

TRAINING MODULE FOR COMMUNITY MEMBERS

Prepared by
Ranjan Kumar Mallick, WASH Consultant

Prepared for

SaciWATERs

**SOUTH ASIA CONSORTIUM FOR INTERDISCIPLINARY WATER
RESOURCES STUDIES**

B- 87, 3rd Avenue, Sainikpuri, Secunderabad - 500 094, Andhra Pradesh, India

Telephone: +91 40 64642602; Tele Fax: +91 40 27116721

Email : info@saciwaters.org, Website: www.saciwaters.org

TRAINING MODULE FOR COMMUNITY MEMBERS

1. Background

The module aims at creating awareness and social responsibility among the community members at village level, by providing detail information on National Rural Drinking Water Programme (NRDWP), Swachha Bharat Mission (SBM) and triggering them to understand the importance of Safe drinking water, Sanitation and Hygienic Practices.

This training module is prepared for providing training to the Community Members at the village level, with the following objective(s).

1.2 Objective(s)

The objective and outcome of this training programme is to aware Community members about NRDWP and SBM programme goal, objective, strategy, implementation modality, and monitoring. The objective of the training programme is as follows:

- To explain the objectives and salient features of NRDWP & SBM;
- To enlighten the participants to understand the Importance of Safe drinking water, Sanitation and Hygienic Practices
- To make them understand about the Methods of testing water with the Water Testing Kit and how to send water samples to local water quality labs
- To make them aware about the Application of Individual Sanitary Latrine Subsidy - methods and its process
- To make them get informed about the Government representatives within the programmes/ Institutional set up

1.3 Participants

Most of the Participants know about water and sanitation problem in their respective villages. At village level water and sanitation is a basic problem, everybody knows but no one gives attention. So from this training programme, Participants will learn about the water and sanitation problems and its solution for better and sustainable manner.

1.4 Duration

Two Days

1.5 Venue

Community Hall or as per the convenience of the participants

1.6 Sessions/Topics:

- The objectives and salient features of NRDWP & SBM;
- The Importance of Safe drinking water, Sanitation and Hygienic Practices
- Methods of testing water with the Water Testing Kit and how to send water samples to local water quality labs
- Application of Individual Sanitary Latrine Subsidy - methods and its process

1.7 Expected Output/Outcome

The participants, at the end of the training programme would develop better understanding on WASH services, facilities being provided by the govt., and how to increase the accessibility of the services by the common people and adopt a healthy habits and the role of community people in ensuring the safe drinking water and sanitation facility for their people.

The overall importance in using a participatory training approach is to enable social change and make the people to understand the existing problems and concerns in WASH service delivery system in rural areas and find ways to mitigate it.

General Tips for Using the Module:

- Arrange all logistics such as food, accommodation, travel etc.
- Keep the training hall neat and clean.
- Keep the required stationary in the training hall
- Inform the session timings to the facilitators in advance.
- Facilitator needs to introduce about him to the participants.
- The PowerPoint presentations should be in proper form
- The facilitator(s) may use appropriate photographs/pictures/flow diagrams etc. in order to make the presentation more interesting.
- The facilitator(s) has to check the working condition of the laptop and LCD projector and make it ready for the session.
- Display the IEC materials such as posters, wall posters, calendars, and magazines etc on water, sanitation and hygiene themes.
- Use the participatory training methods throughout the training.
- Presentations/Case studies suggested in the training module are given as annexure.

Session 1: Participants Self Introduction

Time required: Thirty Minutes

Objective(s) Participants get familiar with each other; Facilitator(s) would understand the background of participants.

Methodology Self introduction of participant(s) in large group

Description/Process

Facilitator(s) announces that each participant has to introduce themselves to the larger group. While introducing, apart from general information, he/ she has to talk about his/ her association or role in the development process of their village.

Tips for Facilitators

- If required, the facilitator(s) may help the participant(s) in articulating about themselves.
- The facilitator(s) has to develop some understanding on each of the participant in-terms of their communication style and experience in research studies.
- Based on the above, the facilitator(s) can nurture them in the forth-coming sessions.

Session 2: ASSESSING PARTICIPANTS' AWARENESS LEVELS ON MAINTENANCE OF SANITATION AND HYGIENE PRACTICE AND WASH RELATED SERVICE DELIVERY SYSTEMS BY MAKING THEM AWARE ABOUT THE IMPORTANCE OF SAFE DRINKING WATER, SANITATION AND HYGIENIC PRACTICES

Time Required: Ninety Minutes (1 & ½ hrs.)

Objective(s): Participants to exchange their knowledge and ideas on maintenance of sanitation and hygiene practice and wash service delivery systems; Facilitator would know the thematic gaps on which he/she has to enrich the knowledge levels of participants in the fourth coming sessions. Though this module is design for community members, so community members can apply in their respective HH and village in a large.

Session content(s) Government schemes for providing WASH services; Institutional arrangements for providing WASH services; Existing problems and causes in WASH service delivery system at various levels

Methodology: Small Group exercise and discussions by the participants. (with a poster and charts.)

