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**INTEGRATED RURAL WATER SUPPLY AND
ENVIRONMENTAL SANITATION DEMONSTRATION PROJECT**

**MOHAMMAD BAZAR BLOCK, BIRBHUM DISTRICT
WEST BENGAL**

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**A REPORT
ON
THE PROCEEDINGS OF THE WORKSHOP ON
FORMULATION OF PROJECT STRATEGIES**

OCTOBER 10 - 12, 1990

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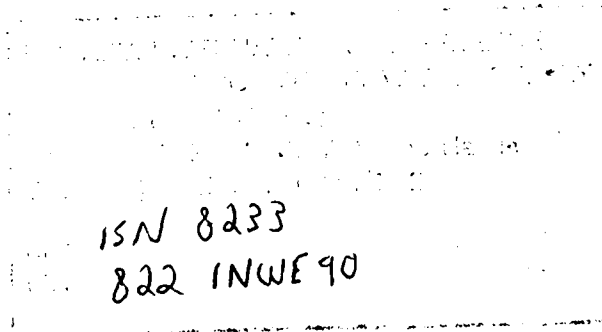
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EXECUTIVE SUMMARY

The UNDP/World Bank Water and Sanitation Program's Regional Water and Sanitation Group, South Asia (RWSG-SA) jointly with the Government of India (GOI) and the Government of West Bengal (GOWB) has undertaken a Demonstration Project in West Bengal to demonstrate the impact of an integrated approach to water and sanitation issues on the health standards and productivity of the concerned communities. The project hopes to develop a delivery system that is effectively utilised, is sustainable and largely replicable, with local variations.

2. RWSG-SA had prepared a 'Discussion Paper' in August 1990 indicating the scope of the project, its components, the objectives and outline of the possible strategies.

3. The projects' hardware components include upgradation of drinking water supply facilities, introduction of sanitary latrines and disposal arrangements for waste water and solid waste. The project strategy would emphasize community participation/ management (by women in particular), health education, training, strengthening of institutions as well as the construction of demonstration units (VLOM handpumps, sanitary latrines etc.) in order to promote the effective use and sustainability of its hardware component.

OBJECTIVE OF THE WORKSHOP

4. With a view to familiarize the representatives of the community, Government officials at District, Block and Gram Panchayat level and NGOs with the scope of the project and to obtain their views and suggestions on their felt needs and the best possible project formulation strategies, a 3-day workshop was organized jointly by the GOWB and the RWSG-SA at Mohammad Bazar Block during the period October 10-12, 1990.

5. This report presents the proceedings of the workshop.

PROJECT AREA

6. The project area covers all the villages (158) in Mohammad Bazar Block of Birbhum District in the state of West Bengal. The present population in the Block is about 100,000 and the Block is spread over an area of around 300 Sq. Km. The Block has a sizable population of Scheduled Caste (27.4%) and Scheduled Tribes (19.7%) who are educationally and economically backward. The Block often witnesses floods and droughts and has also recently passed

through a severe epidemic of cholera. Though GOWB has done commendable work (especially in the current decade) in extending the coverage of drinking water supply in this Block, a lot still remains to be done. An insufficient number of handpumps, inadequate reach to the disadvantaged groups, scarcity of water in summer and failures of handpumps are some of the main problems. Latrines are non-existent and the general cleanliness and health standards in the villages are far from satisfactory.

WORKSHOP STRUCTURE

7. Over 125 delegates registered for the workshop. The delegates primarily included community representatives (about 55 inclusive of gram panchayat level functionaries), Govt officials at State/District/Block level (about 30), NGOs and representatives of RWSG-SA.

8. The workshop was structured in a way that would facilitate a participatory approach.

9. A pre-workshop meeting was organized on October 9 to familiarize the community representatives with the modalities of the workshop and to set the tone for the participatory approach at the workshop.

10. The workshop program was structured as follows:

- Inaugural speeches
- Theme presentations (in plenary)
- Group Discussions
- Presentation of Group Recommendations to the Plenary & Discussions
- Summing up Recommendations
- Valedictory Addresses

11. A team of workshop facilitators and a moderator were identified to facilitate the workshop proceedings. The facilitators selected were experts in their respective fields and also fluent in the local language, i.e. Bengali. The entire workshop proceedings were conducted in Bengali. RWSG-SA had deployed the services of a full-time Rapporteur to record the discussions and later translate these into English.

12. Daily post-workshop session meetings were held amongst the RWSG-SA members, workshop facilitators and the moderator to review the days' proceedings, share experiences, clarify questions raised by the participants with the facilitators and re-ensure that the spirit and methods of participatory approach were followed.

THE WORKSHOP PROCEEDINGS

13. The workshop was inaugurated by Mr. Prabir Sengupta, Minister-in-Charge of the Department of Power and Public Health Engineering. The inaugural speeches were brief in nature and highlighted the innovative features of the project and the need for active community participation in the workshop. The Minister particularly expressed concern about the difficulties the project staff may have in working with the rural folk and also about the 'hardware/software' mix of the project costs. His apprehensions were later set at rest as the project in fact emphasizes extensive community participation and there would be considerable inputs from the local people. While the professional project staff would be from outside the rural area, even they would primarily be from within the state and fluent in the local language.

14. The project components were grouped thematically into 5 main areas viz communication, technical, health, training and institutional. After the inaugural speeches the workshop facilitators made brief presentations on their respective themes. They particularly brought out the scope, possible sub-themes and issues (pertaining to their respective themes) which could be deliberated on in the subsequent group discussions.

15. After this, the participants were split into 5 groups theme-wise as mentioned above. The groups were so formed that all the categories of participants (including women, SC/STs) had adequate representation in each group. The groups discussed their respective themes in detail and made recommendations on project formulation strategies. The discussions also brought out the main concerns of the community with regard to the project. These are listed below.

- (a) That the poorer sections of the community may not be in a position to contribute cash for the O&M of water facilities and the construction and maintenance of individual latrines. As a consequence, the fear was that they may not benefit very much from the project.
- (b) That appropriate mechanisms need to be formulated by the project so that the SC/ST population who tend to be marginalized, can benefit from the project.
- (c) The quality of water for consumption was of great concern to most of the community representatives. They mentioned in this regard the pollution of wells, especially in the rainy season when improper drainage led to the pollution of well water. In this context, a large cross-section of the participants wanted a water-quality testing laboratory at the block level.

- (d) Participants felt that health education was needed on a sustained basis, especially in the context of their experiences during the recent (1990) cholera epidemic.
- (e) While a number of participants said that latrines were not a felt need, they agreed that if latrines were to be built, they would prefer individual rather than community latrines.
- (f) Proper drainage, especially at public standposts, was a commonly felt need.
- (g) Training programmes on the 'hardware' and 'software' components of the project and especially at the village level were considered crucial.
- (h) Participants felt that women and children were potential communicators to raise awareness.
- (i) Special attention needs to be paid to the awareness-raising techniques to be used in areas with low levels of literacy, with the active participation of the villagers themselves.

RECOMMENDATIONS

16. Individual group discussions and initial recommendations are attached as Annexure 4 to this report. The comprehensive recommendations of each group after discussion and review in the plenary are to be found in Section V. The main recommendations are summarized below.

Communication

- (i) Communication methods should be selected in consultation and with the consent of the community.
- (ii) Interpersonal communication, and the delivery of messages through folk arts, fairs and video films involving local actors should be used as more effective communication channels.
- (iii) Community contribution in some form is essential to instil a sense of ownership.
- (iv) Project inputs and activities should be funnelled through the village influencers and functionaries.
- (v) Networking at the village and hamlet level is recommended to facilitate community participation in all the components of the project like health education, training, project planning and implementation, O&M of installed facilities etc.

Health

- (i) A baseline survey should be carried out to obtain the current status and information in respect of present knowledge, attitudes and perceptions of the community in relation to water, sanitation and health related issues.
- (ii) Nutrition education should be imparted concurrently along with health education if it is to have any significant impact on the health standards of the community.
- (iii) The education component of the project should include training on methods of food and water quality monitoring and the corrective actions to be taken.

Technical

- (i) Hydrogeological studies should be undertaken for the correct siting of tubewells and to reach appropriate depths below ground to ensure reliable yields and quality.
- (ii) The community should manage the O&M of the facilities installed. Appropriate training should be imparted to enable this.
- (iii) Private latrines are preferred to community latrines and the community should share the investment costs, though the extent of sharing may vary from person to person.
- (iv) Biogas plants should be encouraged and financial assistance and training for their maintenance should be ensured.

Institutional

- (i) The project should be implemented through existing local government institutions and by creating new institutions (committees) at the village/hamlet level.
- (ii) Guidelines for the composition of village committees and their functions should be evolved. This is to encourage adequate representation to disadvantaged sections such as women, SCs/STs.
- (iii) Separate committees are recommended at village/Block/District level to monitor the project's activities and progress.
- (iv) As far as possible, the project staff should be appointed from amongst the local people.

Training

- (i) The training component should be divided into two main groups viz technical and social awareness groups.
- (ii) Technical training should be given in maintenance and repairs of hand pumps , construction of latrines, providing drainage arrangements for safe disposal of waste water and in water quality monitoring and corrective actions.
- (iii) Training should also be given in creating awareness, health education and assisting in the planning and implementation of the project.
- (iv) Both formal and informal methods of training should be adopted.
- (v) An established institution should train the trainers who in turn will train community members.
- (vi) Government officials and public representatives at block and district levels who are concerned with the project should be sensitized (through training programmes) to issues of social mobilization.

CONCLUSIONS

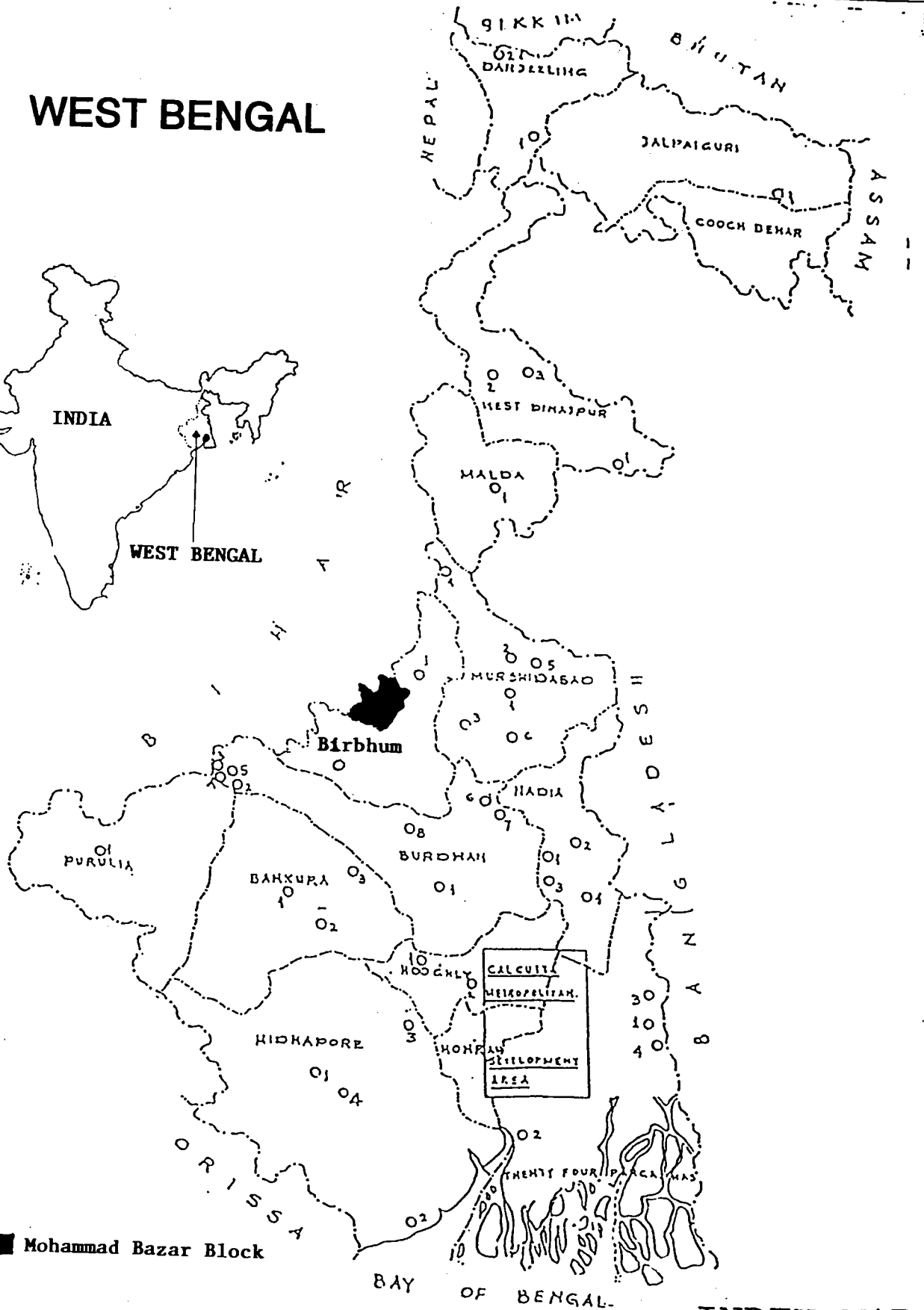
17. Community participation was very vigorous and enthusiastic which served the primary aim of involving the community right at the project formulation stage.

18. There had been some misconceptions about the scope and approaches of the project and this initial dialogue helped to resolve these. It also acted as the initial step in sensitizing government officials of various Departments regarding both the need to understand the community's aspirations as well as the need for better inter-sectoral institutional co-ordination both conceptually as well as in the field.

