

**Brief report on the meeting held on**

# People Centric District Platform



Organised by

**SaciWATERS**

Supported by

**European Union**

*Venue: CSIR-NEIST, Jorhat*

*Date: 27<sup>th</sup> December, 2018*

### *Background of the work:*

India suffers from a severe drinking water crisis with more than 50 million people exposed to water contaminated with high arsenic or fluoride in groundwater. Diseases such as Arsenicosis and Fluorosis are causing severe bone deformities, disabilities, cancer, and skin diseases, apart from numerous nutritional deficiencies such as anaemia, stunting in children, mental retardation and pregnancy problems in women. The water resources ministry in response to a question in the Lok Sabha reveal that 65% of Assam's population, or about 21 million people, are drinking arsenic contaminated water, while it's 60% in Bihar and 44% in West Bengal. <sup>1</sup> SaciWATERS has been instrumental in building The Arsenic Knowledge and Action Network (AKAN), which since 2013, has been engaged at multiple levels through partnerships and collaborations for addressing the issues of arsenic contamination in water and related health issues in Assam and more recently through platforms like Safe Water Centre for Healthy Assam (SWaCHa).

### *Current Initiatives: Enabling access to safe drinking water*

In 2018, SaciWATERS, as the Co-Applicant with INREM Foundation, has received support from the European Union for a project titled “**Civil Society voices, vulnerable communities and localized platforms for addressing water quality challenges**” to build people centric district platforms in 4 districts of Bihar (Buxar and Bhagalpur) and Assam (Jorhat and Nalbari) affected with arsenic contamination in water, in order to complement the actions of National Water Quality Sub-Mission. The approach under the EU supported initiative is to build and empower people-centric platforms at the district level by expanding from 10 habitations as pilot to 50 habitations as launch scale to 150 habitations consider as expand scale in each of these four districts which are affected with arsenic to complement the National Water Quality Sub Mission (NWQSM).

As a part of this initiative, establishment of a District level platform is proposed, with the main aim to bridge the gap between community and Government to address the water quality issues/challenges concerning access to safe water. The approach under the EU supported initiative is to build and empower people-centric platforms at the district level by expanding from 10 habitations as “pilot” to 50 habitations to “launch” to 150 habitations to “expand” in each of these four districts which are affected with arsenic to complement the NWQSM. In this approach there would be a step-by-step withdrawal in a cascading effect, first by SaciWATERS and then by local CSO partners and then the district level platform. The following table (Tab.1) and figure (Fig. 1) shows the stakeholders for the proposed district platform and model of the same respectively.

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<sup>1</sup> <https://timesofindia.indiatimes.com/india/19-of-indians-drink-water-with-lethal-levels-of-arsenic/articleshow/62226542.cms>

Sl. No.	Expected stakeholders for the proposed district platform		
1	District Administration	7	Panchyati Raj Institution
2	Public Health Engineering Department	8	Social Welfare Department
3	Health Department	9	Education Department
4	Social Welfare Department	10	Media, CSO, Grassroot organisation
5	Agriculture department	11	Key community people, Frontline workers
6	Research and academic institute	12	Market solutions

Tab. 1: Stakeholders of the district platform.

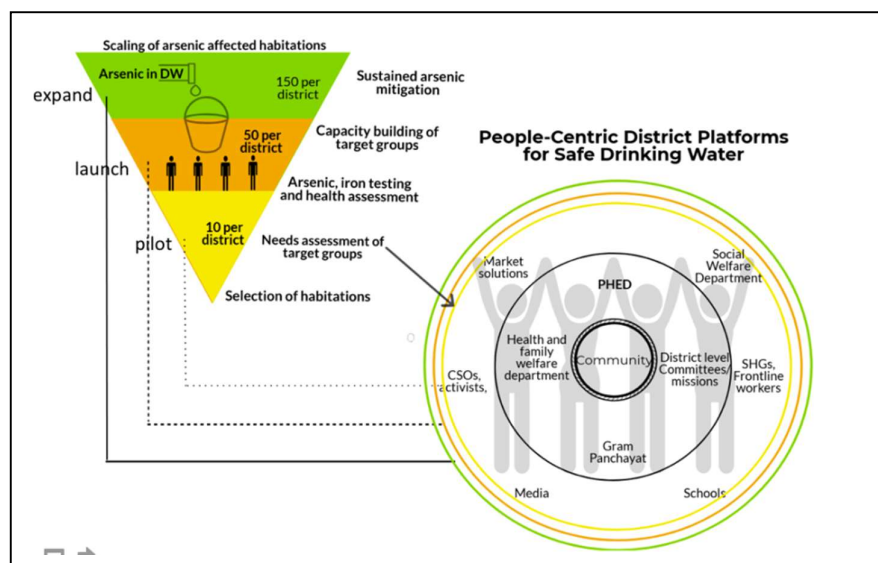


Fig. 1: Approach of the district platform

### **People Centric District Platform Initiation Meet:**

A district level meeting was held on 27<sup>th</sup> December, 2018 at CSIR-NEIST, Jorhat involving all stakeholders from the Government at District level, Sub-division level, local civil society organisations and frontline community people. The main objective of the meeting was to share about the work that has happened in the last few months in the district and initiate the people centric district platform.