Description/Process

- The facilitator divides the participants into two small groups, and each small group would work on the exercise (**attached in Annexure –I**) and then discuss on the points mentioned in the session content(s) and make a presentation in the large group. Facilitator need to articulate the link between use of different safe & unsafe sources of water in various seasons and their impact as occurrence of various diseases in those seasons.
- One participant, from each group, has to facilitate the group discussions and another participant has to note the proceedings of the discussions.
- Groups may be formed by any method familiar to the facilitator. Charts and pens need to be supplied to these small groups for preparing presentations.
- The facilitator(s) may have to give inputs to each group in their discussions and preparing presentations.
- Each small group has to make their presentations in the large group. At the end of each group presentation, there should be time for question and answers, if possible.
- At the end of the exercise, the facilitator(s) need to share the points which are presented and/ or not presented by small groups and which would learn in the forth-coming sessions.
- The facilitator(s) has to explain presentation in simple language; The facilitator(s) at the end of the presentation may ask the questions to the participants and/ or clarify their doubts.

Tips for Facilitators

- Facilitator(s) has to make a clean observation on the level of participation of the participants in the small group discussions.
- Facilitator(s) need to create a learning environment.
- Facilitator(s) has to note the points which are not presented by the groups.

Material required: Chart paper and Pens; LCD projector and laptop

Session 3: OBJECTIVES AND SALIENT FEATURES OF NRDWP (NATIONAL RURAL DRINKING WATER PROGRAMME) & SBM (SWACHHA BHARAT MISSION)

The Government of Telangana is committed to improve access to safe water and sanitation to the entire population. Over the past decade, the State has made series of efforts to improve the access to sanitation services – through implementation of Central Rural Sanitation Programme (CRSP) and Total Sanitation Campaign (TSC), which was later rechristened as Nirmal Bharat Abhiyan (NBA). However, the efforts have yielded limited results. The coverage of rural households with individual latrines stands at 42% (against the baseline of 2003). According to Census 2011 only 18% of the 1.69 Million rural

households had access to improved sanitation facilities. On 2nd October 2014, the Government of India (GoI) has re-launched NBA as Swachh Bharat Mission (SBM). The SBM has two components, viz. Urban and Rural (Gramin).

Considering this mammoth challenge, the OSWSM decided to develop a roadmap, learning from and building on the past experience. The roadmap outlines generic steps to support the rural communities in transitioning from the current practice of defecating in the open to become Open Defecation Free (ODF) community, where:

- All community members have access to and use household latrines on a regular basis
- Children's faeces are disposed safely

The present operational guideline is developed to facilitate implementation of SBM, with special focus on Gram Panchayats. The operational guideline describes processes that will be useful to district authorities while implementing SBM based on district specific situations/circumstances. SBM activities are planned and implemented at district level. Implementation of SBM primarily rests with the District Water & Sanitation Mission. The Odisha State Water and Sanitation Mission (OSWSM) will decide Policy guideline development. This is a practical guide for implementing the operational strategies outlined in the SBM Guidelines.

TSWSM will provide guidance and support in monitoring the effective implementation of the programme. The District Water and Sanitation Mission (DWSM) will be the executing agency for implementation of the SBM. The Office of the Block Development Officer (BDO) will co-ordinate implementation of SBM as Block Health Water & Sanitation Committee. At the Gram Panchayat/ village level SBM will be implemented under the leadership of the Sarpanch with necessary support from NGOs/ CBOs/ SHGs & other stakeholders. The Block Health Water & Sanitation Committee will ensure implementation and monitoring of SBM at block level. Similarly the Sarpanch will ensure implementation of SBM at village level.

The Government of India, through the Department of Drinking Water and Sanitation, has already taken significant steps to meet all the challenges through the National Rural Drinking Water Programme (NRDWP).

Objectives: All rural households have access to piped water supply in adequate quantity with a metered tap connection providing safe drinking water, throughout the year, that meets prevalent national drinking water standards, leading to healthy and well nourished children and

adults and improved livelihoods and education. Continuous uninterrupted water supply is an aspiration and efforts should be made to cover increasing numbers of habitations with 24x7 water supply.

Goals

To ensure that every rural person has enough safe water for drinking, cooking and other domestic needs as well as livestock throughout the year including during natural disasters. By 2022, every rural person in the country will have access to 70 lpcd within their household premises or at a horizontal or vertical distance of not more than 50 meters from their household without barriers of social or financial discrimination. Individual States can adopt higher quantity norms, such as 100 lpcd. It is recognized that States will adopt their own strategies and phased timeframes to achieve this goal. Three standards of service can be identified depending on what communities want:

- Basic piped water supply with a mix of household connections, public taps and hand pumps (designed for 55 lpcd) -with appropriate costing as decided by States taking affordability and social equity into consideration
- Piped water supply with all metered, household connections (designed for 70 lpcd or more) - with appropriate cost ceilings as decided by States taking affordability and social equity into consideration.
- In extreme cases, hand pumps (designed for 40 lpcd), protected open wells, protected ponds, etc., supplemented by other local sources – preferably free of cost. Optimum use of rainwater should be an integrated element in all the three cases.

Timelines

By 2017,

- Ensure that at least 55% of rural households are provided with piped water supply; at least 35% of rural households have piped water supply with a household connection; less than 20% use public taps and less than 45% use hand pumps or other safe and

adequate private water sources. All services meet set standards in terms of quality and number of hours of supply every day.

