



NATIONAL WASH CONCLAVE 2022

WASH FORWARD

Advancing Water, Sanitation and Hygiene
(WASH) in Panchayats

Conclave Report





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सत्यमेव जयते

डॉ. जी. नरेंद्र कुमार, आई ए एस
महानिदेशक

Dr. G. Narendra Kumar, IAS
Director General



राष्ट्रीय ग्रामीण विकास एवं पंचायती राज संस्थान

(ग्रामीण विकास मंत्रालय, भारत सरकार)

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Foreword

WASH FORWARD - the first ever National WASH Conclave-2022 organized by the National Institute of Rural Development & Panchayati Raj (NIRDPR) in collaboration with Ministry of Jal Shakti, Ministry of Panchayati Raj, UNICEF and other development partners was a great success. I am, personally, pleased to have been a part of this conclave.

The involvement of two Ministries of Government of India viz. Ministry of Jal Shakti (MoJS), and the Ministry of Panchayati Raj (MoPR) was critical to the success. It's critical because the entire Indian WASH institutional architecture – starting from facility creation, to community education, to actual service delivery rests on the action-initiatives of these two Ministries.

That the honourable Vice-President of India, Shri M. Venkaiah Naidu, inaugurated it in the presence of Hon'ble Union Minister of Jal Shakti Shri. Gajendra Singh Shekhawat makes it all the more important to highlight the significance the Government of India attaches to the WASH sector. The patronage offered by Shri. Sunil Kumar, Secretary MoPR, and Ms. Vini Mahajan, Secretary, MoJS must be officially acknowledged here.

I must congratulate and appreciate all the speakers and session moderators, numbering more than 100 – both from the government departments, and non-governmental sector. They really made the deliberations very interesting and insightful. The Call to Action that this Conclave has come out with stands as testimony to the contributions they made to enrich the quality of the discussions. My best wishes to all of them.

The support from Mr. Nicolas Osbert, Chief of WASH from UNICEF Delhi, and the team- play demonstrated by the UNICEF Hyderabad Field Office lead by Ms. Meital Rusida was wonderful. At this juncture, I must acknowledge the cordial presence of Ms Gillian Mellsop, UNICEF India Country Representative, and Dr. Roderico H. Ofrin, Representative from the WHO, India. I sincerely thank every one of the Steering Committee members for their constant guidance and valuable suggestions. I must specifically mention the contributions made by Dr. Chandra Sekhar Kumar IAS, Additional Secretary MoPR; Mr. Arun Baroka, Additional Secretary MJS; Mr. K. S. Sethi, Joint Secretary, MoPR; Mr. Nicolas Osbert from UNICEF Delhi; Mr. Madhavan from Water-Aid India, and Mr. Venkatesh from UNICEF Hyderabad. My appreciations are also due to every one of the Organising Committee members for conducting the online programme so well to make it a delightful event.

The Conclave has come out with a 'Call to Action'. In order to prepare an operational guideline to realise the Call to Action, we are planning to hold a write-shop at NIRDPR Campus in Hyderabad. This is our next course of action after the WASH Conclave.

I earnestly seek the support and cooperation of every individual and institution involved in WASH sector to unite to see that India achieves SDG-6 on water and sanitation by 2024, as envisioned by Shri Narendra Modi, the Honourable Prime Minister of India. We are also proposing to open a WASH Resource Centre at NIRDPR Campus. This Centre we hope will continuously engage with Gram Panchayats and WASH sector officials on matters relating to training, capacity building and research outcomes on WASH that benefit the Gram Panchayats.


Dr. G. Narendra Kumar, IAS
DG, NIRDPR

Hyderabad

March, 2022



राष्ट्रीय ग्रामीण विकास एवं पंचायती राज संस्थान

(ग्रामीण विकास मंत्रालय, भारत सरकार का एक स्वायत्त संस्थान)
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Acknowledgement

The National WASH Conclave 2022 was a demonstration of how penetrating and wonderful an online event could be. It was insightful, wonderful and colourful – all at once. Those 3000 + participants who joined online daily for all the three days, I am sure shall stand witness to it. I gained immensely while I had the privilege of moderating two of the break-out sessions.

The NIRDPR and UNICEF have conducted a few WASH Conclaves in the past covering three southern states. When a similar thing was proposed to Dr Narendra Kumar, Director General of NIRDPR, he put forward the idea of making it national – pan-India. We were startled for a while and remained perplexed for quite some time until we held the first Organizing Committee meeting, where the enthusiasm shown by everyone in the Organizing Committee energized the entire team. It helped build the confidence that we can do it. The initial challenges such as drawing up a programme schedule, identifying speakers and moderators, roping in Ministries and States etc. were set in motion.

This wonderful Organizing Committee decided that the conclave agenda would be set - like Chris Anderson's TEDx Talks – to deliver each session in 12 – 15 minutes. Anderson was right: *to speak for one hour you need not prepare anything at all. But to say the same thing in 12 – 15 minutes you really have to prepare for hours.* We could experience it in this conclave. Here the ideas contributed by Mr VR Raman from WaterAid, and Mr Sujoy Mojumdar from UNICEF Delhi must get an underline.

Ms. Swathi Manchikanti and Ms. Karishma Kadyan from UNICEF India Country Office introduced very informative and entertaining mentimeter that showed interesting facts such as which state the WASH conclave attracted the highest number of participants, which organization they represented, what level they worked in, etc. Responding to mentimeter questions, the participants enjoyed the brief session, while the Organizers got the data we wanted.

A professional group was engaged for designing an exclusive online platform for this conclave. We all enjoyed listening to the sessions and interacting with the speakers on all the three days. The platform had everything a participant wanted, including the facility of a selfie booth. Emcee Ms. Aamir Sharon and Singer Rinky Sharma brought a captivating feel to the Conclave.

The conclave handbook team worked towards achieving the perfection under very restricted timeline. The digital copy of the handbook was released on the 23rd by the Hon'ble Vice President of India during the inaugural ceremony. The commitment and passion of this teamwork deserves emulation. The session rapporteurs from WaterAid and session facilitation team from UNICEF supported by TISS students needs special appreciation.

Many from NIRDPR viz. the DG's Office, CRI team, Official Language section that translated materials into Hindi, the CICT team led-by Dr Kathiresan must be appreciated for their support. I appreciate the PRO, NIRDPR for the wide news coverage he could get for this Conclave.

We must acknowledge the support offered by Dr G Narendra Kumar IAS, Director General NIRDPR, Mr Nicolas Osbert, UNICEF India Country Office, Mr Salathiel. R. Nalli, UNICEF Maldives, and Mr V K Madhavan, WaterAid. Their support was with us ever since we commenced the initial discussions about holding this conclave. Mr Arokiam Kakumanu entered for a short time yet played the crucial overs so as to quickly come up with 'Call for Action' collating from all the sessions.

We had an 'excellent management support team' – Geetha Krishna Saraswatula Shaili Jasthi, Ramya Pranuthi, Jesu Vandana, Rahul Patil, Mr Prabhath Matpady, Mr Arun Daniel Yellamaty, and with them Ms L Sudha from NIRDPR, they all together showed as: '*You can climb up the hill and enjoy the climb as well*'. The entire fireworks they created, along with Ibentos team was so mesmerizing that the participants were teased from knowing the team behind the screens. It's this team that was responsible, indeed, for those engaging sparklers and fire flowers. The source of ignition for all those bottle rockets were two brilliant people - Mr Venkatesh Aralikatty along with Ms Meital Rusdia from UNICEF Hyderabad Field Office.

The WASH Conclave-2022 began colorfully and ended soulfully. Nevertheless, we strongly feel that '*the actual work starts now*'.



Dr R. Ramesh
Associate Professor & Head
Centre for Rural Infrastructure
NIRDPR, Hyderabad – 30

and

Chair
Organizing Committee
National WASH Conclave 2022



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Conclave Call to Action



The participants of the National Water, Sanitation and Hygiene (WASH) Conclave 2022 hereby adopt the following 'Call to Action'

Government and external agencies will endeavor to support Panchayati Raj Institutions (PRIs) by ensuring adequate human and financial resources and capacities to manage water, sanitation and hygiene (WASH) services that are sustainable, inclusive, affordable, gender transformative, climate-resilient and environmentally safe.

Towards this, the following measures are to be undertaken at different levels:

A. Local Government or Gram Panchayat (GP) Level

- Support GPs in developing participatory and contextualized annual WASH plans integrated within the Gram Panchayat Development Plan (GPDP) and ensure that the same is reflected in the e-Gramswaraj portal.
- Enhance capacities of GPs, village water and sanitation committees (VWSCs) and local WASH professionals to ensure that they are adequately equipped, trained, and incentivized for optimal performances on scaling up and sustaining comprehensive WASH service delivery.
- Support GPs in the promotion of revenue generation models around community sanitary complexes, solid and liquid waste, safe drinking water and other WASH services.
- Facilitate GPs to understand, adhere to and comply with service level benchmarks, and ensure the professionalization of WASH services as per government guidelines
- Support GPs in implementing regulations to protect the welfare and dignity of sanitation workers and develop incentive systems among VWSCs and water quality surveillance committees to sustain the interest of sanitation workers, and their engagement in the respective activities as per guidelines.
- Support GPs and VWSCs to establish and implement a robust WASH monitoring system with provision of feedback loops with communities to promote WASH enlightened citizens and grievance redressal mechanisms.
- Facilitate PRIs in integrating infection prevention and control through WASH services for COVID-19 and other transmissible diseases in all existing programmes including safety protocols in schools, anganwadi centres (AWCs) and health care facilities, with a constant objective to improve public health.
- Support GPs in developing and adopting context specific strategies and approaches to meet the special WASH needs of women, children, differently abled persons, transgender communities and other vulnerable communities at household and institution level, thereby ensuring that no one is left behind.
- Equip each GP with at least one trained technical resource person and trained local service providers to assist GPs on the management of various WASH services.
- Support and engage GPs to take responsibility for WASH services in all institutions such as schools, AWCs, health care facilities and public places.

B. District and Sub-district Level

- Activate District and Sub-district water and sanitation committees, including a WASH sub-committee in the District planning committee, for improved convergence and implementation of WASH programming.
- Establish effective systems for the pooling of financial resources for WASH from various sources of funds available at the District, Block and GP levels, including for collective multi-GP efforts.
- Identify and engage sector specialists, master trainers, government and non-government support agencies to provide continuous handholding support to GPs.
- Hold regular trainings of field functionaries and frontline staff from relevant departments, and key resource centres (KRCs), non-governmental organizations (NGOs), etc., to facilitate GPs in the effective implementation of WASH programmes.
- Establish WASH helpline centers to provide services of technical hands such as masons, plumbers, pump operators and electricians and make them available to GPs.
- Undertake periodic district specific communication campaigns to create and sustain the jan andolan (people's movement) for WASH, with the support of elected members, media, KRCs, PRIs, civil society organizations (CSOs), community leaders, etc.
- Establish and strengthen grievance redressal systems including strengthening of relevant quality control units to address complaints.
- Support GPs in establishing flexible and performance based contractual processes to scale-up the engagement of WASH professionals and service providers, including CSOs, for the delivery and the operation and maintenance of WASH facilities and services.

C. National and State Level

- Prioritize the above measures for GPs and Districts within Annual Implementation Plans (AIPs) and budgets, ensuring accountability for the same through adequate performance monitoring systems.
- Establish and apply comprehensive service level benchmarks and regulatory frameworks for WASH services in rural areas including institutional arrangements at national, state and district level for monitoring compliance.
- Orient decision makers and officials of various concerned institutions on change management with accountability for sustainable and equitable WASH services, meeting the aspiration of communities, with adaptive and innovative technologies, performance-based monitoring systems, while identifying and addressing sector challenges and bottlenecks.
- Support capacity enhancement of all State Institutes of Rural Development (SIRDs) and other training institutions/ KRCs at the state and district levels to further support the training and handholding for WASH sector services as per guidelines of the Swachh Bharat Mission (SBM) and Jal Jeevan Mission (JJM) guidelines, respectively.
- Coordinate, support and facilitate the engagement of CSOs to participate in WASH service delivery, focusing notably on their added value for community mobilization and for equity (leaving no one behind).
- Improve the coordination of state departments contributing to WASH services in communities, schools, AWCs, health care facilities and public places, ensuring clarity in roles and responsibilities, evidence-based joint programme reviews, and cross-learning initiatives, informed by enhanced knowledge management and dissemination.
- Support the development of GP by-laws, at the State level, for the management of solid and liquid waste and groundwater, environmental safety, gender, equity, integrating COVID-19 response, and disaster and climate resilience, as well as support GPs in implementing the same.
- Conduct regular field assessments, including independent evaluations, to generate reliable evidence to inform WASH programming and corrective measures for emerging issues and challenges.

Conclave Summary - Key Actions and Recommendations Made

Context and Expectations from Panchayati Raj Institutions

- Achieving SDG Goal 6 will lead to a cascading effect on health and wellbeing.
- Critical role of Panchayati Raj Institutions (PRIs) in last mile delivery of services in rural areas.
- Public Investment for WASH unparalleled – PRI capacities essential for effective utilisation.
- Jal Jeevan Mission and Swachh Bharat Mission – potential for transformative impact on addressing multi-generational poverty and for empowerment.
- Climate change linked extreme weather events.

Challenges and Constraints

- Panchayats are perceived as implementing agencies of government schemes not institutions of self-governance.
- Inadequate investment in building the capacities of PRI representatives and in strengthening the Gram Panchayats and Gram Sabhas.
- Insufficient Human Resources – Increase in demand for skilled personnel; dependence on others.
- Schools – adequacy and appropriateness of infrastructure and more importantly operation and maintenance is the challenge.
- Culture of silence around Menstrual Hygiene Management and taboos – lack of menstrual facilities compromises safety and dignity of women and adolescent girls.
- Absence of water and soap and non-functional hand-washing stations in public spaces.
- Sustaining ODF status and achieving ODF Plus is a huge challenge – especially with regard to solid and liquid waste management – questions of scale, centralised vs decentralised solutions, economic viability and ease of maintenance.
- Shift in mind set required of PHED/RWS from merely considering WASH as an engineering problem to considering it as a social change process that requires participatory/inclusive and decentralised processes.
- Convergence between departments critical for success of both JJM and SBM.
- Conventional training solutions – limited. Pedagogy needs to change.
- Gaps in data with regard to WASH in households, schools, health centres, anganwadis and public facilities as well as clear standards and norms for WASH services.
- Need for a monitoring and accountability framework to support PRIs in improved delivery of services.

Areas of Support and Emphasis

- GP's are key to the change we wish to see – institutional capacity needs to be strengthened.
- Capacity Development – Skilled trainers, robust training modules and techniques required.
- Capacity building not an event – but a process which will need to be repeated.
- Clarity on roles, responsibilities of the various actors contributing and supporting PRIs.
- Inadequate investment in building the capacities of PRI representatives and in strengthening the Gram Panchayat and Gram Sabhas.
- Support system for PRIs – information, to help generate awareness and to provide technical support.
- Addressing the skill gap at the GP level – WASH Corps – available, accessible and accountable.
- Planning and design of WASH facilities and standards should incorporate considerations of gender, social inclusion and disabilities.
- Access to safe drinking water a human right – in the absence of cost recovery neither possible nor incentives for prudent use or conservation.
- Safe management of child-faeces to be a part of guidelines for ODF and supported through SBM 2.0.
- JJM and SBM should incorporate the importance of hygiene in their programmes and emphasise it.
- PRIs to be encouraged to facilitate operation and maintenance of WASH infrastructure in institutions.
- Encourage locally designed and produced products for menstrual hygiene management with quality assurance and safe disposal of menstrual products.

- Interlinkages with National Rural Livelihood Mission, National Skill Development Programme and Unnat Bharat Abhiyan.
- Gram Panchayat Development Plans – Integration of climate resilient WASH, Water Quality Monitoring, Solid and Liquid waste management, need and maintenance of hand-washing facilities,
- Solid waste management – preceded by and supported by behaviour change, GPs/Block level Panchayats, self-help groups and service providers working together in tandem.
- Liquid waste management – de-mystification, decentralised solutions and plans based on local context.
- Change management in perception of PHED/RWS of their roles and a reimagining of Panchayats as rural utilities.
- Specific efforts to strengthen Gram Sabha – broad-base participation, demand generation, equity and accountability.
- Integrate WASH service provision with health and disease containment – role with regard to health care facilities.
- Need for a state level policy and implementation roadmap to strengthen PRIs; service level benchmarks and key performance indicators and clear standards and norms for WASH infrastructure.
- Panchayats should be encouraged and facilitated through appropriate policies to develop their own sources of revenue – critical for any independent institution.
- The participation of women and their leadership to be supported, encouraged and enhanced.
- A clear role for civil society organisations needs to be evolved – support PRIs in building their capacities, to provide technical support, generate demand and facilitate last mile coverage and inclusive service provision.



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Reports from the Sessions



Curtain-raiser Plenary

DAY 1 | 23 FEBRUARY, 2022 | 02:00 PM - 03:45 PM

Welcome Song

Youngistaan Foundation

Welcome and Context Setting

Dr G Narendra Kumar, Director General, NIRDPR

Opening Remarks

Ms Meital Rusdia, Chief, UNICEF Hyderabad Field Office

Instructions for using Conference Platform

Interactive Discussion using Mentimeter

Ms Swathi Manchikanti and Ms Karishma Kadyan, UNICEF India Country Office

Session Topic: Strengthening Panchayati Raj Institutions to deliver improved WASH services – What needs to be done?

Mr. Nicolas Osbert, Chief of WASH, UNICEF India Country Office (Moderator)

1. Dr. G. Narendra Kumar, Director General, NIRDPR
2. Dr. Chandra Shekar Kumar, Addl. Sec, Ministry of Panchayati Raj
3. Mr. L K Atheeq, Pr. Sec., RD&PR, Karnataka
4. Mr. Amit Shukla, Director, Ministry of Jal Shakti
5. Mr R V Karnan, Collector, Karimnagar, Telangana
6. Mr. V.K. Madhavan , Chief Executive, WaterAid India

Context

1. Several schemes and programs that have been introduced by multiple ministries and departments have made Water, Sanitation and Hygiene an important priority. 15th FC has earmarked 60 per cent of the tied funds for the purpose too.
2. There are several challenges and bottlenecks to address for PRIs, in order to translate this vision into reality.
3. There is need to learn from best practices by several states and districts in this regard.
4. Civil society groups need to support the PRIs too, both on technical as well as social areas.

Challenges

1. Capacities of PRIs are critical in order to realise the important agenda of Water, Sanitation and Hygiene including the last mile and the most marginalised sections of the society, in an effective manner.
2. While demand side mobilisation has potential, there is need to strengthen the abilities of Panchayats to deliver quality services.
3. VWSCs are yet to be emerge as a critical institution, as a village level public utility for Water, Sanitation and Hygiene services.
4. Panchayats importantly lack expertise and technologies related to WASH services, especially areas like liquid waste management, wherein a lack of availability of expert services in scale too.
5. Participation of departments related to water, sanitation and hygiene in PRI as well as gram sabha processes need strengthening- this is weak as of now, comparing with other departments.

Key takeaways

a) Solutions - Examples of what/ where/ how/ who

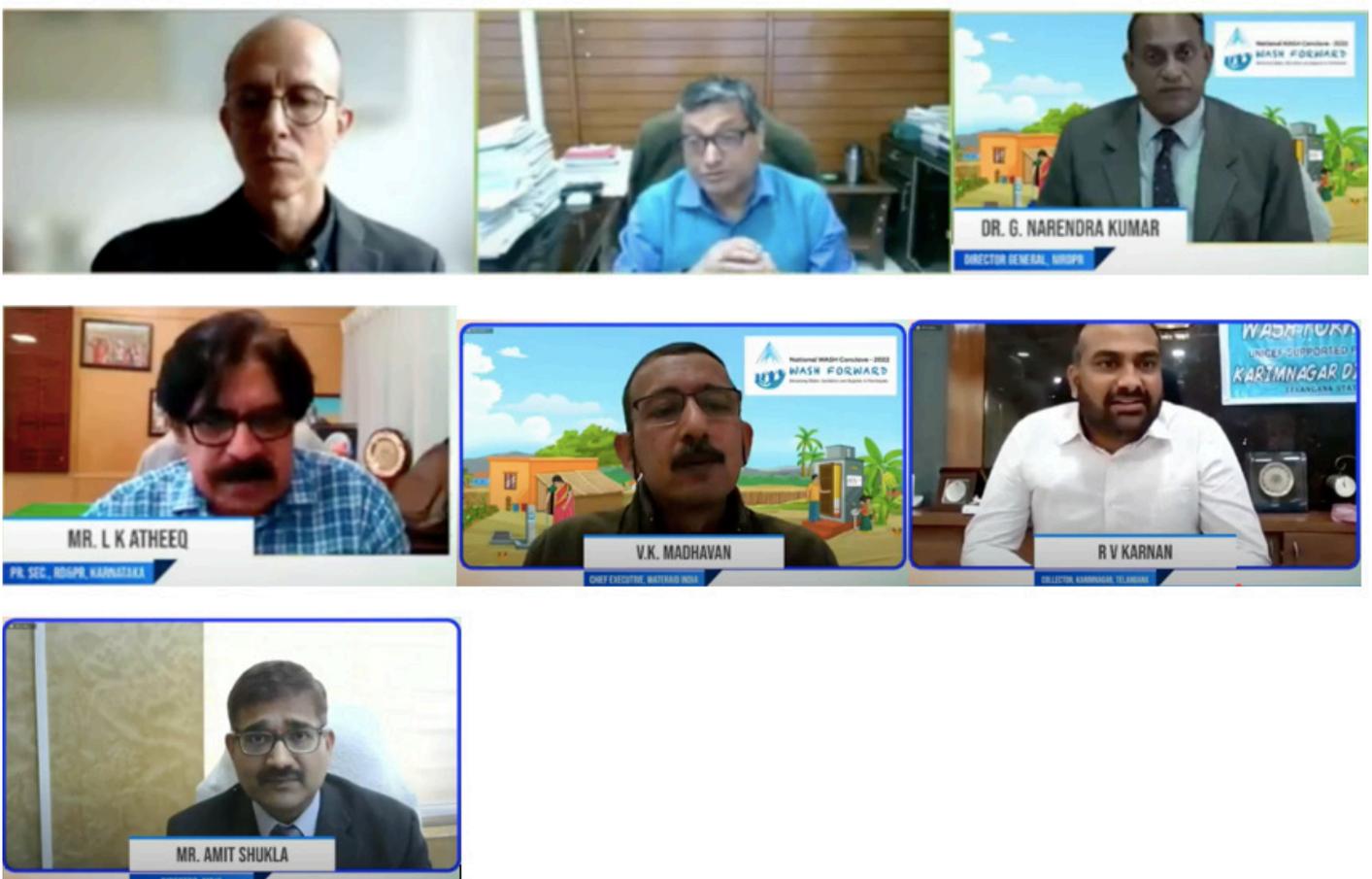
1. For capacity building, more networked institutions are necessary at the levels of districts and blocks. Enrolment of close to 2900 higher education institutions under the Unnat Bharat Scheme can be seen as an important step, wherein PRIs can seek support from such institutes.
2. Interlinkages with National Rural Livelihood Mission, National Skill Development Programs are important for ensuring the achievement and management of the WASH programs at the PRI level.
3. Pathways for developing both individual as well as institutional capacities are important, as relying on just individuals alone may lead to temporary improvements, not necessarily to systems strengthening.
4. There should be clear roles and responsibilities for various actors around contributing and supporting the PRIs on various WASH issues.
5. A monitoring and accountability framework for PRIs and a proper understanding on the same can lead to improved delivery of services.

b) The way forward

1. There should be a state level policy and implementation roadmap as well as institutional strengthening for revamping and strengthening Village Water and Sanitation Committees as village level public utilities for WASH services.
2. Civil Society and to help PRIs in technological aspects, demand generation, last mile coverage and equitable/ inclusive service provision covering most marginalised sections of the society.
3. Integration of Water, Sanitation and Hygiene with health and disease containment is essential.
4. Interface of block Panchayats to be strengthened to ensure focus on all GPs of a given district.
5. Ensuring the leadership of women is an action that need further strengthening.

