this. Operating procedures on procurement and hiring will have to be developed to ensure BCC work.

**Retain flexibility in targets** and construction component. Ensure that a mechanism is in place for this coordination. Sanitation targets are important, but excessive focus on this will not allow for effective and flexible programming of BCC for sanitation and hygiene improvements. In a demand lead, people owned programme, monitoring targets at district level, should be flexible based on the targets set by the BCC Unit.

For promoting hygiene education, demands creation, construction, usage and follow up of sanitation facilities, the role of NGOs is vital with proper guidance at the District-level. **The NGOs should be provided with adequate financial support** for involving them from awareness creation, demand creation, construction and follow-up. As suggested in the previous section, the NGOs could be given the charge of implementing the BCC work at district and block level. The BCC Unit at the State level could also be constituted by an NGO, reporting to the Director who should be from the state government.

**There should be regular monthly review meetings conducted with the chairmanship of District Collector, PO DRDA and District Coordinator** along with Block Coordinators. District Coordinator and Block Coordinators should work closely with NGOs in achieving the target.

**Role of NGO/CSO in Water and Sanitation Programmes in Jharkhand – Experience and Recommendations:** Dr Niraj Kumar, SATHEE, Godda, Jharkhand.

### PRESENT SCENARION OF JHARKHAND

The state of Jharkhand has been lagging far behind from most of the other Indian state in terms of coverage and use of household toilets and its uses. So far as districts are concerned more than 50 % of the districts showing less than 25% coverage and negligible use of sanitary complexes. The data shows higher coverage of SSB and about 50% coverage of AWC toilets but currently its uses are not above then 20%.This has been due to the poor



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organizational process, awareness programmes and strict follow up mechanisms. In brief the scenario is below-

- Coverage of IHHL among BPL are 55% where as the use is not more than 30%.
- Among APL the coverage it is shown is 8% but the use is above 50% in the rural areas.
- The coverage of school sanitary block is more than 90% where as the uses are nearly 50% where regular water is present.
- AWC are covered about 50% but its uses are not more than 50%.
- Community sanitary blocks are less than 1% in the state which has accelerating the open discharge of solid and liquid wastes at the rural common places.
- As per records the rural water (spot ) coverage saying to be 98% where as the pipe water supply is only 7%.

## Besides the above-

- IEC programme expenditure of the state is still less than 50% and most of the villages having IHHL is without prior IEC programmes initiation.
- Declared NGP sustainability is questioned in most of the GPs due to the lack of strong organizational process and community awareness programmes.
- More than 50% of the hand pumps yet to repair properly to yield adequate water to the depending populations.
- Weak and irregular monitoring and follow up mechanisms also engulfing the whole expenditure doing by the department.
- There is huge shortage of capable and regular staffs at the blocks and gram panchayat level. also affecting whole process of department.
- Structures created by any agency lacking its quality and durability also hastening the sustainability of programmes.
- Payment of such structures constructed by any agency also needs the regularity in payment because which has affected the whole progress of water and sanitation programmes and its speed.
- Complex system of payment and checking also responsible for the poor progress of the programmes.
- Village and GP based organization still not at par with the goals and objectives of the programmes. The local people's organization lacking proper awareness related to the water and sanitation programmes.
- Lack of proper WATSAN governance transparency and accountability also need special attention.
- Lack of multisectoral approach and proper coordination among different departments which also due to the non assignment of any special persons for this programmes.

- Ignorance of geo-climatic conditions and community behaviors along with proper techno managerial programme designing.
- During our implementation we felt that sudden target fixed by the department and creating pressure to cover it also creating havoc situations.
- All the meetings and proceedings are focused only on the hardware activities.
- Due the lack of IEC and other motivation programme arrangement APL motivation is quite below.
- Discrepancies among APL and BPL selection also creating chaos among the community resulted in to the exclusion of poorest families from the periphery of subsidy provisioning. Most of BPL card holders and Antyodaya card holders are out of the BPL numbering. Few laws also deriving by the local department without any logical base also generating the corrupt scenario.
- Primitive tribal groups who are residing on the higher hills also not supported any special provisions creating abnormal situations.
- Role of local CSO/NGO restricted to the construction of IHHL and other hard wares.
- Initiatives not taking to address the disabled and common places sanitation by the local WATSAN departments.
- Due to some previous lapsations the local department hesitating to provide revolving funds for the WATSAN programmes at different levels.
- NGP preparation and its proper strengthening and its follow up is still lacking.
- Utilization of funds of NGP still in vague and it is not released in proper time. Its use also beyond the eyes of the implementing CSO/NGO also causing improper utilization of those award money.

## MAJOR RECOMMENDATIONS

- There should be the transparent process of NGO/CSO involvement at the state level. And also at the district level.
- NGP planning for implementation should be taken from the NGO/CSO in a holistic way along with the time frame and budgetary allocations. Direct funding need to be ensured from the SWSM to the CSO and NGOs to avoid any delay and improper expenditures.
- Role of CSO should be to strengthen the grass root community based organization on the issue of water and sanitation. Certain community monitoring mechanisms need to be ensure for the greater community accountability towards the implemented programmes.
- Certain micro indicators also need to derive for the better process and completion of all the actions.