- Ensure that all households, schools and anganwadis in rural India have access to and use adequate quantity of safe drinking water.
- Provide enabling support and environment for Panchayat Raj Institutions and local communities to manage at least 60% of rural drinking water sources and systems.

By 2022,

- Ensure that at least 90% of rural households are provided with piped water supply; at least 80% of rural households have piped water supply with a household connection; less than 10% use public taps and less than 10% use hand pumps or other safe and adequate private water sources.
- Provide enabling support and environment for all Panchayat Raj Institutions and local communities to manage 100% of rural drinking water sources and systems.

Broadly five major stages can be identified as intensive process inputs to support the Gram Panchayats in becoming Open Defecation Free under SBM. The stages include:

1. Identification of Gram Panchayats
2. Preparation: capacity building
3. Community mobilisation
4. Supply chain management to support toilet construction
5. Financing
6. Sustaining the ODF Achievements

Key features

- Each district prepares a detailed action plan outlining various activities, timelines and resources (human and financial)
- Gram Panchayats are selected for focused intervention and are supported to achieve Open Defecation Free (ODF) status for each Tola/ habitation located within the GP through saturation approach
- Universal coverage approach (letting interested households outside focus GPs to construct IHHL) is continued in parallel

- Institutional sanitation coverage is also achieved along with habitation/ GP coverage in identified GPs.
- The roadmap provides for gradual scaling up opportunity depending upon the capacity of each district.

The SBM intends to cover all uncovered households with IHLs of 40 Lakh by 2019.

Selection of Gram Panchayats for a FY will be based on consultation with PRI members. At the Block level consultation meeting with PRI Members, Gram Panchayats will be selected for the FY. The following strategy will be guiding for selection of Gram Panchayats. The nos of Gram Panchayat selected for intervention is the minimum number and no way restricts other villages / Gram Panchayats to undertake SBM.

- DWSM will prepare a list of GPs with balance nos of uncovered IHLs based on the Baseline Survey.
- GP Saturation Approach is to be adopted wherein all the villages in the GP will be completed with toilet construction and use.
- Preferably adjoining GPs are to be selected for targeted intervention that would ensure induction effect and also ensure effective supply chain management.
- All the identified GPs / Villages will be monitored for access to sanitation facilities, ensuring 100% sanitation coverage before adopting new villages.
- Pro SBM sarpanch and GP identified by the BDO.
- Preference to the GP/village selected for implementation of rural pipe water supply scheme.
- Presence of willing grass root level motivators from among **Sanjog partners**.
- Availability of local materials for superstructure construction.
- Presence of promoters of rural sanitary marts/production centres.

The communities that adopt improved sanitation practice shall be supported to develop habitation 'OD Elimination Plan' (ODEP). A meeting of all community members shall be organised to discuss the ODEP components and formation of 'Material Procurement Committee'. The ODEP shall comprise of:

- a. A resolution stating the adoption of improved sanitation behaviour and commitment to continue to remain ODF. The resolution shall be duly signed by at least 75% of the households of the *Tola* or village for which the ODEP is being developed.
- b. An estimate of benefit that the community eligible for (No of eligible households X Rs 12,000/-) along with a request to the DWSC to release SBM (G) funds in instalments of 40%, 40% and 20% (the stages of release of advance and UC settlement are described in table 1 below) to the respective GP.

List of IHHL beneficiaries indicating – i) the category – BPL, identified APL, others, as may be applicable under NBA.

The role of the Panchayat will be:

- I. Preparation of GP micro plan with the assistance of Block level SBM coordinator and it's submission through BHWSC to the DWSM for necessary action / approval.
- II. Convene GP level SBM meetings every month on Sanjog Divas. (18th)
- III. Co-ordination among grass root level Sanjog partners
- IV. Implementation of the SBM micro-plan – IHL construction, solid and liquid waste management, Operation & Maintenance of School & Anganwadi toilets and use of Twelfth Finance Commission (TFC) grant on sanitation activities as per direction of Government.
- V. Ensure and enable / construction of toilets by the beneficiary himself.
- VI. Participation in water supply, sanitation and health programmes at GP level of opinion leaders and community-based organizations like youth clubs and SHG's
- VII. Decide the agency / person for imparting IEC and other related activities in the GP.
- VIII. Preparation of GP level inventory of water supply schemes with help of JE, RWS&S.
- IX. Management of existing water supply schemes and effective tariff administration.
- X. Mobilization of community contribution for construction of IHL.
- XI. Maintenance of accounts and records as per rules and regulations laid down by P.R. Department for G.P. Operate a separate bank account that will be opened for the purpose.
- XII. Procurement of goods, materials and services
- XIII. Maintenance of standards of quality in construction.
- XIV. Ensure use and sustainability of hardware interventions

Govt. of Telengana will implement Swachh Bharat Mission (SBM) using an institutional model in which: (a) Gram Panchayat through GKS / VWSC will be the focal point for SBM

implementation. They will be responsible for planning, procurement, construction with technical support provided by RWS&S, and other Support Organization (e.g. SOs, CBOs, Motivators / Private agencies); (b) at district level, the DWSM will be the final authority for all project-related administrative, financial and technical approvals; (c) project implementation funds will be passed on by GoT in installments to DWSMs and from DWSMs to GPs / SOs; (d) GPs will be responsible for management of construction funds including expenditure approvals and accounting.