Link to Session Recording

https://www.youtube.com/watch?v=RhGcIyyI5lw&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=1



Inaugural Session

DAY 1 | 23 FEBRUARY, 2022 | 04:00 PM - 05:00 PM

Arrival of Hon'ble Vice President of India

National Anthem

Welcome Address

Dr G Narendra Kumar, Director General, NIRDPR

Role of Development partners, CSOs and Pvt Sector for WASH in India

Ms Gillian Mellsop, UNICEF India Country Representative

Keynote Address

Shri Gajendra Singh Shekhawat, Hon'ble Minister of Jal Shakti

Release of Conclave Booklet & Inaugural Address

Shri M Venkaiah Naidu, Hon'ble Vice President of India

Words of Thanks

Dr R Ramesh, Associate Professor & Head, CRI, NIRDPR

Challenges

1. Multi-generational poverty remains a concern due to poor or limited access to healthcare, quality education, and safe water, alongside challenges from climate change. – Gillian Mellsop.
2. Access to water and intersectionality between WASH, Education, Agriculture, Gender - Women spend over 200 million work hours in collecting water across the globe.
3. Last-mile delivery of services to rural areas related to water supply, healthcare.
4. "Jal Hai, Jeevan Hai" – There is no life without water. I have seen the need for safe drinking water and sanitation for every village and community. Our forefathers worshipped rivers and water sources across the length and breadth of our country – Honorable Vice President of India, Shri Venkaiah Naidu.
5. Providing safe drinking water and sanitation is a significant task owing to the size of our country, its population, the nature of the terrain – Honorable Vice President of India, Shri Venkaiah Naidu.

Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. Decentralized initiatives through time-bound targets and ensuring sustainability of these initiatives by bringing Government departments, state representatives, civil society organizations, community-based institutions and most importantly, panchayats, onto a common platform.
2. The Jal Jeevan Mission and Swachh Bharat Mission are a good opportunity to empower young children and women, and development through health, nutrition and child-protection programs.
3. Extending universal access to safe water for all and ensuring that no one is left behind - Piped water supply to every household, with 7 states having coverage to 100% of the households.
4. WASH and SDG 6 has a cascading effect on other SDGs – Good health and Well-being (3) and many other indicators for our nation. Good sanitation can save over 1 lakh lives every year.
5. Village action plans lay the foundation for participation and ownership at Panchayat level as part of the Jal Jeevan Mission.
6. Government of India working with speed and scale to ensure WASH, housing, electricity, health facilities, and food for all.
7. Community participation and participatory planning, resource mapping and knowledge sharing is important, with a focus on women in these processes.
8. Important to focus on panchayats for efficient last-mile delivery of services to rural areas – Honorable Vice President of India, Shri Venkaiah Naidu.

b) The way forward

1. Time-bound targets need change management, brought about by a group of stakeholders at central, state, civil society, and most importantly at Panchayat level.
2. According to the 15th Finance Commission, recommended a grant of 2.36 lakh crores to rural local bodies and Panchayati Raj institutions from 2021 to 2025. WASH is a national priority to enable rural local bodies with funds utilized exclusively for supply of drinking water, rainwater harvesting, water recycling, sanitation, management of solid and liquid waste (both greywater and blackwater), and maintenance of ODF status. – Shri Gajendra Singh Shekhawat.
3. For sustainability of initiatives, focus on different verticals of financing - budgetary provisions of centre and state governments, MGNREGA, CSR funds and other business models.
4. Cutting-edge technologies to advance WASH through sanitation facilities, geo-tagging of assets, IoT based sensors, data analysis, mobile applications, water quality monitoring systems and portable devices, etc.



[Link to Session Recording](https://www.youtube.com/watch?v=BuuBLZVOJjc&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=2)

https://www.youtube.com/watch?v=BuuBLZVOJjc&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=2

Technical Breakout Sessions

Successes, Bottlenecks and Way Forward: Improving Financing and Spending by PRIs for Fulfilling SBM-2 Priorities

DAY 1 | 23 FEBRUARY, 2022 | 05:00 PM - 06:30 PM

Moderator:

Mr Sujoy Mojumdar, WASH Specialist, UNICEF India Country Office

Context/ Problem Statement

The Swachh Bharat Mission phase I implemented from 2014-2019, had a massive impact. Not only did this unique campaign provide toilet access at homes to millions of Indians, but it also brought the subject of sanitation out into public discourse. Under the Swachh Bharat Mission II, launched in 2019 and currently under implementation, the focus is on sustaining sanitation gains in terms of ODF status of communities, covering those left out, including providing toilet access in public places, repairing/retrofitting incorrectly built or defunct toilets, and promoting universal toilet use. It also provides for setting up ODF+ operations including management of Biodegradable waste (and Gobardhan), Plastic waste, Grey waste, and Faecal waste. Other important areas of concern are hygiene practices of management of menstrual waste and Handwashing with soap.

Why are we talking about this?

In addition to infrastructure creation, a major effort will need to be placed on ensuring effective operations and maintenance of systems and sustainability of service delivery. These are major steps that the country is taking moving towards, targeting the goal of 'safely managed sanitation' under the Sustainable Development Goals 6.2. It is also essential to ensure that the consumer in rural areas is provided with high quality and sustained sanitation services at a reasonable cost. To do all the above across over 255,000 GPs and 630,000 villages is a massive exercise and all stakeholders need to be capacitated and involved.

Why PRIs are important for this issue?

The 73rd Amendment of the constitution envisages the Gram Sabha as the foundation of the Panchayat Raj System, to perform functions and powers entrusted to it by the State Legislatures. The amendment provides for a three tier Panchayat Raj System at the village, intermediate and district levels. The eleventh schedule of the constitution created by the 73rd Amendment contains 29 subjects on which the Panchayats shall have administrative Control, and Water and sanitation are among the subjects. Thus, the role of the GPs and the Block and District panchayats are critical for the success of the sanitation programme and efforts to achieve the national goal.

Gaps, Challenges, and Issues

While the policy is in place, the actual participation of the PRIs has been stifled by lack of clarity in the 3Fs – Funds, Functions and Functionaries. The situation has become much better with increased state level devolutions and now the provision of financial resources under the Finance commission devolutions and other sources. In fact, the Fifteenth FC has 'Tied' 60% of FFC funds (About INR 3,2000 crore per year) with PRIs for water and sanitation related activities. In view of the above, there is need for an urgent discourse on the successes and the bottlenecks and intervention needs to ensure that the PRIs effectively participate and 'own' the sanitation programme.

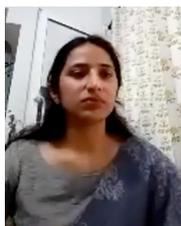
What is the potential that we can gain with involvement of PRIs?

The strategic, effective, and continuous involvement of the PRIs will ensure effective operation of schemes and sustained high level quality service delivery of sanitation services to the population. This will mean that capital investment is used effectively, and in the Covid context, have an impact on the health and wellbeing of the population.

Speakers



Mr Sujoy Mojumdar
WASH Specialist,
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**Er Partha Pratim
Baruah**
State Coordinator,
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Mr Ayush Prasad
CEO ZP Pune, Pune
Gram Panchayat,
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**Mr Kapil
Choudhary**
Director SBM,
MoJS-DDWS,
Govt of India



**Shri Kushwant
Singh Sethi**
Joint Secretary,
Ministry of
Panchayati Raj,
Govt. of India

Context

1. SBM is bringing a big change to the face of rural India. Phase I (2014-2019) was a large-scale national campaign which aimed to eliminate the problem of ODF.
2. Unique unparalleled achievement in the history of the world - More than 10 Cr HHs got HH latrine. > 500 million people pulled down from ODF.
3. Phase II – Maintain ODF status, Repair/Retro fitment of Latrine, ensure using of facility, provision of latrine at community level for those who do not have access to HH latrine.
4. Phase II on 4 verticals – Bio waste, FSM, Grey water waste, plastic waste at every GP and village. Significant financial allocation.

Challenges

1. Government alone implementing, operating and maintaining the scheme is difficult and hence should involve Panchayats in O&M while Govt. focuses on building infrastructure. Convergence between departments in case of SBM- 2 and JJM.
2. Funds and schemes for multi- villages/ GPs.
3. Plastic blocking nallahs are being one of the major reasons of waste in the area.
4. While 50% of ODF has been achieved in the villages, children have still not shifted to ODF.
5. Sustaining ODF and ODF Plus is a massive challenge (solid (plastic) and liquid (grey) water management).
6. Technical support, knowledge, capacities and manpower for proper and efficient program implementation at the panchayat level is required.

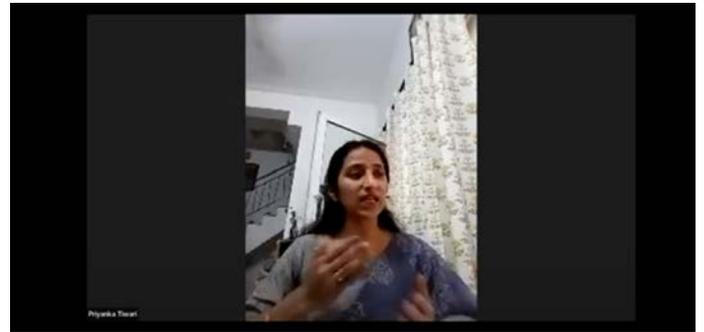
Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. GPs are slowly becoming responsible for water and sanitation with fund support from different schemes like 15th Finance Commission and SBM- 2.
2. Education is critical especially for children as they are great social change agents in the communities.
3. Continued exposure and reaching out to the communities, their involvement and Jan Andolans help to bring about the change.
4. Ministry of PRI is providing comprehensive capacity building programs:
 - Foundation Course for the elected panchayat pradhans initially on the basic functions and role of PRIs and Refresher Training after 2 years for incorporating new schemes and responsibilities of the panchayats
 - Skill Development Ministry is providing training to local manpower for both water and sanitation services ensuring easy support for quick repair from local resources
5. Keep focus on SLWM for faecal sludge management through soak pits, STPs for grey water management.

b) The way forward

1. Behaviour Change Communication needs to continue as well as Jan Andolan with people's participation and involvement at the Panchayat level, since GP is the key centre.
2. Focus on SBM- 2 to continue, where planning needs to happen at the panchayat level. With their involvement, Village Sanitation Plan to be part of GPDP. Department officials with capacity need to extend their support to the PRIs. PRI should have detailed knowledge for ensuring ODF Plus.
3. Technical support to the Panchayats is critical for implementation with help in operation and maintenance of grey water management, solid waste management etc. Departments at the District and Block levels need to support the GPs along with NGOs, CSOs, Research Institutions, etc.
4. Success of SBM- 1 was because of flexibility in implementation at the village level with Jan Andolan engaging CLTS processes. Similar flexibility is needed in SBM- 2, where Collectors have to come in to extend their support and the Gram Pradhans have to take ownership of the programme. CSOs, NGOs, Institutions are all there to support this endeavour.



[Link to Session Recording](https://www.youtube.com/watch?v=WnwcS2_TI-o&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=3)

https://www.youtube.com/watch?v=WnwcS2_TI-o&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=3

Technical Breakout Sessions

Successes, Bottlenecks and Way forward:

Improving financing and Spending by PRIs for Fulfilling JJM Priorities

DAY 1 | 23 FEBRUARY, 2022 | 05:00 PM - 06:30 PM

Moderator:

Mr V K Madhavan, Chief Executive, WaterAid India

Context/ Problem Statement

The Jal Jeevan Mission seeks to ensure that every household has access to safe and assured drinking water through a functional household tap connection by 2024. In other words, the new normal would be a tap available in the household and an end to fetching water from community stand-posts or other water sources. This has the potential to transform the lives of millions of women and adolescent girls – who currently face the primary burden of fetching water for their households. Success would also imply that India's progress alone could shift the global indicators towards meeting SDG Goal 6.

Historically, two problems have plagued drinking water schemes. Poor operation and maintenance and the source of water not being sustainable. Jal Jeevan Mission seeks to address both these problems. As part of the design, a central role for Village Water and Sanitation Committees – statutory committees of the Gram Panchayat has been envisaged. The desire is for Gram Panchayats and rural communities to participate in the planning, implementation, management and operation and maintenance of the drinking water schemes that will deliver water to households.

Access to water at a household level in rural India in August 2019, was 17% and is 46% as on date, as per the Jal Jeevan Mission Dashboard. There are sixteen states and Union Territories, where coverage is still less than 50% and these include some of the more populous states in the country. There are six states and Union Territories, which have reported 100% coverage and another five, with coverage between 71% and 99%. This progress reflects the provision of water at a household level. The challenges around sustainability of the source and more importantly management by rural communities and their institutions are likely to be a work in progress.

Why PRIs are important for this issue?

Over the past seven decades, the responsibility for provision of drinking water progressively became that of the 'state', which sought to achieve this through its line departments. Jal Jeevan Mission does not merely seek to ensure water at a household level, but also seeks to change this reality by ensuring ownership and management by Panchayats or formal or informal committees under it. This requires a significant participation by Panchayats, members of the relevant statutory committees and most importantly in all members of the Gram Sabha if this has to succeed.

A sense of ownership has to be created amongst citizens and their institution of self-governance – the Panchayats. Experience suggests that involving communities' right from the design and planning helps in create a sense of ownership. Their capacity to plan, manage, operate and maintain will need to be developed. Skilled personnel will need to be available to help operate and maintain these systems. Capital will be required for operation and maintenance, as well as repair and replacement of assets.

In addition to investment from Jal Jeevan Mission and contributions by State Government's – both of which will primarily help in asset creation, improvements and expansion - Panchayats also have funds available to them through 15th Finance Commission allocations. In all likelihood, there will need to be contributions by households to meet operational expenses as well.

This session seeks to discuss the challenges in ensuring that Panchayats and their committees are able to plan for and manage the drinking water schemes invested in by Jal Jeevan Mission, potential solutions, and examples of what is possible.

Speakers



Mr V K Madhavan
Chief Executive,
WaterAid India



Shri Amith Shukla
Director JJM -II,
Ministry of Jal Shakti



**Smt. Kavita
Sushil Patidar**
Sarpanch, Rajpurkuti
Panchayat, Indore
District



Shri Ashok Singh
Director,
Sahbhagi Shikshan
Kendra, Lucknow,
Uttar Pradesh

Context

1. Efficiency of Piped Water Supply Schemes in the past has been affected majorly by two factors:
 - Water sources were not sustainable
 - Poor operation and maintenance of the water infrastructures developed
2. Jal Jeevan Mission recognises these issues and seeks to address from the initial stage.
3. Jal Jeevan Mission is not just water infrastructure development project but seeks to empower communities and local governments.
4. The paradigm shift JJM has brought is moving away from habitation-based schemes to provisioning of safe drinking water at household level.
5. There is need for institutional building of Panchayats required for efficient planning, implementation, operation, monitoring and maintenance of JJM schemes.

Challenges

1. Panchayats, mandated committees such as Village Water and Sanitation Committees or Pani Samitis are expected to play major role in the execution and management of drinking water infrastructure being created under JJM. However, there is significant capacity gap that needs to be addressed.
2. Lack of clarity about systems and responsibilities of Panchayats in multi village schemes where third party is involved.
3. The conventional approach of "Transfer of Knowledge" for capacity building of Panchayats has not yielded desired results in the past.
4. Village Action Planning and GPDP process are not in sync.

Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. Coming up with robust training modules for village water sanitation committee as well as local residents from a technical, change management and operational and maintenance perspective.
2. Appointing skilled trainers who could gel well with the local community in order to create a dialogue and not appointing experts that the local community would disassociate with. Participatory methodology coupled with learning visits for capacity strengthening.
3. Ensuring implementation of basic techniques such as appropriate ground water harvesting and rain water harvesting as well as attention to water quality. For example, the initiatives taken by the Gram Panchayat headed by Ms. Kavita Patidar.
4. Strategy to incentivise households and Panchayats proactively adopting and promoting source sustainability measures.
5. Conscious efforts to ensure subsidise user charges for the most marginalised families.
6. Active participation of women in committees and other decision-making forums responsible for operation and management of schemes under JJM is critical.

b) The way forward

1. Assessment of successful strategies and processes adopted by some states managing multi village schemes.
2. Training required for Village water sanitation committees as well as ensuring availability of key resources and skills required for the same. Trainings could be on a technical front, change management front as well as operational and maintenance front.
3. Panchayats and concerned departments (i.e. PHED, Health) to strengthen coordination and bring synergy between VAP and GPDP process.
4. KRCs and Sector Partners to evolve effective participatory training modules and tools.
5. Considering the paradigm shift in operation and management of PWS schemes from departments to Panchayats, KRCs to envisage affective Change Management Trainings for the concerned officials at different levels to facilitate the transition.



[Link to Session Recording](https://www.youtube.com/watch?v=WnwcS2_TI-o&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=3)

https://www.youtube.com/watch?v=WnwcS2_TI-o&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=3

Technical Breakout Sessions on Drinking Water Sustainable FHTC models for Local Bodies to Deploy in Water Quality Affected Locations

DAY 2 | 24 FEBRUARY, 2022 | 05:00 PM - 06:30 PM

Moderator:

Dr Sunderrajan Krishnan, Executive Director, INREM Foundation

Context/ Problem Statement

Ensuring FHTC for Jal Jeevan Mission needs the supply of safe water at the household and point of use. Given that the quality of local groundwater resources have shown wide variety of Water quality problems over the years (100 million and more affected from Parliament responses), this puts a pressure on scarce surface water resources that otherwise need to be supplied for ensuring FHTC. Sustaining infrastructure for such water supply along with effective disinfection till the point of use, is necessary. In absence of such surface water or alternative sources, treatment of local chemical contamination becomes the only option.

- Either of the possibilities for FHTC in Water quality affected areas, requires strong community participation in O&M and sustainability. Experience till now shows that schemes are unable to be effective in the long term, both in ensuring effective disinfection by chlorination or otherwise; or with local water treatment plants; both needing effective participation of VWSC in PRIs.
- Given that either Chlorination and/or local Water treatment is a necessity for every Water supply scheme, Water quality has now emerged as an important problem to be solved with 1.42 lakh (out of 17.72 lakh) FTK results showing contamination (as of Jan 21, 2022 in JJM dashboard). Only 5954 of these 1.42 lakh reported points, are reported as those where remedial action has been taken, as of date, which says that 96% of the reports are still unresolved.

Sustaining this effort of Water quality monitoring and surveillance (WQM&S) with the participation of laboratories and PRIs along with VWSCs and women, children and youth testing water in villages has now become core to the JJM. Some states such as Chattisgarh are now outperforming (6.33 lakh/17.72 lakh total FTK tests in 2021-22), whereas many states are lagging behind. The status of NABL laboratory certification is also an aspect which plays a big role in laboratories being able to produce reliable and accurate data.

Bringing together laboratories, PRIs and PHED/RWSS onto a single platform on WQM&S, and together enabling effective water quality monitoring, surveillance and action is critical. Unless each Water quality data point that shows a problem is taken seriously and acted upon, we will soon have a massive pile of unsolved problems (already 96% unresolved, as shown earlier). The year 2022-23 for JJM will be critical in resolving these Water quality issues, for which the collective problem solving between these institutions within the district will help address the problems for JJM.

This session will help address these core issues for JJM. Apart from Data governance issues, we will have communication and behavioural problems being addressed, Water safety planning, along with institutional capacity and system strengthening goals put forward by the speakers.

Speakers



Dr Sunderrajan Krishnan
Executive Director,
INREM Foundation



Shri Ajay Kumar
Director, WQ, NJJM



Ms Khileshwari Sahu
WQMS District
Coordinator,
District JJM Team,
Rajnandgaon,
Chattisgarh



Mr Nanak Santdasani
WASH Officer,
UNICEF Jaipur Field
Office



Dr Urmila Chattejee
Senior Economist,
Water Global
Practice, World Bank



Dr Priyanka Jamwal
Fellow, Centre for
Environment and
Development, ATREE



Dr Pawan Labhassetwar
Scientist and Head,
Water Technology
and Development,
NEERI



Dr TNVV Rao
Project Advisor,
ICCW



Er Hemanta Koley
Superintendent
Engineer (Water
Quality). WSSO,
PHED, West Bengal

Context

Discuss the progress of JJM in terms of water quality and water quality affected habitation. Contamination reported from 1.42 lakh (out of 17.72 Lakh households) from sample tested through FTK. 5954 samples tested where remedial actions were taken. 96% sample remedial actions have not been taken or cases were not resolved. There are 659 district water quality labs in India as per Ministry of Jal Shakti, these labs required guidance in testing water from field to lab.

High chances of contamination is reported in drinking water from source to use. Water Safety planning as input monitoring process for mitigating and preventing water contamination should be an essential strategy. 40% contamination is found to be evidenced from source to consumption. Data collected on water quality is often reflected through multiple Government sources.

Challenges

1. Low levels of awareness about water quality among people hence household water testing is hardly done. It is estimated that out of 100 Households, only 5 are interested in knowing their water quality.
2. Absence of organised capacity building plan for the PRI, frontline Govt. functionaries.
3. At Government level, there is no mechanism to standardised the FTK.
4. False positive and negative result of microbial test through H2S Strip. There is a need of further processes to validate the use of H2S strips. This process is missing at the moment.
5. Water Safety plan is not prioritised in most of the Panchayats. There is absence of a process to integrate water safety plan in the ongoing PWS commissioning under JJM.
6. Panchayats have no motivation to undertake sanitary assessment and water security plans.
7. Absence of organised platform on water quality data at national level. There is non-coherence in the data from 4 platforms (CGWB, JJM, CPCB and state department).
8. Contamination through other sources such as livestock waste is critical but often it is ignored. There is absence of proper mapping through integrated measures among the departments to map livestock presence.
9. Grey water frequently mix into the open storm water drainage system, thereby adversely affecting quality of storm water.
10. Limited studies/evidence on new water testing and treatment solutions is a hindrance to scaling-up potential models on safe water access.
11. Community knowledge is hardly recognised on water quality with science of WQ.

Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. Create awareness on importance of water quality testing for community. Yearly campaign at habitation level should be supported through developing campaign calendar.
2. Training calendar on water quality testing for frontline functionaries and block level Govt. officials. All departments should have integrated effort in designing the training calendar.
3. Panchayat level GPDP plan should include water quality monitoring as one of the important components. Discussion on GPDP plan should include Water Quality monitoring.
4. Transparency on use of digital water quality data at panchayat level. It needs to get tracked with centralised mechanism at state level via IOT system.
5. Water Safety plan should be integral part of planning and execution of any water supply system. This should start at Panchayat level.
6. Community knowledge on water quality to be valued with science of water quality.

7. Data integration across departments. All the Government department and bodies linked with water should have common process to map and integrate the data. CGWB, CWC, Pollution control boards, Jal shakti ministry and SWSM of states.
8. Piloting solutions and undertaking studies for evidence generation paves way for scaling up.
9. Adoption of decentralized waste water treatment system at Gram Panchayat level.
10. Quick availability of water quality tested data as required.
11. Creating cadre of Jal Bandhu for decentralised water quality testing.

b) The way forward

1. Audit of FTKs for quality and reliability. Audit to be conducted at field level.
2. Bottom-up approach in decision making process is key to ensure adoption and sustainability for accessibility to safe water.
3. Focus on behaviour change to be given utmost priority in all the schemes related to safe water.
4. Collaborative efforts for collective impact among public, CSO and Govt. on tracking WQ related data. Forums on water quality to be promoted.
5. Effective and efficient dissemination of water quality data to people to be done through integrated portal.
6. Data driven decision making for effective implementation of JJM needs to be considered for tracking and monitoring the system delivery.
7. Affordable sensor based technology to test water quality for quick reporting.
8. Capacity building of Jal Bandhu and devising plan for testing & surveillance.
9. Developing common source for referring water quality data.
10. Sharing of knowledge among all the stakeholders and Governments departments.