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- State and district level separate coordination cell also need to be established with the permanent representation of all the related departments.
- Support of NGO/CSO also needs to be taken in reviving of slipped back NGPs and other constructed hard wares.
- Capacity building of PRI leaders and traditional leaders also be ensured by the capable CSOs/NGOs along with its ensuring the role of those trained leaders in WATSAN programmes and exercising on social audit and public hearing process by gram sabhas.
- District plan preparations, Water security plan preparations and strengthening of district and block level WATSAN staffs also be capacitated through deploying proper NGOs especially on the community mobilization, social and transparency issues.
- Support the state functionaries in policy formulations like state water policy and relevant CITIZENS CHARTER.-its proper grounding

## NGO/CSO can also play vital role in following actions-

- Commissioning of regular study and impact assessment at the different level along with strategy formulation with the govt officials at different level.
- Water quality monitoring station should establish at block level supported by mobile water testing kits: support DWSMs and BWSCs
- Supply of TSC-SWAJALDHARA guideline in local language to each and every Gram Sabha.
- Sanitary Marts and production centers and enhancing for the community entrepreneurship
- Community based spare bank models for O&M : Support Gram Panchayats – training of BWSCs
- Joint monitoring (Peoples and govt.) Set up at block and district level.
- Monthly progress and target publishing in local newspapers and airing.
- Programme creation to peoples oriented rather than target oriented.
- Support ODF panchayats and post support
- Convergence of other deptt. Such as health, education, social and food security schemes with water and sanitation on essential basis.

- SHGs to be involved in Swajaldhara – institutionalize the programmes at village level. Need based actions by local govt. level service providers.
- Targeting women and indigenous people on water and sanitation issue as the part of strategic intervention.
- People's organization and federation to influence the local officials for better implementation of TSC
- Utilizing local/traditional governance institution for the better people's access to safe water and proper sanitation.
- Capacity building of NGO/CBOs on the issue of water and sanitation.

## Social Exclusion in Drinking Water and Sanitation

### A Preliminary Framework of Analysis of Social Exclusion in WASH

**Social exclusion approach**, attempts to go beyond the need based and entitlement based approaches of poverty reduction and development programming in the last few decades. Social exclusion discourse is relatively new(1970s) and is said to have emerged from France, where social exclusion was used to define people who are left out of the welfare state – disabled, mentally challenged, drug addicts, etc.

The application of social exclusion, requires clarity in its usage, so that economic deprivations that affect large sections of populations, without making distinctions for specific groups of people, are not included under a social exclusion scrutiny. To quote from Amartya Sen's work on social exclusion;

"The real merit in using the language of exclusion is to draw attention to the relational features in a deprivation, it is crucial to ask whether a relational deprivation has been responsible for a particular case of starvation or hunger."

"The real relevance of an exclusionary perspective is, thus, conditional on the nature of the process that leads to deprivation—in this case, to a sharp fall in the purchasing power of the affected population. This kind of discrimination is important to undertake in order to separate out (1) the conceptual contribution that the idea of social exclusion can make and the constructive role it can play, and (2) the use of social exclusion merely as



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language and rhetoric. Both can be effective, but conceptual creativity must not be confused with just linguistic extension.”

Inclusive Growth was the theme of the 11<sup>th</sup> Five Year Plan of Govt of India. The 12<sup>th</sup> Five Year Plan is exploring “Inclusive and Sustainability Growth” as its theme. Social exclusion, addressing it in different spheres of work, is assuming priority for most development agencies.

India has offered to the world, its rich expertise and experience on poverty assessment and monitoring for absolute nutrition based national poverty monitoring system (NSSO poverty line assessments). This system was also advocated for other countries but the level of effort and investment in surveys, was not easily available in several developed and developing countries. Over the decades, challenges of absolute nutritional based poverty monitoring (in terms of changing basket of goods and services that constitute the benchmark for consumption expenditures of the poor), recognition of non income based indicators of Life Expectancy and Literacy gained importance as it was seen that capitalist countries with high per capita GDP, were not necessarily doing well in terms of life expectancy and education – giving birth to the Human Development Index. Dreze and Sen came up with the Capabilities and Entitlements approach – to redefine and expand the already well established theory that it was lack of purchasing power that pushed people into famine and deprivation at critical times and not necessarily a massive shortage in food production per se. Role of media, democratic elections was identified as vital in ensuring that hunger and malnutrition were addressed by the state.

Some of these new approaches have also been critiqued. Bob Curie has shown that independent media and regular elections have failed to prevent starvation deaths in Orissa, farmers suicides (P Sainath and many others). Utsa Patnaik has critiqued the theoretical basis of the entitlements and famine argument by showing that stagnant foodgrain production growth over a few decades in Bengal, created famine like conditions and a mild drop in food production coupled with the WW2, heralded starvation deaths, hence a pure entitlements approach that is disconnected with food production trends, does not explain the situation.

The “relational and instrumentalist” based description of social exclusion, is not without its criticism. Primary being the inability of social exclusion as an approach, in providing an answer as to why income inequality and deprivation, continue to dramatically rise? That too despite seemingly improved understanding and application of entitlements and social exclusion approaches in several developmental programmes. Do long term income and

unemployment have no role in creating new forms of social exclusion? Why universal as well as targeted programme interventions are failing in addressing social inclusion? Is this a result of poor targeting or is it a result of inadequate financing of the targeted welfare programmes?