19. The needs and approaches suggested by the participants varied from person to person and group to group. Keeping in mind that this was only the first dialogue amongst the various partners of the integrated RWSS project, the feedback from the workshop can be viewed at best as indicative of possible approaches that may be workable but not necessarily representative of the larger community.

20. The next step in the project viz situation analysis and baseline surveys (including KAP studies) are expected to bring into focus more clearly the resistance areas and the positive pegs for designing project strategies.

WEST BENGAL



INDEX MAP

SECTION 1

BACKGROUND

1. The International Water Supply and Sanitation Decade (IDWSSD), 1981-90 provided stimulus to governments and concerned international support agencies to accelerate the provision of water supplies and basic sanitation to the rural communities and the urban poor who were unserved or underserved. The Government of India (GOI) attaches high priority to the provision of water supply and sanitation in rural areas to improve health and environmental conditions of the rural community. The launching of the National Drinking Water Mission (under the Department of Rural Development) by the GOI in 1986 represented a major step to further strengthen the Rural Water Supply and Sanitation (RWSS) sector and accelerate coverage of population in this sector.
2. In the past, water and sanitation projects were conceived of and implemented as separate components and the emphasis had tended to be on hardware. This approach has resulted in the health interface suffering from considerable underemphasis. Further, the elements of awareness and motivation which can contribute to community participation and management were not accorded sufficient importance. As a result, the facilities installed were often not utilized effectively or did not sustain over a period of time and became defunct.
3. The National Drinking Water Mission is convinced that there is a need to provide water and environmental sanitation concurrently to derive the maximum benefits for the concerned population and that the facilities installed would be effectively utilized and sustained only through active community participation and management.
4. The UNDP/WORLD BANK Water and Sanitation Programme, Regional Water and Sanitation Group - South Asia (RWSG-SA) shares this view and believes that this can best be demonstrated through implementation of a well-planned medium sized rural integrated water and sanitation project.
5. It is now proposed to undertake such a Demonstration Project in Mohammad Bazar Block of West Bengal. The project site has been selected in consultation with the Government of India (GOI) and the Government of West Bengal (GOWB).
6. The project aims to demonstrate the impact of integrated approach to water and sanitation issues on the health standards

and productivity of the concerned communities. It would also aim to develop a delivery system that is effectively utilized, is sustainable and largely replicable, with local variations.

PROJECT FEATURES

7. The project area would cover 158 villages viz the entire Mohammad Bazar Block. The project would install/upgrade the following facilities with active participation and contribution from the community.

- (a) Drinking water supply
- (b) Sanitary latrines
- (c) Drainage arrangements for safe disposal of waste water from households and water supply delivery points.
- (d) Garbage disposal.

8. The project strategy would emphasize community participation, health education, training, strengthening of the institutions as well as construction of demonstration units (VLOM handpumps, latrines, etc.) before undertaking implementation of hardware components. The emphasis would also be on developing self-reliance amongst the communities in the operations and maintenance of the facilities after these are installed.

OBJECTIVE OF THE WORKSHOP

9. As a first step towards the formulation of the project proposal, a 'Discussion Paper' indicating the scope of the project, its components, the objectives and outline of the possible strategies was prepared by RWSG-SA in August 1990. With a view to familiarize the representatives of the community/government/NGOs with the scope of the project and to obtain their views and suggestions on the felt needs and the best possible implementation strategies, a 3-day workshop was organized at the Panchayat Samiti Office of the Mohammad Bazar Block, Birbhum District, West Bengal during the period October 10-12, 1990.

10. This report presents the proceedings of the workshop.

SECTION II

WORKSHOP ORGANISATION

1. The workshop program was spread over 10 sessions during the period October 10-12, 1990 covering the following topics and was preceded by a pre-workshop meeting with the community representatives on October 9, 1990.

October 9

Pre-workshop Meeting

October 10

Inaugural Session and Speeches	Session 1
Theme Presentations by the Workshop Facilitators	Sessions 2 & 3
Group Discussions	Session 4

October 11

Group Discussions (continued)	Sessions 5 & 6
Group Presentations to the Plenary and Discussions	Sessions 7 & 8

October 12

Group Presentations to the Plenary and Discussions(continued)	Session 9
Summing-up Recommendations and Valedictory Address	Session 10

Workshop closure at 1330 hours.

2. The workshop program (refer Annexure 1) outlines further details of activities in relation to times and themes. The workshop program was very closely followed and the time schedules adhered to.

3. The inaugural session was conducted in a pandal (pavilion) in front of the Mohammad Bazar Panchayat Samiti Office whereas the other sessions were held in the nearby Junior Basic Training College. Adequate venues were made available for the group discussions.

4. The number of delegates registered for the workshop were 129 (refer Annexure 2 for the list). The delegates consisted of

community representative (55, inclusive of Gram Pradhans and Gram Panchayat members), representatives from NGOs (14), State/District/Block level government officials (20), PHED officials (10), representatives of RWSG-SA, workshop facilitators (5) and others.

5. The workshop was structured in a way that would facilitate a participatory approach in the best possible manner.

6. A pre-workshop meeting was organized primarily to familiarize the representatives of the community with the modalities of the workshop and to set the tone for the participatory approach at the workshop. Proceedings of the pre-workshop meeting are presented in Section III of this report.

7. The inaugural speeches were brief in nature and speakers highlighted the fact that the block had been appropriately selected on the grounds that it was located in a drought-prone area and had a high percentage of Scheduled Caste/Scheduled Tribe families. Other aspects that were stressed were the validity of an integrated approach to water and sanitation problems and the crucial need for people's participation, and more especially women, if the project was to succeed and be an example to the rest of the country. The gist of various speeches delivered in the inaugural session is given in Annexure 3.

8. A team of workshop facilitators and a moderator were identified to facilitate the workshop proceedings. These were:

Moderator : Prof. K.J. Nath, All India Institute of Hygiene & Public Health (AIIH & PH), Calcutta

Facilitators

Communication : Ms. Bonani Kakkar, Centre for Marketing, Communications and Development, Calcutta

Training : Prof. A.K. Adhya, AIIH & PH, Calcutta
K.R. Mahapatra, Lutheran World Service, Calcutta

Health : Prof. Indira Chakravathy, AIIH & PH, Calcutta

Technical : Mr. P.C. Sinha, Executive Engineer, PHED, Birbhum

Institutional : Mr. K. Saren, Addl. Dist. Magistrate, Birbhum

9. Various resource persons and the workshop facilitators then spoke on a range of subjects pertaining to the project's

objectives and strategies. Dealing with the software aspects, the speakers stressed the need for active community participation in the formulation of communication and training programmes. There was also stress on the vital aspect of both proper inter-sectoral coordination as well as effective coordination between the government, NGOs and the community. While the improved health of the community was acknowledged as the ultimate aim of the project, the view was expressed that in this regard, the hardware and software elements of the project should be balanced. The workshop facilitators particularly brought out the scope of the respective themes, and the possible sub-themes and issues which could be deliberated on in the subsequent group discussions. Various theme presentations in detail are presented in Section IV.

10. Five groups were formed:

- i) Communication
- ii) Training
- iii) Health
- iv) Technical
- v) Institutional

11. At the conclusion of the group discussions, each group's recommendations were reviewed and discussed in the plenary sessions. Reports prepared by the facilitators containing the list of the participants, proceedings and recommendations for their respective groups are enclosed in Annexure 4. Finally, the moderator presented an overview of all the recommendations. Comprehensive recommendations which emerged from the workshop are given in Section V.

12. The concluding speakers expressed satisfaction about the integrated nature of the project, its objectives and the high level of community participation during the workshop. (Refer Annexure 5 for more details).

13. It should be mentioned here that an important activity that is not reflected in the attached Agenda was the daily post-workshop session meetings attended by the RWSG-SA staff, moderator, facilitators and concerned government officials. The purpose of these daily meetings was three-fold. First, it helped to discuss the activities of the day and make preparations for the next day. Second, and more crucial was to familiarize the facilitators in the spirit and methods of the participatory approach which would be the basis for the group discussions. In this effort, those facilitators with previous experience in this approach were able to communicate their experiences to the others. Finally, a discussion on the sub-themes that the facilitators should try to introduce in order to elicit the community's response helped to bring into sharper focus the objectives and strategies of the Discussion Paper.

SECTION III

PRE-WORKSHOP MEETING

Venue: Mohammad Bazar Panchayat Samiti Office

Date: October 9, 1990 Time: 1100 - 1400 hours

Participants: 50 community representatives comprising of members of village women's groups, Gram Panchayat members, school teachers, etc. Others represented were officials of the Government of West Bengal including Mr. P.C. Sinha, Executive Engineer, Public Health Engineering Department (PHED), Birbhum, Shri K. Saren, Additional District Magistrate (ADM), Birbhum, Shri Abdur Rahim, Sabhapati, Mohammad Bazar Panchayat Samiti, officials of the (UNDP)/World Bank Water and Sanitation Program and the representatives of non-governmental organizations (NGOs).

Objectives:

- i) To familiarize the representatives of the community with the modalities of the workshop.
- ii) To set the tone for a participatory approach at the workshop.
- iii) To stress the importance of active participation by all concerned in the identification of the community's needs and corresponding implementation strategies.

1. The meeting was inaugurated by Mr. Abdur Rahim, Sabhapati, Mohammad Bazar Panchayat Samiti. In his inaugural address, Mr. Abdur Rahim mentioned that this Water Supply and Sanitation Demonstration Project has been initiated jointly by the Government of India, the Government of West Bengal and the UNDP/World Bank. He said that this would be the first project of its kind in the country and that the success of this project would result in undertaking similar projects in other parts of India. Recognizing the pioneering role of the project, especially with regard to active people's participation, he stated that the success of the workshop would primarily depend on this important aspect. In conclusion, he expressed his gratitude on behalf of the community, for Mohammad Bazar Block having been selected as the site of the project.

2. Mr. Arun Kumar Mudgal, Project Officer, UNDP/World Bank Water and Sanitation Program, Regional Water and Sanitation

Group, South Asia, talked briefly about the main characteristics of the project emphasizing that the software aspect was crucial, as in past projects hardware had been installed without the community's involvement and that as a result, the hardware remained unused and/or damaged. He repeatedly mentioned the need for community participation as it represented the essence of the project if it was to be sustainable. Mr. Mudgal further emphasized the need for active women's participation in the project as they were the actual users of water and suffered most when facilities like safe drinking water were not conveniently available. He hoped there would be more representatives from women's groups in the workshop.

3. Going over the salient features of the proposed project, Mr. K. Saren, A.D.M. Birbhum District said that the people of Mohammad Bazar were pleased that this Block has been selected as it is drought prone and there is a scarcity of drinking water. He also said that there was hardly any sanitation in the area. Mr. Saren stated that the project would cover all the villages in the Mohammad Bazar Block, and its emphasis would be more on software than on hardware. The most important component of the project, according to him, was the involvement of the people. He also said that women have to play a very important role as they are the worst affected when the water supply breaks down. Regarding the implementation aspects of the project, Mr. Saren stated that while the project would be implemented by the Government of West Bengal, the community must participate actively in maintaining the hardware components of the project. Mr. Saren said that through the use of software, demand will be generated for all these facilities, especially as there was virtually no sanitation and drainage in this entire block.

4. Mr. Saren pointed out that any hardware component could only function provided the community took responsibility for its maintenance. Discussing the project document, he said that it lists the various issues and that the workshop would discuss these issues in detail in order to formulate the project's approach. A proper formulation of the project proposal could be achieved only when the participants took part actively and fearlessly. He felt that it was only active participation that could result in a proper group consensus.

5. He said that the project was unique in the country and that its success would motivate the Government of India to replicate this approach in other parts of the country.

6. Mr. Saren pointed out that the objective of this workshop was to formulate strategies and approaches to implement the project. He outlined briefly the methodology of the workshop, stressing the participatory approach, group work on different themes, followed by group presentations in the plenary session.

Discussions and review of all group discussions would lead to their final adoption and recommendations.

7. Mr. Keshab Mahapatra, Lutheran World Service, highlighted a few characteristics of the project, namely, the emphasis on software rather than hardware, its duration, and its pioneering nature in that it sought to evolve through community participation. He said that the community must think seriously about the components of the project and try to understand them. He also said that a great element of responsibility had been placed on the community to demonstrate the viability of this type of project in West Bengal.

8. The presentation of the different components of the project generated lot of enthusiasm among the community representatives and started a discussion on the various aspects of the project.

9. A number of interesting questions were posed, of which the following are representative:

1. As the literacy level in the block is low, why is there no stress on this component in the project?
2. How does one ensure drainage of wastewater from households and water supply delivery points?
3. What could be the ideal water and drainage system for the village?
4. How can the water level below the ground be established?
5. What is the use of imparting training to an illiterate person on the maintenance of tube wells and how would this be done?
6. Would the project cover the entire Block?
7. How to get potable water in all the villages of the Block around the year?
8. Why did you select Mohammad Bazar Block?
9. What is the role of women in this project?
10. What could be the role of the school teacher in this project?

10. Many of these questions were answered by the speakers. The selection of Mohammad Bazar Block, it was explained, had been done by the Government of India and the Government of West Bengal for a variety of reasons: the area is drought prone; there is a

well established Panchayati Raj system and also the block is inhabited by a significantly high number of Scheduled Castes and Scheduled Tribes persons.

11. The speakers appreciated the enthusiasm and spirit of the community representatives and stated that more information in response to their questions should derive from the ensuing group discussions in the workshop.

12. The meeting ended with an appeal to the community representatives to take part actively in the ensuing workshop.

13. The pre-workshop meeting was very successful in achieving its objectives and also helped to develop a good rapport between the workshop facilitators, members of RWSG-SA and the community representatives.