Link to Session Recording

https://www.youtube.com/watch?v=9nnmqEkoR9Y&list=PLQBfv30sIBrKQ_GqkmQ0F6regW1enmq9z&index=4

Ensuring Source Protection, Security and Sustainability Under Jal Jeevan Mission DAY 2 | 24 FEBRUARY, 2022 | 02:00 PM - 03:30 PM

Moderator:

**Mr Muralidharan Ardhanareswaran, Deputy Adviser,
Department of Drinking Water and Sanitation, Government of India.**

Context/ Problem Statement

Majority of rural water supply systems are dependent on groundwater. With the same aquifer catering to agriculture and water supply, depletion of groundwater aquifers would seriously threaten water availability for drinking. Pollution of surface water sources from point and non-point sources also reduces the fresh water availability. With functionality of tap under Jal Jeevan Mission linked to water quantity, quality, regularity with adequate pressure, ensuring water security *inter alia* sustainable access is key to the success of the mission.

We are talking about this to understand the provisions made in the programme guidelines for source sustainability through convergence, field observations and water conservation practitioners views on ensuring sustainability involving Government Departments, Local Governance Institutions and grassroot community organizations for strengthening and sustaining sources.

Including data points on groundwater availability, scheme details and field data on water conservation through relevant data points.

Why PRIs are important for this issue?

As per the Constitution, PRIs are vested with water supply and sanitation functions at village level and they are key enablers in delivery of water and WASH services. It is imperative that they are sensitized and onboarded for the success of JJM.

Gaps, Challenges, and Issues

Currently, water supply service delivery is considered as a government's responsibility. There is a necessity to involve community ab initio and make them own the scheme so that local governance institutions can function as small self-sustaining utilities at Gram Panchayat level to manage the water supply and sanitation services. Capacity building and IEC tools have to be extensively used for this transition.

What is the potential that we can gain with involvement of PRIs?

Sustaining the benefits of tap water supply with full participation of community in ensuring the O&M, water conservation and demand management for sustenance of water and WASH provisioning so that water becomes a shared responsibility i.e. making water everyone's business.

Speakers



**Mr Muralidharan
Ardhanareswaran**
Deputy Adviser,
Department of
Drinking Water and
Sanitation



**Mr Parameshwar
Hegde**
Director WSSO,
Rural Drinking
Water & Sanitation
Department, Govt.
Karnataka



**Mr Vishwanath
Srikantiah**
Director, Biome
Environmental
Solutions



**Ms Snehalatha
Mekala**
Regional Director,
FANSA



**Mr Rajesh
Rangarajan**
State Program
Director for AP &
Telangana, WaterAid
India



**Mr Bishwadeep
Ghosh**
Country Director,
Water For People

Context

1. Jal Jeevan Mission (JJM) is a scheme that stands on four pillars – quality, quantity, regularity, and on a long-term basis.
2. It envisages 19.1 Crore Functional Household Tap Connections (FHTCs) and it is the world's largest investment scheme by any government amounting to a \$ 48 billion commitment by the Government of India.
3. In the current context under JJM, most of the schemes are groundwater-based. In some states, there has been a shift towards surface water-based solutions but predominantly around 80% of the schemes are Groundwater (GW) based.
4. Two important considerations before the selection of sources must be Quality and Quantity. However, in the current scenario – in rural areas, sources are being selected on the basis of land availability. This needs to be changed.
5. Ownership of solutions is imperative for the sustainability of schemes.

Challenges

1. Double groundwater consumption in India from that of China.
2. Rising geogenic contamination - Indiscriminate depth of borewells (leading to leaching of pollutants from deep geological formations).
3. Last-mile delivery of water is still the biggest challenge.
4. North East Indian States (except Sikkim and Meghalaya) face water crises even after receiving abundant rainfall.
5. Agriculture is the biggest externality of drinking water which needs to become part of the equation.
6. Basic services, climate change, and employment.

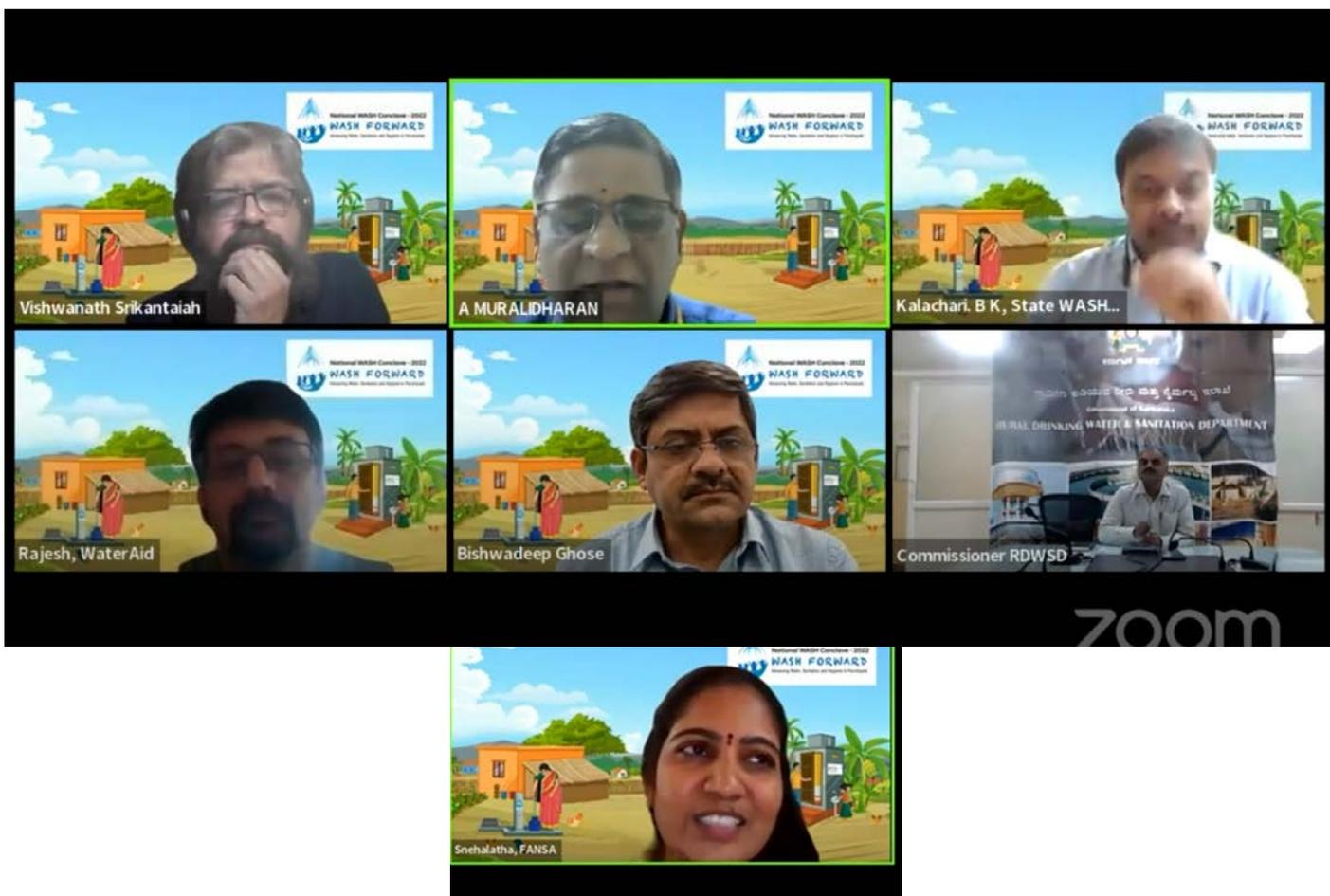
Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. Water availability is a human right, but cost recovery for the state is necessary as well (Metering and Tariff). This helps in the conscious use of water resources.
2. Shallow aquifer (wells) is going to be important as a backup plan for long-term sustainability.
3. Involving greywater treatment and tertiary treated sewage water for groundwater recharge should be one of the focus areas to enhance the recharge efforts.
4. Interconnection of dams can be considered, as it is being done in the Vidarbha region.
5. Approaches that help build social capital to support maintenance at a decentralized level.
6. The concept of water budgeting needs to be looked into more closely to increase water availability at the local level. Water security essentially would shift the gear from water source to water resource management.

b) The way forward

1. Involvement, capacity building, and monitoring of Village Water and Sanitation Committee (VWSC), Water User Associations (WUAs), Gram Panchayats (GPs), etc.
2. Shift to surface water from excessive groundwater use (Telangana, Karnataka, Kerala, A.P, etc. doing this already).
3. Intensification of recharge efforts.
4. Restoration and monitoring of existing bore wells.
5. A cadre of grassroot technocrats is needed at every Gram Panchayat.
6. Better utilization of outlays from other government schemes (convergence).
7. Sustainability can only be ensured if it is viewed through the lens of social, technical, institutional, financial, legal, and environmental sustainability of the schemes that are being implemented.
8. Increasing the gambit of information and knowledge of VWSCs and GPs – it would have to move beyond O&M towards aquifer understanding, mapping, and understanding of recharge zones.
9. Democratise data collection and usage – data must be used more for decision-making and empowerment rather than for meeting compliances.



[Link to Session Recording](https://www.youtube.com/watch?v=55T_idEiuQ0&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=6)

https://www.youtube.com/watch?v=55T_idEiuQ0&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=6

Strengthening Roles and Capacities of KRCs & Implementation Support Agencies for Effectively Supporting Local Bodies

DAY 2 | 24 FEBRUARY, 2022 | 02:00 PM - 03:30 PM

Moderator:

Mr Apoorva Oza, CEO, Aga Khan Rural Support Programme (India)

Context/ Problem Statement

The Jal Jeevan Mission is an ambitious programme which seeks to provide Functional Household Tap Connection (FHTC) to every rural household in this country. At the village level, the programme envisions empowering panchayats, and women, to design, implement and manage the drinking water systems. Empowering and capacity building processes are time-consuming, and require skills and competencies other than what classical Public health engineers are trained for. Also, the staff available with most states for JJM is inadequate to the huge task. Hence the need for Resource Agencies and Implementation Support Agencies to capacitate the panchayats, especially women, to play their role effectively.

While an elaborate process has been followed in selection of the KRC, their acceptance at the state level is still facing hesitancy as its early days. The ISA model has worked very well in some states, and lessons from such states need to be shared and adopted wider.

The advent of covid almost as soon as the JJM started has affected capacity building activities to some extent. While knowledge transfer can be possible in an online mode; issues of attitude and behavior change face-to-face interaction and exposure visits which have been badly affected by covid

FHTC have reached 46% of the households as per the JJM website: many of the larger states like UP, Bengal, Rajasthan, MP etc have low coverage. Only 64000 out of the total 2,50,000 gram panchayats are fully covered, which means that many households in the remaining 1.86 lakhs panchayats need to be covered. Capacitating these panchayats is critical, as even after full coverage, unless there is maintenance, slippage can happen.

Therefore sharing best practices and addressing the challenges faced by KRCs and ISAs are critical for the sustainability of JJM.

Speakers



Mr Apoorva Oza
CEO, Aga Khan Rural Support Programme (India)



Mr Yogesh Kumar
Director, Samarthan



Shri P Viswakannan
Director (JJM-V),
Ministry of Jal Shakti,
New Delhi



Mr Sunil Udia
Executive Engineer,
PHED, Indore,
Madhya Pradesh



Mr Badaruddin Jivan bhai
Member, Pani Samiti,
VWSC, Bhalchhel,
Junagadh, Gujarat



Ms Urmilaben
Member, Pani Samiti,
VWSC, Vasurna,
Dang, Gujarat

Context

1. Under JJM there is a provision for supporting local bodies by building their capacities to adhere to the challenges in implementing the mission. As we are dealing with heterogeneous and complex society, there is a need for different skill sets, most implementing members do not have the set skill sets. 5% of the fund is reserved for awareness development and skill development.
2. Whole mission aims at building capacity at all levels:
 - Top Level- Policy makers
 - Mid level- Engineers,
 - Community level and stakeholders- Gram Panchayat, Pani Samiti and VWSC
3. Capacity building training should not be seen as an event, it should be seen as a process.
 - Knowledge building- guidelines, technical and operational aspects
 - Perspective building- behaviour change, change in approach, Panchayat and institutions should process and reflect on their own bias.
 - Skill building- ISAs should be trained on PRA method, engineers on how to make DPR simple so that community can understand it.

Challenges

1. 50% of ISA members have less experience on the subject and methods, only 10% ISAs have experience on WASH, the selection criteria need to be reflected and ISAs should have extensive trainings on the subject. Monitoring and supervision aspect of KRCs and ISAs is not clear.
2. Capacity of Panchayat, Gram Sabha and skill building of people who are implementing it needs to be designed comprehensively and holistically.
3. PHED or RWSS needs to change their attitude and perspective from engineering solution centred approach to participatory approach and respect the view of communities and other stakeholder's as JJM aims for change in mind set and behaviour.

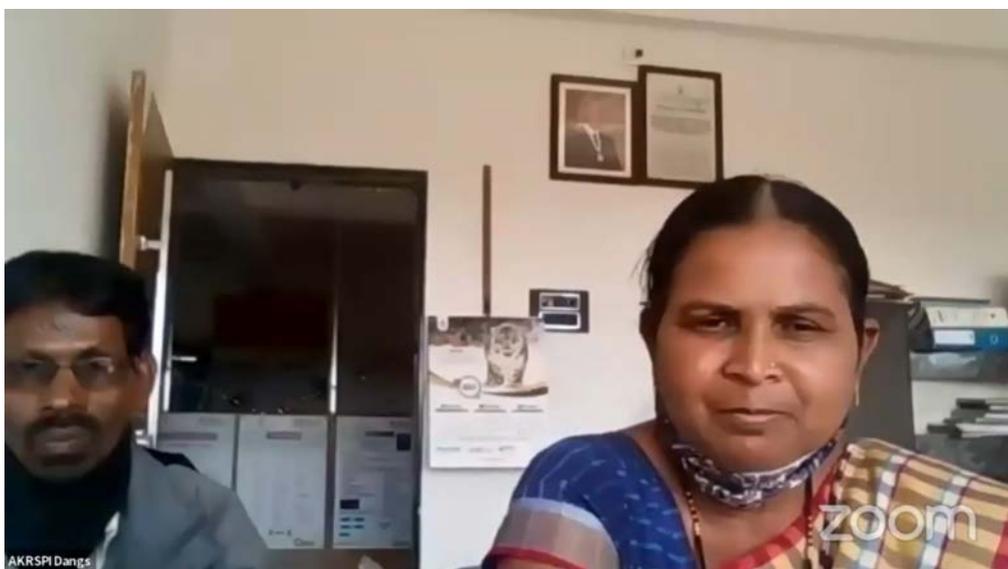
Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. Integrate initiatives like WASMO initiatives & AKRSP-I women's federation in Pani Samiti for O&M and tariff collection and managing the water supply at ground level. This has been tried and demonstrated successfully in Dang district of Gujrat by AKRSP-I.
2. All state should on-board and empanel KRCs and ISAs as soon as possible.
3. Pani smaiti should decide and modify charges of tariff as per their context and requirements for sustainable O&M.
4. Daily video call with ISAs, PHED officials and contractors has helped immensely in Indore as they are doing it for last seven months (as shared by Executive Engineer -Indore). It has helped monitoring progress on real time basis and in resolving bottlenecks such as community apprehensions, reservation of GP on taking the scheme also to resolve any conflicts or dispute in community.
5. Importance of engaging community in preparing VAP, panchayat and ISAs both play an important role.

b) The way forward

1. Whole capacity building aspect needs to be to be geared up, should start with district team. It should not be seen as event, but as a process.
2. KRCs should be used for supervision and monitoring of ISAs and to build their capacities.
3. ISAs should become master trainers for gram panchayats, pani smaitis /VWSCs.



Link to Session Recording

https://www.youtube.com/watch?v=J1cAGQ1uMVo&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=9

Ensuring WASH Services in Rural Schools and Anganwadi Centres

Potential Roles of PRIs

DAY 2 | 24 FEBRUARY, 2022 | 02:00 PM - 03:30 PM

Moderator:

Dr Pratibha Singh, WASH Specialist, UNICEF India Country Office

Context/ Problem Statement

The provision of WASH facilities in schools secures a healthy school environment and protects children from illness and exclusion. It is a first step towards a healthy physical learning environment, benefiting both learning and health. Children who are healthy and well-nourished can fully participate in schools and get the most from the education being imparted. The COVID-19 pandemic re-emphasized the significance of handwashing with soap and personal hygiene for prevention of diseases. It is important that the schools have adequate water supply, functional gender segregated toilets, handwashing facilities, environmental cleaning, solid and liquid waste management, physical distancing measures in the context of COVID-19. These protocols need to be institutionalized in the school administration as a daily routine to fight with any such emergencies in the future.

Policy Environment for WASH in Schools and AWCs in India

The RTE Act (Right to Education) 2009 provides a legally enforceable rights framework with certain time targets that Governments must adhere to. The Schedule to the RTE Act lays down the norms and standards (including drinking water and sanitation) for a school building. A school building has to be an all-weather building comprising at least one classroom for every teacher, barrier free access, separate toilets for boys and girls, safe and adequate drinking water facility for all children.

Swachh Bharat Swachh Vidyalaya is the national campaign driving 'Clean India: Clean Schools'. A key feature of the campaign is to ensure that every school in India has a set of functioning and well-maintained water, sanitation, and hygiene facilities.

The Swachh Vidyalaya Puraskar (Clean School Award) was instituted by the Ministry of Education (erstwhile Ministry of Human Resource Development), Government of India in 2016 to recognize, inspire and celebrate excellence in sanitation and hygiene practice in schools. The explicit purpose of the awards is to honour schools that have undertaken significant steps towards fulfilling the mandate of the Swachh Vidyalaya Campaign.

WASH is integral part of National Policy on Early Childhood Care and Education (ECCE), 2013, encompasses care, health, nutrition, play and early learning within a protective and stimulating environment created by caregivers. The policy seeks to universalize the provision of ECCE for all children, mainly through the Integrated Child Development Scheme (ICDS) in the public sector and other service provisions across systems. Convergence is in-built in the Scheme which provides a platform in the form of Anganwadi Centre for providing all services under the Scheme. The Anganwadi Centers have been repositioned as a "vibrant child-friendly Early Childhood Development Centre" with adequate infrastructure and resources for ensuring a continuum of the ECCE in a life-cycle approach and child-related outcomes.

Statistical scenario – WinS in India: (Source: UDISE+2019-20)

- % of Government Schools with drinking water facility within school premises - 97.1%.
- % of Government Schools with functional toilet facility – 95.05%.
- % of Boys and coeducational Government Schools with functional boy's toilet facility – 89.88%.
- % of Girls' and coeducational Government Schools with functional Girl's toilet facility – 92.95%.
- % of Government Schools with functional CWSN friendly toilets - 19.79%.
- % of Government Schools with handwash facility – 90.55%.

Gaps, Challenges, and Issues

The provision of drinking water and toilet facilities in schools has steadily increased over the last few years in the country. However, it is necessary to focus more to ensure basic quality, adequacy and gender norms, operation & maintenance and to improve equitable access. Above all, water and sanitation facilities must be used every day and for this to happen these facilities must be functional – and this also includes the provision and maintenance of handwashing with soap facilities.

Role of PRIs

Adequacy, functionality and operation & maintenance has been critical for ensuring sustainable WASH services in educational institutions. Though the Samagra Shiksha Abhiyan mandates to spend minimum 10% of the composite school grant for Swachhata related activities, the operation and maintenance has been challenging

in Schools due to limited human and financial resources. As far as Anganwadi centers are concerned, majority of them are being operated in rent- and rent-free buildings. Availability, accessibility, and functionality of the WASH facilities has been challenging during the years in AWCs as well. Therefore, PRIs can mobilize resources from internal (finance commission grants, MGNREGS) and external (CSOs, CSRs, Public representatives MP/MLA grants) sources to create adequate WASH infrastructure in schools and AWCs. PRIs can take the ownership of the WASH infrastructure and its operation and maintenance in Schools and Pre Schools to ensure sustained functionality. Regular monitoring by the PRIs can help protecting the WASH infrastructure in these institutions. This would help schools and AWCs maintaining adequate, functional and sustainable WASH facilities and practices to be able to create a child friendly environment in Schools and AWCs.

Speakers



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Context

1. With COVID pandemic the need for WASH in schools (WiS) has become ever more prominent. The ensuing period has seen many initiatives by Union and State governments towards furthering WASH in schools. Although WASH in schools programming started earlier in 1994, two major points in WiS India's history has given it prominence. First one was the Right to Free and Compulsory Education Act 2009, which gave the legal backing for WASH programming in schools, gender segregation toilets and drinking water. Secondly, the Swachh Vidyalaya guidelines in 2014 and the Swachh Vidyalay Puraskar ensured that the WASH in school component which was till now with the Department of Water and Sanitation, now had a firm footing in the Department of Education.
2. However, it is the participation and role of Gram Panchayats and PRIs which have more scope for the improvement of WASH in schools. Over the various states, there have been various models of designs, participation and mobilization which could be replicated and contextualized. States like Jharkhand and Bihar despite being poor performers earlier have shown considerable improvements in WASH in school indicators and have adopted unique state specific strategies for the same. Contextualizing is therefore key to achieving the standards and strategies suggested under Swachh Vidyalaya guidelines.
3. Among the various initiatives, monitoring of WASH in schools, O&M of WASH facilities and creating hygiene behaviour change have been a constant focus and various successful case studies and models have been shared as part of the session. Much of the successful models are those where there has been a three pronged approach of working with state governments while simultaneously working with the PRIs and school/ community level. Best practices and case studies were discussed from Jharkhand, MP, Uttar Pradesh, Bihar, Odisha, Tamil Nadu and Karnataka.

Challenges

1. There is need to look into scaling up the existing models with regard to WASH in schools. Good Practices/ Models are currently functioning in isolation. However, how we can make them easily replicable and state specific is an area which requires much focus.
2. Coverage of toilets is not the issue. But what needs focus is regular Operation and Maintenance (O&M). Ensuring participation of PRIs towards O&M in schools is something that needs focus on.

Key takeaways

a) Solutions – Various unique models or success stories were discussed with regard to WASH in schools/ AWCs

1. Jharkhand has adopted certain excellent practices:
 - Jal Sahihyas (frontline workers in community that work on WASH) were given additional incentives to concentrate on WASH in schools. While being equipped with knowledge of hygiene behaviours and WASH standards, the Jalsahihyas are also empowered to conduct water quality testing with FTKs, support sessions on Swasthya Diwas.
 - Water Quality in schools has been significantly focussed in schools in the state since they face issue of high levels of Arsenic. Period testing and treatment has therefore been a major agenda with the PRIS also.
 - Child cabinet training and strengthening has been another area of focus in order to ensure accountability and participation of the cabinet as well as school authorities.
2. Tamil Nadu:
 - Development of robust WASH infrastructure along with operation and maintenance has really helped Tamil Nadu.
 - Monthly meetings with various departments working for WASH in school programming has worked well.
3. Madhya Pradesh: There has been remarkable role of PRIs in ensuring WiS.
 - O&M funds were mobilized from stamp duty funds with a total of Rs.337.37 million raised. Nearly 1.4 Lakh schools have benefitted.
 - Demonstration of how to use toilets, handwashing practice was key. This meant that the demonstrators practice with children, take them to the bathroom and talk and show exactly how to use the bathroom and keep it clean.