**Social exclusion in the Indian developmental programming context** is mostly used to define caste, ethnicity and religion based exclusion. Assessments are being done by NGOs to assess how these large categories of communities are faring against government welfare programme entitlements. Evolution of political parties like SP and BSP gave a political fill up middle and lower castes in some states/districts. Almost all political parties in some way or the other appear to be doing caste based politics. Bihar has set up a Mahadalit Commission to specifically provide for and address among other issues, increased sanitation subsidies for Mahadalits.

Gender based exclusion is seen as a larger social exclusion category.

**Locating Social exclusion in water, sanitation and hygiene.**

Work done in developmental programming in the WASH sector is marked by distinct trajectory of approaches that prioritized certain investments and outcomes over the last few decades. These priorities depended on the contexts and opportunities for undertaking specific programmatic interventions to achieve desired outcomes.

**Infrastructure based, Water Quality focused interventions were the initial priority from the 1970s.** Primarily to address water quality issues and for eradication of diseases like Guinea worm. Technology of deep drilled hand pumps seen as a solution. Promotion of sanitation by toilet usage was tried but never made any headway (except in some specific geographical locations) and was quickly given up. Behaviour change communication was attempted through basic instruments of posters and communication – addressing rural audiences and was imported from western development communication models that found it difficult to factor in the specific perception and knowledge levels of local communities to then translate and communicate messages effectively. Hence the several jokes on the communication messages and outcomes of the 1970s.

Access to drinking water from wells was segregated by caste, leading to a situation that access to wells with better water availability, were usually confined to the upper castes. It was assumed that the new technology of hand pumps that drilled water from lower aquifers, will be easy to install anywhere to secure water for all communities, thereby breaking the social exclusion

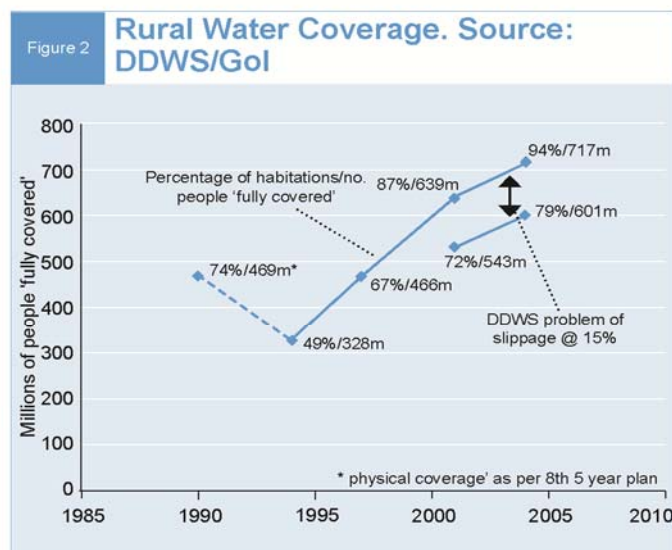


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imposed by wells. Achievements in increase of rural drinking water coverage were observed.

Then it was brought to the notice that simply providing one hand pump for a population of 250 people in a village, did not ensure that all the communities had equal access to this water. In the survey done by department of Drinking Water Supply in 1994 (NC Saxena Committee), it was shown that if coverage was measured in terms of habitations covered with access to safe drinking water, then the official coverage levels were much less than earlier stated (49% only, as compared to 74% earlier). We know that marginal communities are segregated in hamlets in mixed caste and mixed religious villages, where the location of the drinking water hand pump and its access is not there for all communities. In tribal areas, there are several hamlets constituting one revenue village.

The location of hand pumps in a village/hamlet (sometimes a public handpump is usurped by one family), a significant number of handpumps becoming dysfunctional for large periods of time leading to conflict over access to drinking water during summer months, sale of ground water (wells) to industry or to tankers for urban supply – once again provide the ground for conflict over access to scarce water and for social exclusion to re emerge.



Sources: 1994 - GoI quoted in Rural Water Supply and Sanitation, World Bank, 1999; 1997 - Working Group on the 10th Five-Year Plan, Table 2.2.1; 2001 - Working Group on the 10th Five-Year Plan, chapter 1; 2004 - www.ddws.nic.in

Access to drinking water, has been a major issue of caste and class based conflict in rural India. The state has tried to address this by drilling more and more hand pumps in different habitations/hamlets of a village. However, ground water quality and quantity is not uniform. Access to good quality, adequate drinking water, is becoming a contested

issue in many parts of rural India where social exclusion has been existing and the recent spell of droughts have worsened this situation.

Awareness about water quality problems among the community and specially among the excluded communities, has remained low. There are areas with chemical and bacteriological contamination, that are also amongst the poorest areas as well as having a large share of tribal and dalit communities. Initiatives by the state (national drinking water programme), to assess water quality – has made little headway and only the government hand pumps are being monitored in this initiative. Leave alone addressing areas with chemical and biological water contamination.

## Rural sanitation

Coverage of rural population having a toilet till as late as 1980, was only 1%. Central Rural Sanitation Programme (CRSP) was initiated to address the situation by offering a high subsidy for individual toilet construction, ended up failing to achieve the desired results. Toilets were being built for purposes other than sanitation (storage room, tying livestock or even as a temple).