SECTION IV

THEME PRESENTATIONS

1. Mr. S.B. Kundu, Chief Engineer, Public Health Engineering Department, Birbhum, in his address "Brief description of the project and expectations from the workshop" stated that while safe drinking water is a must for health the question arises - how safe is the water provided? He stated that there had been a lack of coordination between different departments of the State Government and because of this deficiency, the goal of safe drinking water is still far from being achieved. He said that a lot of good work had been done during the International Drinking Water Supply and Sanitation Decade (1981-1990) by the Government, but that this was not enough.
2. The present UNDP/WORLD BANK Project was unique, he thought, in the sense that it was a Demonstration Project which would help to create community demand for these facilities.
3. Another singular feature of the project proposal was that it was going to be designed through people's participation. He also said that there should be enough discussions and interaction by the people regarding this project so that mistakes committed in the past are not repeated.
4. Mrs. Aloka Mitra, Women's Coordinating Council, West Bengal, in her address on the "Role of NGOs in the Water and Sanitation Demonstration Project" stated that the people, State Government and NGOs should work together for the success of this type of project. She said that while implementing programmes in five districts in West Bengal, she had felt that coordination was crucial for the success of the project. She said that as far as health and environmental sanitation issues are concerned, they have always been given a low priority in the country and this is reflected in the frequent outbreak of epidemics in rural India. She felt that it was important to know explicitly the habits of women in the villages. She also stressed the importance of training at all levels, involving men and women for the effective implementation of the programme. She said that such training should always have follow-up activities such as awareness camps, exhibitions, etc. She felt that if training is conducted during the implementation of the project, it maintains the interest of the villagers. She narrated her experience in implementing sanitation programmes in the tribal villages of West Bengal, where tribals did take part in the maintenance of the facilities. In conclusion she said that frequent meetings at the village level could help to avoid misunderstandings and that school children could be involved to monitor the project.

5. Mrs. Bonani Kakkar, Centre for Marketing, Communications and Development (CMCD), Calcutta, in her talk "Relevance of appropriate communication strategies to project formulation and implementation" gave the example of an African woman, who could not understand how a worm, which she could not see with the naked eye, could enter her body and cause harm. Here she stated that until one applies common sense, communication can never be effective. She said that people to whom we want to convey messages must be understood first - their life style, their food habits, culture must be studied thoroughly. She stated that since people interpret messages differently, one should keep this in mind before deciding the contents of the message. She observed that anything that is imposed upon people cannot work properly.

6. Mr. P.C. Sinha, Executive Engineer, PHED, Birbhum, in his talk on the "Technical aspects of the project" stated that Mohammad Bazar Block, with its twelve Gram Panchayats should take a leading role in implementing this water and sanitation demonstration project. He said that safe water could be provided through tubewells, piped water, etc. He raised the question of safe water and as to how the villagers could ascertain that the water was potable as there was no laboratory in the Block to examine water. He felt that the project should consider providing "Field Kits" to all villages and train villagers in their use. He also said that the ground water level of the Block should be an important consideration for drilling tubewells as places like Dharkanta are part of the drought-prone area of the Block. Regarding sanitation in the villages, he said that this should be discussed at length in the group and observed that the group should try to understand the linkages between health, water, sanitation and drainage. He also raised the issue of proper drainage at the village level and the question of who should bear the costs of such drainage facilities. He said that we should also think of safe disposal of human and animal excreta.

7. Mr. Prabir Sengupta, Minister-in-Charge, Power and Public Health Engineering Department, Government of West Bengal, in his brief address stated that the Government of India had taken up a number of welfare schemes in the past but that none of them could succeed in full measure due to the lack of a proper co-ordinating mechanism. He questioned the reasons for the low level of illiteracy in the Block even though the government had launched a programme of free education for all. He said that the community should build pressure on families so that children are sent to school. He stated that the Government of West Bengal had distributed a lot of money through the Panchayats to provide drinking water in the villages and questioned as to how a large number of villages of this Block still had no access to safe drinking water? He maintained that fifty per cent of the money allocated to this project could be spent on building drainage and

providing safe drinking water. He said that each of the 12 Gram Panchayats should have a demonstration tubewell and latrine.

8. The Minister also felt that the community should involve unemployed youth to spread messages of health and hygiene in the villages. He said that, in his opinion, this project should not have highly qualified officials but on the contrary should have local officials who could be as good as outsiders. In conclusion, he stated that people should have the will-power to implement this project successfully.

9. Prof. Indira Chakravarty, All India Institute of Hygiene and Public Health (AIIH & PH), in her talk on the "Health aspects of the project" stated that the ultimate goal of all development programmes should be the acquiring of good health. She said that when we talk of the basic necessities of life, then we talk of food and safe drinking water. She said that this project could demonstrate the usefulness of safe water in preserving health. Giving an example, she pointed out that in the Integrated Child Development Services (ICDS) anganwadi centre, the usefulness of nutrition supplementation is nullified by the absence of safe drinking water as children become victims of a vicious cycle of diarrhoea and attendant malnutrition. She also felt that better sanitation could bring down the anaemic state of pregnant women which is often caused by hook worm in rural India, leading to low birth-weight babies. She stated that all these matters should be discussed in the group forum.

10. Mr. K. Saren, A.D.M., Birbhum, in his talk on the "Institutional aspects of the project" stated that this demonstration project could be unique as it stresses community participation from the beginning and could lead to many projects of a similar type in the rest of the country. He said that the State Government distributes money through the PHED to the Zilla Parishad which had a standing committee to allocate money to the Gram Panchayat for the installation of tubewells in the villages. However, he pointed out that there was always a lack of adequate staff at the block level of the PHED and as a result when handpumps break down in succession, maintenance becomes a problem. But, he felt, this project could help to build up local capacity through training to overcome this problem. He also said that this could only be achieved through active local participation. He remarked that there was always a lack of proper coordination between different government departments and said that the staff from the ICDS projects or the Health Department, for example, could be involved to look into the quality of water. He also felt that there should be adequate active participation of all the Panchayat Members so as to encourage villagers to contribute in cash or kind so as to ensure that the facilities are maintained properly.

11. Prof. Adhya, AIIH & PH, in his talk on the "Training aspects of the project" stated that training could play an important role in the successful implementation of this project. For this successful implementation, the community members need knowledge and hence training should involve all the Panchayat Members. He cited the example of pump breakdowns and the need for villagers to be trained to repair the pumps themselves. For continuing training at the village level, there should be an adequate number of trainees who also should be trained as trainers. He also stated that training should be at all administrative levels of the State Government. In this regard, he expressed surprise that there was no representative from the Health Department of Government of West Bengal at the workshop.

12. Mr. Keshab Mahapatra, Lutheran World Service, also spoke on training and in his talk narrated his experiences of working with rural people. He said that training should be designed based on the people's popular knowledge. He felt that training was important to this project as only through training could "land and lab" (land and laboratory) be brought together. He stated that this project laid special emphasis on people's participation, through their making the decisions and on their capacity to monitor and evaluate. How, he questioned, could all this happen without training. He also said that this project had an added importance as based on this project's experiences, a number of lessons could emerge which could be a guide to implement similar projects elsewhere in India.

SECTION V

COMPREHENSIVE RECOMMENDATIONS

The recommendations made by the 5 groups formed (institutional, technical, communication, health and training) were subsequently discussed in the plenary session. The full text of these recommendations are contained in Annexure 4, unedited and unabridged in order to retain the flavour of the discussions. What follows here is the list of recommendations that emerged after review in the plenary. The overlaps that are to be found in the unedited group recommendations have been removed. However, these comprehensive recommendations are subject to further review by the GOI, GOWB, RWSG-SA and community representatives to establish the priorities and modalities of their implementation.

1. A baseline survey should be carried out to obtain the current status and information in respect of present knowledge, attitudes and practices (KAP) of the community in relation to water, sanitation and health-related issues.
2. Project inputs and activities should be funnelled through village influencers and functionaries.
3. Networking at the village and hamlet level is recommended to facilitate community participation in all the components of the project like health education, training, project planning and implementation, O&M of installed facilities etc.
4. Community contribution, in terms of money and/or labour are crucial to creating a sense of ownership regarding the project.
5. The project should be implemented through existing local government institutions and through viable committees at the village/hamlet level with adequate representation for women, SCs and STs.
6. Separate committees are recommended at village/block/district level to conduct and monitor the project's activities and progress.
7. As far as possible, the project staff should be appointed from amongst the local people.
8. The training component should be divided into two main groups viz technical and social awareness groups.

9. Technical training should be given in the operation and maintenance of handpumps, construction of latrines, providing drainage arrangements for safe disposal of waste water, in water quality monitoring and corrective actions and for the maintenance of bio-gas plants.
10. Training should also be given in creating awareness, health education and assisting in the planning and implementation of the project.
11. The education component of the project should include training on methods of food and water quality monitoring and the corrective actions to be taken.
12. The project should fund village-level training programmes and the development of teaching aids.
13. Both formal and informal methods of training should be adopted.
14. An established institution should train the village-level trainers who in turn will train community members.
15. Communication methods should be selected in consultation and with the consent of the community.
16. Interpersonal communication, and the delivery of messages through folk arts, fairs and video films involving local actors should be used as more effective communication channels.
17. Hydrogeological studies should be undertaken for the correct siting of tubewells and to reach appropriate depths below ground to ensure reliable yields and quality.
18. While private latrines are preferred, community latrines could also be considered. The community should share the investment costs, though the extent of sharing may vary from person to person.
19. A laboratory should be set up at block-level for water quality monitoring.
20. Bio-gas plants should be encouraged and the community should bear the costs of operation and maintenance of these plants.
21. All government officials and other public representatives at block and district levels should be sensitized regarding social mobilization.

ANNEXURES

WORKSHOP PROGRAM
(10 - 12 October, 1990)

VENUE: MOHAMMAD BAZAR PANCHAYAT SAMITI, BIRBHUM DISTRICT, WEST BENGAL

OCTOBER 10, 1990

Session 1

0900-0930 Arrival and reporting of participants/invitees

- 0930 Welcome address : Mr. Broja Mukherjee,
Sabhadipati, Birbhum
Zilla Parishad
- 0945 Welcome address : Mr. T.K. Burman, District
Magistrate, Birbhum
- 0955 Inaugural address : Mr. Prabir Sengupta,
Minister-in-Charge,
Power & PHED, Govt. of
West Bengal
- 1010 Brief review by : Mr. K.M. Mandal,
Govt. Representative Secretary, PHED, Govt. of
of West Bengal's West Bengal
drinking water supply &
sanitation program
- 1020 Innovative features : Mr. Tauno Skytta, Manager
of the project RWSG-SA, New Delhi
- 1030 Address on community's : Mr. Ferari Marju,
perception of water Ms. Framila Mandal,
supply and environmental Mr. Abdur Rahim,
sanitation issues Sabhapati, Md. Bazar P.S.

1100-1130 TEA BREAK

Session 2

- 1130 Brief description of : Mr. S.B. Kundu, Chief
project and expectations Engineer, PHED, Birbhum
from the workshop

- 1145 Role of NGOs in the project : Ms. Alok Mitra, Women's Coordinating Council, Calcutta
- 1200 Presentation on the relevance of appropriate communication strategies : Ms. Bonani Kakkar, CMCD, Calcutta
- 1215 Presentation on the technical aspects of the project : Mr. P.C. Sinha, Executive Engineer, PHED, Birbhum
- 1230 A few thoughts on the project : Mr. Prabir Sengupta, Minister-in-Charge

1300-1400 LUNCH BREAK

Session 3

- 1400 Presentation on the health aspects of the project : Prof. Indira Chakravarty, AIH&PH, Calcutta
- 1420 Presentation on the institutional aspects of the project : Mr. K. Saren, ADM, Birbhum
- 1440 Presentation on the training aspects of the project : Prof. A.K. Adhya, AIH&PH, Calcutta
Mr. K.R. Mahapatra
Lutheran World Service,
Calcutta

1515-1545 TEA BREAK

Session 4

- 1545 Discussions on the formation of groups and topics for discussion : Prof. K.J. Nath, AIH&PH
- 1615 Initiation of group discussions : Group facilitators

OCTOBER 11, 1990

Session 5

- 0930 Group discussions continue : Group facilitators

1100-1130 TEA BREAK

Session 6

1130 Group discussions : Group facilitators
continue

1300-1400 LUNCH BREAK

Session 7

1400 Presentation by the : Group representative,
Communication Group Ms. Bonnani Kakkar
and discussions

1445 Presentation by the : Mr.P.C. Sinha
Technical Group and
discussions

1530-1600 TEA BREAK

Session 8

1600 Presentation by the : Prof. Indira Chakravarty
Health Group and
discussions

OCTOBER 12, 1990

Session 9

0930 Presentation by the : Mr.K. Saren
Institutional Group
and discussions

1015 Presentation by the : Prof. A.K. Adhya
Training Group and
discussions

1030 Combined review of : Prof. K.J. Nath
agreed recommendations
of all groups

1100-1130 TEA BREAK

Session 10

1130-1300 Valedictory addresses : Dr. Dom, M.P.,
Mr. K.M. Mandal,
Secretary, PHED,
Mr. Abdur Karim,
Sabhapati