Group hand washing exercises has been identified as an important way to promote hand washing behaviour with children who then go on to influence their parents as well.

4. In Bihar, the government has added another thematic area in WASH in schools as part of the Swachh vidyalaya Puraskar. This is the theme of 'Support mechanism and community ownership'. This encourages all schools to seek out community partnerships and participation.
5. In Ramanagara, Karnataka, in schools where there was emphasis given on hygiene behaviour change, the children went on to become motivators to their parents for building toilets in their homes. The gram panchayats at these points came forward to provide support to families in building the toilets.

b) The way forward

1. Documentation and sharing of these unique best practices or models is a definite way forward.
2. Assessing the extent to which increase in O&M funds in certain states has influenced the improvement of WASH environment in the schools needs to be assessed so as to strengthen the case for increase in O&M funds to school at a national level.
3. Climate resilient schools that need to be a focus area in the coming years. Gujarat has successfully roped in gram panchayats to furthering such a programme.
4. Digital monitoring of WASH through a digital platform – which helps with data collection, analysis and ensures compliance. The digital platform developed in Gujarat "Shala Swachhta Guale" allows for real time monitoring and now has been integrated with the Education MIS.
5. Strengthening and capacity building of the Child Cabinet. They can provide a source of leadership in spearheading the efforts (like in the case of Bihar).
6. For sustaining of the efforts:
 - Demonstration of how to wash hands, and use and keep a toilet clean is very important.
 - Knowledge sharing amongst children is very important. For instance, in Ramnagrath district, a friendly competition was organized and the children were asked to make paintings on how to keep a toilet/village clean – or what does a clean village and toilet look like. The drawings then were digitised, printed and distributed as a part of books in the entire district. This was done through the efforts of CSR.

7. Convergence of grassroots NGOs, local leadership and CSR is very critical in leveraging of available resources and sustaining and ensuring WASH infrastructure in schools. It also becomes important to specify the roles and responsibilities of each of the stakeholders.
8. Looking at toilet in a holistic manner – meaning coverage of toilet is not the purpose of WASH in schools. What matters is the functionality of the toilet, quantity (ratio of student to the toilet), gender segregation of toilets, quality (maintenance of hygiene), accessibility (disability access), access to soap and essential supplies, water quality, availability and training of staff for cleaning the toilets etc.
9. PRI can play an important role – PRIs can lead the Swchhata Action Plan and try to understand the challenges, PRIs can be responsible for community mobilization and promotion of hygiene and health at home, school, community.



Link to Session Recording

https://www.youtube.com/watch?v=zbK6fCHfIKQ&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=8

Management of Organic Solid Waste and Plastic Waste by PRIs: Experiences, Challenges and Way Forward

DAY 2 | 24 FEBRUARY, 2022 | 03:30 PM - 05:00 PM

Moderator:

Dr R Ramesh, Associate Professor and Head CRI, NIRDPR

Context/ Problem Statement

Waste is a mounting problem not only in Corporations and Municipalities, but also in rural areas. The Solid Waste Management Rules amended in 2016 has brought in Gram Panchayats also in its purview. It means whoever generates waste – be it households, institutions, or marketplaces – at the end of the day all such waste fall on the lap of Gram Panchayats to clean up. This necessitates Gram Panchayats to put in place a waste management system. In other words, the Gram Panchayats must be equipped to plan, organise, and implement waste management as a regular practice – and not as a project to place dust-bins in street corners without a system in place for collection, and scientific treatment. Without a functioning waste management system in place, it doesn't augur well blaming the households of being irresponsible.

Why are we talking about this?

Solid waste management is a vital component under the Swachh Bharat Mission (SBM-G) Phase – II. Under SBM-G funds are made available to Gram Panchayats for setting up solid waste management units at GP level, and Plastic Waste Management Units at block level. All that is required is the Gram Panchayats need to get prepared either to carry it out themselves or to get into a service contract agreement with a third party agency, which might be versed in waste management service provision. However the challenges are many.

Gaps, Challenges, and Issues

As per the 73rd Constitutional amendment, the XIth Schedule of the Constitution demands the Gram Panchayats to take up sanitation and village cleanliness. However, the fact remains that the Panchayats do not have the technical capacity to make plan for proper collection of waste, nor do they have the logistics, and the financial capacity to take up scientific treatment of waste. Lack of trained manpower, absence of technical capacity, and financial constraints do not allow many Gram Panchayats to come forward to take on this challenge. We must understand that getting involved in waste management - unlike provision of Individual Household Latrines - is not a one-time affair. This is an endless affair, which will have to go on and on on a daily basis.

The lesson so far is that some Gram Panchayats that are reportedly doing successfully are either backed by an NGO or CSR, or by a committed officer of the Government, who goes out of the way to ensure that it becomes a success in one or two, or in a few villages.

The main challenges, thus this conclave has to address on solid waste management in rural context are: Any success stories or brilliant models on Gram Panchayats managing waste scientifically in a financially self-reliant way? The idea of waste to wealth that sounds fascinating to listen to in conferences and seminars. Does it work in reality anywhere, which can be spoken about without underplaying the assumptions and limitations? What seems to be the best way to put in place a scientific waste management system in Gram Panchayats that will be financially sustainable? How do we match, or modify the institutional arrangement for waste collection and management bearing in view a practicable operational scale? What kind of support / facilitation need to come from the SBM-G -II or from the private players and NGOs involved in waste management so that Gram Panchayats become capacitated to either manage waste in a scientifically acceptable way, or involve a third party agency who shall do it for a price, for which the GPs must have source of funds to pay from.

Speakers



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Maganti**
Social Entrepreneur,
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**Dr Mangalam
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Social Activist,
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Ms Archana
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Mr Gaurav Nigam
SBM G,
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Context

1. SBM phase II has given higher a focus to waste management and the journey from waste to wealth.
2. Technologies are available to manage waste in more scientific manner.

Challenges

Wet waste, dry waste, plastic waste management are not being practiced in all Gram Panchayats or Block level. Is waste management a financially sustainable business and what are the possible ways of recovery from the waste.

Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. Case studies of solid waste management/ Ramayampet and Velichala Gram Panchayats /Medak/ 2018/ Muthu Managanti

How this was possible?

- 1.1. Interest was shown by political leadership who invited the consultant to take on challenge of waste management projects in two Gram Panachayats.
- 1.2. People's participation was ensured. Monitoring by the use of IoT devices for door to door collection process, use of slow moving vehicles, non-polluting equipment and the application appropriate technologies for the location are the good practices.
- 1.3. SLWM project of each Gram Panchayat should be part of Annual Action Plan (AIP) of each district. These projects must have approval by State Level Sanctioning Committees.
- 1.4. Dedicated WASH consultants for the state and districts must be in place.

2. Case studies of solid waste management business by Gram Panchayat/ Kalibillod Indore

How this was possible?

- 2.1. Profitable business is possible if Gram Panchayat (authority), Self-help groups (to take care of the operations) and Third party (technical consultant) work in sync. It can be a win-win situation.
- 2.2. User fee is the main source of revenue. Selling waste contributes only a part of the total income. Balance sheet for the business is maintained.
- 2.3 Wet waste should be managed in decentralised manner.

3. Experience of solid waste management in Karnataka and Gujrat/ Saahas/ Archana Tripathy

How this was possible?

- 3.1 Recognition of waste as a resource like water.
- 3.2 Segregation at source, management of dry waste at GP level, non-recyclable waste to reach appropriate industries are the key take ways.
- 3.3. Monitoring and support from the State/Unicef and CSR donors can make it happen.

4. Experiences of behaviour change promotion in sustainable ways/ Coimbatore/ Exnora Green/ Dr. Mangalam BalaSubramaninam

How this was possible?

- 4.1. Behavioural change programme for waste management should have the involvement of Gram Panchayats, Educational and Religious Institutions as the pillars.
- 4.2. Recovery of resources from waste such as Gobardhan should be the guiding principle.

b) The way forward

1. Extended producer's responsibility (EPR clause) for non-recyclable waste should be enforced.
2. Small scale incinerator facilities are not safe options.
3. Plastic waste cannot be handled in decentralised manner. All villages should do this.
4. Interpersonal communication on home composting.



[Link to Session Recording](https://www.youtube.com/watch?v=_4gfzvsdR0&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=12)

https://www.youtube.com/watch?v=_4gfzvsdR0&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=12

Repair and Retrofitting of Sanitation Infrastructure for Sustainable Sanitation Challenges and Solutions for PRIs

DAY 2 | 24 FEBRUARY, 2022 | 03:30 PM - 05:00 PM

Moderators:

Mr V R Raman, Policy Advisor, WaterAid India

Ms Amulya Miriyala, Officer-Policy and Technical Support (Sanitation) WaterAid India

Context/ Problem Statement

Safe, terrain appropriate and sustainable sanitation infrastructure is critical for the overall success of the sanitation initiatives at all levels. Such infrastructure includes toilet substructures, superstructures and related fixtures and fittings. However, while the country was pursuing the universal sanitation targets, the vast scale of implementation has affected supply of materials as well as construction quality. In many places, gaps in design and among the implementers with reference to understanding about terrain appropriate toilet technologies has also led to the construction of substructures that can challenge environmental safety associated to the sanitation infrastructure in the long run. While such gaps are normal for a campaign with such a huge scale of outreach as the Swachh Bharat Mission (SBM), it is important to note that the mission has accepted and acknowledged these and included necessary course corrections as part of the Swachh Bharat Mission 2.0, in the form of repair and retrofitting of toilet infrastructure, as they are required. It is important to ensure that stakeholders at the grassroots level are well informed in this context for the sustainability of an initiative such as the SBM 2.0.

Why PRIs are important for this issue?

Since Panchayat Raj Institutions (PRIs) are the ultimate implementers or regulators on ground for all WASH related issues; it is important that they are taken on board, informed and made aware of the sanitation safety and related environmental health issues, as well as the potential generational challenges of improperly designed and constructed toilet super and sub structures; Furthermore, building their understanding and abilities, coupled with allocating necessary resources, will help will help overcome these challenges sustainably. The Fifteenth Finance Commission's prioritisation of water and sanitation in its key agenda is an important way forward in this regard, wherein PRIs will be able to locate some resources for necessary actions in this regard.

Gaps, Challenges, and Issues

- While most of the rural households and common areas at the community level have a toilet infrastructure constructed as part of the Swachh Bharat Mission, a considerable proportion of them would require some kind of repair or correction of technological details, in order to make them safe for the environment/ ecology and for regular usage.
- SBM – II has emphasised on repair and retrofitting of the toilet infrastructure as part of its guidelines. 15th Finance Commission has asked the PRIs to prioritise WASH up to the level of 50% of the grants allocated as well.
- However, there is lack of clarity at the district, block and PRI levels about undertaking this initiative, in terms of technical and operational and financial steps, hence the agenda is yet not taken up widely.

What is the potential that we can gain with involvement of PRIs?

As the local self-government and the closest public body for the people, The PRIs can intervene and prioritise this issue at local levels across rural India, towards ensuring the safety and sustainability of a huge number of toilets came into existence in rural India, and thus contributing to the meaningfulness of SBM. The PRIs, if guided and supported properly, can play a pivotal role in addressing most of the challenges in this regard and deploy their solutions and resources for the issue, at the grassroots level operationalisation of this agenda.

Speakers



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**Mr Parag
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Context

1. To provide a broad understanding for PRIs about the tasks at hand about toilet repair and retrofitting as part of the SBM 2.0, with focus on current situation of infrastructure gaps in terms of substructures, superstructures, fixtures and fittings.
2. To highlight various practical challenges related to fulfilling these tasks- in terms of potential size of the problem, technical knowhow at PRI level, human resource capacities for getting the corrective measures done, willingness related issues for working on the used toilet infrastructure when it comes to a campaign, funds availability, and so on.
3. To list some actionable solutions for these challenges, by way of knowing about some of the important initiatives in this regard and discussing with experts who has worked on these issues.
4. To suggest potential next steps for this agenda under the SBM 2.0, by way of prioritising specific action points.

Challenges

1. Single leach pits are built across all states without considering terrain specific appropriate technology resulting defunct toilet and contaminating water body.
2. The toilet technology either is over-simplified or over-complicated which also led to technology gaps.
3. Toilet are not inclusive which required retrofitting to make it accessible for all categories.
4. SBM-2.0 doesn't have provision for fund for retrofitting and left out households. There is absence of financial support and alternative finance around WASH.
5. There is capacity gap for retrofitting of existing toilets especially single leach pit, lesser involvement of PRI.

Key takeaways

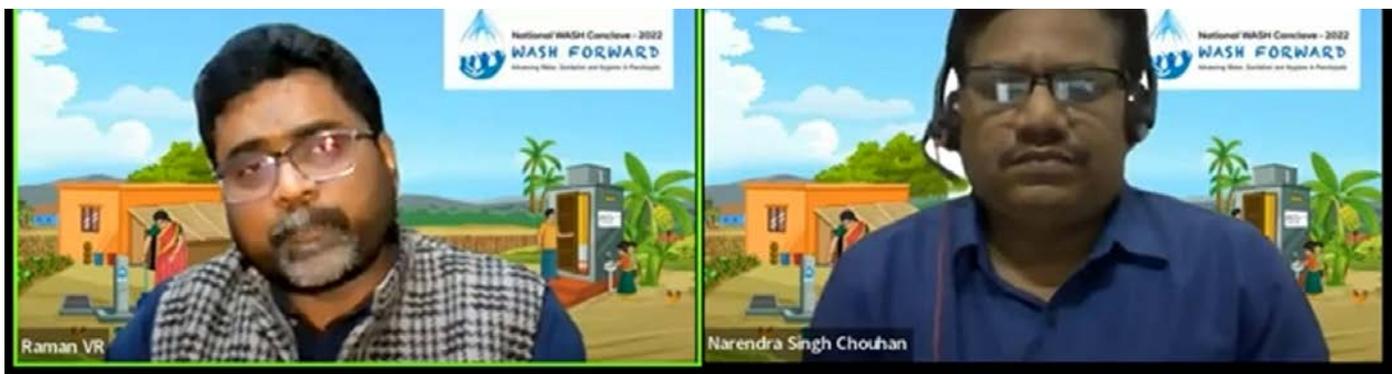
a) Solutions - Examples of what/ where/ how/ who

1. UNICEF, Bihar has demonstrated a solution called Toilet Clinic- to provide all sanitation services on window like hardware and hygiene supply, construction and repair, cleaning and maintenance and faecal sludge management. Team of masons and sanitation janitors were trained and equipped. Sanitation Janitors were tagged with CSCs. Service charge of Rs.50 per seat for cleaning toilets and Rs.100 per hour for cleaning and sanitising a building fixed by DWSC Muzaffarpur. State to scale up to all the districts. 5 districts were being taken up in the first phase in next 3 months.
2. State-wide Repair and Retrofitting initiative in Rajasthan Unicef. The need for retrofitting toilets were varied – 41% of single pit needed repeated emptying and unsafe disposal. The first important thing was to understand the problem, piloting of saturation approach; there was also a need for the development of resources, step by step construction of retrofitting of toilets. 900 engineers were trained in 3 batches and transfer of learning happened to other states – West Bengal, Chhattisgarh, and Haryana.
3. Financing retrofitting through a partnership between Water.org, UNICEF and field level SHGs in Odisha. the issue was there were mostly single leach pit which required retrofitting but lack of additional financing support or alternative financing were the challenges. The purpose of this project is to strengthen the capacity of WSHGs under Odisha Livelihood Mission to enable awareness and uptake of alternative financing for their long-term WASH needs. 31 loans out of 434 water quality improvement loans have been disbursed of Rs. 2.73 L. 403 loans out of 434 are sanitation loans, of which 340 toilet improvement and retrofitting loans and 63 new toilet loans were disbursed, of Rs. 35.77 L.
4. Kerala where the septic tanks are converting to bio-gas plant gives solution for both solid waste and faecal waste management. Also, this provided additional cooking gas for households.
5. In Rajasthan, Director, SBM shared that the administrative order given for 4500 INR for retrofitting through GP and also provided through finance commission grant for retrofitting.

b) The way forward

1. PRI are the key to identifying, innovating and contextualizing toilet infrastructure and their usage. So, PRI should be engage for toilet retrofitting.
2. Having PRIs within Nigrani Samitis makes sure that the Samiti has both local and govt people so that sanitation and retrofitting doesn't lose its importance.
3. Let us ensure there is no retrofitting of the retrofitted.
4. PRIs can provide awareness on this, can advocate on retrofitting toilets with the district administration and highlight this.
5. There was a need for reflection and course correction where technology is one of the most important gaps. So adequate capacity building on toilet retrofitting along with technical resources should generate.
6. WASH financing should promote linking community who needs financial support for long term WASH. PRI can play critical role in this.





[Link to Session Recording](https://www.youtube.com/watch?v=N2AFi-1DGL0&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=11)

https://www.youtube.com/watch?v=N2AFi-1DGL0&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=11

Placing WASH in Health Care Facilities into Panchayat's Agenda - Issues and Potential Solutions

DAY 2 | 24 FEBRUARY, 2022 | 03:30 PM - 05:00 PM

Moderators:

Dr Pratibha Singh, UNICEF India Country Office & Dr Asad Umar, Aga Khan Foundation

Context/ Problem Statement

In India, 130 mothers die for every 100,000 babies born, and 28 out of every 1,000 newborns do not survive beyond their first month. A leading cause of this is sepsis, an infection associated with poor hygienic practices during delivery and soon after. The Government of India has taken steps to improve maternal and child health under the National Health Mission. For instance, the Janani Shishu Suraksha Yojana entitles all women to a free delivery at a public health care facility to ensure safe childbirth. As a result of concerted efforts, the proportion of women who give birth in a health care facility in India has improved significantly from 38.7% in 2005-2006 to 78.9% in 2015-16. Additionally, the launch of the Swachh Bharat Mission in 2014 also saw the participation of the MoHFW to prepare a programme for swachh health care facilities which culminated in the launch of KAYAKALP in 2015. The KAYAKALP programme of MoHFW has been a pioneering initiative in the country that aims to improve situation of sanitation, safe water, hygienic practices and waste management in health facilities by assessing and rewarding health care facilities based on indicators related to status of WASH infrastructure, general hygiene, laundry, bio medical waste management and environmental sustainability.

To improve health outcomes, health care must be safe, effective, timely, efficient, equitable and people centred. Deaths and illnesses from maternal and early neonatal sepsis are suggestive of substandard quality of care. When health care facilities have unhygienic environment, with inadequate supply of running water and handwashing facilities, and poorly maintained or dysfunctional toilets, women may avoid or delay seeking care and are likely to leave such facilities sooner than they should after delivery. Health care providers working under such conditions are unable to maintain hygiene and prevent infections.

The landmark 2015 report of the World Health Organization (WHO) and UNICEF on WASH in health care facilities states that 72% of HCFs in India have water and only 59% have sanitation amenities. WASH in healthcare facilities (HCFs) has become an international priority in recent years. Sustainable Development Goals (SDGs) Three and Six ("Good Health and Well-Being" and "Clean Water and Sanitation", respectively) place a new emphasis on universal health coverage and access to WASH services. Improving WASH in institutions like health care facilities is critical to achieving adequate and equitable sanitation for all, especially women and children. Not only does the lack of WASH services in health care facilities compromise patient safety and dignity, it also has the potential to undermines efforts to improve child and maternal health.

Adequate WASH infrastructure and hygiene behaviour (i.e., handwashing at critical times, infection prevention and control practices) are an important component of the quality of care framework defined by the World Health Organization (2016).

The Role of PRIs in Enabling WASH in Health Care Facilities

The Fifteenth Finance Commission (15th FC) has recommended a total of Rs 2,36,805 grant to local rural bodies and panchayats for the next five years (from 2021-22 to 2025-26) to ensure adequate water supply and sanitation services in villages. As per the guidelines issued by JJM, the nodal agency determining the allocation of funds under the grant to local rural bodies and PRIs, 60% of this grant would be tied and be earmarked for national priorities like ensuring drinking water supply, rainwater harvesting, water recycling, sanitation, and maintenance of open defecation-free status in village.

Even National Health Mission that has been closely involving the PRIs at various levels of health care delivery. The formation of Village Health, Sanitation and Nutrition Committees (VHSNCs) for decentralised health planning at the village level is a case in point. Formed at the revenue village level, these committees comprise of the elected member of the Panchayat (who leads the committee) and representatives from all vulnerable community sub-groups, NGOs and ASHAs. Functioning as a sub-committee of the Gram Panchayat, VHSNCs serve as platforms to raise awareness on health and nutrition and take adequate measures to improve and ensure access of community members to standard health services.

The upgradation of CHCs to Indian Public Health Standards (IPHS) has been another significant strategic intervention under the National Health Mission (NHM) to provide sustainable quality care to community members. To this end, the constitution of Rogi Kalyan Samiti (RKS)/Hospital Management Committee (HMC) has been introduced as an effective management structure to ensure proper functioning and management of the hospital/ Community Health Centre / First Referral Unit. Consisting of members from local Panchayati Raj Institutions (PRIs), NGOs, local elected representatives and officials from Government sector, the RKS functions as a group of trustees that manages the affairs of the hospital to ensure quality health services to the community, while maintaining accountability and transparency in the utilisation of funds. A key inter-sectoral collaborative initiative of the Health Department in partnership with PRIs, the chief purpose of these committees is to jointly

plan, implement and monitor health activities at various levels by providing a platform to elected PRI members and health officials to collectively work towards putting in place efficient public health institutions.

Gaps, Challenges, and Issues

Although the government has taken varied measures to involve PRIs in healthcare, there has been limited evidence regarding their role in influencing health services. Some studies evaluating different NHM schemes and programmes have reported lack of coordination between PRIs and other stakeholders. While others have cited certain challenges associated with the functioning of VHSNCs that include insufficient funds, lack of people's interest and unfair behaviour of the Panchayati Raj leaders.

The lack of role clarity of different stakeholders, absence of structured capacity building programmes for PRIs, obscurity in the understanding of financial guidelines, lack of understanding regarding the linkage of WASH in health care facilities with community health and lack of suitable programmatic support to PRIs have been some of the primary challenges that have prevented PRIs from functioning as effective public health delivery institutions. However, improved leadership and capacities of PRIs has the potential to not only make village action plans, but also proper planning of untied funds and interventions to strengthen HCFs (including the channelization of funds towards WASH infrastructure) that would lead to improved health delivery and outcomes at the village level for the most marginalised. In addition, sensitization of PRIs on the KAYAKALP awards' scheme for their respective health care facility is another gap, filling which, would help them gain recognition for their entire community.

What is the potential that we can gain with involvement of PRIs?

10% of the global disease burden has been a consequence of inadequate WASH services, that has resulted in women and girls missing out on school, or opportunities to earn their own income, because they bear more of the burden when it comes to unpaid care and collecting water. However, investment in water and sanitation leads to significant economic benefits as evident from a report by WaterAid that estimates annualised net benefits of \$86 million from 2021-2040 owing to provision of safely managed sanitation services.

The approach to improving WASH in healthcare facilities is rooted in partnership, collaboration, and knowledge-sharing, however, an improvement in WASH service delivery and health outcomes of HCFs requires both financial and technical resources. The close involvement of PRIs will help reap meaningful health benefits for at-risk rural communities, particularly women and children, through the much-needed investments in WASH services by leveraging and channelizing funds allocated under the 15th Finance Commission. At the same time, advocating for WASH services in HCFs by PRI members during VHSNC and RKS meetings is another approach for strengthening HCFs.

Collaboration PRIs would contribute to sustainable improvements in the quality of healthcare services, while supporting core aspects of Universal Health Coverage (UHC) including dignity and equity and ultimately, to positive health and empowerment outcomes for women and their families.