The day began with a round of introduction of the participants followed by a presentation about the current initiatives for addressing the arsenic issues delivered by Churamoni Saikia, Research Associate, SaciWATERS. The presentation highlighted about SaciWATERS, thematic areas and presence of works, objectives, expected outcomes, strategy of people centric district platforms and linkages with government programmes/mission on safe

water/health, in particular National Water Quality Sub-Mission (NWQSM), followed by a presentation by Mousumi Sinha, District Coordinator, SaciWATERS on the selected pilot habitations and assessment done in these habitations regarding water, health and socio-economic status. The baseline survey was done in 15 shortlisted habitations at Titabar, Jorhat and it was found that 53.40% of the households have been used hand pump as source of drinking water followed by pond water (27.30%), PWSS (13%), dug well (3.30%), river water (1.60%), tap water (1.20%) and RO & borewell (0.10%). It was also observed that 78.60% of male respondents and 77% of female respondents were satisfied with the quality of drinking. Ms. Mousumi also shared that the premises of the sources of drinking water in most of the households were not clean and hygiene and which could lead to other water borne disease like diarrhoea, cholera, hepatitis B etc. The second session was about the arsenic issues in District, it's mitigation measures and challenges. In this session, the presentation showcased that 816 habitations have been affected with arsenic out of 3578 habitations (as of 01/04/2017)<sup>2</sup>. In a report prepared by PHED Assam, UNICEF and IIT-Guwahati in 2011 stated that in Jorhat 1, 04,033 people are at risk of arsenic poisoning<sup>3</sup>.

The participant stakeholders are requested to share their work and thoughts for addressing the arsenic issues in the district. And in response to that Mr. Ananta Khanikar, Head Master, Melamati Basic L P School, mentioned about the reviving of the defunct water users committee so as to build capacity of existing institutions and focused more on following the surface water sources for reducing risk of water contaminants on human health.

Next, Dr. Bishnu Ram Das, HoD, Department of Community Medicine, Jorhat Medical College, mentioned about the necessity of understanding the community felt needs and working on it rather than giving our own solutions. He took the reference from the published paper on 'Prevalence of Arsenicosis and Its Relation to Drinking Water in Titabar Block of Jorhat District, Assam' and said that the arsenic related health manifestation is not much seen in the community & it is important to understand and consider the nutritional or food habits of the community as well as the other water quality contaminants too.



Dr. R L Goswami, Sr. Scientist, CSIR-NEIST, Jorhat talked about to build capacity of the community people on small scale technologies so that they could maintain & operate the

<sup>2</sup> <https://phe.assam.gov.in/information-services/details-of-quality-affected-habitation>

<sup>3</sup> Arsenic Monitoring and Surveillance program in Assam: A joint initiative of PHED, UNICEF and IIT, Guwahati

same and which would reduce the cost of drinking water per litre as well as create the ownership.

Dr. Ranjit Bhuyan, SDMO, Titabar Civil Hospital emphasized on the prevention approach rather than curative approach and regarding this he emphasised on building awareness among the people. He said that there has been a rise in the number of cancer patients in the last few years and a large number of patients are seen with skin problems. He also added that there should be trained human resources and infrastructure for screening arsenicosis and the associate cancers within the local areas. Mr. Girin Chetia, Director, NeADS, a local NGO in Jorhat, highlighted that flood water management could be one of the solution for addressing arsenic issues as every year Assam has been experiencing perennial flood and this water could be effectively utilised and that might also have various socio economic benefits too. The Executive Engineer, PHED, Jorhat, representative from World Vision, UNICEF and PRI representatives and local leaders from habitations also shared their experiences and assured to extend their support in every step of the initiatives under taken by SaciWATERs.

The next session was about the role of convergence for addressing the public health issues followed by introducing the model of district platform and sharing the immediate plan of action where the district platform could play a crucial role. The session was moderated by Mr. Nilutpal Das, who was associated with the Arsenic Knowledge and Action Network and the President of local NGO called Eco-Concept. The discussion highlighted about signing a MoU with Jorhat Medical College, CSIR NEIST, PHED Jorhat for collaboration to support in the field of health and water assessment. And it was pointed out that awareness generation and awakening the people about the issues would be able to generate key output on ground. Also based on the field experience in the community it has been seen that they are not be able to distinguish between domestic water, drinking water and hygiene near the water sources and it requires adequate attention so as to complement the government programmes on enabling access to safe drinking water. The district platform would enable convergence between aforementioned stakeholders (tab.1) and would emphasize on sustainable solutions that are ecologically sound and addressing the most marginalized people.