LIST OF PARTICIPANTS

- | | | |
|-----|--------------------------|--|
| 1. | Prabir Sengupta | Minister in Charge, Dept. of Power & Dept. of Public Health Engineering, West Bengal |
| 2. | Ram Chandra Dom | Member of Parliament (M.P.) |
| 3. | D. Sen | Member of Legislative Assembly, Mohammad Bazar Assembly Constituency |
| 4. | N.P. Ghosh | Ex M.L.A., Md. Bazar Assembly Constituency |
| 5. | Braja Mukherjee | Sabhadhipati, Birbhum Zilla Parishad |
| 6. | K.M. Mandal | Secretary, PHED, West Bengal |
| 7. | B.K. Mazumdar | Deputy Secretary, PHED, West Bengal |
| 8. | T. Mazumdar | Asst. Secretary, PHED, West Bengal |
| 9. | S.B. Kundu | Chief Engineer, PHED, West Bengal |
| 10. | U.K. Das | Superintending Engineer, PHED, West Bengal |
| 11. | P.C. Sinha | Executive Engineer, PHED, Birbhum |
| 12. | Sujit Kumar Ghosh | Asst. Engineer, RWP, PHED |
| 13. | Jagadish Chandra Hatua | Asst. Engineer, PHED |
| 14. | A. Bhattacharya | Asst. Engineer, RWS, PHED |
| 15. | B. Chatterjee | Asst. Engineer, PHED |
| 16. | Ajoy Kumar Kundu | Asst. Engineer, PHED |
| 17. | Pankaj Mukherjee | Asst. Engineer, PHED |
| 18. | Tauno Skytta | Manager, RWSG-SA, UNDP/WORLD BANK, New Delhi |
| 19. | A.K. Mudgal | Project Officer, RWSG-SA, UNDP/WORLD BANK, New Delhi |
| 20. | G.V. Abhyankar | National Country Officer, RWSG-SA, UNDP/WORLD BANK, New Delhi |
| 21. | P.C. Mohan | Consultant, RWSG-SA, UNDP/WORLD BANK, New Delhi |
| 22. | P.K. Goswami | Consultant, RWSG-SA, UNDP/WORLD BANK, New Delhi |
| 23. | K.J. Nath | All India Inst. of Hygiene & Public Health, Calcutta |
| 24. | Prof. Indira Chakravarty | All India Inst. of Hygiene & Public Health, Calcutta |
| 25. | A.K. Adhya | All India Inst. of Hygiene & Public Health, Calcutta |
| 26. | Smt. Bonani Kakkar | Centre for Marketing, Communication & Development, Calcutta |
| 27. | K. Mahapatra | Lutheran World Service, Calcutta |

28.	Smt. Aloka Mitra	Women's Coordinating Council, Calcutta
29.	Smt. S. Srinivasan	Women's Coordinating Council, Calcutta
30.	Smt. Sunita Vasudeva	National Institute of Design, Ahmedabad
31.	T.K. Burman	District Magistrate, Birbhum
32.	K. Saren	Addl. District Magistrate, Birbhum
33.	Dr. Saha	Chief Medical Officer, Birbhum
34.	S.K. Ghosh	Dist. Planning Officer, Birbhum
35.	B. Chakraborty	Project Officer, ITDP, Birbhum
36.	P.K. Hazra	S.C. & T.W.O., Birbhum
37.	Sukiriti Kaithrya	Social Welfare Officer, Birbhum District
38.	D.I. of Schools	Secondary Education, Birbhum
39.	Social Education Officer	Birbhum
40.	Dist. Youth Coordinator	Nehru Yuva Kendra, Birbhum
41.	Dist. Panchayat Officer	Birbhum
42.	District Youth Officer	Birbhum
43.	Officer & Staff/others	Information & Public Relations, Birbhum
44.	Dianatullah	Karmadhakshya, Birbhum Zilla Parishad
45.	Bidyut Roy	Karmadhakshya, Birbhum Zilla Parishad
46.	Naren Modi	Member, Birbhum Zilla Parishad
47.	Abdur Rahim	Sabhapati, Md. Bazar Panchayat Samiti
48.	G.C. Ghosh	Block Development Officer, Mohammad Bazar
49.	K. Banerjee	Jt. B.D.O., Md. Bazar Development Block
50.	Biswajit Mukherjee	Karmadhakshya, Purta Kerja Sthayee Samiti, Mohammad Bazar Panchayat Samiti
51.	Abdul Hasim	Karmadhakshya, Md. Bazar Panchayat Samiti
52.	Chittaranjan Mondal	Karmadhakshya, Md. Bazar Panchayat Samiti
53.	Nitya Mazumdar	Karmadhakshya, Md. Bazar Panchayat Samiti
54.	Farid Moolah	Karmadhakshya, Md. Bazar Panchayat Samiti
55.	Sadhan Mishra	Karmadhakshya, Md. Bazar Panchayat Samiti
56.	Smt. Lilly Chatterjee	C.D.F.O., Mohammad Bazar (ICDS)
57.	Shaikh Nasiruddin	Member, Md. Bazar P.S.
58.	Sunil Chatterjee	Gram Sevak, Md. Bazar Block
59.	Smt. K. Chandra	L.E.O.S.E., Md. Bazar Block
60.	Smt. Rekha Saha	Representative, Adult Education, Md. Bazar P.S.
61.	Dhiren Bagdi	Member, Md. Bazar P.S.

62.	Pradyut Mondal	Member, Md. Bazar P.S.
63.	Amal Kumar Das	Member, Md. Bazar P.S.
64.	Abdul Kalam	Pradhan, Sekedda Gram Panchayat
65.	Rebati Pal	Pradhan, Angargoria Gram Panchayat
66.	Milan Chatterjee	Pradhan, Bhutura Gram Panchayat
67.	Tarun Mukherjee	Pradhan, Rampur Gram Panchayat
68.	Badhan Soren	Pradhan, Bharkata Gram Panchayat
69.	Chandra Kanta Mondal	Pradhan, Deucha Gram Panchayat
70.	Gopal Sadhu	Pradhan, Puratanagram Gram Panchayat
71.	Gurudayal Roy	Pradhan, Charicha Gram Panchayat
72.	Mukti Pada Mondal	Pradhan, Kapista Gram Panchayat
73.	Kripa Sindhu Bhandari	Pradhan, Md. Bazar Gram Panchayat
74.	Khudiram Let	Pradhan, Gonpur Gram Panchayat
75.	Shaikh Khajanur	Pradhan, Hinglow Gram Panchayat
76.	Smt. Chhabi Roy	Member, Gram Panchayat, Hinglo
77.	Enamul Kabir	Member, Gram Panchayat, Sekkeda
78.	Swadhin Mondal	Member, Gram Panchayat
79.	Lakhindar Rout	Member, Gram Panchayat, Angaria
80.	Golam Hembram	Member, Gram Panchayat
81.	Dhiren Chandra	Member, Gram Panchayat, Deenha
82.	Manmatho Das	Member, Gram Panchayat, Ranjur
83.	Matilal Roy	Member, Gram Panchayat
84.	Smt. Hena Rani Nag	Gram Sevika
85.	Smt. Kanak Kar	Gram Sevika
86.	Smt. Pramila Mondal	Secretary, Mahila Samiti, Giripur
87.	Lakshman Saha	Representative, Gram Panchayat, Md. Bazar
88.	Sanatan Tudu	Representative, Gram Panchayat, Puratangram
89.	Mohammad Harkil	Representative, Gram Panchayat, Puratangram
90.	Radhyashayam Das	Representative, Gram Panchayat, Deucha
91.	Manik Ghosh	Representative, Gram Panchayat, Kapistha
92.	Nayan Singh	Representative, Gram Panchayat, Charicha
93.	Smt. Mani Hansda	Representative, Mahila Samiti, Bharkata
94.	Dhiren Chandra	Representative, Gram Panchayat
95.	Shyam Ghosh	Representative, Gram Panchayat, Hinglo
96.	Basai Murmu	Representative, Gram Panchayat, Bhutura
97.	Manmotha Das	Representative, Gram Panchayat, Rampur
98.	Smt. Rubi Hembram	Representative, Mahila Samiti
99.	Ferai Marju	Representative, Gram Panchayat, Puranagram
100.	Smt. Malati Das	Representative, Gram Panchayat
101.	Smt. Bahamani Tudu	Representative, Mahila Samiti

102. Gurudas Sarkar	Representative, Gram Panchayat, Ganpur
103. Bimal Roy	Representative, Gram Panchayat, Md. Bazar
104. Mati Roy	Representative, Gram Panchayat, Charicha
105. Anandi Mudi	Representative, Gram Panchayat
106. Alima Aziz	Representative, Gram Panchayat
107. Smt. Radharani Bagdi	Representative, Mahila Samiti, Tatulbari
108. Smt. Khandi Bagdi	Representative, Gram Panchayat, Rampur
109. Smt. Chhabi Sarkar	Supervisor, ICDS, Mohammad Bazar
110. Smt. Manju Dey	Supervisor, ICDS, Mohammad Bazar
111. Smt. Jyotsna Mondal	ICDS Worker
112. Smt. Shirpa Ghosal	Anganwadi Worker, Charicha
113. Smt. Alpana Sikdar	Anganwadi Worker, ICDS
114. Smt. Tahamina Khatun	Anganwadi Worker, ICDS
115. Smt. Sulekha Chakraborty	Anganwadi Worker, ICDS
116. Smt. Shipra Dey	Anganwadi Worker, ICDS
117. S. Laha	Project Manager, DIC, Birbhum
118. Jiban Marandi	Manager, KVIC, Birbhum
119. Subrata Guin	Nehru Yuva Kendra
120. Patit Paban Adhikari	Representative, Nehru Yuva Kendra
121. Gopal Dey	Block Youth Officer, Md. Bazar
122. Asit Baran Karmarkar	Representative, Youth Club
123. Sahadev Bhadra	Reporter, All India Radio
124. Tapan Chowdhury	Reporter, Ganashakti Patrika
125. Haradhan Dey	Reporter, Ajoy Weekly
126. Sukanta Chattaraj	Reporter, Kalomegh
127. A.K. Sarkar	Reporter, Trirathabhumi
128. D. Chhottopadhhaya	Reporter, Ajjkal
129. Ashish Kr. Chatterjee	Reporter, The Statesman

INAUGURAL SPEECHES

1. Mr. Braja Gopal Mukherjee, Sabhadipati, Birbhum Zilla Parishad, in his welcome address, expressed his gratitude to the Government of India, the Government of West Bengal and the UNDP/World Bank for selecting Mohammad Bazar Block for an Integrated Water Supply and Environmental Sanitation Demonstration Project. He observed that this area was inhabited by poor people and that the health status of the villagers was very bad, associated with problems of drinking water and sanitation. He requested the participants to try and thoroughly understand the 'Discussion Paper' which had been translated into Bengali and distributed earlier, so that they could participate actively in the group discussions and give useful suggestions. Referring to people's participation in the proper maintenance of facilities like tubewells and wells, he commented that drainage was very important. He felt that once people contribute towards the maintenance of these facilities, the proper functioning of the system was possible. He also said that mass awareness and the active participation of the villagers was crucial to the success of the project.
2. Mr. T.K. Burman, District Magistrate, Birbhum, in his welcome address stated that this project covered water supply, sanitation and health aspects in an integrated fashion. He said that all these aspects would be discussed in detail in small groups where he expected useful suggestions would emerge regarding the implementation of the project. He stressed the role of women as being crucial to this project and requested the women participants to participate actively in the workshop. He said the government would be looking forward to useful suggestions from the participants.
3. Mr. Prabir Sengupta, Minister-in-Charge, Power and Public Health Engineering Department, Government of West Bengal, in his inaugural address thanked the efforts made to implement a Demonstration Project in a backward block like Mohammad Bazar.
4. He remarked that Panchayat Members of this Block now carried a special responsibility for the implementation of this project as its success could result in similar projects in other parts of India. He said that the Government of West Bengal had already introduced planning procedures from the Panchayat at the grassroots level to District and then to the State level. He mentioned that people should be involved in formulation of the strategy and approach of the project. Observing that the 'Discussion Paper' distributed in the local language was not

final, he said that the final shape should emerge through active participation in the group discussions which would take place during the workshop. He commended the idea of setting up a laboratory at the Block level for the detection of unsafe water. He also stated that sanitation was very important at the village level and that people should take this issue seriously. Furthermore he felt that mass education should be involved and that mass education could be fruitfully clubbed with Adult Education. Considering that the literacy rate in the Block was very low, he suggested that the project emphasize this aspect. The Minister stated that the project seemed to emphasize 'High Tech Manpower' at the Block Level which could be counterproductive, as such highly qualified urban people might not have the right attitude to work with the villagers. He also remarked that perhaps the project had overstressed the software component at the expense of hardware aspect.

5. Mr. K.M. Mandal, Secretary, PHE Department, Government of West Bengal, in his address stated that as far as the question of providing drinking water to the villages was concerned, the Government of West Bengal had done a commendable job. But he felt that sanitation in the villages was almost non-existent, and that a lot needs to be done in this regard.

6. He said that the Technology Mission of the Government of India had been working in other districts of West Bengal like Midnapur, Purulia and Bankura but not in Birbhum. This Block, Mohammad Bazar, had been selected as it had a high density of Scheduled Caste/Scheduled Tribes. He also said that the 'Discussion Paper' which had been distributed to the participants would be discussed in detail by the groups to be formed and expected that there would be vigorous group participation in formulating the strategy and approach for the project. He went on to emphasize the importance of involving women members of the community for the success of the project.

7. Mr. Tauno Skytta, Manager, Regional Water and Sanitation Group-South Asia (RWSG-SA) of the UNDP/World Bank's Water and Sanitation Program, stated in his address that the idea of an integrated project derived from past experiences not only in India, but on a worldwide basis. He said that the mere provision of safe water is no guarantee for health unless it is associated with its hygienic use. If the community felt that safe water is the key to their health, then he felt that it would be more motivated towards taking the responsibility for the operation and maintenance of water facilities. He stated that this would only happen when every member of the community was involved especially the women members. In this regard, women could play a crucial role as they could influence their children towards the practice of good hygiene. He thought that community participation should extend further. He said that worldwide experience indicated that the government is looked upon as a provider of facilities.