The Swachh Bharat Mission (Gramin) is based on joint relationship among three entities: (i) Village communities and GPs; (ii) DWSM; and (iii) Support Organisation and other service providers. All these stakeholders will fulfil their respective roles and responsibilities for the project to be successful. Roles of each entity are:

- **Village Community and GP:** Will plan and implement the project
- **DWSM / District Administration:** Provide overall coordination and technical assistance to the village communities and GPs with the help of its field offices.
- **Support Organisations:** Carry out social mobilization, supply chain management, and provide technical assistance.

The existing institutional structure of District Administration / DWSM and RWS&S with support of other Support organisation will be harnessed for Swachh Bharat Mission (SBM). The institutional arrangement proposed SBM in Telengana at the district / Block and GP level are built around the PRIs. Since SBM requires large scale social mobilization and effective monitoring, PRIs are therefore envisaged to play a crucial role along with other concerned officers. A multi-tier implementation mechanism has been put in place at the State /District / Block / GP and village given below.

The institutional arrangement will emphasize on use of participatory tools and behaviour change communication for demand generation supported by a strong supply chain management. Gram Panchayat will be the unit for planning and Gram Panchayat will be the implementing institution of SBM.

District Level: District Water & Sanitation Mission

Core Officers of DWSM	
Collector & CEO, DWSM	1
Executive Engineer, RWS&S	1
WSSO Consultant –S&H	1
WSSO Consultant –IEC & HRD	1

The DWSM headed by Collector & CEO, DWSM will be supported by EE, RWS&S, WSSO Consultants & District

WSSO Consultant –M&E	1
District Project Coordinator	1

Project Coordinators as program staff and supported by other administrative staff. The District Collector is the Chairperson of the District Water and Sanitation Committee. As the Chairperson of the DWSC, the Collector will provide overall guidance to the implementation of the programme, ensure inter- sectoral convergence and linkages between development programmes under her purview and review the progress of the programme on a monthly basis. The Executive Engineer, RWSS will be the Member Secretary of the DWSC and will be nodal person responsible for the implementation, monitoring and financial management of the programme. The Project Coordinator (PC) will assist the Member Secretary in day to day operations; coordination of various agencies involved in the implementation of the TSC in the district, making field visits, review the implementation of the programme. He will be responsible for collating information and apprise the SWSM and DWSM about the progress of the programme. Collector & CEO, DWSM & Executive Engineer, RWS&S may engage or use the services other officers as per requirement.

Block Resource Centre

For effective coordination at the Block Level, the BDO will be responsible for overall implementation and monitoring of the programme in the block with the assistance of the Junior Engineer-I & II, RWSS, Block Coordinator & Cluster Coordinator. The BRC will be responsible for day to day activities of the programme, to facilitate the complete process of implementation, provide support in development of GP plans, collation of information, field visits and monitor progress of implementation.

Core Officers of BRC	
BDO	1
Junior Engineer-I, RWS&S	1
Junior Engineer-II, RWS&S	1
Block Coordinator	1
Cluster Coordinator	1

Gram Panchayat

Gram Panchayat is the nodal organisation at village and Gram Panchayat level for supporting social mobilisation, financial management, social audit, monitoring the progress under SBM. Gram

Core Human Resource	
CLTS Motivators / Swachta Doot	4

Panchayat will constitute Procurement Committee, Vigilance Committee, Works Supervision Committee. Each targeted GP is supported by 4 nos of CLTS Motivators for facilitating triggering activities and supporting construction of household latrines.

Support Organisations:

Support Organisations could be NGOs / Trusts / Self Help Groups / Private Entrepreneurs / Gram Panchayats / Community Based organizations (CBOs) to be associated in promotion,

facilitation and supply chain management under SBM. The SOs will supply services (hardware and software) to households and thus act as a catalyst supporting the community to unite and make informed choices and decisions.

Implementation of SBM in any district would consist of the following phases.

- i. Pre Planning Phase / Start-up Activities
- ii. Planning Phase
- iii. Implementation Phase
- iv. Post Implementation Phase

Pre Planning Phase

Pre-planning phase comprise of constitution of DWSM, sensitization of district level functionaries etc. Since the activities of this phase has largely been completed in all the districts this is not discussed in detail.

Planning Phase

Current strategy is to scale-up SBM in all the GPs of the state. Under the new strategy the GP is the focal point for project activities in the GP area. Interested GPs will seek project assistance from the DWSMs preparing implementation phase proposals during planning phase, construction of sanitation facilities and management of project funds for all the schemes in the GP. Support Organizations such as NGOs / CBOs and other private agencies should be invited, trained and engaged for facilitating the GPs.