Speakers



Dr Pratibha Singh
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Country Office



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Foundation



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**Mr Nageshwar
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WASH Officer,
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Dr Yogesh Kumar
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Dr Kunwar Ritesh
Medical
superintendent,
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Ms Anshu Dwivedi
Gram Pradhan,
GP Dilauna Distt.
Barabanki, UP



Mr Jairam Pathak

WASH lead
Aga Kahn
Foundation UP

Context

1. Need for improving the sanitation structures and facilities in public healthcare facilities. The proportion of women who give birth in a health care facility in India has improved significantly from 38.7% in 2005-2006 to 78.9% in 2015-16.
2. The introduction of KAYAKALP programme of MoHFW has been a pioneering initiative in the country that aims to improve situation of sanitation, safe water, hygienic practices and waste management in health facilities by assessing and rewarding health care facilities based on indicators related to status of WASH infrastructure.
3. Deaths and illnesses from maternal and early neonatal sepsis are suggestive of substandard quality of care. Healthcare facilities can be sight for disease dissemination instead of sight for treatment.
4. Role of Panchayats could be strengthened to improve WASH service delivery. They need to be duty bearers for improving WASH services in public institutions at village/community level.
5. Need to see WASH services as public and private partnership along with members of the community.
6. The WHO and UNICEF report on WASH facilities states that 72% of HCFs in India have water and only 59% have sanitation amenities. WASH in healthcare facilities (HCFs) has become an international priority in recent years. Sustainable Development Goals (SDGs) 3 and 6 (“Good Health and Well-Being” and “Clean Water and Sanitation”, respectively) place a new emphasis on universal health coverage and access to WASH services.

Challenges

1. Need for improving WASH services through health lens. Lack of WASH comprises our healthcare and maternal and childcare health. The role of PRIs in healthcare and their ability in influencing health services. Some studies evaluating different NHM schemes and programmes have reported lack of coordination between PRIs and other stakeholders.
2. Increased burden of expensive hard-to-treat life threatening infections without adequate WASH services. Need for reducing spread of infections in healthcare facilities.
3. Unless Panchayats are made responsible for managing of healthcare facilities jointly, things will not improve. PHC and CHC don't have a way to engage with district administration at present.
4. The need for sensitization of PRIs on the KAYAKALP awards' scheme for their respective health care facility is another gap, which needs to be addressed and fixing this will help PRIs gain recognition for their entire community.
5. Better integration of primary health institutions. Currently, Rogi Kalyan Samiti/ Committees are managed by the doctors largely. Members of the Rogi Kalyan Committees have only token presence.

Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. WASH Fit is a risk-based, continuous improvement framework with a set of tools for undertaking water, sanitation and hygiene (WASH) improvements as part of wider quality improvements in health care facilities. It is aimed at small primary, and in some instances secondary, health care facilities in low and middle-income countries. This tool can be adopted as a methodology and framework for empowering primary healthcare facilities in low and middle-income countries.

This tool is an adaptation of water safety plan (WSP) approach, which is recommended in the WHO Guidelines for Drinking-Water Quality as the most effective way of ensuring continuous provision of safe drinking-water.
2. Exit interview with patients to understand challenges and scope of improvement. This will help in understanding actual scenario and issues.

b) The way forward

1. Let Panchayats be in control to establish health care facilities. Trust them and sensitise the functionaries that they have to work in close proximity with Panchayats. Eg: Rogi Kalyan Samitis are managed by doctors. They should take the ownership to take their own decisions.
2. The approach to improving WASH in healthcare facilities is rooted in partnership, collaboration, and knowledge-sharing, however, an improvement in WASH service delivery and health outcomes of HCFs requires both financial and technical resources. The close involvement of PRIs will help reap meaningful health benefits for at-risk rural communities, particularly women and children, through the much-needed investments in WASH services by leveraging and channelizing funds allocated under the 15th Finance Commission. At the same time, advocating for WASH services in HCFs by PRI members during VHSNC and RKS meetings is another approach for strengthening HCFs.
3. Improving WASH in institutions like health care facilities is critical to achieving adequate and equitable sanitation for all, especially women and children. Not only does the lack of WASH services in health care facilities compromise patient safety and dignity, it also has the potential to undermine efforts to improve child and maternal health.

Adequate WASH infrastructure and hygiene behaviour (i.e., handwashing at critical times, infection prevention and control practices) are an important component of the quality of care framework defined by the World Health Organization (2016).



[Link to Session Recording](https://www.youtube.com/watch?v=N2AFi-1DGL0&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=11)

https://www.youtube.com/watch?v=N2AFi-1DGL0&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=11

Implementation solutions for PRIs on, improved Liquid Waste and Faecal Sludge Management

DAY 2 | 24 FEBRUARY, 2022 | 03:30 PM - 05:00 PM

Context

1. Although by providing access to toilets and encouraging their long-term use, the Swachh Bharat Mission had made significant progress, the work on sanitation, on the other hand, was not considered complete until every household had a toilet. Swachh Bharat Mission, launched in 2014, as one of the key initiatives during the Jan Andolan, claimed 100% sanitation coverage in India, by the end of October 2019. This was the first time India was declared an Open Defecation Free (ODF) country.
2. In the rural areas, transitioning from ODF to ODF+ necessitates the inclusion of Plastic Waste Management, Grey Water Management, Faecal Sludge Management and Organic Waste Management. To respond to the transition, as India gears up to face the second generation of issues in liquid waste management and faecal sludge management, integrated efforts and actions are essential, particularly with the local panchayats establishing leadership and executing sustainable solutions.
3. This conclave primarily focuses on such emerging challenges, including, but not limited to, public financing on sanitation, a potential collaboration between the Urban Local Bodies and the PRIs for faecal sludge management, and the importance of participatory model of planning at the Panchayat level.

Challenges

1. The panchayat's inefficiency to demonstrate capacity building at the community level, ultimately results in a lack of ownership in the community
2. Rural India lacks "sampoorn swachhata" (total cleanliness) due to a poorly managed system of waste water management. This comes in reference to the waste water being generated at the household level. For example, the fresh water, after being used, is allowed to flow into the roads, channelised through open drains (also filled with solid wastes), then into the rivers, ultimately polluting our natural resources
3. There will be more grey water produced, as a result of JJM's intent of having given piped water to every rural household by 2024.

Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. To spend more time on the planning process - the majority of solutions fail owing to an ineptness throughout the planning stages. The process of planning should be participatory where the community is seen as a stakeholder and included in the mobilisation.
2. To have a deeper understanding of grey water generation solutions, existing practises, and opportunities for improvement, at the household level. There is an imperative need to demystify and shift the focus of treating waste water at the village level to treating waste water at the source.
3. The Panchayats should adopt effective regulation and frameworks for its villagers, to encourage regular desludging.
4. To stimulate strategic reuse of grey water, such as in car washing and/or horticulture, in an attempt to lessen the demand of being dependent on fresh water for daily use.
5. To encourage and build capacity of the panchayats with the right inputs and disseminating knowledge products and O&M, to successfully run and sustain sanitation models at the village level.

b) The way forward

1. To expand the magnitude of grey water management to Liquid Waste Management.
2. To give priority to decentralised/semi-centralised technologies (such as soak pits and leach pits), over centralised technologies.
3. To introduce a new mechanism of funding, with a better clarity on convergence.
4. A scrupulous attention must be paid to the selection of appropriate technology and concurrent quality monitoring.
5. To implement a sustainable system, it is critical to establish a collective effort for asset ownership.

Technical Breakout Sessions on Hygiene

Making Hand Hygiene for all a Reality in Rural Areas, Building on the Covid Experience - What can PRIs do?

DAY 2 | 24 FEBRUARY, 2022 | 05:00 PM - 06:30 PM

Moderator:

Ms Ruchika Shiva, Country Coordinator for India Programme, IRC WASH

Context/ Problem Statement

Handwashing with soap is one of the cheapest and most effective ways to protect people against many common and life-threatening infections. This, in the last two years, has been highlighted globally due to the Covid-19 pandemic. It is important to reiterate that handwashing with soap provides protection against disease-causing bacteria and viruses, the simple act of handwashing with soap removes the bacteria and viruses from contaminated hands and avoids the transition of these into our body or spread to other people.

The 76th round of the National Sample Survey conducted in 2018 found that the practice of handwashing in India is limited. According to the survey, it was found that 25.3 per cent households in rural India wash hands with soap or detergent and 70 per cent wash hands without soap or detergent before meals. Further, it found that 15.2 per cent rural households do not wash hands with soap or detergents after defecation. While this status can be a function of availability of facilities/space, water and soap of handwashing, the role and hence the requirement of hand hygiene promotion in communities' cannot be ignored.

As per the Indian Constitution, the Panchayati Raj Institutions (PRIs) have a role to play with respect to provision of WASH services in rural communities. Additionally, the 15th Finance Commission provides 60% of the grant to PRIs earmarked towards WASH with a purpose of impacting public health in communities. We know from the response of COVID -19, the panchayats played a key role towards supporting with facilities and for the promotion of hand hygiene behaviors. As hand hygiene has public health and economic health impacts, it is an opportune time to leverage the efforts made during the COVID-19 pandemic to further strengthen (and institutionalize) the efforts to promote hand hygiene behaviors. The Panchayats have a crucial role in ensuring hand hygiene, especially in public spaces and institutions within the PRIs jurisdiction. Institutions in rural communities include aganwadi centres, schools and health care facilities. Evidence from the field show that while schools have made progress in providing functional handwash facilities, this is lacking in aganwadi centres and in health care facilities.

The discussion in this session will capture –

- Initiatives taken up by Gram Panchayats on hand hygiene during the COVID-19 pandemic,
- Gaps and challenges,
- Going ahead, how hand hygiene can continue to have the importance and leverage other social sector efforts.

The session will capture perspectives of gram panchayats leaders, NGOs that work closely with gram panchayats and of government official/s.

Speakers



Ms Ruchika Shiva
Country Coordinator
for India
Programme, IRC
WASH



Ms Parvati
Sarpanch, Urmul,
Bikaner, Rajasthan



Mr Rameshwar Lal
Sarpanch, Urmul,
Bikaner, Rajasthan



**Mr Suresh
Chandranayak**
Sarpanch
MayurGanj, Local
govt rep, Odisha



Mr Yogesh Kumar
Executive Director,
Samarathan



Ms Urvashi Prasad
Director, DMEO,
Niti Aayog



Ms Nabanita
Senior Researcher
CYSD, Odisha

Context

1. Role of PRI in promoting hand hygiene during COVID is important as reflected by all PRI representatives. There is absence of proper facilities and vision for ensuring promotion of hand hygiene.
2. Awareness activities under SBM -2 and JJM on handwashing require utmost attention. The activities need to get developed through proper Social Behaviour Change communication.
3. Access to handwashing facilities and availability of soap is a major challenge in rural and urban areas.

Challenges

1. Role of panchayat in ensuring handwashing habits is hardly recognised. It remains to function as an implementing agency rather than as a governance institution. Action plan developed under GPDP have no clear outline on role of panchayat.
2. GPDP plan have no reflection of facilities to be constructed and behaviour change to be initiated. There is absence of proper direction in GPDP plan regarding behaviour components therefore, sustainability remains a question.
3. Non-availability of Water in drought prone areas. There is an absence of barrier in mapping and community centric mitigation.
4. Collective effort of all departments is missing in states for making handwashing a subject of importance.

Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. Innovation in hand hygiene stations that consume less water and with support from government agencies.
2. Re-use of water in drought prone area after handwashing. Demonstrable model needs to be developed in this process.
3. Collective effort by Govt., CSO and CSR for making hand hygiene as important behaviour beyond COVID through campaigns and awareness programmes.
4. Training of PRI members, Aaganwadi workers and ASHA workers on motivating people after assessing their barriers. Plan for training needs to get developed for all the FHW and PRI members in their respective roles and responsibilities.
5. GPDP plan should have complete emphasis of hand hygiene with its infrastructure.

b) The way forward

1. GPDP plan should have elements of handwashing facilities and provisions referring to 15th finance commission fund. Allocation to be made very specific.
2. Social Audit of hand hygiene activities to be carried out in the panchayats. It should support in devising corrective measures in the ongoing schemes.
3. Water availability in all the GP in continuous manner to support hand hygiene activities. Special focus in drought prone and water scarce areas with the re-use of water.
4. Innovative models on handwashing station and facilities to be promoted for differently-abled. IEC for blind people to be made in braille. It should also cater to adequate number of users.
5. Behaviour change, access to handwashing facilities and functionality of handwashing facilities to be ensured in coordination with panchayats and community.
6. Niti Aayog to document the models and success stories on hand hygiene.



Link to Session Recording

https://www.youtube.com/watch?v=c1_z1am2yEQ&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=13

Strengthening Action on Menstrual Health and Hygiene at the Community Level DAY 2 | 24 FEBRUARY, 2022 | 05:00 PM - 06:30 PM

Moderators:

Dr Arundhati Muralidharan & Ms Tanya Mahajan, MHAI

Context/ Problem Statement

Menstruation is a normal physiological phenomenon, yet millions of girls and women face numerous hurdles to managing their monthly menses in a healthy manner. Challenges include deep set gender and social norms, low level of awareness, limited access to and unhygienic use of menstrual hygiene products, and lack of safe disposal and waste management options for used materials. Efforts by Government, non-Government and private sector stakeholders have strived to tackle these challenges, paving the way for improved menstrual health for all girls and women.

Initiatives to improve menstrual health and hygiene have predominantly focused on improving awareness among adolescent girls and enhancing access to menstrual materials, notably disposable sanitary pads. These cumulative efforts have resulted in improvements, particularly with regard to the use of menstrual materials. The National Family Health Survey (NFHS) 4 (IIPS, 2015-2016) showed that 57.6% of young women ages 15-24 years were using a hygienic method of protection. The NFHS-5, conducted five years later in 2019-2020, found a marked increase in the use of hygienic materials – 77.3% of young women were using safe materials, mostly sanitary pads (IIPS, 2019-2020). Innovations related to safe disposal and management of menstrual waste have also been implemented in some geographies.

Addressing the deep-rooted taboos and misinformation related to menstruation amongst girls, women and those in their communities have provided the foundation for this progress. Implementation models adopted by state and district administrations and Gram Panchayats (GPs) for access and waste management have paved the way. To sustain this progress, we must learn from these models and ensure that they are replicated at scale.

Role of PRIs in Strengthening Action on Menstrual Health and Hygiene

PRIs can catalyze action on menstrual health and hygiene (MHH) at the community level given their role in the overall development of Gram Panchayats. At the very least PRIs can facilitate discussions on MHH interventions during gram sabhas and mahila sabhas. PRI are also in a position to address MHH through the gram panchayat development plans and allocate budgets for activities. Hence, it is also important to understand the specific roles that PRIs can adopt to further progress on MHH in their communities.

Session

The session on “Strengthening action on menstrual health and hygiene at the community level” will highlight the MHH value chain, and delve into two aspects where PRIS can accelerate action, namely local access to quality menstrual materials, and disposal of menstrual waste. The session will also identify the underlying role that behavior change communication can play in furthering these objectives.

The session aims to:

1. Create awareness about the MHH value chain and corresponding areas of action
2. Facilitate sharing of programmatic good practices with regard to enhancing menstrual hygiene product availability and waste management solutions at the GP level

During the session, the audience will hear from thematic experts and from implementers, who will share good practices from several states.

Speakers



Dr Arundati Muralidharan
Founder, MHAI



Ms Tanya Mahajan
Co Founder /Director of International Programs, MHAI/The Pad Project



Mrs R Vimla
Collector and District Magistrate, Nagpur Collectorate, Govt. of Maharashtra



Dr Ketaki Bapat
Scientist, Office of the PSA to the Govt. of India



Ms Gayathri Prashanth
Chief Operating Officer, Healing Fields Foundation



Mr Devidas Kisan Nimje
Senior Program Manager, Samarthan



Mr Kalachari B K
State WASH Consultant,
UNICEF/Rural Drinking
Water Supply &
Sanitation Department,
Govt. of Karnataka

Context

1. Access to menstrual products in rural areas in terms of availability, accessibility and affordability.
2. Awareness among women in rural areas on menstrual hygiene and products.
3. Decentralization of production models for menstrual products so that it caters to local needs and preference.
4. Menstrual waste management.

Challenges

1. Gap in between the use of Pads in Urban and Rural area in terms of availability, accessibility and affordability.
2. Setting up local production unit is a challenge in terms of availability of raw materials, space, electricity, regular maintenance of machine used in production, preparing low cost products so that it is affordable and creating demand among women in rural communities.
3. Quality assurance of menstrual pads.
4. Safe disposal of menstrual products.

Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. Addressing the first challenge **“Gap in between the use of Pads in Urban and Rural area in terms of availability, accessibility and affordability”**. Mrs R Vimla talked about **Asmita yojna under Maharashtra State Rural Livelihoods Mission**. Asmita is widely working in the state of Maharashtra. It is linked with the local SHGs for easy availability and accessibility and it is cheap in comparison to other market products. It is available at subsidised price of 5 rupees per pad in Jila Parishad schools.
2. **Ms Gayathri Prashanth** explained the second challenge of **“Setting up local production unit is a challenge and quality assurance”** as the sourcing of raw material is difficult as most of it is exported from overseas and machineries are not locally manufactured, it also requires trained people handholding. Local production unit requires process like financing, marketing, sales, technical support, and quality assurance of pads. For financing cost of machines and raw material can be financed through financial institution like banks, for marketing and sales SHGs can play a vital role. Technical supports are provided by the training agencies and for quality assurance, random checking of pads is done. One of the major challenges is availability of electricity for production, so site selection for installing the local unit is very important.
3. **Mr Devidas Kisan Nimje** talked about **“safe disposal of pads”**. At first, the segregation of pads from other waste is necessary. Samarth is an NGO working in Chhattisgarh on waste management and safe disposal of pads. Based on a survey, households were divided into two categories, one having space and one who do not have space to construct deep burials pit. Households who do not have deep burial pits, dispose their sanitary napkins in a red box attached with the recycling vehicle, these recycling vehicle collect waste door to door. A separate red box is attached to the vehicle for menstrual waste. Menstrual waste collected from each household is later dispersed in the deep burials.
4. **Mr Kalachari B** explained the model Pink Toilet adopted in Karnataka state for students in school. These toilets have sanitary napkins vending machine, so that students have access to sanitary pads. There is a separate changing room for students so that they can easily change pads when necessary. The purpose of these toilets are to create safe, secure space for students and provide basic sanitary facilities.

b) The way forward

1. Developing locally designed and produced pads- Most rural women’s’ preferences differ from place to place, therefore, it is necessary to keep these preferences in demand when designing and producing pads.
2. Collaborative efforts of PRIs and other local bodies in creating awareness and facilitating discussions on menstrual health and hygiene during Gram Sabhas and Mahilla Sabhas. PRIs can also allocate budgets in development plans for same.
3. Consideration of Eco-friendly products is very necessary, there is a need for creating awareness about various other products which can be used for menstrual hygiene in communities so that they can make better choices for themselves and the environment.



[Link to Session Recording](https://www.youtube.com/watch?v=c1_z1am2yEQ&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=13)

https://www.youtube.com/watch?v=c1_z1am2yEQ&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=13

Hygienic Disposal of Child Faeces in Rural Areas - How Can PRIs Make it Possible and Feasible?

DAY 2 | 24 FEBRUARY, 2022 | 05:00 PM - 06:30 PM

Moderator:

Dr Apurva Vijay Ghugey, Thematic Manager- Sanitation and Hygiene, Gram Vikas

Context/ Problem Statement

The world has made great progress in increasing access to basic sanitation and reducing open defecation, with only 9% of the global population open defecating as of 2017. In India, the percentage is as high as 15%. However, an often overlooked component of sanitation is safe Child Faeces Management (CFM). Child faeces may contain more pathogens compared to adult faeces and are likely a significant source of fecal exposure in rural Indian households, and other similar settings. The latest National Family Health Survey (2015-2016) reported only 36% of Indian households safely dispose of their child's faeces into a latrine despite 61% of households having a latrine. There is a need for effective behavioral interventions that focus on safe CFM practices among caregivers, with the eventual goal of the child learning to use the latrine, and to achieve the global commitment to ensure safe drinking water and sanitation for all.

Why PRIs are important for this issue?

The PRIs are the immediate governance for the rural communities when it comes to getting aware, addressing and reporting any issues and ideas in the community. Active PRI in any panchayat leads to progressive rural community.

When it comes to Child Faeces Management, it is of utmost importance for the people to learn, accept and be accountable for the new habits they need to inculcate in order to bring about sustainable health changes.

PRI can help people to,

- Be aware of the magnitude of the issue, and its connection to bigger picture
- Believe themselves to solve the problem by facilitating to avail the provisions
- Set up a good monitoring practices ensuring the long term success of the CFM initiative.

Gaps, Challenges, and Issues

In India, managing child faeces is often neglected due to many reasons, some of which listed below,

- Ignorance- considering child's faeces as non-harmful
- Lack of education to parents
- Lack of proper healthcare facility focusing on children
- Lack of institution where parents can take guidance from.
- Lack of access to proper infrastructure such as toilet, diapers, etc
- Lack of political willpower

Hence, it is very important to put a good amount of focus on Child Pieces Management.

What is the potential that we can gain with involvement of PRIs?

Direct involvement of the PRI will ensure that their political activism for the issues and parents would get the sense of belongingness.

This will bring more focused approach towards all the schemes and initiatives the Government is taking to address the issues. This will also make the people aware of the grave health problems if the issue is not tackled with focus and seriousness. With roll-out of SBM-2, role of PRIs has become even more critical.

PRIs, since they have significance impact on local people's psychology, can play a very important role to make behavioural changes on ground possible and monitorable.

Speakers



Dr Apurva Vijay
Ghughey, Thematic
Manager- Sanitation
and Hygiene, Gram
Vikas



Ms Gloria Sclar
Public Health
Researcher, Emory
University



Mr V R Raman
Policy Advisor,
WaterAid India



Mr Alok bisoyi
Research Manager
Emory University



Ms Anju Khewar
Program
Coordinator, State
Health Resource
Centre, Chhattisgarh

Context

1. Child Sanitation is an often overlooked component. It has direct impact on health. It is usually considered as “not harmful”, a narrative created by the society.
2. Child faeces may contain more pathogens compared to adult faeces and are likely a significant source of faecal exposure in rural Indian households.
3. Traditionally, in rural area women are considered responsible for safe disposal of child faeces.

Challenges

1. Ignorance- considering child’s faeces as non-harmful. It’s part of the social conditioning.
2. Lack of access to proper infrastructure such as toilets, diapers etc.
3. Lack of institution where parents learn the preventive health measures for children. Though the social media is available with many tips and tricks but largely for urban parents.
4. Gender barrier – Over dependence on mothers as caregivers, this puts undue pressure on mothers.

Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. Education, awareness programmes are needed to highlight the issues. Wall writings or nukkad nataks can be done.
2. VHSC training can be done on child faeces management (CFM). Chhattisgarh model on working on CFM with Mitadin can be replicated.
3. There has been some piloting of programmes with Ekjut on providing community creches for children whose parents have to go out for work.
4. Gram Vikas model on training and involving male members in child friendly latrines can be followed. Use of hardware like potty and latrine mat can also be very handy in inducing behavioral change.

b) The way forward

1. Direct involvement of the PRI will ensure proactive political will, and may ease accessibility to the schemes and initiatives the Government is taking to address the issues. Sanitation must be seen beyond visible cleaning.
2. We must move beyond safe sanitation and disposal and consider Child Faeces Management (CFM) exposure pathways. Child faeces can be called as second generational issue of WASH and hence convergence with SBM2 can be explored.
3. PRI can help people to be aware of the magnitude of the issue, and its connection to bigger problems and facilitate in solving the problem by utilizing the provisions or availing the schemes.
4. PRI can also help in setting up good monitoring practices ensuring the long-term success of the CFM initiative.
5. We need to explore on how CFM can be incorporated in key mandated government programmes and the required materials like potty and latrine mat can be subsidized.