Giving an example, he said that when this relation of provider and taker existed, when pumps break down, people do not take the trouble to repair the pump and would even drink water from unsafe sources. He stated that through group discussions by the community members the idea of community participation leading to self reliance and ultimately community management of the project with little outside help should emerge. While talking about the idea of operation and maintenance of water facilities at the village level, he stated that there would be mechanics from the village, perhaps women mechanics who could be trained to maintain the water facilities. He also said that the project might offer assistance to individuals to build latrines through loans and subsidies from existing institutions but that the beneficiary would be expected to share the cost of construction either by giving money or money and labour. In this context, he said that villagers would be trained in masonry work so that local capacity is built up.

8. The project, he maintained, would construct some latrines as demonstration units in selected places like schools, anganwadi centres, primary health centres and would also build a few tubewells and install some handpumps in selected villages as demonstration units.

9. Mr. Skytta said that during the workshop the communication component of the project would be looked into as a part of group discussions to see how the proper dissemination of messages among women and children could bring about hygienic practices. He felt that the demonstration project could have a lot of lessons, hopefully positive ones that could serve as a guide to water and sanitation projects elsewhere in India.

10. Mr. Ferai Marju, Puranagram Gram Panchayat, in his talk said that Mohammad Bazar Block was lucky to have an integrated water and sanitation project. He maintained that villagers do not know the use of latrines and so there should be awareness campaigns. He said that the literacy rate in the village being low, education should be incorporated in the project's activities. He assured the workshop of the participation of all villagers for the successful implementation of the project.

11. Mrs. Promilla Mandal, Mahila Samiti, in her talk stressed the importance of involving women, particularly the mothers in the project. She observed that it is the mother who takes care of children and she therefore should be involved in the education aspects of the project. She requested the Panchayat Members to take part actively in the project, keeping the interests of women in the forefront.

12. Mr. Abdur Rahim, Sabhapati, Mohammad Bazar Panchayat Samiti, in his address thanked the GOI, the State Government and the UNDP/World Bank for selecting Mohammad Bazar Block for a Water

and Sanitation Demonstration Project. He observed that the Block suffered from a drinking water problem and that the problem became acute in the summer months, when water had to be provided through tankers. He said that in some areas even wells could not be dug due to low water-levels. He stated that they would try to work hard to implement this project as the success of this project could have an impact all over the country where perhaps similar projects could be implemented. He remarked that the villagers should change their age old practices and should seriously think of better sanitation. Here he stressed the need for education, particularly the need for educating children in the use of latrines. He felt that health education should be a part of the project as this could help villagers to avoid the frequent outbreak of epidemics.

13. He concluded by saying that "we, the villagers", would provide all cooperation for the successful implementation of the project and also bear the responsibility for the proper maintenance of the facilities.

GROUP DISCUSSIONS AND RECOMMENDATIONS

1. After the theme presentations, the participants were split into 5 groups viz. Technical, Communication, Health, Institutional and Training. The groups were so formed that all the categories of the participants (including women, SCs/STs etc.) had adequate representation in each group.
2. The groups discussed their respective themes in detail and made their recommendations on project formulation strategies. These were subsequently presented at the Plenary Session, discussed further and finally adopted by consensus.
3. Each of the Group Facilitators later prepared a detailed report covering the process leading to the recommendations of their respective groups. The reports bring out the gist of the discussions, various issues raised, concerns expressed and finally the recommendations arrived at by consensus. These reports for all the five groups are presented in this section.
4. These reports are produced verbatim from the reports furnished by the individual facilitators, except for the technical group. The technical group's report has been prepared by the Rapporteur deployed for the workshop who was attached to the Technical Group during the group discussions.
5. As the reports are produced by different individuals, they vary in style, language, structure and coverage. With a view to maintain the originality of these reports, none of these have been substantively edited.
6. It is also clear that some of the issues were discussed in more than one group and consequently, some recommendations overlap. For example, each group has made recommendations for setting up committees at each level (hamlet/village/Gram panchayat). Some of the recommendations such as imparting training to community representatives in drilling of rig-bored tubewells or in the techniques of locating sites for drilling of tubewells seem too sophisticated as these require specialized skills and equipment.
7. However, all the recommendations are maintained in these proceedings as drafted by the group facilitators since they reflect the outcome of the workshop.

TECHNICAL GROUP

Venue: Junior Basic Training College. Mohammad Bazar

Facilitator: Sri Prabir Chandra Sinha, Executive Engg. PHED

Rapporteur: Sri T.K. Majumdar

Participants: 8 (Men-5, Women-3)

List of participants

1. Sri Md.Ferai Marju, Member, Puranagram G.P., Heruka
2. Sri Muktipada Mandal, Pradhan, Kapurtha G.P.
3. Smt.Salekha Chakravarty, Worker, Anganwadi Centre
4. Sri Chandra Kanta Mandal, Pradhan, Deucha G.P.
5. Sri Prodjut Mandal, Member, Mohammad Bazar Panchayat Samiti
6. Smt.Bela Sadhu, Worker, Anganwadi Centre
7. Smt.Radhani Bagdi, Member, Tatul Bari G.P.
8. Sri Dhiren Bagdi, Member, Mohammad Bazar Panchayat Samiti

DISCUSSION

8. The participants expressed the opinion that an important issue was the quality of water made available and to assess that, a Block level laboratory was needed. As far as latrines were concerned, the general opinion was that individual latrines were preferable to community latrines and that they were prepared to contribute cash/labour in this regard. SC/ST participants did express their inability to make any cash contributions. Again, the participants agreed that proper drainage was needed at the household and public standpost points and were prepared to contribute their labour. They acknowledged the importance of satisfactory 'garbage disposal' to good health, and suggested the idea of bio-gas plants but expressed doubts regarding maintaining these properly.

RECOMMENDATIONS

9. The technical group recommended the following.

Water Supply

- (i) A hydrogeological study of the entire Block (Mohammad Bazar) should be done to establish the feasibility of

sinking tubewells/wells. etc.

- (ii) Drinking water supply in the villages should be provided in the following order of priority:
 - (a) Tubewells (hand bored/rig bored)
 - (b) Piped water supply scheme
 - (c) Dug wells/wells
- (iii) The community should pay the operation/maintenance cost of the facilities.
- (iv) The community should not be asked to pay the capital cost of construction of facilities.
- (v) Training should be imparted to villagers to enable them to repair damaged tubewells.
- (vi) Tools/plants should be provided to trained personnel.

Water quality monitoring

- (i) A laboratory should be set up for water quality management.
- (ii) "Field Kits" should be provided to Gram Panchayats for water quality management.
- (iii) Personnel should be trained to conduct simple tests to monitor water quality.

Sanitary latrines

- (a) Latrines should be provided at the individual household level.
- (b) "Community latrines" if not individual latrines should be provided (though doubts have been expressed regarding maintenance).
- (c) The expenses of the maintenance of the community latrines should be borne by the community.
- (d) The community should donate land/labour for building the community latrine.
- (e) Individuals should bear the cost of individual household latrines up to 25% of the total cost and take loans from the banks up to 25% depending upon the individual financial capacity.

Drainage facilities

Proper drainage should be constructed for the disposal of waste water and soak pits and kitchen gardens should also be considered.

Disposal of solid waste

- (i) More bio-gas plants should be constructed.
- (ii) Villagers must be trained in the operation and maintenance of bio-gas plants.
- (iii) All expenditures for the operation and maintenance of bio-gas plants to be borne by the community.
- (iv) Suitable steps for the disposal of garbage and use them as compost manure should be undertaken.
- (v) Appropriate training at village level for disposal of solid waste should be arranged.
- (vi) Technical upgradation and disinfection of water in ponds, dug wells, etc. should be carried out.

COMMUNICATION GROUP

Venue: Junior Basic Training College, Mohammad Bazar

Facilitator: Mrs. Bonani Kakkar

Rapporteur: Mr. Sukurti Kaithurya

Participants: 16 (Men - 11, Women - 5)

List of participants

1. Sri Keshudiram Let, Pradhan. Goryur Gram Panchayat
2. Sri Balidan Saren, Pradhan. Bharkatha Gram Panchayat
3. Sri Rebati Pal, Pradhan, Hujargualia Gram Panchayat
4. Sri Manmatha Das, Member. Ranjur Gram Panchayat
5. Sri Shyama Pada Ghosh, Upapradhan, Anglo Gram Panchayat
6. Sri Abdul Hasim, Panchayat Samiti, Karmodhakho
7. Sri Dhiren Chandra, Member, Deenha Gram Panchayat

8. Sri Biswajit Mukherjee, Karmadhokho Panchayat Samiti
9. Sri Pradyut Kumar Das, Youth Club Member
10. Smt. Pramila Mandal, Member, Mahila Samiti
11. Smt. Krishna Chandra, Member, Mahila Samiti
12. Smt. Alpana Sikdar, Anganwadi Worker
13. Smt. Rubi Hembram, Member, Mahila Samiti
14. Sri Sukriti Kaithuya, District Social Welfare Officer
15. Sri Basai Murmu, Member, Buthura Gram Panchayat
16. Smt. Tahamina Khatun, Anganwadi Worker

DISCUSSION

10. The group discussions covered the following points:

- a) Initial reactions to the "scheme"
- b) Awareness of the need for safe drinking water
- c) Barriers to desired behaviour
- d) Information sources on safe drinking water
- e) Awareness of the need for sanitary facilities
- f) Barriers to desired behaviour
- g) Community participation
- h) Perceptions of SC/ST members
- i) Information channels
- j) Strategies for communication

11. The participants wanted to know more about the "Scheme". They had been able to glean some information from the booklet, but they were troubled by the fact that project required people's contribution. One vocal participant then went on to say, "this project was going to exclude the poor and would be only beneficial to the middle class villager". There was general agreement on this point.

12. The facilitator then raised the issue of safe drinking water she asked if there was adequate availability of such water.

13. It was generally acknowledged that safe drinking water is a must. The Left Front Government had provided drinking water to almost all the villages in the area. The participants then dwelt on the quality of the water from these sources. They came to the conclusion that the water was not pure because pools of stagnant water collected near the water pump. Therefore, the safety of the water was in question. Also, there were animals being washed in the ponds; this was a polluting factor for the traditional water source.

14. When the facilitator asked what could be done about this problem, they answered in unison, "nothing, since everyone's business is nobody's business". The discussion went on to cover the futility of having only a few safe water sources. The school master said, "I am educated, I know I should not be drinking pond water. But I often do because I have no choice, I am thirsty - how far must I go! Anyway, my father and grandfather drank that water and we still drink water which we know is not very safe. But we are still alive, I am not sick".

15. The facilitator then asked if there had ever been an outbreak of a water borne disease in the community. Participation at this point was animated, everyone had something to relate. There had, in fact, been an outbreak of cholera, following which massive awareness building campaign on water, linking it to the disease, had made the villagers change their age-old water habits. Fear of contracting cholera had made the villagers boil water, use "halogen tablets" and bleaching powder. Various groups were mobilized to spread the message: health workers, ICDS, Mahila Mandal and Panchayats.

16. One participant mentioned that this method should be used for the Project. A group comprising of ICDS, Panchayats, Mahila Mandals, Youth Clubs, Health Workers and Krishi Sangha should be formed to explain to the villagers the need for using only safe drinking water and latrines.

17. The discussion then turned to latrines. The general feeling was that there was no need for toilets. One elderly gentleman mentioned that 25-30 years ago a "scheme" had brought toilets to Mohammad Bazar Block but through disuse and neglect they were all abandoned. The concept of a community toilet near an anganwadi or hospital did not go over well with this group. The participants wanted to know who would be responsible for cleaning a community toilet or maintaining a tubewell. When asked what happened when a tubewell went out of order and who was responsible for its maintenance, the unanimous reply was: "the Government". But there was usually a delay of 3/4 weeks before it was recommissioned. A few people mentioned that if the pumps needed repair they repaired it with their own money. The local plumber was called in and the Panchayat billed for the services.

Similarly, if a school building needed new doors or windows, or a temple or a mosque needed repairs, the community would pool their own resources, including labour, to do what was needed. But when it came to toilets, there was no such willingness expressed on taking the initiative.

18. The discussion went on to water and sharing. If a pump went dry in an area, would the local residents be allowed to use water from a neighbouring pump? There was some dissension on this point. Most of the participants were of the view that water, being a scarce commodity, is readily shared. The tribals and scheduled caste and scheduled tribe participants stated that they were made to feel like second-class citizens when it came to the use of water even in their own community. It was mentioned that they were always made to stand at the end of a long queue. Even when they were going to collect water from the village pond - they could not use the same ghat. If caste Hindus were already in the pond, they would have to wait discreetly till the former finished. The facilitator said, "...but the water is the same - no matter what ghat you use". To this, the social worker, the ICDS worker, as well as some men in the group said that "even at temples we don't allow them to perform the arati with us". When asked who insisted on this, there was much laughter and they said, "the pandit of course". One of the women volunteered that whenever she visited the temple she would pointedly ask the pandit to permit her to pray and offer flowers before the SC/ST., who were there ahead of her. The vocal tribal representative at this point interjected - "no, no, community pumps and latrines would never work here". When the facilitator asked what happens when the two groups have to share a common facility, for example, during the workshop or at a hospital, they said, "that is different".