The Block will first call for a Block level meeting where all sarpanchs, NGOs, CDPOs, Panchayat Extension officers will be called for briefing of SBM activities that will need to be carried out. Each sarpanch will be advised to develop a gram panchayat water and sanitation plan. All the production centres of the block will be mapped during the block meeting, and the number of production centres that need to be further supported in order to meet the demand of the

The block level team under the overall coordination of BDO shall be assisted a Block Resource Group (BRG) consisting of one representative of all the Civil Society Organizations. Community based organizations involved in implementation of total Sanitation Campaign. The role of the BRG members will be to provide advice and feedback to the BDO and Junior Engineer at the block level for effective implementation of Total Sanitation Campaign and to provide services to them on call basis as and when required on mutually agreed terms and conditions.

Planning Phase Activities

	Process Name	Responsibility	Activity description
1	Block meeting of Sarpanch, EO, AWW, ANM, NGO	JE, RWS&S and Block Coordinator	<ul style="list-style-type: none"> – Block will organize orientation trainings to all GPs to orient on the new roles and responsibilities of TSC – Resource mapping of available NGOs, agencies for supply of sanitation facilities. – Finalization of trained NGO for software activities. – Resource mapping of number of Production Centres in the block.
2	Gram Panchayat Meeting	GP EO & NGO, SEM	<ul style="list-style-type: none"> • NGO staff discusses the details of the programme with the Panchayat and clarify their questions. • Meeting is attended by AWW, Teacher, Ward Members, ASHA, SEM • Decision on roles and responsibilities of the GP committee members and finalization on agency. • Negotiations begin about cost, technology, household participation, role of committees, • The Ward Member is in charge of general implementation in each ward and is responsible for all mobilization activities.
3	Awareness creation process by NGO / other members of the committee	NGO	<ul style="list-style-type: none"> – Existing IEC teams and selected NGOs will carry out Community Sensitization programmes on a phased manner in identified villages in the scheduled dates. – The staff of NGO will visit each habitation and meet beneficiary families and community wise
3	Community Organization process	NGO with support from respective committee	<ul style="list-style-type: none"> – NGO will organize a series of meetings in the communities to build unity among them, resolve existing conflicts (if any) among them, understands their problems and priorities etc.

		member	<ul style="list-style-type: none"> – NGO will carry out special awareness creation activities to understand problems related to safe drinking water, sanitation and hygiene promotion – New roles and responsibilities of Gram Panchayat pertaining to water and sanitation is discussed and made clear.
4	Preparation of Village Micro Plan	NGO	<ul style="list-style-type: none"> – Preparation of Village Micro Plan on water and sanitation. – The NGO will help the GP Sarpanch and his team to develop a micro plan for all the above activities.
5	Construction of Demonstration Units	NGO, SEM	<ul style="list-style-type: none"> • A few (usually two to four) model latrines are constructed in each Panchayat to determine the exact costing using local materials and labour and to create a demonstration effect. • The demonstration latrines are constructed for institutions such as GP office, CHC, PHC • This determines the total cost, the amount of project subsidy, the amount of beneficiary contribution. Thus the cost must be kept as low as possible for each Panchayat, for example, by using locally available materials • Local mason identified.
6	IEC/ Hygiene Education	NGO, AWW, ASHA	<ul style="list-style-type: none"> • There is a three to six month period of general mobilization, with a range of activities such as group meetings, exhibitions, health camps, films, and street drama. This is meant to increase demand and to inform people on the health aspects of latrines in general. • The first promotion activity the programme

			<p>workers undertake is to create awareness among people during the Fixed Health and Nutrition Day about the dangers of open air defecation and environmental pollution and the implications of these habits</p> <ul style="list-style-type: none"> • AWW, ASHA are mainly involved with the NGO in the education activities. FAQs and sanitation flip books are distributed as added incentives. • Health and ICDS personnel impart health education and information in the context of their ongoing activities, with support, training and materials from DWSM. • As noted earlier, masons who are trained in latrine construction are also trained in imparting health and sanitation messages to the families for whom they work.
--	--	--	--

3.3 Implementation Phase Activities

	Process Name	Responsibility	Activity description
1	Mobilization of contributions	Ward Member, NGO, Sarpanch	<ul style="list-style-type: none"> – Identification of implementing agency NGOs/SHGs – Agreement with implementing agency finalized 0. – GP Sanitation programme is organized with village contact drives carried out in each village of the GP¹ – Collection of information and development of Micro -plan – DWSM transfers 30% of funds required to GP – GP starts collecting household contribution cash/kind/labour for construction of

			<p>household toilet.</p> <ul style="list-style-type: none"> – In the village meeting it must be decided the minimum household contribution for toilet construction – Each Ward Member is in charge of mobilizing the household contribution.
4	Undertaking construction activities	SEM, NGO, SHG	<ul style="list-style-type: none"> – Lists out different types and quantities of material required and identify their place of availability (local and non -local) – Link up with existent production centre – Verifies qualities, rates and decides on the suppliers based on these – Obtains proforma invoice in case of procurement of non local materials from the supplier and purchases materials – Verifies for the local availability of all types of labor, masons and contracts on daily wages/lump sum basis
5	Record Keeping		<ul style="list-style-type: none"> • The Panchayat and the NGO will be jointly involved in all decisions, planning and implementation of this sanitation programme. • Panchayat will maintain proper documents in connection with the construction activities with special care for bookkeeping and accounting procedures for all financial transactions.
6	Verification	AWW / SEM/ Aasha	<ul style="list-style-type: none"> • After the reporting of completion of construction by the agency to the sarpanch should be intimated. • The AWW / SEM/ ASHA should make a physical verification of the toilet as per the checklist. Any two of the functionalities can do the verification in a village.