Failure of individual toilets programme in the 1980-90s, by some, is attributed to a wrong approach of subsidies/incentives. Subsidy/incentive was targeted to Below the Poverty Line population. As such, therefore, exclusion was being addressed by the incentives. Instead of looking at the failure of the toilet programme in the 1980-90s as an outcome of a high subsidy/incentive outcome, it may be more relevant to look at the material conditions of people including their housing and other amenities existing then. Majority of the rural people lived in kuchha houses during that time period and this scenario has slowly changed in the last decade. Even the slightly better off only built a few pucca rooms more with the purpose of storing grain – thus making the pucca toilet construction programme of the 1980-90s look out of place and irrelevant to the conditions of that time.

It is another matter that from 2000s, when more and more pucca houses started being built in rural India, the subsidy/incentive for toilet construction was cut down dramatically to Rs.500.

Low cost toilets resulted in a situation where a cement slab with toilet, was a hole in the earth toilet. With no walls for privacy, leading to large scale construction and large scale abandoned toilets. Only rare programmes were able to motivate people to change behaviours and use the slab toilets.

Resistance to toilet construction, is a behavior change issue. This resistance has come down over the years.



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Several other material factors of lack of water, not having enough space to construct toilets – also acts as a barrier to construction and usage of household toilets. Incentive/subsidy continues to be a major motivating factor – evident from the fact that overall for India, more households that are BPL have toilets, than the APL households.

Sanitation programme since the year 2000, under TSC has witnessed a massive increase in outlays for sanitation coverage(individual households) and subsidy/incentives have been increased regularly(these were brought down in the initial years and then under Nirmal Gram Puraskar an attempt was made to channelize individual toilet subsidy into village incentives for achieving 100% open defecation free status). Incentives now extend from the BPL category to the APL category households as well, in some states of India. Peer pressure based initiatives like Community Led Total Sanitation(CLTS) is also being tried in a few places, but this has to compete with an increasing individual subsidy regime.

**Social exclusion appears to be adequately addressed, if one narrowly looks at the TSC subsidy** being targeted for the BPL category households. However a closer examination of the TSC programme implementation shows that the programme relies on contractors(private or NGO), to build toilets, the massive failure of Nirmal Gram Puraskar scheme in sustaining toilet use and improved hygiene behavior practices – shows that targeted BPL subsidy as well as village level incentives – are not very successful in achieving both an increase sanitation status or in sustaining it for even a short period of time.

There is criticism that CLTS as an approach, uses peer pressure including shaming and fines, to force anyone to stop defecation in the open, and that this may exclude the marginalised communities(socially and economically).

There is no research work done for CLTS to show that A). Peer pressure is uniform for all social and economic categories and it does not discriminate against the socially and economically marginal groups in any manner that reinforces already existing social exclusion, if any. B). How have successful CLTS projects addressed social exclusion in their programme management - that the enforcement and fines, has agreement and representation from the marginal communities in the setting up of norms and in imposing them.

## **School sanitation and water**

The status of good quality water and sanitation services in schools, has been a major lacunae. There are complaints regarding the status of infrastructure of school toilet blocks. There range from not enough toilets catering separately to boys and girls, toilets being kept locked or

are out of use, not cleaned and having no water source, having broken doors that do not allow privacy, etc.

Besides these basic gaps in provision of toilets that discriminate adolescent girls attending school, there are instances of discrimination that also exist in schools that are evident when dealing with issues of opportunity for children to participate in and secure education in school, based on their perceived and real status in terms of personal hygiene. Recent research on social exclusion in schools(UNICEF) has shown that children from dalit and marginalized communities get an unequal treatment from teachers. For specific tasks of fetching water, cleaning toilets and classrooms, sitting together, sharing the mid day meals cooked in school – there is evidence of discrimination. Children from families of manual scavengers are called names and the children do not want to sit close to them. The increase in private schools has resulted in parents sending their children(specially boys), to attend private schools. With increasing income levels, children from dalit communities whose parents are well off, suffer less discrimination than before. Among the children, discrimination based on caste, while playing and studying, is not so evident.

Hygiene behaviours are best taught at home and in schools. Absence of basic infrastructure and the inability of the teachers to prioritise basic personal hygiene habits of hand washing with soap or ash before meals and after defecation – is an opportunity lost.

## **Urban Sanitation and water**

Slums and unauthorized colonies in urban India constitute in many cities more than 40 to 50% of the total city population. Yet, given their legal status as encroachers on either government or private land, they are not entitled to secure access to basic sanitation and water facilities. Cleaning of sewers is often the responsibility of manual scavengers and most of them remain as low paid part time workers with Municipalities. Dry latrines still exist in India and are cleaned by manual scavengers, often belonging to the lowest category among the dalits.

Construction of public toilets in slums, has been promoted as a means to address the basic sanitation needs, however there are no norms in the Urban Sanitation Policy(2008) that defines reasobhow many toilet seats per slum should be made available, that its not just toilets but bathing and washing complexes that are also required in the slums.

Only a few NGO interventions have demonstrated success in this(Gramalaya, SPARC, Sambhav). In these instances too, the issue of social exclusion, in terms of what is the changed status of erstwhile manual scavengers, whether they continuable access to public



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toilets in slums, the accountability for a civic agency for providing these facilities and to perform the task of cleaning toilets, is often not addressed.