19. Concern was also expressed by the SC/ST participants as to whether having one pump in their village would disqualify the SC/ST group from having another pump of their own. Here the participant stressed that his community would not be willing to wait for their turn (always at the end) for water. They would rather drink water which is polluted (pond water) than wait. The facilitator asked: "how do you know that the water is polluted?" This made them loosen up and they explained the different ways in which the water got polluted: cattle and humans using the same pond. They said, "you should come and see for yourself ...what option do we have? Bad water is better than no water".

20. This provided an opening to probe the existing beliefs about water borne disease. The participants felt that, except for the outbreak of cholera, they had no water borne diseases.

21. When asked what would be the best way to reach the villagers, specifically the women, with health messages, the group stressed the effectiveness of teams comprising local people.

plus an outsider who would add "novelty". This, they indicated very insightfully, would serve the dual purpose of familiarity making persuasion easier as well as novelty generating higher attention.

22. From this, the discussion flowed smoothly into the question of what communication strategies might work for the project. The participants stressed two things: first, they would not advocate the use of mass media, such as radio or TV. The reason, they said, was that these media were either not accessible or, in the case of radio, they were not seen as providing interesting or relevant new information. Second, the need for a sustained communication programme was emphasized: they cited the example of the tremendous campaign launched to promote boiled water during the cholera epidemic: even though they all understood and agreed with the need for this, the effect of the communication programme was short-lived because once the threat had passed, so did the fear and the practice of boiling water. There should have been a more sustained effort.

List of concerns

23. Participation by the poor -- how would they, if this project was going to be contributory.

24. Threshold level of resources to support the communication -- while this was expressed primarily as a worry relating to the number of trained personnel deployed to tackle the communication task, the concern really could pertain to adequacy of inputs. Thus, a suggestion was made of a pilot project which would allow for concentration of resources.

25. Sustaining the communication programme -- related to the above, but not based as much on scepticism was the question of the communication programme's duration: without this, it was felt, the behaviour change desired would not happen.

26. Insufficient penetration of safe water sources - a major worry about the project was that unless a large number of tubewells were installed, other water sources which were more readily available (and more polluted) would continue to be used.

27. The mood of the group was one of anticipation and keenness. The task of making the people feel that the project was their own was a challenging one. The group expressed the feeling that "it is for our own good, therefore, it has to be done".

28. In contrast to this determination, the SC/ST representatives expressed reservations about the project and were much more demanding of the government.

RECOMMENDATIONS

29. The participants came up with the following recommendations.

- (i) Village level groups should be formed to carry out the communication campaign. Health and ICDS workers, adult education teachers, Krishak Sabha and Panchayat members should be part of this team.
- (ii) Communication methods will be selected by this group at the Panchayat level. Different methods may be appropriate in different villages.
- (iii) Every panchayat should put up one demonstration latrine in every village (total 12). These same villages should also receive health and water inputs so that there is a concentration of the demonstration effect. The observable benefits of this pilot will spread to the other villages within the panchayat. Communication will integrate these inputs into one package. Only through such intense pressure would sanitation be accepted.
- (iv) Video and films should have as content both positive and negative aspects of water and sanitation: the dangers as well as the health benefits.
- (v) Contests should be organized to create folk songs, bhadu, lok sangeet, panchrosh and alkap on health themes. Video films made locally should be shown in the villages. Theatre and jatra are other means of communication to the villagers. The health message would be embedded in the plots.
- (vi) The need for direct face-to-face communication was also recommended. A committee comprising of local opinion leaders and project personnel would be given the task of doing a door-to-door campaign for safe drinking water. Special emphasis must be given to reaching women since they are the primary target group.
- (vii) The village level committee (motivators) will have to have complete knowledge of the project. The motivators will have to undergo special training.
- (viii) If this project has to be a community rooted project, it has to be made contributory, both monetarily and with labour. Since a large number of villagers were expected not to have the economic means to participate with money, the "shramdaan" option was emphasized.

(ix) While the panchayat would serve as the primary funnel through which the project inputs and activities would enter the village, Santhal villages have an identifiable village leader -- the mastagir. He would have to be given some role so that his constituency is also coopted into the project.

HEALTH GROUP

Venue: Junior Basic Training College, Mohammad Bazar

Facilitator: Prof. Indira Chakravarty

Rapporteur: Smt. M. Sanyal

Participants: 19 (Men-10, Women-9)

List of participants

1. Dr. D. Saha, Chief Medical Officer(H)
2. Smt. Hema Rani Nag, Gram Sevika, Nobara
3. Smt. Bahamani Tudar, Member, Mahila Samiti
4. Smt. Chabi Sarkar, Supervisor, ICDS
5. Smt. Malati Tudar, Member, Mahila Samiti
6. Smt. Lily Chatterjee, CDPO, ICDS
7. Smt. Sipra Dey, Anganwadi Worker, ICDS
8. Sri Abdul Kalam, Pradhan, Sekeda G.P.
9. Sri Amal Kumar Das, Member, Mohammad Bazar Panchayat Samiti
10. Sri Lakshman Saha, Member, Mohammad Bazar Gram Panchayat
11. Sri Nitya Gopal Majumdar, Karmadhakya, JSS
12. Sri Hemchandra Prosad, Employee, Mohammad Bazar PHC
13. Smt. Manju Dey, Supervisor, ICDS
14. Sri Rabindranath Das, BSI, Mohammad Bazar PHC
15. Smt. Mahamaya Sanyal, Nursing Officer, District PHC
16. Smt. S. Chowdhury, SWS, Mohammad Bazar PHC
17. Sri T. Mandal, BMO, Mohammad Bazar PHC
18. Sri Santi Pada Dey, HMO, Mohammad Bazar PHC
19. Sri Mrinal Saha, CHSO, Mohammad Bazar PHC

DISCUSSIONS

30. The group discussed the health aspects for the proposed Integrated Rural Water Supply and Environmental Sanitation Demonstration Project, which is to be started by the UNDP/World Bank in collaboration with the Government of West Bengal and the National Drinking Water Mission, Department of Rural Development, Government of India. It met in the afternoon of 10th October, 1990 for about two hours and again in the morning of 11th October, 1990 for about four and a half hours.

31. There was a detailed discussion on all aspects of the existing health situation in the area, which included identification of problems and prospects along with suggestions for possible inputs, which could go a long way in improving the health status of the population residing in the area.

32. The facilitator in her opening remarks indicated that the ultimate aim of the project is to improve the health status of the population. Therefore whatever inputs that are given to the community by way of water, sanitation etc. should have this ultimate objective in mind. She further mentioned some of the focal aspects particularly in relation to nutrition/health, environment, education and social structure which are inter-linked in any programme. Therefore, one of the main topics which was discussed in this session was the problems and prospects of inter-linkage and co-ordinated efforts that need to be built up.

33. There was very active participation from all the local participants who showed great interest and had a very clear ideas of the things that need to be done for a project like this to be successful. It was specially heartening to see that the women participants (which was about 50%) took a very active role and highlighted some of the important issues related to women and children. The health group therefore in its deliberations covered all aspects of inter-sectoral co-operation keeping in mind the health problems of the vulnerable groups of women of all age groups and children who are the major victims of undernutrition and infection.

34. The recommendations that were drawn up at the end, based on the proceedings of the meeting are listed at the end of this discussion by the 'Health' group.

35. In the following few paragraphs the deliberations that took place in the course of the meeting are summarised.

36. The village representatives, the ICDS functionaries, the representatives of women organisations, Gram Sevikas, and the personnel from Health Department took a very active role in the deliberations. There were a few who differed on certain ideas but eventually the recommendations that were brought forward was unanimously supported by each and every member of the group.

37. Sri Nitya Gopal Mazumdar, Karmadakshya, Janasasthya Sthayee Samity clearly indicated that there should be a committee which should go right down to the level of the villagers so that the programme could reach the villagers directly. He felt that the permanent public health committee at the Block Level could look into the overall broad aspects but a sub-committee has to be formed at the village level where the members should all be workers from the Government-side like ICDS, Health, PHED etc.

along with the villagers at all levels. He was supported by each and every member of the group.

38. Sri Abul Kalam Sekedda, Gram Pradhan, in his initial comments mentioned very clearly that the drainage in the villages was extremely poor and all the refuse water comes back into the village and pollutes the water sources. Since this did not come directly under the input for health, the group felt that this recommendation should be forwarded to the Technical Group which will decide upon engineering intervention programmes. However it was agreed by all that this is possibly one of the major causes of water pollution in Mohammad Bazar and needs to be prevented immediately to uplift the health and nutritional status of the community.

39. The entire group unanimously recognised the importance of sanitation facilities to prevent faecal contamination of drinking water. The village representatives felt that there was a total lack of latrine facilities in the villages and this was a major cause of acute as well as chronic gastrointestinal tract problems in the area including other diseases like worm infestation etc. The group therefore strongly recommended that a programme should be taken up on war footing to develop sanitation facilities by way of building individual latrines if possible, otherwise at least community latrines to safeguard the health of the people and prevent infection. For this the local government should initiate all help with support from World Bank. This recommendation was also forwarded to the Technical Group.

40. The group felt that quite often the pollution of water sources was because of water sources having an improper platform whereby the polluted water flows back into the water. Therefore all the group members felt the construction of pucca platform for tube wells, wells, ponds etc. are needed. This recommendation was also forwarded to the technical committee.

41. Sri Abdul Kalam, further mentioned that the method of disinfection of the existing drinking water sources like the wells, ponds etc. is not known by most of the villagers. It would therefore go a long way if the State Government (Health Department) could ensure a regular supply of bleaching powder etc. and teach the representatives of the Panchayat how to purify the water. Since this is an ongoing programme of the Department of Health, Government of West Bengal, the group felt that during the progress of the project the Health Department should get the necessary support from the local government to ensure the disinfection programme. This was supported by most of the participants like Sri Lakshman Saha, Member, Md. Bazar G.P., Sri Amal Kumar Das, Member, Md. Bazar, P.S. Smt. Lily Chatterjee, CDPO, ICDS and others.

42. The importance of the maintenance of water quality was discussed in great detail and it was felt that there should be regular analytical facilities available to maintain quality not only for microbiological infestation but also for chemical testing which indicates the presence of pollutants like pesticides, heavy metals etc. This was supported by most of the members including Sri Nitya Gopal Mazumdar, Sri Lakshman Saha, Sri Hemchandra Prosad, Smt. Sipra Dey, Smt. Malati Tudu, Smt. Chabi Sarkar, Smt. Hema Rani Nag and others. Building of water quality laboratory in the area was strongly recommended.

43. The problem of personal hygiene was discussed in great detail and it was felt that education was one of the priority interventions that is required in Mohammad Bazar for the upliftment of the health status. This was supported unanimously by all the members of the group including Dr.D. Saha, CMOH, Birbhum. other representatives of the Health Department etc. The women were especially vocal about this.

44. Along with the personal hygiene. several other related aspects were also discussed like disposal of garbage, disposal of the corpses of dead animals etc. and it was felt that provision of these facilities along with supportive education to the population was of prime importance.

45. The representatives of the women's group and also the Gram Panchayat Pradhan indicated that the villagers have certain bad practices with regard to their food habits viz.

- (i) The fish or vegetables which are quite often the source of worm infestation. are normally not washed or cleaned or colled properly. This often leads to bad health.
- (ii) Many of the villagers have a habit of storing food improperly for a couple of days and eating it after it becomes stale.
- (iii) The general hygiene of cookery and food handling is very poor.
- (iv) The population as such has no knowledge about nutritive food etc.

46. For all these aspects it was felt that nutrition education should be given prime importance without which none of the above-mentioned problems could be alleviated. The group realized that gastrointestinal disorder is the most common source of undernutrition which eventually leads to chronic bad health. Therefore, it was very strongly felt that without safe water and safe food the health of a community can never be improved. This can only be done if the community is made aware of these two facts.

47. Hence the group felt that it is essential to have the back-up system of a food quality monitoring laboratory along with the water quality monitoring laboratory in the area to safeguard food and water.

48. The women's group very strongly indicated the importance of women's education in respect of personal hygiene, environmental sanitation, nutrition education etc. for uplifting the health of women. This was voiced by Miss Malati Tudu and strongly supported by all women members and also the male members of the group. Smt. Lily Chatterjee further mentioned that the male folk of the community should be made aware of the needs of the women. Without a coordinated effort of both the men and the women in the community it is not possible to improve the health of the community. It was further mentioned that health and nutrition monitoring should be done not only for pregnant and lactating mothers but for all the women who are in the reproductive age group, which is 15-45 years. The group felt that the men should be made aware of the need to maintain the health of a young girl so that she can become a healthy mother tomorrow.

49. The importance of supportive health programmes like oral rehydration therapy and deworming for the success of this project was voiced by every member.

50. The entire group however very strongly commented on the fact that there is no data base available on the Mohammad Bazar area to know the existing health and nutritional status of the community. Therefore, it is absolutely imperative that a preliminary survey has to be done covering certain critical areas of nutrition, related health factors, environment etc. to know the starting point. This should be followed up by mid-project as well as post-project surveys to monitor the progress of the project and ultimately to assess its impact on health and nutrition, which is the prime objective of the entire programme. The group discussed in great detail the content of the survey schedules which should be covered to indicate the existing situation. These are detailed in the 'Recommendations'.

51. Therefore after painstaking and detailed deliberations all the members of the Health Group decided to highlight in their final recommendations certain broad areas covering the following aspects.

1. Pre-project, mid-project and post-project surveys.
2. Monitoring of water and food quality.
3. Nutrition and health education.

4. Formation of a caretaker sub-committee at village level.
5. Motivation and strengthening of certain existing government programmes in the health as well as the PHED sector.
6. Certain technical inputs to be provided simultaneously (which is a recommendation to the technical committee).