			<ul style="list-style-type: none"> • After the completion report is received from the implementing agency, the verification should be completed and payment released within 15 days • The GP office will be responsible for timely completion of all activities, installation, verification and payment release.
7	Reimbursement	Sarpanch / PEO	<ul style="list-style-type: none"> • The GP Office should co-ordinate the process of submission of necessary documents to BDO for release of IHL subsidy along with the motivation and verification fees. • The BDO has to release payments to the concerned GP after random verification by the Block Coordinator/JE –TSC within 15 days of receipt of completion report and UCs.

Time Required:Hundred twenty Minutes (2 hrs.)

Objective(s):Participants would be articulating the basics of NRDWP and SBM and their role in access and uptake these services.

Session content(s):Basics of NRDW and SBM and people’s participation process for the increasing the access and uptake of the service

Methodology:PowerPoint Presentation

Description/Process

- The facilitator(s) has to explain each slide of the PowerPoint presentation in simple language.
- Emphasis should be given on the gaps between policy guidelines and ground reality;
- The facilitator(s) at the end of the presentation may ask the questions to the participants and/or clarify their doubts.

Tips for Facilitators

- The facilitator(s) should use the attached PowerPoint presentation (**Annexure –II &Annexure – III**) covering the points mentioned in session

Equipments required: Laptop; LCD Projector and Screen

SESSION 4: METHODS OF TESTING WATER WITH THE WATER TESTING KIT AND HOW TO SEND WATER SAMPLES TO LOCAL WATER QUALITY LABS

With the help of the following two activities we can easily make the participants aware about the importance of safe drinking water, sanitation and hygiene. For which the following materials need to be arranged:

- 4 plastic bottles with clean water and a large measure of salt
- 1 plastic bottle or glass with water; one long hair (or other long thin object like a blade of grass)
- Cow dung sample

Part One of the activity: Salty Water—Clear but Unpleasant

1. Show the participants the two bottles of water, one with dissolved salt in it. Ask them to look closely and see if they can tell any difference between the two. Take a couple of responses.
2. Ask for two volunteers to come forward. Show the two bottles again one at a time (salty and not salty) to the participants and ask them to raise their hands if they think the water in both bottles is “safe” to drink. Ask why.
3. Pour some of the not-salty water in two glasses. Now ask the volunteers to drink. Have the participants watch their faces. Pour some of the salty water into two glasses and ask the volunteers to drink. Again, have the participants watch their faces.
4. Reinforce the point that although water may appear clean, clear, and safe, it can contain things that you can’t see that can make people ill.

Part Two of the activity: Clear but Contaminated

1. Tell the participants that they are going to continue to look at water and possible ways it can become contaminated but still not look harmful.
2. Place the sample of the faeces/cow dung where everyone can see it. Hold one end of the hair, thread, or blade of grass in each hand and run it through the faeces/cow dung. Put the hair (or blade of grass) into the glass of water and then remove it.
3. Ask for a volunteer to drink the water—only to see their reaction. **DO NOT ALLOW ANYONE TO CONSUME THIS WATER.**

Conduct a discussion of the group’s reaction and stress that although the water looked clear, it is, in fact, contaminated with feces/cow dung and that this is the reality in many of our communities —the water looks clean and clear (from the well, river, borehole, tap), but it has feces/cow dung in it.

Then lead a discussion about local sources of water. If local data are available, display the charts.

- Where do most families get their water?
- Could there be contamination even if the water appears “clear and clean”?

- What might be some of the community sources of contamination?
- What are their observations about how significant a problem diarrhoea is?

To understand the importance of safe drinking water, sanitation and hygiene, it is also important to understand the Community Management concept.

Community management should not be thought of as a choice between a top-down or a bottom-up approach. Rather, it is the establishment of a management system in which full collaboration between government and community is essential, and in which neither is the dominant partner. Both should have clearly defined but separate roles and each understand and accept the role of the other. If this clarity is not achieved then community management may be impossible to implement effectively. The community may receive support from government or other agencies in the form of subsidies, technical support and so on, but it must be the community itself that actually owns the system, makes the decisions on when to call for this support, and exercises control over access to the system

In the context of water and sanitation, community management involves a shift from government control to community control. However, it is essential to recognize that the first requirement is the capacity and will of the government, at both local and national levels, to support the endeavors of the local people.

Water to be tested on two types of parameter basis:

- **Chemical parameter:** It is recommended once in a year. But two times is better; before and after the monsoon. For Chemical test water sample to be collected in 1 litre lick proof bottle (glass or PVC/Teflon bottle). For chemical parameter testing, water collection should be in the following manner. Open the tap or pump the tube well for 2-3 minutes and then filled up the bottle fully. In case of open sources like river or pond, water should be collected 1ft. below the surface and 1ft or as much as distance place from the bank of the river. For chemical parameter testing it takes maximum two days for one sample. And more than one sample can be tested at a time with little more time. This can be done by the LT in the lab only. Chemical test can be done as quickly as possible after the collection. Anybody can collect the water sample with the required training.
- **Bacteriological parameter:** It is recommended twice a year; before and after the monsoon. For Bacteriological testing water sample to be collected in sterilized lick proof Borossil glass bottle. Water sample collection procedure is same as above but the water should fill with 3/4th of the bottle. It should

reach the laboratory within 6 hours of its collection or else can be transported with prevented measure with the support of ice pack. But the ice water should not go into the bottle.