## **Caste, Gender and Rhetoric of Reform in India's Drinking Water Sector; Deepa Joshi Excerpts from Economic & Political Weekly Aug 2011**

"Mosse (2008: 946) points out that the "twenty-first-century neoliberal reverse 'rolling-back' of the state focuses [ironically] on the 'revival' of community [read women] water management", however the intent was primarily to enhance economic efficiency. Transferring operational costs and managerial responsibilities to *voluntarily participating* women significantly reduced the costs of delivering water with few real gains to the women themselves (Cleaver 1997). Thus, contrary to Cullet's concerns on a loss of equity, the emphasis on involving women and dalits is much more prominent in neo-liberal approaches to managing domestic water. These approaches with purpose, homogenised women as a group, deliberately masking the deep fractures caused by caste and other disparities."

"Women's participation in water supply provided an easy and relatively reliable way to "make projects work". Indeed, it is for this reason that neo-liberal demand-led projects seem focused on "engaging women" far more than welfare-based supply-driven approaches. This view of involving women has persisted in evolving policies, resulting in the situation in which fundamentally diverse policies and institutional arrangements have produced strangely similar outcomes of a persisting inequity. Along with (read caste) women, dalits (read men) are occasionally invited to engage in community level participation even while fears around dalits polluting water sources remain unresolved. When social identities and responsibilities limit engagement or result in ineffectual representation, the victims are readily blamed for their disinterest.

The case studies presented in this paper show higher caste women actively obstructing the participation of dalit women, competition between dalit and other minority tribal communities, and a dismal absence of, and an ineffectual engagement of dalits, especially dalit women, in community and other institutional water domains. Reforms that can transform entrenched inequities require a drastic political overhaul, not only in the formulation of implementable policies, but equally in the structure and culture of policy and in implementing and regulatory institutions. Policy reforms on caste and gender in India's drinking water sector have been little other than rhetorical changes in policy on paper. The national initiative on

affirmative legislation on the representation of women and dalits is commendable, however the viewing of caste and gender as segregated categories has served to restrict affirmations for dalit women and ironically they miss out on both gender and caste benefits. The drinking water sector is an excellent example of flawed policies which have sustained the convenient fractures of a divisive society."

## **Caste Based Exclusion in water and sanitation in Bundelkhand Region: Sanjay Singh, PARMARTH**

Bundelkhand region has its unique identity in the country due to its geographical and social structure. 13 district of Uttar Pradesh and Madhya Pradesh make a region called Bundelkhand and it is famous for caste discrimination, untouchability, mismanagement of natural resources and personal disputes. Migration, debt, hunger, malnutrition, farmer suicide play an important role in making Bundelkhand under developed region in India. Caste discrimination is the main reason for lack of employment, illiteracy and over load work on women.

### **Caste based discrimination**

Hamirpur is one of the under developed district of Bundelkhand region. Sarila is one of the block of Hamirpur which is 90 km faraway from district headquarter. This region consist of schedule caste, schedule tribe, general and other backward caste. Water scarcity, caste discrimination, unemployment and migration are the main problems of Sarila. SC families migrated during eight month of the year to the other city for livelihood . They do work on brick-clin in other region.

In Sarila block Lodhi caste is present in excess and they are under backward caste. Sarila is also known by another name called Lodhiyat region. One idiom is famous for lodhi caste is "lodhi ka khun gram hota hai, isliye choti is baat per ladai aur banduke chalne lagti hai". Brahmin thakur, lodhi and yadav are dominant caste in these area . All these four caste have only access and participation in Panchayat and state government activities. These caste have ownership on water resources, land and other resources of the village. They were started caste discrimination, increases exploitation and injustice with deprived and marginalized section of the society. They took all facilities provided by the government.

Caste discrimination is seen in every village and it is supported by upper caste families. If backward or deprived people touch food, water or anything of upper caste, then they are punished by dominant caste. Dominant caste have ownership on water resources both drinking and





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irrigation resources. Only the dominant family have right to use water resources and SC and other backward deprived and marginalized families are dominated by these families. Women are responsible for collecting water in the house. They spent maximum time for carrying water from long distance.

*Village Bangra in Sarila block of Hamirpur district, Uttar Pradesh consisting of 327 household is 15 km faraway from block headquarter. Total population of the village is 1858 , out of which SC population is 380. Fifty seven year old lady Pariniya is living in Bangra. She belongs from vasoor caste. She is illiterate and economically very poor. She fetches water from hand pump which is situated on door of Shiv Kumar Yadav , previous Pradhan of the village. On May, 2011 when Pariniya went to take water from hand pump, at that time Yadav families were taking water. She was waiting 3-4 hours for taking water from hand pump than after not getting chance, she was moved towards the hand pump for getting water. Shiv Kumar Yadav's daughter Biloo, 14 years old shouted that " ye daguriya abhi pani tum na bharao, abhi hum bhare. Pariniya said that I am waiting from 3-4 hours. Biloo broke both Pariniya and their water containers and abused Parinia. Biloo family member came out from their home, abusing her and getting ready to beat her. Pariniya and her husband went to Jalalpur police station and gave a written complaint. Shiv Prashad ensured that nothing was done in this matter. Pariniya only got insults, no justice.*

**Women do more caste discrimination in comparison to men in the villages.** Dalit women face more insult during collecting water.

