India has pledged to achieve the Millennium Development Goal of providing total drinking water and sanitation coverage, not by 2015 as proposed by the United Nations, but by 2010. If this promise is to be kept, as Mr. Palat Mohandas, Secretary, Department of Drinking Water Supply, Government of India (GoI) says, conducting “business as usual” is not enough and a “totally new direction to the water and sanitation sector is required”.

The reform initiative in the rural drinking water supply sector was scaled up to cover the entire country with the launch of Swajalshara in December 2002. However, the challenge being faced in the reform process is how to devise measures to sustain and stabilize sector reforms. The experience of implementation of pilot projects has shown that state governments must play a more proactive role in providing an enabling environment for reform initiatives, and that clear vision statements with specific road maps for action need to be drawn up. The release of funds to the states cannot continue without reciprocal liability and it was felt that the states should take the primary initiative in the new (reformed) structure. Moreover, the institutional and financial arrangements between the GoI and the states, especially with regard to capacity-building and the involvement of local institutions, need to be formalized.

It is in this context that a draft Memorandum of Understanding (MoU) has been prepared, to be entered into by the GoI and individual states, which would facilitate a partnership by outlining specific responsibilities, initiatives and targets to be finalized after mutual consultation. The MoU would include an agreed action framework for implementing the reform initiative in a time-bound manner and formalize funding arrangements with the GoI as well as external support agencies.

The MoU is proposed to be a state-specific document, which would take into account the requirements of individual states, particularly with respect to system and source sustainability, water quality, and the strengths and weaknesses of institutional structures. As a first step in preparing the MoU, the states would be required to prepare a detailed assessment of the status and challenges being faced in the
Poor sanitation and infant mortality are closely linked. Each state would draft a Vision Statement with its projections in terms of targets as well as funding and other needs, thereby providing a comprehensive policy framework for action.

The MoU takes the Swajaldhara and Total Sanitation Campaign (TSC) guidelines forward, building on the demand-responsive approach of these programs. The Draft MoU stipulates a set of non-negotiable clauses, which include initiating measures to ensure that the reform program is based on:
- Community participation, with a decision-making role for community bodies
- Partial sharing by the community, through cash and/or kind, in capital costs of schemes
- Full responsibility for operation and maintenance (O&M) by users
- Local government or panchayati raj institutions (PRIs) to have legal ownership of public drinking water and sanitation assets
- Progressively moving from a low subsidy to a no-subsidy regime (for TSC only)
- Progressive integration of drinking water, sanitation, health and hygiene programs.

The Draft MoU stipulates financial incentives for signatories, including rewards for timely and effective implementation of commitments under the MoU, preparatory grants, and contribution by the GoI to the institutional restructuring fund. States will also be allowed the flexibility to use ARWSP funds to implement MoU commitments, and supported in arranging external funding and other assistance. The commitment of the GoI and the states to the Action Plan would ensure the predictability of funds flow for the duration of the MoU.

Disincentives for states are mainly financial. Not signing the MoU would result in a 25 percent annual reduction in Swajaldhara funding, and eventually the phasing out of all funding under the program by the end of the Tenth Five-Year Plan.

Negotiable clauses of the MoU

The negotiable clauses of the Draft MoU can be categorized into three broad areas:
- Those covering the policy framework include:
  - Concrete goals for the Tenth and Eleventh Five-Year Plan periods, in the Vision Statement; and
  - Annual Action Plans to achieve these goals.
- Those covering the institutional framework include:
  - Commitment to specific steps to transfer power (funds, functions and financial and other decision-making authority) to PRIs, including capacity-building steps; and
  - Establishment of independent monitoring and evaluation arrangements.
- Those covering the financial framework include:
  - An agenda for an ABC analysis of the existing and proposed schemes, including repairs required;
  - Commitment to sharing capital costs between the state and Central Government, PRIs and users;
  - Commitment to pooling funds for water and sanitation and health and hygiene programs from all sources, and progressively increasing the flow of funds to the sector; and
  - Setting up funds for O&M, institutional restructuring, quality improvement, and system and source sustainability.