- **Field testing of the water:** As the field testing is semi-quantitative analysis in nature, it can be done as many times as possible with the help of FTK (Field Testing Kit). There are 11 parameters which are being tested with the FTK. Turbidity, Alkalinity, Hardness, Residual chlorine, Nitrate, Nitrite, Iron, Chloride, Fluoride, Arsenic & Ammonia, Bacteriological H₂S. FTK can be done by anybody with training as it is drop and syringe fed. Testing results can be known by matching the colour map with the colour chart given in the FTK box. FTK is a routine analysis of water testing. It is the screening test for the laboratory. The FTK test results to be sent to the nearest laboratory for declaration of its result in the IMIS and to be sent for data validation. It will be published in public domain as well as the information about the unsuitable source of drinking water will be declared within the community through the VWSC members and it (tube well/ well) will be marked in RED colour to ban its use for drinking and cooking purposes.

The lab testing is to be done by the LT only with all sorts of precautionary measure as described under the Standard Operation Procedure (SOP) for Lab. The Acid and Acid Gas are to be handled carefully. Common Lab tests are: Sulphate, Phosphate, TDS (solid), conductivity, Bacteriological (fecal coliform). The major machineries used for testing are: pH meter, turbidity meter, conductivity meter, spectro photo meter etc.

The sample collector should mention the Date of collection, Time of collection, Collector's name and source details (area details with GPS coordinate- latitude and longitude for more clarity if possible.) on the bottle.

Additionally She/he should provide another set of above information in a separate sheet of paper to Lab for cross verification/checking.

As per the test results the actions are being taken by the RWS&S unit. If fluoride and iron content is found more than fluoride and iron removal plant is being installed by the dept. and accordingly planned for up keep maintenance of those plants. For bacteriological parameter, chlorination is the only process for disinfection. Where it is not possible to disinfect the source, then it is declared as unsuitable source of water for drinking purpose.

Different schemes related to WASH, description of each scheme. Description includes

- a. What and why
- b. Eligibility criteria

- c. How much – cost, beneficiary contribution, etc
- d. Whom to approach
- e. Which application
- f. How to fill
- g. What enclosures
- h. What is the process of application (Signs/counter signs, etc)
- i. How much time it takes to know the result whether sanctioned or rejected
- j. Any other

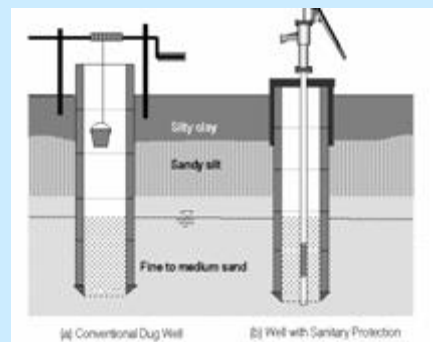
There is only one scheme for individuals and one scheme for the village. IHHL scheme is for individual and Solid Liquid Waste Management scheme is for the village as a unit. For IHHL, the beneficiary selection/ beneficiary list is being finalized as per the baseline survey of SBM. How to avail and whom to approach is already been described in the process of Swachh Bharat Mission (SBM)

Guided discussion using case studies

Resource Person should use one or more of these case studies and present either as case studies or adapted as role plays and used for group discussions. Facilitator should present the case study and follow up with questions and discussions

Scenario A - Hand pump in a Sanitary Well

A sanitary tube well is constructed and fitted with a new hand pump in Govindpur village in Rayagada District which enables water containers to be filled more quickly thereby reducing queuing times. As the well is also closer to the village, women are spending 1-2 hours less per day fetching water.



Because no SEM is assigned responsibility of looking after the water point: hygiene around well deteriorates; stagnant water provides a breeding ground for flies and some children get sick. Also children play with the pump, damaging the handle.

Preventative maintenance checks (e.g. greasing of chain, tightening of bolts) are not carried out on the pump and it soon breaks down. The village opens up the manhole cover on the well and

returns to using rope and bucket system. Water quality deteriorates further and drawing of water becomes less efficient. Queuing time for water collection increases and people complain that the water is dirty again and more children are getting sick. In response to the broken pump the BDO / JE, RWS&S assigns one person as an attendant, however the damage has already been done – the pump is no longer working.

No one within the village knows how to repair the pump. Two men were trained but both left the village to find work. Although a tool kit & FTK was given to the Govindpur Gram Panchayat, these were taken by individuals and not returned so even if the technical know-how was available the necessary tools to repair the pump are not. Because preventative maintenance was not carried out, the cost of repairing the pump is now much greater. However because no charging system was developed by the committee, the village cannot pay for the required spare parts or the costs of a mechanic to come to the village.

The Government visits the village to monitor how successful their investment was but they are very shocked to see that the system is not functioning. They want to know why the committee despite considerable training and assurances that they would manage it responsibly has failed in this task.