In these villages hand pump and open well are the only sources of drinking water. Both upper caste families and backward families collecting water from these sources. But the difference is that upper caste families have ownership on it and they excluded the backward and deprived section of the village from these resources. All water resources are captured by upper caste, so that all backward and deprived families cover more distance for carrying water. These water resources have not in proper condition and water quality of these resources is not good. These water resources are also under some dominant families. In all these water resources, backward and deprived families wait until all dominant families took water. Even they don't touch the hand pump until dominant families carry water. If backward families touch the hand pump than they got punishment and they are beaten by the dominant caste. After that their water containers are broken by upper caste and than backward families tolerate it. If weaker section put their complaint in

police station than, police officer does not take it seriously and also not take action on it.

Ownership on irrigation resources in the village is under dominant families and they are the only user of it. In these region private and government tube-well are the sources of irrigation. On these resources only dominated families have right to use it and deprived and other backward families are excluded from it. They have no right to use these irrigation resources. Sanitation facilities provided by government to the deprived and backward families are not access by them Subsidy given by government to them is not access by them. Villager wants to make toilets but the subsidy amount is not given to them. Government schemes and programme are not able to end caste discrimination and untouchability. These problem are finished by aware the villagers about their right

## Conclusion

Due to strong caste based structure in Bundelkhand caste based discrimination on water and sanitation has been shown in every village. The main problems of dalit are drinking water scarcity , khadanja and sanitation . Else where in upper caste colony all facilities are present related to drinking water and sanitation. Upper caste families dispose their waste water in dalit basti. Still caste discrimination and untouchability is present in this region. Government had made many laws on it but until there is no affective action taken .In Uttar Pradesh sanitation facilities are not access by weaker section . There are two main reason behind it, i.e. Lack of place and give force to the villager and done incomplete work and took all money of subsidy in their pocket. Hence This caste discrimination and untouchability are the sources of backwardness in these villages. Backward and deprived families are excluded from drinking and irrigation resources of the villages.

## A Monsoon of Awakening: Anti Corruption Movement and the Indian Middle Class

**Dilip Bobb**

<http://www.indianexpress.com/news/a-monsoon-awakening/843843/0>

Rarely does the Indian middle class abandon its material comforts and studied sense of complacency to take to the streets — literally getting their feet wet — as they did last month. The innumerable talking heads we were subjected to 24/7 over those 12 days of drama and suspense were of one view: enough was enough, corruption had gotten out of hand and that was the sole collective motivation for the middle classes to have bought the t-shirt, topi and tricolour and abandoned the nearest air-conditioned mall





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in favour of the slushy, sweaty crush of a massive public rally.

In retrospect, however, the reasons could well be far more complex and deeper than a spontaneous anti-corruption outburst. Or, for that matter, an act of redemption for its earlier apathy towards politics and electoral participation.

For the Indian middle class, Gandhi — the original — is not someone they easily identify with except in an attempt to claim an enlightened legacy. The Ramlila Gandhi may have been a rallying point but not the main motivation. Corruption, at one level, is an issue that has been partly fuelled by the middle class; their growing affluence gave them the resources to afford short-cuts to special services and privileges.

For most of them, it was a small but necessary price to pay, indeed, almost a status symbol to flaunt hard-to-get products and services. So what really brought them out onto the streets in such surprisingly large numbers?

Here's a theory worth considering: Life has suddenly become very insecure for the middle classes, from professionals to entrepreneurs, who have been the main beneficiaries of economic liberalisation over the last 20 years. The economic slowdown is real, and hits where it hurts: their pockets. Incomes have stayed static or barely risen for most salaried professionals, and so too for entrepreneurs in key sectors of the economy — mainly export-oriented — during the post-2008 period. And with the global recession carrying on its relentless slide, the future looks decidedly scary. Job security, in many export-focussed sectors focused — from manufacturing to IT and BPOs, from steel to autos and gems and jewellery — has become an area of serious concern. For the middle-class professional, it's a dramatic change from the boom years when the sky looked the only limit.

Here's the clincher: Prices have shot up across the board simultaneously. Inflation has climbed steadily over the past 20 months, eating into incomes and savings. Structural food price issues and strong demand pressures have pushed inflation in India well above the norm for Asia, according to Richard Iley, the chief economist for Asia at BNP Paribas. Food accounts for about a quarter of the Wholesale Price Index, and the fact that the average food inflation rate in the last four years has been close to 9 per cent (last decade it was around 4-5 per cent), has had a huge impact on middle-class lifestyles, expenditure and savings.

There has been a sharp and parallel price rise in other areas of middle-class consumption, from petrol and diesel to LPG to other consumer items. Fuel prices alone have risen 400 per cent in the last decade. The ones who have

been hardest hit by wage deflation and high inflation have been salaried professionals. All this, coupled with no real visible push to the economy or attempts by the government to rein in prices has added to middle-class anger. The irony is that it's now directed at the man who they admired the most for being the architect of India's reforms, and its remarkable GDP growth rate: Manmohan Singh.

There is a clear connection between the dramatic curbing of lifestyles and ambitions through rising prices and dips in earnings to growing insecurity and coming out on the streets in anger at the threat to the Great Middle Class Dream. The anger is directed at the government headed by Manmohan Singh for letting them down after giving them so much hope.

It symbolised the breaking of an implicit contract between the middle class and the UPA government under Manmohan: allow us to rule and we'll make you rich. When functional turned dysfunctional in UPA 2, and the middle class dream died, the relationship died with it.