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SANISAT

Poor sanitation and infant mortality are closely linked

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage of population without access to improved sanitation</th>
<th>Estimated number of children dying annually from poor hygiene</th>
<th>Total population (2003)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>88</td>
<td>48,000</td>
<td>28,766,000</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>52</td>
<td>21,000</td>
<td>138,066,000</td>
</tr>
<tr>
<td>Cambodia</td>
<td>83</td>
<td>10,700</td>
<td>13,404,000</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>88</td>
<td>95,500</td>
<td>68,613,000</td>
</tr>
<tr>
<td>India</td>
<td>72</td>
<td>519,500</td>
<td>1,064,398,976</td>
</tr>
</tbody>
</table>

SOURCE: ANON, 2004, LISTENING, WATER SUPPLY AND SANITATION COLLABORATIVE COUNCIL, SWITZERLAND * WORLD BANK ESTIMATES
NEW MINISTER FOR RURAL DEVELOPMENT

Dr. Raghuvansh Prasad Singh has taken over as the new Minister for Rural Development, Government of India.

SCHOOL SANITATION AND HYGIENE EDUCATION SYMPOSIUM 2004: THE WAY FORWARD – CONSTRUCTION IS NOT ENOUGH

Some 50 participants attended the global School Sanitation and Hygiene Education Symposium held in Delft, the Netherlands from June 8-10, 2004. The symposium was jointly sponsored by the Water Supply and Sanitation Collaborative Council and UNICEF.

The symposium provided an international platform for a range of professionals, including water and sanitation managers, field practitioners, social scientists and policy-makers, to share lessons on ways to take school sanitation and hygiene education forward. A wide range of issues were discussed through presentations and case studies such as water quality, key challenges in school sanitation programs and possible solutions. Policy-related issues, aspects of appropriate hardware and gender issues were also highlighted. A follow-up electronic discussion forum is scheduled later for those not able to attend the symposium.

A newsletter jointly produced by:
Rajiv Gandhi National Drinking Water Mission
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Jalvaani is a forum for the exchange of ideas and experiences on rural water and sanitation issues. We welcome your contributions on initiatives in this sector. Please send short write-ups of approximately 300 words to these addresses:
WSP-SA, 55 Lodi Estate, New Delhi 110 003
Tel: 24690488-9; Fax: 24628250;
e-mail: wspsa@worldbank.org
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e-mail: jstm@water.in.nic.in; ddarwsp@water.in.nic.in

This newsletter aims at communicating key themes and messages on water and sanitation to different stakeholders in India. It is supported by the UK Department for International Development (DFID).

Rakesh Behari
Joint Secretary and Mission Director
Rajiv Gandhi National Drinking Water Mission
Government of India

The Department of Drinking Water Supply is committed to achieve Millennium Development Goals in rural water supply and sanitation by 2010. To accelerate the reforms process, the Central Government will enter into state-specific Memorandums of Understanding to define responsibilities for the time-bound implementation of programs.

At the same time, effective implementation would need to involve the concerned stakeholders. Recognizing that women can play an important role as change agents, women representatives of local government in Andhra Pradesh were sensitized to the need for total sanitation at the community level.

The national monitoring and evaluation (M&E) system to track the progress of sector reforms across the country has been adjusted to incorporate features of the Swajaldhara program. The system has been operationalized in four pilot states and is being thematically expanded to include sanitation, which would rationalize M&E costs.

While the Total Sanitation Campaign is under way in several districts, little is known about the impact of the program on the health of the community. The findings of an evaluation study in three districts in Maharashtra would have implications for scaling up sanitation programs in other parts of the country.

A new thrust area in the Total Sanitation Campaign is the promotion of school sanitation and hygiene education (SSHE) across the country. The Rajiv Gandhi National Drinking Water Mission, in collaboration with UNICEF, is publishing a manual on SSHE with comprehensive information on health and hygiene and design options to facilitate the implementation of the new strategy across the country.

Nanded district in Maharashtra has seen the successful implementation of sector reforms with the active involvement of the community. The Zilla Parishad President shares his experiences in this issue of Jalvaani.
Involving women stakeholders in improving sanitation

Upscaling the Total Sanitation Campaign in Andhra Pradesh

A unique approach has been adopted in Andhra Pradesh to strengthen the implementation of the ongoing total sanitation program. It recognizes that women are critical stakeholders and assigns a key role to women representatives in local level bodies in mobilizing communities, particularly women, to demand the provision of sanitation facilities.

A state-level convention was recently organized to bring together for the first time more than 360 women representatives from various tiers of local government. The convention was organized by the Panchayat Raj and Rural Development department/State Water and Sanitation Mission, Government of Andhra Pradesh. Technical support was provided by Water and Sanitation Program-South Asia and UNICEF.

The convention highlighted the critical role that women can play in promoting sanitation and the need to create an enabling environment by enhancing the participation of women representatives. It also aimed to sensitize participants to the importance of viewing sanitation holistically and to recognize the importance of their own involvement in promoting the Total Sanitation Campaign. Critical inputs were sought on how people’s representatives can play a more effective role in improving the provision of drinking water and increasing sanitation coverage. A range of low-cost technology models were on display to popularize the use of cheaper sanitary options.