[Link to Session Recording](https://www.youtube.com/watch?v=C4nO_mi4z0Y&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=15)

https://www.youtube.com/watch?v=C4nO_mi4z0Y&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=15

Medium, Channels and Tools for Communication on Improving Hand Hygiene and Menstrual Hygiene Behaviours at PRI Level

DAY 2 | 24 FEBRUARY, 2022 | 05:00 PM - 06:30 PM

Moderator:

Ms Shalini Prasad, Social and Behaviour Change Specialist, UNICEF India Country Office

Context/ Problem Statement

Panchayati Raj Institution (PRI) members are responsible for local, village level development, and play a key role in connecting communities with key services around Water, Sanitation and Hygiene (WASH). PRI members' role as basic units of local administration make them key enablers at the ground level, rendering them a key stakeholder in driving WASH practices among communities.

As PRI members play a dual role in implementing and monitoring government services and programs, their ownership and engagement around WASH issues is essential to building grassroots level action around WASH. The first step therefore is to build the capacities of PRI members on technical issues of WASH, followed by skilling them on effectively communicating these in simple messages to communities through various channels and tools (conducting interpersonal communication, holding group meetings, demonstrating, and promoting WASH practices). Since PRI members are elected representatives within a community, they are respected members of societies and may be looked up to as role models and influencers of key behaviours. Thus, PRI members play an important role in engaging and mobilising their communities to adopt positive behaviours. They can balance the demand and supply and can create an enabling environment at the ground level. It is therefore critical to optimize their role in driving Social and Behaviour Change (SBC), and improving uptake of WASH practices among communities.

Making the sarpanch and gram panchayat members well conversant with their responsibilities of integrating SBC communication as part of their plans, is key to ensuring improved and sustained use of WASH facilities and adoption of positive practices. As PRI members have a unique potential to drive local community led planning and action processes, investing in their leadership qualities is critical to bringing about large-scale community mobilization and engagement around WASH. As developers of action plans such as the GPDP, PRI members are also responsible for village level agenda and priority setting around WASH, and well as bringing about convergent efforts to administer WASH service delivery on the ground.

Engaging with PRI members and establishing sustained communication with these key stakeholders and understanding their current gaps in capacity and knowledge around WASH Social and Behaviour Change is essential to improving WASH outcomes.

Speakers



Ms Shalini Prasad
Social and Behaviour Change Specialist,
UNICEF India
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Mr Vijay Shankar Kanthan
Social and Behaviour Change Specialist,
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Office



Ms Sowmya Bharadwaj
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Ms Zoya Rizvi
Deputy Commissioner,
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Ms Pratima Kumari
Founder, Gaurav Gramin Mahila Vikas Manch



Ms Rekha
Panchayat Pradhan,
Koh Panchayat



Mr Mukhiya Abhishek Arnav
Mamalkha Panchayat

Context

1. Enabling WASH behaviour.
2. Steps taken by the government to ensure sustainability of handwashing practice.
3. Strategies to ensuring messages are effectively communicated by PRIs.
4. Ways to build skills of PRIs with respect to communicating hygiene and MHM related messages.

Challenges

1. Culture of silence around MHM due to taboos. Menstruation is seen as dirty, impure and girls and women are considered impure because of the same reason. This creates a cultural silence around it which makes it difficult to have a conversation around.
2. Lack of menstrual facilities compromising safety of girls and women – lack of safe and working toilets for girls to manage their periods – with lack of access to water and soap if the wash infrastructure is in place. Broken locks often in girls' school toilets.
3. Menstruation is seen as an issue that only affects women – there is less involvement of males – since, they are the head of the family and finances come from him.
4. Lack of involvement of PRIs and community in designing communication.

Key takeaways

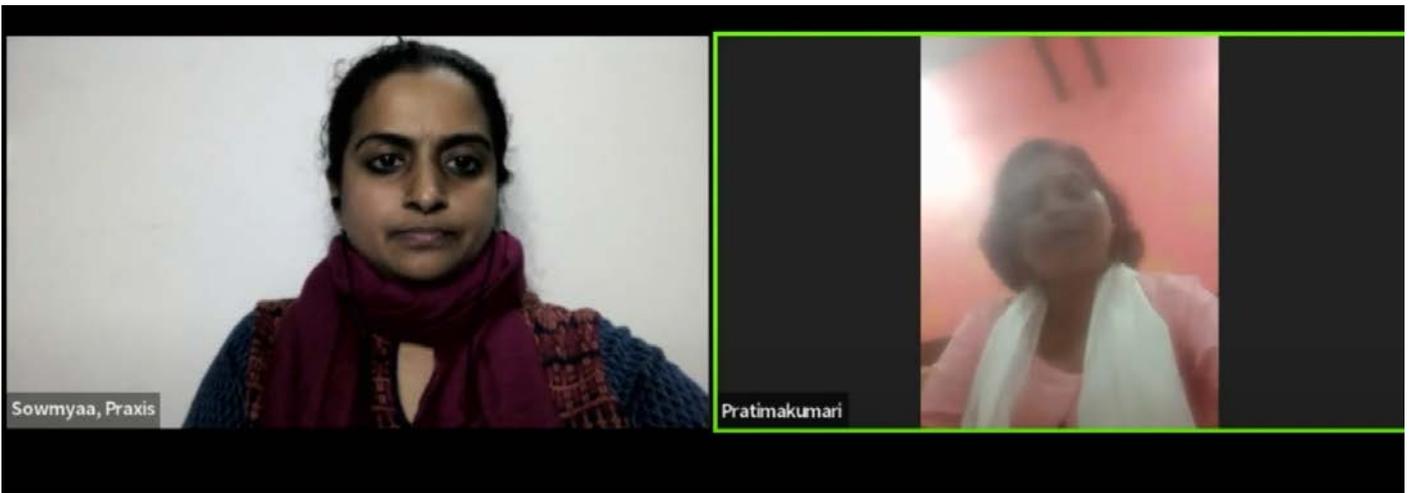
a) Solutions - Examples of what/ where/ how/ who

1. Improving access to safe water and sanitation facilities. This involves making soap available and running water accessible in toilet facilities, in the community and at the school level. (Mr. Abhishek working towards installation of hand washing stations in his village).
2. Design locally and culturally relevant tools and resources for information dissemination, nudge experiments in institutions. Working with local Panchayati Raj Institutions to disseminate information at the community – leveraging menstrual hygiene day, village health nutrition day to reiterate key messages on menstruation, as well as involving men. Myths and taboos can be addressed at a community level by leveraging these days.
3. Capacity building of functionaries/GPs/community leaders – community leaders and frontline functionaries are key members responsible for disseminating information. Their capacity has to be built as they are also key influencers within their own communities.
4. Shift focus from campaign mode to integrating WASH message in regular conversations.
5. Involving local administration in SBCC activities – for instance, creating GP level task force, MHM corners and WASH monitors within the community.
6. Calendar of communication activities to be prepared.
7. Leverage on important contact days (adolescent health and wellness days) as a platform for service providers (such as doctors, ASHA workers) to interact with community and identify and break down barriers to access the right information.

b) The way forward

1. PRAs critical to encourage community participation - conducting interpersonal communication, holding group meetings, demonstrating and promoting WASH practices during important dates – MH Day, VHN days etc.
2. Map barriers to behaviours, integrated-evidence-based planning.
3. Capacity building of service delivery chain.
4. Strategic partnerships with CSOs/youth networks/etc., to help build change processes at community level for leveraging resources, and creating platforms for advocacy initiatives.
5. Communities and key messages can be reaching tech and media dark populations.
6. Avoid information overload to prevent fatigue among communities.
7. Interpersonal communication capacity instrumental in changing mind sets and behaviour.
8. Promoting institutional communication activities with convergence and focused approach.
9. Creating enabling environment for dialogue, strengthening delivery of services.
10. Access to regular messaging on both hygiene and menstrual hygiene behaviours – through various forms of social media, traditional art and folk songs, door to door etc. Taking a 360 degree approach in disseminating the messaging by creating and adapting content to culturally fit the context.
11. Demonstration of good practices of SBCC and engagement of local administration is important. This can lead to creation of models of GPs that can be scaled and replicated. This can also provide evidence for any state governments who would want to replicate the model.

12. Integrated planning, microplanning at the community level.
13. Strengthen community feedback mechanism and discussion with stakeholders to develop tools: using the participatory approach to understand the needs of the community which means looking at each group differently, and trying to understand their needs – so groups of women, men, persons with disability etc. – unpacking their needs in a participatory manner would give solutions from the ground up.



Link to Session Recording

youtube.com/watch?v=-gbmSTjIftA&list=PLQBFv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=17

Plenary 2

Strengthening GPs to set up service benchmarks, monitor and attain WASH related SDGs in time

DAY 3 | 25 FEBRUARY, 2022 | 02:00 PM - 03:00 PM

A potential roadmap for data, capacities and finances, data visualization and monitoring under JJM and SBM, learning from Swachh Sarvekshan for rural JJM and SBM; and suggestions from NITI Aayog, UNDP, and others on way forward towards achieving SDG

Moderators: Dr Ramesh, NIRDPR & Ms Koushiki Banerjee, UNICEF India Country Office

Context/ Problem Statement

India is committed to implement and monitor WASH programme moving towards the Sustainable Development Goal of 6.1 “By 2030, achieve universal and equitable access to safe and affordable drinking water for all” and 6.2. “By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations. “In order to achieve these goals it is important to be able to correctly monitor the progress of sanitation and water program in India. The SDGs closely follow the Joint monitoring programme (JMP) by WHO and UNICEF which follows monitoring safely managed sanitation and water. Safely managed sanitation is defined as “Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or removed and treated offsite”. Safely managed sanitation ensures a sustainable sanitation programming in the country. Swachh Bharat Mission Gamin 2 has included solid and liquid waste management as part of reaching the safely managed goal. As part of Jal Jeevan Mission which aims to provide 100% functional household tap connection to rural India by 2024, also needs to ensure that the water provided is safe, within premises and free from bacteriological and chemical contamination. Access is only one step towards realizing objective of safe water for all seasons available to the households.

Why PRIs are important for this issue?

As part of Jal Jeevan Mission, the Government of India is supporting creation of rural water supply infrastructure - both financially and technically. The technical infrastructures created are supposed to deliver service as per standards and norms for the entire design period. The standards related to quantity, quality, and regularity of supply irrespective of seasons etc. which not only depends on the design principles, but also on the efficiency of operation and maintenance of the facilities. The operation and maintenance completely rest on the Gram Panchayats because as per the Panchayati Raj Act rural water supply or wastewater management etc. are in the purview of Gram Panchayats.

Gaps, Challenges, and Issues

Have Panchayats been capacitated to take up the O&M? Do they understand standards and norms of drinking water service delivery? Do they have the trained manpower at GP level to be able to determine, for instance, the residual chlorine levels in the water being supplied? The options are capacitating the Gram Panchayats. And as part of capacity building throwing open the options (models) available for delivering as per service level benchmarks. An option could be Panchayats engaging possible alternative agencies that can deliver such services to the rural households in a professional way? In the event of appointing a third-party agency to manage rural water supply in a professional way, the GPs need to get into a ‘Service Contract Agreement’. The same holds good for solid waste management, wastewater management or maintenance of community sanitary complex etc. To sign such service contracts what are the service level benchmarks for rural water supply? What are the service level benchmarks in solid waste management so as to progressively move towards zero waste? What parameters a Gram Panchayat shall use or demand service from such service provider. What parameters shall be monitored to be able to gauge that the service delivery by the third-party agency is on par with or below standards? What are those standards for rural water supply – wastewater recycling – solid waste management etc.?

What is the potential that we can gain with involvement of PRIs?

Gram panchayat is one of the key stakeholders who not only ensures that proper WASH facilities are put in place, but they also need to be equipped with a common understanding of monitoring and maintaining the service level benchmarks. This creates a great opportunity to align the overall monitoring requirements for water, sanitation and also hygiene within the overall Panchayati Raj system and engaging with National ministries such as Ministry of Jal Shakti, Ministry of Panchayati Raj and other state sanitation departments.

As part of JJM, Bihar government is committed to provide safe water to 1.72 crore rural households. They have already provided tap connection to 1.54 crore households. This remarkable achievement was possible due to decentralization of the implementation process, making available a basket of model estimates, and leveraging

funding available through 14th & 15th finance commission at large scale. Government has made an appropriate amendment in the Bihar State Panchayati Raj Act to have an active Ward level committee- Ward Implementation and Management Committees (WIMCs) with appropriate implementation responsibility and ensured adequate timely funding.

This discussion shall center around understanding of the global perspective on WASH monitoring and delve further into the capacities of GOI to engage professionals for standard service delivery benchmarks within the ambit of JJM. It will also look at the professional service delivery mechanism in different terrains, and during different times such as flood or outbreak of a pandemic. It will dive deeper to understand the functioning of piped water supply schemes in Bihar and how they monitor for sustainability of piped water supply, as a case in point.

Speakers



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Associate Professor
& Head, Centre for
Rural Infrastructure,
NIRDPR



**Ms. Koushiki
Banerjee**
WASH Officer
UNICEF



Mr Rajeev Kumar
WASH Officer,
UNICEF Bihar Field
Office



**Edla Suvarnala
Suniyam**
Sarpanch, Sirsapally,
Karimnagar

Context

1. SDG Target 6.1 and 6.2 focuses on universal and equitable access to safe and affordable drinking water and access to adequate and equitable sanitation and hygiene for all by 2030.
2. JMP monitors the progress of countries with respect to SDGs across HHs, Schools, Anganwadis and Health Care Facilities. JMP has set up a ladder system for access measurement across drinking water, sanitation and hygiene. India has to aim to reach the top rung soon since we are already in 2022.
3. Currently, monitoring is happening at HHs, Schools and HCFs and data is available on access to improved sanitation in HH, gender sensitive school toilets, access to piped water supply in HH, menstrual hygiene product use, handwashing with soap and water in schools and HHs.
4. Shift from binary categorisation of HHs as improved/unimproved drinking water sources to service level ladder since 2011 when ranking based on indices started. Included factors such as quantity, quality, accessibility, reliability, affordability and equity and inclusiveness.

Challenges

1. Monitoring not happening at Anganwadis and public places and data access is not available on solid and liquid waste management, water quality for faecal and chemical contamination, climate resilient WASH, healthcare waste management, hand hygiene facilities at points of care, water and sanitation in HCFs.
2. Provision of more than optimal amount of water will lead to a large electricity bill and waste of water.
3. There is no available data from GP on solid/liquid waste generation, segregation, collection efficiency, treatment efficiency, amount of residual waste in landfill, amount of revenue generated, % of expenditure meet generated from the sale of waste.
4. NFHS – 5 only has 2 indicators for water and sanitation

Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. Included factors such as quantity, quality, accessibility, reliability, affordability and equity and inclusiveness.
2. Data collected on adequacy across drinking/cooking/hygiene/sanitation and accessibility which helps measure the levels of health concern. In terms of quantity 55 lpcd is minimum, +30 l for areas with high amount of cattle and +15-20 l during pandemic for hygiene. In terms of quality, BIS standards in place to conduct tests to check if we are getting access to safe water.

3. SDG has 16 indicators on WASH and Ministry of Statistics and Programme Implementation runs the SDG tracker for India and they collect data from secondary sources such as JM dashboard, SBM – G dashboard, data from Ministry of Jal Shakti and accordingly water services indices are constructed to rank states/districts. National Indicator Framework is an exercise conducted annually.
4. NSSO in their 78th round included 14 indicators on WASH. Urban Water Supply Scheme has 46 local action indicators on WASH.
5. Har Ghar Nal Ka Jal is a clean drinking water scheme for the State of Bihar started in 2016. Shift from handpump to piped water supply. Increased from 5% dependence on piped water to 90% dependence during the course of this scheme. The scheme for rural area is being implemented by PRD and PHED and covering around 8386 GPs. The scheme provides 70 lpcd / HH and the source is ground water. Communities are involved in the building, operation and management but DBOT is within a contracting system. Monthly charges are around 30 rupees per month (Re 1/day). Every HH was to have 3 taps connections (1 toilet + 1 kitchen + 1 other purpose) but it at least has 1 connection. Third party is involved in O&M with an emphasis on consumer satisfaction. Ward within GP is the implementation unit. Every stage of implementation is monitored using the ICT platform at all levels. There is also a central grievance redressal system with a time bound resolution. Plans to use IOT to get detailed data.
6. Professionalising WASH services in Panchayat being discussed at Ministry of Jal Shakti to promote solar based water pumping, IOT – sensor based to get to know residual chlorine level or leakage. 15th FC's 60% funds for WASH have helped this shift. Capacity building being initiated. From April onwards, series of trainings will be started.
7. GPs can engage an a) NGO specialised in WASH, private agency for O&M. b) retain O&M within GP but hire skilled manpower for the delivery of services. c) contract only for utilities / infrastructure creation – proposal by MoPR.
8. Ibrahimpur has a toilet in every HH and no open defecation. Every instance of open defecation will face a penalty of Rs 500/- as decided by the village committee. Monitoring committee Nigah set up to ensure it. No visible stagnation of water, no UGD. HHs's wastewater collected in soak pits without wastage. Soak pits are also available near public spaces. No breeding of mosquitos. No instances of fever and diarrhoea in 2019. 2 different dustbins to collect wet and dry waste at HH level. Battery operated vehicles will collect the waste every morning which would be taken for segregation. Wet waste is converted to vermicompost and used as fertiliser.
9. With training and guidance from UNICEF and SBM team, every HH is monitored and daily report is kept to ensure source segregation by village voluntaries and SHGs. Dry waste scrap is sold and revenue is generated for GP. Vermicompost is used in avenue plantation, nursery and prakriti venam and even some vermicompost is sold and revenue is generated. Nigah committee constitutes of Anganwadi teachers, ASHA workers. SBM and UNICEF team used to do visits in the outskirts of the village to stop open defecation. Eventually it became 100% ODF through regular monitoring. Conducted Mahagrama sabha where live demo of wet and dry waste segregation and on hand washing was shown. Personal hygiene awareness was created in schools.

b) The way forward

1. GPs to see if all HHs, Schools, Anganwadis and HCFs are receiving a) drinking water from an improved water source that is accessible on premises, is available when needed and free from faecal and priority chemical contamination. b) Improved sanitation facilities that are not shared with other HHs, excreta safely disposed of in-situ or removed and treated offsite. c) Availability of handwashing facility with soap and water at home.
2. Identify data gaps wrt to SDG in states, district and GP level on water quality, climate resilient WASH, WASH in HCF, WASH in Anganwadi and establish integrated systems, service level benchmarks, IOT, use of data management tools, mobile apps, etc. at GP level.
3. Designate and train staff at panchayat level to collect and analyse data and set up a grievance redressal system for communities to report on WASH services, data driven village action plans, Gram Sabha, VWSC meetings.
4. Relevant guidelines, frameworks, advisories should come from the national government for the states to prepare their framework which the GPs should adhere to.
5. If we are using third party for services then Govt. should put in place service level benchmarks and indicators to monitor their services.



[Link to Session Recording](https://www.youtube.com/watch?v=6-oOBfUlmzQ&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=17)

https://www.youtube.com/watch?v=6-oOBfUlmzQ&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=17

Technical Breakout Sessions on Cross-Cutting Themes

Role of PRIs in Improving Communication and Mobilisation at Village Level for Strengthening Sustainable WASH Behaviours and Environmental Health

DAY 3 | 25 FEBRUARY, 2022 | 04:00 PM - 05:30 PM

Moderator:

Ms Manjaree Pant, SBC Specialist, UNICEF Rajasthan Field Office

Context/ Problem Statement

Enhanced participation of communities is well acknowledged as a suitable development strategy in India. The progressive incarnations of water, sanitation and hygiene related flagship programmes of Government of India heavily bank on collective community action and ownership for improved outcomes, on a sustained basis. The programme resonates with ideas of a demand driven, socially inclusive planning, implementation and monitoring that considers local needs and priorities pertaining to safe water and sanitation practices.

An inclusive, participatory approach is indeed crucial in a country like ours where patriarchal, feudalistic norms substantially shape the rightsholders perspective and ability to demand services and entitlements. Communication that can empower and catalyze social & behaviours change holds the key. It is important to strategize on not merely the “what” to be communicated, but also “who” will say it for maximum influence for long lasting impacts.

Why PRIs are important for this issue?

For centuries, India has existed in its villages and Panchayats have enjoyed a social and cultural recognition and influence much before they were constitutionally mandated to deliver on 29 rural development activities in XIth Schedule. All rural water supply and sanitation schemes are to be operated and maintained by local bodies such as Gram Panchayats, and Village Water & sanitation Committees. A large part of the current Gram Panchayat Development Plan and funding is dedicated to water and sanitation objectives, with an inbuilt component of community participation. Inclusion of needs and aspiration of the villagers lies at the very core and hence communication and community engagement emerge as a critical initiative. With their immense influence, PRIs can potentially catalyze community mobilisation including the marginalized sections.

Gaps, Challenges, and Issues

On the ground, there are multiple challenges faced by Panchayats towards deliverance of a sustained, result centric community engagement. Poor capacities and understanding of the water and sanitation programme itself are primary bottlenecks. Skill building for communication and sustained community engagement in a rights-based approach, is negligible in a regular PRI capacity building programme, even in a best-case scenario. With limited resources for community engagement, most often, Panchayats are relegated to acting as implementing agencies of flagships. Often the interests of the most marginalized are left unaddressed as panchayats are unable to overcome strong social norms and hierarchies. The equity agenda, ironically, takes a hit.

What is the potential that we can gain with involvement of PRIs?

PRIs have the potential to render sustainability in many ways. When successful in community mobilization and communication, the longevity and maintenance of the shared resources and practices are ensured. Government flagships can safely handover the facilities and services to the public, the right holders themselves as the real custodians of these resources. Environmental sustainability also gains a strong fillip given the optimal management of natural resources and practices of recycle, reuse, reduce and recover associated with WASH. Strengthened collective ownership, pride, and creation of new normal around WASH practices can be a natural result of improved communication and mobilization by Panchayats.

Speakers



Ms Manjaree Pant
SBC Specialist,
UNICEF Rajasthan
Field Office



Ms Manju Rajpal
IAS
Secretary, Govt. of
Rajasthan



Mr R.K Sama IFS
(Retd)
Trustee, Shroff
Foundation Trusts



Mr Ajit Fadnis
SBC Director,
PriMove



**Mrs Kavita
Upadhyay**
District Coordinator

Context

1. Government program or schemes always are better implemented when community have ownership of the same. Similarly, PRI has a huge role to take this forward being local government. Even though they have been positioned or looked at like an implementing agency.
2. Community led inclusive planning process should be strengthened where CSO can take important role. Along with this, both community, PRI should have transparency about allocation of funds. Then only joint plan can be more effective and PRI can be made more accountable to their role.
3. Comprehensive capacity building of PRI along with community can help both to work in synergies. Capacity building is needed as many technical aspects are part of the program like SLWM. Without thorough understanding of this, comprehensive planning cannot be done, neither it can be implemented.
4. How the most disadvantaged community can demand for water and look into this as their right.

Challenges

1. Community led approach is important but It does not come in action by a day. Hence specific flexible planning is needed.
2. Convergence of different departments is the need of the hour. Working on WASH requires support from other line departments as many schemes related to WASH are with other departments. Though the government started working on the same, yet convergence is a big question.
3. Periodic monitoring of PRI along with other line department is not place. Only periodic monitoring and feedback make them perform effectively.

Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. Emphasising on selection of natural leaders from the community is one of the solutions as the person can be accepted by the community and can demand on behalf of the community on WASH and other issues.
2. Women should be part of the Gram Sabha in reality not the way it is in places. They also need support to raise their voice. Hence, capacity building of women group at their own context could bring change in WASH scenarios. Here flexible role of CSOs is important.
3. Strong monitoring and feedback mechanism for all line departments could make them more accountable. Along with monitoring, feedback mechanism and result based appreciation process could make PRI more effective.
4. PRI should expand its own committee so that they can reach more effectively to the community.

b) The way forward

1. Decentralization of power in PRI structure. PRI is a system but at many places, it is only the “Sarpanch” who takes call for everything. Here power decentralization and more representation of the community is required for better progress of work.
2. Monitoring and performance-based indicator can be developed by the government and this should be implemented comprehensively.



[Link to Session Recording](https://www.youtube.com/watch?v=l0_JQ-ga-e4&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=18)

https://www.youtube.com/watch?v=l0_JQ-ga-e4&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=18

Strategies for Disability, Gender, Equity and Inclusion in WASH Programmes at PRI Level

DAY 3 | 25 FEBRUARY, 2022 | 04:00 PM - 05:30 PM

Moderator:

Mr Anurag Gupta, State Programme Director (Odisha & West Bengal), WaterAid India

Context/ Problem Statement

Gender equality and social inclusion are the key factors for sustainable development. Socially excluded groups have the right to access safe, improved, and affordable WASH facilities at home, in the community and in institutions. Although there is progress in providing access to WASH services for all, women and girls and persons with disabilities are still deprived to a large extent. A disability is a result of the interaction between a person with a health condition and a particular environmental context. Individuals with similar health conditions may not be similarly disabled or share the same perception of their disability, depending on their environmental adaptations. As per Census 2011, in India, out of the 121 Cr population, about 2.68 Cr persons are 'persons with disabilities' which is 2.21% of the total population.

Why PRIs are important for this issue?

Women, girls and persons with disabilities – specifically those who live in poverty are most affected when basic water and sanitation systems fail. Women and girls carry the bulk of the responsibility for collecting water and are exposed to the risks of harassment and violence. Walking long distances for water and/or to defecate in the open also put them at risk.

According to the joint report by World Health Organization and World Bank, "World Report on Disability and Rehabilitation" 2011, "Households with a disabled member are more likely to experience material hardship including food insecurity, poor housing, lack of access to safe water and sanitation, and inadequate access to health care" Furthermore, "people with disabilities have poorer health outcomes, lower education achievements, less economic participation and higher rates of poverty than people without disabilities".

Panchayati Raj Institutions have the responsibility as the duty bearers for provisioning of clean drinking water and safe sanitation services to the communities in their jurisdiction.

Gaps, Challenges, and Issues

It is of utmost importance that planning and designing of WASH facilities be done by keeping in consideration gender, social inclusion and disabilities. Women emerge as the worst sufferers due to non-access to facilities. Any intervention in the WASH is one size fit for all, this affects people with special needs most and despite having facilities at the door step, most are not able to access them. In addition to this, in some cases facilities are provided on socio economic and political clout which often lead to further marginalization.

What is the potential that we can gain with involvement of PRIs?

The 73rd constitutional amendment was brought to address the anomalies present in the local administration and to strengthen the process of governance at the grass-root level. This reform in the Panchayati Raj were made to address efficiency, openness, and accessibility of quality public services and to promote development with inclusion. It was also a response to the rising demand to create an institution to bring about 'inclusion' of the marginalised communities and groups. Considering the increasing political will towards WASH, all flagship programmes have potential scope for PRIs. PRIs play the pivotal role in better utilization of resources. From being within the community, they can better understand and address the needs of the different sections of society.

Many of the states have reservation of women for PRIs. Involving the elected representatives from disadvantaged sections can help in addressing their challenges in more appropriate manner.

It is a known fact that the construction of the facilities alone doesn't ensure its sustainability. Ensuring sustainability requires the concepts and facets of gender, disability and social inclusion be intertwined in the planning of these facilities. And this can be achieved to a large extent by involving PRIs. PRI being the local elected members have greater accountability towards each section of the community.

Speakers



Mr Anurag Gupta
State Programme
Director (Odisha
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WaterAid India



Mr Samir Ghosh
Director, Sodhana,
Pune



Mr Nitin Pawar
Director,
Rasikashraya
Sanstha Yavatmal



Ms Krupali Bidaye
Programme
Manager -
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Development
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Ms Vidhya Rajput
Social Activist
Mitwa Sankalp
Samiti Chhattisgarh



Ms Mona Dave
Lead Consultant,
Naz Foundation



Mr Rupesh Rathore
State Consultant,
Rajya Swachh Bharat
Mission Gramin ,
Chhattisgarh

Context

1. Gender Equality and Social Inclusion are key factors for social development.
2. Socially excluded groups have the right to access safe, improved, and affordable WASH facilities.
3. Individuals with similar health conditions may not be similarly disabled or share the same perception of their disability, depending on their environmental adaptations.

Challenges

1. It is of utmost importance that planning and designing of WASH facilities be done keeping into consideration gender, social inclusion, and disabilities.
2. Transgenders leave their jobs and schools because of exclusion when it comes to sanitation.
3. Sanitation-related rapes have increased substantially in the past few years.
4. When it comes to menstrual hygiene and facilities, women with disabilities and the transgender community miss out.
5. Dwarfism, intellectual disability (Autism Spectrum Disorder), multiple disabilities of vision and sensory, upper limb disability, etc. also miss out from the long list of focussed categories.
6. In some cases, facilities are provided on socio-economic and political clout which often lead to further marginalization.

Key takeaways

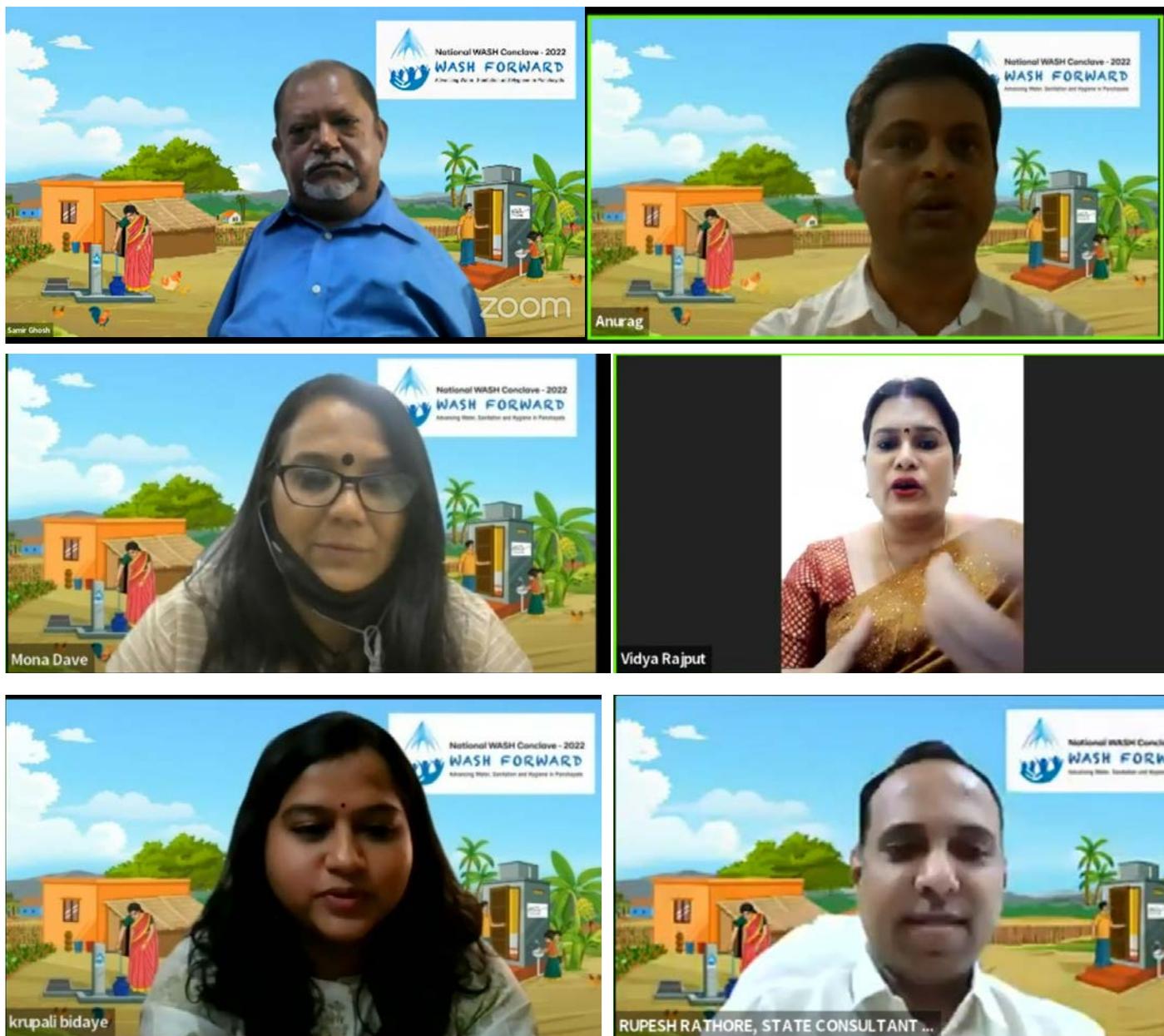
a) Solutions - Examples of what/ where/ how/ who

1. Modified gender-inclusive structures should be made taking into consideration different disabilities in mind.
2. Provision for the third gender and disable friendly toilets are very much required in highways and communities.
3. Swachh Bharat Mission (SBM) logo is gender-inclusive. This gives confidence to the marginalized section in government schemes. All WASH programs should follow this.
4. Design and implementation of a proper curriculum or awareness program by Panchayati Raj Institutions (PRIs) are needed.
5. Transgender people shall be allowed to use gender-based toilets as per their self-identified gender.
6. Panchayati Raj Institutions have the responsibility as the duty bearers for the provisioning of clean drinking water and safe sanitation services to the communities in their jurisdiction.

b) The way forward

1. Considering the increasing political will towards WASH, all flagship programmes have potential scope for PRIs. PRIs play a pivotal role in the better utilization of resources. From being within the community, they can better understand and address the needs of the different sections of society.
2. General awareness of the existence of so-called invisible groups should be the priority.
3. The very first step should be understanding the requirement of every social sector category. Further, sensitization is to be done category-specific & need specific.
4. Additional budgetary provisions should be there for marginalized social sector WASH facilities.
5. Provision for privacy and dignity of different individuals should be taken care of.

6. PRI leaders need to ensure that accessible and inclusive sanitation forms a part of the agenda of the Gram Sabha.
7. Adequate representation of persons with disabilities and transgender persons in Gram Sabha is needed and should be encouraged.
8. Awareness of “Barriers to Access Sanitation” should be one of the focuses for both the excluded groups.



Link to Session Recording

https://www.youtube.com/watch?v=ZkmWI1V78sY&list=PLQBfv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=19

How to Build Linkages of WASH Programmes with Sustainable Climate and Disaster Resilience Agenda at Panchayat Level

DAY 3 | 25 FEBRUARY, 2022 | 04:00 PM - 05:30 PM

Moderators:

Dr. Prabhakar Sinha, Wash Specialist, UNICEF Bihar Field Office

Ms Swathi Manchikanti, WASH Specialist, UNICEF India Country Office

Context/ Problem Statement

In 2019, India was ranked as the seventh most affected country due to climate change led extreme weather events – both in terms of the fatalities (2,267 people) as well as the economic losses (66,182 million USD). The impact of climate induced disaster, has been more severe in rural areas compared to urban counterparts due to poverty, limited infrastructures and access to meagre resources and health care services. Moreover, beyond economic consequences, climate change and environmental degradation has also impacted people's access to clean air and land, sufficient food, secure shelter, and safe water, sanitation and hygiene (WASH). Poor waste management - of plastics, faecal sludge, greywater, biowaste and other waste types – and limited investment in water conservation efforts and other resilient practices makes the existing challenges worse and reduces the resilience and ability of communities to withstand shocks.

Why PRIs are important for this issue?

The gram panchayat is the key local level institution responsible for the fulfilment of the community's aspirations with respect to overall development of the village. Hence, it is necessary that the PRI functionaries are i) well-conversant with their duties for ensuring access to safe WASH ii) capacitated and equipped for implementing resilience-building activities, and iii) are able to respond quickly to climate and environment-related shocks.

Proper climate adaptation depends on community planning and preparedness on a regular basis, irrespective of whether a disaster will strike. This could be achieved by integrating climate resilient WASH features into daily planning under the Gram Panchayat Development Plans (GPDs) as well as including the disaster preparedness and response mechanism under the Village Disaster Management Plans (VDMP).

Gaps, Challenges, and Issues

Limited institutional capacities, technical competencies and access to resources are preventive factors that hinder robust planning and successful implementation of programmes. While indigenous knowledge and practices of the rural community have a great potential in promoting the management of resources, these needs to be complemented by scientific understanding of climate change impacts and the adaptation practices that can go hand in hand with development planning.

What is the Potential that we can gain with Involvement of PRIs

Leadership from PRIs has the greatest potential for sustaining positive behaviour change and practices. Ensuring a bottom-up planning process, reflecting the needs and aspirations of the people, and including participation of women and children through Mahila Sabha and Bal Sabha would make building resilience more inclusive and equitable.

Through these measures, decentralised planning, accounting, implementation, and monitoring could play an important role in improving the coping capacity and enabling continued access to safe drinking water, clean sanitation and hygiene services. This in turn would lead to improved nutrition, reduced risk of diarrhoeal, cardio-respiratory and infectious diseases, and a secure living condition.

In this session, speakers will share experiences on how they responded to disasters, and will share recommendations for how PRIs and district officials can prepare their communities to withstand future shocks and environmental challenges.

Speakers



Dr. Prabhakar Sinha
Wash Specialist,
UNICEF Bihar Field
Office



Ms Swathi Manchikanti
WASH Specialist,
UNICEF India
Country Office



Ms Ritu Jaiswal
Mukhiya, Gram
Panchayat,
Singhwahini,
Sitamarhi, Bihar



Mr Binoy Acharya
Director, Unnati



Mr Salathiel Nalli
Emergency & Climate Change
Manager, UNICEF
Maldives



Mr Shekhar Singh
IAS, Collector
Satara

Context

In last one decade, there is an increase of 0.7% point in the temperature of India. Increase in frequency of drought can be seen clearly across India. In fact, people are facing many climate changes. India is on 7th position among 189 countries as far as extreme water stress is concerned. India is on 26th position among 163 countries as per index developed by UNICEF. Significant impact of climate and distress resilience leads to migration, poverty and health problem. The role of panchayat is important.

Challenges

Due to floods in Bihar, many villages disconnect from the outside world for 2-3 months and struggle for basic services like safe drinking water, toilet and health facilities. Flood is not the only climate issue rather people are struggling with drought conditions as well. Heavy rain and increase in temperature leads to these situations. Entire water distribution line gets destroyed, toilets filled with silt and waste. People struggle for safe drinking water and safe sanitation facilities.

In Satara district, where highest rainfall occurs in half of the area and rest struggles with drought prone area. The intensity of rain was higher in Navaja block where, about 16.41 TMC water was collected in Koyana Dam in 3-4 hours only. This quantity is equal to the requirement of 25 days of big city. As a result, 12540 families were relocated from 745 affected villages. Agriculture land was ruined due to accommodation of huge silt, road connectivity affected – internal and external, water supply destroyed. District assessed a loss of 23.19 crore on water supply structures.

Overall following points were highlighted on climate challenges:

- Life has increased the risk of disaster and it is more prominent in more developed countries.
- Decrease in precipitation leads to drought affecting life of agriculture as well as availability of drinking water. On the other hand, increase in precipitation leads to flooding and affect the WASH services – inaccessibility of water sources, pollution of well, flooding of sanitation system, waterborne diseases.
- Increase in the temperature leads to severe shortage of water and increase concentration of pollutants. Increase in temperature melting the ice, which impacts as sea level rises and change seasonality of water availability. Increase in temperature of 20C may flood the coastal area and if it increases up to 40C decrease, it affects availability of water - cases of diarrhoea can increase.
- There is no provision to quantify sanitation facilities under NDRF guidelines.

Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. Watershed approach was adopted to deal with flooding issue.
2. Emergency water supply through tanker was provided till the regular water supply system was made functional.
3. Role of panchayat is important in implementing appropriate toilet designs so that it can be easily cleaned and restored after flooding. Similarly, facilities of drinking water need to be designed in such a way so that quick restoration can be done post the disaster.
4. District administration has created rehabilitation centres or semi-permanent shelters for the affected families. Sanitation facilities was the challenge and without support of PRIs it was not improved.
5. Decentralisation of efforts and involvement of community and Panchayat has helped in addressing the drought mitigation works in Satara.

b) The way forward

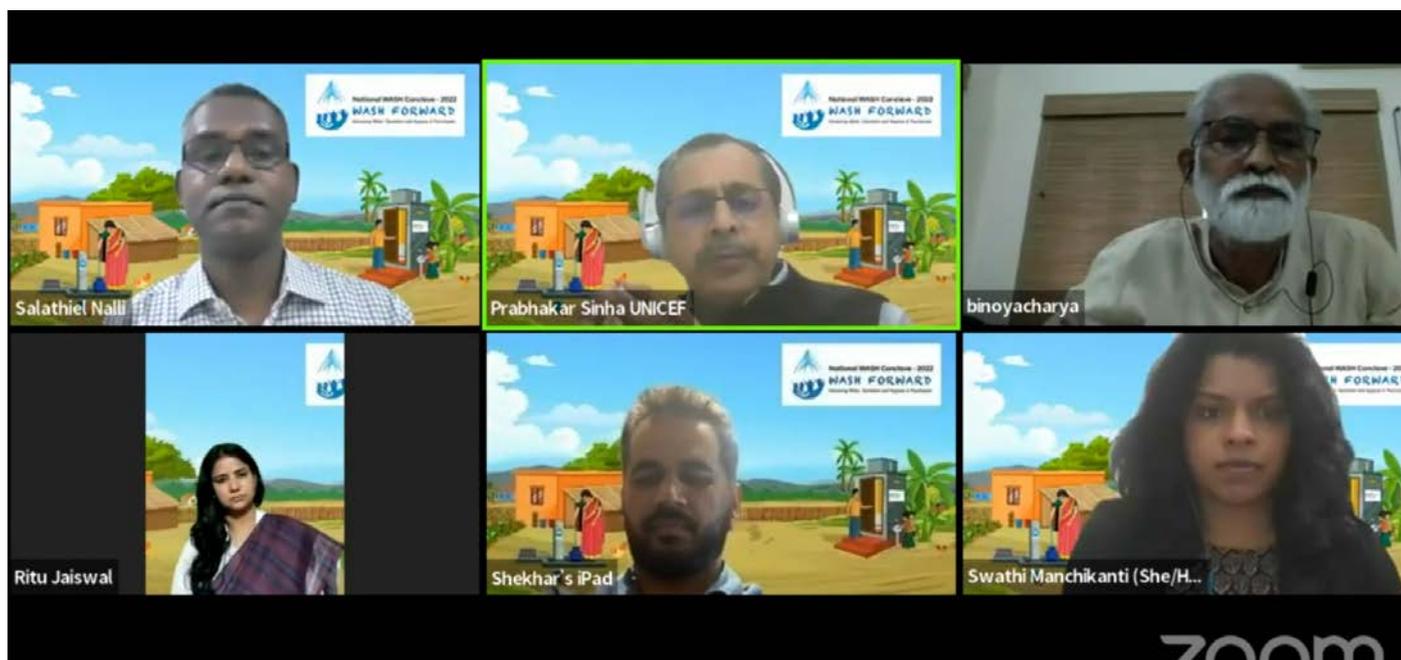
1. Bottom-up planning is required, one solution cannot fit in all the problems.
2. Build the understanding of community on early symptoms of climate change and risks. Understanding risk has to be a continuous process in local context.
3. Capacity building at GP on early risk identification, aligning resources on disaster resilience.
4. Understanding disaster governance.

5. Proper management of eco-system is equally important to minimise the impact of climate change. Carbon footprint should be minimized.
6. Risk hazards assessment need to be done along with GSI, ACWADAM, UNICEF and other concerned stakeholders.
7. Institutionalisation of preparedness process to deal with climate change issues.
8. To strengthen GPs, provision of untied funds need to be made available for maintenance and addressing climate change needs. The devolution of power – fund, function and functionaries is necessary decentralised.
9. Climate change and preparedness related curricular need to be part of formal education system.

Mr. Salathiel Nalli summarised session as under

There is a lack of clarity on the issue of climate resilient WASH relevant to GPs. In long-term, shift in temperate and weather patterns is a climate change. This can be natural and manmade. Human activities are the main driver of climate change, primary due to burning fossil fuels like coal oil and gas. On the natural climate changes, there is no control and only preparedness is the solution. On the other hands, manmade climate issues can be minimise through changing lifestyle. Some of the solution which panchayat can take are as follows:

- Maintained WASH infrastructure resilient to climate.
- During preparation of GPDP, climate resilient need to be included.
- Source sustainability related works can be carried such as RWH, water conservation, groundwater recharge, reviving traditional water bodies, afforestation.
- Awareness and sensitization on rational use of drinking water.
- Recycling and reuse of grey water at village level.
- Make appropriate WASH infrastructure like elevating the base of water tank and rising the plinth height of toilets etc.



[Link to Session Recording](https://www.youtube.com/watch?v=KsjAQ1I0C4c&list=PLQBFv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=20)

https://www.youtube.com/watch?v=KsjAQ1I0C4c&list=PLQBFv3OsIBrKQ_GqkmQ0F6regW1enmq9z&index=20

Ways for Developing Technical Human Resources for WASH at PRIs and Ensuring Safety of Sanitation Work in Rural Areas

DAY 3 | 25 FEBRUARY, 2022 | 04:00 PM - 05:30 PM

Moderators:

Mr Nitya Jacob, Coordinator, SuSanA India Chapter

Mr VR Raman, Policy Advisor, WaterAid India

Context/ Problem Statement

Rural water and sanitation programmes, Swachh Bharat Mission II and Jal Jeevan Mission, respectively, have become increasingly technical. The maintenance of infrastructure, treatment of solid and liquid waste, and planning and operating water supply schemes need a WASH corps at the local level with the ability to plan, execute, monitor and communicate with their communities.

Panchayats at the three levels have been tasked with the work and provided finances from the two missions, the Finance Commissions and other sources. Implementation Support Agencies (ISAs), KRCs, Swachh Bharat Mission secretariat, Rural Development Department and the Public Health Engineering (or the state equivalent) Department will provide technical support, oversight, certification of the yield and quality of water sources and management of wastewater, solid waste and faecal sludge. Similarly, the Health and Family Welfare Department supports the PRIs in health and hygiene-related issues. They are also expected to oversee the institutions such as schools, Anganwadi Centres and health facilities in rural areas. The session will look at the challenge of human resources in PRIs to meet these requirements; is it possible to have a "WASH Corps?"

Why PRIs are important for this issue?

The JJM guidelines state gram panchayats are responsible for in-village infrastructure development and management through VWSC/ Paani Samiti / User Groups, supported by PHED or ISA. The SBM II guidelines have entrusted PRIs with managing solid and liquid waste, toilet infrastructure and faecal sludge management. PRIs must support the execution by ensuring the availability of land, addressing concerns of the communities, monitoring progress and overseeing the payments. They are to prepare village action plans in consultation with the communities, ISA, PHED and DWSSM. However, there are insufficient human resources in PRIs at all levels, especially at the Gram Panchayats which is the primary interface with the populace. They rely on block or district level staff, and even ISAs, for all technical inputs. Currently, most states provide a secretary and the MGNREGS coordinator to panchayats, and sometimes the secretary is shared between several panchayats. Therefore, it is crucial to address the human resource needs for PRIs to adequately address WASH needs. This is a large-scale challenge. Coming to the issue of sanitation workers, few states have hired them on a contractual basis but are not able to provide them with the equipment or a regular salary. The SBM II guidelines have provisions to hire them using funds from MGNREGS. It is crucial to avoid the direct interface of these workers with faecal matter, which may amount to manual scavenging.