India's middle class will account for almost 40 per cent of the country's population in 15 years, according to a projection from the National Council for Applied Economic Research. They are now poised to be agents of change. Across the world, it's the middle class that is the driving force behind growth and prosperity. It should be no surprise that the Indian bourgeoisie now want a bigger say in the future of their country now that their own future is coming under threat. The poor have always faced that prospect, and the rich can rise above it; it's the rest that are, literally, trapped in the middle.

Unlike the Arab Spring, it is not an emotional call for democracy or a new government or even an instant-noodle end to corruption. It is instead, the stirrings of a deeper change in the middle-class psyche and its tolerance for what they see as an arrogant and unresponsive leadership. The lifestyle revolution they experienced in the past two decades gave the false hope that they could expect a higher quality of governance, a tide of rising expectation which is now threatened.

The final straw has been that they imagine their money, as taxpayers, is either being wasted due to corruption or invested in grandiose but revenue-draining schemes for the poor, and no longer invested in infrastructure and growth-oriented reforms. The new middle class has also realised that, at 200 million and growing fast, their votes and opinions can no longer be taken for granted. Their taking to the streets may have been spontaneous and inspired by a single event, but it represents a social and political churning of considerable import.



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The tipping point has been reached and a contract has been broken. They now want a bigger say in seeing their hard-earned money being put to better use, even if means getting down and dirty.

## UN CONFIRMS MASSIVE OIL POLLUTION IN NIGER DELTA; 4 August 2011

<http://www.amnesty.org/en/news-and-updates/un-confirms-massive-oil-pollution-niger-delta-2011-08-04>

The oil company Shell has had a disastrous impact on the human rights of the people living in the Niger Delta in Nigeria, said Amnesty International, responding to a UN report on the effects of oil pollution in Ogoniland in the Delta region. The report from the United Nations Environment Programme is the first of its kind in Nigeria and based on two years of in-depth scientific research. It found that oil contamination is widespread and severe, and that people in the Niger Delta have been exposed for decades. "This report proves Shell has had a terrible impact in Nigeria, but has got away with denying it for decades, falsely claiming they work to best international standards," said Amnesty International Global Issues Director, Audrey Gaughran, who has researched the human rights impacts of pollution in the Delta.

The report, which was conducted at the request of the Nigerian government and paid for by Shell, provides irrefutable evidence of the devastating impact of oil pollution on people's lives in the Delta – one of Africa's most bio-diverse regions. It examines the damage to agriculture and fisheries, which has destroyed livelihoods and food sources. One of the most serious facts to come to light is the scale of contamination of drinking water, which has exposed communities to serious health risks. In one case water was found to contain a known carcinogen at levels 900 times above World Health Organization guidelines. UNEP has recommended emergency measures to alert communities to the danger.

The report reveals Shell's systemic failure to address oil spills going back many years. UNEP describes how sites that Shell claimed were cleaned up were found by UNEP experts to be still polluted. "Shell must put its hands up, and face the fact that it has to deal with the damage it has caused. Trying to hide behind the actions of others, when Shell is the most powerful actor on the scene, simply won't wash," said Audrey Gaughran. "There is no solution to the oil pollution in Niger Delta as long as Shell continues to focus on protecting its corporate image at the expense of the truth, and at the expense of justice".

The report's findings also expose the serious failure of the

Nigerian government to regulate and control companies like Shell. UNEP found that Nigeria's regulators are weak and Nigeria's oil spill investigation agency is often totally reliant on the oil companies to do its work. The Nigerian government, the oil companies, and the home governments of these companies, such as the UK and Netherlands, have all benefited from oil extraction in the Niger Delta and should now support a social and environmental rehabilitation process, said Amnesty International.

"This report should also be a wake-up call to institutional investors. In the past they've allowed Shell's Public Relations machine to pull the wool over their eyes, but they will now want to see the company cleaning up its act in the Niger Delta - that means putting real pressure on Shell to avoid spillages, compensate those already affected and disclose more accurate information on their impacts," said Audrey Gaughran.

The UN report notes that there are other, relatively new, sources of pollution in Ogoniland, such as illegal refining but it is clear that Shell's poor practice stretching back decades is a major factor in the contamination of Ogoniland. On 3 August 2011 it was widely reported that Shell had accepted liability for two major spills in Ogoniland in 2008. The spills at Bodo, which severely damaged the livelihoods of the community, have still not been cleaned up almost three years later. The oil industry in the Niger Delta started commercial production in 1958 following the discovery of crude oil at Oloibiri by Shell British Petroleum (now Royal Dutch Shell). Today, the oil industry is highly visible in the Niger Delta and has control over a large amount of land. Shell alone operates over 31,000 square kilometres.

The oil and gas sector represents 97 per cent of Nigeria's foreign exchange revenues and contributes 79.5 per cent of government revenues. Oil has generated an estimated \$600 billion since the 1960s. The oil industry in the Niger Delta comprises both the government of Nigeria and subsidiaries of multinational companies such as Shell, Eni, Chevron, Total and ExxonMobil, as well as some Nigerian companies. According to the UN Development Program (UNDP), more than 60 per cent of the people in the region depend on the natural environment for their livelihood.

According to UNDP, more than 6,800 spills were recorded between 1976 and 2001, with a loss of approximately 3 million barrels of oil. Many experts believe that due to under-reporting the true figures may be far higher. Under Nigerian regulations oil companies must clean up all oil spills. However these regulations are not enforced.