52. In conclusion therefore the group ended on a unanimous note that without improvement in the health and nutrition situation of the community the conducting of such a programme will not be able to fulfill its ultimate aim and objective. Hence, while drawing up the protocol of the project the importance of health and nutrition-related needs should be kept in mind.

RECOMMENDATIONS

53. The recommendations of the working group on health mainly aimed at highlighting the importance of intersectoral co-ordination for any programme of this kind to be successful. For this particular project, a joint endeavour and participation of the PHE Department, Health and Family Welfare Department, ICDS, Panchayat, Mahila Samity, Local Club etc. was felt essential.

The recommendations that emerged from the deliberations are as follows.

Initial Base Line Survey

54. As no survey has ever been done to assess the existing situation in relation to health and environment in the Md. Bazar area, the group very strongly felt that a survey at the very initiation of the project of this effect is absolutely essential. This survey may be done as a joint endeavour of the Health and PHE Department with help from ICDS, Mahila Samity, Clubs and the Panchayats. The group felt that the technical help and training to conduct such a survey should be provided by the AIH&PH, which should help in training core groups to act as leaders at the community level surveys. The areas to be covered under the survey should broadly include: family information, information on water-borne diseases and their management, source and use of water, removal of night soil, garbage etc., water drainage, personal hygiene, socio-economic status, assessment of nutritional status, food intake pattern, quality and quantity, behavioral aspects, water quality including chemicals, pollutions etc., food quality and the work load of women.

Health and nutrition education

55. The group strongly felt that health and nutrition education has to be an integral part of the project. Without this competent the impact of any other input in the project would remain incomplete.

The areas that were highlighted to impart health and nutrition education broadly covered the following:

Personal hygiene, use of water, purification of water, use of latrines, garbage disposal, disposal of dead carcasses of animal, cowshed hygiene and disposal of animal waste, control of diarrhoea, use of breast feeding, cooking methods, food preservation, food sanitation, food quality and quantity, nutritional requirements of children and the nutritional requirements of women in the age group 15-45 years (reproductive age group), pregnant and lactating mothers. Men should be made aware of this too.

56. However, with regard to the modalities that need to be stressed with regard to health and nutrition education, the following were felt necessary:

1. Locally-developed audiovisual aids should be used.
2. Theatres, jatra etc. may be developed to this effect.
3. The villagers should decide where, how, when and to whom the education should be imparted.
4. Meetings/workshops may be conducted at village level where outside experts on health may be invited to motivate the people.
5. The project should take the help and advise of all local authorities working in this area, health/PHE Department, ICDS, Mahila Samity, Clubs and of course the Panchayat.

Monitoring of water and food quality

57. It was felt absolutely essential that the project must ensure the monitoring of quality of the available water and food in the area. A few recommendations in this area include:

1. Public to be made aware of the importance of water and food quality monitoring.
2. Training to be imparted to local personnel to monitor food and water quality.

3. Laboratory facilities (if provided by Govt.) to be strengthened. Personnel should be motivated to man the labs.
4. To make the Panchayat aware of the method of disinfection of surface water sources.
5. Water quality monitoring including chemicals pollutants (Pesticides, heavy metals etc.)
6. Food quality monitoring for chemicals.

Motivation to the Health Department to strengthen some of their existing programmes

58. This includes: Oral rehydration therapy and deworming.

Local Committee at village level

59. There is a permanent Public Health Committee at the Block Level. It was recommended that sub-committee should be formed at each village to function under this main committee to conduct and monitor the progress of the health impact of the project. The members of these sub-committees may be the Village Health Worker, Anganwadi worker, School Teacher and village representatives from all levels.

Recommendations that are to be followed up by the Technology Group

60. The following technical inputs were felt to be essential for protecting the health of the people in Mohammad Bazar:

1. Proper water drainage from all sources to be prevent pollution of the existing water sources in the villages.
2. To construct platforms for tube-wells, wells etc. and build banks around the ponds.

Conclusions

61. In conclusion it may be stated that the group very strongly felt that there should be an overall monitoring of the impact on health by this project at every level. This should be assessed at the pre-project level, in between (mid-stream) and also at the termination of the project. The importance and credibility of the project totally depends on the impact it has on the health status of the community in Md. Bazar.

INSTITUTIONAL GROUP

Venue: Mohammad Bazar Panchayat Samiti

Facilitator: Sri K. Saren

Rapporteur: Sri S. K. Ghosh

Participants: 20 (Men-17, Women-3)

List of participants:

1. Sri Milan Chatterjee, Pradhan, Bhatua Gram Panchayat
2. Sri Gurudayal Roy, Pradhan, Charicha Gram Panchayat
3. Sri Gopal Sadhu, Pradhan, Puratangram Gram Panchayat
4. Sri Sanatan Tudu, Pradhan, Mohammad Bazar Gram Panchayat Samiti
5. Sri Md. Harkils, Member, Puratangram Gram Panchayat
6. Sri Radhashyam Das, Representative, Deucha G.P.
7. Sri Lakhirder Routh, Representative, Angari G.P.
8. Sri Nayan Singh, Representative, Charicha G.P.
9. Smt. Mani Hansda, Representative, Mahila Samiti, Bharkata G.P.
10. Smt. Rekha Saha, Representative, Adult Education, Md. Bazar G.P.
11. Smt. Shipra Ghoshal, Anganwadi Worker, Charicha G.P.
12. Sri Sunil Chatterjee, Gram Sevak, Mohammad Bazar Block
13. Sri Naren Modi, Member, Mohammad Bazar G.P.
14. Sri Shibaram Karmakar, Representative, Youth Club
15. Sri Abdur Rahim, Sabhapati, Mohammad Bazar Panchayat Samiti
16. Sri G.C. Ghosh, Block Development Officer, Md. Bazar Block
17. Sri Kanai Banerjee, Jt. Block Dev. Officer, Md. Bazar Block
18. Sri. P.K. Hazra, S.C. & T.W.O., Birbhum
19. Sri S.K. Ghosh, Dist. Planning Officer, Birbhum
20. Sri Manik Ghosh, Representative, Kapistha G.P.

62. Sri K. Saren, A.D.M., Birbhum and also Nodal Officer of the Project started the discussion on 10/10/90 after formation of the Group. Shri Abdur Rahim, Sabhapati, Md. Bazar Panchayat Samity participated in the discussion on 10/10/90. Smt. Aloka Mitra, Hony. Secretary of West Bengal Women's Co-ordinating Committee also participated in the discussion. The discussion could not be continued on 10/10/90 for want of time.

63. A group discussion was again initiated by Sri K. Saren, A.D.M. Birbhum and Nodal Officer of the Project at 9.30 A.M.

64. Sri Abdur Rahim, Sabhapati, Md. Bazar Panchayat Samity was otherwise busy with the Minister's Programme, so he could not take active participation in the Group Discussion on 11/10/90.

65. Sri Abdur Rahim, Savapati. Md. Bazar Panchayat Samity took active-participation in the group discussion after lunch.

66. The following participants raised questions on various topics/subjects which are as under:

- (i) Sri Milton Chatterjee. Pradhan. Bhutura G.P:
 - (a) Whether drain will be constructed either pucca or kachha?
 - (b) Whether tax will be imposed by local Panchayat towards supply and maintenance for drinking water?
- (ii) Sri Sonatan Tudu. Member of Panchayat Samity
 - (a) How drinking water supply may be made available at Mouza-Hatgachha under Bharkata G.P. where level of drinking water is not available even after digging of tubewell/ ringwell/machinery well upto 40" depth as because of existing of hard rock?
- (iii) Sri Gopal Sahdu. Pradhan. Purrantangram G.P.
 - (a) Purrantangram G.P. the existence of iron in water is more than average than that of any other G.P.S. of the Panchayat Samity and as a result of that the tubewell and its pipes including trainer are getting out of order within the period of 6 months to 1 year and so the maintenance cost becomes high. The water of masonry oil not only in that G.P. but also in other G.P.S. is saline. How the problem can be solved?
- (iv) Sri Gurudayal Roy. Pradhan. Charicha G.P.
 - (a) No other source of drinking water except the source of one fountain/spring at Mouza Tangsuli under at Charicha GP. This source of water remains throughout the year. This source of water is located about 1/2 km from the human habitation. How the drinking water facility can be made available at the middle point of the human habitation?
- (v) Sri Radhavashyam Das. Representative of Deucha Gram Panchayat
 - (a) As per discussion paper of the workshop it has been mentioned that the demonstration of lavatory would be made at school pemises, G.P. pemises and club houses. Whether the purpose for introducing

the facility of latrine for the villagers would be served?

- (b) As per discussion paper of the workshop it has also been mentioned that the schemes would be executed in those villages where the lion's share would be made available from the concerned villagers/community. As Mohammad Bazar Panchayat Samity has the population of S.C. & S.T. covering 48 villages and also as because most of the SC&ST people are economically poor, how the lions share can be expected from those SC&ST people?
- (vi) Sri Manik Chandra Ghosh, Representative of Kapistha G.P.
- (a) How the pupils of primary school may be attached / involved in this project?
- (vii) Smt. Rekha Saha, Representative of Adult Education (Female) Md. Bazar G.P.
- (a) How women may be motivated through the Adult Education Centre?
- (viii) Smt. Sipra Ghosal, Anganwadi Worker under Charicha G.P.
- (a) How children and mothers may be motivated about the programme from A.W. Centre?
- (ix) Smt. Mani Hansda, Representative from Mahila Samity
- (a) How the children and mothers in tribal areas may be involved/motivated about the project if literature is not available through AL-CHIKI script?
- (x) Sri Kanani Banerjee, Jt. B.D.O. Md. Bazar Dev. Block
- (a) Whether Project Co-ordinator and other experts would be appointed/posted from the locality, Md. Bazar/Birbhum?
- (xi) Sri Abdur Rahim, Sabhapati, Md. Bazar Panchayat Samity.
- (a) Who will pay for the cost of transportation and other incidental expenses of the Gram Committee Anchal Committee, holding meeting and other programmes. Will it be borne by the Project?

(b) What is the percentage of total allocation towards/for creation of permanent assets?

(c) Whether additional funds would be available in case of need for the community?

RECOMMENDATIONS

67. After detailed discussion among the participants present, the following unanimous recommendations were made.

- (i) The Panchayat System has become a very organised institution in West Bengal after 1978. so the entire programme of the project will be executed through the Panchayat Institutions-at District Level through Zilla Parishad, at Block Level through Panchayat Samity and at Village Level through Gram Panchayat with active participation of the community involving the local Govt. and Non-Govt. Organisation/Institution.
- (ii) At District Level there is a Janaswastha Sthayee Samity attached to Zilla Parishad and that Sthayee Samity would be in the overall supervision of the Project in respect of the District at Block level 1. I.S.S. Panchayat Samity would similarly be in the overall supervision of the project in respect of the project Block. At village level the G.P. would similarly be in the overall supervision of the project in respect of concerned Gram Panchayat area.

68. For ensuring maximum participation of the community at the grassroots level the working group recommended the following committees/activities to be formed and adopted as under.

- (i) Village level committee should be formed with 3 to 7 members as per population of the village which be selected by the villagers of the concerned village. In the village level committee representation from women should also be considered and at least 1 woman member should be included in the village level committee where the total number of such committees would be 3 and in case where the total number would be more than 3, then the number of women member should be at least 2. Facilitator of the G.P. will be the convenor of the Committee. Where there is mixed population at any village, proportionate representation from SC&ST should be ensured by the village level committee.
- (ii) Anchal Samannay Committee (G.P. Level Co-ordination Committee) should be formed with the Convenors of Village Level Committee of the G.P. and the facilitator.

of the G.P. The Pradhan of the concerned G.P. will be the Chairman of this Anchal Samannay Committee. This committee will coordinate the Village Level Committees with the Gram Panchayat. Anchal Samannay Committee would also select one convenor from them.

- (iii) At the Panchayat Samity Level the J.S.S. may be extended including the Extension Officers of concerned Deptts. i.e. Education, I.C.D.S. Health, P.H.E./R.W.S. and the Project Co-ordinator of the Project.

69. The Village Level Committee will deal with all the issues relating to water supply, health and environmental sanitation including operation and maintenance. The said committee will also deal with community contributions in the shape of cash/kind/manual labour.

70. The Anchal Samannay Committee will deal with the selection of Mistris and Masons for training. The said committee will also deal with the selection of local institutional trainees i.e. Primary Schools, Anganwadi Workders, Adult Education Centres, Non-formal Education Centres Mahila Samities, Local Clubs, Health Workers and others at grass root level.

71. Monitoring committee should be formed at District, Block and Gram Panchayat Level as under:

- (i) At District the Monitoring Committee may be formed with the Sabhadhipati, Karmadhyaksha of J.S.S., District Magistrate, Executive Engineer, P.H.E., Project Co-ordinator, Sabhapati of P. Samity and B.D.O of the Block. The Sabhadhipati will be the Chairman and the Exec. Engineer, PHE the Convenor of the committee.
- (ii) At Block level, Monitoring Committee may be formed with the Sabhapati, Karmadhyaksha of J.S.S., B.D.O. Project Co-ordinator, S.A.E., R.W.S., and all G.P. Pradhans. The Sabhapati of P. Samity will be the Chairman and Jt. B.D.O. as Convenor of the Committee.
- (iii) At Gram Panchayat Level a Monitoring Committee may be formed with the Pradhan, Upa-pradhan, G.P. members, Convenors of Anchal Samannay Committee, the facilitator of the G.P. and local Gram Sevak. The Pradhan will be the Chairman and he will also act as the Convenor.

72. Other recommendations are also as under:

- (i) A Laboratory for testing of quality of water should be immediately set up at Block Level.