Several constraints and challenges in implementing the sanitation campaign were identified. Participants particularly highlighted the limited involvement of women in decision-making and the lack of sensitivity to women’s needs. Other constraints were the lack of involvement of Gram Panchayats, NGOs, self-help groups and the community in on-going programs, non-availability of sanitation hardware in the village, and a shortage of trained masons and availability of low-cost options.

The need to bring about attitudinal and behavioral change in the community through an appropriate IEC campaign was stressed. IEC would need to motivate communities to move away from open defecation and adopt more hygienic sanitary practices. Village-level action plans would need to be prepared and discussed at Gram Sabha meetings.

The critical need for involving elected women representatives at the local level in program implementation throughout the project cycle, including in project design, was recognized. A resolution was drafted to achieve better sanitation coverage, which was endorsed by all the women participants, reflecting the spirit of the convention.

For further information, contact:
Commissioner, PRED, Government of Andhra Pradesh, Hyderabad
An M&E system for effective implementation

In October 2002, the Rajiv Gandhi National Drinking Water Mission (RGNDWM), in collaboration with the Water and Sanitation Program-South Asia (WSP-SA), initiated the design of a comprehensive monitoring and evaluation (M&E) system to assess the status of implementation of reforms in the rural water supply sector across the country (Jalvaani, Vol. 5, No. 2, July-October 2002). The system is intended to track the progress and the processes of the reform program, build on the existing reporting and review mechanisms currently in use, and integrate quantitative and qualitative information into a Performance Index Card. The system would strengthen the linkages between the project management at the state and district levels.

With the scaling-up of sector reforms across the country and the launch of the Swajaldhara-Gram Hamara program in June 2003, the design of the M&E module has been modified to meet the operational requirements of the new guidelines.

The design of the Swajaldhara module was approved in September 2003 and the revised national M&E system was commissioned in December 2003. The steps included installation of the software application on the RGNDWM server, initializing the database with Census 2001 data from two pilot states (Uttar Pradesh and Tamil Nadu) and training the officers-in-charge (M&E coordinators and DEOs) in the four pilot districts (Lucknow and Sultanpur, Kancheepuram and Thiruvallur).

The Swajaldhara module was operationalized in Uttar Pradesh and Tamil Nadu after the activation of the web interface in January 2004. This included finalizing the management organogram and creating user-names, initializing the database with Habitation Survey 2003 data from the four pilot districts, and training state officers on periodic reviews and district officers on community monitoring.

The module has been further extended to four pilot districts in Andhra Pradesh (Ananthapur, Prakasam, East Godavari and Medak) and four pilot districts in Maharashtra (Buldhana, Osmanabad, Nanded and Dhule). M&E coordinators and DEOs will be given initial training in July 2004. The system will be commissioned in Maharashtra in July 2004 and in Andhra Pradesh in August 2004.

With a view to reducing M&E requirements, effort and costs, the scope of the M&E system for rural water supply has been expanded to include coverage of the Total Sanitation Campaign. An integrated M&E structure would result in a unified project management and implementation structure, which would facilitate the delivery of reforms and improve the health environment of the community.

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Evaluating community response

A study of the impact of the Total Sanitation Campaign in Maharashtra

The Total Sanitation Campaign seeks to improve health and the quality of life in villages by enhancing sanitation coverage and promoting hygienic practices through community participation. To assess the impact of the program, a rigorous evaluation of the campaign is being conducted in Maharashtra. The study seeks to examine whether the provision of information and technical support alone, without financial subsidy, can mobilize community action for sanitation and lead to the ultimate objective of improved health status. Three districts – Ahmednagar, Nanded and Nandurbar – have been chosen on a random basis to enable comparison of control versus intervention areas and study the impact of the campaign in real terms.

Several indicators will be examined and appropriate measurements taken at the community and individual level in the three districts. Community adoption of improved sanitation behaviors will be assessed in terms of the extent to which beneficiaries organize into groups and committees following exposure to information on hygienic sanitation. Efforts to ensure sustained and total compliance to eliminate open defecation will be reviewed. Individual behavior change would also be studied to see whether people use improved facilities or at least adopt fixed point defecation habits and better hygienic practices.