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## Informative U Tube Videos : Water and Sanitation

<http://www.youtube.com/watch?v=Se12y9hSOM0>

Bottled water You tube video

<http://www.youtube.com/watch?v=pfq000AF1i8&NR=1>

Story of Cosmetics

<http://www.youtube.com/watch?v=9z14I51ISwg&feature=related>

Water treatment = simple process video

<http://www.youtube.com/watch?v=gxgpK1EUZns&NR=1>

Sewage treatment video

<http://www.youtube.com/watch?v=AG7U26V1gPQ&NR=1>

Sewage treatment Melbourne video

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## WASH Networks in India: Information compiled by Solution Exchange

Name of Network	Water Community	FANSA	IWP	ISP	Hindi Water Portal	IWF	CAP-NET	SCaN	IWP (GWP)	WES-NET
1. Information sharing										
- Collate/ assimilate	✓	✓					✓		✓	
- Synthesis	✓		✓	✓	✓	✓	✓		✓	✓
- Storage & Sharing	✓		✓	✓	✓	✓	✓	✓	✓	✓
- Validation							✓	✓		✓
- Dissemination	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
- Receive Feedback & back-feed	✓	✓	✓	✓	✓	✓			✓	✓
- Disseminate technical/ non-technical solutions, protocols for the end user	✓					✓	✓			✓
- Contribute to policy	✓	✓	✓	✓	✓	✓			✓	✓
2. Knowledge Management										
- Moderated e-discussions to Seek out, organize and store experiential knowledge	✓									
- Identify and develop	✓		✓	✓	✓		✓			
- Capture experiences, and best practices/ experiential knowledge	✓	✓				✓	✓	✓	✓	✓
- Distribute (as modules) partners knowledge	✓	✓	✓	✓	✓	✓	✓		✓	✓
3. Visibility, information dissemination and										





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awareness										
Sharing Experiences and practices from/to										
- Practitioners/ End Users	✓		✓	✓	✓	✓	✓			✓
- Policy and position papers, published papers, Toolkits, manuals, material, newsletters	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
- Research papers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
- Action Research	✓	✓	✓	✓	✓	✓	✓		✓	✓
- Awareness, messaging & campaigning in Public domain		✓	✓	✓	✓	✓	✓		✓	✓
- Peer Reviews, joint research		✓				✓	✓	✓	✓	✓
4. Networking, participation, training and sharing							✓		✓	
- Alliance with partners for Knowledge sharing & better connectivity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
- Foster convergences	✓	✓	✓	✓	✓		✓	✓	✓	✓
- Forge partners linkages	✓	✓	✓	✓	✓			✓		✓
- Debate, dialogue on critical & strategic issues at various levels	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
- Bridge between Govt.- Donors- CSO-Community	✓	✓	✓	✓	✓	✓	✓		✓	✓
- Normative discussions with partners (donors, CSOs and government (India/ states)	✓		✓	✓	✓	✓	✓		✓	✓
- Impart WASH Trainings, also as KRC							✓		✓	
5. Advocacy		✓	✓	✓	✓	✓	✓		✓	✓



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- Inform policy and programmes	✓		✓	✓	✓	✓	✓		✓	✓
- Publicity		✓	✓	✓	✓	✓	✓		✓	✓
- Voice to CSOs and community	✓	✓	✓	✓	✓	✓	✓		✓	✓
- Messages campaigning	✓	✓					✓		✓	✓
- Organizes Forum/ public forums in states/ centre	✓	✓	✓	✓	✓	✓			✓	✓
- Public Platform & discourse- With grass-root CSOs	✓	✓	✓	✓	✓	✓			✓	✓
<b>6. Library Services</b>										
- Members database	✓									✓
- Online repository of documents, people, organizations	✓				✓	✓	✓			
<b>7. Initiative supported by (financial and in kind):</b>										✓
i. Government	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ii. Bi-multi-lateral agencies	✓		✓	✓	✓	✓	✓	✓		✓
iii. UN agencies										
iv. Network of Partners/ Professional alliance	✓	✓	✓	✓	✓	✓	✓	✓		✓
v. I-NGOs/CBOs etc.		✓	✓	✓	✓		✓	✓	✓	✓
vi. CSR/ Private										
<b>Membership/Users</b>	3700 individual members		5500 subscribers		2000 subscribers; 10000 followers	500 individuals and institutions	10 universities and institutions	120 institutions/govt deptts	84 life members; 106 annual members	1900 members



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## About India WASH Forum

India WASH Forum is a registered Indian Trust since 2008 with Trustees from all over India. It is affiliated to the WSSCC Geneva and is a coalition of Indian organizations and individuals working on water, sanitation and hygiene.

A unique feature of IWF is its non-hierarchical set up. The Trustees of India WASH Forum are represented in their individual capacity and do not represent the organisations they are associated with.

The agenda and activities that India WASH Forum are determined at the initiative of the Trustees and support from organisations and individuals.

We receive a very small operations grant from WSSCC and undertake learning events, engagement and support with other organisations and initiatives and bring out this bi monthly News & Policy Update.

Since 2010, India WASH Forum is actively engaged in the Global Sanitation Fund and current is **the host of the Global Sanitation Fund in India**, providing the Chair and Convener for the Programme Coordination Mechanism of the Fund in India.

### 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.**

**Depinder Kapur:**  
[kapur.depinder@gmail.com](mailto:kapur.depinder@gmail.com)