

Workshop on Communication and Capacity Building for Drinking Water Safety in Assam
14th -15th June, 2016
Water and Sanitation Support Organization (WSSO), PHED, Guwahati
Executive Summary



Background: A need to jointly address communication issues on water quality was initially raised in a round table discussion in Guwahati in August 2014. During the discussion the PHED secretary, Mr. A.K. Das pointed out that there needs to be “... new methods of awareness programs”. Mr. Milanjeet Bhattacharya from Institute of Public Health Engineers (IPHE) suggested that there does exist communication material, however, they need to be revised to become more congruent with what the people associate and connect with.

This request was followed with a short study in 2015 to understand what was happening within Assam on communication and water quality. The research also sought to understand different community practices and their perception of water quality.

To take ahead the finding and move towards resolving challenges a “Workshop on Communication and Capacity Building for Drinking Water Safety in Assam” was actualized on 14th and 15th of June, 2016 at WSSO, PHED, Guwahati in collaboration with UNICEF and Government of Assam. Community members from water quality affected regions, WSSO, PHED, Health Department of Government of Assam, UNICEF, Educational Institutions and civil society organizations participated in the Workshop.

The workshop looked to address the following:

- Build capacity of participants to converge knowledge and understand how to plan communication strategies jointly.
- Develop an understanding of issues of supply and demand side that need to be addressed for achieving safe water within arsenic affected regions.
- A road map of the process for behavior change communication to be developed by participants.
- Achieve an understanding of the communication process that will be followed within a defined timeframe that is mutually decided

Workshop Summary: The Workshop addressed communication problems related to water quality issues and initiated a process of building and testing communication strategy to enable water safety through a collaborative process. The workshop was attended by more than 40 participants. They were divided into 6 multidisciplinary groups for discussion on key aspects of water quality such as Issues; Problems faced; target audience; benefits that can be gained; and how do we work towards it.

Outcomes of the meeting:

- Some of the key **issues and problems** that were identified within the groups include:
 - Clear flowing water is thought to be safe water. There is no particular consciousness or concern about water quality or its impact on health.
 - Even though some community members are aware, there are few easily accessible safe water sources available to them.
 - Awareness does not extend to the repercussions and health impacts. Treatment of water is only carried out if there is an epidemic or illness prevalent.
 - Even if women are aware about water quality problems, men are decision makers, hence women have little to say if there is a monetary cost involved (e.g: filters).
 - Maintenance of the public water supply systems is not actively taken up by communities due to lack of information and also know-how.
 - Institutional procedural barriers for alternate sources, lack of trust in water quality report is another concern.
 - Little information on affected sources and regions, leading to installation of new pumps in these areas and increasing problems.
- After issues and problems, the participants discussed how to **approach** the problems:
 - For raising awareness, primary target audience of young mothers and SHG groups were identified. However, men have decision making power and need to be included as the target audience along with children. Teachers, PHED engineers, Asha workers and senior citizens were identified as key people who can influence behaviors. NGO's and Media the tertiary external agencies that are also involved.
 - **At institutional level:** Information sharing and regular update on the water quality and affected hand-pumps will supplement awareness.
 - Share simple practices that can provide safe water with women and SHG groups.
 - Identify and share information on easily accessible and available sources of alternate water supply.
 - Asha workers can regularly record those who are getting sick and if improvement seen.
 - **At community level:** Involving women in meetings in which talk about water issues and maintenance.
 - Group discussion on health and water quality among different groups in villages.
 - Motivating mechanism for reinforcing correct behaviors, could be by health camps, Asha records of health to map improved health.
 - Based on above participants made detailed follow-up plans for the next three months.

Assistance and follow-up required from PHED:

1. Water quality testing reports and sources should be shared with the communities
2. As also mentioned in National drinking water quality surveillance guidelines, Gram Panchayat (GP) and Primary Teachers should have access and capacity to use viable field-testing kits.
3. The existing awareness and IEC material prepared by PHED on water issues should be available with the GP, Primary School teachers, Asha workers.
4. Regular checking of the status of lab equipment's and reagents to ensure quality results. Further appreciate labs and technicians based on reliability of data rather than number of data generated.