- (ii) Funding for developing human resources at Village Level, G.P. Level. Panchayat Samity Level should be made available from the project.
- (iii) Formation of Women's Group at village level should be encouraged.
- (iv) There is no provision for Accountant, Group 'D' Staff and Night Guard for the Project Office. One Accountant and one Group 'D' staff should be posted in the Project Office. The Night Guard and Part Time Sweeper who were engaged at the C.D. Bungalow now being used at Project Office, should be allowed to work on deputation in the Project Office.
- (v) All staff of the Project Office should be selected from the Block or District who have acquaintance with local situation of the Project Block on merit basis as far as possible.

73. The following participants from the Education Department also participated in the discussion in the later part of the discussion after lunch on 11.10.90.

1. Sri Sanat Kr. Ghosh, D.I. of Schools (S.E.), Birbhum.
2. Sri Prasanta Kr. Banerjee, D.S.E.O., Birbhum.
3. Sri Mujibur Rahaman, Extension Officer, Social Education (HQ).

TRAINING GROUP

Venue: Junior Basic Training College, Mohammad Bazar

Facilitator: Prof. A.K. Adhya
 Professor of Sanitary Engineering
 All India Institute of Hygiene & Public Health, Calcutta
 Mr. Keshab R.D. Mahapatra
 Deputy Programme Coordinator (Training)
 Development Communication Unit
 Lutheran World Service (India)
 84 Dr. Suresh Sarkar Road
 Calcutta 700 014

Rapporteur: Ms. Sandhya Srinivasan
 Coordinator
 Women's Coordinating Council, Calcutta

Participants:

17 (Men - 14 : Women - 3)

List of Participants

1. Sri Kripasindhu Bhandari, Pradhan, Mohammad Bazar Gram Panchayat
2. Sri Tarun Mukherjee, Pradhan, Rampur Gram Panchayat
3. Sri Sheikh Khazanur, Pradhan, Hinglo Gram Panchayat
4. Sri Gurudas Sarkar, Representative, Ganpur Gram Panchayat
5. Sri Enamul Kabir, Representative, Sekedda Gram Panchayat
6. Sri Bimal Roy, Representative, Mohammad Bazar Gram Panchayat
7. Sri Sheikh Nasiruddin, Member, Mohammad Bazar Panchayat Samiti
8. Sri Moti Roy, Representative, Charicha Gram Panchayat
9. Smt. Chabi Roy, Representative, Hinglo Gram Panchayat
10. Smt. Khandi Bagdi, Representative, Rampur Gram Panchayat
11. Sri P.C. Mohan, RWSG-SA, UNDP/World Bank
12. Sri B.K. Mazumdar, Deputy Secretary, PHED
13. Smt. Jyotsna Mondal, Anganwadi Worker, ICDS
14. Sri Jiban Marandi, Manager, KVIC
15. Sri Patitpaban, Adhikari, Nehru Yuvak Kendra
16. Sri Pankaj Mukherjee, Asst. Engineer, PHED
17. Sri Gopal Chandra Dey, Block Youth Officer, Youth Services Dept.

DISCUSSIONS

74. On the afternoon of the first day workshop, the training group got together with a view to have an open session for group discussion. At the beginning of the discussion, participants were given a set of pictures relating to water and sanitation aspect of day-to-day rural life. The idea behind this approach was to sensitize them.

75. Then they (participants) were apprised of the task, that is, formulation of a useful training programme, in the context of the project. They were requested to read the preliminary project protocol and think about the training needs for the same.

76. On the second day, first of all, the participants were asked as to their understanding about the proposed project. The consensus of the understanding of the project proposal was:

- (i) Planning is being done from grassroot level.
- (ii) Financial contribution from the beneficiaries is needed.
- (iii) Proper use and maintenance of the facilities e.g. handpumps, latrines, etc.

77. However, one of the group members sought clarifications regarding the financial contribution from beneficiaries which has been expressed differently in two different Bengali books. This point was clarified by the facilitators and the Deputy Secretary, PHED. After the appraisal of the understanding of project proposal by the group, they were requested to react freely in relation to the group assignment. The group opined that the training programme should be formulated in relation to the problems faced in the Mohammad Bazar.

78. The problems highlighted by the different members of the group and their subsequent discussions are presented as follows:

79. One of the members expressed that the villages are improperly planned in respect of drainage and used water which are not properly disposed of. But, unfortunately, the project has not given adequate outlay for such drainage facilities.

80. He also said that wells being situated very near to the garbage and other waste pits - well water gets polluted in monsoon as wastes are washed into the well or the pollution leaches into the well. This is specially because about 20 to 25 ft. of the soil is composed of murram which is underlaid by alluvial soil. Another member also raised these issues of drainage problems. He added that the above soil texture would probably lead to the pollution of well water etc. if soak pit is provided for solving the drainage problem. Some other members also endorsed the views of the above members. Another member of the group said, in general, during the rainy season the deterioration of quality, particularly of the well water is probably the problem which needs to be paid attention.

81. Again, one of the members expressed that the availability of water in the wells or tubewells during the summer is also a problem in the area. In this connection, he cited example of Sekedha Village where 20 rig-bored tubewells had been installed but only 3 are in working condition and the rest are not yielding water. The problem of oil content also seems to be a problem in such rig bored tubewells.

82. Another person expressed that in general during the summer the villagers face quantity problem whereas in monsoon they face the quality problem.

83. Another member of the group expressed concern as to whether the financial outlay kept in the project for provision of safe drinking water, drainage and latrine facilities is adequate for the entire block.

84. One of the members of the group said that the present estimated cost of Rs.2,000 for construction of a low cost sanitary latrine is probably inadequate and he further said that

a considerable proportion of the cost of individual latrines should be borne out by the project. He further added that the persons below poverty line may not be able to contribute towards the expenditure of a latrine. This query was clarified by the facilitator who requested the members to realize that after all latrine being individual property should be primarily borne by the beneficiaries. In case of below poverty line listed families - the Panchayat/Government/Project would probably have some considerations.

85. Another group member pointed out that villagers particularly the tribals rear pigs without adequate sanitary protections and therefore, he apprehended disease like J.E. may spread through such ill-maintained piggeries.

86. All the above mentioned problems were discussed and very well clarified by the facilitators and experts present in the group. Then it was unanimously decided by the group members to formulate a training programme keeping in mind the above problems faced in this area.

87. The group, then sat together and held discussions regarding the strategies of the training programme. The strategies included:

- (i) General aspects - vis-a-vis need for training need for mass awareness
- (ii) Training methodology
- (iii) Subject matters of training
- (iv) Participants of the training programme
- (v) Limitations and requirements

88. The discussions were held in a most cordial atmosphere with open minds. The final outcome of the above discussions are presented under "Recommendations".

RECOMMENDATIONS

89. General aspects

- (i) Everyone of the group expressed the need for a systematic training and laid importance in the same. It was also felt that the field should be prepared through such training before launching the activities of the project.
- (ii) Training should be geared to keep in view of the fact that whatever be the water and sanitation

arrangements. the eventual aim is to achieve health for all.

- (iii) For complete success of the project it is imperative to create mass communication and mass awareness.
- (iv) The persons, specially trained in community health or technical aspects of the water and sanitation should disseminate the education amongst the members of the community in the village level and should carry on their endeavour on a continuous basis.
- (v) The correct notion about the project should be reached out to the villagers. Any wrong or false impression should be removed.
- (vi) An awareness and demand for the project should be created among the villagers and at the same time a strong sense of self-responsibility should be created.
- (vii) The training should have practical demonstrations as and when required.

90. Strategies for training methodology

- (i) For effective training at village level a strong team of trainers is to be formed. The members of such a team should comprise of villagers of all categories.
- (ii) There would be three stages of trainers. Firstly there will be central team of trainers (key trainers) who will train the "trainers". These trainers will eventually train the community. They key trainers or the central team will receive training from ITN (All India Institute of Hygiene and Public Health).
- (iii) There will be a monitoring committee to monitor and evaluate the training networks.

91. Training areas

Subject matters of training has been divided into two parts viz - (1) Social Awareness (2) Technical Aspects.

(a) Social awareness

- Concept of Health, Environment
- Concept of Environmental Sanitation
- How environment gets polluted and general ideas on how to purify it
- Water, sanitation and disease transmission
- Role of afforestation in conservation of water

- Sanitary protection in respect of animal husbandry for control of diseases like J.E.
- Training on motivation and leadership in creating social awareness
- Training and motivation for one being able to take part in planning, operation and maintenance and evaluation.

(b) Technical Training

- Sinking of rig-bored and hand-bored tubewells and maintenance of handpumps
- Special training to village masons in respect of preparation of pan, construction of latrine, etc.
- Special training to local artisans/masons in preparing rings for wells and latrine pits and set them properly.
- Identification of water quality by using field kit
- Training on availability and quality of water at various depths of a tubewell or a well.
- Training on location of a well or a handpump on a public standpost.
- Training on location of a leachpit latrine or other sanitation facility.
- Drainage and disposal of waste water (used water).
- Technique of cutting rocks if encountered below the ground after sinking for some depth.
- Sanitary protection of well and tubewells.
- Training on operation and maintenance.

92. Suggested participants of the trainers' team:

- Two reasonably educated ladies from every Gram Panchayat
- One youth from every Youth Club
- ICDS worker - one or two from each Gram Panchayat
- Local "Gana Sangathan" e.g. DYFI etc. Male or Female for each Gram Panchayat
- One elderly person from each village
- One Trainer for Adult Education
- One Trainer for Non-formal Education
- Community Health Guide - one from every village
- One or two School Teachers from Gram Panchayat
- Member of the Gram Panchayat
- Health Assistants (male and female)
- Health Supervisors
- Sub-Assistant Engineer
- Job Assistant - one from each Gram Panchayat
- One member from "Yuba Kalyan"
- Local Mason - 3 to 4 from village/gram panchayat
- Gram Sevak (Sevika) - one each
- Local Youth (male and female)
(would be village caretakers of handpumps)

93. All the above identified persons should receive the training both in technical and social mobilization, the degree being different according to the jobs entrusted. Thrust on social mobilization would be for the first 11 persons whereas thrust on technical inputs would be for the remaining. Besides, all government officers and public representatives at the block and district level should also be trained in technical and social mobilization.

Limitations and requirements

94. The venue and time of training could be sorted out through discussions locally before commencement of training. It was by and large agreed however that the Trainers' training could be held at Block whereas the "Trainers" may have to take it up at village/Gram Panchayat level.

95. Training aids are almost non-existent. For this purpose, funds should be made available preferably from the project to develop these teaching aid assets.

VALEDICTORY ADDRESSES

1. Dr. Dom. Member of Parliament, in whose constituency the Block falls stated that a water and sanitation project of this kind had been thought of for the first time in India and that Mohammad Bazar Block had been rightly selected in this regard. He felt that the project document has been discussed in detail and the objectives of the project clarified. He observed that he had initially thought that this project would take care of all the development aspects of the entire Block but the workshop had clarified his doubts. He felt that the workshop should be regarded as one step forward towards the success of the project. He also said that there should be a thorough scientific survey of the entire Mohammad Bazar Block before the project is formulated and implemented.

2. By virtue of having been a Medical Officer of this Block in the past, he maintained that he was aware of the various public health problems and felt that safe drinking water could do a lot to address these problems. He emphasized the need for mass awareness campaigns in the Block to remove superstition and prejudices regarding the use of latrines. The recent outbreak of an epidemic in the village showed how people changed their behaviour when in an extreme situation. He stated that though there had been a failure in implementing the concept of community latrines in the past, this should not prevent the project from implementing the same in this Block. He believed that if the community had been educated regarding the benefits of community latrines, the previous project could have been successful. He felt that the concept of the word 'community' should be understood clearly. Mohammad Bazar being a Scheduled Caste/Scheduled Tribe block, he said that the project should ensure that the benefits of the project reach these sections. He also said that while implementing the idea of demonstration units, careful selection should be made so as to include backward villages. He further stated that being a pioneer demonstration project, the Panchayat Members had an extra responsibility to implement this project properly. He concluded by saying that by including the beneficiaries in the workshop to formulate the project, it had set a unique example.

3. Mr. K.M. Mandal. Secretary, PHE Department, Government of West Bengal, in his valedictory address stated that Mohammad Bazar had been selected keeping in mind the backwardness of the Block and the high percentage of Scheduled Castes/Scheduled

Tribes. He stated that regarding the project expenditure, though nothing had been finalized, the State Government has agreed to bear 25% of the total cost. He said that the Panchayat should play an active part in disseminating the project proposal amongst the villagers which could lead to more community participation in the villages. He stated that in the past, external agencies had implemented water and sanitation projects on the basis of paying heavy subsidies and that these had not been very successful. This would be the first Demonstration Project in the country with emphasis on software, he said. He clarified the meaning of 'hardware' and 'software' and said that hardware referred to tubewells, tools, plants, etc. while software meant education, awareness, songs, education materials, etc. He said that while people might think that this project would lead to the employment of local people, there was no truth in that. He also said that in the past, development projects had been implemented without taking the people into confidence, but this project could be different in that regard from the others. Training, he felt, could be very important for the project but the costs should be taken into account. He mentioned that a particular group had talked about too many committees, and he felt that most of these committees did not serve any useful purpose. He also felt that the project should have considered women's participation more actively as they could be carriers of health messages in the community. Lastly he said that this project could be a "pioneer" project for the rest of the country.

4. Mr. Abdur Rahim, Sabhapati, Mohammad Bazar Panchayat Samiti, in his valedictory address stated that there had been active participation by all the community members during the last three days of the workshop. The workshop, through group discussions had arrived at many recommendations. Though these were not final, he said, they should be considered carefully before taking final decisions. He concluded by saying that while the group discussions had been very fruitful, only action by the community members could make this project successful.