Scenario B – Pipe Water Supply (PWS)

When the Pipe Water System (PWS) is finished in Govindpur Village the service level is very high. The need to pay for water to buy energy from SOUTHCO is well recognised by all community members as they were involved in the project planning and design process.

Within the village there are three public water kiosks / stand posts and several private connections. Because private connections are often closer and have fewer queues, some of the private connections become vendors and start to charge for their water. This enables them to profit from the water but deprives the VWSC of much needed revenue. Consequently the revenue collected is rarely sufficient to supply sufficient electricity and as a result the pump can only operate for 4 hours per day which is insufficient to pump enough water to meet all the needs of the village.

The poorest section of the community is unable to afford the costs of paying for the water and consequently do not benefit from the project, continuing to rely on traditional sources, more distant and prone to contamination (the VWSC had met to discuss concessions for the poorest households but no agreement could be reached).

Although money is collected at water kiosks / stand posts and fed to the VWSC without misappropriation, the committee does not keep proper financial records. When false rumours surface that VWSC members are taking funds, the lack of transparency means that the VWSC is not able to disprove them.

Consequently dissatisfaction grows, collection of fees lowers and a vicious circle arises as service declines and users become more reluctant to pay. This is aggravated by rumours that some of the richer community members are allowed to water their livestock without paying the full costs.

Consequently the VWSC cannot afford the energy costs to operate the pump, the standard of service reduces and eventually the system is reserved for the dry season when surface sources dry up. These results in the system not being used optimally and very low service levels.

Task

Ask the group to discuss what they could have done differently as a committee to avoid this problem: (the facilitator may guide the discussion but information should come from the group)

- What could/should have been done differently?
- A role play. Two groups with half the members pretending to be the Government Officers and half are water committee members and have a discussion about how it happened and what could have been done differently. What they could have done differently as a committee to avoid this problem.

Break into groups and look at the problem from the perspective of one of the three groups:

Women in the village (water users)

You can remember how nice the sanitary well used to be when the water system was finished. There was no queuing and animals were watered and people fetched water from different places. Since the water system is broken / developed problems, queuing for water has

increased and the quality of water has deteriorated. Sometimes you have to take the same water as the animals directly from the trough. Recently you have noticed that your children are getting sick more often and worry that it is because of the water.

Time Required: Ninety Minutes

Objective(s) Participants would get familiar with water testing methods and able to monitor the process while the SEM is taking the sample for getting it tested.

Session content(s) Different sources by which water is getting contaminated; preventive mechanisms for making the water source safe and how to get the testing done at the community level as well as at DWSM level.

Methodology: PowerPoint Presentation, Discussion and practicing the sanitary survey monitoring tool and use of Field Testing Kit (FTK) (Annexure –IV)

Description/Process

- Form the participants into two small groups.
- Each group would do analysis for developing better understanding on ground situation and the causes of the water contamination at their village level
- One participant from each group will play the role of facilitator and another would record the proceedings of the discussions.
- At the end of the session give handouts to the participants.

SESSION 5: APPLICATION OF INDIVIDUAL SANITARY LATRINE SUBSIDY - METHODS AND ITS PROCESS

Time Required Ninety Minutes

Objective(s) Participants would know the system of WASH service delivery, especially IHHL in rural areas.

Session content(s) Government Policy; Different Schemes; Institutional arrangements; Fund flow; People's participation, operation and maintenance of infrastructure etc.

Methodology: PowerPoint Presentation- the facilitator need to use the presentations(Annexure Va and Vb)for making the participants aware about the implementation process and dos and don'ts of IHHL.

Description/Process:

- Form the participants into two small groups.
- Each group would do the exercise on their field level knowledge on how to access the IHHL facility being provided by the RSWS&S and make presentation on the model of latrines being used by them, if so.
- One participant from each group will play the role of facilitator and another would record the proceedings of the discussions.
- At the end of the session give handouts to the participants.

Tips for Facilitators: Facilitator need to sum up the discussions and presentations by the participants and then present the implementation strategy being adopted by RWS&S.

Reading materials Brochure on RWSS (if available)

Equipments required Laptop, LCD Projector, Screen and chart paper and pen

SESSION 6: GOVERNMENT REPRESENTATIVES WITHIN THE PROGRAMMES/ INSTITUTIONAL SET UP

Time Required: Sixty Minutes

Objective(s): The objective of this session is to make the participants aware about the structure and functions of the government's service delivery mechanism.

Session content(s): Participants need to understand the structure and functions of institutional set up and different levels of personnel/government representatives to carry out the service delivery mechanism.

Methodology: PowerPoint Presentation (**Annexure – VI**)

Description/Process: With the help of discussion leading process, the facilitator need to deliver the session contents as described in the presentation.

Equipments required Laptop, LCD Projector, and Screen.

SESSION 7: CLOSING SESSION

Time Required: Sixty Minutes

Objective(s): To conclude the two days training session without any doubts in the minds of the participants.

Methodology: Participatory and discussion leading with some questions-answers based on the session contents covered in earlier sessions.

Tips for Facilitators: Facilitator should use the key points from each of the sessions to conclude and summarize the discussion.