The outcomes of the campaign would be measured at the household and village level. These would be in terms of reduction in fecal matter in the village and contamination of water supply, people’s satisfaction with the convenience and privacy of their personal hygiene, and improved health including the incidence of fewer bouts of diarrhea among children and whether people spend less time and money on seeking medical attention. The general characteristics of the village will also be assessed including soil conditions, availability of water and the physical layout of the village, which could have implications for the provision of appropriate and cost-effective latrines and the demand for better sanitation facilities.

To evaluate the impact of the program, household and community surveys will be conducted at baseline, before the program is adopted, and repeated every six months for two years. As far as possible the same households will be interviewed to track behavior change and to ensure a substantial sub-sample.

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Towards a healthy future
A manual on water supply, sanitation and hygiene education for schools

An innovative strategy for sanitation coverage included in the new Total Sanitation Campaign guidelines is the promotion of school water supply, sanitation and hygiene education (SSHE), with a special focus on gender and poverty. Under the guidelines, it is envisaged that by 2005-06, all rural schools will be provided with hardware facilities for water supply and separate latrines for boys and girls with hand-washing facilities. Promotion of health and hygiene activities will be taken up simultaneously.

The SSHE strategy recognizes the potential of children as effective positive change agents. Providing information on health and hygiene as well as the necessary hardware facilities encourages children to develop healthy habits in school and adopt hygienic behaviors, which can have a far-reaching impact on their health. This, in turn, will influence behaviors at home, in the family and the larger community, and eventually lead to a demand for improved sanitation. Schools are effective demonstration centers to bring about positive and sustained behavior change and can serve as a community model for improving the health and environmental situation.

With the existing huge network of schools and school-going children, the SSHE strategy would precipitate achieving the goal of total sanitation.

For SSHE to be effectively implemented, it is necessary to clearly work out the institutional arrangements and inter-sectoral linkages between the concerned Government departments such as Education, Health, Panchayat and Rural Development, PHED, Women and Child, Tribal and Social Welfare, external support agencies and NGOs at the state and district level.

The Government, with support from UNICEF, has made available an information and resource manual detailing the key elements of the SSHE program, which includes information on design norms and positioning of school and anganwadi toilets. Information has also been packaged on the need for good hygiene and its impact on health, and consequently on school attendance. Principles for the installation of toilets including elements of design, and the need for ventilation, light, ease of access, sensitivity to gender needs, availability of water and privacy have been emphasized.

The SSHE has two components: hardware and software. The hardware component covers an integrated package including the provision of drinking water, handwashing and sanitary facilities in and around the school compound. The software component includes health and hygiene activities aimed at promoting hygienic conditions and practices in schools to prevent water and sanitation related diseases. Each component has specific activities to be carried out at both the planning and implementation level.

The manual is available at www.ddws.nic.in
Nanded has been a successful example of implementation of sector reforms in Maharashtra. What are the major factors that have contributed to increasing access to drinking water in this district?

Valuable contributions from members of the District Water and Sanitation Mission (DWSM), Zilla Parishad, Panchayat Samiti and the communities implementing these projects have resulted in the success of the sector reform process in Nanded. The DWSM has appointed three NGOs to work in the villages that have also done good work in implementing projects. Another factor has been the effective teamwork between the district staff, NGOs, the DWSM and elected members of panchayati raj institutions (PRIs).

What were the major challenges you faced in implementing the schemes?

We received complaints on various issues, particularly regarding the role and functioning of village water and sanitation committees. These problems were usually resolved amicably in the Gram Sabhas where members of the district team, PRI members and NGO representatives were present. A video recording of the proceedings of the Gram Sabhas served as proof and used as a reference to resolve problems that arose later.

The role of elected representatives in spearheading a community-led program is crucial. What has been your contribution to community mobilization for the delivery of services in the district?

We visited villages where the process of sector reforms had been initiated to encourage communities to take up appropriate schemes. We reviewed the implementation of the program in the village, the sites selected for the water source and ensured coordination with the district team. As a result, villages that have completed the schemes now do not face a ‘scarcity’ of drinking water.

Villages that have completed the schemes now do not face a ‘scarcity’ of drinking water

Do you think total sanitation coverage in the district can be achieved through community incentive schemes such as Nirmal Gram Puraskar and Gadge Baba Clean Village Campaign? What other factors could play a critical role?

Monetary incentives are not the only measure to achieve total sanitation. The Government should explore other ways to ‘reward’ the people. Sanitation coverage can only be ensured through a ‘change in mind set’ within the community, which is a ‘process’; this may happen immediately or in some cases may take time. NGOs can play a critical role in this process.

"Monetary incentives are not the only measure to achieve total sanitation"

Shri Bapu Saheb Baba Saheb Gorhekar
Zilla Parishad President, Nanded

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