Ideally, each gram panchayat will need a panel of technically-qualified people who are available on demand. The waste treatment and water supply work will need continuous support that a local person can provide. For example, the operator of the piped water network must daily turn on and off the pump and valves, while checking for leaks. This person needs skilling in the job and regular remuneration. Additionally, materials need to be available when needed, which also seeks management and oversight. Several lakhs of swacchagrahis were trained under SBM-I. wherein there is a need to see if these and other educated people be organized into the WASH corps. Similarly, the PRIs need to engage sanitation workers, plumbers etc. for various WASH related tasks safely and sustainably.

How will this benefit PRIs?

Although the constitutional amendment for introducing 3-tier governments in rural areas is a 3-decade old reform, the discussion about strengthening PRIs as local governments is yet in an initial stage, in most states. Given this situation and the added load on PRIs due to the WASH-related responsibilities, the discussion about WASH human resource development and safety of sanitation workers can generate pathways for several state governments to think in this direction in a futuristic manner.

Gaps, Challenges, and Issues

- The sheer number and diversity of schemes will require a vast number of people to maintain them, as also assured funds and materials. These people will need continuous training and handholding from external agencies such as ISAs, while PRIs will have to ensure funds and materials. Making the job attractive for local, educated youth is a related issue.
- JJM and SBM II envisage the long-term engagement of PRIs as the elected body that is closest to communities, and therefore best able to manage the systems. But PRIs will need support at all stages of the water supply and sanitation project lifecycle and the continuous and timely release of funds.

- The DWSM, SWSMs and PHEDs are to provide technical and managerial support but there is no clear definition of roles and responsibilities as yet to them to support PRIs.
- The understanding of the need and positioning of sanitation workers in rural areas is yet an emerging concept, wherein there is a need to build clarity.
- Critically, PRIs need to work as equal partners in the two missions and other WASH-related issues else there is a risk of being reduced to contractors or worse, passive recipients of technical and financial assistance.

Speakers



Mr Nitya Jacob
Coordinator, SuSanA
India Chapter



Mr V R Raman
Policy Advisor,
WaterAid India



Ms Pragya Bhartiya
PMU, SBM
Govt. of Madhya
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Shri Saroj Kumar Dash
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Mr Om Prakash
WASH, CLTS, SLWM,
ODF ++ S trainer
and community
motivator



Mr Anshuman Karol
Lead, Local
Governance
Program, PRIA Delhi



Mr Devidas Nimje
Senior Programme
Officer, Chhatisgarh
Samarthan



Mr Sathyanarayana
Executive Director of
DDU-GKY, NIRDPR,
Hyderabad



Ms Natasha Patel
Executive Director,
India Sanitation
Coalition

Context

1. The Gram Panchayats are not homogenous - they are diverse in terms of size, population, geography, and terrain. Because of this, the issue of diversity is often discounted when formulating a standard procedure for the Gram Panchayat.
2. For over three decades, PRIs and their capabilities have continued to evolve. However, there are often more clashes of roles between these agencies due to a lack of capacity. This constant conflict of roles has led to a competency crisis in the Gram Panchayat's workforce.
3. The current state of Human Resources in Gram Panchayats reveal a minimal involvement of a Drinking Water Team, a Sanitation Team, a Hygiene and Behaviour Change Team, as well as a Regulatory Workforce for Water and Environmental Safety.

Challenges

1. Temporary/contractual employment arrangement of the frontline workers has severely affected the workforce, over the years.
2. No proper framework/regulation of the workforce has affected the flow of funding/remuneration of the frontline workers, at the Panchayat level.
3. Although the Gram Panchayat has the potential to successfully lead a mission, there isn't enough room or space for the PRIs to innovate or take ownership - there is a constant interference from the department.

Key takeaways

a) Solutions - Examples of what/ where/ how/ who

1. To involve technical agencies, SHGs and the swachhagrahis, at the Panchayat level, to strengthen large-scale interventions on liquid waste management and safe sanitation, with an added effort to make convergence schemes more transparent and accessible.
2. To encourage and influence the Gram Panchayat to take ownership of the large-scale interventions implemented at the village level. In addition to this, a long-term participatory method of mobilisation to be advocated to empower stakeholders at the community level.

3. The ISAs should announce a budgeting notice and give the Panchayats a potential scope to develop agendas and take ownership to establish a more flexible GPDP (Gram Panchayat Development Plan).
4. At the village level, since the number of infrastructures are increasing every day, using technical skills and expertise of the local people, by offering employment options, will add to the quality of standardising field level nodal agencies, thus building Panchayat-level capacity.
5. The Panchayat Level Cadres should be given the added responsibility to safeguard a sustainable Water and Sanitation Hygiene intervention at the community level, instead of outsourcing capacity building to other Government/Non-Governmental organisations.

b) The way forward

1. The Swachh Bharat Mission and the Jal Jeevan Mission need to have a clarity on their respective roles and activities. At the moment, the hierarchy of work of both these Missions have affected the rolling out of the respective department's ingenuities.
2. The District should use their existing technical human resources to establish and associate a cluster level technical team to supervise the works being done at the Panchayat level.
3. At the District level, a manpower agency should train the people and give the opportunity to the villagers to source their people to be trained, ensuring quality of work.
4. It is observed that 80% of the sanitation workforce are contractual females. There is an ominous need to ensure that the sanitation workforce is gender balanced with more permanent roles put in place.
5. There is a need to establish an O&M committee and traditional artisans at the Panchayat level to supervise maintenance works. This will ensure a participatory planning method and influence the Panchayat to take a lead on the works being done in their village.



Link to Session Recording

https://www.youtube.com/watch?v=b9ij3a-4I20&list=PLQBfv3OSIBrKQ_GqkmQ0F6regW1enmq9z&index=21

Valedictory Ceremony

DAY 3 | 25 FEBRUARY, 2022 | 05:30 PM - 07:00 PM

Special Address

Dr Roderico H Ofrin, Representative, World Health Organisation – India

Summary of the Conclave

Mr V K Madhavan, Chief Executive, WaterAid India

Call to Action and Way Forward

Dr G Narendra Kumar, Director General, NIRDPR

Key Reflections

Ms Vini Mahajan, Secretary, MoJS

Mr Sunil Kumar, Secretary, MoPR

Concluding Remarks

Mr Nicolas Osbert, Chief of WASH, UNICEF India Country Office

Ms Meital Rusdia, Chief, UNICEF Hyderabad Field Office

Closing Remarks

Mr Salathiel R Nalli, Emergency & Climate Change Manager, UNICEF Maldives (Moderator)

Words of Thanks

Dr R Ramesh, Associate Professor & Head, CRI, NIRDPR

Mr Venkatesh Aralikatty, WASH Specialist, UNICEF Hyderabad Field Office

Challenges

1. Perception of Panchayats as implementing agencies of government schemes and not as institutions of self-governance.
2. Inadequate investment in capacity-building of PRI and strengthening the Gram Panchayats (GPs) and Gram Sabhas.
3. Increase in demand for skilled personnel and insufficient human resources.
4. Challenge of adequacy and appropriateness of infrastructure, O&M in institutions.
5. Impact of the lack of menstrual hygiene facilities, and culture of silence around MHM and taboos .
6. Scale, economic viability, ease of maintenance, etc., especially with regard to SWM and LWM concerning sustaining of ODF status and achievement of ODF+.
7. Shift from considering WASH as an engineering problem to considering it as a social change process requiring participatory, inclusive, and decentralized processes.
8. Convergence between different departments for both JJM and SBM.
9. Conventional training solutions tend to be limited and the pedagogy needs change.
10. Need for clear standards & norms for WASH services, and data-gaps related to WASH in households, schools, health centres, Anganwadis, public facilities.
11. Need for monitoring and accountability framework to support PRIs in improved delivery of services.

Key takeaways

a) Solutions

1. Strengthening institutional capacities of GPs.
2. Capacity development requiring skilled trainers, robust training modules, techniques.
3. Clarity on roles, responsibilities of actors contributing and supporting PRIs. Support system for PRIs with technical support and information to help generate awareness.

4. Investment in building capacities of PRI representatives and strengthening GPs and Gram Sabhas.
5. Addressing skill gap at GP levels – WASH Corps, who are available, accessible, accountable.
6. Planning and design of WASH facilities and standards incorporating considerations of gender, social inclusion, and disabilities.
7. Access to safe drinking water.
8. Safe management of child-faeces to be part of guidelines for ODF and supported through SBM 2.0.
9. Incorporating and emphasising the importance of hygiene and in JJM and SBM programmes.
10. Encouragement of PRIs to facilitate O&M of WASH infrastructure.
11. Encouragement of locally designed and produced products for MHM with quality assurance and safe disposal of menstrual products.
12. Interlinkages with NRLM, National Skill Development Programme, Unnat Bharat Abhiyan.
13. Integrating climate resilient WASH, Water Quality Monitoring, SWM, LWM, need & maintenance of hand-washing facilities in GP development plans.
14. Supporting SWM through behaviour change, DPs/Block level panchayats, SHGs and service providers working in tandem.
15. Demystification and encouraging solutions that are decentralized with plans based on local context for LWM.
16. Change management in perception of PHED/RWS of their roles and reimagining of panchayats as rural utilities.
17. Broad-base participation, demand generation, equity and accountability as part of efforts to strengthen Gram Sabha.
18. Integration of WASH service provisions with health and disease containment.
19. Need for a state-level policy and implementation roadmap to strengthen PRIs; service level benchmarks and key performance indicators and clear standards and norms for WASH infrastructure.
20. Encouragement and facilitation of Panchayats through appropriate policies to develop their own sources of revenue, critical for any independent institution.
21. The participation of women and their leadership to be encouraged, supported, and enhanced.
22. A clear role for civil society organizations needs to be evolved – support PRIs in building their capacities, to provide technical support, generate demand, and facilitate last mile coverage and inclusive service provision.

b) The way forward

1. Capacity building in systematic and sustainable way to reach all GPs.
2. Continuous support to GPs through WASH Resource centre.
3. Adoption of Model bylaws.
4. Continual monitoring and taking corrective measures.
5. Operation and maintenance – generation of resources by Panchayats.
6. Involving SHG MEs for SWM and JJM maintenance though contracting out.
7. Overall improvement in Panchayat governance.
8. Services based Citizen-Water delivery as per service standards.
9. Convergence with Rural Development programs.
10. The Union budget allots 60,000 crores for this year towards Water and Sanitation. Complemented by grants from the 15th Finance Commission, would amount to around 1,15,000 crores. We would additionally also have resources from the state governments.
11. The following measures were stated by NIRDPR, to be undertaken at different levels:

Local Government (GPs) measures

1. Support GPs in developing participatory long-term and annual WASH plans integrated within the Gram Panchayat Development Plan (GPDP) and ensure that same is reflected in e-Gramswaraj portal.
2. Enhance capacities of GPs, Village Committees and local WASH professionals which are adequately equipped, trained and incentivized for optimal performances on scaling up and sustaining comprehensive WASH service delivery.

3. Support GPs in the promotion of revenue generation models around community sanitary complexes, solid and liquid waste, safe drinking water and other WASH services.
4. Facilitate GPs to understand, adhere to and comply with service level benchmarks and the professionalization of WASH services as per government guidelines.
5. Support GPs in implementing regulations to protect the welfare and dignity of sanitation workers and incentive systems for VWSCs and water quality surveillance committees to sustain their interest, and engagement in the respective activities as per guidelines.
6. Support GPs and Village Water and Sanitation Committees (VWSCs) to establish and implement a robust water, sanitation, and hygiene monitoring system focusing on feedback loop to communities to promote WASH enlightened citizens, and grievance redressal mechanisms.
7. Facilitate PRIs in integrating infection prevention and control through WASH services for COVID-19 and other transmissible diseases in all existing programs including safety protocols in Schools, Anganwadis and Health centres with a constant focus on improving public health.
8. Support GPs in developing and adopting context specific strategies and approaches to meet the special WASH needs of women, children, differently-abled persons, transgender communities and other vulnerable communities at household and institution level, ensuring that no one is left behind.
9. Equip each GP with at least one trained technical resource person and trained local service providers to assist GPs in management of various WASH services.
10. Support and engage GPs to take responsibility for WASH services in all institutions such as Schools, Anganwadis, health facilities and public places.

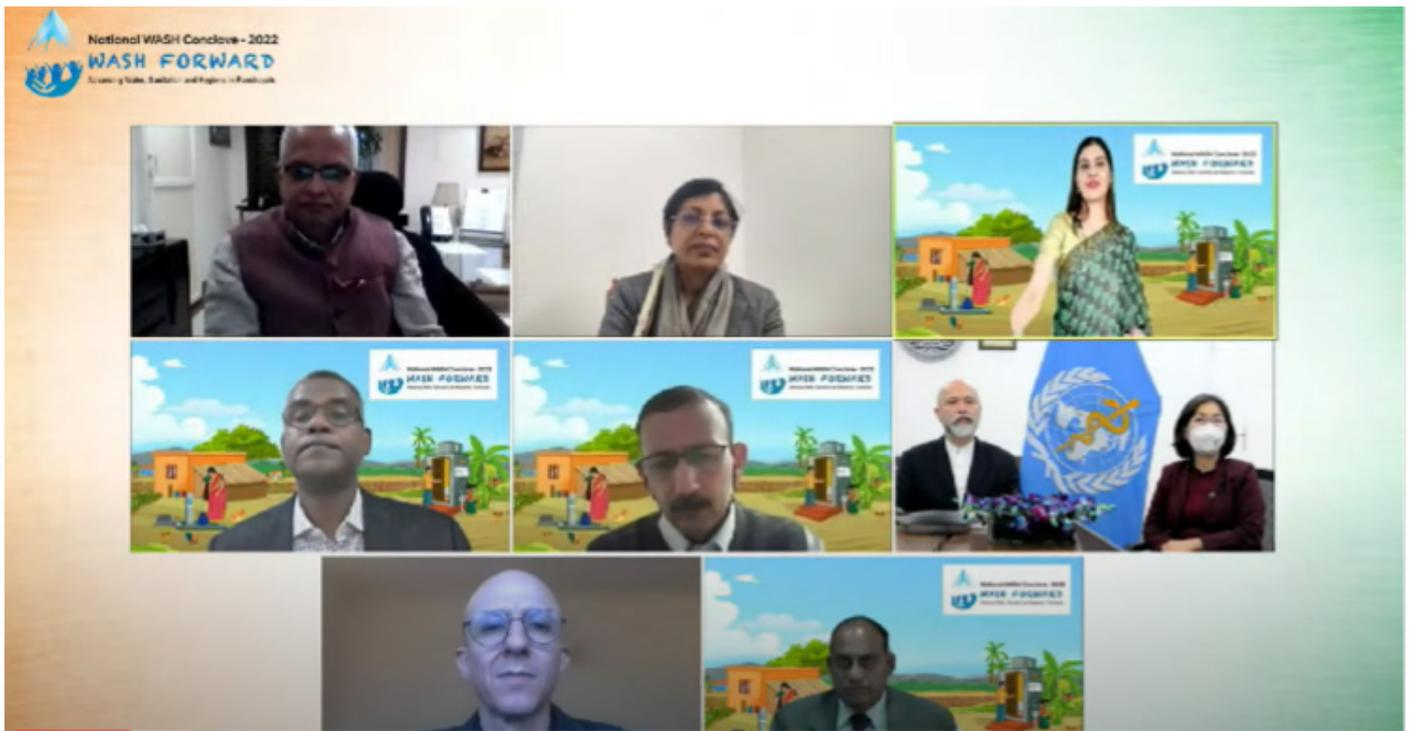
District and Sub-District Measures

1. Activate district and sub-district Water and Sanitation committees, including WASH sub-committee in District planning committee for improved convergence and implementation.
2. Establish effective systems for pooling financial resources for WASH from various sources of funds available at district, block and GP levels, including for collective multi GP efforts.
3. Districts to identify and engage Sector specialists, Master Trainers, Government and Non-government support agencies to provide continuous handholding support to GPs.
4. Hold regular trainings of field functionaries and frontline staff from relevant departments, Key Resource Centers, NGOs, etc., to facilitate GPs for effective implementation of WASH programs.
5. Every district to establish WASH Helpline to provide services of technical hands such as masons, plumbers, pump operators and electricians and make them available to GPs.
6. Undertake periodical district specific communication campaigns to create a Jan Andolan for WASH with the support of elected members, Media, Key Resource Centers, PRIs, CBOs, community leaders etc.
7. Establish and strengthen Grievance redressal systems including strengthening of relevant Quality control units to address complaints.
8. Support GPs in establishing flexible and performance based contractual processes to scale-up the engagement of WASH professionals and service providers — including Civil Society Organizations for the delivery, operation and maintenance of WASH facilities and services.

National and State level measures

1. Prioritize the above measures for GPs and districts within Annual Implementation Plans and budgets, ensuring accountability for the same through adequate performance monitoring systems.
2. Establish and apply comprehensive service level benchmarks and regulatory framework for WASH services in rural areas including institutional arrangements at national, state and district level for monitoring compliance.
3. Orient officials of various Institutions and decision makers on change management with accountability for sustainable and equitable WASH services meeting the aspiration of communities, adaptive and innovative technologies, performance-based monitoring systems, identifying and addressing sector challenges/bottlenecks and solutions.
4. Support capacity enhancement of all State Institutes of Rural Development and other training institutions/ Key Resource Centres at state and district level for supporting training and handholding for WASH sector services as per Swachh Bharath Mission and Jal Jeevan Mission guidelines.
5. Coordinate, support and facilitate the engagement of Civil Society Organisations to participate in WASH service delivery, focusing notably on their added value for community mobilization and for equity, leaving no one behind.

6. Improve the coordination of state departments contributing to WASH services in communities, schools, Anganwadi centres, health facilities and public places, ensuring clarity of roles and responsibilities, evidence-based joint programme reviews, and cross-learning initiatives informed by enhanced knowledge management and dissemination.
7. States to ensure filling gaps on guidance needed for various WASH related initiatives at local level under Swachh Bharath Mission (Grameen), Jal Jeevan Mission and other programs.
8. States to support the development of GP bylaws for management of Solid and Liquid waste and ground water, environmental safety, gender, equity, integrating COVID management, disaster and climate resilience as well as support to GPs in implementing the same.
9. Conduct regular field assessment — including independent evaluations — to generate reliable evidence informing WASH programming and corrective measures for emerging issues and challenges.



NATIONAL WASH CONCLAVE 2022

WASH FORWARD

Advancing Water, Sanitation and Hygiene
(WASH) in Panchayats

Media Coverage



THE HINDU

HYDERABAD

Water is life, we must protect it, says Vice-President Venkaiah Naidu

Special Correspondent

HYDERABAD, FEBRUARY 23, 2022 09:40 IST
UPDATED: FEBRUARY 23, 2022 22:50 IST



Three-day national WASH Conclave commences

Vice-President M Venkaiah Naidu has urged citizens to protect water "for ourselves as well as for future generations", stating that 'jal hi jeevan hai (water is life)'.

The National Institute of Rural Development and Panchayati Raj (NIRDPR) and UNICEF, in collaboration with the Ministry of Panchayati Raj, the Ministry of Jal Sakthi, is organising a three-day national Water, Sanitation and Hygiene (WASH) conclave-2022, virtually, from February 23 to 25, in which development partners from across the country are gathering online for knowledge exchange and action on WASH-related issues.

Trending in Hyderabad

- Hyderabad Govt divides Telangana into 7 zones, 2 health zones
- Hyderabad Utkalite-returned students struggling to shake off war trauma
- Hyderabad Wings India to open on March 24
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- Hyderabad VC firm Acel India invites applications from startups

<https://www.thehindu.com/news/cities/Hyderabad/water-is-life-we-must-protect-it-vice-president/article65077662.ece>

ThePrint

Tuesday, 22 March, 2022

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Vice President underlines importance of safe drinking water, sanitation

Hyderabad, Feb 23 (PTI) Vice President M Venkaiah Naidu on Wednesday underlined the importance of basic amenities like safe drinking water and sanitation in preventing diseases and contributing towards the overall well-being of people.

Addressing the National Water, Sanitation and Hygiene (WASH) Conclave-2022 after inaugurating it virtually, he cautioned that with the flattening of COVID pandemic curve, people should not lower their guard and should continue with the practice of washing hands frequently, an official release said.

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Addressing the National WASH Conclave-2022 after inaugurating it virtually from Chennai, the vice president said children should grow up in an environment that is healthy — physically and emotionally.

Written by **UNI**
February 23, 2022 8:30:00 pm



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THE NEW INDIAN EXPRESS

Home States Telangana

Venkaiah Naidu for sustainable WASH campaign

Naidu spoke about the need to strengthen gram panchayats to ensure last-mile delivery of clean drinking water, sanitation, health, and hygiene.

Published: 24th February 2022 05:07 AM | Last Updated: 24th February 2022 05:07 AM



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Venkaiah Naidu inaugurates WASH conclave

February 23, 2022, 8:06 pm

Hyderabad, Feb 23 (UNI) Vice President M Venkaiah Naidu on Wednesday inaugurated a three-day virtual conclave on Water, Sanitation and Hygiene (WASH) organised by the National Institute of Rural Development and Panchayati Raj (NIRDPR) and UNICEF, in collaboration with the Ministry of Panchayati Raj, the Ministry of Jal Sakthi. Speaking on the occasion, Naidu said Water and Sanitation is a significant sector because any progress we make in this one sector has

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NATIONAL WASH CONCLAVE 2022

WASH FORWARD

Advancing Water, Sanitation and Hygiene
(WASH) in Panchayats

Photos from the Selfie Booth



National WASH Conclave - 2022
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NATIONAL WASH CONCLAVE 2022

WASH FORWARD

Advancing Water, Sanitation and Hygiene
(WASH) in Panchayats

Mentors, Organizers and Contributors



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S.No	Name	Designation	Organisation
1	Chair	Dr G Narendra Kumar, IAS	Director General NIRDPR
2	Co-Chair	Mr Nicolas Osbert	Chief of WASH, UNICEF India Country Office
3	Member	Ms Meital Rusdia	Chief UNICEF Hyderabad Field Office
4	Member	Dr Chandrasekhar Kumar, IAS	Additional Secretary Ministry of Panchayat Raj and Rural Development
5	Member	Mr Arun Baroka, IAS,	Additional Secretary Ministry of Jal Shakti
6	Member	Mr Sujoy Mojumdar	WASH Specialist UNICEF India Country Office
7	Member	Mr V K Madhavan	Chief Executive WaterAid India
8	Member	Dr Ramesh Rengaswamy	Associate Professor & Head Centre for Rural Infrastructure, NIRDPR
9	Member	Mr Venkatesh Aralikatty	WASH Specialist (OiC) UNICEF Hyderabad Field Office

Organizing Committee:

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2	Co-Chair	Mr Sujoy Mojumdar	WASH Specialist UNICEF India Country Office
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7	Secretary	Ms Geetha Krishna Saraswatula	Knowledge Management Consultant UNICEF Hyderabad Field Office
8	Secretary	Ms Shaili Jasthi	WASH Consultant UNICEF Hyderabad Field Office

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12	Sarbjeet Singh	Head Finance	Ibentos
13	Kartick Maji	3d Visualization	Ibentos

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5	Ms Purnima Nigam	Design - Conclave Report
6	Mr Madhavan Lakshmikummar	Design - Conclave Report



My Idea of village Swaraj is that it is a complete republic, independent of its neighbours for its own vital wants and yet interdependent for many others in which dependence is necessary.

- Mahatma Gandhi