#### **Outcomes and action plans of the district platform initiation meet:**

- A MoU would be signed with Jorhat Medical College & Hospital, CSIR-NEIST and SaciWATERs for execution of water and health assessment.
- Jorhat Medical College and Hospital would give technical support for the health assessment and the methodology for the health assessment would be health camp. The suspected cases in the health assessment would refer to Tertiary level hospitals for the clinical confirmation and for further diagnosis.
- CSIR-NEIST, Jorhat would assist with water sample testing for Arsenic.
- World Vision and other CSOs along the community people would support for the awareness generation in the selected habitations.
- The platform would meet after 3-4 months and share the last action plan created.

**Conclusion and vote of thanks:**

SaciWATERS offered vote of thanks to all the participants from the government departments, CSOs, PRI, academic institutions and frontline community workers and concluded the proceedings and summarising briefly about the main outcomes from the discussion. The kind support and cooperation extended by CSIR- NEIST in hosting the dialogue was also duly acknowledged.



Annexure 1: Agenda of the day:

Tentative agenda for

**PEOPLE CENTRIC DISTRICT PLATFORM INITIATION MEET**

Date: 27<sup>th</sup> December, 2018 (Thursday)

Venue:

Time	Session	Speaker
10:00 am-10:45am	Welcome and Registration/ Introductions/ Discussing objective of the meeting	<u>SaciWATERs</u> team
10:45am-11:15am	Introduction to EU project & work so far	<u>SaciWATERs</u> team
11:15 am-11:45 am	Arsenic issues in District, it's mitigation measures and challenges: Listening from stakeholders a. What do we know about arsenic? b. What are the solutions? c. Role of Community	Open for all: Facilitated by <u>SaciWATERs</u> team
11:45am-12:15 pm	Role of convergence for addressing public health issues: Sharing some success stories	Mr. <u>Nilutpal Das</u>
12: 15 pm-12: 30 pm	The District Platform: What's at core?	Open for all facilitated by <u>SaciWATERs</u> team
12: 30 pm-01:00 pm	Group discussion: What immediate plan should be taken up, who will responsible and how do we make synergies	Group activity: Facilitated by <u>SaciWATERs</u> team
01:00pm-01:15 pm	Conclusion & Vote of Thanks followed by Group Photo	<u>SaciWATERs</u> team
Lunch		

*Annexure 2: List of the participants*

Name	Organisation
Dr R L Goswami	CSIR-NEIST, Jorhat
Prof (Dr) Bishnu Ram Das	Jorhat Medical College & Hospital
Dr Gitali Kakoti	Jorhat Medical College & Hospital
Dr Ranjit Bhuyan	Titabar BPHC
Mr. Nilutpal Das	Arsenic Knowledge and Action Network
Mr A. C Singh	PHED, Jorhat
Ms Chumki Sharmah	PHED, Titabor
Mr Oasis Dutta	PHED, Titabor
Mr Ananta Khanikar	Titabar H. M. Melamati Govt. Jr Basic School
Mr. Jogen Das	Community member, Titabar
Mr. Niranjan Das	Community member, Titabar
Mr. Dadu Dutta	NeADS, Jorhat
Mr. Girin Chetia	NeADS, Jorhat
Mr. Guna Borah	UNICEF, Jorhat
Ms. Binata Borah Gowala	World Vision India
Ms. Jyoti Hazarika	Community Member
Ms. Jayanti Kalita	Community Member (ASHA)
Mr. Haren Kotoky	Community Member ( GaonBurha)
Mr. Dijen Das	Community Member ( Head master)
Ms. Mousumi Sinha	SaciWATERS
MS Monikankana Borah	SaciWATERS
MrUttaranDutta	SaciWATERS
Mr. Churamoni Saikia	SaciWATERS



**Annexure 3: List of the selected habitations (for the pilot scale):**

District	Block	Panchyat	Village	Habitation	Hab. Code	As concentration (mg/l)	year	PHED Div.
Jorhat	Titabar	Melamati	Kharkhowa Gaon	Missing Gaon	17	0.09	2012-13	Titabar Div
Jorhat	Titabar	Melamati	Kharkhowa Gaon	Soria Pather	18	0.1	2012-13	Titabar Div
Jorhat	Titabar	Turang	Turang Grant No.44	Hapekhat Kachari Gaon	20	0.14	2012-13	Titabar Div
Jorhat	Titabar	Madhapur	Lohang Bebeija	Santipur	23	0.07	2013-14	Titabar Div
Jorhat	Titabar	Madhapur	Lalung Gaon	Dolong Chuck	24	0.1	2013-14	Titabar Div
Jorhat	Titabar	Turang	Mohimabari Gaon	Mahimabari Gaon	25	0.14	2012-13	Titabar Div
Jorhat	Titabar	Turang	Mohimabari Gaon	Boramari Gaon	26	0.08	2012-13	Titabar Div
Jorhat	Titabar	Turang	Mohimabari Gaon	Lahkar Gaon	29	0.14	2012-13	Titabar Div
Jorhat	Titabar	Madhapur	Charaipani Bongali Ga	Kamalabari Satra	21	0.08	2012-13	Titabar Div
Jorhat	Titabar	Turang	Mohimabari Gaon	Baghar Chuk (Milanpur)	22	0.8	2012-13	Titabar Div

**Annexure 4: Location of the action:**

